BLUE RX VALUE PLUS℠ FORMULARY

HOW TO READ THE FORMULARY

All drugs are listed by their generic names and/or most common proprietary (brand) name. Specific drug listings may be accessed either by generic (in lowercase) or brand name (in UPPERCASE) and by therapeutic drug tier. Any drug not found in this formulary listing, or any formulary updates published by Wellmark, shall be considered excluded from your benefit.

Once the product is located, the following items can be viewed:

Drug Tier: Drugs are categorized within tiers on the formulary. Each tier is assigned a cost, which is determined by the member's pharmacy benefit plan.

Tier Designation in Formulary Below

	Formulary Tier 1	Formulary Tier 2	Formulary Tier 3
Value Plus Plan 3 Tier	Tier 1	Tier 2	Tier 3
Value Plus Plan 2 Tier	Tier 1	Tier 2 and Tier 3 combined	
Value Plus Plan 1 Tier	Tier 1, Tier 2 and Tier 3 combined		

Pharmacy Durable Medical Equipment (RxDME): Devices available on this tier include select durable medical equipment (DME) that are used in conjunction with a drug and may be obtained from a pharmacy.

Specialty Drugs: Specialty drugs are high-cost injectable, infused, oral or inhaled drugs for the ongoing treatment of a chronic condition. These drugs generally require close supervision and monitoring of the patient's drug therapy. Specialty drugs may be categorized within tiers on the formulary or as drugs covered under your medical benefit.

- **Specialty Drugs Preferred (SP-P):** Drugs in this category will process with the preferred specialty drug cost-share.
- **Specialty Drugs Non-Preferred (SP-NP):** Drugs in this category will process with the non-preferred specialty cost-share, and will have a higher cost share than preferred specialty drugs.
- **Specialty Medical (SP-M):** Drugs in this category will be covered under your medical benefit.

Awaiting P&T Review (P&T): FDA-approved drugs are not a covered benefit until they have been evaluated and approved by Wellmark's Pharmacy & Therapeutics (P&T) Committee and subsequently added to the Wellmark Drug List.

Drug Name: This lists the generic name for the product (lowercase) OR the brand name or common reference name for the product (UPPERCASE).

Requirements/Limits: This lists Wellmark Pharmacy programs that may impact a particular drug or class of drugs and are described in the legend below.

HEALTH CARE REFORM PREVENTIVE DRUGS

Preventive drugs with an "A" or "B" rating in the current recommendations of the United States Preventive Services Task Force and immunizations as recommended by the Advisory Committee on Immunization Practices of the Centers for Disease Control and Prevention are not associated with any cost share for members on plans with this benefit.

A complete list of recommendations and guidelines related to preventive services can be found at Healthcare.gov. Recommended preventive items and services are subject to change and are subject to medical management.

BENEFIT COVERAGE AND LIMITATIONS

This printed formulary does not define benefit coverage and limitations. Many members have specific benefit inclusions, exclusions, copayments or a lack of coverage, which are not reflected in the Blue Rx Value Plus formulary. Members should contact their plan sponsor or Wellmark Customer Service at the number on the back of their ID card if they have questions regarding their coverage. Please note that the formulary process is evolutionary and changes can occur throughout the year. The following topics may or may not be applicable depending on the parameters of your specific benefits.

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FORMULARY EXCEPTION PROCESS

Drugs not included in this list shall be considered non-formulary and are **NOT COVERED**. In some instances, Wellmark will consider coverage exceptions. Coverage of non-formulary drugs may be requested by the health professional through an exception request for a non-formulary prescription drug (outlined below). Generally, one of the following guidelines must be documented in order for an exception to be granted:

- All covered formulary drugs on any tier will be ineffective; OR
- All covered formulary drugs on any tier have been ineffective; OR
- All covered formulary drugs on any tier would not be as effective as the non-formulary drug; OR
- All covered formulary drugs would have adverse effects.

COMMON DRUG EXCLUSIONS

Due to benefit design parameters, some plan sponsors may choose to exclude certain drug classes. Prior authorization is generally not available for drugs that are specifically excluded by benefit design. Common excluded drugs may include, but are not limited to:

- Over-the-counter (OTC) drugs or their equivalents unless otherwise specified in the formulary listing.
- Drug products used for cosmetic purposes.
- Experimental drug products, or any drug product used in an experimental manner.
- Replacement of a lost or stolen drug.
- Foreign drugs or drugs not approved by the United States Food & Drug Administration (FDA).

CONTACT INFORMATION

The Blue Rx Value Plus formulary is designed to assist physicians, members and other health care professionals in the selection of cost-effective treatments. Wellmark encourages your input and feedback on how we can assist in improving this document and the formulary management process.

Please direct your communications to:

Wellmark Blue Cross and Blue Shield
1331 Grand Avenue
P.O. Box 9232
Des Moines, IA 50306

In addition to the Blue Rx Value Plus formulary, other quick reference guides are available at Wellmark.com.

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LEGEND		
TIER		DESCRIPTION
1	TIER 1	
2	TIER 2	
3	TIER 3	
4	SP-P	
5	SP-NP	
6	RX-DME	
7	P&T	
8	SP-M	
TYPE		DESCRIPTION
QL	Quantity Limit	There is a limit on the amount of this drug that is covered per prescription, or within a specific time frame. Amounts over the specified quantity limits are not a covered benefit unless Post-Quantity Limit Prior Authorization is available.
PA	Prior Authorization	This indicates a drug requires prior authorization before it is covered under your benefit. Your health care provider will need to contact our Pharmacy program at 800-600-8065. Hours of operation are Monday- Friday: 8 a.m. to 6 p.m. CST.
AL	Age Limit	This prescription drug may only be covered if you meet the minimum or maximum age limit.
SBG	Specialty Biosimilars and Specialty Generics	This indicates a preferred biosimilar or generic specialty drug. Please read your enrollment information to see how specialty biosimilars and specialty generics are covered specific to your plan.
S	Specialty Drug	Specialty drugs are high-cost drugs for the ongoing treatment of a complex or rare condition. These drugs generally require close supervision and monitoring of the patient's drug therapy.
MN-PA	Medical Necessity Prior Authorization	This indicates a drug requires prior authorization before it is covered under your benefit. Your health care provider will need to contact our Pharmacy program at 800-600- 8065. Hours of operation are Monday - Friday: 8 a.m. to 6 p.m. CST. The intent of formulary medical necessity prior authorization is to confirm the appropriate coverage of the target drugs when evidence is provided documenting a trial and failure of the preferred formulary alternatives.
QLV	Quantity Limit (Varies)	A quantity limit on this drug limits the amount covered per prescription, or time period, and may vary based on the diagnosis. Amounts over the quantity limit are not a covered benefit unless Post Quantity Limit Prior Authorization is available.

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PA-QL	Post-Quantity Limit Prior Authorization	This indicates a greater quantity may be covered under your benefit if Post-Quantity Limit Prior Authorization is obtained. Your health care provider will need to contact our Pharmacy program at 800-600-8065. Hours of operation are Monday-Friday: 8 a.m. to 6 p.m. CST
PAV	Prior Authorization Varies	This indicates a drug may require prior authorization before it is covered under your benefit and the requirement may vary based on the condition being treated, medication history, and the days supply on your prescription.
CV	Coverage Varies	Coverage varies by diagnosis. Some diagnoses (e.g., weight loss, obstructive sleep apnea) may not be covered by your particular plan. Please consult your coverage manual for plan-specific benefit details, including member cost-share (e.g., copay), prior to obtaining this medication.
GA	Generic Available	Indicates a generic equivalent is available for a brand name drug. In most cases, when you purchase a brand name drug that has an FDA-approved A-rated generic equivalent, Wellmark will pay only what it would have paid for the equivalent generic drug. You will be responsible for your payment obligation for the equivalent generic drug and any remaining cost difference up to the maximum allowed fee for the brand name drug.
PV	Preventive	Preventive drugs are prescribed to prevent the occurrence of a disease or condition and are defined by the Internal Revenue Service. The preventive drug enhanced benefit is available on specific high deductible health plans. This is an optional benefit that waives the deductible for preventive drugs. Please read your enrollment information to see how preventive drugs are covered specific to your plan.

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BRAND NAME	DRUG DESCRIPTION (RX)	TIER	LIMITS & RESTRICTIONS
PENICILLINS NATURAL PENICILLINS			
BICILLIN L-A	BICILLIN L-A (600000 UNIT/ML SUSP PRSYR, 1200000 UNIT/2ML SUSP PRSYR, 2400000 UNIT/4ML SUSP PRSYR) *penicillin g benzathine*	TIER 1	
penicillin v potassium	*penicillin v potassium (125 mg/5ml recon soln, 250 mg tab, 250 mg/5ml recon soln, 500 mg tab)*	TIER 1	
AMINOPENICILLINS			
amoxicillin	*amoxicillin (125 mg/5ml recon susp, 200 mg/5ml recon susp, 250 mg cap, 250 mg/5ml recon susp, 400 mg/5ml recon susp, 500 mg cap, 500 mg tab, 875 mg tab)*	TIER 1	
amoxicillin trihydrate	*amoxicillin trihydrate 250 mg/5ml recon susp*	TIER 1	
ampicillin	*ampicillin 500 mg cap*	TIER 1	
PENICILLINASE-RESISTANT PENICILLINS			
dicloxacillin sodium	*dicloxacillin sodium (250 mg cap, 500 mg cap)*	TIER 1	
PENICILLIN COMBINATIONS			
amoxicillin-pot clavulanate	*amoxicillin-pot clavulanate (200-28.5 mg/5ml recon susp, 250-125 mg tab, 250-62.5 mg/5ml recon susp, 400-57 mg/5ml recon susp, 500-125 mg tab, 600-42.9 mg/5ml recon susp, 875-125 mg tab)*	TIER 1	
amoxicillin-pot clavulanate er	*amoxicillin-pot clavulanate er 1000-62.5 mg tab er 12h*	TIER 1	

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BRAND NAME	DRUG DESCRIPTION (RX)	TIER	LIMITS & RESTRICTIONS
CEPHALOSPORINS			
CEPHALOSPORINS - 1ST GENERATION			
cefadroxil	*cefadroxil (1 gm tab, 250 mg/5ml recon susp, 500 mg cap, 500 mg/5ml recon susp)*	TIER 1	
cephalexin	*cephalexin (125 mg/5ml recon susp, 250 mg cap, 250 mg tab, 250 mg/5ml recon susp, 500 mg cap, 500 mg tab, 750 mg cap)*	TIER 1	
CEPHALOSPORINS - 2ND GENERATION			
CEFACLOR	CEFACLOR (125 MG/5ML RECON SUSP, 250 MG CAP, 250 MG/5ML RECON SUSP, 375 MG/5ML RECON SUSP, 500 MG CAP) *cefaclor*	TIER 1	
CEFACLOR ER	CEFACLOR ER 500 MG TAB ER 12H *cefaclor monohydrate*	TIER 3	
cefprozil	*cefprozil (125 mg/5ml recon susp, 250 mg tab, 250 mg/5ml recon susp, 500 mg tab)*	TIER 1	
cefuroxime axetil	*cefuroxime axetil (250 mg tab, 500 mg tab)*	TIER 1	
CEPHALOSPORINS - 3RD GENERATION			
cefdinir	*cefdinir (125 mg/5ml recon susp, 250 mg/5ml recon susp, 300 mg cap)*	TIER 1	
cefixime	*cefixime (100 mg/5ml recon susp, 200 mg/5ml recon susp, 400 mg cap)*	TIER 1	
CEFIXIME	CEFIXIME 400 MG TAB *cefixime*	TIER 3	

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BRAND NAME	DRUG DESCRIPTION (RX)	TIER	LIMITS & RESTRICTIONS
CEFPODOXIME PROXETIL	CEFPODOXIME PROXETIL (50 MG/5ML RECON SUSP, 100 MG TAB, 100 MG/5ML RECON SUSP, 200 MG TAB) *cefpodoxime proxetil*	TIER 1	
ceftriaxone sodium	*ceftriaxone sodium (1 gm recon soln, 250 mg recon soln, 500 mg recon soln)*	TIER 1	
CEPHALOSPORINS - 4TH GENERATION			
cefepime hcl	*cefepime hcl 1 gm recon soln*	TIER 2	
CEFEPIME-DEXTROSE	CEFEPIME-DEXTROSE 1-5 GM-%(50ML) RECON SOLN *cefepime hcl-dextrose*	TIER 2	
MACROLIDES ERYTHROMYCINS			
e.e.s. 400	e.e.s. 400 400 mg tab	TIER 1	
ery-tab	*ery-tab (250 mg tab dr, 333 mg tab dr, 500 mg tab dr)*	TIER 1	
ERYTHROCIN STEARATE	ERYTHROCIN STEARATE 250 MG TAB *erythromycin stearate*	TIER 1	
erythromycin	*erythromycin (250 mg tab dr, 333 mg tab dr, 500 mg tab dr)*	TIER 1	
erythromycin base	*erythromycin base (250 mg cp dr part, 250 mg tab, 250 mg tab dr, 333 mg tab dr, 500 mg tab, 500 mg tab dr)*	TIER 1	
erythromycin ethylsuccinate	*erythromycin ethylsuccinate (200 mg/5ml recon susp, 400 mg tab, 400 mg/5ml recon susp)*	TIER 1	
AZITHROMYCIN			
azithromycin	*azithromycin (100 mg/5ml recon susp, 200 mg/5ml recon susp, 250 mg tab, 500 mg tab, 600 mg tab)*	TIER 1	

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BRAND NAME	DRUG DESCRIPTION (RX)	TIER	LIMITS & RESTRICTIONS
CLARITHROMYCIN			
clarithromycin	*clarithromycin (125 mg/5ml recon susp, 250 mg tab, 250 mg/5ml recon susp, 500 mg tab)*	TIER 1	
clarithromycin er	*clarithromycin er 500 mg tab er 24h*	TIER 1	
FIDAXOMICIN			
fidaxomicin	*fidaxomicin 200 mg tab*	TIER 1	
TETRACYCLINES			
avidoxy	*avidoxy 100 mg tab*	TIER 1	
coremino	*coremino (45 mg tab er 24h, 90 mg tab er 24h, 135 mg tab er 24h)*	TIER 1	PA
demeclocycline hcl	*demeclocycline hcl (150 mg tab, 300 mg tab)*	TIER 1	
doxycycline hyclate	*doxycycline hyclate (20 mg tab, 50 mg cap, 100 mg cap, 100 mg tab)*	TIER 1	
doxycycline hyclate	*doxycycline hyclate (50 mg tab dr, 75 mg tab dr, 100 mg tab dr, 150 mg tab dr)*	TIER 1	PA
doxycycline monohydrate	*doxycycline monohydrate (25 mg/5ml recon susp, 50 mg cap, 50 mg tab, 75 mg tab, 100 mg cap, 100 mg tab)*	TIER 1	
lymepak	*lymepak 100 mg tab*	TIER 1	
minocycline hcl	*minocycline hcl (50 mg cap, 50 mg tab, 75 mg cap, 75 mg tab, 100 mg cap, 100 mg tab)*	TIER 1	
minocycline hcl er	*minocycline hcl er (er 45 mg tab er 24h, er 90 mg tab er 24h, er 135 mg tab er 24h)*	TIER 1	PA
mondoxyne nl	*mondoxyne nl 100 mg cap*	TIER 1	

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BRAND NAME	DRUG DESCRIPTION (RX)	TIER	LIMITS & RESTRICTIONS
SOLODYN	SOLODYN (55 MG TAB ER 24H, 65 MG TAB ER 24H, 80 MG TAB ER 24H, 105 MG TAB ER 24H, 115 MG TAB ER 24H) *minocycline hcl*	TIER 1	PA, GA
tetracycline hcl	*tetracycline hcl (250 mg cap, 500 mg cap)*	TIER 1	
FLUOROQUINOLONES			
CIPRO	CIPRO (250 (5%) RECON SUSP, 500 (10%) RECON SUSP) *ciprofloxacin*	TIER 1	GA
ciprofloxacin	*ciprofloxacin (250 (5%) recon susp, 500 (10%) recon susp)*	TIER 1	
ciprofloxacin hcl	*ciprofloxacin hcl (100 mg tab, 250 mg tab, 500 mg tab, 750 mg tab)*	TIER 1	
levofloxacin	*levofloxacin (25 mg/ml solution, 250 mg tab, 500 mg tab, 750 mg tab)*	TIER 1	
moxifloxacin hcl	*moxifloxacin hcl 400 mg tab*	TIER 1	
ofloxacin	*ofloxacin (300 mg tab, 400 mg tab)*	TIER 1	
AMINOGLYCOSIDES			
ARIKAYCE	ARIKAYCE 590 MG/8.4ML SUSPENSION *amikacin sulfate liposome*	SP-P	QL (236 PER 28 DAY(S)), S
BETHKIS	BETHKIS 300 MG/4ML NEBU SOLN *tobramycin*	SP-NP	QL (2 PER 1 DAY(S)), S, GA
KITABIS PAK	KITABIS PAK 300 MG/5ML NEBU SOLN *tobramycin*	SP-NP	QL (10 UNIT PER DAY(S)), S, GA
neomycin sulfate	*neomycin sulfate 500 mg tab*	TIER 1	
TOBI	TOBI 300 MG/5ML NEBU SOLN *tobramycin*	SP-NP	QL (10 UNIT PER DAY(S)), S, GA
TOBI PODHALER	TOBI PODHALER 28 MG CAP *tobramycin*	SP-P	QL (8 PER 1 DAY), S
tobramycin	*tobramycin 300 mg/4ml nebu soln*	SP-P	QL (2 PER 1 DAY(S)), SBG (Specialty Biosimilars and Specialty generics), S

BRAND NAME	DRUG DESCRIPTION (RX)	TIER	LIMITS & RESTRICTIONS
tobramycin	*tobramycin 300 mg/5ml nebu soln*	SP-P	QL (10 UNIT PER DAY(S)), SBG (Specialty Biosimilars and Specialty Generics), S
tobramycin sulfate	*tobramycin sulfate (1.2 gm recon soln, 1.2 gm/30ml solution, 2 gm/50ml solution, 10 mg/ml solution, 80 mg/2ml solution)*	TIER 1	
SULFONAMIDES			
sulfadiazine	*sulfadiazine 500 mg tab*	TIER 1	
ANTIMYCOBACTERIAL AGENTS			
CYCLOSERINE	CYCLOSERINE 250 MG CAP *cycloserine*	TIER 1	
ethambutol hcl	*ethambutol hcl (100 mg tab, 400 mg tab)*	TIER 1	
isoniazid	*isoniazid (50 mg/5ml syrup, 100 mg tab, 300 mg tab)*	TIER 1	
PASER	PASER 4 GM PACKET *aminosalicylic acid*	TIER 1	
PRIFTIN	PRIFTIN 150 MG TAB *rifapentine*	TIER 3	GA
pyrazinamide	*pyrazinamide 500 mg tab*	TIER 1	
rifabutin	*rifabutin 150 mg cap*	TIER 1	
rifampin	*rifampin (150 mg cap, 300 mg cap)*	TIER 1	
rifapentine	*rifapentine 150 mg tab*	TIER 1	
TRECATOR	TRECATOR 250 MG TAB *ethionamide*	TIER 3	
ANTIFUNGALS			
flucytosine	*flucytosine (250 mg cap, 500 mg cap)*	TIER 1	
griseofulvin microsize	*griseofulvin microsize (125 mg/5ml suspension, 500 mg tab)*	TIER 1	
griseofulvin ultramicrosize	*griseofulvin ultramicrosize (125 mg tab, 250 mg tab)*	TIER 1	
nystatin	*nystatin 500000 unit tab*	TIER 1	
terbinafine hcl	*terbinafine hcl 250 mg tab*	TIER 1	

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BRAND NAME	DRUG DESCRIPTION (RX)	TIER	LIMITS & RESTRICTIONS
IMIDAZOLES			
ketoconazole	*ketoconazole 200 mg tab*	TIER 1	
TRIAZOLES			
fluconazole	*fluconazole (10 mg/ml recon susp, 40 mg/ml recon susp, 50 mg tab, 100 mg tab, 150 mg tab, 200 mg tab)*	TIER 1	
itraconazole	*itraconazole (10 mg/ml solution, 100 mg cap)*	TIER 1	PA
posaconazole	*posaconazole (40 mg/ml suspension, 100 mg tab dr)*	TIER 1	
VFEND IV	VFEND IV 200 MG RECON SOLN *voriconazole*	TIER 2	GA
voriconazole	*voriconazole (200 mg recon soln, 200 mg/20ml solution)*	TIER 2	
voriconazole	*voriconazole (40 mg/ml recon susp, 50 mg tab, 200 mg tab)*	TIER 1	
ANTIVIRALS ANTIRETROVIRALS - CAPSID INHIBITORS			
SUNLENCA	SUNLENCA (4 X 300 MG TAB THPK, 5 X 300 MG TAB THPK, 300 MG TAB) *lenacapavir sodium*	SP-P	S
YEZTUGO	YEZTUGO 300 MG TAB *lenacapavir sodium*	SP-P	QL (4 TABS PER 180 DAY(S)), S
YEZTUGO	YEZTUGO 463.5 MG/1.5ML SOLUTION *lenacapavir sodium*	SP-M	S
ANTIRETROVIRALS - CCR5 ANTAGONISTS (ENTRY INHIBITOR)			
maraviroc	*maraviroc (150 mg tab, 300 mg tab)*	TIER 1	
SELZENTRY	SELZENTRY (25 MG TAB, 75 MG TAB) *maraviroc*	TIER 2	
SELZENTRY	SELZENTRY 20 MG/ML SOLUTION *maraviroc*	TIER 3	

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BRAND NAME	DRUG DESCRIPTION (RX)	TIER	LIMITS & RESTRICTIONS
ANTIRETROVIRALS - CD4-DIRECTED POST-ATTACHMENT INHIBITOR			
TROGARZO	TROGARZO 200 MG/1.33ML SOLUTION *ibalizumab-uiyk*	SP-M	S
ANTIRETROVIRALS - GP120-DIRECTED ATTACHMENT INHIBITOR			
RUKOBIA	RUKOBIA 600 MG TAB ER 12H *fostemsavir tromethamine*	SP-P	S
ANTIRETROVIRALS - FUSION INHIBITORS			
FUZEON	FUZEON 90 MG RECON SOLN *enfuvirtide*	SP-P	S
ANTIRETROVIRALS - INTEGRASE INHIBITORS			
APRETUDE	APRETUDE 600 MG/3ML SUSP *cabotegravir*	TIER 2	S
ISENTRESS	ISENTRESS (25 MG CHEW TAB, 100 MG CHEW TAB, 400 MG TAB) *raltegravir potassium*	TIER 2	
ISENTRESS	ISENTRESS 100 MG PACKET *raltegravir potassium*	TIER 3	
ISENTRESS HD	ISENTRESS HD 600 MG TAB *raltegravir potassium*	TIER 2	
TIVICAY	TIVICAY (10 MG TAB, 25 MG TAB, 50 MG TAB) *dolutegravir sodium*	TIER 2	
TIVICAY PD	TIVICAY PD 5 MG TAB SOL *dolutegravir sodium*	TIER 2	
ANTIRETROVIRALS - PROTEASE INHIBITORS			
APTIVUS	APTIVUS 250 MG CAP *tipranavir*	TIER 2	
atazanavir sulfate	*atazanavir sulfate (150 mg cap, 200 mg cap, 300 mg cap)*	TIER 1	
darunavir	*darunavir (600 mg tab, 800 mg tab)*	TIER 1	
fosamprenavir calcium	*fosamprenavir calcium 700 mg tab*	TIER 1	

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BRAND NAME	DRUG DESCRIPTION (RX)	TIER	LIMITS & RESTRICTIONS
LEXIVA	LEXIVA 50 MG/ML SUSPENSION *fosamprenavir calcium*	TIER 3	
NORVIR	NORVIR (80 MG/ML SOLUTION, 100 MG PACKET) *ritonavir*	TIER 3	
NORVIR	NORVIR 100 MG CAP *ritonavir*	TIER 2	
PREZISTA	PREZISTA (75 MG TAB, 150 MG TAB) *darunavir*	TIER 2	
PREZISTA	PREZISTA 100 MG/ML SUSPENSION *darunavir ethanolate*	TIER 3	
REYATAZ	REYATAZ 50 MG PACKET *atazanavir sulfate*	TIER 3	
ritonavir	*ritonavir 100 mg tab*	TIER 1	
VIRACEPT	VIRACEPT (250 MG TAB, 625 MG TAB) *nelfinavir mesylate*	TIER 2	
ANTIRETROVIRALS - RTI-NUCLEOSIDE ANALOGUES-PURINES			
abacavir sulfate	*abacavir sulfate (20 mg/ml solution, 300 mg tab)*	TIER 1	
ANTIRETROVIRALS - RTI-NUCLEOSIDE ANALOGUES-PYRIMIDINES			
emtricitabine	*emtricitabine 200 mg cap*	TIER 1	
EMTRIVA	EMTRIVA 10 MG/ML SOLUTION *emtricitabine*	TIER 2	
lamivudine	*lamivudine (10 mg/ml solution, 150 mg tab, 300 mg tab, 300 mg/30ml solution)*	TIER 1	
ANTIRETROVIRALS - RTI-NUCLEOSIDE ANALOGUES-THYMIDINES			
RETROVIR	RETROVIR 10 MG/ML SOLUTION *zidovudine*	SP-M	S
STAVUDINE	STAVUDINE (15 MG CAP, 20 MG CAP, 30 MG CAP, 40 MG CAP) *stavudine*	TIER 1	
zidovudine	*zidovudine (50 mg/5ml syrup, 100 mg cap, 300 mg tab)*	TIER 1	

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BRAND NAME	DRUG DESCRIPTION (RX)	TIER	LIMITS & RESTRICTIONS
ANTIRETROVIRALS - RTI-NUCLEOTIDE ANALOGUES			
tenofovir disoproxil fumarate	*tenofovir disoproxil fumarate 300 mg tab*	TIER 1	
VIREAD	VIREAD (150 MG TAB, 200 MG TAB, 250 MG TAB) *tenofovir disoproxil fumarate*	TIER 2	
VIREAD	VIREAD 40 MG/GM POWDER *tenofovir disoproxil fumarate*	TIER 3	
ANTIRETROVIRALS - RTI-NON-NUCLEOSIDE ANALOGUES			
EDURANT	EDURANT 25 MG TAB *rilpivirine hcl*	TIER 2	GA
EDURANT PED	EDURANT PED 2.5 MG TAB SOL *rilpivirine hcl*	TIER 2	QL (180 PER PER 30 DAY(S))
efavirenz	*efavirenz (50 mg cap, 200 mg cap, 600 mg tab)*	TIER 1	
etravirine	*etravirine (100 mg tab, 200 mg tab)*	TIER 1	
INTELENCE	INTELENCE 25 MG TAB *etravirine*	TIER 2	
nevirapine	*nevirapine 200 mg tab*	TIER 1	
NEVIRAPINE	NEVIRAPINE 50 MG/5ML SUSPENSION *nevirapine*	TIER 3	
nevirapine er	*nevirapine er (er 100 mg tab er 24h, er 400 mg tab er 24h)*	TIER 1	
PIFELTRO	PIFELTRO 100 MG TAB *doravirine*	TIER 2	
rilpivirine hcl	*rilpivirine hcl 25 mg tab*	TIER 1	
ANTIRETROVIRALS ADJUVANTS			
TYBOST	TYBOST 150 MG TAB *cobicistat*	TIER 2	
ANTIRETROVIRAL COMBINATIONS			
abacavir sulfate-lamivudine	*abacavir sulfate-lamivudine 600-300 mg tab*	TIER 1	

BRAND NAME	DRUG DESCRIPTION (RX)	TIER	LIMITS & RESTRICTIONS
BIKTARVY	BIKTARVY (30-120-15 MG TAB, 50-200-25 MG TAB) *bictegravir-emtricitabine-tenofovir alafenamide fumarate*	TIER 2	
BIXLENVO	BIXLENVO 75-50 MG TAB *bictegravir sodium-lenacapavir sodium*	P&T	QL (1 TAB PER DAY(S)), S
CABENUVA	CABENUVA (400 600 MG/2ML SUSP, 600 900 MG/3ML SUSP) *cabotegravir & rilpivirine*	SP-M	S
CIMDUO	CIMDUO 300-300 MG TAB *lamivudine-tenofovir disoproxil fumarate*	TIER 2	
DELSTRIGO	DELSTRIGO 100-300-300 MG TAB *doravirine-lamivudine-tenofovir disoproxil fumarate*	TIER 2	
DESCOVY	DESCOVY (120-15 MG TAB, 200-25 MG TAB) *emtricitabine-tenofovir alafenamide fumarate*	TIER 2	
DOVATO	DOVATO 50-300 MG TAB *dolutegravir sodium-lamivudine*	TIER 2	
efavirenz-emtricitab-tenofo df	*efavirenz-emtricitab-tenofo df 600-200-300 mg tab*	TIER 1	
efavirenz-lamivudine-tenofovir	*efavirenz-lamivudine-tenofovir (400-300-300 mg tab, 600-300-300 mg tab)*	TIER 1	
emtricitab-rilpivir-tenofov df	*emtricitab-rilpivir-tenofov df 200-25-300 mg tab*	TIER 1	
emtricitabine-tenofovir df	*emtricitabine-tenofovir df (100-150 mg tab, 133-200 mg tab, 167-250 mg tab, 200-300 mg tab)*	TIER 1	PV
EVOTAZ	EVOTAZ 300-150 MG TAB *atazanavir sulfate-cobicistat*	TIER 3	
GENVOYA	GENVOYA 150-150-200-10 MG TAB *elvitegravir-cobicistat-emtricitabine-tenofovir alafenamide*	TIER 2	

BRAND NAME	DRUG DESCRIPTION (RX)	TIER	LIMITS & RESTRICTIONS
IDVYNSO	IDVYNSO 100-0.25 MG TAB *doravirine-islatravir*	TIER 2	
JULUCA	JULUCA 50-25 MG TAB *dolutegravir sodium-rilpivirine hcl*	TIER 2	
lamivudine-zidovudine	*lamivudine-zidovudine 150-300 mg tab*	TIER 1	
lopinavir-ritonavir	*lopinavir-ritonavir (100-25 mg tab, 200-50 mg tab, 400-100 mg/5ml solution)*	TIER 1	
ODEFSEY	ODEFSEY 200-25-25 MG TAB *emtricitabine-rilpivirine-tenofovir alafenamide fumarate*	TIER 2	
PREZCOBIX	PREZCOBIX (675-150 MG TAB, 800-150 MG TAB) *darunavir-cobicistat*	TIER 3	
STRIBILD	STRIBILD 150-150-200-300 MG TAB *elvitegravir-cobicistat-emtricitabine-tenofovir df*	TIER 2	
SYMTUZA	SYMTUZA 800-150-200-10 MG TAB *darunavir-cobicistat-emtricitabine-tenofovir alafenamide*	TIER 2	
TRIUMEQ	TRIUMEQ 600-50-300 MG TAB *abacavir-dolutegravir-lamivudine*	TIER 2	
TRIUMEQ PD	TRIUMEQ PD 60-5-30 MG TAB SOL *abacavir-dolutegravir-lamivudine*	TIER 2	
CMV AGENTS			
LIVTENCITY	LIVTENCITY 200 MG TAB *maribavir*	SP-P	QL (4 PER DAY(S)), S
valganciclovir hcl	*valganciclovir hcl 450 mg tab*	TIER 1	QL (4 PER 1 DAY(S))
valganciclovir hcl	*valganciclovir hcl 50 mg/ml recon soln*	TIER 1	QL (1000 PER 30 DAY(S))

BRAND NAME	DRUG DESCRIPTION (RX)	TIER	LIMITS & RESTRICTIONS
HEPATITIS B AGENTS			
adefovir dipivoxil	*adefovir dipivoxil 10 mg tab*	TIER 1	
entecavir	*entecavir (0.5 mg tab, 1 mg tab)*	TIER 1	QL (1 TAB PER DAY(S))
EPIVIR HBV	EPIVIR HBV 5 MG/ML SOLUTION *lamivudine (hbv)*	TIER 3	
lamivudine	*lamivudine 100 mg tab*	TIER 1	
VEMLIDY	VEMLIDY 25 MG TAB *tenofovir alafenamide fumarate*	SP-P	QL (1 PER 1 DAY(S)), S
HEPATITIS C AGENTS			
PEGASYS	PEGASYS 180 MCG/0.5ML SOLN PRSYR *peginterferon alfa-2a*	SP-P	PA, QL (4 SYRINGES PER 28 DAY(S)), S
PEGASYS	PEGASYS 180 MCG/ML SOLUTION *peginterferon alfa-2a*	SP-P	PA, QL (4 PER 28 DAYS), S
RIBAVIRIN	RIBAVIRIN (200 MG CAP, 200 MG TAB) *ribavirin (hepatitis c)*	SP-P	S
HEPATITIS D AGENTS			
HEPCLUDEX	HEPCLUDEX 8.5 MG RECON SOLN *bulevirtide acetate-gmod*	SP-NP	PA, QL (1 VIAL PER DAY(S)), S
HEPATITIS C AGENT - COMBINATIONS			
EPCLUSA	EPCLUSA (150-37.5 MG PACKET, 200-50 MG PACKET) *sofosbuvir-velpatasvir*	SP-P	PA, QL (1 PER 1 DAY(S)), S
EPCLUSA	EPCLUSA 200-50 MG TAB *sofosbuvir-velpatasvir*	SP-P	PA, QL (28 PER 28 DAY(S)), S
EPCLUSA	EPCLUSA 400-100 MG TAB *sofosbuvir-velpatasvir*	SP-P	PA, QL (28 PER 28 DAYS), S
HARVONI	HARVONI (33.75-150 MG PACKET, 45-200 MG PACKET, 45-200 MG TAB) *ledipasvir-sofosbuvir*	SP-P	PA, QL (28 PER 28 DAY(S)), S
HARVONI	HARVONI 90-400 MG TAB *ledipasvir-sofosbuvir*	SP-P	PA, QL (28 PER 28 DAYS), S

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BRAND NAME	DRUG DESCRIPTION (RX)	TIER	LIMITS & RESTRICTIONS
LEDIPASVIR-SOFOSBUVIR	LEDIPASVIR-SOFOSBUVIR 90-400 MG TAB *ledipasvir-sofosbuvir*	SP-P	PA, QL (28 PER 28 DAYS), S
MAVYRET	MAVYRET 100-40 MG TAB *glecaprevir-pibrentasvir*	SP-P	PA, QL (84 PER 28 DAY(S)), S
MAVYRET	MAVYRET 50-20 MG PACKET *glecaprevir-pibrentasvir*	SP-P	PA, QL (5 PER 1 DAY(S)), S
SOFOSBUVIR-VELPATASVIR	SOFOSBUVIR-VELPATASVIR 400-100 MG TAB *sofosbuvir-velpatasvir*	SP-P	PA, QL (28 PER 28 DAYS), S
VOSEVI	VOSEVI 400-100-100 MG TAB *sofosbuvir-velpatasvir-voxilaprevir*	SP-P	PA, QL (28 PER 28 DAY(S)), S
HERPES AGENTS - PURINE ANALOGUES			
acyclovir	*acyclovir (200 mg cap, 200 mg/5ml suspension, 400 mg tab, 800 mg tab, 800 mg/20ml suspension)*	TIER 1	
valacyclovir hcl	*valacyclovir hcl (1 gm tab, 500 mg tab)*	TIER 1	
HERPES AGENTS - THYMIDINE ANALOGUES			
famciclovir	*famciclovir (125 mg tab, 250 mg tab, 500 mg tab)*	TIER 1	
HPV AGENTS - IMMUNOTHERAPY AGENTS			
PAPZIMEOS	PAPZIMEOS 500000000000 PU/ML SUSPENSION *zopapogene imadenovec-drba*	SP-M	PA, S
INFLUENZA AGENTS			
RIMANTADINE HCL	RIMANTADINE HCL 100 MG TAB *rimantadine hydrochloride*	TIER 1	

BRAND NAME	DRUG DESCRIPTION (RX)	TIER	LIMITS & RESTRICTIONS
PA ENDONUCLEASE INHIBITORS			
XOFLUZA (40 MG DOSE)	XOFLUZA (40 MG DOSE) (OFLUZA MG 1 40 MG TAB THPK, OFLUZA MG 2 20 MG TAB THPK) *baloxavir marboxil*	TIER 3	
XOFLUZA (80 MG DOSE)	XOFLUZA (80 MG DOSE) (OFLUZA MG 1 80 MG TAB THPK, OFLUZA MG 2 40 MG TAB THPK) *baloxavir marboxil*	TIER 3	
NEURAMINIDASE INHIBITORS			
oseltamivir phosphate	*oseltamivir phosphate (6 mg/ml recon susp, 30 mg cap, 45 mg cap, 75 mg cap)*	TIER 1	
RELENZA DISKHALER	RELENZA DISKHALER 5 MG/ACT AER POW BA *zanamivir*	TIER 2	
MISC. ANTIVIRALS			
XOCOVA	XOCOVA 125 MG TAB *ensitrelvir fumarate*	P&T	QL (7 TAB PER 180 DAY(S))
ANTIVIRAL COMBINATIONS			
PAXLOVID (150/100)	PAXLOVID (150/100) 10 X 150 MG & 10 X 100MG TAB THPK *nirmatrelvir-ritonavir*	TIER 2	QL (2 PACK PER YEAR(S))
PAXLOVID (300/100 & 150/100)	PAXLOVID (300/100 & 150/100) 6 X 150 MG & 5 X 100MG TAB THPK *nirmatrelvir-ritonavir*	TIER 2	QL (2 PACK PER YEAR(S))
PAXLOVID (300/100)	PAXLOVID (300/100) 20 X 150 MG & 10 X 100MG TAB THPK *nirmatrelvir-ritonavir*	TIER 2	QL (2 PACK PER YEAR(S))
ANTIMALARIALS			
chloroquine phosphate	*chloroquine phosphate (250 mg tab, 500 mg tab)*	TIER 1	
hydroxychloroquine sulfate	*hydroxychloroquine sulfate (100 mg tab, 300 mg tab)*	TIER 3	
hydroxychloroquine sulfate	*hydroxychloroquine sulfate 200 mg tab*	TIER 1	

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BRAND NAME	DRUG DESCRIPTION (RX)	TIER	LIMITS & RESTRICTIONS
mefloquine hcl	*mefloquine hcl 250 mg tab*	TIER 1	
primaquine phosphate	*primaquine phosphate 26.3 (15 base) mg tab*	TIER 1	
pyrimethamine	*pyrimethamine 25 mg tab*	TIER 1	
quinine sulfate	*quinine sulfate 324 mg cap*	TIER 1	
ANTIMALARIAL COMBINATIONS			
atovaquone-proguanil hcl	*atovaquone-proguanil hcl (62.5-25 mg tab, 250-100 mg tab)*	TIER 1	
ANTHELMINTICS			
albendazole	*albendazole 200 mg tab*	TIER 1	
ivermectin	*ivermectin 3 mg tab*	TIER 1	
praziquantel	*praziquantel 600 mg tab*	TIER 1	
ANTI-INFECTIVE AGENTS - MISC.			
IMPAVIDO	IMPAVIDO 50 MG CAP *miltefosine*	TIER 3	
LIKMEZ	LIKMEZ 500 MG/5ML SUSPENSION *metronidazole*	TIER 3	PA, QL (200 PER FILL(S))
metronidazole	*metronidazole (250 mg tab, 375 mg cap, 500 mg tab)*	TIER 1	
NUZOLVENCE	NUZOLVENCE 3 GM PACKET *zoliflodacin*	P&T	QL (1 PACKET PER 180 DAY(S))
pentamidine isethionate	*pentamidine isethionate 300 mg recon soln*	TIER 1	
tinidazole	*tinidazole (250 mg tab, 500 mg tab)*	TIER 1	
trimethoprim	*trimethoprim 100 mg tab*	TIER 1	
XIFAXAN	XIFAXAN (200 MG TAB, 550 MG TAB) *rifaximin*	TIER 2	
MONOBACTAMS			
CAYSTON	CAYSTON 75 MG RECON SOLN *aztreonam lysine*	SP-P	QL (3 PER 1 DAY), S

BRAND NAME	DRUG DESCRIPTION (RX)	TIER	LIMITS & RESTRICTIONS
LINCOSAMIDES			
CLEOCIN PHOSPHATE	CLEOCIN PHOSPHATE (300 MG/2ML SOLUTION, 600 MG/4ML SOLUTION, 900 MG/6ML SOLUTION) *clindamycin phosphate*	TIER 1	GA
clindamycin hcl	*clindamycin hcl (75 mg cap, 150 mg cap, 300 mg cap)*	TIER 1	
clindamycin palmitate hcl	*clindamycin palmitate hcl 75 mg/5ml recon soln*	TIER 1	
clindamycin phosphate	*clindamycin phosphate (300 mg/2ml solution, 600 mg/4ml solution, 900 mg/6ml solution)*	TIER 1	
OXAZOLIDINONES			
linezolid	*linezolid (100 mg/5ml recon susp, 600 mg tab)*	TIER 1	
SIVEXTRO	SIVEXTRO 200 MG TAB *tedizolid phosphate*	TIER 3	
GLYCOPEPTIDES			
FIRVANQ	FIRVANQ (25 MG/ML RECON SOLN, 50 MG/ML RECON SOLN) *vancomycin hcl*	TIER 2	PA, QL (450 ML PER 10 DAY(S)), GA
vancomycin hcl	*vancomycin hcl (125 mg cap, 250 mg cap)*	TIER 1	PA, QL (80 CAP PER 10 DAY(S))
vancomycin hcl	*vancomycin hcl (25 mg/ml recon soln, 50 mg/ml recon soln, 250 mg/5ml recon soln)*	TIER 2	PA, QL (450 ML PER 10 DAY(S))
vancomycin hcl	*vancomycin hcl (5 gm recon soln, 500 mg recon soln, 750 mg recon soln)*	TIER 1	
LEPROSTATICS			
dapsone	*dapsone (25 mg tab, 100 mg tab)*	TIER 1	
ANTIPROTOZOAL AGENTS			
ALINIA	ALINIA 100 MG/5ML RECON SUSP *nitazoxanide*	TIER 3	PA, QL (540 PER 10 DAY(S)), PA-QL (QL varies)
atovaquone	*atovaquone 750 mg/5ml suspension*	TIER 1	

BRAND NAME	DRUG DESCRIPTION (RX)	TIER	LIMITS & RESTRICTIONS
nitazoxanide	*nitazoxanide 500 mg tab*	TIER 1	QL (20 TAB PER 10 DAY(S)), PA-QL (QL Varies)
URINARY ANTI-INFECTIVES			
fosfomycin tromethamine	*fosfomycin tromethamine 3 gm packet*	TIER 1	
methenamine hippurate	*methenamine hippurate 1 gm tab*	TIER 1	
nitrofurantoin	*nitrofurantoin (25 mg/5ml suspension, 50 mg/10ml suspension)*	TIER 1	
nitrofurantoin macrocrystal	*nitrofurantoin macrocrystal (25 mg cap, 50 mg cap, 100 mg cap)*	TIER 1	
nitrofurantoin monohyd macro	*nitrofurantoin monohyd macro 100 mg cap*	TIER 1	
ANTI-INFECTIVE MISC. - COMBINATIONS			
sulfamethoxazole-trimethoprim	*sulfamethoxazole-trimethoprim (200-40 mg/5ml suspension, 400-80 mg tab, 800-160 mg tab, 800-160 mg/20ml suspension)*	TIER 1	
sulfatrim pediatric	*sulfatrim pediatric 200-40 mg/5ml suspension*	TIER 1	
VACCINES VIRAL VACCINES			
ABRYSVO	ABRYSVO 120 MCG/0.5ML RECON SOLN *rsv pre-fusion f a&b protein vaccine recombinant*	TIER 2	QL (1 PER LIFETIME)
AFLURIA	AFLURIA SUSPENSION *influenza virus vaccine split*	TIER 2	PV
AFLURIA PRESERVATIVE FREE	AFLURIA PRESERVATIVE FREE 0.5 ML SUSP PRSYR *influenza virus vaccine split preservative free*	TIER 2	PV
AFLURIA QUADRIVALENT	AFLURIA QUADRIVALENT (0.5MLSUSPPRSYR, SUSPENSION) *influenza virus vaccine split quadrivalent*	TIER 2	PV

BRAND NAME	DRUG DESCRIPTION (RX)	TIER	LIMITS & RESTRICTIONS
AREXVY	AREXVY 120 MCG/0.5ML RECON SUSP *rsv pre-fusion f3 protein (rsvpref3) vac recomb adjuvanted*	TIER 2	QL (1 PER LIFETIME), AL (At least 60 yrs old)
AUDENZ	AUDENZ (0.5MLPRSYR, EMULSION) *influenza a (h5n1) tissue-cultured subunit adjuvant vaccine*	TIER 2	
COMIRNATY	COMIRNATY (30 SUSP PRSYR, 30 SUSPENSION) *covid-19 (sars-cov-2) mrna virus vaccine*	TIER 2	
COMIRNATY 5-11 YEARS	COMIRNATY 5-11 YEARS 10 MCG/0.3ML SUSPENSION *covid-19 (sars-cov-2) mrna virus vaccine*	TIER 2	
ENGERIX-B	ENGERIX-B (10 MCG/0.5ML SUSP PRSYR, 20 MCG/ML SUSP PRSYR, 20 MCG/ML SUSPENSION) *hepatitis b vaccine (recomb)*	TIER 2	PV
FLUAD	FLUAD 0.5 ML SUSP PRSYR *influenza virus vaccine types a & b surface antigen adjuvant*	TIER 2	PV
FLUAD QUADRIVALENT	FLUAD QUADRIVALENT 0.5 ML PRSYR *influenza virus vacc types a & b surf antigen adjuvant quad*	TIER 2	PV
FLUARIX	FLUARIX 0.5 ML SUSP PRSYR *influenza virus vaccine split preservative free*	TIER 2	PV
FLUARIX QUADRIVALENT	FLUARIX QUADRIVALENT 0.5 ML SUSP PRSYR *influenza virus vaccine split quadrivalent*	TIER 2	PV
FLUBLOK	FLUBLOK 0.5 ML SOLN PRSYR *influenza virus vaccine recombinant hemagglutinin (ha)*	TIER 2	

BRAND NAME	DRUG DESCRIPTION (RX)	TIER	LIMITS & RESTRICTIONS
FLUBLOK QUADRIVALENT	FLUBLOK QUADRIVALENT 0.5 ML SOLN PRSYR *influenza virus vac recomb hemagglutinin (ha) quadrivalent*	TIER 2	PV
FLUCELVAX	FLUCELVAX (0.5MLSUSPPRSYR, SUSPENSION) *influenza virus vaccine tissue-cultured subunit*	TIER 2	
FLUCELVAX QUADRIVALENT	FLUCELVAX QUADRIVALENT (0.5MLSUSPPRSYR, SUSPENSION) *influenza virus vaccine tissue-cultured subunit quadrivalent*	TIER 2	PV
FLULAVAL	FLULAVAL 0.5 ML SUSP PRSYR *influenza virus vaccine split preservative free*	TIER 2	PV
FLULAVAL QUADRIVALENT	FLULAVAL QUADRIVALENT 0.5 ML SUSP PRSYR *influenza virus vaccine split quadrivalent*	TIER 2	PV
FLUMIST	FLUMIST LIQUID *influenza virus vaccine live*	TIER 2	PV
FLUMIST QUADRIVALENT	FLUMIST QUADRIVALENT SUSPENSION *influenza virus vaccine live quadrivalent*	TIER 2	PV
FLUZONE	FLUZONE (0.5MLSUSPPRSYR, SUSPENSION) *influenza virus vaccine split*	TIER 2	PV
FLUZONE HIGH-DOSE	FLUZONE HIGH-DOSE 0.5 ML SUSP PRSYR *influenza virus vaccine split high-dose preservative free*	TIER 2	PV
FLUZONE HIGH-DOSE QUADRIVALENT	FLUZONE HIGH-DOSE QUADRIVALENT 0.7 ML SUSP PRSYR *influenza virus vac split high-dose quad preservative free*	TIER 2	PV

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BRAND NAME	DRUG DESCRIPTION (RX)	TIER	LIMITS & RESTRICTIONS
FLUZONE QUADRIVALENT	FLUZONE QUADRIVALENT (0.5 ML SUSP PRSYR, 0.5 ML SUSPENSION, SUSPENSION) *influenza virus vaccine split quadrivalent*	TIER 2	PV
GARDASIL 9	GARDASIL 9 (9SUSPENSION, 90.5MLSUSPPRSYR) *human papillomavirus (hpv) 9-valent recombinant vaccine*	TIER 2	AL (9 to 45 yrs old), PV
HAVRIX	HAVRIX (720 U/0.5ML SUSP PRSYR, 720 U/0.5ML SUSPENSION, 1440 U/ML SUSP PRSYR) *hepatitis a vaccine*	TIER 2	PV
HEPLISAV-B	HEPLISAV-B 20 MCG/0.5ML SOLN PRSYR *hepatitis b vaccine recombinant adjuvanted*	TIER 2	PV
IPOL	IPOL SUSPENSION *poliovirus vaccine, ipv*	TIER 2	
JANSSEN COVID-19 VACCINE	JANSSEN COVID-19 VACCINE 0.5 ML SUSPENSION *covid-19 (sars-cov-2) adenovirus vaccine*	TIER 2	
MFLUSIVA	MFLUSIVA 0.38 ML SUSP PRSYR *influenza virus vaccine types a & b mrna*	TIER 2	
MNEXSPIKE	MNEXSPIKE 10 MCG/0.2ML SUSP PRSYR *covid-19 (sars-cov-2) mrna virus vaccine*	TIER 2	
MODERNA COVID-19 BIVAL 6M-5Y	MODERNA COVID-19 BIVAL 6M-5Y 10 MCG/0.2ML SUSPENSION *covid-19 mrna bivalent virus vaccine (moderna)*	TIER 2	
MODERNA COVID-19 BIVALENT	MODERNA COVID-19 BIVALENT 50 MCG/0.5ML SUSPENSION *covid-19 mrna bivalent virus vaccine (moderna)*	TIER 2	

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BRAND NAME	DRUG DESCRIPTION (RX)	TIER	LIMITS & RESTRICTIONS
MODERNA COVID-19 VAC (BOOSTER)	MODERNA COVID-19 VAC (BOOSTER) 50 MCG/0.5ML SUSPENSION *covid-19 (sars-cov-2) mrna virus vaccine*	TIER 2	
MODERNA COVID-19 VAC 6M-11Y	MODERNA COVID-19 VAC 6M-11Y (25 SUSP PRSYR, 25 SUSPENSION) *covid-19 (sars-cov-2) mrna virus vaccine*	TIER 2	
MODERNA COVID-19 VACC 6M-5Y	MODERNA COVID-19 VACC 6M-5Y 25 MCG/0.25ML SUSPENSION *covid-19 (sars-cov-2) mrna virus vaccine*	TIER 2	
MODERNA COVID-19 VACCINE	MODERNA COVID-19 VACCINE 100 MCG/0.5ML SUSPENSION *covid-19 (sars-cov-2) mrna virus vaccine*	TIER 2	
MRESVIA	MRESVIA 50 MCG/0.5ML SUSP PRSYR *rsv mrna pre-fusion virus vaccine*	TIER 2	
NOVAVAX COVID-19 VACCINE	NOVAVAX COVID-19 VACCINE (5 SUSP PRSYR, 5 SUSPENSION) *covid-19 (sars-cov-2) subunit (spike) protein virus vaccine*	TIER 2	
NUVAXOVID COVID-19 VACCINE	NUVAXOVID COVID-19 VACCINE 5 MCG/0.5ML SUSP PRSYR *covid-19 (sars-cov-2) subunit (spike) protein virus vaccine*	TIER 2	
PFIZER COVID-19 BIVAL 6MO-4YR	PFIZER COVID-19 BIVAL 6MO-4YR 3 MCG/0.2ML SUSPENSION *covid-19 mrna bivalent virus vaccine (pfizer)*	TIER 2	
PFIZER COVID-19 VAC BIVAL 5-11	PFIZER COVID-19 VAC BIVAL 5-11 10 MCG/0.2ML SUSPENSION *covid-19 mrna bivalent virus vaccine (pfizer)*	TIER 2	

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BRAND NAME	DRUG DESCRIPTION (RX)	TIER	LIMITS & RESTRICTIONS
PFIZER COVID-19 VAC BIVALENT	PFIZER COVID-19 VAC BIVALENT 30 MCG/0.3ML SUSPENSION *covid-19 mrna bivalent virus vaccine (pfizer)*	TIER 2	
PFIZER COVID-19 VAC-TRIS 5-11Y	PFIZER COVID-19 VAC-TRIS 5-11Y (10 MCG/0.2ML SUSPENSION, 10 MCG/0.3ML SUSPENSION) *covid-19 (sars-cov-2) mrna virus vaccine*	TIER 2	
PFIZER COVID-19 VAC-TRIS 6M-4Y	PFIZER COVID-19 VAC-TRIS 6M-4Y (3 MCG/0.2ML SUSPENSION, 3 MCG/0.3ML SUSPENSION) *covid-19 (sars-cov-2) mrna virus vaccine*	TIER 2	
PFIZER-BIONT COVID-19 VAC-TRIS	PFIZER-BIONT COVID-19 VAC-TRIS 30 MCG/0.3ML SUSPENSION *covid-19 (sars-cov-2) mrna virus vaccine*	TIER 2	
PFIZER-BIONTECH COVID-19 VACC	PFIZER-BIONTECH COVID-19 VACC 30 MCG/0.3ML SUSPENSION *covid-19 (sars-cov-2) mrna virus vaccine*	TIER 2	
PREHEVBRIO	PREHEVBRIO 10 MCG/ML SUSPENSION *hepatitis b vaccine 3-antigen recombinant*	TIER 2	
RECOMBIVAX HB	RECOMBIVAX HB (5 MCG/0.5ML SUSP PRSYR, 5 MCG/0.5ML SUSPENSION, 10 MCG/ML SUSP PRSYR, 10 MCG/ML SUSPENSION, 40 MCG/ML SUSPENSION) *hepatitis b vaccine (recomb)*	TIER 2	PV
ROTARIX	ROTARIX (RECONSUSP, SUSPENSION) *rotavirus vaccine, live oral*	TIER 2	

BRAND NAME	DRUG DESCRIPTION (RX)	TIER	LIMITS & RESTRICTIONS
ROTATEQ	ROTATEQ SOLUTION *rotavirus vaccine, live oral pentavalent*	TIER 2	PV
SHINGRIX	SHINGRIX 50 MCG/0.5ML RECON SUSP *zoster vaccine recombinant adjuvanted*	TIER 2	QL (2 PER LIFETIME), AL (At least 19 yrs old), PV
SHINGRIX	SHINGRIX 50 MCG/0.5ML SUSP PRSYR *zoster vaccine recombinant adjuvanted*	TIER 2	QL (2 PER PER LIFETIME)
SPIKEVAX	SPIKEVAX (50 SUSP PRSYR, 50 SUSPENSION) *covid-19 (sars-cov-2) mrna virus vaccine*	TIER 2	
SPIKEVAX 6M-11Y	SPIKEVAX 6M-11Y 25 MCG/0.25ML SUSP PRSYR *covid-19 (sars-cov-2) mrna virus vaccine*	TIER 2	
SPIKEVAX COVID-19 VACCINE	SPIKEVAX COVID-19 VACCINE 100 MCG/0.5ML SUSPENSION *covid-19 (sars-cov-2) mrna virus vaccine*	TIER 2	
VAQTA	VAQTA (25 UNIT/0.5ML SUSP PRSYR, 25 UNIT/0.5ML SUSPENSION, 50 UNIT/ML SUSP PRSYR, 50 UNIT/ML SUSPENSION) *hepatitis a vaccine*	TIER 2	
VARIVAX	VARIVAX 1350 PFU/0.5ML RECON SUSP *varicella virus vaccine live*	TIER 2	
VIRAL VACCINE COMBINATIONS			
M-M-R II	M-M-R II RECON SOLN *measles, mumps & rubella virus vaccines*	TIER 2	PV
PRIORIX	PRIORIX RECON SUSP *measles, mumps & rubella virus vaccines*	TIER 2	
PROQUAD	PROQUAD RECON SUSP *measles-mumps-rubella-varicella virus vaccines*	TIER 2	PV

BRAND NAME	DRUG DESCRIPTION (RX)	TIER	LIMITS & RESTRICTIONS
TWINRIX	TWINRIX 720-20 ELU-MCG/ML SUSP PRSYR *hepatitis a (inactivated)-hepatitis b (recombinant) vaccines*	TIER 2	PV
BACTERIAL VACCINES			
ACTHIB	ACTHIB RECON SOLN *haemophilus b polysac conj vac*	TIER 2	PV
BCG VACCINE	BCG VACCINE 50 MG RECON SOLN *bcg vaccine*	SP-M	S
BEXSERO	BEXSERO SUSP PRSYR *meningococcal vac group b (recombant omv adjuvanted)*	TIER 2	PV
CAPVAXIVE	CAPVAXIVE 0.5 ML SOLN PRSYR *pneumococcal 21-valent conjugate vaccine*	TIER 2	
HIBERIX	HIBERIX 10 MCG RECON SOLN *haemophilus b polysac conj vac*	TIER 2	PV
MENACTRA	MENACTRA SOLUTION *meningococcal (a,c,y&w-135) polysacch diphth conj vaccine*	TIER 2	PV
MENQUADFI	MENQUADFI (0.5MLSOLUTION, SOLUTION) *meningococcal (a,c,y&w-135) polysacch tetanus conj vaccine*	TIER 2	PV
MENVEO	MENVEO (RECONSOLN, SOLUTION) *meningococcal (a,c,y&w-135) oligosaccharide conjugate vac*	TIER 2	
PEDVAXHIB	PEDVAXHIB 7.5 MCG/0.5ML SUSPENSION *haemophilus b polysac conj vac*	TIER 2	PV

BRAND NAME	DRUG DESCRIPTION (RX)	TIER	LIMITS & RESTRICTIONS
PENBRAYA	PENBRAYA RECON SUSP *mening (a,c,y&w) polysacch tetanus conj-mening b (rcmb) vacc*	TIER 2	
PENMENVY	PENMENVY RECON SUSP *mening (a,c,w&y) oligosacch conj-mening b (rcmb) vacc*	TIER 2	
PNEUMOVAX 23	PNEUMOVAX 23 (23 25 SOLN PRSYR, 23 25 SOLUTION) *pneumococcal vac polyvalent*	TIER 2	PV
PREVNAR 13	PREVNAR 13 SUSPENSION *pneumococcal 13-valent conjugate vaccine*	TIER 2	PV
PREVNAR 20	PREVNAR 20 0.5 ML SUSP PRSYR *pneumococcal 20-valent conjugate vaccine*	TIER 2	PV
TRUMENBA	TRUMENBA SUSP PRSYR *meningococcal group b vaccine (recombinant)*	TIER 2	PV
VAXNEUVANCE	VAXNEUVANCE 0.5 ML SUSP PRSYR *pneumococcal 15-valent conjugate vaccine*	TIER 2	
TOXOIDS TOXOID COMBINATIONS			
ADACEL	ADACEL (SUSP PRSYR, SUSPENSION) *tetanus toxoid-diphtheria-acellular pertussis adsorb (tdap)*	TIER 2	PV
BOOSTRIX	BOOSTRIX (SUSP PRSYR, SUSPENSION) *tetanus toxoid-diphtheria-acellular pertussis adsorb (tdap)*	TIER 2	PV

BRAND NAME	DRUG DESCRIPTION (RX)	TIER	LIMITS & RESTRICTIONS
DAPTACEL	DAPTACEL 23-15-5 SUSPENSION *diphtheria, acellular pertussis & tetanus toxoids*	TIER 2	PV
DIPHTHERIA-TETANUS TOXOIDS DT	DIPHTHERIA-TETANUS TOXOIDS DT 25-5 LFU/0.5ML SUSPENSION *diphtheria-tetanus toxoids (dt)*	TIER 2	PV
INFANRIX	INFANRIX 25-58-10 SUSPENSION *diphtheria, acellular pertussis & tetanus toxoids*	TIER 2	PV
KINRIX	KINRIX 0.5 ML SUSP PRSYR *diph-tetanus tox ad-acell pertussis & polio virus, ipv vac*	TIER 2	PV
PEDIARIX	PEDIARIX SUSP PRSYR *diph-tetanus tox-acell pert-hepatitis b recomb-polio ipv vac*	TIER 2	PV
PENTACEL	PENTACEL RECON SUSP *diph-ac pert-tet tox ad-polio ipv-haemophil b poly vac*	TIER 2	PV
QUADRACEL	QUADRACEL (0.5MLSUSPPRSYR, SUSPENSION) *diph-tetanus tox ad-acell pertussis & polio virus, ipv vac*	TIER 2	PV
TDVAX	TDVAX 2-2 LF/0.5ML SUSPENSION *tetanus-diphtheria toxoids (td)*	TIER 2	PV
TENIVAC	TENIVAC 5-2 LF/0.5ML SUSPENSION *tetanus-diphtheria toxoids (td)*	TIER 2	PV
TETANUS-DIPHTHERIA TOXOIDS TD	TETANUS-DIPHTHERIA TOXOIDS TD 2-2 LF/0.5ML SUSPENSION *tetanus-diphtheria toxoids (td)*	TIER 2	PV

BRAND NAME	DRUG DESCRIPTION (RX)	TIER	LIMITS & RESTRICTIONS
VAXELIS	VAXELIS (SUSPENSION, SUSPPRSYR) *diph-tet tox-acell pert ad-polio ipv-hib-hepatitis b recomb*	TIER 2	PV
PASSIVE IMMUNIZING AND TREATMENT AGENTS IMMUNE SERUMS			
ALYGLO	ALYGLO (5 GM/50ML SOLUTION, 10 GM/100ML SOLUTION, 20 GM/200ML SOLUTION) *immune globulin (human)-stwk*	SP-M	PA, S
ASCENIV	ASCENIV 5 GM/50ML SOLUTION *immune globulin (human)-slra*	SP-M	PA, S
BIVIGAM	BIVIGAM (5 GM/50ML SOLUTION, 10 GM/100ML SOLUTION) *immune globulin (human) iv*	SP-M	PA, S
CUTAQUIG	CUTAQUIG (1 GM/6ML SOLUTION, 1.65 GM/10ML SOLUTION, 2 GM/12ML SOLUTION, 3.3 GM/20ML SOLUTION, 4 GM/24ML SOLUTION, 8 GM/48ML SOLUTION) *immune globulin (human)-hipp*	SP-M	PA, S
CUVITRU	CUVITRU (1 GM/5ML SOLUTION, 2 GM/10ML SOLUTION, 4 GM/20ML SOLUTION, 8 GM/40ML SOLUTION, 10 GM/50ML SOLUTION) *immune globulin (human) subcutaneous*	SP-M	PA, S
CYTOGAM	CYTOGAM 50 MG/ML SOLUTION *cytomegalovirus immune globulin (human)*	SP-M	S

BRAND NAME	DRUG DESCRIPTION (RX)	TIER	LIMITS & RESTRICTIONS
FLEBOGAMMA DIF	FLEBOGAMMA DIF (2.5 GM/50ML SOLUTION, 5 GM/100ML SOLUTION, 5 GM/50ML SOLUTION, 10 GM/100ML SOLUTION, 10 GM/200ML SOLUTION, 20 GM/200ML SOLUTION, 20 GM/400ML SOLUTION) *immune globulin (human) iv*	SP-M	PA, S
GAMASTAN	GAMASTAN SOLUTION *immune globulin (human) im*	SP-M	S
GAMMAGARD	GAMMAGARD (1 GM/10ML SOLUTION, 2.5 GM/25ML SOLUTION, 5 GM/50ML SOLUTION, 10 GM/100ML SOLUTION, 20 GM/200ML SOLUTION, 30 GM/300ML SOLUTION) *immune globulin (human) iv or subcutaneous*	SP-M	PA, S
GAMMAGARD ERC	GAMMAGARD ERC (5 GM/50ML SOLUTION, 10 GM/100ML SOLUTION) *immune globulin (human) iv or subcutaneous*	SP-M	PA, S
GAMMAGARD S/D LESS IGA	GAMMAGARD S/D LESS IGA (5 GM RECON SOLN, 10 GM RECON SOLN) *immune globulin (human) iv*	SP-M	PA, S
GAMMAKED	GAMMAKED (1 GM/10ML SOLUTION, 5 GM/50ML SOLUTION, 10 GM/100ML SOLUTION, 20 GM/200ML SOLUTION) *immune globulin (human) iv or subcutaneous*	SP-M	PA, S
GAMMAPLEX	GAMMAPLEX (5 GM/100ML SOLUTION, 5 GM/50ML SOLUTION, 10 GM/100ML SOLUTION, 10 GM/200ML SOLUTION, 20 GM/200ML SOLUTION, 20 GM/400ML SOLUTION) *immune globulin (human) iv*	SP-M	PA, S

BRAND NAME	DRUG DESCRIPTION (RX)	TIER	LIMITS & RESTRICTIONS
GAMUNEX-C	GAMUNEX-C (1 GM/10ML SOLUTION, 2.5 GM/25ML SOLUTION, 5 GM/50ML SOLUTION, 10 GM/100ML SOLUTION, 20 GM/200ML SOLUTION, 40 GM/400ML SOLUTION) *immune globulin (human) iv or subcutaneous*	SP-M	PA, S
HEPAGAM B	HEPAGAM B 312 UNIT/ML SOLUTION *hepatitis b immune globulin (human)*	SP-M	S
HIZENTRA	HIZENTRA (1 GM/5ML SOLN PRSYR, 1 GM/5ML SOLUTION, 2 GM/10ML SOLN PRSYR, 2 GM/10ML SOLUTION, 4 GM/20ML SOLN PRSYR, 4 GM/20ML SOLUTION, 10 GM/50ML SOLN PRSYR, 10 GM/50ML SOLUTION) *immune globulin (human) subcutaneous*	SP-M	PA, S
HYPERHEP B	HYPERHEP B (110 UNIT/0.5ML SOLN PRSYR, 220 UNIT/ML SOLUTION) *hepatitis b immune globulin (human)*	SP-M	S
HYPERRHO	HYPERRHO 1500 UNIT SOLN PRSYR *rho d immune globulin (human)*	SP-M	S
HYPERRHO MINI-DOSE	HYPERRHO MINI-DOSE 250 UNIT SOLN PRSYR *rho d immune globulin (human)*	SP-M	S
MICRHOGAM ULTRA-FILTERED PLUS	MICRHOGAM ULTRA-FILTERED PLUS 250 UNIT SOLN PRSYR *rho d immune globulin (human)*	SP-M	S
NABI-HB	NABI-HB 312 UNIT/ML SOLUTION *hepatitis b immune globulin (human)*	SP-M	S

BRAND NAME	DRUG DESCRIPTION (RX)	TIER	LIMITS & RESTRICTIONS
OCTAGAM	OCTAGAM (1 GM/20ML SOLUTION, 2 GM/20ML SOLUTION, 2.5 GM/50ML SOLUTION, 5 GM/100ML SOLUTION, 5 GM/50ML SOLUTION, 10 GM/100ML SOLUTION, 10 GM/200ML SOLUTION, 20 GM/200ML SOLUTION, 25 GM/500ML SOLUTION, 30 GM/300ML SOLUTION) *immune globulin (human) iv*	SP-M	PA, S
PANZYGA	PANZYGA (1 GM/10ML SOLUTION, 2.5 GM/25ML SOLUTION, 5 GM/50ML SOLUTION, 10 GM/100ML SOLUTION, 20 GM/200ML SOLUTION, 30 GM/300ML SOLUTION) *immune globulin (human)-ifas*	SP-M	PA, S
PRIVIGEN	PRIVIGEN (5 GM/50ML SOLUTION, 10 GM/100ML SOLUTION, 20 GM/200ML SOLUTION, 40 GM/400ML SOLUTION) *immune globulin (human) iv*	SP-M	PA, S
QIVIGY	QIVIGY 10 GM/100ML SOLUTION *immune globulin (human)-kthm*	SP-M	PA, S
QIVIGY	QIVIGY 5 GM/50ML SOLUTION *immune globulin (human)-kthm*	P&T	PA, S
RHOGAM ULTRA-FILTERED PLUS	RHOGAM ULTRA-FILTERED PLUS 1500 UNIT SOLN PRSYR *rho d immune globulin (human)*	SP-M	S
RHOPHYLAC	RHOPHYLAC 1500 UNIT/2ML SOLN PRSYR *rho d immune globulin (human)*	SP-M	S
VARIZIG	VARIZIG 125 UNIT/1.2ML SOLUTION *varicella-zoster immune globulin (human)*	SP-M	S

BRAND NAME	DRUG DESCRIPTION (RX)	TIER	LIMITS & RESTRICTIONS
WINRHO SDF	WINRHO SDF (1500 UNIT/1.3ML SOLUTION, 2500 UNIT/2.2ML SOLUTION, 5000 UNIT/4.4ML SOLUTION, 15000 UNIT/13ML SOLUTION) *rho d immune globulin (human)*	SP-M	S
XEMBIFY	XEMBIFY (1 GM/5ML SOLUTION, 2 GM/10ML SOLUTION, 4 GM/20ML SOLUTION, 10 GM/50ML SOLUTION) *immune globulin (human)-klhw*	SP-M	PA, S
YIMMUGO	YIMMUGO (5 GM/50ML SOLUTION, 10 GM/100ML SOLUTION, 20 GM/200ML SOLUTION) *immune globulin (human)-dira*	SP-M	PA, S
ANTIVIRAL MONOCLONAL ANTIBODIES			
BEYFORTUS	BEYFORTUS (50 MG/0.5ML SOLN PRSYR, 100 MG/ML SOLN PRSYR) *nirsevimab-alip*	TIER 2	AL (Up to 2 yrs old)
ENFLONSIA	ENFLONSIA 105 MG/0.7ML SOLN PRSYR *clesrovimab-cfor*	TIER 2	QL (1 PER PER LIFETIME), AL (Up to 1 yrs old)
SYNAGIS	SYNAGIS (50 MG/0.5ML SOLUTION, 100 MG/ML SOLUTION) *palivizumab*	SP-M	QL (5 PER 6 MONTH(S)), S
PASSIVE IMMUNIZING AGENTS - COMBINATIONS			
HYQVIA	HYQVIA (2.5 GM/25ML KIT, 5 GM/50ML KIT, 10 GM/100ML KIT, 20 GM/200ML KIT, 30 GM/300ML KIT) *immune globulin (human)-hyaluronidase (human recombinant)*	SP-M	PA, S

BRAND NAME	DRUG DESCRIPTION (RX)	TIER	LIMITS & RESTRICTIONS
ALLERGENIC EXTRACTS/BIOLOGICALS MISC ALLERGENIC EXTRACTS			
PALFORZIA (1 MG DAILY DOSE)	PALFORZIA (1 MG DAILY DOSE) 1 X 1 MG CSPK *peanut (arachis hypogaea) allergen powder-dnfp*	SP-NP	QL (1 KIT PER FILL(S)), S
PALFORZIA (12 MG DAILY DOSE)	PALFORZIA (12 MG DAILY DOSE) 2 X 1 MG & 10 MG CSPK *peanut (arachis hypogaea) allergen powder-dnfp*	SP-NP	QL (1 PER FILL(S)), S
PALFORZIA (120 MG DAILY DOSE)	PALFORZIA (120 MG DAILY DOSE) 20 MG & 100 MG CSPK *peanut (arachis hypogaea) allergen powder-dnfp*	SP-NP	QL (1 PER FILL(S)), S
PALFORZIA (160 MG DAILY DOSE)	PALFORZIA (160 MG DAILY DOSE) 3 X 20 MG & 100 MG CSPK *peanut (arachis hypogaea) allergen powder-dnfp*	SP-NP	QL (1 PER FILL(S)), S
PALFORZIA (20 MG DAILY DOSE)	PALFORZIA (20 MG DAILY DOSE) 20 MG CSPK *peanut (arachis hypogaea) allergen powder-dnfp*	SP-NP	QL (1 PER FILL(S)), S
PALFORZIA (200 MG DAILY DOSE)	PALFORZIA (200 MG DAILY DOSE) 2 X 100 MG CSPK *peanut (arachis hypogaea) allergen powder-dnfp*	SP-NP	QL (1 PER FILL(S)), S
PALFORZIA (240 MG DAILY DOSE)	PALFORZIA (240 MG DAILY DOSE) 2 X 20 MG & 2 X 100 MG CSPK *peanut (arachis hypogaea) allergen powder-dnfp*	SP-NP	QL (1 PER FILL(S)), S
PALFORZIA (3 MG DAILY DOSE)	PALFORZIA (3 MG DAILY DOSE) 3 X 1 MG CSPK *peanut (arachis hypogaea) allergen powder-dnfp*	SP-NP	QL (1 PER FILL(S)), S
PALFORZIA (300 MG MAINTENANCE)	PALFORZIA (300 MG MAINTENANCE) 300 MG PACKET *peanut (arachis hypogaea) allergen powder-dnfp*	SP-NP	QL (30 PER 30 DAY(S)), S

BRAND NAME	DRUG DESCRIPTION (RX)	TIER	LIMITS & RESTRICTIONS
PALFORZIA (300 MG TITRATION)	PALFORZIA (300 MG TITRATION) 300 MG PACKET *peanut (arachis hypogaea) allergen powder-dnfp*	SP-NP	QL (30 PER 30 DAY(S)), S
PALFORZIA (40 MG DAILY DOSE)	PALFORZIA (40 MG DAILY DOSE) 2 X 20 MG CSPK *peanut (arachis hypogaea) allergen powder-dnfp*	SP-NP	QL (1 PER FILL(S)), S
PALFORZIA (6 MG DAILY DOSE)	PALFORZIA (6 MG DAILY DOSE) 6 X 1 MG CSPK *peanut (arachis hypogaea) allergen powder-dnfp*	SP-NP	QL (1 PER FILL(S)), S
PALFORZIA (80 MG DAILY DOSE)	PALFORZIA (80 MG DAILY DOSE) 4 X 20 MG CSPK *peanut (arachis hypogaea) allergen powder-dnfp*	SP-NP	QL (1 PER FILL(S)), S
PALFORZIA INITIAL DOSE 1-3YRS	PALFORZIA INITIAL DOSE 1-3YRS 0.5 & 1 & 1.5 & 3 MG CSPK *peanut (arachis hypogaea) allergen powder-dnfp*	SP-NP	QL (1 PACK PER LIFETIME), S
PALFORZIA INITIAL DOSE 4-17YRS	PALFORZIA INITIAL DOSE 4-17YRS 0.5 & 1 & 1.5 & 3 & 6 MG CSPK *peanut (arachis hypogaea) allergen powder-dnfp*	SP-NP	QL (1 PER FILL(S)), S
PALFORZIA INITIAL ESCALATION	PALFORZIA INITIAL ESCALATION 0.5 & 1 & 1.5 & 3 & 6 MG CSPK *peanut (arachis hypogaea) allergen powder-dnfp*	SP-NP	QL (1 PER FILL(S)), S
ANTINEOPLASTICS AND ADJUNCTIVE THERAPIES ALKYLATING AGENTS			
BELRAPZO	BELRAPZO 100 MG/4ML SOLUTION *bendamustine hcl*	SP-M	S
bendamustine hcl	*bendamustine hcl (25 mg recon soln, 100 mg recon soln, 100 mg/4ml solution)*	SP-M	S
BENDEKA	BENDEKA 100 MG/4ML SOLUTION *bendamustine hcl*	SP-M	S
busulfan	*busulfan 6 mg/ml solution*	SP-M	S

BRAND NAME	DRUG DESCRIPTION (RX)	TIER	LIMITS & RESTRICTIONS
BUSULFEX	BUSULFEX 6 MG/ML SOLUTION *busulfan*	SP-M	S, GA
carboplatin	*carboplatin (50 mg/5ml solution, 150 mg/15ml solution, 450 mg/45ml solution, 600 mg/60ml solution)*	SP-M	S
CISPLATIN	CISPLATIN (50 MG RECON SOLN, 50 MG/50ML SOLUTION, 100 MG/100ML SOLUTION, 200 MG/200ML SOLUTION) *cisplatin*	SP-M	S
GRAFAPEX	GRAFAPEX (1 GM RECON SOLN, 5 GM RECON SOLN) *treosulfan*	SP-M	S
KEMOPLAT	KEMOPLAT 50 MG/50ML SOLUTION *cisplatin*	SP-M	S, GA
KYXATA	KYXATA (80 MG/8ML SOLUTION, 500 MG/50ML SOLUTION) *carboplatin*	SP-M	S
MYLERAN	MYLERAN 2 MG TAB *busulfan*	TIER 2	
oxaliplatin	*oxaliplatin (50 mg recon soln, 50 mg/10ml solution, 100 mg recon soln, 100 mg/20ml solution, 200 mg/40ml solution)*	SP-M	S
paraplatin	*paraplatin (50 mg/5ml solution, 150 mg/15ml solution, 450 mg/45ml solution, 600 mg/60ml solution, 1000 mg/100ml solution)*	SP-M	S
TEPADINA	TEPADINA (15 MG RECON SOLN, 100 MG RECON SOLN, 200 MG/200ML RECON SOLN, 400 MG/400ML RECON SOLN) *thiotepa & sodium chloride*	SP-M	S

BRAND NAME	DRUG DESCRIPTION (RX)	TIER	LIMITS & RESTRICTIONS
TEPYLUTE	TEPYLUTE (15 MG/1.5ML SOLUTION, 100 MG/10ML SOLUTION) *thiotepa*	SP-M	
thiotepa	*thiotepa (15 mg recon soln, 100 mg recon soln)*	SP-M	S
TREANDA	TREANDA (25 MG RECON SOLN, 100 MG RECON SOLN) *bendamustine hcl*	SP-M	S, GA
VIVIMUSTA	VIVIMUSTA 100 MG/4ML SOLUTION *bendamustine hcl*	SP-M	S
ZEPZELCA	ZEPZELCA 4 MG RECON SOLN *lurbinectedin*	SP-M	S
NITROGEN MUSTARDS AND RELATED ANALOGUES			
cyclophosphamide	*cyclophosphamide (1 gm recon soln, 1 gm/2ml solution, 1 gm/5ml solution, 2 gm recon soln, 2 gm/10ml solution, 2 gm/4ml solution, 500 mg recon soln, 500 mg/2.5ml solution, 500 mg/5ml solution, 500 mg/ml solution, 1000 mg/10ml solution, 2000 mg/20ml solution)*	SP-M	S
CYCLOPHOSPHAMIDE	CYCLOPHOSPHAMIDE (25 MG CAP, 25 MG TAB, 50 MG CAP, 50 MG TAB) *cyclophosphamide*	TIER 1	
EVOMELA	EVOMELA 50 MG RECON SOLN *melphalan hcl*	SP-M	S
FRINDOVYX	FRINDOVYX (1 GM/2ML SOLUTION, 2 GM/4ML SOLUTION, 500 MG/ML SOLUTION) *cyclophosphamide*	SP-M	S
HEPZATO W/50MM CATHETER	HEPZATO W/50MM CATHETER 50 MG RECON SOLN *melphalan hcl*	SP-M	PA, S
HEPZATO W/62MM CATHETER	HEPZATO W/62MM CATHETER 50 MG RECON SOLN *melphalan hcl*	SP-M	PA, S

BRAND NAME	DRUG DESCRIPTION (RX)	TIER	LIMITS & RESTRICTIONS
IFEX	IFEX (1 GM RECON SOLN, 3 GM RECON SOLN) *ifosfamide*	SP-M	S
IFOSFAMIDE	IFOSFAMIDE (1 GM RECON SOLN, 1 GM/20ML SOLUTION, 3 GM RECON SOLN, 3 GM/60ML SOLUTION) *ifosfamide*	SP-M	S
IVRA	IVRA 90 MG/ML SOLUTION *melphalan hcl*	SP-M	S
LEUKERAN	LEUKERAN 2 MG TAB *chlorambucil*	TIER 2	
MELPHALAN	MELPHALAN 2 MG TAB *melphalan*	TIER 1	
NITROSOUREAS			
BICNU	BICNU 100 MG RECON SOLN *carmustine*	SP-M	S, GA
CARMUSTINE	CARMUSTINE (100 MG RECON SOLN, 300 MG RECON SOLN) *carmustine*	SP-M	S
GLEOSTINE	GLEOSTINE (10 MG CAP, 40 MG CAP, 100 MG CAP) *lomustine*	SP-NP	S, GA
GLIADEL WAFER	GLIADEL WAFER 7.7 MG WAFER *carmustine in polifeprosan*	SP-M	S
lomustine	*lomustine (10 mg cap, 40 mg cap, 100 mg cap)*	SP-P	S
ZANOSAR	ZANOSAR 1 GM RECON SOLN *streptozocin*	SP-M	S
IMIDAZOTETRAZINES			
TEMODAR	TEMODAR 100 MG RECON SOLN *temozolomide*	SP-M	S
TEMODAR	TEMODAR 250 MG CAP *temozolomide*	SP-NP	S, GA
temozolomide	*temozolomide (5 mg cap, 20 mg cap, 100 mg cap, 140 mg cap, 180 mg cap, 250 mg cap)*	SP-P	SBG (Specialty Biosimilars and Specialty generics), S

BRAND NAME	DRUG DESCRIPTION (RX)	TIER	LIMITS & RESTRICTIONS
TETRAHYDROISOQUINOLINES			
EVDI	EVDI 1 MG/20ML SOLUTION *trabectedin*	SP-M	S
YONDELIS	YONDELIS 1 MG RECON SOLN *trabectedin*	SP-M	S
ANTINEOPLASTIC - ANTI-HER2 AGENTS			
HERCEPTIN	HERCEPTIN 150 MG RECON SOLN *trastuzumab*	SP-M	PA, S, MN-PA (Medically Necessary Prior Authorization)
HERCESSI	HERCESSI (150 MG RECON SOLN, 420 MG RECON SOLN) *trastuzumab-strf*	SP-M	PA, S, MN-PA (Medically Necessary Prior Authorization)
HERNEXEOS	HERNEXEOS 60 MG TAB *zongertinib*	SP-P	PA, QL (120 PER PER 30 DAY(S)), S, PA-QL (180 Tabs/30 Days)
HERZUMA	HERZUMA (150 MG RECON SOLN, 420 MG RECON SOLN) *trastuzumab-pkrb*	SP-M	PA, S, MN-PA (Medically Necessary Prior Authorization)
KANJINTI	KANJINTI (150 MG RECON SOLN, 420 MG RECON SOLN) *trastuzumab-anns*	SP-M	S
MARGENZA	MARGENZA 250 MG/10ML SOLUTION *margetuximab-cmkb*	SP-M	S
OGIVRI	OGIVRI (150 MG RECON SOLN, 420 MG RECON SOLN) *trastuzumab-dkst*	SP-M	S
ONTRUZANT	ONTRUZANT (150 MG RECON SOLN, 420 MG RECON SOLN) *trastuzumab-dttb*	SP-M	PA, S, MN-PA (Medically Necessary Prior Authorization)
PERJETA	PERJETA 420 MG/14ML SOLUTION *pertuzumab*	SP-M	S
TRAZIMERA	TRAZIMERA (150 MG RECON SOLN, 420 MG RECON SOLN) *trastuzumab-qyyp*	SP-M	S

