

2024 Kaiser Permanente Federal Employees Health Benefit

FEHB Drug Formulary



Colorado Region

Member Services

Monday through Friday, 8 a.m. to 8 p.m.

1-855-366-9008

TTY 711



2024 Kaiser Permanente Federal Employees Health Benefit (FEHB) Drug Formulary

Colorado Region

This document contains information about the drugs we cover when you participate in a Federal Employees Health Benefits (FEHB) plan offered by Kaiser Permanente (Plan).

What is the Kaiser Permanente FEHB Drug Formulary?

A formulary is a list of drugs determined to be safe and effective for our members by our Pharmacy and Therapeutics Committee. Use of formulary drugs enables Kaiser Permanente to provide high quality care to you and your family at reasonable costs. Kaiser Permanente continually updates the formulary throughout the year based on new medical evidence, considering the recommendations of appropriate physician experts.

How much will I pay for covered drugs?

The cost-sharing you will pay for most drugs depends on:

- The tier in which your drug is categorized, and
- Whether your drug is included in our formulary. Preferred drugs are included in our formulary. Non-preferred drugs are not included in our formulary.

Below is the copayment you pay for up to a 30-day supply of prescription drugs at a Plan pharmacy. You pay only two copayments for up to a 90-day supply for most drugs dispensed through our mail order program.

| Drug Tier | Type | High Option | Standard Option | Basic Option |
|-----------|--|-------------|-----------------|--------------|
| Tier 1 | Preferred generic drugs | \$15 | \$15 | \$15 |
| Tier 2 | Preferred brand-name drugs | \$40 | \$50 | \$60 |
| Tier 3 | Non-preferred generic and brand-name drugs | \$60 | \$70 | \$80 |
| Tier 4 | Specialty drugs | \$100 | \$200 | \$300 |

You pay 50% of our allowed amount for sexual dysfunction drugs and 20% of our allowed amount for diabetic supplies. Some drugs may be covered at no cost sharing, such as tobacco cessation medications, women’s contraceptive drugs and devices and drugs required by ACA. Specific coverage information, including limitations and exclusions, is described in your FEHB brochure (RI 73-019), see Section 5(f) Prescription drug benefits. To get a copy of your FEHB brochure or if you have questions, please visit our website at kp.org/feds or call Member Services at **1-855-366-9008 (TTY 711)**, Monday through Friday, 8 a.m. to 8 p.m.

We define tiers as follows:

- **Tier 1.** Preferred generic drugs are produced and sold under their generic names after the patent on the brand name drug expires. Although the price is usually lower, the quality of generic drugs is the same as brand name drugs. Generic drugs are also just as effective as brand-name drugs. The U.S. Food and Drug Administration (FDA) requires that a generic drug contain the same active drug ingredient in the same amount as the brand name drug. Preferred generic drugs are listed on our drug formulary.
- **Tier 2.** Brand name drugs are produced and sold under the original manufacturer's brand name. Preferred brand name drugs are listed on our drug formulary.
- **Tier 3.** Non-preferred generic and brand name drugs are not listed on our drug formulary.
- **Tier 4.** Specialty drugs are high-cost drugs that are on our specialty drug list. Kaiser Permanente adopts the model used by most Medicare plans to determine which drugs are in the specialty tier.
- **PREV.** Preventive drugs that are required to be covered at no cost share under the Affordable Care Act.
- **RB.** A drug that is restricted to a certain benefit for coverage and the cost share may be different than a tier listed above.

What drugs are eligible to be mailed from the mail order pharmacy?

Most drugs can be mailed from our mail order pharmacy. Some drugs (for example, drugs that are extremely high cost, require special handling or requested to be mailed outside the state of Colorado) may not be eligible for mailing. We provide up to a 90-day supply for most maintenance drugs when dispensed through our mail order program for two copayments.

How do I use the FEHB Drug Formulary?

Our formulary drugs are listed in this formulary by medical condition and alphabetically. We consider drugs not listed on our formulary to be “non-preferred drugs”. You may pay higher cost-sharing for non-formulary drugs that are medically necessary.

The cost-sharing you pay, and other coverage information is determined by the outpatient prescription drug benefit in your FEHB brochure (RI 73-019, see Section 5(f) Prescription drug benefits).

Formulary Drugs by Medical Condition

The drugs in this formulary are grouped into categories depending on the type of medical condition 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 the medical condition your drug is used for, simply look for the category name in the list. Then look under the category name for your drug.

Formulary Drugs by Alphabetical Listing

If you are not sure what category to look under, the Index provides an alphabetical list of all the drugs included in this document. Both brand-name drugs and generic drugs are listed. Look in the Index to find the drug name and the page number where you can locate coverage information. Turn to the page listed in the Index and find the name of the drug on the list. If you are using a computer to view this document, you also use the search function (Ctrl F) to find the medication by name.

Columns on Medical Condition and Alphabetical Listings

There are three columns in the attached chart.

- The first column lists the drug name.
 - Generic drugs are listed by their generic name (in *italics*) (e.g., atorvastatin oral tablet 10 mg, 20 mg)
 - Some generic drugs have a proprietary (brand) name and are listed in CAPITAL letters (e.g., JUNEL 1/20 (21) ORAL TABLET 1-20 MG-MCG)

- Brand drugs are listed by their brand name in CAPITAL letters (e.g., JANUVIA ORAL TABLET 100 MG, 25 MG, 50 MG) *

Some drugs include different dosage forms and strengths. All dosage forms and strengths for a particular drug listed may not be on the Formulary. Some drugs have multiple dosage forms. In such cases, some dosages may be on the Formulary and others not. Some of these drugs may be available only in a clinic setting.

- The second column indicates drug tier. You will find cost-sharing for your drug in your FEHB brochure. To get a copy of your FEHB brochure or if you have questions, please visit our website at kp.org/feds or call Member Services at **1-855-366-9008 (TTY 711)**, Monday through Friday, 8 a.m. to 8 p.m.
- The third column indicates additional requirements or limits on coverage. These requirements and limits may include:

AGE = A drug that is restricted to a specific age or age range.

DS = Day Supply Limits. A drug that is limited to a specific day supply.

MO = Mail Order. A drug that is a maintenance medication. Note: Not all maintenance medications can be mailed from our mail order pharmacy such as high-cost drugs or drugs that require special handling.

PA = Prior Authorization. You need to get approval from Kaiser Permanente to fill your prescription. If you don't get approval, we may not cover the drug.

PR = Physician Restrictions. A drug that is required to be written by a provided specialized in the treatment of certain conditions. For example, a drug used for cancer may be restricted to providers specialized in Oncology.

QL = Quantity Limit. For certain drugs, we may limit the amount of the drug you can receive. Additionally, when there is a national shortage of a drug, we may limit the quantity of the drug dispensed.

ST = A drug that requires a similar therapy be tried prior to dispensing for prescription benefit.

Does the FEHB Drug Formulary ever change?

Yes, Kaiser Permanente continually updates the formulary based on new medical evidence, considering the recommendations of appropriate physician experts and notifies our doctors, pharmacists, and other clinicians about any changes. If a change in the formulary affects any of your prescriptions, your doctor or pharmacist will let you know.

Our online formulary at kp.org/formulary is updated on a regular basis. To get updated information about the drugs covered by Kaiser Permanente or if you have questions, please visit our website at kp.org/feds or call Member Services at **1-855-366-9008** (TTY **711**), Monday through Friday, 8 a.m. to 8 p.m.

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CURRENT AS OF 10/15/2024

| Drug Name | Drug Tier | Necessary Actions, Restrictions, or Limits on Use |
|--|-----------|---|
| Allergy | | |
| Antihistamines - 1St Generation | | |
| <i>cyproheptadine oral syrup 2 mg/5 ml</i> | Tier 1 | |
| <i>cyproheptadine oral tablet 4 mg</i> | Tier 1 | |
| <i>diphenhydramine hcl injection solution 50 mg/ml</i> | Tier 1 | |
| <i>hydroxyzine hcl intramuscular solution 50 mg/ml</i> | Tier 1 | |
| <i>hydroxyzine hcl oral solution 10 mg/5 ml</i> | Tier 1 | MO |
| <i>hydroxyzine hcl oral tablet 10 mg, 25 mg, 50 mg</i> | Tier 1 | MO |
| <i>promethazine oral tablet 12.5 mg, 25 mg</i> | Tier 1 | |
| Nasal Antihistamine | | |
| <i>azelastine nasal spray, non-aerosol 137 mcg (0.1 %)</i> | Tier 1 | MO |
| Antiemesis/Antivertigo | | |
| Antiemetic, Cannabinoid-Type | | |
| <i>dronabinol oral capsule 10 mg, 2.5 mg, 5 mg</i> | Tier 1 | |

| Drug Name | Drug Tier | Necessary Actions, Restrictions, or Limits on Use |
|---|-----------|---|
| Antiemetic/Antivertigo Agents | | |
| COMPRO RECTAL SUPPOSITORY 25 MG | Tier 1 | |
| <i>dimenhydrinate injection solution 50 mg/ml</i> | Tier 1 | |
| <i>fosaprepitant intravenous recon soln 150 mg</i> | Tier 1 | |
| <i>granisetron hcl oral tablet 1 mg</i> | Tier 1 | |
| <i>ondansetron hcl (pf) injection solution 4 mg/2 ml</i> | Tier 1 | |
| <i>ondansetron hcl oral solution 4 mg/5 ml</i> | Tier 1 | |
| <i>ondansetron hcl oral tablet 4 mg, 8 mg</i> | Tier 1 | |
| <i>ondansetron oral tablet, disintegrating 4 mg, 8 mg</i> | Tier 1 | |
| PHENADOZ RECTAL SUPPOSITORY 12.5 MG, 25 MG | Tier 1 | |
| <i>prochlorperazine edisylate injection solution 10 mg/2 ml (5 mg/ml)</i> | Tier 1 | |
| <i>prochlorperazine maleate oral tablet 10 mg, 5 mg</i> | Tier 1 | |
| <i>prochlorperazine rectal suppository 25 mg</i> | Tier 1 | |

| Drug Name | Drug Tier | Necessary Actions, Restrictions, or Limits on Use |
|--|-----------|---|
| <i>promethazine rectal suppository 12.5 mg, 25 mg</i> | Tier 1 | |
| PROMETHEGAN RECTAL SUPPOSITORY 12.5 MG, 25 MG | Tier 1 | |
| <i>scopolamine base transdermal patch 3 day 1 mg over 3 days</i> | Tier 1 | |
| TRANSDERM-SCOP TRANSDERMAL PATCH 3 DAY 1 MG OVER 3 DAYS | Tier 2 | |
| Asthma And Copd | | |
| Anticholinergic, Orally Inhaled Short Acting | | |
| <i>ipratropium bromide inhalation solution 0.02 %</i> | Tier 1 | MO |
| Anticholinergics, Orally Inhaled Long Acting | | |
| SPIRIVA RESPIMAT INHALATION MIST 2.5 MCG/ACTUATION | Tier 2 | MO |
| Beta-Adrenergic Agents | | |
| <i>albuterol sulfate oral syrup 2 mg/5 ml</i> | Tier 1 | MO |
| <i>albuterol sulfate oral tablet 2 mg, 4 mg</i> | Tier 1 | MO |
| <i>albuterol sulfate oral tablet extended release 12 hr 4 mg, 8 mg</i> | Tier 1 | MO |

| Drug Name | Drug Tier | Necessary Actions, Restrictions, or Limits on Use |
|--|-----------|---|
| <i>terbutaline oral tablet 2.5 mg, 5 mg</i> | Tier 1 | MO |
| <i>terbutaline subcutaneous solution 1 mg/ml</i> | Tier 1 | |
| Beta-Adrenergic Agents, Inhaled, Short Acting | | |
| <i>albuterol sulfate inhalation hfa aerosol inhaler 90 mcg/actuation</i> | Tier 1 | MO |
| <i>albuterol sulfate inhalation solution for nebulization 0.63 mg/3 ml, 1.25 mg/3 ml, 2.5 mg /3 ml (0.083 %), 2.5 mg/0.5 ml, 5 mg/ml</i> | Tier 1 | MO |
| <i>levalbuterol hcl inhalation solution for nebulization 0.31 mg/3 ml, 0.63 mg/3 ml, 1.25 mg/0.5 ml, 1.25 mg/3 ml</i> | Tier 1 | MO |
| <i>levalbuterol tartrate inhalation hfa aerosol inhaler 45 mcg/actuation</i> | Tier 1 | MO |
| XOPENEX HFA INHALATION HFA AEROSOL INHALER 45 MCG/ACTUATION | Tier 2 | MO |
| XOPENEX INHALATION SOLUTION FOR NEBULIZATION 0.31 MG/3 ML, 0.63 MG/3 ML, 1.25 MG/3 ML | Tier 2 | MO |

| Drug Name | Drug Tier | Necessary Actions, Restrictions, or Limits on Use |
|---|-----------|---|
| Beta-Adrenergic Agents, Inhaled, Ultra-Long Acting | | |
| STRIVERDI RESPIMAT INHALATION MIST 2.5 MCG/ACTUATION | Tier 2 | MO |
| Beta-Adrenergic Agents, Orally Inhaled, Long Acting | | |
| <i>arformoterol inhalation solution for nebulization 15 mcg/2 ml</i> | Tier 1 | DS |
| Beta-Adrenergic And Anticholinergic Combinations | | |
| <i>ipratropium-albuterol inhalation solution for nebulization 0.5 mg-3 mg(2.5 mg base)/3 ml</i> | Tier 1 | MO |
| STIOLTO RESPIMAT INHALATION MIST 2.5-2.5 MCG/ACTUATION | Tier 2 | MO |
| Beta-Adrenergic And Glucocorticoid Combinations | | |
| ADVAIR HFA INHALATION HFA AEROSOL INHALER 115-21 MCG/ACTUATION, 230-21 MCG/ACTUATION, 45-21 MCG/ACTUATION | Tier 2 | PA; MO |

| Drug Name | Drug Tier | Necessary Actions, Restrictions, or Limits on Use |
|--|-----------|---|
| BREYNA INHALATION HFA AEROSOL INHALER 160-4.5 MCG/ACTUATION, 80-4.5 MCG/ACTUATION | Tier 1 | MO |
| <i>fluticasone propion-salmeterol inhalation blister with device 100-50 mcg/dose, 250-50 mcg/dose, 500-50 mcg/dose</i> | Tier 1 | MO |
| WIXELA INHUB INHALATION BLISTER WITH DEVICE 100-50 MCG/DOSE, 250-50 MCG/DOSE, 500-50 MCG/DOSE | Tier 1 | MO |
| Glucocorticoids, Orally Inhaled | | |
| ALVESCO INHALATION HFA AEROSOL INHALER 160 MCG/ACTUATION, 80 MCG/ACTUATION | Tier 2 | MO |
| ASMANEX HFA INHALATION HFA AEROSOL INHALER 100 MCG/ACTUATION, 200 MCG/ACTUATION | Tier 2 | ST; MO |

| Drug Name | Drug Tier | Necessary Actions, Restrictions, or Limits on Use |
|--|-----------|---|
| ASMANEX TWISTHALER INHALATION AEROSOL POWDR BREATH ACTIVATED 110 MCG/ ACTUATION (30), 220 MCG/ ACTUATION (120), 220 MCG/ ACTUATION (30), 220 MCG/ ACTUATION (60) | Tier 2 | ST; MO |
| <i>budesonide inhalation suspension for nebulization 0.25 mg/2 ml, 0.5 mg/2 ml</i> | Tier 1 | MO |
| <i>fluticasone propionate inhalation hfa aerosol inhaler 44 mcg/actuation</i> | Tier 1 | MO; Age |
| Interleukin-4(II-4) Receptor Alpha Antagonist, Mab | | |
| DUPIXENT PEN SUBCUTANEOUS PEN INJECTOR 200 MG/1.14 ML, 300 MG/2 ML | Tier 4 | PA; MO |
| DUPIXENT SYRINGE SUBCUTANEOUS SYRINGE 200 MG/1.14 ML, 300 MG/2 ML | Tier 4 | PA; MO |

| Drug Name | Drug Tier | Necessary Actions, Restrictions, or Limits on Use |
|---|-----------|---|
| Interleukin-5(II-5) Receptor Alpha Antagonist, Mab | | |
| FASENRA PEN SUBCUTANEOUS AUTO-INJECTOR 30 MG/ML | Tier 4 | PA; DS |
| Leukotriene Receptor Antagonists | | |
| <i>montelukast oral tablet 10 mg</i> | Tier 1 | MO |
| <i>montelukast oral tablet, chewable 4 mg, 5 mg</i> | Tier 1 | MO |
| Mast Cell Stabilizers, Orally Inhaled | | |
| <i>cromolyn inhalation solution for nebulization 20 mg/2 ml</i> | Tier 4 | MO |
| Xanthines | | |
| ELIXOPHYLLIN ORAL ELIXIR 80 MG/15 ML | Tier 1 | MO |
| THEO-24 ORAL CAPSULE, EXTENDED RELEASE 24HR 300 MG | Tier 2 | MO |
| <i>theophylline oral elixir 80 mg/15 ml</i> | Tier 1 | MO |
| <i>theophylline oral tablet extended release 12 hr 100 mg, 200 mg, 300 mg, 450 mg</i> | Tier 1 | MO |

| Drug Name | Drug Tier | Necessary Actions, Restrictions, or Limits on Use |
|--|-----------|---|
| <i>theophylline oral tablet extended release 24 hr 400 mg</i> | Tier 1 | MO |
| Autonomic Nervous System Disorders | | |
| Alzheimer's Therapy, Nmda Receptor Antagonists | | |
| <i>memantine oral tablet 10 mg, 5 mg</i> | Tier 1 | MO |
| <i>memantine oral tablets, dose pack 5-10 mg</i> | Tier 1 | |
| Cholinesterase Inhibitors | | |
| <i>donepezil oral tablet 10 mg, 5 mg</i> | Tier 1 | MO |
| <i>galantamine oral capsule, ext rel. pellets 24 hr 16 mg, 24 mg, 8 mg</i> | Tier 1 | MO |
| <i>galantamine oral tablet 12 mg, 4 mg, 8 mg</i> | Tier 1 | MO |
| MESTINON ORAL SYRUP 60 MG/5 ML | Tier 2 | MO |
| <i>physostigmine salicylate injection solution 1 mg/ml</i> | Tier 1 | |
| <i>pyridostigmine bromide oral syrup 60 mg/5 ml</i> | Tier 4 | MO |
| <i>pyridostigmine bromide oral tablet 60 mg</i> | Tier 1 | MO |

| Drug Name | Drug Tier | Necessary Actions, Restrictions, or Limits on Use |
|--|-----------|---|
| <i>pyridostigmine bromide oral tablet extended release 180 mg</i> | Tier 1 | MO |
| Behavioral Health - Antidepressants | | |
| Alpha-2 Receptor Antagonist Antidepressants | | |
| <i>mirtazapine oral tablet 15 mg, 30 mg, 45 mg, 7.5 mg</i> | Tier 1 | MO |
| Maois - Non-Selective & Irreversible | | |
| <i>phenelzine oral tablet 15 mg</i> | Tier 1 | MO |
| <i>tranylcypromine oral tablet 10 mg</i> | Tier 1 | MO |
| Norepinephrine And Dopamine Reuptake Inhib (Ndris) | | |
| <i>bupropion hcl oral tablet 100 mg, 75 mg</i> | Tier 1 | MO |
| <i>bupropion hcl oral tablet extended release 24 hr 150 mg, 300 mg</i> | Tier 1 | MO |
| Selective Serotonin Reuptake Inhibitor (SsrIs) | | |
| <i>citalopram oral solution 10 mg/5 ml</i> | Tier 1 | MO |
| <i>citalopram oral tablet 10 mg, 20 mg, 40 mg</i> | Tier 1 | MO |
| <i>escitalopram oxalate oral tablet 10 mg, 20 mg, 5 mg</i> | Tier 1 | MO |

| Drug Name | Drug Tier | Necessary Actions, Restrictions, or Limits on Use |
|---|-----------|---|
| <i>fluoxetine oral capsule 10 mg, 20 mg, 40 mg</i> | Tier 1 | MO |
| <i>fluoxetine oral solution 20 mg/5 ml (4 mg/ml)</i> | Tier 1 | MO |
| <i>fluvoxamine oral tablet 100 mg, 25 mg, 50 mg</i> | Tier 1 | MO |
| <i>paroxetine hcl oral tablet 10 mg, 20 mg, 30 mg, 40 mg</i> | Tier 1 | MO |
| <i>sertraline oral concentrate 20 mg/ml</i> | Tier 1 | MO |
| <i>sertraline oral tablet 100 mg, 25 mg, 50 mg</i> | Tier 1 | MO |
| Serotonin-2 Antagonist/Reuptake Inhibitors (Saris) | | |
| <i>nefazodone oral tablet 100 mg, 150 mg, 200 mg, 250 mg, 50 mg</i> | Tier 1 | MO |
| <i>trazodone oral tablet 100 mg, 150 mg, 50 mg</i> | Tier 1 | MO |
| Serotonin-Norepinephrine Reuptake-Inhib (Snris) | | |
| <i>duloxetine oral capsule, delayed release(drlec) 20 mg, 30 mg, 60 mg</i> | Tier 1 | MO |
| <i>venlafaxine oral capsule, extended release 24hr 150 mg, 37.5 mg, 75 mg</i> | Tier 1 | MO |

| Drug Name | Drug Tier | Necessary Actions, Restrictions, or Limits on Use |
|---|-----------|---|
| <i>venlafaxine oral tablet 100 mg, 50 mg, 75 mg</i> | Tier 1 | MO |
| Ssri & 5Ht1a Partial Agonist Antidepressant | | |
| <i>vilazodone oral tablet 10 mg, 20 mg, 40 mg</i> | Tier 1 | MO |
| Tricyclic Antidepressants & Rel. Non-Sel. Ru-Inhib | | |
| <i>amitriptyline oral tablet 10 mg, 100 mg, 150 mg, 25 mg, 50 mg, 75 mg</i> | Tier 1 | MO |
| <i>clomipramine oral capsule 25 mg, 50 mg, 75 mg</i> | Tier 1 | MO |
| <i>desipramine oral tablet 10 mg, 100 mg, 150 mg, 25 mg, 50 mg, 75 mg</i> | Tier 1 | MO |
| <i>doxepin oral capsule 10 mg, 100 mg, 150 mg, 25 mg, 50 mg, 75 mg</i> | Tier 1 | MO |
| <i>doxepin 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 oral capsule 10 mg, 25 mg, 50 mg, 75 mg</i> | Tier 1 | MO |
| <i>nortriptyline oral solution 10 mg/5 ml</i> | Tier 1 | MO |

| Drug Name | Drug Tier | Necessary Actions, Restrictions, or Limits on Use |
|--|-----------|---|
| Behavioral Health - Other | | |
| Adrenergics, Aromatic, Non-Catecholamine | | |
| <i>dextroamphetamine sulfate oral capsule, extended release 10 mg, 15 mg, 5 mg</i> | Tier 1 | DS |
| <i>dextroamphetamine sulfate oral tablet 10 mg, 5 mg</i> | Tier 1 | DS |
| <i>dextroamphetamine-amphetamine oral capsule, extended release 24hr 10 mg, 15 mg, 20 mg, 25 mg, 30 mg, 5 mg</i> | Tier 1 | DS |
| <i>dextroamphetamine-amphetamine oral tablet 10 mg, 12.5 mg, 15 mg, 20 mg, 30 mg, 5 mg, 7.5 mg</i> | Tier 1 | DS |
| Anti-Alcoholic Preparations | | |
| <i>acamprosate oral tablet, delayed release (dr/lec) 333 mg</i> | Tier 1 | MO |
| <i>disulfiram oral tablet 250 mg, 500 mg</i> | Tier 1 | MO |
| Anti-Anxiety - Benzodiazepines | | |
| <i>alprazolam oral tablet 0.25 mg, 0.5 mg, 1 mg, 2 mg</i> | Tier 1 | DS |
| <i>chlordiazepoxide hcl oral capsule 10 mg, 25 mg, 5 mg</i> | Tier 1 | DS |

| Drug Name | Drug Tier | Necessary Actions, Restrictions, or Limits on Use |
|--|-----------|---|
| <i>diazepam injection solution 5 mg/ml</i> | Tier 1 | DS |
| <i>diazepam injection syringe 5 mg/ml</i> | Tier 1 | DS |
| <i>diazepam oral tablet 10 mg, 2 mg, 5 mg</i> | Tier 1 | DS |
| LORAZEPAM INTENSOL ORAL CONCENTRATE 2 MG/ML | Tier 1 | DS |
| <i>lorazepam oral concentrate 2 mg/ml</i> | Tier 1 | DS |
| <i>lorazepam oral tablet 0.5 mg, 1 mg, 2 mg</i> | Tier 1 | DS |
| <i>oxazepam oral capsule 10 mg, 15 mg, 30 mg</i> | Tier 1 | DS |
| Anti-Anxiety Drugs | | |
| <i>buspirone oral tablet 10 mg, 15 mg, 5 mg, 7.5 mg</i> | Tier 1 | MO |
| Anti-Mania Drugs | | |
| <i>lithium carbonate oral capsule 150 mg, 300 mg</i> | Tier 1 | MO |
| <i>lithium carbonate oral tablet 300 mg</i> | Tier 1 | MO |
| <i>lithium carbonate oral tablet extended release 300 mg, 450 mg</i> | Tier 1 | MO |
| <i>lithium citrate oral solution 8 meq/5 ml</i> | Tier 1 | MO |

| Drug Name | Drug Tier | Necessary Actions, Restrictions, or Limits on Use |
|--|-----------|---|
| Antipsych, Dopamine Antag., Diphenylbutylpiperidines | | |
| <i>pimozide oral tablet 2 mg</i> | Tier 1 | MO |
| Antipsychotics, Atyp, D2 Partial Agonist/5Ht Mixed | | |
| <i>aripiprazole oral tablet 10 mg, 15 mg, 2 mg, 20 mg, 30 mg, 5 mg</i> | Tier 1 | MO |
| Antipsychotics, Dopamine & Serotonin Antagonists | | |
| <i>loxapine succinate oral capsule 10 mg, 25 mg, 5 mg, 50 mg</i> | Tier 1 | MO |
| Antipsychotics, Atypical, Dopamine, & Serotonin Antag | | |
| <i>clozapine oral tablet 100 mg, 200 mg, 25 mg, 50 mg</i> | Tier 1 | DS |
| <i>lurasidone oral tablet 120 mg, 20 mg, 40 mg, 60 mg, 80 mg</i> | Tier 1 | MO |
| <i>olanzapine oral tablet 10 mg, 15 mg, 2.5 mg, 20 mg, 5 mg, 7.5 mg</i> | Tier 1 | MO |
| <i>quetiapine oral tablet 100 mg, 200 mg, 25 mg, 300 mg, 400 mg, 50 mg</i> | Tier 1 | MO |

| Drug Name | Drug Tier | Necessary Actions, Restrictions, or Limits on Use |
|--|-----------|---|
| <i>quetiapine oral tablet extended release 24 hr 150 mg, 200 mg, 300 mg, 400 mg, 50 mg</i> | Tier 1 | 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>ziprasidone hcl oral capsule 20 mg, 40 mg, 60 mg, 80 mg</i> | Tier 1 | MO |
| Antipsychotics, Dopamine Antagonists, Thioxanthenes | | |
| <i>thiothixene oral capsule 1 mg, 10 mg, 2 mg, 5 mg</i> | Tier 1 | MO |
| Antipsychotics, Dopamine Antagonists, Butyrophenones | | |
| <i>droperidol injection solution 2.5 mg/ml</i> | Tier 1 | |
| <i>haloperidol decanoate intramuscular solution 100 mg/ml</i> | Tier 1 | MO |
| <i>haloperidol lactate injection solution 5 mg/ml</i> | Tier 1 | |
| <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 |

| Drug Name | Drug Tier | Necessary Actions, Restrictions, or Limits on Use |
|---|-----------|---|
| Anti-Psychotics, Phenothiazines | | |
| <i>chlorpromazine injection solution 25 mg/ml</i> | Tier 1 | |
| <i>chlorpromazine oral tablet 10 mg, 100 mg, 25 mg, 50 mg</i> | Tier 1 | MO |
| <i>fluphenazine decanoate injection solution 25 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/5 ml</i> | Tier 1 | MO |
| <i>fluphenazine hcl oral tablet 1 mg, 10 mg, 2.5 mg, 5 mg</i> | Tier 1 | MO |
| <i>perphenazine oral tablet 16 mg, 2 mg, 4 mg, 8 mg</i> | Tier 1 | MO |
| <i>thioridazine oral tablet 10 mg, 100 mg, 25 mg, 50 mg</i> | Tier 1 | MO |
| <i>trifluoperazine oral tablet 1 mg, 10 mg, 2 mg, 5 mg</i> | Tier 1 | MO |
| Barbiturates | | |
| <i>phenobarbital oral elixir 20 mg/5 ml (4 mg/ml)</i> | Tier 1 | MO |
| <i>phenobarbital oral tablet 100 mg, 16.2 mg, 30 mg, 32.4 mg, 60 mg, 64.8 mg, 97.2 mg</i> | Tier 1 | MO |

