



AMERICAN HEALTH ADVANTAGE OF OKLAHOMA

2019 Formulary

(List of Covered Drugs)

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

Formulary ID 19553, Version Number 16

This formulary was updated on 11/20/2019. For more recent information or other questions, please contact American Health Advantage of Oklahoma (HMO SNP) Member Services, at 866-583-4649 or, for TTY/TDD: 711, 8:00 A.M. to 8:00 P.M. Central Time, seven days a week, or visit ok.amhealthplans.com.

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 Oklahoma Superior Select, Inc. When it refers to “plan” or “our plan,” it means American Health Advantage of Oklahoma (HMO SNP).

This document includes a list of the drugs (formulary) for our plan which is current as of 12/01/2019. For an updated formulary, please contact us. Our contact information, along with the date we last updated the 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, 2019, and from time to time during the year.

What is the American Health Advantage of Oklahoma Formulary?

A formulary is a list of covered drugs selected by American Health Advantage of Oklahoma in consultation with a team of health care providers, which represents the prescription therapies believed to be a necessary part of a quality treatment program. American Health Advantage of Oklahoma will generally cover the drugs listed in our formulary as long as the drug is medically necessary, the prescription is filled at a American Health Advantage of Oklahoma network pharmacy, and other plan rules are followed. For more information on how to fill your prescriptions, please review your Evidence of Coverage.

Can the Formulary (drug list) change?

Generally, if you are taking a drug on our 2019 formulary that was covered at the beginning of the year, we will not discontinue or reduce coverage of the drug during the 2019 coverage year except when a new, less expensive generic drug becomes available, when new information about the safety or effectiveness of a drug is released, or the drug is removed from the market. (See bullets below for more information on changes that affect members currently taking the drug.) Other types of formulary changes, such as removing a drug from our formulary, will not affect members who are currently taking the drug. It will remain available at the same cost-sharing for those members taking it for the remainder of the coverage year. Below are changes to the drug list that will also affect members currently taking a drug:

- **New generic drugs.** We may immediately remove a brand name drug on our Drug List if we are replacing it with a new generic drug that will appear on the same or lower cost sharing tier and with the same or fewer restrictions. Also, when adding the new generic drug, we may decide to keep the brand name drug on our Drug List, but immediately move it to a different cost-sharing tier or add new restrictions. If you are currently taking that brand name drug, we may not tell you in advance before we make that 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 the brand name drug for you. The notice we provide you will also include information on the steps you may take to request an exception, and you can also find information in the section below entitled “How do I request an exception to the American Health Advantage of Oklahoma Formulary?”
- **Drugs removed from the market.** If the Food and Drug Administration deems a drug on our formulary to be unsafe or the drug’s manufacturer removes the drug from the market, we will immediately remove the drug from our formulary and 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 add a generic drug that is not new to market to replace a brand name drug currently on the formulary or add new restrictions to the brand name drug or move it to a different cost-sharing tier. Or we may make changes based on new clinical guidelines. If we remove drugs from our formulary, or add prior authorization, quantity limits and/or step therapy restrictions on a drug, we must notify affected

members of the change at least 30 days before the change becomes effective, or at the time the member requests a refill of the drug, at which time the member will receive a 30-day supply of the drug.

The enclosed formulary is current as of 12/01/2019. To get updated information about the drugs covered by American Health Advantage of Oklahoma, please contact us. Our contact information appears on the front and back cover pages. *American Health Advantage of Oklahoma will send you a notice in the event of a mid-year-non-maintenance formulary change. The notice will generally be sent 60 days prior to the change. Any formulary updates are listed at ok.amhealthplans.com, along with the most current formulary.*

How do I use the Formulary?

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

Medical Condition

The formulary begins on page 2. 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 used to 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 2. Then look under the category name for your drug.

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 94. The Index provides an alphabetical list of all of the drugs included in this document. Both brand name drugs and generic drugs are listed in the Index. Look in the Index and find your drug. Next to your drug, you will see the page number where you can find coverage information. Turn to the page listed in the Index and find the name of your drug in the first column of the list.

What are generic drugs?

American Health Advantage of Oklahoma 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.

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:** American Health Advantage of Oklahoma requires you or your physician to get prior authorization for certain drugs. This means that you will need to get approval from American Health Advantage of Oklahoma before you fill your prescriptions. If you don't get approval, American Health Advantage of Oklahoma may not cover the drug.
- **Quantity Limits:** For certain drugs, American Health Advantage of Oklahoma limits the amount of the drug that American Health Advantage of Oklahoma will cover. For example, American Health Advantage of Oklahoma provides 30 tablets per prescription for JANUVIA. This may be in addition to a standard one-month or three-month supply.
- **Step Therapy:** In some cases, American Health Advantage of Oklahoma requires you to 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, American Health Advantage of Oklahoma may not cover Drug B unless you try Drug A first. If Drug A does not work for you, American Health Advantage of Oklahoma will then cover Drug B.

You can find out if your drug has any additional requirements or limits by looking in the formulary that begins on page 2. You can also get more information about the restrictions applied to specific covered drugs by visiting our Web site. We have posted on line 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 American Health Advantage of Oklahoma 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 American Health Advantage of Oklahoma formulary?" on page V 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 Member Services and ask if your drug is covered

If you learn that American Health Advantage of Oklahoma does not cover your drug, you have two options:

- You can ask Member Services for a list of similar drugs that are covered by American Health Advantage of Oklahoma. When you receive the list, show it to your doctor and ask him or her to prescribe a similar drug that is covered by American Health Advantage of Oklahoma.

- You can ask American Health Advantage of Oklahoma 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 American Health Advantage's Formulary?

You can ask American Health Advantage of Oklahoma to make an exception to our coverage rules. There are several types of exceptions that you can ask us to make.

- 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.
- You can ask us to waive coverage restrictions or limits on your drug. For example, for certain drugs, American Health Advantage of Oklahoma 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.

Generally, American Health Advantage of Oklahoma will only approve your request for an exception if the alternative drugs included on the plan's formulary, or additional utilization restrictions would not be as effective in treating your condition and/or would cause you to have adverse medical effects.

You should contact us to ask us for an initial coverage decision for a formulary, or utilization restriction exception. **When you request a formulary or utilization restriction exception you should submit a statement from your prescriber or physician supporting your request.**

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

What do I do before I can talk to my doctor about changing my drugs or requesting an exception?

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 your ability to get it is limited. For example, you may need a prior authorization from us before you can fill your prescription. You should talk to your doctor to decide if you should switch to an appropriate drug that we cover or request a formulary exception so that we will cover the drug you take. While you talk to your doctor to 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 if your ability to get your drugs is limited, 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. 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 for fewer days) while you pursue a formulary exception.

For members who are outside their transition period, and experience a change in the level of care when changing from one treatment setting to another (example: long-term care facility to hospital, hospital to long-term care facility, hospital to home, home to long-term care facility, hospice to long-term care facility, hospice to home):

We will allow an early refill for a 30-day supply of medication in the retail setting and up to a 31-day supply in the long-term care setting for formulary medications and an emergency transition fill for non-formulary medication (including those medications that are on the formulary but require prior authorization, step therapy or are subject to quantity limit restrictions).

For more information

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

If you have questions about American Health Advantage of Oklahoma, 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/7 days a week. TTY users should call 1-877-486-2048. Or, visit <http://www.medicare.gov>.

American Health Advantage's Formulary

The formulary that begins on the next page provides coverage information about the drugs covered by American Health Advantage of Oklahoma. If you have trouble finding your drug in the list, turn to the Index that begins on page 94.

The first column of the chart lists the drug name. Brand name drugs are capitalized (e.g., JANUVIA) and generic drugs are listed in lower-case italics (e.g., *lisinopril*).

The information in the Requirements/Limits column tells you if American Health Advantage of Oklahoma has any special requirements for coverage of your drug.

LEGEND

Tier 1: Covered Medications

BvD: Part B vs. Part D-This prescription drug may be covered under Medicare Part B or D depending upon the circumstances.

HRM: High Risk Medication (PA required for ages 65 or over)

LA: Limited Access-This prescription drug is limited to certain pharmacies.

MO: Mail Order Eligible-This prescription may also be available via mail.

PA1: Prior Authorization-You (or your physician) are required to get prior authorization before you fill your prescription for this drug. Without prior approval, we may not cover this drug.

PA2: Prior Authorization (New Starts Only)-You (or your physician) are required to get prior authorization before you fill your prescription for this drug unless you are a previous user of the drug. If you have a history of using this medication, you will not need prior authorization.

QL: Quantity Limit-There is a limit on the amount of this drug that is covered per prescription, or within a specific time frame.

ST1: Step Therapy-In some cases, you may be required to first try certain drugs to treat your medical condition before we will cover another drug for that condition.

ST2: Step Therapy (New Starts Only)-In some cases, you may be required to first try certain drugs to treat your medical condition before we will cover another drug for that condition unless you are a previous user of the drug. If you have a history of using this medication, you will not need to try other medications first.

List of Covered Drugs

DRUG NAME	DRUG TIER	REQUIREMENTS/LIMITS
ANALGESICS		
OPIOID ANALGESICS, LONG-ACTING		
<i>fentanyl transdermal patch 72 hour 100 mcg/hr, 12 mcg/hr, 25 mcg/hr, 37.5 mcg/hr, 50 mcg/hr, 62.5 mcg/hr, 75 mcg/hr, 87.5 mcg/hr</i>	Tier 1	PA2; MO; QL (10 per 30 days)
<i>morphine sulfate er beads oral capsule extended release 24 hour 120 mg, 30 mg, 45 mg, 60 mg, 75 mg, 90 mg</i>	Tier 1	MO
<i>morphine sulfate er oral capsule extended release 24 hour 10 mg, 100 mg, 20 mg, 30 mg, 40 mg, 50 mg, 60 mg, 80 mg</i>	Tier 1	MO
<i>morphine sulfate er oral tablet extended release 100 mg, 15 mg, 30 mg, 60 mg</i>	Tier 1	MO
OPIOID ANALGESICS, SHORT-ACTING		
<i>acetaminophen-codeine #3 oral tablet 300-30 mg</i>	Tier 1	MO
<i>acetaminophen-codeine oral solution 120-12 mg/5ml</i>	Tier 1	MO
<i>acetaminophen-codeine oral tablet 300-15 mg, 300-60 mg</i>	Tier 1	MO
ASCOMP-CODEINE ORAL CAPSULE 50-325-40-30 MG	Tier 1	MO; QL (180 per 30 days)
<i>buprenorphine hcl sublingual tablet sublingual 2 mg</i>	Tier 1	PA1; MO; QL (240 per 30 days)
<i>buprenorphine hcl sublingual tablet sublingual 8 mg</i>	Tier 1	PA1; MO; QL (90 per 30 days)
<i>butalbital-apap-caff-cod oral capsule 50-325-40-30 mg</i>	Tier 1	MO; QL (180 per 30 days)
<i>butalbital-asa-caff-codeine oral capsule 50-325-40-30 mg</i>	Tier 1	MO; QL (180 per 30 days)
<i>codeine sulfate oral tablet 30 mg, 60 mg</i>	Tier 1	MO
<i>duramorph injection solution 0.5 mg/ml, 1 mg/ml</i>	Tier 1	MO
ENDOCET ORAL TABLET 10-325 MG, 5-325 MG, 7.5-325 MG	Tier 1	MO
FENTORA BUCCAL TABLET 100 MCG, 200 MCG, 400 MCG, 600 MCG, 800 MCG	Tier 1	PA1; MO; QL (120 per 30 days)
<i>hydrocodone-acetaminophen oral solution 7.5-325 mg/15ml</i>	Tier 1	MO

You can find information on what the symbols and abbreviations on this table mean by going to page 1 of the introduction. Formulary ID: 19553, Version 16 Last Updated 11/20/2019 Effective Date: 12/01/2019

DRUG NAME	DRUG TIER	REQUIREMENTS/LIMITS
<i>hydrocodone-acetaminophen oral tablet 10-300 mg, 10-325 mg, 5-300 mg, 5-325 mg, 7.5-300 mg, 7.5-325 mg</i>	Tier 1	MO
<i>hydrocodone-ibuprofen oral tablet 10-200 mg, 5-200 mg, 7.5-200 mg</i>	Tier 1	MO
<i>hydromorphone hcl injection solution 2 mg/ml</i>	Tier 1	MO
<i>hydromorphone hcl oral liquid 1 mg/ml</i>	Tier 1	MO
<i>hydromorphone hcl oral tablet 2 mg, 4 mg, 8 mg</i>	Tier 1	MO
<i>hydromorphone hcl pf injection solution 10 mg/ml, 2 mg/ml, 50 mg/5ml</i>	Tier 1	MO
<i>meperidine hcl injection solution 100 mg/ml, 25 mg/ml, 50 mg/ml</i>	Tier 1	PA1; MO; HRM
<i>meperidine hcl oral tablet 100 mg, 50 mg</i>	Tier 1	PA1; MO; HRM
<i>methadone hcl oral concentrate 10 mg/ml</i>	Tier 1	MO
<i>methadone hcl oral solution 10 mg/5ml, 5 mg/5ml</i>	Tier 1	MO
<i>methadone hcl oral tablet 10 mg, 5 mg</i>	Tier 1	MO
<i>morphine sulfate (concentrate) oral solution 100 mg/5ml</i>	Tier 1	MO
<i>morphine sulfate oral solution 10 mg/5ml, 20 mg/5ml</i>	Tier 1	MO
<i>morphine sulfate oral tablet 15 mg, 30 mg</i>	Tier 1	MO
<i>oxycodone hcl oral capsule 5 mg</i>	Tier 1	MO
<i>oxycodone hcl oral solution 5 mg/5ml</i>	Tier 1	MO
<i>oxycodone hcl oral tablet 10 mg, 15 mg, 20 mg, 30 mg, 5 mg</i>	Tier 1	MO
<i>oxycodone-acetaminophen oral tablet 10-325 mg, 2.5-325 mg, 5-325 mg, 7.5-325 mg</i>	Tier 1	MO
<i>oxycodone-aspirin oral tablet 4.8355-325 mg</i>	Tier 1	MO
<i>oxycodone-ibuprofen oral tablet 5-400 mg</i>	Tier 1	MO
<i>oxymorphone hcl oral tablet 10 mg, 5 mg</i>	Tier 1	MO
<i>pentazocine-naloxone hcl oral tablet 50-0.5 mg</i>	Tier 1	PA1; MO; HRM
<i>tramadol hcl oral tablet 50 mg</i>	Tier 1	MO; QL (240 per 30 days)
<i>tramadol-acetaminophen oral tablet 37.5-325 mg</i>	Tier 1	MO; QL (240 per 30 days)
ANESTHETICS		
LOCAL ANESTHETICS		
<i>lidocaine hcl (pf) injection solution 1 %</i>	Tier 1	MO

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DRUG NAME	DRUG TIER	REQUIREMENTS/LIMITS
<i>lidocaine hcl injection solution 1 %</i>	Tier 1	MO
<i>lidocaine hcl urethral/mucosal external gel 2 %</i>	Tier 1	PA1; MO; QL (30 per 30 days)
<i>lidocaine-prilocaine external cream 2.5-2.5 %</i>	Tier 1	PA1; MO; QL (30 per 30 days)
ANTI-ADDICTION/SUBSTANCE ABUSE TREATMENT AGENTS		
ALCOHOL DETERRENTS/ANTI-CRAVING		
<i>acamprosate calcium oral tablet delayed release 333 mg</i>	Tier 1	MO
<i>disulfiram oral tablet 250 mg, 500 mg</i>	Tier 1	MO
OPIOID ANTAGONISTS		
<i>buprenorphine hcl-naloxone hcl sublingual tablet sublingual 2-0.5 mg</i>	Tier 1	MO; QL (90 per 30 days)
<i>buprenorphine hcl-naloxone hcl sublingual tablet sublingual 8-2 mg</i>	Tier 1	MO; QL (120 per 30 days)
<i>butorphanol tartrate nasal solution 10 mg/ml</i>	Tier 1	MO; QL (10 per 30 days)
<i>naloxone hcl injection solution 0.4 mg/ml</i>	Tier 1	MO
<i>naloxone hcl injection solution cartridge 0.4 mg/ml</i>	Tier 1	MO
<i>naloxone hcl injection solution prefilled syringe 2 mg/2ml</i>	Tier 1	MO
<i>naltrexone hcl oral tablet 50 mg</i>	Tier 1	MO
NARCAN NASAL LIQUID 4 MG/0.1ML	Tier 1	MO; QL (2 per 30 days)
SUBOXONE SUBLINGUAL FILM 12-3 MG, 2-0.5 MG, 4-1 MG	Tier 1	MO; QL (90 per 30 days)
SUBOXONE SUBLINGUAL FILM 8-2 MG	Tier 1	MO; QL (120 per 30 days)
VIVITROL INTRAMUSCULAR SUSPENSION RECONSTITUTED 380 MG	Tier 1	MO
SMOKING CESSATION AGENTS		
<i>bupropion hcl er (smoking det) oral tablet extended release 12 hour 150 mg</i>	Tier 1	MO
CHANTIX CONTINUING MONTH PAK ORAL TABLET 1 MG	Tier 1	MO
CHANTIX ORAL TABLET 0.5 MG, 1 MG	Tier 1	MO
CHANTIX STARTING MONTH PAK ORAL TABLET 0.5 MG X 11 & 1 MG X 42	Tier 1	MO
NICOTROL INHALATION INHALER 10 MG	Tier 1	MO
NICOTROL NS NASAL SOLUTION 10 MG/ML	Tier 1	MO

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DRUG NAME	DRUG TIER	REQUIREMENTS/LIMITS
ANTIBACTERIALS		
AMINOGLYCOSIDES		
<i>amikacin sulfate injection solution 500 mg/2ml</i>	Tier 1	BvD; MO
ARIKAYCE INHALATION SUSPENSION 590 MG/8.4ML	Tier 1	PA1; MO
BETHKIS INHALATION NEBULIZATION SOLUTION 300 MG/4ML	Tier 1	PA1; MO; QL (224 per 56 days)
<i>gentamicin in saline intravenous solution 0.8-0.9 mg/ml-%, 1-0.9 mg/ml-%, 1.2-0.9 mg/ml-%, 1.6-0.9 mg/ml-%</i>	Tier 1	MO
<i>gentamicin sulfate injection solution 40 mg/ml</i>	Tier 1	MO
<i>neomycin sulfate oral tablet 500 mg</i>	Tier 1	MO
<i>paromomycin sulfate oral capsule 250 mg</i>	Tier 1	MO
<i>streptomycin sulfate intramuscular solution reconstituted 1 gm</i>	Tier 1	MO
TOBI PODHALER INHALATION CAPSULE 28 MG	Tier 1	PA1; MO; QL (224 per 56 days)
<i>tobramycin inhalation nebulization solution 300 mg/5ml</i>	Tier 1	PA1; MO; QL (280 per 42 days)
<i>tobramycin sulfate injection solution 10 mg/ml, 80 mg/2ml</i>	Tier 1	MO
ANTIBACTERIALS, OTHER		
<i>clindamycin hcl oral capsule 150 mg, 300 mg, 75 mg</i>	Tier 1	MO
<i>clindamycin palmitate hcl oral solution reconstituted 75 mg/5ml</i>	Tier 1	MO
<i>clindamycin phosphate in d5w intravenous solution 300 mg/50ml, 600 mg/50ml, 900 mg/50ml</i>	Tier 1	MO
<i>clindamycin phosphate injection solution 300 mg/2ml, 900 mg/6ml</i>	Tier 1	BvD; MO
<i>clindamycin phosphate injection solution 600 mg/4ml</i>	Tier 1	MO
<i>colistimethate sodium (cba) injection solution reconstituted 150 mg</i>	Tier 1	MO
<i>dapsone oral tablet 100 mg, 25 mg</i>	Tier 1	MO
<i>daptomycin intravenous solution reconstituted 350 mg, 500 mg</i>	Tier 1	PA1; MO

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DRUG NAME	DRUG TIER	REQUIREMENTS/LIMITS
FIRVANQ ORAL SOLUTION RECONSTITUTED 25 MG/ML, 50 MG/ML	Tier 1	MO
<i>linezolid intravenous solution 600 mg/300ml</i>	Tier 1	PA1; MO
<i>linezolid oral tablet 600 mg</i>	Tier 1	PA1; MO; QL (60 per 30 days)
<i>methenamine hippurate oral tablet 1 gm</i>	Tier 1	MO
<i>metronidazole in nacl intravenous solution 500-0.79 mg/100ml-%</i>	Tier 1	BvD; MO
<i>metronidazole oral capsule 375 mg</i>	Tier 1	MO
<i>metronidazole oral tablet 250 mg, 500 mg</i>	Tier 1	MO
MONUROL ORAL PACKET 3 GM	Tier 1	MO; QL (2 per 30 days)
NEBUPENT INHALATION SOLUTION RECONSTITUTED 300 MG	Tier 1	BvD; MO
<i>nitrofurantoin macrocrystal oral capsule 100 mg, 25 mg, 50 mg</i>	Tier 1	MO
<i>nitrofurantoin monohyd macro oral capsule 100 mg</i>	Tier 1	MO
<i>nitrofurantoin oral suspension 25 mg/5ml</i>	Tier 1	MO
PENTAM INJECTION SOLUTION RECONSTITUTED 300 MG	Tier 1	BvD; MO
<i>tigecycline intravenous solution reconstituted 50 mg</i>	Tier 1	BvD; MO
<i>tinidazole oral tablet 250 mg, 500 mg</i>	Tier 1	MO
<i>trimethoprim oral tablet 100 mg</i>	Tier 1	MO
<i>vancomycin hcl in dextrose intravenous solution 750-5 mg/150ml-%</i>	Tier 1	BvD; MO
<i>vancomycin hcl in nacl intravenous solution 1-0.9 gm/200ml-%, 500-0.9 mg/100ml-%, 750-0.9 mg/250ml-%</i>	Tier 1	BvD; MO
<i>vancomycin hcl intravenous solution reconstituted 1 gm, 250 mg, 500 mg, 750 mg</i>	Tier 1	BvD; MO
<i>vancomycin hcl oral capsule 125 mg, 250 mg</i>	Tier 1	ST1; MO
XIFAXAN ORAL TABLET 200 MG, 550 MG	Tier 1	MO
BETA-LACTAM, CEPHALOSPORINS		
<i>cefaclor oral capsule 250 mg, 500 mg</i>	Tier 1	MO
<i>cefaclor oral suspension reconstituted 125 mg/5ml, 250 mg/5ml, 375 mg/5ml</i>	Tier 1	MO
<i>cefadroxil oral capsule 500 mg</i>	Tier 1	MO

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DRUG NAME	DRUG TIER	REQUIREMENTS/LIMITS
<i>cefadroxil oral suspension reconstituted 250 mg/5ml, 500 mg/5ml</i>	Tier 1	MO
<i>cefadroxil oral tablet 1 gm</i>	Tier 1	MO
<i>cefazolin sodium injection solution reconstituted 1 gm, 10 gm, 500 mg</i>	Tier 1	MO
<i>cefdinir oral capsule 300 mg</i>	Tier 1	MO
<i>cefdinir oral suspension reconstituted 125 mg/5ml, 250 mg/5ml</i>	Tier 1	MO
<i>cefepime hcl injection solution reconstituted 1 gm, 2 gm</i>	Tier 1	MO
<i>cefixime oral capsule 400 mg</i>	Tier 1	MO
<i>cefixime oral suspension reconstituted 100 mg/5ml, 200 mg/5ml</i>	Tier 1	MO
<i>cefotaxime sodium injection solution reconstituted 1 gm, 500 mg</i>	Tier 1	MO
<i>cefoxitin sodium injection solution reconstituted 10 gm</i>	Tier 1	MO
<i>cefoxitin sodium intravenous solution reconstituted 1 gm, 2 gm</i>	Tier 1	BvD; MO
<i>cefpodoxime proxetil oral suspension reconstituted 100 mg/5ml, 50 mg/5ml</i>	Tier 1	MO
<i>cefpodoxime proxetil oral tablet 100 mg, 200 mg</i>	Tier 1	MO
<i>cefprozil oral suspension reconstituted 125 mg/5ml, 250 mg/5ml</i>	Tier 1	MO
<i>cefprozil oral tablet 250 mg, 500 mg</i>	Tier 1	MO
<i>ceftazidime injection solution reconstituted 1 gm, 2 gm, 6 gm</i>	Tier 1	MO
<i>ceftriaxone sodium injection solution reconstituted 1 gm, 2 gm, 250 mg, 500 mg</i>	Tier 1	BvD; MO
<i>cefuroxime axetil oral tablet 250 mg, 500 mg</i>	Tier 1	MO
<i>cefuroxime sodium injection solution reconstituted 7.5 gm, 750 mg</i>	Tier 1	MO
<i>cefuroxime sodium intravenous solution reconstituted 1.5 gm</i>	Tier 1	MO
<i>cephalexin oral capsule 250 mg, 500 mg</i>	Tier 1	MO
<i>cephalexin oral suspension reconstituted 125 mg/5ml, 250 mg/5ml</i>	Tier 1	MO
<i>cephalexin oral tablet 250 mg</i>	Tier 1	MO

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DRUG NAME	DRUG TIER	REQUIREMENTS/LIMITS
SUPRAX ORAL CAPSULE 400 MG	Tier 1	MO
TEFLARO INTRAVENOUS SOLUTION RECONSTITUTED 400 MG, 600 MG	Tier 1	PA1; MO
ZERBAXA INTRAVENOUS SOLUTION RECONSTITUTED 1.5 (1-0.5) GM	Tier 1	BvD; MO
BETA-LACTAM, OTHER		
AZACTAM INJECTION SOLUTION RECONSTITUTED 1 GM, 2 GM	Tier 1	BvD; MO
<i>aztreonam injection solution reconstituted 1 gm</i>	Tier 1	MO
CAYSTON INHALATION SOLUTION RECONSTITUTED 75 MG	Tier 1	PA1; LA
<i>ertapenem sodium injection solution reconstituted 1 gm</i>	Tier 1	MO
<i>imipenem-cilastatin intravenous solution reconstituted 250 mg, 500 mg</i>	Tier 1	BvD; MO
<i>meropenem intravenous solution reconstituted 1 gm, 500 mg</i>	Tier 1	BvD; MO
BETA-LACTAM, PENICILLINS		
<i>amoxicillin oral capsule 250 mg, 500 mg</i>	Tier 1	MO
<i>amoxicillin oral suspension reconstituted 125 mg/5ml, 200 mg/5ml, 250 mg/5ml, 400 mg/5ml</i>	Tier 1	MO
<i>amoxicillin oral tablet chewable 125 mg, 250 mg</i>	Tier 1	MO
<i>amoxicillin-pot clavulanate oral suspension reconstituted 200-28.5 mg/5ml, 250-62.5 mg/5ml, 400-57 mg/5ml, 600-42.9 mg/5ml</i>	Tier 1	MO
<i>amoxicillin-pot clavulanate oral tablet 250-125 mg, 500-125 mg, 875-125 mg</i>	Tier 1	MO
<i>amoxicillin-pot clavulanate oral tablet chewable 200-28.5 mg, 400-57 mg</i>	Tier 1	MO
<i>ampicillin oral capsule 500 mg</i>	Tier 1	MO
<i>ampicillin sodium injection solution reconstituted 1 gm, 125 mg</i>	Tier 1	MO
<i>ampicillin-sulbactam sodium injection solution reconstituted 1.5 (1-0.5) gm, 3 (2-1) gm</i>	Tier 1	MO
<i>ampicillin-sulbactam sodium injection solution reconstituted 15 (10-5) gm</i>	Tier 1	BvD; MO
<i>ampicillin-sulbactam sodium intravenous solution reconstituted 15 (10-5) gm</i>	Tier 1	BvD; MO

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DRUG NAME	DRUG TIER	REQUIREMENTS/LIMITS
BACTOCILL IN DEXTROSE INTRAVENOUS SOLUTION 1 GM/50ML, 2 GM/50ML	Tier 1	BvD; MO
BICILLIN C-R 900/300 INTRAMUSCULAR SUSPENSION 900000-300000 UNIT/2ML	Tier 1	MO
BICILLIN C-R INTRAMUSCULAR SUSPENSION 1200000 UNIT/2ML	Tier 1	MO
BICILLIN L-A INTRAMUSCULAR SUSPENSION 1200000 UNIT/2ML, 2400000 UNIT/4ML, 600000 UNIT/ML	Tier 1	MO
<i>dicloxacillin sodium oral capsule 250 mg, 500 mg</i>	Tier 1	MO
<i>nafcillin sodium injection solution reconstituted 1 gm, 2 gm</i>	Tier 1	MO
<i>nafcillin sodium intravenous solution reconstituted 10 gm</i>	Tier 1	MO
<i>oxacillin sodium in dextrose intravenous solution 1 gm/50ml, 2 gm/50ml</i>	Tier 1	BvD; MO
<i>oxacillin sodium injection solution reconstituted 1 gm, 10 gm, 2 gm</i>	Tier 1	MO
<i>penicillin g pot in dextrose intravenous solution 40000 unit/ml, 60000 unit/ml</i>	Tier 1	MO
<i>penicillin g potassium injection solution reconstituted 20000000 unit</i>	Tier 1	MO
<i>penicillin g sodium injection solution reconstituted 5000000 unit</i>	Tier 1	BvD; MO
<i>penicillin v potassium oral solution reconstituted 125 mg/5ml, 250 mg/5ml</i>	Tier 1	MO
<i>penicillin v potassium oral tablet 250 mg, 500 mg</i>	Tier 1	MO
<i>pipercillin sod-tazobactam so intravenous solution reconstituted 2.25 (2-0.25) gm, 3.375 (3-0.375) gm, 4.5 (4-0.5) gm, 40.5 (36-4.5) gm</i>	Tier 1	BvD; MO
ZOSYN INTRAVENOUS SOLUTION 2-0.25 GM/50ML, 3-0.375 GM/50ML	Tier 1	BvD; MO
MACROLIDES		
<i>azithromycin intravenous solution reconstituted 500 mg</i>	Tier 1	BvD; MO
<i>azithromycin oral packet 1 gm</i>	Tier 1	MO
<i>azithromycin oral suspension reconstituted 100 mg/5ml, 200 mg/5ml</i>	Tier 1	MO

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DRUG NAME	DRUG TIER	REQUIREMENTS/LIMITS
<i>azithromycin oral tablet 250 mg, 250 mg (6 pack), 500 mg, 500 mg (3 pack), 600 mg</i>	Tier 1	MO
<i>clarithromycin er oral tablet extended release 24 hour 500 mg</i>	Tier 1	MO
<i>clarithromycin oral suspension reconstituted 125 mg/5ml, 250 mg/5ml</i>	Tier 1	MO
<i>clarithromycin oral tablet 250 mg, 500 mg</i>	Tier 1	MO
DIFICID ORAL TABLET 200 MG	Tier 1	ST1; MO
ERYPED 400 ORAL SUSPENSION RECONSTITUTED 400 MG/5ML	Tier 1	MO
ERY-TAB ORAL TABLET DELAYED RELEASE 250 MG, 333 MG, 500 MG	Tier 1	MO
ERYTHROCIN LACTOBIONATE INTRAVENOUS SOLUTION RECONSTITUTED 500 MG	Tier 1	BvD; MO
ERYTHROCIN STEARATE ORAL TABLET 250 MG	Tier 1	MO
<i>erythromycin base oral capsule delayed release particles 250 mg</i>	Tier 1	MO
<i>erythromycin base oral tablet 250 mg, 500 mg</i>	Tier 1	MO
<i>erythromycin base oral tablet delayed release 250 mg, 333 mg, 500 mg</i>	Tier 1	MO
<i>erythromycin ethylsuccinate oral suspension reconstituted 200 mg/5ml</i>	Tier 1	MO
QUINOLONES		
<i>ciprofloxacin hcl oral tablet 100 mg, 250 mg, 500 mg, 750 mg</i>	Tier 1	MO
<i>ciprofloxacin in d5w intravenous solution 200 mg/100ml</i>	Tier 1	BvD; MO
<i>ciprofloxacin oral suspension reconstituted 500 mg/5ml (10%)</i>	Tier 1	MO
<i>levofloxacin in d5w intravenous solution 500 mg/100ml, 750 mg/150ml</i>	Tier 1	BvD; MO
<i>levofloxacin intravenous solution 25 mg/ml</i>	Tier 1	BvD; MO
<i>levofloxacin oral solution 25 mg/ml</i>	Tier 1	MO
<i>levofloxacin oral tablet 250 mg, 500 mg, 750 mg</i>	Tier 1	MO
<i>moxifloxacin hcl in nacl intravenous solution 400 mg/250ml</i>	Tier 1	BvD; MO