BRAND NAME	DRUG DESCRIPTION (RX)	TIER	LIMITS & RESTRICTIONS
TUKYSA	TUKYSA (50 MG TAB, 150 MG TAB) *tucatinib*	SP-P	QL (4 PER 1 DAY), S
ZIIHERA	ZIIHERA 300 MG RECON SOLN *zanidatamab-hrii*	SP-M	PA, S
ANTINEOPLASTIC ANTIBIOTICS			
adriamycin	*adriamycin 50 mg recon soln*	SP-M	S
bleomycin sulfate	*bleomycin sulfate (15 recon soln, 30 recon soln)*	SP-M	S
COSMEGEN	COSMEGEN 0.5 MG RECON SOLN *dactinomycin*	SP-M	S, GA
dactinomycin	*dactinomycin 0.5 mg recon soln*	SP-M	S
daunorubicin hcl	*daunorubicin hcl (20 mg/4ml solution, 50 mg/10ml solution)*	SP-M	S
DOXIL	DOXIL 2 MG/ML SUSPENSION *doxorubicin hcl liposomal*	SP-M	S, GA
doxorubicin hcl	*doxorubicin hcl (2 mg/ml solution, 10 mg recon soln, 50 mg recon soln)*	SP-M	S
doxorubicin hcl liposomal	*doxorubicin hcl liposomal 2 mg/ml suspension*	SP-M	S
ELLENCE	ELLENCE (50 MG/25ML SOLUTION, 200 MG/100ML SOLUTION) *epirubicin hcl*	SP-M	S
IDAMYCIN PFS	IDAMYCIN PFS (5 MG/5ML SOLUTION, 10 MG/10ML SOLUTION, 20 MG/20ML SOLUTION) *idarubicin hcl*	SP-M	S, GA
idarubicin hcl	*idarubicin hcl (5 mg/5ml solution, 10 mg/10ml solution, 20 mg/20ml solution)*	SP-M	S
JELMYTO	JELMYTO 2 X 40 MG KIT *mitomycin*	SP-M	S
mitomycin	*mitomycin (5 mg recon soln, 20 mg recon soln, 40 mg recon soln)*	SP-M	S

BRAND NAME	DRUG DESCRIPTION (RX)	TIER	LIMITS & RESTRICTIONS
mitoxantrone hcl	*mitoxantrone hcl (20 mg/10ml conc, 25 mg/12.5ml conc, 30 mg/15ml conc)*	SP-M	S
mutamycin	*mutamycin (5 mg recon soln, 20 mg recon soln, 40 mg recon soln)*	SP-M	S
valrubicin	*valrubicin 40 mg/ml solution*	SP-M	S
VALSTAR	VALSTAR 40 MG/ML SOLUTION *valrubicin*	SP-M	S, GA
ZUSDURI	ZUSDURI 2 X 40 MG KIT *mitomycin*	SP-M	PA, S
ANTINEOPLASTIC ENZYMES			
ASPARLAS	ASPARLAS 3750 UNIT/5ML SOLUTION *calaspargase pegol-mknl*	SP-M	S
ONCASPAR	ONCASPAR 750 UNIT/ML SOLUTION *pegaspargase*	SP-M	S
RYLAZE	RYLAZE 10 MG/0.5ML SOLUTION *asparaginase erwinia chrysanthemi (recombinant)-rywn*	SP-M	S
ANTIMETABOLITES			
ALIMTA	ALIMTA (100 MG RECON SOLN, 500 MG RECON SOLN) *pemetrexed disodium*	SP-M	S, GA
ARRANON	ARRANON 5 MG/ML SOLUTION *nelarabine*	SP-M	S, GA
AVGEMSI	AVGEMSI (1 GM/26.3ML SOLUTION, 2 GM/52.6ML SOLUTION) *gemcitabine hcl*	SP-M	S, GA
AXTLE	AXTLE (100 MG RECON SOLN, 500 MG RECON SOLN) *pemetrexed dipotassium*	SP-M	S
azacitidine	*azacitidine 100 mg recon susp*	SP-M	S
capecitabine	*capecitabine 150 mg tab*	SP-P	QL (4 PER 1 DAY(S)), SBG (Specialty Biosimilars and Specialty generics), S

BRAND NAME	DRUG DESCRIPTION (RX)	TIER	LIMITS & RESTRICTIONS
capecitabine	*capecitabine 500 mg tab*	SP-P	QL (10 PER 1 DAY(S)), SBG (Specialty Biosimilars and Specialty generics), S
cladribine	*cladribine 10 mg/10ml solution*	SP-M	S
clofarabine	*clofarabine 1 mg/ml solution*	SP-M	S
CLOLAR	CLOLAR 1 MG/ML SOLUTION *clofarabine*	SP-M	S, GA
cytarabine (pf)	*cytarabine (pf) (20 mg/ml solution, 100 mg/ml solution)*	SP-M	S
CYTARABINE	CYTARABINE 20 MG/ML SOLUTION *cytarabine*	SP-M	S
decitabine	*decitabine 50 mg recon soln*	SP-M	S
FLOXURIDINE	FLOXURIDINE 0.5 GM RECON SOLN *floxuridine*	SP-M	S
fludarabine phosphate	*fludarabine phosphate (25 mg/ml solution, 50 mg recon soln, 50 mg/2ml solution)*	SP-M	S
fluorouracil	*fluorouracil (1 gm/20ml solution, 2.5 gm/50ml solution, 5 gm/100ml solution, 500 mg/10ml solution)*	SP-M	S
gemcitabine hcl	*gemcitabine hcl (1 gm recon soln, 1 gm/10ml solution, 1 gm/26.3ml solution, 1.5 gm/15ml solution, 2 gm recon soln, 2 gm/20ml solution, 2 gm/52.6ml solution, 200 mg recon soln, 200 mg/2ml solution, 200 mg/5.26ml solution)*	SP-M	S

BRAND NAME	DRUG DESCRIPTION (RX)	TIER	LIMITS & RESTRICTIONS
INFUGEM	INFUGEM (1200-0.9 MG/120ML-% SOLUTION, 1300-0.9 MG/130ML-% SOLUTION, 1400-0.9 MG/140ML-% SOLUTION, 1500-0.9 MG/150ML-% SOLUTION, 1600-0.9 MG/160ML-% SOLUTION, 1700-0.9 MG/170ML-% SOLUTION, 1800-0.9 MG/180ML-% SOLUTION, 1900-0.9 MG/190ML-% SOLUTION, 2000-0.9 MG/200ML-% SOLUTION, 2200-0.9 MG/220ML-% SOLUTION) *gemcitabine hcl-sodium chloride*	SP-M	S
INLEXZO	INLEXZO 225 MG IMPLANT *gemcitabine hcl*	SP-M	PA, S
mercaptopurine	*mercaptopurine 2000 mg/100ml suspension*	SP-P	PA, S
mercaptopurine	*mercaptopurine 50 mg tab*	TIER 1	
METHOTREXATE SODIUM	METHOTREXATE SODIUM (2.5 MG TAB, 50 MG/2ML SOLUTION, 250 MG/10ML SOLUTION) *methotrexate sodium*	TIER 1	
methotrexate sodium (pf)	*methotrexate sodium (pf) (1 gm/40ml solution, 50 mg/2ml solution, 250 mg/10ml solution, 1000 mg/40ml solution)*	TIER 1	
methotrexate sodium	*methotrexate sodium 1 gm recon soln*	SP-M	S
nelarabine	*nelarabine 5 mg/ml solution*	SP-M	S
ONUREG	ONUREG (200 MG TAB, 300 MG TAB) *azacitidine*	SP-P	QL (14 PER 28 DAY(S)), S
PEMETREXED	PEMETREXED (1 GM/40ML SOLUTION, 100 MG/4ML SOLUTION, 500 MG/20ML SOLUTION) *pemetrexed*	SP-M	S

BRAND NAME	DRUG DESCRIPTION (RX)	TIER	LIMITS & RESTRICTIONS
PEMETREXED DISODIUM	PEMETREXED DISODIUM (1 GM/40ML SOLUTION, 100 MG RECON SOLN, 100 MG/4ML SOLUTION, 500 MG RECON SOLN, 500 MG/20ML SOLUTION, 750 MG RECON SOLN, 850 MG/34ML SOLUTION, 1000 MG RECON SOLN) *pemetrexed disodium*	SP-M	S
PEMETREXED DITROMETHAMINE	PEMETREXED DITROMETHAMINE (100 MG RECON SOLN, 500 MG RECON SOLN) *pemetrexed ditromethamine*	SP-M	S
PEMFEXY	PEMFEXY 500 MG/20ML SOLUTION *pemetrexed*	SP-M	S
PEMRYDI RTU	PEMRYDI RTU (100 MG/10ML SOLUTION, 500 MG/50ML SOLUTION) *pemetrexed disodium*	SP-M	S
PURIXAN	PURIXAN 2000 MG/100ML SUSPENSION *mercaptopurine*	SP-NP	PA, S, GA
TABLOID	TABLOID 40 MG TAB *thioguanine*	TIER 2	
VIDAZA	VIDAZA 100 MG RECON SUSP *azacitidine*	SP-M	S, GA
XELODA	XELODA 150 MG TAB *capecitabine*	SP-NP	QL (4 PER 1 DAY(S)), S, GA
XELODA	XELODA 500 MG TAB *capecitabine*	SP-NP	QL (10 PER 1 DAY(S)), S, GA
VASCULAR ENDOTHELIAL GROWTH FACTOR (VEGF) INHIBITORS			
ALYMSYS	ALYMSYS (100 MG/4ML SOLUTION, 400 MG/16ML SOLUTION) *bevacizumab-maly*	SP-M	PA, S, MN-PA (Medically Necessary Prior Authorization)
AVASTIN	AVASTIN (100 MG/4ML SOLUTION, 400 MG/16ML SOLUTION) *bevacizumab*	SP-M	PA, S, MN-PA (Medically Necessary Prior Authorization)

BRAND NAME	DRUG DESCRIPTION (RX)	TIER	LIMITS & RESTRICTIONS
CYRAMZA	CYRAMZA (100 MG/10ML SOLUTION, 500 MG/50ML SOLUTION) *ramucirumab*	SP-M	S
FRUZAQLA	FRUZAQLA 1 MG CAP *fruquintinib*	SP-P	QL (84 CAP PER 28 DAY(S)), S
FRUZAQLA	FRUZAQLA 5 MG CAP *fruquintinib*	SP-P	QL (21 CAP PER 28 DAY(S)), S
INLYTA	INLYTA 1 MG TAB *axitinib*	SP-P	QL (8 PER 1 DAY), S
INLYTA	INLYTA 5 MG TAB *axitinib*	SP-P	QL (4 PER 1 DAY), S
JOBEVNE	JOBEVNE (100 MG/4ML SOLUTION, 400 MG/16ML SOLUTION) *bevacizumab-nwgd*	SP-M	PA, S, MN-PA (Medically Necessary Prior Authorization)
LENVIMA (10 MG DAILY DOSE)	LENVIMA (10 MG DAILY DOSE) 10 MG CAP THPK *lenvatinib mesylate*	SP-P	QL (1 PER 1 DAY), S
LENVIMA (12 MG DAILY DOSE)	LENVIMA (12 MG DAILY DOSE) 3 X 4 MG CAP THPK *lenvatinib mesylate*	SP-P	QL (3 PER 1 DAY), S
LENVIMA (14 MG DAILY DOSE)	LENVIMA (14 MG DAILY DOSE) 10 & 4 MG CAP THPK *lenvatinib mesylate*	SP-P	QL (2 PER 1 DAY), S
LENVIMA (18 MG DAILY DOSE)	LENVIMA (18 MG DAILY DOSE) 10 MG & 2 X 4 MG CAP THPK *lenvatinib mesylate*	SP-P	QL (3 PER 1 DAY), S
LENVIMA (20 MG DAILY DOSE)	LENVIMA (20 MG DAILY DOSE) 2 X 10 MG CAP THPK *lenvatinib mesylate*	SP-P	QL (2 PER 1 DAY), S
LENVIMA (24 MG DAILY DOSE)	LENVIMA (24 MG DAILY DOSE) 2 X 10 MG & 4 MG CAP THPK *lenvatinib mesylate*	SP-P	QL (3 PER 1 DAY), S
LENVIMA (4 MG DAILY DOSE)	LENVIMA (4 MG DAILY DOSE) 4 MG CAP THPK *lenvatinib mesylate*	SP-P	QL (1 PER 1 DAY), S
LENVIMA (8 MG DAILY DOSE)	LENVIMA (8 MG DAILY DOSE) 2 X 4 MG CAP THPK *lenvatinib mesylate*	SP-P	QL (2 PER 1 DAY), S

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BRAND NAME	DRUG DESCRIPTION (RX)	TIER	LIMITS & RESTRICTIONS
MVASI	MVASI (100 MG/4ML SOLUTION, 400 MG/16ML SOLUTION) *bevacizumab-awwb*	SP-M	S
VEGZELMA	VEGZELMA (100 MG/4ML SOLUTION, 400 MG/16ML SOLUTION) *bevacizumab-adcd*	SP-M	PA, S, MN-PA (Medically Necessary Prior Authorization)
ZALTRAP	ZALTRAP (100 MG/4ML SOLUTION, 200 MG/8ML SOLUTION) *ziv-aflibercept*	SP-M	S
ZIRABEV	ZIRABEV (100 MG/4ML SOLUTION, 400 MG/16ML SOLUTION) *bevacizumab-bvzr*	SP-M	S
ANTINEOPLASTIC - ANTI-BCMA ANTIBODY-DRUG COMPLEX			
BLENREP	BLENREP 100 MG RECON SOLN *belantamab mafodotin-blmf*	SP-M	S
BLENREP	BLENREP 70 MG RECON SOLN *belantamab mafodotin-blmf*	SP-M	PA, S
ANTINEOPLASTIC - ANTI-CCR4 ANTIBODIES			
POTELIGEO	POTELIGEO 20 MG/5ML SOLUTION *mogamulizumab-kpkc*	SP-M	S
ANTINEOPLASTIC - ANTI-CD19 ANTIBODIES			
MONJUVI	MONJUVI 200 MG RECON SOLN *tafasitamab-cxix*	SP-M	S
ANTINEOPLASTIC - ANTI-CD19 ANTIBODY-DRUG COMPLEX			
ZYNLONTA	ZYNLONTA 10 MG RECON SOLN *loncastuximab tesirine-lpyl*	SP-M	S
ANTINEOPLASTIC - ANTI-CD20 ANTIBODIES			
ARZERRA	ARZERRA (100 MG/5ML CONC, 1000 MG/50ML CONC) *ofatumumab*	SP-M	S

BRAND NAME	DRUG DESCRIPTION (RX)	TIER	LIMITS & RESTRICTIONS
GAZYVA	GAZYVA 1000 MG/40ML SOLUTION *obinutuzumab*	SP-M	S
RIABNI	RIABNI (100 MG/10ML SOLUTION, 500 MG/50ML SOLUTION) *rituximab-arrx*	SP-M	PA, S, MN-PA (Medically Necessary Prior Authorization)
RITUXAN	RITUXAN (100 MG/10ML SOLUTION, 500 MG/50ML SOLUTION) *rituximab*	SP-M	PA, QL (200 PER 30 DAYS), S, MN-PA (Medically Necessary Prior Authorization)
RUXIENCE	RUXIENCE (100 MG/10ML SOLUTION, 500 MG/50ML SOLUTION) *rituximab-pvvr*	SP-M	PA, S
TRUXIMA	TRUXIMA (100 MG/10ML SOLUTION, 500 MG/50ML SOLUTION) *rituximab-abbs*	SP-M	PA, S
ANTINEOPLASTIC - BISPECIFIC T-CELL ENGAGERS			
BLINCYTO	BLINCYTO 35 MCG RECON SOLN *blinatumomab*	SP-M	S
COLUMVI	COLUMVI (2.5 MG/2.5ML SOLUTION, 10 MG/10ML SOLUTION) *glofitamab-gxbm*	SP-M	S
ELREXFIO	ELREXFIO (44 MG/1.1ML SOLUTION, 76 MG/1.9ML SOLUTION) *elranatamab-bcmm*	SP-M	PA, S
EPKINLY	EPKINLY (4 SOLUTION, 48 SOLUTION) *epcoritamab-bysp*	SP-M	S
IMDELLTRA	IMDELLTRA (1 MG RECON SOLN, 10 MG RECON SOLN) *tarlatamab-dlle*	SP-M	S
KIMMTRAK	KIMMTRAK 100 MCG/0.5ML SOLUTION *tebentafusp-tebn*	SP-M	S
LUNSUMIO	LUNSUMIO (1 MG/ML SOLUTION, 30 MG/30ML SOLUTION) *mosunetuzumab-axgb*	SP-M	S

BRAND NAME	DRUG DESCRIPTION (RX)	TIER	LIMITS & RESTRICTIONS
LUNSUMIO VELO	LUNSUMIO VELO (5 MG/0.5ML SOLUTION, 45 MG/ML SOLUTION) *mosunetuzumab-axgb*	SP-M	
LYNOZYFIC	LYNOZYFIC (5 MG/2.5ML SOLUTION, 200 MG/10ML SOLUTION) *linvoseltamab-gcpt*	SP-M	PA, S
TALVEY	TALVEY (3 MG/1.5ML SOLUTION, 40 MG/ML SOLUTION) *talquetamab-tgvs*	SP-M	PA, S
TECVAYLI	TECVAYLI (30 MG/3ML SOLUTION, 153 MG/1.7ML SOLUTION) *teclistamab-cqyv*	SP-M	S
ANTINEOPLASTIC - ANTI-CD22 ANTIBODIES			
LUMOXITI	LUMOXITI 1 MG RECON SOLN *moxetumomab pasudotox-tdfk*	SP-M	S
ANTINEOPLASTIC - ANTI-CD22 ANTIBODY-DRUG COMPLEX			
BESPONSA	BESPONSA 0.9 MG RECON SOLN *inotuzumab ozogamicin*	SP-M	S
ANTINEOPLASTIC - ANTI-CD30 ANTIBODY-DRUG COMPLEX			
ADCETRIS	ADCETRIS 50 MG RECON SOLN *brentuximab vedotin*	SP-M	S
ANTINEOPLASTIC - ANTI-CD33 ANTIBODY-DRUG COMPLEX			
MYLOTARG	MYLOTARG 4.5 MG RECON SOLN *gemtuzumab ozogamicin*	SP-M	S
ANTINEOPLASTIC - ANTI-CD38 ANTIBODIES			
DARZALEX	DARZALEX (100 MG/5ML SOLUTION, 400 MG/20ML SOLUTION) *daratumumab*	SP-M	S
SARCLISA	SARCLISA (100 MG/5ML SOLUTION, 500 MG/25ML SOLUTION) *isatuximab-irfc*	SP-M	S

BRAND NAME	DRUG DESCRIPTION (RX)	TIER	LIMITS & RESTRICTIONS
ANTINEOPLASTIC - ANTI-CD79B ANTIBODY-DRUG COMPLEX			
POLIVY	POLIVY (30 MG RECON SOLN, 140 MG RECON SOLN) *polatuzumab vedotin-piiq*	SP-M	S
ANTINEOPLASTIC - ANTI-CD123 ANTIBODY-DRUG COMPLEX			
DECNUPAZ	DECNUPAZ 2 MG RECON SOLN *pivekimab sunirine-pvzy*	SP-M	S
ANTINEOPLASTIC ANTIBODY-DRUG COMPLEXES			
ELAHERE	ELAHERE 100 MG/20ML SOLUTION *mirvetuximab soravtansine-gynx*	SP-M	S
ENHERTU	ENHERTU 100 MG RECON SOLN *fam-trastuzumab deruxtecan-nxki*	SP-M	S
KADCYLA	KADCYLA (100 MG RECON SOLN, 160 MG RECON SOLN) *ado-trastuzumab emtansine*	SP-M	S
ANTINEOPLASTIC - ANTI-CLDN18.2 ANTIBODIES			
VYLOY	VYLOY (100 MG RECON SOLN, 300 MG RECON SOLN) *zolbetuximab-clzb*	SP-M	S
ANTINEOPLASTIC - ANTI-CTLA-4 ANTIBODIES			
IMJUDO	IMJUDO (25 MG/1.25ML SOLUTION, 300 MG/15ML SOLUTION) *tremelimumab-actl*	SP-M	S
YERVOY	YERVOY (50 MG/10ML SOLUTION, 200 MG/40ML SOLUTION) *ipilimumab*	SP-M	PA, S
ANTINEOPLASTIC - ANTI-C-MET ANTIBODY-DRUG COMPLEX			
EMRELIS	EMRELIS (20 MG RECON SOLN, 100 MG RECON SOLN) *telisotuzumab vedotin-tllv*	SP-M	PA, S

BRAND NAME	DRUG DESCRIPTION (RX)	TIER	LIMITS & RESTRICTIONS
ANTINEOPLASTIC - ANTI-GD2 ANTIBODIES			
DANYELZA	DANYELZA 40 MG/10ML SOLUTION *naxitamab-gqgk*	SP-M	S
UNITUXIN	UNITUXIN 17.5 MG/5ML SOLUTION *dinutuximab*	SP-M	S
ANTINEOPLASTIC - ANTI-NECTIN-4 ANTIBODY-DRUG COMPLEX			
PADCEV	PADCEV (20 MG RECON SOLN, 30 MG RECON SOLN) *enfortumab vedotin-ejfv*	SP-M	S
ANTINEOPLASTIC - ANTI-PD-1 ANTIBODIES			
JEMPERLI	JEMPERLI 500 MG/10ML SOLUTION *dostarlimab-gxly*	SP-M	S
KEYTRUDA	KEYTRUDA 100 MG/4ML SOLUTION *pembrolizumab*	SP-M	PA, S
LIBTAYO	LIBTAYO 350 MG/7ML SOLUTION *cemiplimab-rwlc*	SP-M	S
LOQTORZI	LOQTORZI 240 MG/6ML SOLUTION *toripalimab-tpzi*	SP-M	S
OPDIVO	OPDIVO (40 MG/4ML SOLUTION, 100 MG/10ML SOLUTION, 120 MG/12ML SOLUTION, 240 MG/24ML SOLUTION) *nivolumab*	SP-M	PA, S
TEVIMBRA	TEVIMBRA (100 MG/10ML SOLUTION, 150 MG/15ML SOLUTION) *tislelizumab-jsgr*	SP-M	PA, S
ZYNYZ	ZYNYZ 500 MG/20ML SOLUTION *retifanlimab-dlwr*	SP-M	PA, S

BRAND NAME	DRUG DESCRIPTION (RX)	TIER	LIMITS & RESTRICTIONS
ANTINEOPLASTIC -ANTIBODY FOR RADIOPHARMACEUTICAL THERAPY			
ZEVALIN Y-90	ZEVALIN Y-90 3.2 MG/2ML KIT *ibritumomab tiuxetan for yttrium-90 (y-90)*	SP-M	S
ANTINEOPLASTIC - ANTI-PD-L1 ANTIBODIES			
BAVENCIO	BAVENCIO 200 MG/10ML SOLUTION *avelumab*	SP-M	PA, S
IMFINZI	IMFINZI (120 MG/2.4ML SOLUTION, 500 MG/10ML SOLUTION) *durvalumab*	SP-M	S
TECENTRIQ	TECENTRIQ (840 MG/14ML SOLUTION, 1200 MG/20ML SOLUTION) *atezolizumab*	SP-M	S
UNLOXCYT	UNLOXCYT 300 MG/5ML SOLUTION *cosibelimab-ipdl*	SP-M	PA, S
ANTINEOPLASTIC - ANTI-SLAMF7 ANTIBODIES			
EMPLICITI	EMPLICITI (300 MG RECON SOLN, 400 MG RECON SOLN) *elotuzumab*	SP-M	S
ANTINEOPLASTIC - ANTI-TF ANTIBODY-DRUG COMPLEX			
TIVDAK	TIVDAK 40 MG RECON SOLN *tisotumab vedotin-tftv*	SP-M	S
ANTINEOPLASTIC - MULTIPLE RECEPTOR ANTIBODIES			
BIZENGRI (750 MG DOSE)	BIZENGRI (750 MG DOSE) 375 MG/18.75ML SOLN THPK *zenocutuzumab-zbco*	SP-M	PA, S
RYBREVANT	RYBREVANT 350 MG/7ML SOLUTION *amivantamab-vmjw*	SP-M	S

BRAND NAME	DRUG DESCRIPTION (RX)	TIER	LIMITS & RESTRICTIONS
ANTINEOPLASTIC - EGFR INHIBITORS			
ERBITUX	ERBITUX (100 MG/50ML SOLUTION, 200 MG/100ML SOLUTION) *cetuximab*	SP-M	S
erlotinib hcl	*erlotinib hcl (100 mg tab, 150 mg tab)*	SP-P	QL (1 PER 1 DAY), SBG (Specialty Biosimilars and Specialty generics), S
erlotinib hcl	*erlotinib hcl 25 mg tab*	SP-P	QL (2 PER 1 DAY), SBG (Specialty Biosimilars and Specialty generics), S
EXKIVITY	EXKIVITY 40 MG CAP *mobocertinib succinate*	SP-P	QL (4 PER 1 DAY(S)), S
gefitinib	*gefitinib 250 mg tab*	SP-P	QL (1 PER 1 DAY), SBG (Specialty Biosimilars and Specialty generics), S
GILOTRIF	GILOTRIF (20 MG TAB, 30 MG TAB, 40 MG TAB) *afatinib dimaleate*	SP-P	QL (1 PER 1 DAY), S
IRESSA	IRESSA 250 MG TAB *gefitinib*	SP-NP	QL (1 PER 1 DAY), S, GA
LAZCLUZE	LAZCLUZE 240 MG TAB *lazertinib mesylate*	SP-NP	PA, QL (30 TABLETS PER 30 DAY(S)), S
LAZCLUZE	LAZCLUZE 80 MG TAB *lazertinib mesylate*	SP-NP	PA, QL (60 TABLETS PER 30 DAY(S)), S
PORTRAZZA	PORTRAZZA 800 MG/50ML SOLUTION *necitumumab*	SP-M	S
TAGRISSO	TAGRISSO (40 MG TAB, 80 MG TAB) *osimertinib mesylate*	SP-P	QL (30 TABS PER 30 DAY(S)), S
TARCEVA	TARCEVA (100 MG TAB, 150 MG TAB) *erlotinib hcl*	SP-NP	QL (1 PER 1 DAY), S, GA
TARCEVA	TARCEVA 25 MG TAB *erlotinib hcl*	SP-NP	QL (2 PER 1 DAY), S, GA
VECTIBIX	VECTIBIX (100 MG/5ML SOLUTION, 400 MG/20ML SOLUTION) *panitumumab*	SP-M	S
VIZIMPRO	VIZIMPRO (15 MG TAB, 30 MG TAB, 45 MG TAB) *dacomitinib*	SP-P	QL (1 PER 1 DAY(S)), S

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BRAND NAME	DRUG DESCRIPTION (RX)	TIER	LIMITS & RESTRICTIONS
ANTINEOPLASTIC - HEDGEHOG PATHWAY INHIBITORS			
DAURISMO	DAURISMO 100 MG TAB *glasdegib maleate*	SP-P	QL (1 PER 1 DAY), S
DAURISMO	DAURISMO 25 MG TAB *glasdegib maleate*	SP-P	QL (2 PER 1 DAY), S
ERIVEDGE	ERIVEDGE 150 MG CAP *vismodegib*	SP-P	QL (1 PER 1 DAY), S
ODOMZO	ODOMZO 200 MG CAP *sonidegib phosphate*	SP-P	QL (1 PER 1 DAY), S
ANTIADRENALS			
LYSODREN	LYSODREN 500 MG TAB *mitotane*	SP-P	S
ANTIANDROGENS			
bicalutamide	*bicalutamide 50 mg tab*	TIER 1	
ERLEADA	ERLEADA 240 MG TAB *apalutamide*	SP-P	QL (1 PER 1 DAY(S)), S
ERLEADA	ERLEADA 60 MG TAB *apalutamide*	SP-P	QL (4 PER 1 DAY), S
flutamide	*flutamide 125 mg cap*	TIER 1	
nilutamide	*nilutamide 150 mg tab*	TIER 1	
NUBEQA	NUBEQA 300 MG TAB *darolutamide*	SP-P	QL (4 PER 1 DAY), S
XTANDI	XTANDI (40 MG CAP, 40 MG TAB) *enzalutamide*	SP-P	QL (4 PER 1 DAY(S)), S
XTANDI	XTANDI 80 MG TAB *enzalutamide*	SP-P	QL (2 PER 1 DAY(S)), S
ANTIESTROGENS			
SOLTAMOX	SOLTAMOX 10 MG/5ML SOLUTION *tamoxifen citrate*	TIER 2	PA, PV
tamoxifen citrate	*tamoxifen citrate (10 mg tab, 20 mg tab)*	TIER 1	PA, PV
toremifene citrate	*toremifene citrate 60 mg tab*	TIER 1	
AROMATASE INHIBITORS			
anastrozole	*anastrozole 1 mg tab*	TIER 1	PA
exemestane	*exemestane 25 mg tab*	TIER 1	PA, PV
letrozole	*letrozole 2.5 mg tab*	TIER 1	

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BRAND NAME	DRUG DESCRIPTION (RX)	TIER	LIMITS & RESTRICTIONS
ESTROGENS-ANTINEOPLASTIC			
EMCYT	EMCYT 140 MG CAP *estramustine phosphate sodium*	SP-P	S
ESTROGEN RECEPTOR ANTAGONIST			
CLIGAVYX	CLIGAVYX 250 MG/5ML SOLN PRSYR *fulvestrant*	SP-M	S, GA
FASLODEX	FASLODEX 250 MG/5ML SOLN PRSYR *fulvestrant*	SP-M	S, GA
fulvestrant	*fulvestrant 250 mg/5ml soln prsyr*	SP-M	S
INLURIYO	INLURIYO 200 MG TAB *imlunestrant tosylate*	SP-P	QL (2 TAB PER DAY(S)), S
SELECTIVE ESTROGEN RECEPTOR DEGRADERS			
ETCAMAH	ETCAMAH 75 MG TAB *camizestrant*	P&T	QL (1 TAB PER DAY(S))
ORSERDU	ORSERDU 345 MG TAB *elacestrant hydrochloride*	SP-P	QL (1 PER DAY(S)), S
ORSERDU	ORSERDU 86 MG TAB *elacestrant hydrochloride*	SP-P	QL (3 PER DAY(S)), S
VEPPANU	VEPPANU (100 MG TAB, 200 MG TAB) *vepdegestrant*	SP-P	QL (1 TAB PER DAY(S)), S
PROGESTINS-ANTINEOPLASTIC			
megestrol acetate	*megestrol acetate (20 mg tab, 40 mg tab, 40 mg/ml suspension, 400 mg/10ml suspension, 800 mg/20ml suspension)*	TIER 1	
LHRH ANALOGS			
CAMCEVI	CAMCEVI 42 MG PRSYR *leuprolide mesylate (6 month)*	SP-M	S
ELIGARD	ELIGARD (7.5 MG KIT, 22.5 MG KIT, 30 MG KIT, 45 MG KIT) *leuprolide acetate*	SP-M	S

BRAND NAME	DRUG DESCRIPTION (RX)	TIER	LIMITS & RESTRICTIONS
LEUPROLIDE ACETATE (3 MONTH)	LEUPROLIDE ACETATE (3 MONTH) 22.5 MG INJECTABLE *leuprolide acetate (3 month)*	SP-M	S
leuprolide acetate	*leuprolide acetate 1 mg/0.2ml kit*	SP-M	S
LUPRON DEPOT (1-MONTH)	LUPRON DEPOT (1-MONTH) (3.75 MG KIT, 7.5 MG KIT) *leuprolide acetate*	SP-M	S
LUPRON DEPOT (3-MONTH)	LUPRON DEPOT (3-MONTH) (11.25 MG KIT, 22.5 MG KIT) *leuprolide acetate (3 month)*	SP-M	S
LUPRON DEPOT (4-MONTH)	LUPRON DEPOT (4-MONTH) 30 MG KIT *leuprolide acetate (4 month)*	SP-M	S
LUPRON DEPOT (6-MONTH)	LUPRON DEPOT (6-MONTH) 45 MG KIT *leuprolide acetate (6 month)*	SP-M	S
LUTRATE DEPOT	LUTRATE DEPOT 22.5 MG INJECTABLE *leuprolide acetate (3 month)*	SP-M	S
TRELSTAR MIXJECT	TRELSTAR MIXJECT (3.75 MG RECON SUSP, 11.25 MG RECON SUSP, 22.5 MG RECON SUSP) *triptorelin pamoate*	SP-M	S
VABRINTY	VABRINTY (22.5 MG KIT, 30 MG KIT, 45 MG KIT) *leuprolide acetate (6 month)*	SP-M	S
VABRINTY	VABRINTY 7.5 MG KIT *leuprolide acetate*	SP-M	
ZOLADEX	ZOLADEX (3.6 MG IMPLANT, 10.8 MG IMPLANT) *goserelin acetate*	SP-M	S

BRAND NAME	DRUG DESCRIPTION (RX)	TIER	LIMITS & RESTRICTIONS
GLUCOCORTICOID RECEPTOR (GR) ANTAGONISTS			
LIFYORLI (125 MG DOSE)	LIFYORLI (125 MG DOSE) 1 X 25 MG & 1 X 100 MG CAP THPK *relacorilant*	SP-P	PA, QL (9 CAP PER 28 DAY(S)), S
LIFYORLI (150 MG DOSE)	LIFYORLI (150 MG DOSE) 2 X 25 MG & 1 X 100 MG CAP THPK *relacorilant*	SP-P	PA, QL (9 CAP PER 28 DAY(S)), S
GONADOTROPIN RELEASING HORMONE (GNRH) ANTAGONISTS			
FIRMAGON (240 MG DOSE)	FIRMAGON (240 MG DOSE) 120 MG/VIAL RECON SOLN *degarelix acetate*	SP-M	S
FIRMAGON	FIRMAGON 80 MG RECON SOLN *degarelix acetate*	SP-M	S
ORGOVYX	ORGOVYX 120 MG TAB *relugolix*	SP-P	QL (1 PER 1 DAY), S
HEPCIDIN MIMETICS			
MIMRYLO	MIMRYLO (41 MG RECON SOLN, 54 MG RECON SOLN) *rusfertide acetate*	P&T	QL (8 VIAL PER 28 DAY(S)), S
MIMRYLO	MIMRYLO (9.5 MG RECON SOLN, 19 MG RECON SOLN, 28 MG RECON SOLN) *rusfertide acetate*	P&T	QL (4 VIAL PER 28 DAY(S)), S
ANDROGEN BIOSYNTHESIS INHIBITORS			
abiraterone acetate	*abiraterone acetate 250 mg tab*	SP-P	QL (4 PER 1 DAY(S)), SBG (Specialty Biosimilars and Specialty generics), S
abiraterone acetate	*abiraterone acetate 500 mg tab*	SP-P	QL (2 PER 1 DAY(S)), SBG (Specialty Biosimilars and Specialty generics), S
abirtega	*abirtega 250 mg tab*	SP-P	QL (4 PER 1 DAY(S)), SBG (Specialty Biosimilars and Specialty generics), S
YONSA	YONSA 125 MG TAB *abiraterone acetate*	SP-P	QL (4 PER 1 DAY(S)), S

BRAND NAME	DRUG DESCRIPTION (RX)	TIER	LIMITS & RESTRICTIONS
ZYTIGA	ZYTIGA 250 MG TAB *abiraterone acetate*	SP-NP	QL (4 PER 1 DAY(S)), S, GA
ZYTIGA	ZYTIGA 500 MG TAB *abiraterone acetate*	SP-NP	QL (2 PER 1 DAY(S)), S, GA
ANTINEOPLASTIC - HORMONAL AND RELATED AGENT COMBINATIONS			
AKEEGA	AKEEGA (50-500 MG TAB, 100-500 MG TAB) *niraparib tosylate-abiraterone acetate*	SP-P	QL (2 PER 1 DAY(S)), S
ANTINEOPLASTIC - HIF-2-ALPHA INHIBITORS			
WELIREG	WELIREG 40 MG TAB *belzutifan*	SP-P	QL (3 PER DAY(S)), S
ANTINEOPLASTIC - IMMUNOMODULATORS			
pomalidomide	*pomalidomide (1 mg cap, 2 mg cap, 3 mg cap, 4 mg cap)*	SP-P	QL (21 CAP PER 28 DAY(S)), S
POMALYST	POMALYST (1 MG CAP, 2 MG CAP, 3 MG CAP, 4 MG CAP) *pomalidomide*	SP-NP	QL (21 CAP PER 28 DAY(S)), S, GA
ZENBEXUS	ZENBEXUS (0.75 MG CAP, 1 MG CAP) *iberdomide hydrochloride*	P&T	QL (1 CAP PER DAY(S)), S
ANTINEOPLASTIC - BCL-2 INHIBITORS			
BEQALZI	BEQALZI (1 MG TAB, 5 MG TAB, 20 MG TAB) *sonrotoclax*	P&T	QL (2 TAB PER DAY(S)), S
BEQALZI	BEQALZI 80 MG TAB *sonrotoclax*	P&T	QL (4 TAB PER DAY(S)), S
BEQALZI STARTER PACK	BEQALZI STARTER PACK 1 & 5 & 20 & 80 MG TAB THPK *sonrotoclax*	P&T	QL (1 PACK PER YEAR(S)), S
VENCLEXTA	VENCLEXTA (10 MG TAB, 50 MG TAB) *venetoclax*	SP-P	QL (4 PER 1 DAY(S)), S
VENCLEXTA	VENCLEXTA 100 MG TAB *venetoclax*	SP-P	QL (6 PER 1 DAY(S)), S
VENCLEXTA STARTING PACK	VENCLEXTA STARTING PACK 10 & 50 & 100 MG TAB THPK *venetoclax*	SP-P	QL (1 PER 28 DAY(S)), S

BRAND NAME	DRUG DESCRIPTION (RX)	TIER	LIMITS & RESTRICTIONS
ANTINEOPLASTIC - MENIN INHIBITORS			
KOMZIFTI	KOMZIFTI 200 MG CAP *ziftomenib*	SP-P	PA, QL (90 CAPS PER 30 DAY(S)), S
REVUFORJ	REVUFORJ 110 MG TAB *revumenib citrate*	SP-P	PA, QL (4 TABS PER 1 DAY(S)), S
REVUFORJ	REVUFORJ 160 MG TAB *revumenib citrate*	SP-P	PA, QL (2 TABS PER 1 DAY(S)), S
REVUFORJ	REVUFORJ 25 MG TAB *revumenib citrate*	SP-P	PA, QL (240 TAB PER 30 DAY(S)), S
ANTINEOPLASTIC - PDGFR-ALPHA INHIBITORS			
AYVAKIT	AYVAKIT (25 MG TAB, 50 MG TAB, 100 MG TAB, 200 MG TAB, 300 MG TAB) *avapritinib*	SP-P	QL (1 PER 1 DAY(S)), S
MITOTIC INHIBITORS			
ABRAXANE	ABRAXANE 100 MG RECON SUSP *paclitaxel protein-bound particles*	SP-M	S, GA
BEIZRAY	BEIZRAY (2 X 80 MG/4ML & 25%(50 ML) SOLUTION, 20 MG/ML CONC, 80 MG/4ML & 25%(50 ML) SOLUTION) *docetaxel & albumin*	SP-M	S
docetaxel	*docetaxel (20 mg/2ml solution, 20 mg/ml conc, 80 mg/4ml conc, 80 mg/8ml solution, 160 mg/16ml solution, 160 mg/8ml conc)*	SP-M	S
eribulin mesylate	*eribulin mesylate 1 mg/2ml solution*	SP-M	S
ETOPOPHOS	ETOPOPHOS 100 MG RECON SOLN *etoposide phosphate*	SP-M	S
etoposide	*etoposide 1 gm/50ml solution*	SP-M	S
etoposide	*etoposide 50 mg cap*	SP-P	SBG (Specialty Biosimilars and Specialty generics), S
etoposide	*etoposide 500 mg/25ml solution*	SP-M	

BRAND NAME	DRUG DESCRIPTION (RX)	TIER	LIMITS & RESTRICTIONS
HALAVEN	HALAVEN 1 MG/2ML SOLUTION *eribulin mesylate*	SP-M	S, GA
IXEMPRA KIT	IXEMPRA KIT (KIT 15 MG RECON SOLN, KIT 45 MG RECON SOLN) *ixabepilone*	SP-M	S
JEVTANA	JEVTANA 60 MG/1.5ML SOLUTION *cabazitaxel*	SP-M	S
paclitaxel	*paclitaxel (30 mg/5ml conc, 100 mg/16.7ml conc, 150 mg/25ml conc, 300 mg/50ml conc)*	SP-M	S
paclitaxel protein-bound part	*paclitaxel protein-bound part 100 mg recon susp*	SP-M	S
toposar	*toposar 1 gm/50ml solution*	SP-M	S
toposar	*toposar 500 mg/25ml solution*	SP-M	
VINBLASTINE SULFATE	VINBLASTINE SULFATE 1 MG/ML SOLUTION *vinblastine sulfate*	SP-M	S
vincasar pfs	*vincasar pfs 1 mg/ml solution*	SP-M	S
VINCRISTINE SULFATE	VINCRISTINE SULFATE (1 MG/ML SOLUTION, 2 MG/2ML SOLUTION) *vincristine sulfate*	SP-M	S, GA
vinorelbine tartrate	*vinorelbine tartrate (10 mg/ml solution, 50 mg/5ml solution)*	SP-M	S
ANTINEOPLASTIC - AKT INHIBITORS			
TRUQAP	TRUQAP (160 MG TAB, 200 MG TAB) *capivasertib*	SP-P	PA, QL (4 PER 1 DAY(S)), S
TRUQAP	TRUQAP 160 MG TAB THPK *capivasertib*	SP-P	PA, QL (1 PACK PER 28 DAY(S)), S
TRUQAP	TRUQAP 200 MG TAB THPK *capivasertib*	SP-P	PA, QL (1 PACK PER 28 DAY(S)), S

BRAND NAME	DRUG DESCRIPTION (RX)	TIER	LIMITS & RESTRICTIONS
ANTINEOPLASTIC - ALK INHIBITORS			
ALECENSA	ALECENSA 150 MG CAP *alectinib hcl*	SP-P	QL (8 PER 1 DAY(S)), S
ALUNBRIG	ALUNBRIG (90 MG TAB, 180 MG TAB) *brigatinib*	SP-P	QL (1 PER 1 DAY(S)), S
ALUNBRIG	ALUNBRIG 30 MG TAB *brigatinib*	SP-P	QL (4 PER 1 DAY(S)), S
ALUNBRIG	ALUNBRIG 90 & 180 MG TAB THPK *brigatinib*	SP-P	QL (1 PER 30 DAY(S)), S
LORBRENA	LORBRENA 100 MG TAB *lorlatinib*	SP-P	QL (1 PER 1 DAY), S
LORBRENA	LORBRENA 25 MG TAB *lorlatinib*	SP-P	QL (3 TABLETS PER 1 DAY(S)), S
XALKORI	XALKORI (20 MG CAP SPRINK, 50 MG CAP SPRINK, 200 MG CAP, 250 MG CAP) *crizotinib*	SP-P	QL (4 PER 1 DAY(S)), S
XALKORI	XALKORI 150 MG CAP SPRINK *crizotinib*	SP-P	QL (6 PER 1 DAY(S)), S
ZYKADIA	ZYKADIA 150 MG TAB *ceritinib*	SP-P	QL (3 PER 1 DAY(S)), S
CYCLIN-DEPENDENT KINASES (CDK) INHIBITORS			
IBRANCE	IBRANCE (75 MG CAP, 75 MG TAB, 100 MG CAP, 100 MG TAB, 125 MG CAP, 125 MG TAB) *palbociclib*	SP-P	QL (21 PER 28 DAY(S)), S
KISQALI (200 MG DOSE)	KISQALI (200 MG DOSE) 200 MG TAB THPK *ribociclib succinate*	SP-P	QL (21 PER 28 DAY(S)), S
KISQALI (400 MG DOSE)	KISQALI (400 MG DOSE) 200 MG TAB THPK *ribociclib succinate*	SP-P	QL (1.5 PER 1 DAY), S
KISQALI (600 MG DOSE)	KISQALI (600 MG DOSE) 200 MG TAB THPK *ribociclib succinate*	SP-P	QL (63 PER 28 DAY(S)), S
VERZENIO	VERZENIO (50 MG TAB, 100 MG TAB, 150 MG TAB) *abemaciclib*	SP-NP	QL (2 TAB PER DAY(S)), S

BRAND NAME	DRUG DESCRIPTION (RX)	TIER	LIMITS & RESTRICTIONS
VERZENIO	VERZENIO 200 MG TAB *abemaciclib*	SP-NP	QL (2 PER 1 DAY(S)), S
ANTINEOPLASTIC - HISTONE DEACETYLASE INHIBITORS			
BELEODAQ	BELEODAQ 500 MG RECON SOLN *belinostat*	SP-M	S
FARYDAK	FARYDAK (10 MG CAP, 15 MG CAP, 20 MG CAP) *panobinostat lactate*	SP-P	QL (6 PER 21 DAY(S)), S
ISTODAX	ISTODAX 10 MG RECON SOLN *romidepsin*	SP-M	S, GA
ROMIDEPSIN	ROMIDEPSIN (10 MG RECON SOLN, 27.5 MG/5.5ML SOLUTION) *romidepsin*	SP-M	S
ZOLINZA	ZOLINZA 100 MG CAP *vorinostat*	SP-P	QL (4 PER 1 DAY(S)), S
ANTINEOPLASTIC - CSF1R KINASE INHIBITORS			
ROMVIMZA	ROMVIMZA (14 MG CAP, 20 MG CAP, 30 MG CAP) *vimseltinib*	SP-P	PA, QL (8 CAPS PER 28 DAY(S)), S
ANTINEOPLASTIC - BCR-ABL KINASE INHIBITORS			
BOSULIF	BOSULIF (400 MG TAB, 500 MG TAB) *bosutinib*	SP-P	QL (1 TAB PER DAY(S)), S, GA
BOSULIF	BOSULIF 100 MG CAP *bosutinib*	SP-P	QL (3 PER 1 DAY(S)), S
BOSULIF	BOSULIF 100 MG TAB *bosutinib*	SP-P	QL (3 TAB PER DAY(S)), S, GA
BOSULIF	BOSULIF 50 MG CAP *bosutinib*	SP-P	QL (1 PER DAY(S)), S
bosutinib	*bosutinib (400 mg tab, 500 mg tab)*	SP-P	QL (1 TAB PER DAY(S)), S
bosutinib	*bosutinib 100 mg tab*	SP-P	QL (3 TAB PER DAY(S)), S
DANZITEN	DANZITEN (71 MG TAB, 95 MG TAB) *nilotinib tartrate*	SP-NP	PA, QL (120 TABLETS PER 30 DAY(S)), S
dasatinib	*dasatinib (50 mg tab, 70 mg tab, 80 mg tab, 100 mg tab, 140 mg tab)*	SP-P	QL (1 TAB PER DAY(S)), S
dasatinib	*dasatinib 20 mg tab*	SP-P	QL (3 TAB PER DAY(S)), S

BRAND NAME	DRUG DESCRIPTION (RX)	TIER	LIMITS & RESTRICTIONS
ICLUSIG	ICLUSIG (10 MG TAB, 15 MG TAB, 30 MG TAB, 45 MG TAB) *ponatinib hcl*	SP-P	QL (1 PER 1 DAY), S
imatinib mesylate	*imatinib mesylate 100 mg tab*	SP-P	QL (4 TAB PER DAY(S)), SBG (Specialty Biosimilars and Specialty Generics), S
imatinib mesylate	*imatinib mesylate 400 mg tab*	SP-P	QL (2 TAB PER DAY(S)), SBG (Specialty Biosimilars and Specialty Generics), S
IMKELDI	IMKELDI 80 MG/ML SOLUTION *imatinib mesylate*	SP-P	QL (10 MLS PER 1 DAY(S)), S
NILOTINIB D-TARTRATE	NILOTINIB D-TARTRATE (50 MG CAP, 150 MG CAP, 200 MG CAP) *nilotinib d-tartrate*	SP-P	QL (4 CAPS PER 1 DAY(S)), S
nilotinib hcl	*nilotinib hcl (150 mg cap, 200 mg cap)*	SP-P	QL (4 CAPS PER 1 DAY(S))
SCEMBLIX	SCEMBLIX (20 MG TAB, 40 MG TAB) *asciminib hcl*	SP-P	QL (2 PER DAY(S)), S
SCEMBLIX	SCEMBLIX 100 MG TAB *asciminib hcl*	SP-P	QL (4 TABS PER DAY(S)), S
TASIGNA	TASIGNA (50 MG CAP, 150 MG CAP, 200 MG CAP) *nilotinib hcl*	SP-NP	QL (4 CAPS PER 1 DAY(S)), S
ANTINEOPLASTIC - BRAF KINASE INHIBITORS			
BRAFTOVI	BRAFTOVI 75 MG CAP *encorafenib*	SP-P	QL (6 PER 1 DAY(S)), S
OJEMDA	OJEMDA 100 MG TAB *tovorafenib*	SP-P	QL (24 TABS PER 28 DAY(S)), S
OJEMDA	OJEMDA 25 MG/ML RECON SUSP *tovorafenib*	SP-P	QL (96 ML PER 28 DAY(S)), S
TAFINLAR	TAFINLAR (50 MG CAP, 75 MG CAP) *dabrafenib mesylate*	SP-P	QL (4 PER 1 DAY), S
TAFINLAR	TAFINLAR 10 MG TAB SOL *dabrafenib mesylate*	SP-P	QL (30 PER 1 DAY(S)), S
ZELBORAF	ZELBORAF 240 MG TAB *vemurafenib*	SP-P	QL (8 PER 1 DAY(S)), S

BRAND NAME	DRUG DESCRIPTION (RX)	TIER	LIMITS & RESTRICTIONS
ANTINEOPLASTIC - BTK INHIBITORS			
BRUKINSA	BRUKINSA 160 MG TAB *zanubrutinib*	SP-P	S
BRUKINSA	BRUKINSA 80 MG CAP *zanubrutinib*	SP-P	QL (4 PER 1 DAY(S)), S
CALQUENCE	CALQUENCE (100 MG CAP, 100 MG TAB) *acalabrutinib maleate*	SP-P	QL (2 PER 1 DAY(S)), S
IMBRUVICA	IMBRUVICA (70 MG CAP, 420 MG TAB) *ibrutinib*	SP-P	QL (1 PER 1 DAY), S
IMBRUVICA	IMBRUVICA 140 MG CAP *ibrutinib*	SP-P	QL (3 PER DAY(S)), S
IMBRUVICA	IMBRUVICA 140 MG TAB *ibrutinib*	SP-P	QL (1 PER DAY(S)), S
IMBRUVICA	IMBRUVICA 280 MG TAB *ibrutinib*	SP-P	QL (1 PER 1 DAY(S)), S
IMBRUVICA	IMBRUVICA 70 MG/ML SUSPENSION *ibrutinib*	SP-P	QL (180 MLS PER 30 DAY(S)), S
JAYPIRCA	JAYPIRCA 100 MG TAB *pirtobrutinib*	SP-P	QL (3 TAB PER DAY(S)), S
JAYPIRCA	JAYPIRCA 50 MG TAB *pirtobrutinib*	SP-P	QL (1 PER DAY(S)), S
ANTINEOPLASTIC - FGFR KINASE INHIBITORS			
BALVERSA	BALVERSA 3 MG TAB *erdafitinib*	SP-P	QL (3 PER 1 DAY(S)), S
BALVERSA	BALVERSA 4 MG TAB *erdafitinib*	SP-P	QL (2 PER 1 DAY(S)), S
BALVERSA	BALVERSA 5 MG TAB *erdafitinib*	SP-P	QL (1 PER 1 DAY(S)), S
LYTGOBI (12 MG DAILY DOSE)	LYTGOBI (12 MG DAILY DOSE) 4 MG TAB THPK *futibatinib*	SP-P	QL (84 TABS PER 28 DAY(S)), S
LYTGOBI (16 MG DAILY DOSE)	LYTGOBI (16 MG DAILY DOSE) 4 MG TAB THPK *futibatinib*	SP-P	QL (112 TABLETS PER 28 DAY(S)), S
LYTGOBI (20 MG DAILY DOSE)	LYTGOBI (20 MG DAILY DOSE) 4 MG TAB THPK *futibatinib*	SP-P	QL (140 TABS PER 28 DAY(S)), S
PEMAZYRE	PEMAZYRE (4.5 MG TAB, 9 MG TAB, 13.5 MG TAB) *pemigatinib*	SP-P	QL (1 PER 1 DAY), S

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BRAND NAME	DRUG DESCRIPTION (RX)	TIER	LIMITS & RESTRICTIONS
TRUSELTIQ (100MG DAILY DOSE)	TRUSELTIQ (100MG DAILY DOSE) 100 MG CAP THPK *infigratinib phosphate*	SP-P	QL (21 PER 28 DAY(S)), S
TRUSELTIQ (125MG DAILY DOSE)	TRUSELTIQ (125MG DAILY DOSE) 100 & 25 MG CAP THPK *infigratinib phosphate*	SP-P	QL (42 PER 28 DAY(S)), S
TRUSELTIQ (50MG DAILY DOSE)	TRUSELTIQ (50MG DAILY DOSE) 25 MG CAP THPK *infigratinib phosphate*	SP-P	QL (42 PER 28 DAY(S)), S
TRUSELTIQ (75MG DAILY DOSE)	TRUSELTIQ (75MG DAILY DOSE) 25 MG CAP THPK *infigratinib phosphate*	SP-P	QL (63 PER 28 DAY(S)), S
ANTINEOPLASTIC - GAMMA SECRETASE INHIBITORS			
OGSIVEO	OGSIVEO 100 MG TAB *nirogacestat hydrobromide*	SP-P	PA, QL (60 TAB PER 30 DAY(S)), S
OGSIVEO	OGSIVEO 150 MG TAB *nirogacestat hydrobromide*	SP-P	PA, QL (60 TABLETS PER 30 DAY(S)), S
OGSIVEO	OGSIVEO 50 MG TAB *nirogacestat hydrobromide*	SP-P	PA, QL (180 TABLETS PER 30 DAY(S)), S
ANTINEOPLASTIC - KRAS INHIBITORS			
KRAZATI	KRAZATI 200 MG TAB *adagrasib*	SP-P	QL (6 PER 1 DAY), S
LUMAKRAS	LUMAKRAS 120 MG TAB *sotorasib*	SP-P	QL (8 PER DAY(S)), S
LUMAKRAS	LUMAKRAS 240 MG TAB *sotorasib*	SP-P	QL (120 TABS PER 30 DAY(S)), S
LUMAKRAS	LUMAKRAS 320 MG TAB *sotorasib*	SP-P	QL (3 PER DAY(S)), S
ANTINEOPLASTIC - MTOR KINASE INHIBITORS			
AFINITOR	AFINITOR (5 MG TAB, 7.5 MG TAB) *everolimus*	SP-NP	QL (30 TABLETS PER 30 DAY(S)), SBG (Specialty Biosimilars and Specialty generics), S, GA
AFINITOR	AFINITOR 10 MG TAB *everolimus*	SP-NP	QL (30 TAB PER 30 DAY(S)), SBG (Specialty Biosimilars and Specialty generics), S, GA
AFINITOR	AFINITOR 2.5 MG TAB *everolimus*	SP-NP	QL (60 PER 30 DAYS), SBG (Specialty Biosimilars and Specialty generics), S, GA

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BRAND NAME	DRUG DESCRIPTION (RX)	TIER	LIMITS & RESTRICTIONS
AFINITOR DISPERZ	AFINITOR DISPERZ (2 MG TAB SOL, 5 MG TAB SOL) *everolimus*	SP-NP	QL (2 PER 1 DAY(S)), S, GA
AFINITOR DISPERZ	AFINITOR DISPERZ 3 MG TAB SOL *everolimus*	SP-NP	QL (3 PER 1 DAY(S)), S, GA
everolimus	*everolimus (2 mg tab sol, 5 mg tab sol)*	SP-P	QL (2 PER 1 DAY(S)), SBG (Specialty Biosimilars and Specialty generics), S
everolimus	*everolimus (5 mg tab, 7.5 mg tab)*	SP-P	QL (30 TABLETS PER 30 DAY(S)), SBG (Specialty Biosimilars and Specialty generics), S
everolimus	*everolimus 10 mg tab*	SP-P	QL (30 TAB PER 30 DAY(S)), SBG (Specialty Biosimilars and Specialty generics), S
everolimus	*everolimus 2.5 mg tab*	SP-P	QL (60 PER 30 DAYS), SBG (Specialty Biosimilars and Specialty generics), S
everolimus	*everolimus 3 mg tab sol*	SP-P	QL (3 PER 1 DAY(S)), SBG (Specialty Biosimilars and Specialty generics), S
FYARRO	FYARRO 100 MG RECON SUSP *sirolimus protein-bound particles*	SP-M	S
temsirolimus	*temsirolimus 25 mg/ml solution*	SP-M	S
TORISEL	TORISEL 25 MG/ML SOLUTION *temsirolimus*	SP-M	S, GA
torpenz	*torpenz (5 mg tab, 7.5 mg tab)*	SP-P	QL (30 TABLETS PER 30 DAY(S)), SBG (Specialty Biosimilars and Specialty generics), S
torpenz	*torpenz 10 mg tab*	SP-P	QL (30 TAB PER 30 DAY(S)), SBG (Specialty Biosimilars and Specialty generics), S
torpenz	*torpenz 2.5 mg tab*	SP-P	QL (60 PER 30 DAYS), SBG (Specialty Biosimilars and Specialty generics), S
yulithira	*yulithira (2.5 mg tab, 5 mg tab, 7.5 mg tab, 10 mg tab)*	SP-P	QL (30 TAB PER 30 DAY(S)), SBG (Specialty Biosimilars and Specialty generics), S

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BRAND NAME	DRUG DESCRIPTION (RX)	TIER	LIMITS & RESTRICTIONS
ANTINEOPLASTIC - MULTIKINASE INHIBITORS			
CABOMETYX	CABOMETYX 20 MG TAB *cabozantinib s-malate*	SP-P	QL (30 TABLETS PER 30 DAY(S)), S
CABOMETYX	CABOMETYX 40 MG TAB *cabozantinib s-malate*	SP-P	QL (30 TABLETS PER 30 DAY(S)), S
CABOMETYX	CABOMETYX 60 MG TAB *cabozantinib s-malate*	SP-P	QL (1 PER 1 DAY(S)), S
CAPRELSA	CAPRELSA 100 MG TAB *vandetanib*	SP-P	QL (2 PER 1 DAY), S
CAPRELSA	CAPRELSA 300 MG TAB *vandetanib*	SP-P	QL (1 PER 1 DAY), S
COMETRIQ (100 MG DAILY DOSE)	COMETRIQ (100 MG DAILY DOSE) 80 & 20 MG KIT *cabozantinib s-malate*	SP-P	QL (2 PER 1 DAY), S
COMETRIQ (140 MG DAILY DOSE)	COMETRIQ (140 MG DAILY DOSE) 3 X 20 MG & 80 MG KIT *cabozantinib s-malate*	SP-P	QL (4 PER 1 DAY), S
COMETRIQ (60 MG DAILY DOSE)	COMETRIQ (60 MG DAILY DOSE) 20 MG KIT *cabozantinib s-malate*	SP-P	QL (3 PER 1 DAY), S
ENSACOVE	ENSACOVE (25 MG CAP, 100 MG CAP) *ensartinib hcl*	SP-P	QL (2 CAPS PER 1 DAY(S)), S
FOTIVDA	FOTIVDA (0.89 MG CAP, 1.34 MG CAP) *tivozanib hcl*	SP-P	QL (21 PER 28 DAY(S)), S
HYRNUO	HYRNUO 10 MG TAB *sevabertinib*	SP-P	PA, QL (120 TABS PER 30 DAY(S)), S
lapatinib ditosylate	*lapatinib ditosylate 250 mg tab*	SP-P	QL (180 PER 30 DAYS), SBG (Specialty Biosimilars and Specialty generics), S
NERLYNX	NERLYNX 40 MG TAB *neratinib maleate*	SP-P	QL (6 PER 1 DAY), S
NEXAVAR	NEXAVAR 200 MG TAB *sorafenib tosylate*	SP-NP	QL (4 PER 1 DAY), S, GA
pazopanib hcl	*pazopanib hcl 200 mg tab*	SP-P	QL (4 PER 1 DAY(S)), SBG (Specialty Biosimilars and Specialty generics), S
PAZOPANIB HCL	PAZOPANIB HCL 400 MG TAB *pazopanib hcl*	SP-P	QL (60 TAB PER 30 DAY(S)), S

BRAND NAME	DRUG DESCRIPTION (RX)	TIER	LIMITS & RESTRICTIONS
QINLOCK	QINLOCK 50 MG TAB *ripretinib*	SP-P	QL (3 PER 1 DAY), S
REVTORPYK	REVTORPYK 180 MG RECON SOLN *gedatolisib*	P&T	S
RYDAPT	RYDAPT 25 MG CAP *midostaurin*	SP-P	QL (8 PER 1 DAY), S
sorafenib tosylate	*sorafenib tosylate 200 mg tab*	SP-P	QL (4 PER 1 DAY), SBG (Specialty Biosimilars and Specialty generics), S
STIVARGA	STIVARGA 40 MG TAB *regorafenib*	SP-P	QL (3 PER 1 DAY), S
sunitinib malate	*sunitinib malate (12.5 mg cap, 25 mg cap, 37.5 mg cap, 50 mg cap)*	SP-P	QL (1 PER 1 DAY), SBG (Specialty Biosimilars and Specialty generics), S
SUTENT	SUTENT (12.5 MG CAP, 25 MG CAP, 37.5 MG CAP, 50 MG CAP) *sunitinib malate*	SP-NP	QL (1 PER 1 DAY), S, GA
TURALIO	TURALIO 125 MG CAP *pexidartinib hcl*	SP-P	PA, QL (4 PER 1 DAY(S)), S
TURALIO	TURALIO 200 MG CAP *pexidartinib hcl*	SP-P	PA, QL (120 PER 30 DAY(S)), S
VANFLYTA	VANFLYTA (17.7 MG TAB, 26.5 MG TAB) *quizartinib dihydrochloride*	SP-P	QL (2 PER DAY(S)), S
XOSPATA	XOSPATA 40 MG TAB *gilteritinib fumarate*	SP-P	QL (3 PER 1 DAY(S)), S
ANTINEOPLASTIC - MEK INHIBITORS			
COTELLIC	COTELLIC 20 MG TAB *cobimetinib fumarate*	SP-P	QL (63 PER 28 DAY(S)), S
GOMEKLI	GOMEKLI 1 MG CAP *mirdametinib*	SP-P	PA, QL (42 CAPSULES PER 28 DAY(S)), S
GOMEKLI	GOMEKLI 1 MG TAB SOL *mirdametinib*	SP-P	PA, QL (168 TABLETS PER 28 DAY(S)), S
GOMEKLI	GOMEKLI 2 MG CAP *mirdametinib*	SP-P	PA, QL (84 CAPSULES PER 28 DAY(S)), S
KOSELUGO	KOSELUGO 10 MG CAP *selumetinib sulfate*	SP-P	PA, QL (8 PER DAY(S)), S
KOSELUGO	KOSELUGO 25 MG CAP *selumetinib sulfate*	SP-P	PA, QL (4 PER DAY(S)), S
KOSELUGO	KOSELUGO 5 MG CAP SPRINK *selumetinib sulfate*	SP-P	PA, QL (20 PER PER DAY(S)), S

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BRAND NAME	DRUG DESCRIPTION (RX)	TIER	LIMITS & RESTRICTIONS
KOSELUGO	KOSELUGO 7.5 MG CAP SPRINK *selumetinib sulfate*	SP-P	PA, QL (12 PER PER DAY(S)), S
MEKINIST	MEKINIST 0.05 MG/ML RECON SOLN *trametinib dimethyl sulfoxide*	SP-P	QL (40 ML PER DAY(S)), S
MEKINIST	MEKINIST 0.5 MG TAB *trametinib dimethyl sulfoxide*	SP-P	QL (3 TAB PER DAY(S)), S
MEKINIST	MEKINIST 2 MG TAB *trametinib dimethyl sulfoxide*	SP-P	QL (1 TAB PER DAY(S)), S
MEKTOVI	MEKTOVI 15 MG TAB *binimetinib*	SP-P	QL (6 PER 1 DAY), S
ANTINEOPLASTIC - METHYLTRANSFERASE INHIBITORS			
TAZVERIK	TAZVERIK 200 MG TAB *tazemetostat hbr*	SP-P	QL (8 PER 1 DAY), S
ANTINEOPLASTIC - MET INHIBITORS			
TABRECTA	TABRECTA (150 MG TAB, 200 MG TAB) *capmatinib hcl*	SP-P	QL (4 PER 1 DAY), S
TEPMETKO	TEPMETKO 225 MG TAB *tepotinib hcl*	SP-P	QL (2 PER 1 DAY), S
ANTINEOPLASTIC - TROPOMYOSIN RECEPTOR KINASE INHIBITORS			
AUGTYRO	AUGTYRO 160 MG CAP *repotrectinib*	SP-P	PA, QL (2 CAP PER DAY(S)), S
AUGTYRO	AUGTYRO 40 MG CAP *repotrectinib*	SP-P	PA, QL (8 TAB PER DAY(S)), S
IBTROZI	IBTROZI 200 MG CAP *taletrectinib adipate*	SP-P	PA, QL (3 CAP PER DAY(S)), S
ROZLYTREK	ROZLYTREK 100 MG CAP *entrectinib*	SP-P	QL (30 PER 30 DAY(S)), S
ROZLYTREK	ROZLYTREK 200 MG CAP *entrectinib*	SP-P	QL (90 PER 30 DAY(S)), S
ROZLYTREK	ROZLYTREK 50 MG PACKET *entrectinib*	SP-P	QL (2 PER DAY(S)), S
VITRAKVI	VITRAKVI 100 MG CAP *larotrectinib sulfate*	SP-P	QL (2 PER 1 DAY(S)), S
VITRAKVI	VITRAKVI 20 MG/ML SOLUTION *larotrectinib sulfate*	SP-P	QL (300 PER 30 DAY(S)), S

BRAND NAME	DRUG DESCRIPTION (RX)	TIER	LIMITS & RESTRICTIONS
VITRAKVI	VITRAKVI 25 MG CAP *larotrectinib sulfate*	SP-P	QL (6 PER 1 DAY(S)), S
ANTINEOPLASTIC - TYROSINE KINASE INHIBITORS			
JIDEYTRO	JIDEYTRO 100 MG TAB *zidesamtinib*	P&T	QL (1 TAB PER DAY(S)), S
JIDEYTRO	JIDEYTRO 25 MG TAB *zidesamtinib*	P&T	QL (3 TAB PER DAY(S)), S
ANTINEOPLASTIC - RAS GTPASE INHIBITORS			
RASONQUE	RASONQUE (100 MG TAB, 150 MG TAB) *daraxonrasib*	P&T	QL (2 TAB PER DAY(S)), S
ISOCITRATE DEHYDROGENASE-1 (IDH1) INHIBITORS			
REZLIDHIA	REZLIDHIA 150 MG CAP *olutasidenib*	SP-NP	QL (2 PER 1 DAY(S)), S
TIBSOVO	TIBSOVO 250 MG TAB *ivosidenib*	SP-P	QL (2 PER 1 DAY), S
ISOCITRATE DEHYDROGENASE-2 (IDH2) INHIBITORS			
IDHIFA	IDHIFA (50 MG TAB, 100 MG TAB) *enasidenib mesylate*	SP-P	QL (1 PER 1 DAY), S
ISOCITRATE DEHYDROGENASE 1 & 2 (IDH1 & IDH2) INHIBITORS			
VORANIGO	VORANIGO 10 MG TAB *vorasidenib*	SP-P	PA, QL (60 TABLETS PER 30 DAY(S)), S
VORANIGO	VORANIGO 40 MG TAB *vorasidenib*	SP-P	PA, QL (30 TABLETS PER 30 DAY(S)), S
OLIGONUCLEOTIDE TELOMERASE INHIBITORS			
RYTELO	RYTELO (47 MG RECON SOLN, 188 MG RECON SOLN) *imetelstat sodium*	SP-M	PA, S
POLY (ADP-RIBOSE) POLYMERASE (PARP) INHIBITORS			
LYNPARZA	LYNPARZA (100 MG TAB, 150 MG TAB) *olaparib*	SP-P	QL (4 PER 1 DAY), S
RUBRACA	RUBRACA (200 MG TAB, 250 MG TAB, 300 MG TAB) *rucaparib camsylate*	SP-P	QL (4 PER 1 DAY), S

BRAND NAME	DRUG DESCRIPTION (RX)	TIER	LIMITS & RESTRICTIONS
TALZENNA	TALZENNA (0.1 MG CAP, 0.35 MG CAP) *talazoparib tosylate*	SP-P	QL (1 PER 1 DAY(S)), S
TALZENNA	TALZENNA (0.5 MG CAP, 0.75 MG CAP, 1 MG CAP) *talazoparib tosylate*	SP-P	QL (1 PER 1 DAY), S
TALZENNA	TALZENNA 0.25 MG CAP *talazoparib tosylate*	SP-P	QL (3 PER 1 DAY), S
ZEJULA	ZEJULA (200 MG TAB, 300 MG TAB) *niraparib tosylate*	SP-P	QL (1 PER 1 DAY(S)), S
ZEJULA	ZEJULA 100 MG CAP *niraparib tosylate*	SP-P	QL (3 PER 1 DAY(S)), S
ZEJULA	ZEJULA 100 MG TAB *niraparib tosylate*	SP-P	QL (1 PER DAY(S)), S
ANTINEOPLASTIC - RET INHIBITORS			
GAVRETO	GAVRETO 100 MG CAP *pralsetinib*	SP-P	QL (4 PER 1 DAY), S
GAVRETO	GAVRETO 100 MG CAP *pralsetinib*	SP-P	S
RETEVMO	RETEVMO (80 MG TAB, 120 MG TAB, 160 MG TAB) *selpercatinib*	SP-P	QL (60 TABLETS PER 30 DAY(S)), S
RETEVMO	RETEVMO 40 MG CAP *selpercatinib*	SP-P	QL (90 CAPSULES PER 30 DAY(S)), S
RETEVMO	RETEVMO 40 MG TAB *selpercatinib*	SP-P	QL (90 TABLETS PER 30 DAY(S)), S
RETEVMO	RETEVMO 80 MG CAP *selpercatinib*	SP-P	QL (60 CAPSULES PER 30 DAY(S)), S
ANTINEOPLASTIC - PROTEASOME INHIBITORS			
bortezomib	*bortezomib (1 mg recon soln, 2.5 mg recon soln, 3.5 mg recon soln, 3.5 mg/1.4ml solution)*	SP-M	S
KYPROLIS	KYPROLIS (10 MG RECON SOLN, 30 MG RECON SOLN, 60 MG RECON SOLN) *carfilzomib*	SP-M	S
NINLARO	NINLARO (2.3 MG CAP, 3 MG CAP, 4 MG CAP) *ixazomib citrate*	SP-P	QL (3 PER 28 DAY(S)), S

BRAND NAME	DRUG DESCRIPTION (RX)	TIER	LIMITS & RESTRICTIONS
VELCADE	VELCADE 3.5 MG RECON SOLN *bortezomib*	SP-M	S, GA
JANUS ASSOCIATED KINASE (JAK) INHIBITORS			
INREBIC	INREBIC 100 MG CAP *fedratinib hcl*	SP-P	PA, QL (120 PER 30 DAY(S)), S
JAKAFI	JAKAFI (5 MG TAB, 10 MG TAB, 15 MG TAB, 20 MG TAB, 25 MG TAB) *ruxolitinib phosphate*	SP-P	QL (2 PER 1 DAY), S
JAKAFI XR	JAKAFI XR (11 MG TAB ER 24H, 22 MG TAB ER 24H, 33 MG TAB ER 24H, 44 MG TAB ER 24H, 55 MG TAB ER 24H) *ruxolitinib phosphate*	SP-P	QL (30 TAB PER 30 DAY(S)), S
OJJAARA	OJJAARA (100 MG TAB, 150 MG TAB, 200 MG TAB) *momelotinib dihydrochloride*	SP-P	PA, QL (30 TABLETS PER 30 DAY(S)), S
VONJO	VONJO 100 MG CAP *pacritinib citrate*	SP-P	PA, QL (4 PER 1 DAY(S)), S
PHOSPHATIDYLINOSITOL 3-KINASE (PI3K) INHIBITORS			
ALIQOPA	ALIQOPA 60 MG RECON SOLN *copanlisib hcl*	SP-M	S
COPIKTRA	COPIKTRA 15 MG CAP *duvelisib*	SP-P	QL (2 CAP PER DAY(S)), S
COPIKTRA	COPIKTRA 25 MG CAP *duvelisib*	SP-P	QL (392 CAP PER 63 DAY(S)), S
ITOVEBI	ITOVEBI 3 MG TAB *inavolisib*	SP-P	PA, QL (60 TABLETS PER 30 DAY(S)), S
ITOVEBI	ITOVEBI 9 MG TAB *inavolisib*	SP-P	PA, QL (30 TABLETS PER 30 DAY(S)), S
PIQRAY (200 MG DAILY DOSE)	PIQRAY (200 MG DAILY DOSE) 200 MG TAB THPK *alpelisib*	SP-P	QL (1 PER 1 DAY), S
PIQRAY (250 MG DAILY DOSE)	PIQRAY (250 MG DAILY DOSE) 200 & 50 MG TAB THPK *alpelisib*	SP-P	QL (2 PER 1 DAY), S
PIQRAY (300 MG DAILY DOSE)	PIQRAY (300 MG DAILY DOSE) 2 X 150 MG TAB THPK *alpelisib*	SP-P	QL (2 PER 1 DAY), S

BRAND NAME	DRUG DESCRIPTION (RX)	TIER	LIMITS & RESTRICTIONS
ZYDELIG	ZYDELIG (100 MG TAB, 150 MG TAB) *idelalisib*	SP-P	QL (2 PER 1 DAY(S)), S
ANTINEOPLASTIC - GENE THERAPY AGENTS			
ADSTILADRIN	ADSTILADRIN 300000000000 VP/ML SUSPENSION *nadofaragene firadenovec-vncg*	SP-M	PA, S
TOPOISOMERASE I INHIBITORS			
CAMPTOSAR	CAMPTOSAR (40 MG/2ML SOLUTION, 100 MG/5ML SOLUTION, 300 MG/15ML SOLUTION) *irinotecan hcl*	SP-M	S, GA
HYCAMTIN	HYCAMTIN (0.25 MG CAP, 1 MG CAP) *topotecan hcl*	SP-P	S
HYCAMTIN	HYCAMTIN 4 MG RECON SOLN *topotecan hcl*	SP-M	S, GA
IRINOTECAN HCL	IRINOTECAN HCL (40 MG/2ML SOLUTION, 100 MG/5ML SOLUTION, 300 MG/15ML SOLUTION, 500 MG/25ML SOLUTION) *irinotecan hcl*	SP-M	S
ONIVYDE	ONIVYDE 43 MG/10ML SUSPENSION *irinotecan hcl liposome*	SP-M	S
topotecan hcl	*topotecan hcl (4 mg recon soln, 4 mg/4ml solution)*	SP-M	S
TOPOISOMERASE I INHIBITORS - ANTIBODY-DRUG COMPLEX			
DATROWAY	DATROWAY 100 MG RECON SOLN *datopotamab deruxtecan-dlnk*	SP-M	S
TRODELVY	TRODELVY 180 MG RECON SOLN *sacituzumab govitecan-hziy*	SP-M	S

BRAND NAME	DRUG DESCRIPTION (RX)	TIER	LIMITS & RESTRICTIONS
ANTINEOPLASTIC - XPO1 INHIBITORS			
XPOVIO (100 MG ONCE WEEKLY)	XPOVIO (100 MG ONCE WEEKLY) 50 MG TAB THPK *selinexor*	SP-P	QL (8 PER 28 DAY(S)), S
XPOVIO (40 MG ONCE WEEKLY)	XPOVIO (40 MG ONCE WEEKLY) 10 MG TAB THPK *selinexor*	SP-P	QL (16 TAB PER 28 DAY(S)), S
XPOVIO (40 MG ONCE WEEKLY)	XPOVIO (40 MG ONCE WEEKLY) 40 MG TAB THPK *selinexor*	SP-P	QL (4 PER 28 DAY(S)), S
XPOVIO (40 MG TWICE WEEKLY)	XPOVIO (40 MG TWICE WEEKLY) 40 MG TAB THPK *selinexor*	SP-P	QL (8 PER 28 DAY(S)), S
XPOVIO (60 MG ONCE WEEKLY)	XPOVIO (60 MG ONCE WEEKLY) 60 MG TAB THPK *selinexor*	SP-P	QL (4 PER 28 DAY(S)), S
XPOVIO (60 MG TWICE WEEKLY)	XPOVIO (60 MG TWICE WEEKLY) 20 MG TAB THPK *selinexor*	SP-P	QL (24 PER 30 DAY(S)), S
XPOVIO (80 MG ONCE WEEKLY)	XPOVIO (80 MG ONCE WEEKLY) 40 MG TAB THPK *selinexor*	SP-P	QL (8 PER 28 DAY(S)), S
XPOVIO (80 MG ONCE WEEKLY)	XPOVIO (80 MG ONCE WEEKLY) 80 MG TAB THPK *selinexor*	SP-P	QL (4 DOSE PER 28 DAY(S)), S
XPOVIO (80 MG TWICE WEEKLY)	XPOVIO (80 MG TWICE WEEKLY) 20 MG TAB THPK *selinexor*	SP-P	QL (32 PER 30 DAY(S)), S
ONCOLYTIC VIRAL AGENTS - HSV1			
IMLYGIC	IMLYGIC (1000000 SUSPENSION, 100000000 SUSPENSION) *talimogene laherparepvec*	SP-M	S

BRAND NAME	DRUG DESCRIPTION (RX)	TIER	LIMITS & RESTRICTIONS
TUDRIQEV	TUDRIQEV (1000000 SUSPENSION, 10000000 SUSPENSION) *vusolimogene oderparepvec-wtpg*	P&T	S
ANTINEOPLASTIC - PROTEASE ACTIVATORS			
MODEYSO	MODEYSO 125 MG CAP *dordaviprone hcl*	SP-P	PA, QL (20 PER PER 28 DAY(S)), S
ANTINEOPLASTIC - ALLOGENEIC CELLULAR IMMUNOTHERAPY			
OMISIRGE	OMISIRGE SUSPENSION *omidubicel-onlv*	SP-M	PA, QL (1 PER LIFETIME), S
ANTINEOPLASTIC - AUTOLOGOUS CELLULAR IMMUNOTHERAPY			
ABECMA	ABECMA 460000000 CELLS SUSPENSION *idecabtagene vicleucel*	SP-M	PA, S
AMTAGVI	AMTAGVI 72000000000 CELLS SUSPENSION *lifileucel*	SP-M	PA, S
AUCATZYL	AUCATZYL 410000000 CELLS SUSPENSION *obecabtagene autoleucel*	SP-M	PA, S
BREYANZI	BREYANZI 70000000 CELLS/ML SUSPENSION *lisocabtagene maraleucel*	SP-M	PA, S
CARVYKTI	CARVYKTI 100000000 CELLS SUSPENSION *ciltacabtagene autoleucel*	SP-M	PA, S
KYMRIAH	KYMRIAH (250000000 SUSPENSION, 600000000 SUSPENSION) *tisagenlecleucel*	SP-M	PA, S
PROVENGE	PROVENGE 50000000 CELLS SUSPENSION *sipuleucel-t*	SP-M	PA, S
TECARTUS	TECARTUS (100000000CELLSSUSPENSION, SUSPENSION) *brexucabtagene autoleucel*	SP-M	PA, S
TECELRA	TECELRA 10000000000 CELLS SUSPENSION *afamitresgene autoleucel*	SP-M	PA, S
YESCARTA	YESCARTA 200000000 CELLS SUSPENSION *axicabtagene ciloleucel*	SP-M	PA, S

BRAND NAME	DRUG DESCRIPTION (RX)	TIER	LIMITS & RESTRICTIONS
ANTINEOPLASTICS MISC.			
ACTIMMUNE	ACTIMMUNE 100 MCG/0.5ML SOLUTION *interferon gamma-1b*	SP-P	S
ALFERON N	ALFERON N 5000000 UNIT/ML SOLUTION *interferon alfa-n3*	SP-M	S
arsenic trioxide	*arsenic trioxide (10 mg/10ml solution, 12 mg/6ml solution)*	SP-M	S
BESREMI	BESREMI 500 MCG/ML SOLN PRSYR *ropeginterferon alfa-2b-njft*	SP-NP	PA, QL (2 PER 28 DAY(S)), S
BESREMI PEN	BESREMI PEN 500 MCG/0.5ML SOLN PEN *ropeginterferon alfa-2b-njft*	SP-NP	PA, QL (2 PEN PER 28 DAY(S)), S
dacarbazine	*dacarbazine (100 mg recon soln, 200 mg recon soln)*	SP-M	S
hydroxyurea	*hydroxyurea 500 mg cap*	TIER 1	
INTRON A	INTRON A 10000000 UNIT RECON SOLN *interferon alfa-2b*	SP-M	S
LYMPHIR	LYMPHIR 300 MCG RECON SOLN *denileukin diftitox-cxdl*	P&T	PA, S
MATULANE	MATULANE 50 MG CAP *procarbazine hcl*	SP-P	S
NIPENT	NIPENT 10 MG RECON SOLN *pentostatin*	SP-M	S
SYNRIBO	SYNRIBO 3.5 MG RECON SOLN *omacetaxine mepesuccinate*	SP-M	S
TICE BCG	TICE BCG 50 MG RECON SUSP *bcg live intravesical*	SP-M	S
TRISENOX	TRISENOX 12 MG/6ML SOLUTION *arsenic trioxide*	SP-M	S, GA

BRAND NAME	DRUG DESCRIPTION (RX)	TIER	LIMITS & RESTRICTIONS
ANTINEOPLASTICS - INTERLEUKINS & AGONISTS			
ANKTIVA	ANKTIVA 400 MCG/0.4ML SOLUTION *nogapendekin alfa inbakicept-pmln*	SP-M	PA, S
ELZONRIS	ELZONRIS 1000 MCG/ML SOLUTION *tagraxofusp-erzs*	SP-M	S
PROLEUKIN	PROLEUKIN 22000000 UNIT RECON SOLN *aldesleukin*	SP-M	S
ANTINEOPLASTICS - PHOTOACTIVATED AGENTS			
PHOTOFRIN	PHOTOFRIN 75 MG RECON SOLN *porfimer sodium*	SP-M	S
UVADEX	UVADEX 20 MCG/ML SOLUTION *methoxsalen (photopheresis)*	SP-M	S
RETINOIDS			
tretinoin	*tretinoin 10 mg cap*	TIER 1	
SELECTIVE RETINOID X RECEPTOR AGONISTS			
bexarotene	*bexarotene 75 mg cap*	SP-P	SBG (Specialty Biosimilars and Specialty generics), S
TARGRETIN	TARGRETIN 75 MG CAP *bexarotene*	SP-NP	S, GA
CARDIAC PROTECTIVE AGENTS			
dexrazoxane hcl	*dexrazoxane hcl (250 mg recon soln, 500 mg recon soln)*	SP-M	S
TOTECT	TOTECT 500 MG RECON SOLN *dexrazoxane hcl*	SP-M	S, GA
FOLIC ACID ANTAGONISTS RESCUE AGENTS			
KHAPZORY	KHAPZORY (175 MG RECON SOLN, 300 MG RECON SOLN) *levoleucovorin*	SP-M	S

BRAND NAME	DRUG DESCRIPTION (RX)	TIER	LIMITS & RESTRICTIONS
LEDERLE LEUCOVORIN	LEDERLE LEUCOVORIN 5 MG TAB *leucovorin calcium*	TIER 1	GA
leucovorin calcium	*leucovorin calcium (100 mg recon soln, 100 mg/10ml solution, 200 mg recon soln, 350 mg recon soln, 500 mg recon soln, 500 mg/50ml solution)*	SP-M	S
leucovorin calcium	*leucovorin calcium (5 mg tab, 10 mg tab, 15 mg tab, 25 mg tab, 50 mg recon soln)*	TIER 1	
levoleucovorin calcium	*levoleucovorin calcium 50 mg recon soln*	SP-M	S
levoleucovorin calcium pf	*levoleucovorin calcium pf (pf 175 mg/17.5ml solution, pf 250 mg/25ml solution)*	SP-M	S
VYKOURA	VYKOURA (50 MG/5ML SOLUTION, 350 MG/35ML SOLUTION, 500 MG/50ML SOLUTION) *leucovorin calcium*	SP-M	S
CARBOXYPEPTIDASE ENZYME AGENTS			
VORAXAZE	VORAXAZE 1000 UNIT RECON SOLN *glucarpidase*	SP-M	S
MYELOPROTECTIVE AGENTS			
COSELA	COSELA 300 MG RECON SOLN *trilaciclib dihydrochloride*	SP-M	S
ORNITHINE DECARBOXYLASE (ODC) INHIBITORS			
IWILFIN	IWILFIN 192 MG TAB *eflornithine hydrochloride*	SP-P	QL (8 PER DAY(S)), S
OTOPROTECTIVE AGENTS			
PEDMARK	PEDMARK 12.5 % SOLUTION *sodium thiosulfate (otoprotective)*	SP-M	S

