

2026 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



2026 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	Prosper Option
Tier 1	Preferred generic drugs	\$15	\$15	\$15
Tier 2	Preferred brand-name drugs	\$40	\$50	\$60
Tier 3	Non-preferred generic	\$60	\$70	\$80
Tier 3	Non-preferred brand-name drugs	\$75	\$80	\$100
Tier 4	Specialty drugs	\$150	\$250	\$325

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., JUNE1 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 1/1/2026

Drug Name	Drug Tier	Necessary Actions, Restrictions, or Limits on Use
Allergy		
Antihistamines - 1St Generation		
<i>ciproheptadine oral syrup 2 mg/5 ml</i>	Tier 1	
<i>ciproheptadine 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		
<i>COMPRO RECTAL SUPPOSITORY 25 MG</i>	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	
<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	
<i>promethazine rectal suppository 12.5 mg, 25 mg</i>	Tier 1	

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

Drug Name	Drug Tier	Necessary Actions, Restrictions, or Limits on Use
terbutaline subcutaneous solution 1 mg/ml	Tier 1	
Beta-Adrenergic Agents, Inhaled, Short Acting		
albuterol sulfate inhalation hfa aerosol inhaler 90 mcg/actuation	Tier 1	MO
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	Tier 1	MO
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	Tier 1	MO
levalbuterol tartrate inhalation hfa aerosol inhaler 45 mcg/actuation	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 1	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 1	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
<i>bupropion hcl oral tablet sustained-release 12 hr 100 mg, 150 mg, 200 mg</i>	Tier 1	MO
Selective Serotonin Reuptake Inhibitor (SsrIs)		
<i>citalopram oral solution 10 mg/5 ml</i>	Tier 1	MO

Drug Name	Drug Tier	Necessary Actions, Restrictions, or Limits on Use
<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
<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(dr/ec) 20 mg, 30 mg, 60 mg</i>	Tier 1	MO

Drug Name	Drug Tier	Necessary Actions, Restrictions, or Limits on Use
<i>venlafaxine oral capsule, extended release 24hr 150 mg, 37.5 mg, 75 mg</i>	Tier 1	MO
<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

Drug Name	Drug Tier	Necessary Actions, Restrictions, or Limits on Use
<i>nortriptyline oral solution 10 mg/5 ml</i>	Tier 1	MO
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/ec) 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

Drug Name	Drug Tier	Necessary Actions, Restrictions, or Limits on Use
<i>chlordiazepoxide hcl oral capsule 10 mg, 25 mg, 5 mg</i>	Tier 1	DS
<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 1	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>torsemide 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
<i>eplerenone oral tablet 25 mg, 50 mg</i>	Tier 1	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
<i>triamterene oral capsule 100 mg, 50 mg</i>	Tier 1	MO

Drug Name	Drug Tier	Necessary Actions, Restrictions, or Limits on Use
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		
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
TADLIQ ORAL SUSPENSION 20 MG/5 ML (4 MG/ML)	Tier 2	DS; Age

Drug Name	Drug Tier	Necessary Actions, Restrictions, or Limits on Use
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 2	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</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>atorvastatin oral tablet</i> 40 mg, 80 mg	Tier 1	MO; \$0 COPAY IF AGE 40-75 YEARS AND NO HISTORY OF CARDIOVAS CULAR DISEASE PREVENTIO N MEDICATION S IN 365 DAYS	<i>rosuvastatin oral tablet</i> 10 mg, 5 mg	Tier 1	MO; \$0 COPAY IF AGE 40-75 YEARS AND NO HISTORY OF CARDIOVAS CULAR DISEASE PREVENTIO N MEDICATION S IN 120 DAYS
<i>lovastatin oral tablet</i> 10 mg, 20 mg, 40 mg	Tier 1	MO; \$0 COPAY IF AGE 40-75 YEARS AND NO HISTORY OF CARDIOVAS CULAR DISEASE PREVENTIO N MEDICATION S IN 120 DAYS	<i>rosuvastatin oral tablet</i> 20 mg, 40 mg	Tier 1	MO; \$0 COPAY IF AGE 40-75 YEARS AND NO HISTORY OF CARDIOVAS CULAR DISEASE PREVENTIO N MEDICATION S IN 365 DAYS
<i>pravastatin oral tablet</i> 10 mg, 20 mg, 40 mg, 80 mg	Tier 1	MO; \$0 COPAY IF AGE 40-75 YEARS AND NO HISTORY OF CARDIOVAS CULAR DISEASE PREVENTIO N MEDICATION S IN 120 DAYS	<i>simvastatin oral tablet</i> 10 mg, 20 mg, 40 mg, 5 mg	Tier 1	MO; \$0 COPAY IF AGE 40-75 YEARS AND NO HISTORY OF CARDIOVAS CULAR DISEASE PREVENTIO N MEDICATION S IN 120 DAYS

Drug Name	Drug Tier	Necessary Actions, Restrictions, or Limits on Use
<i>simvastatin oral tablet 80 mg</i>	Tier 1	MO; \$0 COPAY IF AGE 40-75 YEARS AND NO HISTORY OF CARDIOVASCULAR DISEASE PREVENTION MEDICATIONS IN 365 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>colesevelam oral tablet 625 mg</i>	Tier 1	MO
<i>colestipol oral granules 5 gram</i>	Tier 1	MO
<i>colestipol oral packet 5 gram</i>	Tier 1	MO
<i>colestipol oral tablet 1 gram</i>	Tier 1	MO
PREVALITE ORAL POWDER 4 GRAM	Tier 1	MO

Drug Name	Drug Tier	Necessary Actions, Restrictions, or Limits on Use
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)		
<i>sacubitril-valsartan oral tablet 24-26 mg, 49-51 mg, 97-103 mg</i>	Tier 1	MO
Cardiovascular Disease - Vasodilation		
Vasodilators, Coronary		
<i>isosorbide dinitrate oral tablet 10 mg, 20 mg, 30 mg, 40 mg, 5 mg</i>	Tier 1	MO

Drug Name	Drug Tier	Necessary Actions, Restrictions, or Limits on Use
<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
<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

