



## **2022 Incentive Formulary Unlimited (List of Covered Drugs)**

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

This formulary was updated on 1/1/2022. For more recent information or other questions, please contact The Health Plan Pharmacy Services at 1.800.624.6961 extension 7914, or visit [www.healthplan.org](http://www.healthplan.org).

## **Pharmacy Benefit Programs**

Prescription drugs are an integral component of a comprehensive health maintenance plan. Pharmacy benefit programs at The Health Plan are developed through recommendations of participating physicians and pharmacists. This group of professional health care providers, known as the Pharmacy and Therapeutics Committee, evaluates therapeutic classes of drugs and recommends coverage guidelines for our pharmacy benefit programs. The committee uses current medical and pharmaceutical literature along with recommendations of experts in various clinical specialties in its evaluation of our pharmacy benefit programs. The result is a list of drugs (formulary) to allow for the availability of appropriate medications for our members' needs. Also, the formulary and coverage guidelines allow prescription costs and your premium to be maintained at affordable levels.

## **Definitions**

**Prescription** – Drugs which can only be dispensed upon order (prescription) by a qualified provider of care. Additionally, only drugs which are labeled “Caution: Federal law prohibits dispensing without prescription” will be considered eligible.

**Generic Drug** – A drug available as a chemically and therapeutically equivalent copy of a brand-name drug. It is usually available from several manufacturers.

**Brand Drug** – A prescription item only available from a single-source supplier.

**Multi-Source Brand Drugs** – Brand-name drugs which are manufactured by more than one producer. These agents are usually available as generic equivalents.

## **How to Use Your Prescription Benefit**

Please present The Health Plan ID card to the pharmacist with your prescription. You will be required to pay a copayment (“copay”) at the time of service based on the prescription plan in which you are enrolled. Your copayment levels are found under the pharmacy benefit section Pharmacy Benefit of your Summary of Benefits. Your ID card also contains important information to allow the pharmacy to correctly submit your claim. Please take it with you to the pharmacy.

## **Specialty Pharmacy Program**

Specialty drugs are high-cost medications including drugs manufactured by biotechnology. Specialty drugs may be administered by injection, oral, transdermal, or inhaled. Specialty drugs are used to treat very specific diseases and require extensive management for safety and effectiveness. Dosages need to be monitored for effect and adjustments might be needed for adequate response to effectively treat the disease.

Specialty drug require prior authorization to assure appropriate candidate for the drug. Additionally, oversight is an integral part of the prior authorization process. Dispensing might be limited to pharmacies with specific skills and distribution programs to assure proper delivery of these medications. Diseases targeted to receive therapy are, but not limited to, rheumatoid arthritis, severe chronic psoriasis, multiple sclerosis, hepatitis C, hemophilia, certain cancers, growth deficiency, cystic fibrosis, Crohn's disease and organ transplant.

Coverage for these agents are provided under your Specialty Pharmacy Benefit. The list of specialty drugs is available at [www.healthplan.org/personal/products-and-services](http://www.healthplan.org/personal/products-and-services).

## **Drugs Requiring Prior Authorization**

Certain medications are eligible for coverage only after a patient-specific approval has been authorized. Patient-specific criteria may include age, gender, and clinical conditions determined by the physician for authorization to be granted for a specific drug. A coverage determination request can be made by the member, member's representative or physician. To request a coverage determination please contact pharmacy services at 1.800.624.6961, ext. 7914. Standard requests for coverage determinations will be processed within 72 hours. Requests for non-urgent coverage determinations received after 5pm will be processed the next business day. Urgent requests for coverage determinations will be processed within 24 hours.

## **Quantity per Dispensing Event (QPC rules)**

Generally, The Health Plan allows dispensing of approved medications up to a 34-day supply per co-pay at the retail pharmacy network. Quantity per dispensing event rules (QPC) set thresholds that reduce exposure to unnecessary cost, without creating obstacles to access for most members. Drugs that are subject to QPC rules usually have specific limitations for use approved by the FDA. Examples include drugs to treat migraine headaches. These drugs, known as "triptans," are to be used in specific doses up to a defined number of headaches per month. The QPC rules allow this specific number of triptan medications to be dispensed per 34-day benefit period. To inquire about QPC limits to request an exemption, have your provider contact pharmacy services at 1.800.624.6961, ext. 7914.