BRAND NAME	DRUG DESCRIPTION (RX)	TIER	LIMITS & RESTRICTIONS
URINARY TRACT PROTECTIVE AGENTS			
ETHYOL	ETHYOL 500 MG RECON SOLN *amifostine*	SP-M	S
mesna	*mesna 100 mg/ml solution*	SP-M	S
mesna	*mesna 400 mg tab*	TIER 2	
MESNEX	MESNEX 100 MG/ML SOLUTION *mesna*	SP-M	S, GA
MESNEX	MESNEX 400 MG TAB *mesna*	TIER 2	GA
CHEMOTHERAPY ADJUNCTS - HYPERURICEMIA AGENTS			
ELITEK	ELITEK (1.5 MG RECON SOLN, 7.5 MG RECON SOLN) *rasburicase*	SP-M	S
CHEMOTHERAPY ADJUNCTS - KERATINOCYTE GROWTH FACTORS			
KEPIVANCE	KEPIVANCE (5.16 MG RECON SOLN, 6.25 MG RECON SOLN) *palifermin*	SP-M	S
ANTINEOPLASTIC COMBINATIONS			
AVMAPKI FAKZYNJA CO-PACK	AVMAPKI FAKZYNJA CO-PACK 0.8 & 200 MG THER PACK *avutometinib-defactinib*	SP-P	PA, QL (1 PACK PER 28 DAY(S)), S
DARZALEX FASPRO	DARZALEX FASPRO 1800-30000 MG-UT/15ML SOLUTION *daratumumab-hyaluronidase-fihj*	SP-M	S
HERCEPTIN HYLECTA	HERCEPTIN HYLECTA 600-10000 MG-UNT/5ML SOLUTION *trastuzumab-hyaluronidase-oysk*	SP-M	PA, S, MN-PA (Medically Necessary Prior Authorization)
INQOVI	INQOVI 35-100 MG TAB *decitabine-cedazuridine*	SP-NP	QL (5 PER 28 DAY(S)), S

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BRAND NAME	DRUG DESCRIPTION (RX)	TIER	LIMITS & RESTRICTIONS
KEYTRUDA QLEX	KEYTRUDA QLEX 395-4800 MG -UNT/2.4ML SOLUTION *pembrolizumab-berahyaluronidase alfa-pmph*	SP-M	PA, QL (1 VIAL PER 3 WEEK(S)), S
KEYTRUDA QLEX	KEYTRUDA QLEX 790-9600 MG -UNT/4.8ML SOLUTION *pembrolizumab-berahyaluronidase alfa-pmph*	SP-M	PA, QL (1 VIAL PER 6 WEEK(S)), S
KISQALI FEMARA (200 MG DOSE)	KISQALI FEMARA (200 MG DOSE) 200 & 2.5 MG TAB THPK *ribociclib succinate-letrozole*	SP-P	QL (49 PER 28 DAY(S)), S
KISQALI FEMARA (400 MG DOSE)	KISQALI FEMARA (400 MG DOSE) 200 & 2.5 MG TAB THPK *ribociclib succinate-letrozole*	SP-P	QL (70 PER 28 DAY(S)), S
KISQALI FEMARA (600 MG DOSE)	KISQALI FEMARA (600 MG DOSE) 200 & 2.5 MG TAB THPK *ribociclib succinate-letrozole*	SP-P	QL (91 PER 28 DAY(S)), S
LONSURF	LONSURF 15-6.14 MG TAB *trifluridine-tipiracil*	SP-P	QL (100 PER 28 DAY(S)), S
LONSURF	LONSURF 20-8.19 MG TAB *trifluridine-tipiracil*	SP-P	QL (80 PER 28 DAY(S)), S
OPDIVO QVANTIG	OPDIVO QVANTIG 300-5000 MG -UT/2.5ML SOLUTION *nivolumab-hyaluronidase-nvhy*	SP-M	PA, S
OPDIVO QVANTIG	OPDIVO QVANTIG 600-10000 MG-UT/5ML SOLUTION *nivolumab-hyaluronidase-nvhy*	SP-M	PA, QL (2 VIALS PER 28 DAY(S)), S
PHESGO	PHESGO (60-60-2000 SOLUTION, 80-40-2000 SOLUTION) *pertuzumab-trastuzumab-hyaluronidase-zzxf*	SP-M	S

BRAND NAME	DRUG DESCRIPTION (RX)	TIER	LIMITS & RESTRICTIONS
RITUXAN HYCELA	RITUXAN HYCELA (1400-23400 MG -UT/11.7ML SOLUTION, 1600-26800 MG -UT/13.4ML SOLUTION) *rituximab-hyaluronidase human*	SP-M	PA, S, MN-PA (Medically Necessary Prior Authorization)
RYBREVANT FASPRO	RYBREVANT FASPRO (1600-20000 MG-UT/10ML SOLUTION, 2240-28000 MG-UT/14ML SOLUTION, 2400-30000 MG-UT/15ML SOLUTION, 3520-44000 MG-UT/22ML SOLUTION) *amivantamab-hyaluronidase-lpuj*	SP-M	S
TECENTRIQ HYBREZA	TECENTRIQ HYBREZA 1875-30000 MG-UT/15ML SOLUTION *atezolizumab-hyaluronidase-tqjs*	SP-M	S
VYXEOS	VYXEOS 44-100 MG RECON SUSP *daunorubicin-cytarabine liposome*	SP-M	S
ANTINEOPLASTIC - ANTIBODY COMBINATIONS			
OPDUALAG	OPDUALAG 240-80 MG/20ML SOLUTION *nivolumab-relatlimab-rmbw*	SP-M	PA, S
CORTICOSTEROIDS GLUCOCORTICOSTEROIDS			
budesonide	*budesonide 3 mg cp dr part*	TIER 1	
budesonide er	*budesonide er 9 mg tab er 24h*	TIER 1	
deflazacort	*deflazacort (18 mg tab, 30 mg tab, 36 mg tab)*	SP-P	PA, QL (1 TAB PER DAY(S)), S
deflazacort	*deflazacort 22.75 mg/ml suspension*	SP-P	PA, QL (54 ML PER 30 DAY(S)), S
deflazacort	*deflazacort 6 mg tab*	SP-P	PA, QL (2 TAB PER DAY(S)), S
DEPO-MEDROL	DEPO-MEDROL 20 MG/ML SUSPENSION *methylprednisolone acetate*	TIER 1	

BRAND NAME	DRUG DESCRIPTION (RX)	TIER	LIMITS & RESTRICTIONS
dexamethasone	*dexamethasone (0.5 mg tab, 0.5 mg/5ml elixir, 0.5 mg/5ml solution, 0.75 mg tab, 1 mg tab, 1.5 mg tab, 2 mg tab, 4 mg tab, 6 mg tab)*	TIER 1	
DEXAMETHASONE INTENSOL	DEXAMETHASONE INTENSOL 1 MG/ML CONC *dexamethasone*	TIER 1	
dexamethasone sod phosphate pf	*dexamethasone sod phosphate pf 10 mg/ml solution*	TIER 1	
dexamethasone sodium phosphate	*dexamethasone sodium phosphate 20 mg/5ml solution*	TIER 1	
EMFLAZA	EMFLAZA (18 MG TAB, 30 MG TAB, 36 MG TAB) *deflazacort*	SP-NP	PA, QL (1 TAB PER DAY(S)), S, GA
EMFLAZA	EMFLAZA 22.75 MG/ML SUSPENSION *deflazacort*	SP-P	PA, QL (54 ML PER 30 DAY(S)), S, GA
EMFLAZA	EMFLAZA 6 MG TAB *deflazacort*	SP-NP	PA, QL (2 TAB PER DAY(S)), S, GA
hydrocortisone	*hydrocortisone (5 mg tab, 10 mg tab, 20 mg tab)*	TIER 1	
hydrocortisone sod suc (pf)	*hydrocortisone sod suc (pf) 100 mg recon soln*	TIER 1	
jaythari	*jaythari (18 mg tab, 30 mg tab, 36 mg tab)*	SP-P	PA, QL (1 TAB PER DAY(S)), S
jaythari	*jaythari 22.75 mg/ml suspension*	SP-P	PA, QL (54 ML PER 30 DAY(S)), S
jaythari	*jaythari 6 mg tab*	SP-P	PA, QL (2 TAB PER DAY(S)), S
kymbee	*kymbee (18 mg tab, 30 mg tab, 36 mg tab)*	SP-P	PA, QL (1 TAB PER DAY(S)), S
kymbee	*kymbee 22.75 mg/ml suspension*	SP-P	PA, QL (54 ML PER 30 DAY(S)), S
kymbee	*kymbee 6 mg tab*	SP-P	PA, QL (2 TAB PER DAY(S)), S
methylprednisolone	*methylprednisolone (4 mg tab, 4 mg tab thpk, 8 mg tab, 16 mg tab, 32 mg tab)*	TIER 1	
methylprednisolone sodium succ	*methylprednisolone sodium succ 500 mg recon soln*	TIER 1	
prednisolone	*prednisolone 15 mg/5ml solution*	TIER 1	

BRAND NAME	DRUG DESCRIPTION (RX)	TIER	LIMITS & RESTRICTIONS
prednisolone sodium phosphate	*prednisolone sodium phosphate (5 solution, 6.7 (5 base) solution, 10 solution, 15 solution, 20 solution, 25 solution)*	TIER 1	
prednisone	*prednisone (1 mg tab, 2.5 mg tab, 5 mg (21) tab thpk, 5 mg (48) tab thpk, 5 mg tab, 5 mg/5ml solution, 10 mg (21) tab thpk, 10 mg (48) tab thpk, 10 mg tab, 20 mg tab, 50 mg tab)*	TIER 1	
PREDNISONE INTENSOL	PREDNISONE INTENSOL 5 MG/ML CONC *prednisone*	TIER 1	
pyquvi	*pyquvi 22.75 mg/ml suspension*	SP-P	PA, QL (54 ML PER 30 DAY(S)), S
SOLU-CORTEF	SOLU-CORTEF (100 MG RECON SOLN, 250 MG RECON SOLN, 500 MG RECON SOLN) *hydrocortisone sod succinate*	TIER 1	
SOLU-MEDROL (PF)	SOLU-MEDROL (PF) 500 MG RECON SOLN *methylprednisolone sod succ*	TIER 1	
SOLU-MEDROL	SOLU-MEDROL 500 MG RECON SOLN *methylprednisolone sod succ*	TIER 1	GA
triamcinolone acetonide	*triamcinolone acetonide (10 mg/ml suspension, 40 mg/ml suspension)*	TIER 1	
MINERALOCORTICOIDS			
fludrocortisone acetate	*fludrocortisone acetate 0.1 mg tab*	TIER 1	
ANDROGENS-ANABOLIC ANDROGENS			
AVEED	AVEED 750 MG/3ML SOLUTION *testosterone undecanoate*	SP-M	S
danazol	*danazol (50 mg cap, 100 mg cap, 200 mg cap)*	TIER 1	

BRAND NAME	DRUG DESCRIPTION (RX)	TIER	LIMITS & RESTRICTIONS
DEPO-TESTOSTERONE	DEPO-TESTOSTERONE (100 MG/ML SOLUTION, 200 MG/ML SOLUTION) *testosterone cypionate*	TIER 1	GA
methyltestosterone	*methyltestosterone 10 mg cap*	TIER 1	PA
testosterone	*testosterone (25 mg/2.5gm (1%) gel, 40.5 mg/2.5gm (1.62%) gel, 50 mg/5gm (1%) gel)*	TIER 2	PA, QL (2 PER 1 DAY(S))
testosterone	*testosterone 12.5 mg/act (1%) gel*	TIER 2	PA, QL (4 PER 30 DAY(S))
testosterone	*testosterone 20.25 mg/1.25gm (1.62%) gel*	TIER 2	PA, QL (1 PER 1 DAY(S))
testosterone	*testosterone 20.25 mg/act (1.62%) gel*	TIER 2	PA, QL (2 PER 30 DAY(S))
testosterone	*testosterone 30 mg/act solution*	TIER 2	PA, QL (2 UNIT PER 30 DAY(S))
testosterone cypionate	*testosterone cypionate (100 mg/ml solution, 200 mg/ml solution)*	TIER 1	
TESTOSTERONE ENANTHATE	TESTOSTERONE ENANTHATE 200 MG/ML SOLUTION *testosterone enanthate*	TIER 1	
ANABOLIC STEROIDS			
oxandrolone	*oxandrolone (2.5 mg tab, 10 mg tab)*	TIER 1	
ESTROGENS			
DELESTROGEN	DELESTROGEN (20 MG/ML OIL, 40 MG/ML OIL) *estradiol valerate*	TIER 1	GA
DEPO-ESTRADIOL	DEPO-ESTRADIOL 5 MG/ML OIL *estradiol cypionate*	TIER 1	
dotti	*dotti (0.025 mg/24hr patch tw, 0.0375 mg/24hr patch tw, 0.05 mg/24hr patch tw, 0.075 mg/24hr patch tw, 0.1 mg/24hr patch tw)*	TIER 1	QL (8 PER 28 DAYS)

BRAND NAME	DRUG DESCRIPTION (RX)	TIER	LIMITS & RESTRICTIONS
estradiol	*estradiol (0.025 mg/24hr patch tw, 0.0375 mg/24hr patch tw, 0.05 mg/24hr patch tw, 0.075 mg/24hr patch tw, 0.1 mg/24hr patch tw)*	TIER 1	QL (8 PER 28 DAYS)
estradiol	*estradiol (0.025 mg/24hr patch wk, 0.0375 mg/24hr patch wk, 0.05 mg/24hr patch wk, 0.06 mg/24hr patch wk, 0.075 mg/24hr patch wk, 0.1 mg/24hr patch wk, 0.25 mg/0.25gm gel, 0.5 mg tab, 0.5 mg/0.5gm gel, 0.75 mg/0.75gm gel, 0.75 mg/1.25 gm (0.06%) gel, 1 mg tab, 1 mg/gm gel, 1.25 mg/1.25gm gel, 2 mg tab)*	TIER 1	
estradiol valerate	*estradiol valerate (10 mg/ml oil, 20 mg/ml oil, 40 mg/ml oil)*	TIER 1	
estrogens conjugated	*estrogens conjugated (0.3 mg tab, 0.45 mg tab, 0.625 mg tab, 0.9 mg tab, 1.25 mg tab)*	TIER 1	
lyllana	*lyllana (0.025 mg/24hr patch tw, 0.0375 mg/24hr patch tw, 0.05 mg/24hr patch tw, 0.075 mg/24hr patch tw, 0.1 mg/24hr patch tw)*	TIER 1	QL (8 PER 28 DAYS)
PREMARIN	PREMARIN (0.3 MG TAB, 0.45 MG TAB, 0.625 MG TAB, 0.9 MG TAB, 1.25 MG TAB) *estrogens, conjugated*	TIER 2	GA
ESTROGEN & ANDROGEN			
est estrogens-methyltest	*est estrogens-methyltest 1.25-2.5 mg tab*	TIER 1	
est estrogens-methyltest ds	*est estrogens-methyltest ds 1.25-2.5 mg tab*	TIER 1	
est estrogens-methyltest hs	*est estrogens-methyltest hs 0.625-1.25 mg tab*	TIER 1	
estratest f.s.	*estratest f.s. 1.25-2.5 mg tab*	TIER 1	

BRAND NAME	DRUG DESCRIPTION (RX)	TIER	LIMITS & RESTRICTIONS
ESTROGEN & PROGESTIN			
abigale	*abigale 1-0.5 mg tab*	TIER 1	
abigale lo	*abigale lo 0.5-0.1 mg tab*	TIER 1	
amabelz	*amabelz (0.5-0.1 mg tab, 1-0.5 mg tab)*	TIER 1	
CLIMARA PRO	CLIMARA PRO 0.045-0.015 MG/DAY PATCH WK *estradiol-levonorgestrel*	TIER 3	
COMBIPATCH	COMBIPATCH (0.05-0.14 PATCH TW, 0.05-0.25 PATCH TW) *estradiol & norethindrone acetate*	TIER 3	
estradiol-norethindrone acet	*estradiol-norethindrone acet (0.5-0.1 mg tab, 1-0.5 mg tab)*	TIER 1	
fyavolv	*fyavolv (0.5-2.5 tab, 1-5 tab)*	TIER 1	
jinteli	*jinteli 1-5 mg-mcg tab*	TIER 1	
mimvey	*mimvey 1-0.5 mg tab*	TIER 1	
norethindrone-eth estradiol	*norethindrone-eth estradiol (0.5-2.5 tab, 1-5 tab)*	TIER 1	
PREMPHASE	PREMPHASE 0.625-5 MG TAB *conjugated estrogens-medroxyprogesterone acetate*	TIER 2	
PREMPRO	PREMPRO (0.3-1.5 MG TAB, 0.45-1.5 MG TAB, 0.625-2.5 MG TAB, 0.625-5 MG TAB) *conjugated estrogens-medroxyprogesterone acetate*	TIER 2	
CONTRACEPTIVES PROGESTIN CONTRACEPTIVES - ORAL			
camila	*camila 0.35 mg tab*	TIER 1	
deblitane	*deblitane 0.35 mg tab*	TIER 1	
emzahh	*emzahh 0.35 mg tab*	TIER 1	
errin	*errin 0.35 mg tab*	TIER 1	
heather	*heather 0.35 mg tab*	TIER 1	
incassia	*incassia 0.35 mg tab*	TIER 1	

BRAND NAME	DRUG DESCRIPTION (RX)	TIER	LIMITS & RESTRICTIONS
jencycla	*jencycla 0.35 mg tab*	TIER 1	
lyleq	*lyleq 0.35 mg tab*	TIER 1	
lyza	*lyza 0.35 mg tab*	TIER 1	
meleya	*meleya 0.35 mg tab*	TIER 1	
nora-be	*nora-be 0.35 mg tab*	TIER 1	
norethindrone	*norethindrone 0.35 mg tab*	TIER 1	
norlyda	*norlyda 0.35 mg tab*	TIER 1	
norlyroc	*norlyroc 0.35 mg tab*	TIER 1	
orquidea	*orquidea 0.35 mg tab*	TIER 1	
sharobel	*sharobel 0.35 mg tab*	TIER 1	
tulana	*tulana 0.35 mg tab*	TIER 1	
PROGESTIN CONTRACEPTIVES - INJECTABLE			
medroxyprogesterone acetate	*medroxyprogesterone acetate (150 mg/ml susp prsyr, 150 mg/ml suspension)*	TIER 1	
COMBINATION CONTRACEPTIVES - TRANSDERMAL			
norelgestromin-eth estradiol	*norelgestromin-eth estradiol 150-35 mcg/24hr patch wk*	TIER 1	
xulane	*xulane 150-35 mcg/24hr patch wk*	TIER 1	
zafemy	*zafemy 150-35 mcg/24hr patch wk*	TIER 1	
COMBINATION CONTRACEPTIVES - VAGINAL			
eluryng	*eluryng 0.12-0.015 mg/24hr ring*	TIER 1	
enilloring	*enilloring 0.12-0.015 mg/24hr ring*	TIER 1	
etonogestrel-ethinyl estradiol	*etonogestrel-ethinyl estradiol 0.12-0.015 mg/24hr ring*	TIER 1	
haloette	*haloette 0.12-0.015 mg/24hr ring*	TIER 1	
COMBINATION CONTRACEPTIVES - ORAL			
afirmelle	*afirmelle 0.1-20 mg-mcg tab*	TIER 1	
altavera	*altavera 0.15-30 mg-mcg tab*	TIER 1	
alyacen 1/35	*alyacen 1/35 1-35 mg-mcg tab*	TIER 1	

BRAND NAME	DRUG DESCRIPTION (RX)	TIER	LIMITS & RESTRICTIONS
apri	*apri 0.15-30 mg-mcg tab*	TIER 1	
aubra	*aubra 0.1-20 mg-mcg tab*	TIER 1	
aubra eq	*aubra eq 0.1-20 mg-mcg tab*	TIER 1	
aurovela 1.5/30	*aurovela 1.5/30 1.5-30 mg-mcg tab*	TIER 1	
aurovela 1/20	*aurovela 1/20 1-20 mg-mcg tab*	TIER 1	
aurovela 24 fe	*aurovela 24 fe 1-20 mg-mcg(24) tab*	TIER 1	
aurovela fe 1.5/30	*aurovela fe 1.5/30 1.5-30 mg-mcg tab*	TIER 1	
aurovela fe 1/20	*aurovela fe 1/20 1-20 mg-mcg tab*	TIER 1	
aviane	*aviane 0.1-20 mg-mcg tab*	TIER 1	
ayuna	*ayuna 0.15-30 mg-mcg tab*	TIER 1	
balziva	*balziva 0.4-35 mg-mcg tab*	TIER 1	
blisovi 24 fe	*blisovi 24 fe 1-20 mg-mcg(24) tab*	TIER 1	
blisovi fe 1.5/30	*blisovi fe 1.5/30 1.5-30 mg-mcg tab*	TIER 1	
blisovi fe 1/20	*blisovi fe 1/20 1-20 mg-mcg tab*	TIER 1	
briellyn	*briellyn 0.4-35 mg-mcg tab*	TIER 1	
charlotte 24 fe	*charlotte 24 fe 1-20 mg-mcg(24) chew tab*	TIER 1	
chateal	*chateal 0.15-30 mg-mcg tab*	TIER 1	
chateal eq	*chateal eq 0.15-30 mg-mcg tab*	TIER 1	
cryselle	*cryselle 0.3-30 mg-mcg tab*	TIER 1	
cryselle-28	*cryselle-28 0.3-30 mg-mcg tab*	TIER 1	
cyred	*cyred 0.15-30 mg-mcg tab*	TIER 1	
cyred eq	*cyred eq 0.15-30 mg-mcg tab*	TIER 1	
dasetta 1/35	*dasetta 1/35 1-35 mg-mcg tab*	TIER 1	
delyla	*delyla 0.1-20 mg-mcg tab*	TIER 1	
desogestrel-ethinyl estradiol	*desogestrel-ethinyl estradiol 0.15-30 mg-mcg tab*	TIER 1	

BRAND NAME	DRUG DESCRIPTION (RX)	TIER	LIMITS & RESTRICTIONS
drospiren-eth estrad-levomefol	*drospiren-eth estrad-levomefol (3-0.02-0.451 mg tab, 3-0.03-0.451 mg tab)*	TIER 1	
drospirenone-ethinyl estradiol	*drospirenone-ethinyl estradiol (3-0.02 mg tab, 3-0.03 mg tab)*	TIER 1	
elinest	*elinest 0.3-30 mg-mcg tab*	TIER 1	
enskyce	*enskyce 0.15-30 mg-mcg tab*	TIER 1	
estarylla	*estarylla 0.25-35 mg-mcg tab*	TIER 1	
ethynodiol diac-eth estradiol	*ethynodiol diac-eth estradiol (1-35 tab, 1-50 tab)*	TIER 1	
falmina	*falmina 0.1-20 mg-mcg tab*	TIER 1	
feirza 1.5/30	*feirza 1.5/30 1.5-30 mg-mcg tab*	TIER 1	
feirza 1/20	*feirza 1/20 1-20 mg-mcg tab*	TIER 1	
femynor	*femynor 0.25-35 mg-mcg tab*	TIER 1	
finzala	*finzala 1-20 mg-mcg(24) chew tab*	TIER 1	
galbriela	*galbriela 0.8-25 mg-mcg chew tab*	TIER 1	
gemmily	*gemmily 1-20 mg-mcg(24) cap*	TIER 1	
hailey 1.5/30	*hailey 1.5/30 1.5-30 mg-mcg tab*	TIER 1	
hailey 24 fe	*hailey 24 fe 1-20 mg-mcg(24) tab*	TIER 1	
hailey fe 1.5/30	*hailey fe 1.5/30 1.5-30 mg-mcg tab*	TIER 1	
hailey fe 1/20	*hailey fe 1/20 1-20 mg-mcg tab*	TIER 1	
isibloom	*isibloom 0.15-30 mg-mcg tab*	TIER 1	
jasmiel	*jasmiel 3-0.02 mg tab*	TIER 1	
joyeaux	*joyeaux 0.1-20 mg-mcg(21) tab*	TIER 1	
juleber	*juleber 0.15-30 mg-mcg tab*	TIER 1	
junel 1.5/30	*junel 1.5/30 1.5-30 mg-mcg tab*	TIER 1	
junel 1/20	*junel 1/20 1-20 mg-mcg tab*	TIER 1	

BRAND NAME	DRUG DESCRIPTION (RX)	TIER	LIMITS & RESTRICTIONS
junel fe 1.5/30	*junel fe 1.5/30 1.5-30 mg-mcg tab*	TIER 1	
junel fe 1/20	*junel fe 1/20 1-20 mg-mcg tab*	TIER 1	
junel fe 24	*junel fe 24 1-20 mg-mcg(24) tab*	TIER 1	
kaitlib fe	*kaitlib fe 0.8-25 mg-mcg chew tab*	TIER 1	
kalliga	*kalliga 0.15-30 mg-mcg tab*	TIER 1	
kelnor 1/35	*kelnor 1/35 1-35 mg-mcg tab*	TIER 1	
kelnor 1/50	*kelnor 1/50 1-50 mg-mcg tab*	TIER 1	
kurvelo	*kurvelo 0.15-30 mg-mcg tab*	TIER 1	
larin 1.5/30	*larin 1.5/30 1.5-30 mg-mcg tab*	TIER 1	
larin 1/20	*larin 1/20 1-20 mg-mcg tab*	TIER 1	
larin 24 fe	*larin 24 fe 1-20 mg-mcg(24) tab*	TIER 1	
larin fe 1.5/30	*larin fe 1.5/30 1.5-30 mg-mcg tab*	TIER 1	
larin fe 1/20	*larin fe 1/20 1-20 mg-mcg tab*	TIER 1	
larissia	*larissia 0.1-20 mg-mcg tab*	TIER 1	
layolis fe	*layolis fe 0.8-25 mg-mcg chew tab*	TIER 1	
lessina	*lessina 0.1-20 mg-mcg tab*	TIER 1	
levonorgest-eth estradiol-iron	*levonorgest-eth estradiol-iron 0.1-20 mg-mcg(21) tab*	TIER 1	
levonorgestrel-ethinyl estrad	*levonorgestrel-ethinyl estrad (0.1-20 tab, 0.15-30 tab)*	TIER 1	
levora 0.15/30 (28)	*levora 0.15/30 (28) 0.15-30 mg-mcg tab*	TIER 1	
lillow	*lillow 0.15-30 mg-mcg tab*	TIER 1	
lo-zumandimine	*lo-zumandimine 3-0.02 mg tab*	TIER 1	
loestrin 1.5/30 (21)	*loestrin 1.5/30 (21) 1.5-30 mg-mcg tab*	TIER 1	
loestrin 1/20 (21)	*loestrin 1/20 (21) 1-20 mg-mcg tab*	TIER 1	
loestrin fe 1.5/30	*loestrin fe 1.5/30 1.5-30 mg-mcg tab*	TIER 1	

BRAND NAME	DRUG DESCRIPTION (RX)	TIER	LIMITS & RESTRICTIONS
loestrin fe 1/20	*loestrin fe 1/20 1-20 mg-mcg tab*	TIER 1	
loryna	*loryna 3-0.02 mg tab*	TIER 1	
low-ogestrel	*low-ogestrel 0.3-30 mg-mcg tab*	TIER 1	
luizza 1.5/30	*luizza 1.5/30 1.5-30 mg-mcg tab*	TIER 1	
luizza 1/20	*luizza 1/20 1-20 mg-mcg tab*	TIER 1	
lutera	*lutera 0.1-20 mg-mcg tab*	TIER 1	
marlissa	*marlissa 0.15-30 mg-mcg tab*	TIER 1	
merzee	*merzee 1-20 mg-mcg(24) cap*	TIER 1	
mibelas 24 fe	*mibelas 24 fe 1-20 mg-mcg(24) chew tab*	TIER 1	
microgestin 1.5/30	*microgestin 1.5/30 1.5-30 mg-mcg tab*	TIER 1	
microgestin 1/20	*microgestin 1/20 1-20 mg-mcg tab*	TIER 1	
microgestin 24 fe	*microgestin 24 fe 1-20 mg-mcg tab*	TIER 1	
microgestin fe 1.5/30	*microgestin fe 1.5/30 1.5-30 mg-mcg tab*	TIER 1	
microgestin fe 1/20	*microgestin fe 1/20 1-20 mg-mcg tab*	TIER 1	
mili	*mili 0.25-35 mg-mcg tab*	TIER 1	
minzoya	*minzoya 0.1-20 mg-mcg(21) tab*	TIER 1	
mono-linyah	*mono-linyah 0.25-35 mg-mcg tab*	TIER 1	
necon 0.5/35 (28)	*necon 0.5/35 (28) 0.5-35 mg-mcg tab*	TIER 1	
nikki	*nikki 3-0.02 mg tab*	TIER 1	
norethin ace-eth estrad-fe	*norethin ace-eth estrad-fe (1-20 mg-mcg tab, 1-20 mg-mcg(24) cap, 1-20 mg-mcg(24) chew tab, 1.5-30 mg-mcg tab)*	TIER 1	
norethin-eth estradiol-fe	*norethin-eth estradiol-fe (0.4-35 chew tab, 0.8-25 chew tab)*	TIER 1	
norethindrone acet-ethinyl est	*norethindrone acet-ethinyl est (1-20 tab, 1.5-30 tab)*	TIER 1	

BRAND NAME	DRUG DESCRIPTION (RX)	TIER	LIMITS & RESTRICTIONS
norgestimate-eth estradiol	*norgestimate-eth estradiol 0.25-35 mg-mcg tab*	TIER 1	
nortrel 0.5/35 (28)	*nortrel 0.5/35 (28) 0.5-35 mg-mcg tab*	TIER 1	
nortrel 1/35 (21)	*nortrel 1/35 (21) 1-35 mg-mcg tab*	TIER 1	
nortrel 1/35 (28)	*nortrel 1/35 (28) 1-35 mg-mcg tab*	TIER 1	
nylia 1/35	*nylia 1/35 1-35 mg-mcg tab*	TIER 1	
nymyo	*nymyo 0.25-35 mg-mcg tab*	TIER 1	
ocella	*ocella 3-0.03 mg tab*	TIER 1	
philith	*philith 0.4-35 mg-mcg tab*	TIER 1	
pirmella 1/35	*pirmella 1/35 1-35 mg-mcg tab*	TIER 1	
portia-28	*portia-28 0.15-30 mg-mcg tab*	TIER 1	
reclipsen	*reclipsen 0.15-30 mg-mcg tab*	TIER 1	
sprintec 28	*sprintec 28 0.25-35 mg-mcg tab*	TIER 1	
sronyx	*sronyx 0.1-20 mg-mcg tab*	TIER 1	
syeda	*syeda 3-0.03 mg tab*	TIER 1	
tarina 24 fe	*tarina 24 fe 1-20 mg-mcg(24) tab*	TIER 1	
tarina fe 1/20	*tarina fe 1/20 1-20 mg-mcg tab*	TIER 1	
tarina fe 1/20 eq	*tarina fe 1/20 eq 1-20 mg-mcg tab*	TIER 1	
taysofy	*taysofy 1-20 mg-mcg(24) cap*	TIER 1	
turqoz	*turqoz 0.3-30 mg-mcg tab*	TIER 1	
tydemy	*tydemy 3-0.03-0.451 mg tab*	TIER 1	
valtya 1/35	*valtya 1/35 1-35 mg-mcg tab*	TIER 1	
VALTYA 1/50	VALTYA 1/50 1-50 MG-MCG TAB *ethynodiol diacet & eth estrad*	TIER 1	GA
vestura	*vestura 3-0.02 mg tab*	TIER 1	
vienva	*vienva 0.1-20 mg-mcg tab*	TIER 1	
vyfemla	*vyfemla 0.4-35 mg-mcg tab*	TIER 1	
vylibra	*vylibra 0.25-35 mg-mcg tab*	TIER 1	

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BRAND NAME	DRUG DESCRIPTION (RX)	TIER	LIMITS & RESTRICTIONS
wera	*wera 0.5-35 mg-mcg tab*	TIER 1	
wymzya fe	*wymzya fe 0.4-35 mg-mcg chew tab*	TIER 1	
xelria fe	*xelria fe 0.4-35 mg-mcg chew tab*	TIER 1	
zovia 1/35 (28)	*zovia 1/35 (28) 1-35 mg-mcg tab*	TIER 1	
zumandimine	*zumandimine 3-0.03 mg tab*	TIER 1	
BIPHASIC CONTRACEPTIVES - ORAL			
azurette	*azurette 0.15-0.02/0.01 mg (21/5) tab*	TIER 1	
desogestrel-ethinyl estradiol	*desogestrel-ethinyl estradiol 0.15-0.02/0.01 mg (21/5) tab*	TIER 1	
kariva	*kariva 0.15-0.02/0.01 mg (21/5) tab*	TIER 1	
LO LOESTRIN FE	LO LOESTRIN FE 1 MG-10 MCG / 10 MCG TAB *norethindrone acetate-ethinyl estradiol-fe fum (biphasic)*	TIER 2	
pimtrea	*pimtrea 0.15-0.02/0.01 mg (21/5) tab*	TIER 1	
simliya	*simliya 0.15-0.02/0.01 mg (21/5) tab*	TIER 1	
viorele	*viorele 0.15-0.02/0.01 mg (21/5) tab*	TIER 1	
volnea	*volnea 0.15-0.02/0.01 mg (21/5) tab*	TIER 1	
TRIPHASIC CONTRACEPTIVES - ORAL			
alyacen 7/7/7	*alyacen 7/7/7 0.5/0.75/1-35 mg-mcg tab*	TIER 1	
ARANELLE	ARANELLE 0.5/1/0.5-35 MG-MCG TAB *norethindrone-eth estradiol (triphasic)*	TIER 1	GA
dasetta 7/7/7	*dasetta 7/7/7 0.5/0.75/1-35 mg-mcg tab*	TIER 1	
enpresse-28	*enpresse-28 50-30/75-40/ 125-30 mcg tab*	TIER 1	
leena	*leena 0.5/1/0.5-35 mg-mcg tab*	TIER 1	
levonest	*levonest 50-30/75-40/ 125-30 mcg tab*	TIER 1	

BRAND NAME	DRUG DESCRIPTION (RX)	TIER	LIMITS & RESTRICTIONS
levonorg-eth estrad triphasic	*levonorg-eth estrad triphasic 50-30/75-40/ 125-30 mcg tab*	TIER 1	
norethindron-ethinyl estrad-fe	*norethindron-ethinyl estrad-fe 1-20/1-30/1-35 mg-mcg tab*	TIER 1	
norgestim-eth estrad triphasic	*norgestim-eth estrad triphasic (mg-25 mcg tab, mg-35 mcg tab)*	TIER 1	
nortrel 7/7/7	*nortrel 7/7/7 0.5/0.75/1-35 mg-mcg tab*	TIER 1	
nylia 7/7/7	*nylia 7/7/7 0.5/0.75/1-35 mg-mcg tab*	TIER 1	
pirmella 7/7/7	*pirmella 7/7/7 0.5/0.75/1-35 mg-mcg tab*	TIER 1	
tilia fe	*tilia fe 1-20/1-30/1-35 mg-mcg tab*	TIER 1	
tri femynor	*tri femynor 0.18/0.215/0.25 mg-35 mcg tab*	TIER 1	
tri-estarylla	*tri-estarylla 0.18/0.215/0.25 mg-35 mcg tab*	TIER 1	
tri-legest fe	*tri-legest fe 1-20/1-30/1-35 mg-mcg tab*	TIER 1	
tri-linyah	*tri-linyah 0.18/0.215/0.25 mg-35 mcg tab*	TIER 1	
tri-lo-estarylla	*tri-lo-estarylla 0.18/0.215/0.25 mg-25 mcg tab*	TIER 1	
tri-lo-marzia	*tri-lo-marzia 0.18/0.215/0.25 mg-25 mcg tab*	TIER 1	
tri-lo-mili	*tri-lo-mili 0.18/0.215/0.25 mg-25 mcg tab*	TIER 1	
tri-lo-sprintec	*tri-lo-sprintec 0.18/0.215/0.25 mg-25 mcg tab*	TIER 1	
tri-mili	*tri-mili 0.18/0.215/0.25 mg-35 mcg tab*	TIER 1	
tri-nymyo	*tri-nymyo 0.18/0.215/0.25 mg-35 mcg tab*	TIER 1	
tri-sprintec	*tri-sprintec 0.18/0.215/0.25 mg-35 mcg tab*	TIER 1	
tri-vylibra	*tri-vylibra 0.18/0.215/0.25 mg-35 mcg tab*	TIER 1	
tri-vylibra lo	*tri-vylibra lo 0.18/0.215/0.25 mg-25 mcg tab*	TIER 1	

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BRAND NAME	DRUG DESCRIPTION (RX)	TIER	LIMITS & RESTRICTIONS
trivora (28)	*trivora (28) 50-30/75-40/ 125-30 mcg tab*	TIER 1	
VELIVET	VELIVET 0.1/0.125/0.15 - 0.025 MG TAB *desogestrel-ethinyl estradiol (triphasic)*	TIER 1	
xarah fe	*xarah fe 1-20/1-30/1-35 mg-mcg tab*	TIER 1	
FOUR PHASE CONTRACEPTIVES - ORAL			
NATAZIA	NATAZIA 3/2-2/2-3/1 MG TAB *estradiol valerate-dienogest*	TIER 2	
EXTENDED-CYCLE CONTRACEPTIVES - ORAL			
amethia	*amethia 0.15-0.03 &0.01 mg tab*	TIER 1	
ashlyna	*ashlyna 0.15-0.03 &0.01 mg tab*	TIER 1	
camrese	*camrese 0.15-0.03 &0.01 mg tab*	TIER 1	
camrese lo	*camrese lo 0.1-0.02 & 0.01 mg tab*	TIER 1	
daysee	*daysee 0.15-0.03 &0.01 mg tab*	TIER 1	
fayosim	*fayosim 42-21-21-7 days tab*	TIER 1	
iclevia	*iclevia 0.15-0.03 mg tab*	TIER 1	
introvale	*introvale 0.15-0.03 mg tab*	TIER 1	
jaimiess	*jaimiess 0.15-0.03 &0.01 mg tab*	TIER 1	
jolessa	*jolessa 0.15-0.03 mg tab*	TIER 1	
levonorgest-eth est & eth est	*levonorgest-eth est & eth est 42-21-21-7 days tab*	TIER 1	
levonorgest-eth estrad 91-day	*levonorgest-eth estrad 91-day (0.1-0.02 & 0.01 mg tab, 0.15-0.03 &0.01 mg tab, 0.15-0.03 mg tab)*	TIER 1	
lojaimiess	*lojaimiess 0.1-0.02 & 0.01 mg tab*	TIER 1	
rivelsa	*rivelsa 42-21-21-7 days tab*	TIER 1	
rosyrah	*rosyrah 42-21-21-7 days tab*	TIER 1	
setlakin	*setlakin 0.15-0.03 mg tab*	TIER 1	

BRAND NAME	DRUG DESCRIPTION (RX)	TIER	LIMITS & RESTRICTIONS
simpesse	*simpesse 0.15-0.03 &0.01 mg tab*	TIER 1	
CONTINUOUS CONTRACEPTIVES - ORAL			
amethyst	*amethyst 90-20 mcg tab*	TIER 1	
dolishale	*dolishale 90-20 mcg tab*	TIER 1	
levonorgestrel-ethinyl estrad	*levonorgestrel-ethinyl estrad 90-20 mcg tab*	TIER 1	
PROGESTINS			
gallifrey	*gallifrey 5 mg tab*	TIER 1	
hydroxyprogesterone caproate	*hydroxyprogesterone caproate 250 mg/ml oil*	SP-M	QL (250 PER 7 DAY(S)), S
MAKENA	MAKENA 250 MG/ML OIL *hydroxyprogesterone caproate*	SP-M	QL (250 PER 7 DAY(S)), S, GA
MAKENA	MAKENA 275 MG/1.1ML SOLN A-INJ *hydroxyprogesterone caproate*	SP-M	QL (4 PER 28 DAY(S)), S
medroxyprogesterone acetate	*medroxyprogesterone acetate (2.5 mg tab, 5 mg tab, 10 mg tab)*	TIER 1	
megestrol acetate	*megestrol acetate 625 mg/5ml suspension*	TIER 1	
norethindrone acetate	*norethindrone acetate 5 mg tab*	TIER 1	
progesterone	*progesterone (50 mg/ml oil, 100 mg cap, 200 mg cap)*	TIER 1	
ANTIDIABETICS HUMAN INSULIN			
BASAGLAR KWIKPEN	BASAGLAR KWIKPEN 100 UNIT/ML SOLN PEN *insulin glargine*	TIER 2	PV
BASAGLAR TEMPO PEN	BASAGLAR TEMPO PEN 100 UNIT/ML SOLN PEN *insulin glargine*	TIER 2	PV
FIASP	FIASP 100 UNIT/ML SOLUTION *insulin aspart (with niacinamide)*	TIER 2	PV

BRAND NAME	DRUG DESCRIPTION (RX)	TIER	LIMITS & RESTRICTIONS
FIASP FLEXTOUCH	FIASP FLEXTOUCH 100 UNIT/ML SOLN PEN *insulin aspart (with niacinamide)*	TIER 2	PV
FIASP PENFILL	FIASP PENFILL 100 UNIT/ML SOLN CART *insulin aspart (with niacinamide)*	TIER 2	PV
FIASP PUMPCART	FIASP PUMPCART 100 UNIT/ML SOLN CART *insulin aspart (with niacinamide)*	TIER 2	PV
HUMULIN R U-500 (CONCENTRATED)	HUMULIN R U-500 (CONCENTRATED) 500 UNIT/ML SOLUTION *insulin regular (human)*	TIER 2	PA, PV
HUMULIN R U-500 KWIKPEN	HUMULIN R U-500 KWIKPEN 500 UNIT/ML SOLN PEN *insulin regular (human)*	TIER 2	PA, PV
INSULIN GLARGINE-YFGN	INSULIN GLARGINE-YFGN (100 SOLN PEN, 100 SOLUTION) *insulin glargine-yfgn*	TIER 2	PV
LANGLARA	LANGLARA 100 UNIT/ML SOLN PEN *insulin glargine-aldy*	P&T	
NOVOLIN 70/30	NOVOLIN 70/30 (70-30) 100 UNIT/ML SUSPENSION *insulin nph isophane & reg (human)*	TIER 2	PA, PV
NOVOLIN 70/30 FLEXPEN	NOVOLIN 70/30 FLEXPEN (70-30) 100 UNIT/ML SUSP PEN *insulin nph isophane & reg (human)*	TIER 2	PA, PV
NOVOLIN 70/30 FLEXPEN RELION	NOVOLIN 70/30 FLEXPEN RELION (70-30) 100 UNIT/ML SUSP PEN *insulin nph isophane & reg (human)*	TIER 2	PA, PV
NOVOLIN 70/30 RELION	NOVOLIN 70/30 RELION (70-30) 100 UNIT/ML SUSPENSION *insulin nph isophane & reg (human)*	TIER 2	PA, PV

BRAND NAME	DRUG DESCRIPTION (RX)	TIER	LIMITS & RESTRICTIONS
NOVOLIN N	NOVOLIN N 100 UNIT/ML SUSPENSION *insulin nph (human) (isophane)*	TIER 2	PA, PV
NOVOLIN N FLEXPEN	NOVOLIN N FLEXPEN 100 UNIT/ML SUSP PEN *insulin nph (human) (isophane)*	TIER 2	PA, PV
NOVOLIN N FLEXPEN RELION	NOVOLIN N FLEXPEN RELION 100 UNIT/ML SUSP PEN *insulin nph (human) (isophane)*	TIER 2	PA, PV
NOVOLIN N RELION	NOVOLIN N RELION 100 UNIT/ML SUSPENSION *insulin nph (human) (isophane)*	TIER 2	PA, PV
NOVOLIN R	NOVOLIN R 100 UNIT/ML SOLUTION *insulin regular (human)*	TIER 2	PA, PV
NOVOLIN R FLEXPEN	NOVOLIN R FLEXPEN 100 UNIT/ML SOLN PEN *insulin regular (human)*	TIER 2	PV
NOVOLIN R FLEXPEN RELION	NOVOLIN R FLEXPEN RELION 100 UNIT/ML SOLN PEN *insulin regular (human)*	TIER 2	PV
NOVOLIN R RELION	NOVOLIN R RELION 100 UNIT/ML SOLUTION *insulin regular (human)*	TIER 2	PA, PV
NOVOLOG	NOVOLOG 100 UNIT/ML SOLUTION *insulin aspart*	TIER 2	PV
NOVOLOG 70/30 FLEXPEN RELION	NOVOLOG 70/30 FLEXPEN RELION (70-30) 100 UNIT/ML SUSP PEN *insulin aspart protamine & aspart (human)*	TIER 2	PV
NOVOLOG FLEXPEN	NOVOLOG FLEXPEN 100 UNIT/ML SOLN PEN *insulin aspart*	TIER 2	PV
NOVOLOG FLEXPEN RELION	NOVOLOG FLEXPEN RELION 100 UNIT/ML SOLN PEN *insulin aspart*	TIER 2	PV

BRAND NAME	DRUG DESCRIPTION (RX)	TIER	LIMITS & RESTRICTIONS
NOVOLOG MIX 70/30	NOVOLOG MIX 70/30 (70-30) 100 UNIT/ML SUSPENSION *insulin aspart protamine & aspart (human)*	TIER 2	PV
NOVOLOG MIX 70/30 FLEXPEN	NOVOLOG MIX 70/30 FLEXPEN (70-30) 100 UNIT/ML SUSP PEN *insulin aspart protamine & aspart (human)*	TIER 2	PV
NOVOLOG MIX 70/30 RELION	NOVOLOG MIX 70/30 RELION (70-30) 100 UNIT/ML SUSPENSION *insulin aspart protamine & aspart (human)*	TIER 2	PV
NOVOLOG PENFILL	NOVOLOG PENFILL 100 UNIT/ML SOLN CART *insulin aspart*	TIER 2	PV
NOVOLOG RELION	NOVOLOG RELION 100 UNIT/ML SOLUTION *insulin aspart*	TIER 2	PV
TOUJEO MAX SOLOSTAR	TOUJEO MAX SOLOSTAR 300 UNIT/ML SOLN PEN *insulin glargine*	TIER 2	PV
TOUJEO SOLOSTAR	TOUJEO SOLOSTAR 300 UNIT/ML SOLN PEN *insulin glargine*	TIER 2	PV
TRESIBA	TRESIBA 100 UNIT/ML SOLUTION *insulin degludec*	TIER 2	PV
TRESIBA FLEXTOUCH	TRESIBA FLEXTOUCH (100 SOLN PEN, 200 SOLN PEN) *insulin degludec*	TIER 2	PV
ANTIDIABETIC - AMYLIN ANALOGS			
SYMLINPEN 120	SYMLINPEN 120 2700 MCG/2.7ML SOLN PEN *pramlintide acetate*	TIER 2	PV
SYMLINPEN 60	SYMLINPEN 60 1500 MCG/1.5ML SOLN PEN *pramlintide acetate*	TIER 2	PV
INCRETIN MIMETIC AGENTS (GLP-1 RECEPTOR AGONISTS)			
liraglutide	*liraglutide 18 mg/3ml soln pen*	TIER 1	PA, QL (3 PEN PER 30 DAY(S)), PV

BRAND NAME	DRUG DESCRIPTION (RX)	TIER	LIMITS & RESTRICTIONS
OZEMPIC (0.25 OR 0.5 MG/DOSE)	OZEMPIC (0.25 OR 0.5 MG/DOSE) (0.5 2 MG/1.5ML SOLN PEN, 0.5 2 MG/3ML SOLN PEN) *semaglutide*	TIER 2	PA, QL (1 PER 28 DAY(S)), PV
OZEMPIC (1 MG/DOSE)	OZEMPIC (1 MG/DOSE) 4 MG/3ML SOLN PEN *semaglutide*	TIER 2	PA, QL (1 PER 28 DAY(S)), PV
OZEMPIC	OZEMPIC (1.5 MG TAB, 4 MG TAB, 9 MG TAB) *semaglutide*	TIER 2	PA, QL (30 TAB PER 30 DAY(S)), PV
OZEMPIC (2 MG/DOSE)	OZEMPIC (2 MG/DOSE) 8 MG/3ML SOLN PEN *semaglutide*	TIER 2	PA, QL (1 PER 28 DAY(S)), PV
RYBELSUS	RYBELSUS (3 MG TAB, 7 MG TAB, 14 MG TAB) *semaglutide*	TIER 2	PA, QL (1 PER DAY(S)), PV
TRULICITY	TRULICITY (0.75 SOLN A-INJ, 1.5 SOLN A-INJ) *dulaglutide*	TIER 2	PA, QL (4 PER 28 DAYS), PV
TRULICITY	TRULICITY (3 SOLN A-INJ, 4.5 SOLN A-INJ) *dulaglutide*	TIER 2	PA, QL (4 PER 28 DAY(S)), PV
INCRETIN MIMETIC AGENTS (GIP & GLP-1 RECEPTOR AGONISTS)			
MOUNJARO	MOUNJARO (2.5 SOLN A-INJ, 5 SOLN A-INJ, 7.5 SOLN A-INJ, 10 SOLN A-INJ, 12.5 SOLN A-INJ, 15 SOLN A-INJ) *tirzepatide*	TIER 2	PA, QL (4 PER 28 DAY(S)), PV
SULFONYLUREAS			
glimepiride	*glimepiride (1 mg tab, 2 mg tab, 4 mg tab)*	TIER 1	PV
glipizide	*glipizide (5 mg tab, 10 mg tab)*	TIER 1	PV
glipizide er	*glipizide er (er 2.5 mg tab er 24h, er 5 mg tab er 24h, er 10 mg tab er 24h)*	TIER 1	PV
glipizide xl	*glipizide xl (2.5 mg tab er 24h, 5 mg tab er 24h, 10 mg tab er 24h)*	TIER 1	PV
glyburide	*glyburide (1.25 mg tab, 2.5 mg tab, 5 mg tab)*	TIER 1	PV

BRAND NAME	DRUG DESCRIPTION (RX)	TIER	LIMITS & RESTRICTIONS
GLYBURIDE MICRONIZED	GLYBURIDE MICRONIZED (1.5 MG TAB, 3 MG TAB, 6 MG TAB) *glyburide micronized*	TIER 1	PV
BIGUANIDES			
metformin hcl	*metformin hcl (500 mg tab, 850 mg tab, 1000 mg tab)*	TIER 1	PV
metformin hcl	*metformin hcl 500 mg/5ml solution*	TIER 1	PA, QL (765 ML PER 30 DAY(S)), PV
metformin hcl er	*metformin hcl er (er 500 mg tab er 24h, er 750 mg tab er 24h)*	TIER 1	PV
MEGLITINIDE ANALOGUES			
nateglinide	*nateglinide (60 mg tab, 120 mg tab)*	TIER 1	PV
repaglinide	*repaglinide (0.5 mg tab, 1 mg tab, 2 mg tab)*	TIER 1	PV
DIABETIC OTHER			
BAQSIMI ONE PACK	BAQSIMI ONE PACK 3 MG/DOSE POWDER *glucagon*	TIER 2	QL (2 PER RX), PV
BAQSIMI TWO PACK	BAQSIMI TWO PACK 3 MG/DOSE POWDER *glucagon*	TIER 2	QL (2 PER RX), PV
diazoxide	*diazoxide 50 mg/ml suspension*	TIER 1	
GLUCAGEN HYPOKIT	GLUCAGEN HYPOKIT 1 MG RECON SOLN *glucagon hcl*	TIER 2	QL (2 PER RX), PV
glucagon emergency	*glucagon emergency 1 mg recon soln*	TIER 1	QL (2 PER RX), PV
GLUCAGON EMERGENCY	GLUCAGON EMERGENCY 1 MG/ML RECON SOLN *glucagon hcl*	TIER 2	QL (2 PER RX), PV
GVOKE HYPOPEN 1-PACK	GVOKE HYPOPEN 1-PACK (0.5 MG/0.1ML SOLN A-INJ, 1 MG/0.2ML SOLN A-INJ) *glucagon*	TIER 2	QL (2 PER FILL(S)), PV
GVOKE HYPOPEN 2-PACK	GVOKE HYPOPEN 2-PACK (0.5 MG/0.1ML SOLN A-INJ, 1 MG/0.2ML SOLN A-INJ) *glucagon*	TIER 2	QL (2 PER FILL(S)), PV

BRAND NAME	DRUG DESCRIPTION (RX)	TIER	LIMITS & RESTRICTIONS
GVOKE KIT	GVOKE KIT 1 MG/0.2ML SOLUTION *glucagon*	TIER 2	QL (2 PER FILL(S)), PV
GVOKE PFS	GVOKE PFS (0.5 MG/0.1ML SOLN PRSYR, 1 MG/0.2ML SOLN PRSYR) *glucagon*	TIER 2	QL (2 PER RX), PV
ZEGALOGUE	ZEGALOGUE (0.6 SOLN A-INJ, 0.6 SOLN PRSYR) *dasiglucagon hcl*	TIER 3	
PROGESTERONE RECEPTOR ANTAGONISTS			
KORLYM	KORLYM 300 MG TAB *mifepristone (hyperglycemia)*	SP-NP	PA, QL (120 PER 30 DAY(S)), S, GA
mifepristone	*mifepristone 300 mg tab*	SP-P	PA, QL (120 PER 30 DAY(S)), S
ALPHA-GLUCOSIDASE INHIBITORS			
acarbose	*acarbose (25 mg tab, 50 mg tab, 100 mg tab)*	TIER 1	PV
miglitol	*miglitol (25 mg tab, 50 mg tab, 100 mg tab)*	TIER 1	PV
ANTIDIABETIC-ANTI-CD3 ANTIBODIES			
TZIELD	TZIELD 2 MG/2ML SOLUTION *teplizumab-mzwv*	SP-M	PA, QL (14 PER LIFETIME), S
DIPEPTIDYL PEPTIDASE-4 (DPP-4) INHIBITORS			
alogliptin benzoate	*alogliptin benzoate (6.25 mg tab, 12.5 mg tab, 25 mg tab)*	TIER 1	
sitagliptin phosphate	*sitagliptin phosphate (25 mg tab, 50 mg tab, 100 mg tab)*	TIER 1	
THIAZOLIDINEDIONES			
pioglitazone hcl	*pioglitazone hcl (15 mg tab, 30 mg tab, 45 mg tab)*	TIER 1	PV
SODIUM-GLUCOSE CO-TRANSPORTER 2 (SGLT2) INHIBITORS			
dapagliflozin	*dapagliflozin (5 mg tab, 10 mg tab)*	TIER 2	PV

BRAND NAME	DRUG DESCRIPTION (RX)	TIER	LIMITS & RESTRICTIONS
JARDIANCE	JARDIANCE (10 MG TAB, 25 MG TAB) *empagliflozin*	TIER 2	PV
DIPEPTIDYL PEPTIDASE-4 INHIBITOR-BIGUANIDE COMBINATIONS			
alogliptin-metformin hcl	*alogliptin-metformin hcl (12.5-1000 mg tab, 12.5-500 mg tab)*	TIER 1	
sitaglip phos-metformin hcl er	*sitaglip phos-metformin hcl er (er 50-1000 mg tab er 24h, er 50-500 mg tab er 24h, er 100-1000 mg tab er 24h)*	TIER 2	
sitagliptin phos-metformin hcl	*sitagliptin phos-metformin hcl (50-1000 mg tab, 50-500 mg tab)*	TIER 1	
DPP-4 INHIBITOR-THIAZOLIDINEDIONE COMBINATIONS			
alogliptin-pioglitazone	*alogliptin-pioglitazone (12.5-15 mg tab, 12.5-30 mg tab, 12.5-45 mg tab, 25-15 mg tab, 25-30 mg tab, 25-45 mg tab)*	TIER 1	
SODIUM-GLUCOSE CO-TRANSPORTER 2 INHIBITOR-BIGUANIDE COMB			
dapaglifloz base-metformin er	*dapaglifloz base-metformin er (er 5-1000 mg tab er 24h, er 5-500 mg tab er 24h, er 10-1000 mg tab er 24h, er 10-500 mg tab er 24h)*	TIER 2	
SYNJARDY	SYNJARDY (5-1000 MG TAB, 5-500 MG TAB, 12.5-1000 MG TAB, 12.5-500 MG TAB) *empagliflozin-metformin hcl*	TIER 2	PV
SYNJARDY XR	SYNJARDY XR (5-1000 MG TAB ER 24H, 10-1000 MG TAB ER 24H, 12.5-1000 MG TAB ER 24H, 25-1000 MG TAB ER 24H) *empagliflozin-metformin hcl*	TIER 2	PV
XIGDUO XR	XIGDUO XR 2.5-1000 MG TAB ER 24H *dapagliflozin free base-metformin hcl*	TIER 2	PV

BRAND NAME	DRUG DESCRIPTION (RX)	TIER	LIMITS & RESTRICTIONS
SGLT2 INHIBITOR - DPP-4 INHIBITOR COMBINATIONS			
GLYXAMBI	GLYXAMBI (10-5 MG TAB, 25-5 MG TAB) *empagliflozin-linagliptin*	TIER 2	PV
SGLT2 INHIBITOR - DPP-4 INHIBITOR - BIGUANIDE COMB			
TRIJARDY XR	TRIJARDY XR (5-2.5-1000 MG TAB ER 24H, 10-5-1000 MG TAB ER 24H, 12.5-2.5-1000 MG TAB ER 24H, 25-5-1000 MG TAB ER 24H) *empagliflozin-linagliptin-metformin*	TIER 2	PV
SULFONYLUREA-BIGUANIDE COMBINATIONS			
glipizide-metformin hcl	*glipizide-metformin hcl (2.5-250 mg tab, 2.5-500 mg tab, 5-500 mg tab)*	TIER 1	PV
glyburide-metformin	*glyburide-metformin (1.25-250 mg tab, 2.5-500 mg tab, 5-500 mg tab)*	TIER 1	PV
SULFONYLUREA-THIAZOLIDINEDIONE COMBINATIONS			
pioglitazone hcl-glimepiride	*pioglitazone hcl-glimepiride (30-2 mg tab, 30-4 mg tab)*	TIER 1	PV
THIAZOLIDINEDIONE-BIGUANIDE COMBINATIONS			
pioglitazone hcl-metformin hcl	*pioglitazone hcl-metformin hcl (15-500 mg tab, 15-850 mg tab)*	TIER 1	PV
THYROID AGENTS THYROID HORMONES			
euthyrox	*euthyrox (25 mcg tab, 50 mcg tab, 75 mcg tab, 88 mcg tab, 100 mcg tab, 112 mcg tab, 125 mcg tab, 137 mcg tab, 150 mcg tab, 175 mcg tab, 200 mcg tab)*	TIER 1	

BRAND NAME	DRUG DESCRIPTION (RX)	TIER	LIMITS & RESTRICTIONS
levo-t	*levo-t (25 mcg tab, 50 mcg tab, 75 mcg tab, 88 mcg tab, 100 mcg tab, 112 mcg tab, 125 mcg tab, 137 mcg tab, 150 mcg tab, 175 mcg tab, 200 mcg tab, 300 mcg tab)*	TIER 1	
levothyroxine sodium	*levothyroxine sodium (25 mcg tab, 50 mcg tab, 75 mcg tab, 88 mcg tab, 100 mcg tab, 112 mcg tab, 125 mcg tab, 137 mcg tab, 150 mcg tab, 175 mcg tab, 200 mcg tab, 300 mcg tab)*	TIER 1	
levoxyl	*levoxyl (25 mcg tab, 50 mcg tab, 75 mcg tab, 88 mcg tab, 100 mcg tab, 112 mcg tab, 125 mcg tab, 137 mcg tab, 150 mcg tab, 175 mcg tab, 200 mcg tab)*	TIER 1	
liomny	*liomny (5 mcg tab, 25 mcg tab, 50 mcg tab)*	TIER 1	
liothyronine sodium	*liothyronine sodium (5 mcg tab, 25 mcg tab, 50 mcg tab)*	TIER 1	
SYNTHROID	SYNTHROID (25 MCG TAB, 50 MCG TAB, 75 MCG TAB, 88 MCG TAB, 100 MCG TAB, 112 MCG TAB, 125 MCG TAB, 137 MCG TAB, 150 MCG TAB, 175 MCG TAB, 200 MCG TAB, 300 MCG TAB) *levothyroxine sodium*	TIER 2	GA
unithroid	*unithroid (25 mcg tab, 50 mcg tab, 75 mcg tab, 88 mcg tab, 100 mcg tab, 112 mcg tab, 125 mcg tab, 137 mcg tab, 150 mcg tab, 175 mcg tab, 200 mcg tab, 300 mcg tab)*	TIER 1	
THYROID HORMONE RECEPTOR AGONIST			
EMCITATE	EMCITATE 350 MCG TAB SOL *tiratricol*	P&T	S

BRAND NAME	DRUG DESCRIPTION (RX)	TIER	LIMITS & RESTRICTIONS
ANTITHYROID AGENTS			
methimazole	*methimazole (5 mg tab, 10 mg tab)*	TIER 1	
propylthiouracil	*propylthiouracil 50 mg tab*	TIER 1	
OXYTOCICS			
methergine	*methergine 0.2 mg tab*	TIER 1	QL (56 PER 365 DAY(S))
methylergonovine maleate	*methylergonovine maleate 0.2 mg tab*	TIER 1	QL (56 PER 365 DAY(S))
ENDOCRINE AND METABOLIC AGENTS - MISC. BISPHOSPHONATES			
alendronate sodium	*alendronate sodium (5 mg tab, 10 mg tab, 35 mg tab, 70 mg tab)*	TIER 1	PV
ibandronate sodium	*ibandronate sodium 150 mg tab*	TIER 1	PV
pamidronate disodium	*pamidronate disodium (6 mg/ml solution, 30 mg/10ml solution, 90 mg/10ml solution)*	SP-M	S
RECLAST	RECLAST 5 MG/100ML SOLUTION *zoledronic acid*	SP-M	S, GA
risedronate sodium	*risedronate sodium (5 mg tab, 30 mg tab, 35 mg tab, 35 mg tab dr, 150 mg tab)*	TIER 1	PV
zoledronic acid	*zoledronic acid (4 mg/100ml solution, 4 mg/5ml conc, 5 mg/100ml solution)*	SP-M	S
CALCITONINS			
calcitonin (salmon)	*calcitonin (salmon) 200 unit/act solution*	TIER 1	
PARATHYROID HORMONE AND DERIVATIVES			
BONSITY	BONSITY 560 MCG/2.24ML SOLN PEN *teriparatide*	SP-P	PA, QL (1 PEN PER 28 DAY(S))

BRAND NAME	DRUG DESCRIPTION (RX)	TIER	LIMITS & RESTRICTIONS
NATPARA	NATPARA (25 MCG CARTRIDGE, 50 MCG CARTRIDGE, 75 MCG CARTRIDGE, 100 MCG CARTRIDGE) *parathyroid hormone (recombinant)*	SP-M	S
TERIPARATIDE	TERIPARATIDE 560 MCG/2.24ML SOLN PEN *teriparatide*	SP-P	PA, QL (1 PER 28 DAY(S)), S
RANK LIGAND (RANKL) INHIBITORS			
AUKELSO	AUKELSO 120 MG/1.7ML SOLUTION *denosumab-kyqq*	SP-M	PA, S
BILDYOS	BILDYOS 60 MG/ML SOLN PRSYR *denosumab-nxxp*	SP-M	S, MN-PA (Medically Necessary Prior Authorization)
BILPREVDA	BILPREVDA 120 MG/1.7ML SOLUTION *denosumab-nxxp*	SP-M	S, MN-PA (Medically Necessary Prior Authorization)
BOMYNTRA	BOMYNTRA (120 SOLN PRSYR, 120 SOLUTION) *denosumab-bnht*	SP-M	S, MN-PA (Medically Necessary Prior Authorization)
BOSAYA	BOSAYA 60 MG/ML SOLN PRSYR *denosumab-kyqq*	SP-M	PA, S
CONEXXENCE	CONEXXENCE 60 MG/ML SOLN PRSYR *denosumab-bnht*	SP-M	S, MN-PA (Medically Necessary Prior Authorization)
ENOBY	ENOBY 60 MG/ML SOLN PRSYR *denosumab-qbde*	P&T	PA, S
JUBBONTI	JUBBONTI 60 MG/ML SOLN PRSYR *denosumab-bbdz*	SP-M	S
JUBEREQ	JUBEREQ 120 MG/1.7ML SOLUTION *denosumab-desu*	SP-M	PA, S, MN-PA (Medically Necessary Prior Authorization)
OSENVELT	OSENVELT 120 MG/1.7ML SOLUTION *denosumab-bmwo*	SP-M	S
OSPOMYV	OSPOMYV 60 MG/ML SOLN PRSYR *denosumab-dssb*	P&T	PA, S

BRAND NAME	DRUG DESCRIPTION (RX)	TIER	LIMITS & RESTRICTIONS
OSVYRTI	OSVYRTI 60 MG/ML SOLN PRSYR *denosumab-desu*	SP-M	PA, S, MN-PA (Medically Necessary Prior Authorization)
PROLIA	PROLIA 60 MG/ML SOLN PRSYR *denosumab*	SP-M	S, MN-PA (Medically Necessary Prior Authorization)
STOBOCLO	STOBOCLO 60 MG/ML SOLN PRSYR *denosumab-bmwo*	SP-M	S
WYOST	WYOST 120 MG/1.7ML SOLUTION *denosumab-bbdz*	SP-M	S
XGEVA	XGEVA 120 MG/1.7ML SOLUTION *denosumab*	SP-M	S, MN-PA (Medically Necessary Prior Authorization)
XTRENBO	XTRENBO 120 MG/1.7ML SOLUTION *denosumab-qbde*	P&T	S
SCLEROSTIN INHIBITORS			
EVENITY	EVENITY 105 MG/1.17ML SOLN PRSYR *romosozumab-aqqg*	SP-M	PA, QL (2 PER 28 DAY(S)), S
SELECTIVE ESTROGEN RECEPTOR MODULATORS (SERMS)			
raloxifene hcl	*raloxifene hcl 60 mg tab*	TIER 1	PA, PV
OVULATION STIMULANTS-GONADOTROPINS			
CHORIONIC GONADOTROPIN	CHORIONIC GONADOTROPIN 10000 UNIT RECON SOLN *chorionic gonadotropin*	SP-M	S
FOLLISTIM AQ	FOLLISTIM AQ (300 UNT/0.36ML SOLUTION, 600 UNT/0.72ML SOLUTION, 900 UNT/1.08ML SOLUTION) *follitropin beta*	SP-M	S
GONAL-F	GONAL-F (450 RECON SOLN, 1050 RECON SOLN) *follitropin alfa*	SP-M	S
GONAL-F RFF	GONAL-F RFF 75 UNIT RECON SOLN *follitropin alfa*	SP-M	S

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BRAND NAME	DRUG DESCRIPTION (RX)	TIER	LIMITS & RESTRICTIONS
GONAL-F RFF REDIJECT	GONAL-F RFF REDIJECT (300 UNT/0.48ML SOLN PEN, 450 UNT/0.72ML SOLN PEN, 900 UNT/1.44ML SOLN PEN) *follitropin alfa*	SP-M	S
MENOPUR	MENOPUR 75 UNIT RECON SOLN *menotropins*	SP-M	S
NOVAREL	NOVAREL 5000 UNIT RECON SOLN *chorionic gonadotropin*	SP-M	S
OVIDREL	OVIDREL 250 MCG/0.5ML SOLN PRSYR *choriogonadotropin alfa*	SP-M	S
PREGNYL	PREGNYL 10000 UNIT RECON SOLN *chorionic gonadotropin*	SP-M	S
LHRH/GNRH AGONIST ANALOG PITUITARY SUPPRESSANTS			
FENSOLVI (6 MONTH)	FENSOLVI (6 MONTH) 45 MG KIT *leuprolide acetate (cpp) (6 month)*	SP-M	S
LUPRON DEPOT-PED (1-MONTH)	LUPRON DEPOT-PED (1-MONTH) (7.5 MG KIT, 11.25 MG KIT, 15 MG KIT) *leuprolide acetate (cpp)*	SP-M	S
LUPRON DEPOT-PED (3-MONTH)	LUPRON DEPOT-PED (3-MONTH) (11.25 MG (PED) KIT, 30 MG KIT) *leuprolide acetate (cpp) (3 month)*	SP-M	S
LUPRON DEPOT-PED (6-MONTH)	LUPRON DEPOT-PED (6-MONTH) 45 MG KIT *leuprolide acetate (cpp) (6 month)*	SP-M	S
SUPPRELIN LA	SUPPRELIN LA 50 MG KIT *histrelin acetate (cpp)*	SP-M	S
TRIPTODUR	TRIPTODUR 22.5 MG SRER *triptorelin pamoate (cpp)*	SP-M	S
GNRH/LHRH ANTAGONISTS			
cetrorelix acetate	*cetrorelix acetate 0.25 mg kit*	SP-M	S

BRAND NAME	DRUG DESCRIPTION (RX)	TIER	LIMITS & RESTRICTIONS
CETROTIDE	CETROTIDE 0.25 MG KIT *cetrorelix acetate*	SP-M	S, GA
fyremadel	*fyremadel 250 mcg/0.5ml soln prsyr*	SP-M	S
ganirelix acetate	*ganirelix acetate 250 mcg/0.5ml soln prsyr*	SP-M	S
GROWTH HORMONES			
HUMATROPE	HUMATROPE (6 MG CARTRIDGE, 12 MG CARTRIDGE, 24 MG CARTRIDGE) *somatropin*	SP-NP	PA, S, MN-PA (Medically Necessary Prior Authorization)
NORDITROPIN FLEXPRO	NORDITROPIN FLEXPRO (5 MG/1.5ML SOLN PEN, 10 MG/1.5ML SOLN PEN, 15 MG/1.5ML SOLN PEN, 30 MG/3ML SOLN PEN) *somatropin*	SP-P	PA, S
OMNITROPE	OMNITROPE (5 MG/1.5ML SOLN CART, 5.8 MG RECON SOLN, 10 MG/1.5ML SOLN CART) *somatropin*	SP-P	PA, S
SEROSTIM	SEROSTIM (4 MG RECON SOLN, 5 MG RECON SOLN, 6 MG RECON SOLN) *somatropin (non-refrigerated)*	SP-NP	PA, S
ZORBTIVE	ZORBTIVE 8.8 MG RECON SOLN *somatropin (non-refrigerated)*	SP-NP	S
INSULIN-LIKE GROWTH FACTORS (SOMATOMEDINS)			
INCRELEX	INCRELEX 40 MG/4ML SOLUTION *mecasermin*	SP-P	PA, S
SOMATOSTATIC AGENTS			
BYNFEZIA PEN	BYNFEZIA PEN 2500 MCG/ML SOLN PEN *octreotide acetate*	SP-P	S
lanreotide acetate	*lanreotide acetate 120 mg/0.5ml solution*	SP-M	PA, S

BRAND NAME	DRUG DESCRIPTION (RX)	TIER	LIMITS & RESTRICTIONS
OCTREOTIDE ACETATE	OCTREOTIDE ACETATE (50 MCG/ML SOLN PRSYR, 100 MCG/ML SOLN PRSYR, 500 MCG/ML SOLN PRSYR) *octreotide acetate*	SP-P	SBG (Specialty Biosimilars and Specialty generics), S
octreotide acetate	*octreotide acetate (50 mcg/ml solution, 100 mcg/ml solution, 500 mcg/ml solution)*	SP-P	PA, QL (3 PER 1 DAY), SBG (Specialty Biosimilars and Specialty generics), S
octreotide acetate	*octreotide acetate 10 mg kit*	SP-M	PA, QL (1 PER 28 DAY(S))
octreotide acetate	*octreotide acetate 1000 mcg/ml solution*	SP-P	QL (9 PER 30 DAY(S)), SBG (Specialty Biosimilars and Specialty generics), S
octreotide acetate	*octreotide acetate 20 mg kit*	SP-M	PA, QL (2 PER 28 DAY(S)), S
octreotide acetate	*octreotide acetate 200 mcg/ml solution*	SP-P	QL (45 PER 30 DAY(S)), SBG (Specialty Biosimilars and Specialty generics), S
octreotide acetate	*octreotide acetate 30 mg kit*	SP-M	PA, QL (1 PER 28 DAY(S)), S
SANDOSTATIN	SANDOSTATIN (50 MCG/ML SOLUTION, 100 MCG/ML SOLUTION, 500 MCG/ML SOLUTION) *octreotide acetate*	SP-NP	PA, QL (3 PER 1 DAY), S, GA
SANDOSTATIN LAR DEPOT	SANDOSTATIN LAR DEPOT (10 MG KIT, 30 MG KIT) *octreotide acetate*	SP-M	PA, QL (1 PER 28 DAY(S)), S, GA
SANDOSTATIN LAR DEPOT	SANDOSTATIN LAR DEPOT 20 MG KIT *octreotide acetate*	SP-M	PA, QL (2 PER 28 DAY(S)), S, GA
SIGNIFOR	SIGNIFOR (0.3 MG/ML SOLUTION, 0.6 MG/ML SOLUTION, 0.9 MG/ML SOLUTION) *pasireotide diaspartate*	SP-P	QL (2 PER 1 DAY), S
SIGNIFOR LAR	SIGNIFOR LAR (10 MG, 20 MG, 30 MG, 40 MG, 60 MG) *pasireotide pamoate*	SP-M	PA, S

BRAND NAME	DRUG DESCRIPTION (RX)	TIER	LIMITS & RESTRICTIONS
SOMATULINE DEPOT	SOMATULINE DEPOT (60 MG/0.2ML SOLUTION, 90 MG/0.3ML SOLUTION, 120 MG/0.5ML SOLUTION) *lanreotide acetate*	SP-M	PA, S
GROWTH HORMONE RECEPTOR ANTAGONISTS			
SOMAVERT	SOMAVERT (10 MG RECON SOLN, 15 MG RECON SOLN, 20 MG RECON SOLN, 25 MG RECON SOLN, 30 MG RECON SOLN) *pegvisomant*	SP-P	PA, QL (1 PER 1 DAY), S
INSULIN-LIKE GROWTH FACTOR-1 RECEPTOR INHIBITORS(IGF-1R)			
LUMVOA	LUMVOA 500 MG/10ML SOLUTION *veligrotug-vvze*	SP-M	PA, S
TEPEZZA	TEPEZZA 500 MG RECON SOLN *teprotumumab-trbw*	SP-M	PA, S
VASOPRESSIN			
desmopressin ace spray refrig	*desmopressin ace spray refrig 0.01 % solution*	TIER 1	
desmopressin acetate	*desmopressin acetate (0.1 mg tab, 0.2 mg tab)*	TIER 1	
DESMOPRESSIN ACETATE	DESMOPRESSIN ACETATE 1.5 MG/ML SOLUTION *desmopressin acetate*	SP-NP	S
desmopressin acetate spray	*desmopressin acetate spray 0.01 % solution*	TIER 1	
CORTICOTROPIN			
ACTHAR	ACTHAR 80 UNIT/ML GEL *corticotropin*	SP-M	PA, S
ACTHAR GEL	ACTHAR GEL (GEL 40 UNIT/0.5ML PEN, GEL 80 UNIT/ML PEN) *corticotropin*	SP-NP	PA, QL (21 PENS PER 21 DAY(S)), S
CORTROPHIN	CORTROPHIN 80 UNIT/ML GEL *corticotropin*	SP-M	PA, S

BRAND NAME	DRUG DESCRIPTION (RX)	TIER	LIMITS & RESTRICTIONS
CORTROPHIN GEL	CORTROPHIN GEL 40 UNIT/0.5ML PRSYR *corticotropin*	SP-NP	PA, QL (21 PFS PER 21 DAY(S)), S
CORTROPHIN GEL	CORTROPHIN GEL 80 UNIT/ML PRSYR *corticotropin*	SP-NP	PA, QL (21 PFS PER 21 DAY(S)), S
CORTICOTROPIN-RELEASING FACTOR (CRF) RECEPTOR TYPE 1 ANTAG			
CRENESSITY	CRENESSITY 100 MG CAP *crinecerfont*	SP-NP	PA, QL (4 CAPS PER DAY(S)), S
CRENESSITY	CRENESSITY 25 MG CAP *crinecerfont*	SP-NP	PA, QL (2 CAPS PER 1 DAY(S)), S
CRENESSITY	CRENESSITY 50 MG CAP *crinecerfont*	SP-NP	PA, QL (2 CAPS PER DAY(S)), S
CRENESSITY	CRENESSITY 50 MG/ML SOLUTION *crinecerfont*	SP-NP	PA, QL (120 ML PER 30 DAY(S)), S
DOPAMINE RECEPTOR AGONISTS			
cabergoline	*cabergoline 0.5 mg tab*	TIER 1	
SELECTIVE VASOPRESSIN V2-RECEPTOR ANTAGONISTS			
JYNARQUE	JYNARQUE (15 MG TAB THPK, 30 & 15 MG TAB THPK, 45 & 15 MG TAB THPK, 60 & 30 MG TAB THPK, 90 & 30 MG TAB THPK) *tolvaptan*	SP-P	PA, QL (2 TAB PER DAY(S)), S, GA
JYNARQUE	JYNARQUE 15 MG TAB *tolvaptan*	SP-NP	QL (60 PER 30 DAYS), S
JYNARQUE	JYNARQUE 30 MG TAB *tolvaptan*	SP-P	QL (60 PER 30 DAYS)
SAMSCA	SAMSCA (15 MG TAB, 30 MG TAB) *tolvaptan (hyponatremia)*	SP-NP	PA, QL (2 TAB PER DAY(S)), S, GA
tolvaptan	*tolvaptan (15 mg tab thpk, 30 & 15 mg tab thpk, 45 & 15 mg tab thpk, 60 & 30 mg tab thpk, 90 & 30 mg tab thpk)*	SP-P	PA, QL (2 TAB PER DAY(S)), S
tolvaptan (hyponatremia)	*tolvaptan (hyponatremia) (15 mg tab, 30 mg tab)*	SP-P	PA, QL (2 TAB PER DAY(S)), SBG (Specialty Biosimilars and Specialty generics), S

BRAND NAME	DRUG DESCRIPTION (RX)	TIER	LIMITS & RESTRICTIONS
ACID SPHINGOMYELINASE DEFICIENCY (ASMD) - AGENTS			
XENPOZYME	XENPOZYME (4 MG RECON SOLN, 20 MG RECON SOLN) *olipudase alfa-rpcp*	SP-M	PA, S
ADENOSINE DEAMINASE SCID TREATMENT - AGENTS			
REVCOVI	REVCOVI 2.4 MG/1.5ML SOLUTION *elapegademase-lvlr*	SP-M	PA, S
ALPHA-MANNOSIDOSIS TREATMENT - AGENTS			
LAMZEDE	LAMZEDE 10 MG RECON SOLN *velmanase alfa-tycv*	SP-M	PA, S
AROMATIC AMINO ACID DECARBOXYLATE DEFICIENCY - AGENTS			
KEBILIDI	KEBILIDI 280000000000 VG/0.5ML SUSPENSION *eladocagene exuparvovec-tneq*	SP-M	PA, S
ARGINASE 1 DEFICIENCY (ARG1-D) - AGENTS			
LOARGYS	LOARGYS 2 MG/0.4ML SOLUTION *pegzilarginase-nbln*	SP-NP	PA, S
ATP-SENSITIVE POTASSIUM CHANNEL ACTIVATORS			
VYKAT XR	VYKAT XR 150 MG TAB ER 24H *diazoxide choline*	SP-NP	PA, QL (90 TABS PER 30 DAY(S)), S
VYKAT XR	VYKAT XR 25 MG TAB ER 24H *diazoxide choline*	SP-NP	PA, QL (60 TABS PER 30 DAY(S)), S
VYKAT XR	VYKAT XR 75 MG TAB ER 24H *diazoxide choline*	SP-NP	PA, QL (30 TABS PER 30 DAY(S)), S
CARNITINE REPLENISHER - AGENTS			
levocarnitine	*levocarnitine (1 gm/10ml solution, 330 mg tab)*	TIER 1	
levocarnitine sf	*levocarnitine sf 1 gm/10ml solution*	TIER 1	

BRAND NAME	DRUG DESCRIPTION (RX)	TIER	LIMITS & RESTRICTIONS
FABRY DISEASE - AGENTS			
ELFABRIO	ELFABRIO (5 MG/2.5ML SOLUTION, 20 MG/10ML SOLUTION) *pegunigalsidase alfa-iwxj*	SP-M	PA, S
FABRAZYME	FABRAZYME (5 MG RECON SOLN, 35 MG RECON SOLN) *agalsidase beta*	SP-M	PA, S
GALAFOLD	GALAFOLD 123 MG CAP *migalastat hcl*	SP-P	PA, QL (14 PER 28 DAY(S)), S
HEREDITARY TYROSINEMIA TYPE 1 (HT-1) TREATMENT - AGENTS			
nitisinone	*nitisinone (2 mg cap, 5 mg cap, 10 mg cap, 20 mg cap)*	SP-P	PA, SBG (Specialty Biosimilars and Specialty generics), S
ORFADIN	ORFADIN (2 MG CAP, 5 MG CAP, 10 MG CAP, 20 MG CAP) *nitisinone*	SP-NP	PA, S, GA
HOMOCYSTINURIA TREATMENT - AGENTS			
betaine	*betaine powder*	SP-P	SBG (Specialty Biosimilars and Specialty generics), S
CYSTADANE	CYSTADANE POWDER *betaine*	SP-NP	S, GA
HYPERPARATHYROID TREATMENT - VITAMIN D ANALOGS			
calcitriol	*calcitriol (0.25 mcg cap, 0.5 mcg cap, 1 mcg/ml solution)*	TIER 1	
doxercalciferol	*doxercalciferol (0.5 mcg cap, 1 mcg cap, 2.5 mcg cap)*	TIER 1	
paricalcitol	*paricalcitol (1 mcg cap, 2 mcg cap, 4 mcg cap)*	TIER 1	
HYPOPARATHYROID TREATMENT - PARATHYROID HORMONE ANALOGS			
YORVIPATH	YORVIPATH (168 MCG/0.56ML SOLN PEN, 294 MCG/0.98ML SOLN PEN, 420 MCG/1.4ML SOLN PEN) *palopegteriparatide*	SP-NP	PA, QL (2 PENS PER 28 DAY(S)), S

BRAND NAME	DRUG DESCRIPTION (RX)	TIER	LIMITS & RESTRICTIONS
CALCIMIMETIC AGENTS			
cinacalcet hcl	*cinacalcet hcl (30 mg tab, 60 mg tab)*	SP-P	QL (2 PER 1 DAY), SBG (Specialty Biosimilars and Specialty generics), S
cinacalcet hcl	*cinacalcet hcl 90 mg tab*	SP-P	QL (4 PER 1 DAY), SBG (Specialty Biosimilars and Specialty generics), S
PARSABIV	PARSABIV (2.5 MG/0.5ML SOLUTION, 5 MG/ML SOLUTION, 10 MG/2ML SOLUTION) *etelcalcetide hcl*	SP-M	S
HYPOPHOSPHATASIA (HPP) AGENTS			
STRENSIQ	STRENSIQ (18 MG/0.45ML SOLUTION, 28 MG/0.7ML SOLUTION, 40 MG/ML SOLUTION, 80 MG/0.8ML SOLUTION) *asfotase alfa*	SP-P	PA, S
FAMILIAL CHYLOMICRONEMIA SYNDROME (FCS) - AGENTS			
REDEMPLO	REDEMPLO 25 MG/0.5ML SOLN PRSYR *plozasiran sodium*	SP-P	PA, QL (1 SYR PER 90 DAY(S)), S
TRYNGOLZA	TRYNGOLZA (50 SOLN A-INJ, 80 SOLN A-INJ) *olezarsen sodium*	SP-P	PA, QL (1 INJ PER 28 DAY(S)), S
LYSOSOMAL ACID LIPASE (LAL) DEFICIENCY - AGENTS			
KANUMA	KANUMA 20 MG/10ML SOLUTION *sebelipase alfa*	SP-M	PA, S
MOLYBDENUM COFACTOR DEFICIENCY (MOCD) - AGENTS			
NULIBRY	NULIBRY 9.5 MG RECON SOLN *fosdenopterin hydrobromide*	SP-M	PA, QL (5 PER 1 DAY), S
MUCOPOLYSACCHARIDOSIS I (MPS I) - AGENTS			
ALDURAZYME	ALDURAZYME 2.9 MG/5ML SOLUTION *laronidase*	SP-M	PA, S