Drug Name	Drug Tier	Necessary Actions, Restrictions, or Limits on Use
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
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

Drug Name	Drug Tier	Necessary Actions, Restrictions, or Limits on Use
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
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

Drug Name	Drug Tier	Necessary Actions, Restrictions, or Limits on Use
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 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
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

Drug Name	Drug Tier	Necessary Actions, Restrictions, or Limits on Use
<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 0.25-0.035 MG	PREV	MO
<i>ethynodiol diac-eth estradiol oral tablet 1-35 mg-mcg, 1-50 mg-mcg</i>	PREV	MO
FALMINA (28) ORAL TABLET 0.1-20 MG-MCG	PREV	MO
FEIRZA ORAL TABLET 1 MG-20 MCG (21)/75 MG (7), 1.5 MG-30 MCG (21)/75 MG (7)	PREV	MO
FEMYNOR ORAL TABLET 0.25-35 MG-MCG	PREV	MO
GIANVI (28) ORAL TABLET 3-0.02 MG	PREV	MO

Drug Name	Drug Tier	Necessary Actions, Restrictions, or Limits on Use
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
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

Drug Name	Drug Tier	Necessary Actions, Restrictions, or Limits on Use
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
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

Drug Name	Drug Tier	Necessary Actions, Restrictions, or Limits on Use
<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
LUIZZA ORAL TABLET 1-20 MG-MCG, 1.5-30 MG-MCG	PREV	MO
LUTERA (28) ORAL TABLET 0.1-20 MG-MCG	PREV	MO
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
MELEYA ORAL TABLET 0.35 MG	PREV	MO

Drug Name	Drug Tier	Necessary Actions, Restrictions, or Limits on Use
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 0.25-0.035 MG	PREV	MO
MONO-LINYAH ORAL TABLET 0.25-0.035 MG	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
<i>norethindrone ac-eth estradiol oral tablet 1-20 mg-mcg, 1.5-30 mg-mcg</i>	PREV	MO

Drug Name	Drug Tier	Necessary Actions, Restrictions, or Limits on Use
<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-0.025 mg, 0.18/0.215/0.25 mg-0.035mg (28), 0.25-0.035 mg</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
NYMYO ORAL TABLET 0.25-35 MG-MCG	PREV	MO

Drug Name	Drug Tier	Necessary Actions, Restrictions, or Limits on Use
OCELLA ORAL TABLET 3-0.03 MG	PREV	MO
ORQUIDEA ORAL TABLET 0.35 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 0.25-0.035 MG	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-0.035MG (28)	PREV	MO
TRI-LINYAH ORAL TABLET 0.18/0.215/0.25 MG-0.035MG (28)	PREV	MO
TRI-LO-ESTARYLLA ORAL TABLET 0.18/0.215/0.25 MG-0.025 MG	PREV	MO
TRI-LO-MARZIA ORAL TABLET 0.18/0.215/0.25 MG-0.025 MG	PREV	MO
TRI-LO-MILI ORAL TABLET 0.18/0.215/0.25 MG-0.025 MG	PREV	MO
TRI-LO-SPRINTEC ORAL TABLET 0.18/0.215/0.25 MG-0.025 MG	PREV	MO
TRI-MILI ORAL TABLET 0.18/0.215/0.25 MG-0.035MG (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-0.035MG (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-0.025 MG	PREV	MO
TRI-VYLIBRA ORAL TABLET 0.18/0.215/0.25 MG-0.035MG (28)	PREV	MO
TULANA ORAL TABLET 0.35 MG	PREV	MO
VALTYA ORAL TABLET 1-35 MG-MCG, 1-50 MG-MCG	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 0.25-0.035 MG	PREV	MO
WERA (28) ORAL TABLET 0.5-35 MG-MCG	PREV	MO

Drug Name	Drug Tier	Necessary Actions, Restrictions, or Limits on Use
ZARAH ORAL TABLET 3-0.03 MG	PREV	MO
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 solution 5-1.5 mg/5 ml</i>	Tier 1	DS; QL; Age
HYDROMET ORAL SOLUTION 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)		
<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, 30 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
Rosacea Agents, Topical		
<i>metronidazole topical cream 0.75 %</i>	Tier 1	

Drug Name	Drug Tier	Necessary Actions, Restrictions, or Limits on Use
<i>metronidazole topical gel 0.75 %</i>	Tier 1	
ROSADAN TOPICAL CREAM 0.75 %	Tier 1	
Topical Preparations, Antibacterials		
<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
Dermatology - Antiinfective		
Topical Antibiotics		
<i>clindamycin phosphate topical lotion 1 %</i>	Tier 1	MO
<i>clindamycin phosphate topical solution 1 %</i>	Tier 1	MO

Drug Name	Drug Tier	Necessary Actions, Restrictions, or Limits on Use
<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/Anti-inflammatory, 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>ciclopirox topical solution 8 %</i>	Tier 1	
<i>ketconazole topical cream 2 %</i>	Tier 1	
<i>ketconazole topical shampoo 2 %</i>	Tier 1	
KLAYESTA TOPICAL POWDER 100,000 UNIT/GRAM	Tier 1	
NYAMYC TOPICAL POWDER 100,000 UNIT/GRAM	Tier 1	

Drug Name	Drug Tier	Necessary Actions, Restrictions, or Limits on Use
<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	
Dermatology - Antiinflammatory		
Interleukin-13 (IL-13) Inhibitors, Mab		
ADBRY SUBCUTANEOUS AUTO-INJECTOR 300 MG/2 ML	Tier 4	PA; MO

Drug Name	Drug Tier	Necessary Actions, Restrictions, or Limits on Use
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
<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

Drug Name	Drug Tier	Necessary Actions, Restrictions, or Limits on Use
<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
<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
<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

Drug Name	Drug Tier	Necessary Actions, Restrictions, or Limits on Use
<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
<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

Drug Name	Drug Tier	Necessary Actions, Restrictions, or Limits on Use
<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
<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

