2025

# Prescription Drug Guide

## Humana Formulary

List of covered drugs or "Drug List"

PLEASE READ: THIS DOCUMENT CONTAINS INFORMATION ABOUT THE DRUGS WE COVER IN THIS PLAN.

Humana Value Rx Plan (PDP)

Formulary 25450

This formulary was updated on 12/01/2025. For more recent information or other questions, please contact the Humana Customer Care Team with any questions at 1-800-281-6918 or for TTY users, 711, five days a week April 1 – September 30 or seven days a week October 1 – March 31 from 8 a.m. - 8 p.m. Our automated phone system is available after hours, weekends, and holidays. Our website is also available 24 hours a day 7 days a week, by visiting **Humana.com**.

For a complete list of Contract/PBP numbers this document relates to, please see the final page of this document.

Humana®

# Welcome to Humana!

**Note to existing members:** This Formulary has changed since last year. Please review this document to make sure that it still contains the drugs you take. When this Drug List (Formulary) refers to "we," "us", or "our," it means Humana. When it refers to "plan" or "our plan," it means Humana.

This document includes a Drug List (formulary) for our plan which is current as of December 2025. For an updated Drug List (formulary), please contact us. Our contact information, along with the date we last updated the Drug List (formulary), appears on the front and back cover pages.

You must generally use network pharmacies to use your prescription drug benefit. Benefits, formulary, pharmacy network, and/or copayments/coinsurance may change on January 1 of each year, and from time to time during the year.

### What is the Humana formulary?

In this document, we use the terms Drug List and formulary to mean the same thing. A formulary is a list of covered drugs selected by Humana in consultation with a team of health care providers, which represents the prescription therapies believed to be a necessary part of a quality treatment program. Humana will generally cover the drugs listed in the formulary as long as the drug is medically necessary, the prescription is filled at a Humana network pharmacy, and other plan rules are followed. For more information on how to fill your medicines, please review your Evidence of Coverage.

### Can the formulary change?

Most changes in drug coverage happen on January 1, but we may add or remove drugs on the formulary during the year, move them to different cost-sharing tiers, or add new restrictions. We must follow Medicare rules in making these changes. Updates to the formulary are posted monthly to our website here: **Humana.com/medicaredruglist**.

**Changes that can affect you this year:** In the below cases, you will be affected by coverage changes during the year:

- **Immediate substitutions of certain new versions of brand name drugs and original biological products.** We may immediately remove a drug from our formulary if we are replacing it with a certain new version of that drug that will appear on the same or lower cost-sharing tier and with the same or fewer restrictions. When we add a new version of a drug to our formulary, we may decide to keep the brand name drug or original biological product on our formulary, but immediately move it to a different cost-sharing tier or add new restrictions.

  We can make these immediate changes only if we are adding a new generic version of a brand name drug, or adding certain new biosimilar versions of an original biological product, that was already on the formulary (for example, adding an interchangeable biosimilar that can be substituted for an original biological product by a pharmacy without a new prescription).

  If you are currently taking the brand name drug or original biological product, we may not tell you in advance before we make an immediate change, but we will later provide you with information about the specific change(s) we have made.

  If we make such a change, you or your prescriber can ask us to make an exception and continue to cover for you the drug that is being changed. For more information, see the section below titled "How do I request an exception to the Humana Formulary?"

  Some of these drug types may be new to you. For more information, see the section below titled "What are original biological products and how are they related to biosimilars?"

- **Drugs removed from the market.** If a drug is withdrawn from sale by the manufacturer or the Food and Drug Administration (FDA) determines to be withdrawn for safety or effectiveness reasons, we may immediately remove the drug from our formulary and later provide notice to members who take the drug.

- **Other changes**. We may make other changes that affect members currently taking a drug. For instance, we may remove a brand name drug from the formulary when adding a generic equivalent or remove an original biological product when adding a biosimilar. We may also apply new restrictions to the brand name drug or original biological product, or move it to a different cost-sharing tier, or both. We may make changes based on new clinical guidelines. If we remove drugs from our formulary, or add prior authorization, quantity limits and/or step therapy restrictions on a drug or move a drug to a higher cost-sharing tier, we must notify affected members of the change at least 30 days before the change becomes effective. Alternatively, when a member requests a refill of the drug, they may receive a 30-day supply of the drug and notice of the change.

We will notify members who are affected by the following changes to the formulary:
- When a drug is removed from the formulary.
- When prior authorization, quantity limits, or step-therapy restrictions are added to a drug or made more restrictive.
- When a drug is moved to a higher cost sharing tier.

If we make these other changes, you or your prescriber can ask us to make an exception for you and continue to cover the drug you have been taking. The notice we provide you will also include information on how to request an exception, and you can also find information in the section below titled "How do I request an exception to the Humana Formulary?"

**Changes that will not affect you if you are currently taking the drug.** Generally, if you are taking a drug on our 2025 formulary that was covered at the beginning of the year, we will not discontinue or reduce coverage of the drug during the 2025 coverage year except as described above. This means these drugs will remain available at the same cost-sharing and with no new restrictions for those members taking them for the remainder of the coverage year. You will not get direct notice this year about changes that do not affect you. However, on January 1 of the next year, such changes would affect you, and it is important to check the formulary for the new benefit year for any changes to drugs.

The enclosed formulary is current as of December 2025. To get updated information about the drugs covered by Humana please contact us. Our contact information appears on the front and back cover pages.

**What if you are affected by a Drug List change?**

We will notify you by mail at least 30 days before one of these changes happens or we will provide a 30-day refill of the affected medicine with notice of the change.

**How do I use the formulary?**

There are two ways to find your drug in the formulary:

**Medical condition**

The formulary begins on page 11. The drugs in this formulary are grouped into categories depending on the type of medical conditions that they are used to treat. For example, drugs that treat a heart condition are listed under the category "Cardiovascular Agents." If you know what medical condition your drug is used for, look for the category name in the list that begins on page 11. Then look under the category name for your drug. The formulary also lists the Tier and Utilization Management Requirements for each drug (see page 6 for more information on Utilization Management Requirements).

**Alphabetical listing**

If you are not sure what category to look under, you should look for your drug in the Index that begins on page 82. The Index provides an alphabetical list of all of the drugs included in this document. Both brand name drugs and generic drugs are listed in the Index. Look in the Index and find your drug. Next to your drug, you will see the page number where you can find coverage information. Turn to the page listed in the Index and find the name of the drug in the first column of the list.

Prescription drugs are grouped into one of five tiers.
Humana covers both brand-name drugs and generic drugs. A generic drug is approved by the FDA as having the same active ingredient as the brand-name drug. Generally, generic drugs cost less than brand-name drugs.

- **Tier 1 - Preferred Generic:** Generic or brand drugs that are available at the lowest cost share for the plan
- **Tier 2 - Generic:** Generic or brand drugs that the plan offers at a higher cost to you than Tier 1 Preferred Generic drugs
- **Tier 3 - Preferred Brand:** Generic or brand drugs that the plan offers at a lower cost to you than Tier 4 Non-Preferred drugs
- **Tier 4 - Non-Preferred Drug:** Generic or brand drugs that the plan offers at a higher cost to you than Tier 3 Preferred Brand drugs
- **Tier 5 - Specialty Tier:** Some injectables and other high-cost drugs

**What are generic drugs?**

Humana covers both brand name drugs and generic drugs. A generic drug is approved by the FDA as having the same active ingredient as the brand name drug. Generally, generic drugs work just as well as and usually cost less than brand name drugs. There are generic drug substitutes available for many brand name drugs. Generic drugs usually can be substituted for the brand name drug at the pharmacy without needing a new prescription, depending on state laws.

**What are original biological products and how are they related to biosimilars?**

On the formulary, when we refer to drugs, this could mean a drug or a biological product. Biological products are drugs that are more complex than typical drugs. Since biological products are more complex than typical drugs, instead of having a generic form, they have alternatives that are called biosimilars. Generally, biosimilars work just as well as the original biological product and may cost less. There are biosimilar alternatives for some original biological products. Some biosimilars are interchangeable biosimilars and, depending on state laws, may be substituted for the original biological product at the pharmacy without needing a new prescription, just like generic drugs can be substituted for brand name drugs.

- For discussion of drug types, please see the Evidence of Coverage, Chapter 5, Section 3.1, "The 'Drug List' tells which Part D drugs are covered" if you have a Medicare Advantage plan. If you have a Prescription Drug Plan (PDP), please see the Evidence of Coverage, Chapter 3, Section 3.1, "The 'Drug List' tells which Part D drugs are covered". The type of plan can be found at the top of your Evidence of Coverage.

**How much will I pay for covered drugs?**

Humana pays part of the costs for your covered drugs and you pay part of the costs, too.

**The amount of money you pay depends on:**

- Which tier your drug is on
- Whether you fill your prescription at a network pharmacy
- Your current drug payment stage - please read your Evidence of Coverage (EOC) for more information

**If you qualified for extra help with your drug costs, your costs may be different from those described above. Please refer to your Evidence of Coverage (EOC) or call Customer Care to find out what your costs are.**

**Are there any restrictions on my coverage?**

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

- **Prior Authorization (PA):** Humana requires you to get prior authorization for certain drugs. This means that you will need to get approval from Humana before you fill your prescriptions. If you do not get approval, Humana may not cover the drug.

- **Quantity Limits (QL):** For certain drugs, Humana limits the amount of the drug that is covered. Humana might limit how many refills you can get or how much of a drug you can get each time you fill your prescription. For example, if it is normally considered safe to take only one pill per day for a certain drug, we may limit coverage for your prescription to no more than one pill per day. Some drugs are limited to a 30-day supply regardless of tier placement.

- **Step Therapy (ST):** In some cases, Humana requires that you first try certain drugs to treat your medical condition before we will cover another drug for that condition. For example, if Drug A and Drug B both treat your medical condition, Humana may not cover Drug B unless you try Drug A first. If Drug A does not work for you, Humana will then cover Drug B.

- **Part B versus Part D (BvsD):** Some drugs may be covered under Medicare Part B or Part D depending upon the circumstances. Information may need to be submitted to Humana that describes the use and the place where you receive and take the drug so a determination can be made.

For drugs that need prior authorization or step therapy, or drugs that fall outside of quantity limits, your health care provider can fax information about your condition and need for those drugs to Humana at **1-877-486-2621**. Representatives are available Monday - Friday, 8 a.m. - 8 p.m. (EST).

You can find out if your drug has any additional requirements or limits by looking in the formulary that begins on page 11.

You can also get more information about the restrictions applied to specific covered drugs by visiting **Humana.com/medicaredruglist**. We have posted online documents that explain our prior authorization and step therapy restrictions. You may also ask us to send you a copy. Our contact information, along with the date we last updated the formulary, appears on the front and back cover pages.

You can ask Humana to make an exception to these restrictions, limits or for a list of other, similar drugs that may treat your health condition. See the section "**How do I request an exception to the Humana formulary?**" on page 7 for information about how to request an exception.

**What if my drug is not on the Formulary?**

If your drug is not included in this formulary (list of covered drugs), you should first contact Humana Customer Care and ask if your drug is covered. For more information, please contact us. Our contact information, along with the date we last updated the formulary, appears on the front and back cover pages.

If you learn that Humana does not cover your drug, you have two options:

- You can ask Customer Care for a list of similar drugs that are covered by Humana. When you receive the list, show the list to your doctor and ask them to prescribe a similar drug that is covered by Humana.
- You can ask Humana to make an exception and cover your drug. See below for information about how to request an exception.

**What is a compounded drug?**

A compounded drug is used to provide drug therapies that are not commercially available as FDA-approved finished products in the same dose, formulation, and/or combination of ingredients, but are instead created by a pharmacist by combining or mixing ingredients to create a prescription medication customized to the needs of an individual patient. While some compounded drugs may be Part D eligible, most compounded drugs are non-formulary drugs (not covered) by your plan. You may need to ask for and receive an approved coverage determination from us to have your compounded drug covered.

**How do I request an exception to the Humana Formulary?**

You can ask Humana to make an exception to the coverage rules. There are several types of exceptions that you can ask us to make.

- **Formulary exception:** You can ask us to cover a drug even if it is not on our formulary. If approved, this drug will be covered at a pre-determined cost-sharing level, and you would not be able to ask us to provide the drug at a lower cost-sharing level.

- **Utilization restriction exception:** You can ask us to waive a coverage restriction including prior authorization, step therapy, or a quantity limit on your drug. For example, for certain drugs, Humana Group Medicare Plan limits the amount of the drug that we will cover. If your drug has a quantity limit, you can ask us to waive the limit and cover a greater amount.

- **Tier exception:** You can ask us to cover a formulary drug at lower cost-sharing level unless the drug is on the specialty tier. If approved, this would lower the amount you must pay for your drug.

Generally, Humana will only approve your request for an exception if the alternative drugs included on the plan's formulary , the lower cost sharing drug, or applying the restriction would not be as effective for you and/or would cause you to have adverse effects.

You or your prescriber should contact us to ask for an initial coverage decision for a formulary , tier, or utilization restriction exception.

**When you ask for an exception, you should submit a statement from your health care provider that supports your request. This is called a supporting statement.**

Generally, we must make our decision within 72 hours of getting your prescriber's supporting statement. You can ask for an expedited (fast) decision if you believe, and we agree, that your health could be seriously harmed by waiting up to 72 hours for a decision. If we agree, or if your prescriber asks for a fast decision, we must give you a decision no later than 24 hours after we get your prescriber's supporting statement.

**What can I do if my drug is not on the formulary or has a restriction?**

As a new or continuing member in our plan you may be taking drugs that are not on our formulary. Or, you may be taking a drug that is on our formulary but has a coverage restriction, such as prior authorization. You should talk to your prescriber about requesting a coverage decision to show that you meet the criteria for approval, switching to an alternative drug that we cover, or requesting a formulary exception so that we will cover the drug you take.

While you and your doctor determine the right course of action for you, we may cover your drug in certain cases during the first 90 days you are a member of our plan.

For each of your drugs that is not on our formulary or has a coverage restriction, we will cover a temporary 30-day supply. If your prescription is written for fewer days, we'll allow refills to provide up to a maximum 30 day supply of medication. If coverage is not approved, after your first 30-day supply, we will not pay for these drugs, even if you have been a member of the plan less than 90 days.

If you are a resident of a long-term care facility and you need a Part D drug that is not on our formulary or if your ability to get your drug is limited, but you are past the first 90 days of membership in our plan, we will cover a 31-day emergency supply of that drug unless you have a prescription written for fewer days. (in which case we will allow multiple fills to provide up to a total of 31 days of a drug) while you pursue a formulary exception.

Throughout the plan year, your treatment setting (the place where you receive and take your medicine) may change. These changes include:

- Members who are discharged from a hospital or skilled-nursing facility to a home setting
- Members who are admitted to a hospital or skilled-nursing facility from a home setting
- Members who transfer from one skilled-nursing facility to another and use a different pharmacy
- Members who end their skilled-nursing facility Medicare Part A stay (where payments include all pharmacy charges) and who now need to use their Part D plan benefit
- Members who give up Hospice Status and go back to standard Medicare Part A and B coverage
- Members discharged from chronic psychiatric hospitals with highly individualized drug regimens

For these changes in treatment settings, Humana will cover as much as a 31-day temporary supply of a Part D-covered drug when you fill your prescription at a pharmacy. If you change treatment settings multiple times within the same month, you may have to request an exception or prior authorization and receive approval for continued coverage of your drug. Humana will review requests for continuation of therapy on a case-by-case basis understanding when you are on a stabilized drug regimen that, if changed, is known to have risks.

**Transition extension**

Humana will consider on a case-by-case basis an extension of the transition period if your exception request or appeal has not been processed by the end of your initial transition period. We will continue to provide necessary drugs to you if your transition period is extended.

A Transition Policy is available on Humana's Medicare website, **Humana.com**, in the same area where the Prescription Drug Guides are displayed.

**CenterWell Pharmacy™**

You may fill your medicines at any network pharmacy. CenterWell Pharmacy – Humana's mail-delivery pharmacy is one option. CenterWell Pharmacy is the preferred cost-sharing mail order pharmacy for many Humana MAPD and prescription drug plans (PDP). You can have your maintenance medicines, specialty medicines, or supplies mailed to a place that is most convenient for you. You should get your new prescription by mail in 7 – 10 days after CenterWell Pharmacy has received your prescription and all the necessary information. Refills should arrive within 5 – 7 days. To get started or learn more, visit **CenterWellPharmacy.com**. You can also call CenterWell Pharmacy at **1-844-222-2151** (**TTY: 711**) Monday – Friday, 8 a.m. to 11 p.m. (EST), and Saturday, 8 a.m. to 6:30 p.m. (EST).

Other pharmacies are available in our network.

# For More Information

For more detailed information about your Humana prescription drug coverage, please review your Evidence of Coverage and other plan materials.

If you have questions about the Humana plan, please contact us. Our contact information, along with the date we last updated the formulary, appears on the front and back cover pages.

If you have general questions about Medicare prescription drug coverage, please call Medicare at **1-800-MEDICARE** (**1-800-633-4227**) 24 hours a day, seven days a week. **TTY** users should call **1-877-486-2048**. You can also visit **www.medicare.gov**.

# Humana Formulary

The formulary that begins on the next page provides coverage information about the drugs covered by Humana. If you have trouble finding your drug in the list, turn to the Index that begins on page 82.

**How to read your formulary**

The first column of the chart lists categories of medical conditions in alphabetical order. The drug names are then listed in alphabetical order within each category. Brand-name drugs are CAPITALIZED and generic drugs are listed in lower-case italics. Next to the drug name or Utilization Management column, you may see an indicator to tell you about additional coverage information for that drug. You might see the following indicators:

**DL** - Dispensing Limit; Drugs that may be limited to a 30 day supply, regardless of tier placement.
**MO** - Drugs that are typically available through mail-order. Please contact your mail-order pharmacy to make sure your drug is available.
**LA** - Limited Access; The health plan has authorized certain pharmacies to dispense this medicine, as it requires extra handling, doctor coordination or patient education. Please call the number on the back of your ID card for additional information.
**AV** - Advisory Committee on Immunization Practices (ACIP) Covered Part D vaccines; Part D vaccines recommended by ACIP for adults that may be available at no cost to you; additional restrictions may apply. For more information, please refer to your Evidence of Coverage.
**CI** - Covered insulin products; Part D insulin products covered by your plan. For more information on cost sharing for your covered insulin products, please refer to your Evidence of Coverage.
**PDS** – Preferred Diabetic Supplies; BD and HTL-Droplet are the preferred diabetic syringe and pen needle brands for the plan.

The second column lists the tier of the drug. See page 5 for more details on the drug tiers in your plan.

The third column shows the Utilization Management Requirements for the drug. Humana may have special requirements for covering that drug. If the column is blank, then there are no utilization requirements for that drug. The supply for each drug is based on benefits and whether your health care provider prescribes a supply for 30, 60, or 90 days. The amount of any quantity limits will also be in this column (Example: "QL - 30 for 30 days" means you can only get 30 doses every 30 days). See page 6 for more information about these requirements.

| DRUG NAME | TIER | UTILIZATION MANAGEMENT REQUIREMENTS |
|---|---|---|
| **ANALGESICS** | | |
| *acetaminophen-codeine 120 mg-12 mg /5 ml (5 ml), 120-12 mg/5 ml, 300 mg-30 mg /12.5 ml SOLUTION* **DL** | 3 | QL(2700 per 30 days) |
| *acetaminophen-codeine 300-15 mg TABLET* **DL** | 3 | QL(390 per 30 days) |
| *acetaminophen-codeine 300-30 mg TABLET* **DL** | 3 | QL(360 per 30 days) |
| *acetaminophen-codeine 300-60 mg TABLET* **DL** | 3 | QL(180 per 30 days) |
| *buprenorphine 10 mcg/hour, 15 mcg/hour, 20 mcg/hour, 5 mcg/hour, 7.5 mcg/hour PATCH, WEEKLY* **DL** | 4 | PA,QL(4 per 28 days) |
| *celecoxib 100 mg, 200 mg CAPSULE* **MO** | 2 | |
| *celecoxib 400 mg, 50 mg CAPSULE* **MO** | 2 | |
| *diclofenac potassium 50 mg TABLET* **MO** | 2 | |
| *diclofenac sodium 1 % GEL* **MO** | 3 | QL(1000 per 30 days) |
| *diclofenac sodium 1.5 % DROPS* **MO** | 4 | PA,QL(300 per 30 days) |
| *diclofenac sodium 100 mg TABLET, ER 24 HR.* **MO** | 2 | |
| *diclofenac sodium 25 mg TABLET, DR/EC* **MO** | 3 | |
| *diclofenac sodium 50 mg TABLET, DR/EC* **MO** | 2 | |
| *diclofenac sodium 75 mg TABLET, DR/EC* **MO** | 2 | |
| *endocet 10-325 mg, 2.5-325 mg, 5-325 mg, 7.5-325 mg TABLET* **DL** | 3 | QL(360 per 30 days) |
| *fentanyl 100 mcg/hr, 12 mcg/hr, 25 mcg/hr, 50 mcg/hr, 75 mcg/hr PATCH. 72 HR.* **DL** | 4 | QL(20 per 30 days) |
| *fentanyl citrate 1,200 mcg, 1,600 mcg, 400 mcg, 600 mcg, 800 mcg LOZENGE* **DL** | 5 | PA,QL(120 per 30 days) |
| *fentanyl citrate 200 mcg LOZENGE* **DL** | 4 | PA,QL(120 per 30 days) |
| *fentanyl citrate (pf) 50 mcg/ml SOLUTION* **DL** | 4 | BvsD,QL(720 per 30 days) |
| *flurbiprofen 100 mg TABLET* **MO** | 4 | |
| *hydrocodone-acetaminophen 10-325 mg, 5-325 mg TABLET* **DL** | 3 | QL(360 per 30 days) |
| *hydrocodone-acetaminophen 10-325 mg/15 ml, 10-325 mg/15 ml(15 ml) SOLUTION* **DL** | 4 | QL(2700 per 30 days) |
| *hydrocodone-acetaminophen 2.5-325 mg TABLET* **DL** | 3 | QL(360 per 30 days) |
| *hydrocodone-acetaminophen 7.5-325 mg TABLET* **DL** | 4 | QL(360 per 30 days) |
| *hydrocodone-acetaminophen 7.5-325 mg/15 ml SOLUTION* **DL** | 4 | QL(5520 per 30 days) |
| *hydrocodone-ibuprofen 7.5-200 mg TABLET* **DL** | 4 | QL(150 per 30 days) |
| *hydromorphone 2 mg, 4 mg TABLET* **DL** | 4 | QL(360 per 30 days) |
| *hydromorphone 8 mg TABLET* **DL** | 4 | QL(240 per 30 days) |
| *ibu 400 mg, 600 mg, 800 mg TABLET* **MO** | 1 | |

Need more information about the indicators displayed by the drug names? Please go to page 10. Need more information about the utilization management requirements? Please go to page 6.

AV - ACIP Covered Part D vaccines • BvsD - Part B vs Part D • CI - Covered Insulin Products • DL – Dispensing Limit • LA – Limited Access • MO – Mail Order • PA - Prior Authorization • PDS - BD/HTL-Droplet are the Preferred Diabetic Supplies • QL - Quantity Limit • ST - Step Therapy

| DRUG NAME | TIER | UTILIZATION MANAGEMENT REQUIREMENTS |
|---|---|---|
| *ibuprofen 100 mg/5 ml SUSPENSION* **MO** | 2 | |
| *ibuprofen 400 mg TABLET* **MO** | 1 | |
| *ibuprofen 600 mg, 800 mg TABLET* **MO** | 1 | |
| *indomethacin 25 mg, 50 mg CAPSULE* **MO** | 2 | |
| *indomethacin 75 mg CAPSULE, ER* **MO** | 4 | |
| *ketorolac 10 mg TABLET* **MO** | 4 | QL(20 per 30 days) |
| *lurbipr 100 mg TABLET* **MO** | 4 | |
| *meloxicam 15 mg TABLET* **MO** | 1 | QL(30 per 30 days) |
| *meloxicam 7.5 mg TABLET* **MO** | 1 | QL(60 per 30 days) |
| *methadone 10 mg TABLET* **DL** | 4 | QL(240 per 30 days) |
| *methadone 10 mg/5 ml SOLUTION* **DL** | 4 | QL(1800 per 30 days) |
| *methadone 10 mg/ml CONCENTRATE* **DL** | 4 | QL(360 per 30 days) |
| *methadone 5 mg TABLET* **DL** | 4 | QL(480 per 30 days) |
| *methadone 5 mg/5 ml SOLUTION* **DL** | 4 | QL(3600 per 30 days) |
| *methadone intensol 10 mg/ml CONCENTRATE* **DL** | 4 | QL(360 per 30 days) |
| *morphine 10 mg/5 ml SOLUTION* **DL** | 3 | QL(2700 per 30 days) |
| *morphine 100 mg TABLET ER* **DL** | 3 | QL(180 per 30 days) |
| *morphine 15 mg, 30 mg TABLET* **DL** | 4 | QL(180 per 30 days) |
| *morphine 15 mg, 30 mg, 60 mg TABLET ER* **DL** | 3 | QL(120 per 30 days) |
| *morphine 20 mg/5 ml (4 mg/ml) SOLUTION* **DL** | 3 | QL(1350 per 30 days) |
| *morphine 200 mg TABLET ER* **DL** | 3 | QL(90 per 30 days) |
| *morphine concentrate 100 mg/5 ml (20 mg/ml) SOLUTION* **DL** | 3 | QL(540 per 30 days) |
| *nabumetone 500 mg, 750 mg TABLET* **MO** | 2 | |
| *naproxen 250 mg TABLET* **MO** | 2 | |
| *naproxen 375 mg TABLET* **MO** | 1 | |
| *naproxen 375 mg TABLET, DR/EC* **MO** | 2 | |
| *naproxen 500 mg TABLET* **MO** | 1 | |
| *oxycodone 10 mg, 15 mg, 5 mg TABLET* **DL** | 3 | QL(360 per 30 days) |
| *oxycodone 20 mg, 30 mg TABLET* **DL** | 3 | QL(360 per 30 days) |
| *oxycodone 20 mg/ml CONCENTRATE* **DL** | 4 | QL(270 per 30 days) |
| *oxycodone 5 mg CAPSULE* **DL** | 4 | QL(360 per 30 days) |
| *oxycodone 5 mg/5 ml SOLUTION* **DL** | 4 | QL(5400 per 30 days) |
| *oxycodone-acetaminophen 10-325 mg, 5-325 mg, 7.5-325 mg TABLET* **DL** | 4 | QL(360 per 30 days) |
| *oxycodone-acetaminophen 2.5-325 mg TABLET* **DL** | 4 | QL(360 per 30 days) |

Need more information about the indicators displayed by the drug names? Please go to page 10. Need more information about the utilization management requirements? Please go to page 6.

AV - ACIP Covered Part D vaccines • BvsD - Part B vs Part D • CI - Covered Insulin Products • DL – Dispensing Limit • LA – Limited Access • MO – Mail Order • PA - Prior Authorization • PDS - BD/HTL-Droplet are the Preferred Diabetic Supplies • QL - Quantity Limit • ST - Step Therapy

| DRUG NAME | TIER | UTILIZATION MANAGEMENT REQUIREMENTS |
|---|---|---|
| *oxycodone-acetaminophen 5-325 mg/5 ml SOLUTION* DL | 4 | QL(1800 per 30 days) |
| *piroxicam 10 mg, 20 mg CAPSULE* MO | 3 | |
| *sulindac 150 mg, 200 mg TABLET* MO | 2 | |
| *tramadol 100 mg, 200 mg, 300 mg TABLET, ER 24 HR.* DL | 4 | ST,QL(30 per 30 days) |
| *tramadol 100 mg, 200 mg, 300 mg TABLET, ER 24 HR., MULTIPHASE* DL | 4 | ST,QL(30 per 30 days) |
| *tramadol 50 mg TABLET* DL | 2 | QL(240 per 30 days) |
| **ANESTHETICS** | | |
| *lidocaine 5 % ADHESIVE PATCH, MEDICATED* MO | 4 | PA,QL(90 per 30 days) |
| *lidocaine hcl 2 % JELLY IN APPLICATOR* MO | 3 | |
| *lidocaine hcl 2 % SOLUTION* MO | 2 | |
| *lidocaine viscous 2 % SOLUTION* MO | 2 | |
| *lidocaine-prilocaine 2.5-2.5 % CREAM* MO | 4 | |
| **ANTI-ADDICTION/SUBSTANCE ABUSE TREATMENT AGENTS** | | |
| *acamprosate 333 mg TABLET, DR/EC* MO | 4 | |
| *buprenorphine hcl 2 mg, 8 mg SUBLINGUAL TABLET* MO | 2 | QL(90 per 30 days) |
| *buprenorphine-naloxone 12-3 mg FILM* MO | 4 | QL(60 per 30 days) |
| *buprenorphine-naloxone 2-0.5 mg, 4-1 mg, 8-2 mg FILM* MO | 4 | QL(90 per 30 days) |
| *buprenorphine-naloxone 2-0.5 mg, 8-2 mg SUBLINGUAL TABLET* MO | 2 | QL(90 per 30 days) |
| *bupropion hcl (smoking deter) 150 mg TABLET, ER 12 HR.* MO | 3 | QL(90 per 30 days) |
| *disulfiram 250 mg, 500 mg TABLET* MO | 3 | |
| KLOXXADO 8 MG/ACTUATION SPRAY, NON-AEROSOL MO | 3 | QL(2 per 30 days) |
| *naloxone 0.4 mg/ml SOLUTION* MO | 2 | |
| *naloxone 0.4 mg/ml, 1 mg/ml SYRINGE* MO | 2 | |
| *naloxone 4 mg/actuation SPRAY, NON-AEROSOL* MO | 3 | QL(2 per 30 days) |
| *naltrexone 50 mg TABLET* MO | 2 | |
| NICOTROL NS 10 MG/ML SPRAY, NON-AEROSOL MO | 4 | |
| OPVEE 2.7 MG/ACTUATION SPRAY, NON-AEROSOL MO | 3 | QL(2 per 30 days) |
| REXTOVY 4 MG/ACTUATION SPRAY, NON-AEROSOL MO | 3 | QL(2 per 30 days) |
| *varenicline tartrate 0.5 mg (11)- 1 mg (42) TABLET, DOSE PACK* MO | 4 | QL(53 per 28 days) |
| *varenicline tartrate 0.5 mg, 1 mg TABLET* MO | 4 | QL(56 per 28 days) |
| VIVITROL 380 MG SUSPENSION, ER, RECON DL | 5 | QL(1 per 28 days) |
| ZUBSOLV 0.7-0.18 MG, 1.4-0.36 MG, 2.9-0.71 MG, 5.7-1.4 MG SUBLINGUAL TABLET MO | 3 | QL(90 per 30 days) |
| ZUBSOLV 11.4-2.9 MG SUBLINGUAL TABLET MO | 3 | QL(30 per 30 days) |

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| DRUG NAME | TIER | UTILIZATION MANAGEMENT REQUIREMENTS |
|---|---|---|
| ZUBSOLV 8.6-2.1 MG SUBLINGUAL TABLET MO | 3 | QL(60 per 30 days) |
| ZURNAI 1.5 MG/0.5 ML AUTO-INJECTOR MO | 3 | |
| **ANTIBACTERIALS** | | |
| *acetic acid 2 % SOLUTION* MO | 2 | |
| *amikacin 1,000 mg/4 ml, 500 mg/2 ml SOLUTION* MO | 4 | |
| *amoxicillin 125 mg, 250 mg CHEWABLE TABLET* MO | 2 | |
| *amoxicillin 125 mg/5 ml, 200 mg/5 ml, 250 mg/5 ml, 400 mg/5 ml SUSPENSION FOR RECONSTITUTION* MO | 2 | |
| *amoxicillin 250 mg CAPSULE* MO | 2 | |
| *amoxicillin 500 mg CAPSULE* MO | 2 | |
| *amoxicillin 500 mg TABLET* MO | 2 | |
| *amoxicillin 875 mg TABLET* MO | 2 | |
| *amoxicillin-pot clavulanate 200-28.5 mg/5 ml, 250-62.5 mg/5 ml, 400-57 mg/5 ml, 600-42.9 mg/5 ml SUSPENSION FOR RECONSTITUTION* MO | 3 | |
| *amoxicillin-pot clavulanate 250-125 mg, 500-125 mg TABLET* MO | 2 | |
| *amoxicillin-pot clavulanate 875-125 mg TABLET* MO | 2 | |
| *ampicillin 500 mg CAPSULE* MO | 2 | |
| *ampicillin sodium 1 gram, 10 gram, 125 mg, 2 gram, 250 mg, 500 mg RECON SOLUTION* MO | 4 | |
| *ampicillin-sulbactam 1.5 gram, 15 gram, 3 gram RECON SOLUTION* MO | 4 | |
| ARIKAYCE 590 MG/8.4 ML SUSPENSION FOR NEBULIZATION DL | 5 | PA,QL(235.2 per 28 days) |
| *azithromycin 1 gram PACKET* MO | 3 | |
| *azithromycin 100 mg/5 ml, 200 mg/5 ml SUSPENSION FOR RECONSTITUTION* MO | 3 | |
| *azithromycin 250 mg TABLET* MO | 2 | |
| *azithromycin 500 mg RECON SOLUTION* MO | 4 | |
| *azithromycin 500 mg, 600 mg TABLET* MO | 2 | |
| *aztreonam 1 gram, 2 gram RECON SOLUTION* MO | 4 | |
| *bacitracin 50,000 unit RECON SOLUTION* MO | 3 | |
| BICILLIN L-A 1,200,000 UNIT/2 ML, 2,400,000 UNIT/4 ML, 600,000 UNIT/ML SYRINGE MO | 4 | |
| *cefaclor 250 mg, 500 mg CAPSULE* MO | 3 | |
| *cefadroxil 250 mg/5 ml, 500 mg/5 ml SUSPENSION FOR RECONSTITUTION* MO | 3 | |
| *cefadroxil 500 mg CAPSULE* MO | 2 | |
| *cefazolin 1 gram, 10 gram, 2 gram, 3 gram, 500 mg RECON SOLUTION* MO | 4 | |

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| DRUG NAME | TIER | UTILIZATION MANAGEMENT REQUIREMENTS |
|---|---|---|
| CEFAZOLIN 2 GRAM, 3 GRAM RECON SOLUTION MO | 4 | |
| *cefdinir 125 mg/5 ml, 250 mg/5 ml SUSPENSION FOR RECONSTITUTION* MO | 3 | |
| *cefdinir 300 mg CAPSULE* MO | 2 | |
| *cefepime 1 gram, 2 gram RECON SOLUTION* MO | 4 | |
| *cefepime in dextrose 5 % 1 gram/50 ml, 2 gram/50 ml PIGGYBACK* MO | 4 | |
| *cefixime 400 mg CAPSULE* MO | 4 | |
| *cefotetan 1 gram, 2 gram RECON SOLUTION* MO | 4 | |
| *cefoxitin 1 gram, 10 gram, 2 gram RECON SOLUTION* MO | 4 | |
| *cefpodoxime 100 mg, 200 mg TABLET* MO | 4 | |
| *cefprozil 125 mg/5 ml, 250 mg/5 ml SUSPENSION FOR RECONSTITUTION* MO | 3 | |
| *cefprozil 250 mg, 500 mg TABLET* MO | 3 | |
| *ceftazidime 1 gram, 2 gram, 6 gram RECON SOLUTION* MO | 4 | |
| *ceftriaxone 1 gram, 10 gram, 2 gram, 250 mg, 500 mg RECON SOLUTION* MO | 4 | |
| *cefuroxime axetil 250 mg, 500 mg TABLET* MO | 3 | |
| *cefuroxime sodium 1.5 gram, 7.5 gram, 750 mg RECON SOLUTION* MO | 4 | |
| *cephalexin 125 mg/5 ml, 250 mg/5 ml SUSPENSION FOR RECONSTITUTION* MO | 2 | |
| *cephalexin 250 mg CAPSULE* MO | 2 | |
| *cephalexin 500 mg CAPSULE* MO | 2 | |
| *ciprofloxacin hcl 100 mg TABLET* MO | 4 | |
| *ciprofloxacin hcl 250 mg, 750 mg TABLET* MO | 2 | |
| *ciprofloxacin hcl 500 mg TABLET* MO | 2 | |
| *ciprofloxacin in 5 % dextrose 200 mg/100 ml, 400 mg/200 ml PIGGYBACK* MO | 4 | |
| *clarithromycin 125 mg/5 ml, 250 mg/5 ml SUSPENSION FOR RECONSTITUTION* MO | 4 | |
| *clarithromycin 250 mg, 500 mg TABLET* MO | 3 | |
| *clarithromycin 500 mg TABLET, ER 24 HR.* MO | 3 | |
| *clindamycin hcl 150 mg, 300 mg, 75 mg CAPSULE* MO | 2 | |
| *clindamycin in 0.9 % sod chlor 300 mg/50 ml, 600 mg/50 ml, 900 mg/50 ml PIGGYBACK* MO | 4 | |
| *clindamycin in 5 % dextrose 300 mg/50 ml, 600 mg/50 ml, 900 mg/50 ml PIGGYBACK* MO | 4 | |
| *clindamycin palmitate hcl 75 mg/5 ml RECON SOLUTION* MO | 4 | |
| *clindamycin pediatric 75 mg/5 ml RECON SOLUTION* MO | 4 | |
| *clindamycin phosphate 150 mg/ml SOLUTION* MO | 4 | |
| *clindamycin phosphate 2 % CREAM* MO | 4 | |