BRAND NAME	DRUG DESCRIPTION (RX)	TIER	LIMITS & RESTRICTIONS
MUCOPOLYSACCHARIDOSIS II (MPS II) - AGENTS			
ELAPRASE	ELAPRASE 6 MG/3ML SOLUTION *idursulfase*	SP-M	PA, S
MUCOPOLYSACCHARIDOSIS III (MPS III) - AGENTS			
FAYUVI 10.1 TO 12KG	FAYUVI 10.1 TO 12KG 18 X 2 ML SUSPENSION *rebisufligene etisparvovec-hopf*	P&T	S
FAYUVI 12.1 TO 14KG	FAYUVI 12.1 TO 14KG 21 X 2 ML SUSPENSION *rebisufligene etisparvovec-hopf*	P&T	S
FAYUVI 14.1 TO 16KG	FAYUVI 14.1 TO 16KG 24 X 2 ML SUSPENSION *rebisufligene etisparvovec-hopf*	P&T	S
FAYUVI 16.1 TO 18KG	FAYUVI 16.1 TO 18KG 27 X 2 ML SUSPENSION *rebisufligene etisparvovec-hopf*	P&T	S
FAYUVI 18.1 TO 20KG	FAYUVI 18.1 TO 20KG 30 X 2 ML SUSPENSION *rebisufligene etisparvovec-hopf*	P&T	S
FAYUVI 2.5 TO 3KG	FAYUVI 2.5 TO 3KG 5 X 2 ML SUSPENSION *rebisufligene etisparvovec-hopf*	P&T	S
FAYUVI 20.1 TO 22KG	FAYUVI 20.1 TO 22KG 33 X 2 ML SUSPENSION *rebisufligene etisparvovec-hopf*	P&T	S
FAYUVI 22.1 TO 24KG	FAYUVI 22.1 TO 24KG 36 X 2 ML SUSPENSION *rebisufligene etisparvovec-hopf*	P&T	S
FAYUVI 24.1 TO 26KG	FAYUVI 24.1 TO 26KG 39 X 2 ML SUSPENSION *rebisufligene etisparvovec-hopf*	P&T	S
FAYUVI 26.1 TO 28KG	FAYUVI 26.1 TO 28KG 42 X 2 ML SUSPENSION *rebisufligene etisparvovec-hopf*	P&T	S

BRAND NAME	DRUG DESCRIPTION (RX)	TIER	LIMITS & RESTRICTIONS
FAYUVI 28.1 TO 30KG	FAYUVI 28.1 TO 30KG 45 X 2 ML SUSPENSION *rebisufligene etisparvovec-hopf*	P&T	S
FAYUVI 3.1 TO 4KG	FAYUVI 3.1 TO 4KG 6 X 2 ML SUSPENSION *rebisufligene etisparvovec-hopf*	P&T	S
FAYUVI 30.1 TO 32KG	FAYUVI 30.1 TO 32KG 48 X 2 ML SUSPENSION *rebisufligene etisparvovec-hopf*	P&T	S
FAYUVI 32.1 TO 34KG	FAYUVI 32.1 TO 34KG 51 X 2 ML SUSPENSION *rebisufligene etisparvovec-hopf*	P&T	S
FAYUVI 34.1 TO 36KG	FAYUVI 34.1 TO 36KG 54 X 2 ML SUSPENSION *rebisufligene etisparvovec-hopf*	P&T	S
FAYUVI 36.1 TO 38KG	FAYUVI 36.1 TO 38KG 57 X 2 ML SUSPENSION *rebisufligene etisparvovec-hopf*	P&T	S
FAYUVI 38.1 TO 40KG	FAYUVI 38.1 TO 40KG 60 X 2 ML SUSPENSION *rebisufligene etisparvovec-hopf*	P&T	S
FAYUVI 4.1 TO 5KG	FAYUVI 4.1 TO 5KG 8 X 2 ML SUSPENSION *rebisufligene etisparvovec-hopf*	P&T	S
FAYUVI 40.1 TO 42KG	FAYUVI 40.1 TO 42KG 63 X 2 ML SUSPENSION *rebisufligene etisparvovec-hopf*	P&T	S
FAYUVI 42.1 TO 46KG	FAYUVI 42.1 TO 46KG 69 X 2 ML SUSPENSION *rebisufligene etisparvovec-hopf*	P&T	S
FAYUVI 46.1 TO 50KG	FAYUVI 46.1 TO 50KG 75 X 2 ML SUSPENSION *rebisufligene etisparvovec-hopf*	P&T	S

BRAND NAME	DRUG DESCRIPTION (RX)	TIER	LIMITS & RESTRICTIONS
FAYUVI 5.1 TO 6KG	FAYUVI 5.1 TO 6KG 9 X 2 ML SUSPENSION *rebisufligene etisparvovec-hopf*	P&T	S
FAYUVI 50.1 TO 54KG	FAYUVI 50.1 TO 54KG 81 X 2 ML SUSPENSION *rebisufligene etisparvovec-hopf*	P&T	S
FAYUVI 54.1 TO 58KG	FAYUVI 54.1 TO 58KG 87 X 2 ML SUSPENSION *rebisufligene etisparvovec-hopf*	P&T	S
FAYUVI 58.1 TO 62KG	FAYUVI 58.1 TO 62KG 93 X 2 ML SUSPENSION *rebisufligene etisparvovec-hopf*	P&T	S
FAYUVI 6.1 TO 7KG	FAYUVI 6.1 TO 7KG 11 X 2 ML SUSPENSION *rebisufligene etisparvovec-hopf*	P&T	S
FAYUVI 62.1 TO 66KG	FAYUVI 62.1 TO 66KG 99 X 2 ML SUSPENSION *rebisufligene etisparvovec-hopf*	P&T	S
FAYUVI 66.1 TO 70KG	FAYUVI 66.1 TO 70KG 105 X 2 ML SUSPENSION *rebisufligene etisparvovec-hopf*	P&T	S
FAYUVI 7.1 TO 8KG	FAYUVI 7.1 TO 8KG 12 X 2 ML SUSPENSION *rebisufligene etisparvovec-hopf*	P&T	S
FAYUVI 8.1 TO 9KG	FAYUVI 8.1 TO 9KG 14 X 2 ML SUSPENSION *rebisufligene etisparvovec-hopf*	P&T	S
FAYUVI 9.1 TO 10KG	FAYUVI 9.1 TO 10KG 15 X 2 ML SUSPENSION *rebisufligene etisparvovec-hopf*	P&T	S
MUCOPOLYSACCHARIDOSIS IV (MPS IV) - AGENTS			
VIMIZIM	VIMIZIM 5 MG/5ML SOLUTION *elosulfase alfa*	SP-M	PA, S

BRAND NAME	DRUG DESCRIPTION (RX)	TIER	LIMITS & RESTRICTIONS
MUCOPOLYSACCHARIDOSIS VI (MPS VI) - AGENTS			
NAGLAZYME	NAGLAZYME 1 MG/ML SOLUTION *galsulfase*	SP-M	PA, S
MUCOPOLYSACCHARIDOSIS VII (MPS VII) - AGENTS			
MEPSEVII	MEPSEVII 10 MG/5ML SOLUTION *vestronidase alfa-vjbk*	SP-M	PA, S
GAA DEFICIENCY TREATMENT - AGENTS			
LUMIZYME	LUMIZYME 50 MG RECON SOLN *alglucosidase alfa*	SP-M	PA, S
NEXVIAZYME	NEXVIAZYME 100 MG RECON SOLN *avalglucosidase alfa-ngpt*	SP-M	PA, S
OPFOLDA	OPFOLDA 65 MG CAP *miglustat (gaa deficiency)*	SP-M	PA, QL (8 CAPSULES PER 28 DAY(S)), S
POMBILITI	POMBILITI 105 MG RECON SOLN *cipaglucosidase alfa-atga*	SP-M	PA, S
G6PASE DEFICIENCY (GSD1A) TREATMENT - AGENTS			
GENGLYCOS 15 TO <21KG	GENGLYCOS 15 TO <21KG 3 X 2 ML SUSP THPK *pariglasgene brecaparvovec-opnr*	P&T	
GENGLYCOS 21 TO <27KG	GENGLYCOS 21 TO <27KG 4 X 2 ML SUSP THPK *pariglasgene brecaparvovec-opnr*	P&T	
GENGLYCOS 27 TO <33KG	GENGLYCOS 27 TO <33KG 5 X 2 ML SUSP THPK *pariglasgene brecaparvovec-opnr*	P&T	
GENGLYCOS 33 TO <39KG	GENGLYCOS 33 TO <39KG 6 X 2 ML SUSP THPK *pariglasgene brecaparvovec-opnr*	P&T	

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BRAND NAME	DRUG DESCRIPTION (RX)	TIER	LIMITS & RESTRICTIONS
GENGLYCOS 39 TO <45KG	GENGLYCOS 39 TO <45KG 7 X 2 ML SUSP THPK *pariglasgene brecaparvovec-opnr*	P&T	
GENGLYCOS 45 TO <51KG	GENGLYCOS 45 TO <51KG 8 X 2 ML SUSP THPK *pariglasgene brecaparvovec-opnr*	P&T	
GENGLYCOS 51 TO <57KG	GENGLYCOS 51 TO <57KG 9 X 2 ML SUSP THPK *pariglasgene brecaparvovec-opnr*	P&T	
GENGLYCOS 57 TO <63KG	GENGLYCOS 57 TO <63KG 10 X 2 ML SUSP THPK *pariglasgene brecaparvovec-opnr*	P&T	
GENGLYCOS 63 TO <69KG	GENGLYCOS 63 TO <69KG 11 X 2 ML SUSP THPK *pariglasgene brecaparvovec-opnr*	P&T	
GENGLYCOS 69 TO <75KG	GENGLYCOS 69 TO <75KG 12 X 2 ML SUSP THPK *pariglasgene brecaparvovec-opnr*	P&T	
GENGLYCOS 75 TO <81KG	GENGLYCOS 75 TO <81KG 13 X 2 ML SUSP THPK *pariglasgene brecaparvovec-opnr*	P&T	
GENGLYCOS 81 TO <87KG	GENGLYCOS 81 TO <87KG 14 X 2 ML SUSP THPK *pariglasgene brecaparvovec-opnr*	P&T	
GENGLYCOS >87KG	GENGLYCOS >87KG 15 X 2 ML SUSP THPK *pariglasgene brecaparvovec-opnr*	P&T	

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BRAND NAME	DRUG DESCRIPTION (RX)	TIER	LIMITS & RESTRICTIONS
UREA CYCLE DISORDER - AGENTS			
BUPHENYL	BUPHENYL 3 GM/TSP POWDER *sodium phenylbutyrate*	SP-NP	QL (25 PER 1 DAY(S)), S, GA
BUPHENYL	BUPHENYL 500 MG TAB *sodium phenylbutyrate*	SP-NP	QL (40 PER 1 DAY(S)), S, GA
OLPRUVA (2 GM DOSE)	OLPRUVA (2 GM DOSE) 2 GM THER PACK *sodium phenylbutyrate*	SP-NP	PA, QL (90 PER 30 DAY(S)), S
OLPRUVA (3 GM DOSE)	OLPRUVA (3 GM DOSE) 3 GM THER PACK *sodium phenylbutyrate*	SP-NP	PA, QL (90 PER 30 DAY(S)), S
OLPRUVA (4 GM DOSE)	OLPRUVA (4 GM DOSE) 2 & 2 GM THER PACK *sodium phenylbutyrate*	SP-NP	PA, QL (90 PER 30 DAY(S)), S
OLPRUVA (5 GM DOSE)	OLPRUVA (5 GM DOSE) 2 & 3 GM THER PACK *sodium phenylbutyrate*	SP-NP	PA, QL (90 PER 30 DAY(S)), S
OLPRUVA (6 GM DOSE)	OLPRUVA (6 GM DOSE) 3 & 3 GM THER PACK *sodium phenylbutyrate*	SP-NP	PA, QL (90 PER 30 DAY(S)), S
OLPRUVA (6.67 GM DOSE)	OLPRUVA (6.67 GM DOSE) 3 & 3.67 GM THER PACK *sodium phenylbutyrate*	SP-NP	PA, QL (90 PER 30 DAY(S)), S
PHEBURANE	PHEBURANE 483 MG/GM PELLET *sodium phenylbutyrate*	SP-NP	PA, QL (8 PER 30 DAY(S)), S
sodium phenylbutyrate	*sodium phenylbutyrate 3 gm/tsp powder*	SP-P	QL (25 PER 1 DAY(S)), SBG (Specialty Biosimilars and Specialty generics), S
sodium phenylbutyrate	*sodium phenylbutyrate 500 mg tab*	SP-P	QL (40 PER 1 DAY(S)), SBG (Specialty Biosimilars and Specialty generics), S
HYPERAMMONEMIA TREATMENT - AGENTS			
CARBAGLU	CARBAGLU 200 MG TAB SOL *carglumic acid*	SP-NP	S, GA
carglumic acid	*carglumic acid 200 mg tab sol*	SP-P	SBG (Specialty Biosimilars and Specialty generics), S

BRAND NAME	DRUG DESCRIPTION (RX)	TIER	LIMITS & RESTRICTIONS
MITOCHONDRIAL CARDIOLIPIN BINDERS			
FORZINITY	FORZINITY 280 MG/3.5ML SOLUTION *elamipretide hcl*	SP-NP	PA, QL (4 VIALS PER 28 DAY(S)), S
MELANOCORTIN 4 (MC4) RECEPTOR AGONISTS			
IMCIVREE	IMCIVREE 10 MG/ML SOLUTION *setmelanotide acetate*	SP-NP	PA, QL (9 PER 30 DAY(S)), S
PHENYLKETONURIA TREATMENT - AGENTS			
javygtor	*javygtor (100 mg packet, 100 mg tab, 500 mg packet)*	SP-P	SBG (Specialty Biosimilars and Specialty generics), S
KUVAN	KUVAN (100 MG PACKET, 500 MG PACKET) *sapropterin dihydrochloride*	SP-NP	S, GA
PALYNZIQ	PALYNZIQ 10 MG/0.5ML SOLN PRSYR *pegvaliase-pqpz*	SP-P	PA, QL (30 PER 30 DAY(S)), S
PALYNZIQ	PALYNZIQ 2.5 MG/0.5ML SOLN PRSYR *pegvaliase-pqpz*	SP-P	PA, QL (8 PER 30 DAY(S)), S
PALYNZIQ	PALYNZIQ 20 MG/ML SOLN PRSYR *pegvaliase-pqpz*	SP-P	PA, QL (3 PER 1 DAY), S
sapropterin dihydrochloride	*sapropterin dihydrochloride (100 mg packet, 100 mg tab, 500 mg packet)*	SP-P	SBG (Specialty Biosimilars and Specialty generics), S
zelvysia	*zelvysia (100 mg packet, 500 mg packet)*	SP-P	SBG (Specialty Biosimilars and Specialty generics), S
TRIPEPTIDYL PEPTIDASE 1 DEFICIENCY TREATMENT - AGENTS			
BRINEURA	BRINEURA 2 X 150 MG/5ML KIT *cerliponase alfa*	SP-M	PA, S
X-LINKED HYPOPHOSPHATEMIA (XLH) TREATMENT - AGENTS			
CRYSVITA	CRYSVITA (10 MG/ML SOLUTION, 20 MG/ML SOLUTION, 30 MG/ML SOLUTION) *burosumab-twza*	SP-M	PA, S

BRAND NAME	DRUG DESCRIPTION (RX)	TIER	LIMITS & RESTRICTIONS
METABOLIC MODIFIER COMBINATIONS			
KYGEVVI	KYGEVVI 2-2 GM PACKET *doxecitine-doxribtimine*	SP-NP	PA, S
NATRIURETIC PEPTIDES			
VOXZOGO	VOXZOGO (0.4 MG RECON SOLN, 0.56 MG RECON SOLN, 1.2 MG RECON SOLN) *vosoritide*	SP-P	PA, QL (30 PER 30 DAY(S)), S
CARDIOTONICS CARDIAC GLYCOSIDES			
digitek	*digitek (125 mcg tab, 250 mcg tab)*	TIER 1	
digox	*digox 125 mcg tab*	TIER 1	
digoxin	*digoxin (0.05 mg/ml solution, 62.5 mcg tab, 125 mcg tab, 250 mcg tab)*	TIER 1	
ANTIANGINAL AGENTS NITRATES			
isosorbide dinitrate	*isosorbide dinitrate (5 mg tab, 10 mg tab, 20 mg tab, 30 mg tab)*	TIER 1	
isosorbide mononitrate	*isosorbide mononitrate (10 mg tab, 20 mg tab)*	TIER 1	
isosorbide mononitrate er	*isosorbide mononitrate er (er 30 mg tab er 24h, er 60 mg tab er 24h, er 120 mg tab er 24h)*	TIER 1	
nitro-bid	*nitro-bid 2 % ointment*	TIER 1	
nitroglycerin	*nitroglycerin (0.1 mg/hr patch 24hr, 0.2 mg/hr patch 24hr, 0.3 mg sl tab, 0.4 mg sl tab, 0.4 mg/hr patch 24hr, 0.4 mg/spray solution, 0.6 mg sl tab, 0.6 mg/hr patch 24hr, 2 % ointment)*	TIER 1	
ANTIANGINALS-OTHER			
ranolazine er	*ranolazine er (er 500 mg tab er 12h, er 1000 mg tab er 12h)*	TIER 1	

BRAND NAME	DRUG DESCRIPTION (RX)	TIER	LIMITS & RESTRICTIONS
BETA BLOCKERS			
BETA BLOCKERS NON-SELECTIVE			
HEMANGEOL	HEMANGEOL 4.28 MG/ML SOLUTION *propranolol hcl*	SP-P	S
nadolol	*nadolol (20 mg tab, 40 mg tab, 80 mg tab)*	TIER 1	PV
pindolol	*pindolol (5 mg tab, 10 mg tab)*	TIER 1	PV
propranolol hcl	*propranolol hcl (10 mg tab, 20 mg tab, 20 mg/5ml solution, 40 mg tab, 40 mg/5ml solution, 60 mg tab, 80 mg tab)*	TIER 1	PV
propranolol hcl er	*propranolol hcl er (er 60 mg cap er 24h, er 80 mg cap er 24h, er 120 mg cap er 24h, er 160 mg cap er 24h)*	TIER 1	PV
sorine	*sorine (80 mg tab, 120 mg tab, 160 mg tab, 240 mg tab)*	TIER 1	PV
sotalol hcl	*sotalol hcl (80 mg tab, 120 mg tab, 160 mg tab, 240 mg tab)*	TIER 1	PV
sotalol hcl (af)	*sotalol hcl (af) (80 mg tab, 120 mg tab, 160 mg tab)*	TIER 1	PV
timolol maleate	*timolol maleate (5 mg tab, 10 mg tab)*	TIER 1	PV
timolol maleate	*timolol maleate 20 mg tab*	TIER 3	PV
BETA BLOCKERS CARDIO-SELECTIVE			
acebutolol hcl	*acebutolol hcl (200 mg cap, 400 mg cap)*	TIER 1	PV
atenolol	*atenolol (25 mg tab, 50 mg tab, 100 mg tab)*	TIER 1	PV
betaxolol hcl	*betaxolol hcl (10 mg tab, 20 mg tab)*	TIER 1	PV
bisoprolol fumarate	*bisoprolol fumarate (5 mg tab, 10 mg tab)*	TIER 1	PV

BRAND NAME	DRUG DESCRIPTION (RX)	TIER	LIMITS & RESTRICTIONS
metoprolol succinate er	*metoprolol succinate er (er 25 mg tab er 24h, er 50 mg tab er 24h, er 100 mg tab er 24h, er 200 mg tab er 24h)*	TIER 1	PV
metoprolol tartrate	*metoprolol tartrate (25 mg tab, 50 mg tab, 100 mg tab)*	TIER 1	PV
nebivolol hcl	*nebivolol hcl (2.5 mg tab, 5 mg tab, 10 mg tab, 20 mg tab)*	TIER 1	PV
ALPHA-BETA BLOCKERS			
carvedilol	*carvedilol (3.125 mg tab, 6.25 mg tab, 12.5 mg tab, 25 mg tab)*	TIER 1	PV
carvedilol phosphate er	*carvedilol phosphate er (er 10 mg cap er 24h, er 20 mg cap er 24h, er 40 mg cap er 24h, er 80 mg cap er 24h)*	TIER 1	
labetalol hcl	*labetalol hcl (100 mg tab, 200 mg tab, 300 mg tab)*	TIER 1	PV
CALCIUM CHANNEL BLOCKERS			
amlodipine besylate	*amlodipine besylate (2.5 mg tab, 5 mg tab, 10 mg tab)*	TIER 1	
cartia xt	*cartia xt (120 mg cap er 24h, 180 mg cap er 24h, 240 mg cap er 24h, 300 mg cap er 24h)*	TIER 1	
dilt-xr	*dilt-xr (120 mg cap er 24h, 180 mg cap er 24h, 240 mg cap er 24h)*	TIER 1	
diltiazem hcl	*diltiazem hcl (25 mg/5ml solution, 30 mg tab, 60 mg tab, 90 mg tab, 120 mg tab)*	TIER 1	

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BRAND NAME	DRUG DESCRIPTION (RX)	TIER	LIMITS & RESTRICTIONS
diltiazem hcl er	*diltiazem hcl er (er 60 mg cap er 12h, er 90 mg cap er 12h, er 120 mg cap er 12h, er 120 mg cap er 24h, er 120 mg tab er 24h, er 180 mg cap er 24h, er 180 mg tab er 24h, er 240 mg cap er 24h, er 240 mg tab er 24h, er 300 mg tab er 24h, er 360 mg tab er 24h, er 420 mg tab er 24h)*	TIER 1	
diltiazem hcl er beads	*diltiazem hcl er beads (er beads 120 mg cap er 24h, er beads 180 mg cap er 24h, er beads 240 mg cap er 24h, er beads 300 mg cap er 24h, er beads 360 mg cap er 24h, er beads 420 mg cap er 24h)*	TIER 1	
diltiazem hcl er coated beads	*diltiazem hcl er coated beads (er beads 120 mg cap er 24h, er beads 180 mg cap er 24h, er beads 240 mg cap er 24h, er beads 300 mg cap er 24h, er beads 360 mg cap er 24h)*	TIER 1	
felodipine er	*felodipine er (er 2.5 mg tab er 24h, er 5 mg tab er 24h, er 10 mg tab er 24h)*	TIER 1	
isradipine	*isradipine (2.5 mg cap, 5 mg cap)*	TIER 1	
matzim la	*matzim la (180 mg tab er 24h, 240 mg tab er 24h, 300 mg tab er 24h, 360 mg tab er 24h, 420 mg tab er 24h)*	TIER 1	
nicardipine hcl	*nicardipine hcl (20 mg cap, 30 mg cap)*	TIER 1	
nifedipine	*nifedipine (10 mg cap, 20 mg cap)*	TIER 1	
nifedipine er	*nifedipine er (er 30 mg tab er 24h, er 60 mg tab er 24h, er 90 mg tab er 24h)*	TIER 1	
nifedipine er osmotic release	*nifedipine er osmotic release (er 30 mg tab er 24h, er 60 mg tab er 24h, er 90 mg tab er 24h)*	TIER 1	

BRAND NAME	DRUG DESCRIPTION (RX)	TIER	LIMITS & RESTRICTIONS
NIMODIPINE	NIMODIPINE (30 MG CAP, 60 MG/20ML SOLUTION) *nimodipine*	TIER 1	
nisoldipine er	*nisoldipine er (er 8.5 mg tab er 24h, er 17 mg tab er 24h, er 20 mg tab er 24h, er 25.5 mg tab er 24h, er 30 mg tab er 24h, er 34 mg tab er 24h, er 40 mg tab er 24h)*	TIER 1	
taztia xt	*taztia xt (120 mg cap er 24h, 180 mg cap er 24h, 240 mg cap er 24h, 300 mg cap er 24h, 360 mg cap er 24h)*	TIER 1	
tiadylt er	*tiadylt er (er 120 mg cap er 24h, er 180 mg cap er 24h, er 240 mg cap er 24h, er 300 mg cap er 24h, er 360 mg cap er 24h, er 420 mg cap er 24h)*	TIER 1	
verapamil hcl	*verapamil hcl (40 mg tab, 80 mg tab, 120 mg tab)*	TIER 1	
verapamil hcl er	*verapamil hcl er (er 100 mg cap er 24h, er 120 mg cap er 24h, er 120 mg tab er, er 180 mg cap er 24h, er 180 mg tab er, er 200 mg cap er 24h, er 240 mg cap er 24h, er 240 mg tab er, er 300 mg cap er 24h, er 360 mg cap er 24h)*	TIER 1	
ANTIARRHYTHMICS ANTIARRHYTHMICS TYPE I-A			
disopyramide phosphate	*disopyramide phosphate (100 mg cap, 150 mg cap)*	TIER 1	
NORPACE CR	NORPACE CR (100 MG CAP ER 12H, 150 MG CAP ER 12H) *disopyramide phosphate*	TIER 3	
quinidine gluconate er	*quinidine gluconate er 324 mg tab er*	TIER 1	
QUINIDINE SULFATE	QUINIDINE SULFATE (200 MG TAB, 300 MG TAB) *quinidine sulfate*	TIER 1	

BRAND NAME	DRUG DESCRIPTION (RX)	TIER	LIMITS & RESTRICTIONS
ANTIARRHYTHMICS TYPE I-B			
mexiletine hcl	*mexiletine hcl (150 mg cap, 200 mg cap, 250 mg cap)*	TIER 1	
ANTIARRHYTHMICS TYPE I-C			
flecainide acetate	*flecainide acetate (50 mg tab, 100 mg tab, 150 mg tab)*	TIER 1	
propafenone hcl	*propafenone hcl (150 mg tab, 225 mg tab, 300 mg tab)*	TIER 1	
propafenone hcl er	*propafenone hcl er (er 225 mg cap er 12h, er 325 mg cap er 12h, er 425 mg cap er 12h)*	TIER 1	
ANTIARRHYTHMICS TYPE III			
amiodarone hcl	*amiodarone hcl (100 mg tab, 200 mg tab, 400 mg tab)*	TIER 1	
dofetilide	*dofetilide (125 mcg cap, 250 mcg cap, 500 mcg cap)*	TIER 1	
MULTAQ	MULTAQ 400 MG TAB *dronedarone hcl*	TIER 3	
pacerone	*pacerone (100 mg tab, 200 mg tab, 400 mg tab)*	TIER 1	
ANTIHYPERTENSIVES ACE INHIBITORS			
benazepril hcl	*benazepril hcl (5 mg tab, 10 mg tab, 20 mg tab, 40 mg tab)*	TIER 1	PV
captopril	*captopril (12.5 mg tab, 25 mg tab, 50 mg tab, 100 mg tab)*	TIER 1	PV
enalapril maleate	*enalapril maleate (2.5 mg tab, 5 mg tab, 10 mg tab, 20 mg tab)*	TIER 1	PV
enalapril maleate	*enalapril maleate 1 mg/ml solution*	TIER 1	PA, QL (1200 PER 30 DAY(S))
fosinopril sodium	*fosinopril sodium (10 mg tab, 20 mg tab, 40 mg tab)*	TIER 1	PV

BRAND NAME	DRUG DESCRIPTION (RX)	TIER	LIMITS & RESTRICTIONS
lisinopril	*lisinopril (2.5 mg tab, 5 mg tab, 10 mg tab, 20 mg tab, 30 mg tab, 40 mg tab)*	TIER 1	PV
moexipril hcl	*moexipril hcl (7.5 mg tab, 15 mg tab)*	TIER 1	PV
PERINDOPRIL ERBUMINE	PERINDOPRIL ERBUMINE (2 MG TAB, 4 MG TAB, 8 MG TAB) *perindopril erbumine*	TIER 1	PV
quinapril hcl	*quinapril hcl (5 mg tab, 10 mg tab, 20 mg tab, 40 mg tab)*	TIER 1	PV
ramipril	*ramipril (1.25 mg cap, 2.5 mg cap, 5 mg cap, 10 mg cap)*	TIER 1	PV
trandolapril	*trandolapril (1 mg tab, 2 mg tab, 4 mg tab)*	TIER 1	PV
ANGIOTENSIN II RECEPTOR ANTAGONISTS			
candesartan cilexetil	*candesartan cilexetil (4 mg tab, 8 mg tab, 16 mg tab, 32 mg tab)*	TIER 1	
irbesartan	*irbesartan (75 mg tab, 150 mg tab, 300 mg tab)*	TIER 1	
losartan potassium	*losartan potassium (25 mg tab, 50 mg tab, 100 mg tab)*	TIER 1	
olmesartan medoxomil	*olmesartan medoxomil (5 mg tab, 20 mg tab, 40 mg tab)*	TIER 1	
telmisartan	*telmisartan (20 mg tab, 40 mg tab, 80 mg tab)*	TIER 1	
valsartan	*valsartan (40 mg tab, 80 mg tab, 160 mg tab, 320 mg tab)*	TIER 1	
DIRECT RENIN INHIBITORS			
aliskiren fumarate	*aliskiren fumarate (150 mg tab, 300 mg tab)*	TIER 1	
ANTIADRENERGICS - CENTRALLY ACTING			
clonidine	*clonidine (0.1 mg/24hr patch wk, 0.2 mg/24hr patch wk, 0.3 mg/24hr patch wk)*	TIER 1	
clonidine hcl	*clonidine hcl (0.1 mg tab, 0.2 mg tab, 0.3 mg tab)*	TIER 1	

BRAND NAME	DRUG DESCRIPTION (RX)	TIER	LIMITS & RESTRICTIONS
guanfacine hcl	*guanfacine hcl (1 mg tab, 2 mg tab)*	TIER 1	
METHYLDOPA	METHYLDOPA (250 MG TAB, 500 MG TAB) *methyldopa*	TIER 2	
ANTIADRENERGICS - PERIPHERALLY ACTING			
doxazosin mesylate	*doxazosin mesylate (1 mg tab, 2 mg tab, 4 mg tab, 8 mg tab)*	TIER 1	
prazosin hcl	*prazosin hcl (1 mg cap, 2 mg cap, 5 mg cap)*	TIER 1	
terazosin hcl	*terazosin hcl (1 mg cap, 2 mg cap, 5 mg cap, 10 mg cap)*	TIER 1	
SELECTIVE ALDOSTERONE RECEPTOR ANTAGONISTS (SARAS)			
eplerenone	*eplerenone (25 mg tab, 50 mg tab)*	TIER 1	
AGENTS FOR PHEOCHROMOCYTOMA			
metyrosine	*metyrosine 250 mg cap*	TIER 1	
phenoxybenzamine hcl	*phenoxybenzamine hcl 10 mg cap*	TIER 1	
VASODILATORS			
hydralazine hcl	*hydralazine hcl (10 mg tab, 25 mg tab, 50 mg tab, 100 mg tab)*	TIER 1	
minoxidil	*minoxidil (2.5 mg tab, 10 mg tab)*	TIER 1	
ACE INHIBITOR & CALCIUM CHANNEL BLOCKER COMBINATIONS			
amlodipine besy-benazepril hcl	*amlodipine besy-benazepril hcl (2.5-10 mg cap, 5-10 mg cap, 5-20 mg cap, 5-40 mg cap, 10-20 mg cap, 10-40 mg cap)*	TIER 1	PV
ACE INHIBITORS & THIAZIDE/THIAZIDE-LIKE			
benazepril-hydrochlorothiazide	*benazepril-hydrochlorothiazide (5-6.25 mg tab, 10-12.5 mg tab, 20-12.5 mg tab, 20-25 mg tab)*	TIER 1	PV
captopril-hydrochlorothiazide	*captopril-hydrochlorothiazide 25-15 mg tab*	TIER 1	PV

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BRAND NAME	DRUG DESCRIPTION (RX)	TIER	LIMITS & RESTRICTIONS
enalapril-hydrochlorothiazide	*enalapril-hydrochlorothiazide (5-12.5 mg tab, 10-25 mg tab)*	TIER 1	PV
fosinopril sodium-hctz	*fosinopril sodium-hctz (10-12.5 mg tab, 20-12.5 mg tab)*	TIER 1	PV
lisinopril-hydrochlorothiazide	*lisinopril-hydrochlorothiazide (10-12.5 mg tab, 20-12.5 mg tab, 20-25 mg tab)*	TIER 1	PV
quinapril-hydrochlorothiazide	*quinapril-hydrochlorothiazide (10-12.5 mg tab, 20-12.5 mg tab, 20-25 mg tab)*	TIER 1	
BETA BLOCKER & DIURETIC COMBINATIONS			
atenolol-chlorthalidone	*atenolol-chlorthalidone (50-25 mg tab, 100-25 mg tab)*	TIER 1	PV
bisoprolol-hydrochlorothiazide	*bisoprolol-hydrochlorothiazide (2.5-6.25 mg tab, 5-6.25 mg tab, 10-6.25 mg tab)*	TIER 1	PV
metoprolol-hydrochlorothiazide	*metoprolol-hydrochlorothiazide (50-25 mg tab, 100-25 mg tab, 100-50 mg tab)*	TIER 1	PV
ANGIOTENSIN II RECEPTOR ANTAG & CA CHANNEL BLOCKER COMB			
amlodipine besylate-valsartan	*amlodipine besylate-valsartan (5-160 mg tab, 5-320 mg tab, 10-160 mg tab, 10-320 mg tab)*	TIER 1	
amlodipine-olmesartan	*amlodipine-olmesartan (5-20 mg tab, 5-40 mg tab, 10-20 mg tab, 10-40 mg tab)*	TIER 1	
telmisartan-amlodipine	*telmisartan-amlodipine (40-10 mg tab, 40-5 mg tab, 80-10 mg tab, 80-5 mg tab)*	TIER 1	
ANGIOTENSIN II RECEPTOR ANTAG & THIAZIDE/THIAZIDE-LIKE			
candesartan cilexetil-hctz	*candesartan cilexetil-hctz (16-12.5 mg tab, 32-12.5 mg tab, 32-25 mg tab)*	TIER 1	
irbesartan-hydrochlorothiazide	*irbesartan-hydrochlorothiazide (150-12.5 mg tab, 300-12.5 mg tab)*	TIER 1	

BRAND NAME	DRUG DESCRIPTION (RX)	TIER	LIMITS & RESTRICTIONS
losartan potassium-hctz	*losartan potassium-hctz (50-12.5 mg tab, 100-12.5 mg tab, 100-25 mg tab)*	TIER 1	
olmesartan medoxomil-hctz	*olmesartan medoxomil-hctz (20-12.5 mg tab, 40-12.5 mg tab, 40-25 mg tab)*	TIER 1	
telmisartan-hctz	*telmisartan-hctz (40-12.5 mg tab, 80-12.5 mg tab, 80-25 mg tab)*	TIER 1	
valsartan-hydrochlorothiazide	*valsartan-hydrochlorothiazide (80-12.5 mg tab, 160-12.5 mg tab, 160-25 mg tab, 320-12.5 mg tab, 320-25 mg tab)*	TIER 1	
ANGIOTENSIN II RECEPTOR ANT-CA CHANNEL BLOCKER-THIAZIDES			
olmesartan-amlodipine-hctz	*olmesartan-amlodipine-hctz (20-5-12.5 mg tab, 40-10-12.5 mg tab, 40-10-25 mg tab, 40-5-12.5 mg tab, 40-5-25 mg tab)*	TIER 1	
DIURETICS CARBONIC ANHYDRASE INHIBITORS			
acetazolamide	*acetazolamide (125 mg tab, 250 mg tab)*	TIER 1	
acetazolamide er	*acetazolamide er 500 mg cap er 12h*	TIER 1	
methazolamide	*methazolamide (25 mg tab, 50 mg tab)*	TIER 1	
LOOP DIURETICS			
bumetanide	*bumetanide (0.5 mg tab, 1 mg tab, 2 mg tab)*	TIER 1	
ethacrynic acid	*ethacrynic acid 25 mg tab*	TIER 1	
FUROSEMIDE	FUROSEMIDE (8 MG/ML SOLUTION, 10 MG/ML SOLUTION, 20 MG TAB, 40 MG TAB, 80 MG TAB) *furosemide*	TIER 1	
torsemide	*torsemide (5 mg tab, 10 mg tab, 20 mg tab, 100 mg tab)*	TIER 1	

BRAND NAME	DRUG DESCRIPTION (RX)	TIER	LIMITS & RESTRICTIONS
POTASSIUM SPARING DIURETICS			
amiloride hcl	*amiloride hcl 5 mg tab*	TIER 1	
spironolactone	*spironolactone (25 mg tab, 50 mg tab, 100 mg tab)*	TIER 1	
spironolactone	*spironolactone 25 mg/5ml suspension*	TIER 2	QL (600 PER 30 DAY(S))
triamterene	*triamterene (50 mg cap, 100 mg cap)*	TIER 1	
THIAZIDES AND THIAZIDE-LIKE DIURETICS			
chlorthalidone	*chlorthalidone (25 mg tab, 50 mg tab)*	TIER 1	
DIURIL	DIURIL 250 MG/5ML SUSPENSION *chlorothiazide*	TIER 3	
hydrochlorothiazide	*hydrochlorothiazide (12.5 mg cap, 12.5 mg tab, 25 mg tab, 50 mg tab)*	TIER 1	
indapamide	*indapamide (1.25 mg tab, 2.5 mg tab)*	TIER 1	
metolazone	*metolazone (2.5 mg tab, 5 mg tab, 10 mg tab)*	TIER 1	
DIURETIC COMBINATIONS			
amiloride-hydrochlorothiazide	*amiloride-hydrochlorothiazide 5-50 mg tab*	TIER 1	
spironolactone-hctz	*spironolactone-hctz 25-25 mg tab*	TIER 1	
triamterene-hctz	*triamterene-hctz (37.5-25 mg cap, 37.5-25 mg tab, 75-50 mg tab)*	TIER 1	
VASOPRESSORS			
ADRENALIN	ADRENALIN 1 MG/ML SOLUTION *epinephrine*	TIER 1	GA
EPINEPHRINE	EPINEPHRINE 1 MG/ML SOLUTION *epinephrine*	TIER 1	GA
epinephrine pf	*epinephrine pf 1 mg/ml solution*	TIER 1	
midodrine hcl	*midodrine hcl (2.5 mg tab, 5 mg tab, 10 mg tab)*	TIER 1	

BRAND NAME	DRUG DESCRIPTION (RX)	TIER	LIMITS & RESTRICTIONS
ANAPHYLAXIS THERAPY AGENTS			
epinephrine	*epinephrine (0.15 soln a-inj, 0.3 soln a-inj)*	TIER 1	QL (2 INJ PER FILL(S))
epinephrine	*epinephrine 0.15 mg/0.15ml soln a-inj*	TIER 2	QL (2 INJ PER FILL(S))
ANTIHYPERLIPIDEMICS BILE ACID SEQUESTRANTS			
cholestyramine	*cholestyramine (4 gm packet, 4 gm/dose powder)*	TIER 1	
cholestyramine light	*cholestyramine light (4 gm packet, 4 gm/dose powder)*	TIER 1	
colesevelam hcl	*colesevelam hcl (3.75 gm packet, 625 mg tab)*	TIER 1	
colestipol hcl	*colestipol hcl (1 gm tab, 5 gm granules, 5 gm packet)*	TIER 1	
prevalite	*prevalite (4 gm packet, 4 gm/dose powder)*	TIER 1	
FIBRIC ACID DERIVATIVES			
fenofibrate	*fenofibrate (48 mg tab, 50 mg cap, 54 mg tab, 67 mg cap, 134 mg cap, 145 mg tab, 150 mg cap, 160 mg tab, 200 mg cap)*	TIER 1	
fenofibrate micronized	*fenofibrate micronized (43 mg cap, 67 mg cap, 130 mg cap, 134 mg cap, 200 mg cap)*	TIER 1	
fenofibric acid	*fenofibric acid (45 mg cap dr, 135 mg cap dr)*	TIER 1	
gemfibrozil	*gemfibrozil 600 mg tab*	TIER 1	
INTESTINAL CHOLESTEROL ABSORPTION INHIBITORS			
ezetimibe	*ezetimibe 10 mg tab*	TIER 1	
PCSK9 INHIBITORS			
LIPFENDRA	LIPFENDRA 20 MG TAB *enlicitide decanoate*	P&T	QL (1 TAB PER DAY(S))
PRALUENT	PRALUENT (75 MG/ML SOLN A-INJ, 150 MG/ML SOLN A-INJ) *alirocumab*	TIER 3	PA, QL (2 PER 28 DAY(S)), MN-PA (Medically Necessary Prior Authorization)

BRAND NAME	DRUG DESCRIPTION (RX)	TIER	LIMITS & RESTRICTIONS
REPATHA	REPATHA 140 MG/ML SOLN PRSYR *evolocumab*	TIER 3	PA, QL (3 PREFILLED SYRINGES PER 30 DAY(S))
REPATHA PUSHTRONEX SYSTEM	REPATHA PUSHTRONEX SYSTEM 420 MG/3.5ML SOLN CART *evolocumab*	TIER 3	PA, QL (1 PER 30 DAYS)
REPATHA SURECLICK	REPATHA SURECLICK 140 MG/ML SOLN A-INJ *evolocumab*	TIER 3	PA, QL (3 AUTOINJECTORS PER 30 DAY(S))
SMALL INTERFERING RNA (SIRNA) PCSK9 INHIBITORS			
LEQVIO	LEQVIO 284 MG/1.5ML SOLN PRSYR *inclisiran sodium*	SP-M	PA, QL (1 PER 180 DAY(S)), S
ADENOSINE TRIPHOSPHATE-CITRATE LYASE (ACL) INHIBITORS			
NEXLETOL	NEXLETOL 180 MG TAB *bempedoic acid*	TIER 3	PA, QL (30 PER 30 DAY(S))
ANGIOPOIETIN-LIKE PROTEIN 3 (ANGPTL3) INHIBITORS			
EVKEEZA	EVKEEZA (345 MG/2.3ML SOLUTION, 1200 MG/8ML SOLUTION) *evinacumab-dgnb*	SP-M	PA, S
HMG COA REDUCTASE INHIBITORS			
atorvastatin calcium	*atorvastatin calcium (10 mg tab, 20 mg tab, 40 mg tab, 80 mg tab)*	TIER 1	PV
fluvastatin sodium	*fluvastatin sodium (20 mg cap, 40 mg cap)*	TIER 1	PV
fluvastatin sodium er	*fluvastatin sodium er 80 mg tab er 24h*	TIER 1	PV
lovastatin	*lovastatin (10 mg tab, 20 mg tab, 40 mg tab)*	TIER 1	PV
pitavastatin calcium	*pitavastatin calcium (1 mg tab, 2 mg tab, 4 mg tab)*	TIER 2	PV
pravastatin sodium	*pravastatin sodium (10 mg tab, 20 mg tab, 40 mg tab, 80 mg tab)*	TIER 1	PV
rosuvastatin calcium	*rosuvastatin calcium (5 mg tab, 10 mg tab, 20 mg tab, 40 mg tab)*	TIER 1	PV

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BRAND NAME	DRUG DESCRIPTION (RX)	TIER	LIMITS & RESTRICTIONS
simvastatin	*simvastatin (5 mg tab, 10 mg tab, 20 mg tab, 40 mg tab, 80 mg tab)*	TIER 1	PV
ZYPITAMAG	ZYPITAMAG (2 MG TAB, 4 MG TAB) *pitavastatin magnesium*	TIER 2	PV
NICOTINIC ACID DERIVATIVES			
niacin er (antihyperlipidemic)	*niacin er (antihyperlipidemic) (er 500 mg tab er, er 750 mg tab er, er 1000 mg tab er)*	TIER 1	
MICROSOMAL TRIGLYCERIDE TRANSFER PROTEIN INHIBITORS			
JUXTAPID	JUXTAPID (5 MG CAP, 10 MG CAP, 20 MG CAP, 30 MG CAP) *lomitapide mesylate*	SP-P	PA, QL (30 PER 30 DAYS), S
JUXTAPID	JUXTAPID 2 MG CAP *lomitapide mesylate*	SP-P	PA, QL (1 CAP PER DAY(S)), S
ACL INHIB-INTESTINAL CHOLESTEROL ABSORPTION INHIB COMB			
NEXLIZET	NEXLIZET 180-10 MG TAB *bempedoic acid-ezetimibe*	TIER 3	PA, QL (30 PER 30 DAY(S))
INTEST CHOLEST ABSORP INHIB-HMG COA REDUCTASE INHIB COMB			
ezetimibe-simvastatin	*ezetimibe-simvastatin (10-10 mg tab, 10-20 mg tab, 10-40 mg tab, 10-80 mg tab)*	TIER 1	
CARDIOVASCULAR AGENTS - MISC. PULMONARY HYPERTENSION - ACTIVIN SIGNALING INHIBITOR			
WINREVAIR	WINREVAIR (2 X 45 MG KIT, 2 X 60 MG KIT, 45 MG KIT, 60 MG KIT) *sotatercept-csrk*	SP-P	PA, QL (1 KIT PER 21 DAY(S)), S

BRAND NAME	DRUG DESCRIPTION (RX)	TIER	LIMITS & RESTRICTIONS
PULMONARY HYPERTENSION - PROSTACYCLIN RECEPTOR AGONIST			
UPTRAVI	UPTRAVI (200 MCG TAB, 400 MCG TAB, 600 MCG TAB, 800 MCG TAB, 1000 MCG TAB, 1200 MCG TAB, 1400 MCG TAB, 1600 MCG TAB) *selexipag*	SP-P	PA, QL (60 PER 30 DAYS), S
UPTRAVI	UPTRAVI 100 MCG TAB *selexipag*	SP-P	PA, QL (4 TAB PER DAY(S)), S
UPTRAVI	UPTRAVI 150 MCG TAB *selexipag*	SP-P	PA, QL (6 TAB PER DAY(S)), S
UPTRAVI	UPTRAVI 1800 MCG RECON SOLN *selexipag*	SP-M	PA, S
UPTRAVI	UPTRAVI 200 & 800 MCG TAB THPK *selexipag*	SP-P	PA, QL (1 PER LIFETIME), S
PULM HYPERTEN-SOLUBLE GUANYLATE CYCLASE STIMULATOR (SGC)			
ADEMPAS	ADEMPAS (0.5 MG TAB, 1 MG TAB, 1.5 MG TAB, 2 MG TAB, 2.5 MG TAB) *riociguat*	SP-NP	PA, QL (3 TAB PER DAY(S)), S, GA
riociguat	*riociguat (0.5 mg tab, 1 mg tab, 1.5 mg tab, 2 mg tab, 2.5 mg tab)*	SP-P	PA, QL (3 TAB PER DAY(S)), S
PULMONARY HYPERTENSION - PHOSPHODIESTERASE INHIBITORS			
alyq	*alyq 20 mg tab*	SP-P	PA, QL (2 TAB PER DAY(S)), SBG (Specialty Biosimilars and Specialty generics), S
REVATIO	REVATIO 10 MG/12.5ML SOLUTION *sildenafil citrate (pulmonary hypertension)*	SP-M	PA, S, GA
REVATIO	REVATIO 10 MG/ML RECON SUSP *sildenafil citrate (pulmonary hypertension)*	SP-NP	PA, QL (720 PER 30 DAYS), S, GA
sildenafil citrate	*sildenafil citrate 10 mg/12.5ml solution*	SP-M	PA, S
sildenafil citrate	*sildenafil citrate 10 mg/ml recon susp*	SP-P	PA, QL (720 PER 30 DAYS), SBG (Specialty Biosimilars and Specialty generics), S

BRAND NAME	DRUG DESCRIPTION (RX)	TIER	LIMITS & RESTRICTIONS
sildenafil citrate	*sildenafil citrate 20 mg tab*	SP-P	PA, QL (12 TAB PER DAY(S)), SBG (Specialty Biosimilars and Specialty generics), S
tadalafil (pah)	*tadalafil (pah) 20 mg tab*	SP-P	PA, QL (2 TAB PER DAY(S)), SBG (Specialty Biosimilars and Specialty generics), S
TADLIQ	TADLIQ 20 MG/5ML SUSPENSION *tadalafil (pulmonary hypertension)*	SP-NP	PA, QL (10 PER DAY(S)), S
PULMONARY HYPERTENSION - ENDOTHELIN RECEPTOR ANTAGONISTS			
ambrisentan	*ambrisentan (5 mg tab, 10 mg tab)*	SP-P	PA, QL (30 PER 30 DAYS), SBG (Specialty Biosimilars and Specialty generics), S
bosentan	*bosentan (62.5 mg tab, 125 mg tab)*	SP-P	PA, QL (60 PER 30 DAY(S)), SBG (Specialty Biosimilars and Specialty generics), S
bosentan	*bosentan 32 mg tab sol*	SP-P	PA, QL (120 PER 30 DAY(S)), S
LETAIRIS	LETAIRIS (5 MG TAB, 10 MG TAB) *ambrisentan*	SP-NP	PA, QL (30 PER 30 DAYS), S, GA
macitentan	*macitentan 10 mg tab*	SP-P	PA, QL (1 TAB PER DAY(S)), S
OPSUMIT	OPSUMIT 10 MG TAB *macitentan*	SP-NP	PA, QL (1 TAB PER DAY(S)), S, GA
TRACLEER	TRACLEER (62.5 MG TAB, 125 MG TAB) *bosentan*	SP-NP	PA, QL (60 PER 30 DAY(S)), S, GA
TRACLEER	TRACLEER 32 MG TAB SOL *bosentan*	SP-P	PA, QL (120 PER 30 DAY(S)), S, GA
PROSTAGLANDIN VASODILATORS			
epoprostenol sodium	*epoprostenol sodium (0.5 mg recon soln, 1.5 mg recon soln)*	SP-M	PA, S
FLOLAN	FLOLAN (0.5 MG RECON SOLN, 1.5 MG RECON SOLN) *epoprostenol sodium*	SP-M	PA, S, GA

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BRAND NAME	DRUG DESCRIPTION (RX)	TIER	LIMITS & RESTRICTIONS
ORENITRAM	ORENITRAM (0.125 MG TAB ER, 0.25 MG TAB ER, 1 MG TAB ER, 2.5 MG TAB ER, 5 MG TAB ER) *treprostinil diolamine*	SP-P	PA, S
ORENITRAM MONTH 1	ORENITRAM MONTH 1 0.125 & 0.25 MG TBER THPK *treprostinil diolamine*	SP-P	PA, QL (6 PER DAY(S)), S
ORENITRAM MONTH 2	ORENITRAM MONTH 2 0.125 & 0.25 MG TBER THPK *treprostinil diolamine*	SP-P	PA, QL (12 PER DAY(S)), S
ORENITRAM MONTH 3	ORENITRAM MONTH 3 0.125 & 0.25 &1 MG TBER THPK *treprostinil diolamine*	SP-P	PA, QL (9 PER DAY(S)), S
REMODULIN	REMODULIN (8 SOLUTION, 20 SOLUTION, 50 SOLUTION, 100 SOLUTION, 200 SOLUTION) *treprostinil*	SP-M	PA, S
treprostinil	*treprostinil (20 solution, 50 solution, 100 solution, 200 solution)*	SP-M	PA, S
TYVASO	TYVASO 0.6 MG/ML SOLUTION *treprostinil*	SP-P	PA, QL (30 PER 30 DAYS), S
TYVASO DPI INSTITUTIONAL KIT	TYVASO DPI INSTITUTIONAL KIT (KIT 16 MCG POWDER, KIT 32 MCG POWDER, KIT 48 MCG POWDER, KIT 64 MCG POWDER, KIT 80 MCG POWDER) *treprostinil*	SP-P	PA, QL (4 PER 1 DAY(S)), S
TYVASO DPI MAINTENANCE KIT	TYVASO DPI MAINTENANCE KIT (KIT 112 32MCG 112 POWDER, KIT 112 48MCG 112 POWDER) *treprostinil*	SP-P	PA, QL (8 PER 1 DAY(S))

BRAND NAME	DRUG DESCRIPTION (RX)	TIER	LIMITS & RESTRICTIONS
TYVASO DPI MAINTENANCE KIT	TYVASO DPI MAINTENANCE KIT (KIT 16 MCG POWDER, KIT 32 MCG POWDER, KIT 48 MCG POWDER, KIT 64 MCG POWDER, KIT 80 MCG POWDER) *treprostinil*	SP-P	PA, QL (4 PER 1 DAY(S)), S
TYVASO DPI MAINTENANCE KIT	TYVASO DPI MAINTENANCE KIT 112 X 32MCG & 112 X48MCG POWDER *treprostinil*	SP-P	PA, QL (8 PER 1 DAY(S)), S
TYVASO DPI MAINTENANCE KIT	TYVASO DPI MAINTENANCE KIT 112 X 48MCG & 112 X80MCG POWDER *treprostinil*	SP-P	QL (1 KIT PER 28 DAY(S)), S
TYVASO DPI TITRATION KIT	TYVASO DPI TITRATION KIT 112 X 16MCG & 84 X 32MCG POWDER *treprostinil*	SP-P	PA, QL (7 PER 1 DAY(S)), S
TYVASO DPI TITRATION KIT	TYVASO DPI TITRATION KIT 16 & 32 & 48 MCG POWDER *treprostinil*	SP-P	PA, QL (9 PER 1 DAY(S)), S
TYVASO REFILL	TYVASO REFILL 0.6 MG/ML SOLUTION *treprostinil*	SP-P	PA, QL (30 PER 30 DAYS), S
TYVASO STARTER	TYVASO STARTER 0.6 MG/ML SOLUTION *treprostinil*	SP-P	PA, QL (30 PER 30 DAYS), S
VELETRI	VELETRI (0.5 MG RECON SOLN, 1.5 MG RECON SOLN) *epoprostenol sodium*	SP-M	PA, S, GA
CARDIAC MYOSIN INHIBITORS			
CAMZYOS	CAMZYOS (2.5 MG CAP, 5 MG CAP, 10 MG CAP, 15 MG CAP) *mavacamten*	SP-NP	PA, QL (1 PER DAY(S)), S
SELECTIVE CGMP PHOSPHODIESTERASE TYPE 5 INHIBITORS			
sildenafil citrate	*sildenafil citrate (25 mg tab, 50 mg tab, 100 mg tab)*	TIER 1	QL (6 TAB PER 30 DAY(S))
tadalafil	*tadalafil (10 mg tab, 20 mg tab)*	TIER 1	QL (6 TAB PER 30 DAY(S))

BRAND NAME	DRUG DESCRIPTION (RX)	TIER	LIMITS & RESTRICTIONS
tadalafil	*tadalafil (2.5 mg tab, 5 mg tab)*	TIER 1	QL (30 TAB PER 30 DAY(S))
vardenafil hcl	*vardenafil hcl (2.5 mg tab, 5 mg tab, 10 mg tab, 10 mg tab disp, 20 mg tab)*	TIER 1	QL (6 PER 30 DAYS)
TRANSTHYRETIN STABILIZERS			
ATTRUBY	ATTRUBY 356 MG TAB THPK *acoramidis hcl*	SP-P	PA, QL (120 TABLETS PER 30 DAY(S)), S
VYNDAMAX	VYNDAMAX 61 MG CAP *tafamidis*	SP-P	PA, QL (30 PER 30 DAY(S)), S
VYNDAQEL	VYNDAQEL 20 MG CAP *tafamidis meglumine (cardiac)*	SP-P	PA, QL (120 PER 30 DAY(S)), S
SINUS NODE INHIBITORS			
ivabradine hcl	*ivabradine hcl (5 mg tab, 7.5 mg tab)*	TIER 1	PA, QL (60 TAB PER 30 DAY(S))
NEPRILYSIN INHIB (ARNI)-ANGIOTENSIN II RECEPT ANTAG COMB			
ENTRESTO	ENTRESTO (6-6 MG CAP SPRINK, 15-16 MG CAP SPRINK) *sacubitril-valsartan*	TIER 2	
sacubitril-valsartan	*sacubitril-valsartan (24-26 mg tab, 49-51 mg tab, 97-103 mg tab)*	TIER 1	
CALCIUM CHANNEL BLOCKER & HMG COA REDUCTASE INHIBIT COMB			
amlodipine-atorvastatin	*amlodipine-atorvastatin (2.5-10 mg tab, 2.5-20 mg tab, 2.5-40 mg tab, 5-10 mg tab, 5-20 mg tab, 5-40 mg tab, 5-80 mg tab, 10-10 mg tab, 10-20 mg tab, 10-40 mg tab, 10-80 mg tab)*	TIER 1	
NITRATE & VASODILATOR COMBINATIONS			
isosorb dinitrate-hydralazine	*isosorb dinitrate-hydralazine 20-37.5 mg tab*	TIER 1	

BRAND NAME	DRUG DESCRIPTION (RX)	TIER	LIMITS & RESTRICTIONS
ANTIHISTAMINES ANTIHISTAMINES - ETHANOLAMINES			
carbinoxamine maleate	*carbinoxamine maleate (4 mg tab, 4 mg/5ml solution)*	TIER 1	
clemastine fumarate	*clemastine fumarate 2.68 mg tab*	TIER 1	
diphenhydramine hcl +rfid	*diphenhydramine hcl +rfid 50 mg/ml solution*	TIER 1	
diphenhydramine hcl	*diphenhydramine hcl 50 mg/ml solution*	TIER 1	
ANTIHISTAMINES - PHENOTHIAZINES			
promethazine hcl	*promethazine hcl (6.25 mg/5ml solution, 12.5 mg suppos, 12.5 mg tab, 12.5 mg/10ml solution, 25 mg suppos, 25 mg tab, 50 mg tab)*	TIER 1	
PROMETHEGAN	PROMETHEGAN (12.5 MG SUPPOS, 25 MG SUPPOS, 50 MG SUPPOS) *promethazine hcl*	TIER 1	
ANTIHISTAMINES - PIPERIDINES			
cyproheptadine hcl	*cyproheptadine hcl (2 mg/5ml syrup, 4 mg tab)*	TIER 1	
ANTIHISTAMINES - NON-SEDATING			
DESLORATADINE	DESLORATADINE (2.5 MG TAB DISP, 5 MG TAB, 5 MG TAB DISP) *desloratadine*	TIER 1	
NASAL AGENTS - SYSTEMIC AND TOPICAL NASAL STEROIDS			
flunisolide	*flunisolide 25 mcg/act (0.025%) solution*	TIER 1	PA
NASAL ANTICHOLINERGICS			
ipratropium bromide	*ipratropium bromide (0.03 % solution, 0.06 % solution)*	TIER 1	

BRAND NAME	DRUG DESCRIPTION (RX)	TIER	LIMITS & RESTRICTIONS
NASAL ANTIHISTAMINES			
azelastine hcl	*azelastine hcl (0.1 % solution, 137 mcg/spray solution)*	TIER 1	
olopatadine hcl	*olopatadine hcl 0.6 % solution*	TIER 1	
ANTIHISTAMINE-STEROID			
azelastine-fluticasone	*azelastine-fluticasone 137-50 mcg/act suspension*	TIER 1	
COUGH/COLD/ALLERGY ANTITUSSIVE - OPIOID			
hydrocodone bit-homatrop mbr	*hydrocodone bit-homatrop mbr (mg tab, mg/5ml solution)*	TIER 1	
hydromet	*hydromet 5-1.5 mg/5ml solution*	TIER 1	
ANTITUSSIVE - NONNARCOTIC			
benzonatate	*benzonatate (100 mg cap, 200 mg cap)*	TIER 1	
MUCOLYTICS			
acetylcysteine	*acetylcysteine (10 % solution, 20 % solution)*	TIER 1	
MISC. RESPIRATORY INHALANTS			
NEBUSAL	NEBUSAL 3 % NEBU SOLN *sodium chloride (inhalant)*	TIER 1	
SODIUM CHLORIDE	SODIUM CHLORIDE (0.9 % NEBU SOLN, 3 % NEBU SOLN, 7 % NEBU SOLN, 10 % NEBU SOLN) *sodium chloride (inhalant)*	TIER 1	
DECONGESTANT & ANTIHISTAMINE			
PROMETHAZINE VC	PROMETHAZINE VC 6.25-5 MG/5ML SYRUP *promethazine & phenylephrine*	TIER 1	GA
promethazine-phenylephrine	*promethazine-phenylephrine 6.25-5 mg/5ml syrup*	TIER 1	

BRAND NAME	DRUG DESCRIPTION (RX)	TIER	LIMITS & RESTRICTIONS
OPIOID ANTITUSSIVE-ANTIHISTAMINE			
hydrocod poli-chlorphe poli er	*hydrocod poli-chlorphe poli er 10-8 mg/5ml susp*	TIER 1	
promethazine-codeine	*promethazine-codeine (solution, syrup)*	TIER 1	
OPIOID ANTITUSSIVE-DECONGESTANT-ANTIHISTAMINE			
PROMETHAZINE VC/CODEINE	PROMETHAZINE VC/CODEINE 6.25-5-10 MG/5ML SYRUP *promethazine-phenylephrine-codeine*	TIER 1	GA
promethazine-phenyleph-codeine	*promethazine-phenyleph-codeine 6.25-5-10 mg/5ml syrup*	TIER 1	
NON-NARC ANTITUSSIVE-ANTIHISTAMINE			
promethazine-dm	*promethazine-dm 6.25-15 mg/5ml syrup*	TIER 1	
NON-NARC ANTITUSSIVE-DECONGESTANT-ANTIHISTAMINE			
bromfed dm	*bromfed dm 2-30-10 mg/5ml syrup*	TIER 1	
pseudoeph-bromphen-dm	*pseudoeph-bromphen-dm 30-2-10 mg/5ml syrup*	TIER 1	
ANTIASTHMATIC AND BRONCHODILATOR AGENTS BRONCHODILATORS - ANTICHOLINERGICS			
ATROVENT HFA	ATROVENT HFA 17 MCG/ACT AERO SOLN *ipratropium bromide hfa*	TIER 2	GA
ipratropium bromide	*ipratropium bromide 0.02 % solution*	TIER 1	
ipratropium bromide hfa	*ipratropium bromide hfa 17 mcg/act aero soln*	TIER 2	
SPIRIVA HANDIHALER	SPIRIVA HANDIHALER 18 MCG CAP *tiotropium bromide*	TIER 2	
SPIRIVA RESPIMAT	SPIRIVA RESPIMAT (1.25 AERO SOLN, 2.5 AERO SOLN) *tiotropium bromide monohydrate*	TIER 2	

BRAND NAME	DRUG DESCRIPTION (RX)	TIER	LIMITS & RESTRICTIONS
ANTI-INFLAMMATORY AGENTS			
cromolyn sodium	*cromolyn sodium 20 mg/2ml nebu soln*	TIER 1	
BETA ADRENERGICS			
albuterol sulfate	*albuterol sulfate (0.63 mg/3ml nebu soln, 1.25 mg/3ml nebu soln, 2 mg tab, 2 mg/5ml syrup, (2.5 mg/3ml) 0.083% nebu soln, 2.5 mg/0.5ml nebu soln, 4 mg tab, (5 mg/ml) 0.5% nebu soln, 8 mg/20ml syrup)*	TIER 1	
albuterol sulfate hfa	*albuterol sulfate hfa 108 (90 base) mcg/act aero soln*	TIER 1	
arformoterol tartrate	*arformoterol tartrate 15 mcg/2ml nebu soln*	TIER 1	
formoterol fumarate	*formoterol fumarate 20 mcg/2ml nebu soln*	TIER 1	
levalbuterol hcl	*levalbuterol hcl (0.31 mg/3ml nebu soln, 0.63 mg/3ml nebu soln, 1.25 mg/0.5ml nebu soln, 1.25 mg/3ml nebu soln)*	TIER 1	
levalbuterol tartrate	*levalbuterol tartrate 45 mcg/act aerosol*	TIER 1	
SEREVENT DISKUS	SEREVENT DISKUS 50 MCG/ACT AER POW BA *salmeterol xinafoate*	TIER 2	
STRIVERDI RESPIMAT	STRIVERDI RESPIMAT 2.5 MCG/ACT AERO SOLN *olodaterol hcl*	TIER 3	
terbutaline sulfate	*terbutaline sulfate (2.5 mg tab, 5 mg tab)*	TIER 1	
ADRENERGIC COMBINATIONS			
ANORO ELLIPTA	ANORO ELLIPTA 62.5-25 MCG/ACT AER POW BA *umeclidinium-vilanterol*	TIER 2	

BRAND NAME	DRUG DESCRIPTION (RX)	TIER	LIMITS & RESTRICTIONS
BREO ELLIPTA	BREO ELLIPTA (50-25 MCG/INH AER POW BA, 100-25 MCG/ACT AER POW BA, 200-25 MCG/ACT AER POW BA) *fluticasone furoate-vilanterol*	TIER 2	PV
breyna	*breyna (80-4.5 aerosol, 160-4.5 aerosol)*	TIER 1	PA, PV
BREZTRI AEROSPHERE	BREZTRI AEROSPHERE (160-18-4.8 AEROSOL, 160-9-4.8 AEROSOL) *budesonide-glycopyrrolate-formoterol fumarate*	TIER 2	
budesonide-formoterol fumarate	*budesonide-formoterol fumarate (80-4.5 aerosol, 160-4.5 aerosol)*	TIER 1	PA, PV
COMBIVENT RESPIMAT	COMBIVENT RESPIMAT 20-100 MCG/ACT AERO SOLN *ipratropium-albuterol*	TIER 2	
fluticasone-salmeterol	*fluticasone-salmeterol (45-21 aerosol, 115-21 aerosol, 230-21 aerosol)*	TIER 2	PV
fluticasone-salmeterol	*fluticasone-salmeterol (55-14 aer pow ba, 100-50 aer pow ba, 113-14 aer pow ba, 232-14 aer pow ba, 250-50 aer pow ba, 500-50 aer pow ba)*	TIER 1	PV
ipratropium-albuterol	*ipratropium-albuterol 0.5-2.5 (3) mg/3ml solution*	TIER 1	
STIOLTO RESPIMAT	STIOLTO RESPIMAT 2.5-2.5 MCG/ACT AERO SOLN *tiotropium bromide-olodaterol hcl*	TIER 2	
TRELEGY ELLIPTA	TRELEGY ELLIPTA (100-62.5-25 AER POW BA, 200-62.5-25 AER POW BA) *fluticasone-umeclidinium-vilanterol*	TIER 2	PV
wixela inhub	*wixela inhub (100-50 aer pow ba, 250-50 aer pow ba, 500-50 aer pow ba)*	TIER 1	PV
XANTHINES			
elixophyllin	*elixophyllin 80 mg/15ml elixir*	TIER 1	

BRAND NAME	DRUG DESCRIPTION (RX)	TIER	LIMITS & RESTRICTIONS
theophylline	*theophylline (80 elixir, 80 solution)*	TIER 1	
THEOPHYLLINE ER	THEOPHYLLINE ER (ER 100 MG TAB ER 12H, ER 200 MG TAB ER 12H) *theophylline*	TIER 1	QL (2 PER DAY(S))
theophylline er	*theophylline er (er 300 mg tab er 12h, er 400 mg tab er 24h, er 450 mg tab er 12h, er 600 mg tab er 24h)*	TIER 1	
STEROID INHALANTS			
ASMANEX (120 METERED DOSES)	ASMANEX (120 METERED DOSES) 220 MCG/ACT AER POW BA *mometasone furoate (inhalation)*	TIER 1	QL (2 PER 30 DAY(S)), PV
ASMANEX (14 METERED DOSES)	ASMANEX (14 METERED DOSES) 220 MCG/ACT AER POW BA *mometasone furoate (inhalation)*	TIER 1	QL (2 PER 30 DAY(S)), PV
ASMANEX (30 METERED DOSES)	ASMANEX (30 METERED DOSES) (110 AER POW BA, 220 AER POW BA) *mometasone furoate (inhalation)*	TIER 1	QL (2 PER 30 DAY(S)), PV
ASMANEX (60 METERED DOSES)	ASMANEX (60 METERED DOSES) 220 MCG/ACT AER POW BA *mometasone furoate (inhalation)*	TIER 1	QL (2 PER 30 DAY(S)), PV
ASMANEX HFA	ASMANEX HFA (50 AEROSOL, 100 AEROSOL, 200 AEROSOL) *mometasone furoate (inhalation)*	TIER 1	QL (1 PER 30 DAY(S)), PV
budesonide	*budesonide (0.25 suspension, 0.5 suspension, 1 suspension)*	TIER 1	PV
QVAR REDIHALER	QVAR REDIHALER (40 AERO BA, 80 AERO BA) *beclomethasone dipropionate hfa*	TIER 1	QL (2 PER 30 DAY(S)), PV

BRAND NAME	DRUG DESCRIPTION (RX)	TIER	LIMITS & RESTRICTIONS
SELECTIVE PHOSPHODIESTERASE 4 (PDE4) INHIBITORS			
roflumilast	*roflumilast (250 mcg tab, 500 mcg tab)*	TIER 1	
5-LIPOXYGENASE INHIBITORS			
zileuton er	*zileuton er 600 mg tab er 12h*	TIER 1	
LEUKOTRIENE RECEPTOR ANTAGONISTS			
montelukast sodium	*montelukast sodium (4 mg chew tab, 4 mg packet, 5 mg chew tab, 10 mg tab)*	TIER 1	
zafirlukast	*zafirlukast (10 mg tab, 20 mg tab)*	TIER 1	
ANTI-IGE MONOCLONAL ANTIBODIES			
OMLYCLO	OMLYCLO (150 MG/ML SOLN PRSYR, 300 MG/2ML SOLN PRSYR) *omalizumab-igec*	P&T	QL (4 SYR PER 28 DAY(S)), S
OMLYCLO	OMLYCLO 75 MG/0.5ML SOLN PRSYR *omalizumab-igec*	P&T	QL (2 SYR PER 28 DAY(S)), S
XOLAIR	XOLAIR (150 MG/ML SOLN A-INJ, 300 MG/2ML SOLN A-INJ) *omalizumab*	SP-P	PA, QL (4 INJ PER 28 DAY(S)), S
XOLAIR	XOLAIR (150 MG/ML SOLN PRSYR, 300 MG/2ML SOLN PRSYR) *omalizumab*	SP-P	PA, QL (4 SYR PER 28 DAY(S)), S
XOLAIR	XOLAIR 150 MG RECON SOLN *omalizumab*	SP-M	PA, QL (8 VIAL PER 28 DAY(S)), S
XOLAIR	XOLAIR 75 MG/0.5ML SOLN A-INJ *omalizumab*	SP-P	PA, QL (2 INJ PER 28 DAY(S)), S
XOLAIR	XOLAIR 75 MG/0.5ML SOLN PRSYR *omalizumab*	SP-P	PA, QL (2 SYR PER 28 DAY(S)), S
INTERLEUKIN-5 ANTAGONISTS (IGG1 KAPPA)			
EXDENSUR	EXDENSUR 100 MG/ML SOLN PRSYR *depemokimab-ulaa*	SP-M	PA, S

BRAND NAME	DRUG DESCRIPTION (RX)	TIER	LIMITS & RESTRICTIONS
FASENRA	FASENRA (10 MG/0.5ML SOLN PRSYR, 30 MG/ML SOLN PRSYR) *benralizumab*	SP-M	PA, S
FASENRA PEN	FASENRA PEN 30 MG/ML SOLN A-INJ *benralizumab*	SP-P	PA, QL (1 PER 56 DAY(S)), S
NUCALA	NUCALA (100 MG/ML SOLN A-INJ, 100 MG/ML SOLN PRSYR) *mepolizumab*	SP-P	PA, S, QLV (Quantity Limit Varies)
NUCALA	NUCALA 100 MG RECON SOLN *mepolizumab*	SP-M	PA, QL (3 PER 28 DAY(S)), S
NUCALA	NUCALA 40 MG/0.4ML SOLN PRSYR *mepolizumab*	SP-P	PA, QL (1 PER 28 DAY(S)), S
INTERLEUKIN-5 ANTAGONISTS (IGG4 KAPPA)			
CINQAIR	CINQAIR 100 MG/10ML SOLUTION *reslizumab*	SP-M	PA, S
THYMIC STROMAL LYMPHOPOIETIN (TSLP) ANTAGONISTS			
TEZSPIRE	TEZSPIRE 210 MG/1.91ML SOLN A-INJ *tezepelumab-ekko*	SP-P	PA, QL (1 PER 28 DAY(S)), S
TEZSPIRE	TEZSPIRE 210 MG/1.91ML SOLN PRSYR *tezepelumab-ekko*	SP-M	PA, QL (1 PER 28 DAY(S)), S
RESPIRATORY AGENTS - MISC. DIPEPTIDYL PEPTIDASE 1 (DPP1) INHIBITORS			
BRINSUPRI	BRINSUPRI (10 MG TAB, 25 MG TAB) *brensocatib*	TIER 3	PA, QL (1 TAB PER 1 DAY(S))
ALPHA-PROTEINASE INHIBITOR (HUMAN)			
ARALAST NP	ARALAST NP (500 MG RECON SOLN, 1000 MG RECON SOLN) *alpha1-proteinase inhibitor (human)*	SP-M	S, MN-PA (Medically Necessary Prior Authorization)

BRAND NAME	DRUG DESCRIPTION (RX)	TIER	LIMITS & RESTRICTIONS
GLASSIA	GLASSIA (4 GM/200ML SOLUTION, 5 GM/250ML SOLUTION) *alpha1-proteinase inhibitor (human)*	SP-M	PA, MN-PA (Medically Necessary Prior Authorization)
GLASSIA	GLASSIA 1000 MG/50ML SOLUTION *alpha1-proteinase inhibitor (human)*	SP-M	PA, S, MN-PA (Medically Necessary Prior Authorization)
PROLASTIN-C	PROLASTIN-C 1000 MG/20ML SOLUTION *alpha1-proteinase inhibitor (human)*	SP-M	PA, S
ZEMAIRA	ZEMAIRA (1000 MG RECON SOLN, 4000 MG RECON SOLN, 5000 MG RECON SOLN) *alpha1-proteinase inhibitor (human)*	SP-M	PA, S
CFTR POTENTIATORS			
KALYDECO	KALYDECO (5.8 MG PACKET, 13.4 MG PACKET) *ivacaftor*	SP-P	PA, QL (2 PER 1 DAY(S)), S
KALYDECO	KALYDECO (50 MG PACKET, 75 MG PACKET, 150 MG TAB) *ivacaftor*	SP-P	PA, QL (56 PER 28 DAYS), S
KALYDECO	KALYDECO 25 MG PACKET *ivacaftor*	SP-P	PA, QL (56 PER 28 DAY(S)), S
HYDROLYTIC ENZYMES			
PULMOZYME	PULMOZYME 2.5 MG/2.5ML SOLUTION *dornase alfa*	SP-P	QL (150 PER 30 DAY(S)), S
CYSTIC FIBROSIS AGENT - COMBINATIONS			
ALYFTREK	ALYFTREK 10-50-125 MG TAB *vanzacaftor-tezacaftor-deutivacaftor*	SP-P	PA, QL (60 TABLETS PER 30 DAY(S)), S
ALYFTREK	ALYFTREK 4-20-50 MG TAB *vanzacaftor-tezacaftor-deutivacaftor*	SP-P	PA, QL (90 TABLETS PER 30 DAY(S)), S

BRAND NAME	DRUG DESCRIPTION (RX)	TIER	LIMITS & RESTRICTIONS
ORKAMBI	ORKAMBI (100-125 MG PACKET, 150-188 MG PACKET) *lumacaftor-ivacaftor*	SP-P	PA, QL (56 PER 28 DAY(S)), S
ORKAMBI	ORKAMBI (100-125 MG TAB, 200-125 MG TAB) *lumacaftor-ivacaftor*	SP-P	PA, QL (112 PER 28 DAYS), S
ORKAMBI	ORKAMBI 75-94 MG PACKET *lumacaftor-ivacaftor*	SP-P	PA, QL (2 PER 1 DAY(S)), S
SYMDEKO	SYMDEKO (50-75 75 MG TAB THPK, 100-150 150 MG TAB THPK) *tezacaftor-ivacaftor*	SP-P	PA, QL (56 PER 28 DAY(S)), S
TRIKAFTA	TRIKAFTA (80-40-60 59.5 MG THER PACK, 100-50-75 75 MG THER PACK) *elexacaftor-tezacaftor-ivacaftor*	SP-P	PA, QL (2 PER 1 DAY(S)), S
TRIKAFTA	TRIKAFTA 100-50-75 & 150 MG TAB THPK *elexacaftor-tezacaftor-ivacaftor*	SP-P	PA, QL (84 PER 28 DAY(S)), S
TRIKAFTA	TRIKAFTA 50-25-37.5 & 75 MG TAB THPK *elexacaftor-tezacaftor-ivacaftor*	SP-P	PA, QL (3 PER DAY(S)), S
PULMONARY FIBROSIS AGENTS			
ESBRIET	ESBRIET 267 MG CAP *pirfenidone*	SP-NP	PA, QL (270 PER 30 DAYS), S, GA
ESBRIET	ESBRIET 267 MG TAB *pirfenidone*	SP-NP	PA, QL (270 PER 30 DAY(S)), S, GA
ESBRIET	ESBRIET 801 MG TAB *pirfenidone*	SP-NP	PA, QL (90 PER 30 DAY(S)), S, GA
pirfenidone	*pirfenidone 267 mg cap*	SP-P	PA, QL (270 PER 30 DAYS), SBG (Specialty Biosimilars and Specialty generics), S
pirfenidone	*pirfenidone 267 mg tab*	SP-P	PA, QL (270 PER 30 DAY(S)), S
PIRFENIDONE	PIRFENIDONE 534 MG TAB *pirfenidone*	SP-P	PA, QL (3 PER 1 DAY(S)), S
pirfenidone	*pirfenidone 801 mg tab*	SP-P	PA, QL (90 PER 30 DAY(S)), SBG (Specialty Biosimilars and Specialty generics), S

BRAND NAME	DRUG DESCRIPTION (RX)	TIER	LIMITS & RESTRICTIONS
PULMONARY FIBROSIS AGENTS - KINASE INHIBITORS			
nintedanib esylate	*nintedanib esylate (100 mg cap, 150 mg cap)*	SP-P	PA, QL (2 CAP PER DAY(S)), S
OFEV	OFEV (100 MG CAP, 150 MG CAP) *nintedanib esylate*	SP-NP	PA, QL (2 CAP PER DAY(S)), S, GA
PULMONARY FIBROSIS AGENTS - PHOSPHODIEST 4 (PDE4) INHIB			
JASCAYD	JASCAYD (9 MG TAB, 18 MG TAB) *nerandomilast*	SP-NP	PA, QL (60 TABS PER 30 DAY(S)), S
LAXATIVES ELECTROLYTE-BASED OSMOTIC LAXATIVE MIXTURES			
OSMOPREP	OSMOPREP 1.102-0.398 GM TAB *sodium phosphate monobasic-sodium phosphate dibasic*	TIER 2	
LAXATIVES - MISCELLANEOUS			
constulose	*constulose 10 gm/15ml solution*	TIER 1	
lactulose	*lactulose (10 gm/15ml solution, 20 gm/30ml solution)*	TIER 1	
BOWEL EVACUANT COMBINATIONS			
GAVILYTE-C	GAVILYTE-C 240 GM RECON SOLN *peg 3350-kcl-sod bicarb-sod chloride-sod sulfate*	TIER 1	
gavilyte-g	*gavilyte-g 236 gm recon soln*	TIER 1	
gavilyte-n with flavor pack	*gavilyte-n with flavor pack 420 gm recon soln*	TIER 1	
na sulfate-k sulfate-mg sulf	*na sulfate-k sulfate-mg sulf 17.5-3.13-1.6 gm/177ml solution*	TIER 1	
peg 3350-kcl-na bicarb-nacl	*peg 3350-kcl-na bicarb-nacl 420 gm recon soln*	TIER 1	
peg-3350/electrolytes	*peg-3350/electrolytes 236 gm recon soln*	TIER 1	
peg-3350/electrolytes/ascorbat	*peg-3350/electrolytes/ascorbat 100 gm recon soln*	TIER 1	

BRAND NAME	DRUG DESCRIPTION (RX)	TIER	LIMITS & RESTRICTIONS
peg-kcl-nacl-nasulf-na asc-c	*peg-kcl-nacl-nasulf-na asc-c 100 gm recon soln*	TIER 1	
ANTIDIARRHEAL/PROBIOTIC AGENTS ANTIPERISTALTIC AGENTS			
diphenoxylate-atropine	*diphenoxylate-atropine (mg tab, mg/5ml liquid)*	TIER 1	
OPIUM	OPIUM 10 MG/ML (1%) TINCTURE *opium tincture*	TIER 1	
ULCER DRUGS/ANTISPASMODICS/ANTICHOLINERGICS BELLADONNA ALKALOIDS			
ed-spaz	*ed-spaz 0.125 mg tab disp*	TIER 1	
hyoscyamine sulfate	*hyoscyamine sulfate (0.125 mg sl tab, 0.125 mg tab, 0.125 mg tab disp, 0.125 mg/5ml elixir, 0.125 mg/ml solution)*	TIER 1	
hyoscyamine sulfate er	*hyoscyamine sulfate er 0.375 mg tab er 12h*	TIER 1	
HYOSYNE	HYOSYNE (0.125 MG/5ML ELIXIR, 0.125 MG/ML SOLUTION) *hyoscyamine sulfate*	TIER 1	GA
QUATERNARY ANTICHOLINERGICS			
glycopyrrolate	*glycopyrrolate (1 mg tab, 2 mg tab)*	TIER 1	
glycopyrrolate	*glycopyrrolate 1 mg/5ml solution*	TIER 1	PA, QL (45 ML PER DAY(S))
methscopolamine bromide	*methscopolamine bromide (2.5 mg tab, 5 mg tab)*	TIER 1	
ANTISPASMODICS			
dicyclomine hcl	*dicyclomine hcl (10 mg cap, 10 mg/5ml solution, 20 mg tab)*	TIER 1	
ANTICHOLINERGIC COMBINATIONS			
chlordiazepoxide-clidinium	*chlordiazepoxide-clidinium 5-2.5 mg cap*	TIER 1	

BRAND NAME	DRUG DESCRIPTION (RX)	TIER	LIMITS & RESTRICTIONS
H-2 ANTAGONISTS			
cimetidine	*cimetidine (300 mg tab, 400 mg tab, 800 mg tab)*	TIER 1	
cimetidine hcl	*cimetidine hcl 300 mg/5ml solution*	TIER 1	
famotidine	*famotidine (40 mg tab, 40 mg/5ml recon susp)*	TIER 1	
famotidine (pf)	*famotidine (pf) 20 mg/2ml solution*	TIER 1	
NIZATIDINE	NIZATIDINE (15 MG/ML SOLUTION, 150 MG CAP, 300 MG CAP) *nizatidine*	TIER 1	
ULCER DRUGS - PROSTAGLANDINS			
misoprostol	*misoprostol (100 mcg tab, 200 mcg tab)*	TIER 1	
PROTON PUMP INHIBITORS			
dexlansoprazole	*dexlansoprazole (30 mg cap dr, 60 mg cap dr)*	TIER 1	PA, QL (30 PER 30 DAYS), PA-QL (60 / 30 days)
esomeprazole magnesium	*esomeprazole magnesium (2.5 mg packet, 5 mg packet, 10 mg packet, 20 mg packet, 40 mg packet)*	TIER 1	PA, QL (60 PER 30 DAYS), PA-QL (90 / 30 days)
esomeprazole magnesium	*esomeprazole magnesium 40 mg cap dr*	TIER 1	PA
lansoprazole	*lansoprazole 30 mg cap dr*	TIER 1	
lansoprazole	*lansoprazole 30 mg tab dr disp*	TIER 1	PA, QL (60 PER 30 DAYS), PA-QL (90 / 30 days)
omeprazole	*omeprazole (10 mg cap dr, 40 mg cap dr)*	TIER 1	
pantoprazole sodium	*pantoprazole sodium (20 mg tab dr, 40 mg tab dr)*	TIER 1	
pantoprazole sodium	*pantoprazole sodium 40 mg packet*	TIER 1	PA, QL (60 PER 30 DAYS), PA-QL (90 / 30 days)
rabeprazole sodium	*rabeprazole sodium 20 mg tab dr*	TIER 1	PA
MISC. ANTI-ULCER			
sucralfate	*sucralfate (1 gm tab, 1 gm/10ml suspension)*	TIER 1	

