2026

# Prescription Drug Guide

## NC State Health Plan Formulary

List of covered drugs or "Drug List"

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

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Formulary 26800

This formulary was updated on 11/02/2026. For more recent information or other questions, please contact the NC State Health Plan Humana Customer Care Team with any questions at 1-888-700-2263, or for TTY users, 711, or visit **your.humana.com/ncshp**.

Humana®

North Carolina State Health Plan
FOR TEACHERS AND STATE EMPLOYEES
A Division of the Department of State Treasurer

# Welcome to Humana Group Medicare Plan!

**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 Group Medicare Plan.

This document includes a Drug List (formulary) for our plan which is current as of November 2026. 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 the entire list of covered drugs or medications selected by Humana. The terms formulary and Drug List may be used interchangeably throughout communications regarding changes to your pharmacy benefits. Humana Group Medicare Plan worked with a team of doctors and pharmacists to make a formulary that represents the prescription drugs we think you need for a quality treatment program. Humana Group Medicare Plan will generally cover the drugs listed in the formulary as long as the drug is medically necessary, the prescription is filled at a Humana Group Medicare Plan network pharmacy, and other plan rules are followed. For more information on how to fill your medications, 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: **your.humana.com/ncshp**.

**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 on 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 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 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, 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 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 formulary that was covered at the beginning of the year, we will not discontinue or reduce coverage of the drug during the 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.

**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.

The enclosed formulary is current as of November 2026. To get updated information about the drugs covered by Humana please contact us. Our contact information appears on the front and back cover pages.

**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 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 191. 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 each 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.

**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."

Prescription drugs are grouped into one of four tiers.
Humana Group Medicare Plan 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 - Generic or Preferred Generic:** Generic or brand drugs that are available at the lowest cost share for the plan
- **Tier 2 - Preferred Brand:** Generic or brand drugs that the plan offers at a higher cost to you than Tier 1 Generic or Preferred Generic, and at a lower cost to you than Tier 3 Non-Preferred Drug
- **Tier 3 - Non-Preferred Drug:** Generic or brand drugs that the plan offers at a higher cost to you than Tier 2 Preferred Brand drug
- **Tier 4 - Specialty Tier:** Some injectables and other high-cost drugs

**How much will I pay for covered drugs?**
The Humana Group Medicare Plan 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 NC State Health Plan Humana 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 Group Medicare Plan requires you to get prior authorization for certain drugs. This means that you will need to get approval from Humana Group Medicare Plan before you fill your prescriptions. If you do not get approval, Humana Group Medicare Plan may not cover the drug.

- **Quantity Limits (QL):** For certain drugs, the Humana Group Medicare Plan limits the amount of the drug that is covered. The Humana Group Medicare Plan 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, the Humana Group Medicare Plan 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, the Humana Group Medicare Plan may not cover Drug B unless you try Drug A first. If Drug A does not work for you, the Humana Group Medicare Plan 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 Group Medicare Plan 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 **your.humana.com/ncshp**. 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 or 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 NC State Health Plan 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 Group Medicare Plan does not cover your drug, you have two options:
- You can ask NC State Health Plan Humana Customer Care for a list of similar drugs that are covered by Humana Group Medicare Plan. When you receive the list, show it to your doctor and ask them to prescribe a similar drug that is covered by Humana Group Medicare Plan.
- You can ask Humana Group Medicare Plan to make an exception and cover your drug. See below for information about how to request an exception.

**How do I request an exception to the Humana Formulary?**
You can ask the Humana Group Medicare Plan 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 Group Medicare Plan 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 a tiering, or formulary exception, including an exception to a coverage restriction. **When you request an exception, your prescriber will need to explain the medical reasons why you need the exception**.

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 drug that is not on our formulary or if your ability to get your drugs 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 Group Medicare Plan 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 Group Medicare Plan 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 Group Medicare Plan 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 **your.humana.com/ncshp**, 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. 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 Group Medicare Plan prescription drug coverage, please review your Evidence of Coverage and other plan materials.

If you have questions about Humana Group Medicare 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 Group Medicare Plan Formulary

The formulary that begins on the next page provides coverage information about the drugs covered by Humana Group Medicare Plan. If you have trouble finding your drug in the list, turn to the Index that begins on page 191.

Your plan has additional coverage of some drugs. These drugs are not normally covered under Medicare Part D and are not subject to the Medicare appeals process. These drugs are listed separately on page 188.

**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:

**$0** - Most vaccines and diabetic supplies covered 100% with no member cost.
**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.
**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/Embecta and HTL-Droplet products 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 Group Medicare Plan 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-caff-dihydrocod 320.5-30-16 mg CAPSULE* **DL** | 1 | QL(300 per 30 days) |
| *acetaminophen-codeine 120 mg-12 mg /5 ml (5 ml), 120-12 mg/5 ml, 300 mg-30 mg /12.5 ml SOLUTION* **DL** | 1 | QL(2700 per 30 days) |
| *acetaminophen-codeine 300-15 mg TABLET* **DL** | 1 | QL(390 per 30 days) |
| *acetaminophen-codeine 300-30 mg TABLET* **DL** | 1 | QL(360 per 30 days) |
| *acetaminophen-codeine 300-60 mg TABLET* **DL** | 1 | QL(180 per 30 days) |
| APADAZ 4.08-325 MG, 6.12-325 MG, 8.16-325 MG TABLET **DL** | 3 | |
| ARTHROTEC 50 50-200 MG-MCG TABLET, IR, DR, BIPHASIC **MO** | 3 | PA |
| ARTHROTEC 75 75-200 MG-MCG TABLET, IR, DR, BIPHASIC **MO** | 3 | PA |
| *ascomp with codeine 30-50-325-40 mg CAPSULE* **DL** | 1 | QL(360 per 30 days) |
| BELBUCA 150 MCG, 300 MCG, 450 MCG, 600 MCG, 75 MCG, 750 MCG, 900 MCG FILM **DL** | 3 | ST,QL(60 per 30 days) |
| *benzhydrocodone-acetaminophen 4.08-325 mg, 6.12-325 mg, 8.16-325 mg TABLET* **DL** | 3 | |
| *buprenorphine 10 mcg/hour, 15 mcg/hour, 20 mcg/hour, 5 mcg/hour, 7.5 mcg/hour PATCH, WEEKLY* **DL** | 1 | PA,QL(4 per 28 days) |
| *buprenorphine hcl 0.3 mg/ml SYRINGE* **DL** | 1 | QL(240 per 30 days) |
| *butorphanol 1 mg/ml SOLUTION* **DL** | 1 | QL(960 per 30 days) |
| *butorphanol 10 mg/ml SPRAY, NON-AEROSOL* **DL** | 1 | QL(5 per 28 days) |
| *butorphanol 2 mg/ml SOLUTION* **DL** | 1 | QL(480 per 30 days) |
| BUTRANS 10 MCG/HOUR, 15 MCG/HOUR, 20 MCG/HOUR, 5 MCG/HOUR, 7.5 MCG/HOUR PATCH, WEEKLY **DL** | 3 | PA,QL(4 per 28 days) |
| CALDOLOR 800 MG/200 ML (4 MG/ML) PIGGYBACK **MO** | 3 | |
| CALDOLOR 800 MG/8 ML (100 MG/ML) RECON SOLUTION **MO** | 3 | |
| CAMBIA 50 MG POWDER IN PACKET **DL** | 4 | ST,QL(9 per 30 days) |
| CELEBREX 100 MG, 200 MG, 400 MG, 50 MG CAPSULE **MO** | 3 | PA |
| *celecoxib 100 mg, 200 mg CAPSULE* **MO** | 1 | |
| *celecoxib 400 mg, 50 mg CAPSULE* **MO** | 1 | |
| *codeine sulfate 15 mg, 30 mg TABLET* **DL** | 1 | QL(360 per 30 days) |
| *codeine sulfate 60 mg TABLET* **DL** | 1 | QL(180 per 30 days) |
| *codeine-butalbital-asa-caff 30-50-325-40 mg CAPSULE* **DL** | 1 | QL(360 per 30 days) |
| CONZIP 100 MG, 200 MG, 300 MG CAPSULE, ER, BIPHASIC **DL** | 3 | ST,QL(30 per 30 days) |
| DAYPRO 600 MG TABLET **MO** | 3 | |
| DEMEROL 50 MG/ML SOLUTION **DL** | 3 | QL(720 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.

BvsD – Part B vs Part D • CI – Covered Insulin Products • DL – Dispensing Limit • LA – Limited Access • MO – Mail Order • PA – Prior Authorization • PDS – BD/Embecta and HTL-Droplet are the Preferred Diabetic Supplies • QL – Quantity Limit • $0 – Vaccine/Diabetic • ST – Step Therapy

| DRUG NAME | TIER | UTILIZATION MANAGEMENT REQUIREMENTS |
|---|---|---|
| DEMEROL (PF) 100 MG/ML SYRINGE **DL** | 3 | QL(360 per 30 days) |
| DEMEROL (PF) 25 MG/ML SYRINGE **DL** | 3 | QL(1440 per 30 days) |
| DEMEROL (PF) 50 MG/ML SYRINGE **DL** | 3 | QL(720 per 30 days) |
| DEMEROL (PF) 75 MG/ML SYRINGE **DL** | 3 | QL(480 per 30 days) |
| *diclofenac epolamine 1.3 % PATCH, 12 HR.* **MO** | 1 | PA,QL(60 per 30 days) |
| *diclofenac potassium 25 mg CAPSULE* **MO** | 3 | ST,QL(120 per 30 days) |
| *diclofenac potassium 25 mg TABLET* **DL** | 4 | |
| *diclofenac potassium 50 mg POWDER IN PACKET* **MO** | 3 | ST,QL(9 per 30 days) |
| *diclofenac potassium 50 mg TABLET* **MO** | 1 | |
| *diclofenac sodium 1.5 % DROPS* **MO** | 1 | PA,QL(300 per 30 days) |
| *diclofenac sodium 100 mg TABLET, ER 24 HR.* **MO** | 1 | |
| *diclofenac sodium 20 mg/gram /actuation(2 %) SOLUTION IN METERED DOSE PUMP* **DL** | 4 | PA,QL(224 per 28 days) |
| *diclofenac sodium 25 mg, 50 mg TABLET, DR/EC* **MO** | 1 | |
| *diclofenac sodium 75 mg TABLET, DR/EC* **MO** | 1 | |
| *diclofenac-misoprostol 50-200 mg-mcg, 75-200 mg-mcg TABLET, IR, DR, BIPHASIC* **MO** | 1 | |
| *diflunisal 500 mg TABLET* **MO** | 1 | |
| DILAUDID 1 MG/ML LIQUID **DL** | 3 | PA,QL(2400 per 30 days) |
| DILAUDID 2 MG, 4 MG TABLET **DL** | 3 | PA,QL(360 per 30 days) |
| DILAUDID 8 MG TABLET **DL** | 3 | PA,QL(240 per 30 days) |
| *dolobid 250 mg TABLET* **DL** | 4 | ST |
| DOLOBID 375 MG TABLET **DL** | 4 | ST |
| DUEXIS 800-26.6 MG TABLET **DL** | 4 | PA,QL(90 per 30 days) |
| DURAMORPH (PF) 0.5 MG/ML SOLUTION **DL** | 3 | BvsD,QL(7200 per 30 days) |
| DURAMORPH (PF) 1 MG/ML SOLUTION **DL** | 3 | BvsD,QL(3600 per 30 days) |
| *ec-naproxen 500 mg TABLET, DR/EC* **MO** | 3 | |
| ENDOCET 10-325 MG, 2.5-325 MG, 5-325 MG, 7.5-325 MG TABLET **DL** | 1 | QL(360 per 30 days) |
| *etodolac 200 mg, 300 mg CAPSULE* **MO** | 1 | |
| *etodolac 400 mg, 500 mg TABLET* **MO** | 1 | |
| *etodolac 400 mg, 500 mg, 600 mg TABLET, ER 24 HR.* **MO** | 1 | |
| *fenoprofen 200 mg CAPSULE* | 4 | ST |
| *fenoprofen 300 mg CAPSULE* **DL** | 4 | ST |
| *fenoprofen 400 mg CAPSULE* **MO** | 1 | ST |
| *fenoprofen 600 mg TABLET* **MO** | 1 | ST |

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.

BvsD – Part B vs Part D • CI – Covered Insulin Products • DL – Dispensing Limit • LA – Limited Access • MO – Mail Order • PA – Prior Authorization • PDS – BD/Embecta and HTL-Droplet are the Preferred Diabetic Supplies • QL – Quantity Limit • $0 – Vaccine/Diabetic • ST – Step Therapy

| DRUG NAME | TIER | UTILIZATION MANAGEMENT REQUIREMENTS |
|---|---|---|
| *fenopron 300 mg CAPSULE* **DL** | 4 | ST |
| *fentanyl 100 mcg/hr, 12 mcg/hr, 25 mcg/hr, 37.5 mcg/hour, 50 mcg/hr, 62.5 mcg/hour, 75 mcg/hr, 87.5 mcg/hour PATCH. 72 HR.* **DL** | 1 | QL(20 per 30 days) |
| FLECTOR 1.3 % PATCH, 12 HR. **MO** | 3 | PA,QL(60 per 30 days) |
| *flurbiprofen 100 mg TABLET* **MO** | 1 | |
| *hydrocodone bitartrate 10 mg, 15 mg, 20 mg, 30 mg, 40 mg CAPSULE, ER 12 HR.* **DL** | 1 | ST,QL(90 per 30 days) |
| *hydrocodone bitartrate 100 mg, 120 mg, 20 mg, 30 mg, 40 mg, 60 mg, 80 mg TABLET, ER 24 HR.* **DL** | 1 | ST,QL(30 per 30 days) |
| *hydrocodone bitartrate 50 mg CAPSULE, ER 12 HR.* **DL** | 1 | ST,QL(120 per 30 days) |
| *hydrocodone-acetaminophen 10-300 mg, 5-300 mg, 7.5-300 mg TABLET* **DL** | 1 | QL(390 per 30 days) |
| *hydrocodone-acetaminophen 10-300 mg/15 ml SOLUTION* **DL** | 4 | QL(6000 per 30 days) |
| *hydrocodone-acetaminophen 10-325 mg, 5-325 mg, 7.5-325 mg TABLET* **DL** | 1 | QL(360 per 30 days) |
| *hydrocodone-acetaminophen 10-325 mg/15 ml, 10-325 mg/15 ml(15 ml) SOLUTION* **DL** | 1 | QL(2700 per 30 days) |
| *hydrocodone-acetaminophen 2.5-325 mg TABLET* **DL** | 1 | QL(360 per 30 days) |
| *hydrocodone-acetaminophen 7.5-325 mg/15 ml SOLUTION* **DL** | 1 | QL(5520 per 30 days) |
| *hydrocodone-ibuprofen 10-200 mg, 5-200 mg, 7.5-200 mg TABLET* **DL** | 1 | QL(150 per 30 days) |
| HYDROMORPHONE 0.25 MG/0.5 ML SYRINGE **DL** | 1 | BvsD |
| *hydromorphone 0.5 mg/0.5 ml, 1 mg/ml SYRINGE* **DL** | 1 | BvsD,QL(720 per 30 days) |
| *hydromorphone 1 mg/ml LIQUID* **DL** | 1 | QL(2400 per 30 days) |
| *hydromorphone 12 mg TABLET, ER 24 HR.* **DL** | 1 | ST,QL(180 per 30 days) |
| *hydromorphone 16 mg TABLET, ER 24 HR.* **DL** | 1 | ST,QL(120 per 30 days) |
| *hydromorphone 2 mg, 4 mg TABLET* **DL** | 1 | QL(360 per 30 days) |
| *hydromorphone 2 mg/ml SOLUTION* **DL** | 1 | BvsD,QL(360 per 30 days) |
| *hydromorphone 2 mg/ml SYRINGE* **DL** | 1 | BvsD,QL(360 per 30 days) |
| *hydromorphone 32 mg TABLET, ER 24 HR.* **DL** | 1 | ST,QL(60 per 30 days) |
| *hydromorphone 4 mg/ml SYRINGE* **DL** | 1 | BvsD,QL(180 per 30 days) |
| *hydromorphone 8 mg TABLET* **DL** | 1 | QL(240 per 30 days) |
| *hydromorphone 8 mg TABLET, ER 24 HR.* **DL** | 1 | ST,QL(240 per 30 days) |
| *hydromorphone (pf) 0.2 mg/ml, 1 mg/ml, 2 mg/ml SYRINGE* **DL** | 1 | BvsD |
| *hydromorphone (pf) 1 mg/ml SOLUTION* **DL** | 1 | BvsD,QL(720 per 30 days) |
| *hydromorphone (pf) 10 mg/ml SOLUTION* **DL** | 1 | BvsD,QL(144 per 30 days) |
| *hydromorphone (pf) 4 mg/ml SOLUTION* **DL** | 1 | BvsD,QL(180 per 30 days) |

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| DRUG NAME | TIER | UTILIZATION MANAGEMENT REQUIREMENTS |
|---|---|---|
| HYSINGLA ER 100 MG, 120 MG, 20 MG, 30 MG, 40 MG, 60 MG, 80 MG TABLET, ER 24 HR. **DL** | 3 | ST,QL(30 per 30 days) |
| *ibu 400 mg, 600 mg, 800 mg TABLET* **MO** | 1 | |
| *ibuprofen 100 mg/5 ml SUSPENSION* **MO** | 1 | |
| *ibuprofen 300 mg TABLET* **DL** | 4 | ST |
| *ibuprofen 400 mg TABLET* **MO** | 1 | |
| *ibuprofen 600 mg, 800 mg TABLET* **MO** | 1 | |
| *ibuprofen-famotidine 800-26.6 mg TABLET* **MO** | 1 | PA,QL(90 per 30 days) |
| INDOCIN 25 MG/5 ML SUSPENSION **DL** | 4 | |
| INDOCIN 50 MG SUPPOSITORY | 4 | |
| *indomethacin 25 mg, 50 mg CAPSULE* **MO** | 1 | |
| *indomethacin 25 mg/5 ml SUSPENSION* **DL** | 4 | |
| *indomethacin 50 mg SUPPOSITORY* | 4 | |
| *indomethacin 75 mg CAPSULE, ER* **MO** | 1 | |
| *indomethacin sodium 1 mg RECON SOLUTION* **MO** | 1 | |
| INFUMORPH P/F 10 MG/ML SOLUTION **DL** | 3 | BvsD,QL(360 per 30 days) |
| INFUMORPH P/F 25 MG/ML SOLUTION **DL** | 3 | BvsD,QL(150 per 30 days) |
| *ketoprofen 200 mg CAPSULE ER PELLETS 24 HR.* **MO** | 1 | |
| *ketoprofen 25 mg CAPSULE* | 4 | |
| *ketoprofen 50 mg CAPSULE* **MO** | 1 | ST |
| *ketoprofen 75 mg CAPSULE* **DL** | 4 | ST |
| *ketorolac 10 mg TABLET* **MO** | 1 | QL(20 per 30 days) |
| *ketorolac 15 mg/ml, 30 mg/ml, 30 mg/ml (1 ml), 60 mg/2 ml SOLUTION* **MO** | 1 | |
| *ketorolac 15 mg/ml, 30 mg/ml, 60 mg/2 ml SYRINGE* **MO** | 1 | |
| *kiprofen 25 mg CAPSULE* **MO** | 1 | ST |
| *levorphanol tartrate 2 mg TABLET* **DL** | 4 | ST,QL(240 per 30 days) |
| *levorphanol tartrate 3 mg TABLET* **DL** | 4 | ST,QL(150 per 30 days) |
| LICART 1.3 % PATCH, 24 HR. **MO** | 3 | PA,QL(30 per 30 days) |
| LODINE 400 MG TABLET **MO** | 3 | PA |
| *lofena 25 mg TABLET* **DL** | 4 | |
| *lurbipr 100 mg TABLET* **MO** | 1 | |
| *lurbiro 100 mg TABLET* **DL** | 4 | |
| *meclofenamate 100 mg, 50 mg CAPSULE* **MO** | 1 | |
| *mefenamic acid 250 mg CAPSULE* **MO** | 1 | |
| *meloxicam 15 mg TABLET* **MO** | 1 | QL(30 per 30 days) |

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| DRUG NAME | TIER | UTILIZATION MANAGEMENT REQUIREMENTS |
|---|---|---|
| *meloxicam 7.5 mg TABLET* **MO** | 1 | QL(60 per 30 days) |
| *meloxicam 7.5 mg/5 ml SUSPENSION* **DL** | 4 | QL(300 per 30 days) |
| *meloxicam submicronized 10 mg, 5 mg CAPSULE* **MO** | 3 | QL(30 per 30 days) |
| *meperidine 50 mg TABLET* **DL** | 4 | QL(480 per 30 days) |
| *meperidine 50 mg/5 ml SOLUTION* **DL** | 1 | QL(720 per 30 days) |
| *meperidine (pf) 100 mg/ml SOLUTION* **DL** | 1 | QL(360 per 30 days) |
| *meperidine (pf) 25 mg/ml SOLUTION* **DL** | 1 | QL(1440 per 30 days) |
| *meperidine (pf) 50 mg/ml SOLUTION* **DL** | 1 | QL(720 per 30 days) |
| *methadone 10 mg TABLET* **DL** | 1 | QL(240 per 30 days) |
| *methadone 10 mg/5 ml SOLUTION* **DL** | 1 | QL(1800 per 30 days) |
| *methadone 10 mg/ml CONCENTRATE* **DL** | 1 | QL(360 per 30 days) |
| *methadone 10 mg/ml SOLUTION* **DL** | 1 | QL(360 per 30 days) |
| *methadone 5 mg TABLET* **DL** | 1 | QL(480 per 30 days) |
| *methadone 5 mg/5 ml SOLUTION* **DL** | 1 | QL(3600 per 30 days) |
| *methadone intensol 10 mg/ml CONCENTRATE* **DL** | 1 | QL(360 per 30 days) |
| METHADOSE 10 MG/ML CONCENTRATE **DL** | 3 | QL(360 per 30 days) |
| *mitigo (pf) 10 mg/ml SOLUTION* **DL** | 3 | BvsD,QL(360 per 30 days) |
| *mitigo (pf) 25 mg/ml SOLUTION* **DL** | 3 | BvsD,QL(150 per 30 days) |
| *morphine 10 mg, 100 mg, 20 mg, 30 mg, 50 mg, 60 mg, 80 mg CAPSULE ER PELLETS* **DL** | 1 | ST,QL(60 per 30 days) |
| *morphine 10 mg/5 ml (2 mg/ml) SOLUTION* **DL** | 1 | QL(2700 per 30 days) |
| *morphine 10 mg/ml SOLUTION* **DL** | 1 | BvsD,QL(360 per 30 days) |
| *morphine 10 mg/ml SYRINGE* **DL** | 1 | BvsD,QL(360 per 30 days) |
| *morphine 100 mg TABLET ER* **DL** | 1 | QL(180 per 30 days) |
| *morphine 120 mg, 60 mg, 75 mg, 90 mg CAPSULE ER MULTIPHASE 24 HR.* **DL** | 1 | ST,QL(60 per 30 days) |
| *morphine 15 mg, 30 mg TABLET* **DL** | 1 | QL(180 per 30 days) |
| *morphine 15 mg, 30 mg, 60 mg TABLET ER* **DL** | 1 | QL(120 per 30 days) |
| *morphine 2 mg/ml SOLUTION* **DL** | 1 | BvsD,QL(1800 per 30 days) |
| *morphine 2 mg/ml SYRINGE* **DL** | 1 | BvsD,QL(1800 per 30 days) |
| *morphine 2 mg/ml, 4 mg/ml, 5 mg/ml SYRINGE* **DL** | 1 | BvsD |
| *morphine 20 mg/5 ml (4 mg/ml) SOLUTION* **DL** | 1 | QL(1350 per 30 days) |
| *morphine 200 mg TABLET ER* **DL** | 1 | QL(90 per 30 days) |
| *morphine 30 mg, 45 mg CAPSULE ER MULTIPHASE 24 HR.* **DL** | 1 | ST,QL(30 per 30 days) |
| *morphine 4 mg/ml SOLUTION* **DL** | 1 | BvsD,QL(900 per 30 days) |
| *morphine 4 mg/ml SYRINGE* **DL** | 1 | BvsD,QL(900 per 30 days) |

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| DRUG NAME | TIER | UTILIZATION MANAGEMENT REQUIREMENTS |
|---|---|---|
| *morphine 5 mg/ml SOLUTION* **DL** | 1 | BvsD,QL(720 per 30 days) |
| *morphine 8 mg/ml SOLUTION* **DL** | 1 | BvsD,QL(450 per 30 days) |
| *morphine 8 mg/ml SYRINGE* **DL** | 1 | BvsD,QL(450 per 30 days) |
| *morphine (pf) 0.5 mg/ml SOLUTION* **DL** | 1 | BvsD,QL(7200 per 30 days) |
| *morphine (pf) 1 mg/ml SOLUTION* **DL** | 1 | BvsD,QL(3600 per 30 days) |
| *morphine (pf) 30 mg/30 ml (1 mg/ml) PATIENT CONTROL ANALGESIA SOLN* **DL** | 1 | BvsD,QL(3600 per 30 days) |
| *morphine concentrate 100 mg/5 ml (20 mg/ml) SOLUTION* **DL** | 1 | QL(540 per 30 days) |
| MS CONTIN 100 MG TABLET ER **DL** | 3 | PA,QL(180 per 30 days) |
| MS CONTIN 15 MG, 30 MG, 60 MG TABLET ER **DL** | 3 | PA,QL(120 per 30 days) |
| MS CONTIN 200 MG TABLET ER **DL** | 3 | PA,QL(90 per 30 days) |
| *nabumetone 500 mg, 750 mg TABLET* **MO** | 1 | |
| *nalbuphine 10 mg/ml SOLUTION* **DL** | 1 | QL(240 per 30 days) |
| *nalbuphine 20 mg/ml SOLUTION* **DL** | 1 | QL(120 per 30 days) |
| NALFON 600 MG TABLET **MO** | 1 | ST |
| *nalocet 2.5-300 mg TABLET* **DL** | 4 | PA,QL(360 per 30 days) |
| NAPRELAN CR 375 MG TABLET, ER 24 HR., MULTIPHASE **MO** | 2 | ST,QL(120 per 30 days) |
| NAPRELAN CR 500 MG TABLET, ER 24 HR., MULTIPHASE **MO** | 2 | ST,QL(90 per 30 days) |
| NAPRELAN CR 750 MG TABLET, ER 24 HR., MULTIPHASE **MO** | 2 | ST,QL(60 per 30 days) |
| NAPROSYN 125 MG/5 ML SUSPENSION **DL** | 4 | PA |
| *naproxen 125 mg/5 ml SUSPENSION* **MO** | 1 | |
| *naproxen 250 mg, 375 mg TABLET* **MO** | 1 | |
| *naproxen 375 mg, 500 mg TABLET, DR/EC* **MO** | 1 | |
| *naproxen 500 mg TABLET* **MO** | 1 | |
| *naproxen sodium 275 mg, 550 mg TABLET* **MO** | 1 | |
| *naproxen sodium 375 mg TABLET, ER 24 HR., MULTIPHASE* **MO** | 1 | ST,QL(120 per 30 days) |
| *naproxen sodium 500 mg TABLET, ER 24 HR., MULTIPHASE* **MO** | 1 | ST,QL(90 per 30 days) |
| *naproxen sodium 750 mg TABLET, ER 24 HR., MULTIPHASE* **MO** | 1 | ST,QL(60 per 30 days) |
| *naproxen-esomeprazole 375-20 mg, 500-20 mg TABLET, IR, DR, BIPHASIC* **DL** | 4 | PA,QL(60 per 30 days) |
| NUCYNTA 100 MG, 50 MG, 75 MG TABLET **DL** | 4 | ST,QL(180 per 30 days) |
| NUCYNTA ER 100 MG, 150 MG, 200 MG, 250 MG TABLET, ER 12 HR. **DL** | 4 | ST,QL(60 per 30 days) |
| NUCYNTA ER 50 MG TABLET, ER 12 HR. **DL** | 3 | ST,QL(60 per 30 days) |
| *orudis 75 mg CAPSULE* **DL** | 4 | ST |
| *oxaprozin 600 mg TABLET* **MO** | 1 | |
| *oxycodone 10 mg, 5 mg TABLET* **DL** | 1 | QL(360 per 30 days) |

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| DRUG NAME | TIER | UTILIZATION MANAGEMENT REQUIREMENTS |
|---|---|---|
| *oxycodone 10 mg, 5 mg TABLET, ORAL ONLY* **DL** | 4 | PA,QL(360 per 30 days) |
| *oxycodone 15 mg, 20 mg, 30 mg TABLET* **DL** | 1 | QL(360 per 30 days) |
| *oxycodone 15 mg, 30 mg TABLET, ORAL ONLY* **DL** | 4 | PA,QL(180 per 30 days) |
| *oxycodone 20 mg, 40 mg TABLET, ER 12 HR.* **DL** | 3 | ST,QL(90 per 30 days) |
| *oxycodone 20 mg/ml CONCENTRATE* **DL** | 1 | QL(270 per 30 days) |
| *oxycodone 5 mg CAPSULE* **DL** | 1 | QL(360 per 30 days) |
| *oxycodone 5 mg/5 ml SOLUTION* **DL** | 1 | QL(5400 per 30 days) |
| *oxycodone 80 mg TABLET, ER 12 HR.* **DL** | 3 | ST,QL(120 per 30 days) |
| *oxycodone-acetaminophen 10-300 mg, 5-300 mg, 7.5-300 mg TABLET* **DL** | 4 | PA,QL(390 per 30 days) |
| *oxycodone-acetaminophen 10-300 mg/5 ml SOLUTION* **DL** | 4 | PA,QL(900 per 30 days) |
| *oxycodone-acetaminophen 10-325 mg, 5-325 mg, 7.5-325 mg TABLET* **DL** | 1 | QL(360 per 30 days) |
| *oxycodone-acetaminophen 2.5-300 mg TABLET* **DL** | 4 | PA,QL(360 per 30 days) |
| *oxycodone-acetaminophen 2.5-325 mg TABLET* **DL** | 1 | QL(360 per 30 days) |
| *oxycodone-acetaminophen 5-325 mg/5 ml SOLUTION* **DL** | 1 | QL(1800 per 30 days) |
| OXYCONTIN 10 MG, 15 MG, 20 MG, 30 MG, 40 MG, 60 MG TABLET, ER 12 HR. **DL** | 3 | ST,QL(90 per 30 days) |
| OXYCONTIN 80 MG TABLET, ER 12 HR. **DL** | 3 | ST,QL(120 per 30 days) |
| *oxymorphone 10 mg, 15 mg, 20 mg, 30 mg, 5 mg, 7.5 mg TABLET, ER 12 HR.* **DL** | 1 | ST,QL(60 per 30 days) |
| *oxymorphone 10 mg, 5 mg TABLET* **DL** | 1 | QL(360 per 30 days) |
| *oxymorphone 40 mg TABLET, ER 12 HR.* **DL** | 4 | ST,QL(60 per 30 days) |
| PENNSAID 20 MG/GRAM /ACTUATION(2 %) SOLUTION IN METERED DOSE PUMP **DL** | 4 | PA,QL(224 per 28 days) |
| *pentazocine-naloxone 50-0.5 mg TABLET* **DL** | 1 | QL(360 per 30 days) |
| PERCOCET 10-325 MG, 5-325 MG, 7.5-325 MG TABLET **DL** | 4 | PA,QL(360 per 30 days) |
| PERCOCET 2.5-325 MG TABLET **DL** | 1 | PA,QL(360 per 30 days) |
| *piroxicam 10 mg, 20 mg CAPSULE* **MO** | 1 | |
| *primlev 10-300 mg, 5-300 mg, 7.5-300 mg TABLET* **DL** | 4 | PA,QL(390 per 30 days) |
| *prolate 10-300 mg, 5-300 mg, 7.5-300 mg TABLET* **DL** | 4 | PA,QL(390 per 30 days) |
| PROLATE 10-300 MG/5 ML SOLUTION **DL** | 4 | PA,QL(900 per 30 days) |
| QDOLO 5 MG/ML SOLUTION **DL** | 4 | QL(2400 per 30 days) |
| RELAFEN DS 1,000 MG TABLET **DL** | 4 | ST,QL(60 per 30 days) |
| ROXICODONE 15 MG TABLET **DL** | 3 | PA,QL(360 per 30 days) |
| ROXICODONE 30 MG TABLET **DL** | 4 | PA,QL(360 per 30 days) |
| ROXYBOND 10 MG, 5 MG TABLET, ORAL ONLY **DL** | 4 | PA,QL(360 per 30 days) |
| ROXYBOND 15 MG, 30 MG TABLET, ORAL ONLY **DL** | 4 | PA,QL(180 per 30 days) |
| SEGLENTIS 44-56 MG TABLET **DL** | 3 | PA,QL(120 per 30 days) |

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|---|---|---|
| SPRIX 15.75 MG/SPRAY SPRAY, NON-AEROSOL **DL** | 4 | PA,QL(5 per 30 days) |
| *sulindac 150 mg, 200 mg TABLET* **MO** | 1 | |
| *tapentadol 100 mg, 150 mg, 200 mg, 250 mg TABLET, ER 12 HR.* **DL** | 4 | ST,QL(60 per 30 days) |
| *tapentadol 100 mg, 50 mg, 75 mg TABLET* **DL** | 4 | ST,QL(180 per 30 days) |
| *tapentadol 20 mg/ml SOLUTION* **DL** | 4 | PA,QL(900 per 30 days) |
| *tapentadol 50 mg TABLET, ER 12 HR.* **DL** | 3 | ST,QL(60 per 30 days) |
| *tolectin 600 600 mg TABLET* | 4 | |
| *tolectin ds 400 mg CAPSULE* **DL** | 4 | |
| *tolmetin 200 mg TABLET* **DL** | 4 | |
| *tolmetin 400 mg CAPSULE* | 4 | |
| *tolmetin 600 mg TABLET* **MO** | 1 | |
| *tramadol 100 mg TABLET* **DL** | 1 | QL(120 per 30 days) |
| *tramadol 100 mg, 200 mg, 300 mg CAPSULE, ER, BIPHASIC* **DL** | 1 | ST,QL(30 per 30 days) |
| *tramadol 100 mg, 200 mg, 300 mg TABLET, ER 24 HR.* **DL** | 1 | ST,QL(30 per 30 days) |
| *tramadol 100 mg, 200 mg, 300 mg TABLET, ER 24 HR., MULTIPHASE* **DL** | 1 | ST,QL(30 per 30 days) |
| *tramadol 25 mg TABLET* **DL** | 1 | QL(180 per 30 days) |
| *tramadol 5 mg/ml SOLUTION* **DL** | 3 | QL(2400 per 30 days) |
| *tramadol 50 mg TABLET* **DL** | 1 | QL(240 per 30 days) |
| *tramadol 75 mg TABLET* **DL** | 1 | QL(150 per 30 days) |
| *tramadol-acetaminophen 37.5-325 mg TABLET* **DL** | 1 | QL(240 per 30 days) |
| TREZIX 320.5-30-16 MG CAPSULE **DL** | 1 | QL(300 per 30 days) |
| VIMOVO 500-20 MG TABLET, IR, DR, BIPHASIC **DL** | 4 | PA,QL(60 per 30 days) |
| VIVLODEX 10 MG, 5 MG CAPSULE **MO** | 3 | QL(30 per 30 days) |
| VYSCOXA 10 MG/ML SUSPENSION **DL** | 4 | ST,QL(1200 per 30 days) |
| XIFYRM 30 MG/ML SOLUTION **MO** | 3 | |
| XTAMPZA ER 13.5 MG, 18 MG, 27 MG, 36 MG, 9 MG CAPSULE ER SPRINKLE 12 HR. **DL** | 3 | ST,QL(60 per 30 days) |
| *xyvona 2 mg TABLET* **DL** | 4 | ST,QL(240 per 30 days) |
| *xyvona 3 mg TABLET* **DL** | 4 | ST,QL(150 per 30 days) |
| ZIPSOR 25 MG CAPSULE **DL** | 4 | ST,QL(120 per 30 days) |
| ZORVOLEX 18 MG, 35 MG CAPSULE **MO** | 3 | ST,QL(90 per 30 days) |
| ZYBIC 7.5 MG/5 ML SUSPENSION **DL** | 4 | QL(300 per 30 days) |
| **ANESTHETICS** | | |
| *bupivacaine (pf) 0.25 % (2.5 mg/ml), 0.5 % (5 mg/ml), 0.75 % (7.5 mg/ml) SOLUTION* **MO** | 1 | |

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|---|---|---|
| *bupivacaine hcl 0.25 % (2.5 mg/ml), 0.5 % (5 mg/ml) SOLUTION* **MO** | 1 | |
| *bupivacaine liposome (pf) 1.3 % (13.3 mg/ml) SUSPENSION* **MO** | 1 | |
| *bupivacaine-dextrose-water(pf) 0.75 % (7.5 mg/ml) SOLUTION* **MO** | 1 | |
| *bupivacaine-epinephrine 0.25 %-1:200,000, 0.5 %-1:200,000 SOLUTION* **MO** | 1 | |
| *bupivacaine-epinephrine (pf) 0.25 %-1:200,000, 0.5 %-1:200,000 SOLUTION* **MO** | 1 | |
| CARBOCAINE WITH NEO-COBEFRIN 2 % -1:20,000 CARTRIDGE **MO** | 1 | |
| *chloroprocaine (pf) 20 mg/ml (2 %), 30 mg/ml (3 %) SOLUTION* **MO** | 1 | |
| CLOROTEKAL (PF) 10 MG/ML (1 %) SOLUTION **MO** | 3 | |
| *dermacinrx lidocan 5 % ADHESIVE PATCH, MEDICATED* **MO** | 1 | PA,QL(90 per 30 days) |
| EXPAREL (PF) 1.3 % (13.3 MG/ML) SUSPENSION **MO** | 3 | |
| *glydo 2 % JELLY IN APPLICATOR* **MO** | 1 | |
| *lidocaine 5 % ADHESIVE PATCH, MEDICATED* **MO** | 1 | QL(90 per 30 days) |
| *lidocaine 5 % OINTMENT* **MO** | 1 | |
| *lidocaine (pf) 10 mg/ml (1 %), 15 mg/ml (1.5 %), 20 mg/ml (2 %), 40 mg/ml (4 %), 5 mg/ml (0.5 %) SOLUTION* **MO** | 1 | |
| *lidocaine hcl 10 mg/ml (1 %), 2 %, 20 mg/ml (2 %), 4 %, 4 % (40 mg/ml), 5 mg/ml (0.5 %) SOLUTION* **MO** | 1 | |
| *lidocaine hcl 2 % JELLY* **MO** | 1 | |
| *lidocaine hcl 2 % JELLY IN APPLICATOR* **MO** | 1 | |
| *lidocaine-epinephrine 0.5 %-1:200,000, 1 %-1:100,000, 2 %-1:100,000 SOLUTION* **MO** | 1 | |
| *lidocaine-epinephrine bit 2 %-1:100,000, 2 %-1:50,000 CARTRIDGE* **MO** | 1 | |
| *lidocaine-prilocaine 2.5-2.5 % CREAM* **MO** | 1 | |
| *lidocan iii 5 % ADHESIVE PATCH, MEDICATED* **MO** | 1 | PA,QL(90 per 30 days) |
| *lidocan iv 5 % ADHESIVE PATCH, MEDICATED* **MO** | 1 | PA,QL(90 per 30 days) |
| *lidocan v 5 % ADHESIVE PATCH, MEDICATED* **MO** | 1 | PA,QL(90 per 30 days) |
| LIDODERM 5 % ADHESIVE PATCH, MEDICATED **MO** | 3 | PA,QL(90 per 30 days) |
| *lignospan forte 2 %-1:50,000 CARTRIDGE* **MO** | 1 | |
| *lignospan standard 2 %-1:100,000 CARTRIDGE* **MO** | 1 | |
| MARCAINE 0.25 % (2.5 MG/ML), 0.5 % (5 MG/ML) SOLUTION **MO** | 3 | |
| MARCAINE (PF) 0.25 % (2.5 MG/ML), 0.5 % (5 MG/ML), 0.75 % (7.5 MG/ML) SOLUTION **MO** | 3 | |
| MARCAINE SPINAL (PF) 0.75 % (7.5 MG/ML) SOLUTION **MO** | 3 | |
| MARCAINE-EPINEPHRINE 0.25 %-1:200,000, 0.5 %-1:200,000 SOLUTION **MO** | 3 | |
| *marcaine-epinephrine 0.5 %-1:200,000 CARTRIDGE* **MO** | 1 | |

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| DRUG NAME | TIER | UTILIZATION MANAGEMENT REQUIREMENTS |
|---|---|---|
| MARCAINE-EPINEPHRINE (PF) 0.25 %-1:200,000, 0.5 %-1:200,000 SOLUTION **MO** | 3 | |
| NAROPIN (PF) 10 MG/ML (1 %), 2 MG/ML (0.2 %), 5 MG/ML (0.5 %), 7.5 MG/ML (0.75 %) SOLUTION **MO** | 3 | |
| NESACAINE 10 MG/ML (1 %), 20 MG/ML (2 %) SOLUTION **MO** | 3 | |
| NESACAINE-MPF 20 MG/ML (2 %), 30 MG/ML (3 %) SOLUTION **MO** | 3 | |
| PLIAGLIS 7-7 % CREAM **MO** | 3 | |
| *polocaine 1 % (10 mg/ml), 2 % SOLUTION* **MO** | 1 | |
| *polocaine-mpf 10 mg/ml (1 %), 15 mg/ml (1.5 %), 20 mg/ml (2 %) SOLUTION* **MO** | 1 | |
| *ropivacaine (pf) 10 mg/ml (1 %), 2 mg/ml (0.2 %), 5 mg/ml (0.5 %), 7.5 mg/ml (0.75 %) SOLUTION* **MO** | 1 | |
| SENSORCAINE 0.25 % (2.5 MG/ML), 0.5 % (5 MG/ML) SOLUTION **MO** | 1 | |
| *sensorcaine-epinephrine 0.25 %-1:200,000, 0.5 %-1:200,000 SOLUTION* **MO** | 1 | |
| SENSORCAINE-MPF 0.25 % (2.5 MG/ML), 0.5 % (5 MG/ML), 0.75 % (7.5 MG/ML) SOLUTION **MO** | 1 | |
| *sensorcaine-mpf 0.25 % (2.5 mg/ml), 0.5 % (5 mg/ml), 0.75 % (7.5 mg/ml) SOLUTION* **MO** | 1 | |
| *sensorcaine-mpf/epinephrine 0.25 %-1:200,000 SOLUTION* **MO** | 1 | |
| SENSORCAINE-MPF/EPINEPHRINE 0.5 %-1:200,000, 0.75 %-1:200,000 SOLUTION **MO** | 1 | |
| *vivacaine 0.5 %-1:200,000 CARTRIDGE* **MO** | 1 | |
| ZTLIDO 1.8 % ADHESIVE PATCH, MEDICATED **MO** | 3 | PA,QL(90 per 30 days) |
| **ANTI-ADDICTION/SUBSTANCE ABUSE TREATMENT AGENTS** | | |
| *acamprosate 333 mg TABLET, DR/EC* **MO** | 1 | |
| *buprenorphine hcl 2 mg, 8 mg SUBLINGUAL TABLET* **MO** | 1 | QL(120 per 30 days) |
| *buprenorphine-naloxone 12-3 mg, 2-0.5 mg, 4-1 mg, 8-2 mg FILM* **MO** | 1 | |
| *buprenorphine-naloxone 2-0.5 mg, 8-2 mg SUBLINGUAL TABLET* **MO** | 1 | |
| *bupropion hcl (smoking deter) 150 mg TABLET, ER 12 HR.* **MO** | 1 | QL(90 per 30 days) |
| CHANTIX 0.5 MG, 1 MG TABLET **MO** | 3 | PA,QL(56 per 28 days) |
| CHANTIX CONTINUING MONTH BOX 1 MG TABLET **MO** | 3 | PA,QL(56 per 28 days) |
| CHANTIX STARTING MONTH BOX 0.5 MG (11)- 1 MG (42) TABLET, DOSE PACK **MO** | 3 | PA,QL(53 per 28 days) |
| *disulfiram 250 mg, 500 mg TABLET* **MO** | 1 | |
| KLOXXADO 8 MG/ACTUATION SPRAY, NON-AEROSOL **MO** | 2 | |
| *lofexidine 0.18 mg TABLET* **DL** | 4 | PA,QL(224 per 365 days) |

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| DRUG NAME | TIER | UTILIZATION MANAGEMENT REQUIREMENTS |
|---|---|---|
| LUCEMYRA 0.18 MG TABLET DL | 4 | PA,QL(224 per 365 days) |
| *nalmefene 1 mg/ml SOLUTION* MO | 1 | |
| *naloxone 0.4 mg/ml SOLUTION* MO | 1 | |
| *naloxone 0.4 mg/ml, 1 mg/ml SYRINGE* MO | 1 | |
| *naltrexone 50 mg TABLET* MO | 1 | |
| NARCAN 4 MG/ACTUATION SPRAY, NON-AEROSOL MO | 3 | PA |
| NICOTROL NS 10 MG/ML SPRAY, NON-AEROSOL MO | 3 | |
| OPVEE 2.7 MG/ACTUATION SPRAY, NON-AEROSOL MO | 2 | |
| REXTOVY 4 MG/ACTUATION SPRAY, NON-AEROSOL MO | 2 | |
| REZENOPY 10 MG/ACTUATION SPRAY, NON-AEROSOL MO | 3 | |
| SUBOXONE 12-3 MG, 2-0.5 MG, 4-1 MG, 8-2 MG FILM MO | 3 | PA |
| *varenicline tartrate 0.5 mg (11)- 1 mg (42) TABLET, DOSE PACK* MO | 1 | QL(53 per 28 days) |
| *varenicline tartrate 0.5 mg, 1 mg TABLET* MO | 1 | QL(56 per 28 days) |
| VIVITROL 380 MG SUSPENSION, ER, RECON DL | 4 | QL(1 per 28 days) |
| ZIMHI 5 MG/0.5 ML SYRINGE MO | 3 | PA |
| ZUBSOLV 0.7-0.18 MG, 1.4-0.36 MG, 11.4-2.9 MG, 2.9-0.71 MG, 5.7-1.4 MG, 8.6-2.1 MG SUBLINGUAL TABLET MO | 1 | |
| ZURNAI 1.5 MG/0.5 ML AUTO-INJECTOR MO | 2 | |
| **ANTIBACTERIALS** | | |
| *acetic acid 2 % SOLUTION* MO | 1 | |
| *amikacin 1,000 mg/4 ml, 500 mg/2 ml SOLUTION* MO | 1 | |
| *amoxicillin 125 mg, 250 mg CHEWABLE TABLET* MO | 1 | |
| *amoxicillin 125 mg/5 ml, 200 mg/5 ml, 250 mg/5 ml, 400 mg/5 ml SUSPENSION FOR RECONSTITUTION* MO | 1 | |
| *amoxicillin 250 mg CAPSULE* MO | 1 | |
| *amoxicillin 500 mg CAPSULE* MO | 1 | |
| *amoxicillin 500 mg TABLET* MO | 1 | |
| *amoxicillin 875 mg TABLET* MO | 1 | |
| *amoxicillin-pot clavulanate 1,000-62.5 mg TABLET, ER 12 HR.* MO | 1 | |
| *amoxicillin-pot clavulanate 200-28.5 mg, 400-57 mg CHEWABLE TABLET* MO | 1 | |
| *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 | 1 | |
| *amoxicillin-pot clavulanate 250-125 mg, 500-125 mg TABLET* MO | 1 | |
| *amoxicillin-pot clavulanate 875-125 mg TABLET* MO | 1 | |
| *ampicillin 500 mg CAPSULE* MO | 1 | |

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| DRUG NAME | TIER | UTILIZATION MANAGEMENT REQUIREMENTS |
|---|---|---|
| *ampicillin sodium 1 gram, 10 gram, 125 mg, 2 gram, 250 mg, 500 mg RECON SOLUTION* **MO** | 1 | |
| *ampicillin-sulbactam 1.5 gram, 15 gram, 3 gram RECON SOLUTION* **MO** | 1 | |
| ARIKAYCE 590 MG/8.4 ML SUSPENSION FOR NEBULIZATION **DL** | 4 | PA,QL(235.2 per 28 days) |
| AUGMENTIN 125-31.25 MG/5 ML, 250-62.5 MG/5 ML SUSPENSION FOR RECONSTITUTION **DL** | 4 | |
| AUGMENTIN 500-125 MG TABLET **MO** | 3 | PA |
| AUGMENTIN ES-600 600-42.9 MG/5 ML SUSPENSION FOR RECONSTITUTION **MO** | 3 | |
| AVELOX IN NACL (ISO-OSMOTIC) 400 MG/250 ML PIGGYBACK **MO** | 3 | PA |
| *avidoxy 100 mg TABLET* **MO** | 1 | ST |
| AVYCAZ 2.5 GRAM RECON SOLUTION **DL** | 4 | |
| AZACTAM 1 GRAM, 2 GRAM RECON SOLUTION **MO** | 3 | PA |
| *azithromycin 1 gram PACKET* **MO** | 1 | |
| *azithromycin 100 mg/5 ml, 200 mg/5 ml SUSPENSION FOR RECONSTITUTION* **MO** | 1 | |
| *azithromycin 250 mg TABLET* **MO** | 1 | |
| *azithromycin 500 mg RECON SOLUTION* **MO** | 1 | |
| *azithromycin 500 mg, 600 mg TABLET* **MO** | 1 | |
| *aztreonam 1 gram, 2 gram RECON SOLUTION* **MO** | 1 | |
| *bacitracin 50,000 unit RECON SOLUTION* **MO** | 1 | |
| BACTRIM 400-80 MG TABLET **MO** | 3 | |
| BACTRIM DS 800-160 MG TABLET **MO** | 3 | |
| BAXDELA 300 MG RECON SOLUTION **DL** | 4 | QL(28 per 14 days) |
| BAXDELA 450 MG TABLET **DL** | 4 | QL(28 per 14 days) |
| BETHKIS 300 MG/4 ML SOLUTION FOR NEBULIZATION **DL** | 4 | PA |
| BICILLIN C-R 1,200,000 UNIT/ 2 ML(600K/600K), 1,200,000 UNIT/ 2 ML(900K/300K) SYRINGE **MO** | 3 | |
| BICILLIN L-A 1,200,000 UNIT/2 ML, 2,400,000 UNIT/4 ML, 600,000 UNIT/ML SYRINGE **MO** | 3 | |
| BLUJEPA 750 MG TABLET **DL** | 4 | |
| *cefaclor 125 mg/5 ml, 250 mg/5 ml, 375 mg/5 ml SUSPENSION FOR RECONSTITUTION* **MO** | 1 | |
| *cefaclor 250 mg, 500 mg CAPSULE* **MO** | 1 | |
| *cefaclor 500 mg TABLET, ER 12 HR.* **MO** | 1 | |
| *cefadroxil 1 gram TABLET* **MO** | 1 | |

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| DRUG NAME | TIER | UTILIZATION MANAGEMENT REQUIREMENTS |
|---|---|---|
| *cefadroxil 250 mg/5 ml, 500 mg/5 ml SUSPENSION FOR RECONSTITUTION* **MO** | 1 | |
| *cefadroxil 500 mg CAPSULE* **MO** | 1 | |
| *cefazolin 1 gram, 10 gram, 2 gram, 3 gram, 500 mg RECON SOLUTION* **MO** | 1 | |
| CEFAZOLIN 2 GRAM, 3 GRAM RECON SOLUTION **MO** | 1 | |
| *cefazolin in dextrose (iso-os) 1 gram/50 ml, 2 gram/100 ml, 2 gram/50 ml, 3 gram/50 ml PIGGYBACK* **MO** | 1 | |
| CEFAZOLIN IN DEXTROSE (ISO-OS) 3 GRAM/150 ML PIGGYBACK **MO** | 1 | |
| *cefdinir 125 mg/5 ml, 250 mg/5 ml SUSPENSION FOR RECONSTITUTION* **MO** | 1 | |
| *cefdinir 300 mg CAPSULE* **MO** | 1 | |
| *cefepime 1 gram, 2 gram RECON SOLUTION* **MO** | 1 | |
| *cefepime in dextrose 5 % 1 gram/50 ml, 2 gram/50 ml PIGGYBACK* **MO** | 1 | |
| *cefepime in dextrose,iso-osm 1 gram/50 ml, 2 gram/100 ml PIGGYBACK* **MO** | 3 | |
| *cefixime 100 mg/5 ml, 200 mg/5 ml SUSPENSION FOR RECONSTITUTION* **MO** | 1 | |
| *cefixime 400 mg CAPSULE* **MO** | 1 | |
| *cefixime 400 mg TABLET* **MO** | 1 | |
| *cefotetan 1 gram, 2 gram RECON SOLUTION* **MO** | 1 | |
| *cefoxitin 1 gram, 10 gram, 2 gram RECON SOLUTION* **MO** | 1 | |
| *cefoxitin in dextrose, iso-osm 1 gram/50 ml, 2 gram/50 ml PIGGYBACK* **MO** | 1 | |
| *cefpodoxime 100 mg, 200 mg TABLET* **MO** | 1 | |
| *cefpodoxime 100 mg/5 ml, 50 mg/5 ml SUSPENSION FOR RECONSTITUTION* **MO** | 1 | |
| *cefprozil 125 mg/5 ml, 250 mg/5 ml SUSPENSION FOR RECONSTITUTION* **MO** | 1 | |
| *cefprozil 250 mg, 500 mg TABLET* **MO** | 1 | |
| *ceftaroline fosamil 400 mg, 600 mg RECON SOLUTION* **DL** | 4 | |
| *ceftazidime 1 gram, 2 gram, 6 gram RECON SOLUTION* **MO** | 1 | |
| *ceftriaxone 1 gram, 10 gram, 100 gram, 2 gram, 250 mg, 500 mg RECON SOLUTION* **MO** | 1 | |
| *ceftriaxone in dextrose,iso-os 1 gram/50 ml, 2 gram/50 ml PIGGYBACK* **MO** | 1 | |
| *cefuroxime axetil 250 mg, 500 mg TABLET* **MO** | 1 | |
| *cefuroxime sodium 1.5 gram, 7.5 gram, 750 mg RECON SOLUTION* **MO** | 1 | |
| *cephalexin 125 mg/5 ml, 250 mg/5 ml SUSPENSION FOR RECONSTITUTION* **MO** | 1 | |
| *cephalexin 250 mg, 500 mg TABLET* **MO** | 1 | |
| *cephalexin 250 mg, 750 mg CAPSULE* **MO** | 1 | |
| *cephalexin 500 mg CAPSULE* **MO** | 1 | |
| *chloramphenicol sod succinate 1 gram RECON SOLUTION* **MO** | 1 | |
| CIPRO 250 MG, 500 MG TABLET **MO** | 3 | |

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| DRUG NAME | TIER | UTILIZATION MANAGEMENT REQUIREMENTS |
|---|---|---|
| CIPRO 250 MG/5 ML, 500 MG/5 ML SUSPENSION, MICROCAPSULE RECON **MO** | 3 | |
| *ciprofloxacin 250 mg/5 ml, 500 mg/5 ml SUSPENSION, MICROCAPSULE RECON* **MO** | 1 | |
| *ciprofloxacin hcl 100 mg, 250 mg, 750 mg TABLET* **MO** | 1 | |
| *ciprofloxacin hcl 500 mg TABLET* **MO** | 1 | |
| *ciprofloxacin in 5 % dextrose 200 mg/100 ml, 400 mg/200 ml PIGGYBACK* **MO** | 1 | |
| *clarithromycin 125 mg/5 ml, 250 mg/5 ml SUSPENSION FOR RECONSTITUTION* **MO** | 1 | |
| *clarithromycin 250 mg, 500 mg TABLET* **MO** | 1 | |
| *clarithromycin 500 mg TABLET, ER 24 HR.* **MO** | 1 | |
| CLEOCIN 100 MG SUPPOSITORY **MO** | 3 | |
| CLEOCIN 150 MG/ML SOLUTION **MO** | 1 | |
| CLEOCIN 2 % CREAM **MO** | 3 | PA |
| CLEOCIN HCL 150 MG, 300 MG, 75 MG CAPSULE **MO** | 3 | |
| CLEOCIN PEDIATRIC 75 MG/5 ML RECON SOLUTION **MO** | 1 | |
| *clindamycin hcl 150 mg, 300 mg, 75 mg CAPSULE* **MO** | 1 | |
| *clindamycin in 0.9 % sod chlor 300 mg/50 ml, 600 mg/50 ml, 900 mg/50 ml PIGGYBACK* **MO** | 1 | |
| *clindamycin in 5 % dextrose 300 mg/50 ml, 600 mg/50 ml, 900 mg/50 ml PIGGYBACK* **MO** | 1 | |
| *clindamycin palmitate hcl 75 mg/5 ml RECON SOLUTION* **MO** | 1 | |
| *clindamycin pediatric 75 mg/5 ml RECON SOLUTION* **MO** | 1 | |
| *clindamycin phosphate 150 mg/ml SOLUTION* **MO** | 1 | |
| *clindamycin phosphate 2 % CREAM* **MO** | 1 | |
| CLINDESSE 2 % CREAM, ER **MO** | 3 | |
| *colistin (colistimethate na) 150 mg RECON SOLUTION* **MO** | 1 | |
| COLY-MYCIN M PARENTERAL 150 MG RECON SOLUTION **DL** | 4 | |
| CONTEPO 6 GRAM RECON SOLUTION **DL** | 4 | |
| *dalbavancin 500 mg SOLUTION* **DL** | 4 | QL(4 per 28 days) |
| DALVANCE 500 MG SOLUTION **DL** | 4 | QL(4 per 28 days) |
| *daptomycin 350 mg RECON SOLUTION* **MO** | 1 | |
| *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** | 3 | |
| *demeclocycline 150 mg TABLET* **MO** | 1 | QL(240 per 30 days) |

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| DRUG NAME | TIER | UTILIZATION MANAGEMENT REQUIREMENTS |
|---|---|---|
| *demeclocycline 300 mg TABLET* **MO** | 1 | QL(120 per 30 days) |
| *dicloxacillin 250 mg, 500 mg CAPSULE* **MO** | 1 | |
| DIFICID 200 MG TABLET **DL** | 4 | |
| DIFICID 40 MG/ML SUSPENSION FOR RECONSTITUTION **DL** | 4 | |
| DORYX 200 MG TABLET, DR/EC **MO** | 3 | ST,QL(30 per 30 days) |
| DORYX 80 MG TABLET, DR/EC **DL** | 4 | ST,QL(60 per 30 days) |
| DORYX MPC 60 MG TABLET, DR/EC **DL** | 4 | ST,QL(60 per 30 days) |
| *doxy-100 100 mg RECON SOLUTION* **MO** | 1 | |
| *doxycycline hyclate 100 mg CAPSULE* **MO** | 1 | |
| *doxycycline hyclate 100 mg RECON SOLUTION* **MO** | 1 | |
| *doxycycline hyclate 100 mg TABLET* **MO** | 1 | |
| *doxycycline hyclate 100 mg TABLET, DR/EC* **MO** | 1 | ST,QL(90 per 30 days) |
| *doxycycline hyclate 150 mg TABLET* **MO** | 1 | ST,QL(30 per 30 days) |
| *doxycycline hyclate 150 mg, 50 mg, 75 mg TABLET, DR/EC* **MO** | 1 | ST,QL(60 per 30 days) |
| *doxycycline hyclate 20 mg TABLET* **MO** | 1 | |
| *doxycycline hyclate 200 mg TABLET, DR/EC* **MO** | 1 | ST,QL(30 per 30 days) |
| *doxycycline hyclate 50 mg CAPSULE* **MO** | 1 | |
| *doxycycline hyclate 50 mg TABLET* **MO** | 1 | ST,QL(180 per 30 days) |
| *doxycycline hyclate 75 mg TABLET* **MO** | 1 | ST,QL(60 per 30 days) |
| *doxycycline hyclate 80 mg TABLET, DR/EC* **MO** | 3 | ST,QL(60 per 30 days) |
| *doxycycline monohydrate 100 mg, 150 mg, 50 mg, 75 mg TABLET* **MO** | 1 | |
| *doxycycline monohydrate 100 mg, 50 mg CAPSULE* **MO** | 1 | |
| *doxycycline monohydrate 150 mg CAPSULE* **MO** | 1 | QL(30 per 30 days) |
| *doxycycline monohydrate 25 mg/5 ml SUSPENSION FOR RECONSTITUTION* **MO** | 1 | |
| *doxycycline monohydrate 40 mg CAPSULE, IR/DR, BIPHASIC* **MO** | 1 | ST,QL(30 per 30 days) |
| *doxycycline monohydrate 75 mg CAPSULE* **MO** | 1 | QL(60 per 30 days) |
| E.E.S. 400 400 MG TABLET **MO** | 1 | |
| E.E.S. GRANULES 200 MG/5 ML SUSPENSION FOR RECONSTITUTION **MO** | 3 | |
| EMBLAVEO 2 GRAM RECON SOLUTION **DL** | 4 | |
| EMROSI 40 MG CAPSULE, IR/ER, BIPHASIC **DL** | 4 | PA,QL(30 per 30 days) |
| *ertapenem 1 gram RECON SOLUTION* **MO** | 1 | |
| ERY-TAB 250 MG, 333 MG, 500 MG TABLET, DR/EC **MO** | 1 | |
| ERYPED 200 200 MG/5 ML SUSPENSION FOR RECONSTITUTION **MO** | 3 | |
| ERYPED 400 400 MG/5 ML SUSPENSION FOR RECONSTITUTION **DL** | 4 | |

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| DRUG NAME | TIER | UTILIZATION MANAGEMENT REQUIREMENTS |
|---|---|---|
| ERYTHROCIN 500 MG RECON SOLUTION **MO** | 1 | |
| ERYTHROCIN (AS STEARATE) 250 MG TABLET **MO** | 1 | |
| *erythromycin 250 mg CAPSULE, DR/EC* **MO** | 1 | |
| *erythromycin 250 mg, 333 mg, 500 mg TABLET, DR/EC* **MO** | 1 | |
| *erythromycin 250 mg, 500 mg TABLET* **MO** | 1 | |
| *erythromycin ethylsuccinate 200 mg/5 ml, 400 mg/5 ml SUSPENSION FOR RECONSTITUTION* **MO** | 1 | |
| *erythromycin ethylsuccinate 400 mg TABLET* **MO** | 1 | |
| *erythromycin lactobionate 500 mg RECON SOLUTION* **DL** | 4 | |
| FETROJA 1 GRAM RECON SOLUTION **DL** | 4 | QL(84 per 14 days) |
| *fidaxomicin 200 mg TABLET* **DL** | 4 | |
| FIRVANQ 25 MG/ML, 50 MG/ML RECON SOLUTION **MO** | 3 | |
| FLAGYL 375 MG CAPSULE **MO** | 3 | QL(320 per 30 days) |
| *fosfomycin tromethamine 3 gram PACKET* **MO** | 1 | |
| FURADANTIN 25 MG/5 ML SUSPENSION **MO** | 3 | |
| *gentamicin 0.1 % CREAM* **MO** | 1 | |
| *gentamicin 0.1 % OINTMENT* **MO** | 1 | |
| *gentamicin 40 mg/ml SOLUTION* **MO** | 1 | |
| *gentamicin in nacl (iso-osm) 100 mg/100 ml, 100 mg/50 ml, 120 mg/100 ml, 60 mg/50 ml, 80 mg/100 ml, 80 mg/50 ml PIGGYBACK* **MO** | 1 | |
| *gentamicin sulfate (ped) (pf) 20 mg/2 ml SOLUTION* **MO** | 1 | |
| HUMATIN 250 MG CAPSULE **DL** | 4 | |
| *imipenem-cilastatin 250 mg, 500 mg RECON SOLUTION* **MO** | 1 | |
| KIMYRSA 1,200 MG RECON SOLUTION **DL** | 4 | QL(1 per 30 days) |
| KITABIS PAK 300 MG/5 ML SOLUTION FOR NEBULIZATION **DL** | 4 | PA |
| KLARON 10 % SUSPENSION **MO** | 3 | QL(118 per 30 days) |
| *levofloxacin 25 mg/ml, 250 mg/10 ml SOLUTION* **MO** | 1 | |
| *levofloxacin 250 mg, 750 mg TABLET* **MO** | 1 | |
| *levofloxacin 500 mg TABLET* **MO** | 1 | |
| *levofloxacin in d5w 250 mg/50 ml, 500 mg/100 ml, 750 mg/150 ml PIGGYBACK* **MO** | 1 | |
| LINCOCIN 300 MG/ML SOLUTION **MO** | 3 | |
| *lincomycin 300 mg/ml SOLUTION* **MO** | 1 | |
| *linezolid 100 mg/5 ml SUSPENSION FOR RECONSTITUTION* **DL** | 4 | QL(1800 per 30 days) |
| *linezolid 600 mg TABLET* **MO** | 1 | QL(60 per 30 days) |

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| DRUG NAME | TIER | UTILIZATION MANAGEMENT REQUIREMENTS |
|---|---|---|
| *linezolid in dextrose 5% 600 mg/300 ml PIGGYBACK* **MO** | 1 | |
| *linezolid-0.9% sodium chloride 600 mg/300 ml PARENTERAL SOLUTION* **MO** | 1 | |
| MACROBID 100 MG CAPSULE **MO** | 3 | |
| *meropenem 1 gram, 500 mg RECON SOLUTION* **MO** | 1 | |
| *meropenem-0.9% sodium chloride 1 gram/50 ml, 500 mg/50 ml PIGGYBACK* **MO** | 1 | |
| *methenamine hippurate 1 gram TABLET* **MO** | 1 | |
| METRO I.V. 500 MG/100 ML PIGGYBACK **MO** | 3 | |
| *metronidazole 0.75 % CREAM* **MO** | 1 | |
| *metronidazole 0.75 % LOTION* **MO** | 1 | |
| *metronidazole 0.75 %, 0.75 % (37.5mg/5 gram), 1 %, 1.3 % (65 mg/5 gram) GEL* **MO** | 1 | |
| *metronidazole 1 % GEL WITH PUMP* **MO** | 1 | |
| *metronidazole 125 mg, 250 mg, 500 mg TABLET* **MO** | 1 | |
| *metronidazole 375 mg CAPSULE* **MO** | 1 | QL(320 per 30 days) |
| *metronidazole in nacl (iso-os) 500 mg/100 ml PIGGYBACK* **MO** | 1 | |
| MINOCIN 100 MG RECON SOLUTION **DL** | 4 | PA |
| *minocycline 100 mg, 50 mg, 75 mg CAPSULE* **MO** | 1 | |
| *minocycline 100 mg, 50 mg, 75 mg TABLET* **MO** | 1 | |
| *minocycline 105 mg, 115 mg, 135 mg, 45 mg, 55 mg, 65 mg, 80 mg, 90 mg TABLET, ER 24 HR.* **MO** | 1 | ST,QL(30 per 30 days) |
| *mondoxyne nl 100 mg CAPSULE* **MO** | 1 | |
| *mondoxyne nl 75 mg CAPSULE* **MO** | 1 | ST,QL(60 per 30 days) |
| *morgidox 50 mg CAPSULE* **MO** | 1 | ST |
| *moxifloxacin 400 mg TABLET* **MO** | 1 | |
| *moxifloxacin-sod.ace,sul-water 400 mg/250 ml PIGGYBACK* **MO** | 1 | |
| *moxifloxacin-sod.chloride(iso) 400 mg/250 ml PIGGYBACK* **MO** | 1 | |
| *nafcillin 1 gram, 10 gram, 2 gram RECON SOLUTION* **MO** | 1 | |
| *nafcillin in dextrose iso-osm 2 gram/100 ml PIGGYBACK* **DL** | 4 | |
| *neomycin 500 mg TABLET* **MO** | 1 | |
| *nitrofurantoin 25 mg/5 ml, 50 mg/5 ml SUSPENSION* **DL** | 4 | |
| *nitrofurantoin macrocrystal 100 mg, 25 mg, 50 mg CAPSULE* **MO** | 1 | |
| *nitrofurantoin monohyd/m-cryst 100 mg CAPSULE* **MO** | 1 | |
| NORITATE 1 % CREAM **DL** | 4 | ST,QL(60 per 30 days) |
| NUVESSA 1.3 % (65 MG/5 GRAM) GEL **MO** | 3 | |

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| DRUG NAME | TIER | UTILIZATION MANAGEMENT REQUIREMENTS |
|---|---|---|
| NUZOLVENCE 3 GRAM GRANULES IN PACKET **MO** | 3 | |
| NUZYRA 100 MG RECON SOLUTION **DL** | 4 | |
| NUZYRA 150 MG TABLET **DL** | 4 | QL(30 per 14 days) |
| *ofloxacin 300 mg, 400 mg TABLET* **MO** | 1 | |
| ORACEA 40 MG CAPSULE, IR/DR, BIPHASIC **MO** | 3 | ST,QL(30 per 30 days) |
| ORBACTIV 400 MG RECON SOLUTION **DL** | 4 | QL(3 per 28 days) |
| ORLYNVAH 500-500 MG TABLET **DL** | 4 | |
| *oxacillin 1 gram, 10 gram, 2 gram RECON SOLUTION* **MO** | 1 | |
| *oxacillin in dextrose(iso-osm) 2 gram/50 ml PIGGYBACK* **MO** | 3 | |
| *penicillin g pot in dextrose 2 million unit/50 ml, 3 million unit/50 ml PIGGYBACK* **MO** | 3 | |
| *penicillin g potassium 20 million unit, 5 million unit RECON SOLUTION* **MO** | 1 | |
| *penicillin g sodium 5 million unit RECON SOLUTION* **MO** | 1 | |
| *penicillin v potassium 125 mg/5 ml, 250 mg/5 ml RECON SOLUTION* **MO** | 1 | |
| *penicillin v potassium 250 mg, 500 mg TABLET* **MO** | 1 | |
| *pfizerpen-g 20 million unit, 5 million unit RECON SOLUTION* **MO** | 1 | |
| *piperacillin-tazobactam 13.5 gram, 2.25 gram, 3.375 gram, 4.5 gram, 40.5 gram RECON SOLUTION* **MO** | 1 | |
| PIPERACILLIN-TAZOBACTAM 2.25 GRAM/50 ML, 3.375 GRAM/50 ML PIGGYBACK **MO** | 3 | |
| PIPERACILLIN-TAZOBACTAM 4.5 GRAM/100 ML PIGGYBACK **DL** | 4 | |
| PIVYA 185 MG TABLET **DL** | 4 | |
| *polymyxin b sulfate 500,000 unit RECON SOLUTION* **MO** | 1 | |
| PRIMAXIN IV 500 MG RECON SOLUTION **MO** | 3 | |
| PRIMSOL 50 MG/5 ML SOLUTION **MO** | 3 | |
| RECARBRIO 1.25 GRAM RECON SOLUTION **DL** | 4 | |
| *rosadan 0.75 % CREAM* **MO** | 1 | ST |
| *rosadan 0.75 % GEL* **MO** | 1 | ST |
| SEYSARA 100 MG, 150 MG, 60 MG TABLET **DL** | 4 | ST,QL(30 per 30 days) |
| SIVEXTRO 200 MG RECON SOLUTION **DL** | 4 | QL(6 per 28 days) |
| SIVEXTRO 200 MG TABLET **DL** | 4 | QL(6 per 28 days) |
| SOLOSEC 2 GRAM DR GRANULES IN PACKET **MO** | 3 | PA |
| *streptomycin 1 gram RECON SOLUTION* **DL** | 4 | |
| *sulfacetamide sodium 10 % OINTMENT* **MO** | 1 | |
| *sulfacetamide sodium (acne) 10 % SUSPENSION* **MO** | 1 | QL(118 per 30 days) |

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| DRUG NAME | TIER | UTILIZATION MANAGEMENT REQUIREMENTS |
|---|---|---|
| *sulfadiazine 500 mg TABLET* **MO** | 1 | |
| *sulfamethoxazole-trimethoprim 200-40 mg/5 ml SUSPENSION* **MO** | 1 | |
| *sulfamethoxazole-trimethoprim 400-80 mg TABLET* **MO** | 1 | |
| *sulfamethoxazole-trimethoprim 400-80 mg/5 ml SOLUTION* **MO** | 1 | |
| *sulfamethoxazole-trimethoprim 800-160 mg TABLET* **MO** | 1 | |
| TARGADOX 50 MG TABLET **MO** | 1 | ST,QL(180 per 30 days) |
| *tazicef 1 gram, 2 gram, 6 gram RECON SOLUTION* **MO** | 1 | |
| TEFLARO 400 MG, 600 MG RECON SOLUTION **DL** | 4 | |
| *tetracycline 250 mg, 500 mg CAPSULE* **MO** | 1 | |
| *tetracycline 250 mg, 500 mg TABLET* **DL** | 4 | |
| *tigecycline 50 mg RECON SOLUTION* **MO** | 1 | |
| *tinidazole 250 mg, 500 mg TABLET* **MO** | 1 | |
| TOBI 300 MG/5 ML SOLUTION FOR NEBULIZATION **DL** | 4 | PA |
| *tobramycin 300 mg/4 ml SOLUTION FOR NEBULIZATION* **DL** | 4 | PA |
| *tobramycin in 0.225 % nacl 300 mg/5 ml SOLUTION FOR NEBULIZATION* **DL** | 4 | BvsD |
| *tobramycin sulfate 1.2 gram RECON SOLUTION* **DL** | 4 | |
| *tobramycin sulfate 10 mg/ml, 40 mg/ml SOLUTION* **MO** | 1 | |
| *trimethoprim 100 mg TABLET* **MO** | 1 | |
| TYGACIL 50 MG RECON SOLUTION **DL** | 4 | |
| TYZAVAN 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** | 3 | |
| UNASYN 1.5 GRAM, 15 GRAM, 3 GRAM RECON SOLUTION **MO** | 3 | |
| VABOMERE 2 GRAM RECON SOLUTION **DL** | 4 | QL(84 per 14 days) |
| VANCOCIN 125 MG CAPSULE **MO** | 3 | PA,QL(120 per 30 days) |
| VANCOCIN 250 MG CAPSULE **DL** | 4 | PA,QL(240 per 30 days) |
| *vancomycin 1,000 mg, 1.25 gram, 1.5 gram, 10 gram, 25 mg/ml, 5 gram, 50 mg/ml, 500 mg, 750 mg RECON SOLUTION* **MO** | 1 | |
| *vancomycin 1.75 gram, 2 gram RECON SOLUTION* **MO** | 3 | |
| *vancomycin 125 mg CAPSULE* **MO** | 1 | QL(120 per 30 days) |
| *vancomycin 250 mg CAPSULE* **MO** | 1 | 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** | 3 | |
| *vancomycin in dextrose 5 % 1 gram/200 ml, 500 mg/100 ml, 750 mg/150 ml PIGGYBACK* **MO** | 3 | |

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| DRUG NAME | TIER | UTILIZATION MANAGEMENT REQUIREMENTS |
|---|---|---|
| VANCOMYCIN IN DEXTROSE 5 % 1.25 GRAM/250 ML, 1.5 GRAM/300 ML PIGGYBACK **MO** | 3 | |
| *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** | 3 | |
| VANDAZOLE 0.75 % (37.5MG/5 GRAM) GEL **MO** | 3 | |
| VIBATIV 750 MG RECON SOLUTION **DL** | 4 | |
| XACDURO 1 GRAM-1 GRAM (0.5 GRAM X 2) RECON SOLUTION | 4 | |
| XACIATO 2 % GEL **MO** | 3 | |
| XERAVA 100 MG, 50 MG RECON SOLUTION **MO** | 3 | |
| XIMINO 135 MG, 45 MG, 90 MG CAPSULE, ER 24 HR. **MO** | 3 | ST,QL(30 per 30 days) |
| ZEMDRI 50 MG/ML SOLUTION **DL** | 4 | |
| ZERBAXA 1.5 GRAM RECON SOLUTION **DL** | 4 | |
| ZEVTERA 667 MG RECON SOLUTION **DL** | 4 | |
| ZITHROMAX 1 GRAM PACKET **MO** | 3 | |
| ZITHROMAX 100 MG/5 ML, 200 MG/5 ML SUSPENSION FOR RECONSTITUTION **MO** | 3 | |
| ZITHROMAX 250 MG, 500 MG TABLET **MO** | 3 | |
| ZITHROMAX 500 MG RECON SOLUTION **MO** | 3 | |
| ZITHROMAX TRI-PAK 500 MG TABLET **MO** | 3 | |
| ZITHROMAX Z-PAK 250 MG TABLET **MO** | 3 | |
| ZOSYN IN DEXTROSE (ISO-OSM) 2.25 GRAM/50 ML, 3.375 GRAM/50 ML, 4.5 GRAM/100 ML PIGGYBACK **MO** | 3 | |
| ZYVOX 100 MG/5 ML SUSPENSION FOR RECONSTITUTION **DL** | 4 | PA,QL(1800 per 30 days) |
| ZYVOX 200 MG/100 ML, 600 MG/300 ML PIGGYBACK **MO** | 3 | |
| ZYVOX 600 MG TABLET **DL** | 4 | PA,QL(60 per 30 days) |
| **ANTICONVULSANTS** | | |
| APTIOM 200 MG, 400 MG TABLET | 4 | PA,QL(30 per 30 days) |
| APTIOM 600 MG, 800 MG TABLET | 4 | PA,QL(60 per 30 days) |
| BANZEL 200 MG TABLET **DL** | 4 | PA,QL(480 per 30 days) |
| BANZEL 40 MG/ML SUSPENSION **DL** | 4 | PA,QL(2760 per 30 days) |
| BANZEL 400 MG TABLET **DL** | 4 | PA,QL(240 per 30 days) |
| *brivaracetam 10 mg, 100 mg, 25 mg, 50 mg, 75 mg TABLET* **DL** | 4 | PA,QL(60 per 30 days) |
| *brivaracetam 10 mg/ml SOLUTION* **MO** | 1 | PA,QL(600 per 30 days) |
| *brivaracetam 50 mg/5 ml SOLUTION* **MO** | 1 | PA |

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| DRUG NAME | TIER | UTILIZATION MANAGEMENT REQUIREMENTS |
|---|---|---|
| BRIVIACT 10 MG, 100 MG, 25 MG, 50 MG, 75 MG TABLET | 4 | PA,QL(60 per 30 days) |
| BRIVIACT 10 MG/ML SOLUTION | 4 | PA,QL(600 per 30 days) |
| BRIVIACT 50 MG/5 ML SOLUTION | 4 | PA |
| *carbamazepine 100 mg, 200 mg CHEWABLE TABLET* **MO** | 1 | |
| *carbamazepine 100 mg, 200 mg, 300 mg CAPSULE ER MULTIPHASE 12 HR.* **MO** | 1 | |
| *carbamazepine 100 mg, 200 mg, 400 mg TABLET, ER 12 HR.* **MO** | 1 | |
| *carbamazepine 100 mg/5 ml, 100 mg/5 ml (5 ml), 200 mg/10 ml SUSPENSION* **MO** | 1 | |
| *carbamazepine 200 mg TABLET* **MO** | 1 | |
| CARBATROL 100 MG, 200 MG, 300 MG CAPSULE ER MULTIPHASE 12 HR. **MO** | 3 | |
| CELONTIN 300 MG CAPSULE **MO** | 3 | |
| CEREBYX 100 MG PE/2 ML, 500 MG PE/10 ML SOLUTION **MO** | 3 | |
| *clobazam 10 mg, 20 mg TABLET* **DL** | 1 | PA |
| *clobazam 2.5 mg/ml SUSPENSION* **DL** | 1 | PA |
| DEPAKOTE 125 MG, 250 MG, 500 MG TABLET, DR/EC **MO** | 3 | |
| DEPAKOTE ER 250 MG, 500 MG TABLET, ER 24 HR. **MO** | 3 | |
| DEPAKOTE SPRINKLES 125 MG CAPSULE, DR SPRINKLE **MO** | 3 | |
| DIACOMIT 250 MG, 500 MG CAPSULE **DL** | 4 | PA,QL(180 per 30 days) |
| DIACOMIT 250 MG, 500 MG POWDER IN PACKET **DL** | 4 | PA,QL(180 per 30 days) |
| *diazepam 12.5-15-17.5-20 mg, 2.5 mg, 5-7.5-10 mg KIT* **DL** | 1 | |
| DILANTIN 30 MG CAPSULE **MO** | 1 | |
| DILANTIN EXTENDED 100 MG CAPSULE **MO** | 1 | |
| DILANTIN INFATABS 50 MG CHEWABLE TABLET **MO** | 1 | |
| DILANTIN-125 125 MG/5 ML SUSPENSION **MO** | 3 | |
| *divalproex 125 mg CAPSULE, DR SPRINKLE* **MO** | 1 | |
| *divalproex 125 mg, 250 mg, 500 mg TABLET, DR/EC* **MO** | 1 | |
| *divalproex 250 mg, 500 mg TABLET, ER 24 HR.* **MO** | 1 | |
| ELEPSIA XR 1,000 MG, 1,500 MG TABLET, ER 24 HR. **DL** | 4 | QL(60 per 30 days) |
| EPIDIOLEX 100 MG/ML SOLUTION **DL** | 4 | PA |
| *epitol 200 mg TABLET* **MO** | 1 | |
| EPRONTIA 25 MG/ML SOLUTION **MO** | 3 | PA,QL(480 per 30 days) |
| EQUETRO 100 MG, 200 MG, 300 MG CAPSULE ER MULTIPHASE 12 HR. **MO** | 3 | PA |
| *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** | 1 | |

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| DRUG NAME | TIER | UTILIZATION MANAGEMENT REQUIREMENTS |
|---|---|---|
| *ethosuximide 250 mg/5 ml SOLUTION* **MO** | 1 | |
| *felbamate 400 mg, 600 mg TABLET* **MO** | 1 | PA |
| *felbamate 600 mg/5 ml SUSPENSION* **MO** | 1 | PA |
| FELBATOL 400 MG, 600 MG TABLET **DL** | 4 | PA |
| FINTEPLA 2.2 MG/ML SOLUTION **DL,LA** | 4 | PA,QL(360 per 30 days) |
| *fosphenytoin 100 mg pe/2 ml, 500 mg pe/10 ml SOLUTION* **MO** | 1 | |
| FYCOMPA 0.5 MG/ML SUSPENSION | 4 | PA,QL(680 per 28 days) |
| FYCOMPA 10 MG, 12 MG, 4 MG, 6 MG, 8 MG TABLET | 4 | PA,QL(30 per 30 days) |
| FYCOMPA 2 MG TABLET **MO** | 3 | PA,QL(30 per 30 days) |
| *gabapentin 100 mg, 300 mg, 400 mg CAPSULE* **MO** | 1 | QL(270 per 30 days) |
| *gabapentin 200 mg CAPSULE* **DL** | 4 | QL(270 per 30 days) |
| *gabapentin 250 mg/5 ml, 250 mg/5 ml (5 ml), 300 mg/6 ml (6 ml) SOLUTION* **MO** | 1 | QL(2250 per 30 days) |
| *gabapentin 600 mg, 800 mg TABLET* **MO** | 1 | QL(180 per 30 days) |
| GABARONE 100 MG, 400 MG TABLET **DL** | 4 | QL(270 per 30 days) |
| KEPPRA 1,000 MG, 500 MG, 750 MG TABLET | 4 | PA |
| KEPPRA 100 MG/ML, 500 MG/5 ML SOLUTION | 4 | PA |
| KEPPRA 250 MG TABLET **MO** | 3 | PA |
| KEPPRA XR 500 MG TABLET, ER 24 HR. | 4 | PA,QL(180 per 30 days) |
| KEPPRA XR 750 MG TABLET, ER 24 HR. | 4 | PA,QL(120 per 30 days) |
| *lacosamide 10 mg/ml SOLUTION* **MO** | 1 | QL(1395 per 30 days) |
| *lacosamide 100 mg, 150 mg, 200 mg, 50 mg TABLET* **MO** | 1 | QL(60 per 30 days) |
| *lacosamide 200 mg/20 ml SOLUTION* **DL** | 4 | |
| LAMICTAL 100 MG TABLET | 4 | |
| LAMICTAL 150 MG, 200 MG, 25 MG TABLET **MO** | 3 | |
| LAMICTAL 25 MG TABLET, CHEWABLE DISPERSIBLE | 4 | |
| LAMICTAL 5 MG TABLET, CHEWABLE DISPERSIBLE **MO** | 3 | |
| LAMICTAL ODT 100 MG, 200 MG, 50 MG TABLET, DISINTEGRATING | 4 | |
| LAMICTAL ODT 25 MG TABLET, DISINTEGRATING **MO** | 3 | |
| LAMICTAL ODT STARTER (BLUE) 25 MG (21) -50 MG (7) TABLET, DISINTEGRATING,DOSE PK | 4 | |
| LAMICTAL ODT STARTER (GREEN) 50 MG (42) -100 MG (14) TABLET, DISINTEGRATING,DOSE PK | 4 | |
| LAMICTAL ODT STARTER (ORANGE) 25 MG(14)-50 MG (14)-100 MG (7) TABLET, DISINTEGRATING,DOSE PK | 4 | |