Drug Name	Drug Tier	Necessary Actions, Restrictions, or Limits on Use
Dermatology - Miscellaneous		
Antiperspirants		
DRYSOL DAB-O-MATIC 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	
Keratolytics		
<i>podofilox topical solution 0.5 %</i>	Tier 1	MO

Drug Name	Drug Tier	Necessary Actions, Restrictions, or Limits on Use
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	
COSENTYX (2 SYRINGES) SUBCUTANEOUS SYRINGE 150 MG/ML	Tier 4	PA; MO

Drug Name	Drug Tier	Necessary Actions, Restrictions, or Limits on Use
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
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
Topical Immunosuppressive Agents		
<i>tacrolimus topical ointment 0.03 %, 0.1 %</i>	Tier 1	MO

Drug Name	Drug Tier	Necessary Actions, Restrictions, or Limits on Use
Diabetes		
Antihyperglycemic, Incretin Mimetic (GLP-1 Receptor Agonist)		
<i>liraglutide subcutaneous pen injector 0.6 mg/0.1 ml (18 mg/3 ml)</i>	Tier 1	PA; MO
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-Sodium/Glucose Cotransporter 2 (SGLT2) Inhibitor		
JARDIANCE ORAL TABLET 10 MG, 25 MG	Tier 2	MO
Antihyperglycemic, Alpha-Glucosidase Inhibitor (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
<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

Drug Name	Drug Tier	Necessary Actions, Restrictions, or Limits on Use
<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
Hyperglycemics		
BAQSIMI NASAL SPRAY, NON-AEROSOL 3 MG/ACTUATION	Tier 2	
GLUCAGON EMERGENCY KIT (HUMAN) INJECTION RECON SOLN 1 MG	Tier 1	
Insulins		
HUMALOG JUNIOR KWIKPEN U-100 SUBCUTANEOUS INSULIN PEN, HALF-UNIT 100 UNIT/ML	Tier 2	PA; MO

Drug Name	Drug Tier	Necessary Actions, Restrictions, or Limits on Use
HUMALOG U-100 INSULIN SUBCUTANEOUS CARTRIDGE 100 UNIT/ML	Tier 2	PA; MO
HUMULIN 70/30 U-100 INSULIN SUBCUTANEOUS SUSPENSION 100 UNIT/ML (70-30)	Tier 1	MO
HUMULIN N NPH INSULIN KWIKPEN SUBCUTANEOUS INSULIN PEN 100 UNIT/ML (3 ML)	Tier 2	PA; MO
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 1	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

Drug Name	Drug Tier	Necessary Actions, Restrictions, or Limits on Use
<i>insulin glargine-yfgh subcutaneous insulin pen 100 unit/ml (3 ml)</i>	Tier 1	MO
<i>insulin glargine-yfgh subcutaneous solution 100 unit/ml</i>	Tier 1	MO
<i>insulin lispro subcutaneous insulin pen, half-unit 100 unit/ml</i>	Tier 1	PA; MO
KIRSTY PEN SUBCUTANEOUS INSULIN PEN 100 UNIT/ML (3 ML)	Tier 1	MO
KIRSTY SUBCUTANEOUS SOLUTION 100 UNIT/ML	Tier 1	MO
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	

Drug Name	Drug Tier	Necessary Actions, Restrictions, or Limits on Use
Ear Preparations, Antibiotics		
CORTISPORIN-TC OTIC (EAR) DROPS, SUSPENSION 3.3-3-10-0.5 MG/ML	Tier 2	
neomycin-polymyxin-hc otic (ear) drops, suspension 3.5-10,000-1 mg/ml-unit/ml-%	Tier 1	
neomycin-polymyxin-hc otic (ear) solution 3.5-10,000-1 mg/ml-unit/ml-%	Tier 1	
ofloxacin otic (ear) drops 0.3 %	Tier 1	
Otic Preparations, Anti-Inflammatory-Antibiotics		
ciprofloxacin-dexamethasone otic (ear) drops, suspension 0.3-0.1 %	Tier 1	
Electrolyte Regulation		
Bicarbonate Producing/Containing Agents		
sodium bicarbonate intravenous solution 1 meq/ml (8.4 %)	Tier 1	

Drug Name	Drug Tier	Necessary Actions, Restrictions, or Limits on Use
sodium bicarbonate intravenous syringe 10 meq/10 ml (8.4 %), 50 meq/50 ml (8.4 %), 7.5 % (0.9 meq/ml)	Tier 1	
Electrolyte Depleters		
calcium acetate(phosphate bind) oral capsule 667 mg	Tier 1	MO
calcium acetate(phosphate bind) oral tablet 667 mg	Tier 1	MO
KIONEX (WITH SORBITOL) ORAL SUSPENSION 15-20 GRAM/60 ML	Tier 1	
LOKELMA ORAL POWDER IN PACKET 10 GRAM, 5 GRAM	Tier 2	DS; PR; QL
sevelamer carbonate oral powder in packet 2.4 gram	Tier 1	MO
sevelamer carbonate oral tablet 800 mg	Tier 1	MO
sodium polystyrene sulfonate oral powder 15 gram	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	

Drug Name	Drug Tier	Necessary Actions, Restrictions, or Limits on Use
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
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

Drug Name	Drug Tier	Necessary Actions, Restrictions, or Limits on Use
<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	
BD PRE-FILLED SALINE BLUNT CAN 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	

Drug Name	Drug Tier	Necessary Actions, Restrictions, or Limits on Use
<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	
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, 20 mg</i>	RB	RB; MO; QL

Drug Name	Drug Tier	Necessary Actions, Restrictions, or Limits on Use
Fertility Stimulating Preparations, Non-Fsh		
CLOMID ORAL TABLET 50 MG	Tier 4	
<i>clomiphene citrate oral tablet 50 mg</i>	Tier 1	
MILOPHENE ORAL TABLET 50 MG	Tier 1	
Follicle Stim./Luteinizing Hormones		
MENOPUR SUBCUTANEOUS RECON SOLN 75 UNIT	Tier 2	DS
Follicle-Stimulating Hormone (Fsh)		
GONAL-F RFF REDI-JECT SUBCUTANEOUS PEN INJECTOR 300 UNIT/0.48 ML, 450 UNIT/0.72 ML, 900 UNIT/1.44 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