BRAND NAME	DRUG DESCRIPTION (RX)	TIER	LIMITS & RESTRICTIONS
ULCER ANTI-INFECTIVE W/ PROTON PUMP INHIBITORS			
AMOXICILL-CLARITHRO-LANSOPRAZ	AMOXICILL-CLARITHRO-LANSOPRAZ 500 & 500 & 30 MG THER PACK *amoxicillin-clarithromycin w/ lansoprazole*	TIER 1	
ANTIEMETICS ANTIEMETICS - ANTICHOLINERGIC			
scopolamine	*scopolamine 1 mg/3days patch 72hr*	TIER 1	
trimethobenzamide hcl	*trimethobenzamide hcl 300 mg cap*	TIER 1	
5-HT3 RECEPTOR ANTAGONISTS			
ANZEMET	ANZEMET 50 MG TAB *dolasetron mesylate*	TIER 2	
granisetron hcl	*granisetron hcl 1 mg tab*	TIER 1	
ondansetron	*ondansetron (4 mg tab disp, 8 mg tab disp)*	TIER 1	
ondansetron hcl	*ondansetron hcl (4 mg tab, 4 mg/2ml soln prsyr, 8 mg tab, 24 mg tab)*	TIER 1	
ONDANSETRON HCL +RFID	ONDANSETRON HCL +RFID 4 MG/2ML SOLN PRSYR *ondansetron hcl*	TIER 1	
ondansetron hcl	*ondansetron hcl 4 mg/5ml solution*	TIER 1	QL (10 ML PER DAY(S))
SUBSTANCE P/NEUROKININ 1 (NK1) RECEPTOR ANTAGONISTS			
aprepitant	*aprepitant (40 mg cap, 80 & 125 mg cap thpk, 80 mg cap, 125 mg cap)*	TIER 1	
EMEND	EMEND 125 MG/5ML RECON SUSP *aprepitant*	TIER 2	
VARUBI (180 MG DOSE)	VARUBI (180 MG DOSE) 2 X 90 MG TAB THPK *rolapitant hcl*	SP-P	QL (4 PER 28 DAYS), S
ANTIEMETICS - MISCELLANEOUS			
dronabinol	*dronabinol (2.5 mg cap, 5 mg cap, 10 mg cap)*	TIER 1	

BRAND NAME	DRUG DESCRIPTION (RX)	TIER	LIMITS & RESTRICTIONS
ANTIEMETIC COMBINATIONS			
AKYNZEO	AKYNZEO (MG RECON SOLN, MG/20ML SOLUTION) *fosnetupitant choride-palonosetron hcl*	SP-M	S
AKYNZEO (READY-TO-USE)	AKYNZEO (READY-TO-USE) 235-0.25 MG/20ML SOLUTION *fosnetupitant choride-palonosetron hcl*	SP-M	S
DIGESTIVE AIDS DIGESTIVE ENZYMES			
CREON	CREON (3000-9500 CP DR PART, 6000-19000 CP DR PART, 12000-38000 CP DR PART, 24000-76000 CP DR PART, 36000-114000 CP DR PART) *pancrelipase (lipase-protease-amylase)*	TIER 2	
SUCRAID	SUCRAID 8500 UNIT/ML SOLUTION *sacrosidase*	SP-P	S
VIOKACE	VIOKACE (10440-39150 TAB, 20880-78300 TAB) *pancrelipase (lipase-protease-amylase)*	TIER 2	
ZENPEP	ZENPEP (3000-10000 CP DR PART, 5000-24000 CP DR PART, 10000-32000 CP DR PART, 15000-47000 CP DR PART, 20000-63000 CP DR PART, 25000-79000 CP DR PART, 40000-126000 CP DR PART, 60000-189600 CP DR PART) *pancrelipase (lipase-protease-amylase)*	TIER 2	

BRAND NAME	DRUG DESCRIPTION (RX)	TIER	LIMITS & RESTRICTIONS
GASTROINTESTINAL AGENTS - MISC.			
GALLSTONE SOLUBILIZING AGENTS			
CHENODAL	CHENODAL 250 MG TAB *chenodiol*	SP-P	S
ursodiol	*ursodiol (250 mg tab, 300 mg cap, 500 mg tab)*	TIER 1	
GASTROINTESTINAL ANTIALLERGY AGENTS			
cromolyn sodium	*cromolyn sodium 100 mg/5ml conc*	TIER 1	
GASTROINTESTINAL STIMULANTS			
metoclopramide hcl	*metoclopramide hcl (5 mg tab, 5 mg/5ml solution, 10 mg tab, 10 mg/10ml solution)*	TIER 1	
ILEAL BILE ACID TRANSPORTER (IBAT) INHIBITORS			
BYLVAY (PELLETS)	BYLVAY (PELLETS) 200 MCG CAP SPRINK *odevixibat*	SP-NP	PA, QL (12 PER 1 DAY(S)), S
BYLVAY (PELLETS)	BYLVAY (PELLETS) 600 MCG CAP SPRINK *odevixibat*	SP-NP	PA, QL (4 PER 1 DAY(S)), S
BYLVAY	BYLVAY 1200 MCG CAP *odevixibat*	SP-NP	PA, QL (6 PER 1 DAY(S)), S
BYLVAY	BYLVAY 400 MCG CAP *odevixibat*	SP-NP	PA, QL (18 PER 1 DAY(S)), S
LIVMARLI	LIVMARLI (15 MG TAB, 20 MG TAB) *maralixibat chloride*	SP-NP	PA, QL (60 TAB PER 30 DAY(S)), S
LIVMARLI	LIVMARLI 10 MG TAB *maralixibat chloride*	SP-NP	PA, QL (60 TABS PER 30 DAY(S)), S
LIVMARLI	LIVMARLI 19 MG/ML SOLUTION *maralixibat chloride*	SP-NP	PA, QL (60 MLS PER 30 DAY(S)), S
LIVMARLI	LIVMARLI 30 MG TAB *maralixibat chloride*	SP-NP	PA, QL (30 TABS PER 30 DAY(S)), S
LIVMARLI	LIVMARLI 9.5 MG/ML SOLUTION *maralixibat chloride*	SP-NP	PA, QL (120 MLS PER 30 DAY(S)), S

BRAND NAME	DRUG DESCRIPTION (RX)	TIER	LIMITS & RESTRICTIONS
INTESTINAL ACIDIFIERS			
enulose	*enulose 10 gm/15ml solution*	TIER 1	
generlac	*generlac 10 gm/15ml solution*	TIER 1	
lactulose encephalopathy	*lactulose encephalopathy 10 gm/15ml solution*	TIER 1	
GASTROINTESTINAL CHLORIDE CHANNEL ACTIVATORS			
lubiprostone	*lubiprostone (8 mcg cap, 24 mcg cap)*	TIER 1	
INFLAMMATORY BOWEL AGENTS			
balsalazide disodium	*balsalazide disodium 750 mg cap*	TIER 1	
DIPENTUM	DIPENTUM 250 MG CAP *olsalazine sodium*	TIER 2	
mesalamine	*mesalamine (1.2 gm tab dr, 4 gm enema, 400 mg cap dr, 800 mg tab dr, 1000 mg suppos)*	TIER 1	
mesalamine er	*mesalamine er (er 0.375 gm cap er 24h, er 250 mg cap er)*	TIER 1	
mesalamine er	*mesalamine er 500 mg cap er*	TIER 3	
PENTASA	PENTASA (250 MG CAP ER, 500 MG CAP ER) *mesalamine*	TIER 3	GA
sulfasalazine	*sulfasalazine (500 mg tab, 500 mg tab dr)*	TIER 1	
INTEGRIN RECEPTOR ANTAGONISTS			
ENTYVIO	ENTYVIO 300 MG RECON SOLN *vedolizumab*	SP-M	PA, S
ENTYVIO PEN	ENTYVIO PEN 108 MG/0.68ML SOLN A-INJ *vedolizumab*	SP-P	PA, QL (2 PENS PER 28 DAY(S)), S
INTERLEUKIN ANTAGONISTS			
IMULDOSA	IMULDOSA 130 MG/26ML SOLUTION *ustekinumab-srlf (iv)*	SP-M	PA, S, MN-PA (Medically Necessary Prior Authorization)

BRAND NAME	DRUG DESCRIPTION (RX)	TIER	LIMITS & RESTRICTIONS
OMVOH	OMVOH 300 MG/15ML SOLUTION *mirikizumab-mrkz*	SP-M	PA, S, MN-PA (Medically Necessary Prior Authorization)
OTULFI	OTULFI 130 MG/26ML SOLUTION *ustekinumab-aauz (iv)*	SP-M	PA, S
PYZCHIVA	PYZCHIVA 130 MG/26ML SOLUTION *ustekinumab-ttwe (iv)*	SP-M	PA, S, MN-PA (Medically Necessary Prior Authorization)
SELARSDI	SELARSDI 130 MG/26ML SOLUTION *ustekinumab-aekn (iv)*	SP-M	S, MN-PA (Medically Necessary Prior Authorization)
SKYRIZI	SKYRIZI (180 MG/1.2ML SOLN CART, 360 MG/2.4ML SOLN CART) *risankizumab-rzaa (crohn's)*	SP-P	PA, QL (1 PER 56 DAY(S)), S
SKYRIZI	SKYRIZI 600 MG/10ML SOLUTION *risankizumab-rzaa (crohn's)*	SP-M	PA, QL (3 PER 56 DAY(S)), S
STARJEMZA	STARJEMZA 130 MG/26ML SOLUTION *ustekinumab-hmny (iv)*	P&T	S, MN-PA (Medically Necessary Prior Authorization)
STELARA	STELARA 130 MG/26ML SOLUTION *ustekinumab (iv)*	SP-M	PA, S
STEQEYMA	STEQEYMA 130 MG/26ML SOLUTION *ustekinumab-stba (iv)*	SP-M	S, MN-PA (Medically Necessary Prior Authorization)
TREMFYA	TREMFYA 200 MG/20ML SOLUTION *guselkumab*	SP-M	PA, S
TREMFYA	TREMFYA 200 MG/2ML SOLN PRSYR *guselkumab (gastrointestinal)*	SP-P	PA, QL (1 SYR PER 28 DAY(S)), S
TREMFYA PEN	TREMFYA PEN 200 MG/2ML SOLN A-INJ *guselkumab (gastrointestinal)*	SP-P	PA, QL (1 PEN PER 28 DAY(S)), S
TREMFYA-CD/UC INDUCTION	TREMFYA-CD/UC INDUCTION 200 MG/2ML SOLN A-INJ *guselkumab (gastrointestinal)*	SP-P	PA, S
USTEKINUMAB	USTEKINUMAB 130 MG/26ML SOLUTION *ustekinumab (iv)*	SP-M	PA, S

BRAND NAME	DRUG DESCRIPTION (RX)	TIER	LIMITS & RESTRICTIONS
USTEKINUMAB-TTWE	USTEKINUMAB-TTWE 130 MG/26ML SOLUTION *ustekinumab-ttwe (iv)*	SP-M	PA, S, MN-PA (Medically Necessary Prior Authorization)
WEZLANA	WEZLANA 130 MG/26ML SOLUTION *ustekinumab-auub (iv)*	SP-M	PA, S, MN-PA (Medically Necessary Prior Authorization)
YESINTEK	YESINTEK 130 MG/26ML SOLUTION *ustekinumab-kfce (iv)*	SP-M	PA, S, MN-PA (Medically Necessary Prior Authorization)
SPHINGOSINE 1-PHOSPHATE (S1P) RECEPTOR MODULATORS (GI)			
VELSIPITY	VELSIPITY 2 MG TAB *etrasimod arginine*	SP-P	PA, QL (1 PER DAY(S)), S
TUMOR NECROSIS FACTOR ALPHA BLOCKERS			
AVSOLA	AVSOLA 100 MG RECON SOLN *infliximab-axxq*	SP-M	PA, S
INFLECTRA	INFLECTRA 100 MG RECON SOLN *infliximab-dyyb*	SP-M	PA, S
INFLIXIMAB	INFLIXIMAB 100 MG RECON SOLN *infliximab*	SP-M	PA, S, MN-PA (Medically Necessary Prior Authorization)
REMICADE	REMICADE 100 MG RECON SOLN *infliximab*	SP-M	PA, S, MN-PA (Medically Necessary Prior Authorization)
RENFLEXIS	RENFLEXIS 100 MG RECON SOLN *infliximab-abda*	SP-M	PA, S, MN-PA (Medically Necessary Prior Authorization)
LIVE FECAL MICROBIOTA (HUMAN)			
REBYOTA	REBYOTA 150 ML SUSPENSION *fecal microbiota, live-jslm*	SP-M	S
CIC AGENTS - GUANYLATE CYCLASE-C (GC-C) AGONISTS			
TRULANCE	TRULANCE 3 MG TAB *plecanatide*	TIER 3	
IBS AGENT - SELECTIVE 5-HT3 RECEPTOR ANTAGONISTS			
alosetron hcl	*alosetron hcl (0.5 mg tab, 1 mg tab)*	TIER 1	

BRAND NAME	DRUG DESCRIPTION (RX)	TIER	LIMITS & RESTRICTIONS
IBS AGENT - GUANYLATE CYCLASE-C (GC-C) AGONISTS			
LINZESS	LINZESS (72 MCG CAP, 145 MCG CAP, 290 MCG CAP) *linaclotide*	TIER 2	
5-HT4 RECEPTOR AGONISTS			
prucalopride succinate	*prucalopride succinate (1 mg tab, 2 mg tab)*	TIER 3	
PERIPHERAL OPIOID RECEPTOR ANTAGONISTS			
alvimopan	*alvimopan 12 mg cap*	TIER 1	
MOVANTIK	MOVANTIK (12.5 MG TAB, 25 MG TAB) *naloxegol oxalate*	TIER 2	PA
BILE ACID SYNTHESIS DISORDER AGENTS			
CTEXLI	CTEXLI 250 MG TAB *chenodiol (basds)*	SP-P	S
FARNESOID X RECEPTOR (FXR) AGONISTS			
OCALIVA	OCALIVA 10 MG TAB *obeticholic acid*	SP-P	PA, QL (60 PER 30 DAYS), S
OCALIVA	OCALIVA 5 MG TAB *obeticholic acid*	SP-P	PA, QL (30 PER 30 DAYS), S
PEROXISOME PROLIFERATOR-ACTIVATED RECEPTOR AGONISTS			
IQIRVO	IQIRVO 80 MG TAB *elafibranor*	SP-P	PA, QL (30 TABLETS PER 30 DAY(S)), S
LIVDELZI	LIVDELZI 10 MG CAP *seladelpar lysine*	SP-NP	PA, QL (1 CAP PER DAY(S)), S
PHOSPHATE BINDER AGENTS			
calcium acetate (phos binder)	*calcium acetate (phos binder) (667 mg cap, 667 mg tab)*	TIER 1	
calcium acetate	*calcium acetate 667 mg tab*	TIER 1	
lanthanum carbonate	*lanthanum carbonate (500 mg chew tab, 750 mg chew tab, 1000 mg chew tab)*	TIER 1	
sevelamer carbonate	*sevelamer carbonate (0.8 gm packet, 2.4 gm packet, 800 mg tab)*	TIER 1	
sevelamer hcl	*sevelamer hcl (400 mg tab, 800 mg tab)*	TIER 1	

BRAND NAME	DRUG DESCRIPTION (RX)	TIER	LIMITS & RESTRICTIONS
URINARY ANTISPASMODICS			
URINARY ANTISPASMODIC - ANTIMUSCARINIC (ANTICHOLINERGIC)			
darifenacin hydrobromide er	*darifenacin hydrobromide er (er 7.5 mg tab er 24h, er 15 mg tab er 24h)*	TIER 1	
fesoterodine fumarate er	*fesoterodine fumarate er (er 4 mg tab er 24h, er 8 mg tab er 24h)*	TIER 1	QL (30 PER 30 DAYS)
oxybutynin chloride	*oxybutynin chloride (5 mg tab, 5 mg/5ml solution)*	TIER 1	
oxybutynin chloride er	*oxybutynin chloride er (er 5 mg tab er 24h, er 10 mg tab er 24h, er 15 mg tab er 24h)*	TIER 1	
solifenacin succinate	*solifenacin succinate (5 mg tab, 10 mg tab)*	TIER 1	
tolterodine tartrate	*tolterodine tartrate (1 mg tab, 2 mg tab)*	TIER 1	
tolterodine tartrate er	*tolterodine tartrate er (er 2 mg cap er 24h, er 4 mg cap er 24h)*	TIER 1	
trospium chloride	*trospium chloride 20 mg tab*	TIER 1	
trospium chloride er	*trospium chloride er 60 mg cap er 24h*	TIER 1	
URINARY ANTISPASMODICS - BETA-3 ADRENERGIC AGONISTS			
mirabegron er	*mirabegron er (er 25 mg tab er 24h, er 50 mg tab er 24h)*	TIER 2	QL (1 TAB PER DAY(S))
URINARY ANTISPASMODICS - CHOLINERGIC AGONISTS			
bethanechol chloride	*bethanechol chloride (5 mg tab, 10 mg tab, 25 mg tab, 50 mg tab)*	TIER 1	
URINARY ANTISPASMODICS - DIRECT MUSCLE RELAXANTS			
flavoxate hcl	*flavoxate hcl 100 mg tab*	TIER 1	

BRAND NAME	DRUG DESCRIPTION (RX)	TIER	LIMITS & RESTRICTIONS
VAGINAL AND RELATED PRODUCTS VAGINAL ANTI-INFECTIVES			
CLEOCIN	CLEOCIN 100 MG SUPPOS *clindamycin phosphate vaginal*	TIER 3	
clindamycin phosphate	*clindamycin phosphate 2 % cream*	TIER 1	
metronidazole	*metronidazole 0.75 % gel*	TIER 1	
IMIDAZOLE-RELATED ANTIFUNGALS			
terconazole	*terconazole (0.4 % cream, 0.8 % cream, 80 mg suppos)*	TIER 1	
VAGINAL ESTROGENS			
estradiol	*estradiol (0.01 % cream, 10 mcg tab)*	TIER 1	
ESTRING	ESTRING (2 MG RING, 7.5 MCG/24HR RING) *estradiol vaginal*	TIER 3	
PREMARIN	PREMARIN 0.625 MG/GM CREAM *estrogens, conjugated vaginal*	TIER 2	
yuvafem	*yuvafem 10 mcg tab*	TIER 1	
VAGINAL PROGESTINS			
CRINONE	CRINONE 4 % GEL *progesterone (vaginal)*	TIER 3	
GENITOURINARY AGENTS - MISCELLANEOUS CITRATES			
CYTRA K CRYSTALS	CYTRA K CRYSTALS 3300-1002 MG PACKET *potassium citrate-citric acid*	TIER 1	
pot & sod cit-cit ac	*pot & sod cit-cit ac 550-500-334 mg/5ml solution*	TIER 1	
potassium citrate er	*potassium citrate er (er 5 (540 tab er, er 10 (1080 tab er, er 15 (1620 tab er)*	TIER 1	
potassium citrate-citric acid	*potassium citrate-citric acid 1100-334 mg/5ml solution*	TIER 1	

BRAND NAME	DRUG DESCRIPTION (RX)	TIER	LIMITS & RESTRICTIONS
sod citrate-citric acid	*sod citrate-citric acid (1.5-1 gm/15ml solution, 3-2 gm/30ml solution, 500-334 mg/5ml solution, 1500-1002 mg/15ml solution, 3000-2004 mg/30ml solution)*	TIER 1	
SODIUM CITRATE-CITRIC ACID	SODIUM CITRATE-CITRIC ACID (1500-1002 MG/15ML SOLUTION, 3000-2004 MG/30ML SOLUTION) *sodium citrate & citric acid*	TIER 1	GA
CYSTINOSIS AGENTS			
CYSTAGON	CYSTAGON (50 MG CAP, 150 MG CAP) *cysteamine bitartrate*	SP-P	S
IGAN AGENTS - DUAL BAFF AND APRIL BLOCKER			
TRUTAKNA	TRUTAKNA 150 MG/ML SOLN A-INJ *atacicept-vymj*	P&T	QL (4 INJ PER MONTH(S)), S
IGAN AGENTS - ENDOTHELIN & ANGIOTENSIN II RECEPTOR ANTAG			
FILSPARI	FILSPARI (200 MG TAB, 400 MG TAB) *sparsentan*	SP-NP	PA, QL (1 PER 1 DAY(S)), S
INTERSTITIAL CYSTITIS AGENTS			
ELMIRON	ELMIRON 100 MG CAP *pentosan polysulfate sodium*	TIER 3	
URINARY STONE AGENTS			
LITHOSTAT	LITHOSTAT 250 MG TAB *acetohydroxamic acid*	TIER 3	
THIOLA	THIOLA 100 MG TAB *tiopronin*	SP-NP	S, GA
THIOLA EC	THIOLA EC (EC 100 MG TAB DR, EC 300 MG TAB DR) *tiopronin*	SP-P	S
tiopronin	*tiopronin 100 mg tab*	SP-P	SBG (Specialty Biosimilars and Specialty generics), S

BRAND NAME	DRUG DESCRIPTION (RX)	TIER	LIMITS & RESTRICTIONS
SMALL INTERFERING RIBONUCLEIC ACID AGENTS (SIRNA)			
OXLUMO	OXLUMO 94.5 MG/0.5ML SOLUTION *lumasiran sodium*	SP-M	PA, S
5-ALPHA REDUCTASE INHIBITORS			
dutasteride	*dutasteride 0.5 mg cap*	TIER 1	
finasteride	*finasteride 5 mg tab*	TIER 1	
ALPHA 1-ADRENOCEPTOR ANTAGONISTS			
alfuzosin hcl er	*alfuzosin hcl er 10 mg tab er 24h*	TIER 1	
silodosin	*silodosin (4 mg cap, 8 mg cap)*	TIER 1	QL (30 PER 30 DAYS)
tamsulosin hcl	*tamsulosin hcl 0.4 mg cap*	TIER 1	
PROSTATIC HYPERTROPHY AGENT COMBINATIONS			
dutasteride-tamsulosin hcl	*dutasteride-tamsulosin hcl 0.5-0.4 mg cap*	TIER 1	
ANTIANXIETY AGENTS BENZODIAZEPINES			
alprazolam	*alprazolam (0.25 mg tab, 0.25 mg tab disp, 0.5 mg tab, 0.5 mg tab disp, 1 mg tab, 1 mg tab disp, 2 mg tab, 2 mg tab disp)*	TIER 1	
alprazolam er	*alprazolam er (er 0.5 mg tab er 24h, er 1 mg tab er 24h, er 2 mg tab er 24h, er 3 mg tab er 24h)*	TIER 1	
ALPRAZOLAM INTENSOL	ALPRAZOLAM INTENSOL 1 MG/ML CONC *alprazolam*	TIER 1	
alprazolam xr	*alprazolam xr (0.5 mg tab er 24h, 1 mg tab er 24h, 2 mg tab er 24h, 3 mg tab er 24h)*	TIER 1	
chlordiazepoxide hcl	*chlordiazepoxide hcl (5 mg cap, 10 mg cap, 25 mg cap)*	TIER 1	
clorazepate dipotassium	*clorazepate dipotassium (3.75 mg tab, 7.5 mg tab, 15 mg tab)*	TIER 1	

BRAND NAME	DRUG DESCRIPTION (RX)	TIER	LIMITS & RESTRICTIONS
diazepam	*diazepam (2 mg tab, 5 mg tab, 5 mg/5ml solution, 5 mg/ml conc, 10 mg tab)*	TIER 1	
diazepam intensol	*diazepam intensol 5 mg/ml conc*	TIER 1	
lorazepam	*lorazepam (0.5 mg tab, 1 mg tab, 2 mg tab, 2 mg/ml conc)*	TIER 1	
lorazepam intensol	*lorazepam intensol 2 mg/ml conc*	TIER 1	
oxazepam	*oxazepam (10 mg cap, 15 mg cap, 30 mg cap)*	TIER 1	
ANTIANXIETY AGENTS - MISC.			
buspirone hcl	*buspirone hcl (5 mg tab, 7.5 mg tab, 10 mg tab, 15 mg tab, 30 mg tab)*	TIER 1	
hydroxyzine hcl	*hydroxyzine hcl (10 mg tab, 10 mg/5ml syrup, 25 mg tab, 50 mg tab, 50 mg/25ml syrup)*	TIER 1	
hydroxyzine pamoate	*hydroxyzine pamoate (25 mg cap, 50 mg cap, 100 mg cap)*	TIER 1	
meprobamate	*meprobamate (200 mg tab, 400 mg tab)*	TIER 1	
ANTIDEPRESSANTS ALPHA-2 RECEPTOR ANTAGONISTS (TETRACYCLICS)			
mirtazapine	*mirtazapine (7.5 mg tab, 15 mg tab, 15 mg tab disp, 30 mg tab, 30 mg tab disp, 45 mg tab, 45 mg tab disp)*	TIER 1	
GABA RECEPTOR MODULATOR - NEUROACTIVE STEROID			
ZULRESSO	ZULRESSO 100 MG/20ML SOLUTION *brexanolone*	SP-M	PA, S
ZURZUVAE	ZURZUVAE (20 MG CAP, 25 MG CAP) *zuranolone*	SP-NP	PA, QL (28 PER 365 DAY(S)), S
ZURZUVAE	ZURZUVAE 30 MG CAP *zuranolone*	SP-NP	PA, QL (14 PER 365 DAY(S)), S

BRAND NAME	DRUG DESCRIPTION (RX)	TIER	LIMITS & RESTRICTIONS
MONOAMINE OXIDASE INHIBITORS (MAOIS)			
MARPLAN	MARPLAN 10 MG TAB *isocarboxazid*	TIER 2	
PHENELZINE SULFATE	PHENELZINE SULFATE 15 MG TAB *phenelzine sulfate*	TIER 1	
tranylcypromine sulfate	*tranylcypromine sulfate 10 mg tab*	TIER 1	
SEROTONIN MODULATORS			
NEFAZODONE HCL	NEFAZODONE HCL (50 MG TAB, 100 MG TAB, 150 MG TAB, 200 MG TAB, 250 MG TAB) *nefazodone hcl*	TIER 1	
trazodone hcl	*trazodone hcl (50 mg tab, 100 mg tab, 150 mg tab)*	TIER 1	
vilazodone hcl	*vilazodone hcl (10 mg tab, 20 mg tab, 40 mg tab)*	TIER 1	PA, QL (1 PER 1 DAY(S))
SELECTIVE SEROTONIN REUPTAKE INHIBITORS (SSRIS)			
citalopram hydrobromide	*citalopram hydrobromide (10 mg tab, 20 mg tab, 40 mg tab)*	TIER 1	PV
citalopram hydrobromide	*citalopram hydrobromide (10 mg/5ml solution, 20 mg/10ml solution)*	TIER 1	PA, QL (600 PER 30 DAY(S)), PV
escitalopram oxalate	*escitalopram oxalate (5 mg tab, 5 mg/5ml solution, 10 mg tab, 10 mg/10ml solution, 20 mg tab)*	TIER 1	PV
FLUOXETINE HCL	FLUOXETINE HCL (10 MG CAP, 20 MG CAP, 20 MG/5ML SOLUTION, 40 MG CAP, 90 MG CAP DR) *fluoxetine hcl*	TIER 1	PV
fluvoxamine maleate	*fluvoxamine maleate (25 mg tab, 50 mg tab, 100 mg tab)*	TIER 1	PV
fluvoxamine maleate er	*fluvoxamine maleate er (er 100 mg cap er 24h, er 150 mg cap er 24h)*	TIER 1	PA
paroxetine hcl	*paroxetine hcl (10 mg tab, 20 mg tab, 30 mg tab, 40 mg tab)*	TIER 1	PV

BRAND NAME	DRUG DESCRIPTION (RX)	TIER	LIMITS & RESTRICTIONS
PAROXETINE HCL	PAROXETINE HCL 10 MG/5ML SUSPENSION *paroxetine hcl*	TIER 1	PA, QL (30 PER 1 DAY(S))
paroxetine hcl er	*paroxetine hcl er (er 12.5 mg tab er 24h, er 25 mg tab er 24h, er 37.5 mg tab er 24h)*	TIER 1	PV
sertraline hcl	*sertraline hcl (20 mg/ml conc, 25 mg tab, 50 mg tab, 100 mg tab)*	TIER 1	PV
SEROTONIN-NOREPINEPHRINE REUPTAKE INHIBITORS (SNRIS)			
desvenlafaxine succinate er	*desvenlafaxine succinate er (er 25 mg tab er 24h, er 50 mg tab er 24h)*	TIER 1	QL (30 PER 30 DAYS)
desvenlafaxine succinate er	*desvenlafaxine succinate er 100 mg tab er 24h*	TIER 1	QL (60 PER 30 DAY(S))
duloxetine hcl	*duloxetine hcl (20 mg cp dr part, 30 mg cp dr part, 40 mg cp dr part, 60 mg cp dr part)*	TIER 1	
venlafaxine hcl	*venlafaxine hcl (25 mg tab, 37.5 mg tab, 50 mg tab, 75 mg tab, 100 mg tab)*	TIER 1	
venlafaxine hcl er	*venlafaxine hcl er (er 37.5 mg cap er 24h, er 75 mg cap er 24h, er 150 mg cap er 24h)*	TIER 1	
TRICYCLIC AGENTS			
amitriptyline hcl	*amitriptyline hcl (10 mg tab, 25 mg tab, 50 mg tab, 75 mg tab, 100 mg tab, 150 mg tab)*	TIER 1	
amoxapine	*amoxapine (25 mg tab, 50 mg tab, 100 mg tab, 150 mg tab)*	TIER 1	
clomipramine hcl	*clomipramine hcl (25 mg cap, 50 mg cap, 75 mg cap)*	TIER 1	
desipramine hcl	*desipramine hcl (10 mg tab, 25 mg tab, 50 mg tab, 75 mg tab, 100 mg tab, 150 mg tab)*	TIER 1	
doxepin hcl	*doxepin hcl (10 mg cap, 10 mg/ml conc, 25 mg cap, 50 mg cap, 75 mg cap, 100 mg cap, 150 mg cap)*	TIER 1	

BRAND NAME	DRUG DESCRIPTION (RX)	TIER	LIMITS & RESTRICTIONS
imipramine hcl	*imipramine hcl (10 mg tab, 25 mg tab, 50 mg tab)*	TIER 1	
nortriptyline hcl	*nortriptyline hcl (10 mg cap, 25 mg cap, 50 mg cap, 75 mg cap)*	TIER 1	
nortriptyline hcl	*nortriptyline hcl 10 mg/5ml solution*	TIER 1	PA, QL (2400 PER 30 DAY(S))
protriptyline hcl	*protriptyline hcl (5 mg tab, 10 mg tab)*	TIER 1	
trimipramine maleate	*trimipramine maleate (25 mg cap, 50 mg cap, 100 mg cap)*	TIER 1	
ANTIDEPRESSANTS - MISC.			
bupropion hcl	*bupropion hcl (75 mg tab, 100 mg tab)*	TIER 1	
bupropion hcl er (sr)	*bupropion hcl er (sr) (er 100 mg tab er 12h, er 150 mg tab er 12h, er 200 mg tab er 12h)*	TIER 1	
bupropion hcl er (xl)	*bupropion hcl er (xl) (er 150 mg tab er 24h, er 300 mg tab er 24h)*	TIER 1	
ANTIPSYCHOTICS/ANTIMANIC AGENTS BENZISOXAZOLES			
ERZOFRI	ERZOFRI (39 MG/0.25ML SUSP PRSYR, 78 MG/0.5ML SUSP PRSYR, 117 MG/0.75ML SUSP PRSYR, 156 MG/ML SUSP PRSYR, 234 MG/1.5ML SUSP PRSYR, 351 MG/2.25ML SUSP PRSYR) *paliperidone palmitate*	TIER 3	
INVEGA HAFYERA	INVEGA HAFYERA (1092 MG/3.5ML SUSP PRSYR, 1560 MG/5ML SUSP PRSYR) *paliperidone palmitate*	TIER 3	

BRAND NAME	DRUG DESCRIPTION (RX)	TIER	LIMITS & RESTRICTIONS
INVEGA SUSTENNA	INVEGA SUSTENNA (39 MG/0.25ML SUSP PRSYR, 78 MG/0.5ML SUSP PRSYR, 117 MG/0.75ML SUSP PRSYR, 156 MG/ML SUSP PRSYR, 234 MG/1.5ML SUSP PRSYR) *paliperidone palmitate*	TIER 3	
INVEGA TRINZA	INVEGA TRINZA (273 MG/0.88ML SUSP PRSYR, 410 MG/1.32ML SUSP PRSYR, 546 MG/1.75ML SUSP PRSYR, 819 MG/2.63ML SUSP PRSYR) *paliperidone palmitate*	TIER 3	
paliperidone er	*paliperidone er (er 1.5 mg tab er 24h, er 3 mg tab er 24h, er 6 mg tab er 24h, er 9 mg tab er 24h)*	TIER 1	
PERSERIS	PERSERIS (90 MG PRSYR, 120 MG PRSYR) *risperidone*	TIER 3	
RISPERDAL CONSTA	RISPERDAL CONSTA (12.5 MG, 25 MG, 37.5 MG, 50 MG) *risperidone microspheres*	TIER 3	GA
risperidone	*risperidone (0.25 mg tab disp, 0.5 mg tab disp, 1 mg tab disp, 2 mg tab disp, 3 mg tab disp, 4 mg tab disp)*	TIER 1	PA
risperidone	*risperidone (0.25 mg tab, 0.5 mg tab, 1 mg tab, 2 mg tab, 3 mg tab, 4 mg tab)*	TIER 1	
risperidone	*risperidone 1 mg/ml solution*	TIER 1	PA, QL (16 ML PER DAY(S))
risperidone microspheres er	*risperidone microspheres er (er 12.5 mg, er 25 mg, er 37.5 mg, er 50 mg)*	TIER 3	
RYKINDO	RYKINDO (25 MG, 37.5 MG, 50 MG) *risperidone*	TIER 3	

BRAND NAME	DRUG DESCRIPTION (RX)	TIER	LIMITS & RESTRICTIONS
UZEDY	UZEDY (50 MG/0.14ML SUSP PRSYR, 75 MG/0.21ML SUSP PRSYR, 100 MG/0.28ML SUSP PRSYR, 125 MG/0.35ML SUSP PRSYR, 150 MG/0.42ML SUSP PRSYR, 200 MG/0.56ML SUSP PRSYR, 250 MG/0.7ML SUSP PRSYR) *risperidone*	TIER 3	
BUTYROPHENONES			
haloperidol	*haloperidol (0.5 mg tab, 1 mg tab, 2 mg tab, 5 mg tab, 10 mg tab, 20 mg tab)*	TIER 1	
haloperidol lactate	*haloperidol lactate 2 mg/ml conc*	TIER 1	
DIBENZODIAZEPINES			
clozapine	*clozapine (12.5 mg tab disp, 25 mg tab, 25 mg tab disp, 50 mg tab, 100 mg tab, 100 mg tab disp, 200 mg tab)*	TIER 1	
DIBENZOTHIAZEPINES			
quetiapine fumarate	*quetiapine fumarate (25 mg tab, 50 mg tab, 100 mg tab, 200 mg tab, 300 mg tab, 400 mg tab)*	TIER 1	
quetiapine fumarate er	*quetiapine fumarate er (er 50 mg tab er 24h, er 150 mg tab er 24h, er 200 mg tab er 24h, er 300 mg tab er 24h, er 400 mg tab er 24h)*	TIER 1	
DIBENZOXAZEPINES			
loxapine succinate	*loxapine succinate (5 mg cap, 10 mg cap, 25 mg cap, 50 mg cap)*	TIER 1	
DIBENZO-OXEPINO PYRROLES			
asenapine maleate	*asenapine maleate (2.5 mg sl tab, 5 mg sl tab, 10 mg sl tab)*	TIER 1	

BRAND NAME	DRUG DESCRIPTION (RX)	TIER	LIMITS & RESTRICTIONS
THIENBENZODIAZEPINES			
olanzapine	*olanzapine (2.5 mg tab, 5 mg tab, 5 mg tab disp, 7.5 mg tab, 10 mg tab, 10 mg tab disp, 15 mg tab, 15 mg tab disp, 20 mg tab, 20 mg tab disp)*	TIER 1	
ZYPREXA RELPREVV	ZYPREXA RELPREVV (210 MG RECON SUSP, 300 MG RECON SUSP, 405 MG RECON SUSP) *olanzapine pamoate*	TIER 3	
PHENOTHIAZINES			
chlorpromazine hcl	*chlorpromazine hcl (10 mg tab, 25 mg tab, 30 mg/ml conc, 50 mg tab, 100 mg tab, 100 mg/ml conc, 200 mg tab)*	TIER 1	
compro	*compro 25 mg suppos*	TIER 1	
fluphenazine hcl	*fluphenazine hcl (1 mg tab, 2.5 mg tab, 2.5 mg/5ml elixir, 5 mg tab, 5 mg/ml conc, 10 mg tab)*	TIER 1	
perphenazine	*perphenazine (2 mg tab, 4 mg tab, 8 mg tab, 16 mg tab)*	TIER 1	
prochlorperazine	*prochlorperazine 25 mg suppos*	TIER 1	
prochlorperazine maleate	*prochlorperazine maleate (5 mg tab, 10 mg tab)*	TIER 1	
thioridazine hcl	*thioridazine hcl (10 mg tab, 25 mg tab, 50 mg tab, 100 mg tab)*	TIER 1	
trifluoperazine hcl	*trifluoperazine hcl (1 mg tab, 2 mg tab, 5 mg tab, 10 mg tab)*	TIER 1	
QUINOLINONE DERIVATIVES			
ABILIFY ASIMTUFII	ABILIFY ASIMTUFII (720 MG/2.4ML PRSYR, 960 MG/3.2ML PRSYR) *aripiprazole*	TIER 3	

BRAND NAME	DRUG DESCRIPTION (RX)	TIER	LIMITS & RESTRICTIONS
ABILIFY MAINTENA	ABILIFY MAINTENA (300 MG PRSYR, 300 MG SRER, 400 MG PRSYR, 400 MG SRER) *aripiprazole*	TIER 3	
aripiprazole	*aripiprazole (2 mg tab, 5 mg tab, 10 mg tab, 10 mg tab disp, 15 mg tab, 15 mg tab disp, 20 mg tab, 30 mg tab)*	TIER 1	
aripiprazole	*aripiprazole 1 mg/ml solution*	TIER 1	PA, QL (900 PER 30 DAY(S))
ARISTADA	ARISTADA (441 MG/1.6ML PRSYR, 662 MG/2.4ML PRSYR, 882 MG/3.2ML PRSYR, 1064 MG/3.9ML PRSYR) *aripiprazole lauroxil*	TIER 3	
ARISTADA INITIO	ARISTADA INITIO 675 MG/2.4ML PRSYR *aripiprazole lauroxil*	TIER 3	
THIOXANTHENES			
thiothixene	*thiothixene (1 mg cap, 2 mg cap, 5 mg cap, 10 mg cap)*	TIER 1	
ANTIPSYCHOTICS - MISC.			
lurasidone hcl	*lurasidone hcl (20 mg tab, 40 mg tab, 60 mg tab, 80 mg tab, 120 mg tab)*	TIER 1	
NUPLAZID	NUPLAZID (10 MG TAB, 34 MG CAP) *pimavanserin tartrate*	SP-NP	QL (1 PER 1 DAY), S
ziprasidone hcl	*ziprasidone hcl (20 mg cap, 40 mg cap, 60 mg cap, 80 mg cap)*	TIER 1	
ANTIMANIC AGENTS			
lithium	*lithium 8 meq/5ml solution*	TIER 1	
lithium carbonate	*lithium carbonate (150 mg cap, 300 mg cap, 300 mg tab, 600 mg cap)*	TIER 1	
lithium carbonate er	*lithium carbonate er (er 300 mg tab er, er 450 mg tab er)*	TIER 1	

BRAND NAME	DRUG DESCRIPTION (RX)	TIER	LIMITS & RESTRICTIONS
HYPNOTICS/SEDATIVES/SLEEP DISORDER AGENTS BARBITURATE HYPNOTICS			
phenobarbital	*phenobarbital (15 mg tab, 16.2 mg tab, 20 mg/5ml elixir, 30 mg tab, 30 mg/7.5ml elixir, 32.4 mg tab, 60 mg tab, 60 mg/15ml elixir, 64.8 mg tab, 97.2 mg tab, 100 mg tab)*	TIER 1	
BENZODIAZEPINE HYPNOTICS			
estazolam	*estazolam (1 mg tab, 2 mg tab)*	TIER 1	
flurazepam hcl	*flurazepam hcl (15 mg cap, 30 mg cap)*	TIER 1	
temazepam	*temazepam (7.5 mg cap, 15 mg cap, 22.5 mg cap, 30 mg cap)*	TIER 1	
triazolam	*triazolam (0.125 mg tab, 0.25 mg tab)*	TIER 1	
NON-BENZODIAZEPINE - GABA-RECEPTOR MODULATORS			
eszopiclone	*eszopiclone (1 mg tab, 2 mg tab, 3 mg tab)*	TIER 1	
zaleplon	*zaleplon (5 mg cap, 10 mg cap)*	TIER 1	
ZOLPIDEM TARTRATE	ZOLPIDEM TARTRATE (1.75 MG SL TAB, 3.5 MG SL TAB) *zolpidem tartrate*	TIER 1	PA
zolpidem tartrate	*zolpidem tartrate (5 mg tab, 10 mg tab)*	TIER 1	
zolpidem tartrate er	*zolpidem tartrate er (er 6.25 mg tab er, er 12.5 mg tab er)*	TIER 1	
SELECTIVE MELATONIN RECEPTOR AGONISTS			
HETLIOZ	HETLIOZ 20 MG CAP *tasimelteon*	SP-NP	PA, QL (30 PER 30 DAYS), S, GA
HETLIOZ LQ	HETLIOZ LQ 4 MG/ML SUSPENSION *tasimelteon*	SP-P	PA, QL (5 PER 1 DAY(S)), S
ramelteon	*ramelteon 8 mg tab*	TIER 1	

BRAND NAME	DRUG DESCRIPTION (RX)	TIER	LIMITS & RESTRICTIONS
tasimelteon	*tasimelteon 20 mg cap*	SP-P	PA, QL (30 PER 30 DAYS), SBG (Specialty Biosimilars and Specialty generics), S
HYPNOTICS - TRICYCLIC AGENTS			
doxepin hcl	*doxepin hcl (3 mg tab, 6 mg tab)*	TIER 1	PA
ADHD/ANTI-NARCOLEPSY/ANTI-OBESITY/ANOREXIANTS AMPHETAMINES			
dextroamphetamine sulfate	*dextroamphetamine sulfate (5 mg tab, 5 mg/5ml solution, 10 mg tab)*	TIER 1	
dextroamphetamine sulfate er	*dextroamphetamine sulfate er (er 5 mg cap er 24h, er 10 mg cap er 24h, er 15 mg cap er 24h)*	TIER 1	PA
lisdexamfetamine dimesylate	*lisdexamfetamine dimesylate (10 mg cap, 10 mg chew tab, 20 mg cap, 20 mg chew tab, 30 mg cap, 30 mg chew tab, 40 mg cap, 40 mg chew tab, 50 mg cap, 50 mg chew tab, 60 mg cap, 60 mg chew tab, 70 mg cap)*	TIER 1	PA
methamphetamine hcl	*methamphetamine hcl 5 mg tab*	TIER 1	
procentra	*procentra 5 mg/5ml solution*	TIER 1	
zenzedi	*zenzedi (5 mg tab, 10 mg tab)*	TIER 1	
AMPHETAMINE MIXTURES			
amphetamine-dextroamphet er	*amphetamine-dextroamphet er (er 5 mg cap er 24h, er 10 mg cap er 24h, er 15 mg cap er 24h, er 20 mg cap er 24h, er 25 mg cap er 24h, er 30 mg cap er 24h)*	TIER 1	PA
amphetamine-dextroamphetamine	*amphetamine-dextroamphetamine (5 mg tab, 7.5 mg tab, 10 mg tab, 12.5 mg tab, 15 mg tab, 20 mg tab, 30 mg tab)*	TIER 1	

BRAND NAME	DRUG DESCRIPTION (RX)	TIER	LIMITS & RESTRICTIONS
ANTI-OBESITY - GLP-1 RECEPTOR AGONISTS			
FOUNDAYO	FOUNDAYO (0.8 MG TAB, 2.5 MG TAB, 5.5 MG TAB, 9 MG TAB, 14.5 MG TAB, 17.2 MG TAB) *orforglipron calcium (weight management)*	P&T	QL (1 TAB PER DAY(S))
WEGOVY	WEGOVY (0.25 MG/0.5ML SOLN A-INJ, 0.5 MG/0.5ML SOLN A-INJ, 1 MG/0.5ML SOLN A-INJ, 1.7 MG/0.75ML SOLN A-INJ, 2.4 MG/0.75ML SOLN A-INJ) *semaglutide (weight management)*	TIER 2	PA, QL (4 INJ PER 28 DAY(S)), CV
WEGOVY	WEGOVY (1.5 MG TAB, 4 MG TAB, 9 MG TAB, 25 MG TAB) *semaglutide (weight management)*	TIER 2	PA, QL (1 TAB PER DAY(S)), CV
ANTI-OBESITY - GIP & GLP-1 RECEPTOR AGONISTS			
ZEPBOUND	ZEPBOUND (12.5 SOLUTION, 15 SOLUTION) *tirzepatide (weight management)*	TIER 2	PA, QL (4 PER PER 28 DAY(S)), CV
ZEPBOUND	ZEPBOUND (5 SOLN A-INJ, 7.5 SOLN A-INJ, 10 SOLN A-INJ, 12.5 SOLN A-INJ, 15 SOLN A-INJ) *tirzepatide (weight management)*	TIER 2	PA, QL (4 PER 28 DAY(S)), CV
ZEPBOUND	ZEPBOUND (5 SOLUTION, 7.5 SOLUTION, 10 SOLUTION) *tirzepatide (weight management)*	TIER 2	PA, QL (4 VIALS PER 28 DAY(S)), CV
ZEPBOUND	ZEPBOUND 2.5 MG/0.5ML SOLN A-INJ *tirzepatide (weight management)*	TIER 2	PA, QL (4 INJ PER 28 DAY(S)), CV
ZEPBOUND	ZEPBOUND 2.5 MG/0.5ML SOLUTION *tirzepatide (weight management)*	TIER 2	PA, QL (4 VIAL PER 28 DAY(S)), CV

BRAND NAME	DRUG DESCRIPTION (RX)	TIER	LIMITS & RESTRICTIONS
ZEPBOUND KWIKPEN	ZEPBOUND KWIKPEN (2.5 SOLN PEN, 5 SOLN PEN, 7.5 SOLN PEN, 10 SOLN PEN, 12.5 SOLN PEN, 15 SOLN PEN) *tirzepatide (weight management)*	TIER 2	PA, QL (4 PENS PER 28 DAY(S)), CV
ANALEPTICS			
caffeine citrate	*caffeine citrate 60 mg/3ml solution*	TIER 1	
ADHD AGENT - SELECTIVE ALPHA ADRENERGIC AGONISTS			
clonidine hcl er	*clonidine hcl er 0.1 mg tab er 12h*	TIER 1	
guanfacine hcl er	*guanfacine hcl er (er 1 mg tab er 24h, er 2 mg tab er 24h, er 3 mg tab er 24h, er 4 mg tab er 24h)*	TIER 1	
ADHD AGENT - SELECTIVE NOREPINEPHRINE REUPTAKE INHIBITOR			
atomoxetine hcl	*atomoxetine hcl (10 mg cap, 18 mg cap, 25 mg cap, 40 mg cap, 60 mg cap)*	TIER 1	QL (60 PER 30 DAYS)
atomoxetine hcl	*atomoxetine hcl (80 mg cap, 100 mg cap)*	TIER 1	QL (30 PER 30 DAYS)
STIMULANTS - MISC.			
armodafinil	*armodafinil (50 mg tab, 150 mg tab, 200 mg tab, 250 mg tab)*	TIER 1	PA, QL (30 PER 30 DAYS)
dexmethylphenidate hcl	*dexmethylphenidate hcl (2.5 mg tab, 5 mg tab, 10 mg tab)*	TIER 1	
dexmethylphenidate hcl er	*dexmethylphenidate hcl er (er 5 mg cap er 24h, er 10 mg cap er 24h, er 15 mg cap er 24h, er 20 mg cap er 24h, er 25 mg cap er 24h, er 30 mg cap er 24h, er 35 mg cap er 24h, er 40 mg cap er 24h)*	TIER 1	PA
methylphenidate	*methylphenidate (10 patch, 15 patch, 20 patch, 30 patch)*	TIER 1	PA, QL (1 PER DAY(S))

BRAND NAME	DRUG DESCRIPTION (RX)	TIER	LIMITS & RESTRICTIONS
methylphenidate hcl	*methylphenidate hcl (2.5 mg chew tab, 5 mg chew tab, 5 mg tab, 5 mg/5ml solution, 10 mg chew tab, 10 mg tab, 10 mg/5ml solution, 20 mg tab)*	TIER 1	
methylphenidate hcl er (cd)	*methylphenidate hcl er (cd) (er 10 mg cap er, er 20 mg cap er, er 30 mg cap er, er 40 mg cap er, er 50 mg cap er, er 60 mg cap er)*	TIER 1	PA
METHYLPHENIDATE HCL ER	METHYLPHENIDATE HCL ER (ER 10 MG TAB ER, ER 18 MG TAB ER, ER 18 MG TAB ER 24H, ER 20 MG TAB ER, ER 27 MG TAB ER, ER 27 MG TAB ER 24H, ER 36 MG TAB ER, ER 36 MG TAB ER 24H, ER 54 MG TAB ER, ER 54 MG TAB ER 24H) *methylphenidate hcl*	TIER 1	PA
methylphenidate hcl er (la)	*methylphenidate hcl er (la) (er 10 mg cap er 24h, er 20 mg cap er 24h, er 30 mg cap er 24h, er 40 mg cap er 24h, er 60 mg cap er 24h)*	TIER 1	PA
methylphenidate hcl er (osm)	*methylphenidate hcl er (osm) (er 18 mg tab er, er 27 mg tab er, er 36 mg tab er, er 54 mg tab er)*	TIER 1	PA
methylphenidate hcl er(diffus)	*methylphenidate hcl er(diffus) (27 mg tab er, 36 mg tab er, 54 mg tab er)*	TIER 1	PA
modafinil	*modafinil (100 mg tab, 200 mg tab)*	TIER 1	PA, QL (60 PER 30 DAYS)
PSYCHOTHERAPEUTIC AND NEUROLOGICAL AGENTS - MISC.			
AQNEURSA	AQNEURSA 1 GM PACKET *levacetylleucine*	SP-P	PA, QL (120 PACKETS PER 30 DAY(S)), S
ERGOLOID MESYLATES	ERGOLOID MESYLATES 1 MG TAB *ergoloid mesylates*	TIER 1	
MIPLYFFA	MIPLYFFA (47 MG CAP, 62 MG CAP) *arimoclomol citrate*	SP-P	PA, QL (90 CAPSULES PER 30 DAY(S)), S

BRAND NAME	DRUG DESCRIPTION (RX)	TIER	LIMITS & RESTRICTIONS
MIPLYFFA	MIPLYFFA (93 MG CAP, 124 MG CAP) *arimoclomol citrate*	SP-P	PA, QL (90 CAPSULES PER 30 DAY(S)), S
pimozide	*pimozide (1 mg tab, 2 mg tab)*	TIER 1	
ALEXANDER DISEASE - ANTISENSE OLIGONUCLEOTIDES (ASO)			
ZANVASTRO	ZANVASTRO 56 MG/2.8ML SOLUTION *zilganersen sodium*	P&T	S
ALZHEIMER'S TREATMENT - ANTI-AMYLOID ANTIBODIES			
KISUNLA	KISUNLA 350 MG/20ML SOLUTION *donanemab-azbt*	SP-M	PA, S
LEQEMBI	LEQEMBI (200 MG/2ML SOLUTION, 500 MG/5ML SOLUTION) *lecanemab-irmb*	SP-M	PA, S
LEQEMBI IQLIK (500 MG DOSE)	LEQEMBI IQLIK (500 MG DOSE) 2 X 250 MG/1.25ML SOLN A-INJ *lecanemab-irmb*	P&T	PA, QL (8 INJ PER 28 DAY(S)), S
LEQEMBI IQLIK	LEQEMBI IQLIK 360 MG/1.8ML SOLN A-INJ *lecanemab-irmb*	SP-NP	PA, QL (4 PENS PER 28 DAY(S)), S
CHOLINOMIMETICS - ACHE INHIBITORS			
donepezil hcl	*donepezil hcl (5 mg tab, 5 mg tab disp, 10 mg tab, 10 mg tab disp, 23 mg tab)*	TIER 1	
galantamine hydrobromide	*galantamine hydrobromide (4 mg tab, 8 mg tab, 12 mg tab)*	TIER 1	
galantamine hydrobromide er	*galantamine hydrobromide er (er 8 mg cap er 24h, er 16 mg cap er 24h, er 24 mg cap er 24h)*	TIER 1	
rivastigmine	*rivastigmine (4.6 mg/24hr patch 24hr, 9.5 mg/24hr patch 24hr, 13.3 mg/24hr patch 24hr)*	TIER 1	
rivastigmine tartrate	*rivastigmine tartrate (1.5 mg cap, 3 mg cap, 4.5 mg cap, 6 mg cap)*	TIER 1	

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BRAND NAME	DRUG DESCRIPTION (RX)	TIER	LIMITS & RESTRICTIONS
N-METHYL-D-ASPARTATE (NMDA) RECEPTOR ANTAGONISTS			
memantine hcl	*memantine hcl (2 mg/ml solution, 10 mg/5ml solution)*	TIER 1	PA, QL (300 PER 30 DAY(S))
memantine hcl	*memantine hcl (5 mg tab, 10 mg tab)*	TIER 1	
memantine hcl er	*memantine hcl er (er 7 mg cap er 24h, er 14 mg cap er 24h, er 21 mg cap er 24h, er 28 mg cap er 24h)*	TIER 1	
CALD - AUTOLOGOUS CELLULAR GENE THERAPY AGENTS			
SKYSONA	SKYSONA SUSPENSION *elivaldogene autotemcel*	SP-M	PA, S
SMOKING DETERRENTS			
bupropion hcl er (smoking det)	*bupropion hcl er (smoking det) 150 mg tab er 12h*	TIER 1	
CHANTIX	CHANTIX 0.5 MG TAB *varenicline tartrate*	TIER 1	GA
cvs nicotine	*cvs nicotine (2 mg gum, 2 mg lozenge, 4 mg gum, 7 mg/24hr patch 24hr, 14 mg/24hr patch 24hr, 21 mg/24hr patch 24hr)*	TIER 1	
cvs nicotine polacrilex	*cvs nicotine polacrilex (2 mg gum, 2 mg lozenge, 4 mg gum, 4 mg lozenge)*	TIER 1	
eq nicotine	*eq nicotine (4 mg gum, 4 mg lozenge, 14 mg/24hr patch 24hr, 21 mg/24hr patch 24hr)*	TIER 1	
eq nicotine polacrilex	*eq nicotine polacrilex (2 mg gum, 2 mg lozenge, 4 mg gum, 4 mg lozenge)*	TIER 1	
eq nicotine step 3	*eq nicotine step 3 7 mg/24hr patch 24hr*	TIER 1	
eql nicotine polacrilex	*eql nicotine polacrilex (2 mg lozenge, 4 mg lozenge)*	TIER 1	

BRAND NAME	DRUG DESCRIPTION (RX)	TIER	LIMITS & RESTRICTIONS
ft nicotine	*ft nicotine (2 mg gum, 2 mg lozenge, 4 mg gum, 4 mg lozenge, 7 mg/24hr patch 24hr, 14 mg/24hr patch 24hr, 21 mg/24hr patch 24hr)*	TIER 1	
ft nicotine mini	*ft nicotine mini (2 mg lozenge, 4 mg lozenge)*	TIER 1	
gnp nicotine	*gnp nicotine (2 mg gum, 4 mg gum, 7 mg/24hr patch 24hr, 14 mg/24hr patch 24hr, 21 mg/24hr patch 24hr)*	TIER 1	
gnp nicotine mini	*gnp nicotine mini (2 mg lozenge, 4 mg lozenge)*	TIER 1	
gnp nicotine polacrilex	*gnp nicotine polacrilex (2 mg gum, 2 mg lozenge, 4 mg gum, 4 mg lozenge)*	TIER 1	
goodsense nicotine	*goodsense nicotine (2 mg gum, 2 mg lozenge, 4 mg gum, 4 mg lozenge)*	TIER 1	
goodsense nicotine policrilex	*goodsense nicotine policrilex 4 mg gum*	TIER 1	
habitrol	*habitrol 21 mg/24hr patch 24hr*	TIER 1	
hm nicotine	*hm nicotine (7 mg/24hr patch 24hr, 14 mg/24hr patch 24hr, 21 mg/24hr patch 24hr)*	TIER 1	
hm nicotine polacrilex	*hm nicotine polacrilex (2 mg gum, 2 mg lozenge, 4 mg gum, 4 mg lozenge)*	TIER 1	
kls quit2	*kls quit2 (2 mg gum, 2 mg lozenge)*	TIER 1	
kls quit4	*kls quit4 (4 mg gum, 4 mg lozenge)*	TIER 1	
nicoderm cq	*nicoderm cq (7 mg/24hr patch 24hr, 14 mg/24hr patch 24hr, 21 mg/24hr patch 24hr)*	TIER 1	
nicorette	*nicorette (2 mg gum, 4 mg gum, 4 mg lozenge)*	TIER 1	
nicorette	*nicorette 2 mg lozenge*	TIER 3	
nicorette mini	*nicorette mini 2 mg lozenge*	TIER 3	
nicorette mini	*nicorette mini 4 mg lozenge*	TIER 1	

BRAND NAME	DRUG DESCRIPTION (RX)	TIER	LIMITS & RESTRICTIONS
nicorette starter kit	*nicorette starter kit (kit 2 mg gum, kit 4 mg gum)*	TIER 1	
nicotine	*nicotine (7 mg/24hr patch 24hr, 14 mg/24hr patch 24hr, 21 mg/24hr patch 24hr)*	TIER 1	
NICOTINE	NICOTINE 21-14-7 MG/24HR KIT *nicotine*	TIER 3	
nicotine mini	*nicotine mini (2 mg lozenge, 4 mg lozenge)*	TIER 1	
nicotine polacrilex	*nicotine polacrilex (2 mg gum, 2 mg lozenge, 4 mg gum, 4 mg lozenge)*	TIER 1	
nicotine polacrilex mini	*nicotine polacrilex mini 2 mg lozenge*	TIER 1	
nicotine step 1	*nicotine step 1 21 mg/24hr patch 24hr*	TIER 1	
nicotine step 2	*nicotine step 2 14 mg/24hr patch 24hr*	TIER 1	
nicotine step 3	*nicotine step 3 7 mg/24hr patch 24hr*	TIER 1	
NICOTROL	NICOTROL 10 MG INHALER *nicotine*	TIER 3	
NICOTROL NS	NICOTROL NS 10 MG/ML SOLUTION *nicotine*	TIER 3	
px stop smoking aid	*px stop smoking aid (2 mg gum, 2 mg lozenge, 4 mg gum, 4 mg lozenge)*	TIER 1	
qc nicotine transdermal system	*qc nicotine transdermal system (14 mg/24hr patch 24hr, 21 mg/24hr patch 24hr)*	TIER 1	
ra mini nicotine	*ra mini nicotine (2 mg lozenge, 4 mg lozenge)*	TIER 1	
ra nicotine	*ra nicotine (2 mg gum, 4 mg gum, 14 mg/24hr patch 24hr, 21 mg/24hr patch 24hr)*	TIER 1	
ra nicotine gum	*ra nicotine gum (gum 2 mg gum, gum 4 mg gum)*	TIER 1	
ra nicotine polacrilex	*ra nicotine polacrilex (2 mg lozenge, 4 mg lozenge)*	TIER 1	

BRAND NAME	DRUG DESCRIPTION (RX)	TIER	LIMITS & RESTRICTIONS
sm nicotine	*sm nicotine (2 mg lozenge, 4 mg gum, 7 mg/24hr patch 24hr, 14 mg/24hr patch 24hr, 21 mg/24hr patch 24hr)*	TIER 1	
sm nicotine polacrilex	*sm nicotine polacrilex (2 mg gum, 2 mg lozenge, 4 mg gum, 4 mg lozenge)*	TIER 1	
thrive	*thrive 2 mg gum*	TIER 1	
varenicline tartrate	*varenicline tartrate (0.5 mg tab, 1 mg tab)*	TIER 1	
varenicline tartrate (starter)	*varenicline tartrate (starter) 0.5 mg x 11 & 1 mg x 42 tab thpk*	TIER 1	
varenicline tartrate(continue)	*varenicline tartrate(continue) 1 mg tab*	TIER 1	
MLD - AUTOLOGOUS CELLULAR GENE THERAPY AGENTS			
LENMELDY	LENMELDY SUSPENSION *atidarsagene autotemcel*	SP-M	PA, QL (1 DOSE PER LIFETIME), S
MOVEMENT DISORDER DRUG THERAPY			
AUSTEDO	AUSTEDO (9 MG TAB, 12 MG TAB) *deutetrabenazine*	SP-P	PA, QL (120 PER 30 DAY(S)), S
AUSTEDO	AUSTEDO 6 MG TAB *deutetrabenazine*	SP-P	PA, QL (60 PER 30 DAY(S)), S
AUSTEDO PATIENT TITRATION KIT	AUSTEDO PATIENT TITRATION KIT 6 & 9 & 12 MG TAB THPK *deutetrabenazine*	SP-P	PA, QL (1 PER 28 DAY(S)), S
AUSTEDO XR	AUSTEDO XR (30 MG TAB ER 24H, 42 MG TAB ER 24H, 48 MG TAB ER 24H) *deutetrabenazine*	SP-P	PA, QL (1 TAB PER DAY(S)), S
AUSTEDO XR	AUSTEDO XR 12 MG TAB ER 24H *deutetrabenazine*	SP-P	PA, QL (4 PER 1 DAY(S)), S
AUSTEDO XR	AUSTEDO XR 18 MG TAB ER 24H *deutetrabenazine*	SP-P	PA, QL (30 TABLETS PER 30 DAY(S)), S
AUSTEDO XR	AUSTEDO XR 24 MG TAB ER 24H *deutetrabenazine*	SP-P	PA, QL (2 PER 1 DAY(S)), S

BRAND NAME	DRUG DESCRIPTION (RX)	TIER	LIMITS & RESTRICTIONS
AUSTEDO XR	AUSTEDO XR 36 MG TAB ER 24H *deutetrabenazine*	SP-P	PA, QL (1 TAB PER DAY(S))
AUSTEDO XR	AUSTEDO XR 6 MG TAB ER 24H *deutetrabenazine*	SP-P	PA, QL (3 PER 1 DAY(S)), S
AUSTEDO XR PATIENT TITRATION	AUSTEDO XR PATIENT TITRATION 12 & 18 & 24 & 30 MG TBER THPK *deutetrabenazine*	SP-P	PA, QL (1 KIT PER 28 DAY(S)), S
AUSTEDO XR PATIENT TITRATION	AUSTEDO XR PATIENT TITRATION 6 & 12 & 24 MG TBER THPK *deutetrabenazine*	SP-P	PA, QL (42 PER 28 DAY(S)), S
INGREZZA	INGREZZA (40 MG CAP, 60 MG CAP, 80 MG CAP) *valbenazine tosylate*	SP-NP	PA, QL (30 PER 30 DAY(S)), S, MN-PA (Medically Necessary Prior Authorization)
INGREZZA	INGREZZA (60 MG CAP SPRINK, 80 MG CAP SPRINK) *valbenazine tosylate*	SP-NP	PA, QL (30 CAPS PER 30 DAY(S)), S, MN-PA (Medically Necessary Prior Authorization)
INGREZZA	INGREZZA 40 & 80 MG CAP THPK *valbenazine tosylate*	SP-NP	PA, QL (1 PER 28 DAY(S)), S, MN-PA (Medically Necessary Prior Authorization)
INGREZZA	INGREZZA 40 MG CAP SPRINK *valbenazine tosylate*	SP-NP	PA, QL (30 CAPS PER 30 DAY(S)), S, MN-PA (Medically Necessary Prior Authorization)
tetrabenazine	*tetrabenazine 12.5 mg tab*	SP-P	QL (240 PER 30 DAYS), SBG (Specialty Biosimilars and Specialty generics), S
tetrabenazine	*tetrabenazine 25 mg tab*	SP-P	QL (120 PER 30 DAYS), SBG (Specialty Biosimilars and Specialty generics), S
MULTIPLE SCLEROSIS AGENTS			
glatiramer acetate	*glatiramer acetate 20 mg/ml soln prsyr*	SP-P	PA, QL (1 SYR PER DAY(S)), SBG (Specialty Biosimilars and Specialty generics), S
glatiramer acetate	*glatiramer acetate 40 mg/ml soln prsyr*	SP-P	PA, QL (12 SYR PER 28 DAY(S)), SBG (Specialty Biosimilars and Specialty generics), S
glatopa	*glatopa 20 mg/ml soln prsyr*	SP-P	PA, QL (1 SYR PER DAY(S)), SBG (Specialty Biosimilars and Specialty generics), S

BRAND NAME	DRUG DESCRIPTION (RX)	TIER	LIMITS & RESTRICTIONS
glatopa	*glatopa 40 mg/ml soln prsyr*	SP-P	PA, QL (12 SYR PER 28 DAY(S)), SBG (Specialty Biosimilars and Specialty generics), S
MULTIPLE SCLEROSIS AGENTS - ANTIMETABOLITES			
cladribine (10 tabs)	*cladribine (10 tabs) 10 mg tab thpk*	SP-NP	PA, QL (20 PER 9 MONTH(S)), S
cladribine (4 tabs)	*cladribine (4 tabs) 10 mg tab thpk*	SP-NP	PA, QL (20 PER 9 MONTH(S)), S
cladribine (5 tabs)	*cladribine (5 tabs) 10 mg tab thpk*	SP-NP	PA, QL (20 PER 9 MONTH(S)), S
cladribine (6 tabs)	*cladribine (6 tabs) 10 mg tab thpk*	SP-NP	PA, QL (20 PER 9 MONTH(S)), S
cladribine (7 tabs)	*cladribine (7 tabs) 10 mg tab thpk*	SP-NP	PA, QL (20 PER 9 MONTH(S)), S
cladribine (8 tabs)	*cladribine (8 tabs) 10 mg tab thpk*	SP-NP	PA, QL (20 PER 9 MONTH(S)), S
cladribine (9 tabs)	*cladribine (9 tabs) 10 mg tab thpk*	SP-NP	PA, QL (20 PER 9 MONTH(S)), S
MAVENCLAD (10 TABS)	MAVENCLAD (10 TABS) 10 MG TAB THPK *cladribine (multiple sclerosis)*	SP-NP	PA, QL (20 PER 9 MONTH(S)), S, GA
MAVENCLAD (4 TABS)	MAVENCLAD (4 TABS) 10 MG TAB THPK *cladribine (multiple sclerosis)*	SP-NP	PA, QL (20 PER 9 MONTH(S)), S, GA
MAVENCLAD (5 TABS)	MAVENCLAD (5 TABS) 10 MG TAB THPK *cladribine (multiple sclerosis)*	SP-NP	PA, QL (20 PER 9 MONTH(S)), S, GA
MAVENCLAD (6 TABS)	MAVENCLAD (6 TABS) 10 MG TAB THPK *cladribine (multiple sclerosis)*	SP-NP	PA, QL (20 PER 9 MONTH(S)), S, GA
MAVENCLAD (7 TABS)	MAVENCLAD (7 TABS) 10 MG TAB THPK *cladribine (multiple sclerosis)*	SP-NP	PA, QL (20 PER 9 MONTH(S)), S, GA
MAVENCLAD (8 TABS)	MAVENCLAD (8 TABS) 10 MG TAB THPK *cladribine (multiple sclerosis)*	SP-NP	PA, QL (20 PER 9 MONTH(S)), S, GA

BRAND NAME	DRUG DESCRIPTION (RX)	TIER	LIMITS & RESTRICTIONS
MAVENCLAD (9 TABS)	MAVENCLAD (9 TABS) 10 MG TAB THPK *cladribine (multiple sclerosis)*	SP-NP	PA, QL (20 PER 9 MONTH(S)), S, GA
MULTIPLE SCLEROSIS AGENTS - INTERFERONS			
AVONEX PEN	AVONEX PEN 30 MCG/0.5ML AUT-IJ KIT *interferon beta-1a*	SP-P	PA, QL (4 PER 28 DAYS), S
AVONEX PREFILLED	AVONEX PREFILLED 30 MCG/0.5ML PREF SY KT *interferon beta-1a*	SP-P	PA, QL (4 PER 28 DAYS), S
BETASERON	BETASERON 0.3 MG KIT *interferon beta-1b*	SP-P	PA, QL (15 PER 30 DAYS), S
PLEGRIDY	PLEGRIDY (125 SOLN A-INJ, 125 SOLN PRSYR) *peginterferon beta-1a*	SP-P	PA, QL (2 PER 28 DAYS), S
PLEGRIDY	PLEGRIDY 125 MCG/0.5ML SOLN PRSYR *peginterferon beta-1a*	SP-P	PA, QL (2 PER 28 DAY(S)), S
PLEGRIDY STARTER PACK	PLEGRIDY STARTER PACK (PACK 63 94 SOLN A-INJ, PACK 63 94 SOLN PRSYR) *peginterferon beta-1a*	SP-P	PA, QL (1 PER 28 DAYS), S
REBIF	REBIF (22 SOLN PRSYR, 44 SOLN PRSYR) *interferon beta-1a*	SP-P	PA, QL (12 PER 28 DAYS), S
REBIF REBIDOSE	REBIF REBIDOSE (22 SOLN A-INJ, 44 SOLN A-INJ) *interferon beta-1a*	SP-P	PA, QL (12 PER 28 DAYS), S
REBIF REBIDOSE TITRATION PACK	REBIF REBIDOSE TITRATION PACK 6X8.8 & 6X22 MCG SOLN A-INJ *interferon beta-1a*	SP-P	PA, QL (12 PER 28 DAYS), S
REBIF TITRATION PACK	REBIF TITRATION PACK 6X8.8 & 6X22 MCG SOLN PRSYR *interferon beta-1a*	SP-P	PA, QL (12 PER 28 DAYS), S
MS AGENTS - PYRIMIDINE SYNTHESIS INHIBITORS			
AUBAGIO	AUBAGIO (7 MG TAB, 14 MG TAB) *teriflunomide*	SP-NP	PA, QL (30 PER 30 DAYS), S, GA
teriflunomide	*teriflunomide (7 mg tab, 14 mg tab)*	SP-P	PA, QL (30 PER 30 DAYS), S

BRAND NAME	DRUG DESCRIPTION (RX)	TIER	LIMITS & RESTRICTIONS
MULTIPLE SCLEROSIS AGENTS - MONOCLONAL ANTIBODIES			
BRIUMVI	BRIUMVI 150 MG/6ML SOLUTION *ublituximab-xiiy*	SP-M	PA, S
KESIMPTA	KESIMPTA 20 MG/0.4ML SOLN A-INJ *ofatumumab (ms)*	SP-P	PA, QL (1 PER 28 DAY(S)), S
LEMTRADA	LEMTRADA 12 MG/1.2ML SOLUTION *alemtuzumab (ms)*	SP-M	PA, QL (5 PER 12 MONTH(S)), S, MN-PA (Medically Necessary Prior Authorization)
OCREVUS	OCREVUS 300 MG/10ML SOLUTION *ocrelizumab*	SP-M	PA, S
TYRUKO	TYRUKO 300 MG/15ML CONC *natalizumab-sztn*	SP-M	PA, S
TYSABRI	TYSABRI 300 MG/15ML CONC *natalizumab*	SP-M	PA, QL (1 PER 28 DAYS), S, MN-PA (Medically Necessary Prior Authorization)
MULTIPLE SCLEROSIS AGENTS - NRF2 PATHWAY ACTIVATORS			
dimethyl fumarate	*dimethyl fumarate (120 mg cap dr, 240 mg cap dr)*	SP-P	PA, QL (60 PER 30 DAYS), SBG (Specialty Biosimilars and Specialty generics), S
dimethyl fumarate starter pack	*dimethyl fumarate starter pack 120 & 240 mg cpdr thpk*	SP-P	PA, QL (1 PER FILL), SBG (Specialty Biosimilars and Specialty generics), S
TECFIDERA	TECFIDERA 120 MG CAP DR *dimethyl fumarate*	SP-NP	PA, QL (60 PER 30 DAYS), S, MN-PA (Medically Necessary Prior Authorization), GA
TECFIDERA	TECFIDERA 240 MG CAP DR *dimethyl fumarate*	SP-NP	QL (60 PER 30 DAYS), S, MN-PA (Medically Necessary Prior Authorization), GA
VUMERITY	VUMERITY 231 MG CAP DR *diroximel fumarate*	SP-P	PA, QL (120 PER 30 DAY(S)), S
MULTIPLE SCLEROSIS AGENTS - POTASSIUM CHANNEL BLOCKERS			
AMPYRA	AMPYRA 10 MG TAB ER 12H *dalfampridine*	SP-NP	QL (60 PER 30 DAYS), S, GA
dalfampridine er	*dalfampridine er 10 mg tab er 12h*	SP-P	QL (60 PER 30 DAYS), SBG (Specialty Biosimilars and Specialty generics), S

BRAND NAME	DRUG DESCRIPTION (RX)	TIER	LIMITS & RESTRICTIONS
SPHINGOSINE 1-PHOSPHATE (S1P) RECEPTOR MODULATORS			
fingolimod hcl	*fingolimod hcl 0.5 mg cap*	SP-P	PA, QL (1 CAP PER DAY(S)), SBG (Specialty Biosimilars and Specialty generics), S
GILENYA	GILENYA 0.25 MG CAP *fingolimod hcl*	SP-NP	PA, QL (30 PER 30 DAY(S)), S
GILENYA	GILENYA 0.5 MG CAP *fingolimod hcl*	SP-NP	PA, QL (1 CAP PER DAY(S)), S, GA
MAYZENT	MAYZENT 0.25 MG TAB *siponimod fumarate*	SP-P	PA, QL (112 PER 28 DAY(S)), S
MAYZENT	MAYZENT 1 MG TAB *siponimod fumarate*	SP-P	PA, QL (1 PER 1 DAY(S)), S
MAYZENT	MAYZENT 2 MG TAB *siponimod fumarate*	SP-P	PA, QL (30 PER 30 DAY(S)), S
MAYZENT STARTER PACK	MAYZENT STARTER PACK 12 X 0.25 MG TAB THPK *siponimod fumarate*	SP-P	PA, QL (12 PER 5 DAY(S)), S
MAYZENT STARTER PACK	MAYZENT STARTER PACK 7 X 0.25 MG TAB THPK *siponimod fumarate*	SP-P	PA, QL (7 PER 4 DAY(S)), S
PONVORY	PONVORY 20 MG TAB *ponesimod*	SP-P	PA, QL (1 PER 1 DAY(S)), S
PONVORY STARTER PACK	PONVORY STARTER PACK 2-3-4-5-6-7-8-9 & 10 MG TAB THPK *ponesimod*	SP-P	PA, QL (1 PER 14 DAY(S)), S
ZEPOSIA	ZEPOSIA 0.92 MG CAP *ozanimod hcl*	SP-P	PA, QL (30 PER 30 DAY(S)), S
ZEPOSIA 7-DAY STARTER PACK	ZEPOSIA 7-DAY STARTER PACK 4 X 0.23MG & 3 X 0.46MG CAP THPK *ozanimod hcl*	SP-P	PA, QL (1 PER LIFETIME), S
ZEPOSIA STARTER KIT	ZEPOSIA STARTER KIT 0.23MG & 0.46MG & 0.92MG CAP THPK *ozanimod hcl*	SP-P	PA, QL (1 PER LIFETIME), S
ZEPOSIA STARTER KIT	ZEPOSIA STARTER KIT 0.23MG &0.46MG 0.92MG(21) CAP THPK *ozanimod hcl*	SP-P	PA, QL (1 PER 1 DAY(S)), S

BRAND NAME	DRUG DESCRIPTION (RX)	TIER	LIMITS & RESTRICTIONS
MULTIPLE SCLEROSIS AGENTS - COMBINATIONS			
OCREVUS ZUNOVO	OCREVUS ZUNOVO 920-23000 MG-UT/23ML SOLUTION *ocrelizumab-hyaluronidase-ocsq*	SP-M	PA, QL (1 VIAL PER 6 MONTH(S)), S
ANTI-CATAPLECTIC AGENTS			
sodium oxybate	*sodium oxybate 500 mg/ml solution*	SP-P	PA, QL (540 PER 30 DAYS), S
XYREM	XYREM 500 MG/ML SOLUTION *sodium oxybate*	SP-NP	PA, QL (540 PER 30 DAYS), S, GA
FIBROMYALGIA AGENT - SNRIS			
milnacipran hcl	*milnacipran hcl (12.5 mg tab, 25 mg tab, 50 mg tab, 100 mg tab)*	TIER 1	QL (2 TAB PER DAY(S))
milnacipran hcl	*milnacipran hcl 12.5 & 25 & 50 mg misc*	TIER 1	QL (1 PER LIFETIME)
POSTHERPETIC NEURALGIA (PHN)/NEUROPATHIC PAIN AGENTS			
pregabalin er	*pregabalin er (er 82.5 mg tab er 24h, er 165 mg tab er 24h, er 330 mg tab er 24h)*	TIER 1	
ANTISENSE OLIGONUCLEOTIDE (ASO) INHIBITOR AGENTS			
TEGSEDI	TEGSEDI 284 MG/1.5ML SOLN PRSYR *inotersen sodium*	SP-P	QL (4 SYR PER 28 DAY(S)), S
SMALL INTERFERING RIBONUCLEIC ACID (SIRNA) AGENTS			
AMVUTTRA	AMVUTTRA 25 MG/0.5ML SOLN PRSYR *vutrisiran sodium*	SP-M	PA, S
ONPATTRO	ONPATTRO 10 MG/5ML SOLUTION *patisiran sodium*	SP-M	PA, S
ALCOHOL DETERRENTS			
acamprosate calcium	*acamprosate calcium 333 mg tab dr*	TIER 1	
disulfiram	*disulfiram (250 mg tab, 500 mg tab)*	TIER 1	

BRAND NAME	DRUG DESCRIPTION (RX)	TIER	LIMITS & RESTRICTIONS
BENZODIAZEPINES & TRICYCLIC AGENTS			
CHLORDIAZEPOXIDE-AMITRIPTYLINE	CHLORDIAZEPOXIDE-AMITRIPTYLINE (5-12.5 MG TAB, 10-25 MG TAB) *chlordiazepoxide-amitriptyline*	TIER 1	
PHENOTHIAZINES & TRICYCLIC AGENTS			
PERPHENAZINE-AMITRIPTYLINE	PERPHENAZINE-AMITRIPTYLINE (2-10 MG TAB, 2-25 MG TAB, 4-10 MG TAB, 4-25 MG TAB, 4-50 MG TAB) *perphenazine-amitriptyline*	TIER 1	
THIENBENZODIAZEPINES & SSRIS			
olanzapine-fluoxetine hcl	*olanzapine-fluoxetine hcl (3-25 mg cap, 6-25 mg cap, 6-50 mg cap, 12-25 mg cap, 12-50 mg cap)*	TIER 1	
ANALGESICS - NONNARCOTIC SALICYLATES			
diflunisal	*diflunisal 500 mg tab*	TIER 1	
salsalate	*salsalate (500 mg tab, 750 mg tab)*	TIER 1	
SELECTIVE N-TYPE NEURONAL CALCIUM CHANNEL BLOCKERS			
PRIALT	PRIALT (100 MCG/ML SOLUTION, 500 MCG/20ML SOLUTION, 500 MCG/5ML SOLUTION) *ziconotide acetate*	SP-M	S
ANALGESICS - SELECTIVE NAV1.8 SODIUM CHANNEL INHIBITORS			
JOURNAVX	JOURNAVX 50 MG TAB *suzetrigine*	TIER 3	QL (29 TAB PER 42 DAY(S))
ANALGESICS-SEDATIVES			
bac (butalbital-acetamin-caff)	*bac (butalbital-acetamin-caff) 50-325-40 mg tab*	TIER 1	
butalbital-acetaminophen	*butalbital-acetaminophen 50-325 mg tab*	TIER 1	

BRAND NAME	DRUG DESCRIPTION (RX)	TIER	LIMITS & RESTRICTIONS
butalbital-apap-caffeine	*butalbital-apap-caffeine (50-300-40 mg cap, 50-325-40 mg cap, 50-325-40 mg tab)*	TIER 1	
butalbital-aspirin-caffeine	*butalbital-aspirin-caffeine 50-325-40 mg cap*	TIER 1	
esgic	*esgic 50-325-40 mg cap*	TIER 1	
TENCON	TENCON 50-325 MG TAB *butalbital-acetaminophen*	TIER 1	GA
zebutal	*zebutal 50-325-40 mg cap*	TIER 1	
ANALGESICS - OPIOID OPIOID AGONISTS			
CODEINE SULFATE	CODEINE SULFATE (15 MG TAB, 30 MG TAB, 60 MG TAB) *codeine sulfate*	TIER 1	PA, QL (42 PER 25)
fentanyl	*fentanyl (12 patch 72hr, 25 patch 72hr, 50 patch 72hr, 75 patch 72hr)*	TIER 1	PA, QL (10 PATCH PER MONTH(S))
fentanyl	*fentanyl (37.5 patch 72hr, 62.5 patch 72hr, 87.5 patch 72hr, 100 patch 72hr)*	TIER 1	PA, QL (10 PER 25)
fentanyl citrate	*fentanyl citrate (100 mcg tab, 200 mcg loz handle, 200 mcg tab, 400 mcg loz handle, 400 mcg tab, 600 mcg loz handle, 600 mcg tab, 800 mcg loz handle, 800 mcg tab, 1200 mcg loz handle, 1600 mcg loz handle)*	TIER 1	QL (4 PER 1 DAY(S))
hydrocodone bitartrate er	*hydrocodone bitartrate er (er 20 mg tb24 deter, er 30 mg tb24 deter, er 40 mg tb24 deter, er 60 mg tb24 deter, er 80 mg tb24 deter, er 120 mg tb24 deter)*	TIER 1	PA, QL (30 PER 25)
hydrocodone bitartrate er	*hydrocodone bitartrate er 100 mg tb24 deter*	TIER 1	PA, QL (60 PER 25)
hydromorphone hcl	*hydromorphone hcl 1 mg/ml liquid*	TIER 1	PA, QL (600 PER 25)
hydromorphone hcl	*hydromorphone hcl 2 mg tab*	TIER 1	PA, QL (180 PER 25)