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| DRUG NAME | TIER | UTILIZATION MANAGEMENT REQUIREMENTS |
|---|---|---|
| LAMICTAL STARTER (BLUE) KIT 25 MG (35) TABLET, DOSE PACK **MO** | 3 | |
| LAMICTAL STARTER (GREEN) KIT 25 MG (84) -100 MG (14) TABLET, DOSE PACK **MO** | 3 | |
| LAMICTAL STARTER (ORANGE) KIT 25 MG (42) -100 MG (7) TABLET, DOSE PACK **MO** | 3 | |
| LAMICTAL XR 100 MG, 200 MG, 250 MG, 300 MG, 50 MG TABLET, ER 24 HR. | 4 | |
| LAMICTAL XR 25 MG TABLET, ER 24 HR. **MO** | 3 | |
| LAMICTAL XR STARTER (BLUE) 25 MG (21) -50 MG (7) TABLET, ER, DOSE PACK **MO** | 3 | |
| LAMICTAL XR STARTER (GREEN) 50 MG(14)-100MG (14)-200 MG (7) TABLET, ER, DOSE PACK **MO** | 3 | |
| LAMICTAL XR STARTER (ORANGE) 25MG (14)-50 MG (14)-100MG (7) TABLET, ER, DOSE PACK **MO** | 3 | |
| *lamotrigine 100 mg, 150 mg, 200 mg, 25 mg TABLET* **MO** | 1 | |
| *lamotrigine 100 mg, 200 mg, 25 mg, 250 mg, 300 mg, 50 mg TABLET, ER 24 HR.* **MO** | 1 | |
| *lamotrigine 100 mg, 200 mg, 25 mg, 50 mg TABLET, DISINTEGRATING* **MO** | 1 | |
| *lamotrigine 25 mg (21) -50 mg (7), 25 mg(14)-50 mg (14)-100 mg (7), 50 mg (42) -100 mg (14) TABLET, DISINTEGRATING,DOSE PK* **MO** | 1 | |
| *lamotrigine 25 mg (35), 25 mg (42) -100 mg (7), 25 mg (84) -100 mg (14) TABLET, DOSE PACK* **MO** | 1 | |
| *lamotrigine 25 mg, 5 mg TABLET, CHEWABLE DISPERSIBLE* **MO** | 1 | |
| *levetiracetam 1,000 mg, 250 mg, 750 mg TABLET* **MO** | 1 | |
| *levetiracetam 100 mg/ml, 500 mg/5 ml SOLUTION* **MO** | 1 | |
| *levetiracetam 250 mg TABLET FOR SUSPENSION* **MO** | 3 | ST,QL(360 per 30 days) |
| *levetiracetam 500 mg TABLET* **MO** | 1 | |
| *levetiracetam 500 mg TABLET FOR SUSPENSION* **MO** | 3 | ST,QL(180 per 30 days) |
| *levetiracetam 500 mg TABLET, ER 24 HR.* **MO** | 1 | QL(180 per 30 days) |
| *levetiracetam 500 mg/5 ml (5 ml) SOLUTION* **MO** | 1 | QL(900 per 30 days) |
| *levetiracetam 750 mg TABLET, ER 24 HR.* **MO** | 1 | QL(120 per 30 days) |
| *levetiracetam in nacl (iso-os) 1,000 mg/100 ml, 1,500 mg/100 ml, 500 mg/100 ml PIGGYBACK* **MO** | 1 | |
| LIBERVANT 10 MG, 12.5 MG, 15 MG, 5 MG, 7.5 MG FILM **DL** | 4 | QL(10 per 30 days) |
| *methsuximide 300 mg CAPSULE* **MO** | 1 | |
| MOTPOLY XR 100 MG, 150 MG, 200 MG CAPSULE, ER 24 HR. **DL** | 4 | PA,QL(60 per 30 days) |
| MYSOLINE 250 MG, 50 MG TABLET **DL** | 4 | PA |

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| DRUG NAME | TIER | UTILIZATION MANAGEMENT REQUIREMENTS |
|---|---|---|
| NAYZILAM 5 MG/SPRAY (0.1 ML) SPRAY, NON-AEROSOL **DL** | 3 | QL(10 per 30 days) |
| NEURONTIN 100 MG, 300 MG, 400 MG CAPSULE **MO** | 3 | PA,QL(270 per 30 days) |
| NEURONTIN 250 MG/5 ML SOLUTION **MO** | 3 | PA,QL(2250 per 30 days) |
| NEURONTIN 600 MG, 800 MG TABLET | 4 | PA,QL(180 per 30 days) |
| ONFI 10 MG, 20 MG TABLET **DL** | 4 | PA |
| ONFI 2.5 MG/ML SUSPENSION **DL** | 4 | PA |
| *oxcarbazepine 150 mg, 300 mg, 600 mg TABLET* **MO** | 1 | |
| *oxcarbazepine 150 mg, 300 mg, 600 mg TABLET, ER 24 HR.* **MO** | 1 | ST |
| *oxcarbazepine 300 mg/5 ml (60 mg/ml) SUSPENSION* **MO** | 1 | |
| OXTELLAR XR 150 MG, 300 MG TABLET, ER 24 HR. **MO** | 3 | ST |
| OXTELLAR XR 600 MG TABLET, ER 24 HR. | 4 | ST |
| *pentobarbital sodium 50 mg/ml SOLUTION* **MO** | 1 | |
| *perampanel 0.5 mg/ml SUSPENSION* **DL** | 4 | PA,QL(680 per 28 days) |
| *perampanel 10 mg, 12 mg, 4 mg, 6 mg, 8 mg TABLET* | 4 | PA,QL(30 per 30 days) |
| *perampanel 2 mg TABLET* **MO** | 1 | PA,QL(30 per 30 days) |
| *phenobarbital 100 mg, 16.2 mg, 32.4 mg, 64.8 mg, 97.2 mg TABLET* **MO** | 1 | QL(90 per 30 days) |
| *phenobarbital 15 mg, 60 mg TABLET* **MO** | 1 | QL(120 per 30 days) |
| *phenobarbital 20 mg/5 ml (4 mg/ml) ELIXIR* **MO** | 1 | QL(1500 per 30 days) |
| *phenobarbital 30 mg TABLET* **MO** | 1 | QL(300 per 30 days) |
| *phenobarbital sodium 130 mg/ml, 65 mg/ml SOLUTION* **DL** | 4 | |
| PHENYTEK 200 MG, 300 MG CAPSULE **MO** | 1 | |
| *phenytoin 125 mg/5 ml SUSPENSION* **MO** | 1 | |
| *phenytoin 50 mg CHEWABLE TABLET* **MO** | 1 | |
| *phenytoin sodium 50 mg/ml SOLUTION* **MO** | 1 | |
| *phenytoin sodium 50 mg/ml SYRINGE* **MO** | 1 | |
| *phenytoin sodium extended 100 mg, 200 mg, 300 mg CAPSULE* **MO** | 1 | |
| *primidone 125 mg, 250 mg, 50 mg TABLET* **MO** | 1 | |
| QUDEXY XR 100 MG, 50 MG CAPSULE ER SPRINKLE 24 HR. **MO** | 3 | PA,QL(30 per 30 days) |
| QUDEXY XR 150 MG, 200 MG CAPSULE ER SPRINKLE 24 HR. **DL** | 4 | PA,QL(60 per 30 days) |
| QUDEXY XR 25 MG CAPSULE ER SPRINKLE 24 HR. **MO** | 3 | PA,QL(90 per 30 days) |
| RELGAABI 200 MG CAPSULE **DL** | 4 | QL(270 per 30 days) |
| *relgaabi 300 mg, 400 mg CAPSULE* **DL** | 4 | QL(270 per 30 days) |
| *roweepra 500 mg TABLET* **MO** | 1 | |
| *rufinamide 200 mg TABLET* **MO** | 1 | PA,QL(480 per 30 days) |

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| DRUG NAME | TIER | UTILIZATION MANAGEMENT REQUIREMENTS |
|---|---|---|
| *rufinamide 40 mg/ml SUSPENSION* | 4 | PA,QL(2760 per 30 days) |
| *rufinamide 400 mg TABLET* **MO** | 1 | PA,QL(240 per 30 days) |
| SABRIL 500 MG POWDER IN PACKET **DL** | 4 | PA,QL(180 per 30 days) |
| SABRIL 500 MG TABLET **DL** | 4 | PA,QL(180 per 30 days) |
| SEZABY 100 MG RECON SOLUTION **DL** | 4 | |
| SPRITAM 1,000 MG TABLET FOR SUSPENSION **MO** | 3 | ST,QL(90 per 30 days) |
| SPRITAM 250 MG TABLET FOR SUSPENSION **MO** | 3 | ST,QL(360 per 30 days) |
| SPRITAM 500 MG TABLET FOR SUSPENSION **MO** | 3 | ST,QL(180 per 30 days) |
| SPRITAM 750 MG TABLET FOR SUSPENSION **MO** | 3 | ST,QL(120 per 30 days) |
| SUBVENITE 10 MG/ML SUSPENSION **DL** | 3 | |
| *subvenite 100 mg, 150 mg, 200 mg, 25 mg TABLET* **MO** | 1 | |
| *subvenite starter (blue) kit 25 mg (35) TABLET, DOSE PACK* **MO** | 1 | |
| *subvenite starter (green) kit 25 mg (84) -100 mg (14) TABLET, DOSE PACK* **MO** | 1 | |
| *subvenite starter (orange) kit 25 mg (42) -100 mg (7) TABLET, DOSE PACK* **MO** | 1 | |
| SYMPAZAN 10 MG, 20 MG FILM **DL** | 4 | PA,QL(60 per 30 days) |
| SYMPAZAN 5 MG FILM **DL** | 3 | PA,QL(60 per 30 days) |
| TEGRETOL 100 MG/5 ML SUSPENSION **MO** | 3 | |
| TEGRETOL 200 MG TABLET **MO** | 3 | |
| TEGRETOL XR 100 MG, 200 MG, 400 MG TABLET, ER 12 HR. **MO** | 3 | |
| *tiagabine 12 mg, 16 mg, 2 mg, 4 mg TABLET* **MO** | 1 | |
| TOPAMAX 100 MG, 200 MG TABLET | 4 | |
| TOPAMAX 15 MG, 25 MG CAPSULE, SPRINKLE | 4 | |
| TOPAMAX 25 MG, 50 MG TABLET **MO** | 3 | |
| *topiramate 100 mg, 200 mg, 25 mg, 50 mg TABLET* **MO** | 1 | |
| *topiramate 100 mg, 50 mg CAPSULE ER SPRINKLE 24 HR.* **MO** | 3 | PA,QL(30 per 30 days) |
| *topiramate 100 mg, 50 mg CAPSULE, ER 24 HR.* **MO** | 1 | PA,QL(30 per 30 days) |
| *topiramate 15 mg, 25 mg, 50 mg CAPSULE, SPRINKLE* **MO** | 1 | |
| *topiramate 150 mg, 200 mg CAPSULE ER SPRINKLE 24 HR.* **MO** | 3 | PA,QL(60 per 30 days) |
| *topiramate 200 mg CAPSULE, ER 24 HR.* **MO** | 1 | PA,QL(60 per 30 days) |
| *topiramate 25 mg CAPSULE ER SPRINKLE 24 HR.* **MO** | 3 | PA,QL(90 per 30 days) |
| *topiramate 25 mg CAPSULE, ER 24 HR.* **MO** | 1 | PA,QL(90 per 30 days) |
| *topiramate 25 mg/ml SOLUTION* **MO** | 1 | PA,QL(480 per 30 days) |
| TRILEPTAL 150 MG TABLET **MO** | 3 | PA |
| TRILEPTAL 300 MG, 600 MG TABLET | 4 | PA |

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| DRUG NAME | TIER | UTILIZATION MANAGEMENT REQUIREMENTS |
|---|---|---|
| TRILEPTAL 300 MG/5 ML (60 MG/ML) SUSPENSION | 4 | PA |
| TROKENDI XR 100 MG CAPSULE, ER 24 HR. | 4 | PA,QL(30 per 30 days) |
| TROKENDI XR 200 MG CAPSULE, ER 24 HR. | 4 | PA,QL(60 per 30 days) |
| TROKENDI XR 25 MG CAPSULE, ER 24 HR. **MO** | 3 | PA,QL(90 per 30 days) |
| TROKENDI XR 50 MG CAPSULE, ER 24 HR. **MO** | 3 | PA,QL(30 per 30 days) |
| *valproate sodium 500 mg/5 ml (100 mg/ml) SOLUTION* **MO** | 1 | |
| *valproic acid 250 mg CAPSULE* **MO** | 1 | |
| *valproic acid (as sodium salt) 250 mg/5 ml, 250 mg/5 ml (5 ml), 500 mg/10 ml (10 ml) SOLUTION* **MO** | 1 | |
| 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** | 4 | QL(10 per 30 days) |
| *vigabatrin 500 mg POWDER IN PACKET* **DL** | 4 | PA,QL(180 per 30 days) |
| *vigabatrin 500 mg TABLET* **DL** | 4 | PA,QL(180 per 30 days) |
| *vigadrone 500 mg POWDER IN PACKET* **DL** | 4 | PA,QL(180 per 30 days) |
| *vigadrone 500 mg TABLET* **DL** | 4 | PA,QL(180 per 30 days) |
| VIGAFYDE 100 MG/ML SOLUTION **DL** | 4 | PA,QL(600 per 25 days) |
| *vigpoder 500 mg POWDER IN PACKET* **DL** | 4 | PA,QL(180 per 30 days) |
| VIMPAT 10 MG/ML SOLUTION **DL** | 4 | PA,QL(1395 per 30 days) |
| VIMPAT 100 MG, 150 MG, 200 MG TABLET **DL** | 4 | PA,QL(60 per 30 days) |
| VIMPAT 200 MG/20 ML SOLUTION **DL** | 4 | PA |
| VIMPAT 50 MG TABLET **MO** | 3 | PA,QL(60 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** | 3 | 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) |
| ZARONTIN 250 MG CAPSULE **MO** | 3 | |
| ZARONTIN 250 MG/5 ML SOLUTION **MO** | 1 | |
| ZONEGRAN 100 MG, 25 MG CAPSULE | 4 | PA |
| ZONISADE 100 MG/5 ML SUSPENSION **MO** | 3 | PA,QL(900 per 30 days) |
| *zonisamide 100 mg, 25 mg, 50 mg CAPSULE* **MO** | 1 | |
| ZTALMY 50 MG/ML SUSPENSION **DL** | 4 | PA,QL(1080 per 30 days) |

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| DRUG NAME | TIER | UTILIZATION MANAGEMENT REQUIREMENTS |
|---|---|---|
| **ANTIDEMENTIA AGENTS** | | |
| ADLARITY 10 MG/24 HOUR, 5 MG/24 HOUR PATCH, WEEKLY **MO** | 3 | ST,QL(4 per 28 days) |
| ARICEPT 10 MG, 5 MG TABLET **MO** | 3 | PA |
| ARICEPT 23 MG TABLET **MO** | 3 | PA,QL(30 per 30 days) |
| *donepezil 10 mg, 5 mg TABLET* **MO** | 1 | |
| *donepezil 10 mg, 5 mg TABLET, DISINTEGRATING* **MO** | 1 | |
| *donepezil 23 mg TABLET* **MO** | 1 | QL(30 per 30 days) |
| *ergoloid 1 mg TABLET* **MO** | 1 | |
| EXELON PATCH 13.3 MG/24 HOUR, 4.6 MG/24 HOUR, 9.5 MG/24 HOUR PATCH, 24 HR. **MO** | 3 | PA,QL(30 per 30 days) |
| *galantamine 12 mg, 4 mg, 8 mg TABLET* **MO** | 1 | QL(60 per 30 days) |
| *galantamine 16 mg, 24 mg, 8 mg CAPSULE ER PELLETS 24 HR.* **MO** | 1 | QL(30 per 30 days) |
| *galantamine 4 mg/ml SOLUTION* **MO** | 1 | QL(200 per 30 days) |
| LEQEMBI IQLIK 360 MG/1.8 ML, 500 MG/2.5 ML ( 250MG/1.25MLX2) AUTO-INJECTOR **DL** | 4 | PA |
| *memantine 10 mg, 5 mg TABLET* **MO** | 1 | PA |
| *memantine 14 mg, 21 mg, 28 mg, 7 mg CAPSULE ER SPRINKLE 24 HR.* **MO** | 1 | PA,QL(30 per 30 days) |
| *memantine 2 mg/ml SOLUTION* **MO** | 1 | PA |
| *memantine 5-10 mg TABLET, DOSE PACK* **MO** | 1 | PA,QL(98 per 30 days) |
| *memantine-donepezil 14-10 mg, 21-10 mg, 28-10 mg CAPSULE ER SPRINKLE 24 HR.* **MO** | 1 | PA,QL(30 per 30 days) |
| NAMZARIC 14-10 MG, 21-10 MG, 28-10 MG, 7-10 MG CAPSULE ER SPRINKLE 24 HR. **MO** | 3 | PA,QL(30 per 30 days) |
| *rivastigmine 13.3 mg/24 hour, 4.6 mg/24 hour, 9.5 mg/24 hour PATCH, 24 HR.* **MO** | 1 | QL(30 per 30 days) |
| *rivastigmine tartrate 1.5 mg, 3 mg CAPSULE* **MO** | 1 | QL(90 per 30 days) |
| *rivastigmine tartrate 4.5 mg, 6 mg CAPSULE* **MO** | 1 | QL(60 per 30 days) |
| ZUNVEYL 10 MG, 15 MG, 5 MG TABLET, DR/EC **MO** | 3 | PA,QL(60 per 30 days) |
| **ANTIDEPRESSANTS** | | |
| *amitriptyline 10 mg, 100 mg, 150 mg, 50 mg, 75 mg TABLET* **MO** | 1 | |
| *amitriptyline 25 mg TABLET* **MO** | 1 | |
| *amitriptyline-chlordiazepoxide 12.5-5 mg, 25-10 mg TABLET* **DL** | 1 | |
| *amoxapine 100 mg, 150 mg, 25 mg, 50 mg TABLET* **MO** | 1 | |
| ANAFRANIL 25 MG, 50 MG, 75 MG CAPSULE **DL** | 4 | |
| APLENZIN 174 MG, 348 MG, 522 MG TABLET, ER 24 HR. | 4 | ST,QL(30 per 30 days) |

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| DRUG NAME | TIER | UTILIZATION MANAGEMENT REQUIREMENTS |
|---|---|---|
| AUVELITY 30 MG-105 MG /45 MG-105 MG tablet,IR ER biphasic,dosepack **MO** | 3 | ST |
| AUVELITY 45-105 MG TABLET, IR/ER, BIPHASIC **MO** | 3 | ST,QL(60 per 30 days) |
| *bupropion hcl 100 mg TABLET, SR 12 HR.* **MO** | 1 | QL(120 per 30 days) |
| *bupropion hcl 100 mg, 75 mg TABLET* **MO** | 1 | QL(180 per 30 days) |
| *bupropion hcl 150 mg TABLET, ER 24 HR.* **MO** | 1 | QL(90 per 30 days) |
| *bupropion hcl 150 mg TABLET, SR 12 HR.* **MO** | 1 | QL(90 per 30 days) |
| *bupropion hcl 200 mg TABLET, SR 12 HR.* **MO** | 1 | QL(60 per 30 days) |
| *bupropion hcl 300 mg TABLET, ER 24 HR.* **MO** | 1 | QL(60 per 30 days) |
| *bupropion hcl 450 mg TABLET, ER 24 HR.* **MO** | 1 | ST,QL(30 per 30 days) |
| CELEXA 10 MG, 20 MG, 40 MG TABLET **MO** | 3 | PA |
| *citalopram 10 mg, 20 mg, 40 mg TABLET* **MO** | 1 | |
| *citalopram 10 mg/5 ml SOLUTION* **MO** | 1 | |
| *citalopram 30 mg CAPSULE* **MO** | 3 | QL(30 per 30 days) |
| CITALOPRAM 30 MG CAPSULE **MO** | 3 | QL(30 per 30 days) |
| *clomipramine 25 mg, 50 mg, 75 mg CAPSULE* **MO** | 1 | |
| *desipramine 10 mg, 100 mg, 150 mg, 25 mg, 50 mg, 75 mg TABLET* **MO** | 1 | |
| *desvenlafaxine 100 mg, 50 mg TABLET, ER 24 HR.* **MO** | 3 | QL(30 per 30 days) |
| *desvenlafaxine succinate 100 mg, 25 mg, 50 mg TABLET, ER 24 HR.* **MO** | 1 | QL(30 per 30 days) |
| EFFEXOR XR 150 MG CAPSULE, ER 24 HR. **MO** | 3 | PA,QL(60 per 30 days) |
| EFFEXOR XR 37.5 MG, 75 MG CAPSULE, ER 24 HR. **MO** | 3 | PA,QL(90 per 30 days) |
| EMSAM 12 MG/24 HR, 6 MG/24 HR, 9 MG/24 HR PATCH, 24 HR. | 4 | PA,QL(30 per 30 days) |
| *escitalopram oxalate 10 mg, 20 mg, 5 mg TABLET* **MO** | 1 | |
| *escitalopram oxalate 15 mg CAPSULE* **MO** | 3 | |
| *escitalopram oxalate 5 mg/5 ml SOLUTION* **MO** | 1 | QL(600 per 30 days) |
| EXXUA 18.2 MG (32 TABS) TABLET, ER 24 HR., DOSE PACK **DL** | 4 | PA |
| EXXUA 18.2 MG, 36.3 MG, 54.5 MG, 72.6 MG TABLET, ER 24 HR. **DL** | 4 | PA,QL(30 per 30 days) |
| FETZIMA 120 MG, 20 MG, 40 MG, 80 MG CAPSULE, ER 24 HR. **MO** | 3 | PA,QL(30 per 30 days) |
| FETZIMA 20 MG (2)- 40 MG (26) CAPSULE, ER 24 HR. **MO** | 3 | PA,QL(28 per 28 days) |
| *fluoxetine 10 mg CAPSULE* **MO** | 1 | QL(60 per 30 days) |
| *fluoxetine 10 mg TABLET* **MO** | 1 | QL(240 per 30 days) |
| *fluoxetine 20 mg CAPSULE* **MO** | 1 | QL(120 per 30 days) |
| *fluoxetine 20 mg TABLET* **MO** | 1 | QL(120 per 30 days) |
| *fluoxetine 20 mg/5 ml (4 mg/ml) SOLUTION* **MO** | 1 | |
| *fluoxetine 40 mg CAPSULE* **MO** | 1 | QL(90 per 30 days) |

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| DRUG NAME | TIER | UTILIZATION MANAGEMENT REQUIREMENTS |
|---|---|---|
| *fluoxetine 60 mg TABLET* **MO** | 1 | QL(30 per 30 days) |
| *fluoxetine 90 mg CAPSULE, DR/EC* **MO** | 1 | QL(4 per 28 days) |
| *fluvoxamine 100 mg, 150 mg CAPSULE, ER 24 HR.* **MO** | 1 | QL(60 per 30 days) |
| *fluvoxamine 100 mg, 25 mg, 50 mg TABLET* **MO** | 1 | QL(90 per 30 days) |
| FORFIVO XL 450 MG TABLET, ER 24 HR. **MO** | 3 | ST,QL(30 per 30 days) |
| *imipramine hcl 10 mg, 25 mg, 50 mg TABLET* **MO** | 1 | |
| *imipramine pamoate 100 mg, 125 mg, 150 mg, 75 mg CAPSULE* **MO** | 1 | |
| LEXAPRO 10 MG, 20 MG, 5 MG TABLET **MO** | 3 | PA |
| MARPLAN 10 MG TABLET **MO** | 3 | |
| *mirtazapine 15 mg, 30 mg, 45 mg TABLET, DISINTEGRATING* **MO** | 1 | QL(30 per 30 days) |
| *mirtazapine 15 mg, 30 mg, 7.5 mg TABLET* **MO** | 1 | |
| *mirtazapine 45 mg TABLET* **MO** | 1 | |
| NARDIL 15 MG TABLET **MO** | 3 | |
| *nefazodone 100 mg, 150 mg, 200 mg, 250 mg, 50 mg TABLET* **MO** | 1 | |
| NORPRAMIN 10 MG, 25 MG TABLET **MO** | 3 | |
| *nortriptyline 10 mg, 25 mg, 50 mg, 75 mg CAPSULE* **MO** | 1 | |
| *nortriptyline 10 mg/5 ml SOLUTION* **MO** | 1 | |
| *olanzapine-fluoxetine 12-25 mg, 12-50 mg, 3-25 mg, 6-25 mg, 6-50 mg CAPSULE* **MO** | 1 | QL(30 per 30 days) |
| PAMELOR 10 MG, 25 MG, 50 MG, 75 MG CAPSULE **DL** | 4 | |
| PARNATE 10 MG TABLET **DL** | 4 | |
| *paroxetine hcl 10 mg, 20 mg, 30 mg, 40 mg TABLET* **MO** | 1 | |
| *paroxetine hcl 10 mg/5 ml SUSPENSION* **MO** | 1 | |
| *paroxetine hcl 12.5 mg, 37.5 mg TABLET, ER 24 HR.* **MO** | 1 | QL(60 per 30 days) |
| *paroxetine hcl 25 mg TABLET, ER 24 HR.* **MO** | 1 | QL(90 per 30 days) |
| *paroxetine mesylate(menop.sym) 7.5 mg CAPSULE* **MO** | 1 | QL(30 per 30 days) |
| PAXIL 10 MG, 20 MG, 30 MG, 40 MG TABLET **MO** | 3 | |
| PAXIL CR 12.5 MG, 37.5 MG TABLET, ER 24 HR. **MO** | 3 | QL(60 per 30 days) |
| PAXIL CR 25 MG TABLET, ER 24 HR. **MO** | 3 | QL(90 per 30 days) |
| *perphenazine-amitriptyline 2-10 mg, 2-25 mg, 4-10 mg, 4-25 mg, 4-50 mg TABLET* **MO** | 1 | |
| *phenelzine 15 mg TABLET* **MO** | 1 | |
| PRISTIQ 100 MG, 25 MG, 50 MG TABLET, ER 24 HR. **MO** | 3 | PA,QL(30 per 30 days) |
| *protriptyline 10 mg, 5 mg TABLET* **MO** | 1 | |
| PROZAC 10 MG CAPSULE | 4 | PA,QL(60 per 30 days) |

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| DRUG NAME | TIER | UTILIZATION MANAGEMENT REQUIREMENTS |
|---|---|---|
| PROZAC 20 MG CAPSULE | 4 | PA,QL(120 per 30 days) |
| PROZAC 40 MG CAPSULE | 4 | PA,QL(90 per 30 days) |
| RALDESY 10 MG/ML SOLUTION **DL** | 4 | |
| REMERON 15 MG, 30 MG TABLET **MO** | 3 | |
| REMERON SOLTAB 15 MG, 30 MG, 45 MG TABLET, DISINTEGRATING **MO** | 3 | QL(30 per 30 days) |
| *sertraline 100 mg TABLET* **MO** | 1 | QL(60 per 30 days) |
| SERTRALINE 150 MG, 200 MG CAPSULE **MO** | 3 | QL(30 per 30 days) |
| *sertraline 150 mg, 200 mg CAPSULE* **MO** | 3 | QL(30 per 30 days) |
| *sertraline 20 mg/ml CONCENTRATE* **MO** | 1 | |
| *sertraline 25 mg, 50 mg TABLET* **MO** | 1 | QL(90 per 30 days) |
| *tranylcypromine 10 mg TABLET* **MO** | 1 | |
| *trazodone 100 mg, 150 mg, 50 mg TABLET* **MO** | 1 | |
| *trazodone 25 mg, 300 mg, 75 mg TABLET* **MO** | 1 | |
| *trimipramine 100 mg, 25 mg, 50 mg CAPSULE* **MO** | 1 | |
| TRINTELLIX 10 MG, 20 MG, 5 MG TABLET **MO** | 3 | ST,QL(30 per 30 days) |
| *venlafaxine 100 mg, 25 mg, 37.5 mg, 50 mg, 75 mg TABLET* **MO** | 1 | |
| *venlafaxine 150 mg CAPSULE, ER 24 HR.* **MO** | 1 | QL(60 per 30 days) |
| *venlafaxine 150 mg, 225 mg, 37.5 mg TABLET, ER 24 HR.* **MO** | 1 | QL(30 per 30 days) |
| *venlafaxine 37.5 mg CAPSULE, ER 24 HR.* **MO** | 1 | QL(90 per 30 days) |
| *venlafaxine 75 mg CAPSULE, ER 24 HR.* **MO** | 1 | QL(90 per 30 days) |
| *venlafaxine 75 mg TABLET, ER 24 HR.* **MO** | 1 | QL(60 per 30 days) |
| VENLAFAXINE BESYLATE 112.5 MG TABLET, ER 24 HR. **MO** | 3 | QL(60 per 30 days) |
| VIIBRYD 10 MG, 20 MG, 40 MG TABLET **MO** | 3 | PA,QL(30 per 30 days) |
| *vilazodone 10 mg, 20 mg, 40 mg TABLET* **MO** | 1 | PA,QL(30 per 30 days) |
| WELLBUTRIN SR 100 MG TABLET, SR 12 HR. **MO** | 3 | PA,QL(120 per 30 days) |
| WELLBUTRIN SR 150 MG TABLET, SR 12 HR. **MO** | 3 | PA,QL(90 per 30 days) |
| WELLBUTRIN SR 200 MG TABLET, SR 12 HR. **MO** | 3 | PA,QL(60 per 30 days) |
| WELLBUTRIN XL 150 MG TABLET, ER 24 HR. | 4 | PA,QL(90 per 30 days) |
| WELLBUTRIN XL 300 MG TABLET, ER 24 HR. | 4 | PA,QL(60 per 30 days) |
| ZOLOFT 100 MG TABLET **MO** | 3 | PA,QL(60 per 30 days) |
| ZOLOFT 20 MG/ML CONCENTRATE **MO** | 3 | PA |
| ZOLOFT 25 MG, 50 MG TABLET **MO** | 3 | PA,QL(90 per 30 days) |
| ZULRESSO 5 MG/ML SOLUTION **DL** | 4 | PA,QL(100 per 365 days) |

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| DRUG NAME | TIER | UTILIZATION MANAGEMENT REQUIREMENTS |
|---|---|---|
| ZURZUVAE 20 MG, 25 MG CAPSULE DL | 4 | PA,QL(28 per 365 days) |
| ZURZUVAE 30 MG CAPSULE DL | 4 | PA,QL(14 per 365 days) |
| **ANTIEMETICS** | | |
| AKYNZEO (FOSNETUPITANT) 235 MG-0.25 MG /20 ML SOLUTION DL | 4 | PA,QL(80 per 28 days) |
| AKYNZEO (FOSNETUPITANT) 235-0.25 MG RECON SOLUTION DL | 4 | PA,QL(4 per 28 days) |
| AKYNZEO (NETUPITANT) 300-0.5 MG CAPSULE MO | 3 | PA |
| ANTIVERT 25 MG CHEWABLE TABLET MO | 3 | |
| ANTIVERT 50 MG TABLET MO | 3 | |
| APONVIE 32 MG/4.4 ML (7.2 MG/ML) EMULSION MO | 3 | |
| *aprepitant 125 mg (1)- 80 mg (2) CAPSULE, DOSE PACK* MO | 1 | BvsD |
| *aprepitant 125 mg CAPSULE* | 4 | BvsD,QL(2 per 28 days) |
| *aprepitant 40 mg CAPSULE* MO | 1 | BvsD,QL(2 per 28 days) |
| *aprepitant 80 mg CAPSULE* MO | 1 | BvsD,QL(4 per 28 days) |
| BONJESTA 20-20 MG TABLET, IR, DR, BIPHASIC MO | 3 | QL(60 per 30 days) |
| CINVANTI 130 MG/18 ML (7.2 MG/ML) EMULSION MO | 3 | PA,QL(36 per 28 days) |
| COMPAZINE 10 MG, 5 MG TABLET MO | 3 | BvsD |
| COMPAZINE 25 MG SUPPOSITORY MO | 1 | |
| *compro 25 mg SUPPOSITORY* MO | 1 | |
| DICLEGIS 10-10 MG TABLET, DR/EC MO | 3 | QL(120 per 30 days) |
| *dimenhydrinate 50 mg/ml SOLUTION* MO | 1 | |
| *doxylamine-pyridoxine (vit b6) 10-10 mg TABLET, DR/EC* MO | 1 | QL(120 per 30 days) |
| *dronabinol 10 mg, 2.5 mg, 5 mg CAPSULE* MO | 1 | BvsD,QL(120 per 30 days) |
| EMEND 125 MG (1)- 80 MG (2) CAPSULE, DOSE PACK MO | 3 | BvsD |
| EMEND 125 MG (25 MG/ ML FINAL CONC.) SUSPENSION FOR RECONSTITUTION MO | 3 | BvsD,QL(3 per 28 days) |
| EMEND 80 MG CAPSULE MO | 3 | BvsD,QL(4 per 28 days) |
| EMEND (FOSAPREPITANT) 150 MG RECON SOLUTION MO | 3 | PA |
| FOCINVEZ 150 MG/50 ML (3 MG/ML) SOLUTION MO | 3 | PA |
| *fosaprepitant 150 mg RECON SOLUTION* MO | 1 | PA |
| GIMOTI 15 MG/SPRAY SPRAY WITH PUMP DL | 4 | PA,QL(9.8 per 28 days) |
| *granisetron (pf) 1 mg/ml (1 ml), 100 mcg/ml SOLUTION* MO | 1 | |
| *granisetron hcl 1 mg TABLET* MO | 1 | BvsD,QL(28 per 28 days) |
| *granisetron hcl 1 mg/ml, 1 mg/ml (1 ml) SOLUTION* MO | 1 | |
| *granisol 1 mg/5 ml SOLUTION* DL | 4 | BvsD,QL(300 per 30 days) |
| MARINOL 10 MG, 2.5 MG, 5 MG CAPSULE DL | 4 | BvsD,QL(120 per 30 days) |

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| DRUG NAME | TIER | UTILIZATION MANAGEMENT REQUIREMENTS |
|---|---|---|
| *meclizine 12.5 mg TABLET* **MO** | 1 | |
| *meclizine 25 mg CHEWABLE TABLET* **MO** | 3 | |
| *meclizine 25 mg TABLET* **MO** | 1 | |
| *meclizine 50 mg TABLET* **MO** | 3 | |
| *metoclopramide hcl 10 mg, 5 mg TABLET* **MO** | 1 | |
| *metoclopramide hcl 5 mg/5 ml, 5 mg/ml SOLUTION* **MO** | 1 | |
| *metoclopramide hcl 5 mg/ml SYRINGE* **MO** | 1 | |
| NAVITRUX 150 MG RECON SOLUTION **MO** | 3 | |
| NEREUS 85 MG CAPSULE **DL** | 4 | PA |
| *ondansetron 16 mg TABLET, DISINTEGRATING* **DL** | 4 | BvsD |
| *ondansetron 4 mg, 8 mg TABLET, DISINTEGRATING* **MO** | 1 | BvsD |
| *ondansetron hcl 2 mg/ml SOLUTION* **MO** | 1 | |
| *ondansetron hcl 4 mg TABLET* **MO** | 1 | BvsD |
| *ondansetron hcl 4 mg/5 ml SOLUTION* **MO** | 1 | BvsD,QL(450 per 30 days) |
| *ondansetron hcl 8 mg TABLET* **MO** | 1 | BvsD |
| *ondansetron hcl (pf) 4 mg/2 ml SOLUTION* **MO** | 1 | |
| *ondansetron hcl (pf) 4 mg/2 ml SYRINGE* **MO** | 1 | |
| PHENERGAN 25 MG/ML, 50 MG/ML SOLUTION **MO** | 1 | |
| *prochlorperazine 25 mg SUPPOSITORY* **MO** | 1 | |
| *prochlorperazine edisylate 10 mg/2 ml (5 mg/ml), 5 mg/ml SOLUTION* **MO** | 1 | |
| *prochlorperazine maleate 10 mg, 5 mg TABLET* **MO** | 1 | BvsD |
| *promethazine 12.5 mg, 25 mg SUPPOSITORY* **MO** | 1 | |
| *promethazine 12.5 mg, 25 mg, 50 mg TABLET* **MO** | 1 | |
| *promethazine 25 mg/ml, 50 mg/ml SOLUTION* **MO** | 1 | |
| *promethazine 6.25 mg/5 ml SYRUP* **MO** | 1 | |
| *promethegan 12.5 mg, 25 mg, 50 mg SUPPOSITORY* **MO** | 1 | |
| REGLAN 10 MG, 5 MG TABLET **MO** | 3 | |
| SANCUSO 3.1 MG/24 HOUR PATCH, WEEKLY **DL** | 4 | PA,QL(4 per 30 days) |
| *scopolamine base 1 mg over 3 days PATCH, 3 DAY* **MO** | 1 | QL(10 per 30 days) |
| TIGAN 100 MG/ML SOLUTION **MO** | 3 | |
| TRANSDERM-SCOP 1 MG OVER 3 DAYS PATCH, 3 DAY **MO** | 3 | QL(10 per 30 days) |
| *trimethobenzamide 100 mg/ml SOLUTION* **MO** | 1 | |
| *trimethobenzamide 300 mg CAPSULE* **MO** | 1 | BvsD |
| VARUBI 90 MG TABLET **MO** | 3 | PA |

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| DRUG NAME | TIER | UTILIZATION MANAGEMENT REQUIREMENTS |
|---|---|---|
| **ANTIFUNGALS** | | |
| ABELCET 5 MG/ML SUSPENSION **MO** | 3 | BvsD |
| AMBISOME 50 MG SUSPENSION FOR RECONSTITUTION **DL** | 4 | BvsD |
| *amphotericin b 50 mg RECON SOLUTION* **MO** | 1 | BvsD |
| *amphotericin b liposome 50 mg SUSPENSION FOR RECONSTITUTION* **DL** | 4 | BvsD |
| ANCOBON 250 MG, 500 MG CAPSULE **MO** | 3 | |
| CANCIDAS 50 MG, 70 MG RECON SOLUTION **DL** | 4 | PA |
| *caspofungin 50 mg, 70 mg RECON SOLUTION* **MO** | 1 | |
| *ciclodan 8 % SOLUTION* **MO** | 1 | QL(13.2 per 30 days) |
| *ciclopirox 0.77 % CREAM* **MO** | 1 | QL(90 per 30 days) |
| *ciclopirox 0.77 % GEL* **MO** | 1 | QL(100 per 30 days) |
| *ciclopirox 0.77 % SUSPENSION* **MO** | 1 | QL(60 per 30 days) |
| *ciclopirox 1 % SHAMPOO* **MO** | 1 | QL(120 per 30 days) |
| *ciclopirox 8 % SOLUTION* **MO** | 1 | QL(13.2 per 30 days) |
| *clotrimazole 1 % CREAM* **MO** | 1 | |
| *clotrimazole 1 % SOLUTION* **MO** | 1 | |
| *clotrimazole 10 mg TROCHE* **MO** | 1 | |
| *clotrimazole-betamethasone 1-0.05 % CREAM* **MO** | 1 | QL(180 per 30 days) |
| *clotrimazole-betamethasone 1-0.05 % LOTION* **MO** | 1 | QL(90 per 28 days) |
| CRESEMBA 186 MG, 74.5 MG CAPSULE **DL** | 4 | PA |
| CRESEMBA 372 MG RECON SOLUTION **DL** | 4 | PA |
| DIFLUCAN 100 MG TABLET **MO** | 3 | PA |
| DIFLUCAN 40 MG/ML SUSPENSION FOR RECONSTITUTION **DL** | 4 | PA |
| *econazole nitrate 1 % CREAM* **MO** | 1 | PA,QL(85 per 30 days) |
| *econazole nitrate 1 % FOAM* **DL** | 4 | |
| ERAXIS(WATER DILUENT) 100 MG RECON SOLUTION **MO** | 3 | |
| ERAXIS(WATER DILUENT) 50 MG RECON SOLUTION **DL** | 4 | |
| ERTACZO 2 % CREAM **DL** | 4 | QL(60 per 30 days) |
| EXELDERM 1 % CREAM | 4 | ST |
| EXELDERM 1 % SOLUTION | 4 | ST,QL(60 per 30 days) |
| *fluconazole 10 mg/ml, 40 mg/ml SUSPENSION FOR RECONSTITUTION* **MO** | 1 | |
| *fluconazole 100 mg, 200 mg, 50 mg TABLET* **MO** | 1 | |
| *fluconazole 150 mg TABLET* **MO** | 1 | |
| *fluconazole in nacl (iso-osm) 100 mg/50 ml, 200 mg/100 ml, 400 mg/200 ml PIGGYBACK* **MO** | 1 | |

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| DRUG NAME | TIER | UTILIZATION MANAGEMENT REQUIREMENTS |
|---|---|---|
| *flucytosine 250 mg, 500 mg CAPSULE* **DL** | 4 | |
| FULVICIN P/G 165 MG TABLET **DL** | 4 | |
| *griseofulvin microsize 125 mg/5 ml SUSPENSION* **MO** | 1 | |
| *griseofulvin microsize 500 mg TABLET* **MO** | 1 | |
| *griseofulvin ultramicrosize 125 mg, 250 mg TABLET* **MO** | 1 | |
| *griseofulvin ultramicrosize 165 mg TABLET* **DL** | 4 | |
| *gynazole-1 2 % CREAM* **MO** | 1 | |
| *itraconazole 10 mg/ml SOLUTION* **MO** | 1 | |
| *itraconazole 100 mg CAPSULE* **MO** | 1 | QL(120 per 30 days) |
| JUBLIA 10 % SOLUTION W/APPLICATOR **DL** | 4 | PA,QL(4 per 28 days) |
| *ketoconazole 2 % CREAM* **MO** | 1 | QL(60 per 30 days) |
| *ketoconazole 2 % FOAM* **MO** | 1 | QL(100 per 30 days) |
| *ketoconazole 2 % SHAMPOO* **MO** | 1 | QL(120 per 30 days) |
| *ketoconazole 200 mg TABLET* **MO** | 1 | PA |
| *ketodan 2 % FOAM* **MO** | 1 | QL(100 per 30 days) |
| *klayesta 100,000 unit/gram POWDER* **MO** | 1 | |
| LOPROX (AS OLAMINE) 0.77 % CREAM **MO** | 3 | PA,QL(90 per 30 days) |
| LOPROX (AS OLAMINE) 0.77 % SUSPENSION **MO** | 3 | PA,QL(60 per 30 days) |
| *luliconazole 1 % CREAM* **MO** | 1 | ST,QL(60 per 28 days) |
| LUZU 1 % CREAM **MO** | 3 | ST,QL(60 per 28 days) |
| *micafungin 100 mg, 50 mg RECON SOLUTION* **MO** | 1 | |
| MICAFUNGIN IN 0.9 % SODIUM CHL 100 MG/100 ML, 150 MG/150 ML, 50 MG/50 ML PIGGYBACK **DL** | 4 | |
| *micafungin in 0.9 % sodium chl 150 mg/150 ml PIGGYBACK* **DL** | 4 | |
| *miconazole nitrate-zinc ox-pet 0.25-15-81.35 % OINTMENT* **MO** | 1 | |
| *miconazole-3 200 mg SUPPOSITORY* **MO** | 1 | |
| MYCAMINE 100 MG, 50 MG RECON SOLUTION **DL** | 4 | |
| *naftifine 1 % CREAM* **MO** | 1 | ST,QL(90 per 30 days) |
| *naftifine 2 % CREAM* **MO** | 1 | ST,QL(120 per 30 days) |
| *naftifine 2 % GEL* **MO** | 1 | ST,QL(120 per 30 days) |
| NAFTIN 2 % GEL **MO** | 3 | ST,QL(120 per 30 days) |
| NOXAFIL 100 MG TABLET, DR/EC **DL** | 4 | PA |
| NOXAFIL 200 MG/5 ML (40 MG/ML) SUSPENSION **DL** | 4 | PA,QL(840 per 28 days) |
| NOXAFIL 300 MG SUSPENSION, DR FOR RECON **DL** | 4 | PA,QL(32 per 30 days) |
| NOXAFIL 300 MG/16.7 ML SOLUTION **DL** | 4 | PA |

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| DRUG NAME | TIER | UTILIZATION MANAGEMENT REQUIREMENTS |
|---|---|---|
| *nyamyc 100,000 unit/gram POWDER* MO | 1 | |
| *nystatin 100,000 unit/gram CREAM* MO | 1 | |
| *nystatin 100,000 unit/gram OINTMENT* MO | 1 | |
| *nystatin 100,000 unit/gram POWDER* MO | 1 | |
| *nystatin 100,000 unit/ml SUSPENSION* MO | 1 | |
| *nystatin 500,000 unit TABLET* MO | 1 | |
| *nystatin-triamcinolone 100,000-0.1 unit/g-% CREAM* MO | 1 | |
| *nystatin-triamcinolone 100,000-0.1 unit/gram-% OINTMENT* MO | 1 | |
| *nystop 100,000 unit/gram POWDER* MO | 1 | |
| *oxiconazole 1 % CREAM* MO | 1 | PA,QL(60 per 30 days) |
| OXISTAT 1 % LOTION MO | 3 | PA |
| *posaconazole 100 mg TABLET, DR/EC* DL | 4 | PA |
| *posaconazole 200 mg/5 ml (40 mg/ml) SUSPENSION* DL | 4 | PA,QL(840 per 28 days) |
| *posaconazole 300 mg/16.7 ml SOLUTION* DL | 4 | PA |
| REZZAYO 200 MG RECON SOLUTION DL | 4 | PA |
| SPORANOX 10 MG/ML SOLUTION DL | 4 | |
| SPORANOX 100 MG CAPSULE MO | 3 | PA,QL(120 per 30 days) |
| *tavaborole 5 % SOLUTION W/APPLICATOR* MO | 1 | PA,QL(10 per 30 days) |
| *terbinafine hcl 250 mg TABLET* MO | 1 | |
| *terconazole 0.4 %, 0.8 % CREAM* MO | 1 | |
| *terconazole 80 mg SUPPOSITORY* MO | 1 | |
| TOLSURA 65 MG CAPSULE, SOLID DISPERSION DL | 4 | PA,QL(120 per 30 days) |
| VFEND 200 MG/5 ML (40 MG/ML) SUSPENSION FOR RECONSTITUTION DL | 4 | QL(400 per 30 days) |
| VFEND 50 MG TABLET MO | 3 | QL(120 per 30 days) |
| VFEND IV 200 MG RECON SOLUTION MO | 3 | |
| VIVJOA 150 MG CAPSULE MO | 3 | |
| *voriconazole 10 mg/ml SOLUTION* MO | 1 | |
| *voriconazole 200 mg RECON SOLUTION* MO | 1 | |
| *voriconazole 200 mg, 50 mg TABLET* MO | 1 | QL(120 per 30 days) |
| *voriconazole 200 mg/5 ml (40 mg/ml) SUSPENSION FOR RECONSTITUTION* DL | 4 | QL(400 per 30 days) |
| *voriconazole-hpbcd 200 mg RECON SOLUTION* MO | 1 | |
| VUSION 0.25-15-81.35 % OINTMENT MO | 3 | |
| XOLEGEL 2 % GEL MO | 3 | |

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| DRUG NAME | TIER | UTILIZATION MANAGEMENT REQUIREMENTS |
|---|---|---|
| **ANTIGOUT AGENTS** | | |
| *allopurinol 100 mg, 300 mg TABLET* **MO** | 1 | |
| *allopurinol 200 mg TABLET* **MO** | 3 | |
| *allopurinol sodium 500 mg RECON SOLUTION* **MO** | 1 | |
| ALOPRIM 500 MG RECON SOLUTION **MO** | 3 | |
| *colchicine 0.6 mg CAPSULE* **MO** | 1 | PA |
| *colchicine 0.6 mg TABLET* **MO** | 1 | QL(120 per 30 days) |
| COLCRYS 0.6 MG TABLET **MO** | 3 | PA,QL(120 per 30 days) |
| *febuxostat 40 mg, 80 mg TABLET* **MO** | 1 | ST,QL(30 per 30 days) |
| GLOPERBA 0.6 MG/5 ML SOLUTION **MO** | 3 | PA,QL(300 per 30 days) |
| MITIGARE 0.6 MG CAPSULE **MO** | 3 | PA |
| *probenecid 500 mg TABLET* **MO** | 1 | |
| *probenecid-colchicine 500-0.5 mg TABLET* **MO** | 1 | |
| ULORIC 40 MG, 80 MG TABLET **MO** | 3 | ST,QL(30 per 30 days) |
| ZYLOPRIM 100 MG TABLET **MO** | 3 | |
| **ANTIMIGRAINE AGENTS** | | |
| AIMOVIG AUTOINJECTOR 140 MG/ML AUTO-INJECTOR **MO** | 3 | PA,QL(1 per 28 days) |
| AIMOVIG AUTOINJECTOR 70 MG/ML AUTO-INJECTOR **MO** | 3 | PA,QL(2 per 28 days) |
| AJOVY AUTOINJECTOR 225 MG/1.5 ML AUTO-INJECTOR **MO** | 3 | PA,QL(1.5 per 28 days) |
| AJOVY SYRINGE 225 MG/1.5 ML SYRINGE **MO** | 3 | PA,QL(1.5 per 28 days) |
| *almotriptan malate 12.5 mg, 6.25 mg TABLET* **MO** | 1 | ST,QL(9 per 30 days) |
| BREKIYA 1 MG/ML AUTO-INJECTOR **DL** | 4 | PA,QL(24 per 28 days) |
| CAFERGOT 1-100 MG TABLET **DL** | 4 | QL(40 per 30 days) |
| *dihydroergotamine 0.5 mg/pump act. (4 mg/ml) SPRAY, NON-AEROSOL* **DL** | 4 | PA,QL(8 per 30 days) |
| *dihydroergotamine 1 mg/ml SOLUTION* **DL** | 4 | PA |
| *eletriptan 20 mg, 40 mg TABLET* **MO** | 1 | QL(9 per 30 days) |
| EMGALITY PEN 120 MG/ML PEN INJECTOR **MO** | 3 | PA,QL(2 per 30 days) |
| EMGALITY SYRINGE 120 MG/ML SYRINGE **MO** | 3 | PA,QL(2 per 30 days) |
| EMGALITY SYRINGE 300 MG/3 ML (100 MG/ML X 3) SYRINGE **MO** | 3 | PA,QL(3 per 30 days) |
| ERGOMAR 2 MG SUBLINGUAL TABLET **DL** | 4 | QL(20 per 28 days) |
| *ergotamine-caffeine 1-100 mg TABLET* **MO** | 1 | QL(40 per 30 days) |
| FROVA 2.5 MG TABLET **DL** | 4 | ST,QL(12 per 30 days) |
| *frovatriptan 2.5 mg TABLET* **MO** | 1 | ST,QL(12 per 30 days) |
| IMITREX 100 MG, 25 MG, 50 MG TABLET **MO** | 3 | PA,QL(9 per 30 days) |

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| DRUG NAME | TIER | UTILIZATION MANAGEMENT REQUIREMENTS |
|---|---|---|
| IMITREX STATDOSE PEN 4 MG/0.5 ML, 6 MG/0.5 ML PEN INJECTOR **MO** | 3 | PA,QL(6 per 30 days) |
| IMITREX STATDOSE REFILL 4 MG/0.5 ML, 6 MG/0.5 ML CARTRIDGE **DL** | 4 | PA,QL(6 per 30 days) |
| MAXALT 10 MG TABLET **MO** | 3 | PA,QL(12 per 30 days) |
| MAXALT-MLT 10 MG TABLET, DISINTEGRATING **MO** | 3 | PA,QL(12 per 30 days) |
| *migergot 2-100 mg SUPPOSITORY* **DL** | 4 | QL(20 per 28 days) |
| MIGRANAL 0.5 MG/PUMP ACT. (4 MG/ML) SPRAY, NON-AEROSOL **DL** | 4 | QL(8 per 30 days) |
| *naratriptan 1 mg, 2.5 mg TABLET* **MO** | 1 | QL(9 per 30 days) |
| NURTEC ODT 75 MG TABLET, DISINTEGRATING | 4 | PA,QL(18 per 30 days) |
| ONZETRA XSAIL 11 MG AEROSOL POWDER BREATH ACTIV. **MO** | 3 | ST,QL(16 per 30 days) |
| QULIPTA 10 MG, 30 MG, 60 MG TABLET **MO** | 3 | PA,QL(30 per 30 days) |
| RELPAX 40 MG TABLET **DL** | 4 | ST,QL(9 per 30 days) |
| REYVOW 100 MG TABLET **MO** | 3 | PA,QL(8 per 30 days) |
| REYVOW 50 MG TABLET **MO** | 3 | PA,QL(4 per 30 days) |
| RIZAFILM 10 MG, 5 MG FILM **MO** | 3 | ST,QL(12 per 30 days) |
| *rizatriptan 10 mg, 5 mg TABLET* **MO** | 1 | QL(12 per 30 days) |
| *rizatriptan 10 mg, 5 mg TABLET, DISINTEGRATING* **MO** | 1 | QL(12 per 30 days) |
| *sumatriptan 20 mg/actuation, 5 mg/actuation SPRAY, NON-AEROSOL* **MO** | 1 | QL(12 per 30 days) |
| *sumatriptan succinate 100 mg, 25 mg, 50 mg TABLET* **MO** | 1 | QL(9 per 30 days) |
| *sumatriptan succinate 4 mg/0.5 ml, 6 mg/0.5 ml CARTRIDGE* **MO** | 3 | QL(6 per 30 days) |
| *sumatriptan succinate 4 mg/0.5 ml, 6 mg/0.5 ml PEN INJECTOR* **MO** | 1 | QL(6 per 30 days) |
| *sumatriptan succinate 6 mg/0.5 ml SOLUTION* **MO** | 1 | QL(6 per 30 days) |
| *sumatriptan-naproxen 85-500 mg TABLET* **MO** | 1 | ST,QL(18 per 30 days) |
| SYMBRAVO 10-20 MG TABLET **DL** | 4 | ST,QL(9 per 30 days) |
| TOSYMRA 10 MG/ACTUATION SPRAY, NON-AEROSOL **MO** | 3 | ST,QL(12 per 30 days) |
| TREXIMET 85-500 MG TABLET **DL** | 4 | ST,QL(18 per 30 days) |
| TRUDHESA 0.725 MG/PUMP ACT. (4 MG/ML) SPRAY, NON-AEROSOL **DL** | 4 | PA,QL(8 per 30 days) |
| UBRELVY 100 MG, 50 MG TABLET **MO** | 2 | PA,QL(16 per 30 days) |
| VYEPTI 100 MG/ML SOLUTION | 4 | PA,QL(3 per 90 days) |
| ZAVZPRET 10 MG/ACTUATION SPRAY, NON-AEROSOL **DL** | 4 | PA,QL(8 per 30 days) |
| ZEMBRACE SYMTOUCH 3 MG/0.5 ML PEN INJECTOR **DL** | 4 | ST,QL(6 per 30 days) |
| *zolmitriptan 2.5 mg TABLET* **MO** | 1 | ST,QL(9 per 30 days) |
| *zolmitriptan 2.5 mg TABLET, DISINTEGRATING* **MO** | 1 | ST,QL(9 per 30 days) |
| *zolmitriptan 2.5 mg, 5 mg SPRAY, NON-AEROSOL* **MO** | 1 | ST,QL(12 per 30 days) |
| *zolmitriptan 5 mg TABLET* **MO** | 1 | ST,QL(6 per 30 days) |

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|---|---|---|
| *zolmitriptan 5 mg TABLET, DISINTEGRATING* **MO** | 1 | ST,QL(6 per 30 days) |
| *zomig 2.5 mg TABLET* **MO** | 3 | ST,QL(9 per 30 days) |
| ZOMIG 2.5 MG, 5 MG SPRAY, NON-AEROSOL **MO** | 3 | ST,QL(12 per 30 days) |
| *zomig 5 mg TABLET* **MO** | 3 | ST,QL(6 per 30 days) |
| **ANTIMYASTHENIC AGENTS** | | |
| MESTINON 60 MG TABLET | 4 | PA |
| MESTINON 60 MG/5 ML SYRUP | 4 | |
| MESTINON TIMESPAN 180 MG TABLET ER | 4 | PA |
| *pyridostigmine bromide 180 mg TABLET ER* **MO** | 1 | |
| *pyridostigmine bromide 30 mg, 60 mg TABLET* **MO** | 1 | |
| *pyridostigmine bromide 60 mg/5 ml SYRUP* **MO** | 1 | |
| REGONOL 5 MG/ML SOLUTION **MO** | 3 | |
| VYVGART 20 MG/ML SOLUTION **DL** | 4 | PA |
| VYVGART HYTRULO 1,000 MG-10,000 UNIT/5 ML SYRINGE **DL** | 4 | PA,QL(20 per 28 days) |
| VYVGART HYTRULO 1,008 MG-11,200 UNIT/5.6 ML SOLUTION **DL** | 4 | PA,QL(22.4 per 28 days) |
| **ANTIMYCOBACTERIALS** | | |
| *cycloserine 250 mg CAPSULE* **DL** | 4 | |
| *dapsone 100 mg, 25 mg TABLET* **MO** | 1 | |
| *ethambutol 100 mg, 400 mg TABLET* **MO** | 1 | |
| *isoniazid 100 mg, 300 mg TABLET* **MO** | 1 | |
| *isoniazid 100 mg/ml, 50 mg/5 ml SOLUTION* **MO** | 1 | |
| LAMPRENE 50 MG CAPSULE **DL** | 4 | |
| PRETOMANID 200 MG TABLET **MO** | 3 | QL(30 per 30 days) |
| PRIFTIN 150 MG TABLET **MO** | 3 | |
| *pyrazinamide 500 mg TABLET* **MO** | 1 | |
| *rifabutin 150 mg CAPSULE* **MO** | 1 | |
| RIFADIN 600 MG RECON SOLUTION **MO** | 3 | |
| *rifampin 150 mg, 300 mg CAPSULE* **MO** | 1 | |
| *rifampin 600 mg RECON SOLUTION* **MO** | 1 | |
| *rifapentine 150 mg TABLET* **MO** | 1 | |
| SIRTURO 100 MG, 20 MG TABLET **DL** | 4 | PA |
| TRECATOR 250 MG TABLET **MO** | 3 | |
| **ANTINEOPLASTICS** | | |
| *abiraterone 250 mg TABLET* **DL** | 4 | PA,QL(120 per 30 days) |

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| DRUG NAME | TIER | UTILIZATION MANAGEMENT REQUIREMENTS |
|---|---|---|
| *abiraterone 500 mg TABLET* **DL** | 4 | PA,QL(60 per 30 days) |
| *abirtega 250 mg TABLET* **MO** | 1 | PA,QL(120 per 30 days) |
| ABRAXANE 100 MG SUSPENSION FOR RECONSTITUTION **DL** | 4 | PA |
| ADCETRIS 50 MG RECON SOLUTION **DL** | 4 | PA |
| ADRIAMYCIN 50 MG RECON SOLUTION **MO** | 1 | BvsD |
| *adrucil 2.5 gram/50 ml SOLUTION* **MO** | 1 | BvsD |
| *afatinib 20 mg, 30 mg, 40 mg TABLET* **DL,LA** | 4 | PA,QL(30 per 30 days) |
| AFINITOR 10 MG, 2.5 MG, 5 MG, 7.5 MG TABLET **DL** | 4 | PA,QL(30 per 30 days) |
| AFINITOR DISPERZ 2 MG, 3 MG, 5 MG TABLET FOR SUSPENSION **DL** | 4 | PA |
| AKEEGA 100-500 MG, 50-500 MG TABLET **DL** | 4 | PA,QL(60 per 30 days) |
| ALECENSA 150 MG CAPSULE **DL** | 4 | PA,QL(240 per 30 days) |
| ALIMTA 100 MG, 500 MG RECON SOLUTION **DL** | 4 | PA |
| ALIQOPA 60 MG RECON SOLUTION **DL** | 4 | PA,QL(3 per 28 days) |
| ALUNBRIG 180 MG, 90 MG TABLET **DL** | 4 | PA,QL(30 per 30 days) |
| ALUNBRIG 30 MG TABLET **DL** | 4 | PA,QL(180 per 30 days) |
| ALUNBRIG 90 MG (7)- 180 MG (23) TABLET, DOSE PACK **DL** | 4 | PA,QL(30 per 30 days) |
| ALYMSYS 25 MG/ML SOLUTION **DL** | 4 | PA |
| *anastrozole 1 mg TABLET* **MO** | 1 | QL(30 per 30 days) |
| ANKTIVA 400 MCG/0.4 ML SOLUTION **DL** | 4 | PA |
| ARIMIDEX 1 MG TABLET **DL** | 4 | PA,QL(30 per 30 days) |
| AROMASIN 25 MG TABLET **DL** | 4 | PA,QL(60 per 30 days) |
| ARRANON 5 MG/ML SOLUTION **DL** | 4 | |
| *arsenic trioxide 1 mg/ml, 2 mg/ml SOLUTION* **DL** | 4 | PA |
| ASPARLAS 750 UNIT/ML SOLUTION **DL** | 4 | PA |
| AUGTYRO 160 MG CAPSULE **DL** | 4 | PA,QL(60 per 30 days) |
| AUGTYRO 40 MG CAPSULE **DL** | 4 | PA,QL(240 per 30 days) |
| AVASTIN 25 MG/ML SOLUTION **DL** | 4 | PA |
| AVGEMSI 1 GRAM/26.3 ML (38 MG/ML), 2 GRAM/52.6 ML (38 MG/ML) SOLUTION **DL** | 4 | |
| AVMAPKI-FAKZYNJA 0.8-200 MG COMBO PACK **DL** | 4 | PA,QL(66 per 28 days) |
| AXTLE 100 MG, 500 MG RECON SOLUTION **DL** | 4 | PA |
| AYVAKIT 100 MG, 200 MG, 25 MG, 300 MG, 50 MG TABLET **DL** | 4 | PA,QL(30 per 30 days) |
| *azacitidine 100 mg RECON SOLUTION* **DL** | 4 | PA |
| BALVERSA 3 MG TABLET **DL** | 4 | PA,QL(90 per 30 days) |
| BALVERSA 4 MG TABLET **DL** | 4 | PA,QL(60 per 30 days) |

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| DRUG NAME | TIER | UTILIZATION MANAGEMENT REQUIREMENTS |
|---|---|---|
| BALVERSA 5 MG TABLET DL | 4 | PA,QL(30 per 30 days) |
| BAVENCIO 20 MG/ML SOLUTION DL | 4 | PA |
| BELEODAQ 500 MG RECON SOLUTION DL | 4 | PA |
| *bendamustine 100 mg, 25 mg RECON SOLUTION* DL | 4 | PA |
| *bendamustine 25 mg/ml SOLUTION* DL | 4 | PA |
| BENDEKA 25 MG/ML SOLUTION DL | 4 | PA |
| BEQALZI 1 MG, 20 MG, 5 MG TABLET DL | 4 | PA,QL(60 per 30 days) |
| BEQALZI 80 MG TABLET DL | 4 | PA,QL(120 per 30 days) |
| BEQALZI STARTER PACK 1-5-20-80 MG TABLET, DOSE PACK DL | 4 | PA,QL(44 per 28 days) |
| BESPONSA 0.9 MG (0.25 MG/ML INITIAL) RECON SOLUTION DL | 4 | PA |
| *bexarotene 1 % GEL* DL | 4 | PA,QL(240 per 30 days) |
| *bexarotene 75 mg CAPSULE* DL | 4 | PA,QL(300 per 30 days) |
| *bicalutamide 50 mg TABLET* MO | 1 | QL(30 per 30 days) |
| BICNU 100 MG RECON SOLUTION MO | 3 | |
| BIZENGRI 375 MG/18.75 ML (20 MG/ML) SOLUTION DL | 4 | PA,QL(75 per 28 days) |
| BLENREP 70 MG RECON SOLUTION DL | 4 | PA |
| *bleomycin 15 unit, 30 unit RECON SOLUTION* MO | 1 | BvsD |
| BORTEZOMIB 1 MG, 2.5 MG RECON SOLUTION MO | 3 | PA |
| *bortezomib 1 mg, 2.5 mg RECON SOLUTION* MO | 3 | PA |
| *bortezomib 3.5 mg RECON SOLUTION* MO | 1 | PA |
| BORUZU 2.5 MG/ML SOLUTION DL | 4 | PA |
| BOSULIF 100 MG CAPSULE DL | 4 | PA,QL(180 per 30 days) |
| BOSULIF 100 MG TABLET DL | 4 | PA,QL(120 per 30 days) |
| BOSULIF 400 MG, 500 MG TABLET DL | 4 | PA,QL(30 per 30 days) |
| BOSULIF 50 MG CAPSULE DL | 4 | PA,QL(360 per 30 days) |
| *bosutinib 100 mg TABLET* DL | 4 | PA,QL(120 per 30 days) |
| *bosutinib 400 mg, 500 mg TABLET* DL | 4 | PA,QL(30 per 30 days) |
| BRAFTOVI 75 MG CAPSULE DL | 4 | PA,QL(180 per 30 days) |
| BRUKINSA 160 MG TABLET DL | 4 | PA,QL(120 per 30 days) |
| BRUKINSA 80 MG CAPSULE DL | 4 | PA,QL(120 per 30 days) |
| *busulfan 60 mg/10 ml SOLUTION* MO | 1 | |
| BUSULFEX 60 MG/10 ML SOLUTION MO | 3 | |
| CABOMETYX 20 MG, 40 MG, 60 MG TABLET DL | 4 | PA,QL(30 per 30 days) |
| CALQUENCE (ACALABRUTINIB MAL) 100 MG TABLET DL | 4 | PA,QL(60 per 30 days) |

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| DRUG NAME | TIER | UTILIZATION MANAGEMENT REQUIREMENTS |
|---|---|---|
| CAMPTOSAR 100 MG/5 ML, 300 MG/15 ML, 40 MG/2 ML SOLUTION **DL** | 4 | |
| CAPRELSA 100 MG TABLET **DL** | 4 | PA,QL(60 per 30 days) |
| CAPRELSA 300 MG TABLET **DL** | 4 | PA,QL(30 per 30 days) |
| *carboplatin 10 mg/ml SOLUTION* **MO** | 1 | |
| *carmustine 100 mg RECON SOLUTION* **MO** | 1 | |
| CASODEX 50 MG TABLET **DL** | 4 | QL(30 per 30 days) |
| CAVHANZA 60 MG, 80 MG TABLET, DISINTEGRATING **DL** | 4 | PA,QL(112 per 28 days) |
| *cisplatin 1 mg/ml SOLUTION* **MO** | 1 | |
| *cladribine 10 mg/10 ml SOLUTION* **DL** | 4 | BvsD |
| CLIGAVYX 250 MG/5 ML SYRINGE **DL** | 4 | PA,QL(30 per 30 days) |
| *clofarabine 1 mg/ml SOLUTION* **DL** | 4 | |
| COLUMVI 1 MG/ML SOLUTION **DL** | 4 | PA |
| COMETRIQ 100 MG/DAY(80 MG X1-20 MG X1) CAPSULE **DL** | 4 | PA,QL(56 per 28 days) |
| COMETRIQ 140 MG/DAY(80 MG X1-20 MG X3) CAPSULE **DL** | 4 | PA,QL(112 per 28 days) |
| COMETRIQ 60 MG/DAY (20 MG X 3/DAY) CAPSULE **DL** | 4 | PA,QL(84 per 28 days) |
| COPIKTRA 15 MG, 25 MG CAPSULE **DL** | 4 | PA,QL(56 per 28 days) |
| COTELLIC 20 MG TABLET **DL** | 4 | PA,QL(63 per 28 days) |
| *cyclophosphamide 1 gram, 2 gram, 500 mg RECON SOLUTION* **MO** | 1 | BvsD |
| CYCLOPHOSPHAMIDE 100 MG/ML, 200 MG/ML SOLUTION **MO** | 1 | BvsD |
| *cyclophosphamide 200 mg/ml SOLUTION* **MO** | 1 | BvsD |
| *cyclophosphamide 25 mg, 50 mg CAPSULE* **MO** | 1 | BvsD |
| *cyclophosphamide 25 mg, 50 mg TABLET* **MO** | 1 | BvsD |
| *cyclophosphamide 500 mg/ml SOLUTION* **DL** | 4 | BvsD |
| CYRAMZA 10 MG/ML SOLUTION **DL** | 4 | PA |
| *cytarabine 20 mg/ml SOLUTION* **MO** | 1 | BvsD |
| *cytarabine (pf) 100 mg/5 ml (20 mg/ml), 2 gram/20 ml (100 mg/ml), 20 mg/ml SOLUTION* **MO** | 1 | BvsD |
| *dacarbazine 100 mg, 200 mg RECON SOLUTION* **MO** | 1 | |
| *dactinomycin 0.5 mg RECON SOLUTION* **DL** | 4 | |
| DANYELZA 4 MG/ML SOLUTION **DL** | 4 | PA,QL(120 per 28 days) |
| DANZITEN 71 MG, 95 MG TABLET **DL** | 4 | PA,QL(120 per 30 days) |
| DARZALEX 20 MG/ML SOLUTION **DL** | 4 | PA |
| DARZALEX FASPRO 1,800 MG-30,000 UNIT/15 ML SOLUTION **DL** | 4 | PA |
| *dasatinib 100 mg, 50 mg, 70 mg, 80 mg TABLET* **DL** | 4 | PA,QL(60 per 30 days) |
| *dasatinib 140 mg TABLET* **DL** | 4 | PA,QL(30 per 30 days) |

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| DRUG NAME | TIER | UTILIZATION MANAGEMENT REQUIREMENTS |
|---|---|---|
| *dasatinib 20 mg TABLET* **DL** | 4 | PA,QL(90 per 30 days) |
| DATROWAY 100 MG RECON SOLUTION **DL** | 4 | PA |
| *daunorubicin 5 mg/ml SOLUTION* **MO** | 1 | |
| DAURISMO 100 MG TABLET **DL** | 4 | PA,QL(30 per 30 days) |
| DAURISMO 25 MG TABLET **DL** | 4 | PA,QL(60 per 30 days) |
| *decitabine 50 mg RECON SOLUTION* **DL** | 4 | PA |
| DECNUPAZ 2 MG RECON SOLUTION **DL** | 4 | PA |
| *dexrazoxane hcl 250 mg, 500 mg RECON SOLUTION* **MO** | 1 | |
| *docetaxel 160 mg/16 ml (10 mg/ml), 160 mg/8 ml (20 mg/ml), 20 mg/2 ml (10 mg/ml), 20 mg/ml (1 ml), 80 mg/4 ml (20 mg/ml), 80 mg/8 ml (10 mg/ml) SOLUTION* **MO** | 1 | |
| DOXIL 2 MG/ML SUSPENSION **DL** | 4 | PA |
| *doxorubicin 10 mg, 50 mg RECON SOLUTION* **MO** | 1 | BvsD |
| *doxorubicin 10 mg/5 ml, 2 mg/ml, 20 mg/10 ml, 50 mg/25 ml SOLUTION* **MO** | 1 | BvsD |
| *doxorubicin, peg-liposomal 2 mg/ml SUSPENSION* **DL** | 4 | PA |
| ELAHERE 5 MG/ML SOLUTION **DL** | 4 | PA |
| ELITEK 1.5 MG, 7.5 MG RECON SOLUTION **DL** | 4 | PA |
| ELLENCE 200 MG/100 ML, 50 MG/25 ML SOLUTION **DL** | 4 | |
| ELREXFIO 40 MG/ML SOLUTION **DL** | 4 | PA |
| ELZONRIS 1,000 MCG/ML SOLUTION **DL** | 4 | PA,QL(10 per 21 days) |
| EMPLICITI 300 MG, 400 MG RECON SOLUTION **DL** | 4 | PA |
| EMRELIS 100 MG, 20 MG RECON SOLUTION **DL** | 4 | PA |
| ENHERTU 100 MG RECON SOLUTION **DL** | 4 | PA |
| ENSACOVE 100 MG CAPSULE **DL** | 4 | PA,QL(60 per 30 days) |
| ENSACOVE 25 MG CAPSULE **DL** | 4 | PA,QL(270 per 30 days) |
| *epirubicin 200 mg/100 ml, 50 mg/25 ml SOLUTION* **MO** | 1 | |
| EPKINLY 4 MG/0.8 ML, 48 MG/0.8 ML SOLUTION **DL** | 4 | PA |
| ERBITUX 100 MG/50 ML, 200 MG/100 ML SOLUTION **DL** | 4 | PA |
| *eribulin 1 mg/2 ml (0.5 mg/ml) SOLUTION* **DL** | 4 | |
| ERIVEDGE 150 MG CAPSULE **DL** | 4 | PA,QL(28 per 28 days) |
| ERLEADA 240 MG TABLET **DL** | 4 | PA,QL(30 per 30 days) |
| ERLEADA 60 MG TABLET **DL** | 4 | PA,QL(120 per 30 days) |
| *erlotinib 100 mg, 150 mg TABLET* **DL** | 4 | PA,QL(30 per 30 days) |
| *erlotinib 25 mg TABLET* **DL** | 4 | PA,QL(90 per 30 days) |
| ETCAMAH 75 MG TABLET **DL** | 4 | PA,QL(56 per 28 days) |

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| DRUG NAME | TIER | UTILIZATION MANAGEMENT REQUIREMENTS |
|---|---|---|
| ETOPOPHOS 100 MG RECON SOLUTION **MO** | 3 | |
| *etoposide 20 mg/ml SOLUTION* **MO** | 1 | |
| EULEXIN 125 MG CAPSULE **DL** | 4 | PA |
| EVDI 1 MG/20 ML (0.05 MG/ML) SOLUTION **DL** | 4 | PA |
| *everolimus (antineoplastic) 10 mg, 2.5 mg, 5 mg, 7.5 mg TABLET* **DL** | 4 | PA,QL(30 per 30 days) |
| *everolimus (antineoplastic) 2 mg, 3 mg, 5 mg TABLET FOR SUSPENSION* **DL** | 4 | PA |
| EVOMELA 50 MG RECON SOLUTION **DL** | 4 | |
| *exemestane 25 mg TABLET* **MO** | 1 | QL(60 per 30 days) |
| FARESTON 60 MG TABLET **DL** | 4 | QL(30 per 30 days) |
| FASLODEX 250 MG/5 ML SYRINGE **DL** | 4 | PA,QL(30 per 30 days) |
| FEMARA 2.5 MG TABLET **MO** | 3 | PA,QL(30 per 30 days) |
| *floxuridine 0.5 gram RECON SOLUTION* **MO** | 1 | BvsD |
| *fludarabine 50 mg RECON SOLUTION* **MO** | 1 | |
| *fludarabine 50 mg/2 ml SOLUTION* **DL** | 4 | |
| *fluorouracil 1 gram/20 ml, 2.5 gram/50 ml, 5 gram/100 ml, 500 mg/10 ml SOLUTION* **MO** | 1 | BvsD |
| FOLOTYN 20 MG/ML (1 ML), 40 MG/2 ML (20 MG/ML) SOLUTION **DL** | 4 | PA |
| FOTIVDA 0.89 MG, 1.34 MG CAPSULE **DL** | 4 | PA,QL(21 per 28 days) |
| FRINDOVYX 500 MG/ML SOLUTION **DL** | 4 | BvsD |
| FRUZAQLA 1 MG CAPSULE **DL** | 4 | PA,QL(84 per 28 days) |
| FRUZAQLA 5 MG CAPSULE **DL** | 4 | PA,QL(21 per 28 days) |
| *fulvestrant 250 mg/5 ml SYRINGE* **MO** | 1 | PA,QL(30 per 30 days) |
| FYARRO 100 MG SUSPENSION FOR RECONSTITUTION **DL** | 4 | PA |
| GAVRETO 100 MG CAPSULE **DL,LA** | 4 | PA,QL(120 per 30 days) |
| GAZYVA 1,000 MG/40 ML SOLUTION **DL** | 4 | PA,QL(120 per 28 days) |
| *gefitinib 250 mg TABLET* **DL** | 4 | PA |
| *gemcitabine 1 gram, 2 gram, 200 mg RECON SOLUTION* **MO** | 1 | |
| *gemcitabine 1 gram/26.3 ml (38 mg/ml), 2 gram/52.6 ml (38 mg/ml), 200 mg/5.26 ml (38 mg/ml) SOLUTION* **MO** | 1 | |
| GILOTRIF 20 MG, 30 MG, 40 MG TABLET **DL,LA** | 4 | PA,QL(30 per 30 days) |
| GLEEVEC 100 MG TABLET **DL** | 4 | PA,QL(90 per 30 days) |
| GLEEVEC 400 MG TABLET **DL** | 4 | PA,QL(60 per 30 days) |
| GLEOSTINE 10 MG CAPSULE **MO** | 3 | PA |
| GLEOSTINE 100 MG CAPSULE **DL** | 4 | PA |
| GLEOSTINE 40 MG CAPSULE | 4 | PA |

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| DRUG NAME | TIER | UTILIZATION MANAGEMENT REQUIREMENTS |
|---|---|---|
| GOMEKLI 1 MG TABLET FOR SUSPENSION **DL** | 4 | PA |
| GOMEKLI 1 MG, 2 MG CAPSULE **DL** | 4 | PA |
| GRAFAPEX 1 GRAM, 5 GRAM RECON SOLUTION **DL** | 4 | |
| HALAVEN 1 MG/2 ML (0.5 MG/ML) SOLUTION **DL** | 4 | |
| HERCEPTIN 150 MG RECON SOLUTION **DL** | 4 | PA |
| HERCEPTIN HYLECTA 600 MG-10,000 UNIT/5 ML SOLUTION **DL** | 4 | PA,QL(5 per 21 days) |
| HERCESSI 150 MG, 420 MG RECON SOLUTION **DL** | 4 | PA |
| HERNEXEOS 60 MG TABLET **DL** | 4 | PA,QL(180 per 30 days) |
| HERZUMA 150 MG, 420 MG RECON SOLUTION **DL** | 4 | PA |
| HYDREA 500 MG CAPSULE **MO** | 3 | |
| *hydroxyurea 500 mg CAPSULE* **MO** | 1 | |
| HYRNUO 10 MG TABLET **DL** | 4 | PA,QL(120 per 30 days) |
| IBRANCE 100 MG, 125 MG, 75 MG CAPSULE **DL** | 4 | PA,QL(21 per 28 days) |
| IBRANCE 100 MG, 125 MG, 75 MG TABLET **DL** | 4 | PA,QL(21 per 28 days) |
| IBTROZI 200 MG CAPSULE **DL** | 4 | PA,QL(90 per 30 days) |
| ICLUSIG 10 MG, 30 MG, 45 MG TABLET **DL** | 4 | PA,QL(30 per 30 days) |
| ICLUSIG 15 MG TABLET **DL** | 4 | PA,QL(60 per 30 days) |
| IDAMYCIN PFS 1 MG/ML SOLUTION **DL** | 4 | |
| *idarubicin 1 mg/ml SOLUTION* **DL** | 4 | |
| IDHIFA 100 MG, 50 MG TABLET **DL** | 4 | PA,QL(30 per 30 days) |
| IFEX 1 GRAM, 3 GRAM RECON SOLUTION **MO** | 3 | |
| *ifosfamide 1 gram, 3 gram RECON SOLUTION* **MO** | 1 | |
| *ifosfamide 1 gram/20 ml, 3 gram/60 ml SOLUTION* **MO** | 1 | |
| *imatinib 100 mg TABLET* **MO** | 1 | PA,QL(90 per 30 days) |
| *imatinib 400 mg TABLET* **DL** | 4 | PA,QL(60 per 30 days) |
| IMBRUVICA 140 MG CAPSULE **DL** | 4 | PA,QL(120 per 30 days) |
| IMBRUVICA 140 MG, 280 MG TABLET **DL** | 4 | PA |
| IMBRUVICA 420 MG TABLET **DL** | 4 | PA,QL(28 per 28 days) |
| IMBRUVICA 70 MG CAPSULE **DL** | 4 | PA,QL(28 per 28 days) |
| IMBRUVICA 70 MG/ML SUSPENSION **DL** | 4 | PA |
| IMDELLTRA 1 MG, 10 MG RECON SOLUTION **DL** | 4 | PA |
| IMFINZI 50 MG/ML SOLUTION **DL** | 4 | PA |
| IMJUDO 20 MG/ML SOLUTION **DL** | 4 | PA |
| IMKELDI 80 MG/ML SOLUTION **DL** | 4 | PA,QL(300 per 30 days) |

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| DRUG NAME | TIER | UTILIZATION MANAGEMENT REQUIREMENTS |
|---|---|---|
| IMLYGIC 10EXP6 (1 MILLION) PFU/ML SUSPENSION DL | 4 | PA,QL(4 per 365 days) |
| IMLYGIC 10EXP8 (100 MILLION) PFU/ML SUSPENSION DL | 4 | PA,QL(8 per 28 days) |
| INFUGEM 1,200 MG/120 ML (10 MG/ML), 1,300 MG/130 ML (10 MG/ML), 1,400 MG/140 ML (10 MG/ML), 1,500 MG/150 ML (10 MG/ML), 1,600 MG/160 ML (10 MG/ML), 1,700 MG/170 ML (10 MG/ML), 1,800 MG/180 ML (10 MG/ML), 1,900 MG/190 ML (10 MG/ML), 2,000 MG/200 ML (10 MG/ML), 2,200 MG/220 ML (10 MG/ML) PIGGYBACK DL | 4 | |
| INLEXZO 225 MG IMPLANT DL | 4 | PA |
| INLURIYO 200 MG TABLET DL | 4 | PA,QL(84 per 28 days) |
| INLYTA 1 MG TABLET DL | 4 | PA,QL(180 per 30 days) |
| INLYTA 5 MG TABLET DL | 4 | PA,QL(120 per 30 days) |
| INQOVI 35-100 MG TABLET DL | 4 | PA,QL(5 per 28 days) |
| INREBIC 100 MG CAPSULE DL | 4 | PA,QL(120 per 30 days) |
| IRESSA 250 MG TABLET DL | 4 | PA |
| *irinotecan 100 mg/5 ml, 300 mg/15 ml, 40 mg/2 ml, 500 mg/25 ml SOLUTION* MO | 1 | |
| ISTODAX 10 MG/2 ML RECON SOLUTION DL | 4 | PA |
| ITOVEBI 3 MG TABLET DL | 4 | PA,QL(56 per 28 days) |
| ITOVEBI 9 MG TABLET DL | 4 | PA,QL(28 per 28 days) |
| IVRA 90 MG/ML SOLUTION DL | 4 | |
| IWILFIN 192 MG TABLET DL | 4 | PA,QL(240 per 30 days) |
| IXEMPRA 15 MG, 45 MG RECON SOLUTION DL | 4 | PA |
| JAKAFI 10 MG, 15 MG, 20 MG, 25 MG, 5 MG TABLET DL | 4 | PA,QL(60 per 30 days) |
| JAKAFI XR 11 MG, 22 MG, 33 MG, 44 MG, 55 MG TABLET, ER 24 HR. DL | 4 | PA,QL(30 per 30 days) |
| JAYPIRCA 100 MG, 50 MG TABLET DL | 4 | PA,QL(90 per 30 days) |
| JEMPERLI 50 MG/ML SOLUTION | 4 | PA,QL(20 per 42 days) |
| JEVTANA 60 MG/1.5 ML (DILUTE10MG/ML) SOLUTION DL | 4 | PA |
| JIDEYTRO 100 MG TABLET DL | 4 | PA,QL(30 per 30 days) |
| JIDEYTRO 25 MG TABLET DL | 4 | PA,QL(90 per 30 days) |
| JOBEVNE 25 MG/ML SOLUTION DL | 4 | PA |
| KADCYLA 100 MG, 160 MG RECON SOLUTION DL | 4 | PA |
| KANJINTI 150 MG, 420 MG RECON SOLUTION DL | 4 | PA |
| KEYTRUDA 25 MG/ML SOLUTION DL | 4 | PA |
| KEYTRUDA QLEX 395 MG-4,800 UNIT/2.4 ML, 790 MG-9,600 UNIT/4.8 ML SOLUTION DL | 4 | PA |
| KHAPZORY 175 MG RECON SOLUTION DL | 4 | PA |