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| DRUG NAME | TIER | UTILIZATION MANAGEMENT REQUIREMENTS |
|---|---|---|
| *colistin (colistimethate na) 150 mg RECON SOLUTION* **MO** | 4 | |
| *daptomycin 350 mg RECON SOLUTION* **MO** | 4 | |
| *daptomycin 500 mg RECON SOLUTION* **DL** | 4 | |
| *daptomycin in 0.9 % sod chlor 1,000 mg/100 ml, 350 mg/50 ml, 500 mg/50 ml, 700 mg/100 ml PIGGYBACK* **MO** | 4 | |
| *dicloxacillin 250 mg, 500 mg CAPSULE* **MO** | 2 | |
| DIFICID 200 MG TABLET **DL** | 5 | |
| *doxy-100 100 mg RECON SOLUTION* **MO** | 4 | |
| *doxycycline hyclate 100 mg CAPSULE* **MO** | 3 | |
| *doxycycline hyclate 100 mg TABLET* **MO** | 3 | |
| *doxycycline hyclate 20 mg TABLET* **MO** | 2 | |
| *doxycycline hyclate 50 mg CAPSULE* **MO** | 3 | |
| *doxycycline monohydrate 100 mg, 50 mg CAPSULE* **MO** | 2 | |
| *doxycycline monohydrate 100 mg, 50 mg, 75 mg TABLET* **MO** | 3 | |
| *doxycycline monohydrate 25 mg/5 ml SUSPENSION FOR RECONSTITUTION* **MO** | 4 | |
| *ertapenem 1 gram RECON SOLUTION* **MO** | 4 | |
| ERYTHROCIN 500 MG RECON SOLUTION **MO** | 4 | |
| *erythromycin 250 mg CAPSULE, DR/EC* **MO** | 4 | |
| *erythromycin 250 mg, 333 mg, 500 mg TABLET, DR/EC* **MO** | 4 | |
| *erythromycin 250 mg, 500 mg TABLET* **MO** | 4 | |
| *erythromycin lactobionate 500 mg RECON SOLUTION* **DL** | 5 | |
| *fidaxomicin 200 mg TABLET* **DL** | 5 | |
| *gentamicin 0.1 % CREAM* **MO** | 4 | |
| *gentamicin 0.1 % OINTMENT* **MO** | 4 | |
| *gentamicin 40 mg/ml SOLUTION* **MO** | 4 | |
| HUMATIN 250 MG CAPSULE **DL** | 5 | |
| *imipenem-cilastatin 250 mg, 500 mg RECON SOLUTION* **MO** | 3 | |
| *levofloxacin 250 mg, 750 mg TABLET* **MO** | 2 | |
| *levofloxacin 250 mg/10 ml SOLUTION* **MO** | 4 | |
| *levofloxacin 500 mg TABLET* **MO** | 2 | |
| *levofloxacin in d5w 250 mg/50 ml, 500 mg/100 ml, 750 mg/150 ml PIGGYBACK* **MO** | 3 | |
| *linezolid 100 mg/5 ml SUSPENSION FOR RECONSTITUTION* **DL** | 5 | QL(1800 per 30 days) |
| *linezolid 600 mg TABLET* **MO** | 4 | QL(60 per 30 days) |
| *linezolid in dextrose 5% 600 mg/300 ml PIGGYBACK* **MO** | 4 | |

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| DRUG NAME | TIER | UTILIZATION MANAGEMENT REQUIREMENTS |
|---|---|---|
| *linezolid-0.9% sodium chloride 600 mg/300 ml PARENTERAL SOLUTION* **MO** | 4 | |
| *meropenem 1 gram, 500 mg RECON SOLUTION* **MO** | 3 | |
| *meropenem-0.9% sodium chloride 1 gram/50 ml, 500 mg/50 ml PIGGYBACK* **MO** | 4 | |
| *methenamine hippurate 1 gram TABLET* **MO** | 4 | |
| *metronidazole 0.75 % CREAM* **MO** | 4 | |
| *metronidazole 0.75 % LOTION* **MO** | 4 | |
| *metronidazole 0.75 %, 0.75 % (37.5mg/5 gram), 1 % GEL* **MO** | 4 | |
| *metronidazole 1 % GEL WITH PUMP* **MO** | 4 | |
| *metronidazole 250 mg, 500 mg TABLET* **MO** | 2 | |
| *metronidazole in nacl (iso-os) 500 mg/100 ml PIGGYBACK* **MO** | 4 | |
| *minocycline 100 mg, 50 mg, 75 mg CAPSULE* **MO** | 2 | |
| *mondoxyne nl 100 mg CAPSULE* **MO** | 2 | |
| *moxifloxacin 400 mg TABLET* **MO** | 3 | |
| *moxifloxacin-sod.chloride(iso) 400 mg/250 ml PIGGYBACK* **MO** | 4 | |
| *nafcillin 1 gram, 10 gram, 2 gram RECON SOLUTION* **MO** | 4 | |
| *neomycin 500 mg TABLET* **MO** | 3 | |
| *nitrofurantoin macrocrystal 100 mg, 50 mg CAPSULE* **MO** | 4 | |
| *nitrofurantoin monohyd/m-cryst 100 mg CAPSULE* **MO** | 3 | |
| *ofloxacin 300 mg, 400 mg TABLET* **MO** | 4 | |
| *penicillin g potassium 20 million unit, 5 million unit RECON SOLUTION* **MO** | 4 | |
| *penicillin g sodium 5 million unit RECON SOLUTION* **MO** | 4 | |
| *penicillin v potassium 125 mg/5 ml, 250 mg/5 ml RECON SOLUTION* **MO** | 2 | |
| *penicillin v potassium 250 mg, 500 mg TABLET* **MO** | 2 | |
| *pfizerpen-g 20 million unit, 5 million unit RECON SOLUTION* **MO** | 4 | |
| *piperacillin-tazobactam 13.5 gram, 2.25 gram, 3.375 gram, 4.5 gram, 40.5 gram RECON SOLUTION* **MO** | 4 | |
| *polymyxin b sulfate 500,000 unit RECON SOLUTION* **MO** | 4 | |
| PRIMSOL 50 MG/5 ML SOLUTION **MO** | 4 | |
| *streptomycin 1 gram RECON SOLUTION* **DL** | 5 | |
| *sulfacetamide sodium 10 % OINTMENT* **MO** | 3 | |
| *sulfadiazine 500 mg TABLET* **MO** | 4 | |
| *sulfamethoxazole-trimethoprim 200-40 mg/5 ml SUSPENSION* **MO** | 4 | |
| *sulfamethoxazole-trimethoprim 400-80 mg TABLET* **MO** | 2 | |
| *sulfamethoxazole-trimethoprim 400-80 mg/5 ml SOLUTION* **MO** | 4 | |

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| DRUG NAME | TIER | UTILIZATION MANAGEMENT REQUIREMENTS |
|---|---|---|
| *sulfamethoxazole-trimethoprim 800-160 mg TABLET* **MO** | 2 | |
| TEFLARO 400 MG, 600 MG RECON SOLUTION **DL** | 5 | |
| *tigecycline 50 mg RECON SOLUTION* **DL** | 5 | |
| *tinidazole 250 mg, 500 mg TABLET* **MO** | 3 | |
| *tobramycin in 0.225 % nacl 300 mg/5 ml SOLUTION FOR NEBULIZATION* **DL** | 5 | BvsD |
| *tobramycin sulfate 10 mg/ml, 40 mg/ml SOLUTION* **MO** | 4 | |
| *trimethoprim 100 mg TABLET* **MO** | 2 | |
| *vancomycin 1,000 mg, 1.25 gram, 1.5 gram, 1.75 gram, 10 gram, 2 gram, 5 gram, 500 mg, 750 mg RECON SOLUTION* **MO** | 4 | |
| *vancomycin 125 mg CAPSULE* **MO** | 4 | QL(120 per 30 days) |
| *vancomycin 250 mg CAPSULE* **MO** | 4 | QL(240 per 30 days) |
| *vancomycin in 0.9 % sodium chl 1 gram/200 ml, 500 mg/100 ml, 750 mg/150 ml PIGGYBACK* **MO** | 4 | |
| *vancomycin in dextrose 5 % 1 gram/200 ml, 500 mg/100 ml, 750 mg/150 ml PIGGYBACK* **MO** | 4 | |
| VANCOMYCIN IN DEXTROSE 5 % 1.25 GRAM/250 ML, 1.5 GRAM/300 ML PIGGYBACK **MO** | 4 | |
| *vancomycin-diluent combo no.1 1 gram/200 ml, 1.25 gram/250 ml, 1.5 gram/300 ml, 1.75 gram/350 ml, 2 gram/400 ml, 500 mg/100 ml, 750 mg/150 ml PIGGYBACK* **MO** | 4 | |
| **ANTICONVULSANTS** | | |
| APTIOM 200 MG, 400 MG TABLET **DL** | 4 | PA,QL(30 per 30 days) |
| APTIOM 600 MG, 800 MG TABLET **DL** | 4 | PA,QL(60 per 30 days) |
| *brivaracetam 10 mg, 100 mg, 25 mg, 50 mg, 75 mg TABLET* **DL** | 4 | PA,QL(60 per 30 days) |
| BRIVIACT 10 MG, 100 MG, 25 MG, 50 MG, 75 MG TABLET **DL** | 4 | PA,QL(60 per 30 days) |
| BRIVIACT 10 MG/ML SOLUTION **DL** | 4 | PA,QL(600 per 30 days) |
| *carbamazepine 100 mg, 200 mg CHEWABLE TABLET* **MO** | 3 | |
| *carbamazepine 100 mg, 200 mg, 300 mg CAPSULE ER MULTIPHASE 12 HR.* **MO** | 4 | |
| *carbamazepine 100 mg, 200 mg, 400 mg TABLET, ER 12 HR.* **MO** | 4 | |
| *carbamazepine 100 mg/5 ml, 100 mg/5 ml (5 ml), 200 mg/10 ml SUSPENSION* **MO** | 4 | |
| *carbamazepine 200 mg TABLET* **MO** | 3 | |
| *clobazam 10 mg, 20 mg TABLET* **DL** | 4 | PA |
| *clobazam 2.5 mg/ml SUSPENSION* **DL** | 4 | PA |
| DIACOMIT 250 MG, 500 MG CAPSULE **DL** | 5 | PA,QL(180 per 30 days) |
| DIACOMIT 250 MG, 500 MG POWDER IN PACKET **DL** | 5 | PA,QL(180 per 30 days) |

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| DRUG NAME | TIER | UTILIZATION MANAGEMENT REQUIREMENTS |
|---|---|---|
| *diazepam 12.5-15-17.5-20 mg, 2.5 mg, 5-7.5-10 mg KIT* **DL** | 4 | |
| *divalproex 125 mg CAPSULE, DR SPRINKLE* **MO** | 3 | |
| *divalproex 125 mg, 250 mg, 500 mg TABLET, DR/EC* **MO** | 2 | |
| *divalproex 250 mg, 500 mg TABLET, ER 24 HR.* **MO** | 3 | |
| EPIDIOLEX 100 MG/ML SOLUTION **DL** | 5 | PA |
| *epitol 200 mg TABLET* **MO** | 3 | |
| EPRONTIA 25 MG/ML SOLUTION **MO** | 4 | PA,QL(480 per 30 days) |
| *eslicarbazepine 200 mg, 400 mg TABLET* **DL** | 4 | PA,QL(30 per 30 days) |
| *eslicarbazepine 600 mg, 800 mg TABLET* **DL** | 4 | PA,QL(60 per 30 days) |
| *ethosuximide 250 mg CAPSULE* **MO** | 3 | |
| *ethosuximide 250 mg/5 ml SOLUTION* **MO** | 4 | |
| *felbamate 400 mg, 600 mg TABLET* **MO** | 4 | |
| *felbamate 600 mg/5 ml SUSPENSION* **MO** | 4 | |
| FINTEPLA 2.2 MG/ML SOLUTION **DL,LA** | 5 | PA,QL(360 per 30 days) |
| FYCOMPA 0.5 MG/ML SUSPENSION **DL** | 4 | PA,QL(680 per 28 days) |
| FYCOMPA 10 MG, 12 MG, 4 MG, 6 MG, 8 MG TABLET **DL** | 4 | PA,QL(30 per 30 days) |
| FYCOMPA 2 MG TABLET **MO** | 4 | PA,QL(30 per 30 days) |
| *gabapentin 100 mg, 300 mg, 400 mg CAPSULE* **MO** | 2 | QL(270 per 30 days) |
| *gabapentin 250 mg/5 ml, 250 mg/5 ml (5 ml), 300 mg/6 ml (6 ml) SOLUTION* **MO** | 4 | QL(2250 per 30 days) |
| *gabapentin 600 mg, 800 mg TABLET* **MO** | 2 | QL(180 per 30 days) |
| *lacosamide 10 mg/ml SOLUTION* **MO** | 4 | QL(1395 per 30 days) |
| *lacosamide 100 mg, 150 mg, 200 mg, 50 mg TABLET* **MO** | 4 | QL(60 per 30 days) |
| *lamotrigine 100 mg, 150 mg, 200 mg, 25 mg TABLET* **MO** | 2 | |
| *lamotrigine 100 mg, 200 mg, 25 mg, 250 mg, 300 mg, 50 mg TABLET, ER 24 HR.* **MO** | 4 | |
| *lamotrigine 25 mg (35), 25 mg (42) -100 mg (7), 25 mg (84) -100 mg (14) TABLET, DOSE PACK* **MO** | 4 | |
| *lamotrigine 25 mg, 5 mg TABLET, CHEWABLE DISPERSIBLE* **MO** | 2 | |
| *levetiracetam 1,000 mg, 250 mg, 750 mg TABLET* **MO** | 2 | |
| *levetiracetam 100 mg/ml SOLUTION* **MO** | 2 | |
| *levetiracetam 250 mg TABLET FOR SUSPENSION* **MO** | 4 | ST,QL(360 per 30 days) |
| *levetiracetam 500 mg TABLET* **MO** | 2 | |
| *levetiracetam 500 mg TABLET, ER 24 HR.* **MO** | 3 | QL(180 per 30 days) |
| *levetiracetam 500 mg/5 ml (5 ml) SOLUTION* **MO** | 4 | QL(900 per 30 days) |

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| DRUG NAME | TIER | UTILIZATION MANAGEMENT REQUIREMENTS |
|---|---|---|
| *levetiracetam 750 mg TABLET, ER 24 HR.* **MO** | 3 | QL(120 per 30 days) |
| LIBERVANT 10 MG, 12.5 MG, 15 MG, 5 MG, 7.5 MG FILM **DL** | 5 | QL(10 per 30 days) |
| *methsuximide 300 mg CAPSULE* **MO** | 4 | |
| NAYZILAM 5 MG/SPRAY (0.1 ML) SPRAY, NON-AEROSOL **DL** | 4 | QL(10 per 30 days) |
| *oxcarbazepine 150 mg, 300 mg, 600 mg TABLET* **MO** | 3 | |
| *oxcarbazepine 300 mg/5 ml (60 mg/ml) SUSPENSION* **MO** | 4 | |
| *perampanel 10 mg, 12 mg, 4 mg, 6 mg, 8 mg TABLET* **DL** | 4 | PA,QL(30 per 30 days) |
| *perampanel 2 mg TABLET* **MO** | 4 | PA,QL(30 per 30 days) |
| *phenobarbital 100 mg, 16.2 mg, 32.4 mg, 64.8 mg, 97.2 mg TABLET* **MO** | 3 | QL(90 per 30 days) |
| *phenobarbital 15 mg, 60 mg TABLET* **MO** | 3 | QL(120 per 30 days) |
| *phenobarbital 20 mg/5 ml (4 mg/ml) ELIXIR* **MO** | 4 | QL(1500 per 30 days) |
| *phenobarbital 30 mg TABLET* **MO** | 3 | QL(300 per 30 days) |
| PHENYTEK 200 MG, 300 MG CAPSULE **MO** | 4 | |
| *phenytoin 100 mg/4 ml, 125 mg/5 ml SUSPENSION* **MO** | 2 | |
| *phenytoin 50 mg CHEWABLE TABLET* **MO** | 2 | |
| *phenytoin sodium extended 100 mg, 200 mg, 300 mg CAPSULE* **MO** | 2 | |
| *primidone 125 mg, 250 mg, 50 mg TABLET* **MO** | 2 | |
| *roweepra 500 mg TABLET* **MO** | 2 | |
| *rufinamide 200 mg TABLET* **MO** | 4 | PA,QL(480 per 30 days) |
| *rufinamide 40 mg/ml SUSPENSION* **MO** | 4 | PA,QL(2760 per 30 days) |
| *rufinamide 400 mg TABLET* **MO** | 4 | PA,QL(240 per 30 days) |
| SPRITAM 1,000 MG TABLET FOR SUSPENSION **MO** | 4 | ST,QL(90 per 30 days) |
| SPRITAM 250 MG TABLET FOR SUSPENSION **MO** | 4 | ST,QL(360 per 30 days) |
| SPRITAM 500 MG TABLET FOR SUSPENSION **MO** | 4 | ST,QL(180 per 30 days) |
| SPRITAM 750 MG TABLET FOR SUSPENSION **MO** | 4 | ST,QL(120 per 30 days) |
| *subvenite 100 mg, 150 mg, 200 mg, 25 mg TABLET* **MO** | 2 | |
| *subvenite starter (blue) kit 25 mg (35) TABLET, DOSE PACK* **MO** | 4 | |
| *subvenite starter (green) kit 25 mg (84) -100 mg (14) TABLET, DOSE PACK* **MO** | 4 | |
| *subvenite starter (orange) kit 25 mg (42) -100 mg (7) TABLET, DOSE PACK* **MO** | 4 | |
| SYMPAZAN 10 MG, 20 MG, 5 MG FILM **DL** | 5 | PA,QL(60 per 30 days) |
| *tiagabine 12 mg, 16 mg, 2 mg, 4 mg TABLET* **MO** | 4 | |
| *topiramate 100 mg, 200 mg, 25 mg, 50 mg TABLET* **MO** | 2 | |
| *topiramate 15 mg, 25 mg, 50 mg CAPSULE, SPRINKLE* **MO** | 3 | |
| *topiramate 25 mg/ml SOLUTION* **MO** | 4 | PA,QL(480 per 30 days) |

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| DRUG NAME | TIER | UTILIZATION MANAGEMENT REQUIREMENTS |
|---|---|---|
| *valproic acid 250 mg CAPSULE* MO | 2 | |
| *valproic acid (as sodium salt) 250 mg/5 ml, 250 mg/5 ml (5 ml), 500 mg/10 ml (10 ml) SOLUTION* MO | 2 | |
| VALTOCO 10 MG/SPRAY (0.1 ML), 15 MG/2 SPRAY (7.5/0.1ML X 2), 20 MG/2 SPRAY (10MG/0.1ML X2), 5 MG/SPRAY (0.1 ML) SPRAY, NON-AEROSOL DL | 5 | QL(10 per 30 days) |
| *vigabatrin 500 mg POWDER IN PACKET* DL | 5 | PA,QL(180 per 30 days) |
| *vigabatrin 500 mg TABLET* DL | 5 | PA,QL(180 per 30 days) |
| *vigadrone 500 mg POWDER IN PACKET* DL | 5 | PA,QL(180 per 30 days) |
| *vigadrone 500 mg TABLET* DL | 5 | PA,QL(180 per 30 days) |
| VIGAFYDE 100 MG/ML SOLUTION DL | 5 | PA,QL(600 per 25 days) |
| *vigpoder 500 mg POWDER IN PACKET* DL | 5 | PA,QL(180 per 30 days) |
| XCOPRI 100 MG, 25 MG, 50 MG TABLET DL | 4 | PA,QL(30 per 30 days) |
| XCOPRI 150 MG, 200 MG TABLET DL | 4 | PA,QL(60 per 30 days) |
| XCOPRI MAINTENANCE PACK 250MG/DAY(150 MG X1-100MG X1), 350 MG/DAY (200 MG X1-150MG X1) TABLET DL | 4 | PA,QL(56 per 28 days) |
| XCOPRI TITRATION PACK 12.5 MG (14)- 25 MG (14) TABLET, DOSE PACK MO | 4 | PA,QL(28 per 28 days) |
| XCOPRI TITRATION PACK 150 MG (14)- 200 MG (14), 50 MG (14)- 100 MG (14) TABLET, DOSE PACK DL | 4 | PA,QL(28 per 28 days) |
| ZONISADE 100 MG/5 ML SUSPENSION MO | 4 | PA,QL(900 per 30 days) |
| *zonisamide 100 mg, 25 mg, 50 mg CAPSULE* MO | 2 | |
| ZTALMY 50 MG/ML SUSPENSION DL | 5 | PA,QL(1080 per 30 days) |
| **ANTIDEMENTIA AGENTS** | | |
| *donepezil 10 mg, 5 mg TABLET* MO | 2 | |
| *donepezil 10 mg, 5 mg TABLET, DISINTEGRATING* MO | 2 | |
| *donepezil 23 mg TABLET* MO | 3 | QL(30 per 30 days) |
| *galantamine 12 mg, 4 mg, 8 mg TABLET* MO | 4 | QL(60 per 30 days) |
| *galantamine 16 mg, 24 mg, 8 mg CAPSULE ER PELLETS 24 HR.* MO | 4 | QL(30 per 30 days) |
| *galantamine 4 mg/ml SOLUTION* MO | 4 | QL(200 per 30 days) |
| *memantine 10 mg, 5 mg TABLET* MO | 2 | PA |
| *memantine 14 mg, 21 mg, 28 mg, 7 mg CAPSULE ER SPRINKLE 24 HR.* MO | 4 | PA,QL(30 per 30 days) |
| *memantine 2 mg/ml SOLUTION* MO | 4 | PA |
| *memantine 5-10 mg TABLET, DOSE PACK* MO | 2 | PA,QL(98 per 30 days) |
| *rivastigmine tartrate 1.5 mg, 3 mg CAPSULE* MO | 4 | QL(90 per 30 days) |
| *rivastigmine tartrate 4.5 mg, 6 mg CAPSULE* MO | 4 | QL(60 per 30 days) |

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| DRUG NAME | TIER | UTILIZATION MANAGEMENT REQUIREMENTS |
|---|---|---|
| **ANTIDEPRESSANTS** | | |
| *amitriptyline 10 mg, 50 mg, 75 mg TABLET* **MO** | 1 | |
| *amitriptyline 100 mg, 150 mg TABLET* **MO** | 2 | |
| *amitriptyline 25 mg TABLET* **MO** | 1 | |
| *amoxapine 100 mg, 150 mg, 25 mg, 50 mg TABLET* **MO** | 3 | |
| AUVELITY 45-105 MG TABLET, IR/ER, BIPHASIC **MO** | 4 | PA,QL(60 per 30 days) |
| *bupropion hcl 100 mg TABLET, SR 12 HR.* **MO** | 3 | QL(120 per 30 days) |
| *bupropion hcl 100 mg, 75 mg TABLET* **MO** | 3 | QL(180 per 30 days) |
| *bupropion hcl 150 mg TABLET, ER 24 HR.* **MO** | 3 | QL(90 per 30 days) |
| *bupropion hcl 150 mg TABLET, SR 12 HR.* **MO** | 3 | QL(90 per 30 days) |
| *bupropion hcl 200 mg TABLET, SR 12 HR.* **MO** | 3 | QL(60 per 30 days) |
| *bupropion hcl 300 mg TABLET, ER 24 HR.* **MO** | 3 | QL(60 per 30 days) |
| *citalopram 10 mg, 20 mg, 40 mg TABLET* **MO** | 1 | |
| *citalopram 10 mg/5 ml SOLUTION* **MO** | 4 | |
| *clomipramine 25 mg, 50 mg, 75 mg CAPSULE* **MO** | 4 | |
| *desipramine 10 mg, 100 mg, 150 mg, 25 mg, 50 mg, 75 mg TABLET* **MO** | 4 | |
| *desvenlafaxine succinate 100 mg, 25 mg, 50 mg TABLET, ER 24 HR.* **MO** | 4 | QL(30 per 30 days) |
| EMSAM 12 MG/24 HR, 6 MG/24 HR, 9 MG/24 HR PATCH, 24 HR. **DL** | 5 | PA,QL(30 per 30 days) |
| *escitalopram oxalate 10 mg, 20 mg, 5 mg TABLET* **MO** | 2 | |
| *escitalopram oxalate 15 mg CAPSULE* **MO** | 4 | |
| *escitalopram oxalate 5 mg/5 ml SOLUTION* **MO** | 4 | QL(600 per 30 days) |
| EXXUA 18.2 MG (32 TABS) TABLET, ER 24 HR., DOSE PACK **DL** | 5 | PA |
| EXXUA 18.2 MG, 36.3 MG, 54.5 MG, 72.6 MG TABLET, ER 24 HR. **DL** | 5 | PA,QL(30 per 30 days) |
| FETZIMA 120 MG, 20 MG, 40 MG, 80 MG CAPSULE, ER 24 HR. **MO** | 4 | PA,QL(30 per 30 days) |
| FETZIMA 20 MG (2)- 40 MG (26) CAPSULE, ER 24 HR. **MO** | 4 | PA,QL(28 per 28 days) |
| *fluoxetine 10 mg CAPSULE* **MO** | 2 | QL(60 per 30 days) |
| *fluoxetine 20 mg CAPSULE* **MO** | 1 | QL(120 per 30 days) |
| *fluoxetine 20 mg/5 ml (4 mg/ml) SOLUTION* **MO** | 3 | |
| *fluoxetine 40 mg CAPSULE* **MO** | 1 | QL(90 per 30 days) |
| *fluvoxamine 100 mg, 25 mg, 50 mg TABLET* **MO** | 3 | QL(90 per 30 days) |
| *imipramine hcl 10 mg, 25 mg, 50 mg TABLET* **MO** | 2 | |
| *imipramine pamoate 100 mg, 125 mg, 150 mg, 75 mg CAPSULE* **MO** | 4 | |
| MARPLAN 10 MG TABLET **MO** | 4 | |
| *mirtazapine 15 mg, 30 mg, 45 mg TABLET, DISINTEGRATING* **MO** | 4 | QL(30 per 30 days) |

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| DRUG NAME | TIER | UTILIZATION MANAGEMENT REQUIREMENTS |
|---|---|---|
| *mirtazapine 15 mg, 30 mg, 7.5 mg TABLET* **MO** | 2 | |
| *mirtazapine 45 mg TABLET* **MO** | 2 | |
| *nefazodone 100 mg, 150 mg, 200 mg, 250 mg, 50 mg TABLET* **MO** | 4 | |
| *nortriptyline 10 mg, 25 mg, 50 mg CAPSULE* **MO** | 1 | |
| *nortriptyline 10 mg/5 ml SOLUTION* **MO** | 4 | |
| *nortriptyline 75 mg CAPSULE* **MO** | 2 | |
| *paroxetine hcl 10 mg, 20 mg, 30 mg, 40 mg TABLET* **MO** | 1 | |
| *paroxetine hcl 10 mg/5 ml SUSPENSION* **MO** | 4 | |
| *perphenazine-amitriptyline 2-10 mg, 2-25 mg, 4-10 mg, 4-25 mg, 4-50 mg TABLET* **MO** | 4 | |
| *phenelzine 15 mg TABLET* **MO** | 3 | |
| *protriptyline 10 mg, 5 mg TABLET* **MO** | 4 | |
| RALDESY 10 MG/ML SOLUTION **DL** | 5 | |
| *sertraline 100 mg TABLET* **MO** | 1 | QL(60 per 30 days) |
| *sertraline 20 mg/ml CONCENTRATE* **MO** | 4 | |
| *sertraline 25 mg, 50 mg TABLET* **MO** | 1 | QL(90 per 30 days) |
| *tranylcypromine 10 mg TABLET* **MO** | 4 | |
| *trazodone 100 mg, 150 mg, 50 mg TABLET* **MO** | 1 | |
| *trazodone 300 mg TABLET* **MO** | 3 | |
| *trimipramine 100 mg, 25 mg, 50 mg CAPSULE* **MO** | 4 | |
| TRINTELLIX 10 MG, 20 MG, 5 MG TABLET **MO** | 4 | ST,QL(30 per 30 days) |
| *venlafaxine 100 mg, 25 mg, 37.5 mg, 50 mg, 75 mg TABLET* **MO** | 2 | |
| *venlafaxine 150 mg CAPSULE, ER 24 HR.* **MO** | 2 | QL(60 per 30 days) |
| *venlafaxine 37.5 mg CAPSULE, ER 24 HR.* **MO** | 2 | QL(90 per 30 days) |
| *venlafaxine 75 mg CAPSULE, ER 24 HR.* **MO** | 2 | QL(90 per 30 days) |
| *vilazodone 10 mg, 20 mg, 40 mg TABLET* **MO** | 4 | PA,QL(30 per 30 days) |
| ZURZUVAE 20 MG, 25 MG CAPSULE **DL** | 5 | PA,QL(28 per 365 days) |
| ZURZUVAE 30 MG CAPSULE **DL** | 5 | PA,QL(14 per 365 days) |
| **ANTIEMETICS** | | |
| *aprepitant 125 mg (1)- 80 mg (2) CAPSULE, DOSE PACK* **MO** | 4 | BvsD |
| *aprepitant 125 mg, 40 mg CAPSULE* **MO** | 4 | BvsD,QL(2 per 28 days) |
| *aprepitant 80 mg CAPSULE* **MO** | 4 | BvsD,QL(4 per 28 days) |
| *compro 25 mg SUPPOSITORY* **MO** | 4 | |
| *dronabinol 10 mg, 2.5 mg, 5 mg CAPSULE* **MO** | 4 | BvsD,QL(120 per 30 days) |
| *granisetron hcl 1 mg TABLET* **MO** | 3 | BvsD,QL(28 per 28 days) |

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| DRUG NAME | TIER | UTILIZATION MANAGEMENT REQUIREMENTS |
|---|---|---|
| *meclizine 12.5 mg TABLET* MO | 3 | |
| *meclizine 25 mg TABLET* MO | 3 | |
| *metoclopramide hcl 10 mg, 5 mg TABLET* MO | 1 | |
| *ondansetron 4 mg TABLET, DISINTEGRATING* MO | 2 | BvsD |
| *ondansetron 8 mg TABLET, DISINTEGRATING* MO | 2 | BvsD |
| *ondansetron hcl 2 mg/ml SOLUTION* MO | 4 | |
| *ondansetron hcl 4 mg TABLET* MO | 2 | BvsD |
| *ondansetron hcl 4 mg/5 ml SOLUTION* MO | 4 | BvsD,QL(450 per 30 days) |
| *ondansetron hcl 8 mg TABLET* MO | 2 | BvsD |
| *ondansetron hcl (pf) 4 mg/2 ml SOLUTION* MO | 4 | |
| *ondansetron hcl (pf) 4 mg/2 ml SYRINGE* MO | 4 | |
| *prochlorperazine 25 mg SUPPOSITORY* MO | 4 | |
| *prochlorperazine edisylate 10 mg/2 ml (5 mg/ml), 5 mg/ml SOLUTION* MO | 4 | |
| *prochlorperazine maleate 10 mg, 5 mg TABLET* MO | 2 | BvsD |
| *promethazine 12.5 mg, 50 mg TABLET* MO | 3 | |
| *promethazine 25 mg TABLET* MO | 3 | |
| *scopolamine base 1 mg over 3 days PATCH, 3 DAY* MO | 4 | QL(10 per 30 days) |
| **ANTIFUNGALS** | | |
| ABELCET 5 MG/ML SUSPENSION MO | 4 | BvsD |
| *amphotericin b 50 mg RECON SOLUTION* MO | 4 | BvsD |
| *amphotericin b liposome 50 mg SUSPENSION FOR RECONSTITUTION* DL | 5 | BvsD |
| *caspofungin 50 mg, 70 mg RECON SOLUTION* MO | 4 | |
| *ciclodan 8 % SOLUTION* MO | 2 | QL(13.2 per 30 days) |
| *ciclopirox 0.77 % CREAM* MO | 2 | QL(90 per 30 days) |
| *ciclopirox 0.77 % GEL* MO | 4 | QL(100 per 30 days) |
| *ciclopirox 0.77 % SUSPENSION* MO | 4 | QL(60 per 30 days) |
| *ciclopirox 8 % SOLUTION* MO | 2 | QL(13.2 per 30 days) |
| *clotrimazole 1 % CREAM* MO | 2 | |
| *clotrimazole 1 % SOLUTION* MO | 3 | |
| *clotrimazole 10 mg TROCHE* MO | 2 | |
| *clotrimazole-betamethasone 1-0.05 % CREAM* MO | 3 | QL(180 per 30 days) |
| *clotrimazole-betamethasone 1-0.05 % LOTION* MO | 4 | QL(90 per 28 days) |
| *fluconazole 10 mg/ml, 40 mg/ml SUSPENSION FOR RECONSTITUTION* MO | 3 | |
| *fluconazole 100 mg, 200 mg, 50 mg TABLET* MO | 2 | |

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| DRUG NAME | TIER | UTILIZATION MANAGEMENT REQUIREMENTS |
|---|---|---|
| *fluconazole 150 mg TABLET* **MO** | 2 | |
| *fluconazole in nacl (iso-osm) 100 mg/50 ml, 200 mg/100 ml, 400 mg/200 ml PIGGYBACK* **MO** | 3 | |
| *flucytosine 250 mg, 500 mg CAPSULE* **DL** | 5 | |
| *griseofulvin microsize 125 mg/5 ml SUSPENSION* **MO** | 4 | |
| *griseofulvin microsize 500 mg TABLET* **MO** | 4 | |
| *griseofulvin ultramicrosize 125 mg, 250 mg TABLET* **MO** | 4 | |
| *itraconazole 100 mg CAPSULE* **MO** | 4 | QL(120 per 30 days) |
| *ketoconazole 2 % CREAM* **MO** | 3 | QL(60 per 30 days) |
| *ketoconazole 2 % SHAMPOO* **MO** | 2 | QL(120 per 30 days) |
| *ketoconazole 200 mg TABLET* **MO** | 4 | PA |
| *miconazole-3 200 mg SUPPOSITORY* **MO** | 3 | |
| *nystatin 100,000 unit/gram CREAM* **MO** | 2 | |
| *nystatin 100,000 unit/gram OINTMENT* **MO** | 2 | |
| *nystatin 100,000 unit/ml SUSPENSION* **MO** | 2 | |
| *nystatin 500,000 unit TABLET* **MO** | 3 | |
| *nystatin-triamcinolone 100,000-0.1 unit/g-% CREAM* **MO** | 4 | |
| *nystatin-triamcinolone 100,000-0.1 unit/gram-% OINTMENT* **MO** | 4 | |
| *posaconazole 100 mg TABLET, DR/EC* **DL** | 5 | PA |
| *posaconazole 300 mg/16.7 ml SOLUTION* **DL** | 5 | PA |
| *terbinafine hcl 250 mg TABLET* **MO** | 2 | |
| *terconazole 0.4 %, 0.8 % CREAM* **MO** | 2 | |
| *terconazole 80 mg SUPPOSITORY* **MO** | 4 | |
| *voriconazole 200 mg RECON SOLUTION* **MO** | 4 | PA |
| *voriconazole 200 mg, 50 mg TABLET* **MO** | 4 | PA,QL(120 per 30 days) |
| *voriconazole 200 mg/5 ml (40 mg/ml) SUSPENSION FOR RECONSTITUTION* **DL** | 5 | PA,QL(400 per 30 days) |
| *voriconazole-hpbcd 200 mg RECON SOLUTION* **MO** | 4 | PA |
| **ANTIGOUT AGENTS** | | |
| *allopurinol 100 mg, 300 mg TABLET* **MO** | 2 | |
| *colchicine 0.6 mg TABLET* **MO** | 3 | QL(120 per 30 days) |
| *probenecid 500 mg TABLET* **MO** | 4 | |
| *probenecid-colchicine 500-0.5 mg TABLET* **MO** | 4 | |
| **ANTIMIGRAINE AGENTS** | | |
| *dihydroergotamine 0.5 mg/pump act. (4 mg/ml) SPRAY, NON-AEROSOL* **DL** | 5 | PA,QL(8 per 30 days) |
| EMGALITY PEN 120 MG/ML PEN INJECTOR **MO** | 4 | PA,QL(2 per 30 days) |

