

BLUE RX ESSENTIALSSM 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. You may refer to the formulary as a guide to select the most appropriate drugs and associated cost share.

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 Biosimilars and Generics (SBG):** Drugs in this category will process with the preferred biosimilar or generic specialty drug cost-share.
- **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](https://www.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 Essentials 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.

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 care professional through an exception

request for a non-formulary prescription drug (outlined below). Generally, one of the following guidelines must be documented 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 Essentials 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 Essentials formulary, other quick reference guides are available at [Wellmark.com](https://www.wellmark.com).

LEGEND		
TIER		DESCRIPTION
1	TIER 1	
2	TIER 2	
3	TIER 3	
4	SBG	
5	SP-P	
6	SP-NP	
7	RX-DME	
8	P&T	
9	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.
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.
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

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.

12/2022

BRAND NAME	DRUG DESCRIPTION (RX)	TIER	LIMITS & RESTRICTIONS
ANALGESICS			
NONSTEROIDAL ANTI-INFLAMMATORY DRUGS			
<i>butalbital-aspirin-caffeine</i>	<i>butalbital-aspirin-caffeine 50-325-40 mg cap</i>	TIER 1	
<i>cataflam</i>	<i>cataflam 50 mg tab</i>	TIER 1	
<i>celecoxib</i>	<i>celecoxib (50 mg cap, 100 mg cap, 200 mg cap)</i>	TIER 1	QL (60 PER 30 DAYS)
<i>diclofenac epolamine</i>	<i>diclofenac epolamine 1.3 % patch</i>	TIER 1	PA, QL (60 PER 30 DAY(S))
<i>diclofenac potassium</i>	<i>diclofenac potassium 50 mg tab</i>	TIER 1	
<i>diclofenac sodium</i>	<i>diclofenac sodium (25 mg tab dr, 50 mg tab dr, 75 mg tab dr)</i>	TIER 1	
<i>diclofenac sodium</i>	<i>diclofenac sodium 1.5 % solution</i>	TIER 1	QL (300 PER 30 DAY(S))
<i>diclofenac sodium</i>	<i>diclofenac sodium 2 % solution</i>	TIER 1	PA, QL (2 PER 30 DAY(S))
<i>diclofenac sodium er</i>	<i>diclofenac sodium er 100 mg tab er 24h</i>	TIER 1	
<i>diclofenac-misoprostol</i>	<i>diclofenac-misoprostol (50-0.2 mg tab dr, 75-0.2 mg tab dr)</i>	TIER 1	
<i>diflunisal</i>	<i>diflunisal 500 mg tab</i>	TIER 1	
<i>ec-naproxen</i>	<i>ec-naproxen (375 mg tab dr, 500 mg tab dr)</i>	TIER 1	
<i>etodolac</i>	<i>etodolac (200 mg cap, 300 mg cap, 400 mg tab, 500 mg tab)</i>	TIER 1	
<i>etodolac er</i>	<i>etodolac er (er 400 mg tab er 24h, er 500 mg tab er 24h, er 600 mg tab er 24h)</i>	TIER 1	
<i>fenoprofen calcium</i>	<i>fenoprofen calcium (400 mg cap, 600 mg tab)</i>	TIER 1	
<i>flurbiprofen</i>	<i>flurbiprofen (50 mg tab, 100 mg tab)</i>	TIER 1	
<i>ibu</i>	<i>ibu (400 mg tab, 600 mg tab, 800 mg tab)</i>	TIER 1	
<i>ibuprofen</i>	<i>ibuprofen (400 mg tab, 600 mg tab, 800 mg tab)</i>	TIER 1	

BRAND NAME	DRUG DESCRIPTION (RX)	TIER	LIMITS & RESTRICTIONS
INDOCIN	INDOCIN 25 MG/5ML SUSPENSION <i>indomethacin</i>	TIER 2	PA, QL (1200 PER 30 DAY(S))
<i>indomethacin</i>	<i>indomethacin (25 mg cap, 50 mg cap)</i>	TIER 1	
<i>indomethacin er</i>	<i>indomethacin er 75 mg cap er</i>	TIER 1	
KETOPROFEN ER	KETOPROFEN ER 200 MG CAP ER 24H <i>ketoprofen</i>	TIER 1	
<i>ketorolac tromethamine</i>	<i>ketorolac tromethamine (10 mg tab, 30 mg/ml solution)</i>	TIER 1	
<i>klofensaid ii</i>	<i>klofensaid ii 1.5 % solution</i>	TIER 1	QL (300 PER 30 DAY(S))
MECLOFENAMATE SODIUM	MECLOFENAMATE SODIUM (50 MG CAP, 100 MG CAP) <i>meclofenamate sodium</i>	TIER 1	
<i>mefenamic acid</i>	<i>mefenamic acid 250 mg cap</i>	TIER 1	
<i>meloxicam</i>	<i>meloxicam (7.5 mg tab, 15 mg tab)</i>	TIER 1	
<i>nabumetone</i>	<i>nabumetone (500 mg tab, 750 mg tab)</i>	TIER 1	
<i>naproxen</i>	<i>naproxen (250 mg tab, 375 mg tab, 375 mg tab dr, 500 mg tab, 500 mg tab dr)</i>	TIER 1	
<i>naproxen sodium</i>	<i>naproxen sodium (275 mg tab, 550 mg tab)</i>	TIER 1	
<i>oxaprozin</i>	<i>oxaprozin 600 mg tab</i>	TIER 1	
<i>piroxicam</i>	<i>piroxicam (10 mg cap, 20 mg cap)</i>	TIER 1	
<i>profeno</i>	<i>profeno 600 mg tab</i>	TIER 1	
<i>relafen</i>	<i>relafen (500 mg tab, 750 mg tab)</i>	TIER 1	
<i>salsalate</i>	<i>salsalate (500 mg tab, 750 mg tab)</i>	TIER 1	
<i>sulindac</i>	<i>sulindac (150 mg tab, 200 mg tab)</i>	TIER 1	
TOLMETIN SODIUM	TOLMETIN SODIUM (200 MG TAB, 400 MG CAP, 600 MG TAB) <i>tolmetin sodium</i>	TIER 1	

BRAND NAME	DRUG DESCRIPTION (RX)	TIER	LIMITS & RESTRICTIONS
OPIOID ANALGESICS, LONG-ACTING			
<i>buprenorphine</i>	<i>buprenorphine (5 patch wk, 7.5 patch wk, 10 patch wk, 15 patch wk, 20 patch wk)</i>	TIER 1	PA, QL (4 PER 25)
EMBEDA	EMBEDA (20-0.8 MG CAP ER, 30-1.2 MG CAP ER, 100-4 MG CAP ER) <i>morphine-naltrexone</i>	TIER 3	PA, QL (60 PER 25)
EMBEDA	EMBEDA (50-2 MG CAP ER, 60-2.4 MG CAP ER, 80-3.2 MG CAP ER) <i>morphine-naltrexone</i>	TIER 3	PA, QL (30 PER 25)
<i>fentanyl</i>	<i>fentanyl (12 patch 72hr, 25 patch 72hr, 37.5 patch 72hr, 50 patch 72hr, 62.5 patch 72hr, 75 patch 72hr, 87.5 patch 72hr, 100 patch 72hr)</i>	TIER 1	PA, QL (10 PER 25)
<i>hydrocodone bitartrate er</i>	<i>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)</i>	TIER 1	PA, QL (30 PER 25)
<i>hydrocodone bitartrate er</i>	<i>hydrocodone bitartrate er 100 mg tb24 deter</i>	TIER 1	PA, QL (60 PER 25)
<i>hydromorphone hcl er</i>	<i>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)</i>	TIER 1	PA, QL (30 PER 25 DAY(S))
<i>levorphanol tartrate</i>	<i>levorphanol tartrate 2 mg tab</i>	TIER 1	PA, QL (120 PER 25)
<i>methadone hcl</i>	<i>methadone hcl (10 mg tab, 10 mg/ml conc)</i>	TIER 1	PA, QL (60 PER 25)
<i>methadone hcl</i>	<i>methadone hcl 10 mg/5ml solution</i>	TIER 1	PA, QL (300 PER 25)
<i>methadone hcl</i>	<i>methadone hcl 40 mg tab sol</i>	TIER 1	
<i>methadone hcl</i>	<i>methadone hcl 5 mg tab</i>	TIER 1	PA, QL (90 PER 25)
<i>methadone hcl</i>	<i>methadone hcl 5 mg/5ml solution</i>	TIER 1	PA, QL (450 PER 25)
<i>methadone hcl intensol</i>	<i>methadone hcl intensol 10 mg/ml conc</i>	TIER 1	PA, QL (60 PER 25)
<i>methadose</i>	<i>methadose 40 mg tab sol</i>	TIER 1	

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 40 MG CAP ER 24H, ER 100 MG CAP ER 24H, ER 100 MG TAB ER, ER 200 MG TAB ER) <i>morphine sulfate</i>	TIER 1	PA, QL (60 PER 25)
<i>morphine sulfate er</i>	<i>morphine sulfate er (er 15 mg tab er, er 30 mg tab er, er 60 mg tab er)</i>	TIER 1	PA, QL (90 PER 25)
<i>morphine sulfate er</i>	<i>morphine sulfate er (er 50 mg cap er 24h, er 60 mg cap er 24h, er 80 mg cap er 24h)</i>	TIER 1	PA, QL (30 PER 25)
OXYCODONE HCL ER	OXYCODONE HCL ER (ER 10 MG TB12 DETER, ER 20 MG TB12 DETER, ER 80 MG TB12 DETER) <i>oxycodone hcl</i>	TIER 2	PA, QL (60 PER 25)
<i>oxycodone hcl er</i>	<i>oxycodone hcl er (er 15 mg tb12 deter, er 30 mg tb12 deter, er 60 mg tb12 deter)</i>	TIER 1	PA, QL (60 PER 25)
OXYCODONE HCL ER	OXYCODONE HCL ER 40 MG TB12 DETER <i>oxycodone hcl</i>	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) <i>oxycodone hcl</i>	TIER 2	PA, QL (60 PER 25)
OXYCONTIN	OXYCONTIN 40 MG TB12 DETER <i>oxycodone hcl</i>	TIER 2	PA, QL (90 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) <i>oxymorphone hcl</i>	TIER 1	PA, QL (60 PER 25)
OXYMORPHONE HCL ER	OXYMORPHONE HCL ER 20 MG TAB ER 12H <i>oxymorphone hcl</i>	TIER 1	PA, QL (90 PER 25)

BRAND NAME	DRUG DESCRIPTION (RX)	TIER	LIMITS & RESTRICTIONS
<i>tramadol hcl er (biphasic)</i>	<i>tramadol hcl er (biphasic) (er 100 mg tab er 24h, er 200 mg tab er 24h, er 300 mg tab er 24h)</i>	TIER 1	PA, QL (30 PER 25)
<i>tramadol hcl er</i>	<i>tramadol hcl er (er 100 mg tab er 24h, er 200 mg tab er 24h, er 300 mg tab er 24h)</i>	TIER 1	PA, QL (30 PER 25)
OPIOID ANALGESICS, SHORT-ACTING			
ABSTRAL	ABSTRAL (100 MCG SL TAB, 200 MCG SL TAB, 300 MCG SL TAB, 400 MCG SL TAB, 600 MCG SL TAB, 800 MCG SL TAB) <i>fentanyl citrate</i>	TIER 3	PA
<i>acetaminophen-codeine #2</i>	<i>acetaminophen-codeine #2 300-15 mg tab</i>	TIER 1	QL (400 PER 25)
<i>acetaminophen-codeine #3</i>	<i>acetaminophen-codeine #3 300-30 mg tab</i>	TIER 1	QL (360 PER 25)
<i>acetaminophen-codeine #4</i>	<i>acetaminophen-codeine #4 300-60 mg tab</i>	TIER 1	QL (180 PER 25)
<i>acetaminophen-codeine</i>	<i>acetaminophen-codeine 120-12 mg/5ml solution</i>	TIER 1	QL (2700 PER 25)
<i>acetaminophen-codeine</i>	<i>acetaminophen-codeine 300-15 mg tab</i>	TIER 1	QL (400 PER 25)
<i>acetaminophen-codeine</i>	<i>acetaminophen-codeine 300-30 mg tab</i>	TIER 1	QL (360 PER 25)
<i>acetaminophen-codeine</i>	<i>acetaminophen-codeine 300-60 mg tab</i>	TIER 1	QL (180 PER 25)
<i>apap-caff-dihydrocodeine</i>	<i>apap-caff-dihydrocodeine (320.5-30-16 mg cap, 325-30-16 mg tab)</i>	TIER 1	QL (300 PER 25)
<i>ascomp-codeine</i>	<i>ascomp-codeine 50-325-40-30 mg cap</i>	TIER 1	
<i>butalbital-apap-caff-cod</i>	<i>butalbital-apap-caff-cod (50-300-40-30 mg cap, 50-325-40-30 mg cap)</i>	TIER 1	
<i>butalbital-asa-caff-codeine</i>	<i>butalbital-asa-caff-codeine 50-325-40-30 mg cap</i>	TIER 1	
<i>butorphanol tartrate</i>	<i>butorphanol tartrate 10 mg/ml solution</i>	TIER 1	QL (4 PER 30 DAYS)
<i>carisoprodol-aspirin-codeine</i>	<i>carisoprodol-aspirin-codeine 200-325-16 mg tab</i>	TIER 1	
<i>codeine sulfate</i>	<i>codeine sulfate (15 mg tab, 30 mg tab, 60 mg tab)</i>	TIER 1	PA, QL (42 PER 25)

BRAND NAME	DRUG DESCRIPTION (RX)	TIER	LIMITS & RESTRICTIONS
<i>dvorah</i>	<i>dvorah 325-30-16 mg tab</i>	TIER 1	QL (300 PER 25)
<i>endocet</i>	<i>endocet (2.5-325 mg tab, 5-325 mg tab)</i>	TIER 1	QL (360 PER 25)
<i>endocet</i>	<i>endocet 10-325 mg tab</i>	TIER 1	QL (180 PER 25)
<i>endocet</i>	<i>endocet 7.5-325 mg tab</i>	TIER 1	QL (240 PER 25)
<i>fentanyl citrate</i>	<i>fentanyl citrate (100 mcg tab, 200 mcg tab, 400 mcg tab, 600 mcg tab, 800 mcg tab)</i>	TIER 1	QL (4 PER 1 DAY(S))
<i>fentanyl citrate</i>	<i>fentanyl citrate (200 mcg loz handle, 400 mcg loz handle, 600 mcg loz handle, 800 mcg loz handle, 1200 mcg loz handle, 1600 mcg loz handle)</i>	TIER 1	QL (4 PER 1 DAY(S))
FENTORA	FENTORA 100 MCG TAB <i>fentanyl citrate</i>	TIER 3	QL (4 PER 1 DAY(S)), GA
<i>hydrocodone-acetaminophen</i>	<i>hydrocodone-acetaminophen (2.5-108 mg/5ml solution, 5-217 mg/10ml solution, 7.5-325 mg/15ml solution)</i>	TIER 1	QL (2700 PER 25)
<i>hydrocodone-acetaminophen</i>	<i>hydrocodone-acetaminophen (5-300 mg tab, 5-325 mg tab)</i>	TIER 1	QL (240 PER 25)
<i>hydrocodone-acetaminophen</i>	<i>hydrocodone-acetaminophen (7.5-300 mg tab, 7.5-325 mg tab)</i>	TIER 1	QL (180 PER 25)
<i>hydrocodone-acetaminophen</i>	<i>hydrocodone-acetaminophen 10-300 mg tab</i>	TIER 1	QL (180 PER 25 DAY(S))
<i>hydrocodone-acetaminophen</i>	<i>hydrocodone-acetaminophen 10-325 mg tab</i>	TIER 1	QL (180 PER 24)
<i>hydrocodone-ibuprofen</i>	<i>hydrocodone-ibuprofen (5-200 mg tab, 7.5-200 mg tab, 10-200 mg tab)</i>	TIER 1	QL (50 PER 25)
<i>hydromorphone hcl</i>	<i>hydromorphone hcl 1 mg/ml liquid</i>	TIER 1	PA, QL (600 PER 25)
<i>hydromorphone hcl</i>	<i>hydromorphone hcl 2 mg tab</i>	TIER 1	PA, QL (180 PER 25)
HYDROMORPHONE HCL	HYDROMORPHONE HCL 3 MG SUPPOS <i>hydromorphone hcl</i>	TIER 1	PA, QL (120 PER 25)
<i>hydromorphone hcl</i>	<i>hydromorphone hcl 4 mg tab</i>	TIER 1	PA, QL (150 PER 25)

BRAND NAME	DRUG DESCRIPTION (RX)	TIER	LIMITS & RESTRICTIONS
<i>hydromorphone hcl</i>	<i>hydromorphone hcl 8 mg tab</i>	TIER 1	PA, QL (60 PER 25)
<i>ibudone</i>	<i>ibudone (5-200 mg tab, 10-200 mg tab)</i>	TIER 1	QL (50 PER 25)
LAZANDA	LAZANDA (100 SOLUTION, 300 SOLUTION, 400 SOLUTION) <i>fentanyl citrate</i>	TIER 3	QL (1 PER 1 DAY(S))
<i>lorcet</i>	<i>lorcet 5-325 mg tab</i>	TIER 1	QL (240 PER 25)
<i>lorcet hd</i>	<i>lorcet hd 10-325 mg tab</i>	TIER 1	QL (180 PER 24)
<i>lorcet plus</i>	<i>lorcet plus 7.5-325 mg tab</i>	TIER 1	QL (180 PER 25)
LORTAB	LORTAB 10-300 MG/15ML ELIXIR <i>hydrocodone-acetaminophen</i>	TIER 3	QL (2025 PER 25)
<i>meperidine hcl</i>	<i>meperidine hcl (50 mg tab, 100 mg tab)</i>	TIER 1	PA, QL (18 PER 25)
MEPERIDINE HCL	MEPERIDINE HCL 50 MG/5ML SOLUTION <i>meperidine hcl</i>	TIER 1	PA, QL (90 PER 25)
<i>morphine sulfate</i>	<i>morphine sulfate (30 mg suppos, 30 mg tab)</i>	TIER 1	PA, QL (90 PER 25)
MORPHINE SULFATE	MORPHINE SULFATE (5 MG SUPPOS, 10 MG SUPPOS, 15 MG TAB) <i>morphine sulfate</i>	TIER 1	PA, QL (180 PER 25)
<i>morphine sulfate (concentrate)</i>	<i>morphine sulfate (concentrate) (10 mg/0.5ml solution, 20 mg/ml solution, 100 mg/5ml solution)</i>	TIER 1	PA, QL (135 PER 25)
<i>morphine sulfate</i>	<i>morphine sulfate 10 mg/5ml solution</i>	TIER 1	PA, QL (900 PER 25)
MORPHINE SULFATE	MORPHINE SULFATE 20 MG SUPPOS <i>morphine sulfate</i>	TIER 1	PA, QL (120 PER 25)
<i>morphine sulfate</i>	<i>morphine sulfate 20 mg/5ml solution</i>	TIER 1	PA, QL (675 PER 25)
<i>oxycodone hcl</i>	<i>oxycodone hcl (20 mg tab, 100 mg/5ml conc)</i>	TIER 1	PA, QL (90 PER 25)
<i>oxycodone hcl</i>	<i>oxycodone hcl (5 mg cap, 5 mg tab, 10 mg tab)</i>	TIER 1	PA, QL (180 PER 25)
<i>oxycodone hcl</i>	<i>oxycodone hcl 15 mg tab</i>	TIER 1	PA, QL (120 PER 25)
<i>oxycodone hcl</i>	<i>oxycodone hcl 30 mg tab</i>	TIER 1	PA, QL (60 PER 25)
<i>oxycodone hcl</i>	<i>oxycodone hcl 5 mg/5ml solution</i>	TIER 1	PA, QL (900 PER 25)

BRAND NAME	DRUG DESCRIPTION (RX)	TIER	LIMITS & RESTRICTIONS
<i>oxycodone-acetaminophen</i>	<i>oxycodone-acetaminophen (2.5-325 mg tab, 5-325 mg tab)</i>	TIER 1	QL (360 PER 25)
<i>oxycodone-acetaminophen</i>	<i>oxycodone-acetaminophen 10-325 mg tab</i>	TIER 1	QL (180 PER 25)
<i>oxycodone-acetaminophen</i>	<i>oxycodone-acetaminophen 7.5-325 mg tab</i>	TIER 1	QL (240 PER 25)
<i>oxycodone-aspirin</i>	<i>oxycodone-aspirin 4.8355-325 mg tab</i>	TIER 1	QL (360 PER 25)
OXYCODONE-IBUPROFEN	OXYCODONE-IBUPROFEN 5-400 MG TAB <i>oxycodone-ibuprofen</i>	TIER 1	QL (28 PER 25)
<i>oxymorphone hcl</i>	<i>oxymorphone hcl 10 mg tab</i>	TIER 1	PA, QL (90 PER 25)
<i>oxymorphone hcl</i>	<i>oxymorphone hcl 5 mg tab</i>	TIER 1	PA, QL (180 PER 25)
<i>pentazocine-naloxone hcl</i>	<i>pentazocine-naloxone hcl 50-0.5 mg tab</i>	TIER 1	PA, QL (120 PER 25)
SUBSYS	SUBSYS (100 MCG LIQUID, 200 MCG LIQUID, 400 MCG LIQUID, 600 MCG LIQUID, 800 MCG LIQUID) <i>fentanyl</i>	TIER 3	QL (4 PER 1 DAY(S))
SUBSYS	SUBSYS (1200 (600 MCG LIQUID, 1600 (800 MCG LIQUID) <i>fentanyl</i>	TIER 3	QL (8 PER 1 DAY(S))
<i>tramadol hcl</i>	<i>tramadol hcl 50 mg tab</i>	TIER 1	PA, QL (180 PER 25)
<i>tramadol-acetaminophen</i>	<i>tramadol-acetaminophen 37.5-325 mg tab</i>	TIER 1	QL (40 PER 25)
<i>trezix</i>	<i>trezix 320.5-30-16 mg cap</i>	TIER 1	QL (300 PER 25)
<i>vicodin hp</i>	<i>vicodin hp 10-300 mg tab</i>	TIER 1	QL (180 PER 25 DAY(S))
ANESTHETICS			
LOCAL ANESTHETICS			
<i>7t lido</i>	<i>7t lido 2 % gel</i>	TIER 1	
<i>glydo</i>	<i>glydo 2 % prsyr</i>	TIER 1	
<i>lidocaine</i>	<i>lidocaine 5 % ointment</i>	TIER 1	
<i>lidocaine</i>	<i>lidocaine 5 % patch</i>	TIER 1	QL (3 PER DAY)
LIDOCAINE HCL	LIDOCAINE HCL 4 % SOLUTION <i>lidocaine hcl (mouth-throat)</i>	TIER 1	
<i>lidocaine hcl urethral/mucosal</i>	<i>lidocaine hcl urethral/mucosal (2 % gel, 2 % prsyr)</i>	TIER 1	

BRAND NAME	DRUG DESCRIPTION (RX)	TIER	LIMITS & RESTRICTIONS
<i>lidocaine pak</i>	<i>lidocaine pak 5 % ointment</i>	TIER 1	
<i>lidocaine viscous hcl</i>	<i>lidocaine viscous hcl 2 % solution</i>	TIER 1	
<i>lidocaine-prilocaine</i>	<i>lidocaine-prilocaine 2.5-2.5 % cream</i>	TIER 1	
NAYZILAM	NAYZILAM 5 MG/0.1ML SOLUTION <i>midazolam (anticonvulsant)</i>	TIER 3	PA, QL (10 PER 30 DAY(S))
<i>premium lidocaine</i>	<i>premium lidocaine 5 % ointment</i>	TIER 1	
<i>proxivol</i>	<i>proxivol 2 % gel</i>	TIER 1	
ANTI-ADDICTION/SUBSTANCE ABUSE TREATMENT AGENTS			
ALCOHOL DETERRENTS/ANTI-CRAVING			
<i>acamprosate calcium</i>	<i>acamprosate calcium 333 mg tab dr</i>	TIER 1	
<i>disulfiram</i>	<i>disulfiram (250 mg tab, 500 mg tab)</i>	TIER 1	
<i>naltrexone hcl</i>	<i>naltrexone hcl 50 mg tab</i>	TIER 1	
OPIOID DEPENDENCE TREATMENTS			
<i>buprenorphine hcl</i>	<i>buprenorphine hcl (2 mg sl tab, 8 mg sl tab)</i>	TIER 1	
<i>buprenorphine hcl-naloxone hcl</i>	<i>buprenorphine hcl-naloxone hcl (-naloxone 2-0.5 mg film, -naloxone 2-0.5 mg sl tab, -naloxone 4-1 mg film, -naloxone 8-2 mg film, -naloxone 8-2 mg sl tab, -naloxone 12-3 mg film)</i>	TIER 1	
OPIOID REVERSAL AGENTS			
KLOXXADO	KLOXXADO 8 MG/0.1ML LIQUID <i>naloxone hcl</i>	TIER 2	
<i>naloxone hcl</i>	<i>naloxone hcl (0.4 mg/ml soln cart, 2 mg/2ml soln prsyr, 4 mg/0.1ml liquid)</i>	TIER 1	
ZIMHI	ZIMHI 5 MG/0.5ML SOLN PRSYR <i>naloxone hcl</i>	TIER 2	

BRAND NAME	DRUG DESCRIPTION (RX)	TIER	LIMITS & RESTRICTIONS
ANTIBACTERIALS			
AMINOGLYCOSIDES			
ARIKAYCE	ARIKAYCE 590 MG/8.4ML SUSPENSION <i>amikacin sulfate liposome</i>	SP-P	QL (236 PER 28 DAY(S))
GENTAK	GENTAK 0.3 % OINTMENT <i>gentamicin sulfate (ophth)</i>	TIER 1	
<i>gentamicin sulfate</i>	<i>gentamicin sulfate (0.1 % cream, 0.1 % ointment, 0.3 % solution)</i>	TIER 1	
<i>neomycin sulfate</i>	<i>neomycin sulfate 500 mg tab</i>	TIER 1	
<i>paromomycin sulfate</i>	<i>paromomycin sulfate 250 mg cap</i>	TIER 1	
<i>tobramycin</i>	<i>tobramycin 0.3 % solution</i>	TIER 1	
<i>tobramycin sulfate</i>	<i>tobramycin sulfate (1.2 gm recon soln, 1.2 gm/30ml solution, 2 gm/50ml solution, 10 mg/ml solution, 80 mg/2ml solution)</i>	TIER 1	
TOBREX	TOBREX 0.3 % OINTMENT <i>tobramycin (ophth)</i>	TIER 3	
ANTIBACTERIALS, OTHER			
AEMCOLO	AEMCOLO 194 MG TAB DR <i>rifamycin sodium</i>	TIER 3	QL (6 PER 3 DAY(S))
ALTABAX	ALTABAX 1 % OINTMENT <i>retapamulin</i>	TIER 3	
BACITRACIN	BACITRACIN 500 UNIT/GM OINTMENT <i>bacitracin (ophthalmic)</i>	TIER 1	
<i>benzoyl peroxide- erythromycin</i>	<i>benzoyl peroxide- erythromycin 5-3 % gel</i>	TIER 1	
CLEOCIN	CLEOCIN 100 MG SUPPOS <i>clindamycin phosphate vaginal</i>	TIER 3	
<i>clindacin etz</i>	<i>clindacin etz 1 % swab</i>	TIER 1	
<i>clindacin-p</i>	<i>clindacin-p 1 % swab</i>	TIER 1	
<i>clindamycin hcl</i>	<i>clindamycin hcl (75 mg cap, 150 mg cap, 300 mg cap)</i>	TIER 1	
<i>clindamycin palmitate hcl</i>	<i>clindamycin palmitate hcl 75 mg/5ml recon soln</i>	TIER 1	

BRAND NAME	DRUG DESCRIPTION (RX)	TIER	LIMITS & RESTRICTIONS
<i>clindamycin phosphate</i>	<i>clindamycin phosphate (1 % gel, 1 % lotion, 1 % swab, 2 % cream, 300 mg/2ml solution, 600 mg/4ml solution, 900 mg/6ml solution)</i>	TIER 1	
<i>clindamycin phosphate</i>	<i>clindamycin phosphate 1 % foam</i>	TIER 1	PA
<i>clindamycin phosphate</i>	<i>clindamycin phosphate 1 % solution</i>	TIER 1	QL (180 PER 30 DAY(S))
CLINDESSE	CLINDESSE 2 % CREAM <i>clindamycin phosphate (one dose)</i>	TIER 3	
FIRVANQ	FIRVANQ (25 MG/ML RECON SOLN, 50 MG/ML RECON SOLN) <i>vancomycin hcl</i>	TIER 2	QL (450 PER 23 DAY(S))
<i>fosfomycin tromethamine</i>	<i>fosfomycin tromethamine 3 gm packet</i>	TIER 1	
HYOPHEN	HYOPHEN 81.6 MG TAB <i>methenamine-hyosc-methylene blue-benzoic acid-phenyl sal</i>	TIER 1	
<i>linezolid</i>	<i>linezolid (100 mg/5ml recon susp, 600 mg tab)</i>	TIER 1	
<i>mafenide acetate</i>	<i>mafenide acetate 5 % packet</i>	TIER 1	
<i>me/naphos/mb/hyo1</i>	<i>me/naphos/mb/hyo1 81.6 mg tab</i>	TIER 1	
<i>methenamine hippurate</i>	<i>methenamine hippurate 1 gm tab</i>	TIER 1	
<i>methenamine mandelate</i>	<i>methenamine mandelate (0.5 gm tab, 1 gm tab)</i>	TIER 1	
<i>metronidazole</i>	<i>metronidazole (0.75 % gel, 250 mg tab, 375 mg cap, 500 mg tab)</i>	TIER 1	
<i>mupirocin</i>	<i>mupirocin 2 % ointment</i>	TIER 1	
<i>mupirocin calcium</i>	<i>mupirocin calcium 2 % cream</i>	TIER 1	QL (60 PER 30 DAY(S))
<i>nitrofurantoin</i>	<i>nitrofurantoin 25 mg/5ml suspension</i>	TIER 1	
<i>nitrofurantoin macrocrystal</i>	<i>nitrofurantoin macrocrystal (25 mg cap, 50 mg cap, 100 mg cap)</i>	TIER 1	
<i>nitrofurantoin monohyd macro</i>	<i>nitrofurantoin monohyd macro 100 mg cap</i>	TIER 1	

BRAND NAME	DRUG DESCRIPTION (RX)	TIER	LIMITS & RESTRICTIONS
NUVESSA	NUVESSA 1.3 % GEL <i>metronidazole vaginal</i>	TIER 3	
<i>phosphasal</i>	<i>phosphasal 81.6 mg tab</i>	TIER 1	
PRIMSOL	PRIMSOL 50 MG/5ML SOLUTION <i>trimethoprim hcl</i>	TIER 3	
SIVEXTRO	SIVEXTRO 200 MG TAB <i>tedizolid phosphate</i>	TIER 3	
SOLOSEC	SOLOSEC 2 GM PACKET <i>secnidazole</i>	TIER 3	
SULFAMYLON	SULFAMYLON 85 MG/GM CREAM <i>mafenide acetate</i>	TIER 3	
<i>tinidazole</i>	<i>tinidazole (250 mg tab, 500 mg tab)</i>	TIER 1	
<i>trimethoprim</i>	<i>trimethoprim 100 mg tab</i>	TIER 1	
TRIMPEX	TRIMPEX 50 MG/5ML SOLUTION <i>trimethoprim hcl</i>	TIER 3	
<i>urelle</i>	<i>urelle 81 mg tab</i>	TIER 1	
<i>uretron d/s</i>	<i>uretron d/s 81.6 mg tab</i>	TIER 1	
<i>uribel</i>	<i>uribel 118 mg cap</i>	TIER 1	
URIMAR-T	URIMAR-T 120 MG TAB <i>methenamine-hyosc-methylene blue-sod phos-phenyl sal</i>	TIER 3	
<i>urin ds</i>	<i>urin ds 81.6 mg tab</i>	TIER 1	
<i>uro-458</i>	<i>uro-458 81 mg tab</i>	TIER 1	
<i>uro-mp</i>	<i>uro-mp 118 mg cap</i>	TIER 1	
<i>uro-sp</i>	<i>uro-sp 118 mg cap</i>	TIER 1	
<i>uryl</i>	<i>uryl 81.6 mg tab</i>	TIER 1	
<i>ustell</i>	<i>ustell 120 mg cap</i>	TIER 1	
<i>uticap</i>	<i>uticap 120 mg cap</i>	TIER 1	
<i>utira-c</i>	<i>utira-c 81.6 mg tab</i>	TIER 1	
<i>utrona-c</i>	<i>utrona-c 81.6 mg tab</i>	TIER 1	
<i>vancomycin hcl</i>	<i>vancomycin hcl (125 mg cap, 250 mg cap)</i>	TIER 3	QL (80 PER 23 DAY(S))
<i>vancomycin hcl</i>	<i>vancomycin hcl (5 gm recon soln, 750 mg recon soln)</i>	TIER 1	
VANCOMYCIN HCL	VANCOMYCIN HCL 250 MG RECON SOLN <i>vancomycin hcl</i>	TIER 3	

BRAND NAME	DRUG DESCRIPTION (RX)	TIER	LIMITS & RESTRICTIONS
<i>vilamit mb</i>	<i>vilamit mb 118 mg cap</i>	TIER 1	
<i>vilevev mb</i>	<i>vilevev mb 81 mg tab</i>	TIER 1	
XIFAXAN	XIFAXAN (200 MG TAB, 550 MG TAB) <i>rifaximin</i>	TIER 2	
BETA-LACTAM, CEPHALOSPORINS			
<i>cefaclor</i>	<i>cefaclor (125 mg/5ml recon susp, 250 mg cap, 250 mg/5ml recon susp, 375 mg/5ml recon susp, 500 mg cap)</i>	TIER 1	
CEFACLOR ER	CEFACLOR ER 500 MG TAB ER 12H <i>cefaclor monohydrate</i>	TIER 3	
<i>cefadroxil</i>	<i>cefadroxil (1 gm tab, 250 mg/5ml recon susp, 500 mg cap, 500 mg/5ml recon susp)</i>	TIER 1	
<i>cefdinir</i>	<i>cefdinir (125 mg/5ml recon susp, 250 mg/5ml recon susp, 300 mg cap)</i>	TIER 1	
<i>cefditoren pivoxil</i>	<i>cefditoren pivoxil (200 mg tab, 400 mg tab)</i>	TIER 1	
<i>cefepime hcl</i>	<i>cefepime hcl 1 gm recon soln</i>	TIER 2	
CEFEPIME- DEXTROSE	CEFEPIME-DEXTROSE 1- 5 GM-%(50ML) RECON SOLN <i>cefepime hcl-dextrose</i>	TIER 2	
<i>cefixime</i>	<i>cefixime (100 mg/5ml recon susp, 200 mg/5ml recon susp, 400 mg cap)</i>	TIER 1	
<i>cefpodoxime proxetil</i>	<i>cefpodoxime proxetil (50 mg/5ml recon susp, 100 mg tab, 100 mg/5ml recon susp, 200 mg tab)</i>	TIER 1	
<i>cefprozil</i>	<i>cefprozil (125 mg/5ml recon susp, 250 mg tab, 250 mg/5ml recon susp, 500 mg tab)</i>	TIER 1	
<i>ceftriaxone sodium</i>	<i>ceftriaxone sodium (1 gm recon soln, 250 mg recon soln, 500 mg recon soln)</i>	TIER 1	
<i>cefuroxime axetil</i>	<i>cefuroxime axetil (250 mg tab, 500 mg tab)</i>	TIER 1	

BRAND NAME	DRUG DESCRIPTION (RX)	TIER	LIMITS & RESTRICTIONS
<i>cephalexin</i>	<i>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)</i>	TIER 1	
SUPRAX	SUPRAX (100 MG CHEW TAB, 200 MG CHEW TAB, 500 MG/5ML RECON SUSP) <i>cefixime</i>	TIER 3	
BETA-LACTAM, PENICILLINS			
<i>amoxicillin</i>	<i>amoxicillin (125 mg chew tab, 125 mg/5ml recon susp, 200 mg/5ml recon susp, 250 mg cap, 250 mg chew tab, 250 mg/5ml recon susp, 400 mg/5ml recon susp, 500 mg cap, 500 mg tab, 875 mg tab)</i>	TIER 1	
<i>amoxicillin-pot clavulanate</i>	<i>amoxicillin-pot clavulanate (200-28.5 mg chew tab, 200-28.5 mg/5ml recon susp, 250-125 mg tab, 250-62.5 mg/5ml recon susp, 400-57 mg chew tab, 400-57 mg/5ml recon susp, 500-125 mg tab, 600-42.9 mg/5ml recon susp, 875-125 mg tab)</i>	TIER 1	
<i>amoxicillin-pot clavulanate er</i>	<i>amoxicillin-pot clavulanate er 1000-62.5 mg tab er 12h</i>	TIER 1	
AMPICILLIN	AMPICILLIN 500 MG CAP <i>ampicillin</i>	TIER 1	
AUGMENTIN	AUGMENTIN 125-31.25 MG/5ML RECON SUSP <i>amoxicillin & pot clavulanate</i>	TIER 3	
BICILLIN L-A	BICILLIN L-A (600000 UNIT/ML SUSP PRSYR, 1200000 UNIT/2ML SUSP PRSYR, 2400000 UNIT/4ML SUSPENSION) <i>penicillin g benzathine</i>	TIER 1	
<i>dicloxacillin sodium</i>	<i>dicloxacillin sodium (250 mg cap, 500 mg cap)</i>	TIER 1	

BRAND NAME	DRUG DESCRIPTION (RX)	TIER	LIMITS & RESTRICTIONS
<i>penicillin v potassium</i>	<i>penicillin v potassium (125 mg/5ml recon soln, 250 mg tab, 250 mg/5ml recon soln, 500 mg tab)</i>	TIER 1	
MACROLIDES			
AZASITE	AZASITE 1 % SOLUTION <i>azithromycin (ophth)</i>	TIER 3	
<i>azithromycin</i>	<i>azithromycin (100 mg/5ml recon susp, 200 mg/5ml recon susp, 250 mg tab, 500 mg tab, 600 mg tab)</i>	TIER 1	
<i>clarithromycin</i>	<i>clarithromycin (125 mg/5ml recon susp, 250 mg tab, 250 mg/5ml recon susp, 500 mg tab)</i>	TIER 1	
<i>clarithromycin er</i>	<i>clarithromycin er 500 mg tab er 24h</i>	TIER 1	
DIFICID	DIFICID 200 MG TAB <i>fidaxomicin</i>	TIER 3	
DIFICID	DIFICID 40 MG/ML RECON SUSP <i>fidaxomicin</i>	TIER 3	PA, QL (300 PER 30 DAY(S))
e.e.s. 400	e.e.s. 400 400 mg tab	TIER 1	
ERY	ERY 2 % PAD <i>erythromycin (acne aid)</i>	TIER 1	GA
<i>ery-tab</i>	<i>ery-tab (250 mg tab dr, 333 mg tab dr, 500 mg tab dr)</i>	TIER 1	
ERYTHROCIN STEARATE	ERYTHROCIN STEARATE 250 MG TAB <i>erythromycin stearate</i>	TIER 1	
<i>erythromycin</i>	<i>erythromycin (2 % gel, 2 % pad, 2 % solution, 5 mg/gm ointment, 250 mg tab dr, 333 mg tab dr, 500 mg tab dr)</i>	TIER 1	
<i>erythromycin base</i>	<i>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)</i>	TIER 1	
<i>erythromycin ethylsuccinate</i>	<i>erythromycin ethylsuccinate (200 mg/5ml recon susp, 400 mg tab, 400 mg/5ml recon susp)</i>	TIER 1	
KLARITY-A	KLARITY-A 1 % SOLUTION <i>azithromycin (ophth)</i>	TIER 3	

BRAND NAME	DRUG DESCRIPTION (RX)	TIER	LIMITS & RESTRICTIONS
QUINOLONES			
BAXDELA	BAXDELA 450 MG TAB <i>delafloxacin meglumine</i>	TIER 3	
BESIVANCE	BESIVANCE 0.6 % SUSPENSION <i>besifloxacin hcl</i>	TIER 3	
CETRAXAL	CETRAXAL 0.2 % SOLUTION <i>ciprofloxacin hcl (otic)</i>	TIER 3	
CILOXAN	CILOXAN 0.3 % OINTMENT <i>ciprofloxacin hcl (ophth)</i>	TIER 3	
<i>ciprofloxacin</i>	<i>ciprofloxacin 500 mg/5ml (10%) recon susp</i>	TIER 1	
<i>ciprofloxacin hcl</i>	<i>ciprofloxacin hcl (0.2 % solution, 0.3 % solution, 100 mg tab, 250 mg tab, 500 mg tab, 750 mg tab)</i>	TIER 1	
CIPROFLOXACIN- CIPROFLOX HCL ER	CIPROFLOXACIN- CIPROFLOX HCL ER (ER 500 MG TAB ER 24H, ER 1000 MG TAB ER 24H) <i>ciprofloxacin-ciprofloxacin hcl</i>	TIER 1	
<i>gatifloxacin</i>	<i>gatifloxacin 0.5 % solution</i>	TIER 1	
<i>levofloxacin</i>	<i>levofloxacin (0.5 % solution, 25 mg/ml solution, 250 mg tab, 500 mg tab, 750 mg tab)</i>	TIER 1	
<i>levofloxacin</i>	<i>levofloxacin 1.5 % solution</i>	TIER 1	
<i>moxifloxacin hcl</i>	<i>moxifloxacin hcl (0.5 % solution, 400 mg tab)</i>	TIER 1	
MOXIFLOXACIN HCL (2X DAY)	MOXIFLOXACIN HCL (2X DAY) 0.5 % SOLUTION <i>moxifloxacin hcl (ophth)</i>	TIER 1	
<i>ofloxacin</i>	<i>ofloxacin (0.3 % solution, 300 mg tab, 400 mg tab)</i>	TIER 1	
SULFONAMIDES			
AVC VAGINAL	AVC VAGINAL 15 % CREAM <i>sulfanilamide vaginal</i>	TIER 3	
<i>silver sulfadiazine</i>	<i>silver sulfadiazine 1 % cream</i>	TIER 1	
<i>ssd</i>	<i>ssd 1 % cream</i>	TIER 1	

BRAND NAME	DRUG DESCRIPTION (RX)	TIER	LIMITS & RESTRICTIONS
<i>sulfacetamide sodium</i>	<i>sulfacetamide sodium (10 % ointment, 10 % solution)</i>	TIER 1	
<i>sulfacetamide sodium (acne)</i>	<i>sulfacetamide sodium (acne) 10 % lotion</i>	TIER 1	
SULFADIAZINE	SULFADIAZINE 500 MG TAB <i>sulfadiazine</i>	TIER 1	GA
<i>sulfadiazine</i>	<i>sulfadiazine 500 mg tab</i>	TIER 1	
<i>sulfamethoxazole-trimethoprim</i>	<i>sulfamethoxazole-trimethoprim (200-40 mg/5ml suspension, 400-80 mg tab, 800-160 mg tab)</i>	TIER 1	
<i>sulfatrim pediatric</i>	<i>sulfatrim pediatric 200-40 mg/5ml suspension</i>	TIER 1	
TETRACYCLINES			
<i>avidoxy</i>	<i>avidoxy 100 mg tab</i>	TIER 1	
<i>coremino</i>	<i>coremino (45 mg tab er 24h, 90 mg tab er 24h, 135 mg tab er 24h)</i>	TIER 1	PA
<i>demeclocycline hcl</i>	<i>demeclocycline hcl (150 mg tab, 300 mg tab)</i>	TIER 1	
DOXYCYCLINE	DOXYCYCLINE 40 MG CAP DR <i>doxycycline (rosacea)</i>	TIER 3	PA
<i>doxycycline hyclate</i>	<i>doxycycline hyclate (20 mg tab, 50 mg cap, 100 mg cap, 100 mg tab)</i>	TIER 1	
<i>doxycycline hyclate</i>	<i>doxycycline hyclate (50 mg tab dr, 75 mg tab dr, 100 mg tab dr, 150 mg tab dr)</i>	TIER 1	PA
<i>doxycycline monohydrate</i>	<i>doxycycline monohydrate (25 mg/5ml recon susp, 50 mg cap, 50 mg tab, 75 mg tab, 100 mg cap, 100 mg tab)</i>	TIER 1	
<i>lymepak</i>	<i>lymepak 100 mg tab</i>	TIER 1	
<i>minocycline hcl</i>	<i>minocycline hcl (50 mg cap, 50 mg tab, 75 mg cap, 75 mg tab, 100 mg cap, 100 mg tab)</i>	TIER 1	
<i>minocycline hcl er</i>	<i>minocycline hcl er (er 45 mg tab er 24h, er 90 mg tab er 24h, er 135 mg tab er 24h)</i>	TIER 1	PA

BRAND NAME	DRUG DESCRIPTION (RX)	TIER	LIMITS & RESTRICTIONS
<i>mondoxyne nl</i>	<i>mondoxyne nl (50 mg cap, 100 mg cap)</i>	TIER 1	
<i>morgidox</i>	<i>morgidox (50 mg cap, 100 mg cap)</i>	TIER 1	
ORACEA	ORACEA 40 MG CAP DR <i>doxycycline (rosacea)</i>	TIER 3	PA
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) <i>minocycline hcl</i>	TIER 1	PA, GA
<i>tetracycline hcl</i>	<i>tetracycline hcl (250 mg cap, 500 mg cap)</i>	TIER 1	
VIBRAMYCIN	VIBRAMYCIN 50 MG/5ML SYRUP <i>doxycycline calcium</i>	TIER 3	
ANTICONSULSANTS			
ANTICONSULSANTS, OTHER			
DIACOMIT	DIACOMIT (250 MG CAP, 250 MG PACKET) <i>stiripentol</i>	SP-P	PA, QL (360 PER 30 DAY(S))
DIACOMIT	DIACOMIT (500 MG CAP, 500 MG PACKET) <i>stiripentol</i>	SP-P	PA, QL (180 PER 30 DAY(S))
EPIDIOLEX	EPIDIOLEX 100 MG/ML SOLUTION <i>cannabidiol</i>	SP-P	PA, QL (600 PER 30 DAY(S))
FINTEPLA	FINTEPLA 2.2 MG/ML SOLUTION <i>fenfluramine hcl (anticonvulsant)</i>	SP-NP	PA, QL (360 PER 30 DAY(S))
<i>levetiracetam</i>	<i>levetiracetam (100 mg/ml solution, 250 mg tab, 500 mg tab, 750 mg tab, 1000 mg tab)</i>	TIER 1	
<i>levetiracetam er</i>	<i>levetiracetam er (er 500 mg tab er 24h, er 750 mg tab er 24h)</i>	TIER 1	
<i>roweepra</i>	<i>roweepra (500 mg tab, 750 mg tab, 1000 mg tab)</i>	TIER 1	
<i>roweepra xr</i>	<i>roweepra xr (500 mg tab er 24h, 750 mg tab er 24h)</i>	TIER 1	

BRAND NAME	DRUG DESCRIPTION (RX)	TIER	LIMITS & RESTRICTIONS
CALCIUM CHANNEL MODIFYING AGENTS			
CELONTIN	CELONTIN 300 MG CAP <i>methsuximide</i>	TIER 2	
<i>ethosuximide</i>	<i>ethosuximide (250 mg cap, 250 mg/5ml solution)</i>	TIER 1	
<i>zonisamide</i>	<i>zonisamide (25 mg cap, 50 mg cap, 100 mg cap)</i>	TIER 1	
GAMMA-AMINO BUTYRIC ACID (GABA) AUGMENTING AGENTS			
<i>clobazam</i>	<i>clobazam 10 mg tab</i>	TIER 1	PA, QL (120 PER 30 DAYS)
<i>clobazam</i>	<i>clobazam 2.5 mg/ml suspension</i>	TIER 1	PA, QL (480 PER 30 DAYS)
<i>clobazam</i>	<i>clobazam 20 mg tab</i>	TIER 1	PA, QL (60 PER 30 DAYS)
DIASTAT ACUDIAL	DIASTAT ACUDIAL (10 MG GEL, 20 MG GEL) <i>diazepam (anticonvulsant)</i>	TIER 3	GA
DIASTAT PEDIATRIC	DIASTAT PEDIATRIC 2.5 MG GEL <i>diazepam (anticonvulsant)</i>	TIER 3	GA
<i>diazepam</i>	<i>diazepam (2.5 mg gel, 10 mg gel, 20 mg gel)</i>	TIER 1	
<i>divalproex sodium</i>	<i>divalproex sodium (125 mg cap dr, 125 mg tab dr, 250 mg tab dr, 500 mg tab dr)</i>	TIER 1	
<i>divalproex sodium er</i>	<i>divalproex sodium er (er 250 mg tab er 24h, er 500 mg tab er 24h)</i>	TIER 1	
<i>gabapentin</i>	<i>gabapentin (100 mg cap, 250 mg/5ml solution, 300 mg cap, 300 mg/6ml solution, 400 mg cap, 600 mg tab, 800 mg tab)</i>	TIER 1	
<i>phenobarbital</i>	<i>phenobarbital (15 mg tab, 16.2 mg tab, 20 mg/5ml elixir, 20 mg/5ml solution, 30 mg tab, 32.4 mg tab, 60 mg tab, 64.8 mg tab, 97.2 mg tab, 100 mg tab)</i>	TIER 1	
<i>pregabalin er</i>	<i>pregabalin er (er 82.5 mg tab er 24h, er 165 mg tab er 24h, er 330 mg tab er 24h)</i>	TIER 1	
<i>primidone</i>	<i>primidone (50 mg tab, 250 mg tab)</i>	TIER 1	
<i>tiagabine hcl</i>	<i>tiagabine hcl (2 mg tab, 4 mg tab, 12 mg tab, 16 mg tab)</i>	TIER 1	

BRAND NAME	DRUG DESCRIPTION (RX)	TIER	LIMITS & RESTRICTIONS
<i>valproic acid</i>	<i>valproic acid (250 mg cap, 250 mg/5ml solution)</i>	TIER 1	
VALTOCO 10 MG DOSE	VALTOCO 10 MG DOSE 10 MG/0.1ML LIQUID <i>diazepam (anticonvulsant)</i>	TIER 3	PA, QL (5 PER 30 DAY(S))
VALTOCO 15 MG DOSE	VALTOCO 15 MG DOSE 7.5 MG/0.1ML LIQD THPK <i>diazepam (anticonvulsant)</i>	TIER 3	PA, QL (10 PER 30 DAY(S))
VALTOCO 20 MG DOSE	VALTOCO 20 MG DOSE 10 MG/0.1ML LIQD THPK <i>diazepam (anticonvulsant)</i>	TIER 3	PA, QL (10 PER 30 DAY(S))
VALTOCO 5 MG DOSE	VALTOCO 5 MG DOSE 5 MG/0.1ML LIQUID <i>diazepam (anticonvulsant)</i>	TIER 3	PA, QL (5 PER 30 DAY(S))
<i>vigabatrin</i>	<i>vigabatrin (500 mg packet, 500 mg tab)</i>	SBG	QL (180 PER 30 DAYS)
<i>vigadrone</i>	<i>vigadrone 500 mg packet</i>	SBG	QL (180 PER 30 DAYS)
ZTALMY	ZTALMY 50 MG/ML SUSPENSION <i>ganaxolone</i>	SP-NP	PA, QL (36.7 PER 1 DAY(S))
GLUTAMATE REDUCING AGENTS			
<i>felbamate</i>	<i>felbamate (400 mg tab, 600 mg tab, 600 mg/5ml suspension)</i>	TIER 1	
<i>lamotrigine</i>	<i>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)</i>	TIER 1	
<i>lamotrigine er</i>	<i>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)</i>	TIER 1	
<i>subvenite</i>	<i>subvenite (25 mg tab, 100 mg tab, 150 mg tab, 200 mg tab)</i>	TIER 1	
<i>topiramate</i>	<i>topiramate (15 mg cap sprink, 25 mg cap sprink, 25 mg tab, 50 mg tab, 100 mg tab, 200 mg tab)</i>	TIER 1	

BRAND NAME	DRUG DESCRIPTION (RX)	TIER	LIMITS & RESTRICTIONS
<i>topiramate er</i>	<i>topiramate er (er 25 mg cp24 sprnk, er 50 mg cp24 sprnk, er 100 mg cp24 sprnk, er 150 mg cp24 sprnk, er 200 mg cp24 sprnk)</i>	TIER 1	
SODIUM CHANNEL AGENTS			
<i>carbamazepine</i>	<i>carbamazepine (100 mg chew tab, 100 mg/5ml suspension, 200 mg tab)</i>	TIER 1	
<i>carbamazepine er</i>	<i>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)</i>	TIER 1	
DILANTIN	DILANTIN 30 MG CAP <i>phenytoin sodium extended</i>	TIER 3	
<i>epitol</i>	<i>epitol 200 mg tab</i>	TIER 1	
<i>lacosamide</i>	<i>lacosamide (10 mg/ml solution, 50 mg tab, 100 mg tab, 150 mg tab, 200 mg tab)</i>	TIER 1	
<i>oxcarbazepine</i>	<i>oxcarbazepine (150 mg tab, 300 mg tab, 300 mg/5ml suspension, 600 mg tab)</i>	TIER 1	
PEGANONE	PEGANONE 250 MG TAB <i>ethoin</i>	TIER 2	
<i>phenytoin</i>	<i>phenytoin (50 mg chew tab, 100 mg/4ml suspension, 125 mg/5ml suspension)</i>	TIER 1	
<i>phenytoin infatabs</i>	<i>phenytoin infatabs 50 mg chew tab</i>	TIER 1	
<i>phenytoin sodium extended</i>	<i>phenytoin sodium extended (100 mg cap, 200 mg cap, 300 mg cap)</i>	TIER 1	
<i>rufinamide</i>	<i>rufinamide (200 mg tab, 400 mg tab)</i>	TIER 1	PA, QL (240 PER 30 DAYS)
<i>rufinamide</i>	<i>rufinamide 40 mg/ml suspension</i>	TIER 1	PA, QL (2400 PER 30 DAYS)

BRAND NAME	DRUG DESCRIPTION (RX)	TIER	LIMITS & RESTRICTIONS
ANTIDEMENTIA AGENTS			
ANTIDEMENTIA AGENTS, OTHER			
ERGOLOID MESYLATES	ERGOLOID MESYLATES 1 MG TAB <i>ergoloid mesylates</i>	TIER 1	
CHOLINESTERASE INHIBITORS			
<i>donepezil hcl</i>	<i>donepezil hcl (5 mg tab, 5 mg tab disp, 10 mg tab, 10 mg tab disp, 23 mg tab)</i>	TIER 1	
<i>galantamine hydrobromide</i>	<i>galantamine hydrobromide (4 mg tab, 8 mg tab, 12 mg tab)</i>	TIER 1	
<i>galantamine hydrobromide er</i>	<i>galantamine hydrobromide er (er 8 mg cap er 24h, er 16 mg cap er 24h, er 24 mg cap er 24h)</i>	TIER 1	
<i>rivastigmine</i>	<i>rivastigmine (4.6 mg/24hr patch 24hr, 9.5 mg/24hr patch 24hr, 13.3 mg/24hr patch 24hr)</i>	TIER 1	
<i>rivastigmine tartrate</i>	<i>rivastigmine tartrate (1.5 mg cap, 3 mg cap, 4.5 mg cap, 6 mg cap)</i>	TIER 1	
N-METHYL-D-ASPARTATE (NMDA) RECEPTOR ANTAGONIST			
<i>memantine hcl</i>	<i>memantine hcl (2 mg/ml solution, 10 mg/5ml solution)</i>	TIER 1	PA, QL (300 PER 30 DAY(S))
<i>memantine hcl</i>	<i>memantine hcl (5 mg tab, 10 mg tab)</i>	TIER 1	
<i>memantine hcl er</i>	<i>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)</i>	TIER 1	
ANTIDEPRESSANTS			
ANTIDEPRESSANTS, OTHER			
<i>bupropion hcl</i>	<i>bupropion hcl (75 mg tab, 100 mg tab)</i>	TIER 1	

BRAND NAME	DRUG DESCRIPTION (RX)	TIER	LIMITS & RESTRICTIONS
<i>bupropion hcl er (sr)</i>	<i>bupropion hcl er (sr) (er 100 mg tab er 12h, er 150 mg tab er 12h, er 200 mg tab er 12h)</i>	TIER 1	
<i>bupropion hcl er (xl)</i>	<i>bupropion hcl er (xl) (er 150 mg tab er 24h, er 300 mg tab er 24h)</i>	TIER 1	
CHLORDIAZEPOXIDE-AMITRIPTYLINE	CHLORDIAZEPOXIDE-AMITRIPTYLINE (5-12.5 MG TAB, 10-25 MG TAB) <i>chlordiazepoxide-amitriptyline</i>	TIER 1	
<i>mirtazapine</i>	<i>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)</i>	TIER 1	
<i>olanzapine-fluoxetine hcl</i>	<i>olanzapine-fluoxetine hcl (3-25 mg cap, 6-25 mg cap, 6-50 mg cap, 12-25 mg cap, 12-50 mg cap)</i>	TIER 1	
PERPHENAZINE-AMITRIPTYLINE	PERPHENAZINE-AMITRIPTYLINE (2-10 MG TAB, 2-25 MG TAB, 4-10 MG TAB, 4-25 MG TAB, 4-50 MG TAB) <i>perphenazine-amitriptyline</i>	TIER 1	
ZULRESSO	ZULRESSO 100 MG/20ML SOLUTION <i>brexanolone</i>	SP-M	PA
MONOAMINE OXIDASE INHIBITORS			
EMSAM	EMSAM (6 MG/24HR PATCH 24HR, 9 MG/24HR PATCH 24HR, 12 MG/24HR PATCH 24HR) <i>selegiline</i>	TIER 3	
MARPLAN	MARPLAN 10 MG TAB <i>isocarboxazid</i>	TIER 2	
<i>phenelzine sulfate</i>	<i>phenelzine sulfate 15 mg tab</i>	TIER 1	
<i>tranylcypromine sulfate</i>	<i>tranylcypromine sulfate 10 mg tab</i>	TIER 1	
SSRIS/SNRIS (SELECTIVE SEROTONIN REUPTAKE INHIBITOR/SEROTONIN AND NOREPINEPHRINE REUPTAKE INHIBITOR)			
<i>citalopram hydrobromide</i>	<i>citalopram hydrobromide (10 mg tab, 20 mg tab, 40 mg tab)</i>	TIER 1	

BRAND NAME	DRUG DESCRIPTION (RX)	TIER	LIMITS & RESTRICTIONS
<i>citalopram hydrobromide</i>	<i>citalopram hydrobromide 10 mg/5ml solution</i>	TIER 1	PA, QL (600 PER 30 DAY(S))
<i>desvenlafaxine er</i>	<i>desvenlafaxine er (er 50 mg tab er 24h, er 100 mg tab er 24h)</i>	TIER 1	PA, QL (30 PER 30 DAYS)
<i>desvenlafaxine succinate er</i>	<i>desvenlafaxine succinate er (er 25 mg tab er 24h, er 50 mg tab er 24h, er 100 mg tab er 24h)</i>	TIER 1	QL (30 PER 30 DAYS)
<i>escitalopram oxalate</i>	<i>escitalopram oxalate (5 mg tab, 5 mg/5ml solution, 10 mg tab, 20 mg tab)</i>	TIER 1	
FLUOXETINE HCL	FLUOXETINE HCL (10 MG CAP, 20 MG CAP, 20 MG/5ML SOLUTION, 40 MG CAP, 90 MG CAP DR) <i>fluoxetine hcl</i>	TIER 1	
<i>fluvoxamine maleate</i>	<i>fluvoxamine maleate (25 mg tab, 50 mg tab, 100 mg tab)</i>	TIER 1	
<i>fluvoxamine maleate er</i>	<i>fluvoxamine maleate er (er 100 mg cap er 24h, er 150 mg cap er 24h)</i>	TIER 1	PA
MAPROTILINE HCL	MAPROTILINE HCL (25 MG TAB, 50 MG TAB, 75 MG TAB) <i>maprotiline hcl</i>	TIER 1	
NEFAZODONE HCL	NEFAZODONE HCL (50 MG TAB, 100 MG TAB, 150 MG TAB, 200 MG TAB, 250 MG TAB) <i>nefazodone hcl</i>	TIER 1	
<i>paroxetine hcl</i>	<i>paroxetine hcl (10 mg tab, 20 mg tab, 30 mg tab, 40 mg tab)</i>	TIER 1	
<i>paroxetine hcl</i>	<i>paroxetine hcl 10 mg/5ml suspension</i>	TIER 1	PA, QL (30 PER 1 DAY(S))
<i>paroxetine hcl er</i>	<i>paroxetine hcl er (er 12.5 mg tab er 24h, er 25 mg tab er 24h, er 37.5 mg tab er 24h)</i>	TIER 1	
<i>paroxetine mesylate</i>	<i>paroxetine mesylate 7.5 mg cap</i>	TIER 1	QL (30 PER 30 DAYS)
<i>sertraline hcl</i>	<i>sertraline hcl (20 mg/ml conc, 25 mg tab, 50 mg tab, 100 mg tab)</i>	TIER 1	

BRAND NAME	DRUG DESCRIPTION (RX)	TIER	LIMITS & RESTRICTIONS
<i>trazodone hcl</i>	<i>trazodone hcl (50 mg tab, 100 mg tab, 150 mg tab)</i>	TIER 1	
<i>venlafaxine hcl</i>	<i>venlafaxine hcl (25 mg tab, 37.5 mg tab, 50 mg tab, 75 mg tab, 100 mg tab)</i>	TIER 1	
<i>venlafaxine hcl er</i>	<i>venlafaxine hcl er (er 37.5 mg cap er 24h, er 75 mg cap er 24h, er 150 mg cap er 24h)</i>	TIER 1	
<i>vilazodone hcl</i>	<i>vilazodone hcl (10 mg tab, 20 mg tab, 40 mg tab)</i>	TIER 1	PA, QL (1 PER 1 DAY(S))
TRICYCLICS			
<i>amitriptyline hcl</i>	<i>amitriptyline hcl (10 mg tab, 25 mg tab, 50 mg tab, 75 mg tab, 100 mg tab, 150 mg tab)</i>	TIER 1	
AMOXAPINE	AMOXAPINE (25 MG TAB, 50 MG TAB, 100 MG TAB, 150 MG TAB) <i>amoxapine</i>	TIER 1	
<i>clomipramine hcl</i>	<i>clomipramine hcl (25 mg cap, 50 mg cap, 75 mg cap)</i>	TIER 1	
<i>desipramine hcl</i>	<i>desipramine hcl (10 mg tab, 25 mg tab, 50 mg tab, 75 mg tab, 100 mg tab, 150 mg tab)</i>	TIER 1	
<i>doxepin hcl</i>	<i>doxepin hcl (10 mg cap, 10 mg/ml conc, 25 mg cap, 50 mg cap, 75 mg cap, 100 mg cap, 150 mg cap)</i>	TIER 1	
<i>imipramine hcl</i>	<i>imipramine hcl (10 mg tab, 25 mg tab, 50 mg tab)</i>	TIER 1	
<i>nortriptyline hcl</i>	<i>nortriptyline hcl (10 mg cap, 25 mg cap, 50 mg cap, 75 mg cap)</i>	TIER 1	
NORTRIPTYLINE HCL	NORTRIPTYLINE HCL 10 MG/5ML SOLUTION <i>nortriptyline hcl</i>	TIER 1	PA, QL (2400 PER 30 DAY(S))
<i>protriptyline hcl</i>	<i>protriptyline hcl (5 mg tab, 10 mg tab)</i>	TIER 1	
<i>trimipramine maleate</i>	<i>trimipramine maleate (25 mg cap, 50 mg cap, 100 mg cap)</i>	TIER 1	

BRAND NAME	DRUG DESCRIPTION (RX)	TIER	LIMITS & RESTRICTIONS
ANTIEMETICS			
ANTIEMETICS, OTHER			
<i>compro</i>	<i>compro 25 mg suppos</i>	TIER 1	
<i>metoclopramide hcl</i>	<i>metoclopramide hcl (5 mg tab, 5 mg/5ml solution, 10 mg tab, 10 mg/10ml solution)</i>	TIER 1	
<i>perphenazine</i>	<i>perphenazine (2 mg tab, 4 mg tab, 8 mg tab, 16 mg tab)</i>	TIER 1	
<i>phenadoz</i>	<i>phenadoz (12.5 mg suppos, 25 mg suppos)</i>	TIER 1	
<i>prochlorperazine</i>	<i>prochlorperazine 25 mg suppos</i>	TIER 1	
<i>prochlorperazine maleate</i>	<i>prochlorperazine maleate (5 mg tab, 10 mg tab)</i>	TIER 1	
<i>promethazine hcl</i>	<i>promethazine hcl (12.5 mg suppos, 12.5 mg tab, 25 mg suppos, 25 mg tab, 50 mg suppos, 50 mg tab)</i>	TIER 1	
PROMETHEGAN	PROMETHEGAN (12.5 MG SUPPOS, 25 MG SUPPOS, 50 MG SUPPOS) <i>promethazine hcl</i>	TIER 1	GA
<i>scopolamine</i>	<i>scopolamine 1 mg/3days patch 72hr</i>	TIER 1	
<i>trimethobenzamide hcl</i>	<i>trimethobenzamide hcl 300 mg cap</i>	TIER 1	
EMETOGENIC THERAPY ADJUNCTS			
AKYNZEO	AKYNZEO (MG RECON SOLN, MG/20ML SOLUTION) <i>fosnetupitant choride-palonosetron hcl</i>	SP-M	
AKYNZEO	AKYNZEO 300-0.5 MG CAP <i>netupitant-palonosetron</i>	TIER 3	
ANZEMET	ANZEMET (50 MG TAB, 100 MG TAB) <i>dolasetron mesylate</i>	TIER 2	

BRAND NAME	DRUG DESCRIPTION (RX)	TIER	LIMITS & RESTRICTIONS
<i>aprepitant</i>	<i>aprepitant (40 mg cap, 80 & 125 mg cap, 80 & 125 mg misc, 80 mg cap, 125 mg cap)</i>	TIER 1	
CESAMET	CESAMET 1 MG CAP <i>nabilone</i>	TIER 2	
<i>dronabinol</i>	<i>dronabinol (2.5 mg cap, 5 mg cap, 10 mg cap)</i>	TIER 1	
EMEND	EMEND 125 MG/5ML RECON SUSP <i>aprepitant</i>	TIER 2	
<i>granisetron hcl</i>	<i>granisetron hcl 1 mg tab</i>	TIER 1	
<i>ondansetron</i>	<i>ondansetron (4 mg tab disp, 8 mg tab disp)</i>	TIER 1	
<i>ondansetron hcl</i>	<i>ondansetron hcl (4 mg tab, 8 mg tab, 24 mg tab)</i>	TIER 1	
<i>ondansetron hcl</i>	<i>ondansetron hcl 4 mg/5ml solution</i>	TIER 1	QL (300 PER 30 DAYS)
SANCUSO	SANCUSO 3.1 MG/24HR PATCH <i>granisetron</i>	TIER 3	QL (4 PER 28 DAYS)
VARUBI (180 MG DOSE)	VARUBI (180 MG DOSE) 2 X 90 MG TAB THPK <i>rolapitant hcl</i>	SP-P	QL (4 PER 28 DAYS)
ANTIFUNGALS			
<i>bio-statin</i>	<i>bio-statin powder</i>	TIER 1	
<i>ciclodan</i>	<i>ciclodan (0.77 % cream, 8 % solution)</i>	TIER 1	
<i>ciclopirox</i>	<i>ciclopirox (0.77 % gel, 1 % shampoo, 8 % solution)</i>	TIER 1	
<i>ciclopirox olamine</i>	<i>ciclopirox olamine (0.77 % cream, 0.77 % suspension)</i>	TIER 1	
<i>clotrimazole</i>	<i>clotrimazole 10 mg troche</i>	TIER 1	
CRESEMBA	CRESEMBA 186 MG CAP <i>isavuconazonium sulfate</i>	TIER 3	
<i>econazole nitrate</i>	<i>econazole nitrate 1 % cream</i>	TIER 1	QL (170 PER 30 DAY(S))
ERTACZO	ERTACZO 2 % CREAM <i>sertaconazole nitrate</i>	TIER 3	
EXELDERM	EXELDERM 1 % CREAM <i>sulconazole nitrate</i>	TIER 3	

BRAND NAME	DRUG DESCRIPTION (RX)	TIER	LIMITS & RESTRICTIONS
<i>fluconazole</i>	<i>fluconazole (10 mg/ml recon susp, 40 mg/ml recon susp, 50 mg tab, 100 mg tab, 150 mg tab, 200 mg tab)</i>	TIER 1	
<i>flucytosine</i>	<i>flucytosine (250 mg cap, 500 mg cap)</i>	TIER 1	
<i>griseofulvin microsize</i>	<i>griseofulvin microsize (125 mg/5ml suspension, 500 mg tab)</i>	TIER 1	
<i>griseofulvin ultramicrosize</i>	<i>griseofulvin ultramicrosize (125 mg tab, 250 mg tab)</i>	TIER 1	
GYNAZOLE-1	GYNAZOLE-1 2 % CREAM <i>butoconazole nitrate (one dose)</i>	TIER 3	
<i>itraconazole</i>	<i>itraconazole (10 mg/ml solution, 100 mg cap)</i>	TIER 1	PA
<i>ketoconazole</i>	<i>ketoconazole (2 % shampoo, 200 mg tab)</i>	TIER 1	
<i>ketoconazole</i>	<i>ketoconazole 2 % cream</i>	TIER 1	QL (240 PER 30 DAY(S))
<i>ketoconazole</i>	<i>ketoconazole 2 % foam</i>	TIER 1	QL (200 PER 30 DAY(S))
<i>ketodan</i>	<i>ketodan 2 % foam</i>	TIER 1	QL (200 PER 30 DAY(S))
<i>luliconazole</i>	<i>luliconazole 1 % cream</i>	TIER 1	
LUZU	LUZU 1 % CREAM <i>luliconazole</i>	TIER 3	GA
<i>miconazole-zinc oxide-petrolat</i>	<i>miconazole-zinc oxide-petrolat 0.25-15-81.35 % ointment</i>	TIER 1	
<i>naftifine hcl</i>	<i>naftifine hcl (1 % cream, 1 % gel, 2 % cream)</i>	TIER 1	
NATACYN	NATACYN 5 % SUSPENSION <i>natamycin</i>	TIER 3	
NOXAFIL	NOXAFIL 40 MG/ML SUSPENSION <i>posaconazole</i>	TIER 3	
<i>nyamyc</i>	<i>nyamyc 100000 unit/gm powder</i>	TIER 1	
<i>nystatin</i>	<i>nystatin (100000 unit/gm cream, 100000 unit/gm ointment, 100000 unit/gm powder, 100000 unit/ml suspension, 500000 unit tab)</i>	TIER 1	
<i>nystatin-triamcinolone</i>	<i>nystatin-triamcinolone (cream, ointment)</i>	TIER 1	