| Drug Name | Drug Tier | Necessary Actions, Restrictions, or Limits on Use |
|---|-----------|---|
| Narcolepsy And Sleep Disorder Therapy Agents | | |
| <i>armodafinil oral tablet 150 mg, 200 mg, 250 mg, 50 mg</i> | Tier 1 | DS |
| <i>modafinil oral tablet 100 mg, 200 mg</i> | Tier 1 | DS |
| Narcotic Antagonists | | |
| <i>naloxone injection solution 0.4 mg/ml</i> | Tier 1 | |
| <i>naloxone injection syringe 1 mg/ml</i> | Tier 1 | |
| <i>naloxone nasal spray, non-aerosol 4 mg/actuation</i> | Tier 1 | |
| <i>naltrexone oral tablet 50 mg</i> | Tier 1 | MO |
| Sedative-Hypnotics - Benzodiazepines | | |
| <i>temazepam oral capsule 15 mg, 30 mg</i> | Tier 1 | DS |
| <i>triazolam oral tablet 0.125 mg, 0.25 mg</i> | Tier 1 | DS |
| Sedative-Hypnotics, Non-Barbiturate | | |
| <i>zolpidem oral tablet 10 mg, 5 mg</i> | Tier 1 | DS |
| Tx For Adhd - Selective Alpha-2A Receptor Agonist | | |
| <i>guanfacine oral tablet extended release 24 hr 1 mg, 2 mg, 3 mg, 4 mg</i> | Tier 1 | MO |

| Drug Name | Drug Tier | Necessary Actions, Restrictions, or Limits on Use |
|---|-----------|---|
| Tx For Attention Deficit-Hyperact(Adhd)/Narcolepsy | | |
| <i>dexmethylphenidate oral capsule, er biphasic 50-50 10 mg, 15 mg, 20 mg, 25 mg, 30 mg, 35 mg, 40 mg, 5 mg</i> | Tier 1 | DS |
| <i>dexmethylphenidate oral tablet 10 mg, 2.5 mg, 5 mg</i> | Tier 1 | DS |
| METADATE ER ORAL TABLET EXTENDED RELEASE 20 MG | Tier 1 | DS |
| <i>methylphenidate hcl oral capsule, er biphasic 30-70 10 mg, 20 mg, 30 mg, 40 mg, 50 mg, 60 mg</i> | Tier 1 | DS |
| <i>methylphenidate hcl oral tablet 10 mg, 20 mg, 5 mg</i> | Tier 1 | DS |
| <i>methylphenidate hcl oral tablet extended release 10 mg, 20 mg</i> | Tier 1 | DS |
| <i>methylphenidate hcl oral tablet extended release 24hr 18 mg, 27 mg, 36 mg, 54 mg</i> | Tier 1 | DS |
| Tx For Attention Deficit-Hyperact.(Adhd), Nri-Type | | |
| <i>atomoxetine oral capsule 10 mg, 100 mg, 18 mg, 25 mg, 40 mg, 60 mg, 80 mg</i> | Tier 1 | MO |

| Drug Name | Drug Tier | Necessary Actions, Restrictions, or Limits on Use |
|---|-----------|---|
| Cardiovascular Disease - Arrhythmia | | |
| Antiarrhythmics | | |
| <i>adenosine intravenous syringe 3 mg/ml</i> | Tier 1 | |
| <i>amiodarone intravenous solution 50 mg/ml</i> | Tier 1 | |
| <i>amiodarone oral tablet 200 mg</i> | Tier 1 | MO |
| <i>disopyramide phosphate oral capsule 100 mg, 150 mg</i> | Tier 1 | MO |
| <i>dofetilide oral capsule 125 mcg, 250 mcg, 500 mcg</i> | Tier 1 | MO |
| <i>flecainide oral tablet 100 mg, 150 mg, 50 mg</i> | Tier 1 | MO |
| <i>lidocaine (pf) intravenous syringe 100 mg/5 ml (2 %), 50 mg/5 ml (1 %)</i> | Tier 1 | |
| <i>mexiletine oral capsule 150 mg, 200 mg, 250 mg</i> | Tier 1 | MO |
| NORPACE CR ORAL CAPSULE, EXTENDED RELEASE 100 MG, 150 MG | Tier 2 | MO |
| PACERONE ORAL TABLET 200 MG | Tier 1 | MO |
| <i>procainamide injection solution 100 mg/ml</i> | Tier 1 | |

| Drug Name | Drug Tier | Necessary Actions, Restrictions, or Limits on Use |
|--|-----------|---|
| <i>propafenone oral tablet 150 mg, 225 mg, 300 mg</i> | Tier 1 | MO |
| <i>quinidine gluconate oral tablet extended release 324 mg</i> | Tier 1 | MO |
| <i>quinidine sulfate oral tablet 200 mg, 300 mg</i> | Tier 1 | MO |
| Cardiovascular Disease - Cardiac Stimulant | | |
| Adrenergic Agents, Catecholamines | | |
| ADRENALIN INJECTION SOLUTION 1 MG/ML, 1 MG/ML (1 ML) | Tier 2 | |
| <i>epinephrine injection solution 1 mg/ml, 1 mg/ml (1 ml)</i> | Tier 1 | |
| <i>epinephrine injection syringe 0.1 mg/ml</i> | Tier 1 | |
| Digitalis Glycosides | | |
| DIGITEK ORAL TABLET 125 MCG (0.125 MG), 250 MCG (0.25 MG) | Tier 1 | MO |
| DIGOX ORAL TABLET 125 MCG (0.125 MG), 250 MCG (0.25 MG) | Tier 1 | MO |
| <i>digoxin injection solution 250 mcg/ml (0.25 mg/ml)</i> | Tier 1 | |
| <i>digoxin oral solution 50 mcg/ml (0.05 mg/ml)</i> | Tier 2 | MO |

| Drug Name | Drug Tier | Necessary Actions, Restrictions, or Limits on Use |
|--|-----------|---|
| <i>digoxin oral tablet 125 mcg (0.125 mg), 250 mcg (0.25 mg)</i> | Tier 1 | MO |
| Cardiovascular Disease - Hypertension | | |
| Ace Inhibitor/Thiazide & Thiazide-Like Diuretic | | |
| <i>lisinopril-hydrochlorothiazide oral tablet 10-12.5 mg, 20-12.5 mg, 20-25 mg</i> | Tier 1 | MO |
| Alpha/Beta-Adrenergic Blocking Agents | | |
| <i>carvedilol oral tablet 12.5 mg, 25 mg, 3.125 mg, 6.25 mg</i> | Tier 1 | MO |
| <i>labetalol oral tablet 100 mg, 200 mg, 300 mg</i> | Tier 1 | MO |
| Alpha-Adrenergic Blocking Agents | | |
| <i>doxazosin oral tablet 1 mg, 2 mg, 4 mg, 8 mg</i> | Tier 1 | MO |
| <i>phenoxybenzamine oral capsule 10 mg</i> | Tier 4 | |
| <i>phentolamine injection recon soln 5 mg</i> | RB | RB; QL |
| <i>prazosin oral capsule 1 mg, 2 mg, 5 mg</i> | Tier 1 | MO |
| <i>terazosin oral capsule 1 mg, 10 mg, 2 mg, 5 mg</i> | Tier 1 | MO |

| Drug Name | Drug Tier | Necessary Actions, Restrictions, or Limits on Use |
|--|-----------|---|
| Angiotensin Receptor Antag./Thiazide Diuretic Comb | | |
| <i>losartan-hydrochlorothiazide oral tablet 100-12.5 mg, 100-25 mg, 50-12.5 mg</i> | Tier 1 | MO |
| Antihypertensives, Ace Inhibitors | | |
| <i>benazepril 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>lisinopril oral tablet 10 mg, 2.5 mg, 20 mg, 30 mg, 40 mg, 5 mg</i> | Tier 1 | MO |
| QBRELIS ORAL SOLUTION 1 MG/ML | Tier 2 | MO; Age |
| Antihypertensives, Angiotensin Receptor Antagonist | | |
| <i>losartan oral tablet 100 mg, 25 mg, 50 mg</i> | Tier 1 | MO |
| Antihypertensives, Miscellaneous | | |
| <i>sodium nitroprusside intravenous solution 25 mg/ml</i> | Tier 1 | |
| Antihypertensives, Sympatholytic | | |
| <i>clonidine hcl oral tablet 0.1 mg, 0.2 mg, 0.3 mg</i> | Tier 1 | MO |

| Drug Name | Drug Tier | Necessary Actions, Restrictions, or Limits on Use |
|---|-----------|---|
| <i>guanfacine oral tablet 1 mg, 2 mg</i> | Tier 1 | MO |
| <i>methyldopa oral tablet 250 mg, 500 mg</i> | Tier 1 | MO |
| Antihypertensives, Vasodilators | | |
| <i>hydralazine 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 |
| Beta-Adrenergic Blocking Agents | | |
| <i>acebutolol 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>bisoprolol fumarate oral tablet 10 mg, 5 mg</i> | Tier 1 | MO |
| <i>metoprolol succinate oral tablet extended release 24 hr 100 mg, 200 mg, 25 mg, 50 mg</i> | Tier 1 | MO |
| <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>propranolol oral capsule, extended release 24 hr 120 mg, 160 mg, 60 mg, 80 mg</i> | Tier 1 | MO |

| Drug Name | Drug Tier | Necessary Actions, Restrictions, or Limits on Use |
|--|-----------|---|
| <i>propranolol oral solution 20 mg/5 ml (4 mg/ml), 40 mg/5 ml (8 mg/ml)</i> | Tier 1 | MO |
| <i>propranolol 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 |
| SOTALOL AF ORAL TABLET 120 MG, 160 MG, 80 MG | Tier 1 | MO |
| <i>sotalol oral tablet 120 mg, 160 mg, 240 mg, 80 mg</i> | Tier 1 | MO |
| Beta-Adrenergic Blocking Agents/Thiazide & Related | | |
| <i>atenolol-chlorthalidone oral tablet 100-25 mg, 50-25 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 |
| Calcium Channel Blocking Agents | | |
| <i>amlodipine oral tablet 10 mg, 2.5 mg, 5 mg</i> | Tier 1 | MO |
| CARTIA XT ORAL CAPSULE, EXTENDED RELEASE 24HR 120 MG, 180 MG, 240 MG, 300 MG | Tier 1 | MO |

| Drug Name | Drug Tier | Necessary Actions, Restrictions, or Limits on Use |
|---|-----------|---|
| <i>diltiazem hcl intravenous solution 5 mg/ml</i> | Tier 1 | |
| <i>diltiazem hcl oral capsule, ext. rel 24h degradable 120 mg, 180 mg, 240 mg</i> | Tier 1 | MO |
| <i>diltiazem hcl oral capsule, extended release 24hr 120 mg, 180 mg, 240 mg, 300 mg, 360 mg</i> | Tier 1 | MO |
| <i>diltiazem hcl oral tablet 120 mg, 30 mg, 60 mg, 90 mg</i> | Tier 1 | MO |
| DILT-XR ORAL CAPSULE, EXT. REL 24H DEGRADABLE 120 MG, 180 MG, 240 MG | Tier 1 | MO |
| <i>felodipine oral tablet extended release 24 hr 10 mg, 2.5 mg, 5 mg</i> | Tier 1 | MO |
| KATERZIA ORAL SUSPENSION 1 MG/ML | Tier 2 | MO; Age |
| <i>nifedipine oral capsule 10 mg, 20 mg</i> | Tier 1 | MO |
| <i>nifedipine oral tablet extended release 24hr 30 mg, 60 mg, 90 mg</i> | Tier 1 | MO |
| <i>nimodipine oral capsule 30 mg</i> | Tier 1 | |
| <i>verapamil intravenous solution 2.5 mg/ml</i> | Tier 1 | |

| Drug Name | Drug Tier | Necessary Actions, Restrictions, or Limits on Use |
|--|-----------|---|
| <i>verapamil oral tablet 120 mg, 40 mg, 80 mg</i> | Tier 1 | MO |
| <i>verapamil oral tablet extended release 120 mg, 180 mg, 240 mg</i> | Tier 1 | MO |
| Loop Diuretics | | |
| <i>bumetanide oral tablet 0.5 mg, 1 mg, 2 mg</i> | Tier 1 | MO |
| <i>ethacrynate sodium intravenous recon soln 50 mg</i> | Tier 1 | DS |
| <i>furosemide injection solution 10 mg/ml</i> | Tier 1 | |
| <i>furosemide injection syringe 10 mg/ml</i> | Tier 1 | |
| <i>furosemide oral solution 10 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 |
| Potassium Sparing Diuretics | | |
| <i>amiloride oral tablet 5 mg</i> | Tier 1 | MO |
| DYRENIUM ORAL CAPSULE 100 MG, 50 MG | Tier 2 | MO |
| <i>spironolactone oral suspension 25 mg/5 ml</i> | Tier 1 | MO; Age |
| <i>spironolactone oral tablet 100 mg, 25 mg, 50 mg</i> | Tier 1 | MO |

| Drug Name | Drug Tier | Necessary Actions, Restrictions, or Limits on Use |
|---|-----------|---|
| <i>triamterene oral capsule 100 mg, 50 mg</i> | Tier 1 | MO |
| Potassium Sparing Diuretics In Combination | | |
| <i>amiloride-hydrochlorothiazide oral tablet 5-50 mg</i> | Tier 1 | MO |
| <i>spironolactone-hydrochlorothiazide oral tablet 25-25 mg</i> | Tier 1 | MO |
| <i>triamterene-hydrochlorothiazide oral capsule 37.5-25 mg</i> | Tier 1 | MO |
| <i>triamterene-hydrochlorothiazide oral tablet 37.5-25 mg, 75-50 mg</i> | Tier 1 | MO |
| Pulm.Anti-Htn, Sel.C-Gmp Phosphodiesterase T5 Inhib | | |
| ADCIRCA ORAL TABLET 20 MG | Tier 2 | DS |
| ALYQ ORAL TABLET 20 MG | Tier 1 | MO |
| <i>sildenafil (pulm.hypertension) oral suspension for reconstitution 10 mg/ml</i> | Tier 1 | DS; PR |
| <i>sildenafil (pulm.hypertension) oral tablet 20 mg</i> | RB | RB; MO; PR; QL |
| <i>tadalafil (pulm.hypertension) oral tablet 20 mg</i> | Tier 1 | MO |

| Drug Name | Drug Tier | Necessary Actions, Restrictions, or Limits on Use |
|---|-----------|---|
| TADLIQ ORAL SUSPENSION 20 MG/5 ML (4 MG/ML) | Tier 4 | DS; Age |
| Pulmonary Anti-Htn, Endothelin Receptor Antagonist | | |
| <i>ambrisentan oral tablet 10 mg, 5 mg</i> | Tier 1 | MO |
| <i>bosentan oral tablet 125 mg, 62.5 mg</i> | Tier 1 | MO |
| OPSUMIT ORAL TABLET 10 MG | Tier 2 | PA; DS |
| Pulmonary Antihypertensives, Prostacyclin-Type | | |
| <i>epoprostenol (glycine) intravenous recon soln 1.5 mg</i> | Tier 1 | DS |
| <i>epoprostenol intravenous recon soln 1.5 mg</i> | Tier 1 | DS |
| REMODULIN INJECTION SOLUTION 1 MG/ML, 10 MG/ML, 2.5 MG/ML, 5 MG/ML | Tier 4 | DS |
| <i>treprostinil sodium injection solution 1 mg/ml, 10 mg/ml, 2.5 mg/ml, 5 mg/ml</i> | Tier 4 | DS |
| VELETRI INTRAVENOUS RECON SOLN 1.5 MG | Tier 2 | DS |
| VENTAVIS INHALATION SOLUTION FOR NEBULIZATION 10 MCG/ML | Tier 4 | DS |

| Drug Name | Drug Tier | Necessary Actions, Restrictions, or Limits on Use |
|--|-----------|--|
| Thiazide And Related Diuretics | | |
| <i>chlorthalidone oral tablet 25 mg, 50 mg</i> | 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>metolazone oral tablet 10 mg, 2.5 mg, 5 mg</i> | Tier 1 | MO |
| Vasodilators, Combination | | |
| <i>isosorbide-hydralazine oral tablet 20-37.5 mg</i> | Tier 1 | MO |
| Cardiovascular Disease - Lipid Irregularity | | |
| Antihyperlipidemic - Hmg Coa Reductase Inhibitors | | |
| <i>atorvastatin oral tablet 10 mg, 20 mg, 40 mg, 80 mg</i> | Tier 1 | MO; \$0 COPAY IF AGE 40-75 YEARS AND NO HISTORY OF CARDIOVASCULAR DISEASE PREVENTION MEDICATIONS IN 120 DAYS |

| Drug Name | Drug Tier | Necessary Actions, Restrictions, or Limits on Use | Drug Name | Drug Tier | Necessary Actions, Restrictions, or Limits on Use |
|---|-----------|--|---|-----------|--|
| <i>lovastatin oral tablet 10 mg, 20 mg, 40 mg</i> | Tier 1 | MO; \$0 COPAY IF AGE 40-75 YEARS AND NO HISTORY OF CARDIOVASCULAR DISEASE PREVENTION MEDICATIONS IN 120 DAYS | <i>simvastatin oral tablet 10 mg, 20 mg, 40 mg, 5 mg, 80 mg</i> | Tier 1 | MO; \$0 COPAY IF AGE 40-75 YEARS AND NO HISTORY OF CARDIOVASCULAR DISEASE PREVENTION MEDICATIONS IN 120 DAYS |
| <i>pravastatin oral tablet 10 mg, 20 mg, 40 mg, 80 mg</i> | Tier 1 | MO; \$0 COPAY IF AGE 40-75 YEARS AND NO HISTORY OF CARDIOVASCULAR DISEASE PREVENTION MEDICATIONS IN 120 DAYS | Bile Salt Sequestrants | | |
| | | | <i>cholestyramine (with sugar) oral powder 4 gram</i> | Tier 1 | MO |
| | | | <i>cholestyramine (with sugar) oral powder in packet 4 gram</i> | Tier 1 | MO |
| | | | CHOLESTYRAMINE LIGHT ORAL POWDER 4 GRAM | Tier 1 | MO |
| | | | CHOLESTYRAMINE LIGHT ORAL POWDER IN PACKET 4 GRAM | Tier 1 | MO |
| | | | <i>cholestyramine-aspartame oral powder in packet 4 gram</i> | Tier 1 | MO |
| | | | <i>colesevelam oral tablet 625 mg</i> | Tier 1 | MO |
| <i>rosuvastatin oral tablet 10 mg, 20 mg, 40 mg, 5 mg</i> | Tier 1 | MO; \$0 COPAY IF AGE 40-75 YEARS AND NO HISTORY OF CARDIOVASCULAR DISEASE PREVENTION MEDICATIONS IN 120 DAYS | <i>colestipol oral granules 5 gram</i> | Tier 1 | MO |
| | | | <i>colestipol oral packet 5 gram</i> | Tier 1 | MO |

| Drug Name | Drug Tier | Necessary Actions, Restrictions, or Limits on Use |
|---|-----------|---|
| <i>colestipol oral tablet 1 gram</i> | Tier 1 | MO |
| PREVALITE ORAL POWDER 4 GRAM | Tier 1 | MO |
| PREVALITE ORAL POWDER IN PACKET 4 GRAM | Tier 1 | MO |
| QUESTRAN ORAL POWDER 4 GRAM | Tier 2 | MO |
| Lipotropics | | |
| <i>ezetimibe oral tablet 10 mg</i> | Tier 1 | MO |
| <i>fenofibrate oral tablet 160 mg, 54 mg</i> | Tier 1 | MO |
| <i>gemfibrozil oral tablet 600 mg</i> | Tier 1 | MO |
| Cardiovascular Disease - Miscellaneous Agents | | |
| Adrenergic Vasopressor Agents | | |
| <i>droxidopa oral capsule 100 mg, 200 mg, 300 mg</i> | Tier 1 | DS |
| <i>midodrine oral tablet 10 mg, 2.5 mg, 5 mg</i> | Tier 1 | MO |
| Angiotensin Recept-Neprilysin Inhibitor Comb(Arni) | | |
| ENTRESTO ORAL TABLET 24-26 MG, 49-51 MG, 97-103 MG | Tier 2 | MO |

| Drug Name | Drug Tier | Necessary Actions, Restrictions, or Limits on Use |
|---|-----------|---|
| Cardiovascular Disease - Vasodilation | | |
| Vasodilators, Coronary | | |
| ISORDIL ORAL TABLET 40 MG | Tier 2 | MO |
| <i>isosorbide dinitrate oral tablet 10 mg, 20 mg, 30 mg, 40 mg, 5 mg</i> | Tier 1 | MO |
| <i>isosorbide mononitrate oral tablet extended release 24 hr 120 mg, 30 mg, 60 mg</i> | Tier 1 | MO |
| MINITRAN TRANSDERMAL PATCH 24 HOUR 0.1 MG/HR, 0.2 MG/HR, 0.4 MG/HR, 0.6 MG/HR | Tier 1 | MO |
| NITRO-BID TRANSDERMAL OINTMENT 2 % | Tier 2 | MO |
| NITRO-DUR TRANSDERMAL PATCH 24 HOUR 0.3 MG/HR, 0.8 MG/HR | Tier 4 | MO |
| <i>nitroglycerin sublingual tablet 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 |

| Drug Name | Drug Tier | Necessary Actions, Restrictions, or Limits on Use |
|--|-----------|---|
| <i>nitroglycerin translingual spray, non-aerosol 400 mcg/spray</i> | Tier 1 | MO |
| Vasodilators, Peripheral | | |
| <i>ergoloid oral tablet 1 mg</i> | Tier 1 | MO |
| Contraception/Oxytocics | | |
| Contraceptives, Intravaginal, Systemic | | |
| ELURYNG VAGINAL RING 0.12-0.015 MG/24 HR | PREV | MO; QL |
| ENILLORING VAGINAL RING 0.12-0.015 MG/24 HR | PREV | MO; QL |
| <i>etonogestrel-ethinyl estradiol vaginal ring 0.12-0.015 mg/24 hr</i> | PREV | MO; QL |
| HALOETTE VAGINAL RING 0.12-0.015 MG/24 HR | PREV | MO; QL |
| Contraceptives, Injectable | | |
| DEPO-SUBQ PROVERA 104 SUBCUTANEOUS SYRINGE 104 MG/0.65 ML | PREV | MO |
| Contraceptives, Oral | | |
| AFIRMELLE ORAL TABLET 0.1-20 MG-MCG | PREV | MO |

| Drug Name | Drug Tier | Necessary Actions, Restrictions, or Limits on Use |
|--|-----------|---|
| ALTAVERA (28) ORAL TABLET 0.15-0.03 MG | PREV | MO |
| ALYACEN 1/35 (28) ORAL TABLET 1-35 MG-MCG | PREV | MO |
| ALYACEN 7/7/7 (28) ORAL TABLET 0.5/0.75/1 MG- 35 MCG | PREV | MO |
| APRI ORAL TABLET 0.15-0.03 MG | PREV | MO |
| ARANELLE (28) ORAL TABLET 0.5/1/0.5-35 MG-MCG | PREV | MO |
| AUBRA EQ ORAL TABLET 0.1-20 MG-MCG | PREV | MO |
| AUBRA ORAL TABLET 0.1-20 MG-MCG | PREV | MO |
| AUROVELA 1.5/30 (21) ORAL TABLET 1.5-30 MG-MCG | PREV | MO |
| AUROVELA 1/20 (21) ORAL TABLET 1-20 MG-MCG | PREV | MO |
| AUROVELA FE 1.5/30 (28) ORAL TABLET 1.5 MG-30 MCG (21)/75 MG (7) | PREV | MO |
| AUROVELA FE 1-20 (28) ORAL TABLET 1 MG-20 MCG (21)/75 MG (7) | PREV | MO |
| AVIANE ORAL TABLET 0.1-20 MG-MCG | PREV | MO |

| Drug Name | Drug Tier | Necessary Actions, Restrictions, or Limits on Use |
|---|-----------|---|
| AYUNA ORAL TABLET 0.15-0.03 MG | PREV | MO |
| BALZIVA (28) ORAL TABLET 0.4-35 MG-MCG | PREV | MO |
| BLISOVI FE 1.5/30 (28) ORAL TABLET 1.5 MG-30 MCG (21)/75 MG (7) | PREV | MO |
| BLISOVI FE 1/20 (28) ORAL TABLET 1 MG-20 MCG (21)/75 MG (7) | PREV | MO |
| BRIELLYN ORAL TABLET 0.4-35 MG-MCG | PREV | MO |
| CAMILA ORAL TABLET 0.35 MG | PREV | MO |
| CHATEAL (28) ORAL TABLET 0.15-0.03 MG | PREV | MO |
| CHATEAL EQ (28) ORAL TABLET 0.15-0.03 MG | PREV | MO |
| CYCLAFEM 1/35 (28) ORAL TABLET 1-35 MG-MCG | PREV | MO |
| CYCLAFEM 7/7/7 (28) ORAL TABLET 0.5/0.75/1 MG- 35 MCG | PREV | MO |
| CYRED EQ ORAL TABLET 0.15-0.03 MG | PREV | MO |
| CYRED ORAL TABLET 0.15-0.03 MG | PREV | MO |

| Drug Name | Drug Tier | Necessary Actions, Restrictions, or Limits on Use |
|---|-----------|---|
| DASETTA 1/35 (28) ORAL TABLET 1-35 MG-MCG | PREV | MO |
| DASETTA 7/7/7 (28) ORAL TABLET 0.5/0.75/1 MG- 35 MCG | PREV | MO |
| DEBLITANE ORAL TABLET 0.35 MG | PREV | MO |
| <i>desogestrel-ethinyl estradiol oral tablet 0.15-0.03 mg</i> | PREV | MO |
| <i>drospirenone-ethinyl estradiol oral tablet 3-0.02 mg, 3-0.03 mg</i> | PREV | MO |
| ELLA ORAL TABLET 30 MG | PREV | |
| EMOQUETTE ORAL TABLET 0.15-0.03 MG | PREV | MO |
| EMZAHH ORAL TABLET 0.35 MG | PREV | MO |
| ENPRESSE ORAL TABLET 50-30 (6)/75-40 (5)/125-30(10) | PREV | MO |
| ENSKYCE ORAL TABLET 0.15-0.03 MG | PREV | MO |
| ERRIN ORAL TABLET 0.35 MG | PREV | MO |
| ESTARYLLA ORAL TABLET 0.25-35 MG-MCG | PREV | MO |
| <i>ethynodiol diac-eth estradiol oral tablet 1-35 mg-mcg, 1-50 mg-mcg</i> | PREV | MO |

| Drug Name | Drug Tier | Necessary Actions, Restrictions, or Limits on Use |
|--|-----------|---|
| FALMINA (28) ORAL TABLET 0.1-20 MG-MCG | PREV | MO |
| FEMYNOR ORAL TABLET 0.25-35 MG-MCG | PREV | MO |
| GIANVI (28) ORAL TABLET 3-0.02 MG | PREV | MO |
| HAILEY FE 1.5/30 (28) ORAL TABLET 1.5 MG-30 MCG (21)/75 MG (7) | PREV | MO |
| HAILEY FE 1/20 (28) ORAL TABLET 1 MG-20 MCG (21)/75 MG (7) | PREV | MO |
| HAILEY ORAL TABLET 1.5-30 MG-MCG | PREV | MO |
| HEATHER ORAL TABLET 0.35 MG | PREV | MO |
| INCASSIA ORAL TABLET 0.35 MG | PREV | MO |
| ISIBLOOM ORAL TABLET 0.15-0.03 MG | PREV | MO |
| JASMIEL (28) ORAL TABLET 3-0.02 MG | PREV | MO |
| JENCYCLA ORAL TABLET 0.35 MG | PREV | MO |
| JULEBER ORAL TABLET 0.15-0.03 MG | PREV | MO |
| JUNEL 1.5/30 (21) ORAL TABLET 1.5-30 MG-MCG | PREV | MO |