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| DRUG NAME | TIER | UTILIZATION MANAGEMENT REQUIREMENTS |
|---|---|---|
| EMGALITY SYRINGE 120 MG/ML SYRINGE MO | 4 | PA,QL(2 per 30 days) |
| EMGALITY SYRINGE 300 MG/3 ML (100 MG/ML X 3) SYRINGE MO | 4 | PA,QL(3 per 30 days) |
| *ergotamine-caffeine 1-100 mg TABLET* MO | 3 | QL(40 per 30 days) |
| *naratriptan 1 mg, 2.5 mg TABLET* MO | 3 | QL(9 per 30 days) |
| QULIPTA 10 MG, 30 MG, 60 MG TABLET MO | 4 | PA,QL(30 per 30 days) |
| *rizatriptan 10 mg, 5 mg TABLET* MO | 2 | QL(12 per 30 days) |
| *rizatriptan 10 mg, 5 mg TABLET, DISINTEGRATING* MO | 3 | QL(12 per 30 days) |
| *sumatriptan succinate 100 mg, 25 mg, 50 mg TABLET* MO | 2 | QL(9 per 30 days) |
| *sumatriptan succinate 6 mg/0.5 ml SYRINGE* MO | 4 | QL(6 per 30 days) |
| UBRELVY 100 MG, 50 MG TABLET MO | 3 | PA,QL(16 per 30 days) |
| **ANTIMYASTHENIC AGENTS** | | |
| *pyridostigmine bromide 30 mg, 60 mg TABLET* MO | 3 | |
| **ANTIMYCOBACTERIALS** | | |
| *dapsone 100 mg, 25 mg TABLET* MO | 3 | |
| *ethambutol 100 mg, 400 mg TABLET* MO | 3 | |
| *isoniazid 100 mg, 300 mg TABLET* MO | 2 | |
| *isoniazid 50 mg/5 ml SOLUTION* MO | 4 | |
| PRIFTIN 150 MG TABLET MO | 4 | |
| *pyrazinamide 500 mg TABLET* MO | 4 | |
| *rifabutin 150 mg CAPSULE* MO | 4 | |
| *rifampin 150 mg, 300 mg CAPSULE* MO | 3 | |
| *rifampin 600 mg RECON SOLUTION* MO | 4 | |
| SIRTURO 100 MG, 20 MG TABLET DL | 5 | PA |
| TRECATOR 250 MG TABLET MO | 4 | |
| **ANTINEOPLASTICS** | | |
| *abiraterone 250 mg TABLET* DL | 5 | PA,QL(120 per 30 days) |
| *abirtega 250 mg TABLET* MO | 4 | PA,QL(120 per 30 days) |
| AKEEGA 100-500 MG, 50-500 MG TABLET DL | 5 | PA,QL(60 per 30 days) |
| ALECENSA 150 MG CAPSULE DL | 5 | PA,QL(240 per 30 days) |
| ALUNBRIG 180 MG, 90 MG TABLET DL | 5 | PA,QL(30 per 30 days) |
| ALUNBRIG 30 MG TABLET DL | 5 | PA,QL(180 per 30 days) |
| ALUNBRIG 90 MG (7)- 180 MG (23) TABLET, DOSE PACK DL | 5 | PA,QL(30 per 30 days) |
| *anastrozole 1 mg TABLET* MO | 2 | QL(30 per 30 days) |
| AUGTYRO 160 MG CAPSULE DL | 5 | PA,QL(60 per 30 days) |

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| DRUG NAME | TIER | UTILIZATION MANAGEMENT REQUIREMENTS |
|---|---|---|
| AUGTYRO 40 MG CAPSULE **DL** | 5 | PA,QL(240 per 30 days) |
| AVMAPKI-FAKZYNJA 0.8-200 MG COMBO PACK **DL** | 5 | PA,QL(66 per 28 days) |
| AYVAKIT 100 MG, 200 MG, 25 MG, 300 MG, 50 MG TABLET **DL** | 5 | PA,QL(30 per 30 days) |
| BALVERSA 3 MG TABLET **DL** | 5 | PA,QL(90 per 30 days) |
| BALVERSA 4 MG TABLET **DL** | 5 | PA,QL(60 per 30 days) |
| BALVERSA 5 MG TABLET **DL** | 5 | PA,QL(30 per 30 days) |
| *bexarotene 1 % GEL* **DL** | 5 | PA,QL(240 per 30 days) |
| *bexarotene 75 mg CAPSULE* **DL** | 5 | PA,QL(300 per 30 days) |
| *bicalutamide 50 mg TABLET* **MO** | 3 | QL(30 per 30 days) |
| BOSULIF 100 MG CAPSULE **DL** | 5 | PA,QL(180 per 30 days) |
| BOSULIF 100 MG TABLET **DL** | 5 | PA,QL(120 per 30 days) |
| BOSULIF 400 MG, 500 MG TABLET **DL** | 5 | PA,QL(30 per 30 days) |
| BOSULIF 50 MG CAPSULE **DL** | 5 | PA,QL(360 per 30 days) |
| BRAFTOVI 75 MG CAPSULE **DL** | 5 | PA,QL(180 per 30 days) |
| BRUKINSA 160 MG TABLET **DL** | 5 | PA,QL(120 per 30 days) |
| BRUKINSA 80 MG CAPSULE **DL** | 5 | PA,QL(120 per 30 days) |
| CABOMETYX 20 MG, 40 MG, 60 MG TABLET **DL** | 5 | PA,QL(30 per 30 days) |
| CALQUENCE (ACALABRUTINIB MAL) 100 MG TABLET **DL** | 5 | PA,QL(60 per 30 days) |
| CAPRELSA 100 MG TABLET **DL,LA** | 5 | PA,QL(60 per 30 days) |
| CAPRELSA 300 MG TABLET **DL,LA** | 5 | PA,QL(30 per 30 days) |
| COMETRIQ 100 MG/DAY(80 MG X1-20 MG X1) CAPSULE **DL** | 5 | PA,QL(56 per 28 days) |
| COMETRIQ 140 MG/DAY(80 MG X1-20 MG X3) CAPSULE **DL** | 5 | PA,QL(112 per 28 days) |
| COMETRIQ 60 MG/DAY (20 MG X 3/DAY) CAPSULE **DL** | 5 | PA,QL(84 per 28 days) |
| COPIKTRA 15 MG, 25 MG CAPSULE **DL** | 5 | PA,QL(56 per 28 days) |
| COTELLIC 20 MG TABLET **DL** | 5 | PA,QL(63 per 28 days) |
| *cyclophosphamide 25 mg, 50 mg CAPSULE* **MO** | 4 | BvsD |
| *cyclophosphamide 25 mg, 50 mg TABLET* **MO** | 3 | BvsD |
| DANZITEN 71 MG, 95 MG TABLET **DL** | 5 | PA,QL(120 per 30 days) |
| *dasatinib 100 mg, 50 mg, 70 mg, 80 mg TABLET* **DL** | 5 | PA,QL(60 per 30 days) |
| *dasatinib 140 mg TABLET* **DL** | 5 | PA,QL(30 per 30 days) |
| *dasatinib 20 mg TABLET* **DL** | 5 | PA,QL(90 per 30 days) |
| DAURISMO 100 MG TABLET **DL** | 5 | PA,QL(30 per 30 days) |
| DAURISMO 25 MG TABLET **DL** | 5 | PA,QL(60 per 30 days) |
| EMCYT 140 MG CAPSULE **DL** | 5 | |

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| DRUG NAME | TIER | UTILIZATION MANAGEMENT REQUIREMENTS |
|---|---|---|
| ERIVEDGE 150 MG CAPSULE DL | 5 | PA,QL(28 per 28 days) |
| ERLEADA 240 MG TABLET DL | 5 | PA,QL(30 per 30 days) |
| ERLEADA 60 MG TABLET DL | 5 | PA,QL(120 per 30 days) |
| *erlotinib 100 mg, 150 mg TABLET* DL | 5 | PA,QL(30 per 30 days) |
| *erlotinib 25 mg TABLET* DL | 5 | PA,QL(90 per 30 days) |
| EULEXIN 125 MG CAPSULE DL | 5 | PA |
| *everolimus (antineoplastic) 10 mg, 2.5 mg, 5 mg, 7.5 mg TABLET* DL | 5 | PA,QL(30 per 30 days) |
| *everolimus (antineoplastic) 2 mg, 3 mg, 5 mg TABLET FOR SUSPENSION* DL | 5 | PA |
| *exemestane 25 mg TABLET* MO | 4 | QL(60 per 30 days) |
| EXKIVITY 40 MG CAPSULE DL | 5 | PA,QL(120 per 30 days) |
| FOTIVDA 0.89 MG, 1.34 MG CAPSULE DL | 5 | PA,QL(21 per 28 days) |
| FRUZAQLA 1 MG CAPSULE DL | 5 | PA,QL(84 per 28 days) |
| FRUZAQLA 5 MG CAPSULE DL | 5 | PA,QL(21 per 28 days) |
| GAVRETO 100 MG CAPSULE DL,LA | 5 | PA,QL(120 per 30 days) |
| *gefitinib 250 mg TABLET* DL | 5 | PA |
| GILOTRIF 20 MG, 30 MG, 40 MG TABLET DL,LA | 5 | PA,QL(30 per 30 days) |
| GLEOSTINE 10 MG CAPSULE MO | 4 | PA |
| GLEOSTINE 100 MG CAPSULE DL | 5 | PA |
| GLEOSTINE 40 MG CAPSULE | 5 | PA |
| GOMEKLI 1 MG TABLET FOR SUSPENSION DL | 5 | PA |
| GOMEKLI 1 MG, 2 MG CAPSULE DL | 5 | PA |
| HERNEXEOS 60 MG TABLET DL | 5 | PA,QL(180 per 30 days) |
| *hydroxyurea 500 mg CAPSULE* MO | 2 | |
| IBRANCE 100 MG, 125 MG, 75 MG CAPSULE DL | 5 | PA,QL(21 per 28 days) |
| IBRANCE 100 MG, 125 MG, 75 MG TABLET DL | 5 | PA,QL(21 per 28 days) |
| IBTROZI 200 MG CAPSULE DL | 5 | PA,QL(90 per 30 days) |
| ICLUSIG 10 MG, 30 MG, 45 MG TABLET DL | 5 | PA,QL(30 per 30 days) |
| ICLUSIG 15 MG TABLET DL | 5 | PA,QL(60 per 30 days) |
| IDHIFA 100 MG, 50 MG TABLET DL | 5 | PA,QL(30 per 30 days) |
| *imatinib 100 mg TABLET* DL | 5 | PA,QL(90 per 30 days) |
| *imatinib 400 mg TABLET* DL | 5 | PA,QL(60 per 30 days) |
| IMBRUVICA 140 MG CAPSULE DL | 5 | PA,QL(120 per 30 days) |
| IMBRUVICA 420 MG TABLET DL | 5 | PA,QL(28 per 28 days) |
| IMBRUVICA 70 MG CAPSULE DL | 5 | PA,QL(28 per 28 days) |

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| DRUG NAME | TIER | UTILIZATION MANAGEMENT REQUIREMENTS |
|---|---|---|
| IMBRUVICA 70 MG/ML SUSPENSION DL | 5 | PA |
| IMKELDI 80 MG/ML SOLUTION DL | 5 | PA,QL(300 per 30 days) |
| INLURIYO 200 MG TABLET DL | 5 | PA,QL(84 per 28 days) |
| INLYTA 1 MG TABLET DL | 5 | PA,QL(180 per 30 days) |
| INLYTA 5 MG TABLET DL | 5 | PA,QL(120 per 30 days) |
| INQOVI 35-100 MG TABLET DL | 5 | PA,QL(5 per 28 days) |
| INREBIC 100 MG CAPSULE DL | 5 | PA,QL(120 per 30 days) |
| ITOVEBI 3 MG TABLET DL | 5 | PA,QL(56 per 28 days) |
| ITOVEBI 9 MG TABLET DL | 5 | PA,QL(28 per 28 days) |
| IWILFIN 192 MG TABLET DL | 5 | PA,QL(240 per 30 days) |
| JAKAFI 10 MG, 15 MG, 20 MG, 25 MG, 5 MG TABLET DL | 5 | PA,QL(60 per 30 days) |
| JAYPIRCA 100 MG, 50 MG TABLET DL | 5 | PA,QL(90 per 30 days) |
| KISQALI 200 MG/DAY (200 MG X 1) TABLET DL | 5 | PA,QL(21 per 28 days) |
| KISQALI 400 MG/DAY (200 MG X 2) TABLET DL | 5 | PA,QL(42 per 28 days) |
| KISQALI 600 MG/DAY (200 MG X 3) TABLET DL | 5 | PA,QL(63 per 28 days) |
| KISQALI FEMARA CO-PACK 200 MG/DAY(200 MG X 1)-2.5 MG TABLET DL | 5 | PA,QL(49 per 28 days) |
| KISQALI FEMARA CO-PACK 400 MG/DAY(200 MG X 2)-2.5 MG TABLET DL | 5 | PA,QL(70 per 28 days) |
| KISQALI FEMARA CO-PACK 600 MG/DAY(200 MG X 3)-2.5 MG TABLET DL | 5 | PA,QL(91 per 28 days) |
| KOSELUGO 10 MG CAPSULE DL | 5 | PA,QL(240 per 30 days) |
| KOSELUGO 25 MG CAPSULE DL | 5 | PA,QL(120 per 30 days) |
| KOSELUGO 5 MG CAPSULE, SPRINKLE DL | 5 | PA,QL(600 per 30 days) |
| KOSELUGO 7.5 MG CAPSULE, SPRINKLE DL | 5 | PA,QL(360 per 30 days) |
| KRAZATI 200 MG TABLET DL | 5 | PA,QL(180 per 30 days) |
| *lapatinib 250 mg TABLET* DL | 5 | PA,QL(180 per 30 days) |
| LAZCLUZE 240 MG TABLET DL | 5 | PA,QL(30 per 30 days) |
| LAZCLUZE 80 MG TABLET DL | 5 | PA,QL(60 per 30 days) |
| *lenalidomide 10 mg, 15 mg, 2.5 mg, 20 mg, 25 mg, 5 mg CAPSULE* DL | 5 | PA,QL(28 per 28 days) |
| LENVIMA 10 MG/DAY (10 MG X 1), 4 MG CAPSULE DL | 5 | PA,QL(30 per 30 days) |
| LENVIMA 12 MG/DAY (4 MG X 3), 18 MG/DAY (10 MG X 1-4 MG X2), 24 MG/DAY(10 MG X 2-4 MG X 1) CAPSULE DL | 5 | PA,QL(90 per 30 days) |
| LENVIMA 14 MG/DAY(10 MG X 1-4 MG X 1), 20 MG/DAY (10 MG X 2), 8 MG/DAY (4 MG X 2) CAPSULE DL | 5 | PA,QL(60 per 30 days) |
| *letrozole 2.5 mg TABLET* MO | 2 | QL(30 per 30 days) |
| *leucovorin calcium 10 mg, 15 mg, 25 mg, 5 mg TABLET* MO | 4 | |
| *leucovorin calcium 10 mg/ml SOLUTION* MO | 4 | |

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| DRUG NAME | TIER | UTILIZATION MANAGEMENT REQUIREMENTS |
|---|---|---|
| LEUKERAN 2 MG TABLET DL | 5 | |
| *lomustine 10 mg CAPSULE* MO | 4 | PA |
| *lomustine 100 mg, 40 mg CAPSULE* DL | 5 | PA |
| LONSURF 15-6.14 MG TABLET DL | 5 | PA,QL(100 per 30 days) |
| LONSURF 20-8.19 MG TABLET DL | 5 | PA,QL(80 per 30 days) |
| LORBRENA 100 MG TABLET DL | 5 | PA,QL(30 per 30 days) |
| LORBRENA 25 MG TABLET DL | 5 | PA,QL(90 per 30 days) |
| LUMAKRAS 120 MG TABLET DL | 5 | PA,QL(240 per 30 days) |
| LUMAKRAS 240 MG TABLET DL | 5 | PA,QL(120 per 30 days) |
| LUMAKRAS 320 MG TABLET DL | 5 | PA,QL(90 per 30 days) |
| LYNPARZA 100 MG, 150 MG TABLET DL | 5 | PA,QL(120 per 30 days) |
| LYSODREN 500 MG TABLET DL | 5 | |
| LYTGOBI 12 MG/DAY (4 MG X 3), 16 MG/DAY (4 MG X 4), 20 MG/DAY (4 MG X 5) TABLET DL | 5 | PA,QL(140 per 28 days) |
| MATULANE 50 MG CAPSULE DL | 5 | |
| MEKINIST 0.05 MG/ML RECON SOLUTION DL | 5 | PA,QL(1170 per 28 days) |
| MEKINIST 0.5 MG TABLET DL | 5 | PA,QL(120 per 30 days) |
| MEKINIST 2 MG TABLET DL | 5 | PA,QL(30 per 30 days) |
| MEKTOVI 15 MG TABLET DL | 5 | PA,QL(180 per 30 days) |
| *melphalan 2 mg TABLET* MO | 4 | BvsD |
| *mercaptopurine 20 mg/ml SUSPENSION* DL | 5 | |
| *mercaptopurine 50 mg TABLET* MO | 3 | |
| *mesna 400 mg TABLET* DL | 5 | |
| MESNEX 400 MG TABLET DL | 5 | |
| MODEYSO 125 MG CAPSULE DL | 5 | PA,QL(20 per 28 days) |
| NERLYNX 40 MG TABLET DL | 5 | PA,QL(180 per 30 days) |
| *nilotinib d-tartrate 150 mg, 200 mg, 50 mg CAPSULE* DL | 5 | PA,QL(120 per 30 days) |
| *nilotinib hcl 150 mg, 200 mg, 50 mg CAPSULE* DL | 5 | PA,QL(120 per 30 days) |
| *nilutamide 150 mg TABLET* DL | 5 | QL(60 per 30 days) |
| NINLARO 2.3 MG, 3 MG, 4 MG CAPSULE DL | 5 | PA,QL(3 per 28 days) |
| NUBEQA 300 MG TABLET DL | 5 | PA,QL(120 per 30 days) |
| ODOMZO 200 MG CAPSULE DL | 5 | PA,QL(30 per 30 days) |
| OGSIVEO 100 MG, 150 MG TABLET DL | 5 | PA,QL(60 per 30 days) |
| OGSIVEO 50 MG TABLET DL | 5 | PA,QL(180 per 30 days) |
| OJEMDA 25 MG/ML SUSPENSION FOR RECONSTITUTION DL | 5 | PA,QL(96 per 28 days) |

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| DRUG NAME | TIER | UTILIZATION MANAGEMENT REQUIREMENTS |
|---|---|---|
| OJEMDA 400 MG/WEEK (100 MG X 4) TABLET DL | 5 | PA,QL(16 per 28 days) |
| OJEMDA 500 MG/WEEK (100 MG X 5) TABLET DL | 5 | PA,QL(20 per 28 days) |
| OJEMDA 600 MG/WEEK (100 MG X 6) TABLET DL | 5 | PA,QL(24 per 28 days) |
| OJJAARA 100 MG, 150 MG, 200 MG TABLET DL | 5 | PA,QL(30 per 30 days) |
| ONUREG 200 MG, 300 MG TABLET DL | 5 | PA,QL(14 per 28 days) |
| ORGOVYX 120 MG TABLET DL | 5 | PA,QL(32 per 30 days) |
| ORSERDU 345 MG TABLET DL | 5 | PA,QL(30 per 30 days) |
| ORSERDU 86 MG TABLET DL | 5 | PA,QL(90 per 30 days) |
| PANRETIN 0.1 % GEL DL | 5 | PA |
| *pazopanib 200 mg TABLET* DL | 5 | PA,QL(120 per 30 days) |
| *pazopanib 400 mg TABLET* DL | 5 | PA,QL(60 per 30 days) |
| PEMAZYRE 13.5 MG, 4.5 MG, 9 MG TABLET DL | 5 | PA,QL(28 per 28 days) |
| PIQRAY 200 MG/DAY (200 MG X 1) TABLET DL | 5 | PA,QL(28 per 28 days) |
| PIQRAY 250 MG/DAY (200 MG X1-50 MG X1), 300 MG/DAY (150 MG X 2) TABLET DL | 5 | PA,QL(56 per 28 days) |
| POMALYST 1 MG, 2 MG, 3 MG, 4 MG CAPSULE DL | 5 | PA,QL(21 per 28 days) |
| PURIXAN 20 MG/ML SUSPENSION DL | 5 | |
| QINLOCK 50 MG TABLET DL | 5 | PA,QL(90 per 30 days) |
| RETEVMO 120 MG, 160 MG, 80 MG TABLET DL | 5 | PA,QL(60 per 30 days) |
| RETEVMO 40 MG CAPSULE DL | 5 | PA,QL(180 per 30 days) |
| RETEVMO 40 MG TABLET DL | 5 | PA,QL(90 per 30 days) |
| RETEVMO 80 MG CAPSULE DL | 5 | PA,QL(120 per 30 days) |
| REVUFORJ 110 MG, 160 MG, 25 MG TABLET DL | 5 | PA |
| REZLIDHIA 150 MG CAPSULE DL | 5 | PA,QL(60 per 30 days) |
| ROMVIMZA 14 MG, 20 MG, 30 MG CAPSULE DL | 5 | PA |
| ROZLYTREK 100 MG CAPSULE DL | 5 | PA,QL(150 per 30 days) |
| ROZLYTREK 200 MG CAPSULE DL | 5 | PA,QL(90 per 30 days) |
| ROZLYTREK 50 MG PELLETS IN PACKET DL | 5 | PA,QL(360 per 30 days) |
| RUBRACA 200 MG, 250 MG, 300 MG TABLET DL | 5 | PA,QL(120 per 30 days) |
| RYDAPT 25 MG CAPSULE DL | 5 | PA,QL(224 per 28 days) |
| SCEMBLIX 100 MG TABLET DL | 5 | PA,QL(120 per 30 days) |
| SCEMBLIX 20 MG TABLET DL | 5 | PA,QL(60 per 30 days) |
| SCEMBLIX 40 MG TABLET DL | 5 | PA,QL(300 per 30 days) |
| SOLTAMOX 20 MG/10 ML SOLUTION DL | 5 | |
| *sorafenib 200 mg TABLET* DL | 5 | PA,QL(120 per 30 days) |

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| DRUG NAME | TIER | UTILIZATION MANAGEMENT REQUIREMENTS |
|---|---|---|
| SPRYCEL 100 MG, 50 MG, 70 MG, 80 MG TABLET **DL** | 5 | PA,QL(60 per 30 days) |
| SPRYCEL 140 MG TABLET **DL** | 5 | PA,QL(30 per 30 days) |
| SPRYCEL 20 MG TABLET **DL** | 5 | PA,QL(90 per 30 days) |
| STIVARGA 40 MG TABLET **DL** | 5 | PA,QL(84 per 28 days) |
| *sunitinib malate 12.5 mg, 25 mg, 37.5 mg, 50 mg CAPSULE* **DL** | 5 | PA,QL(28 per 28 days) |
| SYNRIBO 3.5 MG RECON SOLUTION **DL** | 5 | PA |
| TABLOID 40 MG TABLET **MO** | 4 | |
| TABRECTA 150 MG, 200 MG TABLET **DL** | 5 | PA,QL(112 per 28 days) |
| TAFINLAR 10 MG TABLET FOR SUSPENSION **DL** | 5 | PA,QL(840 per 28 days) |
| TAFINLAR 50 MG CAPSULE **DL** | 5 | PA,QL(180 per 30 days) |
| TAFINLAR 75 MG CAPSULE **DL** | 5 | PA,QL(120 per 30 days) |
| TAGRISSO 40 MG, 80 MG TABLET **DL** | 5 | PA,QL(30 per 30 days) |
| TALZENNA 0.1 MG, 0.35 MG, 0.5 MG, 0.75 MG, 1 MG CAPSULE **DL** | 5 | PA,QL(30 per 30 days) |
| TALZENNA 0.25 MG CAPSULE **DL** | 5 | PA,QL(90 per 30 days) |
| *tamoxifen 10 mg, 20 mg TABLET* **MO** | 2 | |
| TASIGNA 150 MG, 200 MG, 50 MG CAPSULE **DL** | 5 | PA,QL(120 per 30 days) |
| TAZVERIK 200 MG TABLET **DL** | 5 | PA,QL(240 per 30 days) |
| TEPMETKO 225 MG TABLET **DL** | 5 | PA,QL(60 per 30 days) |
| THALOMID 100 MG, 200 MG, 50 MG CAPSULE **DL** | 5 | PA,QL(30 per 30 days) |
| THALOMID 150 MG CAPSULE **DL** | 5 | PA,QL(60 per 30 days) |
| TIBSOVO 250 MG TABLET **DL** | 5 | PA,QL(60 per 30 days) |
| *toremifene 60 mg TABLET* **DL** | 5 | QL(30 per 30 days) |
| *torpenz 10 mg, 2.5 mg, 5 mg, 7.5 mg TABLET* **DL** | 5 | PA,QL(30 per 30 days) |
| *tretinoin (antineoplastic) 10 mg CAPSULE* **DL** | 5 | |
| TRUQAP 160 MG, 200 MG TABLET **DL** | 5 | PA,QL(64 per 28 days) |
| TUKYSA 150 MG TABLET **DL** | 5 | PA,QL(120 per 30 days) |
| TUKYSA 50 MG TABLET **DL** | 5 | PA,QL(300 per 30 days) |
| TURALIO 125 MG CAPSULE **DL,LA** | 5 | PA,QL(120 per 30 days) |
| VALCHLOR 0.016 % GEL **DL** | 5 | PA,QL(60 per 28 days) |
| VANFLYTA 17.7 MG, 26.5 MG TABLET **DL** | 5 | PA,QL(56 per 28 days) |
| VENCLEXTA 10 MG TABLET **MO** | 3 | PA,QL(56 per 28 days) |
| VENCLEXTA 100 MG TABLET **DL** | 5 | PA,QL(180 per 30 days) |
| VENCLEXTA 50 MG TABLET **MO** | 3 | PA,QL(28 per 28 days) |
| VENCLEXTA STARTING PACK 10 MG-50 MG- 100 MG TABLET, DOSE PACK **DL** | 5 | PA,QL(42 per 28 days) |

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| DRUG NAME | TIER | UTILIZATION MANAGEMENT REQUIREMENTS |
|---|---|---|
| VERZENIO 100 MG, 150 MG, 200 MG, 50 MG TABLET DL | 5 | PA,QL(60 per 30 days) |
| VITRAKVI 100 MG CAPSULE DL | 5 | PA,QL(60 per 30 days) |
| VITRAKVI 20 MG/ML SOLUTION DL | 5 | PA,QL(300 per 30 days) |
| VITRAKVI 25 MG CAPSULE DL | 5 | PA,QL(180 per 30 days) |
| VIZIMPRO 15 MG, 30 MG, 45 MG TABLET DL | 5 | PA,QL(30 per 30 days) |
| VONJO 100 MG CAPSULE DL | 5 | PA,QL(120 per 30 days) |
| VORANIGO 10 MG TABLET DL | 5 | PA,QL(60 per 30 days) |
| VORANIGO 40 MG TABLET DL | 5 | PA,QL(30 per 30 days) |
| XALKORI 150 MG PELLET DL | 5 | PA,QL(180 per 30 days) |
| XALKORI 20 MG PELLET DL | 5 | PA,QL(120 per 30 days) |
| XALKORI 200 MG, 250 MG CAPSULE DL | 5 | PA,QL(120 per 30 days) |
| XALKORI 50 MG PELLET DL | 5 | PA,QL(240 per 30 days) |
| XOSPATA 40 MG TABLET DL | 5 | PA,QL(90 per 30 days) |
| XPOVIO 100 MG/WEEK (50 MG X 2), 40MG TWICE WEEK (40 MG X 2), 80 MG/WEEK (40 MG X 2) TABLET DL | 5 | PA,QL(8 per 28 days) |
| XPOVIO 40 MG/WEEK (10 MG X 4) TABLET DL | 5 | PA,QL(16 per 28 days) |
| XPOVIO 40 MG/WEEK (40 MG X 1), 60 MG/WEEK (60 MG X 1) TABLET DL | 5 | PA,QL(4 per 28 days) |
| XPOVIO 60MG TWICE WEEK (120 MG/WEEK) TABLET DL | 5 | PA,QL(24 per 28 days) |
| XPOVIO 80MG TWICE WEEK (160 MG/WEEK) TABLET DL | 5 | PA,QL(32 per 28 days) |
| XTANDI 40 MG CAPSULE DL | 5 | PA,QL(120 per 30 days) |
| XTANDI 40 MG TABLET DL | 5 | PA,QL(120 per 30 days) |
| XTANDI 80 MG TABLET DL | 5 | PA,QL(60 per 30 days) |
| ZEJULA 100 MG, 200 MG, 300 MG TABLET DL | 5 | PA,QL(30 per 30 days) |
| ZELBORAF 240 MG TABLET DL | 5 | PA,QL(240 per 30 days) |
| ZOLINZA 100 MG CAPSULE DL | 5 | PA,QL(120 per 30 days) |
| ZYDELIG 100 MG, 150 MG TABLET DL | 5 | PA,QL(60 per 30 days) |
| ZYKADIA 150 MG TABLET DL | 5 | PA,QL(150 per 30 days) |
| **ANTIPARASITICS** | | |
| *albendazole 200 mg TABLET* MO | 4 | |
| *atovaquone 750 mg/5 ml SUSPENSION* MO | 4 | |
| *atovaquone-proguanil 250-100 mg, 62.5-25 mg TABLET* MO | 4 | |
| *chloroquine phosphate 250 mg, 500 mg TABLET* MO | 4 | |
| COARTEM 20-120 MG TABLET MO | 4 | QL(24 per 30 days) |
| *hydroxychloroquine 100 mg, 300 mg, 400 mg TABLET* MO | 3 | |
| *hydroxychloroquine 200 mg TABLET* MO | 3 | |

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|---|---|---|
| *ivermectin 3 mg, 6 mg TABLET* **MO** | 3 | |
| LAMPIT 120 MG, 30 MG TABLET **MO** | 4 | |
| *mefloquine 250 mg TABLET* **MO** | 2 | |
| *nitazoxanide 500 mg TABLET* **DL** | 5 | |
| *pentamidine 300 mg RECON SOLUTION* **MO** | 4 | |
| *pentamidine 300 mg RECON SOLUTION* **MO** | 4 | BvsD |
| *praziquantel 600 mg TABLET* **MO** | 4 | |
| *primaquine 26.3 mg (15 mg base) TABLET* **MO** | 3 | |
| *pyrimethamine 25 mg TABLET* **DL** | 5 | QL(90 per 30 days) |
| *quinine sulfate 324 mg CAPSULE* **MO** | 4 | PA,QL(42 per 7 days) |
| **ANTIPARKINSON AGENTS** | | |
| *amantadine hcl 100 mg CAPSULE* **MO** | 4 | |
| *amantadine hcl 50 mg/5 ml SOLUTION* **MO** | 3 | |
| *benztropine 0.5 mg, 1 mg, 2 mg TABLET* **MO** | 3 | |
| *bromocriptine 2.5 mg TABLET* **MO** | 4 | |
| *carbidopa-levodopa 10-100 mg, 25-250 mg TABLET* **MO** | 2 | |
| *carbidopa-levodopa 25-100 mg TABLET* **MO** | 2 | |
| *carbidopa-levodopa 25-100 mg, 50-200 mg TABLET ER* **MO** | 3 | |
| *carbidopa-levodopa-entacapone 12.5-50-200 mg, 18.75-75-200 mg, 25-100-200 mg, 31.25-125-200 mg, 37.5-150-200 mg, 50-200-200 mg TABLET* **MO** | 4 | |
| *entacapone 200 mg TABLET* **MO** | 3 | QL(300 per 30 days) |
| INBRIJA 42 MG CAPSULE **DL** | 5 | PA,QL(300 per 30 days) |
| INBRIJA 42 MG CAPSULE, W/INHALATION DEVICE **DL** | 5 | PA,QL(300 per 30 days) |
| *pramipexole 0.125 mg, 0.25 mg, 0.5 mg, 0.75 mg, 1 mg, 1.5 mg TABLET* **MO** | 2 | |
| *rasagiline 0.5 mg, 1 mg TABLET* **MO** | 4 | QL(30 per 30 days) |
| *ropinirole 0.25 mg, 0.5 mg, 1 mg, 2 mg, 3 mg, 4 mg, 5 mg TABLET* **MO** | 2 | |
| *selegiline hcl 5 mg CAPSULE* **MO** | 3 | |
| *selegiline hcl 5 mg TABLET* **MO** | 3 | |
| *trihexyphenidyl 0.4 mg/ml ELIXIR* **MO** | 3 | |
| *trihexyphenidyl 2 mg, 5 mg TABLET* **MO** | 3 | |
| **ANTIPSYCHOTICS** | | |
| ABILIFY ASIMTUFII 720 MG/2.4 ML SUSPENSION, ER, SYRINGE **MO** | 4 | QL(2.4 per 56 days) |
| ABILIFY ASIMTUFII 960 MG/3.2 ML SUSPENSION, ER, SYRINGE **MO** | 4 | QL(3.2 per 56 days) |
| ABILIFY MAINTENA 300 MG, 400 MG SUSPENSION, ER, RECON **DL** | 4 | QL(1 per 28 days) |