## **Non-Formulary Coverage Review**

Certain non-formulary medications are eligible for coverage only after a patient-specific approval has been authorized. Patient-specific criteria may include age, gender, and clinical conditions determined by the physician for authorization to be granted for a specific drug. A non-formulary exception request can be made by the member, member's representative or physician. To request an exception please contact pharmacy services at 1.800.624.6961, ext. 7914. Standard requests for exceptions will be processed within 7 calendar days of receipt of the request. Requests for non-urgent coverage determinations received after 5pm will be processed the next business day. Urgent requests for coverage determinations will be processed within 24 hours or receipt.

## **Generic Difference Policy (copayment policy for multi-source drugs)**

If a prescription order specifies that a brand-name drug must be dispensed when the generic equivalent is available, or the prescription order allows for generic substitution and the member elects to have the prescription filled with a brand-name drug instead, the member must pay the brand copayment plus the difference between The Health Plan cost of a brand-name and its generic equivalent (i.e., The Health Plan only pays for the generic cost). Please note: Non-formulary brand versions of generic drugs require coverage review as outlined above.

## **Out-of-Area Emergencies**

In situations of emergency need for a prescription outside The Health Plan service area, please contact The Health Plan for the location of a participating pharmacy in that area. Present The Health Plan ID card with the emergency prescription and pay your copayment. If no pharmacy in the area participates with The Health Plan, purchase

the emergency prescription and send your receipt to The Health Plan. You will be reimbursed in full, less your applicable copayment, for the prescription provided the prescription meets the guidelines specified in this document.

## **Exclusions and Limitations**

The following will not be covered or paid for by The Health Plan:

- The charge for any prescription refill other than the number set by the prescriber. Additionally, no refills dispensed more than one year from the date of the original prescription.
- \*The charge for any agent used for cosmetic purposes or hair growth.
- \*Nutritional and/or dietary supplements, except as covered in the Evidence of Coverage or required under Preventive Care Services or other laws. Includes, but not limited to, nutritional formulas and dietary supplements that can be purchased over the counter, which by law do not require either a written prescription or dispensing by a licensed pharmacist.
- The charge for any medications not FDA-approved for use in the general population.
- Off label use of a drug which is not medically accepted. The Health Plan uses the same guidelines as CMS for determining whether a proposed use is medically accepted.
- The charge for a drug not prescribed by a Health Plan qualified provider except in an emergency situation.
- The charge for any medication covered by any Worker's Compensation or occupational disease laws, any other group policy, or government program which is not The Health Plan's program.
- \*Dental-related prescriptions such as, but not limited to, oral fluorides, dental mouth washes, devices used in dental therapy.

Certain oral fluoride products may be covered as a preventative medication.

- \*The charge for prescription drugs or devices used to promote weight loss.
- \*Prescriptions used to treat sexual dysfunction, either oral or topical, or devices used for impotence.
- Appliances and therapeutic devices which may require a prescription are not covered. Include, but are not limited to, garments, splints, bandages, braces or nebulizers regardless of intended use.
- \*Treatment of hyperhidrosis (excessive sweating).
- Prescriptions dispensed by any other delivery service other than Express Scripts.
- \*Certain legend drugs when any version or strength becomes available over the counter.
- \*Drugs in quantity which exceed the limits established by The Health Plan, or which exceed any age limits established.
- Charges for administration of any drug.
- Drugs consumed at the time and place where they were dispensed or where the prescription order was issued including but not limited to samples provided from the physician.
  - \*Drugs or devices not requiring a prescription by Federal Law, except for injectable insulin.
  - \*Charges for lost, stolen or damaged medication.
  - \*Oral immunizations and biologicals.
  - \*Drugs for the treatment of infertility.
  - \*Compounded drugs, unless there is at least one ingredient that requires a prescription.

\*Always check your Summary Plan Description for your exact plan details. Exclusions and limitations can vary by plan. If you have questions regarding pharmacy coverage, please call 740.695.7914.

## **Pain Management Program and Opiate/Opioid Management**

Pain Management Program will apply to plans within the value program.

The acute use of opioid medications for moderate to severe pain from acute injury, medical treatment or surgical procedure will be limited. The first fill of an opioid medication will be limited to a five (5) day supply. This limit is for the first fill of an opioid medication for a member who has no history of opioid usage in the past 130 days.

For those members needing further management of their pain, a prior authorization will be required if:

- The opioid exceeds 80 morphine milligram equivalents per day
- Is taken for greater than 90 consecutive days
- Is a long acting opioid
- Is being taken with a medication that could cause respiratory depression.

A pharmacist will review the case to evaluate that the opioid is being utilized safely and appropriately. Additionally, the member can be limited to one prescriber and one pharmacy, if needed.

Formulary medications will be preferred over non-formulary medications. Step therapy rules will be applied when reviewing a request for non-formulary medications. Also, dosing and quantities may be limited.