Drug Name	Drug Tier	Necessary Actions, Restrictions, or Limits on Use
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
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

Drug Name	Drug Tier	Necessary Actions, Restrictions, or Limits on Use
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
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	

Drug Name	Drug Tier	Necessary Actions, Restrictions, or Limits on Use
<i>ganirelix subcutaneous syringe 250 mcg/0.5 ml</i>	Tier 2	
ORILISSA ORAL TABLET 150 MG, 200 MG	Tier 4	PA; DS
Menopausal Sympt Supp-Sel Estrogen Recep Modulator		
OSPHEHA ORAL TABLET 60 MG	RB	RB; DS; QL
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	

Drug Name	Drug Tier	Necessary Actions, Restrictions, or Limits on Use
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
LIOMNY ORAL TABLET 25 MCG, 5 MCG, 50 MCG	Tier 1	MO
<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	

Drug Name	Drug Tier	Necessary Actions, Restrictions, or Limits on Use
<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,SUSPENSIO N 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	
<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,SUSPENSIO N 0.25 %	Tier 2	MO
<i>ketorolac ophthalmic (eye) drops 0.5 %</i>	Tier 1	
PRED FORTE OPHTHALMIC (EYE) DROPS,SUSPENSIO N 1 %	Tier 2	MO

Drug Name	Drug Tier	Necessary Actions, Restrictions, or Limits on Use
PRED MILD OPHTHALMIC (EYE) DROPS,SUSPENSIO N 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	
ALTACAIN OPHTHALMIC (EYE) DROPS 0.5 %	Tier 1	
ALTAFLUOR BENOX OPHTHALMIC (EYE) DROPS 0.25-0.4 %	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	

Drug Name	Drug Tier	Necessary Actions, Restrictions, or Limits on Use
BLEPHAMIDE S.O.P. OPHTHALMIC (EYE) OINTMENT 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	
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	

Drug Name	Drug Tier	Necessary Actions, Restrictions, or Limits on Use
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	
<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	DS; QL
Ophthalmic Mast Cell Stabilizers		
<i>cromolyn ophthalmic (eye) drops 4 %</i>	Tier 1	MO

Drug Name	Drug Tier	Necessary Actions, Restrictions, or Limits on Use
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	
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

Drug Name	Drug Tier	Necessary Actions, Restrictions, or Limits on Use
<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 OPHTHALMIC (EYE) DROPS 0.125 %	Tier 2	MO
<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 OPHTHALMIC (EYE) DROPS 0.5 %, 2 %	Tier 2	
CYCLOMYDRIL OPHTHALMIC (EYE) DROPS 0.2-1 %	Tier 2	
<i>cyclopentolate ophthalmic (eye) drops 0.5 %, 1 %, 2 %</i>	Tier 1	
HOMATROPAIRE OPHTHALMIC (EYE) DROPS 5 %	Tier 1	MO

Drug Name	Drug Tier	Necessary Actions, Restrictions, or Limits on Use
ISOPTO ATROPINE OPHTHALMIC (EYE) DROPS 1 %	Tier 2	MO
<i>tropicamide ophthalmic (eye) drops 0.5 %, 1 %</i>	Tier 1	
Eye - Miscellaneous		
Artificial Tears		
LACRISERT OPHTHALMIC (EYE) INSERT 5 MG	Tier 2	MO
Eye Diagnostic Agents		
BIOGLO OPHTHALMIC (EYE) STRIP 1 MG	Tier 1	
<i>fluorescein ophthalmic (eye) strip 1 mg</i>	Tier 1	
GLOSTRIPS OPHTHALMIC (EYE) STRIP 1 MG	Tier 1	
Eye Irrigations		
BALANCED SALT INTRAOCULAR SOLUTION	Tier 1	
Ophth Vasc. Endothelial Growth Factor Antagonists		
EYLEA INTRAVITREAL SOLUTION 2 MG/0.05 ML	Tier 4	MO

Drug Name	Drug Tier	Necessary Actions, Restrictions, or Limits on Use
Ophth. 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		
D5 % (D-GLUCOSE)-0.9 % SODCHLR INTRAVENOUS PARENTERAL SOLUTION	Tier 1	
<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	
<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

Drug Name	Drug Tier	Necessary Actions, Restrictions, or Limits on Use
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
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	
<i>tranexamic acid oral tablet 650 mg</i>	Tier 2	MO

Drug Name	Drug Tier	Necessary Actions, Restrictions, or Limits on Use
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
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

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

Drug Name	Drug Tier	Necessary Actions, Restrictions, or Limits on Use
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
Hemorrhheologic Agents		
<i>pentoxifylline oral tablet extended release 400 mg</i>	Tier 1	MO
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	

Drug Name	Drug Tier	Necessary Actions, Restrictions, or Limits on Use
<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	
<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

Drug Name	Drug Tier	Necessary Actions, Restrictions, or Limits on Use
Human Monoclonal Antibody Complement(C5) Inhibitor		
ULTOMIRIS INTRAVENOUS SOLUTION 100 MG/ML	Tier 4	MO
Leukocyte (Wbc) Stimulants		
GRANIX SUBCUTANEOUS SOLUTION 300 MCG/ML, 480 MCG/1.6 ML	Tier 2	DS
GRANIX SUBCUTANEOUS SYRINGE 300 MCG/0.5 ML, 480 MCG/0.8 ML	Tier 2	DS; WITHOUT NEEDLEGUARD
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
<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 hcl oral tablet 10 mg, 5 mg</i>	Tier 1	MO

Drug Name	Drug Tier	Necessary Actions, Restrictions, or Limits on Use
<i>ticagrelor oral tablet 60 mg, 90 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
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	

Drug Name	Drug Tier	Necessary Actions, Restrictions, or Limits on Use
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	
THROMBIN-JMI TOPICAL RECON SOLN 20,000 UNIT, 5,000 UNIT	Tier 1	
Vitamin K Preparations		
<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