BRAND NAME	DRUG DESCRIPTION (RX)	TIER	LIMITS & RESTRICTIONS
HYDROMORPHONE HCL	HYDROMORPHONE HCL 3 MG SUPPOS *hydromorphone hcl*	TIER 1	PA, QL (120 PER 25)
hydromorphone hcl	*hydromorphone hcl 4 mg tab*	TIER 1	PA, QL (150 PER 25)
hydromorphone hcl	*hydromorphone hcl 8 mg tab*	TIER 1	PA, QL (60 PER 25)
hydromorphone hcl er	*hydromorphone hcl er (er 8 mg tab er 24h, er 12 mg tab er 24h, er 16 mg tab er 24h, er 32 mg tab er 24h)*	TIER 1	PA, QL (30 PER 25 DAY(S))
levorphanol tartrate	*levorphanol tartrate 2 mg tab*	TIER 1	PA, QL (120 PER 25)
meperidine hcl	*meperidine hcl 50 mg tab*	TIER 1	PA, QL (18 PER 25)
MEPERIDINE HCL	MEPERIDINE HCL 50 MG/5ML SOLUTION *meperidine hcl*	TIER 1	PA, QL (90 PER 25)
methadone hcl	*methadone hcl (10 mg tab, 10 mg/ml conc)*	TIER 1	PA, QL (60 PER 25)
methadone hcl	*methadone hcl 10 mg/5ml solution*	TIER 1	PA, QL (300 PER 25)
methadone hcl	*methadone hcl 40 mg tab sol*	TIER 1	
methadone hcl	*methadone hcl 5 mg tab*	TIER 1	PA, QL (90 PER 25)
methadone hcl	*methadone hcl 5 mg/5ml solution*	TIER 1	PA, QL (450 PER 25)
methadone hcl intensol	*methadone hcl intensol 10 mg/ml conc*	TIER 1	PA, QL (60 PER 25)
methadose	*methadose 40 mg tab sol*	TIER 1	
morphine sulfate	*morphine sulfate (30 mg suppos, 30 mg tab)*	TIER 1	PA, QL (90 PER 25)
morphine sulfate (concentrate)	*morphine sulfate (concentrate) (20 mg/ml solution, 100 mg/5ml solution)*	TIER 1	PA, QL (135 PER 25)
morphine sulfate	*morphine sulfate 10 mg/5ml solution*	TIER 1	PA, QL (900 PER 25)
morphine sulfate	*morphine sulfate 15 mg tab*	TIER 1	PA, QL (180 PER 25)
MORPHINE SULFATE	MORPHINE SULFATE 20 MG/5ML SOLUTION *morphine sulfate*	TIER 1	PA, QL (675 PER 25), GA
morphine sulfate	*morphine sulfate 20 mg/5ml solution*	TIER 1	PA, QL (675 ML PER 25 DAY(S))

BRAND NAME	DRUG DESCRIPTION (RX)	TIER	LIMITS & RESTRICTIONS
MORPHINE SULFATE ER	MORPHINE SULFATE ER (ER 10 MG CAP ER 24H, ER 20 MG CAP ER 24H, ER 30 MG CAP ER 24H, ER 100 MG CAP ER 24H, ER 100 MG TAB ER, ER 200 MG TAB ER) *morphine sulfate*	TIER 1	PA, QL (60 PER 25)
morphine sulfate er	*morphine sulfate er (er 15 mg tab er, er 30 mg tab er, er 60 mg tab er)*	TIER 1	PA, QL (90 PER 25)
MORPHINE SULFATE ER	MORPHINE SULFATE ER (ER 50 MG CAP ER 24H, ER 60 MG CAP ER 24H, ER 80 MG CAP ER 24H) *morphine sulfate*	TIER 1	PA, QL (30 PER 25)
oxycodone hcl	*oxycodone hcl (5 mg tab, 10 mg tab)*	TIER 1	PA, QL (180 TAB PER 25 DAY(S))
oxycodone hcl	*oxycodone hcl 100 mg/5ml conc*	TIER 1	PA, QL (90 PER 25)
oxycodone hcl	*oxycodone hcl 15 mg tab*	TIER 1	PA, QL (120 TAB PER 25 DAY(S))
oxycodone hcl	*oxycodone hcl 20 mg tab*	TIER 1	PA, QL (90 TAB PER 25 DAY(S))
oxycodone hcl	*oxycodone hcl 30 mg tab*	TIER 1	PA, QL (60 TAB PER 25 DAY(S))
oxycodone hcl	*oxycodone hcl 5 mg cap*	TIER 1	PA, QL (180 PER 25)
oxycodone hcl	*oxycodone hcl 5 mg/5ml solution*	TIER 1	PA, QL (900 PER 25)
OXYCODONE HCL ER	OXYCODONE HCL ER (ER 10 MG TB12 DETER, ER 20 MG TB12 DETER, ER 80 MG TB12 DETER) *oxycodone hcl*	TIER 2	PA, QL (60 PER 25)
OXYCODONE HCL ER	OXYCODONE HCL ER 40 MG TB12 DETER *oxycodone hcl*	TIER 2	PA, QL (90 PER 25)
OXYCONTIN	OXYCONTIN (10 MG TB12 DETER, 15 MG TB12 DETER, 20 MG TB12 DETER, 30 MG TB12 DETER, 60 MG TB12 DETER, 80 MG TB12 DETER) *oxycodone hcl*	TIER 2	PA, QL (60 PER 25)

BRAND NAME	DRUG DESCRIPTION (RX)	TIER	LIMITS & RESTRICTIONS
OXYCONTIN	OXYCONTIN 40 MG TB12 DETER *oxycodone hcl*	TIER 2	PA, QL (90 PER 25)
oxymorphone hcl	*oxymorphone hcl 10 mg tab*	TIER 1	PA, QL (90 PER 25)
oxymorphone hcl	*oxymorphone hcl 5 mg tab*	TIER 1	PA, QL (180 PER 25)
OXYMORPHONE HCL ER	OXYMORPHONE HCL ER (ER 5 MG TAB ER 12H, ER 7.5 MG TAB ER 12H, ER 10 MG TAB ER 12H, ER 15 MG TAB ER 12H, ER 30 MG TAB ER 12H, ER 40 MG TAB ER 12H) *oxymorphone hcl*	TIER 1	PA, QL (60 PER 25)
OXYMORPHONE HCL ER	OXYMORPHONE HCL ER 20 MG TAB ER 12H *oxymorphone hcl*	TIER 1	PA, QL (90 PER 25)
tapentadol hcl	*tapentadol hcl 100 mg tab*	TIER 1	PA, QL (60 TAB PER 25 DAY(S))
tapentadol hcl	*tapentadol hcl 50 mg tab*	TIER 1	PA, QL (120 TAB PER 25 DAY(S))
tapentadol hcl	*tapentadol hcl 75 mg tab*	TIER 1	PA, QL (90 TAB PER 25 DAY(S))
TRAMADOL HCL (ER BIPHASIC)	TRAMADOL HCL (ER BIPHASIC) (100 MG TAB ER 24H, 200 MG TAB ER 24H, 300 MG TAB ER 24H) *tramadol hcl*	TIER 1	PA, QL (30 PER 25)
tramadol hcl	*tramadol hcl 50 mg tab*	TIER 1	PA, QL (180 TAB PER MONTH(S))
tramadol hcl er	*tramadol hcl er (er 100 mg tab er 24h, er 200 mg tab er 24h, er 300 mg tab er 24h)*	TIER 1	PA, QL (30 PER 25)
xyvona	*xyvona 2 mg tab*	TIER 1	PA, QL (120 PER 25)
OPIOID PARTIAL AGONISTS			
BRIXADI	BRIXADI (64 MG/0.18ML SOLN PRSYR, 96 MG/0.27ML SOLN PRSYR, 128 MG/0.36ML SOLN PRSYR) *buprenorphine*	SP-M	S

BRAND NAME	DRUG DESCRIPTION (RX)	TIER	LIMITS & RESTRICTIONS
BRIXADI (WEEKLY)	BRIXADI (WEEKLY) (8 MG/0.16ML SOLN PRSYR, 16 MG/0.32ML SOLN PRSYR, 24 MG/0.48ML SOLN PRSYR, 32 MG/0.64ML SOLN PRSYR) *buprenorphine*	SP-M	S
buprenorphine	*buprenorphine (5 patch wk, 7.5 patch wk, 10 patch wk, 15 patch wk, 20 patch wk)*	TIER 1	PA, QL (4 PER 25)
buprenorphine hcl	*buprenorphine hcl (2 mg sl tab, 8 mg sl tab)*	TIER 1	
buprenorphine hcl-naloxone hcl	*buprenorphine hcl-naloxone hcl (2-0.5 mg film, 2-0.5 mg sl tab, 4-1 mg film, 8-2 mg film, 8-2 mg sl tab, 12-3 mg film)*	TIER 1	
butorphanol tartrate	*butorphanol tartrate 10 mg/ml solution*	TIER 1	QL (4 PER 30 DAYS)
pentazocine-naloxone hcl	*pentazocine-naloxone hcl 50-0.5 mg tab*	TIER 1	PA, QL (120 PER 25)
OPIOID COMBINATIONS			
endocet	*endocet (2.5-325 mg tab, 5-325 mg tab)*	TIER 1	QL (360 PER 25), PAV
endocet	*endocet 10-325 mg tab*	TIER 1	QL (180 PER 25), PAV
endocet	*endocet 7.5-325 mg tab*	TIER 1	QL (240 PER 25), PAV
oxycodone-acetaminophen	*oxycodone-acetaminophen (2.5-325 mg tab, 5-325 mg tab)*	TIER 1	QL (360 PER 25), PAV
oxycodone-acetaminophen	*oxycodone-acetaminophen 10-325 mg tab*	TIER 1	QL (180 PER 25), PAV
oxycodone-acetaminophen	*oxycodone-acetaminophen 7.5-325 mg tab*	TIER 1	QL (240 PER 25), PAV
CODEINE COMBINATIONS			
acetaminophen-codeine	*acetaminophen-codeine (120-12 mg/5ml solution, 300-30 mg/12.5ml solution)*	TIER 1	QL (2700 PER 25)
acetaminophen-codeine	*acetaminophen-codeine 300-15 mg tab*	TIER 1	QL (400 PER 25)
acetaminophen-codeine	*acetaminophen-codeine 300-30 mg tab*	TIER 1	QL (360 PER 25)
acetaminophen-codeine	*acetaminophen-codeine 300-60 mg tab*	TIER 1	QL (180 PER 25)

BRAND NAME	DRUG DESCRIPTION (RX)	TIER	LIMITS & RESTRICTIONS
ascomp-codeine	*ascomp-codeine 50-325-40-30 mg cap*	TIER 1	PAV
butalbital-apap-caff-cod	*butalbital-apap-caff-cod (50-300-40-30 mg cap, 50-325-40-30 mg cap)*	TIER 1	
butalbital-asa-caff-codeine	*butalbital-asa-caff-codeine 50-325-40-30 mg cap*	TIER 1	PAV
DIHYDROCODEINE COMBINATIONS			
APAP-CAFF-DIHYDROCODEINE	APAP-CAFF-DIHYDROCODEINE (320.5-30-16 MG CAP, 325-30-16 MG TAB) *acetaminophen-caff-dihydrocod*	TIER 1	QL (300 PER 25)
trezix	*trezix 320.5-30-16 mg cap*	TIER 1	QL (300 PER 25)
HYDROCODONE COMBINATIONS			
hydrocodone-acetaminophen	*hydrocodone-acetaminophen (10-300 mg tab, 10-325 mg tab)*	TIER 1	QL (180 PER 25 DAY(S)), PAV
hydrocodone-acetaminophen	*hydrocodone-acetaminophen (2.5-108 mg/5ml solution, 5-217 mg/10ml solution, 7.5-325 mg/15ml solution)*	TIER 1	QL (2700 PER 25), PAV
hydrocodone-acetaminophen	*hydrocodone-acetaminophen (5-300 mg tab, 5-325 mg tab)*	TIER 1	QL (240 PER 25), PAV
hydrocodone-acetaminophen	*hydrocodone-acetaminophen (7.5-300 mg tab, 7.5-325 mg tab)*	TIER 1	QL (180 PER 25), PAV
HYDROCODONE-ACETAMINOPHEN	HYDROCODONE-ACETAMINOPHEN 10-300 MG/15ML SOLUTION *hydrocodone-acetaminophen*	TIER 1	QL (2025 PER 25), PAV
hydrocodone-ibuprofen	*hydrocodone-ibuprofen (5-200 mg tab, 7.5-200 mg tab, 10-200 mg tab)*	TIER 1	QL (50 PER 25), PAV
LORTAB	LORTAB 10-300 MG/15ML ELIXIR *hydrocodone-acetaminophen*	TIER 1	QL (2025 PER 25), PAV

BRAND NAME	DRUG DESCRIPTION (RX)	TIER	LIMITS & RESTRICTIONS
TRAMADOL COMBINATIONS			
tramadol-acetaminophen	*tramadol-acetaminophen 37.5-325 mg tab*	TIER 1	QL (40 PER 25), PAV
ANALGESICS - ANTI-INFLAMMATORY NONSTEROIDAL ANTI-INFLAMMATORY AGENTS (NSAIDS)			
cataflam	*cataflam 50 mg tab*	TIER 1	
diclofenac potassium	*diclofenac potassium 50 mg tab*	TIER 1	
diclofenac sodium	*diclofenac sodium (25 mg tab dr, 50 mg tab dr, 75 mg tab dr)*	TIER 1	
diclofenac sodium er	*diclofenac sodium er 100 mg tab er 24h*	TIER 1	
ec-naproxen	*ec-naproxen (375 mg tab dr, 500 mg tab dr)*	TIER 1	
etodolac	*etodolac (200 mg cap, 300 mg cap, 400 mg tab, 500 mg tab)*	TIER 1	
etodolac er	*etodolac er (er 400 mg tab er 24h, er 500 mg tab er 24h, er 600 mg tab er 24h)*	TIER 1	
FENOPROFEN CALCIUM	FENOPROFEN CALCIUM (400 MG CAP, 600 MG TAB) *fenoprofen calcium*	TIER 1	
flurbiprofen	*flurbiprofen (50 mg tab, 100 mg tab)*	TIER 1	
ibu	*ibu (400 mg tab, 600 mg tab, 800 mg tab)*	TIER 1	
ibuprofen	*ibuprofen (400 mg tab, 600 mg tab, 800 mg tab)*	TIER 1	
indomethacin	*indomethacin (25 mg cap, 50 mg cap)*	TIER 1	
indomethacin er	*indomethacin er 75 mg cap er*	TIER 1	PA
KETOPROFEN ER	KETOPROFEN ER 200 MG CAP ER 24H *ketoprofen*	TIER 1	
ketorolac tromethamine	*ketorolac tromethamine (10 mg tab, 30 mg/ml solution)*	TIER 1	
ketorolac tromethamine +rfid	*ketorolac tromethamine +rfid 30 mg/ml solution*	TIER 1	

BRAND NAME	DRUG DESCRIPTION (RX)	TIER	LIMITS & RESTRICTIONS
LURBIPR	LURBIPR 100 MG TAB *flurbiprofen*	TIER 1	GA
LURBIRO	LURBIRO 100 MG TAB *flurbiprofen*	TIER 1	GA
MECLOFENAMATE SODIUM	MECLOFENAMATE SODIUM (50 MG CAP, 100 MG CAP) *meclofenamate sodium*	TIER 1	
mefenamic acid	*mefenamic acid 250 mg cap*	TIER 1	
meloxicam	*meloxicam (7.5 mg tab, 15 mg tab)*	TIER 1	
meloxicam	*meloxicam 7.5 mg/5ml suspension*	TIER 1	PA, QL (300 ML PER 30 DAY(S))
nabumetone	*nabumetone (500 mg tab, 750 mg tab)*	TIER 1	
naproxen	*naproxen (250 mg tab, 375 mg tab, 375 mg tab dr, 500 mg tab, 500 mg tab dr)*	TIER 1	
naproxen dr	*naproxen dr 500 mg tab dr*	TIER 1	
naproxen sodium	*naproxen sodium (275 mg tab, 550 mg tab)*	TIER 1	
oxaprozin	*oxaprozin 600 mg tab*	TIER 1	
piroxicam	*piroxicam (10 mg cap, 20 mg cap)*	TIER 1	
relafen	*relafen (500 mg tab, 750 mg tab)*	TIER 1	
sulindac	*sulindac (150 mg tab, 200 mg tab)*	TIER 1	
CYCLOOXYGENASE 2 (COX-2) INHIBITORS			
celecoxib	*celecoxib (50 mg cap, 100 mg cap, 200 mg cap)*	TIER 1	
NONSTEROIDAL ANTI-INFLAMMATORY AGENT COMBINATIONS			
diclofenac-misoprostol	*diclofenac-misoprostol (50-0.2 mg tab dr, 75-0.2 mg tab dr)*	TIER 1	
GOLD COMPOUNDS			
AURANOFIN	AURANOFIN 3 MG CAP *auranofin*	TIER 2	
RIDAURA	RIDAURA 3 MG CAP *auranofin*	TIER 2	

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BRAND NAME	DRUG DESCRIPTION (RX)	TIER	LIMITS & RESTRICTIONS
ANTIRHEUMATIC ANTIMETABOLITES			
OTREXUP	OTREXUP (10 SOLN A-INJ, 12.5 SOLN A-INJ, 15 SOLN A-INJ, 17.5 SOLN A-INJ, 20 SOLN A-INJ, 22.5 SOLN A-INJ, 25 SOLN A-INJ) *methotrexate (antirheumatic)*	SP-M	S
RASUVO	RASUVO (7.5 MG/0.15ML SOLN A-INJ, 10 MG/0.2ML SOLN A-INJ, 12.5 MG/0.25ML SOLN A-INJ, 15 MG/0.3ML SOLN A-INJ, 17.5 MG/0.35ML SOLN A-INJ, 20 MG/0.4ML SOLN A-INJ, 22.5 MG/0.45ML SOLN A-INJ, 25 MG/0.5ML SOLN A-INJ, 30 MG/0.6ML SOLN A-INJ) *methotrexate (antirheumatic)*	SP-M	S
REDITREX	REDITREX (7.5 MG/0.3ML SOLN PRSYR, 10 MG/0.4ML SOLN PRSYR, 12.5 MG/0.5ML SOLN PRSYR, 15 MG/0.6ML SOLN PRSYR, 17.5 MG/0.7ML SOLN PRSYR, 20 MG/0.8ML SOLN PRSYR, 22.5 MG/0.9ML SOLN PRSYR, 25 MG/ML SOLN PRSYR) *methotrexate (antirheumatic)*	SP-M	S
ANTI-TNF-ALPHA - MONOCLONAL ANTIBODIES			
ADALIMUMAB-AACF (2 PEN)	ADALIMUMAB-AACF (2 PEN) 40 MG/0.8ML AUT-IJ KIT *adalimumab-aacf*	SP-P	PA, QL (4 PER 28 DAY(S)), S
ADALIMUMAB-AACF (2 SYRINGE)	ADALIMUMAB-AACF (2 SYRINGE) 40 MG/0.8ML PREF SY KT *adalimumab-aacf*	SP-P	PA, QL (4 PER 28 DAY(S)), S

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BRAND NAME	DRUG DESCRIPTION (RX)	TIER	LIMITS & RESTRICTIONS
ADALIMUMAB-AACF(CD/UC/HS STRT)	ADALIMUMAB-AACF(CD/UC/HS STRT) 40 MG/0.8ML AUT-IJ KIT *adalimumab-aacf*	SP-P	PA, QL (4 PER 28 DAY(S)), S
ADALIMUMAB-AACF(PS/UV STARTER)	ADALIMUMAB-AACF(PS/UV STARTER) 40 MG/0.8ML AUT-IJ KIT *adalimumab-aacf*	SP-P	PA, QL (4 PER 28 DAY(S)), S
ADALIMUMAB-ADBM (2 SYRINGE)	ADALIMUMAB-ADBM (2 SYRINGE) (10 MG/0.2ML PREF SY KT, 20 MG/0.4ML PREF SY KT) *adalimumab-adbm*	SP-P	PA, QL (4 PER 28 DAY(S)), S
HADLIMA	HADLIMA 40 MG/0.8ML SOLN PRSYR *adalimumab-bwwd*	SP-NP	PA, QL (4 PER 28 DAY(S)), S
HADLIMA PUSHTOUCH	HADLIMA PUSHTOUCH 40 MG/0.8ML SOLN A-INJ *adalimumab-bwwd*	SP-NP	PA, QL (4 PER 28 DAY(S)), S
HUMIRA (2 SYRINGE)	HUMIRA (2 SYRINGE) (10 MG/0.1ML PREF SY KT, 20 MG/0.2ML PREF SY KT) *adalimumab*	SP-P	PA, QL (4 PER 28 DAY(S)), S
HUMIRA	HUMIRA 10 MG/0.1ML PREF SY KT *adalimumab*	SP-P	PA, QL (4 PER 28 DAY(S)), S
SIMPONI	SIMPONI (50 MG/0.5ML SOLN A-INJ, 100 MG/ML SOLN A-INJ) *golimumab*	SP-P	PA, QL (1 PER 30 DAYS), S
SIMPONI	SIMPONI (50 MG/0.5ML SOLN PRSYR, 100 MG/ML SOLN PRSYR) *golimumab*	SP-P	PA, QL (1 PER 30 DAYS), S, MN-PA (Medically Necessary Prior Authorization)
SIMPONI ARIA	SIMPONI ARIA 50 MG/4ML SOLUTION *golimumab*	SP-M	PA, S
PYRIMIDINE SYNTHESIS INHIBITORS			
leflunomide	*leflunomide (10 mg tab, 20 mg tab)*	TIER 1	

BRAND NAME	DRUG DESCRIPTION (RX)	TIER	LIMITS & RESTRICTIONS
SOLUBLE TUMOR NECROSIS FACTOR RECEPTOR AGENTS			
ENBREL	ENBREL (25 MG RECON SOLN, 25 MG/0.5ML SOLN PRSYR, 50 MG/ML SOLN PRSYR) *etanercept*	SP-P	PA, QL (8 PER 28 DAYS), S
ENBREL	ENBREL 25 MG/0.5ML SOLUTION *etanercept*	SP-P	PA, QL (8 PER 28 DAY(S)), S
ENBREL MINI	ENBREL MINI 50 MG/ML SOLN CART *etanercept*	SP-P	PA, QL (8 INJ PER 28 DAY(S)), S
ENBREL SURECLICK	ENBREL SURECLICK 50 MG/ML SOLN A-INJ *etanercept*	SP-P	PA, QL (8 PER 28 DAYS), S
SELECTIVE COSTIMULATION MODULATORS			
ORENCIA	ORENCIA 250 MG RECON SOLN *abatacept*	SP-M	PA, QL (4 PER 28 DAY(S)), S, MN-PA (Medically Necessary Prior Authorization)
INTERLEUKIN-1 BLOCKERS			
ARCALYST	ARCALYST 220 MG RECON SOLN *rilonacept*	SP-P	QL (8 PER 28 DAY(S)), S
INTERLEUKIN-1BETA BLOCKERS			
ILARIS	ILARIS 150 MG/ML SOLUTION *canakinumab*	SP-M	S
INTERLEUKIN-6 RECEPTOR INHIBITORS			
ACTEMRA	ACTEMRA (80 MG/4ML SOLUTION, 200 MG/10ML SOLUTION, 400 MG/20ML SOLUTION) *tocilizumab*	SP-M	PA, QL (40 PER 28 DAYS), S, MN-PA (Medically Necessary Prior Authorization)
AVTOZMA	AVTOZMA (80 MG/4ML SOLUTION, 200 MG/10ML SOLUTION, 400 MG/20ML SOLUTION) *tocilizumab-anoh*	SP-M	PA, S, MN-PA (Medically Necessary Prior Authorization)

BRAND NAME	DRUG DESCRIPTION (RX)	TIER	LIMITS & RESTRICTIONS
TOFIDENCE	TOFIDENCE (80 MG/4ML SOLUTION, 200 MG/10ML SOLUTION, 400 MG/20ML SOLUTION) *tocilizumab-bavi*	SP-M	PA, S, MN-PA (Medically Necessary Prior Authorization)
TYENNE	TYENNE 162 MG/0.9ML SOLN A-INJ *tocilizumab-aazg*	SP-NP	PA, QL (4 INJ PER 28 DAY(S)), S, MN-PA (Medically Necessary Prior Authorization)
TYENNE	TYENNE 162 MG/0.9ML SOLN PRSYR *tocilizumab-aazg*	SP-NP	PA, QL (4 SYR PER 28 DAY(S)), S, MN-PA (Medically Necessary Prior Authorization)
TYENNE	TYENNE 200 MG/10ML SOLUTION *tocilizumab-aazg*	SP-M	PA, QL (40 ML PER 28 DAY(S)), S
TYENNE	TYENNE 400 MG/20ML SOLUTION *tocilizumab-aazg*	SP-M	PA, QL (40 ML PER 28 DAY(S)), S
TYENNE	TYENNE 80 MG/4ML SOLUTION *tocilizumab-aazg*	SP-M	PA, QL (40 ML PER 28 DAY(S)), S
ANTIRHEUMATIC - JANUS KINASE (JAK) INHIBITORS			
RINVOQ	RINVOQ (30 MG TAB ER 24H, 45 MG TAB ER 24H) *upadacitinib*	SP-P	PA, QL (1 PER 1 DAY(S)), S
RINVOQ	RINVOQ 15 MG TAB ER 24H *upadacitinib*	SP-P	PA, QL (30 PER 30 DAY(S)), S
RINVOQ LQ	RINVOQ LQ 1 MG/ML SOLUTION *upadacitinib*	SP-P	PA, QL (12 ML PER 1 DAY(S)), S
tofacitinib citrate	*tofacitinib citrate (5 mg tab, 10 mg tab)*	SP-P	PA, QL (2 TAB PER DAY(S)), S
tofacitinib citrate	*tofacitinib citrate 1 mg/ml solution*	SP-P	PA, QL (10 ML PER DAY(S)), S
tofacitinib citrate er	*tofacitinib citrate er (er 11 mg tab er 24h, er 22 mg tab er 24h)*	SP-P	PA, QL (1 TAB PER DAY(S)), S
XELJANZ	XELJANZ (5 MG TAB, 10 MG TAB) *tofacitinib citrate*	SP-NP	PA, QL (2 TAB PER DAY(S)), S, GA
XELJANZ	XELJANZ 1 MG/ML SOLUTION *tofacitinib citrate*	SP-NP	PA, QL (10 ML PER DAY(S)), S, GA

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BRAND NAME	DRUG DESCRIPTION (RX)	TIER	LIMITS & RESTRICTIONS
XELJANZ XR	XELJANZ XR (11 MG TAB ER 24H, 22 MG TAB ER 24H) *tofacitinib citrate*	SP-NP	PA, QL (1 TAB PER DAY(S)), S, GA
PHOSPHODIESTERASE 4 (PDE4) INHIBITORS			
OTEZLA	OTEZLA 10 & 20 & 30 MG TAB THPK *apremilast*	SP-P	PA, QL (2 PER LIFETIME), S
OTEZLA	OTEZLA 20 MG TAB *apremilast*	SP-P	PA, QL (60 TABLETS PER 30 DAY(S)), S
OTEZLA	OTEZLA 30 MG TAB *apremilast*	SP-P	PA, QL (60 PER 30 DAYS), S
OTEZLA	OTEZLA 4 X 10 & 51 X20 MG TAB THPK *apremilast*	SP-P	PA, QL (2 KITS PER LIFETIME), S
OTEZLA XR	OTEZLA XR 75 MG TAB ER 24H *apremilast*	SP-P	PA, QL (30 PER PER 30 DAY(S)), S
OTEZLA/OTEZLA XR INITIATION PK	OTEZLA/OTEZLA XR INITIATION PK 10&20&30&(ER)75 MG TAB THPK *apremilast*	SP-P	PA, QL (1 KIT PER LIFETIME), S
MIGRAINE PRODUCTS			
dihydroergotamine mesylate	*dihydroergotamine mesylate 1 mg/ml solution*	TIER 1	
dihydroergotamine mesylate	*dihydroergotamine mesylate 4 mg/ml solution*	TIER 3	QL (8 SPRAYS PER 28 DAY(S))
SELECTIVE SEROTONIN AGONISTS 5-HT(1)			
almotriptan malate	*almotriptan malate 12.5 mg tab*	TIER 1	QL (18 PER 30 DAY(S))
almotriptan malate	*almotriptan malate 6.25 mg tab*	TIER 1	PA, QL (18 PER 30 DAY(S))
eletriptan hydrobromide	*eletriptan hydrobromide (20 mg tab, 40 mg tab)*	TIER 1	QL (18 TAB PER 30 DAY(S))
frovatriptan succinate	*frovatriptan succinate 2.5 mg tab*	TIER 1	QL (27 TAB PER 30 DAY(S))
naratriptan hcl	*naratriptan hcl (1 mg tab, 2.5 mg tab)*	TIER 1	QL (18 PER 30 DAY(S))
RIZAFILM	RIZAFILM (5 MG FILM, 10 MG FILM) *rizatriptan benzoate*	P&T	QL (18 FILM PER 30 DAY(S))

BRAND NAME	DRUG DESCRIPTION (RX)	TIER	LIMITS & RESTRICTIONS
rizatriptan benzoate	*rizatriptan benzoate (5 mg tab disp, 10 mg tab disp)*	TIER 1	QL (27 TAB PER 30 DAY(S))
rizatriptan benzoate	*rizatriptan benzoate (5 mg tab, 10 mg tab)*	TIER 1	QL (27 PER 30 DAY(S))
sumatriptan	*sumatriptan 20 mg/act solution*	TIER 1	QL (18 PER 30 DAY(S))
sumatriptan	*sumatriptan 5 mg/act solution*	TIER 1	PA, QL (36 PER 30 DAY(S))
sumatriptan succinate	*sumatriptan succinate (6 mg/0.5ml soln a-inj, 25 mg tab, 50 mg tab, 100 mg tab)*	TIER 1	PA, QL (18 PER 30 DAY(S))
sumatriptan succinate	*sumatriptan succinate 4 mg/0.5ml soln a-inj*	TIER 1	PA, QL (27 PER 30 DAY(S))
sumatriptan succinate	*sumatriptan succinate 6 mg/0.5ml solution*	TIER 1	PA, QL (18 INJ PER 30 DAY(S))
SUMATRIPTAN SUCCINATE REFILL	SUMATRIPTAN SUCCINATE REFILL 4 MG/0.5ML SOLN CART *sumatriptan succinate*	TIER 1	PA, QL (27 PER 30 DAY(S))
SUMATRIPTAN SUCCINATE REFILL	SUMATRIPTAN SUCCINATE REFILL 6 MG/0.5ML SOLN CART *sumatriptan succinate*	TIER 1	PA, QL (18 PER 30 DAY(S))
zolmitriptan	*zolmitriptan (2.5 mg tab, 2.5 mg tab disp, 5 mg solution, 5 mg tab disp)*	TIER 1	QL (18 PER 30 DAY(S))
zolmitriptan	*zolmitriptan 2.5 mg solution*	TIER 1	PA, QL (18 UNITS PER 30 DAY(S))
zolmitriptan	*zolmitriptan 5 mg tab*	TIER 1	PA, QL (18 PER 30 DAY(S))
zomig	*zomig (2.5 mg tab, 5 mg tab)*	TIER 1	PA, QL (18 PER 30 DAY(S))
CALCITONIN GENE-RELATED PEPTIDE RECEPTOR ANTAG (CGRP)			
NURTEC	NURTEC 75 MG TAB DISP *rimegepant sulfate*	TIER 3	PA, QL (8 PER 30 DAY(S)), PA-QL (15/30 days)
UBRELVY	UBRELVY (50 MG TAB, 100 MG TAB) *ubrogepant*	TIER 3	PA, QL (10 TABLETS PER 30 DAY(S)), PA-QL (16/30 days)
CGRP RECEPTOR ANTAGONISTS - MONOCOLONAL ANTIBODIES			
AJOVY	AJOVY 225 MG/1.5ML SOLN A-INJ *fremanezumab-vfrm*	SP-P	PA, QL (1 PER 28 DAY(S)), S
AJOVY	AJOVY 225 MG/1.5ML SOLN PRSYR *fremanezumab-vfrm*	SP-P	PA, QL (3 PER 90 DAY(S)), S

BRAND NAME	DRUG DESCRIPTION (RX)	TIER	LIMITS & RESTRICTIONS
EMGALITY	EMGALITY (120 MG/ML SOLN A-INJ, 120 MG/ML SOLN PRSYR) *galcanezumab-gnlm*	SP-P	PA, QL (1 PER 28 DAY(S)), S
EMGALITY (300 MG DOSE)	EMGALITY (300 MG DOSE) 100 MG/ML SOLN PRSYR *galcanezumab-gnlm*	SP-P	PA, QL (1 PER 28 DAY(S)), S
VYEPTI	VYEPTI 100 MG/ML SOLUTION *eptinezumab-jjmr*	SP-M	PA, S
ERGOT COMBINATIONS			
ergotamine-caffeine	*ergotamine-caffeine 1-100 mg tab*	TIER 1	
migergot	*migergot 2-100 mg suppos*	TIER 1	
SELECTIVE SEROTONIN AGONIST-NSAID COMBINATIONS			
sumatriptan-naproxen sodium	*sumatriptan-naproxen sodium 85-500 mg tab*	TIER 1	PA, QL (9 PER 30 DAYS)
GOUT AGENTS			
allopurinol	*allopurinol (100 mg tab, 300 mg tab)*	TIER 1	
colchicine	*colchicine (0.6 mg cap, 0.6 mg tab)*	TIER 1	
febuxostat	*febuxostat (40 mg tab, 80 mg tab)*	TIER 1	
KRYSTEXXA	KRYSTEXXA (8 MG/50ML SOLUTION, 8 MG/ML SOLUTION) *pegloticase*	SP-M	PA, S
URICOSURICS			
probenecid	*probenecid 500 mg tab*	TIER 1	
GOUT AGENT COMBINATIONS			
colchicine-probenecid	*colchicine-probenecid 0.5-500 mg tab*	TIER 1	
LOCAL ANESTHETICS-PARENTERAL LOCAL ANESTHETICS - AMIDES			
lidocaine hcl (pf)	*lidocaine hcl (pf) 1 % solution*	TIER 1	

BRAND NAME	DRUG DESCRIPTION (RX)	TIER	LIMITS & RESTRICTIONS
ANTICONVULSANTS			
ANTICONVULSANTS - BENZODIAZEPINES			
clobazam	*clobazam 10 mg tab*	TIER 1	QL (4 TAB PER DAY(S))
clobazam	*clobazam 2.5 mg/ml suspension*	TIER 1	QL (16 ML PER DAY(S))
clobazam	*clobazam 20 mg tab*	TIER 1	QL (2 TAB PER DAY(S))
clonazepam	*clonazepam (0.125 mg tab disp, 0.25 mg tab disp, 0.5 mg tab, 0.5 mg tab disp, 1 mg tab, 1 mg tab disp, 2 mg tab, 2 mg tab disp)*	TIER 1	
diazepam	*diazepam (2.5 mg gel, 10 mg gel, 20 mg gel)*	TIER 1	
NAYZILAM	NAYZILAM 5 MG/0.1ML SOLUTION *midazolam (anticonvulsant)*	TIER 3	QL (10 UNIT PER 30 DAY(S))
VALTOCO 10 MG DOSE	VALTOCO 10 MG DOSE 10 MG/0.1ML LIQUID *diazepam (anticonvulsant)*	TIER 3	QL (5 UNIT PER 30 DAY(S))
VALTOCO 15 MG DOSE	VALTOCO 15 MG DOSE 2 X 7.5 MG/0.1ML LIQD THPK *diazepam (anticonvulsant)*	TIER 3	QL (10 PACK PER 30 DAY(S))
VALTOCO 20 MG DOSE	VALTOCO 20 MG DOSE 2 X 10 MG/0.1ML LIQD THPK *diazepam (anticonvulsant)*	TIER 3	QL (10 PACK PER 30 DAY(S))
VALTOCO 5 MG DOSE	VALTOCO 5 MG DOSE 5 MG/0.1ML LIQUID *diazepam (anticonvulsant)*	TIER 3	QL (5 UNIT PER 30 DAY(S))
CARBAMATES			
felbamate	*felbamate (400 mg tab, 600 mg tab, 600 mg/5ml suspension)*	TIER 1	
GABA MODULATORS			
SABRIL	SABRIL (500 MG PACKET, 500 MG TAB) *vigabatrin*	SP-NP	QL (180 PER 30 DAYS), S, GA
tiagabine hcl	*tiagabine hcl (2 mg tab, 4 mg tab, 12 mg tab, 16 mg tab)*	TIER 1	
vigabatrin	*vigabatrin (500 mg packet, 500 mg tab)*	SP-P	QL (180 PER 30 DAYS), SBG (Specialty Biosimilars and Specialty generics), S

BRAND NAME	DRUG DESCRIPTION (RX)	TIER	LIMITS & RESTRICTIONS
vigadrone	*vigadrone (500 mg packet, 500 mg tab)*	SP-P	QL (180 PER 30 DAYS), SBG (Specialty Biosimilars and Specialty generics), S
vigpoder	*vigpoder 500 mg packet*	SP-P	QL (180 PER 30 DAYS), SBG (Specialty Biosimilars and Specialty generics), S
HYDANTOINS			
phenytek	*phenytek (200 mg cap, 300 mg cap)*	TIER 1	
phenytoin	*phenytoin (50 mg chew tab, 100 mg/4ml suspension, 125 mg/5ml suspension)*	TIER 1	
phenytoin infatabs	*phenytoin infatabs 50 mg chew tab*	TIER 1	
phenytoin sodium extended	*phenytoin sodium extended (100 mg cap, 200 mg cap, 300 mg cap)*	TIER 1	
SUCCINIMIDES			
ethosuximide	*ethosuximide (250 mg cap, 250 mg/5ml solution)*	TIER 1	
methsuximide	*methsuximide 300 mg cap*	TIER 1	
VALPROIC ACID			
divalproex sodium	*divalproex sodium (125 mg cap dr, 125 mg tab dr, 250 mg tab dr, 500 mg tab dr)*	TIER 1	
divalproex sodium er	*divalproex sodium er (er 250 mg tab er 24h, er 500 mg tab er 24h)*	TIER 1	
valproic acid	*valproic acid (250 mg cap, 250 mg/5ml solution, 500 mg/10ml solution)*	TIER 1	
ANTICONVULSANTS - MISC.			
brivaracetam	*brivaracetam (10 mg tab, 10 mg/ml solution, 25 mg tab, 50 mg tab, 75 mg tab, 100 mg tab)*	TIER 3	
carbamazepine	*carbamazepine (100 mg chew tab, 100 mg/5ml suspension, 200 mg tab, 200 mg/10ml suspension)*	TIER 1	

BRAND NAME	DRUG DESCRIPTION (RX)	TIER	LIMITS & RESTRICTIONS
carbamazepine er	*carbamazepine er (er 100 mg cap er 12h, er 100 mg tab er 12h, er 200 mg cap er 12h, er 200 mg tab er 12h, er 300 mg cap er 12h, er 400 mg tab er 12h)*	TIER 1	
DIACOMIT	DIACOMIT (250 MG CAP, 250 MG PACKET) *stiripentol*	SP-P	PA, QL (360 PER 30 DAY(S)), S
DIACOMIT	DIACOMIT (500 MG CAP, 500 MG PACKET) *stiripentol*	SP-P	PA, QL (180 PER 30 DAY(S)), S
EPIDIOLEX	EPIDIOLEX 100 MG/ML SOLUTION *cannabidiol*	SP-P	PA, QL (800 PER 30 DAY(S)), S
epitol	*epitol 200 mg tab*	TIER 1	
eslicarbazepine acetate	*eslicarbazepine acetate (200 mg tab, 400 mg tab, 600 mg tab, 800 mg tab)*	TIER 1	
gabapentin	*gabapentin (100 mg cap, 250 mg/5ml solution, 300 mg cap, 300 mg/6ml solution, 400 mg cap, 600 mg tab, 800 mg tab)*	TIER 1	
lacosamide	*lacosamide (10 mg/ml solution, 50 mg tab, 50 mg/5ml solution, 100 mg tab, 100 mg/10ml solution, 150 mg tab, 200 mg tab)*	TIER 1	
lamotrigine	*lamotrigine (5 mg chew tab, 25 mg chew tab, 25 mg tab, 25 mg tab disp, 50 mg tab disp, 100 mg tab, 100 mg tab disp, 150 mg tab, 200 mg tab, 200 mg tab disp)*	TIER 1	
lamotrigine er	*lamotrigine er (er 25 mg tab er 24h, er 50 mg tab er 24h, er 100 mg tab er 24h, er 200 mg tab er 24h, er 250 mg tab er 24h, er 300 mg tab er 24h)*	TIER 1	
lamotrigine odt	*lamotrigine odt (odt 25 mg tab disp, odt 50 mg tab disp, odt 100 mg tab disp, odt 200 mg tab disp)*	TIER 1	

BRAND NAME	DRUG DESCRIPTION (RX)	TIER	LIMITS & RESTRICTIONS
levetiracetam	*levetiracetam (100 mg/ml solution, 250 mg tab, 500 mg tab, 500 mg/5ml solution, 750 mg tab, 1000 mg tab)*	TIER 1	
levetiracetam er	*levetiracetam er (er 500 mg tab er 24h, er 750 mg tab er 24h)*	TIER 1	
oxcarbazepine	*oxcarbazepine (150 mg tab, 300 mg tab, 300 mg/5ml suspension, 600 mg tab)*	TIER 1	
pregabalin	*pregabalin (25 mg cap, 50 mg cap, 75 mg cap, 100 mg cap, 150 mg cap, 200 mg cap, 225 mg cap, 300 mg cap)*	TIER 1	
pregabalin	*pregabalin 20 mg/ml solution*	TIER 1	PA, QL (900 PER 30 DAY(S))
primidone	*primidone (50 mg tab, 250 mg tab)*	TIER 1	
relgaabi	*relgaabi (300 mg cap, 400 mg cap)*	TIER 1	
roweepra	*roweepra 500 mg tab*	TIER 1	
rufinamide	*rufinamide (200 mg tab, 400 mg tab)*	TIER 1	QL (8 TAB PER DAY(S))
rufinamide	*rufinamide 40 mg/ml suspension*	TIER 1	QL (80 ML PER DAY(S))
subvenite	*subvenite (25 mg tab, 100 mg tab, 150 mg tab, 200 mg tab)*	TIER 1	
topiramate	*topiramate (15 mg cap sprink, 25 mg cap sprink, 25 mg tab, 50 mg tab, 100 mg tab, 200 mg tab)*	TIER 1	
topiramate er	*topiramate er (er 25 mg cap er 24h, er 25 mg cp24 sprnk, er 50 mg cap er 24h, er 50 mg cp24 sprnk, er 100 mg cap er 24h, er 100 mg cp24 sprnk, er 150 mg cp24 sprnk, er 200 mg cap er 24h, er 200 mg cp24 sprnk)*	TIER 1	
zonisamide	*zonisamide (25 mg cap, 50 mg cap, 100 mg cap)*	TIER 1	

BRAND NAME	DRUG DESCRIPTION (RX)	TIER	LIMITS & RESTRICTIONS
ZTALMY	ZTALMY 50 MG/ML SUSPENSION *ganaxolone*	SP-NP	PA, QL (36.7 PER 1 DAY(S)), S
ANTIPARKINSON AND RELATED THERAPY AGENTS ANTIPARKINSON ANTICHOLINERGICS			
benztropine mesylate	*benztropine mesylate (0.5 mg tab, 1 mg tab, 2 mg tab)*	TIER 1	
trihexyphenidyl hcl	*trihexyphenidyl hcl (0.4 mg/ml solution, 2 mg tab, 5 mg tab)*	TIER 1	
CENTRAL/PERIPHERAL COMT INHIBITORS			
tolcapone	*tolcapone 100 mg tab*	TIER 1	PA
PERIPHERAL COMT INHIBITORS			
entacapone	*entacapone 200 mg tab*	TIER 1	
ONGENTYS	ONGENTYS 25 MG CAP *opicapone*	TIER 3	PA, QL (1 PER 1 DAY(S))
ONGENTYS	ONGENTYS 50 MG CAP *opicapone*	TIER 3	PA, QL (30 PER 30 DAY(S))
ANTIPARKINSON DOPAMINERGICS			
amantadine hcl	*amantadine hcl (50 mg/5ml solution, 100 mg cap, 100 mg tab, 100 mg/10ml solution)*	TIER 1	
bromocriptine mesylate	*bromocriptine mesylate (2.5 mg tab, 5 mg cap)*	TIER 1	
JUVMO	JUVMO (5 MG TAB, 10 MG TAB, 15 MG TAB) *tavapadon*	P&T	QL (1 TAB PER DAY(S))
JUVMO TITRATION PACK	JUVMO TITRATION PACK 36X0.25 & 64X1 MG TAB THPK *tavapadon*	P&T	QL (1 PACK PER YEAR(S))
NONERGOLINE DOPAMINE RECEPTOR AGONISTS			
APOKYN	APOKYN 30 MG/3ML SOLN CART *apomorphine hydrochloride*	SP-M	S, GA
apomorphine hcl	*apomorphine hcl 30 mg/3ml soln cart*	SP-M	S

BRAND NAME	DRUG DESCRIPTION (RX)	TIER	LIMITS & RESTRICTIONS
ONAPGO	ONAPGO 98 MG/20ML SOLN CART *apomorphine hydrochloride*	SP-NP	PA, QL (30 CARTRIDGES PER 30 DAY(S)), S
pramipexole dihydrochloride	*pramipexole dihydrochloride (0.125 mg tab, 0.25 mg tab, 0.5 mg tab, 0.75 mg tab, 1 mg tab, 1.5 mg tab)*	TIER 1	
pramipexole dihydrochloride er	*pramipexole dihydrochloride er (er 0.375 mg tab er 24h, er 0.75 mg tab er 24h, er 1.5 mg tab er 24h, er 2.25 mg tab er 24h, er 3 mg tab er 24h, er 3.75 mg tab er 24h, er 4.5 mg tab er 24h)*	TIER 1	PA
ropinirole hcl	*ropinirole hcl (0.25 mg tab, 0.5 mg tab, 1 mg tab, 2 mg tab, 3 mg tab, 4 mg tab, 5 mg tab)*	TIER 1	
ropinirole hcl er	*ropinirole hcl er (er 2 mg tab er 24h, er 12 mg tab er 24h)*	TIER 1	PA, QL (2 PER 1 DAY(S))
ropinirole hcl er	*ropinirole hcl er (er 4 mg tab er 24h, er 6 mg tab er 24h, er 8 mg tab er 24h)*	TIER 1	PA
LEVODOPA COMBINATIONS			
carbidopa-levodopa	*carbidopa-levodopa (10-100 mg tab disp, 25-100 mg tab disp, 25-250 mg tab disp)*	TIER 2	
carbidopa-levodopa	*carbidopa-levodopa (10-100 mg tab, 25-100 mg tab, 25-250 mg tab)*	TIER 1	
carbidopa-levodopa er	*carbidopa-levodopa er (er 25-100 mg tab er, er 50-200 mg tab er)*	TIER 1	
carbidopa-levodopa-entacapone	*carbidopa-levodopa-entacapone (12.5-50-200 mg tab, 18.75-75-200 mg tab, 25-100-200 mg tab, 31.25-125-200 mg tab, 37.5-150-200 mg tab, 50-200-200 mg tab)*	TIER 1	
VYALEV	VYALEV 12-240 MG/ML SOLUTION *foslevodopa-foscarbidopa*	SP-M	PA, QL (60 VIALS PER 30 DAY(S)), S

BRAND NAME	DRUG DESCRIPTION (RX)	TIER	LIMITS & RESTRICTIONS
ANTIPARKINSON MONOAMINE OXIDASE INHIBITORS			
rasagiline mesylate	*rasagiline mesylate (0.5 mg tab, 1 mg tab)*	TIER 1	
selegiline hcl	*selegiline hcl (5 mg cap, 5 mg tab)*	TIER 1	
DECARBOXYLASE INHIBITORS			
carbidopa	*carbidopa 25 mg tab*	TIER 1	
NEUROMUSCULAR AGENTS FRIEDRICH'S ATAXIA AGENTS - NRF2 PATHWAY ACTIVATORS			
SKYCLARYS	SKYCLARYS 50 MG CAP *omaveloxolone*	SP-NP	PA, QL (3 PER DAY(S)), S
NEUROMUSCULAR BLOCKING AGENT - NEUROTOXINS			
BOTOX	BOTOX (100 RECON SOLN, 200 RECON SOLN) *onabotulinumtoxina*	SP-M	PA, QL (400 PER DAY(S)), S
DAXXIFY	DAXXIFY 100 UNIT RECON SOLN *daxibotulinumtoxina-lanm*	SP-M	PA, S
DYSPORT	DYSPORT (300 RECON SOLN, 500 RECON SOLN) *abobotulinumtoxina*	SP-M	PA, QL (1500 PER DAY(S)), S, MN-PA (Medically Necessary Prior Authorization)
MYOBLOC	MYOBLOC (2500 UNIT/0.5ML SOLUTION, 5000 UNIT/ML SOLUTION, 10000 UNIT/2ML SOLUTION) *rimabotulinumtoxinb*	SP-M	PA, QL (10000 PER DAY(S)), S, MN-PA (Medically Necessary Prior Authorization)
XEOMIN	XEOMIN (50 RECON SOLN, 100 RECON SOLN, 200 RECON SOLN) *incobotulinumtoxina*	SP-M	PA, QL (400 PER DAY(S)), S
BENZATHIAZOLES			
riluzole	*riluzole 50 mg tab*	TIER 1	
ALS AGENTS - ANTISENSE OLIGONUCLEOTIDES			
QALSODY	QALSODY 100 MG/15ML SOLUTION *tofersen*	SP-M	PA, S

BRAND NAME	DRUG DESCRIPTION (RX)	TIER	LIMITS & RESTRICTIONS
ALS AGENTS - MISCELLANEOUS			
EDARAVONE	EDARAVONE (30 SOLUTION, 60 SOLUTION) *edaravone*	SP-M	PA, S
RADICAVA	RADICAVA 30 MG/100ML SOLUTION *edaravone*	SP-M	PA, S, GA
RADICAVA ORS	RADICAVA ORS 105 MG/5ML SUSPENSION *edaravone*	SP-NP	PA, S, QLV (Quantity Limit Varies)
RADICAVA ORS STARTER KIT	RADICAVA ORS STARTER KIT 105 MG/5ML SUSPENSION *edaravone*	SP-NP	PA, S, QLV (Quantity Limit Varies)
RETT SYNDROME AGENTS - GLYCINE-PROLINE-GLUTAMATE ANALOGS			
DAYBUE	DAYBUE 200 MG/ML SOLUTION *trofinetide*	SP-NP	PA, QL (120 PER 1 DAY(S)), S
DAYBUE STIX	DAYBUE STIX (5000 MG PACKET, 6000 MG PACKET) *trofinetide*	SP-NP	PA, QL (4 PACKETS PER 1 DAY(S)), S
DAYBUE STIX	DAYBUE STIX 8000 MG PACKET *trofinetide*	SP-NP	PA, QL (2 PACKETS PER 1 DAY(S)), S
SPINAL MUSCULAR ATROPHY-ANTISENSE OLIGONUCLEOTIDES			
SPINRAZA	SPINRAZA (12 SOLUTION, 28 SOLUTION, 50 SOLUTION) *nusinersen*	SP-M	PA, S
SPINAL MUSCULAR ATROPHY-GENE THERAPY AGENTS			
ITVISMA	ITVISMA 120000000000000 VG/3ML SUSPENSION *onasemnogene abeparvovec-brve*	SP-M	PA, S
ZOLGENSMA 20.6-21.0 KG	ZOLGENSMA 20.6-21.0 KG 14X8.3 ML KIT *onasemnogene abeparvovec-xioi*	SP-M	PA, QL (1 PER LIFETIME), S

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BRAND NAME	DRUG DESCRIPTION (RX)	TIER	LIMITS & RESTRICTIONS
ZOLGENSMA 10.1-10.5 KG	ZOLGENSMA 10.1-10.5 KG 7X8.3 ML KIT *onasemnogene abeparvovec-xioi*	SP-M	PA, QL (1 PER LIFETIME), S
ZOLGENSMA 10.6-11.0 KG	ZOLGENSMA 10.6-11.0 KG 2X5.5ML & 6X8.3ML KIT *onasemnogene abeparvovec-xioi*	SP-M	PA, QL (1 PER LIFETIME), S
ZOLGENSMA 11.1-11.5 KG	ZOLGENSMA 11.1-11.5 KG 1X5.5ML & 7X8.3ML KIT *onasemnogene abeparvovec-xioi*	SP-M	PA, QL (1 PER LIFETIME), S
ZOLGENSMA 11.6-12.0 KG	ZOLGENSMA 11.6-12.0 KG 8X8.3 ML KIT *onasemnogene abeparvovec-xioi*	SP-M	PA, QL (1 PER LIFETIME), S
ZOLGENSMA 12.1-12.5 KG	ZOLGENSMA 12.1-12.5 KG 2X5.5ML & 7X8.3ML KIT *onasemnogene abeparvovec-xioi*	SP-M	PA, QL (1 PER LIFETIME), S
ZOLGENSMA 12.6-13.0 KG	ZOLGENSMA 12.6-13.0 KG 1X5.5ML & 8X8.3ML KIT *onasemnogene abeparvovec-xioi*	SP-M	PA, QL (1 PER LIFETIME), S
ZOLGENSMA 13.1-13.5 KG	ZOLGENSMA 13.1-13.5 KG 9X8.3 ML KIT *onasemnogene abeparvovec-xioi*	SP-M	PA, QL (1 PER LIFETIME), S
ZOLGENSMA 13.6-14.0 KG	ZOLGENSMA 13.6-14.0 KG 2X5.5ML & 8X8.3ML KIT *onasemnogene abeparvovec-xioi*	SP-M	PA, QL (1 PER LIFETIME), S
ZOLGENSMA 14.1-14.5 KG	ZOLGENSMA 14.1-14.5 KG 1X5.5ML & 9X8.3ML KIT *onasemnogene abeparvovec-xioi*	SP-M	PA, QL (1 PER LIFETIME), S
ZOLGENSMA 14.6-15.0 KG	ZOLGENSMA 14.6-15.0 KG 10X8.3 ML KIT *onasemnogene abeparvovec-xioi*	SP-M	PA, QL (1 PER LIFETIME), S

BRAND NAME	DRUG DESCRIPTION (RX)	TIER	LIMITS & RESTRICTIONS
ZOLGENSMA 15.1-15.5 KG	ZOLGENSMA 15.1-15.5 KG 2X5.5ML & 9X8.3ML KIT *onasemnogene abeparvovec-xioi*	SP-M	PA, QL (1 PER LIFETIME), S
ZOLGENSMA 15.6-16.0 KG	ZOLGENSMA 15.6-16.0 KG 1X5.5ML & 10X8.3ML KIT *onasemnogene abeparvovec-xioi*	SP-M	PA, QL (1 PER LIFETIME), S
ZOLGENSMA 16.1-16.5 KG	ZOLGENSMA 16.1-16.5 KG 11X8.3 ML KIT *onasemnogene abeparvovec-xioi*	SP-M	PA, QL (1 PER LIFETIME), S
ZOLGENSMA 16.6-17.0 KG	ZOLGENSMA 16.6-17.0 KG 2X5.5ML & 10X8.3ML KIT *onasemnogene abeparvovec-xioi*	SP-M	PA, QL (1 PER LIFETIME), S
ZOLGENSMA 17.1-17.5 KG	ZOLGENSMA 17.1-17.5 KG 1X5.5ML & 11X8.3ML KIT *onasemnogene abeparvovec-xioi*	SP-M	PA, QL (1 PER LIFETIME), S
ZOLGENSMA 17.6-18.0 KG	ZOLGENSMA 17.6-18.0 KG 12X8.3 ML KIT *onasemnogene abeparvovec-xioi*	SP-M	PA, QL (1 PER LIFETIME), S
ZOLGENSMA 18.1-18.5 KG	ZOLGENSMA 18.1-18.5 KG 2X5.5ML & 11X8.3ML KIT *onasemnogene abeparvovec-xioi*	SP-M	PA, QL (1 PER LIFETIME), S
ZOLGENSMA 18.6-19.0 KG	ZOLGENSMA 18.6-19.0 KG 1X5.5ML & 12X8.3ML KIT *onasemnogene abeparvovec-xioi*	SP-M	PA, QL (1 PER LIFETIME), S
ZOLGENSMA 19.1-19.5 KG	ZOLGENSMA 19.1-19.5 KG 13X8.3 ML KIT *onasemnogene abeparvovec-xioi*	SP-M	PA, QL (1 PER LIFETIME), S
ZOLGENSMA 19.6-20.0 KG	ZOLGENSMA 19.6-20.0 KG 2X5.5ML & 12X8.3ML KIT *onasemnogene abeparvovec-xioi*	SP-M	PA, QL (1 PER LIFETIME), S

BRAND NAME	DRUG DESCRIPTION (RX)	TIER	LIMITS & RESTRICTIONS
ZOLGENSMA 2.6-3.0 KG	ZOLGENSMA 2.6-3.0 KG 2X8.3 ML KIT *onasemnogene abeparvovec-xioi*	SP-M	PA, QL (1 PER LIFETIME), S
ZOLGENSMA 20.1-20.5 KG	ZOLGENSMA 20.1-20.5 KG 1X5.5ML & 13X8.3ML KIT *onasemnogene abeparvovec-xioi*	SP-M	PA, QL (1 PER LIFETIME), S
ZOLGENSMA 3.1-3.5 KG	ZOLGENSMA 3.1-3.5 KG 2X5.5ML & 1X8.3ML KIT *onasemnogene abeparvovec-xioi*	SP-M	PA, QL (1 PER LIFETIME), S
ZOLGENSMA 3.6-4.0 KG	ZOLGENSMA 3.6-4.0 KG 1X5.5ML & 2X8.3ML KIT *onasemnogene abeparvovec-xioi*	SP-M	PA, QL (1 PER LIFETIME), S
ZOLGENSMA 4.1-4.5 KG	ZOLGENSMA 4.1-4.5 KG 3X8.3 ML KIT *onasemnogene abeparvovec-xioi*	SP-M	PA, QL (1 PER LIFETIME), S
ZOLGENSMA 4.6-5.0 KG	ZOLGENSMA 4.6-5.0 KG 2X5.5ML & 2X8.3ML KIT *onasemnogene abeparvovec-xioi*	SP-M	PA, QL (1 PER LIFETIME), S
ZOLGENSMA 5.1-5.5 KG	ZOLGENSMA 5.1-5.5 KG 1X5.5ML & 3X8.3ML KIT *onasemnogene abeparvovec-xioi*	SP-M	PA, QL (1 PER LIFETIME), S
ZOLGENSMA 5.6-6.0 KG	ZOLGENSMA 5.6-6.0 KG 4X8.3 ML KIT *onasemnogene abeparvovec-xioi*	SP-M	PA, QL (1 PER LIFETIME), S
ZOLGENSMA 6.1-6.5 KG	ZOLGENSMA 6.1-6.5 KG 2X5.5ML & 3X8.3ML KIT *onasemnogene abeparvovec-xioi*	SP-M	PA, QL (1 PER LIFETIME), S
ZOLGENSMA 6.6-7.0 KG	ZOLGENSMA 6.6-7.0 KG 1X5.5ML & 4X8.3ML KIT *onasemnogene abeparvovec-xioi*	SP-M	PA, QL (1 PER LIFETIME), S
ZOLGENSMA 7.1-7.5 KG	ZOLGENSMA 7.1-7.5 KG 5X8.3 ML KIT *onasemnogene abeparvovec-xioi*	SP-M	PA, QL (1 PER LIFETIME), S

BRAND NAME	DRUG DESCRIPTION (RX)	TIER	LIMITS & RESTRICTIONS
ZOLGENSMA 7.6-8.0 KG	ZOLGENSMA 7.6-8.0 KG 2X5.5ML & 4X8.3ML KIT *onasemnogene abeparvovec-xioi*	SP-M	PA, QL (1 PER LIFETIME), S
ZOLGENSMA 8.1-8.5 KG	ZOLGENSMA 8.1-8.5 KG 1X5.5ML & 5X8.3ML KIT *onasemnogene abeparvovec-xioi*	SP-M	PA, QL (1 PER LIFETIME), S
ZOLGENSMA 8.6-9.0 KG	ZOLGENSMA 8.6-9.0 KG 6X8.3 ML KIT *onasemnogene abeparvovec-xioi*	SP-M	PA, QL (1 PER LIFETIME), S
ZOLGENSMA 9.1-9.5 KG	ZOLGENSMA 9.1-9.5 KG 2X5.5ML & 5X8.3ML KIT *onasemnogene abeparvovec-xioi*	SP-M	PA, QL (1 PER LIFETIME), S
ZOLGENSMA 9.6-10.0 KG	ZOLGENSMA 9.6-10.0 KG 1X5.5ML & 6X8.3ML KIT *onasemnogene abeparvovec-xioi*	SP-M	PA, QL (1 PER LIFETIME), S
SPINAL MUSCULAR ATROPHY-MONOCLONAL ANTIBODIES			
ISEMBYLD	ISEMBYLD 150 MG/3ML SOLUTION *apitegromab-mstn*	P&T	S
SPINAL MUSCULAR ATROPHY-SMN2 SPLICING MODIFIERS			
EVRYSDI	EVRYSDI 0.75 MG/ML RECON SOLN *risdiplam*	SP-P	PA, QL (120 PER 24 DAY(S)), S
EVRYSDI	EVRYSDI 5 MG TAB *risdiplam*	SP-P	PA, QL (30 TABLETS PER 30 DAY(S)), S
MUSCULOSKELETAL THERAPY AGENTS CENTRAL MUSCLE RELAXANTS			
baclofen	*baclofen (5 mg tab, 10 mg tab, 20 mg tab)*	TIER 1	
carisoprodol	*carisoprodol (250 mg tab, 350 mg tab)*	TIER 1	
chlorzoxazone	*chlorzoxazone (375 mg tab, 500 mg tab, 750 mg tab)*	TIER 1	
cyclobenzaprine hcl	*cyclobenzaprine hcl (5 mg tab, 10 mg tab)*	TIER 1	
lorzone	*lorzone (375 mg tab, 750 mg tab)*	TIER 1	

BRAND NAME	DRUG DESCRIPTION (RX)	TIER	LIMITS & RESTRICTIONS
metaxalone	*metaxalone (400 mg tab, 800 mg tab)*	TIER 1	
methocarbamol	*methocarbamol (500 mg tab, 750 mg tab)*	TIER 1	
orphenadrine citrate er	*orphenadrine citrate er 100 mg tab er 12h*	TIER 1	
tizanidine hcl	*tizanidine hcl (2 mg tab, 4 mg tab)*	TIER 1	
vanadom	*vanadom 350 mg tab*	TIER 1	
DIRECT MUSCLE RELAXANTS			
dantrolene sodium	*dantrolene sodium (25 mg cap, 50 mg cap, 100 mg cap)*	TIER 1	
VISCOSUPPLEMENTS			
DUROLANE	DUROLANE 60 MG/3ML PRSYR *sodium hyaluronate (viscosupplement)*	SP-M	PA, S, MN-PA (Medically Necessary Prior Authorization)
EUFLEXXA	EUFLEXXA 20 MG/2ML SOLN PRSYR *sodium hyaluronate (viscosupplement)*	SP-M	PA, S
GEL-ONE	GEL-ONE 30 MG/3ML PRSYR *cross-linked hyaluronate*	SP-M	PA, S, MN-PA (Medically Necessary Prior Authorization)
GELSYN-3	GELSYN-3 16.8 MG/2ML SOLN PRSYR *sodium hyaluronate (viscosupplement)*	SP-M	PA, S, MN-PA (Medically Necessary Prior Authorization)
GENVISC 850	GENVISC 850 25 MG/2.5ML SOLN PRSYR *sodium hyaluronate (viscosupplement)*	SP-M	PA, S, MN-PA (Medically Necessary Prior Authorization)
HYALGAN	HYALGAN 20 MG/2ML SOLN PRSYR *sodium hyaluronate (viscosupplement)*	SP-M	PA, S
HYALGAN	HYALGAN 20 MG/2ML SOLUTION *sodium hyaluronate (viscosupplement)*	SP-M	PA, S, MN-PA (Medically Necessary Prior Authorization)
HYMOVIS	HYMOVIS 24 MG/3ML SOLN PRSYR *hyaluronan*	SP-M	PA, S, MN-PA (Medically Necessary Prior Authorization)

BRAND NAME	DRUG DESCRIPTION (RX)	TIER	LIMITS & RESTRICTIONS
HYMOVIS ONE	HYMOVIS ONE 32 MG/4ML SOLN PRSYR *hyaluronan*	SP-M	PA, S
MONOVISC	MONOVISC 88 MG/4ML SOLN PRSYR *hyaluronan*	SP-M	PA, S, MN-PA (Medically Necessary Prior Authorization)
ORTHOVISC	ORTHOVISC 30 MG/2ML SOLN PRSYR *hyaluronan*	SP-M	PA, S, MN-PA (Medically Necessary Prior Authorization)
SUPARTZ FX	SUPARTZ FX 25 MG/2.5ML SOLN PRSYR *sodium hyaluronate (viscosupplement)*	SP-M	PA, S, MN-PA (Medically Necessary Prior Authorization)
SYNOJOYNT	SYNOJOYNT 20 MG/2ML SOLN PRSYR *sodium hyaluronate (viscosupplement)*	SP-M	PA, S
SYNVISC	SYNVISC 16 MG/2ML SOLN PRSYR *hylan*	SP-M	PA, S
SYNVISC ONE	SYNVISC ONE 48 MG/6ML SOLN PRSYR *hylan*	SP-M	PA, S
TRILURON	TRILURON 20 MG/2ML SOLN PRSYR *sodium hyaluronate (viscosupplement)*	SP-M	PA, S
TRIVISC	TRIVISC 25 MG/2.5ML SOLN PRSYR *sodium hyaluronate (viscosupplement)*	SP-M	PA, S, MN-PA (Medically Necessary Prior Authorization)
VISCO-3	VISCO-3 25 MG/2.5ML SOLN PRSYR *sodium hyaluronate (viscosupplement)*	SP-M	PA, S, MN-PA (Medically Necessary Prior Authorization)
FOP AGENTS - ACTIVIN SIGNALING INHIBITOR			
PASATRU	PASATRU 300 MG/5ML SOLUTION *garetosmab-grts*	P&T	S
FOP AGENTS - ALK2 INHIBITOR			
ATEBRIOZ	ATEBRIOZ 25 MG TAB *zilurgisertib fumarate*	P&T	QL (4 TAB PER DAY(S)), S

BRAND NAME	DRUG DESCRIPTION (RX)	TIER	LIMITS & RESTRICTIONS
RETINOIC ACID RECEPTOR GAMMA SELECTIVE AGONISTS			
SOHONOS	SOHONOS (1 MG CAP, 5 MG CAP) *palovarotene*	SP-NP	PA, QL (1 PER DAY(S)), S
SOHONOS	SOHONOS (1.5 MG CAP, 10 MG CAP) *palovarotene*	SP-NP	PA, QL (2 PER DAY(S)), S
SOHONOS	SOHONOS 2.5 MG CAP *palovarotene*	SP-NP	PA, QL (3 PER DAY(S)), S
MUSCLE RELAXANT COMBINATIONS			
CARISOPRODOL-ASPIRIN-CODEINE	CARISOPRODOL-ASPIRIN-CODEINE 200-325-16 MG TAB *carisoprodol w/ aspirin & codeine*	TIER 1	
ANTIMYASTHENIC/CHOLINERGIC AGENTS			
FIRDAPSE	FIRDAPSE 10 MG TAB *amifampridine phosphate*	SP-NP	PA, QL (8 PER 1 DAY(S)), S
pyridostigmine bromide	*pyridostigmine bromide (60 mg tab, 60 mg/5ml solution)*	TIER 1	
pyridostigmine bromide er	*pyridostigmine bromide er 180 mg tab er*	TIER 1	
VITAMINS VITAMIN D			
ergocalciferol	*ergocalciferol 1.25 mg (50000 ut) cap*	TIER 1	
vitamin d (ergocalciferol)	*vitamin d (ergocalciferol) (1.25 mg (50000 ut) cap, 50000 unit cap)*	TIER 1	
VITAMIN K			
phytonadione	*phytonadione 5 mg tab*	TIER 1	
MULTIVITAMINS PRENATAL MV & MIN W/FE-FA			
ATABEX EC	ATABEX EC 29-1 MG TAB DR *prenatal vit w/ docusate-iron carbonyl-folic acid*	TIER 2	

BRAND NAME	DRUG DESCRIPTION (RX)	TIER	LIMITS & RESTRICTIONS
ATABEX OB	ATABEX OB 29-1 MG TAB *prenatal vit w/ fe bisglycinate chelate-folic acid*	TIER 2	
CO-NATAL FA	CO-NATAL FA TAB *prenatal vit w/ ferrous fumarate-folic acid*	TIER 2	
CONCEPT OB	CONCEPT OB 130-92.4-1 MG CAP *prenatal without a vit w/ fe fum-iron polysacch complex -fa*	TIER 2	
FOLIVANE-OB	FOLIVANE-OB 85-1 MG CAP *prenatal without a vit w/ fe fum-iron polysacch complex -fa*	TIER 2	
INATAL GT	INATAL GT TAB *prenatal vit w/ docusate-iron carbonyl-folic acid*	TIER 2	
NATALVIT	NATALVIT TAB *prenatal vit w/ ferrous fumarate-folic acid*	TIER 2	
OBSTETRIX EC (WITH DOCUSATE)	OBSTETRIX EC (WITH DOCUSATE) 29-1 MG TAB *prenatal vit w/ docusate-iron carbonyl-folic acid*	TIER 2	
PNV 27-CA/FE/FA	PNV 27-CA/FE/FA 60-1 MG TAB *prenatal vit w/ ferrous fumarate-folic acid*	TIER 2	
PNV PRENATAL PLUS MULTIVIT+DHA	PNV PRENATAL PLUS MULTIVIT+DHA 27-1 & 312 MG MISC *prenatal vit w/ ferrous fumarate-fa-omega 3 fatty acids*	TIER 2	
PRENATABS FA	PRENATABS FA 29-1 MG TAB *prenatal vit w/ ferrous fumarate-folic acid*	TIER 2	
PRENATAL 19	PRENATAL 19 (19TAB, 1929-1MGTAB) *prenatal vit w/ docusate-fe fumarate-folic acid*	TIER 2	

BRAND NAME	DRUG DESCRIPTION (RX)	TIER	LIMITS & RESTRICTIONS
PRENATAL-U	PRENATAL-U 106.5-1 MG CAP *prenatal without a vit w/ fe fumarate-folic acid*	TIER 2	
PROVIDA OB	PROVIDA OB 20-20-1.25 MG CAP *prenatal without a vit w/ fe fum-iron polysacch complex -fa*	TIER 2	
SE-NATAL 19	SE-NATAL 19 29-1 MG TAB *prenatal vit w/ docusate-fe fumarate-folic acid*	TIER 2	
THRIVITE RX	THRIVITE RX 29-1 MG TAB *prenatal vit w/ iron carbonyl-folic acid*	TIER 2	
TRINATAL RX 1	TRINATAL RX 1 60-1 MG TAB *prenatal vit w/ ferrous fumarate-folic acid*	TIER 2	
TRINATE	TRINATE TAB *prenatal vit w/ ferrous fumarate-folic acid*	TIER 2	
VINATE II	VINATE II 29-1 MG TAB *prenatal vit w/ fe bisglycinate chelate-folic acid*	TIER 2	
VINATE ONE	VINATE ONE 60-1 MG TAB *prenatal vit w/ ferrous fumarate-folic acid*	TIER 2	
PRENATAL MV & MIN W/FE-FA-CA-OMEGA 3 FISH OIL			
COMPLETE NATAL DHA	COMPLETE NATAL DHA 29-1-200 & 200 MG MISC *prenatal mv & min w/fe bisglyc-fe prot succ-fa-ca-omega 3*	TIER 2	
WESNATAL DHA COMPLETE	WESNATAL DHA COMPLETE 29-1-200 & 200 MG MISC *prenatal mv & min w/fe bisglyc-fe prot succ-fa-ca-omega 3*	TIER 2	

BRAND NAME	DRUG DESCRIPTION (RX)	TIER	LIMITS & RESTRICTIONS
PRENATAL MV & MIN W/FE-FA-DHA			
OBSTETRIX DHA	OBSTETRIX DHA 29-1 & 350 MG MISC *prenatal mv & min w/fe carbonyl-fa-dha*	TIER 2	
MINERALS & ELECTROLYTES BICARBONATES			
SODIUM BICARBONATE	SODIUM BICARBONATE (4.2 % SOLUTION, 7.5 % SOLUTION) *sodium bicarbonate*	TIER 1	
PHOSPHATE			
PHOSPHO-TRIN K500	PHOSPHO-TRIN K500 500 MG TAB *potassium phosphate monobasic*	TIER 1	
POTASSIUM			
klor-con	*klor-con (8 tab er, 20 packet)*	TIER 1	
klor-con 10	*klor-con 10 10 meq tab er*	TIER 1	
klor-con m10	*klor-con m10 10 meq tab er*	TIER 1	
klor-con m15	*klor-con m15 15 meq tab er*	TIER 1	
klor-con m20	*klor-con m20 20 meq tab er*	TIER 1	
potassium chloride	*potassium chloride (10 % solution, 20 meq packet, 20 meq/15ml (10%) solution, 40 meq/15ml (20%) solution)*	TIER 1	
potassium chloride crys er	*potassium chloride crys er (crys er 10 tab er, crys er 15 tab er, crys er 20 tab er)*	TIER 1	
potassium chloride er	*potassium chloride er (er 8 cap er, er 8 tab er, er 10 cap er, er 10 tab er, er 20 tab er)*	TIER 1	
SODIUM			
AQUASTAT	AQUASTAT 0.9 % SOLUTION *sodium chloride flush*	TIER 1	

BRAND NAME	DRUG DESCRIPTION (RX)	TIER	LIMITS & RESTRICTIONS
AQUASTAT SFR	AQUASTAT SFR 0.9 % SOLUTION *sodium chloride flush*	TIER 1	
BD POSIFLUSH	BD POSIFLUSH 0.9 % SOLUTION *sodium chloride flush*	TIER 1	
BD POSIFLUSH SAFESCRUB	BD POSIFLUSH SAFESCRUB 0.9 % SOLUTION *sodium chloride flush*	TIER 1	
MONOJECT FLUSH SYRINGE	MONOJECT FLUSH SYRINGE 0.9 % SOLUTION *sodium chloride flush*	TIER 1	
MONOJECT SODIUM CHLORIDE FLUSH	MONOJECT SODIUM CHLORIDE FLUSH 0.9 % SOLUTION *sodium chloride flush*	TIER 1	
NORMAL SALINE FLUSH	NORMAL SALINE FLUSH 0.9 % SOLUTION *sodium chloride flush*	TIER 1	
SALINE FLUSH	SALINE FLUSH 0.9 % SOLUTION *sodium chloride flush*	TIER 1	
sodium chloride	*sodium chloride (0.9 % solution, 4 meq/ml solution)*	TIER 1	
sodium chloride (pf)	*sodium chloride (pf) 0.9 % solution*	TIER 1	
SODIUM CHLORIDE FLUSH	SODIUM CHLORIDE FLUSH 0.9 % SOLUTION *sodium chloride flush*	TIER 1	
TRACE MINERALS			
ZYCUBO	ZYCUBO 2.9 MG RECON SOLN *copper histidinate*	SP-P	PA, QL (60 VIALS PER 30 DAY(S)), S
ELECTROLYTES PARENTERAL			
lactated ringers	*lactated ringers solution*	TIER 1	
NUTRIENTS LIPIDS			
DOJOLVI	DOJOLVI 100 % LIQUID *triheptanoin*	SP-P	PA, S

BRAND NAME	DRUG DESCRIPTION (RX)	TIER	LIMITS & RESTRICTIONS
HEMATOPOIETIC AGENTS COBALAMINS			
cyanocobalamin	*cyanocobalamin 1000 mcg/ml solution*	TIER 1	
dodex	*dodex 1000 mcg/ml solution*	TIER 1	
FOLIC ACID/FOLATES			
folic acid	*folic acid 1 mg tab*	TIER 1	
IRON			
FERAHEME	FERAHEME 510 MG/17ML SOLUTION *ferumoxytol*	SP-M	GA
FERRLECIT	FERRLECIT 12.5 MG/ML SOLUTION *sodium ferric gluconate complex in sucrose*	SP-M	GA
ferumoxytol	*ferumoxytol 510 mg/17ml solution*	SP-M	
INFED	INFED 50 MG/ML SOLUTION *iron dextran*	SP-M	
iron sucrose	*iron sucrose 20 mg/ml solution*	SP-M	S
MONOFERRIC	MONOFERRIC 1000 MG/10ML SOLUTION *ferric derisomaltose*	SP-M	PA, S, MN-PA (Medically Necessary Prior Authorization)
na ferric gluc cplx in sucrose	*na ferric gluc cplx in sucrose 12.5 mg/ml solution*	SP-M	
VENOFER	VENOFER 20 MG/ML SOLUTION *iron sucrose*	SP-M	S, GA
HEMATOPOIETIC AUTOLOGOUS CELLULAR GENE THERAPY			
KRESLADI	KRESLADI SUSPENSION *marnetegragene autotemcel*	P&T	S
WASKYRA	WASKYRA SUSPENSION *etuvetidigene autotemcel*	SP-M	PA, S
ZYNTEGLO	ZYNTEGLO SUSPENSION *betibeglogene autotemcel*	SP-M	PA, S

BRAND NAME	DRUG DESCRIPTION (RX)	TIER	LIMITS & RESTRICTIONS
ERYTHROID MATURATION AGENTS			
REBLOZYL	REBLOZYL (25 MG RECON SOLN, 75 MG RECON SOLN) *luspatercept-aamt*	SP-M	PA, S
ERYTHROPOIESIS-STIMULATING AGENTS (ESAS)			
ARANESP (ALBUMIN FREE)	ARANESP (ALBUMIN FREE) (10 MCG/0.4ML SOLN PRSYR, 25 MCG/0.42ML SOLN PRSYR, 25 MCG/ML SOLUTION, 40 MCG/0.4ML SOLN PRSYR, 40 MCG/ML SOLUTION, 60 MCG/0.3ML SOLN PRSYR, 60 MCG/ML SOLUTION, 100 MCG/0.5ML SOLN PRSYR, 100 MCG/ML SOLUTION, 150 MCG/0.3ML SOLN PRSYR, 200 MCG/0.4ML SOLN PRSYR, 200 MCG/ML SOLUTION, 300 MCG/0.6ML SOLN PRSYR, 500 MCG/ML SOLN PRSYR) *darbepoetin alfa*	SP-P	S
EPOGEN	EPOGEN (2000 SOLUTION, 3000 SOLUTION, 4000 SOLUTION, 10000 SOLUTION, 20000 SOLUTION) *epoetin alfa*	SP-NP	PA, S, MN-PA (Medically Necessary Prior Authorization)
MIRCERA	MIRCERA (30 SOLN PRSYR, 50 SOLN PRSYR, 75 SOLN PRSYR, 100 SOLN PRSYR, 120 SOLN PRSYR, 150 SOLN PRSYR, 200 SOLN PRSYR) *methoxy polyethylene glycol-epoetin beta*	SP-M	PA, S, MN-PA (Medically Necessary Prior Authorization)

BRAND NAME	DRUG DESCRIPTION (RX)	TIER	LIMITS & RESTRICTIONS
PROCRIT	PROCRIT (2000 SOLUTION, 3000 SOLUTION, 4000 SOLUTION, 10000 SOLUTION, 20000 SOLUTION, 40000 SOLUTION) *epoetin alfa*	SP-NP	PA, S, MN-PA (Medically Necessary Prior Authorization)
RETACRIT	RETACRIT (2000 SOLUTION, 3000 SOLUTION, 4000 SOLUTION, 10000 SOLUTION, 20000 SOLUTION, 40000 SOLUTION) *epoetin alfa-epbx*	SP-P	S
GRANULOCYTE COLONY-STIMULATING FACTORS (G-CSF)			
FULPHILA	FULPHILA 6 MG/0.6ML SOLN PRSYR *pegfilgrastim-jmdb*	SP-P	QL (2 PER 28 DAY(S)), S
NEULASTA	NEULASTA 4 MG/0.4ML SOLUTION *pegfilgrastim*	SP-P	S
NEULASTA	NEULASTA 6 MG/0.6ML SOLN PRSYR *pegfilgrastim*	SP-P	QL (2 PER 28 DAY(S)), S
NEULASTA ONPRO	NEULASTA ONPRO 6 MG/0.6ML SOLN PRSYR *pegfilgrastim*	SP-P	S
NIVESTYM	NIVESTYM (300 MCG/0.5ML SOLN PRSYR, 300 MCG/ML SOLUTION, 480 MCG/0.8ML SOLN PRSYR, 480 MCG/1.6ML SOLUTION) *filgrastim-aafi*	SP-P	SBG (Specialty Biosimilars and Specialty generics), S
NYVEPRIA	NYVEPRIA 6 MG/0.6ML SOLN PRSYR *pegfilgrastim-apgf*	SP-NP	QL (2 PER 28 DAY(S)), S, MN-PA (Medically Necessary Prior Authorization)
ROLVEDON	ROLVEDON 13.2 MG/0.6ML SOLN PRSYR *eflapegrastim-xnst*	SP-M	PA, S
RYZNEUTA	RYZNEUTA 20 MG/ML SOLN PRSYR *efbemalenograstim alfa-vuxw*	SP-M	PA, MN-PA (Medically Necessary Prior Authorization)

BRAND NAME	DRUG DESCRIPTION (RX)	TIER	LIMITS & RESTRICTIONS
UDENYCA ONBODY	UDENYCA ONBODY 6 MG/0.6ML SOLN PRSYR *pegfilgrastim-cbqv*	SP-M	PA, QL (2 KITS PER 28 DAY(S)), S, MN-PA (Medically Necessary Prior Authorization)
ZARXIO	ZARXIO (300 MCG/0.5ML SOLN PRSYR, 480 MCG/0.8ML SOLN PRSYR) *filgrastim-sndz*	SP-P	SBG (Specialty Biosimilars and Specialty generics), S
HYPOXIA-INDUCIBLE FACTOR PROLYL HYDROXYLASE INHIBITORS			
JESDUVROQ	JESDUVROQ (1 MG TAB, 2 MG TAB, 4 MG TAB, 6 MG TAB, 8 MG TAB) *daprodustat*	SP-M	PA, S
VAFSEO	VAFSEO (150 MG TAB, 300 MG TAB) *vadadustat*	SP-M	PA, S
THROMBOPOIETIN (TPO) RECEPTOR AGONISTS			
ALVAIZ	ALVAIZ (9 MG TAB, 18 MG TAB, 36 MG TAB, 54 MG TAB) *eltrombopag choline*	SP-P	PA, QL (1 PER 1 DAY(S)), S
eltrombopag olamine	*eltrombopag olamine (12.5 mg packet, 25 mg packet)*	SP-P	PA, QL (3 PACKET PER DAY(S)), S
eltrombopag olamine	*eltrombopag olamine (25 mg tab, 50 mg tab)*	SP-P	PA, QL (3 TAB PER DAY(S)), S
eltrombopag olamine	*eltrombopag olamine 12.5 mg tab*	SP-P	PA, QL (1 TAB PER DAY(S)), S
eltrombopag olamine	*eltrombopag olamine 75 mg tab*	SP-P	PA, QL (2 TAB PER DAY(S)), S
MULPLETA	MULPLETA 3 MG TAB *lusutrombopag*	SP-NP	PA, QL (7 PER 14 DAY(S)), S, MN-PA (Medically Necessary Prior Authorization)
NPLATE	NPLATE (125 MCG RECON SOLN, 250 MCG RECON SOLN, 500 MCG RECON SOLN) *romiplostim*	SP-M	S
CXCR4 RECEPTOR ANTAGONIST			
APHEXDA	APHEXDA 62 MG RECON SOLN *motixafortide acetate*	SP-M	S