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| DRUG NAME | TIER | UTILIZATION MANAGEMENT REQUIREMENTS |
|---|---|---|
| KIMMTRAK 100 MCG/0.5 ML SOLUTION **DL** | 4 | PA |
| KISQALI 200 MG/DAY (200 MG X 1) TABLET **DL** | 4 | PA,QL(21 per 28 days) |
| KISQALI 400 MG/DAY (200 MG X 2) TABLET **DL** | 4 | PA,QL(42 per 28 days) |
| KISQALI 600 MG/DAY (200 MG X 3) TABLET **DL** | 4 | PA,QL(63 per 28 days) |
| KOMZIFTI 200 MG CAPSULE **DL** | 4 | PA,QL(90 per 30 days) |
| KOSELUGO 10 MG CAPSULE **DL** | 4 | PA,QL(240 per 30 days) |
| KOSELUGO 25 MG CAPSULE **DL** | 4 | PA,QL(120 per 30 days) |
| KOSELUGO 5 MG CAPSULE, SPRINKLE **DL** | 4 | PA,QL(600 per 30 days) |
| KOSELUGO 7.5 MG CAPSULE, SPRINKLE **DL** | 4 | PA,QL(360 per 30 days) |
| KRAZATI 200 MG TABLET **DL** | 4 | PA,QL(180 per 30 days) |
| KYPROLIS 10 MG RECON SOLUTION **DL** | 4 | PA,QL(6 per 28 days) |
| KYPROLIS 30 MG RECON SOLUTION **DL** | 4 | PA,QL(3 per 28 days) |
| KYPROLIS 60 MG RECON SOLUTION **DL** | 4 | PA,QL(12 per 28 days) |
| *lapatinib 250 mg TABLET* **DL** | 4 | PA,QL(180 per 30 days) |
| LAZCLUZE 240 MG TABLET **DL** | 4 | PA,QL(30 per 30 days) |
| LAZCLUZE 80 MG TABLET **DL** | 4 | PA,QL(60 per 30 days) |
| *lenalidomide 10 mg, 15 mg, 2.5 mg, 20 mg, 25 mg, 5 mg CAPSULE* **DL** | 4 | PA,QL(28 per 28 days) |
| LENVIMA 10 MG/DAY (10 MG X 1), 4 MG CAPSULE **DL** | 4 | 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** | 4 | 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** | 4 | PA,QL(60 per 30 days) |
| *letrozole 2.5 mg TABLET* **MO** | 1 | QL(30 per 30 days) |
| *leucovorin calcium 10 mg, 15 mg, 25 mg, 5 mg TABLET* **MO** | 1 | |
| *leucovorin calcium 10 mg/ml SOLUTION* **MO** | 1 | |
| *leucovorin calcium 100 mg, 200 mg, 350 mg, 50 mg, 500 mg RECON SOLUTION* **MO** | 1 | |
| LEUKERAN 2 MG TABLET **DL** | 4 | |
| *levoleucovorin calcium 10 mg/ml SOLUTION* **MO** | 1 | PA |
| *levoleucovorin calcium 50 mg RECON SOLUTION* **MO** | 1 | PA |
| LEVULAN 20 % SOLUTION **MO** | 3 | |
| LIBTAYO 50 MG/ML SOLUTION **DL** | 4 | PA,QL(7 per 21 days) |
| LIFYORLI 125 MG/DAY(100 MG X1-25MG X1), 150 MG/DAY(100 MG X1-25MG X2) CAPSULE **DL** | 4 | PA |
| *lomustine 10 mg CAPSULE* **MO** | 1 | PA |

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| DRUG NAME | TIER | UTILIZATION MANAGEMENT REQUIREMENTS |
|---|---|---|
| *lomustine 100 mg, 40 mg CAPSULE* **DL** | 4 | PA |
| LONSURF 15-6.14 MG TABLET **DL** | 4 | PA,QL(100 per 30 days) |
| LONSURF 20-8.19 MG TABLET **DL** | 4 | PA,QL(80 per 30 days) |
| LOQTORZI 240 MG/6 ML (40 MG/ML) SOLUTION **DL** | 4 | PA |
| LORBRENA 100 MG TABLET **DL** | 4 | PA,QL(30 per 30 days) |
| LORBRENA 25 MG TABLET **DL** | 4 | PA,QL(90 per 30 days) |
| LUMAKRAS 120 MG TABLET **DL** | 4 | PA,QL(240 per 30 days) |
| LUMAKRAS 240 MG TABLET **DL** | 4 | PA,QL(120 per 30 days) |
| LUMAKRAS 320 MG TABLET **DL** | 4 | PA,QL(90 per 30 days) |
| LUNSUMIO 1 MG/ML SOLUTION **DL** | 4 | PA |
| LUNSUMIO VELO 45 MG/ML, 5 MG/0.5 ML SOLUTION **DL** | 4 | PA |
| LYNOZYFIC 2 MG/ML, 20 MG/ML SOLUTION **DL** | 4 | PA |
| LYNPARZA 100 MG, 150 MG TABLET **DL** | 4 | PA,QL(120 per 30 days) |
| LYSODREN 500 MG TABLET **DL** | 4 | |
| LYTGOBI 12 MG/DAY (4 MG X 3), 16 MG/DAY (4 MG X 4), 20 MG/DAY (4 MG X 5) TABLET **DL** | 4 | PA,QL(140 per 28 days) |
| MARGENZA 25 MG/ML SOLUTION **DL** | 4 | PA |
| MATULANE 50 MG CAPSULE **DL** | 4 | |
| MEKINIST 0.05 MG/ML RECON SOLUTION **DL** | 4 | PA,QL(1170 per 28 days) |
| MEKINIST 0.5 MG TABLET **DL** | 4 | PA,QL(120 per 30 days) |
| MEKINIST 2 MG TABLET **DL** | 4 | PA,QL(30 per 30 days) |
| MEKTOVI 15 MG TABLET **DL** | 4 | PA,QL(180 per 30 days) |
| *melphalan hcl 50 mg RECON SOLUTION* **MO** | 1 | |
| *mercaptopurine 20 mg/ml SUSPENSION* **DL** | 4 | |
| *mercaptopurine 50 mg TABLET* **MO** | 1 | |
| *mesna 100 mg/ml SOLUTION* **MO** | 1 | |
| *mesna 400 mg TABLET* **DL** | 4 | |
| MESNEX 100 MG/ML SOLUTION **DL** | 4 | |
| MESNEX 400 MG TABLET **DL** | 4 | |
| *mitomycin 20 mg, 5 mg RECON SOLUTION* **MO** | 1 | |
| *mitomycin 40 mg RECON SOLUTION* **DL** | 4 | |
| *mitoxantrone 2 mg/ml CONCENTRATE* **MO** | 1 | |
| MODEYSO 125 MG CAPSULE **DL** | 4 | PA,QL(20 per 28 days) |
| MUTAMYCIN 20 MG, 40 MG, 5 MG RECON SOLUTION **DL** | 4 | |
| MVASI 25 MG/ML SOLUTION **DL** | 4 | PA |

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| DRUG NAME | TIER | UTILIZATION MANAGEMENT REQUIREMENTS |
|---|---|---|
| MYLOTARG 4.5 MG (1 MG/ML INITIAL CONC) RECON SOLUTION DL | 4 | PA |
| *nelarabine 5 mg/ml SOLUTION* DL | 4 | |
| NERLYNX 40 MG TABLET DL | 4 | PA,QL(180 per 30 days) |
| NEXAVAR 200 MG TABLET DL | 4 | PA,QL(120 per 30 days) |
| NILANDRON 150 MG TABLET DL | 4 | PA,QL(60 per 30 days) |
| *nilotinib d-tartrate 150 mg, 200 mg, 50 mg CAPSULE* DL | 4 | PA,QL(120 per 30 days) |
| *nilotinib hcl 150 mg, 200 mg, 50 mg CAPSULE* DL | 4 | PA,QL(120 per 30 days) |
| *nilutamide 150 mg TABLET* DL | 4 | QL(60 per 30 days) |
| NINLARO 2.3 MG, 3 MG, 4 MG CAPSULE DL | 4 | PA,QL(3 per 28 days) |
| NIPENT 10 MG RECON SOLUTION DL | 4 | |
| NUBEQA 300 MG TABLET DL | 4 | PA,QL(120 per 30 days) |
| ODOMZO 200 MG CAPSULE DL | 4 | PA,QL(30 per 30 days) |
| OGIVRI 150 MG, 420 MG RECON SOLUTION DL | 4 | PA |
| OGSIVEO 100 MG, 150 MG TABLET DL | 4 | PA,QL(60 per 30 days) |
| OGSIVEO 50 MG TABLET DL | 4 | PA,QL(180 per 30 days) |
| OJEMDA 25 MG/ML SUSPENSION FOR RECONSTITUTION DL | 4 | PA,QL(96 per 28 days) |
| OJEMDA 400 MG/WEEK (100 MG X 4) TABLET DL | 4 | PA,QL(16 per 28 days) |
| OJEMDA 500 MG/WEEK (100 MG X 5) TABLET DL | 4 | PA,QL(20 per 28 days) |
| OJEMDA 600 MG/WEEK (100 MG X 6) TABLET DL | 4 | PA,QL(24 per 28 days) |
| OJJAARA 100 MG, 150 MG, 200 MG TABLET DL | 4 | PA,QL(30 per 30 days) |
| ONCASPAR 750 UNIT/ML SOLUTION DL | 4 | PA |
| ONIVYDE 4.3 MG/ML DISPERSION DL | 4 | PA |
| ONTRUZANT 150 MG, 420 MG RECON SOLUTION DL | 4 | PA |
| ONUREG 200 MG, 300 MG TABLET DL | 4 | PA,QL(14 per 28 days) |
| OPDIVO 100 MG/10 ML SOLUTION DL | 4 | PA,QL(40 per 28 days) |
| OPDIVO 120 MG/12 ML, 240 MG/24 ML SOLUTION DL | 4 | PA,QL(48 per 28 days) |
| OPDIVO 40 MG/4 ML SOLUTION DL | 4 | PA,QL(16 per 28 days) |
| OPDIVO QVANTIG 300 MG-5,000 UNIT/2.5 ML, 600 MG-10,000 UNIT/5 ML SOLUTION DL | 4 | PA,QL(10 per 28 days) |
| OPDUALAG 240-80 MG/20 ML SOLUTION DL | 4 | PA,QL(40 per 28 days) |
| ORGOVYX 120 MG TABLET DL | 4 | PA,QL(32 per 30 days) |
| ORSERDU 345 MG TABLET DL | 4 | PA,QL(30 per 30 days) |
| ORSERDU 86 MG TABLET DL | 4 | PA,QL(90 per 30 days) |
| *oxaliplatin 100 mg, 50 mg RECON SOLUTION* MO | 1 | |
| *oxaliplatin 100 mg/20 ml, 50 mg/10 ml (5 mg/ml) SOLUTION* MO | 1 | |

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| DRUG NAME | TIER | UTILIZATION MANAGEMENT REQUIREMENTS |
|---|---|---|
| *paclitaxel 6 mg/ml CONCENTRATE* **MO** | 1 | |
| *paclitaxel protein-bound 100 mg SUSPENSION FOR RECONSTITUTION* **DL** | 4 | PA |
| PADCEV 20 MG RECON SOLUTION **DL** | 4 | PA,QL(21 per 28 days) |
| PADCEV 30 MG RECON SOLUTION **DL** | 4 | PA,QL(15 per 28 days) |
| PANRETIN 0.1 % GEL **DL** | 4 | PA |
| *pazopanib 200 mg TABLET* **DL** | 4 | PA,QL(120 per 30 days) |
| *pazopanib 400 mg TABLET* **DL** | 4 | PA,QL(60 per 30 days) |
| PEDMARK 12.5 GRAM/100ML (125 MG/ML) SOLUTION **DL** | 4 | PA |
| PEMAZYRE 13.5 MG, 4.5 MG, 9 MG TABLET **DL** | 4 | PA,QL(28 per 28 days) |
| *pemetrexed 100 mg, 500 mg RECON SOLUTION* **DL** | 4 | PA |
| *pemetrexed 25 mg/ml SOLUTION* **DL** | 4 | PA,QL(120 per 21 days) |
| *pemetrexed disodium 1,000 mg, 750 mg RECON SOLUTION* **DL** | 4 | PA |
| *pemetrexed disodium 100 mg, 500 mg RECON SOLUTION* **MO** | 1 | PA |
| *pemetrexed disodium 25 mg/ml SOLUTION* **DL** | 4 | PA |
| PEMRYDI RTU 10 MG/ML SOLUTION **DL** | 4 | PA |
| PERJETA 420 MG/14 ML (30 MG/ML) SOLUTION **DL** | 4 | PA |
| PHESGO 1,200 MG-600MG- 30000 UNIT/15ML SOLUTION **DL** | 4 | PA,QL(15 per 21 days) |
| PHESGO 600 MG-600 MG- 20000 UNIT/10ML SOLUTION **DL** | 4 | PA,QL(10 per 21 days) |
| PHYRAGO 100 MG, 50 MG, 70 MG, 80 MG TABLET **DL** | 4 | PA,QL(60 per 30 days) |
| PHYRAGO 140 MG TABLET **DL** | 4 | PA,QL(30 per 30 days) |
| PHYRAGO 20 MG TABLET **DL** | 4 | PA,QL(90 per 30 days) |
| PIQRAY 200 MG/DAY (200 MG X 1) TABLET **DL** | 4 | 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** | 4 | PA,QL(56 per 28 days) |
| POLIVY 140 MG RECON SOLUTION **DL** | 4 | PA,QL(2 per 21 days) |
| POLIVY 30 MG RECON SOLUTION **DL** | 4 | PA,QL(8 per 21 days) |
| *pomalidomide 1 mg, 2 mg, 3 mg, 4 mg CAPSULE* **DL** | 4 | PA,QL(21 per 28 days) |
| POMALYST 1 MG, 2 MG, 3 MG, 4 MG CAPSULE **DL** | 4 | PA,QL(21 per 28 days) |
| POTELIGEO 4 MG/ML SOLUTION **DL** | 4 | PA |
| *pralatrexate 20 mg/ml (1 ml), 40 mg/2 ml (20 mg/ml) SOLUTION* **DL** | 4 | PA |
| PURIXAN 20 MG/ML SUSPENSION **DL** | 4 | |
| QINLOCK 50 MG TABLET **DL** | 4 | PA,QL(90 per 30 days) |
| RASONQUE 100 MG TABLET **DL** | 4 | PA,QL(120 per 30 days) |
| RASONQUE 150 MG TABLET **DL** | 4 | PA,QL(60 per 30 days) |
| RETEVMO 120 MG, 160 MG, 80 MG TABLET **DL** | 4 | PA,QL(60 per 30 days) |

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| DRUG NAME | TIER | UTILIZATION MANAGEMENT REQUIREMENTS |
|---|---|---|
| RETEVMO 40 MG TABLET DL | 4 | PA,QL(90 per 30 days) |
| REVLIMID 10 MG, 15 MG, 2.5 MG, 20 MG, 25 MG, 5 MG CAPSULE DL | 4 | PA,QL(28 per 28 days) |
| REVTORPYK 180 MG RECON SOLUTION DL | 4 | PA |
| REVUFORJ 110 MG, 160 MG, 25 MG TABLET DL | 4 | PA |
| REZLIDHIA 150 MG CAPSULE DL | 4 | PA,QL(60 per 30 days) |
| RIABNI 10 MG/ML SOLUTION DL | 4 | PA |
| RITUXAN 10 MG/ML CONCENTRATE DL | 4 | PA |
| RITUXAN HYCELA 1400 MG/11.7 ML (120 MG/ML) SOLUTION DL | 4 | PA,QL(46.8 per 28 days) |
| RITUXAN HYCELA 1600 MG/13.4 ML (120 MG/ML) SOLUTION DL | 4 | PA,QL(13.4 per 28 days) |
| *romidepsin 10 mg/2 ml RECON SOLUTION* DL | 4 | PA |
| *romidepsin 5 mg/ml SOLUTION* DL | 4 | PA |
| ROMIDEPSIN 5 MG/ML SOLUTION DL | 4 | PA |
| ROMVIMZA 14 MG, 20 MG, 30 MG CAPSULE DL | 4 | PA |
| ROZLYTREK 100 MG CAPSULE DL | 4 | PA,QL(150 per 30 days) |
| ROZLYTREK 200 MG CAPSULE DL | 4 | PA,QL(90 per 30 days) |
| ROZLYTREK 50 MG PELLETS IN PACKET DL | 4 | PA,QL(360 per 30 days) |
| RUBRACA 200 MG, 250 MG, 300 MG TABLET DL | 4 | PA,QL(120 per 30 days) |
| RUXIENCE 10 MG/ML SOLUTION DL | 4 | PA |
| RYBREVANT 50 MG/ML SOLUTION DL | 4 | PA,QL(784 per 365 days) |
| RYBREVANT FASPRO 1,600 MG-20,000 UNIT/10 ML, 2,240 MG-28,000 UNIT/14 ML, 2,400 MG-30,000 UNIT/15 ML, 3,520 MG-44,000 UNIT/22 ML SOLUTION DL | 4 | PA |
| RYDAPT 25 MG CAPSULE DL | 4 | PA,QL(224 per 28 days) |
| RYLAZE 10 MG/0.5 ML SOLUTION DL | 4 | PA |
| RYTELO 188 MG, 47 MG RECON SOLUTION DL | 4 | PA |
| SARCLISA 20 MG/ML SOLUTION DL | 4 | PA |
| SARCLISA ESCENA 1,400 MG/10 ML SOLUTION DL | 4 | PA |
| SCEMBLIX 100 MG TABLET DL | 4 | PA,QL(120 per 30 days) |
| SCEMBLIX 20 MG TABLET DL | 4 | PA,QL(60 per 30 days) |
| SCEMBLIX 40 MG TABLET DL | 4 | PA,QL(300 per 30 days) |
| SOLTAMOX 20 MG/10 ML SOLUTION DL | 4 | |
| *sorafenib 200 mg TABLET* DL | 4 | PA,QL(120 per 30 days) |
| SPRYCEL 100 MG, 50 MG, 70 MG, 80 MG TABLET DL | 4 | PA,QL(60 per 30 days) |
| SPRYCEL 140 MG TABLET DL | 4 | PA,QL(30 per 30 days) |
| SPRYCEL 20 MG TABLET DL | 4 | PA,QL(90 per 30 days) |

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| DRUG NAME | TIER | UTILIZATION MANAGEMENT REQUIREMENTS |
|---|---|---|
| STIVARGA 40 MG TABLET DL | 4 | PA,QL(84 per 28 days) |
| *sunitinib malate 12.5 mg, 25 mg, 37.5 mg, 50 mg CAPSULE* DL | 4 | PA,QL(28 per 28 days) |
| SUTENT 12.5 MG, 25 MG, 37.5 MG, 50 MG CAPSULE DL | 4 | PA,QL(28 per 28 days) |
| TABLOID 40 MG TABLET MO | 3 | |
| TABRECTA 150 MG, 200 MG TABLET DL | 4 | PA,QL(112 per 28 days) |
| TAFINLAR 10 MG TABLET FOR SUSPENSION DL | 4 | PA,QL(840 per 28 days) |
| TAFINLAR 50 MG CAPSULE DL | 4 | PA,QL(180 per 30 days) |
| TAFINLAR 75 MG CAPSULE DL | 4 | PA,QL(120 per 30 days) |
| TAGRISSO 40 MG, 80 MG TABLET DL | 4 | PA,QL(30 per 30 days) |
| TALVEY 2 MG/ML, 40 MG/ML SOLUTION DL | 4 | PA |
| TALZENNA 0.1 MG, 0.35 MG, 0.5 MG, 0.75 MG, 1 MG CAPSULE DL | 4 | PA,QL(30 per 30 days) |
| TALZENNA 0.25 MG CAPSULE DL | 4 | PA,QL(90 per 30 days) |
| *tamoxifen 10 mg, 20 mg TABLET* MO | 1 | |
| TARCEVA 100 MG TABLET DL | 4 | PA,QL(30 per 30 days) |
| TARGRETIN 1 % GEL DL | 4 | PA,QL(240 per 30 days) |
| TARGRETIN 75 MG CAPSULE DL | 4 | PA,QL(300 per 30 days) |
| TASIGNA 150 MG, 200 MG, 50 MG CAPSULE DL | 4 | PA,QL(120 per 30 days) |
| TAZVERIK 200 MG TABLET DL | 4 | PA,QL(240 per 30 days) |
| TECENTRIQ 1,200 MG/20 ML (60 MG/ML) SOLUTION DL | 4 | PA,QL(20 per 21 days) |
| TECENTRIQ 840 MG/14 ML (60 MG/ML) SOLUTION DL | 4 | PA,QL(28 per 28 days) |
| TECENTRIQ HYBREZA 1,875 MG-30,000 UNIT/15 ML SOLUTION DL | 4 | PA,QL(15 per 21 days) |
| TECVAYLI 10 MG/ML, 90 MG/ML SOLUTION DL | 4 | PA |
| TEMODAR 100 MG RECON SOLUTION DL | 4 | PA,QL(27 per 30 days) |
| *temsirolimus 25 mg/ml (dilute10mg/ml) RECON SOLUTION* DL | 4 | PA,QL(8 per 28 days) |
| TEPADINA 100 MG, 15 MG RECON SOLUTION DL | 4 | |
| TEPADINA 200 MG, 400 MG SOLUTION DL | 4 | |
| TEPMETKO 225 MG TABLET DL | 4 | PA,QL(60 per 30 days) |
| TEPYLUTE 10 MG/ML SOLUTION DL | 4 | |
| TEVIMBRA 10 MG/ML SOLUTION DL | 4 | PA,QL(20 per 21 days) |
| THALOMID 100 MG CAPSULE DL | 4 | PA,QL(120 per 30 days) |
| THALOMID 50 MG CAPSULE DL | 4 | PA,QL(240 per 30 days) |
| *thiotepa 100 mg RECON SOLUTION* DL | 4 | |
| *thiotepa 15 mg RECON SOLUTION* MO | 1 | |
| TIBSOVO 250 MG TABLET DL | 4 | PA,QL(60 per 30 days) |

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| DRUG NAME | TIER | UTILIZATION MANAGEMENT REQUIREMENTS |
|---|---|---|
| TIVDAK 40 MG RECON SOLUTION **DL** | 4 | PA,QL(5 per 21 days) |
| *topotecan 4 mg RECON SOLUTION* | 4 | |
| *topotecan 4 mg/4 ml (1 mg/ml) SOLUTION* **MO** | 1 | |
| *toremifene 60 mg TABLET* | 4 | QL(30 per 30 days) |
| TORISEL 25 MG/ML (DILUTE10MG/ML) RECON SOLUTION **DL** | 4 | PA,QL(8 per 28 days) |
| *torpenz 10 mg, 2.5 mg, 5 mg, 7.5 mg TABLET* **DL** | 4 | PA,QL(30 per 30 days) |
| TRAZIMERA 150 MG, 420 MG RECON SOLUTION **DL** | 4 | PA |
| TREANDA 100 MG, 25 MG RECON SOLUTION **DL** | 4 | PA |
| *tretinoin (antineoplastic) 10 mg CAPSULE* **DL** | 4 | |
| TRISENOX 2 MG/ML SOLUTION **DL** | 4 | PA |
| TRODELVY 180 MG RECON SOLUTION **DL** | 4 | PA |
| TRUQAP 160 MG, 200 MG TABLET **DL** | 4 | PA,QL(64 per 28 days) |
| TRUXIMA 10 MG/ML SOLUTION **DL** | 4 | PA |
| TUDRIQEV 10EXP6 PFU/ML, 10EXP7 PFU/ML SUSPENSION **DL** | 4 | PA |
| TUKYSA 150 MG TABLET **DL** | 4 | PA,QL(120 per 30 days) |
| TUKYSA 50 MG TABLET **DL** | 4 | PA,QL(300 per 30 days) |
| TURALIO 125 MG CAPSULE **DL,LA** | 4 | PA,QL(120 per 30 days) |
| TYKERB 250 MG TABLET **DL** | 4 | PA,QL(180 per 30 days) |
| UNITUXIN 3.5 MG/ML SOLUTION **DL** | 4 | PA |
| UNLOXCYT 300 MG/5 ML (60 MG/ML) SOLUTION **DL** | 4 | PA |
| VALCHLOR 0.016 % GEL **DL** | 4 | PA,QL(60 per 28 days) |
| *valrubicin 40 mg/ml SOLUTION* **DL** | 4 | PA,QL(80 per 28 days) |
| VALSTAR 40 MG/ML SOLUTION **DL** | 4 | PA,QL(80 per 28 days) |
| VANFLYTA 17.7 MG, 26.5 MG TABLET **DL** | 4 | PA,QL(56 per 28 days) |
| VECTIBIX 100 MG/5 ML (20 MG/ML), 400 MG/20 ML (20 MG/ML) SOLUTION **DL** | 4 | PA |
| VEGZELMA 25 MG/ML SOLUTION **DL** | 4 | PA |
| VELCADE 3.5 MG RECON SOLUTION **DL** | 4 | PA |
| VENCLEXTA 10 MG TABLET **MO** | 2 | PA,QL(56 per 28 days) |
| VENCLEXTA 100 MG TABLET **DL** | 4 | PA,QL(180 per 30 days) |
| VENCLEXTA 50 MG TABLET | 4 | PA,QL(28 per 28 days) |
| VENCLEXTA STARTING PACK 10 MG-50 MG- 100 MG TABLET, DOSE PACK **DL** | 4 | PA,QL(42 per 28 days) |
| VEPPANU 100 MG TABLET **DL** | 4 | PA,QL(90 per 30 days) |
| VEPPANU 200 MG TABLET **DL** | 4 | PA,QL(30 per 30 days) |
| VERZENIO 100 MG, 150 MG, 200 MG, 50 MG TABLET **DL** | 4 | PA,QL(60 per 30 days) |

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| DRUG NAME | TIER | UTILIZATION MANAGEMENT REQUIREMENTS |
|---|---|---|
| VIDAZA 100 MG RECON SOLUTION **DL** | 4 | PA |
| *vinblastine 1 mg/ml SOLUTION* **MO** | 1 | BvsD |
| *vincasar pfs 1 mg/ml, 2 mg/2 ml SOLUTION* **MO** | 1 | BvsD |
| *vincristine 1 mg/ml, 2 mg/2 ml SOLUTION* **MO** | 1 | BvsD |
| *vinorelbine 10 mg/ml, 50 mg/5 ml SOLUTION* **MO** | 1 | |
| VITRAKVI 100 MG CAPSULE **DL** | 4 | PA,QL(60 per 30 days) |
| VITRAKVI 20 MG/ML SOLUTION **DL** | 4 | PA,QL(300 per 30 days) |
| VITRAKVI 25 MG CAPSULE **DL** | 4 | PA,QL(180 per 30 days) |
| VIVIMUSTA 25 MG/ML SOLUTION **DL** | 4 | PA |
| VIZIMPRO 15 MG, 30 MG, 45 MG TABLET **DL** | 4 | PA,QL(30 per 30 days) |
| VONJO 100 MG CAPSULE **DL** | 4 | PA,QL(120 per 30 days) |
| VORANIGO 10 MG TABLET **DL** | 4 | PA,QL(60 per 30 days) |
| VORANIGO 40 MG TABLET **DL** | 4 | PA,QL(30 per 30 days) |
| VOTRIENT 200 MG TABLET **DL** | 4 | PA,QL(120 per 30 days) |
| VYKOURA 10 MG/ML SOLUTION **DL** | 4 | |
| VYLOY 100 MG, 300 MG RECON SOLUTION **DL** | 4 | PA |
| VYXEOS 44-100 MG RECON SOLUTION **DL** | 4 | PA |
| XALKORI 150 MG PELLET **DL** | 4 | PA,QL(180 per 30 days) |
| XALKORI 20 MG PELLET **DL** | 4 | PA,QL(120 per 30 days) |
| XALKORI 200 MG, 250 MG CAPSULE **DL** | 4 | PA,QL(120 per 30 days) |
| XALKORI 50 MG PELLET **DL** | 4 | PA,QL(240 per 30 days) |
| XOSPATA 40 MG TABLET **DL** | 4 | 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** | 4 | PA,QL(8 per 28 days) |
| XPOVIO 40 MG/WEEK (10 MG X 4) TABLET **DL** | 4 | PA,QL(16 per 28 days) |
| XPOVIO 40 MG/WEEK (40 MG X 1), 60 MG/WEEK (60 MG X 1), 80 MG/WEEK (80 MG X 1) TABLET **DL** | 4 | PA,QL(4 per 28 days) |
| XPOVIO 60MG TWICE WEEK (120 MG/WEEK) TABLET **DL** | 4 | PA,QL(24 per 28 days) |
| XPOVIO 80MG TWICE WEEK (160 MG/WEEK) TABLET **DL** | 4 | PA,QL(32 per 28 days) |
| XTANDI 40 MG CAPSULE **DL** | 4 | PA,QL(120 per 30 days) |
| XTANDI 40 MG TABLET **DL** | 4 | PA,QL(120 per 30 days) |
| XTANDI 80 MG TABLET **DL** | 4 | PA,QL(60 per 30 days) |
| YERVOY 200 MG/40 ML (5 MG/ML), 50 MG/10 ML (5 MG/ML) SOLUTION **DL** | 4 | PA |
| YONDELIS 1 MG RECON SOLUTION **DL** | 4 | PA |
| YONSA 125 MG TABLET **DL** | 4 | PA,QL(120 per 30 days) |

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| DRUG NAME | TIER | UTILIZATION MANAGEMENT REQUIREMENTS |
|---|---|---|
| *yulithira 10 mg, 2.5 mg, 5 mg, 7.5 mg TABLET* **MO** | 1 | PA,QL(30 per 30 days) |
| ZALTRAP 100 MG/4 ML (25 MG/ML), 200 MG/8 ML (25 MG/ML) SOLUTION **DL** | 4 | PA |
| ZANOSAR 1 GRAM RECON SOLUTION **MO** | 3 | |
| ZEJULA 100 MG, 200 MG, 300 MG TABLET **DL** | 4 | PA,QL(30 per 30 days) |
| ZELBORAF 240 MG TABLET **DL** | 4 | PA,QL(240 per 30 days) |
| ZENBEXUS 0.75 MG, 1 MG CAPSULE **DL** | 4 | PA,QL(21 per 28 days) |
| ZEPZELCA 4 MG RECON SOLUTION **DL** | 4 | PA |
| ZIIHERA 300 MG RECON SOLUTION **DL** | 4 | PA |
| ZIRABEV 25 MG/ML SOLUTION **DL** | 4 | PA |
| ZOLINZA 100 MG CAPSULE **DL** | 4 | PA,QL(120 per 30 days) |
| ZYDELIG 100 MG, 150 MG TABLET **DL** | 4 | PA,QL(60 per 30 days) |
| ZYKADIA 150 MG TABLET **DL** | 4 | PA,QL(150 per 30 days) |
| ZYNLONTA 10 MG RECON SOLUTION **DL** | 4 | PA |
| ZYNYZ 500 MG/20 ML SOLUTION **DL** | 4 | PA,QL(20 per 28 days) |
| ZYTIGA 250 MG TABLET **DL** | 4 | PA,QL(120 per 30 days) |
| ZYTIGA 500 MG TABLET **DL** | 4 | PA,QL(60 per 30 days) |
| **ANTIPARASITICS** | | |
| *albendazole 200 mg TABLET* **MO** | 1 | |
| *atovaquone 750 mg/5 ml SUSPENSION* **MO** | 1 | |
| *atovaquone-proguanil 250-100 mg, 62.5-25 mg TABLET* **MO** | 1 | |
| *benznidazole 100 mg, 12.5 mg TABLET* **MO** | 3 | |
| BILTRICIDE 600 MG TABLET **DL** | 4 | PA |
| *chloroquine phosphate 250 mg, 500 mg TABLET* **MO** | 1 | |
| COARTEM 20-120 MG TABLET **MO** | 3 | QL(24 per 30 days) |
| DARAPRIM 25 MG TABLET **DL** | 4 | PA,QL(90 per 30 days) |
| EGATEN 250 MG TABLET **MO** | 3 | |
| *emverm 100 mg CHEWABLE TABLET* **DL** | 4 | |
| *hydroxychloroquine 100 mg, 300 mg, 400 mg TABLET* **MO** | 1 | |
| *hydroxychloroquine 200 mg TABLET* **MO** | 1 | |
| IMPAVIDO 50 MG CAPSULE **DL** | 4 | QL(84 per 28 days) |
| *ivermectin 3 mg, 6 mg TABLET* **MO** | 1 | |
| KRINTAFEL 150 MG TABLET **MO** | 3 | QL(4 per 180 days) |
| LAMPIT 120 MG, 30 MG TABLET **MO** | 3 | |
| MALARONE 250-100 MG TABLET **MO** | 3 | PA |

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| DRUG NAME | TIER | UTILIZATION MANAGEMENT REQUIREMENTS |
|---|---|---|
| MALARONE PEDIATRIC 62.5-25 MG TABLET **MO** | 3 | PA |
| *mefloquine 250 mg TABLET* **MO** | 1 | |
| MEPRON 750 MG/5 ML SUSPENSION **DL** | 4 | |
| NEBUPENT 300 MG RECON SOLUTION **MO** | 3 | BvsD |
| *nitazoxanide 500 mg TABLET* **DL** | 4 | |
| PENTAM 300 MG RECON SOLUTION **MO** | 3 | |
| *pentamidine 300 mg RECON SOLUTION* **MO** | 1 | |
| *pentamidine 300 mg RECON SOLUTION* **MO** | 1 | BvsD |
| PLAQUENIL 200 MG TABLET **MO** | 3 | PA |
| *praziquantel 600 mg TABLET* **MO** | 1 | |
| *primaquine 26.3 mg (15 mg base) TABLET* **MO** | 1 | |
| *pyrimethamine 25 mg TABLET* **DL** | 4 | QL(90 per 30 days) |
| *quinine sulfate 324 mg CAPSULE* **MO** | 1 | PA,QL(42 per 7 days) |
| SOVUNA 200 MG, 300 MG TABLET **MO** | 3 | |
| STROMECTOL 3 MG TABLET **MO** | 3 | PA |
| **ANTIPARKINSON AGENTS** | | |
| *amantadine hcl 100 mg CAPSULE* **MO** | 1 | |
| *amantadine hcl 100 mg TABLET* **MO** | 1 | |
| *amantadine hcl 50 mg/5 ml SOLUTION* **MO** | 1 | |
| APOKYN 10 MG/ML CARTRIDGE **DL** | 4 | PA,QL(84 per 28 days) |
| *apomorphine 10 mg/ml CARTRIDGE* **DL** | 4 | PA,QL(84 per 28 days) |
| AZILECT 0.5 MG, 1 MG TABLET **DL** | 4 | PA,QL(30 per 30 days) |
| *benztropine 0.5 mg, 1 mg, 2 mg TABLET* **MO** | 1 | |
| *benztropine 1 mg/ml SOLUTION* **MO** | 1 | |
| *bromocriptine 2.5 mg TABLET* **MO** | 1 | |
| *bromocriptine 5 mg CAPSULE* **MO** | 1 | QL(600 per 30 days) |
| *carbidopa 25 mg TABLET* **MO** | 1 | |
| *carbidopa-levodopa 10-100 mg, 25-100 mg, 25-250 mg TABLET, DISINTEGRATING* **MO** | 1 | |
| *carbidopa-levodopa 10-100 mg, 25-250 mg TABLET* **MO** | 1 | |
| *carbidopa-levodopa 23.75-95 mg, 48.75-195 mg CAPSULE, ER* **MO** | 3 | ST,QL(360 per 30 days) |
| *carbidopa-levodopa 25-100 mg TABLET* **MO** | 1 | |
| *carbidopa-levodopa 25-100 mg, 50-200 mg TABLET ER* **MO** | 1 | |
| *carbidopa-levodopa 36.25-145 mg CAPSULE, ER* **MO** | 3 | ST,QL(270 per 30 days) |
| *carbidopa-levodopa 61.25-245 mg CAPSULE, ER* **MO** | 3 | ST,QL(300 per 30 days) |

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| DRUG NAME | TIER | UTILIZATION MANAGEMENT REQUIREMENTS |
|---|---|---|
| *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** | 1 | |
| CREXONT 35-140 MG, 52.5-210 MG, 70-280 MG, 87.5-350 MG CAPSULE, IR/ER, BIPHASIC **MO** | 3 | ST,QL(180 per 30 days) |
| DHIVY 25-100 MG TABLET **MO** | 3 | |
| DUOPA 4.63-20 MG/ML INTESTINAL PUMP SUSPENSION **DL** | 4 | PA,QL(2800 per 28 days) |
| *entacapone 200 mg TABLET* **MO** | 1 | QL(300 per 30 days) |
| GOCOVRI 137 MG CAPSULE, ER 24 HR. | 4 | PA,QL(60 per 30 days) |
| GOCOVRI 68.5 MG CAPSULE, ER 24 HR. | 4 | PA,QL(30 per 30 days) |
| INBRIJA 42 MG CAPSULE **DL** | 4 | PA,QL(300 per 30 days) |
| INBRIJA 42 MG CAPSULE, W/INHALATION DEVICE **DL** | 4 | PA,QL(300 per 30 days) |
| JUVMO 10 MG TABLET **DL** | 4 | PA,QL(30 per 30 days) |
| JUVMO 15 MG, 5 MG TABLET **DL** | 4 | PA,QL(90 per 30 days) |
| JUVMO TITRATION PACK 0.25 MG (36)- 1 MG (64) TABLET, DOSE PACK | 4 | PA |
| LODOSYN 25 MG TABLET **DL** | 4 | PA |
| MIRAPEX ER 1.5 MG, 2.25 MG, 3 MG, 3.75 MG TABLET, ER 24 HR. **MO** | 3 | ST,QL(30 per 30 days) |
| NEUPRO 1 MG/24 HOUR, 2 MG/24 HOUR, 3 MG/24 HOUR, 4 MG/24 HOUR, 6 MG/24 HOUR, 8 MG/24 HOUR PATCH, 24 HR. **MO** | 3 | ST,QL(30 per 30 days) |
| NOURIANZ 20 MG, 40 MG TABLET **DL** | 4 | PA,QL(30 per 30 days) |
| ONAPGO 4.9 MG/ ML CARTRIDGE **DL** | 4 | PA,QL(600 per 30 days) |
| ONGENTYS 25 MG, 50 MG CAPSULE **MO** | 3 | PA,QL(30 per 30 days) |
| OSMOLEX ER 129 MG, 193 MG, 258 MG TABLET, IR/ER 24 HR., BIPHASIC **MO** | 3 | PA,QL(30 per 30 days) |
| OSMOLEX ER 322 MG/DAY(129 MG X1-193MG X1) TABLET, IR/ER 24 HR., BIPHASIC **MO** | 3 | PA,QL(60 per 30 days) |
| *pramipexole 0.125 mg, 0.25 mg, 0.5 mg, 0.75 mg, 1 mg, 1.5 mg TABLET* **MO** | 1 | |
| *pramipexole 0.375 mg, 0.75 mg, 1.5 mg, 2.25 mg, 3 mg, 3.75 mg, 4.5 mg TABLET, ER 24 HR.* **MO** | 1 | ST,QL(30 per 30 days) |
| *rasagiline 0.5 mg, 1 mg TABLET* **MO** | 1 | QL(30 per 30 days) |
| *ropinirole 0.25 mg, 0.5 mg, 1 mg, 2 mg, 3 mg, 4 mg, 5 mg TABLET* **MO** | 1 | |
| *ropinirole 12 mg, 2 mg, 4 mg, 6 mg, 8 mg TABLET, ER 24 HR.* **MO** | 1 | ST,QL(90 per 30 days) |
| RYTARY 23.75-95 MG, 48.75-195 MG CAPSULE, ER **MO** | 3 | ST,QL(360 per 30 days) |
| RYTARY 36.25-145 MG CAPSULE, ER **MO** | 3 | ST,QL(270 per 30 days) |
| RYTARY 61.25-245 MG CAPSULE, ER **MO** | 3 | ST,QL(300 per 30 days) |
| *selegiline hcl 5 mg CAPSULE* **MO** | 1 | |
| *selegiline hcl 5 mg TABLET* **MO** | 1 | |

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| DRUG NAME | TIER | UTILIZATION MANAGEMENT REQUIREMENTS |
|---|---|---|
| SINEMET 10-100 MG, 25-100 MG TABLET **MO** | 3 | PA |
| TASMAR 100 MG TABLET **DL** | 4 | PA |
| *tolcapone 100 mg TABLET* **DL** | 4 | PA |
| *trihexyphenidyl 0.4 mg/ml ELIXIR* **MO** | 1 | |
| *trihexyphenidyl 2 mg, 5 mg TABLET* **MO** | 1 | |
| VYALEV 12-240 MG/ML SOLUTION **DL** | 4 | PA |
| XADAGO 100 MG, 50 MG TABLET | 4 | PA,QL(30 per 30 days) |
| ZELAPAR 1.25 MG TABLET, DISINTEGRATING **DL** | 4 | |
| **ANTIPSYCHOTICS** | | |
| ABILIFY 10 MG, 15 MG, 2 MG, 20 MG, 30 MG, 5 MG TABLET **MO** | 3 | PA |
| ABILIFY ASIMTUFII 720 MG/2.4 ML SUSPENSION, ER, SYRINGE | 4 | QL(2.4 per 56 days) |
| ABILIFY ASIMTUFII 960 MG/3.2 ML SUSPENSION, ER, SYRINGE | 4 | QL(3.2 per 56 days) |
| ABILIFY MAINTENA 300 MG, 400 MG SUSPENSION, ER, RECON **DL** | 4 | QL(1 per 28 days) |
| ABILIFY MAINTENA 300 MG, 400 MG SUSPENSION, ER, SYRINGE **DL** | 4 | QL(1 per 28 days) |
| ABILIFY MYCITE MAINTENANCE KIT 10 MG, 15 MG, 2 MG, 20 MG, 30 MG, 5 MG TABLET WITH SENSOR AND STRIP **DL** | 4 | PA,QL(30 per 30 days) |
| ABILIFY MYCITE STARTER KIT 10 MG, 15 MG, 2 MG, 20 MG, 30 MG, 5 MG TABLET W/SENSOR AND STRIP, POD **DL** | 4 | PA,QL(30 per 30 days) |
| *aripiprazole 1 mg/ml SOLUTION* **MO** | 1 | QL(750 per 30 days) |
| *aripiprazole 10 mg, 15 mg TABLET, DISINTEGRATING* **MO** | 1 | QL(60 per 30 days) |
| *aripiprazole 10 mg, 15 mg, 2 mg, 20 mg, 30 mg, 5 mg TABLET* **MO** | 1 | |
| ARISTADA 1,064 MG/3.9 ML SUSPENSION, ER, SYRINGE | 4 | QL(3.9 per 56 days) |
| ARISTADA 441 MG/1.6 ML SUSPENSION, ER, SYRINGE | 4 | QL(1.6 per 28 days) |
| ARISTADA 662 MG/2.4 ML SUSPENSION, ER, SYRINGE | 4 | QL(2.4 per 28 days) |
| ARISTADA 882 MG/3.2 ML SUSPENSION, ER, SYRINGE | 4 | QL(3.2 per 28 days) |
| ARISTADA INITIO 675 MG/2.4 ML SUSPENSION, ER, SYRINGE | 4 | QL(2.4 per 42 days) |
| *asenapine maleate 10 mg, 2.5 mg, 5 mg SUBLINGUAL TABLET* **MO** | 1 | PA,QL(60 per 30 days) |
| BYSANTI 1 MG, 10 MG, 12 MG, 2 MG, 4 MG, 6 MG, 8 MG TABLET **DL** | 4 | PA,QL(60 per 30 days) |
| BYSANTI TITRATION PACK A 1MG(2)-2MG(2)- 4MG(2)-6MG(2) TABLET, DOSE PACK **DL** | 3 | PA |
| BYSANTI TITRATION PACK B 1 MG(6)-2MG(2)- 6 MG(2)-8 MG(2) TABLET, DOSE PACK **DL** | 3 | PA |
| BYSANTI TITRATION PACK C 1 MG(4)-2MG(2)- 6 MG (2) TABLET, DOSE PACK **DL** | 3 | PA |
| CAPLYTA 10.5 MG, 21 MG, 42 MG CAPSULE **DL** | 3 | PA,QL(30 per 30 days) |
| *chlorpromazine 10 mg, 25 mg TABLET* **MO** | 1 | BvsD |

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| DRUG NAME | TIER | UTILIZATION MANAGEMENT REQUIREMENTS |
|---|---|---|
| *chlorpromazine 100 mg, 200 mg, 50 mg TABLET* **MO** | 1 | |
| *chlorpromazine 100 mg/ml, 30 mg/ml CONCENTRATE* **MO** | 1 | |
| *chlorpromazine 25 mg/ml SOLUTION* **MO** | 1 | |
| *clozapine 100 mg TABLET* **MO** | 1 | QL(270 per 30 days) |
| *clozapine 100 mg TABLET, DISINTEGRATING* **MO** | 1 | PA,QL(270 per 30 days) |
| *clozapine 12.5 mg TABLET, DISINTEGRATING* **MO** | 1 | PA |
| *clozapine 150 mg TABLET, DISINTEGRATING* **MO** | 1 | PA,QL(180 per 30 days) |
| *clozapine 200 mg TABLET* **MO** | 1 | QL(135 per 30 days) |
| *clozapine 200 mg TABLET, DISINTEGRATING* **MO** | 1 | PA,QL(135 per 30 days) |
| *clozapine 25 mg TABLET* **MO** | 1 | QL(1080 per 30 days) |
| *clozapine 25 mg TABLET, DISINTEGRATING* **MO** | 1 | PA,QL(1080 per 30 days) |
| *clozapine 50 mg TABLET* **MO** | 1 | |
| CLOZARIL 100 MG TABLET **DL** | 4 | QL(270 per 30 days) |
| CLOZARIL 200 MG TABLET **DL** | 4 | QL(135 per 30 days) |
| CLOZARIL 25 MG TABLET **MO** | 3 | QL(1080 per 30 days) |
| CLOZARIL 50 MG TABLET **DL** | 4 | |
| *droperidol 2.5 mg/ml SOLUTION* **MO** | 1 | |
| FANAPT 1 MG, 10 MG, 12 MG, 2 MG, 4 MG, 6 MG, 8 MG TABLET **DL** | 3 | PA,QL(60 per 30 days) |
| FANAPT TITRATION PACK A 1MG(2)-2MG(2)- 4MG(2)-6MG(2) TABLET, DOSE PACK **MO** | 3 | 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** | 3 | PA,QL(56 per 28 days) |
| FANAPT TITRATION PACK C 1 MG(4)-2 MG(2) -6 MG (2) TABLET, DOSE PACK **MO** | 3 | PA,QL(56 per 28 days) |
| *fluphenazine decanoate 25 mg/ml SOLUTION* **MO** | 1 | |
| *fluphenazine hcl 1 mg, 10 mg, 2.5 mg, 5 mg TABLET* **MO** | 1 | |
| *fluphenazine hcl 2.5 mg/5 ml ELIXIR* **MO** | 1 | |
| *fluphenazine hcl 2.5 mg/ml SOLUTION* **MO** | 1 | |
| *fluphenazine hcl 5 mg/ml CONCENTRATE* **MO** | 1 | |
| GEODON 20 MG, 40 MG, 60 MG, 80 MG CAPSULE **DL** | 4 | PA |
| GEODON 20 MG/ML (FINAL CONC.) RECON SOLUTION **MO** | 3 | PA |
| HALDOL DECANOATE 100 MG/ML, 50 MG/ML SOLUTION **MO** | 3 | PA |
| *haloperidol 0.5 mg, 1 mg, 10 mg, 2 mg, 20 mg, 5 mg TABLET* **MO** | 1 | |
| *haloperidol decanoate 100 mg/ml, 50 mg/ml SOLUTION* **MO** | 1 | |
| *haloperidol lactate 2 mg/ml CONCENTRATE* **MO** | 1 | |
| *haloperidol lactate 5 mg/ml SOLUTION* **MO** | 1 | |

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

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|---|---|---|
| *pimozide 1 mg, 2 mg TABLET* **MO** | 1 | |
| *quetiapine 100 mg TABLET* **MO** | 1 | QL(90 per 30 days) |
| *quetiapine 150 mg TABLET* **MO** | 1 | QL(30 per 30 days) |
| *quetiapine 150 mg TABLET, ER 24 HR.* **MO** | 1 | QL(90 per 30 days) |
| *quetiapine 200 mg TABLET* **MO** | 1 | QL(120 per 30 days) |
| *quetiapine 200 mg TABLET, ER 24 HR.* **MO** | 1 | QL(30 per 30 days) |
| *quetiapine 25 mg, 50 mg TABLET* **MO** | 1 | QL(120 per 30 days) |
| *quetiapine 300 mg, 400 mg TABLET* **MO** | 1 | QL(60 per 30 days) |
| *quetiapine 300 mg, 400 mg TABLET, ER 24 HR.* **MO** | 1 | QL(60 per 30 days) |
| *quetiapine 50 mg TABLET, ER 24 HR.* **MO** | 1 | QL(120 per 30 days) |
| REXULTI 0.25 MG, 0.5 MG, 1 MG, 2 MG, 3 MG, 4 MG TABLET **DL** | 4 | PA,QL(30 per 30 days) |
| RISPERDAL 0.5 MG TABLET **MO** | 3 | QL(120 per 30 days) |
| RISPERDAL 1 MG, 2 MG, 3 MG, 4 MG TABLET **MO** | 3 | QL(60 per 30 days) |
| RISPERDAL 1 MG/ML SOLUTION **MO** | 3 | |
| RISPERDAL CONSTA 12.5 MG/2 ML, 25 MG/2 ML SUSPENSION, ER, RECON **MO** | 3 | 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** | 1 | 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** | 1 | ST,QL(120 per 30 days) |
| *risperidone 1 mg/ml SOLUTION* **MO** | 1 | |
| *risperidone microspheres 12.5 mg/2 ml, 25 mg/2 ml SUSPENSION, ER, RECON* **MO** | 1 | QL(2 per 28 days) |
| *risperidone microspheres 37.5 mg/2 ml, 50 mg/2 ml SUSPENSION, ER, RECON* **DL** | 4 | QL(2 per 28 days) |
| SAPHRIS 10 MG, 2.5 MG, 5 MG SUBLINGUAL TABLET **DL** | 4 | PA,QL(60 per 30 days) |
| 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) |
| SEROQUEL 100 MG TABLET **MO** | 3 | QL(90 per 30 days) |
| SEROQUEL 200 MG, 25 MG, 50 MG TABLET **MO** | 3 | QL(120 per 30 days) |
| SEROQUEL 300 MG, 400 MG TABLET **MO** | 3 | QL(60 per 30 days) |
| SEROQUEL XR 150 MG TABLET, ER 24 HR. **MO** | 3 | PA,QL(90 per 30 days) |
| SEROQUEL XR 200 MG TABLET, ER 24 HR. **MO** | 3 | PA,QL(30 per 30 days) |
| SEROQUEL XR 300 MG, 400 MG TABLET, ER 24 HR. **MO** | 3 | PA,QL(60 per 30 days) |
| SEROQUEL XR 50 MG TABLET, ER 24 HR. **MO** | 3 | PA,QL(120 per 30 days) |

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| DRUG NAME | TIER | UTILIZATION MANAGEMENT REQUIREMENTS |
|---|---|---|
| SEROQUEL XR 50 MG(3)-200 MG (1)-300 MG(11) TABLET, ER 24 HR., DOSE PACK **MO** | 3 | PA,QL(15 per 30 days) |
| *thioridazine 10 mg, 100 mg, 25 mg, 50 mg TABLET* **MO** | 1 | |
| *thiothixene 1 mg, 10 mg, 2 mg, 5 mg CAPSULE* **MO** | 1 | |
| *trifluoperazine 1 mg, 10 mg, 2 mg, 5 mg TABLET* **MO** | 1 | |
| UZEDY 100 MG/0.28 ML SUSPENSION, ER, SYRINGE **DL** | 4 | QL(0.28 per 28 days) |
| UZEDY 125 MG/0.35 ML SUSPENSION, ER, SYRINGE **DL** | 4 | QL(0.35 per 28 days) |
| UZEDY 150 MG/0.42 ML SUSPENSION, ER, SYRINGE | 4 | QL(0.42 per 56 days) |
| UZEDY 200 MG/0.56 ML SUSPENSION, ER, SYRINGE | 4 | QL(0.56 per 56 days) |
| UZEDY 250 MG/0.7 ML SUSPENSION, ER, SYRINGE | 4 | QL(0.7 per 56 days) |
| UZEDY 50 MG/0.14 ML SUSPENSION, ER, SYRINGE **DL** | 4 | QL(0.14 per 28 days) |
| UZEDY 75 MG/0.21 ML SUSPENSION, ER, SYRINGE **DL** | 4 | QL(0.21 per 28 days) |
| VERSACLOZ 50 MG/ML SUSPENSION **DL** | 4 | PA,QL(540 per 30 days) |
| VRAYLAR 0.5 MG, 0.75 MG, 1.5 MG, 3 MG, 4.5 MG, 6 MG CAPSULE **DL** | 3 | PA,QL(30 per 30 days) |
| WELTRUZA 318 MG, 425 MG, 531 MG SUSPENSION, ER, RECON **DL** | 4 | QL(1 per 28 days) |
| *ziprasidone hcl 20 mg, 40 mg, 60 mg, 80 mg CAPSULE* **MO** | 1 | |
| *ziprasidone mesylate 20 mg/ml (final conc.) RECON SOLUTION* **MO** | 1 | |
| ZYPREXA 10 MG RECON SOLUTION **MO** | 3 | |
| ZYPREXA 10 MG, 2.5 MG, 5 MG, 7.5 MG TABLET **MO** | 3 | |
| ZYPREXA 15 MG, 20 MG TABLET | 4 | |
| ZYPREXA RELPREVV 210 MG SUSPENSION FOR RECONSTITUTION **MO** | 3 | QL(4 per 28 days) |
| ZYPREXA RELPREVV 300 MG SUSPENSION FOR RECONSTITUTION | 4 | QL(2 per 28 days) |
| ZYPREXA RELPREVV 405 MG SUSPENSION FOR RECONSTITUTION | 4 | QL(1 per 28 days) |
| ZYPREXA ZYDIS 10 MG, 5 MG TABLET, DISINTEGRATING **MO** | 3 | QL(30 per 30 days) |
| ZYPREXA ZYDIS 15 MG, 20 MG TABLET, DISINTEGRATING | 4 | QL(60 per 30 days) |
| **ANTISPASTICITY AGENTS** | | |
| *baclofen 10 mg TABLET* **MO** | 1 | |
| *baclofen 10 mg/5 ml (2 mg/ml) SOLUTION* **DL** | 4 | |
| *baclofen 15 mg, 20 mg TABLET* **MO** | 1 | |
| *baclofen 25 mg/5 ml (5 mg/ml) SUSPENSION* **MO** | 1 | QL(480 per 30 days) |
| *baclofen 5 mg TABLET* **MO** | 1 | QL(90 per 30 days) |
| *baclofen 5 mg/5 ml SOLUTION* **MO** | 1 | |
| DANTRIUM 20 MG RECON SOLUTION **MO** | 3 | |
| DANTRIUM 25 MG CAPSULE **MO** | 3 | |
| *dantrolene 100 mg, 25 mg, 50 mg CAPSULE* **MO** | 1 | |

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| DRUG NAME | TIER | UTILIZATION MANAGEMENT REQUIREMENTS |
|---|---|---|
| *dantrolene 20 mg RECON SOLUTION* **MO** | 1 | |
| FLEQSUVY 25 MG/5 ML (5 MG/ML) SUSPENSION **DL** | 4 | QL(480 per 30 days) |
| LYVISPAH 10 MG, 20 MG GRANULES IN PACKET **MO** | 3 | ST,QL(120 per 30 days) |
| LYVISPAH 5 MG GRANULES IN PACKET **MO** | 3 | ST,QL(270 per 30 days) |
| ONTRALFY 2 MG/5 ML SOLUTION **DL** | 4 | ST |
| OZOBAX 5 MG/5 ML SOLUTION **DL** | 4 | |
| OZOBAX DS 10 MG/5 ML (2 MG/ML) SOLUTION **DL** | 4 | |
| *revonto 20 mg RECON SOLUTION* **MO** | 1 | |
| *tizanidine 2 mg TABLET* **MO** | 1 | |
| *tizanidine 2 mg, 4 mg, 6 mg CAPSULE* **MO** | 1 | ST |
| *tizanidine 4 mg TABLET* **MO** | 1 | |
| *tizanidine 8 mg CAPSULE* **DL** | 4 | ST |
| ZANAFLEX 2 MG, 4 MG, 6 MG CAPSULE **MO** | 3 | ST |
| ZANAFLEX 4 MG TABLET **MO** | 3 | ST |
| ZANAFLEX 8 MG CAPSULE **DL** | 4 | ST |
| **ANTIVIRALS** | | |
| *abacavir 20 mg/ml SOLUTION* **MO** | 1 | QL(960 per 30 days) |
| *abacavir 300 mg TABLET* **MO** | 1 | QL(60 per 30 days) |
| *abacavir-lamivudine 600-300 mg TABLET* **MO** | 1 | QL(30 per 30 days) |
| *acyclovir 200 mg CAPSULE* **MO** | 1 | |
| *acyclovir 200 mg/5 ml (5 ml) SUSPENSION* **DL** | 4 | |
| *acyclovir 200 mg/5 ml SUSPENSION* **MO** | 1 | |
| *acyclovir 400 mg, 800 mg TABLET* **MO** | 1 | |
| *acyclovir 5 % CREAM* **MO** | 3 | PA,QL(5 per 30 days) |
| *acyclovir 5 % OINTMENT* **MO** | 1 | PA,QL(30 per 30 days) |
| *acyclovir sodium 50 mg/ml SOLUTION* **MO** | 1 | BvsD |
| *adefovir 10 mg TABLET* **MO** | 1 | |
| APTIVUS 250 MG CAPSULE **DL** | 4 | QL(120 per 30 days) |
| *atazanavir 150 mg, 200 mg CAPSULE* **MO** | 1 | QL(60 per 30 days) |
| *atazanavir 300 mg CAPSULE* **MO** | 1 | QL(30 per 30 days) |
| ATRIPLA 600-200-300 MG TABLET **DL** | 4 | QL(30 per 30 days) |
| BARACLUDE 0.05 MG/ML SOLUTION **DL** | 4 | QL(630 per 30 days) |
| BARACLUDE 0.5 MG, 1 MG TABLET **DL** | 4 | PA,QL(30 per 30 days) |
| BIKTARVY 30-120-15 MG, 50-200-25 MG TABLET **DL** | 4 | QL(30 per 30 days) |

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| DRUG NAME | TIER | UTILIZATION MANAGEMENT REQUIREMENTS |
|---|---|---|
| BIXLENVO 75-50 MG TABLET **DL** | 4 | QL(30 per 30 days) |
| BIXLENVO-SUNLENCA STARTER PACK 75 MG-50 MG /300 MG TABLET **DL** | 4 | QL(34 per 30 days) |
| CABENUVA 400 MG/2 ML- 600 MG/2 ML, 600 MG/3 ML- 900 MG/3 ML SUSPENSION, ER **DL** | 4 | QL(50 per 365 days) |
| *cidofovir 75 mg/ml SOLUTION* **DL** | 4 | |
| CIMDUO 300-300 MG TABLET **DL** | 4 | QL(30 per 30 days) |
| COMPLERA 200-25-300 MG TABLET **DL** | 4 | QL(30 per 30 days) |
| *darunavir 600 mg TABLET* **MO** | 1 | QL(60 per 30 days) |
| *darunavir 800 mg TABLET* **DL** | 4 | QL(30 per 30 days) |
| DELSTRIGO 100-300-300 MG TABLET **DL** | 4 | QL(30 per 30 days) |
| DENAVIR 1 % CREAM **MO** | 3 | PA |
| DESCOVY 120-15 MG, 200-25 MG TABLET **DL** | 4 | QL(30 per 30 days) |
| DOVATO 50-300 MG TABLET **DL** | 4 | QL(30 per 30 days) |
| EDURANT 25 MG TABLET **DL** | 4 | QL(30 per 30 days) |
| EDURANT PED 2.5 MG TABLET FOR SUSPENSION **DL** | 4 | QL(180 per 30 days) |
| *efavirenz 600 mg TABLET* **MO** | 1 | QL(30 per 30 days) |
| *efavirenz-emtricitabin-tenofov 600-200-300 mg TABLET* **MO** | 1 | QL(30 per 30 days) |
| *efavirenz-lamivu-tenofov disop 400-300-300 mg, 600-300-300 mg TABLET* **DL** | 4 | QL(30 per 30 days) |
| *emtricita-rilpivirine-tenof df 200-25-300 mg TABLET* **DL** | 4 | QL(30 per 30 days) |
| *emtricitabine 200 mg CAPSULE* **MO** | 1 | QL(30 per 30 days) |
| *emtricitabine-tenofovir (tdf) 100-150 mg, 133-200 mg, 167-250 mg, 200-300 mg TABLET* **MO** | 1 | QL(30 per 30 days) |
| EMTRIVA 10 MG/ML SOLUTION **MO** | 3 | QL(680 per 28 days) |
| EMTRIVA 200 MG CAPSULE **MO** | 3 | QL(30 per 30 days) |
| *entecavir 0.5 mg, 1 mg TABLET* **MO** | 1 | QL(30 per 30 days) |
| EPCLUSA 150-37.5 MG PELLETS IN PACKET **DL** | 4 | PA,QL(28 per 28 days) |
| EPCLUSA 200-50 MG PELLETS IN PACKET **DL** | 4 | PA,QL(56 per 28 days) |
| EPCLUSA 200-50 MG, 400-100 MG TABLET **DL** | 4 | PA,QL(28 per 28 days) |
| EPIVIR 10 MG/ML SOLUTION **MO** | 3 | QL(900 per 30 days) |
| EPIVIR 150 MG TABLET **MO** | 3 | QL(60 per 30 days) |
| EPIVIR 300 MG TABLET **MO** | 3 | QL(30 per 30 days) |
| *etravirine 100 mg TABLET* **DL** | 4 | QL(120 per 30 days) |
| *etravirine 200 mg TABLET* **DL** | 4 | QL(60 per 30 days) |
| EVOTAZ 300-150 MG TABLET **DL** | 4 | QL(30 per 30 days) |
| *famciclovir 125 mg, 250 mg, 500 mg TABLET* **MO** | 1 | QL(90 per 30 days) |

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| DRUG NAME | TIER | UTILIZATION MANAGEMENT REQUIREMENTS |
|---|---|---|
| FLUMADINE 100 MG TABLET **MO** | 3 | |
| *fosamprenavir 700 mg TABLET* **DL** | 4 | QL(120 per 30 days) |
| *foscarnet 24 mg/ml SOLUTION* **MO** | 1 | BvsD |
| FUZEON 90 MG RECON SOLUTION **DL** | 4 | QL(60 per 30 days) |
| *ganciclovir sodium 50 mg/ml SOLUTION* **MO** | 1 | BvsD |
| *ganciclovir sodium 500 mg RECON SOLUTION* **MO** | 1 | BvsD |
| GENVOYA 150-150-200-10 MG TABLET **DL** | 4 | QL(30 per 30 days) |
| HARVONI 33.75-150 MG PELLETS IN PACKET **DL** | 4 | PA,QL(28 per 28 days) |
| HARVONI 45-200 MG PELLETS IN PACKET **DL** | 4 | PA,QL(56 per 28 days) |
| HARVONI 45-200 MG, 90-400 MG TABLET **DL** | 4 | PA,QL(28 per 28 days) |
| IDVYNSO 100-0.25 MG TABLET **DL** | 4 | QL(30 per 30 days) |
| INTELENCE 100 MG TABLET **DL** | 4 | QL(120 per 30 days) |
| INTELENCE 200 MG TABLET **DL** | 4 | QL(60 per 30 days) |
| INTELENCE 25 MG TABLET **MO** | 3 | QL(120 per 30 days) |
| ISENTRESS 100 MG CHEWABLE TABLET **DL** | 4 | QL(180 per 30 days) |
| ISENTRESS 100 MG POWDER IN PACKET **MO** | 3 | QL(300 per 30 days) |
| ISENTRESS 25 MG CHEWABLE TABLET **MO** | 2 | QL(180 per 30 days) |
| ISENTRESS 400 MG TABLET **DL** | 4 | QL(120 per 30 days) |
| ISENTRESS HD 600 MG TABLET **DL** | 4 | QL(60 per 30 days) |
| JULUCA 50-25 MG TABLET **DL** | 4 | QL(30 per 30 days) |
| KALETRA 100-25 MG TABLET **MO** | 3 | QL(300 per 30 days) |
| KALETRA 200-50 MG TABLET **MO** | 3 | QL(150 per 30 days) |
| KALETRA 400-100 MG/5 ML SOLUTION **DL** | 4 | |
| *lamivudine 10 mg/ml SOLUTION* **MO** | 1 | QL(900 per 30 days) |
| *lamivudine 100 mg TABLET* **MO** | 1 | QL(90 per 30 days) |
| *lamivudine 150 mg TABLET* **MO** | 1 | QL(60 per 30 days) |
| *lamivudine 300 mg TABLET* **MO** | 1 | QL(30 per 30 days) |
| *lamivudine-zidovudine 150-300 mg TABLET* **MO** | 1 | QL(60 per 30 days) |
| *ledipasvir-sofosbuvir 90-400 mg TABLET* **DL** | 4 | PA,QL(28 per 28 days) |
| LIVTENCITY 200 MG TABLET **DL** | 4 | PA,QL(120 per 30 days) |
| *lopinavir-ritonavir 100-25 mg TABLET* **MO** | 1 | QL(300 per 30 days) |
| *lopinavir-ritonavir 200-50 mg TABLET* **MO** | 1 | QL(150 per 30 days) |
| *maraviroc 150 mg TABLET* **DL** | 4 | QL(240 per 30 days) |
| *maraviroc 300 mg TABLET* **DL** | 4 | QL(120 per 30 days) |

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| DRUG NAME | TIER | UTILIZATION MANAGEMENT REQUIREMENTS |
|---|---|---|
| MAVYRET 100-40 MG TABLET DL | 4 | PA,QL(84 per 28 days) |
| MAVYRET 50-20 MG PELLETS IN PACKET DL | 4 | PA,QL(150 per 30 days) |
| *nevirapine 200 mg TABLET* MO | 1 | QL(60 per 30 days) |
| *nevirapine 400 mg TABLET, ER 24 HR.* MO | 1 | QL(30 per 30 days) |
| *nevirapine 50 mg/5 ml SUSPENSION* MO | 1 | QL(1200 per 30 days) |
| NORVIR 100 MG POWDER IN PACKET MO | 3 | QL(360 per 30 days) |
| NORVIR 100 MG TABLET MO | 3 | QL(360 per 30 days) |
| ODEFSEY 200-25-25 MG TABLET DL | 4 | QL(30 per 30 days) |
| *oseltamivir 30 mg CAPSULE* MO | 1 | QL(224 per 365 days) |
| *oseltamivir 45 mg CAPSULE* MO | 1 | QL(112 per 365 days) |
| *oseltamivir 6 mg/ml SUSPENSION FOR RECONSTITUTION* MO | 1 | QL(1440 per 365 days) |
| *oseltamivir 75 mg CAPSULE* MO | 1 | QL(112 per 365 days) |
| PAXLOVID 150 MG (10)- 100 MG (10) TABLET, DOSE PACK MO | 2 | QL(40 per 10 days) |
| PAXLOVID 150 MG (6)- 100 MG (5) TABLET, DOSE PACK MO | 2 | QL(22 per 10 days) |
| PAXLOVID 300 MG (150 MG X 2)-100 MG TABLET, DOSE PACK MO | 2 | QL(60 per 10 days) |
| *penciclovir 1 % CREAM* MO | 1 | PA |
| PIFELTRO 100 MG TABLET DL | 4 | QL(60 per 30 days) |
| PREVYMIS 120 MG, 20 MG PELLETS IN PACKET DL | 4 | PA,QL(120 per 30 days) |
| PREVYMIS 240 MG TABLET DL | 4 | PA,QL(28 per 28 days) |
| PREVYMIS 240 MG/12 ML SOLUTION DL | 4 | PA,QL(336 per 28 days) |
| PREVYMIS 480 MG TABLET DL | 4 | PA |
| PREVYMIS 480 MG/24 ML SOLUTION DL | 4 | PA,QL(672 per 28 days) |
| PREZCOBIX 675-150 MG, 800-150 MG-MG TABLET DL | 4 | QL(30 per 30 days) |
| PREZCOBIX PED 600-90 MG TABLET FOR SUSPENSION DL | 4 | QL(30 per 30 days) |
| PREZISTA 100 MG/ML SUSPENSION DL | 4 | QL(360 per 30 days) |
| PREZISTA 150 MG TABLET DL | 4 | QL(240 per 30 days) |
| PREZISTA 600 MG TABLET DL | 4 | QL(60 per 30 days) |
| PREZISTA 75 MG TABLET MO | 3 | QL(480 per 30 days) |
| PREZISTA 800 MG TABLET DL | 4 | QL(30 per 30 days) |
| RELENZA DISKHALER 5 MG/ACTUATION BLISTER WITH DEVICE MO | 3 | QL(60 per 180 days) |
| RETROVIR 10 MG/ML SOLUTION MO | 3 | |
| RETROVIR 10 MG/ML SYRUP MO | 3 | QL(1680 per 28 days) |
| RETROVIR 100 MG CAPSULE MO | 3 | QL(180 per 30 days) |
| REYATAZ 200 MG CAPSULE DL | 4 | QL(60 per 30 days) |

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| DRUG NAME | TIER | UTILIZATION MANAGEMENT REQUIREMENTS |
|---|---|---|
| REYATAZ 300 MG CAPSULE **DL** | 4 | QL(30 per 30 days) |
| REYATAZ 50 MG POWDER IN PACKET **MO** | 3 | |
| *ribavirin 200 mg CAPSULE* **MO** | 1 | |
| *ribavirin 200 mg TABLET* **MO** | 1 | |
| *rilpivirine hcl 25 mg TABLET* **DL** | 4 | QL(30 per 30 days) |
| *rimantadine 100 mg TABLET* **MO** | 1 | |
| *ritonavir 100 mg TABLET* **MO** | 1 | QL(360 per 30 days) |
| RUKOBIA 600 MG TABLET, ER 12 HR. **DL** | 4 | QL(60 per 30 days) |
| SELZENTRY 150 MG TABLET **DL** | 4 | QL(240 per 30 days) |
| SELZENTRY 20 MG/ML SOLUTION **DL** | 4 | QL(1800 per 30 days) |
| SELZENTRY 300 MG TABLET **DL** | 4 | QL(120 per 30 days) |
| SOVALDI 150 MG PELLETS IN PACKET **DL** | 4 | PA,QL(28 per 28 days) |
| SOVALDI 200 MG PELLETS IN PACKET **DL** | 4 | PA,QL(56 per 28 days) |
| SOVALDI 200 MG, 400 MG TABLET **DL** | 4 | PA,QL(28 per 28 days) |
| STRIBILD 150-150-200-300 MG TABLET **DL** | 4 | QL(30 per 30 days) |
| SUNLENCA 300 MG TABLET **DL** | 4 | QL(10 per 365 days) |
| SUNLENCA 309 MG/ML SOLUTION | 4 | QL(9 per 365 days) |
| SYMFI 600-300-300 MG TABLET **DL** | 4 | QL(30 per 30 days) |
| SYMFI LO 400-300-300 MG TABLET **DL** | 4 | QL(30 per 30 days) |
| SYMTUZA 800-150-200-10 MG TABLET **DL** | 4 | QL(30 per 30 days) |
| TAMIFLU 30 MG CAPSULE **MO** | 3 | PA,QL(224 per 365 days) |
| TAMIFLU 45 MG, 75 MG CAPSULE **MO** | 3 | PA,QL(112 per 365 days) |
| TAMIFLU 6 MG/ML SUSPENSION FOR RECONSTITUTION **MO** | 3 | PA,QL(1440 per 365 days) |
| *tenofovir disoproxil fumarate 300 mg TABLET* **MO** | 1 | QL(30 per 30 days) |
| TIVICAY 50 MG TABLET **DL** | 4 | QL(60 per 30 days) |
| TIVICAY PD 5 MG TABLET FOR SUSPENSION **DL** | 4 | QL(180 per 30 days) |
| TRIUMEQ 600-50-300 MG TABLET **DL** | 4 | QL(30 per 30 days) |
| TRIUMEQ PD 60-5-30 MG TABLET FOR SUSPENSION **MO** | 3 | QL(180 per 30 days) |
| TROGARZO 200 MG/1.33 ML (150 MG/ML) SOLUTION **DL** | 4 | |
| TRUVADA 100-150 MG, 133-200 MG, 167-250 MG, 200-300 MG TABLET **DL** | 4 | QL(30 per 30 days) |
| TYBOST 150 MG TABLET **MO** | 2 | QL(30 per 30 days) |
| *valacyclovir 1 gram, 500 mg TABLET* **MO** | 1 | |
| VALCYTE 450 MG TABLET **DL** | 4 | PA,QL(120 per 30 days) |
| VALCYTE 50 MG/ML RECON SOLUTION **DL** | 4 | PA,QL(1056 per 30 days) |

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| DRUG NAME | TIER | UTILIZATION MANAGEMENT REQUIREMENTS |
|---|---|---|
| *valganciclovir 450 mg TABLET* **MO** | 1 | QL(120 per 30 days) |
| *valganciclovir 50 mg/ml RECON SOLUTION* **DL** | 4 | QL(1056 per 30 days) |
| VALTREX 1 GRAM, 500 MG TABLET **MO** | 3 | PA |
| VEMLIDY 25 MG TABLET **DL** | 4 | QL(30 per 30 days) |
| VIRACEPT 250 MG TABLET **DL** | 4 | QL(300 per 30 days) |
| VIRACEPT 625 MG TABLET **DL** | 4 | QL(120 per 30 days) |
| VIREAD 150 MG, 200 MG, 250 MG, 300 MG TABLET **DL** | 4 | QL(30 per 30 days) |
| VIREAD 40 MG/SCOOP (40 MG/GRAM) POWDER **DL** | 4 | QL(240 per 30 days) |
| VOCABRIA 30 MG TABLET **DL** | 4 | QL(30 per 30 days) |
| VOSEVI 400-100-100 MG TABLET **DL** | 4 | PA,QL(28 per 28 days) |
| XERESE 5-1 % CREAM **DL** | 4 | QL(5 per 30 days) |
| XOCOVA 125 MG TABLET **DL** | 4 | QL(7 per 5 days) |
| XOFLUZA 20 MG, 40 MG, 80 MG TABLET **MO** | 3 | |
| ZEPATIER 50-100 MG TABLET **DL** | 4 | PA,QL(28 per 28 days) |
| ZIAGEN 20 MG/ML SOLUTION **MO** | 3 | QL(960 per 30 days) |
| *zidovudine 10 mg/ml SYRUP* **MO** | 1 | QL(1680 per 28 days) |
| *zidovudine 100 mg CAPSULE* **MO** | 1 | QL(180 per 30 days) |
| *zidovudine 300 mg TABLET* **MO** | 1 | QL(60 per 30 days) |
| ZIRGAN 0.15 % GEL **MO** | 3 | QL(5 per 30 days) |
| ZOVIRAX 5 % CREAM **MO** | 3 | PA,QL(5 per 30 days) |
| ZOVIRAX 5 % OINTMENT **MO** | 3 | PA,QL(30 per 30 days) |
| **ANXIOLYTICS** | | |
| *alprazolam 0.25 mg, 0.5 mg, 1 mg TABLET* **DL** | 1 | QL(120 per 30 days) |
| *alprazolam 0.25 mg, 0.5 mg, 1 mg, 2 mg TABLET, DISINTEGRATING* **DL** | 1 | |
| *alprazolam 0.5 mg, 1 mg, 2 mg, 3 mg TABLET, ER 24 HR.* **DL** | 1 | QL(60 per 30 days) |
| *alprazolam 2 mg TABLET* **DL** | 1 | QL(150 per 30 days) |
| *alprazolam intensol 1 mg/ml CONCENTRATE* **DL** | 1 | |
| ATIVAN 0.5 MG, 1 MG TABLET **DL** | 4 | PA,QL(90 per 30 days) |
| ATIVAN 2 MG TABLET **DL** | 4 | PA,QL(150 per 30 days) |
| ATIVAN 2 MG/ML, 4 MG/ML SOLUTION **DL** | 3 | PA |
| BUCAPSOL 10 MG, 15 MG, 5 MG, 7.5 MG CAPSULE **DL** | 4 | |
| *buspirone 10 mg, 5 mg TABLET* **MO** | 1 | |
| *buspirone 12.5 mg, 2.5 mg TABLET* **DL** | 4 | |
| *buspirone 15 mg, 30 mg, 7.5 mg TABLET* **MO** | 1 | |

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| DRUG NAME | TIER | UTILIZATION MANAGEMENT REQUIREMENTS |
|---|---|---|
| *chlordiazepoxide hcl 10 mg, 25 mg, 5 mg CAPSULE* **DL** | 1 | QL(120 per 30 days) |
| *clonazepam 0.125 mg, 0.25 mg, 0.5 mg, 1 mg, 2 mg TABLET, DISINTEGRATING* **DL** | 1 | |
| *clonazepam 0.25 mg, 2 mg TABLET* **DL** | 1 | |
| *clonazepam 0.5 mg, 1 mg TABLET* **DL** | 1 | |
| *clorazepate dipotassium 15 mg, 3.75 mg, 7.5 mg TABLET* **DL** | 1 | |
| *diazepam 10 mg TABLET* **DL** | 1 | QL(120 per 30 days) |
| *diazepam 2 mg TABLET* **DL** | 1 | QL(90 per 30 days) |
| *diazepam 5 mg TABLET* **DL** | 1 | QL(90 per 30 days) |
| *diazepam 5 mg/5 ml (1 mg/ml), 5 mg/5 ml (1 mg/ml, 5 ml) SOLUTION* **DL** | 1 | QL(1200 per 30 days) |
| *diazepam 5 mg/ml CONCENTRATE* **DL** | 1 | QL(240 per 30 days) |
| *diazepam 5 mg/ml SOLUTION* **DL** | 1 | |
| *diazepam 5 mg/ml SYRINGE* **DL** | 1 | |
| *diazepam intensol 5 mg/ml CONCENTRATE* **DL** | 1 | QL(240 per 30 days) |
| *doxepin 10 mg, 100 mg, 150 mg, 25 mg, 50 mg, 75 mg CAPSULE* **MO** | 1 | |
| *doxepin 10 mg/ml CONCENTRATE* **MO** | 1 | |
| *hydroxyzine hcl 10 mg, 50 mg TABLET* **MO** | 1 | |
| *hydroxyzine hcl 10 mg/5 ml, 25 mg/ml, 50 mg/ml SOLUTION* **MO** | 1 | |
| *hydroxyzine hcl 25 mg TABLET* **MO** | 1 | |
| KLONOPIN 0.5 MG, 1 MG, 2 MG TABLET **DL** | 3 | PA |
| *lorazepam 0.5 mg, 1 mg TABLET* **DL** | 1 | QL(90 per 30 days) |
| *lorazepam 2 mg TABLET* **DL** | 1 | QL(150 per 30 days) |
| *lorazepam 2 mg/ml CONCENTRATE* **DL** | 1 | QL(150 per 30 days) |
| *lorazepam 2 mg/ml SYRINGE* **DL** | 1 | |
| *lorazepam 2 mg/ml, 4 mg/ml SOLUTION* **DL** | 1 | |
| *lorazepam intensol 2 mg/ml CONCENTRATE* **DL** | 1 | QL(150 per 30 days) |
| LOREEV XR 1 MG CAPSULE, ER 24 HR. **DL** | 3 | PA,QL(210 per 30 days) |
| LOREEV XR 1.5 MG, 2 MG CAPSULE, ER 24 HR. **DL** | 3 | PA,QL(150 per 30 days) |
| LOREEV XR 3 MG CAPSULE, ER 24 HR. **DL** | 3 | PA,QL(90 per 30 days) |
| *meprobamate 200 mg, 400 mg TABLET* **MO** | 1 | |
| *oxazepam 10 mg, 15 mg, 30 mg CAPSULE* **DL** | 1 | |
| VALIUM 10 MG TABLET **DL** | 3 | PA,QL(120 per 30 days) |
| VALIUM 2 MG, 5 MG TABLET **DL** | 3 | PA,QL(90 per 30 days) |
| XANAX 0.25 MG, 0.5 MG, 1 MG TABLET **DL** | 3 | PA,QL(120 per 30 days) |

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| DRUG NAME | TIER | UTILIZATION MANAGEMENT REQUIREMENTS |
|---|---|---|
| XANAX 2 MG TABLET **DL** | 3 | PA,QL(150 per 30 days) |
| XANAX XR 0.5 MG, 1 MG, 2 MG, 3 MG TABLET, ER 24 HR. **DL** | 3 | PA,QL(60 per 30 days) |
| **BIPOLAR AGENTS** | | |
| *lithium carbonate 150 mg, 300 mg, 600 mg CAPSULE* **MO** | 1 | |
| *lithium carbonate 300 mg TABLET* **MO** | 1 | |
| *lithium carbonate 300 mg, 450 mg TABLET ER* **MO** | 1 | |
| *lithium citrate 8 meq/5 ml SOLUTION* **MO** | 1 | |
| LITHOBID 300 MG TABLET ER **MO** | 3 | |
| **BLOOD GLUCOSE REGULATORS** | | |
| *acarbose 100 mg, 25 mg, 50 mg TABLET* **MO** | 1 | |
| ACTOPLUS MET 15-850 MG TABLET **MO** | 3 | PA,QL(90 per 30 days) |
| ACTOS 15 MG, 30 MG, 45 MG TABLET **MO** | 3 | PA,QL(30 per 30 days) |
| ADMELOG SOLOSTAR U-100 INSULIN 100 UNIT/ML INSULIN PEN **CI,MO** | 3 | ST |
| ADMELOG U-100 INSULIN LISPRO 100 UNIT/ML SOLUTION **CI,MO** | 3 | ST |
| AFREZZA 12 UNIT CARTRIDGE WITH INHALER **CI** | 4 | PA,QL(90 per 30 days) |
| AFREZZA 4 UNIT (90)/ 8 UNIT (90), 4 UNIT/8 UNIT/ 12 UNIT (60), 8 UNIT (90)/ 12 UNIT (90) CARTRIDGE WITH INHALER **CI** | 4 | PA,QL(180 per 30 days) |
| AFREZZA 4 UNIT, 8 UNIT CARTRIDGE WITH INHALER **CI,MO** | 3 | PA,QL(90 per 30 days) |
| APIDRA SOLOSTAR U-100 INSULIN 100 UNIT/ML INSULIN PEN **CI,MO** | 3 | ST |
| APIDRA U-100 INSULIN 100 UNIT/ML SOLUTION **CI,MO** | 3 | ST |
| AWIQLI FLEXTOUCH 700 UNIT/ML (1.5 ML) INSULIN PEN **CI,MO** | 3 | PA |
| BAQSIMI 3 MG/ACTUATION SPRAY, NON-AEROSOL **MO** | 2 | |
| BASAGLAR KWIKPEN U-100 INSULIN 100 UNIT/ML (3 ML) INSULIN PEN **CI,MO** | 3 | PA |
| BASAGLAR TEMPO PEN(U-100)INSLN 100 UNIT/ML (3 ML) INSULIN PEN, SENSOR **CI,MO** | 3 | PA |
| BRYNOVIN 25 MG/ML SOLUTION **MO** | 3 | PA,QL(120 per 30 days) |
| CYCLOSET 0.8 MG TABLET **MO** | 3 | ST,QL(180 per 30 days) |
| *dapagliflozin 10 mg, 5 mg TABLET* **MO** | 2 | QL(30 per 30 days) |
| *dapagliflozin-metformin 10-1,000 mg, 10-500 mg, 5-500 mg TABLET, IR/ER 24 HR., BIPHASIC* **MO** | 1 | QL(30 per 30 days) |
| *dapagliflozin-metformin 5-1,000 mg TABLET, IR/ER 24 HR., BIPHASIC* **MO** | 1 | QL(60 per 30 days) |
| *dapagliflozin-saxagliptin 10-5 mg TABLET* **MO** | 1 | PA,QL(30 per 30 days) |
| *diazoxide 50 mg/ml SUSPENSION* **DL** | 4 | |
| DUETACT 30-2 MG, 30-4 MG TABLET **MO** | 3 | QL(30 per 30 days) |