Drug Name	Drug Tier	Necessary Actions, Restrictions, or Limits on Use
<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	
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

Drug Name	Drug Tier	Necessary Actions, Restrictions, or Limits on Use
DEPO-ESTRADIOL INTRAMUSCULAR OIL 5 MG/ML	Tier 2	
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

Drug Name	Drug Tier	Necessary Actions, Restrictions, or Limits on Use
PREMARIN INJECTION RECON SOLN 25 MG	Tier 2	
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		
HYPERTET (PF) INTRAMUSCULAR SYRINGE 250 UNIT/ML	Tier 2	
Immunosuppression /Modulation		
Immunomodulators		
<i>imiquimod topical cream in packet 5 %</i>	Tier 1	
INTRON A INJECTION RECON SOLN 10 MILLION UNIT (1 ML)	Tier 2	DS

Drug Name	Drug Tier	Necessary Actions, Restrictions, or Limits on Use
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	MO
<i>mycophenolate mofetil oral tablet 500 mg</i>	Tier 1	MO
NULOJIX INTRAVENOUS RECON SOLN 250 MG	Tier 4	MO

Drug Name	Drug Tier	Necessary Actions, Restrictions, or Limits on Use
<i>sirolimus oral solution 1 mg/ml</i>	Tier 1	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
Carbapenems (Thienamycins)		
<i>ertapenem injection recon soln 1 gram</i>	Tier 1	DS
<i>imipenem-cilastatin intravenous recon soln 500 mg</i>	Tier 1	

Drug Name	Drug Tier	Necessary Actions, Restrictions, or Limits on Use
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	
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	

Drug Name	Drug Tier	Necessary Actions, Restrictions, or Limits on Use
<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	
CLAFORAN INTRAVENOUS RECON SOLN 1 GRAM, 2 GRAM	Tier 2	
TAZICEF INJECTION RECON SOLN 2 GRAM, 6 GRAM	Tier 1	

Drug Name	Drug Tier	Necessary Actions, Restrictions, or Limits on Use
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	
Macrolides		
<i>azithromycin oral packet 1 gram</i>	Tier 1	MO
<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	

Drug Name	Drug Tier	Necessary Actions, Restrictions, or Limits on Use
<i>clarithromycin oral tablet 250 mg, 500 mg</i>	Tier 1	
E.E.S. 400 ORAL TABLET 400 MG	Tier 1	
ERY-TAB ORAL TABLET, DELAYED RELEASE (DR/EC) 250 MG, 500 MG	Tier 1	
ERYTHROCIN INTRAVENOUS RECON SOLN 500 MG	Tier 2	
<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/ec) 250 mg</i>	Tier 1	
<i>erythromycin oral tablet, delayed release (dr/ec) 250 mg, 333 mg, 500 mg</i>	Tier 1	
ZITHROMAX ORAL PACKET 1 GRAM	Tier 2	MO

Drug Name	Drug Tier	Necessary Actions, Restrictions, or Limits on Use
Nitrofurantoin Derivatives		
<i>nitrofurantoin macrocrystal oral capsule 100 mg, 25 mg, 50 mg</i>	Tier 1	
<i>nitrofurantoin monohydr/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
<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	

Drug Name	Drug Tier	Necessary Actions, Restrictions, or Limits on Use
<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 500 mg</i>	Tier 1	
<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	

Drug Name	Drug Tier	Necessary Actions, Restrictions, or Limits on Use
<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	
<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	

Drug Name	Drug Tier	Necessary Actions, Restrictions, or Limits on Use
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, MICR OCAPSULE RECON 250 MG/5 ML	Tier 2	
<i>ciprofloxacin hcl oral tablet 100 mg, 250 mg, 500 mg, 750 mg</i>	Tier 1	
<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	

Drug Name	Drug Tier	Necessary Actions, Restrictions, or Limits on Use
<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
<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

Drug Name	Drug Tier	Necessary Actions, Restrictions, or Limits on Use
<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	
<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	
<i>posaconazole oral tablet, delayed release (dr/ec) 100 mg</i>	Tier 1	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	

Drug Name	Drug Tier	Necessary Actions, Restrictions, or Limits on Use
Antifungal Antibiotics		
<i>AMBISOME INTRAVENOUS SUSPENSION FOR RECONSTITUTION 50 MG</i>	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	
<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	

Drug Name	Drug Tier	Necessary Actions, Restrictions, or Limits on Use
<i>gentamicin injection solution 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	
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	

Drug Name	Drug Tier	Necessary Actions, Restrictions, or Limits on Use
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	
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	

Drug Name	Drug Tier	Necessary Actions, Restrictions, or Limits on Use
Infectious Disease - Parasitic		
Amebacides		
HUMATIN ORAL CAPSULE 250 MG	Tier 4	DS
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	
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
<i>hydroxychloroquine oral tablet 200 mg</i>	Tier 1	MO
<i>mefloquine oral tablet 250 mg</i>	Tier 1	MO

Drug Name	Drug Tier	Necessary Actions, Restrictions, or Limits on Use
<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
<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 Nnrti 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 MG (10)-100 MG (10), 300 MG (150 MG X 2)-100 MG	Tier 2	QL; Age

Drug Name	Drug Tier	Necessary Actions, Restrictions, or Limits on Use
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 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

Drug Name	Drug Tier	Necessary Actions, Restrictions, or Limits on Use
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
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>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

Drug Name	Drug Tier	Necessary Actions, Restrictions, or Limits on Use
SELZENTRY ORAL TABLET 25 MG, 75 MG	Tier 2	MO
Antivirals, Hiv-Specific, Non-Nucleoside, Rti		
EDURANT ORAL TABLET 25 MG	Tier 2	MO
<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(drlec) 250 mg, 400 mg</i>	Tier 1	MO
<i>emtricitabine oral capsule 200 mg</i>	Tier 1	MO

Drug Name	Drug Tier	Necessary Actions, Restrictions, or Limits on Use
<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
<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
<i>ritonavir oral tablet 100 mg</i>	Tier 1	MO