| Drug Name | Drug Tier | Necessary Actions, Restrictions, or Limits on Use |
|---|-----------|---|
| JUNEL 1/20 (21) ORAL TABLET 1-20 MG-MCG | PREV | MO |
| JUNEL FE 1.5/30 (28) ORAL TABLET 1.5 MG-30 MCG (21)/75 MG (7) | PREV | MO |
| JUNEL FE 1/20 (28) ORAL TABLET 1 MG-20 MCG (21)/75 MG (7) | PREV | MO |
| KALLIGA ORAL TABLET 0.15-0.03 MG | PREV | MO |
| KELNOR 1/35 (28) ORAL TABLET 1-35 MG-MCG | PREV | MO |
| KELNOR 1/50 (28) ORAL TABLET 1-50 MG-MCG | PREV | MO |
| KURVELO (28) ORAL TABLET 0.15-0.03 MG | PREV | MO |
| LARIN 1.5/30 (21) ORAL TABLET 1.5-30 MG-MCG | PREV | MO |
| LARIN 1/20 (21) ORAL TABLET 1-20 MG-MCG | PREV | MO |
| LARIN FE 1.5/30 (28) ORAL TABLET 1.5 MG-30 MCG (21)/75 MG (7) | PREV | MO |
| LARIN FE 1/20 (28) ORAL TABLET 1 MG-20 MCG (21)/75 MG (7) | PREV | MO |

| Drug Name | Drug Tier | Necessary Actions, Restrictions, or Limits on Use |
|---|-----------|---|
| LARISSIA ORAL TABLET 0.1-20 MG-MCG | PREV | MO |
| LEENA 28 ORAL TABLET 0.5/1/0.5-35 MG-MCG | PREV | MO |
| LESSINA ORAL TABLET 0.1-20 MG-MCG | PREV | MO |
| LEVONEST (28) ORAL TABLET 50-30 (6)/75-40 (5)/125-30(10) | PREV | MO |
| <i>levonorgestrel-ethinyl estrad oral tablet 0.1-20 mg-mcg, 0.15-0.03 mg</i> | PREV | MO |
| <i>levonorg-eth estrad triphasic oral tablet 50-30 (6)/75-40 (5)/125-30(10)</i> | PREV | MO |
| LEVORA-28 ORAL TABLET 0.15-0.03 MG | PREV | MO |
| LILLOW (28) ORAL TABLET 0.15-0.03 MG | PREV | MO |
| LOESTRIN 1/20 (21) ORAL TABLET 1-20 MG-MCG | PREV | MO |
| LORYNA (28) ORAL TABLET 3-0.02 MG | PREV | MO |
| LO-ZUMANDIMINE (28) ORAL TABLET 3-0.02 MG | PREV | MO |
| LUTERA (28) ORAL TABLET 0.1-20 MG-MCG | PREV | MO |

| Drug Name | Drug Tier | Necessary Actions, Restrictions, or Limits on Use |
|---|-----------|---|
| LYLEQ ORAL TABLET 0.35 MG | PREV | MO |
| LYZA ORAL TABLET 0.35 MG | PREV | MO |
| MARLISSA (28) ORAL TABLET 0.15-0.03 MG | PREV | MO |
| MICROGESTIN 1.5/30 (21) ORAL TABLET 1.5-30 MG-MCG | PREV | MO |
| MICROGESTIN 1/20 (21) ORAL TABLET 1-20 MG-MCG | PREV | MO |
| MICROGESTIN FE 1.5/30 (28) ORAL TABLET 1.5 MG-30 MCG (21)/75 MG (7) | PREV | MO |
| MICROGESTIN FE 1/20 (28) ORAL TABLET 1 MG-20 MCG (21)/75 MG (7) | PREV | MO |
| MILI ORAL TABLET 0.25-35 MG-MCG | PREV | MO |
| MONO-LINYAH ORAL TABLET 0.25-35 MG-MCG | PREV | MO |
| NECON 0.5/35 (28) ORAL TABLET 0.5-35 MG-MCG | PREV | MO |
| NIKKI (28) ORAL TABLET 3-0.02 MG | PREV | MO |
| NORA-BE ORAL TABLET 0.35 MG | PREV | MO |
| <i>norethindrone (contraceptive) oral tablet 0.35 mg</i> | PREV | MO |

| Drug Name | Drug Tier | Necessary Actions, Restrictions, or Limits on Use |
|---|-----------|---|
| <i>norethindrone ac-eth estradiol oral tablet 1-20 mg-mcg, 1.5-30 mg-mcg</i> | PREV | MO |
| <i>norethindrone-e.estradiol-iron oral tablet 1 mg-20 mcg (21)/75 mg (7), 1.5 mg-30 mcg (21)/75 mg (7)</i> | PREV | MO |
| <i>norgestimate-ethinyl estradiol oral tablet 0.18/0.215/0.25 mg-25 mcg, 0.18/0.215/0.25 mg-35 mcg (28), 0.25-35 mg-mcg</i> | PREV | MO |
| NORLYDA ORAL TABLET 0.35 MG | PREV | MO |
| NORTREL 0.5/35 (28) ORAL TABLET 0.5-35 MG-MCG | PREV | MO |
| NORTREL 1/35 (21) ORAL TABLET 1-35 MG-MCG (21) | PREV | MO |
| NORTREL 1/35 (28) ORAL TABLET 1-35 MG-MCG | PREV | MO |
| NORTREL 7/7/7 (28) ORAL TABLET 0.5/0.75/1 MG- 35 MCG | PREV | MO |
| NYLIA 1/35 (28) ORAL TABLET 1-35 MG-MCG | PREV | MO |
| NYLIA 7/7/7 (28) ORAL TABLET 0.5/0.75/1 MG- 35 MCG | PREV | MO |

| Drug Name | Drug Tier | Necessary Actions, Restrictions, or Limits on Use |
|--|-----------|---|
| NYMYO ORAL TABLET 0.25-35 MG-MCG | PREV | MO |
| OCELLA ORAL TABLET 3-0.03 MG | PREV | MO |
| ORSYTHIA ORAL TABLET 0.1-20 MG-MCG | PREV | MO |
| PHILITH ORAL TABLET 0.4-35 MG-MCG | PREV | MO |
| PIRMELLA ORAL TABLET 0.5/0.75/1 MG- 35 MCG, 1-35 MG-MCG | PREV | MO |
| PORTIA 28 ORAL TABLET 0.15-0.03 MG | PREV | MO |
| PREVIFEM ORAL TABLET 0.25-35 MG-MCG | PREV | MO |
| RECLIPSEN (28) ORAL TABLET 0.15-0.03 MG | PREV | MO |
| SHAROBEL ORAL TABLET 0.35 MG | PREV | MO |
| SPRINTEC (28) ORAL TABLET 0.25-35 MG-MCG | PREV | MO |
| SRONYX ORAL TABLET 0.1-20 MG-MCG | PREV | MO |
| SYEDA ORAL TABLET 3-0.03 MG | PREV | MO |
| TARINA FE 1/20 (28) ORAL TABLET 1 MG-20 MCG (21)/75 MG (7) | PREV | MO |

| Drug Name | Drug Tier | Necessary Actions, Restrictions, or Limits on Use |
|---|-----------|---|
| TARINA FE 1-20 EQ (28) ORAL TABLET 1 MG-20 MCG (21)/75 MG (7) | PREV | MO |
| TRI FEMYNOR ORAL TABLET 0.18/0.215/0.25 MG-35 MCG (28) | PREV | MO |
| TRI-ESTARYLLA ORAL TABLET 0.18/0.215/0.25 MG-35 MCG (28) | PREV | MO |
| TRI-LINYAH ORAL TABLET 0.18/0.215/0.25 MG-35 MCG (28) | PREV | MO |
| TRI-LO-ESTARYLLA ORAL TABLET 0.18/0.215/0.25 MG-25 MCG | PREV | MO |
| TRI-LO-MARZIA ORAL TABLET 0.18/0.215/0.25 MG-25 MCG | PREV | MO |
| TRI-LO-MILI ORAL TABLET 0.18/0.215/0.25 MG-25 MCG | PREV | MO |
| TRI-LO-SPRINTEC ORAL TABLET 0.18/0.215/0.25 MG-25 MCG | PREV | MO |
| TRI-MILI ORAL TABLET 0.18/0.215/0.25 MG-35 MCG (28) | PREV | MO |
| TRI-NYMYO ORAL TABLET 0.18/0.215/0.25 MG-35 MCG (28) | PREV | MO |

| Drug Name | Drug Tier | Necessary Actions, Restrictions, or Limits on Use |
|--|-----------|---|
| TRI-PREVIFEM (28) ORAL TABLET 0.18/0.215/0.25 MG-35 MCG (28) | PREV | MO |
| TRI-SPRINTEC (28) ORAL TABLET 0.18/0.215/0.25 MG-35 MCG (28) | PREV | MO |
| TRIVORA (28) ORAL TABLET 50-30 (6)/75-40 (5)/125-30(10) | PREV | MO |
| TRI-VYLIBRA LO ORAL TABLET 0.18/0.215/0.25 MG-25 MCG | PREV | MO |
| TRI-VYLIBRA ORAL TABLET 0.18/0.215/0.25 MG-35 MCG (28) | PREV | MO |
| TULANA ORAL TABLET 0.35 MG | PREV | MO |
| VESTURA (28) ORAL TABLET 3-0.02 MG | PREV | MO |
| VIENVA ORAL TABLET 0.1-20 MG-MCG | PREV | MO |
| VYFEMLA (28) ORAL TABLET 0.4-35 MG-MCG | PREV | MO |
| VYLIBRA ORAL TABLET 0.25-35 MG-MCG | PREV | MO |
| WERA (28) ORAL TABLET 0.5-35 MG-MCG | PREV | MO |
| ZARAH ORAL TABLET 3-0.03 MG | PREV | MO |

| Drug Name | Drug Tier | Necessary Actions, Restrictions, or Limits on Use |
|--|-----------|---|
| ZOVIA 1/35E (28) ORAL TABLET 1-35 MG-MCG | PREV | MO |
| ZOVIA 1-35 (28) ORAL TABLET 1-35 MG-MCG | PREV | MO |
| ZUMANDIMINE (28) ORAL TABLET 3-0.03 MG | PREV | MO |
| Oxytocics | | |
| <i>carboprost tromethamine intramuscular solution 250 mcg/ml</i> | Tier 1 | DS |
| HEMABATE INTRAMUSCULAR SOLUTION 250 MCG/ML | Tier 2 | DS |
| <i>methylergonovine injection solution 0.2 mg/ml (1 ml)</i> | Tier 1 | |
| <i>methylergonovine oral tablet 0.2 mg</i> | Tier 1 | |
| <i>oxytocin injection solution 10 unit/ml</i> | Tier 2 | |
| PITOCIN INJECTION SOLUTION 10 UNIT/ML | Tier 2 | |
| Cough And Cold | | |
| Antitussives, Non-Narcotic | | |
| <i>benzonatate oral capsule 100 mg, 200 mg</i> | Tier 1 | |

| Drug Name | Drug Tier | Necessary Actions, Restrictions, or Limits on Use |
|--|-----------|---|
| Narcotic Antitussive-1St Generation Antihistamine | | |
| <i>hydrocodone-chlorpheniramine oral suspension, extended rel 12 hr 10-8 mg/5 ml</i> | Tier 1 | DS; QL; Age |
| Narcotic Antitussive-Anticholinergic Comb. | | |
| <i>hydrocodone-homatropine oral syrup 5-1.5 mg/5 ml</i> | Tier 1 | DS; QL; Age |
| HYDROMET ORAL SYRUP 5-1.5 MG/5 ML | Tier 1 | DS; QL; Age |
| Narcotic Antitussive-Expectorant Combination | | |
| <i>codeine-guaifenesin oral liquid 10-100 mg/5 ml</i> | Tier 1 | DS; QL; Age |
| G TUSSIN AC ORAL LIQUID 10-100 MG/5 ML | Tier 1 | DS; QL; Age |
| GUAIFENESIN AC ORAL LIQUID 10-100 MG/5 ML | Tier 1 | DS; QL; Age |
| MAXI-TUSS AC ORAL LIQUID 10-100 MG/5 ML | Tier 1 | DS; QL; Age |
| VIRTUSSIN AC ORAL LIQUID 10-100 MG/5 ML | Tier 1 | DS; QL; Age |

| Drug Name | Drug Tier | Necessary Actions, Restrictions, or Limits on Use |
|---|-----------|---|
| Nose Preparations, Vasoconstrictors (Rx) | | |
| ADRENALIN NASAL SOLUTION 1 MG/ML | Tier 2 | |
| <i>epinephrine hcl nasal solution 1 mg/ml</i> | Tier 1 | |
| Dermatology - Acne | | |
| Acne Agents, Systemic | | |
| ACCUTANE ORAL CAPSULE 10 MG, 20 MG, 30 MG, 40 MG | Tier 1 | |
| AMNESTEEM ORAL CAPSULE 10 MG, 20 MG, 40 MG | Tier 1 | |
| CLARAVIS ORAL CAPSULE 10 MG, 20 MG, 30 MG, 40 MG | Tier 1 | |
| <i>isotretinoin oral capsule 10 mg, 20 mg, 30 mg, 40 mg</i> | Tier 1 | |
| MYORISAN ORAL CAPSULE 10 MG, 20 MG, 30 MG, 40 MG | Tier 1 | |
| ZENATANE ORAL CAPSULE 10 MG, 20 MG, 30 MG, 40 MG | Tier 1 | |
| Acne Agents, Topical | | |
| <i>clindamycin-benzoyl peroxide topical gel 1-5 %</i> | Tier 1 | MO |
| <i>sulfacetamide sodium (acne) topical suspension 10 %</i> | Tier 1 | MO |

| Drug Name | Drug Tier | Necessary Actions, Restrictions, or Limits on Use |
|---|-----------|---|
| Rosacea Agents, Topical | | |
| <i>metronidazole topical cream 0.75 %</i> | Tier 1 | |
| <i>metronidazole topical gel 0.75 %</i> | Tier 1 | |
| ROSDAN TOPICAL CREAM 0.75 % | Tier 1 | |
| Topical Preparations, Antibacterials | | |
| DERMAZENE TOPICAL CREAM 1-1 % | Tier 1 | |
| <i>hydrocortisone-iodoquinol topical cream 1-1 %</i> | Tier 1 | |
| Vitamin A Derivatives | | |
| <i>adapalene topical gel 0.3 %</i> | Tier 1 | MO |
| AVITA TOPICAL CREAM 0.025 % | Tier 1 | PA; MO |
| AVITA TOPICAL GEL 0.025 % | Tier 1 | PA; MO |
| RETIN-A TOPICAL CREAM 0.025 %, 0.05 %, 0.1 % | Tier 2 | PA; MO |
| RETIN-A TOPICAL GEL 0.01 %, 0.025 % | Tier 2 | PA; MO |
| <i>tretinoin topical cream 0.025 %, 0.05 %, 0.1 %</i> | Tier 1 | PA; MO |
| <i>tretinoin topical gel 0.01 %, 0.025 %</i> | Tier 1 | PA; MO |

| Drug Name | Drug Tier | Necessary Actions, Restrictions, or Limits on Use |
|---|-----------|---|
| Dermatology - Antiinfective | | |
| Topical Antibiotics | | |
| <i>clindamycin phosphate topical lotion 1 %</i> | Tier 1 | MO |
| <i>clindamycin phosphate topical solution 1 %</i> | Tier 1 | MO |
| <i>erythromycin with ethanol topical gel 2 %</i> | Tier 1 | MO |
| <i>erythromycin with ethanol topical solution 2 %</i> | Tier 1 | MO |
| <i>gentamicin topical cream 0.1 %</i> | Tier 1 | |
| <i>gentamicin topical ointment 0.1 %</i> | Tier 1 | |
| <i>mupirocin calcium topical cream 2 %</i> | Tier 1 | |
| <i>mupirocin topical ointment 2 %</i> | Tier 1 | |
| Topical Antifungal/Antiinflammatory, Steroid Agent | | |
| <i>clotrimazole-betamethasone topical cream 1-0.05 %</i> | Tier 1 | |
| Topical Antifungals | | |
| <i>ciclopirox topical cream 0.77 %</i> | Tier 1 | |
| <i>ketoconazole topical cream 2 %</i> | Tier 1 | |
| <i>ketoconazole topical shampoo 2 %</i> | Tier 1 | |

| Drug Name | Drug Tier | Necessary Actions, Restrictions, or Limits on Use |
|--|-----------|---|
| KLAYESTA TOPICAL POWDER 100,000 UNIT/GRAM | Tier 1 | |
| NYAMYC TOPICAL POWDER 100,000 UNIT/GRAM | Tier 1 | |
| <i>nystatin topical cream 100,000 unit/gram</i> | Tier 1 | |
| <i>nystatin topical ointment 100,000 unit/gram</i> | Tier 1 | |
| <i>nystatin topical powder 100,000 unit/gram</i> | Tier 1 | |
| <i>nystatin-triamcinolone topical cream 100,000-0.1 unit/g-%</i> | Tier 1 | |
| <i>nystatin-triamcinolone topical ointment 100,000-0.1 unit/gram-%</i> | Tier 1 | |
| NYSTOP TOPICAL POWDER 100,000 UNIT/GRAM | Tier 1 | |
| Topical Antiparasitics | | |
| <i>permethrin topical cream 5 %</i> | Tier 1 | |
| Topical Sulfonamides | | |
| <i>silver sulfadiazine topical cream 1 %</i> | Tier 1 | |
| SSD TOPICAL CREAM 1 % | Tier 1 | |

| Drug Name | Drug Tier | Necessary Actions, Restrictions, or Limits on Use |
|---|-----------|---|
| Dermatology - Antiinflammatory | | |
| Interleukin-13 (Il-13) Inhibitors, Mab | | |
| ADBRY SUBCUTANEOUS AUTO-INJECTOR 300 MG/2 ML | Tier 4 | PA; MO |
| ADBRY SUBCUTANEOUS SYRINGE 150 MG/ML | Tier 4 | PA; MO |
| Topical Anti-Inflammatory Steroidal | | |
| <i>alclometasone topical ointment 0.05 %</i> | Tier 1 | MO |
| <i>betamethasone dipropionate topical lotion 0.05 %</i> | Tier 1 | MO |
| <i>betamethasone dipropionate topical ointment 0.05 %</i> | Tier 1 | MO |
| <i>betamethasone valerate topical cream 0.1 %</i> | Tier 1 | MO |
| <i>betamethasone valerate topical lotion 0.1 %</i> | Tier 1 | MO |
| <i>betamethasone valerate topical ointment 0.1 %</i> | Tier 1 | MO |
| <i>betamethasone, augmented topical cream 0.05 %</i> | Tier 1 | MO |
| <i>betamethasone, augmented topical gel 0.05 %</i> | Tier 1 | MO |

| Drug Name | Drug Tier | Necessary Actions, Restrictions, or Limits on Use |
|---|-----------|---|
| <i>betamethasone, augmented topical lotion 0.05 %</i> | Tier 1 | MO |
| <i>betamethasone, augmented topical ointment 0.05 %</i> | Tier 1 | MO |
| <i>clobetasol scalp solution 0.05 %</i> | Tier 1 | MO |
| <i>clobetasol topical cream 0.05 %</i> | Tier 1 | MO |
| <i>clobetasol topical gel 0.05 %</i> | Tier 1 | MO |
| <i>clobetasol topical ointment 0.05 %</i> | Tier 1 | MO |
| <i>clobetasol topical shampoo 0.05 %</i> | Tier 1 | MO |
| <i>clobetasol-emollient topical cream 0.05 %</i> | Tier 1 | MO |
| CLOBEX TOPICAL SHAMPOO 0.05 % | Tier 2 | MO |
| CLODAN TOPICAL SHAMPOO 0.05 % | Tier 2 | MO |
| CORDRAN TAPE LARGE ROLL TOPICAL TAPE 4 MCG/CM2 | Tier 2 | MO |
| CORMAX SCALP SOLUTION 0.05 % | Tier 1 | MO |
| <i>desonide topical cream 0.05 %</i> | Tier 1 | MO |
| <i>desonide topical ointment 0.05 %</i> | Tier 1 | MO |
| <i>desoximetasone topical cream 0.25 %</i> | Tier 1 | MO |
| <i>fluocinolone and shower cap scalp oil 0.01 %</i> | Tier 1 | MO |

| Drug Name | Drug Tier | Necessary Actions, Restrictions, or Limits on Use |
|---|-----------|---|
| <i>fluocinolone topical cream 0.01 %, 0.025 %</i> | Tier 1 | MO |
| <i>fluocinolone topical oil 0.01 %</i> | Tier 1 | MO |
| <i>fluocinolone topical ointment 0.025 %</i> | Tier 1 | MO |
| <i>fluocinolone topical solution 0.01 %</i> | Tier 1 | MO |
| <i>fluocinonide topical cream 0.05 %</i> | Tier 1 | MO |
| <i>fluocinonide topical gel 0.05 %</i> | Tier 1 | MO |
| <i>fluocinonide topical ointment 0.05 %</i> | Tier 1 | MO |
| <i>fluocinonide topical solution 0.05 %</i> | Tier 1 | MO |
| FLUOCINONIDE-E TOPICAL CREAM 0.05 % | Tier 1 | MO |
| <i>fluocinonide-emollient topical cream 0.05 %</i> | Tier 1 | MO |
| <i>halobetasol propionate topical cream 0.05 %</i> | Tier 1 | MO |
| <i>halobetasol propionate topical ointment 0.05 %</i> | Tier 1 | MO |
| <i>hydrocortisone butyrate topical cream 0.1 %</i> | Tier 1 | MO |
| <i>hydrocortisone butyrate topical ointment 0.1 %</i> | Tier 1 | MO |
| <i>hydrocortisone butyrate topical solution 0.1 %</i> | Tier 1 | MO |

| Drug Name | Drug Tier | Necessary Actions, Restrictions, or Limits on Use |
|--|-----------|---|
| <i>hydrocortisone butyr-emollient topical cream 0.1 %</i> | Tier 1 | MO |
| <i>hydrocortisone topical cream 2.5 %</i> | Tier 1 | MO |
| <i>hydrocortisone topical cream with perineal applicator 2.5 %</i> | Tier 1 | MO |
| <i>hydrocortisone topical lotion 2.5 %</i> | Tier 1 | MO |
| <i>hydrocortisone topical ointment 2.5 %</i> | Tier 1 | MO |
| <i>mometasone topical cream 0.1 %</i> | Tier 1 | MO |
| <i>mometasone topical ointment 0.1 %</i> | Tier 1 | MO |
| <i>mometasone topical solution 0.1 %</i> | Tier 1 | MO |
| PROCTO-MED HC TOPICAL CREAM WITH PERINEAL APPLICATOR 2.5 % | Tier 1 | MO |
| PROCTOSOL HC TOPICAL CREAM WITH PERINEAL APPLICATOR 2.5 % | Tier 1 | MO |
| PROCTOZONE-HC TOPICAL CREAM WITH PERINEAL APPLICATOR 2.5 % | Tier 1 | MO |
| <i>triamcinolone acetonide topical aerosol 0.147 mg/gram</i> | Tier 1 | MO |
| <i>triamcinolone acetonide topical cream 0.025 %, 0.1 %, 0.5 %</i> | Tier 1 | MO |

| Drug Name | Drug Tier | Necessary Actions, Restrictions, or Limits on Use |
|---|-----------|---|
| <i>triamcinolone acetonide topical ointment 0.025 %, 0.1 %, 0.5 %</i> | Tier 1 | MO |
| TRIDERM TOPICAL CREAM 0.1 %, 0.5 % | Tier 1 | MO |
| Dermatology - Miscellaneous | | |
| Antiperspirants | | |
| DRYSOL DAB-OMATIC TOPICAL SOLUTION 20 % | Tier 2 | MO |
| DRYSOL TOPICAL SOLUTION 20 % | Tier 2 | MO |
| Antiseborrheic Agents | | |
| <i>selenium sulfide topical lotion 2.5 %</i> | Tier 1 | |
| Irrigants | | |
| AQUA CARE SODIUM CHLORIDE IRRIGATION SOLUTION 0.9 % | Tier 1 | |
| AQUA CARE STERILE WATER IRRIGATION SOLUTION | Tier 1 | |
| <i>lactated ringers irrigation solution</i> | Tier 2 | |
| <i>ringer's irrigation solution</i> | Tier 1 | |
| <i>sodium chloride irrigation solution 0.9 %</i> | Tier 1 | |
| <i>water for irrigation, sterile irrigation solution</i> | Tier 1 | |

| Drug Name | Drug Tier | Necessary Actions, Restrictions, or Limits on Use |
|---|-----------|---|
| Keratolytics | | |
| <i>podofilox topical solution 0.5 %</i> | Tier 1 | MO |
| Topical Antineoplastic & Premalignant Lesion Agnts | | |
| <i>fluorouracil topical cream 5 %</i> | Tier 1 | |
| <i>fluorouracil topical solution 2 %, 5 %</i> | Tier 1 | |
| Topical Local Anesthetics | | |
| <i>ethyl chloride topical aerosol,spray 100 %</i> | Tier 1 | |
| <i>lidocaine topical ointment 5 %</i> | Tier 1 | |
| <i>lidocaine-prilocaine topical cream 2.5-2.5 %</i> | Tier 1 | MO |
| Topical/Mucous Membr./Subcut. Enzymes | | |
| AMPHADASE INJECTION SOLUTION 150 UNIT/ML | Tier 2 | DS |
| SANTYL TOPICAL OINTMENT 250 UNIT/GRAM | Tier 2 | |
| Dermatology - Psoriasis/Eczema | | |
| Antipsoriatic Agents, Systemic | | |
| <i>acitretin oral capsule 10 mg, 25 mg</i> | Tier 1 | |

| Drug Name | Drug Tier | Necessary Actions, Restrictions, or Limits on Use |
|---|-----------|---|
| COSENTYX (2 SYRINGES) SUBCUTANEOUS SYRINGE 150 MG/ML | Tier 4 | PA; MO |
| COSENTYX PEN (2 PENS) SUBCUTANEOUS PEN INJECTOR 150 MG/ML | Tier 4 | PA; MO |
| COSENTYX SUBCUTANEOUS SYRINGE 75 MG/0.5 ML | Tier 4 | PA; DS |
| <i>methoxsalen oral capsule, liqd-filled, rapid rel 10 mg</i> | Tier 4 | |
| Antipsoriatics Agents | | |
| <i>calcipotriene scalp solution 0.005 %</i> | Tier 1 | MO |
| <i>calcipotriene topical cream 0.005 %</i> | Tier 1 | MO |
| <i>calcipotriene topical ointment 0.005 %</i> | Tier 1 | MO |
| CALCITRENE TOPICAL OINTMENT 0.005 % | Tier 1 | MO |
| DRITHOCREME HP TOPICAL CREAM 1 % | Tier 2 | MO |
| <i>tazarotene topical cream 0.05 %, 0.1 %</i> | Tier 1 | MO |
| <i>tazarotene topical gel 0.05 %, 0.1 %</i> | Tier 1 | MO |
| TAZORAC TOPICAL CREAM 0.05 % | Tier 2 | MO |

| Drug Name | Drug Tier | Necessary Actions, Restrictions, or Limits on Use |
|---|-----------|---|
| TAZORAC TOPICAL GEL 0.05 %, 0.1 % | Tier 2 | MO |
| Topical Immunosuppressive Agents | | |
| <i>tacrolimus topical ointment 0.03 %, 0.1 %</i> | Tier 1 | MO |
| Diabetes | | |
| Antihypergly, Incretin Mimetic (Glp-1 Recep. Agonist) | | |
| OZEMPIC SUBCUTANEOUS PEN INJECTOR 0.25 MG OR 0.5 MG (2 MG/3 ML), 1 MG/DOSE (4 MG/3 ML), 2 MG/DOSE (8 MG/3 ML) | Tier 2 | PA; DS |
| Antihyperglycemic-Sod/Gluc Cotransport2 (SglT2) Inhib | | |
| JARDIANCE ORAL TABLET 10 MG, 25 MG | Tier 2 | MO |
| Antihyperglycemic, Alpha-Glucosidase Inhib (N-S) | | |
| <i>acarbose oral tablet 100 mg, 25 mg, 50 mg</i> | Tier 1 | MO |
| Antihyperglycemic, Insulin-Release Stimulant Type | | |
| <i>glimepiride oral tablet 1 mg, 2 mg, 4 mg</i> | Tier 1 | MO |