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DRUG NAME	DRUG TIER	REQUIREMENTS/LIMITS
<i>moxifloxacin hcl oral tablet 400 mg</i>	Tier 1	MO
<i>ofloxacin oral tablet 300 mg, 400 mg</i>	Tier 1	MO
SULFONAMIDES		
<i>sulfadiazine oral tablet 500 mg</i>	Tier 1	MO
<i>sulfamethoxazole-trimethoprim oral suspension 200-40 mg/5ml</i>	Tier 1	MO
<i>sulfamethoxazole-trimethoprim oral tablet 400-80 mg, 800-160 mg</i>	Tier 1	MO
SULFATRIM PEDIATRIC ORAL SUSPENSION 200-40 MG/5ML	Tier 1	MO
TETRACYCLINES		
<i>demeclocycline hcl oral tablet 150 mg, 300 mg</i>	Tier 1	MO
DOXY 100 INTRAVENOUS SOLUTION RECONSTITUTED 100 MG	Tier 1	BvD; MO
<i>doxycycline hyclate oral capsule 100 mg, 50 mg</i>	Tier 1	MO
<i>doxycycline hyclate oral tablet 100 mg, 20 mg</i>	Tier 1	MO
<i>doxycycline monohydrate oral capsule 100 mg, 50 mg</i>	Tier 1	MO
<i>doxycycline monohydrate oral suspension reconstituted 25 mg/5ml</i>	Tier 1	MO
<i>doxycycline monohydrate oral tablet 100 mg, 50 mg, 75 mg</i>	Tier 1	MO
<i>minocycline hcl oral capsule 100 mg, 50 mg, 75 mg</i>	Tier 1	MO
<i>tetracycline hcl oral capsule 250 mg, 500 mg</i>	Tier 1	MO
ANTICONVULSANTS		
ANTICONVULSANTS, OTHER		
BRIVIACT ORAL SOLUTION 10 MG/ML	Tier 1	PA2; MO
BRIVIACT ORAL TABLET 10 MG, 100 MG, 25 MG, 50 MG, 75 MG	Tier 1	PA2; MO
EPIDIOLEX ORAL SOLUTION 100 MG/ML	Tier 1	PA2; MO
<i>levetiracetam er oral tablet extended release 24 hour 500 mg, 750 mg</i>	Tier 1	MO
<i>levetiracetam oral solution 100 mg/ml</i>	Tier 1	MO
<i>levetiracetam oral tablet 1000 mg, 250 mg, 500 mg, 750 mg</i>	Tier 1	MO

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DRUG NAME	DRUG TIER	REQUIREMENTS/LIMITS
ROWEEPRA ORAL TABLET 1000 MG, 500 MG, 750 MG	Tier 1	MO
ROWEEPRA XR ORAL TABLET EXTENDED RELEASE 24 HOUR 500 MG, 750 MG	Tier 1	MO
SPRITAM ORAL TABLET DISINTEGRATING SOLUBLE 1000 MG	Tier 1	MO; QL (90 per 30 days)
SPRITAM ORAL TABLET DISINTEGRATING SOLUBLE 250 MG, 500 MG, 750 MG	Tier 1	MO; QL (120 per 30 days)
BARBITURATES		
<i>phenobarbital oral tablet 100 mg, 15 mg, 16.2 mg, 30 mg, 32.4 mg, 60 mg, 64.8 mg, 97.2 mg</i>	Tier 1	MO
<i>primidone oral tablet 250 mg, 50 mg</i>	Tier 1	MO
BENZODIAZEPINES		
<i>clobazam oral suspension 2.5 mg/ml</i>	Tier 1	PA2; MO
<i>clobazam oral tablet 10 mg, 20 mg</i>	Tier 1	PA2; MO; QL (60 per 30 days)
<i>clonazepam oral tablet 0.5 mg, 1 mg, 2 mg</i>	Tier 1	MO
<i>clonazepam oral tablet dispersible 0.125 mg, 0.25 mg, 0.5 mg, 1 mg, 2 mg</i>	Tier 1	MO
DIASTAT ACUDIAL RECTAL GEL 10 MG, 20 MG	Tier 1	MO
DIASTAT PEDIATRIC RECTAL GEL 2.5 MG	Tier 1	MO
<i>diazepam rectal gel 10 mg, 2.5 mg, 20 mg</i>	Tier 1	MO
SYMPAZAN ORAL FILM 10 MG, 20 MG, 5 MG	Tier 1	PA2; MO; QL (60 per 30 days)
CALCIUM CHANNEL MODIFYING AGENTS		
CELONTIN ORAL CAPSULE 300 MG	Tier 1	MO
<i>ethosuximide oral capsule 250 mg</i>	Tier 1	MO
<i>ethosuximide oral solution 250 mg/5ml</i>	Tier 1	MO
LYRICA ORAL CAPSULE 200 MG, 225 MG, 25 MG, 50 MG, 75 MG	Tier 1	MO; QL (120 per 30 days)
LYRICA ORAL CAPSULE 300 MG	Tier 1	MO; QL (60 per 30 days)
LYRICA ORAL SOLUTION 20 MG/ML	Tier 1	MO; QL (900 per 30 days)
<i>pregabalin oral capsule 200 mg, 225 mg, 25 mg, 50 mg, 75 mg</i>	Tier 1	MO; QL (120 per 30 days)
<i>pregabalin oral capsule 300 mg</i>	Tier 1	MO; QL (60 per 30 days)
<i>pregabalin oral solution 20 mg/ml</i>	Tier 1	MO; QL (900 per 30 days)
<i>zonisamide oral capsule 100 mg, 25 mg, 50 mg</i>	Tier 1	MO

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DRUG NAME	DRUG TIER	REQUIREMENTS/LIMITS
GAMMA-AMINOBUTYRIC ACID (GABA) AUGMENTING AGENTS		
<i>divalproex sodium er oral tablet extended release 24 hour 250 mg, 500 mg</i>	Tier 1	MO
<i>divalproex sodium oral capsule delayed release sprinkle 125 mg</i>	Tier 1	MO
<i>divalproex sodium oral tablet delayed release 125 mg, 250 mg, 500 mg</i>	Tier 1	MO
FYCOMPA ORAL SUSPENSION 0.5 MG/ML	Tier 1	PA2; MO
FYCOMPA ORAL TABLET 10 MG, 12 MG, 2 MG, 4 MG, 6 MG, 8 MG	Tier 1	PA2; MO
<i>gabapentin oral capsule 100 mg, 300 mg, 400 mg</i>	Tier 1	MO
<i>gabapentin oral solution 250 mg/5ml</i>	Tier 1	MO
<i>gabapentin oral tablet 600 mg, 800 mg</i>	Tier 1	MO
<i>tiagabine hcl oral tablet 12 mg, 16 mg, 2 mg, 4 mg</i>	Tier 1	MO
<i>valproic acid oral capsule 250 mg</i>	Tier 1	MO
<i>valproic acid oral solution 250 mg/5ml</i>	Tier 1	MO
<i>vigabatrin oral packet 500 mg</i>	Tier 1	PA2; LA
<i>vigabatrin oral tablet 500 mg</i>	Tier 1	PA2; MO
VIGADRONE ORAL PACKET 500 MG	Tier 1	PA2; MO
GLUTAMATE REDUCING AGENTS		
<i>felbamate oral suspension 600 mg/5ml</i>	Tier 1	MO
<i>felbamate oral tablet 400 mg, 600 mg</i>	Tier 1	MO
LAMICTAL XR ORAL KIT 21 X 25 MG & 7 X 50 MG, 25 & 50 & 100 MG, 50 & 100 & 200 MG	Tier 1	MO
<i>lamotrigine er oral tablet extended release 24 hour 100 mg, 200 mg, 25 mg, 250 mg, 300 mg, 50 mg</i>	Tier 1	MO
<i>lamotrigine oral tablet 100 mg, 150 mg, 200 mg, 25 mg</i>	Tier 1	MO
<i>lamotrigine oral tablet chewable 25 mg, 5 mg</i>	Tier 1	MO
<i>lamotrigine oral tablet dispersible 100 mg, 200 mg, 25 mg, 50 mg</i>	Tier 1	MO
<i>lamotrigine starter kit-blue oral kit 35 x 25 mg</i>	Tier 1	MO
<i>lamotrigine starter kit-green oral kit 84 x 25 mg & 14x100 mg</i>	Tier 1	MO

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DRUG NAME	DRUG TIER	REQUIREMENTS/LIMITS
<i>lamotrigine starter kit-orange oral kit 42 x 25 mg & 7 x 100 mg</i>	Tier 1	MO
QUDEXY XR ORAL CAPSULE ER 24 HOUR SPRINKLE 100 MG, 150 MG, 200 MG, 25 MG, 50 MG	Tier 1	MO
SUBVENITE ORAL TABLET 100 MG, 150 MG, 200 MG, 25 MG	Tier 1	MO
SUBVENITE STARTER KIT-BLUE ORAL KIT 35 X 25 MG	Tier 1	MO
SUBVENITE STARTER KIT-GREEN ORAL KIT 84 X 25 MG & 14X100 MG	Tier 1	MO
SUBVENITE STARTER KIT-ORANGE ORAL KIT 42 X 25 MG & 7 X 100 MG	Tier 1	MO
<i>topiramate er oral capsule er 24 hour sprinkle 100 mg, 150 mg, 200 mg, 25 mg, 50 mg</i>	Tier 1	MO
<i>topiramate oral capsule sprinkle 15 mg, 25 mg</i>	Tier 1	MO
<i>topiramate oral tablet 100 mg, 200 mg, 25 mg, 50 mg</i>	Tier 1	MO
TROKENDI XR ORAL CAPSULE EXTENDED RELEASE 24 HOUR 100 MG, 200 MG, 25 MG, 50 MG	Tier 1	MO
SODIUM CHANNEL AGENTS		
APTIOM ORAL TABLET 200 MG, 400 MG	Tier 1	PA2; MO; QL (30 per 30 days)
APTIOM ORAL TABLET 600 MG	Tier 1	PA2; MO; QL (60 per 30 days)
APTIOM ORAL TABLET 800 MG	Tier 1	PA2; MO; QL (45 per 30 days)
BANZEL ORAL SUSPENSION 40 MG/ML	Tier 1	PA2; MO; QL (2400 per 30 days)
BANZEL ORAL TABLET 200 MG, 400 MG	Tier 1	PA2; MO; QL (240 per 30 days)
<i>carbamazepine er oral capsule extended release 12 hour 100 mg, 200 mg, 300 mg</i>	Tier 1	MO
<i>carbamazepine er oral tablet extended release 12 hour 100 mg, 200 mg, 400 mg</i>	Tier 1	MO
<i>carbamazepine oral suspension 100 mg/5ml</i>	Tier 1	MO
<i>carbamazepine oral tablet 200 mg</i>	Tier 1	MO
<i>carbamazepine oral tablet chewable 100 mg</i>	Tier 1	MO
DILANTIN ORAL CAPSULE 30 MG	Tier 1	MO
EPITOL ORAL TABLET 200 MG	Tier 1	MO
<i>oxcarbazepine oral suspension 300 mg/5ml</i>	Tier 1	MO

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DRUG NAME	DRUG TIER	REQUIREMENTS/LIMITS
<i>oxcarbazepine oral tablet 150 mg, 300 mg, 600 mg</i>	Tier 1	MO
OXTELLAR XR ORAL TABLET EXTENDED RELEASE 24 HOUR 150 MG, 300 MG, 600 MG	Tier 1	MO
PEGANONE ORAL TABLET 250 MG	Tier 1	MO
<i>phenytoin oral suspension 125 mg/5ml</i>	Tier 1	MO
<i>phenytoin oral tablet chewable 50 mg</i>	Tier 1	MO
<i>phenytoin sodium extended oral capsule 100 mg, 200 mg, 300 mg</i>	Tier 1	MO
VIMPAT ORAL SOLUTION 10 MG/ML	Tier 1	MO; QL (1200 per 30 days)
VIMPAT ORAL TABLET 100 MG, 150 MG, 200 MG, 50 MG	Tier 1	MO; QL (60 per 30 days)

ANTIDEMENTIA AGENTS

CHOLINESTERASE INHIBITORS

<i>donepezil hcl oral tablet 10 mg, 23 mg, 5 mg</i>	Tier 1	MO
<i>donepezil hcl oral tablet dispersible 10 mg, 5 mg</i>	Tier 1	MO
<i>galantamine hydrobromide er oral capsule extended release 24 hour 16 mg, 24 mg, 8 mg</i>	Tier 1	MO
<i>galantamine hydrobromide oral solution 4 mg/ml</i>	Tier 1	MO
<i>galantamine hydrobromide oral tablet 12 mg, 4 mg, 8 mg</i>	Tier 1	MO
<i>rivastigmine tartrate oral capsule 1.5 mg, 3 mg, 4.5 mg, 6 mg</i>	Tier 1	MO
<i>rivastigmine transdermal patch 24 hour 13.3 mg/24hr, 4.6 mg/24hr, 9.5 mg/24hr</i>	Tier 1	MO; QL (30 per 30 days)

N-METHYL-D-ASPARTATE (NMDA) RECEPTOR ANTAGONIST

<i>memantine hcl er oral capsule extended release 24 hour 14 mg, 21 mg, 28 mg, 7 mg</i>	Tier 1	MO
<i>memantine hcl oral solution 2 mg/ml</i>	Tier 1	MO
<i>memantine hcl oral tablet 10 mg, 28 x 5 mg & 21 x 10 mg, 5 mg</i>	Tier 1	MO
NAMENDA XR TITRATION PACK ORAL CAPSULE EXTENDED RELEASE 24 HOUR 7 & 14 & 21 & 28 MG	Tier 1	MO

ANTIDEPRESSANTS

ANTIDEPRESSANTS, OTHER

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DRUG NAME	DRUG TIER	REQUIREMENTS/LIMITS
<i>bupropion hcl er (sr) oral tablet extended release 12 hour 100 mg, 150 mg, 200 mg</i>	Tier 1	MO
<i>bupropion hcl er (xl) oral tablet extended release 24 hour 150 mg, 300 mg</i>	Tier 1	MO
<i>bupropion hcl er (xl) oral tablet extended release 24 hour 450 mg</i>	Tier 1	ST2; MO; QL (30 per 30 days)
<i>bupropion hcl oral tablet 100 mg, 75 mg</i>	Tier 1	MO
<i>maprotiline hcl oral tablet 25 mg, 50 mg, 75 mg</i>	Tier 1	MO
<i>mirtazapine oral tablet 15 mg, 30 mg, 45 mg, 7.5 mg</i>	Tier 1	MO
<i>mirtazapine oral tablet dispersible 15 mg, 30 mg, 45 mg</i>	Tier 1	MO
<i>nefazodone hcl oral tablet 100 mg, 150 mg, 200 mg, 250 mg, 50 mg</i>	Tier 1	MO
<i>trazodone hcl oral tablet 100 mg, 150 mg, 300 mg, 50 mg</i>	Tier 1	MO
TRINTELLIX ORAL TABLET 10 MG, 20 MG, 5 MG	Tier 1	MO; QL (30 per 30 days)
VIIBRYD ORAL TABLET 10 MG, 20 MG, 40 MG	Tier 1	MO; QL (30 per 30 days)
VIIBRYD STARTER PACK ORAL KIT 10 & 20 MG	Tier 1	MO
MONOAMINE OXIDASE INHIBITORS		
EMSAM TRANSDERMAL PATCH 24 HOUR 12 MG/24HR, 6 MG/24HR, 9 MG/24HR	Tier 1	PA2; MO; QL (30 per 30 days)
MARPLAN ORAL TABLET 10 MG	Tier 1	MO
<i>phenelzine sulfate oral tablet 15 mg</i>	Tier 1	MO
<i>tranylcypromine sulfate oral tablet 10 mg</i>	Tier 1	MO
SEROTONIN/NOREPINEPHRINE REUPTAKE INHIBITORS		
<i>citalopram hydrobromide oral solution 10 mg/5ml</i>	Tier 1	MO
<i>citalopram hydrobromide oral tablet 10 mg, 20 mg, 40 mg</i>	Tier 1	MO
<i>desvenlafaxine er oral tablet extended release 24 hour 100 mg, 50 mg</i>	Tier 1	MO
<i>desvenlafaxine succinate er oral tablet extended release 24 hour 100 mg, 25 mg, 50 mg</i>	Tier 1	MO
<i>duloxetine hcl oral capsule delayed release particles 20 mg, 30 mg, 40 mg, 60 mg</i>	Tier 1	MO

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DRUG NAME	DRUG TIER	REQUIREMENTS/LIMITS
<i>escitalopram oxalate oral solution 5 mg/5ml</i>	Tier 1	MO
<i>escitalopram oxalate oral tablet 10 mg, 20 mg, 5 mg</i>	Tier 1	MO
FETZIMA ORAL CAPSULE EXTENDED RELEASE 24 HOUR 120 MG, 20 MG, 40 MG, 80 MG	Tier 1	MO; QL (30 per 30 days)
FETZIMA TITRATION ORAL CAPSULE ER 24 HOUR THERAPY PACK 20 & 40 MG	Tier 1	MO; QL (56 per 365 days)
<i>fluoxetine hcl oral capsule 10 mg, 20 mg, 40 mg</i>	Tier 1	MO
<i>fluoxetine hcl oral solution 20 mg/5ml</i>	Tier 1	MO
<i>fluoxetine hcl oral tablet 60 mg</i>	Tier 1	MO
<i>fluvoxamine maleate oral tablet 100 mg, 25 mg, 50 mg</i>	Tier 1	MO
<i>olanzapine-fluoxetine hcl oral capsule 12-25 mg, 12-50 mg, 3-25 mg, 6-25 mg, 6-50 mg</i>	Tier 1	MO
<i>paroxetine hcl er oral tablet extended release 24 hour 12.5 mg, 25 mg, 37.5 mg</i>	Tier 1	MO
<i>paroxetine hcl oral tablet 10 mg, 20 mg, 30 mg, 40 mg</i>	Tier 1	MO
PAXIL ORAL SUSPENSION 10 MG/5ML	Tier 1	MO
PEXEVA ORAL TABLET 10 MG, 20 MG, 30 MG, 40 MG	Tier 1	ST2; MO
<i>sertraline hcl oral concentrate 20 mg/ml</i>	Tier 1	MO
<i>sertraline hcl oral tablet 100 mg, 25 mg, 50 mg</i>	Tier 1	MO
<i>venlafaxine hcl er oral capsule extended release 24 hour 150 mg, 37.5 mg, 75 mg</i>	Tier 1	MO
<i>venlafaxine hcl er oral tablet extended release 24 hour 225 mg</i>	Tier 1	MO
<i>venlafaxine hcl oral tablet 100 mg, 25 mg, 37.5 mg, 50 mg, 75 mg</i>	Tier 1	MO
TRICYCLICS		
<i>amitriptyline hcl oral tablet 10 mg, 100 mg, 150 mg, 25 mg, 50 mg, 75 mg</i>	Tier 1	MO
<i>amoxapine oral tablet 100 mg, 150 mg, 25 mg, 50 mg</i>	Tier 1	MO
<i>chlordiazepoxide-amitriptyline oral tablet 10-25 mg, 5-12.5 mg</i>	Tier 1	MO

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DRUG NAME	DRUG TIER	REQUIREMENTS/LIMITS
<i>clomipramine hcl oral capsule 25 mg, 50 mg, 75 mg</i>	Tier 1	MO
<i>desipramine hcl oral tablet 10 mg, 100 mg, 150 mg, 25 mg, 50 mg, 75 mg</i>	Tier 1	MO
<i>doxepin hcl oral capsule 10 mg, 100 mg, 150 mg, 25 mg, 50 mg, 75 mg</i>	Tier 1	MO
<i>doxepin hcl oral concentrate 10 mg/ml</i>	Tier 1	MO
<i>imipramine hcl oral tablet 10 mg, 25 mg, 50 mg</i>	Tier 1	MO
<i>nortriptyline hcl oral capsule 10 mg, 25 mg, 50 mg, 75 mg</i>	Tier 1	MO
<i>nortriptyline hcl oral solution 10 mg/5ml</i>	Tier 1	MO
<i>protriptyline hcl oral tablet 10 mg, 5 mg</i>	Tier 1	MO
<i>trimipramine maleate oral capsule 100 mg, 25 mg, 50 mg</i>	Tier 1	MO
ANTIEMETICS		
ANTIEMETICS, OTHER		
<i>meclizine hcl oral tablet 12.5 mg, 25 mg</i>	Tier 1	MO
<i>scopolamine transdermal patch 72 hour 1 mg/3days</i>	Tier 1	MO
TRANSDERM-SCOP (1.5 MG) TRANSDERMAL PATCH 72 HOUR 1 MG/3DAYS	Tier 1	MO
<i>trimethobenzamide hcl oral capsule 300 mg</i>	Tier 1	MO
EMETOGENIC THERAPY ADJUNCTS		
<i>aprepitant oral capsule 125 mg, 40 mg, 80 mg</i>	Tier 1	BvD; MO; QL (8 per 30 days)
<i>aprepitant oral capsule 80 & 125 mg</i>	Tier 1	BvD; MO; QL (12 per 30 days)
<i>dronabinol oral capsule 10 mg, 2.5 mg, 5 mg</i>	Tier 1	PA1; MO; QL (60 per 30 days)
<i>granisetron hcl oral tablet 1 mg</i>	Tier 1	BvD; MO; QL (60 per 30 days)
<i>ondansetron hcl injection solution 4 mg/2ml, 40 mg/20ml</i>	Tier 1	MO; QL (360 per 30 days)
<i>ondansetron hcl oral solution 4 mg/5ml</i>	Tier 1	MO; QL (450 per 30 days)
<i>ondansetron hcl oral tablet 24 mg</i>	Tier 1	MO; QL (30 per 30 days)
<i>ondansetron hcl oral tablet 4 mg</i>	Tier 1	MO; QL (180 per 30 days)
<i>ondansetron hcl oral tablet 8 mg</i>	Tier 1	MO; QL (90 per 30 days)
<i>ondansetron oral tablet dispersible 4 mg</i>	Tier 1	MO; QL (180 per 30 days)
<i>ondansetron oral tablet dispersible 8 mg</i>	Tier 1	MO; QL (90 per 30 days)

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DRUG NAME	DRUG TIER	REQUIREMENTS/LIMITS
VARUBI ORAL TABLET 90 MG	Tier 1	PA1; MO; QL (8 per 30 days)
ANTIFUNGALS		
ANTIFUNGALS		
ABELCET INTRAVENOUS SUSPENSION 5 MG/ML	Tier 1	BvD; MO
AMBISOME INTRAVENOUS SUSPENSION RECONSTITUTED 50 MG	Tier 1	BvD; MO
<i>amphotericin b intravenous solution reconstituted 50 mg</i>	Tier 1	BvD; MO
<i>caspofungin acetate intravenous solution reconstituted 50 mg, 70 mg</i>	Tier 1	PA1; MO
<i>clotrimazole mouth/throat lozenge 10 mg</i>	Tier 1	MO
ERAXIS INTRAVENOUS SOLUTION RECONSTITUTED 100 MG, 50 MG	Tier 1	PA1; MO
<i>fluconazole in sodium chloride intravenous solution 200-0.9 mg/100ml-%, 400-0.9 mg/200ml-%</i>	Tier 1	BvD; MO
<i>fluconazole oral suspension reconstituted 10 mg/ml, 40 mg/ml</i>	Tier 1	MO
<i>fluconazole oral tablet 100 mg, 150 mg, 200 mg, 50 mg</i>	Tier 1	MO
<i>flucytosine oral capsule 250 mg, 500 mg</i>	Tier 1	MO
<i>griseofulvin microsize oral suspension 125 mg/5ml</i>	Tier 1	MO
<i>griseofulvin microsize oral tablet 500 mg</i>	Tier 1	MO
<i>griseofulvin ultramicrosize oral tablet 125 mg, 250 mg</i>	Tier 1	MO
<i>itraconazole oral capsule 100 mg</i>	Tier 1	PA1; MO
<i>ketoconazole oral tablet 200 mg</i>	Tier 1	MO
MYCAMINE INTRAVENOUS SOLUTION RECONSTITUTED 100 MG, 50 MG	Tier 1	PA1; MO
NOXAFIL ORAL SUSPENSION 40 MG/ML	Tier 1	PA1; MO
NOXAFIL ORAL TABLET DELAYED RELEASE 100 MG	Tier 1	PA1; MO
<i>nystatin mouth/throat suspension 100000 unit/ml</i>	Tier 1	MO
<i>nystatin oral tablet 500000 unit</i>	Tier 1	MO
ORAVIG BUCCAL TABLET 50 MG	Tier 1	MO
<i>posaconazole oral tablet delayed release 100 mg</i>	Tier 1	PA1; MO

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DRUG NAME	DRUG TIER	REQUIREMENTS/LIMITS
<i>terbinafine hcl oral tablet 250 mg</i>	Tier 1	MO
<i>voriconazole intravenous solution reconstituted 200 mg</i>	Tier 1	BvD; MO
<i>voriconazole oral suspension reconstituted 40 mg/ml</i>	Tier 1	MO; QL (300 per 30 days)
<i>voriconazole oral tablet 200 mg, 50 mg</i>	Tier 1	MO; QL (120 per 30 days)
ANTIGOUT AGENTS		
ANTIGOUT AGENTS		
<i>allopurinol oral tablet 100 mg</i>	Tier 1	MO
<i>colchicine oral capsule 0.6 mg</i>	Tier 1	MO
<i>colchicine oral tablet 0.6 mg</i>	Tier 1	MO
<i>colchicine-probenecid oral tablet 0.5-500 mg</i>	Tier 1	MO
COLCRYS ORAL TABLET 0.6 MG	Tier 1	MO
<i>febuxostat oral tablet 40 mg, 80 mg</i>	Tier 1	ST1; MO
MITIGARE ORAL CAPSULE 0.6 MG	Tier 1	MO
<i>probenecid oral tablet 500 mg</i>	Tier 1	MO
ULORIC ORAL TABLET 40 MG, 80 MG	Tier 1	ST1; MO
ANTI-INFLAMMATORY AGENTS		
NONSTEROIDAL ANTI-INFLAMMATORY DRUGS		
BUPAP ORAL TABLET 50-300 MG	Tier 1	MO; QL (180 per 30 days)
<i>butalbital-acetaminophen oral tablet 50-325 mg</i>	Tier 1	MO; QL (180 per 30 days)
<i>butalbital-apap-caffeine oral capsule 50-300-40 mg</i>	Tier 1	MO; QL (180 per 30 days)
<i>butalbital-apap-caffeine oral tablet 50-325-40 mg</i>	Tier 1	MO
<i>celecoxib oral capsule 100 mg, 200 mg, 400 mg, 50 mg</i>	Tier 1	ST1; MO; QL (60 per 30 days)
<i>diclofenac potassium oral tablet 50 mg</i>	Tier 1	MO
<i>diclofenac sodium er oral tablet extended release 24 hour 100 mg</i>	Tier 1	MO
<i>diclofenac sodium oral tablet delayed release 25 mg, 50 mg, 75 mg</i>	Tier 1	MO
<i>diclofenac sodium transdermal gel 1 %</i>	Tier 1	PA1; MO; QL (1000 per 30 days)
<i>diclofenac sodium transdermal solution 1.5 %</i>	Tier 1	PA1; MO; QL (450 per 30 days)
<i>diclofenac-misoprostol oral tablet delayed release 50-0.2 mg, 75-0.2 mg</i>	Tier 1	MO

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DRUG NAME	DRUG TIER	REQUIREMENTS/LIMITS
<i>diflunisal oral tablet 500 mg</i>	Tier 1	MO
<i>etodolac er oral tablet extended release 24 hour 400 mg, 500 mg, 600 mg</i>	Tier 1	MO
<i>etodolac oral capsule 200 mg, 300 mg</i>	Tier 1	MO
<i>etodolac oral tablet 400 mg, 500 mg</i>	Tier 1	MO
<i>flurbiprofen oral tablet 100 mg, 50 mg</i>	Tier 1	MO
IBU ORAL TABLET 600 MG, 800 MG	Tier 1	MO
<i>ibuprofen oral suspension 100 mg/5ml</i>	Tier 1	MO
<i>ibuprofen oral tablet 400 mg, 600 mg, 800 mg</i>	Tier 1	MO
<i>indomethacin er oral capsule extended release 75 mg</i>	Tier 1	PA1; MO; HRM
<i>indomethacin oral capsule 25 mg, 50 mg</i>	Tier 1	PA1; MO; HRM
<i>ketoprofen er oral capsule extended release 24 hour 200 mg</i>	Tier 1	MO
<i>ketoprofen oral capsule 25 mg</i>	Tier 1	MO
<i>ketorolac tromethamine oral tablet 10 mg</i>	Tier 1	PA1; MO; HRM
<i>meclofenamate sodium oral capsule 100 mg, 50 mg</i>	Tier 1	MO
<i>meloxicam oral tablet 15 mg, 7.5 mg</i>	Tier 1	MO
<i>nabumetone oral tablet 500 mg, 750 mg</i>	Tier 1	MO
<i>naproxen dr oral tablet delayed release 375 mg, 500 mg</i>	Tier 1	MO
<i>naproxen oral suspension 125 mg/5ml</i>	Tier 1	MO
<i>naproxen oral tablet 250 mg, 375 mg, 500 mg</i>	Tier 1	MO
<i>naproxen sodium oral tablet 275 mg, 550 mg</i>	Tier 1	MO
<i>oxaprozin oral tablet 600 mg</i>	Tier 1	MO
<i>piroxicam oral capsule 10 mg, 20 mg</i>	Tier 1	MO
<i>sulindac oral tablet 150 mg, 200 mg</i>	Tier 1	MO
TENCON ORAL TABLET 50-325 MG	Tier 1	MO; QL (180 per 30 days)
<i>tolmetin sodium oral capsule 400 mg</i>	Tier 1	MO
<i>tolmetin sodium oral tablet 600 mg</i>	Tier 1	MO

ANTIMIGRAINE AGENTS

SEROTONIN (5-HT) 1B/1D RECEPTOR AGONISTS

<i>almotriptan malate oral tablet 12.5 mg, 6.25 mg</i>	Tier 1	MO; QL (12 per 30 days)
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DRUG NAME	DRUG TIER	REQUIREMENTS/LIMITS
<i>dihydroergotamine mesylate nasal solution 4 mg/ml</i>	Tier 1	ST1; MO; QL (24 per 28 days)
<i>eletriptan hydrobromide oral tablet 20 mg, 40 mg</i>	Tier 1	MO; QL (12 per 30 days)
<i>ergotamine-caffeine oral tablet 1-100 mg</i>	Tier 1	MO; QL (40 per 28 days)
<i>naratriptan hcl oral tablet 1 mg, 2.5 mg</i>	Tier 1	MO; QL (12 per 30 days)
<i>rizatriptan benzoate oral tablet 10 mg, 5 mg</i>	Tier 1	MO; QL (12 per 30 days)
<i>rizatriptan benzoate oral tablet dispersible 10 mg, 5 mg</i>	Tier 1	MO; QL (12 per 30 days)
<i>sumatriptan succinate oral tablet 100 mg, 25 mg, 50 mg</i>	Tier 1	MO; QL (12 per 30 days)
<i>sumatriptan succinate refill subcutaneous solution cartridge 4 mg/0.5ml, 6 mg/0.5ml</i>	Tier 1	MO
<i>sumatriptan succinate subcutaneous solution 6 mg/0.5ml</i>	Tier 1	MO
<i>sumatriptan succinate subcutaneous solution auto-injector 6 mg/0.5ml</i>	Tier 1	MO
<i>sumatriptan succinate subcutaneous solution prefilled syringe 6 mg/0.5ml</i>	Tier 1	MO
<i>zolmitriptan oral tablet 2.5 mg, 5 mg</i>	Tier 1	MO; QL (12 per 30 days)
<i>zolmitriptan oral tablet dispersible 2.5 mg, 5 mg</i>	Tier 1	MO; QL (12 per 30 days)
ANTIMYASTHENIC AGENTS		
PARASYMPATHOMIMETICS		
<i>guanidine hcl oral tablet 125 mg</i>	Tier 1	MO
<i>pyridostigmine bromide oral tablet 30 mg, 60 mg</i>	Tier 1	MO
ANTIMYCOBACTERIALS		
ANTITUBERCULARS		
<i>ethambutol hcl oral tablet 100 mg, 400 mg</i>	Tier 1	MO
<i>isoniazid oral syrup 50 mg/5ml</i>	Tier 1	MO
<i>isoniazid oral tablet 100 mg, 300 mg</i>	Tier 1	MO
PASER ORAL PACKET 4 GM	Tier 1	MO
PRIFTIN ORAL TABLET 150 MG	Tier 1	MO
<i>pyrazinamide oral tablet 500 mg</i>	Tier 1	MO
<i>rifabutin oral capsule 150 mg</i>	Tier 1	MO
<i>rifampin intravenous solution reconstituted 600 mg</i>	Tier 1	BvD; MO