BRAND NAME	DRUG DESCRIPTION (RX)	TIER	LIMITS & RESTRICTIONS
<i>nystop</i>	<i>nystop 100000 unit/gm powder</i>	TIER 1	
ORAVIG	ORAVIG 50 MG TAB <i>miconazole (mouth-throat)</i>	TIER 3	
<i>posaconazole</i>	<i>posaconazole 100 mg tab dr</i>	TIER 1	
SULCONAZOLE NITRATE	SULCONAZOLE NITRATE 1 % CREAM <i>sulconazole nitrate</i>	TIER 1	
<i>terbinafine hcl</i>	<i>terbinafine hcl 250 mg tab</i>	TIER 1	
<i>terconazole</i>	<i>terconazole (0.4 % cream, 0.8 % cream, 80 mg suppos)</i>	TIER 1	
<i>voriconazole</i>	<i>voriconazole (40 mg/ml recon susp, 50 mg tab, 200 mg tab)</i>	TIER 1	
<i>voriconazole</i>	<i>voriconazole 200 mg recon soln</i>	TIER 2	
ANTIGOUT AGENTS			
<i>allopurinol</i>	<i>allopurinol (100 mg tab, 300 mg tab)</i>	TIER 1	
<i>colchicine</i>	<i>colchicine (0.6 mg cap, 0.6 mg tab)</i>	TIER 1	
<i>colchicine-probenecid</i>	<i>colchicine-probenecid 0.5-500 mg tab</i>	TIER 1	
<i>febuxostat</i>	<i>febuxostat (40 mg tab, 80 mg tab)</i>	TIER 1	
KRYSTEXXA	KRYSTEXXA 8 MG/ML SOLUTION <i>pegloticase</i>	SP-M	PA
<i>probenecid</i>	<i>probenecid 500 mg tab</i>	TIER 1	
ANTIMIGRAINE AGENTS			
ERGOT ALKALOIDS			
<i>dihydroergotamine mesylate</i>	<i>dihydroergotamine mesylate 1 mg/ml solution</i>	TIER 1	
ERGOMAR	ERGOMAR 2 MG SL TAB <i>ergotamine tartrate</i>	TIER 3	
<i>ergotamine-caffeine</i>	<i>ergotamine-caffeine 1-100 mg tab</i>	TIER 1	
<i>migergot</i>	<i>migergot 2-100 mg suppos</i>	TIER 1	

BRAND NAME	DRUG DESCRIPTION (RX)	TIER	LIMITS & RESTRICTIONS
SEROTONIN (5-HT) 1B/1D RECEPTOR AGONISTS			
<i>almotriptan malate</i>	<i>almotriptan malate (6.25 mg tab, 12.5 mg tab)</i>	TIER 1	QL (18 PER 30 DAY(S))
<i>eletriptan hydrobromide</i>	<i>eletriptan hydrobromide (20 mg tab, 40 mg tab)</i>	TIER 1	PA, QL (18 PER 30 DAY(S))
<i>frovatriptan succinate</i>	<i>frovatriptan succinate 2.5 mg tab</i>	TIER 1	PA, QL (27 PER 30 DAY(S))
<i>naratriptan hcl</i>	<i>naratriptan hcl (1 mg tab, 2.5 mg tab)</i>	TIER 1	QL (18 PER 30 DAY(S))
<i>rizatriptan benzoate</i>	<i>rizatriptan benzoate (5 mg tab, 5 mg tab disp, 10 mg tab, 10 mg tab disp)</i>	TIER 1	QL (27 PER 30 DAY(S))
<i>sumatriptan</i>	<i>sumatriptan 20 mg/act solution</i>	TIER 1	QL (18 PER 30 DAY(S))
<i>sumatriptan</i>	<i>sumatriptan 5 mg/act solution</i>	TIER 1	QL (36 PER 30 DAY(S))
<i>sumatriptan succinate</i>	<i>sumatriptan succinate (25 mg tab, 50 mg tab, 100 mg tab)</i>	TIER 1	QL (18 PER 30 DAY(S))
<i>sumatriptan succinate</i>	<i>sumatriptan succinate (6 soln a-inj, 6 solution)</i>	TIER 1	PA, QL (18 PER 30 DAY(S))
<i>sumatriptan succinate</i>	<i>sumatriptan succinate 4 mg/0.5ml soln a-inj</i>	TIER 1	PA, QL (27 PER 30 DAY(S))
SUMATRIPTAN SUCCINATE	SUMATRIPTAN SUCCINATE 6 MG/0.5ML SOLN PRSYR <i>sumatriptan succinate</i>	TIER 1	PA, QL (12 PER 30 DAYS)
<i>sumatriptan succinate refill</i>	<i>sumatriptan succinate refill 4 mg/0.5ml soln cart</i>	TIER 1	PA, QL (27 PER 30 DAY(S))
<i>sumatriptan succinate refill</i>	<i>sumatriptan succinate refill 6 mg/0.5ml soln cart</i>	TIER 1	PA, QL (18 PER 30 DAY(S))
<i>sumatriptan-naproxen sodium</i>	<i>sumatriptan-naproxen sodium 85-500 mg tab</i>	TIER 1	PA, QL (9 PER 30 DAYS)
<i>zolmitriptan</i>	<i>zolmitriptan (2.5 mg solution, 5 mg solution)</i>	TIER 1	PA, QL (18 PER 30 DAY(S))
<i>zolmitriptan</i>	<i>zolmitriptan (2.5 mg tab, 2.5 mg tab disp, 5 mg tab, 5 mg tab disp)</i>	TIER 1	QL (18 PER 30 DAY(S))
ANTIMIGRAINE AGENTS, OTHER			
AIMOVIG (140 MG DOSE)	AIMOVIG (140 MG DOSE) 70 MG/ML SOLN A-INJ <i>erenumab-aooe</i>	SP-NP	QL (1 PER 30 DAY(S)), MN-PA (Medically Necessary Prior Authorization)

BRAND NAME	DRUG DESCRIPTION (RX)	TIER	LIMITS & RESTRICTIONS
AIMOVIG	AIMOVIG (70 MG/ML SOLN A-INJ, 140 MG/ML SOLN A-INJ) <i>erenumab-aooe</i>	SP-NP	QL (1 PER 30 DAY(S)), MN-PA (Medically Necessary Prior Authorization)
AJOVY	AJOVY 225 MG/1.5ML SOLN A-INJ <i>fremanezumab-vfrm</i>	SP-P	PA, QL (1 PER 28 DAY(S))
AJOVY	AJOVY 225 MG/1.5ML SOLN PRSYR <i>fremanezumab-vfrm</i>	SP-P	PA, QL (3 PER 90 DAY(S))
EMGALITY	EMGALITY (120 MG/ML SOLN A-INJ, 120 MG/ML SOLN PRSYR) <i>galcanezumab-gnlm</i>	SP-P	PA, QL (1 PER 28 DAY(S))
EMGALITY (300 MG DOSE)	EMGALITY (300 MG DOSE) 100 MG/ML SOLN PRSYR <i>galcanezumab-gnlm</i>	SP-P	PA, QL (1 PER 28 DAY(S))
ANTIMYASTHENIC AGENTS			
PARASYMPATHOMIMETICS			
FIRDAPSE	FIRDAPSE 10 MG TAB <i>amifampridine phosphate</i>	SP-NP	PA, QL (8 PER 1 DAY(S))
GUANIDINE HCL	GUANIDINE HCL 125 MG TAB <i>guanidine hcl</i>	TIER 3	
<i>pyridostigmine bromide</i>	<i>pyridostigmine bromide (60 mg tab, 60 mg/5ml solution)</i>	TIER 1	
<i>pyridostigmine bromide er</i>	<i>pyridostigmine bromide er 180 mg tab er</i>	TIER 1	
RUZURGI	RUZURGI 10 MG TAB <i>amifampridine</i>	SP-P	PA, QL (240 PER 30 DAY(S))
VYVGART	VYVGART 400 MG/20ML SOLUTION <i>efgartigimod alfa-fcab</i>	SP-M	PA
ANTIMYCOBACTERIALS			
ANTIMYCOBACTERIALS, OTHER			
<i>dapsone</i>	<i>dapsone (25 mg tab, 100 mg tab)</i>	TIER 1	
<i>rifabutin</i>	<i>rifabutin 150 mg cap</i>	TIER 1	

BRAND NAME	DRUG DESCRIPTION (RX)	TIER	LIMITS & RESTRICTIONS
ANTITUBERCULARS			
<i>cycloserine</i>	<i>cycloserine 250 mg cap</i>	TIER 1	
<i>ethambutol hcl</i>	<i>ethambutol hcl (100 mg tab, 400 mg tab)</i>	TIER 1	
ISONIAZID	ISONIAZID (50 MG/5ML SYRUP, 100 MG TAB, 300 MG TAB) <i>isoniazid</i>	TIER 1	
PASER	PASER 4 GM PACKET <i>aminosalicylic acid</i>	TIER 1	
PRETOMANID	PRETOMANID 200 MG TAB <i>pretomanid</i>	TIER 3	QL (30 PER 30 DAY(S))
PRIFTIN	PRIFTIN 150 MG TAB <i>rifapentine</i>	TIER 3	
<i>pyrazinamide</i>	<i>pyrazinamide 500 mg tab</i>	TIER 1	
<i>rifampin</i>	<i>rifampin (150 mg cap, 300 mg cap)</i>	TIER 1	
RIFATER	RIFATER 50-120-300 MG TAB <i>isoniazid-rifampin w/ pyrazinamide</i>	TIER 3	
TRECATOR	TRECATOR 250 MG TAB <i>ethionamide</i>	TIER 3	
ANTINEOPLASTICS			
ALKYLATING AGENTS			
BELRAPZO	BELRAPZO 100 MG/4ML SOLUTION <i>bendamustine hcl</i>	SP-M	
BENDAMUSTINE HCL	BENDAMUSTINE HCL 100 MG/4ML SOLUTION <i>bendamustine hcl</i>	SP-M	
BENDEKA	BENDEKA 100 MG/4ML SOLUTION <i>bendamustine hcl</i>	SP-M	
BICNU	BICNU 100 MG RECON SOLN <i>carmustine</i>	SP-M	GA
<i>busulfan</i>	<i>busulfan 6 mg/ml solution</i>	SP-M	
BUSULFEX	BUSULFEX 6 MG/ML SOLUTION <i>busulfan</i>	SP-M	GA

BRAND NAME	DRUG DESCRIPTION (RX)	TIER	LIMITS & RESTRICTIONS
<i>carmustine</i>	<i>carmustine 100 mg recon soln</i>	SP-M	
CYCLOPHOSPHAMIDE	CYCLOPHOSPHAMIDE (1 GM RECON SOLN, 1 GM/5ML SOLUTION, 2 GM RECON SOLN, 500 MG RECON SOLN, 500 MG/2.5ML SOLUTION) <i>cyclophosphamide</i>	SP-M	
CYCLOPHOSPHAMIDE	CYCLOPHOSPHAMIDE (25 MG CAP, 25 MG TAB, 50 MG CAP, 50 MG TAB) <i>cyclophosphamide</i>	TIER 1	
EVOMELA	EVOMELA 50 MG RECON SOLN <i>melfhalan hcl</i>	SP-M	
GLEOSTINE	GLEOSTINE (10 MG CAP, 40 MG CAP, 100 MG CAP) <i>lomustine</i>	SP-P	
GLIADEL WAFER	GLIADEL WAFER 7.7 MG WAFER <i>carmustine in polifeprosan</i>	SP-M	
IFEX	IFEX (1 GM RECON SOLN, 3 GM RECON SOLN) <i>ifosfamide</i>	SP-M	
<i>ifosfamide</i>	<i>ifosfamide (1 gm recon soln, 1 gm/20ml solution, 3 gm recon soln, 3 gm/60ml solution)</i>	SP-M	
LEUKERAN	LEUKERAN 2 MG TAB <i>chlorambucil</i>	TIER 2	
MATULANE	MATULANE 50 MG CAP <i>procarbazine hcl</i>	SP-P	
<i>melfhalan</i>	<i>melfhalan 2 mg tab</i>	TIER 1	
MYLERAN	MYLERAN 2 MG TAB <i>busulfan</i>	TIER 2	
PEPAXTO	PEPAXTO 20 MG RECON SOLN <i>melfhalan flufenamide hcl</i>	SP-M	
TEMODAR	TEMODAR 100 MG RECON SOLN <i>temozolomide</i>	SP-M	
<i>temozolomide</i>	<i>temozolomide (5 mg cap, 20 mg cap, 100 mg cap, 140 mg cap, 180 mg cap, 250 mg cap)</i>	SBG	

BRAND NAME	DRUG DESCRIPTION (RX)	TIER	LIMITS & RESTRICTIONS
TREANDA	TREANDA (25 MG RECON SOLN, 100 MG RECON SOLN) <i>bendamustine hcl</i>	SP-M	
VALCHLOR	VALCHLOR 0.016 % GEL <i>mechlorethamine hcl (topical)</i>	SP-P	
YONDELIS	YONDELIS 1 MG RECON SOLN <i>trabectedin</i>	SP-M	
ZEPZELCA	ZEPZELCA 4 MG RECON SOLN <i>lurbinectedin</i>	SP-M	
ANTIANDROGENS			
<i>abiraterone acetate</i>	<i>abiraterone acetate (250 mg tab, 500 mg tab)</i>	SBG	
<i>bicalutamide</i>	<i>bicalutamide 50 mg tab</i>	TIER 1	
ERLEADA	ERLEADA 60 MG TAB <i>apalutamide</i>	SP-P	
<i>flutamide</i>	<i>flutamide 125 mg cap</i>	TIER 1	
<i>nilutamide</i>	<i>nilutamide 150 mg tab</i>	TIER 1	
NUBEQA	NUBEQA 300 MG TAB <i>darolutamide</i>	SP-P	
XTANDI	XTANDI (40 MG CAP, 40 MG TAB, 80 MG TAB) <i>enzalutamide</i>	SP-P	
YONSA	YONSA 125 MG TAB <i>abiraterone acetate</i>	SP-P	
ANTIANGIOGENIC AGENTS			
<i>lenalidomide</i>	<i>lenalidomide (2.5 mg cap, 5 mg cap, 10 mg cap, 15 mg cap, 20 mg cap, 25 mg cap)</i>	SBG	
POMALYST	POMALYST (1 MG CAP, 2 MG CAP, 3 MG CAP, 4 MG CAP) <i>pomalidomide</i>	SP-P	
REVLIMID	REVLIMID (2.5 MG CAP, 5 MG CAP, 10 MG CAP, 15 MG CAP, 20 MG CAP, 25 MG CAP) <i>lenalidomide</i>	SP-P	GA

BRAND NAME	DRUG DESCRIPTION (RX)	TIER	LIMITS & RESTRICTIONS
THALOMID	THALOMID (50 MG CAP, 100 MG CAP, 150 MG CAP, 200 MG CAP) <i>thalidomide</i>	SP-P	
ANTIESTROGENS/MODIFIERS			
EMCYT	EMCYT 140 MG CAP <i>estramustine phosphate sodium</i>	SP-P	
FASLODEX	FASLODEX 250 MG/5ML SOLN PRSYR <i>fulvestrant</i>	SP-M	GA
<i>fulvestrant</i>	<i>fulvestrant 250 mg/5ml soln prsyr</i>	SP-M	
SOLTAMOX	SOLTAMOX 10 MG/5ML SOLUTION <i>tamoxifen citrate</i>	TIER 2	PA
<i>tamoxifen citrate</i>	<i>tamoxifen citrate (10 mg tab, 20 mg tab)</i>	TIER 1	PA
<i>toremifene citrate</i>	<i>toremifene citrate 60 mg tab</i>	TIER 1	
ANTIMETABOLITES			
<i>adrucil</i>	<i>adrucil (2.5 gm/50ml solution, 5 gm/100ml solution, 500 mg/10ml solution)</i>	SP-M	
ALIMTA	ALIMTA (100 MG RECON SOLN, 500 MG RECON SOLN) <i>pemetrexed disodium</i>	SP-M	GA
<i>capecitabine</i>	<i>capecitabine (150 mg tab, 500 mg tab)</i>	SBG	
<i>cladribine</i>	<i>cladribine 10 mg/10ml solution</i>	SP-M	
<i>clofarabine</i>	<i>clofarabine 1 mg/ml solution</i>	SP-M	
CLOLAR	CLOLAR 1 MG/ML SOLUTION <i>clofarabine</i>	SP-M	GA
<i>cytarabine (pf)</i>	<i>cytarabine (pf) (20 mg/ml solution, 100 mg/ml solution)</i>	SP-M	
CYTARABINE	CYTARABINE 20 MG/ML SOLUTION <i>cytarabine</i>	SP-M	

BRAND NAME	DRUG DESCRIPTION (RX)	TIER	LIMITS & RESTRICTIONS
DROXIA	DROXIA (200 MG CAP, 300 MG CAP, 400 MG CAP) <i>hydroxyurea (sickle cell disease)</i>	TIER 3	
<i>floxuridine</i>	<i>floxuridine 0.5 gm recon soln</i>	SP-M	
<i>fluorouracil</i>	<i>fluorouracil (1 gm/20ml solution, 2.5 gm/50ml solution, 5 gm/100ml solution, 500 mg/10ml solution)</i>	SP-M	
FLUOROURACIL	FLUOROURACIL (2 % SOLUTION, 5 % CREAM, 5 % SOLUTION) <i>fluorouracil (topical)</i>	TIER 1	
FOLOTYN	FOLOTYN (20 MG/ML SOLUTION, 40 MG/2ML SOLUTION) <i>pralatrexate</i>	SP-M	
<i>gemcitabine hcl</i>	<i>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)</i>	SP-M	
GEMZAR	GEMZAR (1 GM RECON SOLN, 200 MG RECON SOLN) <i>gemcitabine hcl</i>	SP-M	GA
<i>hydroxyurea</i>	<i>hydroxyurea 500 mg cap</i>	TIER 1	

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) <i>gemcitabine hcl-sodium chloride</i>	SP-M	
<i>mercaptopurine</i>	<i>mercaptopurine 50 mg tab</i>	TIER 1	
NIPENT	NIPENT 10 MG RECON SOLN <i>pentostatin</i>	SP-M	
PEMETREXED	PEMETREXED (1 GM/40ML SOLUTION, 100 MG/4ML SOLUTION, 500 MG/20ML SOLUTION) <i>pemetrexed</i>	SP-M	
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) <i>pemetrexed disodium</i>	SP-M	
PEMETREXED DITROMETHAMINE	PEMETREXED DITROMETHAMINE (100 MG RECON SOLN, 500 MG RECON SOLN) <i>pemetrexed ditromethamine</i>	SP-M	
PEMFEXY	PEMFEXY 500 MG/20ML SOLUTION <i>pemetrexed</i>	SP-M	

BRAND NAME	DRUG DESCRIPTION (RX)	TIER	LIMITS & RESTRICTIONS
PRALATREXATE	PRALATREXATE (20 MG/ML SOLUTION, 40 MG/2ML SOLUTION) <i>pralatrexate</i>	SP-M	
PURIXAN	PURIXAN 2000 MG/100ML SUSPENSION <i>mercaptopurine</i>	TIER 3	PA
TABLOID	TABLOID 40 MG TAB <i>thioguanine</i>	TIER 2	
ANTINEOPLASTICS, OTHER			
ABECMA	ABECMA SUSPENSION <i>idecabtagene vicleucel</i>	SP-M	
<i>adriamycin</i>	<i>adriamycin (2 mg/ml solution, 10 mg recon soln, 50 mg recon soln)</i>	SP-M	
ALUNBRIG	ALUNBRIG (30 MG TAB, 90 & 180 MG TAB THPK, 90 MG TAB, 180 MG TAB) <i>brigatinib</i>	SP-P	
ARRANON	ARRANON 5 MG/ML SOLUTION <i>nelarabine</i>	SP-M	GA
<i>arsenic trioxide</i>	<i>arsenic trioxide (10 mg/10ml solution, 12 mg/6ml solution)</i>	SP-M	
ASPARLAS	ASPARLAS 3750 UNIT/5ML SOLUTION <i>calaspargase pegol-mknl</i>	SP-M	
AYVAKIT	AYVAKIT (25 MG TAB, 50 MG TAB, 100 MG TAB, 200 MG TAB, 300 MG TAB) <i>avapritinib</i>	SP-P	
<i>azacitidine</i>	<i>azacitidine 100 mg recon susp</i>	SP-M	
AZEDRA DOSIMETRIC	AZEDRA DOSIMETRIC 15 MCI/ML SOLUTION <i>iobenguane i 131</i>	SP-M	
AZEDRA THERAPEUTIC	AZEDRA THERAPEUTIC 15 MCI/ML SOLUTION <i>iobenguane i 131</i>	SP-M	
BALVERSA	BALVERSA (3 MG TAB, 4 MG TAB, 5 MG TAB) <i>erdafitinib</i>	SP-P	
BESREMI	BESREMI 500 MCG/ML SOLN PRSYR <i>ropeginterferon alfa-2b-njft</i>	SP-NP	PA, QL (2 PER 28 DAY(S))

BRAND NAME	DRUG DESCRIPTION (RX)	TIER	LIMITS & RESTRICTIONS
<i>bleomycin sulfate</i>	<i>bleomycin sulfate (15 recon soln, 30 recon soln)</i>	SP-M	
<i>bortezomib</i>	<i>bortezomib (1 mg recon soln, 2.5 mg recon soln, 3.5 mg recon soln)</i>	SP-M	
BREYANZI	BREYANZI SUSPENSION <i>lisocabtagene maraleucel</i>	SP-M	
BRUKINSA	BRUKINSA 80 MG CAP <i>zanubrutinib</i>	SP-P	
CAMPTOSAR	CAMPTOSAR (40 MG/2ML SOLUTION, 100 MG/5ML SOLUTION, 300 MG/15ML SOLUTION) <i>irinotecan hcl</i>	SP-M	GA
<i>carboplatin</i>	<i>carboplatin (50 mg/5ml solution, 150 mg/15ml solution, 450 mg/45ml solution, 600 mg/60ml solution)</i>	SP-M	
CARVYKTI	CARVYKTI 100000000 CELLS SUSPENSION <i>ciltacabtagene autoleucel</i>	SP-M	
<i>cisplatin</i>	<i>cisplatin (50 mg recon soln, 50 mg/50ml solution, 100 mg/100ml solution, 200 mg/200ml solution)</i>	SP-M	
COSMEGEN	COSMEGEN 0.5 MG RECON SOLN <i>dactinomycin</i>	SP-M	GA
<i>dacarbazine</i>	<i>dacarbazine (100 mg recon soln, 200 mg recon soln)</i>	SP-M	
DACOGEN	DACOGEN 50 MG RECON SOLN <i>decitabine</i>	SP-M	GA
<i>dactinomycin</i>	<i>dactinomycin 0.5 mg recon soln</i>	SP-M	
DAUNORUBICIN HCL	DAUNORUBICIN HCL (20 MG/4ML SOLUTION, 50 MG/10ML SOLUTION) <i>daunorubicin hcl</i>	SP-M	
<i>decitabine</i>	<i>decitabine 50 mg recon soln</i>	SP-M	
<i>dexrazoxane hcl</i>	<i>dexrazoxane hcl (250 mg recon soln, 500 mg recon soln)</i>	SP-M	

BRAND NAME	DRUG DESCRIPTION (RX)	TIER	LIMITS & RESTRICTIONS
<i>docetaxel</i>	<i>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, 200 mg/10ml conc)</i>	SP-M	
DOCETAXEL (NON-ALCOHOL)	DOCETAXEL (NON-ALCOHOL) (20 MG/ML SOLUTION, 80 MG/4ML SOLUTION, 160 MG/8ML SOLUTION) <i>docetaxel</i>	SP-M	
DOXIL	DOXIL 2 MG/ML INJECTABLE <i>doxorubicin hcl liposomal</i>	SP-M	GA
<i>doxorubicin hcl</i>	<i>doxorubicin hcl (2 mg/ml solution, 10 mg recon soln, 50 mg recon soln)</i>	SP-M	
<i>doxorubicin hcl liposomal</i>	<i>doxorubicin hcl liposomal 2 mg/ml injectable</i>	SP-M	
ELLENCE	ELLENCE (50 MG/25ML SOLUTION, 200 MG/100ML SOLUTION) <i>epirubicin hcl</i>	SP-M	GA
ELZONRIS	ELZONRIS 1000 MCG/ML SOLUTION <i>tagraxofusp-erzs</i>	SP-M	
<i>epirubicin hcl</i>	<i>epirubicin hcl (50 mg/25ml solution, 200 mg/100ml solution)</i>	SP-M	
ERWINASE	ERWINASE 10000 UNIT RECON SOLN <i>asparaginase erwinia chrysanthemi</i>	SP-M	
ERWINAZE	ERWINAZE 10000 UNIT RECON SOLN <i>asparaginase erwinia chrysanthemi</i>	SP-M	
ETHYOL	ETHYOL 500 MG RECON SOLN <i>amifostine</i>	SP-M	
EXKIVITY	EXKIVITY 40 MG CAP <i>mobocertinib succinate</i>	SP-P	QL (4 PER 1 DAY(S))
<i>fludarabine phosphate</i>	<i>fludarabine phosphate (25 mg/ml solution, 50 mg recon soln, 50 mg/2ml solution)</i>	SP-M	

BRAND NAME	DRUG DESCRIPTION (RX)	TIER	LIMITS & RESTRICTIONS
FOTIVDA	FOTIVDA (0.89 MG CAP, 1.34 MG CAP) <i>tivozanib hcl</i>	SP-P	QL (21 PER 28 DAY(S))
FUSILEV	FUSILEV 50 MG RECON SOLN <i>levoleucovorin calcium</i>	SP-M	GA
FYARRO	FYARRO 100 MG RECON SUSP <i>sirolimus protein-bound particles</i>	SP-M	
HALAVEN	HALAVEN 1 MG/2ML SOLUTION <i>eribulin mesylate</i>	SP-M	
HEMANGEOL	HEMANGEOL 4.28 MG/ML SOLUTION <i>propranolol hcl</i>	SP-P	
IDAMYCIN PFS	IDAMYCIN PFS (5 MG/5ML SOLUTION, 10 MG/10ML SOLUTION, 20 MG/20ML SOLUTION) <i>idarubicin hcl</i>	SP-M	GA
<i>idarubicin hcl</i>	<i>idarubicin hcl (5 mg/5ml solution, 10 mg/10ml solution, 20 mg/20ml solution)</i>	SP-M	
IDHIFA	IDHIFA (50 MG TAB, 100 MG TAB) <i>enasidenib mesylate</i>	SP-P	
IMLYGIC	IMLYGIC (1000000 SUSPENSION, 100000000 SUSPENSION) <i>talimogene laherparepvec</i>	SP-M	
INQOVI	INQOVI 35-100 MG TAB <i>decitabine-cedazuridine</i>	SP-NP	QL (5 PER 28 DAY(S))
IRINOTECAN HCL	IRINOTECAN HCL (40 MG/2ML SOLUTION, 100 MG/5ML SOLUTION, 300 MG/15ML SOLUTION, 500 MG/25ML SOLUTION) <i>irinotecan hcl</i>	SP-M	
ISTODAX (OVERFILL)	ISTODAX (OVERFILL) 10 MG RECON SOLN <i>romidepsin</i>	SP-M	GA
IXEMPRA KIT	IXEMPRA KIT (KIT 15 MG RECON SOLN, KIT 45 MG RECON SOLN) <i>ixabepilone</i>	SP-M	

BRAND NAME	DRUG DESCRIPTION (RX)	TIER	LIMITS & RESTRICTIONS
JELMYTO	JELMYTO 80 (2 X 40) MG RECON SOLN <i>mitomycin</i>	SP-M	
KHAPZORY	KHAPZORY (175 MG RECON SOLN, 300 MG RECON SOLN) <i>levoleucovorin</i>	SP-M	
KYMRIAH	KYMRIAH (2500000000 SUSPENSION, 600000000 SUSPENSION) <i>tisagenlecleucel</i>	SP-M	
<i>leucovorin calcium</i>	<i>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)</i>	SP-M	
<i>leucovorin calcium</i>	<i>leucovorin calcium (5 mg tab, 10 mg tab, 15 mg tab, 25 mg tab, 50 mg recon soln)</i>	TIER 1	
<i>levoleucovorin calcium</i>	<i>levoleucovorin calcium (50 mg recon soln, 175 mg recon soln)</i>	SP-M	
<i>levoleucovorin calcium pf</i>	<i>levoleucovorin calcium pf (pf 175 mg/17.5ml solution, pf 250 mg/25ml solution)</i>	SP-M	
<i>lipodox 50</i>	<i>lipodox 50 2 mg/ml injectable</i>	SP-M	
LONSURF	LONSURF (15-6.14 MG TAB, 20-8.19 MG TAB) <i>trifluridine-tipiracil</i>	SP-P	
LUMAKRAS	LUMAKRAS 120 MG TAB <i>sotorasib</i>	SP-P	
LUTATHERA	LUTATHERA 370 MBQ/ML SOLUTION <i>lutetium lu 177 dotatate</i>	SP-M	
LYSODREN	LYSODREN 500 MG TAB <i>mitotane</i>	SP-P	
MARQIBO	MARQIBO 5 MG/31ML SUSPENSION <i>vincristine sulfate liposome</i>	SP-M	
<i>mitomycin</i>	<i>mitomycin (5 mg recon soln, 20 mg recon soln, 40 mg recon soln)</i>	SP-M	

BRAND NAME	DRUG DESCRIPTION (RX)	TIER	LIMITS & RESTRICTIONS
<i>mitoxantrone hcl</i>	<i>mitoxantrone hcl (20 mg/10ml conc, 25 mg/12.5ml conc, 30 mg/15ml conc)</i>	SP-M	
<i>mutamycin</i>	<i>mutamycin (5 mg recon soln, 20 mg recon soln, 40 mg recon soln)</i>	SP-M	
NAVELBINE	NAVELBINE (10 MG/ML SOLUTION, 50 MG/5ML SOLUTION) <i>vinorelbine tartrate</i>	SP-M	GA
<i>nelarabine</i>	<i>nelarabine 5 mg/ml solution</i>	SP-M	
NINLARO	NINLARO (2.3 MG CAP, 3 MG CAP, 4 MG CAP) <i>ixazomib citrate</i>	SP-P	
ONCASPAR	ONCASPAR 750 UNIT/ML SOLUTION <i>pegaspargase</i>	SP-M	
ONIVYDE	ONIVYDE 43 MG/10ML INJECTABLE <i>irinotecan hcl liposome</i>	SP-M	
ONUREG	ONUREG (200 MG TAB, 300 MG TAB) <i>azacitidine</i>	SP-P	
<i>oxaliplatin</i>	<i>oxaliplatin (50 mg recon soln, 50 mg/10ml solution, 100 mg recon soln, 100 mg/20ml solution, 200 mg/40ml solution)</i>	SP-M	
<i>paclitaxel</i>	<i>paclitaxel (30 mg/5ml conc, 100 mg/16.7ml conc, 150 mg/25ml conc, 300 mg/50ml conc)</i>	SP-M	
<i>paraplatin</i>	<i>paraplatin (50 mg/5ml solution, 150 mg/15ml solution, 450 mg/45ml solution, 600 mg/60ml solution, 1000 mg/100ml solution)</i>	SP-M	
PEMAZYRE	PEMAZYRE (4.5 MG TAB, 9 MG TAB, 13.5 MG TAB) <i>pemigatinib</i>	SP-P	
PHESGO	PHESGO (60-60-2000 SOLUTION, 80-40-2000 SOLUTION) <i>pertuzumab-trastuzumab-hyaluronidase-zzxf</i>	SP-M	

BRAND NAME	DRUG DESCRIPTION (RX)	TIER	LIMITS & RESTRICTIONS
PHOTOFRIN	PHOTOFRIN 75 MG RECON SOLN <i>porfimer sodium</i>	SP-M	
PROLEUKIN	PROLEUKIN 22000000 UNIT RECON SOLN <i>aldesleukin</i>	SP-M	
PROVENGE	PROVENGE 50000000 CELLS SUSPENSION <i>sipuleucel-t</i>	SP-M	
QINLOCK	QINLOCK 50 MG TAB <i>ripretinib</i>	SP-P	
RETEVMO	RETEVMO (40 MG CAP, 80 MG CAP) <i>selpercatinib</i>	SP-P	
ROMIDEPSIN	ROMIDEPSIN (10 MG RECON SOLN, 27.5 MG/5.5ML SOLUTION) <i>romidepsin</i>	SP-M	
ROMIDEPSIN	ROMIDEPSIN 10 MG RECON SOLN <i>romidepsin</i>	SP-M	GA
ROZLYTREK	ROZLYTREK 100 MG CAP <i>entrectinib</i>	SP-P	QL (30 PER 30 DAY(S))
ROZLYTREK	ROZLYTREK 200 MG CAP <i>entrectinib</i>	SP-P	QL (90 PER 30 DAY(S))
RUBRACA	RUBRACA (200 MG TAB, 250 MG TAB, 300 MG TAB) <i>rucaparib camsylate</i>	SP-P	
RYBREVANT	RYBREVANT 350 MG/7ML SOLUTION <i>amivantamab-vmjw</i>	SP-M	
RYDAPT	RYDAPT 25 MG CAP <i>midostaurin</i>	SP-P	
RYLAZE	RYLAZE 10 MG/0.5ML SOLUTION <i>asparaginase erwinia chrysanthemi (recombinant)-rywn</i>	SP-M	
SYLATRON	SYLATRON (200 MCG KIT, 300 MCG KIT, 600 MCG KIT) <i>peginterferon alfa-2b (antineoplastic)</i>	SP-P	
SYNRIBO	SYNRIBO 3.5 MG RECON SOLN <i>omacetaxine mepesuccinate</i>	SP-M	

BRAND NAME	DRUG DESCRIPTION (RX)	TIER	LIMITS & RESTRICTIONS
TABRECTA	TABRECTA (150 MG TAB, 200 MG TAB) <i>capmatinib hcl</i>	SP-P	
TAXOTERE	TAXOTERE (20 MG/ML CONC, 80 MG/4ML CONC) <i>docetaxel</i>	SP-M	GA
TAZVERIK	TAZVERIK 200 MG TAB <i>tazemetostat hbr</i>	SP-P	
TECARTUS	TECARTUS (1000000000CELLSSUSPENSION, SUSPENSION) <i>brexucabtagene autoleucl</i>	SP-M	
TENIPOSIDE	TENIPOSIDE 10 MG/ML SOLUTION <i>teniposide</i>	SP-M	
TEPADINA	TEPADINA (15 MG RECON SOLN, 100 MG RECON SOLN) <i>thiotepa</i>	SP-M	GA
<i>thiotepa</i>	<i>thiotepa (15 mg recon soln, 100 mg recon soln)</i>	SP-M	
TIBSOVO	TIBSOVO 250 MG TAB <i>ivosidenib</i>	SP-P	
TICE BCG	TICE BCG 50 MG RECON SUSP <i>bcg live intravesical</i>	SP-M	
TOTECT	TOTECT 500 MG RECON SOLN <i>dexrazoxane hcl</i>	SP-M	GA
TRISENOX	TRISENOX 12 MG/6ML SOLUTION <i>arsenic trioxide</i>	SP-M	GA
TRUSELTIQ (100MG DAILY DOSE)	TRUSELTIQ (100MG DAILY DOSE) 100 MG CAP THPK <i>infigratinib phosphate</i>	SP-P	
TRUSELTIQ (125MG DAILY DOSE)	TRUSELTIQ (125MG DAILY DOSE) 100 & 25 MG CAP THPK <i>infigratinib phosphate</i>	SP-P	
TRUSELTIQ (50MG DAILY DOSE)	TRUSELTIQ (50MG DAILY DOSE) 25 MG CAP THPK <i>infigratinib phosphate</i>	SP-P	

BRAND NAME	DRUG DESCRIPTION (RX)	TIER	LIMITS & RESTRICTIONS
TRUSELTIQ (75MG DAILY DOSE)	TRUSELTIQ (75MG DAILY DOSE) 25 MG CAP THPK <i>infigratinib phosphate</i>	SP-P	
TURALIO	TURALIO 200 MG CAP <i>pexidartinib hcl</i>	SP-P	PA, QL (120 PER 30 DAY(S))
UVADEX	UVADEX 20 MCG/ML SOLUTION <i>methoxsalen</i> (<i>photopheresis</i>)	SP-M	
<i>valrubicin</i>	<i>valrubicin 40 mg/ml solution</i>	SP-M	
VALSTAR	VALSTAR 40 MG/ML SOLUTION <i>valrubicin</i>	SP-M	GA
VELCADE	VELCADE 3.5 MG RECON SOLN <i>bortezomib</i>	SP-M	GA
VIDAZA	VIDAZA 100 MG RECON SUSP <i>azacitidine</i>	SP-M	GA
VINBLASTINE SULFATE	VINBLASTINE SULFATE 1 MG/ML SOLUTION <i>vinblastine sulfate</i>	SP-M	
<i>vincasar pfs</i>	<i>vincasar pfs 1 mg/ml solution</i>	SP-M	
<i>vincristine sulfate</i>	<i>vincristine sulfate 1 mg/ml solution</i>	SP-M	
<i>vinorelbine tartrate</i>	<i>vinorelbine tartrate (10 mg/ml solution, 50 mg/5ml solution)</i>	SP-M	
VITRAKVI	VITRAKVI (20 MG/ML SOLUTION, 25 MG CAP, 100 MG CAP) <i>larotrectinib sulfate</i>	SP-P	
VIZIMPRO	VIZIMPRO (15 MG TAB, 30 MG TAB, 45 MG TAB) <i>dacomitinib</i>	SP-P	
VORAXAZE	VORAXAZE 1000 UNIT RECON SOLN <i>glucarpidase</i>	SP-M	
VYXEOS	VYXEOS 44-100 MG RECON SUSP <i>daunorubicin-cytarabine liposome</i>	SP-M	
WELIREG	WELIREG 40 MG TAB <i>belzutifan</i>	SP-P	QL (3 PER DAY(S))

BRAND NAME	DRUG DESCRIPTION (RX)	TIER	LIMITS & RESTRICTIONS
XOSPATA	XOSPATA 40 MG TAB <i>gilteritinib fumarate</i>	SP-P	
XPOVIO (100 MG ONCE WEEKLY)	XPOVIO (100 MG ONCE WEEKLY) (MG 20 MG TAB THPK, MG 50 MG TAB THPK) <i>selinexor</i>	SP-P	
XPOVIO (40 MG ONCE WEEKLY)	XPOVIO (40 MG ONCE WEEKLY) (MG 20 MG TAB THPK, MG 40 MG TAB THPK) <i>selinexor</i>	SP-P	
XPOVIO (40 MG TWICE WEEKLY)	XPOVIO (40 MG TWICE WEEKLY) (MG 20 MG TAB THPK, MG 40 MG TAB THPK) <i>selinexor</i>	SP-P	
XPOVIO (60 MG ONCE WEEKLY)	XPOVIO (60 MG ONCE WEEKLY) (MG 20 MG TAB THPK, MG 60 MG TAB THPK) <i>selinexor</i>	SP-P	
XPOVIO (60 MG TWICE WEEKLY)	XPOVIO (60 MG TWICE WEEKLY) 20 MG TAB THPK <i>selinexor</i>	SP-P	
XPOVIO (80 MG ONCE WEEKLY)	XPOVIO (80 MG ONCE WEEKLY) (MG 20 MG TAB THPK, MG 40 MG TAB THPK) <i>selinexor</i>	SP-P	
XPOVIO (80 MG TWICE WEEKLY)	XPOVIO (80 MG TWICE WEEKLY) 20 MG TAB THPK <i>selinexor</i>	SP-P	
YESCARTA	YESCARTA 200000000 CELLS SUSPENSION <i>axicabtagene ciloleucel</i>	SP-M	
ZALTRAP	ZALTRAP (100 MG/4ML SOLUTION, 200 MG/8ML SOLUTION) <i>ziv-aflibercept</i>	SP-M	
ZANOSAR	ZANOSAR 1 GM RECON SOLN <i>streptozocin</i>	SP-M	
ZEJULA	ZEJULA 100 MG CAP <i>niraparib tosylate</i>	SP-P	

BRAND NAME	DRUG DESCRIPTION (RX)	TIER	LIMITS & RESTRICTIONS
ZINECARD	ZINECARD (250 MG RECON SOLN, 500 MG RECON SOLN) <i>dexrazoxane hcl</i>	SP-M	GA
ZOLADEX	ZOLADEX (3.6 MG IMPLANT, 10.8 MG IMPLANT) <i>goserelin acetate</i>	SP-M	
ZOLINZA	ZOLINZA 100 MG CAP <i>vorinostat</i>	SP-P	
AROMATASE INHIBITORS, 3RD GENERATION			
<i>anastrozole</i>	<i>anastrozole 1 mg tab</i>	TIER 1	PA
<i>exemestane</i>	<i>exemestane 25 mg tab</i>	TIER 1	PA
<i>letrozole</i>	<i>letrozole 2.5 mg tab</i>	TIER 1	
ENZYME INHIBITORS			
COSELA	COSELA 300 MG RECON SOLN <i>trilaciclib dihydrochloride</i>	SP-M	
ETOPOPHOS	ETOPOPHOS 100 MG RECON SOLN <i>etoposide phosphate</i>	SP-M	
<i>etoposide</i>	<i>etoposide (1 gm/50ml solution, 100 mg/5ml solution, 500 mg/25ml solution)</i>	SP-M	
<i>etoposide</i>	<i>etoposide 50 mg cap</i>	SBG	
ETOPOSIDE	ETOPOSIDE 50 MG CAP <i>etoposide</i>	SP-P	GA
GAVRETO	GAVRETO 100 MG CAP <i>pralsetinib</i>	SP-P	
HYCANTIN	HYCANTIN (0.25 MG CAP, 1 MG CAP) <i>topotecan hcl</i>	SP-P	
HYCANTIN	HYCANTIN 4 MG RECON SOLN <i>topotecan hcl</i>	SP-M	GA
LORBRENA	LORBRENA (25 MG TAB, 100 MG TAB) <i>lorlatinib</i>	SP-P	
LYTGOBI (12 MG DAILY DOSE)	LYTGOBI (12 MG DAILY DOSE) 4 MG TAB THPK <i>futibatinib</i>	P&T	

BRAND NAME	DRUG DESCRIPTION (RX)	TIER	LIMITS & RESTRICTIONS
LYTGOBI (16 MG DAILY DOSE)	LYTGOBI (16 MG DAILY DOSE) 4 MG TAB THPK <i>futibatinib</i>	P&T	
LYTGOBI (20 MG DAILY DOSE)	LYTGOBI (20 MG DAILY DOSE) 4 MG TAB THPK <i>futibatinib</i>	P&T	
PIQRAY (200 MG DAILY DOSE)	PIQRAY (200 MG DAILY DOSE) 200 MG TAB THPK <i>alpelisib</i>	SP-P	
PIQRAY (250 MG DAILY DOSE)	PIQRAY (250 MG DAILY DOSE) 200 & 50 MG TAB THPK <i>alpelisib</i>	SP-P	
PIQRAY (300 MG DAILY DOSE)	PIQRAY (300 MG DAILY DOSE) 2 X 150 MG TAB THPK <i>alpelisib</i>	SP-P	
<i>toposar</i>	<i>toposar (1 gm/50ml solution, 100 mg/5ml solution, 500 mg/25ml solution)</i>	SP-M	
<i>topotecan hcl</i>	<i>topotecan hcl (4 mg recon soln, 4 mg/4ml solution)</i>	SP-M	
VIJOICE	VIJOICE (50 MG TAB THPK, 125 MG TAB THPK, 200 & 50 MG TAB THPK) <i>alpelisib (pros agents)</i>	SP-NP	PA, QL (2 PER DAY(S))
MOLECULAR TARGET INHIBITORS			
ALECENSA	ALECENSA 150 MG CAP <i>alectinib hcl</i>	SP-P	
ALIQOPA	ALIQOPA 60 MG RECON SOLN <i>copanlisib hcl</i>	SP-M	
BELEODAQ	BELEODAQ 500 MG RECON SOLN <i>belinostat</i>	SP-M	
BOSULIF	BOSULIF (100 MG TAB, 400 MG TAB, 500 MG TAB) <i>bosutinib</i>	SP-P	
BRAFTOVI	BRAFTOVI (50 MG CAP, 75 MG CAP) <i>encorafenib</i>	SP-P	

BRAND NAME	DRUG DESCRIPTION (RX)	TIER	LIMITS & RESTRICTIONS
CABOMETYX	CABOMETYX (20 MG TAB, 40 MG TAB, 60 MG TAB) <i>cabozantinib s-malate</i>	SP-P	
CALQUENCE	CALQUENCE (100 MG CAP, 100 MG TAB) <i>acalabrutinib maleate</i>	SP-P	QL (2 PER 1 DAY(S))
CAPRELSA	CAPRELSA (100 MG TAB, 300 MG TAB) <i>vandetanib</i>	SP-P	
COMETRIQ (100 MG DAILY DOSE)	COMETRIQ (100 MG DAILY DOSE) 80 & 20 MG KIT <i>cabozantinib s-malate</i>	SP-P	
COMETRIQ (140 MG DAILY DOSE)	COMETRIQ (140 MG DAILY DOSE) 3 X 20 MG & 80 MG KIT <i>cabozantinib s-malate</i>	SP-P	
COMETRIQ (60 MG DAILY DOSE)	COMETRIQ (60 MG DAILY DOSE) 20 MG KIT <i>cabozantinib s-malate</i>	SP-P	
COPIKTRA	COPIKTRA (15 MG CAP, 25 MG CAP) <i>duvelisib</i>	SP-P	
COTELLIC	COTELLIC 20 MG TAB <i>cobimetinib fumarate</i>	SP-P	
CYRAMZA	CYRAMZA (100 MG/10ML SOLUTION, 500 MG/50ML SOLUTION) <i>ramucirumab</i>	SP-M	
DAURISMO	DAURISMO (25 MG TAB, 100 MG TAB) <i>glasdegib maleate</i>	SP-P	
ERIVEDGE	ERIVEDGE 150 MG CAP <i>vismodegib</i>	SP-P	
<i>erlotinib hcl</i>	<i>erlotinib hcl (25 mg tab, 100 mg tab, 150 mg tab)</i>	SBG	
<i>everolimus</i>	<i>everolimus (2 mg tab sol, 3 mg tab sol, 5 mg tab sol)</i>	SBG	
<i>everolimus</i>	<i>everolimus (2.5 mg tab, 7.5 mg tab, 10 mg tab)</i>	SBG	QL (60 PER 30 DAYS)
<i>everolimus</i>	<i>everolimus 5 mg tab</i>	SBG	QL (120 PER 30 DAYS)
FARYDAK	FARYDAK (10 MG CAP, 15 MG CAP, 20 MG CAP) <i>panobinostat lactate</i>	SP-P	

BRAND NAME	DRUG DESCRIPTION (RX)	TIER	LIMITS & RESTRICTIONS
GILOTRIF	GILOTRIF (20 MG TAB, 30 MG TAB, 40 MG TAB) <i>afatinib dimaleate</i>	SP-P	
IBRANCE	IBRANCE (75 MG CAP, 75 MG TAB, 100 MG CAP, 100 MG TAB, 125 MG CAP, 125 MG TAB) <i>palbociclib</i>	SP-P	
ICLUSIG	ICLUSIG (10 MG TAB, 15 MG TAB, 30 MG TAB, 45 MG TAB) <i>ponatinib hcl</i>	SP-P	
<i>imatinib mesylate</i>	<i>imatinib mesylate (100 mg tab, 400 mg tab)</i>	SBG	
IMBRUVICA	IMBRUVICA (70 MG CAP, 140 MG CAP, 140 MG TAB, 280 MG TAB, 420 MG TAB, 560 MG TAB) <i>ibrutinib</i>	SP-P	
INLYTA	INLYTA (1 MG TAB, 5 MG TAB) <i>axitinib</i>	SP-P	
INREBIC	INREBIC 100 MG CAP <i>fedratinib hcl</i>	SP-P	QL (120 PER 30 DAY(S))
IRESSA	IRESSA 250 MG TAB <i>gefitinib</i>	SP-P	
JAKAFI	JAKAFI (5 MG TAB, 10 MG TAB, 15 MG TAB, 20 MG TAB, 25 MG TAB) <i>ruxolitinib phosphate</i>	SP-P	
JEVTANA	JEVTANA 60 MG/1.5ML SOLUTION <i>cabazitaxel</i>	SP-M	
KANJINTI	KANJINTI (150 MG RECON SOLN, 420 MG RECON SOLN) <i>trastuzumab-anns</i>	SP-M	
KISQALI (200 MG DOSE)	KISQALI (200 MG DOSE) 200 MG TAB THPK <i>ribociclib succinate</i>	SP-P	
KISQALI (400 MG DOSE)	KISQALI (400 MG DOSE) 200 MG TAB THPK <i>ribociclib succinate</i>	SP-P	
KISQALI (600 MG DOSE)	KISQALI (600 MG DOSE) 200 MG TAB THPK <i>ribociclib succinate</i>	SP-P	

BRAND NAME	DRUG DESCRIPTION (RX)	TIER	LIMITS & RESTRICTIONS
KISQALI FEMARA (400 MG DOSE)	KISQALI FEMARA (400 MG DOSE) 200 & 2.5 MG TAB THPK <i>ribociclib succinate-letrozole</i>	SP-P	
KISQALI FEMARA (600 MG DOSE)	KISQALI FEMARA (600 MG DOSE) 200 & 2.5 MG TAB THPK <i>ribociclib succinate-letrozole</i>	SP-P	
KISQALI FEMARA(200 MG DOSE)	KISQALI FEMARA(200 MG DOSE) 200 & 2.5 MG TAB THPK <i>ribociclib succinate-letrozole</i>	SP-P	
KOSELUGO	KOSELUGO 10 MG CAP <i>selumetinib sulfate</i>	SP-P	PA, QL (8 PER DAY(S))
KOSELUGO	KOSELUGO 25 MG CAP <i>selumetinib sulfate</i>	SP-P	PA, QL (4 PER DAY(S))
KYPROLIS	KYPROLIS (10 MG RECON SOLN, 30 MG RECON SOLN, 60 MG RECON SOLN) <i>carfilzomib</i>	SP-M	
<i>lapatinib ditosylate</i>	<i>lapatinib ditosylate 250 mg tab</i>	SBG	QL (180 PER 30 DAYS)
LENVIMA (10 MG DAILY DOSE)	LENVIMA (10 MG DAILY DOSE) 10 MG CAP THPK <i>lenvatinib mesylate</i>	SP-P	
LENVIMA (12 MG DAILY DOSE)	LENVIMA (12 MG DAILY DOSE) 3 X 4 MG CAP THPK <i>lenvatinib mesylate</i>	SP-P	
LENVIMA (14 MG DAILY DOSE)	LENVIMA (14 MG DAILY DOSE) 10 & 4 MG CAP THPK <i>lenvatinib mesylate</i>	SP-P	
LENVIMA (18 MG DAILY DOSE)	LENVIMA (18 MG DAILY DOSE) 10 MG & 2 X 4 MG CAP THPK <i>lenvatinib mesylate</i>	SP-P	
LENVIMA (20 MG DAILY DOSE)	LENVIMA (20 MG DAILY DOSE) 2 X 10 MG CAP THPK <i>lenvatinib mesylate</i>	SP-P	

BRAND NAME	DRUG DESCRIPTION (RX)	TIER	LIMITS & RESTRICTIONS
LENVIMA (24 MG DAILY DOSE)	LENVIMA (24 MG DAILY DOSE) 2 X 10 MG & 4 MG CAP THPK <i>lenvatinib mesylate</i>	SP-P	
LENVIMA (4 MG DAILY DOSE)	LENVIMA (4 MG DAILY DOSE) 4 MG CAP THPK <i>lenvatinib mesylate</i>	SP-P	
LENVIMA (8 MG DAILY DOSE)	LENVIMA (8 MG DAILY DOSE) 2 X 4 MG CAP THPK <i>lenvatinib mesylate</i>	SP-P	
LYNPARZA	LYNPARZA (100 MG TAB, 150 MG TAB) <i>olaparib</i>	SP-P	
MEKINIST	MEKINIST (0.5 MG TAB, 2 MG TAB) <i>trametinib dimethyl sulfoxide</i>	SP-P	
MEKTOVI	MEKTOVI 15 MG TAB <i>binimetinib</i>	SP-P	
NERLYNX	NERLYNX 40 MG TAB <i>neratinib maleate</i>	SP-P	
ODOMZO	ODOMZO 200 MG CAP <i>sonidegib phosphate</i>	SP-P	
OGIVRI	OGIVRI (150 MG RECON SOLN, 420 MG RECON SOLN) <i>trastuzumab-dkst</i>	SP-M	
ONTRUZANT	ONTRUZANT (150 MG RECON SOLN, 420 MG RECON SOLN) <i>trastuzumab-dttb</i>	SP-M	
SCSEMBLIX	SCSEMBLIX (20 MG TAB, 40 MG TAB) <i>asciminib hcl</i>	SP-P	PA, QL (2 PER DAY(S))
<i>sorafenib tosylate</i>	<i>sorafenib tosylate 200 mg tab</i>	SBG	
SPRYCEL	SPRYCEL (20 MG TAB, 50 MG TAB, 70 MG TAB, 80 MG TAB, 100 MG TAB, 140 MG TAB) <i>dasatinib</i>	SP-P	
STIVARGA	STIVARGA 40 MG TAB <i>regorafenib</i>	SP-P	
<i>sunitinib malate</i>	<i>sunitinib malate (12.5 mg cap, 25 mg cap, 37.5 mg cap, 50 mg cap)</i>	SBG	

BRAND NAME	DRUG DESCRIPTION (RX)	TIER	LIMITS & RESTRICTIONS
TAFINLAR	TAFINLAR (50 MG CAP, 75 MG CAP) <i>dabrafenib mesylate</i>	SP-P	
TAGRISSO	TAGRISSO (40 MG TAB, 80 MG TAB) <i>osimertinib mesylate</i>	SP-P	
TALZENNA	TALZENNA (0.25 MG CAP, 0.5 MG CAP, 0.75 MG CAP, 1 MG CAP) <i>talazoparib tosylate</i>	SP-P	
TASIGNA	TASIGNA (50 MG CAP, 150 MG CAP, 200 MG CAP) <i>nilotinib hcl</i>	SP-P	
TEPMETKO	TEPMETKO 225 MG TAB <i>tepotinib hcl</i>	SP-P	
TRAZIMERA	TRAZIMERA (150 MG RECON SOLN, 420 MG RECON SOLN) <i>trastuzumab-qyyp</i>	SP-M	
TUKYSA	TUKYSA (50 MG TAB, 150 MG TAB) <i>tucatinib</i>	SP-P	
VENCLEXTA	VENCLEXTA (10 MG TAB, 50 MG TAB, 100 MG TAB) <i>venetoclax</i>	SP-P	
VENCLEXTA STARTING PACK	VENCLEXTA STARTING PACK 10 & 50 & 100 MG TAB THPK <i>venetoclax</i>	SP-P	
VERZENIO	VERZENIO (50 MG TAB, 100 MG TAB, 150 MG TAB, 200 MG TAB) <i>abemaciclib</i>	SP-NP	QL (2 PER 1 DAY(S))
VOTRIENT	VOTRIENT 200 MG TAB <i>pazopanib hcl</i>	SP-P	
XALKORI	XALKORI (200 MG CAP, 250 MG CAP) <i>crizotinib</i>	SP-P	
ZELBORAF	ZELBORAF 240 MG TAB <i>vemurafenib</i>	SP-P	
ZYDELIG	ZYDELIG (100 MG TAB, 150 MG TAB) <i>idelalisib</i>	SP-P	
ZYKADIA	ZYKADIA (150 MG CAP, 150 MG TAB) <i>ceritinib</i>	SP-P	

BRAND NAME	DRUG DESCRIPTION (RX)	TIER	LIMITS & RESTRICTIONS
MONOCLONAL ANTIBODY/ANTIBODY-DRUG CONJUGATE			
ADCETRIS	ADCETRIS 50 MG RECON SOLN <i>brentuximab vedotin</i>	SP-M	
ARZERRA	ARZERRA (100 MG/5ML CONC, 1000 MG/50ML CONC) <i>ofatumumab</i>	SP-M	
AVASTIN	AVASTIN (100 MG/4ML SOLUTION, 400 MG/16ML SOLUTION) <i>bevacizumab</i>	SP-M	MN-PA (Medically Necessary Prior Authorization)
BAVENCIO	BAVENCIO 200 MG/10ML SOLUTION <i>avelumab</i>	SP-M	
BESPONSA	BESPONSA 0.9 MG RECON SOLN <i>inotuzumab ozogamicin</i>	SP-M	
BLENREP	BLENREP 100 MG RECON SOLN <i>belantamab mafodotin-blmf</i>	SP-M	
BLINCYTO	BLINCYTO 35 MCG RECON SOLN <i>blinatumomab</i>	SP-M	
CAMPATH	CAMPATH 30 MG/ML SOLUTION <i>alemtuzumab</i>	SP-M	
DANYELZA	DANYELZA 40 MG/10ML SOLUTION <i>naxitamab-gqgk</i>	SP-M	
DARZALEX	DARZALEX (100 MG/5ML SOLUTION, 400 MG/20ML SOLUTION) <i>daratumumab</i>	SP-M	
DARZALEX FASPRO	DARZALEX FASPRO 1800-30000 MG-UT/15ML SOLUTION <i>daratumumab-hyaluronidase-fihj</i>	SP-M	
ELAHERE	ELAHERE 100 MG/20ML SOLUTION <i>mirvetuximab soravtansine-gynx</i>	SP-M	
EMPLICITI	EMPLICITI (300 MG RECON SOLN, 400 MG RECON SOLN) <i>elotuzumab</i>	SP-M	

BRAND NAME	DRUG DESCRIPTION (RX)	TIER	LIMITS & RESTRICTIONS
ENHERTU	ENHERTU 100 MG RECON SOLN <i>fam-trastuzumab deruxtecan-nxki</i>	SP-M	
ERBITUX	ERBITUX (100 MG/50ML SOLUTION, 200 MG/100ML SOLUTION) <i>cetuximab</i>	SP-M	
GAZYVA	GAZYVA 1000 MG/40ML SOLUTION <i>obinutuzumab</i>	SP-M	
HERCEPTIN	HERCEPTIN (150 MG RECON SOLN, 440 MG RECON SOLN) <i>trastuzumab</i>	SP-M	MN-PA (Medically Necessary Prior Authorization)
HERCEPTIN HYLECTA	HERCEPTIN HYLECTA 600-10000 MG-UNT/5ML SOLUTION <i>trastuzumab-hyaluronidase- oysk</i>	SP-M	
HERZUMA	HERZUMA (150 MG RECON SOLN, 420 MG RECON SOLN) <i>trastuzumab-pkrb</i>	SP-M	
IMFINZI	IMFINZI (120 MG/2.4ML SOLUTION, 500 MG/10ML SOLUTION) <i>durvalumab</i>	SP-M	
IMJUDO	IMJUDO (25 MG/1.25ML SOLUTION, 300 MG/15ML SOLUTION) <i>tremelimumab-actl</i>	SP-M	
JEMPERLI	JEMPERLI 500 MG/10ML SOLUTION <i>dostarlimab-gxly</i>	SP-M	
KADCYLA	KADCYLA (100 MG RECON SOLN, 160 MG RECON SOLN) <i>ado-trastuzumab emtansine</i>	SP-M	
KEYTRUDA	KEYTRUDA 100 MG/4ML SOLUTION <i>pembrolizumab</i>	SP-M	
KIMMTRAK	KIMMTRAK 100 MCG/0.5ML SOLUTION <i>tebentafusp-tebn</i>	SP-M	

BRAND NAME	DRUG DESCRIPTION (RX)	TIER	LIMITS & RESTRICTIONS
LARTRUVO	LARTRUVO (190 MG/19ML SOLUTION, 500 MG/50ML SOLUTION) <i>olaratumab</i>	SP-M	
LIBTAYO	LIBTAYO 350 MG/7ML SOLUTION <i>cemiplimab-rwlc</i>	SP-M	
LUMOXITI	LUMOXITI 1 MG RECON SOLN <i>moxetumomab pasudotox-tdfk</i>	SP-M	
MARGENZA	MARGENZA 250 MG/10ML SOLUTION <i>margetuximab-cmkb</i>	SP-M	
MONJUVI	MONJUVI 200 MG RECON SOLN <i>tafasitamab-cxix</i>	SP-M	
MVASI	MVASI (100 MG/4ML SOLUTION, 400 MG/16ML SOLUTION) <i>bevacizumab-awwb</i>	SP-M	
MYLOTARG	MYLOTARG 4.5 MG RECON SOLN <i>gemtuzumab ozogamicin</i>	SP-M	
OPDIVO	OPDIVO (40 MG/4ML SOLUTION, 100 MG/10ML SOLUTION, 120 MG/12ML SOLUTION, 240 MG/24ML SOLUTION) <i>nivolumab</i>	SP-M	PA
OPDUALAG	OPDUALAG 240-80 MG/20ML SOLUTION <i>nivolumab-relatlimab-rmbw</i>	SP-M	PA
PADCEV	PADCEV (20 MG RECON SOLN, 30 MG RECON SOLN) <i>enfortumab vedotin-ejfv</i>	SP-M	
PERJETA	PERJETA 420 MG/14ML SOLUTION <i>pertuzumab</i>	SP-M	
POLIVY	POLIVY (30 MG RECON SOLN, 140 MG RECON SOLN) <i>polatuzumab vedotin-piiq</i>	SP-M	
PORTRAZZA	PORTRAZZA 800 MG/50ML SOLUTION <i>necitumumab</i>	SP-M	

BRAND NAME	DRUG DESCRIPTION (RX)	TIER	LIMITS & RESTRICTIONS
POTELIGEO	POTELIGEO 20 MG/5ML SOLUTION <i>mogamulizumab-kpkc</i>	SP-M	
RIABNI	RIABNI (100 MG/10ML SOLUTION, 500 MG/50ML SOLUTION) <i>rituximab-arxr</i>	SP-M	PA
RITUXAN	RITUXAN (100 MG/10ML SOLUTION, 500 MG/50ML SOLUTION) <i>rituximab</i>	SP-M	PA, QL (200 PER 30 DAYS)
RITUXAN HYCELA	RITUXAN HYCELA (1400- 23400 MG -UT/11.7ML SOLUTION, 1600-26800 MG -UT/13.4ML SOLUTION) <i>rituximab-hyaluronidase human</i>	SP-M	PA
RUXIENCE	RUXIENCE (100 MG/10ML SOLUTION, 500 MG/50ML SOLUTION) <i>rituximab-pvvr</i>	SP-M	PA
SARCLISA	SARCLISA (100 MG/5ML SOLUTION, 500 MG/25ML SOLUTION) <i>isatuximab-irfc</i>	SP-M	
SYLVANT	SYLVANT (100 MG RECON SOLN, 400 MG RECON SOLN) <i>siltuximab</i>	SP-M	
TECENTRIQ	TECENTRIQ (840 MG/14ML SOLUTION, 1200 MG/20ML SOLUTION) <i>atezolizumab</i>	SP-M	
TECVAYLI	TECVAYLI (30 MG/3ML SOLUTION, 153 MG/1.7ML SOLUTION) <i>teclistamab-cqyv</i>	SP-M	
TIVDAK	TIVDAK 40 MG RECON SOLN <i>tisotumab vedotin-tftv</i>	SP-M	
TRODELVY	TRODELVY 180 MG RECON SOLN <i>sacituzumab govitecan-hziy</i>	SP-M	

BRAND NAME	DRUG DESCRIPTION (RX)	TIER	LIMITS & RESTRICTIONS
TRUXIMA	TRUXIMA (100 MG/10ML SOLUTION, 500 MG/50ML SOLUTION) <i>rituximab-abbs</i>	SP-M	PA
UNITUXIN	UNITUXIN 17.5 MG/5ML SOLUTION <i>dinutuximab</i>	SP-M	
VECTIBIX	VECTIBIX (100 MG/5ML SOLUTION, 400 MG/20ML SOLUTION) <i>panitumumab</i>	SP-M	
YERVOY	YERVOY (50 MG/10ML SOLUTION, 200 MG/40ML SOLUTION) <i>ipilimumab</i>	SP-M	PA
ZIRABEV	ZIRABEV (100 MG/4ML SOLUTION, 400 MG/16ML SOLUTION) <i>bevacizumab-bvzr</i>	SP-M	
ZYNLONTA	ZYNLONTA 10 MG RECON SOLN <i>loncastuximab tesirine-lpyl</i>	SP-M	
RETINOIDS			
<i>bexarotene</i>	<i>bexarotene (1 % gel, 75 mg cap)</i>	SBG	
PANRETIN	PANRETIN 0.1 % GEL <i>alitretinoin</i>	TIER 3	
<i>tretinoin</i>	<i>tretinoin 10 mg cap</i>	TIER 1	
TREATMENT ADJUNCTS			
ELITEK	ELITEK (1.5 MG RECON SOLN, 7.5 MG RECON SOLN) <i>rasburicase</i>	SP-M	
<i>mesna</i>	<i>mesna 100 mg/ml solution</i>	SP-M	
MESNEX	MESNEX 100 MG/ML SOLUTION <i>mesna</i>	SP-M	GA
MESNEX	MESNEX 400 MG TAB <i>mesna</i>	TIER 2	
PLUVICTO	PLUVICTO 1000 MBQ/ML SOLUTION <i>lutetium lu 177 vipivotide tetraxetan</i>	SP-M	

BRAND NAME	DRUG DESCRIPTION (RX)	TIER	LIMITS & RESTRICTIONS
VONJO	VONJO 100 MG CAP <i>pacritinib citrate</i>	SP-P	PA, QL (4 PER 1 DAY(S))
ANTIPARASITICS			
ANTHELMINTHICS			
<i>albendazole</i>	<i>albendazole 200 mg tab</i>	TIER 1	
EMVERM	EMVERM 100 MG CHEW TAB <i>mebendazole</i>	TIER 3	QL (12 PER 365 DAY(S))
<i>ivermectin</i>	<i>ivermectin (0.5 % lotion, 3 mg tab)</i>	TIER 1	
<i>praziquantel</i>	<i>praziquantel 600 mg tab</i>	TIER 1	
ANTIPROTOZOALS			
ALINIA	ALINIA 100 MG/5ML RECON SUSP <i>nitazoxanide</i>	TIER 3	QL (540 PER 10 DAY(S)), PA-QL (QL varies)
<i>atovaquone</i>	<i>atovaquone 750 mg/5ml suspension</i>	TIER 1	
<i>atovaquone-proguanil hcl</i>	<i>atovaquone-proguanil hcl (62.5-25 mg tab, 250-100 mg tab)</i>	TIER 1	
<i>chloroquine phosphate</i>	<i>chloroquine phosphate (250 mg tab, 500 mg tab)</i>	TIER 1	
COARTEM	COARTEM 20-120 MG TAB <i>artemether-lumefantrine</i>	TIER 3	
<i>hydroxychloroquine sulfate</i>	<i>hydroxychloroquine sulfate 200 mg tab</i>	TIER 1	
IMPAVIDO	IMPAVIDO 50 MG CAP <i>miltefosine</i>	TIER 3	
<i>mefloquine hcl</i>	<i>mefloquine hcl 250 mg tab</i>	TIER 1	
<i>nitazoxanide</i>	<i>nitazoxanide 500 mg tab</i>	TIER 1	QL (20 PER 10 DAY(S)), PA- QL (QL varies)
<i>pentamidine isethionate</i>	<i>pentamidine isethionate 300 mg recon soln</i>	TIER 1	
<i>primaquine phosphate</i>	<i>primaquine phosphate 26.3 (15 base) mg tab</i>	TIER 1	
<i>pyrimethamine</i>	<i>pyrimethamine 25 mg tab</i>	TIER 1	
<i>quinine sulfate</i>	<i>quinine sulfate 324 mg cap</i>	TIER 1	

BRAND NAME	DRUG DESCRIPTION (RX)	TIER	LIMITS & RESTRICTIONS
PEDICULICIDES/SCABICIDES			
CROTAN	CROTAN 10 % LOTION <i>crotamiton</i>	TIER 1	
EURAX	EURAX 10 % CREAM <i>crotamiton</i>	TIER 3	
LINDANE	LINDANE 1 % SHAMPOO <i>lindane</i>	TIER 1	
<i>malathion</i>	<i>malathion 0.5 % lotion</i>	TIER 1	
NATROBA	NATROBA 0.9 % SUSPENSION <i>spinosad</i>	TIER 3	
<i>permethrin</i>	<i>permethrin 5 % cream</i>	TIER 1	
SPINOSAD	SPINOSAD 0.9 % SUSPENSION <i>spinosad</i>	TIER 3	
ULESFIA	ULESFIA 5 % LOTION <i>benzyl alcohol</i> (pediculicide)	TIER 3	
ANTIPARKINSON AGENTS			
ANTICHOLINERGICS			
<i>benztropine mesylate</i>	<i>benztropine mesylate (0.5 mg tab, 1 mg tab, 2 mg tab)</i>	TIER 1	
<i>trihexyphenidyl hcl</i>	<i>trihexyphenidyl hcl (0.4 mg/ml solution, 2 mg tab, 5 mg tab)</i>	TIER 1	
ANTIPARKINSON AGENTS, OTHER			
<i>amantadine hcl</i>	<i>amantadine hcl (50 mg/5ml solution, 100 mg cap, 100 mg tab)</i>	TIER 1	
<i>carbidopa-levodopa-entacapone</i>	<i>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)</i>	TIER 1	
<i>entacapone</i>	<i>entacapone 200 mg tab</i>	TIER 1	
NOURIANZ	NOURIANZ (20 MG TAB, 40 MG TAB) <i>istradefylline</i>	SP-NP	PA, QL (30 PER 30 DAY(S))