| Drug Name | Drug Tier | Necessary Actions, Restrictions, or Limits on Use |
|--|-----------|---|
| <i>glipizide oral tablet 10 mg, 5 mg</i> | Tier 1 | MO |
| <i>glyburide oral tablet 1.25 mg, 2.5 mg, 5 mg</i> | Tier 1 | MO |
| <i>repaglinide oral tablet 0.5 mg, 1 mg, 2 mg</i> | Tier 1 | MO |
| Antihyperglycemic, Insulin-Response Enhancer (N-S) | | |
| <i>pioglitazone oral tablet 15 mg, 30 mg, 45 mg</i> | Tier 1 | MO |
| Antihyperglycemic, Biguanide Type(Non-Sulfonylurea) | | |
| <i>metformin oral solution 500 mg/5 ml</i> | Tier 1 | MO |
| <i>metformin oral tablet 1,000 mg, 500 mg, 850 mg</i> | Tier 1 | MO |
| <i>metformin oral tablet extended release 24 hr 500 mg, 750 mg</i> | Tier 1 | MO |
| RIOMET ORAL SOLUTION 500 MG/5 ML | Tier 2 | MO |
| Hyperglycemics | | |
| BAQSIMI NASAL SPRAY, NON-AEROSOL 3 MG/ACTUATION | Tier 2 | |
| GLUCAGON EMERGENCY KIT (HUMAN) INJECTION RECON SOLN 1 MG | Tier 1 | |

| Drug Name | Drug Tier | Necessary Actions, Restrictions, or Limits on Use |
|--|-----------|---|
| Insulins | | |
| ADMELOG SOLOSTAR U-100 INSULIN SUBCUTANEOUS INSULIN PEN 100 UNIT/ML | Tier 2 | PA; MO |
| HUMALOG JUNIOR KWIKPEN U-100 SUBCUTANEOUS INSULIN PEN, HALF-UNIT 100 UNIT/ML | Tier 2 | PA; MO |
| HUMALOG KWIKPEN INSULIN SUBCUTANEOUS INSULIN PEN 100 UNIT/ML | Tier 2 | PA; MO |
| HUMALOG U-100 INSULIN SUBCUTANEOUS CARTRIDGE 100 UNIT/ML | Tier 2 | PA; MO |
| HUMALOG U-100 INSULIN SUBCUTANEOUS SOLUTION 100 UNIT/ML | Tier 2 | MO |
| HUMULIN 70/30 U-100 INSULIN SUBCUTANEOUS SUSPENSION 100 UNIT/ML (70-30) | Tier 2 | MO |
| HUMULIN N NPH INSULIN KWIKPEN SUBCUTANEOUS INSULIN PEN 100 UNIT/ML (3 ML) | Tier 2 | PA; MO |

| Drug Name | Drug Tier | Necessary Actions, Restrictions, or Limits on Use |
|--|-----------|---|
| HUMULIN N NPH U-100 INSULIN SUBCUTANEOUS SUSPENSION 100 UNIT/ML | Tier 2 | MO |
| HUMULIN R REGULAR U-100 INSULIN INJECTION SOLUTION 100 UNIT/ML | Tier 2 | MO |
| HUMULIN R U-500 (CONC) INSULIN SUBCUTANEOUS SOLUTION 500 UNIT/ML | Tier 2 | MO |
| HUMULIN R U-500 (CONC) KWIKPEN SUBCUTANEOUS INSULIN PEN 500 UNIT/ML (3 ML) | Tier 2 | MO |
| <i>insulin degludec subcutaneous insulin pen 200 unit/ml (3 ml)</i> | Tier 2 | PA; MO |
| <i>insulin glargine-yfgn subcutaneous insulin pen 100 unit/ml (3 ml)</i> | Tier 2 | MO |
| <i>insulin glargine-yfgn subcutaneous solution 100 unit/ml</i> | Tier 2 | MO |
| <i>insulin lispro subcutaneous insulin pen 100 unit/ml</i> | Tier 1 | PA; MO |
| <i>insulin lispro subcutaneous insulin pen, half-unit 100 unit/ml</i> | Tier 1 | PA; MO |
| <i>insulin lispro subcutaneous solution 100 unit/ml</i> | Tier 1 | MO |

| Drug Name | Drug Tier | Necessary Actions, Restrictions, or Limits on Use |
|--|-----------|---|
| NOVOLIN N FLEXPEN SUBCUTANEOUS INSULIN PEN 100 UNIT/ML (3 ML) | Tier 2 | MO |
| Ear - General Disorders | | |
| Ear Preparations, Misc. Anti-Infectives | | |
| <i>acetic acid otic (ear) solution 2 %</i> | Tier 1 | MO |
| <i>hydrocortisone-acetic acid otic (ear) drops 1-2 %</i> | Tier 1 | |
| Ear Preparations, Antibiotics | | |
| COLY-MYCIN S OTIC (EAR) DROPS, SUSPENSION 3.3-3-10-0.5 MG/ML | Tier 2 | |
| CORTISPORIN-TC OTIC (EAR) DROPS, SUSPENSION 3.3-3-10-0.5 MG/ML | Tier 2 | |
| <i>neomycin-polymyxin-hc otic (ear) drops, suspension 3.5-10,000-1 mg/ml-unit/ml-%</i> | Tier 1 | |
| <i>neomycin-polymyxin-hc otic (ear) solution 3.5-10,000-1 mg/ml-unit/ml-%</i> | Tier 1 | |
| <i>ofloxacin otic (ear) drops 0.3 %</i> | Tier 1 | |

| Drug Name | Drug Tier | Necessary Actions, Restrictions, or Limits on Use |
|--|-----------|---|
| Otic Preparations, Anti-Inflammatory-Antibiotics | | |
| <i>ciprofloxacin-dexamethasone otic (ear) drops, suspension 0.3-0.1 %</i> | Tier 1 | |
| Electrolyte Regulation | | |
| Bicarbonate Producing/Containing Agents | | |
| <i>sodium bicarbonate intravenous solution 1 meq/ml (8.4 %)</i> | Tier 1 | |
| <i>sodium bicarbonate intravenous syringe 10 meq/10 ml (8.4 %), 7.5 % (0.9 meq/ml), 8.4 % (1 meq/ml)</i> | Tier 1 | |
| Electrolyte Depleters | | |
| <i>calcium acetate(phosphat bind) oral capsule 667 mg</i> | Tier 1 | MO |
| <i>calcium acetate(phosphat bind) oral tablet 667 mg</i> | Tier 1 | MO |
| KIONEX (WITH SORBITOL) ORAL SUSPENSION 15-20 GRAM/60 ML | Tier 1 | |

| Drug Name | Drug Tier | Necessary Actions, Restrictions, or Limits on Use |
|---|-----------|---|
| LOKELMA ORAL POWDER IN PACKET 10 GRAM, 5 GRAM | Tier 2 | DS; PR; QL |
| <i>sevelamer carbonate oral powder in packet 2.4 gram</i> | Tier 1 | MO |
| <i>sevelamer carbonate oral tablet 800 mg</i> | Tier 1 | MO |
| <i>sodium polystyrene sulfonate oral powder</i> | Tier 1 | |
| SPS (WITH SORBITOL) ORAL SUSPENSION 15-20 GRAM/60 ML | Tier 1 | |
| SPS (WITH SORBITOL) RECTAL ENEMA 30-40 GRAM/120 ML | Tier 2 | |
| Electrolyte Maintenance | | |
| <i>lactated ringers intravenous parenteral solution</i> | Tier 2 | |
| <i>ringer's intravenous parenteral solution</i> | Tier 1 | |
| Potassium Replacement | | |
| KLOR-CON 10 ORAL TABLET EXTENDED RELEASE 10 MEQ | Tier 2 | MO |
| KLOR-CON 8 ORAL TABLET EXTENDED RELEASE 8 MEQ | Tier 1 | MO |
| KLOR-CON M10 ORAL TABLET, ER PARTICLES/CRYSTALS 10 MEQ | Tier 1 | MO |

| Drug Name | Drug Tier | Necessary Actions, Restrictions, or Limits on Use |
|--|-----------|---|
| KLOR-CON M20 ORAL TABLET, ER PARTICLES/CRYSTALS 20 MEQ | Tier 1 | MO |
| K-TAB ORAL TABLET EXTENDED RELEASE 10 MEQ | Tier 2 | MO |
| <i>potassium chlorid-d5-0.45%nacl intravenous parenteral solution 10 meq/l, 20 meq/l, 40 meq/l</i> | Tier 1 | |
| <i>potassium chloride intravenous solution 2 meq/ml</i> | Tier 1 | |
| <i>potassium chloride oral capsule, extended release 10 meq, 8 meq</i> | Tier 1 | MO |
| <i>potassium chloride oral tablet extended release 10 meq, 20 meq, 8 meq</i> | Tier 1 | MO |
| <i>potassium chloride oral tablet, er particles/crystals 10 meq, 20 meq</i> | Tier 1 | MO |
| Sodium/Saline Preparations | | |
| BD POSIFLUSH NORMAL SALINE 0.9 INJECTION SYRINGE | Tier 1 | |
| BD PRE-FILLED NORMAL SALINE INJECTION SYRINGE | Tier 1 | |

| Drug Name | Drug Tier | Necessary Actions, Restrictions, or Limits on Use |
|--|-----------|---|
| BD PRE-FILLED SALINE BLUNT CAN INJECTION SYRINGE | Tier 1 | |
| CLEARSHIELD SODIUM CHLOR FLUSH INJECTION SYRINGE | Tier 1 | |
| NORMAL SALINE FLUSH INJECTION SYRINGE | Tier 1 | |
| <i>sodium chlor 0.9% bacteriostat injection solution 0.9 %</i> | Tier 1 | |
| <i>sodium chloride 0.45 % intravenous parenteral solution 0.45 %</i> | Tier 1 | |
| <i>sodium chloride 0.9 % (flush) injection syringe</i> | Tier 1 | |
| <i>sodium chloride 0.9 % injection solution</i> | Tier 1 | |
| <i>sodium chloride 0.9 % intravenous parenteral solution</i> | Tier 1 | |
| <i>sodium chloride 0.9 % intravenous piggyback</i> | Tier 1 | |
| <i>sodium chloride injection syringe 0.9 %</i> | Tier 1 | |
| <i>sodium chloride intravenous solution 4 meq/ml</i> | Tier 1 | |

| Drug Name | Drug Tier | Necessary Actions, Restrictions, or Limits on Use |
|---|-----------|---|
| Endocrine Disorder - Fertility | | |
| Drugs To Treat Impotency | | |
| CAVERJECT IMPULSE INTRACAVERNOSAL KIT 10 MCG, 20 MCG | RB | RB; QL |
| CAVERJECT INTRACAVERNOSAL RECON SOLN 20 MCG, 40 MCG | RB | RB; QL |
| EDEX INTRACAVERNOSAL KIT 10 MCG, 20 MCG, 40 MCG | RB | RB; QL |
| MUSE INTRA-URETHRAL SUPPOSITORY 1,000 MCG, 250 MCG, 500 MCG | RB | RB; QL |
| <i>tadalafil oral tablet 10 mg, 2.5 mg, 20 mg, 5 mg</i> | RB | RB; MO; QL |
| Fertility Stimulating Preparations, Non-Fsh | | |
| CLOMID ORAL TABLET 50 MG | Tier 2 | |
| <i>clomiphene citrate oral tablet 50 mg</i> | Tier 1 | |
| Follicle Stim./Luteinizing Hormones | | |
| MENOPUR SUBCUTANEOUS RECON SOLN 75 UNIT | Tier 2 | DS |

| Drug Name | Drug Tier | Necessary Actions, Restrictions, or Limits on Use |
|---|-----------|---|
| Follicle-Stimulating Hormone (Fsh) | | |
| GONAL-F RFF REDIRECT SUBCUTANEOUS PEN INJECTOR 300/0.5 UNIT/ML, 450/0.75 UNIT/ML, 900/1.5 UNIT/ML | Tier 2 | DS |
| GONAL-F RFF SUBCUTANEOUS RECON SOLN 75 UNIT | Tier 2 | DS |
| GONAL-F SUBCUTANEOUS RECON SOLN 1,050 UNIT, 450 UNIT | Tier 2 | DS |
| Human Chorionic Gonadotropin (Hcg) | | |
| <i>chorionic gonadotropin, human intramuscular recon soln 10,000 unit</i> | Tier 2 | DS |
| NOVAREL INTRAMUSCULAR RECON SOLN 10,000 UNIT | Tier 2 | DS |
| PREGNYL INTRAMUSCULAR RECON SOLN 10,000 UNIT | Tier 2 | DS |
| Endocrine Disorder - Other | | |
| Adrenocorticotrophic Hormones | | |
| ACTHAR INJECTION GEL 80 UNIT/ML | Tier 4 | PA; DS |

| Drug Name | Drug Tier | Necessary Actions, Restrictions, or Limits on Use |
|--|-----------|---|
| CORTROPHIN GEL INJECTION GEL 80 UNIT/ML | Tier 4 | PA; DS |
| Antidiuretic And Vasopressor Hormones | | |
| <i>desmopressin injection solution 4 mcg/ml</i> | Tier 1 | |
| <i>desmopressin nasal spray with pump 10 mcg/spray non-refrig (0.1 ml)</i> | Tier 1 | MO |
| <i>desmopressin nasal spray, non-aerosol 10 mcg/spray refrig (0.1 ml)</i> | Tier 1 | MO |
| <i>desmopressin oral tablet 0.1 mg, 0.2 mg</i> | Tier 1 | MO |
| Antineoplastic Lhrh(Gnrh) Agonist, Pituitary Suppr. | | |
| <i>leuprolide subcutaneous kit 1 mg/0.2 ml</i> | Tier 1 | MO |
| Bone Resorption Inhibitors | | |
| <i>alendronate oral tablet 35 mg, 70 mg</i> | Tier 1 | MO |
| <i>calcitonin (salmon) nasal spray, non-aerosol 200 unit/actuation</i> | Tier 1 | MO |
| <i>pamidronate intravenous recon soln 90 mg</i> | Tier 1 | |
| <i>raloxifene oral tablet 60 mg</i> | Tier 1 | MO |

| Drug Name | Drug Tier | Necessary Actions, Restrictions, or Limits on Use |
|--|-----------|---|
| Calcimimetic, Parathyroid Calcium Enhancer | | |
| <i>cinacalcet oral tablet 30 mg, 60 mg, 90 mg</i> | Tier 1 | DS |
| Growth Hormones | | |
| OMNITROPE SUBCUTANEOUS CARTRIDGE 10 MG/1.5 ML (6.7 MG/ML), 5 MG/1.5 ML (3.3 MG/ML) | Tier 2 | PA; DS |
| Lhrh(Gnrh) Agonist Analog Pituitary Suppressants | | |
| SYNAREL NASAL SPRAY, NON-AEROSOL 2 MG/ML | Tier 4 | PA |
| Lhrh(Gnrh) Antagonist, Pituitary Suppressant Agents | | |
| FYREMADEL SUBCUTANEOUS SYRINGE 250 MCG/0.5 ML | Tier 1 | |
| <i>ganirelix subcutaneous syringe 250 mcg/0.5 ml</i> | Tier 2 | |
| ORLISSA ORAL TABLET 150 MG, 200 MG | Tier 4 | PA; DS |
| Menopausal Sympt Supp-Sel Estrogen Recep Modulator | | |
| OSPHENA ORAL TABLET 60 MG | RB | RB; DS; QL |

| Drug Name | Drug Tier | Necessary Actions, Restrictions, or Limits on Use |
|---|-----------|---|
| Pituitary Suppressive Agents | | |
| <i>cabergoline oral tablet 0.5 mg</i> | Tier 1 | MO |
| <i>danazol oral capsule 100 mg, 200 mg, 50 mg</i> | Tier 1 | MO |
| Endocrine Disorder - Thyroid | | |
| Antithyroid Preparations | | |
| <i>methimazole oral tablet 10 mg, 5 mg</i> | Tier 1 | MO |
| <i>propylthiouracil oral tablet 50 mg</i> | Tier 1 | MO |
| Iodine Containing Agents | | |
| <i>potassium iodide oral solution 1 gram/ml</i> | Tier 1 | |
| SSKI ORAL SOLUTION 1 GRAM/ML | Tier 1 | |
| Thyroid Hormones | | |
| EUTHYROX 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>levothyroxine 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 |

| Drug Name | Drug Tier | Necessary Actions, Restrictions, or Limits on Use |
|---|-----------|---|
| <i>liothyronine oral tablet 25 mcg, 5 mcg, 50 mcg</i> | Tier 1 | MO |
| Eye - General Disorders | | |
| Eye Antibiotic-Corticoid Combinations | | |
| <i>neomycin-polymyxin b-dexameth ophthalmic (eye) drops, suspension 3.5mg/ml-10,000 unit/ml-0.1 %</i> | Tier 1 | |
| <i>neomycin-polymyxin b-dexameth ophthalmic (eye) ointment 3.5 mg/g-10,000 unit/g-0.1 %</i> | Tier 1 | |
| <i>neomycin-polymyxin-hc ophthalmic (eye) drops, suspension 3.5-10,000-10 mg-unit-mg/ml</i> | Tier 1 | |
| PRED-G OPHTHALMIC (EYE) DROPS, SUSPENSION 0.3-1 % | Tier 2 | |
| Eye Antiinflammatory Agents | | |
| <i>dexamethasone sodium phosphate ophthalmic (eye) drops 0.1 %</i> | Tier 1 | MO |
| <i>diclofenac sodium ophthalmic (eye) drops 0.1 %</i> | Tier 1 | |

| Drug Name | Drug Tier | Necessary Actions, Restrictions, or Limits on Use |
|---|-----------|---|
| <i>fluorometholone ophthalmic (eye) drops,suspension 0.1 %</i> | Tier 1 | MO |
| <i>flurbiprofen sodium ophthalmic (eye) drops 0.03 %</i> | Tier 1 | |
| FML FORTE OPHTHALMIC (EYE) DROPS,SUSPENSION 0.25 % | Tier 2 | MO |
| <i>ketorolac ophthalmic (eye) drops 0.5 %</i> | Tier 1 | |
| PRED FORTE OPHTHALMIC (EYE) DROPS,SUSPENSION 1 % | Tier 2 | MO |
| PRED MILD OPHTHALMIC (EYE) DROPS,SUSPENSION 0.12 % | Tier 2 | MO |
| <i>prednisolone acetate ophthalmic (eye) drops,suspension 1 %</i> | Tier 1 | MO |
| <i>prednisolone sodium phosphate ophthalmic (eye) drops 1 %</i> | Tier 1 | MO |
| Eye Antivirals | | |
| <i>trifluridine ophthalmic (eye) drops 1 %</i> | Tier 1 | |
| Eye Local Anesthetics | | |
| ALCAINE OPHTHALMIC (EYE) DROPS 0.5 % | Tier 1 | |
| ALTACAINE OPHTHALMIC (EYE) DROPS 0.5 % | Tier 1 | |

| Drug Name | Drug Tier | Necessary Actions, Restrictions, or Limits on Use |
|---|-----------|---|
| ALTAFLUOR BENOX OPHTHALMIC (EYE) DROPS 0.25-0.4 % | Tier 1 | |
| FLUCAINE OPHTHALMIC (EYE) DROPS 0.25-0.5 % | Tier 1 | |
| <i>fluorescein-proparacaine ophthalmic (eye) drops 0.25-0.5 %</i> | Tier 1 | |
| <i>proparacaine ophthalmic (eye) drops 0.5 %</i> | Tier 1 | |
| <i>tetracaine hcl ophthalmic (eye) drops 0.5 %</i> | Tier 1 | |
| Eye Sulfonamides | | |
| BLEPH-10 OPHTHALMIC (EYE) DROPS 10 % | Tier 1 | |
| BLEPHAMIDE OPHTHALMIC (EYE) DROPS,SUSPENSION 10-0.2 % | Tier 2 | |
| <i>sulfacetamide sodium ophthalmic (eye) drops 10 %</i> | Tier 1 | |
| <i>sulfacetamide-prednisolone ophthalmic (eye) drops 10 %-0.23 % (0.25 %)</i> | Tier 1 | |
| Eye Vasoconstrictors (Rx Only) | | |
| <i>phenylephrine hcl ophthalmic (eye) drops 10 %, 2.5 %</i> | Tier 1 | |

| Drug Name | Drug Tier | Necessary Actions, Restrictions, or Limits on Use |
|--|-----------|---|
| Ophthalmic Antibiotics | | |
| <i>bacitracin ophthalmic (eye) ointment 500 unit/gram</i> | Tier 1 | |
| <i>bacitracin-polymyxin b ophthalmic (eye) ointment 500-10,000 unit/gram</i> | Tier 1 | |
| CILOXAN OPHTHALMIC (EYE) OINTMENT 0.3 % | Tier 2 | |
| <i>ciprofloxacin hcl ophthalmic (eye) drops 0.3 %</i> | Tier 1 | |
| <i>erythromycin ophthalmic (eye) ointment 5 mg/gram (0.5 %)</i> | Tier 1 | |
| <i>gatifloxacin ophthalmic (eye) drops 0.5 %</i> | Tier 1 | |
| GENTAK OPHTHALMIC (EYE) OINTMENT 0.3 % (3 MG/GRAM) | Tier 1 | |
| <i>gentamicin ophthalmic (eye) drops 0.3 %</i> | Tier 1 | |
| <i>moxifloxacin ophthalmic (eye) drops 0.5 %</i> | Tier 1 | |
| <i>ofloxacin ophthalmic (eye) drops 0.3 %</i> | Tier 1 | |
| POLYCIN OPHTHALMIC (EYE) OINTMENT 500-10,000 UNIT/GRAM | Tier 1 | |

| Drug Name | Drug Tier | Necessary Actions, Restrictions, or Limits on Use |
|--|-----------|---|
| <i>polymyxin b sulf-trimethoprim ophthalmic (eye) drops 10,000 unit- 1 mg/ml</i> | Tier 1 | |
| <i>tobramycin ophthalmic (eye) drops 0.3 %</i> | Tier 1 | |
| TOBREX OPHTHALMIC (EYE) OINTMENT 0.3 % | Tier 2 | |
| Ophthalmic Anti-Inflammatory Immunomodulator-Type | | |
| <i>cyclosporine ophthalmic (eye) dropperette 0.05 %</i> | Tier 1 | QL |
| Ophthalmic Mast Cell Stabilizers | | |
| <i>cromolyn ophthalmic (eye) drops 4 %</i> | Tier 1 | MO |
| Ophthalmic Preparations, Miscellaneous | | |
| BIOLON INTRAOCULAR SYRINGE 10 MG/ML | Tier 2 | |
| HEALON PRO INTRAOCULAR SYRINGE 10 MG/ML | Tier 2 | |
| PROVISC INTRAOCULAR SYRINGE 10 MG/ML | Tier 2 | |

| Drug Name | Drug Tier | Necessary Actions, Restrictions, or Limits on Use |
|--|-----------|---|
| Eye - Glaucoma | | |
| Carbonic Anhydrase Inhibitors | | |
| <i>acetazolamide oral capsule, extended release 500 mg</i> | Tier 1 | MO |
| <i>acetazolamide oral tablet 125 mg, 250 mg</i> | Tier 1 | MO |
| <i>acetazolamide sodium injection recon soln 500 mg</i> | Tier 1 | |
| <i>methazolamide oral tablet 25 mg, 50 mg</i> | Tier 1 | MO |
| Miotics/Other Intraoc. Pressure Reducers | | |
| <i>betaxolol ophthalmic (eye) drops 0.5 %</i> | Tier 1 | MO |
| <i>brimonidine ophthalmic (eye) drops 0.2 %</i> | Tier 1 | MO |
| <i>dorzolamide ophthalmic (eye) drops 2 %</i> | Tier 1 | MO |
| <i>dorzolamide-timolol ophthalmic (eye) drops 22.3-6.8 mg/ml</i> | Tier 1 | MO |
| <i>latanoprost ophthalmic (eye) drops 0.005 %</i> | Tier 1 | MO |
| <i>levobunolol ophthalmic (eye) drops 0.5 %</i> | Tier 1 | MO |
| PHOSPHOLINE IODIDE OPTHALMIC (EYE) DROPS 0.125 % | Tier 2 | MO |

| Drug Name | Drug Tier | Necessary Actions, Restrictions, or Limits on Use |
|--|-----------|---|
| <i>pilocarpine hcl ophthalmic (eye) drops 1 %, 2 %, 4 %</i> | Tier 1 | MO |
| <i>timolol maleate ophthalmic (eye) drops 0.25 %, 0.5 %</i> | Tier 1 | MO |
| Mydriatics | | |
| <i>atropine ophthalmic (eye) drops 1 %</i> | Tier 1 | MO |
| <i>atropine ophthalmic (eye) ointment 1 %</i> | Tier 1 | MO |
| CYCLOGYL OPTHALMIC (EYE) DROPS 0.5 %, 2 % | Tier 2 | |
| CYCLOMYDRIL OPTHALMIC (EYE) DROPS 0.2-1 % | Tier 2 | |
| <i>cyclopentolate ophthalmic (eye) drops 0.5 %, 1 %, 2 %</i> | Tier 1 | |
| HOMATROPAIRE OPTHALMIC (EYE) DROPS 5 % | Tier 1 | MO |
| <i>homatropine hbr ophthalmic (eye) drops 5 %</i> | Tier 1 | MO |
| ISOPTO ATROPINE OPTHALMIC (EYE) DROPS 1 % | Tier 2 | MO |
| <i>tropicamide ophthalmic (eye) drops 0.5 %, 1 %</i> | Tier 1 | |
| Eye - Miscellaneous | | |
| Artificial Tears | | |
| LACRISERT OPTHALMIC (EYE) INSERT 5 MG | Tier 2 | MO |

| Drug Name | Drug Tier | Necessary Actions, Restrictions, or Limits on Use |
|---|-----------|---|
| Eye Diagnostic Agents | | |
| BIOGLO OPTHALMIC (EYE) STRIP 1 MG | Tier 1 | |
| GLOSTRIPS OPTHALMIC (EYE) STRIP 1 MG | Tier 1 | |
| Eye Irrigations | | |
| BALANCED SALT INTRAOCULAR SOLUTION | Tier 1 | |
| Opth Vasc. Endothelial Growth Factor Antagonists | | |
| EYLEA INTRAVITREAL SOLUTION 2 MG/0.05 ML | Tier 4 | MO |
| Opth. Vegf-A Receptor Antag. Rcmb Mc Antibody | | |
| BYOOVIZ INTRAVITREAL SOLUTION 0.5 MG/0.05 ML | Tier 4 | MO |
| Fluid Replacement | | |
| Iv Solutions: Dextrose-Saline | | |
| <i>d5 % and 0.9 % sodium chloride intravenous parenteral solution</i> | Tier 1 | |
| <i>d5 %-0.45 % sodium chloride intravenous parenteral solution</i> | Tier 1 | |

| Drug Name | Drug Tier | Necessary Actions, Restrictions, or Limits on Use |
|---|-----------|---|
| <i>dextrose 5%-0.2 % sod chloride intravenous parenteral solution</i> | Tier 1 | |
| Iv Solutions: Dextrose-Water | | |
| <i>dextrose 5 % in water (d5w) intravenous parenteral solution</i> | Tier 1 | |
| Gout And Related Diseases | | |
| Colchicine | | |
| <i>colchicine oral tablet 0.6 mg</i> | Tier 1 | MO |
| Hyperuricemia Tx - Purine Inhibitors | | |
| <i>allopurinol oral tablet 100 mg, 300 mg</i> | Tier 1 | MO |
| <i>febuxostat oral tablet 40 mg, 80 mg</i> | Tier 1 | ST; MO; QL |
| Uricosuric Agents | | |
| <i>probenecid oral tablet 500 mg</i> | Tier 1 | MO |
| Hematological Disorders | | |
| Anticoagulants, Coumarin Type | | |
| 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 |
| <i>warfarin 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 |

| Drug Name | Drug Tier | Necessary Actions, Restrictions, or Limits on Use |
|--|-----------|---|
| Antifibrinolytic Agents | | |
| AMICAR ORAL SOLUTION 250 MG/ML (25 %) | Tier 2 | |
| <i>aminocaproic acid oral solution 250 mg/ml (25 %)</i> | Tier 1 | |
| <i>aminocaproic acid oral tablet 1,000 mg, 500 mg</i> | Tier 1 | |
| Antihemophilic Factors | | |
| ADVATE INTRAVENOUS RECON SOLN 1,000 (+/-) UNIT, 1,500 (+/-) UNIT, 2,000 (+/-) UNIT, 250 (+/-) UNIT, 3,000 (+/-) UNIT, 500 (+/-) UNIT | Tier 2 | DS |
| HEMOFIL M HIGH INTRAVENOUS RECON SOLN 801-1,500 UNIT | Tier 2 | DS |
| HUMATE-P INTRAVENOUS RECON SOLN 1,000-2,400 UNIT, 500-1,200 UNIT | Tier 2 | DS |
| KOATE INTRAVENOUS RECON SOLN 1,000 (+/-) UNIT | Tier 2 | DS |