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| DRUG NAME | TIER | UTILIZATION MANAGEMENT REQUIREMENTS |
|---|---|---|
| *exenatide 10 mcg/dose(250 mcg/ml) 2.4 ml, 5 mcg/dose (250 mcg/ml) 1.2 ml PEN INJECTOR* **MO** | 1 | PA,QL(2.4 per 30 days) |
| FARXIGA 10 MG, 5 MG TABLET **MO** | 2 | QL(30 per 30 days) |
| FIASP FLEXTOUCH U-100 INSULIN 100 UNIT/ML (3 ML) INSULIN PEN **CI,MO** | 2 | |
| FIASP PENFILL U-100 INSULIN 100 UNIT/ML (3 ML) CARTRIDGE **CI,MO** | 2 | |
| FIASP U-100 INSULIN 100 UNIT/ML SOLUTION **CI,MO** | 2 | |
| *glimepiride 1 mg, 3 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** | 1 | |
| *glipizide 10 mg, 5 mg TABLET* **MO** | 1 | |
| *glipizide 15 mg, 2.5 mg TABLET* **MO** | 1 | |
| *glipizide-metformin 2.5-250 mg, 2.5-500 mg, 5-500 mg TABLET* **MO** | 1 | |
| GLUCAGON (HCL) EMERGENCY KIT 1 MG RECON SOLUTION **MO** | 3 | ST |
| GLUCAGON EMERGENCY KIT (HUMAN) 1 MG RECON SOLUTION **MO** | 3 | ST |
| *glucagon emergency kit (human) 1 mg RECON SOLUTION* **MO** | 3 | ST |
| GLUCOTROL XL 10 MG, 5 MG TABLET, ER 24 HR. **MO** | 3 | |
| GLUMETZA 1,000 MG TABLET, GAST. RETENTION 24 HR. **DL** | 4 | ST,QL(60 per 30 days) |
| GLUMETZA 500 MG TABLET, GAST. RETENTION 24 HR. **DL** | 4 | ST,QL(120 per 30 days) |
| *glyburide 1.25 mg, 2.5 mg, 5 mg TABLET* **MO** | 1 | |
| *glyburide micronized 1.5 mg, 3 mg, 6 mg TABLET* **MO** | 1 | |
| *glyburide-metformin 1.25-250 mg, 2.5-500 mg, 5-500 mg TABLET* **MO** | 1 | |
| GLYXAMBI 10-5 MG, 25-5 MG TABLET **MO** | 2 | QL(30 per 30 days) |
| GVOKE 1 MG/0.2 ML SOLUTION **MO** | 3 | ST |
| GVOKE HYPOPEN 1-PACK 0.5 MG/0.1 ML, 1 MG/0.2 ML AUTO-INJECTOR **MO** | 3 | ST |
| GVOKE HYPOPEN 2-PACK 0.5 MG/0.1 ML, 1 MG/0.2 ML AUTO-INJECTOR **MO** | 3 | ST |
| GVOKE PFS 1-PACK SYRINGE 1 MG/0.2 ML SYRINGE **MO** | 3 | ST |
| GVOKE PFS 2-PACK SYRINGE 1 MG/0.2 ML SYRINGE **MO** | 3 | ST |
| HUMALOG JUNIOR KWIKPEN U-100 100 UNIT/ML INSULIN PEN, HALF-UNIT **CI,MO** | 3 | ST |
| HUMALOG KWIKPEN INSULIN 100 UNIT/ML, 200 UNIT/ML (3 ML) INSULIN PEN **CI,MO** | 3 | ST |
| HUMALOG MIX 50-50 KWIKPEN 100 UNIT/ML (50-50) INSULIN PEN **CI,MO** | 3 | ST |
| HUMALOG MIX 75-25 KWIKPEN 100 UNIT/ML (75-25) INSULIN PEN **CI,MO** | 3 | ST |
| HUMALOG MIX 75-25(U-100)INSULN 100 UNIT/ML (75-25) SUSPENSION **CI,MO** | 3 | ST |

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| DRUG NAME | TIER | UTILIZATION MANAGEMENT REQUIREMENTS |
|---|---|---|
| HUMALOG TEMPO PEN(U-100)INSULN 100 UNIT/ML INSULIN PEN, SENSOR **CI,MO** | 3 | ST |
| HUMALOG U-100 INSULIN 100 UNIT/ML CARTRIDGE **CI,MO** | 3 | ST |
| HUMALOG U-100 INSULIN 100 UNIT/ML SOLUTION **CI,MO** | 3 | ST |
| HUMULIN 70/30 U-100 INSULIN 100 UNIT/ML (70-30) SUSPENSION **CI,MO** | 3 | ST |
| HUMULIN 70/30 U-100 KWIKPEN 100 UNIT/ML (70-30) INSULIN PEN **CI,MO** | 3 | ST |
| HUMULIN N NPH INSULIN KWIKPEN 100 UNIT/ML (3 ML) INSULIN PEN **CI,MO** | 3 | ST |
| HUMULIN N NPH U-100 INSULIN 100 UNIT/ML SUSPENSION **CI,MO** | 3 | ST |
| HUMULIN R REGULAR U-100 INSULN 100 UNIT/ML SOLUTION **CI,MO** | 3 | ST |
| HUMULIN R U-500 (CONC) KWIKPEN 500 UNIT/ML (3 ML) INSULIN PEN **CI** | 4 | |
| INSULIN ASP PRT-INSULIN ASPART 100 UNIT/ML (70-30) INSULIN PEN **CI,MO** | 2 | |
| INSULIN ASP PRT-INSULIN ASPART 100 UNIT/ML (70-30) SOLUTION **CI,MO** | 2 | |
| INSULIN ASPART U-100 100 UNIT/ML (3 ML) INSULIN PEN **CI,MO** | 2 | |
| INSULIN ASPART U-100 100 UNIT/ML CARTRIDGE **CI,MO** | 2 | |
| INSULIN ASPART U-100 100 UNIT/ML SOLUTION **CI,MO** | 2 | |
| INSULIN DEGLUDEC 100 UNIT/ML (3 ML), 200 UNIT/ML (3 ML) INSULIN PEN **CI,MO** | 3 | PA |
| INSULIN DEGLUDEC 100 UNIT/ML SOLUTION **CI,MO** | 3 | PA |
| INSULIN GLARGINE U-300 CONC 300 UNIT/ML (1.5 ML), 300 UNIT/ML (3 ML) INSULIN PEN **CI,MO** | 3 | PA |
| INSULIN GLARGINE-YFGN 100 UNIT/ML (3 ML) INSULIN PEN **CI,MO** | 3 | PA |
| INSULIN GLARGINE-YFGN 100 UNIT/ML SOLUTION **CI,MO** | 3 | PA |
| INSULIN LISPRO 100 UNIT/ML INSULIN PEN **CI,MO** | 2 | |
| INSULIN LISPRO 100 UNIT/ML INSULIN PEN, HALF-UNIT **CI,MO** | 2 | |
| INSULIN LISPRO 100 UNIT/ML SOLUTION **CI,MO** | 2 | |
| INSULIN LISPRO PROTAMIN-LISPRO 100 UNIT/ML (75-25) INSULIN PEN **CI,MO** | 2 | |
| INVOKAMET 150-1,000 MG, 150-500 MG, 50-1,000 MG, 50-500 MG TABLET **MO** | 3 | PA,QL(60 per 30 days) |
| INVOKAMET XR 150-1,000 MG, 150-500 MG, 50-1,000 MG, 50-500 MG TABLET, IR/ER 24 HR., BIPHASIC **MO** | 3 | PA,QL(60 per 30 days) |
| INVOKANA 100 MG, 300 MG TABLET **MO** | 3 | PA,QL(30 per 30 days) |
| JANUMET 50-1,000 MG, 50-500 MG TABLET **MO** | 2 | QL(60 per 30 days) |
| JANUMET XR 100-1,000 MG TABLET, ER 24 HR., MULTIPHASE **MO** | 2 | QL(30 per 30 days) |
| JANUMET XR 50-1,000 MG, 50-500 MG TABLET, ER 24 HR., MULTIPHASE **MO** | 2 | QL(60 per 30 days) |
| JANUVIA 100 MG, 25 MG, 50 MG TABLET **MO** | 2 | QL(30 per 30 days) |

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| DRUG NAME | TIER | UTILIZATION MANAGEMENT REQUIREMENTS |
|---|---|---|
| JARDIANCE 10 MG, 25 MG TABLET **MO** | 2 | QL(30 per 30 days) |
| JENTADUETO 2.5-1,000 MG, 2.5-500 MG TABLET **MO** | 2 | QL(60 per 30 days) |
| JENTADUETO 2.5-850 MG TABLET **MO** | 2 | QL(60 per 30 days) |
| JENTADUETO XR 2.5-1,000 MG TABLET, IR/ER 24 HR., BIPHASIC **MO** | 2 | QL(60 per 30 days) |
| JENTADUETO XR 5-1,000 MG TABLET, IR/ER 24 HR., BIPHASIC **MO** | 2 | QL(30 per 30 days) |
| KAZANO 12.5-1,000 MG, 12.5-500 MG TABLET **MO** | 3 | PA,QL(60 per 30 days) |
| KIRSTY 100 UNIT/ML SOLUTION **CI,MO** | 3 | ST |
| KIRSTY PEN 100 UNIT/ML (3 ML) INSULIN PEN **CI,MO** | 3 | ST |
| LANTUS SOLOSTAR U-100 INSULIN 100 UNIT/ML (3 ML) INSULIN PEN **CI,MO** | 2 | |
| LANTUS U-100 INSULIN 100 UNIT/ML SOLUTION **CI,MO** | 2 | |
| *linagliptin-metformin 2.5-1,000 mg, 2.5-500 mg, 2.5-850 mg TABLET* **MO** | 1 | QL(60 per 30 days) |
| *liraglutide 0.6 mg/0.1 ml (18 mg/3 ml) PEN INJECTOR* **MO** | 3 | PA,QL(9 per 30 days) |
| LYUMJEV KWIKPEN U-100 INSULIN 100 UNIT/ML INSULIN PEN **CI,MO** | 3 | ST |
| LYUMJEV KWIKPEN U-200 INSULIN 200 UNIT/ML (3 ML) INSULIN PEN **CI,MO** | 3 | ST |
| LYUMJEV TEMPO PEN(U-100)INSULN 100 UNIT/ML INSULIN PEN, SENSOR **CI,MO** | 3 | ST |
| LYUMJEV U-100 INSULIN 100 UNIT/ML SOLUTION **CI,MO** | 3 | ST |
| MERILOG 100 UNIT/ML SOLUTION **CI,MO** | 3 | ST |
| MERILOG SOLOSTAR 100 UNIT/ML (3 ML) INSULIN PEN **CI,MO** | 3 | ST |
| *metformin 1,000 mg TABLET, ER 24 HR.* **MO** | 1 | ST,QL(60 per 30 days) |
| *metformin 1,000 mg TABLET, GAST. RETENTION 24 HR.* **MO** | 1 | ST,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 500 mg TABLET, ER 24 HR.* **MO** | 1 | ST,QL(150 per 30 days) |
| *metformin 500 mg TABLET, GAST. RETENTION 24 HR.* **MO** | 1 | ST,QL(120 per 30 days) |
| *metformin 500 mg/5 ml SOLUTION* **MO** | 1 | QL(750 per 30 days) |
| *metformin 625 mg TABLET* **DL** | 4 | ST,QL(120 per 30 days) |
| *metformin 750 mg TABLET* **DL** | 4 | ST |
| *metformin 750 mg TABLET, ER 24 HR.* **MO** | 1 | QL(60 per 30 days) |
| *metformin 850 mg TABLET* **MO** | 1 | |
| *miglitol 100 mg, 25 mg, 50 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** | 2 | PA,QL(2 per 28 days) |
| *nateglinide 120 mg, 60 mg TABLET* **MO** | 1 | |
| NESINA 12.5 MG, 25 MG, 6.25 MG TABLET **MO** | 3 | PA,QL(30 per 30 days) |

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| DRUG NAME | TIER | UTILIZATION MANAGEMENT REQUIREMENTS |
|---|---|---|
| NOVOLIN 70-30 FLEXPEN U-100 100 UNIT/ML (70-30) INSULIN PEN **CI,MO** | 2 | |
| NOVOLIN 70/30 U-100 INSULIN 100 UNIT/ML (70-30) SUSPENSION **CI,MO** | 2 | |
| NOVOLIN N FLEXPEN 100 UNIT/ML (3 ML) INSULIN PEN **CI,MO** | 2 | |
| NOVOLIN N NPH U-100 INSULIN 100 UNIT/ML SUSPENSION **CI,MO** | 2 | |
| NOVOLIN R FLEXPEN 100 UNIT/ML (3 ML) INSULIN PEN **CI,MO** | 2 | |
| NOVOLIN R REGULAR U100 INSULIN 100 UNIT/ML SOLUTION **CI,MO** | 2 | |
| NOVOLOG FLEXPEN U-100 INSULIN 100 UNIT/ML (3 ML) INSULIN PEN **CI,MO** | 2 | |
| NOVOLOG MIX 70-30 U-100 INSULN 100 UNIT/ML (70-30) SOLUTION **CI,MO** | 2 | |
| NOVOLOG MIX 70-30FLEXPEN U-100 100 UNIT/ML (70-30) INSULIN PEN **CI,MO** | 2 | |
| NOVOLOG PENFILL U-100 INSULIN 100 UNIT/ML CARTRIDGE **CI,MO** | 2 | |
| NOVOLOG U-100 INSULIN ASPART 100 UNIT/ML SOLUTION **CI,MO** | 2 | |
| OSENI 12.5-30 MG, 25-15 MG, 25-30 MG, 25-45 MG TABLET **MO** | 3 | PA,QL(30 per 30 days) |
| 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** | 2 | PA,QL(3 per 28 days) |
| OZEMPIC 1.5 MG, 4 MG, 9 MG TABLET **MO** | 2 | PA,QL(30 per 30 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) |
| *pioglitazone-glimepiride 30-2 mg, 30-4 mg TABLET* **MO** | 1 | QL(30 per 30 days) |
| *pioglitazone-metformin 15-500 mg, 15-850 mg TABLET* **MO** | 1 | QL(90 per 30 days) |
| PRECOSE 100 MG, 25 MG, 50 MG TABLET **MO** | 3 | |
| PROGLYCEM 50 MG/ML SUSPENSION **DL** | 4 | PA |
| QTERN 10-5 MG, 5-5 MG TABLET **MO** | 3 | PA,QL(30 per 30 days) |
| *repaglinide 0.5 mg, 1 mg, 2 mg TABLET* **MO** | 1 | |
| REZVOGLAR KWIKPEN 100 UNIT/ML (3 ML) INSULIN PEN **CI,MO** | 3 | PA |
| RIOMET 500 MG/5 ML SOLUTION **MO** | 3 | QL(750 per 30 days) |
| RYBELSUS 14 MG, 3 MG, 7 MG TABLET **MO** | 2 | PA,QL(30 per 30 days) |
| *saxagliptin 2.5 mg, 5 mg TABLET* **MO** | 1 | PA,QL(30 per 30 days) |
| *saxagliptin-metformin 2.5-1,000 mg TABLET, ER 24 HR., MULTIPHASE* **MO** | 1 | QL(60 per 30 days) |
| *saxagliptin-metformin 5-1,000 mg, 5-500 mg TABLET, ER 24 HR., MULTIPHASE* **MO** | 1 | QL(30 per 30 days) |
| SEGLUROMET 2.5-1,000 MG, 2.5-500 MG, 7.5-1,000 MG, 7.5-500 MG TABLET **MO** | 3 | PA,QL(60 per 30 days) |
| SEMGLEE(INSULIN GLARG-YFGN)PEN 100 UNIT/ML (3 ML) INSULIN PEN **CI,MO** | 3 | PA |
| SEMGLEE(INSULIN GLARGINE-YFGN) 100 UNIT/ML SOLUTION **CI,MO** | 3 | PA |

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|---|---|---|
| *sitagliptin 100 mg, 25 mg, 50 mg TABLET* **MO** | 3 | PA,QL(30 per 30 days) |
| *sitagliptin phos-metformin 100-1,000 mg TABLET, ER 24 HR., MULTIPHASE* **MO** | 1 | QL(30 per 30 days) |
| *sitagliptin phos-metformin 50-1,000 mg, 50-500 mg TABLET* **MO** | 1 | QL(60 per 30 days) |
| *sitagliptin phos-metformin 50-1,000 mg, 50-500 mg TABLET, ER 24 HR., MULTIPHASE* **MO** | 1 | QL(60 per 30 days) |
| *sitagliptin phosphate 100 mg, 25 mg, 50 mg TABLET* **MO** | 1 | QL(30 per 30 days) |
| *sitagliptin-metformin 100-1,000 mg TABLET, ER 24 HR., MULTIPHASE* **MO** | 1 | PA,QL(30 per 30 days) |
| *sitagliptin-metformin 50-1,000 mg, 50-500 mg TABLET* **MO** | 3 | PA,QL(60 per 30 days) |
| *sitagliptin-metformin 50-1,000 mg, 50-500 mg TABLET, ER 24 HR., MULTIPHASE* **MO** | 1 | PA,QL(60 per 30 days) |
| SOLIQUA 100/33 100 UNIT-33 MCG/ML INSULIN PEN **CI,MO** | 2 | QL(15 per 24 days) |
| STEGLATRO 15 MG, 5 MG TABLET **MO** | 3 | PA,QL(30 per 30 days) |
| STEGLUJAN 15-100 MG, 5-100 MG TABLET **MO** | 3 | PA,QL(30 per 30 days) |
| SYMLINPEN 120 2,700 MCG/2.7 ML PEN INJECTOR | 4 | QL(10.8 per 30 days) |
| SYMLINPEN 60 1,500 MCG/1.5 ML PEN INJECTOR | 4 | QL(10.5 per 28 days) |
| SYNJARDY 12.5-1,000 MG, 12.5-500 MG, 5-1,000 MG, 5-500 MG TABLET **MO** | 2 | QL(60 per 30 days) |
| SYNJARDY XR 10-1,000 MG, 25-1,000 MG TABLET, IR/ER 24 HR., BIPHASIC **MO** | 2 | QL(30 per 30 days) |
| SYNJARDY XR 12.5-1,000 MG, 5-1,000 MG TABLET, IR/ER 24 HR., BIPHASIC **MO** | 2 | QL(60 per 30 days) |
| TOUJEO MAX U-300 SOLOSTAR 300 UNIT/ML (3 ML) INSULIN PEN **CI,MO** | 2 | |
| TOUJEO SOLOSTAR U-300 INSULIN 300 UNIT/ML (1.5 ML) INSULIN PEN **CI,MO** | 2 | |
| TRADJENTA 5 MG TABLET **MO** | 2 | QL(30 per 30 days) |
| TRESIBA FLEXTOUCH U-100 100 UNIT/ML (3 ML) INSULIN PEN **CI,MO** | 2 | |
| TRESIBA FLEXTOUCH U-200 200 UNIT/ML (3 ML) INSULIN PEN **CI,MO** | 2 | |
| TRESIBA U-100 INSULIN 100 UNIT/ML SOLUTION **CI,MO** | 2 | |
| TRIJARDY XR 10-5-1,000 MG, 25-5-1,000 MG TABLET, IR/ER 24 HR., BIPHASIC **MO** | 2 | 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** | 2 | QL(60 per 30 days) |
| TRULICITY 0.75 MG/0.5 ML, 1.5 MG/0.5 ML, 3 MG/0.5 ML, 4.5 MG/0.5 ML PEN INJECTOR **MO** | 2 | PA,QL(2 per 28 days) |
| VICTOZA 2-PAK 0.6 MG/0.1 ML (18 MG/3 ML) PEN INJECTOR **MO** | 3 | PA,QL(9 per 30 days) |
| VICTOZA 3-PAK 0.6 MG/0.1 ML (18 MG/3 ML) PEN INJECTOR **MO** | 3 | PA,QL(9 per 30 days) |
| XIGDUO XR 10-1,000 MG, 10-500 MG, 5-500 MG TABLET, IR/ER 24 HR., BIPHASIC **MO** | 2 | QL(30 per 30 days) |
| XIGDUO XR 2.5-1,000 MG, 5-1,000 MG TABLET, IR/ER 24 HR., BIPHASIC **MO** | 2 | QL(60 per 30 days) |
| XULTOPHY 100/3.6 100 UNIT-3.6 MG /ML (3 ML) INSULIN PEN **CI,MO** | 3 | PA,QL(15 per 30 days) |

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| DRUG NAME | TIER | UTILIZATION MANAGEMENT REQUIREMENTS |
|---|---|---|
| ZEGALOGUE AUTOINJECTOR 0.6 MG/0.6 ML AUTO-INJECTOR **MO** | 2 | |
| ZEGALOGUE SYRINGE 0.6 MG/0.6 ML SYRINGE **MO** | 2 | |
| ZITUVIMET 50-1,000 MG, 50-500 MG TABLET **MO** | 3 | PA,QL(60 per 30 days) |
| ZITUVIMET XR 100-1,000 MG TABLET, ER 24 HR., MULTIPHASE **MO** | 3 | PA,QL(30 per 30 days) |
| ZITUVIMET XR 50-1,000 MG, 50-500 MG TABLET, ER 24 HR., MULTIPHASE **MO** | 3 | PA,QL(60 per 30 days) |
| ZITUVIO 100 MG, 25 MG, 50 MG TABLET **MO** | 3 | PA,QL(30 per 30 days) |
| **BLOOD PRODUCTS AND MODIFIERS** | | |
| ADZYNMA 1,500 (+/-) UNIT, 500 (+/-) UNIT KIT **DL** | 4 | PA |
| AGGRASTAT CONCENTRATE 250 MCG/ML CONCENTRATE **MO** | 3 | |
| AGGRASTAT IN SODIUM CHLORIDE 12.5 MG/250 ML (50 MCG/ML), 5 MG/100 ML (50 MCG/ML) SOLUTION **MO** | 3 | |
| AGRYLIN 0.5 MG CAPSULE **MO** | 3 | PA |
| ALVAIZ 18 MG, 9 MG TABLET **DL** | 4 | PA,QL(30 per 30 days) |
| ALVAIZ 36 MG, 54 MG TABLET **DL** | 4 | PA,QL(60 per 30 days) |
| *aminocaproic acid 1,000 mg TABLET* **DL** | 4 | |
| *aminocaproic acid 250 mg/ml, 250 mg/ml (25 %) SOLUTION* **MO** | 1 | |
| *aminocaproic acid 500 mg TABLET* **MO** | 1 | |
| *anagrelide 0.5 mg, 1 mg CAPSULE* **MO** | 1 | |
| ARANESP (IN POLYSORBATE) 10 MCG/0.4 ML, 40 MCG/0.4 ML SYRINGE **MO** | 3 | PA,QL(1.6 per 30 days) |
| ARANESP (IN POLYSORBATE) 100 MCG/0.5 ML SYRINGE **DL** | 4 | PA,QL(2 per 30 days) |
| ARANESP (IN POLYSORBATE) 100 MCG/ML, 200 MCG/ML, 60 MCG/ML SOLUTION **DL** | 4 | PA,QL(4 per 30 days) |
| ARANESP (IN POLYSORBATE) 150 MCG/0.3 ML SYRINGE **DL** | 4 | PA,QL(1.2 per 30 days) |
| ARANESP (IN POLYSORBATE) 200 MCG/0.4 ML SYRINGE **DL** | 4 | PA,QL(1.6 per 30 days) |
| ARANESP (IN POLYSORBATE) 25 MCG/0.42 ML SYRINGE **MO** | 3 | PA,QL(1.68 per 30 days) |
| ARANESP (IN POLYSORBATE) 25 MCG/ML, 40 MCG/ML SOLUTION **MO** | 3 | PA,QL(4 per 30 days) |
| ARANESP (IN POLYSORBATE) 300 MCG/0.6 ML SYRINGE **DL** | 4 | PA,QL(2.4 per 30 days) |
| ARANESP (IN POLYSORBATE) 500 MCG/ML SYRINGE **DL** | 4 | PA,QL(4 per 30 days) |
| ARANESP (IN POLYSORBATE) 60 MCG/0.3 ML SYRINGE **MO** | 3 | PA,QL(1.2 per 30 days) |
| ARIXTRA 10 MG/0.8 ML SYRINGE **DL** | 4 | PA,QL(24 per 30 days) |
| ARIXTRA 2.5 MG/0.5 ML SYRINGE **DL** | 4 | PA,QL(15 per 30 days) |
| ARIXTRA 5 MG/0.4 ML SYRINGE **DL** | 4 | PA,QL(12 per 30 days) |
| ARIXTRA 7.5 MG/0.6 ML SYRINGE **DL** | 4 | PA,QL(18 per 30 days) |
| ARMLUPEG 6 MG/0.6 ML SYRINGE **DL** | 4 | PA,QL(1.2 per 28 days) |
| *aspirin-dipyridamole 25-200 mg CAPSULE ER MULTIPHASE 12 HR.* **MO** | 1 | QL(60 per 30 days) |

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| DRUG NAME | TIER | UTILIZATION MANAGEMENT REQUIREMENTS |
|---|---|---|
| BRILINTA 60 MG, 90 MG TABLET **MO** | 3 | PA,QL(60 per 30 days) |
| CABLIVI 11 MG KIT **DL** | 4 | PA,QL(30 per 30 days) |
| *cilostazol 100 mg, 50 mg TABLET* **MO** | 1 | |
| *clopidogrel 300 mg TABLET* **MO** | 1 | |
| *clopidogrel 75 mg TABLET* **MO** | 1 | QL(30 per 30 days) |
| CYKLOKAPRON 1,000 MG/10 ML (100 MG/ML) SOLUTION **DL** | 4 | PA |
| *dabigatran etexilate 110 mg, 150 mg, 75 mg CAPSULE* **MO** | 1 | QL(60 per 30 days) |
| *dipyridamole 25 mg, 50 mg, 75 mg TABLET* **MO** | 1 | |
| DOPTELET (10 TAB PACK) 20 MG TABLET **DL** | 4 | PA,QL(60 per 30 days) |
| DOPTELET (15 TAB PACK) 20 MG TABLET **DL** | 4 | PA,QL(60 per 30 days) |
| DOPTELET (30 TAB PACK) 20 MG TABLET **DL** | 4 | PA,QL(60 per 30 days) |
| DOPTELET SPRINKLE 10 MG CAPSULE, SPRINKLE **DL** | 4 | PA,QL(60 per 30 days) |
| EFFIENT 10 MG, 5 MG TABLET **MO** | 3 | PA,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** | 2 | ST,QL(592 per 30 days) |
| ELIQUIS 2.5 MG TABLET **MO** | 2 | QL(60 per 30 days) |
| ELIQUIS 5 MG TABLET **MO** | 2 | QL(74 per 30 days) |
| ELIQUIS DVT-PE TREAT 30D START 5 MG (74 TABS) TABLET, DOSE PACK **MO** | 2 | QL(74 per 30 days) |
| ELIQUIS SPRINKLE 0.15 MG CAPSULE, SPRINKLE **MO** | 2 | ST,QL(74 per 30 days) |
| *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** | 1 | |
| *enoxaparin 300 mg/3 ml SOLUTION* **MO** | 1 | |
| EPOGEN 10,000 UNIT/ML, 2,000 UNIT/ML, 20,000 UNIT/ML, 3,000 UNIT/ML, 4,000 UNIT/ML SOLUTION **MO** | 3 | PA,QL(14 per 30 days) |
| EPOGEN 20,000 UNIT/2 ML SOLUTION **MO** | 3 | PA,QL(28 per 30 days) |
| *eptifibatide 0.75 mg/ml, 2 mg/ml SOLUTION* **MO** | 1 | |
| FILKRI 300 MCG/0.5 ML, 480 MCG/0.8 ML SYRINGE **DL** | 4 | PA |
| *fondaparinux 10 mg/0.8 ml SYRINGE* **DL** | 4 | QL(24 per 30 days) |
| *fondaparinux 2.5 mg/0.5 ml SYRINGE* **MO** | 3 | QL(15 per 30 days) |
| *fondaparinux 5 mg/0.4 ml SYRINGE* **DL** | 4 | QL(12 per 30 days) |
| *fondaparinux 7.5 mg/0.6 ml SYRINGE* **DL** | 4 | QL(18 per 30 days) |
| FRAGMIN 10,000 ANTI-XA UNIT/ML SYRINGE **DL** | 4 | QL(30 per 30 days) |
| FRAGMIN 12,500 ANTI-XA UNIT/0.5 ML SYRINGE **DL** | 4 | QL(15 per 30 days) |
| FRAGMIN 15,000 ANTI-XA UNIT/0.6 ML SYRINGE **DL** | 4 | QL(18 per 30 days) |
| FRAGMIN 18,000 ANTI-XA UNIT/0.72 ML SYRINGE **DL** | 4 | QL(21.6 per 30 days) |

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| DRUG NAME | TIER | UTILIZATION MANAGEMENT REQUIREMENTS |
|---|---|---|
| FRAGMIN 2,500 ANTI-XA UNIT/0.2 ML, 5,000 ANTI-XA UNIT/0.2 ML SYRINGE **DL** | 4 | QL(6 per 30 days) |
| FRAGMIN 2,500 ANTI-XA UNIT/ML SOLUTION **DL** | 4 | QL(120 per 30 days) |
| FRAGMIN 25,000 ANTI-XA UNIT/ML SOLUTION **DL** | 4 | QL(22.8 per 30 days) |
| FRAGMIN 7,500 ANTI-XA UNIT/0.3 ML SYRINGE **DL** | 4 | QL(9 per 30 days) |
| FULPHILA 6 MG/0.6 ML SYRINGE **DL** | 4 | PA,QL(1.2 per 28 days) |
| FYLNETRA 6 MG/0.6 ML SYRINGE **DL** | 4 | PA,QL(1.2 per 28 days) |
| GRANIX 300 MCG/0.5 ML, 480 MCG/0.8 ML SYRINGE **DL** | 4 | PA |
| GRANIX 300 MCG/ML, 480 MCG/1.6 ML SOLUTION **DL** | 4 | PA |
| *heparin (porcine) 1,000 unit/ml, 10,000 unit/ml, 20,000 unit/ml, 5,000 unit/ml SOLUTION* **MO** | 1 | |
| *heparin (porcine) 5,000 unit/ml (1 ml) CARTRIDGE* **MO** | 1 | |
| *heparin (porcine) 5,000 unit/ml SYRINGE* **MO** | 1 | |
| *heparin, porcine (pf) 1,000 unit/ml, 5,000 unit/0.5 ml SOLUTION* **MO** | 1 | |
| *heparin, porcine (pf) 5,000 unit/0.5 ml, 5,000 unit/ml SYRINGE* **MO** | 1 | |
| *jantoven 1 mg, 10 mg, 2 mg, 2.5 mg, 3 mg, 4 mg, 5 mg, 6 mg, 7.5 mg TABLET* **MO** | 1 | |
| KENGREAL 50 MG RECON SOLUTION **DL** | 4 | |
| LEUKINE 250 MCG RECON SOLUTION **DL** | 4 | PA |
| LOVENOX 100 MG/ML, 120 MG/0.8 ML, 30 MG/0.3 ML, 40 MG/0.4 ML, 60 MG/0.6 ML, 80 MG/0.8 ML SYRINGE **MO** | 3 | PA |
| LOVENOX 150 MG/ML SYRINGE **DL** | 4 | PA |
| LOVENOX 300 MG/3 ML SOLUTION **DL** | 4 | PA |
| MIRCERA 100 MCG/0.3 ML SYRINGE | 4 | PA,QL(1.2 per 28 days) |
| MIRCERA 120 MCG/0.3 ML SYRINGE **DL** | 4 | PA,QL(0.9 per 28 days) |
| MIRCERA 150 MCG/0.3 ML, 200 MCG/0.3 ML, 30 MCG/0.3 ML SYRINGE | 4 | PA,QL(0.6 per 28 days) |
| MIRCERA 50 MCG/0.3 ML, 75 MCG/0.3 ML SYRINGE | 4 | PA,QL(0.9 per 28 days) |
| MOZOBIL 24 MG/1.2 ML (20 MG/ML) SOLUTION **DL** | 4 | PA,QL(9.6 per 30 days) |
| MULPLETA 3 MG TABLET **DL** | 4 | PA |
| NEULASTA 4 MG/0.4 ML SOLUTION **DL** | 4 | PA,QL(0.8 per 28 days) |
| NEULASTA 6 MG/0.6 ML SYRINGE **DL** | 4 | PA,QL(1.2 per 28 days) |
| NEULASTA ONPRO 6 MG/0.6 ML SYRINGE W/WEARABLE INJECTOR **DL** | 4 | PA,QL(1.2 per 28 days) |
| NEUPOGEN 300 MCG/0.5 ML, 480 MCG/0.8 ML SYRINGE **DL** | 4 | PA |
| NEUPOGEN 300 MCG/ML, 480 MCG/1.6 ML SOLUTION **DL** | 4 | PA |
| NIVESTYM 300 MCG/0.5 ML, 480 MCG/0.8 ML SYRINGE **DL** | 4 | PA |

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| DRUG NAME | TIER | UTILIZATION MANAGEMENT REQUIREMENTS |
|---|---|---|
| NIVESTYM 300 MCG/ML, 480 MCG/1.6 ML SOLUTION **DL** | 4 | PA |
| NYPOZI 300 MCG/0.5 ML, 480 MCG/0.8 ML SYRINGE **DL** | 4 | PA |
| NYVEPRIA 6 MG/0.6 ML SYRINGE **DL** | 4 | PA,QL(1.2 per 28 days) |
| PLAVIX 75 MG TABLET **MO** | 3 | PA,QL(30 per 30 days) |
| *plerixafor 24 mg/1.2 ml (20 mg/ml) SOLUTION* **DL** | 4 | PA,QL(9.6 per 30 days) |
| PRADAXA 110 MG, 150 MG, 75 MG CAPSULE **MO** | 3 | QL(60 per 30 days) |
| PRADAXA 110 MG, 30 MG, 40 MG, 50 MG PELLETS IN PACKET **DL** | 4 | PA,QL(120 per 30 days) |
| PRADAXA 150 MG, 20 MG PELLETS IN PACKET **DL** | 4 | PA,QL(60 per 30 days) |
| *prasugrel hcl 10 mg, 5 mg TABLET* **MO** | 1 | QL(30 per 30 days) |
| PROCRIT 10,000 UNIT/ML, 2,000 UNIT/ML, 3,000 UNIT/ML, 4,000 UNIT/ML SOLUTION **MO** | 3 | PA,QL(14 per 30 days) |
| PROCRIT 20,000 UNIT/2 ML SOLUTION **MO** | 3 | PA,QL(28 per 30 days) |
| PROCRIT 20,000 UNIT/ML, 40,000 UNIT/ML SOLUTION **DL** | 4 | PA,QL(14 per 30 days) |
| PROMACTA 12.5 MG POWDER IN PACKET **DL** | 4 | PA,QL(360 per 30 days) |
| PROMACTA 12.5 MG, 25 MG TABLET **DL** | 4 | PA,QL(30 per 30 days) |
| PROMACTA 25 MG POWDER IN PACKET **DL** | 4 | PA,QL(180 per 30 days) |
| PROMACTA 50 MG TABLET **DL** | 4 | PA,QL(90 per 30 days) |
| PROMACTA 75 MG TABLET **DL** | 4 | PA,QL(60 per 30 days) |
| REBLOZYL 25 MG, 75 MG RECON SOLUTION **DL** | 4 | PA |
| RELEUKO 300 MCG/0.5 ML, 480 MCG/0.8 ML SYRINGE **DL** | 4 | PA |
| 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** | 3 | PA,QL(14 per 30 days) |
| RETACRIT 40,000 UNIT/ML SOLUTION **DL** | 4 | PA,QL(14 per 30 days) |
| RHAPSIDO 25 MG TABLET **DL** | 4 | PA,QL(60 per 30 days) |
| RIASTAP 1 GRAM (900MG-1,300MG) RECON SOLUTION **MO** | 3 | |
| *rivaroxaban 1 mg/ml SUSPENSION FOR RECONSTITUTION* **MO** | 1 | ST,QL(600 per 30 days) |
| *rivaroxaban 2.5 mg TABLET* **MO** | 1 | QL(60 per 30 days) |
| ROLVEDON 13.2 MG/0.6 ML SYRINGE **DL** | 4 | PA,QL(1.2 per 28 days) |
| RYZNEUTA 20 MG/ML SYRINGE **DL** | 4 | PA,QL(2 per 28 days) |
| SAVAYSA 15 MG, 30 MG, 60 MG TABLET **MO** | 3 | PA,QL(30 per 30 days) |
| STIMUFEND 6 MG/0.6 ML SYRINGE **DL** | 4 | PA,QL(1.2 per 28 days) |
| TAVALISSE 100 MG, 150 MG TABLET **DL** | 4 | PA,QL(60 per 30 days) |
| *ticagrelor 60 mg, 90 mg TABLET* **MO** | 1 | QL(60 per 30 days) |
| *tirofiban-0.9% sodium chloride 12.5 mg/250 ml (50 mcg/ml), 5 mg/100 ml (50 mcg/ml) SOLUTION* **MO** | 1 | |

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| DRUG NAME | TIER | UTILIZATION MANAGEMENT REQUIREMENTS |
|---|---|---|
| *tranexamic acid 1,000 mg/10 ml (100 mg/ml) SOLUTION* **MO** | 1 | PA |
| *tranexamic acid 650 mg TABLET* **MO** | 1 | QL(30 per 5 days) |
| UDENYCA 6 MG/0.6 ML SYRINGE **DL** | 4 | PA,QL(1.2 per 28 days) |
| UDENYCA AUTOINJECTOR 6 MG/0.6 ML AUTO-INJECTOR **DL** | 4 | PA,QL(1.2 per 28 days) |
| UDENYCA ONBODY 6 MG/0.6 ML SYRINGE W/WEARABLE INJECTOR **DL** | 4 | PA,QL(1.2 per 28 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 | |
| WAYRILZ 400 MG TABLET **DL** | 4 | PA,QL(60 per 30 days) |
| XARELTO 1 MG/ML SUSPENSION FOR RECONSTITUTION **MO** | 2 | ST,QL(600 per 30 days) |
| XARELTO 10 MG, 20 MG TABLET **MO** | 2 | QL(30 per 30 days) |
| XARELTO 15 MG, 2.5 MG TABLET **MO** | 2 | QL(60 per 30 days) |
| XARELTO DVT-PE TREAT 30D START 15 MG (42)- 20 MG (9) TABLET, DOSE PACK **MO** | 2 | QL(51 per 30 days) |
| XOLREMDI 100 MG CAPSULE **DL** | 4 | PA,QL(120 per 30 days) |
| ZARXIO 300 MCG/0.5 ML, 480 MCG/0.8 ML SYRINGE **DL** | 4 | PA |
| ZIEXTENZO 6 MG/0.6 ML SYRINGE **DL** | 4 | PA,QL(1.2 per 28 days) |
| **CARDIOVASCULAR AGENTS** | | |
| ACCUPRIL 10 MG, 20 MG, 40 MG, 5 MG TABLET **MO** | 3 | |
| ACCURETIC 10-12.5 MG, 20-12.5 MG, 20-25 MG TABLET **MO** | 3 | |
| *acebutolol 200 mg, 400 mg CAPSULE* **MO** | 1 | |
| *acetazolamide 125 mg, 250 mg TABLET* **MO** | 1 | |
| *acetazolamide 500 mg CAPSULE, ER* **MO** | 1 | |
| *acetazolamide sodium 500 mg RECON SOLUTION* **MO** | 1 | |
| *adenosine 3 mg/ml SOLUTION* **MO** | 1 | |
| *adenosine 3 mg/ml SYRINGE* **MO** | 1 | |
| ADRENALIN IN 0.9 % SOD CHLOR 10 MG/250 ML (40 MCG/ML), 2 MG/250 ML (8 MCG/ML), 4 MG/250 ML (16 MCG/ML), 5 MG/250 ML (20 MCG/ML), 8 MG/250 ML (32 MCG/ML) SOLUTION **MO** | 3 | |
| ALDACTONE 100 MG, 25 MG, 50 MG TABLET **MO** | 3 | |
| *aliskiren 150 mg, 300 mg TABLET* **MO** | 1 | QL(30 per 30 days) |
| ALTACE 1.25 MG, 10 MG, 2.5 MG, 5 MG CAPSULE **MO** | 3 | PA |
| ALTOPREV 20 MG, 40 MG, 60 MG TABLET, ER 24 HR. **DL** | 4 | ST,QL(30 per 30 days) |
| *amiloride 5 mg TABLET* **MO** | 1 | |
| *amiloride-hydrochlorothiazide 5-50 mg TABLET* **MO** | 1 | |
| *amiodarone 100 mg, 400 mg TABLET* **MO** | 1 | |

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| DRUG NAME | TIER | UTILIZATION MANAGEMENT REQUIREMENTS |
|---|---|---|
| *amiodarone 150 mg/3 ml SYRINGE* **MO** | 1 | |
| *amiodarone 200 mg TABLET* **MO** | 1 | |
| *amiodarone 50 mg/ml SOLUTION* **MO** | 1 | |
| *amlodipine 10 mg, 2.5 mg, 5 mg TABLET* **MO** | 1 | |
| *amlodipine-atorvastatin 10-10 mg, 10-20 mg, 10-40 mg, 10-80 mg, 2.5-10 mg, 2.5-20 mg, 2.5-40 mg, 5-10 mg, 5-20 mg, 5-40 mg, 5-80 mg TABLET* **MO** | 1 | QL(30 per 30 days) |
| *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-olmesartan 10-20 mg, 10-40 mg, 5-20 mg, 5-40 mg TABLET* **MO** | 1 | QL(30 per 30 days) |
| *amlodipine-valsartan 10-160 mg, 10-320 mg, 5-160 mg, 5-320 mg TABLET* **MO** | 1 | QL(30 per 30 days) |
| *amlodipine-valsartan-hcthiazid 10-160-12.5 mg, 10-160-25 mg, 10-320-25 mg, 5-160-12.5 mg, 5-160-25 mg TABLET* **MO** | 1 | QL(30 per 30 days) |
| ARBLI 10 MG/ML SUSPENSION **DL** | 4 | ST,QL(300 per 30 days) |
| ASPRUZYO SPRINKLE 1,000 MG, 500 MG ER GRANULES, PACKET **MO** | 3 | QL(60 per 30 days) |
| ATACAND 16 MG, 4 MG, 8 MG TABLET **MO** | 3 | PA,QL(60 per 30 days) |
| ATACAND 32 MG TABLET **MO** | 3 | PA,QL(30 per 30 days) |
| ATACAND HCT 16-12.5 MG, 32-12.5 MG, 32-25 MG TABLET **MO** | 3 | PA,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 | |
| ATORVALIQ 20 MG/5 ML (4 MG/ML) SUSPENSION **MO** | 3 | ST,QL(600 per 30 days) |
| *atorvastatin 10 mg, 20 mg, 40 mg, 80 mg TABLET* **MO** | 1 | |
| AVALIDE 150-12.5 MG TABLET **MO** | 3 | PA,QL(60 per 30 days) |
| AVALIDE 300-12.5 MG TABLET **MO** | 3 | PA,QL(30 per 30 days) |
| AVAPRO 150 MG, 300 MG, 75 MG TABLET **MO** | 3 | PA,QL(30 per 30 days) |
| *azilsartan medoxomil 40 mg, 80 mg TABLET* **MO** | 3 | ST,QL(30 per 30 days) |
| AZOR 10-20 MG, 10-40 MG, 5-20 MG, 5-40 MG TABLET **MO** | 3 | PA,QL(30 per 30 days) |
| BAXFENDY 1 MG, 2 MG TABLET **MO** | 3 | PA,QL(30 per 30 days) |
| *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 | |
| BENICAR 20 MG, 40 MG TABLET **MO** | 3 | PA,QL(30 per 30 days) |
| BENICAR 5 MG TABLET **MO** | 3 | PA,QL(60 per 30 days) |
| BENICAR HCT 20-12.5 MG, 40-12.5 MG, 40-25 MG TABLET **MO** | 3 | PA,QL(30 per 30 days) |
| BETAPACE 120 MG, 160 MG, 240 MG, 80 MG TABLET **DL** | 4 | PA |

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| DRUG NAME | TIER | UTILIZATION MANAGEMENT REQUIREMENTS |
|---|---|---|
| BETAPACE AF 120 MG, 160 MG TABLET **DL** | 4 | PA |
| BETAPACE AF 80 MG TABLET **MO** | 3 | PA |
| *betaxolol 10 mg, 20 mg TABLET* **MO** | 1 | |
| BIDIL 20-37.5 MG TABLET **MO** | 3 | PA,QL(180 per 30 days) |
| BIORPHEN 0.1 MG/ML SOLUTION **MO** | 3 | |
| *bisoprolol fumarate 10 mg, 2.5 mg, 5 mg TABLET* **MO** | 1 | |
| *bisoprolol-hydrochlorothiazide 10-6.25 mg, 2.5-6.25 mg, 5-6.25 mg TABLET* **MO** | 1 | |
| BREVIBLOC 100 MG/10 ML (10 MG/ML) SOLUTION **MO** | 3 | |
| BREVIBLOC IN NACL (ISO-OSM) 2,000 MG/100 ML, 2,500 MG/250 ML (10 MG/ML) PARENTERAL SOLUTION **MO** | 3 | |
| *bumetanide 0.25 mg/ml SOLUTION* **MO** | 1 | |
| *bumetanide 0.5 mg, 2 mg TABLET* **MO** | 1 | |
| *bumetanide 1 mg TABLET* **MO** | 1 | |
| BYSTOLIC 10 MG TABLET **MO** | 3 | PA,QL(120 per 30 days) |
| BYSTOLIC 2.5 MG, 5 MG TABLET **MO** | 3 | PA,QL(30 per 30 days) |
| BYSTOLIC 20 MG TABLET **MO** | 3 | PA,QL(60 per 30 days) |
| CADUET 10-10 MG, 10-20 MG, 10-40 MG, 10-80 MG, 5-10 MG, 5-20 MG, 5-40 MG, 5-80 MG TABLET **MO** | 3 | PA,QL(30 per 30 days) |
| CAMZYOS 10 MG, 15 MG, 2.5 MG, 5 MG CAPSULE **DL** | 4 | PA,QL(30 per 30 days) |
| *candesartan 16 mg, 4 mg, 8 mg TABLET* **MO** | 1 | QL(60 per 30 days) |
| *candesartan 32 mg TABLET* **MO** | 1 | QL(30 per 30 days) |
| *candesartan-hydrochlorothiazid 16-12.5 mg, 32-12.5 mg, 32-25 mg TABLET* **MO** | 1 | QL(30 per 30 days) |
| *captopril 100 mg, 12.5 mg, 25 mg, 50 mg TABLET* **MO** | 1 | |
| *captopril-hydrochlorothiazide 25-15 mg, 25-25 mg, 50-15 mg, 50-25 mg TABLET* **MO** | 1 | |
| CARDAMYST 70 MG/2 SPRAY SPRAY, NON-AEROSOL **DL** | 4 | PA |
| CARDIZEM 120 MG, 30 MG, 60 MG TABLET **MO** | 3 | |
| CARDIZEM CD 120 MG, 180 MG, 240 MG, 300 MG CAPSULE, ER 24 HR. **DL** | 4 | PA |
| CARDIZEM CD 360 MG CAPSULE, ER 24 HR. **DL** | 4 | PA,QL(30 per 30 days) |
| CARDIZEM LA 120 MG, 300 MG, 360 MG, 420 MG TABLET, ER 24 HR. **MO** | 3 | QL(30 per 30 days) |
| CARDIZEM LA 180 MG, 240 MG TABLET, ER 24 HR. **MO** | 3 | QL(60 per 30 days) |
| CARDURA 1 MG, 2 MG, 4 MG, 8 MG TABLET **MO** | 3 | |
| CARDURA XL 4 MG, 8 MG TABLET, ER 24 HR. **MO** | 3 | QL(30 per 30 days) |
| CAROSPIR 25 MG/5 ML SUSPENSION **MO** | 3 | QL(450 per 30 days) |
| *cartia xt 120 mg, 180 mg, 240 mg, 300 mg CAPSULE, ER 24 HR.* **MO** | 1 | |

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| DRUG NAME | TIER | UTILIZATION MANAGEMENT REQUIREMENTS |
|---|---|---|
| *carvedilol 12.5 mg, 25 mg, 3.125 mg, 6.25 mg TABLET* **MO** | 1 | |
| *carvedilol phosphate 10 mg, 20 mg, 40 mg, 80 mg CAPSULE ER MULTIPHASE 24 HR.* **MO** | 1 | QL(30 per 30 days) |
| *chlorothiazide sodium 500 mg RECON SOLUTION* **MO** | 1 | |
| *chlorthalidone 25 mg TABLET* **MO** | 1 | |
| *chlorthalidone 50 mg TABLET* **MO** | 1 | |
| *cholestyramine (with sugar) 4 gram POWDER* **MO** | 1 | |
| *cholestyramine (with sugar) 4 gram POWDER IN PACKET* **MO** | 1 | |
| *cholestyramine light 4 gram POWDER* **MO** | 1 | |
| *cholestyramine light 4 gram POWDER IN PACKET* **MO** | 1 | |
| CLEVIPREX 25 MG/50 ML, 50 MG/100 ML EMULSION **MO** | 3 | |
| *clonidine 0.1 mg/24 hr, 0.2 mg/24 hr, 0.3 mg/24 hr PATCH, WEEKLY* **MO** | 1 | QL(4 per 28 days) |
| *clonidine hcl 0.05 mg, 0.2 mg, 0.3 mg TABLET* **MO** | 1 | |
| *clonidine hcl 0.1 mg TABLET* **MO** | 1 | |
| *clonidine hcl 0.17 mg TABLET, ER 24 HR.* **DL** | 4 | PA,QL(90 per 30 days) |
| *colesevelam 3.75 gram POWDER IN PACKET* **MO** | 1 | QL(30 per 30 days) |
| *colesevelam 625 mg TABLET* **MO** | 1 | QL(180 per 30 days) |
| COLESTID 1 GRAM TABLET **MO** | 3 | |
| COLESTID 5 GRAM GRANULES **MO** | 3 | QL(1000 per 30 days) |
| *colestipol 1 gram TABLET* **MO** | 1 | |
| *colestipol 5 gram GRANULES* **MO** | 1 | QL(1000 per 30 days) |
| *colestipol 5 gram PACKET* **MO** | 1 | |
| COREG 12.5 MG, 25 MG, 3.125 MG, 6.25 MG TABLET **MO** | 3 | PA |
| COREG CR 10 MG, 20 MG, 40 MG, 80 MG CAPSULE ER MULTIPHASE 24 HR. **MO** | 3 | PA,QL(30 per 30 days) |
| CORLANOR 5 MG, 7.5 MG TABLET **MO** | 3 | PA,QL(60 per 30 days) |
| CORLANOR 5 MG/5 ML SOLUTION **MO** | 3 | PA,QL(560 per 28 days) |
| CORVERT 0.1 MG/ML SOLUTION **MO** | 3 | |
| COZAAR 100 MG, 25 MG, 50 MG TABLET **MO** | 3 | PA,QL(60 per 30 days) |
| CRESTOR 10 MG, 20 MG, 40 MG, 5 MG TABLET **MO** | 3 | PA |
| DEMSER 250 MG CAPSULE **DL** | 4 | |
| DIBENZYLINE 10 MG CAPSULE **DL** | 4 | |
| *digoxin 125 mcg (0.125 mg), 250 mcg (0.25 mg), 62.5 mcg (0.0625 mg) TABLET* **MO** | 1 | QL(30 per 30 days) |
| *digoxin 250 mcg/ml (0.25 mg/ml), 50 mcg/ml (0.05 mg/ml) SOLUTION* **MO** | 1 | |
| *dilt-xr 120 mg, 180 mg, 240 mg CAPSULE, ER 24 HR.* **MO** | 1 | |

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| DRUG NAME | TIER | UTILIZATION MANAGEMENT REQUIREMENTS |
|---|---|---|
| *diltiazem hcl 100 mg RECON SOLUTION* **MO** | 1 | |
| *diltiazem hcl 120 mg CAPSULE, ER 24 HR.* **MO** | 1 | |
| *diltiazem hcl 120 mg, 180 mg, 240 mg, 300 mg, 360 mg, 420 mg CAPSULE, ER 24 HR.* **MO** | 1 | |
| *diltiazem hcl 120 mg, 30 mg, 60 mg, 90 mg TABLET* **MO** | 1 | |
| *diltiazem hcl 120 mg, 300 mg, 360 mg, 420 mg TABLET, ER 24 HR.* **MO** | 1 | QL(30 per 30 days) |
| *diltiazem hcl 120 mg, 60 mg, 90 mg CAPSULE, ER 12 HR.* **MO** | 1 | |
| *diltiazem hcl 180 mg, 240 mg TABLET, ER 24 HR.* **MO** | 1 | QL(60 per 30 days) |
| *diltiazem hcl 360 mg CAPSULE, ER 24 HR.* **MO** | 1 | QL(30 per 30 days) |
| *diltiazem hcl 5 mg/ml SOLUTION* **MO** | 1 | |
| DIOVAN 160 MG, 320 MG, 40 MG, 80 MG TABLET **MO** | 3 | PA,QL(60 per 30 days) |
| DIOVAN HCT 160-12.5 MG, 160-25 MG, 320-12.5 MG, 320-25 MG, 80-12.5 MG TABLET **MO** | 3 | PA,QL(30 per 30 days) |
| *disopyramide phosphate 100 mg, 150 mg CAPSULE* **MO** | 1 | |
| DIURIL 250 MG/5 ML SUSPENSION **MO** | 3 | |
| *dobutamine 250 mg/20 ml (12.5 mg/ml) SOLUTION* **MO** | 1 | BvsD |
| *dobutamine in d5w 1,000 mg/250 ml (4,000 mcg/ml), 250 mg/250 ml (1 mg/ml), 500 mg/250 ml (2,000 mcg/ml) PARENTERAL SOLUTION* **MO** | 1 | BvsD |
| *dofetilide 125 mcg, 250 mcg, 500 mcg CAPSULE* **MO** | 1 | |
| *dopamine 200 mg/5 ml (40 mg/ml), 400 mg/10 ml (40 mg/ml) SOLUTION* **MO** | 1 | BvsD |
| *dopamine in 5 % dextrose 200 mg/250 ml (800 mcg/ml), 400 mg/250 ml (1,600 mcg/ml), 400 mg/500 ml (800 mcg/ml), 800 mg/250 ml (3,200 mcg/ml), 800 mg/500 ml (1,600 mcg/ml) SOLUTION* **MO** | 1 | BvsD |
| *doxazosin 1 mg, 2 mg, 4 mg, 8 mg TABLET* **MO** | 1 | |
| *droxidopa 100 mg, 200 mg CAPSULE* **MO** | 1 | PA,QL(90 per 30 days) |
| *droxidopa 300 mg CAPSULE* **MO** | 1 | PA,QL(180 per 30 days) |
| DYRENIUM 100 MG, 50 MG CAPSULE **MO** | 3 | |
| EDARBI 40 MG, 80 MG TABLET **MO** | 3 | ST,QL(30 per 30 days) |
| EDARBYCLOR 40-12.5 MG, 40-25 MG TABLET **MO** | 3 | ST,QL(30 per 30 days) |
| EDECRIN 25 MG TABLET **DL** | 4 | QL(480 per 30 days) |
| *enalapril maleate 1 mg/ml SOLUTION* **MO** | 1 | |
| *enalapril maleate 10 mg, 2.5 mg, 20 mg, 5 mg TABLET* **MO** | 1 | |
| *enalapril-hydrochlorothiazide 10-25 mg, 5-12.5 mg TABLET* **MO** | 1 | |
| *enalaprilat 1.25 mg/ml SOLUTION* **MO** | 1 | |
| ENBUMYST 0.5 MG/SPRAY (0.1 ML) SPRAY, NON-AEROSOL **DL** | 4 | PA |

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| DRUG NAME | TIER | UTILIZATION MANAGEMENT REQUIREMENTS |
|---|---|---|
| ENTRESTO 24-26 MG, 49-51 MG, 97-103 MG TABLET **MO** | 3 | PA,QL(60 per 30 days) |
| ENTRESTO SPRINKLE 15-16 MG, 6-6 MG PELLET **MO** | 2 | QL(240 per 30 days) |
| EPANED 1 MG/ML SOLUTION **DL** | 4 | |
| *epineph bitart in 0.9% sod chl 16 mg/250 ml (64 mcg/ml), 4 mg/250 ml (16 mcg/ml) SOLUTION* **MO** | 3 | |
| *eplerenone 25 mg, 50 mg TABLET* **MO** | 1 | |
| *esmolol 100 mg/10 ml (10 mg/ml) SOLUTION* **MO** | 1 | |
| *esmolol in nacl (iso-osm) 2,000 mg/100 ml, 2,500 mg/250 ml (10 mg/ml) PARENTERAL SOLUTION* **MO** | 1 | |
| *ethacrynate sodium 50 mg RECON SOLUTION* **MO** | 1 | |
| *ethacrynic acid 25 mg TABLET* **MO** | 1 | QL(480 per 30 days) |
| EVKEEZA 150 MG/ML SOLUTION **DL** | 4 | PA |
| EXFORGE 10-160 MG, 10-320 MG, 5-160 MG, 5-320 MG TABLET **MO** | 3 | PA,QL(30 per 30 days) |
| EXFORGE HCT 10-160-12.5 MG, 10-160-25 MG, 10-320-25 MG, 5-160-12.5 MG, 5-160-25 MG TABLET **MO** | 3 | PA,QL(30 per 30 days) |
| EZALLOR SPRINKLE 10 MG, 20 MG, 40 MG, 5 MG CAPSULE, SPRINKLE **MO** | 3 | ST,QL(30 per 30 days) |
| *ezetimibe 10 mg TABLET* **MO** | 1 | QL(30 per 30 days) |
| *ezetimibe-simvastatin 10-10 mg, 10-20 mg, 10-40 mg, 10-80 mg TABLET* **MO** | 1 | QL(30 per 30 days) |
| *felodipine 10 mg, 2.5 mg, 5 mg TABLET, ER 24 HR.* **MO** | 1 | |
| *fenofibrate 120 mg TABLET* **MO** | 1 | QL(30 per 30 days) |
| *fenofibrate 150 mg CAPSULE* **MO** | 1 | QL(30 per 30 days) |
| *fenofibrate 160 mg TABLET* **MO** | 1 | QL(30 per 30 days) |
| *fenofibrate 40 mg, 54 mg TABLET* **MO** | 1 | QL(60 per 30 days) |
| *fenofibrate 50 mg CAPSULE* **MO** | 1 | QL(60 per 30 days) |
| *fenofibrate micronized 130 mg, 43 mg CAPSULE* **MO** | 1 | ST,QL(30 per 30 days) |
| *fenofibrate micronized 134 mg, 200 mg CAPSULE* **MO** | 1 | QL(30 per 30 days) |
| *fenofibrate micronized 67 mg CAPSULE* **MO** | 1 | QL(60 per 30 days) |
| *fenofibrate nanocrystallized 145 mg TABLET* **MO** | 1 | QL(30 per 30 days) |
| *fenofibrate nanocrystallized 48 mg TABLET* **MO** | 1 | QL(60 per 30 days) |
| *fenofibric acid 105 mg, 35 mg TABLET* **MO** | 2 | QL(30 per 30 days) |
| *fenofibric acid (choline) 135 mg, 45 mg CAPSULE, DR/EC* **MO** | 1 | QL(30 per 30 days) |
| FENOGLIDE 120 MG TABLET **MO** | 3 | QL(30 per 30 days) |
| FENOGLIDE 40 MG TABLET **MO** | 3 | QL(60 per 30 days) |
| FIBRICOR 105 MG, 35 MG TABLET **MO** | 3 | QL(30 per 30 days) |
| *flecainide 100 mg, 150 mg, 50 mg TABLET* **MO** | 1 | |

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| DRUG NAME | TIER | UTILIZATION MANAGEMENT REQUIREMENTS |
|---|---|---|
| FLOLIPID 20 MG/5 ML (4 MG/ML), 40 MG/5 ML (8 MG/ML) SUSPENSION **MO** | 3 | ST,QL(150 per 30 days) |
| *fluvastatin 20 mg, 40 mg CAPSULE* **MO** | 1 | ST,QL(60 per 30 days) |
| *fluvastatin 80 mg TABLET, ER 24 HR.* **MO** | 1 | ST,QL(30 per 30 days) |
| *fosinopril 10 mg, 20 mg, 40 mg TABLET* **MO** | 1 | |
| *fosinopril-hydrochlorothiazide 10-12.5 mg, 20-12.5 mg TABLET* **MO** | 1 | |
| FUROSCIX 80 MG/10 ML KIT | 4 | PA |
| FUROSCIX READYFLOW 80 MG/ML AUTO-INJECTOR **DL** | 4 | PA |
| *furosemide 10 mg/ml, 40 mg/5 ml (8 mg/ml) SOLUTION* **MO** | 1 | |
| *furosemide 20 mg, 40 mg TABLET* **MO** | 1 | |
| *furosemide 80 mg TABLET* **MO** | 1 | |
| *gemfibrozil 600 mg TABLET* **MO** | 1 | QL(60 per 30 days) |
| GONITRO 400 MCG POWDER IN PACKET **MO** | 3 | |
| *guanfacine 1 mg, 2 mg TABLET* **MO** | 1 | |
| HEMANGEOL 4.28 MG/ML SOLUTION **MO** | 3 | |
| HEMICLOR 12.5 MG TABLET **MO** | 3 | |
| *hydralazine 10 mg, 100 mg TABLET* **MO** | 1 | |
| *hydralazine 20 mg/ml SOLUTION* **MO** | 1 | |
| *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 | |
| HYZAAR 100-12.5 MG, 100-25 MG, 50-12.5 MG TABLET **MO** | 3 | PA,QL(60 per 30 days) |
| *ibutilide fumarate 0.1 mg/ml SOLUTION* **MO** | 1 | |
| IMMPHENTIV 0.1 MG/ML SOLUTION **MO** | 3 | |
| *indapamide 1.25 mg, 2.5 mg TABLET* **MO** | 1 | |
| INDERAL LA 120 MG, 160 MG, 60 MG, 80 MG CAPSULE, ER 24 HR. **DL** | 4 | PA |
| INNOPRAN XL 120 MG, 80 MG CAPSULE, ER 24 HR. | 4 | |
| INPEFA 200 MG, 400 MG TABLET **MO** | 3 | PA,QL(30 per 30 days) |
| INSPRA 25 MG, 50 MG TABLET **MO** | 3 | |
| INZIRQO 10 MG/ML SUSPENSION FOR RECONSTITUTION **MO** | 3 | |
| *irbesartan 150 mg, 300 mg, 75 mg TABLET* **MO** | 1 | QL(30 per 30 days) |
| *irbesartan-hydrochlorothiazide 150-12.5 mg TABLET* **MO** | 1 | QL(60 per 30 days) |
| *irbesartan-hydrochlorothiazide 300-12.5 mg TABLET* **MO** | 1 | QL(30 per 30 days) |
| ISORDIL 40 MG TABLET **DL** | 4 | |

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| DRUG NAME | TIER | UTILIZATION MANAGEMENT REQUIREMENTS |
|---|---|---|
| ISORDIL TITRADOSE 5 MG TABLET **DL** | 4 | PA |
| *isosorbide dinitrate 10 mg, 20 mg, 30 mg, 40 mg, 5 mg TABLET* **MO** | 1 | |
| *isosorbide mononitrate 10 mg, 20 mg TABLET* **MO** | 1 | |
| *isosorbide mononitrate 120 mg TABLET, ER 24 HR.* **MO** | 1 | |
| *isosorbide mononitrate 30 mg, 60 mg TABLET, ER 24 HR.* **MO** | 1 | |
| *isosorbide-hydralazine 20-37.5 mg TABLET* **MO** | 1 | QL(180 per 30 days) |
| *isradipine 2.5 mg, 5 mg CAPSULE* **MO** | 1 | |
| ISUPREL 0.2 MG/ML SOLUTION **MO** | 3 | |
| *ivabradine 5 mg, 7.5 mg TABLET* **MO** | 1 | QL(60 per 30 days) |
| JAVADIN 0.02 MG/ML (20 MCG/ML) SOLUTION **DL** | 4 | |
| JUXTAPID 10 MG, 2 MG, 30 MG, 5 MG CAPSULE **DL** | 4 | PA,QL(28 per 28 days) |
| JUXTAPID 20 MG CAPSULE **DL** | 4 | PA,QL(84 per 28 days) |
| KAPSPARGO SPRINKLE 100 MG, 25 MG, 50 MG CAPSULE ER SPRINKLE 24 HR. **MO** | 3 | ST,QL(30 per 30 days) |
| KAPSPARGO SPRINKLE 200 MG CAPSULE ER SPRINKLE 24 HR. **MO** | 3 | ST,QL(60 per 30 days) |
| KATERZIA 1 MG/ML SUSPENSION **MO** | 3 | ST,QL(300 per 30 days) |
| KERENDIA 10 MG, 20 MG TABLET **MO** | 2 | PA,QL(30 per 30 days) |
| KERENDIA 40 MG TABLET **MO** | 2 | PA,QL(30 per 30 days) |
| *labetalol 100 mg, 200 mg, 300 mg, 400 mg TABLET* **MO** | 1 | |
| *labetalol 5 mg/ml SOLUTION* **MO** | 1 | |
| LANOXIN 125 MCG (0.125 MG), 250 MCG (0.25 MG), 62.5 MCG (0.0625 MG) TABLET **MO** | 3 | QL(30 per 30 days) |
| LANOXIN 250 MCG/ML (0.25 MG/ML), 500 MCG/2 ML (0.5 MG/2 ML) SOLUTION **MO** | 3 | |
| LANOXIN PEDIATRIC 100 MCG/ML (0.1 MG/ML) SOLUTION **MO** | 3 | |
| LASIX 20 MG, 40 MG, 80 MG TABLET **MO** | 3 | |
| LASIX ONYU 80 MG/2.67 ML KIT **DL** | 4 | PA |
| LEQVIO 284 MG/1.5 ML SYRINGE | 4 | PA,QL(4.5 per 365 days) |
| LEROCHOL 300 MG/1.2 ML SYRINGE **MO** | 3 | PA,QL(1.2 per 28 days) |
| LESCOL XL 80 MG TABLET, ER 24 HR. **MO** | 3 | ST,QL(30 per 30 days) |
| LEVOPHED (BITARTRATE) 1 MG/ML SOLUTION **MO** | 3 | |
| *lidocaine (pf) 20 mg/ml (2 %) SOLUTION* **MO** | 1 | |
| *lidocaine in 5 % dextrose (pf) 4 mg/ml (0.4 %), 8 mg/ml (0.8 %) PARENTERAL SOLUTION* **MO** | 1 | |
| LIPFENDRA 20 MG TABLET **MO** | 3 | PA,QL(30 per 30 days) |

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| DRUG NAME | TIER | UTILIZATION MANAGEMENT REQUIREMENTS |
|---|---|---|
| LIPITOR 10 MG, 20 MG, 40 MG, 80 MG TABLET MO | 3 | PA |
| LIPOFEN 150 MG CAPSULE MO | 3 | QL(30 per 30 days) |
| LIPOFEN 50 MG CAPSULE MO | 3 | QL(60 per 30 days) |
| *lisinopril 10 mg, 2.5 mg, 20 mg, 40 mg, 5 mg TABLET* MO | 1 | |
| *lisinopril 30 mg TABLET* MO | 1 | |
| *lisinopril-hydrochlorothiazide 10-12.5 mg TABLET* MO | 1 | |
| *lisinopril-hydrochlorothiazide 20-12.5 mg, 20-25 mg TABLET* MO | 1 | |
| LIVALO 1 MG, 2 MG, 4 MG TABLET MO | 3 | ST,QL(30 per 30 days) |
| LODOCO 0.5 MG TABLET MO | 3 | PA,QL(30 per 30 days) |
| LOPID 600 MG TABLET MO | 3 | PA,QL(60 per 30 days) |
| LOPRESSOR 10 MG/ML SOLUTION MO | 3 | |
| LOPRESSOR 100 MG, 12.5 MG, 50 MG TABLET MO | 3 | |
| *losartan 100 mg, 25 mg, 50 mg TABLET* MO | 1 | QL(60 per 30 days) |
| *losartan-hydrochlorothiazide 100-12.5 mg, 100-25 mg, 50-12.5 mg TABLET* MO | 1 | QL(60 per 30 days) |
| LOTENSIN 10 MG, 20 MG, 40 MG TABLET MO | 3 | |
| LOTENSIN HCT 10-12.5 MG, 20-12.5 MG, 20-25 MG TABLET MO | 3 | |
| LOTREL 10-20 MG, 5-10 MG, 5-20 MG CAPSULE MO | 3 | PA,QL(60 per 30 days) |
| LOTREL 10-40 MG CAPSULE MO | 3 | PA,QL(30 per 30 days) |
| *lovastatin 10 mg, 20 mg, 40 mg TABLET* MO | 1 | |
| LOVAZA 1 GRAM CAPSULE MO | 3 | PA,QL(120 per 30 days) |
| *mannitol 20 % 20 % PARENTERAL SOLUTION* MO | 1 | |
| *mannitol 25 % 25 % SOLUTION* MO | 1 | |
| *matzim la 180 mg, 240 mg TABLET, ER 24 HR.* MO | 1 | QL(60 per 30 days) |
| *matzim la 300 mg, 360 mg, 420 mg TABLET, ER 24 HR.* MO | 1 | QL(30 per 30 days) |
| *methyldopa 250 mg, 500 mg TABLET* MO | 1 | |
| *metolazone 10 mg, 2.5 mg, 5 mg TABLET* MO | 1 | |
| *metoprolol succinate 100 mg, 25 mg, 50 mg TABLET, ER 24 HR.* MO | 1 | |
| *metoprolol succinate 200 mg TABLET, ER 24 HR.* MO | 1 | |
| *metoprolol ta-hydrochlorothiaz 100-25 mg, 100-50 mg, 50-25 mg TABLET* MO | 1 | |
| *metoprolol tartrate 100 mg, 25 mg, 50 mg TABLET* MO | 1 | |
| *metoprolol tartrate 12.5 mg TABLET* MO | 3 | |
| *metoprolol tartrate 37.5 mg, 75 mg TABLET* MO | 1 | |
| *metoprolol tartrate 5 mg/5 ml SOLUTION* MO | 1 | |
| *metyrosine 250 mg CAPSULE* DL | 4 | |

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| DRUG NAME | TIER | UTILIZATION MANAGEMENT REQUIREMENTS |
|---|---|---|
| *mexiletine 150 mg, 200 mg, 250 mg CAPSULE* **MO** | 1 | |
| MICARDIS 20 MG, 40 MG TABLET **MO** | 3 | PA,QL(30 per 30 days) |
| MICARDIS 80 MG TABLET **MO** | 3 | PA,QL(60 per 30 days) |
| MICARDIS HCT 40-12.5 MG, 80-25 MG TABLET **MO** | 3 | PA,QL(30 per 30 days) |
| MICARDIS HCT 80-12.5 MG TABLET **MO** | 3 | PA,QL(60 per 30 days) |
| *midodrine 10 mg, 2.5 mg, 5 mg TABLET* **MO** | 1 | |
| *milrinone 1 mg/ml SOLUTION* **MO** | 1 | BvsD |
| *milrinone in 5 % dextrose 20 mg/100 ml (200 mcg/ml), 40 mg/200 ml (200 mcg/ml) PIGGYBACK* **MO** | 1 | BvsD |
| *minoxidil 10 mg, 2.5 mg TABLET* **MO** | 1 | |
| *moexipril 15 mg, 7.5 mg TABLET* **MO** | 1 | |
| MULTAQ 400 MG TABLET **MO** | 2 | QL(60 per 30 days) |
| MYQORZO 10 MG, 15 MG, 20 MG, 5 MG TABLET **DL** | 4 | PA,QL(30 per 30 days) |
| *nadolol 20 mg, 40 mg, 80 mg TABLET* **MO** | 1 | |
| *nebivolol 10 mg TABLET* **MO** | 1 | QL(120 per 30 days) |
| *nebivolol 2.5 mg, 5 mg TABLET* **MO** | 1 | QL(30 per 30 days) |
| *nebivolol 20 mg TABLET* **MO** | 1 | QL(60 per 30 days) |
| NEXICLON XR 0.17 MG TABLET, ER 24 HR. **DL** | 4 | PA,QL(90 per 30 days) |
| NEXLETOL 180 MG TABLET **MO** | 2 | PA,QL(30 per 30 days) |
| NEXLIZET 180-10 MG TABLET **MO** | 2 | PA,QL(30 per 30 days) |
| NEXTERONE 150 MG/100 ML (1.5 MG/ML), 360 MG/200 ML (1.8 MG/ML) SOLUTION **MO** | 3 | |
| *niacin 1,000 mg, 500 mg, 750 mg TABLET, ER 24 HR.* **MO** | 1 | |
| *niacin 500 mg TABLET* **MO** | 1 | |
| *niacor 500 mg TABLET* **MO** | 1 | |
| *nicardipine 20 mg, 30 mg CAPSULE* **MO** | 1 | |
| *nicardipine 25 mg/10 ml SOLUTION* **MO** | 1 | |
| *nicardipine (pf) 25 mg/10 ml SOLUTION* **MO** | 1 | |
| *nifedipine 10 mg, 20 mg CAPSULE* **MO** | 1 | |
| *nifedipine 30 mg, 60 mg, 90 mg TABLET ER* **MO** | 1 | |
| *nifedipine 30 mg, 60 mg, 90 mg TABLET, ER 24 HR.* **MO** | 1 | |
| *nimodipine 30 mg CAPSULE* **MO** | 1 | |
| *nimodipine 60 mg/20 ml SOLUTION* **DL** | 4 | QL(2838 per 28 days) |
| *nisoldipine 17 mg, 20 mg, 34 mg, 40 mg, 8.5 mg TABLET, ER 24 HR.* **MO** | 1 | QL(30 per 30 days) |
| *nisoldipine 25.5 mg, 30 mg TABLET, ER 24 HR.* **MO** | 1 | QL(60 per 30 days) |

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| DRUG NAME | TIER | UTILIZATION MANAGEMENT REQUIREMENTS |
|---|---|---|
| NITRO-BID 2 % OINTMENT **MO** | 1 | |
| NITRO-DUR 0.1 MG/HR, 0.4 MG/HR, 0.6 MG/HR PATCH, 24 HR. **MO** | 3 | |
| NITRO-DUR 0.2 MG/HR, 0.3 MG/HR, 0.8 MG/HR PATCH, 24 HR. | 4 | |
| *nitroglycerin 0.1 mg/hr, 0.2 mg/hr, 0.4 mg/hr, 0.6 mg/hr PATCH, 24 HR.* **MO** | 1 | |
| *nitroglycerin 0.3 mg, 0.6 mg SUBLINGUAL TABLET* **MO** | 1 | |
| *nitroglycerin 0.4 mg SUBLINGUAL TABLET* **MO** | 1 | |
| *nitroglycerin 2 % OINTMENT* **MO** | 1 | |
| *nitroglycerin 400 mcg/spray SPRAY, NON-AEROSOL* **MO** | 1 | |
| *nitroglycerin 50 mg/10 ml (5 mg/ml) SOLUTION* **MO** | 1 | |
| *nitroglycerin in 5 % dextrose 100 mg/250 ml (400 mcg/ml), 25 mg/250 ml (100 mcg/ml), 50 mg/250 ml (200 mcg/ml) SOLUTION* **MO** | 1 | |
| NITROLINGUAL 400 MCG/SPRAY SPRAY, NON-AEROSOL **MO** | 3 | |
| NITROSTAT 0.3 MG, 0.4 MG, 0.6 MG SUBLINGUAL TABLET **MO** | 2 | |
| *norepinephrine bitartrate 1 mg/ml SOLUTION* **MO** | 1 | |
| NORLIQVA 1 MG/ML SOLUTION **MO** | 3 | ST,QL(300 per 30 days) |
| NORPACE 100 MG, 150 MG CAPSULE **MO** | 3 | |
| NORPACE CR 100 MG, 150 MG CAPSULE, ER **MO** | 3 | |
| NORTHERA 100 MG, 200 MG CAPSULE **DL** | 4 | PA,QL(90 per 30 days) |
| NORTHERA 300 MG CAPSULE **DL** | 4 | PA,QL(180 per 30 days) |
| NORVASC 10 MG, 2.5 MG, 5 MG TABLET **MO** | 3 | PA |
| NYMALIZE 30 MG/5 ML SYRINGE **DL** | 4 | QL(630 per 28 days) |
| NYMALIZE 60 MG/10 ML SOLUTION **DL** | 4 | QL(1260 per 28 days) |
| NYMALIZE 60 MG/10 ML SYRINGE **DL** | 4 | QL(1260 per 28 days) |
| *olmesartan 20 mg, 40 mg TABLET* **MO** | 1 | QL(30 per 30 days) |
| *olmesartan 5 mg TABLET* **MO** | 1 | QL(60 per 30 days) |
| *olmesartan-amlodipin-hcthiazid 20-5-12.5 mg, 40-10-12.5 mg, 40-10-25 mg, 40-5-12.5 mg, 40-5-25 mg TABLET* **MO** | 1 | QL(30 per 30 days) |
| *olmesartan-hydrochlorothiazide 20-12.5 mg, 40-12.5 mg, 40-25 mg TABLET* **MO** | 1 | QL(30 per 30 days) |
| *omega-3 acid ethyl esters 1 gram CAPSULE* **MO** | 1 | QL(120 per 30 days) |
| OSMITROL 10 % 10 % PARENTERAL SOLUTION **MO** | 3 | |
| OSMITROL 20 % 20 % PARENTERAL SOLUTION **MO** | 3 | |
| PACERONE 100 MG, 400 MG TABLET **MO** | 1 | |
| *pacerone 200 mg TABLET* **MO** | 1 | |
| *pentoxifylline 400 mg TABLET ER* **MO** | 1 | |
| *perindopril erbumine 2 mg, 4 mg, 8 mg TABLET* **MO** | 1 | |

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| DRUG NAME | TIER | UTILIZATION MANAGEMENT REQUIREMENTS |
|---|---|---|
| *phenoxybenzamine 10 mg CAPSULE* **DL** | 4 | |
| *phenylephrine hcl 0.1 mg/ml, 10 mg/ml SOLUTION* **MO** | 1 | |
| *pindolol 10 mg, 5 mg TABLET* **MO** | 1 | |
| *pitavastatin calcium 1 mg, 2 mg, 4 mg TABLET* **MO** | 1 | ST,QL(30 per 30 days) |
| PRALUENT PEN 150 MG/ML, 75 MG/ML PEN INJECTOR **MO** | 3 | PA,QL(2 per 28 days) |
| *pravastatin 10 mg, 80 mg TABLET* **MO** | 1 | |
| *pravastatin 20 mg, 40 mg TABLET* **MO** | 1 | |
| *prazosin 1 mg, 2 mg, 5 mg CAPSULE* **MO** | 1 | |
| *prevalite 4 gram POWDER* **MO** | 1 | |
| *prevalite 4 gram POWDER IN PACKET* **MO** | 1 | |
| *procainamide 100 mg/ml, 500 mg/ml SOLUTION* **MO** | 1 | |
| PROCARDIA XL 30 MG, 60 MG, 90 MG TABLET, ER 24 HR. **MO** | 3 | PA |
| *propafenone 150 mg, 225 mg, 300 mg TABLET* **MO** | 1 | |
| *propafenone 225 mg, 325 mg, 425 mg CAPSULE, ER 12 HR.* **MO** | 1 | |
| *propranolol 1 mg/ml, 20 mg/5 ml (4 mg/ml), 40 mg/5 ml (8 mg/ml) SOLUTION* **MO** | 1 | |
| *propranolol 10 mg, 20 mg, 40 mg, 60 mg, 80 mg TABLET* **MO** | 1 | |
| *propranolol 120 mg, 160 mg, 60 mg, 80 mg CAPSULE, ER 24 HR.* **MO** | 1 | |
| QBRELIS 1 MG/ML SOLUTION **DL** | 4 | QL(1200 per 30 days) |
| QUESTRAN 4 GRAM POWDER **MO** | 1 | |
| QUESTRAN 4 GRAM POWDER IN PACKET **MO** | 1 | |
| QUESTRAN LIGHT 4 GRAM POWDER **MO** | 1 | |
| *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** | 1 | |
| *quinidine gluconate 324 mg TABLET ER* **MO** | 1 | |
| *quinidine sulfate 200 mg, 300 mg TABLET* **MO** | 1 | |
| *ramipril 1.25 mg, 10 mg, 2.5 mg, 5 mg CAPSULE* **MO** | 1 | |
| *ranolazine 1,000 mg, 500 mg TABLET, ER 12 HR.* **MO** | 1 | QL(120 per 30 days) |
| REDEMPLO 25 MG/0.5 ML SYRINGE **DL** | 4 | PA |
| REPATHA PUSHTRONEX 420 MG/3.5 ML WEARABLE INJECTOR **MO** | 2 | PA,QL(3.5 per 28 days) |
| REPATHA SURECLICK 140 MG/ML PEN INJECTOR **MO** | 2 | PA,QL(6 per 28 days) |
| REPATHA SYRINGE 140 MG/ML SYRINGE **MO** | 2 | PA,QL(6 per 28 days) |
| *rosuvastatin 10 mg, 20 mg, 40 mg, 5 mg TABLET* **MO** | 1 | |
| *sacubitril-valsartan 24-26 mg, 49-51 mg, 97-103 mg TABLET* **MO** | 1 | QL(60 per 30 days) |
| SDAMLO 10 MG, 2.5 MG, 5 MG POWDER IN POD **DL** | 4 | ST,QL(30 per 30 days) |

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| DRUG NAME | TIER | UTILIZATION MANAGEMENT REQUIREMENTS |
|---|---|---|
| *simvastatin 10 mg, 20 mg, 40 mg TABLET* **MO** | 1 | |
| *simvastatin 5 mg, 80 mg TABLET* **MO** | 1 | |
| SOAANZ 20 MG, 40 MG, 60 MG TABLET **MO** | 3 | ST |
| *sotalol 120 mg, 160 mg, 240 mg, 80 mg TABLET* **MO** | 1 | |
| *sotalol af 120 mg, 160 mg, 80 mg TABLET* **MO** | 1 | |
| SOTYLIZE 5 MG/ML SOLUTION **MO** | 3 | |
| *spironolacton-hydrochlorothiaz 25-25 mg TABLET* **MO** | 1 | |
| *spironolactone 100 mg TABLET* **MO** | 1 | |
| *spironolactone 25 mg, 50 mg TABLET* **MO** | 1 | |
| *spironolactone 25 mg/5 ml SUSPENSION* **MO** | 3 | QL(450 per 30 days) |
| SULAR 17 MG, 34 MG, 8.5 MG TABLET, ER 24 HR. **MO** | 3 | PA,QL(30 per 30 days) |
| TEKTURNA 150 MG, 300 MG TABLET **MO** | 3 | PA,QL(30 per 30 days) |
| *telmisartan 20 mg, 40 mg TABLET* **MO** | 1 | QL(30 per 30 days) |
| *telmisartan 80 mg TABLET* **MO** | 1 | QL(60 per 30 days) |
| *telmisartan-amlodipine 40-10 mg, 40-5 mg, 80-10 mg, 80-5 mg TABLET* **MO** | 1 | QL(30 per 30 days) |
| *telmisartan-hydrochlorothiazid 40-12.5 mg, 80-25 mg TABLET* **MO** | 1 | QL(30 per 30 days) |
| *telmisartan-hydrochlorothiazid 80-12.5 mg TABLET* **MO** | 1 | QL(60 per 30 days) |
| TENORETIC 100 100-25 MG TABLET **MO** | 3 | |
| TENORETIC 50 50-25 MG TABLET **MO** | 3 | PA |
| TENORMIN 100 MG, 25 MG, 50 MG TABLET **MO** | 3 | PA |
| *terazosin 1 mg, 10 mg, 2 mg, 5 mg CAPSULE* **MO** | 1 | |
| TEZRULY 1 MG/ML SOLUTION **DL** | 4 | PA,QL(600 per 30 days) |
| THALITONE 15 MG TABLET **MO** | 3 | |
| *tiadylt er 120 mg, 180 mg, 240 mg, 300 mg, 360 mg, 420 mg CAPSULE, ER 24 HR.* **MO** | 1 | |
| TIAZAC 120 MG, 180 MG, 240 MG, 300 MG, 360 MG, 420 MG CAPSULE, ER 24 HR. **MO** | 3 | |
| TIKOSYN 125 MCG, 250 MCG, 500 MCG CAPSULE **MO** | 3 | PA |
| *timolol maleate 10 mg, 20 mg, 5 mg TABLET* **MO** | 1 | |
| TOPROL XL 100 MG, 200 MG, 25 MG, 50 MG TABLET, ER 24 HR. **MO** | 3 | |
| *torsemide 10 mg, 100 mg, 5 mg TABLET* **MO** | 1 | |
| *torsemide 20 mg TABLET* **MO** | 1 | |
| *trandolapril 1 mg, 2 mg, 4 mg TABLET* **MO** | 1 | |
| *trandolapril-verapamil 1-240 mg, 2-180 mg, 2-240 mg, 4-240 mg TABLET, IR/ER 24 HR., BIPHASIC* **MO** | 1 | |