BRAND NAME	DRUG DESCRIPTION (RX)	TIER	LIMITS & RESTRICTIONS
ONGENTYS	ONGENTYS 25 MG CAP <i>opicapone</i>	TIER 3	PA, QL (1 PER 1 DAY(S))
ONGENTYS	ONGENTYS 50 MG CAP <i>opicapone</i>	TIER 3	PA, QL (30 PER 30 DAY(S))
<i>tolcapone</i>	<i>tolcapone 100 mg tab</i>	TIER 1	PA
DOPAMINE AGONISTS			
APOKYN	APOKYN 30 MG/3ML SOLN CART <i>apomorphine hydrochloride</i>	SP-M	GA
<i>apomorphine hcl</i>	<i>apomorphine hcl 30 mg/3ml soln cart</i>	SP-M	
<i>bromocriptine mesylate</i>	<i>bromocriptine mesylate (2.5 mg tab, 5 mg cap)</i>	TIER 1	
KYNMOBI	KYNMOBI (10 MG FILM, 15 MG FILM, 20 MG FILM, 25 MG FILM, 30 MG FILM) <i>apomorphine hydrochloride</i>	SP-NP	PA, QL (5 PER DAY(S))
KYNMOBI TITRATION KIT	KYNMOBI TITRATION KIT 10/15/20/25/30 MG KIT <i>apomorphine hydrochloride</i>	SP-NP	PA, QL (1 PER RX)
NEUPRO	NEUPRO (1 MG/24HR PATCH 24HR, 2 MG/24HR PATCH 24HR, 3 MG/24HR PATCH 24HR, 4 MG/24HR PATCH 24HR, 6 MG/24HR PATCH 24HR, 8 MG/24HR PATCH 24HR) <i>rotigotine</i>	TIER 3	PA, QL (1 PER 1 DAY(S))
<i>pramipexole dihydrochloride</i>	<i>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)</i>	TIER 1	
<i>pramipexole dihydrochloride er</i>	<i>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)</i>	TIER 1	PA
<i>ropinirole hcl</i>	<i>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)</i>	TIER 1	
<i>ropinirole hcl er</i>	<i>ropinirole hcl er (er 2 mg tab er 24h, er 12 mg tab er 24h)</i>	TIER 1	PA, QL (2 PER 1 DAY(S))

BRAND NAME	DRUG DESCRIPTION (RX)	TIER	LIMITS & RESTRICTIONS
<i>ropinirole hcl er</i>	<i>ropinirole hcl er (er 4 mg tab er 24h, er 6 mg tab er 24h, er 8 mg tab er 24h)</i>	TIER 1	PA
DOPAMINE PRECURSORS/L-AMINO ACID DECARBOXYLASE INHIBITORS			
<i>carbidopa</i>	<i>carbidopa 25 mg tab</i>	TIER 1	
<i>carbidopa-levodopa</i>	<i>carbidopa-levodopa (10-100 mg tab disp, 25-100 mg tab disp, 25-250 mg tab disp)</i>	TIER 2	
<i>carbidopa-levodopa</i>	<i>carbidopa-levodopa (10-100 mg tab, 25-100 mg tab, 25-250 mg tab)</i>	TIER 1	
<i>carbidopa-levodopa er</i>	<i>carbidopa-levodopa er (er 25-100 mg tab er, er 50-200 mg tab er)</i>	TIER 1	
MONOAMINE OXIDASE B (MAO-B) INHIBITORS			
<i>rasagiline mesylate</i>	<i>rasagiline mesylate (0.5 mg tab, 1 mg tab)</i>	TIER 1	
<i>selegiline hcl</i>	<i>selegiline hcl (5 mg cap, 5 mg tab)</i>	TIER 1	
XADAGO	XADAGO (50 MG TAB, 100 MG TAB) <i>safinamide mesylate</i>	TIER 3	PA
ANTIPSYCHOTICS			
1ST GENERATION/TYPICAL			
<i>chlorpromazine hcl</i>	<i>chlorpromazine hcl (10 mg tab, 25 mg tab, 50 mg tab, 100 mg tab, 200 mg tab)</i>	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) <i>fluphenazine hcl</i>	TIER 1	
<i>haloperidol</i>	<i>haloperidol (0.5 mg tab, 1 mg tab, 2 mg tab, 5 mg tab, 10 mg tab, 20 mg tab)</i>	TIER 1	
<i>haloperidol lactate</i>	<i>haloperidol lactate 2 mg/ml conc</i>	TIER 1	
<i>loxapine succinate</i>	<i>loxapine succinate (5 mg cap, 10 mg cap, 25 mg cap, 50 mg cap)</i>	TIER 1	

BRAND NAME	DRUG DESCRIPTION (RX)	TIER	LIMITS & RESTRICTIONS
PIMOZIDE	PIMOZIDE (1 MG TAB, 2 MG TAB) <i>pimozide</i>	TIER 1	
<i>thioridazine hcl</i>	<i>thioridazine hcl (10 mg tab, 25 mg tab, 50 mg tab, 100 mg tab)</i>	TIER 1	
<i>thiothixene</i>	<i>thiothixene (1 mg cap, 2 mg cap, 5 mg cap, 10 mg cap)</i>	TIER 1	
<i>trifluoperazine hcl</i>	<i>trifluoperazine hcl (1 mg tab, 2 mg tab, 5 mg tab, 10 mg tab)</i>	TIER 1	
2ND GENERATION/ATYPICAL			
<i>aripiprazole</i>	<i>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)</i>	TIER 1	
<i>aripiprazole</i>	<i>aripiprazole 1 mg/ml solution</i>	TIER 1	PA, QL (900 PER 30 DAY(S))
<i>asenapine maleate</i>	<i>asenapine maleate (2.5 mg sl tab, 5 mg sl tab, 10 mg sl tab)</i>	TIER 1	
LATUDA	LATUDA (20 MG TAB, 40 MG TAB, 60 MG TAB, 80 MG TAB, 120 MG TAB) <i>lurasidone hcl</i>	TIER 3	
<i>olanzapine</i>	<i>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)</i>	TIER 1	
<i>paliperidone er</i>	<i>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)</i>	TIER 1	
<i>quetiapine fumarate</i>	<i>quetiapine fumarate (25 mg tab, 50 mg tab, 100 mg tab, 200 mg tab, 300 mg tab, 400 mg tab)</i>	TIER 1	

BRAND NAME	DRUG DESCRIPTION (RX)	TIER	LIMITS & RESTRICTIONS
<i>quetiapine fumarate er</i>	<i>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)</i>	TIER 1	
<i>risperidone</i>	<i>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)</i>	TIER 1	PA
<i>risperidone</i>	<i>risperidone (0.25 mg tab, 0.5 mg tab, 1 mg tab, 2 mg tab, 3 mg tab, 4 mg tab)</i>	TIER 1	
<i>risperidone</i>	<i>risperidone 1 mg/ml solution</i>	TIER 1	PA, QL (480 PER 30 DAY(S))
<i>risperidone m-tab</i>	<i>risperidone m-tab (0.5 mg tab disp, 1 mg tab disp, 2 mg tab disp)</i>	TIER 1	PA
VRAYLAR	VRAYLAR (1.5 & 3 MG CAP THPK, 1.5 MG CAP, 3 MG CAP, 4.5 MG CAP, 6 MG CAP) <i>cariprazine hcl</i>	TIER 3	PA, QL (30 PER 30 DAYS)
<i>ziprasidone hcl</i>	<i>ziprasidone hcl (20 mg cap, 40 mg cap, 60 mg cap, 80 mg cap)</i>	TIER 1	
TREATMENT-RESISTANT			
<i>clozapine</i>	<i>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)</i>	TIER 1	
ANTISPASTICITY AGENTS			
<i>baclofen</i>	<i>baclofen (10 mg tab, 20 mg tab)</i>	TIER 1	
BOTOX	BOTOX (100 RECON SOLN, 200 RECON SOLN) <i>onabotulinumtoxinA</i>	SP-M	PA, QL (400 PER DAY(S))
<i>dantrolene sodium</i>	<i>dantrolene sodium (25 mg cap, 50 mg cap, 100 mg cap)</i>	TIER 1	
<i>tizanidine hcl</i>	<i>tizanidine hcl (2 mg tab, 4 mg tab)</i>	TIER 1	

BRAND NAME	DRUG DESCRIPTION (RX)	TIER	LIMITS & RESTRICTIONS
ANTIVIRALS			
ANTI-CYTOMEGALOVIRUS (CMV) AGENTS			
JULUCA	JULUCA 50-25 MG TAB <i>dolutegravir sodium-rilpivirine hcl</i>	TIER 2	
LIVTENCITY	LIVTENCITY 200 MG TAB <i>maribavir</i>	SP-P	QL (4 PER DAY(S))
PREVYMIS	PREVYMIS (240 MG TAB, 480 MG TAB) <i>letermovir</i>	TIER 3	
<i>valganciclovir hcl</i>	<i>valganciclovir hcl (50 mg/ml recon soln, 450 mg tab)</i>	TIER 1	
ZIRGAN	ZIRGAN 0.15 % GEL <i>ganciclovir ophthalmic</i>	TIER 3	
ANTI-HEPATITIS B (HBV) AGENTS			
<i>adefovir dipivoxil</i>	<i>adefovir dipivoxil 10 mg tab</i>	TIER 1	
BARACLUDE	BARACLUDE 0.05 MG/ML SOLUTION <i>entecavir</i>	TIER 3	PA, QL (630 PER 30 DAY(S))
ENGERIX-B	ENGERIX-B (10 MCG/0.5ML SUSP PRSYR, 20 MCG/ML SUSP PRSYR) <i>hepatitis b vaccine (recomb)</i>	TIER 2	
<i>entecavir</i>	<i>entecavir (0.5 mg tab, 1 mg tab)</i>	TIER 1	
EPIVIR HBV	EPIVIR HBV 5 MG/ML SOLUTION <i>lamivudine (hbv)</i>	TIER 3	
<i>lamivudine</i>	<i>lamivudine 100 mg tab</i>	TIER 1	
PREHEVBRIO	PREHEVBRIO 10 MCG/ML SUSPENSION <i>hepatitis b vaccine 3-antigen recombinant</i>	TIER 2	
VEMLIDY	VEMLIDY 25 MG TAB <i>tenofovir alafenamide fumarate</i>	SP-P	

BRAND NAME	DRUG DESCRIPTION (RX)	TIER	LIMITS & RESTRICTIONS
ANTI-HEPATITIS C (HCV) AGENTS, DIRECT ACTING AGENTS			
DAKLINZA	DAKLINZA (30 MG TAB, 60 MG TAB, 90 MG TAB) <i>daclatasvir dihydrochloride</i>	SP-NP	QL (28 PER 28 DAY(S)), MN-PA (Medically Necessary Prior Authorization)
EPCLUSA	EPCLUSA (150-37.5 MG PACKET, 200-50 MG PACKET) <i>sofosbuvir-velpatasvir</i>	SP-P	PA, QL (1 PER 1 DAY(S))
EPCLUSA	EPCLUSA 200-50 MG TAB <i>sofosbuvir-velpatasvir</i>	SP-P	PA, QL (28 PER 28 DAY(S))
EPCLUSA	EPCLUSA 400-100 MG TAB <i>sofosbuvir-velpatasvir</i>	SP-P	PA, QL (28 PER 28 DAYS)
HARVONI	HARVONI (33.75-150 MG PACKET, 45-200 MG PACKET, 45-200 MG TAB) <i>ledipasvir-sofosbuvir</i>	SP-P	PA, QL (28 PER 28 DAY(S))
HARVONI	HARVONI 90-400 MG TAB <i>ledipasvir-sofosbuvir</i>	SP-P	PA, QL (28 PER 28 DAYS)
LEDIPASVIR- SOFOSBUVIR	LEDIPASVIR- SOFOSBUVIR 90-400 MG TAB <i>ledipasvir-sofosbuvir</i>	SP-P	PA, QL (28 PER 28 DAYS)
MAVYRET	MAVYRET 100-40 MG TAB <i>glecaprevir-pibrentasvir</i>	SP-P	PA, QL (84 PER 28 DAY(S))
MAVYRET	MAVYRET 50-20 MG PACKET <i>glecaprevir-pibrentasvir</i>	SP-P	PA, QL (5 PER 1 DAY(S))
SOFOSBUVIR- VELPATASVIR	SOFOSBUVIR- VELPATASVIR 400-100 MG TAB <i>sofosbuvir-velpatasvir</i>	SP-P	PA, QL (28 PER 28 DAYS)
SOVALDI	SOVALDI (150 MG PACKET, 200 MG PACKET, 200 MG TAB) <i>sofosbuvir</i>	SP-NP	QL (28 PER 28 DAY(S)), MN-PA (Medically Necessary Prior Authorization)
SOVALDI	SOVALDI 400 MG TAB <i>sofosbuvir</i>	SP-NP	QL (28 PER 28 DAYS), MN- PA (Medically Necessary Prior Authorization)
VIEKIRA PAK	VIEKIRA PAK 12.5-75-50 &250 MG TAB THPK <i>ombitasvir-paritaprevir- ritonavir-dasabuvir</i>	SP-NP	QL (112 PER 28 DAYS), MN- PA (Medically Necessary Prior Authorization)
VOSEVI	VOSEVI 400-100-100 MG TAB <i>sofosbuvir-velpatasvir- voxilaprevir</i>	SP-P	PA, QL (28 PER 28 DAY(S))

BRAND NAME	DRUG DESCRIPTION (RX)	TIER	LIMITS & RESTRICTIONS
ZEPATIER	ZEPATIER 50-100 MG TAB <i>elbasvir-grazoprevir</i>	SP-NP	QL (28 PER 28 DAYS), MN-PA (Medically Necessary Prior Authorization)
ANTI-HEPATITIS C (HCV) AGENTS, OTHER			
INTRON A	INTRON A (6000000 UNIT/ML SOLUTION, 10000000 UNIT RECON SOLN, 10000000 UNIT/ML SOLUTION, 18000000 UNIT RECON SOLN, 50000000 UNIT RECON SOLN) <i>interferon alfa-2b</i>	SP-M	
<i>moderiba</i>	<i>moderiba 200 mg tab</i>	TIER 1	
PEGASYS	PEGASYS (180 MCG/0.5ML SOLN PRSYR, 180 MCG/ML SOLUTION) <i>peginterferon alfa-2a</i>	SP-P	PA, QL (4 PER 28 DAYS)
PEGASYS PROCLICK	PEGASYS PROCLICK (135 SOLN A-INJ, 180 SOLN A-INJ) <i>peginterferon alfa-2a</i>	SP-P	PA, QL (4 PER 28 DAYS)
PEGINTRON	PEGINTRON 50 MCG/0.5ML KIT <i>peginterferon alfa-2b</i>	SP-P	
REBETOL	REBETOL 40 MG/ML SOLUTION <i>ribavirin (hepatitis c)</i>	TIER 3	
<i>ribasphere</i>	<i>ribasphere (200 mg cap, 200 mg tab)</i>	TIER 1	
<i>ribavirin</i>	<i>ribavirin (200 mg cap, 200 mg tab)</i>	TIER 1	
ANTI-HIV AGENTS, INTEGRASE INHIBITORS (INSTI)			
GENVOYA	GENVOYA 150-150-200-10 MG TAB <i>elvitegravir-cobicistat-emtricitabine-tenofovir alafenamide</i>	TIER 2	
ISENTRESS	ISENTRESS (25 MG CHEW TAB, 100 MG CHEW TAB, 400 MG TAB) <i>raltegravir potassium</i>	TIER 2	
ISENTRESS	ISENTRESS 100 MG PACKET <i>raltegravir potassium</i>	TIER 3	

BRAND NAME	DRUG DESCRIPTION (RX)	TIER	LIMITS & RESTRICTIONS
ISENTRESS HD	ISENTRESS HD 600 MG TAB <i>raltegravir potassium</i>	TIER 2	
STRIBILD	STRIBILD 150-150-200-300 MG TAB <i>elvitegravir-cobicistat-emtricitabine-tenofovir df</i>	TIER 2	
SYMTUZA	SYMTUZA 800-150-200-10 MG TAB <i>darunavir-cobicistat-emtricitabine-tenofovir alafenamide</i>	TIER 2	
TIVICAY	TIVICAY (10 MG TAB, 25 MG TAB, 50 MG TAB) <i>dolutegravir sodium</i>	TIER 2	
TIVICAY PD	TIVICAY PD 5 MG TAB SOL <i>dolutegravir sodium</i>	TIER 2	
ANTI-HIV AGENTS, NON-NUCLEOSIDE REVERSE TRANSCRIPTASE INHIBITORS (NNRTI)			
COMPLERA	COMPLERA 200-25-300 MG TAB <i>emtricitabine- rilpivirine-tenofovir disoproxil fumarate</i>	TIER 2	
DELSTRIGO	DELSTRIGO 100-300-300 MG TAB <i>doravirine-lamivudine-tenofovir disoproxil fumarate</i>	TIER 2	
EDURANT	EDURANT 25 MG TAB <i>rilpivirine hcl</i>	TIER 2	
<i>efavirenz</i>	<i>efavirenz (50 mg cap, 200 mg cap, 600 mg tab)</i>	TIER 1	
<i>efavirenz-emtricitab-tenofo df</i>	<i>efavirenz-emtricitab-tenofo df 600-200-300 mg tab</i>	TIER 1	
<i>etravirine</i>	<i>etravirine (100 mg tab, 200 mg tab)</i>	TIER 1	
INTELENCE	INTELENCE 25 MG TAB <i>etravirine</i>	TIER 2	
<i>nevirapine</i>	<i>nevirapine 200 mg tab</i>	TIER 1	
NEVIRAPINE	NEVIRAPINE 50 MG/5ML SUSPENSION <i>nevirapine</i>	TIER 3	
<i>nevirapine er</i>	<i>nevirapine er (er 100 mg tab er 24h, er 400 mg tab er 24h)</i>	TIER 1	

BRAND NAME	DRUG DESCRIPTION (RX)	TIER	LIMITS & RESTRICTIONS
ODEFSEY	ODEFSEY 200-25-25 MG TAB <i>emtricitabine-rilpivirine-tenofovir alafenamide fumarate</i>	TIER 2	
PIFELTRO	PIFELTRO 100 MG TAB <i>doravirine</i>	TIER 2	
RESCRIPTOR	RESCRIPTOR 200 MG TAB <i>delavirdine mesylate</i>	TIER 2	
ANTI-HIV AGENTS, NUCLEOSIDE AND NUCLEOTIDE REVERSE TRANSCRIPTASE INHIBITORS (NRTI)			
<i>abacavir sulfate</i>	<i>abacavir sulfate (20 mg/ml solution, 300 mg tab)</i>	TIER 1	
<i>abacavir sulfate-lamivudine</i>	<i>abacavir sulfate-lamivudine 600-300 mg tab</i>	TIER 1	
<i>abacavir-lamivudine-zidovudine</i>	<i>abacavir-lamivudine-zidovudine 300-150-300 mg tab</i>	TIER 1	
CIMDUO	CIMDUO 300-300 MG TAB <i>lamivudine-tenofovir disoproxil fumarate</i>	TIER 2	
DIDANOSINE	DIDANOSINE (200 MG CAP DR, 250 MG CAP DR, 400 MG CAP DR) <i>didanosine</i>	TIER 1	
<i>emtricitabine</i>	<i>emtricitabine 200 mg cap</i>	TIER 1	
<i>emtricitabine-tenofovir df</i>	<i>emtricitabine-tenofovir df (100-150 mg tab, 133-200 mg tab, 167-250 mg tab, 200-300 mg tab)</i>	TIER 1	
EMTRIVA	EMTRIVA 10 MG/ML SOLUTION <i>emtricitabine</i>	TIER 2	
<i>lamivudine</i>	<i>lamivudine (10 mg/ml solution, 150 mg tab, 300 mg tab)</i>	TIER 1	
<i>lamivudine-zidovudine</i>	<i>lamivudine-zidovudine 150-300 mg tab</i>	TIER 1	
RETROVIR	RETROVIR 10 MG/ML SOLUTION <i>zidovudine</i>	SP-M	
<i>stavudine</i>	<i>stavudine (15 mg cap, 20 mg cap, 30 mg cap, 40 mg cap)</i>	TIER 1	

BRAND NAME	DRUG DESCRIPTION (RX)	TIER	LIMITS & RESTRICTIONS
TEMIXYS	TEMIXYS 300-300 MG TAB <i>lamivudine-tenofovir disoproxil fumarate</i>	TIER 2	
<i>tenofovir disoproxil fumarate</i>	<i>tenofovir disoproxil fumarate 300 mg tab</i>	TIER 1	
VIDEX	VIDEX (2 GM RECON SOLN, 4 GM RECON SOLN) <i>didanosine</i>	TIER 3	
VIDEX EC	VIDEX EC 125 MG CAP DR <i>didanosine</i>	TIER 3	
VIREAD	VIREAD (150 MG TAB, 200 MG TAB, 250 MG TAB) <i>tenofovir disoproxil fumarate</i>	TIER 2	
VIREAD	VIREAD 40 MG/GM POWDER <i>tenofovir disoproxil fumarate</i>	TIER 3	
<i>zidovudine</i>	<i>zidovudine (50 mg/5ml syrup, 100 mg cap, 300 mg tab)</i>	TIER 1	
ANTI-HIV AGENTS, OTHER			
APRETUDE	APRETUDE 600 MG/3ML SUSP <i>cabotegravir</i>	SP-M	
BIKTARVY	BIKTARVY (30-120-15 MG TAB, 50-200-25 MG TAB) <i>bictegravir-emtricitabine-tenofovir alafenamide fumarate</i>	TIER 2	
CABENUVA	CABENUVA (400 600 MG/2ML SUSP, 600 900 MG/3ML SUSP) <i>cabotegravir & rilpivirine</i>	SP-M	
DESCOVY	DESCOVY (120-15 MG TAB, 200-25 MG TAB) <i>emtricitabine-tenofovir alafenamide fumarate</i>	TIER 2	
DOVATO	DOVATO 50-300 MG TAB <i>dolutegravir sodium-lamivudine</i>	TIER 2	

BRAND NAME	DRUG DESCRIPTION (RX)	TIER	LIMITS & RESTRICTIONS
<i>efavirenz-lamivudine-tenofovir</i>	<i>efavirenz-lamivudine-tenofovir (400-300-300 mg tab, 600-300-300 mg tab)</i>	TIER 1	
FUZEON	FUZEON 90 MG RECON SOLN <i>enfuvirtide</i>	SP-P	
<i>maraviroc</i>	<i>maraviroc (150 mg tab, 300 mg tab)</i>	TIER 1	
RUKOBIA	RUKOBIA 600 MG TAB ER 12H <i>fostemsavir tromethamine</i>	SP-P	
SELZENTRY	SELZENTRY (25 MG TAB, 75 MG TAB) <i>maraviroc</i>	TIER 2	
SELZENTRY	SELZENTRY 20 MG/ML SOLUTION <i>maraviroc</i>	TIER 3	
TRIUMEQ	TRIUMEQ 600-50-300 MG TAB <i>abacavir-dolutegravir-lamivudine</i>	TIER 2	
TRIUMEQ PD	TRIUMEQ PD 60-5-30 MG TAB SOL <i>abacavir-dolutegravir-lamivudine</i>	TIER 2	QL (6 PER 1 DAY(S))
TROGARZO	TROGARZO 200 MG/1.33ML SOLUTION <i>ibalizumab-uiyk</i>	SP-M	
TYBOST	TYBOST 150 MG TAB <i>cobicistat</i>	TIER 2	
ANTI-HIV AGENTS, PROTEASE INHIBITORS			
APTIVUS	APTIVUS 100 MG/ML SOLUTION <i>tipranavir</i>	TIER 3	
APTIVUS	APTIVUS 250 MG CAP <i>tipranavir</i>	TIER 2	
<i>atazanavir sulfate</i>	<i>atazanavir sulfate (150 mg cap, 200 mg cap, 300 mg cap)</i>	TIER 1	
CRIXIVAN	CRIXIVAN (200 MG CAP, 400 MG CAP) <i>indinavir sulfate</i>	TIER 2	
EVOTAZ	EVOTAZ 300-150 MG TAB <i>atazanavir sulfate-cobicistat</i>	TIER 3	
<i>fosamprenavir calcium</i>	<i>fosamprenavir calcium 700 mg tab</i>	TIER 1	

BRAND NAME	DRUG DESCRIPTION (RX)	TIER	LIMITS & RESTRICTIONS
INVIRASE	INVIRASE (200 MG CAP, 500 MG TAB) <i>saquinavir mesylate</i>	TIER 2	
LEXIVA	LEXIVA 50 MG/ML SUSPENSION <i>fosamprenavir calcium</i>	TIER 3	
<i>lopinavir-ritonavir</i>	<i>lopinavir-ritonavir (100-25 mg tab, 200-50 mg tab, 400-100 mg/5ml solution)</i>	TIER 1	
NORVIR	NORVIR (80 MG/ML SOLUTION, 100 MG PACKET) <i>ritonavir</i>	TIER 3	
NORVIR	NORVIR 100 MG CAP <i>ritonavir</i>	TIER 2	
PREZCOBIX	PREZCOBIX 800-150 MG TAB <i>darunavir-cobicistat</i>	TIER 3	
PREZISTA	PREZISTA (75 MG TAB, 150 MG TAB, 600 MG TAB, 800 MG TAB) <i>darunavir</i>	TIER 2	
PREZISTA	PREZISTA 100 MG/ML SUSPENSION <i>darunavir ethanolate</i>	TIER 3	
REYATAZ	REYATAZ 50 MG PACKET <i>atazanavir sulfate</i>	TIER 3	
<i>ritonavir</i>	<i>ritonavir 100 mg tab</i>	TIER 1	
VIRACEPT	VIRACEPT (250 MG TAB, 625 MG TAB) <i>nelfinavir mesylate</i>	TIER 2	
ANTI-INFLUENZA AGENTS			
<i>oseltamivir phosphate</i>	<i>oseltamivir phosphate (6 mg/ml recon susp, 30 mg cap, 45 mg cap, 75 mg cap)</i>	TIER 1	
RELENZA DISKHALER	RELENZA DISKHALER 5 MG/ACT AER POW BA <i>zanamivir</i>	TIER 2	
RIMANTADINE HCL	RIMANTADINE HCL 100 MG TAB <i>rimantadine hydrochloride</i>	TIER 1	

BRAND NAME	DRUG DESCRIPTION (RX)	TIER	LIMITS & RESTRICTIONS
ANTIHERPETIC AGENTS			
<i>acyclovir</i>	<i>acyclovir (5 % cream, 5 % ointment, 200 mg cap, 200 mg/5ml suspension, 400 mg tab, 800 mg tab)</i>	TIER 1	
ALFERON N	ALFERON N 5000000 UNIT/ML SOLUTION <i>interferon alfa-n3</i>	SP-M	
<i>famciclovir</i>	<i>famciclovir (125 mg tab, 250 mg tab, 500 mg tab)</i>	TIER 1	
TRIFLURIDINE	TRIFLURIDINE 1 % SOLUTION <i>trifluridine</i>	TIER 1	
<i>valacyclovir hcl</i>	<i>valacyclovir hcl (1 gm tab, 500 mg tab)</i>	TIER 1	
ANXIOLYTICS			
ANXIOLYTICS, OTHER			
<i>buspirone hcl</i>	<i>buspirone hcl (5 mg tab, 7.5 mg tab, 10 mg tab, 15 mg tab, 30 mg tab)</i>	TIER 1	
<i>meprobamate</i>	<i>meprobamate (200 mg tab, 400 mg tab)</i>	TIER 1	
BENZODIAZEPINES			
<i>alprazolam</i>	<i>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)</i>	TIER 1	
<i>alprazolam er</i>	<i>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)</i>	TIER 1	
ALPRAZOLAM INTENSOL	ALPRAZOLAM INTENSOL 1 MG/ML CONC <i>alprazolam</i>	TIER 1	
<i>alprazolam xr</i>	<i>alprazolam xr (0.5 mg tab er 24h, 1 mg tab er 24h, 2 mg tab er 24h, 3 mg tab er 24h)</i>	TIER 1	
<i>chlordiazepoxide hcl</i>	<i>chlordiazepoxide hcl (5 mg cap, 10 mg cap, 25 mg cap)</i>	TIER 1	

BRAND NAME	DRUG DESCRIPTION (RX)	TIER	LIMITS & RESTRICTIONS
<i>clonazepam</i>	<i>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)</i>	TIER 1	
<i>clorazepate dipotassium</i>	<i>clorazepate dipotassium (3.75 mg tab, 7.5 mg tab, 15 mg tab)</i>	TIER 1	
<i>diazepam</i>	<i>diazepam (2 mg tab, 5 mg tab, 5 mg/5ml solution, 5 mg/ml conc, 10 mg tab)</i>	TIER 1	
<i>diazepam intensol</i>	<i>diazepam intensol 5 mg/ml conc</i>	TIER 1	
<i>lorazepam</i>	<i>lorazepam (0.5 mg tab, 1 mg tab, 2 mg tab, 2 mg/ml conc)</i>	TIER 1	
<i>lorazepam intensol</i>	<i>lorazepam intensol 2 mg/ml conc</i>	TIER 1	
<i>oxazepam</i>	<i>oxazepam (10 mg cap, 15 mg cap, 30 mg cap)</i>	TIER 1	
BIPOLAR AGENTS			
MOOD STABILIZERS			
LITHIUM	LITHIUM 8 MEQ/5ML SOLUTION <i>lithium</i>	TIER 3	
<i>lithium carbonate</i>	<i>lithium carbonate (150 mg cap, 300 mg cap, 300 mg tab, 600 mg cap)</i>	TIER 1	
<i>lithium carbonate er</i>	<i>lithium carbonate er (er 300 mg tab er, er 450 mg tab er)</i>	TIER 1	
BLOOD GLUCOSE REGULATORS			
ANTIDIABETIC AGENTS			
<i>acarbose</i>	<i>acarbose (25 mg tab, 50 mg tab, 100 mg tab)</i>	TIER 1	
<i>alogliptin benzoate</i>	<i>alogliptin benzoate (6.25 mg tab, 12.5 mg tab, 25 mg tab)</i>	TIER 1	
<i>alogliptin-metformin hcl</i>	<i>alogliptin-metformin hcl (12.5-1000 mg tab, 12.5-500 mg tab)</i>	TIER 1	

BRAND NAME	DRUG DESCRIPTION (RX)	TIER	LIMITS & RESTRICTIONS
<i>alogliptin-pioglitazone</i>	<i>alogliptin-pioglitazone</i> (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	
BYETTA 10 MCG PEN	BYETTA 10 MCG PEN 10 MCG/0.04ML SOLN PEN <i>exenatide</i>	TIER 3	QL (1 PER 30 DAYS), MN-PA (Medically Necessary Prior Authorization)
BYETTA 5 MCG PEN	BYETTA 5 MCG PEN 5 MCG/0.02ML SOLN PEN <i>exenatide</i>	TIER 3	QL (1 PER 30 DAYS), MN-PA (Medically Necessary Prior Authorization)
CHLORPROPAMIDE	CHLORPROPAMIDE (100 MG TAB, 250 MG TAB) <i>chlorpropamide</i>	TIER 1	
FARXIGA	FARXIGA (5 MG TAB, 10 MG TAB) <i>dapagliflozin propanediol</i>	TIER 2	
<i>glimepiride</i>	<i>glimepiride</i> (1 mg tab, 2 mg tab, 4 mg tab)	TIER 1	
<i>glipizide</i>	<i>glipizide</i> (5 mg tab, 10 mg tab)	TIER 1	
<i>glipizide er</i>	<i>glipizide er</i> (er 2.5 mg tab er 24h, er 5 mg tab er 24h, er 10 mg tab er 24h)	TIER 1	
<i>glipizide xl</i>	<i>glipizide xl</i> (2.5 mg tab er 24h, 5 mg tab er 24h, 10 mg tab er 24h)	TIER 1	
<i>glipizide-metformin hcl</i>	<i>glipizide-metformin hcl</i> (2.5-250 mg tab, 2.5-500 mg tab, 5-500 mg tab)	TIER 1	
<i>glyburide</i>	<i>glyburide</i> (1.25 mg tab, 2.5 mg tab, 5 mg tab)	TIER 1	
<i>glyburide micronized</i>	<i>glyburide micronized</i> (1.5 mg tab, 3 mg tab, 6 mg tab)	TIER 1	
<i>glyburide-metformin</i>	<i>glyburide-metformin</i> (1.25-250 mg tab, 2.5-500 mg tab, 5-500 mg tab)	TIER 1	
GLYXAMBI	GLYXAMBI (10-5 MG TAB, 25-5 MG TAB) <i>empagliflozin-linagliptin</i>	TIER 2	
JANUMET	JANUMET (50-1000 MG TAB, 50-500 MG TAB) <i>sitagliptin-metformin hcl</i>	TIER 2	

BRAND NAME	DRUG DESCRIPTION (RX)	TIER	LIMITS & RESTRICTIONS
JANUMET XR	JANUMET XR (50-1000 MG TAB ER 24H, 50-500 MG TAB ER 24H, 100-1000 MG TAB ER 24H) <i>sitagliptin-metformin hcl</i>	TIER 2	
JANUVIA	JANUVIA (25 MG TAB, 50 MG TAB, 100 MG TAB) <i>sitagliptin phosphate</i>	TIER 2	
JARDIANCE	JARDIANCE (10 MG TAB, 25 MG TAB) <i>empagliflozin</i>	TIER 2	
<i>metformin hcl</i>	<i>metformin hcl (500 mg tab, 850 mg tab, 1000 mg tab)</i>	TIER 1	
<i>metformin hcl</i>	<i>metformin hcl 500 mg/5ml solution</i>	TIER 1	PA, QL (765 PER 30 DAY(S))
<i>metformin hcl er</i>	<i>metformin hcl er (er 500 mg tab er 24h, er 750 mg tab er 24h)</i>	TIER 1	
<i>miglitol</i>	<i>miglitol (25 mg tab, 50 mg tab, 100 mg tab)</i>	TIER 1	
<i>nateglinide</i>	<i>nateglinide (60 mg tab, 120 mg tab)</i>	TIER 1	
OZEMPIC (0.25 OR 0.5 MG/DOSE)	OZEMPIC (0.25 OR 0.5 MG/DOSE) 2 MG/1.5ML SOLN PEN <i>semaglutide</i>	TIER 2	QL (1 PER 28 DAY(S))
OZEMPIC (1 MG/DOSE)	OZEMPIC (1 MG/DOSE) (2 MG/1.5ML SOLN PEN, 4 MG/3ML SOLN PEN) <i>semaglutide</i>	TIER 2	QL (2 PER 28 DAY(S))
OZEMPIC (2 MG/DOSE)	OZEMPIC (2 MG/DOSE) 8 MG/3ML SOLN PEN <i>semaglutide</i>	TIER 2	QL (1 PER 28 DAY(S))
<i>pioglitazone hcl</i>	<i>pioglitazone hcl (15 mg tab, 30 mg tab, 45 mg tab)</i>	TIER 1	
<i>pioglitazone hcl-glimepiride</i>	<i>pioglitazone hcl-glimepiride (30-2 mg tab, 30-4 mg tab)</i>	TIER 1	
<i>pioglitazone hcl-metformin hcl</i>	<i>pioglitazone hcl-metformin hcl (-metformin 15-500 mg tab, -metformin 15-850 mg tab)</i>	TIER 1	
<i>repaglinide</i>	<i>repaglinide (0.5 mg tab, 1 mg tab, 2 mg tab)</i>	TIER 1	

BRAND NAME	DRUG DESCRIPTION (RX)	TIER	LIMITS & RESTRICTIONS
REPAGLINIDE-METFORMIN HCL	REPAGLINIDE-METFORMIN HCL (1-500 MG TAB, 2-500 MG TAB) <i>repaglinide-metformin hcl</i>	TIER 1	
RIOMET ER	RIOMET ER 500 MG/5ML SRER <i>metformin hcl</i>	TIER 2	PA, QL (765 PER 30 DAY(S))
SYMLINPEN 120	SYMLINPEN 120 2700 MCG/2.7ML SOLN PEN <i>pramlintide acetate</i>	TIER 2	
SYMLINPEN 60	SYMLINPEN 60 1500 MCG/1.5ML SOLN PEN <i>pramlintide acetate</i>	TIER 2	
SYNJARDY	SYNJARDY (5-1000 MG TAB, 5-500 MG TAB, 12.5-1000 MG TAB, 12.5-500 MG TAB) <i>empagliflozin-metformin hcl</i>	TIER 2	
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) <i>empagliflozin-metformin hcl</i>	TIER 2	
TOLAZAMIDE	TOLAZAMIDE (250 MG TAB, 500 MG TAB) <i>tolazamide</i>	TIER 1	
TOLBUTAMIDE	TOLBUTAMIDE 500 MG TAB <i>tolbutamide</i>	TIER 1	
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) <i>empagliflozin-linagliptin-metformin</i>	TIER 2	
TRULICITY	TRULICITY (0.75 SOLN PEN, 1.5 SOLN PEN) <i>dulaglutide</i>	TIER 2	QL (4 PER 28 DAYS)
TRULICITY	TRULICITY (3 SOLN PEN, 4.5 SOLN PEN) <i>dulaglutide</i>	TIER 2	QL (4 PER 28 DAY(S))
VICTOZA	VICTOZA 18 MG/3ML SOLN PEN <i>liraglutide</i>	TIER 2	QL (3 PER 30 DAYS)

BRAND NAME	DRUG DESCRIPTION (RX)	TIER	LIMITS & RESTRICTIONS
XIGDUO XR	XIGDUO XR (2.5-1000 MG TAB ER 24H, 5-1000 MG TAB ER 24H, 5-500 MG TAB ER 24H, 10-1000 MG TAB ER 24H, 10-500 MG TAB ER 24H) <i>dapagliflozin-metformin hcl</i>	TIER 2	
GLYCEMIC AGENTS			
BAQSIMI ONE PACK	BAQSIMI ONE PACK 3 MG/DOSE POWDER <i>glucagon</i>	TIER 2	QL (2 PER RX)
BAQSIMI TWO PACK	BAQSIMI TWO PACK 3 MG/DOSE POWDER <i>glucagon</i>	TIER 2	QL (2 PER RX)
GLUCAGEN HYPOKIT	GLUCAGEN HYPOKIT 1 MG RECON SOLN <i>glucagon hcl (rdna)</i>	TIER 2	
<i>glucagon emergency</i>	<i>glucagon emergency 1 mg kit</i>	TIER 1	
GLUCAGON EMERGENCY	GLUCAGON EMERGENCY 1 MG/ML RECON SOLN <i>glucagon hcl</i>	TIER 2	QL (2 PER RX)
GVOKE HYPOPEN 1-PACK	GVOKE HYPOPEN 1- PACK (0.5 MG/0.1ML SOLN A-INJ, 1 MG/0.2ML SOLN A-INJ) <i>glucagon</i>	TIER 2	QL (2 PER FILL(S))
GVOKE HYPOPEN 2-PACK	GVOKE HYPOPEN 2- PACK (0.5 MG/0.1ML SOLN A-INJ, 1 MG/0.2ML SOLN A-INJ) <i>glucagon</i>	TIER 2	QL (2 PER FILL(S))
GVOKE KIT	GVOKE KIT 1 MG/0.2ML SOLUTION <i>glucagon</i>	TIER 2	QL (2 PER FILL(S))
GVOKE PFS	GVOKE PFS (0.5 MG/0.1ML SOLN PRSYR, 1 MG/0.2ML SOLN PRSYR) <i>glucagon</i>	TIER 2	QL (2 PER RX)
ZEGALOGUE	ZEGALOGUE (0.6 SOLN A-INJ, 0.6 SOLN PRSYR) <i>dasiglucagon hcl</i>	TIER 3	

BRAND NAME	DRUG DESCRIPTION (RX)	TIER	LIMITS & RESTRICTIONS
INSULINS			
BASAGLAR KWIKPEN	BASAGLAR KWIKPEN 100 UNIT/ML SOLN PEN <i>insulin glargine</i>	TIER 2	
BASAGLAR TEMPO PEN	BASAGLAR TEMPO PEN 100 UNIT/ML SOLN PEN <i>insulin glargine</i>	TIER 2	
FIASP	FIASP 100 UNIT/ML SOLUTION <i>insulin aspart (with niacinamide)</i>	TIER 2	
FIASP FLEXTOUCH	FIASP FLEXTOUCH 100 UNIT/ML SOLN PEN <i>insulin aspart (with niacinamide)</i>	TIER 2	
FIASP PENFILL	FIASP PENFILL 100 UNIT/ML SOLN CART <i>insulin aspart (with niacinamide)</i>	TIER 2	
HUMULIN R U-500 (CONCENTRATED)	HUMULIN R U-500 (CONCENTRATED) 500 UNIT/ML SOLUTION <i>insulin regular (human)</i>	TIER 2	
HUMULIN R U-500 KWIKPEN	HUMULIN R U-500 KWIKPEN 500 UNIT/ML SOLN PEN <i>insulin regular (human)</i>	TIER 2	
INSULIN ASP PROT & ASP FLEXPEN	INSULIN ASP PROT & ASP FLEXPEN (70-30) 100 UNIT/ML SUSP PEN <i>insulin aspart protamine & aspart (human)</i>	TIER 2	
INSULIN ASPART	INSULIN ASPART 100 UNIT/ML SOLUTION <i>insulin aspart</i>	TIER 2	
INSULIN ASPART FLEXPEN	INSULIN ASPART FLEXPEN 100 UNIT/ML SOLN PEN <i>insulin aspart</i>	TIER 2	
INSULIN ASPART PENFILL	INSULIN ASPART PENFILL 100 UNIT/ML SOLN CART <i>insulin aspart</i>	TIER 2	

BRAND NAME	DRUG DESCRIPTION (RX)	TIER	LIMITS & RESTRICTIONS
INSULIN ASPART PROT & ASPART	INSULIN ASPART PROT & ASPART (70-30) 100 UNIT/ML SUSPENSION <i>insulin aspart protamine & aspart (human)</i>	TIER 2	
INSULIN DEGLUDEC	INSULIN DEGLUDEC 100 UNIT/ML SOLUTION <i>insulin degludec</i>	TIER 3	MN-PA (Medically Necessary Prior Authorization)
INSULIN DEGLUDEC FLEXTOUCH	INSULIN DEGLUDEC FLEXTOUCH (100 SOLN PEN, 200 SOLN PEN) <i>insulin degludec</i>	TIER 3	MN-PA (Medically Necessary Prior Authorization)
INSULIN GLARGINE	INSULIN GLARGINE 100 UNIT/ML SOLUTION <i>insulin glargine</i>	TIER 3	MN-PA (Medically Necessary Prior Authorization)
INSULIN GLARGINE SOLOSTAR	INSULIN GLARGINE SOLOSTAR 100 UNIT/ML SOLN PEN <i>insulin glargine</i>	TIER 3	MN-PA (Medically Necessary Prior Authorization)
INSULIN GLARGINE-YFGN	INSULIN GLARGINE-YFGN (100 SOLN PEN, 100 SOLUTION) <i>insulin glargine-yfgn</i>	TIER 3	MN-PA (Medically Necessary Prior Authorization)
INSULIN LISPRO (1 UNIT DIAL)	INSULIN LISPRO (1 UNIT DIAL) 100 UNIT/ML SOLN PEN <i>insulin lispro</i>	TIER 3	MN-PA (Medically Necessary Prior Authorization)
INSULIN LISPRO	INSULIN LISPRO 100 UNIT/ML SOLUTION <i>insulin lispro</i>	TIER 3	MN-PA (Medically Necessary Prior Authorization)
INSULIN LISPRO JUNIOR KWIKPEN	INSULIN LISPRO JUNIOR KWIKPEN 100 UNIT/ML SOLN PEN <i>insulin lispro</i>	TIER 3	MN-PA (Medically Necessary Prior Authorization)
INSULIN LISPRO PROT & LISPRO	INSULIN LISPRO PROT & LISPRO (75-25) 100 UNIT/ML SUSP PEN <i>insulin lispro protamine & lispro</i>	TIER 3	MN-PA (Medically Necessary Prior Authorization)
LEVEMIR	LEVEMIR 100 UNIT/ML SOLUTION <i>insulin detemir</i>	TIER 2	
LEVEMIR FLEXTOUCH	LEVEMIR FLEXTOUCH 100 UNIT/ML SOLN PEN <i>insulin detemir</i>	TIER 2	

BRAND NAME	DRUG DESCRIPTION (RX)	TIER	LIMITS & RESTRICTIONS
NOVOLIN 70/30	NOVOLIN 70/30 (70-30) 100 UNIT/ML SUSPENSION <i>insulin nph isophane & reg (human)</i>	TIER 2	
NOVOLIN 70/30 FLEXPEN	NOVOLIN 70/30 FLEXPEN (70-30) 100 UNIT/ML SUSP PEN <i>insulin nph isophane & reg (human)</i>	TIER 2	
NOVOLIN 70/30 FLEXPEN RELION	NOVOLIN 70/30 FLEXPEN RELION (70-30) 100 UNIT/ML SUSP PEN <i>insulin nph isophane & reg (human)</i>	TIER 2	
NOVOLIN 70/30 RELION	NOVOLIN 70/30 RELION (70-30) 100 UNIT/ML SUSPENSION <i>insulin nph isophane & reg (human)</i>	TIER 2	
NOVOLIN N	NOVOLIN N 100 UNIT/ML SUSPENSION <i>insulin nph (human) (isophane)</i>	TIER 2	
NOVOLIN N FLEXPEN	NOVOLIN N FLEXPEN 100 UNIT/ML SUSP PEN <i>insulin nph (human) (isophane)</i>	TIER 2	
NOVOLIN N FLEXPEN RELION	NOVOLIN N FLEXPEN RELION 100 UNIT/ML SUSP PEN <i>insulin nph (human) (isophane)</i>	TIER 2	
NOVOLIN N RELION	NOVOLIN N RELION 100 UNIT/ML SUSPENSION <i>insulin nph (human) (isophane)</i>	TIER 2	
NOVOLIN R	NOVOLIN R 100 UNIT/ML SOLUTION <i>insulin regular (human)</i>	TIER 2	
NOVOLIN R FLEXPEN	NOVOLIN R FLEXPEN 100 UNIT/ML SOLN PEN <i>insulin regular (human)</i>	TIER 2	
NOVOLIN R FLEXPEN RELION	NOVOLIN R FLEXPEN RELION 100 UNIT/ML SOLN PEN <i>insulin regular (human)</i>	TIER 2	

BRAND NAME	DRUG DESCRIPTION (RX)	TIER	LIMITS & RESTRICTIONS
NOVOLIN R RELION	NOVOLIN R RELION 100 UNIT/ML SOLUTION <i>insulin regular (human)</i>	TIER 2	
NOVOLOG	NOVOLOG 100 UNIT/ML SOLUTION <i>insulin aspart</i>	TIER 2	
NOVOLOG 70/30 FLEXPEN RELION	NOVOLOG 70/30 FLEXPEN RELION (70-30) 100 UNIT/ML SUSP PEN <i>insulin aspart protamine & aspart (human)</i>	TIER 2	
NOVOLOG FLEXPEN	NOVOLOG FLEXPEN 100 UNIT/ML SOLN PEN <i>insulin aspart</i>	TIER 2	
NOVOLOG FLEXPEN RELION	NOVOLOG FLEXPEN RELION 100 UNIT/ML SOLN PEN <i>insulin aspart</i>	TIER 2	
NOVOLOG MIX 70/30	NOVOLOG MIX 70/30 (70- 30) 100 UNIT/ML SUSPENSION <i>insulin aspart protamine & aspart (human)</i>	TIER 2	
NOVOLOG MIX 70/30 FLEXPEN	NOVOLOG MIX 70/30 FLEXPEN (70-30) 100 UNIT/ML SUSP PEN <i>insulin aspart protamine & aspart (human)</i>	TIER 2	
NOVOLOG MIX 70/30 RELION	NOVOLOG MIX 70/30 RELION (70-30) 100 UNIT/ML SUSPENSION <i>insulin aspart protamine & aspart (human)</i>	TIER 2	
NOVOLOG PENFILL	NOVOLOG PENFILL 100 UNIT/ML SOLN CART <i>insulin aspart</i>	TIER 2	
NOVOLOG RELION	NOVOLOG RELION 100 UNIT/ML SOLUTION <i>insulin aspart</i>	TIER 2	
SEMGLEE	SEMGLEE (100 SOLN PEN, 100 SOLUTION) <i>insulin glargine</i>	TIER 3	MN-PA (Medically Necessary Prior Authorization)
SEMGLEE (YFGN)	SEMGLEE (YFGN) (100 SOLN PEN, 100 SOLUTION) <i>insulin glargine-yfgn</i>	TIER 3	MN-PA (Medically Necessary Prior Authorization)

BRAND NAME	DRUG DESCRIPTION (RX)	TIER	LIMITS & RESTRICTIONS
TOUJEO MAX SOLOSTAR	TOUJEO MAX SOLOSTAR 300 UNIT/ML SOLN PEN <i>insulin glargine</i>	TIER 2	
TOUJEO SOLOSTAR	TOUJEO SOLOSTAR 300 UNIT/ML SOLN PEN <i>insulin glargine</i>	TIER 2	
TRESIBA	TRESIBA 100 UNIT/ML SOLUTION <i>insulin degludec</i>	TIER 2	
TRESIBA FLEXTOUCH	TRESIBA FLEXTOUCH (100 SOLN PEN, 200 SOLN PEN) <i>insulin degludec</i>	TIER 2	
BLOOD PRODUCTS/MODIFIERS/VOLUME EXPANDERS			
ANTICOAGULANTS			
<i>bd heparin posiflush</i>	<i>bd heparin posiflush (10 solution, 100 solution)</i>	TIER 1	
CEPROTIN	CEPROTIN (500 RECON SOLN, 1000 RECON SOLN) <i>protein c concentrate (human)</i>	SP-M	
COUMADIN	COUMADIN (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) <i>warfarin sodium</i>	TIER 2	GA
<i>dabigatran etexilate mesylate</i>	<i>dabigatran etexilate mesylate (75 mg cap, 150 mg cap)</i>	TIER 3	MN-PA (Medically Necessary Prior Authorization)
ELIQUIS	ELIQUIS (2.5 MG TAB, 5 MG TAB) <i>apixaban</i>	TIER 2	
ELIQUIS DVT/PE STARTER PACK	ELIQUIS DVT/PE STARTER PACK 5 MG TAB THPK <i>apixaban</i>	TIER 2	

BRAND NAME	DRUG DESCRIPTION (RX)	TIER	LIMITS & RESTRICTIONS
<i>enoxaparin sodium</i>	<i>enoxaparin sodium (30 mg/0.3ml soln prsy, 40 mg/0.4ml soln prsy, 60 mg/0.6ml soln prsy, 80 mg/0.8ml soln prsy, 100 mg/ml soln prsy, 120 mg/0.8ml soln prsy, 150 mg/ml soln prsy, 300 mg/3ml solution)</i>	TIER 1	
<i>fondaparinux sodium</i>	<i>fondaparinux sodium (2.5 mg/0.5ml solution, 5 mg/0.4ml solution, 7.5 mg/0.6ml solution, 10 mg/0.8ml solution)</i>	TIER 1	
FRAGMIN	FRAGMIN (2500 UNIT/0.2ML SOLN PRSYR, 2500 UNIT/ML INJECTABLE, 5000 UNIT/0.2ML SOLN PRSYR, 7500 UNIT/0.3ML SOLN PRSYR, 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) <i>dalteparin sodium</i>	TIER 2	
<i>heparin lock flush</i>	<i>heparin lock flush (1 solution, 10 solution)</i>	TIER 1	
<i>heparin sodium (porcine)</i>	<i>heparin sodium (porcine) (5000 solution, 10000 solution)</i>	TIER 1	
<i>heparin sodium (porcine) pf</i>	<i>heparin sodium (porcine) pf 5000 unit/0.5ml solution</i>	TIER 1	
<i>heparin sodium lock flush</i>	<i>heparin sodium lock flush 100 unit/ml solution</i>	TIER 1	
<i>jantoven</i>	<i>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)</i>	TIER 1	
PRADAXA	PRADAXA 110 MG CAP <i>dabigatran etexilate mesylate</i>	TIER 3	MN-PA (Medically Necessary Prior Authorization)

BRAND NAME	DRUG DESCRIPTION (RX)	TIER	LIMITS & RESTRICTIONS
<i>warfarin sodium</i>	<i>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)</i>	TIER 1	
XARELTO	XARELTO (1 MG/ML RECON SUSP, 2.5 MG TAB, 10 MG TAB, 15 MG TAB, 20 MG TAB) <i>rivaroxaban</i>	TIER 2	
XARELTO STARTER PACK	XARELTO STARTER PACK 15 & 20 MG TAB THPK <i>rivaroxaban</i>	TIER 2	
BLOOD FORMATION MODIFIERS			
<i>anagrelide hcl</i>	<i>anagrelide hcl (0.5 mg cap, 1 mg cap)</i>	TIER 1	
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, 300 MCG/ML SOLUTION, 500 MCG/ML SOLN PRSYR) <i>darbepoetin alfa</i>	SP-P	
CABLIVI	CABLIVI 11 MG KIT <i>caplacizumab-yhdp</i>	SP-P	
DOPTELET	DOPTELET 20 MG TAB <i>avatrombopag maleate</i>	SP-P	PA, QL (60 PER 30 DAY(S))

BRAND NAME	DRUG DESCRIPTION (RX)	TIER	LIMITS & RESTRICTIONS
EPOGEN	EPOGEN (2000 SOLUTION, 3000 SOLUTION, 4000 SOLUTION, 10000 SOLUTION, 20000 SOLUTION) <i>epoetin alfa</i>	SP-P	MN-PA (Medically Necessary Prior Authorization)
FULPHILA	FULPHILA 6 MG/0.6ML SOLN PRSYR <i>pegfilgrastim-jmdb</i>	SBG	
FYLNETRA	FYLNETRA 6 MG/0.6ML SOLN PRSYR <i>pegfilgrastim-pbbk</i>	SP-P	
GRANIX	GRANIX (300 MCG/0.5ML SOLN PRSYR, 300 MCG/ML SOLUTION, 480 MCG/0.8ML SOLN PRSYR, 480 MCG/1.6ML SOLUTION) <i>tbo-filgrastim</i>	SP-NP	MN-PA (Medically Necessary Prior Authorization)
LEUKINE	LEUKINE 250 MCG RECON SOLN <i>sargramostim</i>	SP-NP	MN-PA (Medically Necessary Prior Authorization)
MIRCERA	MIRCERA (30 SOLN PRSYR, 50 SOLN PRSYR, 75 SOLN PRSYR, 100 SOLN PRSYR, 150 SOLN PRSYR, 200 SOLN PRSYR) <i>methoxy polyethylene glycol-epoetin beta</i>	SP-P	MN-PA (Medically Necessary Prior Authorization)
MOZOBIL	MOZOBIL 24 MG/1.2ML SOLUTION <i>plerixafor</i>	SP-M	
MULPLETA	MULPLETA 3 MG TAB <i>lusutrombopag</i>	SP-P	QL (7 PER 14 DAY(S))
NEULASTA	NEULASTA 6 MG/0.6ML SOLN PRSYR <i>pegfilgrastim</i>	SP-P	MN-PA (Medically Necessary Prior Authorization)
NEULASTA ONPRO	NEULASTA ONPRO 6 MG/0.6ML PREF SY KT <i>pegfilgrastim</i>	SP-P	PA

BRAND NAME	DRUG DESCRIPTION (RX)	TIER	LIMITS & RESTRICTIONS
NEUPOGEN	NEUPOGEN (300 MCG/0.5ML SOLN PRSYR, 300 MCG/ML SOLUTION, 480 MCG/0.8ML SOLN PRSYR, 480 MCG/1.6ML SOLUTION) <i>filgrastim</i>	SP-NP	MN-PA (Medically Necessary Prior Authorization)
NIVESTYM	NIVESTYM (300 MCG/0.5ML SOLN PRSYR, 300 MCG/ML SOLUTION, 480 MCG/0.8ML SOLN PRSYR, 480 MCG/1.6ML SOLUTION) <i>filgrastim-aafi</i>	SBG	
NPLATE	NPLATE (125 MCG RECON SOLN, 250 MCG RECON SOLN, 500 MCG RECON SOLN) <i>romiplostim</i>	SP-M	
NYVEPRIA	NYVEPRIA 6 MG/0.6ML SOLN PRSYR <i>pegfilgrastim-apgf</i>	SBG	
PROCRIT	PROCRIT (2000 SOLUTION, 3000 SOLUTION, 4000 SOLUTION, 10000 SOLUTION, 20000 SOLUTION, 40000 SOLUTION) <i>epoetin alfa</i>	SP-P	MN-PA (Medically Necessary Prior Authorization)
PROMACTA	PROMACTA (12.5 MG PACKET, 25 MG PACKET) <i>eltrombopag olamine</i>	SP-P	QL (90 PER 30 DAY(S))
PROMACTA	PROMACTA (25 MG TAB, 50 MG TAB) <i>eltrombopag olamine</i>	SP-P	QL (90 PER 30 DAYS)
PROMACTA	PROMACTA 12.5 MG TAB <i>eltrombopag olamine</i>	SP-P	QL (30 PER 30 DAYS)
PROMACTA	PROMACTA 75 MG TAB <i>eltrombopag olamine</i>	SP-P	QL (60 PER 30 DAYS)
PYRUKYND	PYRUKYND (5 MG TAB, 20 MG TAB, 50 MG TAB) <i>mitapivat sulfate</i>	SP-NP	PA, QL (2 PER 1 DAY(S))

BRAND NAME	DRUG DESCRIPTION (RX)	TIER	LIMITS & RESTRICTIONS
PYRUKYND TAPER PACK	PYRUKYND TAPER PACK (PACK 7 20 MG 7 5 MG TAB THPK, PACK 7 50 MG 7 20 MG TAB THPK) <i>mitapivat sulfate</i>	SP-NP	PA, QL (1 PER 2 WEEK(S))
PYRUKYND TAPER PACK	PYRUKYND TAPER PACK 5 MG TAB THPK <i>mitapivat sulfate</i>	SP-NP	PA, QL (1 PER 1 WEEK(S))
REBLOZYL	REBLOZYL (25 MG RECON SOLN, 75 MG RECON SOLN) <i>luspatercept-aamt</i>	SP-M	PA
RETACRIT	RETACRIT (2000 SOLUTION, 3000 SOLUTION, 4000 SOLUTION, 10000 SOLUTION, 20000 SOLUTION, 40000 SOLUTION) <i>epoetin alfa-epbx</i>	SBG	
ROLVEDON	ROLVEDON 13.2 MG/0.6ML SOLN PRSYR <i>eflapegrastim-xnst</i>	P&T	
TAVALISSE	TAVALISSE (100 MG TAB, 150 MG TAB) <i>fostamatinib disodium</i>	SP-P	PA, QL (2 PER DAY(S))
UDENYCA	UDENYCA 6 MG/0.6ML SOLN PRSYR <i>pegfilgrastim-cbqv</i>	SBG	
ZARXIO	ZARXIO (300 MCG/0.5ML SOLN PRSYR, 480 MCG/0.8ML SOLN PRSYR) <i>filgrastim-sndz</i>	SBG	
ZIEXTENZO	ZIEXTENZO 6 MG/0.6ML SOLN PRSYR <i>pegfilgrastim-bmez</i>	SBG	

BRAND NAME	DRUG DESCRIPTION (RX)	TIER	LIMITS & RESTRICTIONS
HEMOSTASIS AGENTS			
ADVATE	ADVATE (250 RECON SOLN, 500 RECON SOLN, 1000 RECON SOLN, 1500 RECON SOLN, 2000 RECON SOLN, 3000 RECON SOLN, 4000 RECON SOLN) <i>antihemophilic factor (rcmb) plasma/albumin free (rahf-pfm)</i>	SP-M	
ADYNOVATE	ADYNOVATE (250 RECON SOLN, 500 RECON SOLN, 750 RECON SOLN, 1000 RECON SOLN, 1500 RECON SOLN, 2000 RECON SOLN, 3000 RECON SOLN) <i>antihemophilic factor (recombinant) pegylated</i>	SP-M	
AFSTYLA	AFSTYLA (250 KIT, 500 KIT, 1000 KIT, 1500 KIT, 2000 KIT, 2500 KIT, 3000 KIT) <i>antihemophilic factor (recombinant) single chain</i>	SP-M	
ALPHANATE	ALPHANATE (250 RECON SOLN, 500 RECON SOLN, 1000 RECON SOLN, 1500 RECON SOLN, 2000 RECON SOLN) <i>antihemophilic factor/von willebrand factor complex (human)</i>	SP-M	
ALPHANATE/VWF COMPLEX/HUMAN	ALPHANATE/VWF COMPLEX/HUMAN (250 RECON SOLN, 500 RECON SOLN, 1000 RECON SOLN, 1500 RECON SOLN, 2000 RECON SOLN) <i>antihemophilic factor/von willebrand factor complex (human)</i>	SP-M	

BRAND NAME	DRUG DESCRIPTION (RX)	TIER	LIMITS & RESTRICTIONS
ALPHANINE SD	ALPHANINE SD (500 RECON SOLN, 1000 RECON SOLN, 1500 RECON SOLN) <i>coagulation factor ix</i>	SP-M	
ALPROLIX	ALPROLIX (250 RECON SOLN, 500 RECON SOLN, 1000 RECON SOLN, 2000 RECON SOLN, 3000 RECON SOLN, 4000 RECON SOLN) <i>coagulation factor ix (recomb) fc fusion protein (rfixfc)</i>	SP-M	
<i>aminocaproic acid</i>	<i>aminocaproic acid (0.25 gm/ml solution, 500 mg tab, 1000 mg tab)</i>	TIER 1	
BENEFIX	BENEFIX (250 KIT, 500 KIT, 1000 KIT, 2000 KIT, 3000 KIT) <i>coagulation factor ix (recombinant)</i>	SP-M	
COAGADEX	COAGADEX (250 RECON SOLN, 500 RECON SOLN) <i>coagulation factor x (human)</i>	SP-M	
CORIFACT	CORIFACT 1000-1600 UNIT KIT <i>factor xiii concentrate (human)</i>	SP-M	
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) <i>antihemophilic factor (rcmb) fc fusion protein(bdd-rfviiiifc)</i>	SP-M	

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) <i>antihemophilic factor (recombinant) glycopegylated-exei</i>	SP-M	
FEIBA	FEIBA (500 RECON SOLN, 1000 RECON SOLN, 2500 RECON SOLN) <i>antiinhibitor coagulant complex</i>	SP-M	
FIBRYGA	FIBRYGA RECON SOLN <i>fibrinogen concentrate (human)</i>	SP-M	
HELIXATE FS	HELIXATE FS (250 KIT, 500 KIT, 1000 KIT, 2000 KIT, 3000 KIT) <i>antihemophilic factor (recombinant)</i>	SP-M	
HEMLIBRA	HEMLIBRA (30 MG/ML SOLUTION, 60 MG/0.4ML SOLUTION, 105 MG/0.7ML SOLUTION, 150 MG/ML SOLUTION) <i>emicizumab-kxwh</i>	SP-M	
HEMOFIL M	HEMOFIL M (250 RECON SOLN, 500 RECON SOLN, 1000 RECON SOLN, 1700 RECON SOLN) <i>antihemophilic factor (human)</i>	SP-M	
HUMATE-P	HUMATE-P (250-600 RECON SOLN, 500-1200 RECON SOLN, 1000-2400 RECON SOLN) <i>antihemophilic factor/von willebrand factor complex (human)</i>	SP-M	

BRAND NAME	DRUG DESCRIPTION (RX)	TIER	LIMITS & RESTRICTIONS
IDELVION	IDELVION (250 RECON SOLN, 500 RECON SOLN, 1000 RECON SOLN, 2000 RECON SOLN, 3500 RECON SOLN) <i>coagulation factor ix recomb albumin fusion protein (rix-fp)</i>	SP-M	
IXINITY	IXINITY (250 RECON SOLN, 500 RECON SOLN, 1000 RECON SOLN, 1500 RECON SOLN, 2000 RECON SOLN, 3000 RECON SOLN) <i>coagulation factor ix (recombinant)</i>	SP-M	
JIVI	JIVI (500 RECON SOLN, 1000 RECON SOLN, 2000 RECON SOLN, 3000 RECON SOLN) <i>antihemophil fact(rcmb) pegylated-aucl (bdd-rfviii peg-aucl)</i>	SP-M	
KOATE	KOATE (250 RECON SOLN, 500 RECON SOLN, 1000 RECON SOLN) <i>antihemophilic factor (human)</i>	SP-M	
KOATE-DVI	KOATE-DVI (250 RECON SOLN, 500 RECON SOLN, 1000 RECON SOLN) <i>antihemophilic factor (human)</i>	SP-M	
KOGENATE FS	KOGENATE FS (250 KIT, 500 KIT, 1000 KIT, 2000 KIT, 3000 KIT) <i>antihemophilic factor (recombinant)</i>	SP-M	
KOVALTRY	KOVALTRY (250 RECON SOLN, 500 RECON SOLN, 1000 RECON SOLN, 2000 RECON SOLN, 3000 RECON SOLN) <i>antihemophilic factor (rcmb) plasma/albumin free (rahf-pfm)</i>	SP-M	
MONOCLATE-P	MONOCLATE-P 1000 UNIT KIT <i>antihemophilic factor (human)</i>	SP-M	

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

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) <i>antihemophilic factor (recombinant)</i>	SP-M	
RIASTAP	RIASTAP RECON SOLN <i>fibrinogen concentrate (human)</i>	SP-M	
RIXUBIS	RIXUBIS (250 RECON SOLN, 500 RECON SOLN, 1000 RECON SOLN, 2000 RECON SOLN, 3000 RECON SOLN) <i>coagulation factor ix (recombinant)</i>	SP-M	
SEVENFACT	SEVENFACT (1 MG RECON SOLN, 5 MG RECON SOLN) <i>coagulation factor viia (recombinant)-jncw</i>	SP-M	
<i>tranexamic acid</i>	<i>tranexamic acid 650 mg tab</i>	TIER 1	
TRETTEN	TRETTEN 2000-3125 UNIT RECON SOLN <i>coagulation factor xiii a- subunit (recombinant)</i>	SP-M	
VONVENDI	VONVENDI (650 RECON SOLN, 1300 RECON SOLN) <i>von willebrand factor (recombinant)</i>	SP-M	
WILATE	WILATE (500-500 KIT, 1000-1000 KIT) <i>antihemophilic factor/von willebrand factor complex (human)</i>	SP-M	
XYNTHA	XYNTHA (250 KIT, 500 KIT, 1000 KIT, 2000 KIT) <i>antihemophilic factor (rcmb) moroctocog alfa(bdd- rfviii,mor)</i>	SP-M	

BRAND NAME	DRUG DESCRIPTION (RX)	TIER	LIMITS & RESTRICTIONS
XYNTHA SOLOFUSE	XYNTHA SOLOFUSE (250 KIT, 500 KIT, 1000 KIT, 2000 KIT, 3000 KIT) <i>antihemophilic factor (rcmb) moroctocog alfa(bdd-rfviii,mor)</i>	SP-M	
PLATELET MODIFYING AGENTS			
ADAKVEO	ADAKVEO 100 MG/10ML SOLUTION <i>crizanlizumab-tmca</i>	SP-M	PA
<i>aspirin-dipyridamole er</i>	<i>aspirin-dipyridamole er 25-200 mg cap er 12h</i>	TIER 1	
BRILINTA	BRILINTA (60 MG TAB, 90 MG TAB) <i>ticagrelor</i>	TIER 2	
<i>cilostazol</i>	<i>cilostazol (50 mg tab, 100 mg tab)</i>	TIER 1	
<i>clopidogrel bisulfate</i>	<i>clopidogrel bisulfate (75 mg tab, 300 mg tab)</i>	TIER 1	
<i>dipyridamole</i>	<i>dipyridamole (25 mg tab, 50 mg tab, 75 mg tab)</i>	TIER 1	
OXBRYTA	OXBRYTA 300 MG TAB SOL <i>voxelotor</i>	SP-NP	PA, QL (5 PER 1 DAY(S))
OXBRYTA	OXBRYTA 500 MG TAB <i>voxelotor</i>	SP-NP	PA, QL (84 PER 28 DAY(S)), PA-QL (140/28 days)
<i>prasugrel hcl</i>	<i>prasugrel hcl (5 mg tab, 10 mg tab)</i>	TIER 1	
COAGULANTS			
<i>phytonadione</i>	<i>phytonadione 5 mg tab</i>	TIER 1	
BLOOD PRODUCTS/MODIFIERS/VOLUME EXPANDERS, OTHER			
RELEUKO	RELEUKO (300 MCG/0.5ML SOLN PRSYR, 300 MCG/ML SOLUTION, 480 MCG/0.8ML SOLN PRSYR, 480 MCG/1.6ML SOLUTION) <i>filgrastim-ayow</i>	SBG	

BRAND NAME	DRUG DESCRIPTION (RX)	TIER	LIMITS & RESTRICTIONS
CARDIOVASCULAR AGENTS			
ALPHA-ADRENERGIC AGONISTS			
<i>clonidine</i>	<i>clonidine (0.1 mg/24hr patch wk, 0.2 mg/24hr patch wk, 0.3 mg/24hr patch wk)</i>	TIER 1	
<i>clonidine hcl</i>	<i>clonidine hcl (0.1 mg tab, 0.2 mg tab, 0.3 mg tab)</i>	TIER 1	
<i>guanfacine hcl</i>	<i>guanfacine hcl (1 mg tab, 2 mg tab)</i>	TIER 1	QL (30 PER 30 DAY(S))
<i>methyldopa</i>	<i>methyldopa (250 mg tab, 500 mg tab)</i>	TIER 2	
<i>midodrine hcl</i>	<i>midodrine hcl (2.5 mg tab, 5 mg tab, 10 mg tab)</i>	TIER 1	
ALPHA-ADRENERGIC BLOCKING AGENTS			
<i>doxazosin mesylate</i>	<i>doxazosin mesylate (1 mg tab, 2 mg tab, 4 mg tab, 8 mg tab)</i>	TIER 1	
<i>phenoxybenzamine hcl</i>	<i>phenoxybenzamine hcl 10 mg cap</i>	TIER 1	
<i>prazosin hcl</i>	<i>prazosin hcl (1 mg cap, 2 mg cap, 5 mg cap)</i>	TIER 1	
<i>terazosin hcl</i>	<i>terazosin hcl (1 mg cap, 2 mg cap, 5 mg cap, 10 mg cap)</i>	TIER 1	
ANGIOTENSIN II RECEPTOR ANTAGONISTS			
<i>candesartan cilexetil</i>	<i>candesartan cilexetil (4 mg tab, 8 mg tab, 16 mg tab, 32 mg tab)</i>	TIER 1	
EDARBI	EDARBI (40 MG TAB, 80 MG TAB) <i>azilsartan medoxomil</i>	TIER 3	
EPROSARTAN MESYLATE	EPROSARTAN MESYLATE 600 MG TAB <i>eprosartan mesylate</i>	TIER 1	
<i>irbesartan</i>	<i>irbesartan (75 mg tab, 150 mg tab, 300 mg tab)</i>	TIER 1	
<i>losartan potassium</i>	<i>losartan potassium (25 mg tab, 50 mg tab, 100 mg tab)</i>	TIER 1	
<i>olmesartan medoxomil</i>	<i>olmesartan medoxomil (5 mg tab, 20 mg tab, 40 mg tab)</i>	TIER 1	