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|---|---|---|
| ABILIFY MAINTENA 300 MG, 400 MG SUSPENSION, ER, SYRINGE DL | 4 | QL(1 per 28 days) |
| *aripiprazole 1 mg/ml SOLUTION* MO | 4 | QL(750 per 30 days) |
| *aripiprazole 10 mg, 15 mg TABLET, DISINTEGRATING* MO | 4 | QL(60 per 30 days) |
| *aripiprazole 10 mg, 15 mg, 2 mg, 20 mg, 30 mg, 5 mg TABLET* MO | 3 | |
| ARISTADA 1,064 MG/3.9 ML SUSPENSION, ER, SYRINGE MO | 4 | QL(3.9 per 56 days) |
| ARISTADA 441 MG/1.6 ML SUSPENSION, ER, SYRINGE DL | 4 | QL(1.6 per 28 days) |
| ARISTADA 662 MG/2.4 ML SUSPENSION, ER, SYRINGE DL | 4 | QL(2.4 per 28 days) |
| ARISTADA 882 MG/3.2 ML SUSPENSION, ER, SYRINGE DL | 4 | QL(3.2 per 28 days) |
| ARISTADA INITIO 675 MG/2.4 ML SUSPENSION, ER, SYRINGE DL | 4 | QL(2.4 per 42 days) |
| *asenapine maleate 10 mg, 2.5 mg, 5 mg SUBLINGUAL TABLET* MO | 4 | PA,QL(60 per 30 days) |
| CAPLYTA 10.5 MG, 21 MG, 42 MG CAPSULE DL | 4 | PA,QL(30 per 30 days) |
| *chlorpromazine 10 mg, 25 mg TABLET* MO | 4 | BvsD |
| *chlorpromazine 100 mg, 200 mg, 50 mg TABLET* MO | 4 | |
| *chlorpromazine 100 mg/ml, 30 mg/ml CONCENTRATE* MO | 4 | |
| *clozapine 100 mg TABLET* MO | 3 | QL(270 per 30 days) |
| *clozapine 100 mg TABLET, DISINTEGRATING* MO | 4 | PA,QL(270 per 30 days) |
| *clozapine 12.5 mg TABLET, DISINTEGRATING* MO | 4 | PA |
| *clozapine 150 mg TABLET, DISINTEGRATING* MO | 4 | PA,QL(180 per 30 days) |
| *clozapine 200 mg TABLET* MO | 3 | QL(135 per 30 days) |
| *clozapine 200 mg TABLET, DISINTEGRATING* MO | 4 | PA,QL(135 per 30 days) |
| *clozapine 25 mg TABLET* MO | 3 | QL(1080 per 30 days) |
| *clozapine 25 mg TABLET, DISINTEGRATING* MO | 4 | PA,QL(1080 per 30 days) |
| *clozapine 50 mg TABLET* MO | 3 | |
| FANAPT 1 MG, 10 MG, 12 MG, 2 MG, 4 MG, 6 MG, 8 MG TABLET DL | 4 | PA,QL(60 per 30 days) |
| FANAPT TITRATION PACK A 1MG(2)-2MG(2)- 4MG(2)-6MG(2) TABLET, DOSE PACK MO | 4 | PA,QL(56 per 28 days) |
| FANAPT TITRATION PACK B 1 MG(6)-2MG(2)- 6 MG(2)-8 MG(2) TABLET, DOSE PACK MO | 4 | PA,QL(56 per 28 days) |
| FANAPT TITRATION PACK C 1 MG(4)-2 MG(2) -6 MG (2) TABLET, DOSE PACK MO | 4 | PA,QL(56 per 28 days) |
| *fluphenazine decanoate 25 mg/ml SOLUTION* MO | 4 | |
| *fluphenazine hcl 1 mg, 10 mg, 2.5 mg, 5 mg TABLET* MO | 4 | |
| *fluphenazine hcl 2.5 mg/5 ml ELIXIR* MO | 4 | |
| *fluphenazine hcl 2.5 mg/ml SOLUTION* MO | 4 | |
| *fluphenazine hcl 5 mg/ml CONCENTRATE* MO | 4 | |
| *haloperidol 0.5 mg, 1 mg, 10 mg, 2 mg, 20 mg, 5 mg TABLET* MO | 2 | |

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| DRUG NAME | TIER | UTILIZATION MANAGEMENT REQUIREMENTS |
|---|---|---|
| *haloperidol decanoate 100 mg/ml, 50 mg/ml SOLUTION* **MO** | 4 | |
| *haloperidol lactate 2 mg/ml CONCENTRATE* **MO** | 2 | |
| *haloperidol lactate 5 mg/ml SOLUTION* **MO** | 4 | |
| *haloperidol lactate 5 mg/ml SYRINGE* **MO** | 4 | |
| INVEGA HAFYERA 1,092 MG/3.5 ML SYRINGE **MO** | 4 | QL(3.5 per 180 days) |
| INVEGA HAFYERA 1,560 MG/5 ML SYRINGE **MO** | 4 | QL(5 per 180 days) |
| INVEGA SUSTENNA 117 MG/0.75 ML, 234 MG/1.5 ML, 78 MG/0.5 ML SYRINGE **DL** | 4 | QL(1.5 per 28 days) |
| INVEGA SUSTENNA 156 MG/ML SYRINGE **DL** | 4 | QL(1 per 28 days) |
| INVEGA SUSTENNA 39 MG/0.25 ML SYRINGE **MO** | 4 | QL(1.5 per 28 days) |
| INVEGA TRINZA 273 MG/0.88 ML SYRINGE **MO** | 4 | QL(0.88 per 90 days) |
| INVEGA TRINZA 410 MG/1.32 ML SYRINGE **MO** | 4 | QL(1.32 per 90 days) |
| INVEGA TRINZA 546 MG/1.75 ML SYRINGE **MO** | 4 | QL(1.75 per 90 days) |
| INVEGA TRINZA 819 MG/2.63 ML SYRINGE **MO** | 4 | QL(2.63 per 90 days) |
| *loxapine succinate 10 mg, 25 mg, 5 mg, 50 mg CAPSULE* **MO** | 3 | |
| *lurasidone 120 mg, 20 mg, 40 mg, 60 mg TABLET* **MO** | 3 | QL(30 per 30 days) |
| *lurasidone 80 mg TABLET* **MO** | 3 | QL(60 per 30 days) |
| LYBALVI 10-10 MG, 15-10 MG, 20-10 MG, 5-10 MG TABLET **DL** | 5 | PA,QL(30 per 30 days) |
| *molindone 10 mg TABLET* **MO** | 4 | PA,QL(240 per 30 days) |
| *molindone 25 mg TABLET* **MO** | 4 | PA,QL(270 per 30 days) |
| *molindone 5 mg TABLET* **MO** | 4 | PA,QL(360 per 30 days) |
| NUPLAZID 10 MG TABLET **DL** | 5 | PA,QL(30 per 30 days) |
| NUPLAZID 34 MG CAPSULE **DL** | 5 | PA,QL(30 per 30 days) |
| *olanzapine 10 mg RECON SOLUTION* **MO** | 4 | |
| *olanzapine 10 mg, 15 mg, 2.5 mg, 20 mg, 5 mg, 7.5 mg TABLET* **MO** | 3 | |
| *olanzapine 10 mg, 5 mg TABLET, DISINTEGRATING* **MO** | 4 | QL(30 per 30 days) |
| *olanzapine 15 mg, 20 mg TABLET, DISINTEGRATING* **MO** | 4 | QL(60 per 30 days) |
| OPIPZA 10 MG FILM **DL** | 5 | PA,QL(90 per 30 days) |
| OPIPZA 2 MG FILM **DL** | 5 | PA,QL(30 per 30 days) |
| OPIPZA 5 MG FILM **DL** | 5 | PA,QL(180 per 30 days) |
| *paliperidone 1.5 mg, 3 mg, 9 mg TABLET, ER 24 HR.* **MO** | 4 | QL(30 per 30 days) |
| *paliperidone 6 mg TABLET, ER 24 HR.* **MO** | 4 | QL(60 per 30 days) |
| *perphenazine 16 mg, 2 mg, 4 mg, 8 mg TABLET* **MO** | 4 | |
| *pimozide 1 mg, 2 mg TABLET* **MO** | 4 | |
| *quetiapine 100 mg TABLET* **MO** | 2 | QL(90 per 30 days) |

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| DRUG NAME | TIER | UTILIZATION MANAGEMENT REQUIREMENTS |
|---|---|---|
| *quetiapine 150 mg TABLET* **MO** | 2 | QL(30 per 30 days) |
| *quetiapine 150 mg TABLET, ER 24 HR.* **MO** | 4 | QL(90 per 30 days) |
| *quetiapine 200 mg TABLET* **MO** | 2 | QL(120 per 30 days) |
| *quetiapine 200 mg TABLET, ER 24 HR.* **MO** | 4 | QL(30 per 30 days) |
| *quetiapine 25 mg, 50 mg TABLET* **MO** | 2 | QL(120 per 30 days) |
| *quetiapine 300 mg, 400 mg TABLET* **MO** | 2 | QL(60 per 30 days) |
| *quetiapine 300 mg, 400 mg TABLET, ER 24 HR.* **MO** | 4 | QL(60 per 30 days) |
| *quetiapine 50 mg TABLET, ER 24 HR.* **MO** | 4 | QL(120 per 30 days) |
| REXULTI 0.25 MG, 0.5 MG, 1 MG, 2 MG, 3 MG, 4 MG TABLET **DL** | 5 | PA,QL(30 per 30 days) |
| RISPERDAL CONSTA 12.5 MG/2 ML, 25 MG/2 ML SUSPENSION, ER, RECON **MO** | 4 | QL(2 per 28 days) |
| RISPERDAL CONSTA 37.5 MG/2 ML, 50 MG/2 ML SUSPENSION, ER, RECON **DL** | 4 | QL(2 per 28 days) |
| *risperidone 0.25 mg, 1 mg, 2 mg, 3 mg, 4 mg TABLET* **MO** | 1 | QL(60 per 30 days) |
| *risperidone 0.25 mg, 1 mg, 2 mg, 3 mg, 4 mg TABLET, DISINTEGRATING* **MO** | 4 | ST,QL(60 per 30 days) |
| *risperidone 0.5 mg TABLET* **MO** | 1 | QL(120 per 30 days) |
| *risperidone 0.5 mg TABLET, DISINTEGRATING* **MO** | 4 | ST,QL(120 per 30 days) |
| *risperidone 1 mg/ml SOLUTION* **MO** | 2 | |
| SECUADO 3.8 MG/24 HOUR, 5.7 MG/24 HOUR, 7.6 MG/24 HOUR PATCH, 24 HR. **DL** | 4 | PA,QL(30 per 30 days) |
| *thioridazine 10 mg, 100 mg, 25 mg, 50 mg TABLET* **MO** | 3 | |
| *thiothixene 1 mg, 10 mg, 2 mg, 5 mg CAPSULE* **MO** | 4 | |
| *trifluoperazine 1 mg, 10 mg, 2 mg, 5 mg TABLET* **MO** | 3 | |
| VERSACLOZ 50 MG/ML SUSPENSION **DL** | 4 | PA,QL(540 per 30 days) |
| VRAYLAR 1.5 MG, 3 MG, 4.5 MG, 6 MG CAPSULE **DL** | 4 | PA,QL(30 per 30 days) |
| *ziprasidone hcl 20 mg, 40 mg, 60 mg, 80 mg CAPSULE* **MO** | 4 | |
| *ziprasidone mesylate 20 mg/ml (final conc.) RECON SOLUTION* **MO** | 4 | |
| ZYPREXA RELPREVV 210 MG SUSPENSION FOR RECONSTITUTION **MO** | 4 | QL(4 per 28 days) |
| ZYPREXA RELPREVV 300 MG SUSPENSION FOR RECONSTITUTION **DL** | 4 | QL(2 per 28 days) |
| ZYPREXA RELPREVV 405 MG SUSPENSION FOR RECONSTITUTION **DL** | 4 | QL(1 per 28 days) |
| **ANTISPASTICITY AGENTS** | | |
| *baclofen 10 mg TABLET* **MO** | 2 | |
| *baclofen 20 mg TABLET* **MO** | 2 | |
| *baclofen 5 mg TABLET* **MO** | 2 | QL(90 per 30 days) |
| *dantrolene 100 mg, 25 mg, 50 mg CAPSULE* **MO** | 4 | |
| *tizanidine 2 mg, 4 mg TABLET* **MO** | 1 | |

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| DRUG NAME | TIER | UTILIZATION MANAGEMENT REQUIREMENTS |
|---|---|---|
| **ANTIVIRALS** | | |
| *abacavir 20 mg/ml SOLUTION* **MO** | 4 | QL(960 per 30 days) |
| *abacavir 300 mg TABLET* **MO** | 4 | QL(60 per 30 days) |
| *abacavir-lamivudine 600-300 mg TABLET* **MO** | 4 | QL(30 per 30 days) |
| *acyclovir 200 mg CAPSULE* **MO** | 2 | |
| *acyclovir 400 mg, 800 mg TABLET* **MO** | 2 | |
| *acyclovir 5 % OINTMENT* **MO** | 4 | PA,QL(30 per 30 days) |
| *acyclovir sodium 50 mg/ml SOLUTION* **MO** | 4 | BvsD |
| *adefovir 10 mg TABLET* **MO** | 4 | |
| APTIVUS 250 MG CAPSULE **DL** | 5 | QL(120 per 30 days) |
| *atazanavir 150 mg, 200 mg CAPSULE* **MO** | 4 | QL(60 per 30 days) |
| *atazanavir 300 mg CAPSULE* **MO** | 4 | QL(30 per 30 days) |
| BARACLUDE 0.05 MG/ML SOLUTION **DL** | 5 | QL(630 per 30 days) |
| BIKTARVY 30-120-15 MG, 50-200-25 MG TABLET **DL** | 5 | QL(30 per 30 days) |
| CABENUVA 400 MG/2 ML- 600 MG/2 ML, 600 MG/3 ML- 900 MG/3 ML SUSPENSION, ER **DL** | 5 | QL(50 per 365 days) |
| CIMDUO 300-300 MG TABLET **DL** | 5 | QL(30 per 30 days) |
| COMPLERA 200-25-300 MG TABLET **DL** | 5 | QL(30 per 30 days) |
| *darunavir 600 mg TABLET* **DL** | 5 | QL(60 per 30 days) |
| *darunavir 800 mg TABLET* **DL** | 5 | QL(30 per 30 days) |
| DELSTRIGO 100-300-300 MG TABLET **DL** | 5 | QL(30 per 30 days) |
| DESCOVY 120-15 MG, 200-25 MG TABLET **DL** | 5 | QL(30 per 30 days) |
| *didanosine 250 mg, 400 mg CAPSULE, DR/EC* **MO** | 4 | QL(30 per 30 days) |
| DOVATO 50-300 MG TABLET **DL** | 5 | QL(30 per 30 days) |
| EDURANT 25 MG TABLET **DL** | 5 | QL(30 per 30 days) |
| EDURANT PED 2.5 MG TABLET FOR SUSPENSION **DL** | 5 | QL(180 per 30 days) |
| *efavirenz 200 mg CAPSULE* **MO** | 4 | QL(120 per 30 days) |
| *efavirenz 50 mg CAPSULE* **MO** | 4 | QL(480 per 30 days) |
| *efavirenz 600 mg TABLET* **MO** | 4 | QL(30 per 30 days) |
| *efavirenz-emtricitabin-tenofov 600-200-300 mg TABLET* **MO** | 4 | QL(30 per 30 days) |
| *efavirenz-lamivu-tenofov disop 400-300-300 mg, 600-300-300 mg TABLET* **DL** | 5 | QL(30 per 30 days) |
| *emtricita-rilpivirine-tenof df 200-25-300 mg TABLET* **DL** | 5 | QL(30 per 30 days) |
| *emtricitabine 200 mg CAPSULE* **MO** | 4 | QL(30 per 30 days) |
| *emtricitabine-tenofovir (tdf) 100-150 mg, 133-200 mg, 167-250 mg, 200-300 mg TABLET* **MO** | 4 | QL(30 per 30 days) |

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| DRUG NAME | TIER | UTILIZATION MANAGEMENT REQUIREMENTS |
|---|---|---|
| EMTRIVA 10 MG/ML SOLUTION **MO** | 4 | QL(680 per 28 days) |
| *entecavir 0.5 mg, 1 mg TABLET* **MO** | 4 | QL(30 per 30 days) |
| EPCLUSA 150-37.5 MG PELLETS IN PACKET **DL** | 5 | PA,QL(28 per 28 days) |
| EPCLUSA 200-50 MG PELLETS IN PACKET **DL** | 5 | PA,QL(56 per 28 days) |
| EPCLUSA 200-50 MG, 400-100 MG TABLET **DL** | 5 | PA,QL(28 per 28 days) |
| *etravirine 100 mg TABLET* **DL** | 5 | QL(120 per 30 days) |
| *etravirine 200 mg TABLET* **DL** | 5 | QL(60 per 30 days) |
| EVOTAZ 300-150 MG TABLET **DL** | 5 | QL(30 per 30 days) |
| *famciclovir 125 mg, 250 mg, 500 mg TABLET* **MO** | 4 | QL(90 per 30 days) |
| *fosamprenavir 700 mg TABLET* **DL** | 5 | QL(120 per 30 days) |
| FUZEON 90 MG RECON SOLUTION **DL** | 5 | QL(60 per 30 days) |
| GENVOYA 150-150-200-10 MG TABLET **DL** | 5 | QL(30 per 30 days) |
| INTELENCE 25 MG TABLET **MO** | 4 | QL(120 per 30 days) |
| ISENTRESS 100 MG CHEWABLE TABLET **DL** | 5 | QL(180 per 30 days) |
| ISENTRESS 100 MG POWDER IN PACKET **MO** | 4 | QL(300 per 30 days) |
| ISENTRESS 25 MG CHEWABLE TABLET **MO** | 3 | QL(180 per 30 days) |
| ISENTRESS 400 MG TABLET **DL** | 5 | QL(120 per 30 days) |
| ISENTRESS HD 600 MG TABLET **DL** | 5 | QL(60 per 30 days) |
| JULUCA 50-25 MG TABLET **DL** | 5 | QL(30 per 30 days) |
| KALETRA 400-100 MG/5 ML SOLUTION **DL** | 5 | |
| *lamivudine 10 mg/ml SOLUTION* **MO** | 3 | QL(900 per 30 days) |
| *lamivudine 100 mg TABLET* **MO** | 3 | QL(90 per 30 days) |
| *lamivudine 150 mg TABLET* **MO** | 3 | QL(60 per 30 days) |
| *lamivudine 300 mg TABLET* **MO** | 3 | QL(30 per 30 days) |
| *lamivudine-zidovudine 150-300 mg TABLET* **MO** | 4 | QL(60 per 30 days) |
| LEXIVA 50 MG/ML SUSPENSION **MO** | 4 | QL(1575 per 28 days) |
| LIVTENCITY 200 MG TABLET **DL** | 5 | PA,QL(120 per 30 days) |
| *lopinavir-ritonavir 100-25 mg TABLET* **MO** | 4 | QL(300 per 30 days) |
| *lopinavir-ritonavir 200-50 mg TABLET* **MO** | 4 | QL(150 per 30 days) |
| *lopinavir-ritonavir 400-100 mg/5 ml SOLUTION* **MO** | 4 | |
| *maraviroc 150 mg TABLET* **DL** | 5 | QL(240 per 30 days) |
| *maraviroc 300 mg TABLET* **DL** | 5 | QL(120 per 30 days) |
| *nevirapine 100 mg TABLET, ER 24 HR.* **MO** | 4 | QL(120 per 30 days) |
| *nevirapine 200 mg TABLET* **MO** | 2 | QL(60 per 30 days) |

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| DRUG NAME | TIER | UTILIZATION MANAGEMENT REQUIREMENTS |
|---|---|---|
| *nevirapine 400 mg TABLET, ER 24 HR.* **MO** | 4 | QL(30 per 30 days) |
| *nevirapine 50 mg/5 ml SUSPENSION* **MO** | 4 | QL(1200 per 30 days) |
| NORVIR 100 MG CAPSULE **MO** | 4 | QL(360 per 30 days) |
| NORVIR 100 MG POWDER IN PACKET **MO** | 4 | QL(360 per 30 days) |
| ODEFSEY 200-25-25 MG TABLET **DL** | 5 | QL(30 per 30 days) |
| *oseltamivir 30 mg CAPSULE* **MO** | 3 | QL(224 per 365 days) |
| *oseltamivir 45 mg, 75 mg CAPSULE* **MO** | 3 | QL(112 per 365 days) |
| *oseltamivir 6 mg/ml SUSPENSION FOR RECONSTITUTION* **MO** | 4 | QL(1440 per 365 days) |
| PAXLOVID 150 MG (10)- 100 MG (10) TABLET, DOSE PACK **MO** | 3 | QL(40 per 10 days) |
| PAXLOVID 150 MG (6)- 100 MG (5) TABLET, DOSE PACK **MO** | 3 | QL(22 per 10 days) |
| PAXLOVID 300 MG (150 MG X 2)-100 MG TABLET, DOSE PACK **MO** | 3 | QL(60 per 10 days) |
| PIFELTRO 100 MG TABLET **DL** | 5 | QL(60 per 30 days) |
| PREVYMIS 120 MG, 20 MG PELLETS IN PACKET **DL** | 5 | PA,QL(120 per 30 days) |
| PREVYMIS 240 MG TABLET **DL** | 5 | PA,QL(28 per 28 days) |
| PREVYMIS 480 MG TABLET **DL** | 5 | PA |
| PREZCOBIX 675-150 MG, 800-150 MG-MG TABLET **DL** | 5 | QL(30 per 30 days) |
| PREZISTA 100 MG/ML SUSPENSION **DL** | 5 | QL(360 per 30 days) |
| PREZISTA 150 MG TABLET **DL** | 5 | QL(240 per 30 days) |
| PREZISTA 75 MG TABLET **MO** | 4 | QL(480 per 30 days) |
| RELENZA DISKHALER 5 MG/ACTUATION BLISTER WITH DEVICE **MO** | 4 | QL(60 per 180 days) |
| RETROVIR 10 MG/ML SOLUTION **MO** | 4 | |
| REYATAZ 50 MG POWDER IN PACKET **MO** | 4 | |
| *ribavirin 200 mg CAPSULE* **MO** | 3 | |
| *ribavirin 200 mg TABLET* **MO** | 3 | |
| *rimantadine 100 mg TABLET* **MO** | 4 | |
| *ritonavir 100 mg TABLET* **MO** | 3 | QL(360 per 30 days) |
| RUKOBIA 600 MG TABLET, ER 12 HR. **DL** | 5 | QL(60 per 30 days) |
| SELZENTRY 20 MG/ML SOLUTION **DL** | 5 | QL(1800 per 30 days) |
| SELZENTRY 25 MG TABLET **MO** | 4 | QL(240 per 30 days) |
| SELZENTRY 75 MG TABLET **DL** | 5 | QL(120 per 30 days) |
| *stavudine 15 mg, 20 mg CAPSULE* **MO** | 3 | QL(120 per 30 days) |
| *stavudine 30 mg, 40 mg CAPSULE* **MO** | 3 | QL(60 per 30 days) |
| STRIBILD 150-150-200-300 MG TABLET **DL** | 5 | QL(30 per 30 days) |
| SUNLENCA 300 MG TABLET **DL** | 5 | QL(10 per 365 days) |

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| DRUG NAME | TIER | UTILIZATION MANAGEMENT REQUIREMENTS |
|---|---|---|
| SUNLENCA 309 MG/ML SOLUTION | 5 | QL(9 per 365 days) |
| SYMTUZA 800-150-200-10 MG TABLET DL | 5 | QL(30 per 30 days) |
| *tenofovir disoproxil fumarate 300 mg TABLET* MO | 3 | QL(30 per 30 days) |
| TIVICAY 10 MG TABLET MO | 4 | QL(60 per 30 days) |
| TIVICAY 25 MG, 50 MG TABLET DL | 5 | QL(60 per 30 days) |
| TIVICAY PD 5 MG TABLET FOR SUSPENSION DL | 5 | QL(180 per 30 days) |
| TRIUMEQ 600-50-300 MG TABLET DL | 5 | QL(30 per 30 days) |
| TRIUMEQ PD 60-5-30 MG TABLET FOR SUSPENSION MO | 4 | QL(180 per 30 days) |
| TROGARZO 200 MG/1.33 ML (150 MG/ML) SOLUTION DL | 5 | |
| TYBOST 150 MG TABLET MO | 3 | QL(30 per 30 days) |
| *valacyclovir 1 gram, 500 mg TABLET* MO | 3 | |
| *valganciclovir 450 mg TABLET* MO | 3 | QL(120 per 30 days) |
| *valganciclovir 50 mg/ml RECON SOLUTION* DL | 5 | QL(1056 per 30 days) |
| VIRACEPT 250 MG TABLET DL | 5 | QL(300 per 30 days) |
| VIRACEPT 625 MG TABLET DL | 5 | QL(120 per 30 days) |
| VIREAD 150 MG, 200 MG, 250 MG TABLET DL | 5 | QL(30 per 30 days) |
| VIREAD 40 MG/SCOOP (40 MG/GRAM) POWDER DL | 5 | QL(240 per 30 days) |
| VOCABRIA 30 MG TABLET DL | 5 | QL(30 per 30 days) |
| VOSEVI 400-100-100 MG TABLET DL | 5 | PA,QL(28 per 28 days) |
| *zidovudine 10 mg/ml SYRUP* MO | 4 | QL(1680 per 28 days) |
| *zidovudine 100 mg CAPSULE* MO | 4 | QL(180 per 30 days) |
| *zidovudine 300 mg TABLET* MO | 3 | QL(60 per 30 days) |
| ZIRGAN 0.15 % GEL MO | 4 | QL(5 per 30 days) |
| **ANXIOLYTICS** | | |
| *alprazolam 0.25 mg, 0.5 mg, 1 mg TABLET* DL | 3 | QL(120 per 30 days) |
| *alprazolam 2 mg TABLET* DL | 3 | QL(150 per 30 days) |
| *buspirone 10 mg, 5 mg TABLET* MO | 1 | |
| *buspirone 15 mg, 30 mg, 7.5 mg TABLET* MO | 1 | |
| *chlordiazepoxide hcl 10 mg, 25 mg, 5 mg CAPSULE* DL | 4 | QL(120 per 30 days) |
| *clonazepam 0.125 mg, 0.25 mg, 0.5 mg, 1 mg, 2 mg TABLET, DISINTEGRATING* DL | 4 | |
| *clonazepam 0.5 mg, 1 mg TABLET* DL | 3 | |
| *clonazepam 2 mg TABLET* DL | 3 | |
| *clorazepate dipotassium 15 mg, 3.75 mg, 7.5 mg TABLET* DL | 4 | |
| *diazepam 10 mg TABLET* DL | 3 | QL(120 per 30 days) |

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|---|---|---|
| *diazepam 2 mg TABLET* **DL** | 3 | QL(90 per 30 days) |
| *diazepam 5 mg TABLET* **DL** | 3 | QL(90 per 30 days) |
| *diazepam 5 mg/5 ml (1 mg/ml), 5 mg/5 ml (1 mg/ml, 5 ml) SOLUTION* **DL** | 4 | QL(1200 per 30 days) |
| *diazepam 5 mg/ml CONCENTRATE* **DL** | 4 | QL(240 per 30 days) |
| *diazepam intensol 5 mg/ml CONCENTRATE* **DL** | 4 | QL(240 per 30 days) |
| *doxepin 10 mg, 100 mg, 150 mg, 25 mg, 50 mg, 75 mg CAPSULE* **MO** | 4 | |
| *doxepin 10 mg/ml CONCENTRATE* **MO** | 4 | |
| *hydroxyzine hcl 10 mg, 50 mg TABLET* **MO** | 3 | |
| *hydroxyzine hcl 10 mg/5 ml SOLUTION* **MO** | 3 | |
| *hydroxyzine hcl 25 mg TABLET* **MO** | 3 | |
| *lorazepam 0.5 mg, 1 mg TABLET* **DL** | 3 | QL(90 per 30 days) |
| *lorazepam 2 mg TABLET* **DL** | 3 | QL(150 per 30 days) |
| *lorazepam 2 mg/ml CONCENTRATE* **DL** | 4 | QL(150 per 30 days) |
| *lorazepam intensol 2 mg/ml CONCENTRATE* **DL** | 4 | QL(150 per 30 days) |
| **BIPOLAR AGENTS** | | |
| *lithium carbonate 150 mg, 600 mg CAPSULE* **MO** | 2 | |
| *lithium carbonate 300 mg CAPSULE* **MO** | 1 | |
| *lithium carbonate 300 mg TABLET* **MO** | 2 | |
| *lithium carbonate 300 mg, 450 mg TABLET ER* **MO** | 2 | |
| *lithium citrate 8 meq/5 ml SOLUTION* **MO** | 4 | |
| **BLOOD GLUCOSE REGULATORS** | | |
| *acarbose 100 mg, 25 mg, 50 mg TABLET* **MO** | 1 | |
| BAQSIMI 3 MG/ACTUATION SPRAY, NON-AEROSOL **MO** | 3 | |
| *diazoxide 50 mg/ml SUSPENSION* **DL** | 4 | |
| FARXIGA 10 MG, 5 MG TABLET **MO** | 4 | QL(30 per 30 days) |
| *glimepiride 1 mg TABLET* **MO** | 1 | |
| *glimepiride 2 mg, 4 mg TABLET* **MO** | 1 | |
| *glipizide 10 mg, 2.5 mg, 5 mg TABLET, ER 24 HR.* **MO** | 2 | |
| *glipizide 10 mg, 5 mg TABLET* **MO** | 1 | |
| *glipizide 2.5 mg TABLET* **MO** | 1 | |
| *glipizide-metformin 2.5-250 mg, 2.5-500 mg, 5-500 mg TABLET* **MO** | 2 | |
| *glyburide 1.25 mg, 2.5 mg, 5 mg TABLET* **MO** | 2 | |
| *glyburide micronized 1.5 mg, 3 mg, 6 mg TABLET* **MO** | 2 | |
| *glyburide-metformin 1.25-250 mg, 2.5-500 mg, 5-500 mg TABLET* **MO** | 2 | |

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| DRUG NAME | TIER | UTILIZATION MANAGEMENT REQUIREMENTS |
|---|---|---|
| GLYXAMBI 10-5 MG, 25-5 MG TABLET **MO** | 3 | QL(30 per 30 days) |
| HUMULIN R U-500 (CONC) INSULIN 500 UNIT/ML SOLUTION **CI,DL** | 5 | |
| HUMULIN R U-500 (CONC) KWIKPEN 500 UNIT/ML (3 ML) INSULIN PEN **CI,DL** | 5 | |
| INSULIN LISPRO 100 UNIT/ML SOLUTION **CI,MO** | 3 | |
| JANUMET 50-1,000 MG, 50-500 MG TABLET **MO** | 3 | QL(60 per 30 days) |
| JANUMET XR 100-1,000 MG TABLET, ER 24 HR., MULTIPHASE **MO** | 3 | QL(30 per 30 days) |
| JANUMET XR 50-1,000 MG, 50-500 MG TABLET, ER 24 HR., MULTIPHASE **MO** | 3 | QL(60 per 30 days) |
| JANUVIA 100 MG, 25 MG, 50 MG TABLET **MO** | 3 | QL(30 per 30 days) |
| JARDIANCE 10 MG, 25 MG TABLET **MO** | 3 | QL(30 per 30 days) |
| JENTADUETO 2.5-1,000 MG, 2.5-500 MG TABLET **MO** | 3 | QL(60 per 30 days) |
| JENTADUETO 2.5-850 MG TABLET **MO** | 3 | QL(60 per 30 days) |
| JENTADUETO XR 2.5-1,000 MG TABLET, IR/ER 24 HR., BIPHASIC **MO** | 3 | QL(60 per 30 days) |
| JENTADUETO XR 5-1,000 MG TABLET, IR/ER 24 HR., BIPHASIC **MO** | 3 | QL(30 per 30 days) |
| LANTUS SOLOSTAR U-100 INSULIN 100 UNIT/ML (3 ML) INSULIN PEN **CI,MO** | 3 | |
| LANTUS U-100 INSULIN 100 UNIT/ML SOLUTION **CI,MO** | 3 | |
| *linagliptin-metformin 2.5-1,000 mg, 2.5-500 mg, 2.5-850 mg TABLET* **MO** | 3 | QL(60 per 30 days) |
| *metformin 1,000 mg, 500 mg TABLET* **MO** | 1 | |
| *metformin 500 mg TABLET, ER 24 HR.* **MO** | 1 | QL(120 per 30 days) |
| *metformin 750 mg TABLET, ER 24 HR.* **MO** | 1 | QL(60 per 30 days) |
| *metformin 850 mg TABLET* **MO** | 1 | |
| MOUNJARO 10 MG/0.5 ML, 12.5 MG/0.5 ML, 15 MG/0.5 ML, 2.5 MG/0.5 ML, 5 MG/0.5 ML, 7.5 MG/0.5 ML PEN INJECTOR **MO** | 3 | PA,QL(2 per 28 days) |
| *nateglinide 120 mg, 60 mg TABLET* **MO** | 3 | |
| NOVOLIN 70-30 FLEXPEN U-100 100 UNIT/ML (70-30) INSULIN PEN **CI,MO** | 3 | |
| NOVOLIN 70/30 U-100 INSULIN 100 UNIT/ML (70-30) SUSPENSION **CI,MO** | 3 | |
| NOVOLIN N FLEXPEN 100 UNIT/ML (3 ML) INSULIN PEN **CI,MO** | 3 | |
| NOVOLIN N NPH U-100 INSULIN 100 UNIT/ML SUSPENSION **CI,MO** | 3 | |
| NOVOLIN R FLEXPEN 100 UNIT/ML (3 ML) INSULIN PEN **CI,MO** | 3 | |
| NOVOLIN R REGULAR U100 INSULIN 100 UNIT/ML SOLUTION **CI,MO** | 3 | |
| NOVOLOG FLEXPEN U-100 INSULIN 100 UNIT/ML (3 ML) INSULIN PEN **CI,MO** | 3 | |
| NOVOLOG MIX 70-30 U-100 INSULN 100 UNIT/ML (70-30) SOLUTION **CI,MO** | 3 | |
| NOVOLOG MIX 70-30FLEXPEN U-100 100 UNIT/ML (70-30) INSULIN PEN **CI,MO** | 3 | |
| NOVOLOG PENFILL U-100 INSULIN 100 UNIT/ML CARTRIDGE **CI,MO** | 3 | |
| NOVOLOG U-100 INSULIN ASPART 100 UNIT/ML SOLUTION **CI,MO** | 3 | |

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| DRUG NAME | TIER | UTILIZATION MANAGEMENT REQUIREMENTS |
|---|---|---|
| OZEMPIC 0.25 MG OR 0.5 MG (2 MG/3 ML), 1 MG/DOSE (4 MG/3 ML), 2 MG/DOSE (8 MG/3 ML) PEN INJECTOR **MO** | 3 | PA,QL(3 per 28 days) |
| *pioglitazone 15 mg, 45 mg TABLET* **MO** | 1 | QL(30 per 30 days) |
| *pioglitazone 30 mg TABLET* **MO** | 1 | QL(30 per 30 days) |
| *repaglinide 0.5 mg, 1 mg, 2 mg TABLET* **MO** | 4 | |
| *saxagliptin 2.5 mg, 5 mg TABLET* **MO** | 3 | QL(30 per 30 days) |
| SOLIQUA 100/33 100 UNIT-33 MCG/ML INSULIN PEN **CI,MO** | 3 | QL(15 per 24 days) |
| SYNJARDY 12.5-1,000 MG, 12.5-500 MG, 5-1,000 MG, 5-500 MG TABLET **MO** | 3 | QL(60 per 30 days) |
| SYNJARDY XR 10-1,000 MG, 25-1,000 MG TABLET, IR/ER 24 HR., BIPHASIC **MO** | 3 | QL(30 per 30 days) |
| SYNJARDY XR 12.5-1,000 MG, 5-1,000 MG TABLET, IR/ER 24 HR., BIPHASIC **MO** | 3 | QL(60 per 30 days) |
| TOUJEO MAX U-300 SOLOSTAR 300 UNIT/ML (3 ML) INSULIN PEN **CI,MO** | 3 | |
| TOUJEO SOLOSTAR U-300 INSULIN 300 UNIT/ML (1.5 ML) INSULIN PEN **CI,MO** | 3 | |
| TRADJENTA 5 MG TABLET **MO** | 3 | QL(30 per 30 days) |
| TRIJARDY XR 10-5-1,000 MG, 25-5-1,000 MG TABLET, IR/ER 24 HR., BIPHASIC **MO** | 3 | QL(30 per 30 days) |
| TRIJARDY XR 12.5-2.5-1,000 MG, 5-2.5-1,000 MG TABLET, IR/ER 24 HR., BIPHASIC **MO** | 3 | QL(60 per 30 days) |
| XIGDUO XR 10-1,000 MG, 10-500 MG, 5-500 MG TABLET, IR/ER 24 HR., BIPHASIC **MO** | 4 | QL(30 per 30 days) |
| XIGDUO XR 2.5-1,000 MG, 5-1,000 MG TABLET, IR/ER 24 HR., BIPHASIC **MO** | 4 | QL(60 per 30 days) |
| ZEGALOGUE AUTOINJECTOR 0.6 MG/0.6 ML AUTO-INJECTOR **MO** | 3 | |
| ZEGALOGUE SYRINGE 0.6 MG/0.6 ML SYRINGE **MO** | 3 | |
| **BLOOD PRODUCTS AND MODIFIERS** | | |
| *anagrelide 0.5 mg, 1 mg CAPSULE* **MO** | 3 | |
| BRILINTA 60 MG, 90 MG TABLET **MO** | 3 | QL(60 per 30 days) |
| *cilostazol 100 mg, 50 mg TABLET* **MO** | 2 | |
| *clopidogrel 300 mg TABLET* **MO** | 4 | |
| *clopidogrel 75 mg TABLET* **MO** | 2 | QL(30 per 30 days) |
| ELIQUIS 0.5 MG, 1.5 MG (0.5 MG X 3), 2 MG (0.5 MG X 4) TABLET FOR SUSPENSION **MO** | 3 | ST,QL(592 per 30 days) |
| ELIQUIS 2.5 MG TABLET **MO** | 3 | QL(60 per 30 days) |
| ELIQUIS 5 MG TABLET **MO** | 3 | QL(74 per 30 days) |
| ELIQUIS DVT-PE TREAT 30D START 5 MG (74 TABS) TABLET, DOSE PACK **MO** | 3 | QL(74 per 30 days) |
| ELIQUIS SPRINKLE 0.15 MG CAPSULE, SPRINKLE **MO** | 3 | ST,QL(74 per 30 days) |