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DRUG NAME	DRUG TIER	REQUIREMENTS/LIMITS
<i>rifampin oral capsule 150 mg, 300 mg</i>	Tier 1	MO
RIFATER ORAL TABLET 50-120-300 MG	Tier 1	MO
TRECTOR ORAL TABLET 250 MG	Tier 1	MO
ANTINEOPLASTICS		
ALKYLATING AGENTS		
<i>cyclophosphamide oral capsule 25 mg, 50 mg</i>	Tier 1	BvD; MO
GLEOSTINE ORAL CAPSULE 10 MG, 100 MG, 40 MG	Tier 1	PA2; MO
LEUKERAN ORAL TABLET 2 MG	Tier 1	MO
ANTIANGIOGENIC AGENTS		
REVLIMID ORAL CAPSULE 10 MG, 15 MG, 2.5 MG, 20 MG, 25 MG, 5 MG	Tier 1	PA2; MO
THALOMID ORAL CAPSULE 100 MG, 150 MG, 200 MG, 50 MG	Tier 1	PA2; MO
ANTIMETABOLITES		
<i>mercaptopurine oral tablet 50 mg</i>	Tier 1	MO
<i>methotrexate sodium (pf) injection solution 50 mg/2ml</i>	Tier 1	BvD; MO
<i>methotrexate sodium injection solution 250 mg/10ml</i>	Tier 1	BvD; MO
PURIXAN ORAL SUSPENSION 2000 MG/100ML	Tier 1	PA2; LA
TABLOID ORAL TABLET 40 MG	Tier 1	MO
ANTINEOPLASTICS		
<i>abiraterone acetate oral tablet 250 mg</i>	Tier 1	PA2; MO; QL (120 per 30 days)
ACTIMMUNE SUBCUTANEOUS SOLUTION 2000000 UNIT/0.5ML	Tier 1	PA2; LA
AFINITOR DISPERZ ORAL TABLET SOLUBLE 2 MG, 3 MG	Tier 1	PA2; MO; QL (30 per 30 days)
AFINITOR DISPERZ ORAL TABLET SOLUBLE 5 MG	Tier 1	PA2; MO; QL (60 per 30 days)
AFINITOR ORAL TABLET 10 MG, 2.5 MG, 5 MG, 7.5 MG	Tier 1	PA2; MO; QL (30 per 30 days)
ALECENSA ORAL CAPSULE 150 MG	Tier 1	PA2; MO
ALUNBRIG ORAL TABLET 180 MG	Tier 1	PA2; LA; QL (30 per 30 days)
ALUNBRIG ORAL TABLET 30 MG	Tier 1	PA2; LA; QL (180 per 30 days)

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DRUG NAME	DRUG TIER	REQUIREMENTS/LIMITS
ALUNBRIG ORAL TABLET 90 MG	Tier 1	PA2; LA; QL (60 per 30 days)
ALUNBRIG ORAL TABLET THERAPY PACK 90 & 180 MG	Tier 1	PA2; LA; QL (30 per 30 days)
BALVERSA ORAL TABLET 3 MG, 4 MG, 5 MG	Tier 1	PA2; MO
<i>bexarotene oral capsule 75 mg</i>	Tier 1	PA2; MO
<i>bicalutamide oral tablet 50 mg</i>	Tier 1	MO; QL (30 per 30 days)
BOSULIF ORAL TABLET 100 MG	Tier 1	PA2; MO; QL (120 per 30 days)
BOSULIF ORAL TABLET 400 MG, 500 MG	Tier 1	PA2; MO; QL (30 per 30 days)
BRAFTOVI ORAL CAPSULE 75 MG	Tier 1	PA2; LA
CABOMETYX ORAL TABLET 20 MG, 40 MG, 60 MG	Tier 1	PA2; LA
CALQUENCE ORAL CAPSULE 100 MG	Tier 1	PA2; LA; QL (60 per 30 days)
CAPRELSA ORAL TABLET 100 MG	Tier 1	PA2; LA; QL (60 per 30 days)
CAPRELSA ORAL TABLET 300 MG	Tier 1	PA2; LA; QL (30 per 30 days)
COMETRIQ (100 MG DAILY DOSE) ORAL KIT 1 X 80 & 1 X 20 MG	Tier 1	PA2; LA; QL (60 per 30 days)
COMETRIQ (140 MG DAILY DOSE) ORAL KIT 1 X 80 & 3 X 20 MG	Tier 1	PA2; LA; QL (120 per 30 days)
COMETRIQ (60 MG DAILY DOSE) ORAL KIT 20 MG	Tier 1	PA2; LA; QL (90 per 30 days)
COPIKTRA ORAL CAPSULE 15 MG, 25 MG	Tier 1	PA2; MO; QL (60 per 30 days)
COTELLIC ORAL TABLET 20 MG	Tier 1	PA2; LA
DAURISMO ORAL TABLET 100 MG, 25 MG	Tier 1	PA2; MO
DROXIA ORAL CAPSULE 200 MG, 300 MG, 400 MG	Tier 1	MO
ELIGARD SUBCUTANEOUS KIT 22.5 MG, 30 MG, 45 MG, 7.5 MG	Tier 1	PA2; MO
EMCYT ORAL CAPSULE 140 MG	Tier 1	MO
ERIVEDGE ORAL CAPSULE 150 MG	Tier 1	PA2; MO
ERLEADA ORAL TABLET 60 MG	Tier 1	PA2; LA
<i>erlotinib hcl oral tablet 100 mg, 150 mg</i>	Tier 1	PA2; MO; QL (30 per 30 days)
<i>erlotinib hcl oral tablet 25 mg</i>	Tier 1	PA2; MO; QL (90 per 30 days)
FARYDAK ORAL CAPSULE 10 MG, 15 MG, 20 MG	Tier 1	PA2; MO

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DRUG NAME	DRUG TIER	REQUIREMENTS/LIMITS
FIRMAGON SUBCUTANEOUS SOLUTION RECONSTITUTED 120 MG, 80 MG	Tier 1	PA2; MO
<i>fluorouracil external cream 5 %</i>	Tier 1	MO
<i>fluorouracil external solution 2 %, 5 %</i>	Tier 1	MO
<i>flutamide oral capsule 125 mg</i>	Tier 1	MO
GILOTRIF ORAL TABLET 20 MG, 30 MG, 40 MG	Tier 1	PA2; LA
<i>hydroxyurea oral capsule 500 mg</i>	Tier 1	MO
IBRANCE ORAL CAPSULE 100 MG, 125 MG, 75 MG	Tier 1	PA2; MO
ICLUSIG ORAL TABLET 15 MG	Tier 1	PA2; LA; QL (60 per 30 days)
ICLUSIG ORAL TABLET 45 MG	Tier 1	PA2; LA; QL (30 per 30 days)
IDHIFA ORAL TABLET 100 MG	Tier 1	PA2; LA; QL (30 per 30 days)
IDHIFA ORAL TABLET 50 MG	Tier 1	PA2; LA; QL (60 per 30 days)
<i>imatinib mesylate oral tablet 100 mg</i>	Tier 1	PA2; MO; QL (180 per 30 days)
<i>imatinib mesylate oral tablet 400 mg</i>	Tier 1	PA2; MO; QL (60 per 30 days)
IMBRUVICA ORAL CAPSULE 140 MG, 70 MG	Tier 1	PA2; LA
IMBRUVICA ORAL TABLET 140 MG, 280 MG, 420 MG, 560 MG	Tier 1	PA2; LA
INLYTA ORAL TABLET 1 MG	Tier 1	PA2; MO; QL (180 per 30 days)
INLYTA ORAL TABLET 5 MG	Tier 1	PA2; MO; QL (60 per 30 days)
INREBIC ORAL CAPSULE 100 MG	Tier 1	PA2; MO
INTRON A INJECTION SOLUTION 10000000 UNIT/ML, 6000000 UNIT/ML	Tier 1	PA2; MO
INTRON A INJECTION SOLUTION RECONSTITUTED 10000000 UNIT, 18000000 UNIT, 50000000 UNIT	Tier 1	PA2; MO
IRESSA ORAL TABLET 250 MG	Tier 1	PA2; LA
JAKAFI ORAL TABLET 10 MG, 15 MG, 20 MG, 25 MG, 5 MG	Tier 1	PA2; LA; QL (60 per 30 days)
KISQALI (200 MG DOSE) ORAL TABLET THERAPY PACK 200 MG	Tier 1	PA2; MO
KISQALI (400 MG DOSE) ORAL TABLET THERAPY PACK 200 MG	Tier 1	PA2; MO
KISQALI (600 MG DOSE) ORAL TABLET THERAPY PACK 200 MG	Tier 1	PA2; MO

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DRUG NAME	DRUG TIER	REQUIREMENTS/LIMITS
KISQALI FEMARA (400 MG DOSE) ORAL TABLET THERAPY PACK 200 & 2.5 MG	Tier 1	PA2; MO
KISQALI FEMARA (600 MG DOSE) ORAL TABLET THERAPY PACK 200 & 2.5 MG	Tier 1	PA2; MO
KISQALI FEMARA(200 MG DOSE) ORAL TABLET THERAPY PACK 200 & 2.5 MG	Tier 1	PA2; MO
LENVIMA (10 MG DAILY DOSE) ORAL CAPSULE THERAPY PACK 10 MG	Tier 1	PA2; MO
LENVIMA (12 MG DAILY DOSE) ORAL CAPSULE THERAPY PACK 3 X 4 MG	Tier 1	PA2; MO
LENVIMA (14 MG DAILY DOSE) ORAL CAPSULE THERAPY PACK 10 & 4 MG	Tier 1	PA2; MO
LENVIMA (18 MG DAILY DOSE) ORAL CAPSULE THERAPY PACK 10 MG & 2 X 4 MG	Tier 1	PA2; MO
LENVIMA (20 MG DAILY DOSE) ORAL CAPSULE THERAPY PACK 2 X 10 MG	Tier 1	PA2; MO
LENVIMA (24 MG DAILY DOSE) ORAL CAPSULE THERAPY PACK 2 X 10 MG & 4 MG	Tier 1	PA2; MO
LENVIMA (4 MG DAILY DOSE) ORAL CAPSULE THERAPY PACK 4 MG	Tier 1	PA2; MO
LENVIMA (8 MG DAILY DOSE) ORAL CAPSULE THERAPY PACK 2 X 4 MG	Tier 1	PA2; MO
<i>leucovorin calcium oral tablet 10 mg, 15 mg, 25 mg, 5 mg</i>	Tier 1	MO
<i>leuprolide acetate injection kit 1 mg/0.2ml</i>	Tier 1	PA2; MO
LONSURF ORAL TABLET 15-6.14 MG, 20-8.19 MG	Tier 1	PA2; LA
LORBRENA ORAL TABLET 100 MG	Tier 1	PA2; MO; QL (30 per 30 days)
LORBRENA ORAL TABLET 25 MG	Tier 1	PA2; MO; QL (90 per 30 days)
LUPRON DEPOT (1-MONTH) INTRAMUSCULAR KIT 3.75 MG, 7.5 MG	Tier 1	PA2; MO
LUPRON DEPOT (3-MONTH) INTRAMUSCULAR KIT 11.25 MG, 22.5 MG	Tier 1	PA2; MO
LUPRON DEPOT (4-MONTH) INTRAMUSCULAR KIT 30 MG	Tier 1	PA2; MO
LUPRON DEPOT (6-MONTH) INTRAMUSCULAR KIT 45 MG	Tier 1	PA2; MO

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DRUG NAME	DRUG TIER	REQUIREMENTS/LIMITS
LYNPARZA ORAL TABLET 100 MG, 150 MG	Tier 1	PA2; LA
LYSODREN ORAL TABLET 500 MG	Tier 1	MO
MATULANE ORAL CAPSULE 50 MG	Tier 1	PA2; LA
<i>megestrol acetate oral suspension 40 mg/ml</i>	Tier 1	PA2; MO; HRM
<i>megestrol acetate oral tablet 20 mg, 40 mg</i>	Tier 1	PA2; MO; HRM
MEKINIST ORAL TABLET 0.5 MG, 2 MG	Tier 1	PA2; LA
MEKTOVI ORAL TABLET 15 MG	Tier 1	PA2; LA; QL (180 per 30 days)
NERLYNX ORAL TABLET 40 MG	Tier 1	PA2; LA; QL (180 per 30 days)
NEXAVAR ORAL TABLET 200 MG	Tier 1	PA2; LA; QL (120 per 30 days)
<i>nilutamide oral tablet 150 mg</i>	Tier 1	MO; QL (60 per 30 days)
NINLARO ORAL CAPSULE 2.3 MG, 3 MG, 4 MG	Tier 1	PA2; MO
NUBEQA ORAL TABLET 300 MG	Tier 1	PA2; MO
ODOMZO ORAL CAPSULE 200 MG	Tier 1	PA2; LA
PIQRAY (200 MG DAILY DOSE) ORAL TABLET THERAPY PACK 200 MG	Tier 1	PA2; MO
PIQRAY (250 MG DAILY DOSE) ORAL TABLET THERAPY PACK 200 & 50 MG	Tier 1	PA2; MO
PIQRAY (300 MG DAILY DOSE) ORAL TABLET THERAPY PACK 2 X 150 MG	Tier 1	PA2; MO
POMALYST ORAL CAPSULE 1 MG, 2 MG, 3 MG, 4 MG	Tier 1	PA2; LA
ROZLYTREK ORAL CAPSULE 100 MG, 200 MG	Tier 1	PA2; MO
RUBRACA ORAL TABLET 200 MG, 250 MG, 300 MG	Tier 1	PA2; LA
RYDAPT ORAL CAPSULE 25 MG	Tier 1	PA2; MO; QL (240 per 30 days)
SOLTAMOX ORAL SOLUTION 10 MG/5ML	Tier 1	PA2; MO
SPRYCEL ORAL TABLET 100 MG, 50 MG, 70 MG, 80 MG	Tier 1	PA2; MO; QL (60 per 30 days)
SPRYCEL ORAL TABLET 140 MG	Tier 1	PA2; MO; QL (30 per 30 days)
SPRYCEL ORAL TABLET 20 MG	Tier 1	PA2; MO; QL (90 per 30 days)
STIVARGA ORAL TABLET 40 MG	Tier 1	PA2; LA
SUTENT ORAL CAPSULE 12.5 MG, 25 MG, 37.5 MG, 50 MG	Tier 1	PA2; MO

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DRUG NAME	DRUG TIER	REQUIREMENTS/LIMITS
SYLATRON SUBCUTANEOUS KIT 200 MCG, 300 MCG, 600 MCG	Tier 1	PA2; MO
SYNRIBO SUBCUTANEOUS SOLUTION RECONSTITUTED 3.5 MG	Tier 1	PA2; MO
TAFINLAR ORAL CAPSULE 50 MG, 75 MG	Tier 1	PA2; LA
TAGRISSO ORAL TABLET 40 MG, 80 MG	Tier 1	PA2; LA
TALZENNA ORAL CAPSULE 0.25 MG	Tier 1	PA2; MO; QL (90 per 30 days)
TALZENNA ORAL CAPSULE 1 MG	Tier 1	PA2; MO; QL (30 per 30 days)
<i>tamoxifen citrate oral tablet 10 mg, 20 mg</i>	Tier 1	MO
TARGRETIN EXTERNAL GEL 1 %	Tier 1	PA2; MO; QL (60 per 30 days)
TASIGNA ORAL CAPSULE 150 MG, 200 MG	Tier 1	PA2; MO; QL (120 per 30 days)
TASIGNA ORAL CAPSULE 50 MG	Tier 1	PA2; MO
TIBSOVO ORAL TABLET 250 MG	Tier 1	PA2; LA
TOLAK EXTERNAL CREAM 4 %	Tier 1	MO
TRELSTAR MIXJECT INTRAMUSCULAR SUSPENSION RECONSTITUTED 11.25 MG, 22.5 MG, 3.75 MG	Tier 1	PA2; MO
<i>tretinoin oral capsule 10 mg</i>	Tier 1	MO
TURALIO ORAL CAPSULE 200 MG	Tier 1	PA2; MO
TYKERB ORAL TABLET 250 MG	Tier 1	PA2; MO; QL (150 per 30 days)
VALCHLOR EXTERNAL GEL 0.016 %	Tier 1	PA2; MO; QL (60 per 30 days)
VENCLEXTA ORAL TABLET 10 MG, 100 MG, 50 MG	Tier 1	PA2; LA
VENCLEXTA STARTING PACK ORAL TABLET THERAPY PACK 10 & 50 & 100 MG	Tier 1	PA2; LA
VERZENIO ORAL TABLET 100 MG, 150 MG, 200 MG, 50 MG	Tier 1	PA2; LA
VITRAKVI ORAL CAPSULE 100 MG, 25 MG	Tier 1	PA2; MO
VITRAKVI ORAL SOLUTION 20 MG/ML	Tier 1	PA2; MO
VIZIMPRO ORAL TABLET 15 MG, 30 MG, 45 MG	Tier 1	PA2; MO; QL (30 per 30 days)
VOTRIENT ORAL TABLET 200 MG	Tier 1	PA2; MO; QL (120 per 30 days)
XALKORI ORAL CAPSULE 200 MG, 250 MG	Tier 1	PA2; MO; QL (60 per 30 days)
XOSPATA ORAL TABLET 40 MG	Tier 1	PA2; MO
XPOVIO (100 MG ONCE WEEKLY) ORAL TABLET THERAPY PACK 20 MG	Tier 1	PA2; MO

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DRUG NAME	DRUG TIER	REQUIREMENTS/LIMITS
XPOVIO (60 MG ONCE WEEKLY) ORAL TABLET THERAPY PACK 20 MG	Tier 1	PA2; MO
XPOVIO (80 MG ONCE WEEKLY) ORAL TABLET THERAPY PACK 20 MG	Tier 1	PA2; MO
XPOVIO (80 MG TWICE WEEKLY) ORAL TABLET THERAPY PACK 20 MG	Tier 1	PA2; MO
XTANDI ORAL CAPSULE 40 MG	Tier 1	PA2; LA; QL (120 per 30 days)
YONSA ORAL TABLET 125 MG	Tier 1	PA2; MO; QL (120 per 30 days)
ZEJULA ORAL CAPSULE 100 MG	Tier 1	PA2; LA; QL (90 per 30 days)
ZELBORAF ORAL TABLET 240 MG	Tier 1	PA2; MO; QL (240 per 30 days)
ZOLINZA ORAL CAPSULE 100 MG	Tier 1	PA2; MO; QL (120 per 30 days)
ZYDELIG ORAL TABLET 100 MG	Tier 1	PA2; LA; QL (90 per 30 days)
ZYDELIG ORAL TABLET 150 MG	Tier 1	PA2; LA; QL (60 per 30 days)
ZYKADIA ORAL CAPSULE 150 MG	Tier 1	PA2; MO
ZYKADIA ORAL TABLET 150 MG	Tier 1	PA2; MO
ZYTIGA ORAL TABLET 500 MG	Tier 1	PA2; MO; QL (120 per 30 days)
AROMATASE INHIBITORS, 3RD GENERATION		
<i>anastrozole oral tablet 1 mg</i>	Tier 1	MO
<i>exemestane oral tablet 25 mg</i>	Tier 1	MO; QL (60 per 30 days)
<i>letrozole oral tablet 2.5 mg</i>	Tier 1	MO
TREATMENT ADJUNCTS		
<i>allopurinol oral tablet 300 mg</i>	Tier 1	MO
MESNEX ORAL TABLET 400 MG	Tier 1	MO
ANTIPARASITICS		
ANTHELMINTICS		
<i>albendazole oral tablet 200 mg</i>	Tier 1	MO
<i>benznidazole oral tablet 100 mg, 12.5 mg</i>	Tier 1	MO
EMVERM ORAL TABLET CHEWABLE 100 MG	Tier 1	MO
<i>ivermectin oral tablet 3 mg</i>	Tier 1	MO
ANTIPROTOZOALS		
ALINIA ORAL SUSPENSION RECONSTITUTED 100 MG/5ML	Tier 1	PA1; MO; QL (180 per 30 days)
ALINIA ORAL TABLET 500 MG	Tier 1	PA1; MO; QL (6 per 30 days)

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DRUG NAME	DRUG TIER	REQUIREMENTS/LIMITS
<i>atovaquone oral suspension 750 mg/5ml</i>	Tier 1	MO
<i>atovaquone-proguanil hcl oral tablet 250-100 mg, 62.5-25 mg</i>	Tier 1	MO
<i>chloroquine phosphate oral tablet 250 mg, 500 mg</i>	Tier 1	MO
COARTEM ORAL TABLET 20-120 MG	Tier 1	MO
<i>hydroxychloroquine sulfate oral tablet 200 mg</i>	Tier 1	MO
<i>mefloquine hcl oral tablet 250 mg</i>	Tier 1	MO
<i>primaquine phosphate oral tablet 26.3 mg</i>	Tier 1	MO
<i>quinine sulfate oral capsule 324 mg</i>	Tier 1	PA1; MO
ANTIPARKINSON AGENTS		
ANTICHOLINERGICS		
<i>benztropine mesylate oral tablet 0.5 mg, 1 mg, 2 mg</i>	Tier 1	MO
<i>trihexyphenidyl hcl oral elixir 0.4 mg/ml</i>	Tier 1	MO
<i>trihexyphenidyl hcl oral solution 0.4 mg/ml</i>	Tier 1	MO
<i>trihexyphenidyl hcl oral tablet 2 mg, 5 mg</i>	Tier 1	MO
ANTIPARKINSON AGENTS, OTHER		
<i>amantadine hcl oral capsule 100 mg</i>	Tier 1	MO
<i>amantadine hcl oral syrup 50 mg/5ml</i>	Tier 1	MO
<i>amantadine hcl oral tablet 100 mg</i>	Tier 1	MO
<i>entacapone oral tablet 200 mg</i>	Tier 1	MO
GOCOVRI ORAL CAPSULE EXTENDED RELEASE 24 HOUR 137 MG	Tier 1	PA1; LA; QL (60 per 30 days)
GOCOVRI ORAL CAPSULE EXTENDED RELEASE 24 HOUR 68.5 MG	Tier 1	PA1; LA; QL (30 per 30 days)
DOPAMINE AGONISTS		
APOKYN SUBCUTANEOUS SOLUTION CARTRIDGE 30 MG/3ML	Tier 1	PA1; LA; QL (60 per 30 days)
<i>bromocriptine mesylate oral capsule 5 mg</i>	Tier 1	MO
<i>bromocriptine mesylate oral tablet 2.5 mg</i>	Tier 1	MO
NEUPRO TRANSDERMAL PATCH 24 HOUR 1 MG/24HR, 2 MG/24HR, 3 MG/24HR, 4 MG/24HR, 6 MG/24HR, 8 MG/24HR	Tier 1	ST1; MO
<i>pramipexole dihydrochloride oral tablet 0.125 mg, 0.25 mg, 0.5 mg, 0.75 mg, 1 mg, 1.5 mg</i>	Tier 1	MO

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DRUG NAME	DRUG TIER	REQUIREMENTS/LIMITS
<i>ropinirole hcl er oral tablet extended release 24 hour 12 mg, 2 mg, 4 mg, 6 mg, 8 mg</i>	Tier 1	MO
<i>ropinirole hcl oral tablet 0.25 mg, 0.5 mg, 1 mg, 2 mg, 3 mg, 4 mg, 5 mg</i>	Tier 1	MO
DOPAMINE PRECURSORS/ L-AMINO ACID DECARBOXYLASE INHIBITORS		
<i>carbidopa oral tablet 25 mg</i>	Tier 1	MO
<i>carbidopa-levodopa er oral tablet extended release 25-100 mg, 50-200 mg</i>	Tier 1	MO
<i>carbidopa-levodopa oral tablet 10-100 mg, 25-100 mg, 25-250 mg</i>	Tier 1	MO
<i>carbidopa-levodopa oral tablet dispersible 10-100 mg, 25-100 mg, 25-250 mg</i>	Tier 1	MO
<i>carbidopa-levodopa-entacapone oral tablet 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</i>	Tier 1	MO
RYTARY ORAL CAPSULE EXTENDED RELEASE 23.75-95 MG, 36.25-145 MG, 48.75-195 MG, 61.25-245 MG	Tier 1	ST1; MO
MONOAMINE OXIDASE B (MAO-B) INHIBITORS		
<i>rasagiline mesylate oral tablet 0.5 mg, 1 mg</i>	Tier 1	MO; QL (30 per 30 days)
<i>selegiline hcl oral capsule 5 mg</i>	Tier 1	MO
<i>selegiline hcl oral tablet 5 mg</i>	Tier 1	MO
ANTIPSYCHOTICS		
1ST GENERATION/TYPICAL		
<i>chlorpromazine hcl oral tablet 10 mg, 100 mg, 200 mg, 25 mg, 50 mg</i>	Tier 1	MO
COMPRO RECTAL SUPPOSITORY 25 MG	Tier 1	MO
<i>fluphenazine decanoate injection solution 25 mg/ml</i>	Tier 1	MO
<i>fluphenazine hcl injection solution 2.5 mg/ml</i>	Tier 1	MO
<i>fluphenazine hcl oral concentrate 5 mg/ml</i>	Tier 1	MO
<i>fluphenazine hcl oral elixir 2.5 mg/5ml</i>	Tier 1	MO
<i>fluphenazine hcl oral tablet 1 mg, 10 mg, 2.5 mg, 5 mg</i>	Tier 1	MO
<i>haloperidol decanoate intramuscular solution 100 mg/ml, 100 mg/ml 1 ml, 50 mg/ml</i>	Tier 1	MO

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DRUG NAME	DRUG TIER	REQUIREMENTS/LIMITS
<i>haloperidol lactate injection solution 5 mg/ml, 5 mg/ml(1 ml prefilled syringe)</i>	Tier 1	MO
<i>haloperidol lactate oral concentrate 2 mg/ml</i>	Tier 1	MO
<i>haloperidol oral tablet 0.5 mg, 1 mg, 10 mg, 2 mg, 20 mg, 5 mg</i>	Tier 1	MO
<i>loxapine succinate oral capsule 10 mg, 25 mg, 5 mg, 50 mg</i>	Tier 1	MO
<i>molindone hcl oral tablet 10 mg, 25 mg, 5 mg</i>	Tier 1	MO
<i>perphenazine oral tablet 16 mg, 2 mg, 4 mg, 8 mg</i>	Tier 1	MO
<i>perphenazine-amitriptyline oral tablet 2-10 mg, 2-25 mg, 4-10 mg, 4-25 mg, 4-50 mg</i>	Tier 1	MO
<i>pimozide oral tablet 1 mg, 2 mg</i>	Tier 1	MO
<i>prochlorperazine maleate oral tablet 10 mg, 5 mg</i>	Tier 1	MO
<i>prochlorperazine rectal suppository 25 mg</i>	Tier 1	MO
<i>thioridazine hcl oral tablet 10 mg, 100 mg, 25 mg, 50 mg</i>	Tier 1	MO
<i>thiothixene oral capsule 1 mg, 10 mg, 2 mg, 5 mg</i>	Tier 1	MO
<i>trifluoperazine hcl oral tablet 1 mg, 10 mg, 2 mg, 5 mg</i>	Tier 1	MO
2ND GENERATION/ATYPICAL		
ABILIFY MAINTENA INTRAMUSCULAR PREFILLED SYRINGE 300 MG, 400 MG	Tier 1	PA2; MO
ABILIFY MAINTENA INTRAMUSCULAR SUSPENSION RECONSTITUTED ER 300 MG, 400 MG	Tier 1	PA2; MO
<i>aripiprazole oral solution 1 mg/ml</i>	Tier 1	MO; QL (750 per 30 days)
<i>aripiprazole oral tablet 10 mg, 15 mg, 20 mg, 30 mg</i>	Tier 1	MO; QL (30 per 30 days)
<i>aripiprazole oral tablet 2 mg, 5 mg</i>	Tier 1	MO; QL (60 per 30 days)
<i>aripiprazole oral tablet dispersible 10 mg, 15 mg</i>	Tier 1	MO; QL (60 per 30 days)
FANAPT ORAL TABLET 1 MG, 10 MG, 12 MG, 2 MG, 4 MG, 6 MG, 8 MG	Tier 1	PA2; MO; QL (60 per 30 days)
FANAPT TITRATION PACK ORAL TABLET 1 & 2 & 4 & 6 MG	Tier 1	PA2; MO; QL (8 per 180 days)
INVEGA SUSTENNA INTRAMUSCULAR SUSPENSION PREFILLED SYRINGE 117 MG/0.75ML, 156 MG/ML, 234 MG/1.5ML, 39 MG/0.25ML, 78 MG/0.5ML	Tier 1	PA2; MO

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DRUG NAME	DRUG TIER	REQUIREMENTS/LIMITS
INVEGA TRINZA INTRAMUSCULAR SUSPENSION PREFILLED SYRINGE 273 MG/0.875ML, 410 MG/1.315ML, 546 MG/1.75ML, 819 MG/2.625ML	Tier 1	PA2; MO
LATUDA ORAL TABLET 120 MG, 20 MG, 40 MG	Tier 1	PA2; MO; QL (30 per 30 days)
LATUDA ORAL TABLET 60 MG, 80 MG	Tier 1	PA2; MO; QL (60 per 30 days)
NUPLAZID ORAL CAPSULE 34 MG	Tier 1	PA2; LA
NUPLAZID ORAL TABLET 10 MG	Tier 1	PA2; LA
<i>olanzapine oral tablet 10 mg, 2.5 mg, 5 mg</i>	Tier 1	MO; QL (60 per 30 days)
<i>olanzapine oral tablet 15 mg, 20 mg, 7.5 mg</i>	Tier 1	MO; QL (30 per 30 days)
<i>olanzapine oral tablet dispersible 10 mg, 15 mg, 20 mg, 5 mg</i>	Tier 1	MO; QL (30 per 30 days)
<i>paliperidone er oral tablet extended release 24 hour 1.5 mg, 3 mg, 6 mg</i>	Tier 1	PA2; MO; QL (60 per 30 days)
<i>paliperidone er oral tablet extended release 24 hour 9 mg</i>	Tier 1	PA2; MO; QL (30 per 30 days)
PERSERIS SUBCUTANEOUS PREFILLED SYRINGE 120 MG, 90 MG	Tier 1	PA2; MO
<i>quetiapine fumarate er oral tablet extended release 24 hour 150 mg, 200 mg, 300 mg, 400 mg, 50 mg</i>	Tier 1	MO
<i>quetiapine fumarate oral tablet 100 mg, 200 mg, 25 mg, 300 mg, 400 mg, 50 mg</i>	Tier 1	MO
REXULTI ORAL TABLET 0.25 MG, 0.5 MG, 1 MG, 2 MG, 3 MG, 4 MG	Tier 1	PA2; MO; QL (30 per 30 days)
RISPERDAL CONSTA INTRAMUSCULAR SUSPENSION RECONSTITUTED 12.5 MG, 25 MG, 37.5 MG, 50 MG	Tier 1	PA2; MO
RISPERDAL CONSTA INTRAMUSCULAR SUSPENSION RECONSTITUTED ER 12.5 MG, 25 MG, 37.5 MG, 50 MG	Tier 1	PA2; MO
<i>risperidone oral solution 1 mg/ml</i>	Tier 1	MO
<i>risperidone oral tablet 0.25 mg, 0.5 mg, 1 mg, 2 mg, 3 mg, 4 mg</i>	Tier 1	MO
<i>risperidone oral tablet dispersible 0.25 mg, 0.5 mg, 1 mg, 2 mg, 3 mg, 4 mg</i>	Tier 1	MO
SAPHRIS SUBLINGUAL TABLET SUBLINGUAL 10 MG, 2.5 MG, 5 MG	Tier 1	PA2; MO; QL (60 per 30 days)