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## **List of Abbreviations**

**1: Preferred Generic**

**2: Preferred Brand**

**3: Non-preferred Drug**

**4: Specialty Preferred Generic**

**5: Specialty Preferred Brand**

**6: Specialty Non-preferred Drug**

**ACA:** Affordable Care Act.

**LA:** Limited Availability. This prescription may be available only at certain pharmacies. For more information, please call Customer Service.

**OTC:** Over the Counter. An OTC drug is a non-prescription drug.

**DME:** Durable Medical Equipment. Will pull the DME benefit.

**PA:** Prior Authorization. The Plan requires you or your physician to get prior authorization for certain drugs. This means that you will need to get approval before you fill your prescriptions. If you don't get approval, we may not cover the drug.

**QL:** Quantity Limit. For certain drugs, the Plan limits the amount of the drug that we will cover.

**SP:** Specialty Drug

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

\*Note: Some plans may have one specialty drug copay structure for specialty preferred generic, preferred brands and non-preferred brands. Please refer to your plan document.

<b>Drug Name</b>	<b>Drug Tier</b>	<b>Requirements / Limits</b>
<b>ANTI - INFECTIVES</b>		
<b>ANTIFUNGAL AGENTS</b>		
ANCOBON	3	
<i>clotrimazole</i>	1	
CRESEMBOLA	2	PA
DIFLUCAN	3	
<i>fluconazole</i>	1	
<i>flucytosine</i>	1	
<i>griseofulvin microsize</i>	1	
<i>griseofulvin ultramicrosize</i>	1	
<i>itraconazole</i>	1	
<i>ketoconazole</i>	1	
NOXAFIL	2	PA; QL
<i>nystatin</i>	1	
ORAVIG	3	
<i>posaconazole</i>	1	PA
SPORANOX	3	
SPORANOX PULSEPAK	3	
<i>terbinafine hcl</i>	1	
VFEND	3	PA
<i>voriconazole</i>	1	PA
<b>ANTIVIRALS</b>		
<i>abacavir</i>	1	
<i>abacavir-lamivudine</i>	1	
<i>abacavir-lamivudine-zidovudine</i>	1	
<i>acyclovir</i>	1	
<i>adefovir</i>	1	
<i>amantadine hcl</i>	1	

<b>Drug Name</b>	<b>Drug Tier</b>	<b>Requirements / Limits</b>
APTIVUS	2	
<i>atazanavir</i>	1	
BARACLUDE	2	
BIKTARVY	2	
CIMDUO	2	
COMBIVIR	3	
DESCOVY	2	
<i>didanosine</i>	1	
DOVATO	2	
EDURANT	2	
<i>efavirenz</i>	1	
<i>efavirenz-emtricitabin-tenofovir</i>	1	
<i>efavirenz-lamivudine-tenofovir disop</i>	1	
<i>emtricitabine</i>	1	
<i>emtricitabine-tenofovir (tdf) oral tablet 100-150 mg, 133-200 mg, 167-250 mg</i>	1	
<i>emtricitabine-tenofovir (tdf) oral tablet 200-300 mg</i>	1	ACA
EMTRIVA ORAL CAPSULE	3	
EMTRIVA ORAL SOLUTION	2	
<i>entecavir</i>	1	
EPCLUSA	5	PA; QL
EPIVIR	3	
EPIVIR HBV ORAL SOLUTION	2	
EPIVIR HBV ORAL TABLET	3	
EPZICOM	3	

<b>Drug Name</b>	<b>Drug Tier</b>	<b>Requirements / Limits</b>
<i>etravirine</i>	1	
EVOTAZ	3	
<i>famciclovir</i>	1	
FLUMADINE	3	
<i>fosamprenavir</i>	1	
FUZEON	2	PA
GENVOYA	2	
HARVONI	5	PA; QL
HEPSERA	3	
INTELENCE ORAL TABLET 100 MG, 200 MG	3	
INTELENCE ORAL TABLET 25 MG	2	
INVIRASE	2	
ISENTRESS	2	
ISENTRESS HD	2	
JULUCA	2	
KALETRA	3	
<i>lamivudine</i>	1	
<i>lamivudine-zidovudine</i>	1	
LEXIVA ORAL SUSPENSION	2	
LEXIVA ORAL TABLET	3	
<i>lopinavir-ritonavir</i>	1	
<i>nevirapine</i>	1	
NORVIR ORAL POWDER IN PACKET	2	
NORVIR ORAL SOLUTION	2	
NORVIR ORAL TABLET	3	
ODEFSEY	2	