BRAND NAME	DRUG DESCRIPTION (RX)	TIER	LIMITS & RESTRICTIONS
MOZOBIL	MOZOBIL 24 MG/1.2ML SOLUTION *plerixafor*	SP-M	S, GA
plerixafor	*plerixafor 24 mg/1.2ml solution*	SP-M	S
XOLREMDI	XOLREMDI 100 MG CAP *mavorixafor*	SP-NP	PA, QL (4 CAPS PER 1 DAY(S)), S
AGENTS FOR GAUCHER DISEASE			
CERDELGA	CERDELGA 84 MG CAP *eliglustat tartrate*	SP-P	PA, QL (2 PER 1 DAY), S
CEREZYME	CEREZYME 400 UNIT RECON SOLN *imiglucerase*	SP-M	PA, S
ELELYSO	ELELYSO 200 UNIT RECON SOLN *taliglucerase alfa*	SP-M	PA, S, MN-PA (Medically Necessary Prior Authorization)
miglustat	*miglustat 100 mg cap*	SP-P	PA, QL (3 PER 1 DAY(S)), SBG (Specialty Biosimilars and Specialty generics), S
VPRIV	VPRIV 400 UNIT RECON SOLN *velaglucerase alfa*	SP-M	PA, S, MN-PA (Medically Necessary Prior Authorization)
yargesa	*yargesa 100 mg cap*	SP-P	PA, QL (3 PER 1 DAY(S)), SBG (Specialty Biosimilars and Specialty generics), S
ZAVESCA	ZAVESCA 100 MG CAP *miglustat*	SP-NP	PA, QL (3 PER 1 DAY(S)), S, GA
CYTOTOXIC AGENTS			
DROXIA	DROXIA (200 MG CAP, 300 MG CAP, 400 MG CAP) *hydroxyurea (sickle cell disease)*	TIER 3	
XROMI	XROMI 100 MG/ML SOLUTION *hydroxyurea (sickle cell disease)*	TIER 3	PA, QL (296 ML PER 30 DAY(S))
AGENTS FOR SICKLE CELL DISEASE - AUTOLOGOUS GENE THERAPY			
CASGEVY	CASGEVY SUSPENSION *exagamglogene autotemcel*	SP-M	PA, S
LYFGENIA	LYFGENIA SUSPENSION *lovotibeglogene autotemcel*	SP-M	PA, S

BRAND NAME	DRUG DESCRIPTION (RX)	TIER	LIMITS & RESTRICTIONS
HEMOGLOBIN S (HBS) POLYMERIZATION INHIBITORS			
OXBRYTA	OXBRYTA 300 MG TAB *voxelotor*	SP-NP	PA, QL (3 PER DAY(S)), S
OXBRYTA	OXBRYTA 300 MG TAB SOL *voxelotor*	SP-NP	PA, QL (5 PER 1 DAY(S)), S
OXBRYTA	OXBRYTA 500 MG TAB *voxelotor*	SP-NP	PA, QL (84 PER 28 DAY(S)), S, PA-QL (140/28 days)
SELECTIN BLOCKERS			
ADAKVEO	ADAKVEO 100 MG/10ML SOLUTION *crizanlizumab-tmca*	SP-M	PA, S
ANTICOAGULANTS HEPARINS AND HEPARINOID-LIKE AGENTS			
BD HEPARIN POSIFLUSH	BD HEPARIN POSIFLUSH (10 SOLUTION, 100 SOLUTION) *heparin sodium (porcine) lock flush*	TIER 1	
HEPARIN NA (PORK) LOCK FLSH PF	HEPARIN NA (PORK) LOCK FLSH PF (PF 1 SOLUTION, PF 10 SOLUTION, PF 100 SOLUTION) *heparin sodium (porcine) lock flush*	TIER 1	
HEPARIN SOD (PORK) LOCK FLUSH	HEPARIN SOD (PORK) LOCK FLUSH (10 SOLUTION, 100 SOLUTION) *heparin sodium (porcine) lock flush*	TIER 1	
heparin sodium (porcine)	*heparin sodium (porcine) (5000 solution, 10000 solution)*	TIER 1	
heparin sodium (porcine) pf	*heparin sodium (porcine) pf 5000 unit/0.5ml solution*	TIER 1	

BRAND NAME	DRUG DESCRIPTION (RX)	TIER	LIMITS & RESTRICTIONS
LOW MOLECULAR WEIGHT HEPARINS			
enoxaparin sodium	*enoxaparin sodium (30 mg/0.3ml soln prsyr, 40 mg/0.4ml soln prsyr, 60 mg/0.6ml soln prsyr, 80 mg/0.8ml soln prsyr, 100 mg/ml soln prsyr, 120 mg/0.8ml soln prsyr, 150 mg/ml soln prsyr, 300 mg/3ml solution)*	TIER 1	
FRAGMIN	FRAGMIN (2500 UNIT/0.2ML SOLN PRSYR, 5000 UNIT/0.2ML SOLN PRSYR, 7500 UNIT/0.3ML SOLN PRSYR, 10000 UNIT/4ML SOLUTION, 10000 UNIT/ML SOLN PRSYR, 12500 UNIT/0.5ML SOLN PRSYR, 15000 UNIT/0.6ML SOLN PRSYR, 18000 UNT/0.72ML SOLN PRSYR, 95000 UNIT/3.8ML SOLUTION) *dalteparin sodium*	TIER 2	
SYNTHETIC HEPARINOID-LIKE AGENTS			
fondaparinux sodium	*fondaparinux sodium (2.5 mg/0.5ml solution, 5 mg/0.4ml solution, 7.5 mg/0.6ml solution, 10 mg/0.8ml solution)*	TIER 1	
COUMARIN ANTICOAGULANTS			
jantoven	*jantoven (1 mg tab, 2 mg tab, 2.5 mg tab, 3 mg tab, 4 mg tab, 5 mg tab, 6 mg tab, 7.5 mg tab, 10 mg tab)*	TIER 1	
warfarin sodium	*warfarin sodium (1 mg tab, 2 mg tab, 2.5 mg tab, 3 mg tab, 4 mg tab, 5 mg tab, 6 mg tab, 7.5 mg tab, 10 mg tab)*	TIER 1	
THROMBIN INHIBITORS - SELECTIVE DIRECT & REVERSIBLE			
dabigatran etexilate mesylate	*dabigatran etexilate mesylate (75 mg cap, 110 mg cap)*	TIER 1	

BRAND NAME	DRUG DESCRIPTION (RX)	TIER	LIMITS & RESTRICTIONS
dabigatran etexilate mesylate	*dabigatran etexilate mesylate 150 mg cap*	TIER 1	PA
DIRECT FACTOR XA INHIBITORS			
ELIQUIS	ELIQUIS (0.15 MG CAP SPRINK, 0.5 MG TAB SOL, 2.5 MG TAB, 5 MG TAB) *apixaban*	TIER 2	
ELIQUIS (1.5 MG PACK)	ELIQUIS (1.5 MG PACK) 3 X 0.5 MG TAB SOL *apixaban*	TIER 2	
ELIQUIS (2 MG PACK)	ELIQUIS (2 MG PACK) 4 X 0.5 MG TAB SOL *apixaban*	TIER 2	
ELIQUIS DVT/PE STARTER PACK	ELIQUIS DVT/PE STARTER PACK 5 MG TAB THPK *apixaban*	TIER 2	
rivaroxaban	*rivaroxaban 2.5 mg tab*	TIER 2	
XARELTO	XARELTO (1 MG/ML RECON SUSP, 2.5 MG TAB, 10 MG TAB, 15 MG TAB, 20 MG TAB) *rivaroxaban*	TIER 2	GA
XARELTO STARTER PACK	XARELTO STARTER PACK 15 & 20 MG TAB THPK *rivaroxaban*	TIER 2	PV
HEMOSTATICS HEMOSTATICS - SYSTEMIC			
aminocaproic acid	*aminocaproic acid (0.25 gm/ml solution, 500 mg tab, 1000 mg tab)*	TIER 1	
tranexamic acid	*tranexamic acid 650 mg tab*	TIER 1	
HEMATOLOGICAL AGENTS - MISC. AMINOLEVULINATE SYNTHASE 1-DIRECTED SIRNA			
GIVLAARI	GIVLAARI 189 MG/ML SOLUTION *givosiran sodium*	SP-M	PA, S

BRAND NAME	DRUG DESCRIPTION (RX)	TIER	LIMITS & RESTRICTIONS
ANTIHEMOPHILIC PRODUCTS			
ADVATE	ADVATE (250 RECON SOLN, 500 RECON SOLN, 1000 RECON SOLN, 1500 RECON SOLN, 2000 RECON SOLN, 3000 RECON SOLN, 4000 RECON SOLN) *antihemophilic factor (rcmb) plasma/albumin free (rahf-pfm)*	SP-M	S
ADYNOVATE	ADYNOVATE (250 RECON SOLN, 500 RECON SOLN, 750 RECON SOLN, 1000 RECON SOLN, 1500 RECON SOLN, 2000 RECON SOLN, 3000 RECON SOLN) *antihemophilic factor (recombinant) pegylated*	SP-M	S
AFSTYLA	AFSTYLA (250 KIT, 500 KIT, 1000 KIT, 1500 KIT, 2000 KIT, 2500 KIT, 3000 KIT) *antihemophilic factor (recombinant) single chain*	SP-M	S
ALPHANATE	ALPHANATE (250 RECON SOLN, 500 RECON SOLN, 1000 RECON SOLN, 1500 RECON SOLN, 2000 RECON SOLN) *antihemophilic factor/von willebrand factor complex (human)*	SP-M	S
ALPHANINE SD	ALPHANINE SD (500 RECON SOLN, 1000 RECON SOLN, 1500 RECON SOLN) *coagulation factor ix*	SP-M	S

BRAND NAME	DRUG DESCRIPTION (RX)	TIER	LIMITS & RESTRICTIONS
ALPROLIX	ALPROLIX (250 RECON SOLN, 500 RECON SOLN, 1000 RECON SOLN, 2000 RECON SOLN, 3000 RECON SOLN, 4000 RECON SOLN) *coagulation factor ix (recomb) fc fusion protein (rfixfc)*	SP-M	S
ALTUVIIIO	ALTUVIIIO (250 RECON SOLN, 500 RECON SOLN, 1000 RECON SOLN, 2000 RECON SOLN, 3000 RECON SOLN, 4000 RECON SOLN) *antihemophilic factor (rcmb) fc-vwf-xten fusion protein-ehtl*	SP-M	S
BENEFIX	BENEFIX (250 KIT, 500 KIT, 1000 KIT, 2000 KIT, 3000 KIT) *coagulation factor ix (recombinant)*	SP-M	S
COAGADEX	COAGADEX (250 RECON SOLN, 500 RECON SOLN) *coagulation factor x (human)*	SP-M	S
CORIFACT	CORIFACT 1000-1600 UNIT KIT *factor xiii concentrate (human)*	SP-M	S
ELOCTATE	ELOCTATE (250 RECON SOLN, 500 RECON SOLN, 750 RECON SOLN, 1000 RECON SOLN, 1500 RECON SOLN, 2000 RECON SOLN, 3000 RECON SOLN, 4000 RECON SOLN, 5000 RECON SOLN, 6000 RECON SOLN) *antihemophilic factor (rcmb) fc fusion protein(bdd-rfviiifc)*	SP-M	S

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BRAND NAME	DRUG DESCRIPTION (RX)	TIER	LIMITS & RESTRICTIONS
ESPEROCT	ESPEROCT (500 RECON SOLN, 1000 RECON SOLN, 1500 RECON SOLN, 2000 RECON SOLN, 3000 RECON SOLN, 4000 RECON SOLN) *antihemophilic factor (recombinant) glycopegylated-exei*	SP-M	S
FEIBA	FEIBA (500 RECON SOLN, 1000 RECON SOLN, 2500 RECON SOLN) *antiinhibitor coagulant complex*	SP-M	S
FESILTY	FESILTY 1 GM RECON SOLN *fibrinogen, human-chmt*	SP-M	S
FIBRYGA	FIBRYGA 1 GM RECON SOLN *fibrinogen concentrate (human)*	SP-M	S
HEMOFIL M	HEMOFIL M (250 RECON SOLN, 500 RECON SOLN, 1000 RECON SOLN, 1700 RECON SOLN) *antihemophilic factor (human)*	SP-M	S
HUMATE-P	HUMATE-P (250-600 RECON SOLN, 500-1200 RECON SOLN, 1000-2400 RECON SOLN) *antihemophilic factor/von willebrand factor complex (human)*	SP-M	S
IDELVION	IDELVION (250 RECON SOLN, 500 RECON SOLN, 1000 RECON SOLN, 2000 RECON SOLN, 3500 RECON SOLN) *coagulation factor ix recomb albumin fusion protein (rix-fp)*	SP-M	S

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BRAND NAME	DRUG DESCRIPTION (RX)	TIER	LIMITS & RESTRICTIONS
IXINITY	IXINITY (250 RECON SOLN, 500 RECON SOLN, 1000 RECON SOLN, 1500 RECON SOLN, 2000 RECON SOLN, 3000 RECON SOLN) *coagulation factor ix (recombinant)*	SP-M	S
JIVI	JIVI (500 RECON SOLN, 1000 RECON SOLN, 2000 RECON SOLN, 3000 RECON SOLN, 4000 RECON SOLN) *antihemophil fact(rcmb) pegylated-aucl (bdd-rfviii peg-aucl)*	SP-M	S
KOATE	KOATE (250 RECON SOLN, 500 RECON SOLN, 1000 RECON SOLN) *antihemophilic factor (human)*	SP-M	S
KOATE-DVI	KOATE-DVI (500 RECON SOLN, 1000 RECON SOLN) *antihemophilic factor (human)*	SP-M	S
KOGENATE FS	KOGENATE FS (250 KIT, 500 KIT, 1000 KIT, 2000 KIT, 3000 KIT) *antihemophilic factor (recombinant) (rfviii)*	SP-M	S
KOVALTRY	KOVALTRY (250 RECON SOLN, 500 RECON SOLN, 1000 RECON SOLN, 2000 RECON SOLN, 3000 RECON SOLN) *antihemophilic factor (rcmb) plasma/albumin free (rahf-pfm)*	SP-M	S

BRAND NAME	DRUG DESCRIPTION (RX)	TIER	LIMITS & RESTRICTIONS
NOVOEIGHT	NOVOEIGHT (250 RECON SOLN, 500 RECON SOLN, 1000 RECON SOLN, 1500 RECON SOLN, 2000 RECON SOLN, 3000 RECON SOLN) *antihemophilic factor (rcmb) bd truncated (bd trunc-rfviii)*	SP-M	S
NOVOSEVEN RT	NOVOSEVEN RT (1 MG RECON SOLN, 2 MG RECON SOLN, 5 MG RECON SOLN, 8 MG RECON SOLN) *coagulation factor viia (recombinant)*	SP-M	S
NUWIQ	NUWIQ (250 KIT, 250 RECON SOLN, 500 KIT, 500 RECON SOLN, 1000 KIT, 1000 RECON SOLN, 1500 KIT, 1500 RECON SOLN, 2000 KIT, 2000 RECON SOLN, 2500 KIT, 2500 RECON SOLN, 3000 KIT, 3000 RECON SOLN, 4000 KIT, 4000 RECON SOLN) *antihemophilic factor (rcmb) simoctocog alfa(bdd-rfviii,sim)*	SP-M	S
OBIZUR	OBIZUR 500 UNIT RECON SOLN *antihemophilic factor (recombinant porcine) (rpfviii)*	SP-M	S
PROFILNINE	PROFILNINE (500 RECON SOLN, 1000 RECON SOLN, 1500 RECON SOLN) *factor ix complex*	SP-M	S
REBINYN	REBINYN (500 RECON SOLN, 1000 RECON SOLN, 2000 RECON SOLN, 3000 RECON SOLN) *coagulation factor ix (recombinant) glycopegylated*	SP-M	S

BRAND NAME	DRUG DESCRIPTION (RX)	TIER	LIMITS & RESTRICTIONS
RECOMBINATE	RECOMBINATE (220-400 RECON SOLN, 401-800 RECON SOLN, 801-1240 RECON SOLN, 1241-1800 RECON SOLN, 1801-2400 RECON SOLN) *antihemophilic factor (recombinant) (rfviii)*	SP-M	S
RIASTAP	RIASTAP 1 GM RECON SOLN *fibrinogen concentrate (human)*	SP-M	S
RIXUBIS	RIXUBIS (250 RECON SOLN, 500 RECON SOLN, 1000 RECON SOLN, 2000 RECON SOLN, 3000 RECON SOLN) *coagulation factor ix (recombinant)*	SP-M	S
SEVENFACT	SEVENFACT (1 MG RECON SOLN, 2 MG RECON SOLN, 5 MG RECON SOLN) *coagulation factor viia (recombinant)-jncw*	SP-M	S
TRETTEN	TRETTEN 2500 UNIT RECON SOLN *coagulation factor xiii a-subunit (recombinant)*	SP-M	S
VONVENDI	VONVENDI (650 RECON SOLN, 1300 RECON SOLN) *von willebrand factor (recombinant)*	SP-M	S
WILATE	WILATE (500-500 KIT, 1000-1000 KIT) *antihemophilic factor/von willebrand factor complex (human)*	SP-M	S
XYNTHA	XYNTHA (250 KIT, 500 KIT, 1000 KIT, 2000 KIT) *antihemophilic factor (rcmb) moroctocog alfa(bdd-rfviii,mor)*	SP-M	S

BRAND NAME	DRUG DESCRIPTION (RX)	TIER	LIMITS & RESTRICTIONS
XYNTHA SOLOFUSE	XYNTHA SOLOFUSE (250 KIT, 500 KIT, 1000 KIT, 2000 KIT, 3000 KIT) *antihemophilic factor (rcmb) moroctocog alfa(bdd-rfviii,mor)*	SP-M	S
ANTIHEMOPHILIC PRODUCTS - ANTITHROMBIN-DIRECTED SIRNA			
QFITLIA	QFITLIA 20 MG/0.2ML SOLUTION *fitusiran sodium*	SP-P	PA, QL (1 VIAL PER 28 DAY(S)), S
QFITLIA	QFITLIA 50 MG/0.5ML SOLN A-INJ *fitusiran sodium*	SP-P	PA, QL (1 PEN PER 28 DAY(S)), S
ANTIHEMOPHILIC PRODUCTS - GENE THERAPY AGENTS			
BEQVEZ	BEQVEZ (4 1 ML SUSP THPK, 5 1 ML SUSP THPK, 6 1 ML SUSP THPK, 7 1 ML SUSP THPK) *fidanacogene elaparvovec-dzkt*	SP-M	PA, S

BRAND NAME	DRUG DESCRIPTION (RX)	TIER	LIMITS & RESTRICTIONS

HEMGENIX	HEMGENIX (HEMGENI10 10 ML SUSP THPK, HEMGENI11 10 ML SUSP THPK, HEMGENI12 10 ML SUSP THPK, HEMGENI13 10 ML SUSP THPK, HEMGENI14 10 ML SUSP THPK, HEMGENI15 10 ML SUSP THPK, HEMGENI16 10 ML SUSP THPK, HEMGENI17 10 ML SUSP THPK, HEMGENI18 10 ML SUSP THPK, HEMGENI19 10 ML SUSP THPK, HEMGENI20 10 ML SUSP THPK, HEMGENI21 10 ML SUSP THPK, HEMGENI22 10 ML SUSP THPK, HEMGENI23 10 ML SUSP THPK, HEMGENI24 10 ML SUSP THPK, HEMGENI25 10 ML SUSP THPK, HEMGENI26 10 ML SUSP THPK, HEMGENI27 10 ML SUSP THPK, HEMGENI28 10 ML SUSP THPK, HEMGENI29 10 ML SUSP THPK, HEMGENI30 10 ML SUSP THPK, HEMGENI31 10 ML SUSP THPK, HEMGENI32 10 ML SUSP THPK, HEMGENI33 10 ML SUSP THPK, HEMGENI34 10 ML SUSP THPK, HEMGENI35 10 ML SUSP THPK, HEMGENI36 10 ML SUSP THPK, HEMGENI37 10 ML SUSP THPK, HEMGENI38 10 ML SUSP THPK, HEMGENI39 10 ML SUSP THPK, HEMGENI40 10 ML SUSP THPK, HEMGENI41 10 ML SUSP THPK, HEMGENI42 10 ML SUSP THPK, HEMGENI43 10 ML SUSP THPK, HEMGENI44 10 ML SUSP THPK, HEMGENI45 10 ML SUSP THPK, HEMGENI46 10 ML SUSP THPK, HEMGENI47 10 ML SUSP THPK, HEMGENI48 10 ML SUSP THPK) *etranacogene dezaparvovec-drlb*	SP-M	PA, S

BRAND NAME	DRUG DESCRIPTION (RX)	TIER	LIMITS & RESTRICTIONS
ROCTAVIAN	ROCTAVIAN 20000000000000 VG/ML SUSPENSION *valoctocogene roxaparvovec-rvox*	SP-M	PA, S
ANTIHEMOPHILIC PRODUCTS - MONOCLONAL ANTIBODIES			
ALHEMO	ALHEMO (60 SOLN PEN, 150 SOLN PEN) *concizumab-mtci*	SP-P	PA, QL (4 PEN PER 28 DAY(S)), S
ALHEMO	ALHEMO 300 MG/3ML SOLN PEN *concizumab-mtci*	SP-P	PA, QL (4 PEN PER 28 DAY(S)), S
HEMLIBRA	HEMLIBRA (12 MG/0.4ML SOLUTION, 30 MG/ML SOLUTION, 60 MG/0.4ML SOLUTION, 105 MG/0.7ML SOLUTION, 150 MG/ML SOLUTION, 300 MG/2ML SOLUTION) *emicizumab-kxwh*	SP-M	S
HYMPAVZI	HYMPAVZI 150 MG/ML SOLN A-INJ *marstacimab-hncq*	SP-P	PA, QL (8 PENS PER 28 DAY(S)), S
HYMPAVZI	HYMPAVZI 75 MG/0.5ML SOLN A-INJ *marstacimab-hncq*	P&T	QL (1 INJ PER WEEK(S)), S
PLATELET AGGREGATION INHIBITORS			
dipyridamole	*dipyridamole (25 mg tab, 50 mg tab, 75 mg tab)*	TIER 1	
ANTI-VON WILLEBRAND FACTOR AGENTS			
CABLIVI	CABLIVI 11 MG KIT *caplacizumab-yhdp*	SP-P	S
PHOSPHODIESTERASE III INHIBITORS			
cilostazol	*cilostazol (50 mg tab, 100 mg tab)*	TIER 1	
QUINAZOLINE AGENTS			
anagrelide hcl	*anagrelide hcl (0.5 mg cap, 1 mg cap)*	TIER 1	
THIENOPYRIDINE DERIVATIVES			
clopidogrel bisulfate	*clopidogrel bisulfate (75 mg tab, 300 mg tab)*	TIER 1	

BRAND NAME	DRUG DESCRIPTION (RX)	TIER	LIMITS & RESTRICTIONS
prasugrel hcl	*prasugrel hcl (5 mg tab, 10 mg tab)*	TIER 1	
DIRECT-ACTING P2Y12 INHIBITORS			
ticagrelor	*ticagrelor (60 mg tab, 90 mg tab)*	TIER 1	
PLATELET AGGREGATION INHIBITOR COMBINATIONS			
aspirin-dipyridamole er	*aspirin-dipyridamole er 25-200 mg cap er 12h*	TIER 1	
AGENTS FOR CONGENITAL THROMBOTIC THROMBOCYTOPENIC PURPURA			
ADZYNMA	ADZYNMA (500 KIT, 1500 KIT) *adamts13 recombinant-krhn*	SP-M	PA, S
HEMATORHEOLOGIC AGENTS			
pentoxifylline er	*pentoxifylline er 400 mg tab er*	TIER 1	
PLASMA PROTEINS			
RYPLAZIM	RYPLAZIM 68.8 MG RECON SOLN *plasminogen, human-tvmh*	SP-M	PA, S
PREKALLIKREIN-DIRECTED ANTISENSE OLIGONUCLEOTIDES (ASO)			
DAWNZERA	DAWNZERA 80 MG/0.8ML SOLN A-INJ *donidalorsen sodium*	SP-P	PA, QL (1 SYRINGE PER 28 DAY(S)), S
HUMAN PROTEIN C			
CEPROTIN	CEPROTIN (500 RECON SOLN, 1000 RECON SOLN) *protein c concentrate (human)*	SP-M	S
C1 ESTERASE INHIBITORS			
BERINERT	BERINERT 500 UNIT KIT c1 esterase inhibitor (human)	SP-M	PA, S, MN-PA (Medically Necessary Prior Authorization)
CINRYZE	CINRYZE 500 UNIT RECON SOLN c1 esterase inhibitor (human)	SP-M	PA, QL (20 VIALS PER 30 DAY(S)), S

BRAND NAME	DRUG DESCRIPTION (RX)	TIER	LIMITS & RESTRICTIONS
HAEGARDA	HAEGARDA (2000 RECON SOLN, 3000 RECON SOLN) c1 esterase inhibitor (human)	SP-P	PA, QL (20 VIALS PER 30 DAY(S)), S
RUCONEST	RUCONEST 2100 UNIT RECON SOLN c1 esterase inhibitor (recombinant)	SP-M	PA, S
COMPLEMENT C1 INHIBITORS			
ENJAYMO	ENJAYMO 1100 MG/22ML SOLUTION *sutimlimab-jome*	SP-M	PA, S
COMPLEMENT C3 INHIBITORS			
EMPAVELI	EMPAVELI 1080 MG/20ML SOLUTION *pegcetacoplan*	SP-M	PA, S
COMPLEMENT C5 INHIBITORS			
BKEMV	BKEMV 300 MG/30ML SOLUTION *eculizumab-aeeb*	SP-M	PA, S, MN-PA (Medically Necessary Prior Authorization)
EPYSQLI	EPYSQLI 300 MG/30ML SOLUTION *eculizumab-aagh*	SP-M	PA, S
PIASKY	PIASKY 340 MG/2ML SOLUTION *crovalimab-akkz*	SP-M	PA, QL (3 VIALS PER 28 DAY(S)), S
SOLIRIS	SOLIRIS 300 MG/30ML SOLUTION *eculizumab*	SP-M	PA, S
ULTOMIRIS	ULTOMIRIS (300 MG/3ML SOLUTION, 1100 MG/11ML SOLUTION) *ravulizumab-cwvz*	SP-M	PA, S
VEOPOZ	VEOPOZ 400 MG/2ML SOLUTION *pozelimab-bbfg*	SP-M	PA, S
COMPLEMENT C5A RECEPTOR INHIBITORS			
TAVNEOS	TAVNEOS 10 MG CAP *avacopan*	SP-NP	PA, QL (180 PER 30 DAY(S)), S

BRAND NAME	DRUG DESCRIPTION (RX)	TIER	LIMITS & RESTRICTIONS
COMPLEMENT FACTOR D INHIBITORS			
VOYDEYA	VOYDEYA (50 & 100 MG TAB THPK, 100 MG TAB) *danicopan*	SP-NP	PA, QL (180 TAB PER 30 DAY(S)), S
COMPLEMENT MASP-2 INHIBITORS			
YARTEMLEA	YARTEMLEA 370 MG/2ML SOLUTION *narsoplimab-wuug*	SP-M	PA, S
BRADYKININ B2 RECEPTOR ANTAGONISTS			
icatibant acetate	*icatibant acetate 30 mg/3ml soln prsyr*	SP-P	PA, QL (15 PER 30 DAY(S)), SBG (Specialty Biosimilars and Specialty generics), S
sajazir	*sajazir 30 mg/3ml soln prsyr*	SP-P	PA, QL (15 PER 30 DAY(S)), SBG (Specialty Biosimilars and Specialty generics), S
PLASMA FACTOR XIIA INHIBITORS - MONOCLONAL ANTIBODIES			
ANDEMBRY	ANDEMBRY 200 MG/1.2ML SOLN A-INJ *garadacimab-gxii*	SP-P	PA, QL (1 PEN PER 28 DAY(S)), S
PLASMA KALLIKREIN INHIBITORS			
KALBITOR	KALBITOR 10 MG/ML SOLUTION *ecallantide*	SP-M	PA, S
ORLADEYO	ORLADEYO (72 MG PACKET, 96 MG PACKET, 108 MG PACKET, 110 MG CAP, 132 MG PACKET, 150 MG CAP) *berotralstat hcl*	SP-P	PA, QL (30 PER 30 DAY(S)), S
PLASMA KALLIKREIN INHIBITORS - MONOCLONAL ANTIBODIES			
TAKHZYRO	TAKHZYRO (150 MG/ML SOLN PRSYR, 300 MG/2ML SOLN PRSYR, 300 MG/2ML SOLUTION) *lanadelumab-flyo*	SP-P	PA, QL (2 PER 28 DAY(S)), S
PYRUVATE KINASE ACTIVATORS			
AQVESME	AQVESME 100 MG TAB *mitapivat sulfate*	SP-NP	PA, QL (2 PER PER DAY(S)), S

BRAND NAME	DRUG DESCRIPTION (RX)	TIER	LIMITS & RESTRICTIONS
PYRUKYND	PYRUKYND (5 MG TAB, 20 MG TAB, 50 MG TAB) *mitapivat sulfate*	SP-NP	PA, QL (2 PER 1 DAY(S)), S
PYRUKYND TAPER PACK	PYRUKYND TAPER PACK (PACK 7 20 MG 7 5 MG TAB THPK, PACK 7 50 MG 7 20 MG TAB THPK) *mitapivat sulfate*	SP-NP	PA, QL (1 PER 2 WEEK(S)), S
PYRUKYND TAPER PACK	PYRUKYND TAPER PACK 5 MG TAB THPK *mitapivat sulfate*	SP-NP	PA, QL (1 PER 1 WEEK(S)), S
OPHTHALMIC AGENTS OPHTHALMIC ANTIBIOTICS			
AZASITE	AZASITE 1 % SOLUTION *azithromycin (ophth)*	TIER 3	
BACITRACIN	BACITRACIN 500 UNIT/GM OINTMENT *bacitracin (ophthalmic)*	TIER 1	
BESIFLOXACIN HCL	BESIFLOXACIN HCL 0.6 % SUSPENSION *besifloxacin hcl*	TIER 3	
BESIVANCE	BESIVANCE 0.6 % SUSPENSION *besifloxacin hcl*	TIER 3	
CILOXAN	CILOXAN 0.3 % OINTMENT *ciprofloxacin hcl (ophth)*	TIER 3	
ciprofloxacin hcl	*ciprofloxacin hcl 0.3 % solution*	TIER 1	
erythromycin	*erythromycin 5 mg/gm ointment*	TIER 1	
gatifloxacin	*gatifloxacin 0.5 % solution*	TIER 1	
GENTAK	GENTAK 0.3 % OINTMENT *gentamicin sulfate (ophth)*	TIER 1	
gentamicin sulfate	*gentamicin sulfate 0.3 % solution*	TIER 1	
KLARITY-A	KLARITY-A 1 % SOLUTION *azithromycin (ophth)*	TIER 3	
levofloxacin	*levofloxacin (0.5 % solution, 1.5 % solution)*	TIER 1	
levofloxacin	*levofloxacin 1.5 % solution*	TIER 2	

BRAND NAME	DRUG DESCRIPTION (RX)	TIER	LIMITS & RESTRICTIONS
MOXIFLOXACIN HCL (2X DAY)	MOXIFLOXACIN HCL (2X DAY) 0.5 % SOLUTION *moxifloxacin hcl (ophth)*	TIER 1	
moxifloxacin hcl	*moxifloxacin hcl 0.5 % solution*	TIER 1	
ofloxacin	*ofloxacin 0.3 % solution*	TIER 1	
tobramycin	*tobramycin 0.3 % solution*	TIER 1	
TOBREX	TOBREX 0.3 % OINTMENT *tobramycin (ophth)*	TIER 3	
OPHTHALMIC SULFONAMIDES			
sulfacetamide sodium	*sulfacetamide sodium (10 % ointment, 10 % solution)*	TIER 1	
OPHTHALMIC ANTIVIRALS			
TRIFLURIDINE	TRIFLURIDINE 1 % SOLUTION *trifluridine*	TIER 1	
OPHTHALMIC ANTIFUNGAL			
NATACYN	NATACYN 5 % SUSPENSION *natamycin*	TIER 3	
OPHTHALMIC ANTISEPTICS			
BETADINE OPHTHALMIC PREP	BETADINE OPHTHALMIC PREP 5 % SOLUTION *povidone-iodine (ophth)*	TIER 3	
POVIDONE-IODINE	POVIDONE-IODINE 5 % SOLUTION *povidone-iodine (ophth)*	TIER 3	
OPHTHALMIC ANTI-INFECTIVE COMBINATIONS			
ak-poly-bac	*ak-poly-bac 500-10000 unit/gm ointment*	TIER 1	
BACITRACIN-POLYMYXIN B	BACITRACIN-POLYMYXIN B 500-10000 UNIT/GM OINTMENT *bacitracin-polymyxin b (ophth)*	TIER 1	GA
neo-polycin	*neo-polycin 3.5-400-10000 ointment*	TIER 1	
neomycin-bacitracin zn-polymyx	*neomycin-bacitracin zn-polymyx (3.5-400-10000ointment, 5-400-10000ointment)*	TIER 1	

BRAND NAME	DRUG DESCRIPTION (RX)	TIER	LIMITS & RESTRICTIONS
NEOMYCIN-POLYMYXIN-GRAMICIDIN	NEOMYCIN-POLYMYXIN-GRAMICIDIN 1.75-10000-.025 SOLUTION *neomycin-polymyxin-gramicidin*	TIER 1	
polycin	*polycin 500-10000 unit/gm ointment*	TIER 1	
polymyxin b-trimethoprim	*polymyxin b-trimethoprim 10000-0.1 unit/ml-% solution*	TIER 1	
ARTIFICIAL TEAR INSERTS			
LACRISERT	LACRISERT 5 MG INSERT *artificial tear insert*	TIER 3	
BETA-BLOCKERS - OPHTHALMIC			
betaxolol hcl	*betaxolol hcl 0.5 % solution*	TIER 1	
BETIMOL	BETIMOL (0.25 % SOLUTION, 0.5 % SOLUTION) *timolol*	TIER 2	GA
BETOPTIC-S	BETOPTIC-S 0.25 % SUSPENSION *betaxolol hcl (ophth)*	TIER 2	
CARTEOLOL HCL	CARTEOLOL HCL 1 % SOLUTION *carteolol hcl (ophth)*	TIER 1	
LEVOBUNOLOL HCL	LEVOBUNOLOL HCL 0.5 % SOLUTION *levobunolol hcl*	TIER 1	
timolol hemihydrate	*timolol hemihydrate 0.5 % solution*	TIER 2	
timolol maleate	*timolol maleate (0.25 % gel f soln, 0.25 % solution, 0.5 % gel f soln, 0.5 % solution)*	TIER 1	
timolol maleate (once-daily)	*timolol maleate (once-daily) 0.5 % solution*	TIER 1	
timolol maleate ocudose	*timolol maleate ocudose 0.5 % solution*	TIER 1	
timolol maleate pf	*timolol maleate pf (pf 0.25 % solution, pf 0.5 % solution)*	TIER 1	
BETA-BLOCKERS - OPHTHALMIC COMBINATIONS			
brimonidine tartrate-timolol	*brimonidine tartrate-timolol 0.2-0.5 % solution*	TIER 1	

BRAND NAME	DRUG DESCRIPTION (RX)	TIER	LIMITS & RESTRICTIONS
dorzolamide hcl-timolol mal	*dorzolamide hcl-timolol mal (2-0.5 % solution, 22.3-6.8 mg/ml solution)*	TIER 1	
dorzolamide hcl-timolol mal pf	*dorzolamide hcl-timolol mal pf 2-0.5 % solution*	TIER 1	
OPHTHALMIC STEROIDS			
ALREX	ALREX 0.2 % SUSPENSION *loteprednol etabonate*	TIER 3	PA, GA
DEXAMETHASONE SODIUM PHOSPHATE	DEXAMETHASONE SODIUM PHOSPHATE 0.1 % SOLUTION *dexamethasone sodium phosphate (ophth)*	TIER 1	
difluprednate	*difluprednate 0.05 % emulsion*	TIER 1	
DUREZOL	DUREZOL 0.05 % EMULSION *difluprednate*	TIER 3	GA
FLAREX	FLAREX 0.1 % SUSPENSION *fluorometholone acetate*	TIER 3	
fluorometholone	*fluorometholone 0.1 % suspension*	TIER 1	
FML	FML 0.1 % OINTMENT *fluorometholone (ophth)*	TIER 3	
ILUVIEN	ILUVIEN 0.19 MG IMPLANT *fluocinolone acetonide (ophth)*	SP-M	S
LOTEMAX	LOTEMAX 0.5 % OINTMENT *loteprednol etabonate*	TIER 3	
LOTEMAX SM	LOTEMAX SM 0.38 % GEL *loteprednol etabonate*	TIER 3	
loteprednol etabonate	*loteprednol etabonate (0.5 % gel, 0.5 % suspension)*	TIER 1	
loteprednol etabonate	*loteprednol etabonate 0.2 % suspension*	TIER 3	PA
MAXIDEX	MAXIDEX 0.1 % SUSPENSION *dexamethasone (ophth)*	TIER 3	
OZURDEX	OZURDEX 0.7 MG IMPLANT *dexamethasone (ophth)*	SP-M	S

BRAND NAME	DRUG DESCRIPTION (RX)	TIER	LIMITS & RESTRICTIONS
PRED MILD	PRED MILD 0.12 % SUSPENSION *prednisolone acetate (ophth)*	TIER 3	
prednisolone acetate	*prednisolone acetate 1 % suspension*	TIER 1	
PREDNISOLONE SODIUM PHOSPHATE	PREDNISOLONE SODIUM PHOSPHATE 1 % SOLUTION *prednisolone sodium phosphate (ophth)*	TIER 1	
RETISERT	RETISERT 0.59 MG IMPLANT *fluocinolone acetonide (ophth)*	SP-M	S
XIPERE	XIPERE 40 MG/ML SUSPENSION *triamcinolone acetonide (ophth)*	SP-M	S
YUTIQ	YUTIQ 0.18 MG IMPLANT *fluocinolone acetonide (ophth)*	SP-M	S
OPHTHALMIC STEROID COMBINATIONS			
bacitra-neomycin-polymyxin-hc	*bacitra-neomycin-polymyxin-hc 1 % ointment*	TIER 1	
BLEPHAMIDE S.O.P.	BLEPHAMIDE S.O.P. 10-0.2 % OINTMENT *sulfacetamide sod-prednisolone*	TIER 3	
loteprednol-tobramycin	*loteprednol-tobramycin 0.5-0.3 % suspension*	TIER 3	
neo-polycin hc	*neo-polycin hc 1 % ointment*	TIER 1	
neomycin-polymyxin-dexameth	*neomycin-polymyxin-dexameth (0.1 % suspension, 3.5-10000-0.1 ointment, 3.5-10000-0.1 suspension)*	TIER 1	
NEOMYCIN-POLYMYXIN-HC	NEOMYCIN-POLYMYXIN-HC 3.5-10000-1 SUSPENSION *neomycin-polymyxin-hc (ophth)*	TIER 1	
PRED-G	PRED-G 0.3-1 % SUSPENSION *gentamicin-prednisolone acetate*	TIER 3	

BRAND NAME	DRUG DESCRIPTION (RX)	TIER	LIMITS & RESTRICTIONS
PRED-G S.O.P.	PRED-G S.O.P. 0.3-0.6 % OINTMENT *gentamicin-prednisolone acetate*	TIER 3	
SULFACETAMIDE-PREDNISOLONE	SULFACETAMIDE-PREDNISOLONE 10-0.23 % SOLUTION *sulfacetamide sod-prednisolone*	TIER 1	
TOBRADEX	TOBRADEX 0.3-0.1 % OINTMENT *tobramycin-dexamethasone*	TIER 3	
tobramycin-dexamethasone	*tobramycin-dexamethasone 0.3-0.1 % suspension*	TIER 1	
ZYLET	ZYLET 0.5-0.3 % SUSPENSION *loteprednol etabonate-tobramycin*	TIER 3	GA
PROSTAGLANDINS - OPHTHALMIC			
bimatoprost	*bimatoprost (0.01 % solution, 0.03 % solution)*	TIER 1	
DURYSTA	DURYSTA 10 MCG IMPLANT *bimatoprost*	SP-M	S
IDOSE TR	IDOSE TR 75 MCG IMPLANT *travoprost*	SP-M	S
latanoprost	*latanoprost 0.005 % solution*	TIER 1	
tafluprost (pf)	*tafluprost (pf) 0.0015 % solution*	TIER 1	
travoprost (bak free)	*travoprost (bak free) 0.004 % solution*	TIER 1	
CYCLOPLEGIC MYDRIATICS			
ALTAFRIN	ALTAFRIN 10 % SOLUTION *phenylephrine hcl (mydriatic)*	TIER 1	GA
atropine sulfate	*atropine sulfate 1 % solution*	TIER 1	
cyclopentolate hcl	*cyclopentolate hcl (0.5 % solution, 1 % solution, 2 % solution)*	TIER 1	

BRAND NAME	DRUG DESCRIPTION (RX)	TIER	LIMITS & RESTRICTIONS
HOMATROPAIRE	HOMATROPAIRE 5 % SOLUTION *homatropine hbr*	TIER 1	
ISOPTO ATROPINE	ISOPTO ATROPINE 1 % SOLUTION *atropine sulfate (ophthalmic)*	TIER 1	GA
phenylephrine hcl	*phenylephrine hcl (2.5 % solution, 10 % solution)*	TIER 1	
tropicamide	*tropicamide (0.5 % solution, 1 % solution)*	TIER 1	
OPHTHALMIC GENE THERAPY			
ENCELTO	ENCELTO 200000 CELLS IMPLANT *revakinagene taroretcel-lwey*	SP-M	PA, S
LUXTURNA	LUXTURNA 5000000000000 VG/ML SUSPENSION *voretigene neparvovec-rzyl*	SP-M	PA, S
OPHTHALMIC COMPLEMENT C3 INHIBITORS			
SYFOVRE	SYFOVRE 15 MG/0.1ML SOLUTION *pegcetacoplan (ophthalmic)*	SP-M	PA, S
OPHTHALMIC COMPLEMENT C5 INHIBITORS			
IZERVAY	IZERVAY 2 MG/0.1ML SOLUTION *avacincaptad pegol*	SP-M	PA, S
MIOTICS - DIRECT ACTING			
pilocarpine hcl	*pilocarpine hcl (1 % solution, 2 % solution, 4 % solution)*	TIER 1	
MIOTICS - CHOLINESTERASE INHIBITORS			
PHOSPHOLINE IODIDE	PHOSPHOLINE IODIDE 0.125 % RECON SOLN *echothiophate iodide*	TIER 3	
OPHTHALMIC SELECTIVE ALPHA ADRENERGIC AGONISTS			
apraclonidine hcl	*apraclonidine hcl 0.5 % solution*	TIER 1	
brimonidine tartrate	*brimonidine tartrate (0.15 % solution, 0.2 % solution)*	TIER 1	

BRAND NAME	DRUG DESCRIPTION (RX)	TIER	LIMITS & RESTRICTIONS
IOPIDINE	IOPIDINE 1 % SOLUTION *apraclonidine hcl*	TIER 3	
OPHTHALMIC - MULTIPLE RECEPTOR ANGIOGENESIS INHIBITORS			
VABYSMO	VABYSMO (6 SOLN PRSYR, 6 SOLUTION) *faricimab-svoa*	SP-M	S
VASCULAR ENDOTHELIAL GROWTH FACTOR (VEGF) ANTAGONISTS			
BEOVU	BEOVU (6 SOLN PRSYR, 6 SOLUTION) *brolucizumab-dbll*	SP-M	PA, S, MN-PA (Medically Necessary Prior Authorization)
BYOOVIZ	BYOOVIZ 0.5 MG/0.05ML SOLUTION *ranibizumab-nuna*	SP-M	S
CIMERLI	CIMERLI (0.3 SOLUTION, 0.5 SOLUTION) *ranibizumab-eqrn*	SP-M	PA, S, MN-PA (Medically Necessary Prior Authorization)
ENZEEVU	ENZEEVU 2 MG/0.05ML SOLN PRSYR *aflibercept-abzv*	P&T	S
EYLEA	EYLEA (2 SOLN PRSYR, 2 SOLUTION) *aflibercept*	SP-M	S
EYLEA HD	EYLEA HD 8 MG/0.07ML SOLUTION *aflibercept*	SP-M	S
LUCENTIS	LUCENTIS (0.3 SOLN PRSYR, 0.3 SOLUTION, 0.5 SOLN PRSYR) *ranibizumab*	SP-M	S
NUFYMCO	NUFYMCO (0.3 SOLUTION, 0.5 SOLUTION) *ranibizumab-leyk*	P&T	PA, S
PAVBLU	PAVBLU (2 SOLN PRSYR, 2 SOLUTION) *aflibercept-ayyh*	SP-M	PA, S, MN-PA (Medically Necessary Prior Authorization)
SUSVIMO (IMPLANT 1ST FILL)	SUSVIMO (IMPLANT 1ST FILL) 10 MG/0.1ML SOLUTION *ranibizumab*	SP-M	PA, S, MN-PA (Medically Necessary Prior Authorization)
SUSVIMO (IMPLANT REFILL)	SUSVIMO (IMPLANT REFILL) 10 MG/0.1ML SOLUTION *ranibizumab*	SP-M	PA, S, MN-PA (Medically Necessary Prior Authorization)

BRAND NAME	DRUG DESCRIPTION (RX)	TIER	LIMITS & RESTRICTIONS
YESAFILI	YESAFILI 2 MG/0.05ML SOLN PRSYR *aflibercept-jbvf*	P&T	S
OPHTHALMIC PHOTODYNAMIC THERAPY AGENTS			
VISUDYNE	VISUDYNE 15 MG RECON SOLN *verteporfin*	SP-M	S
OPHTHALMIC IMMUNOMODULATORS			
RESTASIS	RESTASIS 0.05 % EMULSION *cyclosporine (ophth)*	TIER 1	
RESTASIS MULTIDOSE	RESTASIS MULTIDOSE 0.05 % EMULSION *cyclosporine (ophth)*	TIER 2	
LYMPHOCYTE FUNCTION-ASSOCIATED ANTIGEN-1 (LFA-1) ANTAG			
XIIDRA	XIIDRA 5 % SOLUTION *lifitegrast*	TIER 2	
OPHTHALMIC LOCAL ANESTHETICS			
AKTEN	AKTEN 3.5 % GEL *lidocaine hcl (ophth)*	TIER 3	
proparacaine hcl	*proparacaine hcl 0.5 % solution*	TIER 1	
tetracaine hcl	*tetracaine hcl 0.5 % solution*	TIER 1	
OPHTHALMIC NERVE GROWTH FACTORS			
OXERVATE	OXERVATE 0.002 % SOLUTION *cenegermin-bkbj*	SP-P	PA, QL (8 PER LIFETIME), S
OPHTHALMIC PHOTOENHANCERS			
EPIOXA HD/ EPIOXA	EPIOXA HD/ EPIOXA 0.239 & 0.177 % PREF SY KT *riboflavin 5-phosphate sodium (ophthalmic)*	SP-M	
OPHTHALMIC ANTIALLERGIC			
ALOCRIL	ALOCRIL 2 % SOLUTION *nedocromil sodium (ophth)*	TIER 3	

BRAND NAME	DRUG DESCRIPTION (RX)	TIER	LIMITS & RESTRICTIONS
ALOMIDE	ALOMIDE 0.1 % SOLUTION *lodoxamide tromethamine*	TIER 3	
azelastine hcl	*azelastine hcl 0.05 % solution*	TIER 1	
bepotastine besilate	*bepotastine besilate 1.5 % solution*	TIER 1	
cromolyn sodium	*cromolyn sodium 4 % solution*	TIER 1	
epinastine hcl	*epinastine hcl 0.05 % solution*	TIER 1	
OPHTHALMIC CARBONIC ANHYDRASE INHIBITORS			
brinzolamide	*brinzolamide 1 % suspension*	TIER 1	
dorzolamide hcl	*dorzolamide hcl 2 % solution*	TIER 1	
OPHTHALMIC NONSTEROIDAL ANTI-INFLAMMATORY AGENTS			
ACUVAIL	ACUVAIL 0.45 % SOLUTION *ketorolac tromethamine (ophth)*	TIER 3	
bromfenac sodium (once-daily)	*bromfenac sodium (once-daily) 0.09 % solution*	TIER 1	
diclofenac sodium	*diclofenac sodium 0.1 % solution*	TIER 1	
FLURBIPROFEN SODIUM	FLURBIPROFEN SODIUM 0.03 % SOLUTION *flurbiprofen sodium*	TIER 1	
ketorolac tromethamine	*ketorolac tromethamine (0.4 % solution, 0.5 % solution)*	TIER 1	
OPHTHALMICS - CYSTINOSIS AGENTS			
CYSTADROPS	CYSTADROPS 0.37 % SOLUTION *cysteamine hcl*	SP-P	QL (4 PER 28 DAY(S)), S
CYSTARAN	CYSTARAN 0.44 % SOLUTION *cysteamine hcl*	SP-P	QL (4 PER 28 DAY(S)), S

BRAND NAME	DRUG DESCRIPTION (RX)	TIER	LIMITS & RESTRICTIONS
OTIC AGENTS OTIC ANTI-INFECTIVES			
ciprofloxacin hcl	*ciprofloxacin hcl 0.2 % solution*	TIER 1	
ofloxacin	*ofloxacin 0.3 % solution*	TIER 1	
OTIC STEROIDS			
flac	*flac 0.01 % oil*	TIER 1	
fluocinolone acetonide	*fluocinolone acetonide 0.01 % oil*	TIER 1	
hydrocortisone-acetic acid	*hydrocortisone-acetic acid 1-2 % solution*	TIER 1	
OTIC AGENTS - GENE THERAPY			
OTARMENI	OTARMENI 30000000000000 VG/ML SUSPENSION *lunsotogene parvec-cwha*	P&T	
OTIC AGENTS - MISCELLANEOUS			
acetic acid	*acetic acid 2 % solution*	TIER 1	
OTIC STEROID-ANTI-INFECTIVE COMBINATIONS			
CIPRO HC	CIPRO HC 0.2-1 % SUSPENSION *ciprofloxacin-hydrocortisone*	TIER 3	GA
ciprofloxacin-dexamethasone	*ciprofloxacin-dexamethasone 0.3-0.1 % suspension*	TIER 1	
ciprofloxacin-hydrocortisone	*ciprofloxacin-hydrocortisone 0.2-1 % suspension*	TIER 3	
CORTISPORIN-TC	CORTISPORIN-TC 3.3-3-10-0.5 MG/ML SUSPENSION *neomycin-colistin-hc-thonzonium*	TIER 3	
neomycin-polymyxin-hc	*neomycin-polymyxin-hc (1 % solution, 3.5-10000-1 solution, 3.5-10000-1 suspension)*	TIER 1	

BRAND NAME	DRUG DESCRIPTION (RX)	TIER	LIMITS & RESTRICTIONS
MOUTH/THROAT/DENTAL AGENTS ANTI-INFECTIVES - THROAT			
clotrimazole	*clotrimazole 10 mg troche*	TIER 1	
nystatin	*nystatin 100000 unit/ml suspension*	TIER 1	
ANTISEPTICS - MOUTH/THROAT			
chlorhexidine gluconate	*chlorhexidine gluconate 0.12 % solution*	TIER 1	
periogard	*periogard 0.12 % solution*	TIER 1	
ANTISEPTIC COMBINATIONS - MOUTH/THROAT			
DEBACTEROL	DEBACTEROL 30-50 % SOLUTION *sulfuric acid-sulfonated phenolics*	TIER 3	
STEROIDS - MOUTH/THROAT/DENTAL			
kourzeq	*kourzeq 0.1 % paste*	TIER 1	
oralone	*oralone 0.1 % paste*	TIER 1	
triamcinolone acetonide	*triamcinolone acetonide 0.1 % paste*	TIER 1	
ANESTHETICS TOPICAL ORAL			
LIDOCAINE HCL	LIDOCAINE HCL 4 % SOLUTION *lidocaine hcl (mouth-throat)*	TIER 1	
lidocaine viscous hcl	*lidocaine viscous hcl 2 % solution*	TIER 1	
SALIVA STIMULANTS			
cevimeline hcl	*cevimeline hcl 30 mg cap*	TIER 1	
pilocarpine hcl	*pilocarpine hcl (5 mg tab, 7.5 mg tab)*	TIER 1	
ANORECTAL AND RELATED PRODUCTS RECTAL STEROIDS			
ANUCORT-HC	ANUCORT-HC 25 MG SUPPOS *hydrocortisone acetate (rectal)*	TIER 3	GA

BRAND NAME	DRUG DESCRIPTION (RX)	TIER	LIMITS & RESTRICTIONS
ANUSOL-HC	ANUSOL-HC 25 MG SUPPOS *hydrocortisone acetate (rectal)*	TIER 3	GA
HEMMOREX-HC	HEMMOREX-HC 25 MG SUPPOS *hydrocortisone acetate (rectal)*	TIER 3	GA
hydrocortisone (perianal)	*hydrocortisone (perianal) (1 % cream, 2.5 % cream)*	TIER 1	
hydrocortisone acetate	*hydrocortisone acetate (25 mg suppos, 30 mg suppos)*	TIER 1	
HYDROCORTISONE ACETATE	HYDROCORTISONE ACETATE 25 MG SUPPOS *hydrocortisone acetate (rectal)*	TIER 3	GA
procto-med hc	*procto-med hc 2.5 % cream*	TIER 1	
PROCTOCORT	PROCTOCORT 1 % CREAM *hydrocortisone (rectal)*	TIER 1	
proctosol hc	*proctosol hc 2.5 % cream*	TIER 1	
proctozone-hc	*proctozone-hc 2.5 % cream*	TIER 1	
INTRARECTAL STEROIDS			
budesonide	*budesonide (2 mg foam, 2 mg/act foam)*	TIER 1	
hydrocortisone	*hydrocortisone 100 mg/60ml enema*	TIER 1	
NITRATE VASODILATING AGENTS			
nitroglycerin	*nitroglycerin 0.4 % ointment*	TIER 1	QL (1 UNIT PER 30 DAY(S))
RECTAL ANESTHETIC/STEROIDS			
hydrocortisone ace-pramoxine	*hydrocortisone ace-pramoxine 1-1 % cream*	TIER 1	
lidocaine-hydrocort (perianal)	*lidocaine-hydrocort (perianal) 3-0.5 % cream*	TIER 1	
lidocaine-hydrocortisone ace	*lidocaine-hydrocortisone ace (2.8-0.55 % gel, 3-0.5 % kit, 3-2.5 % kit)*	TIER 1	
LIDOCORT	LIDOCORT 3-0.5 % CREAM *lidocaine-hydrocortisone acetate (rectal)*	TIER 1	GA

BRAND NAME	DRUG DESCRIPTION (RX)	TIER	LIMITS & RESTRICTIONS
PROCORT	PROCORT 1.85-1.15 % CREAM *hydrocortisone acetate w/ pramoxine*	TIER 3	
PROCTOFOAM HC	PROCTOFOAM HC 1-1 % FOAM *hydrocortisone acetate w/ pramoxine*	TIER 3	
DERMATOLOGICALS ACNE PRODUCTS			
accutane	*accutane (10 mg cap, 20 mg cap, 30 mg cap, 40 mg cap)*	TIER 1	
adapalene	*adapalene 0.3 % gel*	TIER 1	PA
amnesteem	*amnesteem (10 mg cap, 20 mg cap, 30 mg cap, 40 mg cap)*	TIER 1	
avita	*avita (0.025 % cream, 0.025 % gel)*	TIER 1	PA
claravis	*claravis (10 mg cap, 20 mg cap, 30 mg cap, 40 mg cap)*	TIER 1	
isotretinoin	*isotretinoin (10 mg cap, 20 mg cap, 30 mg cap, 40 mg cap)*	TIER 1	
myorisan	*myorisan (10 mg cap, 20 mg cap, 30 mg cap, 40 mg cap)*	TIER 1	
RETIN-A	RETIN-A 0.05 % CREAM *tretinoin*	TIER 1	PA, GA
tretinoin	*tretinoin (0.01 % gel, 0.025 % cream, 0.025 % gel, 0.05 % cream, 0.05 % gel, 0.1 % cream)*	TIER 1	PA
tretinoin microsphere	*tretinoin microsphere (0.04 % gel, 0.1 % gel)*	TIER 1	PA
TRETINOIN MICROSPHERE PUMP	TRETINOIN MICROSPHERE PUMP (PUMP 0.04 % GEL, PUMP 0.1 % GEL) *tretinoin microsphere*	TIER 1	PA, GA
zenatane	*zenatane (10 mg cap, 20 mg cap, 30 mg cap, 40 mg cap)*	TIER 1	

BRAND NAME	DRUG DESCRIPTION (RX)	TIER	LIMITS & RESTRICTIONS
ACNE ANTIBIOTICS			
clindacin	*clindacin 1 % foam*	TIER 1	PA
clindacin etz	*clindacin etz 1 % swab*	TIER 1	
clindacin-p	*clindacin-p 1 % swab*	TIER 1	
clindamycin phos (once-daily)	*clindamycin phos (once-daily) 1 % gel*	TIER 1	
clindamycin phos (twice-daily)	*clindamycin phos (twice-daily) 1 % gel*	TIER 1	
clindamycin phosphate	*clindamycin phosphate (1 % lotion, 1 % swab)*	TIER 1	
clindamycin phosphate	*clindamycin phosphate 1 % foam*	TIER 1	PA
clindamycin phosphate	*clindamycin phosphate 1 % solution*	TIER 1	QL (6 ML PER DAY(S))
dapsone	*dapsone (5 % gel, 7.5 % gel)*	TIER 1	PA
ERY	ERY 2 % PAD *erythromycin (acne aid)*	TIER 1	
erythromycin	*erythromycin (2 % gel, 2 % solution)*	TIER 1	
sulfacetamide sodium (acne)	*sulfacetamide sodium (acne) 10 % lotion*	TIER 1	
ACNE COMBINATIONS			
benzoyl peroxide-erythromycin	*benzoyl peroxide-erythromycin 5-3 % gel*	TIER 1	
clindamycin phos-benzoyl perox	*clindamycin phos-benzoyl perox (1-5 % gel, 1.2-2.5 % gel, 1.2-5 % gel)*	TIER 1	PA
clindamycin-tretinoin	*clindamycin-tretinoin 1.2-0.025 % gel*	TIER 1	PA
neuac	*neuac 1.2-5 % gel*	TIER 1	PA
SULFACETAMIDE SODIUM-SULFUR	SULFACETAMIDE SODIUM-SULFUR 10-5 % LOTION *sulfacetamide sodium w/ sulfur*	TIER 1	
ROSACEA AGENTS			
azelaic acid	*azelaic acid 15 % gel*	TIER 1	

BRAND NAME	DRUG DESCRIPTION (RX)	TIER	LIMITS & RESTRICTIONS
BRIMONIDINE TARTRATE	BRIMONIDINE TARTRATE 0.33 % GEL *brimonidine tartrate (topical)*	TIER 1	PA, QL (30 PER 30 DAY(S))
ivermectin	*ivermectin 1 % cream*	TIER 1	PA
metronidazole	*metronidazole (0.75 % cream, 0.75 % gel, 0.75 % lotion, 1 % gel)*	TIER 1	
rosadan	*rosadan (0.75 % cream, 0.75 % gel)*	TIER 1	
ANTIBIOTICS - TOPICAL			
gentamicin sulfate	*gentamicin sulfate (0.1 % cream, 0.1 % ointment)*	TIER 1	
mupirocin	*mupirocin 2 % ointment*	TIER 1	
mupirocin calcium	*mupirocin calcium 2 % cream*	TIER 1	QL (60 PER 30 DAY(S))
ANTIFUNGALS - TOPICAL			
ciclodan	*ciclodan 8 % solution*	TIER 1	
ciclopirox	*ciclopirox (0.77 % gel, 1 % shampoo, 8 % solution)*	TIER 1	
ciclopirox olamine	*ciclopirox olamine (0.77 % cream, 0.77 % suspension)*	TIER 1	
klayesta	*klayesta 100000 unit/gm powder*	TIER 1	
naftifine hcl	*naftifine hcl (1 % cream, 2 % cream)*	TIER 1	
nyamyc	*nyamyc 100000 unit/gm powder*	TIER 1	
nystatin	*nystatin (100000 cream, 100000 ointment, 100000 powder)*	TIER 1	
nystop	*nystop 100000 unit/gm powder*	TIER 1	
IMIDAZOLE-RELATED ANTIFUNGALS - TOPICAL			
econazole nitrate	*econazole nitrate 1 % cream*	TIER 1	QL (170 PER 30 DAY(S))
ketoconazole	*ketoconazole 2 % cream*	TIER 1	QL (240 PER 30 DAY(S))
ketoconazole	*ketoconazole 2 % foam*	TIER 1	QL (200 PER 30 DAY(S))
ketoconazole	*ketoconazole 2 % shampoo*	TIER 1	
ketodan	*ketodan 2 % foam*	TIER 1	QL (200 PER 30 DAY(S))
luliconazole	*luliconazole 1 % cream*	TIER 1	

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BRAND NAME	DRUG DESCRIPTION (RX)	TIER	LIMITS & RESTRICTIONS
sulconazole nitrate	*sulconazole nitrate (1 % cream, 1 % solution)*	TIER 1	
ANTIFUNGALS - TOPICAL COMBINATIONS			
clotrimazole-betamethasone	*clotrimazole-betamethasone (% cream, % lotion)*	TIER 1	
miconazole-zinc oxide-petrolat	*miconazole-zinc oxide-petrolat 0.25-15-81.35 % ointment*	TIER 1	
nystatin-triamcinolone	*nystatin-triamcinolone (cream, ointment)*	TIER 1	
ANTI-INFLAMMATORY AGENTS - TOPICAL			
diclofenac epolamine	*diclofenac epolamine 1.3 % patch*	TIER 1	PA, QL (60 PATCH PER 30 DAY(S))
diclofenac sodium	*diclofenac sodium 1.5 % solution*	TIER 1	QL (300 PER 30 DAY(S))
diclofenac sodium	*diclofenac sodium 2 % solution*	TIER 1	PA, QL (2 PER 30 DAY(S))
PHOSPHODIESTERASE 4 (PDE4) INHIBITORS - TOPICAL			
ADQUEY	ADQUEY 1 % OINTMENT *difamilast*	P&T	QL (60 G PER 30 DAY(S))
ANTIPSORIATICS			
calcipotriene	*calcipotriene (0.005 % ointment, 0.005 % solution)*	TIER 1	
calcipotriene	*calcipotriene 0.005 % cream*	TIER 1	QL (120 PER 30 DAY(S))
calcitrene	*calcitrene 0.005 % ointment*	TIER 1	
calcitriol	*calcitriol 3 mcg/gm ointment*	TIER 1	
PELLIX	PELLIX 0.005 % SOLUTION *calcipotriene*	TIER 1	GA
tazarotene	*tazarotene 0.1 % cream*	TIER 1	
ANTIPSORIATICS - SYSTEMIC			
acitretin	*acitretin (10 mg cap, 17.5 mg cap, 25 mg cap)*	TIER 1	
COSENTYX (300 MG DOSE)	COSENTYX (300 MG DOSE) 150 MG/ML SOLN PRSYR *secukinumab*	SP-P	PA, QL (2 PER 28 DAYS), S

BRAND NAME	DRUG DESCRIPTION (RX)	TIER	LIMITS & RESTRICTIONS
COSENTYX	COSENTYX 125 MG/5ML SOLUTION *secukinumab*	SP-M	PA, S, MN-PA (Medically Necessary Prior Authorization)
COSENTYX	COSENTYX 75 MG/0.5ML SOLN PRSYR *secukinumab*	SP-P	PA, QL (1 PER 28 DAY(S)), S
COSENTYX SENSOREADY (300 MG)	COSENTYX SENSOREADY (300 MG) 150 MG/ML SOLN A-INJ *secukinumab*	SP-P	PA, QL (2 PER 28 DAYS), S
COSENTYX UNOREADY	COSENTYX UNOREADY 300 MG/2ML SOLN A-INJ *secukinumab*	SP-P	PA, QL (2 PER 28 DAY(S)), S
ILUMYA	ILUMYA 100 MG/ML SOLN PRSYR *tildrakizumab-asmn*	SP-M	PA, QL (1 PER 84 DAY(S)), S, MN-PA (Medically Necessary Prior Authorization)
METHOXSALEN RAPID	METHOXSALEN RAPID 10 MG CAP *methoxsalen rapid*	TIER 1	
OTULFI	OTULFI 45 MG/0.5ML SOLN PRSYR *ustekinumab-aauz*	SP-P	PA, QL (1 PREFILLED SYRINGE PER 84 DAY(S)), S
OTULFI	OTULFI 45 MG/0.5ML SOLUTION *ustekinumab-aauz*	SP-P	PA, QL (1 PER PER 28 DAY(S)), S
OTULFI	OTULFI 90 MG/ML SOLN PRSYR *ustekinumab-aauz*	SP-P	PA, QL (1 PREFILLED SYRINGE PER 56 DAY(S)), S
SKYRIZI (150 MG DOSE)	SKYRIZI (150 MG DOSE) 75 MG/0.83ML PREF SY KT *risankizumab-rzaa*	SP-P	PA, QL (2 PER 84 DAY(S)), S
SKYRIZI	SKYRIZI 150 MG/ML SOLN PRSYR *risankizumab-rzaa*	SP-P	PA, QL (1 PER 84 DAY(S)), S
SKYRIZI	SKYRIZI 55 MG/0.37ML SOLN PRSYR *risankizumab-rzaa*	SP-P	PA, QL (1 SYR PER 12 WEEK(S)), S
SKYRIZI PEN	SKYRIZI PEN 150 MG/ML SOLN A-INJ *risankizumab-rzaa*	SP-P	PA, QL (1 PER 84 DAY(S)), S
SPEVIGO	SPEVIGO 150 MG/ML SOLN PRSYR *spesolimab-sbzo*	SP-NP	PA, QL (2 SYR PER 28 DAY(S)), S

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BRAND NAME	DRUG DESCRIPTION (RX)	TIER	LIMITS & RESTRICTIONS
SPEVIGO	SPEVIGO 300 MG/2ML SOLN PRSYR *spesolimab-sbzo*	SP-NP	PA, QL (1 PFS PER 28 DAY(S)), S
SPEVIGO	SPEVIGO 450 MG/7.5ML SOLUTION *spesolimab-sbzo*	SP-M	PA, S
TREMFYA	TREMFYA 100 MG/ML SOLN PRSYR *guselkumab*	SP-P	PA, QL (1 PER 56 DAY(S)), S
TREMFYA ONE-PRESS	TREMFYA ONE-PRESS 100 MG/ML SOLN PEN *guselkumab*	SP-P	PA, QL (1 PER 56 DAY(S)), S
TREMFYA PEN	TREMFYA PEN 100 MG/ML SOLN A-INJ *guselkumab*	SP-P	PA, S
USTEKINUMAB-AAUZ	USTEKINUMAB-AAUZ 45 MG/0.5ML SOLN PRSYR *ustekinumab-aauz*	SP-P	PA, QL (1 PREFILLED SYRINGE PER 84 DAY(S)), S
USTEKINUMAB-AAUZ	USTEKINUMAB-AAUZ 90 MG/ML SOLN PRSYR *ustekinumab-aauz*	SP-P	PA, QL (1 PREFILLED SYRINGE PER 56 DAY(S)), S
DERMATOMYOSITIS AGENTS - TYK2/JAK1 DUAL INHIBITORS			
LISRAYA	LISRAYA 30 MG TAB *brepocitinib tosylate*	P&T	QL (1 TAB PER DAY(S)), S
ATOPIC DERMATITIS - MONOCLONAL ANTIBODIES			
DUPIXENT	DUPIXENT (100 MG/0.67ML SOLN PRSYR, 200 MG/1.14ML SOLN A-INJ, 200 MG/1.14ML SOLN PRSYR, 300 MG/2ML SOLN A-INJ, 300 MG/2ML SOLN PRSYR) *dupilumab*	SP-P	PA, QL (2 PER 28 DAY(S)), S
EBGLYSS	EBGLYSS 250 MG/2ML SOLN A-INJ *lebrikizumab-lbkz*	SP-P	PA, QL (2 INJ PER 56 DAY(S)), S
EBGLYSS	EBGLYSS 250 MG/2ML SOLN PRSYR *lebrikizumab-lbkz*	SP-P	PA, QL (2 SYR PER 28 DAY(S)), S
ANTISEBORRHEIC PRODUCTS			
selenium sulfide	*selenium sulfide 2.5 % lotion*	TIER 1	

BRAND NAME	DRUG DESCRIPTION (RX)	TIER	LIMITS & RESTRICTIONS
ANTIVIRALS - TOPICAL			
acyclovir	*acyclovir (5 % cream, 5 % ointment)*	TIER 1	
ANTINEOPLASTIC ALKYLATING AGENTS - TOPICAL			
VALCHLOR	VALCHLOR 0.016 % GEL *mechlorethamine hcl (topical)*	SP-P	QL (4 PER 1 DAY), S
ANTINEOPLASTIC ANTIMETABOLITES - TOPICAL			
fluorouracil	*fluorouracil (2 % solution, 5 % cream, 5 % solution)*	TIER 1	
fluorouracil	*fluorouracil 0.5 % cream*	TIER 1	PA
ANTINEOPLASTIC OR PREMALIGNANT LESIONS - TOPICAL NSAID'S			
diclofenac sodium	*diclofenac sodium 3 % gel*	TIER 1	
ANTINEOPLASTIC RETINOIDS - TOPICAL			
PANRETIN	PANRETIN 0.1 % GEL *alitretinoin*	TIER 3	
TOPICAL SELECTIVE RETINOID X RECEPTOR AGONISTS			
bexarotene	*bexarotene 1 % gel*	SP-P	SBG (Specialty Biosimilars and Specialty generics), S
TARGRETIN	TARGRETIN 1 % GEL *bexarotene (topical)*	SP-NP	S, GA
BURN PRODUCTS			
mafenide acetate	*mafenide acetate 5 % packet*	TIER 1	
silver sulfadiazine	*silver sulfadiazine 1 % cream*	TIER 1	
ssd	*ssd 1 % cream*	TIER 1	
SULFAMYLON	SULFAMYLON 85 MG/GM CREAM *mafenide acetate*	TIER 3	
CORTICOSTEROIDS - TOPICAL			
alclometasone dipropionate	*alclometasone dipropionate (0.05 % cream, 0.05 % ointment)*	TIER 1	

BRAND NAME	DRUG DESCRIPTION (RX)	TIER	LIMITS & RESTRICTIONS
AMCINONIDE	AMCINONIDE (0.1 % CREAM, 0.1 % LOTION, 0.1 % OINTMENT) *amcinonide*	TIER 1	
betamethasone dipropionate	*betamethasone dipropionate (0.05 % cream, 0.05 % lotion, 0.05 % ointment)*	TIER 1	
betamethasone dipropionate aug	*betamethasone dipropionate aug (0.05 % cream, 0.05 % gel, 0.05 % lotion, 0.05 % ointment)*	TIER 1	
betamethasone valerate	*betamethasone valerate (0.1 % cream, 0.1 % lotion, 0.1 % ointment, 0.12 % foam)*	TIER 1	
clobetasol prop emollient base	*clobetasol prop emollient base 0.05 % cream*	TIER 1	
clobetasol propionate	*clobetasol propionate (0.05 % cream, 0.05 % foam, 0.05 % gel, 0.05 % liquid, 0.05 % lotion, 0.05 % ointment, 0.05 % shampoo, 0.05 % solution)*	TIER 1	
clobetasol propionate emulsion	*clobetasol propionate emulsion 0.05 % foam*	TIER 1	
clocortolone pivalate	*clocortolone pivalate 0.1 % cream*	TIER 1	QL (90 PER 30 DAY(S))
clodan	*clodan 0.05 % shampoo*	TIER 1	
desonide	*desonide (0.05 % cream, 0.05 % lotion, 0.05 % ointment)*	TIER 1	
desoximetasone	*desoximetasone (0.05 % cream, 0.05 % gel, 0.05 % ointment, 0.25 % cream, 0.25 % liquid, 0.25 % ointment)*	TIER 1	
evesse	*evesse 0.1 % lotion*	TIER 1	
fluocinolone acetonide	*fluocinolone acetonide (0.01 % cream, 0.01 % solution, 0.025 % cream, 0.025 % ointment)*	TIER 1	
fluocinolone acetonide body	*fluocinolone acetonide body 0.01 % oil*	TIER 1	
fluocinolone acetonide scalp	*fluocinolone acetonide scalp 0.01 % oil*	TIER 1	

BRAND NAME	DRUG DESCRIPTION (RX)	TIER	LIMITS & RESTRICTIONS
fluocinonide	*fluocinonide (0.05 % cream, 0.05 % gel, 0.05 % ointment, 0.05 % solution)*	TIER 1	
fluocinonide	*fluocinonide 0.1 % cream*	TIER 1	QL (120 PER 30 DAY(S))
fluocinonide emulsified base	*fluocinonide emulsified base 0.05 % cream*	TIER 1	
FLURANDRENOLIDE	FLURANDRENOLIDE 0.05 % CREAM *flurandrenolide*	TIER 1	GA
FLURANDRENOLIDE	FLURANDRENOLIDE 0.05 % LOTION *flurandrenolide*	TIER 1	QL (120 PER 30 DAY(S)), GA
fluticasone propionate	*fluticasone propionate (0.005 % ointment, 0.05 % cream, 0.05 % lotion)*	TIER 1	
halobetasol propionate	*halobetasol propionate (0.05 % cream, 0.05 % ointment)*	TIER 1	
hydrocortisone	*hydrocortisone (2.5 % cream, 2.5 % lotion, 2.5 % ointment)*	TIER 1	
hydrocortisone butyr lipo base	*hydrocortisone butyr lipo base 0.1 % cream*	TIER 1	QL (60 PER 30 DAY(S))
HYDROCORTISONE BUTYRATE	HYDROCORTISONE BUTYRATE (0.1 % CREAM, 0.1 % LOTION, 0.1 % OINTMENT, 0.1 % SOLUTION) *hydrocortisone butyrate*	TIER 1	
hydrocortisone valerate	*hydrocortisone valerate (0.2 % cream, 0.2 % ointment)*	TIER 1	
mometasone furoate	*mometasone furoate (0.1 % cream, 0.1 % ointment, 0.1 % solution)*	TIER 1	
nolix	*nolix 0.05 % cream*	TIER 1	
nolix	*nolix 0.05 % lotion*	TIER 1	QL (120 PER 30 DAY(S))
NUCORT	NUCORT 2 % LOTION *hydrocortisone acetate (topical)*	TIER 3	
PREDNICARBATE	PREDNICARBATE 0.1 % OINTMENT *prednicarbate*	TIER 1	
tovet	*tovet 0.05 % foam*	TIER 1	

BRAND NAME	DRUG DESCRIPTION (RX)	TIER	LIMITS & RESTRICTIONS
triamcinolone acetonide	*triamcinolone acetonide (0.025 % cream, 0.025 % lotion, 0.025 % ointment, 0.1 % cream, 0.1 % lotion, 0.1 % ointment, 0.5 % cream, 0.5 % ointment)*	TIER 1	
triamcinolone acetonide	*triamcinolone acetonide 0.147 mg/gm aero soln*	TIER 1	QL (4.5 PER 1 DAY(S))
triderm	*triderm 0.5 % cream*	TIER 1	
STEROID-LOCAL ANESTHETIC COMBINATIONS			
EPIFOAM	EPIFOAM 1-1 % FOAM *pramoxine-hc*	TIER 3	
HYDROCORTISONE ACE-PRAMOXINE	HYDROCORTISONE ACE-PRAMOXINE 2.5-1 % CREAM *pramoxine-hc*	TIER 1	
PRAMOSONE	PRAMOSONE (1-1 % CREAM, 1-1 % LOTION, 1-2.5 % LOTION) *pramoxine-hc*	TIER 1	
TOPICAL STEROID COMBINATIONS			
attero	*attero 0.005-0.064 % suspension*	TIER 1	
calcipotriene-betameth diprop	*calcipotriene-betameth diprop 0.005-0.064 % ointment*	TIER 1	QL (120 PER 30 DAY(S))
calcipotriene-betameth diprop	*calcipotriene-betameth diprop 0.005-0.064 % suspension*	TIER 1	
ENZYMES - TOPICAL			
SANTYL	SANTYL 250 UNIT/GM OINTMENT *collagenase*	TIER 3	
ALOPECIA AGENTS - JANUS KINUS (JAK) INHIBITORS			
LEQSELVI	LEQSELVI 8 MG TAB *deuruxolitinib phosphate*	SP-NP	PA, QL (2 TABS PER 1 DAY(S))
KERATOLYTIC/ANTIMITOTIC/VESICANT AGENTS			
PODOCON-25	PODOCON-25 25 % SOLUTION *podophyllum resin*	TIER 1	
podofilox	*podofilox 0.5 % solution*	TIER 1	

BRAND NAME	DRUG DESCRIPTION (RX)	TIER	LIMITS & RESTRICTIONS
AGENTS FOR EXTERNAL GENITAL AND PERIANAL WARTS			
VEREGEN	VEREGEN 15 % OINTMENT *sinecatechins*	TIER 3	PA
IMMUNOMODULATORS IMIDAZOQUINOLINAMINES - TOPICAL			
imiquimod	*imiquimod 3.75 % cream*	TIER 1	PA
imiquimod	*imiquimod 5 % cream*	TIER 1	
imiquimod pump	*imiquimod pump 3.75 % cream*	TIER 1	PA
MACROLIDE IMMUNOSUPPRESSANTS - TOPICAL			
pimecrolimus	*pimecrolimus 1 % cream*	TIER 1	QL (100 PER 30 DAY(S))
tacrolimus	*tacrolimus (0.03 % ointment, 0.1 % ointment)*	TIER 1	
LOCAL ANESTHETICS - TOPICAL			
glydo	*glydo 2 % prsyr*	TIER 1	
lidocaine	*lidocaine 5 % ointment*	TIER 1	
lidocaine	*lidocaine 5 % patch*	TIER 1	QL (3 PER DAY)
lidocaine hcl	*lidocaine hcl 4 % solution*	TIER 1	
lidocaine hcl urethral/mucosal	*lidocaine hcl urethral/mucosal (2 % gel, 2 % prsyr)*	TIER 1	
lidocan	*lidocan 5 % patch*	TIER 1	QL (3 PER DAY)
tridacaine ii	*tridacaine ii 5 % patch*	TIER 1	QL (3 PER DAY)
tridacaine iii	*tridacaine iii 5 % patch*	TIER 1	QL (3 PER DAY)
TOPICAL ANESTHETIC COMBINATIONS			
lidocaine-prilocaine	*lidocaine-prilocaine 2.5-2.5 % cream*	TIER 1	
SCABICIDES & PEDICULICIDES			
CROTAN	CROTAN 10 % LOTION *crotamiton*	TIER 1	
malathion	*malathion 0.5 % lotion*	TIER 1	
permethrin	*permethrin 5 % cream*	TIER 1	
PRURADIK	PRURADIK 10 % LOTION *crotamiton*	TIER 1	

BRAND NAME	DRUG DESCRIPTION (RX)	TIER	LIMITS & RESTRICTIONS
MELANOCORTIN RECEPTOR AGONISTS (UV PROTECTIVE)			
SCENESSE	SCENESSE 16 MG IMPLANT *afamelanotide acetate*	SP-M	PA, QL (1 PER 60 DAY(S)), S
WOUND TREATMENT - GENE THERAPY			
VYJUVEK	VYJUVEK 5000000000 PFU/2.5ML GEL *beremagene geperpavec-svdt*	SP-M	PA, QL (4 PER 28 DAY(S)), S
WOUND CARE - GROWTH FACTOR AGENTS			
REGRANEX	REGRANEX 0.01 % GEL *becaplermin*	TIER 3	
TISSUE REPLACEMENTS			
STRATAGRAFT	STRATAGRAFT SHEET *allogeneic keratinocytes-fibroblasts in murine collagen-dsat*	SP-M	S
ANTIDOTES AND SPECIFIC ANTAGONISTS			
deferoxamine mesylate	*deferoxamine mesylate (2 gm recon soln, 500 mg recon soln)*	SP-M	S
DESFERAL	DESFERAL 500 MG RECON SOLN *deferoxamine mesylate*	SP-M	S, GA
VISTOGARD	VISTOGARD 10 GM PACKET *uridine triacetate (emergency treatment)*	SP-P	QL (4 PER 1 DAY(S)), S
ANTIDOTES - CHELATING AGENTS			
CHEMET	CHEMET 100 MG CAP *succimer*	TIER 2	
deferasirox	*deferasirox (90 mg packet, 90 mg tab, 125 mg tab sol, 180 mg packet, 180 mg tab, 250 mg tab sol, 360 mg packet, 360 mg tab, 500 mg tab sol)*	SP-P	SBG (Specialty Biosimilars and Specialty generics), S
deferasirox granules	*deferasirox granules (granules 90 mg packet, granules 180 mg packet, granules 360 mg packet)*	SP-P	SBG (Specialty Biosimilars and Specialty generics), S

BRAND NAME	DRUG DESCRIPTION (RX)	TIER	LIMITS & RESTRICTIONS
deferiprone	*deferiprone (500 mg tab, 1000 mg tab)*	SP-P	SBG (Specialty Biosimilars and Specialty generics), S
EXJADE	EXJADE (125 MG TAB SOL, 250 MG TAB SOL, 500 MG TAB SOL) *deferasirox*	SP-NP	S, GA
FERRIPROX	FERRIPROX (500 MG TAB, 1000 MG TAB) *deferiprone*	SP-NP	S, GA
FERRIPROX	FERRIPROX 100 MG/ML SOLUTION *deferiprone*	SP-P	S
FERRIPROX TWICE-A-DAY	FERRIPROX TWICE-A-DAY 1000 MG TAB *deferiprone*	SP-P	S
JADENU	JADENU (90 MG TAB, 180 MG TAB, 360 MG TAB) *deferasirox*	SP-NP	S, GA
JADENU SPRINKLE	JADENU SPRINKLE (90 MG PACKET, 180 MG PACKET, 360 MG PACKET) *deferasirox*	SP-NP	S, GA
CHOLINESTERASE INHIBITORS			
PYRIDOSTIGMINE BROMIDE ER	PYRIDOSTIGMINE BROMIDE ER 105 MG TAB ER 24H *pyridostigmine bromide (protective)*	TIER 1	
OPIOID ANTAGONISTS			
KLOXXADO	KLOXXADO 8 MG/0.1ML LIQUID *naloxone hcl*	TIER 2	
naloxone hcl	*naloxone hcl (0.4 mg/ml soln cart, 2 mg/2ml soln prsyr, 4 mg/0.1ml liquid)*	TIER 1	
naltrexone hcl	*naltrexone hcl 50 mg tab*	TIER 1	
OPVEE	OPVEE 2.7 MG/0.1ML SOLUTION *nalmefene hcl (antidote)*	TIER 3	
REXTOVY	REXTOVY 4 MG/0.25ML LIQUID *naloxone hcl*	TIER 1	

BRAND NAME	DRUG DESCRIPTION (RX)	TIER	LIMITS & RESTRICTIONS
REZENOPY	REZENOPY 10 MG/0.11ML LIQUID *naloxone hcl*	TIER 2	
VIVITROL	VIVITROL 380 MG RECON SUSP *naltrexone*	SP-M	PA
ZIMHI	ZIMHI 5 MG/0.5ML SOLN PRSYR *naloxone hcl*	TIER 2	
DIAGNOSTIC PRODUCTS DIAGNOSTIC TESTS			
ACCU-CHEK AVIVA PLUS	ACCU-CHEK AVIVA PLUS STRIP *glucose blood*	TIER 2	QL (5 STRIP PER DAY(S)), PA-QL (10 Strip / Day(s))
ACCU-CHEK GUIDE TEST	ACCU-CHEK GUIDE TEST STRIP *glucose blood*	TIER 2	QL (5 STRIP PER DAY(S)), PA-QL (10 Strip / Day(s))
ACCU-CHEK SMARTVIEW	ACCU-CHEK SMARTVIEW STRIP *glucose blood*	TIER 2	QL (5 STRIP PER DAY(S)), PA-QL (10 Strip / Day(s))
ACCUTREND GLUCOSE	ACCUTREND GLUCOSE STRIP *glucose blood*	TIER 3	QL (5 STRIP PER DAY(S)), PA-QL (10 Strip / Day(s))
ADVANCE INTUITION TEST	ADVANCE INTUITION TEST STRIP *glucose blood*	TIER 3	QL (5 STRIP PER DAY(S)), PA-QL (10 Strip / Day(s))
ADVANCE MICRO-DRAW TEST	ADVANCE MICRO-DRAW TEST STRIP *glucose blood*	TIER 3	QL (5 STRIP PER DAY(S)), PA-QL (10 Strip / Day(s))
ADVOCATE REDI-CODE	ADVOCATE REDI-CODE STRIP *glucose blood*	TIER 3	QL (5 STRIP PER DAY(S)), PA-QL (10 Strip / Day(s))
ADVOCATE REDI-CODE+ TEST	ADVOCATE REDI-CODE+ TEST STRIP *glucose blood*	TIER 3	QL (5 STRIP PER DAY(S)), PA-QL (10 Strip / Day(s))
ADVOCATE TEST	ADVOCATE TEST STRIP *glucose blood*	TIER 3	QL (5 STRIP PER DAY(S)), PA-QL (10 Strip / Day(s))
AGAMATRIX AMP TEST	AGAMATRIX AMP TEST STRIP *glucose blood*	TIER 3	QL (5 STRIP PER DAY(S)), PA-QL (10 Strip / Day(s))
AGAMATRIX JAZZ TEST	AGAMATRIX JAZZ TEST STRIP *glucose blood*	TIER 3	QL (5 STRIP PER DAY(S)), PA-QL (10 Strip / Day(s))