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| DRUG NAME | TIER | UTILIZATION MANAGEMENT REQUIREMENTS |
|---|---|---|
| *triamterene 100 mg, 50 mg CAPSULE* **MO** | 1 | |
| *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 | |
| TRIBENZOR 20-5-12.5 MG, 40-10-12.5 MG, 40-10-25 MG, 40-5-12.5 MG, 40-5-25 MG TABLET **MO** | 3 | PA,QL(30 per 30 days) |
| TRILIPIX 135 MG, 45 MG CAPSULE, DR/EC **MO** | 3 | PA,QL(30 per 30 days) |
| TRYNGOLZA 50 MG/0.8 ML, 80 MG/0.8 ML AUTO-INJECTOR **DL** | 4 | PA,QL(0.8 per 28 days) |
| TRYVIO 12.5 MG TABLET **MO** | 3 | PA,QL(30 per 30 days) |
| *valsartan 160 mg, 320 mg TABLET* **MO** | 1 | QL(60 per 30 days) |
| VALSARTAN 4 MG/ML SOLUTION **DL** | 4 | ST,QL(2400 per 30 days) |
| *valsartan 4 mg/ml SOLUTION* **DL** | 4 | ST,QL(2400 per 30 days) |
| *valsartan 40 mg, 80 mg TABLET* **MO** | 1 | 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** | 2 | QL(240 per 30 days) |
| VASCEPA 1 GRAM CAPSULE **MO** | 2 | QL(120 per 30 days) |
| VASERETIC 10-25 MG TABLET **MO** | 3 | |
| VASOTEC 10 MG, 2.5 MG, 20 MG, 5 MG TABLET **DL** | 4 | PA |
| *vecamyl 2.5 mg TABLET* **DL** | 4 | QL(300 per 30 days) |
| *verapamil 100 mg, 120 mg, 180 mg, 200 mg, 240 mg, 300 mg, 360 mg CAPSULE ER PELLETS 24 HR.* **MO** | 1 | |
| *verapamil 120 mg, 180 mg, 240 mg TABLET ER* **MO** | 1 | |
| *verapamil 120 mg, 40 mg, 80 mg TABLET* **MO** | 1 | |
| *verapamil 2.5 mg/ml SOLUTION* **MO** | 1 | |
| *verapamil 2.5 mg/ml SYRINGE* **MO** | 1 | |
| VERELAN PM 100 MG, 200 MG, 300 MG CAPSULE ER PELLETS 24 HR. **MO** | 3 | PA |
| VERQUVO 10 MG, 2.5 MG, 5 MG TABLET **MO** | 2 | PA,QL(30 per 30 days) |
| VYTORIN 10-10 10-10 MG TABLET **MO** | 3 | PA,QL(30 per 30 days) |
| VYTORIN 10-20 10-20 MG TABLET **MO** | 3 | PA,QL(30 per 30 days) |
| VYTORIN 10-40 10-40 MG TABLET **MO** | 3 | PA,QL(30 per 30 days) |
| VYTORIN 10-80 10-80 MG TABLET **MO** | 3 | PA,QL(30 per 30 days) |
| WELCHOL 3.75 GRAM POWDER IN PACKET **MO** | 3 | QL(30 per 30 days) |
| WELCHOL 625 MG TABLET **MO** | 3 | QL(180 per 30 days) |
| ZESTORETIC 10-12.5 MG, 20-12.5 MG, 20-25 MG TABLET **MO** | 3 | |

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|---|---|---|
| ZESTRIL 10 MG, 2.5 MG, 20 MG, 30 MG, 40 MG, 5 MG TABLET **MO** | 3 | PA |
| ZETIA 10 MG TABLET **MO** | 3 | PA,QL(30 per 30 days) |
| ZOCOR 10 MG, 20 MG, 40 MG TABLET **MO** | 3 | PA |
| ZYPITAMAG 2 MG, 4 MG TABLET **MO** | 2 | ST,QL(30 per 30 days) |
| **CENTRAL NERVOUS SYSTEM AGENTS** | | |
| ADDERALL 10 MG, 12.5 MG, 15 MG, 20 MG, 5 MG, 7.5 MG TABLET **MO** | 1 | PA,QL(90 per 30 days) |
| ADDERALL 30 MG TABLET **MO** | 1 | PA,QL(60 per 30 days) |
| ADDERALL XR 10 MG, 15 MG, 5 MG CAPSULE, ER 24 HR. **MO** | 3 | PA,QL(30 per 30 days) |
| ADDERALL XR 20 MG, 25 MG, 30 MG CAPSULE, ER 24 HR. **MO** | 3 | PA,QL(60 per 30 days) |
| ADZENYS XR-ODT 12.5 MG, 15.7 MG, 18.8 MG, 3.1 MG, 6.3 MG, 9.4 MG TABLET, DISINTEGRATING ER BIPH **MO** | 3 | QL(30 per 30 days) |
| *amphetamine 12.5 mg, 15.7 mg, 18.8 mg, 3.1 mg, 6.3 mg, 9.4 mg TABLET, DISINTEGRATING ER BIPH* **MO** | 3 | QL(30 per 30 days) |
| *amphetamine sulfate 10 mg, 5 mg TABLET* **MO** | 1 | QL(90 per 30 days) |
| AMPYRA 10 MG TABLET, ER 12 HR. **DL** | 4 | PA,QL(60 per 30 days) |
| APTENSIO XR 10 MG, 15 MG, 20 MG, 30 MG, 40 MG, 50 MG, 60 MG CAPSULE, ER SPRINKLE, BIPHASIC **MO** | 3 | QL(30 per 30 days) |
| ARYNTA 10 MG/ML SOLUTION **DL** | 4 | PA,QL(210 per 30 days) |
| *atomoxetine 10 mg, 18 mg, 25 mg, 40 mg CAPSULE* **MO** | 1 | QL(60 per 30 days) |
| *atomoxetine 100 mg, 60 mg, 80 mg CAPSULE* **MO** | 1 | QL(30 per 30 days) |
| *atomoxetine 4 mg/ml SOLUTION* **DL** | 4 | QL(750 per 30 days) |
| ATONCY 4 MG/ML SOLUTION **DL** | 4 | QL(750 per 30 days) |
| AUBAGIO 14 MG, 7 MG TABLET **DL** | 4 | PA,QL(30 per 30 days) |
| AUSTEDO 12 MG, 9 MG TABLET **DL** | 4 | PA,QL(120 per 30 days) |
| AUSTEDO 6 MG TABLET **DL** | 4 | PA,QL(60 per 30 days) |
| AUSTEDO XR 12 MG, 6 MG TABLET, ER 24 HR. **DL** | 4 | PA,QL(90 per 30 days) |
| AUSTEDO XR 18 MG, 30 MG, 36 MG, 42 MG, 48 MG TABLET, ER 24 HR. **DL** | 4 | PA,QL(30 per 30 days) |
| AUSTEDO XR 24 MG TABLET, ER 24 HR. **DL** | 4 | PA,QL(60 per 30 days) |
| AUSTEDO XR TITRATION KT(WK1-4) 12-18-24-30 MG TABLET, ER 24 HR., DOSE PACK **DL** | 4 | PA,QL(28 per 28 days) |
| AVONEX 30 MCG/0.5 ML PEN INJECTOR KIT **DL** | 4 | PA,QL(1 per 28 days) |
| AVONEX 30 MCG/0.5 ML SYRINGE KIT **DL** | 4 | PA,QL(1 per 28 days) |
| AZSTARYS 26.1 MG- 5.2 MG, 39.2 MG- 7.8 MG, 52.3 MG- 10.4 MG CAPSULE **MO** | 3 | QL(30 per 30 days) |
| BAFIERTAM 95 MG CAPSULE, DR/EC **DL** | 4 | PA,QL(120 per 30 days) |
| BETASERON 0.3 MG KIT **DL** | 4 | PA,QL(15 per 30 days) |

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| DRUG NAME | TIER | UTILIZATION MANAGEMENT REQUIREMENTS |
|---|---|---|
| BRIUMVI 25 MG/ML SOLUTION | 4 | PA |
| *cladribine(multiple sclerosis) 10 mg TABLET* **DL** | 4 | PA |
| *clonidine hcl 0.1 mg TABLET, ER 12 HR.* **MO** | 1 | QL(120 per 30 days) |
| CONCERTA 18 MG, 27 MG, 54 MG TABLET, ER 24 HR. **MO** | 3 | PA,QL(30 per 30 days) |
| CONCERTA 36 MG TABLET, ER 24 HR. **MO** | 3 | PA,QL(60 per 30 days) |
| COPAXONE 20 MG/ML SYRINGE **DL** | 4 | PA,QL(30 per 30 days) |
| COPAXONE 40 MG/ML SYRINGE **DL** | 4 | PA,QL(12 per 28 days) |
| COTEMPLA XR-ODT 17.3 MG, 8.6 MG TABLET, DISINTEGRATING ER BIPH **MO** | 3 | QL(30 per 30 days) |
| COTEMPLA XR-ODT 25.9 MG TABLET, DISINTEGRATING ER BIPH **MO** | 3 | QL(60 per 30 days) |
| CYMBALTA 20 MG CAPSULE, DR/EC **MO** | 3 | PA,QL(120 per 30 days) |
| CYMBALTA 30 MG CAPSULE, DR/EC **MO** | 3 | PA,QL(90 per 30 days) |
| CYMBALTA 60 MG CAPSULE, DR/EC **MO** | 3 | PA,QL(60 per 30 days) |
| *dalfampridine 10 mg TABLET, ER 12 HR.* **MO** | 1 | PA,QL(60 per 30 days) |
| DAYTRANA 10 MG/9 HR, 15 MG/9 HR, 20 MG/9 HR, 30 MG/9 HR PATCH, 24 HR. **MO** | 3 | QL(30 per 30 days) |
| DESOXYN 5 MG TABLET **DL** | 4 | PA,QL(150 per 30 days) |
| DEXEDRINE SPANSULE 10 MG CAPSULE, ER **DL** | 4 | PA,QL(180 per 30 days) |
| DEXEDRINE SPANSULE 15 MG CAPSULE, ER **DL** | 4 | PA,QL(120 per 30 days) |
| *dexmethylphenidate 10 mg, 15 mg, 20 mg, 25 mg, 30 mg, 35 mg, 40 mg, 5 mg CAPSULE, ER, BIPHASIC* **MO** | 1 | QL(30 per 30 days) |
| *dexmethylphenidate 10 mg, 2.5 mg, 5 mg TABLET* **MO** | 1 | QL(60 per 30 days) |
| *dextroamphetamine sulfate 10 mg CAPSULE, ER* **MO** | 1 | QL(180 per 30 days) |
| *dextroamphetamine sulfate 10 mg TABLET* **MO** | 1 | QL(180 per 30 days) |
| *dextroamphetamine sulfate 15 mg CAPSULE, ER* **MO** | 1 | QL(120 per 30 days) |
| *dextroamphetamine sulfate 15 mg TABLET* **MO** | 1 | QL(120 per 30 days) |
| *dextroamphetamine sulfate 2.5 mg, 20 mg, 7.5 mg TABLET* **MO** | 1 | QL(90 per 30 days) |
| *dextroamphetamine sulfate 30 mg TABLET* **MO** | 1 | QL(60 per 30 days) |
| *dextroamphetamine sulfate 5 mg CAPSULE, ER* **MO** | 1 | QL(60 per 30 days) |
| *dextroamphetamine sulfate 5 mg TABLET* **MO** | 1 | QL(150 per 30 days) |
| *dextroamphetamine sulfate 5 mg/5 ml SOLUTION* **MO** | 1 | QL(1800 per 30 days) |
| *dextroamphetamine-amphetamine 10 mg, 12.5 mg, 15 mg, 20 mg, 5 mg, 7.5 mg TABLET* **MO** | 1 | QL(90 per 30 days) |
| *dextroamphetamine-amphetamine 10 mg, 15 mg, 5 mg CAPSULE, ER 24 HR.* **MO** | 1 | QL(30 per 30 days) |

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| DRUG NAME | TIER | UTILIZATION MANAGEMENT REQUIREMENTS |
|---|---|---|
| *dextroamphetamine-amphetamine 12.5 mg, 25 mg, 37.5 mg, 50 mg CAPSULE ER TRIPHASIC 24 HR.* **MO** | 1 | QL(30 per 30 days) |
| *dextroamphetamine-amphetamine 20 mg, 25 mg, 30 mg CAPSULE, ER 24 HR.* **MO** | 1 | QL(60 per 30 days) |
| *dextroamphetamine-amphetamine 30 mg TABLET* **MO** | 1 | QL(60 per 30 days) |
| *dextromethorphan-quinidine 20-10 mg CAPSULE* **DL** | 4 | PA,QL(60 per 30 days) |
| *dimethyl fumarate 120 mg (14)- 240 mg (46), 240 mg CAPSULE, DR/EC* **MO** | 1 | PA,QL(60 per 30 days) |
| *dimethyl fumarate 120 mg CAPSULE, DR/EC* **MO** | 1 | PA,QL(14 per 30 days) |
| DRIZALMA SPRINKLE 20 MG, 30 MG, 40 MG, 60 MG CAPSULE, DR SPRINKLE **MO** | 3 | PA,QL(60 per 30 days) |
| *duloxetine 120 mg, 80 mg, 90 mg CAPSULE, DR/EC* **MO** | 3 | QL(30 per 30 days) |
| *duloxetine 20 mg CAPSULE, DR/EC* **MO** | 1 | QL(120 per 30 days) |
| *duloxetine 30 mg CAPSULE, DR/EC* **MO** | 1 | QL(90 per 30 days) |
| *duloxetine 40 mg CAPSULE, DR/EC* **MO** | 1 | QL(60 per 30 days) |
| *duloxetine 60 mg CAPSULE, DR/EC* **MO** | 1 | QL(60 per 30 days) |
| DYANAVEL XR 10 MG, 15 MG, 20 MG, 5 MG TABLET, IR/ER 24 HR., BIPHASIC **MO** | 3 | QL(30 per 30 days) |
| DYANAVEL XR 2.5 MG/ML SUSPENSION, IR/ER BIPHASIC **MO** | 3 | QL(240 per 30 days) |
| *edaravone 30 mg/100 ml, 60 mg/100 ml SOLUTION* **DL** | 4 | PA |
| EVEKEO 10 MG, 5 MG TABLET **MO** | 1 | QL(90 per 30 days) |
| *fingolimod 0.5 mg CAPSULE* **MO** | 1 | PA,QL(30 per 30 days) |
| FIRDAPSE 10 MG TABLET **DL** | 4 | PA,QL(240 per 30 days) |
| FOCALIN 10 MG, 2.5 MG, 5 MG TABLET **MO** | 3 | PA,QL(60 per 30 days) |
| FOCALIN XR 10 MG, 15 MG, 20 MG, 25 MG, 30 MG, 35 MG, 40 MG, 5 MG CAPSULE, ER, BIPHASIC **MO** | 3 | QL(30 per 30 days) |
| *gabapentin 300 mg TABLET, ER 24 HR.* **MO** | 1 | ST,QL(30 per 30 days) |
| *gabapentin 450 mg, 600 mg TABLET, ER 24 HR.* **MO** | 1 | ST,QL(90 per 30 days) |
| *gabapentin 750 mg, 900 mg TABLET, ER 24 HR.* **MO** | 1 | ST,QL(60 per 30 days) |
| GILENYA 0.25 MG, 0.5 MG CAPSULE **DL** | 4 | PA,QL(30 per 30 days) |
| *glatiramer 20 mg/ml SYRINGE* **DL** | 4 | PA,QL(30 per 30 days) |
| *glatiramer 40 mg/ml SYRINGE* **DL** | 4 | PA,QL(12 per 28 days) |
| *glatopa 20 mg/ml SYRINGE* **DL** | 4 | PA,QL(30 per 30 days) |
| *glatopa 40 mg/ml SYRINGE* **DL** | 4 | PA,QL(12 per 28 days) |
| GRALISE 300 MG TABLET, ER 24 HR. **MO** | 3 | ST,QL(30 per 30 days) |
| GRALISE 450 MG, 600 MG TABLET, ER 24 HR. **MO** | 3 | ST,QL(90 per 30 days) |
| GRALISE 750 MG, 900 MG TABLET, ER 24 HR. **MO** | 3 | ST,QL(60 per 30 days) |
| *guanfacine 1 mg, 2 mg, 3 mg, 4 mg TABLET, ER 24 HR.* **MO** | 1 | QL(30 per 30 days) |

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| DRUG NAME | TIER | UTILIZATION MANAGEMENT REQUIREMENTS |
|---|---|---|
| HORIZANT 300 MG, 600 MG TABLET ER **MO** | 3 | PA,QL(60 per 30 days) |
| INGREZZA 40 MG, 60 MG, 80 MG CAPSULE **DL** | 4 | PA,QL(30 per 30 days) |
| INGREZZA INITIATION PK(TARDIV) 40 MG (7)- 80 MG (21) CAPSULE, DOSE PACK **DL** | 4 | PA,QL(28 per 28 days) |
| INGREZZA SPRINKLE 40 MG, 60 MG, 80 MG CAPSULE, SPRINKLE **DL** | 4 | PA,QL(30 per 30 days) |
| INTUNIV ER 1 MG, 2 MG, 3 MG, 4 MG TABLET, ER 24 HR. **MO** | 3 | QL(30 per 30 days) |
| JORNAY PM 100 MG, 20 MG, 40 MG, 60 MG, 80 MG CAPSULE, DR, ER SPRINKLE **MO** | 3 | QL(30 per 30 days) |
| KESIMPTA PEN 20 MG/0.4 ML PEN INJECTOR **DL** | 4 | PA,QL(1.2 per 28 days) |
| LEMTRADA 12 MG/1.2 ML SOLUTION **DL** | 4 | PA,QL(6 per 365 days) |
| *lisdexamfetamine 10 mg, 20 mg, 30 mg, 40 mg, 50 mg, 60 mg CHEWABLE TABLET* **MO** | 1 | PA,QL(30 per 30 days) |
| *lisdexamfetamine 10 mg, 20 mg, 30 mg, 40 mg, 50 mg, 60 mg, 70 mg CAPSULE* **MO** | 1 | PA,QL(30 per 30 days) |
| LYNKUET 60 MG CAPSULE **MO** | 3 | PA,QL(60 per 30 days) |
| LYRICA 100 MG, 150 MG, 200 MG, 25 MG, 50 MG, 75 MG CAPSULE **MO** | 3 | PA,QL(90 per 30 days) |
| LYRICA 20 MG/ML SOLUTION **MO** | 3 | PA,QL(900 per 30 days) |
| LYRICA 225 MG, 300 MG CAPSULE **MO** | 3 | PA,QL(60 per 30 days) |
| LYRICA CR 165 MG, 82.5 MG TABLET, ER 24 HR. **MO** | 3 | PA,QL(30 per 30 days) |
| LYRICA CR 330 MG TABLET, ER 24 HR. **MO** | 3 | PA,QL(60 per 30 days) |
| MAVENCLAD (10 TABLET PACK) 10 MG TABLET **DL** | 4 | PA |
| MAVENCLAD (4 TABLET PACK) 10 MG TABLET **DL** | 4 | PA |
| MAVENCLAD (5 TABLET PACK) 10 MG TABLET **DL** | 4 | PA |
| MAVENCLAD (6 TABLET PACK) 10 MG TABLET **DL** | 4 | PA |
| MAVENCLAD (7 TABLET PACK) 10 MG TABLET **DL** | 4 | PA |
| MAVENCLAD (8 TABLET PACK) 10 MG TABLET **DL** | 4 | PA |
| MAVENCLAD (9 TABLET PACK) 10 MG TABLET **DL** | 4 | PA |
| MAYZENT 0.25 MG TABLET **DL** | 4 | PA,QL(120 per 30 days) |
| MAYZENT 1 MG, 2 MG TABLET **DL** | 4 | PA,QL(30 per 30 days) |
| MAYZENT STARTER(FOR 1MG MAINT) 0.25 MG (7 TABS) TABLET, DOSE PACK **DL** | 4 | PA,QL(7 per 30 days) |
| MAYZENT STARTER(FOR 2MG MAINT) 0.25 MG (12 TABS) TABLET, DOSE PACK **DL** | 4 | PA,QL(12 per 30 days) |
| METADATE CD 10 MG, 40 MG, 50 MG, 60 MG CAPSULE, ER, BIPHASIC **MO** | 3 | QL(30 per 30 days) |
| METADATE CD 20 MG, 30 MG CAPSULE, ER, BIPHASIC **MO** | 3 | QL(60 per 30 days) |
| *methamphetamine 5 mg TABLET* **DL** | 4 | QL(150 per 30 days) |

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| DRUG NAME | TIER | UTILIZATION MANAGEMENT REQUIREMENTS |
|---|---|---|
| METHYLIN 10 MG/5 ML SOLUTION **MO** | 3 | PA,QL(900 per 30 days) |
| METHYLIN 5 MG/5 ML SOLUTION **MO** | 3 | PA,QL(1800 per 30 days) |
| *methylphenidate 10 mg/9 hr, 15 mg/9 hr, 20 mg/9 hr, 30 mg/9 hr PATCH, 24 HR.* **MO** | 1 | QL(30 per 30 days) |
| *methylphenidate 17.3 mg, 8.6 mg TABLET, DISINTEGRATING ER BIPH* **MO** | 3 | QL(30 per 30 days) |
| *methylphenidate 25.9 mg TABLET, DISINTEGRATING ER BIPH* **MO** | 3 | QL(60 per 30 days) |
| *methylphenidate hcl 10 mg CHEWABLE TABLET* **MO** | 1 | QL(180 per 30 days) |
| *methylphenidate hcl 10 mg TABLET ER* **MO** | 1 | QL(180 per 30 days) |
| *methylphenidate hcl 10 mg, 15 mg, 20 mg, 30 mg, 40 mg, 50 mg, 60 mg CAPSULE, ER SPRINKLE, BIPHASIC* **MO** | 3 | QL(30 per 30 days) |
| *methylphenidate hcl 10 mg, 20 mg, 40 mg, 50 mg, 60 mg CAPSULE, ER, BIPHASIC* **MO** | 1 | QL(30 per 30 days) |
| *methylphenidate hcl 10 mg, 20 mg, 5 mg TABLET* **MO** | 1 | QL(90 per 30 days) |
| *methylphenidate hcl 10 mg/5 ml SOLUTION* **MO** | 1 | QL(900 per 30 days) |
| *methylphenidate hcl 18 mg, 27 mg, 54 mg, 72 mg TABLET, ER 24 HR.* **MO** | 1 | QL(30 per 30 days) |
| *methylphenidate hcl 2.5 mg, 5 mg CHEWABLE TABLET* **MO** | 1 | QL(150 per 30 days) |
| *methylphenidate hcl 20 mg TABLET ER* **MO** | 1 | QL(90 per 30 days) |
| *methylphenidate hcl 20 mg, 30 mg CAPSULE, ER, BIPHASIC* **MO** | 1 | QL(60 per 30 days) |
| *methylphenidate hcl 36 mg TABLET, ER 24 HR.* **MO** | 1 | QL(60 per 30 days) |
| *methylphenidate hcl 45 mg, 63 mg TABLET, ER 24 HR.* **MO** | 3 | QL(30 per 30 days) |
| *methylphenidate hcl 5 mg/5 ml SOLUTION* **MO** | 1 | QL(1800 per 30 days) |
| *milnacipran 100 mg, 12.5 mg, 25 mg, 50 mg TABLET* **MO** | 1 | PA,QL(60 per 30 days) |
| *milnacipran 12.5 mg (5)-25 mg(8)-50 mg(42) TABLET, DOSE PACK* **MO** | 1 | PA,QL(55 per 28 days) |
| MYDAYIS 12.5 MG, 25 MG, 37.5 MG, 50 MG CAPSULE ER TRIPHASIC 24 HR. **MO** | 3 | QL(30 per 30 days) |
| NUEDEXTA 20-10 MG CAPSULE | 4 | PA,QL(60 per 30 days) |
| OCREVUS 30 MG/ML SOLUTION | 4 | PA,QL(40 per 365 days) |
| OCREVUS ZUNOVO 920 MG-23,000 UNIT/23 ML SOLUTION | 4 | PA,QL(46 per 365 days) |
| ONYDA XR 0.1 MG/ML SUSPENSION, ER 24 HR. **DL** | 4 | QL(120 per 30 days) |
| PLEGRIDY 125 MCG/0.5 ML, 63 MCG/0.5 ML- 94 MCG/0.5 ML PEN INJECTOR **DL** | 4 | PA,QL(1 per 28 days) |
| PLEGRIDY 125 MCG/0.5 ML, 63 MCG/0.5 ML- 94 MCG/0.5 ML SYRINGE **DL** | 4 | PA,QL(1 per 28 days) |
| PONVORY 20 MG TABLET **DL** | 4 | PA,QL(30 per 30 days) |
| PONVORY 14-DAY STARTER PACK 2 MG (2) - 10 MG (3) TABLET, DOSE PACK **DL** | 4 | PA,QL(14 per 30 days) |
| *pregabalin 100 mg, 150 mg, 50 mg, 75 mg CAPSULE* **MO** | 1 | QL(90 per 30 days) |
| *pregabalin 165 mg, 82.5 mg TABLET, ER 24 HR.* **MO** | 1 | PA,QL(30 per 30 days) |
| *pregabalin 20 mg/ml SOLUTION* **MO** | 1 | QL(900 per 30 days) |

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| DRUG NAME | TIER | UTILIZATION MANAGEMENT REQUIREMENTS |
|---|---|---|
| *pregabalin 200 mg, 25 mg CAPSULE* **MO** | 1 | QL(90 per 30 days) |
| *pregabalin 225 mg, 300 mg CAPSULE* **MO** | 1 | QL(60 per 30 days) |
| *pregabalin 330 mg TABLET, ER 24 HR.* **MO** | 1 | PA,QL(60 per 30 days) |
| *procentra 5 mg/5 ml SOLUTION* **DL** | 4 | QL(1800 per 30 days) |
| QALSODY 100 MG/15 ML (6.7 MG/ML) SOLUTION **DL** | 4 | PA |
| QELBREE 100 MG, 200 MG CAPSULE, ER 24 HR. **MO** | 3 | PA,QL(90 per 30 days) |
| QELBREE 150 MG CAPSULE, ER 24 HR. **MO** | 3 | PA,QL(60 per 30 days) |
| QUILLICHEW ER 20 MG, 40 MG CHEWABLE TABLET, IR/ER BIPHASE **MO** | 3 | QL(30 per 30 days) |
| QUILLICHEW ER 30 MG CHEWABLE TABLET, IR/ER BIPHASE **MO** | 3 | QL(60 per 30 days) |
| QUILLIVANT XR 5 MG/ML (25 MG/5 ML) SUSPENSION, ER, RECON **MO** | 3 | QL(360 per 30 days) |
| RADICAVA 30 MG/100 ML SOLUTION **DL** | 4 | PA |
| RADICAVA ORS 105 MG/5 ML SUSPENSION **DL** | 4 | PA,QL(70 per 28 days) |
| RADICAVA ORS STARTER KIT SUSP 105 MG/5 ML SUSPENSION **DL** | 4 | PA,QL(70 per 28 days) |
| REBIF (WITH ALBUMIN) 22 MCG/0.5 ML, 44 MCG/0.5 ML SYRINGE **DL** | 4 | PA,QL(6 per 28 days) |
| REBIF REBIDOSE 22 MCG/0.5 ML, 44 MCG/0.5 ML PEN INJECTOR **DL** | 4 | PA,QL(6 per 28 days) |
| REBIF REBIDOSE 8.8MCG/0.2ML-22 MCG/0.5ML (6) PEN INJECTOR **DL** | 4 | PA,QL(4.2 per 28 days) |
| REBIF TITRATION PACK 8.8MCG/0.2ML-22 MCG/0.5ML (6) SYRINGE **DL** | 4 | PA,QL(4.2 per 28 days) |
| RELEXXII 18 MG, 27 MG, 45 MG, 54 MG, 63 MG, 72 MG TABLET, ER 24 HR. **MO** | 3 | QL(30 per 30 days) |
| RELEXXII 36 MG TABLET, ER 24 HR. **MO** | 3 | QL(60 per 30 days) |
| *riluzole 50 mg TABLET* **MO** | 1 | |
| RITALIN 10 MG, 20 MG, 5 MG TABLET **MO** | 3 | PA,QL(90 per 30 days) |
| RITALIN LA 10 MG, 20 MG, 40 MG CAPSULE, ER, BIPHASIC **MO** | 3 | PA,QL(30 per 30 days) |
| RITALIN LA 30 MG CAPSULE, ER, BIPHASIC **MO** | 3 | PA,QL(60 per 30 days) |
| SAVELLA 100 MG, 12.5 MG, 25 MG, 50 MG TABLET **MO** | 3 | PA,QL(60 per 30 days) |
| SAVELLA 12.5 MG (5)-25 MG(8)-50 MG(42) TABLET, DOSE PACK **MO** | 3 | PA,QL(55 per 28 days) |
| SKYCLARYS 50 MG CAPSULE **DL** | 4 | PA,QL(90 per 30 days) |
| STRATTERA 10 MG, 18 MG, 25 MG, 40 MG CAPSULE **MO** | 3 | PA,QL(60 per 30 days) |
| STRATTERA 100 MG, 60 MG, 80 MG CAPSULE **MO** | 3 | PA,QL(30 per 30 days) |
| TASCENSO ODT 0.25 MG, 0.5 MG TABLET, DISINTEGRATING **DL** | 4 | PA,QL(30 per 30 days) |
| TECFIDERA 120 MG (14)- 240 MG (46), 240 MG CAPSULE, DR/EC **DL** | 4 | PA,QL(60 per 30 days) |
| TECFIDERA 120 MG CAPSULE, DR/EC **DL** | 4 | PA,QL(14 per 30 days) |
| TEGLUTIK 50 MG/10 ML SUSPENSION **DL** | 4 | PA,QL(600 per 30 days) |
| *teriflunomide 14 mg, 7 mg TABLET* **MO** | 1 | PA,QL(30 per 30 days) |
| *tetrabenazine 12.5 mg TABLET* **MO** | 1 | PA,QL(240 per 30 days) |

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| DRUG NAME | TIER | UTILIZATION MANAGEMENT REQUIREMENTS |
|---|---|---|
| *tetrabenazine 25 mg TABLET* **MO** | 1 | PA,QL(120 per 30 days) |
| TIGLUTIK 50 MG/10 ML SUSPENSION **DL** | 4 | PA,QL(600 per 30 days) |
| TYRUKO 300 MG/15 ML SOLUTION **DL** | 4 | PA,QL(15 per 28 days) |
| TYSABRI 300 MG/15 ML SOLUTION **DL** | 4 | PA,QL(15 per 28 days) |
| VEOZAH 45 MG TABLET **MO** | 3 | PA,QL(30 per 30 days) |
| VUMERITY 231 MG CAPSULE, DR/EC **DL** | 4 | PA,QL(120 per 30 days) |
| VYVANSE 10 MG, 20 MG, 30 MG, 40 MG, 50 MG, 60 MG CHEWABLE TABLET **MO** | 3 | PA,QL(30 per 30 days) |
| VYVANSE 10 MG, 20 MG, 30 MG, 40 MG, 50 MG, 60 MG, 70 MG CAPSULE **MO** | 3 | PA,QL(30 per 30 days) |
| XELSTRYM 13.5 MG/9 HOUR, 18 MG/9 HOUR, 4.5 MG/9 HOUR, 9 MG/9 HOUR PATCH, 24 HR. **MO** | 3 | QL(30 per 30 days) |
| XENAZINE 12.5 MG TABLET **DL** | 4 | PA,QL(240 per 30 days) |
| XENAZINE 25 MG TABLET **DL** | 4 | PA,QL(120 per 30 days) |
| *zenzedi 10 mg TABLET* **MO** | 1 | QL(180 per 30 days) |
| ZENZEDI 15 MG TABLET **MO** | 1 | QL(120 per 30 days) |
| ZENZEDI 2.5 MG, 20 MG, 7.5 MG TABLET **MO** | 1 | QL(90 per 30 days) |
| ZENZEDI 30 MG TABLET **MO** | 1 | QL(60 per 30 days) |
| *zenzedi 5 mg TABLET* **MO** | 1 | QL(150 per 30 days) |
| ZEPOSIA 0.92 MG CAPSULE **DL** | 4 | PA,QL(30 per 30 days) |
| ZEPOSIA STARTER KIT (28-DAY) 0.23 MG-0.46 MG -0.92 MG (21) CAPSULE, DOSE PACK **DL** | 4 | PA,QL(28 per 28 days) |
| ZEPOSIA STARTER PACK (7-DAY) 0.23 MG (4)- 0.46 MG (3) CAPSULE, DOSE PACK **DL** | 4 | PA,QL(7 per 7 days) |
| **DENTAL & ORAL AGENTS** | | |
| *cevimeline 30 mg CAPSULE* **MO** | 1 | |
| *chlorhexidine gluconate 0.12 % MOUTHWASH* **MO** | 1 | |
| EVOXAC 30 MG CAPSULE **MO** | 3 | PA |
| KEPIVANCE 5.16 MG RECON SOLUTION **DL** | 4 | |
| *kourzeq 0.1 % PASTE* **MO** | 1 | |
| *oralone 0.1 % PASTE* **MO** | 1 | |
| *periogard 0.12 % MOUTHWASH* **MO** | 1 | |
| *pilocarpine hcl 5 mg, 7.5 mg TABLET* **MO** | 1 | |
| SALAGEN (PILOCARPINE) 5 MG, 7.5 MG TABLET **MO** | 3 | |
| *triamcinolone acetonide 0.1 % PASTE* **MO** | 1 | |
| **DERMATOLOGICAL AGENTS** | | |
| ABSORICA 10 MG, 20 MG, 25 MG, 30 MG, 35 MG, 40 MG CAPSULE **DL** | 4 | ST |

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| DRUG NAME | TIER | UTILIZATION MANAGEMENT REQUIREMENTS |
|---|---|---|
| ABSORICA LD 16 MG, 24 MG, 32 MG, 8 MG CAPSULE **DL** | 4 | ST |
| ACANYA 1.2-2.5 % GEL WITH PUMP **MO** | 3 | QL(50 per 30 days) |
| *accutane 10 mg, 20 mg, 30 mg, 40 mg CAPSULE* **MO** | 1 | |
| *acitretin 10 mg, 17.5 mg, 25 mg CAPSULE* **MO** | 1 | PA |
| ACZONE 5 % GEL **MO** | 3 | QL(90 per 30 days) |
| ACZONE 7.5 % GEL WITH PUMP **MO** | 3 | QL(90 per 30 days) |
| *adapalene 0.1 % CREAM* **MO** | 1 | QL(45 per 30 days) |
| *adapalene 0.1 % SOLUTION* **DL** | 4 | QL(60 per 30 days) |
| *adapalene 0.1 % SWAB* | 4 | QL(30 per 30 days) |
| *adapalene 0.3 % GEL* **MO** | 1 | QL(45 per 30 days) |
| *adapalene 0.3 % GEL WITH PUMP* **MO** | 1 | QL(45 per 30 days) |
| *adapalene-benzoyl peroxide 0.1-2.5 % GEL WITH PUMP* **MO** | 1 | QL(45 per 30 days) |
| *adapalene-benzoyl peroxide 0.3-2.5 % GEL WITH PUMP* **MO** | 1 | QL(60 per 30 days) |
| ADBRY 150 MG/ML SYRINGE **DL** | 4 | PA,QL(6 per 28 days) |
| ADBRY 300 MG/2 ML AUTO-INJECTOR **DL** | 4 | PA,QL(6 per 28 days) |
| ADQUEY 1 % OINTMENT **DL** | 4 | PA |
| AKLIEF 0.005 % CREAM **MO** | 3 | QL(90 per 30 days) |
| ALA-CORT 1 % CREAM **MO** | 1 | QL(240 per 30 days) |
| ALA-SCALP 2 % LOTION **MO** | 1 | QL(236.8 per 30 days) |
| *alclometasone 0.05 % CREAM* **MO** | 1 | QL(240 per 30 days) |
| *alclometasone 0.05 % OINTMENT* **MO** | 1 | QL(240 per 30 days) |
| ALTRENO 0.05 % LOTION **MO** | 3 | PA,QL(90 per 30 days) |
| *amcinonide 0.1 % CREAM* | 4 | QL(120 per 30 days) |
| *amcinonide 0.1 % OINTMENT* **DL** | 4 | ST,QL(120 per 30 days) |
| *ammonium lactate 12 % CREAM* **MO** | 1 | |
| *ammonium lactate 12 % LOTION* **MO** | 1 | |
| *amnesteem 10 mg, 20 mg, 30 mg, 40 mg CAPSULE* **MO** | 1 | |
| AMZEEQ 4 % FOAM **MO** | 3 | PA,QL(30 per 30 days) |
| *anusol-hc 2.5 % CREAM W/PERINEAL APPLICATOR* **MO** | 1 | QL(60 per 30 days) |
| ANZUPGO 2 % CREAM **DL** | 4 | PA,QL(60 per 28 days) |
| *apexicon e 0.05 % CREAM* **MO** | 1 | QL(60 per 30 days) |
| ARAZLO 0.045 % LOTION **MO** | 3 | PA |
| ATRALIN 0.05 % GEL **MO** | 3 | PA,QL(45 per 30 days) |
| *attero 0.005-0.064 % SUSPENSION* **MO** | 1 | PA,QL(420 per 30 days) |

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| DRUG NAME | TIER | UTILIZATION MANAGEMENT REQUIREMENTS |
|---|---|---|
| *azelaic acid 15 % GEL* **MO** | 1 | ST,QL(50 per 30 days) |
| AZELEX 20 % CREAM **MO** | 3 | QL(50 per 30 days) |
| BENZAMYCIN 3-5 % GEL **MO** | 3 | QL(46.6 per 30 days) |
| *beser 0.05 % LOTION* **MO** | 1 | QL(240 per 30 days) |
| *betamethasone dipropionate 0.05 % CREAM* **MO** | 1 | QL(90 per 30 days) |
| *betamethasone dipropionate 0.05 % LOTION* **MO** | 1 | QL(120 per 30 days) |
| *betamethasone dipropionate 0.05 % OINTMENT* **MO** | 1 | QL(90 per 30 days) |
| *betamethasone valerate 0.1 % CREAM* **MO** | 1 | QL(180 per 30 days) |
| *betamethasone valerate 0.1 % LOTION* **MO** | 1 | QL(120 per 30 days) |
| *betamethasone valerate 0.1 % OINTMENT* **MO** | 1 | QL(180 per 30 days) |
| *betamethasone valerate 0.12 % FOAM* **MO** | 1 | QL(200 per 30 days) |
| *betamethasone, augmented 0.05 % CREAM* **MO** | 1 | QL(100 per 30 days) |
| *betamethasone, augmented 0.05 % GEL* **MO** | 1 | QL(100 per 30 days) |
| *betamethasone, augmented 0.05 % LOTION* **MO** | 1 | QL(120 per 30 days) |
| *betamethasone, augmented 0.05 % OINTMENT* **MO** | 1 | QL(100 per 30 days) |
| *brimonidine 0.33 % GEL WITH PUMP* **MO** | 1 | ST,QL(30 per 30 days) |
| BRYHALI 0.01 % LOTION **MO** | 3 | ST,QL(200 per 30 days) |
| CABTREO 0.15-3.1-1.2 % GEL **MO** | 3 | QL(50 per 30 days) |
| *calcipotriene 0.005 % CREAM* **MO** | 1 | PA,QL(120 per 30 days) |
| *calcipotriene 0.005 % FOAM* **MO** | 1 | ST,QL(120 per 28 days) |
| *calcipotriene 0.005 % OINTMENT* **MO** | 1 | QL(240 per 30 days) |
| *calcipotriene 0.005 % SOLUTION* **MO** | 1 | QL(60 per 30 days) |
| *calcipotriene-betamethasone 0.005-0.064 % OINTMENT* **MO** | 1 | PA,QL(60 per 30 days) |
| *calcipotriene-betamethasone 0.005-0.064 % SUSPENSION* **MO** | 1 | PA,QL(420 per 30 days) |
| *calcitriol 3 mcg/gram OINTMENT* **MO** | 1 | ST,QL(800 per 28 days) |
| CARAC 0.5 % CREAM **DL** | 4 | PA,QL(60 per 30 days) |
| CENTANY 2 % OINTMENT **MO** | 3 | |
| *claravis 10 mg, 20 mg, 30 mg, 40 mg CAPSULE* **MO** | 1 | |
| CLEOCIN T 1 % LOTION **MO** | 3 | QL(60 per 30 days) |
| *clindacin 1 % FOAM* **MO** | 1 | QL(100 per 30 days) |
| *clindacin etz 1 % SWAB* **MO** | 1 | |
| *clindacin p 1 % SWAB* **MO** | 1 | |
| CLINDAGEL 1 % GEL, ONCE DAILY **DL** | 4 | PA,QL(75 per 30 days) |
| *clindamycin phosphate 1 % FOAM* **MO** | 1 | QL(100 per 30 days) |

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| DRUG NAME | TIER | UTILIZATION MANAGEMENT REQUIREMENTS |
|---|---|---|
| *clindamycin phosphate 1 % GEL* **MO** | 1 | QL(60 per 30 days) |
| *clindamycin phosphate 1 % GEL, ONCE DAILY* **MO** | 1 | PA,QL(75 per 30 days) |
| *clindamycin phosphate 1 % LOTION* **MO** | 1 | QL(60 per 30 days) |
| *clindamycin phosphate 1 % SOLUTION* **MO** | 1 | QL(60 per 30 days) |
| *clindamycin phosphate 1 % SWAB* **MO** | 1 | |
| *clindamycin-benzoyl peroxide 1-5 % GEL* **MO** | 1 | QL(50 per 30 days) |
| *clindamycin-benzoyl peroxide 1-5 %, 1.2 %(1 % base) -3.75 %, 1.2-2.5 % GEL WITH PUMP* **MO** | 1 | QL(50 per 30 days) |
| *clindamycin-benzoyl peroxide 1.2 %(1 % base) -5 % GEL* **MO** | 1 | QL(45 per 30 days) |
| *clindamycin-tretinoin 1.2-0.025 % GEL* **MO** | 1 | QL(60 per 30 days) |
| *clobetasol 0.025 % CREAM* **DL** | 4 | QL(120 per 30 days) |
| *clobetasol 0.05 % CREAM* **MO** | 1 | QL(120 per 30 days) |
| *clobetasol 0.05 % FOAM* **MO** | 1 | QL(100 per 28 days) |
| *clobetasol 0.05 % GEL* **MO** | 1 | QL(120 per 28 days) |
| *clobetasol 0.05 % LOTION* **MO** | 1 | QL(240 per 28 days) |
| *clobetasol 0.05 % OINTMENT* **MO** | 1 | QL(120 per 28 days) |
| *clobetasol 0.05 % SHAMPOO* **MO** | 1 | QL(240 per 30 days) |
| *clobetasol 0.05 % SOLUTION* **MO** | 1 | QL(100 per 30 days) |
| *clobetasol 0.05 % SPRAY, NON-AEROSOL* **MO** | 1 | QL(240 per 30 days) |
| *clobetasol-emollient 0.05 % CREAM* **MO** | 1 | QL(120 per 30 days) |
| *clobetasol-emollient 0.05 % FOAM* **MO** | 1 | QL(100 per 30 days) |
| *clocortolone pivalate 0.1 % CREAM* **MO** | 1 | QL(180 per 30 days) |
| *clodan 0.05 % SHAMPOO* **MO** | 1 | QL(240 per 30 days) |
| CONDYLOX 0.5 % GEL **MO** | 3 | |
| CORDRAN 0.025 % CREAM **MO** | 3 | ST,QL(240 per 30 days) |
| CORDRAN 0.05 % CREAM **DL** | 4 | ST,QL(240 per 30 days) |
| CORDRAN 0.05 % LOTION **DL** | 4 | ST,QL(240 per 30 days) |
| CORDRAN 0.05 % OINTMENT **MO** | 3 | ST,QL(240 per 30 days) |
| CORDRAN TAPE LARGE ROLL 4 MCG/CM2 TAPE **MO** | 3 | QL(2 per 30 days) |
| CORTEF 10 MG, 20 MG, 5 MG TABLET **MO** | 3 | |
| *crotan 10 % LOTION* **DL** | 4 | PA,QL(454 per 30 days) |
| *dapsone 5 %, 7.5 % GEL* **MO** | 1 | QL(90 per 30 days) |
| *dapsone 7.5 % GEL WITH PUMP* **MO** | 1 | QL(90 per 30 days) |
| DERMA-SMOOTHE/FS BODY OIL 0.01 % OIL **MO** | 3 | QL(118.28 per 30 days) |
| DERMA-SMOOTHE/FS SCALP OIL 0.01 % OIL **MO** | 3 | QL(118.28 per 30 days) |

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| DRUG NAME | TIER | UTILIZATION MANAGEMENT REQUIREMENTS |
|---|---|---|
| *desonide 0.05 % CREAM* **MO** | 1 | QL(240 per 30 days) |
| *desonide 0.05 % GEL* **MO** | 1 | QL(240 per 30 days) |
| *desonide 0.05 % LOTION* **MO** | 1 | QL(240 per 30 days) |
| *desonide 0.05 % OINTMENT* **MO** | 1 | QL(240 per 30 days) |
| *desoximetasone 0.05 % CREAM* **MO** | 1 | QL(240 per 30 days) |
| *desoximetasone 0.05 % GEL* **MO** | 1 | QL(240 per 30 days) |
| *desoximetasone 0.05 % OINTMENT* **MO** | 1 | QL(240 per 30 days) |
| *desoximetasone 0.25 % CREAM* **MO** | 1 | QL(120 per 30 days) |
| *desoximetasone 0.25 % OINTMENT* **MO** | 1 | QL(120 per 30 days) |
| *desoximetasone 0.25 % SPRAY, NON-AEROSOL* **MO** | 1 | QL(100 per 30 days) |
| *diclofenac sodium 3 % GEL* **MO** | 1 | PA |
| *diflorasone 0.05 % CREAM* **DL** | 4 | QL(120 per 30 days) |
| *diflorasone 0.05 % OINTMENT* **MO** | 3 | QL(120 per 30 days) |
| DIPROLENE (AUGMENTED) 0.05 % OINTMENT **MO** | 3 | QL(100 per 30 days) |
| *doxepin 5 % CREAM* **DL** | 4 | PA,QL(45 per 30 days) |
| DUOBRII 0.01-0.045 % LOTION **MO** | 3 | PA,QL(200 per 28 days) |
| EBGLYSS PEN 250 MG/2 ML PEN INJECTOR **DL** | 4 | PA,QL(8 per 28 days) |
| EBGLYSS SYRINGE 250 MG/2 ML SYRINGE **DL** | 4 | PA,QL(8 per 28 days) |
| EFUDEX 5 % CREAM **MO** | 3 | PA |
| ELIDEL 1 % CREAM **MO** | 3 | PA,QL(100 per 30 days) |
| ELIMITE 5 % CREAM **MO** | 3 | |
| ENSTILAR 0.005-0.064 % FOAM **MO** | 3 | QL(120 per 30 days) |
| EPIDUO FORTE 0.3-2.5 % GEL WITH PUMP **MO** | 3 | QL(60 per 30 days) |
| EPIFOAM 1-1 % FOAM **MO** | 1 | |
| EPSOLAY 5 % CREAM **MO** | 3 | ST,QL(30 per 30 days) |
| *ery pads 2 % SWAB* **MO** | 1 | QL(60 per 30 days) |
| ERYGEL 2 % GEL **MO** | 1 | QL(60 per 30 days) |
| *erythromycin with ethanol 2 % GEL* **MO** | 1 | QL(60 per 30 days) |
| *erythromycin with ethanol 2 % SOLUTION* **MO** | 1 | QL(120 per 30 days) |
| *erythromycin-benzoyl peroxide 3-5 % GEL* **MO** | 1 | QL(46.6 per 30 days) |
| EUCRISA 2 % OINTMENT **MO** | 3 | PA,QL(100 per 30 days) |
| EURAX 10 % CREAM **MO** | 3 | PA |
| EURAX 10 % LOTION **MO** | 3 | PA,QL(454 per 30 days) |
| *evesse 0.1 % LOTION* **MO** | 1 | QL(236 per 30 days) |

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| DRUG NAME | TIER | UTILIZATION MANAGEMENT REQUIREMENTS |
|---|---|---|
| FABIOR 0.1 % FOAM **MO** | 3 | PA,QL(100 per 30 days) |
| FINACEA 15 % FOAM **MO** | 3 | ST,QL(50 per 30 days) |
| *fluocinolone 0.01 % OIL* **MO** | 1 | QL(118.28 per 30 days) |
| *fluocinolone 0.01 % SOLUTION* **MO** | 1 | QL(180 per 30 days) |
| *fluocinolone 0.01 %, 0.025 % CREAM* **MO** | 1 | QL(120 per 30 days) |
| *fluocinolone 0.025 % OINTMENT* **MO** | 1 | QL(120 per 30 days) |
| *fluocinolone and shower cap 0.01 % OIL* **MO** | 1 | QL(118.28 per 30 days) |
| *fluocinonide 0.05 % CREAM* **MO** | 1 | QL(120 per 30 days) |
| *fluocinonide 0.05 % GEL* **MO** | 1 | QL(120 per 30 days) |
| *fluocinonide 0.05 % OINTMENT* **MO** | 1 | QL(120 per 30 days) |
| *fluocinonide 0.05 % SOLUTION* **MO** | 1 | QL(120 per 30 days) |
| *fluocinonide 0.1 % CREAM* **MO** | 1 | QL(120 per 28 days) |
| *fluocinonide-e 0.05 % CREAM* **MO** | 1 | QL(120 per 30 days) |
| *fluocinonide-emollient 0.05 % CREAM* **MO** | 1 | QL(120 per 30 days) |
| FLUOROPLEX 1 % CREAM **DL** | 4 | |
| *fluorouracil 0.5 % CREAM* **DL** | 4 | QL(60 per 30 days) |
| *fluorouracil 2 % SOLUTION* **MO** | 1 | QL(30 per 30 days) |
| *fluorouracil 5 % CREAM* **MO** | 1 | |
| *fluorouracil 5 % SOLUTION* **MO** | 1 | QL(60 per 30 days) |
| *flurandrenolide 0.05 % CREAM* **MO** | 1 | QL(240 per 30 days) |
| *flurandrenolide 0.05 % LOTION* **MO** | 3 | QL(240 per 30 days) |
| *flurandrenolide 0.05 % OINTMENT* **MO** | 1 | QL(240 per 30 days) |
| *fluticasone propionate 0.005 % OINTMENT* **MO** | 1 | QL(240 per 30 days) |
| *fluticasone propionate 0.05 % CREAM* **MO** | 1 | QL(240 per 30 days) |
| *fluticasone propionate 0.05 % LOTION* **MO** | 1 | QL(240 per 30 days) |
| *halcinonide 0.1 % CREAM* **MO** | 1 | QL(120 per 30 days) |
| *halcinonide 0.1 % SOLUTION* **MO** | 1 | QL(120 per 30 days) |
| *halobetasol propionate 0.05 % CREAM* **MO** | 1 | QL(100 per 30 days) |
| *halobetasol propionate 0.05 % FOAM* **MO** | 3 | QL(100 per 30 days) |
| *halobetasol propionate 0.05 % LOTION* **MO** | 3 | QL(120 per 30 days) |
| *halobetasol propionate 0.05 % OINTMENT* **MO** | 1 | QL(100 per 30 days) |
| HALOG 0.1 % CREAM **DL** | 4 | QL(120 per 30 days) |
| HALOG 0.1 % SOLUTION **MO** | 3 | QL(120 per 30 days) |
| *hydrocortisone 1 % CREAM W/PERINEAL APPLICATOR* **MO** | 1 | QL(28.4 per 30 days) |

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| DRUG NAME | TIER | UTILIZATION MANAGEMENT REQUIREMENTS |
|---|---|---|
| *hydrocortisone 1 %, 2.5 % CREAM* **MO** | 1 | QL(240 per 30 days) |
| *hydrocortisone 1 %, 2.5 % OINTMENT* **MO** | 1 | QL(240 per 30 days) |
| *hydrocortisone 10 mg, 20 mg, 5 mg TABLET* **MO** | 1 | |
| *hydrocortisone 2 % LOTION* **DL** | 4 | QL(236.8 per 30 days) |
| *hydrocortisone 2.5 % CREAM W/PERINEAL APPLICATOR* **MO** | 1 | QL(60 per 30 days) |
| *hydrocortisone 2.5 % LOTION* **MO** | 1 | QL(236 per 30 days) |
| *hydrocortisone 2.5 % SOLUTION* **DL** | 4 | QL(240 per 30 days) |
| *hydrocortisone butyrate 0.1 % CREAM* **MO** | 1 | QL(240 per 30 days) |
| *hydrocortisone butyrate 0.1 % LOTION* **MO** | 1 | QL(236 per 30 days) |
| *hydrocortisone butyrate 0.1 % OINTMENT* **MO** | 1 | QL(180 per 30 days) |
| *hydrocortisone butyrate 0.1 % SOLUTION* **MO** | 1 | QL(240 per 30 days) |
| *hydrocortisone valerate 0.2 % CREAM* **MO** | 1 | QL(240 per 30 days) |
| *hydrocortisone valerate 0.2 % OINTMENT* **MO** | 1 | QL(240 per 30 days) |
| HYFTOR 0.2 % GEL **DL** | 4 | PA |
| ICOTYDE 200 MG TABLET **DL** | 4 | PA,QL(30 per 30 days) |
| *imiquimod 3.75 % CREAM IN PACKET* **MO** | 3 | ST,QL(28 per 28 days) |
| *imiquimod 3.75 % CREAM, METERED DOSE PUMP* **DL** | 4 | ST,QL(15 per 30 days) |
| *imiquimod 5 % CREAM IN PACKET* **MO** | 1 | QL(12 per 30 days) |
| *isotretinoin 10 mg, 20 mg, 30 mg, 40 mg CAPSULE* **MO** | 1 | |
| *isotretinoin 25 mg, 35 mg CAPSULE* **DL** | 4 | |
| *ivermectin 1 % CREAM* **MO** | 1 | ST,QL(45 per 30 days) |
| KLISYRI (250 MG) 1 % OINTMENT IN PACKET **DL** | 4 | PA,QL(5 per 30 days) |
| KLISYRI (350 MG) 1 % OINTMENT IN PACKET **DL** | 4 | PA,QL(5 per 30 days) |
| LEXETTE 0.05 % FOAM **MO** | 3 | QL(100 per 30 days) |
| *lexette 0.05 % FOAM* **MO** | 3 | QL(100 per 30 days) |
| LOCOID 0.1 % LOTION **MO** | 3 | QL(236 per 30 days) |
| LOCOID LIPOCREAM 0.1 % CREAM **MO** | 3 | QL(240 per 30 days) |
| *mafenide acetate 50 gram PACKET* **MO** | 1 | |
| *malathion 0.5 % LOTION* **MO** | 1 | |
| *methoxsalen 10 mg CAPSULE, LIQ FILLED, RAPID REL* | 4 | |
| MIRVASO 0.33 % GEL WITH PUMP **MO** | 3 | ST,QL(30 per 30 days) |
| *mometasone 0.1 % CREAM* **MO** | 1 | QL(180 per 30 days) |
| *mometasone 0.1 % OINTMENT* **MO** | 1 | QL(180 per 30 days) |
| *mometasone 0.1 % SOLUTION* **MO** | 1 | QL(180 per 30 days) |

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| DRUG NAME | TIER | UTILIZATION MANAGEMENT REQUIREMENTS |
|---|---|---|
| *mupirocin 2 % OINTMENT* **MO** | 1 | |
| *mupirocin calcium 2 % CREAM* **MO** | 1 | ST |
| NATROBA 0.9 % SUSPENSION **MO** | 3 | QL(240 per 30 days) |
| NEO-SYNALAR 0.5 % (0.35 % BASE)-0.025 % CREAM **MO** | 3 | |
| *neuac 1.2 %(1 % base) -5 % GEL* **MO** | 1 | QL(45 per 30 days) |
| ONEXTON 1.2 %(1 % BASE) -3.75 % GEL **MO** | 3 | |
| ONEXTON 1.2 %(1 % BASE) -3.75 % GEL WITH PUMP **MO** | 3 | QL(50 per 30 days) |
| OPZELURA 1.5 % CREAM **DL** | 4 | PA,QL(240 per 28 days) |
| OTEZLA 20 MG, 30 MG TABLET **DL** | 4 | PA,QL(60 per 30 days) |
| OTEZLA STARTER 10 MG (4)- 20 MG (51), 10 MG (4)-20 MG (4)-30 MG (47) TABLET, DOSE PACK **DL** | 4 | PA,QL(55 per 28 days) |
| OTEZLA STARTER 10 MG (4)-20 MG (4)-30 MG(19) TABLET, DOSE PACK **DL** | 4 | PA,QL(27 per 30 days) |
| OTEZLA XR 75 MG TABLET, ER 24 HR. **DL** | 4 | PA,QL(30 per 30 days) |
| OTEZLA XR INITIATION 10-20-30-75 MG TABLET AND TABLET ER DOSE PACK **DL** | 4 | PA,QL(41 per 28 days) |
| OVIDE 0.5 % LOTION **MO** | 3 | PA |
| *oxymetazoline 1 % CREAM* **MO** | 1 | ST,QL(30 per 30 days) |
| PANDEL 0.1 % CREAM **DL** | 4 | QL(160 per 30 days) |
| *pellix 0.005 % SOLUTION* **MO** | 1 | QL(60 per 30 days) |
| *permethrin 5 % CREAM* **MO** | 1 | |
| *pimecrolimus 1 % CREAM* **MO** | 1 | PA,QL(100 per 30 days) |
| *podofilox 0.5 % GEL* **MO** | 1 | |
| *podofilox 0.5 % SOLUTION* **MO** | 1 | QL(7 per 30 days) |
| *prednicarbate 0.1 % CREAM* **MO** | 1 | QL(240 per 30 days) |
| *prednicarbate 0.1 % OINTMENT* **MO** | 1 | QL(240 per 30 days) |
| *procto-med hc 2.5 % CREAM W/PERINEAL APPLICATOR* **MO** | 1 | QL(60 per 30 days) |
| *proctosol hc 2.5 % CREAM W/PERINEAL APPLICATOR* **MO** | 1 | QL(60 per 30 days) |
| *proctozone-hc 2.5 % CREAM W/PERINEAL APPLICATOR* **MO** | 1 | QL(60 per 30 days) |
| PRUDOXIN 5 % CREAM **DL** | 4 | PA,QL(45 per 30 days) |
| *pruradik 10 % LOTION* **DL** | 4 | PA,QL(454 per 30 days) |
| QBREXZA 2.4 % TOWELETTE **MO** | 3 | PA,QL(30 per 30 days) |
| REGRANEX 0.01 % GEL | 4 | PA |
| RETIN-A 0.01 %, 0.025 % GEL **MO** | 3 | PA,QL(45 per 30 days) |
| RETIN-A 0.025 %, 0.05 %, 0.1 % CREAM **MO** | 3 | PA,QL(45 per 30 days) |
| RETIN-A MICRO 0.04 % GEL **DL** | 4 | PA,QL(45 per 30 days) |

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| DRUG NAME | TIER | UTILIZATION MANAGEMENT REQUIREMENTS |
|---|---|---|
| RETIN-A MICRO 0.1 % GEL **MO** | 3 | PA,QL(45 per 30 days) |
| RETIN-A MICRO PUMP 0.04 %, 0.1 % GEL WITH PUMP **DL** | 4 | PA,QL(50 per 30 days) |
| RETIN-A MICRO PUMP 0.06 %, 0.08 % GEL WITH PUMP **MO** | 3 | PA,QL(50 per 30 days) |
| RHOFADE 1 % CREAM **MO** | 3 | ST,QL(30 per 30 days) |
| SANTYL 250 UNIT/GRAM OINTMENT **MO** | 3 | PA,QL(180 per 30 days) |
| *selenium sulfide 2.5 % LOTION* **MO** | 1 | QL(120 per 30 days) |
| SILVADENE 1 % CREAM **MO** | 2 | |
| *silver sulfadiazine 1 % CREAM* **MO** | 1 | |
| SOFDRA 12.45 % (72 MG /ACTUATION) GEL WITH PUMP **DL** | 4 | PA,QL(40.2 per 30 days) |
| SOOLANTRA 1 % CREAM **MO** | 3 | ST,QL(45 per 30 days) |
| SORILUX 0.005 % FOAM **DL** | 4 | ST,QL(120 per 28 days) |
| *spinosad 0.9 % SUSPENSION* **MO** | 3 | QL(240 per 30 days) |
| SSD 1 % CREAM **MO** | 1 | |
| SULFAMYLON 85 MG/G CREAM **MO** | 3 | |
| SYNALAR 0.01 % SOLUTION **MO** | 3 | QL(180 per 30 days) |
| TACLONEX 0.005-0.064 % SUSPENSION **DL** | 4 | PA,QL(420 per 30 days) |
| *tacrolimus 0.03 %, 0.1 % OINTMENT* **MO** | 1 | QL(200 per 30 days) |
| *tazarotene 0.05 % CREAM* **MO** | 1 | PA,QL(120 per 30 days) |
| *tazarotene 0.05 %, 0.1 % GEL* **MO** | 1 | PA,QL(200 per 30 days) |
| *tazarotene 0.1 % CREAM* **MO** | 1 | QL(120 per 30 days) |
| *tazarotene 0.1 % FOAM* **DL** | 4 | PA,QL(100 per 30 days) |
| TAZORAC 0.05 %, 0.1 % CREAM **MO** | 3 | PA,QL(120 per 30 days) |
| TAZORAC 0.05 %, 0.1 % GEL **MO** | 3 | PA,QL(200 per 30 days) |
| TEXACORT 2.5 % SOLUTION **MO** | 1 | QL(240 per 30 days) |
| TOPICORT 0.05 % CREAM **MO** | 1 | QL(240 per 30 days) |
| TOPICORT 0.05 % GEL **MO** | 1 | QL(240 per 30 days) |
| TOPICORT 0.05 % OINTMENT **MO** | 3 | QL(240 per 30 days) |
| TOPICORT 0.25 % CREAM **MO** | 1 | QL(120 per 30 days) |
| TOPICORT 0.25 % OINTMENT **MO** | 1 | QL(120 per 30 days) |
| TOPICORT 0.25 % SPRAY, NON-AEROSOL **MO** | 3 | QL(100 per 30 days) |
| *tovet emollient 0.05 % FOAM* **MO** | 1 | QL(100 per 30 days) |
| *tretinoin 0.01 %, 0.025 %, 0.05 % GEL* **MO** | 1 | PA,QL(45 per 30 days) |
| *tretinoin 0.025 %, 0.05 %, 0.1 % CREAM* **MO** | 1 | PA,QL(45 per 30 days) |
| *tretinoin microspheres 0.04 %, 0.06 %, 0.08 %, 0.1 % GEL WITH PUMP* **MO** | 1 | PA,QL(50 per 30 days) |

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| DRUG NAME | TIER | UTILIZATION MANAGEMENT REQUIREMENTS |
|---|---|---|
| *tretinoin microspheres 0.04 %, 0.1 % GEL* **MO** | 1 | PA,QL(45 per 30 days) |
| *trilitas 0.1 % GEL* **DL** | 4 | QL(200 per 30 days) |
| TWYNEO 0.1-3 % CREAM **MO** | 3 | QL(30 per 30 days) |
| ULTRAVATE 0.05 % LOTION **MO** | 3 | QL(120 per 30 days) |
| VANOS 0.1 % CREAM **MO** | 3 | QL(120 per 28 days) |
| VELTIN 1.2-0.025 % GEL **MO** | 3 | PA,QL(60 per 30 days) |
| VEREGEN 15 % OINTMENT **DL** | 4 | QL(30 per 30 days) |
| VTAMA 1 % CREAM **DL** | 4 | PA,QL(60 per 30 days) |
| WINLEVI 1 % CREAM **MO** | 3 | PA |
| ZELSUVMI 10.3 % GEL **DL** | 4 | PA |
| *zenatane 10 mg, 20 mg, 30 mg, 40 mg CAPSULE* **MO** | 1 | |
| ZIANA 1.2-0.025 % GEL **MO** | 3 | PA,QL(60 per 30 days) |
| ZILXI 1.5 % FOAM **MO** | 3 | PA,QL(30 per 30 days) |
| ZONALON 5 % CREAM **MO** | 3 | PA,QL(45 per 30 days) |
| ZORYVE 0.05 %, 0.15 %, 0.3 % CREAM **MO** | 3 | PA,QL(120 per 30 days) |
| ZORYVE 0.3 % FOAM **MO** | 3 | PA,QL(120 per 30 days) |
| ZYCLARA 2.5 %, 3.75 % CREAM, METERED DOSE PUMP **DL** | 4 | ST,QL(15 per 30 days) |
| ZYCLARA 3.75 % CREAM IN PACKET **MO** | 3 | ST,QL(28 per 28 days) |
| **ELECTROLYTES/MINERALS/METALS/VITAMINS** | | |
| AMINOSYN II 10 % 10 % PARENTERAL SOLUTION **MO** | 3 | BvsD |
| AMINOSYN II 15 % 15 % PARENTERAL SOLUTION **MO** | 3 | BvsD |
| AMINOSYN-PF 10 % 10 % PARENTERAL SOLUTION **MO** | 3 | BvsD |
| AMINOSYN-PF 7 % (SULFITE-FREE) 7 % PARENTERAL SOLUTION **MO** | 3 | BvsD |
| *bal-care dha 27-1-430 mg COMBO PACK, DR TAB/DR CAP* **MO** | 1 | |
| *c-nate dha 28 mg iron-1 mg -200 mg CAPSULE* **MO** | 1 | |
| *calcium chloride 100 mg/ml (10 %) SOLUTION* **MO** | 1 | |
| *calcium chloride 100 mg/ml (10 %) SYRINGE* **MO** | 1 | |
| *calcium gluconate 100 mg/ml (10%) SOLUTION* **MO** | 1 | |
| CARBAGLU 200 MG TABLET, DISPERSIBLE **DL** | 4 | PA |
| *carglumic acid 200 mg TABLET, DISPERSIBLE* **DL** | 4 | PA |
| CARNITOR 100 MG/ML, 200 MG/ML SOLUTION **MO** | 3 | |
| CARNITOR 330 MG TABLET **MO** | 3 | |
| CARNITOR (SUGAR-FREE) 100 MG/ML SOLUTION **MO** | 3 | |
| CHEMET 100 MG CAPSULE **DL** | 4 | |

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| DRUG NAME | TIER | UTILIZATION MANAGEMENT REQUIREMENTS |
|---|---|---|
| CITRANATAL B-CALM (FE GLUC) 20 MG IRON-1 MG -25 MG/25 MG TABLET, SEQUENTIAL **MO** | 3 | |
| CLINIMIX 5%/D15W SULFITE FREE 5 % PARENTERAL SOLUTION **MO** | 3 | BvsD |
| CLINIMIX 4.25%/D10W SULF FREE 4.25 % PARENTERAL SOLUTION **MO** | 3 | BvsD |
| CLINIMIX 4.25%/D5W SULFIT FREE 4.25 % PARENTERAL SOLUTION **MO** | 3 | BvsD |
| CLINIMIX 5%-D20W(SULFITE-FREE) 5 % PARENTERAL SOLUTION **MO** | 3 | BvsD |
| CLINIMIX 6%-D5W (SULFITE-FREE) 6-5 % PARENTERAL SOLUTION **MO** | 3 | BvsD |
| CLINIMIX 8%-D10W(SULFITE-FREE) 8-10 % PARENTERAL SOLUTION **MO** | 3 | BvsD |
| CLINIMIX 8%-D14W(SULFITE-FREE) 8-14 % PARENTERAL SOLUTION **MO** | 3 | BvsD |
| CLINIMIX E 2.75%/D5W SULF FREE 2.75 % PARENTERAL SOLUTION **MO** | 3 | BvsD |
| CLINIMIX E 4.25%/D10W SUL FREE 4.25 % PARENTERAL SOLUTION **MO** | 3 | BvsD |
| CLINIMIX E 4.25%/D5W SULF FREE 4.25 % PARENTERAL SOLUTION **MO** | 3 | BvsD |
| CLINIMIX E 5%/D15W SULFIT FREE 5 % PARENTERAL SOLUTION **MO** | 3 | BvsD |
| CLINIMIX E 5%/D20W SULFIT FREE 5 % PARENTERAL SOLUTION **MO** | 3 | BvsD |
| CLINIMIX E 8%-D10W SULFITEFREE 8-10 % PARENTERAL SOLUTION **MO** | 3 | BvsD |
| CLINIMIX E 8%-D14W SULFITEFREE 8-14 % PARENTERAL SOLUTION **MO** | 3 | BvsD |
| CLINISOL SF 15 % 15 % PARENTERAL SOLUTION **MO** | 1 | BvsD |
| CLINOLIPID 20 % EMULSION **MO** | 3 | BvsD |
| *complete natal dha 29 mg iron- 1 mg-200 mg COMBO PACK* **MO** | 1 | |
| CUPRIMINE 250 MG CAPSULE **DL** | 4 | PA,QL(600 per 30 days) |
| CUVRIOR 300 MG TABLET **DL** | 4 | PA,QL(300 per 30 days) |
| *d10 %-0.45 % sodium chloride PARENTERAL SOLUTION* **MO** | 1 | |
| *d2.5 %-0.45 % sodium chloride PARENTERAL SOLUTION* **MO** | 1 | |
| *d5 % and 0.9 % sodium chloride PARENTERAL SOLUTION* **MO** | 1 | |
| *d5 %-0.45 % sodium chloride PARENTERAL SOLUTION* **MO** | 1 | |
| *deferasirox 125 mg, 250 mg TABLET, DISPERSIBLE* **MO** | 1 | PA |
| *deferasirox 180 mg, 360 mg GRANULES IN PACKET* **DL** | 4 | PA |
| *deferasirox 180 mg, 360 mg, 90 mg TABLET* **MO** | 1 | PA |
| *deferasirox 500 mg TABLET, DISPERSIBLE* **DL** | 4 | PA |
| *deferasirox 90 mg GRANULES IN PACKET* **MO** | 1 | PA |
| *deferiprone 1,000 mg TABLET* **DL** | 4 | PA,QL(300 per 30 days) |
| *deferiprone 500 mg TABLET* **DL** | 4 | PA,QL(720 per 30 days) |
| *deferoxamine 2 gram, 500 mg RECON SOLUTION* **MO** | 1 | BvsD |
| DEPEN TITRATABS 250 MG TABLET **DL** | 4 | PA |
| DESFERAL 500 MG RECON SOLUTION **MO** | 3 | BvsD |

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| DRUG NAME | TIER | UTILIZATION MANAGEMENT REQUIREMENTS |
|---|---|---|
| *dextrose 10 % and 0.2 % nacl PARENTERAL SOLUTION* **MO** | 1 | |
| *dextrose 10 % in water (d10w) 10 % PARENTERAL SOLUTION* **MO** | 1 | |
| *dextrose 20 % in water (d20w) 20 % PARENTERAL SOLUTION* **MO** | 1 | |
| *dextrose 25 % in water (d25w) SYRINGE* **MO** | 1 | |
| *dextrose 30 % in water (d30w) PARENTERAL SOLUTION* **MO** | 1 | |
| *dextrose 40 % in water (d40w) 40 % PARENTERAL SOLUTION* **MO** | 1 | |
| *dextrose 5 % in water (d5w) PARENTERAL SOLUTION* **MO** | 1 | |
| *dextrose 5 % in water (d5w) 5 % PIGGYBACK* **MO** | 1 | |
| *dextrose 5 %-lactated ringers PARENTERAL SOLUTION* **MO** | 1 | |
| *dextrose 5%-0.2 % sod chloride PARENTERAL SOLUTION* **MO** | 1 | |
| *dextrose 5%-0.3 % sod.chloride PARENTERAL SOLUTION* **MO** | 1 | |
| *dextrose 50 % in water (d50w) PARENTERAL SOLUTION* **MO** | 1 | |
| *dextrose 50 % in water (d50w) SYRINGE* **MO** | 1 | |
| *dextrose 70 % in water (d70w) PARENTERAL SOLUTION* **MO** | 1 | |
| *electrolyte-148 PARENTERAL SOLUTION* **MO** | 1 | |
| *electrolyte-48 in d5w PARENTERAL SOLUTION* **MO** | 1 | |
| *electrolyte-a PARENTERAL SOLUTION* **MO** | 1 | |
| EXJADE 125 MG, 250 MG, 500 MG TABLET, DISPERSIBLE **DL** | 4 | PA |
| FERRIPROX 1,000 MG TABLET **DL** | 4 | PA,QL(300 per 30 days) |
| FERRIPROX 100 MG/ML SOLUTION **DL** | 4 | PA,QL(3600 per 30 days) |
| FERRIPROX 500 MG TABLET **DL** | 4 | PA,QL(720 per 30 days) |
| FERRIPROX (2 TIMES A DAY) 1,000 MG TABLET, MODIFIED RELEASE **DL** | 4 | PA,QL(300 per 30 days) |
| INTRALIPID 20 %, 30 % EMULSION **MO** | 3 | BvsD |
| IONOSOL-MB IN D5W 5 % PARENTERAL SOLUTION **MO** | 3 | |
| ISOLYTE S PH 7.4 PARENTERAL SOLUTION **MO** | 3 | |
| ISOLYTE-P IN 5 % DEXTROSE 5 % PARENTERAL SOLUTION **MO** | 3 | |
| ISOLYTE-S PARENTERAL SOLUTION **MO** | 3 | |
| JADENU 180 MG, 360 MG, 90 MG TABLET **DL** | 4 | PA |
| JADENU SPRINKLE 180 MG, 360 MG, 90 MG GRANULES IN PACKET **DL** | 4 | PA |
| JYNARQUE 15 MG (AM)/ 15 MG (PM), 30 MG (AM)/ 15 MG (PM), 45 MG (AM)/ 15 MG (PM), 60 MG (AM)/ 30 MG (PM), 90 MG (AM)/ 30 MG (PM) TABLET, SEQUENTIAL **DL** | 4 | PA,QL(56 per 28 days) |
| JYNARQUE 15 MG, 30 MG TABLET **DL** | 4 | PA,QL(120 per 30 days) |
| KABIVEN 3.31-10.8-3.9 % EMULSION **MO** | 3 | BvsD |
| *kionex 15 gram/60 ml SUSPENSION* **MO** | 1 | |

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| DRUG NAME | TIER | UTILIZATION MANAGEMENT REQUIREMENTS |
|---|---|---|
| *klor-con 20 meq PACKET* **MO** | 1 | QL(240 per 30 days) |
| KLOR-CON 10 10 MEQ TABLET ER **MO** | 1 | |
| *klor-con 10 10 meq TABLET ER* **MO** | 1 | |
| *klor-con 8 8 meq TABLET ER* **MO** | 1 | |
| KLOR-CON 8 8 MEQ TABLET ER **MO** | 1 | |
| *klor-con m10 10 meq TABLET, ER PARTICLES/CRYSTALS* **MO** | 1 | |
| KLOR-CON M15 15 MEQ TABLET, ER PARTICLES/CRYSTALS **MO** | 1 | |
| *klor-con m20 20 meq TABLET, ER PARTICLES/CRYSTALS* **MO** | 1 | |
| KOSHER PRENATAL PLUS IRON 30 MG IRON- 1 MG TABLET **MO** | 3 | |
| *lactated ringers PARENTERAL SOLUTION* **MO** | 1 | |
| *levocarnitine 100 mg/ml, 200 mg/ml SOLUTION* **MO** | 1 | |
| *levocarnitine 330 mg TABLET* **MO** | 1 | |
| *levocarnitine (with sugar) 100 mg/ml SOLUTION* **MO** | 1 | |
| LOKELMA 10 GRAM, 5 GRAM POWDER IN PACKET **MO** | 2 | QL(30 per 30 days) |
| *m-natal plus 27 mg iron- 1 mg TABLET* **MO** | 1 | |
| *magnesium sulfate 500 mg/ml (50 %) SOLUTION* **MO** | 1 | |
| *magnesium sulfate 500 mg/ml (50 %) SYRINGE* **MO** | 1 | |
| *magnesium sulfate in d5w 1 gram/100 ml PIGGYBACK* **MO** | 1 | |
| *magnesium sulfate in water 2 gram/50 ml (4 %), 3 gram/100 ml (3 %), 4 gram/100 ml (4 %), 4 gram/50 ml (8 %) PIGGYBACK* **MO** | 1 | |
| *magnesium sulfate in water 20 gram/500 ml (4 %), 40 gram/1,000 ml (4 %) PARENTERAL SOLUTION* **MO** | 1 | |
| *neo-vital rx 27 mg iron- 1 mg TABLET* **MO** | 1 | |
| NEONATAL COMPLETE 29-1 MG TABLET **MO** | 1 | |
| NEONATAL PLUS VITAMIN 27 MG IRON- 1 MG TABLET **MO** | 1 | |
| NEONATAL-DHA 29-1-200-500 MG COMBO PACK **MO** | 1 | |
| NORMOSOL-M IN 5 % DEXTROSE PARENTERAL SOLUTION **MO** | 3 | |
| NORMOSOL-R PARENTERAL SOLUTION **MO** | 3 | |
| NORMOSOL-R IN 5 % DEXTROSE 5 % PARENTERAL SOLUTION **MO** | 3 | |
| NORMOSOL-R PH 7.4 PARENTERAL SOLUTION **MO** | 3 | |
| NUTRILIPID 20 % EMULSION **MO** | 3 | BvsD |
| OB COMPLETE ONE 40-10-1-300 MG CAPSULE **MO** | 3 | |
| OB COMPLETE PETITE 35 MG IRON-5 MG IRON-1 MG CAPSULE **MO** | 3 | |
| OB COMPLETE PREMIER 30-20-1 MG TABLET **MO** | 3 | |
| OMEGAVEN 10 % EMULSION **DL** | 4 | BvsD |

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| DRUG NAME | TIER | UTILIZATION MANAGEMENT REQUIREMENTS |
|---|---|---|
| *one natal rx 27 mg iron- 1 mg TABLET* **MO** | 1 | |
| *penicillamine 250 mg CAPSULE* **DL** | 4 | PA,QL(600 per 30 days) |
| *penicillamine 250 mg TABLET* **DL** | 4 | |
| PERIKABIVEN 2.36-7.5-3.5 % EMULSION **MO** | 3 | BvsD |
| PLASMA-LYTE 148 PH 7.4 PARENTERAL SOLUTION **MO** | 3 | |
| PLASMA-LYTE A PARENTERAL SOLUTION **MO** | 3 | |
| PLENAMINE 15 % PARENTERAL SOLUTION **MO** | 1 | BvsD |
| *pnv-dha 27 mg iron-1 mg -300 mg CAPSULE* **MO** | 1 | |
| *pnv-omega 28-1-300 mg CAPSULE* **MO** | 1 | |
| POKONZA 10 MEQ, 15 MEQ PACKET **DL** | 4 | |
| POKONZA 10 MEQ/15 ML LIQUID **DL** | 4 | |
| *potassium acetate 2 meq/ml SOLUTION* **MO** | 1 | |
| *potassium chlorid-d5-0.45%nacl 10 meq/l, 20 meq/l, 30 meq/l, 40 meq/l PARENTERAL SOLUTION* **MO** | 1 | |
| *potassium chloride 10 meq CAPSULE, ER* **MO** | 1 | |
| *potassium chloride 10 meq, 20 meq TABLET ER* **MO** | 1 | |
| *potassium chloride 10 meq, 20 meq TABLET, ER PARTICLES/CRYSTALS* **MO** | 1 | |
| *potassium chloride 15 meq TABLET, ER PARTICLES/CRYSTALS* **MO** | 1 | |
| *potassium chloride 15 meq, 8 meq TABLET ER* **MO** | 1 | |
| *potassium chloride 2 meq/ml SOLUTION* **MO** | 1 | |
| *potassium chloride 20 meq PACKET* **MO** | 1 | QL(240 per 30 days) |
| *potassium chloride 20 meq/15 ml, 40 meq/15 ml LIQUID* **MO** | 1 | |
| *potassium chloride 8 meq CAPSULE, ER* **MO** | 1 | |
| *potassium chloride in 0.9%nacl 20 meq/l, 40 meq/l PARENTERAL SOLUTION* **MO** | 1 | |
| *potassium chloride in 5 % dex 10 meq/l, 20 meq/l PARENTERAL SOLUTION* **MO** | 1 | |
| *potassium chloride in lr-d5 20 meq/l PARENTERAL SOLUTION* **MO** | 1 | |
| *potassium chloride in water 10 meq/100 ml, 10 meq/50 ml, 20 meq/100 ml, 20 meq/50 ml, 40 meq/100 ml PIGGYBACK* **MO** | 1 | |
| *potassium chloride-0.45 % nacl 20 meq/l PARENTERAL SOLUTION* **MO** | 1 | |
| *potassium chloride-d5-0.2%nacl 20 meq/l PARENTERAL SOLUTION* **MO** | 1 | |
| *potassium chloride-d5-0.9%nacl 20 meq/l, 40 meq/l PARENTERAL SOLUTION* **MO** | 1 | |
| *potassium citrate 10 meq (1,080 mg), 15 meq, 5 meq (540 mg) TABLET ER* **MO** | 1 | |
| *pr natal 400 29-1-400 mg COMBO PACK* **MO** | 1 | |
| *pr natal 400 ec 29-1-400 mg COMBO PACK, DR TAB/DR CAP* **MO** | 1 | |
| *pr natal 430 29 mg iron-1 mg -430 mg COMBO PACK* **MO** | 1 | |

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|---|---|---|
| *pr natal 430 ec 29-1-430 mg COMBO PACK, DR TAB/DR CAP* **MO** | 1 | |
| PREMASOL 10 % 10 % PARENTERAL SOLUTION **MO** | 1 | BvsD |
| PRENATA 29 MG IRON- 1 MG CHEWABLE TABLET **MO** | 1 | |
| PRENATABS FA 29-1 MG TABLET **MO** | 1 | |
| *prenatal plus (calcium carb) 27 mg iron- 1 mg TABLET* **MO** | 1 | |
| *prenatal plus dha 27 mg iron-1 mg -312 mg-250 mg COMBO PACK* **MO** | 3 | |
| *prenatal plus vitamin-mineral 27 mg iron- 1 mg TABLET* **MO** | 1 | |
| *prenatal vitamin plus low iron 27 mg iron- 1 mg TABLET* **MO** | 1 | |
| *prenatal-u 106.5-1 mg CAPSULE* **MO** | 1 | |
| PRENATE ELITE 26 MG IRON- 1 MG TABLET **MO** | 1 | |
| PROSOL 20 % PARENTERAL SOLUTION **MO** | 3 | BvsD |
| *ringer's PARENTERAL SOLUTION* **MO** | 1 | |
| SAMSCA 15 MG, 30 MG TABLET **DL** | 4 | PA,QL(60 per 30 days) |
| *se-natal 19 chewable 29 mg iron- 1 mg CHEWABLE TABLET* **MO** | 1 | |
| SELECT-OB 29 MG IRON- 1 MG CHEWABLE TABLET **MO** | 3 | |
| SELECT-OB (FOLIC ACID) 29 MG IRON- 1 MG CHEWABLE TABLET **MO** | 3 | |
| SELECT-OB + DHA 29 MG IRON-1 MG -250 MG COMBO PACK **MO** | 3 | |
| SMOFLIPID 20 % EMULSION **MO** | 3 | BvsD |
| *sodium bicarbonate 50 meq/50 ml (8.4 %) SYRINGE* **MO** | 1 | |
| *sodium chloride 2.5 meq/ml SOLUTION* **MO** | 1 | |
| *sodium chloride 0.45 % 0.45 % PARENTERAL SOLUTION* **MO** | 1 | |
| *sodium chloride 0.9 % PARENTERAL SOLUTION* **MO** | 1 | |
| *sodium chloride 0.9 % PIGGYBACK* **MO** | 1 | |
| *sodium chloride 0.9 % SOLUTION* **MO** | 1 | |
| *sodium chloride 3 % hypertonic 3 % PARENTERAL SOLUTION* **MO** | 1 | |
| *sodium chloride 5 % hypertonic 5 % PARENTERAL SOLUTION* **MO** | 1 | |
| *sodium phosphate 3 mmol/ml SOLUTION* **MO** | 1 | |
| *sodium polystyrene sulfonate 15 gram POWDER* **MO** | 1 | |
| *sodium polystyrene sulfonate 15 gram/60 ml SUSPENSION* **MO** | 1 | |
| SPS (WITH SORBITOL) 15-20 GRAM/60 ML SUSPENSION **MO** | 1 | |
| SPS (WITH SORBITOL) 30-40 GRAM/120 ML ENEMA **MO** | 1 | |
| SYPRINE 250 MG CAPSULE **DL** | 4 | PA,QL(240 per 30 days) |
| THAM 36 MG/ML (0.3 M) SOLUTION **MO** | 3 | |
| *tolvaptan 15 mg, 30 mg TABLET* **DL** | 4 | PA,QL(60 per 30 days) |