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DRUG NAME	DRUG TIER	REQUIREMENTS/LIMITS
VRAYLAR ORAL CAPSULE 1.5 MG	Tier 1	PA2; MO; QL (120 per 30 days)
VRAYLAR ORAL CAPSULE 3 MG	Tier 1	PA2; MO; QL (60 per 30 days)
VRAYLAR ORAL CAPSULE 4.5 MG, 6 MG	Tier 1	PA2; MO; QL (30 per 30 days)
VRAYLAR ORAL CAPSULE THERAPY PACK 1.5 & 3 MG	Tier 1	PA2; MO
<i>ziprasidone hcl oral capsule 20 mg, 40 mg, 60 mg, 80 mg</i>	Tier 1	MO; QL (60 per 30 days)
ZYPREXA RELPREVV INTRAMUSCULAR SUSPENSION RECONSTITUTED 210 MG	Tier 1	PA2; MO
TREATMENT-RESISTANT		
<i>clozapine oral tablet 100 mg, 200 mg, 25 mg, 50 mg</i>	Tier 1	MO
<i>clozapine oral tablet dispersible 100 mg, 12.5 mg, 150 mg, 200 mg, 25 mg</i>	Tier 1	MO
<i>olanzapine intramuscular solution reconstituted 10 mg</i>	Tier 1	MO
VERSACLOZ ORAL SUSPENSION 50 MG/ML	Tier 1	PA2; MO
ANTIVIRALS		
ANTI-CYTOMEGALOVIRUS (CMV) AGENTS		
PREVYMIS ORAL TABLET 240 MG, 480 MG	Tier 1	PA1; MO; QL (100 per 100 days)
<i>valganciclovir hcl oral solution reconstituted 50 mg/ml</i>	Tier 1	MO
<i>valganciclovir hcl oral tablet 450 mg</i>	Tier 1	MO
ANTIHEPATITIS AGENTS		
<i>adefovir dipivoxil oral tablet 10 mg</i>	Tier 1	PA1; MO; QL (30 per 30 days)
BARACLUDE ORAL SOLUTION 0.05 MG/ML	Tier 1	PA1; MO; QL (600 per 30 days)
<i>entecavir oral tablet 0.5 mg, 1 mg</i>	Tier 1	PA1; MO; QL (30 per 30 days)
EPIVIR HBV ORAL SOLUTION 5 MG/ML	Tier 1	MO
<i>lamivudine oral tablet 100 mg</i>	Tier 1	MO
<i>ribavirin oral capsule 200 mg</i>	Tier 1	MO; QL (180 per 30 days)
<i>ribavirin oral tablet 200 mg</i>	Tier 1	MO; QL (180 per 30 days)
VEMLIDY ORAL TABLET 25 MG	Tier 1	PA1; MO
ANTI-HEPATITIS C (HCV) AGENTS, DIRECT ACTING		
MAVYRET ORAL TABLET 100-40 MG	Tier 1	PA1; MO
<i>sofosbuvir-velpatasvir oral tablet 400-100 mg</i>	Tier 1	PA1; MO

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DRUG NAME	DRUG TIER	REQUIREMENTS/LIMITS
VOSEVI ORAL TABLET 400-100-100 MG	Tier 1	PA1; MO
ANTI-HEPATITIS C (HCV) AGENTS, OTHER		
PEGASYS PROCLICK SUBCUTANEOUS SOLUTION 180 MCG/0.5ML	Tier 1	PA1; MO
PEGASYS SUBCUTANEOUS SOLUTION 180 MCG/0.5ML, 180 MCG/ML	Tier 1	PA1; MO
ANTIHERPETIC AGENTS		
<i>acyclovir oral capsule 200 mg</i>	Tier 1	MO
<i>acyclovir oral suspension 200 mg/5ml</i>	Tier 1	MO
<i>acyclovir oral tablet 400 mg, 800 mg</i>	Tier 1	MO
<i>acyclovir sodium intravenous solution 50 mg/ml</i>	Tier 1	BvD; MO
<i>famciclovir oral tablet 125 mg, 250 mg, 500 mg</i>	Tier 1	MO
<i>valacyclovir hcl oral tablet 1 gm, 500 mg</i>	Tier 1	MO
ANTI-HIV AGENTS, NON-NUCLEOSIDE REVERSE TRANSCRIPTASE INHIBITORS		
ATRIPLA ORAL TABLET 600-200-300 MG	Tier 1	MO
COMPLERA ORAL TABLET 200-25-300 MG	Tier 1	MO
EDURANT ORAL TABLET 25 MG	Tier 1	MO
<i>efavirenz oral capsule 200 mg, 50 mg</i>	Tier 1	MO
<i>efavirenz oral tablet 600 mg</i>	Tier 1	MO
GENVOYA ORAL TABLET 150-150-200-10 MG	Tier 1	MO
INTELENCE ORAL TABLET 100 MG, 200 MG, 25 MG	Tier 1	MO
<i>nevirapine er oral tablet extended release 24 hour 100 mg, 400 mg</i>	Tier 1	MO
<i>nevirapine oral suspension 50 mg/5ml</i>	Tier 1	MO
<i>nevirapine oral tablet 200 mg</i>	Tier 1	MO
ODEFSEY ORAL TABLET 200-25-25 MG	Tier 1	MO
PIFELTRO ORAL TABLET 100 MG	Tier 1	MO
RESCRIPTOR ORAL TABLET 200 MG	Tier 1	MO
SYMFI LO ORAL TABLET 400-300-300 MG	Tier 1	MO
SYMFI ORAL TABLET 600-300-300 MG	Tier 1	MO
SYMTUZA ORAL TABLET 800-150-200-10 MG	Tier 1	MO

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DRUG NAME	DRUG TIER	REQUIREMENTS/LIMITS
ANTI-HIV AGENTS, NUCLEOSIDE AND NUCLEOTIDE REVERSE TRANSCRIPTASE INHIBITORS		
<i>abacavir sulfate oral solution 20 mg/ml</i>	Tier 1	MO
<i>abacavir sulfate oral tablet 300 mg</i>	Tier 1	MO
<i>abacavir sulfate-lamivudine oral tablet 600-300 mg</i>	Tier 1	MO
<i>abacavir-lamivudine-zidovudine oral tablet 300-150-300 mg</i>	Tier 1	MO
BIKTARVY ORAL TABLET 50-200-25 MG	Tier 1	MO
CIMDUO ORAL TABLET 300-300 MG	Tier 1	MO
DELSTRIGO ORAL TABLET 100-300-300 MG	Tier 1	MO
DESCOVY ORAL TABLET 200-25 MG	Tier 1	MO
<i>didanosine oral capsule delayed release 200 mg, 250 mg, 400 mg</i>	Tier 1	MO
DOVATO ORAL TABLET 50-300 MG	Tier 1	MO
EMTRIVA ORAL CAPSULE 200 MG	Tier 1	MO
EMTRIVA ORAL SOLUTION 10 MG/ML	Tier 1	MO
EVOTAZ ORAL TABLET 300-150 MG	Tier 1	MO
JULUCA ORAL TABLET 50-25 MG	Tier 1	MO
<i>lamivudine oral solution 10 mg/ml</i>	Tier 1	MO
<i>lamivudine oral tablet 150 mg, 300 mg</i>	Tier 1	MO
<i>lamivudine-zidovudine oral tablet 150-300 mg</i>	Tier 1	MO
PREZCOBIX ORAL TABLET 800-150 MG	Tier 1	MO
<i>stavudine oral capsule 15 mg, 20 mg, 30 mg, 40 mg</i>	Tier 1	MO
STRIBILD ORAL TABLET 150-150-200-300 MG	Tier 1	MO
<i>tenofovir disoproxil fumarate oral tablet 300 mg</i>	Tier 1	MO
TRIUMEQ ORAL TABLET 600-50-300 MG	Tier 1	MO
TRUVADA ORAL TABLET 100-150 MG, 133-200 MG, 167-250 MG, 200-300 MG	Tier 1	MO
VIDEX EC ORAL CAPSULE DELAYED RELEASE 125 MG	Tier 1	MO
VIDEX ORAL SOLUTION RECONSTITUTED 2 GM, 4 GM	Tier 1	MO
VIREAD ORAL POWDER 40 MG/GM	Tier 1	MO

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DRUG NAME	DRUG TIER	REQUIREMENTS/LIMITS
VIREAD ORAL TABLET 150 MG, 200 MG, 250 MG	Tier 1	MO
<i>zidovudine oral capsule 100 mg</i>	Tier 1	MO
<i>zidovudine oral syrup 50 mg/5ml</i>	Tier 1	MO
<i>zidovudine oral tablet 300 mg</i>	Tier 1	MO
ANTI-HIV AGENTS, OTHER		
FUZEON SUBCUTANEOUS SOLUTION RECONSTITUTED 90 MG	Tier 1	MO
ISENTRESS HD ORAL TABLET 600 MG	Tier 1	MO
ISENTRESS ORAL PACKET 100 MG	Tier 1	MO
ISENTRESS ORAL TABLET 400 MG	Tier 1	MO
ISENTRESS ORAL TABLET CHEWABLE 100 MG, 25 MG	Tier 1	MO
SELZENTRY ORAL SOLUTION 20 MG/ML	Tier 1	MO
SELZENTRY ORAL TABLET 150 MG, 25 MG, 300 MG, 75 MG	Tier 1	MO
TIVICAY ORAL TABLET 10 MG, 25 MG, 50 MG	Tier 1	MO
TYBOST ORAL TABLET 150 MG	Tier 1	MO
ANTI-HIV AGENTS, PROTEASE INHIBITORS		
APTIVUS ORAL CAPSULE 250 MG	Tier 1	MO
APTIVUS ORAL SOLUTION 100 MG/ML	Tier 1	MO
<i>atazanavir sulfate oral capsule 150 mg, 200 mg, 300 mg</i>	Tier 1	MO
CRIXIVAN ORAL CAPSULE 200 MG, 400 MG	Tier 1	MO
<i>fosamprenavir calcium oral tablet 700 mg</i>	Tier 1	MO
INVIRASE ORAL TABLET 500 MG	Tier 1	MO
KALETRA ORAL TABLET 100-25 MG, 200-50 MG	Tier 1	MO
LEXIVA ORAL SUSPENSION 50 MG/ML	Tier 1	MO
<i>lopinavir-ritonavir oral solution 400-100 mg/5ml</i>	Tier 1	MO
NORVIR ORAL PACKET 100 MG	Tier 1	MO
NORVIR ORAL SOLUTION 80 MG/ML	Tier 1	MO
PREZISTA ORAL SUSPENSION 100 MG/ML	Tier 1	MO

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DRUG NAME	DRUG TIER	REQUIREMENTS/LIMITS
PREZISTA ORAL TABLET 150 MG, 600 MG, 75 MG, 800 MG	Tier 1	MO
REYATAZ ORAL PACKET 50 MG	Tier 1	MO
<i>ritonavir oral tablet 100 mg</i>	Tier 1	MO
VIRACEPT ORAL TABLET 250 MG, 625 MG	Tier 1	MO
ANTI-INFLUENZA AGENTS		
<i>oseltamivir phosphate oral capsule 30 mg, 45 mg, 75 mg</i>	Tier 1	MO
<i>oseltamivir phosphate oral suspension reconstituted 6 mg/ml</i>	Tier 1	MO
RELENZA DISKHALER INHALATION AEROSOL POWDER BREATH ACTIVATED 5 MG/BLISTER	Tier 1	MO
<i>rimantadine hcl oral tablet 100 mg</i>	Tier 1	MO
XOFLUZA ORAL TABLET THERAPY PACK 2 X 20 MG, 2 X 40 MG	Tier 1	MO
ANXIOLYTICS		
ANXIOLYTICS, OTHER		
<i>buspirone hcl oral tablet 10 mg, 15 mg, 30 mg, 5 mg, 7.5 mg</i>	Tier 1	MO
<i>hydroxyzine hcl oral syrup 10 mg/5ml</i>	Tier 1	MO
<i>hydroxyzine hcl oral tablet 10 mg, 25 mg, 50 mg</i>	Tier 1	MO
<i>hydroxyzine pamoate oral capsule 100 mg, 25 mg, 50 mg</i>	Tier 1	MO
<i>meprobamate oral tablet 200 mg, 400 mg</i>	Tier 1	MO
BENZODIAZEPINES		
ALPRAZOLAM INTENSOL ORAL CONCENTRATE 1 MG/ML	Tier 1	MO
<i>alprazolam oral tablet 0.25 mg, 0.5 mg, 1 mg, 2 mg</i>	Tier 1	MO
<i>alprazolam oral tablet dispersible 0.25 mg, 0.5 mg, 1 mg, 2 mg</i>	Tier 1	MO
<i>chlordiazepoxide hcl oral capsule 10 mg, 25 mg, 5 mg</i>	Tier 1	MO
<i>clorazepate dipotassium oral tablet 15 mg, 3.75 mg, 7.5 mg</i>	Tier 1	MO

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DRUG NAME	DRUG TIER	REQUIREMENTS/LIMITS
DIAZEPAM INTENSOL ORAL CONCENTRATE 5 MG/ML	Tier 1	MO
<i>diazepam oral solution 5 mg/5ml</i>	Tier 1	MO
<i>diazepam oral tablet 10 mg, 2 mg, 5 mg</i>	Tier 1	MO
<i>lorazepam injection solution 2 mg/ml</i>	Tier 1	MO
<i>lorazepam oral concentrate 2 mg/ml</i>	Tier 1	MO
<i>lorazepam oral tablet 0.5 mg, 1 mg, 2 mg</i>	Tier 1	MO
<i>oxazepam oral capsule 10 mg, 15 mg, 30 mg</i>	Tier 1	MO
BIPOLAR AGENTS		
MOOD STABILIZERS		
EQUETRO ORAL CAPSULE EXTENDED RELEASE 12 HOUR 100 MG, 200 MG, 300 MG	Tier 1	MO
GEODON INTRAMUSCULAR SOLUTION RECONSTITUTED 20 MG	Tier 1	PA2; MO; QL (60 per 30 days)
<i>lithium carbonate er oral tablet extended release 300 mg, 450 mg</i>	Tier 1	MO
<i>lithium carbonate oral capsule 150 mg, 300 mg, 600 mg</i>	Tier 1	MO
<i>lithium carbonate oral tablet 300 mg</i>	Tier 1	MO
<i>lithium oral solution 8 meq/5ml</i>	Tier 1	MO
BLOOD GLUCOSE REGULATORS		
ANTIDIABETIC AGENTS		
<i>acarbose oral tablet 100 mg, 25 mg, 50 mg</i>	Tier 1	MO
AVANDIA ORAL TABLET 2 MG, 4 MG	Tier 1	MO
CYCLOSET ORAL TABLET 0.8 MG	Tier 1	MO
<i>glimepiride oral tablet 1 mg, 2 mg, 4 mg</i>	Tier 1	MO
<i>glipizide er oral tablet extended release 24 hour 10 mg, 2.5 mg, 5 mg</i>	Tier 1	MO
<i>glipizide oral tablet 10 mg, 5 mg</i>	Tier 1	MO
<i>glipizide-metformin hcl oral tablet 2.5-250 mg, 2.5-500 mg, 5-500 mg</i>	Tier 1	MO
<i>glyburide micronized oral tablet 1.5 mg, 3 mg, 6 mg</i>	Tier 1	PA1; MO; HRM
<i>glyburide oral tablet 1.25 mg, 2.5 mg, 5 mg</i>	Tier 1	PA1; MO; HRM
<i>glyburide-metformin oral tablet 1.25-250 mg, 2.5-500 mg, 5-500 mg</i>	Tier 1	PA1; MO; HRM

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DRUG NAME	DRUG TIER	REQUIREMENTS/LIMITS
INVOKAMET ORAL TABLET 150-1000 MG, 150-500 MG, 50-1000 MG, 50-500 MG	Tier 1	ST1; MO
INVOKAMET XR ORAL TABLET EXTENDED RELEASE 24 HOUR 150-1000 MG, 150-500 MG, 50-1000 MG, 50-500 MG	Tier 1	ST1; MO
INVOKANA ORAL TABLET 100 MG, 300 MG	Tier 1	ST1; MO
JANUMET ORAL TABLET 50-1000 MG, 50-500 MG	Tier 1	MO; QL (60 per 30 days)
JANUMET XR ORAL TABLET EXTENDED RELEASE 24 HOUR 100-1000 MG	Tier 1	MO; QL (30 per 30 days)
JANUMET XR ORAL TABLET EXTENDED RELEASE 24 HOUR 50-1000 MG, 50-500 MG	Tier 1	MO; QL (60 per 30 days)
JANUVIA ORAL TABLET 100 MG, 25 MG, 50 MG	Tier 1	MO; QL (30 per 30 days)
JARDIANCE ORAL TABLET 10 MG, 25 MG	Tier 1	ST1; MO
<i>metformin hcl er oral tablet extended release 24 hour 500 mg, 750 mg</i>	Tier 1	MO
<i>metformin hcl oral tablet 1000 mg, 500 mg, 850 mg</i>	Tier 1	MO
<i>migliitol oral tablet 100 mg, 25 mg, 50 mg</i>	Tier 1	MO
<i>nateglinide oral tablet 120 mg, 60 mg</i>	Tier 1	MO
OZEMPIC (0.25 OR 0.5 MG/DOSE) SUBCUTANEOUS SOLUTION PEN-INJECTOR 2 MG/1.5ML	Tier 1	MO; QL (6 per 30 days)
OZEMPIC (1 MG/DOSE) SUBCUTANEOUS SOLUTION PEN-INJECTOR 2 MG/1.5ML	Tier 1	MO; QL (6 per 30 days)
<i>pioglitazone hcl oral tablet 15 mg, 30 mg, 45 mg</i>	Tier 1	MO
<i>pioglitazone hcl-glimepiride oral tablet 30-2 mg, 30-4 mg</i>	Tier 1	MO
<i>pioglitazone hcl-metformin hcl oral tablet 15-500 mg, 15-850 mg</i>	Tier 1	MO
<i>repaglinide oral tablet 0.5 mg, 1 mg, 2 mg</i>	Tier 1	MO
<i>repaglinide-metformin hcl oral tablet 1-500 mg, 2-500 mg</i>	Tier 1	MO
RIOMET ORAL SOLUTION 500 MG/5ML	Tier 1	MO
SOLIQUA SUBCUTANEOUS SOLUTION PEN-INJECTOR 100-33 UNT-MCG/ML	Tier 1	MO; QL (18 per 30 days)

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DRUG NAME	DRUG TIER	REQUIREMENTS/LIMITS
SYMLINPEN 120 SUBCUTANEOUS SOLUTION PEN-INJECTOR 2700 MCG/2.7ML	Tier 1	PA1; MO; QL (10.8 per 28 days)
SYMLINPEN 60 SUBCUTANEOUS SOLUTION PEN-INJECTOR 1500 MCG/1.5ML	Tier 1	PA1; MO; QL (10.8 per 28 days)
SYNJARDY ORAL TABLET 12.5-1000 MG, 12.5-500 MG, 5-1000 MG, 5-500 MG	Tier 1	ST1; MO
SYNJARDY XR ORAL TABLET EXTENDED RELEASE 24 HOUR 10-1000 MG, 12.5-1000 MG, 25-1000 MG, 5-1000 MG	Tier 1	ST1; MO
<i>tolbutamide oral tablet 500 mg</i>	Tier 1	MO
TRULICITY SUBCUTANEOUS SOLUTION PEN-INJECTOR 0.75 MG/0.5ML, 1.5 MG/0.5ML	Tier 1	MO; QL (2 per 28 days)
VICTOZA SUBCUTANEOUS SOLUTION PEN-INJECTOR 18 MG/3ML	Tier 1	MO; QL (9 per 30 days)
XULTOPHY SUBCUTANEOUS SOLUTION PEN-INJECTOR 100-3.6 UNIT-MG/ML	Tier 1	MO; QL (15 per 30 days)
GLYCEMIC AGENTS		
GLUCAGEN HYPOKIT INJECTION SOLUTION RECONSTITUTED 1 MG	Tier 1	MO
GLUCAGON EMERGENCY INJECTION KIT 1 MG	Tier 1	MO
PROGLYCEM ORAL SUSPENSION 50 MG/ML	Tier 1	MO
INSULINS		
FIASP FLEXTOUCH SUBCUTANEOUS SOLUTION PEN-INJECTOR 100 UNIT/ML	Tier 1	MO
FIASP SUBCUTANEOUS SOLUTION 100 UNIT/ML	Tier 1	MO
LANTUS SOLOSTAR SUBCUTANEOUS SOLUTION PEN-INJECTOR 100 UNIT/ML	Tier 1	MO
LANTUS SUBCUTANEOUS SOLUTION 100 UNIT/ML	Tier 1	MO
LEVEMIR FLEXTOUCH SUBCUTANEOUS SOLUTION PEN-INJECTOR 100 UNIT/ML	Tier 1	MO
LEVEMIR SUBCUTANEOUS SOLUTION 100 UNIT/ML	Tier 1	MO
NOVOLIN 70/30 SUBCUTANEOUS SUSPENSION (70-30) 100 UNIT/ML	Tier 1	MO
NOVOLIN N SUBCUTANEOUS SUSPENSION 100 UNIT/ML	Tier 1	MO

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DRUG NAME	DRUG TIER	REQUIREMENTS/LIMITS
NOVOLIN R INJECTION SOLUTION 100 UNIT/ML	Tier 1	MO
NOVOLOG FLEXPEN SUBCUTANEOUS SOLUTION PEN-INJECTOR 100 UNIT/ML	Tier 1	MO
NOVOLOG MIX 70/30 FLEXPEN SUBCUTANEOUS SUSPENSION PEN-INJECTOR (70-30) 100 UNIT/ML	Tier 1	MO
NOVOLOG MIX 70/30 SUBCUTANEOUS SUSPENSION (70-30) 100 UNIT/ML	Tier 1	MO
NOVOLOG PENFILL SUBCUTANEOUS SOLUTION CARTRIDGE 100 UNIT/ML	Tier 1	MO
NOVOLOG SUBCUTANEOUS SOLUTION 100 UNIT/ML	Tier 1	MO
TOUJEO MAX SOLOSTAR SUBCUTANEOUS SOLUTION PEN-INJECTOR 300 UNIT/ML	Tier 1	MO
TOUJEO SOLOSTAR SUBCUTANEOUS SOLUTION PEN-INJECTOR 300 UNIT/ML	Tier 1	MO
TRESIBA FLEXTOUCH SUBCUTANEOUS SOLUTION PEN-INJECTOR 100 UNIT/ML, 200 UNIT/ML	Tier 1	MO
TRESIBA SUBCUTANEOUS SOLUTION 100 UNIT/ML	Tier 1	MO
BLOOD PRODUCTS/MODIFIERS/ VOLUME EXPANDERS		
ANTICOAGULANTS		
ELIQUIS ORAL TABLET 2.5 MG, 5 MG	Tier 1	MO
ELIQUIS STARTER PACK ORAL TABLET 5 MG	Tier 1	MO
<i>enoxaparin sodium subcutaneous solution 100 mg/ml, 120 mg/0.8ml, 150 mg/ml, 30 mg/0.3ml, 40 mg/0.4ml, 60 mg/0.6ml, 80 mg/0.8ml</i>	Tier 1	MO
<i>fondaparinux sodium subcutaneous solution 10 mg/0.8ml, 2.5 mg/0.5ml, 5 mg/0.4ml, 7.5 mg/0.6ml</i>	Tier 1	MO
FRAGMIN SUBCUTANEOUS SOLUTION 10000 UNIT/ML, 12500 UNIT/0.5ML, 15000 UNIT/0.6ML, 18000 UNT/0.72ML, 2500 UNIT/0.2ML, 5000 UNIT/0.2ML, 7500 UNIT/0.3ML, 95000 UNIT/3.8ML	Tier 1	MO
<i>heparin sodium (porcine) injection solution 1000 unit/ml, 10000 unit/ml, 20000 unit/ml, 5000 unit/ml</i>	Tier 1	MO

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DRUG NAME	DRUG TIER	REQUIREMENTS/LIMITS
JANTOVEN ORAL TABLET 1 MG, 10 MG, 2 MG, 2.5 MG, 3 MG, 4 MG, 5 MG, 6 MG, 7.5 MG	Tier 1	MO
PRADAXA ORAL CAPSULE 110 MG, 150 MG, 75 MG	Tier 1	ST1; MO
<i>warfarin sodium oral tablet 1 mg, 10 mg, 2 mg, 2.5 mg, 3 mg, 4 mg, 5 mg, 6 mg, 7.5 mg</i>	Tier 1	MO
XARELTO ORAL TABLET 10 MG, 15 MG, 2.5 MG, 20 MG	Tier 1	MO
XARELTO STARTER PACK ORAL TABLET THERAPY PACK 15 & 20 MG	Tier 1	MO
BLOOD FORMATION MODIFIERS		
ARANESP (ALBUMIN FREE) INJECTION SOLUTION 100 MCG/ML, 200 MCG/ML, 25 MCG/ML, 300 MCG/ML, 40 MCG/ML, 60 MCG/ML	Tier 1	PA1; ST1; MO
ARANESP (ALBUMIN FREE) INJECTION SOLUTION PREFILLED SYRINGE 10 MCG/0.4ML, 100 MCG/0.5ML, 150 MCG/0.3ML, 200 MCG/0.4ML, 25 MCG/0.42ML, 300 MCG/0.6ML, 40 MCG/0.4ML, 500 MCG/ML, 60 MCG/0.3ML	Tier 1	PA1; ST1; MO
EPOGEN INJECTION SOLUTION 10000 UNIT/ML, 2000 UNIT/ML, 20000 UNIT/ML, 3000 UNIT/ML, 4000 UNIT/ML	Tier 1	PA1; ST1; MO
LEUKINE INJECTION SOLUTION RECONSTITUTED 250 MCG	Tier 1	PA1; MO
LEUKINE INTRAVENOUS SOLUTION RECONSTITUTED 250 MCG	Tier 1	PA1; MO
NEUPOGEN INJECTION SOLUTION 300 MCG/ML, 480 MCG/1.6ML	Tier 1	PA1; MO
NEUPOGEN INJECTION SOLUTION PREFILLED SYRINGE 300 MCG/0.5ML, 480 MCG/0.8ML	Tier 1	PA1; MO
PROCRIT INJECTION SOLUTION 10000 UNIT/ML, 2000 UNIT/ML, 20000 UNIT/ML, 3000 UNIT/ML, 4000 UNIT/ML, 40000 UNIT/ML	Tier 1	PA1; MO
PROMACTA ORAL PACKET 12.5 MG	Tier 1	PA1; MO; QL (360 per 30 days)
PROMACTA ORAL TABLET 12.5 MG, 25 MG, 50 MG, 75 MG	Tier 1	PA1; MO; QL (30 per 30 days)

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DRUG NAME	DRUG TIER	REQUIREMENTS/LIMITS
RETACRIT INJECTION SOLUTION 10000 UNIT/ML, 2000 UNIT/ML, 3000 UNIT/ML, 4000 UNIT/ML, 40000 UNIT/ML	Tier 1	PA1; MO
TAVALISSE ORAL TABLET 100 MG, 150 MG	Tier 1	PA1; MO; QL (60 per 30 days)
<i>tranexamic acid oral tablet 650 mg</i>	Tier 1	MO
ZARXIO INJECTION SOLUTION PREFILLED SYRINGE 300 MCG/0.5ML, 480 MCG/0.8ML	Tier 1	PA1; MO
PLATELET MODIFYING AGENTS		
<i>anagrelide hcl oral capsule 0.5 mg, 1 mg</i>	Tier 1	MO
<i>aspirin-dipyridamole er oral capsule extended release 12 hour 25-200 mg</i>	Tier 1	MO
BRILINTA ORAL TABLET 60 MG, 90 MG	Tier 1	MO
<i>cilostazol oral tablet 100 mg, 50 mg</i>	Tier 1	MO
<i>clopidogrel bisulfate oral tablet 75 mg</i>	Tier 1	MO
<i>dipyridamole oral tablet 25 mg, 50 mg, 75 mg</i>	Tier 1	PA1; MO; HRM
<i>prasugrel hcl oral tablet 10 mg, 5 mg</i>	Tier 1	MO
CARDIOVASCULAR AGENTS		
ALPHA-ADRENERGIC AGONISTS		
<i>clonidine hcl oral tablet 0.1 mg, 0.2 mg, 0.3 mg</i>	Tier 1	MO
<i>clonidine transdermal patch weekly 0.1 mg/24hr, 0.2 mg/24hr, 0.3 mg/24hr</i>	Tier 1	MO
<i>guanfacine hcl oral tablet 1 mg, 2 mg</i>	Tier 1	PA1; MO; HRM
<i>methyldopa oral tablet 250 mg, 500 mg</i>	Tier 1	PA1; MO; HRM
<i>midodrine hcl oral tablet 10 mg, 2.5 mg, 5 mg</i>	Tier 1	MO
ALPHA-ADRENERGIC BLOCKING AGENTS		
<i>doxazosin mesylate oral tablet 1 mg, 2 mg, 4 mg, 8 mg</i>	Tier 1	MO
<i>ergoloid mesylates oral tablet 1 mg</i>	Tier 1	PA1; MO; HRM
<i>phenoxybenzamine hcl oral capsule 10 mg</i>	Tier 1	PA1; MO
<i>prazosin hcl oral capsule 1 mg, 2 mg, 5 mg</i>	Tier 1	MO
<i>terazosin hcl oral capsule 1 mg, 10 mg, 2 mg, 5 mg</i>	Tier 1	MO
ANGIOTENSIN II RECEPTOR ANTAGONISTS		
<i>aliskiren fumarate oral tablet 150 mg, 300 mg</i>	Tier 1	MO
<i>candesartan cilexetil oral tablet 16 mg, 32 mg, 4 mg, 8 mg</i>	Tier 1	MO

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DRUG NAME	DRUG TIER	REQUIREMENTS/LIMITS
<i>eprosartan mesylate oral tablet 600 mg</i>	Tier 1	MO
<i>irbesartan oral tablet 150 mg, 300 mg, 75 mg</i>	Tier 1	MO
<i>losartan potassium oral tablet 100 mg, 25 mg, 50 mg</i>	Tier 1	MO
<i>olmesartan medoxomil oral tablet 20 mg, 40 mg, 5 mg</i>	Tier 1	MO
<i>telmisartan oral tablet 20 mg, 40 mg, 80 mg</i>	Tier 1	MO
<i>valsartan oral tablet 160 mg, 320 mg, 40 mg, 80 mg</i>	Tier 1	MO
ANGIOTENSIN-CONVERTING ENZYME (ACE) INHIBITORS		
<i>benazepril hcl oral tablet 10 mg, 20 mg, 40 mg, 5 mg</i>	Tier 1	MO
<i>captopril oral tablet 100 mg, 12.5 mg, 25 mg, 50 mg</i>	Tier 1	MO
<i>enalapril maleate oral tablet 10 mg, 2.5 mg, 20 mg, 5 mg</i>	Tier 1	MO
<i>fosinopril sodium oral tablet 10 mg, 20 mg, 40 mg</i>	Tier 1	MO
<i>lisinopril oral tablet 10 mg, 2.5 mg, 20 mg, 30 mg, 40 mg, 5 mg</i>	Tier 1	MO
<i>moexipril hcl oral tablet 15 mg, 7.5 mg</i>	Tier 1	MO
<i>perindopril erbumine oral tablet 2 mg, 4 mg, 8 mg</i>	Tier 1	MO
<i>quinapril hcl oral tablet 10 mg, 20 mg, 40 mg, 5 mg</i>	Tier 1	MO
<i>ramipril oral capsule 1.25 mg, 10 mg, 2.5 mg, 5 mg</i>	Tier 1	MO
<i>trandolapril oral tablet 1 mg, 2 mg, 4 mg</i>	Tier 1	MO
ANTIARRHYTHMICS		
<i>amiodarone hcl oral tablet 100 mg, 200 mg, 400 mg</i>	Tier 1	MO
<i>disopyramide phosphate oral capsule 100 mg, 150 mg</i>	Tier 1	PA1; MO; HRM
<i>dofetilide oral capsule 125 mcg, 250 mcg, 500 mcg</i>	Tier 1	MO
<i>flecainide acetate oral tablet 100 mg, 150 mg, 50 mg</i>	Tier 1	MO
<i>mexiletine hcl oral capsule 150 mg, 200 mg, 250 mg</i>	Tier 1	MO
MULTAQ ORAL TABLET 400 MG	Tier 1	MO