BRAND NAME	DRUG DESCRIPTION (RX)	TIER	LIMITS & RESTRICTIONS
AGAMATRIX KEYNOTE TEST	AGAMATRIX KEYNOTE TEST STRIP *glucose blood*	TIER 3	QL (5 STRIP PER DAY(S)), PA-QL (10 Strip / Day(s))
AGAMATRIX PRESTO TEST	AGAMATRIX PRESTO TEST STRIP *glucose blood*	TIER 3	QL (5 STRIP PER DAY(S)), PA-QL (10 Strip / Day(s))
ASSURE 3 TEST	ASSURE 3 TEST STRIP *glucose blood*	TIER 3	QL (5 STRIP PER DAY(S)), PA-QL (10 Strip / Day(s))
ASSURE 4 TEST	ASSURE 4 TEST STRIP *glucose blood*	TIER 3	QL (5 STRIP PER DAY(S)), PA-QL (10 Strip / Day(s))
ASSURE II	ASSURE II STRIP *glucose blood*	TIER 3	QL (5 STRIP PER DAY(S)), PA-QL (10 Strip / Day(s))
ASSURE II CHECK	ASSURE II CHECK STRIP *glucose blood*	TIER 3	QL (5 STRIP PER DAY(S)), PA-QL (10 Strip / Day(s))
ASSURE PLATINUM	ASSURE PLATINUM STRIP *glucose blood*	TIER 3	QL (5 STRIP PER DAY(S)), PA-QL (10 Strip / Day(s))
ASSURE PRISM MULTI TEST	ASSURE PRISM MULTI TEST STRIP *glucose blood*	TIER 3	QL (5 STRIP PER DAY(S)), PA-QL (10 Strip / Day(s))
ASSURE PRO TEST	ASSURE PRO TEST STRIP *glucose blood*	TIER 3	QL (5 STRIP PER DAY(S)), PA-QL (10 Strip / Day(s))
ASSURE TITANIUM	ASSURE TITANIUM STRIP *glucose blood*	TIER 3	QL (5 STRIP PER DAY(S)), PA-QL (10 Strip / Day(s))
BIOTEL CARE TEST STRIPS	BIOTEL CARE TEST STRIPS STRIP *glucose blood*	TIER 3	QL (5 STRIP PER DAY(S)), PA-QL (10 Strip / Day(s))
BLOOD GLUCOSE TEST	BLOOD GLUCOSE TEST STRIP *glucose blood*	TIER 3	QL (5 STRIP PER DAY(S)), PA-QL (10 Strip / Day(s))
BLOOD GLUCOSE TEST STRIPS 333	BLOOD GLUCOSE TEST STRIPS 333 STRIP *glucose blood*	TIER 3	QL (5 STRIP PER DAY(S)), PA-QL (10 Strip / Day(s))
BLULINK GLUCOSE TEST	BLULINK GLUCOSE TEST STRIP *glucose blood*	TIER 3	QL (5 STRIP PER DAY(S)), PA-QL (10 Strip / Day(s))
CAREONE BLOOD GLUCOSE TEST	CAREONE BLOOD GLUCOSE TEST STRIP *glucose blood*	TIER 3	QL (5 STRIP PER DAY(S)), PA-QL (10 Strip / Day(s))
CARESENS N GLUCOSE TEST	CARESENS N GLUCOSE TEST STRIP *glucose blood*	TIER 3	QL (5 STRIP PER DAY(S)), PA-QL (10 Strip / Day(s))

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BRAND NAME	DRUG DESCRIPTION (RX)	TIER	LIMITS & RESTRICTIONS
CARESENS S GLUCOSE TEST	CARESENS S GLUCOSE TEST STRIP *glucose blood*	TIER 3	QL (5 STRIP PER DAY(S)), PA-QL (10 Strip / Day(s))
CARETOUCH TEST	CARETOUCH TEST STRIP *glucose blood*	TIER 3	QL (5 STRIP PER DAY(S)), PA-QL (10 Strip / Day(s))
CHEMSTRIP K	CHEMSTRIP K STRIP *acetone (urine) test*	TIER 2	
CLEVER CHEK AUTO-CODE TEST	CLEVER CHEK AUTO-CODE TEST STRIP *glucose blood*	TIER 3	QL (5 STRIP PER DAY(S)), PA-QL (10 Strip / Day(s))
CLEVER CHEK AUTO-CODE VOICE	CLEVER CHEK AUTO-CODE VOICE STRIP *glucose blood*	TIER 3	QL (5 STRIP PER DAY(S)), PA-QL (10 Strip / Day(s))
CLEVER CHEK TEST	CLEVER CHEK TEST STRIP *glucose blood*	TIER 3	QL (5 STRIP PER DAY(S)), PA-QL (10 Strip / Day(s))
CLEVER CHOICE AUTO-CODE TEST	CLEVER CHOICE AUTO-CODE TEST STRIP *glucose blood*	TIER 3	QL (5 STRIP PER DAY(S)), PA-QL (10 Strip / Day(s))
CLEVER CHOICE MICRO TEST	CLEVER CHOICE MICRO TEST STRIP *glucose blood*	TIER 3	QL (5 STRIP PER DAY(S)), PA-QL (10 Strip / Day(s))
CLEVER CHOICE NO CODING	CLEVER CHOICE NO CODING STRIP *glucose blood*	TIER 3	QL (5 STRIP PER DAY(S)), PA-QL (10 Strip / Day(s))
CLEVER CHOICE TALK SYSTEM	CLEVER CHOICE TALK SYSTEM STRIP *glucose blood*	TIER 3	QL (5 STRIP PER DAY(S)), PA-QL (10 Strip / Day(s))
CONTOUR NEXT	CONTOUR NEXT STRIP *glucose blood*	TIER 3	QL (5 STRIP PER DAY(S)), PA-QL (10 Strip / Day(s))
CONTOUR NEXT TEST	CONTOUR NEXT TEST STRIP *glucose blood*	TIER 3	QL (5 STRIP PER DAY(S)), MN-PA (Medically Necessary Prior Authorization), PA-QL (10 Strip / Day(s)), PV
CONTOUR PLUS TEST	CONTOUR PLUS TEST STRIP *glucose blood*	TIER 3	QL (5 STRIP PER DAY(S)), MN-PA (Medically Necessary Prior Authorization), PA-QL (10 Strip / Day(s))
CONTOUR TEST	CONTOUR TEST STRIP *glucose blood*	TIER 3	QL (5 STRIP PER DAY(S)), MN-PA (Medically Necessary Prior Authorization), PA-QL (10 Strip / Day(s)), PV
COOL BLOOD GLUCOSE TEST STRIPS	COOL BLOOD GLUCOSE TEST STRIPS STRIP *glucose blood*	TIER 3	QL (5 STRIP PER DAY(S)), PA-QL (10 Strip / Day(s))

BRAND NAME	DRUG DESCRIPTION (RX)	TIER	LIMITS & RESTRICTIONS
CVS ADVANCED GLUCOSE TEST	CVS ADVANCED GLUCOSE TEST STRIP *glucose blood*	TIER 3	QL (5 STRIP PER DAY(S)), PA-QL (10 Strip / Day(s))
CVS GLUCOSE METER TEST STRIPS	CVS GLUCOSE METER TEST STRIPS STRIP *glucose blood*	TIER 3	QL (5 STRIP PER DAY(S)), PA-QL (10 Strip / Day(s))
CVS TRUE METRIX GLUCOSE TEST	CVS TRUE METRIX GLUCOSE TEST STRIP *glucose blood*	TIER 3	QL (5 STRIP PER DAY(S)), PA-QL (10 Strip / Day(s))
DIASTIX	DIASTIX STRIP *glucose urine test-(glucose oxidase)*	TIER 2	
DIASTIX REAGENT	DIASTIX REAGENT STRIP *glucose urine test-(glucose oxidase)*	TIER 2	
DIATHRIVE BLOOD GLUCOSE TEST	DIATHRIVE BLOOD GLUCOSE TEST STRIP *glucose blood*	TIER 3	QL (5 STRIP PER DAY(S)), PA-QL (10 Strip / Day(s))
DIATHRIVE GLUCOSE TEST	DIATHRIVE GLUCOSE TEST STRIP *glucose blood*	TIER 3	QL (5 STRIP PER DAY(S)), PA-QL (10 Strip / Day(s))
DIATHRIVE+ GLUCOSE TEST	DIATHRIVE+ GLUCOSE TEST STRIP *glucose blood*	TIER 3	QL (5 STRIP PER DAY(S)), PA-QL (10 Strip / Day(s))
DIATRUE PLUS TEST	DIATRUE PLUS TEST STRIP *glucose blood*	TIER 3	QL (5 STRIP PER DAY(S)), PA-QL (10 Strip / Day(s))
DUO-CARE TEST	DUO-CARE TEST STRIP *glucose blood*	TIER 3	QL (5 STRIP PER DAY(S)), PA-QL (10 Strip / Day(s))
EASY MAX BLOOD GLUCOSE TEST	EASY MAX BLOOD GLUCOSE TEST STRIP *glucose blood*	TIER 3	QL (5 STRIP PER DAY(S)), PA-QL (10 Strip / Day(s))
EASY PLUS II GLUCOSE TEST	EASY PLUS II GLUCOSE TEST STRIP *glucose blood*	TIER 3	QL (5 STRIP PER DAY(S)), PA-QL (10 Strip / Day(s))
EASY STEP TEST	EASY STEP TEST STRIP *glucose blood*	TIER 3	QL (5 STRIP PER DAY(S)), PA-QL (10 Strip / Day(s))
EASY TALK BLOOD GLUCOSE TEST	EASY TALK BLOOD GLUCOSE TEST STRIP *glucose blood*	TIER 3	QL (5 STRIP PER DAY(S)), PA-QL (10 Strip / Day(s))
EASY TALK PLUS II TEST STRIPS	EASY TALK PLUS II TEST STRIPS STRIP *glucose blood*	TIER 3	QL (5 STRIP PER DAY(S)), PA-QL (10 Strip / Day(s))
EASY TOUCH HEALTHPRO GLUCOSE	EASY TOUCH HEALTHPRO GLUCOSE STRIP *glucose blood*	TIER 3	QL (5 STRIP PER DAY(S)), PA-QL (10 Strip / Day(s))

BRAND NAME	DRUG DESCRIPTION (RX)	TIER	LIMITS & RESTRICTIONS
EASY TOUCH TEST	EASY TOUCH TEST STRIP *glucose blood*	TIER 3	QL (5 STRIP PER DAY(S)), PA-QL (10 Strip / Day(s))
EASY TRAK BLOOD GLUCOSE TEST	EASY TRAK BLOOD GLUCOSE TEST STRIP *glucose blood*	TIER 3	QL (5 STRIP PER DAY(S)), PA-QL (10 Strip / Day(s))
EASY TRAK II GLUCOSE TEST	EASY TRAK II GLUCOSE TEST STRIP *glucose blood*	TIER 3	QL (5 STRIP PER DAY(S)), PA-QL (10 Strip / Day(s))
EASYGLUCO	EASYGLUCO STRIP *glucose blood*	TIER 3	QL (5 STRIP PER DAY(S)), PA-QL (10 Strip / Day(s))
EASYMAX 15 TEST	EASYMAX 15 TEST STRIP *glucose blood*	TIER 3	QL (5 STRIP PER DAY(S)), PA-QL (10 Strip / Day(s))
EASYMAX TEST	EASYMAX TEST STRIP *glucose blood*	TIER 3	QL (5 STRIP PER DAY(S)), PA-QL (10 Strip / Day(s))
EASYPRO BLOOD GLUCOSE TEST	EASYPRO BLOOD GLUCOSE TEST STRIP *glucose blood*	TIER 3	QL (5 STRIP PER DAY(S)), PA-QL (10 Strip / Day(s))
EASYPRO PLUS	EASYPRO PLUS STRIP *glucose blood*	TIER 3	QL (5 STRIP PER DAY(S)), PA-QL (10 Strip / Day(s))
ELEMENT COMPACT TEST	ELEMENT COMPACT TEST STRIP *glucose blood*	TIER 3	QL (5 STRIP PER DAY(S)), PA-QL (10 Strip / Day(s))
ELEMENT TEST	ELEMENT TEST STRIP *glucose blood*	TIER 3	QL (5 STRIP PER DAY(S)), PA-QL (10 Strip / Day(s))
EMBRACE BLOOD GLUCOSE TEST	EMBRACE BLOOD GLUCOSE TEST STRIP *glucose blood*	TIER 3	QL (5 STRIP PER DAY(S)), PA-QL (10 Strip / Day(s))
EMBRACE EVO BLOOD GLUCOSE TEST	EMBRACE EVO BLOOD GLUCOSE TEST STRIP *glucose blood*	TIER 3	QL (5 STRIP PER DAY(S)), PA-QL (10 Strip / Day(s))
EMBRACE PRO GLUCOSE TEST	EMBRACE PRO GLUCOSE TEST STRIP *glucose blood*	TIER 3	QL (5 STRIP PER DAY(S)), PA-QL (10 Strip / Day(s))
EMBRACE TALK GLUCOSE TEST	EMBRACE TALK GLUCOSE TEST STRIP *glucose blood*	TIER 3	QL (5 STRIP PER DAY(S)), PA-QL (10 Strip / Day(s))
EMBRACE WAVE BLOOD GLUCOSE	EMBRACE WAVE BLOOD GLUCOSE STRIP *glucose blood*	TIER 3	QL (5 STRIP PER DAY(S)), PA-QL (10 Strip / Day(s))
EQ BLOOD GLUCOSE TEST	EQ BLOOD GLUCOSE TEST STRIP *glucose blood*	TIER 3	QL (5 STRIP PER DAY(S)), PA-QL (10 Strip / Day(s))

BRAND NAME	DRUG DESCRIPTION (RX)	TIER	LIMITS & RESTRICTIONS
EVOLUTION AUTOCODE	EVOLUTION AUTOCODE STRIP *glucose blood*	TIER 3	QL (5 STRIP PER DAY(S)), PA-QL (10 Strip / Day(s))
FIFTY50 GLUCOSE TEST 2.0	FIFTY50 GLUCOSE TEST 2.0 STRIP *glucose blood*	TIER 3	QL (5 STRIP PER DAY(S)), PA-QL (10 Strip / Day(s))
FONDCIRCLE BLOOD GLUCOSE TEST	FONDCIRCLE BLOOD GLUCOSE TEST STRIP *glucose blood*	TIER 3	QL (5 STRIP PER DAY(S)), PA-QL (10 Strip / Day(s))
FORA 6 CONNECT	FORA 6 CONNECT STRIP *glucose blood*	TIER 3	QL (5 STRIP PER DAY(S)), PA-QL (10 Strip / Day(s))
FORA 6 CONNECT/GTEL TEST	FORA 6 CONNECT/GTEL TEST STRIP *glucose blood*	TIER 3	QL (5 STRIP PER DAY(S)), PA-QL (10 Strip / Day(s))
FORA BLOOD GLUCOSE TEST	FORA BLOOD GLUCOSE TEST STRIP *glucose blood*	TIER 3	QL (5 STRIP PER DAY(S)), PA-QL (10 Strip / Day(s))
FORA D15G BLOOD GLUCOSE TEST	FORA D15G BLOOD GLUCOSE TEST STRIP *glucose blood*	TIER 3	QL (5 STRIP PER DAY(S)), PA-QL (10 Strip / Day(s))
FORA D20 BLOOD GLUCOSE TEST	FORA D20 BLOOD GLUCOSE TEST STRIP *glucose blood*	TIER 3	QL (5 STRIP PER DAY(S)), PA-QL (10 Strip / Day(s))
FORA D40/G31 BLOOD GLUCOSE	FORA D40/G31 BLOOD GLUCOSE STRIP *glucose blood*	TIER 3	QL (5 STRIP PER DAY(S)), PA-QL (10 Strip / Day(s))
FORA G20 BLOOD GLUCOSE TEST	FORA G20 BLOOD GLUCOSE TEST STRIP *glucose blood*	TIER 3	QL (5 STRIP PER DAY(S)), PA-QL (10 Strip / Day(s))
FORA G30/PREM V10 GLUCOSE TEST	FORA G30/PREM V10 GLUCOSE TEST STRIP *glucose blood*	TIER 3	QL (5 STRIP PER DAY(S)), PA-QL (10 Strip / Day(s))
FORA GD20 TEST	FORA GD20 TEST STRIP *glucose blood*	TIER 3	QL (5 STRIP PER DAY(S)), PA-QL (10 Strip / Day(s))
FORA GD50 BLOOD GLUCOSE TEST	FORA GD50 BLOOD GLUCOSE TEST STRIP *glucose blood*	TIER 3	QL (5 STRIP PER DAY(S)), PA-QL (10 Strip / Day(s))
FORA GTEL BLOOD GLUCOSE TEST	FORA GTEL BLOOD GLUCOSE TEST STRIP *glucose blood*	TIER 3	QL (5 STRIP PER DAY(S)), PA-QL (10 Strip / Day(s))
FORA GTEL BLOOD KETONE TEST	FORA GTEL BLOOD KETONE TEST STRIP *ketone blood test*	TIER 2	
FORA TEST N'GO ADV-VOICE-6 CON	FORA TEST N'GO ADV-VOICE-6 CON STRIP *ketone blood test*	TIER 2	

BRAND NAME	DRUG DESCRIPTION (RX)	TIER	LIMITS & RESTRICTIONS
FORA TN'G ADVANCE PRO	FORA TN'G ADVANCE PRO STRIP *glucose blood*	TIER 3	QL (5 STRIP PER DAY(S)), PA-QL (10 Strip / Day(s))
FORA TN'G/TN'G VOICE	FORA TN'G/TN'G VOICE STRIP *glucose blood*	TIER 3	QL (5 STRIP PER DAY(S)), PA-QL (10 Strip / Day(s))
FORA V10 BLOOD GLUCOSE TEST	FORA V10 BLOOD GLUCOSE TEST STRIP *glucose blood*	TIER 3	QL (5 STRIP PER DAY(S)), PA-QL (10 Strip / Day(s))
FORA V12 BLOOD GLUCOSE TEST	FORA V12 BLOOD GLUCOSE TEST STRIP *glucose blood*	TIER 3	QL (5 STRIP PER DAY(S)), PA-QL (10 Strip / Day(s))
FORA V20 BLOOD GLUCOSE TEST	FORA V20 BLOOD GLUCOSE TEST STRIP *glucose blood*	TIER 3	QL (5 STRIP PER DAY(S)), PA-QL (10 Strip / Day(s))
FORA V30A BLOOD GLUCOSE TEST	FORA V30A BLOOD GLUCOSE TEST STRIP *glucose blood*	TIER 3	QL (5 STRIP PER DAY(S)), PA-QL (10 Strip / Day(s))
FORACARE GD40 TEST	FORACARE GD40 TEST STRIP *glucose blood*	TIER 3	QL (5 STRIP PER DAY(S)), PA-QL (10 Strip / Day(s))
FORACARE PREMIUM V10 TEST	FORACARE PREMIUM V10 TEST STRIP *glucose blood*	TIER 3	QL (5 STRIP PER DAY(S)), PA-QL (10 Strip / Day(s))
FORACARE TEST N GO TEST	FORACARE TEST N GO TEST STRIP *glucose blood*	TIER 3	QL (5 STRIP PER DAY(S)), PA-QL (10 Strip / Day(s))
FORTISCARE G1 TEST STRIP	FORTISCARE G1 TEST STRIP STRIP *glucose blood*	TIER 3	QL (5 STRIP PER DAY(S)), PA-QL (10 Strip / Day(s))
FORTISCARE TEST	FORTISCARE TEST STRIP *glucose blood*	TIER 3	QL (5 STRIP PER DAY(S)), PA-QL (10 Strip / Day(s))
FREESTYLE INSULINX TEST	FREESTYLE INSULINX TEST STRIP *glucose blood*	TIER 3	QL (5 STRIP PER DAY(S)), PA-QL (10 Strip / Day(s))
FREESTYLE LITE TEST	FREESTYLE LITE TEST STRIP *glucose blood*	TIER 3	QL (5 STRIP PER DAY(S)), PA-QL (10 Strip / Day(s))
FREESTYLE PRECISION NEO TEST	FREESTYLE PRECISION NEO TEST STRIP *glucose blood*	TIER 3	QL (5 STRIP PER DAY(S)), PA-QL (10 Strip / Day(s))
FREESTYLE TEST	FREESTYLE TEST STRIP *glucose blood*	TIER 3	QL (5 STRIP PER DAY(S)), PA-QL (10 Strip / Day(s))

BRAND NAME	DRUG DESCRIPTION (RX)	TIER	LIMITS & RESTRICTIONS
GE100 BLOOD GLUCOSE TEST	GE100 BLOOD GLUCOSE TEST STRIP *glucose blood*	TIER 3	QL (5 STRIP PER DAY(S)), PA-QL (10 Strip / Day(s))
GENULTIMATE TEST	GENULTIMATE TEST STRIP *glucose blood*	TIER 3	QL (5 STRIP PER DAY(S)), PA-QL (10 Strip / Day(s))
GHT TEST	GHT TEST STRIP *glucose blood*	TIER 3	QL (5 STRIP PER DAY(S)), PA-QL (10 Strip / Day(s))
GLUCO PERFECT 3 TEST	GLUCO PERFECT 3 TEST STRIP *glucose blood*	TIER 3	QL (5 STRIP PER DAY(S)), PA-QL (10 Strip / Day(s))
GLUCOCARD 01 SENSOR PLUS	GLUCOCARD 01 SENSOR PLUS STRIP *glucose blood*	TIER 3	QL (5 STRIP PER DAY(S)), PA-QL (10 Strip / Day(s))
GLUCOCARD EXPRESSION TEST	GLUCOCARD EXPRESSION TEST STRIP *glucose blood*	TIER 3	QL (5 STRIP PER DAY(S)), PA-QL (10 Strip / Day(s))
GLUCOCARD SHINE TEST	GLUCOCARD SHINE TEST STRIP *glucose blood*	TIER 3	QL (5 STRIP PER DAY(S)), PA-QL (10 Strip / Day(s))
GLUCOCARD VITAL TEST	GLUCOCARD VITAL TEST STRIP *glucose blood*	TIER 3	QL (5 STRIP PER DAY(S)), PA-QL (10 Strip / Day(s))
GLUCOCARD X-SENSOR	GLUCOCARD X-SENSOR STRIP *glucose blood*	TIER 3	QL (5 STRIP PER DAY(S)), PA-QL (10 Strip / Day(s))
GLUCOCOM TEST	GLUCOCOM TEST STRIP *glucose blood*	TIER 3	QL (5 STRIP PER DAY(S)), PA-QL (10 Strip / Day(s))
GLUCONAVII BLOOD GLUCOSE TEST	GLUCONAVII BLOOD GLUCOSE TEST STRIP *glucose blood*	TIER 3	QL (5 STRIP PER DAY(S)), PA-QL (10 Strip / Day(s))
GLUCOSE METER TEST	GLUCOSE METER TEST STRIP *glucose blood*	TIER 3	QL (5 STRIP PER DAY(S)), PA-QL (10 Strip / Day(s))
GNP EASY TOUCH GLUCOSE TEST	GNP EASY TOUCH GLUCOSE TEST STRIP *glucose blood*	TIER 3	QL (5 STRIP PER DAY(S)), PA-QL (10 Strip / Day(s))
GNP TRUE METRIX GLUCOSE STRIPS	GNP TRUE METRIX GLUCOSE STRIPS STRIP *glucose blood*	TIER 3	QL (5 STRIP PER DAY(S)), PA-QL (10 Strip / Day(s))
GNP TRUETRACK SMART SYSTEM	GNP TRUETRACK SMART SYSTEM STRIP *glucose blood*	TIER 3	QL (5 STRIP PER DAY(S)), PA-QL (10 Strip / Day(s))

BRAND NAME	DRUG DESCRIPTION (RX)	TIER	LIMITS & RESTRICTIONS
GNP TRUETRACK TEST STRIPS	GNP TRUETRACK TEST STRIPS STRIP *glucose blood*	TIER 3	QL (5 STRIP PER DAY(S)), PA-QL (10 Strip / Day(s))
GOJJI BLOOD GLUCOSE TEST	GOJJI BLOOD GLUCOSE TEST STRIP *glucose blood*	TIER 3	QL (5 STRIP PER DAY(S)), PA-QL (10 Strip / Day(s))
GOJJI BLOOD KETONE TEST	GOJJI BLOOD KETONE TEST STRIP *ketone blood test*	TIER 2	
GOJJI BLOOD TEST STRIP/LANCETS	GOJJI BLOOD TEST STRIP/LANCETS STRIP *glucose blood*	TIER 3	QL (5 STRIP PER DAY(S)), PA-QL (10 Strip / Day(s))
GOODSENSE BLOOD GLUCOSE	GOODSENSE BLOOD GLUCOSE STRIP *glucose blood*	TIER 3	QL (5 STRIP PER DAY(S)), PA-QL (10 Strip / Day(s))
HW EMBRACE PRO GLUCOSE TEST	HW EMBRACE PRO GLUCOSE TEST STRIP *glucose blood*	TIER 3	QL (5 STRIP PER DAY(S)), PA-QL (10 Strip / Day(s))
HW EMBRACE TALK GLUCOSE TEST	HW EMBRACE TALK GLUCOSE TEST STRIP *glucose blood*	TIER 3	QL (5 STRIP PER DAY(S)), PA-QL (10 Strip / Day(s))
IGLUCOSE TEST STRIPS	IGLUCOSE TEST STRIPS STRIP *glucose blood*	TIER 3	QL (5 STRIP PER DAY(S)), PA-QL (10 Strip / Day(s))
IHEALTH BLOOD GLUCOSE TEST STR	IHEALTH BLOOD GLUCOSE TEST STR STRIP *glucose blood*	TIER 3	QL (5 STRIP PER DAY(S)), PA-QL (10 Strip / Day(s))
IN TOUCH BLOOD GLUCOSE TEST	IN TOUCH BLOOD GLUCOSE TEST STRIP *glucose blood*	TIER 3	QL (5 STRIP PER DAY(S)), PA-QL (10 Strip / Day(s))
INFINITY BLOOD GLUCOSE TEST	INFINITY BLOOD GLUCOSE TEST STRIP *glucose blood*	TIER 3	QL (5 STRIP PER DAY(S)), PA-QL (10 Strip / Day(s))
INFINITY VOICE	INFINITY VOICE STRIP *glucose blood*	TIER 3	QL (5 STRIP PER DAY(S)), PA-QL (10 Strip / Day(s))
KETONE TEST	KETONE TEST STRIP *acetone (urine) test*	TIER 2	
KETOSTIX	KETOSTIX STRIP *acetone (urine) test*	TIER 2	
KROGER BLOOD GLUCOSE TEST	KROGER BLOOD GLUCOSE TEST STRIP *glucose blood*	TIER 3	QL (5 STRIP PER DAY(S)), PA-QL (10 Strip / Day(s))
KROGER HEALTHPRO GLUCOSE TEST	KROGER HEALTHPRO GLUCOSE TEST STRIP *glucose blood*	TIER 3	QL (5 STRIP PER DAY(S)), PA-QL (10 Strip / Day(s))

BRAND NAME	DRUG DESCRIPTION (RX)	TIER	LIMITS & RESTRICTIONS
KROGER PREMIUM GLUCOSE TEST	KROGER PREMIUM GLUCOSE TEST STRIP *glucose blood*	TIER 3	QL (5 STRIP PER DAY(S)), PA-QL (10 Strip / Day(s))
LIBERTY NEXT GENERATION TEST	LIBERTY NEXT GENERATION TEST STRIP *glucose blood*	TIER 3	QL (5 STRIP PER DAY(S)), PA-QL (10 Strip / Day(s))
LIBERTY TEST	LIBERTY TEST STRIP *glucose blood*	TIER 3	QL (5 STRIP PER DAY(S)), PA-QL (10 Strip / Day(s))
MEIJER BLOOD GLUCOSE TEST	MEIJER BLOOD GLUCOSE TEST STRIP *glucose blood*	TIER 3	QL (5 STRIP PER DAY(S)), PA-QL (10 Strip / Day(s))
MEIJER ESSENTIAL GLUCOSE TEST	MEIJER ESSENTIAL GLUCOSE TEST STRIP *glucose blood*	TIER 3	QL (5 STRIP PER DAY(S)), PA-QL (10 Strip / Day(s))
MEIJER TRUETEST TEST	MEIJER TRUETEST TEST STRIP *glucose blood*	TIER 3	QL (5 STRIP PER DAY(S)), PA-QL (10 Strip / Day(s))
MEIJER TRUETRACK TEST	MEIJER TRUETRACK TEST STRIP *glucose blood*	TIER 3	QL (5 STRIP PER DAY(S)), PA-QL (10 Strip / Day(s))
MICRODOT TEST	MICRODOT TEST STRIP *glucose blood*	TIER 3	QL (5 STRIP PER DAY(S)), PA-QL (10 Strip / Day(s))
MM BLULINK GLUCOSE TEST	MM BLULINK GLUCOSE TEST STRIP *glucose blood*	TIER 3	QL (5 STRIP PER DAY(S)), PA-QL (10 Strip / Day(s))
MM EASY TOUCH GLUCOSE	MM EASY TOUCH GLUCOSE STRIP *glucose blood*	TIER 3	QL (5 STRIP PER DAY(S)), PA-QL (10 Strip / Day(s))
MOBI CONNECT TEST STRIPS	MOBI CONNECT TEST STRIPS STRIP *glucose blood*	TIER 3	QL (5 STRIP PER DAY(S)), PA-QL (10 Strip / Day(s))
MYGLUCOHEALTH TEST	MYGLUCOHEALTH TEST STRIP *glucose blood*	TIER 3	QL (5 STRIP PER DAY(S)), PA-QL (10 Strip / Day(s))
NEUTEK 2TEK TEST	NEUTEK 2TEK TEST STRIP *glucose blood*	TIER 3	QL (5 STRIP PER DAY(S)), PA-QL (10 Strip / Day(s))
NOVA MAX GLUCOSE TEST	NOVA MAX GLUCOSE TEST STRIP *glucose blood*	TIER 3	QL (5 STRIP PER DAY(S)), PA-QL (10 Strip / Day(s))
NOVA MAX PLUS KETONE TEST	NOVA MAX PLUS KETONE TEST STRIP *ketone blood test*	TIER 2	
ON CALL EXPRESS BLOOD GLUCOSE	ON CALL EXPRESS BLOOD GLUCOSE STRIP *glucose blood*	TIER 3	QL (5 STRIP PER DAY(S)), PA-QL (10 Strip / Day(s))

BRAND NAME	DRUG DESCRIPTION (RX)	TIER	LIMITS & RESTRICTIONS
ONE DROP TEST	ONE DROP TEST STRIP *glucose blood*	TIER 3	QL (5 STRIP PER DAY(S)), PA-QL (10 Strip / Day(s))
ONETOUCH ULTRA	ONETOUCH ULTRA STRIP *glucose blood*	TIER 3	QL (5 STRIP PER DAY(S)), MN-PA (Medically Necessary Prior Authorization), PA-QL (10 Strip / Day(s)), PV
ONETOUCH ULTRA BLUE TEST	ONETOUCH ULTRA BLUE TEST STRIP *glucose blood*	TIER 3	QL (5 STRIP PER DAY(S)), MN-PA (Medically Necessary Prior Authorization), PA-QL (10 Strip / Day(s)), PV
ONETOUCH ULTRA TEST	ONETOUCH ULTRA TEST STRIP *glucose blood*	TIER 3	QL (5 STRIP PER DAY(S)), MN-PA (Medically Necessary Prior Authorization), PA-QL (10 Strip / Day(s)), PV
ONETOUCH VERIO	ONETOUCH VERIO STRIP *glucose blood*	TIER 3	QL (5 STRIP PER DAY(S)), MN-PA (Medically Necessary Prior Authorization), PA-QL (10 Strip / Day(s)), PV
OPTIUMEZ TEST	OPTIUMEZ TEST STRIP *glucose blood*	TIER 3	QL (5 STRIP PER DAY(S)), PA-QL (10 Strip / Day(s))
PHARMACIST CHOICE AUTOCODE	PHARMACIST CHOICE AUTOCODE STRIP *glucose blood*	TIER 3	QL (5 STRIP PER DAY(S)), PA-QL (10 Strip / Day(s))
PHARMACIST CHOICE NO CODING	PHARMACIST CHOICE NO CODING STRIP *glucose blood*	TIER 3	QL (5 STRIP PER DAY(S)), PA-QL (10 Strip / Day(s))
PIP BLOOD GLUCOSE TEST STRIP	PIP BLOOD GLUCOSE TEST STRIP STRIP *glucose blood*	TIER 3	QL (5 STRIP PER DAY(S)), PA-QL (10 Strip / Day(s))
POCKETCHEM EZ TEST	POCKETCHEM EZ TEST STRIP *glucose blood*	TIER 3	QL (5 STRIP PER DAY(S)), PA-QL (10 Strip / Day(s))
PRECISION XTRA BLOOD GLUCOSE	PRECISION XTRA BLOOD GLUCOSE STRIP *glucose blood*	TIER 3	QL (5 STRIP PER DAY(S)), PA-QL (10 Strip / Day(s))
PRECISION XTRA KETONE	PRECISION XTRA KETONE STRIP *ketone blood test*	TIER 2	
PREMIUM BLOOD GLUCOSE TEST	PREMIUM BLOOD GLUCOSE TEST STRIP *glucose blood*	TIER 3	QL (5 STRIP PER DAY(S)), PA-QL (10 Strip / Day(s))
PRO VOICE V8/V9 GLUCOSE	PRO VOICE V8/V9 GLUCOSE STRIP *glucose blood*	TIER 3	QL (5 STRIP PER DAY(S)), PA-QL (10 Strip / Day(s))
PRODIGY NO CODING BLOOD GLUC	PRODIGY NO CODING BLOOD GLUC STRIP *glucose blood*	TIER 3	QL (5 STRIP PER DAY(S)), PA-QL (10 Strip / Day(s))

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BRAND NAME	DRUG DESCRIPTION (RX)	TIER	LIMITS & RESTRICTIONS
PTS PANELSEGLU TEST	PTS PANELSEGLU TEST STRIP *glucose blood*	TIER 3	QL (5 STRIP PER DAY(S)), PA-QL (10 Strip / Day(s))
QUICK TOUCH BLOOD GLUCOSE TEST	QUICK TOUCH BLOOD GLUCOSE TEST STRIP *glucose blood*	TIER 3	QL (5 STRIP PER DAY(S)), PA-QL (10 Strip / Day(s))
QUICKTEK TEST	QUICKTEK TEST STRIP *glucose blood*	TIER 3	QL (5 STRIP PER DAY(S)), PA-QL (10 Strip / Day(s))
QUINTET AC BLOOD GLUCOSE TEST	QUINTET AC BLOOD GLUCOSE TEST STRIP *glucose blood*	TIER 3	QL (5 STRIP PER DAY(S)), PA-QL (10 Strip / Day(s))
QUINTET BLOOD GLUCOSE TEST	QUINTET BLOOD GLUCOSE TEST STRIP *glucose blood*	TIER 3	QL (5 STRIP PER DAY(S)), PA-QL (10 Strip / Day(s))
REFUAH PLUS BLOOD GLUCOSE TEST	REFUAH PLUS BLOOD GLUCOSE TEST STRIP *glucose blood*	TIER 3	QL (5 STRIP PER DAY(S)), PA-QL (10 Strip / Day(s))
RELION BLOOD GLUCOSE TEST	RELION BLOOD GLUCOSE TEST STRIP *glucose blood*	TIER 3	QL (5 STRIP PER DAY(S)), PA-QL (10 Strip / Day(s))
RELION CONFIRM/MICRO TEST	RELION CONFIRM/MICRO TEST STRIP *glucose blood*	TIER 3	QL (5 STRIP PER DAY(S)), PA-QL (10 Strip / Day(s))
RELION GLUCOSE TEST STRIPS	RELION GLUCOSE TEST STRIPS STRIP *glucose blood*	TIER 3	QL (5 STRIP PER DAY(S)), PA-QL (10 Strip / Day(s))
RELION KETONE TEST	RELION KETONE TEST STRIP *acetone (urine) test*	TIER 2	
RELION PREMIER TEST	RELION PREMIER TEST STRIP *glucose blood*	TIER 3	QL (5 STRIP PER DAY(S)), PA-QL (10 Strip / Day(s))
RELION PRIME TEST	RELION PRIME TEST STRIP *glucose blood*	TIER 3	QL (5 STRIP PER DAY(S)), PA-QL (10 Strip / Day(s))
RELION TRUE METRIX TEST STRIPS	RELION TRUE METRIX TEST STRIPS STRIP *glucose blood*	TIER 2	QL (5 STRIP PER DAY(S)), PA-QL (10 Strip / Day(s))
RELION ULTIMA TEST	RELION ULTIMA TEST STRIP *glucose blood*	TIER 3	QL (5 STRIP PER DAY(S)), PA-QL (10 Strip / Day(s))
REXALL BLOOD GLUCOSE TEST	REXALL BLOOD GLUCOSE TEST STRIP *glucose blood*	TIER 3	QL (5 STRIP PER DAY(S)), PA-QL (10 Strip / Day(s))
RIGHTEST GS100 BLOOD GLUCOSE	RIGHTEST GS100 BLOOD GLUCOSE STRIP *glucose blood*	TIER 3	QL (5 STRIP PER DAY(S)), PA-QL (10 Strip / Day(s))

BRAND NAME	DRUG DESCRIPTION (RX)	TIER	LIMITS & RESTRICTIONS
RIGHTEST GS300 BLOOD GLUCOSE	RIGHTEST GS300 BLOOD GLUCOSE STRIP *glucose blood*	TIER 3	QL (5 STRIP PER DAY(S)), PA-QL (10 Strip / Day(s))
RIGHTEST GS550 BLOOD GLUCOSE	RIGHTEST GS550 BLOOD GLUCOSE STRIP *glucose blood*	TIER 3	QL (5 STRIP PER DAY(S)), PA-QL (10 Strip / Day(s))
RIGHTEST GT333 BLOOD GLUCOSE	RIGHTEST GT333 BLOOD GLUCOSE STRIP *glucose blood*	TIER 3	QL (5 STRIP PER DAY(S)), PA-QL (10 Strip / Day(s))
RIGHTEST GT333 GLUCOSE TEST	RIGHTEST GT333 GLUCOSE TEST STRIP *glucose blood*	TIER 3	QL (5 STRIP PER DAY(S)), PA-QL (10 Strip / Day(s))
SMART SENSE PREMIUM TEST	SMART SENSE PREMIUM TEST STRIP *glucose blood*	TIER 3	QL (5 STRIP PER DAY(S)), PA-QL (10 Strip / Day(s))
SMART SENSE VALUE TEST	SMART SENSE VALUE TEST STRIP *glucose blood*	TIER 3	QL (5 STRIP PER DAY(S)), PA-QL (10 Strip / Day(s))
SMARTEST BLOOD GLUCOSE TEST	SMARTEST BLOOD GLUCOSE TEST STRIP *glucose blood*	TIER 3	QL (5 STRIP PER DAY(S)), PA-QL (10 Strip / Day(s))
SOLUS V2 TEST	SOLUS V2 TEST STRIP *glucose blood*	TIER 3	QL (5 STRIP PER DAY(S)), PA-QL (10 Strip / Day(s))
SUPREME TEST	SUPREME TEST STRIP *glucose blood*	TIER 3	QL (5 STRIP PER DAY(S)), PA-QL (10 Strip / Day(s))
TGT BLOOD GLUCOSE TEST	TGT BLOOD GLUCOSE TEST STRIP *glucose blood*	TIER 3	QL (5 STRIP PER DAY(S)), PA-QL (10 Strip / Day(s))
TRUE FOCUS BLOOD GLUCOSE STRIP	TRUE FOCUS BLOOD GLUCOSE STRIP STRIP *glucose blood*	TIER 3	QL (5 STRIP PER DAY(S)), PA-QL (10 Strip / Day(s))
TRUE METRIX BLOOD GLUCOSE TEST	TRUE METRIX BLOOD GLUCOSE TEST STRIP *glucose blood*	TIER 3	QL (5 STRIP PER DAY(S)), PA-QL (10 Strip / Day(s))
TRUE METRIX BLOOD GLUCOSE TEST	TRUE METRIX BLOOD GLUCOSE TEST STRIP *glucose blood*	TIER 2	QL (5 STRIP PER DAY(S)), MN-PA (Medically Necessary Prior Authorization), PA-QL (10 Strip / Day(s))
TRUE METRIX PRO BLOOD GLUCOSE	TRUE METRIX PRO BLOOD GLUCOSE STRIP *glucose blood*	TIER 2	QL (5 STRIP PER DAY(S)), PA-QL (10 Strip / Day(s))
TRUENESS BLOOD GLUCOSE STRIPS	TRUENESS BLOOD GLUCOSE STRIPS STRIP *glucose blood*	TIER 3	QL (5 STRIP PER DAY(S)), PA-QL (10 Strip / Day(s))

BRAND NAME	DRUG DESCRIPTION (RX)	TIER	LIMITS & RESTRICTIONS
TRUETEST TEST	TRUETEST TEST STRIP *glucose blood*	TIER 3	QL (5 STRIP PER DAY(S)), PA-QL (10 Strip / Day(s))
TRUETRACK TEST	TRUETRACK TEST STRIP *glucose blood*	TIER 3	QL (5 STRIP PER DAY(S)), PA-QL (10 Strip / Day(s))
UNISTRIP1 GENERIC	UNISTRIP1 GENERIC STRIP *glucose blood*	TIER 3	QL (5 STRIP PER DAY(S)), PA-QL (10 Strip / Day(s))
VERASENS BLOOD GLUCOSE TEST	VERASENS BLOOD GLUCOSE TEST STRIP *glucose blood*	TIER 3	QL (5 STRIP PER DAY(S)), PA-QL (10 Strip / Day(s))
VIVAGUARD INO TEST STRIPS	VIVAGUARD INO TEST STRIPS STRIP *glucose blood*	TIER 3	QL (5 STRIP PER DAY(S)), PA-QL (10 Strip / Day(s))
MULTIPLE URINE TESTS			
CHEMSTRIP 10 MD	CHEMSTRIP 10 MD STRIP *multiple urine tests*	TIER 2	
CHEMSTRIP 10/SG	CHEMSTRIP 10/SG STRIP *multiple urine tests*	TIER 2	
CHEMSTRIP 2 GP	CHEMSTRIP 2 GP STRIP *multiple urine tests*	TIER 2	
CHEMSTRIP 5 OB	CHEMSTRIP 5 OB STRIP *multiple urine tests*	TIER 2	
CHEMSTRIP 7	CHEMSTRIP 7 STRIP *multiple urine tests*	TIER 2	
CHEMSTRIP 9	CHEMSTRIP 9 STRIP *multiple urine tests*	TIER 2	
CHEMSTRIP UGK	CHEMSTRIP UGK STRIP *urine glucose-ketones test*	TIER 2	
CVS KETONE CARE	CVS KETONE CARE STRIP *urine glucose-ketones test*	TIER 2	
KETO-DIASTIX	KETO-DIASTIX STRIP *urine glucose-ketones test*	TIER 2	
MULTISTIX 10 SG	MULTISTIX 10 SG STRIP *multiple urine tests*	TIER 2	
DIAGNOSTIC DRUGS			
THYROGEN	THYROGEN 0.9 MG RECON SOLN *thyrotropin alfa*	SP-M	S

BRAND NAME	DRUG DESCRIPTION (RX)	TIER	LIMITS & RESTRICTIONS
DIAGNOSTIC RADIOPHARMACEUTICALS - CARDIAC			
CARDIOGEN-82	CARDIOGEN-82 RECON SOLN *rubidium rb 82 chloride*	SP-M	S
MEDICAL DEVICES AND SUPPLIES NEEDLES & SYRINGES			
INSULIN PEN NEEDLE	INSULIN PEN NEEDLE *insulin pen needle*	TIER 2	PV
INSULIN SYRINGE	INSULIN SYRINGE *insulin syringe*	TIER 2	PV
INSULIN SYRINGE NEEDLE	INSULIN SYRINGE NEEDLE *insulin syringe needle*	TIER 2	PV
SPACER/AEROSOL-HOLDING CHAMBERS & SUPPLIES			
AEROCHAMBER HOLDING CHAMBER	AEROCHAMBER HOLDING CHAMBER DEVICE *spacer/aerosol-holding chambers*	RX-DME	
AEROCHAMBER MINI CHAMBER	AEROCHAMBER MINI CHAMBER DEVICE *spacer/aerosol-holding chambers*	RX-DME	
AEROCHAMBER MV	AEROCHAMBER MV MISC *spacer/aerosol-holding chambers*	RX-DME	
AEROCHAMBER PLS FLOVU MTHPIECE	AEROCHAMBER PLS FLOVU MTHPIECE DEVICE *spacer/aerosol-holding chambers*	RX-DME	
AEROCHAMBER PLUS FLO-VU	AEROCHAMBER PLUS FLO-VU MISC *spacer/aerosol-holding chambers*	RX-DME	
AEROCHAMBER PLUS FLO-VU INTERM	AEROCHAMBER PLUS FLO-VU INTERM DEVICE *spacer/aerosol-holding chambers*	RX-DME	

BRAND NAME	DRUG DESCRIPTION (RX)	TIER	LIMITS & RESTRICTIONS
AEROCHAMBER PLUS FLO-VU LARGE	AEROCHAMBER PLUS FLO-VU LARGE (DEVICE, MISC) *spacer/aerosol-holding chambers*	RX-DME	
AEROCHAMBER PLUS FLO-VU MEDIUM	AEROCHAMBER PLUS FLO-VU MEDIUM (DEVICE, MISC) *spacer/aerosol-holding chambers*	RX-DME	
AEROCHAMBER PLUS FLO-VU SMALL	AEROCHAMBER PLUS FLO-VU SMALL (DEVICE, MISC) *spacer/aerosol-holding chambers*	RX-DME	
AEROCHAMBER PLUS FLO-VU W/MASK	AEROCHAMBER PLUS FLO-VU W/MASK MISC *spacer/aerosol-holding chambers*	RX-DME	
AEROCHAMBER PLUS FLOW VU	AEROCHAMBER PLUS FLOW VU MISC *spacer/aerosol-holding chambers*	RX-DME	
AEROCHAMBER W/FLOWSIGNAL	AEROCHAMBER W/FLOWSIGNAL MISC *spacer/aerosol-holding chambers*	RX-DME	
AEROCHAMBER Z-STAT PLUS	AEROCHAMBER Z-STAT PLUS MISC *spacer/aerosol-holding chambers*	RX-DME	
AEROCHAMBER Z-STAT PLUS CHAMBR	AEROCHAMBER Z-STAT PLUS CHAMBR MISC *spacer/aerosol-holding chambers*	RX-DME	
AEROCHAMBER Z-STAT PLUS/LARGE	AEROCHAMBER Z-STAT PLUS/LARGE MISC *spacer/aerosol-holding chambers*	RX-DME	
AEROCHAMBER Z-STAT PLUS/MEDIUM	AEROCHAMBER Z-STAT PLUS/MEDIUM MISC *spacer/aerosol-holding chambers*	RX-DME	
AEROCHAMBER Z-STAT PLUS/SMALL	AEROCHAMBER Z-STAT PLUS/SMALL MISC *spacer/aerosol-holding chambers*	RX-DME	

BRAND NAME	DRUG DESCRIPTION (RX)	TIER	LIMITS & RESTRICTIONS
AEROCHAMBER2GO ANTI-STATIC	AEROCHAMBER2GO ANTI-STATIC DEVICE *spacer/aerosol-holding chambers*	RX-DME	
AEROVENT PLUS	AEROVENT PLUS DEVICE *spacer/aerosol-holding chambers*	RX-DME	
BREATHE COMFORT CHAMBER/ADULT	BREATHE COMFORT CHAMBER/ADULT DEVICE *spacer/aerosol-holding chambers*	RX-DME	
BREATHE COMFORT CHAMBER/CHILD	BREATHE COMFORT CHAMBER/CHILD DEVICE *spacer/aerosol-holding chambers*	RX-DME	
BREATHE EASE LARGE	BREATHE EASE LARGE DEVICE *spacer/aerosol-holding chambers*	RX-DME	
BREATHE EASE MEDIUM	BREATHE EASE MEDIUM DEVICE *spacer/aerosol-holding chambers*	RX-DME	
BREATHE EASE SMALL	BREATHE EASE SMALL DEVICE *spacer/aerosol-holding chambers*	RX-DME	
CLEVER CHOICE HOLDING CHAMBER	CLEVER CHOICE HOLDING CHAMBER DEVICE *spacer/aerosol-holding chambers*	RX-DME	
COMPACT SPACE CHAMBER	COMPACT SPACE CHAMBER DEVICE *spacer/aerosol-holding chambers*	RX-DME	
COMPACT SPACE CHAMBER/LG MASK	COMPACT SPACE CHAMBER/LG MASK DEVICE *spacer/aerosol-holding chambers*	RX-DME	
COMPACT SPACE CHAMBER/MED MASK	COMPACT SPACE CHAMBER/MED MASK DEVICE *spacer/aerosol-holding chambers*	RX-DME	

BRAND NAME	DRUG DESCRIPTION (RX)	TIER	LIMITS & RESTRICTIONS
COMPACT SPACE CHAMBER/SM MASK	COMPACT SPACE CHAMBER/SM MASK DEVICE *spacer/aerosol-holding chambers*	RX-DME	
EASIVENT	EASIVENT MISC *spacer/aerosol-holding chambers*	RX-DME	
EASIVENT MASK LARGE	EASIVENT MASK LARGE MISC *spacer/aerosol-holding chambers*	RX-DME	
EASIVENT MASK MEDIUM	EASIVENT MASK MEDIUM MISC *spacer/aerosol-holding chambers*	RX-DME	
EASIVENT MASK SMALL	EASIVENT MASK SMALL MISC *spacer/aerosol-holding chambers*	RX-DME	
EQ SPACE CHAMBER ANTI-STATIC	EQ SPACE CHAMBER ANTI-STATIC DEVICE *spacer/aerosol-holding chambers*	RX-DME	
EQ SPACE CHAMBER ANTI-STATIC L	EQ SPACE CHAMBER ANTI-STATIC L DEVICE *spacer/aerosol-holding chambers*	RX-DME	
EQ SPACE CHAMBER ANTI-STATIC M	EQ SPACE CHAMBER ANTI-STATIC M DEVICE *spacer/aerosol-holding chambers*	RX-DME	
EQ SPACE CHAMBER ANTI-STATIC S	EQ SPACE CHAMBER ANTI-STATIC S DEVICE *spacer/aerosol-holding chambers*	RX-DME	
FLEXICHAMBER	FLEXICHAMBER DEVICE *spacer/aerosol-holding chambers*	RX-DME	
FLEXICHAMBER ADULT MASK/SMALL	FLEXICHAMBER ADULT MASK/SMALL MISC *spacer/aerosol-holding chamber supplies - masks*	RX-DME	

BRAND NAME	DRUG DESCRIPTION (RX)	TIER	LIMITS & RESTRICTIONS
FLEXICHAMBER CHILD MASK/LARGE	FLEXICHAMBER CHILD MASK/LARGE MISC *spacer/aerosol-holding chamber supplies - masks*	RX-DME	
FLEXICHAMBER CHILD MASK/SMALL	FLEXICHAMBER CHILD MASK/SMALL MISC *spacer/aerosol-holding chamber supplies - masks*	RX-DME	
INSPIREASE	INSPIREASE MISC *spacer/aerosol-holding chambers*	RX-DME	
MASK VORTEX/CHILD/FROG	MASK VORTEX/CHILD/FROG MISC *spacer/aerosol-holding chamber supplies - masks*	RX-DME	
MASK VORTEX/TODDLER/LADYBUG	MASK VORTEX/TODDLER/LADY BUG MISC *spacer/aerosol-holding chamber supplies - masks*	RX-DME	
MICROCHAMBER	MICROCHAMBER (DEVICE, MISC) *spacer/aerosol-holding chambers*	RX-DME	
MICROSPACER	MICROSPACER MISC *spacer/aerosol-holding chambers*	RX-DME	
OPTICHAMBER DIAMOND	OPTICHAMBER DIAMOND (DEVICE, MISC) *spacer/aerosol-holding chambers*	RX-DME	
OPTICHAMBER DIAMOND-LG MASK	OPTICHAMBER DIAMOND-LG MASK DEVICE *spacer/aerosol-holding chambers*	RX-DME	
OPTICHAMBER DIAMOND-MD MASK	OPTICHAMBER DIAMOND-MD MASK MISC *spacer/aerosol-holding chambers*	RX-DME	
OPTICHAMBER DIAMOND-SM MASK	OPTICHAMBER DIAMOND-SM MASK MISC *spacer/aerosol-holding chambers*	RX-DME	

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BRAND NAME	DRUG DESCRIPTION (RX)	TIER	LIMITS & RESTRICTIONS
PANDA MASK LARGE	PANDA MASK LARGE MISC *spacer/aerosol-holding chamber supplies - masks*	RX-DME	
PANDA MASK MEDIUM	PANDA MASK MEDIUM MISC *spacer/aerosol-holding chamber supplies - masks*	RX-DME	
PANDA MASK SMALL	PANDA MASK SMALL MISC *spacer/aerosol-holding chamber supplies - masks*	RX-DME	
PARI VORTEX PEDIATRIC MASK	PARI VORTEX PEDIATRIC MASK MISC *spacer/aerosol-holding chamber supplies - masks*	RX-DME	
PEDIATRIC PANDA MASK	PEDIATRIC PANDA MASK MISC *spacer/aerosol-holding chamber supplies - masks*	RX-DME	
POCKET CHAMBER	POCKET CHAMBER DEVICE *spacer/aerosol-holding chambers*	RX-DME	
POCKET SPACER	POCKET SPACER DEVICE *spacer/aerosol-holding chambers*	RX-DME	
PRO COMFORT SPACER ADULT	PRO COMFORT SPACER ADULT MISC *spacer/aerosol-holding chambers*	RX-DME	
PRO COMFORT SPACER CHILD	PRO COMFORT SPACER CHILD MISC *spacer/aerosol-holding chambers*	RX-DME	
PRO COMFORT SPACER INFANT	PRO COMFORT SPACER INFANT DEVICE *spacer/aerosol-holding chambers*	RX-DME	
PROCARE SPACER/ADULT MASK	PROCARE SPACER/ADULT MASK DEVICE *spacer/aerosol-holding chambers*	RX-DME	

BRAND NAME	DRUG DESCRIPTION (RX)	TIER	LIMITS & RESTRICTIONS
PROCARE SPACER/CHILD MASK	PROCARE SPACER/CHILD MASK DEVICE *spacer/aerosol-holding chambers*	RX-DME	
PROCHAMBER VHC	PROCHAMBER VHC DEVICE *spacer/aerosol-holding chambers*	RX-DME	
PURE COMFORT SPACER CHAMBER	PURE COMFORT SPACER CHAMBER DEVICE *spacer/aerosol-holding chambers*	RX-DME	
RITEFLO	RITEFLO DEVICE *spacer/aerosol-holding chambers*	RX-DME	
VORTEX VALVE CHAMBER-PEDI MASK	VORTEX VALVE CHAMBER-PEDI MASK DEVICE *spacer/aerosol-holding chambers*	RX-DME	
VORTEX VALVED HOLDING CHAMBER	VORTEX VALVED HOLDING CHAMBER DEVICE *spacer/aerosol-holding chambers*	RX-DME	
INSULIN ADMINISTRATION SUPPLIES			
MINT REFILL KIT	MINT REFILL KIT MISC *insulin infusion disposable pump*	RX-DME	PA, QL (10 POD PER 30 DAY(S)), PA-QL (30 Pod / 30 Day(s))
OMNIPOD 5 DEXG7G6 PODS GEN 5	OMNIPOD 5 DEXG7G6 PODS GEN 5 MISC *insulin infusion disposable pump*	RX-DME	PA, QL (10 POD PER 30 DAY(S)), PA-QL (30 Pod / 30 Day(s))
OMNIPOD 5 G7 PODS (GEN 5)	OMNIPOD 5 G7 PODS (GEN 5) MISC *insulin infusion disposable pump*	RX-DME	PA, QL (10 POD PER 30 DAY(S)), PA-QL (30 Pod / 30 Day(s))
OMNIPOD 5 LIBRE PODS	OMNIPOD 5 LIBRE PODS MISC *insulin infusion disposable pump*	RX-DME	PA, QL (10 POD PER 30 DAY(S)), PA-QL (30 Pod / 30 Day(s))

BRAND NAME	DRUG DESCRIPTION (RX)	TIER	LIMITS & RESTRICTIONS
OMNIPOD CLASSIC PODS (GEN 3)	OMNIPOD CLASSIC PODS (GEN 3) MISC *insulin infusion disposable pump*	RX-DME	PA, QL (10 POD PER 30 DAY(S)), PA-QL (30 Pod / 30 Day(s))
OMNIPOD DASH PODS (GEN 4)	OMNIPOD DASH PODS (GEN 4) MISC *insulin infusion disposable pump*	RX-DME	PA, QL (10 POD PER 30 DAY(S)), PA-QL (30 Pod / 30 Day(s))
TWIIST REFILL KIT	TWIIST REFILL KIT KIT *insulin infusion disposable pump*	RX-DME	PA, QL (1 KIT PER 30 DAY(S)), PA-QL (2 Kit / 30 day(s))
TWIIST REFILL KIT/INFUSION SET	TWIIST REFILL KIT/INFUSION SET KIT *insulin infusion disposable pump*	RX-DME	PA, QL (1 KIT PER 30 DAY(S)), PA-QL (2 kits per 30 days)
GLUCOSE MONITORING TEST SUPPLIES			
DEXCOM G6 RECEIVER	DEXCOM G6 RECEIVER DEVICE *continuous blood glucose system receiver*	TIER 2	PA, QL (1 PER YEAR(S))
DEXCOM G6 SENSOR	DEXCOM G6 SENSOR MISC *continuous glucose system sensor*	TIER 2	PA, QL (3 PER 30 DAY(S))
DEXCOM G6 TRANSMITTER	DEXCOM G6 TRANSMITTER MISC *continuous glucose system transmitter*	TIER 2	PA, QL (1 PER 90 DAY(S))
DEXCOM G7 15 DAY SENSOR	DEXCOM G7 15 DAY SENSOR MISC *continuous glucose system sensor*	TIER 2	PA, QL (2 SENSORS PER 30 DAY(S))
DEXCOM G7 RECEIVER	DEXCOM G7 RECEIVER DEVICE *continuous blood glucose system receiver*	TIER 2	PA, QL (1 PER 365 DAY(S))
DEXCOM G7 SENSOR	DEXCOM G7 SENSOR MISC *continuous glucose system sensor*	TIER 2	PA, QL (3 PER 30 DAY(S))
FREESTYLE LIBRE 14 DAY READER	FREESTYLE LIBRE 14 DAY READER DEVICE *continuous blood glucose system receiver*	TIER 2	PA, QL (1 PER YEAR(S))

BRAND NAME	DRUG DESCRIPTION (RX)	TIER	LIMITS & RESTRICTIONS
FREESTYLE LIBRE 14 DAY SENSOR	FREESTYLE LIBRE 14 DAY SENSOR MISC *continuous glucose system sensor*	TIER 2	PA, QL (2 PER 28 DAY(S))
FREESTYLE LIBRE 2 PLUS SENSOR	FREESTYLE LIBRE 2 PLUS SENSOR MISC *continuous glucose system sensor*	TIER 2	PA, QL (2 SENSORS PER 30 DAY(S))
FREESTYLE LIBRE 2 READER	FREESTYLE LIBRE 2 READER DEVICE *continuous blood glucose system receiver*	TIER 2	PA, QL (1 PER YEAR(S))
FREESTYLE LIBRE 2 SENSOR	FREESTYLE LIBRE 2 SENSOR MISC *continuous glucose system sensor*	TIER 2	PA, QL (2 PER 28 DAY(S))
FREESTYLE LIBRE 3 PLUS SENSOR	FREESTYLE LIBRE 3 PLUS SENSOR MISC *continuous glucose system sensor*	TIER 2	PA, QL (2 SENSORS PER 30 DAY(S))
FREESTYLE LIBRE 3 READER	FREESTYLE LIBRE 3 READER DEVICE *continuous blood glucose system receiver*	TIER 2	PA, QL (1 READER PER YEAR(S))
FREESTYLE LIBRE 3 SENSOR	FREESTYLE LIBRE 3 SENSOR MISC *continuous glucose system sensor*	TIER 2	PA, QL (2 PER 28 DAY(S))
FREESTYLE LIBRE READER	FREESTYLE LIBRE READER DEVICE *continuous glucose system receiver*	TIER 2	PA, QL (1 PER YEAR(S))
LANCETS	LANCETS *lancets*	TIER 2	QL (150 PER 30 DAY(S)), PV
LANCETS	LANCETS *lancets*	TIER 2	QL (5 LANCET PER DAY(S)), PA-QL (10 Lancet / day(s)), PV
OCULAR IMPLANTS			
SUSVIMO OCULAR IMPLANT	SUSVIMO OCULAR IMPLANT IMPLANT *ocular implant*	SP-M	PA, S, MN-PA (Medically Necessary Prior Authorization)
APPLICATORS,COTTON BALLS,ETC			
BD SWAB SINGLE USE REGULAR	BD SWAB SINGLE USE REGULAR PAD *alcohol swabs*	TIER 2	

BRAND NAME	DRUG DESCRIPTION (RX)	TIER	LIMITS & RESTRICTIONS
RA ALCOHOL SWABS	RA ALCOHOL SWABS 70 % PAD *alcohol swabs*	TIER 2	
SM ALCOHOL PREP	SM ALCOHOL PREP (70%PAD, PAD) *alcohol swabs*	TIER 2	
PHARMACEUTICAL ADJUVANTS PARENTERAL VEHICLES			
SODIUM CHLORIDE BACTERIOSTATIC	SODIUM CHLORIDE BACTERIOSTATIC 0.9 % SOLUTION *bacteriostatic sodium chloride*	TIER 1	
MISCELLANEOUS THERAPEUTIC CLASSES ALLOGENEIC THYMUS TISSUE			
RETHYMIC	RETHYMIC IMPLANT *allogeneic processed thymus tissue-agdc*	SP-M	S
CHELATING AGENTS			
DEPEN TITRATABS	DEPEN TITRATABS 250 MG TAB *penicillamine*	SP-NP	S, GA
penicillamine	*penicillamine 250 mg tab*	SP-P	SBG (Specialty Biosimilars and Specialty generics), S
SYPRINE	SYPRINE 250 MG CAP *trientine hcl*	SP-NP	S, GA
trientine hcl	*trientine hcl 250 mg cap*	SP-P	SBG (Specialty Biosimilars and Specialty generics), S
ENZYMES			
XIAFLEX	XIAFLEX 0.9 MG RECON SOLN *collagenase clostridium histolyticum*	SP-M	PA, S
FECAL INCONTINENCE BULKING AGENT - COMBINATIONS			
SOLESTA	SOLESTA 50-15 MG/ML GEL *dextranomer-sodium hyaluronate*	SP-M	S

BRAND NAME	DRUG DESCRIPTION (RX)	TIER	LIMITS & RESTRICTIONS
ACTIVATED PHOSPHOINOSITIDE 3-KINASE DELTA SYNDROME AGENT			
JOENJA	JOENJA (40 MG TAB, 50 MG TAB) *leniolisib phosphate*	P&T	PA, QL (2 TAB PER DAY(S)), S
JOENJA	JOENJA 70 MG TAB *leniolisib phosphate*	SP-NP	PA, QL (2 PER 1 DAY(S)), S
ANTILEPROTICS			
THALOMID	THALOMID (150 MG CAP, 200 MG CAP) *thalidomide*	SP-P	QL (2 PER 1 DAY), S
THALOMID	THALOMID (50 MG CAP, 100 MG CAP) *thalidomide*	SP-P	QL (1 PER 1 DAY), S
COLONY STIMULATING FACTOR-1 RECEPTOR (CSF-1R) ANTIBODIES			
NIKTIMVO	NIKTIMVO (9 MG/0.18ML SOLUTION, 9 MG/0.9ML SOLUTION, 22 MG/0.44ML SOLUTION, 22 MG/2.2ML SOLUTION) *axatilimab-csfr*	SP-M	PA, S
IMMUNOMODULATORS - ALLOGENEIC CELLULAR IMMUNOTHERAPY			
RYONCIL 100KG TO <112.5KG	RYONCIL 100KG TO <112.5KG 9 X 3.8 ML KIT *remestemcel-l-rknd*	SP-M	PA, S
RYONCIL 112.5KG TO <125KG	RYONCIL 112.5KG TO <125KG 10 X 3.8 ML KIT *remestemcel-l-rknd*	SP-M	PA, S
RYONCIL 12.5KG TO <25KG	RYONCIL 12.5KG TO <25KG 2 X 3.8 ML KIT *remestemcel-l-rknd*	SP-M	PA, S
RYONCIL 125KG TO <137.5KG	RYONCIL 125KG TO <137.5KG 11 X 3.8 ML KIT *remestemcel-l-rknd*	SP-M	PA
RYONCIL 137.5KG TO <150KG	RYONCIL 137.5KG TO <150KG 12 X 3.8 ML KIT *remestemcel-l-rknd*	SP-M	PA, S
RYONCIL 25KG TO <37.5KG	RYONCIL 25KG TO <37.5KG 3 X 3.8 ML KIT *remestemcel-l-rknd*	SP-M	PA, S
RYONCIL 37.5KG TO <50KG	RYONCIL 37.5KG TO <50KG 4 X 3.8 ML KIT *remestemcel-l-rknd*	SP-M	PA, S

BRAND NAME	DRUG DESCRIPTION (RX)	TIER	LIMITS & RESTRICTIONS
RYONCIL 50KG TO <62.5KG	RYONCIL 50KG TO <62.5KG 5 X 3.8 ML KIT *remestemcel-l-rknd*	SP-M	PA, S
RYONCIL 62.5KG TO <75KG	RYONCIL 62.5KG TO <75KG 6 X 3.8 ML KIT *remestemcel-l-rknd*	SP-M	PA, S
RYONCIL 75KG TO <87.5KG	RYONCIL 75KG TO <87.5KG 7 X 3.8 ML KIT *remestemcel-l-rknd*	SP-M	PA, S
RYONCIL 87.5KG TO <100KG	RYONCIL 87.5KG TO <100KG 8 X 3.8 ML KIT *remestemcel-l-rknd*	SP-M	PA, S
RYONCIL <12.5KG	RYONCIL <12.5KG 1 X 3.8 ML KIT *remestemcel-l-rknd*	SP-M	PA, S
TREGZI	TREGZI SUSP THPK *allogeneic reg t cell immunotherapy w/ hspc & t cells-vldq*	P&T	S
IMMUNOMODULATORS FOR MYELODYSPLASTIC SYNDROMES			
lenalidomide	*lenalidomide (2.5 mg cap, 5 mg cap, 10 mg cap, 15 mg cap)*	SP-P	QL (1 PER 1 DAY), SBG (Specialty Biosimilars and Specialty generics), S
lenalidomide	*lenalidomide (20 mg cap, 25 mg cap)*	SP-P	QL (21 PER 28 DAY(S)), SBG (Specialty Biosimilars and Specialty generics), S
REVLIMID	REVLIMID (2.5 MG CAP, 5 MG CAP, 10 MG CAP, 15 MG CAP) *lenalidomide*	SP-NP	QL (1 PER 1 DAY), S, GA
REVLIMID	REVLIMID (20 MG CAP, 25 MG CAP) *lenalidomide*	SP-NP	QL (21 PER 28 DAY(S)), S, GA
NEONATAL FC RECEPTOR (FCRN) ANTAGONISTS			
IMAAVY	IMAAVY 1200 MG/6.5ML SOLUTION *nipocalimab-aahu*	SP-M	PA, S
IMAAVY	IMAAVY 300 MG/1.62ML SOLUTION *nipocalimab-aahu*	SP-M	S

BRAND NAME	DRUG DESCRIPTION (RX)	TIER	LIMITS & RESTRICTIONS
RYSTIGGO	RYSTIGGO (280 MG/2ML SOLUTION, 420 MG/3ML SOLUTION, 560 MG/4ML SOLUTION, 840 MG/6ML SOLUTION) *rozanolixizumab-noli*	SP-M	PA, S
VYVGART	VYVGART 400 MG/20ML SOLUTION *efgartigimod alfa-fcab*	SP-M	PA, S
ROCK INHIBITORS			
REZUROCK	REZUROCK 200 MG TAB *belumosudil mesylate*	SP-P	PA, QL (1 PER DAY(S)), S
IMMUNOMODULATORS - COMBINATIONS			
VYVGART HYTRULO	VYVGART HYTRULO 1000-10000 MG-UNT/5ML SOLN PRSYR *efgartigimod alfa-hyaluronidase-qvfc*	SP-NP	PA, QL (4 DOSES PER 50 DAY(S)), S
VYVGART HYTRULO	VYVGART HYTRULO 180-2000 MG-UNIT/ML SOLUTION *efgartigimod alfa-hyaluronidase-qvfc*	SP-M	PA, QL (4 PER 28 DAY(S)), S
CYCLOSPORINE ANALOGS			
cyclosporine	*cyclosporine (25 mg cap, 100 mg cap)*	TIER 1	
cyclosporine	*cyclosporine 50 mg/ml solution*	SP-M	S
cyclosporine modified	*cyclosporine modified (25 mg cap, 50 mg cap, 100 mg cap, 100 mg/ml solution)*	TIER 1	PA
gengraf	*gengraf (25 mg cap, 100 mg cap, 100 mg/ml solution)*	TIER 1	PA
LUPKYNIS	LUPKYNIS 7.9 MG CAP *voclosporin*	SP-NP	PA, QL (6 PER DAY(S)), S
NEORAL	NEORAL (25 MG CAP, 100 MG CAP, 100 MG/ML SOLUTION) *cyclosporine modified (for microemulsion)*	TIER 3	PA, GA

BRAND NAME	DRUG DESCRIPTION (RX)	TIER	LIMITS & RESTRICTIONS
SANDIMMUNE	SANDIMMUNE (25 MG CAP, 100 MG CAP, 100 MG/ML SOLUTION) *cyclosporine*	TIER 3	GA
SANDIMMUNE	SANDIMMUNE 50 MG/ML SOLUTION *cyclosporine*	SP-M	S, GA
INOSINE MONOPHOSPHATE DEHYDROGENASE INHIBITORS			
CELLCEPT	CELLCEPT (200 MG/ML RECON SUSP, 250 MG CAP, 500 MG TAB) *mycophenolate mofetil*	TIER 2	GA
CELLCEPT INTRAVENOUS	CELLCEPT INTRAVENOUS 500 MG RECON SOLN *mycophenolate mofetil hcl*	SP-M	S, GA
mycophenolate mofetil	*mycophenolate mofetil (200 mg/ml recon susp, 250 mg cap, 500 mg tab)*	TIER 1	
mycophenolate mofetil	*mycophenolate mofetil 500 mg recon soln*	SP-M	S
mycophenolate mofetil hcl	*mycophenolate mofetil hcl 500 mg recon soln*	SP-M	S
mycophenolate sodium	*mycophenolate sodium (180 mg tab dr, 360 mg tab dr)*	TIER 1	
mycophenolic acid	*mycophenolic acid (180 mg tab dr, 360 mg tab dr)*	TIER 1	
MYHIBBIN	MYHIBBIN 200 MG/ML SUSPENSION *mycophenolate mofetil*	TIER 2	
MACROLIDE IMMUNOSUPPRESSANTS			
ASTAGRAF XL	ASTAGRAF XL (0.5 MG CAP ER 24H, 1 MG CAP ER 24H, 5 MG CAP ER 24H) *tacrolimus*	SP-P	S, PV, GA
ENVARSUS XR	ENVARSUS XR (0.75 MG TAB ER 24H, 1 MG TAB ER 24H, 4 MG TAB ER 24H) *tacrolimus*	SP-P	S
everolimus	*everolimus (0.25 mg tab, 0.5 mg tab, 0.75 mg tab, 1 mg tab)*	SP-P	SBG (Specialty Biosimilars and Specialty generics), S

BRAND NAME	DRUG DESCRIPTION (RX)	TIER	LIMITS & RESTRICTIONS
PROGRAF	PROGRAF (0.2 MG PACKET, 0.5 MG CAP, 1 MG CAP, 1 MG PACKET, 5 MG CAP) *tacrolimus*	TIER 3	PA, GA
PROGRAF	PROGRAF 5 MG/ML SOLUTION *tacrolimus*	SP-M	PA, S, GA
sirolimus	*sirolimus (0.5 mg tab, 1 mg tab, 2 mg tab)*	TIER 1	
sirolimus	*sirolimus 1 mg/ml solution*	TIER 1	PA, QL (40 ML PER DAY(S))
tacrolimus	*tacrolimus (0.5 mg cap, 1 mg cap, 5 mg cap)*	TIER 1	PA
tacrolimus	*tacrolimus 5 mg/ml solution*	SP-M	PA, S
tacrolimus er	*tacrolimus er (er 0.5 mg cap er 24h, er 1 mg cap er 24h, er 5 mg cap er 24h)*	SP-P	S
ZORTRESS	ZORTRESS (0.25 MG TAB, 0.5 MG TAB, 0.75 MG TAB, 1 MG TAB) *everolimus (immunosuppressant)*	SP-P	S, GA
MONOCLONAL ANTIBODIES			
ENSPRYNG	ENSPRYNG 120 MG/ML SOLN PRSYR *satralizumab-mwge*	SP-P	PA, QL (1 PER 28 DAY(S)), S
GAMIFANT	GAMIFANT (10 MG/2ML SOLUTION, 50 MG/10ML SOLUTION, 100 MG/20ML SOLUTION) *emapalumab-lzsg*	SP-M	PA, S
UPLIZNA	UPLIZNA 100 MG/10ML SOLUTION *inebilizumab-cdon*	SP-M	PA, S
PURINE ANALOGS			
azathioprine	*azathioprine 50 mg tab*	TIER 1	
SELECTIVE T-CELL COSTIMULATION BLOCKERS			
NULOJIX	NULOJIX 250 MG RECON SOLN *belatacept*	SP-M	S

BRAND NAME	DRUG DESCRIPTION (RX)	TIER	LIMITS & RESTRICTIONS
B-LYMPHOCYTE STIMULATOR (BLYS)-SPECIFIC INHIBITORS			
BENLYSTA	BENLYSTA (120 MG RECON SOLN, 400 MG RECON SOLN) *belimumab*	SP-M	S
BENLYSTA	BENLYSTA (200 MG/ML SOLN A-INJ, 200 MG/ML SOLN PRSYR) *belimumab*	SP-P	S
TYPE I INTERFERON (IFN) RECEPTOR ANTAGONISTS			
SAPHNELO	SAPHNELO 120 MG/0.8ML SOLN PRSYR *anifrolumab-fnia*	SP-NP	PA, QL (4 SYR PER 28 DAY(S)), S
SAPHNELO	SAPHNELO 300 MG/2ML SOLUTION *anifrolumab-fnia*	SP-M	PA, S
SAPHNELO PEN	SAPHNELO PEN 120 MG/0.8ML SOLN A-INJ *anifrolumab-fnia*	SP-NP	PA, QL (4 PEN PER 28 DAY(S)), S
POTASSIUM REMOVING AGENTS			
kionex	*kionex 15 gm/60ml suspension*	TIER 1	
LOKELMA	LOKELMA (5 GM PACKET, 10 GM PACKET) *sodium zirconium cyclosilicate*	SP-P	S
sodium polystyrene sulfonate	*sodium polystyrene sulfonate (15gm/60mlsuspension, powder)*	TIER 1	
SPS (SODIUM POLYSTYRENE SULF)	SPS (SODIUM POLYSTYRENE SULF) (15 GM/60ML SUSPENSION, 30 GM/120ML SUSPENSION) *sodium polystyrene sulfonate*	TIER 1	
VELTASSA	VELTASSA (1 GM PACKET, 8.4 GM PACKET, 16.8 GM PACKET, 25.2 GM PACKET) *patiromer sorbitex calcium*	SP-P	S

BRAND NAME	DRUG DESCRIPTION (RX)	TIER	LIMITS & RESTRICTIONS
FARNESYLTRANSFERASE INHIBITORS			
ZOKINVY	ZOKINVY (50 MG CAP, 75 MG CAP) *lonafarnib*	SP-P	PA, QL (120 PER 30 DAY(S)), S, QLV (Quantity Limit Varies)
INTERLEUKIN-6 (IL-6) ANTAGONISTS			
SYLVANT	SYLVANT (100 MG RECON SOLN, 400 MG RECON SOLN) *siltuximab*	SP-M	S
PIK3CA-RELATED OVERGROWTH SPECTRUM AGENTS - PI3K INHIB			
VIJOICE	VIJOICE (50 MG TAB THPK, 125 MG TAB THPK, 200 & 50 MG TAB THPK) *alpelisib (pros agents)*	SP-NP	PA, QL (2 PER DAY(S)), S
VIJOICE	VIJOICE 50 MG PACKET *alpelisib (pros agents)*	SP-NP	PA, QL (1 PACKET PER 1 DAY(S)), S
SCLEROSING AGENTS			
VARITHENA	VARITHENA 180 MG/18ML FOAM *polidocanol (laureth-9)*	SP-M	S
TISSUE ENGINEERED NERVES - ACELLULAR			
AVANCE NERVE GRAFT	AVANCE NERVE GRAFT (151-2IMPLANT, 152-3IMPLANT, 153-4IMPLANT, 154-5IMPLANT, 301-2IMPLANT, 302-3IMPLANT, 303-4IMPLANT, 304-5IMPLANT, 501-2IMPLANT, 502-3IMPLANT, 503-4IMPLANT, 504-5IMPLANT, 701-2IMPLANT, 702-3IMPLANT, 703-4IMPLANT, 704-5IMPLANT) *acellular nerve allograft-arwx*	SP-M	S

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Wellmark Language Assistance

Discrimination is against the law

Wellmark Blue Cross and Blue Shield complies with applicable state and federal civil rights laws and does not discriminate on the basis of race, color, national origin, age, disability, sex, sexual orientation, or gender identity.

Wellmark provides:

- Free aids and services to people with disabilities so they may communicate effectively with us, such as:
  - Qualified sign language interpreters
  - Written information in other formats (large print, audio, accessible electronic formats, other formats)
- Free language services to people whose primary language is not English, such as:
  - Qualified interpreters
  - Information written in other languages

You have the right to get this information and help in your language for free. If you need these services, call 800-524-9242.

ATENCIÓN: Si habla español, los servicios de asistencia de idiomas se encuentran disponibles gratuitamente para usted. Comuníquese al 800-524-9242 o al (TTY: 888-781-4262).

注意：如果您说普通话，我们可免费为您提供语言协助服务。请拨打 800-524-9242 或（听障专线：888-781-4262）。

CHÚ Ý: Nếu quý vị nói tiếng Việt, các dịch vụ hỗ trợ ngôn ngữ miễn phí có sẵn cho quý vị. Xin hãy liên hệ 800-524-9242 hoặc (TTY: 888-781-4262).

NAPOMENA: Ako govorite hrvatski, dostupna Vam je besplatna podrška na Vašem jeziku. Kontaktirajte 800-524-9242 ili (tekstualni telefon za osobe oštećena sluha: 888-781-4262).

ACHTUNG: Wenn Sie deutsch sprechen, stehen Ihnen kostenlose sprachliche Assistenzdienste zur Verfügung. Rufnummer: 800-524-9242 oder (TTY: 888-781-4262).

تنبيه: إذا كنت تتحدث اللغة العربية، فإننا نوفر لك خدمات المساعدة اللغوية المجانية. اتصل بالرقم 800-524-9242 أو (خدمة الهاتف النصي: 888-781-4262).

ສ່ຽງຄວນເອົາໃຈໃສ່, ພາສາລາວ ຖ້າທ່ານເວົ້າ: ພວກເຮົາມີບໍລິການຄວາມຊ່ວຍເຫຼືອດ້ານພາສາ ໃຫ້ທ່ານໂດຍບໍ່ເສຍຄ່າ ຫຼື 800-524-9242 ຕິດຕໍ່ທີ. (TTY: 888-781-4262.)

주의: 한국어 를 사용하시는 경우, 무료 언어 지원 서비스를 이용하실 수 있습니다. 800-524-9242번 또는 (TTY: 888-781-4262)번으로 연락해 주십시오.

ध्यान रखें : अगर आपकी भाषा हिन्दी है, तो आपके लिए भाषा सहायता सेवाएँ, नि:शुल्क उपलब्ध हैं। 800-524-9242 पर संपर्क करें या (TTY: 888-781-4262)।

ATTENTION : si vous parlez français, des services d'assistance dans votre langue sont à votre disposition gratuitement. Appelez le 800 524 9242 (ou la ligne ATS au 888 781 4262).

Geb Acht: Wann du Deitsch schwetze duscht, kannscht du Hilf in dei eegni Schprooch koschdefrei griege. Ruf 800-524-9242 odder (TTY: 888-781-4262) uff.

โปรดทราบ: หากคุณพูด ไทย เรามีบริการช่วยเหลือด้านภาษาสำหรับคุณโดยไม่คิดค่าใช้จ่าย ติดต่อ 800-524-9242 หรือ (TTY: 888-781-4262)

PAG-UKULAN NG PANSIN: Kung Tagalog ang wikang ginagamit mo, may makukuha kang mga serbisyong tulong sa wika na walang bayad. Makipag-ugnayan sa 800-524-9242 o (TTY: 888-781-4262).

တၢ်နှးသ့ဉ်ညါ–နမ့ၢ်ကတိၤကညီကျိာ်.ကျိာ်တၢ်မၤစၢၤတၢ်ဖံးတၢ်မၤတဖဉ်.လၢတဘဉ်လာ်ဘူးလဲ.ဆိဉ်လၢနဂၢ်လီၤ.ဆဲးကျိးဆူ ၈၀၀–၅၂၄–၉၂၄၂မ့တမ့ၢ်(TTY:၈၈၈–၇၈၁–၄၂၆၂)တက့ၢ်.

ВНИМАНИЕ! Если ваш родной язык русский, вам могут быть предоставлены бесплатные переводческие услуги. Обращайтесь 800-524-9242 (телетайп: 888-781-4262).

सावधान: यदि तपाईं नेपाली बोल्नुहुन्छ भने, तपाईंका लागि नि:शुल्क रूपमा भाषा सहायता सेवाहरू उपलब्ध गराइन्छ। 800-524-9242 वा (TTY: 888-781-4262) मा सम्पर्क गर्नुहोस्।

ማሳሰቢያ: አማርኛ የሚናገሩ ከሆነ፣ የቋንቋ እገዛ አገልግሎቶች፣ ከክፍያ ነፃ፣ ያገኛሉ። በ 800-524-9242 ወይም (በTTY: 888-781-4262) ይሙላው ያነጋግሩን።

HEETINA To a wolwa Fulfulde laabi walliinde dow wolde, naa e njobdi, ene ngoodi ngam maaɗa. Heƃir 800-524-9242 malla (TTY: 888-781-4262).

FUULEFFANNAA: Yo isin Oromiffaa, kan dubbattan taatan, tajaajiloonni gargaarsa afaanii, kaffaltii malee, isiniif ni jiru. 800-524-9242 yookin (TTY: 888-781-4262) quunnamaa.

УВАГА! Якщо ви розмовляєте українською мовою, для вас доступні безкоштовні послуги мовної підтримки. Зателефонуйте за номером 800-524-9242 або (телетайп: 888-781-4262).

Ge': Diné k'ehjí yáníłti'go níká bizaad bee áká' adoowoł, t'áá jiik'é, náhóló. Kojį' hólne' 800-524-9242 doodaii' (TTY: 888-781-4262)

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