BRAND NAME	DRUG DESCRIPTION (RX)	TIER	LIMITS & RESTRICTIONS
<i>telmisartan</i>	<i>telmisartan (20 mg tab, 40 mg tab, 80 mg tab)</i>	TIER 1	
<i>valsartan</i>	<i>valsartan (40 mg tab, 80 mg tab, 160 mg tab, 320 mg tab)</i>	TIER 1	
ANGIOTENSIN-CONVERTING ENZYME (ACE) INHIBITORS			
<i>benazepril hcl</i>	<i>benazepril hcl (5 mg tab, 10 mg tab, 20 mg tab, 40 mg tab)</i>	TIER 1	
<i>captopril</i>	<i>captopril (12.5 mg tab, 25 mg tab, 50 mg tab, 100 mg tab)</i>	TIER 1	
<i>enalapril maleate</i>	<i>enalapril maleate (2.5 mg tab, 5 mg tab, 10 mg tab, 20 mg tab)</i>	TIER 1	
<i>enalapril maleate</i>	<i>enalapril maleate 1 mg/ml solution</i>	TIER 1	PA, QL (1200 PER 30 DAY(S))
<i>fosinopril sodium</i>	<i>fosinopril sodium (10 mg tab, 20 mg tab, 40 mg tab)</i>	TIER 1	
<i>lisinopril</i>	<i>lisinopril (2.5 mg tab, 5 mg tab, 10 mg tab, 20 mg tab, 30 mg tab, 40 mg tab)</i>	TIER 1	
<i>moexipril hcl</i>	<i>moexipril hcl (7.5 mg tab, 15 mg tab)</i>	TIER 1	
<i>perindopril erbumine</i>	<i>perindopril erbumine (2 mg tab, 4 mg tab, 8 mg tab)</i>	TIER 1	
QBRELIS	QBRELIS 1 MG/ML SOLUTION <i>lisinopril</i>	TIER 3	PA, QL (1200 PER 30 DAY(S))
<i>quinapril hcl</i>	<i>quinapril hcl (5 mg tab, 10 mg tab, 20 mg tab, 40 mg tab)</i>	TIER 1	
<i>ramipril</i>	<i>ramipril (1.25 mg cap, 2.5 mg cap, 5 mg cap, 10 mg cap)</i>	TIER 1	
<i>trandolapril</i>	<i>trandolapril (1 mg tab, 2 mg tab, 4 mg tab)</i>	TIER 1	
ANTIARRHYTHMICS			
<i>amiodarone hcl</i>	<i>amiodarone hcl (100 mg tab, 200 mg tab, 400 mg tab)</i>	TIER 1	
<i>disopyramide phosphate</i>	<i>disopyramide phosphate (100 mg cap, 150 mg cap)</i>	TIER 1	

BRAND NAME	DRUG DESCRIPTION (RX)	TIER	LIMITS & RESTRICTIONS
<i>dofetilide</i>	<i>dofetilide (125 mcg cap, 250 mcg cap, 500 mcg cap)</i>	TIER 1	
<i>flecainide acetate</i>	<i>flecainide acetate (50 mg tab, 100 mg tab, 150 mg tab)</i>	TIER 1	
<i>mexiletine hcl</i>	<i>mexiletine hcl (150 mg cap, 200 mg cap, 250 mg cap)</i>	TIER 1	
MULTAQ	MULTAQ 400 MG TAB <i>dronedarone hcl</i>	TIER 3	
NORPACE CR	NORPACE CR (100 MG CAP ER 12H, 150 MG CAP ER 12H) <i>disopyramide phosphate</i>	TIER 3	
<i>pacerone</i>	<i>pacerone (100 mg tab, 200 mg tab, 400 mg tab)</i>	TIER 1	
<i>propafenone hcl</i>	<i>propafenone hcl (150 mg tab, 225 mg tab, 300 mg tab)</i>	TIER 1	
<i>propafenone hcl er</i>	<i>propafenone hcl er (er 225 mg cap er 12h, er 325 mg cap er 12h, er 425 mg cap er 12h)</i>	TIER 1	
<i>quinidine gluconate er</i>	<i>quinidine gluconate er 324 mg tab er</i>	TIER 1	
QUINIDINE SULFATE	QUINIDINE SULFATE (200 MG TAB, 300 MG TAB) <i>quinidine sulfate</i>	TIER 1	GA
<i>quinidine sulfate</i>	<i>quinidine sulfate (200 mg tab, 300 mg tab)</i>	TIER 1	
<i>sorine</i>	<i>sorine (80 mg tab, 120 mg tab, 160 mg tab, 240 mg tab)</i>	TIER 1	
<i>sotalol hcl</i>	<i>sotalol hcl (80 mg tab, 120 mg tab, 160 mg tab, 240 mg tab)</i>	TIER 1	
<i>sotalol hcl (af)</i>	<i>sotalol hcl (af) (80 mg tab, 120 mg tab, 160 mg tab)</i>	TIER 1	
SOTYLIZE	SOTYLIZE 5 MG/ML SOLUTION <i>sotalol hcl</i>	TIER 3	PA, QL (1920 PER 30 DAY(S))
BETA-ADRENERGIC BLOCKING AGENTS			
<i>acebutolol hcl</i>	<i>acebutolol hcl (200 mg cap, 400 mg cap)</i>	TIER 1	
<i>atenolol</i>	<i>atenolol (25 mg tab, 50 mg tab, 100 mg tab)</i>	TIER 1	

BRAND NAME	DRUG DESCRIPTION (RX)	TIER	LIMITS & RESTRICTIONS
<i>betaxolol hcl</i>	<i>betaxolol hcl (10 mg tab, 20 mg tab)</i>	TIER 1	
<i>bisoprolol fumarate</i>	<i>bisoprolol fumarate (5 mg tab, 10 mg tab)</i>	TIER 1	
<i>carvedilol</i>	<i>carvedilol (3.125 mg tab, 6.25 mg tab, 12.5 mg tab, 25 mg tab)</i>	TIER 1	
<i>carvedilol phosphate er</i>	<i>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)</i>	TIER 1	
<i>labetalol hcl</i>	<i>labetalol hcl (100 mg tab, 200 mg tab, 300 mg tab)</i>	TIER 1	
<i>metoprolol succinate er</i>	<i>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)</i>	TIER 1	
<i>metoprolol tartrate</i>	<i>metoprolol tartrate (25 mg tab, 50 mg tab, 100 mg tab)</i>	TIER 1	
<i>nadolol</i>	<i>nadolol (20 mg tab, 40 mg tab, 80 mg tab)</i>	TIER 1	
<i>nebivolol hcl</i>	<i>nebivolol hcl (2.5 mg tab, 5 mg tab, 10 mg tab, 20 mg tab)</i>	TIER 1	
<i>pindolol</i>	<i>pindolol (5 mg tab, 10 mg tab)</i>	TIER 1	
<i>propranolol hcl</i>	<i>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)</i>	TIER 1	
<i>propranolol hcl er</i>	<i>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)</i>	TIER 1	
<i>timolol maleate</i>	<i>timolol maleate (5 mg tab, 10 mg tab)</i>	TIER 1	
<i>timolol maleate</i>	<i>timolol maleate 20 mg tab</i>	TIER 3	
CALCIUM CHANNEL BLOCKING AGENTS			
<i>amlodipine besylate</i>	<i>amlodipine besylate (2.5 mg tab, 5 mg tab, 10 mg tab)</i>	TIER 1	

BRAND NAME	DRUG DESCRIPTION (RX)	TIER	LIMITS & RESTRICTIONS
<i>cartia xt</i>	<i>cartia xt (120 mg cap er 24h, 180 mg cap er 24h, 240 mg cap er 24h, 300 mg cap er 24h)</i>	TIER 1	
<i>dilt-xr</i>	<i>dilt-xr (120 mg cap er 24h, 180 mg cap er 24h, 240 mg cap er 24h)</i>	TIER 1	
<i>diltiazem hcl</i>	<i>diltiazem hcl (25 mg/5ml solution, 30 mg tab, 60 mg tab, 90 mg tab, 120 mg tab)</i>	TIER 1	
<i>diltiazem hcl er</i>	<i>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 180 mg cap er 24h, er 240 mg cap er 24h)</i>	TIER 1	
<i>diltiazem hcl er beads</i>	<i>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)</i>	TIER 1	
<i>diltiazem hcl er coated beads</i>	<i>diltiazem hcl er coated beads (er beads 120 mg cap er 24h, er beads 180 mg cap er 24h, er beads 180 mg tab er 24h, er beads 240 mg cap er 24h, er beads 240 mg tab er 24h, er beads 300 mg cap er 24h, er beads 300 mg tab er 24h, er beads 360 mg cap er 24h, er beads 360 mg tab er 24h, er beads 420 mg tab er 24h)</i>	TIER 1	
<i>felodipine er</i>	<i>felodipine er (er 2.5 mg tab er 24h, er 5 mg tab er 24h, er 10 mg tab er 24h)</i>	TIER 1	
<i>isradipine</i>	<i>isradipine (2.5 mg cap, 5 mg cap)</i>	TIER 1	
KATERZIA	KATERZIA 1 MG/ML SUSPENSION <i>amlodipine benzoate</i>	TIER 3	PA, QL (300 PER 30 DAY(S))

BRAND NAME	DRUG DESCRIPTION (RX)	TIER	LIMITS & RESTRICTIONS
<i>matzim la</i>	<i>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)</i>	TIER 1	
<i>nicardipine hcl</i>	<i>nicardipine hcl (20 mg cap, 30 mg cap)</i>	TIER 1	
<i>nifedipine</i>	<i>nifedipine (10 mg cap, 20 mg cap)</i>	TIER 1	
<i>nifedipine er</i>	<i>nifedipine er (er 30 mg tab er 24h, er 60 mg tab er 24h, er 90 mg tab er 24h)</i>	TIER 1	
<i>nifedipine er osmotic release</i>	<i>nifedipine er osmotic release (er 30 mg tab er 24h, er 60 mg tab er 24h, er 90 mg tab er 24h)</i>	TIER 1	
<i>nimodipine</i>	<i>nimodipine 30 mg cap</i>	TIER 1	
<i>nisoldipine er</i>	<i>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)</i>	TIER 1	
NYMALIZE	NYMALIZE (30 MG/10ML SOLUTION, 60 MG/20ML SOLUTION) <i>nimodipine</i>	TIER 3	
<i>taztia xt</i>	<i>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)</i>	TIER 1	
<i>tiadylt er</i>	<i>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)</i>	TIER 1	
<i>verapamil hcl</i>	<i>verapamil hcl (40 mg tab, 80 mg tab, 120 mg tab)</i>	TIER 1	

BRAND NAME	DRUG DESCRIPTION (RX)	TIER	LIMITS & RESTRICTIONS
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) <i>verapamil hcl</i>	TIER 1	
VERELAN	VERELAN 360 MG CAP ER 24H <i>verapamil hcl</i>	TIER 3	
VERELAN PM	VERELAN PM 100 MG CAP ER 24H <i>verapamil hcl</i>	TIER 3	GA
CARDIOVASCULAR AGENTS, OTHER			
<i>aliskiren fumarate</i>	<i>aliskiren fumarate (150 mg tab, 300 mg tab)</i>	TIER 1	
<i>amiloride-hydrochlorothiazide</i>	<i>amiloride-hydrochlorothiazide 5-50 mg tab</i>	TIER 1	
<i>amlodipine besy-benazepril hcl</i>	<i>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)</i>	TIER 1	
<i>amlodipine besylate-valsartan</i>	<i>amlodipine besylate-valsartan (5-160 mg tab, 5-320 mg tab, 10-160 mg tab, 10-320 mg tab)</i>	TIER 1	
<i>amlodipine-atorvastatin</i>	<i>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)</i>	TIER 1	
<i>amlodipine-olmesartan</i>	<i>amlodipine-olmesartan (5-20 mg tab, 5-40 mg tab, 10-20 mg tab, 10-40 mg tab)</i>	TIER 1	
<i>atenolol-chlorthalidone</i>	<i>atenolol-chlorthalidone (50-25 mg tab, 100-25 mg tab)</i>	TIER 1	

BRAND NAME	DRUG DESCRIPTION (RX)	TIER	LIMITS & RESTRICTIONS
<i>benazepril-hydrochlorothiazide</i>	<i>benazepril-hydrochlorothiazide (5-6.25 mg tab, 10-12.5 mg tab, 20-12.5 mg tab, 20-25 mg tab)</i>	TIER 1	
<i>bisoprolol-hydrochlorothiazide</i>	<i>bisoprolol-hydrochlorothiazide (2.5-6.25 mg tab, 5-6.25 mg tab, 10-6.25 mg tab)</i>	TIER 1	
CAMZYOS	CAMZYOS (2.5 MG CAP, 5 MG CAP, 10 MG CAP, 15 MG CAP) <i>mavacamten</i>	SP-NP	PA, QL (1 PER DAY(S))
<i>candesartan cilexetil-hctz</i>	<i>candesartan cilexetil-hctz (16-12.5 mg tab, 32-12.5 mg tab, 32-25 mg tab)</i>	TIER 1	
CAPTOPRIL-HYDROCHLOROTHIAZIDE	CAPTOPRIL-HYDROCHLOROTHIAZIDE (25-15 MG TAB, 25-25 MG TAB, 50-15 MG TAB, 50-25 MG TAB) <i>captopril & hydrochlorothiazide</i>	TIER 1	
CORLANOR	CORLANOR (5 MG TAB, 7.5 MG TAB) <i>ivabradine hcl</i>	TIER 3	PA, QL (60 PER 30 DAY(S))
CORLANOR	CORLANOR 5 MG/5ML SOLUTION <i>ivabradine hcl</i>	TIER 3	PA, QL (450 PER 30 DAY(S))
<i>digitek</i>	<i>digitek (125 mcg tab, 250 mcg tab)</i>	TIER 1	
<i>digox</i>	<i>digox (125 mcg tab, 250 mcg tab)</i>	TIER 1	
<i>digoxin</i>	<i>digoxin (0.05 mg/ml solution, 62.5 mcg tab, 125 mcg tab, 250 mcg tab)</i>	TIER 1	
EDARBYCLOR	EDARBYCLOR (40-12.5 MG TAB, 40-25 MG TAB) <i>azilsartan medoxomil-chlorthalidone</i>	TIER 3	
<i>enalapril-hydrochlorothiazide</i>	<i>enalapril-hydrochlorothiazide (5-12.5 mg tab, 10-25 mg tab)</i>	TIER 1	
ENTRESTO	ENTRESTO (24-26 MG TAB, 49-51 MG TAB, 97-103 MG TAB) <i>sacubitril-valsartan</i>	TIER 2	PA, QL (60 PER 30 DAYS)
<i>fosinopril sodium-hctz</i>	<i>fosinopril sodium-hctz (10-12.5 mg tab, 20-12.5 mg tab)</i>	TIER 1	

BRAND NAME	DRUG DESCRIPTION (RX)	TIER	LIMITS & RESTRICTIONS
<i>irbesartan-hydrochlorothiazide</i>	<i>irbesartan-hydrochlorothiazide (150-12.5 mg tab, 300-12.5 mg tab)</i>	TIER 1	
<i>isoxsuprine hcl</i>	<i>isoxsuprine hcl 10 mg tab</i>	TIER 1	
<i>isoxsuprine hcl</i>	<i>isoxsuprine hcl 20 mg tab</i>	TIER 2	
LANOXIN	LANOXIN 187.5 MCG TAB <i>digoxin</i>	TIER 3	
<i>lisinopril-hydrochlorothiazide</i>	<i>lisinopril-hydrochlorothiazide (10-12.5 mg tab, 20-12.5 mg tab, 20-25 mg tab)</i>	TIER 1	
<i>losartan potassium-hctz</i>	<i>losartan potassium-hctz (50-12.5 mg tab, 100-12.5 mg tab, 100-25 mg tab)</i>	TIER 1	
METHYLDOPA-HYDROCHLOROTHIAZIDE	METHYLDOPA-HYDROCHLOROTHIAZIDE (250-15 MG TAB, 250-25 MG TAB) <i>methyldopa & hydrochlorothiazide</i>	TIER 1	
<i>metoprolol-hydrochlorothiazide</i>	<i>metoprolol-hydrochlorothiazide (50-25 mg tab, 100-25 mg tab, 100-50 mg tab)</i>	TIER 1	
<i>metirosine</i>	<i>metirosine 250 mg cap</i>	TIER 1	
<i>milrinone lactate in dextrose</i>	<i>milrinone lactate in dextrose 40-5 mg/200ml-% solution</i>	SP-M	
NADOLOL-BENDROFLUMETHIAZIDE	NADOLOL-BENDROFLUMETHIAZIDE 40-5 MG TAB <i>nadolol & bendroflumethiazide</i>	TIER 1	
<i>olmesartan medoxomil-hctz</i>	<i>olmesartan medoxomil-hctz (20-12.5 mg tab, 40-12.5 mg tab, 40-25 mg tab)</i>	TIER 1	
<i>olmesartan-amlodipine-hctz</i>	<i>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)</i>	TIER 1	
<i>pentoxifylline er</i>	<i>pentoxifylline er 400 mg tab er</i>	TIER 1	

BRAND NAME	DRUG DESCRIPTION (RX)	TIER	LIMITS & RESTRICTIONS
PROPRANOLOL-HCTZ	PROPRANOLOL-HCTZ (40-25 MG TAB, 80-25 MG TAB) <i>propranolol & hydrochlorothiazide</i>	TIER 1	
<i>quinapril-hydrochlorothiazide</i>	<i>quinapril-hydrochlorothiazide (10-12.5 mg tab, 20-12.5 mg tab, 20-25 mg tab)</i>	TIER 1	
<i>ranolazine er</i>	<i>ranolazine er (er 500 mg tab er 12h, er 1000 mg tab er 12h)</i>	TIER 1	
<i>spironolactone-hctz</i>	<i>spironolactone-hctz 25-25 mg tab</i>	TIER 1	
<i>telmisartan-amlodipine</i>	<i>telmisartan-amlodipine (40-10 mg tab, 40-5 mg tab, 80-10 mg tab, 80-5 mg tab)</i>	TIER 1	
<i>telmisartan-hctz</i>	<i>telmisartan-hctz (40-12.5 mg tab, 80-12.5 mg tab, 80-25 mg tab)</i>	TIER 1	
<i>trandolapril-verapamil hcl er</i>	<i>trandolapril-verapamil hcl er (er 1-240 mg tab er, er 2-180 mg tab er, er 2-240 mg tab er, er 4-240 mg tab er)</i>	TIER 3	
<i>triamterene-hctz</i>	<i>triamterene-hctz (37.5-25 mg cap, 37.5-25 mg tab, 75-50 mg tab)</i>	TIER 1	
<i>valsartan-hydrochlorothiazide</i>	<i>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)</i>	TIER 1	
VERQUVO	VERQUVO (2.5 MG TAB, 5 MG TAB, 10 MG TAB) <i>vericiguat</i>	TIER 3	PA, QL (30 PER 30 DAY(S))
VYNDAMAX	VYNDAMAX 61 MG CAP <i>tafamidis</i>	SP-P	PA, QL (30 PER 30 DAY(S))
VYNDAQEL	VYNDAQEL 20 MG CAP <i>tafamidis meglumine (cardiac)</i>	SP-P	PA, QL (120 PER 30 DAY(S))
DIURETICS, CARBONIC ANHYDRASE INHIBITORS			
<i>acetazolamide</i>	<i>acetazolamide (125 mg tab, 250 mg tab)</i>	TIER 1	
<i>acetazolamide er</i>	<i>acetazolamide er 500 mg cap er 12h</i>	TIER 1	

BRAND NAME	DRUG DESCRIPTION (RX)	TIER	LIMITS & RESTRICTIONS
KEYEYIS	KEYEYIS 50 MG TAB <i>dichlorphenamide</i>	SP-P	
DIURETICS, LOOP			
<i>bumetanide</i>	<i>bumetanide (0.5 mg tab, 1 mg tab, 2 mg tab)</i>	TIER 1	
<i>ethacrynic acid</i>	<i>ethacrynic acid 25 mg tab</i>	TIER 1	
<i>furosemide</i>	<i>furosemide (8 mg/ml solution, 10 mg/ml solution, 20 mg tab, 40 mg tab, 80 mg tab)</i>	TIER 1	
<i>torsemide</i>	<i>torsemide (5 mg tab, 10 mg tab, 20 mg tab, 100 mg tab)</i>	TIER 1	
DIURETICS, POTASSIUM-SPARING			
<i>amiloride hcl</i>	<i>amiloride hcl 5 mg tab</i>	TIER 1	
CAROSPIR	CAROSPIR 25 MG/5ML SUSPENSION <i>spironolactone</i>	TIER 3	PA, QL (600 PER 30 DAY(S))
<i>eplerenone</i>	<i>eplerenone (25 mg tab, 50 mg tab)</i>	TIER 1	
<i>spironolactone</i>	<i>spironolactone (25 mg tab, 50 mg tab, 100 mg tab)</i>	TIER 1	
<i>triamterene</i>	<i>triamterene (50 mg cap, 100 mg cap)</i>	TIER 1	
DIURETICS, THIAZIDE			
<i>chlorothiazide</i>	<i>chlorothiazide (250 mg tab, 500 mg tab)</i>	TIER 1	
<i>chlorthalidone</i>	<i>chlorthalidone (25 mg tab, 50 mg tab)</i>	TIER 1	
DIURIL	DIURIL 250 MG/5ML SUSPENSION <i>chlorothiazide</i>	TIER 3	
<i>hydrochlorothiazide</i>	<i>hydrochlorothiazide (12.5 mg cap, 12.5 mg tab, 25 mg tab, 50 mg tab)</i>	TIER 1	
<i>indapamide</i>	<i>indapamide (1.25 mg tab, 2.5 mg tab)</i>	TIER 1	
METHYCLOTHIAZIDE	METHYCLOTHIAZIDE 5 MG TAB <i>methyclothiazide</i>	TIER 1	
<i>metolazone</i>	<i>metolazone (2.5 mg tab, 5 mg tab, 10 mg tab)</i>	TIER 1	

BRAND NAME	DRUG DESCRIPTION (RX)	TIER	LIMITS & RESTRICTIONS
DYSLIPIDEMICS, FIBRIC ACID DERIVATIVES			
<i>fenofibrate</i>	<i>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)</i>	TIER 1	
<i>fenofibrate micronized</i>	<i>fenofibrate micronized (43 mg cap, 67 mg cap, 130 mg cap, 134 mg cap, 200 mg cap)</i>	TIER 1	
<i>fenofibric acid</i>	<i>fenofibric acid (45 mg cap dr, 135 mg cap dr)</i>	TIER 1	
<i>gemfibrozil</i>	<i>gemfibrozil 600 mg tab</i>	TIER 1	
LIPOFEN	LIPOFEN (50 MG CAP, 150 MG CAP) <i>fenofibrate</i>	TIER 3	GA
DYSLIPIDEMICS, HMG COA REDUCTASE INHIBITORS			
<i>atorvastatin calcium</i>	<i>atorvastatin calcium (10 mg tab, 20 mg tab, 40 mg tab, 80 mg tab)</i>	TIER 1	
<i>fluvastatin sodium</i>	<i>fluvastatin sodium (20 mg cap, 40 mg cap)</i>	TIER 1	
<i>fluvastatin sodium er</i>	<i>fluvastatin sodium er 80 mg tab er 24h</i>	TIER 1	
LIVALO	LIVALO (1 MG TAB, 2 MG TAB, 4 MG TAB) <i>pitavastatin calcium</i>	TIER 2	
<i>lovastatin</i>	<i>lovastatin (10 mg tab, 20 mg tab, 40 mg tab)</i>	TIER 1	
<i>pravastatin sodium</i>	<i>pravastatin sodium (10 mg tab, 20 mg tab, 40 mg tab, 80 mg tab)</i>	TIER 1	
<i>rosuvastatin calcium</i>	<i>rosuvastatin calcium (5 mg tab, 10 mg tab, 20 mg tab, 40 mg tab)</i>	TIER 1	
<i>simvastatin</i>	<i>simvastatin (5 mg tab, 10 mg tab, 20 mg tab, 40 mg tab, 80 mg tab)</i>	TIER 1	
ZYPITAMAG	ZYPITAMAG (1 MG TAB, 2 MG TAB, 4 MG TAB) <i>pitavastatin magnesium</i>	TIER 2	

BRAND NAME	DRUG DESCRIPTION (RX)	TIER	LIMITS & RESTRICTIONS
DYSLIPIDEMICS, OTHER			
<i>cholestyramine</i>	<i>cholestyramine (4 gm packet, 4 gm/dose powder)</i>	TIER 1	
<i>cholestyramine light</i>	<i>cholestyramine light (4 gm packet, 4 gm/dose powder)</i>	TIER 1	
<i>colesevelam hcl</i>	<i>colesevelam hcl (3.75 gm packet, 625 mg tab)</i>	TIER 1	
<i>colestipol hcl</i>	<i>colestipol hcl (1 gm tab, 5 gm granules, 5 gm packet)</i>	TIER 1	
EVKEEZA	EVKEEZA (345 MG/2.3ML SOLUTION, 1200 MG/8ML SOLUTION) <i>evinacumab-dgnb</i>	SP-M	PA
<i>ezetimibe</i>	<i>ezetimibe 10 mg tab</i>	TIER 1	
<i>ezetimibe-simvastatin</i>	<i>ezetimibe-simvastatin (10-10 mg tab, 10-20 mg tab, 10-40 mg tab, 10-80 mg tab)</i>	TIER 1	
<i>icosapent ethyl</i>	<i>icosapent ethyl (0.5 gm cap, 1 gm cap)</i>	TIER 3	PA, QL (4 PER DAY(S))
JUXTAPID	JUXTAPID (5 MG CAP, 10 MG CAP, 20 MG CAP, 30 MG CAP, 40 MG CAP, 60 MG CAP) <i>lomitapide mesylate</i>	SP-P	PA, QL (30 PER 30 DAYS)
LEQVIO	LEQVIO 284 MG/1.5ML SOLN PRSYR <i>inclisiran sodium</i>	SP-M	PA
NIACIN (ANTHYPERLIPIDEMIC)	NIACIN (ANTHYPERLIPIDEMIC) 500 MG TAB <i>niacin (antihyperlipidemic)</i>	TIER 3	
<i>niacin er (antihyperlipidemic)</i>	<i>niacin er (antihyperlipidemic) (er 500 mg tab er, er 750 mg tab er, er 1000 mg tab er)</i>	TIER 1	
NIACOR	NIACOR 500 MG TAB <i>niacin (antihyperlipidemic)</i>	TIER 3	
PRALUENT	PRALUENT (75 MG/ML SOLN A-INJ, 150 MG/ML SOLN A-INJ) <i>alirocumab</i>	TIER 3	PA, QL (2 PER 28 DAY(S)), MN-PA (Medically Necessary Prior Authorization)
<i>prevalite</i>	<i>prevalite (4 gm packet, 4 gm/dose powder)</i>	TIER 1	

BRAND NAME	DRUG DESCRIPTION (RX)	TIER	LIMITS & RESTRICTIONS
REPATHA	REPATHA 140 MG/ML SOLN PRSYR <i>evolocumab</i>	TIER 3	PA, QL (2 PER 28 DAY(S))
REPATHA PUSHTRONEX SYSTEM	REPATHA PUSHTRONEX SYSTEM 420 MG/3.5ML SOLN CART <i>evolocumab</i>	TIER 3	PA, QL (1 PER 30 DAYS)
REPATHA SURECLICK	REPATHA SURECLICK 140 MG/ML SOLN A-INJ <i>evolocumab</i>	TIER 3	PA, QL (2 PER 28 DAY(S))
VASCEPA	VASCEPA (0.5 GM CAP, 1 GM CAP) <i>icosapent ethyl</i>	TIER 3	PA, QL (4 PER DAY(S)), GA
VASODILATORS, DIRECT-ACTING ARTERIAL			
<i>hydralazine hcl</i>	<i>hydralazine hcl (10 mg tab, 25 mg tab, 50 mg tab, 100 mg tab)</i>	TIER 1	
<i>minoxidil</i>	<i>minoxidil (2.5 mg tab, 10 mg tab)</i>	TIER 1	
VASODILATORS, DIRECT-ACTING ARTERIAL/VENOUS			
<i>isosorbide dinitrate</i>	<i>isosorbide dinitrate (5 mg tab, 10 mg tab, 20 mg tab, 30 mg tab)</i>	TIER 1	
ISOSORBIDE DINITRATE ER	ISOSORBIDE DINITRATE ER 40 MG TAB ER <i>isosorbide dinitrate</i>	TIER 1	
<i>isosorbide mononitrate</i>	<i>isosorbide mononitrate (10 mg tab, 20 mg tab)</i>	TIER 1	
<i>isosorbide mononitrate er</i>	<i>isosorbide mononitrate er (er 30 mg tab er 24h, er 60 mg tab er 24h, er 120 mg tab er 24h)</i>	TIER 1	
<i>minitran</i>	<i>minitran (0.1 patch 24hr, 0.2 patch 24hr, 0.4 patch 24hr, 0.6 patch 24hr)</i>	TIER 1	
NITRO-BID	NITRO-BID 2 % OINTMENT <i>nitroglycerin</i>	TIER 3	
NITRO-DUR	NITRO-DUR 0.8 MG/HR PATCH 24HR <i>nitroglycerin</i>	TIER 3	

BRAND NAME	DRUG DESCRIPTION (RX)	TIER	LIMITS & RESTRICTIONS
NITRO-TIME	NITRO-TIME (2.5 MG CAP ER, 6.5 MG CAP ER, 9 MG CAP ER) <i>nitroglycerin</i>	TIER 1	GA
<i>nitroglycerin</i>	<i>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)</i>	TIER 1	
<i>nitroglycerin er</i>	<i>nitroglycerin er (er 2.5 mg cap er, er 6.5 mg cap er, er 9 mg cap er)</i>	TIER 1	
NITROMIST	NITROMIST 400 MCG/SPRAY AERO SOLN <i>nitroglycerin</i>	TIER 3	
CENTRAL NERVOUS SYSTEM AGENTS			
ATTENTION DEFICIT HYPERACTIVITY DISORDER AGENTS, AMPHETAMINES			
<i>amphetamine-dextroamphet er</i>	<i>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)</i>	TIER 1	PA
<i>amphetamine-dextroamphetamine</i>	<i>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)</i>	TIER 1	
<i>dextroamphetamine sulfate</i>	<i>dextroamphetamine sulfate (5 mg tab, 5 mg/5ml solution, 10 mg tab)</i>	TIER 1	
<i>dextroamphetamine sulfate er</i>	<i>dextroamphetamine sulfate er (er 5 mg cap er 24h, er 10 mg cap er 24h, er 15 mg cap er 24h)</i>	TIER 1	PA
<i>methamphetamine hcl</i>	<i>methamphetamine hcl 5 mg tab</i>	TIER 1	
<i>procentra</i>	<i>procentra 5 mg/5ml solution</i>	TIER 1	

BRAND NAME	DRUG DESCRIPTION (RX)	TIER	LIMITS & RESTRICTIONS
VYVANSE	VYVANSE (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) <i>lisdexamfetamine dimesylate</i>	TIER 3	PA
zenzedi	zenzedi (5 mg tab, 10 mg tab)	TIER 1	
ATTENTION DEFICIT HYPERACTIVITY DISORDER AGENTS, NON-AMPHETAMINES			
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)
clonidine hcl er	clonidine hcl er 0.1 mg tab er 12h	TIER 1	
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
guanfacine hcl er	guanfacine hcl er (er 1 mg tab er 24h, er 2 mg tab er 24h, er 4 mg tab er 24h)	TIER 1	QL (1 PER DAY(S))
guanfacine hcl er	guanfacine hcl er 3 mg tab er 24h	TIER 1	QL (2 PER DAY(S))
metadate er	metadate er 20 mg tab er	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
<i>methylphenidate hcl</i>	<i>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)</i>	TIER 1	
<i>methylphenidate hcl er (cd)</i>	<i>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)</i>	TIER 1	PA
<i>methylphenidate hcl er</i>	<i>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)</i>	TIER 1	PA
<i>methylphenidate hcl er (la)</i>	<i>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)</i>	TIER 1	PA
<i>methylphenidate hcl er (osm)</i>	<i>methylphenidate hcl er (osm) (er 18 mg tab er, er 27 mg tab er, er 36 mg tab er, er 54 mg tab er)</i>	TIER 1	PA
QUILLIVANT XR	QUILLIVANT XR 25 MG/5ML SRER <i>methylphenidate hcl</i>	TIER 3	PA
CENTRAL NERVOUS SYSTEM, OTHER			
AMVUTTRA	AMVUTTRA 25 MG/0.5ML SOLN PRSYR <i>vutrisiran sodium</i>	SP-M	PA
AUSTEDO	AUSTEDO (6 MG TAB, 9 MG TAB, 12 MG TAB) <i>deutetrabenazine</i>	SP-P	
<i>bac</i>	<i>bac 50-325-40 mg tab</i>	TIER 1	
<i>butalbital-acetaminophen</i>	<i>butalbital-acetaminophen 50-325 mg tab</i>	TIER 1	
<i>butalbital-apap</i>	<i>butalbital-apap 50-325 mg tab</i>	TIER 1	
<i>butalbital-apap-caffeine</i>	<i>butalbital-apap-caffeine (50-300-40 mg cap, 50-325-40 mg cap, 50-325-40 mg tab)</i>	TIER 1	

BRAND NAME	DRUG DESCRIPTION (RX)	TIER	LIMITS & RESTRICTIONS
<i>esgic</i>	<i>esgic 50-325-40 mg cap</i>	TIER 1	
EVRYSDI	EVRYSDI 0.75 MG/ML RECON SOLN <i>risdiplam</i>	SP-P	PA, QL (120 PER 24 DAY(S))
INGREZZA	INGREZZA (40 MG CAP, 80 MG CAP) <i>valbenazine tosylate</i>	SP-P	PA, QL (30 PER 30 DAY(S))
INGREZZA	INGREZZA 40 & 80 MG CAP THPK <i>valbenazine tosylate</i>	SP-P	PA, QL (1 PER 28 DAY(S))
INGREZZA	INGREZZA 60 MG CAP <i>valbenazine tosylate</i>	SP-P	PA, QL (30 PER 30 DAY(S))
ONPATTRO	ONPATTRO 10 MG/5ML SOLUTION <i>patisiran sodium</i>	SP-M	PA
<i>phrenilin forte</i>	<i>phrenilin forte 50-300-40 mg cap</i>	TIER 1	
RADICAVA	RADICAVA 30 MG/100ML SOLUTION <i>edaravone</i>	SP-M	PA
RADICAVA ORS	RADICAVA ORS 105 MG/5ML SUSPENSION <i>edaravone</i>	SP-NP	PA, QLV (Quantity Limit Varies)
RADICAVA ORS STARTER KIT	RADICAVA ORS STARTER KIT 105 MG/5ML SUSPENSION <i>edaravone</i>	SP-NP	PA, QLV (Quantity Limit Varies)
RELYVRIO	RELYVRIO 3-1 GM PACKET <i>sodium phenylbutyrate- taurursodiol</i>	P&T	QL (2 PER 1 DAY(S))
<i>riluzole</i>	<i>riluzole 50 mg tab</i>	TIER 1	
TEGSEDI	TEGSEDI 284 MG/1.5ML SOLN PRSYR <i>inotersen sodium</i>	SP-P	PA, QL (4 PER 28 DAY(S))
TENCON	TENCON 50-325 MG TAB <i>butalbital-acetaminophen</i>	TIER 1	GA
<i>tetrabenazine</i>	<i>tetrabenazine 12.5 mg tab</i>	SBG	QL (240 PER 30 DAYS)
<i>tetrabenazine</i>	<i>tetrabenazine 25 mg tab</i>	SBG	QL (120 PER 30 DAYS)
<i>zebutal</i>	<i>zebutal 50-325-40 mg cap</i>	TIER 1	

BRAND NAME	DRUG DESCRIPTION (RX)	TIER	LIMITS & RESTRICTIONS
FIBROMYALGIA AGENTS			
<i>duloxetine hcl</i>	<i>duloxetine hcl (20 mg cp dr part, 30 mg cp dr part, 40 mg cp dr part, 60 mg cp dr part)</i>	TIER 1	
<i>pregabalin</i>	<i>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)</i>	TIER 1	
<i>pregabalin</i>	<i>pregabalin 20 mg/ml solution</i>	TIER 1	PA, QL (900 PER 30 DAY(S))
SAVELLA	SAVELLA (12.5 MG TAB, 25 MG TAB, 50 MG TAB, 100 MG TAB) <i>milnacipran hcl</i>	TIER 3	QL (60 PER 30 DAY(S))
SAVELLA TITRATION PACK	SAVELLA TITRATION PACK 12.5 & 25 & 50 MG MISC <i>milnacipran hcl</i>	TIER 3	QL (1 PER LIFETIME)
MULTIPLE SCLEROSIS AGENTS			
AUBAGIO	AUBAGIO (7 MG TAB, 14 MG TAB) <i>teriflunomide</i>	SP-P	PA, QL (30 PER 30 DAYS)
AVONEX	AVONEX 30 MCG KIT <i>interferon beta-1a</i>	SP-NP	PA, QL (4 PER 28 DAYS)
AVONEX PEN	AVONEX PEN 30 MCG/0.5ML AUT-IJ KIT <i>interferon beta-1a</i>	SP-NP	PA, QL (4 PER 28 DAYS)
AVONEX PREFILLED	AVONEX PREFILLED 30 MCG/0.5ML PREF SY KT <i>interferon beta-1a</i>	SP-NP	PA, QL (4 PER 28 DAYS)
BAFIERTAM	BAFIERTAM 95 MG CAP DR <i>monomethyl fumarate</i>	SP-NP	QL (4 PER DAY(S)), MN-PA (Medically Necessary Prior Authorization)
BETASERON	BETASERON 0.3 MG KIT <i>interferon beta-1b</i>	SP-P	PA, QL (15 PER 30 DAYS)
COPAXONE	COPAXONE 20 MG/ML SOLN PRSYR <i>glatiramer acetate</i>	SP-P	PA, QL (30 PER 30 DAY(S)), GA
COPAXONE	COPAXONE 40 MG/ML SOLN PRSYR <i>glatiramer acetate</i>	SP-P	PA, QL (12 PER 28 DAYS), GA
<i>dalfampridine er</i>	<i>dalfampridine er 10 mg tab er 12h</i>	SBG	QL (60 PER 30 DAYS)

BRAND NAME	DRUG DESCRIPTION (RX)	TIER	LIMITS & RESTRICTIONS
<i>dimethyl fumarate</i>	<i>dimethyl fumarate (120 mg cap dr, 240 mg cap dr)</i>	SBG	PA, QL (60 PER 30 DAYS)
<i>dimethyl fumarate starter pack</i>	<i>dimethyl fumarate starter pack 120 & 240 mg misc</i>	SBG	PA, QL (1 PER FILL)
EXTAVIA	EXTAVIA 0.3 MG KIT <i>interferon beta-1b</i>	SP-NP	QL (15 PER 30 DAYS), MN-PA (Medically Necessary Prior Authorization)
<i>fingolimod hcl</i>	<i>fingolimod hcl 0.5 mg cap</i>	SBG	PA, QL (30 PER 30 DAYS)
GILENYA	GILENYA 0.25 MG CAP <i>fingolimod hcl</i>	SP-P	PA, QL (30 PER 30 DAY(S))
GILENYA	GILENYA 0.5 MG CAP <i>fingolimod hcl</i>	SP-NP	PA, QL (30 PER 30 DAYS), GA
<i>glatiramer acetate</i>	<i>glatiramer acetate 20 mg/ml soln prsyr</i>	SBG	PA, QL (30 PER 30 DAY(S))
<i>glatiramer acetate</i>	<i>glatiramer acetate 40 mg/ml soln prsyr</i>	SBG	PA, QL (12 PER 28 DAYS)
<i>glatopa</i>	<i>glatopa 20 mg/ml soln prsyr</i>	SBG	PA, QL (30 PER 30 DAY(S))
<i>glatopa</i>	<i>glatopa 40 mg/ml soln prsyr</i>	SBG	PA, QL (12 PER 28 DAYS)
KESIMPTA	KESIMPTA 20 MG/0.4ML SOLN A-INJ <i>ofatumumab (ms)</i>	SP-NP	PA, QL (1 PER 28 DAY(S))
LEMTRADA	LEMTRADA 12 MG/1.2ML SOLUTION <i>alemtuzumab (ms)</i>	SP-M	MN-PA (Medically Necessary Prior Authorization)
MAVENCLAD (10 TABS)	MAVENCLAD (10 TABS) 10 MG TAB THPK <i>cladribine (multiple sclerosis)</i>	SP-P	PA, QL (20 PER 9 MONTH(S))
MAVENCLAD (4 TABS)	MAVENCLAD (4 TABS) 10 MG TAB THPK <i>cladribine (multiple sclerosis)</i>	SP-P	PA, QL (20 PER 9 MONTH(S))
MAVENCLAD (5 TABS)	MAVENCLAD (5 TABS) 10 MG TAB THPK <i>cladribine (multiple sclerosis)</i>	SP-P	PA, QL (20 PER 9 MONTH(S))
MAVENCLAD (6 TABS)	MAVENCLAD (6 TABS) 10 MG TAB THPK <i>cladribine (multiple sclerosis)</i>	SP-P	PA, QL (20 PER 9 MONTH(S))
MAVENCLAD (7 TABS)	MAVENCLAD (7 TABS) 10 MG TAB THPK <i>cladribine (multiple sclerosis)</i>	SP-P	PA, QL (20 PER 9 MONTH(S))

BRAND NAME	DRUG DESCRIPTION (RX)	TIER	LIMITS & RESTRICTIONS
MAVENCLAD (8 TABS)	MAVENCLAD (8 TABS) 10 MG TAB THPK <i>cladribine (multiple sclerosis)</i>	SP-P	PA, QL (20 PER 9 MONTH(S))
MAVENCLAD (9 TABS)	MAVENCLAD (9 TABS) 10 MG TAB THPK <i>cladribine (multiple sclerosis)</i>	SP-P	PA, QL (20 PER 9 MONTH(S))
MAYZENT	MAYZENT 0.25 MG TAB <i>siponimod fumarate</i>	SP-P	PA, QL (112 PER 28 DAY(S))
MAYZENT	MAYZENT 1 MG TAB <i>siponimod fumarate</i>	SP-P	PA, QL (1 PER 1 DAY(S))
MAYZENT	MAYZENT 2 MG TAB <i>siponimod fumarate</i>	SP-P	PA, QL (30 PER 30 DAY(S))
MAYZENT STARTER PACK	MAYZENT STARTER PACK 0.25 MG TAB THPK <i>siponimod fumarate</i>	SP-P	PA, QL (7 PER 4 DAY(S))
MAYZENT STARTER PACK	MAYZENT STARTER PACK 12 X 0.25 MG TAB THPK <i>siponimod fumarate</i>	SP-P	PA, QL (12 PER 5 DAY(S))
OCREVUS	OCREVUS 300 MG/10ML SOLUTION <i>ocrelizumab</i>	SP-M	MN-PA (Medically Necessary Prior Authorization)
PLEGRIDY	PLEGRIDY (125 SOLN PEN, 125 SOLN PRSYR) <i>peginterferon beta-1a</i>	SP-NP	PA, QL (2 PER 28 DAYS)
PLEGRIDY	PLEGRIDY 125 MCG/0.5ML SOLN PRSYR <i>peginterferon beta-1a</i>	SP-NP	PA, QL (2 PER 28 DAY(S))
PLEGRIDY STARTER PACK	PLEGRIDY STARTER PACK (PACK 63 94 SOLN PEN, PACK 63 94 SOLN PRSYR) <i>peginterferon beta-1a</i>	SP-NP	PA, QL (1 PER 28 DAYS)
PONVORY	PONVORY 20 MG TAB <i>ponesimod</i>	SP-P	PA, QL (1 PER 1 DAY(S))
PONVORY STARTER PACK	PONVORY STARTER PACK 2,3,4,5,6,7,8,9 & 10 MG TAB THPK <i>ponesimod</i>	SP-P	PA, QL (1 PER 14 DAY(S))
REBIF	REBIF (22 SOLN PRSYR, 44 SOLN PRSYR) <i>interferon beta-1a</i>	SP-P	PA, QL (12 PER 28 DAYS)

BRAND NAME	DRUG DESCRIPTION (RX)	TIER	LIMITS & RESTRICTIONS
REBIF REBIDOSE	REBIF REBIDOSE (22 SOLN A-INJ, 44 SOLN A-INJ) <i>interferon beta-1a</i>	SP-P	PA, QL (12 PER 28 DAYS)
REBIF REBIDOSE TITRATION PACK	REBIF REBIDOSE TITRATION PACK 6X8.8 & 6X22 MCG SOLN A-INJ <i>interferon beta-1a</i>	SP-P	PA, QL (12 PER 28 DAYS)
REBIF TITRATION PACK	REBIF TITRATION PACK 6X8.8 & 6X22 MCG SOLN PRSYR <i>interferon beta-1a</i>	SP-P	PA, QL (12 PER 28 DAYS)
TYSABRI	TYSABRI 300 MG/15ML CONC <i>natalizumab</i>	SP-M	PA, QL (1 PER 28 DAYS)
VUMERITY (STARTER)	VUMERITY (STARTER) 231 MG CAP DR <i>diroximel fumarate</i>	SP-P	PA, QL (106 PER 30 DAY(S))
VUMERITY	VUMERITY 231 MG CAP DR <i>diroximel fumarate</i>	SP-P	PA, QL (120 PER 30 DAY(S))
ZEPOSIA	ZEPOSIA 0.92 MG CAP <i>ozanimod hcl</i>	SP-NP	QL (30 PER 30 DAY(S)), MN-PA (Medically Necessary Prior Authorization)
ZEPOSIA 7-DAY STARTER PACK	ZEPOSIA 7-DAY STARTER PACK 4 X 0.23MG & 3 X 0.46MG CAP THPK <i>ozanimod hcl</i>	SP-NP	QL (1 PER LIFETIME), MN-PA (Medically Necessary Prior Authorization)
ZEPOSIA STARTER KIT	ZEPOSIA STARTER KIT 0.23MG & 0.46MG & 0.92MG CAP THPK <i>ozanimod hcl</i>	SP-NP	QL (1 PER LIFETIME), MN-PA (Medically Necessary Prior Authorization)
DENTAL AND ORAL AGENTS			
<i>cevimeline hcl</i>	<i>cevimeline hcl 30 mg cap</i>	TIER 1	
<i>chlorhexidine gluconate</i>	<i>chlorhexidine gluconate 0.12 % solution</i>	TIER 1	
DEBACTEROL	DEBACTEROL 30-50 % SOLUTION <i>sulfuric acid-sulfonated phenolics</i>	TIER 3	
KEPIVANCE	KEPIVANCE 6.25 MG RECON SOLN <i>palifermin</i>	SP-M	
<i>oralone</i>	<i>oralone 0.1 % paste</i>	TIER 1	

BRAND NAME	DRUG DESCRIPTION (RX)	TIER	LIMITS & RESTRICTIONS
<i>paroex</i>	<i>paroex 0.12 % solution</i>	TIER 1	
<i>periogard</i>	<i>periogard 0.12 % solution</i>	TIER 1	
<i>pilocarpine hcl</i>	<i>pilocarpine hcl (5 mg tab, 7.5 mg tab)</i>	TIER 1	
<i>triamcinolone acetonide</i>	<i>triamcinolone acetonide (0.1 % cream, 0.1 % paste)</i>	TIER 1	
DERMATOLOGICAL AGENTS			
<i>accutane</i>	<i>accutane (10 mg cap, 20 mg cap, 30 mg cap, 40 mg cap)</i>	TIER 1	
<i>acitretin</i>	<i>acitretin (10 mg cap, 17.5 mg cap, 25 mg cap)</i>	TIER 1	
<i>adapalene</i>	<i>adapalene 0.3 % gel</i>	TIER 1	PA
<i>amnesteam</i>	<i>amnesteam (10 mg cap, 20 mg cap, 40 mg cap)</i>	TIER 1	
<i>avita</i>	<i>avita (0.025 % cream, 0.025 % gel)</i>	TIER 1	PA
<i>azelaic acid</i>	<i>azelaic acid 15 % gel</i>	TIER 1	
<i>calcipotriene</i>	<i>calcipotriene (0.005 % foam, 0.005 % ointment, 0.005 % solution)</i>	TIER 1	
<i>calcipotriene</i>	<i>calcipotriene 0.005 % cream</i>	TIER 1	QL (120 PER 30 DAY(S))
CALCIPOTRIENE	CALCIPOTRIENE 0.005 % FOAM <i>calcipotriene</i>	TIER 3	GA
<i>calcipotriene-betameth diprop</i>	<i>calcipotriene-betameth diprop 0.005-0.064 % ointment</i>	TIER 1	QL (120 PER 30 DAY(S))
<i>calcipotriene-betameth diprop</i>	<i>calcipotriene-betameth diprop 0.005-0.064 % suspension</i>	TIER 1	
<i>calcitrene</i>	<i>calcitrene 0.005 % ointment</i>	TIER 1	
<i>calcitriol</i>	<i>calcitriol 3 mcg/gm ointment</i>	TIER 1	
CIBINQO	CIBINQO (50 MG TAB, 100 MG TAB, 200 MG TAB) <i>abrocitinib</i>	SP-NP	QL (1 PER 1 DAY(S)), MN-PA (Medically Necessary Prior Authorization)
<i>claravis</i>	<i>claravis (10 mg cap, 20 mg cap, 30 mg cap, 40 mg cap)</i>	TIER 1	
<i>clindamycin phos-benzoyl perox</i>	<i>clindamycin phos-benzoyl perox (1-5 % gel, 1.2-2.5 % gel, 1.2-5 % gel)</i>	TIER 1	PA
<i>clindamycin-tretinoin</i>	<i>clindamycin-tretinoin 1.2-0.025 % gel</i>	TIER 1	PA

BRAND NAME	DRUG DESCRIPTION (RX)	TIER	LIMITS & RESTRICTIONS
<i>clotrimazole- betamethasone</i>	<i>clotrimazole- betamethasone (% cream, % lotion)</i>	TIER 1	
COSENTYX (300 MG DOSE)	COSENTYX (300 MG DOSE) 150 MG/ML SOLN PRSYR <i>secukinumab</i>	SP-P	PA, QL (2 PER 28 DAYS)
COSENTYX	COSENTYX 75 MG/0.5ML SOLN PRSYR <i>secukinumab</i>	SP-P	PA, QL (1 PER 28 DAY(S))
COSENTYX SENSOREADY (300 MG)	COSENTYX SENSOREADY (300 MG) 150 MG/ML SOLN A-INJ <i>secukinumab</i>	SP-P	PA, QL (2 PER 28 DAYS)
<i>dapsone</i>	<i>dapsone (5 % gel, 7.5 % gel)</i>	TIER 1	PA
DUPIXENT	DUPIXENT (100 MG/0.67ML SOLN PRSYR, 200 MG/1.14ML SOLN PEN, 200 MG/1.14ML SOLN PRSYR, 300 MG/2ML SOLN PEN, 300 MG/2ML SOLN PRSYR) <i>dupilumab</i>	SP-P	PA, QL (2 PER 28 DAY(S))
DUROLANE	DUROLANE 60 MG/3ML PRSYR <i>sodium hyaluronate (viscosupplement)</i>	SP-M	MN-PA (Medically Necessary Prior Authorization)
EUCRISA	EUCRISA 2 % OINTMENT <i>crisaborole</i>	TIER 3	PA
FINACEA	FINACEA 15 % FOAM <i>azelaic acid</i>	TIER 3	PA
FLUOROPLEX	FLUOROPLEX 1 % CREAM <i>fluorouracil (topical)</i>	TIER 3	PA
<i>fluorouracil</i>	<i>fluorouracil 0.5 % cream</i>	TIER 1	PA
<i>fluorouracil</i>	<i>fluorouracil 5 % cream</i>	TIER 1	
<i>hydrocort-pramoxine (perianal)</i>	<i>hydrocort-pramoxine (perianal) 2.5-1 % cream</i>	TIER 1	
<i>hydrocortisone ace-pramoxine</i>	<i>hydrocortisone ace-pramoxine 1-1 % cream</i>	TIER 1	
ILUMYA	ILUMYA 100 MG/ML SOLN PRSYR <i>tildrakizumab-asmn</i>	SP-M	QL (2 PER 28 DAY(S)), MN-PA (Medically Necessary Prior Authorization)
<i>imiquimod</i>	<i>imiquimod 3.75 % cream</i>	TIER 1	PA
<i>imiquimod</i>	<i>imiquimod 5 % cream</i>	TIER 1	

BRAND NAME	DRUG DESCRIPTION (RX)	TIER	LIMITS & RESTRICTIONS
<i>imiquimod pump</i>	<i>imiquimod pump 3.75 % cream</i>	TIER 1	PA
<i>isotretinoin</i>	<i>isotretinoin (10 mg cap, 20 mg cap, 30 mg cap, 40 mg cap)</i>	TIER 1	
<i>ivermectin</i>	<i>ivermectin 1 % cream</i>	TIER 1	PA
<i>lidocaine-hydrocort (perianal)</i>	<i>lidocaine-hydrocort (perianal) 3-0.5 % cream</i>	TIER 1	
<i>lidocaine-hydrocortisone ace</i>	<i>lidocaine-hydrocortisone ace (2.8-0.55 % gel, 3-0.5 % kit, 3-1 % kit, 3-2.5 % kit)</i>	TIER 1	
<i>lidocort</i>	<i>lidocort 3-0.5 % cream</i>	TIER 1	
<i>methoxsalen rapid</i>	<i>methoxsalen rapid 10 mg cap</i>	TIER 1	
<i>metronidazole</i>	<i>metronidazole (0.75 % cream, 0.75 % gel, 0.75 % lotion, 1 % gel)</i>	TIER 1	
<i>myorisan</i>	<i>myorisan (10 mg cap, 20 mg cap, 30 mg cap, 40 mg cap)</i>	TIER 1	
<i>neuac</i>	<i>neuac 1.2-5 % gel</i>	TIER 1	PA
PICATO	PICATO (0.015 % GEL, 0.05 % GEL) <i>ingenol mebutate</i>	TIER 3	PA
<i>pimecrolimus</i>	<i>pimecrolimus 1 % cream</i>	TIER 1	QL (100 PER 30 DAY(S))
PODOCON-25	PODOCON-25 25 % SOLUTION <i>podophyllum resin</i>	TIER 1	
<i>podofilox</i>	<i>podofilox 0.5 % solution</i>	TIER 1	
PROCORT	PROCORT 1.85-1.15 % CREAM <i>hydrocortisone acetate w/ pramoxine</i>	TIER 3	
PROCTOFOAM HC	PROCTOFOAM HC 1-1 % FOAM <i>hydrocortisone acetate w/ pramoxine</i>	TIER 3	
REGRANEX	REGRANEX 0.01 % GEL <i>becaplermin</i>	TIER 3	
<i>rosadan</i>	<i>rosadan (0.75 % cream, 0.75 % gel)</i>	TIER 1	
SANTYL	SANTYL 250 UNIT/GM OINTMENT <i>collagenase</i>	TIER 3	

BRAND NAME	DRUG DESCRIPTION (RX)	TIER	LIMITS & RESTRICTIONS
SCENESSE	SCENESSE 16 MG IMPLANT <i>afamelanotide acetate</i>	SP-M	PA
<i>selenium sulfide</i>	<i>selenium sulfide 2.5 % lotion</i>	TIER 1	
SILIQ	SILIQ 210 MG/1.5ML SOLN PRSYR <i>brodalumab</i>	SP-NP	QL (2 PER 28 DAY(S)), MN-PA (Medically Necessary Prior Authorization)
SKYRIZI (150 MG DOSE)	SKYRIZI (150 MG DOSE) 75 MG/0.83ML PREF SY KT <i>risankizumab-rzaa</i>	SP-P	PA, QL (2 PER 84 DAY(S))
SKYRIZI	SKYRIZI 150 MG/ML SOLN PRSYR <i>risankizumab-rzaa</i>	SP-P	PA, QL (1 PER 84 DAY(S))
SKYRIZI	SKYRIZI 360 MG/2.4ML SOLN CART <i>risankizumab-rzaa (crohn's)</i>	SP-P	PA, QL (1 PER 56 DAY(S))
SKYRIZI	SKYRIZI 600 MG/10ML SOLUTION <i>risankizumab-rzaa (crohn's)</i>	SP-M	PA, QL (3 PER 56 DAY(S))
SKYRIZI PEN	SKYRIZI PEN 150 MG/ML SOLN A-INJ <i>risankizumab-rzaa</i>	SP-P	PA, QL (1 PER 84 DAY(S))
SORILUX	SORILUX 0.005 % FOAM <i>calcipotriene</i>	TIER 3	GA
SPEVIGO	SPEVIGO 450 MG/7.5ML SOLUTION <i>spesolimab-sbzo</i>	P&T	
STELARA	STELARA (45 MG/0.5ML SOLN PRSYR, 45 MG/0.5ML SOLUTION, 90 MG/ML SOLN PRSYR) <i>ustekinumab</i>	SP-P	PA, QLV (Quantity Limit Varies), PA-QL (for Crohn's Disease)
STELARA	STELARA 130 MG/26ML SOLUTION <i>ustekinumab (iv)</i>	SP-M	PA, QL (4 PER FILL)
STRATAGRAFT	STRATAGRAFT SHEET <i>allogeneic keratinocytes-fibroblasts in murine collagen-dsat</i>	SP-M	
<i>tacrolimus</i>	<i>tacrolimus (0.03 % ointment, 0.1 % ointment)</i>	TIER 1	
TALTZ	TALTZ (80 MG/ML SOLN A-INJ, 80 MG/ML SOLN PRSYR) <i>ixekizumab</i>	SP-NP	QL (1 PER 28 DAY(S)), MN-PA (Medically Necessary Prior Authorization)

BRAND NAME	DRUG DESCRIPTION (RX)	TIER	LIMITS & RESTRICTIONS
<i>tazarotene</i>	<i>tazarotene (0.05 % gel, 0.1 % cream, 0.1 % gel)</i>	TIER 1	
TAZORAC	TAZORAC 0.05 % CREAM <i>tazarotene</i>	TIER 3	
TREMFYA	TREMFYA (100 MG/ML SOLN PEN, 100 MG/ML SOLN PRSYR) <i>guselkumab</i>	SP-P	PA, QL (1 PER 56 DAY(S))
<i>tretinoin</i>	<i>tretinoin (0.01 % gel, 0.025 % cream, 0.025 % gel, 0.05 % cream, 0.05 % gel, 0.1 % cream)</i>	TIER 1	PA
<i>tretinoin microsphere</i>	<i>tretinoin microsphere (0.04 % gel, 0.1 % gel)</i>	TIER 1	PA
<i>tretinoin microsphere pump</i>	<i>tretinoin microsphere pump (pump 0.04 % gel, pump 0.1 % gel)</i>	TIER 1	PA
VECTICAL	VECTICAL 3 MCG/GM OINTMENT <i>calcitriol (topical)</i>	TIER 3	GA
VEREGEN	VEREGEN 15 % OINTMENT <i>sinecatechins</i>	TIER 3	PA
XEPI	XEPI 1 % CREAM <i>ozenoxacin</i>	TIER 3	QL (1 PER 5 DAY(S))
<i>zenatane</i>	<i>zenatane (10 mg cap, 20 mg cap, 30 mg cap, 40 mg cap)</i>	TIER 1	
ZYCLARA PUMP	ZYCLARA PUMP 2.5 % CREAM <i>imiquimod</i>	TIER 3	PA
ELECTROLYTES/MINERALS/METALS/VITAMINS			
ELECTROLYTE/MINERAL REPLACEMENT			
<i>aquastat</i>	<i>aquastat 0.9 % solution</i>	TIER 1	
<i>bd posiflush</i>	<i>bd posiflush 0.9 % solution</i>	TIER 1	
<i>calcium acetate (phos binder)</i>	<i>calcium acetate (phos binder) 667 mg tab</i>	TIER 1	
<i>calcium acetate</i>	<i>calcium acetate 667 mg tab</i>	TIER 1	
CRYSVITA	CRYSVITA (10 MG/ML SOLUTION, 20 MG/ML SOLUTION, 30 MG/ML SOLUTION) <i>burosumab-twza</i>	SP-M	PA

BRAND NAME	DRUG DESCRIPTION (RX)	TIER	LIMITS & RESTRICTIONS
DOJOLVI	DOJOLVI 100 % LIQUID <i>triheptanoin</i>	SP-P	PA
EFFER-K	EFFER-K (10 EFFER TAB, 20 EFFER TAB) <i>potassium bicarbonate- citric acid</i>	TIER 3	
<i>effervescent pot chloride</i>	<i>effervescent pot chloride 25 meq effer tab</i>	TIER 1	
K-TAB	K-TAB 8 MEQ TAB ER <i>potassium chloride</i>	TIER 3	GA
<i>klor-con</i>	<i>klor-con (8 tab er, 20 packet)</i>	TIER 1	
<i>klor-con 10</i>	<i>klor-con 10 10 meq tab er</i>	TIER 1	
<i>klor-con m10</i>	<i>klor-con m10 10 meq tab er</i>	TIER 1	
<i>klor-con m15</i>	<i>klor-con m15 15 meq tab er</i>	TIER 1	
<i>klor-con m20</i>	<i>klor-con m20 20 meq tab er</i>	TIER 1	
<i>klor-con sprinkle</i>	<i>klor-con sprinkle (8 cap er, 10 cap er)</i>	TIER 1	
<i>levocarnitine</i>	<i>levocarnitine (1 gm/10ml solution, 330 mg tab)</i>	TIER 1	
<i>levocarnitine sf</i>	<i>levocarnitine sf 1 gm/10ml solution</i>	TIER 1	
LOKELMA	LOKELMA (5 GM PACKET, 10 GM PACKET) <i>sodium zirconium cyclosilicate</i>	SP-P	
<i>monoject flush syringe</i>	<i>monoject flush syringe 0.9 % solution</i>	TIER 1	
<i>monoject sodium chloride flush</i>	<i>monoject sodium chloride flush 0.9 % solution</i>	TIER 1	
<i>normal saline flush</i>	<i>normal saline flush 0.9 % solution</i>	TIER 1	
<i>phospho-trin k500</i>	<i>phospho-trin k500 500 mg tab</i>	TIER 1	
POT BICARB-POT CHLORIDE	POT BICARB-POT CHLORIDE 25 MEQ EFFER TAB <i>potassium bicarb & chloride</i>	TIER 1	GA
<i>potassium chloride</i>	<i>potassium chloride (10 % solution, 20 meq packet, 20 meq/15ml (10%) solution, 40 meq/15ml (20%) solution)</i>	TIER 1	

BRAND NAME	DRUG DESCRIPTION (RX)	TIER	LIMITS & RESTRICTIONS
<i>potassium chloride clys er</i>	<i>potassium chloride clys er (clys er 10 tab er, clys er 15 tab er, clys er 20 tab er)</i>	TIER 1	
<i>potassium chloride er</i>	<i>potassium chloride er (er 8 cap er, er 8 tab er, er 10 cap er, er 10 tab er, er 20 tab er)</i>	TIER 1	
<i>saline flush</i>	<i>saline flush 0.9 % solution</i>	TIER 1	
<i>saline flush zr</i>	<i>saline flush zr 0.9 % solution</i>	TIER 1	
SODIUM BICARBONATE	SODIUM BICARBONATE (4.2 % SOLUTION, 7.5 % SOLUTION) <i>sodium bicarbonate</i>	TIER 1	
<i>sodium chloride</i>	<i>sodium chloride (0.9 % solution, 4 meq/ml solution, 23.4 % solution)</i>	TIER 1	
<i>sodium chloride (pf)</i>	<i>sodium chloride (pf) 0.9 % solution</i>	TIER 1	
<i>sodium chloride flush</i>	<i>sodium chloride flush 0.9 % solution</i>	TIER 1	
<i>swabflush saline flush</i>	<i>swabflush saline flush 0.9 % solution</i>	TIER 1	
ELECTROLYTE/MINERAL/METAL MODIFIERS			
CHEMET	CHEMET 100 MG CAP <i>succimer</i>	TIER 2	
<i>clovique</i>	<i>clovique 250 mg cap</i>	SBG	
<i>deferasirox</i>	<i>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)</i>	SBG	
<i>deferasirox granules</i>	<i>deferasirox granules (granules 90 mg packet, granules 180 mg packet, granules 360 mg packet)</i>	SBG	
<i>deferiprone</i>	<i>deferiprone (500 mg tab, 1000 mg tab)</i>	SBG	
<i>deferoxamine mesylate</i>	<i>deferoxamine mesylate (2 gm recon soln, 500 mg recon soln)</i>	SP-M	
DESFERAL	DESFERAL 500 MG RECON SOLN <i>deferoxamine mesylate</i>	SP-M	GA

BRAND NAME	DRUG DESCRIPTION (RX)	TIER	LIMITS & RESTRICTIONS
FERRIPROX	FERRIPROX 100 MG/ML SOLUTION <i>deferiprone</i>	SP-P	
FERRIPROX TWICE-A-DAY	FERRIPROX TWICE-A-DAY 1000 MG TAB <i>deferiprone</i>	SP-P	
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) <i>tolvaptan</i>	SP-P	PA, QL (56 PER 28 DAY(S))
JYNARQUE	JYNARQUE (15 MG TAB, 30 MG TAB) <i>tolvaptan</i>	SP-P	PA, QL (60 PER 30 DAYS), GA
<i>kionex</i>	<i>kionex 15 gm/60ml suspension</i>	TIER 1	
<i>sodium polystyrene sulfonate</i>	<i>sodium polystyrene sulfonate (15 gm/60ml suspension, 30 gm/120ml suspension, 50 gm/200ml suspension, powder)</i>	TIER 1	
SPS	SPS 15 GM/60ML SUSPENSION <i>sodium polystyrene sulfonate</i>	TIER 1	GA
<i>tolvaptan</i>	<i>tolvaptan (15 mg tab, 30 mg tab)</i>	SBG	PA, QL (60 PER 30 DAYS)
<i>trientine hcl</i>	<i>trientine hcl 250 mg cap</i>	SBG	
PHOSPHATE BINDERS			
<i>calcium acetate (phos binder)</i>	<i>calcium acetate (phos binder) (667 mg cap, 667 mg tab)</i>	TIER 1	
<i>lanthanum carbonate</i>	<i>lanthanum carbonate (500 mg chew tab, 750 mg chew tab, 1000 mg chew tab)</i>	TIER 1	
<i>phospha 250 neutral</i>	<i>phospha 250 neutral 155-852-130 mg tab</i>	TIER 1	
<i>phospho-trin 250 neutral</i>	<i>phospho-trin 250 neutral 155-852-130 mg tab</i>	TIER 1	
<i>phosphorous</i>	<i>phosphorous 155-852-130 mg tab</i>	TIER 1	
<i>sevelamer carbonate</i>	<i>sevelamer carbonate (0.8 gm packet, 2.4 gm packet, 800 mg tab)</i>	TIER 1	

BRAND NAME	DRUG DESCRIPTION (RX)	TIER	LIMITS & RESTRICTIONS
<i>sevelamer hcl</i>	<i>sevelamer hcl (400 mg tab, 800 mg tab)</i>	TIER 1	
VELPHORO	VELPHORO 500 MG CHEW TAB <i>sucroferric oxyhydroxide</i>	TIER 3	
VELTASSA	VELTASSA (8.4 GM PACKET, 16.8 GM PACKET, 25.2 GM PACKET) <i>patiomer sorbitex calcium</i>	SP-P	
<i>virt-phos 250 neutral</i>	<i>virt-phos 250 neutral 155-852-130 mg tab</i>	TIER 1	
VITAMINS			
ATABEX EC	ATABEX EC 29-1 MG TAB DR <i>prenatal vit w/ docusate-iron carbonyl-folic acid</i>	TIER 2	
ATABEX OB	ATABEX OB 29-1 MG TAB <i>prenatal vit w/ fe bisglycinate chelate-folic acid</i>	TIER 2	
CO-NATAL FA	CO-NATAL FA TAB <i>prenatal vit w/ ferrous fumarate-folic acid</i>	TIER 2	
COMPLETE NATAL DHA	COMPLETE NATAL DHA 29-1-200 & 200 MG MISC <i>prenatal mv & min w/fe bisglyc-fe prot succ-fa-ca-omega 3</i>	TIER 2	
COMPLETENATE	COMPLETENATE 29-1 MG CHEW TAB <i>prenatal vit w/ ferrous fumarate-folic acid</i>	TIER 2	
CONCEPT OB	CONCEPT OB 130-92.4-1 MG CAP <i>prenatal without a vit w/ fe fum-iron polysacch complex-fa</i>	TIER 2	
<i>cyanocobalamin</i>	<i>cyanocobalamin 1000 mcg/ml solution</i>	TIER 1	
<i>dodex</i>	<i>dodex 1000 mcg/ml solution</i>	TIER 1	
<i>folic acid</i>	<i>folic acid 1 mg tab</i>	TIER 1	