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DRUG NAME	DRUG TIER	REQUIREMENTS/LIMITS
<i>propafenone hcl oral tablet 150 mg, 225 mg, 300 mg</i>	Tier 1	MO
<i>quinidine sulfate oral tablet 200 mg, 300 mg</i>	Tier 1	MO
ANTIHYPERTENSIVE COMBINATIONS		
<i>amiloride-hydrochlorothiazide oral tablet 5-50 mg</i>	Tier 1	MO
<i>amlodipine besy-benazepril hcl oral capsule 10-20 mg, 10-40 mg, 2.5-10 mg, 5-10 mg, 5-20 mg, 5-40 mg</i>	Tier 1	MO
<i>amlodipine besylate-valsartan oral tablet 10-160 mg, 10-320 mg, 5-160 mg, 5-320 mg</i>	Tier 1	MO
<i>amlodipine-olmesartan oral tablet 10-20 mg, 10-40 mg, 5-20 mg, 5-40 mg</i>	Tier 1	MO
<i>amlodipine-valsartan-hctz oral tablet 10-160-12.5 mg, 10-160-25 mg, 10-320-25 mg, 5-160-12.5 mg, 5-160-25 mg</i>	Tier 1	MO
<i>atenolol-chlorthalidone oral tablet 100-25 mg, 50-25 mg</i>	Tier 1	MO
<i>benazepril-hydrochlorothiazide oral tablet 10-12.5 mg, 20-12.5 mg, 20-25 mg, 5-6.25 mg</i>	Tier 1	MO
<i>bisoprolol-hydrochlorothiazide oral tablet 10-6.25 mg, 2.5-6.25 mg, 5-6.25 mg</i>	Tier 1	MO
<i>candesartan cilexetil-hctz oral tablet 16-12.5 mg, 32-12.5 mg, 32-25 mg</i>	Tier 1	MO
<i>captopril-hydrochlorothiazide oral tablet 25-15 mg, 25-25 mg, 50-15 mg, 50-25 mg</i>	Tier 1	MO
<i>enalapril-hydrochlorothiazide oral tablet 10-25 mg, 5-12.5 mg</i>	Tier 1	MO
ENTRESTO ORAL TABLET 24-26 MG, 49-51 MG, 97-103 MG	Tier 1	PA1; MO; QL (60 per 30 days)
<i>fosinopril sodium-hctz oral tablet 10-12.5 mg, 20-12.5 mg</i>	Tier 1	MO
<i>irbesartan-hydrochlorothiazide oral tablet 150-12.5 mg, 300-12.5 mg</i>	Tier 1	MO
<i>lisinopril-hydrochlorothiazide oral tablet 10-12.5 mg, 20-12.5 mg, 20-25 mg</i>	Tier 1	MO
<i>losartan potassium-hctz oral tablet 100-12.5 mg, 100-25 mg, 50-12.5 mg</i>	Tier 1	MO
<i>methyldopa-hydrochlorothiazide oral tablet 250-15 mg, 250-25 mg</i>	Tier 1	PA1; MO; HRM

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DRUG NAME	DRUG TIER	REQUIREMENTS/LIMITS
<i>metoprolol-hydrochlorothiazide oral tablet 100-25 mg, 100-50 mg, 50-25 mg</i>	Tier 1	MO
<i>nadolol-bendroflumethiazide oral tablet 40-5 mg</i>	Tier 1	MO
<i>olmesartan medoxomil-hctz oral tablet 20-12.5 mg, 40-12.5 mg, 40-25 mg</i>	Tier 1	MO
<i>olmesartan-amlodipine-hctz oral tablet 20-5-12.5 mg, 40-10-12.5 mg, 40-10-25 mg, 40-5-12.5 mg, 40-5-25 mg</i>	Tier 1	MO
<i>propranolol-hctz oral tablet 40-25 mg, 80-25 mg</i>	Tier 1	MO
<i>quinapril-hydrochlorothiazide oral tablet 10-12.5 mg, 20-12.5 mg, 20-25 mg</i>	Tier 1	MO
<i>spironolactone-hctz oral tablet 25-25 mg</i>	Tier 1	MO
TEKTURNA HCT ORAL TABLET 150-12.5 MG, 150-25 MG, 300-12.5 MG, 300-25 MG	Tier 1	MO
<i>telmisartan-amlodipine oral tablet 40-10 mg, 40-5 mg, 80-10 mg, 80-5 mg</i>	Tier 1	MO
<i>telmisartan-hctz oral tablet 40-12.5 mg, 80-12.5 mg, 80-25 mg</i>	Tier 1	MO
<i>trandolapril-verapamil hcl er oral tablet extended release 1-240 mg, 2-180 mg, 2-240 mg, 4-240 mg</i>	Tier 1	MO
<i>triamterene-hctz oral capsule 37.5-25 mg</i>	Tier 1	MO
<i>triamterene-hctz oral tablet 37.5-25 mg, 75-50 mg</i>	Tier 1	MO
<i>valsartan-hydrochlorothiazide oral tablet 160-12.5 mg, 160-25 mg, 320-12.5 mg, 320-25 mg, 80-12.5 mg</i>	Tier 1	MO
BETA-ADRENERGIC BLOCKING AGENTS		
<i>acebutolol hcl oral capsule 200 mg, 400 mg</i>	Tier 1	MO
<i>atenolol oral tablet 100 mg, 25 mg, 50 mg</i>	Tier 1	MO
<i>betaxolol hcl oral tablet 10 mg, 20 mg</i>	Tier 1	MO
<i>bisoprolol fumarate oral tablet 10 mg, 5 mg</i>	Tier 1	MO
BYSTOLIC ORAL TABLET 10 MG, 2.5 MG, 20 MG, 5 MG	Tier 1	MO
<i>carvedilol oral tablet 12.5 mg, 25 mg, 3.125 mg, 6.25 mg</i>	Tier 1	MO
<i>labetalol hcl oral tablet 100 mg, 200 mg, 300 mg</i>	Tier 1	MO
<i>metoprolol succinate er oral tablet extended release 24 hour 100 mg, 200 mg, 25 mg, 50 mg</i>	Tier 1	MO

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DRUG NAME	DRUG TIER	REQUIREMENTS/LIMITS
<i>metoprolol tartrate oral tablet 100 mg, 25 mg, 50 mg</i>	Tier 1	MO
<i>nadolol oral tablet 20 mg, 40 mg, 80 mg</i>	Tier 1	MO
<i>pindolol oral tablet 10 mg, 5 mg</i>	Tier 1	MO
<i>propranolol hcl er oral capsule extended release 24 hour 120 mg, 160 mg, 60 mg, 80 mg</i>	Tier 1	MO
<i>propranolol hcl oral solution 20 mg/5ml, 40 mg/5ml</i>	Tier 1	MO
<i>propranolol hcl oral tablet 10 mg, 20 mg, 40 mg, 60 mg, 80 mg</i>	Tier 1	MO
SORINE ORAL TABLET 120 MG, 160 MG, 240 MG, 80 MG	Tier 1	MO
<i>sotalol hcl (af) oral tablet 120 mg, 160 mg, 80 mg</i>	Tier 1	MO
<i>sotalol hcl oral tablet 120 mg, 160 mg, 240 mg, 80 mg</i>	Tier 1	MO
<i>sotalol hydrochloride oral tablet 120 mg</i>	Tier 1	MO
<i>timolol maleate oral tablet 10 mg, 20 mg, 5 mg</i>	Tier 1	MO
CALCIUM CHANNEL BLOCKING AGENTS		
<i>amlodipine besylate oral tablet 10 mg, 2.5 mg, 5 mg</i>	Tier 1	MO
CARTIA XT ORAL CAPSULE EXTENDED RELEASE 24 HOUR 120 MG, 180 MG, 240 MG, 300 MG	Tier 1	MO
<i>diltiazem hcl er beads oral capsule extended release 24 hour 360 mg, 420 mg</i>	Tier 1	MO
<i>diltiazem hcl er coated beads oral capsule extended release 24 hour 120 mg, 180 mg, 240 mg, 300 mg</i>	Tier 1	MO
<i>diltiazem hcl er oral capsule extended release 12 hour 120 mg, 60 mg, 90 mg</i>	Tier 1	MO
<i>diltiazem hcl oral tablet 120 mg, 30 mg, 60 mg, 90 mg</i>	Tier 1	MO
<i>dilt-xr oral capsule extended release 24 hour 120 mg, 180 mg, 240 mg</i>	Tier 1	MO
<i>felodipine er oral tablet extended release 24 hour 10 mg, 2.5 mg, 5 mg</i>	Tier 1	MO
<i>isradipine oral capsule 2.5 mg, 5 mg</i>	Tier 1	MO
<i>nicardipine hcl oral capsule 20 mg, 30 mg</i>	Tier 1	MO

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DRUG NAME	DRUG TIER	REQUIREMENTS/LIMITS
<i>nifedipine er oral tablet extended release 24 hour 30 mg, 60 mg, 90 mg</i>	Tier 1	MO
<i>nifedipine er osmotic release oral tablet extended release 24 hour 30 mg, 60 mg, 90 mg</i>	Tier 1	MO
<i>nifedipine oral capsule 10 mg, 20 mg</i>	Tier 1	PA1; MO; HRM
TAZTIA XT ORAL CAPSULE EXTENDED RELEASE 24 HOUR 120 MG, 180 MG, 240 MG, 300 MG, 360 MG	Tier 1	MO
<i>verapamil hcl er oral capsule extended release 24 hour 100 mg, 120 mg, 180 mg, 200 mg, 240 mg, 300 mg, 360 mg</i>	Tier 1	MO
<i>verapamil hcl er oral tablet extended release 120 mg, 180 mg, 240 mg</i>	Tier 1	MO
<i>verapamil hcl oral tablet 120 mg, 40 mg, 80 mg</i>	Tier 1	MO
CARDIOVASCULAR AGENTS, OTHER		
<i>amlodipine-atorvastatin oral tablet 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</i>	Tier 1	MO
BIDIL ORAL TABLET 20-37.5 MG	Tier 1	MO
CORLANOR ORAL SOLUTION 5 MG/5ML	Tier 1	PA1; MO
CORLANOR ORAL TABLET 5 MG, 7.5 MG	Tier 1	PA1; MO
DEMSER ORAL CAPSULE 250 MG	Tier 1	PA2; MO
DIGITEK ORAL TABLET 125 MCG	Tier 1	MO; QL (30 per 30 days)
DIGITEK ORAL TABLET 250 MCG	Tier 1	MO
DIGOX ORAL TABLET 125 MCG	Tier 1	MO; QL (30 per 30 days)
DIGOX ORAL TABLET 250 MCG	Tier 1	MO
<i>digoxin oral solution 0.05 mg/ml</i>	Tier 1	MO
<i>digoxin oral tablet 125 mcg</i>	Tier 1	MO; QL (30 per 30 days)
<i>digoxin oral tablet 250 mcg</i>	Tier 1	MO
<i>epinephrine injection solution auto-injector 0.15 mg/0.3ml, 0.3 mg/0.3ml</i>	Tier 1	MO; QL (2 per 30 days)
NORTHERA ORAL CAPSULE 100 MG, 200 MG, 300 MG	Tier 1	PA1; LA
<i>pentoxifylline er oral tablet extended release 400 mg</i>	Tier 1	MO
<i>ranolazine er oral tablet extended release 12 hour 1000 mg, 500 mg</i>	Tier 1	PA1; MO

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DRUG NAME	DRUG TIER	REQUIREMENTS/LIMITS
DIURETICS, CARBONIC ANHYDRASE INHIBITORS		
<i>acetazolamide er oral capsule extended release 12 hour 500 mg</i>	Tier 1	MO
<i>acetazolamide oral tablet 125 mg, 250 mg</i>	Tier 1	MO
<i>methazolamide oral tablet 25 mg, 50 mg</i>	Tier 1	MO
DIURETICS, LOOP		
<i>bumetanide injection solution 0.25 mg/ml</i>	Tier 1	MO
<i>bumetanide oral tablet 0.5 mg, 1 mg, 2 mg</i>	Tier 1	MO
<i>furosemide injection solution 10 mg/ml, 10 mg/ml (4ml syringe)</i>	Tier 1	MO
<i>furosemide oral solution 10 mg/ml, 8 mg/ml</i>	Tier 1	MO
<i>furosemide oral tablet 20 mg, 40 mg, 80 mg</i>	Tier 1	MO
<i>torseamide oral tablet 10 mg, 100 mg, 20 mg, 5 mg</i>	Tier 1	MO
DIURETICS, POTASSIUM-SPARING		
<i>amiloride hcl oral tablet 5 mg</i>	Tier 1	MO
CAROSPIR ORAL SUSPENSION 25 MG/5ML	Tier 1	MO
<i>eplerenone oral tablet 25 mg, 50 mg</i>	Tier 1	MO
<i>spironolactone oral tablet 100 mg, 25 mg, 50 mg</i>	Tier 1	MO
DIURETICS, THIAZIDE		
<i>chlorothiazide oral tablet 250 mg, 500 mg</i>	Tier 1	MO
<i>chlorthalidone oral tablet 25 mg, 50 mg</i>	Tier 1	MO
DIURIL ORAL SUSPENSION 250 MG/5ML	Tier 1	MO
<i>hydrochlorothiazide oral capsule 12.5 mg</i>	Tier 1	MO
<i>hydrochlorothiazide oral tablet 12.5 mg, 25 mg, 50 mg</i>	Tier 1	MO
<i>indapamide oral tablet 1.25 mg, 2.5 mg</i>	Tier 1	MO
<i>metolazone oral tablet 10 mg, 2.5 mg, 5 mg</i>	Tier 1	MO
DYSLIPIDEMICS, FIBRIC ACID DERIVATIVES		
<i>fenofibrate micronized oral capsule 130 mg, 134 mg, 200 mg, 43 mg, 67 mg</i>	Tier 1	MO
<i>fenofibrate oral capsule 150 mg, 50 mg</i>	Tier 1	MO
<i>fenofibrate oral tablet 145 mg, 160 mg, 48 mg, 54 mg</i>	Tier 1	MO

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DRUG NAME	DRUG TIER	REQUIREMENTS/LIMITS
<i>fenofibric acid oral capsule delayed release 135 mg, 45 mg</i>	Tier 1	MO
<i>fenofibric acid oral tablet 105 mg, 35 mg</i>	Tier 1	MO
FIBRICOR ORAL TABLET 105 MG, 35 MG	Tier 1	MO
<i>gemfibrozil oral tablet 600 mg</i>	Tier 1	MO
LIPOFEN ORAL CAPSULE 50 MG	Tier 1	MO
DYSLIPIDEMICS, HMG COA REDUCTASE INHIBITORS		
<i>atorvastatin calcium oral tablet 10 mg, 20 mg, 40 mg, 80 mg</i>	Tier 1	MO
<i>fluvastatin sodium er oral tablet extended release 24 hour 80 mg</i>	Tier 1	MO
<i>fluvastatin sodium oral capsule 20 mg, 40 mg</i>	Tier 1	MO
LIVALO ORAL TABLET 1 MG, 2 MG, 4 MG	Tier 1	ST1; MO
<i>lovastatin oral tablet 10 mg, 20 mg, 40 mg</i>	Tier 1	MO
<i>pravastatin sodium oral tablet 10 mg, 20 mg, 40 mg, 80 mg</i>	Tier 1	MO
<i>rosuvastatin calcium oral tablet 10 mg, 20 mg, 40 mg, 5 mg</i>	Tier 1	MO
<i>simvastatin oral tablet 10 mg, 20 mg, 40 mg, 5 mg, 80 mg</i>	Tier 1	MO
DYSLIPIDEMICS, OTHER		
<i>cholestyramine light oral powder 4 gm/dose</i>	Tier 1	MO
<i>cholestyramine oral packet 4 gm</i>	Tier 1	MO
<i>colesevelam hcl oral packet 3.75 gm</i>	Tier 1	MO
<i>colestipol hcl oral packet 5 gm</i>	Tier 1	MO
<i>colestipol hcl oral tablet 1 gm</i>	Tier 1	MO
<i>ezetimibe oral tablet 10 mg</i>	Tier 1	MO
<i>ezetimibe-simvastatin oral tablet 10-10 mg, 10-20 mg, 10-40 mg, 10-80 mg</i>	Tier 1	MO
<i>niacin er (antihyperlipidemic) oral tablet extended release 1000 mg, 500 mg, 750 mg</i>	Tier 1	MO
NIACOR ORAL TABLET 500 MG	Tier 1	MO
<i>omega-3-acid ethyl esters oral capsule 1 gm</i>	Tier 1	MO
PRALUENT SUBCUTANEOUS SOLUTION AUTO-INJECTOR 150 MG/ML, 75 MG/ML	Tier 1	PA1; MO

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DRUG NAME	DRUG TIER	REQUIREMENTS/LIMITS
PRALUENT SUBCUTANEOUS SOLUTION PEN-INJECTOR 150 MG/ML, 75 MG/ML	Tier 1	PA1; MO
PREVALITE ORAL PACKET 4 GM	Tier 1	MO
REPATHA PUSHTRONEX SYSTEM SUBCUTANEOUS SOLUTION CARTRIDGE 420 MG/3.5ML	Tier 1	PA1; MO
REPATHA SUBCUTANEOUS SOLUTION PREFILLED SYRINGE 140 MG/ML	Tier 1	PA1; MO
REPATHA SURECLICK SUBCUTANEOUS SOLUTION AUTO-INJECTOR 140 MG/ML	Tier 1	PA1; MO
VASCEPA ORAL CAPSULE 0.5 GM, 1 GM	Tier 1	MO
WELCHOL ORAL TABLET 625 MG	Tier 1	MO
VASODILATORS, DIRECT-ACTING ARTERIAL/VENOUS		
<i>isosorbide dinitrate er oral tablet extended release 40 mg</i>	Tier 1	MO
<i>isosorbide dinitrate oral tablet 10 mg, 20 mg, 30 mg, 5 mg</i>	Tier 1	MO
<i>isosorbide mononitrate er oral tablet extended release 24 hour 120 mg, 30 mg, 60 mg</i>	Tier 1	MO
<i>isosorbide mononitrate oral tablet 10 mg, 20 mg</i>	Tier 1	MO
NITRO-BID TRANSDERMAL OINTMENT 2 %	Tier 1	MO
NITRO-DUR TRANSDERMAL PATCH 24 HOUR 0.3 MG/HR, 0.8 MG/HR	Tier 1	MO
<i>nitroglycerin sublingual tablet sublingual 0.3 mg, 0.4 mg, 0.6 mg</i>	Tier 1	MO
<i>nitroglycerin transdermal patch 24 hour 0.1 mg/hr, 0.2 mg/hr, 0.4 mg/hr, 0.6 mg/hr</i>	Tier 1	MO
<i>nitroglycerin translingual solution 0.4 mg/spray</i>	Tier 1	MO
VASODILATORS, DIRECT-ACTING ARTERIAL		
<i>hydralazine hcl oral tablet 10 mg, 100 mg, 25 mg, 50 mg</i>	Tier 1	MO
<i>minoxidil oral tablet 10 mg, 2.5 mg</i>	Tier 1	MO
CENTRAL NERVOUS SYSTEM AGENTS		
ATTENTION DEFICIT HYPERACTIVITY DISORDER AGENTS, AMPHETAMINES		
<i>amphetamine-dextroamphetamine oral tablet 10 mg, 12.5 mg, 15 mg, 20 mg, 30 mg, 5 mg, 7.5 mg</i>	Tier 1	MO
<i>dextroamphetamine sulfate oral tablet 10 mg, 5 mg</i>	Tier 1	MO

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DRUG NAME	DRUG TIER	REQUIREMENTS/LIMITS
METADATE ER ORAL TABLET EXTENDED RELEASE 20 MG	Tier 1	MO
<i>methylphenidate hcl oral solution 10 mg/5ml, 5 mg/5ml</i>	Tier 1	MO
ATTENTION DEFICIT HYPERACTIVITY DISORDER AGENTS, NON-AMPHETAMINES		
<i>atomoxetine hcl oral capsule 10 mg, 18 mg, 25 mg, 40 mg</i>	Tier 1	MO; QL (60 per 30 days)
<i>atomoxetine hcl oral capsule 100 mg, 60 mg, 80 mg</i>	Tier 1	MO; QL (30 per 30 days)
<i>clonidine hcl er oral tablet extended release 12 hour 0.1 mg</i>	Tier 1	MO
<i>dexmethylphenidate hcl oral tablet 10 mg, 2.5 mg, 5 mg</i>	Tier 1	MO
<i>guanfacine hcl er oral tablet extended release 24 hour 1 mg, 2 mg, 3 mg, 4 mg</i>	Tier 1	PA1; MO; HRM
<i>methylphenidate hcl er oral tablet extended release 24 hour 18 mg, 27 mg, 36 mg, 54 mg</i>	Tier 1	MO
<i>methylphenidate hcl er oral tablet extended release 72 mg</i>	Tier 1	MO
<i>methylphenidate hcl oral tablet 10 mg, 20 mg, 5 mg</i>	Tier 1	MO
<i>methylphenidate hcl oral tablet chewable 10 mg, 2.5 mg, 5 mg</i>	Tier 1	MO
CENTRAL NERVOUS SYSTEM, OTHER		
AUSTEDO ORAL TABLET 12 MG, 6 MG, 9 MG	Tier 1	PA1; LA; QL (120 per 30 days)
NUEDEXTA ORAL CAPSULE 20-10 MG	Tier 1	PA1; MO
<i>paroxetine mesylate oral capsule 7.5 mg</i>	Tier 1	MO
<i>riluzole oral tablet 50 mg</i>	Tier 1	PA1; MO
TEGSEDI SUBCUTANEOUS SOLUTION PREFILLED SYRINGE 284 MG/1.5ML	Tier 1	PA1; MO
<i>tetrabenazine oral tablet 12.5 mg</i>	Tier 1	PA1; MO; QL (90 per 30 days)
<i>tetrabenazine oral tablet 25 mg</i>	Tier 1	PA1; MO; QL (120 per 30 days)
TIGLUTIK ORAL SUSPENSION 50 MG/10ML	Tier 1	PA1; MO
FIBROMYALGIA AGENTS		
LYRICA ORAL CAPSULE 100 MG, 150 MG	Tier 1	MO; QL (120 per 30 days)

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DRUG NAME	DRUG TIER	REQUIREMENTS/LIMITS
<i>pregabalin oral capsule 100 mg, 150 mg</i>	Tier 1	MO; QL (120 per 30 days)
SAVELLA ORAL TABLET 100 MG, 12.5 MG, 25 MG, 50 MG	Tier 1	MO; QL (60 per 30 days)
SAVELLA TITRATION PACK ORAL 12.5 & 25 & 50 MG	Tier 1	MO; QL (110 per 365 days)
MULTIPLE SCLEROSIS AGENTS		
AUBAGIO ORAL TABLET 14 MG, 7 MG	Tier 1	PA2; LA; QL (30 per 30 days)
AVONEX PEN INTRAMUSCULAR AUTO-INJECTOR KIT 30 MCG/0.5ML	Tier 1	PA2; MO
AVONEX PREFILLED INTRAMUSCULAR PREFILLED SYRINGE KIT 30 MCG/0.5ML	Tier 1	PA2; MO
BETASERON SUBCUTANEOUS KIT 0.3 MG	Tier 1	PA2; MO
COPAXONE SUBCUTANEOUS SOLUTION PREFILLED SYRINGE 20 MG/ML, 40 MG/ML	Tier 1	PA2; MO
<i>dalfampridine er oral tablet extended release 12 hour 10 mg</i>	Tier 1	PA2; QL (60 per 30 days)
GILENYA ORAL CAPSULE 0.5 MG	Tier 1	PA2; MO; QL (28 per 28 days)
<i>glatiramer acetate subcutaneous solution prefilled syringe 20 mg/ml, 40 mg/ml</i>	Tier 1	PA2; MO
PLEGRIDY STARTER PACK SUBCUTANEOUS SOLUTION PEN-INJECTOR 63 & 94 MCG/0.5ML	Tier 1	PA2; MO
PLEGRIDY STARTER PACK SUBCUTANEOUS SOLUTION PREFILLED SYRINGE 63 & 94 MCG/0.5ML	Tier 1	PA1; MO
PLEGRIDY SUBCUTANEOUS SOLUTION PEN-INJECTOR 125 MCG/0.5ML	Tier 1	PA2; MO
PLEGRIDY SUBCUTANEOUS SOLUTION PREFILLED SYRINGE 125 MCG/0.5ML	Tier 1	PA2; MO
TECFIDERA ORAL 120 & 240 MG	Tier 1	PA2; MO
TECFIDERA ORAL CAPSULE DELAYED RELEASE 120 MG, 240 MG	Tier 1	PA2; MO
DENTAL AND ORAL AGENTS		
DENTAL AND ORAL AGENTS		
<i>cevimeline hcl oral capsule 30 mg</i>	Tier 1	MO
<i>chlorhexidine gluconate mouth/throat solution 0.12 %</i>	Tier 1	MO
<i>lidocaine viscous hcl mouth/throat solution 2 %</i>	Tier 1	MO

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DRUG NAME	DRUG TIER	REQUIREMENTS/LIMITS
<i>lidocaine viscous mouth/throat solution 2 %</i>	Tier 1	MO
<i>pilocarpine hcl oral tablet 5 mg, 7.5 mg</i>	Tier 1	MO
<i>triamcinolone acetonide mouth/throat paste 0.1 %</i>	Tier 1	MO
DERMATOLOGICAL AGENTS		
DERMATOLOGICAL AGENTS		
<i>acitretin oral capsule 10 mg, 17.5 mg, 25 mg</i>	Tier 1	PA1; MO
<i>acyclovir external ointment 5 %</i>	Tier 1	MO
<i>adapalene external cream 0.1 %</i>	Tier 1	PA1; MO
<i>adapalene external gel 0.1 %, 0.3 %</i>	Tier 1	PA1; MO
<i>alclometasone dipropionate external cream 0.05 %</i>	Tier 1	MO
<i>alclometasone dipropionate external ointment 0.05 %</i>	Tier 1	MO
<i>amcinonide external cream 0.1 %</i>	Tier 1	MO
<i>amcinonide external lotion 0.1 %</i>	Tier 1	MO
<i>amcinonide external ointment 0.1 %</i>	Tier 1	MO
<i>ammonium lactate external cream 12 %</i>	Tier 1	MO
<i>ammonium lactate external lotion 12 %</i>	Tier 1	MO
AMNESTEEM ORAL CAPSULE 10 MG, 20 MG, 40 MG	Tier 1	MO
AVITA EXTERNAL CREAM 0.025 %	Tier 1	PA1; MO
AVITA EXTERNAL GEL 0.025 %	Tier 1	PA1; MO
<i>benzoyl peroxide-erythromycin external gel 5-3 %</i>	Tier 1	MO
<i>betamethasone dipropionate aug external cream 0.05 %</i>	Tier 1	MO
<i>betamethasone dipropionate aug external gel 0.05 %</i>	Tier 1	MO
<i>betamethasone dipropionate aug external lotion 0.05 %</i>	Tier 1	MO
<i>betamethasone dipropionate aug external ointment 0.05 %</i>	Tier 1	MO
<i>betamethasone dipropionate external cream 0.05 %</i>	Tier 1	MO
<i>betamethasone dipropionate external lotion 0.05 %</i>	Tier 1	MO

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DRUG NAME	DRUG TIER	REQUIREMENTS/LIMITS
<i>betamethasone dipropionate external ointment 0.05 %</i>	Tier 1	MO
<i>betamethasone valerate external cream 0.1 %</i>	Tier 1	MO
<i>betamethasone valerate external lotion 0.1 %</i>	Tier 1	MO
<i>betamethasone valerate external ointment 0.1 %</i>	Tier 1	MO
<i>calcipotriene external cream 0.005 %</i>	Tier 1	MO
<i>calcipotriene external ointment 0.005 %</i>	Tier 1	MO
<i>calcipotriene external solution 0.005 %</i>	Tier 1	MO
<i>calcitriol external ointment 3 mcg/gm</i>	Tier 1	MO
<i>ciclopirox external gel 0.77 %</i>	Tier 1	MO
<i>ciclopirox external shampoo 1 %</i>	Tier 1	MO
<i>ciclopirox external solution 8 %</i>	Tier 1	MO
<i>ciclopirox olamine external cream 0.77 %</i>	Tier 1	MO
<i>ciclopirox olamine external suspension 0.77 %</i>	Tier 1	MO
CLARAVIS ORAL CAPSULE 10 MG, 20 MG, 30 MG, 40 MG	Tier 1	MO
<i>clindamycin phos-benzoyl perox external gel 1.2-5 %</i>	Tier 1	MO
<i>clindamycin phosphate external gel 1 %</i>	Tier 1	MO
<i>clindamycin phosphate external lotion 1 %</i>	Tier 1	MO
<i>clindamycin phosphate external solution 1 %</i>	Tier 1	MO
<i>clindamycin phosphate external swab 1 %</i>	Tier 1	MO
<i>clobetasol prop emollient base external cream 0.05 %</i>	Tier 1	MO
<i>clobetasol propionate external cream 0.05 %</i>	Tier 1	MO
<i>clobetasol propionate external liquid 0.05 %</i>	Tier 1	MO
<i>clobetasol propionate external lotion 0.05 %</i>	Tier 1	MO
<i>clobetasol propionate external ointment 0.05 %</i>	Tier 1	MO
<i>clobetasol propionate external shampoo 0.05 %</i>	Tier 1	MO
<i>clobetasol propionate external solution 0.05 %</i>	Tier 1	MO
CLODAN EXTERNAL SHAMPOO 0.05 %	Tier 1	MO
<i>clotrimazole external cream 1 %</i>	Tier 1	MO
<i>clotrimazole external solution 1 %</i>	Tier 1	MO
<i>clotrimazole-betamethasone external cream 1-0.05 %</i>	Tier 1	MO

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DRUG NAME	DRUG TIER	REQUIREMENTS/LIMITS
<i>clotrimazole-betamethasone external lotion 1-0.05 %</i>	Tier 1	MO
COLOCORT RECTAL ENEMA 100 MG/60ML	Tier 1	MO
CONDYLOX EXTERNAL GEL 0.5 %	Tier 1	ST2; MO
<i>desonide external cream 0.05 %</i>	Tier 1	MO
<i>desonide external lotion 0.05 %</i>	Tier 1	MO
<i>desonide external ointment 0.05 %</i>	Tier 1	MO
<i>desoximetasone external cream 0.05 %, 0.25 %</i>	Tier 1	MO
<i>desoximetasone external gel 0.05 %</i>	Tier 1	MO
<i>desoximetasone external ointment 0.05 %, 0.25 %</i>	Tier 1	MO
<i>diclofenac sodium transdermal gel 3 %</i>	Tier 1	PA1; MO; QL (300 per 365 days)
<i>diflorasone diacetate external cream 0.05 %</i>	Tier 1	MO
<i>diflorasone diacetate external ointment 0.05 %</i>	Tier 1	MO
<i>econazole nitrate external cream 1 %</i>	Tier 1	MO
<i>ery external pad 2 %</i>	Tier 1	MO
<i>erythromycin external gel 2 %</i>	Tier 1	MO
<i>erythromycin external solution 2 %</i>	Tier 1	MO
EUCRISA EXTERNAL OINTMENT 2 %	Tier 1	ST1; MO
<i>fluocinolone acetonide external cream 0.01 %, 0.025 %</i>	Tier 1	MO
<i>fluocinolone acetonide external ointment 0.025 %</i>	Tier 1	MO
<i>fluocinolone acetonide external solution 0.01 %</i>	Tier 1	MO
<i>fluocinolone acetonide scalp external oil 0.01 %</i>	Tier 1	MO
<i>fluocinonide emulsified base external cream 0.05 %</i>	Tier 1	MO
<i>fluocinonide external cream 0.05 %</i>	Tier 1	MO
<i>fluocinonide external gel 0.05 %</i>	Tier 1	MO
<i>fluocinonide external ointment 0.05 %</i>	Tier 1	MO
<i>fluocinonide external solution 0.05 %</i>	Tier 1	MO
<i>fluticasone propionate external cream 0.05 %</i>	Tier 1	MO
<i>fluticasone propionate external ointment 0.005 %</i>	Tier 1	MO
<i>gentamicin sulfate external cream 0.1 %</i>	Tier 1	MO
<i>gentamicin sulfate external ointment 0.1 %</i>	Tier 1	MO
<i>halobetasol propionate external cream 0.05 %</i>	Tier 1	MO

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DRUG NAME	DRUG TIER	REQUIREMENTS/LIMITS
<i>halobetasol propionate external ointment 0.05 %</i>	Tier 1	MO
<i>hydrocortisone ace-pramoxine rectal cream 1-1 %</i>	Tier 1	MO
<i>hydrocortisone butyrate external cream 0.1 %</i>	Tier 1	MO
<i>hydrocortisone butyrate external lotion 0.1 %</i>	Tier 1	MO
<i>hydrocortisone butyrate external ointment 0.1 %</i>	Tier 1	MO
<i>hydrocortisone butyrate external solution 0.1 %</i>	Tier 1	MO
<i>hydrocortisone external cream 1 %, 2.5 %</i>	Tier 1	MO
<i>hydrocortisone external lotion 2.5 %</i>	Tier 1	MO
<i>hydrocortisone external ointment 1 %, 2.5 %</i>	Tier 1	MO
<i>hydrocortisone rectal enema 100 mg/60ml</i>	Tier 1	MO
<i>hydrocortisone valerate external cream 0.2 %</i>	Tier 1	MO
<i>hydrocortisone valerate external ointment 0.2 %</i>	Tier 1	MO
<i>imiquimod external cream 5 %</i>	Tier 1	MO
<i>isotretinoin oral capsule 10 mg, 20 mg, 30 mg, 40 mg</i>	Tier 1	MO
JUBLIA EXTERNAL SOLUTION 10 %	Tier 1	MO
<i>ketoconazole external cream 2 %</i>	Tier 1	MO
<i>ketoconazole external shampoo 2 %</i>	Tier 1	MO
<i>lidocaine external ointment 5 %</i>	Tier 1	PA1; MO; QL (50 per 30 days)
<i>lidocaine external patch 5 %</i>	Tier 1	PA1; MO; QL (90 per 30 days)
<i>lidocaine hcl external solution 4 %</i>	Tier 1	PA1; MO
<i>lindane external shampoo 1 %</i>	Tier 1	MO
<i>malathion external lotion 0.5 %</i>	Tier 1	MO
<i>methoxsalen rapid oral capsule 10 mg</i>	Tier 1	PA2; MO
<i>metronidazole external cream 0.75 %</i>	Tier 1	MO
<i>metronidazole external gel 0.75 %, 1 %</i>	Tier 1	MO
<i>metronidazole external lotion 0.75 %</i>	Tier 1	MO
<i>mometasone furoate external cream 0.1 %</i>	Tier 1	MO
<i>mometasone furoate external ointment 0.1 %</i>	Tier 1	MO
<i>mometasone furoate external solution 0.1 %</i>	Tier 1	MO
<i>mupirocin calcium external cream 2 %</i>	Tier 1	MO
<i>mupirocin external ointment 2 %</i>	Tier 1	MO
MYORISAN ORAL CAPSULE 10 MG, 20 MG, 30 MG, 40 MG	Tier 1	MO