Drug Name	Drug Tier	Necessary Actions, Restrictions, or Limits on Use
VIRACEPT ORAL TABLET 250 MG, 625 MG	Tier 2	MO
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		
<i>efavirenz-lamivudine-tenofovir disoproxil fumarate oral tablet 400-300-300 mg, 600-300-300 mg</i>	Tier 1	MO
<i>emtricitabine-rilpivirine-tenofovir disoproxil fumarate oral tablet 200-25-300 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

Drug Name	Drug Tier	Necessary Actions, Restrictions, or Limits on Use
Arv Cmb-Nrti,N(T)Rti, Integrase Inhibitor		
BIKTARVY ORAL TABLET 50-200-25 MG	Tier 2	MO
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

Drug Name	Drug Tier	Necessary Actions, Restrictions, or Limits on Use
<i>lamivudine oral tablet 100 mg</i>	Tier 1	MO
Hepatitis C Treatment Agents		
PEGASYS SUBCUTANEOUS SOLUTION 180 MCG/ML	Tier 4	DS
PEGASYS SUBCUTANEOUS SYRINGE 180 MCG/0.5 ML	Tier 4	DS
<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	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	MO
ENBREL SUBCUTANEOUS RECON SOLN 25 MG (1 ML)	Tier 2	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
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, Phosphodiesterase-4(Pde4) Inhib.		
OTEZLA ORAL TABLET 30 MG	Tier 4	DS
OTEZLA STARTER ORAL TABLETS, DOSE PACK 10 MG (4)-20 MG (4)-30 MG (47)	Tier 4	DS

Drug Name	Drug Tier	Necessary Actions, Restrictions, or Limits on Use
Antinflammatory, 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		
A-HYDROCORT INJECTION RECON SOLN 100 MG	Tier 1	
<i>betamethasone acet,sod phos injection suspension 6 mg/ml</i>	Tier 1	
<i>budesonide oral capsule,delayed,extended.release 3 mg</i>	Tier 1	

Drug Name	Drug Tier	Necessary Actions, Restrictions, or Limits on Use
<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 elixir 0.5 mg/5 ml</i>	Tier 1	
<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
<i>hydrocortisone sod succinate injection recon soln 100 mg</i>	Tier 1	
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	

Drug Name	Drug Tier	Necessary Actions, Restrictions, or Limits on Use
<i>methylprednisolone oral tablet 16 mg, 4 mg</i>	Tier 1	
<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	
<i>prednisolone oral solution 15 mg/5 ml</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	
SOLU-MEDROL (PF) INJECTION RECON SOLN 125 MG/2 ML, 40 MG/ML	Tier 2	

Drug Name	Drug Tier	Necessary Actions, Restrictions, or Limits on Use
SOLU-MEDROL (PF) INTRAVENOUS RECON SOLN 1,000 MG/8 ML	Tier 2	
<i>triamcinolone acetonide injection suspension 10 mg/ml, 40 mg/ml</i>	Tier 1	
Gold Salts		
<i>auranofin oral capsule 3 mg</i>	Tier 1	DS
RIDAURA ORAL CAPSULE 3 MG	Tier 4	DS
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
XELJANZ ORAL TABLET 5 MG	Tier 4	PA; DS

Drug Name	Drug Tier	Necessary Actions, Restrictions, or Limits on Use
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
Monoclonal Antibody-Human Interleukin 12/23 Inhib		
YESINTEK INTRAVENOUS SOLUTION 130 MG/26 ML	Tier 2	PA
YESINTEK SUBCUTANEOUS SOLUTION 45 MG/0.5 ML	Tier 2	PA; MO
YESINTEK SUBCUTANEOUS SYRINGE 45 MG/0.5 ML, 90 MG/ML	Tier 2	PA; 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

Drug Name	Drug Tier	Necessary Actions, Restrictions, or Limits on Use
<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	
<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	

Drug Name	Drug Tier	Necessary Actions, Restrictions, or Limits on Use
<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	
<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	

Drug Name	Drug Tier	Necessary Actions, Restrictions, or Limits on Use
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	
XYLOCAINE-MPF INJECTION SOLUTION 10 MG/ML (1 %)	Tier 2	
Lower Gastrointestinal Disorders - Bowel Inflammation		
Chronic Inflammation. Colon Dx, 5-Aminosalicylate, 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 Inflammation. Colon Dx, 5-Aminosalicylate		
<i>balsalazide oral capsule 750 mg</i>	Tier 1	MO
<i>mesalamine oral capsule, extended release 500 mg</i>	Tier 1	MO

Drug Name	Drug Tier	Necessary Actions, Restrictions, or Limits on Use
<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
<i>sulfasalazine oral tablet, delayed release (drlec) 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)		
<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 capsule 300 mg</i>	Tier 1	MO
<i>ursodiol oral tablet 250 mg, 500 mg</i>	Tier 1	MO
Laxatives And Cathartics		
CONSTULOSE ORAL SOLUTION 10 GRAM/15 ML	Tier 1	MO
GAVILYTE-C ORAL RECON SOLN 240-22.72-6.72 -5.84 GRAM	Tier 1	
GAVILYTE-G ORAL RECON SOLN 236-22.74-6.74 -5.86 GRAM	Tier 1	
<i>lactulose oral solution 10 gram/15 ml</i>	Tier 1	MO

Drug Name	Drug Tier	Necessary Actions, Restrictions, or Limits on Use
<i>lubiprostone oral capsule 24 mcg, 8 mcg</i>	Tier 1	MO
<i>peg 3350-electrolytes oral recon soln 236-22.74-6.74 -5.86 gram</i>	Tier 1	
Miscellaneous Agents		
Anaphylaxis Therapy Agents		
ADYPHREN AMP INJECTION KIT 1 MG/ML	Tier 2	
ADYPHREN INJECTION KIT 1 MG/ML	Tier 2	
AUVI-Q INJECTION AUTO-INJECTOR 0.1 MG/0.1 ML, 0.15 MG/0.15 ML, 0.3 MG/0.3 ML	Tier 2	DS; QL
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	
EPINEPHRINESNAP INJECTION KIT 1 MG/ML	Tier 2	