BRAND NAME	DRUG DESCRIPTION (RX)	TIER	LIMITS & RESTRICTIONS
FOLIVANE-OB	FOLIVANE-OB 85-1 MG CAP <i>prenatal without a vit w/ fe fum-iron polysacch complex -fa</i>	TIER 2	
HEMENATAL OB + DHA	HEMENATAL OB + DHA 28-6-1 & 203 MG MISC <i>prenatal vit w/ fe poly cmplx-fe heme polypept-fa & omega 3</i>	TIER 2	
INATAL GT	INATAL GT TAB <i>prenatal vit w/ docusate-iron carbonyl-folic acid</i>	TIER 2	
<i>kp folic acid</i>	<i>kp folic acid 1 mg tab</i>	TIER 1	
MYNATAL	MYNATAL (90-1MG TAB, CAP) <i>prenatal vit w/ docusate-iron carbonyl-folic acid</i>	TIER 2	
MYNATAL ADVANCE	MYNATAL ADVANCE TAB <i>prenatal vit w/ docusate-iron carbonyl-folic acid</i>	TIER 2	
MYNATE 90 PLUS	MYNATE 90 PLUS TAB ER <i>prenatal vit w/ docusate-fe fumarate-folic acid</i>	TIER 2	
NATALVIT	NATALVIT TAB <i>prenatal vit w/ ferrous fumarate-folic acid</i>	TIER 2	
O-CAL PRENATAL	O-CAL PRENATAL TAB <i>prenatal vit w/ ferrous fumarate-folic acid</i>	TIER 2	
OBSTETRIX DHA	OBSTETRIX DHA 29-1 & 387 MG MISC <i>prenatal w/fe carbonyl-fa-dss-omega 3 fatty acids</i>	TIER 2	
OBSTETRIX EC	OBSTETRIX EC 29-1 MG TAB <i>prenatal vit w/ docusate-iron carbonyl-folic acid</i>	TIER 2	
PNV TABS 29-1	PNV TABS 29-1 29-1 MG TAB <i>prenatal vit w/ iron carbonyl-folic acid</i>	TIER 2	

BRAND NAME	DRUG DESCRIPTION (RX)	TIER	LIMITS & RESTRICTIONS
PR NATAL 400	PR NATAL 400 29-1-200 & 400 MG MISC <i>prenatal mv & min w/fe bisglyc-fe prot succ-fa-ca-omega 3</i>	TIER 2	
PR NATAL 400 EC	PR NATAL 400 EC 29-1-200 & 400 MG (DR) MISC <i>prenatal mv & min w/fe bisglyc-fe prot succ-fa-ca-omega 3</i>	TIER 2	
PR NATAL 430	PR NATAL 430 29-1-200 & 430 MG MISC <i>prenatal mv & min w/fe bisglyc-fe prot succ-fa-ca-omega 3</i>	TIER 2	
PR NATAL 430 EC	PR NATAL 430 EC 29-1-200 & 430 MG (DR) MISC <i>prenatal mv & min w/fe bisglyc-fe prot succ-fa-ca-omega 3</i>	TIER 2	
PRENATABS FA	PRENATABS FA 29-1 MG TAB <i>prenatal vit w/ ferrous fumarate-folic acid</i>	TIER 2	
PRENATABS RX	PRENATABS RX 29-1 MG TAB <i>prenatal vit w/ iron carbonyl-folic acid</i>	TIER 2	
PRENATAL 19	PRENATAL 19 (19CHEWTAB, 19TAB, 1929-1MGCHEWTAB, 1929-1MGTAB) <i>prenatal vit w/ docusate-fe fumarate-folic acid</i>	TIER 2	
PRENATAL PLUS IRON	PRENATAL PLUS IRON 29-1 MG TAB <i>prenatal vit w/ iron carbonyl-folic acid</i>	TIER 2	
PRENATAL-U	PRENATAL-U 106.5-1 MG CAP <i>prenatal without a vit w/ fe fumarate-folic acid</i>	TIER 2	
PRETAB	PRETAB 29-1 MG TAB <i>prenatal vit w/ ferrous fumarate-folic acid</i>	TIER 2	

BRAND NAME	DRUG DESCRIPTION (RX)	TIER	LIMITS & RESTRICTIONS
PROVIDA OB	PROVIDA OB 20-20-1.25 MG CAP <i>prenatal without a vit w/ fe fum-iron polysacch complex -fa</i>	TIER 2	
PUREFE OB PLUS	PUREFE OB PLUS 162- 115.2-1 MG CAP <i>prenatal without a vit w/ fe fum-iron polysacch complex -fa</i>	TIER 2	
SE-NATAL 19	SE-NATAL 19 (19 MG CHEW TAB, 19 MG TAB) <i>prenatal vit w/ docusate-fe fumarate-folic acid</i>	TIER 2	
TARON-BC	TARON-BC 20-1 MG & 2 X 25 MG MISC <i>prenatal without vit a w/ iron carbonyl-folic acid & vit b6</i>	TIER 2	
THRIVITE RX	THRIVITE RX 29-1 MG TAB <i>prenatal vit w/ iron carbonyl-folic acid</i>	TIER 2	
TL FOLATE	TL FOLATE 27-0.5-0.5 MG TAB <i>prenatal vit w/ ferrous fumarate-l methylfolate-folic acid</i>	TIER 2	
TRINATAL RX 1	TRINATAL RX 1 60-1 MG TAB <i>prenatal vit w/ ferrous fumarate-folic acid</i>	TIER 2	
TRINATE	TRINATE TAB <i>prenatal vit w/ ferrous fumarate-folic acid</i>	TIER 2	
TRIVEEN-DUO DHA	TRIVEEN-DUO DHA 29-1- 200 & 300 MG MISC <i>prenatal mv & min w/fe bisglyc-fe prot succ-fa-ca- omega 3</i>	TIER 2	
VIL-RX	VIL-RX 29-1 MG TAB <i>prenatal vit w/ iron carbonyl-folic acid</i>	TIER 2	
VINATE II	VINATE II 29-1 MG TAB <i>prenatal vit w/ fe bisglycinate chelate-folic acid</i>	TIER 2	

BRAND NAME	DRUG DESCRIPTION (RX)	TIER	LIMITS & RESTRICTIONS
VINATE M	VINATE M 27-1 MG TAB <i>prenatal vit w/ selenium-fe fumarate-folic acid</i>	TIER 2	
VINATE ONE	VINATE ONE 60-1 MG TAB <i>prenatal vit w/ ferrous fumarate-folic acid</i>	TIER 2	
VOL-NATE	VOL-NATE 28-1 MG TAB <i>prenatal vit w/ ferrous fumarate-folic acid</i>	TIER 2	
VOL-TAB RX	VOL-TAB RX 29-1 MG TAB <i>prenatal vit w/ iron carbonyl-folic acid</i>	TIER 2	
VP-HEME OB + DHA	VP-HEME OB + DHA 28-6- 1 & 203 MG MISC <i>prenatal vit w/ fe poly cmplx-fe heme polypept-fa & omega 3</i>	TIER 2	
GASTROINTESTINAL AGENTS			
ANTISPASMODICS, GASTROINTESTINAL			
<i>chlordiazepoxide- clidinium</i>	<i>chlordiazepoxide-clidinium 5-2.5 mg cap</i>	TIER 1	
<i>dicyclomine hcl</i>	<i>dicyclomine hcl (10 mg cap, 10 mg/5ml solution, 20 mg tab)</i>	TIER 1	
<i>ed-spaz</i>	<i>ed-spaz 0.125 mg tab disp</i>	TIER 1	
<i>glycopyrrolate</i>	<i>glycopyrrolate (1 mg tab, 2 mg tab)</i>	TIER 1	
<i>glycopyrrolate</i>	<i>glycopyrrolate 1 mg/5ml solution</i>	TIER 1	PA, QL (1350 PER 30 DAY(S))
<i>hyoscyamine sulfate</i>	<i>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)</i>	TIER 1	
<i>hyoscyamine sulfate er</i>	<i>hyoscyamine sulfate er 0.375 mg tab er 12h</i>	TIER 1	
<i>hyoscyamine sulfate sl</i>	<i>hyoscyamine sulfate sl 0.125 mg sl tab</i>	TIER 1	
<i>hyosyne</i>	<i>hyosyne (0.125 mg/5ml elixir, 0.125 mg/ml solution)</i>	TIER 1	
<i>methscopolamine bromide</i>	<i>methscopolamine bromide (2.5 mg tab, 5 mg tab)</i>	TIER 1	
<i>nulev</i>	<i>nulev 0.125 mg tab disp</i>	TIER 1	

BRAND NAME	DRUG DESCRIPTION (RX)	TIER	LIMITS & RESTRICTIONS
<i>oscimin</i>	<i>oscimin (0.125 mg sl tab, 0.125 mg tab, 0.125 mg tab disp)</i>	TIER 1	
<i>oscimin sr</i>	<i>oscimin sr 0.375 mg tab er 12h</i>	TIER 1	
PROPANTHELINE BROMIDE	PROPANTHELINE BROMIDE 15 MG TAB <i>propantheline bromide</i>	TIER 1	
<i>symax-sl</i>	<i>symax-sl 0.125 mg sl tab</i>	TIER 1	
<i>symax-sr</i>	<i>symax-sr 0.375 mg tab er 12h</i>	TIER 1	
GASTROINTESTINAL AGENTS, OTHER			
<i>alvimopan</i>	<i>alvimopan 12 mg cap</i>	TIER 1	
<i>amoxicill-clarithro-lansopraz</i>	<i>amoxicill-clarithro-lansopraz misc</i>	TIER 1	
CHENODAL	CHENODAL 250 MG TAB <i>chenodiol</i>	SP-P	
<i>cromolyn sodium</i>	<i>cromolyn sodium 100 mg/5ml conc</i>	TIER 1	
DIPHENOXYLATE-ATROPINE	DIPHENOXYLATE-ATROPINE (MG TAB, MG/5ML LIQUID) <i>diphenoxylate w/ atropine</i>	TIER 1	
GATTEX	GATTEX 5 MG KIT <i>teduglutide (rdna)</i>	SP-M	
IMCIVREE	IMCIVREE 10 MG/ML SOLUTION <i>setmelanotide acetate</i>	SP-NP	PA, QL (9 PER 30 DAY(S))
MOVANTIK	MOVANTIK (12.5 MG TAB, 25 MG TAB) <i>naloxegol oxalate</i>	TIER 2	PA
<i>opium</i>	<i>opium 10 mg/ml (1%) tincture</i>	TIER 1	
PAREGORIC	PAREGORIC 2 MG/5ML TINCTURE <i>paregoric</i>	TIER 1	
RELISTOR	RELISTOR (8 MG/0.4ML SOLUTION, 12 MG/0.6ML SOLUTION) <i>methylnaltrexone bromide</i>	TIER 3	QL (30 PER 30 DAYS), MN-PA (Medically Necessary Prior Authorization)
RELISTOR	RELISTOR 150 MG TAB <i>methylnaltrexone bromide</i>	TIER 3	MN-PA (Medically Necessary Prior Authorization)
<i>ursodiol</i>	<i>ursodiol (250 mg tab, 300 mg cap, 500 mg tab)</i>	TIER 1	

BRAND NAME	DRUG DESCRIPTION (RX)	TIER	LIMITS & RESTRICTIONS
HISTAMINE2 (H2) RECEPTOR ANTAGONISTS			
<i>cimetidine</i>	<i>cimetidine (300 mg tab, 400 mg tab, 800 mg tab)</i>	TIER 1	
<i>cimetidine hcl</i>	<i>cimetidine hcl (300 mg/5ml solution, 400 mg/6.67ml solution)</i>	TIER 1	
<i>famotidine</i>	<i>famotidine (40 mg tab, 40 mg/5ml recon susp)</i>	TIER 1	
<i>nizatidine</i>	<i>nizatidine (15 mg/ml solution, 150 mg cap, 300 mg cap)</i>	TIER 1	
<i>ranitidine hcl</i>	<i>ranitidine hcl (15 mg/ml syrup, 75 mg/5ml syrup, 150 mg cap, 150 mg/10ml syrup, 300 mg cap, 300 mg tab)</i>	TIER 1	
IRRITABLE BOWEL SYNDROME AGENTS			
<i>alosetron hcl</i>	<i>alosetron hcl (0.5 mg tab, 1 mg tab)</i>	TIER 1	
LINZESS	LINZESS (72 MCG CAP, 145 MCG CAP, 290 MCG CAP) <i>linaclotide</i>	TIER 2	
<i>lubiprostone</i>	<i>lubiprostone (8 mcg cap, 24 mcg cap)</i>	TIER 1	
TRULANCE	TRULANCE 3 MG TAB <i>plecanatide</i>	TIER 3	
VIBERZI	VIBERZI (75 MG TAB, 100 MG TAB) <i>eluxadoline</i>	TIER 3	
LAXATIVES			
CASCARA SAGRADA	CASCARA SAGRADA 1 GM/ML FL EXTRACT <i>cascara sagrada</i>	TIER 2	
CLENPIQ	CLENPIQ 10-3.5-12 MG-GM -GM/160ML SOLUTION <i>sodium picosulfate-magnesium oxide-anhydrous citric acid</i>	TIER 3	
<i>constulose</i>	<i>constulose 10 gm/15ml solution</i>	TIER 1	
<i>enulose</i>	<i>enulose 10 gm/15ml solution</i>	TIER 1	

BRAND NAME	DRUG DESCRIPTION (RX)	TIER	LIMITS & RESTRICTIONS
GAVILYTE-C	GAVILYTE-C 240 GM RECON SOLN <i>peg 3350-kcl-sod bicarb- sod chloride-sod sulfate</i>	TIER 1	GA
<i>gavilyte-g</i>	<i>gavilyte-g 236 gm recon soln</i>	TIER 1	
<i>gavilyte-n with flavor pack</i>	<i>gavilyte-n with flavor pack 420 gm recon soln</i>	TIER 1	
<i>generlac</i>	<i>generlac 10 gm/15ml solution</i>	TIER 1	
GOLYTELY	GOLYTELY 227.1 GM RECON SOLN <i>peg 3350-kcl-sod bicarb- sod chloride-sod sulfate</i>	TIER 3	
<i>lactulose</i>	<i>lactulose (10 gm/15ml solution, 20 gm/30ml solution)</i>	TIER 1	
<i>lactulose encephalopathy</i>	<i>lactulose encephalopathy 10 gm/15ml solution</i>	TIER 1	
<i>na sulfate-k sulfate- mg sulf</i>	<i>na sulfate-k sulfate-mg sulf 17.5-3.13-1.6 gm/177ml solution</i>	TIER 1	
OSMOPREP	OSMOPREP 1.102-0.398 GM TAB <i>sodium phosphate monobasic-sodium phosphate dibasic</i>	TIER 2	
<i>peg 3350-kcl-na bicarb-nacl</i>	<i>peg 3350-kcl-na bicarb-nacl 420 gm recon soln</i>	TIER 1	
<i>peg 3350/electrolytes</i>	<i>peg 3350/electrolytes 240 gm recon soln</i>	TIER 1	
<i>peg-3350/electrolytes</i>	<i>peg-3350/electrolytes 236 gm recon soln</i>	TIER 1	
<i>peg- 3350/electrolytes/asc orbat</i>	<i>peg- 3350/electrolytes/ascorbat 100 gm recon soln</i>	TIER 1	
<i>peg-kcl-nacl-nasulf-na asc-c</i>	<i>peg-kcl-nacl-nasulf-na asc- c 100 gm recon soln</i>	TIER 1	
PLENVU	PLENVU 140 GM RECON SOLN <i>peg 3350-kcl-nacl-na sulfate-na ascorbate- ascorbic acid</i>	TIER 3	

BRAND NAME	DRUG DESCRIPTION (RX)	TIER	LIMITS & RESTRICTIONS
PREPOPIK	PREPOPIK 10-3.5-12 MG-GM-GM PACKET <i>sodium picosulfate-magnesium oxide-anhydrous citric acid</i>	TIER 3	
SUPREP BOWEL PREP KIT	SUPREP BOWEL PREP KIT 17.5-3.13-1.6 GM/177ML SOLUTION <i>sodium sulfate-potassium sulfate-magnesium sulfate</i>	TIER 2	GA
SUTAB	SUTAB 1479-225-188 MG TAB <i>sodium sulfate-magnesium sulfate-potassium chloride</i>	TIER 3	
<i>trilyte</i>	<i>trilyte 420 gm recon soln</i>	TIER 1	
PROTECTANTS			
<i>misoprostol</i>	<i>misoprostol (100 mcg tab, 200 mcg tab)</i>	TIER 1	
<i>sucralfate</i>	<i>sucralfate (1 gm tab, 1 gm/10ml suspension)</i>	TIER 1	
PROTON PUMP INHIBITORS			
ACIPHEX SPRINKLE	ACIPHEX SPRINKLE (5 MG CAP SPRINK, 10 MG CAP SPRINK) <i>rabeprazole sodium</i>	TIER 3	PA, QL (30 PER 30 DAYS), PA-QL (60 / 30 days)
<i>dexlansoprazole</i>	<i>dexlansoprazole (30 mg cap dr, 60 mg cap dr)</i>	TIER 1	PA, QL (30 PER 30 DAYS), PA-QL (60 / 30 days)
<i>esomeprazole magnesium</i>	<i>esomeprazole magnesium (10 mg packet, 20 mg packet, 40 mg cap dr, 40 mg packet)</i>	TIER 1	PA, QL (60 PER 30 DAYS), PA-QL (90 / 30 days)
ESOMEPRAZOLE STRONTIUM	ESOMEPRAZOLE STRONTIUM 49.3 MG CAP DR <i>esomeprazole strontium</i>	TIER 3	PA, QL (60 PER 30 DAYS), PA-QL (90 / 30 days)
<i>lansoprazole</i>	<i>lansoprazole 30 mg cap dr</i>	TIER 1	QL (60 PER 30 DAYS), PA-QL (90 / 30 days)
<i>lansoprazole</i>	<i>lansoprazole 30 mg tab dr disp</i>	TIER 1	PA, QL (60 PER 30 DAYS), PA-QL (90 / 30 days)
<i>omeppi</i>	<i>omeppi 40-1100 mg cap</i>	TIER 3	QL (30 PER 30 DAY(S))
<i>omeprazole</i>	<i>omeprazole (10 mg cap dr, 40 mg cap dr)</i>	TIER 1	QL (60 PER 30 DAYS), PA-QL (90 / 30 days)
<i>omeprazole-sodium bicarbonate</i>	<i>omeprazole-sodium bicarbonate 40-1100 mg cap</i>	TIER 3	QL (30 PER 30 DAY(S))

BRAND NAME	DRUG DESCRIPTION (RX)	TIER	LIMITS & RESTRICTIONS
<i>pantoprazole sodium</i>	<i>pantoprazole sodium (20 mg tab dr, 40 mg tab dr)</i>	TIER 1	QL (60 PER 30 DAYS), PA-QL (90 / 30 days)
<i>pantoprazole sodium</i>	<i>pantoprazole sodium 40 mg packet</i>	TIER 1	PA, QL (60 PER 30 DAYS), PA-QL (90 / 30 days)
PRILOSEC	PRILOSEC (2.5 MG PACKET, 10 MG PACKET) <i>omeprazole magnesium</i>	TIER 3	PA, QL (60 PER 30 DAYS), PA-QL (90 / 30 days)
RABEPRAZOLE SODIUM	RABEPRAZOLE SODIUM 10 MG CAP SPRINK <i>rabeprazole sodium</i>	TIER 3	PA, QL (30 PER 30 DAYS), PA-QL (60 / 30 days)
<i>rabeprazole sodium</i>	<i>rabeprazole sodium 20 mg tab dr</i>	TIER 1	PA, QL (60 PER 30 DAYS), PA-QL (90 / 30 days)
GENETIC OR ENZYME DISORDER: REPLACEMENT, MODIFIERS, TREATMENT			
ADAGEN	ADAGEN 250 UNIT/ML SOLUTION <i>pegademase bovine</i>	SP-M	
ALDURAZYME	ALDURAZYME 2.9 MG/5ML SOLUTION <i>laronidase</i>	SP-M	PA
AMONDYS 45	AMONDYS 45 100 MG/2ML SOLUTION <i>casimersen</i>	SP-M	
ARALAST NP	ARALAST NP (500 MG RECON SOLN, 1000 MG RECON SOLN) <i>alpha1-proteinase inhibitor (human)</i>	SP-M	MN-PA (Medically Necessary Prior Authorization)
<i>betaine</i>	<i>betaine powder</i>	SBG	
BRINEURA	BRINEURA 2 X 150 MG/5ML KIT <i>cerliponase alfa</i>	SP-M	PA
BYLVAY (PELLETS)	BYLVAY (PELLETS) 200 MCG CAP SPRINK <i>odevixibat</i>	SP-NP	PA, QL (2 PER DAY(S))
BYLVAY (PELLETS)	BYLVAY (PELLETS) 600 MCG CAP SPRINK <i>odevixibat</i>	SP-NP	PA, QL (4 PER DAY(S))
BYLVAY	BYLVAY 1200 MCG CAP <i>odevixibat</i>	SP-NP	PA, QL (5 PER DAY(S))
BYLVAY	BYLVAY 400 MCG CAP <i>odevixibat</i>	SP-NP	PA, QL (2 PER DAY(S))
<i>carglumic acid</i>	<i>carglumic acid 200 mg tab sol</i>	SBG	

BRAND NAME	DRUG DESCRIPTION (RX)	TIER	LIMITS & RESTRICTIONS
CERDELGA	CERDELGA 84 MG CAP <i>eliglustat tartrate</i>	SP-P	PA
CEREZYME	CEREZYME 400 UNIT RECON SOLN <i>imiglucerase</i>	SP-M	MN-PA (Medically Necessary Prior Authorization)
CREON	CREON (3000-9500 CP DR PART, 6000 CP DR PART, 12000 CP DR PART, 24000-76000 CP DR PART, 36000 CP DR PART) <i>pancrelipase (lipase- protease-amylase)</i>	TIER 2	
CYSTAGON	CYSTAGON (50 MG CAP, 150 MG CAP) <i>cysteamine bitartrate</i>	TIER 2	
ELAPRASE	ELAPRASE 6 MG/3ML SOLUTION <i>idursulfase</i>	SP-M	PA
ELELYSO	ELELYSO 200 UNIT RECON SOLN <i>taliglucerase alfa</i>	SP-M	PA
FABRAZYME	FABRAZYME (5 MG RECON SOLN, 35 MG RECON SOLN) <i>agalsidase beta</i>	SP-M	PA
GALAFOLD	GALAFOLD 123 MG CAP <i>migalastat hcl</i>	SP-P	PA, QL (14 PER 28 DAY(S))
GIVLAARI	GIVLAARI 189 MG/ML SOLUTION <i>givosiran sodium</i>	SP-M	PA
GLASSIA	GLASSIA 1000 MG/50ML SOLUTION <i>alpha1-proteinase inhibitor (human)</i>	SP-M	MN-PA (Medically Necessary Prior Authorization)
<i>javygtor</i>	<i>javygtor (100 mg packet, 100 mg tab, 500 mg packet)</i>	SBG	
KANUMA	KANUMA 20 MG/10ML SOLUTION <i>sebelipase alfa</i>	SP-M	PA
LIVMARLI	LIVMARLI 9.5 MG/ML SOLUTION <i>maralixibat chloride</i>	SP-NP	PA, QL (90 PER 30 DAY(S))
LUMIZYME	LUMIZYME 50 MG RECON SOLN <i>alglucosidase alfa</i>	SP-M	PA

BRAND NAME	DRUG DESCRIPTION (RX)	TIER	LIMITS & RESTRICTIONS
LUXTURNA	LUXTURNA 5000000000000000 VG/ML SUSPENSION <i>voretigene neparvovec-rzyl</i>	SP-M	PA
MEPSEVII	MEPSEVII 10 MG/5ML SOLUTION <i>vestronidase alfa-vjbk</i>	SP-M	PA
<i>miglustat</i>	<i>miglustat 100 mg cap</i>	SBG	PA
NAGLAZYME	NAGLAZYME 1 MG/ML SOLUTION <i>galsulfase</i>	SP-M	PA
NEXVIAZYME	NEXVIAZYME 100 MG RECON SOLN <i>avalglucosidase alfa-ngpt</i>	SP-M	PA
<i>nitisinone</i>	<i>nitisinone (2 mg cap, 5 mg cap, 10 mg cap)</i>	SBG	
NULIBRY	NULIBRY 9.5 MG RECON SOLN <i>fosdenopterin hydrobromide</i>	SP-M	PA
OCALIVA	OCALIVA 10 MG TAB <i>obeticholic acid</i>	SP-P	PA, QL (60 PER 30 DAYS)
OCALIVA	OCALIVA 5 MG TAB <i>obeticholic acid</i>	SP-P	PA, QL (30 PER 30 DAYS)
ORFADIN	ORFADIN (4 MG/ML SUSPENSION, 20 MG CAP) <i>nitisinone</i>	SP-P	
OXLUMO	OXLUMO 94.5 MG/0.5ML SOLUTION <i>lumasiran sodium</i>	SP-M	PA
PALYNZIQ	PALYNZIQ (2.5 MG/0.5ML SOLN PRSYR, 10 MG/0.5ML SOLN PRSYR, 20 MG/ML SOLN PRSYR) <i>pegvaliase-pqpz</i>	SP-P	PA
PANCREAZE	PANCREAZE (2600 CP DR PART, 2600-8800 CP DR PART, 4200 CP DR PART, 10500 CP DR PART, 16800 CP DR PART, 21000 CP DR PART, 37000-97300 CP DR PART) <i>pancrelipase (lipase- protease-amylase)</i>	TIER 3	

BRAND NAME	DRUG DESCRIPTION (RX)	TIER	LIMITS & RESTRICTIONS
PERTZYE	PERTZYE (4000 CP DR PART, 8000 CP DR PART, 16000 CP DR PART, 24000-86250 CP DR PART) <i>pancrelipase (lipase-protease-amylase)</i>	TIER 3	
PHEBURANE	PHEBURANE 483 MG/GM PELLET <i>sodium phenylbutyrate</i>	P&T	
PROCYSBI	PROCYSBI (25 MG CAP DR, 75 MG CAP DR, 75 MG PACKET, 300 MG PACKET) <i>cysteamine bitartrate</i>	SP-P	
PROLASTIN-C	PROLASTIN-C (1000 MG RECON SOLN, 1000 MG/20ML SOLUTION) <i>alpha1-proteinase inhibitor (human)</i>	SP-M	PA
RAVICTI	RAVICTI 1.1 GM/ML LIQUID <i>glycerol phenylbutyrate</i>	SP-P	PA, QL (525 PER 30 DAYS)
REVCOVI	REVCOVI 2.4 MG/1.5ML SOLUTION <i>elapegademase-lvr</i>	SP-M	PA
RYPLAZIM	RYPLAZIM 68.8 MG RECON SOLN <i>plasminogen, human-tvmh</i>	SP-M	PA
<i>sapropterin dihydrochloride</i>	<i>sapropterin dihydrochloride (100 mg packet, 100 mg tab, 500 mg packet)</i>	SBG	
SKYSONA	SKYSONA SUSPENSION <i>elivaldogene autotemcel</i>	P&T	PA
<i>sodium phenylbutyrate</i>	<i>sodium phenylbutyrate (3 gm/tsp powder, 500 mg tab)</i>	SBG	
STRENSIQ	STRENSIQ (18 MG/0.45ML SOLUTION, 28 MG/0.7ML SOLUTION, 40 MG/ML SOLUTION, 80 MG/0.8ML SOLUTION) <i>asfotase alfa</i>	SP-P	PA
SUCRAID	SUCRAID 8500 UNIT/ML SOLUTION <i>sacrosidase</i>	SP-P	

BRAND NAME	DRUG DESCRIPTION (RX)	TIER	LIMITS & RESTRICTIONS
TZIELD	TZIELD 2 MG/2ML SOLUTION <i>teplizumab-mzww</i>	P&T	
VILTEPSO	VILTEPSO 250 MG/5ML SOLUTION <i>viltolarsen</i>	SP-M	
VIMIZIM	VIMIZIM 5 MG/5ML SOLUTION <i>elosulfase alfa</i>	SP-M	PA
VIOKACE	VIOKACE (10440-39150 TAB, 20880 TAB) <i>pancrelipase (lipase- protease-amylase)</i>	TIER 2	
VOXZOGO	VOXZOGO (0.4 MG RECON SOLN, 0.56 MG RECON SOLN, 1.2 MG RECON SOLN) <i>vosoritide</i>	SP-P	PA, QL (30 PER 30 DAY(S))
VPRIV	VPRIV 400 UNIT RECON SOLN <i>velaglycerase alfa</i>	SP-M	MN-PA (Medically Necessary Prior Authorization)
VYONDYS 53	VYONDYS 53 100 MG/2ML SOLUTION <i>golodirsen</i>	SP-M	
XENPOZYME	XENPOZYME 20 MG RECON SOLN <i>olipudase alfa-rpcp</i>	P&T	PA
ZEMAIRA	ZEMAIRA 1000 MG RECON SOLN <i>alpha1-proteinase inhibitor (human)</i>	SP-M	MN-PA (Medically Necessary Prior Authorization)
ZENPEP	ZENPEP (3000-10000 CP DR PART, 3000-14000 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) <i>pancrelipase (lipase- protease-amylase)</i>	TIER 2	
ZOKINVY	ZOKINVY 50 MG CAP <i>lonafarnib</i>	SP-P	PA, QL (120 PER 30 DAY(S)), QLV (Quantity Limit Varies)

BRAND NAME	DRUG DESCRIPTION (RX)	TIER	LIMITS & RESTRICTIONS
ZOKINVY	ZOKINVY 75 MG CAP <i>lonafarnib</i>	SP-P	QL (120 PER 30 DAY(S)), QLV (Quantity Limit Varies)
ZOLGENSMA 10.1-10.5 KG	ZOLGENSMA 10.1-10.5 KG 7X8.3 ML KIT <i>onasemnogene abeparvovec-xioi</i>	SP-M	PA, QL (1 PER LIFETIME)
ZOLGENSMA 10.6-11.0 KG	ZOLGENSMA 10.6-11.0 KG 2X5.5ML & 6X8.3ML KIT <i>onasemnogene abeparvovec-xioi</i>	SP-M	PA, QL (1 PER LIFETIME)
ZOLGENSMA 11.1-11.5 KG	ZOLGENSMA 11.1-11.5 KG 1X5.5ML & 7X8.3ML KIT <i>onasemnogene abeparvovec-xioi</i>	SP-M	PA, QL (1 PER LIFETIME)
ZOLGENSMA 11.6-12.0 KG	ZOLGENSMA 11.6-12.0 KG 8X8.3 ML KIT <i>onasemnogene abeparvovec-xioi</i>	SP-M	PA, QL (1 PER LIFETIME)
ZOLGENSMA 12.1-12.5 KG	ZOLGENSMA 12.1-12.5 KG 2X5.5ML & 7X8.3ML KIT <i>onasemnogene abeparvovec-xioi</i>	SP-M	PA, QL (1 PER LIFETIME)
ZOLGENSMA 12.6-13.0 KG	ZOLGENSMA 12.6-13.0 KG 1X5.5ML & 8X8.3ML KIT <i>onasemnogene abeparvovec-xioi</i>	SP-M	PA, QL (1 PER LIFETIME)
ZOLGENSMA 13.1-13.5 KG	ZOLGENSMA 13.1-13.5 KG 9X8.3 ML KIT <i>onasemnogene abeparvovec-xioi</i>	SP-M	PA, QL (1 PER LIFETIME)
ZOLGENSMA 2.6-3.0 KG	ZOLGENSMA 2.6-3.0 KG 2X8.3 ML KIT <i>onasemnogene abeparvovec-xioi</i>	SP-M	PA, QL (1 PER LIFETIME)
ZOLGENSMA 3.1-3.5 KG	ZOLGENSMA 3.1-3.5 KG 2X5.5ML & 1X8.3ML KIT <i>onasemnogene abeparvovec-xioi</i>	SP-M	PA, QL (1 PER LIFETIME)
ZOLGENSMA 3.6-4.0 KG	ZOLGENSMA 3.6-4.0 KG 1X5.5ML & 2X8.3ML KIT <i>onasemnogene abeparvovec-xioi</i>	SP-M	PA, QL (1 PER LIFETIME)

BRAND NAME	DRUG DESCRIPTION (RX)	TIER	LIMITS & RESTRICTIONS
ZOLGENSMA 4.1-4.5 KG	ZOLGENSMA 4.1-4.5 KG 3X8.3 ML KIT <i>onasemnogene</i> <i>abeparvovec-xioi</i>	SP-M	PA, QL (1 PER LIFETIME)
ZOLGENSMA 4.6-5.0 KG	ZOLGENSMA 4.6-5.0 KG 2X5.5ML & 2X8.3ML KIT <i>onasemnogene</i> <i>abeparvovec-xioi</i>	SP-M	PA, QL (1 PER LIFETIME)
ZOLGENSMA 5.1-5.5 KG	ZOLGENSMA 5.1-5.5 KG 1X5.5ML & 3X8.3ML KIT <i>onasemnogene</i> <i>abeparvovec-xioi</i>	SP-M	PA, QL (1 PER LIFETIME)
ZOLGENSMA 5.6-6.0 KG	ZOLGENSMA 5.6-6.0 KG 4X8.3 ML KIT <i>onasemnogene</i> <i>abeparvovec-xioi</i>	SP-M	PA, QL (1 PER LIFETIME)
ZOLGENSMA 6.1-6.5 KG	ZOLGENSMA 6.1-6.5 KG 2X5.5ML & 3X8.3ML KIT <i>onasemnogene</i> <i>abeparvovec-xioi</i>	SP-M	PA, QL (1 PER LIFETIME)
ZOLGENSMA 6.6-7.0 KG	ZOLGENSMA 6.6-7.0 KG 1X5.5ML & 4X8.3ML KIT <i>onasemnogene</i> <i>abeparvovec-xioi</i>	SP-M	PA, QL (1 PER LIFETIME)
ZOLGENSMA 7.1-7.5 KG	ZOLGENSMA 7.1-7.5 KG 5X8.3 ML KIT <i>onasemnogene</i> <i>abeparvovec-xioi</i>	SP-M	PA, QL (1 PER LIFETIME)
ZOLGENSMA 7.6-8.0 KG	ZOLGENSMA 7.6-8.0 KG 2X5.5ML & 4X8.3ML KIT <i>onasemnogene</i> <i>abeparvovec-xioi</i>	SP-M	PA, QL (1 PER LIFETIME)
ZOLGENSMA 8.1-8.5 KG	ZOLGENSMA 8.1-8.5 KG 1X5.5ML & 5X8.3ML KIT <i>onasemnogene</i> <i>abeparvovec-xioi</i>	SP-M	PA, QL (1 PER LIFETIME)
ZOLGENSMA 8.6-9.0 KG	ZOLGENSMA 8.6-9.0 KG 6X8.3 ML KIT <i>onasemnogene</i> <i>abeparvovec-xioi</i>	SP-M	PA, QL (1 PER LIFETIME)
ZOLGENSMA 9.1-9.5 KG	ZOLGENSMA 9.1-9.5 KG 2X5.5ML & 5X8.3ML KIT <i>onasemnogene</i> <i>abeparvovec-xioi</i>	SP-M	PA, QL (1 PER LIFETIME)

BRAND NAME	DRUG DESCRIPTION (RX)	TIER	LIMITS & RESTRICTIONS
ZOLGENSMA 9.6-10.0 KG	ZOLGENSMA 9.6-10.0 KG 1X5.5ML & 6X8.3ML KIT <i>onasemnogene abeparvovec-xioi</i>	SP-M	PA, QL (1 PER LIFETIME)
ZYNTEGLO	ZYNTEGLO SUSPENSION <i>betibeglogene autotemcel</i>	P&T	
GENITOURINARY AGENTS			
ANTISPASMODICS, URINARY			
<i>darifenacin hydrobromide er</i>	<i>darifenacin hydrobromide er (er 7.5 mg tab er 24h, er 15 mg tab er 24h)</i>	TIER 1	
<i>fesoterodine fumarate er</i>	<i>fesoterodine fumarate er (er 4 mg tab er 24h, er 8 mg tab er 24h)</i>	TIER 1	QL (30 PER 30 DAYS)
<i>flavoxate hcl</i>	<i>flavoxate hcl 100 mg tab</i>	TIER 1	
<i>oxybutynin chloride</i>	<i>oxybutynin chloride (5 mg tab, 5 mg/5ml syrup)</i>	TIER 1	
<i>oxybutynin chloride er</i>	<i>oxybutynin chloride er (er 5 mg tab er 24h, er 10 mg tab er 24h, er 15 mg tab er 24h)</i>	TIER 1	
<i>solifenacin succinate</i>	<i>solifenacin succinate (5 mg tab, 10 mg tab)</i>	TIER 1	
<i>tolterodine tartrate</i>	<i>tolterodine tartrate (1 mg tab, 2 mg tab)</i>	TIER 1	
<i>tolterodine tartrate er</i>	<i>tolterodine tartrate er (er 2 mg cap er 24h, er 4 mg cap er 24h)</i>	TIER 1	
<i>trospium chloride</i>	<i>trospium chloride 20 mg tab</i>	TIER 1	
<i>trospium chloride er</i>	<i>trospium chloride er 60 mg cap er 24h</i>	TIER 1	
BENIGN PROSTATIC HYPERTROPHY AGENTS			
<i>alfuzosin hcl er</i>	<i>alfuzosin hcl er 10 mg tab er 24h</i>	TIER 1	
<i>dutasteride</i>	<i>dutasteride 0.5 mg cap</i>	TIER 1	
<i>dutasteride- tamsulosin hcl</i>	<i>dutasteride-tamsulosin hcl 0.5-0.4 mg cap</i>	TIER 1	
<i>finasteride</i>	<i>finasteride 5 mg tab</i>	TIER 1	
<i>silodosin</i>	<i>silodosin (4 mg cap, 8 mg cap)</i>	TIER 1	QL (30 PER 30 DAYS)
<i>tadalafil</i>	<i>tadalafil (10 mg tab, 20 mg tab)</i>	TIER 1	QL (6 PER 30 DAYS)

BRAND NAME	DRUG DESCRIPTION (RX)	TIER	LIMITS & RESTRICTIONS
<i>tadalafil</i>	<i>tadalafil (2.5 mg tab, 5 mg tab)</i>	TIER 1	QL (30 PER 30 DAYS)
<i>tamsulosin hcl</i>	<i>tamsulosin hcl 0.4 mg cap</i>	TIER 1	
GENITOURINARY AGENTS, OTHER			
<i>bethanechol chloride</i>	<i>bethanechol chloride (5 mg tab, 10 mg tab, 25 mg tab, 50 mg tab)</i>	TIER 1	
CAVERJECT	CAVERJECT (20 MCG RECON SOLN, 40 MCG RECON SOLN) <i>alprostadil (vasodilator)</i>	TIER 3	QL (6 PER 30 DAYS)
CAVERJECT IMPULSE	CAVERJECT IMPULSE (10 MCG KIT, 20 MCG KIT) <i>alprostadil (vasodilator)</i>	TIER 3	QL (6 PER 30 DAYS)
CYTRA K CRYSTALS	CYTRA K CRYSTALS 3300-1002 MG PACKET <i>potassium citrate-citric acid</i>	TIER 1	GA
D-PENAMINE	D-PENAMINE 125 MG TAB <i>penicillamine</i>	TIER 2	
EDEX	EDEX (10 MCG KIT, 20 MCG KIT, 40 MCG KIT) <i>alprostadil (vasodilator)</i>	TIER 3	QL (6 PER 30 DAYS)
ELMIRON	ELMIRON 100 MG CAP <i>pentosan polysulfate sodium</i>	TIER 3	
K-PHOS NO 2	K-PHOS NO 2 305-700 MG TAB <i>potassium & sodium acid phosphates</i>	TIER 3	
LITHOSTAT	LITHOSTAT 250 MG TAB <i>acetohydroxamic acid</i>	TIER 3	
MUSE	MUSE (125 MCG PELLET, 250 MCG PELLET, 500 MCG PELLET, 1000 MCG PELLET) <i>alprostadil (vasodilator)</i>	TIER 3	QL (6 PER 30 DAYS)
<i>penicillamine</i>	<i>penicillamine 250 mg tab</i>	SBG	
<i>phenazo</i>	<i>phenazo 200 mg tab</i>	TIER 1	
<i>phenazopyridine hcl</i>	<i>phenazopyridine hcl 200 mg tab</i>	TIER 1	
<i>pot & sod cit-cit ac</i>	<i>pot & sod cit-cit ac 550-500-334 mg/5ml solution</i>	TIER 1	
<i>potassium citrate er</i>	<i>potassium citrate er (er 5 (540 tab er, er 10 (1080 tab er, er 15 (1620 tab er)</i>	TIER 1	

BRAND NAME	DRUG DESCRIPTION (RX)	TIER	LIMITS & RESTRICTIONS
<i>potassium citrate-citric acid</i>	<i>potassium citrate-citric acid 1100-334 mg/5ml solution</i>	TIER 1	
<i>sildenafil citrate</i>	<i>sildenafil citrate (25 mg tab, 50 mg tab, 100 mg tab)</i>	TIER 1	QL (6 PER 30 DAYS)
<i>sod citrate-citric acid</i>	<i>sod citrate-citric acid 500-334 mg/5ml solution</i>	TIER 1	
<i>taron-crystals</i>	<i>taron-crystals 3300-1002 mg packet</i>	TIER 1	
THIOLA EC	THIOLA EC (EC 100 MG TAB DR, EC 300 MG TAB DR) <i>tiopronin</i>	SP-P	
<i>tiopronin</i>	<i>tiopronin 100 mg tab</i>	SP-P	
<i>tricitrates</i>	<i>tricitrates 550-500-334 mg/5ml solution</i>	TIER 1	
<i>vardenafil hcl</i>	<i>vardenafil hcl (2.5 mg tab, 5 mg tab, 10 mg tab, 10 mg tab disp, 20 mg tab)</i>	TIER 1	QL (6 PER 30 DAYS)
HORMONAL AGENTS, STIMULANT/REPLACEMENT/MODIFYING (ADRENAL)			
ACTHAR	ACTHAR 80 UNIT/ML GEL <i>corticotropin</i>	SP-M	PA
<i>ala-cort</i>	<i>ala-cort 2.5 % cream</i>	TIER 1	
<i>alclometasone dipropionate</i>	<i>alclometasone dipropionate (0.05 % cream, 0.05 % ointment)</i>	TIER 1	
AMCINONIDE	AMCINONIDE (0.1 % CREAM, 0.1 % LOTION, 0.1 % OINTMENT) <i>amcinonide</i>	TIER 1	
<i>beser</i>	<i>beser 0.05 % lotion</i>	TIER 1	
<i>betamethasone dipropionate</i>	<i>betamethasone dipropionate (0.05 % cream, 0.05 % lotion, 0.05 % ointment)</i>	TIER 1	
<i>betamethasone dipropionate aug</i>	<i>betamethasone dipropionate aug (0.05 % cream, 0.05 % gel, 0.05 % lotion, 0.05 % ointment)</i>	TIER 1	
<i>betamethasone valerate</i>	<i>betamethasone valerate (0.1 % cream, 0.1 % lotion, 0.1 % ointment, 0.12 % foam)</i>	TIER 1	
BRYHALI	BRYHALI 0.01 % LOTION <i>halobetasol propionate</i>	TIER 3	QL (200 PER 30 DAY(S))

BRAND NAME	DRUG DESCRIPTION (RX)	TIER	LIMITS & RESTRICTIONS
CAPEX	CAPEX 0.01 % SHAMPOO <i>fluocinolone acetonide</i>	TIER 3	
<i>clobetasol prop emollient base</i>	<i>clobetasol prop emollient base 0.05 % cream</i>	TIER 1	
<i>clobetasol propionate</i>	<i>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)</i>	TIER 1	
<i>clobetasol propionate e</i>	<i>clobetasol propionate e 0.05 % cream</i>	TIER 1	
<i>clobetasol propionate emulsion</i>	<i>clobetasol propionate emulsion 0.05 % foam</i>	TIER 1	
<i>clocortolone pivalate</i>	<i>clocortolone pivalate 0.1 % cream</i>	TIER 1	QL (90 PER 30 DAY(S))
<i>clocortolone pivalate pump</i>	<i>clocortolone pivalate pump 0.1 % cream</i>	TIER 1	QL (90 PER 30 DAY(S))
<i>clodan</i>	<i>clodan 0.05 % shampoo</i>	TIER 1	
CORTISONE ACETATE	CORTISONE ACETATE 25 MG TAB <i>cortisone acetate</i>	TIER 3	
CORTROPHIN	CORTROPHIN 80 UNIT/ML GEL <i>corticotropin</i>	SP-M	PA
<i>decadron</i>	<i>decadron (0.5 mg tab, 0.5 mg/5ml elixir, 0.75 mg tab, 4 mg tab, 6 mg tab)</i>	TIER 1	
DEPO-MEDROL	DEPO-MEDROL 20 MG/ML SUSPENSION <i>methylprednisolone acetate</i>	TIER 1	
<i>desonide</i>	<i>desonide (0.05 % cream, 0.05 % lotion, 0.05 % ointment)</i>	TIER 1	
<i>desoximetasone</i>	<i>desoximetasone (0.05 % cream, 0.05 % gel, 0.05 % ointment, 0.25 % cream, 0.25 % liquid, 0.25 % ointment)</i>	TIER 1	
<i>dexamethasone</i>	<i>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)</i>	TIER 1	
DEXAMETHASONE INTENSOL	DEXAMETHASONE INTENSOL 1 MG/ML CONC <i>dexamethasone</i>	TIER 1	

BRAND NAME	DRUG DESCRIPTION (RX)	TIER	LIMITS & RESTRICTIONS
<i>dexamethasone sod phosphate pf</i>	<i>dexamethasone sod phosphate pf 10 mg/ml solution</i>	TIER 1	
<i>dexamethasone sodium phosphate</i>	<i>dexamethasone sodium phosphate 20 mg/5ml solution</i>	TIER 1	
EMFLAZA	EMFLAZA (6 MG TAB, 18 MG TAB, 22.75 MG/ML SUSPENSION, 30 MG TAB, 36 MG TAB) <i>deflazacort</i>	SP-P	PA
EPIFOAM	EPIFOAM 1-1 % FOAM <i>pramoxine-hc</i>	TIER 3	
<i>fludrocortisone acetate</i>	<i>fludrocortisone acetate 0.1 mg tab</i>	TIER 1	
<i>fluocinolone acetonide</i>	<i>fluocinolone acetonide (0.01 % cream, 0.01 % solution, 0.025 % cream, 0.025 % ointment)</i>	TIER 1	
<i>fluocinolone acetonide body</i>	<i>fluocinolone acetonide body 0.01 % oil</i>	TIER 1	
<i>fluocinolone acetonide scalp</i>	<i>fluocinolone acetonide scalp 0.01 % oil</i>	TIER 1	
<i>fluocinonide</i>	<i>fluocinonide (0.05 % cream, 0.05 % gel, 0.05 % ointment, 0.05 % solution)</i>	TIER 1	
<i>fluocinonide</i>	<i>fluocinonide 0.1 % cream</i>	TIER 1	QL (120 PER 30 DAY(S))
<i>fluocinonide emulsified base</i>	<i>fluocinonide emulsified base 0.05 % cream</i>	TIER 1	
<i>flurandrenolide</i>	<i>flurandrenolide 0.05 % cream</i>	TIER 1	
<i>flurandrenolide</i>	<i>flurandrenolide 0.05 % lotion</i>	TIER 1	QL (120 PER 30 DAY(S))
<i>fluticasone propionate</i>	<i>fluticasone propionate (0.005 % ointment, 0.05 % cream, 0.05 % lotion)</i>	TIER 1	
<i>halobetasol propionate</i>	<i>halobetasol propionate (0.05 % cream, 0.05 % ointment)</i>	TIER 1	
<i>hydrocort-pramoxine (perianal)</i>	<i>hydrocort-pramoxine (perianal) 2.5-1 % cream</i>	TIER 1	
<i>hydrocortisone</i>	<i>hydrocortisone (2.5 % cream, 2.5 % lotion, 2.5 % ointment, 5 mg tab, 10 mg tab, 20 mg tab)</i>	TIER 1	

BRAND NAME	DRUG DESCRIPTION (RX)	TIER	LIMITS & RESTRICTIONS
<i>hydrocortisone ace-pramoxine</i>	<i>hydrocortisone ace-pramoxine 2.5-1 % cream</i>	TIER 1	
<i>hydrocortisone butyr lipo base</i>	<i>hydrocortisone butyr lipo base 0.1 % cream</i>	TIER 1	QL (60 PER 30 DAY(S))
<i>hydrocortisone butyrate</i>	<i>hydrocortisone butyrate (0.1 % cream, 0.1 % lotion, 0.1 % ointment, 0.1 % solution)</i>	TIER 1	
<i>hydrocortisone valerate</i>	<i>hydrocortisone valerate (0.2 % cream, 0.2 % ointment)</i>	TIER 1	
IMPOYZ	IMPOYZ 0.025 % CREAM <i>clobetasol propionate</i>	TIER 3	
ISTURISA	ISTURISA 1 MG TAB <i>osilodrostat phosphate</i>	SP-NP	PA, QL (240 PER 30 DAY(S))
ISTURISA	ISTURISA 10 MG TAB <i>osilodrostat phosphate</i>	SP-NP	PA, QL (180 PER 30 DAY(S))
ISTURISA	ISTURISA 5 MG TAB <i>osilodrostat phosphate</i>	SP-NP	PA, QL (360 PER 30 DAY(S))
KENALOG	KENALOG 10 MG/ML SUSPENSION <i>triamcinolone acetonide</i>	TIER 3	
KORLYM	KORLYM 300 MG TAB <i>mifepristone (hyperglycemia)</i>	SP-P	PA, QL (120 PER 30 DAY(S))
MEDROL	MEDROL 2 MG TAB <i>methylprednisolone</i>	TIER 3	
<i>methylprednisolone</i>	<i>methylprednisolone (4 mg tab, 4 mg tab thpk, 8 mg tab, 16 mg tab, 32 mg tab)</i>	TIER 1	
<i>methylprednisolone sodium succ</i>	<i>methylprednisolone sodium succ 500 mg recon soln</i>	TIER 1	
MILLIPRED	MILLIPRED 5 MG TAB <i>prednisolone</i>	TIER 3	
<i>mometasone furoate</i>	<i>mometasone furoate (0.1 % cream, 0.1 % ointment, 0.1 % solution)</i>	TIER 1	
<i>nolix</i>	<i>nolix 0.05 % cream</i>	TIER 1	
<i>nolix</i>	<i>nolix 0.05 % lotion</i>	TIER 1	QL (120 PER 30 DAY(S))
NUCORT	NUCORT 2 % LOTION <i>hydrocortisone acetate (topical)</i>	TIER 3	
PRAMOSONE	PRAMOSONE (1-1 % CREAM, 1-1 % LOTION, 1-2.5 % LOTION) <i>pramoxine-hc</i>	TIER 1	

BRAND NAME	DRUG DESCRIPTION (RX)	TIER	LIMITS & RESTRICTIONS
PREDNICARBATE	PREDNICARBATE (0.1 % CREAM, 0.1 % OINTMENT) <i>prednicarbate</i>	TIER 1	
<i>prednisolone</i>	<i>prednisolone 15 mg/5ml solution</i>	TIER 1	
<i>prednisolone sodium phosphate</i>	<i>prednisolone sodium phosphate (6.7 (5 base) mg/5ml solution, 10 mg tab disp, 10 mg/5ml solution, 15 mg tab disp, 15 mg/5ml solution, 20 mg/5ml solution, 25 mg/5ml solution, 30 mg tab disp)</i>	TIER 1	
<i>prednisolone sodium phosphate</i>	<i>prednisolone sodium phosphate 25 mg/5ml solution</i>	TIER 1	
<i>prednisone</i>	<i>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)</i>	TIER 1	
PREDNISONE INTENSOL	PREDNISONE INTENSOL 5 MG/ML CONC <i>prednisone</i>	TIER 1	
SOLU-CORTEF	SOLU-CORTEF (100 MG RECON SOLN, 250 MG RECON SOLN, 500 MG RECON SOLN) <i>hydrocortisone sod succinate</i>	TIER 1	
SOLU-MEDROL	SOLU-MEDROL 500 MG RECON SOLN <i>methylprednisolone sod succ</i>	TIER 1	GA
TEXACORT	TEXACORT 2.5 % SOLUTION <i>hydrocortisone (topical)</i>	TIER 3	
<i>tovet</i>	<i>tovet 0.05 % foam</i>	TIER 1	

BRAND NAME	DRUG DESCRIPTION (RX)	TIER	LIMITS & RESTRICTIONS
<i>triamcinolone acetonide</i>	<i>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, 40 mg/ml suspension)</i>	TIER 1	
<i>triamcinolone acetonide</i>	<i>triamcinolone acetonide 0.147 mg/gm aero soln</i>	TIER 1	QL (4.5 PER 1 DAY(S))
<i>triderm</i>	<i>triderm (0.1 % cream, 0.5 % cream)</i>	TIER 1	
HORMONAL AGENTS, STIMULANT/REPLACEMENT/MODIFYING (PITUITARY)			
BRAVELLE	BRAVELLE 75 UNIT RECON SOLN <i>urofollitropin purified</i>	SP-M	
CHORIONIC GONADOTROPIN	CHORIONIC GONADOTROPIN 10000 UNIT RECON SOLN <i>chorionic gonadotropin</i>	SP-M	
<i>desmopressin ace spray refrig</i>	<i>desmopressin ace spray refrig 0.01 % solution</i>	TIER 1	
<i>desmopressin acetate</i>	<i>desmopressin acetate (0.1 mg tab, 0.2 mg tab)</i>	TIER 1	
<i>desmopressin acetate</i>	<i>desmopressin acetate (1.5 mg/ml solution, 4 mcg/ml solution)</i>	TIER 3	
<i>desmopressin acetate spray</i>	<i>desmopressin acetate spray 0.01 % solution</i>	TIER 1	
FOLLISTIM AQ	FOLLISTIM AQ (300 UNT/0.36ML SOLUTION, 600 UNT/0.72ML SOLUTION, 900 UNT/1.08ML SOLUTION) <i>follitropin beta</i>	SP-M	
GENOTROPIN	GENOTROPIN (5 MG CARTRIDGE, 12 MG CARTRIDGE) <i>somatropin</i>	SP-NP	MN-PA (Medically Necessary Prior Authorization)

BRAND NAME	DRUG DESCRIPTION (RX)	TIER	LIMITS & RESTRICTIONS
GENOTROPIN MINIQUICK	GENOTROPIN MINIQUICK (0.2 MG PRSYR, 0.4 MG PRSYR, 0.6 MG PRSYR, 0.8 MG PRSYR, 1 MG PRSYR, 1.2 MG PRSYR, 1.4 MG PRSYR, 1.6 MG PRSYR, 1.8 MG PRSYR, 2 MG PRSYR) <i>somatropin</i>	SP-NP	MN-PA (Medically Necessary Prior Authorization)
GONAL-F	GONAL-F (450 RECON SOLN, 1050 RECON SOLN) <i>follitropin alfa</i>	SP-M	
GONAL-F RFF	GONAL-F RFF 75 UNIT RECON SOLN <i>follitropin alfa</i>	SP-M	
GONAL-F RFF REDIJECT	GONAL-F RFF REDIJECT (300 UNIT/0.5ML SOLN PEN, 450 UNT/0.75ML SOLN PEN, 900 UNIT/1.5ML SOLN PEN) <i>follitropin alfa</i>	SP-M	
HUMATROPE	HUMATROPE (5 MG RECON SOLN, 6 MG CARTRIDGE, 12 MG CARTRIDGE, 24 MG CARTRIDGE) <i>somatropin</i>	SP-NP	MN-PA (Medically Necessary Prior Authorization)
INCRELEX	INCRELEX 40 MG/4ML SOLUTION <i>mecasermin</i>	SP-P	PA
MENOPUR	MENOPUR 75 UNIT RECON SOLN <i>menotropins</i>	SP-M	
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) <i>somatropin</i>	SP-P	PA
NOVAREL	NOVAREL (5000 RECON SOLN, 10000 RECON SOLN) <i>chorionic gonadotropin</i>	SP-M	
NUTROPIN AQ NUSPIN 10	NUTROPIN AQ NUSPIN 10 10 MG/2ML SOLN PEN <i>somatropin</i>	SP-NP	MN-PA (Medically Necessary Prior Authorization)

BRAND NAME	DRUG DESCRIPTION (RX)	TIER	LIMITS & RESTRICTIONS
NUTROPIN AQ NUSPIN 20	NUTROPIN AQ NUSPIN 20 20 MG/2ML SOLN PEN <i>somatropin</i>	SP-NP	MN-PA (Medically Necessary Prior Authorization)
NUTROPIN AQ NUSPIN 5	NUTROPIN AQ NUSPIN 5 5 MG/2ML SOLN PEN <i>somatropin</i>	SP-NP	MN-PA (Medically Necessary Prior Authorization)
OMNITROPE	OMNITROPE (5 MG/1.5ML SOLN CART, 5.8 MG RECON SOLN, 10 MG/1.5ML SOLN CART) <i>somatropin</i>	SP-NP	MN-PA (Medically Necessary Prior Authorization)
OVIDREL	OVIDREL 250 MCG/0.5ML INJECTABLE <i>choriogonadotropin alfa</i>	SP-M	
PREGNYL	PREGNYL 10000 UNIT RECON SOLN <i>chorionic gonadotropin</i>	SP-M	
SAIZEN	SAIZEN (5 MG RECON SOLN, 8.8 MG RECON SOLN) <i>somatropin (non- refrigerated)</i>	SP-NP	MN-PA (Medically Necessary Prior Authorization)
SAIZENPREP	SAIZENPREP 8.8 MG RECON SOLN <i>somatropin (non- refrigerated)</i>	SP-NP	MN-PA (Medically Necessary Prior Authorization)
SEROSTIM	SEROSTIM (4 MG RECON SOLN, 5 MG RECON SOLN, 6 MG RECON SOLN) <i>somatropin (non- refrigerated)</i>	SP-NP	PA
SKYTROFA	SKYTROFA (3 MG CARTRIDGE, 3.6 MG CARTRIDGE, 4.3 MG CARTRIDGE, 5.2 MG CARTRIDGE, 6.3 MG CARTRIDGE, 7.6 MG CARTRIDGE, 9.1 MG CARTRIDGE, 11 MG CARTRIDGE, 13.3 MG CARTRIDGE) <i>lonapegsomatropin-tcgd</i>	SP-NP	PA
STIMATE	STIMATE 1.5 MG/ML SOLUTION <i>desmopressin acetate</i>	TIER 3	

BRAND NAME	DRUG DESCRIPTION (RX)	TIER	LIMITS & RESTRICTIONS
TERLIVAZ	TERLIVAZ 0.85 MG RECON SOLN <i>terlipressin acetate</i>	P&T	
ZOMACTON	ZOMACTON (5 MG RECON SOLN, 10 MG RECON SOLN) <i>somatropin</i>	SP-NP	MN-PA (Medically Necessary Prior Authorization)
ZOMACTON (FOR ZOMA-JET 10)	ZOMACTON (FOR ZOMA- JET 10) 10 MG RECON SOLN <i>somatropin</i>	SP-NP	MN-PA (Medically Necessary Prior Authorization)
ZORBTIVE	ZORBTIVE 8.8 MG RECON SOLN <i>somatropin (non- refrigerated)</i>	SP-NP	PA
HORMONAL AGENTS, STIMULANT/REPLACEMENT/MODIFYING (SEX HORMONES/MODIFIERS)			
ANABOLIC STEROIDS			
ANADROL-50	ANADROL-50 50 MG TAB <i>oxymetholone</i>	TIER 2	
<i>oxandrolone</i>	<i>oxandrolone (2.5 mg tab, 10 mg tab)</i>	TIER 1	
ANDROGENS			
AVEED	AVEED 750 MG/3ML SOLUTION <i>testosterone undecanoate</i>	SP-M	
<i>danazol</i>	<i>danazol (50 mg cap, 100 mg cap, 200 mg cap)</i>	TIER 1	
KYZATREX	KYZATREX (100 MG CAP, 150 MG CAP) <i>testosterone undecanoate</i>	P&T	PA, QL (2 PER 1 DAY(S))
KYZATREX	KYZATREX 200 MG CAP <i>testosterone undecanoate</i>	P&T	PA, QL (4 PER 1 DAY(S))
<i>methyltestosterone</i>	<i>methyltestosterone 10 mg cap</i>	TIER 1	PA
<i>testosterone</i>	<i>testosterone (1.62 % gel, 20.25 mg/act (1.62%) gel, 30 mg/act solution)</i>	TIER 2	PA, QL (2 PER 30 DAY(S))
<i>testosterone</i>	<i>testosterone (25 mg/2.5gm (1%) gel, 40.5 mg/2.5gm (1.62%) gel, 50 mg/5gm (1%) gel)</i>	TIER 2	PA, QL (2 PER 1 DAY(S))
<i>testosterone</i>	<i>testosterone 10 mg/act (2%) gel</i>	TIER 3	PA, QL (2 PER 30 DAY(S))

BRAND NAME	DRUG DESCRIPTION (RX)	TIER	LIMITS & RESTRICTIONS
<i>testosterone</i>	<i>testosterone 12.5 mg/act (1%) gel</i>	TIER 2	PA, QL (4 PER 30 DAY(S))
<i>testosterone</i>	<i>testosterone 20.25 mg/1.25gm (1.62%) gel</i>	TIER 2	PA, QL (1 PER 1 DAY(S))
<i>testosterone cypionate</i>	<i>testosterone cypionate (100 mg/ml solution, 200 mg/ml solution)</i>	TIER 1	
<i>testosterone enanthate</i>	<i>testosterone enanthate 200 mg/ml solution</i>	TIER 1	
VOGELXO	VOGELXO 50 MG/5GM (1%) GEL <i>testosterone</i>	TIER 3	PA, QL (2 PER 1 DAY(S)), GA
ESTROGENS			
<i>afirmelle</i>	<i>afirmelle 0.1-20 mg-mcg tab</i>	TIER 1	
<i>altavera</i>	<i>altavera 0.15-30 mg-mcg tab</i>	TIER 1	
<i>alyacen 1/35</i>	<i>alyacen 1/35 1-35 mg-mcg tab</i>	TIER 1	
<i>alyacen 7/7/7</i>	<i>alyacen 7/7/7 0.5/0.75/1-35 mg-mcg tab</i>	TIER 1	
<i>amabelz</i>	<i>amabelz (0.5-0.1 mg tab, 1-0.5 mg tab)</i>	TIER 1	
<i>amethia</i>	<i>amethia 0.15-0.03 & 0.01 mg tab</i>	TIER 1	
<i>amethia lo</i>	<i>amethia lo 0.1-0.02 & 0.01 mg tab</i>	TIER 1	
<i>amethyst</i>	<i>amethyst 90-20 mcg tab</i>	TIER 1	
ANGELIQ	ANGELIQ (0.25-0.5 MG TAB, 0.5-1 MG TAB) <i>drospirenone-estradiol</i>	TIER 3	
ANNOVERA	ANNOVERA 0.013-0.15 MG/24HR RING <i>segesterone acetate-ethinyl estradiol</i>	TIER 3	
<i>apri</i>	<i>apri 0.15-30 mg-mcg tab</i>	TIER 1	
<i>aranelle</i>	<i>aranelle 0.5/1/0.5-35 mg-mcg tab</i>	TIER 1	
<i>ashlyna</i>	<i>ashlyna 0.15-0.03 & 0.01 mg tab</i>	TIER 1	
<i>aubra</i>	<i>aubra 0.1-20 mg-mcg tab</i>	TIER 1	
<i>aubra eq</i>	<i>aubra eq 0.1-20 mg-mcg tab</i>	TIER 1	

BRAND NAME	DRUG DESCRIPTION (RX)	TIER	LIMITS & RESTRICTIONS
<i>aurovela 1.5/30</i>	<i>aurovela 1.5/30 1.5-30 mg-mcg tab</i>	TIER 1	
<i>aurovela 1/20</i>	<i>aurovela 1/20 1-20 mg-mcg tab</i>	TIER 1	
<i>aurovela 24 fe</i>	<i>aurovela 24 fe 1-20 mg-mcg(24) tab</i>	TIER 1	
<i>aurovela fe 1.5/30</i>	<i>aurovela fe 1.5/30 1.5-30 mg-mcg tab</i>	TIER 1	
<i>aurovela fe 1/20</i>	<i>aurovela fe 1/20 1-20 mg-mcg tab</i>	TIER 1	
<i>aviane</i>	<i>aviane 0.1-20 mg-mcg tab</i>	TIER 1	
<i>ayuna</i>	<i>ayuna 0.15-30 mg-mcg tab</i>	TIER 1	
<i>azurette</i>	<i>azurette 0.15-0.02/0.01 mg (21/5) tab</i>	TIER 1	
BALCOLTRA	BALCOLTRA 0.1-20 MG-MCG(21) TAB <i>levonorgestrel-ethinyl estradiol-ferrous bisglycinate</i>	TIER 3	
<i>balziva</i>	<i>balziva 0.4-35 mg-mcg tab</i>	TIER 1	
<i>bekyree</i>	<i>bekyree 0.15-0.02/0.01 mg (21/5) tab</i>	TIER 1	
<i>blisovi 24 fe</i>	<i>blisovi 24 fe 1-20 mg-mcg(24) tab</i>	TIER 1	
<i>blisovi fe 1.5/30</i>	<i>blisovi fe 1.5/30 1.5-30 mg-mcg tab</i>	TIER 1	
<i>blisovi fe 1/20</i>	<i>blisovi fe 1/20 1-20 mg-mcg tab</i>	TIER 1	
<i>briellyn</i>	<i>briellyn 0.4-35 mg-mcg tab</i>	TIER 1	
<i>camrese</i>	<i>camrese 0.15-0.03 & 0.01 mg tab</i>	TIER 1	
<i>camrese lo</i>	<i>camrese lo 0.1-0.02 & 0.01 mg tab</i>	TIER 1	
<i>caziant</i>	<i>caziant 0.1/0.125/0.15 - 0.025 mg tab</i>	TIER 1	
<i>charlotte 24 fe</i>	<i>charlotte 24 fe 1-20 mg-mcg(24) chew tab</i>	TIER 1	
<i>chateal</i>	<i>chateal 0.15-30 mg-mcg tab</i>	TIER 1	
<i>chateal eq</i>	<i>chateal eq 0.15-30 mg-mcg tab</i>	TIER 1	

BRAND NAME	DRUG DESCRIPTION (RX)	TIER	LIMITS & RESTRICTIONS
CLIMARA PRO	CLIMARA PRO 0.045-0.015 MG/DAY PATCH WK <i>estradiol-levonorgestrel</i>	TIER 3	
COMBIPATCH	COMBIPATCH (0.05-0.14 PATCH TW, 0.05-0.25 PATCH TW) <i>estradiol & norethindrone acetate</i>	TIER 3	
<i>covaryx</i>	<i>covaryx 1.25-2.5 mg tab</i>	TIER 1	
<i>covaryx hs</i>	<i>covaryx hs 0.625-1.25 mg tab</i>	TIER 1	
<i>cryselle-28</i>	<i>cryselle-28 0.3-30 mg-mcg tab</i>	TIER 1	
<i>cyclafem 1/35</i>	<i>cyclafem 1/35 1-35 mg-mcg tab</i>	TIER 1	
<i>cyclafem 7/7/7</i>	<i>cyclafem 7/7/7 0.5/0.75/1-35 mg-mcg tab</i>	TIER 1	
<i>cyred</i>	<i>cyred 0.15-30 mg-mcg tab</i>	TIER 1	
<i>cyred eq</i>	<i>cyred eq 0.15-30 mg-mcg tab</i>	TIER 1	
<i>dasetta 1/35</i>	<i>dasetta 1/35 1-35 mg-mcg tab</i>	TIER 1	
<i>dasetta 7/7/7</i>	<i>dasetta 7/7/7 0.5/0.75/1-35 mg-mcg tab</i>	TIER 1	
<i>daysee</i>	<i>daysee 0.15-0.03 & 0.01 mg tab</i>	TIER 1	
DELESTROGEN	DELESTROGEN (20 MG/ML OIL, 40 MG/ML OIL) <i>estradiol valerate</i>	TIER 1	GA
<i>delyla</i>	<i>delyla 0.1-20 mg-mcg tab</i>	TIER 1	
DEPO-ESTRADIOL	DEPO-ESTRADIOL 5 MG/ML OIL <i>estradiol cypionate</i>	TIER 1	
<i>desogestrel-ethinyl estradiol</i>	<i>desogestrel-ethinyl estradiol (0.15-0.02/0.01 mg (21/5) tab, 0.15-30 mg-mcg tab)</i>	TIER 1	
DIVIGEL	DIVIGEL 0.25 MG/0.25GM GEL <i>estradiol</i>	TIER 3	GA
<i>dolishale</i>	<i>dolishale 90-20 mcg tab</i>	TIER 1	

BRAND NAME	DRUG DESCRIPTION (RX)	TIER	LIMITS & RESTRICTIONS
<i>dotti</i>	<i>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)</i>	TIER 1	QL (8 PER 28 DAYS)
<i>drospiren-eth estrad-levomefol</i>	<i>drospiren-eth estrad-levomefol (3-0.02-0.451 mg tab, 3-0.03-0.451 mg tab)</i>	TIER 1	
<i>drospirenone-ethinyl estradiol</i>	<i>drospirenone-ethinyl estradiol (3-0.02 mg tab, 3-0.03 mg tab)</i>	TIER 1	
<i>eemt</i>	<i>eemt 1.25-2.5 mg tab</i>	TIER 1	
<i>eemt hs</i>	<i>eemt hs 0.625-1.25 mg tab</i>	TIER 1	
<i>elinest</i>	<i>elinest 0.3-30 mg-mcg tab</i>	TIER 1	
<i>eluryng</i>	<i>eluryng 0.12-0.015 mg/24hr ring</i>	TIER 1	
<i>emoquette</i>	<i>emoquette 0.15-30 mg-mcg tab</i>	TIER 1	
<i>enpresse-28</i>	<i>enpresse-28 50-30/75-40/125-30 mcg tab</i>	TIER 1	
<i>enskyce</i>	<i>enskyce 0.15-30 mg-mcg tab</i>	TIER 1	
<i>est estrogens-methyltest</i>	<i>est estrogens-methyltest (rogens-methylt0.625-1.25 mg tab, rogens-methylt1.25-2.5 mg tab)</i>	TIER 1	
<i>est estrogens-methyltest ds</i>	<i>est estrogens-methyltest ds 1.25-2.5 mg tab</i>	TIER 1	
<i>est estrogens-methyltest hs</i>	<i>est estrogens-methyltest hs 0.625-1.25 mg tab</i>	TIER 1	
<i>estarylla</i>	<i>estarylla 0.25-35 mg-mcg tab</i>	TIER 1	
<i>estradiol</i>	<i>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)</i>	TIER 1	QL (8 PER 28 DAYS)