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| DRUG NAME | TIER | UTILIZATION MANAGEMENT REQUIREMENTS |
|---|---|---|
| *enoxaparin 100 mg/ml, 120 mg/0.8 ml, 150 mg/ml, 30 mg/0.3 ml, 40 mg/0.4 ml, 60 mg/0.6 ml, 80 mg/0.8 ml SYRINGE* **MO** | 4 | |
| *enoxaparin 300 mg/3 ml SOLUTION* **MO** | 4 | |
| *heparin (porcine) 1,000 unit/ml, 10,000 unit/ml, 20,000 unit/ml, 5,000 unit/ml SOLUTION* **MO** | 3 | |
| *heparin (porcine) 5,000 unit/ml (1 ml) CARTRIDGE* **MO** | 3 | |
| *heparin (porcine) 5,000 unit/ml SYRINGE* **MO** | 3 | |
| *heparin, porcine (pf) 1,000 unit/ml, 5,000 unit/0.5 ml SOLUTION* **MO** | 3 | |
| *heparin, porcine (pf) 5,000 unit/0.5 ml, 5,000 unit/ml SYRINGE* **MO** | 3 | |
| *jantoven 1 mg, 10 mg, 2 mg, 2.5 mg, 3 mg, 4 mg, 5 mg, 6 mg, 7.5 mg TABLET* **MO** | 1 | |
| NIVESTYM 300 MCG/0.5 ML SYRINGE **DL** | 5 | PA,QL(7 per 30 days) |
| NIVESTYM 300 MCG/ML SOLUTION **DL** | 5 | PA,QL(14 per 30 days) |
| NIVESTYM 480 MCG/0.8 ML SYRINGE **DL** | 5 | PA,QL(11.2 per 30 days) |
| NIVESTYM 480 MCG/1.6 ML SOLUTION **DL** | 5 | PA,QL(22.4 per 30 days) |
| *prasugrel hcl 10 mg, 5 mg TABLET* **MO** | 3 | QL(30 per 30 days) |
| PROMACTA 12.5 MG POWDER IN PACKET **DL** | 5 | PA,QL(360 per 30 days) |
| PROMACTA 12.5 MG, 25 MG TABLET **DL** | 5 | PA,QL(30 per 30 days) |
| PROMACTA 25 MG POWDER IN PACKET **DL** | 5 | PA,QL(180 per 30 days) |
| PROMACTA 50 MG TABLET **DL** | 5 | PA,QL(90 per 30 days) |
| PROMACTA 75 MG TABLET **DL** | 5 | PA,QL(60 per 30 days) |
| RETACRIT 10,000 UNIT/ML, 2,000 UNIT/ML, 20,000 UNIT/2 ML, 20,000 UNIT/ML, 3,000 UNIT/ML, 4,000 UNIT/ML SOLUTION **MO** | 4 | PA,QL(14 per 30 days) |
| RETACRIT 40,000 UNIT/ML SOLUTION **DL** | 5 | PA,QL(14 per 30 days) |
| *rivaroxaban 1 mg/ml SUSPENSION FOR RECONSTITUTION* **MO** | 3 | ST,QL(600 per 30 days) |
| *rivaroxaban 2.5 mg TABLET* **MO** | 3 | QL(60 per 30 days) |
| *ticagrelor 60 mg, 90 mg TABLET* **MO** | 3 | QL(60 per 30 days) |
| *tranexamic acid 650 mg TABLET* **MO** | 3 | QL(30 per 5 days) |
| *warfarin 1 mg, 10 mg, 2 mg, 2.5 mg, 3 mg, 4 mg, 6 mg, 7.5 mg TABLET* **MO** | 1 | |
| *warfarin 5 mg TABLET* **MO** | 1 | |
| XARELTO 1 MG/ML SUSPENSION FOR RECONSTITUTION **MO** | 3 | ST,QL(600 per 30 days) |
| XARELTO 10 MG, 20 MG TABLET **MO** | 3 | QL(30 per 30 days) |
| XARELTO 15 MG, 2.5 MG TABLET **MO** | 3 | QL(60 per 30 days) |
| XARELTO DVT-PE TREAT 30D START 15 MG (42)- 20 MG (9) TABLET, DOSE PACK **MO** | 3 | QL(51 per 30 days) |

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| DRUG NAME | TIER | UTILIZATION MANAGEMENT REQUIREMENTS |
|---|---|---|
| **CARDIOVASCULAR AGENTS** | | |
| *acebutolol 200 mg, 400 mg CAPSULE* **MO** | 4 | |
| *acetazolamide 125 mg, 250 mg TABLET* **MO** | 4 | |
| *acetazolamide 500 mg CAPSULE, ER* **MO** | 4 | |
| *aliskiren 150 mg, 300 mg TABLET* **MO** | 4 | QL(30 per 30 days) |
| *amiloride 5 mg TABLET* **MO** | 3 | |
| *amiloride-hydrochlorothiazide 5-50 mg TABLET* **MO** | 2 | |
| *amiodarone 100 mg, 400 mg TABLET* **MO** | 4 | |
| *amiodarone 200 mg TABLET* **MO** | 2 | |
| *amlodipine 10 mg, 2.5 mg, 5 mg TABLET* **MO** | 1 | |
| *amlodipine-benazepril 10-20 mg, 2.5-10 mg, 5-10 mg, 5-20 mg CAPSULE* **MO** | 1 | QL(60 per 30 days) |
| *amlodipine-benazepril 10-40 mg, 5-40 mg CAPSULE* **MO** | 1 | QL(30 per 30 days) |
| *amlodipine-valsartan 10-160 mg, 10-320 mg, 5-160 mg, 5-320 mg TABLET* **MO** | 2 | QL(30 per 30 days) |
| *atenolol 100 mg TABLET* **MO** | 1 | |
| *atenolol 25 mg, 50 mg TABLET* **MO** | 1 | |
| *atenolol-chlorthalidone 100-25 mg, 50-25 mg TABLET* **MO** | 1 | |
| *atorvastatin 10 mg, 20 mg, 40 mg, 80 mg TABLET* **MO** | 1 | |
| *benazepril 10 mg, 20 mg, 40 mg, 5 mg TABLET* **MO** | 1 | |
| *benazepril-hydrochlorothiazide 10-12.5 mg, 20-12.5 mg, 20-25 mg, 5-6.25 mg TABLET* **MO** | 1 | |
| *bisoprolol fumarate 10 mg, 2.5 mg, 5 mg TABLET* **MO** | 2 | |
| *bisoprolol-hydrochlorothiazide 10-6.25 mg, 2.5-6.25 mg, 5-6.25 mg TABLET* **MO** | 2 | |
| *bumetanide 0.5 mg TABLET* **MO** | 2 | |
| *bumetanide 1 mg TABLET* **MO** | 2 | |
| *bumetanide 2 mg TABLET* **MO** | 3 | |
| *candesartan 16 mg, 4 mg, 8 mg TABLET* **MO** | 3 | QL(60 per 30 days) |
| *candesartan 32 mg TABLET* **MO** | 3 | QL(30 per 30 days) |
| *candesartan-hydrochlorothiazid 16-12.5 mg, 32-12.5 mg, 32-25 mg TABLET* **MO** | 3 | QL(30 per 30 days) |
| *captopril 12.5 mg, 25 mg TABLET* **MO** | 4 | |
| *captopril-hydrochlorothiazide 25-15 mg, 25-25 mg, 50-15 mg, 50-25 mg TABLET* **MO** | 3 | |
| *cartia xt 120 mg, 180 mg, 240 mg CAPSULE, ER 24 HR.* **MO** | 2 | QL(60 per 30 days) |
| *cartia xt 300 mg CAPSULE, ER 24 HR.* **MO** | 2 | QL(30 per 30 days) |
| *carvedilol 12.5 mg, 25 mg, 3.125 mg, 6.25 mg TABLET* **MO** | 1 | |
| *chlorthalidone 25 mg TABLET* **MO** | 1 | |

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| DRUG NAME | TIER | UTILIZATION MANAGEMENT REQUIREMENTS |
|---|---|---|
| *chlorthalidone 50 mg TABLET* **MO** | 1 | |
| *cholestyramine (with sugar) 4 gram POWDER* **MO** | 3 | |
| *cholestyramine (with sugar) 4 gram POWDER IN PACKET* **MO** | 3 | |
| *cholestyramine light 4 gram POWDER* **MO** | 3 | |
| *cholestyramine light 4 gram POWDER IN PACKET* **MO** | 3 | |
| *clonidine 0.1 mg/24 hr, 0.2 mg/24 hr, 0.3 mg/24 hr PATCH, WEEKLY* **MO** | 4 | QL(4 per 28 days) |
| *clonidine hcl 0.1 mg TABLET* **MO** | 2 | |
| *clonidine hcl 0.2 mg, 0.3 mg TABLET* **MO** | 2 | |
| *colestipol 1 gram TABLET* **MO** | 4 | |
| *digitek 125 mcg (0.125 mg), 250 mcg (0.25 mg) TABLET* **MO** | 3 | QL(30 per 30 days) |
| *digoxin 125 mcg (0.125 mg), 250 mcg (0.25 mg) TABLET* **MO** | 3 | QL(30 per 30 days) |
| *dilt-xr 120 mg, 180 mg, 240 mg CAPSULE, ER 24 HR.* **MO** | 2 | QL(60 per 30 days) |
| *diltiazem hcl 120 mg, 180 mg, 240 mg CAPSULE, ER 24 HR.* **MO** | 2 | QL(60 per 30 days) |
| *diltiazem hcl 120 mg, 30 mg, 60 mg, 90 mg TABLET* **MO** | 2 | |
| *diltiazem hcl 120 mg, 60 mg, 90 mg CAPSULE, ER 12 HR.* **MO** | 2 | |
| *diltiazem hcl 300 mg, 360 mg, 420 mg CAPSULE, ER 24 HR.* **MO** | 2 | QL(30 per 30 days) |
| DIURIL 250 MG/5 ML SUSPENSION **MO** | 4 | |
| *dofetilide 125 mcg, 250 mcg, 500 mcg CAPSULE* **MO** | 4 | |
| *doxazosin 1 mg, 2 mg, 4 mg, 8 mg TABLET* **MO** | 2 | |
| *enalapril maleate 10 mg, 2.5 mg, 20 mg, 5 mg TABLET* **MO** | 2 | |
| *enalapril-hydrochlorothiazide 10-25 mg, 5-12.5 mg TABLET* **MO** | 2 | |
| ENTRESTO 24-26 MG, 49-51 MG, 97-103 MG TABLET **MO** | 3 | QL(60 per 30 days) |
| ENTRESTO SPRINKLE 15-16 MG, 6-6 MG PELLET **MO** | 3 | QL(240 per 30 days) |
| *ezetimibe 10 mg TABLET* **MO** | 3 | QL(30 per 30 days) |
| *ezetimibe-simvastatin 10-10 mg, 10-20 mg, 10-40 mg, 10-80 mg TABLET* **MO** | 3 | QL(30 per 30 days) |
| *felodipine 10 mg, 2.5 mg, 5 mg TABLET, ER 24 HR.* **MO** | 2 | QL(30 per 30 days) |
| *fenofibrate 160 mg TABLET* **MO** | 2 | QL(30 per 30 days) |
| *fenofibrate 54 mg TABLET* **MO** | 2 | QL(60 per 30 days) |
| *fenofibrate micronized 134 mg, 200 mg CAPSULE* **MO** | 3 | QL(30 per 30 days) |
| *fenofibrate micronized 67 mg CAPSULE* **MO** | 3 | QL(60 per 30 days) |
| *fenofibrate nanocrystallized 145 mg TABLET* **MO** | 3 | QL(30 per 30 days) |
| *fenofibrate nanocrystallized 48 mg TABLET* **MO** | 3 | QL(60 per 30 days) |
| *flecainide 100 mg, 150 mg, 50 mg TABLET* **MO** | 3 | |
| *fosinopril 10 mg, 20 mg, 40 mg TABLET* **MO** | 2 | |

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| DRUG NAME | TIER | UTILIZATION MANAGEMENT REQUIREMENTS |
|---|---|---|
| *fosinopril-hydrochlorothiazide 10-12.5 mg, 20-12.5 mg TABLET* **MO** | 2 | |
| *furosemide 10 mg/ml SOLUTION* **MO** | 4 | |
| *furosemide 20 mg, 40 mg TABLET* **MO** | 1 | |
| *furosemide 40 mg/5 ml (8 mg/ml) SOLUTION* **MO** | 2 | |
| *furosemide 80 mg TABLET* **MO** | 1 | |
| *gemfibrozil 600 mg TABLET* **MO** | 2 | QL(60 per 30 days) |
| *guanfacine 1 mg, 2 mg TABLET* **MO** | 2 | |
| *hydralazine 10 mg TABLET* **MO** | 1 | |
| *hydralazine 100 mg TABLET* **MO** | 2 | |
| *hydralazine 25 mg, 50 mg TABLET* **MO** | 1 | |
| *hydrochlorothiazide 12.5 mg CAPSULE* **MO** | 1 | |
| *hydrochlorothiazide 12.5 mg, 25 mg TABLET* **MO** | 1 | |
| *hydrochlorothiazide 50 mg TABLET* **MO** | 1 | |
| *indapamide 1.25 mg, 2.5 mg TABLET* **MO** | 1 | |
| *irbesartan 150 mg, 300 mg, 75 mg TABLET* **MO** | 1 | QL(30 per 30 days) |
| *irbesartan-hydrochlorothiazide 150-12.5 mg TABLET* **MO** | 2 | QL(60 per 30 days) |
| *irbesartan-hydrochlorothiazide 300-12.5 mg TABLET* **MO** | 2 | QL(30 per 30 days) |
| *isosorbide dinitrate 10 mg, 20 mg, 30 mg, 5 mg TABLET* **MO** | 3 | |
| *isosorbide mononitrate 10 mg, 20 mg TABLET* **MO** | 2 | |
| *isosorbide mononitrate 120 mg TABLET, ER 24 HR.* **MO** | 2 | |
| *isosorbide mononitrate 30 mg, 60 mg TABLET, ER 24 HR.* **MO** | 1 | |
| *isosorbide-hydralazine 20-37.5 mg TABLET* **MO** | 4 | QL(180 per 30 days) |
| KERENDIA 10 MG, 20 MG TABLET **MO** | 3 | PA,QL(30 per 30 days) |
| KERENDIA 40 MG TABLET **MO** | 3 | PA,QL(30 per 30 days) |
| *labetalol 100 mg, 200 mg, 300 mg, 400 mg TABLET* **MO** | 2 | |
| *lisinopril 10 mg, 2.5 mg, 20 mg, 5 mg TABLET* **MO** | 1 | |
| *lisinopril 30 mg TABLET* **MO** | 1 | |
| *lisinopril 40 mg TABLET* **MO** | 2 | |
| *lisinopril-hydrochlorothiazide 10-12.5 mg, 20-12.5 mg TABLET* **MO** | 2 | |
| *lisinopril-hydrochlorothiazide 20-25 mg TABLET* **MO** | 1 | |
| *losartan 100 mg, 25 mg, 50 mg TABLET* **MO** | 2 | QL(60 per 30 days) |
| *losartan-hydrochlorothiazide 100-12.5 mg, 100-25 mg, 50-12.5 mg TABLET* **MO** | 2 | QL(60 per 30 days) |
| *lovastatin 10 mg, 20 mg, 40 mg TABLET* **MO** | 1 | |
| *methyldopa 250 mg, 500 mg TABLET* **MO** | 2 | |

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| DRUG NAME | TIER | UTILIZATION MANAGEMENT REQUIREMENTS |
|---|---|---|
| *methyldopa-hydrochlorothiazide 250-15 mg, 250-25 mg TABLET* MO | 3 | |
| *metolazone 10 mg, 2.5 mg, 5 mg TABLET* MO | 3 | |
| *metoprolol succinate 100 mg, 25 mg, 50 mg TABLET, ER 24 HR.* MO | 2 | |
| *metoprolol succinate 200 mg TABLET, ER 24 HR.* MO | 2 | |
| *metoprolol ta-hydrochlorothiaz 100-25 mg, 100-50 mg, 50-25 mg TABLET* MO | 3 | |
| *metoprolol tartrate 100 mg, 25 mg, 50 mg TABLET* MO | 1 | |
| *metoprolol tartrate 37.5 mg, 75 mg TABLET* MO | 2 | |
| *metyrosine 250 mg CAPSULE* DL | 5 | |
| *midodrine 10 mg, 2.5 mg, 5 mg TABLET* MO | 4 | |
| *minoxidil 10 mg, 2.5 mg TABLET* MO | 2 | |
| *moexipril 15 mg, 7.5 mg TABLET* MO | 2 | |
| *nebivolol 10 mg TABLET* MO | 4 | QL(120 per 30 days) |
| *nebivolol 2.5 mg, 5 mg TABLET* MO | 3 | QL(30 per 30 days) |
| *nebivolol 20 mg TABLET* MO | 4 | QL(60 per 30 days) |
| NEXLETOL 180 MG TABLET MO | 3 | PA,QL(30 per 30 days) |
| NEXLIZET 180-10 MG TABLET MO | 3 | PA,QL(30 per 30 days) |
| *niacin 1,000 mg, 500 mg, 750 mg TABLET, ER 24 HR.* MO | 4 | |
| *nifedipine 30 mg, 60 mg, 90 mg TABLET ER* MO | 3 | QL(60 per 30 days) |
| *nifedipine 30 mg, 60 mg, 90 mg TABLET, ER 24 HR.* MO | 3 | QL(60 per 30 days) |
| *nimodipine 30 mg CAPSULE* MO | 4 | |
| *nimodipine 60 mg/20 ml SOLUTION* DL | 5 | QL(2838 per 28 days) |
| *nitroglycerin 0.1 mg/hr, 0.2 mg/hr, 0.4 mg/hr, 0.6 mg/hr PATCH, 24 HR.* MO | 2 | |
| *nitroglycerin 0.3 mg, 0.6 mg SUBLINGUAL TABLET* MO | 3 | |
| *nitroglycerin 0.4 mg SUBLINGUAL TABLET* MO | 3 | |
| NITROSTAT 0.3 MG, 0.4 MG, 0.6 MG SUBLINGUAL TABLET MO | 3 | |
| *olmesartan 20 mg TABLET* MO | 1 | QL(30 per 30 days) |
| *olmesartan 40 mg TABLET* MO | 1 | QL(30 per 30 days) |
| *olmesartan 5 mg TABLET* MO | 1 | QL(60 per 30 days) |
| *olmesartan-hydrochlorothiazide 20-12.5 mg, 40-12.5 mg, 40-25 mg TABLET* MO | 2 | QL(30 per 30 days) |
| *omega-3 acid ethyl esters 1 gram CAPSULE* MO | 4 | QL(120 per 30 days) |
| PACERONE 100 MG, 400 MG TABLET MO | 4 | |
| *pacerone 200 mg TABLET* MO | 2 | |
| *pentoxifylline 400 mg TABLET ER* MO | 4 | |
| *pravastatin 10 mg, 80 mg TABLET* MO | 2 | |

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| DRUG NAME | TIER | UTILIZATION MANAGEMENT REQUIREMENTS |
|---|---|---|
| *pravastatin 20 mg, 40 mg TABLET* **MO** | 2 | |
| *prazosin 1 mg, 2 mg, 5 mg CAPSULE* **MO** | 3 | |
| *prevalite 4 gram POWDER* **MO** | 4 | |
| *prevalite 4 gram POWDER IN PACKET* **MO** | 4 | |
| *propafenone 150 mg, 225 mg, 300 mg TABLET* **MO** | 3 | |
| *propafenone 225 mg, 325 mg, 425 mg CAPSULE, ER 12 HR.* **MO** | 4 | |
| *propranolol 10 mg, 20 mg, 40 mg, 60 mg, 80 mg TABLET* **MO** | 3 | |
| *propranolol 120 mg, 160 mg, 60 mg, 80 mg CAPSULE, ER 24 HR.* **MO** | 4 | |
| *propranolol-hydrochlorothiazid 40-25 mg, 80-25 mg TABLET* **MO** | 3 | |
| *quinapril 10 mg, 20 mg, 40 mg, 5 mg TABLET* **MO** | 1 | |
| *quinapril-hydrochlorothiazide 10-12.5 mg, 20-12.5 mg, 20-25 mg TABLET* **MO** | 2 | |
| *quinidine sulfate 200 mg, 300 mg TABLET* **MO** | 4 | |
| *ramipril 1.25 mg CAPSULE* **MO** | 2 | |
| *ramipril 10 mg, 2.5 mg, 5 mg CAPSULE* **MO** | 1 | |
| *ranolazine 1,000 mg, 500 mg TABLET, ER 12 HR.* **MO** | 3 | QL(120 per 30 days) |
| REPATHA PUSHTRONEX 420 MG/3.5 ML WEARABLE INJECTOR **MO** | 3 | PA,QL(3.5 per 28 days) |
| REPATHA SURECLICK 140 MG/ML PEN INJECTOR **MO** | 3 | PA,QL(3 per 28 days) |
| REPATHA SYRINGE 140 MG/ML SYRINGE **MO** | 3 | PA,QL(3 per 28 days) |
| *rosuvastatin 10 mg, 20 mg, 40 mg, 5 mg TABLET* **MO** | 2 | |
| *sacubitril-valsartan 24-26 mg, 49-51 mg, 97-103 mg TABLET* **MO** | 3 | QL(60 per 30 days) |
| *simvastatin 10 mg, 20 mg, 40 mg TABLET* **MO** | 1 | |
| *simvastatin 5 mg, 80 mg TABLET* **MO** | 1 | |
| *sotalol 120 mg, 160 mg, 240 mg, 80 mg TABLET* **MO** | 2 | |
| *sotalol af 120 mg, 160 mg, 80 mg TABLET* **MO** | 2 | |
| *spironolacton-hydrochlorothiaz 25-25 mg TABLET* **MO** | 2 | |
| *spironolactone 100 mg TABLET* **MO** | 2 | |
| *spironolactone 25 mg, 50 mg TABLET* **MO** | 2 | |
| *taztia xt 120 mg, 180 mg, 240 mg CAPSULE, ER 24 HR.* **MO** | 2 | QL(60 per 30 days) |
| *taztia xt 300 mg, 360 mg CAPSULE, ER 24 HR.* **MO** | 2 | QL(30 per 30 days) |
| *telmisartan 20 mg, 40 mg TABLET* **MO** | 2 | QL(30 per 30 days) |
| *telmisartan 80 mg TABLET* **MO** | 2 | QL(60 per 30 days) |
| *terazosin 1 mg, 10 mg, 2 mg, 5 mg CAPSULE* **MO** | 2 | |
| *tiadylt er 120 mg, 180 mg, 240 mg CAPSULE, ER 24 HR.* **MO** | 2 | QL(60 per 30 days) |
| *tiadylt er 300 mg, 360 mg, 420 mg CAPSULE, ER 24 HR.* **MO** | 2 | QL(30 per 30 days) |

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| DRUG NAME | TIER | UTILIZATION MANAGEMENT REQUIREMENTS |
|---|---|---|
| *timolol maleate 10 mg, 20 mg, 5 mg TABLET* **MO** | 4 | |
| *torsemide 10 mg, 100 mg, 5 mg TABLET* **MO** | 2 | |
| *torsemide 20 mg TABLET* **MO** | 2 | |
| *trandolapril 1 mg, 2 mg, 4 mg TABLET* **MO** | 2 | |
| *triamterene-hydrochlorothiazid 37.5-25 mg CAPSULE* **MO** | 1 | |
| *triamterene-hydrochlorothiazid 37.5-25 mg TABLET* **MO** | 1 | |
| *triamterene-hydrochlorothiazid 75-50 mg TABLET* **MO** | 1 | |
| *valsartan 160 mg TABLET* **MO** | 2 | QL(60 per 30 days) |
| *valsartan 320 mg, 40 mg, 80 mg TABLET* **MO** | 2 | QL(60 per 30 days) |
| *valsartan-hydrochlorothiazide 160-12.5 mg, 160-25 mg, 320-12.5 mg, 320-25 mg, 80-12.5 mg TABLET* **MO** | 1 | QL(30 per 30 days) |
| VASCEPA 0.5 GRAM CAPSULE **MO** | 3 | QL(240 per 30 days) |
| VASCEPA 1 GRAM CAPSULE **MO** | 3 | QL(120 per 30 days) |
| *verapamil 100 mg, 120 mg, 180 mg, 200 mg, 240 mg, 300 mg, 360 mg CAPSULE ER PELLETS 24 HR.* **MO** | 3 | |
| *verapamil 120 mg, 180 mg, 240 mg TABLET ER* **MO** | 2 | |
| *verapamil 120 mg, 40 mg, 80 mg TABLET* **MO** | 2 | |
| VERQUVO 10 MG, 2.5 MG, 5 MG TABLET **MO** | 3 | PA,QL(30 per 30 days) |
| **CENTRAL NERVOUS SYSTEM AGENTS** | | |
| *atomoxetine 10 mg, 18 mg, 25 mg, 40 mg CAPSULE* **MO** | 4 | QL(60 per 30 days) |
| *atomoxetine 100 mg, 60 mg, 80 mg CAPSULE* **MO** | 4 | QL(30 per 30 days) |
| AUSTEDO 12 MG, 9 MG TABLET **DL** | 5 | PA,QL(120 per 30 days) |
| AUSTEDO 6 MG TABLET **DL** | 5 | PA,QL(60 per 30 days) |
| AUSTEDO XR 12 MG, 6 MG TABLET, ER 24 HR. **DL** | 5 | PA,QL(90 per 30 days) |
| AUSTEDO XR 18 MG, 30 MG, 36 MG, 42 MG, 48 MG TABLET, ER 24 HR. **DL** | 5 | PA,QL(30 per 30 days) |
| AUSTEDO XR 24 MG TABLET, ER 24 HR. **DL** | 5 | PA,QL(60 per 30 days) |
| AUSTEDO XR TITRATION KT(WK1-4) 12-18-24-30 MG TABLET, ER 24 HR., DOSE PACK **DL** | 5 | PA,QL(28 per 28 days) |
| AUSTEDO XR TITRATION KT(WK1-4) 6 MG (14)-12 MG (14)-24 MG (14) TABLET, ER 24 HR., DOSE PACK **DL** | 5 | PA,QL(42 per 28 days) |
| *dexmethylphenidate 10 mg, 2.5 mg, 5 mg TABLET* **MO** | 4 | QL(60 per 30 days) |
| *dextroamphetamine sulfate 10 mg TABLET* **MO** | 4 | QL(180 per 30 days) |
| *dextroamphetamine sulfate 15 mg TABLET* **MO** | 4 | QL(120 per 30 days) |
| *dextroamphetamine sulfate 2.5 mg, 20 mg, 7.5 mg TABLET* **MO** | 4 | QL(90 per 30 days) |
| *dextroamphetamine sulfate 30 mg TABLET* **MO** | 4 | QL(60 per 30 days) |

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| DRUG NAME | TIER | UTILIZATION MANAGEMENT REQUIREMENTS |
|---|---|---|
| *dextroamphetamine sulfate 5 mg TABLET* **MO** | 4 | QL(150 per 30 days) |
| *dextroamphetamine-amphetamine 10 mg, 12.5 mg, 15 mg, 20 mg, 5 mg, 7.5 mg TABLET* **MO** | 3 | QL(90 per 30 days) |
| *dextroamphetamine-amphetamine 10 mg, 15 mg, 5 mg CAPSULE, ER 24 HR.* **MO** | 3 | QL(30 per 30 days) |
| *dextroamphetamine-amphetamine 20 mg, 25 mg, 30 mg CAPSULE, ER 24 HR.* **MO** | 3 | QL(60 per 30 days) |
| *dextroamphetamine-amphetamine 30 mg TABLET* **MO** | 3 | QL(60 per 30 days) |
| *dimethyl fumarate 120 mg (14)- 240 mg (46) CAPSULE, DR/EC* **MO** | 3 | PA,QL(60 per 30 days) |
| *dimethyl fumarate 120 mg CAPSULE, DR/EC* **MO** | 4 | PA,QL(14 per 30 days) |
| *dimethyl fumarate 240 mg CAPSULE, DR/EC* **MO** | 4 | PA,QL(60 per 30 days) |
| DRIZALMA SPRINKLE 20 MG, 30 MG, 40 MG, 60 MG CAPSULE, DR SPRINKLE **MO** | 4 | PA,QL(60 per 30 days) |
| *duloxetine 20 mg CAPSULE, DR/EC* **MO** | 2 | QL(120 per 30 days) |
| *duloxetine 30 mg CAPSULE, DR/EC* **MO** | 2 | QL(90 per 30 days) |
| *duloxetine 60 mg CAPSULE, DR/EC* **MO** | 2 | QL(60 per 30 days) |
| *fingolimod 0.5 mg CAPSULE* **MO** | 3 | PA,QL(30 per 30 days) |
| *glatiramer 20 mg/ml SYRINGE* **DL** | 5 | PA,QL(30 per 30 days) |
| *glatiramer 40 mg/ml SYRINGE* **DL** | 5 | PA,QL(12 per 28 days) |
| *glatopa 20 mg/ml SYRINGE* **DL** | 5 | PA,QL(30 per 30 days) |
| *glatopa 40 mg/ml SYRINGE* **DL** | 5 | PA,QL(12 per 28 days) |
| *guanfacine 1 mg, 2 mg, 3 mg, 4 mg TABLET, ER 24 HR.* **MO** | 2 | QL(30 per 30 days) |
| *methylphenidate hcl 10 mg TABLET ER* **MO** | 3 | QL(180 per 30 days) |
| *methylphenidate hcl 10 mg, 20 mg, 5 mg TABLET* **MO** | 3 | QL(90 per 30 days) |
| *methylphenidate hcl 20 mg TABLET ER* **MO** | 3 | QL(90 per 30 days) |
| NUEDEXTA 20-10 MG CAPSULE **DL** | 5 | PA,QL(60 per 30 days) |
| *pregabalin 100 mg, 150 mg, 50 mg, 75 mg CAPSULE* **MO** | 3 | QL(90 per 30 days) |
| *pregabalin 20 mg/ml SOLUTION* **MO** | 3 | QL(900 per 30 days) |
| *pregabalin 200 mg, 25 mg CAPSULE* **MO** | 3 | QL(90 per 30 days) |
| *pregabalin 225 mg, 300 mg CAPSULE* **MO** | 3 | QL(60 per 30 days) |
| *riluzole 50 mg TABLET* **MO** | 4 | |
| *teriflunomide 14 mg, 7 mg TABLET* **MO** | 4 | PA,QL(30 per 30 days) |
| *tetrabenazine 12.5 mg TABLET* **MO** | 4 | PA,QL(240 per 30 days) |
| *tetrabenazine 25 mg TABLET* **MO** | 4 | PA,QL(120 per 30 days) |

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| DRUG NAME | TIER | UTILIZATION MANAGEMENT REQUIREMENTS |
|---|---|---|
| **DENTAL & ORAL AGENTS** | | |
| *chlorhexidine gluconate 0.12 % MOUTHWASH* **MO** | 1 | |
| *periogard 0.12 % MOUTHWASH* **MO** | 1 | |
| *pilocarpine hcl 5 mg, 7.5 mg TABLET* **MO** | 4 | |
| *triamcinolone acetonide 0.1 % PASTE* **MO** | 3 | |
| **DERMATOLOGICAL AGENTS** | | |
| *accutane 10 mg, 20 mg, 30 mg, 40 mg CAPSULE* **MO** | 4 | |
| *acitretin 10 mg, 17.5 mg, 25 mg CAPSULE* **MO** | 4 | PA |
| *ammonium lactate 12 % CREAM* **MO** | 2 | |
| *ammonium lactate 12 % LOTION* **MO** | 2 | |
| *amnesteem 10 mg, 20 mg, 30 mg, 40 mg CAPSULE* **MO** | 4 | |
| *betamethasone dipropionate 0.05 % CREAM* **MO** | 3 | QL(90 per 30 days) |
| *betamethasone dipropionate 0.05 % LOTION* **MO** | 3 | QL(120 per 30 days) |
| *betamethasone dipropionate 0.05 % OINTMENT* **MO** | 4 | QL(90 per 30 days) |
| *betamethasone valerate 0.1 % CREAM* **MO** | 2 | QL(180 per 30 days) |
| *betamethasone valerate 0.1 % LOTION* **MO** | 3 | QL(120 per 30 days) |
| *betamethasone valerate 0.1 % OINTMENT* **MO** | 2 | QL(180 per 30 days) |
| *betamethasone, augmented 0.05 % CREAM* **MO** | 2 | QL(100 per 30 days) |
| *betamethasone, augmented 0.05 % GEL* **MO** | 4 | QL(100 per 30 days) |
| *betamethasone, augmented 0.05 % LOTION* **MO** | 4 | QL(120 per 30 days) |
| *betamethasone, augmented 0.05 % OINTMENT* **MO** | 4 | QL(100 per 30 days) |
| *calcipotriene 0.005 % CREAM* **MO** | 3 | PA,QL(120 per 30 days) |
| *calcipotriene 0.005 % SOLUTION* **MO** | 4 | QL(60 per 30 days) |
| *claravis 10 mg, 20 mg, 30 mg, 40 mg CAPSULE* **MO** | 4 | |
| *clindamycin phosphate 1 % SWAB* **MO** | 2 | |
| *clobetasol 0.05 % CREAM* **MO** | 4 | QL(120 per 30 days) |
| *clobetasol 0.05 % GEL* **MO** | 4 | QL(120 per 28 days) |
| *clobetasol 0.05 % LOTION* **MO** | 4 | QL(240 per 28 days) |
| *clobetasol 0.05 % OINTMENT* **MO** | 4 | QL(120 per 28 days) |
| *clobetasol 0.05 % SOLUTION* **MO** | 3 | QL(100 per 30 days) |
| *clobetasol-emollient 0.05 % CREAM* **MO** | 4 | QL(120 per 30 days) |
| *erythromycin with ethanol 2 % SOLUTION* **MO** | 4 | QL(120 per 30 days) |
| *fluocinolone 0.01 % OIL* **MO** | 4 | QL(118.28 per 30 days) |
| *fluocinolone 0.025 % CREAM* **MO** | 4 | QL(120 per 30 days) |