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| DRUG NAME | TIER | UTILIZATION MANAGEMENT REQUIREMENTS |
|---|---|---|
| *tolvaptan (polycys kidney dis) 15 mg (am)/ 15 mg (pm), 30 mg (am)/ 15 mg (pm), 45 mg (am)/ 15 mg (pm), 60 mg (am)/ 30 mg (pm), 90 mg (am)/ 30 mg (pm) TABLET, SEQUENTIAL* **DL** | 4 | PA,QL(56 per 28 days) |
| *tolvaptan (polycys kidney dis) 15 mg, 30 mg TABLET* **DL** | 4 | PA,QL(120 per 30 days) |
| TPN ELECTROLYTES 35-20-5 MEQ/20 ML SOLUTION **MO** | 3 | |
| TRAVASOL 10 % 10 % PARENTERAL SOLUTION **MO** | 3 | BvsD |
| TRICARE 27 MG IRON- 1 MG TABLET **MO** | 1 | |
| *trientine 250 mg CAPSULE* **DL** | 4 | QL(240 per 30 days) |
| *trientine 500 mg CAPSULE* **DL** | 4 | QL(120 per 30 days) |
| *trinatal rx 1 60 mg iron-1 mg TABLET* **MO** | 1 | |
| TRISTART DHA 31 MG IRON- 1 MG-200 MG CAPSULE **MO** | 3 | |
| *tromethamine 36 mg/ml (0.3 m) SOLUTION* **MO** | 1 | |
| TROPHAMINE 10 % 10 % PARENTERAL SOLUTION **MO** | 3 | BvsD |
| UROCIT-K 10 10 MEQ (1,080 MG) TABLET ER **MO** | 3 | |
| UROCIT-K 15 15 MEQ TABLET ER **MO** | 3 | |
| VAPRISOL IN 5 % DEXTROSE 20 MG/100 ML SOLUTION **MO** | 3 | |
| VELTASSA 1 GRAM POWDER IN PACKET **MO** | 3 | PA,QL(240 per 30 days) |
| VELTASSA 16.8 GRAM, 8.4 GRAM POWDER IN PACKET **MO** | 3 | PA,QL(30 per 30 days) |
| VITAFOL FE PLUS 90 MG IRON- 1 MG-200 MG CAPSULE **MO** | 3 | |
| VITAFOL GUMMIES 3.33 MG IRON- 0.33 MG CHEWABLE TABLET **MO** | 3 | |
| VITAFOL ULTRA 29 MG IRON- 1 MG-200 MG CAPSULE **MO** | 3 | |
| VITAFOL-OB 65-1 MG TABLET **MO** | 3 | |
| VITAFOL-OB+DHA 65-1-250 MG COMBO PACK **MO** | 3 | |
| VITAFOL-ONE 29 MG IRON- 1 MG-200 MG CAPSULE **MO** | 3 | |
| VITAMEDMD ONE RX 30 MG IRON-1MG -200 MG CAPSULE **MO** | 3 | |
| *wescap-pn dha 27 mg iron-1 mg -300 mg CAPSULE* **MO** | 1 | |
| *wesnatal dha complete 29 mg iron- 1 mg-200 mg COMBO PACK* **MO** | 1 | |
| *wesnate dha 28 mg iron-1 mg -200 mg CAPSULE* **MO** | 1 | |
| *westab plus 27 mg iron- 1 mg TABLET* **MO** | 1 | |
| *westgel dha 31 mg iron- 1 mg-200 mg CAPSULE* **MO** | 1 | |
| *zatean-pn dha 27 mg iron-1 mg -300 mg CAPSULE* **MO** | 1 | |
| *zatean-pn plus 28-1-300 mg CAPSULE* **MO** | 1 | |
| **GASTROINTESTINAL AGENTS** | | |
| ACIPHEX 20 MG TABLET, DR/EC **MO** | 3 | PA,QL(60 per 30 days) |
| ACIPHEX SPRINKLE 10 MG CAPSULE, DR SPRINKLE **DL** | 3 | QL(60 per 30 days) |

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| DRUG NAME | TIER | UTILIZATION MANAGEMENT REQUIREMENTS |
|---|---|---|
| ACIPHEX SPRINKLE 5 MG CAPSULE, DR SPRINKLE DL | 3 | QL(30 per 30 days) |
| *alosetron 0.5 mg, 1 mg TABLET* MO | 1 | PA,QL(60 per 30 days) |
| AMITIZA 24 MCG, 8 MCG CAPSULE MO | 3 | PA,QL(60 per 30 days) |
| *amoxicil-clarithromy-lansopraz 500-500-30 mg COMBO PACK* MO | 1 | ST |
| *atropine 0.1 mg/ml, 0.25 mg/5 ml (0.05 mg/ml) SYRINGE* MO | 1 | |
| BENTYL 10 MG/ML SOLUTION MO | 3 | |
| *bismuth subcit k-metronidz-tcn 140-125-125 mg CAPSULE* MO | 1 | ST,QL(120 per 30 days) |
| CARAFATE 1 GRAM TABLET MO | 3 | |
| *chenodal 250 mg TABLET* DL | 4 | PA |
| *cimetidine 200 mg, 300 mg, 400 mg, 800 mg TABLET* MO | 1 | |
| *cimetidine hcl 300 mg/5 ml SOLUTION* MO | 1 | |
| CLENPIQ 10 MG-3.5 GRAM- 12 GRAM/175 ML SOLUTION MO | 3 | ST |
| *constulose 10 gram/15 ml SOLUTION* MO | 1 | |
| CTEXLI 250 MG TABLET DL | 4 | PA |
| CUVPOSA 1 MG/5 ML (0.2 MG/ML) SOLUTION MO | 3 | |
| CYTOTEC 100 MCG, 200 MCG TABLET DL | 4 | |
| DARTISLA 1.7 MG TABLET, DISINTEGRATING MO | 3 | ST,QL(120 per 30 days) |
| DEXILANT 30 MG, 60 MG CAPSULE, DR, BIPHASIC MO | 3 | PA,QL(30 per 30 days) |
| *dexlansoprazole 30 mg, 60 mg CAPSULE, DR, BIPHASIC* MO | 3 | QL(30 per 30 days) |
| *dicyclomine 10 mg CAPSULE* MO | 1 | |
| *dicyclomine 10 mg/5 ml, 10 mg/ml SOLUTION* MO | 1 | |
| *dicyclomine 20 mg TABLET* MO | 1 | |
| *dicyclomine 40 mg TABLET* DL | 4 | |
| *diphenoxylate-atropine 2.5-0.025 mg TABLET* MO | 1 | |
| *diphenoxylate-atropine 2.5-0.025 mg/5 ml LIQUID* MO | 1 | |
| ENDARI 5 GRAM POWDER IN PACKET DL | 4 | PA,QL(180 per 30 days) |
| *enulose 10 gram/15 ml SOLUTION* MO | 1 | |
| *esomeprazole magnesium 10 mg, 2.5 mg, 20 mg, 40 mg, 5 mg DR GRANULES IN PACKET* MO | 1 | QL(30 per 30 days) |
| *esomeprazole magnesium 20 mg CAPSULE, DR/EC* MO | 1 | QL(60 per 30 days) |
| *esomeprazole magnesium 40 mg CAPSULE, DR/EC* MO | 1 | QL(60 per 30 days) |
| *esomeprazole sodium 40 mg RECON SOLUTION* MO | 1 | |
| *famotidine 10 mg/ml SOLUTION* MO | 1 | |
| *famotidine 20 mg, 40 mg TABLET* MO | 1 | |
| FAMOTIDINE 4 MG/ML SOLUTION MO | 1 | |

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| DRUG NAME | TIER | UTILIZATION MANAGEMENT REQUIREMENTS |
|---|---|---|
| *famotidine 40 mg/5 ml (8 mg/ml) SUSPENSION FOR RECONSTITUTION* **MO** | 1 | |
| *famotidine (pf) 20 mg/2 ml SOLUTION* **MO** | 1 | |
| FAMOTIDINE (PF) 4 MG/ML SOLUTION **MO** | 1 | |
| *famotidine (pf)-nacl (iso-os) 20 mg/50 ml PIGGYBACK* **MO** | 1 | |
| GATTEX 30-VIAL 5 MG KIT **DL** | 4 | PA |
| GATTEX ONE-VIAL 5 MG KIT **DL** | 4 | PA |
| *gavilyte-c 240-22.72-6.72 -5.84 gram RECON SOLUTION* **MO** | 1 | |
| *gavilyte-g 236-22.74-6.74 -5.86 gram RECON SOLUTION* **MO** | 1 | |
| *gavilyte-n 420 gram RECON SOLUTION* **MO** | 1 | |
| *generlac 10 gram/15 ml SOLUTION* **MO** | 1 | |
| *glutamine (sickle cell) 5 gram POWDER IN PACKET* **DL** | 4 | PA,QL(180 per 30 days) |
| GLYCATE 1.5 MG TABLET **MO** | 1 | |
| *glycopyrrolate 0.2 mg/ml, 1 mg/5 ml (0.2 mg/ml) SOLUTION* **MO** | 1 | |
| *glycopyrrolate 1 mg, 2 mg TABLET* **MO** | 1 | |
| *glycopyrrolate 1.5 mg TABLET* | 4 | |
| *glycopyrrolate (pf) 0.4 mg/2 ml (0.2 mg/ml) SYRINGE* **MO** | 1 | |
| *glycopyrrolate (pf) 0.6 mg/3 ml (0.2 mg/ml) SYRINGE* **MO** | 3 | |
| *glycopyrrolate (pf) in water 0.2 mg/ml SYRINGE* **MO** | 1 | |
| GOLYTELY 236-22.74-6.74 -5.86 GRAM RECON SOLUTION **MO** | 3 | ST |
| IBSRELA 50 MG TABLET **DL** | 4 | PA,QL(60 per 30 days) |
| IQIRVO 80 MG TABLET **DL** | 4 | PA,QL(30 per 30 days) |
| KONVOMEP 2-84 MG/ML SUSPENSION FOR RECONSTITUTION **MO** | 3 | ST,QL(600 per 30 days) |
| KRISTALOSE 10 GRAM, 20 GRAM PACKET **MO** | 1 | |
| *lactulose 10 gram, 20 gram PACKET* **DL** | 4 | |
| *lactulose 10 gram/15 ml SOLUTION* **MO** | 1 | |
| *lansoprazole 15 mg, 30 mg CAPSULE, DR/EC* **MO** | 1 | QL(60 per 30 days) |
| *lansoprazole 15 mg, 30 mg TABLET, DISINTEGRATING DR* **MO** | 1 | QL(30 per 30 days) |
| LINZESS 145 MCG, 290 MCG, 72 MCG CAPSULE **MO** | 2 | QL(30 per 30 days) |
| LIVDELZI 10 MG CAPSULE **DL** | 4 | PA,QL(30 per 30 days) |
| LIVMARLI 10 MG, 15 MG, 20 MG TABLET **DL** | 4 | PA,QL(60 per 30 days) |
| LIVMARLI 19 MG/ML SOLUTION **DL** | 4 | PA,QL(60 per 30 days) |
| LIVMARLI 30 MG TABLET **DL** | 4 | PA,QL(30 per 30 days) |
| LIVMARLI 9.5 MG/ML SOLUTION **DL** | 4 | PA,QL(90 per 30 days) |
| LOMOTIL 2.5-0.025 MG TABLET **MO** | 3 | |

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| DRUG NAME | TIER | UTILIZATION MANAGEMENT REQUIREMENTS |
|---|---|---|
| *loperamide 2 mg CAPSULE* **MO** | 1 | |
| LOTRONEX 0.5 MG, 1 MG TABLET | 4 | PA,QL(60 per 30 days) |
| *lubiprostone 24 mcg, 8 mcg CAPSULE* **MO** | 1 | QL(60 per 30 days) |
| LYNAVOY 40 MG TABLET **DL** | 4 | PA,QL(60 per 30 days) |
| *methscopolamine 2.5 mg, 5 mg TABLET* **MO** | 1 | |
| *misoprostol 100 mcg, 200 mcg TABLET* **MO** | 1 | |
| MOTEGRITY 1 MG, 2 MG TABLET **MO** | 3 | PA,QL(30 per 30 days) |
| MOTOFEN 1-0.025 MG TABLET **MO** | 3 | |
| MOVANTIK 12.5 MG, 25 MG TABLET **MO** | 2 | QL(30 per 30 days) |
| MOVIPREP 100-7.5-2.691 GRAM POWDER IN PACKET **MO** | 3 | ST |
| MYALEPT 5 MG/ML (FINAL CONC.) RECON SOLUTION **DL** | 4 | PA,QL(30 per 30 days) |
| MYTESI 125 MG TABLET, DR/EC **DL** | 4 | PA,QL(60 per 30 days) |
| NEXIUM 20 MG, 40 MG CAPSULE, DR/EC **MO** | 3 | PA,QL(60 per 30 days) |
| NEXIUM PACKET 10 MG, 2.5 MG, 20 MG, 40 MG, 5 MG DR GRANULES IN PACKET **MO** | 3 | QL(30 per 30 days) |
| *nizatidine 150 mg, 300 mg CAPSULE* **MO** | 1 | |
| OCALIVA 10 MG, 5 MG TABLET **DL** | 4 | PA,QL(30 per 30 days) |
| OMECLAMOX-PAK 20 MG-500 MG- 500 MG (40) COMBO PACK **MO** | 3 | ST |
| *omeprazole 10 mg CAPSULE, DR/EC* **MO** | 1 | |
| *omeprazole 20 mg, 40 mg CAPSULE, DR/EC* **MO** | 1 | |
| *omeprazole-sodium bicarbonate 20-1,680 mg, 40-1,680 mg PACKET* **DL** | 4 | ST,QL(30 per 30 days) |
| *omeprazole-sodium bicarbonate 20-1.1 mg-gram, 40-1.1 mg-gram CAPSULE* **MO** | 1 | QL(30 per 30 days) |
| *opium tincture 10 mg/ml (morphine) TINCTURE* **MO** | 3 | QL(180 per 30 days) |
| *pantoprazole 20 mg, 40 mg TABLET, DR/EC* **MO** | 1 | QL(60 per 30 days) |
| *pantoprazole 40 mg DR GRANULES IN PACKET* **MO** | 1 | QL(30 per 30 days) |
| *pantoprazole 40 mg RECON SOLUTION* **MO** | 1 | |
| *pantoprazole in 0.9% sod chlor 40 mg/100 ml (0.4 mg/ml), 40 mg/50 ml (0.8 mg/ml), 80 mg/100 ml (0.8 mg/ml) PIGGYBACK* **MO** | 3 | |
| PANTOPRAZOLE IN 0.9% SOD CHLOR 40 MG/50 ML (0.8 MG/ML) PIGGYBACK **MO** | 3 | |
| *peg 3350-electrolytes 236-22.74-6.74 -5.86 gram RECON SOLUTION* **MO** | 1 | |
| *peg-electrolyte soln 420 gram RECON SOLUTION* **MO** | 1 | |
| *peg3350-sod sul-nacl-kcl-asb-c 100-7.5-2.691 gram POWDER IN PACKET* **MO** | 1 | ST |
| *pepcid 20 mg, 40 mg TABLET* **MO** | 3 | PA |

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| DRUG NAME | TIER | UTILIZATION MANAGEMENT REQUIREMENTS |
|---|---|---|
| PLENVU 140-9-5.2 GRAM POWDER IN PACKET, SEQUENTIAL **MO** | 3 | ST |
| PREVACID 30 MG CAPSULE, DR/EC **MO** | 3 | PA,QL(60 per 30 days) |
| PREVACID SOLUTAB 15 MG, 30 MG TABLET, DISINTEGRATING DR **MO** | 3 | QL(30 per 30 days) |
| PRILOSEC 10 MG, 2.5 MG SUSPENSION, DR FOR RECON **MO** | 3 | |
| PROTONIX 20 MG, 40 MG TABLET, DR/EC **MO** | 3 | PA,QL(60 per 30 days) |
| PROTONIX 40 MG DR GRANULES IN PACKET **MO** | 3 | QL(30 per 30 days) |
| PROTONIX 40 MG RECON SOLUTION **MO** | 3 | PA |
| *prucalopride 1 mg, 2 mg TABLET* **MO** | 1 | PA,QL(30 per 30 days) |
| PYLERA 140-125-125 MG CAPSULE **MO** | 3 | ST,QL(120 per 30 days) |
| *rabeprazole 20 mg TABLET, DR/EC* **MO** | 1 | QL(60 per 30 days) |
| *ranitidine hcl 150 mg, 300 mg TABLET* **MO** | 1 | |
| REBYOTA 150 ML ENEMA **DL** | 4 | PA |
| RELISTOR 12 MG/0.6 ML SOLUTION **DL** | 4 | PA,QL(36 per 30 days) |
| RELISTOR 12 MG/0.6 ML SYRINGE **DL** | 4 | PA,QL(36 per 28 days) |
| RELISTOR 150 MG TABLET **DL** | 4 | PA,QL(90 per 30 days) |
| RELISTOR 8 MG/0.4 ML SYRINGE **DL** | 4 | PA,QL(12 per 30 days) |
| RELTONE 200 MG CAPSULE **DL** | 4 | PA,QL(150 per 30 days) |
| RELTONE 400 MG CAPSULE **DL** | 4 | PA,QL(60 per 30 days) |
| ROBINUL 1 MG TABLET **MO** | 3 | PA |
| ROBINUL FORTE 2 MG TABLET **MO** | 3 | PA |
| *sodium,potassium,mag sulfates 17.5-3.13-1.6 gram RECON SOLUTION* **MO** | 1 | |
| *sucralfate 1 gram TABLET* **MO** | 1 | |
| *sucralfate 100 mg/ml SUSPENSION* **MO** | 1 | |
| SUFLAVE 178.7-7.3-0.5 GRAM RECON SOLUTION **MO** | 3 | |
| SUPREP BOWEL PREP KIT 17.5-3.13-1.6 GRAM RECON SOLUTION **MO** | 3 | ST |
| SUTAB 1.479-0.188- 0.225 GRAM TABLET **MO** | 2 | |
| SYMPROIC 0.2 MG TABLET **MO** | 3 | PA,QL(30 per 30 days) |
| TALICIA 10-250-12.5 MG CAPSULE, IR/DR, BIPHASIC **MO** | 3 | |
| TRULANCE 3 MG TABLET **MO** | 3 | PA,QL(30 per 30 days) |
| URSO FORTE 500 MG TABLET **MO** | 3 | PA |
| *ursodiol 200 mg CAPSULE* **DL** | 4 | PA,QL(150 per 30 days) |
| *ursodiol 250 mg, 500 mg TABLET* **MO** | 1 | |
| *ursodiol 300 mg CAPSULE* **MO** | 1 | |
| *ursodiol 400 mg CAPSULE* **DL** | 4 | PA,QL(60 per 30 days) |

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| DRUG NAME | TIER | UTILIZATION MANAGEMENT REQUIREMENTS |
|---|---|---|
| URSOLIGN 150 MG CAPSULE **DL** | 4 | PA |
| VIBERZI 100 MG, 75 MG TABLET | 4 | PA,QL(60 per 30 days) |
| VOQUEZNA 10 MG TABLET **MO** | 3 | PA,QL(30 per 30 days) |
| VOQUEZNA 20 MG TABLET **MO** | 3 | PA,QL(60 per 30 days) |
| VOQUEZNA DUAL PAK 20 MG (28)- 500 MG (84) COMBO PACK **MO** | 3 | ST,QL(112 per 30 days) |
| VOQUEZNA TRIPLE PAK 20-500-500 MG COMBO PACK **MO** | 3 | ST,QL(112 per 30 days) |
| VOWST 1 X 10EXP6 TO 3 X 10EXP7 CELL CAPSULE **DL** | 4 | PA |
| XERMELO 250 MG TABLET **DL** | 4 | PA,QL(84 per 28 days) |
| XIFAXAN 200 MG TABLET **MO** | 3 | PA,QL(9 per 30 days) |
| XIFAXAN 550 MG TABLET | 4 | PA,QL(84 per 28 days) |
| ZEGERID 20-1,680 MG, 40-1,680 MG PACKET **DL** | 4 | ST,QL(30 per 30 days) |
| ZEGERID 20-1.1 MG-GRAM, 40-1.1 MG-GRAM CAPSULE **DL** | 4 | PA,QL(30 per 30 days) |
| **GENETIC/ENZYME/PROTEIN DISORDER: REPLACEMENT, MODIFIERS, TREATMENT** | | |
| ALDURAZYME 2.9 MG/5 ML SOLUTION **DL** | 4 | PA |
| AMVUTTRA 25 MG/0.5 ML SYRINGE **DL** | 4 | PA,QL(0.5 per 90 days) |
| AQVESME 100 MG TABLET **DL** | 4 | PA,QL(60 per 30 days) |
| ARALAST NP 1,000 MG, 500 MG RECON SOLUTION **DL** | 4 | PA |
| ATTRUBY 356 MG TABLET **DL** | 4 | PA,QL(120 per 30 days) |
| AVLAYAH 150 MG RECON SOLUTION **DL** | 4 | PA |
| *betaine 1 gram/scoop POWDER* **DL** | 4 | |
| BUPHENYL 0.94 GRAM/GRAM POWDER **DL** | 4 | PA |
| BUPHENYL 500 MG TABLET **DL** | 4 | PA |
| CERDELGA 84 MG CAPSULE **DL** | 4 | PA |
| CEREZYME 400 UNIT RECON SOLUTION **DL** | 4 | PA |
| CHOLBAM 250 MG, 50 MG CAPSULE **DL** | 4 | QL(120 per 30 days) |
| 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** | 2 | |
| CRYSVITA 10 MG/ML, 20 MG/ML SOLUTION **DL** | 4 | PA,QL(2 per 28 days) |
| CRYSVITA 30 MG/ML SOLUTION **DL** | 4 | PA,QL(6 per 28 days) |
| CYSTADANE 1 GRAM/SCOOP POWDER **DL** | 4 | PA |
| CYSTAGON 150 MG, 50 MG CAPSULE **MO** | 3 | |
| DAYBUE 200 MG/ML SOLUTION **DL** | 4 | PA,QL(3600 per 30 days) |
| DAYBUE STIX 5,000 MG, 6,000 MG POWDER IN PACKET **DL** | 4 | PA,QL(120 per 30 days) |
| DAYBUE STIX 8,000 MG POWDER IN PACKET **DL** | 4 | PA,QL(60 per 30 days) |

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| DRUG NAME | TIER | UTILIZATION MANAGEMENT REQUIREMENTS |
|---|---|---|
| *dichlorphenamide 50 mg TABLET* DL | 4 | PA,QL(120 per 30 days) |
| DOJOLVI 8.3 KCAL/ML LIQUID DL | 4 | PA |
| DUVYZAT 8.86 MG/ML SUSPENSION DL | 4 | PA,QL(360 per 30 days) |
| ELAPRASE 6 MG/3 ML SOLUTION DL | 4 | PA |
| ELELYSO 200 UNIT RECON SOLUTION DL | 4 | PA |
| ELEVIDYS 1.33 X 10EXP13 VG/ML SUSPENSION DL | 4 | PA |
| ELFABRIO 2 MG/ML SOLUTION DL | 4 | PA |
| EVRYSDI 0.75 MG/ML RECON SOLUTION DL | 4 | PA,QL(240 per 30 days) |
| EVRYSDI 5 MG TABLET DL | 4 | PA,QL(30 per 30 days) |
| FABRAZYME 35 MG, 5 MG RECON SOLUTION DL | 4 | PA |
| GALAFOLD 123 MG CAPSULE DL | 4 | PA,QL(14 per 28 days) |
| GLASSIA 20 MG/ML (2 %) SOLUTION DL | 4 | PA |
| *glycerol phenylbutyrate 1.1 gram/ml LIQUID* DL | 4 | PA,QL(525 per 30 days) |
| HARLIKU 2 MG TABLET DL | 4 | PA |
| *javygtor 100 mg TABLET, SOLUBLE* DL | 4 | PA |
| *javygtor 100 mg, 500 mg POWDER IN PACKET* DL | 4 | PA |
| JOENJA 40 MG, 50 MG, 70 MG TABLET DL | 4 | PA,QL(60 per 30 days) |
| KANUMA 2 MG/ML SOLUTION DL | 4 | PA |
| KEVEYIS 50 MG TABLET DL | 4 | PA,QL(120 per 30 days) |
| KUVAN 100 MG TABLET, SOLUBLE DL | 4 | PA |
| KUVAN 100 MG, 500 MG POWDER IN PACKET DL | 4 | PA |
| KYGEVVI 4 GRAM POWDER IN PACKET DL | 4 | PA |
| LAMZEDE 10 MG RECON SOLUTION DL | 4 | PA |
| LOARGYS 5 MG/ML SOLUTION DL | 4 | PA |
| LUMIZYME 50 MG RECON SOLUTION DL | 4 | PA |
| MEPSEVII 2 MG/ML SOLUTION DL | 4 | PA |
| *miglustat 100 mg CAPSULE* DL | 4 | PA,QL(90 per 30 days) |
| MIPLYFFA 124 MG, 47 MG, 62 MG, 93 MG CAPSULE DL | 4 | PA,QL(90 per 30 days) |
| NAGLAZYME 5 MG/5 ML SOLUTION DL | 4 | PA |
| NEXVIAZYME 100 MG RECON SOLUTION DL | 4 | PA |
| *nitisinone 10 mg, 2 mg, 20 mg, 5 mg CAPSULE* DL | 4 | |
| NITYR 10 MG, 2 MG, 5 MG TABLET DL | 4 | |
| NULIBRY 9.5 MG RECON SOLUTION DL | 4 | PA |
| OLPRUVA 2 GRAM, 3 GRAM, 4 GRAM, 5 GRAM, 6 GRAM, 6.67 GRAM PELLETS IN PACKET DL | 4 | PA |

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| DRUG NAME | TIER | UTILIZATION MANAGEMENT REQUIREMENTS |
|---|---|---|
| ONPATTRO 2 MG/ML SOLUTION **DL** | 4 | PA |
| OPFOLDA 65 MG CAPSULE **MO** | 3 | PA |
| ORFADIN 10 MG, 2 MG, 20 MG, 5 MG CAPSULE **DL** | 4 | |
| ORFADIN 4 MG/ML SUSPENSION **DL** | 4 | |
| *ormalvi 50 mg TABLET* **DL** | 4 | PA,QL(120 per 30 days) |
| PALYNZIQ 10 MG/0.5 ML SYRINGE **DL** | 4 | PA,QL(15 per 30 days) |
| PALYNZIQ 2.5 MG/0.5 ML SYRINGE **DL** | 4 | PA,QL(4 per 28 days) |
| PALYNZIQ 20 MG/ML SYRINGE **DL** | 4 | PA,QL(90 per 30 days) |
| PANCREAZE 10,500-35,500- 61,500 UNIT, 2,600-8,800- 15,200 UNIT, 4,200-14,200- 24,600 UNIT CAPSULE, DR/EC **MO** | 3 | ST |
| PANCREAZE 16,800-56,800- 98,400 UNIT, 21,000-54,700- 83,900 UNIT CAPSULE, DR/EC | 4 | ST |
| PANCREAZE 37,000-97,300- 149,900 UNIT CAPSULE, DR/EC **DL** | 4 | ST |
| PERTZYE 16,000-57,500- 60,500 UNIT, 24,000-86,250- 90,750 UNIT, 4,000-14,375- 15,125 UNIT, 8,000-28,750- 30,250 UNIT CAPSULE, DR/EC **DL** | 4 | ST |
| PHEBURANE 483 MG/GRAM GRANULES **DL** | 4 | PA |
| POMBILITI 105 MG RECON SOLUTION **DL** | 4 | PA |
| PROCYSBI 25 MG CAPSULE, DR SPRINKLE **DL** | 4 | PA,QL(120 per 30 days) |
| PROCYSBI 300 MG DR GRANULES IN PACKET **DL** | 4 | PA,QL(210 per 30 days) |
| PROCYSBI 75 MG CAPSULE, DR SPRINKLE **DL** | 4 | PA,QL(780 per 30 days) |
| PROCYSBI 75 MG DR GRANULES IN PACKET **DL** | 4 | PA,QL(780 per 30 days) |
| PROLASTIN-C 1,000 MG (+/-)/20 ML SOLUTION **DL** | 4 | PA |
| PYRUKYND 20 MG (7)- 5 MG (7), 50 MG (7)- 20 MG (7) TABLET, DOSE PACK **DL** | 4 | PA,QL(14 per 14 days) |
| PYRUKYND 20 MG, 5 MG, 50 MG TABLET **DL** | 4 | PA,QL(60 per 30 days) |
| RAVICTI 1.1 GRAM/ML LIQUID **DL** | 4 | PA,QL(525 per 30 days) |
| REVCOVI 2.4 MG/1.5 ML (1.6 MG/ML) SOLUTION **DL** | 4 | PA |
| *sapropterin 100 mg TABLET, SOLUBLE* **DL** | 4 | PA |
| *sapropterin 100 mg, 500 mg POWDER IN PACKET* **DL** | 4 | PA |
| SEPHIENCE 1,000 MG, 250 MG POWDER IN PACKET **DL** | 4 | PA |
| *sodium phenylbutyrate 0.94 gram/gram POWDER* **DL** | 4 | |
| *sodium phenylbutyrate 500 mg TABLET* **DL** | 4 | |
| STRENSIQ 18 MG/0.45 ML, 28 MG/0.7 ML, 40 MG/ML, 80 MG/0.8 ML SOLUTION **DL** | 4 | PA |
| SUCRAID 8,500 UNIT/ML SOLUTION **DL** | 4 | PA |
| VIJOICE 125 MG, 50 MG TABLET **DL** | 4 | PA,QL(28 per 28 days) |

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| DRUG NAME | TIER | UTILIZATION MANAGEMENT REQUIREMENTS |
|---|---|---|
| VIJOICE 250 MG/DAY (200 MG X1-50 MG X1) TABLET **DL** | 4 | PA,QL(56 per 28 days) |
| VIJOICE 50 MG GRANULES IN PACKET **DL** | 4 | PA,QL(28 per 28 days) |
| VIOKACE 10,440-39,150- 39,150 UNIT, 20,880-78,300- 78,300 UNIT TABLET **DL** | 4 | ST |
| VOXZOGO 0.4 MG, 0.56 MG, 1.2 MG RECON SOLUTION **DL** | 4 | PA,QL(30 per 30 days) |
| VPRIV 400 UNIT RECON SOLUTION **DL** | 4 | PA |
| VYNDAMAX 61 MG CAPSULE **DL** | 4 | PA,QL(30 per 30 days) |
| VYNDAQEL 20 MG CAPSULE **DL** | 4 | PA,QL(120 per 30 days) |
| WAINUA 45 MG/0.8 ML AUTO-INJECTOR **DL** | 4 | PA,QL(0.8 per 28 days) |
| WAINUA 45 MG/0.8 ML SYRINGE **DL** | 4 | PA,QL(0.8 per 28 days) |
| WELIREG 40 MG TABLET **DL** | 4 | PA,QL(90 per 30 days) |
| XENPOZYME 20 MG, 4 MG RECON SOLUTION **DL** | 4 | PA |
| *yargesa 100 mg CAPSULE* **DL** | 4 | PA,QL(90 per 30 days) |
| YUVIWEL 1.3 MG, 2.8 MG, 5.5 MG RECON SOLUTION **DL** | 4 | PA |
| ZAVESCA 100 MG CAPSULE **DL** | 4 | PA,QL(90 per 30 days) |
| *zelvysia 100 mg, 500 mg POWDER IN PACKET* **DL** | 4 | PA |
| ZEMAIRA 1,000 MG RECON SOLUTION **DL** | 4 | PA |
| ZEMAIRA 4,000 MG, 5,000 MG RECON SOLUTION **DL** | 4 | PA |
| ZENPEP 10,000-32,000 -42,000 UNIT, 15,000-47,000 -63,000 UNIT, 20,000-63,000- 84,000 UNIT, 25,000-79,000- 105,000 UNIT, 3,000-10,000 -14,000-UNIT, 40,000-126,000- 168,000 UNIT, 5,000-17,000- 24,000 UNIT, 60,000-189,600- 252,600 UNIT CAPSULE, DR/EC **MO** | 3 | |
| ZOKINVY 50 MG, 75 MG CAPSULE **DL** | 4 | PA,QL(120 per 30 days) |
| **GENITOURINARY AGENTS** | | |
| *alfuzosin 10 mg TABLET, ER 24 HR.* **MO** | 1 | |
| AVODART 0.5 MG CAPSULE **MO** | 3 | PA,QL(30 per 30 days) |
| *bethanechol chloride 10 mg, 25 mg, 5 mg, 50 mg TABLET* **MO** | 1 | |
| CIALIS 5 MG TABLET **MO** | 3 | PA |
| *darifenacin 15 mg, 7.5 mg TABLET, ER 24 HR.* **MO** | 1 | QL(30 per 30 days) |
| DETROL 1 MG, 2 MG TABLET **MO** | 3 | PA,QL(60 per 30 days) |
| DETROL LA 2 MG, 4 MG CAPSULE, ER 24 HR. **MO** | 3 | PA,QL(30 per 30 days) |
| *dutasteride 0.5 mg CAPSULE* **MO** | 1 | QL(30 per 30 days) |
| *dutasteride-tamsulosin 0.5-0.4 mg CAPSULE ER MULTIPHASE 24 HR.* **MO** | 1 | QL(30 per 30 days) |
| ELMIRON 100 MG CAPSULE **MO** | 3 | QL(90 per 30 days) |
| *fesoterodine 4 mg, 8 mg TABLET, ER 24 HR.* **MO** | 1 | QL(30 per 30 days) |

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| DRUG NAME | TIER | UTILIZATION MANAGEMENT REQUIREMENTS |
|---|---|---|
| *finasteride 5 mg TABLET* **MO** | 1 | QL(30 per 30 days) |
| *flavoxate 100 mg TABLET* **MO** | 1 | |
| FLOMAX 0.4 MG CAPSULE **MO** | 3 | |
| GEMTESA 75 MG TABLET **MO** | 3 | QL(30 per 30 days) |
| JALYN 0.5-0.4 MG CAPSULE ER MULTIPHASE 24 HR. **MO** | 3 | PA,QL(30 per 30 days) |
| MYRBETRIQ 25 MG, 50 MG TABLET, ER 24 HR. **MO** | 2 | QL(30 per 30 days) |
| MYRBETRIQ 8 MG/ML SUSPENSION, ER, RECON **MO** | 2 | QL(300 per 30 days) |
| *oxybutynin chloride 10 mg TABLET, ER 24 HR.* **MO** | 1 | QL(60 per 30 days) |
| *oxybutynin chloride 15 mg, 5 mg TABLET, ER 24 HR.* **MO** | 1 | QL(60 per 30 days) |
| *oxybutynin chloride 2.5 mg TABLET* **MO** | 1 | QL(90 per 30 days) |
| *oxybutynin chloride 5 mg TABLET* **MO** | 1 | |
| *oxybutynin chloride 5 mg/5 ml SYRUP* **MO** | 1 | |
| OXYTROL 3.9 MG/24 HR PATCH, SEMIWEEKLY **MO** | 3 | ST,QL(8 per 28 days) |
| PROSCAR 5 MG TABLET **MO** | 3 | PA,QL(30 per 30 days) |
| RAPAFLO 4 MG, 8 MG CAPSULE **MO** | 3 | PA,QL(30 per 30 days) |
| *silodosin 4 mg, 8 mg CAPSULE* **MO** | 1 | QL(30 per 30 days) |
| *solifenacin 10 mg, 5 mg TABLET* **MO** | 1 | QL(30 per 30 days) |
| *tadalafil 2.5 mg, 5 mg TABLET* **MO** | 1 | PA |
| *tamsulosin 0.4 mg CAPSULE* **MO** | 1 | |
| THIOLA 100 MG TABLET **DL** | 4 | |
| THIOLA EC 100 MG, 300 MG TABLET, DR/EC **DL** | 4 | |
| *tiopronin 100 mg TABLET* **DL** | 4 | |
| *tiopronin 100 mg, 300 mg TABLET, DR/EC* **DL** | 4 | |
| *tolterodine 1 mg, 2 mg TABLET* **MO** | 1 | QL(60 per 30 days) |
| *tolterodine 2 mg, 4 mg CAPSULE, ER 24 HR.* **MO** | 1 | QL(30 per 30 days) |
| TOVIAZ 4 MG, 8 MG TABLET, ER 24 HR. **MO** | 3 | PA,QL(30 per 30 days) |
| *trospium 20 mg TABLET* **MO** | 1 | |
| *trospium 60 mg CAPSULE, ER 24 HR.* **MO** | 1 | QL(30 per 30 days) |
| UROXATRAL 10 MG TABLET, ER 24 HR. **MO** | 3 | |
| *venxxiva 100 mg, 300 mg TABLET, DR/EC* **DL** | 4 | |
| VESICARE 10 MG, 5 MG TABLET **MO** | 3 | PA,QL(30 per 30 days) |
| VESICARE LS 1 MG/ML SUSPENSION **MO** | 3 | PA,QL(300 per 30 days) |
| **HORMONAL AGENTS, STIMULANT/REPLACEMENT/MODIFYING (ADRENAL)** | | |
| ACTHAR 80 UNIT/ML GEL **DL** | 4 | PA,QL(30 per 30 days) |

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| DRUG NAME | TIER | UTILIZATION MANAGEMENT REQUIREMENTS |
|---|---|---|
| ACTHAR SELFJECT 40 UNIT/0.5 ML, 80 UNIT/ML PEN INJECTOR DL | 4 | PA,QL(45 per 30 days) |
| AGAMREE 40 MG/ML SUSPENSION DL | 4 | PA,QL(225 per 30 days) |
| ALKINDI SPRINKLE 0.5 MG, 1 MG, 2 MG, 5 MG CAPSULE, SPRINKLE DL | 4 | PA |
| *betamethasone acet,sod phos 6 mg/ml SUSPENSION* MO | 1 | |
| CELESTONE SOLUSPAN 6 MG/ML SUSPENSION MO | 3 | |
| CORTROPHIN GEL 40 UNIT/0.5 ML SYRINGE DL | 4 | PA,QL(45 per 30 days) |
| CORTROPHIN GEL 80 UNIT/ML GEL DL | 4 | PA,QL(30 per 30 days) |
| CORTROPHIN GEL 80 UNIT/ML SYRINGE DL | 4 | PA,QL(30 per 30 days) |
| *deflazacort 18 mg, 30 mg, 36 mg, 6 mg TABLET* DL | 4 | PA |
| *deflazacort 22.75 mg/ml SUSPENSION* DL | 4 | PA |
| DEPO-MEDROL 20 MG/ML, 40 MG/ML, 80 MG/ML SUSPENSION MO | 3 | |
| *dexabliss 1.5 mg (39 tabs) TABLET, DOSE PACK* MO | 1 | |
| *dexamethasone 0.5 mg, 0.75 mg, 1 mg, 1.5 mg, 2 mg, 4 mg, 6 mg TABLET* MO | 1 | |
| *dexamethasone 0.5 mg/5 ml ELIXIR* MO | 1 | |
| *dexamethasone 0.5 mg/5 ml SOLUTION* MO | 1 | |
| *dexamethasone 1.5 mg (21 tabs), 1.5 mg (35 tabs), 1.5 mg (51 tabs) TABLET, DOSE PACK* MO | 1 | |
| *dexamethasone intensol 1 mg/ml DROPS* MO | 1 | |
| *dexamethasone sodium phos (pf) 10 mg/ml SOLUTION* MO | 1 | |
| *dexamethasone sodium phos (pf) 10 mg/ml SYRINGE* MO | 1 | |
| *dexamethasone sodium phosphate 10 mg/ml, 4 mg/ml SOLUTION* MO | 1 | |
| *dexamethasone sodium phosphate 4 mg/ml SYRINGE* MO | 1 | |
| *dexlyt 0.25 mg TABLET* DL | 4 | |
| EMFLAZA 18 MG, 30 MG, 36 MG, 6 MG TABLET DL | 4 | PA |
| EMFLAZA 22.75 MG/ML SUSPENSION DL | 4 | PA |
| *fludrocortisone 0.1 mg TABLET* MO | 1 | |
| HEMADY 20 MG TABLET MO | 3 | PA,QL(24 per 28 days) |
| *hydrocortisone acetate 2.5 % CREAM W/PERINEAL APPLICATOR* DL | 4 | |
| *hydrocortisone sod succinate 100 mg RECON SOLUTION* MO | 1 | |
| *jaythari 18 mg, 30 mg, 36 mg, 6 mg TABLET* DL | 4 | PA |
| *jaythari 22.75 mg/ml SUSPENSION* DL | 4 | PA |
| KENALOG 0.147 MG/GRAM AEROSOL MO | 3 | QL(200 per 30 days) |
| KENALOG 10 MG/ML, 40 MG/ML SUSPENSION MO | 3 | |
| KENALOG-80 80 MG/ML SUSPENSION MO | 3 | |
| KHINDIVI 1 MG/ML SOLUTION DL | 4 | PA |

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| DRUG NAME | TIER | UTILIZATION MANAGEMENT REQUIREMENTS |
|---|---|---|
| *kymbee 18 mg, 30 mg, 36 mg, 6 mg TABLET* **DL** | 4 | PA |
| *kymbee 22.75 mg/ml SUSPENSION* **DL** | 4 | PA |
| MEDROL 16 MG, 2 MG, 4 MG, 8 MG TABLET **MO** | 3 | BvsD |
| MEDROL (PAK) 4 MG TABLET, DOSE PACK **MO** | 3 | |
| *methylprednisolone 16 mg, 32 mg, 4 mg, 8 mg TABLET* **MO** | 1 | BvsD |
| *methylprednisolone 4 mg TABLET, DOSE PACK* **MO** | 1 | |
| *methylprednisolone acetate 40 mg/ml, 80 mg/ml SUSPENSION* **MO** | 1 | |
| *methylprednisolone sodium succ 1,000 mg, 125 mg, 40 mg, 500 mg RECON SOLUTION* **MO** | 1 | |
| *micort-hc 2.5 % CREAM W/PERINEAL APPLICATOR* **MO** | 1 | |
| *millipred 5 mg TABLET* **MO** | 1 | BvsD |
| *millipred dp 5 mg (21 tabs), 5 mg (48 tabs) TABLET, DOSE PACK* **MO** | 1 | |
| ORAPRED ODT 10 MG, 15 MG, 30 MG TABLET, DISINTEGRATING **MO** | 3 | |
| PEDIAPRED 5 MG BASE/5 ML (6.7 MG/5 ML) SOLUTION **MO** | 3 | |
| *prednisolone 15 mg/5 ml SOLUTION* **MO** | 1 | |
| *prednisolone 5 mg TABLET* **MO** | 1 | BvsD |
| *prednisolone sodium phosphate 10 mg, 15 mg, 30 mg TABLET, DISINTEGRATING* **MO** | 1 | |
| *prednisolone sodium phosphate 10 mg/5 ml, 15 mg/5 ml (3 mg/ml), 20 mg/5 ml (4 mg/ml), 25 mg/5 ml (5 mg/ml), 5 mg base/5 ml (6.7 mg/5 ml) SOLUTION* **MO** | 1 | |
| *prednisone 1 mg, 2 mg, 5 mg TABLET, DR/EC* **DL** | 4 | PA |
| *prednisone 1 mg, 2.5 mg, 50 mg TABLET* **MO** | 1 | BvsD |
| *prednisone 10 mg, 20 mg, 5 mg TABLET* **MO** | 1 | BvsD |
| *prednisone 10 mg, 5 mg TABLET, DOSE PACK* **MO** | 1 | |
| *prednisone 5 mg/5 ml SOLUTION* **MO** | 1 | BvsD |
| *prednisone intensol 5 mg/ml CONCENTRATE* **MO** | 1 | BvsD |
| *pyquvi 22.75 mg/ml SUSPENSION* **DL** | 4 | PA |
| RAYOS 1 MG, 2 MG, 5 MG TABLET, DR/EC **DL** | 4 | PA |
| SOLU-CORTEF 100 MG RECON SOLUTION **MO** | 3 | |
| SOLU-CORTEF ACT-O-VIAL (PF) 1,000 MG/8 ML, 100 MG/2 ML, 250 MG/2 ML, 500 MG/4 ML RECON SOLUTION **MO** | 3 | |
| SOLU-MEDROL 1,000 MG, 2 GRAM, 500 MG RECON SOLUTION **MO** | 3 | |
| SOLU-MEDROL (PF) 1,000 MG/8 ML, 125 MG/2 ML, 40 MG/ML, 500 MG/4 ML RECON SOLUTION **MO** | 3 | |

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| DRUG NAME | TIER | UTILIZATION MANAGEMENT REQUIREMENTS |
|---|---|---|
| *taperdex 1.5 mg (21 tabs), 1.5 mg (27 tabs), 1.5 mg (49 tabs) TABLET, DOSE PACK* **MO** | 1 | |
| *triamcinolone acetonide 0.025 %, 0.05 %, 0.1 %, 0.5 % OINTMENT* **MO** | 1 | |
| *triamcinolone acetonide 0.025 %, 0.1 % LOTION* **MO** | 1 | |
| *triamcinolone acetonide 0.025 %, 0.5 % CREAM* **MO** | 1 | |
| *triamcinolone acetonide 0.1 % CREAM* **MO** | 1 | |
| *triamcinolone acetonide 0.147 mg/gram AEROSOL* **MO** | 1 | QL(200 per 30 days) |
| *triamcinolone acetonide 10 mg/ml, 40 mg/ml SUSPENSION* **MO** | 1 | |
| *trianex 0.05 % OINTMENT* **MO** | 1 | |
| *triderm 0.1 %, 0.5 % CREAM* **MO** | 1 | |
| VERIPRED 20 20 MG/5 ML (4 MG/ML) SOLUTION **MO** | 1 | |
| ZCORT 1.5 MG (25 TABS) TABLET, DOSE PACK **MO** | 1 | |
| ZILRETTA 32 MG SUSPENSION, ER, RECON **MO** | 3 | PA |
| **HORMONAL AGENTS, STIMULANT/REPLACEMENT/MODIFYING (PITUITARY)** | | |
| CHORIONIC GONADOTROPIN, HUMAN 10,000 UNIT RECON SOLUTION **MO** | 3 | PA |
| DDAVP 0.1 MG TABLET **MO** | 3 | PA |
| DDAVP 0.2 MG TABLET **DL** | 4 | PA |
| DDAVP 4 MCG/ML SOLUTION **MO** | 3 | PA |
| DESMODA 0.05 MG/ML SOLUTION **DL** | 4 | PA |
| *desmopressin 0.1 mg, 0.2 mg TABLET* **MO** | 1 | |
| *desmopressin 10 mcg/spray (0.1 ml) SPRAY WITH PUMP* **MO** | 1 | PA,QL(25 per 30 days) |
| *desmopressin 10 mcg/spray (0.1 ml) SPRAY, NON-AEROSOL* **MO** | 1 | PA,QL(25 per 30 days) |
| *desmopressin 4 mcg/ml SOLUTION* **DL** | 4 | |
| EGRIFTA SV 2 MG RECON SOLUTION **DL** | 4 | PA,QL(30 per 30 days) |
| EGRIFTA WR 11.6 MG KIT **DL** | 4 | PA,QL(1 per 28 days) |
| GENOTROPIN 12 MG/ML (36 UNIT/ML), 5 MG/ML (15 UNIT/ML) CARTRIDGE **DL** | 4 | PA |
| GENOTROPIN MINIQUICK 0.2 MG/0.25 ML, 0.4 MG/0.25 ML, 0.6 MG/0.25 ML, 0.8 MG/0.25 ML, 1 MG/0.25 ML, 1.2 MG/0.25 ML, 1.4 MG/0.25 ML, 1.6 MG/0.25 ML, 1.8 MG/0.25 ML, 2 MG/0.25 ML SYRINGE **DL** | 4 | PA |
| HUMATROPE 12 MG (36 UNIT), 24 MG (72 UNIT), 6 MG (18 UNIT) CARTRIDGE **DL** | 4 | PA |
| INCRELEX 10 MG/ML SOLUTION **DL** | 4 | PA |
| ISTURISA 1 MG TABLET **DL** | 4 | PA,QL(240 per 30 days) |
| ISTURISA 5 MG TABLET **DL** | 4 | PA,QL(360 per 30 days) |

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| DRUG NAME | TIER | UTILIZATION MANAGEMENT REQUIREMENTS |
|---|---|---|
| NGENLA 24 MG/1.2 ML (20 MG/ML), 60 MG/1.2 ML (50 MG/ML) PEN INJECTOR **DL** | 4 | PA |
| NOCDURNA (MEN) 55.3 MCG TABLET, DISINTEGRATING **MO** | 3 | QL(30 per 30 days) |
| NOCDURNA (WOMEN) 27.7 MCG TABLET, DISINTEGRATING **MO** | 3 | QL(30 per 30 days) |
| NORDITROPIN FLEXPRO 10 MG/1.5 ML (6.7 MG/ML), 15 MG/1.5 ML (10 MG/ML), 30 MG/3 ML (10 MG/ML), 5 MG/1.5 ML (3.3 MG/ML) PEN INJECTOR **DL** | 4 | PA |
| NOVAREL 5,000 UNIT RECON SOLUTION **MO** | 3 | PA |
| NUTROPIN AQ NUSPIN 10 MG/2 ML (5 MG/ML), 20 MG/2 ML (10 MG/ML), 5 MG/2 ML (2.5 MG/ML) PEN INJECTOR **DL** | 4 | PA |
| OMNITROPE 10 MG/1.5 ML (6.7 MG/ML), 5 MG/1.5 ML (3.3 MG/ML) CARTRIDGE **DL** | 4 | PA |
| OMNITROPE 5.8 MG RECON SOLUTION **DL** | 4 | PA |
| PREGNYL 10,000 UNIT RECON SOLUTION **MO** | 3 | PA |
| SEROSTIM 4 MG, 5 MG, 6 MG RECON SOLUTION **DL** | 4 | PA,QL(28 per 28 days) |
| SKYTROFA 0.7 MG, 1.4 MG, 1.8 MG, 13.3 MG, 2.1 MG, 2.5 MG, 3 MG, 3.6 MG, 4.3 MG, 5.2 MG, 6.3 MG CARTRIDGE **DL** | 4 | PA,QL(4 per 28 days) |
| SKYTROFA 11 MG, 7.6 MG, 9.1 MG CARTRIDGE **DL** | 4 | PA,QL(8 per 28 days) |
| SOGROYA 10 MG/1.5 ML (6.7 MG/ML), 15 MG/1.5 ML (10 MG/ML), 5 MG/1.5 ML (3.3 MG/ML) PEN INJECTOR **DL** | 4 | PA,QL(6 per 28 days) |
| ZOMACTON 10 MG RECON SOLUTION **DL** | 4 | PA |
| ZOMACTON 5 MG RECON SOLUTION **DL** | 4 | PA,QL(28 per 28 days) |
| **HORMONAL AGENTS, STIMULANT/REPLACEMENT/MODIFYING (PROSTAGLANDINS)** | | |
| *carboprost tromethamine 250 mcg/ml SOLUTION* **MO** | 1 | |
| *carboprost tromethamine 250 mcg/ml SYRINGE* **MO** | 1 | |
| HEMABATE 250 MCG/ML SOLUTION **MO** | 3 | |
| **HORMONAL AGENTS, STIMULANT/REPLACEMENT/MODIFYING (SEX HORMONES/MODIFIERS)** | | |
| *abigale 1-0.5 mg TABLET* **MO** | 1 | |
| *abigale lo 0.5-0.1 mg TABLET* **MO** | 1 | |
| ACTIVELLA 1-0.5 MG TABLET **MO** | 3 | |
| *afirmelle 0.1-20 mg-mcg TABLET* **MO** | 1 | |
| *altavera (28) 0.15-0.03 mg TABLET* **MO** | 1 | |
| *alyacen 1/35 (28) 1-35 mg-mcg TABLET* **MO** | 1 | |
| *alyacen 7/7/7 (28) 0.5/0.75/1 mg- 35 mcg TABLET* **MO** | 1 | |
| *amethia 0.15 mg-30 mcg (84)/10 mcg (7) TABLET, DOSE PACK, 3 MONTH* **MO** | 1 | QL(91 per 90 days) |
| *amethyst (28) 90-20 mcg (28) TABLET* **MO** | 1 | |

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| DRUG NAME | TIER | UTILIZATION MANAGEMENT REQUIREMENTS |
|---|---|---|
| ANDROGEL 20.25 MG/1.25 GRAM (1.62 %) GEL IN METERED DOSE PUMP **DL** | 4 | PA,QL(150 per 30 days) |
| ANGELIQ 0.25-0.5 MG, 0.5-1 MG TABLET **MO** | 3 | |
| ANNOVERA 0.15-0.013 MG/24 HOUR RING **MO** | 3 | QL(1 per 365 days) |
| *apri 0.15-0.03 mg TABLET* **MO** | 1 | |
| *aranelle (28) 0.5/1/0.5-35 mg-mcg TABLET* **MO** | 1 | |
| *ashlyna 0.15 mg-30 mcg (84)/10 mcg (7) TABLET, DOSE PACK, 3 MONTH* **MO** | 1 | QL(91 per 90 days) |
| *aubra 0.1-20 mg-mcg TABLET* **MO** | 1 | |
| *aubra eq 0.1-20 mg-mcg TABLET* **MO** | 1 | |
| *aurovela 1.5/30 (21) 1.5-30 mg-mcg TABLET* **MO** | 1 | |
| *aurovela 1/20 (21) 1-20 mg-mcg TABLET* **MO** | 1 | |
| *aurovela 24 fe 1 mg-20 mcg (24)/75 mg (4) TABLET* **MO** | 1 | |
| *aurovela fe 1-20 (28) 1 mg-20 mcg (21)/75 mg (7) TABLET* **MO** | 1 | |
| *aurovela fe 1.5/30 (28) 1.5 mg-30 mcg (21)/75 mg (7) TABLET* **MO** | 1 | |
| AVEED 750 MG/3 ML (250 MG/ML) SOLUTION | 4 | PA |
| AVERI 0.15 MG-0.03 MG (21)/36.5 MG(7) TABLET **MO** | 1 | |
| *aviane 0.1-20 mg-mcg TABLET* **MO** | 1 | |
| *ayuna 0.15-0.03 mg TABLET* **MO** | 1 | |
| AZMIRO 200 MG/ML SYRINGE **MO** | 3 | PA |
| *azurette (28) 0.15-0.02 mgx21 /0.01 mg x 5 TABLET* **MO** | 1 | |
| BALCOLTRA 0.1 MG-0.02 MG (21)/IRON (7) TABLET **MO** | 3 | |
| *balziva (28) 0.4-35 mg-mcg TABLET* **MO** | 1 | |
| BEYAZ 3-0.02-0.451 MG (24) (4) TABLET **MO** | 3 | |
| BIJUVA 0.5-100 MG, 1-100 MG CAPSULE **MO** | 3 | QL(30 per 30 days) |
| *blisovi 24 fe 1 mg-20 mcg (24)/75 mg (4) TABLET* **MO** | 1 | |
| *blisovi fe 1.5/30 (28) 1.5 mg-30 mcg (21)/75 mg (7) TABLET* **MO** | 1 | |
| *blisovi fe 1/20 (28) 1 mg-20 mcg (21)/75 mg (7) TABLET* **MO** | 1 | |
| *briellyn 0.4-35 mg-mcg TABLET* **MO** | 1 | |
| *camila 0.35 mg TABLET* **MO** | 1 | |
| *camrese 0.15 mg-30 mcg (84)/10 mcg (7) TABLET, DOSE PACK, 3 MONTH* **MO** | 1 | QL(91 per 90 days) |
| *camrese lo 0.1 mg-20 mcg (84)/10 mcg (7) TABLET, DOSE PACK, 3 MONTH* **MO** | 1 | QL(91 per 90 days) |
| *charlotte 24 fe 1 mg-20 mcg(24) /75 mg (4) CHEWABLE TABLET* **MO** | 1 | |
| *chateal eq (28) 0.15-0.03 mg TABLET* **MO** | 1 | |
| CLIMARA 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** | 3 | QL(4 per 28 days) |
| CLIMARA PRO 0.045-0.015 MG/24 HR PATCH, WEEKLY **MO** | 3 | QL(4 per 28 days) |

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| DRUG NAME | TIER | UTILIZATION MANAGEMENT REQUIREMENTS |
|---|---|---|
| COMBIPATCH 0.05-0.14 MG/24 HR, 0.05-0.25 MG/24 HR PATCH, SEMIWEEKLY **MO** | 3 | QL(8 per 28 days) |
| *conjugated estrogens 0.3 mg, 0.45 mg, 0.625 mg, 0.9 mg, 1.25 mg TABLET* **MO** | 1 | |
| CRENESSITY 100 MG CAPSULE **DL** | 4 | PA,QL(120 per 30 days) |
| CRENESSITY 25 MG, 50 MG CAPSULE **DL** | 4 | PA,QL(90 per 30 days) |
| CRENESSITY 50 MG/ML SOLUTION **DL** | 4 | PA,QL(240 per 30 days) |
| CRINONE 4 %, 8 % GEL **MO** | 3 | |
| *cryselle (28) 0.3-30 mg-mcg TABLET* **MO** | 1 | |
| *cyred 0.15-0.03 mg TABLET* **MO** | 1 | |
| *cyred eq 0.15-0.03 mg TABLET* **MO** | 1 | |
| *danazol 100 mg, 200 mg, 50 mg CAPSULE* **MO** | 1 | |
| *dasetta 1/35 (28) 1-35 mg-mcg TABLET* **MO** | 1 | |
| *dasetta 7/7/7 (28) 0.5/0.75/1 mg- 35 mcg TABLET* **MO** | 1 | |
| *daysee 0.15 mg-30 mcg (84)/10 mcg (7) TABLET, DOSE PACK, 3 MONTH* **MO** | 1 | QL(91 per 90 days) |
| *deblitane 0.35 mg TABLET* **MO** | 1 | |
| DELESTROGEN 10 MG/ML, 20 MG/ML, 40 MG/ML OIL **MO** | 3 | |
| DEPO-ESTRADIOL 5 MG/ML OIL **MO** | 1 | |
| DEPO-PROVERA 150 MG/ML SUSPENSION **MO** | 3 | QL(1 per 90 days) |
| DEPO-PROVERA 150 MG/ML SYRINGE **MO** | 3 | QL(1 per 90 days) |
| DEPO-SUBQ PROVERA 104 104 MG/0.65 ML SYRINGE **MO** | 2 | QL(0.65 per 90 days) |
| DEPO-TESTOSTERONE 100 MG/ML, 200 MG/ML OIL **MO** | 1 | PA |
| *desog-e.estradiol/e.estradiol 0.15-0.02 mgx21 /0.01 mg x 5 TABLET* **MO** | 1 | |
| *desogestrel-ethinyl estradiol 0.15-0.03 mg TABLET* **MO** | 1 | |
| DIVIGEL 0.25 MG/0.25 GRAM (0.1 %), 0.5 MG/0.5 GRAM (0.1 %), 0.75 MG/0.75 GRAM (0.1%), 1 MG/GRAM (0.1 %), 1.25 MG/1.25 GRAM (0.1 %) GEL IN PACKET **MO** | 3 | |
| *dolishale 90-20 mcg (28) TABLET* **MO** | 1 | |
| *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** | 1 | QL(8 per 28 days) |
| *drospirenone-e.estradiol-lm.fa 3-0.02-0.451 mg (24) (4), 3-0.03-0.451 mg (21) (7) TABLET* **MO** | 1 | |
| *drospirenone-ethinyl estradiol 3-0.02 mg, 3-0.03 mg TABLET* **MO** | 1 | |
| DUAVEE 0.45-20 MG TABLET **MO** | 3 | PA,QL(30 per 30 days) |
| ELESTRIN 0.87 GRAM/ACTUATION GEL IN METERED DOSE PUMP **MO** | 3 | QL(52 per 30 days) |
| *elinest 0.3-30 mg-mcg TABLET* **MO** | 1 | |

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| DRUG NAME | TIER | UTILIZATION MANAGEMENT REQUIREMENTS |
|---|---|---|
| *eluryng 0.12-0.015 mg/24 hr RING* **MO** | 1 | QL(1 per 28 days) |
| *emzahh 0.35 mg TABLET* **MO** | 1 | |
| ENDOMETRIN 100 MG INSERT **MO** | 3 | |
| *enilloring 0.12-0.015 mg/24 hr RING* **MO** | 1 | QL(1 per 28 days) |
| *enpresse 50-30 (6)/75-40 (5)/125-30(10) TABLET* **MO** | 1 | |
| *enskyce 0.15-0.03 mg TABLET* **MO** | 1 | |
| *errin 0.35 mg TABLET* **MO** | 1 | |
| *estarylla 0.25-0.035 mg TABLET* **MO** | 1 | |
| ESTRACE 0.01 % (0.1 MG/GRAM) CREAM **MO** | 3 | PA |
| *estradiol 0.01 % (0.1 mg/gram) CREAM* **MO** | 1 | |
| *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** | 1 | 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** | 1 | QL(8 per 28 days) |
| *estradiol 0.25 mg/0.25 gram (0.1 %), 0.5 mg/0.5 gram (0.1 %), 0.75 mg/0.75 gram (0.1%), 1 mg/gram (0.1 %), 1.25 mg/1.25 gram (0.1 %) GEL IN PACKET* **MO** | 1 | |
| *estradiol 0.5 mg, 1 mg, 10 mcg, 2 mg TABLET* **MO** | 1 | |
| *estradiol 1.25 gram/actuation GEL IN METERED DOSE PUMP* **MO** | 1 | |
| *estradiol valerate 10 mg/ml, 20 mg/ml, 40 mg/ml OIL* **MO** | 1 | |
| *estradiol-norethindrone acet 0.5-0.1 mg, 1-0.5 mg TABLET* **MO** | 1 | |
| ESTRING 2 MG (7.5 MCG /24 HOUR) RING **MO** | 3 | QL(1 per 90 days) |
| *ethynodiol diac-eth estradiol 1-35 mg-mcg, 1-50 mg-mcg TABLET* **MO** | 1 | |
| *etonogestrel-ethinyl estradiol 0.12-0.015 mg/24 hr RING* **MO** | 1 | QL(1 per 28 days) |
| EVAMIST 1.53 MG/SPRAY (1.7%) SPRAY, NON-AEROSOL **MO** | 3 | |
| EVISTA 60 MG TABLET **MO** | 3 | PA,QL(30 per 30 days) |
| *falmina (28) 0.1-20 mg-mcg TABLET* **MO** | 1 | |
| *feirza 1 mg-20 mcg (21)/75 mg (7), 1.5 mg-30 mcg (21)/75 mg (7) TABLET* **MO** | 1 | |
| FEMLYV 1 MG- 20 MCG TABLET, DISINTEGRATING **MO** | 3 | |
| FEMRING 0.05 MG/24 HR, 0.1 MG/24 HR RING **MO** | 3 | QL(1 per 90 days) |
| *finzala 1 mg-20 mcg(24) /75 mg (4) CHEWABLE TABLET* **MO** | 1 | |
| *fyavolv 0.5-2.5 mg-mcg, 1-5 mg-mcg TABLET* **MO** | 1 | |
| *galbriela 0.8mg-25mcg(24) and 75 mg (4) CHEWABLE TABLET* **MO** | 1 | |
| *gallifrey 5 mg TABLET* **MO** | 1 | |
| *gemmily 1 mg-20 mcg (24)/75 mg (4) CAPSULE* **MO** | 1 | |
| GWYN LO 220-20 MCG/24 HR PATCH, WEEKLY **MO** | 2 | QL(3 per 28 days) |

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| DRUG NAME | TIER | UTILIZATION MANAGEMENT REQUIREMENTS |
|---|---|---|
| *hailey 1.5-30 mg-mcg TABLET* **MO** | 1 | |
| *hailey 24 fe 1 mg-20 mcg (24)/75 mg (4) TABLET* **MO** | 1 | |
| *hailey fe 1.5/30 (28) 1.5 mg-30 mcg (21)/75 mg (7) TABLET* **MO** | 1 | |
| *hailey fe 1/20 (28) 1 mg-20 mcg (21)/75 mg (7) TABLET* **MO** | 1 | |
| *haloette 0.12-0.015 mg/24 hr RING* **MO** | 1 | QL(1 per 28 days) |
| *heather 0.35 mg TABLET* **MO** | 1 | |
| *iclevia 0.15 mg-30 mcg (91) TABLET, DOSE PACK, 3 MONTH* **MO** | 1 | QL(91 per 90 days) |
| IMVEXXY MAINTENANCE PACK 10 MCG, 4 MCG INSERT **MO** | 3 | PA,QL(8 per 28 days) |
| IMVEXXY STARTER PACK 10 MCG, 4 MCG INSERT, DOSE PACK **MO** | 3 | PA,QL(18 per 28 days) |
| *incassia 0.35 mg TABLET* **MO** | 1 | |
| INTRAROSA 6.5 MG INSERT **MO** | 3 | PA |
| *introvale 0.15 mg-30 mcg (91) TABLET, DOSE PACK, 3 MONTH* **MO** | 1 | QL(91 per 90 days) |
| *isibloom 0.15-0.03 mg TABLET* **MO** | 1 | |
| *jaimiess 0.15 mg-30 mcg (84)/10 mcg (7) TABLET, DOSE PACK, 3 MONTH* **MO** | 1 | QL(91 per 90 days) |
| *jasmiel (28) 3-0.02 mg TABLET* **MO** | 1 | |
| JATENZO 158 MG, 198 MG CAPSULE **MO** | 3 | PA,QL(120 per 30 days) |
| JATENZO 237 MG CAPSULE **MO** | 3 | PA,QL(60 per 30 days) |
| *jencycla 0.35 mg TABLET* **MO** | 1 | |
| *jinteli 1-5 mg-mcg TABLET* **MO** | 1 | |
| *jolessa 0.15 mg-30 mcg (91) TABLET, DOSE PACK, 3 MONTH* **MO** | 3 | QL(91 per 90 days) |
| *joyeaux 0.1 mg-0.02 mg (21)/iron (7) TABLET* **MO** | 1 | |
| *juleber 0.15-0.03 mg TABLET* **MO** | 1 | |
| *junel 1.5/30 (21) 1.5-30 mg-mcg TABLET* **MO** | 1 | |
| *junel 1/20 (21) 1-20 mg-mcg TABLET* **MO** | 1 | |
| *junel fe 1.5/30 (28) 1.5 mg-30 mcg (21)/75 mg (7) TABLET* **MO** | 1 | |
| *junel fe 1/20 (28) 1 mg-20 mcg (21)/75 mg (7) TABLET* **MO** | 1 | |
| *junel fe 24 1 mg-20 mcg (24)/75 mg (4) TABLET* **MO** | 1 | |
| *kaitlib fe 0.8mg-25mcg(24) and 75 mg (4) CHEWABLE TABLET* **MO** | 1 | |
| *kalliga 0.15-0.03 mg TABLET* **MO** | 1 | |
| *kariva (28) 0.15-0.02 mgx21 /0.01 mg x 5 TABLET* **MO** | 1 | |
| *kelnor 1/35 (28) 1-35 mg-mcg TABLET* **MO** | 1 | |
| *kelnor 1/50 (28) 1-50 mg-mcg TABLET* **MO** | 1 | |
| *kurvelo (28) 0.15-0.03 mg TABLET* **MO** | 1 | |
| KYZATREX 150 MG, 200 MG CAPSULE **MO** | 3 | PA,QL(120 per 30 days) |

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| DRUG NAME | TIER | UTILIZATION MANAGEMENT REQUIREMENTS |
|---|---|---|
| *l norgest/e.estradiol-e.estrad 0.1 mg-20 mcg (84)/10 mcg (7), 0.15 mg-20 mcg/ 0.15 mg-25 mcg, 0.15 mg-30 mcg (84)/10 mcg (7) TABLET, DOSE PACK, 3 MONTH* **MO** | 1 | QL(91 per 90 days) |
| *larin 1.5/30 (21) 1.5-30 mg-mcg TABLET* **MO** | 1 | |
| *larin 1/20 (21) 1-20 mg-mcg TABLET* **MO** | 1 | |
| *larin 24 fe 1 mg-20 mcg (24)/75 mg (4) TABLET* **MO** | 1 | |
| *larin fe 1.5/30 (28) 1.5 mg-30 mcg (21)/75 mg (7) TABLET* **MO** | 1 | |
| *larin fe 1/20 (28) 1 mg-20 mcg (21)/75 mg (7) TABLET* **MO** | 1 | |
| LAYOLIS FE 0.8MG-25MCG(24) AND 75 MG (4) CHEWABLE TABLET **MO** | 3 | |
| *leena 28 0.5/1/0.5-35 mg-mcg TABLET* **MO** | 1 | |
| *lessina 0.1-20 mg-mcg TABLET* **MO** | 1 | |
| *levonest (28) 50-30 (6)/75-40 (5)/125-30(10) TABLET* **MO** | 1 | |
| *levonorg-eth estrad triphasic 50-30 (6)/75-40 (5)/125-30(10) TABLET* **MO** | 1 | |
| *levonorgest-eth.estradiol-iron 0.1 mg-0.02 mg (21)/iron (7) TABLET* **MO** | 3 | |
| *levonorgestrel-ethinyl estrad 0.1-20 mg-mcg, 0.15-0.03 mg, 90-20 mcg (28) TABLET* **MO** | 1 | |
| *levonorgestrel-ethinyl estrad 0.15 mg-30 mcg (91) TABLET, DOSE PACK, 3 MONTH* **MO** | 1 | QL(91 per 90 days) |
| *levora-28 0.15-0.03 mg TABLET* **MO** | 1 | |
| LO LOESTRIN FE 1 MG-10 MCG (24)/10 MCG (2) TABLET **MO** | 3 | |
| *lo-zumandimine (28) 3-0.02 mg TABLET* **MO** | 1 | |
| LOESTRIN 1.5/30 (21) 1.5-30 MG-MCG TABLET **MO** | 1 | |
| LOESTRIN 1/20 (21) 1-20 MG-MCG TABLET **MO** | 1 | |
| LOESTRIN FE 1.5/30 (28-DAY) 1.5 MG-30 MCG (21)/75 MG (7) TABLET **MO** | 1 | |
| LOESTRIN FE 1/20 (28-DAY) 1 MG-20 MCG (21)/75 MG (7) TABLET **MO** | 1 | |
| *lojaimiess 0.1 mg-20 mcg (84)/10 mcg (7) TABLET, DOSE PACK, 3 MONTH* **MO** | 1 | QL(91 per 90 days) |
| *loryna (28) 3-0.02 mg TABLET* **MO** | 1 | |
| *low-ogestrel (28) 0.3-30 mg-mcg TABLET* **MO** | 1 | |
| *luizza 1-20 mg-mcg, 1.5-30 mg-mcg TABLET* **MO** | 1 | |
| *lutera (28) 0.1-20 mg-mcg TABLET* **MO** | 1 | |
| *lyleq 0.35 mg TABLET* **MO** | 1 | |
| *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** | 1 | QL(8 per 28 days) |
| *lyza 0.35 mg TABLET* **MO** | 1 | |
| *marlissa (28) 0.15-0.03 mg TABLET* **MO** | 1 | |

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| DRUG NAME | TIER | UTILIZATION MANAGEMENT REQUIREMENTS |
|---|---|---|
| *medroxyprogesterone 10 mg, 2.5 mg, 5 mg TABLET* **MO** | 1 | |
| *medroxyprogesterone 150 mg/ml SUSPENSION* **MO** | 1 | QL(1 per 90 days) |
| *medroxyprogesterone 150 mg/ml SYRINGE* **MO** | 1 | QL(1 per 90 days) |
| *megestrol 20 mg, 40 mg TABLET* **MO** | 1 | |
| *megestrol 400 mg/10 ml (10 ml), 400 mg/10 ml (40 mg/ml), 625 mg/5 ml (125 mg/ml) SUSPENSION* **MO** | 1 | |
| *meleya 0.35 mg TABLET* **MO** | 1 | |
| MENEST 0.3 MG, 0.625 MG, 1.25 MG, 2.5 MG TABLET **MO** | 1 | |
| MENOSTAR 14 MCG/24 HR PATCH, WEEKLY **MO** | 3 | QL(8 per 28 days) |
| *merzee 1 mg-20 mcg (24)/75 mg (4) CAPSULE* **MO** | 1 | |
| METHITEST 10 MG TABLET **DL** | 4 | |
| *methyltestosterone 10 mg CAPSULE* **DL** | 4 | |
| *mibelas 24 fe 1 mg-20 mcg(24) /75 mg (4) CHEWABLE TABLET* **MO** | 1 | |
| *microgestin 1.5/30 (21) 1.5-30 mg-mcg TABLET* **MO** | 1 | |
| *microgestin 1/20 (21) 1-20 mg-mcg TABLET* **MO** | 1 | |
| *microgestin fe 1.5/30 (28) 1.5 mg-30 mcg (21)/75 mg (7) TABLET* **MO** | 1 | |
| *microgestin fe 1/20 (28) 1 mg-20 mcg (21)/75 mg (7) TABLET* **MO** | 1 | |
| *mili 0.25-0.035 mg TABLET* **MO** | 1 | |
| *mimvey 1-0.5 mg TABLET* **MO** | 1 | |
| MINIVELLE 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** | 3 | QL(8 per 28 days) |
| *minzoya 0.1 mg-0.02 mg (21)/iron (7) TABLET* **MO** | 1 | |
| *mono-linyah 0.25-0.035 mg TABLET* **MO** | 1 | |
| NATAZIA 3 MG/2 MG-2 MG/ 2 MG-3 MG/1 MG TABLET **MO** | 3 | |
| *necon 0.5/35 (28) 0.5-35 mg-mcg TABLET* **MO** | 1 | |
| NEXPLANON 68 MG IMPLANT **MO** | 2 | |
| NEXTSTELLIS 3 MG- 14.2 MG (28) TABLET **MO** | 3 | |
| *nikki (28) 3-0.02 mg TABLET* **MO** | 1 | |
| NORA-BE 0.35 MG TABLET **MO** | 1 | |
| *norelgestromin-ethin.estradiol 150-35 mcg/24 hr PATCH, WEEKLY* **MO** | 1 | QL(3 per 28 days) |
| *noreth-ethinyl estradiol-iron 0.4mg-35mcg(21) and 75 mg (7), 0.8mg-25mcg(24) and 75 mg (4) CHEWABLE TABLET* **MO** | 1 | |
| *norethindrone (contraceptive) 0.35 mg TABLET* **MO** | 1 | |
| *norethindrone ac-eth estradiol 0.5-2.5 mg-mcg, 1-20 mg-mcg, 1-5 mg-mcg, 1.5-30 mg-mcg TABLET* **MO** | 1 | |

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| DRUG NAME | TIER | UTILIZATION MANAGEMENT REQUIREMENTS |
|---|---|---|
| *norethindrone acetate 5 mg TABLET* **MO** | 1 | |
| *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** | 1 | |
| *norethindrone-e.estradiol-iron 1 mg-20 mcg (24)/75 mg (4) CAPSULE* **MO** | 1 | |
| *norethindrone-e.estradiol-iron 1 mg-20 mcg(24) /75 mg (4) CHEWABLE TABLET* **MO** | 1 | |
| *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** | 1 | |
| *nortrel 0.5/35 (28) 0.5-35 mg-mcg TABLET* **MO** | 1 | |
| *nortrel 1/35 (21) 1-35 mg-mcg (21) TABLET* **MO** | 1 | |
| *nortrel 1/35 (28) 1-35 mg-mcg TABLET* **MO** | 1 | |
| *nortrel 7/7/7 (28) 0.5/0.75/1 mg- 35 mcg TABLET* **MO** | 1 | |
| NUVARING 0.12-0.015 MG/24 HR RING **MO** | 3 | QL(1 per 28 days) |
| *nylia 1/35 (28) 1-35 mg-mcg TABLET* **MO** | 1 | |
| *nylia 7/7/7 (28) 0.5/0.75/1 mg- 35 mcg TABLET* **MO** | 1 | |
| *ocella 3-0.03 mg TABLET* **MO** | 1 | |
| *orquidea 0.35 mg TABLET* **MO** | 1 | |
| OSPHENA 60 MG TABLET **MO** | 2 | PA |
| *philith 0.4-35 mg-mcg TABLET* **MO** | 1 | |
| *pimtrea (28) 0.15-0.02 mgx21 /0.01 mg x 5 TABLET* **MO** | 1 | |
| *portia 28 0.15-0.03 mg TABLET* **MO** | 1 | |
| PREMARIN 0.3 MG, 0.45 MG, 0.625 MG, 0.9 MG, 1.25 MG TABLET **MO** | 3 | |
| PREMARIN 0.625 MG/GRAM CREAM **MO** | 2 | |
| PREMARIN 25 MG RECON SOLUTION **MO** | 3 | |
| PREMPHASE 0.625 MG (14)/ 0.625MG-5MG(14) TABLET **MO** | 3 | |
| PREMPRO 0.3-1.5 MG, 0.45-1.5 MG, 0.625-2.5 MG, 0.625-5 MG TABLET **MO** | 3 | |
| *progesterone 50 mg/ml OIL* **MO** | 1 | |
| *progesterone micronized 100 mg INSERT* **MO** | 1 | |
| *progesterone micronized 100 mg, 200 mg CAPSULE* **MO** | 1 | |
| PROMETRIUM 100 MG, 200 MG CAPSULE **MO** | 3 | |
| PROVERA 10 MG, 2.5 MG, 5 MG TABLET **MO** | 3 | |
| *raloxifene 60 mg TABLET* **MO** | 1 | QL(30 per 30 days) |
| *reclipsen (28) 0.15-0.03 mg TABLET* **MO** | 1 | |
| *rivelsa 0.15 mg-20 mcg/ 0.15 mg-25 mcg TABLET, DOSE PACK, 3 MONTH* **MO** | 1 | QL(91 per 90 days) |
| *rosyrah 0.15 mg-20 mcg/ 0.15 mg-25 mcg TABLET, DOSE PACK, 3 MONTH* **MO** | 1 | QL(91 per 90 days) |

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|---|---|---|
| SAFYRAL 3-0.03-0.451 MG (21) (7) TABLET **MO** | 3 | |
| *setlakin 0.15 mg-30 mcg (91) TABLET, DOSE PACK, 3 MONTH* **MO** | 1 | QL(91 per 90 days) |
| *sharobel 0.35 mg TABLET* **MO** | 1 | |
| *simliya (28) 0.15-0.02 mgx21 /0.01 mg x 5 TABLET* **MO** | 1 | |
| *simpesse 0.15 mg-30 mcg (84)/10 mcg (7) TABLET, DOSE PACK, 3 MONTH* **MO** | 1 | QL(91 per 90 days) |
| SLYND 4 MG (28) TABLET **MO** | 3 | |
| *sprintec (28) 0.25-0.035 mg TABLET* **MO** | 1 | |
| *sronyx 0.1-20 mg-mcg TABLET* **MO** | 1 | |
| *syeda 3-0.03 mg TABLET* **MO** | 1 | |
| *tarina 24 fe 1 mg-20 mcg (24)/75 mg (4) TABLET* **MO** | 1 | |
| *tarina fe 1-20 eq (28) 1 mg-20 mcg (21)/75 mg (7) TABLET* **MO** | 1 | |
| *tarina fe 1/20 (28) 1 mg-20 mcg (21)/75 mg (7) TABLET* **MO** | 1 | |
| TAYTULLA 1 MG-20 MCG (24)/75 MG (4) CAPSULE **MO** | 3 | |
| TESTIM 50 MG/5 GRAM (1 %) GEL **MO** | 3 | PA,QL(300 per 30 days) |
| *testosterone 1 % (25 mg/2.5gram), 1 % (50 mg/5 gram) GEL IN PACKET* **MO** | 1 | PA,QL(300 per 30 days) |
| *testosterone 1.62 % (20.25 mg/1.25 gram) GEL IN PACKET* **MO** | 1 | PA,QL(37.5 per 30 days) |
| *testosterone 1.62 % (40.5 mg/2.5 gram) GEL IN PACKET* **MO** | 1 | PA,QL(150 per 30 days) |
| *testosterone 10 mg/0.5 gram /actuation GEL IN METERED DOSE PUMP* **MO** | 1 | PA,QL(120 per 30 days) |
| *testosterone 12.5 mg/ 1.25 gram (1 %) GEL IN METERED DOSE PUMP* **MO** | 1 | PA,QL(300 per 30 days) |
| *testosterone 20.25 mg/1.25 gram (1.62 %) GEL IN METERED DOSE PUMP* **MO** | 1 | PA,QL(150 per 30 days) |
| *testosterone 30 mg/actuation (1.5 ml) SOLUTION IN METERED DOSE PUMP* **MO** | 3 | PA,QL(180 per 30 days) |
| *testosterone 50 mg/5 gram (1 %) GEL* **MO** | 3 | PA,QL(300 per 30 days) |
| *testosterone cypionate 100 mg/ml, 200 mg/ml OIL* **MO** | 1 | PA |
| *testosterone enanthate 200 mg/ml OIL* **MO** | 1 | PA,QL(25 per 90 days) |
| *tilia fe 1-20(5)/1-30(7) /1mg-35mcg (9) TABLET* **MO** | 1 | |
| TLANDO 112.5 MG CAPSULE **MO** | 3 | PA,QL(120 per 30 days) |
| *tri-estarylla 0.18/0.215/0.25 mg-0.035mg (28) TABLET* **MO** | 1 | |
| *tri-legest fe 1-20(5)/1-30(7) /1mg-35mcg (9) TABLET* **MO** | 1 | |
| *tri-linyah 0.18/0.215/0.25 mg-0.035mg (28) TABLET* **MO** | 1 | |
| *tri-lo-estarylla 0.18/0.215/0.25 mg-0.025 mg TABLET* **MO** | 1 | |
| *tri-lo-marzia 0.18/0.215/0.25 mg-0.025 mg TABLET* **MO** | 1 | |
| *tri-lo-mili 0.18/0.215/0.25 mg-0.025 mg TABLET* **MO** | 1 | |
| *tri-lo-sprintec 0.18/0.215/0.25 mg-0.025 mg TABLET* **MO** | 1 | |
| *tri-mili 0.18/0.215/0.25 mg-0.035mg (28) TABLET* **MO** | 1 | |

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| DRUG NAME | TIER | UTILIZATION MANAGEMENT REQUIREMENTS |
|---|---|---|
| *tri-sprintec (28) 0.18/0.215/0.25 mg-0.035mg (28) TABLET* **MO** | 1 | |
| *tri-vylibra 0.18/0.215/0.25 mg-0.035mg (28) TABLET* **MO** | 1 | |
| *tri-vylibra lo 0.18/0.215/0.25 mg-0.025 mg TABLET* **MO** | 1 | |
| *trivora (28) 50-30 (6)/75-40 (5)/125-30(10) TABLET* **MO** | 1 | |
| *tulana 0.35 mg TABLET* **MO** | 1 | |
| *turqoz (28) 0.3-30 mg-mcg TABLET* **MO** | 1 | |
| TWIRLA 120-30 MCG/24 HR PATCH, WEEKLY **MO** | 2 | QL(3 per 28 days) |
| TYBLUME 0.1 MG- 20 MCG CHEWABLE TABLET **MO** | 3 | |
| *tydemy 3-0.03-0.451 mg (21) (7) TABLET* **MO** | 1 | |
| UNDECATREX 200 MG CAPSULE **DL** | 4 | PA,QL(120 per 30 days) |
| VAGIFEM 10 MCG TABLET **MO** | 3 | PA |
| *valtya 1-35 mg-mcg, 1-50 mg-mcg TABLET* **MO** | 1 | |
| *velivet triphasic regimen (28) 0.1/.125/.15-25 mg-mcg TABLET* **MO** | 1 | |
| *vestura (28) 3-0.02 mg TABLET* **MO** | 1 | |
| *vienva 0.1-20 mg-mcg TABLET* **MO** | 1 | |
| *viorele (28) 0.15-0.02 mgx21 /0.01 mg x 5 TABLET* **MO** | 1 | |
| VIVELLE-DOT 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** | 3 | QL(8 per 28 days) |
| VOGELXO 1 % (50 MG/5 GRAM) GEL IN PACKET **MO** | 3 | PA,QL(300 per 30 days) |
| VOGELXO 12.5 MG/ 1.25 GRAM (1 %) GEL IN METERED DOSE PUMP **MO** | 3 | PA,QL(300 per 30 days) |
| VOGELXO 50 MG/5 GRAM (1 %) GEL **MO** | 3 | PA,QL(300 per 30 days) |
| *volnea (28) 0.15-0.02 mgx21 /0.01 mg x 5 TABLET* **MO** | 1 | |
| *vyfemla (28) 0.4-35 mg-mcg TABLET* **MO** | 1 | |
| *vylibra 0.25-0.035 mg TABLET* **MO** | 1 | |
| *wera (28) 0.5-35 mg-mcg TABLET* **MO** | 1 | |
| *wymzya fe 0.4mg-35mcg(21) and 75 mg (7) CHEWABLE TABLET* **MO** | 1 | |
| *xarah fe 1-20(5)/1-30(7) /1mg-35mcg (9) TABLET* **MO** | 1 | |
| *xelria fe 0.4mg-35mcg(21) and 75 mg (7) CHEWABLE TABLET* **MO** | 1 | |
| *xulane 150-35 mcg/24 hr PATCH, WEEKLY* **MO** | 1 | QL(3 per 28 days) |
| XYOSTED 100 MG/0.5 ML, 50 MG/0.5 ML, 75 MG/0.5 ML AUTO-INJECTOR **MO** | 3 | PA,QL(2 per 28 days) |
| YASMIN (28) 3-0.03 MG TABLET **MO** | 3 | |
| YAZ (28) 3-0.02 MG TABLET **MO** | 3 | |
| *yuvafem 10 mcg TABLET* **MO** | 1 | |
| *zafemy 150-35 mcg/24 hr PATCH, WEEKLY* **MO** | 1 | QL(3 per 28 days) |
| *zarah 3-0.03 mg TABLET* **MO** | 1 | |