BRAND NAME	DRUG DESCRIPTION (RX)	TIER	LIMITS & RESTRICTIONS
<i>estradiol</i>	<i>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, 0.1 mg/gm cream, 0.25 mg/0.25gm gel, 0.5 mg tab, 0.5 mg/0.5gm gel, 0.75 mg/0.75gm gel, 1 mg tab, 1 mg/gm gel, 1.25 mg/1.25gm gel, 2 mg tab, 10 mcg tab)</i>	TIER 1	
<i>estradiol valerate</i>	<i>estradiol valerate (20 mg/ml oil, 40 mg/ml oil)</i>	TIER 1	
<i>estradiol-norethindrone acet</i>	<i>estradiol-norethindrone acet (0.5-0.1 mg tab, 1-0.5 mg tab)</i>	TIER 1	
ESTRING	ESTRING 2 MG RING <i>estradiol vaginal</i>	TIER 3	
ESTROGEL	ESTROGEL 0.75 MG/1.25 GM (0.06%) GEL <i>estradiol</i>	TIER 3	
<i>ethynodiol diac-eth estradiol</i>	<i>ethynodiol diac-eth estradiol (1-35 tab, 1-50 tab)</i>	TIER 1	
<i>etonogestrel-ethinyl estradiol</i>	<i>etonogestrel-ethinyl estradiol 0.12-0.015 mg/24hr ring</i>	TIER 1	
EVAMIST	EVAMIST 1.53 MG/SPRAY SOLUTION <i>estradiol</i>	TIER 3	
FALESSA	FALESSA 20-1-0.1 MCG-MG KIT <i>levonorgestrel-ethinyl estradiol & folic acid</i>	TIER 3	
<i>falmina</i>	<i>falmina 0.1-20 mg-mcg tab</i>	TIER 1	
<i>fayosim</i>	<i>fayosim 42-21-21-7 days tab</i>	TIER 1	
<i>femynor</i>	<i>femynor 0.25-35 mg-mcg tab</i>	TIER 1	
<i>finzala</i>	<i>finzala 1-20 mg-mcg(24) chew tab</i>	TIER 1	
<i>fyavolv</i>	<i>fyavolv (0.5-2.5 tab, 1-5 tab)</i>	TIER 1	

BRAND NAME	DRUG DESCRIPTION (RX)	TIER	LIMITS & RESTRICTIONS
<i>gemmily</i>	<i>gemmily 1-20 mg-mcg(24) cap</i>	TIER 1	
<i>gianvi</i>	<i>gianvi 3-0.02 mg tab</i>	TIER 1	
<i>hailey 1.5/30</i>	<i>hailey 1.5/30 1.5-30 mg-mcg tab</i>	TIER 1	
<i>hailey 24 fe</i>	<i>hailey 24 fe 1-20 mg-mcg(24) tab</i>	TIER 1	
<i>hailey fe 1.5/30</i>	<i>hailey fe 1.5/30 1.5-30 mg-mcg tab</i>	TIER 1	
<i>hailey fe 1/20</i>	<i>hailey fe 1/20 1-20 mg-mcg tab</i>	TIER 1	
<i>iclevia</i>	<i>iclevia 0.15-0.03 mg tab</i>	TIER 1	
<i>introvale</i>	<i>introvale 0.15-0.03 mg tab</i>	TIER 1	
<i>isibloom</i>	<i>isibloom 0.15-30 mg-mcg tab</i>	TIER 1	
<i>jaimiess</i>	<i>jaimiess 0.15-0.03 & 0.01 mg tab</i>	TIER 1	
<i>jasmiel</i>	<i>jasmiel 3-0.02 mg tab</i>	TIER 1	
<i>jevantique lo</i>	<i>jevantique lo 0.5-2.5 mg-mcg tab</i>	TIER 1	
<i>jinteli</i>	<i>jinteli 1-5 mg-mcg tab</i>	TIER 1	
<i>jolessa</i>	<i>jolessa 0.15-0.03 mg tab</i>	TIER 1	
<i>juleber</i>	<i>juleber 0.15-30 mg-mcg tab</i>	TIER 1	
<i>junel 1.5/30</i>	<i>junel 1.5/30 1.5-30 mg-mcg tab</i>	TIER 1	
<i>junel 1/20</i>	<i>junel 1/20 1-20 mg-mcg tab</i>	TIER 1	
<i>junel fe 1.5/30</i>	<i>junel fe 1.5/30 1.5-30 mg-mcg tab</i>	TIER 1	
<i>junel fe 1/20</i>	<i>junel fe 1/20 1-20 mg-mcg tab</i>	TIER 1	
<i>junel fe 24</i>	<i>junel fe 24 1-20 mg-mcg(24) tab</i>	TIER 1	
<i>kaitlib fe</i>	<i>kaitlib fe 0.8-25 mg-mcg chew tab</i>	TIER 1	
<i>kalliga</i>	<i>kalliga 0.15-30 mg-mcg tab</i>	TIER 1	
<i>kariva</i>	<i>kariva 0.15-0.02/0.01 mg (21/5) tab</i>	TIER 1	
<i>kelnor 1/35</i>	<i>kelnor 1/35 1-35 mg-mcg tab</i>	TIER 1	
<i>kelnor 1/50</i>	<i>kelnor 1/50 1-50 mg-mcg tab</i>	TIER 1	
<i>kurvelo</i>	<i>kurvelo 0.15-30 mg-mcg tab</i>	TIER 1	

BRAND NAME	DRUG DESCRIPTION (RX)	TIER	LIMITS & RESTRICTIONS
<i>larin 1.5/30</i>	<i>larin 1.5/30 1.5-30 mg-mcg tab</i>	TIER 1	
<i>larin 1/20</i>	<i>larin 1/20 1-20 mg-mcg tab</i>	TIER 1	
<i>larin 24 fe</i>	<i>larin 24 fe 1-20 mg-mcg(24) tab</i>	TIER 1	
<i>larin fe 1.5/30</i>	<i>larin fe 1.5/30 1.5-30 mg-mcg tab</i>	TIER 1	
<i>larin fe 1/20</i>	<i>larin fe 1/20 1-20 mg-mcg tab</i>	TIER 1	
<i>larissia</i>	<i>larissia 0.1-20 mg-mcg tab</i>	TIER 1	
<i>layolis fe</i>	<i>layolis fe 0.8-25 mg-mcg chew tab</i>	TIER 1	
<i>leena</i>	<i>leena 0.5/1/0.5-35 mg-mcg tab</i>	TIER 1	
<i>lessina</i>	<i>lessina 0.1-20 mg-mcg tab</i>	TIER 1	
<i>levonest</i>	<i>levonest 50-30/75-40/ 125-30 mcg tab</i>	TIER 1	
<i>levonorg-eth estrad triphasic</i>	<i>levonorg-eth estrad triphasic 50-30/75-40/ 125-30 mcg tab</i>	TIER 1	
<i>levonorgest-eth est & eth est</i>	<i>levonorgest-eth est & eth est 42-21-21-7 days tab</i>	TIER 1	
<i>levonorgest-eth estrad 91-day</i>	<i>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)</i>	TIER 1	
<i>levonorgestrel-ethinyl estrad</i>	<i>levonorgestrel-ethinyl estrad (0.1-20 mg-mcg tab, 0.15-30 mg-mcg tab, 90-20 mcg tab)</i>	TIER 1	
<i>levora 0.15/30 (28)</i>	<i>levora 0.15/30 (28) 0.15-30 mg-mcg tab</i>	TIER 1	
<i>lillow</i>	<i>lillow 0.15-30 mg-mcg tab</i>	TIER 1	
LO LOESTRIN FE	LO LOESTRIN FE 1 MG-10 MCG / 10 MCG TAB <i>norethindrone acetate-ethinyl estradiol-fe fum (biphasic)</i>	TIER 3	
<i>lo-zumandimine</i>	<i>lo-zumandimine 3-0.02 mg tab</i>	TIER 1	
<i>loestrin 1.5/30 (21)</i>	<i>loestrin 1.5/30 (21) 1.5-30 mg-mcg tab</i>	TIER 1	
<i>loestrin 1/20 (21)</i>	<i>loestrin 1/20 (21) 1-20 mg-mcg tab</i>	TIER 1	

BRAND NAME	DRUG DESCRIPTION (RX)	TIER	LIMITS & RESTRICTIONS
<i>loestrin fe 1.5/30</i>	<i>loestrin fe 1.5/30 1.5-30 mg-mcg tab</i>	TIER 1	
<i>loestrin fe 1/20</i>	<i>loestrin fe 1/20 1-20 mg-mcg tab</i>	TIER 1	
<i>lojaimiess</i>	<i>lojaimiess 0.1-0.02 & 0.01 mg tab</i>	TIER 1	
<i>lopreeza</i>	<i>lopreeza (0.5-0.1 mg tab, 1-0.5 mg tab)</i>	TIER 1	
<i>loryna</i>	<i>loryna 3-0.02 mg tab</i>	TIER 1	
<i>low-ogestrel</i>	<i>low-ogestrel 0.3-30 mg-mcg tab</i>	TIER 1	
<i>luteru</i>	<i>luteru 0.1-20 mg-mcg tab</i>	TIER 1	
<i>lyllana</i>	<i>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)</i>	TIER 1	QL (8 PER 28 DAYS)
<i>marlissa</i>	<i>marlissa 0.15-30 mg-mcg tab</i>	TIER 1	
<i>melodetta 24 fe</i>	<i>melodetta 24 fe 1-20 mg-mcg(24) chew tab</i>	TIER 1	
MENEST	MENEST (0.3 MG TAB, 0.625 MG TAB, 1.25 MG TAB) <i>esterified estrogens</i>	TIER 3	
MENOSTAR	MENOSTAR 14 MCG/24HR PATCH WK <i>estradiol</i>	TIER 3	
<i>merzee</i>	<i>merzee 1-20 mg-mcg(24) cap</i>	TIER 1	
<i>mibelas 24 fe</i>	<i>mibelas 24 fe 1-20 mg-mcg(24) chew tab</i>	TIER 1	
<i>microgestin 1.5/30</i>	<i>microgestin 1.5/30 1.5-30 mg-mcg tab</i>	TIER 1	
<i>microgestin 1/20</i>	<i>microgestin 1/20 1-20 mg-mcg tab</i>	TIER 1	
<i>microgestin 24 fe</i>	<i>microgestin 24 fe 1-20 mg-mcg tab</i>	TIER 1	
<i>microgestin fe 1.5/30</i>	<i>microgestin fe 1.5/30 1.5-30 mg-mcg tab</i>	TIER 1	
<i>microgestin fe 1/20</i>	<i>microgestin fe 1/20 1-20 mg-mcg tab</i>	TIER 1	
<i>mili</i>	<i>mili 0.25-35 mg-mcg tab</i>	TIER 1	

BRAND NAME	DRUG DESCRIPTION (RX)	TIER	LIMITS & RESTRICTIONS
<i>mimvey</i>	<i>mimvey 1-0.5 mg tab</i>	TIER 1	
<i>mimvey lo</i>	<i>mimvey lo 0.5-0.1 mg tab</i>	TIER 1	
<i>mono-lynyah</i>	<i>mono-lynyah 0.25-35 mg-mcg tab</i>	TIER 1	
<i>mononessa</i>	<i>mononessa 0.25-35 mg-mcg tab</i>	TIER 1	
<i>myzilra</i>	<i>myzilra 50-30/75-40/ 125-30 mcg tab</i>	TIER 1	
NATAZIA	NATAZIA 3/2-2/2-3/1 MG TAB <i>estradiol valerate-dienogest</i>	TIER 3	
<i>necon 0.5/35 (28)</i>	<i>necon 0.5/35 (28) 0.5-35 mg-mcg tab</i>	TIER 1	
NEXTSTELLIS	NEXTSTELLIS 3-14.2 MG TAB <i>drospirenone-estetrol</i>	TIER 3	
<i>nikki</i>	<i>nikki 3-0.02 mg tab</i>	TIER 1	
<i>norethin ace-eth estrad-fe</i>	<i>norethin ace-eth estrad-fe (1-20 mg-mcg tab, 1-20 mg-mcg(24) cap, 1-20 mg-mcg(24) chew tab, 1-20 mg-mcg(24) tab, 1.5-30 mg-mcg tab)</i>	TIER 1	
<i>norethin-eth estradiol-fe</i>	<i>norethin-eth estradiol-fe (0.4-35 chew tab, 0.8-25 chew tab)</i>	TIER 1	
<i>norethindron-ethinyl estrad-fe</i>	<i>norethindron-ethinyl estrad-fe 1-20/1-30/1-35 mg-mcg tab</i>	TIER 1	
<i>norethindrone acet-ethinyl est</i>	<i>norethindrone acet-ethinyl est (1-20 mg-mcg tab, 1-20 mg-mcg(24) chew tab, 1.5-30 mg-mcg tab)</i>	TIER 1	
<i>norethindrone-eth estradiol</i>	<i>norethindrone-eth estradiol (0.5-2.5 tab, 1-5 tab)</i>	TIER 1	
<i>norgestim-eth estrad triphasic</i>	<i>norgestim-eth estrad triphasic (mg-25 mcg tab, mg-35 mcg tab)</i>	TIER 1	
<i>norgestimate-eth estradiol</i>	<i>norgestimate-eth estradiol 0.25-35 mg-mcg tab</i>	TIER 1	
<i>nortrel 0.5/35 (28)</i>	<i>nortrel 0.5/35 (28) 0.5-35 mg-mcg tab</i>	TIER 1	
<i>nortrel 1/35 (21)</i>	<i>nortrel 1/35 (21) 1-35 mg-mcg tab</i>	TIER 1	
<i>nortrel 1/35 (28)</i>	<i>nortrel 1/35 (28) 1-35 mg-mcg tab</i>	TIER 1	

BRAND NAME	DRUG DESCRIPTION (RX)	TIER	LIMITS & RESTRICTIONS
<i>nortrel 7/7/7</i>	<i>nortrel 7/7/7 0.5/0.75/1-35 mg-mcg tab</i>	TIER 1	
<i>nylia 1/35</i>	<i>nylia 1/35 1-35 mg-mcg tab</i>	TIER 1	
<i>nylia 7/7/7</i>	<i>nylia 7/7/7 0.5/0.75/1-35 mg-mcg tab</i>	TIER 1	
<i>nymyo</i>	<i>nymyo 0.25-35 mg-mcg tab</i>	TIER 1	
<i>ocella</i>	<i>ocella 3-0.03 mg tab</i>	TIER 1	
OGESTREL	OGESTREL 0.5-50 MG-MCG TAB <i>norgestrel & ethinyl estradiol</i>	TIER 1	
<i>orsythia</i>	<i>orsythia 0.1-20 mg-mcg tab</i>	TIER 1	
<i>philith</i>	<i>philith 0.4-35 mg-mcg tab</i>	TIER 1	
<i>pimtrea</i>	<i>pimtrea 0.15-0.02/0.01 mg (21/5) tab</i>	TIER 1	
<i>pirmella 1/35</i>	<i>pirmella 1/35 1-35 mg-mcg tab</i>	TIER 1	
<i>pirmella 7/7/7</i>	<i>pirmella 7/7/7 0.5/0.75/1-35 mg-mcg tab</i>	TIER 1	
<i>portia-28</i>	<i>portia-28 0.15-30 mg-mcg tab</i>	TIER 1	
PREFEST	PREFEST 1/1-0.09 MG (15/15) TAB <i>estradiol-norgestimate</i>	TIER 3	
PREMARIN	PREMARIN (0.3 MG TAB, 0.45 MG TAB, 0.625 MG TAB, 0.625 MG/GM CREAM, 0.9 MG TAB, 1.25 MG TAB) <i>estrogens, conjugated</i>	TIER 2	
PREMPHASE	PREMPHASE 0.625-5 MG TAB <i>conjugated estrogens-medroxyprogesterone acetate</i>	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) <i>conjugated estrogens-medroxyprogesterone acetate</i>	TIER 2	
<i>previfem</i>	<i>previfem 0.25-35 mg-mcg tab</i>	TIER 1	
<i>quasense</i>	<i>quasense 0.15-0.03 mg tab</i>	TIER 1	

BRAND NAME	DRUG DESCRIPTION (RX)	TIER	LIMITS & RESTRICTIONS
<i>rajani</i>	<i>rajani 3-0.02-0.451 mg tab</i>	TIER 1	
<i>reclipsen</i>	<i>reclipsen 0.15-30 mg-mcg tab</i>	TIER 1	
<i>rivelsa</i>	<i>rivelsa 42-21-21-7 days tab</i>	TIER 1	
<i>setlakin</i>	<i>setlakin 0.15-0.03 mg tab</i>	TIER 1	
<i>simliya</i>	<i>simliya 0.15-0.02/0.01 mg (21/5) tab</i>	TIER 1	
<i>simpesse</i>	<i>simpesse 0.15-0.03 &0.01 mg tab</i>	TIER 1	
<i>sprintec 28</i>	<i>sprintec 28 0.25-35 mg-mcg tab</i>	TIER 1	
<i>sronyx</i>	<i>sronyx 0.1-20 mg-mcg tab</i>	TIER 1	
<i>syeda</i>	<i>syeda 3-0.03 mg tab</i>	TIER 1	
<i>tarina 24 fe</i>	<i>tarina 24 fe 1-20 mg-mcg(24) tab</i>	TIER 1	
<i>tarina fe 1/20</i>	<i>tarina fe 1/20 1-20 mg-mcg tab</i>	TIER 1	
<i>tarina fe 1/20 eq</i>	<i>tarina fe 1/20 eq 1-20 mg-mcg tab</i>	TIER 1	
<i>taysofy</i>	<i>taysofy 1-20 mg-mcg(24) cap</i>	TIER 1	
<i>tilia fe</i>	<i>tilia fe 1-20/1-30/1-35 mg-mcg tab</i>	TIER 1	
<i>tri femynor</i>	<i>tri femynor 0.18/0.215/0.25 mg-35 mcg tab</i>	TIER 1	
<i>tri-estarylla</i>	<i>tri-estarylla 0.18/0.215/0.25 mg-35 mcg tab</i>	TIER 1	
<i>tri-legest fe</i>	<i>tri-legest fe 1-20/1-30/1-35 mg-mcg tab</i>	TIER 1	
<i>tri-lynyah</i>	<i>tri-lynyah 0.18/0.215/0.25 mg-35 mcg tab</i>	TIER 1	
<i>tri-lo-estarylla</i>	<i>tri-lo-estarylla 0.18/0.215/0.25 mg-25 mcg tab</i>	TIER 1	
<i>tri-lo-marzia</i>	<i>tri-lo-marzia 0.18/0.215/0.25 mg-25 mcg tab</i>	TIER 1	
<i>tri-lo-mili</i>	<i>tri-lo-mili 0.18/0.215/0.25 mg-25 mcg tab</i>	TIER 1	
<i>tri-lo-sprintec</i>	<i>tri-lo-sprintec 0.18/0.215/0.25 mg-25 mcg tab</i>	TIER 1	
<i>tri-mili</i>	<i>tri-mili 0.18/0.215/0.25 mg-35 mcg tab</i>	TIER 1	

BRAND NAME	DRUG DESCRIPTION (RX)	TIER	LIMITS & RESTRICTIONS
<i>tri-nymyo</i>	<i>tri-nymyo 0.18/0.215/0.25 mg-35 mcg tab</i>	TIER 1	
<i>tri-previfem</i>	<i>tri-previfem 0.18/0.215/0.25 mg-35 mcg tab</i>	TIER 1	
<i>tri-sprintec</i>	<i>tri-sprintec 0.18/0.215/0.25 mg-35 mcg tab</i>	TIER 1	
<i>tri-vylibra</i>	<i>tri-vylibra 0.18/0.215/0.25 mg-35 mcg tab</i>	TIER 1	
<i>tri-vylibra lo</i>	<i>tri-vylibra lo 0.18/0.215/0.25 mg-25 mcg tab</i>	TIER 1	
<i>trivora (28)</i>	<i>trivora (28) 50-30/75-40/125-30 mcg tab</i>	TIER 1	
TWIRLA	TWIRLA 120-30 MCG/24HR PATCH WK <i>levonorgestrel-ethinyl estradiol</i>	TIER 3	
TYBLUME	TYBLUME 0.1-20 MG-MCG CHEW TAB <i>levonorgestrel & eth estradiol</i>	TIER 3	
<i>tydemy</i>	<i>tydemy 3-0.03-0.451 mg tab</i>	TIER 1	
VELIVET	VELIVET 0.1/0.125/0.15 - 0.025 MG TAB <i>desogestrel-ethinyl estradiol (triphasic)</i>	TIER 1	GA
<i>vestura</i>	<i>vestura 3-0.02 mg tab</i>	TIER 1	
<i>vienva</i>	<i>vienva 0.1-20 mg-mcg tab</i>	TIER 1	
<i>vioarele</i>	<i>vioarele 0.15-0.02/0.01 mg (21/5) tab</i>	TIER 1	
<i>volnea</i>	<i>volnea 0.15-0.02/0.01 mg (21/5) tab</i>	TIER 1	
<i>vyfemla</i>	<i>vyfemla 0.4-35 mg-mcg tab</i>	TIER 1	
<i>vylibra</i>	<i>vylibra 0.25-35 mg-mcg tab</i>	TIER 1	
<i>wera</i>	<i>wera 0.5-35 mg-mcg tab</i>	TIER 1	
<i>wymzya fe</i>	<i>wymzya fe 0.4-35 mg-mcg chew tab</i>	TIER 1	
<i>xulane</i>	<i>xulane 150-35 mcg/24hr patch wk</i>	TIER 1	
<i>yuvaferm</i>	<i>yuvaferm 10 mcg tab</i>	TIER 1	
<i>zafemy</i>	<i>zafemy 150-35 mcg/24hr patch wk</i>	TIER 1	
<i>zarah</i>	<i>zarah 3-0.03 mg tab</i>	TIER 1	
<i>zenchent</i>	<i>zenchent 0.4-35 mg-mcg tab</i>	TIER 1	

BRAND NAME	DRUG DESCRIPTION (RX)	TIER	LIMITS & RESTRICTIONS
<i>zovia 1/35 (28)</i>	<i>zovia 1/35 (28) 1-35 mg-mcg tab</i>	TIER 1	
<i>zovia 1/35e (28)</i>	<i>zovia 1/35e (28) 1-35 mg-mcg tab</i>	TIER 1	
<i>zumandimine</i>	<i>zumandimine 3-0.03 mg tab</i>	TIER 1	
PROGESTERONE AGONISTS/ANTAGONISTS			
ELLA	ELLA 30 MG TAB <i>ulipristal acetate</i>	TIER 3	
PROGESTINS			
<i>camila</i>	<i>camila 0.35 mg tab</i>	TIER 1	
CRINONE	CRINONE 4 % GEL <i>progesterone (vaginal)</i>	TIER 3	
<i>deblitane</i>	<i>deblitane 0.35 mg tab</i>	TIER 1	
DEPO-SUBQ PROVERA 104	DEPO-SUBQ PROVERA 104 104 MG/0.65ML SUSP PRSYR <i>medroxyprogesterone acetate (contraceptive)</i>	TIER 3	
<i>errin</i>	<i>errin 0.35 mg tab</i>	TIER 1	
<i>heather</i>	<i>heather 0.35 mg tab</i>	TIER 1	
<i>hydroxyprogesterone caproate</i>	<i>hydroxyprogesterone caproate 250 mg/ml oil</i>	SP-M	QL (250 PER WEEK(S))
<i>incassia</i>	<i>incassia 0.35 mg tab</i>	TIER 1	
<i>jencycla</i>	<i>jencycla 0.35 mg tab</i>	TIER 1	
<i>jolivette</i>	<i>jolivette 0.35 mg tab</i>	TIER 1	
<i>lyleq</i>	<i>lyleq 0.35 mg tab</i>	TIER 1	
<i>lyza</i>	<i>lyza 0.35 mg tab</i>	TIER 1	
MAKENA	MAKENA 250 MG/ML OIL <i>hydroxyprogesterone caproate</i>	SP-M	QL (250 PER WEEK(S)), GA
MAKENA	MAKENA 275 MG/1.1ML SOLN A-INJ <i>hydroxyprogesterone caproate</i>	SP-M	QL (4 PER 28 DAY(S))
<i>medroxyprogesterone acetate</i>	<i>medroxyprogesterone acetate (2.5 mg tab, 5 mg tab, 10 mg tab, 150 mg/ml susp prsyr, 150 mg/ml suspension)</i>	TIER 1	

BRAND NAME	DRUG DESCRIPTION (RX)	TIER	LIMITS & RESTRICTIONS
<i>megestrol acetate</i>	<i>megestrol acetate (20 mg tab, 40 mg tab, 40 mg/ml suspension, 400 mg/10ml suspension, 625 mg/5ml suspension, 800 mg/20ml suspension)</i>	TIER 1	
<i>nora-be</i>	<i>nora-be 0.35 mg tab</i>	TIER 1	
<i>norethindrone</i>	<i>norethindrone 0.35 mg tab</i>	TIER 1	
<i>norethindrone acetate</i>	<i>norethindrone acetate 5 mg tab</i>	TIER 1	
<i>norlyda</i>	<i>norlyda 0.35 mg tab</i>	TIER 1	
<i>norlyroc</i>	<i>norlyroc 0.35 mg tab</i>	TIER 1	
<i>progesterone</i>	<i>progesterone (50 mg/ml oil, 100 mg cap, 200 mg cap)</i>	TIER 1	
<i>sharobel</i>	<i>sharobel 0.35 mg tab</i>	TIER 1	
SLYND	SLYND 4 MG TAB <i>drospirenone</i>	TIER 3	
<i>tulana</i>	<i>tulana 0.35 mg tab</i>	TIER 1	
SELECTIVE ESTROGEN RECEPTOR MODIFYING AGENTS			
DUAVEE	DUAVEE 0.45-20 MG TAB <i>conjugated estrogens-bazedoxifene</i>	TIER 3	
OSPHENA	OSPHENA 60 MG TAB <i>ospemifene</i>	TIER 3	
<i>raloxifene hcl</i>	<i>raloxifene hcl 60 mg tab</i>	TIER 1	PA
HORMONAL AGENTS, STIMULANT/REPLACEMENT/MODIFYING (THYROID)			
<i>euthyrox</i>	<i>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)</i>	TIER 1	
<i>levo-t</i>	<i>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)</i>	TIER 1	

BRAND NAME	DRUG DESCRIPTION (RX)	TIER	LIMITS & RESTRICTIONS
<i>levothyroxine sodium</i>	<i>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)</i>	TIER 1	
<i>levoxyl</i>	<i>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)</i>	TIER 1	
<i>liothyronine sodium</i>	<i>liothyronine sodium (5 mcg tab, 25 mcg tab, 50 mcg tab)</i>	TIER 1	
NP THYROID	NP THYROID (15 MG TAB, 30 MG TAB, 60 MG TAB, 90 MG TAB, 120 MG TAB) <i>thyroid</i>	TIER 1	GA
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) <i>levothyroxine sodium</i>	TIER 2	GA
<i>thyroid</i>	<i>thyroid (15 mg tab, 30 mg tab, 60 mg tab, 90 mg tab, 120 mg tab)</i>	TIER 1	
<i>unithroid</i>	<i>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)</i>	TIER 1	
HORMONAL AGENTS, SUPPRESSANT (PITUITARY)			
BYNFEZIA PEN	BYNFEZIA PEN 2500 MCG/ML (2.8 ML) SOLN PEN <i>octreotide acetate</i>	SP-P	
<i>cabergoline</i>	<i>cabergoline 0.5 mg tab</i>	TIER 1	

BRAND NAME	DRUG DESCRIPTION (RX)	TIER	LIMITS & RESTRICTIONS
CAMCEVI	CAMCEVI 42 MG PRSYR <i>leuprolide mesylate (6 month)</i>	SP-M	
<i>cetorelix acetate</i>	<i>cetorelix acetate 0.25 mg kit</i>	SP-M	
CETROTIDE	CETROTIDE 0.25 MG KIT <i>cetorelix acetate</i>	SP-M	GA
ELIGARD	ELIGARD (7.5 MG KIT, 22.5 MG KIT, 30 MG KIT, 45 MG KIT) <i>leuprolide acetate</i>	SP-M	
FENSOLVI (6 MONTH)	FENSOLVI (6 MONTH) 45 MG KIT <i>leuprolide acetate (cpp) (6 month)</i>	SP-M	
FIRMAGON (240 MG DOSE)	FIRMAGON (240 MG DOSE) 120 MG/VIAL RECON SOLN <i>degarelix acetate</i>	SP-M	
FIRMAGON	FIRMAGON 80 MG RECON SOLN <i>degarelix acetate</i>	SP-M	
<i>fyremadel</i>	<i>fyremadel 250 mcg/0.5ml soln prsyr</i>	SP-M	
<i>ganirelix acetate</i>	<i>ganirelix acetate 250 mcg/0.5ml soln prsyr</i>	SP-M	
LANREOTIDE ACETATE	LANREOTIDE ACETATE 120 MG/0.5ML SOLUTION <i>lanreotide acetate</i>	SP-M	PA
LEUPROLIDE ACETATE	LEUPROLIDE ACETATE (1 MG/0.2ML KIT, 22.5 MG INJECTABLE) <i>leuprolide acetate (3 month)</i>	SP-M	
LUPANETA PACK	LUPANETA PACK (PACK3.755MGKIT, PACK11.255MGKIT) <i>leuprolide acetate & norethindrone acetate</i>	SP-M	
LUPRON DEPOT (1-MONTH)	LUPRON DEPOT (1-MONTH) (3.75 MG KIT, 7.5 MG KIT) <i>leuprolide acetate</i>	SP-M	
LUPRON DEPOT (3-MONTH)	LUPRON DEPOT (3-MONTH) (11.25 MG KIT, 22.5 MG KIT) <i>leuprolide acetate (3 month)</i>	SP-M	

BRAND NAME	DRUG DESCRIPTION (RX)	TIER	LIMITS & RESTRICTIONS
LUPRON DEPOT (4-MONTH)	LUPRON DEPOT (4-MONTH) 30 MG KIT <i>leuprolide acetate (4 month)</i>	SP-M	
LUPRON DEPOT (6-MONTH)	LUPRON DEPOT (6-MONTH) 45 MG KIT <i>leuprolide acetate (6 month)</i>	SP-M	
LUPRON DEPOT-PED (1-MONTH)	LUPRON DEPOT-PED (1-MONTH) (7.5 MG KIT, 11.25 MG KIT, 15 MG KIT) <i>leuprolide acetate (cpp)</i>	SP-M	
LUPRON DEPOT-PED (3-MONTH)	LUPRON DEPOT-PED (3-MONTH) (11.25 MG KIT, 30 MG KIT) <i>leuprolide acetate (cpp) (3 month)</i>	SP-M	
MYCAPSSA	MYCAPSSA 20 MG CAP DR <i>octreotide acetate</i>	SP-NP	PA, QL (4 PER DAY(S))
<i>octreotide acetate</i>	<i>octreotide acetate (50 mcg/ml soln prsyr, 50 mcg/ml solution, 100 mcg/ml soln prsyr, 100 mcg/ml solution, 200 mcg/ml solution, 500 mcg/ml soln prsyr, 500 mcg/ml solution, 1000 mcg/ml solution)</i>	SBG	
ORGOVYX	ORGOVYX 120 MG TAB <i>relugolix</i>	SP-P	
SANDOSTATIN LAR DEPOT	SANDOSTATIN LAR DEPOT (10 MG KIT, 20 MG KIT, 30 MG KIT) <i>octreotide acetate</i>	SP-M	PA
SIGNIFOR	SIGNIFOR (0.3 MG/ML SOLUTION, 0.6 MG/ML SOLUTION, 0.9 MG/ML SOLUTION) <i>pasireotide diaspertate</i>	SP-P	
SIGNIFOR LAR	SIGNIFOR LAR (10 MG, 20 MG, 30 MG, 40 MG, 60 MG) <i>pasireotide pamoate</i>	SP-M	MN-PA (Medically Necessary Prior Authorization)

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) <i>lanreotide acetate</i>	SP-M	PA
SOMAVERT	SOMAVERT (10 MG RECON SOLN, 15 MG RECON SOLN, 20 MG RECON SOLN, 25 MG RECON SOLN, 30 MG RECON SOLN) <i>pegvisomant</i>	SP-P	MN-PA (Medically Necessary Prior Authorization)
SUPPRELIN LA	SUPPRELIN LA 50 MG KIT <i>histrelin acetate (cpp)</i>	SP-M	
TRELSTAR MIXJECT	TRELSTAR MIXJECT (3.75 MG RECON SUSP, 11.25 MG RECON SUSP, 22.5 MG RECON SUSP) <i>triptorelin pamoate</i>	SP-M	
TRIPTODUR	TRIPTODUR 22.5 MG SRER <i>triptorelin pamoate (cpp)</i>	SP-M	
VANTAS	VANTAS 50 MG KIT <i>histrelin acetate</i>	SP-M	
HORMONAL AGENTS, SUPPRESSANT (THYROID)			
ANTITHYROID AGENTS			
<i>methimazole</i>	<i>methimazole (5 mg tab, 10 mg tab)</i>	TIER 1	
<i>propylthiouracil</i>	<i>propylthiouracil 50 mg tab</i>	TIER 1	
IMMUNOLOGICAL AGENTS			
ANGIOEDEMA AGENTS			
BERINERT	BERINERT 500 UNIT KIT c1 esterase inhibitor (human)	SP-M	MN-PA (Medically Necessary Prior Authorization)
CINRYZE	CINRYZE 500 UNIT RECON SOLN c1 esterase inhibitor (human)	SP-M	PA
HAEGARDA	HAEGARDA (2000 RECON SOLN, 3000 RECON SOLN) c1 esterase inhibitor (human)	SP-P	PA

BRAND NAME	DRUG DESCRIPTION (RX)	TIER	LIMITS & RESTRICTIONS
<i>icatibant acetate</i>	<i>icatibant acetate 30 mg/3ml solution</i>	SBG	PA
KALBITOR	KALBITOR 10 MG/ML SOLUTION <i>ecallantide</i>	SP-M	PA
ORLADEYO	ORLADEYO (110 MG CAP, 150 MG CAP) <i>berotralstat hcl</i>	SP-P	PA, QL (30 PER 30 DAY(S))
RUCONEST	RUCONEST 2100 UNIT RECON SOLN c1 esterase inhibitor (recombinant)	SP-M	PA
<i>sajazir</i>	<i>sajazir 30 mg/3ml solution</i>	SBG	PA
TAKHZYRO	TAKHZYRO (300 SOLN PRSYR, 300 SOLUTION) <i>lanadelumab-flyo</i>	SP-P	PA, QL (2 PER 28 DAY(S))
IMMUNE SUPPRESSANTS			
ASTAGRAF XL	ASTAGRAF XL (0.5 MG CAP ER 24H, 1 MG CAP ER 24H, 5 MG CAP ER 24H) <i>tacrolimus</i>	SP-P	
AVSOLA	AVSOLA 100 MG RECON SOLN <i>infliximab-axxq</i>	SP-M	PA
<i>azathioprine</i>	<i>azathioprine 50 mg tab</i>	TIER 1	
CELLCEPT	CELLCEPT (200 MG/ML RECON SUSP, 250 MG CAP, 500 MG TAB) <i>mycophenolate mofetil</i>	TIER 2	GA
CELLCEPT INTRAVENOUS	CELLCEPT INTRAVENOUS 500 MG RECON SOLN <i>mycophenolate mofetil hcl</i>	SP-M	GA
CIMZIA	CIMZIA 2 X 200 MG KIT <i>certolizumab pegol</i>	SP-NP	MN-PA (Medically Necessary Prior Authorization), QLV (Quantity Limit Varies)
CIMZIA PREFILLED	CIMZIA PREFILLED 2 X 200 MG/ML PREF SY KT <i>certolizumab pegol</i>	SP-NP	MN-PA (Medically Necessary Prior Authorization), QLV (Quantity Limit Varies)
CIMZIA STARTER KIT	CIMZIA STARTER KIT 6 X 200 MG/ML PREF SY KT <i>certolizumab pegol</i>	SP-NP	QL (1 PER LIFETIME), MN-PA (Medically Necessary Prior Authorization)
<i>cyclosporine</i>	<i>cyclosporine (25 mg cap, 100 mg cap)</i>	TIER 1	

BRAND NAME	DRUG DESCRIPTION (RX)	TIER	LIMITS & RESTRICTIONS
<i>cyclosporine</i>	<i>cyclosporine 50 mg/ml solution</i>	SP-M	
<i>cyclosporine modified</i>	<i>cyclosporine modified (25 mg cap, 50 mg cap, 100 mg cap, 100 mg/ml solution)</i>	TIER 1	
EMPAVELI	EMPAVELI 1080 MG/20ML SOLUTION <i>pegcetacoplan</i>	SP-M	PA
ENBREL	ENBREL (25 MG RECON SOLN, 25 MG/0.5ML SOLN PRSYR, 50 MG/ML SOLN PRSYR) <i>etanercept</i>	SP-P	PA, QL (8 PER 28 DAYS)
ENBREL	ENBREL 25 MG/0.5ML SOLUTION <i>etanercept</i>	SP-P	PA, QL (8 PER 28 DAY(S))
ENBREL MINI	ENBREL MINI 50 MG/ML SOLN CART <i>etanercept</i>	SP-P	PA, QL (8 PER 28 DAY(S))
ENBREL SURECLICK	ENBREL SURECLICK 50 MG/ML SOLN A-INJ <i>etanercept</i>	SP-P	PA, QL (8 PER 28 DAYS)
ENSPRYNG	ENSPRYNG 120 MG/ML SOLN PRSYR <i>satralizumab-mwge</i>	SP-P	PA, QL (1 PER 28 DAY(S))
ENTYVIO	ENTYVIO 300 MG RECON SOLN <i>vedolizumab</i>	SP-M	PA
ENVARSUS XR	ENVARSUS XR (0.75 MG TAB ER 24H, 1 MG TAB ER 24H, 4 MG TAB ER 24H) <i>tacrolimus</i>	SP-P	
<i>everolimus</i>	<i>everolimus (0.25 mg tab, 0.5 mg tab, 0.75 mg tab, 1 mg tab)</i>	SBG	
GAMIFANT	GAMIFANT (10 MG/2ML SOLUTION, 50 MG/10ML SOLUTION, 100 MG/20ML SOLUTION) <i>emapalumab-lzsg</i>	SP-M	
<i>gengraf</i>	<i>gengraf (25 mg cap, 100 mg cap, 100 mg/ml solution)</i>	TIER 1	

BRAND NAME	DRUG DESCRIPTION (RX)	TIER	LIMITS & RESTRICTIONS
HUMIRA	HUMIRA (10 MG/0.1ML PREF SY KT, 20 MG/0.2ML PREF SY KT, 40 MG/0.4ML PREF SY KT) <i>adalimumab</i>	SP-P	PA, QL (4 PER 28 DAY(S))
HUMIRA	HUMIRA (10 MG/0.2ML PREF SY KT, 20 MG/0.4ML PREF SY KT, 40 MG/0.8ML PREF SY KT) <i>adalimumab</i>	SP-P	PA, QL (4 PER 28 DAYS)
HUMIRA PEDIATRIC CROHNS START	HUMIRA PEDIATRIC CROHNS START (80 & 40MG/0.4ML PREF SY KT, 80 PREF SY KT) <i>adalimumab</i>	SP-P	PA, QL (1 PER LIFETIME)
HUMIRA PEDIATRIC CROHNS START	HUMIRA PEDIATRIC CROHNS START 40 MG/0.8ML PREF SY KT <i>adalimumab</i>	SP-P	PA, QL (4 PER 28 DAYS)
HUMIRA PEN	HUMIRA PEN 40 MG/0.4ML PEN KIT <i>adalimumab</i>	SP-P	PA, QL (4 PER 28 DAY(S))
HUMIRA PEN	HUMIRA PEN 40 MG/0.8ML PEN KIT <i>adalimumab</i>	SP-P	PA, QL (4 PER 28 DAYS)
HUMIRA PEN	HUMIRA PEN 80 MG/0.8ML PEN KIT <i>adalimumab</i>	SP-P	PA, QL (1 PER LIFETIME)
HUMIRA PEN- CD/UC/HS STARTER	HUMIRA PEN-CD/UC/HS STARTER 40 MG/0.8ML PEN KIT <i>adalimumab</i>	SP-P	PA, QL (4 PER 28 DAYS)
HUMIRA PEN- CD/UC/HS STARTER	HUMIRA PEN-CD/UC/HS STARTER 80 MG/0.8ML PEN KIT <i>adalimumab</i>	SP-P	PA, QL (1 PER LIFETIME)
HUMIRA PEN- PEDIATRIC UC START	HUMIRA PEN-PEDIATRIC UC START 80 MG/0.8ML PEN KIT <i>adalimumab</i>	SP-P	PA, QL (1 PER LIFETIME)
HUMIRA PEN- PS/UV/ADOL HS START	HUMIRA PEN- PS/UV/ADOL HS START 40 MG/0.8ML PEN KIT <i>adalimumab</i>	SP-P	PA, QL (4 PER 28 DAYS)

BRAND NAME	DRUG DESCRIPTION (RX)	TIER	LIMITS & RESTRICTIONS
HUMIRA PEN- PSOR/UEIT STARTER	HUMIRA PEN- PSOR/UEIT STARTER 80 MG/0.8ML & 40MG/0.4ML PEN KIT <i>adalimumab</i>	SP-P	PA, QL (1 PER LIFETIME)
INFLECTRA	INFLECTRA 100 MG RECON SOLN <i>infliximab-dyyb</i>	SP-M	PA
INFLIXIMAB	INFLIXIMAB 100 MG RECON SOLN <i>infliximab</i>	SP-M	PA
KINERET	KINERET 100 MG/0.67ML SOLN PRSYR <i>anakinra</i>	SP-NP	MN-PA (Medically Necessary Prior Authorization), QLV (Quantity Limit Varies)
LUPKYNIS	LUPKYNIS 7.9 MG CAP <i>voclosporin</i>	SP-NP	PA, QL (6 PER DAY(S))
<i>methotrexate</i>	<i>methotrexate 2.5 mg tab</i>	TIER 1	
<i>methotrexate sodium</i>	<i>methotrexate sodium (2.5 mg tab, 50 mg/2ml solution, 250 mg/10ml solution)</i>	TIER 1	
<i>methotrexate sodium (pf)</i>	<i>methotrexate sodium (pf) (1 gm/40ml solution, 50 mg/2ml solution, 250 mg/10ml solution)</i>	TIER 1	
<i>methotrexate sodium</i>	<i>methotrexate sodium 1 gm recon soln</i>	SP-M	
<i>mycophenolate mofetil</i>	<i>mycophenolate mofetil (200 mg/ml recon susp, 250 mg cap, 500 mg tab)</i>	TIER 1	
<i>mycophenolate mofetil</i>	<i>mycophenolate mofetil 500 mg recon soln</i>	SP-M	
<i>mycophenolate mofetil hcl</i>	<i>mycophenolate mofetil hcl 500 mg recon soln</i>	SP-M	
<i>mycophenolate sodium</i>	<i>mycophenolate sodium (180 mg tab dr, 360 mg tab dr)</i>	TIER 1	
NEORAL	NEORAL (25 MG CAP, 100 MG CAP, 100 MG/ML SOLUTION) <i>cyclosporine modified (for microemulsion)</i>	TIER 3	GA
NULOJIX	NULOJIX 250 MG RECON SOLN <i>belatacept</i>	SP-M	
OLUMIANT	OLUMIANT (1 MG TAB, 2 MG TAB) <i>baricitinib</i>	SP-NP	QL (30 PER 30 DAY(S)), MN-PA (Medically Necessary Prior Authorization)

BRAND NAME	DRUG DESCRIPTION (RX)	TIER	LIMITS & RESTRICTIONS
OLUMIANT	OLUMIANT 4 MG TAB <i>baricitinib</i>	SP-NP	QL (1 PER 1 DAY(S)), MN-PA (Medically Necessary Prior Authorization)
ORENCIA	ORENCIA (50 MG/0.4ML SOLN PRSYR, 87.5 MG/0.7ML SOLN PRSYR, 125 MG/ML SOLN PRSYR) <i>abatacept</i>	SP-NP	QL (4 PER 28 DAY(S)), MN-PA (Medically Necessary Prior Authorization)
ORENCIA	ORENCIA 250 MG RECON SOLN <i>abatacept</i>	SP-M	PA, QL (4 PER 28 DAY(S))
ORENCIA CLICKJECT	ORENCIA CLICKJECT 125 MG/ML SOLN A-INJ <i>abatacept</i>	SP-NP	QL (4 PER 28 DAY(S)), MN-PA (Medically Necessary Prior Authorization)
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) <i>methotrexate</i> (<i>antirheumatic</i>)	SP-M	
PROGRAF	PROGRAF (0.2 MG PACKET, 0.5 MG CAP, 1 MG CAP, 1 MG PACKET, 5 MG CAP) <i>tacrolimus</i>	TIER 3	GA
PROGRAF	PROGRAF 5 MG/ML SOLUTION <i>tacrolimus</i>	SP-M	
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) <i>methotrexate</i> (<i>antirheumatic</i>)	SP-M	

BRAND NAME	DRUG DESCRIPTION (RX)	TIER	LIMITS & RESTRICTIONS
REDITREX	REDITREX (7.5 MG/0.3ML SOLN PRSYR, 10 MG/0.4ML SOLN PRSYR, 12.5 MG/0.05ML 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) <i>methotrexate</i> (<i>antirheumatic</i>)	SP-M	
REMICADE	REMICADE 100 MG RECON SOLN <i>infliximab</i>	SP-M	PA
RENFLEXIS	RENFLEXIS 100 MG RECON SOLN <i>infliximab-abda</i>	SP-M	PA
REZUROCK	REZUROCK 200 MG TAB <i>belumosudil mesylate</i>	SP-P	PA, QL (1 PER DAY(S))
RINVOQ	RINVOQ (30 MG TAB ER 24H, 45 MG TAB ER 24H) <i>upadacitinib</i>	SP-P	PA, QL (1 PER 1 DAY(S))
RINVOQ	RINVOQ 15 MG TAB ER 24H <i>upadacitinib</i>	SP-P	PA, QL (30 PER 30 DAY(S))
SANDIMMUNE	SANDIMMUNE (25 MG CAP, 100 MG CAP, 100 MG/ML SOLUTION) <i>cyclosporine</i>	TIER 3	GA
SANDIMMUNE	SANDIMMUNE 50 MG/ML SOLUTION <i>cyclosporine</i>	SP-M	GA
SIMPONI	SIMPONI (50 MG/0.5ML SOLN A-INJ, 50 MG/0.5ML SOLN PRSYR, 100 MG/ML SOLN A-INJ, 100 MG/ML SOLN PRSYR) <i>golimumab</i>	SP-NP	QL (1 PER 30 DAYS), MN-PA (Medically Necessary Prior Authorization)
SIMPONI ARIA	SIMPONI ARIA 50 MG/4ML SOLUTION <i>golimumab</i>	SP-M	PA
<i>sirolimus</i>	<i>sirolimus (0.5 mg tab, 1 mg tab, 2 mg tab)</i>	TIER 1	
<i>sirolimus</i>	<i>sirolimus 1 mg/ml solution</i>	TIER 1	PA, QL (1200 PER 30 DAY(S))

BRAND NAME	DRUG DESCRIPTION (RX)	TIER	LIMITS & RESTRICTIONS
<i>tacrolimus</i>	<i>tacrolimus (0.5 mg cap, 1 mg cap, 5 mg cap)</i>	TIER 1	
TAVNEOS	TAVNEOS 10 MG CAP <i>avacopan</i>	SP-NP	PA, QL (180 PER 30 DAY(S))
<i>temsirolimus</i>	<i>temsirolimus 25 mg/ml solution</i>	SP-M	
TORISEL	TORISEL 25 MG/ML SOLUTION <i>temsirolimus</i>	SP-M	GA
UPLIZNA	UPLIZNA 100 MG/10ML SOLUTION <i>inebilizumab-cdon</i>	SP-M	PA
XATMEP	XATMEP 2.5 MG/ML SOLUTION <i>methotrexate</i>	TIER 3	PA
XELJANZ	XELJANZ 1 MG/ML SOLUTION <i>tofacitinib citrate</i>	SP-P	PA, QL (10 PER 1 DAY(S))
XELJANZ	XELJANZ 10 MG TAB <i>tofacitinib citrate</i>	SP-P	PA, QL (60 PER 28 DAY(S))
XELJANZ	XELJANZ 5 MG TAB <i>tofacitinib citrate</i>	SP-P	PA, QL (60 PER 30 DAYS)
XELJANZ XR	XELJANZ XR 11 MG TAB ER 24H <i>tofacitinib citrate</i>	SP-P	PA, QL (30 PER 30 DAYS)
XELJANZ XR	XELJANZ XR 22 MG TAB ER 24H <i>tofacitinib citrate</i>	SP-P	PA, QL (30 PER 30 DAY(S))
ZORTRESS	ZORTRESS (0.25 MG TAB, 0.5 MG TAB, 0.75 MG TAB, 1 MG TAB) <i>everolimus</i> (immunosuppressant)	SP-P	GA
IMMUNIZING AGENTS, PASSIVE			
ASCENIV	ASCENIV 5 GM/50ML SOLUTION <i>immune globulin (human)-slra</i>	SP-M	PA
BIVIGAM	BIVIGAM (5 GM/50ML SOLUTION, 10 GM/100ML SOLUTION) <i>immune globulin (human) iv</i>	SP-M	PA

BRAND NAME	DRUG DESCRIPTION (RX)	TIER	LIMITS & RESTRICTIONS
CARIMUNE NF	CARIMUNE NF (6 GM RECON SOLN, 12 GM RECON SOLN) <i>immune globulin (human) iv</i>	SP-M	PA
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) <i>immune globulin (human)-hipp</i>	SP-M	PA
CUVITRU	CUVITRU (1 GM/5ML SOLUTION, 2 GM/10ML SOLUTION, 4 GM/20ML SOLUTION, 8 GM/40ML SOLUTION, 10 GM/50ML SOLUTION) <i>immune globulin (human) subcutaneous</i>	SP-M	PA
CYTOGAM	CYTOGAM 50 MG/ML INJECTABLE <i>cytomegalovirus immune globulin (human)</i>	SP-M	
FLEBOGAMMA DIF	FLEBOGAMMA DIF (0.5 GM/10ML 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, 20 GM/400ML SOLUTION) <i>immune globulin (human) iv</i>	SP-M	PA
GAMASTAN	GAMASTAN INJECTABLE <i>immune globulin (human) im</i>	SP-M	

BRAND NAME	DRUG DESCRIPTION (RX)	TIER	LIMITS & RESTRICTIONS
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) <i>immune globulin (human) iv or subcutaneous</i>	SP-M	PA
GAMMAGARD S/D LESS IGA	GAMMAGARD S/D LESS IGA (5 GM RECON SOLN, 10 GM RECON SOLN) <i>immune globulin (human) iv</i>	SP-M	PA
GAMMAKED	GAMMAKED (1 GM/10ML SOLUTION, 5 GM/50ML SOLUTION, 10 GM/100ML SOLUTION, 20 GM/200ML SOLUTION) <i>immune globulin (human) iv or subcutaneous</i>	SP-M	PA
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) <i>immune globulin (human) iv</i>	SP-M	PA
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) <i>immune globulin (human) iv or subcutaneous</i>	SP-M	PA
HEPAGAM B	HEPAGAM B 312 UNIT/ML SOLUTION <i>hepatitis b immune globulin (human)</i>	SP-M	

BRAND NAME	DRUG DESCRIPTION (RX)	TIER	LIMITS & RESTRICTIONS
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 SOLUTION) <i>immune globulin (human) subcutaneous</i>	SP-M	PA
HYPERHEP B	HYPERHEP B (110 UNIT/0.5ML SOLN PRSYR, 220 UNIT/ML SOLN PRSYR, 220 UNIT/ML SOLUTION) <i>hepatitis b immune globulin (human)</i>	SP-M	
HYPERRHO S/D	HYPERRHO S/D (250 SOLN PRSYR, 1500 SOLN PRSYR) <i>rho d immune globulin (human)</i>	SP-M	
HYQVIA	HYQVIA (2.5 GM/25ML KIT, 5 GM/50ML KIT, 10 GM/100ML KIT, 20 GM/200ML KIT, 30 GM/300ML KIT) <i>immune globulin (human)-hyaluronidase (human recombinant)</i>	SP-M	PA
MICRHOGAM ULTRA-FILTERED PLUS	MICRHOGAM ULTRA-FILTERED PLUS 250 UNIT SOLN PRSYR <i>rho d immune globulin (human)</i>	SP-M	
NABI-HB	NABI-HB 312 UNIT/ML SOLUTION <i>hepatitis b immune globulin (human)</i>	SP-M	

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) <i>immune globulin (human) iv</i>	SP-M	PA
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) <i>immune globulin (human)- ifas</i>	SP-M	PA
PRIVIGEN	PRIVIGEN (5 GM/50ML SOLUTION, 10 GM/100ML SOLUTION, 20 GM/200ML SOLUTION, 40 GM/400ML SOLUTION) <i>immune globulin (human) iv</i>	SP-M	PA
RHOGAM ULTRA- FILTERED PLUS	RHOGAM ULTRA- FILTERED PLUS 1500 UNIT SOLN PRSYR <i>rho d immune globulin (human)</i>	SP-M	
RHOPHYLAC	RHOPHYLAC 1500 UNIT/2ML SOLN PRSYR <i>rho d immune globulin (human)</i>	SP-M	
VARIZIG	VARIZIG 125 UNIT/1.2ML SOLUTION <i>varicella-zoster immune globulin (human)</i>	SP-M	

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) <i>rho d immune globulin (human)</i>	SP-M	
XEMBIFY	XEMBIFY (1 GM/5ML SOLUTION, 2 GM/10ML SOLUTION, 4 GM/20ML SOLUTION, 10 GM/50ML SOLUTION) <i>immune globulin (human)-klhw</i>	SP-M	PA
IMMUNOMODULATORS			
ACTEMRA	ACTEMRA (80 MG/4ML SOLUTION, 200 MG/10ML SOLUTION, 400 MG/20ML SOLUTION) <i>tocilizumab</i>	SP-M	PA, QL (40 PER 28 DAYS)
ACTEMRA	ACTEMRA 162 MG/0.9ML SOLN PRSYR <i>tocilizumab</i>	SP-NP	QL (4 PER 28 DAYS), MN-PA (Medically Necessary Prior Authorization)
ACTEMRA ACTPEN	ACTEMRA ACTPEN 162 MG/0.9ML SOLN A-INJ <i>tocilizumab</i>	SP-NP	QL (4 PER 28 DAY(S)), MN-PA (Medically Necessary Prior Authorization)
ACTIMMUNE	ACTIMMUNE 2000000 UNIT/0.5ML SOLUTION <i>interferon gamma-1b</i>	SP-P	
ARCALYST	ARCALYST 220 MG RECON SOLN <i>rilonacept</i>	SP-P	
BENLYSTA	BENLYSTA (120 MG RECON SOLN, 400 MG RECON SOLN) <i>belimumab</i>	SP-M	
BENLYSTA	BENLYSTA (200 MG/ML SOLN A-INJ, 200 MG/ML SOLN PRSYR) <i>belimumab</i>	SP-P	
ILARIS	ILARIS 150 MG/ML SOLUTION <i>canakinumab</i>	SP-M	

BRAND NAME	DRUG DESCRIPTION (RX)	TIER	LIMITS & RESTRICTIONS
KEVZARA	KEVZARA (150 SOLN A-INJ, 150 SOLN PRSYR, 200 SOLN A-INJ, 200 SOLN PRSYR) <i>sarilumab</i>	SP-NP	QL (2 PER 28 DAY(S)), MN-PA (Medically Necessary Prior Authorization)
<i>leflunomide</i>	<i>leflunomide (10 mg tab, 20 mg tab)</i>	TIER 1	
OTEZLA	OTEZLA 10 & 20 & 30 MG TAB THPK <i>apremilast</i>	SP-P	PA, QL (2 PER LIFETIME)
OTEZLA	OTEZLA 30 MG TAB <i>apremilast</i>	SP-P	PA, QL (60 PER 30 DAYS)
PALFORZIA (12 MG DAILY DOSE)	PALFORZIA (12 MG DAILY DOSE) 2 X 1 MG & 10 MG CSPK <i>peanut (arachis hypogaea) allergen powder-dnfp</i>	SP-NP	PA, QL (1 PER FILL(S))
PALFORZIA (120 MG DAILY DOSE)	PALFORZIA (120 MG DAILY DOSE) 20 MG & 100 MG CSPK <i>peanut (arachis hypogaea) allergen powder-dnfp</i>	SP-NP	PA, QL (1 PER FILL(S))
PALFORZIA (160 MG DAILY DOSE)	PALFORZIA (160 MG DAILY DOSE) 3 X 20 MG & 100 MG CSPK <i>peanut (arachis hypogaea) allergen powder-dnfp</i>	SP-NP	PA, QL (1 PER FILL(S))
PALFORZIA (20 MG DAILY DOSE)	PALFORZIA (20 MG DAILY DOSE) 20 MG CSPK <i>peanut (arachis hypogaea) allergen powder-dnfp</i>	SP-NP	PA, QL (1 PER FILL(S))
PALFORZIA (200 MG DAILY DOSE)	PALFORZIA (200 MG DAILY DOSE) 2 X 100 MG CSPK <i>peanut (arachis hypogaea) allergen powder-dnfp</i>	SP-NP	PA, QL (1 PER FILL(S))
PALFORZIA (240 MG DAILY DOSE)	PALFORZIA (240 MG DAILY DOSE) 2 X 20 MG & 2 X 100 MG CSPK <i>peanut (arachis hypogaea) allergen powder-dnfp</i>	SP-NP	PA, QL (1 PER FILL(S))
PALFORZIA (3 MG DAILY DOSE)	PALFORZIA (3 MG DAILY DOSE) 3 X 1 MG CSPK <i>peanut (arachis hypogaea) allergen powder-dnfp</i>	SP-NP	PA, QL (1 PER FILL(S))

BRAND NAME	DRUG DESCRIPTION (RX)	TIER	LIMITS & RESTRICTIONS
PALFORZIA (300 MG MAINTENANCE)	PALFORZIA (300 MG MAINTENANCE) 300 MG PACKET <i>peanut (arachis hypogaea) allergen powder-dnfp</i>	SP-NP	PA, QL (30 PER 30 DAY(S))
PALFORZIA (300 MG TITRATION)	PALFORZIA (300 MG TITRATION) 300 MG PACKET <i>peanut (arachis hypogaea) allergen powder-dnfp</i>	SP-NP	PA, QL (30 PER 30 DAY(S))
PALFORZIA (40 MG DAILY DOSE)	PALFORZIA (40 MG DAILY DOSE) 2 X 20 MG CSPK <i>peanut (arachis hypogaea) allergen powder-dnfp</i>	SP-NP	PA, QL (1 PER FILL(S))
PALFORZIA (6 MG DAILY DOSE)	PALFORZIA (6 MG DAILY DOSE) 6 X 1 MG CSPK <i>peanut (arachis hypogaea) allergen powder-dnfp</i>	SP-NP	PA, QL (1 PER FILL(S))
PALFORZIA (80 MG DAILY DOSE)	PALFORZIA (80 MG DAILY DOSE) 4 X 20 MG CSPK <i>peanut (arachis hypogaea) allergen powder-dnfp</i>	SP-NP	PA, QL (1 PER FILL(S))
PALFORZIA INITIAL ESCALATION	PALFORZIA INITIAL ESCALATION 0.5 & 1 & 1.5 & 3 & 6 MG CSPK <i>peanut (arachis hypogaea) allergen powder-dnfp</i>	SP-NP	PA, QL (1 PER FILL(S))
RIDAURA	RIDAURA 3 MG CAP <i>auranofin</i>	TIER 2	
SYNAGIS	SYNAGIS (50 MG/0.5ML SOLUTION, 100 MG/ML SOLUTION) <i>palivizumab</i>	SP-M	PA, QL (5 PER 6 MONTH(S))
VACCINES			
ACTHIB	ACTHIB RECON SOLN <i>haemophilus b polysac conj vac</i>	TIER 2	
ADACEL	ADACEL 5-2-15.5 LF-MCG/0.5 SUSPENSION <i>tetanus toxoid-diphtheria-acellular pertussis adsorb (tdap)</i>	TIER 2	
AFLURIA	AFLURIA SUSPENSION <i>influenza virus vaccine split</i>	TIER 2	

BRAND NAME	DRUG DESCRIPTION (RX)	TIER	LIMITS & RESTRICTIONS
AFLURIA PRESERVATIVE FREE	AFLURIA PRESERVATIVE FREE 0.5 ML SUSP PRSYR <i>influenza virus vaccine split preservative free</i>	TIER 2	
AFLURIA QUADRIVALENT	AFLURIA QUADRIVALENT (0.25 ML SUSP PRSYR, 0.5 ML SUSP PRSYR, SUSPENSION) <i>influenza virus vaccine split quadrivalent</i>	TIER 2	
BCG VACCINE	BCG VACCINE 50 MG RECON SOLN <i>bcg vaccine</i>	SP-M	
BEXSERO	BEXSERO SUSP PRSYR <i>meningococcal vac group b (recombinant omv adjuvanted)</i>	TIER 2	
BOOSTRIX	BOOSTRIX (SUSP PRSYR, SUSPENSION) <i>tetanus toxoid-diphtheria-acellular pertussis adsorb (tdap)</i>	TIER 2	
COMIRNATY	COMIRNATY 30 MCG/0.3ML SUSPENSION <i>covid-19 (sars-cov-2) mrna virus vaccine</i>	TIER 2	
DAPTACEL	DAPTACEL 23-15-5 SUSPENSION <i>diphtheria, acellular pertussis & tetanus toxoids</i>	TIER 2	
DIPHTHERIA-TETANUS TOXOIDS DT	DIPHTHERIA-TETANUS TOXOIDS DT 25-5 LFU/0.5ML SUSPENSION <i>diphtheria-tetanus toxoids (dt)</i>	TIER 2	
ENGRIX-B	ENGRIX-B (10 MCG/0.5ML SUSP PRSYR, 20 MCG/ML SUSP PRSYR, 20 MCG/ML SUSPENSION) <i>hepatitis b vaccine (recomb)</i>	TIER 2	
FLUAD	FLUAD 0.5 ML SUSP PRSYR <i>influenza virus vaccine types a & b surface antigen adjuvant</i>	TIER 2	

BRAND NAME	DRUG DESCRIPTION (RX)	TIER	LIMITS & RESTRICTIONS
FLUAD QUADRIVALENT	FLUAD QUADRIVALENT 0.5 ML PRSYR <i>influenza virus vacc types a & b surf antigen adjuvant quad</i>	TIER 2	
FLUARIX QUADRIVALENT	FLUARIX QUADRIVALENT 0.5 ML SUSP PRSYR <i>influenza virus vaccine split quadrivalent</i>	TIER 2	
FLUBLOK QUADRIVALENT	FLUBLOK QUADRIVALENT 0.5 ML SOLN PRSYR <i>influenza virus vac recomb hemagglutinin (ha) quadrivalent</i>	TIER 2	
FLUCELVAX QUADRIVALENT	FLUCELVAX QUADRIVALENT (0.5MLSUSPPRSYR, SUSPENSION) <i>influenza virus vaccine tissue-cultured subunit quadrivalent</i>	TIER 2	
FLULAVAL QUADRIVALENT	FLULAVAL QUADRIVALENT (0.5MLSUSPPRSYR, SUSPENSION) <i>influenza virus vaccine split quadrivalent</i>	TIER 2	
FLUMIST QUADRIVALENT	FLUMIST QUADRIVALENT SUSPENSION <i>influenza virus vaccine live quadrivalent</i>	TIER 2	
FLUZONE HIGH- DOSE	FLUZONE HIGH-DOSE 0.5 ML SUSP PRSYR <i>influenza virus vaccine split high-dose preservative free</i>	TIER 2	
FLUZONE HIGH- DOSE QUADRIVALENT	FLUZONE HIGH-DOSE QUADRIVALENT 0.7 ML SUSP PRSYR <i>influenza virus vac split high-dose quad preservative free</i>	TIER 2	

BRAND NAME	DRUG DESCRIPTION (RX)	TIER	LIMITS & RESTRICTIONS
FLUZONE QUADRIVALENT	FLUZONE QUADRIVALENT (0.25 ML SUSP PRSYR, 0.5 ML SUSP PRSYR, 0.5 ML SUSPENSION, SUSPENSION) <i>influenza virus vaccine split quadrivalent</i>	TIER 2	
GARDASIL 9	GARDASIL 9 (9SUSPENSION, 9SUSPPRSYR) <i>human papillomavirus (hvp) 9-valent recombinant vaccine</i>	TIER 2	AL (9 to 45 yrs old)
HAVRIX	HAVRIX (720 U/0.5ML SUSPENSION, 1440 U/ML SUSPENSION) <i>hepatitis a vaccine</i>	TIER 2	
HEPLISAV-B	HEPLISAV-B (20 SOLN PRSYR, 20 SOLUTION) <i>hepatitis b vaccine recombinant adjuvanted</i>	TIER 2	
HIBERIX	HIBERIX 10 MCG RECON SOLN <i>haemophilus b polysac conj vac</i>	TIER 2	
INFANRIX	INFANRIX 25-58-10 SUSPENSION <i>diphtheria, acellular pertussis & tetanus toxoids</i>	TIER 2	
IPOL	IPOL INJECTABLE <i>poliovirus vaccine, ipv</i>	TIER 2	
JANSSEN COVID-19 VACCINE	JANSSEN COVID-19 VACCINE 0.5 ML SUSPENSION <i>covid-19 (sars-cov-2) adenovirus vaccine</i>	TIER 2	
KINRIX	KINRIX (0.5MLSUSPPRSYR, SUSPENSION) <i>diph-tetanus tox ad-acell pertussis & polio virus, ipv vac</i>	TIER 2	
M-M-R II	M-M-R II RECON SOLN <i>measles, mumps & rubella virus vaccines</i>	TIER 2	

BRAND NAME	DRUG DESCRIPTION (RX)	TIER	LIMITS & RESTRICTIONS
MENACTRA	MENACTRA SOLUTION <i>meningococcal (a,c,y&w-135) polysacch diphth conj vaccine</i>	TIER 2	
MENQUADFI	MENQUADFI SOLUTION <i>meningococcal (a,c,y&w-135) polysacch tetanus conj vaccine</i>	TIER 2	
MENVEO	MENVEO (RECONSOLN, SOLUTION) <i>meningococcal (a,c,y&w-135) oligosaccharide conjugate vac</i>	TIER 2	
MODERNA COVID-19 BIVAL 6M-5Y	MODERNA COVID-19 BIVAL 6M-5Y 10 MCG/0.2ML SUSPENSION <i>covid-19 mrna bivalent virus vaccine (moderna)</i>	TIER 1	
MODERNA COVID-19 BIVAL BOOSTER	MODERNA COVID-19 BIVAL BOOSTER 50 MCG/0.5ML SUSPENSION <i>covid-19 mrna bivalent virus vaccine (moderna)</i>	TIER 2	
MODERNA COVID-19 VAC (BOOSTER)	MODERNA COVID-19 VAC (BOOSTER) 50 MCG/0.5ML SUSPENSION <i>covid-19 (sars-cov-2) mrna virus vaccine</i>	TIER 2	
MODERNA COVID-19 VACC 6-11Y	MODERNA COVID-19 VACC 6-11Y 50 MCG/0.5ML SUSPENSION <i>covid-19 (sars-cov-2) mrna virus vaccine</i>	TIER 2	
MODERNA COVID-19 VACC 6M-5Y	MODERNA COVID-19 VACC 6M-5Y 25 MCG/0.25ML SUSPENSION <i>covid-19 (sars-cov-2) mrna virus vaccine</i>	TIER 2	
MODERNA COVID-19 VACCINE	MODERNA COVID-19 VACCINE 100 MCG/0.5ML SUSPENSION <i>covid-19 (sars-cov-2) mrna virus vaccine</i>	TIER 2	
PEDIARIX	PEDIARIX SUSP PRSYR <i>diph-tetanus tox-acell pert-hepatitis b recomb-polio ipv vac</i>	TIER 2	

BRAND NAME	DRUG DESCRIPTION (RX)	TIER	LIMITS & RESTRICTIONS
PEDVAX HIB	PEDVAX HIB 7.5 MCG/0.5ML SUSPENSION <i>haemophilus b polysac conj vac</i>	TIER 2	
PENTACEL	PENTACEL RECON SUSP <i>diph-ac pert-tet tox ad-polio ipv-haemophil b poly vac</i>	TIER 2	
PFIZER COVID-19 BIVAL 6MO-4YR	PFIZER COVID-19 BIVAL 6MO-4YR 3 MCG/0.2ML SUSPENSION <i>covid-19 mrna bivalent virus vaccine (pfizer)</i>	TIER 1	
PFIZER COVID-19 VAC BIVAL 5-11	PFIZER COVID-19 VAC BIVAL 5-11 10 MCG/0.2ML SUSPENSION <i>covid-19 mrna bivalent virus vaccine (pfizer)</i>	TIER 2	
PFIZER COVID-19 VAC BIVALENT	PFIZER COVID-19 VAC BIVALENT 30 MCG/0.3ML SUSPENSION <i>covid-19 mrna bivalent virus vaccine (pfizer)</i>	TIER 2	
PFIZER COVID-19 VAC-TRIS 5-11Y	PFIZER COVID-19 VAC- TRIS 5-11Y 10 MCG/0.2ML SUSPENSION <i>covid-19 (sars-cov-2) mrna virus vaccine</i>	TIER 2	
PFIZER COVID-19 VAC-TRIS 6M-4Y	PFIZER COVID-19 VAC- TRIS 6M-4Y 3 MCG/0.2ML SUSPENSION <i>covid-19 (sars-cov-2) mrna virus vaccine</i>	TIER 2	
PFIZER-BIONT COVID-19 VAC-TRIS	PFIZER-BIONT COVID-19 VAC-TRIS 30 MCG/0.3ML SUSPENSION <i>covid-19 (sars-cov-2) mrna virus vaccine</i>	TIER 2	
PFIZER-BIONTECH COVID-19 VACC	PFIZER-BIONTECH COVID-19 VACC 30 MCG/0.3ML SUSPENSION <i>covid-19 (sars-cov-2) mrna virus vaccine</i>	TIER 2	
PNEUMOVAX 23	PNEUMOVAX 23 25 MCG/0.5ML INJECTABLE <i>pneumococcal vac polyvalent</i>	TIER 2	