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|---|---|---|
| *fluocinolone 0.025 % OINTMENT* **MO** | 4 | QL(120 per 30 days) |
| *fluocinolone and shower cap 0.01 % OIL* **MO** | 4 | QL(118.28 per 30 days) |
| *fluocinonide 0.05 % CREAM* **MO** | 4 | QL(120 per 30 days) |
| *fluocinonide 0.05 % GEL* **MO** | 4 | QL(120 per 30 days) |
| *fluocinonide 0.05 % OINTMENT* **MO** | 4 | QL(120 per 30 days) |
| *fluocinonide 0.05 % SOLUTION* **MO** | 4 | QL(120 per 30 days) |
| *fluorouracil 2 % SOLUTION* **MO** | 3 | QL(30 per 30 days) |
| *fluorouracil 5 % CREAM* **MO** | 4 | |
| *fluorouracil 5 % SOLUTION* **MO** | 3 | QL(60 per 30 days) |
| *fluticasone propionate 0.005 % OINTMENT* **MO** | 2 | QL(240 per 30 days) |
| *fluticasone propionate 0.05 % CREAM* **MO** | 2 | QL(240 per 30 days) |
| *hydrocortisone 1 % CREAM W/PERINEAL APPLICATOR* **MO** | 2 | QL(28.4 per 30 days) |
| *hydrocortisone 1 %, 2.5 % CREAM* **MO** | 2 | QL(240 per 30 days) |
| *hydrocortisone 1 %, 2.5 % OINTMENT* **MO** | 2 | QL(240 per 30 days) |
| *hydrocortisone 10 mg, 20 mg, 5 mg TABLET* **MO** | 2 | |
| *hydrocortisone 2.5 % CREAM W/PERINEAL APPLICATOR* **MO** | 4 | QL(60 per 30 days) |
| *hydrocortisone 2.5 % LOTION* **MO** | 2 | QL(236 per 30 days) |
| HYFTOR 0.2 % GEL **DL** | 5 | PA |
| *imiquimod 5 % CREAM IN PACKET* **MO** | 3 | QL(12 per 30 days) |
| *isotretinoin 10 mg, 20 mg, 30 mg, 40 mg CAPSULE* **MO** | 4 | |
| LOCOID LIPOCREAM 0.1 % CREAM **MO** | 4 | QL(240 per 30 days) |
| *malathion 0.5 % LOTION* **MO** | 4 | |
| *mometasone 0.1 % CREAM* **MO** | 2 | QL(180 per 30 days) |
| *mometasone 0.1 % OINTMENT* **MO** | 2 | QL(180 per 30 days) |
| *mometasone 0.1 % SOLUTION* **MO** | 2 | QL(180 per 30 days) |
| *mupirocin 2 % OINTMENT* **MO** | 2 | |
| *permethrin 5 % CREAM* **MO** | 3 | |
| *pimecrolimus 1 % CREAM* **MO** | 4 | PA,QL(100 per 30 days) |
| *podofilox 0.5 % SOLUTION* **MO** | 4 | QL(7 per 30 days) |
| *procto-med hc 2.5 % CREAM W/PERINEAL APPLICATOR* **MO** | 4 | QL(60 per 30 days) |
| *proctosol hc 2.5 % CREAM W/PERINEAL APPLICATOR* **MO** | 4 | QL(60 per 30 days) |
| *proctozone-hc 2.5 % CREAM W/PERINEAL APPLICATOR* **MO** | 4 | QL(60 per 30 days) |
| SANTYL 250 UNIT/GRAM OINTMENT **MO** | 4 | PA,QL(180 per 30 days) |
| *selenium sulfide 2.5 % LOTION* **MO** | 2 | QL(120 per 30 days) |

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|---|---|---|
| *silver sulfadiazine 1 % CREAM* **MO** | 2 | |
| SSD 1 % CREAM **MO** | 2 | |
| *tacrolimus 0.03 %, 0.1 % OINTMENT* **MO** | 4 | QL(200 per 30 days) |
| *tazarotene 0.1 % CREAM* **MO** | 3 | QL(120 per 30 days) |
| *tretinoin 0.01 % GEL* **MO** | 3 | PA,QL(45 per 30 days) |
| *tretinoin 0.025 %, 0.05 % GEL* **MO** | 4 | PA,QL(45 per 30 days) |
| *tretinoin 0.025 %, 0.05 %, 0.1 % CREAM* **MO** | 4 | PA,QL(45 per 30 days) |
| *zenatane 10 mg, 20 mg, 30 mg, 40 mg CAPSULE* **MO** | 4 | |
| ZORYVE 0.15 % CREAM **DL** | 4 | PA,QL(120 per 30 days) |
| **ELECTROLYTES/MINERALS/METALS/VITAMINS** | | |
| AMINOSYN II 10 % 10 % PARENTERAL SOLUTION **MO** | 4 | BvsD |
| *bal-care dha 27-1-430 mg COMBO PACK, DR TAB/DR CAP* **MO** | 4 | |
| *c-nate dha 28 mg iron-1 mg -200 mg CAPSULE* **MO** | 4 | |
| *carglumic acid 200 mg TABLET, DISPERSIBLE* **DL** | 5 | PA |
| CHEMET 100 MG CAPSULE **DL** | 5 | |
| CLINIMIX 5%/D15W SULFITE FREE 5 % PARENTERAL SOLUTION **MO** | 4 | BvsD |
| CLINIMIX 4.25%/D10W SULF FREE 4.25 % PARENTERAL SOLUTION **MO** | 4 | BvsD |
| CLINIMIX 4.25%/D5W SULFIT FREE 4.25 % PARENTERAL SOLUTION **MO** | 4 | BvsD |
| CLINIMIX 5%-D20W(SULFITE-FREE) 5 % PARENTERAL SOLUTION **MO** | 4 | BvsD |
| CLINIMIX 6%-D5W (SULFITE-FREE) 6-5 % PARENTERAL SOLUTION **MO** | 4 | BvsD |
| CLINIMIX 8%-D10W(SULFITE-FREE) 8-10 % PARENTERAL SOLUTION **MO** | 4 | BvsD |
| CLINIMIX 8%-D14W(SULFITE-FREE) 8-14 % PARENTERAL SOLUTION **MO** | 4 | BvsD |
| CLINIMIX E 2.75%/D5W SULF FREE 2.75 % PARENTERAL SOLUTION **MO** | 4 | BvsD |
| CLINIMIX E 4.25%/D10W SUL FREE 4.25 % PARENTERAL SOLUTION **MO** | 4 | BvsD |
| CLINIMIX E 4.25%/D5W SULF FREE 4.25 % PARENTERAL SOLUTION **MO** | 4 | BvsD |
| CLINIMIX E 5%/D15W SULFIT FREE 5 % PARENTERAL SOLUTION **MO** | 4 | BvsD |
| CLINIMIX E 5%/D20W SULFIT FREE 5 % PARENTERAL SOLUTION **MO** | 4 | BvsD |
| CLINIMIX E 8%-D10W SULFITEFREE 8-10 % PARENTERAL SOLUTION **MO** | 4 | BvsD |
| CLINIMIX E 8%-D14W SULFITEFREE 8-14 % PARENTERAL SOLUTION **MO** | 4 | BvsD |
| CLINOLIPID 20 % EMULSION **MO** | 4 | BvsD |
| *complete natal dha 29 mg iron- 1 mg-200 mg COMBO PACK* **MO** | 4 | |
| *d10 %-0.45 % sodium chloride PARENTERAL SOLUTION* **MO** | 2 | |
| *d2.5 %-0.45 % sodium chloride PARENTERAL SOLUTION* **MO** | 2 | |
| *d5 % (d-glucose)-0.9 % sodchlr PARENTERAL SOLUTION* **MO** | 2 | |

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|---|---|---|
| *d5 % and 0.9 % sodium chloride PARENTERAL SOLUTION* MO | 2 | |
| *d5 %-0.45 % sodium chloride PARENTERAL SOLUTION* MO | 2 | |
| *deferasirox 180 mg, 360 mg TABLET* MO | 4 | PA |
| *deferasirox 90 mg TABLET* MO | 3 | PA |
| *dextrose 10 % and 0.2 % nacl PARENTERAL SOLUTION* MO | 2 | |
| *dextrose 10 % in water (d10w) 10 % PARENTERAL SOLUTION* MO | 2 | |
| *dextrose 25 % in water (d25w) SYRINGE* MO | 2 | |
| *dextrose 5 % in water (d5w) PARENTERAL SOLUTION* MO | 2 | |
| *dextrose 5 % in water (d5w) 5 % PIGGYBACK* MO | 2 | |
| *dextrose 5 %-lactated ringers PARENTERAL SOLUTION* MO | 2 | |
| *dextrose 5%-0.2 % sod chloride PARENTERAL SOLUTION* MO | 2 | |
| *dextrose 5%-0.3 % sod.chloride PARENTERAL SOLUTION* MO | 2 | |
| *dextrose 50 % in water (d50w) PARENTERAL SOLUTION* MO | 2 | |
| *dextrose 50 % in water (d50w) SYRINGE* MO | 2 | |
| *dextrose 70 % in water (d70w) PARENTERAL SOLUTION* MO | 2 | |
| *electrolyte-48 in d5w PARENTERAL SOLUTION* MO | 2 | |
| INTRALIPID 20 %, 30 % EMULSION MO | 4 | BvsD |
| KABIVEN 3.31-10.8-3.9 % EMULSION MO | 4 | BvsD |
| *kionex (with sorbitol) 15-20 gram/60 ml SUSPENSION* MO | 3 | |
| KLOR-CON 10 10 MEQ TABLET ER MO | 2 | |
| *klor-con 10 10 meq TABLET ER* MO | 2 | |
| KLOR-CON 8 8 MEQ TABLET ER MO | 2 | |
| *klor-con m10 10 meq TABLET, ER PARTICLES/CRYSTALS* MO | 2 | |
| KLOR-CON M15 15 MEQ TABLET, ER PARTICLES/CRYSTALS MO | 2 | |
| *klor-con m20 20 meq TABLET, ER PARTICLES/CRYSTALS* MO | 2 | |
| *levocarnitine 330 mg TABLET* MO | 4 | |
| *levocarnitine (with sugar) 100 mg/ml SOLUTION* MO | 4 | |
| LOKELMA 10 GRAM, 5 GRAM POWDER IN PACKET MO | 3 | QL(30 per 30 days) |
| *m-natal plus 27 mg iron- 1 mg TABLET* MO | 4 | |
| *magnesium sulfate 500 mg/ml (50 %) SOLUTION* MO | 4 | |
| *magnesium sulfate 500 mg/ml (50 %) SYRINGE* MO | 4 | |
| *neo-vital rx 27 mg iron- 1 mg TABLET* MO | 4 | |
| NEONATAL COMPLETE 29-1 MG TABLET MO | 4 | |
| NEONATAL PLUS VITAMIN 27 MG IRON- 1 MG TABLET MO | 4 | |

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| DRUG NAME | TIER | UTILIZATION MANAGEMENT REQUIREMENTS |
|---|---|---|
| NEONATAL-DHA 29-1-200-500 MG COMBO PACK MO | 4 | |
| NUTRILIPID 20 % EMULSION MO | 4 | BvsD |
| *one natal rx 27 mg iron- 1 mg TABLET* MO | 4 | |
| *penicillamine 250 mg TABLET* DL | 5 | |
| PERIKABIVEN 2.36-7.5-3.5 % EMULSION MO | 4 | BvsD |
| *potassium chlorid-d5-0.45%nacl 10 meq/l, 20 meq/l, 30 meq/l, 40 meq/l PARENTERAL SOLUTION* MO | 4 | |
| *potassium chloride 10 meq CAPSULE, ER* MO | 2 | |
| *potassium chloride 10 meq, 20 meq TABLET ER* MO | 2 | |
| *potassium chloride 10 meq, 20 meq TABLET, ER PARTICLES/CRYSTALS* MO | 2 | |
| *potassium chloride 15 meq TABLET, ER PARTICLES/CRYSTALS* MO | 2 | |
| *potassium chloride 15 meq, 8 meq TABLET ER* MO | 2 | |
| *potassium chloride 20 meq/15 ml, 40 meq/15 ml LIQUID* MO | 4 | |
| *potassium chloride 8 meq CAPSULE, ER* MO | 2 | |
| *potassium citrate 10 meq (1,080 mg), 15 meq, 5 meq (540 mg) TABLET ER* MO | 4 | |
| *pr natal 400 29-1-400 mg COMBO PACK* MO | 4 | |
| *pr natal 400 ec 29-1-400 mg COMBO PACK, DR TAB/DR CAP* MO | 4 | |
| *pr natal 430 29 mg iron-1 mg -430 mg COMBO PACK* MO | 4 | |
| *pr natal 430 ec 29-1-430 mg COMBO PACK, DR TAB/DR CAP* MO | 4 | |
| PREMASOL 10 % 10 % PARENTERAL SOLUTION MO | 4 | BvsD |
| PRENATA 29 MG IRON- 1 MG CHEWABLE TABLET MO | 4 | |
| PRENATABS FA 29-1 MG TABLET MO | 4 | |
| *prenatal plus (calcium carb) 27 mg iron- 1 mg TABLET* MO | 4 | |
| *prenatal plus vitamin-mineral 27 mg iron- 1 mg TABLET* MO | 4 | |
| PRENATE ELITE 26 MG IRON- 1 MG TABLET MO | 4 | |
| *se-natal 19 chewable 29 mg iron- 1 mg CHEWABLE TABLET* MO | 4 | |
| SMOFLIPID 20 % EMULSION MO | 4 | BvsD |
| *sodium chloride 0.45 % 0.45 % PARENTERAL SOLUTION* MO | 4 | |
| *sodium chloride 0.9 % PARENTERAL SOLUTION* MO | 4 | |
| *sodium chloride 0.9 % PIGGYBACK* MO | 4 | |
| *sodium polystyrene sulfonate 15 gram POWDER* MO | 3 | |
| SPS (WITH SORBITOL) 15-20 GRAM/60 ML SUSPENSION MO | 3 | |
| TRAVASOL 10 % 10 % PARENTERAL SOLUTION MO | 4 | BvsD |
| *trientine 250 mg CAPSULE* DL | 5 | QL(240 per 30 days) |
| *trientine 500 mg CAPSULE* DL | 5 | QL(120 per 30 days) |

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| DRUG NAME | TIER | UTILIZATION MANAGEMENT REQUIREMENTS |
|---|---|---|
| *trinatal rx 1 60 mg iron-1 mg TABLET* **MO** | 4 | |
| TROPHAMINE 10 % 10 % PARENTERAL SOLUTION **MO** | 4 | BvsD |
| *wesnatal dha complete 29 mg iron- 1 mg-200 mg COMBO PACK* **MO** | 4 | |
| *wesnate dha 28 mg iron-1 mg -200 mg CAPSULE* **MO** | 4 | |
| *westab plus 27 mg iron- 1 mg TABLET* **MO** | 4 | |
| **GASTROINTESTINAL AGENTS** | | |
| *alosetron 0.5 mg, 1 mg TABLET* **MO** | 4 | PA,QL(60 per 30 days) |
| *cimetidine 200 mg, 300 mg, 400 mg, 800 mg TABLET* **MO** | 3 | |
| *cimetidine hcl 300 mg/5 ml SOLUTION* **MO** | 3 | |
| *constulose 10 gram/15 ml SOLUTION* **MO** | 2 | |
| *dicyclomine 10 mg CAPSULE* **MO** | 2 | |
| *dicyclomine 10 mg/5 ml SOLUTION* **MO** | 4 | |
| *dicyclomine 20 mg TABLET* **MO** | 2 | |
| *diphenoxylate-atropine 2.5-0.025 mg TABLET* **MO** | 4 | |
| *enulose 10 gram/15 ml SOLUTION* **MO** | 2 | |
| *esomeprazole magnesium 20 mg CAPSULE, DR/EC* **MO** | 3 | QL(60 per 30 days) |
| *esomeprazole magnesium 40 mg CAPSULE, DR/EC* **MO** | 3 | QL(60 per 30 days) |
| *famotidine 20 mg, 40 mg TABLET* **MO** | 2 | |
| *famotidine 40 mg/5 ml (8 mg/ml) SUSPENSION FOR RECONSTITUTION* **MO** | 4 | |
| *gavilyte-c 240-22.72-6.72 -5.84 gram RECON SOLUTION* **MO** | 2 | |
| *gavilyte-g 236-22.74-6.74 -5.86 gram RECON SOLUTION* **MO** | 2 | |
| *gavilyte-n 420 gram RECON SOLUTION* **MO** | 2 | |
| *generlac 10 gram/15 ml SOLUTION* **MO** | 2 | |
| *glycopyrrolate 1 mg, 2 mg TABLET* **MO** | 3 | |
| *lactulose 10 gram/15 ml SOLUTION* **MO** | 2 | |
| LINZESS 145 MCG, 290 MCG, 72 MCG CAPSULE **MO** | 3 | QL(30 per 30 days) |
| *loperamide 2 mg CAPSULE* **MO** | 2 | |
| *lubiprostone 24 mcg, 8 mcg CAPSULE* **MO** | 3 | QL(60 per 30 days) |
| *misoprostol 100 mcg, 200 mcg TABLET* **MO** | 3 | |
| MOVANTIK 12.5 MG, 25 MG TABLET **MO** | 3 | QL(30 per 30 days) |
| *nizatidine 150 mg, 300 mg CAPSULE* **MO** | 2 | |
| *omeprazole 10 mg CAPSULE, DR/EC* **MO** | 2 | |
| *omeprazole 20 mg, 40 mg CAPSULE, DR/EC* **MO** | 2 | |
| *pantoprazole 20 mg, 40 mg TABLET, DR/EC* **MO** | 2 | QL(60 per 30 days) |

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| DRUG NAME | TIER | UTILIZATION MANAGEMENT REQUIREMENTS |
|---|---|---|
| *peg 3350-electrolytes 236-22.74-6.74 -5.86 gram RECON SOLUTION* **MO** | 2 | |
| *peg-electrolyte soln 420 gram RECON SOLUTION* **MO** | 2 | |
| *sodium,potassium,mag sulfates 17.5-3.13-1.6 gram RECON SOLUTION* **MO** | 3 | |
| *sucralfate 1 gram TABLET* **MO** | 2 | |
| *sucralfate 100 mg/ml SUSPENSION* **MO** | 4 | |
| SUFLAVE 178.7-7.3-0.5 GRAM RECON SOLUTION **MO** | 4 | |
| SUTAB 1.479-0.188- 0.225 GRAM TABLET **MO** | 3 | |
| TALICIA 10-250-12.5 MG CAPSULE, IR/DR, BIPHASIC **MO** | 4 | |
| *ursodiol 250 mg TABLET* **MO** | 3 | |
| *ursodiol 300 mg CAPSULE* **MO** | 4 | |
| *ursodiol 500 mg TABLET* **MO** | 4 | |
| VOWST CAPSULE **DL** | 5 | PA |
| XIFAXAN 200 MG TABLET **MO** | 4 | PA,QL(9 per 30 days) |
| XIFAXAN 550 MG TABLET **DL** | 5 | PA,QL(84 per 28 days) |
| **GENETIC/ENZYME/PROTEIN DISORDER: REPLACEMENT, MODIFIERS, TREATMENT** | | |
| *betaine 1 gram/scoop POWDER* **DL** | 5 | |
| CREON 12,000-38,000 -60,000 UNIT, 24,000-76,000 -120,000 UNIT, 3,000-9,500- 15,000 UNIT, 36,000-114,000- 180,000 UNIT, 6,000-19,000 -30,000 UNIT CAPSULE, DR/EC **MO** | 3 | |
| CYSTAGON 150 MG, 50 MG CAPSULE **MO** | 4 | |
| ELELYSO 200 UNIT RECON SOLUTION **DL** | 5 | PA |
| *nitisinone 10 mg, 2 mg, 20 mg, 5 mg CAPSULE* **DL** | 5 | |
| *sapropterin 100 mg POWDER IN PACKET* **DL** | 5 | PA |
| *sodium phenylbutyrate 0.94 gram/gram POWDER* **DL** | 5 | |
| *sodium phenylbutyrate 500 mg TABLET* **DL** | 5 | |
| STRENSIQ 18 MG/0.45 ML, 28 MG/0.7 ML, 80 MG/0.8 ML SOLUTION **DL** | 5 | PA |
| STRENSIQ 40 MG/ML SOLUTION **DL** | 5 | PA |
| WELIREG 40 MG TABLET **DL** | 5 | PA,QL(90 per 30 days) |
| ZEMAIRA 1,000 MG RECON SOLUTION **DL** | 5 | PA |
| ZEMAIRA 4,000 MG, 5,000 MG RECON SOLUTION **DL** | 5 | PA |
| **GENITOURINARY AGENTS** | | |
| *alfuzosin 10 mg TABLET, ER 24 HR.* **MO** | 2 | |
| *bethanechol chloride 10 mg, 25 mg, 5 mg, 50 mg TABLET* **MO** | 3 | |
| *dutasteride 0.5 mg CAPSULE* **MO** | 3 | QL(30 per 30 days) |
| ELMIRON 100 MG CAPSULE **MO** | 4 | QL(90 per 30 days) |

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| DRUG NAME | TIER | UTILIZATION MANAGEMENT REQUIREMENTS |
|---|---|---|
| *fesoterodine 4 mg, 8 mg TABLET, ER 24 HR.* MO | 3 | QL(30 per 30 days) |
| *finasteride 5 mg TABLET* MO | 2 | QL(30 per 30 days) |
| MYRBETRIQ 25 MG, 50 MG TABLET, ER 24 HR. MO | 3 | QL(30 per 30 days) |
| MYRBETRIQ 8 MG/ML SUSPENSION, ER, RECON MO | 3 | QL(300 per 30 days) |
| *oxybutynin chloride 10 mg TABLET, ER 24 HR.* MO | 3 | QL(60 per 30 days) |
| *oxybutynin chloride 15 mg, 5 mg TABLET, ER 24 HR.* MO | 3 | QL(60 per 30 days) |
| *oxybutynin chloride 5 mg TABLET* MO | 2 | |
| *oxybutynin chloride 5 mg/5 ml SYRUP* MO | 2 | |
| *silodosin 4 mg, 8 mg CAPSULE* MO | 4 | QL(30 per 30 days) |
| *solifenacin 10 mg, 5 mg TABLET* MO | 2 | QL(30 per 30 days) |
| *tadalafil 5 mg TABLET* MO | 4 | PA |
| *tamsulosin 0.4 mg CAPSULE* MO | 2 | |
| *tolterodine 1 mg, 2 mg TABLET* MO | 4 | QL(60 per 30 days) |
| *tolterodine 2 mg, 4 mg CAPSULE, ER 24 HR.* MO | 4 | QL(30 per 30 days) |
| *trospium 20 mg TABLET* MO | 4 | |
| **HORMONAL AGENTS, STIMULANT/REPLACEMENT/MODIFYING (ADRENAL)** | | |
| *dexamethasone 0.5 mg, 0.75 mg, 1 mg, 1.5 mg, 2 mg, 4 mg, 6 mg TABLET* MO | 2 | |
| *dexamethasone 0.5 mg/5 ml ELIXIR* MO | 3 | |
| *dexamethasone 0.5 mg/5 ml SOLUTION* MO | 2 | |
| *dexamethasone intensol 1 mg/ml DROPS* MO | 3 | |
| *fludrocortisone 0.1 mg TABLET* MO | 2 | |
| *methylprednisolone 16 mg, 32 mg, 4 mg, 8 mg TABLET* MO | 2 | BvsD |
| *methylprednisolone 4 mg TABLET, DOSE PACK* MO | 2 | |
| *methylprednisolone acetate 40 mg/ml, 80 mg/ml SUSPENSION* MO | 4 | |
| *prednisolone 15 mg/5 ml SOLUTION* MO | 2 | |
| *prednisolone sodium phosphate 15 mg/5 ml (3 mg/ml) SOLUTION* MO | 2 | |
| *prednisolone sodium phosphate 20 mg/5 ml (4 mg/ml) SOLUTION* MO | 4 | |
| *prednisolone sodium phosphate 25 mg/5 ml (5 mg/ml), 5 mg base/5 ml (6.7 mg/5 ml) SOLUTION* MO | 3 | |
| *prednisone 1 mg, 2.5 mg, 50 mg TABLET* MO | 2 | BvsD |
| *prednisone 10 mg, 20 mg, 5 mg TABLET* MO | 2 | BvsD |
| *prednisone 10 mg, 5 mg TABLET, DOSE PACK* MO | 2 | |
| *prednisone 5 mg/5 ml SOLUTION* MO | 4 | BvsD |
| *prednisone intensol 5 mg/ml CONCENTRATE* MO | 4 | BvsD |
| *triamcinolone acetonide 0.025 %, 0.1 % LOTION* MO | 3 | |

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| DRUG NAME | TIER | UTILIZATION MANAGEMENT REQUIREMENTS |
|---|---|---|
| *triamcinolone acetonide 0.025 %, 0.1 %, 0.5 % OINTMENT* **MO** | 2 | |
| *triamcinolone acetonide 0.025 %, 0.5 % CREAM* **MO** | 2 | |
| *triamcinolone acetonide 0.1 % CREAM* **MO** | 2 | |
| *triderm 0.1 %, 0.5 % CREAM* **MO** | 2 | |
| **HORMONAL AGENTS, STIMULANT/REPLACEMENT/MODIFYING (PITUITARY)** | | |
| CHORIONIC GONADOTROPIN, HUMAN 10,000 UNIT RECON SOLUTION **MO** | 4 | PA |
| *desmopressin 0.1 mg TABLET* **MO** | 3 | |
| *desmopressin 0.2 mg TABLET* **MO** | 4 | |
| INCRELEX 10 MG/ML SOLUTION **DL** | 5 | PA |
| OMNITROPE 10 MG/1.5 ML (6.7 MG/ML), 5 MG/1.5 ML (3.3 MG/ML) CARTRIDGE **DL** | 5 | PA |
| OMNITROPE 5.8 MG RECON SOLUTION **DL** | 5 | PA |
| **HORMONAL AGENTS, STIMULANT/REPLACEMENT/MODIFYING (SEX HORMONES/MODIFIERS)** | | |
| *abigale 1-0.5 mg TABLET* **MO** | 3 | |
| *abigale lo 0.5-0.1 mg TABLET* **MO** | 3 | |
| *afirmelle 0.1-20 mg-mcg TABLET* **MO** | 4 | |
| *altavera (28) 0.15-0.03 mg TABLET* **MO** | 4 | |
| *alyacen 1/35 (28) 1-35 mg-mcg TABLET* **MO** | 4 | |
| *alyacen 7/7/7 (28) 0.5/0.75/1 mg- 35 mcg TABLET* **MO** | 4 | |
| *amabelz 0.5-0.1 mg TABLET* **MO** | 4 | |
| *amethia 0.15 mg-30 mcg (84)/10 mcg (7) TABLET, DOSE PACK, 3 MONTH* **MO** | 4 | QL(91 per 90 days) |
| *apri 0.15-0.03 mg TABLET* **MO** | 4 | |
| *aranelle (28) 0.5/1/0.5-35 mg-mcg TABLET* **MO** | 4 | |
| *ashlyna 0.15 mg-30 mcg (84)/10 mcg (7) TABLET, DOSE PACK, 3 MONTH* **MO** | 4 | QL(91 per 90 days) |
| *aubra 0.1-20 mg-mcg TABLET* **MO** | 4 | |
| *aubra eq 0.1-20 mg-mcg TABLET* **MO** | 4 | |
| *aurovela 1.5/30 (21) 1.5-30 mg-mcg TABLET* **MO** | 4 | |
| *aurovela 1/20 (21) 1-20 mg-mcg TABLET* **MO** | 3 | |
| *aurovela 24 fe 1 mg-20 mcg (24)/75 mg (4) TABLET* **MO** | 4 | |
| *aurovela fe 1-20 (28) 1 mg-20 mcg (21)/75 mg (7) TABLET* **MO** | 4 | |
| *aurovela fe 1.5/30 (28) 1.5 mg-30 mcg (21)/75 mg (7) TABLET* **MO** | 4 | |
| *aviane 0.1-20 mg-mcg TABLET* **MO** | 4 | |
| *ayuna 0.15-0.03 mg TABLET* **MO** | 4 | |
| *azurette (28) 0.15-0.02 mgx21 /0.01 mg x 5 TABLET* **MO** | 4 | |
| *blisovi 24 fe 1 mg-20 mcg (24)/75 mg (4) TABLET* **MO** | 4 | |

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|---|---|---|
| *blisovi fe 1.5/30 (28) 1.5 mg-30 mcg (21)/75 mg (7) TABLET* **MO** | 4 | |
| *blisovi fe 1/20 (28) 1 mg-20 mcg (21)/75 mg (7) TABLET* **MO** | 4 | |
| *camila 0.35 mg TABLET* **MO** | 3 | |
| *camrese 0.15 mg-30 mcg (84)/10 mcg (7) TABLET, DOSE PACK, 3 MONTH* **MO** | 4 | QL(91 per 90 days) |
| *camrese lo 0.1 mg-20 mcg (84)/10 mcg (7) TABLET, DOSE PACK, 3 MONTH* **MO** | 4 | QL(91 per 90 days) |
| *chateal eq (28) 0.15-0.03 mg TABLET* **MO** | 4 | |
| *cryselle (28) 0.3-30 mg-mcg TABLET* **MO** | 4 | |
| *cyred 0.15-0.03 mg TABLET* **MO** | 4 | |
| *cyred eq 0.15-0.03 mg TABLET* **MO** | 4 | |
| *danazol 100 mg, 200 mg, 50 mg CAPSULE* **MO** | 4 | |
| *dasetta 1/35 (28) 1-35 mg-mcg TABLET* **MO** | 4 | |
| *dasetta 7/7/7 (28) 0.5/0.75/1 mg- 35 mcg TABLET* **MO** | 4 | |
| *daysee 0.15 mg-30 mcg (84)/10 mcg (7) TABLET, DOSE PACK, 3 MONTH* **MO** | 4 | QL(91 per 90 days) |
| *deblitane 0.35 mg TABLET* **MO** | 3 | |
| DEPO-SUBQ PROVERA 104 104 MG/0.65 ML SYRINGE **MO** | 3 | QL(0.65 per 90 days) |
| *desog-e.estradiol/e.estradiol 0.15-0.02 mgx21 /0.01 mg x 5 TABLET* **MO** | 4 | |
| *dotti 0.025 mg/24 hr, 0.0375 mg/24 hr, 0.05 mg/24 hr, 0.075 mg/24 hr, 0.1 mg/24 hr PATCH, SEMIWEEKLY* **MO** | 4 | QL(8 per 28 days) |
| *drospirenone-ethinyl estradiol 3-0.02 mg, 3-0.03 mg TABLET* **MO** | 4 | |
| DUAVEE 0.45-20 MG TABLET **MO** | 4 | PA,QL(30 per 30 days) |
| *elinest 0.3-30 mg-mcg TABLET* **MO** | 4 | |
| *eluryng 0.12-0.015 mg/24 hr RING* **MO** | 3 | QL(1 per 28 days) |
| *emzahh 0.35 mg TABLET* **MO** | 3 | |
| *enilloring 0.12-0.015 mg/24 hr RING* **MO** | 3 | QL(1 per 28 days) |
| *enpresse 50-30 (6)/75-40 (5)/125-30(10) TABLET* **MO** | 4 | |
| *enskyce 0.15-0.03 mg TABLET* **MO** | 4 | |
| *errin 0.35 mg TABLET* **MO** | 3 | |
| *estarylla 0.25-0.035 mg TABLET* **MO** | 4 | |
| *estradiol 0.01 % (0.1 mg/gram) CREAM* **MO** | 3 | |
| *estradiol 0.025 mg/24 hr, 0.0375 mg/24 hr, 0.05 mg/24 hr, 0.06 mg/24 hr, 0.075 mg/24 hr, 0.1 mg/24 hr PATCH, WEEKLY* **MO** | 4 | QL(4 per 28 days) |
| *estradiol 0.025 mg/24 hr, 0.0375 mg/24 hr, 0.05 mg/24 hr, 0.075 mg/24 hr, 0.1 mg/24 hr PATCH, SEMIWEEKLY* **MO** | 4 | QL(8 per 28 days) |
| *estradiol 0.5 mg, 1 mg, 2 mg TABLET* **MO** | 2 | |
| *estradiol valerate 10 mg/ml OIL* **MO** | 4 | |

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|---|---|---|
| *estradiol-norethindrone acet 0.5-0.1 mg, 1-0.5 mg TABLET* **MO** | 3 | |
| ESTRING 2 MG (7.5 MCG /24 HOUR) RING **MO** | 4 | QL(1 per 90 days) |
| *ethynodiol diac-eth estradiol 1-35 mg-mcg, 1-50 mg-mcg TABLET* **MO** | 4 | |
| *etonogestrel-ethinyl estradiol 0.12-0.015 mg/24 hr RING* **MO** | 3 | QL(1 per 28 days) |
| *falmina (28) 0.1-20 mg-mcg TABLET* **MO** | 4 | |
| *feirza 1 mg-20 mcg (21)/75 mg (7), 1.5 mg-30 mcg (21)/75 mg (7) TABLET* **MO** | 4 | |
| FEMLYV 1 MG- 20 MCG TABLET, DISINTEGRATING **MO** | 4 | |
| *gallifrey 5 mg TABLET* **MO** | 3 | |
| *hailey 1.5-30 mg-mcg TABLET* **MO** | 4 | |
| *hailey 24 fe 1 mg-20 mcg (24)/75 mg (4) TABLET* **MO** | 4 | |
| *hailey fe 1.5/30 (28) 1.5 mg-30 mcg (21)/75 mg (7) TABLET* **MO** | 4 | |
| *hailey fe 1/20 (28) 1 mg-20 mcg (21)/75 mg (7) TABLET* **MO** | 4 | |
| *haloette 0.12-0.015 mg/24 hr RING* **MO** | 3 | QL(1 per 28 days) |
| *heather 0.35 mg TABLET* **MO** | 3 | |
| *iclevia 0.15 mg-30 mcg (91) TABLET, DOSE PACK, 3 MONTH* **MO** | 4 | QL(91 per 90 days) |
| *incassia 0.35 mg TABLET* **MO** | 3 | |
| *introvale 0.15 mg-30 mcg (91) TABLET, DOSE PACK, 3 MONTH* **MO** | 4 | QL(91 per 90 days) |
| *isibloom 0.15-0.03 mg TABLET* **MO** | 4 | |
| *jaimiess 0.15 mg-30 mcg (84)/10 mcg (7) TABLET, DOSE PACK, 3 MONTH* **MO** | 4 | QL(91 per 90 days) |
| *jasmiel (28) 3-0.02 mg TABLET* **MO** | 4 | |
| *jencycla 0.35 mg TABLET* **MO** | 3 | |
| *juleber 0.15-0.03 mg TABLET* **MO** | 4 | |
| *junel 1.5/30 (21) 1.5-30 mg-mcg TABLET* **MO** | 4 | |
| *junel 1/20 (21) 1-20 mg-mcg TABLET* **MO** | 3 | |
| *junel fe 1.5/30 (28) 1.5 mg-30 mcg (21)/75 mg (7) TABLET* **MO** | 4 | |
| *junel fe 1/20 (28) 1 mg-20 mcg (21)/75 mg (7) TABLET* **MO** | 4 | |
| *junel fe 24 1 mg-20 mcg (24)/75 mg (4) TABLET* **MO** | 4 | |
| *kalliga 0.15-0.03 mg TABLET* **MO** | 4 | |
| *kariva (28) 0.15-0.02 mgx21 /0.01 mg x 5 TABLET* **MO** | 4 | |
| *kelnor 1/35 (28) 1-35 mg-mcg TABLET* **MO** | 4 | |
| *kelnor 1/50 (28) 1-50 mg-mcg TABLET* **MO** | 4 | |
| *kurvelo (28) 0.15-0.03 mg TABLET* **MO** | 4 | |
| *l norgest/e.estradiol-e.estrad 0.1 mg-20 mcg (84)/10 mcg (7), 0.15 mg-30 mcg (84)/10 mcg (7) TABLET, DOSE PACK, 3 MONTH* **MO** | 4 | QL(91 per 90 days) |
| *larin 1.5/30 (21) 1.5-30 mg-mcg TABLET* **MO** | 4 | |