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DRUG NAME	DRUG TIER	REQUIREMENTS/LIMITS
<i>naftifine hcl external cream 1 %, 2 %</i>	Tier 1	MO
NYAMYC EXTERNAL POWDER 100000 UNIT/GM	Tier 1	MO
<i>nystatin external cream 100000 unit/gm</i>	Tier 1	MO
<i>nystatin external ointment 100000 unit/gm</i>	Tier 1	MO
<i>nystatin external powder 100000 unit/gm</i>	Tier 1	MO
<i>nystatin-triamcinolone external cream 100000-0.1 unit/gm-%</i>	Tier 1	MO
<i>nystatin-triamcinolone external ointment 100000-0.1 unit/gm-%</i>	Tier 1	MO
NYSTOP EXTERNAL POWDER 100000 UNIT/GM	Tier 1	MO
PANRETIN EXTERNAL GEL 0.1 %	Tier 1	PA2; MO
<i>permethrin external cream 5 %</i>	Tier 1	MO
PICATO EXTERNAL GEL 0.015 %, 0.05 %	Tier 1	MO
<i>pimecrolimus external cream 1 %</i>	Tier 1	ST1; MO
<i>podofilox external solution 0.5 %</i>	Tier 1	MO
<i>prednicarbate external cream 0.1 %</i>	Tier 1	MO
<i>prednicarbate external ointment 0.1 %</i>	Tier 1	MO
PROCTOFOAM HC RECTAL FOAM 1-1 %	Tier 1	MO
PROCTO-MED HC RECTAL CREAM 2.5 %	Tier 1	MO
PROCTO-PAK RECTAL CREAM 1 %	Tier 1	MO
PROCTOSOL HC RECTAL CREAM 2.5 %	Tier 1	MO
PROCTOZONE-HC RECTAL CREAM 2.5 %	Tier 1	MO
REGRANEX EXTERNAL GEL 0.01 %	Tier 1	PA1; MO
SANTYL EXTERNAL OINTMENT 250 UNIT/GM	Tier 1	MO
<i>selenium sulfide external lotion 2.5 %</i>	Tier 1	MO
<i>silver sulfadiazine external cream 1 %</i>	Tier 1	MO
SSD EXTERNAL CREAM 1 %	Tier 1	MO
<i>sulfacetamide sodium (acne) external lotion 10 %</i>	Tier 1	MO
SULFAMYLON EXTERNAL CREAM 85 MG/GM	Tier 1	MO
<i>tacrolimus external ointment 0.03 %, 0.1 %</i>	Tier 1	ST1; MO
<i>tazarotene external cream 0.1 %</i>	Tier 1	PA1; MO

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DRUG NAME	DRUG TIER	REQUIREMENTS/LIMITS
TAZORAC EXTERNAL CREAM 0.05 %	Tier 1	PA1; MO
TAZORAC EXTERNAL GEL 0.05 %, 0.1 %	Tier 1	PA1; MO
<i>tretinoin external cream 0.025 %, 0.05 %, 0.1 %</i>	Tier 1	PA1; MO
<i>tretinoin external gel 0.01 %, 0.025 %</i>	Tier 1	PA1; MO
<i>triamcinolone acetonide external cream 0.025 %, 0.1 %, 0.5 %</i>	Tier 1	MO
<i>triamcinolone acetonide external lotion 0.025 %, 0.1 %</i>	Tier 1	MO
<i>triamcinolone acetonide external ointment 0.025 %, 0.1 %, 0.5 %</i>	Tier 1	MO
UCERIS RECTAL FOAM 2 MG/ACT	Tier 1	ST1; MO
ZENATANE ORAL CAPSULE 10 MG, 20 MG, 30 MG, 40 MG	Tier 1	MO
ELECTROLYTES/MINERALS/METALS/VITAMINS		
ELECTROLYTE/MINERAL REPLACEMENT		
CARBAGLU ORAL TABLET 200 MG	Tier 1	PA1; LA
<i>dextrose-nacl intravenous solution 10-0.2 %, 10-0.45 %, 2.5-0.45 %, 5-0.2 %, 5-0.225 %, 5-0.33 %, 5-0.45 %, 5-0.9 %</i>	Tier 1	BvD; MO
IONOSOL-MB IN D5W INTRAVENOUS SOLUTION	Tier 1	BvD; MO
ISOLYTE-P IN D5W INTRAVENOUS SOLUTION	Tier 1	BvD; MO
ISOLYTE-S INTRAVENOUS SOLUTION	Tier 1	BvD; MO
<i>kcl in dextrose-nacl intravenous solution 10-5-0.45 meq/l-%-%, 20-5-0.2 meq/l-%-%, 20-5-0.33 meq/l-%-%, 20-5-0.45 meq/l-%-%, 20-5-0.9 meq/l-%-%, 30-5-0.45 meq/l-%-%, 40-5-0.45 meq/l-%-%, 40-5-0.9 meq/l-%-%</i>	Tier 1	BvD; MO
<i>kcl-lactated ringers-d5w intravenous solution 20 meq/l</i>	Tier 1	BvD; MO
KLOR-CON 10 ORAL TABLET EXTENDED RELEASE 10 MEQ	Tier 1	MO
KLOR-CON M10 ORAL TABLET EXTENDED RELEASE 10 MEQ	Tier 1	MO
KLOR-CON M15 ORAL TABLET EXTENDED RELEASE 15 MEQ	Tier 1	MO

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DRUG NAME	DRUG TIER	REQUIREMENTS/LIMITS
KLOR-CON M20 ORAL TABLET EXTENDED RELEASE 20 MEQ	Tier 1	MO
KLOR-CON ORAL PACKET 20 MEQ	Tier 1	MO
KLOR-CON ORAL TABLET EXTENDED RELEASE 8 MEQ	Tier 1	MO
KLOR-CON SPRINKLE ORAL CAPSULE EXTENDED RELEASE 8 MEQ	Tier 1	MO
K-TAB ORAL TABLET EXTENDED RELEASE 20 MEQ, 8 MEQ	Tier 1	MO
<i>lactated ringers intravenous solution</i>	Tier 1	BvD; MO
<i>magnesium sulfate injection solution 50 %, 50 % (10ml syringe)</i>	Tier 1	MO
NORMOSOL-M IN D5W INTRAVENOUS SOLUTION	Tier 1	BvD; MO
NORMOSOL-R IN D5W INTRAVENOUS SOLUTION	Tier 1	BvD; MO
NORMOSOL-R PH 7.4 INTRAVENOUS SOLUTION	Tier 1	BvD; MO
PLASMA-LYTE 148 INTRAVENOUS SOLUTION	Tier 1	BvD; MO
PLASMA-LYTE A INTRAVENOUS SOLUTION	Tier 1	BvD; MO
<i>potassium chloride crys er oral tablet extended release 10 meq, 20 meq</i>	Tier 1	MO
<i>potassium chloride er oral capsule extended release 10 meq, 8 meq</i>	Tier 1	MO
<i>potassium chloride er oral tablet extended release 10 meq, 20 meq, 8 meq</i>	Tier 1	MO
<i>potassium chloride in dextrose intravenous solution 20-5 meq/l-%, 40-5 meq/l-%</i>	Tier 1	BvD; MO
<i>potassium chloride in nacl intravenous solution 20-0.45 meq/l-%, 20-0.9 meq/l-%, 40-0.9 meq/l-%</i>	Tier 1	BvD; MO
<i>potassium chloride intravenous solution 10 meq/100ml, 2 meq/ml, 2 meq/ml (20 ml), 20 meq/100ml, 40 meq/100ml</i>	Tier 1	BvD; MO
<i>potassium chloride oral packet 20 meq</i>	Tier 1	MO
<i>potassium chloride oral solution 20 meq/15ml (10%), 40 meq/15ml (20%)</i>	Tier 1	MO

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DRUG NAME	DRUG TIER	REQUIREMENTS/LIMITS
<i>potassium citrate er oral tablet extended release 10 meq (1080 mg), 15 meq (1620 mg), 5 meq (540 mg)</i>	Tier 1	MO
<i>prenatal oral tablet 27-1 mg</i>	Tier 1	MO
<i>sodium chloride intravenous solution 0.45 %, 0.9 %, 3 %, 5 %</i>	Tier 1	BvD; MO
<i>sodium fluoride oral tablet 2.2 (1 f) mg</i>	Tier 1	MO
<i>sodium lactate intravenous solution 5 meq/ml</i>	Tier 1	BvD; MO
TPN ELECTROLYTES INTRAVENOUS SOLUTION	Tier 1	BvD; MO
ELECTROLYTE/MINERAL/METAL MODIFIERS		
<i>deferasirox oral tablet soluble 125 mg, 250 mg, 500 mg</i>	Tier 1	PA1; MO
DEPEN TITRATABS ORAL TABLET 250 MG	Tier 1	PA1; MO
FERRIPROX ORAL SOLUTION 100 MG/ML	Tier 1	PA1; LA
FERRIPROX ORAL TABLET 1000 MG, 500 MG	Tier 1	PA1; LA
JADENU ORAL TABLET 180 MG, 360 MG, 90 MG	Tier 1	PA1; MO
JADENU SPRINKLE ORAL PACKET 180 MG, 360 MG, 90 MG	Tier 1	PA1; MO
JYNARQUE ORAL TABLET THERAPY PACK 45 & 15 MG, 60 & 30 MG, 90 & 30 MG	Tier 1	PA1; MO
KIONEX ORAL SUSPENSION 15 GM/60ML	Tier 1	MO
LOKELMA ORAL PACKET 10 GM, 5 GM	Tier 1	MO
SAMSCA ORAL TABLET 15 MG, 30 MG	Tier 1	PA1; MO
<i>sodium polystyrene sulfonate oral powder</i>	Tier 1	MO
SPS ORAL SUSPENSION 15 GM/60ML	Tier 1	MO
<i>trientine hcl oral capsule 250 mg</i>	Tier 1	PA1; MO
VELTASSA ORAL PACKET 16.8 GM, 25.2 GM, 8.4 GM	Tier 1	MO
NUTRIENTS		
AMINOSYN II INTRAVENOUS SOLUTION 10 %	Tier 1	BvD; MO
AMINOSYN-PF INTRAVENOUS SOLUTION 10 %, 7 %	Tier 1	BvD; MO

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DRUG NAME	DRUG TIER	REQUIREMENTS/LIMITS
CLINIMIX E/DEXTROSE (2.75/5) INTRAVENOUS SOLUTION 2.75 %	Tier 1	BvD; MO
CLINIMIX E/DEXTROSE (4.25/10) INTRAVENOUS SOLUTION 4.25 %	Tier 1	BvD; MO
CLINIMIX E/DEXTROSE (4.25/5) INTRAVENOUS SOLUTION 4.25 %	Tier 1	BvD; MO
CLINIMIX E/DEXTROSE (5/15) INTRAVENOUS SOLUTION 5 %	Tier 1	BvD; MO
CLINIMIX E/DEXTROSE (5/20) INTRAVENOUS SOLUTION 5 %	Tier 1	BvD; MO
CLINIMIX/DEXTROSE (4.25/10) INTRAVENOUS SOLUTION 4.25 %	Tier 1	BvD; MO
CLINIMIX/DEXTROSE (4.25/25) INTRAVENOUS SOLUTION 4.25 %	Tier 1	BvD; MO
CLINIMIX/DEXTROSE (4.25/5) INTRAVENOUS SOLUTION 4.25 %	Tier 1	BvD; MO
CLINIMIX/DEXTROSE (5/15) INTRAVENOUS SOLUTION 5 %	Tier 1	BvD; MO
CLINIMIX/DEXTROSE (5/20) INTRAVENOUS SOLUTION 5 %	Tier 1	BvD; MO
CLINIMIX/DEXTROSE (5/25) INTRAVENOUS SOLUTION 5 %	Tier 1	BvD; MO
CLINISOL SF INTRAVENOUS SOLUTION 15 %	Tier 1	BvD; MO
<i>dextrose intravenous solution 10 %, 5 %</i>	Tier 1	BvD; MO
FREAMINE HBC INTRAVENOUS SOLUTION 6.9 %	Tier 1	BvD; MO
HEPATAMINE INTRAVENOUS SOLUTION 8 %	Tier 1	BvD; MO
INTRALIPID INTRAVENOUS EMULSION 20 %, 30 %	Tier 1	BvD; MO
NEPHRAMINE INTRAVENOUS SOLUTION 5.4 %	Tier 1	BvD; MO
<i>nutrilipid intravenous emulsion 20 %</i>	Tier 1	BvD; MO
PLENAMINE INTRAVENOUS SOLUTION 15 %	Tier 1	BvD; MO
PREMASOL INTRAVENOUS SOLUTION 10 %, 6 %	Tier 1	BvD; MO

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DRUG NAME	DRUG TIER	REQUIREMENTS/LIMITS
PROCALAMINE INTRAVENOUS SOLUTION 3 %	Tier 1	BvD; MO
PROSOL INTRAVENOUS SOLUTION 20 %	Tier 1	BvD; MO
TRAVASOL INTRAVENOUS SOLUTION 10 %	Tier 1	BvD; MO
TROPHAMINE INTRAVENOUS SOLUTION 10 %	Tier 1	BvD; MO
GASTROINTESTINAL AGENTS		
ANTISPASMODICS, GASTROINTESTINAL		
<i>dicyclomine hcl oral capsule 10 mg</i>	Tier 1	MO
<i>dicyclomine hcl oral solution 10 mg/5ml</i>	Tier 1	MO
<i>dicyclomine hcl oral tablet 20 mg</i>	Tier 1	MO
<i>glycopyrrolate oral tablet 1 mg, 2 mg</i>	Tier 1	MO
GASTROINTESTINAL AGENTS, OTHER		
<i>diphenoxylate-atropine oral liquid 2.5-0.025 mg/5ml</i>	Tier 1	MO
<i>diphenoxylate-atropine oral tablet 2.5-0.025 mg</i>	Tier 1	MO
<i>loperamide hcl oral capsule 2 mg</i>	Tier 1	MO
<i>metoclopramide hcl oral solution 5 mg/5ml</i>	Tier 1	MO
<i>metoclopramide hcl oral tablet 10 mg, 5 mg</i>	Tier 1	MO
MOVANTIK ORAL TABLET 12.5 MG, 25 MG	Tier 1	MO
MYTESI ORAL TABLET DELAYED RELEASE 125 MG	Tier 1	PA1; MO
<i>ursodiol oral capsule 300 mg</i>	Tier 1	MO
<i>ursodiol oral tablet 250 mg, 500 mg</i>	Tier 1	MO
HISTAMINE2 (H2) RECEPTOR ANTAGONISTS		
<i>cimetidine hcl oral solution 300 mg/5ml</i>	Tier 1	MO
<i>cimetidine oral tablet 200 mg, 300 mg, 400 mg, 800 mg</i>	Tier 1	MO
<i>famotidine oral suspension reconstituted 40 mg/5ml</i>	Tier 1	MO
<i>famotidine oral tablet 20 mg, 40 mg</i>	Tier 1	MO
<i>nizatidine oral capsule 150 mg, 300 mg</i>	Tier 1	MO
<i>nizatidine oral solution 15 mg/ml</i>	Tier 1	MO
<i>ranitidine hcl oral capsule 150 mg, 300 mg</i>	Tier 1	MO
<i>ranitidine hcl oral syrup 75 mg/5ml</i>	Tier 1	MO

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DRUG NAME	DRUG TIER	REQUIREMENTS/LIMITS
<i>ranitidine hcl oral tablet 150 mg, 300 mg</i>	Tier 1	MO
IRRITABLE BOWEL SYNDROME AGENTS		
<i>alosetron hcl oral tablet 0.5 mg, 1 mg</i>	Tier 1	PA1; MO
AMITIZA ORAL CAPSULE 24 MCG, 8 MCG	Tier 1	MO
LINZESS ORAL CAPSULE 145 MCG, 290 MCG, 72 MCG	Tier 1	MO
LAXATIVES		
CLENPIQ ORAL SOLUTION 10-3.5-12 MG-GM -GM/160ML	Tier 1	MO
<i>constulose oral solution 10 gm/15ml</i>	Tier 1	MO
<i>enulose oral solution 10 gm/15ml</i>	Tier 1	MO
GAVILYTE-C ORAL SOLUTION RECONSTITUTED 240 GM	Tier 1	MO
GAVILYTE-G ORAL SOLUTION RECONSTITUTED 236 GM	Tier 1	MO
GAVILYTE-N WITH FLAVOR PACK ORAL SOLUTION RECONSTITUTED 420 GM	Tier 1	MO
<i>generlac oral solution 10 gm/15ml</i>	Tier 1	MO
GOLYTELY ORAL SOLUTION RECONSTITUTED 227.1 GM	Tier 1	MO
<i>lactulose oral solution 10 gm/15ml</i>	Tier 1	MO
<i>peg 3350/electrolytes oral solution reconstituted 240 gm</i>	Tier 1	MO
<i>peg 3350-kcl-na bicarb-nacl oral solution reconstituted 420 gm</i>	Tier 1	MO
<i>peg-3350/electrolytes oral solution reconstituted 236 gm</i>	Tier 1	MO
PREPOPIK ORAL PACKET 10-3.5-12 MG-GM-GM	Tier 1	MO
SUPREP BOWEL PREP KIT ORAL SOLUTION 17.5-3.13-1.6 GM/177ML	Tier 1	MO
TRILYTE ORAL SOLUTION RECONSTITUTED 420 GM	Tier 1	MO
PROTECTANTS		
<i>amoxicill-clarithro-lansopraz oral</i>	Tier 1	MO
CARAFATE ORAL SUSPENSION 1 GM/10ML	Tier 1	MO
<i>misoprostol oral tablet 100 mcg, 200 mcg</i>	Tier 1	MO

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DRUG NAME	DRUG TIER	REQUIREMENTS/LIMITS
<i>sucralfate oral tablet 1 gm</i>	Tier 1	MO
PROTON PUMP INHIBITORS		
<i>lansoprazole oral capsule delayed release 15 mg, 30 mg</i>	Tier 1	MO
<i>lansoprazole oral tablet delayed release dispersible 15 mg, 30 mg</i>	Tier 1	MO
<i>lansoprazole oral tablet dispersible 15 mg, 30 mg</i>	Tier 1	MO
<i>omeprazole oral capsule delayed release 10 mg, 20 mg, 40 mg</i>	Tier 1	MO
<i>pantoprazole sodium oral tablet delayed release 20 mg, 40 mg</i>	Tier 1	MO
GENETIC OR ENZYME DISORDER: REPLACEMENT, MODIFIERS, TREATMENT		
ENZYME REPLACEMENT/ MODIFIERS		
CREON ORAL CAPSULE DELAYED RELEASE PARTICLES 12000 UNIT, 24000-76000 UNIT, 3000-9500 UNIT, 36000 UNIT, 6000 UNIT	Tier 1	MO
CYSTADANE ORAL POWDER	Tier 1	MO
ENDARI ORAL PACKET 5 GM	Tier 1	PA1; LA; QL (180 per 30 days)
GALAFOLD ORAL CAPSULE 123 MG	Tier 1	PA1; LA; QL (14 per 28 days)
KUVAN ORAL PACKET 100 MG, 500 MG	Tier 1	PA1; LA
KUVAN ORAL TABLET SOLUBLE 100 MG	Tier 1	PA1; LA
<i>levocarnitine oral solution 1 gm/10ml</i>	Tier 1	MO
<i>levocarnitine oral tablet 330 mg</i>	Tier 1	MO
<i>miglustat oral capsule 100 mg</i>	Tier 1	PA1; MO
ORFADIN ORAL CAPSULE 10 MG, 2 MG, 20 MG, 5 MG	Tier 1	PA1; LA
ORFADIN ORAL SUSPENSION 4 MG/ML	Tier 1	PA1; LA
RAVICTI ORAL LIQUID 1.1 GM/ML	Tier 1	PA1; LA
ZENPEP ORAL CAPSULE DELAYED RELEASE PARTICLES 10000-32000 UNIT, 15000-47000 UNIT, 20000-63000 UNIT, 25000-79000 UNIT, 3000-14000 UNIT, 40000-126000 UNIT, 5000-24000 UNIT	Tier 1	MO

GENITOURINARY AGENTS

ANTISPASMODICS, URINARY

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DRUG NAME	DRUG TIER	REQUIREMENTS/LIMITS
<i>bethanechol chloride oral tablet 10 mg, 25 mg, 5 mg, 50 mg</i>	Tier 1	MO
<i>darifenacin hydrobromide er oral tablet extended release 24 hour 15 mg, 7.5 mg</i>	Tier 1	MO
<i>flavoxate hcl oral tablet 100 mg</i>	Tier 1	MO
MYRBETRIQ ORAL TABLET EXTENDED RELEASE 24 HOUR 25 MG, 50 MG	Tier 1	MO
<i>oxybutynin chloride er oral tablet extended release 24 hour 10 mg, 15 mg, 5 mg</i>	Tier 1	MO
<i>oxybutynin chloride oral syrup 5 mg/5ml</i>	Tier 1	MO
<i>oxybutynin chloride oral tablet 5 mg</i>	Tier 1	MO
<i>tolterodine tartrate er oral capsule extended release 24 hour 2 mg, 4 mg</i>	Tier 1	MO; QL (30 per 30 days)
<i>tolterodine tartrate oral tablet 1 mg, 2 mg</i>	Tier 1	MO; QL (60 per 30 days)
<i>trospium chloride er oral capsule extended release 24 hour 60 mg</i>	Tier 1	MO
<i>trospium chloride oral tablet 20 mg</i>	Tier 1	MO
BENIGN PROSTATIC HYPERTROPHY AGENTS		
<i>alfuzosin hcl er oral tablet extended release 24 hour 10 mg</i>	Tier 1	MO
<i>dutasteride oral capsule 0.5 mg</i>	Tier 1	MO
<i>dutasteride-tamsulosin hcl oral capsule 0.5-0.4 mg</i>	Tier 1	MO
<i>finasteride oral tablet 5 mg</i>	Tier 1	MO
<i>silodosin oral capsule 4 mg, 8 mg</i>	Tier 1	MO
<i>tamsulosin hcl oral capsule 0.4 mg</i>	Tier 1	MO
GENITOURINARY AGENTS, OTHER		
<i>acetic acid irrigation solution 0.25 %</i>	Tier 1	MO
CYSTAGON ORAL CAPSULE 150 MG, 50 MG	Tier 1	LA
ELMIRON ORAL CAPSULE 100 MG	Tier 1	MO
LITHOSTAT ORAL TABLET 250 MG	Tier 1	MO
<i>sodium chloride irrigation solution 0.9 %</i>	Tier 1	MO
PHOSPHATE BINDERS		
AURYXIA ORAL TABLET 1 GM 210 MG(Fe)	Tier 1	PA1; MO
<i>calcium acetate (phos binder) oral capsule 667 mg</i>	Tier 1	MO
<i>calcium acetate (phos binder) oral tablet 667 mg</i>	Tier 1	MO

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DRUG NAME	DRUG TIER	REQUIREMENTS/LIMITS
<i>lanthanum carbonate oral tablet chewable 1000 mg, 500 mg, 750 mg</i>	Tier 1	MO
<i>sevelamer carbonate oral packet 0.8 gm, 2.4 gm</i>	Tier 1	MO
<i>sevelamer carbonate oral tablet 800 mg</i>	Tier 1	MO
VELPHORO ORAL TABLET CHEWABLE 500 MG	Tier 1	MO
VAGINAL PRODUCTS		
AVC VAGINAL VAGINAL CREAM 15 %	Tier 1	MO
<i>clindamycin phosphate vaginal cream 2 %</i>	Tier 1	MO
<i>estradiol vaginal cream 0.1 mg/gm</i>	Tier 1	MO
<i>estradiol vaginal tablet 10 mcg</i>	Tier 1	MO
INTRAROSA VAGINAL INSERT 6.5 MG	Tier 1	PA1; MO
<i>metronidazole vaginal gel 0.75 %</i>	Tier 1	MO
<i>miconazole 3 vaginal suppository 200 mg</i>	Tier 1	MO
PREMARIN VAGINAL CREAM 0.625 MG/GM	Tier 1	MO
<i>terconazole vaginal cream 0.4 %, 0.8 %</i>	Tier 1	MO
<i>terconazole vaginal suppository 80 mg</i>	Tier 1	MO
VANDAZOLE VAGINAL GEL 0.75 %	Tier 1	MO
YUVAFEM VAGINAL TABLET 10 MCG	Tier 1	MO
HORMONAL AGENTS, STIMULANT/ REPLACEMENT/ MODIFYING (ADRENAL)		
GLUCOCORTICOIDS/MINERALOCORTICOIDS		
<i>budesonide er oral tablet extended release 24 hour 9 mg</i>	Tier 1	ST1; MO
<i>budesonide oral capsule delayed release particles 3 mg</i>	Tier 1	MO
<i>cortisone acetate oral tablet 25 mg</i>	Tier 1	MO
DEPO-MEDROL INJECTION SUSPENSION 20 MG/ML, 40 MG/ML, 80 MG/ML	Tier 1	BvD; MO
DEXAMETHASONE INTENSOL ORAL CONCENTRATE 1 MG/ML	Tier 1	MO
<i>dexamethasone oral elixir 0.5 mg/5ml</i>	Tier 1	MO
<i>dexamethasone oral tablet 0.5 mg, 0.75 mg, 1 mg, 1.5 mg, 2 mg, 4 mg, 6 mg</i>	Tier 1	MO
<i>dexamethasone sodium phosphate injection solution 120 mg/30ml, 20 mg/5ml, 4 mg/ml</i>	Tier 1	BvD; MO

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DRUG NAME	DRUG TIER	REQUIREMENTS/LIMITS
<i>fludrocortisone acetate oral tablet 0.1 mg</i>	Tier 1	MO
<i>hydrocortisone oral tablet 10 mg, 20 mg, 5 mg</i>	Tier 1	MO
MEDROL ORAL TABLET 2 MG	Tier 1	MO
<i>methylprednisolone acetate injection suspension 40 mg/ml, 80 mg/ml</i>	Tier 1	BvD; MO
<i>methylprednisolone oral tablet 16 mg, 32 mg, 4 mg, 8 mg</i>	Tier 1	MO
<i>methylprednisolone oral tablet therapy pack 4 mg</i>	Tier 1	MO
<i>methylprednisolone sodium succ injection solution reconstituted 125 mg, 40 mg</i>	Tier 1	BvD; MO
<i>prednisolone oral solution 15 mg/5ml</i>	Tier 1	MO
<i>prednisolone sodium phosphate oral solution 10 mg/5ml, 20 mg/5ml, 25 mg/5ml, 6.7 (5 base) mg/5ml</i>	Tier 1	MO
<i>prednisolone sodium phosphate oral tablet dispersible 10 mg, 15 mg, 30 mg</i>	Tier 1	MO
PREDNISONO INTENSOL ORAL CONCENTRATE 5 MG/ML	Tier 1	MO
<i>prednisone oral solution 5 mg/5ml</i>	Tier 1	MO
<i>prednisone oral tablet 1 mg, 10 mg, 2.5 mg, 20 mg, 5 mg, 50 mg</i>	Tier 1	MO
<i>prednisone oral tablet therapy pack 10 mg (21), 10 mg (48), 5 mg (21), 5 mg (48)</i>	Tier 1	MO
SOLU-MEDROL INJECTION SOLUTION RECONSTITUTED 1000 MG, 125 MG, 2 GM, 40 MG, 500 MG	Tier 1	BvD; MO
<i>triamcinolone acetonide injection suspension 40 mg/ml</i>	Tier 1	BvD; MO

HORMONAL AGENTS, STIMULANT/ REPLACEMENT/ MODIFYING (SEX HORMONES/ MODIFIERS)

ANABOLIC STEROIDS

ANADROL-50 ORAL TABLET 50 MG	Tier 1	MO
<i>oxandrolone oral tablet 10 mg, 2.5 mg</i>	Tier 1	PA2; MO

ANDROGENS

<i>danazol oral capsule 100 mg, 200 mg, 50 mg</i>	Tier 1	MO
<i>methyltestosterone oral capsule 10 mg</i>	Tier 1	PA2; MO

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DRUG NAME	DRUG TIER	REQUIREMENTS/LIMITS
<i>testosterone cypionate intramuscular solution 100 mg/ml, 200 mg/ml</i>	Tier 1	PA2; MO
<i>testosterone enanthate intramuscular solution 200 mg/ml</i>	Tier 1	PA2; MO
<i>testosterone transdermal gel 10 mg/act (2%), 12.5 mg/act (1%), 20.25 mg/1.25gm (1.62%), 20.25 mg/act (1.62%), 25 mg/2.5gm (1%), 40.5 mg/2.5gm (1.62%), 50 mg/5gm (1%)</i>	Tier 1	PA2; MO
<i>testosterone transdermal solution 30 mg/act</i>	Tier 1	PA2; MO
CONTRACEPTIVES		
ALTAVERA ORAL TABLET 0.15-30 MG-MCG	Tier 1	MO
<i>alyacen 1/35 oral tablet 1-35 mg-mcg</i>	Tier 1	MO
AMETHIA LO ORAL TABLET 0.1-0.02 & 0.01 MG	Tier 1	MO
AMETHIA ORAL TABLET 0.15-0.03 & 0.01 MG	Tier 1	MO
APRI ORAL TABLET 0.15-30 MG-MCG	Tier 1	MO
ARANELLE ORAL TABLET 0.5/1/0.5-35 MG-MCG	Tier 1	MO
AUBRA ORAL TABLET 0.1-20 MG-MCG	Tier 1	MO
AVIANE ORAL TABLET 0.1-20 MG-MCG	Tier 1	MO
BALZIVA ORAL TABLET 0.4-35 MG-MCG	Tier 1	MO
BEKYREE ORAL TABLET 0.15-0.02/0.01 MG (21/5)	Tier 1	MO
BLISOVI 24 FE ORAL TABLET 1-20 MG-MCG(24)	Tier 1	MO
BLISOVI FE 1.5/30 ORAL TABLET 1.5-30 MG-MCG	Tier 1	MO
<i>briellyn oral tablet 0.4-35 mg-mcg</i>	Tier 1	MO
CAMILA ORAL TABLET 0.35 MG	Tier 1	MO
CAMRESE LO ORAL TABLET 0.1-0.02 & 0.01 MG	Tier 1	MO
CAZIAN ORAL TABLET 0.1/0.125/0.15 -0.025 MG	Tier 1	MO
CRYSSELLE-28 ORAL TABLET 0.3-30 MG-MCG	Tier 1	MO
CYCLAFEM 1/35 ORAL TABLET 1-35 MG-MCG	Tier 1	MO