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| DRUG NAME | TIER | UTILIZATION MANAGEMENT REQUIREMENTS |
|---|---|---|
| *zovia 1-35 (28) 1-35 mg-mcg TABLET* **MO** | 1 | |
| *zumandimine (28) 3-0.03 mg TABLET* **MO** | 1 | |
| **HORMONAL AGENTS, STIMULANT/REPLACEMENT/MODIFYING (THYROID)** | | |
| ARMOUR THYROID 120 MG, 15 MG, 180 MG, 240 MG, 30 MG, 300 MG, 60 MG, 90 MG TABLET **MO** | 2 | |
| CYTOMEL 25 MCG, 5 MCG, 50 MCG TABLET **MO** | 3 | |
| ERMEZA 30 MCG/ML SOLUTION **MO** | 3 | PA |
| 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** | 2 | |
| *levothyroxine 100 mcg RECON SOLUTION* **MO** | 1 | |
| *levothyroxine 100 mcg, 112 mcg, 125 mcg, 13 mcg, 137 mcg, 150 mcg, 175 mcg, 200 mcg, 25 mcg, 50 mcg, 75 mcg, 88 mcg CAPSULE* **MO** | 1 | |
| *levothyroxine 100 mcg, 112 mcg, 125 mcg, 137 mcg, 150 mcg, 25 mcg, 50 mcg, 75 mcg, 88 mcg TABLET* **MO** | 1 | |
| *levothyroxine 100 mcg/ml SOLUTION* | 4 | |
| *levothyroxine 175 mcg, 200 mcg, 300 mcg TABLET* **MO** | 1 | |
| *levothyroxine 20 mcg/ml, 40 mcg/ml SOLUTION* **MO** | 1 | |
| *levothyroxine 200 mcg, 500 mcg RECON SOLUTION* **DL** | 4 | |
| 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** | 1 | |
| *liomny 25 mcg, 5 mcg, 50 mcg TABLET* **MO** | 1 | |
| *liothyronine 10 mcg/ml SOLUTION* **MO** | 1 | |
| *liothyronine 25 mcg, 5 mcg, 50 mcg TABLET* **MO** | 1 | |
| *np thyroid 120 mg, 15 mg, 30 mg, 60 mg, 90 mg TABLET* **MO** | 2 | |
| 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** | 2 | |
| THYQUIDITY 20 MCG/ML SOLUTION **MO** | 3 | PA |
| TIROSINT 100 MCG, 112 MCG, 125 MCG, 13 MCG, 137 MCG, 150 MCG, 175 MCG, 200 MCG, 25 MCG, 37.5 MCG, 44 MCG, 50 MCG, 62.5 MCG, 75 MCG, 88 MCG CAPSULE **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** | 3 | PA |
| UNITHROID 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** | 2 | |

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| DRUG NAME | TIER | UTILIZATION MANAGEMENT REQUIREMENTS |
|---|---|---|
| **HORMONAL AGENTS, SUPPRESSANT (ADRENAL OR PITUITARY)** | | |
| BYNFEZIA 7,000 MCG/2.8ML (2,500 MCG/ML) PEN INJECTOR **DL** | 4 | PA |
| *cabergoline 0.5 mg TABLET* **MO** | 1 | |
| CAMCEVI (6 MONTH) 42 MG SYRINGE **MO** | 3 | PA,QL(1 per 180 days) |
| ELIGARD 7.5 MG (1 MONTH) SYRINGE **MO** | 3 | PA |
| ELIGARD (3 MONTH) 22.5 MG SYRINGE **MO** | 3 | PA |
| ELIGARD (4 MONTH) 30 MG SYRINGE **MO** | 3 | PA |
| ELIGARD (6 MONTH) 45 MG SYRINGE **MO** | 3 | PA |
| FENSOLVI 45 MG SYRINGE | 4 | PA,QL(1 per 180 days) |
| FIRMAGON 120 MG RECON SOLUTION **DL** | 4 | PA |
| FIRMAGON KIT W DILUENT SYRINGE 120 MG RECON SOLUTION **DL** | 4 | PA |
| FIRMAGON KIT W DILUENT SYRINGE 80 MG RECON SOLUTION **MO** | 3 | PA |
| *lanreotide 120 mg/0.5 ml SYRINGE* **DL** | 4 | PA,QL(0.5 per 28 days) |
| *lanreotide 60 mg/0.2 ml SYRINGE* **DL** | 4 | PA,QL(0.2 per 28 days) |
| *lanreotide 90 mg/0.3 ml SYRINGE* **DL** | 4 | PA,QL(0.3 per 28 days) |
| *leuprolide 1 mg/0.2 ml KIT* **MO** | 1 | |
| *leuprolide acetate (3 month) 22.5 mg SUSPENSION FOR RECONSTITUTION* **MO** | 3 | PA,QL(1 per 90 days) |
| LUPRON DEPOT 3.75 MG SYRINGE KIT | 4 | PA,QL(1 per 30 days) |
| LUPRON DEPOT 7.5 MG SYRINGE KIT **DL** | 4 | PA,QL(1 per 30 days) |
| LUPRON DEPOT (3 MONTH) 11.25 MG, 22.5 MG SYRINGE KIT | 4 | PA,QL(1 per 90 days) |
| LUPRON DEPOT (4 MONTH) 30 MG SYRINGE KIT | 4 | PA,QL(1 per 112 days) |
| LUPRON DEPOT (6 MONTH) 45 MG SYRINGE KIT | 4 | PA,QL(1 per 168 days) |
| LUPRON DEPOT-PED 11.25 MG, 15 MG, 7.5 MG (PED) KIT **DL** | 4 | PA,QL(1 per 28 days) |
| LUPRON DEPOT-PED 45 MG SYRINGE KIT | 4 | PA,QL(1 per 168 days) |
| LUPRON DEPOT-PED (3 MONTH) 11.25 MG, 30 MG SYRINGE KIT | 4 | PA,QL(1 per 90 days) |
| LUTRATE DEPOT (3 MONTH) 22.5 MG SUSPENSION FOR RECONSTITUTION **MO** | 3 | PA,QL(1 per 90 days) |
| MYCAPSSA 20 MG CAPSULE, DR/EC **DL** | 4 | PA,QL(112 per 28 days) |
| MYFEMBREE 40-1-0.5 MG TABLET **DL** | 4 | PA,QL(28 per 28 days) |
| *octreotide acetate 1,000 mcg/ml, 100 mcg/ml, 200 mcg/ml, 50 mcg/ml, 500 mcg/ml SOLUTION* **MO** | 1 | PA |
| *octreotide acetate 100 mcg/ml (1 ml), 50 mcg/ml (1 ml), 500 mcg/ml (1 ml) SYRINGE* **MO** | 1 | PA |
| *octreotide,microspheres 10 mg, 20 mg, 30 mg SUSPENSION, ER, RECON* **DL** | 4 | PA |
| ORIAHNN 300-1-0.5MG(AM) /300 MG(PM) CAPSULE, SEQUENTIAL **DL** | 4 | PA,QL(56 per 28 days) |
| ORILISSA 150 MG TABLET **DL** | 4 | PA,QL(28 per 28 days) |

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| DRUG NAME | TIER | UTILIZATION MANAGEMENT REQUIREMENTS |
|---|---|---|
| ORILISSA 200 MG TABLET **DL** | 4 | PA,QL(56 per 28 days) |
| PALSONIFY 20 MG TABLET **DL** | 4 | PA,QL(90 per 30 days) |
| PALSONIFY 30 MG TABLET **DL** | 4 | PA,QL(120 per 30 days) |
| RECORLEV 150 MG TABLET **DL** | 4 | PA,QL(240 per 30 days) |
| SANDOSTATIN 100 MCG/ML, 50 MCG/ML, 500 MCG/ML SOLUTION **DL** | 4 | PA |
| SANDOSTATIN LAR DEPOT 10 MG, 20 MG, 30 MG SUSPENSION, ER, RECON **DL** | 4 | PA |
| SIGNIFOR 0.3 MG/ML (1 ML), 0.6 MG/ML (1 ML), 0.9 MG/ML (1 ML) SOLUTION **DL** | 4 | PA,QL(60 per 30 days) |
| SIGNIFOR LAR 10 MG, 20 MG, 30 MG, 40 MG, 60 MG SUSPENSION FOR RECONSTITUTION **DL** | 4 | PA,QL(1 per 28 days) |
| SOMATULINE DEPOT 120 MG/0.5 ML SYRINGE **DL** | 4 | PA,QL(0.5 per 28 days) |
| SOMATULINE DEPOT 60 MG/0.2 ML SYRINGE **DL** | 4 | PA,QL(0.2 per 28 days) |
| SOMATULINE DEPOT 90 MG/0.3 ML SYRINGE **DL** | 4 | PA,QL(0.3 per 28 days) |
| SOMAVERT 10 MG, 15 MG, 20 MG RECON SOLUTION **DL** | 4 | PA,QL(60 per 30 days) |
| SOMAVERT 25 MG, 30 MG RECON SOLUTION **DL** | 4 | PA,QL(30 per 30 days) |
| SYNAREL 2 MG/ML SPRAY, NON-AEROSOL **DL** | 4 | |
| TRELSTAR 11.25 MG, 22.5 MG, 3.75 MG SUSPENSION FOR RECONSTITUTION **MO** | 3 | PA |
| TRIPTODUR 22.5 MG SUSPENSION FOR RECONSTITUTION | 4 | PA,QL(1 per 168 days) |
| VABRINTY (1 MONTH) 7.5 MG (1 MONTH) SYRINGE **DL** | 4 | PA |
| VABRINTY (3 MONTH) 22.5 MG SYRINGE | 4 | PA |
| VABRINTY (4 MONTH) 30 MG SYRINGE | 4 | PA |
| VABRINTY (6 MONTH) 45 MG SYRINGE | 4 | PA |
| ZOLADEX 10.8 MG IMPLANT **MO** | 3 | PA,QL(1 per 84 days) |
| ZOLADEX 3.6 MG IMPLANT **MO** | 3 | PA,QL(1 per 28 days) |
| **HORMONAL AGENTS, SUPPRESSANT (THYROID)** | | |
| *methimazole 10 mg, 5 mg TABLET* **MO** | 1 | |
| *propylthiouracil 50 mg TABLET* **MO** | 1 | |
| **IMMUNOLOGICAL AGENTS** | | |
| ABRILADA(CF) 20 MG/0.4 ML SYRINGE KIT **DL** | 4 | PA,QL(2 per 28 days) |
| ABRILADA(CF) 40 MG/0.8 ML SYRINGE KIT **DL** | 4 | PA,QL(6 per 28 days) |
| ABRILADA(CF) PEN 40 MG/0.8 ML PEN INJECTOR KIT **DL** | 4 | PA,QL(6 per 28 days) |
| ABRYSVO (PF) 120 MCG/0.5 ML RECON SOLUTION **$0,DL** | 1 | |
| ACTEMRA 162 MG/0.9 ML SYRINGE **DL** | 4 | PA,QL(3.6 per 28 days) |
| ACTEMRA ACTPEN 162 MG/0.9 ML PEN INJECTOR **DL** | 4 | PA,QL(3.6 per 28 days) |

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| DRUG NAME | TIER | UTILIZATION MANAGEMENT REQUIREMENTS |
|---|---|---|
| ACTHIB (PF) 10 MCG/0.5 ML RECON SOLUTION **DL** | 1 | |
| ACTIMMUNE 100 MCG/0.5 ML SOLUTION **DL** | 4 | PA |
| ADACEL(TDAP ADOLESN/ADULT)(PF) 2 LF-(2.5-5-3-5 MCG)-5LF/0.5 ML SUSPENSION **$0,DL** | 1 | |
| ADACEL(TDAP ADOLESN/ADULT)(PF) 2 LF-(2.5-5-3-5 MCG)-5LF/0.5 ML SYRINGE **$0,DL** | 1 | |
| ADALIMUMAB-AACF 40 MG/0.8 ML PEN INJECTOR KIT **DL** | 4 | PA,QL(6 per 28 days) |
| ADALIMUMAB-AACF 40 MG/0.8 ML SYRINGE KIT **DL** | 4 | PA,QL(6 per 28 days) |
| ADALIMUMAB-AACF(CF) PEN CROHNS 40 MG/0.8 ML PEN INJECTOR KIT **DL** | 4 | PA,QL(6 per 28 days) |
| ADALIMUMAB-AACF(CF) PEN PS-UV 40 MG/0.8 ML PEN INJECTOR KIT **DL** | 4 | PA,QL(6 per 28 days) |
| ADALIMUMAB-AATY 20 MG/0.2 ML, 40 MG/0.4 ML SYRINGE KIT **DL** | 4 | PA,QL(6 per 28 days) |
| ADALIMUMAB-AATY 40 MG/0.4 ML, 80 MG/0.8 ML AUTO-INJECTOR, KIT **DL** | 4 | PA,QL(6 per 28 days) |
| ADALIMUMAB-AATY(CF) AI CROHNS 80 MG/0.8 ML AUTO-INJECTOR, KIT **DL** | 4 | PA,QL(6 per 28 days) |
| ADALIMUMAB-ADAZ 10 MG/0.1 ML SYRINGE **DL** | 4 | PA,QL(0.2 per 28 days) |
| ADALIMUMAB-ADAZ 20 MG/0.2 ML SYRINGE **DL** | 4 | PA,QL(1.2 per 28 days) |
| ADALIMUMAB-ADAZ 40 MG/0.4 ML PEN INJECTOR **DL** | 4 | PA,QL(2.4 per 28 days) |
| ADALIMUMAB-ADAZ 40 MG/0.4 ML SYRINGE **DL** | 4 | PA,QL(2.4 per 28 days) |
| ADALIMUMAB-ADAZ 80 MG/0.8 ML PEN INJECTOR **DL** | 4 | PA,QL(4.8 per 28 days) |
| ADALIMUMAB-ADBM 10 MG/0.2 ML, 20 MG/0.4 ML SYRINGE KIT **DL** | 4 | PA,QL(2 per 28 days) |
| ADALIMUMAB-ADBM 40 MG/0.4 ML, 40 MG/0.8 ML PEN INJECTOR KIT **DL** | 4 | PA,QL(6 per 28 days) |
| ADALIMUMAB-ADBM 40 MG/0.4 ML, 40 MG/0.8 ML SYRINGE KIT **DL** | 4 | 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** | 4 | 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** | 4 | PA,QL(6 per 28 days) |
| ADALIMUMAB-BWWD 40 MG/0.4 ML AUTO-INJECTOR **DL** | 4 | PA,QL(2.4 per 28 days) |
| ADALIMUMAB-BWWD 40 MG/0.4 ML SYRINGE **DL** | 4 | PA,QL(2.4 per 28 days) |
| ADALIMUMAB-FKJP 20 MG/0.4 ML SYRINGE KIT **DL** | 4 | PA,QL(2 per 28 days) |
| ADALIMUMAB-FKJP 40 MG/0.8 ML PEN INJECTOR KIT **DL** | 4 | PA,QL(6 per 28 days) |
| ADALIMUMAB-FKJP 40 MG/0.8 ML SYRINGE KIT **DL** | 4 | PA,QL(6 per 28 days) |
| ADALIMUMAB-RYVK 40 MG/0.4 ML SYRINGE KIT **DL** | 4 | PA,QL(6 per 28 days) |
| ADALIMUMAB-RYVK 40 MG/0.4 ML, 80 MG/0.8 ML AUTO-INJECTOR, KIT **DL** | 4 | PA,QL(6 per 28 days) |
| ALYGLO 10 % SOLUTION **DL** | 4 | PA |
| AMJEVITA(CF) 10 MG/0.2 ML, 20 MG/0.2 ML SYRINGE **DL** | 4 | PA,QL(1.2 per 28 days) |
| AMJEVITA(CF) 20 MG/0.4 ML, 40 MG/0.4 ML SYRINGE **DL** | 4 | PA,QL(2.4 per 28 days) |

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|---|---|---|
| AMJEVITA(CF) 40 MG/0.8 ML SYRINGE **DL** | 4 | PA,QL(4.8 per 28 days) |
| AMJEVITA(CF) AUTOINJECTOR 40 MG/0.4 ML AUTO-INJECTOR **DL** | 4 | PA,QL(2.4 per 28 days) |
| AMJEVITA(CF) AUTOINJECTOR 40 MG/0.8 ML, 80 MG/0.8 ML AUTO-INJECTOR **DL** | 4 | PA,QL(4.8 per 28 days) |
| ANDEMBRY AUTOINJECTOR 200 MG/1.2 ML AUTO-INJECTOR **DL** | 4 | PA |
| ARAVA 10 MG, 20 MG TABLET **DL** | 4 | PA,QL(30 per 30 days) |
| ARCALYST 220 MG RECON SOLUTION **DL** | 4 | PA |
| AREXVY (PF) 120 MCG/0.5 ML SUSPENSION FOR RECONSTITUTION **$0,DL** | 1 | |
| ASCENIV 10 % SOLUTION **DL** | 4 | PA |
| ASTAGRAF XL 0.5 MG, 1 MG, 5 MG CAPSULE, ER 24 HR. **MO** | 3 | BvsD |
| ATGAM 50 MG/ML SOLUTION **DL** | 4 | PA |
| *auranofin 3 mg CAPSULE* **DL** | 4 | PA |
| AVSOLA 100 MG RECON SOLUTION **DL** | 4 | PA |
| AVTOZMA 162 MG/0.9 ML SYRINGE **DL** | 4 | PA,QL(3.6 per 28 days) |
| AVTOZMA AUTOINJECTOR 162 MG/0.9 ML PEN INJECTOR **DL** | 4 | PA,QL(3.6 per 28 days) |
| AZASAN 100 MG, 75 MG TABLET **MO** | 1 | BvsD |
| *azathioprine 100 mg, 50 mg, 75 mg TABLET* **MO** | 1 | BvsD |
| *azathioprine sodium 100 mg RECON SOLUTION* **MO** | 1 | BvsD |
| BCG VACCINE, LIVE (PF) 50 MG SUSPENSION FOR RECONSTITUTION **$0,DL** | 1 | |
| BENLYSTA 120 MG RECON SOLUTION **DL** | 4 | PA,QL(20 per 28 days) |
| BENLYSTA 200 MG/ML AUTO-INJECTOR **DL** | 4 | PA,QL(8 per 28 days) |
| BENLYSTA 200 MG/ML SYRINGE **DL** | 4 | PA,QL(8 per 28 days) |
| BENLYSTA 400 MG RECON SOLUTION **DL** | 4 | PA,QL(6 per 28 days) |
| BERINERT 500 UNIT (10 ML) KIT **DL** | 4 | PA,QL(15 per 30 days) |
| BERINERT 500 UNIT (10 ML) RECON SOLUTION **DL** | 4 | PA,QL(15 per 30 days) |
| BESREMI 500 MCG/ML SYRINGE **DL** | 4 | PA,QL(2 per 28 days) |
| BESREMI PEN 500 MCG/0.5 ML PEN INJECTOR **DL** | 4 | PA,QL(1 per 28 days) |
| BEXSERO 50-50-50-25 MCG/0.5 ML SYRINGE **$0,DL** | 1 | |
| BIMZELX 160 MG/ML, 320 MG/2 ML SYRINGE **DL** | 4 | PA,QL(4 per 28 days) |
| BIMZELX AUTOINJECTOR 160 MG/ML, 320 MG/2 ML AUTO-INJECTOR **DL** | 4 | PA,QL(4 per 28 days) |
| BIVIGAM 10 % SOLUTION **DL** | 4 | PA |
| BKEMV 300 MG/30 ML SOLUTION **DL** | 4 | PA |
| BOOSTRIX TDAP 2.5-8-5 LF-MCG-LF/0.5ML SYRINGE **$0,DL** | 1 | |
| CELLCEPT 200 MG/ML SUSPENSION FOR RECONSTITUTION | 4 | BvsD |
| CELLCEPT 250 MG CAPSULE | 4 | BvsD |

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| DRUG NAME | TIER | UTILIZATION MANAGEMENT REQUIREMENTS |
|---|---|---|
| CELLCEPT 500 MG TABLET | 4 | BvsD |
| CELLCEPT INTRAVENOUS 500 MG RECON SOLUTION **MO** | 3 | BvsD |
| CIBINQO 100 MG, 200 MG, 50 MG TABLET **DL** | 4 | PA,QL(30 per 30 days) |
| CIMZIA 200 MG/ML SYRINGE KIT **DL** | 4 | PA,QL(6 per 30 days) |
| CIMZIA 400 MG/2 ML (200 MG/ML X 2) SYRINGE KIT **DL** | 4 | PA,QL(3 per 30 days) |
| CIMZIA POWDER FOR RECONST 400 MG (200 MG X 2 VIALS) KIT **DL** | 4 | PA,QL(3 per 30 days) |
| CIMZIA STARTER KIT 400 MG/2 ML (200 MG/ML X 2) SYRINGE KIT **DL** | 4 | PA,QL(3 per 30 days) |
| CINRYZE 500 UNIT (5 ML) RECON SOLUTION **DL** | 4 | PA,QL(20 per 30 days) |
| COSENTYX 150 MG/ML SYRINGE **DL** | 4 | PA,QL(8 per 28 days) |
| COSENTYX 25 MG/ML SOLUTION **DL** | 4 | PA |
| COSENTYX 75 MG/0.5 ML SYRINGE **DL** | 4 | PA,QL(2 per 28 days) |
| COSENTYX (2 SYRINGES) 150 MG/ML SYRINGE **DL** | 4 | PA,QL(8 per 28 days) |
| COSENTYX PEN 150 MG/ML PEN INJECTOR **DL** | 4 | PA,QL(8 per 28 days) |
| COSENTYX PEN (2 PENS) 150 MG/ML PEN INJECTOR **DL** | 4 | PA,QL(8 per 28 days) |
| COSENTYX UNOREADY PEN 300 MG/2 ML PEN INJECTOR **DL** | 4 | PA,QL(8 per 28 days) |
| CUTAQUIG 16.5 % SOLUTION **DL** | 4 | PA |
| *cyclosporine 100 mg, 25 mg CAPSULE* **MO** | 1 | BvsD |
| *cyclosporine modified 100 mg, 25 mg, 50 mg CAPSULE* **MO** | 1 | BvsD |
| *cyclosporine modified 100 mg/ml SOLUTION* **MO** | 1 | BvsD |
| CYLTEZO(CF) 10 MG/0.2 ML, 20 MG/0.4 ML SYRINGE KIT **DL** | 4 | PA,QL(2 per 28 days) |
| CYLTEZO(CF) 40 MG/0.4 ML, 40 MG/0.8 ML SYRINGE KIT **DL** | 4 | PA,QL(6 per 28 days) |
| CYLTEZO(CF) PEN 40 MG/0.4 ML, 40 MG/0.8 ML PEN INJECTOR KIT **DL** | 4 | PA,QL(6 per 28 days) |
| CYLTEZO(CF) PEN CROHN'S-UC-HS 40 MG/0.4 ML, 40 MG/0.8 ML PEN INJECTOR KIT **DL** | 4 | PA,QL(6 per 28 days) |
| CYLTEZO(CF) PEN PSORIASIS-UV 40 MG/0.4 ML, 40 MG/0.8 ML PEN INJECTOR KIT **DL** | 4 | PA,QL(6 per 28 days) |
| CYTOGAM 50 MG/ML SOLUTION **DL** | 4 | PA |
| DAPTACEL (DTAP PEDIATRIC) (PF) 15-10-5 LF-MCG-LF/0.5ML SUSPENSION **DL** | 1 | |
| DAWNZERA 80 MG/0.8 ML AUTO-INJECTOR **DL** | 4 | PA,QL(0.8 per 28 days) |
| DENGVAXIA (PF) 10EXP4.5-6 CCID50/0.5 ML SUSPENSION FOR RECONSTITUTION **DL** | 1 | |
| DUPIXENT PEN 200 MG/1.14 ML PEN INJECTOR **DL** | 4 | PA,QL(3.42 per 28 days) |
| DUPIXENT PEN 300 MG/2 ML PEN INJECTOR **DL** | 4 | PA,QL(8 per 28 days) |
| DUPIXENT SYRINGE 200 MG/1.14 ML SYRINGE **DL** | 4 | PA,QL(3.42 per 28 days) |
| DUPIXENT SYRINGE 300 MG/2 ML SYRINGE **DL** | 4 | PA,QL(8 per 28 days) |

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| DRUG NAME | TIER | UTILIZATION MANAGEMENT REQUIREMENTS |
|---|---|---|
| EKTERLY 300 MG TABLET **DL** | 4 | PA,QL(12 per 30 days) |
| ENBREL 25 MG/0.5 ML (0.5), 50 MG/ML (1 ML) SYRINGE **DL** | 4 | PA,QL(8 per 28 days) |
| ENBREL 25 MG/0.5 ML SOLUTION **DL** | 4 | PA,QL(8 per 28 days) |
| ENBREL MINI 50 MG/ML (1 ML) CARTRIDGE **DL** | 4 | PA,QL(8 per 28 days) |
| ENBREL SURECLICK 50 MG/ML (1 ML) PEN INJECTOR **DL** | 4 | PA,QL(8 per 28 days) |
| ENGERIX-B (PF) 20 MCG/ML SUSPENSION **$0,DL** | 1 | BvsD |
| ENGERIX-B (PF) 20 MCG/ML SYRINGE **$0,DL** | 1 | BvsD |
| ENGERIX-B PEDIATRIC (PF) 10 MCG/0.5 ML SYRINGE **$0,DL** | 1 | BvsD |
| ENJAYMO 50 MG/ML SOLUTION **DL** | 4 | PA |
| ENTYVIO 300 MG RECON SOLUTION | 4 | PA,QL(8 per 365 days) |
| ENTYVIO PEN 108 MG/0.68 ML PEN INJECTOR **DL** | 4 | PA,QL(1.36 per 28 days) |
| ENVARSUS XR 0.75 MG, 1 MG, 4 MG TABLET, ER 24 HR. **MO** | 3 | PA |
| EPYSQLI 300 MG/30 ML SOLUTION **DL** | 4 | PA |
| *everolimus (immunosuppressive) 0.25 mg TABLET* **MO** | 1 | BvsD,QL(60 per 30 days) |
| *everolimus (immunosuppressive) 0.5 mg TABLET* | 4 | BvsD,QL(120 per 30 days) |
| *everolimus (immunosuppressive) 0.75 mg TABLET* | 4 | BvsD,QL(60 per 30 days) |
| *everolimus (immunosuppressive) 1 mg TABLET* **DL** | 4 | BvsD,QL(60 per 30 days) |
| FABHALTA 200 MG CAPSULE **DL** | 4 | PA,QL(60 per 30 days) |
| FIRAZYR 30 MG/3 ML SYRINGE **DL** | 4 | PA,QL(18 per 30 days) |
| FLEBOGAMMA DIF 10 %, 5 % SOLUTION **DL** | 4 | PA |
| GAMASTAN 15-18 % RANGE SOLUTION **MO** | 3 | PA |
| GAMIFANT 5 MG/ML SOLUTION **DL** | 4 | PA |
| GAMMAGARD LIQUID 10 % SOLUTION **DL** | 4 | PA |
| GAMMAGARD LIQUID ERC 10 % SOLUTION **DL** | 4 | PA |
| GAMMAGARD S-D (IGA < 1 MCG/ML) 10 GRAM, 5 GRAM RECON SOLUTION **DL** | 4 | PA |
| GAMMAKED 1 GRAM/10 ML (10 %), 10 GRAM/100 ML (10 %), 20 GRAM/200 ML (10 %), 5 GRAM/50 ML (10 %) SOLUTION **DL** | 4 | PA |
| GAMMAPLEX 10 % SOLUTION **DL** | 4 | PA |
| GAMMAPLEX (WITH SORBITOL) 5 % SOLUTION **DL** | 4 | PA |
| GAMUNEX-C 1 GRAM/10 ML (10 %) SOLUTION **DL** | 4 | 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** | 4 | PA |
| GARDASIL 9 (PF) 0.5 ML SUSPENSION **$0,DL** | 1 | |
| GARDASIL 9 (PF) 0.5 ML SYRINGE **$0,DL** | 1 | |

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| DRUG NAME | TIER | UTILIZATION MANAGEMENT REQUIREMENTS |
|---|---|---|
| *gengraf 100 mg, 25 mg CAPSULE* **MO** | 1 | BvsD |
| *gengraf 100 mg/ml SOLUTION* **MO** | 1 | BvsD |
| HADLIMA 40 MG/0.8 ML SYRINGE **DL** | 4 | PA,QL(4.8 per 28 days) |
| HADLIMA PUSHTOUCH 40 MG/0.8 ML AUTO-INJECTOR **DL** | 4 | PA,QL(4.8 per 28 days) |
| HADLIMA(CF) 40 MG/0.4 ML SYRINGE **DL** | 4 | PA,QL(2.4 per 28 days) |
| HADLIMA(CF) PUSHTOUCH 40 MG/0.4 ML AUTO-INJECTOR **DL** | 4 | PA,QL(2.4 per 28 days) |
| HAEGARDA 2,000 UNIT, 3,000 UNIT RECON SOLUTION **DL** | 4 | PA,QL(24 per 28 days) |
| HAVRIX (PF) 1,440 ELISA UNIT/ML SYRINGE **$0,DL** | 1 | |
| HAVRIX (PF) 720 ELISA UNIT/0.5 ML SYRINGE **DL** | 1 | |
| HEPLISAV-B (PF) 20 MCG/0.5 ML SYRINGE **$0,DL** | 1 | BvsD |
| HIBERIX (PF) 10 MCG/0.5 ML RECON SOLUTION **DL** | 1 | |
| HIZENTRA 1 GRAM/5 ML (20 %), 10 GRAM/50 ML (20 %), 2 GRAM/10 ML (20 %), 4 GRAM/20 ML (20 %) SOLUTION **DL** | 4 | PA |
| HIZENTRA 1 GRAM/5 ML (20 %), 10 GRAM/50 ML (20 %), 2 GRAM/10 ML (20 %), 4 GRAM/20 ML (20 %) SYRINGE **DL** | 4 | PA |
| HULIO(CF) 20 MG/0.4 ML SYRINGE KIT **DL** | 4 | PA,QL(2 per 28 days) |
| HULIO(CF) 40 MG/0.8 ML SYRINGE KIT **DL** | 4 | PA,QL(6 per 28 days) |
| HULIO(CF) PEN 40 MG/0.8 ML PEN INJECTOR KIT **DL** | 4 | PA,QL(6 per 28 days) |
| HUMIRA 40 MG/0.8 ML SYRINGE KIT **DL** | 4 | PA,QL(6 per 28 days) |
| HUMIRA PEN 40 MG/0.8 ML PEN INJECTOR KIT **DL** | 4 | PA,QL(6 per 28 days) |
| HUMIRA(CF) 10 MG/0.1 ML SYRINGE KIT **DL** | 4 | PA,QL(2 per 28 days) |
| HUMIRA(CF) 20 MG/0.2 ML, 40 MG/0.4 ML SYRINGE KIT **DL** | 4 | PA,QL(6 per 28 days) |
| HUMIRA(CF) PEN 40 MG/0.4 ML, 80 MG/0.8 ML PEN INJECTOR KIT **DL** | 4 | PA,QL(6 per 28 days) |
| HUMIRA(CF) PEN CROHNS-UC-HS 80 MG/0.8 ML PEN INJECTOR KIT **DL** | 4 | 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** | 4 | PA,QL(6 per 28 days) |
| HYPERRAB (PF) 300 UNIT/ML SOLUTION **DL** | 4 | BvsD |
| HYPERTET (PF) 250 UNIT/ML SYRINGE **DL** | 3 | BvsD |
| HYRIMOZ 40 MG/0.8 ML SYRINGE **DL** | 4 | PA,QL(4.8 per 28 days) |
| HYRIMOZ PEN 40 MG/0.8 ML PEN INJECTOR **DL** | 4 | PA,QL(4.8 per 28 days) |
| HYRIMOZ PEN CROHN'S-UC STARTER 80 MG/0.8 ML PEN INJECTOR **DL** | 4 | PA,QL(4.8 per 28 days) |
| HYRIMOZ PEN PSORIASIS STARTER 80MG/0.8ML(X1)- 40 MG/0.4ML(X2) PEN INJECTOR **DL** | 4 | PA,QL(3.2 per 28 days) |
| HYRIMOZ(CF) 10 MG/0.1 ML SYRINGE **DL** | 4 | PA,QL(0.2 per 28 days) |
| HYRIMOZ(CF) 20 MG/0.2 ML SYRINGE **DL** | 4 | PA,QL(1.2 per 28 days) |

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| DRUG NAME | TIER | UTILIZATION MANAGEMENT REQUIREMENTS |
|---|---|---|
| HYRIMOZ(CF) 40 MG/0.4 ML SYRINGE **DL** | 4 | PA,QL(2.4 per 28 days) |
| HYRIMOZ(CF) PEDI CROHN STARTER 80 MG/0.8 ML SYRINGE **DL** | 4 | PA,QL(4.8 per 28 days) |
| HYRIMOZ(CF) PEDI CROHN STARTER 80 MG/0.8 ML- 40 MG/0.4 ML SYRINGE **DL** | 4 | PA,QL(3.6 per 28 days) |
| HYRIMOZ(CF) PEN 40 MG/0.4 ML PEN INJECTOR **DL** | 4 | PA,QL(2.4 per 28 days) |
| HYRIMOZ(CF) PEN 80 MG/0.8 ML PEN INJECTOR **DL** | 4 | PA,QL(4.8 per 28 days) |
| *icatibant 30 mg/3 ml SYRINGE* **DL** | 4 | PA,QL(18 per 30 days) |
| IDACIO(CF) 40 MG/0.8 ML SYRINGE KIT **DL** | 4 | PA,QL(6 per 28 days) |
| IDACIO(CF) PEN 40 MG/0.8 ML PEN INJECTOR KIT **DL** | 4 | PA,QL(6 per 28 days) |
| IDACIO(CF) PEN CROHN-UC STARTR 40 MG/0.8 ML PEN INJECTOR KIT **DL** | 4 | PA,QL(6 per 28 days) |
| IDACIO(CF) PEN PSORIASIS START 40 MG/0.8 ML PEN INJECTOR KIT **DL** | 4 | PA,QL(6 per 28 days) |
| ILUMYA 100 MG/ML SYRINGE | 4 | PA,QL(6 per 365 days) |
| IMAAVY 185 MG/ML SOLUTION **DL** | 4 | PA |
| IMOGAM RABIES-HT (PF) 150 UNIT/ML SOLUTION **DL** | 3 | BvsD |
| IMOVAX RABIES VACCINE (PF) 2.5 UNIT RECON SOLUTION **$0,DL** | 1 | BvsD |
| IMULDOSA 130 MG/26 ML SOLUTION **DL** | 4 | PA,QL(104 per 30 days) |
| IMULDOSA 45 MG/0.5 ML SYRINGE **DL** | 4 | PA,QL(1.5 per 84 days) |
| IMULDOSA 90 MG/ML SYRINGE **DL** | 4 | PA,QL(3 per 84 days) |
| IMURAN 50 MG TABLET **MO** | 3 | BvsD |
| INFANRIX (DTAP) (PF) 25-58-10 LF-MCG-LF/0.5ML SYRINGE **DL** | 1 | |
| INFLECTRA 100 MG RECON SOLUTION **DL** | 4 | PA |
| INFLIXIMAB 100 MG RECON SOLUTION **DL** | 4 | PA |
| IPOL 40-8-32 UNIT/0.5 ML SUSPENSION **$0,DL** | 1 | |
| IXIARO (PF) 6 MCG/0.5 ML SYRINGE **$0,DL** | 1 | |
| JYLAMVO 2 MG/ML SOLUTION **MO** | 3 | PA |
| JYNNEOS (PF) 0.5X TO 3.95X 10EXP8 UNIT/0.5 SUSPENSION **$0,DL** | 1 | |
| KEDRAB (PF) 150 UNIT/ML SOLUTION **DL** | 4 | BvsD |
| KEVZARA 150 MG/1.14 ML, 200 MG/1.14 ML PEN INJECTOR **DL** | 4 | PA,QL(2.28 per 28 days) |
| KEVZARA 150 MG/1.14 ML, 200 MG/1.14 ML SYRINGE **DL** | 4 | PA,QL(2.28 per 28 days) |
| KINERET 100 MG/0.67 ML SYRINGE **DL** | 4 | PA,QL(20.1 per 30 days) |
| KINRIX (PF) 25 LF-58 MCG-10 LF/0.5 ML SYRINGE **DL** | 1 | |
| *leflunomide 10 mg, 20 mg TABLET* **MO** | 1 | QL(30 per 30 days) |
| LEQSELVI 8 MG TABLET **DL** | 4 | PA,QL(60 per 30 days) |
| LISRAYA 30 MG TABLET **DL** | 4 | PA,QL(30 per 30 days) |
| LITFULO 50 MG CAPSULE **DL** | 4 | PA,QL(28 per 28 days) |

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| DRUG NAME | TIER | UTILIZATION MANAGEMENT REQUIREMENTS |
|---|---|---|
| LUPKYNIS 7.9 MG CAPSULE **DL** | 4 | PA,QL(180 per 30 days) |
| M-M-R II (PF) 1,000-12,500 TCID50/0.5 ML RECON SOLUTION **$0,DL** | 1 | |
| MENQUADFI (PF) 10 MCG/0.5 ML SOLUTION **$0,DL** | 1 | |
| MENVEO A-C-Y-W-135-DIP (PF) 10-5 MCG/0.5 ML KIT **$0,DL** | 1 | |
| MENVEO A-C-Y-W-135-DIP (PF) 10-5 MCG/0.5 ML SOLUTION **$0,DL** | 1 | |
| *methotrexate sodium 2.5 mg TABLET* **MO** | 1 | BvsD |
| *methotrexate sodium 25 mg/ml SOLUTION* **MO** | 1 | |
| *methotrexate sodium (pf) 1 gram RECON SOLUTION* **MO** | 1 | |
| *methotrexate sodium (pf) 25 mg/ml SOLUTION* **MO** | 1 | |
| MONJUVI 200 MG RECON SOLUTION **DL** | 4 | PA |
| MRESVIA (PF) 50 MCG/0.5 ML SYRINGE **$0,DL** | 1 | |
| *mycophenolate mofetil 200 mg/ml SUSPENSION FOR RECONSTITUTION* **MO** | 1 | BvsD |
| *mycophenolate mofetil 250 mg CAPSULE* **MO** | 1 | BvsD |
| *mycophenolate mofetil 500 mg TABLET* **MO** | 1 | BvsD |
| *mycophenolate mofetil (hcl) 500 mg RECON SOLUTION* **MO** | 1 | BvsD |
| *mycophenolate sodium 180 mg, 360 mg TABLET, DR/EC* **MO** | 1 | BvsD |
| MYFORTIC 180 MG, 360 MG TABLET, DR/EC **MO** | 3 | BvsD |
| MYHIBBIN 200 MG/ML SUSPENSION **DL** | 4 | BvsD |
| NEMLUVIO 30 MG PEN INJECTOR **DL** | 4 | PA,QL(2 per 28 days) |
| NEORAL 100 MG, 25 MG CAPSULE **MO** | 3 | BvsD |
| NEORAL 100 MG/ML SOLUTION **MO** | 3 | BvsD |
| NIKTIMVO 10 MG/ML, 50 MG/ML SOLUTION **DL** | 4 | PA |
| OCTAGAM 10 %, 5 % SOLUTION **DL** | 4 | PA |
| OLUMIANT 1 MG, 2 MG, 4 MG TABLET **DL** | 4 | PA,QL(30 per 30 days) |
| OMLYCLO 150 MG/ML, 300 MG/2 ML SYRINGE **DL** | 4 | PA,QL(8 per 28 days) |
| OMLYCLO 75 MG/0.5 ML SYRINGE **DL** | 4 | PA,QL(4 per 28 days) |
| OMVOH 100 MG/ML, 200 MG/2 ML (100 MG/ML X 2), 300MG/3ML(100MG /ML-200 MG/2ML) SYRINGE **DL** | 4 | PA,QL(3 per 28 days) |
| OMVOH 200 MG/2 ML SYRINGE | 4 | PA,QL(3 per 28 days) |
| OMVOH 300 MG/15 ML (20 MG/ML) SOLUTION **DL** | 4 | PA |
| OMVOH PEN 100 MG/ML, 200 MG/2 ML (100 MG/ML X 2), 300MG/3ML(100MG /ML-200 MG/2ML) PEN INJECTOR **DL** | 4 | PA,QL(3 per 28 days) |
| OMVOH PEN 200 MG/2 ML PEN INJECTOR | 4 | PA,QL(3 per 28 days) |
| ORENCIA 125 MG/ML SYRINGE **DL** | 4 | PA,QL(4 per 28 days) |
| ORENCIA 50 MG/0.4 ML SYRINGE **DL** | 4 | PA,QL(1.6 per 28 days) |

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|---|---|---|
| ORENCIA 87.5 MG/0.7 ML SYRINGE **DL** | 4 | PA,QL(2.8 per 28 days) |
| ORENCIA CLICKJECT 125 MG/ML AUTO-INJECTOR **DL** | 4 | PA,QL(4 per 28 days) |
| ORLADEYO 108 MG, 132 MG, 150 MG, 72 MG, 96 MG PELLETS IN PACKET **DL** | 4 | PA,QL(28 per 28 days) |
| ORLADEYO 110 MG, 150 MG CAPSULE **DL** | 4 | PA,QL(28 per 28 days) |
| OTREXUP (PF) 10 MG/0.4 ML, 12.5 MG/0.4 ML, 15 MG/0.4 ML, 17.5 MG/0.4 ML, 20 MG/0.4 ML, 22.5 MG/0.4 ML, 25 MG/0.4 ML AUTO-INJECTOR **MO** | 3 | PA,QL(1.6 per 28 days) |
| OTULFI 130 MG/26 ML SOLUTION **DL** | 4 | PA,QL(104 per 30 days) |
| OTULFI 45 MG/0.5 ML SOLUTION **MO** | 2 | PA,QL(1.5 per 84 days) |
| OTULFI 45 MG/0.5 ML SYRINGE **MO** | 2 | PA,QL(1.5 per 84 days) |
| OTULFI 90 MG/ML SYRINGE **DL** | 4 | PA,QL(3 per 84 days) |
| PANZYGA 10 % SOLUTION **DL** | 4 | PA |
| 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** | 4 | PA,QL(2 per 28 days) |
| PEGASYS 180 MCG/ML SOLUTION **DL** | 4 | PA,QL(4 per 28 days) |
| PENBRAYA (PF) 5-120 MCG/0.5 ML KIT **$0,DL** | 1 | |
| PENMENVY MEN A-B-C-W-Y (PF) 0.5 ML KIT **$0,DL** | 1 | |
| PENTACEL (PF) 15LF-20MCG-5LF- 62 DU/0.5 ML KIT **DL** | 1 | |
| PIASKY 340 MG/2 ML (170 MG/ML) SOLUTION **DL** | 4 | PA |
| PRIORIX (PF) 10EXP3.4-4.2- 3.3CCID50/0.5ML SUSPENSION FOR RECONSTITUTION **$0,DL** | 1 | |
| PRIVIGEN 10 % SOLUTION **DL** | 4 | PA |
| PROGRAF 0.2 MG, 1 MG GRANULES IN PACKET **MO** | 3 | BvsD |
| PROGRAF 0.5 MG, 1 MG, 5 MG CAPSULE **MO** | 3 | BvsD |
| PROQUAD (PF) 10EXP3-4.3-3- 3.99 TCID50/0.5 SUSPENSION FOR RECONSTITUTION **DL** | 1 | |
| PYZCHIVA 130 MG/26 ML SOLUTION **DL** | 4 | PA,QL(104 per 30 days) |
| PYZCHIVA 45 MG/0.5 ML SOLUTION **DL** | 4 | PA,QL(1.5 per 84 days) |
| PYZCHIVA 45 MG/0.5 ML SYRINGE **DL** | 4 | PA,QL(1.5 per 84 days) |
| PYZCHIVA 90 MG/ML SYRINGE **DL** | 4 | PA,QL(3 per 84 days) |
| PYZCHIVA AUTOINJECTOR 45 MG/0.5 ML AUTO-INJECTOR **DL** | 4 | PA,QL(1.5 per 84 days) |
| PYZCHIVA AUTOINJECTOR 90 MG/ML AUTO-INJECTOR **DL** | 4 | PA,QL(3 per 84 days) |
| QIVIGY 10 % SOLUTION **DL** | 4 | PA |
| 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 | |

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| DRUG NAME | TIER | UTILIZATION MANAGEMENT REQUIREMENTS |
|---|---|---|
| RABAVERT (PF) 2.5 UNIT SUSPENSION FOR RECONSTITUTION **$0,DL** | 1 | BvsD |
| RASUVO (PF) 10 MG/0.2 ML AUTO-INJECTOR **MO** | 3 | PA,QL(0.8 per 28 days) |
| RASUVO (PF) 12.5 MG/0.25 ML AUTO-INJECTOR **MO** | 3 | PA,QL(1 per 28 days) |
| RASUVO (PF) 15 MG/0.3 ML AUTO-INJECTOR **MO** | 3 | PA,QL(1.2 per 28 days) |
| RASUVO (PF) 17.5 MG/0.35 ML AUTO-INJECTOR **MO** | 3 | PA,QL(1.4 per 28 days) |
| RASUVO (PF) 20 MG/0.4 ML AUTO-INJECTOR **MO** | 3 | PA,QL(1.6 per 28 days) |
| RASUVO (PF) 22.5 MG/0.45 ML AUTO-INJECTOR **MO** | 3 | PA,QL(1.8 per 28 days) |
| RASUVO (PF) 25 MG/0.5 ML AUTO-INJECTOR **MO** | 3 | PA,QL(2 per 28 days) |
| RASUVO (PF) 30 MG/0.6 ML AUTO-INJECTOR **MO** | 3 | PA,QL(2.4 per 28 days) |
| RASUVO (PF) 7.5 MG/0.15 ML AUTO-INJECTOR **MO** | 3 | PA,QL(0.6 per 28 days) |
| RECOMBIVAX HB (PF) 10 MCG/ML, 40 MCG/ML, 5 MCG/0.5 ML SUSPENSION **$0,DL** | 1 | BvsD |
| RECOMBIVAX HB (PF) 10 MCG/ML, 5 MCG/0.5 ML SYRINGE **$0,DL** | 1 | BvsD |
| REMICADE 100 MG RECON SOLUTION **DL** | 4 | PA |
| RENFLEXIS 100 MG RECON SOLUTION **DL** | 4 | PA |
| REZUROCK 200 MG TABLET **DL** | 4 | PA,QL(30 per 30 days) |
| RHOPHYLAC 1,500 UNIT (300 MCG)/2 ML SYRINGE **MO** | 3 | |
| RIDAURA 3 MG CAPSULE **DL** | 4 | PA |
| RINVOQ 15 MG, 30 MG TABLET, ER 24 HR. **DL** | 4 | PA,QL(30 per 30 days) |
| RINVOQ 45 MG TABLET, ER 24 HR. **DL** | 4 | PA,QL(168 per 365 days) |
| RINVOQ LQ 1 MG/ML SOLUTION **DL** | 4 | PA,QL(360 per 30 days) |
| ROTARIX 10EXP6 CCID50 /1.5 ML SUSPENSION **DL** | 1 | |
| ROTATEQ VACCINE 2 ML SOLUTION **DL** | 1 | |
| RUCONEST 2,100 UNIT RECON SOLUTION **DL** | 4 | PA,QL(8 per 28 days) |
| RYSTIGGO 140 MG/ML SOLUTION **DL** | 4 | PA |
| *sajazir 30 mg/3 ml SYRINGE* **DL** | 4 | PA,QL(18 per 30 days) |
| SANDIMMUNE 100 MG, 25 MG CAPSULE **MO** | 3 | BvsD |
| SAPHNELO 120 MG/0.8 ML SYRINGE **DL** | 4 | PA,QL(3.2 per 28 days) |
| SAPHNELO 300 MG/2 ML (150 MG/ML) SOLUTION **DL** | 4 | PA,QL(2 per 28 days) |
| SAPHNELO PEN 120 MG/0.8 ML AUTO-INJECTOR **DL** | 4 | PA,QL(3.2 per 28 days) |
| SELARSDI 130 MG/26 ML SOLUTION **DL** | 4 | PA,QL(104 per 30 days) |
| SELARSDI 45 MG/0.5 ML SOLUTION **DL** | 4 | PA,QL(1.5 per 84 days) |
| SELARSDI 45 MG/0.5 ML SYRINGE **DL** | 4 | PA,QL(1.5 per 84 days) |
| SELARSDI 90 MG/ML SYRINGE **DL** | 4 | PA,QL(3 per 84 days) |
| SHINGRIX (PF) 50 MCG/0.5 ML SUSPENSION FOR RECONSTITUTION **$0,DL** | 1 | |

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| DRUG NAME | TIER | UTILIZATION MANAGEMENT REQUIREMENTS |
|---|---|---|
| SHINGRIX (PF) 50 MCG/0.5 ML SYRINGE **$0,DL** | 1 | |
| SILIQ 210 MG/1.5 ML SYRINGE **DL** | 4 | PA,QL(6 per 28 days) |
| SIMLANDI(CF) 20 MG/0.2 ML, 40 MG/0.4 ML, 80 MG/0.8 ML SYRINGE KIT **DL** | 4 | PA,QL(6 per 28 days) |
| SIMLANDI(CF) AUTOINJECTOR 40 MG/0.4 ML, 80 MG/0.8 ML AUTO-INJECTOR, KIT **DL** | 4 | PA,QL(6 per 28 days) |
| SIMPONI 100 MG/ML PEN INJECTOR **DL** | 4 | PA,QL(3 per 28 days) |
| SIMPONI 100 MG/ML SYRINGE **DL** | 4 | PA,QL(3 per 28 days) |
| SIMPONI 50 MG/0.5 ML PEN INJECTOR **DL** | 4 | PA,QL(0.5 per 30 days) |
| SIMPONI 50 MG/0.5 ML SYRINGE **DL** | 4 | PA,QL(0.5 per 30 days) |
| SIMPONI ARIA 12.5 MG/ML SOLUTION **DL** | 4 | PA,QL(20 per 28 days) |
| SIMULECT 10 MG, 20 MG RECON SOLUTION **DL** | 4 | BvsD |
| *sirolimus 0.5 mg, 1 mg, 2 mg TABLET* **MO** | 1 | BvsD |
| *sirolimus 1 mg/ml SOLUTION* **MO** | 1 | BvsD |
| SKYRIZI 150 MG/ML PEN INJECTOR | 4 | PA,QL(2 per 84 days) |
| SKYRIZI 150 MG/ML SYRINGE | 4 | PA,QL(2 per 84 days) |
| SKYRIZI 180 MG/1.2 ML (150 MG/ML) WEARABLE INJECTOR **DL** | 4 | PA,QL(8.4 per 365 days) |
| SKYRIZI 360 MG/2.4 ML (150 MG/ML) WEARABLE INJECTOR **DL** | 4 | PA,QL(16.8 per 365 days) |
| SKYRIZI 55 MG/0.37 ML SYRINGE | 4 | PA,QL(0.74 per 84 days) |
| SKYRIZI 60 MG/ML SOLUTION **DL** | 4 | PA,QL(30 per 365 days) |
| SOLIRIS 300 MG/30 ML SOLUTION **DL** | 4 | PA |
| SOTYKTU 6 MG TABLET **DL** | 4 | PA,QL(30 per 30 days) |
| SPEVIGO 150 MG/ML, 300 MG/2 ML SYRINGE **DL** | 4 | PA,QL(4 per 28 days) |
| SPEVIGO 60 MG/ML SOLUTION **DL** | 4 | PA,QL(30 per 84 days) |
| STARJEMZA 130 MG/26 ML SOLUTION **DL** | 4 | PA,QL(104 per 30 days) |
| STARJEMZA 45 MG/0.5 ML SOLUTION **DL** | 4 | PA,QL(1.5 per 84 days) |
| STARJEMZA 45 MG/0.5 ML SYRINGE **DL** | 4 | PA,QL(1.5 per 84 days) |
| STARJEMZA 90 MG/ML SYRINGE **DL** | 4 | PA,QL(3 per 84 days) |
| STELARA 130 MG/26 ML SOLUTION **DL** | 4 | PA,QL(104 per 30 days) |
| STELARA 45 MG/0.5 ML SOLUTION **DL** | 4 | PA,QL(1.5 per 84 days) |
| STELARA 45 MG/0.5 ML SYRINGE **DL** | 4 | PA,QL(1.5 per 84 days) |
| STELARA 90 MG/ML SYRINGE **DL** | 4 | PA,QL(3 per 84 days) |
| STEQEYMA 130 MG/26 ML SOLUTION **DL** | 4 | PA,QL(104 per 30 days) |
| STEQEYMA 45 MG/0.5 ML SOLUTION **DL** | 4 | PA,QL(1.5 per 84 days) |
| STEQEYMA 45 MG/0.5 ML SYRINGE **DL** | 4 | PA,QL(1.5 per 84 days) |
| STEQEYMA 90 MG/ML SYRINGE **DL** | 4 | PA,QL(3 per 84 days) |

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| DRUG NAME | TIER | UTILIZATION MANAGEMENT REQUIREMENTS |
|---|---|---|
| SYLVANT 100 MG, 400 MG RECON SOLUTION **DL** | 4 | PA |
| *tacrolimus 0.5 mg, 1 mg, 5 mg CAPSULE* **MO** | 1 | BvsD |
| *tacrolimus 0.5 mg, 1 mg, 5 mg CAPSULE, ER 24 HR.* **MO** | 1 | BvsD |
| TAKHZYRO 150 MG/ML SYRINGE **DL** | 4 | PA,QL(2 per 28 days) |
| TAKHZYRO 300 MG/2 ML (150 MG/ML) SYRINGE **DL** | 4 | PA,QL(4 per 28 days) |
| TALTZ AUTOINJECTOR 80 MG/ML AUTO-INJECTOR **DL** | 4 | PA,QL(4 per 28 days) |
| TALTZ AUTOINJECTOR (2 PACK) 80 MG/ML AUTO-INJECTOR **DL** | 4 | PA,QL(4 per 28 days) |
| TALTZ AUTOINJECTOR (3 PACK) 80 MG/ML AUTO-INJECTOR **DL** | 4 | PA,QL(4 per 28 days) |
| TALTZ SYRINGE 20 MG/0.25 ML SYRINGE **DL** | 4 | PA,QL(0.25 per 28 days) |
| TALTZ SYRINGE 40 MG/0.5 ML SYRINGE **DL** | 4 | PA,QL(0.5 per 28 days) |
| TALTZ SYRINGE 80 MG/ML SYRINGE **DL** | 4 | PA,QL(4 per 28 days) |
| TAVNEOS 10 MG CAPSULE **DL** | 4 | PA,QL(180 per 30 days) |
| TDVAX 2-2 LF UNIT/0.5 ML SUSPENSION **$0,DL** | 1 | |
| TENIVAC (PF) 5 LF UNIT- 2 LF UNIT/0.5ML SUSPENSION **$0,DL** | 1 | |
| TENIVAC (PF) 5-2 LF UNIT/0.5 ML SYRINGE **$0,DL** | 1 | |
| TEZSPIRE 210 MG/1.91 ML (110 MG/ML) PEN INJECTOR **DL** | 4 | PA,QL(1.91 per 28 days) |
| TEZSPIRE 210 MG/1.91 ML (110 MG/ML) SYRINGE **DL** | 4 | PA,QL(1.91 per 28 days) |
| THYMOGLOBULIN 25 MG RECON SOLUTION **MO** | 3 | PA |
| TICOVAC 1.2 MCG/0.25 ML, 2.4 MCG/0.5 ML SYRINGE **$0,DL** | 1 | |
| *tofacitinib 1 mg/ml SOLUTION* **DL** | 4 | PA,QL(300 per 30 days) |
| *tofacitinib 10 mg, 5 mg TABLET* **MO** | 1 | PA,QL(60 per 30 days) |
| *tofacitinib 11 mg, 22 mg TABLET, ER 24 HR.* **DL** | 4 | PA,QL(30 per 30 days) |
| TREMFYA 100 MG/ML SYRINGE | 4 | PA,QL(3 per 84 days) |
| TREMFYA 200 MG/2 ML SYRINGE **DL** | 4 | PA,QL(4 per 28 days) |
| TREMFYA 200 MG/20 ML (10 MG/ML) SOLUTION **DL** | 4 | PA,QL(120 per 365 days) |
| TREMFYA ONE-PRESS 100 MG/ML AUTO-INJECTOR | 4 | PA,QL(3 per 84 days) |
| TREMFYA PEN 100 MG/ML PEN INJECTOR | 4 | PA,QL(3 per 84 days) |
| TREMFYA PEN 200 MG/2 ML PEN INJECTOR **DL** | 4 | PA,QL(4 per 28 days) |
| TREMFYA PEN INDUCTION PK(2PEN) 200 MG/2 ML PEN INJECTOR **DL** | 4 | PA,QL(4 per 28 days) |
| TREXALL 10 MG, 15 MG, 5 MG, 7.5 MG TABLET **MO** | 1 | BvsD |
| TRUMENBA 120 MCG/0.5 ML SYRINGE **$0,DL** | 1 | |
| TRUTAKNA 150 MG/ML AUTO-INJECTOR **DL** | 4 | PA,QL(4 per 28 days) |
| TWINRIX (PF) 720 ELISA UNIT- 20 MCG/ML SYRINGE **$0,DL** | 1 | |
| TYENNE 162 MG/0.9 ML SYRINGE **DL** | 4 | PA,QL(3.6 per 28 days) |

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| DRUG NAME | TIER | UTILIZATION MANAGEMENT REQUIREMENTS |
|---|---|---|
| TYENNE AUTOINJECTOR 162 MG/0.9 ML PEN INJECTOR **DL** | 4 | PA,QL(3.6 per 28 days) |
| TYPHIM VI 25 MCG/0.5 ML SOLUTION **$0,DL** | 1 | |
| TYPHIM VI 25 MCG/0.5 ML SYRINGE **$0,DL** | 1 | |
| ULTOMIRIS 100 MG/ML SOLUTION | 4 | PA |
| UPLIZNA 10 MG/ML SOLUTION **DL** | 4 | PA,QL(120 per 365 days) |
| USTEKINUMAB 130 MG/26 ML SOLUTION **DL** | 4 | PA,QL(104 per 30 days) |
| USTEKINUMAB 45 MG/0.5 ML SOLUTION **DL** | 4 | PA,QL(1.5 per 84 days) |
| USTEKINUMAB 45 MG/0.5 ML SYRINGE **DL** | 4 | PA,QL(1.5 per 84 days) |
| USTEKINUMAB 90 MG/ML SYRINGE **DL** | 4 | PA,QL(3 per 84 days) |
| USTEKINUMAB-AEKN 45 MG/0.5 ML SYRINGE **DL** | 4 | PA,QL(1.5 per 84 days) |
| USTEKINUMAB-AEKN 90 MG/ML SYRINGE **DL** | 4 | PA,QL(3 per 84 days) |
| USTEKINUMAB-TTWE 130 MG/26 ML SOLUTION **DL** | 4 | PA,QL(104 per 30 days) |
| USTEKINUMAB-TTWE 45 MG/0.5 ML SOLUTION **DL** | 4 | PA,QL(1.5 per 84 days) |
| USTEKINUMAB-TTWE 45 MG/0.5 ML SYRINGE **DL** | 4 | PA,QL(1.5 per 84 days) |
| USTEKINUMAB-TTWE 90 MG/ML SYRINGE **DL** | 4 | PA,QL(3 per 84 days) |
| 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 **$0,DL** | 1 | |
| VAQTA (PF) 50 UNIT/ML SYRINGE **$0,DL** | 1 | |
| VARIVAX (PF) 1,350 UNIT/0.5 ML SUSPENSION FOR RECONSTITUTION **$0,DL** | 1 | |
| VARIZIG 125 UNIT/1.2 ML SOLUTION **DL** | 4 | PA,QL(12 per 30 days) |
| VAXCHORA VACCINE 4X10EXP8 TO 2X 10EXP9 CF UNIT SUSPENSION FOR RECONSTITUTION **$0,MO** | 1 | |
| VELSIPITY 2 MG TABLET **DL** | 4 | PA,QL(30 per 30 days) |
| VEOPOZ 200 MG/ML SOLUTION **DL** | 4 | PA |
| VIMKUNYA (PF) 40 MCG/0.8 ML SYRINGE **$0,DL** | 1 | |
| VIVOTIF 2 BILLION UNIT CAPSULE, DR/EC **$0,MO** | 1 | |
| VOYDEYA 100 MG, 150 MG (50 MG X 1-100 MG X 1) TABLET **DL** | 4 | PA,QL(180 per 30 days) |
| VOYXACT 400 MG/2 ML (200 MG/ML) SYRINGE **DL** | 4 | PA,QL(2 per 28 days) |
| WEZLANA 130 MG/26 ML SOLUTION **DL** | 4 | PA,QL(104 per 30 days) |
| WEZLANA 45 MG/0.5 ML SOLUTION **DL** | 4 | PA,QL(1.5 per 84 days) |
| WEZLANA 45 MG/0.5 ML SYRINGE **DL** | 4 | PA,QL(1.5 per 84 days) |
| WEZLANA 90 MG/ML SYRINGE **DL** | 4 | PA,QL(3 per 84 days) |
| XATMEP 2.5 MG/ML SOLUTION **MO** | 3 | PA |
| XELJANZ 1 MG/ML SOLUTION **DL** | 4 | PA,QL(300 per 30 days) |

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| DRUG NAME | TIER | UTILIZATION MANAGEMENT REQUIREMENTS |
|---|---|---|
| XELJANZ 10 MG, 5 MG TABLET **DL** | 4 | PA,QL(60 per 30 days) |
| XELJANZ XR 11 MG, 22 MG TABLET, ER 24 HR. **DL** | 4 | PA,QL(30 per 30 days) |
| XEMBIFY 1 GRAM/5 ML (20 %), 10 GRAM/50 ML (20 %), 2 GRAM/10 ML (20 %), 4 GRAM/20 ML (20 %) SOLUTION **DL** | 4 | PA |
| XOLAIR 150 MG RECON SOLUTION **DL** | 4 | PA,QL(8 per 28 days) |
| XOLAIR 150 MG/ML, 300 MG/2 ML AUTO-INJECTOR **DL,LA** | 4 | PA,QL(8 per 28 days) |
| XOLAIR 150 MG/ML, 300 MG/2 ML SYRINGE **DL,LA** | 4 | PA,QL(8 per 28 days) |
| XOLAIR 75 MG/0.5 ML AUTO-INJECTOR **DL,LA** | 4 | PA,QL(4 per 28 days) |
| XOLAIR 75 MG/0.5 ML SYRINGE **DL,LA** | 4 | PA,QL(4 per 28 days) |
| YESINTEK 130 MG/26 ML SOLUTION **DL** | 4 | PA,QL(104 per 30 days) |
| YESINTEK 45 MG/0.5 ML SOLUTION **MO** | 2 | PA,QL(1.5 per 84 days) |
| YESINTEK 45 MG/0.5 ML SYRINGE **MO** | 2 | PA,QL(1.5 per 84 days) |
| YESINTEK 90 MG/ML SYRINGE **DL** | 4 | PA,QL(3 per 84 days) |
| YF-VAX (PF) 10 EXP4.74 UNIT/0.5 ML SUSPENSION FOR RECONSTITUTION **$0,DL** | 1 | |
| YIMMUGO 10 % SOLUTION **DL** | 4 | PA |
| YUFLYMA(CF) 20 MG/0.2 ML, 40 MG/0.4 ML SYRINGE KIT **DL** | 4 | PA,QL(6 per 28 days) |
| YUFLYMA(CF) AI CROHN'S-UC-HS 80 MG/0.8 ML AUTO-INJECTOR, KIT **DL** | 4 | PA,QL(6 per 28 days) |
| YUFLYMA(CF) AUTOINJECTOR 40 MG/0.4 ML, 80 MG/0.8 ML AUTO-INJECTOR, KIT **DL** | 4 | PA,QL(6 per 28 days) |
| YUSIMRY(CF) PEN 40 MG/0.8 ML PEN INJECTOR **DL** | 4 | PA,QL(4.8 per 28 days) |
| ZILBRYSQ 16.6 MG/0.416 ML, 23 MG/0.574 ML, 32.4 MG/0.81 ML SYRINGE **DL** | 4 | PA |
| ZORTRESS 0.25 MG TABLET **MO** | 3 | BvsD,QL(60 per 30 days) |
| ZORTRESS 0.5 MG TABLET | 4 | BvsD,QL(120 per 30 days) |
| ZORTRESS 0.75 MG, 1 MG TABLET | 4 | BvsD,QL(60 per 30 days) |
| ZYMFENTRA 120 MG/ML PEN INJECTOR KIT **DL** | 4 | PA,QL(2 per 28 days) |
| ZYMFENTRA 120 MG/ML SYRINGE KIT **DL** | 4 | PA,QL(2 per 28 days) |
| **INFLAMMATORY BOWEL DISEASE AGENTS** | | |
| APRISO 0.375 GRAM CAPSULE, ER 24 HR. **MO** | 3 | ST,QL(120 per 30 days) |
| AZULFIDINE 500 MG TABLET **MO** | 3 | |
| AZULFIDINE EN-TABS 500 MG TABLET, DR/EC **MO** | 3 | |
| *balsalazide 750 mg CAPSULE* **MO** | 1 | |
| *budesonide 2 mg/actuation FOAM* **MO** | 1 | PA |
| *budesonide 3 mg CAPSULE, DR/EC* **MO** | 1 | |
| *budesonide 9 mg TABLET, DR/ER* | 4 | PA,QL(30 per 30 days) |

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| DRUG NAME | TIER | UTILIZATION MANAGEMENT REQUIREMENTS |
|---|---|---|
| CANASA 1,000 MG SUPPOSITORY | 4 | ST,QL(30 per 30 days) |
| COLAZAL 750 MG CAPSULE | 4 | PA |
| CORTENEMA 100 MG/60 ML ENEMA **MO** | 3 | |
| CORTIFOAM 10 % (80 MG) FOAM **MO** | 3 | |
| DIPENTUM 250 MG CAPSULE | 4 | ST,QL(120 per 30 days) |
| *hydrocortisone 100 mg/60 ml ENEMA* **MO** | 1 | |
| LIALDA 1.2 GRAM TABLET, DR/EC **MO** | 3 | ST,QL(120 per 30 days) |
| *mesalamine 0.375 gram CAPSULE, ER 24 HR.* **MO** | 1 | QL(120 per 30 days) |
| *mesalamine 1,000 mg SUPPOSITORY* **MO** | 1 | QL(30 per 30 days) |
| *mesalamine 1.2 gram TABLET, DR/EC* **MO** | 1 | ST,QL(120 per 30 days) |
| *mesalamine 250 mg CAPSULE, ER* **MO** | 1 | ST,QL(150 per 30 days) |
| *mesalamine 4 gram/60 ml ENEMA* **MO** | 1 | QL(1800 per 30 days) |
| *mesalamine 400 mg CAPSULE (WITH DR TABLETS)* **MO** | 1 | ST,QL(180 per 30 days) |
| *mesalamine 500 mg CAPSULE, ER* **MO** | 1 | ST,QL(300 per 30 days) |
| *mesalamine 800 mg TABLET, DR/EC* **MO** | 1 | ST,QL(180 per 30 days) |
| PENTASA 250 MG CAPSULE, ER **MO** | 3 | ST,QL(150 per 30 days) |
| PENTASA 500 MG CAPSULE, ER | 4 | ST,QL(300 per 30 days) |
| PROCTOFOAM HC 1-1 % FOAM **MO** | 1 | |
| ROWASA 4 GRAM/60 ML ENEMA **MO** | 3 | QL(1800 per 30 days) |
| SFROWASA 4 GRAM/60 ML ENEMA **MO** | 3 | QL(1800 per 30 days) |
| *sulfasalazine 500 mg TABLET* **MO** | 1 | |
| *sulfasalazine 500 mg TABLET, DR/EC* **MO** | 1 | |
| TARPEYO 4 MG CAPSULE, DR/EC **DL** | 4 | PA,QL(120 per 30 days) |
| UCERIS 2 MG/ACTUATION FOAM **MO** | 3 | PA |
| UCERIS 9 MG TABLET, DR/ER | 4 | PA,QL(30 per 30 days) |
| **METABOLIC BONE DISEASE AGENTS** | | |
| ACTONEL 150 MG TABLET **MO** | 3 | PA,QL(1 per 30 days) |
| ACTONEL 35 MG TABLET **MO** | 3 | PA,QL(4 per 28 days) |
| *alendronate 10 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) |
| *alendronate 70 mg/75 ml SOLUTION* **MO** | 1 | QL(300 per 28 days) |
| ATELVIA 35 MG TABLET, DR/EC **MO** | 3 | PA,QL(4 per 28 days) |
| BINOSTO 70 MG TABLET, EFFERVESCENT **MO** | 3 | ST,QL(4 per 28 days) |

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| DRUG NAME | TIER | UTILIZATION MANAGEMENT REQUIREMENTS |
|---|---|---|
| *calcitonin (salmon) 200 unit/actuation SPRAY, NON-AEROSOL* **MO** | 1 | QL(3.7 per 28 days) |
| *calcitonin (salmon) 200 unit/ml SOLUTION* **DL** | 4 | |
| *calcitriol 0.25 mcg, 0.5 mcg CAPSULE* **MO** | 1 | |
| *calcitriol 1 mcg/ml SOLUTION* **MO** | 1 | |
| *cinacalcet 30 mg, 60 mg TABLET* **MO** | 1 | QL(60 per 30 days) |
| *cinacalcet 90 mg TABLET* **MO** | 1 | QL(120 per 30 days) |
| *doxercalciferol 0.5 mcg, 1 mcg, 2.5 mcg CAPSULE* **MO** | 1 | |
| *doxercalciferol 4 mcg/2 ml SOLUTION* **MO** | 1 | |
| ENOBY 60 MG/ML SYRINGE **MO** | 3 | QL(1 per 180 days) |
| EVENITY 105 MG/1.17 ML, 210MG/2.34ML ( 105MG/1.17MLX2) SYRINGE **DL** | 4 | PA,QL(2.34 per 30 days) |
| FORTEO 20 MCG/DOSE (560MCG/2.24ML) PEN INJECTOR **DL** | 4 | PA,QL(2.24 per 28 days) |
| FOSAMAX 70 MG TABLET **MO** | 3 | PA,QL(4 per 28 days) |
| FOSAMAX PLUS D 70 MG- 2,800 UNIT, 70 MG- 5,600 UNIT TABLET **MO** | 3 | ST,QL(4 per 28 days) |
| HECTOROL 4 MCG/2 ML SOLUTION **MO** | 3 | |
| *ibandronate 150 mg TABLET* **MO** | 1 | QL(1 per 28 days) |
| *ibandronate 3 mg/3 ml SOLUTION* **MO** | 1 | PA,QL(3 per 90 days) |
| *ibandronate 3 mg/3 ml SYRINGE* **MO** | 1 | PA,QL(3 per 90 days) |
| MIACALCIN 200 UNIT/ML SOLUTION **DL** | 4 | |
| *pamidronate 30 mg/10 ml (3 mg/ml) SOLUTION* **MO** | 1 | QL(30 per 21 days) |
| *pamidronate 60 mg/10 ml (6 mg/ml), 90 mg/10 ml (9 mg/ml) SOLUTION* **MO** | 1 | QL(10 per 21 days) |
| *paricalcitol 1 mcg, 2 mcg, 4 mcg CAPSULE* **MO** | 1 | |
| *paricalcitol 2 mcg/ml SOLUTION* **MO** | 1 | QL(24 per 30 days) |
| *paricalcitol 5 mcg/ml SOLUTION* **MO** | 1 | QL(48 per 28 days) |
| PROLIA 60 MG/ML SYRINGE **MO** | 3 | QL(1 per 180 days) |
| RAYALDEE 30 MCG CAPSULE, ER 24 HR. **DL** | 4 | QL(60 per 30 days) |
| RECLAST 5 MG/100 ML PIGGYBACK **MO** | 3 | PA,QL(100 per 365 days) |
| *risedronate 150 mg TABLET* **MO** | 1 | QL(1 per 30 days) |
| *risedronate 30 mg, 5 mg TABLET* **MO** | 1 | QL(30 per 30 days) |
| *risedronate 35 mg TABLET* **MO** | 1 | QL(4 per 28 days) |
| *risedronate 35 mg TABLET, DR/EC* **MO** | 1 | QL(4 per 28 days) |
| ROCALTROL 1 MCG/ML SOLUTION **MO** | 3 | |
| SENSIPAR 30 MG TABLET **MO** | 3 | QL(60 per 30 days) |
| SENSIPAR 60 MG TABLET | 4 | QL(60 per 30 days) |
| SENSIPAR 90 MG TABLET | 4 | QL(120 per 30 days) |

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| DRUG NAME | TIER | UTILIZATION MANAGEMENT REQUIREMENTS |
|---|---|---|
| TYMLOS 80 MCG (3,120 MCG/1.56 ML) PEN INJECTOR **DL** | 4 | PA,QL(1.56 per 30 days) |
| XGEVA 120 MG/1.7 ML (70 MG/ML) SOLUTION **DL** | 4 | PA,QL(1.7 per 28 days) |
| YORVIPATH 168 MCG/0.56 ML PEN INJECTOR **DL** | 4 | PA,QL(1.12 per 28 days) |
| YORVIPATH 294 MCG/0.98 ML PEN INJECTOR **DL** | 4 | PA,QL(1.96 per 28 days) |
| YORVIPATH 420 MCG/1.4 ML PEN INJECTOR **DL** | 4 | PA,QL(2.8 per 28 days) |
| ZEMPLAR 1 MCG, 2 MCG CAPSULE **MO** | 3 | |
| ZEMPLAR 2 MCG/ML SOLUTION **DL** | 4 | QL(24 per 30 days) |
| ZEMPLAR 5 MCG/ML SOLUTION **DL** | 4 | QL(48 per 28 days) |
| *zoledronic ac-mannitol-0.9nacl 4 mg/100 ml PIGGYBACK* **MO** | 1 | QL(300 per 21 days) |
| *zoledronic acid 4 mg RECON SOLUTION* **MO** | 1 | |
| *zoledronic acid 4 mg/5 ml SOLUTION* **MO** | 1 | QL(15 per 21 days) |
| *zoledronic acid-mannitol-water 4 mg/100 ml PIGGYBACK* **MO** | 1 | QL(300 per 21 days) |
| *zoledronic acid-mannitol-water 5 mg/100 ml PIGGYBACK* **MO** | 1 | PA,QL(100 per 365 days) |
| **MISCELLANEOUS THERAPEUTIC AGENTS** | | |
| ACETADOTE 200 MG/ML (20 %) SOLUTION **MO** | 3 | |
| *acetaminophen 1,000 mg/100 ml (10 mg/ml), 500 mg/50 ml (10 mg/ml) SOLUTION* **MO** | 1 | |
| *acetic acid 0.25 % SOLUTION* **MO** | 1 | |
| *acetylcysteine 200 mg/ml (20 %) SOLUTION* **MO** | 1 | |
| ADAKVEO 10 MG/ML SOLUTION **DL** | 4 | PA |
| ADSTILADRIN 3X10EXP11 VP/ML SUSPENSION | 4 | PA |
| ALCOHOL PADS PADS, MEDICATED **$0,MO** | 1 | |
| ALCOHOL PREP PADS PADS, MEDICATED **$0,MO** | 1 | |
| ALCOHOL SWABS PADS, MEDICATED **$0,MO** | 1 | |
| ALCOHOL WIPES PADS, MEDICATED **$0,MO** | 1 | |
| AMMONUL 10-10 % SOLUTION **DL** | 4 | |
| AQNEURSA 1 GRAM GRANULES IN PACKET **DL** | 4 | PA,QL(112 per 28 days) |
| ATEBRIOZ 25 MG TABLET **DL** | 4 | PA,QL(120 per 30 days) |
| AUTOJECT 2 INJECTION DEVICE INSULIN PEN **$0,MO** | 1 | |
| AUTOPEN 1 TO 21 UNITS INSULIN PEN **$0,MO** | 1 | |
| AUTOPEN 2 TO 42 UNITS INSULIN PEN **$0,MO** | 1 | |
| AUTOSHIELD DUO PEN NEEDLE 30 GAUGE X 3/16" NEEDLE **$0,PDS,MO** | 1 | |
| BAND-AID GAUZE PADS 2 X 2 " BANDAGE **$0,MO** | 1 | |
| BD ALCOHOL SWABS PADS, MEDICATED **$0,MO** | 1 | |
| BD AUTOSHIELD DUO PEN NEEDLE 30 GAUGE X 3/16" NEEDLE **$0,PDS,MO** | 1 | |

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| DRUG NAME | TIER | UTILIZATION MANAGEMENT REQUIREMENTS |
|---|---|---|
| BD ECLIPSE LUER-LOK 1 ML 30 GAUGE X 1/2" SYRINGE **$0,PDS,MO** | 1 | |
| BD INSULIN SYRINGE 1 ML 28 GAUGE X 1/2" SYRINGE **$0,PDS,MO** | 1 | |
| BD INSULIN SYRINGE (HALF UNIT) 0.3 ML 31 GAUGE X 5/16" SYRINGE **$0,PDS,MO** | 1 | |
| BD INSULIN SYRINGE MICRO-FINE 1 ML 28 GAUGE X 1/2" SYRINGE **$0,PDS,MO** | 1 | |
| BD INSULIN SYRINGE U-500 1/2 ML 31 GAUGE X 15/64" SYRINGE **$0,PDS,MO** | 1 | |
| 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 **$0,PDS,MO** | 1 | |
| BD LO-DOSE MICRO-FINE IV 1/2 ML 28 GAUGE X 1/2" SYRINGE **$0,PDS,MO** | 1 | |
| BD NANO 2ND GEN PEN NEEDLE 32 GAUGE X 5/32" NEEDLE **$0,PDS,MO** | 1 | |
| 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 **$0,PDS,MO** | 1 | |
| BD SAFETYGLIDE SYRINGE 1 ML 27 GAUGE X 5/8" SYRINGE **$0,PDS,MO** | 1 | |
| BD ULTRA-FINE MICRO PEN NEEDLE 32 GAUGE X 1/4" NEEDLE **$0,PDS,MO** | 1 | |
| BD ULTRA-FINE MINI PEN NEEDLE 31 GAUGE X 3/16" NEEDLE **$0,PDS,MO** | 1 | |
| BD ULTRA-FINE NANO PEN NEEDLE 32 GAUGE X 5/32" NEEDLE **$0,PDS,MO** | 1 | |
| BD ULTRA-FINE ORIG PEN NEEDLE 29 GAUGE X 1/2" NEEDLE **$0,PDS,MO** | 1 | |
| BD ULTRA-FINE SHORT PEN NEEDLE 31 GAUGE X 5/16" NEEDLE **$0,PDS,MO** | 1 | |
| BD VEO INSULIN SYR (HALF UNIT) 0.3 ML 31 GAUGE X 15/64" SYRINGE **$0,PDS,MO** | 1 | |
| 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 **$0,PDS,MO** | 1 | |
| BEYFORTUS 100 MG/ML, 50 MG/0.5 ML SYRINGE **DL** | 4 | |
| BORDERED GAUZE 2 X 2 " BANDAGE **$0,MO** | 1 | |
| BRINSUPRI 10 MG, 25 MG TABLET **DL** | 4 | PA,QL(30 per 30 days) |
| *butalbital-acetaminop-caf-cod 50-300-40-30 mg CAPSULE* **DL** | 1 | QL(180 per 30 days) |
| *butalbital-acetaminop-caf-cod 50-325-40-30 mg CAPSULE* **DL** | 1 | QL(360 per 30 days) |
| *butalbital-acetaminophen 50-300 mg CAPSULE* **MO** | 1 | QL(180 per 30 days) |
| *butalbital-acetaminophen 50-300 mg, 50-325 mg TABLET* **MO** | 1 | QL(180 per 30 days) |
| *butalbital-acetaminophen-caff 50-300-40 mg, 50-325-40 mg CAPSULE* **MO** | 1 | QL(180 per 30 days) |
| *butalbital-acetaminophen-caff 50-325-40 mg TABLET* **MO** | 1 | QL(180 per 30 days) |
| *butalbital-acetaminophen-caff 50-325-40 mg/15 ml SOLUTION* **DL** | 4 | QL(450 per 30 days) |
| *butalbital-aspirin-caffeine 50-325-40 mg CAPSULE* **MO** | 1 | QL(180 per 30 days) |

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| DRUG NAME | TIER | UTILIZATION MANAGEMENT REQUIREMENTS |
|---|---|---|
| *butalbital-aspirin-caffeine 50-325-40 mg TABLET* **MO** | 1 | QL(180 per 30 days) |
| BYLVAY 1,200 MCG CAPSULE **DL** | 4 | PA,QL(150 per 30 days) |
| BYLVAY 200 MCG PELLET **DL** | 4 | PA,QL(360 per 30 days) |
| BYLVAY 400 MCG CAPSULE **DL** | 4 | PA,QL(420 per 30 days) |
| BYLVAY 600 MCG PELLET **DL** | 4 | PA,QL(120 per 30 days) |
| CAFCIT 60 MG/3 ML (20 MG/ML) SOLUTION **MO** | 3 | |
| *caffeine citrate 60 mg/3 ml (20 mg/ml) SOLUTION* **MO** | 1 | |
| CARETOUCH ALCOHOL PREP PAD PADS, MEDICATED **$0,MO** | 1 | |
| CEQUR SIMPLICITY 1 UNIT (240 UNIT), 2 UNIT (200 UNIT), 2 UNIT (240 UNIT) DEVICE **$0,MO** | 2 | |
| CEQUR SIMPLICITY INSERTER MISCELLANEOUS **MO** | 2 | |
| CERVIDIL 10 MG INSERT, ER **MO** | 3 | |
| CLARINEX-D 12 HOUR 2.5-120 MG TABLET, ER 12 HR., MULTIPHASE **MO** | 3 | QL(60 per 30 days) |
| COBENFY 100-20 MG, 125-30 MG, 50-20 MG CAPSULE **DL** | 3 | PA,QL(60 per 30 days) |
| COBENFY STARTER PACK 50 MG-20 MG /100 MG-20 MG CAPSULE, DOSE PACK **DL** | 3 | PA,QL(56 per 28 days) |
| COMBOGESIC IV 300-1,000 MG/100 ML SOLUTION **MO** | 3 | |
| CURITY ALCOHOL SWABS PADS, MEDICATED **$0,MO** | 1 | |
| CURITY GAUZE 2 X 2 " BANDAGE **$0,MO** | 1 | |
| DEFITELIO 80 MG/ML SOLUTION **DL** | 4 | PA |
| DERMACEA 2 X 2 " BANDAGE **$0,MO** | 1 | |
| *dimethyl sulfoxide 50 % SOLUTION* **DL** | 4 | |
| 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 **$0,PDS,MO** | 1 | |
| 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 **$0,PDS,MO** | 1 | |
| 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 **$0,PDS,MO** | 1 | |
| DROPLET MICRON PEN NEEDLE 34 GAUGE X 9/64" NEEDLE **$0,PDS,MO** | 1 | |