| Drug Name | Drug Tier | Necessary Actions, Restrictions, or Limits on Use |
|---|-----------|---|
| KOGENATE FS INTRAVENOUS RECON SOLN 1,000 (+/-) UNIT, 2,000 (+/-) UNIT, 250 (+/-) UNIT, 3,000 (+/-) UNIT, 500 (+/-) UNIT | Tier 2 | DS |
| KOVALTRY INTRAVENOUS RECON SOLN 1,000 (+/-) UNIT, 2,000 (+/-) UNIT, 250 (+/-) UNIT, 3,000 (+/-) UNIT, 500 (+/-) UNIT | Tier 2 | DS |
| RECOMBINATE INTRAVENOUS RECON SOLN 1,000 (+/-) UNIT, 250 (+/-) UNIT | Tier 2 | DS |
| Direct Factor Xa Inhibitors | | |
| XARELTO DVT-PE TREAT 30D START ORAL TABLETS,DOSE PACK 15 MG (42)- 20 MG (9) | Tier 2 | |
| XARELTO ORAL TABLET 10 MG, 2.5 MG | Tier 2 | MO; QL |
| Factor Ix Complex (Pcc) Preparations | | |
| PROFILNINE INTRAVENOUS RECON SOLN 1,000 (+/-) UNIT | Tier 2 | DS |

| Drug Name | Drug Tier | Necessary Actions, Restrictions, or Limits on Use |
|--|-----------|---|
| Factor Ix Preparations | | |
| ALPHANINE SD INTRAVENOUS RECON SOLN 500 (+/-) UNIT | Tier 2 | DS |
| Hematinics,Other | | |
| EPOGEN INJECTION SOLUTION 10,000 UNIT/ML, 2,000 UNIT/ML, 20,000 UNIT/2 ML, 3,000 UNIT/ML, 4,000 UNIT/ML | Tier 2 | DS |
| EPOGEN INJECTION SOLUTION 20,000 UNIT/ML | Tier 4 | DS |
| PROCRIT INJECTION SOLUTION 10,000 UNIT/ML, 2,000 UNIT/ML, 20,000 UNIT/2 ML, 3,000 UNIT/ML, 4,000 UNIT/ML | Tier 2 | DS |
| PROCRIT INJECTION SOLUTION 20,000 UNIT/ML, 40,000 UNIT/ML | Tier 4 | DS |
| Hemorrhologic Agents | | |
| <i>pentoxifylline oral tablet extended release 400 mg</i> | Tier 1 | MO |

| Drug Name | Drug Tier | Necessary Actions, Restrictions, or Limits on Use |
|--|-----------|---|
| Heparin And Related Preparations | | |
| <i>enoxaparin subcutaneous syringe 100 mg/ml, 120 mg/0.8 ml, 150 mg/ml, 30 mg/0.3 ml, 40 mg/0.4 ml, 60 mg/0.6 ml, 80 mg/0.8 ml</i> | Tier 1 | MO |
| HEP FLUSH-10 (PF) INTRAVENOUS SOLUTION 10 UNIT/ML | Tier 1 | |
| <i>heparin (porcine) in 5 % dex intravenous parenteral solution 25,000 unit/500 ml (50 unit/ml)</i> | Tier 1 | |
| <i>heparin (porcine) injection cartridge 5,000 unit/ml (1 ml)</i> | Tier 1 | |
| <i>heparin (porcine) injection solution 1,000 unit/ml, 10,000 unit/ml, 20,000 unit/ml, 5,000 unit/ml</i> | Tier 1 | |
| <i>heparin lock flush (porcine) intravenous solution 10 unit/ml, 100 unit/ml</i> | Tier 1 | |
| HEPARIN LOCKFLUSH(PORCINE)(PF) INTRAVENOUS SYRINGE 10 UNIT/ML, 100 UNIT/ML | Tier 1 | |
| <i>heparin, porcine (pf) injection solution 1,000 unit/ml</i> | Tier 1 | |

| Drug Name | Drug Tier | Necessary Actions, Restrictions, or Limits on Use |
|--|-----------|---|
| <i>heparin, porcine (pf) injection syringe 5,000 unit/0.5 ml</i> | Tier 1 | |
| <i>heparin, porcine (pf) intravenous solution 100 unit/ml (1 ml)</i> | Tier 1 | |
| <i>heparin, porcine (pf) intravenous syringe 10 unit/ml, 100 unit/ml</i> | Tier 1 | |
| LOVENOX SUBCUTANEOUS SYRINGE 100 MG/ML, 120 MG/0.8 ML, 150 MG/ML, 30 MG/0.3 ML, 40 MG/0.4 ML, 60 MG/0.6 ML, 80 MG/0.8 ML | Tier 2 | MO |
| Human Monoclonal Antibody Complement(C5) Inhibitor | | |
| ULTOMIRIS INTRAVENOUS SOLUTION 10 MG/ML, 100 MG/ML | Tier 4 | MO |
| Leukocyte (Wbc) Stimulants | | |
| GRANIX SUBCUTANEOUS SOLUTION 300 MCG/ML, 480 MCG/1.6 ML | Tier 4 | DS |
| GRANIX SUBCUTANEOUS SYRINGE 300 MCG/0.5 ML, 480 MCG/0.8 ML | Tier 4 | DS |

| Drug Name | Drug Tier | Necessary Actions, Restrictions, or Limits on Use |
|---|-----------|---|
| Plasma Expanders | | |
| <i>hetastarch 6 % in 0.9 % nacl intravenous solution 6 %</i> | Tier 1 | |
| Platelet Aggregation Inhibitors | | |
| <i>aspirin-dipyridamole oral capsule, er multiphase 12 hr 25-200 mg</i> | Tier 1 | MO |
| BRILINTA ORAL TABLET 60 MG, 90 MG | Tier 2 | MO |
| <i>cilostazol oral tablet 100 mg, 50 mg</i> | Tier 1 | MO |
| <i>clopidogrel oral tablet 75 mg</i> | Tier 1 | MO |
| <i>dipyridamole oral tablet 25 mg, 50 mg, 75 mg</i> | Tier 1 | MO |
| <i>prasugrel oral tablet 10 mg, 5 mg</i> | Tier 1 | MO |
| Platelet Reducing Agents | | |
| <i>anagrelide oral capsule 0.5 mg, 1 mg</i> | Tier 1 | MO |
| Thrombin Inhibitors, Selective, Direct, & Reversible | | |
| <i>dabigatran etexilate oral capsule 110 mg, 150 mg</i> | Tier 1 | MO |
| PRADAXA ORAL CAPSULE 110 MG, 150 MG | Tier 2 | MO |

| Drug Name | Drug Tier | Necessary Actions, Restrictions, or Limits on Use |
|--|-----------|---|
| Thrombolytic Enzymes | | |
| ACTIVASE INTRAVENOUS RECON SOLN 100 MG | Tier 2 | |
| CATHFLO ACTIVASE INTRA-CATHETER RECON SOLN 2 MG | Tier 2 | |
| Thrombopoietin Receptor Agonists | | |
| ALVAIZ ORAL TABLET 18 MG, 9 MG | Tier 4 | DS; QL |
| ALVAIZ ORAL TABLET 36 MG, 54 MG | Tier 4 | DS |
| Topical Hemostatics | | |
| GELFOAM COMPRESSED SIZE 100 TOPICAL SPONGE 100 CM | Tier 2 | |
| GELFOAM SPONGE SIZE 100 TOPICAL SPONGE 100 | Tier 2 | |
| GELFOAM SPONGE SIZE 12-7MM TOPICAL SPONGE 12-7 MM | Tier 2 | |
| GELFOAM SPONGE SIZE 50 TOPICAL SPONGE 50 | Tier 2 | |
| SURGIFOAM TOPICAL SPONGE 100 , 100 CM, 12-7 MM, 50 | Tier 2 | |

| Drug Name | Drug Tier | Necessary Actions, Restrictions, or Limits on Use |
|--|-----------|---|
| THROMBIN-JMI TOPICAL RECON SOLN 20,000 UNIT, 5,000 UNIT | Tier 1 | |
| Vitamin K Preparations | | |
| MEPHYTON ORAL TABLET 5 MG | Tier 2 | |
| <i>phytonadione (vitamin k1) injection solution 10 mg/ml</i> | Tier 1 | DS |
| <i>phytonadione (vitamin k1) oral tablet 5 mg</i> | Tier 1 | |
| VITAMIN K1 INJECTION SOLUTION 10 MG/ML | Tier 1 | DS |
| Hormonal Deficiency | | |
| Androgenic Agents | | |
| DEPO-TESTOSTERONE INTRAMUSCULAR OIL 100 MG/ML, 200 MG/ML | Tier 2 | DS |
| METHITEST ORAL TABLET 10 MG | Tier 4 | MO |
| <i>methyltestosterone oral capsule 10 mg</i> | Tier 4 | MO |
| <i>testosterone cypionate intramuscular oil 100 mg/ml, 200 mg/ml</i> | Tier 1 | DS |
| <i>testosterone transdermal gel in metered-dose pump 20.25 mg/1.25 gram (1.62 %)</i> | Tier 1 | |

| Drug Name | Drug Tier | Necessary Actions, Restrictions, or Limits on Use |
|--|-----------|---|
| Estrogen/Androgen Combinations | | |
| COVARYX H.S. ORAL TABLET 0.625-1.25 MG | Tier 1 | MO |
| COVARYX ORAL TABLET 1.25-2.5 MG | Tier 1 | MO |
| EEMT HS ORAL TABLET 0.625-1.25 MG | Tier 1 | MO |
| EEMT ORAL TABLET 1.25-2.5 MG | Tier 1 | MO |
| ESTRATEST F.S. ORAL TABLET 1.25-2.5 MG | Tier 1 | MO |
| <i>estrogens-methyltestosterone oral tablet 0.625-1.25 mg, 1.25-2.5 mg</i> | Tier 1 | MO |
| Estrogenic Agents | | |
| CLIMARA TRANSDERMAL PATCH WEEKLY 0.025 MG/24 HR, 0.0375 MG/24 HR, 0.05 MG/24 HR, 0.06 MG/24 HR, 0.075 MG/24 HR, 0.1 MG/24 HR | Tier 2 | MO |
| DEPO-ESTRADIOL INTRAMUSCULAR OIL 5 MG/ML | Tier 2 | |

| Drug Name | Drug Tier | Necessary Actions, Restrictions, or Limits on Use |
|---|-----------|---|
| DOTTI TRANSDERMAL PATCH SEMIWEEKLY 0.025 MG/24 HR, 0.0375 MG/24 HR, 0.05 MG/24 HR, 0.075 MG/24 HR, 0.1 MG/24 HR | Tier 1 | MO |
| <i>estradiol oral tablet 0.5 mg, 1 mg, 2 mg</i> | Tier 1 | MO |
| <i>estradiol transdermal patch semiweekly 0.025 mg/24 hr, 0.0375 mg/24 hr, 0.05 mg/24 hr, 0.075 mg/24 hr, 0.1 mg/24 hr</i> | Tier 1 | MO |
| <i>estradiol transdermal patch weekly 0.025 mg/24 hr, 0.0375 mg/24 hr, 0.05 mg/24 hr, 0.06 mg/24 hr, 0.075 mg/24 hr, 0.1 mg/24 hr</i> | Tier 1 | MO |
| <i>estradiol valerate intramuscular oil 20 mg/ml, 40 mg/ml</i> | Tier 1 | |
| LYLLANA TRANSDERMAL PATCH SEMIWEEKLY 0.025 MG/24 HR, 0.0375 MG/24 HR, 0.05 MG/24 HR, 0.075 MG/24 HR, 0.1 MG/24 HR | Tier 1 | MO |
| PREMARIN INJECTION RECON SOLN 25 MG | Tier 2 | |

| Drug Name | Drug Tier | Necessary Actions, Restrictions, or Limits on Use |
|---|-----------|---|
| Progestational Agents | | |
| GALLIFREY ORAL TABLET 5 MG | Tier 1 | MO |
| <i>medroxyprogesterone oral tablet 10 mg, 2.5 mg, 5 mg</i> | Tier 1 | MO |
| <i>norethindrone acetate oral tablet 5 mg</i> | Tier 1 | MO |
| <i>progesterone intramuscular oil 50 mg/ml</i> | Tier 1 | |
| <i>progesterone micronized oral capsule 100 mg, 200 mg</i> | Tier 1 | MO |
| Immunization | | |
| Antisera | | |
| GAMMAKED INJECTION SOLUTION 1 GRAM/10 ML (10 %) | Tier 4 | DS |
| GAMMAKED INJECTION SOLUTION 10 GRAM/100 ML (10 %), 20 GRAM/200 ML (10 %), 5 GRAM/50 ML (10 %) | Tier 2 | DS |
| GAMUNEX-C INJECTION SOLUTION 1 GRAM/10 ML (10 %) | Tier 4 | DS |

| Drug Name | Drug Tier | Necessary Actions, Restrictions, or Limits on Use |
|---|-----------|---|
| GAMUNEX-C INJECTION SOLUTION 10 GRAM/100 ML (10 %), 2.5 GRAM/25 ML (10 %), 20 GRAM/200 ML (10 %), 5 GRAM/50 ML (10 %) | Tier 2 | DS |
| HIZENTRA SUBCUTANEOUS SOLUTION 1 GRAM/5 ML (20 %), 10 GRAM/50 ML (20 %), 2 GRAM/10 ML (20 %), 4 GRAM/20 ML (20 %) | Tier 2 | DS |
| HYPERTET (PF) INTRAMUSCULAR SYRINGE 250 UNIT/ML | Tier 2 | |
| HYQVIA SUBCUTANEOUS SOLUTION 10 GRAM /100 ML (10 %), 2.5 GRAM /25 ML (10 %), 20 GRAM /200 ML (10 %), 30 GRAM /300 ML (10 %), 5 GRAM /50 ML (10 %) | Tier 4 | PA; DS |
| Immunosuppression /Modulation | | |
| Immunomodulators | | |
| <i>imiquimod topical cream in packet 5 %</i> | Tier 1 | |

| Drug Name | Drug Tier | Necessary Actions, Restrictions, or Limits on Use |
|--|-----------|---|
| INTRON A INJECTION RECON SOLN 10 MILLION UNIT (1 ML), 18 MILLION UNIT (1 ML), 50 MILLION UNIT (1 ML) | Tier 4 | DS |
| Immunosupp - Monoclonal Ab Inhibiting T Lymph Fxn | | |
| SIMULECT INTRAVENOUS RECON SOLN 10 MG | Tier 2 | |
| Immunosuppressives | | |
| <i>azathioprine oral tablet 50 mg</i> | Tier 1 | MO |
| <i>cyclosporine modified oral capsule 100 mg, 25 mg</i> | Tier 1 | MO |
| <i>cyclosporine modified oral solution 100 mg/ml</i> | Tier 1 | MO |
| GENGRAF ORAL CAPSULE 100 MG, 25 MG | Tier 1 | MO |
| GENGRAF ORAL SOLUTION 100 MG/ML | Tier 1 | MO |
| <i>mycophenolate mofetil oral capsule 250 mg</i> | Tier 1 | MO |
| <i>mycophenolate mofetil oral suspension for reconstitution 200 mg/ml</i> | Tier 4 | |

| Drug Name | Drug Tier | Necessary Actions, Restrictions, or Limits on Use |
|--|-----------|---|
| <i>mycophenolate mofetil oral tablet 500 mg</i> | Tier 1 | MO |
| NULOJIX INTRAVENOUS RECON SOLN 250 MG | Tier 4 | |
| <i>sirolimus oral solution 1 mg/ml</i> | Tier 4 | MO |
| <i>sirolimus oral tablet 0.5 mg, 1 mg, 2 mg</i> | Tier 1 | MO |
| <i>tacrolimus oral capsule 0.5 mg, 1 mg, 5 mg</i> | Tier 1 | MO |
| Infectious Disease - Bacterial | | |
| Absorbable Sulfonamides | | |
| <i>sulfamethoxazole-trimethoprim oral suspension 200-40 mg/5 ml</i> | Tier 1 | MO |
| <i>sulfamethoxazole-trimethoprim oral tablet 400-80 mg, 800-160 mg</i> | Tier 1 | MO |
| SULFATRIM ORAL SUSPENSION 200-40 MG/5 ML | Tier 1 | MO |
| Betalactams | | |
| <i>aztreonam injection recon soln 1 gram, 2 gram</i> | Tier 1 | |
| CAYSTON INHALATION SOLUTION FOR NEBULIZATION 75 MG/ML | Tier 4 | DS |

| Drug Name | Drug Tier | Necessary Actions, Restrictions, or Limits on Use |
|---|-----------|---|
| Carbapenems (Thienamycins) | | |
| <i>ertapenem injection recon soln 1 gram</i> | Tier 1 | DS |
| <i>imipenem-cilastatin intravenous recon soln 500 mg</i> | Tier 1 | |
| Cephalosporins - 1St Generation | | |
| <i>cefazolin in dextrose (iso-os) intravenous piggyback 1 gram/50 ml</i> | Tier 1 | |
| <i>cefazolin injection recon soln 1 gram, 10 gram, 500 mg</i> | Tier 1 | |
| <i>cephalexin oral capsule 250 mg, 500 mg</i> | Tier 1 | |
| <i>cephalexin oral suspension for reconstitution 125 mg/5 ml, 250 mg/5 ml</i> | Tier 1 | |
| Cephalosporins - 2Nd Generation | | |
| <i>cefotetan injection recon soln 1 gram, 2 gram</i> | Tier 1 | |
| <i>cefuroxime axetil oral tablet 250 mg, 500 mg</i> | Tier 1 | |
| <i>cefuroxime sodium injection recon soln 750 mg</i> | Tier 1 | |
| <i>cefuroxime sodium intravenous recon soln 1.5 gram</i> | Tier 1 | |

| Drug Name | Drug Tier | Necessary Actions, Restrictions, or Limits on Use |
|--|-----------|---|
| Cephalosporins - 3Rd Generation | | |
| <i>cefdinir oral capsule 300 mg</i> | Tier 1 | |
| <i>cefdinir oral suspension for reconstitution 125 mg/5 ml, 250 mg/5 ml</i> | Tier 1 | |
| <i>cefixime oral capsule 400 mg</i> | Tier 1 | |
| <i>cefixime oral suspension for reconstitution 100 mg/5 ml</i> | Tier 1 | |
| <i>cefotaxime injection recon soln 2 gram</i> | Tier 1 | |
| <i>cefpodoxime oral suspension for reconstitution 100 mg/5 ml</i> | Tier 1 | |
| <i>ceftazidime injection recon soln 2 gram, 6 gram</i> | Tier 1 | |
| <i>ceftriaxone in dextrose,iso-os intravenous piggyback 1 gram/50 ml, 2 gram/50 ml</i> | Tier 1 | |
| <i>ceftriaxone injection recon soln 1 gram, 10 gram, 2 gram, 250 mg, 500 mg</i> | Tier 1 | |
| <i>ceftriaxone intravenous recon soln 1 gram, 2 gram</i> | Tier 1 | |
| CLAFORAN INJECTION RECON SOLN 2 GRAM | Tier 2 | |

| Drug Name | Drug Tier | Necessary Actions, Restrictions, or Limits on Use |
|---|-----------|---|
| CLAFORAN INTRAVENOUS RECON SOLN 1 GRAM, 2 GRAM | Tier 2 | |
| TAZICEF INJECTION RECON SOLN 2 GRAM, 6 GRAM | Tier 1 | |
| TAZICEF INTRAVENOUS RECON SOLN 1 GRAM | Tier 2 | |
| Cephalosporins - 4Th Generation | | |
| <i>cefepime injection recon soln 1 gram, 2 gram</i> | Tier 1 | |
| Chemotherapeutics, Antibacterial, Misc. | | |
| <i>fosfomycin tromethamine oral packet 3 gram</i> | Tier 1 | |
| <i>methenamine hippurate oral tablet 1 gram</i> | Tier 1 | |
| PRIMSOL ORAL SOLUTION 50 MG/5 ML | Tier 2 | |
| <i>trimethoprim oral tablet 100 mg</i> | Tier 1 | |
| TRIMPEX ORAL SOLUTION 50 MG/5 ML | Tier 2 | |
| Macrolides | | |
| <i>azithromycin oral packet 1 gram</i> | Tier 1 | MO |

| Drug Name | Drug Tier | Necessary Actions, Restrictions, or Limits on Use |
|---|-----------|---|
| <i>azithromycin oral suspension for reconstitution 100 mg/5 ml, 200 mg/5 ml</i> | Tier 1 | MO |
| <i>azithromycin oral tablet 250 mg, 500 mg, 600 mg</i> | Tier 1 | MO |
| <i>clarithromycin oral suspension for reconstitution 125 mg/5 ml, 250 mg/5 ml</i> | Tier 1 | |
| <i>clarithromycin oral tablet 250 mg, 500 mg</i> | Tier 1 | |
| E.E.S. 400 ORAL TABLET 400 MG | Tier 1 | |
| E.E.S. GRANULES ORAL SUSPENSION FOR RECONSTITUTION 200 MG/5 ML | Tier 2 | |
| ERYPED 200 ORAL SUSPENSION FOR RECONSTITUTION 200 MG/5 ML | Tier 2 | |
| ERYPED 400 ORAL SUSPENSION FOR RECONSTITUTION 400 MG/5 ML | Tier 2 | |
| ERY-TAB ORAL TABLET, DELAYED RELEASE (DR/EC) 250 MG, 500 MG | Tier 1 | |
| ERYTHROCIN INTRAVENOUS RECON SOLN 500 MG | Tier 2 | |

| Drug Name | Drug Tier | Necessary Actions, Restrictions, or Limits on Use |
|--|-----------|---|
| <i>erythromycin ethylsuccinate oral suspension for reconstitution 200 mg/5 ml, 400 mg/5 ml</i> | Tier 1 | |
| <i>erythromycin ethylsuccinate oral tablet 400 mg</i> | Tier 1 | |
| <i>erythromycin lactobionate intravenous recon soln 500 mg</i> | Tier 1 | |
| <i>erythromycin oral capsule, delayed release(dr/lec) 250 mg</i> | Tier 1 | |
| <i>erythromycin oral tablet, delayed release (dr/lec) 250 mg, 333 mg, 500 mg</i> | Tier 1 | |
| ZITHROMAX ORAL PACKET 1 GRAM | Tier 2 | MO |
| Nitrofurans Derivatives | | |
| <i>nitrofurantoin macrocrystal oral capsule 100 mg, 25 mg, 50 mg</i> | Tier 1 | |
| <i>nitrofurantoin monohyd/m-cryst oral capsule 100 mg</i> | Tier 1 | |
| <i>nitrofurantoin oral suspension 25 mg/5 ml</i> | Tier 4 | |
| Oxazolidinones | | |
| <i>linezolid oral suspension for reconstitution 100 mg/5 ml</i> | Tier 4 | DS |

| Drug Name | Drug Tier | Necessary Actions, Restrictions, or Limits on Use |
|--|-----------|---|
| <i>linezolid oral tablet 600 mg</i> | Tier 1 | DS |
| ZYVOX INTRAVENOUS PIGGYBACK 200 MG/100 ML | Tier 2 | DS |
| Penicillins | | |
| <i>amoxicillin oral capsule 250 mg, 500 mg</i> | Tier 1 | |
| <i>amoxicillin oral suspension for reconstitution 125 mg/5 ml, 200 mg/5 ml, 250 mg/5 ml, 400 mg/5 ml</i> | Tier 1 | |
| <i>amoxicillin oral tablet 500 mg, 875 mg</i> | Tier 1 | |
| <i>amoxicillin oral tablet, chewable 125 mg, 250 mg</i> | Tier 1 | |
| <i>amoxicillin-pot clavulanate oral suspension for reconstitution 200-28.5 mg/5 ml, 250-62.5 mg/5 ml, 400-57 mg/5 ml, 600-42.9 mg/5 ml</i> | Tier 1 | |
| <i>amoxicillin-pot clavulanate oral tablet 250-125 mg, 500-125 mg, 875-125 mg</i> | Tier 1 | |
| <i>amoxicillin-pot clavulanate oral tablet, chewable 200-28.5 mg, 400-57 mg</i> | Tier 1 | |
| <i>ampicillin oral capsule 250 mg, 500 mg</i> | Tier 1 | |

| Drug Name | Drug Tier | Necessary Actions, Restrictions, or Limits on Use |
|--|-----------|---|
| <i>ampicillin sodium injection recon soln 1 gram, 10 gram, 2 gram, 500 mg</i> | Tier 1 | |
| <i>ampicillin-sulbactam injection recon soln 1.5 gram, 3 gram</i> | Tier 1 | |
| <i>ampicillin-sulbactam intravenous recon soln 1.5 gram, 3 gram</i> | Tier 1 | |
| AUGMENTIN ORAL SUSPENSION FOR RECONSTITUTION 125-31.25 MG/5 ML | Tier 2 | |
| BICILLIN L-A INTRAMUSCULAR SYRINGE 1,200,000 UNIT/2 ML, 2,400,000 UNIT/4 ML, 600,000 UNIT/ML | Tier 2 | |
| <i>dicloxacillin oral capsule 250 mg, 500 mg</i> | Tier 1 | |
| <i>oxacillin in dextrose(iso-osm) intravenous piggyback 2 gram/50 ml</i> | Tier 1 | |
| <i>penicillin g potassium injection recon soln 20 million unit, 5 million unit</i> | Tier 1 | |
| <i>penicillin g procaine intramuscular syringe 1.2 million unit/2 ml, 600,000 unit/ml</i> | Tier 1 | |
| <i>penicillin g sodium injection recon soln 5 million unit</i> | Tier 1 | |

| Drug Name | Drug Tier | Necessary Actions, Restrictions, or Limits on Use |
|--|-----------|---|
| <i>penicillin v potassium oral recon soln 125 mg/5 ml, 250 mg/5 ml</i> | Tier 1 | |
| <i>penicillin v potassium oral tablet 250 mg, 500 mg</i> | Tier 1 | |
| PFIZERPEN-G INJECTION RECON SOLN 20 MILLION UNIT, 5 MILLION UNIT | Tier 1 | |
| <i>piperacillin-tazobactam intravenous recon soln 2.25 gram, 3.375 gram, 4.5 gram</i> | Tier 1 | |
| ZOSYN IN DEXTROSE (ISO-OSM) INTRAVENOUS PIGGYBACK 2.25 GRAM/50 ML, 3.375 GRAM/50 ML, 4.5 GRAM/100 ML | Tier 2 | |
| Quinolones | | |
| AVELOX IN NACL (ISO-OSMOTIC) INTRAVENOUS PIGGYBACK 400 MG/250 ML | Tier 2 | |
| CIPRO ORAL SUSPENSION, MICROCAPSULE RECON 250 MG/5 ML | Tier 2 | |
| <i>ciprofloxacin hcl oral tablet 100 mg, 250 mg, 500 mg, 750 mg</i> | Tier 1 | |

| Drug Name | Drug Tier | Necessary Actions, Restrictions, or Limits on Use |
|---|-----------|---|
| <i>ciprofloxacin in 5 % dextrose intravenous piggyback 200 mg/100 ml, 400 mg/200 ml</i> | Tier 1 | |
| <i>ciprofloxacin oral suspension, microcapsule recon 250 mg/5 ml, 500 mg/5 ml</i> | Tier 1 | |
| <i>levofloxacin in d5w intravenous piggyback 500 mg/100 ml, 750 mg/150 ml</i> | Tier 1 | |
| <i>levofloxacin oral solution 250 mg/10 ml</i> | Tier 1 | |
| <i>levofloxacin oral tablet 250 mg, 500 mg, 750 mg</i> | Tier 1 | |
| <i>moxifloxacin oral tablet 400 mg</i> | Tier 1 | |
| <i>moxifloxacin-sod. chloride(iso) intravenous piggyback 400 mg/250 ml</i> | Tier 1 | |
| Tetracyclines | | |
| DOXY-100 INTRAVENOUS RECON SOLN 100 MG | Tier 1 | MO |
| <i>doxycycline hyclate intravenous recon soln 100 mg</i> | Tier 1 | MO |
| <i>doxycycline hyclate oral capsule 50 mg</i> | Tier 1 | MO |
| <i>doxycycline hyclate oral tablet 100 mg</i> | Tier 1 | MO |