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DRUG NAME	DRUG TIER	REQUIREMENTS/LIMITS
CYCLAFEM 7/7/7 ORAL TABLET 0.5/0.75/1-35 MG-MCG	Tier 1	MO
CYRED EQ ORAL TABLET 0.15-30 MG-MCG	Tier 1	MO
DEBLITANE ORAL TABLET 0.35 MG	Tier 1	MO
DELYLA ORAL TABLET 0.1-20 MG-MCG	Tier 1	MO
<i>desogestrel-ethinyl estradiol oral tablet 0.15-0.02/0.01 mg (21/5), 0.15-30 mg-mcg</i>	Tier 1	MO
<i>drospirenone-ethinyl estradiol oral tablet 3-0.03 mg</i>	Tier 1	MO
EMOQUETTE ORAL TABLET 0.15-30 MG-MCG	Tier 1	MO
ENPRESSE-28 ORAL TABLET 50-30/75-40/125-30 MCG	Tier 1	MO
ENSKYCE ORAL TABLET 0.15-30 MG-MCG	Tier 1	MO
ERRIN ORAL TABLET 0.35 MG	Tier 1	MO
ESTARYLLA ORAL TABLET 0.25-35 MG-MCG	Tier 1	MO
<i>ethynodiol diac-eth estradiol oral tablet 1-35 mg-mcg, 1-50 mg-mcg</i>	Tier 1	MO
FALMINA ORAL TABLET 0.1-20 MG-MCG	Tier 1	MO
FEMYNOR ORAL TABLET 0.25-35 MG-MCG	Tier 1	MO
GIANVI ORAL TABLET 3-0.02 MG	Tier 1	MO
HAILEY 24 FE ORAL TABLET 1-20 MG-MCG(24)	Tier 1	MO
INCASSIA ORAL TABLET 0.35 MG	Tier 1	MO
INTROVALE ORAL TABLET 0.15-0.03 MG	Tier 1	MO
ISIBLOOM ORAL TABLET 0.15-30 MG-MCG	Tier 1	MO
JULEBER ORAL TABLET 0.15-30 MG-MCG	Tier 1	MO
JUNEL 1.5/30 ORAL TABLET 1.5-30 MG-MCG	Tier 1	MO
JUNEL 1/20 ORAL TABLET 1-20 MG-MCG	Tier 1	MO
JUNEL FE 1.5/30 ORAL TABLET 1.5-30 MG-MCG	Tier 1	MO
JUNEL FE 1/20 ORAL TABLET 1-20 MG-MCG	Tier 1	MO
JUNEL FE 24 ORAL TABLET 1-20 MG-MCG(24)	Tier 1	MO
KARIVA ORAL TABLET 0.15-0.02/0.01 MG (21/5)	Tier 1	MO

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DRUG NAME	DRUG TIER	REQUIREMENTS/LIMITS
KELNOR 1/35 ORAL TABLET 1-35 MG-MCG	Tier 1	MO
KELNOR 1/50 ORAL TABLET 1-50 MG-MCG	Tier 1	MO
KURVELO ORAL TABLET 0.15-30 MG-MCG	Tier 1	MO
LARIN 1.5/30 ORAL TABLET 1.5-30 MG-MCG	Tier 1	MO
LARIN 1/20 ORAL TABLET 1-20 MG-MCG	Tier 1	MO
LARIN FE 1.5/30 ORAL TABLET 1.5-30 MG-MCG	Tier 1	MO
LARIN FE 1/20 ORAL TABLET 1-20 MG-MCG	Tier 1	MO
LARISSIA ORAL TABLET 0.1-20 MG-MCG	Tier 1	MO
LEENA ORAL TABLET 0.5/1/0.5-35 MG-MCG	Tier 1	MO
LESSINA ORAL TABLET 0.1-20 MG-MCG	Tier 1	MO
LEVONEST ORAL TABLET 50-30/75-40/ 125-30 MCG	Tier 1	MO
<i>levonorgest-eth estrad 91-day oral tablet 0.1-0.02 & 0.01 mg, 0.15-0.03 & 0.01 mg, 0.15-0.03 mg</i>	Tier 1	MO
<i>levonorgestrel-ethinyl estrad oral tablet 0.1-20 mg-mcg, 0.15-30 mg-mcg, 90-20 mcg</i>	Tier 1	MO
<i>levonorg-eth estrad triphasic oral tablet</i>	Tier 1	MO
LEVORA 0.15/30 (28) ORAL TABLET 0.15-30 MG-MCG	Tier 1	MO
LORYNA ORAL TABLET 3-0.02 MG	Tier 1	MO
LOW-OGESTREL ORAL TABLET 0.3-30 MG-MCG	Tier 1	MO
LUTERA ORAL TABLET 0.1-20 MG-MCG	Tier 1	MO
LYZA ORAL TABLET 0.35 MG	Tier 1	MO
<i>marlissa oral tablet 0.15-30 mg-mcg</i>	Tier 1	MO
<i>medroxyprogesterone acetate intramuscular suspension 150 mg/ml</i>	Tier 1	MO
<i>medroxyprogesterone acetate intramuscular suspension prefilled syringe 150 mg/ml</i>	Tier 1	MO
MICROGESTIN 1.5/30 ORAL TABLET 1.5-30 MG-MCG	Tier 1	MO
MICROGESTIN 1/20 ORAL TABLET 1-20 MG-MCG	Tier 1	MO
MICROGESTIN FE 1.5/30 ORAL TABLET 1.5-30 MG-MCG	Tier 1	MO

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DRUG NAME	DRUG TIER	REQUIREMENTS/LIMITS
MICROGESTIN FE 1/20 ORAL TABLET 1-20 MG-MCG	Tier 1	MO
MILI ORAL TABLET 0.25-35 MG-MCG	Tier 1	MO
NECON 0.5/35 (28) ORAL TABLET 0.5-35 MG-MCG	Tier 1	MO
NIKKI ORAL TABLET 3-0.02 MG	Tier 1	MO
NORA-BE ORAL TABLET 0.35 MG	Tier 1	MO
<i>norethin ace-eth estrad-fe oral tablet 1-20 mg-mcg(24)</i>	Tier 1	MO
<i>norethindrone acet-ethinyl est oral tablet 1-20 mg-mcg</i>	Tier 1	MO
<i>norethindrone oral tablet 0.35 mg</i>	Tier 1	MO
<i>norethin-eth estradiol-fe oral tablet chewable 0.4-35 mg-mcg</i>	Tier 1	MO
<i>norgestimate-eth estradiol oral tablet 0.25-35 mg-mcg</i>	Tier 1	MO
<i>norgestim-eth estrad triphasic oral tablet 0.18/0.215/0.25 mg-35 mcg</i>	Tier 1	MO
NORLYROC ORAL TABLET 0.35 MG	Tier 1	MO
NORTREL 0.5/35 (28) ORAL TABLET 0.5-35 MG-MCG	Tier 1	MO
NORTREL 1/35 (21) ORAL TABLET 1-35 MG-MCG	Tier 1	MO
NORTREL 1/35 (28) ORAL TABLET 1-35 MG-MCG	Tier 1	MO
NORTREL 7/7/7 ORAL TABLET 0.5/0.75/1-35 MG-MCG	Tier 1	MO
OCELLA ORAL TABLET 3-0.03 MG	Tier 1	MO
OGESTREL ORAL TABLET 0.5-50 MG-MCG	Tier 1	MO
ORSYTHIA ORAL TABLET 0.1-20 MG-MCG	Tier 1	MO
PIMTREA ORAL TABLET 0.15-0.02/0.01 MG (21/5)	Tier 1	MO
PIRMELLA 1/35 ORAL TABLET 1-35 MG-MCG	Tier 1	MO
PORTIA-28 ORAL TABLET 0.15-30 MG-MCG	Tier 1	MO
PREVIFEM ORAL TABLET 0.25-35 MG-MCG	Tier 1	MO
RECLIPSEN ORAL TABLET 0.15-30 MG-MCG	Tier 1	MO

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DRUG NAME	DRUG TIER	REQUIREMENTS/LIMITS
SETLAKIN ORAL TABLET 0.15-0.03 MG	Tier 1	MO
SHAROBEL ORAL TABLET 0.35 MG	Tier 1	MO
SPRINTEC 28 ORAL TABLET 0.25-35 MG-MCG	Tier 1	MO
SRONYX ORAL TABLET 0.1-20 MG-MCG	Tier 1	MO
SYEDA ORAL TABLET 3-0.03 MG	Tier 1	MO
TARINA FE 1/20 ORAL TABLET 1-20 MG-MCG	Tier 1	MO
TRI-ESTARYLLA ORAL TABLET 0.18/0.215/0.25 MG-35 MCG	Tier 1	MO
TRI-LEGEST FE ORAL TABLET 1-20/1-30/1-35 MG-MCG	Tier 1	MO
TRI-LO-ESTARYLLA ORAL TABLET 0.18/0.215/0.25 MG-25 MCG	Tier 1	MO
TRI-MILI ORAL TABLET 0.18/0.215/0.25 MG-35 MCG	Tier 1	MO
TRI-PREVIFEM ORAL TABLET 0.18/0.215/0.25 MG-35 MCG	Tier 1	MO
TRI-SPRINTEC ORAL TABLET 0.18/0.215/0.25 MG-35 MCG	Tier 1	MO
TRIVORA (28) ORAL TABLET 50-30/75-40/125-30 MCG	Tier 1	MO
TRI-VYLIBRA ORAL TABLET 0.18/0.215/0.25 MG-35 MCG	Tier 1	MO
VELIVET ORAL TABLET 0.1/0.125/0.15 -0.025 MG	Tier 1	MO
VIENVA ORAL TABLET 0.1-20 MG-MCG	Tier 1	MO
VYFEMLA ORAL TABLET 0.4-35 MG-MCG	Tier 1	MO
VYLIBRA ORAL TABLET 0.25-35 MG-MCG	Tier 1	MO
WYMZYA FE ORAL TABLET CHEWABLE 0.4-35 MG-MCG	Tier 1	MO
ZARAH ORAL TABLET 3-0.03 MG	Tier 1	MO
ZOVIA 1/35E (28) ORAL TABLET 1-35 MG-MCG	Tier 1	MO
ESTROGENS		
AMABELZ ORAL TABLET 0.5-0.1 MG, 1-0.5 MG	Tier 1	PA2; MO; HRM

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DRUG NAME	DRUG TIER	REQUIREMENTS/LIMITS
DIVIGEL TRANSDERMAL GEL 1 MG/GM	Tier 1	PA2; MO; HRM
ELESTRIN TRANSDERMAL GEL 0.52 MG/0.87 GM (0.06%)	Tier 1	PA2; MO; HRM
<i>estradiol oral tablet 0.5 mg, 1 mg, 2 mg</i>	Tier 1	PA2; MO; HRM
<i>estradiol transdermal patch twice weekly 0.025 mg/24hr, 0.0375 mg/24hr, 0.05 mg/24hr, 0.075 mg/24hr, 0.1 mg/24hr</i>	Tier 1	PA2; MO; HRM
<i>estradiol transdermal patch weekly 0.025 mg/24hr, 0.0375 mg/24hr, 0.05 mg/24hr, 0.06 mg/24hr, 0.075 mg/24hr, 0.1 mg/24hr</i>	Tier 1	PA2; MO; HRM
<i>estradiol-norethindrone acet oral tablet 0.5-0.1 mg, 1-0.5 mg</i>	Tier 1	PA2; MO; HRM
EVAMIST TRANSDERMAL SOLUTION 1.53 MG/SPRAY	Tier 1	PA2; MO; HRM
FYAVOLV ORAL TABLET 0.5-2.5 MG-MCG, 1-5 MG-MCG	Tier 1	PA2; MO; HRM
JINTELI ORAL TABLET 1-5 MG-MCG	Tier 1	PA2; MO; HRM
MENEST ORAL TABLET 0.3 MG, 0.625 MG, 1.25 MG	Tier 1	PA2; MO; HRM
MIMVEY LO ORAL TABLET 0.5-0.1 MG	Tier 1	PA2; MO; HRM
MIMVEY ORAL TABLET 1-0.5 MG	Tier 1	PA2; MO; HRM
<i>norethindrone-eth estradiol oral tablet 0.5-2.5 mg-mcg, 1-5 mg-mcg</i>	Tier 1	PA2; MO; HRM
PREMARIN ORAL TABLET 0.3 MG, 0.45 MG, 0.625 MG, 0.9 MG, 1.25 MG	Tier 1	MO
PREMPHASE ORAL TABLET 0.625-5 MG	Tier 1	MO
PREMPRO ORAL TABLET 0.3-1.5 MG, 0.45-1.5 MG, 0.625-2.5 MG, 0.625-5 MG	Tier 1	MO
PROGESTINS		
DEPO-PROVERA INTRAMUSCULAR SUSPENSION 400 MG/ML	Tier 1	BvD; MO
<i>medroxyprogesterone acetate oral tablet 10 mg, 2.5 mg, 5 mg</i>	Tier 1	MO
<i>megestrol acetate oral suspension 625 mg/5ml</i>	Tier 1	MO
<i>norethindrone acetate oral tablet 5 mg</i>	Tier 1	MO
<i>progesterone micronized oral capsule 100 mg, 200 mg</i>	Tier 1	MO
SELECTIVE ESTROGEN RECEPTOR MODIFYING AGENTS		

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DRUG NAME	DRUG TIER	REQUIREMENTS/LIMITS
OSPHENA ORAL TABLET 60 MG	Tier 1	PA1; MO
<i>raloxifene hcl oral tablet 60 mg</i>	Tier 1	MO
<i>toremifene citrate oral tablet 60 mg</i>	Tier 1	PA2; MO; QL (30 per 30 days)
HORMONAL AGENTS, STIMULANT/REPLACEMENT/ MODIFYING (PITUITARY)		
HORMONAL AGENTS, STIMULANT/REPLACEMENT/ MODIFYING (PITUITARY)		
<i>cabergoline oral tablet 0.5 mg</i>	Tier 1	MO
<i>desmopressin ace spray refrig nasal solution 0.01 %</i>	Tier 1	MO
<i>desmopressin acetate oral tablet 0.1 mg, 0.2 mg</i>	Tier 1	MO
INCRELEX SUBCUTANEOUS SOLUTION 40 MG/4ML	Tier 1	PA1; LA
NOCDURNA SUBLINGUAL TABLET SUBLINGUAL 27.7 MCG, 55.3 MCG	Tier 1	MO
NORDITROPIN FLEXPPO SUBCUTANEOUS SOLUTION 10 MG/1.5ML, 15 MG/1.5ML, 30 MG/3ML, 5 MG/1.5ML	Tier 1	PA1; MO
HORMONAL AGENTS, STIMULANT/REPLACEMENT/ MODIFYING (THYROID)		
HORMONAL AGENTS, STIMULANT/REPLACEMENT/ MODIFYING (THYROID)		
LEVO-T ORAL TABLET 100 MCG, 112 MCG, 125 MCG, 137 MCG, 150 MCG, 175 MCG, 200 MCG, 25 MCG, 300 MCG, 50 MCG, 75 MCG, 88 MCG	Tier 1	MO
<i>levothyroxine sodium oral tablet 100 mcg, 112 mcg, 125 mcg, 137 mcg, 150 mcg, 175 mcg, 200 mcg, 25 mcg, 300 mcg, 50 mcg, 75 mcg, 88 mcg</i>	Tier 1	MO
LEVOXYL ORAL TABLET 100 MCG, 112 MCG, 125 MCG, 137 MCG, 150 MCG, 175 MCG, 200 MCG, 25 MCG, 50 MCG, 75 MCG, 88 MCG	Tier 1	MO
<i>liothyronine sodium oral tablet 25 mcg, 5 mcg, 50 mcg</i>	Tier 1	MO
SYNTHROID ORAL TABLET 100 MCG, 112 MCG, 125 MCG, 137 MCG, 150 MCG, 175 MCG, 200 MCG, 25 MCG, 300 MCG, 50 MCG, 75 MCG, 88 MCG	Tier 1	MO

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DRUG NAME	DRUG TIER	REQUIREMENTS/LIMITS
UNITHROID ORAL TABLET 100 MCG, 112 MCG, 125 MCG, 150 MCG, 175 MCG, 200 MCG, 25 MCG, 300 MCG, 50 MCG, 75 MCG, 88 MCG	Tier 1	MO
HORMONAL AGENTS, SUPPRESSANT (PITUITARY)		
HORMONAL AGENTS, SUPPRESSANT (PITUITARY)		
KORLYM ORAL TABLET 300 MG	Tier 1	PA1; LA; QL (120 per 30 days)
<i>octreotide acetate injection solution 100 mcg/ml, 1000 mcg/ml, 200 mcg/ml, 50 mcg/ml, 500 mcg/ml</i>	Tier 1	PA1; MO
SIGNIFOR SUBCUTANEOUS SOLUTION 0.3 MG/ML, 0.6 MG/ML, 0.9 MG/ML	Tier 1	PA1; LA; QL (60 per 30 days)
SOMATULINE DEPOT SUBCUTANEOUS SOLUTION 120 MG/0.5ML, 60 MG/0.2ML, 90 MG/0.3ML	Tier 1	PA2; MO
SOMAVERT SUBCUTANEOUS SOLUTION RECONSTITUTED 10 MG, 15 MG, 20 MG, 25 MG, 30 MG	Tier 1	PA1; LA
SYNAREL NASAL SOLUTION 2 MG/ML	Tier 1	PA1; MO
HORMONAL AGENTS, SUPPRESSANT (THYROID)		
ANTITHYROID AGENTS		
<i>methimazole oral tablet 10 mg, 5 mg</i>	Tier 1	MO
<i>propylthiouracil oral tablet 50 mg</i>	Tier 1	MO
IMMUNOLOGICAL AGENTS		
ANGIOEDEMA AGENTS		
CINRYZE INTRAVENOUS SOLUTION RECONSTITUTED 500 UNIT	Tier 1	PA1; MO
FIRAZYR SUBCUTANEOUS SOLUTION 30 MG/3ML	Tier 1	PA1; MO
TAKHZYRO SUBCUTANEOUS SOLUTION 300 MG/2ML	Tier 1	PA1; LA; QL (4 per 28 days)
IMMUNE SUPPRESSANTS		
ASTAGRAF XL ORAL CAPSULE EXTENDED RELEASE 24 HOUR 0.5 MG, 1 MG, 5 MG	Tier 1	BvD; MO
AZASAN ORAL TABLET 100 MG, 75 MG	Tier 1	BvD; MO
<i>azathioprine oral tablet 50 mg</i>	Tier 1	BvD; MO
BENLYSTA SUBCUTANEOUS SOLUTION AUTO-INJECTOR 200 MG/ML	Tier 1	PA1; MO

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DRUG NAME	DRUG TIER	REQUIREMENTS/LIMITS
BENLYSTA SUBCUTANEOUS SOLUTION PREFILLED SYRINGE 200 MG/ML	Tier 1	PA1; MO
CIMZIA PREFILLED SUBCUTANEOUS KIT 2 X 200 MG/ML	Tier 1	PA1; MO
CIMZIA SUBCUTANEOUS KIT 2 X 200 MG	Tier 1	PA1; MO
<i>cyclosporine modified oral capsule 100 mg, 25 mg, 50 mg</i>	Tier 1	BvD; MO
<i>cyclosporine modified oral solution 100 mg/ml</i>	Tier 1	BvD; MO
<i>cyclosporine oral capsule 100 mg, 25 mg</i>	Tier 1	BvD; MO
ENVARUSUS XR ORAL TABLET EXTENDED RELEASE 24 HOUR 0.75 MG, 1 MG, 4 MG	Tier 1	BvD; MO
GENGRAF ORAL CAPSULE 100 MG, 25 MG	Tier 1	BvD; MO
GENGRAF ORAL SOLUTION 100 MG/ML	Tier 1	BvD; MO
<i>methotrexate oral tablet 2.5 mg</i>	Tier 1	BvD; MO
<i>mycophenolate mofetil oral capsule 250 mg</i>	Tier 1	BvD; MO
<i>mycophenolate mofetil oral suspension reconstituted 200 mg/ml</i>	Tier 1	BvD; MO
<i>mycophenolate mofetil oral tablet 500 mg</i>	Tier 1	BvD; MO
<i>mycophenolate sodium oral tablet delayed release 180 mg, 360 mg</i>	Tier 1	BvD; MO
OTREXUP SUBCUTANEOUS SOLUTION AUTO-INJECTOR 10 MG/0.4ML, 12.5 MG/0.4ML, 15 MG/0.4ML, 20 MG/0.4ML, 22.5 MG/0.4ML, 25 MG/0.4ML	Tier 1	PA2; MO
PROGRAF ORAL PACKET 0.2 MG, 1 MG	Tier 1	BvD; MO
RASUVO SUBCUTANEOUS SOLUTION AUTO-INJECTOR 10 MG/0.2ML, 12.5 MG/0.25ML, 15 MG/0.3ML, 17.5 MG/0.35ML, 20 MG/0.4ML, 22.5 MG/0.45ML, 25 MG/0.5ML, 30 MG/0.6ML, 7.5 MG/0.15ML	Tier 1	PA2; MO
SANDIMMUNE ORAL CAPSULE 100 MG, 25 MG	Tier 1	BvD; MO
SANDIMMUNE ORAL SOLUTION 100 MG/ML	Tier 1	BvD; MO
<i>sirolimus oral solution 1 mg/ml</i>	Tier 1	BvD; MO
<i>sirolimus oral tablet 0.5 mg, 1 mg, 2 mg</i>	Tier 1	BvD; MO
<i>tacrolimus oral capsule 0.5 mg, 1 mg, 5 mg</i>	Tier 1	BvD; MO
TREXALL ORAL TABLET 10 MG, 15 MG, 5 MG, 7.5 MG	Tier 1	BvD; MO

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DRUG NAME	DRUG TIER	REQUIREMENTS/LIMITS
XATMEP ORAL SOLUTION 2.5 MG/ML	Tier 1	BvD; MO
ZORTRESS ORAL TABLET 0.25 MG, 0.5 MG, 0.75 MG, 1 MG	Tier 1	PA2; MO
IMMUNIZING AGENTS, PASSIVE		
GAMMAGARD INJECTION SOLUTION 10 GM/100ML, 2.5 GM/25ML, 20 GM/200ML, 30 GM/300ML, 5 GM/50ML	Tier 1	PA1; MO
GAMMAGARD S/D LESS IGA INTRAVENOUS SOLUTION RECONSTITUTED 10 GM, 5 GM	Tier 1	PA1; MO
GAMMAKED INJECTION SOLUTION 1 GM/10ML	Tier 1	PA1; MO
GAMMAPLEX INTRAVENOUS SOLUTION 10 GM/100ML, 10 GM/200ML, 20 GM/200ML, 5 GM/50ML	Tier 1	PA1; MO
GAMUNEX-C INJECTION SOLUTION 1 GM/10ML	Tier 1	PA1; MO
OCTAGAM INTRAVENOUS SOLUTION 1 GM/20ML, 2 GM/20ML	Tier 1	PA1; MO
VARIZIG INTRAMUSCULAR SOLUTION 125 UNIT/1.2ML	Tier 1	PA1; MO
IMMUNOMODULATORS		
ACTEMRA ACTPEN SUBCUTANEOUS SOLUTION AUTO-INJECTOR 162 MG/0.9ML	Tier 1	PA1; MO
ACTEMRA SUBCUTANEOUS SOLUTION PREFILLED SYRINGE 162 MG/0.9ML	Tier 1	PA1; MO
COSENTYX (300 MG DOSE) SUBCUTANEOUS SOLUTION PREFILLED SYRINGE 150 MG/ML	Tier 1	PA1; MO
COSENTYX SENSOREADY (300 MG) SUBCUTANEOUS SOLUTION AUTO-INJECTOR 150 MG/ML	Tier 1	PA1; MO
ENBREL MINI SUBCUTANEOUS SOLUTION CARTRIDGE 50 MG/ML	Tier 1	PA1; MO
ENBREL SUBCUTANEOUS SOLUTION PREFILLED SYRINGE 25 MG/0.5ML, 50 MG/ML	Tier 1	PA1; MO
ENBREL SUBCUTANEOUS SOLUTION RECONSTITUTED 25 MG	Tier 1	PA1; MO

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DRUG NAME	DRUG TIER	REQUIREMENTS/LIMITS
ENBREL SURECLICK SUBCUTANEOUS SOLUTION AUTO-INJECTOR 50 MG/ML	Tier 1	PA1; MO
HUMIRA PEDIATRIC CROHNS START SUBCUTANEOUS PREFILLED SYRINGE KIT 40 MG/0.8ML, 40 MG/0.8ML (6 PACK), 80 MG/0.8ML, 80 MG/0.8ML & 40MG/0.4ML	Tier 1	PA1; MO
HUMIRA PEN SUBCUTANEOUS PEN-INJECTOR KIT 40 MG/0.4ML, 40 MG/0.8ML	Tier 1	PA1; MO
HUMIRA PEN-CD/UC/HS STARTER SUBCUTANEOUS PEN-INJECTOR KIT 40 MG/0.8ML, 80 MG/0.8ML	Tier 1	PA1; MO
HUMIRA PEN-PS/UV/ADOL HS START SUBCUTANEOUS PEN-INJECTOR KIT 40 MG/0.8ML, 80 MG/0.8ML & 40MG/0.4ML	Tier 1	PA1; MO
HUMIRA SUBCUTANEOUS PREFILLED SYRINGE KIT 10 MG/0.1ML, 10 MG/0.2ML, 20 MG/0.2ML, 20 MG/0.4ML, 40 MG/0.4ML, 40 MG/0.8ML	Tier 1	PA1; MO
KINERET SUBCUTANEOUS SOLUTION PREFILLED SYRINGE 100 MG/0.67ML	Tier 1	PA1; MO
<i>leflunomide oral tablet 10 mg, 20 mg</i>	Tier 1	MO
ORENCIA CLICKJECT SUBCUTANEOUS SOLUTION AUTO-INJECTOR 125 MG/ML	Tier 1	PA1; MO
ORENCIA SUBCUTANEOUS SOLUTION PREFILLED SYRINGE 125 MG/ML, 50 MG/0.4ML, 87.5 MG/0.7ML	Tier 1	PA1; MO
OTEZLA ORAL TABLET 30 MG	Tier 1	PA1; MO
OTEZLA ORAL TABLET THERAPY PACK 10 & 20 & 30 MG	Tier 1	PA1; MO
SIMPONI SUBCUTANEOUS SOLUTION AUTO-INJECTOR 100 MG/ML, 50 MG/0.5ML	Tier 1	PA1; MO
SIMPONI SUBCUTANEOUS SOLUTION PREFILLED SYRINGE 100 MG/ML, 50 MG/0.5ML	Tier 1	PA1; MO
STELARA SUBCUTANEOUS SOLUTION 45 MG/0.5ML	Tier 1	PA1; MO
STELARA SUBCUTANEOUS SOLUTION PREFILLED SYRINGE 45 MG/0.5ML, 90 MG/ML	Tier 1	PA1; MO
XELJANZ ORAL TABLET 10 MG, 5 MG	Tier 1	PA1; MO

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DRUG NAME	DRUG TIER	REQUIREMENTS/LIMITS
XELJANZ XR ORAL TABLET EXTENDED RELEASE 24 HOUR 11 MG	Tier 1	PA1; MO
VACCINES		
ACTHIB INTRAMUSCULAR SOLUTION RECONSTITUTED	Tier 1	MO
ADACEL INTRAMUSCULAR SUSPENSION 5-2-15.5 (PREFILLED SYRINGE), 5-2-15.5 LF-MCG/0.5	Tier 1	MO
<i>bcg vaccine injection injectable</i>	Tier 1	MO
BEXSERO INTRAMUSCULAR SUSPENSION PREFILLED SYRINGE	Tier 1	MO
BOOSTRIX INTRAMUSCULAR SUSPENSION 5-2.5-18.5 , 5-2.5-18.5 (0.5ML SYRINGE)	Tier 1	MO
DAPTACEL INTRAMUSCULAR SUSPENSION 23-15-5	Tier 1	MO
<i>diphtheria-tetanus toxoids dt intramuscular suspension 25-5 lfu/0.5ml</i>	Tier 1	BvD; MO
ENGERIX-B INJECTION SUSPENSION 10 MCG/0.5ML, 20 MCG/ML	Tier 1	BvD; MO
GARDASIL 9 INTRAMUSCULAR SUSPENSION	Tier 1	MO
GARDASIL 9 INTRAMUSCULAR SUSPENSION PREFILLED SYRINGE	Tier 1	MO
HAVRIX INTRAMUSCULAR SUSPENSION 1440 EL U/ML, 1440 EL U/ML 1 ML, 720 EL U/0.5ML, 720 EL U/0.5ML 0.5 ML	Tier 1	MO
HIBERIX INJECTION SOLUTION RECONSTITUTED 10 MCG	Tier 1	MO
IMOVAX RABIES INTRAMUSCULAR INJECTABLE 2.5 UNIT/ML	Tier 1	BvD; MO
INFANRIX INTRAMUSCULAR SUSPENSION 25-58-10	Tier 1	MO
IPOL INJECTION INJECTABLE	Tier 1	MO
IXIARO INTRAMUSCULAR SUSPENSION	Tier 1	MO
KINRIX INTRAMUSCULAR SUSPENSION , INJECTION 0.5 ML	Tier 1	MO
MENACTRA INTRAMUSCULAR INJECTABLE	Tier 1	MO

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DRUG NAME	DRUG TIER	REQUIREMENTS/LIMITS
MENVEO INTRAMUSCULAR SOLUTION RECONSTITUTED	Tier 1	MO
M-M-R II INJECTION SOLUTION RECONSTITUTED	Tier 1	MO
M-M-R II SUBCUTANEOUS INJECTABLE	Tier 1	MO
PEDIARIX INTRAMUSCULAR SUSPENSION	Tier 1	MO
PEDVAX HIB INTRAMUSCULAR SUSPENSION 7.5 MCG/0.5ML	Tier 1	MO
PROQUAD SUBCUTANEOUS SUSPENSION RECONSTITUTED	Tier 1	MO
QUADRACEL INTRAMUSCULAR SUSPENSION	Tier 1	MO
RABAVERT INTRAMUSCULAR SUSPENSION RECONSTITUTED	Tier 1	BvD; MO
RECOMBIVAX HB INJECTION SUSPENSION 10 MCG/ML, 10 MCG/ML (1ML SYRINGE), 40 MCG/ML, 5 MCG/0.5ML	Tier 1	BvD; MO
ROTARIX ORAL SUSPENSION RECONSTITUTED	Tier 1	MO
ROTATEQ ORAL SOLUTION	Tier 1	MO
SHINGRIX INTRAMUSCULAR SUSPENSION RECONSTITUTED 50 MCG/0.5ML	Tier 1	MO
TDVAX INTRAMUSCULAR SUSPENSION 2-2 LF/0.5ML	Tier 1	BvD; MO
TENIVAC INTRAMUSCULAR INJECTABLE 5-2 LFU	Tier 1	BvD; MO
TRUMENBA INTRAMUSCULAR SUSPENSION PREFILLED SYRINGE	Tier 1	MO
TWINRIX INTRAMUSCULAR SUSPENSION PREFILLED SYRINGE 720-20 ELU-MCG/ML	Tier 1	BvD; MO
TYPHIM VI INTRAMUSCULAR SOLUTION 25 MCG/0.5ML, 25 MCG/0.5ML (0.5ML SYRINGE)	Tier 1	MO
VAQTA INTRAMUSCULAR SUSPENSION 25 UNIT/0.5ML, 25 UNIT/0.5ML 0.5 ML, 50 UNIT/ML, 50 UNIT/ML 1 ML	Tier 1	MO
VARIVAX SUBCUTANEOUS INJECTABLE 1350 PFU/0.5ML	Tier 1	MO
YF-VAX SUBCUTANEOUS INJECTABLE	Tier 1	MO

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DRUG NAME	DRUG TIER	REQUIREMENTS/LIMITS
ZOSTAVAX SUBCUTANEOUS SUSPENSION RECONSTITUTED 19400 UNT/0.65ML	Tier 1	MO
INFLAMMATORY BOWEL DISEASE AGENTS		
AMINOSALICYLATES		
APRISO ORAL CAPSULE EXTENDED RELEASE 24 HOUR 0.375 GM	Tier 1	MO
<i>balsalazide disodium oral capsule 750 mg</i>	Tier 1	MO
LIALDA ORAL TABLET DELAYED RELEASE 1.2 GM	Tier 1	MO
<i>mesalamine oral tablet delayed release 800 mg</i>	Tier 1	MO
<i>mesalamine rectal enema 4 gm</i>	Tier 1	MO
<i>mesalamine rectal suppository 1000 mg</i>	Tier 1	MO
<i>sulfasalazine oral tablet 500 mg</i>	Tier 1	MO
<i>sulfasalazine oral tablet delayed release 500 mg</i>	Tier 1	MO
METABOLIC BONE DISEASE AGENTS		
METABOLIC BONE DISEASE AGENTS		
<i>alendronate sodium oral solution 70 mg/75ml</i>	Tier 1	MO
<i>alendronate sodium oral tablet 10 mg, 35 mg, 40 mg, 5 mg, 70 mg</i>	Tier 1	MO
<i>calcitonin (salmon) nasal solution 200 unit/act</i>	Tier 1	BvD; MO
<i>calcitriol oral capsule 0.25 mcg, 0.5 mcg</i>	Tier 1	BvD; MO
<i>calcitriol oral solution 1 mcg/ml</i>	Tier 1	BvD; MO
<i>cinacalcet hcl oral tablet 30 mg, 90 mg</i>	Tier 1	BvD; MO; QL (120 per 30 days)
<i>cinacalcet hcl oral tablet 60 mg</i>	Tier 1	BvD; MO; QL (150 per 30 days)
<i>etidronate disodium oral tablet 200 mg, 400 mg</i>	Tier 1	MO
FORTEO SUBCUTANEOUS SOLUTION 600 MCG/2.4ML	Tier 1	PA1; MO; QL (2.4 per 28 days)
FOSAMAX PLUS D ORAL TABLET 70-2800 MG-UNIT, 70-5600 MG-UNIT	Tier 1	MO
<i>ibandronate sodium oral tablet 150 mg</i>	Tier 1	MO
NATPARA SUBCUTANEOUS CARTRIDGE 100 MCG, 25 MCG, 50 MCG, 75 MCG	Tier 1	PA1; LA
<i>paricalcitol oral capsule 1 mcg, 2 mcg, 4 mcg</i>	Tier 1	BvD; MO
PROLIA SUBCUTANEOUS SOLUTION PREFILLED SYRINGE 60 MG/ML	Tier 1	ST1; MO