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| DRUG NAME | TIER | UTILIZATION MANAGEMENT REQUIREMENTS |
|---|---|---|
| *larin 1/20 (21) 1-20 mg-mcg TABLET* **MO** | 3 | |
| *larin 24 fe 1 mg-20 mcg (24)/75 mg (4) TABLET* **MO** | 4 | |
| *larin fe 1.5/30 (28) 1.5 mg-30 mcg (21)/75 mg (7) TABLET* **MO** | 4 | |
| *larin fe 1/20 (28) 1 mg-20 mcg (21)/75 mg (7) TABLET* **MO** | 4 | |
| *leena 28 0.5/1/0.5-35 mg-mcg TABLET* **MO** | 4 | |
| *lessina 0.1-20 mg-mcg TABLET* **MO** | 4 | |
| *levonest (28) 50-30 (6)/75-40 (5)/125-30(10) TABLET* **MO** | 4 | |
| *levonorg-eth estrad triphasic 50-30 (6)/75-40 (5)/125-30(10) TABLET* **MO** | 4 | |
| *levonorgestrel-ethinyl estrad 0.1-20 mg-mcg, 0.15-0.03 mg TABLET* **MO** | 4 | |
| *levonorgestrel-ethinyl estrad 0.15 mg-30 mcg (91) TABLET, DOSE PACK, 3 MONTH* **MO** | 4 | QL(91 per 90 days) |
| *levora-28 0.15-0.03 mg TABLET* **MO** | 4 | |
| *lo-zumandimine (28) 3-0.02 mg TABLET* **MO** | 4 | |
| LOESTRIN 1.5/30 (21) 1.5-30 MG-MCG TABLET **MO** | 4 | |
| LOESTRIN 1/20 (21) 1-20 MG-MCG TABLET **MO** | 3 | |
| LOESTRIN FE 1.5/30 (28-DAY) 1.5 MG-30 MCG (21)/75 MG (7) TABLET **MO** | 4 | |
| LOESTRIN FE 1/20 (28-DAY) 1 MG-20 MCG (21)/75 MG (7) TABLET **MO** | 4 | |
| *lojaimiess 0.1 mg-20 mcg (84)/10 mcg (7) TABLET, DOSE PACK, 3 MONTH* **MO** | 4 | QL(91 per 90 days) |
| *loryna (28) 3-0.02 mg TABLET* **MO** | 4 | |
| *low-ogestrel (28) 0.3-30 mg-mcg TABLET* **MO** | 4 | |
| *luizza 1-20 mg-mcg TABLET* **MO** | 3 | |
| *luizza 1.5-30 mg-mcg TABLET* **MO** | 4 | |
| *lutera (28) 0.1-20 mg-mcg TABLET* **MO** | 4 | |
| *lyleq 0.35 mg TABLET* **MO** | 3 | |
| *lyllana 0.025 mg/24 hr, 0.0375 mg/24 hr, 0.05 mg/24 hr, 0.075 mg/24 hr, 0.1 mg/24 hr PATCH, SEMIWEEKLY* **MO** | 4 | QL(8 per 28 days) |
| *lyza 0.35 mg TABLET* **MO** | 3 | |
| *marlissa (28) 0.15-0.03 mg TABLET* **MO** | 4 | |
| *medroxyprogesterone 10 mg, 2.5 mg, 5 mg TABLET* **MO** | 2 | |
| *medroxyprogesterone 150 mg/ml SUSPENSION* **MO** | 2 | QL(1 per 90 days) |
| *medroxyprogesterone 150 mg/ml SYRINGE* **MO** | 2 | QL(1 per 90 days) |
| *megestrol 20 mg, 40 mg TABLET* **MO** | 2 | |
| *megestrol 400 mg/10 ml (10 ml), 400 mg/10 ml (40 mg/ml) SUSPENSION* **MO** | 4 | |
| *meleya 0.35 mg TABLET* **MO** | 3 | |
| MENEST 0.3 MG, 0.625 MG, 1.25 MG, 2.5 MG TABLET **MO** | 4 | |

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| DRUG NAME | TIER | UTILIZATION MANAGEMENT REQUIREMENTS |
|---|---|---|
| *microgestin 1.5/30 (21) 1.5-30 mg-mcg TABLET* **MO** | 4 | |
| *microgestin 1/20 (21) 1-20 mg-mcg TABLET* **MO** | 3 | |
| *microgestin fe 1.5/30 (28) 1.5 mg-30 mcg (21)/75 mg (7) TABLET* **MO** | 4 | |
| *microgestin fe 1/20 (28) 1 mg-20 mcg (21)/75 mg (7) TABLET* **MO** | 4 | |
| *mili 0.25-0.035 mg TABLET* **MO** | 4 | |
| *mono-linyah 0.25-0.035 mg TABLET* **MO** | 4 | |
| *necon 0.5/35 (28) 0.5-35 mg-mcg TABLET* **MO** | 4 | |
| NEXPLANON 68 MG IMPLANT **DL** | 3 | |
| *nikki (28) 3-0.02 mg TABLET* **MO** | 4 | |
| *nora-be 0.35 mg TABLET* **MO** | 3 | |
| NORA-BE 0.35 MG TABLET **MO** | 3 | |
| *norelgestromin-ethin.estradiol 150-35 mcg/24 hr PATCH, WEEKLY* **MO** | 3 | QL(3 per 28 days) |
| *noreth-ethinyl estradiol-iron 0.4mg-35mcg(21) and 75 mg (7) CHEWABLE TABLET* **MO** | 4 | |
| *norethindrone (contraceptive) 0.35 mg TABLET* **MO** | 3 | |
| *norethindrone ac-eth estradiol 1-20 mg-mcg TABLET* **MO** | 3 | |
| *norethindrone ac-eth estradiol 1.5-30 mg-mcg TABLET* **MO** | 4 | |
| *norethindrone acetate 5 mg TABLET* **MO** | 3 | |
| *norethindrone-e.estradiol-iron 1 mg-20 mcg (21)/75 mg (7), 1-20(5)/1-30(7) /1mg-35mcg (9), 1.5 mg-30 mcg (21)/75 mg (7) TABLET* **MO** | 4 | |
| *norgestimate-ethinyl estradiol 0.18/0.215/0.25 mg-0.025 mg, 0.18/0.215/0.25 mg-0.035mg (28), 0.25-0.035 mg TABLET* **MO** | 4 | |
| *nortrel 0.5/35 (28) 0.5-35 mg-mcg TABLET* **MO** | 4 | |
| *nortrel 1/35 (21) 1-35 mg-mcg (21) TABLET* **MO** | 4 | |
| *nortrel 1/35 (28) 1-35 mg-mcg TABLET* **MO** | 4 | |
| *nortrel 7/7/7 (28) 0.5/0.75/1 mg- 35 mcg TABLET* **MO** | 4 | |
| *nylia 1/35 (28) 1-35 mg-mcg TABLET* **MO** | 4 | |
| *nylia 7/7/7 (28) 0.5/0.75/1 mg- 35 mcg TABLET* **MO** | 4 | |
| *ocella 3-0.03 mg TABLET* **MO** | 4 | |
| *orquidea 0.35 mg TABLET* **MO** | 3 | |
| OSPHENA 60 MG TABLET **MO** | 3 | PA |
| *pimtrea (28) 0.15-0.02 mgx21 /0.01 mg x 5 TABLET* **MO** | 4 | |
| *portia 28 0.15-0.03 mg TABLET* **MO** | 4 | |
| *progesterone 50 mg/ml OIL* **MO** | 4 | |
| *progesterone micronized 100 mg, 200 mg CAPSULE* **MO** | 3 | |

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| DRUG NAME | TIER | UTILIZATION MANAGEMENT REQUIREMENTS |
|---|---|---|
| *raloxifene 60 mg TABLET* **MO** | 3 | QL(30 per 30 days) |
| *reclipsen (28) 0.15-0.03 mg TABLET* **MO** | 4 | |
| *setlakin 0.15 mg-30 mcg (91) TABLET, DOSE PACK, 3 MONTH* **MO** | 4 | QL(91 per 90 days) |
| *sharobel 0.35 mg TABLET* **MO** | 3 | |
| *simliya (28) 0.15-0.02 mgx21 /0.01 mg x 5 TABLET* **MO** | 4 | |
| *simpesse 0.15 mg-30 mcg (84)/10 mcg (7) TABLET, DOSE PACK, 3 MONTH* **MO** | 4 | QL(91 per 90 days) |
| *sprintec (28) 0.25-0.035 mg TABLET* **MO** | 4 | |
| *sronyx 0.1-20 mg-mcg TABLET* **MO** | 4 | |
| *syeda 3-0.03 mg TABLET* **MO** | 4 | |
| *tarina 24 fe 1 mg-20 mcg (24)/75 mg (4) TABLET* **MO** | 4 | |
| *tarina fe 1-20 eq (28) 1 mg-20 mcg (21)/75 mg (7) TABLET* **MO** | 4 | |
| *tarina fe 1/20 (28) 1 mg-20 mcg (21)/75 mg (7) TABLET* **MO** | 4 | |
| *testosterone 1.62 % (20.25 mg/1.25 gram) GEL IN PACKET* **MO** | 4 | PA,QL(37.5 per 30 days) |
| *testosterone 1.62 % (40.5 mg/2.5 gram) GEL IN PACKET* **MO** | 4 | PA,QL(150 per 30 days) |
| *testosterone 20.25 mg/1.25 gram (1.62 %) GEL IN METERED DOSE PUMP* **MO** | 4 | PA,QL(150 per 30 days) |
| *testosterone cypionate 100 mg/ml, 200 mg/ml OIL* **MO** | 3 | PA |
| *testosterone enanthate 200 mg/ml OIL* **MO** | 3 | PA,QL(25 per 90 days) |
| *tilia fe 1-20(5)/1-30(7) /1mg-35mcg (9) TABLET* **MO** | 4 | |
| *tri-estarylla 0.18/0.215/0.25 mg-0.035mg (28) TABLET* **MO** | 4 | |
| *tri-legest fe 1-20(5)/1-30(7) /1mg-35mcg (9) TABLET* **MO** | 4 | |
| *tri-linyah 0.18/0.215/0.25 mg-0.035mg (28) TABLET* **MO** | 4 | |
| *tri-lo-estarylla 0.18/0.215/0.25 mg-0.025 mg TABLET* **MO** | 4 | |
| *tri-lo-marzia 0.18/0.215/0.25 mg-0.025 mg TABLET* **MO** | 4 | |
| *tri-lo-mili 0.18/0.215/0.25 mg-0.025 mg TABLET* **MO** | 4 | |
| *tri-lo-sprintec 0.18/0.215/0.25 mg-0.025 mg TABLET* **MO** | 4 | |
| *tri-mili 0.18/0.215/0.25 mg-0.035mg (28) TABLET* **MO** | 4 | |
| *tri-nymyo 0.18/0.215/0.25 mg-35 mcg (28) TABLET* **MO** | 4 | |
| *tri-sprintec (28) 0.18/0.215/0.25 mg-0.035mg (28) TABLET* **MO** | 4 | |
| *tri-vylibra 0.18/0.215/0.25 mg-0.035mg (28) TABLET* **MO** | 4 | |
| *tri-vylibra lo 0.18/0.215/0.25 mg-0.025 mg TABLET* **MO** | 4 | |
| *trivora (28) 50-30 (6)/75-40 (5)/125-30(10) TABLET* **MO** | 4 | |
| *tulana 0.35 mg TABLET* **MO** | 3 | |
| *turqoz (28) 0.3-30 mg-mcg TABLET* **MO** | 4 | |
| *valtya 1-35 mg-mcg, 1-50 mg-mcg TABLET* **MO** | 4 | |

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| DRUG NAME | TIER | UTILIZATION MANAGEMENT REQUIREMENTS |
|---|---|---|
| *velivet triphasic regimen (28) 0.1/.125/.15-25 mg-mcg TABLET* **MO** | 4 | |
| *vestura (28) 3-0.02 mg TABLET* **MO** | 4 | |
| *vienva 0.1-20 mg-mcg TABLET* **MO** | 4 | |
| *viorele (28) 0.15-0.02 mgx21 /0.01 mg x 5 TABLET* **MO** | 4 | |
| *volnea (28) 0.15-0.02 mgx21 /0.01 mg x 5 TABLET* **MO** | 4 | |
| *vylibra 0.25-0.035 mg TABLET* **MO** | 4 | |
| *wera (28) 0.5-35 mg-mcg TABLET* **MO** | 4 | |
| *wymzya fe 0.4mg-35mcg(21) and 75 mg (7) CHEWABLE TABLET* **MO** | 4 | |
| *xarah fe 1-20(5)/1-30(7) /1mg-35mcg (9) TABLET* **MO** | 4 | |
| *xelria fe 0.4mg-35mcg(21) and 75 mg (7) CHEWABLE TABLET* **MO** | 4 | |
| *xulane 150-35 mcg/24 hr PATCH, WEEKLY* **MO** | 3 | QL(3 per 28 days) |
| *zafemy 150-35 mcg/24 hr PATCH, WEEKLY* **MO** | 3 | QL(3 per 28 days) |
| *zarah 3-0.03 mg TABLET* **MO** | 4 | |
| *zovia 1-35 (28) 1-35 mg-mcg TABLET* **MO** | 4 | |
| *zumandimine (28) 3-0.03 mg TABLET* **MO** | 4 | |
| **HORMONAL AGENTS, STIMULANT/REPLACEMENT/MODIFYING (THYROID)** | | |
| LEVO-T 100 MCG, 112 MCG, 125 MCG, 137 MCG, 150 MCG, 175 MCG, 200 MCG, 25 MCG, 300 MCG, 50 MCG, 75 MCG, 88 MCG TABLET **MO** | 3 | |
| *levothyroxine 100 mcg, 112 mcg, 125 mcg, 137 mcg, 150 mcg, 25 mcg, 50 mcg, 75 mcg, 88 mcg TABLET* **MO** | 1 | |
| *levothyroxine 175 mcg, 200 mcg, 300 mcg TABLET* **MO** | 1 | |
| LEVOXYL 100 MCG, 112 MCG, 125 MCG, 137 MCG, 150 MCG, 175 MCG, 200 MCG, 25 MCG, 50 MCG, 75 MCG, 88 MCG TABLET **MO** | 4 | |
| *liomny 25 mcg, 5 mcg, 50 mcg TABLET* **MO** | 3 | |
| *liothyronine 10 mcg/ml SOLUTION* **MO** | 3 | |
| *liothyronine 25 mcg, 5 mcg, 50 mcg TABLET* **MO** | 3 | |
| SYNTHROID 100 MCG, 112 MCG, 125 MCG, 137 MCG, 150 MCG, 175 MCG, 200 MCG, 25 MCG, 300 MCG, 50 MCG, 75 MCG, 88 MCG TABLET **MO** | 3 | |
| TIROSINT-SOL 100 MCG/ML, 112 MCG/ML, 125 MCG/ML, 13 MCG/ML, 137 MCG/ML, 150 MCG/ML, 175 MCG/ML, 200 MCG/ML, 25 MCG/ML, 37.5 MCG/ML, 44 MCG/ML, 50 MCG/ML, 62.5 MCG/ML, 75 MCG/ML, 88 MCG/ML SOLUTION **MO** | 4 | |
| **HORMONAL AGENTS, SUPPRESSANT (ADRENAL OR PITUITARY)** | | |
| *cabergoline 0.5 mg TABLET* **MO** | 4 | |
| FIRMAGON 120 MG RECON SOLUTION **DL** | 5 | PA |
| FIRMAGON KIT W DILUENT SYRINGE 120 MG RECON SOLUTION **DL** | 5 | PA |

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| DRUG NAME | TIER | UTILIZATION MANAGEMENT REQUIREMENTS |
|---|---|---|
| FIRMAGON KIT W DILUENT SYRINGE 80 MG RECON SOLUTION **MO** | 4 | PA |
| *leuprolide 1 mg/0.2 ml KIT* **MO** | 4 | |
| *leuprolide acetate (3 month) 22.5 mg SUSPENSION FOR RECONSTITUTION* **MO** | 4 | PA,QL(1 per 90 days) |
| LUPRON DEPOT 3.75 MG SYRINGE KIT **MO** | 4 | PA,QL(1 per 30 days) |
| LUPRON DEPOT 7.5 MG SYRINGE KIT **DL** | 5 | PA,QL(1 per 30 days) |
| LUPRON DEPOT (3 MONTH) 11.25 MG, 22.5 MG SYRINGE KIT **MO** | 4 | PA,QL(1 per 90 days) |
| LUPRON DEPOT (4 MONTH) 30 MG SYRINGE KIT **MO** | 4 | PA,QL(1 per 112 days) |
| LUPRON DEPOT (6 MONTH) 45 MG SYRINGE KIT | 5 | PA,QL(1 per 168 days) |
| LUTRATE DEPOT (3 MONTH) 22.5 MG SUSPENSION FOR RECONSTITUTION **MO** | 4 | PA,QL(1 per 90 days) |
| *octreotide acetate 1,000 mcg/ml, 100 mcg/ml, 200 mcg/ml, 500 mcg/ml SOLUTION* **MO** | 4 | PA |
| *octreotide acetate 100 mcg/ml (1 ml), 50 mcg/ml (1 ml), 500 mcg/ml (1 ml) SYRINGE* **MO** | 4 | PA |
| *octreotide acetate 50 mcg/ml SOLUTION* **MO** | 3 | PA |
| *octreotide,microspheres 10 mg, 20 mg, 30 mg SUSPENSION, ER, RECON* **DL** | 5 | PA |
| SANDOSTATIN LAR DEPOT 10 MG, 20 MG, 30 MG SUSPENSION, ER, RECON **DL** | 5 | PA |
| SIGNIFOR 0.3 MG/ML (1 ML), 0.6 MG/ML (1 ML), 0.9 MG/ML (1 ML) SOLUTION **DL** | 5 | PA,QL(60 per 30 days) |
| SOMAVERT 10 MG, 15 MG, 20 MG RECON SOLUTION **DL** | 5 | PA,QL(60 per 30 days) |
| SOMAVERT 25 MG, 30 MG RECON SOLUTION **DL** | 5 | PA,QL(30 per 30 days) |
| **HORMONAL AGENTS, SUPPRESSANT (THYROID)** | | |
| *methimazole 10 mg, 5 mg TABLET* **MO** | 2 | |
| *propylthiouracil 50 mg TABLET* **MO** | 3 | |
| **IMMUNOLOGICAL AGENTS** | | |
| ABRYSVO (PF) 120 MCG/0.5 ML RECON SOLUTION **AV,DL** | 1 | |
| ACTHIB (PF) 10 MCG/0.5 ML RECON SOLUTION **DL** | 1 | |
| ACTIMMUNE 100 MCG/0.5 ML SOLUTION **DL** | 5 | PA |
| ADACEL(TDAP ADOLESN/ADULT)(PF) 2 LF-(2.5-5-3-5 MCG)-5LF/0.5 ML SUSPENSION **AV,DL** | 1 | |
| ADACEL(TDAP ADOLESN/ADULT)(PF) 2 LF-(2.5-5-3-5 MCG)-5LF/0.5 ML SYRINGE **AV,DL** | 1 | |
| ADALIMUMAB-ADAZ 10 MG/0.1 ML SYRINGE **DL** | 5 | PA,QL(0.2 per 28 days) |
| ADALIMUMAB-ADAZ 20 MG/0.2 ML SYRINGE **DL** | 5 | PA,QL(1.2 per 28 days) |
| ADALIMUMAB-ADAZ 40 MG/0.4 ML PEN INJECTOR **DL** | 5 | PA,QL(2.4 per 28 days) |
| ADALIMUMAB-ADAZ 40 MG/0.4 ML SYRINGE **DL** | 5 | PA,QL(2.4 per 28 days) |

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|---|---|---|
| ADALIMUMAB-ADAZ 80 MG/0.8 ML PEN INJECTOR DL | 5 | PA,QL(4.8 per 28 days) |
| ADALIMUMAB-ADBM 10 MG/0.2 ML, 20 MG/0.4 ML SYRINGE KIT DL | 5 | PA,QL(2 per 28 days) |
| ADALIMUMAB-ADBM 40 MG/0.4 ML, 40 MG/0.8 ML PEN INJECTOR KIT DL | 5 | PA,QL(6 per 28 days) |
| ADALIMUMAB-ADBM 40 MG/0.4 ML, 40 MG/0.8 ML SYRINGE KIT DL | 5 | PA,QL(6 per 28 days) |
| ADALIMUMAB-ADBM(CF) PEN CROHNS 40 MG/0.4 ML, 40 MG/0.8 ML PEN INJECTOR KIT DL | 5 | PA,QL(6 per 28 days) |
| ADALIMUMAB-ADBM(CF) PEN PS-UV 40 MG/0.4 ML, 40 MG/0.8 ML PEN INJECTOR KIT DL | 5 | PA,QL(6 per 28 days) |
| ARCALYST 220 MG RECON SOLUTION DL | 5 | PA |
| AREXVY (PF) 120 MCG/0.5 ML SUSPENSION FOR RECONSTITUTION AV,DL | 1 | |
| *azathioprine 50 mg TABLET* MO | 3 | BvsD |
| BCG VACCINE, LIVE (PF) 50 MG SUSPENSION FOR RECONSTITUTION AV,DL | 1 | |
| BENLYSTA 200 MG/ML AUTO-INJECTOR DL | 5 | PA,QL(8 per 28 days) |
| BENLYSTA 200 MG/ML SYRINGE DL | 5 | PA,QL(8 per 28 days) |
| BESREMI 500 MCG/ML SYRINGE DL | 5 | PA,QL(2 per 28 days) |
| BEXSERO 50-50-50-25 MCG/0.5 ML SYRINGE AV,DL | 1 | |
| BOOSTRIX TDAP 2.5-8-5 LF-MCG-LF/0.5ML SUSPENSION AV,DL | 1 | |
| BOOSTRIX TDAP 2.5-8-5 LF-MCG-LF/0.5ML SYRINGE AV,DL | 1 | |
| *cyclosporine 100 mg, 25 mg CAPSULE* MO | 4 | BvsD |
| *cyclosporine modified 100 mg, 25 mg, 50 mg CAPSULE* MO | 4 | BvsD |
| *cyclosporine modified 100 mg/ml SOLUTION* MO | 4 | BvsD |
| DAPTACEL (DTAP PEDIATRIC) (PF) 15-10-5 LF-MCG-LF/0.5ML SUSPENSION DL | 1 | |
| DENGVAXIA (PF) 10EXP4.5-6 CCID50/0.5 ML SUSPENSION FOR RECONSTITUTION DL | 1 | |
| DUPIXENT PEN 200 MG/1.14 ML PEN INJECTOR DL | 5 | PA,QL(3.42 per 28 days) |
| DUPIXENT PEN 300 MG/2 ML PEN INJECTOR DL | 5 | PA,QL(8 per 28 days) |
| DUPIXENT SYRINGE 200 MG/1.14 ML SYRINGE DL | 5 | PA,QL(3.42 per 28 days) |
| DUPIXENT SYRINGE 300 MG/2 ML SYRINGE DL | 5 | PA,QL(8 per 28 days) |
| ENGERIX-B (PF) 20 MCG/ML SUSPENSION AV,DL | 1 | BvsD |
| ENGERIX-B (PF) 20 MCG/ML SYRINGE AV,DL | 1 | BvsD |
| ENGERIX-B PEDIATRIC (PF) 10 MCG/0.5 ML SYRINGE AV,DL | 1 | BvsD |
| ENVARSUS XR 0.75 MG, 1 MG TABLET, ER 24 HR. MO | 4 | PA |
| ENVARSUS XR 4 MG TABLET, ER 24 HR. DL | 5 | PA |
| *everolimus (immunosuppressive) 0.25 mg TABLET* MO | 4 | BvsD,QL(60 per 30 days) |
| *everolimus (immunosuppressive) 0.5 mg TABLET* DL | 5 | BvsD,QL(120 per 30 days) |

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| DRUG NAME | TIER | UTILIZATION MANAGEMENT REQUIREMENTS |
|---|---|---|
| *everolimus (immunosuppressive) 0.75 mg, 1 mg TABLET* **DL** | 5 | BvsD,QL(60 per 30 days) |
| GAMUNEX-C 1 GRAM/10 ML (10 %) SOLUTION **DL** | 5 | PA |
| GAMUNEX-C 10 GRAM/100 ML (10 %), 2.5 GRAM/25 ML (10 %), 20 GRAM/200 ML (10 %), 40 GRAM/400 ML (10 %), 5 GRAM/50 ML (10 %) SOLUTION **DL** | 5 | PA |
| GARDASIL 9 (PF) 0.5 ML SUSPENSION **AV,DL** | 1 | |
| GARDASIL 9 (PF) 0.5 ML SYRINGE **AV,DL** | 1 | |
| HAEGARDA 2,000 UNIT, 3,000 UNIT RECON SOLUTION **DL** | 5 | PA,QL(24 per 28 days) |
| HAVRIX (PF) 1,440 ELISA UNIT/ML SYRINGE **AV,DL** | 1 | |
| HAVRIX (PF) 720 ELISA UNIT/0.5 ML SYRINGE **DL** | 1 | |
| HEPLISAV-B (PF) 20 MCG/0.5 ML SYRINGE **AV,DL** | 1 | BvsD |
| HIBERIX (PF) 10 MCG/0.5 ML RECON SOLUTION **DL** | 1 | |
| HUMIRA 40 MG/0.8 ML SYRINGE KIT **DL** | 5 | PA,QL(6 per 28 days) |
| HUMIRA PEN 40 MG/0.8 ML PEN INJECTOR KIT **DL** | 5 | PA,QL(6 per 28 days) |
| HUMIRA(CF) 10 MG/0.1 ML SYRINGE KIT **DL** | 5 | PA,QL(2 per 28 days) |
| HUMIRA(CF) 20 MG/0.2 ML, 40 MG/0.4 ML SYRINGE KIT **DL** | 5 | PA,QL(6 per 28 days) |
| HUMIRA(CF) PEN 40 MG/0.4 ML, 80 MG/0.8 ML PEN INJECTOR KIT **DL** | 5 | PA,QL(6 per 28 days) |
| HUMIRA(CF) PEN CROHNS-UC-HS 80 MG/0.8 ML PEN INJECTOR KIT **DL** | 5 | PA,QL(6 per 28 days) |
| HUMIRA(CF) PEN PEDIATRIC UC 80 MG/0.8 ML PEN INJECTOR KIT **DL** | 5 | PA,QL(6 per 28 days) |
| HUMIRA(CF) PEN PSOR-UV-ADOL HS 80 MG/0.8 ML-40 MG/0.4 ML PEN INJECTOR KIT **DL** | 5 | PA,QL(6 per 28 days) |
| *icatibant 30 mg/3 ml SYRINGE* **DL** | 5 | PA,QL(18 per 30 days) |
| IMOVAX RABIES VACCINE (PF) 2.5 UNIT RECON SOLUTION **AV,DL** | 1 | BvsD |
| INFANRIX (DTAP) (PF) 25-58-10 LF-MCG-LF/0.5ML SYRINGE **DL** | 1 | |
| IPOL 40-8-32 UNIT/0.5 ML SUSPENSION **AV,DL** | 1 | |
| IXIARO (PF) 6 MCG/0.5 ML SYRINGE **AV,DL** | 1 | |
| JYLAMVO 2 MG/ML SOLUTION **DL** | 4 | PA |
| JYNNEOS (PF) 0.5X TO 3.95X 10EXP8 UNIT/0.5 SUSPENSION **AV,DL** | 1 | |
| KINRIX (PF) 25 LF-58 MCG-10 LF/0.5 ML SYRINGE **DL** | 1 | |
| *leflunomide 10 mg, 20 mg TABLET* **MO** | 4 | QL(30 per 30 days) |
| M-M-R II (PF) 1,000-12,500 TCID50/0.5 ML RECON SOLUTION **AV,DL** | 1 | |
| MENACTRA (PF) 4 MCG/0.5 ML SOLUTION **AV,DL** | 1 | |
| MENQUADFI (PF) 10 MCG/0.5 ML SOLUTION **AV,DL** | 1 | |
| MENVEO A-C-Y-W-135-DIP (PF) 10-5 MCG/0.5 ML KIT **AV,DL** | 1 | |
| MENVEO A-C-Y-W-135-DIP (PF) 10-5 MCG/0.5 ML SOLUTION **AV,DL** | 1 | |

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| DRUG NAME | TIER | UTILIZATION MANAGEMENT REQUIREMENTS |
|---|---|---|
| *methotrexate sodium 2.5 mg TABLET* **MO** | 3 | BvsD |
| *methotrexate sodium 25 mg/ml SOLUTION* **MO** | 2 | |
| *methotrexate sodium (pf) 25 mg/ml SOLUTION* **MO** | 2 | |
| MRESVIA (PF) 50 MCG/0.5 ML SYRINGE **AV,DL** | 1 | |
| *mycophenolate mofetil 200 mg/ml SUSPENSION FOR RECONSTITUTION* **MO** | 4 | BvsD |
| *mycophenolate mofetil 250 mg CAPSULE* **MO** | 3 | BvsD |
| *mycophenolate mofetil 500 mg TABLET* **MO** | 3 | BvsD |
| *mycophenolate mofetil (hcl) 500 mg RECON SOLUTION* **MO** | 4 | BvsD |
| *mycophenolate sodium 180 mg, 360 mg TABLET, DR/EC* **MO** | 4 | BvsD |
| OTULFI 45 MG/0.5 ML SOLUTION **MO** | 4 | PA,QL(1.5 per 84 days) |
| OTULFI 45 MG/0.5 ML SYRINGE **MO** | 4 | PA,QL(1.5 per 84 days) |
| OTULFI 90 MG/ML SYRINGE **DL** | 5 | PA,QL(3 per 84 days) |
| PEDIARIX (PF) 10 MCG-25LF-25 MCG-10LF/0.5 ML SYRINGE **DL** | 1 | |
| PEDVAX HIB (PF) 7.5 MCG/0.5 ML SOLUTION **DL** | 1 | |
| PEGASYS 180 MCG/0.5 ML SYRINGE **DL** | 5 | PA,QL(2 per 28 days) |
| PEGASYS 180 MCG/ML SOLUTION **DL** | 5 | PA,QL(4 per 28 days) |
| PENBRAYA (PF) 5-120 MCG/0.5 ML KIT **AV,DL** | 1 | |
| PENMENVY MEN A-B-C-W-Y (PF) 0.5 ML KIT **AV,DL** | 1 | |
| PENTACEL (PF) 15LF-20MCG-5LF- 62 DU/0.5 ML KIT **DL** | 1 | |
| PRIORIX (PF) 10EXP3.4-4.2- 3.3CCID50/0.5ML SUSPENSION FOR RECONSTITUTION **AV,DL** | 1 | |
| PROGRAF 0.2 MG, 1 MG GRANULES IN PACKET **MO** | 4 | BvsD |
| PROQUAD (PF) 10EXP3-4.3-3- 3.99 TCID50/0.5 SUSPENSION FOR RECONSTITUTION **DL** | 1 | |
| QUADRACEL (PF) 15 LF-48 MCG- 5 LF UNIT/0.5ML SUSPENSION **DL** | 1 | |
| QUADRACEL (PF) 15 LF-48 MCG- 5 LF UNIT/0.5ML SYRINGE **DL** | 1 | |
| RABAVERT (PF) 2.5 UNIT SUSPENSION FOR RECONSTITUTION **AV,DL** | 1 | BvsD |
| RECOMBIVAX HB (PF) 10 MCG/ML, 40 MCG/ML, 5 MCG/0.5 ML SUSPENSION **AV,DL** | 1 | BvsD |
| RECOMBIVAX HB (PF) 10 MCG/ML, 5 MCG/0.5 ML SYRINGE **AV,DL** | 1 | BvsD |
| RINVOQ 15 MG, 30 MG TABLET, ER 24 HR. **DL** | 5 | PA,QL(30 per 30 days) |
| RINVOQ 45 MG TABLET, ER 24 HR. **DL** | 5 | PA,QL(168 per 365 days) |
| RINVOQ LQ 1 MG/ML SOLUTION **DL** | 5 | PA,QL(360 per 30 days) |
| ROTARIX 10EXP6 CCID50 /1.5 ML SUSPENSION **DL** | 1 | |
| ROTATEQ VACCINE 2 ML SOLUTION **DL** | 1 | |

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| DRUG NAME | TIER | UTILIZATION MANAGEMENT REQUIREMENTS |
|---|---|---|
| *sajazir 30 mg/3 ml SYRINGE* **DL** | 5 | PA,QL(18 per 30 days) |
| SANDIMMUNE 100 MG/ML SOLUTION **MO** | 4 | BvsD |
| SHINGRIX (PF) 50 MCG/0.5 ML SUSPENSION FOR RECONSTITUTION **AV,DL** | 3 | |
| *sirolimus 0.5 mg, 1 mg, 2 mg TABLET* **MO** | 4 | BvsD |
| *sirolimus 1 mg/ml SOLUTION* **MO** | 4 | BvsD |
| SKYRIZI 150 MG/ML PEN INJECTOR | 5 | PA,QL(2 per 84 days) |
| SKYRIZI 150 MG/ML SYRINGE | 5 | PA,QL(2 per 84 days) |
| SKYRIZI 180 MG/1.2 ML (150 MG/ML) WEARABLE INJECTOR **DL** | 5 | PA,QL(8.4 per 365 days) |
| SKYRIZI 360 MG/2.4 ML (150 MG/ML) WEARABLE INJECTOR **DL** | 5 | PA,QL(16.8 per 365 days) |
| STELARA 45 MG/0.5 ML SOLUTION **DL** | 5 | PA,QL(1.5 per 84 days) |
| STELARA 45 MG/0.5 ML SYRINGE **DL** | 5 | PA,QL(1.5 per 84 days) |
| STELARA 90 MG/ML SYRINGE **DL** | 5 | PA,QL(3 per 84 days) |
| *tacrolimus 0.5 mg, 1 mg, 5 mg CAPSULE* **MO** | 4 | BvsD |
| TDVAX 2-2 LF UNIT/0.5 ML SUSPENSION **AV,DL** | 1 | |
| TENIVAC (PF) 5 LF UNIT- 2 LF UNIT/0.5ML SUSPENSION **AV,DL** | 1 | |
| TENIVAC (PF) 5-2 LF UNIT/0.5 ML SYRINGE **AV,DL** | 1 | |
| TICOVAC 1.2 MCG/0.25 ML, 2.4 MCG/0.5 ML SYRINGE **AV,DL** | 1 | |
| TREMFYA 100 MG/ML SYRINGE | 5 | PA,QL(3 per 84 days) |
| TREMFYA 200 MG/2 ML SYRINGE **DL** | 5 | PA,QL(4 per 28 days) |
| TREMFYA 200 MG/20 ML (10 MG/ML) SOLUTION **DL** | 5 | PA,QL(120 per 365 days) |
| TREMFYA ONE-PRESS 100 MG/ML AUTO-INJECTOR | 5 | PA,QL(3 per 84 days) |
| TREMFYA PEN 100 MG/ML PEN INJECTOR | 5 | PA,QL(3 per 84 days) |
| TREMFYA PEN 200 MG/2 ML PEN INJECTOR **DL** | 5 | PA,QL(4 per 28 days) |
| TREMFYA PEN INDUCTION PK(2PEN) 200 MG/2 ML PEN INJECTOR **DL** | 5 | PA,QL(4 per 28 days) |
| TRUMENBA 120 MCG/0.5 ML SYRINGE **AV,DL** | 1 | |
| TWINRIX (PF) 720 ELISA UNIT- 20 MCG/ML SYRINGE **AV,DL** | 1 | |
| TYPHIM VI 25 MCG/0.5 ML SOLUTION **AV,DL** | 1 | |
| TYPHIM VI 25 MCG/0.5 ML SYRINGE **AV,DL** | 1 | |
| VAQTA (PF) 25 UNIT/0.5 ML SUSPENSION **DL** | 1 | |
| VAQTA (PF) 25 UNIT/0.5 ML SYRINGE **DL** | 1 | |
| VAQTA (PF) 50 UNIT/ML SUSPENSION **AV,DL** | 1 | |
| VAQTA (PF) 50 UNIT/ML SYRINGE **AV,DL** | 1 | |
| VARIVAX (PF) 1,350 UNIT/0.5 ML SUSPENSION FOR RECONSTITUTION **AV,DL** | 1 | |
| VAXCHORA VACCINE 4X10EXP8 TO 2X 10EXP9 CF UNIT SUSPENSION FOR RECONSTITUTION **AV,MO** | 1 | |