| Drug Name | Drug Tier | Necessary Actions, Restrictions, or Limits on Use |
|--|-----------|---|
| <i>doxycycline monohydrate oral capsule 100 mg, 50 mg</i> | Tier 1 | MO |
| <i>doxycycline monohydrate oral suspension for reconstitution 25 mg/5 ml</i> | Tier 1 | MO |
| <i>doxycycline monohydrate oral tablet 100 mg, 50 mg</i> | Tier 1 | MO |
| <i>minocycline oral capsule 100 mg, 50 mg, 75 mg</i> | Tier 1 | MO |
| <i>minocycline oral tablet 100 mg</i> | Tier 1 | MO |
| MONDOXYNE NL ORAL CAPSULE 100 MG | Tier 1 | MO |
| <i>tetracycline oral capsule 250 mg, 500 mg</i> | Tier 1 | |
| Infectious Disease - Fungal | | |
| Antifungal Agents | | |
| <i>clotrimazole mucous membrane troche 10 mg</i> | Tier 1 | |
| <i>fluconazole in nacl (iso-osm) intravenous piggyback 200 mg/100 ml</i> | Tier 1 | |
| <i>fluconazole oral suspension for reconstitution 10 mg/ml, 40 mg/ml</i> | Tier 1 | |

| Drug Name | Drug Tier | Necessary Actions, Restrictions, or Limits on Use |
|--|-----------|---|
| <i>fluconazole oral tablet 100 mg, 150 mg, 200 mg, 50 mg</i> | Tier 1 | |
| <i>flucytosine oral capsule 250 mg, 500 mg</i> | Tier 4 | DS |
| <i>ketoconazole oral tablet 200 mg</i> | Tier 1 | PA |
| <i>posaconazole oral tablet, delayed release (drlec) 100 mg</i> | Tier 1 | PA; DS |
| <i>terbinafine hcl oral tablet 250 mg</i> | Tier 1 | |
| <i>voriconazole oral suspension for reconstitution 200 mg/5 ml (40 mg/ml)</i> | Tier 4 | |
| <i>voriconazole oral tablet 200 mg, 50 mg</i> | Tier 1 | |
| Antifungal Antibiotics | | |
| AMBISOME INTRAVENOUS SUSPENSION FOR RECONSTITUTION 50 MG | Tier 4 | DS |
| <i>amphotericin b injection recon soln 50 mg</i> | Tier 1 | DS |
| <i>amphotericin b liposome intravenous suspension for reconstitution 50 mg</i> | Tier 1 | DS |
| <i>caspofungin intravenous recon soln 50 mg, 70 mg</i> | Tier 1 | DS |
| <i>griseofulvin microsize oral suspension 125 mg/5 ml</i> | Tier 1 | |

| Drug Name | Drug Tier | Necessary Actions, Restrictions, or Limits on Use |
|--|-----------|---|
| <i>griseofulvin microsize oral tablet 500 mg</i> | Tier 1 | |
| <i>griseofulvin ultramicrosize oral tablet 125 mg, 250 mg</i> | Tier 1 | |
| <i>nystatin oral suspension 100,000 unit/ml</i> | Tier 1 | |
| <i>nystatin oral tablet 500,000 unit</i> | Tier 1 | |
| Infectious Disease - Miscellaneous | | |
| Aminoglycosides | | |
| <i>amikacin injection solution 1,000 mg/4 ml, 500 mg/2 ml</i> | Tier 1 | |
| <i>gentamicin injection solution 20 mg/2 ml, 40 mg/ml</i> | Tier 1 | |
| <i>gentamicin sulfate (ped) (pf) injection solution 20 mg/2 ml</i> | Tier 1 | |
| <i>neomycin oral tablet 500 mg</i> | Tier 1 | |
| <i>streptomycin intramuscular recon soln 1 gram</i> | Tier 4 | |
| <i>tobramycin in 0.225 % nacl inhalation solution for nebulization 300 mg/5 ml</i> | Tier 4 | DS |
| <i>tobramycin sulfate injection solution 10 mg/ml, 40 mg/ml</i> | Tier 1 | |

| Drug Name | Drug Tier | Necessary Actions, Restrictions, or Limits on Use |
|---|-----------|---|
| Antileprotics | | |
| <i>dapsone oral tablet 100 mg, 25 mg</i> | Tier 1 | MO |
| THALOMID ORAL CAPSULE 100 MG, 150 MG, 200 MG, 50 MG | Tier 4 | DS |
| Anti-Mycobacterium Agents | | |
| <i>ethambutol oral tablet 100 mg, 400 mg</i> | Tier 1 | |
| <i>isoniazid oral solution 50 mg/5 ml</i> | Tier 1 | |
| <i>isoniazid oral tablet 100 mg, 300 mg</i> | Tier 1 | |
| <i>pyrazinamide oral tablet 500 mg</i> | Tier 1 | |
| Antitubercular Antibiotics | | |
| <i>rifampin oral capsule 150 mg, 300 mg</i> | Tier 1 | |
| Lincosamides | | |
| <i>clindamycin hcl oral capsule 150 mg, 300 mg, 75 mg</i> | Tier 1 | |
| <i>clindamycin palmitate hcl oral recon soln 75 mg/5 ml</i> | Tier 1 | |
| CLINDAMYCIN PEDIATRIC ORAL RECON SOLN 75 MG/5 ML | Tier 1 | |
| <i>clindamycin phosphate injection solution 150 mg/ml</i> | Tier 1 | |

| Drug Name | Drug Tier | Necessary Actions, Restrictions, or Limits on Use |
|--|-----------|---|
| Vancomycin And Derivatives | | |
| FIRVANQ ORAL RECON SOLN 25 MG/ML, 50 MG/ML | Tier 2 | |
| <i>vancomycin in dextrose 5 % intravenous piggyback 1 gram/200 ml, 500 mg/100 ml</i> | Tier 1 | |
| <i>vancomycin intravenous recon soln 10 gram, 5 gram, 500 mg</i> | Tier 1 | |
| <i>vancomycin oral capsule 125 mg, 250 mg</i> | Tier 1 | |
| <i>vancomycin oral recon soln 25 mg/ml, 50 mg/ml</i> | Tier 1 | |
| Infectious Disease - Parasitic | | |
| Amebacides | | |
| <i>paromomycin oral capsule 250 mg</i> | Tier 4 | |
| Anaerobic Antiprotozoal-Antibacterial Agents | | |
| LIKMEZ ORAL SUSPENSION 500 MG/5 ML | Tier 2 | Age |
| <i>metronidazole oral capsule 375 mg</i> | Tier 1 | |
| <i>metronidazole oral tablet 250 mg, 500 mg</i> | Tier 1 | |

| Drug Name | Drug Tier | Necessary Actions, Restrictions, or Limits on Use |
|--|-----------|---|
| Anthelmintics | | |
| <i>albendazole oral tablet 200 mg</i> | Tier 1 | |
| <i>ivermectin oral tablet 3 mg</i> | Tier 1 | |
| <i>praziquantel oral tablet 600 mg</i> | Tier 1 | |
| Antimalarial Drugs | | |
| <i>atovaquone-proguanil oral tablet 250-100 mg, 62.5-25 mg</i> | Tier 1 | MO |
| <i>chloroquine phosphate oral tablet 250 mg</i> | Tier 1 | |
| <i>chloroquine phosphate oral tablet 500 mg</i> | Tier 1 | MO |
| DARAPRIM ORAL TABLET 25 MG | Tier 2 | DS |
| <i>hydroxychloroquine oral tablet 200 mg</i> | Tier 1 | MO |
| <i>mefloquine oral tablet 250 mg</i> | Tier 1 | MO |
| <i>primaquine oral tablet 26.3 mg (15 mg base)</i> | Tier 2 | |
| <i>pyrimethamine oral tablet 25 mg</i> | Tier 4 | DS |
| Antiprotozoal Drugs, Miscellaneous | | |
| <i>atovaquone oral suspension 750 mg/5 ml</i> | Tier 1 | DS |
| NEBUPENT INHALATION RECON SOLN 300 MG | Tier 2 | MO |

| Drug Name | Drug Tier | Necessary Actions, Restrictions, or Limits on Use |
|---|-----------|---|
| <i>pentamidine inhalation recon soln 300 mg</i> | Tier 1 | MO |
| <i>pentamidine injection recon soln 300 mg</i> | Tier 1 | |
| Infectious Disease - Viral | | |
| Antiretroviral-Integrase Inhibitor And Nrti Comb. | | |
| JULUCA ORAL TABLET 50-25 MG | Tier 2 | MO |
| Antiretroviral-Integrase Inhibitor And Nrti Comb. | | |
| DOVATO ORAL TABLET 50-300 MG | Tier 2 | MO |
| Antiviral - Main Protease (Mpro) Inhibitor | | |
| PAXLOVID ORAL TABLETS, DOSE PACK 150-100 MG, 300 MG (150 MG X 2)-100 MG | Tier 2 | QL; Age |
| Antivirals, General | | |
| <i>acyclovir oral capsule 200 mg</i> | Tier 1 | MO |
| <i>acyclovir oral suspension 200 mg/5 ml</i> | Tier 1 | MO |
| <i>acyclovir oral tablet 400 mg, 800 mg</i> | Tier 1 | MO |
| <i>acyclovir sodium intravenous recon soln 1,000 mg</i> | Tier 1 | |

| Drug Name | Drug Tier | Necessary Actions, Restrictions, or Limits on Use |
|---|-----------|---|
| <i>acyclovir sodium intravenous solution 50 mg/ml</i> | Tier 1 | |
| <i>famciclovir oral tablet 125 mg, 250 mg, 500 mg</i> | Tier 1 | MO |
| FLUMADINE ORAL TABLET 100 MG | Tier 2 | |
| <i>foscarnet intravenous solution 24 mg/ml</i> | Tier 1 | |
| FOSCAVIR INTRAVENOUS SOLUTION 24 MG/ML | Tier 2 | |
| <i>oseltamivir oral capsule 30 mg, 45 mg, 75 mg</i> | Tier 1 | |
| <i>oseltamivir oral suspension for reconstitution 6 mg/ml</i> | Tier 1 | |
| <i>rimantadine oral tablet 100 mg</i> | Tier 1 | |
| <i>valacyclovir oral tablet 1 gram, 500 mg</i> | Tier 1 | MO |
| <i>valganciclovir oral recon soln 50 mg/ml</i> | Tier 1 | DS |
| <i>valganciclovir oral tablet 450 mg</i> | Tier 1 | DS |
| Antivirals, Hiv-Spec, Non-Peptidic Protease Inhib | | |
| APTIVUS ORAL CAPSULE 250 MG | Tier 2 | MO |
| <i>darunavir oral tablet 600 mg, 800 mg</i> | Tier 1 | MO |
| PREZISTA ORAL TABLET 150 MG, 75 MG | Tier 2 | MO |

| Drug Name | Drug Tier | Necessary Actions, Restrictions, or Limits on Use |
|--|-----------|---|
| Antivirals, Hiv-Spec, Nucleoside-Nucleotide Analog | | |
| CIMDUO ORAL TABLET 300-300 MG | Tier 2 | MO |
| <i>emtricitabine-tenofovir (tdf) oral tablet 200-300 mg</i> | Tier 1 | MO; \$0 COPAY IF USED FOR PREVENTION OF HIV |
| TEMIXYS ORAL TABLET 300-300 MG | Tier 2 | MO |
| Antivirals, Hiv-Spec., Nucleoside Analog, Rti Comb | | |
| <i>abacavir-lamivudine oral tablet 600-300 mg</i> | Tier 1 | MO |
| <i>abacavir-lamivudine-zidovudine oral tablet 300-150-300 mg</i> | Tier 1 | MO |
| <i>lamivudine-zidovudine oral tablet 150-300 mg</i> | Tier 1 | MO |
| Antivirals, Hiv-Specific, Ccr5 Co-Receptor Antag. | | |
| <i>maraviroc oral tablet 150 mg, 300 mg</i> | Tier 1 | MO |
| SELZENTRY ORAL TABLET 25 MG, 75 MG | Tier 2 | MO |
| Antivirals, Hiv-Specific, Non-Nucleoside, Rti | | |
| EDURANT ORAL TABLET 25 MG | Tier 2 | MO |

| Drug Name | Drug Tier | Necessary Actions, Restrictions, or Limits on Use |
|---|-----------|---|
| <i>efavirenz oral capsule 200 mg, 50 mg</i> | Tier 1 | MO |
| <i>efavirenz oral tablet 600 mg</i> | Tier 1 | MO |
| <i>etravirine oral tablet 100 mg, 200 mg</i> | Tier 1 | MO |
| INTELENCE ORAL TABLET 25 MG | Tier 2 | MO |
| <i>nevirapine oral suspension 50 mg/5 ml</i> | Tier 1 | MO |
| <i>nevirapine oral tablet 200 mg</i> | Tier 1 | MO |
| <i>nevirapine oral tablet extended release 24 hr 400 mg</i> | Tier 1 | MO |
| Antivirals, Hiv-Specific, Nucleoside Analog, Rti | | |
| <i>abacavir oral solution 20 mg/ml</i> | Tier 1 | MO |
| <i>abacavir oral tablet 300 mg</i> | Tier 1 | MO |
| <i>didanosine oral capsule, delayed release(dr/ec) 250 mg, 400 mg</i> | Tier 1 | MO |
| <i>emtricitabine oral capsule 200 mg</i> | Tier 1 | MO |
| EMTRIVA ORAL CAPSULE 200 MG | Tier 2 | 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>stavudine oral capsule 15 mg, 20 mg, 30 mg, 40 mg</i> | Tier 1 | MO |

| Drug Name | Drug Tier | Necessary Actions, Restrictions, or Limits on Use |
|---|-----------|---|
| <i>zidovudine oral capsule 100 mg</i> | Tier 1 | MO |
| <i>zidovudine oral syrup 10 mg/ml</i> | Tier 1 | MO |
| <i>zidovudine oral tablet 300 mg</i> | Tier 1 | MO |
| Antivirals, Hiv-Specific, Nucleotide Analog, Rti | | |
| <i>tenofovir disoproxil fumarate oral tablet 300 mg</i> | Tier 1 | MO |
| Antivirals, Hiv-Specific, Protease Inhibitor Comb | | |
| <i>lopinavir-ritonavir oral solution 400-100 mg/5 ml</i> | Tier 1 | MO |
| <i>lopinavir-ritonavir oral tablet 100-25 mg, 200-50 mg</i> | Tier 1 | MO |
| Antivirals, Hiv-Specific, Protease Inhibitors | | |
| <i>atazanavir oral capsule 150 mg, 200 mg, 300 mg</i> | Tier 1 | MO |
| <i>fosamprenavir oral tablet 700 mg</i> | Tier 1 | MO |
| INVIRASE ORAL TABLET 500 MG | Tier 2 | MO |
| <i>ritonavir oral tablet 100 mg</i> | Tier 1 | MO |
| VIRACEPT ORAL TABLET 250 MG, 625 MG | Tier 2 | MO |

| Drug Name | Drug Tier | Necessary Actions, Restrictions, or Limits on Use |
|--|-----------|---|
| Antivirals,Hiv-1 Integrase Strand Transfer Inhibtr | | |
| ISENTRESS ORAL TABLET 400 MG | Tier 2 | MO |
| TIVICAY ORAL TABLET 10 MG, 25 MG, 50 MG | Tier 2 | MO |
| TIVICAY PD ORAL TABLET FOR SUSPENSION 5 MG | Tier 2 | MO |
| Artv Cmb Nucleoside,Nucleotide,&Non-Nucleoside Rti | | |
| COMPLERA ORAL TABLET 200-25-300 MG | Tier 2 | MO |
| <i>efavirenz-lamivudine-tenofovir disoproxil fumarate oral tablet 400-300-300 mg, 600-300-300 mg</i> | Tier 1 | MO |
| ODEFSEY ORAL TABLET 200-25-25 MG | Tier 2 | MO |
| SYMFI LO ORAL TABLET 400-300-300 MG | Tier 2 | MO |
| SYMFI ORAL TABLET 600-300-300 MG | Tier 2 | MO |
| Arv Cmb-Nrti,N(T)Rti, Integrase Inhibitor | | |
| BIKTARVY ORAL TABLET 50-200-25 MG | Tier 2 | MO |

| Drug Name | Drug Tier | Necessary Actions, Restrictions, or Limits on Use |
|---|-----------|---|
| GENVOYA ORAL TABLET 150-150-200-10 MG | Tier 2 | MO |
| Hep C - Ns5a, Ns3/4A, Nucleotide Ns5b Inhib Combo | | |
| VOSEVI ORAL TABLET 400-100-100 MG | Tier 4 | PA; DS |
| Hep C Virus - Ns5a & Ns5b Polymerase Inhib. Combo. | | |
| <i>ledipasvir-sofosbuvir oral tablet 90-400 mg</i> | Tier 4 | PA; DS |
| <i>sofosbuvir-velpatasvir oral tablet 400-100 mg</i> | Tier 4 | PA; DS |
| Hep C Virus,Nucleotide Analog Ns5b Polymerase Inh | | |
| SOVALDI ORAL TABLET 400 MG | Tier 4 | DS |
| Hepatitis B Treatment Agents | | |
| <i>adefovir oral tablet 10 mg</i> | Tier 1 | DS |
| <i>entecavir oral tablet 0.5 mg, 1 mg</i> | Tier 1 | MO |
| EPIVIR HBV ORAL SOLUTION 25 MG/5 ML (5 MG/ML) | Tier 2 | MO |
| <i>lamivudine oral tablet 100 mg</i> | Tier 1 | MO |

| Drug Name | Drug Tier | Necessary Actions, Restrictions, or Limits on Use |
|---|-----------|---|
| Hepatitis C Treatment Agents | | |
| PEGASYS SUBCUTANEOUS SOLUTION 180 MCG/ML | Tier 4 | DS |
| PEGASYS SUBCUTANEOUS SYRINGE 180 MCG/0.5 ML | Tier 4 | DS |
| RIBASPHERE ORAL CAPSULE 200 MG | Tier 1 | |
| <i>ribavirin oral capsule 200 mg</i> | Tier 1 | |
| <i>ribavirin oral tablet 200 mg</i> | Tier 1 | |
| Inflammatory Disease | | |
| Anti-Arthritic And Chelating Agents | | |
| <i>penicillamine oral capsule 250 mg</i> | Tier 4 | MO |
| Anti-Flam. Interleukin-1 Receptor Antagonist | | |
| KINERET SUBCUTANEOUS SYRINGE 100 MG/0.67 ML | Tier 4 | DS |
| Anti-Inflammatory Tumor Necrosis Factor Inhibitor | | |
| AMJEVITA(CF) AUTOINJECTOR SUBCUTANEOUS AUTO-INJECTOR 40 MG/0.4 ML, 80 MG/0.8 ML | Tier 2 | PA; MO |

| Drug Name | Drug Tier | Necessary Actions, Restrictions, or Limits on Use |
|--|-----------|---|
| AMJEVITA(CF) SUBCUTANEOUS SYRINGE 10 MG/0.2 ML, 20 MG/0.2 ML, 40 MG/0.4 ML | Tier 2 | PA; MO |
| ENBREL SUBCUTANEOUS RECON SOLN 25 MG (1 ML) | Tier 4 | PA; DS |
| ENBREL SUBCUTANEOUS SYRINGE 25 MG/0.5 ML (0.5), 50 MG/ML (1 ML) | Tier 4 | PA; DS |
| ENBREL SURECLICK SUBCUTANEOUS PEN INJECTOR 50 MG/ML (1 ML) | Tier 4 | PA; DS |
| HUMIRA(CF) SUBCUTANEOUS SYRINGE KIT 10 MG/0.1 ML | Tier 4 | PA; DS |
| INFLECTRA INTRAVENOUS RECON SOLN 100 MG | Tier 4 | DS |
| Anti-Inflammatory, Pyrimidine Synthesis Inhibitor | | |
| <i>leflunomide oral tablet 10 mg, 20 mg</i> | Tier 1 | MO |
| Anti-Inflammatory, Phosp hodiesterase-4(Pde4) Inhib. | | |
| OTEZLA ORAL TABLET 30 MG | Tier 4 | DS |

| Drug Name | Drug Tier | Necessary Actions, Restrictions, or Limits on Use |
|---|-----------|---|
| OTEZLA STARTER ORAL TABLETS, DOSE PACK 10 MG (4)-20 MG (4)-30 MG (47) | Tier 4 | DS |
| Antiinflammatory, Sel.Costim.Mod., T-Cell Inhibitor | | |
| ORENCIA (WITH MALTOSE) INTRAVENOUS RECON SOLN 250 MG | Tier 4 | DS |
| ORENCIA CLICKJECT SUBCUTANEOUS AUTO-INJECTOR 125 MG/ML | Tier 4 | PA; MO |
| ORENCIA SUBCUTANEOUS SYRINGE 125 MG/ML | Tier 4 | PA; MO |
| Bradykinin B2 Receptor Antagonists | | |
| <i>icatibant subcutaneous syringe 30 mg/3 ml</i> | Tier 4 | DS; QL |
| SAJAZIR SUBCUTANEOUS SYRINGE 30 MG/3 ML | Tier 4 | DS; QL |
| Glucocorticoids | | |
| <i>betamethasone acet, sod phos injection suspension 6 mg/ml</i> | Tier 1 | |

| Drug Name | Drug Tier | Necessary Actions, Restrictions, or Limits on Use |
|--|-----------|---|
| <i>budesonide oral capsule, delayed, extended release 3 mg</i> | Tier 1 | |
| <i>cortisone oral tablet 25 mg</i> | Tier 1 | |
| DEPO-MEDROL INJECTION SUSPENSION 20 MG/ML, 80 MG/ML | Tier 2 | |
| DEXAMETHASONE INTENSOL ORAL DROPS 1 MG/ML | Tier 2 | |
| <i>dexamethasone oral solution 0.5 mg/5 ml</i> | Tier 1 | |
| <i>dexamethasone oral tablet 0.5 mg, 0.75 mg, 1 mg, 1.5 mg, 2 mg, 4 mg, 6 mg</i> | Tier 1 | |
| <i>dexamethasone sodium phosphate injection solution 10 mg/ml, 4 mg/ml</i> | Tier 1 | |
| <i>hydrocortisone oral tablet 10 mg, 20 mg, 5 mg</i> | Tier 1 | MO |
| KENALOG INJECTION SUSPENSION 10 MG/ML | Tier 2 | |
| MEDROL ORAL TABLET 2 MG | Tier 2 | |
| <i>methylprednisolone acetate injection suspension 40 mg/ml, 80 mg/ml</i> | Tier 1 | |
| <i>methylprednisolone oral tablet 16 mg, 4 mg</i> | Tier 1 | |

| Drug Name | Drug Tier | Necessary Actions, Restrictions, or Limits on Use |
|---|-----------|---|
| <i>methylprednisolone oral tablets, dose pack 4 mg</i> | Tier 1 | |
| <i>methylprednisolone sodium succ injection recon soln 125 mg, 40 mg</i> | Tier 1 | |
| MILLIPRED ORAL TABLET 5 MG | Tier 2 | |
| <i>prednisolone oral solution 15 mg/5 ml</i> | Tier 1 | |
| <i>prednisolone oral tablet 5 mg</i> | Tier 1 | |
| <i>prednisolone sodium phosphate oral solution 15 mg/5 ml (3 mg/ml), 5 mg base/5 ml (6.7 mg/5 ml)</i> | Tier 1 | |
| <i>prednisone oral solution 5 mg/5 ml</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 tablets, dose pack 5 mg</i> | Tier 1 | MO |
| SOLU-CORTEF ACT-O-VIAL (PF) INJECTION RECON SOLN 1,000 MG/8 ML, 100 MG/2 ML, 250 MG/2 ML, 500 MG/4 ML | Tier 2 | |
| SOLU-CORTEF INJECTION RECON SOLN 100 MG | Tier 2 | |

| Drug Name | Drug Tier | Necessary Actions, Restrictions, or Limits on Use |
|---|-----------|---|
| SOLU-MEDROL (PF) INJECTION RECON SOLN 125 MG/2 ML, 40 MG/ML | Tier 2 | |
| SOLU-MEDROL (PF) INTRAVENOUS RECON SOLN 1,000 MG/8 ML | Tier 2 | |
| <i>triamcinolone acetonide injection suspension 40 mg/ml</i> | Tier 1 | |
| Gold Salts | | |
| RIDAURA ORAL CAPSULE 3 MG | Tier 4 | MO |
| Interleukin-6 (IL-6) Receptor Inhibitors | | |
| TYENNE AUTOINJECTOR SUBCUTANEOUS PEN INJECTOR 162 MG/0.9 ML | Tier 4 | PA; DS |
| TYENNE INTRAVENOUS SOLUTION 200 MG/10 ML (20 MG/ML), 400 MG/20 ML (20 MG/ML), 80 MG/4 ML (20 MG/ML) | Tier 4 | DS |
| TYENNE SUBCUTANEOUS SYRINGE 162 MG/0.9 ML | Tier 4 | PA; DS |
| Janus Kinase (Jak) Inhibitors | | |
| XELJANZ ORAL SOLUTION 1 MG/ML | Tier 4 | PA; DS |
| XELJANZ ORAL TABLET 10 MG | Tier 4 | DS; QL |

| Drug Name | Drug Tier | Necessary Actions, Restrictions, or Limits on Use |
|---|-----------|---|
| XELJANZ ORAL TABLET 5 MG | Tier 4 | PA; DS |
| XELJANZ XR ORAL TABLET EXTENDED RELEASE 24 HR 11 MG | Tier 4 | PA; DS |
| Mineralocorticoids | | |
| <i>fludrocortisone oral tablet 0.1 mg</i> | Tier 1 | MO |
| Nsaids, Cyclooxygenase 2 Inhibitor - Type | | |
| <i>celecoxib oral capsule 100 mg, 200 mg, 400 mg, 50 mg</i> | Tier 1 | MO |
| Nsaids, Cyclooxygenase Inhibitor-Type | | |
| <i>etodolac oral capsule 200 mg, 300 mg</i> | Tier 1 | MO |
| <i>etodolac oral tablet 400 mg, 500 mg</i> | Tier 1 | MO |
| IBU ORAL TABLET 400 MG, 600 MG, 800 MG | Tier 1 | MO |
| <i>ibuprofen oral tablet 400 mg, 600 mg, 800 mg</i> | Tier 1 | MO |
| <i>indomethacin oral capsule 25 mg, 50 mg</i> | Tier 1 | |
| <i>indomethacin oral capsule, extended release 75 mg</i> | Tier 1 | |
| <i>ketoprofen oral capsule 50 mg, 75 mg</i> | Tier 1 | |
| <i>ketorolac injection solution 15 mg/ml, 30 mg/ml (1 ml)</i> | Tier 1 | |

| Drug Name | Drug Tier | Necessary Actions, Restrictions, or Limits on Use |
|--|-----------|---|
| <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 oral tablet 250 mg, 375 mg, 500 mg</i> | Tier 1 | MO |
| <i>sulindac oral tablet 150 mg, 200 mg</i> | Tier 1 | |
| Local Anesthesia | | |
| Local Anesthetics | | |
| <i>bupivacaine (pf) injection solution 0.25 % (2.5 mg/ml), 0.5 % (5 mg/ml), 0.75 % (7.5 mg/ml)</i> | Tier 1 | |
| <i>bupivacaine hcl injection solution 0.25 % (2.5 mg/ml), 0.5 % (5 mg/ml)</i> | Tier 1 | |
| <i>bupivacaine-epinephrine (pf) injection solution 0.25 %-1:200,000, 0.5 %-1:200,000</i> | Tier 1 | |
| <i>bupivacaine-epinephrine injection solution 0.25 %-1:200,000, 0.5 %-1:200,000</i> | Tier 1 | |
| <i>lidocaine (pf) injection solution 10 mg/ml (1 %)</i> | Tier 1 | |
| <i>lidocaine hcl injection solution 10 mg/ml (1 %), 20 mg/ml (2 %)</i> | Tier 1 | |

| Drug Name | Drug Tier | Necessary Actions, Restrictions, or Limits on Use |
|---|-----------|---|
| <i>lidocaine hcl mucous membrane solution 2 %, 4 % (40 mg/ml)</i> | Tier 1 | MO |
| LIDOCAINE VISCOUS MUCOUS MEMBRANE SOLUTION 2 % | Tier 1 | MO |
| <i>lidocaine-epinephrine injection solution 0.5 %-1:200,000, 1 %-1:100,000, 2 %-1:100,000</i> | Tier 1 | |
| MARCAINE-EPINEPHRINE INJECTION CARTRIDGE 0.5 %-1:200,000 | Tier 1 | |
| NESACAINE INJECTION SOLUTION 10 MG/ML (1 %), 20 MG/ML (2 %) | Tier 2 | |
| SENSORCAINE-EPINEPHRINE INJECTION SOLUTION 0.25 %-1:200,000, 0.5 %-1:200,000 | Tier 1 | |
| SENSORCAINE-MPF INJECTION SOLUTION 0.75 % (7.5 MG/ML) | Tier 1 | |
| SENSORCAINE-MPF/EPINEPHRINE INJECTION SOLUTION 0.25 %-1:200,000 | Tier 1 | |