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DRUG NAME	DRUG TIER	REQUIREMENTS/LIMITS
<i>risedronate sodium oral tablet 150 mg, 30 mg, 35 mg, 35 mg (12 pack), 35 mg (4 pack), 5 mg</i>	Tier 1	MO
<i>risedronate sodium oral tablet delayed release 35 mg</i>	Tier 1	MO
TYMLOS SUBCUTANEOUS SOLUTION PEN-INJECTOR 3120 MCG/1.56ML	Tier 1	PA1; MO
XGEVA SUBCUTANEOUS SOLUTION 120 MG/1.7ML	Tier 1	PA1; MO; QL (1.7 per 28 days)
MISCELLANEOUS		
MISCELLANEOUS		
ASSURE ID INSULIN SAFETY SYR 29G X 1/2" 1 ML	Tier 1	MO
COMFORT ASSIST INSULIN SYRINGE 29G X 1/2" 1 ML	Tier 1	MO
<i>cvs gauze sterile pad 2"x2"</i>	Tier 1	MO
EXEL COMFORT POINT PEN NEEDLE 29G X 12MM	Tier 1	MO
<i>global alcohol prep ease pad 70 %</i>	Tier 1	MO
<i>preferred plus insulin syringe 28g x 1/2" 0.5 ml</i>	Tier 1	MO
RELI-ON INSULIN SYRINGE 29G 0.3 ML	Tier 1	MO
OPHTHALMIC AGENTS		
OPHTHALMIC PROSTAGLANDIN AND PROSTAMIDE ANALOGS		
<i>bimatoprost ophthalmic solution 0.03 %</i>	Tier 1	MO; QL (5 per 25 days)
<i>latanoprost ophthalmic solution 0.005 %</i>	Tier 1	MO
LUMIGAN OPHTHALMIC SOLUTION 0.01 %	Tier 1	MO; QL (2.5 per 20 days)
TRAVATAN Z OPHTHALMIC SOLUTION 0.004 %	Tier 1	MO; QL (2.5 per 20 days)
OPHTHALMIC AGENTS, OTHER		
<i>atropine sulfate ophthalmic solution 1 %</i>	Tier 1	MO
CYSTARAN OPHTHALMIC SOLUTION 0.44 %	Tier 1	PA1; MO; QL (60 per 30 days)
ISOPTO ATROPINE OPHTHALMIC SOLUTION 1 %	Tier 1	MO
OXERVATE OPHTHALMIC SOLUTION 0.002 %	Tier 1	PA1; MO
<i>proparacaine hcl ophthalmic solution 0.5 %</i>	Tier 1	MO

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DRUG NAME	DRUG TIER	REQUIREMENTS/LIMITS
RESTASIS MULTIDOSE OPHTHALMIC EMULSION 0.05 %	Tier 1	MO; QL (5.5 per 20 days)
RESTASIS OPHTHALMIC EMULSION 0.05 %	Tier 1	MO; QL (60 per 30 days)
OPHTHALMIC ANTI INFECTIVES		
<i>bacitracin ophthalmic ointment 500 unit/gm</i>	Tier 1	MO
<i>bacitracin-polymyxin b ophthalmic ointment 500-10000 unit/gm</i>	Tier 1	MO
BESIVANCE OPHTHALMIC SUSPENSION 0.6 %	Tier 1	MO
<i>ciprofloxacin hcl ophthalmic solution 0.3 %</i>	Tier 1	MO
<i>erythromycin ophthalmic ointment 5 mg/gm</i>	Tier 1	MO
<i>gatifloxacin ophthalmic solution 0.5 %</i>	Tier 1	MO
GENTAK OPHTHALMIC OINTMENT 0.3 %	Tier 1	MO
<i>gentamicin sulfate ophthalmic solution 0.3 %</i>	Tier 1	MO
<i>levofloxacin ophthalmic solution 0.5 %</i>	Tier 1	MO
MOXEZA OPHTHALMIC SOLUTION 0.5 %	Tier 1	MO
<i>moxifloxacin hcl ophthalmic solution 0.5 %</i>	Tier 1	MO
NATACYN OPHTHALMIC SUSPENSION 5 %	Tier 1	MO
<i>neomycin-bacitracin zn-polymyx ophthalmic ointment 5-400-10000</i>	Tier 1	MO
<i>neomycin-polymyxin-gramicidin ophthalmic solution 1.75-10000-.025</i>	Tier 1	MO
NEO-POLYCIN OPHTHALMIC OINTMENT 3.5-400-10000	Tier 1	MO
<i>ofloxacin ophthalmic solution 0.3 %</i>	Tier 1	MO
<i>polymyxin b-trimethoprim ophthalmic solution 10000-0.1 unit/ml-%</i>	Tier 1	MO
<i>sulfacetamide sodium ophthalmic ointment 10 %</i>	Tier 1	MO
<i>sulfacetamide sodium ophthalmic solution 10 %</i>	Tier 1	MO
<i>tobramycin ophthalmic solution 0.3 %</i>	Tier 1	MO
<i>trifluridine ophthalmic solution 1 %</i>	Tier 1	MO
OPHTHALMIC ANTI-ALLERGY AGENTS		
<i>azelastine hcl ophthalmic solution 0.05 %</i>	Tier 1	MO
BEPREVE OPHTHALMIC SOLUTION 1.5 %	Tier 1	MO
<i>cromolyn sodium ophthalmic solution 4 %</i>	Tier 1	MO

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DRUG NAME	DRUG TIER	REQUIREMENTS/LIMITS
<i>epinastine hcl ophthalmic solution 0.05 %</i>	Tier 1	MO
<i>olopatadine hcl ophthalmic solution 0.1 %, 0.2 %</i>	Tier 1	MO
PAZEO OPHTHALMIC SOLUTION 0.7 %	Tier 1	MO
OPHTHALMIC ANTIGLAUCOMA AGENTS		
ALPHAGAN P OPHTHALMIC SOLUTION 0.1 %	Tier 1	MO
<i>apraclonidine hcl ophthalmic solution 0.5 %</i>	Tier 1	MO
AZOPT OPHTHALMIC SUSPENSION 1 %	Tier 1	MO
<i>betaxolol hcl ophthalmic solution 0.5 %</i>	Tier 1	MO
<i>brimonidine tartrate ophthalmic solution 0.15 %, 0.2 %</i>	Tier 1	MO
<i>carteolol hcl ophthalmic solution 1 %</i>	Tier 1	MO
COMBIGAN OPHTHALMIC SOLUTION 0.2-0.5 %	Tier 1	MO; QL (10 per 25 days)
<i>dorzolamide hcl ophthalmic solution 2 %</i>	Tier 1	MO
<i>dorzolamide hcl-timolol mal ophthalmic solution 22.3-6.8 mg/ml</i>	Tier 1	MO
<i>dorzolamide hcl-timolol mal pf ophthalmic solution 2-0.5 %, 22.3-6.8 mg/ml</i>	Tier 1	MO
<i>levobunolol hcl ophthalmic solution 0.5 %</i>	Tier 1	MO
PHOSPHOLINE IODIDE OPHTHALMIC SOLUTION RECONSTITUTED 0.125 %	Tier 1	MO
<i>pilocarpine hcl ophthalmic solution 1 %, 2 %, 4 %</i>	Tier 1	MO
SIMBRINZA OPHTHALMIC SUSPENSION 1-0.2 %	Tier 1	MO
<i>timolol maleate ophthalmic gel forming solution 0.25 %, 0.5 %</i>	Tier 1	MO
<i>timolol maleate ophthalmic solution 0.25 %, 0.5 %, 0.5 % (daily)</i>	Tier 1	MO
OPHTHALMIC ANTI-INFLAMMATORIES		
<i>bacitra-neomycin-polymyxin-hc ophthalmic ointment 1 %</i>	Tier 1	MO
BLEPHAMIDE OPHTHALMIC SUSPENSION 10-0.2 %	Tier 1	MO
BLEPHAMIDE S.O.P. OPHTHALMIC OINTMENT 10-0.2 %	Tier 1	MO

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DRUG NAME	DRUG TIER	REQUIREMENTS/LIMITS
BROMSITE OPHTHALMIC SOLUTION 0.075 %	Tier 1	MO
<i>dexamethasone sodium phosphate ophthalmic solution 0.1 %</i>	Tier 1	MO
<i>diclofenac sodium ophthalmic solution 0.1 %</i>	Tier 1	MO
DUREZOL OPHTHALMIC EMULSION 0.05 %	Tier 1	MO
<i>fluorometholone ophthalmic suspension 0.1 %</i>	Tier 1	MO
<i>flurbiprofen sodium ophthalmic solution 0.03 %</i>	Tier 1	MO
ILEVRO OPHTHALMIC SUSPENSION 0.3 %	Tier 1	MO
<i>ketorolac tromethamine ophthalmic solution 0.4 %, 0.5 %</i>	Tier 1	MO
LOTEMAX OPHTHALMIC GEL 0.5 %	Tier 1	MO
LOTEMAX OPHTHALMIC OINTMENT 0.5 %	Tier 1	MO
LOTEMAX SM OPHTHALMIC GEL 0.38 %	Tier 1	MO
<i>loteprednol etabonate ophthalmic suspension 0.5 %</i>	Tier 1	MO
<i>neomycin-polymyxin-dexameth ophthalmic ointment 3.5-10000-0.1</i>	Tier 1	MO
<i>neomycin-polymyxin-dexameth ophthalmic suspension 3.5-10000-0.1</i>	Tier 1	MO
<i>neomycin-polymyxin-hc ophthalmic suspension 3.5-10000-1</i>	Tier 1	MO
PRED-G OPHTHALMIC SUSPENSION 0.3-1 %	Tier 1	MO
PRED-G S.O.P. OPHTHALMIC OINTMENT 0.3-0.6 %	Tier 1	MO
<i>prednisolone acetate ophthalmic suspension 1 %</i>	Tier 1	MO
<i>prednisolone sodium phosphate ophthalmic solution 1 %</i>	Tier 1	MO
PROLENSA OPHTHALMIC SOLUTION 0.07 %	Tier 1	MO
<i>sulfacetamide-prednisolone ophthalmic solution 10-0.23 %</i>	Tier 1	MO
<i>tobramycin-dexamethasone ophthalmic suspension 0.3-0.1 %</i>	Tier 1	MO
ZYLET OPHTHALMIC SUSPENSION 0.5-0.3 %	Tier 1	MO

OTIC AGENTS

OTIC AGENTS

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DRUG NAME	DRUG TIER	REQUIREMENTS/LIMITS
<i>acetic acid otic solution 2 %</i>	Tier 1	MO
CIPRODEX OTIC SUSPENSION 0.3-0.1 %	Tier 1	MO
<i>ciprofloxacin hcl otic solution 0.2 %</i>	Tier 1	MO
<i>fluocinolone acetonide otic oil 0.01 %</i>	Tier 1	MO
<i>hydrocortisone-acetic acid otic solution 1-2 %</i>	Tier 1	MO
<i>neomycin-polymyxin-hc otic solution 1 %</i>	Tier 1	MO
<i>neomycin-polymyxin-hc otic suspension 3.5-10000-1</i>	Tier 1	MO
<i>ofloxacin otic solution 0.3 %</i>	Tier 1	MO
RESPIRATORY TRACT AGENTS		
ANTI-HISTAMINES		
<i>carbinoxamine maleate oral solution 4 mg/5ml</i>	Tier 1	MO
<i>carbinoxamine maleate oral tablet 4 mg</i>	Tier 1	MO
<i>cetirizine hcl oral solution 1 mg/ml</i>	Tier 1	MO
<i>clemastine fumarate oral tablet 2.68 mg</i>	Tier 1	MO
<i>cyproheptadine hcl oral syrup 2 mg/5ml</i>	Tier 1	MO
<i>cyproheptadine hcl oral tablet 4 mg</i>	Tier 1	MO
<i>desloratadine oral tablet 5 mg</i>	Tier 1	MO
<i>levocetirizine dihydrochloride oral solution 2.5 mg/5ml</i>	Tier 1	MO
<i>levocetirizine dihydrochloride oral tablet 5 mg</i>	Tier 1	MO
PHENADOZ RECTAL SUPPOSITORY 12.5 MG, 25 MG	Tier 1	MO
<i>promethazine hcl oral syrup 6.25 mg/5ml</i>	Tier 1	MO
<i>promethazine hcl oral tablet 12.5 mg, 25 mg, 50 mg</i>	Tier 1	MO
<i>promethazine hcl rectal suppository 12.5 mg, 25 mg, 50 mg</i>	Tier 1	MO
<i>promethazine-phenylephrine oral syrup 6.25-5 mg/5ml</i>	Tier 1	MO
PROMETHEGAN RECTAL SUPPOSITORY 12.5 MG, 25 MG, 50 MG	Tier 1	MO
ANTI-INFLAMMATORIES, INHALED CORTICOSTEROIDS		
ARNUITY ELLIPTA INHALATION AEROSOL POWDER BREATH ACTIVATED 100 MCG/ACT, 200 MCG/ACT, 50 MCG/ACT	Tier 1	MO

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DRUG NAME	DRUG TIER	REQUIREMENTS/LIMITS
ASMANEX (120 METERED DOSES) INHALATION AEROSOL POWDER BREATH ACTIVATED 220 MCG/INH	Tier 1	MO
ASMANEX (30 METERED DOSES) INHALATION AEROSOL POWDER BREATH ACTIVATED 110 MCG/INH, 220 MCG/INH	Tier 1	MO
ASMANEX (60 METERED DOSES) INHALATION AEROSOL POWDER BREATH ACTIVATED 220 MCG/INH	Tier 1	MO
ASMANEX HFA INHALATION AEROSOL 100 MCG/ACT, 200 MCG/ACT	Tier 1	MO
<i>budesonide inhalation suspension 0.25 mg/2ml, 0.5 mg/2ml, 1 mg/2ml</i>	Tier 1	BvD; MO
FLOVENT DISKUS INHALATION AEROSOL POWDER BREATH ACTIVATED 100 MCG/BLIST, 250 MCG/BLIST, 50 MCG/BLIST	Tier 1	MO
FLOVENT HFA INHALATION AEROSOL 110 MCG/ACT, 220 MCG/ACT, 44 MCG/ACT	Tier 1	MO
ANTILEUKOTRIENES		
<i>montelukast sodium oral packet 4 mg</i>	Tier 1	MO
<i>montelukast sodium oral tablet 10 mg</i>	Tier 1	MO
<i>montelukast sodium oral tablet chewable 4 mg, 5 mg</i>	Tier 1	MO
<i>zafirlukast oral tablet 10 mg, 20 mg</i>	Tier 1	MO
<i>zileuton er oral tablet extended release 12 hour 600 mg</i>	Tier 1	ST1; MO
ZYFLO ORAL TABLET 600 MG	Tier 1	ST1; MO
BRONCHODILATORS, ANTICHOLINERGIC		
<i>acetylcysteine inhalation solution 10 %, 20 %</i>	Tier 1	BvD; MO
<i>ipratropium bromide inhalation solution 0.02 %</i>	Tier 1	BvD; MO
SPIRIVA HANDIHALER INHALATION CAPSULE 18 MCG	Tier 1	MO
SPIRIVA RESPIMAT INHALATION AEROSOL SOLUTION 1.25 MCG/ACT, 2.5 MCG/ACT	Tier 1	MO
BRONCHODILATORS, PHOSPHODIESTERASE INHIBITORS (XANTHINES)		
<i>theophylline er oral tablet extended release 12 hour 300 mg</i>	Tier 1	MO

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DRUG NAME	DRUG TIER	REQUIREMENTS/LIMITS
<i>theophylline er oral tablet extended release 24 hour 400 mg, 600 mg</i>	Tier 1	MO
<i>theophylline oral solution 80 mg/15ml</i>	Tier 1	MO
BRONCHODILATORS, SYMPATHOMIMETIC		
ADVAIR DISKUS INHALATION AEROSOL POWDER BREATH ACTIVATED 100-50 MCG/DOSE, 250-50 MCG/DOSE, 500-50 MCG/DOSE	Tier 1	MO
ADVAIR HFA INHALATION AEROSOL 115-21 MCG/ACT, 230-21 MCG/ACT, 45-21 MCG/ACT	Tier 1	MO
<i>albuterol sulfate er oral tablet extended release 12 hour 4 mg, 8 mg</i>	Tier 1	MO
<i>albuterol sulfate inhalation nebulization solution (2.5 mg/3ml) 0.083%, (5 mg/ml) 0.5%, 0.63 mg/3ml, 1.25 mg/3ml</i>	Tier 1	BvD; MO
<i>albuterol sulfate oral syrup 2 mg/5ml</i>	Tier 1	MO
<i>albuterol sulfate oral tablet 2 mg, 4 mg</i>	Tier 1	MO
BREO ELLIPTA INHALATION AEROSOL POWDER BREATH ACTIVATED 100-25 MCG/INH, 200-25 MCG/INH	Tier 1	MO
COMBIVENT RESPIMAT INHALATION AEROSOL SOLUTION 20-100 MCG/ACT	Tier 1	MO
<i>fluticasone-salmeterol inhalation aerosol powder breath activated 113-14 mcg/act, 232-14 mcg/act, 55-14 mcg/act</i>	Tier 1	MO
<i>ipratropium-albuterol inhalation solution 0.5-2.5 (3) mg/3ml</i>	Tier 1	BvD; MO
<i>metaproterenol sulfate oral syrup 10 mg/5ml</i>	Tier 1	MO
PROAIR HFA INHALATION AEROSOL SOLUTION 108 (90 BASE) MCG/ACT	Tier 1	MO
PROAIR RESPICLICK INHALATION AEROSOL POWDER BREATH ACTIVATED 108 (90 BASE) MCG/ACT	Tier 1	MO
SEREVENT DISKUS INHALATION AEROSOL POWDER BREATH ACTIVATED 50 MCG/DOSE	Tier 1	MO
STIOLTO RESPIMAT INHALATION AEROSOL SOLUTION 2.5-2.5 MCG/ACT	Tier 1	MO
<i>terbutaline sulfate oral tablet 2.5 mg, 5 mg</i>	Tier 1	MO

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DRUG NAME	DRUG TIER	REQUIREMENTS/LIMITS
TRELEGY ELLIPTA INHALATION AEROSOL POWDER BREATH ACTIVATED 100-62.5-25 MCG/INH	Tier 1	ST1; MO
MAST CELL STABILIZERS		
<i>cromolyn sodium inhalation nebulization solution 20 mg/2ml</i>	Tier 1	BvD; MO
<i>cromolyn sodium oral concentrate 100 mg/5ml</i>	Tier 1	MO
NASAL AGENTS		
<i>azelastine hcl nasal solution 0.1 %, 0.15 %</i>	Tier 1	MO
<i>flunisolide nasal solution 25 mcg/act (0.025%)</i>	Tier 1	MO
<i>fluticasone propionate nasal suspension 50 mcg/act</i>	Tier 1	MO
<i>ipratropium bromide nasal solution 0.03 %, 0.06 %</i>	Tier 1	MO
PULMONARY ANTIHYPERTENSIVES		
ADEMPAS ORAL TABLET 0.5 MG, 1 MG, 1.5 MG, 2 MG, 2.5 MG	Tier 1	PA1; LA; QL (90 per 30 days)
<i>ambrisentan oral tablet 10 mg, 5 mg</i>	Tier 1	PA1; MO; QL (30 per 30 days)
<i>bosentan oral tablet 125 mg, 62.5 mg</i>	Tier 1	PA1; MO; QL (60 per 30 days)
OPSUMIT ORAL TABLET 10 MG	Tier 1	PA1; LA; QL (30 per 30 days)
<i>sildenafil citrate oral tablet 20 mg</i>	Tier 1	PA1; MO; QL (90 per 30 days)
TRACLEER ORAL TABLET SOLUBLE 32 MG	Tier 1	PA1; LA; QL (120 per 30 days)
UPTRAVI ORAL TABLET 1000 MCG, 1200 MCG, 1400 MCG, 1600 MCG, 200 MCG, 400 MCG, 600 MCG, 800 MCG	Tier 1	PA1; LA
UPTRAVI ORAL TABLET THERAPY PACK 200 & 800 MCG	Tier 1	PA1; LA
PULMONARY FIBROSIS AGENTS		
ESBRIET ORAL CAPSULE 267 MG	Tier 1	PA1; MO
ESBRIET ORAL TABLET 267 MG, 801 MG	Tier 1	PA1; MO
OFEV ORAL CAPSULE 100 MG, 150 MG	Tier 1	PA1; LA
SYMDEKO ORAL TABLET THERAPY PACK 100-150 & 150 MG	Tier 1	PA1; LA
SYMDEKO ORAL TABLET THERAPY PACK 50-75 & 75 MG	Tier 1	PA1; MO
RESPIRATORY TRACT AGENTS, OTHER		

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DRUG NAME	DRUG TIER	REQUIREMENTS/LIMITS
DALIRESP ORAL TABLET 250 MCG, 500 MCG	Tier 1	PA1; MO; QL (30 per 30 days)
KALYDECO ORAL PACKET 25 MG	Tier 1	PA1; MO
KALYDECO ORAL PACKET 50 MG, 75 MG	Tier 1	PA1; LA
KALYDECO ORAL TABLET 150 MG	Tier 1	PA1; LA
NUCALA SUBCUTANEOUS SOLUTION AUTO-INJECTOR 100 MG/ML	Tier 1	PA1; MO
NUCALA SUBCUTANEOUS SOLUTION PREFILLED SYRINGE 100 MG/ML	Tier 1	PA1; MO
NUCALA SUBCUTANEOUS SOLUTION RECONSTITUTED 100 MG	Tier 1	PA1; MO
ORKAMBI ORAL PACKET 100-125 MG, 150-188 MG	Tier 1	PA1; LA
ORKAMBI ORAL TABLET 100-125 MG, 200-125 MG	Tier 1	PA1; LA
PROLASTIN-C INTRAVENOUS SOLUTION RECONSTITUTED 1000 MG	Tier 1	PA1; LA
PULMOZYME INHALATION SOLUTION 1 MG/ML	Tier 1	PA1; MO
XOLAIR SUBCUTANEOUS SOLUTION PREFILLED SYRINGE 150 MG/ML, 75 MG/0.5ML	Tier 1	PA1; MO; QL (6 per 28 days)
XOLAIR SUBCUTANEOUS SOLUTION RECONSTITUTED 150 MG	Tier 1	PA1; LA; QL (6 per 28 days)
SKELETAL MUSCLE RELAXANTS		
SKELETAL MUSCLE RELAXANTS		
<i>baclofen oral tablet 10 mg, 20 mg, 5 mg</i>	Tier 1	MO
<i>chlorzoxazone oral tablet 500 mg</i>	Tier 1	PA1; MO; HRM
<i>cyclobenzaprine hcl oral tablet 10 mg, 5 mg</i>	Tier 1	PA1; MO; HRM
<i>methocarbamol oral tablet 500 mg, 750 mg</i>	Tier 1	MO
<i>orphenadrine citrate er oral tablet extended release 12 hour 100 mg</i>	Tier 1	PA1; MO; HRM
<i>tizanidine hcl oral capsule 2 mg, 4 mg, 6 mg</i>	Tier 1	MO
<i>tizanidine hcl oral tablet 2 mg, 4 mg</i>	Tier 1	MO
SLEEP DISORDER AGENTS		
BARBITURATES		

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DRUG NAME	DRUG TIER	REQUIREMENTS/LIMITS
BUTISOL SODIUM ORAL TABLET 30 MG	Tier 1	PA2; MO; HRM
<i>phenobarbital oral elixir 20 mg/5ml</i>	Tier 1	MO
BENZODIAZEPINES		
<i>estazolam oral tablet 1 mg, 2 mg</i>	Tier 1	MO
<i>flurazepam hcl oral capsule 15 mg</i>	Tier 1	MO; QL (60 per 30 days)
<i>flurazepam hcl oral capsule 30 mg</i>	Tier 1	MO; QL (30 per 30 days)
<i>temazepam oral capsule 15 mg, 22.5 mg, 30 mg</i>	Tier 1	MO; QL (30 per 30 days)
<i>temazepam oral capsule 7.5 mg</i>	Tier 1	MO; QL (120 per 30 days)
<i>triazolam oral tablet 0.125 mg, 0.25 mg</i>	Tier 1	MO
GABA RECEPTOR MODULATORS		
<i>zaleplon oral capsule 10 mg</i>	Tier 1	MO; HRM
<i>zaleplon oral capsule 5 mg</i>	Tier 1	MO; HRM; QL (30 per 30 days)
<i>zolpidem tartrate er oral tablet extended release 12.5 mg, 6.25 mg</i>	Tier 1	MO; HRM; QL (30 per 30 days)
<i>zolpidem tartrate oral tablet 10 mg, 5 mg</i>	Tier 1	MO; HRM; QL (30 per 30 days)
SLEEP DISORDERS, OTHER		
<i>armodafinil oral tablet 150 mg, 200 mg, 250 mg, 50 mg</i>	Tier 1	PA1; MO; QL (30 per 30 days)
BELSOMRA ORAL TABLET 10 MG, 15 MG, 20 MG, 5 MG	Tier 1	MO; QL (30 per 30 days)
<i>modafinil oral tablet 100 mg, 200 mg</i>	Tier 1	PA1; MO; QL (30 per 30 days)
SILENOR ORAL TABLET 3 MG, 6 MG	Tier 1	MO
XYREM ORAL SOLUTION 500 MG/ML	Tier 1	PA1; LA; QL (540 per 30 days)

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Anti-Discrimination Notice and Multi-Language Interpreter

American Health Advantage of Oklahoma (HMO-SNP), offered by Oklahoma Superior Select, Inc., complies with applicable Federal civil rights laws and does not discriminate on the basis of race, color, national origin, age, disability, or sex. American Health Advantage of Oklahoma does not exclude people or treat them differently because of race, color, national origin, age, disability, or sex.

American Health Advantage of Oklahoma:

- Provides free aids and services to people with disabilities to communicate effectively with us, such as:
 - Qualified sign language interpreters
 - Written information in other formats (large print, audio, accessible electronic formats, other formats)

- Provides free language services to people whose primary language is not English, such as:
 - Qualified interpreters
 - Information written in other languages

If you need these services, contact American Health Advantage of Oklahoma Member Services.

If you believe that American Health Advantage of Oklahoma has failed to provide these services or discriminated in another way on the basis of race, color, national origin, age, disability, or sex, you can file a grievance with: American Health Advantage of Oklahoma, ATTN: Appeals & Grievances Coordinator, 909 S. Meridian Avenue, Suite 425, Oklahoma City, OK 73108, telephone: 1-866-583-4649 (TTY/TDD 711) 7 days per week, 8:00 a.m. to 8:00 p.m., fax: 1-844-869-0884, email: grievances@amhealthplans.com.

You can file a grievance in person or by mail, fax, or email. If you need help filing a grievance, American Health Advantage of Oklahoma Appeals & Grievance Coordinator is available to help you.

You can also file a civil rights complaint with the U.S. Department of Health and Human Services, Office for Civil Rights, electronically through the Office for Civil Rights Complaint Portal, available at <https://ocrportal.hhs.gov/ocr/portal/lobby.jsf>, or by mail or phone at: U.S. Department of Health and Human Services, 200 Independence Avenue, SW Room 509F, HHH Building, Washington, D.C. 20201, 1-800-368-1019, 800-537-7697 (TDD). Complaint forms are available at <http://www.hhs.gov/ocr/office/file/index.html>.

Disclaimer

American Health Advantage of Oklahoma (HMO SNP), offered by Oklahoma Superior Select, Inc., is a Health Maintenance Organization Special Needs Plan (HMO SNP) with a Medicare contract. Enrollment in American Health Advantage of Oklahoma depends on contract renewal.

This information is not a complete description of benefits. Call 866-583-4649, TTY/TDD: 711, 8:00 A.M. to 8:00 P.M. Central Time, seven days a week for more information.

English

ATTENTION: If you speak limited English, language assistance services, free of charge, are available to you. Call 1-866-583-4649 (TTY/TDD: 711).

Español (Spanish)

ATENCIÓN: si habla español, tiene a su disposición servicios gratuitos de asistencia lingüística. Llame al 1-866-583-4649 (TTY/TDD: 711).

Tiếng Việt (Vietnamese)

CHÚ Ý: Nếu bạn nói Tiếng Việt, có các dịch vụ hỗ trợ ngôn ngữ miễn phí dành cho bạn. Gọi số 1-866-583-4649 (TTY/TDD: 711).

繁體中文 (Chinese)

注意：如果您使用繁體中文，您可以免費獲得語言援助服務。請致電 1-866-583-4649 (TTY/TDD: 711)。

한국어 (Korean)

주의: 한국어를 사용하시는 경우, 언어 지원 서비스를 무료로 이용하실 수 있습니다. 1-866-583-4649 (TTY/TDD: 711)번으로 전화해 주십시오.

Deutsch (German)

ACHTUNG: Wenn Sie Deutsch sprechen, stehen Ihnen kostenlos sprachliche Hilfsdienstleistungen zur Verfügung. Rufnummer: 1-866-583-4649 (TTY/TDD: 711).

العربية (Arabic)

ملحوظة: إذا كنت تتحدث اذكر اللغة، فإن خدمات المساعدة اللغوية تتوافر لك بالمجان. اتصل برقم 1-866-583-4649 (رقم هاتف الصم والبكم: 117).

မြန်မာစာ (Burmese)

သတိပြုရန် - အကယုၣ် သဠည ဝုမန္တာစကား ကို ဝေပူပါက၊ ဘာသာစကား အကူအညီ၊ အခမဲ့၊ သင့်အကြံကု စီစဉ်ဆောင်ရွက်ပေးပါမည့်။ ဖုန်းနံပါတ် 1-866-583-4649 (TTY: 711) သို့မဟုတ် ဝေဒုဆီပါ။

Hmoob (Hmong)

LUS CEEV: Yog tias koj hais lus Hmoob, cov kev pab txog lus, muaj kev pab dawb rau koj. Hu rau 1-866-583-4649 (TTY/TDD: 711).

Tagalog (Tagalog – Filipino)

PAUNAWA: Kung nagsasalita ka ng Tagalog, maaari kang gumamit ng mga serbisyo ng tulong sa wika nang walang bayad. Tumawag sa 1-866-583-4649 (TTY/TDD: 711).

Français (French)

ATTENTION : Si vous parlez français, des services d'aide linguistique vous sont proposés gratuitement. Appelez le 1-866-583-4649 (ATS : 711).

ພາສາລາວ (Lao)

ໂປດຊາບ: ຖ້າວ່າ ທ່ານເວົ້າພາສາ ລາວ, ການບໍລິການຊ່ວຍເຫຼືອດ້ານພາສາ, ໂດຍບໍ່ເສັຽຄ່າ, ແມ່ນມີຜ້ອມໃຫ້ທ່ານ. ໂທ 1-866-583-4649 (TTY/TDD: 711).

ภาษาไทย (Thai)

เรียน: ถ้าคุณพูดภาษาไทยคุณสามารถใช้บริการช่วยเหลือทางภาษาได้ฟรี โทร 1-866-583-4649 (TTY/TDD: 711).

اُردُو (Urdu)

خبردار: اگر آپ اردو بولتے ہیں، تو آپ کو زبان کی مدد کی خدمات مفت میں دستیاب ہیں۔ کال کریں 1-866-583-4649 (TTY/TDD: 711).

tsalagi gawonihisdi (Cherokee)

Hagesda: iyuhno hyiwoniha [tsalagi gawonihisdi]. Call 1 – 866-583-4649 (TTY/TDD: 711)

فارسی (Farsi)

توجه: اگر به زبان فارسی گفتگو می کنید، تسهیلات زبانی بصورت رایگان برای شما فراهم می باشد. با 1-866-583-4649 (TTY/TDD: 711) تماس بگیرید.