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| DRUG NAME | TIER | UTILIZATION MANAGEMENT REQUIREMENTS |
|---|---|---|
| VIMKUNYA 40 MCG/0.8 ML SYRINGE AV,DL | 1 | |
| VIVOTIF 2 BILLION UNIT CAPSULE, DR/EC AV,MO | 1 | |
| XATMEP 2.5 MG/ML SOLUTION MO | 4 | PA |
| XOLAIR 150 MG/ML, 300 MG/2 ML AUTO-INJECTOR DL,LA | 5 | PA,QL(8 per 28 days) |
| XOLAIR 150 MG/ML, 300 MG/2 ML SYRINGE DL,LA | 5 | PA,QL(8 per 28 days) |
| XOLAIR 75 MG/0.5 ML AUTO-INJECTOR DL,LA | 5 | PA,QL(4 per 28 days) |
| XOLAIR 75 MG/0.5 ML SYRINGE DL,LA | 5 | PA,QL(4 per 28 days) |
| YESINTEK 45 MG/0.5 ML SOLUTION MO | 4 | PA,QL(1.5 per 84 days) |
| YESINTEK 45 MG/0.5 ML SYRINGE MO | 4 | PA,QL(1.5 per 84 days) |
| YESINTEK 90 MG/ML SYRINGE DL | 5 | PA,QL(3 per 84 days) |
| YF-VAX (PF) 10 EXP4.74 UNIT/0.5 ML SUSPENSION FOR RECONSTITUTION AV,DL | 1 | |
| **INFLAMMATORY BOWEL DISEASE AGENTS** | | |
| *balsalazide 750 mg CAPSULE* MO | 4 | |
| *budesonide 3 mg CAPSULE, DR/EC* MO | 4 | |
| *budesonide 9 mg TABLET, DR/ER* DL | 4 | PA,QL(30 per 30 days) |
| *hydrocortisone 100 mg/60 ml ENEMA* MO | 3 | |
| *mesalamine 0.375 gram CAPSULE, ER 24 HR.* MO | 4 | QL(120 per 30 days) |
| *mesalamine 4 gram/60 ml ENEMA* MO | 4 | QL(1800 per 30 days) |
| *sulfasalazine 500 mg TABLET* MO | 2 | |
| *sulfasalazine 500 mg TABLET, DR/EC* MO | 2 | |
| **METABOLIC BONE DISEASE AGENTS** | | |
| *alendronate 10 mg, 5 mg TABLET* MO | 1 | QL(30 per 30 days) |
| *alendronate 35 mg TABLET* MO | 1 | QL(4 per 28 days) |
| *alendronate 70 mg TABLET* MO | 1 | QL(4 per 28 days) |
| *calcitonin (salmon) 200 unit/actuation SPRAY, NON-AEROSOL* MO | 3 | QL(3.7 per 28 days) |
| *calcitriol 0.25 mcg, 0.5 mcg CAPSULE* MO | 2 | |
| *calcitriol 1 mcg/ml SOLUTION* MO | 4 | |
| *cinacalcet 30 mg, 60 mg TABLET* MO | 4 | QL(60 per 30 days) |
| *cinacalcet 90 mg TABLET* MO | 4 | QL(120 per 30 days) |
| FORTEO 20 MCG/DOSE (560MCG/2.24ML) PEN INJECTOR DL | 5 | PA,QL(2.4 per 28 days) |
| *ibandronate 150 mg TABLET* MO | 3 | QL(1 per 28 days) |
| *paricalcitol 1 mcg, 2 mcg, 4 mcg CAPSULE* MO | 4 | |
| PROLIA 60 MG/ML SYRINGE MO | 4 | QL(1 per 180 days) |

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| DRUG NAME | TIER | UTILIZATION MANAGEMENT REQUIREMENTS |
|---|---|---|
| XGEVA 120 MG/1.7 ML (70 MG/ML) SOLUTION **DL** | 5 | PA,QL(1.7 per 28 days) |
| *zoledronic acid-mannitol-water 5 mg/100 ml PIGGYBACK* **MO** | 3 | PA,QL(100 per 365 days) |
| **MISCELLANEOUS THERAPEUTIC AGENTS** | | |
| ALCOHOL PADS PADS, MEDICATED **MO** | 1 | |
| ALCOHOL PREP PADS PADS, MEDICATED **MO** | 1 | |
| ALCOHOL SWABS PADS, MEDICATED **MO** | 1 | |
| ALCOHOL WIPES PADS, MEDICATED **MO** | 1 | |
| AUTOJECT 2 INJECTION DEVICE INSULIN PEN **MO** | 2 | |
| AUTOPEN 1 TO 21 UNITS INSULIN PEN **MO** | 2 | |
| AUTOPEN 2 TO 42 UNITS INSULIN PEN **MO** | 2 | |
| AUTOSHIELD DUO PEN NEEDLE 30 GAUGE X 3/16" NEEDLE **PDS,MO** | 2 | |
| BAND-AID GAUZE PADS 2 X 2 " BANDAGE **MO** | 1 | |
| BD ALCOHOL SWABS PADS, MEDICATED **MO** | 1 | |
| BD AUTOSHIELD DUO PEN NEEDLE 30 GAUGE X 3/16" NEEDLE **PDS,MO** | 2 | |
| BD ECLIPSE LUER-LOK 1 ML 30 GAUGE X 1/2" SYRINGE **PDS,MO** | 2 | |
| BD INSULIN SYRINGE 0.3 ML 29 GAUGE X 1/2", 0.5 ML 29 GAUGE X 1/2", 1 ML 27 GAUGE X 1/2", 1 ML 28 GAUGE X 1/2", 1 ML 29 GAUGE X 1/2" SYRINGE **PDS,MO** | 2 | |
| BD INSULIN SYRINGE (HALF UNIT) 0.3 ML 31 GAUGE X 5/16" SYRINGE **PDS,MO** | 2 | |
| BD INSULIN SYRINGE MICRO-FINE 1 ML 28 GAUGE X 1/2" SYRINGE **PDS,MO** | 2 | |
| BD INSULIN SYRINGE U-500 1/2 ML 31 GAUGE X 15/64" SYRINGE **PDS,MO** | 2 | |
| BD INSULIN SYRINGE ULTRA-FINE 0.3 ML 30 GAUGE X 1/2", 0.3 ML 31 GAUGE X 5/16", 0.5 ML 30 GAUGE X 1/2", 0.5 ML 31 GAUGE X 5/16", 1 ML 30 GAUGE X 1/2", 1 ML 31 GAUGE X 5/16 SYRINGE **PDS,MO** | 2 | |
| BD LO-DOSE MICRO-FINE IV 1/2 ML 28 GAUGE X 1/2" SYRINGE **PDS,MO** | 2 | |
| BD NANO 2ND GEN PEN NEEDLE 32 GAUGE X 5/32" NEEDLE **PDS,MO** | 2 | |
| BD SAFETYGLIDE INSULIN SYRINGE 0.3 ML 29 GAUGE X 1/2", 0.3 ML 31 GAUGE X 15/64", 0.3 ML 31 GAUGE X 5/16", 0.5 ML 29 GAUGE X 1/2", 0.5 ML 30 GAUGE X 5/16", 0.5 ML 31 GAUGE X 15/64", 1 ML 29 GAUGE X 1/2", 1 ML 31 GAUGE X 15/64" SYRINGE **PDS,MO** | 2 | |
| BD SAFETYGLIDE SYRINGE 1 ML 27 GAUGE X 5/8" SYRINGE **PDS,MO** | 2 | |
| BD ULTRA-FINE MICRO PEN NEEDLE 32 GAUGE X 1/4" NEEDLE **PDS,MO** | 2 | |
| BD ULTRA-FINE MINI PEN NEEDLE 31 GAUGE X 3/16" NEEDLE **PDS,MO** | 2 | |
| BD ULTRA-FINE NANO PEN NEEDLE 32 GAUGE X 5/32" NEEDLE **PDS,MO** | 2 | |
| BD ULTRA-FINE ORIG PEN NEEDLE 29 GAUGE X 1/2" NEEDLE **PDS,MO** | 2 | |
| BD ULTRA-FINE SHORT PEN NEEDLE 31 GAUGE X 5/16" NEEDLE **PDS,MO** | 2 | |

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| DRUG NAME | TIER | UTILIZATION MANAGEMENT REQUIREMENTS |
|---|---|---|
| BD VEO INSULIN SYR (HALF UNIT) 0.3 ML 31 GAUGE X 15/64" SYRINGE **PDS,MO** | 2 | |
| BD VEO INSULIN SYRINGE UF 0.3 ML 31 GAUGE X 15/64", 1 ML 31 GAUGE X 15/64", 1/2 ML 31 GAUGE X 15/64" SYRINGE **PDS,MO** | 2 | |
| BORDERED GAUZE 2 X 2 " BANDAGE **MO** | 1 | |
| *butalbital-acetaminop-caf-cod 50-325-40-30 mg CAPSULE* **DL** | 4 | QL(360 per 30 days) |
| *butalbital-acetaminophen-caff 50-325-40 mg CAPSULE* **MO** | 4 | QL(180 per 30 days) |
| *butalbital-acetaminophen-caff 50-325-40 mg TABLET* **MO** | 4 | QL(180 per 30 days) |
| CARETOUCH ALCOHOL PREP PAD PADS, MEDICATED **MO** | 1 | |
| COBENFY 100-20 MG, 125-30 MG, 50-20 MG CAPSULE **DL** | 5 | PA,QL(60 per 30 days) |
| COBENFY STARTER PACK 50 MG-20 MG /100 MG-20 MG CAPSULE, DOSE PACK **DL** | 5 | PA,QL(56 per 28 days) |
| CURITY ALCOHOL SWABS PADS, MEDICATED **MO** | 1 | |
| CURITY GAUZE 2 X 2 " BANDAGE **MO** | 1 | |
| DERMACEA 2 X 2 " BANDAGE **MO** | 1 | |
| DROPLET INSULIN SYR(HALF UNIT) 0.3 ML 29 GAUGE X 1/2", 0.3 ML 30 GAUGE X 1/2", 0.3 ML 30 GAUGE X 5/16", 0.3 ML 31 GAUGE X 15/64", 0.3 ML 31 GAUGE X 5/16", 0.5 ML 29 GAUGE X 1/2", 0.5 ML 30 GAUGE X 1/2", 0.5 ML 30 GAUGE X 5/16", 0.5 ML 31 GAUGE X 15/64", 0.5 ML 31 GAUGE X 5/16", 0.5ML 30 GAUGE X 15/64" SYRINGE **PDS,MO** | 2 | |
| DROPLET INSULIN SYRINGE 0.3 ML 29 GAUGE X 1/2", 0.3 ML 30 GAUGE X 1/2", 0.3 ML 30 GAUGE X 15/64", 0.3 ML 30 GAUGE X 5/16", 0.3 ML 31 GAUGE X 15/64", 0.3 ML 31 GAUGE X 5/16", 1 ML 29 GAUGE X 1/2", 1 ML 30 GAUGE X 1/2", 1 ML 30 GAUGE X 15/64", 1 ML 30 GAUGE X 5/16, 1 ML 31 GAUGE X 15/64", 1 ML 31 GAUGE X 5/16 SYRINGE **PDS,MO** | 2 | |
| DROPLET INSULIN SYRINGE 0.5 ML 29 GAUGE X 1/2", 0.5 ML 30 GAUGE X 1/2", 0.5 ML 30 GAUGE X 5/16", 0.5 ML 31 GAUGE X 5/16", 1/2 ML 31 GAUGE X 15/64" SYRINGE **PDS,MO** | 2 | |
| DROPLET MICRON PEN NEEDLE 34 GAUGE X 9/64" NEEDLE **PDS,MO** | 2 | |
| DROPLET PEN NEEDLE 29 GAUGE X 1/2", 29 GAUGE X 3/8", 30 GAUGE X 5/16", 31 GAUGE X 1/4", 31 GAUGE X 3/16", 31 GAUGE X 5/16", 32 GAUGE X 1/4", 32 GAUGE X 3/16", 32 GAUGE X 5/16", 32 GAUGE X 5/32" NEEDLE **PDS,MO** | 2 | |
| DROPSAFE ALCOHOL PREP PADS PADS, MEDICATED **MO** | 2 | |
| DROPSAFE PEN NEEDLE 31 GAUGE X 1/4", 31 GAUGE X 3/16", 31 GAUGE X 5/16" NEEDLE **PDS,MO** | 2 | |
| DROXIA 200 MG, 300 MG, 400 MG CAPSULE **MO** | 4 | |
| EASY COMFORT ALCOHOL PAD PADS, MEDICATED **MO** | 1 | |

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| DRUG NAME | TIER | UTILIZATION MANAGEMENT REQUIREMENTS |
|---|---|---|
| EASY TOUCH ALCOHOL PREP PADS PADS, MEDICATED **MO** | 1 | |
| GAUZE BANDAGE 2 X 2 " BANDAGE **MO** | 1 | |
| GAUZE PAD 2 X 2 " BANDAGE **MO** | 1 | |
| INCONTROL ALCOHOL PADS PADS, MEDICATED **MO** | 1 | |
| INSULIN SYRINGE 0.5 ML 29 GAUGE X 1/2" SYRINGE **PDS,MO** | 2 | |
| INSULIN SYRINGE MICROFINE 1 ML 27 GAUGE X 5/8", 1/2 ML 28 GAUGE X 1/2" SYRINGE **PDS,MO** | 2 | |
| INSULIN SYRINGE-NEEDLE U-100 1 ML 27 GAUGE X 5/8", 1 ML 28 GAUGE X 1/2", 1/2 ML 28 GAUGE X 1/2" SYRINGE **PDS,MO** | 2 | |
| INSULIN U-500 SYRINGE-NEEDLE 1/2 ML 31 GAUGE X 15/64" SYRINGE **PDS,MO** | 2 | |
| IV PREP WIPES PADS, MEDICATED **MO** | 1 | |
| *mifepristone 300 mg TABLET* **DL** | 5 | PA,QL(120 per 30 days) |
| MIRENA 21 MCG/24HR (UP TO 8 YRS) 52 MG IUD **MO** | 3 | |
| NANO 2ND GEN PEN NEEDLE 32 GAUGE X 5/32" NEEDLE **PDS,MO** | 2 | |
| NANO PEN NEEDLE 32 GAUGE X 5/32" NEEDLE **PDS,MO** | 2 | |
| *nitroglycerin 0.4 % (w/w) OINTMENT* **MO** | 4 | QL(30 per 30 days) |
| NOVOPEN ECHO INSULIN PEN **MO** | 2 | |
| PEN NEEDLE, DIABETIC 29 GAUGE X 1/2", 31 GAUGE X 1/4", 31 GAUGE X 3/16", 31 GAUGE X 5/16", 32 GAUGE X 5/32", 33 GAUGE X 5/32" NEEDLE **PDS,MO** | 2 | |
| PRO COMFORT ALCOHOL PADS PADS, MEDICATED **MO** | 1 | |
| PURE COMFORT ALCOHOL PADS PADS, MEDICATED **MO** | 1 | |
| SURE COMFORT ALCOHOL PREP PADS PADS, MEDICATED **MO** | 1 | |
| SURE-PREP ALCOHOL PREP PADS PADS, MEDICATED **MO** | 1 | |
| TRUE COMFORT ALCOHOL PADS PADS, MEDICATED **MO** | 1 | |
| TRUE COMFORT PRO ALCOHOL PADS PADS, MEDICATED **MO** | 1 | |
| ULTILET ALCOHOL SWAB PADS, MEDICATED **MO** | 1 | |
| ULTRA-FINE INS SYR (HALF UNIT) 0.3 ML 31 GAUGE X 15/64", 0.3 ML 31 GAUGE X 5/16" SYRINGE **PDS,MO** | 2 | |
| ULTRA-FINE INSULIN SYRINGE 0.3 ML 30 GAUGE X 1/2", 0.3 ML 31 GAUGE X 15/64", 0.3 ML 31 GAUGE X 5/16", 0.5 ML 30 GAUGE X 1/2", 0.5 ML 31 GAUGE X 5/16", 1 ML 30 GAUGE X 1/2", 1 ML 31 GAUGE X 15/64", 1 ML 31 GAUGE X 5/16, 1/2 ML 31 GAUGE X 15/64" SYRINGE **PDS,MO** | 2 | |
| ULTRA-FINE PEN NEEDLE 29 GAUGE X 1/2", 31 GAUGE X 3/16", 31 GAUGE X 5/16", 32 GAUGE X 1/4" NEEDLE **PDS,MO** | 2 | |

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| DRUG NAME | TIER | UTILIZATION MANAGEMENT REQUIREMENTS |
|---|---|---|
| WEBCOL PADS, MEDICATED MO | 1 | |
| XDEMVY 0.25 % DROPS MO | 4 | PA,QL(10 per 42 days) |
| **OPHTHALMIC AGENTS** | | |
| ALCAINE 0.5 % DROPS MO | 2 | |
| *atropine 1 % DROPS* MO | 3 | |
| ATROPINE SULFATE (PF) 1 % DROPPERETTE MO | 3 | |
| *azelastine 0.05 % DROPS* MO | 3 | |
| *bacitracin 500 unit/gram OINTMENT* MO | 4 | |
| *bacitracin-polymyxin b 500-10,000 unit/gram OINTMENT* MO | 2 | |
| BETADINE OPHTHALMIC PREP 5 % SOLUTION MO | 4 | |
| *betaxolol 0.5 % DROPS* MO | 3 | |
| *brimonidine 0.2 % DROPS* MO | 1 | |
| *carteolol 1 % DROPS* MO | 2 | |
| *ciprofloxacin hcl 0.3 % DROPS* MO | 2 | |
| *cromolyn 4 % DROPS* MO | 2 | |
| *cyclosporine 0.05 % DROPPERETTE* MO | 3 | QL(60 per 30 days) |
| CYSTARAN 0.44 % DROPS DL | 5 | PA,QL(60 per 28 days) |
| *dexamethasone sodium phosphate 0.1 % DROPS* MO | 2 | |
| *diclofenac sodium 0.1 % DROPS* MO | 2 | |
| *dorzolamide 2 % DROPS* MO | 2 | |
| *dorzolamide-timolol 22.3-6.8 mg/ml DROPS* MO | 2 | |
| *erythromycin 5 mg/gram (0.5 %) OINTMENT* MO | 2 | QL(3.5 per 28 days) |
| EYSUVIS 0.25 % DROPS, SUSPENSION MO | 3 | QL(16.6 per 30 days) |
| *flurbiprofen sodium 0.03 % DROPS* MO | 2 | |
| *gentamicin 0.3 % DROPS* MO | 2 | |
| ILEVRO 0.3 % DROPS, SUSPENSION MO | 3 | QL(3 per 30 days) |
| *ketorolac 0.4 %, 0.5 % DROPS* MO | 3 | QL(10 per 30 days) |
| *latanoprost 0.005 % DROPS* MO | 1 | QL(5 per 25 days) |
| *levobunolol 0.5 % DROPS* MO | 2 | |
| LOTEMAX SM 0.38 % DROPS, GEL MO | 4 | |
| LUMIGAN 0.01 % DROPS MO | 3 | QL(2.5 per 25 days) |
| *moxifloxacin 0.5 % DROPS* MO | 3 | |
| NATACYN 5 % DROPS, SUSPENSION MO | 4 | |
| *neomycin-bacitracin-poly-hc 3.5-400-10,000 mg-unit/g-1% OINTMENT* MO | 3 | |

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| DRUG NAME | TIER | UTILIZATION MANAGEMENT REQUIREMENTS |
|---|---|---|
| *neomycin-bacitracin-polymyxin 3.5-400-10,000 mg-unit-unit/g OINTMENT* **MO** | 3 | |
| *neomycin-polymyxin b-dexameth 3.5 mg/g-10,000 unit/g-0.1 % OINTMENT* **MO** | 2 | |
| *neomycin-polymyxin b-dexameth 3.5mg/ml-10,000 unit/ml-0.1 % DROPS, SUSPENSION* **MO** | 2 | |
| *neomycin-polymyxin-gramicidin 1.75 mg-10,000 unit-0.025mg/ml DROPS* **MO** | 3 | |
| *ofloxacin 0.3 % DROPS* **MO** | 2 | |
| *olopatadine 0.1 % DROPS* **MO** | 3 | |
| *olopatadine 0.2 % DROPS* **MO** | 2 | |
| *pilocarpine hcl 1 %, 2 %, 4 % DROPS* **MO** | 3 | |
| *polycin 500-10,000 unit/gram OINTMENT* **MO** | 2 | |
| *polymyxin b sulf-trimethoprim 10,000 unit- 1 mg/ml DROPS* **MO** | 2 | |
| *prednisolone acetate 1 % DROPS, SUSPENSION* **MO** | 3 | |
| *proparacaine 0.5 % DROPS* **MO** | 2 | |
| SIMBRINZA 1-0.2 % DROPS, SUSPENSION **MO** | 4 | QL(16 per 30 days) |
| *sulfacetamide sodium 10 % DROPS* **MO** | 2 | |
| *sulfacetamide-prednisolone 10 %-0.23 % (0.25 %) DROPS* **MO** | 2 | |
| *timolol maleate 0.25 % DROPS* **MO** | 1 | |
| *timolol maleate 0.5 % DROPS* **MO** | 1 | |
| *tobramycin 0.3 % DROPS* **MO** | 2 | |
| *tobramycin-dexamethasone 0.3-0.1 % DROPS, SUSPENSION* **MO** | 4 | |
| *trifluridine 1 % DROPS* **MO** | 4 | |
| VYZULTA 0.024 % DROPS **MO** | 4 | QL(2.5 per 25 days) |
| **OTIC AGENTS** | | |
| *fluocinolone acetonide oil 0.01 % DROPS* **MO** | 3 | |
| *neomycin-polymyxin-hc 3.5-10,000-1 mg/ml-unit/ml-% DROPS, SUSPENSION* **MO** | 3 | |
| *neomycin-polymyxin-hc 3.5-10,000-1 mg/ml-unit/ml-% SOLUTION* **MO** | 3 | |
| *ofloxacin 0.3 % DROPS* **MO** | 3 | |
| **RESPIRATORY TRACT/PULMONARY AGENTS** | | |
| *acetylcysteine 100 mg/ml (10 %), 200 mg/ml (20 %) SOLUTION* **MO** | 4 | BvsD |
| ADEMPAS 0.5 MG, 1 MG, 1.5 MG, 2 MG, 2.5 MG TABLET **DL,LA** | 5 | PA,QL(90 per 30 days) |
| *albuterol sulfate 0.63 mg/3 ml, 1.25 mg/3 ml, 2.5 mg/0.5 ml, 5 mg/ml SOLUTION FOR NEBULIZATION* **MO** | 2 | BvsD |
| *albuterol sulfate 2 mg, 4 mg TABLET* **MO** | 4 | |
| *albuterol sulfate 2 mg/5 ml SYRUP* **MO** | 2 | |

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| DRUG NAME | TIER | UTILIZATION MANAGEMENT REQUIREMENTS |
|---|---|---|
| *albuterol sulfate 2.5 mg /3 ml (0.083 %) SOLUTION FOR NEBULIZATION* **MO** | 2 | BvsD |
| *albuterol sulfate 4 mg, 8 mg TABLET, ER 12 HR.* **MO** | 4 | |
| *alyq 20 mg TABLET* **MO** | 4 | PA,QL(60 per 30 days) |
| *ambrisentan 10 mg, 5 mg TABLET* **DL** | 5 | PA,QL(30 per 30 days) |
| *aminophylline 250 mg/10 ml, 500 mg/20 ml SOLUTION* **MO** | 4 | |
| ARNUITY ELLIPTA 100 MCG/ACTUATION, 200 MCG/ACTUATION, 50 MCG/ACTUATION BLISTER WITH DEVICE **MO** | 3 | QL(30 per 30 days) |
| ATROVENT HFA 17 MCG/ACTUATION HFA AEROSOL INHALER **MO** | 4 | PA,QL(25.8 per 30 days) |
| AUVI-Q 0.1 MG/0.1 ML, 0.15 MG/0.15 ML, 0.3 MG/0.3 ML AUTO-INJECTOR **MO** | 3 | QL(4 per 30 days) |
| *azelastine 137 mcg (0.1 %) SPRAY, NON-AEROSOL* **MO** | 3 | QL(30 per 25 days) |
| BREO ELLIPTA 100-25 MCG/DOSE, 200-25 MCG/DOSE, 50-25 MCG/DOSE BLISTER WITH DEVICE **MO** | 3 | QL(60 per 30 days) |
| BREZTRI AEROSPHERE 160-9-4.8 MCG/ACTUATION HFA AEROSOL INHALER **MO** | 3 | QL(10.7 per 30 days) |
| *budesonide 0.25 mg/2 ml, 0.5 mg/2 ml SUSPENSION FOR NEBULIZATION* **MO** | 4 | BvsD |
| CAYSTON 75 MG/ML SOLUTION FOR NEBULIZATION **DL** | 5 | PA,QL(84 per 28 days) |
| *cetirizine 1 mg/ml SOLUTION* **MO** | 2 | QL(300 per 30 days) |
| COMBIVENT RESPIMAT 20-100 MCG/ACTUATION MIST **MO** | 4 | QL(4 per 20 days) |
| *cromolyn 100 mg/5 ml CONCENTRATE* **MO** | 4 | |
| *cromolyn 20 mg/2 ml SOLUTION FOR NEBULIZATION* **MO** | 3 | BvsD |
| *desloratadine 5 mg TABLET* **MO** | 3 | QL(30 per 30 days) |
| *diphenhydramine hcl 50 mg/ml SOLUTION* **MO** | 4 | |
| DULERA 100-5 MCG/ACTUATION, 200-5 MCG/ACTUATION, 50-5 MCG/ACTUATION HFA AEROSOL INHALER **MO** | 4 | ST,QL(13 per 30 days) |
| *epinephrine 0.15 mg/0.15 ml, 0.15 mg/0.3 ml, 0.3 mg/0.3 ml AUTO-INJECTOR* **MO** | 3 | QL(4 per 30 days) |
| *fluticasone propionate 50 mcg/actuation SPRAY, SUSPENSION* **MO** | 2 | QL(16 per 30 days) |
| *hydroxyzine pamoate 100 mg, 25 mg, 50 mg CAPSULE* **MO** | 3 | |
| *ipratropium bromide 0.02 % SOLUTION* **MO** | 2 | BvsD |
| *ipratropium bromide 21 mcg (0.03 %) SPRAY, NON-AEROSOL* **MO** | 2 | QL(30 per 30 days) |
| *ipratropium bromide 42 mcg (0.06 %) SPRAY, NON-AEROSOL* **MO** | 2 | QL(45 per 30 days) |
| *ipratropium-albuterol 0.5 mg-3 mg(2.5 mg base)/3 ml SOLUTION FOR NEBULIZATION* **MO** | 2 | BvsD |
| *levocetirizine 5 mg TABLET* **MO** | 2 | QL(30 per 30 days) |
| *montelukast 10 mg TABLET* **MO** | 2 | QL(30 per 30 days) |
| *montelukast 4 mg GRANULES IN PACKET* **MO** | 4 | QL(30 per 30 days) |

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| DRUG NAME | TIER | UTILIZATION MANAGEMENT REQUIREMENTS |
|---|---|---|
| *montelukast 4 mg, 5 mg CHEWABLE TABLET* **MO** | 2 | QL(30 per 30 days) |
| OFEV 100 MG, 150 MG CAPSULE **DL,LA** | 5 | PA,QL(60 per 30 days) |
| *pirfenidone 267 mg CAPSULE* **DL** | 5 | PA,QL(270 per 30 days) |
| *pirfenidone 267 mg TABLET* **DL** | 5 | PA,QL(270 per 30 days) |
| *pirfenidone 534 mg, 801 mg TABLET* **DL** | 5 | PA,QL(90 per 30 days) |
| PULMOZYME 1 MG/ML SOLUTION **DL** | 5 | BvsD |
| *roflumilast 250 mcg TABLET* **MO** | 3 | QL(28 per 365 days) |
| *roflumilast 500 mcg TABLET* **MO** | 3 | QL(30 per 30 days) |
| *sildenafil (pulm.hypertension) 20 mg TABLET* **MO** | 3 | PA,QL(90 per 30 days) |
| SPIRIVA RESPIMAT 1.25 MCG/ACTUATION, 2.5 MCG/ACTUATION MIST **MO** | 3 | QL(4 per 28 days) |
| SPIRIVA WITH HANDIHALER 18 MCG CAPSULE, W/INHALATION DEVICE **MO** | 3 | QL(30 per 30 days) |
| STIOLTO RESPIMAT 2.5-2.5 MCG/ACTUATION MIST **MO** | 3 | QL(4 per 28 days) |
| STRIVERDI RESPIMAT 2.5 MCG/ACTUATION MIST **MO** | 3 | QL(4 per 30 days) |
| SYMBICORT 160-4.5 MCG/ACTUATION, 80-4.5 MCG/ACTUATION HFA AEROSOL INHALER **MO** | 3 | QL(30.6 per 30 days) |
| *tadalafil (pulm. hypertension) 20 mg TABLET* **MO** | 4 | PA,QL(60 per 30 days) |
| *theophylline 100 mg, 200 mg, 300 mg, 450 mg TABLET, ER 12 HR.* **MO** | 4 | |
| *theophylline 400 mg, 600 mg TABLET, ER 24 HR.* **MO** | 4 | |
| TRELEGY ELLIPTA 100-62.5-25 MCG, 200-62.5-25 MCG BLISTER WITH DEVICE **MO** | 3 | QL(60 per 30 days) |
| TRIKAFTA 100-50-75 MG(D) /150 MG (N), 50-25-37.5 MG (D)/75 MG (N) TABLET, SEQUENTIAL **DL** | 5 | PA,QL(84 per 28 days) |
| TRIKAFTA 100-50-75MG (D) /75 MG (N), 80-40-60 MG (D) /59.5 MG (N) GRANULES IN PACKET, SEQUENTIAL **DL** | 5 | PA,QL(56 per 28 days) |
| VENTOLIN HFA 90 MCG/ACTUATION HFA AEROSOL INHALER **MO** | 3 | QL(36 per 30 days) |
| *zafirlukast 10 mg, 20 mg TABLET* **MO** | 4 | QL(60 per 30 days) |
| **SKELETAL MUSCLE RELAXANTS** | | |
| *carisoprodol 350 mg TABLET* **MO** | 4 | QL(120 per 30 days) |
| *cyclobenzaprine 10 mg, 5 mg TABLET* **MO** | 2 | |
| *methocarbamol 500 mg, 750 mg TABLET* **MO** | 2 | |
| **SLEEP DISORDER AGENTS** | | |
| BELSOMRA 10 MG TABLET **MO** | 3 | QL(60 per 30 days) |
| BELSOMRA 15 MG, 20 MG TABLET **MO** | 3 | QL(30 per 30 days) |
| BELSOMRA 5 MG TABLET **MO** | 3 | QL(120 per 30 days) |
| *eszopiclone 1 mg, 2 mg, 3 mg TABLET* **MO** | 2 | QL(30 per 30 days) |

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| DRUG NAME | TIER | UTILIZATION MANAGEMENT REQUIREMENTS |
|---|---|---|
| *modafinil 100 mg, 200 mg TABLET* **MO** | 3 | PA,QL(60 per 30 days) |
| *sodium oxybate 500 mg/ml SOLUTION* **DL** | 5 | PA,QL(540 per 30 days) |
| *tasimelteon 20 mg CAPSULE* **DL** | 5 | PA,QL(30 per 30 days) |
| *temazepam 15 mg, 30 mg CAPSULE* **DL** | 2 | QL(30 per 30 days) |
| *zolpidem 10 mg, 5 mg TABLET* **MO** | 2 | QL(30 per 30 days) |

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# Multi-Language Insert

Multi-language Interpreter Services

**English:** We have free interpreter services to answer any questions you may have about our health or drug plan. To get an interpreter, just call us at 1-877-320-1235 (TTY: 711). Someone who speaks English can help you. This is a free service.

**Spanish:** Tenemos servicios de intérprete sin costo alguno para responder cualquier pregunta que pueda tener sobre nuestro plan de salud o medicamentos. Para hablar con un intérprete, por favor llame al 1-877-320-1235 (TTY: 711). Alguien que hable español le podrá ayudar. Este es un servicio gratuito.

**Chinese Mandarin:** 我们提供免费的翻译服务，帮助您解答关于健康或药物保险的任何疑问。如果您需要此翻译服务，请致电 1-877-320-1235 ( 听障专线 : 711)。我们的中文工作人员很乐意帮助您。这是一项免费服务。

**Chinese Cantonese:** 您對我們的健康或藥物保險可能存有疑問，為此我們提供免費的翻譯服務。如需翻譯服務，請致電 1-877-320-1235 ( 聽障專線 : 711)。我們講中文的人員將樂意為您提供幫助。這是一項免費服務。

**Tagalog:** Mayroon kaming libreng serbisyo sa pagsasaling-wika upang masagot ang anumang mga katanungan ninyo hinggil sa aming planong pangkalusugan o panggamot. Upang makakuha ng tagasaling-wika, tawagan lamang kami sa 1-877-320-1235 (TTY: 711). Maaari kayong tulungan ng isang nakakapagsalita ng Tagalog. Ito ay libreng serbisyo.

**French:** Nous proposons des services gratuits d'interprétation pour répondre à toutes vos questions relatives à notre régime de santé ou d'assurance-médicaments. Pour accéder au service d'interprétation, il vous suffit de nous appeler au 1-877-320-1235 (TTY: 711). Un interlocuteur parlant Français pourra vous aider. Ce service est gratuit.

**Vietnamese:** Chúng tôi có dịch vụ thông dịch miễn phí để trả lời các câu hỏi về chương sức khỏe và chương trình thuốc men. Nếu quí vị cần thông dịch viên xin gọi 1-877-320-1235 (TTY: 711) sẽ có nhân viên nói tiếng Việt giúp đỡ quí vị. Đây là dịch vụ miễn phí.

**German:** Unser kostenloser Dolmetscherservice beantwortet Ihren Fragen zu unserem Gesundheits- und Arzneimittelplan. Unsere Dolmetscher erreichen Sie unter 1-877-320-1235 (TTY: 711). Man wird Ihnen dort auf Deutsch weiterhelfen. Dieser Service ist kostenlos.

**Korean:** 당사는 의료 보험 또는 약품 보험에 관한 질문에 답해 드리고자 무료 통역 서비스를 제공하고 있습니다 . 통역 서비스를 이용하려면 전화 1-877-320-1235 (TTY: 711) 번으로 문의해 주십시오 . 한국어를 하는 담당자가 도와 드릴 것입니다 . 이 서비스는 무료로 운영됩니다 .

**Russian:** Если у вас возникнут вопросы относительно страхового или медикаментного плана, вы можете воспользоваться нашими бесплатными услугами переводчиков. Чтобы воспользоваться услугами переводчика, позвоните нам по телефону 1-877-320-1235 (TTY: 711). Вам окажет помощь сотрудник, который говорит по-русски. Данная услуга бесплатная.

**Arabic:** إننا نقدم خدمات المترجم الفوري المجانية للإجابة عن أي أسئلة تتعلق بخطتنا الصحية أو خطة الأدوية الموصوفة لدينا. للحصول على مترجم فوري، ليس عليك سوى الاتصال بنا على 1-877-320-1235 (TTY: 711). سيقوم شخص ما يتحدث العربية بمساعدتك. هذه خدمة مجانية.

**Hindi:** हमारे स्वास्थ्य या दवा की योजना के बारे में आपके किसी भी प्रश्न के जवाब देने के लिए हमारे पास मुफ्त दुभाषिया सेवाएँ उपलब्ध हैं. एक दुभाषिया प्राप्त करने के लिए, बस हमें 1-877-320-1235 (TTY: 711) पर फोन करें. कोई व्यक्ति जो हिन्दी बोलता है आपकी मदद कर सकता है. यह एक मुफ्त सेवा है.

**Italian:** È disponibile un servizio di interpretariato gratuito per rispondere a eventuali domande sul nostro piano sanitario e farmaceutico. Per un interprete, contattare il numero 1-877-320-1235 (TTY: 711). Un nostro incaricato che parla Italianovi fornirà l'assistenza necessaria. È un servizio gratuito.

**Portuguese:** Dispomos de serviços de interpretação gratuitos para responder a qualquer questão que tenha acerca do nosso plano de saúde ou de medicação. Para obter um intérprete, contacte-nos através do número 1-877-320-1235 (TTY: 711). Irá encontrar alguém que fale o idioma Português para o ajudar. Este serviço é gratuito.

**French Creole:** Nou genyen sèvis entèprèt gratis pou reponn tout kesyon ou ta genyen konsènan plan medikal oswa dwòg nou an. Pou jwenn yon entèprèt, jis rele nou nan 1-877-320-1235 (TTY: 711). Yon moun ki pale Kreyòl kapab ede w. Sa a se yon sèvis ki gratis.

**Polish:** Umożliwiamy bezpłatne skorzystanie z usług tłumacza ustnego, który pomoże w uzyskaniu odpowiedzi na temat planu zdrowotnego lub dawkowania leków. Aby skorzystać z pomocy tłumacza znającego język polski, należy zadzwonić pod numer 1-877-320-1235 (TTY: 711). Ta usługa jest bezpłatna.

**Japanese：**当社の健康保険と処方薬プランに関するご質問にお答えするために、無料の通訳サービスをご用意しています。通訳をご用命になるには、1-877-320-1235 (TTY：711) にお電話ください。日本語を話す者が支援いたします。これは無料のサービスです。

# Notes

# Notes

# Notes

This formulary was updated on 12/01/2025. For more recent information or other questions, please contact the Humana Customer Care Team with any questions at 1-800-281-6918 or, for TTY users, 711, five days a week April 1 – September 30 or seven days a week October 1– March 31 from 8 a.m. - 8 p.m. Our automated phone system is available after hours, weekends, and holidays. Our website is also available 24 hours a day 7 days a week, by visiting **Humana.com.**

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