BRAND NAME	DRUG DESCRIPTION (RX)	TIER	LIMITS & RESTRICTIONS
PREVNAR 13	PREVNAR 13 SUSPENSION <i>pneumococcal 13-valent conjugate vaccine</i>	TIER 2	
PREVNAR 20	PREVNAR 20 0.5 ML SUSP PRSYR <i>pneumococcal 20-valent conjugate vaccine</i>	TIER 2	
PRIORIX	PRIORIX RECON SUSP <i>measles, mumps & rubella virus vaccines</i>	TIER 2	
PROQUAD	PROQUAD RECON SUSP <i>measles-mumps-rubella- varicella virus vaccines</i>	TIER 2	
QUADRACEL	QUADRACEL (0.5MLSUSPPRSYR, SUSPENSION) <i>diph-tetanus tox ad-acell pertussis & polio virus, ipv vac</i>	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) <i>hepatitis b vaccine (recomb)</i>	TIER 2	
ROTARIX	ROTARIX RECON SUSP <i>rotavirus vaccine, live oral</i>	TIER 2	
ROTATEQ	ROTATEQ SOLUTION <i>rotavirus vaccine, live oral pentavalent</i>	TIER 2	
SHINGRIX	SHINGRIX 50 MCG/0.5ML RECON SUSP <i>zoster vaccine recombinant adjuvanted</i>	TIER 2	QL (2 PER LIFETIME), AL (At least 19 yrs old)
SPIKEVAX COVID-19 VACCINE	SPIKEVAX COVID-19 VACCINE 100 MCG/0.5ML SUSPENSION <i>covid-19 (sars-cov-2) mrna virus vaccine</i>	TIER 2	
TDVAX	TDVAX 2-2 LF/0.5ML SUSPENSION <i>tetanus-diphtheria toxoids (td)</i>	TIER 2	

BRAND NAME	DRUG DESCRIPTION (RX)	TIER	LIMITS & RESTRICTIONS
TENIVAC	TENIVAC 5-2 LFU INJECTABLE <i>tetanus-diphtheria toxoids (td)</i>	TIER 2	
TETANUS-DIPHTHERIA TOXOIDS TD	TETANUS-DIPHTHERIA TOXOIDS TD 2-2 LF/0.5ML SUSPENSION <i>tetanus-diphtheria toxoids (td)</i>	TIER 2	
TICOVAC	TICOVAC (1.2 MCG/0.25ML SUSP PRSYR, 2.4 MCG/0.5ML SUSP PRSYR) <i>tick-borne encephalitis virus vaccine, inactivated</i>	TIER 2	
TRUMENBA	TRUMENBA SUSP PRSYR <i>meningococcal group b vaccine (recombinant)</i>	TIER 2	
TWINRIX	TWINRIX 720-20 ELU-MCG/ML SUSP PRSYR <i>hepatitis a (inactivated)-hepatitis b (recombinant) vaccines</i>	TIER 2	
VAQTA	VAQTA (25 UNIT/0.5ML SUSPENSION, 50 UNIT/ML SUSPENSION) <i>hepatitis a vaccine</i>	TIER 2	
VARIVAX	VARIVAX 1350 PFU/0.5ML INJECTABLE <i>varicella virus vaccine live</i>	TIER 2	
VAXELIS	VAXELIS (SUSPENSION, SUSPPRSYR) <i>diph-tet tox-acell pert ad-polio ipv-hib-hepatitis b recomb</i>	TIER 2	
VAXNEUVANCE	VAXNEUVANCE 0.5 ML SUSP PRSYR <i>pneumococcal 15-valent conjugate vaccine</i>	TIER 2	
XOFLUZA (40 MG DOSE)	XOFLUZA (40 MG DOSE) (OFLUZA MG 1 40 MG TAB THPK, OFLUZA MG 2 20 MG TAB THPK) <i>baloxavir marboxil</i>	TIER 3	

BRAND NAME	DRUG DESCRIPTION (RX)	TIER	LIMITS & RESTRICTIONS
XOFLUZA (80 MG DOSE)	XOFLUZA (80 MG DOSE) (OFLUZA MG 1 80 MG TAB THPK, OFLUZA MG 2 40 MG TAB THPK) <i>baloxavir marboxil</i>	TIER 3	
IMMUNOLOGICAL AGENTS, OTHER			
ADBRY	ADBRY 150 MG/ML SOLN PRSYR <i>tralokinumab-ldrm</i>	SP-NP	QL (4 PER 28 DAY(S)), MN- PA (Medically Necessary Prior Authorization)
BEBTELOVIMAB	BEBTELOVIMAB 175 MG/2ML SOLUTION <i>bebtelovimab</i>	SP-M	PA, QL (1 PER CLAIM(S))
ENJAYMO	ENJAYMO 1100 MG/22ML SOLUTION <i>sutimlimab-jome</i>	SP-M	PA
INFLAMMATORY BOWEL DISEASE AGENTS			
AMINOSALICYLATES			
<i>balsalazide disodium</i>	<i>balsalazide disodium 750 mg cap</i>	TIER 1	
DIPENTUM	DIPENTUM 250 MG CAP <i>olsalazine sodium</i>	TIER 2	
<i>mesalamine</i>	<i>mesalamine (1.2 gm tab dr, 4 gm enema, 400 mg cap dr, 800 mg tab dr, 1000 mg suppos)</i>	TIER 1	
<i>mesalamine er</i>	<i>mesalamine er (er 0.375 gm cap er 24h, er 500 mg cap er)</i>	TIER 1	
PENTASA	PENTASA 250 MG CAP ER <i>mesalamine</i>	TIER 3	
GLUCOCORTICOIDS			
<i>anucort-hc</i>	<i>anucort-hc 25 mg suppos</i>	TIER 1	
<i>budesonide</i>	<i>budesonide 3 mg cp dr part</i>	TIER 1	
<i>budesonide er</i>	<i>budesonide er 9 mg tab er 24h</i>	TIER 1	
<i>colocort</i>	<i>colocort 100 mg/60ml enema</i>	TIER 1	
<i>hemmorex-hc</i>	<i>hemmorex-hc (25 mg suppos, 30 mg suppos)</i>	TIER 1	
<i>hydrocortisone (perianal)</i>	<i>hydrocortisone (perianal) (1 % cream, 2.5 % cream)</i>	TIER 1	

BRAND NAME	DRUG DESCRIPTION (RX)	TIER	LIMITS & RESTRICTIONS
<i>hydrocortisone</i>	<i>hydrocortisone 100 mg/60ml enema</i>	TIER 1	
<i>hydrocortisone acetate</i>	<i>hydrocortisone acetate (25 mg suppos, 30 mg suppos)</i>	TIER 1	
<i>procto-med hc</i>	<i>procto-med hc 2.5 % cream</i>	TIER 1	
<i>procto-pak</i>	<i>procto-pak 1 % cream</i>	TIER 1	
<i>proctosol hc</i>	<i>proctosol hc 2.5 % cream</i>	TIER 1	
<i>proctozone-hc</i>	<i>proctozone-hc 2.5 % cream</i>	TIER 1	
UCERIS	UCERIS 2 MG/ACT FOAM <i>budesonide (intrarectal)</i>	TIER 3	
SULFONAMIDES			
<i>sulfasalazine</i>	<i>sulfasalazine (500 mg tab, 500 mg tab dr)</i>	TIER 1	
METABOLIC BONE DISEASE AGENTS			
<i>alendronate sodium</i>	<i>alendronate sodium (5 mg tab, 10 mg tab, 35 mg tab, 40 mg tab, 70 mg tab)</i>	TIER 1	
<i>calcitonin (salmon)</i>	<i>calcitonin (salmon) 200 unit/act solution</i>	TIER 1	
<i>calcitriol</i>	<i>calcitriol (0.25 mcg cap, 0.5 mcg cap)</i>	TIER 1	
<i>calcitriol</i>	<i>calcitriol 1 mcg/ml solution</i>	TIER 3	
<i>cinacalcet hcl</i>	<i>cinacalcet hcl (30 mg tab, 60 mg tab, 90 mg tab)</i>	SBG	
<i>doxercalciferol</i>	<i>doxercalciferol (0.5 mcg cap, 1 mcg cap, 2.5 mcg cap)</i>	TIER 1	
<i>ergocalciferol</i>	<i>ergocalciferol 1.25 mg (50000 ut) cap</i>	TIER 1	
ETIDRONATE DISODIUM	ETIDRONATE DISODIUM (200 MG TAB, 400 MG TAB) <i>etidronate disodium</i>	TIER 1	
EVENITY	EVENITY 105 MG/1.17ML SOLN PRSYR <i>romosozumab-aqqg</i>	SP-M	PA, QL (2 PER 28 DAY(S))
FORTEO	FORTEO 600 MCG/2.4ML SOLN PEN <i>teriparatide (recombinant)</i>	SP-NP	PA, QL (24 PER MONTH(S)), MN-PA (Medically Necessary Prior Authorization)
<i>ibandronate sodium</i>	<i>ibandronate sodium 150 mg tab</i>	TIER 1	

BRAND NAME	DRUG DESCRIPTION (RX)	TIER	LIMITS & RESTRICTIONS
NATPARA	NATPARA (25 MCG CARTRIDGE, 50 MCG CARTRIDGE, 75 MCG CARTRIDGE, 100 MCG CARTRIDGE) <i>parathyroid hormone (recombinant)</i>	SP-M	
<i>pamidronate disodium</i>	<i>pamidronate disodium (6 mg/ml solution, 30 mg recon soln, 30 mg/10ml solution, 90 mg recon soln, 90 mg/10ml solution)</i>	SP-M	
<i>paricalcitol</i>	<i>paricalcitol (1 mcg cap, 2 mcg cap, 4 mcg cap)</i>	TIER 1	
PARSABIV	PARSABIV (2.5 MG/0.5ML SOLUTION, 5 MG/ML SOLUTION, 10 MG/2ML SOLUTION) <i>etelcalcetide hcl</i>	SP-M	
PROLIA	PROLIA 60 MG/ML SOLN PRSYR <i>denosumab</i>	SP-M	
RAYALDEE	RAYALDEE 30 MCG CAP ER <i>calcifediol</i>	TIER 3	
RECLAST	RECLAST 5 MG/100ML SOLUTION <i>zoledronic acid</i>	SP-M	GA
<i>risedronate sodium</i>	<i>risedronate sodium (5 mg tab, 30 mg tab, 35 mg tab, 35 mg tab dr, 150 mg tab)</i>	TIER 1	
TERIPARATIDE (RECOMBINANT)	TERIPARATIDE (RECOMBINANT) 620 MCG/2.48ML SOLN PEN <i>teriparatide (recombinant)</i>	SP-P	PA
TYMLOS	TYMLOS 3120 MCG/1.56ML SOLN PEN <i>abaloparatide</i>	SP-NP	QL (24 PER MONTH(S)), MN-PA (Medically Necessary Prior Authorization)
<i>vitamin d (ergocalciferol)</i>	<i>vitamin d (ergocalciferol) (1.25 mg (50000 ut) cap, 50000 unit cap)</i>	TIER 1	
XGEVA	XGEVA 120 MG/1.7ML SOLUTION <i>denosumab</i>	SP-M	

BRAND NAME	DRUG DESCRIPTION (RX)	TIER	LIMITS & RESTRICTIONS
<i>zoledronic acid</i>	<i>zoledronic acid (4 mg recon soln, 4 mg/100ml solution, 4 mg/5ml conc, 5 mg/100ml solution)</i>	SP-M	
ZOMETA	ZOMETA (4 MG/100ML SOLUTION, 4 MG/5ML CONC) <i>zoledronic acid</i>	SP-M	GA
MISCELLANEOUS THERAPEUTIC AGENTS			
ACCU-CHEK AVIVA PLUS	ACCU-CHEK AVIVA PLUS STRIP <i>glucose blood</i>	TIER 3	QL (150 PER 30 DAYS), MN-PA (Medically Necessary Prior Authorization), PA-QL (300 / 30 days)
ACCU-CHEK COMPACT PLUS	ACCU-CHEK COMPACT PLUS STRIP <i>glucose blood</i>	TIER 3	QL (150 PER 30 DAYS), MN-PA (Medically Necessary Prior Authorization), PA-QL (300 / 30 days)
ACCU-CHEK GUIDE	ACCU-CHEK GUIDE STRIP <i>glucose blood</i>	TIER 3	QL (150 PER 30 DAYS), MN-PA (Medically Necessary Prior Authorization), PA-QL (300 / 30 days)
ACCU-CHEK SMARTVIEW	ACCU-CHEK SMARTVIEW STRIP <i>glucose blood</i>	TIER 3	QL (150 PER 30 DAYS), MN-PA (Medically Necessary Prior Authorization), PA-QL (300 / 30 days)
ACCUTREND GLUCOSE	ACCUTREND GLUCOSE STRIP <i>glucose blood</i>	TIER 3	QL (150 PER 30 DAYS), MN-PA (Medically Necessary Prior Authorization), PA-QL (300 / 30 days)
ADVANCE INTUITION TEST	ADVANCE INTUITION TEST STRIP <i>glucose blood</i>	TIER 3	QL (150 PER 30 DAYS), MN-PA (Medically Necessary Prior Authorization), PA-QL (300 / 30 days)
ADVANCE MICRO-DRAW TEST	ADVANCE MICRO-DRAW TEST STRIP <i>glucose blood</i>	TIER 3	QL (150 PER 30 DAYS), MN-PA (Medically Necessary Prior Authorization), PA-QL (300 / 30 days)
ADVOCATE REDI-CODE	ADVOCATE REDI-CODE STRIP <i>glucose blood</i>	TIER 3	QL (150 PER 30 DAYS), MN-PA (Medically Necessary Prior Authorization), PA-QL (300 / 30 days)
ADVOCATE REDI-CODE+ TEST	ADVOCATE REDI-CODE+ TEST STRIP <i>glucose blood</i>	TIER 3	QL (150 PER 30 DAYS), MN-PA (Medically Necessary Prior Authorization), PA-QL (300 / 30 days)

BRAND NAME	DRUG DESCRIPTION (RX)	TIER	LIMITS & RESTRICTIONS
ADVOCATE TEST	ADVOCATE TEST STRIP <i>glucose blood</i>	TIER 3	QL (150 PER 30 DAYS), MN-PA (Medically Necessary Prior Authorization), PA-QL (300 / 30 days)
AEROCHAMBER MINI CHAMBER	AEROCHAMBER MINI CHAMBER DEVICE <i>spacer/aerosol-holding chambers</i>	RX-DME	
AEROCHAMBER MV	AEROCHAMBER MV MISC <i>spacer/aerosol-holding chambers</i>	RX-DME	
AEROCHAMBER PLUS FLO-VU	AEROCHAMBER PLUS FLO-VU MISC <i>spacer/aerosol-holding chambers</i>	RX-DME	
AEROCHAMBER PLUS FLO-VU LARGE	AEROCHAMBER PLUS FLO-VU LARGE MISC <i>spacer/aerosol-holding chambers</i>	RX-DME	
AEROCHAMBER PLUS FLO-VU MEDIUM	AEROCHAMBER PLUS FLO-VU MEDIUM MISC <i>spacer/aerosol-holding chambers</i>	RX-DME	
AEROCHAMBER PLUS FLO-VU SMALL	AEROCHAMBER PLUS FLO-VU SMALL MISC <i>spacer/aerosol-holding chambers</i>	RX-DME	
AEROCHAMBER PLUS FLO-VU W/MASK	AEROCHAMBER PLUS FLO-VU W/MASK MISC <i>spacer/aerosol-holding chambers</i>	RX-DME	
AEROCHAMBER PLUS FLOW VU	AEROCHAMBER PLUS FLOW VU MISC <i>spacer/aerosol-holding chambers</i>	RX-DME	
AEROCHAMBER W/FLOWSIGNAL	AEROCHAMBER W/FLOWSIGNAL MISC <i>spacer/aerosol-holding chambers</i>	RX-DME	
AEROCHAMBER Z-STAT PLUS	AEROCHAMBER Z-STAT PLUS MISC <i>spacer/aerosol-holding chambers</i>	RX-DME	

BRAND NAME	DRUG DESCRIPTION (RX)	TIER	LIMITS & RESTRICTIONS
AEROCHAMBER Z-STAT PLUS CHAMBR	AEROCHAMBER Z-STAT PLUS CHAMBR MISC <i>spacer/aerosol-holding chambers</i>	RX-DME	
AEROCHAMBER Z-STAT PLUS/LARGE	AEROCHAMBER Z-STAT PLUS/LARGE MISC <i>spacer/aerosol-holding chambers</i>	RX-DME	
AEROCHAMBER Z-STAT PLUS/MEDIUM	AEROCHAMBER Z-STAT PLUS/MEDIUM MISC <i>spacer/aerosol-holding chambers</i>	RX-DME	
AEROCHAMBER Z-STAT PLUS/SMALL	AEROCHAMBER Z-STAT PLUS/SMALL MISC <i>spacer/aerosol-holding chambers</i>	RX-DME	
AEROVENT PLUS	AEROVENT PLUS DEVICE <i>spacer/aerosol-holding chambers</i>	RX-DME	
AGAMATRIX AMP TEST	AGAMATRIX AMP TEST STRIP <i>glucose blood</i>	TIER 3	QL (150 PER 30 DAYS), MN-PA (Medically Necessary Prior Authorization), PA-QL (300 / 30 days)
AGAMATRIX JAZZ TEST	AGAMATRIX JAZZ TEST STRIP <i>glucose blood</i>	TIER 3	QL (150 PER 30 DAYS), MN-PA (Medically Necessary Prior Authorization), PA-QL (300 / 30 days)
AGAMATRIX KEYNOTE TEST	AGAMATRIX KEYNOTE TEST STRIP <i>glucose blood</i>	TIER 3	QL (150 PER 30 DAYS), MN-PA (Medically Necessary Prior Authorization), PA-QL (300 / 30 days)
AGAMATRIX PRESTO TEST	AGAMATRIX PRESTO TEST STRIP <i>glucose blood</i>	TIER 3	QL (150 PER 30 DAYS), MN-PA (Medically Necessary Prior Authorization), PA-QL (300 / 30 days)
AIRIAL CHAMBER	AIRIAL CHAMBER DEVICE <i>spacer/aerosol-holding chambers</i>	RX-DME	
ASSURE 3 TEST	ASSURE 3 TEST STRIP <i>glucose blood</i>	TIER 3	QL (150 PER 30 DAYS), MN-PA (Medically Necessary Prior Authorization), PA-QL (300 / 30 days)
ASSURE 4 TEST	ASSURE 4 TEST STRIP <i>glucose blood</i>	TIER 3	QL (150 PER 30 DAYS), MN-PA (Medically Necessary Prior Authorization), PA-QL (300 / 30 days)

BRAND NAME	DRUG DESCRIPTION (RX)	TIER	LIMITS & RESTRICTIONS
ASSURE II	ASSURE II STRIP <i>glucose blood</i>	TIER 3	QL (150 PER 30 DAYS), MN-PA (Medically Necessary Prior Authorization), PA-QL (300 / 30 days)
ASSURE II CHECK	ASSURE II CHECK STRIP <i>glucose blood</i>	TIER 3	QL (150 PER 30 DAYS), MN-PA (Medically Necessary Prior Authorization), PA-QL (300 / 30 days)
ASSURE PLATINUM	ASSURE PLATINUM STRIP <i>glucose blood</i>	TIER 3	QL (150 PER 30 DAYS), MN-PA (Medically Necessary Prior Authorization), PA-QL (300 / 30 days)
ASSURE PRISM MULTI TEST	ASSURE PRISM MULTI TEST STRIP <i>glucose blood</i>	TIER 3	QL (150 PER 30 DAYS), MN-PA (Medically Necessary Prior Authorization), PA-QL (300 / 30 days)
ASSURE PRO TEST	ASSURE PRO TEST STRIP <i>glucose blood</i>	TIER 3	QL (150 PER 30 DAYS), MN-PA (Medically Necessary Prior Authorization), PA-QL (300 / 30 days)
BD SWAB SINGLE USE REGULAR	BD SWAB SINGLE USE REGULAR PAD <i>alcohol swabs</i>	TIER 2	
BIOSCANNER GLUCOSE TEST	BIOSCANNER GLUCOSE TEST STRIP <i>glucose blood</i>	TIER 3	QL (150 PER 30 DAYS), MN-PA (Medically Necessary Prior Authorization), PA-QL (300 / 30 days)
BLOOD GLUCOSE TEST	BLOOD GLUCOSE TEST STRIP <i>glucose blood</i>	TIER 3	QL (150 PER 30 DAYS), MN-PA (Medically Necessary Prior Authorization), PA-QL (300 / 30 days)
BLULINK GLUCOSE TEST	BLULINK GLUCOSE TEST STRIP <i>glucose blood</i>	TIER 3	QL (150 PER 30 DAYS), MN-PA (Medically Necessary Prior Authorization), PA-QL (300 / 30 days)
BREATHE COMFORT CHAMBER/ADULT	BREATHE COMFORT CHAMBER/ADULT DEVICE <i>spacer/aerosol-holding chambers</i>	RX-DME	
BREATHE COMFORT CHAMBER/CHILD	BREATHE COMFORT CHAMBER/CHILD DEVICE <i>spacer/aerosol-holding chambers</i>	RX-DME	
BREATHE EASE LARGE	BREATHE EASE LARGE DEVICE <i>spacer/aerosol-holding chambers</i>	RX-DME	

BRAND NAME	DRUG DESCRIPTION (RX)	TIER	LIMITS & RESTRICTIONS
BREATHE EASE MEDIUM	BREATHE EASE MEDIUM DEVICE <i>spacer/aerosol-holding chambers</i>	RX-DME	
BREATHE EASE SMALL	BREATHE EASE SMALL DEVICE <i>spacer/aerosol-holding chambers</i>	RX-DME	
BREATHERITE	BREATHERITE MISC <i>spacer/aerosol-holding chambers</i>	RX-DME	
BREATHERITE COLL SPACER ADULT	BREATHERITE COLL SPACER ADULT MISC <i>spacer/aerosol-holding chambers</i>	RX-DME	
BREATHERITE COLL SPACER CHILD	BREATHERITE COLL SPACER CHILD MISC <i>spacer/aerosol-holding chambers</i>	RX-DME	
BREATHERITE COLL SPACER INFANT	BREATHERITE COLL SPACER INFANT MISC <i>spacer/aerosol-holding chambers</i>	RX-DME	
BREATHERITE RIGID SPACER/MASK	BREATHERITE RIGID SPACER/MASK MISC <i>spacer/aerosol-holding chambers</i>	RX-DME	
BREATHERITE SPACER NEONATE	BREATHERITE SPACER NEONATE MISC <i>spacer/aerosol-holding chambers</i>	RX-DME	
BREATHERITE SPACER SMALL CHILD	BREATHERITE SPACER SMALL CHILD MISC <i>spacer/aerosol-holding chambers</i>	RX-DME	
BREATHERITE/LARGE MASK	BREATHERITE/LARGE MASK MISC <i>spacer/aerosol-holding chambers</i>	RX-DME	
BREATHERITE/MEDIUM MASK	BREATHERITE/MEDIUM MASK MISC <i>spacer/aerosol-holding chambers</i>	RX-DME	
BREATHERITE/SMALL MASK	BREATHERITE/SMALL MASK MISC <i>spacer/aerosol-holding chambers</i>	RX-DME	

BRAND NAME	DRUG DESCRIPTION (RX)	TIER	LIMITS & RESTRICTIONS
BRONCHITOL TOLERANCE TEST	BRONCHITOL TOLERANCE TEST 40 MG CAP <i>mannitol (cystic fibrosis)</i>	SP-NP	PA, QL (10 PER DAY(S))
CAREONE BLOOD GLUCOSE TEST	CAREONE BLOOD GLUCOSE TEST STRIP <i>glucose blood</i>	TIER 3	QL (150 PER 30 DAYS), MN- PA (Medically Necessary Prior Authorization), PA-QL (300 / 30 days)
CARESENS N GLUCOSE TEST	CARESENS N GLUCOSE TEST STRIP <i>glucose blood</i>	TIER 3	QL (150 PER 30 DAYS), MN- PA (Medically Necessary Prior Authorization), PA-QL (300 / 30 days)
CARETOUCH TEST	CARETOUCH TEST STRIP <i>glucose blood</i>	TIER 3	QL (150 PER 30 DAYS), MN- PA (Medically Necessary Prior Authorization), PA-QL (300 / 30 days)
CHEMSTRIP 10 MD	CHEMSTRIP 10 MD STRIP <i>multiple urine tests</i>	TIER 2	
CHEMSTRIP 10/SG	CHEMSTRIP 10/SG STRIP <i>multiple urine tests</i>	TIER 2	
CHEMSTRIP 2 GP	CHEMSTRIP 2 GP STRIP <i>multiple urine tests</i>	TIER 2	
CHEMSTRIP 5 OB	CHEMSTRIP 5 OB STRIP <i>multiple urine tests</i>	TIER 2	
CHEMSTRIP 7	CHEMSTRIP 7 STRIP <i>multiple urine tests</i>	TIER 2	
CHEMSTRIP 9	CHEMSTRIP 9 STRIP <i>multiple urine tests</i>	TIER 2	
CHEMSTRIP K	CHEMSTRIP K STRIP <i>acetone (urine) test</i>	TIER 2	
CHEMSTRIP UGK	CHEMSTRIP UGK STRIP <i>urine glucose-ketones test</i>	TIER 2	
CLEVER CHEK AUTO-CODE TEST	CLEVER CHEK AUTO- CODE TEST STRIP <i>glucose blood</i>	TIER 3	QL (150 PER 30 DAYS), MN- PA (Medically Necessary Prior Authorization), PA-QL (300 / 30 days)
CLEVER CHEK AUTO-CODE VOICE	CLEVER CHEK AUTO- CODE VOICE STRIP <i>glucose blood</i>	TIER 3	QL (150 PER 30 DAYS), MN- PA (Medically Necessary Prior Authorization), PA-QL (300 / 30 days)
CLEVER CHEK TEST	CLEVER CHEK TEST STRIP <i>glucose blood</i>	TIER 3	QL (150 PER 30 DAYS), MN- PA (Medically Necessary Prior Authorization), PA-QL (300 / 30 days)

BRAND NAME	DRUG DESCRIPTION (RX)	TIER	LIMITS & RESTRICTIONS
CLEVER CHOICE AUTO-CODE TEST	CLEVER CHOICE AUTO-CODE TEST STRIP <i>glucose blood</i>	TIER 3	QL (150 PER 30 DAYS), MN-PA (Medically Necessary Prior Authorization), PA-QL (300 / 30 days)
CLEVER CHOICE HOLDING CHAMBER	CLEVER CHOICE HOLDING CHAMBER DEVICE <i>spacer/aerosol-holding chambers</i>	RX-DME	
CLEVER CHOICE MICRO TEST	CLEVER CHOICE MICRO TEST STRIP <i>glucose blood</i>	TIER 3	QL (150 PER 30 DAYS), MN-PA (Medically Necessary Prior Authorization), PA-QL (300 / 30 days)
CLEVER CHOICE NO CODING	CLEVER CHOICE NO CODING STRIP <i>glucose blood</i>	TIER 3	QL (150 PER 30 DAYS), MN-PA (Medically Necessary Prior Authorization), PA-QL (300 / 30 days)
CLEVER CHOICE TALK SYSTEM	CLEVER CHOICE TALK SYSTEM STRIP <i>glucose blood</i>	TIER 3	QL (150 PER 30 DAYS), MN-PA (Medically Necessary Prior Authorization), PA-QL (300 / 30 days)
COMPACT SPACE CHAMBER	COMPACT SPACE CHAMBER DEVICE <i>spacer/aerosol-holding chambers</i>	RX-DME	
COMPACT SPACE CHAMBER/LG MASK	COMPACT SPACE CHAMBER/LG MASK DEVICE <i>spacer/aerosol-holding chambers</i>	RX-DME	
COMPACT SPACE CHAMBER/MED MASK	COMPACT SPACE CHAMBER/MED MASK DEVICE <i>spacer/aerosol-holding chambers</i>	RX-DME	
COMPACT SPACE CHAMBER/SM MASK	COMPACT SPACE CHAMBER/SM MASK DEVICE <i>spacer/aerosol-holding chambers</i>	RX-DME	
CONTOUR NEXT TEST	CONTOUR NEXT TEST STRIP <i>glucose blood</i>	TIER 2	QL (150 PER 30 DAYS), MN-PA (Medically Necessary Prior Authorization), PA-QL (300 / 30 days)
CONTOUR TEST	CONTOUR TEST STRIP <i>glucose blood</i>	TIER 2	QL (150 PER 30 DAYS), MN-PA (Medically Necessary Prior Authorization), PA-QL (300 / 30 days)

BRAND NAME	DRUG DESCRIPTION (RX)	TIER	LIMITS & RESTRICTIONS
COOL BLOOD GLUCOSE TEST STRIPS	COOL BLOOD GLUCOSE TEST STRIPS STRIP <i>glucose blood</i>	TIER 3	QL (150 PER 30 DAYS), MN-PA (Medically Necessary Prior Authorization), PA-QL (300 / 30 days)
CVS ADVANCED GLUCOSE TEST	CVS ADVANCED GLUCOSE TEST STRIP <i>glucose blood</i>	TIER 3	QL (150 PER 30 DAYS), MN-PA (Medically Necessary Prior Authorization), PA-QL (300 / 30 days)
CVS GLUCOSE METER TEST STRIPS	CVS GLUCOSE METER TEST STRIPS STRIP <i>glucose blood</i>	TIER 3	QL (150 PER 30 DAYS), MN-PA (Medically Necessary Prior Authorization), PA-QL (300 / 30 days)
CVS KETONE CARE	CVS KETONE CARE STRIP <i>urine glucose-ketones test</i>	TIER 2	
D-CARE BLOOD GLUCOSE	D-CARE BLOOD GLUCOSE STRIP <i>glucose blood</i>	TIER 3	QL (150 PER 30 DAYS), MN-PA (Medically Necessary Prior Authorization), PA-QL (300 / 30 days)
DIASTIX	DIASTIX STRIP <i>glucose urine test-(glucose oxidase)</i>	TIER 2	
DIATHRIVE BLOOD GLUCOSE TEST	DIATHRIVE BLOOD GLUCOSE TEST STRIP <i>glucose blood</i>	TIER 3	QL (150 PER 30 DAYS), MN-PA (Medically Necessary Prior Authorization), PA-QL (300 / 30 days)
DIATHRIVE GLUCOSE TEST	DIATHRIVE GLUCOSE TEST STRIP <i>glucose blood</i>	TIER 3	QL (150 PER 30 DAYS), MN-PA (Medically Necessary Prior Authorization), PA-QL (300 / 30 days)
DIATHRIVE+ GLUCOSE TEST	DIATHRIVE+ GLUCOSE TEST STRIP <i>glucose blood</i>	TIER 3	QL (150 PER 30 DAYS), MN-PA (Medically Necessary Prior Authorization), PA-QL (300 / 30 days)
DIATRUE PLUS TEST	DIATRUE PLUS TEST STRIP <i>glucose blood</i>	TIER 3	QL (150 PER 30 DAYS), MN-PA (Medically Necessary Prior Authorization), PA-QL (300 / 30 days)
DUO-CARE TEST	DUO-CARE TEST STRIP <i>glucose blood</i>	TIER 3	QL (150 PER 30 DAYS), MN-PA (Medically Necessary Prior Authorization), PA-QL (300 / 30 days)
DURAXIN	DURAXIN 300-200-20 MG CAP <i>acetaminophen-salicylamide-phenyltoloxamine</i>	TIER 1	

BRAND NAME	DRUG DESCRIPTION (RX)	TIER	LIMITS & RESTRICTIONS
EASIVENT	EASIVENT MISC <i>spacer/aerosol-holding chambers</i>	RX-DME	
EASIVENT MASK LARGE	EASIVENT MASK LARGE MISC <i>spacer/aerosol-holding chambers</i>	RX-DME	
EASIVENT MASK MEDIUM	EASIVENT MASK MEDIUM MISC <i>spacer/aerosol-holding chambers</i>	RX-DME	
EASIVENT MASK SMALL	EASIVENT MASK SMALL MISC <i>spacer/aerosol-holding chambers</i>	RX-DME	
EASY PLUS II GLUCOSE TEST	EASY PLUS II GLUCOSE TEST STRIP <i>glucose blood</i>	TIER 3	QL (150 PER 30 DAYS), MN-PA (Medically Necessary Prior Authorization), PA-QL (300 / 30 days)
EASY STEP TEST	EASY STEP TEST STRIP <i>glucose blood</i>	TIER 3	QL (150 PER 30 DAYS), MN-PA (Medically Necessary Prior Authorization), PA-QL (300 / 30 days)
EASY TALK BLOOD GLUCOSE TEST	EASY TALK BLOOD GLUCOSE TEST STRIP <i>glucose blood</i>	TIER 3	QL (150 PER 30 DAYS), MN-PA (Medically Necessary Prior Authorization), PA-QL (300 / 30 days)
EASY TALK PLUS II TEST STRIPS	EASY TALK PLUS II TEST STRIPS STRIP <i>glucose blood</i>	TIER 3	QL (150 PER 30 DAYS), MN-PA (Medically Necessary Prior Authorization), PA-QL (300 / 30 days)
EASY TOUCH HEALTHPRO GLUCOSE	EASY TOUCH HEALTHPRO GLUCOSE STRIP <i>glucose blood</i>	TIER 3	QL (150 PER 30 DAYS), MN-PA (Medically Necessary Prior Authorization), PA-QL (300 / 30 days)
EASY TOUCH TEST	EASY TOUCH TEST STRIP <i>glucose blood</i>	TIER 3	QL (150 PER 30 DAYS), MN-PA (Medically Necessary Prior Authorization), PA-QL (300 / 30 days)
EASY TRAK BLOOD GLUCOSE TEST	EASY TRAK BLOOD GLUCOSE TEST STRIP <i>glucose blood</i>	TIER 3	QL (150 PER 30 DAYS), MN-PA (Medically Necessary Prior Authorization), PA-QL (300 / 30 days)
EASY TRAK II GLUCOSE TEST	EASY TRAK II GLUCOSE TEST STRIP <i>glucose blood</i>	TIER 3	QL (150 PER 30 DAYS), MN-PA (Medically Necessary Prior Authorization), PA-QL (300 / 30 days)

BRAND NAME	DRUG DESCRIPTION (RX)	TIER	LIMITS & RESTRICTIONS
EASYGLUCO	EASYGLUCO STRIP <i>glucose blood</i>	TIER 3	QL (150 PER 30 DAYS), MN-PA (Medically Necessary Prior Authorization), PA-QL (300 / 30 days)
EASYGLUCO PLUS	EASYGLUCO PLUS STRIP <i>glucose blood</i>	TIER 3	QL (150 PER 30 DAYS), MN-PA (Medically Necessary Prior Authorization), PA-QL (300 / 30 days)
EASYMAX 15 TEST	EASYMAX 15 TEST STRIP <i>glucose blood</i>	TIER 3	QL (150 PER 30 DAYS), MN-PA (Medically Necessary Prior Authorization), PA-QL (300 / 30 days)
EASYMAX TEST	EASYMAX TEST STRIP <i>glucose blood</i>	TIER 3	QL (150 PER 30 DAYS), MN-PA (Medically Necessary Prior Authorization), PA-QL (300 / 30 days)
EASYPRO BLOOD GLUCOSE TEST	EASYPRO BLOOD GLUCOSE TEST STRIP <i>glucose blood</i>	TIER 3	QL (150 PER 30 DAYS), MN-PA (Medically Necessary Prior Authorization), PA-QL (300 / 30 days)
EASYPRO PLUS	EASYPRO PLUS STRIP <i>glucose blood</i>	TIER 3	QL (150 PER 30 DAYS), MN-PA (Medically Necessary Prior Authorization), PA-QL (300 / 30 days)
ELEMENT COMPACT TEST	ELEMENT COMPACT TEST STRIP <i>glucose blood</i>	TIER 3	QL (150 PER 30 DAYS), MN-PA (Medically Necessary Prior Authorization), PA-QL (300 / 30 days)
ELEMENT TEST	ELEMENT TEST STRIP <i>glucose blood</i>	TIER 3	QL (150 PER 30 DAYS), MN-PA (Medically Necessary Prior Authorization), PA-QL (300 / 30 days)
EMBRACE BLOOD GLUCOSE TEST	EMBRACE BLOOD GLUCOSE TEST STRIP <i>glucose blood</i>	TIER 3	QL (150 PER 30 DAYS), MN-PA (Medically Necessary Prior Authorization), PA-QL (300 / 30 days)
EMBRACE EVO BLOOD GLUCOSE TEST	EMBRACE EVO BLOOD GLUCOSE TEST STRIP <i>glucose blood</i>	TIER 3	QL (150 PER 30 DAYS), MN-PA (Medically Necessary Prior Authorization), PA-QL (300 / 30 days)
EMBRACE PRO GLUCOSE TEST	EMBRACE PRO GLUCOSE TEST STRIP <i>glucose blood</i>	TIER 3	QL (150 PER 30 DAYS), MN-PA (Medically Necessary Prior Authorization), PA-QL (300 / 30 days)
EMBRACE TALK GLUCOSE TEST	EMBRACE TALK GLUCOSE TEST STRIP <i>glucose blood</i>	TIER 3	QL (150 PER 30 DAYS), MN-PA (Medically Necessary Prior Authorization), PA-QL (300 / 30 days)

BRAND NAME	DRUG DESCRIPTION (RX)	TIER	LIMITS & RESTRICTIONS
EQ BLOOD GLUCOSE TEST	EQ BLOOD GLUCOSE TEST STRIP <i>glucose blood</i>	TIER 3	QL (150 PER 30 DAYS), MN-PA (Medically Necessary Prior Authorization), PA-QL (300 / 30 days)
EQ SPACE CHAMBER ANTI-STATIC	EQ SPACE CHAMBER ANTI-STATIC DEVICE <i>spacer/aerosol-holding chambers</i>	RX-DME	
EQ SPACE CHAMBER ANTI-STATIC L	EQ SPACE CHAMBER ANTI-STATIC L DEVICE <i>spacer/aerosol-holding chambers</i>	RX-DME	
EQ SPACE CHAMBER ANTI-STATIC M	EQ SPACE CHAMBER ANTI-STATIC M DEVICE <i>spacer/aerosol-holding chambers</i>	RX-DME	
EQ SPACE CHAMBER ANTI-STATIC S	EQ SPACE CHAMBER ANTI-STATIC S DEVICE <i>spacer/aerosol-holding chambers</i>	RX-DME	
EUFLEXXA	EUFLEXXA 20 MG/2ML SOLN PRSYR <i>sodium hyaluronate (viscosupplement)</i>	SP-M	MN-PA (Medically Necessary Prior Authorization)
EVENCARE + BLOOD GLUCOSE TEST	EVENCARE + BLOOD GLUCOSE TEST STRIP <i>glucose blood</i>	TIER 3	QL (150 PER 30 DAYS), MN-PA (Medically Necessary Prior Authorization), PA-QL (300 / 30 days)
EVENCARE BLOOD GLUCOSE TEST	EVENCARE BLOOD GLUCOSE TEST STRIP <i>glucose blood</i>	TIER 3	QL (150 PER 30 DAYS), MN-PA (Medically Necessary Prior Authorization), PA-QL (300 / 30 days)
EVENCARE G2 TEST	EVENCARE G2 TEST STRIP <i>glucose blood</i>	TIER 3	QL (150 PER 30 DAYS), MN-PA (Medically Necessary Prior Authorization), PA-QL (300 / 30 days)
EVENCARE G3 TEST	EVENCARE G3 TEST STRIP <i>glucose blood</i>	TIER 3	QL (150 PER 30 DAYS), MN-PA (Medically Necessary Prior Authorization), PA-QL (300 / 30 days)
EVENCARE MINI GLUCOSE TEST	EVENCARE MINI GLUCOSE TEST STRIP <i>glucose blood</i>	TIER 3	QL (150 PER 30 DAYS), MN-PA (Medically Necessary Prior Authorization), PA-QL (300 / 30 days)
EVENCARE PROVIEW GLUCOSE TEST	EVENCARE PROVIEW GLUCOSE TEST STRIP <i>glucose blood</i>	TIER 3	QL (150 PER 30 DAYS), MN-PA (Medically Necessary Prior Authorization), PA-QL (300 / 30 days)

BRAND NAME	DRUG DESCRIPTION (RX)	TIER	LIMITS & RESTRICTIONS
EVOLUTION AUTOCODE	EVOLUTION AUTOCODE STRIP <i>glucose blood</i>	TIER 3	QL (150 PER 30 DAYS), MN-PA (Medically Necessary Prior Authorization), PA-QL (300 / 30 days)
EXACTECH R-S-G TEST	EXACTECH R-S-G TEST STRIP <i>glucose blood</i>	TIER 3	QL (150 PER 30 DAYS), MN-PA (Medically Necessary Prior Authorization), PA-QL (300 / 30 days)
EXACTECH TEST	EXACTECH TEST STRIP <i>glucose blood</i>	TIER 3	QL (150 PER 30 DAYS), MN-PA (Medically Necessary Prior Authorization), PA-QL (300 / 30 days)
EXONDYS 51	EXONDYS 51 (51 100 MG/2ML SOLUTION, 51 500 MG/10ML SOLUTION) <i>eteplirsen</i>	SP-M	
EZ SMART BLOOD GLUCOSE TEST	EZ SMART BLOOD GLUCOSE TEST STRIP <i>glucose blood</i>	TIER 3	QL (150 PER 30 DAYS), MN-PA (Medically Necessary Prior Authorization), PA-QL (300 / 30 days)
EZ SMART PLUS GLUCOSE TEST	EZ SMART PLUS GLUCOSE TEST STRIP <i>glucose blood</i>	TIER 3	QL (150 PER 30 DAYS), MN-PA (Medically Necessary Prior Authorization), PA-QL (300 / 30 days)
FIFTY50 GLUCOSE TEST 2.0	FIFTY50 GLUCOSE TEST 2.0 STRIP <i>glucose blood</i>	TIER 3	QL (150 PER 30 DAYS), MN-PA (Medically Necessary Prior Authorization), PA-QL (300 / 30 days)
FLEXICHAMBER	FLEXICHAMBER DEVICE <i>spacer/aerosol-holding chambers</i>	RX-DME	
FLEXICHAMBER ADULT MASK/SMALL	FLEXICHAMBER ADULT MASK/SMALL MISC <i>spacer/aerosol-holding chamber supplies - masks</i>	RX-DME	
FLEXICHAMBER CHILD MASK/LARGE	FLEXICHAMBER CHILD MASK/LARGE MISC <i>spacer/aerosol-holding chamber supplies - masks</i>	RX-DME	
FLEXICHAMBER CHILD MASK/SMALL	FLEXICHAMBER CHILD MASK/SMALL MISC <i>spacer/aerosol-holding chamber supplies - masks</i>	RX-DME	
FORA 6 CONNECT	FORA 6 CONNECT STRIP <i>glucose blood</i>	TIER 3	QL (150 PER 30 DAYS), MN-PA (Medically Necessary Prior Authorization), PA-QL (300 / 30 days)

BRAND NAME	DRUG DESCRIPTION (RX)	TIER	LIMITS & RESTRICTIONS
FORA BLOOD GLUCOSE TEST	FORA BLOOD GLUCOSE TEST STRIP <i>glucose blood</i>	TIER 3	QL (150 PER 30 DAYS), MN-PA (Medically Necessary Prior Authorization), PA-QL (300 / 30 days)
FORA D15G BLOOD GLUCOSE TEST	FORA D15G BLOOD GLUCOSE TEST STRIP <i>glucose blood</i>	TIER 3	QL (150 PER 30 DAYS), MN-PA (Medically Necessary Prior Authorization), PA-QL (300 / 30 days)
FORA D20 BLOOD GLUCOSE TEST	FORA D20 BLOOD GLUCOSE TEST STRIP <i>glucose blood</i>	TIER 3	QL (150 PER 30 DAYS), MN-PA (Medically Necessary Prior Authorization), PA-QL (300 / 30 days)
FORA D40/G31 BLOOD GLUCOSE	FORA D40/G31 BLOOD GLUCOSE STRIP <i>glucose blood</i>	TIER 3	QL (150 PER 30 DAYS), MN-PA (Medically Necessary Prior Authorization), PA-QL (300 / 30 days)
FORA G20 BLOOD GLUCOSE TEST	FORA G20 BLOOD GLUCOSE TEST STRIP <i>glucose blood</i>	TIER 3	QL (150 PER 30 DAYS), MN-PA (Medically Necessary Prior Authorization), PA-QL (300 / 30 days)
FORA G30/PREM V10 GLUCOSE TEST	FORA G30/PREM V10 GLUCOSE TEST STRIP <i>glucose blood</i>	TIER 3	QL (150 PER 30 DAYS), MN-PA (Medically Necessary Prior Authorization), PA-QL (300 / 30 days)
FORA GD20 TEST	FORA GD20 TEST STRIP <i>glucose blood</i>	TIER 3	QL (150 PER 30 DAYS), MN-PA (Medically Necessary Prior Authorization), PA-QL (300 / 30 days)
FORA GD50 BLOOD GLUCOSE TEST	FORA GD50 BLOOD GLUCOSE TEST STRIP <i>glucose blood</i>	TIER 3	QL (150 PER 30 DAYS), MN-PA (Medically Necessary Prior Authorization), PA-QL (300 / 30 days)
FORA GTEL BLOOD GLUCOSE TEST	FORA GTEL BLOOD GLUCOSE TEST STRIP <i>glucose blood</i>	TIER 3	QL (150 PER 30 DAYS), MN-PA (Medically Necessary Prior Authorization), PA-QL (300 / 30 days)
FORA GTEL BLOOD KETONE TEST	FORA GTEL BLOOD KETONE TEST STRIP <i>ketone blood test</i>	TIER 2	
FORA TN'G ADVANCE PRO	FORA TN'G ADVANCE PRO STRIP <i>glucose blood</i>	TIER 3	QL (150 PER 30 DAYS), MN-PA (Medically Necessary Prior Authorization), PA-QL (300 / 30 days)
FORA TN'G/TN'G VOICE	FORA TN'G/TN'G VOICE STRIP <i>glucose blood</i>	TIER 3	QL (150 PER 30 DAYS), MN-PA (Medically Necessary Prior Authorization), PA-QL (300 / 30 days)

BRAND NAME	DRUG DESCRIPTION (RX)	TIER	LIMITS & RESTRICTIONS
FORA V10 BLOOD GLUCOSE TEST	FORA V10 BLOOD GLUCOSE TEST STRIP <i>glucose blood</i>	TIER 3	QL (150 PER 30 DAYS), MN-PA (Medically Necessary Prior Authorization), PA-QL (300 / 30 days)
FORA V12 BLOOD GLUCOSE TEST	FORA V12 BLOOD GLUCOSE TEST STRIP <i>glucose blood</i>	TIER 3	QL (150 PER 30 DAYS), MN-PA (Medically Necessary Prior Authorization), PA-QL (300 / 30 days)
FORA V20 BLOOD GLUCOSE TEST	FORA V20 BLOOD GLUCOSE TEST STRIP <i>glucose blood</i>	TIER 3	QL (150 PER 30 DAYS), MN-PA (Medically Necessary Prior Authorization), PA-QL (300 / 30 days)
FORA V30A BLOOD GLUCOSE TEST	FORA V30A BLOOD GLUCOSE TEST STRIP <i>glucose blood</i>	TIER 3	QL (150 PER 30 DAYS), MN-PA (Medically Necessary Prior Authorization), PA-QL (300 / 30 days)
FORACARE GD40 TEST	FORACARE GD40 TEST STRIP <i>glucose blood</i>	TIER 3	QL (150 PER 30 DAYS), MN-PA (Medically Necessary Prior Authorization), PA-QL (300 / 30 days)
FORACARE PREMIUM V10 TEST	FORACARE PREMIUM V10 TEST STRIP <i>glucose blood</i>	TIER 3	QL (150 PER 30 DAYS), MN-PA (Medically Necessary Prior Authorization), PA-QL (300 / 30 days)
FORACARE TEST N GO TEST	FORACARE TEST N GO TEST STRIP <i>glucose blood</i>	TIER 3	QL (150 PER 30 DAYS), MN-PA (Medically Necessary Prior Authorization), PA-QL (300 / 30 days)
FORTISCARE G1 TEST STRIP	FORTISCARE G1 TEST STRIP STRIP <i>glucose blood</i>	TIER 3	QL (150 PER 30 DAYS), MN-PA (Medically Necessary Prior Authorization), PA-QL (300 / 30 days)
FORTISCARE TEST	FORTISCARE TEST STRIP <i>glucose blood</i>	TIER 3	QL (150 PER 30 DAYS), MN-PA (Medically Necessary Prior Authorization), PA-QL (300 / 30 days)
FREESTYLE INSULINX TEST	FREESTYLE INSULINX TEST STRIP <i>glucose blood</i>	TIER 3	QL (150 PER 30 DAYS), MN-PA (Medically Necessary Prior Authorization), PA-QL (300 / 30 days)
FREESTYLE LITE TEST	FREESTYLE LITE TEST STRIP <i>glucose blood</i>	TIER 3	QL (150 PER 30 DAYS), MN-PA (Medically Necessary Prior Authorization), PA-QL (300 / 30 days)
FREESTYLE PRECISION NEO TEST	FREESTYLE PRECISION NEO TEST STRIP <i>glucose blood</i>	TIER 3	QL (150 PER 30 DAYS), MN-PA (Medically Necessary Prior Authorization), PA-QL (300 / 30 days)

BRAND NAME	DRUG DESCRIPTION (RX)	TIER	LIMITS & RESTRICTIONS
FREESTYLE TEST	FREESTYLE TEST STRIP <i>glucose blood</i>	TIER 3	QL (150 PER 30 DAYS), MN-PA (Medically Necessary Prior Authorization), PA-QL (300 / 30 days)
GE100 BLOOD GLUCOSE TEST	GE100 BLOOD GLUCOSE TEST STRIP <i>glucose blood</i>	TIER 3	QL (150 PER 30 DAYS), MN-PA (Medically Necessary Prior Authorization), PA-QL (300 / 30 days)
GEL-ONE	GEL-ONE 30 MG/3ML PRSYR <i>cross-linked hyaluronate</i>	SP-M	PA, MN-PA (Medically Necessary Prior Authorization)
GELSYN-3	GELSYN-3 16.8 MG/2ML SOLN PRSYR <i>sodium hyaluronate (viscosupplement)</i>	SP-M	MN-PA (Medically Necessary Prior Authorization)
GENULTIMATE TEST	GENULTIMATE TEST STRIP <i>glucose blood</i>	TIER 3	QL (150 PER 30 DAYS), MN-PA (Medically Necessary Prior Authorization), PA-QL (300 / 30 days)
GENVISC 850	GENVISC 850 25 MG/2.5ML SOLN PRSYR <i>sodium hyaluronate (viscosupplement)</i>	SP-M	MN-PA (Medically Necessary Prior Authorization)
GHT TEST	GHT TEST STRIP <i>glucose blood</i>	TIER 3	QL (150 PER 30 DAYS), MN-PA (Medically Necessary Prior Authorization), PA-QL (300 / 30 days)
GLUCO PERFECT 3 TEST	GLUCO PERFECT 3 TEST STRIP <i>glucose blood</i>	TIER 3	QL (150 PER 30 DAYS), MN-PA (Medically Necessary Prior Authorization), PA-QL (300 / 30 days)
GLUCOCARD 01 SENSOR PLUS	GLUCOCARD 01 SENSOR PLUS STRIP <i>glucose blood</i>	TIER 3	QL (150 PER 30 DAYS), MN-PA (Medically Necessary Prior Authorization), PA-QL (300 / 30 days)
GLUCOCARD EXPRESSION TEST	GLUCOCARD EXPRESSION TEST STRIP <i>glucose blood</i>	TIER 3	QL (150 PER 30 DAYS), MN-PA (Medically Necessary Prior Authorization), PA-QL (300 / 30 days)
GLUCOCARD SHINE TEST	GLUCOCARD SHINE TEST STRIP <i>glucose blood</i>	TIER 3	QL (150 PER 30 DAYS), MN-PA (Medically Necessary Prior Authorization), PA-QL (300 / 30 days)
GLUCOCARD VITAL TEST	GLUCOCARD VITAL TEST STRIP <i>glucose blood</i>	TIER 3	QL (150 PER 30 DAYS), MN-PA (Medically Necessary Prior Authorization), PA-QL (300 / 30 days)

BRAND NAME	DRUG DESCRIPTION (RX)	TIER	LIMITS & RESTRICTIONS
GLUCOCARD X-SENSOR	GLUCOCARD X-SENSOR STRIP <i>glucose blood</i>	TIER 3	QL (150 PER 30 DAYS), MN-PA (Medically Necessary Prior Authorization), PA-QL (300 / 30 days)
GLUCOCOM TEST	GLUCOCOM TEST STRIP <i>glucose blood</i>	TIER 3	QL (150 PER 30 DAYS), MN-PA (Medically Necessary Prior Authorization), PA-QL (300 / 30 days)
GLUCONAVII BLOOD GLUCOSE TEST	GLUCONAVII BLOOD GLUCOSE TEST STRIP <i>glucose blood</i>	TIER 3	QL (150 PER 30 DAYS), MN-PA (Medically Necessary Prior Authorization), PA-QL (300 / 30 days)
GLUCOSE METER TEST	GLUCOSE METER TEST STRIP <i>glucose blood</i>	TIER 3	QL (150 PER 30 DAYS), MN-PA (Medically Necessary Prior Authorization), PA-QL (300 / 30 days)
GNP EASY TOUCH GLUCOSE TEST	GNP EASY TOUCH GLUCOSE TEST STRIP <i>glucose blood</i>	TIER 3	QL (150 PER 30 DAYS), MN-PA (Medically Necessary Prior Authorization), PA-QL (300 / 30 days)
GNP TRUE METRIX GLUCOSE STRIPS	GNP TRUE METRIX GLUCOSE STRIPS STRIP <i>glucose blood</i>	TIER 3	QL (150 PER 30 DAYS), MN-PA (Medically Necessary Prior Authorization), PA-QL (300 / 30 days)
GNP TRUETRACK SMART SYSTEM	GNP TRUETRACK SMART SYSTEM STRIP <i>glucose blood</i>	TIER 3	QL (150 PER 30 DAYS), MN-PA (Medically Necessary Prior Authorization), PA-QL (300 / 30 days)
GNP TRUETRACK TEST STRIPS	GNP TRUETRACK TEST STRIPS STRIP <i>glucose blood</i>	TIER 3	QL (150 PER 30 DAYS), MN-PA (Medically Necessary Prior Authorization), PA-QL (300 / 30 days)
GOJJI BLOOD GLUCOSE TEST	GOJJI BLOOD GLUCOSE TEST STRIP <i>glucose blood</i>	TIER 3	QL (150 PER 30 DAYS), MN-PA (Medically Necessary Prior Authorization), PA-QL (300 / 30 days)
GOJJI BLOOD KETONE TEST	GOJJI BLOOD KETONE TEST STRIP <i>ketone blood test</i>	TIER 2	
GOJJI BLOOD TEST STRIP/LANCETS	GOJJI BLOOD TEST STRIP/LANCETS STRIP <i>glucose blood</i>	TIER 3	QL (150 PER 30 DAYS), MN-PA (Medically Necessary Prior Authorization), PA-QL (300 / 30 days)
GOODSENSE BLOOD GLUCOSE	GOODSENSE BLOOD GLUCOSE STRIP <i>glucose blood</i>	TIER 3	QL (150 PER 30 DAYS), MN-PA (Medically Necessary Prior Authorization), PA-QL (300 / 30 days)

BRAND NAME	DRUG DESCRIPTION (RX)	TIER	LIMITS & RESTRICTIONS
HARMONY BLOOD GLUCOSE TEST	HARMONY BLOOD GLUCOSE TEST STRIP <i>glucose blood</i>	TIER 3	QL (150 PER 30 DAYS), MN-PA (Medically Necessary Prior Authorization), PA-QL (300 / 30 days)
HW EMBRACE PRO GLUCOSE TEST	HW EMBRACE PRO GLUCOSE TEST STRIP <i>glucose blood</i>	TIER 3	QL (150 PER 30 DAYS), MN-PA (Medically Necessary Prior Authorization), PA-QL (300 / 30 days)
HW EMBRACE TALK GLUCOSE TEST	HW EMBRACE TALK GLUCOSE TEST STRIP <i>glucose blood</i>	TIER 3	QL (150 PER 30 DAYS), MN-PA (Medically Necessary Prior Authorization), PA-QL (300 / 30 days)
HYALGAN	HYALGAN (20 SOLN PRSYR, 20 SOLUTION) <i>sodium hyaluronate (viscosupplement)</i>	SP-M	MN-PA (Medically Necessary Prior Authorization)
HYMOVIS	HYMOVIS 24 MG/3ML SOLN PRSYR <i>hyaluronan</i>	SP-M	MN-PA (Medically Necessary Prior Authorization)
IGLUCOSE TEST STRIPS	IGLUCOSE TEST STRIPS STRIP <i>glucose blood</i>	TIER 3	QL (150 PER 30 DAYS), MN-PA (Medically Necessary Prior Authorization), PA-QL (300 / 30 days)
IN TOUCH BLOOD GLUCOSE TEST	IN TOUCH BLOOD GLUCOSE TEST STRIP <i>glucose blood</i>	TIER 3	QL (150 PER 30 DAYS), MN-PA (Medically Necessary Prior Authorization), PA-QL (300 / 30 days)
INFINITY BLOOD GLUCOSE TEST	INFINITY BLOOD GLUCOSE TEST STRIP <i>glucose blood</i>	TIER 3	QL (150 PER 30 DAYS), MN-PA (Medically Necessary Prior Authorization), PA-QL (300 / 30 days)
INFINITY VOICE	INFINITY VOICE STRIP <i>glucose blood</i>	TIER 3	QL (150 PER 30 DAYS), MN-PA (Medically Necessary Prior Authorization), PA-QL (300 / 30 days)
INSPIRACHAMBER/LARGE	INSPIRACHAMBER/LARGE DEVICE <i>spacer/aerosol-holding chambers</i>	RX-DME	
INSPIRACHAMBER/MEDIUM	INSPIRACHAMBER/MEDIUM DEVICE <i>spacer/aerosol-holding chambers</i>	RX-DME	
INSPIRACHAMBER/MOUTHPIECE	INSPIRACHAMBER/MOUTHPIECE DEVICE <i>spacer/aerosol-holding chambers</i>	RX-DME	

BRAND NAME	DRUG DESCRIPTION (RX)	TIER	LIMITS & RESTRICTIONS
INSPIRACHAMBER/ SMALL	INSPIRACHAMBER/SMALL L DEVICE <i>spacer/aerosol-holding chambers</i>	RX-DME	
INSPIREASE	INSPIREASE MISC <i>spacer/aerosol-holding chambers</i>	RX-DME	
INSULIN PEN NEEDLE	INSULIN PEN NEEDLE <i>insulin pen needle</i>	TIER 2	
INSULIN SYRINGE	INSULIN SYRINGE <i>insulin syringe</i>	TIER 2	
INSULIN SYRINGE NEEDLE	INSULIN SYRINGE NEEDLE <i>insulin syringe needle</i>	TIER 2	
IODINE STRONG	IODINE STRONG 5 % SOLUTION <i>iodine strong (lugol's)</i>	TIER 3	
KETO-DIASTIX	KETO-DIASTIX STRIP <i>urine glucose-ketones test</i>	TIER 2	
KETONE TEST	KETONE TEST STRIP <i>acetone (urine) test</i>	TIER 2	
KETOSTIX	KETOSTIX STRIP <i>acetone (urine) test</i>	TIER 2	
KROGER BLOOD GLUCOSE TEST	KROGER BLOOD GLUCOSE TEST STRIP <i>glucose blood</i>	TIER 3	QL (150 PER 30 DAYS), MN- PA (Medically Necessary Prior Authorization), PA-QL (300 / 30 days)
KROGER HEALTHPRO GLUCOSE TEST	KROGER HEALTHPRO GLUCOSE TEST STRIP <i>glucose blood</i>	TIER 3	QL (150 PER 30 DAYS), MN- PA (Medically Necessary Prior Authorization), PA-QL (300 / 30 days)
KROGER PREMIUM GLUCOSE TEST	KROGER PREMIUM GLUCOSE TEST STRIP <i>glucose blood</i>	TIER 3	QL (150 PER 30 DAYS), MN- PA (Medically Necessary Prior Authorization), PA-QL (300 / 30 days)
KROGER TEST	KROGER TEST STRIP <i>glucose blood</i>	TIER 3	QL (150 PER 30 DAYS), MN- PA (Medically Necessary Prior Authorization), PA-QL (300 / 30 days)
LANCETS	LANCETS <i>lancets</i>	TIER 2	QL (150 PER 30 DAY(S))
LANCETS	LANCETS <i>lancets</i>	TIER 2	QL (150 PER 30 DAYS), PA- QL (300 / 30 days)
LIBERTY NEXT GENERATION TEST	LIBERTY NEXT GENERATION TEST STRIP <i>glucose blood</i>	TIER 3	QL (150 PER 30 DAYS), MN- PA (Medically Necessary Prior Authorization), PA-QL (300 / 30 days)

BRAND NAME	DRUG DESCRIPTION (RX)	TIER	LIMITS & RESTRICTIONS
LIBERTY TEST	LIBERTY TEST STRIP <i>glucose blood</i>	TIER 3	QL (150 PER 30 DAYS), MN-PA (Medically Necessary Prior Authorization), PA-QL (300 / 30 days)
LITEAIRE	LITEAIRE DEVICE <i>spacer/aerosol-holding chambers</i>	RX-DME	
MASK VORTEX	MASK VORTEX MISC <i>spacer/aerosol-holding chamber supplies - masks</i>	RX-DME	
MASK VORTEX/CHILD/FROG	MASK VORTEX/CHILD/FROG MISC <i>spacer/aerosol-holding chamber supplies - masks</i>	RX-DME	
MASK VORTEX/TODDLER/LADYBUG	MASK VORTEX/TODDLER/LADYBUG MISC <i>spacer/aerosol-holding chamber supplies - masks</i>	RX-DME	
MEIJER BLOOD GLUCOSE TEST	MEIJER BLOOD GLUCOSE TEST STRIP <i>glucose blood</i>	TIER 3	QL (150 PER 30 DAYS), MN-PA (Medically Necessary Prior Authorization), PA-QL (300 / 30 days)
MEIJER ESSENTIAL GLUCOSE TEST	MEIJER ESSENTIAL GLUCOSE TEST STRIP <i>glucose blood</i>	TIER 3	QL (150 PER 30 DAYS), MN-PA (Medically Necessary Prior Authorization), PA-QL (300 / 30 days)
MEIJER PREMIUM GLUCOSE TEST	MEIJER PREMIUM GLUCOSE TEST STRIP <i>glucose blood</i>	TIER 3	QL (150 PER 30 DAYS), MN-PA (Medically Necessary Prior Authorization), PA-QL (300 / 30 days)
MEIJER TRUETEST TEST	MEIJER TRUETEST TEST STRIP <i>glucose blood</i>	TIER 3	QL (150 PER 30 DAYS), MN-PA (Medically Necessary Prior Authorization), PA-QL (300 / 30 days)
MEIJER TRUETRACK TEST	MEIJER TRUETRACK TEST STRIP <i>glucose blood</i>	TIER 3	QL (150 PER 30 DAYS), MN-PA (Medically Necessary Prior Authorization), PA-QL (300 / 30 days)
<i>methergine</i>	<i>methergine 0.2 mg tab</i>	TIER 1	QL (56 PER 365 DAY(S))
<i>methylergonovine maleate</i>	<i>methylergonovine maleate 0.2 mg tab</i>	TIER 1	QL (56 PER 365 DAY(S))
MICROCHAMBER	MICROCHAMBER (DEVICE, MISC) <i>spacer/aerosol-holding chambers</i>	RX-DME	

BRAND NAME	DRUG DESCRIPTION (RX)	TIER	LIMITS & RESTRICTIONS
MICRODOT TEST	MICRODOT TEST STRIP <i>glucose blood</i>	TIER 3	QL (150 PER 30 DAYS), MN-PA (Medically Necessary Prior Authorization), PA-QL (300 / 30 days)
MICROSPACER	MICROSPACER MISC <i>spacer/aerosol-holding chambers</i>	RX-DME	
MM EASY TOUCH GLUCOSE	MM EASY TOUCH GLUCOSE STRIP <i>glucose blood</i>	TIER 3	QL (150 PER 30 DAYS), MN-PA (Medically Necessary Prior Authorization), PA-QL (300 / 30 days)
MONOVISC	MONOVISC 88 MG/4ML SOLN PRSYR <i>hyaluronan</i>	SP-M	MN-PA (Medically Necessary Prior Authorization)
MULTISTIX 10 SG	MULTISTIX 10 SG STRIP <i>multiple urine tests</i>	TIER 2	
MYGLUCOHEALTH TEST	MYGLUCOHEALTH TEST STRIP <i>glucose blood</i>	TIER 3	QL (150 PER 30 DAYS), MN-PA (Medically Necessary Prior Authorization), PA-QL (300 / 30 days)
NEUTEK 2TEK TEST	NEUTEK 2TEK TEST STRIP <i>glucose blood</i>	TIER 3	QL (150 PER 30 DAYS), MN-PA (Medically Necessary Prior Authorization), PA-QL (300 / 30 days)
NOVA MAX GLUCOSE TEST	NOVA MAX GLUCOSE TEST STRIP <i>glucose blood</i>	TIER 3	QL (150 PER 30 DAYS), MN-PA (Medically Necessary Prior Authorization), PA-QL (300 / 30 days)
NOVA MAX PLUS KETONE TEST	NOVA MAX PLUS KETONE TEST STRIP <i>ketone blood test</i>	TIER 2	
OMNIPOD 5 G6 INTRO KIT	OMNIPOD 5 G6 INTRO KIT <i>insulin infusion disposable pump</i>	RX-DME	QL (1 PER 5 YEAR(S))
OMNIPOD 5 G6 PODS (GEN 5)	OMNIPOD 5 G6 PODS (GEN 5) MISC <i>insulin infusion disposable pump</i>	RX-DME	QL (30 PER 30 DAY(S))
OMNIPOD DASH 5 PACK PODS	OMNIPOD DASH 5 PACK PODS MISC <i>insulin infusion disposable pump</i>	RX-DME	QL (30 PER 30 DAY(S))
ON CALL EXPRESS BLOOD GLUCOSE	ON CALL EXPRESS BLOOD GLUCOSE STRIP <i>glucose blood</i>	TIER 3	QL (150 PER 30 DAYS), MN-PA (Medically Necessary Prior Authorization), PA-QL (300 / 30 days)

BRAND NAME	DRUG DESCRIPTION (RX)	TIER	LIMITS & RESTRICTIONS
ON CALL PLUS BLOOD GLUCOSE	ON CALL PLUS BLOOD GLUCOSE STRIP <i>glucose blood</i>	TIER 3	QL (150 PER 30 DAYS), MN-PA (Medically Necessary Prior Authorization), PA-QL (300 / 30 days)
ON CALL VIVID BLOOD GLUCOSE	ON CALL VIVID BLOOD GLUCOSE STRIP <i>glucose blood</i>	TIER 3	QL (150 PER 30 DAYS), MN-PA (Medically Necessary Prior Authorization), PA-QL (300 / 30 days)
ONE DROP TEST	ONE DROP TEST STRIP <i>glucose blood</i>	TIER 3	QL (150 PER 30 DAYS), MN-PA (Medically Necessary Prior Authorization), PA-QL (300 / 30 days)
ONETOUCH ULTRA	ONETOUCH ULTRA STRIP <i>glucose blood</i>	TIER 2	QL (150 PER 30 DAYS), MN-PA (Medically Necessary Prior Authorization), PA-QL (300 / 30 days)
ONETOUCH VERIO	ONETOUCH VERIO STRIP <i>glucose blood</i>	TIER 2	QL (150 PER 30 DAYS), MN-PA (Medically Necessary Prior Authorization), PA-QL (300 / 30 days)
OPTICHAMBER ADVANTAGE-LG MASK	OPTICHAMBER ADVANTAGE-LG MASK MISC <i>spacer/aerosol-holding chambers</i>	RX-DME	
OPTICHAMBER ADVANTAGE-MED MASK	OPTICHAMBER ADVANTAGE-MED MASK MISC <i>spacer/aerosol-holding chambers</i>	RX-DME	
OPTICHAMBER ADVANTAGE-SM MASK	OPTICHAMBER ADVANTAGE-SM MASK MISC <i>spacer/aerosol-holding chambers</i>	RX-DME	
OPTICHAMBER DIAMOND	OPTICHAMBER DIAMOND (DEVICE, MISC) <i>spacer/aerosol-holding chambers</i>	RX-DME	
OPTICHAMBER DIAMOND-LG MASK	OPTICHAMBER DIAMOND-LG MASK DEVICE <i>spacer/aerosol-holding chambers</i>	RX-DME	
OPTICHAMBER DIAMOND-MD MASK	OPTICHAMBER DIAMOND-MD MASK MISC <i>spacer/aerosol-holding chambers</i>	RX-DME	

BRAND NAME	DRUG DESCRIPTION (RX)	TIER	LIMITS & RESTRICTIONS
OPTICHAMBER DIAMOND-SM MASK	OPTICHAMBER DIAMOND-SM MASK MISC <i>spacer/aerosol-holding chambers</i>	RX-DME	
OPTICHAMBER FACE MASK-LARGE	OPTICHAMBER FACE MASK-LARGE MISC <i>spacer/aerosol-holding chambers</i>	RX-DME	
OPTICHAMBER FACE MASK- MEDIUM	OPTICHAMBER FACE MASK-MEDIUM MISC <i>spacer/aerosol-holding chambers</i>	RX-DME	
OPTICHAMBER FACE MASK-SMALL	OPTICHAMBER FACE MASK-SMALL MISC <i>spacer/aerosol-holding chambers</i>	RX-DME	
OPTIHALER	OPTIHALER (DEVICE, MISC) <i>spacer/aerosol-holding chambers</i>	RX-DME	
OPTIUM TEST	OPTIUM TEST STRIP <i>glucose blood</i>	TIER 3	QL (150 PER 30 DAYS), MN- PA (Medically Necessary Prior Authorization), PA-QL (300 / 30 days)
OPTIUMEZ TEST	OPTIUMEZ TEST STRIP <i>glucose blood</i>	TIER 3	QL (150 PER 30 DAYS), MN- PA (Medically Necessary Prior Authorization), PA-QL (300 / 30 days)
OPTUMRX BLOOD GLUCOSE TEST	OPTUMRX BLOOD GLUCOSE TEST STRIP <i>glucose blood</i>	TIER 3	QL (150 PER 30 DAYS), MN- PA (Medically Necessary Prior Authorization), PA-QL (300 / 30 days)
ORTHOVISC	ORTHOVISC 30 MG/2ML SOLN PRSYR <i>hyaluronan</i>	SP-M	PA
PANDA MASK LARGE	PANDA MASK LARGE MISC <i>spacer/aerosol-holding chamber supplies - masks</i>	RX-DME	
PANDA MASK MEDIUM	PANDA MASK MEDIUM MISC <i>spacer/aerosol-holding chamber supplies - masks</i>	RX-DME	