<b>Drug Name</b>	<b>Drug Tier</b>	<b>Requirements / Limits</b>
<i>oseltamivir</i>	1	QL
PREVYMIS	2	QL
PREZISTA	2	
RELENZA DISKHALER	3	QL
RETROVIR	3	
REYATAZ ORAL CAPSULE	3	
REYATAZ ORAL POWDER IN PACKET	2	
<i>ribavirin</i>	1	PA
<i>rimantadine</i>	1	
<i>ritonavir</i>	1	
SELZENTRY	2	
<i>stavudine</i>	1	
SUSTIVA	3	
SYMFI	2	
SYMFI LO	2	
SYMTUZA	2	
SYNAGIS	5	PA; LA
TAMIFLU	3	QL
TEMIXYS	2	
<i>tenofovir disoproxil fumarate</i>	1	
TIVICAY	2	
TIVICAY PD	2	
TRIUMEQ	2	
TRIZIVIR	3	
TROGARZO	5	PA
TYBOST	3	
<i>valacyclovir</i>	1	
VALCYTE	3	
<i>valganciclovir</i>	1	

Drug Name	Drug Tier	Requirements / Limits
VEMLIDY	2	
VIEKIRA PAK	6	PA; QL
VIRACEPT	2	
VIRAMUNE XR	3	
VIRAZOLE	3	PA
VIREAD ORAL POWDER	2	
VIREAD ORAL TABLET 150 MG, 200 MG, 250 MG	2	
VIREAD ORAL TABLET 300 MG	3	
VOSEVI	5	PA; QL
XOFLUZA ORAL TABLET 20 MG, 40 MG	3	QL
XOFLUZA ORAL TABLET 80 MG	3	
ZEPATIER	5	PA; QL
ZIAGEN	3	
<i>zidovudine</i>	1	
ZOVIRAX	3	
<b>CEPHALOSPORINS</b>		
<i>cefaclor</i>	1	
<i>cefadroxil</i>	1	
<i>cefdinir</i>	1	
<i>cefditoren pivoxil</i>	1	
<i>cefixime</i>	1	
<i>cefpodoxime</i>	1	
<i>cefprozil</i>	1	
<i>cefuroxime axetil</i>	1	
<i>cephalexin</i>	1	
KEFLEX	3	
SPECTRACEF	3	
SUPRAX	3	

Drug Name	Drug Tier	Requirements / Limits
<b>ERYTHROMYCINS &amp; OTHER MACROLIDES</b>		
<i>azithromycin</i>	1	
<i>clarithromycin</i>	1	
DIFICID	3	QL
<i>e.e.s. 400</i>	1	
E.E.S. GRANULES	3	
ERYPED 200	3	
ERYPED 400	3	
<i>ery-tab oral tablet,delayed release (dr/ec) 250 mg, 333 mg</i>	1	
ERY-TAB ORAL TABLET,DELAYED RELEASE (DR/EC) 500 MG	3	
<i>erythrocin (as stearate)</i>	1	
<i>erythromycin</i>	1	
<i>erythromycin ethylsuccinate</i>	1	
ZITHROMAX	3	
ZITHROMAX TRI-PAK	3	
ZITHROMAX Z-PAK	3	
<b>MISCELLANEOUS ANTIINFECTIVES</b>		
AEMCOLO	3	QL
<i>albendazole</i>	1	QL
ALBENZA	3	QL
ALINIA	2	QL
ARAKODA	3	QL
ARIKAYCE	5	PA; LA
<i>atovaquone</i>	1	

<b>Drug Name</b>	<b>Drug Tier</b>	<b>Requirements / Limits</b>
<i>atovaquone-proguanil</i>	1	QL
BENZNIDAZOLE	2	QL
BETHKIS	6	PA
BILTRICIDE	3	
CAYSTON	5	PA; LA
<i>chloroquine phosphate</i>	1	
CLEOCIN HCL	3	
CLEOCIN PEDIATRIC	3	
<i>clindamycin hcl</i>	1	
<i>clindamycin pediatric</i>	1	
COARTEM	2	QL
CYCLOSERINE	3	
<i>dapsone</i>	1	
DARAPRIM	6	PA
EMVERM	2	QL
<i>ethambutol</i>	1	
FLAGYL	3	
HUMATIN	6	
<i>hydroxychloroquine</i>	1	
IMPAVIDO	2	QL
<i>isoniazid</i>	1	
<i>ivermectin</i>	1	PA; QL
KITABIS PAK	5	PA
KRINTAFEL	3	QL
<i>linezolid</i>	1	QL
MALARONE	3	QL
MALARONE PEDIATRIC	3	QL
<i>mefloquine</i>	1	QL
MEPRON	3	