| Drug Name | Drug Tier | Necessary Actions, Restrictions, or Limits on Use |
|---|-----------|---|
| VIVACAINE INJECTION CARTRIDGE 0.5 %-1:200,000 | Tier 1 | |
| XYLOCAINE-MPF INJECTION SOLUTION 10 MG/ML (1 %) | Tier 2 | |
| Lower Gastrointestinal Disorders - Bowel Inflammat | | |
| Chronic Inflamm. Colon Dx, 5-A-Salicilat, Rectal Tx | | |
| <i>mesalamine rectal enema 4 gram/60 ml</i> | Tier 1 | MO |
| <i>mesalamine rectal suppository 1,000 mg</i> | Tier 1 | MO |
| Drug Tx-Chronic Inflamm. Colon Dx, 5-Aminosalicilat | | |
| <i>balsalazide oral capsule 750 mg</i> | Tier 1 | MO |
| <i>mesalamine oral capsule, extended release 500 mg</i> | Tier 1 | MO |
| <i>mesalamine oral tablet, delayed release (drlec) 1.2 gram</i> | Tier 1 | MO |
| PENTASA ORAL CAPSULE, EXTENDED RELEASE 250 MG, 500 MG | Tier 2 | MO |
| <i>sulfasalazine oral tablet 500 mg</i> | Tier 1 | MO |

| Drug Name | Drug Tier | Necessary Actions, Restrictions, or Limits on Use |
|--|-----------|---|
| <i>sulfasalazine oral tablet, delayed release (dr/ec) 500 mg</i> | Tier 1 | MO |
| Integrin Receptor Antagonist, Monoclonal Antibody | | |
| ENTYVIO PEN SUBCUTANEOUS PEN INJECTOR 108 MG/0.68 ML | Tier 4 | DS |
| Irritable Bowel Agents, Guanylate Cylase-C Agonist | | |
| TRULANCE ORAL TABLET 3 MG | Tier 2 | PA; MO |
| Rectal Preparations | | |
| ANUCORT-HC RECTAL SUPPOSITORY 25 MG | Tier 1 | MO |
| <i>hydrocortisone acetate rectal suppository 25 mg</i> | Tier 1 | MO |
| Rectal/Lower Bowel Prep., Glucocort. (Non-Hemorr) | | |
| COLOCORT RECTAL ENEMA 100 MG/60 ML | Tier 1 | MO |
| <i>hydrocortisone rectal enema 100 mg/60 ml</i> | Tier 1 | MO |

| Drug Name | Drug Tier | Necessary Actions, Restrictions, or Limits on Use |
|--|-----------|---|
| Lower Gastrointestinal Disorders - Other | | |
| Ammonia Inhibitors | | |
| ENULOSE ORAL SOLUTION 10 GRAM/15 ML | Tier 1 | MO |
| GENERLAC ORAL SOLUTION 10 GRAM/15 ML | Tier 1 | MO |
| Antidiarrheals | | |
| <i>diphenoxylate-atropine oral liquid 2.5-0.025 mg/5 ml</i> | Tier 1 | |
| <i>diphenoxylate-atropine oral tablet 2.5-0.025 mg</i> | Tier 1 | |
| Bile Salts | | |
| <i>ursodiol oral tablet 250 mg, 500 mg</i> | Tier 1 | MO |
| Laxatives And Cathartics | | |
| COLYTE WITH FLAVOR PACKS ORAL RECON SOLN 240-22.72-6.72 -5.84 GRAM | PREV | |
| CONSTULOSE ORAL SOLUTION 10 GRAM/15 ML | Tier 1 | MO |
| GAVILYTE-C ORAL RECON SOLN 240-22.72-6.72 -5.84 GRAM | PREV | |
| GAVILYTE-G ORAL RECON SOLN 236-22.74-6.74 -5.86 GRAM | PREV | |

| Drug Name | Drug Tier | Necessary Actions, Restrictions, or Limits on Use |
|---|-----------|---|
| GOLYTELY ORAL RECON SOLN 236-22.74-6.74 -5.86 GRAM | PREV | |
| <i>lactulose oral solution 10 gram/15 ml</i> | Tier 1 | MO |
| <i>lubiprostone oral capsule 24 mcg, 8 mcg</i> | Tier 1 | PA; MO |
| <i>peg 3350-electrolytes oral recon soln 236-22.74-6.74 -5.86 gram, 240-22.72-6.72 -5.84 gram</i> | PREV | |
| Miscellaneous Agents | | |
| Anaphylaxis Therapy Agents | | |
| ADYPHREN AMP INJECTION KIT 1 MG/ML | Tier 2 | |
| ADYPHREN INJECTION KIT 1 MG/ML | Tier 2 | |
| EPINEPHINE PROFESSIONAL EMS INJECTION KIT 1 MG/ML | Tier 1 | |
| <i>epinephrine injection auto-injector 0.15 mg/0.15 ml, 0.15 mg/0.3 ml, 0.3 mg/0.3 ml</i> | Tier 1 | QL |
| EPINEPHRINE PROFESSIONAL INJECTION KIT 1 MG/ML | Tier 1 | |

| Drug Name | Drug Tier | Necessary Actions, Restrictions, or Limits on Use |
|---|-----------|---|
| EPINEPHRINESNAP INJECTION KIT 1 MG/ML | Tier 2 | |
| EPINEPHRINESNAP-EMS INJECTION KIT 1 MG/ML | Tier 2 | |
| EPINEPHRINESNAP-V INJECTION KIT 1 MG/ML | Tier 1 | |
| Parasympathetic Agents | | |
| <i>bethanechol chloride oral tablet 10 mg, 25 mg, 5 mg, 50 mg</i> | Tier 1 | MO |
| <i>pilocarpine hcl oral tablet 5 mg</i> | Tier 1 | MO |
| Pku Tx Agent-Cofactor Of Phenylalanine Hydroxylase | | |
| <i>sapropterin oral powder in packet 100 mg</i> | Tier 4 | DS |
| <i>sapropterin oral tablet, soluble 100 mg</i> | Tier 4 | DS |
| Neoplastic Disease | | |
| Alkylating Agents | | |
| <i>cyclophosphamide intravenous recon soln 1 gram, 2 gram</i> | Tier 1 | |
| <i>cyclophosphamide oral capsule 25 mg, 50 mg</i> | Tier 1 | |
| GLEOSTINE ORAL CAPSULE 10 MG, 40 MG | Tier 2 | |
| GLEOSTINE ORAL CAPSULE 100 MG | Tier 4 | |

| Drug Name | Drug Tier | Necessary Actions, Restrictions, or Limits on Use |
|---|-----------|---|
| <i>hydroxyurea oral capsule 500 mg</i> | Tier 1 | MO |
| IFEX INTRAVENOUS RECON SOLN 3 GRAM | Tier 2 | |
| <i>ifosfamide intravenous recon soln 3 gram</i> | Tier 1 | |
| LEUKERAN ORAL TABLET 2 MG | Tier 4 | |
| <i>melfalan oral tablet 2 mg</i> | Tier 1 | |
| MYLERAN ORAL TABLET 2 MG | Tier 2 | |
| <i>temozolomide oral capsule 100 mg, 140 mg, 180 mg, 250 mg</i> | Tier 1 | DS |
| <i>temozolomide oral capsule 20 mg, 5 mg</i> | Tier 1 | |
| <i>thiotepa injection recon soln 15 mg</i> | Tier 4 | DS |
| Antiandrogenic Agents | | |
| <i>abiraterone oral tablet 250 mg</i> | Tier 1 | DS |
| <i>bicalutamide oral tablet 50 mg</i> | Tier 1 | MO |
| <i>flutamide oral capsule 125 mg</i> | Tier 1 | MO |
| XTANDI ORAL CAPSULE 40 MG | Tier 4 | DS |
| XTANDI ORAL TABLET 80 MG | Tier 4 | DS |

| Drug Name | Drug Tier | Necessary Actions, Restrictions, or Limits on Use |
|--|-----------|---|
| Antibiotic Antineoplastics | | |
| ADRIAMYCIN INTRAVENOUS RECON SOLN 50 MG | Tier 1 | |
| <i>bleomycin injection recon soln 15 unit, 30 unit</i> | Tier 1 | |
| <i>daunorubicin intravenous solution 5 mg/ml</i> | Tier 1 | |
| <i>doxorubicin intravenous recon soln 50 mg</i> | Tier 1 | |
| <i>mitomycin intravenous recon soln 40 mg, 5 mg</i> | Tier 1 | |
| MUTAMYCIN INTRAVENOUS RECON SOLN 40 MG, 5 MG | Tier 1 | |
| Anti-Cd20 (B Lymphocyte) Monoclonal Antibody | | |
| RIABNI INTRAVENOUS SOLUTION 10 MG/ML | Tier 4 | |
| Antimetabolites | | |
| ADRUCIL INTRAVENOUS SOLUTION 5 GRAM/100 ML | Tier 1 | |
| <i>azacitidine injection recon soln 100 mg</i> | Tier 1 | |
| <i>capecitabine oral tablet 150 mg</i> | Tier 1 | |

| Drug Name | Drug Tier | Necessary Actions, Restrictions, or Limits on Use |
|--|-----------|---|
| <i>capecitabine oral tablet 500 mg</i> | Tier 1 | MO |
| <i>cytarabine (pf) injection solution 2 gram/20 ml (100 mg/ml)</i> | Tier 1 | |
| <i>cytarabine injection solution 20 mg/ml</i> | Tier 1 | |
| <i>fluorouracil intravenous solution 1 gram/20 ml, 5 gram/100 ml</i> | Tier 1 | |
| <i>gemcitabine intravenous recon soln 200 mg</i> | Tier 1 | |
| <i>mercaptopurine oral tablet 50 mg</i> | Tier 1 | MO |
| <i>methotrexate sodium (pf) injection solution 25 mg/ml</i> | Tier 1 | MO |
| <i>methotrexate sodium injection solution 25 mg/ml</i> | Tier 1 | MO |
| <i>methotrexate sodium oral tablet 2.5 mg</i> | Tier 1 | MO |
| <i>pemetrexed disodium intravenous solution 25 mg/ml</i> | Tier 1 | MO |
| PURIXAN ORAL SUSPENSION 20 MG/ML | Tier 4 | DS |
| TABLOID ORAL TABLET 40 MG | Tier 4 | MO |

| Drug Name | Drug Tier | Necessary Actions, Restrictions, or Limits on Use |
|---|-----------|---|
| Antineoplast Egf Receptor Blocker Rcmb Mc Antibody | | |
| ERBITUX INTRAVENOUS SOLUTION 100 MG/50 ML | Tier 2 | |
| KANJINTI INTRAVENOUS RECON SOLN 420 MG | Tier 4 | MO |
| Antineoplast Hum Vegf Inhibitor Recomb Mc Antibody | | |
| MVASI INTRAVENOUS SOLUTION 25 MG/ML | Tier 4 | |
| Antineoplastic Aromatase Inhibitors | | |
| <i>anastrozole oral tablet 1 mg</i> | Tier 1 | MO |
| <i>exemestane oral tablet 25 mg</i> | Tier 1 | MO |
| <i>letrozole oral tablet 2.5 mg</i> | Tier 1 | MO |
| Antineoplastic - Braf Kinase Inhibitors | | |
| ZELBORAF ORAL TABLET 240 MG | Tier 4 | DS |
| Antineoplastic - Mek1 And Mek2 Kinase Inhibitors | | |
| COTELLIC ORAL TABLET 20 MG | Tier 4 | DS |

| Drug Name | Drug Tier | Necessary Actions, Restrictions, or Limits on Use |
|--|-----------|---|
| Antineoplastic - Mtor Kinase Inhibitors | | |
| <i>everolimus (antineoplastic) oral tablet 10 mg, 2.5 mg, 5 mg, 7.5 mg</i> | Tier 4 | |
| TORPENZ ORAL TABLET 10 MG, 2.5 MG, 5 MG, 7.5 MG | Tier 4 | |
| Antineoplastic Immunomodulator Agents | | |
| <i>lenalidomide oral capsule 10 mg, 15 mg, 2.5 mg, 20 mg, 25 mg, 5 mg</i> | Tier 4 | DS |
| REVLIMID ORAL CAPSULE 10 MG, 15 MG, 2.5 MG, 20 MG, 25 MG, 5 MG | Tier 4 | DS |
| Antineoplastic Systemic Enzyme Inhibitors | | |
| ALECENSA ORAL CAPSULE 150 MG | Tier 4 | DS |
| BRUKINSA ORAL CAPSULE 80 MG | Tier 4 | DS |
| CALQUENCE (ACALABRUTINIB MAL) ORAL TABLET 100 MG | Tier 4 | DS |
| <i>dasatinib oral tablet 100 mg, 140 mg, 20 mg, 50 mg, 70 mg, 80 mg</i> | Tier 4 | PA; DS |
| <i>erlotinib oral tablet 100 mg, 150 mg, 25 mg</i> | Tier 4 | DS |

| Drug Name | Drug Tier | Necessary Actions, Restrictions, or Limits on Use |
|---|-----------|---|
| <i>gefitinib oral tablet 250 mg</i> | Tier 4 | DS |
| IBRANCE ORAL CAPSULE 100 MG, 125 MG, 75 MG | Tier 4 | DS |
| IBRANCE ORAL TABLET 100 MG, 125 MG, 75 MG | Tier 4 | DS |
| <i>imatinib oral tablet 100 mg, 400 mg</i> | Tier 1 | DS |
| IMBRUVICA ORAL CAPSULE 140 MG, 70 MG | Tier 4 | PA; DS |
| IMBRUVICA ORAL TABLET 420 MG | Tier 4 | PA; DS |
| KISQALI ORAL TABLET 200 MG/DAY (200 MG X 1), 400 MG/DAY (200 MG X 2), 600 MG/DAY (200 MG X 3) | Tier 4 | DS |
| <i>lapatinib oral tablet 250 mg</i> | Tier 4 | DS |
| <i>pazopanib oral tablet 200 mg</i> | Tier 4 | DS |
| <i>sunitinib malate oral capsule 12.5 mg, 25 mg, 37.5 mg, 50 mg</i> | Tier 4 | DS |
| TAGRISSE ORAL TABLET 40 MG, 80 MG | Tier 4 | DS |
| TUKYSA ORAL TABLET 150 MG, 50 MG | Tier 4 | DS; QL |
| ZYDELIG ORAL TABLET 100 MG, 150 MG | Tier 4 | DS |

| Drug Name | Drug Tier | Necessary Actions, Restrictions, or Limits on Use |
|--|-----------|---|
| Antineoplastic, Anti-Programmed Death-1 (Pd-1) Mab | | |
| KEYTRUDA INTRAVENOUS SOLUTION 25 MG/ML | Tier 4 | DS |
| Antineoplastic-B Cell Lymphoma-2(Bcl-2) Inhibitors | | |
| VENCLEXTA ORAL TABLET 10 MG | Tier 2 | DS |
| VENCLEXTA ORAL TABLET 100 MG, 50 MG | Tier 4 | DS |
| VENCLEXTA STARTING PACK ORAL TABLETS, DOSE PACK 10 MG-50 MG-100 MG | Tier 4 | DS |
| Antineoplastics, Miscellaneous | | |
| <i>dacarbazine intravenous recon soln 100 mg</i> | Tier 1 | |
| <i>etoposide oral capsule 50 mg</i> | Tier 1 | |
| LYSODREN ORAL TABLET 500 MG | Tier 4 | DS |
| MATULANE ORAL CAPSULE 50 MG | Tier 4 | DS |
| <i>tretinoin (antineoplastic) oral capsule 10 mg</i> | Tier 4 | DS |

| Drug Name | Drug Tier | Necessary Actions, Restrictions, or Limits on Use |
|--|-----------|---|
| Anti-Programmed Cell Death-Ligand 1 (Pd-L1) Mab | | |
| BAVENCIO INTRAVENOUS SOLUTION 20 MG/ML | Tier 4 | MO |
| IMFINZI INTRAVENOUS SOLUTION 50 MG/ML | Tier 4 | DS |
| Chemotherapy Rescue/Antidote Agents | | |
| <i>leucovorin calcium injection recon soln 50 mg</i> | Tier 1 | |
| <i>leucovorin calcium oral tablet 25 mg</i> | Tier 1 | |
| <i>leucovorin calcium oral tablet 5 mg</i> | Tier 1 | MO |
| MESNEX ORAL TABLET 400 MG | Tier 4 | |
| Selective Estrogen Receptor Modulators (Serm) | | |
| <i>tamoxifen oral tablet 10 mg, 20 mg</i> | Tier 1 | MO |
| Steroid Antineoplastics | | |
| EMCYT ORAL CAPSULE 140 MG | Tier 4 | DS |
| <i>megestrol oral tablet 20 mg, 40 mg</i> | Tier 1 | MO |
| Vinca Alkaloids | | |
| VINCASAR PFS INTRAVENOUS SOLUTION 1 MG/ML | Tier 1 | |

| Drug Name | Drug Tier | Necessary Actions, Restrictions, or Limits on Use |
|--|-----------|---|
| <i>vincristine intravenous solution 1 mg/ml</i> | Tier 1 | |
| <i>vinorelbine intravenous solution 50 mg/5 ml</i> | Tier 1 | |
| Neurological Disease - Miscellaneous | | |
| Agents To Treat Multiple Sclerosis | | |
| AVONEX INTRAMUSCULAR PEN INJECTOR KIT 30 MCG/0.5 ML | Tier 4 | PA; DS |
| AVONEX INTRAMUSCULAR SYRINGE KIT 30 MCG/0.5 ML | Tier 4 | PA; DS |
| <i>dimethyl fumarate oral capsule, delayed release(drlec) 120 mg</i> | Tier 1 | MO; QL |
| <i>dimethyl fumarate oral capsule, delayed release(drlec) 240 mg</i> | Tier 1 | MO |
| EXTAVIA SUBCUTANEOUS KIT 0.3 MG | Tier 4 | DS |
| EXTAVIA SUBCUTANEOUS RECON SOLN 0.3 MG | Tier 2 | DS |
| <i> fingolimod oral capsule 0.5 mg</i> | Tier 1 | MO; QL |
| <i> glatiramer subcutaneous syringe 20 mg/ml, 40 mg/ml</i> | Tier 1 | DS |

| Drug Name | Drug Tier | Necessary Actions, Restrictions, or Limits on Use |
|---|-----------|---|
| GLATOPA SUBCUTANEOUS SYRINGE 20 MG/ML, 40 MG/ML | Tier 1 | DS |
| <i>teriflunomide oral tablet 14 mg, 7 mg</i> | Tier 1 | MO |
| Agts Tx Neuromusc Transmission Dis,Pot-Chan Blkr | | |
| <i>dalfampridine oral tablet extended release 12 hr 10 mg</i> | Tier 1 | MO |
| Amyotrophic Lateral Sclerosis Agents | | |
| <i>riluzole oral tablet 50 mg</i> | Tier 1 | MO |
| Fibromyalgia Agents,Serotonin-Norepineph Ru Inhib | | |
| SAVELLA ORAL TABLET 100 MG, 12.5 MG, 25 MG, 50 MG | Tier 2 | PA; MO |
| Movement Disorders(Drug Therapy) | | |
| <i>tetrabenazine oral tablet 12.5 mg, 25 mg</i> | Tier 1 | MO |
| Oral/Pharyngeal Disorders | | |
| Dental Aids And Preparations | | |
| <i>chlorhexidine gluconate mucous membrane mouthwash 0.12 %</i> | Tier 1 | |
| ORALONE DENTAL PASTE 0.1 % | Tier 1 | MO |

| Drug Name | Drug Tier | Necessary Actions, Restrictions, or Limits on Use |
|---|-----------|---|
| PERIOGARD MUCOUS MEMBRANE MOUTHWASH 0.12 % | Tier 1 | |
| <i>triamcinolone acetonide dental paste 0.1 %</i> | Tier 1 | MO |
| Nose Preparations, Miscellaneous (Rx) | | |
| <i>ipratropium bromide nasal spray, non-aerosol 21 mcg (0.03 %)</i> | Tier 1 | ST; MO |
| <i>ipratropium bromide nasal spray, non-aerosol 42 mcg (0.06 %)</i> | Tier 1 | ST |
| Periodontal Collagenase Inhibitors | | |
| <i>doxycycline hyclate oral tablet 20 mg</i> | Tier 1 | MO |
| Other Drugs | | |
| Abortifacient, Progesterone Receptor Antagonist-Typ | | |
| MIFEPREX ORAL TABLET 200 MG | Tier 2 | |
| <i>mifepristone oral tablet 200 mg</i> | Tier 1 | |
| Appetite Stim. For Anorexia, Cachexia, Wasting Synd. | | |
| <i>megestrol oral suspension 400 mg/10 ml (40 mg/ml)</i> | Tier 1 | MO |

| Drug Name | Drug Tier | Necessary Actions, Restrictions, or Limits on Use |
|---|-----------|---|
| General Anesthetics - Benzodiazepine, Injectable | | |
| <i>midazolam (pf) injection solution 5 mg/ml</i> | Tier 1 | DS; QL |
| <i>midazolam injection solution 5 mg/ml</i> | Tier 1 | DS; QL |
| General Anesthetics, Inhalant | | |
| <i>desflurane inhalation liquid 100 %</i> | Tier 1 | |
| <i>isoflurane inhalation liquid 99.9 %</i> | Tier 1 | |
| <i>sevoflurane inhalation liquid</i> | Tier 1 | |
| TERRELL INHALATION LIQUID 99.9 % | Tier 1 | |
| General Anesthetics, Injectable | | |
| BREVITAL INJECTION RECON SOLN 500 MG | Tier 2 | |
| <i>ketamine injection solution 100 mg/ml</i> | Tier 1 | |
| General Inhalation Agents | | |
| NEBUSAL INHALATION SOLUTION FOR NEBULIZATION 3 % | Tier 1 | |
| <i>sodium chloride inhalation solution for nebulization 0.9 %, 3 %, 7 %</i> | Tier 1 | |

| Drug Name | Drug Tier | Necessary Actions, Restrictions, or Limits on Use |
|--|-----------|---|
| Metabolic Deficiency Agents | | |
| CARNITOR (SUGAR-FREE) ORAL SOLUTION 100 MG/ML | Tier 2 | MO |
| CARNITOR ORAL SOLUTION 100 MG/ML | Tier 2 | MO |
| CARNITOR ORAL TABLET 330 MG | Tier 2 | MO |
| <i>levocarnitine (with sugar) oral solution 100 mg/ml</i> | Tier 1 | MO |
| <i>levocarnitine oral solution 100 mg/ml</i> | Tier 1 | MO |
| <i>levocarnitine oral tablet 330 mg</i> | Tier 1 | MO |
| Metabolic Function Diagnostics | | |
| METOPIRONE ORAL CAPSULE 250 MG | Tier 2 | |
| Metallic Poison, Agents To Treat | | |
| BAL IN OIL INTRAMUSCULAR SOLUTION 100 MG/ML | Tier 2 | DS |
| CHEMET ORAL CAPSULE 100 MG | Tier 4 | |
| <i>deferasirox oral tablet 180 mg, 360 mg, 90 mg</i> | Tier 1 | MO |
| <i>deferasirox oral tablet, dispersible 125 mg, 250 mg, 500 mg</i> | Tier 1 | MO |

| Drug Name | Drug Tier | Necessary Actions, Restrictions, or Limits on Use |
|--|-----------|---|
| <i>deferoxamine injection recon soln 500 mg</i> | Tier 1 | DS |
| <i>sodium thiosulfate intravenous solution 12.5 gram/50 ml (250 mg/ml)</i> | Tier 1 | |
| Neuromuscular Blocking Agents | | |
| BOTOX INJECTION RECON SOLN 100 UNIT | Tier 2 | |
| <i>succinylcholine chloride injection solution 20 mg/ml</i> | Tier 1 | |
| Parenteral Amino Acid Solutions And Combinations | | |
| CLINISOL SF 15 % INTRAVENOUS PARENTERAL SOLUTION 15 % | Tier 2 | |
| SYNTHAMIN 17 WITHOUT ELYTE INTRAVENOUS PARENTERAL SOLUTION 10 % | Tier 2 | |
| TRAVASOL 10 % INTRAVENOUS PARENTERAL SOLUTION 10 % | Tier 2 | |
| Somatostatic Agents | | |
| <i>octreotide acetate injection solution 1,000 mcg/ml, 500 mcg/ml</i> | Tier 4 | MO |

| Drug Name | Drug Tier | Necessary Actions, Restrictions, or Limits on Use |
|--|-----------|---|
| <i>octreotide acetate injection solution 100 mcg/ml, 200 mcg/ml, 50 mcg/ml</i> | Tier 1 | MO |
| <i>octreotide acetate injection syringe 100 mcg/ml (1 ml), 50 mcg/ml (1 ml), 500 mcg/ml (1 ml)</i> | Tier 1 | MO |
| SANDOSTATIN LAR DEPOT INTRAMUSCULAR SUSPENSION, EXTENDED REL RECON 10 MG, 20 MG, 30 MG | Tier 4 | DS |
| Suspending Agents | | |
| GELFILM IMPLANT FILM | Tier 2 | |
| Water | | |
| BACTERIOSTATIC WATER-KANJINTI INJECTION SOLUTION | Tier 2 | |
| BACTERIOSTATIC WATER-OGIVRI INJECTION SOLUTION | Tier 1 | |
| BACTERIOSTATIC WATER-TRAZIMERA INJECTION SOLUTION | Tier 2 | |
| STERILE WATER FOR INJECTION INJECTION SOLUTION | Tier 1 | |
| <i>water for inject, bacteriostat injection solution</i> | Tier 1 | |

| Drug Name | Drug Tier | Necessary Actions, Restrictions, or Limits on Use |
|---|-----------|---|
| <i>water for injection, sterile injection solution</i> | Tier 1 | |
| Other Respiratory Disorders | | |
| Antifibrotic Therapy - Pyridone Analogs | | |
| <i>pirfenidone oral tablet 267 mg, 801 mg</i> | Tier 1 | DS |
| Mucolytics | | |
| <i>acetylcysteine solution 100 mg/ml (10 %), 200 mg/ml (20 %)</i> | Tier 1 | |
| PULMOZYME INHALATION SOLUTION 1 MG/ML | Tier 4 | DS |
| Pain Management - Analgesics | | |
| Analgesic/Antipyretics, Salicylates | | |
| <i>salsalate oral tablet 500 mg, 750 mg</i> | Tier 1 | |
| Analgesics Narcotic, Anesthetic Adjunct Agents | | |
| <i>fentanyl citrate (pf) injection solution 50 mcg/ml</i> | Tier 1 | DS |
| Analgesics, Narcotics | | |
| <i>buprenorphine transdermal patch weekly 10 mcg/hour, 15 mcg/hour, 20 mcg/hour, 5 mcg/hour, 7.5 mcg/hour</i> | Tier 1 | PA; DS |

| Drug Name | Drug Tier | Necessary Actions, Restrictions, or Limits on Use |
|--|-----------|---|
| <i>butorphanol injection solution 1 mg/ml, 2 mg/ml</i> | Tier 1 | DS |
| <i>codeine sulfate oral tablet 15 mg, 30 mg, 60 mg</i> | Tier 1 | DS; Age |
| <i>fentanyl transdermal patch 72 hour 100 mcg/hr, 12 mcg/hr, 25 mcg/hr, 50 mcg/hr, 75 mcg/hr</i> | Tier 1 | DS |
| <i>hydromorphone (pf) injection solution 10 mg/ml</i> | Tier 1 | DS |
| <i>hydromorphone injection solution 1 mg/ml</i> | Tier 1 | DS |
| <i>hydromorphone injection syringe 1 mg/ml, 2 mg/ml, 4 mg/ml</i> | Tier 1 | DS |
| <i>hydromorphone oral liquid 1 mg/ml</i> | Tier 1 | DS |
| <i>hydromorphone oral tablet 2 mg, 4 mg</i> | Tier 1 | DS |
| <i>hydromorphone rectal suppository 3 mg</i> | Tier 1 | DS |
| METHADONE INTENSOL ORAL CONCENTRATE 10 MG/ML | Tier 1 | DS |
| <i>methadone oral concentrate 10 mg/ml</i> | Tier 1 | DS |
| <i>methadone oral solution 5 mg/5 ml</i> | Tier 1 | DS |
| <i>methadone oral tablet 10 mg, 5 mg</i> | Tier 1 | DS |