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| DRUG NAME | TIER | UTILIZATION MANAGEMENT REQUIREMENTS |
|---|---|---|
| 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 **$0,PDS,MO** | 1 | |
| DROPSAFE ALCOHOL PREP PADS PADS, MEDICATED **$0,MO** | 1 | |
| DROPSAFE PEN NEEDLE 31 GAUGE X 1/4", 31 GAUGE X 3/16", 31 GAUGE X 5/16", 31 GAUGE X 5/32" NEEDLE **$0,PDS,MO** | 1 | |
| DROXIA 200 MG, 300 MG, 400 MG CAPSULE **MO** | 3 | |
| *dyclopro 0.5 % SOLUTION* **MO** | 1 | |
| EASY COMFORT ALCOHOL PAD PADS, MEDICATED **$0,MO** | 1 | |
| EASY TOUCH ALCOHOL PREP PADS PADS, MEDICATED **$0,MO** | 1 | |
| EASYLIFE ALCOHOL PADS PADS, MEDICATED **$0,MO** | 1 | |
| *edetate calcium disodium 200 mg/ml SOLUTION* **DL** | 4 | |
| ELYXYB 120 MG/4.8 ML (25 MG/ML) SOLUTION **DL** | 4 | ST,QL(43.2 per 30 days) |
| EMPAVELI 1,080 MG/20 ML SOLUTION **DL** | 4 | PA,QL(160 per 28 days) |
| ENFLONSIA 105 MG/0.7 ML SYRINGE **MO** | 3 | |
| EOHILIA 2 MG/10 ML SUSPENSION IN PACKET **DL** | 4 | PA |
| ESGIC 50-325-40 MG TABLET **MO** | 1 | QL(180 per 30 days) |
| FILSPARI 200 MG TABLET **DL** | 4 | PA,QL(30 per 30 days) |
| FILSPARI 400 MG TABLET **DL** | 4 | PA,QL(60 per 30 days) |
| FILSUVEZ 10 % GEL **DL** | 4 | PA |
| *fioricet 50-300-40 mg CAPSULE* **MO** | 1 | QL(180 per 30 days) |
| FIORICET WITH CODEINE 50-300-40-30 MG CAPSULE **DL** | 3 | QL(180 per 30 days) |
| *flumazenil 0.1 mg/ml SOLUTION* **MO** | 1 | |
| *fomepizole 1 gram/ml SOLUTION* **MO** | 1 | |
| FORZINITY 80 MG/ML SOLUTION **DL** | 4 | PA,QL(15 per 30 days) |
| GAUZE BANDAGE 2 X 2 " BANDAGE **$0,MO** | 1 | |
| GAUZE PAD 2 X 2 " BANDAGE **$0,MO** | 1 | |
| GIVLAARI 189 MG/ML SOLUTION **DL** | 4 | PA |
| HEPCLUDEX 8.5 MG RECON SOLUTION **DL** | 4 | PA,QL(30 per 30 days) |
| IGALMI 120 MCG, 180 MCG FILM **MO** | 3 | PA |
| INCONTROL ALCOHOL PADS PADS, MEDICATED **$0,MO** | 1 | |
| INSULIN SYRINGE MICROFINE 1 ML 27 GAUGE X 5/8", 1/2 ML 28 GAUGE X 1/2" SYRINGE **$0,PDS,MO** | 1 | |
| 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 **$0,PDS,MO** | 1 | |

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| DRUG NAME | TIER | UTILIZATION MANAGEMENT REQUIREMENTS |
|---|---|---|
| INSULIN U-500 SYRINGE-NEEDLE 1/2 ML 31 GAUGE X 15/64" SYRINGE **$0,PDS,MO** | 1 | |
| ISEMBYLD 50 MG/ML SOLUTION **DL** | 4 | PA |
| IV PREP WIPES PADS, MEDICATED **$0,MO** | 1 | |
| JOURNAVX 50 MG TABLET **MO** | 3 | PA,QL(30 per 180 days) |
| KORLYM 300 MG TABLET **DL** | 4 | PA,QL(120 per 30 days) |
| *lactated ringers SOLUTION* **MO** | 1 | |
| LITHOSTAT 250 MG TABLET **MO** | 3 | |
| LUMVOA 50 MG/ML SOLUTION **DL** | 4 | PA |
| *methylergonovine 0.2 mg TABLET* **DL** | 4 | |
| *methylergonovine 0.2 mg/ml (1 ml) SOLUTION* **MO** | 1 | |
| *mifepristone 300 mg TABLET* **DL** | 4 | PA,QL(120 per 30 days) |
| MIMRYLO 19 MG, 28 MG, 9.5 MG RECON SOLUTION **DL** | 4 | PA,QL(4 per 28 days) |
| MIMRYLO 41 MG, 54 MG RECON SOLUTION **DL** | 4 | PA,QL(8 per 28 days) |
| MINT REFILL KIT CARTRIDGE **$0,MO** | 3 | PA |
| MINT STARTER KIT CARTRIDGE **$0,MO** | 3 | PA |
| MIRENA 21 MCG/24HR (UP TO 8 YRS) 52 MG IUD **MO** | 2 | |
| MODD1 PATIENT WELCOME KIT KIT **MO** | 3 | PA |
| MODD1 SUPPLY KIT COMBO PACK **MO** | 3 | PA |
| NANO 2ND GEN PEN NEEDLE 32 GAUGE X 5/32" NEEDLE **$0,PDS,MO** | 1 | |
| NANO PEN NEEDLE 32 GAUGE X 5/32" NEEDLE **$0,PDS,MO** | 1 | |
| *neomycin-polymyxin b gu 40 mg-200,000 unit/ml SOLUTION* **MO** | 1 | |
| *nitroglycerin 0.4 % (w/w) OINTMENT* **MO** | 1 | QL(30 per 30 days) |
| NOVOPEN ECHO INSULIN PEN **$0,MO** | 1 | |
| OMNIPOD 5 (LIBRE 2/3 PLUS) CARTRIDGE **$0,MO** | 2 | |
| OMNIPOD 5 G6-G7 INTRO KT(GEN5) CARTRIDGE **$0,MO** | 2 | |
| OMNIPOD 5 G6-G7 PODS (GEN 5) CARTRIDGE **$0,MO** | 2 | |
| OMNIPOD 5 INTRO (LIBRE2/3PLUS) CARTRIDGE **$0,MO** | 2 | |
| OMNIPOD CLASSIC PODS (GEN 3) CARTRIDGE **$0,MO** | 2 | |
| OMNIPOD DASH INTRO KIT (GEN 4) CARTRIDGE **$0,MO** | 2 | |
| OMNIPOD DASH PODS (GEN 4) CARTRIDGE **$0,MO** | 2 | |
| OMNIPOD GO PODS CARTRIDGE **$0,MO** | 2 | |
| OMNIPOD GO PODS 10 UNITS/DAY CARTRIDGE **$0,MO** | 2 | |
| OMNIPOD GO PODS 15 UNITS/DAY CARTRIDGE **$0,MO** | 2 | |
| OMNIPOD GO PODS 20 UNITS/DAY CARTRIDGE **$0,MO** | 2 | |

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| DRUG NAME | TIER | UTILIZATION MANAGEMENT REQUIREMENTS |
|---|---|---|
| OMNIPOD GO PODS 25 UNITS/DAY CARTRIDGE **$0,MO** | 2 | |
| OMNIPOD GO PODS 30 UNITS/DAY CARTRIDGE **$0,MO** | 2 | |
| OMNIPOD GO PODS 40 UNITS/DAY CARTRIDGE **$0,MO** | 2 | |
| OXLUMO 94.5 MG/0.5 ML SOLUTION | 4 | PA |
| *oxytocin 10 unit/ml SOLUTION* **MO** | 1 | |
| PALFORZIA (LEVEL 1) 3 MG (1 MG X 3) CAPSULE, SPRINKLE **MO** | 3 | PA |
| PALFORZIA (LEVEL 2) 6 MG (1 MG X 6) CAPSULE, SPRINKLE **MO** | 3 | PA |
| PALFORZIA (LEVEL 3) 12 MG (1 MG X 2, 10 MG X 1) CAPSULE, SPRINKLE **MO** | 3 | PA |
| PALFORZIA (LEVEL 4) 20 MG CAPSULE, SPRINKLE **MO** | 3 | PA |
| PALFORZIA (LEVEL 5) 40 MG (20 MG X 2) CAPSULE, SPRINKLE **MO** | 3 | PA |
| PALFORZIA (LEVEL 6) 80 MG (20 MG X 4) CAPSULE, SPRINKLE **MO** | 3 | PA |
| PALFORZIA (LEVEL 7) 120 MG (20 MG X 1, 100 MG X 1) CAPSULE, SPRINKLE **MO** | 3 | PA |
| PALFORZIA (LEVEL 8) 160 MG (20 MG X 3, 100 MG X1) CAPSULE, SPRINKLE **MO** | 3 | PA |
| PALFORZIA (LEVEL 9) 200 MG (100 MG X 2) CAPSULE, SPRINKLE **MO** | 3 | PA |
| PALFORZIA (LEVEL 10) 240 MG (20 MG X 2, 100 MG X 2) CAPSULE, SPRINKLE **MO** | 3 | PA |
| PALFORZIA (LEVEL 11 UP-DOSE) 300 MG POWDER IN PACKET **MO** | 3 | PA |
| PALFORZIA INITIAL (4-17 YRS) 0.5/1/1.5/3/6 MG CAPSULE, SPRINKLE **MO** | 3 | PA |
| PALFORZIA LEVEL 11 MAINTENANCE 300 MG POWDER IN PACKET **MO** | 3 | PA |
| 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 **$0,PDS,MO** | 1 | |
| *phenazopyridine 100 mg, 200 mg TABLET* **MO** | 1 | |
| PHEXX 1.8-1-0.4 % GEL **MO** | 3 | QL(60 per 30 days) |
| PHEXXI 1.8-1-0.4 % GEL **MO** | 3 | QL(60 per 30 days) |
| PHYSIOLYTE 140-5-3-98 MEQ/L SOLUTION **MO** | 1 | |
| PHYSIOSOL IRRIGATION 140-5-3-98 MEQ/L SOLUTION **MO** | 1 | |
| PITOCIN 10 UNIT/ML SOLUTION **MO** | 3 | |
| PIVOT INSULIN PUMP STARTER KIT KIT **MO** | 3 | PA |
| PIVOT SUPPLY KIT COMBO PACK **MO** | 3 | PA |
| PREVDUO 0.6 MG-3 MG/3ML (0.2 MG-1MG/ML) SYRINGE **MO** | 3 | |
| PRIALT 100 MCG/ML, 25 MCG/ML SOLUTION **DL** | 4 | PA |
| PRO COMFORT ALCOHOL PADS PADS, MEDICATED **$0,MO** | 1 | |
| PRO-COMFORT ALCOHOL PADS PADS, MEDICATED **$0,MO** | 1 | |

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| DRUG NAME | TIER | UTILIZATION MANAGEMENT REQUIREMENTS |
|---|---|---|
| *promethazine-phenylephrine 6.25-5 mg/5 ml SYRUP* **MO** | 1 | |
| *protamine 10 mg/ml SOLUTION* **MO** | 1 | |
| PURE COMFORT ALCOHOL PADS PADS, MEDICATED **$0,MO** | 1 | |
| PYRIDIUM 100 MG, 200 MG TABLET **MO** | 3 | |
| QUTENZA 8 % KIT **DL** | 4 | PA |
| RECTIV 0.4 % (W/W) OINTMENT **MO** | 3 | QL(30 per 30 days) |
| RENACIDIN 1980.6 MG-59.4 MG-980.4MG/30ML SOLUTION **MO** | 3 | |
| REZDIFFRA 100 MG, 60 MG, 80 MG TABLET **DL** | 4 | PA,QL(30 per 30 days) |
| *ribavirin 6 gram RECON SOLUTION* **DL** | 4 | BvsD |
| RIMSO-50 50 % SOLUTION **DL** | 4 | |
| *ringer's SOLUTION* **MO** | 1 | |
| RIVFLOZA 128 MG/0.8 ML, 160 MG/ML SYRINGE **DL** | 4 | PA |
| RIVFLOZA 80 MG/0.5 ML (160 MG/ML) SOLUTION **DL** | 4 | PA |
| SIKLOS 1,000 MG, 100 MG TABLET **MO** | 3 | PA |
| *sodium benzoate-sod phenylacet 10-10 % SOLUTION* **DL** | 4 | |
| *sodium chloride 0.9 % SOLUTION* **MO** | 1 | |
| SOHONOS 1 MG, 1.5 MG, 10 MG, 2.5 MG, 5 MG CAPSULE **DL** | 4 | PA |
| *sorbitol-mannitol 2.7-0.54 gram/100 ml SOLUTION* **MO** | 1 | |
| SURE COMFORT ALCOHOL PREP PADS PADS, MEDICATED **$0,MO** | 1 | |
| SURE-PREP ALCOHOL PREP PADS PADS, MEDICATED **$0,MO** | 1 | |
| SYNAGIS 100 MG/ML, 50 MG/0.5 ML SOLUTION **DL** | 4 | PA |
| *tencon 50-325 mg TABLET* **MO** | 1 | QL(180 per 30 days) |
| TEPEZZA 500 MG RECON SOLUTION **DL** | 4 | PA |
| TRUE COMFORT ALCOHOL PADS PADS, MEDICATED **$0,MO** | 1 | |
| TRUE COMFORT PRO ALCOHOL PADS PADS, MEDICATED **$0,MO** | 1 | |
| ULTILET ALCOHOL SWAB PADS, MEDICATED **$0,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 **$0,PDS,MO** | 1 | |
| 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 **$0,PDS,MO** | 1 | |
| 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 **$0,PDS,MO** | 1 | |
| ULTRA-FINE SAFETY INSULIN SYRN 0.5 ML 29 GAUGE X 1/2", 0.5 ML 31 GAUGE X 15/64" SYRINGE **$0,PDS,MO** | 1 | |

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| DRUG NAME | TIER | UTILIZATION MANAGEMENT REQUIREMENTS |
|---|---|---|
| V-GO 20 DEVICE $0,MO | 3 | PA |
| V-GO 30 DEVICE $0,MO | 3 | PA |
| V-GO 40 DEVICE $0,MO | 3 | PA |
| VANRAFIA 0.75 MG TABLET DL | 4 | PA,QL(30 per 30 days) |
| VIRAZOLE 6 GRAM RECON SOLUTION DL | 4 | BvsD |
| VYJUVEK 5 X 10EXP9 PFU/2.5 ML GEL DL | 4 | PA,QL(10 per 28 days) |
| VYKAT XR 150 MG, 25 MG, 75 MG TABLET, ER 24 HR. DL | 4 | PA |
| *water for irrigation, sterile SOLUTION* MO | 1 | |
| WEBCOL PADS, MEDICATED $0,MO | 1 | |
| WEGOVY 0.25 MG/0.5 ML, 0.5 MG/0.5 ML, 1 MG/0.5 ML, 1.7 MG/0.75 ML, 2.4 MG/0.75 ML PEN INJECTOR DL | 4 | PA |
| WEGOVY 1.5 MG, 25 MG, 4 MG, 9 MG TABLET DL | 4 | PA,QL(30 per 30 days) |
| XDEMVY 0.25 % DROPS MO | 3 | PA,QL(10 per 42 days) |
| XROMI 100 MG/ML SOLUTION DL | 4 | PA |
| YCANTH 0.7 % SOLUTION W/APPLICATOR DL | 4 | PA |
| ZEPBOUND 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 DL | 4 | PA |
| ZEPBOUND 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 SOLUTION DL | 4 | PA |
| ZEPBOUND KWIKPEN 10 MG/0.6 ML (40 MG/2.4 ML), 12.5 MG/0.6 ML (50 MG/2.4 ML), 15 MG/0.6 ML (60 MG/2.4 ML), 2.5 MG/0.6 ML (10 MG/2.4 ML), 5 MG/0.6 ML (20 MG/2.4 ML), 7.5 MG/0.6 ML (30 MG/2.4 ML) PEN INJECTOR DL | 3 | PA,QL(2.4 per 28 days) |
| ZEVALIN (Y-90) 3.2 MG/2 ML KIT DL | 4 | PA |
| *zingiber 1.2 mg-40 mg- 124.1 mg-100 mg TABLET* MO | 1 | |
| ZYNRELEF 200 MG-6 MG /7 ML, 400 MG-12 MG /14 ML ER SOLUTION MO | 3 | |
| **OPHTHALMIC AGENTS** | | |
| ACULAR 0.5 % DROPS MO | 3 | ST,QL(10 per 30 days) |
| ACULAR LS 0.4 % DROPS MO | 3 | ST,QL(10 per 30 days) |
| ACUVAIL (PF) 0.45 % DROPPERETTE MO | 3 | ST |
| ALCAINE 0.5 % DROPS MO | 1 | |
| ALOMIDE 0.1 % DROPS MO | 3 | |
| ALPHAGAN P 0.1 %, 0.15 % DROPS MO | 3 | ST |
| ALREX 0.2 % DROPS, SUSPENSION MO | 3 | ST |
| *apraclonidine 0.5 % DROPS* MO | 1 | |
| *atropine 1 % DROPS* MO | 1 | |

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| DRUG NAME | TIER | UTILIZATION MANAGEMENT REQUIREMENTS |
|---|---|---|
| ATROPINE SULFATE (PF) 1 % DROPPERETTE MO | 1 | |
| AZASITE 1 % DROPS MO | 3 | ST,QL(2.5 per 25 days) |
| *azelastine 0.05 % DROPS* MO | 1 | |
| AZOPT 1 % DROPS, SUSPENSION MO | 3 | ST,QL(10 per 28 days) |
| *bacitracin 500 unit/gram OINTMENT* MO | 1 | |
| *bacitracin-polymyxin b 500-10,000 unit/gram OINTMENT* MO | 1 | |
| *bepotastine besilate 1.5 % DROPS* MO | 1 | ST,QL(5 per 25 days) |
| BEPREVE 1.5 % DROPS MO | 3 | ST,QL(5 per 25 days) |
| *besifloxacin 0.6 % DROPS, SUSPENSION* MO | 3 | ST |
| BESIVANCE 0.6 % DROPS, SUSPENSION MO | 3 | ST |
| BETADINE OPHTHALMIC PREP 5 % SOLUTION MO | 3 | |
| *betaxolol 0.5 % DROPS* MO | 1 | |
| BETIMOL 0.25 %, 0.5 % DROPS MO | 3 | ST |
| BETOPTIC S 0.25 % DROPS, SUSPENSION MO | 3 | ST |
| *bimatoprost 0.01 %, 0.03 % DROPS* MO | 1 | QL(2.5 per 25 days) |
| *brimonidine 0.1 %, 0.15 % DROPS* MO | 1 | ST |
| *brimonidine 0.2 % DROPS* MO | 1 | |
| *brinzolamide 1 % DROPS, SUSPENSION* MO | 1 | ST,QL(10 per 28 days) |
| *bromfenac 0.07 % DROPS* MO | 1 | ST,QL(3 per 30 days) |
| *bromfenac 0.075 % DROPS* MO | 1 | ST,QL(5 per 30 days) |
| *bromfenac 0.09 % DROPS* MO | 1 | QL(1.7 per 30 days) |
| BROMSITE 0.075 % DROPS MO | 3 | ST,QL(5 per 30 days) |
| BSS SOLUTION MO | 3 | |
| BSS PLUS SOLUTION MO | 3 | |
| BYQLOVI 0.05 % DROPS, SUSPENSION MO | 3 | ST |
| *carteolol 1 % DROPS* MO | 1 | |
| CEQUA 0.09 % DROPPERETTE MO | 3 | PA,QL(60 per 30 days) |
| CILOXAN 0.3 % OINTMENT MO | 3 | |
| *ciprofloxacin hcl 0.3 % DROPS* MO | 1 | |
| COMBIGAN 0.2-0.5 % DROPS MO | 2 | |
| COSOPT 22.3-6.8 MG/ML DROPS MO | 3 | ST |
| COSOPT (PF) 2-0.5 % DROPPERETTE MO | 3 | ST,QL(60 per 30 days) |
| *cromolyn 4 % DROPS* MO | 1 | |
| *cyclosporine 0.05 % DROPPERETTE* MO | 1 | QL(60 per 30 days) |

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| DRUG NAME | TIER | UTILIZATION MANAGEMENT REQUIREMENTS |
|---|---|---|
| CYSTADROPS 0.37 % DROPS **DL** | 4 | PA,QL(20 per 28 days) |
| CYSTARAN 0.44 % DROPS **DL** | 4 | PA,QL(60 per 28 days) |
| *dexamethasone sodium phosphate 0.1 % DROPS* **MO** | 1 | |
| DEXTENZA 0.4 MG INSERT **MO** | 3 | QL(1 per 30 days) |
| *diclofenac sodium 0.1 % DROPS* **MO** | 1 | |
| *difluprednate 0.05 % DROPS* **MO** | 1 | ST |
| *dorzolamide 2 % DROPS* **MO** | 1 | |
| *dorzolamide-timolol 22.3-6.8 mg/ml DROPS* **MO** | 1 | |
| *dorzolamide-timolol (pf) 2-0.5 % DROPPERETTE* **MO** | 1 | QL(60 per 30 days) |
| DUREZOL 0.05 % DROPS **MO** | 3 | ST |
| DURYSTA 10 MCG IMPLANT **DL** | 4 | |
| ENSPRYNG 120 MG/ML SYRINGE **DL** | 4 | PA,QL(2 per 28 days) |
| *epinastine 0.05 % DROPS* **MO** | 1 | QL(5 per 25 days) |
| *erythromycin 5 mg/gram (0.5 %) OINTMENT* **MO** | 1 | QL(3.5 per 28 days) |
| EYSUVIS 0.25 % DROPS, SUSPENSION **MO** | 2 | QL(16.6 per 30 days) |
| FLAREX 0.1 % DROPS, SUSPENSION **MO** | 3 | ST |
| *fluorometholone 0.1 % DROPS, SUSPENSION* **MO** | 1 | |
| *flurbiprofen sodium 0.03 % DROPS* **MO** | 1 | |
| FML FORTE 0.25 % DROPS, SUSPENSION **MO** | 3 | ST |
| FML LIQUIFILM 0.1 % DROPS, SUSPENSION **MO** | 3 | ST |
| *gatifloxacin 0.5 % DROPS* **MO** | 1 | QL(2.5 per 25 days) |
| *gentamicin 0.3 % DROPS* **MO** | 1 | |
| ILEVRO 0.3 % DROPS, SUSPENSION **MO** | 2 | QL(3 per 30 days) |
| INVELTYS 1 % DROPS, SUSPENSION **MO** | 3 | ST |
| IOPIDINE 1 % DROPPERETTE **MO** | 3 | |
| ISTALOL 0.5 % DROPS, ONCE DAILY **MO** | 3 | |
| IYUZEH (PF) 0.005 % DROPPERETTE **MO** | 3 | ST,QL(30 per 30 days) |
| *ketorolac 0.4 %, 0.5 % DROPS* **MO** | 1 | QL(10 per 30 days) |
| *latanoprost 0.005 % DROPS* **MO** | 1 | QL(5 per 25 days) |
| *levobunolol 0.5 % DROPS* **MO** | 1 | |
| *levofloxacin 0.5 %, 1.5 % DROPS* **MO** | 1 | |
| LOTEMAX 0.5 % DROPS, GEL **MO** | 3 | ST |
| LOTEMAX 0.5 % DROPS, SUSPENSION **MO** | 3 | ST |
| LOTEMAX 0.5 % OINTMENT **MO** | 3 | ST |

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| DRUG NAME | TIER | UTILIZATION MANAGEMENT REQUIREMENTS |
|---|---|---|
| LOTEMAX SM 0.38 % DROPS, GEL **MO** | 3 | |
| *loteprednol etabonate 0.2 %, 0.5 % DROPS, SUSPENSION* **MO** | 1 | |
| *loteprednol etabonate 0.5 % DROPS, GEL* **MO** | 1 | |
| LUMIGAN 0.01 % DROPS **MO** | 2 | QL(2.5 per 25 days) |
| MAXIDEX 0.1 % DROPS, SUSPENSION **MO** | 3 | ST |
| MAXITROL 3.5 MG/G-10,000 UNIT/G-0.1 % OINTMENT **MO** | 3 | |
| MAXITROL 3.5MG/ML-10,000 UNIT/ML-0.1 % DROPS, SUSPENSION **MO** | 1 | |
| *methazolamide 25 mg, 50 mg TABLET* **MO** | 1 | |
| MIEBO (PF) 100 % DROPS **MO** | 3 | QL(3 per 30 days) |
| MIOSTAT 0.01 % SOLUTION **MO** | 3 | |
| *moxifloxacin 0.5 % DROPS* **MO** | 1 | |
| *moxifloxacin 0.5 % DROPS, VISCOUS* **MO** | 1 | ST |
| NATACYN 5 % DROPS, SUSPENSION **MO** | 3 | |
| *neo-polycin 3.5-400-10,000 mg-unit-unit/g OINTMENT* **MO** | 1 | |
| *neo-polycin hc 3.5-400-10,000 mg-unit/g-1% OINTMENT* **MO** | 1 | |
| *neomycin-bacitracin-poly-hc 3.5-400-10,000 mg-unit/g-1% OINTMENT* **MO** | 1 | |
| *neomycin-bacitracin-polymyxin 3.5-400-10,000 mg-unit-unit/g OINTMENT* **MO** | 1 | |
| *neomycin-polymyxin b-dexameth 3.5 mg/g-10,000 unit/g-0.1 % OINTMENT* **MO** | 1 | |
| *neomycin-polymyxin b-dexameth 3.5mg/ml-10,000 unit/ml-0.1 % DROPS, SUSPENSION* **MO** | 1 | |
| *neomycin-polymyxin-gramicidin 1.75 mg-10,000 unit-0.025mg/ml DROPS* **MO** | 1 | |
| *neomycin-polymyxin-hc 3.5-10,000-10 mg-unit-mg/ml DROPS, SUSPENSION* **MO** | 1 | |
| NEVANAC 0.1 % DROPS, SUSPENSION **MO** | 3 | ST |
| OCUFLOX 0.3 % DROPS **MO** | 3 | |
| *ofloxacin 0.3 % DROPS* **MO** | 1 | |
| OXERVATE 0.002 % DROPS **DL** | 4 | PA,QL(112 per 365 days) |
| PHOSPHOLINE IODIDE 0.125 % DROPS **MO** | 3 | |
| *pilocarpine hcl 1 %, 1.25 %, 2 %, 4 % DROPS* **MO** | 1 | |
| *polycin 500-10,000 unit/gram OINTMENT* **MO** | 1 | |
| *polymyxin b sulf-trimethoprim 10,000 unit- 1 mg/ml DROPS* **MO** | 1 | |
| PRED FORTE 1 % DROPS, SUSPENSION **MO** | 3 | ST |
| PRED MILD 0.12 % DROPS, SUSPENSION **MO** | 3 | ST |
| *prednisolone acetate 1 % DROPS, SUSPENSION* **MO** | 1 | |
| *prednisolone sodium phosphate 1 % DROPS* **MO** | 1 | |
| PROLENSA 0.07 % DROPS **MO** | 3 | ST,QL(3 per 30 days) |

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| DRUG NAME | TIER | UTILIZATION MANAGEMENT REQUIREMENTS |
|---|---|---|
| *proparacaine 0.5 % DROPS* MO | 1 | |
| RESTASIS 0.05 % DROPPERETTE MO | 3 | PA,QL(60 per 30 days) |
| RESTASIS MULTIDOSE 0.05 % DROPS MO | 3 | PA,QL(5.5 per 25 days) |
| RHOPRESSA 0.02 % DROPS MO | 2 | ST,QL(2.5 per 25 days) |
| ROCKLATAN 0.02-0.005 % DROPS MO | 2 | ST |
| SIMBRINZA 1-0.2 % DROPS, SUSPENSION MO | 3 | |
| *sulfacetamide sodium 10 % DROPS* MO | 1 | |
| *sulfacetamide-prednisolone 10 %-0.23 % (0.25 %) DROPS* MO | 1 | |
| *tafluprost (pf) 0.0015 % DROPPERETTE* MO | 3 | ST,QL(30 per 30 days) |
| *timolol 0.5 % DROPS* MO | 1 | |
| *timolol maleate 0.25 % DROPS* MO | 1 | |
| *timolol maleate 0.25 %, 0.5 % GEL FORMING SOLUTION* MO | 1 | |
| *timolol maleate 0.5 % DROPS* MO | 1 | |
| *timolol maleate 0.5 % DROPS, ONCE DAILY* MO | 1 | |
| *timolol maleate (pf) 0.25 %, 0.5 % DROPPERETTE* MO | 1 | |
| TIMOPTIC OCUDOSE (PF) 0.25 %, 0.5 % DROPPERETTE MO | 3 | ST |
| TOBRADEX 0.3-0.1 % OINTMENT MO | 3 | |
| TOBRADEX ST 0.3-0.05 % DROPS, SUSPENSION MO | 3 | |
| *tobramycin 0.3 % DROPS* MO | 1 | |
| *tobramycin-dexamethasone 0.3-0.1 % DROPS, SUSPENSION* MO | 1 | |
| *tobramycin-lotepred 0.3-0.5 % DROPS, SUSPENSION* MO | 1 | |
| TOBREX 0.3 % OINTMENT MO | 3 | |
| TRAVATAN Z 0.004 % DROPS MO | 3 | ST,QL(2.5 per 25 days) |
| *travoprost 0.004 % DROPS* MO | 1 | QL(2.5 per 25 days) |
| *trifluridine 1 % DROPS* MO | 1 | |
| TRYPTYR 0.003 % DROPPERETTE MO | 3 | QL(60 per 30 days) |
| TYRVAYA 0.03 MG/SPRAY SPRAY, METERED, NON-AEROSOL MO | 3 | PA,QL(8.4 per 30 days) |
| VERKAZIA 0.1 % DROPPERETTE DL | 4 | PA,QL(120 per 30 days) |
| VEVYE 0.1 % DROPS MO | 3 | PA,QL(2 per 30 days) |
| VIGAMOX 0.5 % DROPS MO | 3 | PA |
| VUITY 1.25 % DROPS MO | 3 | |
| VYZULTA 0.024 % DROPS MO | 3 | QL(2.5 per 25 days) |
| XALATAN 0.005 % DROPS MO | 3 | PA,QL(5 per 25 days) |
| XELPROS 0.005 % DROPS, EMULSION MO | 3 | ST,QL(2.5 per 25 days) |

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| DRUG NAME | TIER | UTILIZATION MANAGEMENT REQUIREMENTS |
|---|---|---|
| XIIDRA 5 % DROPPERETTE MO | 3 | PA,QL(60 per 30 days) |
| ZERVIATE 0.24 % DROPPERETTE MO | 3 | ST,QL(60 per 30 days) |
| ZIOPTAN (PF) 0.0015 % DROPPERETTE MO | 3 | ST,QL(30 per 30 days) |
| ZOLYMBUS 0.01 % DROPPERETTE, GEL MO | 3 | ST,QL(30 per 30 days) |
| ZYLET 0.3-0.5 % DROPS, SUSPENSION MO | 3 | |
| **OTIC AGENTS** | | |
| CIPRO HC 0.2-1 % DROPS, SUSPENSION MO | 3 | |
| *ciprofloxacin hcl 0.2 % DROPPERETTE* MO | 1 | |
| *ciprofloxacin-dexamethasone 0.3-0.1 % DROPS, SUSPENSION* MO | 3 | QL(7.5 per 30 days) |
| *ciprofloxacin-hydrocortisone 0.2-1 % DROPS, SUSPENSION* MO | 1 | |
| CLOTIC 1 % DROPPERETTE DL | 4 | QL(56 per 28 days) |
| CORTISPORIN-TC 3.3-3-10-0.5 MG/ML DROPS, SUSPENSION MO | 3 | |
| DERMOTIC OIL 0.01 % DROPS MO | 3 | |
| *flac otic oil 0.01 % DROPS* MO | 1 | |
| *fluocinolone acetonide oil 0.01 % DROPS* MO | 1 | |
| *hydrocortisone-acetic acid 1-2 % DROPS* MO | 1 | |
| *neomycin-polymyxin-hc 3.5-10,000-1 mg/ml-unit/ml-% DROPS, SUSPENSION* MO | 1 | |
| *neomycin-polymyxin-hc 3.5-10,000-1 mg/ml-unit/ml-% SOLUTION* MO | 1 | |
| *ofloxacin 0.3 % DROPS* MO | 1 | |
| XTORO 0.3 % DROPS, SUSPENSION MO | 3 | |
| **RESPIRATORY TRACT/PULMONARY AGENTS** | | |
| ACCOLATE 10 MG, 20 MG TABLET MO | 3 | PA,QL(60 per 30 days) |
| *acetylcysteine 100 mg/ml (10 %), 200 mg/ml (20 %) SOLUTION* MO | 1 | BvsD |
| ADCIRCA 20 MG TABLET DL | 4 | PA,QL(60 per 30 days) |
| ADEMPAS 0.5 MG, 1 MG, 1.5 MG, 2 MG, 2.5 MG TABLET DL | 4 | PA,QL(90 per 30 days) |
| ADRENALIN 1 MG/ML, 1 MG/ML (1 ML) SOLUTION MO | 3 | |
| ADVAIR DISKUS 100-50 MCG/DOSE, 250-50 MCG/DOSE, 500-50 MCG/DOSE BLISTER WITH DEVICE MO | 3 | PA,QL(60 per 30 days) |
| ADVAIR HFA 115-21 MCG/ACTUATION, 230-21 MCG/ACTUATION, 45-21 MCG/ACTUATION HFA AEROSOL INHALER MO | 2 | QL(12 per 30 days) |
| AIRDUO RESPICLICK 113-14 MCG/ACTUATION, 232-14 MCG/ACTUATION, 55-14 MCG/ACTUATION AEROSOL POWDER BREATH ACTIV. MO | 3 | ST,QL(1 per 30 days) |
| AIRSUPRA 90-80 MCG/ACTUATION HFA AEROSOL INHALER MO | 2 | QL(32.1 per 30 days) |

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| DRUG NAME | TIER | UTILIZATION MANAGEMENT REQUIREMENTS |
|---|---|---|
| *albuterol sulfate 0.63 mg/3 ml, 1.25 mg/3 ml, 2.5 mg/0.5 ml SOLUTION FOR NEBULIZATION* **MO** | 1 | BvsD |
| *albuterol sulfate 2 mg, 4 mg TABLET* **MO** | 1 | |
| *albuterol sulfate 2 mg/5 ml SYRUP* **MO** | 1 | |
| *albuterol sulfate 2.5 mg /3 ml (0.083 %) SOLUTION FOR NEBULIZATION* **MO** | 1 | BvsD |
| *albuterol sulfate 90 mcg/actuation HFA AEROSOL INHALER* **MO** | 1 | QL(36 per 30 days) |
| ALVESCO 160 MCG/ACTUATION, 80 MCG/ACTUATION HFA AEROSOL INHALER **MO** | 3 | ST,QL(18.3 per 28 days) |
| ALYFTREK 10-50-125 MG TABLET **DL** | 4 | PA,QL(56 per 28 days) |
| ALYFTREK 4-20-50 MG TABLET **DL** | 4 | PA,QL(84 per 28 days) |
| *alyq 20 mg TABLET* **MO** | 1 | PA,QL(60 per 30 days) |
| *ambrisentan 10 mg, 5 mg TABLET* **DL** | 4 | PA,QL(30 per 30 days) |
| *aminophylline 250 mg/10 ml, 500 mg/20 ml SOLUTION* **MO** | 1 | |
| ANORO ELLIPTA 62.5-25 MCG/ACTUATION BLISTER WITH DEVICE **MO** | 3 | PA,QL(60 per 30 days) |
| *arformoterol 15 mcg/2 ml SOLUTION FOR NEBULIZATION* **MO** | 1 | BvsD,QL(120 per 30 days) |
| ARNUITY ELLIPTA 100 MCG/ACTUATION, 200 MCG/ACTUATION, 50 MCG/ACTUATION BLISTER WITH DEVICE **MO** | 2 | QL(30 per 30 days) |
| ASMANEX HFA 100 MCG/ACTUATION, 200 MCG/ACTUATION, 50 MCG/ACTUATION HFA AEROSOL INHALER **MO** | 3 | ST,QL(13 per 30 days) |
| ASMANEX TWISTHALER 110 MCG/ ACTUATION (30), 220 MCG/ ACTUATION (120), 220 MCG/ ACTUATION (14), 220 MCG/ ACTUATION (30), 220 MCG/ ACTUATION (60) AEROSOL POWDER BREATH ACTIV. **MO** | 3 | ST,QL(1 per 28 days) |
| ATROVENT HFA 17 MCG/ACTUATION HFA AEROSOL INHALER **MO** | 3 | 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** | 2 | QL(4 per 30 days) |
| *azelastine 137 mcg (0.1 %) SPRAY, NON-AEROSOL* **MO** | 1 | QL(30 per 25 days) |
| *azelastine-fluticasone 137-50 mcg/spray SPRAY, NON-AEROSOL* **MO** | 1 | ST,QL(23 per 28 days) |
| *beclomethasone dipropionate 40 mcg/actuation AEROSOL* **MO** | 1 | ST,QL(8.7 per 30 days) |
| *beclomethasone dipropionate 80 mcg/actuation AEROSOL* **MO** | 1 | ST,QL(17.4 per 30 days) |
| BEVESPI AEROSPHERE 9-4.8 MCG HFA AEROSOL INHALER **MO** | 3 | PA,QL(10.7 per 30 days) |
| *bosentan 125 mg, 62.5 mg TABLET* **DL** | 4 | PA,QL(60 per 30 days) |
| *bosentan 32 mg TABLET FOR SUSPENSION* **DL** | 4 | PA,QL(120 per 30 days) |
| BREO ELLIPTA 100-25 MCG/DOSE, 200-25 MCG/DOSE, 50-25 MCG/DOSE BLISTER WITH DEVICE **MO** | 2 | QL(60 per 30 days) |
| BREZTRI AEROSPHERE 160-18-4.8 MCG/ACTUATION HFA AEROSOL INHALER **MO** | 2 | QL(10.7 per 30 days) |

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| DRUG NAME | TIER | UTILIZATION MANAGEMENT REQUIREMENTS |
|---|---|---|
| BREZTRI AEROSPHERE 160-9-4.8 MCG/ACTUATION HFA AEROSOL INHALER **MO** | 2 | QL(10.7 per 30 days) |
| BRONCHITOL 40 MG CAPSULE, W/INHALATION DEVICE **DL** | 4 | PA,QL(560 per 28 days) |
| BROVANA 15 MCG/2 ML SOLUTION FOR NEBULIZATION | 4 | BvsD,QL(120 per 30 days) |
| *budesonide 0.25 mg/2 ml, 0.5 mg/2 ml, 1 mg/2 ml SUSPENSION FOR NEBULIZATION* **MO** | 1 | BvsD |
| *carbinoxamine maleate 4 mg TABLET* **MO** | 1 | |
| *carbinoxamine maleate 4 mg/5 ml LIQUID* **MO** | 1 | |
| *carbinoxamine maleate 4 mg/5 ml SUSPENSION, ER 12 HR.* | 4 | |
| *carbinoxamine maleate 6 mg TABLET* **DL** | 4 | QL(120 per 30 days) |
| *carbzah 4 mg/5 ml LIQUID* **DL** | 4 | |
| CAYSTON 75 MG/ML SOLUTION FOR NEBULIZATION **DL** | 4 | PA,QL(84 per 28 days) |
| *cetirizine 1 mg/ml SOLUTION* **MO** | 1 | QL(300 per 30 days) |
| CINQAIR 10 MG/ML SOLUTION **DL** | 4 | PA |
| CLARINEX 5 MG TABLET **MO** | 3 | PA,QL(30 per 30 days) |
| *clemastine 0.5 mg/5 ml SYRUP* **DL** | 4 | PA,QL(1800 per 30 days) |
| *clemastine 2.68 mg TABLET* **MO** | 1 | |
| *clemasz 2.68 mg TABLET* **MO** | 1 | |
| *clemsza 2.68 mg TABLET* **DL** | 4 | |
| COMBIVENT RESPIMAT 20-100 MCG/ACTUATION MIST **MO** | 3 | QL(4 per 20 days) |
| *corphena 2 mg/5 ml SOLUTION* **DL** | 4 | |
| *cromolyn 100 mg/5 ml CONCENTRATE* **MO** | 1 | |
| *cromolyn 20 mg/2 ml SOLUTION FOR NEBULIZATION* **MO** | 1 | BvsD |
| *cyproheptadine 2 mg/5 ml SYRUP* **MO** | 1 | |
| *cyproheptadine 4 mg TABLET* **MO** | 1 | |
| DALIRESP 250 MCG TABLET **MO** | 3 | PA,QL(28 per 365 days) |
| DALIRESP 500 MCG TABLET **MO** | 3 | PA,QL(30 per 30 days) |
| *desloratadine 0.5 mg/ml SOLUTION* **DL** | 4 | QL(300 per 30 days) |
| *desloratadine 2.5 mg, 5 mg TABLET, DISINTEGRATING* **MO** | 1 | QL(30 per 30 days) |
| *desloratadine 5 mg TABLET* **MO** | 1 | QL(30 per 30 days) |
| *dexchlorpheniramine maleate 2 mg/5 ml SOLUTION* **MO** | 1 | |
| *diphen 12.5 mg/5 ml ELIXIR* **MO** | 1 | |
| DIPHEN 12.5 MG/5 ML ELIXIR **MO** | 1 | |
| *diphenhydramine hcl 12.5 mg/5 ml ELIXIR* **MO** | 1 | |
| *diphenhydramine hcl 50 mg/ml SOLUTION* **MO** | 1 | |

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| DRUG NAME | TIER | UTILIZATION MANAGEMENT REQUIREMENTS |
|---|---|---|
| *diphenhydramine hcl 50 mg/ml SYRINGE* **MO** | 1 | |
| DOPRAM 20 MG/ML SOLUTION **MO** | 3 | |
| DUAKLIR PRESSAIR 400-12 MCG/ACTUATION AEROSOL POWDER BREATH ACTIV. **MO** | 3 | PA,QL(1 per 30 days) |
| DULERA 100-5 MCG/ACTUATION, 200-5 MCG/ACTUATION, 50-5 MCG/ACTUATION HFA AEROSOL INHALER **MO** | 3 | ST,QL(13 per 30 days) |
| DYMISTA 137-50 MCG/SPRAY SPRAY, NON-AEROSOL **MO** | 3 | ST,QL(23 per 28 days) |
| ELIXOPHYLLIN 80 MG/15 ML ELIXIR **MO** | 1 | |
| *epinephrine 0.1 mg/ml SYRINGE* **MO** | 3 | |
| *epinephrine 0.15 mg/0.15 ml, 0.15 mg/0.3 ml, 0.3 mg/0.3 ml AUTO-INJECTOR* **MO** | 1 | QL(4 per 30 days) |
| EPIPEN 0.3 MG/0.3 ML AUTO-INJECTOR **MO** | 3 | PA,QL(4 per 30 days) |
| EPIPEN 2-PAK 0.3 MG/0.3 ML AUTO-INJECTOR **MO** | 3 | PA,QL(4 per 30 days) |
| EPIPEN JR 0.15 MG/0.3 ML AUTO-INJECTOR **MO** | 3 | PA,QL(4 per 30 days) |
| EPIPEN JR 2-PAK 0.15 MG/0.3 ML AUTO-INJECTOR **MO** | 3 | PA,QL(4 per 30 days) |
| *epoprostenol 0.5 mg, 1.5 mg RECON SOLUTION* **DL** | 4 | PA |
| ESBRIET 267 MG CAPSULE **DL** | 4 | PA,QL(270 per 30 days) |
| ESBRIET 267 MG TABLET **DL** | 4 | PA,QL(270 per 30 days) |
| ESBRIET 801 MG TABLET **DL** | 4 | PA,QL(90 per 30 days) |
| EXDENSUR 100 MG/ML SYRINGE **DL** | 4 | PA,QL(1 per 180 days) |
| FASENRA 10 MG/0.5 ML SYRINGE **DL** | 4 | PA,QL(0.5 per 28 days) |
| FASENRA 30 MG/ML SYRINGE **DL** | 4 | PA,QL(1 per 28 days) |
| FASENRA PEN 30 MG/ML AUTO-INJECTOR **DL** | 4 | PA,QL(1 per 28 days) |
| *flunisolide 25 mcg (0.025 %) SPRAY, NON-AEROSOL* **MO** | 1 | QL(50 per 30 days) |
| *fluticasone propion-salmeterol 100-50 mcg/dose, 250-50 mcg/dose, 500-50 mcg/dose BLISTER WITH DEVICE* **MO** | 1 | QL(60 per 30 days) |
| *fluticasone propion-salmeterol 113-14 mcg/actuation, 232-14 mcg/actuation, 55-14 mcg/actuation AEROSOL POWDER BREATH ACTIV.* **MO** | 3 | ST,QL(1 per 30 days) |
| *fluticasone propionate 100 mcg/actuation, 250 mcg/actuation, 50 mcg/actuation BLISTER WITH DEVICE* **MO** | 3 | ST,QL(60 per 30 days) |
| *fluticasone propionate 110 mcg/actuation, 220 mcg/actuation HFA AEROSOL INHALER* **MO** | 3 | ST,QL(24 per 30 days) |
| *fluticasone propionate 44 mcg/actuation HFA AEROSOL INHALER* **MO** | 3 | ST,QL(10.6 per 30 days) |
| *fluticasone propionate 50 mcg/actuation SPRAY, SUSPENSION* **MO** | 1 | QL(16 per 30 days) |
| *formoterol fumarate 20 mcg/2 ml SOLUTION FOR NEBULIZATION* **MO** | 1 | BvsD,QL(120 per 30 days) |
| GASTROCROM 100 MG/5 ML CONCENTRATE **MO** | 3 | |

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| DRUG NAME | TIER | UTILIZATION MANAGEMENT REQUIREMENTS |
|---|---|---|
| GRASTEK 2,800 BAU SUBLINGUAL TABLET **MO** | 3 | PA,QL(30 per 30 days) |
| *hydroxyzine pamoate 100 mg, 25 mg, 50 mg CAPSULE* **MO** | 1 | |
| INCRUSE ELLIPTA 62.5 MCG/ACTUATION BLISTER WITH DEVICE **MO** | 3 | PA,QL(30 per 30 days) |
| *ipratropium bromide 0.02 % SOLUTION* **MO** | 1 | BvsD |
| *ipratropium bromide 17 mcg/actuation HFA AEROSOL INHALER* **MO** | 1 | PA,QL(25.8 per 30 days) |
| *ipratropium bromide 21 mcg (0.03 %) SPRAY, NON-AEROSOL* **MO** | 1 | QL(30 per 30 days) |
| *ipratropium bromide 42 mcg (0.06 %) SPRAY, NON-AEROSOL* **MO** | 1 | QL(45 per 30 days) |
| *ipratropium-albuterol 0.5 mg-3 mg(2.5 mg base)/3 ml SOLUTION FOR NEBULIZATION* **MO** | 1 | BvsD |
| JASCAYD 18 MG, 9 MG TABLET **DL** | 4 | PA,QL(60 per 30 days) |
| KALYDECO 13.4 MG, 25 MG, 5.8 MG, 50 MG, 75 MG GRANULES IN PACKET **DL** | 4 | PA,QL(56 per 28 days) |
| KALYDECO 150 MG TABLET **DL** | 4 | PA,QL(60 per 30 days) |
| KARBINAL ER 4 MG/5 ML SUSPENSION, ER 12 HR. | 4 | |
| LETAIRIS 10 MG, 5 MG TABLET **DL** | 4 | PA,QL(30 per 30 days) |
| *levalbuterol hcl 0.31 mg/3 ml, 0.63 mg/3 ml, 1.25 mg/0.5 ml, 1.25 mg/3 ml SOLUTION FOR NEBULIZATION* **MO** | 1 | BvsD |
| *levalbuterol tartrate 45 mcg/actuation HFA AEROSOL INHALER* **MO** | 1 | ST,QL(30 per 30 days) |
| *levocetirizine 2.5 mg/5 ml SOLUTION* **MO** | 1 | QL(300 per 30 days) |
| *levocetirizine 5 mg TABLET* **MO** | 1 | QL(30 per 30 days) |
| LIQREV 10 MG/ML SUSPENSION **DL** | 4 | PA,QL(180 per 30 days) |
| *macitentan 10 mg TABLET* **DL** | 4 | PA,QL(30 per 30 days) |
| *mometasone 50 mcg/actuation SPRAY, NON-AEROSOL* **MO** | 1 | QL(34 per 30 days) |
| *montelukast 10 mg TABLET* **MO** | 1 | QL(30 per 30 days) |
| *montelukast 4 mg GRANULES IN PACKET* **MO** | 1 | QL(30 per 30 days) |
| *montelukast 4 mg, 5 mg CHEWABLE TABLET* **MO** | 1 | QL(30 per 30 days) |
| NEFFY 1 MG/SPRAY (0.1 ML), 2 MG/SPRAY (0.1 ML) SPRAY, NON-AEROSOL **DL** | 4 | PA,QL(4 per 30 days) |
| *nintedanib 100 mg, 150 mg CAPSULE* **DL** | 4 | PA,QL(60 per 30 days) |
| NUCALA 100 MG RECON SOLUTION **DL** | 4 | PA,QL(3 per 28 days) |
| NUCALA 100 MG/ML AUTO-INJECTOR **DL** | 4 | PA,QL(3 per 28 days) |
| NUCALA 100 MG/ML SYRINGE **DL** | 4 | PA,QL(3 per 28 days) |
| NUCALA 40 MG/0.4 ML SYRINGE **DL** | 4 | PA,QL(0.4 per 28 days) |
| ODACTRA 12 SQ-HDM SUBLINGUAL TABLET **MO** | 3 | PA,QL(30 per 30 days) |
| OFEV 100 MG, 150 MG CAPSULE **DL** | 4 | PA,QL(60 per 30 days) |
| OHTUVAYRE 3 MG/2.5 ML SUSPENSION FOR NEBULIZATION **DL** | 4 | PA,QL(150 per 30 days) |
| *olopatadine 0.6 % SPRAY, NON-AEROSOL* **MO** | 1 | ST,QL(30.5 per 30 days) |

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| DRUG NAME | TIER | UTILIZATION MANAGEMENT REQUIREMENTS |
|---|---|---|
| OMNARIS 50 MCG SPRAY, NON-AEROSOL **MO** | 3 | ST,QL(12.5 per 30 days) |
| OPSUMIT 10 MG TABLET **DL** | 4 | PA,QL(30 per 30 days) |
| OPSYNVI 10-20 MG, 10-40 MG TABLET **DL** | 4 | PA,QL(30 per 30 days) |
| ORENITRAM 0.125 MG TABLET ER **DL** | 4 | PA,QL(1000 per 30 days) |
| ORENITRAM 0.25 MG TABLET ER **DL** | 4 | PA,QL(500 per 30 days) |
| ORENITRAM 1 MG TABLET ER **DL** | 4 | PA,QL(720 per 30 days) |
| ORENITRAM 2.5 MG TABLET ER **DL** | 4 | PA,QL(300 per 30 days) |
| ORENITRAM 5 MG TABLET ER **DL** | 4 | PA,QL(150 per 30 days) |
| ORENITRAM MONTH 1 TITRATION KT 0.125 MG (126)- 0.25 MG (42) TABLET, ER, DOSE PACK **DL** | 4 | PA,QL(168 per 28 days) |
| ORENITRAM MONTH 2 TITRATION KT 0.125 MG (126)- 0.25 MG (210) TABLET, ER, DOSE PACK **DL** | 4 | PA,QL(336 per 28 days) |
| ORENITRAM MONTH 3 TITRATION KT 0.125 MG (126)- 0.25 MG(42)-1MG TABLET, ER, DOSE PACK **DL** | 4 | PA,QL(252 per 28 days) |
| ORKAMBI 100-125 MG, 150-188 MG, 75-94 MG GRANULES IN PACKET **DL** | 4 | PA,QL(56 per 28 days) |
| ORKAMBI 100-125 MG, 200-125 MG TABLET **DL** | 4 | PA,QL(112 per 28 days) |
| PERFOROMIST 20 MCG/2 ML SOLUTION FOR NEBULIZATION **DL** | 4 | BvsD,QL(120 per 30 days) |
| *pirfenidone 267 mg CAPSULE* **DL** | 4 | PA,QL(270 per 30 days) |
| *pirfenidone 267 mg TABLET* **DL** | 4 | PA,QL(270 per 30 days) |
| *pirfenidone 534 mg, 801 mg TABLET* **DL** | 4 | PA,QL(90 per 30 days) |
| PROAIR RESPICLICK 90 MCG/ACTUATION AEROSOL POWDER BREATH ACTIV. **MO** | 3 | ST,QL(2 per 30 days) |
| PULMICORT 0.25 MG/2 ML, 0.5 MG/2 ML, 1 MG/2 ML SUSPENSION FOR NEBULIZATION **MO** | 3 | BvsD |
| PULMICORT FLEXHALER 180 MCG/ACTUATION, 90 MCG/ACTUATION AEROSOL POWDER BREATH ACTIV. **MO** | 3 | ST,QL(2 per 30 days) |
| PULMOZYME 1 MG/ML SOLUTION **DL** | 4 | BvsD |
| QNASL 40 MCG/ACTUATION HFA AEROSOL INHALER **MO** | 3 | ST,QL(6.8 per 30 days) |
| QNASL 80 MCG/ACTUATION HFA AEROSOL INHALER **MO** | 3 | ST,QL(10.6 per 30 days) |
| QUZYTTIR 10 MG/ML SOLUTION **MO** | 3 | |
| QVAR REDIHALER 40 MCG/ACTUATION HFA AEROSOL BREATH ACTIVATED **MO** | 3 | ST,QL(10.6 per 30 days) |
| QVAR REDIHALER 80 MCG/ACTUATION HFA AEROSOL BREATH ACTIVATED **MO** | 3 | ST,QL(21.2 per 30 days) |
| RAGWITEK 12 AMB A 1 UNIT SUBLINGUAL TABLET **MO** | 3 | PA,QL(30 per 30 days) |
| REMODULIN 0.4 MG/ML, 1 MG/ML, 10 MG/ML, 2.5 MG/ML, 5 MG/ML SOLUTION **DL** | 4 | PA |
| REVATIO 20 MG TABLET **DL** | 4 | PA,QL(360 per 30 days) |

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|---|---|---|
| *riociguat 0.5 mg, 1 mg, 1.5 mg, 2 mg, 2.5 mg TABLET* **DL** | 4 | PA,QL(90 per 30 days) |
| *roflumilast 250 mcg TABLET* **MO** | 1 | QL(28 per 365 days) |
| *roflumilast 500 mcg TABLET* **MO** | 1 | QL(30 per 30 days) |
| RYALTRIS 665-25 MCG/SPRAY SPRAY, NON-AEROSOL **MO** | 3 | ST,QL(29 per 30 days) |
| RYCLORA 2 MG/5 ML SOLUTION **MO** | 1 | |
| RYVENT 6 MG TABLET **MO** | 1 | QL(120 per 30 days) |
| SEREVENT DISKUS 50 MCG/DOSE BLISTER WITH DEVICE **MO** | 3 | PA,QL(60 per 30 days) |
| *sildenafil (pulm.hypertension) 10 mg/ml SUSPENSION FOR RECONSTITUTION* **MO** | 3 | PA,QL(720 per 30 days) |
| *sildenafil (pulm.hypertension) 20 mg TABLET* **MO** | 1 | PA,QL(360 per 30 days) |
| SINGULAIR 10 MG TABLET **MO** | 3 | PA,QL(30 per 30 days) |
| SINGULAIR 4 MG GRANULES IN PACKET **MO** | 3 | PA,QL(30 per 30 days) |
| SINGULAIR 4 MG, 5 MG CHEWABLE TABLET **MO** | 3 | PA,QL(30 per 30 days) |
| SPIRIVA RESPIMAT 1.25 MCG/ACTUATION, 2.5 MCG/ACTUATION MIST **MO** | 2 | QL(4 per 28 days) |
| SPIRIVA WITH HANDIHALER 18 MCG CAPSULE, W/INHALATION DEVICE **MO** | 2 | QL(30 per 30 days) |
| STIOLTO RESPIMAT 2.5-2.5 MCG/ACTUATION MIST **MO** | 2 | QL(4 per 28 days) |
| STRIVERDI RESPIMAT 2.5 MCG/ACTUATION MIST **MO** | 2 | QL(4 per 30 days) |
| SYMBICORT 160-4.5 MCG/ACTUATION, 80-4.5 MCG/ACTUATION HFA AEROSOL INHALER **MO** | 2 | QL(30.6 per 30 days) |
| SYMDEKO 100-150 MG (D)/ 150 MG (N), 50-75 MG (D)/ 75 MG (N) TABLET, SEQUENTIAL **DL** | 4 | PA,QL(56 per 28 days) |
| *tadalafil (pulm. hypertension) 20 mg TABLET* **MO** | 1 | PA,QL(60 per 30 days) |
| TADLIQ 20 MG/5 ML (4 MG/ML) SUSPENSION **DL** | 4 | PA,QL(300 per 30 days) |
| *terbutaline 1 mg/ml SOLUTION* **MO** | 1 | |
| *terbutaline 2.5 mg, 5 mg TABLET* **MO** | 1 | |
| THEO-24 100 MG, 200 MG, 300 MG, 400 MG CAPSULE, ER 24 HR. **MO** | 1 | |
| *theophylline 100 mg, 200 mg, 300 mg, 450 mg TABLET, ER 12 HR.* **MO** | 1 | |
| *theophylline 400 mg, 600 mg TABLET, ER 24 HR.* **MO** | 1 | |
| *theophylline 80 mg/15 ml ELIXIR* **MO** | 1 | |
| *theophylline 80 mg/15 ml SOLUTION* **MO** | 1 | |
| TOBI PODHALER 28 MG CAPSULE, W/INHALATION DEVICE **DL** | 4 | PA,QL(224 per 28 days) |
| TRACLEER 125 MG, 62.5 MG TABLET **DL** | 4 | PA,QL(60 per 30 days) |
| TRACLEER 32 MG TABLET FOR SUSPENSION **DL** | 4 | PA,QL(120 per 30 days) |
| TRELEGY ELLIPTA 100-62.5-25 MCG, 200-62.5-25 MCG BLISTER WITH DEVICE **MO** | 2 | QL(60 per 30 days) |
| *treprostinil sodium 1 mg/ml, 10 mg/ml, 2.5 mg/ml, 5 mg/ml SOLUTION* **DL** | 4 | PA |

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| DRUG NAME | TIER | UTILIZATION MANAGEMENT REQUIREMENTS |
|---|---|---|
| TRIKAFTA 100-50-75 MG(D) /150 MG (N), 50-25-37.5 MG (D)/75 MG (N) TABLET, SEQUENTIAL **DL** | 4 | 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** | 4 | PA,QL(56 per 28 days) |
| TUDORZA PRESSAIR 400 MCG/ACTUATION AEROSOL POWDER BREATH ACTIV. **MO** | 3 | PA,QL(1 per 30 days) |
| TYVASO 1.74 MG/2.9 ML (0.6 MG/ML) SOLUTION FOR NEBULIZATION **DL** | 4 | PA |
| TYVASO DPI 16 MCG, 32 MCG, 48 MCG, 64 MCG CARTRIDGE WITH INHALER **DL** | 4 | PA,QL(112 per 28 days) |
| TYVASO DPI 16(112)-32(112) -48(28) MCG CARTRIDGE WITH INHALER **DL** | 4 | PA,QL(252 per 28 days) |
| TYVASO DPI 32-64 MCG, 48-64 MCG, 48-80 MCG CARTRIDGE WITH INHALER **DL** | 4 | PA,QL(224 per 28 days) |
| TYVASO DPI 80 MCG CARTRIDGE WITH INHALER **DL** | 4 | PA,QL(112 per 28 days) |
| TYVASO INSTITUTIONAL START KIT 1.74 MG/2.9 ML SOLUTION FOR NEBULIZATION **DL** | 4 | PA |
| TYVASO REFILL KIT 1.74 MG/2.9 ML (0.6 MG/ML) SOLUTION FOR NEBULIZATION **DL** | 4 | PA |
| TYVASO STARTER KIT 1.74 MG/2.9 ML SOLUTION FOR NEBULIZATION **DL** | 4 | PA |
| *umeclidinium 62.5 mcg/actuation BLISTER WITH DEVICE* **MO** | 3 | PA,QL(30 per 30 days) |
| *umeclidinium-vilanterol 62.5-25 mcg/actuation BLISTER WITH DEVICE* **MO** | 3 | PA,QL(60 per 30 days) |
| UPTRAVI 1,000 MCG, 1,200 MCG, 1,400 MCG, 1,600 MCG, 200 MCG, 400 MCG, 600 MCG, 800 MCG TABLET **DL** | 4 | PA,QL(60 per 30 days) |
| UPTRAVI 1,800 MCG RECON SOLUTION **DL** | 4 | PA |
| UPTRAVI 100 MCG, 150 MCG TABLET **DL** | 4 | PA,QL(60 per 30 days) |
| UPTRAVI 200 MCG (140)- 800 MCG (60) TABLET, DOSE PACK **DL** | 4 | PA,QL(200 per 30 days) |
| VELETRI 0.5 MG, 1.5 MG RECON SOLUTION **DL** | 4 | PA |
| VENTAVIS 10 MCG/ML SOLUTION FOR NEBULIZATION **DL** | 4 | PA,QL(150 per 30 days) |
| VENTAVIS 20 MCG/ML SOLUTION FOR NEBULIZATION **DL** | 4 | PA,QL(90 per 30 days) |
| VENTOLIN HFA 90 MCG/ACTUATION HFA AEROSOL INHALER **MO** | 2 | QL(36 per 30 days) |
| WINREVAIR 120 MG (60 MG X 2), 45 MG, 60 MG, 90 MG (45 MG X 2) KIT **DL** | 4 | PA |
| *wixela inhub 100-50 mcg/dose, 250-50 mcg/dose, 500-50 mcg/dose BLISTER WITH DEVICE* **MO** | 1 | QL(60 per 30 days) |
| XHANCE 93 MCG/ACTUATION AEROSOL BREATH ACTIVATED **MO** | 3 | PA,QL(32 per 30 days) |
| XOPENEX HFA 45 MCG/ACTUATION HFA AEROSOL INHALER **MO** | 3 | ST,QL(30 per 30 days) |
| YUPELRI 175 MCG/3 ML SOLUTION FOR NEBULIZATION | 4 | PA,QL(90 per 30 days) |
| YUTREPIA 106 MCG, 26.5 MCG, 53 MCG, 79.5 MCG CAPSULE, W/INHALATION DEVICE **DL** | 4 | PA |

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| DRUG NAME | TIER | UTILIZATION MANAGEMENT REQUIREMENTS |
|---|---|---|
| *zafirlukast 10 mg, 20 mg TABLET* **MO** | 1 | QL(60 per 30 days) |
| *zileuton 600 mg TABLET, ER 12 HR., MULTIPHASE* | 4 | QL(120 per 30 days) |
| **SKELETAL MUSCLE RELAXANTS** | | |
| AMRIX 15 MG, 30 MG CAPSULE, ER 24 HR. **DL** | 4 | ST,QL(21 per 30 days) |
| ATMEKSI 750 MG/5 ML SUSPENSION **DL** | 4 | PA |
| *carisoprodol 250 mg TABLET* **MO** | 1 | ST,QL(120 per 30 days) |
| *carisoprodol 350 mg TABLET* **MO** | 1 | QL(120 per 30 days) |
| *chlorzoxazone 250 mg TABLET* **DL** | 4 | ST,QL(360 per 30 days) |
| *chlorzoxazone 375 mg, 750 mg TABLET* **MO** | 1 | ST,QL(120 per 30 days) |
| *chlorzoxazone 500 mg TABLET* **MO** | 1 | |
| *cyclobenzaprine 10 mg, 5 mg TABLET* **MO** | 1 | |
| *cyclobenzaprine 15 mg, 30 mg CAPSULE, ER 24 HR.* **MO** | 1 | ST,QL(21 per 30 days) |
| *cyclobenzaprine 7.5 mg TABLET* **MO** | 1 | QL(90 per 30 days) |
| FEXMID 7.5 MG TABLET **MO** | 1 | ST,QL(90 per 30 days) |
| *metaxalone 400 mg, 800 mg TABLET* **MO** | 1 | ST,QL(120 per 30 days) |
| METAXALONE 640 MG TABLET **DL** | 4 | ST,QL(120 per 30 days) |
| *methocarbamol 1,000 mg TABLET* **DL** | 4 | PA |
| *methocarbamol 100 mg/ml SOLUTION* **MO** | 1 | |
| *methocarbamol 500 mg, 750 mg TABLET* **MO** | 1 | |
| *norgesic 25-385-30 mg TABLET* **DL** | 4 | PA,QL(240 per 30 days) |
| NORGESIC FORTE 50-770-60 MG TABLET **DL** | 4 | PA,QL(120 per 30 days) |
| *orphenadrine citrate 100 mg TABLET ER* **MO** | 1 | |
| *orphenadrine citrate 30 mg/ml SOLUTION* **MO** | 1 | ST |
| *orphenadrine-asa-caffeine 25-385-30 mg TABLET* **DL** | 4 | PA,QL(240 per 30 days) |
| *orphengesic forte 50-770-60 mg TABLET* **DL** | 4 | PA,QL(120 per 30 days) |
| ROBAXIN 100 MG/ML SOLUTION **DL** | 4 | |
| SOMA 250 MG, 350 MG TABLET **DL** | 4 | ST,QL(120 per 30 days) |
| *tanlor 1,000 mg TABLET* **DL** | 4 | PA |
| TONMYA 2.8 MG SUBLINGUAL TABLET **DL** | 4 | PA,QL(60 per 30 days) |
| **SLEEP DISORDER AGENTS** | | |
| AMBIEN 10 MG, 5 MG TABLET **MO** | 3 | PA,QL(30 per 30 days) |
| AMBIEN CR 12.5 MG, 6.25 MG TABLET, ER MULTIPHASE **MO** | 3 | PA,QL(30 per 30 days) |
| *armodafinil 150 mg, 200 mg, 250 mg TABLET* **MO** | 1 | PA,QL(30 per 30 days) |
| *armodafinil 50 mg TABLET* **MO** | 1 | PA,QL(60 per 30 days) |

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| DRUG NAME | TIER | UTILIZATION MANAGEMENT REQUIREMENTS |
|---|---|---|
| BELSOMRA 10 MG TABLET **MO** | 2 | QL(60 per 30 days) |
| BELSOMRA 15 MG, 20 MG TABLET **MO** | 2 | QL(30 per 30 days) |
| BELSOMRA 5 MG TABLET **MO** | 2 | QL(120 per 30 days) |
| DAYVIGO 10 MG, 5 MG TABLET **MO** | 3 | PA,QL(30 per 30 days) |
| *doxepin 3 mg, 6 mg TABLET* **MO** | 1 | QL(30 per 30 days) |
| EDLUAR 10 MG SUBLINGUAL TABLET **MO** | 3 | |
| EDLUAR 5 MG SUBLINGUAL TABLET **MO** | 3 | QL(30 per 30 days) |
| *estazolam 1 mg, 2 mg TABLET* **DL** | 1 | QL(30 per 30 days) |
| *eszopiclone 1 mg, 2 mg, 3 mg TABLET* **MO** | 1 | QL(30 per 30 days) |
| *flurazepam 15 mg CAPSULE* **DL** | 1 | QL(60 per 30 days) |
| *flurazepam 30 mg CAPSULE* **DL** | 1 | QL(30 per 30 days) |
| HALCION 0.25 MG TABLET **DL** | 3 | PA,QL(30 per 30 days) |
| HETLIOZ 20 MG CAPSULE **DL** | 4 | PA,QL(30 per 30 days) |
| HETLIOZ LQ 4 MG/ML SUSPENSION **DL** | 4 | PA,QL(158 per 30 days) |
| LUMRYZ 4.5 GRAM, 6 GRAM, 7.5 GRAM, 9 GRAM ER GRANULES, PACKET **DL** | 4 | PA,QL(30 per 30 days) |
| LUMRYZ STARTER PACK 4.5-6-7.5 GRAM GRANULES ER PACKET, DOSE PACK **DL** | 4 | PA,QL(28 per 28 days) |
| LUNESTA 1 MG, 2 MG, 3 MG TABLET **MO** | 3 | PA,QL(30 per 30 days) |
| *modafinil 100 mg, 200 mg TABLET* **MO** | 1 | QL(60 per 30 days) |
| NUVIGIL 150 MG, 200 MG, 250 MG TABLET | 4 | PA,QL(30 per 30 days) |
| NUVIGIL 50 MG TABLET | 4 | PA,QL(60 per 30 days) |
| PROVIGIL 100 MG, 200 MG TABLET | 4 | PA,QL(60 per 30 days) |
| QUVIVIQ 25 MG, 50 MG TABLET **MO** | 3 | ST,QL(30 per 30 days) |
| *ramelteon 8 mg TABLET* **MO** | 1 | QL(30 per 30 days) |
| RESTORIL 15 MG, 22.5 MG, 30 MG, 7.5 MG CAPSULE **DL** | 4 | PA,QL(30 per 30 days) |
| ROZEREM 8 MG TABLET **MO** | 3 | ST,QL(30 per 30 days) |
| SILENOR 3 MG, 6 MG TABLET **MO** | 3 | QL(30 per 30 days) |
| *sodium oxybate 500 mg/ml SOLUTION* **DL** | 4 | PA,QL(540 per 30 days) |
| SUNOSI 150 MG, 75 MG TABLET **MO** | 3 | PA,QL(30 per 30 days) |
| *tasimelteon 20 mg CAPSULE* **DL** | 4 | PA,QL(30 per 30 days) |
| *temazepam 15 mg, 22.5 mg, 7.5 mg CAPSULE* **DL** | 1 | QL(30 per 30 days) |
| *temazepam 30 mg CAPSULE* **DL** | 1 | QL(30 per 30 days) |
| *triazolam 0.125 mg, 0.25 mg TABLET* **DL** | 1 | QL(30 per 30 days) |
| WAKIX 17.8 MG, 4.45 MG TABLET **DL** | 4 | PA,QL(60 per 30 days) |
| XYREM 500 MG/ML SOLUTION **DL** | 4 | PA,QL(540 per 30 days) |

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| DRUG NAME | TIER | UTILIZATION MANAGEMENT REQUIREMENTS |
|---|---|---|
| XYWAV 0.5 GRAM/ML SOLUTION **DL** | 4 | PA,QL(540 per 30 days) |
| *zaleplon 10 mg, 5 mg CAPSULE* **MO** | 1 | QL(30 per 30 days) |
| *zolpidem 1.75 mg, 3.5 mg SUBLINGUAL TABLET* **MO** | 1 | QL(30 per 30 days) |
| *zolpidem 10 mg, 5 mg TABLET* **MO** | 1 | QL(30 per 30 days) |
| *zolpidem 12.5 mg, 6.25 mg TABLET, ER MULTIPHASE* **MO** | 1 | QL(30 per 30 days) |
| ZOLPIDEM 7.5 MG CAPSULE **MO** | 3 | QL(30 per 30 days) |

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## Humana Group Medicare Plan Coverage of Additional Prescription Drugs

| DRUG NAME | TIER | UTILIZATION MANAGEMENT REQUIREMENTS |
|---|---|---|
| **Cough/Cold - Mail Order Available** | | |
| *benzonatate 100 mg, 150 mg, 200 mg CAPSULE* | 1 | |
| *bromfed dm 2-30-10 mg/5 ml SYRUP* | 1 | |
| *brompheniramine-pseudoeph-dm 2-30-10 mg/5 ml SYRUP* | 1 | |
| HYCODAN 5-1.5 MG/5 ML (5 ML) SOLUTION | 1 | |
| HYCODAN (WITH HOMATROPINE) 5-1.5 MG TABLET | 1 | |
| HYCODAN (WITH HOMATROPINE) 5-1.5 MG/5 ML SOLUTION | 1 | |
| *hydrocodone-chlorpheniramine 10-8 mg/5 ml SUSPENSION, ER 12 HR.* | 1 | |
| *hydrocodone-homatropine 5-1.5 mg TABLET* | 1 | |
| *hydrocodone-homatropine 5-1.5 mg/5 ml SOLUTION* | 1 | |
| *hydromet 5-1.5 mg/5 ml SOLUTION* | 1 | |
| *promethazine-codeine 6.25-10 mg/5 ml SYRUP* | 1 | |
| *promethazine-dm 6.25-15 mg/5 ml SOLUTION* | 1 | |
| RESPA-AR 8-90-0.24 MG TABLET, ER 12 HR. | 3 | |
| TUXARIN ER 8-54.3 MG TABLET, ER 12 HR. | 3 | |
| **Fertility - Mail Order Available** | | |
| *cetrorelix 0.25 mg KIT* | 1 | |
| CETROTIDE 0.25 MG KIT | 3 | |
| *clomid 50 mg TABLET* | 1 | |
| *clomiphene citrate 50 mg TABLET* | 1 | |
| FOLLISTIM AQ 300 UNIT/0.36 ML, 600 UNIT/0.72 ML, 900 UNIT/1.08 ML CARTRIDGE | 3 | |
| *fyremadel 250 mcg/0.5 ml SYRINGE* | 1 | |

Your Humana Group Medicare Plan has additional coverage for some drugs that are not normally covered under Medicare Part D. Guidelines that apply to these drugs include: they are not subject to the Medicare appeals process and your member cost share does not apply to your annual maximum out-of-pocket (MOOP) spend.

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| DRUG NAME | TIER | UTILIZATION MANAGEMENT REQUIREMENTS |
|---|---|---|
| **Fertility - Mail Order Available** | | |
| *ganirelix 250 mcg/0.5 ml SYRINGE* | 3 | |
| GONAL-F 1,050 UNIT, 450 UNIT RECON SOLUTION | 3 | |
| GONAL-F RFF 75 UNIT RECON SOLUTION | 3 | |
| GONAL-F RFF REDI-JECT 300 UNIT/0.48 ML, 450 UNIT/0.72 ML, 900 UNIT/1.44 ML PEN INJECTOR | 3 | |
| MENOPUR 75 UNIT RECON SOLUTION | 3 | |
| *milophene 50 mg TABLET* | 1 | |
| OVIDREL 250 MCG/0.5 ML SYRINGE | 3 | |
| **Vitamins/Minerals - Mail Order Available** | | |
| *ascorbic acid (vitamin c) 500 mg/ml SOLUTION* | 1 | |
| *b complex 100 100-2-100-2-2 mg/ml SOLUTION* | 1 | |
| *b-complex injection 100-2-100-2-2 mg/ml SOLUTION* | 1 | |
| *cyanocobalamin (vitamin b-12) 1,000 mcg/ml SOLUTION* | 1 | |
| *cyanocobalamin (vitamin b-12) 500 mcg/spray SPRAY, NON-AEROSOL* | 1 | |
| *dodex 1,000 mcg/ml SOLUTION* | 1 | |
| *ergocalciferol (vitamin d2) 1,250 mcg (50,000 unit) CAPSULE* | 1 | |
| *folic acid 1 mg TABLET* | 1 | |
| *folic acid 5 mg/ml SOLUTION* | 1 | |
| *hydroxocobalamin 1,000 mcg/ml SOLUTION* | 1 | |
| INFUVITE ADULT 3,300 UNIT- 150 MCG/10 ML SOLUTION | 3 | |
| INFUVITE PEDIATRIC 80 MG-400 UNIT- 200 MCG/5 ML SOLUTION | 3 | |

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| DRUG NAME | TIER | UTILIZATION MANAGEMENT REQUIREMENTS |
|---|---|---|
| **Vitamins/Minerals - Mail Order Available** | | |
| *mvi, adult no.4 with vit k 3,300 unit- 150 mcg/10 ml SOLUTION* | 1 | |
| *mvi, pedi no.1 with vit k 80 mg-400 unit- 200 mcg/5 ml SOLUTION* | 1 | |
| NASCOBAL 500 MCG/SPRAY SPRAY, NON-AEROSOL | 3 | |
| *phytonadione (vitamin k1) 1 mg/0.5 ml SYRINGE* | 1 | |
| *phytonadione (vitamin k1) 1 mg/0.5 ml, 10 mg/ml SOLUTION* | 1 | |
| *phytonadione (vitamin k1) 5 mg TABLET* | 1 | |
| *pyridoxine (vitamin b6) 100 mg/ml SOLUTION* | 1 | |
| *thiamine hcl (vitamin b1) 100 mg/ml SOLUTION* | 1 | |
| *vitamin d2 1,250 mcg (50,000 unit) CAPSULE* | 1 | |
| *vitamin k 1 mg/0.5 ml SOLUTION* | 1 | |
| *vitamin k1 10 mg/ml SOLUTION* | 1 | |

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# Notice of Availability - Auxiliary Aids and Services Notice

English: Free language, auxiliary aid, and alternate format services are available. Call **877-320-1235 (TTY: 711)**.

العربية [Arabic]: تتوفر خدمات اللغة والمساعدة الإضافية والتنسيق البديل مجانًا. اتصل على الرقم **877-320-1235 (الهاتف النصي: 711)**.

Հայերեն [Armenian]: Հասանելի են անվճար լեզվական, աջակցման և այլընտրանքային ձևաչափի ծառայություններ: Զանգահարե՛ք՝ **877-320-1235 (TTY: 711)**:

**বাংলা [Bengali]: বিনামূল্যে ভাষা, আনুষঙ্গিক সহায়তা, এবং বিকল্প বিন্যাসে পরিষেবা উপলব্ধ। ফোন করুন 877-320-1235 (TTY: 711) নম্বরে।**

简体中文 [Simplified Chinese]：我们可提供免费的语言、辅助设备以及其他格式版本服务。请致电 **877-320-1235 (听障专线：711)**。

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Kreyòl Ayisyen [Haitian Creole]: Lang gratis, èd oksilyè, ak lòt fòma sèvis disponib. Rele **877-320-1235 (TTY: 711)**.

Hrvatski [Croatian]: Dostupni su besplatni jezik, dodatna pomoć i usluge alternativnog formata. Nazovite **877-320-1235 (TTY: 711)**.

فارسی [Farsi]: خدمات زبان رایگان، کمک های اضافی و فرمت های جایگزین در دسترس است. با **877-320-1235 (TTY: 711)** تماس بگیرید.

Français [French] : Des services gratuits linguistiques, d'aide auxiliaire et de mise au format sont disponibles. Appeler le **877-320-1235 (TTY: 711)**.

Deutsch [German]: Es stehen kostenlose unterstützende Hilfs- und Sprachdienste sowie alternative Dokumentformate zur Verfügung. Telefon: **877-320-1235 (TTY: 711)**.

Ελληνικά [Greek]: Διατίθενται δωρεάν γλωσσικές υπηρεσίες, βοηθήματα και υπηρεσίες σε εναλλακτικές προσβάσιμες μορφές. Καλέστε στο **877-320-1235 (TTY: 711)**.

**ગુજરાતી [Gujarati]: નિઃશુલ્ક ભાષા, સહાયક સહાય અને વૈકલ્પિક ફોર્મેટ સેવાઓ ઉપલબ્ધ છે. 877-320-1235 (TTY: 711) પર કૉલ કરો.**

עברית [Hebrew]: שירותים אלה זמינים בחינם: שירותי תרגום, אביזרי עזר וטקסטים בפורמטים חלופיים. נא התקשר למספר **877-320-1235 (TTY: 711)**

**हिन्दी [Hindi]: निःशुल्क भाषा, सहायक मदद और वैकल्पिक प्रारूप सेवाएं उपलब्ध हैं। 877-320-1235 (TTY: 711) पर कॉल करें।**

Hmoob [Hmong]: Muaj kev pab txhais lus, pab kom hnov suab, thiab lwm tus qauv pab cuam. Hu **877-320-1235 (TTY: 711)**.

Italiano [Italian]: Sono disponibili servizi gratuiti di supporto linguistico, assistenza ausiliaria e formati alternativi. Chiama il numero **877-320-1235 (TTY: 711)**.

日本語 [Japanese]：言語支援サービス、補助支援サービス、代替形式サービスを無料でご利用いただけます。**877-320-1235 (TTY: 711)** までお電話ください。

This notice is available at **https://www.humana.com/legal/multi-language-support**.

GHHNOA2025HUM_0425

**ភាសាខ្មែរ [Khmer]៖ សេវាកម្មផ្នែកភាសា ជំនួយ និង សេវាកម្មជាទម្រង់ផ្សេងជំនួសអាចរកបាន។ ទូរសព្ទទៅលេខ 877-320-1235 (TTY: 711)។**

**한국어** [Korean]: 무료 언어, 보조 지원 및 대체 형식 서비스를 이용하실 수 있습니다. **877-320-1235 (TTY: 711)**번으로 문의하십시오.

**ພາສາລາວ [Lao] ມີການບໍລິການດ້ານພາສາ, ອຸປະກອນຊ່ວຍເຫຼືອ ແລະ ຮູບແບບທາງເລືອກອື່ນໃຫ້ໃຊ້ຟຣີ. ໂທ 877-320-1235 (TTY: 711).**

Diné [Navajo]: Saad t'áá jiik'eh, t'áadoole'é binahjį' bee adahodooníłígíí diné bich'į' anídahazt'i'í, dóó łahgo át'éego bee hada'dilyaaígíí bee bika'aanída'awo'í dahólǫ. Kohjį' hodíilnih **877-320-1235 (TTY: 711)**.

Polski [Polish]: Dostępne są bezpłatne usługi językowe, pomocnicze i alternatywne formaty. Zadzwoń pod numer **877-320-1235 (TTY: 711)**.

Português [Portuguese]: Estão disponíveis serviços gratuitos de ajuda linguística auxiliar e outros formatos alternativos. Ligue **877-320-1235 (TTY: 711)**.

**ਪੰਜਾਬੀ [Punjabi]: ਮੁਫ਼ਤ ਭਾਸ਼ਾ, ਸਹਾਇਕ ਸਹਾਇਤਾ, ਅਤੇ ਵਿਕਲਪਿਕ ਫਾਰਮੈਟ ਸੇਵਾਵਾਂ ਉਪਲਬਧ ਹਨ। 877-320-1235 (TTY: 711) 'ਤੇ ਕਾਲ ਕਰੋ।**

Русский [Russian]: Предоставляются бесплатные услуги языковой поддержки, вспомогательные средства и материалы в альтернативных форматах. Звоните по номеру **877-320-1235 (TTY: 711)**.

Español [Spanish]: Los servicios gratuitos de asistencia lingüística, ayuda auxiliar y servicios en otro formato están disponibles. Llame al **877-320-1235 (TTY: 711)**.

Tagalog [Tagalog]: Magagamit ang mga libreng serbisyong pangwika, serbisyo o device na pantulong, at kapalit na format. Tumawag sa **877-320-1235 (TTY: 711)**.

**தமிழ் [Tamil]: இலவச மொழி, துணை உதவி மற்றும் மாற்று வடிவ சேவைகள் உள்ளன. 877-320-1235 (TTY: 711) ஐ அழைக்கவும்.**

**తెలుగు [Telugu]: ఉచిత భాష, సహాయక మద్దతు, మరియు ప్రత్యామ్నాయ ఫార్మాట్ సేవలు అందుబాటులో గలవు. 877-320-1235 (TTY: 711) కి కాల్ చేయండి.**

**اردو [Urdu]: مفت زبان، معاون امداد، اور متبادل فارمیٹ کی خدمات دستیاب ہیں۔ کال 877-320-1235 (TTY: 711)۔**

Tiếng Việt [Vietnamese]: Có sẵn các dịch vụ miễn phí về ngôn ngữ, hỗ trợ bổ sung và định dạng thay thế. Hãy gọi **877-320-1235 (TTY: 711)**.

አማርኛ [Amharic]፦ ቋንቋ፣ አጋዥ ማዳመጫ እና አማራጭ ቅርፀት ያላቸው አገልግሎቶችም ይገኛሉ። በ **877-320-1235 (TTY: 711)** ላይ ይደውሉ።

Bǎsɔ́ [Bassa]: Wudu-xwíníín-mú-zà-zà kǔà, Hwòdǒ-fɔńɔ-ńnyɔ,́ kè nyɔ-bɔǔn-po-kà bě bé nyuɛɛ se wídí péè-péè dò kɔ̀ **877-320-1235 (TTY: 711)** dá.

Bekee [Igbo]: Asụsụ n'efu, enyemaka nkwarụ, na ọrụ usoro ndị ọzọ dị. Kpọọ **877-320-1235 (TTY: 711)**.

Òyìnbó [Yoruba]: Àwọn iṣẹ́ àtìlẹhìn ìrànlọ́wọ́ èdè, àti ọ̀nà kíkà míràn wà lárọwọ́tó. Pe **877-320-1235 (TTY: 711).**

**नेपाली [Nepali]: भाषासम्बन्धी नि:शुल्क, सहायक साधन र वैकल्पिक फार्मेट (ढाँचा/व्यवस्था) सेवाहरू उपलब्ध छन् । 877-320-1235 (TTY: 711) मा कल गर्नुहोस् ।**

# Notes

This formulary was updated on 11/02/2026. For more recent information or other questions, please contact the NC State Health Plan Humana Customer Care Team with any questions at 1-888-700-2263 or, for TTY users, 711, or visit **your.humana.com/ncshp**.

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