Drug Name	Drug Tier	Necessary Actions, Restrictions, or Limits on Use
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	
<i>hydroxyurea oral capsule 500 mg</i>	Tier 1	MO

Drug Name	Drug Tier	Necessary Actions, Restrictions, or Limits on Use
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>melphalan 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
ABIRTEGA ORAL TABLET 250 MG	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 2	
Antimetabolites		
<i>azacitidine injection recon soln 100 mg</i>	Tier 1	
<i>capecitabine oral tablet 150 mg</i>	Tier 1	
<i>capecitabine oral tablet 500 mg</i>	Tier 1	MO

Drug Name	Drug Tier	Necessary Actions, Restrictions, or Limits on Use
<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 suspension 20 mg/ml</i>	Tier 4	DS
<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
TABLOID ORAL TABLET 40 MG	Tier 4	MO
Antineoplast Egf Receptor Blocker Rcmb Mc Antibody		
ERBITUX INTRAVENOUS SOLUTION 100 MG/50 ML	Tier 2	

Drug Name	Drug Tier	Necessary Actions, Restrictions, or Limits on Use
KANJINTI INTRAVENOUS RECON SOLN 420 MG	Tier 4	MO
Antineoplast Hum Vegf Inhibitor Recomb Mc Antibody		
MVASI INTRAVENOUS SOLUTION 25 MG/ML	Tier 4	MO
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
Antineoplastic - Mtor Kinase Inhibitors		
<i>everolimus (antineoplastic) oral tablet 10 mg, 2.5 mg, 5 mg, 7.5 mg</i>	Tier 4	DS

Drug Name	Drug Tier	Necessary Actions, Restrictions, or Limits on Use
TORPENZ ORAL TABLET 10 MG, 2.5 MG, 5 MG, 7.5 MG	Tier 4	DS
Antineoplastic Immunomodulator Agents		
<i>lenalidomide oral capsule 10 mg, 15 mg, 2.5 mg, 20 mg, 25 mg, 5 mg</i>	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 1	PA; DS
<i>erlotinib oral tablet 100 mg, 150 mg, 25 mg</i>	Tier 4	DS
<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

Drug Name	Drug Tier	Necessary Actions, Restrictions, or Limits on Use
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
TAGRISSO 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
Antineoplastic, Anti-Programmed Death-1 (Pd-1) Mab		
KEYTRUDA INTRAVENOUS SOLUTION 25 MG/ML	Tier 4	DS

Drug Name	Drug Tier	Necessary Actions, Restrictions, or Limits on Use
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
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

Drug Name	Drug Tier	Necessary Actions, Restrictions, or Limits on Use
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
<i>mesna oral tablet 400 mg</i>	Tier 4	DS
MESNEX ORAL TABLET 400 MG	Tier 4	DS
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	
<i>vincristine intravenous solution 1 mg/ml</i>	Tier 1	
<i>vinorelbine intravenous solution 50 mg/5 ml</i>	Tier 1	

Drug Name	Drug Tier	Necessary Actions, Restrictions, or Limits on Use
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
BETASERON SUBCUTANEOUS KIT 0.3 MG	Tier 4	DS
<i>dimethyl fumarate oral capsule, delayed release(drlec) 120 mg, 240 mg</i>	Tier 1	MO
<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
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

Drug Name	Drug Tier	Necessary Actions, Restrictions, or Limits on Use
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
PERIOGARD MUCOUS MEMBRANE MOUTHWASH 0.12 %	Tier 1	
<i>triamcinolone acetonide dental paste 0.1 %</i>	Tier 1	MO

Drug Name	Drug Tier	Necessary Actions, Restrictions, or Limits on Use
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
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

Drug Name	Drug Tier	Necessary Actions, Restrictions, or Limits on Use
General Anesthetics, Inhalant		
<i>desflurane inhalation liquid 100 %</i>	Tier 1	
<i>isoflurane inhalation liquid 99.9 %</i>	Tier 1	
<i>sevoflurane inhalation liquid 99.97 %</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	
<i>methohexital injection recon soln 500 mg</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	
Metabolic Deficiency Agents		
<i>levocarnitine (with sugar) oral solution 100 mg/ml</i>	Tier 1	MO
<i>levocarnitine oral solution 100 mg/ml</i>	Tier 1	MO

Drug Name	Drug Tier	Necessary Actions, Restrictions, or Limits on Use
<i>levocarnitine oral tablet 330 mg</i>	Tier 1	MO
Metabolic Function Diagnostics		
METOPIRON 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
<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	

Drug Name	Drug Tier	Necessary Actions, Restrictions, or Limits on Use
Parenteral Amino Acid Solutions And Combinations		
CLINISOL SF 15 % INTRAVENOUS PARENTERAL SOLUTION 15 %	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
<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
Suspending Agents		
GELFILM IMPLANT FILM	Tier 2	
Water		
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
Cystic Fibrosis-Cftr Potentiator & Corrector Comb.		
ALYFTREK ORAL TABLET 10-50-125 MG, 4-20-50 MG	Tier 4	PA; DS
TRIKAFTA ORAL GRANULES IN PACKET, SEQUENTIAL 100-50-75MG (D) /75 MG (N), 80-40-60 MG (D) /59.5 MG (N)	Tier 4	PA; DS
TRIKAFTA ORAL TABLETS, SEQUENTIAL 100-50-75 MG(D) /150 MG (N), 50-25-37.5 MG (D)/75 MG (N)	Tier 4	PA; 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

Drug Name	Drug Tier	Necessary Actions, Restrictions, or Limits on Use
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
<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

Drug Name	Drug Tier	Necessary Actions, Restrictions, or Limits on Use
<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
<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

Drug Name	Drug Tier	Necessary Actions, Restrictions, or Limits on Use
<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	ST; MO
AJOVY SYRINGE SUBCUTANEOUS SYRINGE 225 MG/1.5 ML	Tier 2	ST; MO
<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; QL
<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

Drug Name	Drug Tier	Necessary Actions, Restrictions, or Limits on Use
<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
<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