BRAND NAME	DRUG DESCRIPTION (RX)	TIER	LIMITS & RESTRICTIONS
PANDA MASK SMALL	PANDA MASK SMALL MISC <i>spacer/aerosol-holding chamber supplies - masks</i>	RX-DME	
PEDIATRIC PANDA MASK	PEDIATRIC PANDA MASK MISC <i>spacer/aerosol-holding chamber supplies - masks</i>	RX-DME	
PHARMACIST CHOICE AUTOCODE	PHARMACIST CHOICE AUTOCODE STRIP <i>glucose blood</i>	TIER 3	QL (150 PER 30 DAYS), MN-PA (Medically Necessary Prior Authorization), PA-QL (300 / 30 days)
PHARMACIST CHOICE NO CODING	PHARMACIST CHOICE NO CODING STRIP <i>glucose blood</i>	TIER 3	QL (150 PER 30 DAYS), MN-PA (Medically Necessary Prior Authorization), PA-QL (300 / 30 days)
PIP BLOOD GLUCOSE TEST STRIP	PIP BLOOD GLUCOSE TEST STRIP STRIP <i>glucose blood</i>	TIER 3	QL (150 PER 30 DAYS), MN-PA (Medically Necessary Prior Authorization), PA-QL (300 / 30 days)
POCKET CHAMBER	POCKET CHAMBER DEVICE <i>spacer/aerosol-holding chambers</i>	RX-DME	
POCKET SPACER	POCKET SPACER DEVICE <i>spacer/aerosol-holding chambers</i>	RX-DME	
POCKETCHEM EZ TEST	POCKETCHEM EZ TEST STRIP <i>glucose blood</i>	TIER 3	QL (150 PER 30 DAYS), MN-PA (Medically Necessary Prior Authorization), PA-QL (300 / 30 days)
PRECISION PCX	PRECISION PCX STRIP <i>glucose blood</i>	TIER 3	QL (150 PER 30 DAYS), MN-PA (Medically Necessary Prior Authorization), PA-QL (300 / 30 days)
PRECISION PCX PLUS TEST	PRECISION PCX PLUS TEST STRIP <i>glucose blood</i>	TIER 3	QL (150 PER 30 DAYS), MN-PA (Medically Necessary Prior Authorization), PA-QL (300 / 30 days)
PRECISION POINT OF CARE TEST	PRECISION POINT OF CARE TEST STRIP <i>glucose blood</i>	TIER 3	QL (150 PER 30 DAYS), MN-PA (Medically Necessary Prior Authorization), PA-QL (300 / 30 days)
PRECISION QID TEST	PRECISION QID TEST STRIP <i>glucose blood</i>	TIER 3	QL (150 PER 30 DAYS), MN-PA (Medically Necessary Prior Authorization), PA-QL (300 / 30 days)

BRAND NAME	DRUG DESCRIPTION (RX)	TIER	LIMITS & RESTRICTIONS
PRECISION SOF-TACT TEST	PRECISION SOF-TACT TEST STRIP <i>glucose blood</i>	TIER 3	QL (150 PER 30 DAYS), MN-PA (Medically Necessary Prior Authorization), PA-QL (300 / 30 days)
PRECISION XTRA BLOOD GLUCOSE	PRECISION XTRA BLOOD GLUCOSE STRIP <i>glucose blood</i>	TIER 3	QL (150 PER 30 DAYS), MN-PA (Medically Necessary Prior Authorization), PA-QL (300 / 30 days)
PRECISION XTRA KETONE	PRECISION XTRA KETONE STRIP <i>ketone blood test</i>	TIER 2	
PREMIUM BLOOD GLUCOSE TEST	PREMIUM BLOOD GLUCOSE TEST STRIP <i>glucose blood</i>	TIER 3	QL (150 PER 30 DAYS), MN-PA (Medically Necessary Prior Authorization), PA-QL (300 / 30 days)
PRIALT	PRIALT (100 MCG/ML SOLUTION, 500 MCG/20ML SOLUTION, 500 MCG/5ML SOLUTION) <i>ziconotide acetate</i>	SP-M	
PRO COMFORT SPACER ADULT	PRO COMFORT SPACER ADULT MISC <i>spacer/aerosol-holding chambers</i>	RX-DME	
PRO COMFORT SPACER CHILD	PRO COMFORT SPACER CHILD MISC <i>spacer/aerosol-holding chambers</i>	RX-DME	
PRO COMFORT SPACER INFANT	PRO COMFORT SPACER INFANT DEVICE <i>spacer/aerosol-holding chambers</i>	RX-DME	
PRO VOICE V8/V9 GLUCOSE	PRO VOICE V8/V9 GLUCOSE STRIP <i>glucose blood</i>	TIER 3	QL (150 PER 30 DAYS), MN-PA (Medically Necessary Prior Authorization), PA-QL (300 / 30 days)
PROCARE SPACER/ADULT MASK	PROCARE SPACER/ADULT MASK DEVICE <i>spacer/aerosol-holding chambers</i>	RX-DME	
PROCARE SPACER/CHILD MASK	PROCARE SPACER/CHILD MASK DEVICE <i>spacer/aerosol-holding chambers</i>	RX-DME	

BRAND NAME	DRUG DESCRIPTION (RX)	TIER	LIMITS & RESTRICTIONS
PRODIGY NO CODING BLOOD GLUC	PRODIGY NO CODING BLOOD GLUC STRIP <i>glucose blood</i>	TIER 3	QL (150 PER 30 DAYS), MN-PA (Medically Necessary Prior Authorization), PA-QL (300 / 30 days)
PTS PANELS GLUCOSE TEST	PTS PANELS GLUCOSE TEST STRIP <i>glucose blood</i>	TIER 3	QL (150 PER 30 DAYS), MN-PA (Medically Necessary Prior Authorization), PA-QL (300 / 30 days)
PTS PANELS KETONE TEST	PTS PANELS KETONE TEST STRIP <i>ketone blood test</i>	TIER 2	
PTS PANELSEGLU TEST	PTS PANELSEGLU TEST STRIP <i>glucose blood</i>	TIER 3	QL (150 PER 30 DAYS), MN-PA (Medically Necessary Prior Authorization), PA-QL (300 / 30 days)
PURE COMFORT SPACER CHAMBER	PURE COMFORT SPACER CHAMBER DEVICE <i>spacer/aerosol-holding chambers</i>	RX-DME	
QUADRAMET	QUADRAMET 1850 MBQ/ML SOLUTION <i>samarium sm 153 lexicidronam</i>	SP-M	
QUICKTEK TEST	QUICKTEK TEST STRIP <i>glucose blood</i>	TIER 3	QL (150 PER 30 DAYS), MN-PA (Medically Necessary Prior Authorization), PA-QL (300 / 30 days)
QUINTET AC BLOOD GLUCOSE TEST	QUINTET AC BLOOD GLUCOSE TEST STRIP <i>glucose blood</i>	TIER 3	QL (150 PER 30 DAYS), MN-PA (Medically Necessary Prior Authorization), PA-QL (300 / 30 days)
QUINTET BLOOD GLUCOSE TEST	QUINTET BLOOD GLUCOSE TEST STRIP <i>glucose blood</i>	TIER 3	QL (150 PER 30 DAYS), MN-PA (Medically Necessary Prior Authorization), PA-QL (300 / 30 days)
RA ALCOHOL SWABS	RA ALCOHOL SWABS 70 % PAD <i>alcohol swabs</i>	TIER 2	
RA TRUETEST TEST	RA TRUETEST TEST STRIP <i>glucose blood</i>	TIER 3	QL (150 PER 30 DAYS), MN-PA (Medically Necessary Prior Authorization), PA-QL (300 / 30 days)
REFUAH PLUS BLOOD GLUCOSE TEST	REFUAH PLUS BLOOD GLUCOSE TEST STRIP <i>glucose blood</i>	TIER 3	QL (150 PER 30 DAYS), MN-PA (Medically Necessary Prior Authorization), PA-QL (300 / 30 days)

BRAND NAME	DRUG DESCRIPTION (RX)	TIER	LIMITS & RESTRICTIONS
RELION BLOOD GLUCOSE TEST	RELION BLOOD GLUCOSE TEST STRIP <i>glucose blood</i>	TIER 3	QL (150 PER 30 DAYS), MN-PA (Medically Necessary Prior Authorization), PA-QL (300 / 30 days)
RELION CONFIRM/MICRO TEST	RELION CONFIRM/MICRO TEST STRIP <i>glucose blood</i>	TIER 3	QL (150 PER 30 DAYS), MN-PA (Medically Necessary Prior Authorization), PA-QL (300 / 30 days)
RELION KETONE	RELION KETONE STRIP <i>acetone (urine) test</i>	TIER 2	
RELION KETONE TEST	RELION KETONE TEST STRIP <i>acetone (urine) test</i>	TIER 2	
RELION PREMIER TEST	RELION PREMIER TEST STRIP <i>glucose blood</i>	TIER 3	QL (150 PER 30 DAYS), MN-PA (Medically Necessary Prior Authorization), PA-QL (300 / 30 days)
RELION PRIME TEST	RELION PRIME TEST STRIP <i>glucose blood</i>	TIER 3	QL (150 PER 30 DAYS), MN-PA (Medically Necessary Prior Authorization), PA-QL (300 / 30 days)
RELION TRUE METRIX TEST STRIPS	RELION TRUE METRIX TEST STRIPS STRIP <i>glucose blood</i>	TIER 3	QL (150 PER 30 DAYS), MN-PA (Medically Necessary Prior Authorization), PA-QL (300 / 30 days)
RELION ULTIMA TEST	RELION ULTIMA TEST STRIP <i>glucose blood</i>	TIER 3	QL (150 PER 30 DAYS), MN-PA (Medically Necessary Prior Authorization), PA-QL (300 / 30 days)
RETHYMIC	RETHYMIC IMPLANT <i>allogeneic processed thymus tissue-agdc</i>	SP-M	
REVEAL BLOOD GLUCOSE TEST	REVEAL BLOOD GLUCOSE TEST STRIP <i>glucose blood</i>	TIER 3	QL (150 PER 30 DAYS), MN-PA (Medically Necessary Prior Authorization), PA-QL (300 / 30 days)
REXALL BLOOD GLUCOSE TEST	REXALL BLOOD GLUCOSE TEST STRIP <i>glucose blood</i>	TIER 3	QL (150 PER 30 DAYS), MN-PA (Medically Necessary Prior Authorization), PA-QL (300 / 30 days)
RIGHTEST GS100 BLOOD GLUCOSE	RIGHTEST GS100 BLOOD GLUCOSE STRIP <i>glucose blood</i>	TIER 3	QL (150 PER 30 DAYS), MN-PA (Medically Necessary Prior Authorization), PA-QL (300 / 30 days)
RIGHTEST GS300 BLOOD GLUCOSE	RIGHTEST GS300 BLOOD GLUCOSE STRIP <i>glucose blood</i>	TIER 3	QL (150 PER 30 DAYS), MN-PA (Medically Necessary Prior Authorization), PA-QL (300 / 30 days)

BRAND NAME	DRUG DESCRIPTION (RX)	TIER	LIMITS & RESTRICTIONS
RIGHTEST GS550 BLOOD GLUCOSE	RIGHTEST GS550 BLOOD GLUCOSE STRIP <i>glucose blood</i>	TIER 3	QL (150 PER 30 DAYS), MN-PA (Medically Necessary Prior Authorization), PA-QL (300 / 30 days)
RIGHTEST GT333 BLOOD GLUCOSE	RIGHTEST GT333 BLOOD GLUCOSE STRIP <i>glucose blood</i>	TIER 3	QL (150 PER 30 DAYS), MN-PA (Medically Necessary Prior Authorization), PA-QL (300 / 30 days)
RITEFLO	RITEFLO DEVICE <i>spacer/aerosol-holding chambers</i>	RX-DME	
SAPHNELO	SAPHNELO 300 MG/2ML SOLUTION <i>anifrolumab-fnia</i>	SP-M	PA
SM ALCOHOL PREP	SM ALCOHOL PREP (70%PAD, PAD) <i>alcohol swabs</i>	TIER 2	
SMART SENSE PREMIUM TEST	SMART SENSE PREMIUM TEST STRIP <i>glucose blood</i>	TIER 3	QL (150 PER 30 DAYS), MN-PA (Medically Necessary Prior Authorization), PA-QL (300 / 30 days)
SMART SENSE VALUE TEST	SMART SENSE VALUE TEST STRIP <i>glucose blood</i>	TIER 3	QL (150 PER 30 DAYS), MN-PA (Medically Necessary Prior Authorization), PA-QL (300 / 30 days)
SMARTEST BLOOD GLUCOSE TEST	SMARTEST BLOOD GLUCOSE TEST STRIP <i>glucose blood</i>	TIER 3	QL (150 PER 30 DAYS), MN-PA (Medically Necessary Prior Authorization), PA-QL (300 / 30 days)
SODIUM HYALURONATE	SODIUM HYALURONATE 20 MG/2ML SOLN PRSYR <i>sodium hyaluronate (viscosupplement)</i>	SP-M	MN-PA (Medically Necessary Prior Authorization)
SOLESTA	SOLESTA 50-15 MG/ML GEL <i>dextranomer-sodium hyaluronate</i>	SP-M	
SOLIRIS	SOLIRIS 300 MG/30ML SOLUTION <i>eculizumab</i>	SP-M	PA
SOLUS V2 TEST	SOLUS V2 TEST STRIP <i>glucose blood</i>	TIER 3	QL (150 PER 30 DAYS), MN-PA (Medically Necessary Prior Authorization), PA-QL (300 / 30 days)
SPINRAZA	SPINRAZA 12 MG/5ML SOLUTION <i>nusinersen</i>	SP-M	PA

BRAND NAME	DRUG DESCRIPTION (RX)	TIER	LIMITS & RESTRICTIONS
SUPARTZ FX	SUPARTZ FX 25 MG/2.5ML SOLN PRSYR <i>sodium hyaluronate</i> (viscosupplement)	SP-M	MN-PA (Medically Necessary Prior Authorization)
SUPREME TEST	SUPREME TEST STRIP <i>glucose blood</i>	TIER 3	QL (150 PER 30 DAYS), MN- PA (Medically Necessary Prior Authorization), PA-QL (300 / 30 days)
SURE EDGE TEST	SURE EDGE TEST STRIP <i>glucose blood</i>	TIER 3	QL (150 PER 30 DAYS), MN- PA (Medically Necessary Prior Authorization), PA-QL (300 / 30 days)
SURE-TEST EASYPLUS MINI TEST	SURE-TEST EASYPLUS MINI TEST STRIP <i>glucose blood</i>	TIER 3	QL (150 PER 30 DAYS), MN- PA (Medically Necessary Prior Authorization), PA-QL (300 / 30 days)
SURECHEK BLOOD GLUCOSE TEST	SURECHEK BLOOD GLUCOSE TEST STRIP <i>glucose blood</i>	TIER 3	QL (150 PER 30 DAYS), MN- PA (Medically Necessary Prior Authorization), PA-QL (300 / 30 days)
SYNOJOYNT	SYNOJOYNT 20 MG/2ML SOLN PRSYR <i>sodium hyaluronate</i> (viscosupplement)	SP-M	MN-PA (Medically Necessary Prior Authorization)
SYNVISC	SYNVISC 16 MG/2ML SOLN PRSYR <i>hylan</i>	SP-M	PA
SYNVISC ONE	SYNVISC ONE 48 MG/6ML SOLN PRSYR <i>hylan</i>	SP-M	PA
TELCARE BLOOD GLUCOSE TEST	TELCARE BLOOD GLUCOSE TEST STRIP <i>glucose blood</i>	TIER 3	QL (150 PER 30 DAYS), MN- PA (Medically Necessary Prior Authorization), PA-QL (300 / 30 days)
TGT BLOOD GLUCOSE TEST	TGT BLOOD GLUCOSE TEST STRIP <i>glucose blood</i>	TIER 3	QL (150 PER 30 DAYS), MN- PA (Medically Necessary Prior Authorization), PA-QL (300 / 30 days)
THYROGEN	THYROGEN (0.9 MG RECON SOLN, 1.1 MG RECON SOLN) <i>thyrotropin alfa</i>	SP-M	
TRILURON	TRILURON 20 MG/2ML SOLN PRSYR <i>sodium hyaluronate</i> (viscosupplement)	SP-M	MN-PA (Medically Necessary Prior Authorization)

BRAND NAME	DRUG DESCRIPTION (RX)	TIER	LIMITS & RESTRICTIONS
TRIVISC	TRIVISC 25 MG/2.5ML SOLN PRSYR <i>sodium hyaluronate</i> (viscosupplement)	SP-M	MN-PA (Medically Necessary Prior Authorization)
TRUE FOCUS BLOOD GLUCOSE STRIP	TRUE FOCUS BLOOD GLUCOSE STRIP STRIP <i>glucose blood</i>	TIER 3	QL (150 PER 30 DAYS), MN- PA (Medically Necessary Prior Authorization), PA-QL (300 / 30 days)
TRUE METRIX BLOOD GLUCOSE TEST	TRUE METRIX BLOOD GLUCOSE TEST STRIP <i>glucose blood</i>	TIER 3	QL (150 PER 30 DAYS), MN- PA (Medically Necessary Prior Authorization), PA-QL (300 / 30 days)
TRUE METRIX PRO BLOOD GLUCOSE	TRUE METRIX PRO BLOOD GLUCOSE STRIP <i>glucose blood</i>	TIER 3	QL (150 PER 30 DAYS), MN- PA (Medically Necessary Prior Authorization), PA-QL (300 / 30 days)
TRUETEST TEST	TRUETEST TEST STRIP <i>glucose blood</i>	TIER 3	QL (150 PER 30 DAYS), MN- PA (Medically Necessary Prior Authorization), PA-QL (300 / 30 days)
TRUETRACK TEST	TRUETRACK TEST STRIP <i>glucose blood</i>	TIER 3	QL (150 PER 30 DAYS), MN- PA (Medically Necessary Prior Authorization), PA-QL (300 / 30 days)
ULTIMA TEST	ULTIMA TEST STRIP <i>glucose blood</i>	TIER 3	QL (150 PER 30 DAYS), MN- PA (Medically Necessary Prior Authorization), PA-QL (300 / 30 days)
ULTOMIRIS	ULTOMIRIS (300 MG/30ML SOLUTION, 300 MG/3ML SOLUTION, 1100 MG/11ML SOLUTION) <i>ravulizumab-cwvz</i>	SP-M	PA
ULTRATRAK PRO TEST	ULTRATRAK PRO TEST STRIP <i>glucose blood</i>	TIER 3	QL (150 PER 30 DAYS), MN- PA (Medically Necessary Prior Authorization), PA-QL (300 / 30 days)
ULTRATRAK ULTIMATE TEST	ULTRATRAK ULTIMATE TEST STRIP <i>glucose blood</i>	TIER 3	QL (150 PER 30 DAYS), MN- PA (Medically Necessary Prior Authorization), PA-QL (300 / 30 days)
UNISTRIp1 GENERIC	UNISTRIp1 GENERIC STRIP <i>glucose blood</i>	TIER 3	QL (150 PER 30 DAYS), MN- PA (Medically Necessary Prior Authorization), PA-QL (300 / 30 days)

BRAND NAME	DRUG DESCRIPTION (RX)	TIER	LIMITS & RESTRICTIONS
VALVED HOLDING CHAMBER	VALVED HOLDING CHAMBER DEVICE <i>spacer/aerosol-holding chambers</i>	RX-DME	
VARITHENA	VARITHENA 180 MG/18ML FOAM <i>polidocanol (laureth-9)</i>	SP-M	
VERASENS BLOOD GLUCOSE TEST	VERASENS BLOOD GLUCOSE TEST STRIP <i>glucose blood</i>	TIER 3	QL (150 PER 30 DAYS), MN-PA (Medically Necessary Prior Authorization), PA-QL (300 / 30 days)
VISCO-3	VISCO-3 25 MG/2.5ML SOLN PRSYR <i>sodium hyaluronate (viscosupplement)</i>	SP-M	MN-PA (Medically Necessary Prior Authorization)
VISTOGARD	VISTOGARD 10 GM PACKET <i>uridine triacetate (emergency treatment)</i>	SP-P	
VIVAGUARD INO TEST STRIPS	VIVAGUARD INO TEST STRIPS STRIP <i>glucose blood</i>	TIER 3	QL (150 PER 30 DAYS), MN-PA (Medically Necessary Prior Authorization), PA-QL (300 / 30 days)
VOCAL POINT BLOOD GLUCOSE TEST	VOCAL POINT BLOOD GLUCOSE TEST STRIP <i>glucose blood</i>	TIER 3	QL (150 PER 30 DAYS), MN-PA (Medically Necessary Prior Authorization), PA-QL (300 / 30 days)
VORTEX VALVED HOLDING CHAMBER	VORTEX VALVED HOLDING CHAMBER DEVICE <i>spacer/aerosol-holding chambers</i>	RX-DME	
WATCHHALER	WATCHHALER DEVICE <i>spacer/aerosol-holding chambers</i>	RX-DME	
WAVESENSE PRESTO	WAVESENSE PRESTO STRIP <i>glucose blood</i>	TIER 3	QL (150 PER 30 DAYS), MN-PA (Medically Necessary Prior Authorization), PA-QL (300 / 30 days)
XIAFLEX	XIAFLEX 0.9 MG RECON SOLN <i>collagenase clostridium histolyticum</i>	SP-M	PA

BRAND NAME	DRUG DESCRIPTION (RX)	TIER	LIMITS & RESTRICTIONS
OPHTHALMIC AGENTS			
OPHTHALMIC AGENTS, OTHER			
<i>ak-poly-bac</i>	<i>ak-poly-bac 500-10000 unit/gm ointment</i>	TIER 1	
AKTEN	AKTEN 3.5 % GEL <i>lidocaine hcl (ophth)</i>	TIER 3	
<i>altacaine</i>	<i>altacaine 0.5 % solution</i>	TIER 1	
<i>altafrin</i>	<i>altafrin (2.5 % solution, 10 % solution)</i>	TIER 1	
<i>atropine sulfate</i>	<i>atropine sulfate 1 % solution</i>	TIER 1	
<i>bacitra-neomycin-polymyxin-hc</i>	<i>bacitra-neomycin-polymyxin-hc 1 % ointment</i>	TIER 1	
<i>bacitracin-polymyxin b</i>	<i>bacitracin-polymyxin b 500-10000 unit/gm ointment</i>	TIER 1	
BEOVU	BEOVU (6 SOLN PRSYR, 6 SOLUTION) <i>brolocizumab-dbll</i>	SP-M	
BETADINE OPHTHALMIC PREP	BETADINE OPHTHALMIC PREP 5 % SOLUTION <i>povidone-iodine (ophth)</i>	TIER 3	
BLEPHAMIDE	BLEPHAMIDE 10-0.2 % SUSPENSION <i>sulfacetamide sod-prednisolone</i>	TIER 3	
BLEPHAMIDE S.O.P.	BLEPHAMIDE S.O.P. 10-0.2 % OINTMENT <i>sulfacetamide sod-prednisolone</i>	TIER 3	
BYOOVIZ	BYOOVIZ 0.5 MG/0.05ML SOLUTION <i>ranibizumab-nuna</i>	SP-M	
CIMERLI	CIMERLI (0.3 SOLUTION, 0.5 SOLUTION) <i>ranibizumab-eqrn</i>	SP-M	
<i>cyclopentolate hcl</i>	<i>cyclopentolate hcl (0.5 % solution, 1 % solution, 2 % solution)</i>	TIER 1	
CYSTADROPS	CYSTADROPS 0.37 % SOLUTION <i>cysteamine hcl</i>	SP-P	QL (4 PER 28 DAY(S))
CYSTARAN	CYSTARAN 0.44 % SOLUTION <i>cysteamine hcl</i>	SP-P	QL (4 PER 28 DAY(S))

BRAND NAME	DRUG DESCRIPTION (RX)	TIER	LIMITS & RESTRICTIONS
EYLEA	EYLEA (2 SOLN PRSYR, 2 SOLUTION) <i>aflibercept</i>	SP-M	
HOMATROPAIRE	HOMATROPAIRE 5 % SOLUTION <i>homatropine hbr</i>	TIER 1	GA
<i>homatropine hbr</i>	<i>homatropine hbr 5 % solution</i>	TIER 1	
ISOPTO ATROPINE	ISOPTO ATROPINE 1 % SOLUTION <i>atropine sulfate (ophthalmic)</i>	TIER 1	GA
JETREA	JETREA 0.375 MG/0.3ML SOLUTION <i>ocriplasmin</i>	SP-M	
LACRISERT	LACRISERT 5 MG INSERT <i>artificial tear insert</i>	TIER 3	
LUCENTIS	LUCENTIS (0.3 SOLN PRSYR, 0.3 SOLUTION, 0.5 SOLN PRSYR, 0.5 SOLUTION) <i>ranibizumab</i>	SP-M	
MACUGEN	MACUGEN 0.3 MG SOLUTION <i>pegaptanib sodium</i>	SP-M	
<i>neo-polycin</i>	<i>neo-polycin 3.5-400-10000 ointment</i>	TIER 1	
<i>neo-polycin hc</i>	<i>neo-polycin hc 1 % ointment</i>	TIER 1	
<i>neomycin-bacitracin zn-polymyx</i>	<i>neomycin-bacitracin zn-polymyx (3.5-400-10000ointment, 5-400-10000ointment)</i>	TIER 1	
<i>neomycin-polymyxin-dexameth</i>	<i>neomycin-polymyxin-dexameth (ointment, suspension)</i>	TIER 1	
NEOMYCIN-POLYMYXIN-GRAMICIDIN	NEOMYCIN-POLYMYXIN-GRAMICIDIN 1.75-10000-.025 SOLUTION <i>neomycin-polymyxin-gramicidin</i>	TIER 1	
NEOMYCIN-POLYMYXIN-HC	NEOMYCIN-POLYMYXIN-HC 3.5-10000-1 SUSPENSION <i>neomycin-polymyxin-hc (ophth)</i>	TIER 1	

BRAND NAME	DRUG DESCRIPTION (RX)	TIER	LIMITS & RESTRICTIONS
OXERVATE	OXERVATE 0.002 % SOLUTION <i>cenegermin-bkbj</i>	SP-P	PA, QL (8 PER LIFETIME)
<i>phenylephrine hcl</i>	<i>phenylephrine hcl (2.5 % solution, 10 % solution)</i>	TIER 1	
<i>polycin</i>	<i>polycin 500-10000 unit/gm ointment</i>	TIER 1	
<i>polymyxin b- trimethoprim</i>	<i>polymyxin b-trimethoprim 10000-0.1 unit/ml-% solution</i>	TIER 1	
PRED-G	PRED-G 0.3-1 % SUSPENSION <i>gentamicin-prednisolone acetate</i>	TIER 3	
PRED-G S.O.P.	PRED-G S.O.P. 0.3-0.6 % OINTMENT <i>gentamicin-prednisolone acetate</i>	TIER 3	
<i>proparacaine hcl</i>	<i>proparacaine hcl 0.5 % solution</i>	TIER 1	
RESTASIS	RESTASIS 0.05 % EMULSION <i>cyclosporine (ophth)</i>	TIER 2	
RESTASIS MULTIDOSE	RESTASIS MULTIDOSE 0.05 % EMULSION <i>cyclosporine (ophth)</i>	TIER 2	
<i>sulfacetamide- prednisolone</i>	<i>sulfacetamide-prednisolone 10-0.23 % solution</i>	TIER 1	
SUSVIMO (IMPLANT 1ST FILL)	SUSVIMO (IMPLANT 1ST FILL) 10 MG/0.1ML SOLUTION <i>ranibizumab</i>	SP-M	PA
SUSVIMO (IMPLANT REFILL)	SUSVIMO (IMPLANT REFILL) 10 MG/0.1ML SOLUTION <i>ranibizumab</i>	SP-M	PA
TEPEZZA	TEPEZZA 500 MG RECON SOLN <i>teprotumumab-trbw</i>	SP-M	PA
<i>tetcaine</i>	<i>tetcaine 0.5 % solution</i>	TIER 1	
<i>tetracaine hcl</i>	<i>tetracaine hcl 0.5 % solution</i>	TIER 1	
<i>tetravisc</i>	<i>tetravisc 0.5 % solution</i>	TIER 1	
<i>tetravisc forte</i>	<i>tetravisc forte 0.5 % solution</i>	TIER 1	

BRAND NAME	DRUG DESCRIPTION (RX)	TIER	LIMITS & RESTRICTIONS
TOBRADEX	TOBRADEX 0.3-0.1 % OINTMENT <i>tobramycin-dexamethasone</i>	TIER 3	
TOBRADEX ST	TOBRADEX ST 0.3-0.05 % SUSPENSION <i>tobramycin-dexamethasone</i>	TIER 3	
<i>tobramycin-dexamethasone</i>	<i>tobramycin-dexamethasone</i> 0.3-0.1 % suspension	TIER 1	
<i>tropicamide</i>	<i>tropicamide</i> (0.5 % solution, 1 % solution)	TIER 1	
VABYSMO	VABYSMO 6 MG/0.05ML SOLUTION <i>faricimab-svoa</i>	SP-M	
VISUDYNE	VISUDYNE 15 MG RECON SOLN <i>verteporfin</i>	SP-M	
XIIDRA	XIIDRA 5 % SOLUTION <i>lifitegrast</i>	TIER 2	
ZYLET	ZYLET 0.5-0.3 % SUSPENSION <i>loteprednol etabonate-tobramycin</i>	TIER 3	
OPHTHALMIC ANTI-ALLERGY AGENTS			
ALOCRIIL	ALOCRIIL 2 % SOLUTION <i>nedocromil sodium (ophth)</i>	TIER 3	
ALOMIDE	ALOMIDE 0.1 % SOLUTION <i>loxamide tromethamine</i>	TIER 3	
<i>azelastine hcl</i>	<i>azelastine hcl</i> 0.05 % solution	TIER 1	
<i>bepotastine besilate</i>	<i>bepotastine besilate</i> 1.5 % solution	TIER 1	
<i>cromolyn sodium</i>	<i>cromolyn sodium</i> 4 % solution	TIER 1	
EMADINE	EMADINE 0.05 % SOLUTION <i>emedastine difumarate</i>	TIER 3	
<i>epinastine hcl</i>	<i>epinastine hcl</i> 0.05 % solution	TIER 1	
LASTACRAFT	LASTACRAFT 0.25 % SOLUTION <i>alcaftadine</i>	TIER 3	
<i>olopatadine hcl</i>	<i>olopatadine hcl</i> 0.1 % solution	TIER 3	

BRAND NAME	DRUG DESCRIPTION (RX)	TIER	LIMITS & RESTRICTIONS
OPHTHALMIC ANTI-INFLAMMATORIES			
ACUVAIL	ACUVAIL 0.45 % SOLUTION <i>ketorolac tromethamine (ophth)</i>	TIER 3	
ALREX	ALREX 0.2 % SUSPENSION <i>loteprednol etabonate</i>	TIER 3	PA
<i>bromfenac sodium (once-daily)</i>	<i>bromfenac sodium (once-daily) 0.09 % solution</i>	TIER 1	
DEXAMETHASONE SODIUM PHOSPHATE	DEXAMETHASONE SODIUM PHOSPHATE 0.1 % SOLUTION <i>dexamethasone sodium phosphate (ophth)</i>	TIER 1	
<i>diclofenac sodium</i>	<i>diclofenac sodium 0.1 % solution</i>	TIER 1	
<i>difluprednate</i>	<i>difluprednate 0.05 % emulsion</i>	TIER 1	
DUREZOL	DUREZOL 0.05 % EMULSION <i>difluprednate</i>	TIER 3	GA
FLAREX	FLAREX 0.1 % SUSPENSION <i>fluorometholone acetate</i>	TIER 3	
<i>fluorometholone</i>	<i>fluorometholone 0.1 % suspension</i>	TIER 1	
<i>flurbiprofen sodium</i>	<i>flurbiprofen sodium 0.03 % solution</i>	TIER 1	
FML	FML 0.1 % OINTMENT <i>fluorometholone (ophth)</i>	TIER 3	
ILUVIEN	ILUVIEN 0.19 MG IMPLANT <i>fluocinolone acetonide (ophth)</i>	SP-M	
<i>ketorolac tromethamine</i>	<i>ketorolac tromethamine (0.4 % solution, 0.5 % solution)</i>	TIER 1	
LOTEMAX	LOTEMAX 0.5 % OINTMENT <i>loteprednol etabonate</i>	TIER 3	
LOTEMAX SM	LOTEMAX SM 0.38 % GEL <i>loteprednol etabonate</i>	TIER 3	
<i>loteprednol etabonate</i>	<i>loteprednol etabonate (0.5 % gel, 0.5 % suspension)</i>	TIER 1	

BRAND NAME	DRUG DESCRIPTION (RX)	TIER	LIMITS & RESTRICTIONS
MAXIDEX	MAXIDEX 0.1 % SUSPENSION <i>dexamethasone (ophth)</i>	TIER 3	
OZURDEX	OZURDEX 0.7 MG IMPLANT <i>dexamethasone (ophth)</i>	SP-M	
PRED MILD	PRED MILD 0.12 % SUSPENSION <i>prednisolone acetate (ophth)</i>	TIER 3	
<i>prednisolone acetate</i>	<i>prednisolone acetate 1 % suspension</i>	TIER 1	
PREDNISOLONE SODIUM PHOSPHATE	PREDNISOLONE SODIUM PHOSPHATE 1 % SOLUTION <i>prednisolone sodium phosphate (ophth)</i>	TIER 1	
PROLENSA	PROLENSA 0.07 % SOLUTION <i>bromfenac sodium (ophth)</i>	TIER 3	
RETISERT	RETISERT 0.59 MG IMPLANT <i>fluocinolone acetonide (ophth)</i>	SP-M	
XIPERE	XIPERE 40 MG/ML SUSPENSION <i>triamcinolone acetonide (ophth)</i>	SP-M	
YUTIQ	YUTIQ 0.18 MG IMPLANT <i>fluocinolone acetonide (ophth)</i>	SP-M	
OPHTHALMIC ANTIGLAUCOMA AGENTS			
ALPHAGAN P	ALPHAGAN P 0.1 % SOLUTION <i>brimonidine tartrate</i>	TIER 3	
<i>apraclonidine hcl</i>	<i>apraclonidine hcl 0.5 % solution</i>	TIER 1	
<i>betaxolol hcl</i>	<i>betaxolol hcl 0.5 % solution</i>	TIER 1	
BETIMOL	BETIMOL (0.25 % SOLUTION, 0.5 % SOLUTION) <i>timolol</i>	TIER 2	
BETOPTIC-S	BETOPTIC-S 0.25 % SUSPENSION <i>betaxolol hcl (ophth)</i>	TIER 2	

BRAND NAME	DRUG DESCRIPTION (RX)	TIER	LIMITS & RESTRICTIONS
<i>brimonidine tartrate</i>	<i>brimonidine tartrate (0.15 % solution, 0.2 % solution)</i>	TIER 1	
<i>brimonidine tartrate-timolol</i>	<i>brimonidine tartrate-timolol 0.2-0.5 % solution</i>	TIER 1	
<i>brinzolamide</i>	<i>brinzolamide 1 % suspension</i>	TIER 1	
CARTEOLOL HCL	CARTEOLOL HCL 1 % SOLUTION <i>carteolol hcl (ophth)</i>	TIER 1	
<i>dorzolamide hcl</i>	<i>dorzolamide hcl 2 % solution</i>	TIER 1	
<i>dorzolamide hcl-timolol mal</i>	<i>dorzolamide hcl-timolol mal 22.3-6.8 mg/ml solution</i>	TIER 1	
<i>dorzolamide hcl-timolol mal pf</i>	<i>dorzolamide hcl-timolol mal pf 2-0.5 % solution</i>	TIER 1	
IOPIDINE	IOPIDINE 1 % SOLUTION <i>apraclonidine hcl</i>	TIER 3	
<i>levobunolol hcl</i>	<i>levobunolol hcl 0.5 % solution</i>	TIER 1	
<i>methazolamide</i>	<i>methazolamide (25 mg tab, 50 mg tab)</i>	TIER 1	
METIPRANOLOL	METIPRANOLOL 0.3 % SOLUTION <i>metipranolol</i>	TIER 1	
PHOSPHOLINE IODIDE	PHOSPHOLINE IODIDE 0.125 % RECON SOLN <i>echothiophate iodide</i>	TIER 3	
<i>pilocarpine hcl</i>	<i>pilocarpine hcl (1 % solution, 2 % solution, 4 % solution)</i>	TIER 1	
SIMBRINZA	SIMBRINZA 1-0.2 % SUSPENSION <i>brinzolamide-brimonidine tartrate</i>	TIER 3	
<i>timolol maleate</i>	<i>timolol maleate (0.25 % gel f soln, 0.25 % solution, 0.5 % (daily) solution, 0.5 % gel f soln, 0.5 % solution)</i>	TIER 1	
<i>timolol maleate ocudose</i>	<i>timolol maleate ocudose 0.5 % solution</i>	TIER 1	
<i>timolol maleate pf</i>	<i>timolol maleate pf (pf 0.25 % solution, pf 0.5 % solution)</i>	TIER 1	

BRAND NAME	DRUG DESCRIPTION (RX)	TIER	LIMITS & RESTRICTIONS
OPHTHALMIC PROSTAGLANDIN AND PROSTAMIDE ANALOGS			
<i>bimatoprost</i>	<i>bimatoprost 0.03 % solution</i>	TIER 1	
<i>latanoprost</i>	<i>latanoprost 0.005 % solution</i>	TIER 1	
LUMIGAN	LUMIGAN 0.01 % SOLUTION <i>bimatoprost</i>	TIER 2	
<i>tafluprost (pf)</i>	<i>tafluprost (pf) 0.0015 % solution</i>	TIER 1	
<i>travoprost (bak free)</i>	<i>travoprost (bak free) 0.004 % solution</i>	TIER 1	
OTIC AGENTS			
<i>acetic acid</i>	<i>acetic acid 2 % solution</i>	TIER 1	
CIPRO HC	CIPRO HC 0.2-1 % SUSPENSION <i>ciprofloxacin- hydrocortisone</i>	TIER 3	
<i>ciprofloxacin- dexamethasone</i>	<i>ciprofloxacin- dexamethasone 0.3-0.1 % suspension</i>	TIER 1	
COLY-MYCIN S	COLY-MYCIN S 3.3-3-10- 0.5 MG/ML SUSPENSION <i>neomycin-colistin-hc- thonzonium</i>	TIER 3	
CORTISPORIN-TC	CORTISPORIN-TC 3.3-3- 10-0.5 MG/ML SUSPENSION <i>neomycin-colistin-hc- thonzonium</i>	TIER 3	
<i>flac</i>	<i>flac 0.01 % oil</i>	TIER 1	
<i>fluocinolone acetonide</i>	<i>fluocinolone acetonide 0.01 % oil</i>	TIER 1	
<i>hydrocortisone-acetic acid</i>	<i>hydrocortisone-acetic acid 1-2 % solution</i>	TIER 1	
<i>neomycin-polymyxin- hc</i>	<i>neomycin-polymyxin-hc (1 % solution, 3.5-10000-1 solution, 3.5-10000-1 suspension)</i>	TIER 1	
SUSVIMO OCULAR IMPLANT	SUSVIMO OCULAR IMPLANT IMPLANT <i>ocular implant</i>	SP-M	PA

BRAND NAME	DRUG DESCRIPTION (RX)	TIER	LIMITS & RESTRICTIONS
RESPIRATORY TRACT/PULMONARY AGENTS			
ANTI-INFLAMMATORIES, INHALED CORTICOSTEROIDS			
ASMANEX (120 METERED DOSES)	ASMANEX (120 METERED DOSES) 220 MCG/ACT AER POW BA <i>mometasone furoate (inhalation)</i>	TIER 1	QL (2 PER 30 DAY(S))
ASMANEX (14 METERED DOSES)	ASMANEX (14 METERED DOSES) 220 MCG/ACT AER POW BA <i>mometasone furoate (inhalation)</i>	TIER 1	QL (2 PER 30 DAY(S))
ASMANEX (30 METERED DOSES)	ASMANEX (30 METERED DOSES) (110 AER POW BA, 220 AER POW BA) <i>mometasone furoate (inhalation)</i>	TIER 1	QL (2 PER 30 DAY(S))
ASMANEX (60 METERED DOSES)	ASMANEX (60 METERED DOSES) 220 MCG/ACT AER POW BA <i>mometasone furoate (inhalation)</i>	TIER 1	QL (2 PER 30 DAY(S))
ASMANEX (7 METERED DOSES)	ASMANEX (7 METERED DOSES) 110 MCG/ACT AER POW BA <i>mometasone furoate (inhalation)</i>	TIER 1	QL (2 PER 30 DAY(S))
ASMANEX HFA	ASMANEX HFA (50 AEROSOL, 100 AEROSOL, 200 AEROSOL) <i>mometasone furoate (inhalation)</i>	TIER 1	QL (1 PER 30 DAY(S))
BECONASE AQ	BECONASE AQ 42 MCG/SPRAY SUSPENSION <i>beclomethasone diprop monohyd</i>	TIER 3	PA
<i>budesonide</i>	<i>budesonide (0.25 suspension, 0.5 suspension, 1 suspension)</i>	TIER 1	

BRAND NAME	DRUG DESCRIPTION (RX)	TIER	LIMITS & RESTRICTIONS
FLOVENT DISKUS	FLOVENT DISKUS (50 AER POW BA, 100 AER POW BA, 250 AER POW BA) <i>fluticasone propionate (inhalation)</i>	TIER 3	MN-PA (Medically Necessary Prior Authorization)
<i>flunisolide</i>	<i>flunisolide 25 mcg/act (0.025%) solution</i>	TIER 1	
QVAR REDIHALER	QVAR REDIHALER (40 AERO BA, 80 AERO BA) <i>beclomethasone dipropionate hfa</i>	TIER 1	QL (2 PER 30 DAY(S))
TRELEGY ELLIPTA	TRELEGY ELLIPTA (100-62.5-25 AER POW BA, 200-62.5-25 AER POW BA) <i>fluticasone-umeclidinium-vilanterol</i>	TIER 2	
ANTIHISTAMINES			
<i>azelastine hcl</i>	<i>azelastine hcl (0.1 % solution, 137 mcg/spray solution)</i>	TIER 1	
<i>carbinoxamine maleate</i>	<i>carbinoxamine maleate (4 mg tab, 4 mg/5ml solution)</i>	TIER 1	
CLEMASTINE FUMARATE	CLEMASTINE FUMARATE 2.68 MG TAB <i>clemastine fumarate</i>	TIER 1	
<i>cyproheptadine hcl</i>	<i>cyproheptadine hcl (2 mg/5ml syrup, 4 mg tab)</i>	TIER 1	
DES Loratadine	DES Loratadine (2.5 MG TAB DISP, 5 MG TAB, 5 MG TAB DISP) <i>desloratadine</i>	TIER 1	
<i>diphenhydramine hcl</i>	<i>diphenhydramine hcl 50 mg/ml solution</i>	TIER 1	
<i>hydroxyzine hcl</i>	<i>hydroxyzine hcl (10 mg tab, 10 mg/5ml syrup, 25 mg tab, 50 mg tab)</i>	TIER 1	
<i>hydroxyzine pamoate</i>	<i>hydroxyzine pamoate (25 mg cap, 50 mg cap, 100 mg cap)</i>	TIER 1	
<i>olopatadine hcl</i>	<i>olopatadine hcl 0.6 % solution</i>	TIER 1	
<i>promethazine hcl</i>	<i>promethazine hcl (6.25 solution, 6.25 syrup)</i>	TIER 1	

BRAND NAME	DRUG DESCRIPTION (RX)	TIER	LIMITS & RESTRICTIONS
ANTILEUKOTRIENES			
<i>montelukast sodium</i>	<i>montelukast sodium (4 mg chew tab, 4 mg packet, 5 mg chew tab, 10 mg tab)</i>	TIER 1	
<i>zafirlukast</i>	<i>zafirlukast (10 mg tab, 20 mg tab)</i>	TIER 1	
<i>zileuton er</i>	<i>zileuton er 600 mg tab er 12h</i>	TIER 1	
BRONCHODILATORS, ANTICHOLINERGIC			
ATROVENT HFA	ATROVENT HFA 17 MCG/ACT AERO SOLN <i>ipratropium bromide hfa</i>	TIER 2	
<i>ipratropium bromide</i>	<i>ipratropium bromide (0.02 % solution, 0.03 % solution, 0.06 % solution)</i>	TIER 1	
SPIRIVA HANDIHALER	SPIRIVA HANDIHALER 18 MCG CAP <i>tiotropium bromide monohydrate</i>	TIER 2	
SPIRIVA RESPIMAT	SPIRIVA RESPIMAT (1.25 AERO SOLN, 2.5 AERO SOLN) <i>tiotropium bromide monohydrate</i>	TIER 2	
TUDORZA PRESSAIR	TUDORZA PRESSAIR 400 MCG/ACT AER POW BA <i>acclidinium bromide</i>	TIER 3	
BRONCHODILATORS, SYMPATHOMIMETIC			
ADRENALIN	ADRENALIN 1 MG/ML SOLUTION <i>epinephrine (anaphylaxis)</i>	TIER 1	
<i>albuterol sulfate</i>	<i>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)</i>	TIER 1	
ALBUTEROL SULFATE ER	ALBUTEROL SULFATE ER (ER 4 MG TAB ER 12H, ER 8 MG TAB ER 12H) <i>albuterol sulfate</i>	TIER 1	
<i>albuterol sulfate hfa</i>	<i>albuterol sulfate hfa 108 (90 base) mcg/act aero soln</i>	TIER 1	

BRAND NAME	DRUG DESCRIPTION (RX)	TIER	LIMITS & RESTRICTIONS
<i>arformoterol tartrate</i>	<i>arformoterol tartrate 15 mcg/2ml nebu soln</i>	TIER 1	
<i>epinephrine</i>	<i>epinephrine (0.15 mg/0.15ml soln a-inj, 0.15 mg/0.3ml soln a-inj, 0.3 mg/0.3ml soln a-inj)</i>	TIER 2	QL (2 PER RX)
EPIPEN 2-PAK	EPIPEN 2-PAK 0.3 MG/0.3ML SOLN A-INJ <i>epinephrine (anaphylaxis)</i>	TIER 2	QL (2 PER RX), GA
EPIPEN JR 2-PAK	EPIPEN JR 2-PAK 0.15 MG/0.3ML SOLN A-INJ <i>epinephrine (anaphylaxis)</i>	TIER 2	QL (2 PER RX), GA
<i>formoterol fumarate</i>	<i>formoterol fumarate 20 mcg/2ml nebu soln</i>	TIER 1	
<i>levalbuterol hcl</i>	<i>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)</i>	TIER 1	
<i>levalbuterol tartrate</i>	<i>levalbuterol tartrate 45 mcg/act aerosol</i>	TIER 2	
METAPROTERENOL SULFATE	METAPROTERENOL SULFATE (10 MG TAB, 10 MG/5ML SYRUP, 20 MG TAB) <i>metaproterenol sulfate</i>	TIER 1	
SEREVENT DISKUS	SEREVENT DISKUS 50 MCG/ACT AER POW BA <i>salmeterol xinafoate</i>	TIER 2	
STRIVERDI RESPIMAT	STRIVERDI RESPIMAT 2.5 MCG/ACT AERO SOLN <i>olodaterol hcl</i>	TIER 3	
SYMJEPI	SYMJEPI (0.15 SOLN PRSYR, 0.3 SOLN PRSYR) <i>epinephrine (anaphylaxis)</i>	TIER 2	QL (2 PER FILL(S))
<i>terbutaline sulfate</i>	<i>terbutaline sulfate (2.5 mg tab, 5 mg tab)</i>	TIER 1	
CYSTIC FIBROSIS AGENTS			
BRONCHITOL	BRONCHITOL 40 MG CAP <i>mannitol (cystic fibrosis)</i>	SP-NP	PA, QL (20 PER 1 DAY(S))
CAYSTON	CAYSTON 75 MG RECON SOLN <i>aztreonam lysine</i>	SP-P	

BRAND NAME	DRUG DESCRIPTION (RX)	TIER	LIMITS & RESTRICTIONS
KALYDECO	KALYDECO (50 MG PACKET, 75 MG PACKET, 150 MG TAB) <i>ivacaftor</i>	SP-P	PA, QL (56 PER 28 DAYS)
KALYDECO	KALYDECO 25 MG PACKET <i>ivacaftor</i>	SP-P	PA, QL (56 PER 28 DAY(S))
KITABIS PAK	KITABIS PAK 300 MG/5ML NEBU SOLN <i>tobramycin</i>	SP-NP	GA
ORKAMBI	ORKAMBI (100-125 MG PACKET, 150-188 MG PACKET) <i>lumacaftor-ivacaftor</i>	SP-P	PA, QL (56 PER 28 DAY(S))
ORKAMBI	ORKAMBI (100-125 MG TAB, 200-125 MG TAB) <i>lumacaftor-ivacaftor</i>	SP-P	PA, QL (112 PER 28 DAYS)
ORKAMBI	ORKAMBI 75-94 MG PACKET <i>lumacaftor-ivacaftor</i>	SP-P	PA, QL (2 PER 1 DAY(S))
PULMOZYME	PULMOZYME 2.5 MG/2.5ML SOLUTION <i>dornase alfa</i>	SP-P	
SYMDEKO	SYMDEKO (50-75 75 MG TAB THPK, 100-150 150 MG TAB THPK) <i>tezacaftor-ivacaftor</i>	SP-P	PA, QL (56 PER 28 DAY(S))
TOBI PODHALER	TOBI PODHALER 28 MG CAP <i>tobramycin</i>	SP-P	
<i>tobramycin</i>	<i>tobramycin (300 mg/4ml nebu soln, 300 mg/5ml nebu soln)</i>	SBG	
TRIKAFTA	TRIKAFTA 100-50-75 & 150 MG TAB THPK <i>elexacaftor-tezacaftor-ivacaftor</i>	SP-P	PA, QL (84 PER 28 DAY(S))
TRIKAFTA	TRIKAFTA 50-25-37.5 & 75 MG TAB THPK <i>elexacaftor-tezacaftor-ivacaftor</i>	SP-P	PA, QL (3 PER DAY(S))
MAST CELL STABILIZERS			
<i>cromolyn sodium</i>	<i>cromolyn sodium 20 mg/2ml nebu soln</i>	TIER 1	

BRAND NAME	DRUG DESCRIPTION (RX)	TIER	LIMITS & RESTRICTIONS
PHOSPHODIESTERASE INHIBITORS, AIRWAYS DISEASE			
<i>caffeine citrate</i>	<i>caffeine citrate (20 mg/ml solution, 60 mg/3ml solution)</i>	TIER 1	
<i>roflumilast</i>	<i>roflumilast (250 mcg tab, 500 mcg tab)</i>	TIER 1	
<i>theophylline</i>	<i>theophylline (80 elixir, 80 solution)</i>	TIER 1	
<i>theophylline er</i>	<i>theophylline er (er 100 mg tab er 12h, er 200 mg tab er 12h, er 300 mg tab er 12h, er 400 mg tab er 24h, er 450 mg tab er 12h, er 600 mg tab er 24h)</i>	TIER 1	
PULMONARY ANTIHYPERTENSIVES			
ADEMPAS	ADEMPAS (0.5 MG TAB, 1 MG TAB, 1.5 MG TAB, 2 MG TAB, 2.5 MG TAB) <i>riociguat</i>	SP-P	PA, QL (90 PER 30 DAYS)
<i>alyq</i>	<i>alyq 20 mg tab</i>	SBG	PA, QL (60 PER 30 DAYS)
<i>ambrisentan</i>	<i>ambrisentan (5 mg tab, 10 mg tab)</i>	SBG	PA, QL (30 PER 30 DAYS)
<i>bosentan</i>	<i>bosentan (62.5 mg tab, 125 mg tab)</i>	SBG	PA, QL (60 PER 30 DAY(S))
<i>epoprostenol sodium</i>	<i>epoprostenol sodium (0.5 mg recon soln, 1.5 mg recon soln)</i>	SP-M	PA
FLOLAN	FLOLAN (0.5 MG RECON SOLN, 1.5 MG RECON SOLN) <i>epoprostenol sodium</i>	SP-M	PA, GA
OPSUMIT	OPSUMIT 10 MG TAB <i>macitentan</i>	SP-P	PA, QL (30 PER 30 DAYS)
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) <i>treprostinil diolamine</i>	SP-P	PA
REMODULIN	REMODULIN (20 SOLUTION, 50 SOLUTION, 100 SOLUTION, 200 SOLUTION) <i>treprostinil</i>	SP-M	PA, GA

BRAND NAME	DRUG DESCRIPTION (RX)	TIER	LIMITS & RESTRICTIONS
REVATIO	REVATIO 10 MG/12.5ML SOLUTION <i>sildenafil citrate (pulmonary hypertension)</i>	SP-M	PA, GA
<i>sildenafil citrate</i>	<i>sildenafil citrate 10 mg/12.5ml solution</i>	SP-M	PA
<i>sildenafil citrate</i>	<i>sildenafil citrate 10 mg/ml recon susp</i>	SBG	PA, QL (720 PER 30 DAYS)
<i>sildenafil citrate</i>	<i>sildenafil citrate 20 mg tab</i>	SBG	PA, QL (360 PER 30 DAYS)
<i>tadalafil (pah)</i>	<i>tadalafil (pah) 20 mg tab</i>	SBG	PA, QL (60 PER 30 DAYS)
TRACLEER	TRACLEER 32 MG TAB SOL <i>bosentan</i>	SP-P	PA, QL (120 PER 30 DAY(S))
<i>treprostinil</i>	<i>treprostinil (20 solution, 50 solution, 100 solution, 200 solution)</i>	SP-M	PA
TYVASO	TYVASO 0.6 MG/ML SOLUTION <i>treprostinil</i>	SP-P	PA, QL (30 PER 30 DAYS)
TYVASO DPI MAINTENANCE KIT	TYVASO DPI MAINTENANCE KIT (KIT 16 MCG POWDER, KIT 32 MCG POWDER, KIT 48 MCG POWDER, KIT 64 MCG POWDER) <i>treprostinil</i>	SP-P	PA, QL (4 PER 1 DAY(S))
TYVASO DPI MAINTENANCE KIT	TYVASO DPI MAINTENANCE KIT 112 X 32MCG & 112 X 48MCG POWDER <i>treprostinil</i>	SP-P	PA, QL (8 PER 1 DAY(S))
TYVASO DPI TITRATION KIT	TYVASO DPI TITRATION KIT 112 X 16MCG & 84 X 32MCG POWDER <i>treprostinil</i>	SP-P	PA, QL (7 PER 1 DAY(S))
TYVASO DPI TITRATION KIT	TYVASO DPI TITRATION KIT 16 & 32 & 48 MCG POWDER <i>treprostinil</i>	SP-P	PA, QL (9 PER 1 DAY(S))
TYVASO REFILL	TYVASO REFILL 0.6 MG/ML SOLUTION <i>treprostinil</i>	SP-P	PA, QL (30 PER 30 DAYS)
TYVASO STARTER	TYVASO STARTER 0.6 MG/ML SOLUTION <i>treprostinil</i>	SP-P	PA, QL (30 PER 30 DAYS)

BRAND NAME	DRUG DESCRIPTION (RX)	TIER	LIMITS & RESTRICTIONS
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) <i>selexipag</i>	SP-P	PA, QL (60 PER 30 DAYS)
UPTRAVI	UPTRAVI 1800 MCG RECON SOLN <i>selexipag</i>	SP-M	
UPTRAVI	UPTRAVI 200 & 800 MCG TAB THPK <i>selexipag</i>	SP-P	PA, QL (1 PER LIFETIME)
VELETRI	VELETRI (0.5 MG RECON SOLN, 1.5 MG RECON SOLN) <i>epoprostenol sodium</i>	SP-M	PA, GA
VENTAVIS	VENTAVIS (10 MCG/ML SOLUTION, 20 MCG/ML SOLUTION) <i>iloprost</i>	SP-P	PA, QL (9 PER DAY)
PULMONARY FIBROSIS AGENTS			
ESBRIET	ESBRIET 267 MG CAP <i>pirfenidone</i>	SP-P	PA, QL (270 PER 30 DAYS)
ESBRIET	ESBRIET 267 MG TAB <i>pirfenidone</i>	SP-NP	PA, QL (270 PER 30 DAY(S)), GA
ESBRIET	ESBRIET 801 MG TAB <i>pirfenidone</i>	SP-NP	PA, QL (90 PER 30 DAY(S)), GA
OFEV	OFEV (100 MG CAP, 150 MG CAP) <i>nintedanib esylate</i>	SP-P	PA, QL (60 PER 30 DAYS)
<i>pirfenidone</i>	<i>pirfenidone 267 mg tab</i>	SP-P	PA, QL (270 PER 30 DAY(S))
PIRFENIDONE	PIRFENIDONE 534 MG TAB <i>pirfenidone</i>	SP-P	PA, QL (3 PER 1 DAY(S))
<i>pirfenidone</i>	<i>pirfenidone 801 mg tab</i>	SP-P	PA, QL (90 PER 30 DAY(S))
RESPIRATORY TRACT AGENTS, OTHER			
<i>acetylcysteine</i>	<i>acetylcysteine (10 % solution, 20 % solution)</i>	TIER 1	

BRAND NAME	DRUG DESCRIPTION (RX)	TIER	LIMITS & RESTRICTIONS
ADVAIR DISKUS	ADVAIR DISKUS (100-50 AER POW BA, 250-50 AER POW BA, 500-50 AER POW BA) <i>fluticasone-salmeterol</i>	TIER 1	GA
ADVAIR HFA	ADVAIR HFA (45-21 AEROSOL, 115-21 AEROSOL, 230-21 AEROSOL) <i>fluticasone-salmeterol</i>	TIER 2	
ANORO ELLIPTA	ANORO ELLIPTA 62.5-25 MCG/ACT AER POW BA <i>umeclidinium-vilanterol</i>	TIER 2	
<i>benzonatate</i>	<i>benzonatate (100 mg cap, 200 mg cap)</i>	TIER 1	
BREO ELLIPTA	BREO ELLIPTA (100-25 AER POW BA, 200-25 AER POW BA) <i>fluticasone furoate-vilanterol</i>	TIER 2	
<i>bromfed dm</i>	<i>bromfed dm 30-2-10 mg/5ml syrup</i>	TIER 1	
<i>budesonide-formoterol fumarate</i>	<i>budesonide-formoterol fumarate (80-4.5 aerosol, 160-4.5 aerosol)</i>	TIER 1	MN-PA (Medically Necessary Prior Authorization)
CINQAIR	CINQAIR 100 MG/10ML SOLUTION <i>reslizumab</i>	SP-M	PA
COMBIVENT RESPIMAT	COMBIVENT RESPIMAT 20-100 MCG/ACT AERO SOLN <i>ipratropium-albuterol</i>	TIER 2	
<i>difil-g forte</i>	<i>difil-g forte 100-100 mg/5ml liquid</i>	TIER 1	
FASENRA	FASENRA 30 MG/ML SOLN PRSYR <i>benralizumab</i>	SP-M	PA
FASENRA PEN	FASENRA PEN 30 MG/ML SOLN A-INJ <i>benralizumab</i>	SP-P	PA, QL (1 PER 56 DAY(S))
FLUTICASONE FUROATE-VILANTEROL	FLUTICASONE FUROATE-VILANTEROL (100-25 AER POW BA, 200-25 AER POW BA) <i>fluticasone furoate-vilanterol</i>	TIER 2	

BRAND NAME	DRUG DESCRIPTION (RX)	TIER	LIMITS & RESTRICTIONS
<i>fluticasone-salmeterol</i>	<i>fluticasone-salmeterol (55-14 aer pow ba, 113-14 aer pow ba, 232-14 aer pow ba)</i>	TIER 1	
<i>giltuss pediatric</i>	<i>giltuss pediatric 2.5-7.5-88 mg/ml liquid</i>	TIER 1	
<i>hydrocod polst-cpm polst er</i>	<i>hydrocod polst-cpm polst er 10-8 mg/5ml susp</i>	TIER 1	
<i>hydrocodone bit-homatrop mbr</i>	<i>hydrocodone bit-homatrop mbr (mg tab, mg/5ml solution)</i>	TIER 1	
<i>hydromet</i>	<i>hydromet 5-1.5 mg/5ml solution</i>	TIER 1	
HYPERSAL	HYPERSAL 3.5 % NEBU SOLN <i>sodium chloride (inhalant)</i>	TIER 3	
<i>ipratropium-albuterol</i>	<i>ipratropium-albuterol 0.5-2.5 (3) mg/3ml solution</i>	TIER 1	
<i>nebusal</i>	<i>nebusal 3 % nebu soln</i>	TIER 1	
NUCALA	NUCALA (100 MG/ML SOLN A-INJ, 100 MG/ML SOLN PRSYR) <i>mepolizumab</i>	SP-P	PA, QLV (Quantity Limit Varies)
NUCALA	NUCALA 100 MG RECON SOLN <i>mepolizumab</i>	SP-M	PA, QLV (Quantity Limit Varies)
NUCALA	NUCALA 40 MG/0.4ML SOLN PRSYR <i>mepolizumab</i>	SP-P	PA, QL (1 PER 28 DAY(S))
<i>promethazine vc</i>	<i>promethazine vc 6.25-5 mg/5ml syrup</i>	TIER 1	
<i>promethazine vc/codeine</i>	<i>promethazine vc/codeine 6.25-5-10 mg/5ml syrup</i>	TIER 1	
<i>promethazine-codeine</i>	<i>promethazine-codeine (solution, syrup)</i>	TIER 1	
<i>promethazine-dm</i>	<i>promethazine-dm (solution, syrup)</i>	TIER 1	
<i>promethazine-phenyleph-codeine</i>	<i>promethazine-phenyleph-codeine 6.25-5-10 mg/5ml syrup</i>	TIER 1	
<i>promethazine-phenylephrine</i>	<i>promethazine-phenylephrine 6.25-5 mg/5ml syrup</i>	TIER 1	
<i>pseudoeph-bromphen-dm</i>	<i>pseudoeph-bromphen-dm 30-2-10 mg/5ml syrup</i>	TIER 1	

BRAND NAME	DRUG DESCRIPTION (RX)	TIER	LIMITS & RESTRICTIONS
PSEUDOEPH- CHLORPHEN- HYDROCOD	PSEUDOEPH- CHLORPHEN-HYDROCOD 60-4-5 MG/5ML SOLUTION <i>pseudoephed-cpm w/ hydrocod</i>	TIER 1	
<i>pulmosal</i>	<i>pulmosal 7 % nebu soln</i>	TIER 1	
<i>sodium chloride</i>	<i>sodium chloride (0.9 % nebu soln, 3 % nebu soln, 7 % nebu soln, 10 % nebu soln)</i>	TIER 1	
STIOLTO RESPIMAT	STIOLTO RESPIMAT 2.5- 2.5 MCG/ACT AERO SOLN <i>tiotropium bromide- olodaterol hcl</i>	TIER 2	
SYMBICORT	SYMBICORT (80-4.5 AEROSOL, 160-4.5 AEROSOL) <i>budesonide-formoterol fumarate dihydrate</i>	TIER 2	GA
TEZSPIRE	TEZSPIRE 210 MG/1.91ML SOLN PRSYR <i>tezepelumab-ekko</i>	SP-M	QL (1 PER 28 DAY(S)), MN- PA (Medically Necessary Prior Authorization)
XOLAIR	XOLAIR 150 MG RECON SOLN <i>omalizumab</i>	SP-M	PA, QL (8 PER 28 DAY(S))
XOLAIR	XOLAIR 150 MG/ML SOLN PRSYR <i>omalizumab</i>	SP-P	PA, QL (8 PER 28 DAY(S))
XOLAIR	XOLAIR 75 MG/0.5ML SOLN PRSYR <i>omalizumab</i>	SP-P	PA, QL (4 PER 28 DAY(S))
SKELETAL MUSCLE RELAXANTS			
<i>carisoprodol</i>	<i>carisoprodol (250 mg tab, 350 mg tab)</i>	TIER 1	
<i>carisoprodol-aspirin</i>	<i>carisoprodol-aspirin 200- 325 mg tab</i>	TIER 1	
<i>chlorzoxazone</i>	<i>chlorzoxazone (375 mg tab, 500 mg tab, 750 mg tab)</i>	TIER 1	
<i>cyclobenzaprine hcl</i>	<i>cyclobenzaprine hcl (5 mg tab, 10 mg tab)</i>	TIER 1	
DYSPORE	DYSPORE (300 RECON SOLN, 500 RECON SOLN) <i>abobotulinumtoxina</i>	SP-M	PA, QL (1500 PER DAY(S))
<i>lorzone</i>	<i>lorzone (375 mg tab, 750 mg tab)</i>	TIER 1	

BRAND NAME	DRUG DESCRIPTION (RX)	TIER	LIMITS & RESTRICTIONS
<i>metaxall</i>	<i>metaxall 800 mg tab</i>	TIER 1	
<i>metaxalone</i>	<i>metaxalone (400 mg tab, 800 mg tab)</i>	TIER 1	
<i>methocarbamol</i>	<i>methocarbamol (500 mg tab, 750 mg tab)</i>	TIER 1	
MYOBLOC	MYOBLOC (2500 UNIT/0.5ML SOLUTION, 5000 UNIT/ML SOLUTION, 10000 UNIT/2ML SOLUTION) <i>rimabotulinumtoxinb</i>	SP-M	QL (10000 PER DAY(S)), MN-PA (Medically Necessary Prior Authorization)
<i>orphenadrine citrate er</i>	<i>orphenadrine citrate er 100 mg tab er 12h</i>	TIER 1	
<i>vanadom</i>	<i>vanadom 350 mg tab</i>	TIER 1	
XEOMIN	XEOMIN (50 RECON SOLN, 100 RECON SOLN, 200 RECON SOLN) <i>incobotulinumtoxina</i>	SP-M	PA, QL (400 PER DAY(S))
SLEEP DISORDER AGENTS			
GABA RECEPTOR MODULATORS			
<i>estazolam</i>	<i>estazolam (1 mg tab, 2 mg tab)</i>	TIER 1	
<i>eszopiclone</i>	<i>eszopiclone (1 mg tab, 2 mg tab, 3 mg tab)</i>	TIER 1	
FLURAZEPAM HCL	FLURAZEPAM HCL (15 MG CAP, 30 MG CAP) <i>flurazepam hcl</i>	TIER 1	
<i>temazepam</i>	<i>temazepam (7.5 mg cap, 15 mg cap, 22.5 mg cap, 30 mg cap)</i>	TIER 1	
<i>triazolam</i>	<i>triazolam (0.125 mg tab, 0.25 mg tab)</i>	TIER 1	
XYWAV	XYWAV 500 MG/ML SOLUTION <i>calcium, magnesium, potassium, & sodium oxybates</i>	SP-NP	PA, QL (540 PER 30 DAY(S))
<i>zaleplon</i>	<i>zaleplon (5 mg cap, 10 mg cap)</i>	TIER 1	
<i>zolpidem tartrate</i>	<i>zolpidem tartrate (1.75 mg sl tab, 3.5 mg sl tab)</i>	TIER 1	PA
<i>zolpidem tartrate</i>	<i>zolpidem tartrate (5 mg tab, 10 mg tab)</i>	TIER 1	

BRAND NAME	DRUG DESCRIPTION (RX)	TIER	LIMITS & RESTRICTIONS
<i>zolpidem tartrate er</i>	<i>zolpidem tartrate er (er 6.25 mg tab er, er 12.5 mg tab er)</i>	TIER 1	
SLEEP DISORDERS, OTHER			
<i>armodafinil</i>	<i>armodafinil (50 mg tab, 150 mg tab, 200 mg tab, 250 mg tab)</i>	TIER 1	PA, QL (30 PER 30 DAYS)
BUTISOL SODIUM	BUTISOL SODIUM 30 MG TAB <i>butabarbital sodium</i>	TIER 3	
<i>doxepin hcl</i>	<i>doxepin hcl (3 mg tab, 6 mg tab)</i>	TIER 1	PA
HETLIOZ	HETLIOZ 20 MG CAP <i>tasimelteon</i>	SP-P	PA, QL (30 PER 30 DAYS)
HETLIOZ LQ	HETLIOZ LQ 4 MG/ML SUSPENSION <i>tasimelteon</i>	SP-P	PA, QL (5 PER 1 DAY(S))
<i>modafinil</i>	<i>modafinil (100 mg tab, 200 mg tab)</i>	TIER 1	PA, QL (60 PER 30 DAYS)
<i>ramelteon</i>	<i>ramelteon 8 mg tab</i>	TIER 1	PA
SECONAL	SECONAL 100 MG CAP <i>secobarbital sodium</i>	TIER 3	
XYREM	XYREM 500 MG/ML SOLUTION <i>sodium oxybate</i>	SP-P	PA, QL (540 PER 30 DAYS)
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WAKIX	WAKIX (4.45 MG TAB, 17.8 MG TAB) <i>pitolisant hcl</i>	SP-NP	PA, QL (60 PER 30 DAY(S))
Uncategorized			
Unclassified			
IMBRUVICA	IMBRUVICA 70 MG/ML SUSPENSION <i>ibrutinib</i>	SP-P	QL (6 PER DAY(S))
PEDMARK	PEDMARK 12.5 % SOLUTION <i>sodium thiosulfate (otoprotective)</i>	SP-M	
SOTYKTU	SOTYKTU 6 MG TAB <i>deucravacitinib</i>	P&T	PA, QL (1 PER DAY(S)), MN-PA (Medically Necessary Prior Authorization)

BRAND NAME	DRUG DESCRIPTION (RX)	TIER	LIMITS & RESTRICTIONS
TADLIQ	TADLIQ 20 MG/5ML SUSPENSION <i>tadalafil (pulmonary hypertension)</i>	P&T	PA, QL (10 PER DAY(S))

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Zolgensma 6.6-7.0 kg	146		
Zolgensma 7.1-7.5 kg	146		
Zolgensma 7.6-8.0 kg	146		
Zolgensma 8.1-8.5 kg	146		
Zolgensma 8.6-9.0 kg	146		
Zolgensma 9.1-9.5 kg	146		
Zolgensma 9.6-10.0 kg	147		
Zolinza	52		
ZOLMITRIPTAN	34		
ZOLPIDEM TARTRATE	249,250		
Zomacton	157		
Zomacton (for Zoma-Jet 10)	157		
Zometa	200		
ZONISAMIDE	23		
Zorbtive	157		
Zortress	182		