| Drug Name | Drug Tier | Necessary Actions, Restrictions, or Limits on Use |
|--|-----------|---|
| <i>methadone oral tablet, soluble 40 mg</i> | Tier 1 | DS |
| METHADOSE ORAL TABLET, SOLUBLE 40 MG | Tier 1 | DS |
| <i>morphine concentrate oral solution 100 mg/5 ml (20 mg/ml)</i> | Tier 1 | DS |
| <i>morphine oral tablet 15 mg, 30 mg</i> | Tier 2 | DS |
| <i>morphine oral tablet extended release 100 mg, 15 mg, 200 mg, 30 mg, 60 mg</i> | Tier 1 | DS |
| <i>morphine rectal suppository 10 mg, 20 mg, 30 mg, 5 mg</i> | Tier 1 | DS |
| <i>oxycodone oral capsule 5 mg</i> | Tier 1 | DS |
| <i>oxycodone oral concentrate 20 mg/ml</i> | Tier 1 | DS |
| <i>oxycodone oral solution 5 mg/5 ml</i> | Tier 1 | DS |
| <i>oxycodone oral tablet 10 mg, 5 mg</i> | Tier 1 | DS |
| <i>tramadol oral tablet 50 mg</i> | Tier 1 | DS; Age |
| Antimigraine Preparations | | |
| AJOVY AUTOINJECTOR SUBCUTANEOUS AUTO-INJECTOR 225 MG/1.5 ML | Tier 2 | MO; PR |
| AJOVY SYRINGE SUBCUTANEOUS SYRINGE 225 MG/1.5 ML | Tier 2 | MO; PR |

| Drug Name | Drug Tier | Necessary Actions, Restrictions, or Limits on Use |
|--|-----------|---|
| CAFERGOT ORAL TABLET 1-100 MG | Tier 2 | QL |
| <i>dihydroergotamine injection solution 1 mg/ml</i> | Tier 1 | QL |
| <i>dihydroergotamine nasal spray, non-aerosol 0.5 mg/pump act. (4 mg/ml)</i> | Tier 4 | ST |
| <i>eletriptan oral tablet 20 mg, 40 mg</i> | Tier 1 | QL |
| ERGOMAR SUBLINGUAL TABLET 2 MG | Tier 2 | QL |
| <i>ergotamine-caffeine oral tablet 1-100 mg</i> | Tier 1 | QL |
| MIGERGOT RECTAL SUPPOSITORY 2-100 MG | Tier 2 | QL |
| <i>naratriptan oral tablet 1 mg, 2.5 mg</i> | Tier 1 | QL |
| <i>rizatriptan oral tablet 10 mg, 5 mg</i> | Tier 1 | QL |
| <i>rizatriptan oral tablet, disintegrating 10 mg, 5 mg</i> | Tier 1 | QL |
| <i>sumatriptan nasal spray, non-aerosol 20 mg/actuation, 5 mg/actuation</i> | Tier 1 | QL |
| <i>sumatriptan succinate oral tablet 100 mg, 25 mg, 50 mg</i> | Tier 1 | QL |
| <i>sumatriptan succinate subcutaneous cartridge 6 mg/0.5 ml</i> | Tier 1 | QL |

| Drug Name | Drug Tier | Necessary Actions, Restrictions, or Limits on Use |
|--|-----------|---|
| <i>sumatriptan succinate subcutaneous pen injector 6 mg/0.5 ml</i> | Tier 1 | QL |
| <i>sumatriptan succinate subcutaneous solution 6 mg/0.5 ml</i> | Tier 1 | QL |
| <i>zolmitriptan nasal spray, non-aerosol 2.5 mg, 5 mg</i> | Tier 1 | ST; QL |
| <i>zolmitriptan oral tablet 2.5 mg, 5 mg</i> | Tier 1 | QL |
| Narcotic Analgesic & Non-Salicylate Analgesic Comb | | |
| <i>acetaminophen-codeine oral solution 120-12 mg/5 ml</i> | Tier 1 | DS; QL; Age |
| <i>acetaminophen-codeine oral tablet 300-15 mg, 300-30 mg, 300-60 mg</i> | Tier 1 | DS; Age |
| ENDOCET ORAL TABLET 5-325 MG | Tier 1 | DS |
| <i>hydrocodone-acetaminophen oral solution 7.5-325 mg/15 ml</i> | Tier 1 | DS |
| <i>hydrocodone-acetaminophen oral tablet 10-325 mg, 5-325 mg, 7.5-325 mg</i> | Tier 1 | DS |
| LORCET (HYDROCODONE) ORAL TABLET 5-325 MG | Tier 1 | DS |
| LORCET HD ORAL TABLET 10-325 MG | Tier 1 | DS |

| Drug Name | Drug Tier | Necessary Actions, Restrictions, or Limits on Use |
|---|-----------|---|
| LORCET PLUS ORAL TABLET 7.5-325 MG | Tier 1 | DS |
| oxycodone-acetaminophen oral tablet 5-325 mg | Tier 1 | DS |
| PERCOCET ORAL TABLET 5-325 MG | Tier 1 | DS |
| Narcotic Withdrawal Therapy Agents | | |
| buprenorphine-naloxone sublingual tablet 2-0.5 mg, 8-2 mg | Tier 1 | DS |
| Parkinsons Disease | | |
| Antiparkinsonism Drugs, Anticholinergics | | |
| benztropine injection solution 1 mg/ml | Tier 1 | |
| benztropine oral tablet 0.5 mg, 1 mg, 2 mg | Tier 1 | MO |
| trihexyphenidyl oral tablet 2 mg, 5 mg | Tier 1 | MO |
| Antiparkinsonism Drugs, Other | | |
| amantadine hcl oral capsule 100 mg | Tier 1 | MO |
| amantadine hcl oral solution 50 mg/5 ml | Tier 1 | MO |
| amantadine hcl oral tablet 100 mg | Tier 1 | MO |
| bromocriptine oral capsule 5 mg | Tier 1 | MO |
| bromocriptine oral tablet 2.5 mg | Tier 1 | MO |

| Drug Name | Drug Tier | Necessary Actions, Restrictions, or Limits on Use |
|--|-----------|---|
| carbidopa-levodopa oral tablet 10-100 mg, 25-100 mg, 25-250 mg | Tier 1 | MO |
| carbidopa-levodopa oral tablet extended release 25-100 mg, 50-200 mg | Tier 1 | MO |
| entacapone oral tablet 200 mg | Tier 1 | MO |
| pramipexole oral tablet 0.125 mg, 0.25 mg, 0.5 mg, 0.75 mg, 1 mg, 1.5 mg | Tier 1 | MO |
| ropinirole oral tablet 0.25 mg, 0.5 mg, 1 mg, 2 mg, 3 mg, 4 mg, 5 mg | Tier 1 | MO |
| selegiline hcl oral capsule 5 mg | Tier 1 | MO |
| selegiline hcl oral tablet 5 mg | Tier 1 | MO |
| Decarboxylase Inhibitors | | |
| carbidopa oral tablet 25 mg | Tier 1 | MO |
| Seizure Disorder | | |
| Anticonvulsant - Benzodiazepine Type | | |
| clobazam oral suspension 2.5 mg/ml | Tier 1 | MO |
| clobazam oral tablet 10 mg, 20 mg | Tier 1 | MO |
| clonazepam oral tablet 0.5 mg, 1 mg, 2 mg | Tier 1 | DS |

| Drug Name | Drug Tier | Necessary Actions, Restrictions, or Limits on Use |
|--|-----------|---|
| <i>clonazepam oral tablet, disintegrating 0.125 mg, 0.25 mg, 0.5 mg, 1 mg, 2 mg</i> | Tier 1 | DS |
| DIASTAT ACUDIAL RECTAL KIT 12.5-15-17.5-20 MG, 5-7.5-10 MG | Tier 2 | DS |
| DIASTAT RECTAL KIT 2.5 MG | Tier 2 | DS |
| <i>diazepam rectal kit 12.5-15-17.5-20 mg, 2.5 mg, 5-7.5-10 mg</i> | Tier 1 | DS |
| NAYZILAM NASAL SPRAY, NON-AEROSOL 5 MG/SPRAY (0.1 ML) | Tier 4 | PA; DS |
| VALTOCO NASAL SPRAY, NON-AEROSOL 10 MG/SPRAY (0.1 ML) | Tier 2 | PA; DS |
| VALTOCO NASAL SPRAY, NON-AEROSOL 15 MG/2 SPRAY (7.5/0.1ML X 2), 20 MG/2 SPRAY (10MG/0.1ML X2), 5 MG/SPRAY (0.1 ML) | Tier 4 | PA; DS |
| Anticonvulsants | | |
| <i>carbamazepine oral capsule, er multiphase 12 hr 100 mg, 200 mg, 300 mg</i> | Tier 1 | MO |
| <i>carbamazepine oral suspension 100 mg/5 ml</i> | Tier 1 | MO |
| <i>carbamazepine oral tablet 200 mg</i> | Tier 1 | MO |

| Drug Name | Drug Tier | Necessary Actions, Restrictions, or Limits on Use |
|--|-----------|---|
| <i>carbamazepine oral tablet extended release 12 hr 100 mg, 200 mg, 400 mg</i> | Tier 1 | MO |
| <i>carbamazepine oral tablet, chewable 100 mg</i> | Tier 1 | MO |
| CELONTIN ORAL CAPSULE 300 MG | Tier 2 | MO |
| DILANTIN INFATABS ORAL TABLET, CHEWABLE 50 MG | Tier 2 | MO |
| DILANTIN ORAL CAPSULE 30 MG | Tier 2 | MO |
| <i>divalproex oral capsule, delayed rel sprinkle 125 mg</i> | Tier 1 | MO |
| <i>divalproex oral tablet extended release 24 hr 250 mg, 500 mg</i> | Tier 1 | MO |
| <i>divalproex oral tablet, delayed release (dr/ec) 125 mg, 250 mg, 500 mg</i> | Tier 1 | MO |
| EPITOL ORAL TABLET 200 MG | Tier 1 | MO |
| EPRONTIA ORAL SOLUTION 25 MG/ML | Tier 2 | MO; Age |
| <i>ethosuximide oral capsule 250 mg</i> | Tier 1 | MO |
| <i>ethosuximide oral solution 250 mg/5 ml</i> | Tier 1 | MO |
| <i>felbamate oral suspension 600 mg/5 ml</i> | Tier 4 | MO |

| Drug Name | Drug Tier | Necessary Actions, Restrictions, or Limits on Use |
|---|------------------|--|
| <i>felbamate oral tablet 400 mg, 600 mg</i> | Tier 1 | MO |
| <i>gabapentin oral capsule 100 mg, 300 mg, 400 mg</i> | Tier 1 | MO |
| <i>gabapentin oral tablet 600 mg, 800 mg</i> | Tier 1 | MO |
| <i>lacosamide oral solution 10 mg/ml</i> | Tier 1 | MO |
| <i>lacosamide oral tablet 100 mg, 150 mg, 200 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 extended release 24hr 100 mg, 200 mg, 25 mg, 250 mg, 300 mg, 50 mg</i> | Tier 1 | MO |
| <i>lamotrigine oral tablet, chewable dispersible 25 mg, 5 mg</i> | Tier 1 | MO |
| <i>levetiracetam oral solution 100 mg/ml, 500 mg/5 ml (5 ml)</i> | Tier 1 | MO |
| <i>levetiracetam oral tablet 1,000 mg, 250 mg, 500 mg, 750 mg</i> | Tier 1 | MO |
| <i>levetiracetam oral tablet extended release 24 hr 500 mg, 750 mg</i> | Tier 1 | MO |
| <i>methsuximide oral capsule 300 mg</i> | Tier 1 | MO |
| <i>oxcarbazepine oral suspension 300 mg/5 ml (60 mg/ml)</i> | Tier 1 | MO |

| Drug Name | Drug Tier | Necessary Actions, Restrictions, or Limits on Use |
|--|------------------|--|
| <i>oxcarbazepine oral tablet 150 mg, 300 mg, 600 mg</i> | Tier 1 | MO |
| <i>phenytoin oral suspension 100 mg/4 ml, 125 mg/5 ml</i> | Tier 1 | MO |
| <i>phenytoin oral tablet, chewable 50 mg</i> | Tier 1 | MO |
| <i>phenytoin sodium extended oral capsule 100 mg</i> | Tier 1 | DS |
| <i>phenytoin sodium intravenous solution 50 mg/ml</i> | Tier 1 | |
| <i>pregabalin oral capsule 100 mg, 150 mg, 200 mg, 225 mg, 25 mg, 300 mg, 50 mg, 75 mg</i> | Tier 1 | MO |
| <i>primidone oral tablet 250 mg, 50 mg</i> | Tier 1 | MO |
| SUBVENITE ORAL TABLET 100 MG, 150 MG, 200 MG, 25 MG | 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 |
| <i>valproic acid (as sodium salt) oral solution 250 mg/5 ml</i> | Tier 1 | MO |
| <i>valproic acid oral capsule 250 mg</i> | Tier 1 | MO |
| ZONISADE ORAL SUSPENSION 100 MG/5 ML | Tier 2 | MO; Age |

| Drug Name | Drug Tier | Necessary Actions, Restrictions, or Limits on Use |
|---|-----------|---|
| <i>zonisamide oral capsule 100 mg, 25 mg, 50 mg</i> | Tier 1 | MO |
| Skeletal Muscle Disorder | | |
| Skeletal Muscle Relaxants | | |
| <i>baclofen oral suspension 25 mg/5 ml (5 mg/ml)</i> | Tier 4 | DS; Age |
| <i>baclofen oral tablet 10 mg, 20 mg</i> | Tier 1 | MO |
| <i>cyclobenzaprine oral tablet 10 mg, 5 mg</i> | Tier 1 | |
| <i>dantrolene oral capsule 100 mg, 25 mg, 50 mg</i> | Tier 1 | MO |
| LYVISPAH ORAL GRANULES IN PACKET 10 MG, 5 MG | Tier 2 | PA; MO; Age |
| LYVISPAH ORAL GRANULES IN PACKET 20 MG | Tier 4 | PA; MO; Age |
| <i>methocarbamol oral tablet 500 mg, 750 mg</i> | Tier 1 | |
| <i>tizanidine oral tablet 2 mg, 4 mg</i> | Tier 1 | MO |
| Smoking Cessation | | |
| Smoking Deterrent-Nicotinic Recept.Partial Agonist | | |
| <i>varenicline oral tablet 1 mg</i> | PREV | |

| Drug Name | Drug Tier | Necessary Actions, Restrictions, or Limits on Use |
|--|-----------|---|
| Smoking Deterrents, Other | | |
| <i>bupropion hcl (smoking deter) oral tablet extended release 12 hr 150 mg</i> | PREV | |
| Upper Gastrointestinal Disorders - Digestive | | |
| Pancreatic Enzymes | | |
| CREON ORAL CAPSULE,DELAYED RELEASE(DR/EC) 12,000-38,000 - 60,000 UNIT, 24,000-76,000 -120,000 UNIT, 3,000-9,500-15,000 UNIT, 36,000-114,000- 180,000 UNIT, 6,000-19,000 - 30,000 UNIT | Tier 2 | MO |
| ZENPEP ORAL CAPSULE,DELAYED RELEASE(DR/EC) 10,000-32,000 - 42,000 UNIT, 15,000-47,000 -63,000 UNIT, 20,000-63,000-84,000 UNIT, 25,000-79,000- 105,000 UNIT, 40,000-126,000- 168,000 UNIT, 5,000-17,000-24,000 UNIT | Tier 2 | MO |

| Drug Name | Drug Tier | Necessary Actions, Restrictions, or Limits on Use |
|---|-----------|---|
| Upper Gastrointestinal Disorders - Spastic Disease | | |
| Anticholinergics/Antispasmodics | | |
| <i>dicyclomine intramuscular solution 10 mg/ml</i> | Tier 1 | |
| <i>dicyclomine oral capsule 10 mg</i> | Tier 1 | MO |
| <i>dicyclomine oral solution 10 mg/5 ml</i> | Tier 1 | MO |
| <i>dicyclomine oral tablet 20 mg</i> | Tier 1 | MO |
| Belladonna Alkaloids | | |
| <i>atropine injection solution 0.4 mg/ml</i> | Tier 1 | |
| Upper Gastrointestinal Disorders - Ulcer Disease | | |
| Anticholinergics, Quaternary Ammonium | | |
| <i>chlordiazepoxide-clidinium oral capsule 5-2.5 mg</i> | Tier 1 | DS |
| <i>glycopyrrolate injection solution 0.2 mg/ml</i> | Tier 1 | MO |
| <i>glycopyrrolate oral solution 1 mg/5 ml (0.2 mg/ml)</i> | Tier 1 | MO |
| <i>glycopyrrolate oral tablet 1 mg, 2 mg</i> | Tier 1 | MO |

| Drug Name | Drug Tier | Necessary Actions, Restrictions, or Limits on Use |
|---|-----------|---|
| Anti-Ulcer Preparations | | |
| <i>misoprostol oral tablet 100 mcg, 200 mcg</i> | Tier 1 | MO |
| <i>sucralfate oral tablet 1 gram</i> | Tier 1 | MO |
| Histamine H2-Receptor Inhibitors | | |
| <i>cimetidine hcl oral solution 300 mg/5 ml</i> | Tier 1 | MO |
| <i>famotidine (pf) intravenous solution 20 mg/2 ml</i> | Tier 1 | |
| <i>famotidine (pf)-nacl (iso-os) intravenous piggyback 20 mg/50 ml</i> | Tier 1 | |
| <i>famotidine intravenous solution 10 mg/ml</i> | Tier 1 | |
| <i>famotidine oral suspension for reconstitution 40 mg/5 ml (8 mg/ml)</i> | Tier 1 | MO |
| <i>nizatidine oral solution 150 mg/10 ml</i> | Tier 1 | MO |
| Intestinal Motility Stimulants | | |
| <i>metoclopramide hcl injection solution 5 mg/ml</i> | Tier 1 | |
| <i>metoclopramide hcl injection syringe 5 mg/ml</i> | Tier 1 | |
| <i>metoclopramide hcl oral solution 5 mg/5 ml</i> | Tier 1 | |

| Drug Name | Drug Tier | Necessary Actions, Restrictions, or Limits on Use |
|--|-----------|---|
| <i>metoclopramide hcl oral tablet 10 mg, 5 mg</i> | Tier 1 | |
| Proton-Pump Inhibitors | | |
| <i>lansoprazole oral capsule, delayed release(drlec) 30 mg</i> | Tier 1 | MO |
| <i>omeprazole oral capsule, delayed release(drlec) 10 mg, 20 mg, 40 mg</i> | Tier 1 | MO |
| <i>pantoprazole oral tablet, delayed release (drlec) 20 mg, 40 mg</i> | Tier 1 | MO |
| Urinary Tract - Functional Disorders | | |
| Benign Prostatic Hypertrophy/Micturition Agents | | |
| <i>alfuzosin oral tablet extended release 24 hr 10 mg</i> | Tier 1 | MO |
| <i>finasteride oral tablet 5 mg</i> | Tier 1 | MO |
| <i>tamsulosin oral capsule 0.4 mg</i> | Tier 1 | MO |
| Cystine-Depleting Agents, Nephropathic Cystinosis | | |
| CYSTAGON ORAL CAPSULE 150 MG, 50 MG | Tier 2 | MO |

| Drug Name | Drug Tier | Necessary Actions, Restrictions, or Limits on Use |
|---|-----------|---|
| Kidney Stone Agents | | |
| <i>tiopronin oral tablet 100 mg</i> | Tier 4 | DS |
| Urinary Ph Modifiers | | |
| K-PHOS ORIGINAL ORAL TABLET, SOLUBLE 500 MG | Tier 2 | |
| <i>potassium citrate oral tablet extended release 10 meq (1,080 mg), 5 meq (540 mg)</i> | Tier 1 | MO |
| UROQID-ACID NO.2 ORAL TABLET 500-500 MG | Tier 2 | |
| Urinary Tract Analgesic Agents | | |
| RIMSO-50 INTRAVESICAL SOLUTION 50 % | Tier 2 | |
| Urinary Tract Antispasmodic, M(3) Selective Antag. | | |
| <i>solifenacin oral tablet 10 mg, 5 mg</i> | Tier 1 | MO; QL |
| Urinary Tract Antispasmodic/Anti incontinence Agent | | |
| <i>oxybutynin chloride oral syrup 5 mg/5 ml</i> | Tier 1 | MO |
| <i>oxybutynin chloride oral tablet 5 mg</i> | Tier 1 | MO |
| <i>oxybutynin chloride oral tablet extended release 24hr 10 mg, 15 mg, 5 mg</i> | Tier 1 | MO |

| Drug Name | Drug Tier | Necessary Actions, Restrictions, or Limits on Use |
|---|-----------|---|
| <i>trosipium oral tablet 20 mg</i> | Tier 1 | MO |
| Vaginal Disorders | | |
| Vaginal Antibiotics | | |
| <i>clindamycin phosphate vaginal cream 2 %</i> | Tier 1 | |
| <i>metronidazole vaginal gel 0.75 % (37.5mg/5 gram)</i> | Tier 1 | |
| VANDAZOLE VAGINAL GEL 0.75 % (37.5MG/5 GRAM) | Tier 1 | |
| Vaginal Estrogen Preparations | | |
| ESTRACE VAGINAL CREAM 0.01 % (0.1 MG/GRAM) | Tier 2 | MO |
| <i>estradiol vaginal cream 0.01 % (0.1 mg/gram)</i> | Tier 1 | MO |
| Vitamin And/Or Mineral Deficiency | | |
| Folic Acid Preparations | | |
| <i>folic acid injection solution 5 mg/ml</i> | Tier 1 | |
| <i>folic acid oral tablet 1 mg</i> | Tier 1 | MO |
| Iron Replacement | | |
| VENOFER INTRAVENOUS SOLUTION 100 MG IRON/5 ML | Tier 2 | |

| Drug Name | Drug Tier | Necessary Actions, Restrictions, or Limits on Use |
|---|-----------|---|
| Magnesium Salts Replacement | | |
| <i>magnesium sulfate injection solution 500 mg/ml (50 %)</i> | Tier 1 | |
| Mineral Replacement, Miscellaneous | | |
| ADDAMEL N INTRAVENOUS SOLUTION 5.33-0.34-0.54 MCG-MG-MG/ML | Tier 1 | |
| COPPER CHLORIDE INTRAVENOUS SOLUTION 0.4 MG/ML | Tier 1 | |
| <i>cupric chloride intravenous solution 0.4 mg/ml</i> | Tier 1 | |
| Multivitamin Preparations | | |
| INFUVITE ADULT INTRAVENOUS SOLUTION 3,300 UNIT- 150 MCG/10 ML | Tier 2 | |
| Vitamin A Preparations | | |
| AQUASOL A INTRAMUSCULAR SOLUTION 50,000 UNIT/ML | Tier 2 | DS |
| Vitamin B1 Preparations | | |
| <i>thiamine hcl (vitamin b1) injection solution 100 mg/ml</i> | Tier 1 | |

| Drug Name | Drug Tier | Necessary Actions, Restrictions, or Limits on Use |
|--|-----------|---|
| Vitamin B12 Preparations | | |
| <i>cyanocobalamin (vitamin b-12) injection solution 1,000 mcg/ml</i> | Tier 1 | MO |
| DODEX INJECTION SOLUTION 1,000 MCG/ML | Tier 1 | MO |
| Vitamin B6 Preparations | | |
| <i>pyridoxine (vitamin b6) injection solution 100 mg/ml</i> | Tier 1 | |
| Vitamin D Preparations | | |
| <i>calcitriol oral capsule 0.25 mcg, 0.5 mcg</i> | Tier 1 | MO |
| <i>cholecalciferol (vitamin d3) oral capsule 1,250 mcg (50,000 unit)</i> | Tier 1 | |
| DECARA ORAL CAPSULE 1,250 MCG (50,000 UNIT) | Tier 1 | |
| <i>ergocalciferol (vitamin d2) oral capsule 1,250 mcg (50,000 unit)</i> | Tier 1 | MO |
| OPTIMAL D3 ORAL CAPSULE 1,250 MCG (50,000 UNIT) | Tier 1 | |
| VITAMIN D2 ORAL CAPSULE 1,250 MCG (50,000 UNIT) | Tier 1 | MO |
| WEEKLY-D ORAL CAPSULE 1,250 MCG (50,000 UNIT) | Tier 1 | |

| Drug Name | Drug Tier | Necessary Actions, Restrictions, or Limits on Use |
|---|-----------|---|
| Zinc Replacement | | |
| <i>zinc sulfate intravenous solution 5 mg/ml</i> | Tier 1 | |
| Weight Reduction | | |
| Anorexic Agents | | |
| <i>diethylpropion oral tablet 25 mg</i> | Tier 1 | RB; DS |
| <i>diethylpropion oral tablet extended release 75 mg</i> | Tier 1 | RB; DS |
| <i>phentermine oral tablet 37.5 mg</i> | Tier 1 | RB |
| QSYMIA ORAL CAPSULE, ER MULTIPHASE 24 HR 11.25-69 MG, 15-92 MG, 3.75-23 MG, 7.5-46 MG | Tier 2 | PA; RB; MO |

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Bàsòò Wùdù (Bassa) Dè dɛ nià kɛ dyédé gbo: ɔ jũ ké ñ Bàsòò-wùdù-po-nyò jũ ní, níí, à wùdù kà kò dò po-poò béin ñ gbo kpáa. Đá **1-800-632-9700** (TTY **711**)

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 **1-800-632-9700** (TTY **711**)。

فارسى (Farsi) توجه: اگر بھ زبان فارسی سیکھتے ہو میکی خدمت سہاوت نزل وی صورت ویاگنا برای
ش مہر امم میبٹن دبا 1-800-632-9700 (TTY 711) تہا بگی ری د.

Français (French) ATTENTION: Si vous parlez français, des services d'aide linguistique vous sont proposés gratuitement. Appelez le **1-800-632-9700 (TTY 711)**.

Deutsch (German) ACHTUNG: Wenn Sie Deutsch sprechen, stehen Ihnen kostenlos sprachliche Hilfsdienstleistungen zur Verfügung.
Rufnummer: **1-800-632-9700 (TTY 711)**.

Igbo (Igbo) NRUBAMA: O bụrụ na ị na asụ Igbo, ọrụ enyemaka asụsụ, n'efu, dijiri gi.
Kpọọ **1-800-632-9700 (TTY 711)**.

日本語 (Japanese) 注意事項: 日本語を話される場合、無料の言語支援をご利用いただけます。**1-800-632-9700 (TTY 711)** まで、お電話にてご連絡ください。

한국어 (Korean) 주의: 한국어를 사용하시는 경우, 언어 지원 서비스를 무료로 이용하실 수 있습니다. **1-800-632-9700 (TTY 711)** 번으로 전화해 주십시오.

Naabeehó (Navajo) Díí baa akó nínízin: Díí saad bee yáníłti'go Diné Bizaad, saad bee áká'ánída'áwo'déé', t'áá jiik'eh, éi ná hóló, kóji' hódíílnih **1-800-632-9700 (TTY 711)**.

नेपाली (Nepali) ध्यान दिनुहोस्: तपाईंले नेपाली बोल्नुहुन्छ भने तपाईंको निम्ति भाषा सहायता सेवाहरू निःशुल्क रूपमा उपलब्ध छ । **1-800-632-9700 (TTY: 711)** (फोन गर्नुहोस् ।

Afaan Oromoo (Oromo) XIYYEEFFANNAA: Afaan dubbattu Oroomiffa, tajaajila gargaarsa afaanii, kanfaltiidhaan ala, ni argama. Bilbilaa **1-800-632-9700 (TTY 711)**.

Русский (Russian) ВНИМАНИЕ: если вы говорите на русском языке, то вам доступны бесплатные услуги перевода. Звоните **1-800-632-9700 (TTY 711)**.

Español (Spanish) ATENCIÓN: si habla español, tiene a su disposición servicios gratuitos de asistencia lingüística. Llame al **1-800-632-9700 (TTY 711)**.

Tagalog (Tagalog) PAUNAWA: Kung nagsasalita ka ng Tagalog, maaari kang gumamit ng mga serbisyo ng tulong sa wika nang walang bayad.
Tumawag sa **1-800-632-9700 (TTY 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 **1-800-632-9700 (TTY 711)**.

Yorùbá (Yoruba) AKIYESI: Ti o ba nso ede Yoruba ofe ni iranlowo lori ede wa fun yin o. E pe ero ibanisoro yi **1-800-632-9700 (TTY 711)**.