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

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

Drug Name	Drug Tier	Necessary Actions, Restrictions, or Limits on Use
<i>clobazam oral tablet 10 mg, 20 mg</i>	Tier 1	MO
<i>clonazepam oral tablet 0.5 mg, 1 mg, 2 mg</i>	Tier 1	DS
<i>clonazepam oral tablet, disintegrating 0.125 mg, 0.25 mg, 0.5 mg, 1 mg, 2 mg</i>	Tier 1	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 2	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
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 (drlec) 125 mg, 250 mg, 500 mg</i>	Tier 1	MO
EPITOL ORAL TABLET 200 MG	Tier 1	MO
<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 1	MO
<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

Drug Name	Drug Tier	Necessary Actions, Restrictions, or Limits on Use
<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
<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

Drug Name	Drug Tier	Necessary Actions, Restrictions, or Limits on Use
<i>phenytoin oral tablet, chewable 50 mg</i>	Tier 1	MO
<i>phenytoin sodium extended oral capsule 100 mg</i>	Tier 1	MO
<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 solution 25 mg/ml</i>	Tier 1	MO; Age
<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
<i>zonisamide oral capsule 100 mg, 25 mg, 50 mg</i>	Tier 1	MO

Drug Name	Drug Tier	Necessary Actions, Restrictions, or Limits on Use
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, 20 MG, 5 MG	Tier 2	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		
CHANTIX CONTINUING MONTH BOX ORAL TABLET 1 MG	PREV	
<i>varenicline tartrate 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>chlorthalidone- 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
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	
<i>metoclopramide hcl oral tablet 10 mg, 5 mg</i>	Tier 1	

Drug Name	Drug Tier	Necessary Actions, Restrictions, or Limits on Use
<i>prucalopride oral tablet 1 mg, 2 mg</i>	Tier 3	MO
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
Kidney Stone Agents		
<i>tiopronin oral tablet 100 mg</i>	Tier 4	DS

Drug Name	Drug Tier	Necessary Actions, Restrictions, or Limits on Use
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
<i>trospium oral tablet 20 mg</i>	Tier 1	MO

Drug Name	Drug Tier	Necessary Actions, Restrictions, or Limits on Use
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
Magnesium Salts Replacement		
<i>magnesium sulfate injection solution 500 mg/ml (50 %)</i>	Tier 1	

Drug Name	Drug Tier	Necessary Actions, Restrictions, or Limits on Use
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	
Vitamin B12 Preparations		
<i>cyanocobalamin (vitamin b-12) injection solution 1,000 mcg/ml</i>	Tier 1	MO

Drug Name	Drug Tier	Necessary Actions, Restrictions, or Limits on Use
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	
Zinc Replacement		
<i>zinc sulfate intravenous solution 5 mg/ml</i>	Tier 1	

Drug Name	Drug Tier	Necessary Actions, Restrictions, or Limits on Use
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 capsule 15 mg</i>	Tier 2	RB
<i>phentermine oral tablet 37.5 mg</i>	Tier 1	RB
<i>phentermine-topiramate oral capsule, er multiphase 24 hr 11.25-69 mg, 15-92 mg, 3.75-23 mg, 7.5-46 mg</i>	Tier 1	PA; RB; MO
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
Anti-Obesity Glucagon-Like Peptide-1 Recep Agonist		
<i>liraglutide (weight loss) subcutaneous pen injector 3 mg/0.5 ml (18 mg/3 ml)</i>	Tier 1	PA; DS
SAXENDA SUBCUTANEOUS PEN INJECTOR 3 MG/0.5 ML (18 MG/3 ML)	Tier 2	PA; DS

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NONDISCRIMINATION NOTICE

Kaiser Foundation Health Plan of Colorado (Kaiser Health Plan) complies with applicable Federal civil rights laws and does not discriminate on the basis of race, color, national origin, age, disability, or sex. Kaiser Health Plan does not exclude people or treat them differently because of race, color, national origin, age, disability, or sex. We also:

- Provide no-cost aids and services to people with disabilities to communicate effectively with us, such as:
 - Qualified sign language interpreters
 - Written information in other formats, such as large print, audio, and accessible electronic formats
- Provide no-cost language services to people whose primary language is not English, such as:
 - Qualified interpreters
 - Information written in other languages

If you need these services, call **1-800-632-9700 (TTY 711)**.

If you believe that Kaiser Health Plan has failed to provide these services or discriminated in another way on the basis of race, color, national origin, age, disability, or sex, you can file a grievance by mail at: Customer Experience Department, Attn: Kaiser Permanente Civil Rights Coordinator, 10350 E. Dakota Ave, Denver, CO 80247, or by phone at Member Services **1-800-632-9700 (TTY 711)**.

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

HELP IN YOUR LANGUAGE

ATTENTION: If you speak English, language assistance services, free of charge, are available to you. Call **1-800-632-9700 (TTY 711)**.

አማርኛ (Amharic) ማስታወሻ: የሚናገሩት ቋንቋ አማርኛ ከሆነ የትርጉም እርዳታ ድርጅቶች፣ በነጻ ሊያግዝዎት ተዘጋጅተዋል፡ ወደ ሚከተለው ቁጥር ይደውሉ **1-800-632-9700 (TTY 711)**.

لغة عربية (Arabic) ملحوظة: إذا كنت تتحدث بلغة عربية فإن خدمات المساعدة لعدة اللغات متوفرة لك مجاناً. لتصل بـ رقم **1-800-632-9700 (TTY 711)**.

Bàsɔ̀ò Wùdù (Bassa) Dè dɛ nìà kɛ dyédé gbo: ɔ jũ ké n̄ Bàsɔ̀ò-wùdù-po-nyò jũ ní, níí, à wùdù kà kò dò po-poò béin n̄ gbo kpáa. Dá **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 تو میکی پی سی ایس ایٹل نیلے صورت واکٹا برای شہر امم میٹل دبا 1-800-632-9700 (TTY 711) تہا بگی ری۔

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, éí ná hóló, koji' 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)**.