<b>Drug Name</b>	<b>Drug Tier</b>	<b>Requirements / Limits</b>
<i>metronidazole</i>	1	
MYAMBUTOL	3	
MYCOPUTIN	3	
NEBUPENT	3	QL
<i>neomycin</i>	1	
<i>nitazoxanide</i>	1	QL
<i>paromomycin</i>	1	
PASER	3	
<i>pentamidine</i>	1	QL
<i>praziquantel</i>	1	
PRETOMANID	3	PA
PRIFTIN	2	
<i>primaquine</i>	1	QL
<i>pyrazinamide</i>	1	
<i>pyrimethamine</i>	4	PA
QUALAQUIN	3	QL
<i>quinine sulfate</i>	1	QL
<i>rifabutin</i>	1	
<i>rifampin</i>	1	
SIRTURO	2	PA; LA
SIVEXTRO	3	
SOLOSEC	2	
STROMECTOL	3	PA; QL
<i>tinidazole</i>	1	QL
TOBI PODHALER	5	PA
<i>tobramycin</i>	4	PA
<i>tobramycin in 0.225 % nacl</i>	4	PA
TOBRAMYCIN WITH NEBULIZER	6	PA
TRECATOR	3	
XENLETA	3	
XIFAXAN	2	QL

<b>Drug Name</b>	<b>Drug Tier</b>	<b>Requirements / Limits</b>
ZYVOX	3	QL
<b>PENICILLINS</b>		
<i>amoxicillin</i>	1	
<i>amoxicillin-pot clavulanate</i>	1	
<i>ampicillin</i>	1	
AUGMENTIN ORAL SUSPENSION FOR RECONSTITUTION N 125-31.25 MG/5 ML	2	
AUGMENTIN ORAL SUSPENSION FOR RECONSTITUTION N 250-62.5 MG/5 ML	3	
AUGMENTIN XR	3	
<i>dicloxacillin</i>	1	
MOXATAG	3	
<i>penicillin v potassium</i>	1	
<b>QUINOLONES</b>		
BAXDELA	2	
CIPRO	3	
<i>ciprofloxacin</i>	1	
<i>ciprofloxacin hcl</i>	1	
FACTIVE	3	
<i>levofloxacin</i>	1	
<i>moxifloxacin</i>	1	
<i>ofloxacin</i>	1	
<b>SULFA'S &amp; RELATED AGENTS</b>		
BACTRIM	3	
BACTRIM DS	3	
<i>sulfadiazine</i>	1	

<b>Drug Name</b>	<b>Drug Tier</b>	<b>Requirements / Limits</b>
<i>sulfamethoxazole-trimethoprim</i>	1	
<i>sulfatrim</i>	1	
<b>TETRACYCLINES</b>		
ACTICLEATE	3	ST
<i>avidoxy</i>	1	
AVIDOXY DK	3	ST
<i>demeclacycline</i>	1	
<i>doxycycline hyclate oral capsule</i>	1	
<i>doxycycline hyclate oral tablet 100 mg</i>	1	
<i>doxycycline hyclate oral tablet 150 mg, 50 mg, 75 mg</i>	1	ST
<i>doxycycline hyclate oral tablet, delayed release (dr/ec)</i>	1	ST
<i>doxycycline monohydrate oral capsule 100 mg, 50 mg, 75 mg</i>	1	
<i>doxycycline monohydrate oral capsule 150 mg</i>	1	ST
<i>doxycycline monohydrate oral suspension for reconstitution</i>	1	
<i>doxycycline monohydrate oral tablet</i>	1	
<i>minocycline</i>	1	
<i>monodoxine nl</i>	1	
MONODOX	3	ST
<i>morgidox</i>	1	
MORGIDOX 1X 50	3	ST
MORGIDOX 2X100	3	ST

Drug Name	Drug Tier	Requirements / Limits
NUZYRA	3	QL
ORACEA	3	ST
TARGADOX	3	ST
<i>tetracycline</i>	1	
VIBRAMYCIN	3	ST
<b>URINARY TRACT AGENTS</b>		
<i>fosfomycin</i>	1	
<i>tromethamine</i>		
FURADANTIN	3	
HIPREX	3	
MACROBID	3	
MACRODANTIN	3	
<i>methenamine</i>	1	
<i>hippurate</i>		
<i>methenamine</i>	1	
<i>mandelate</i>		
MONUROL	3	
<i>nitrofurantoin</i>	1	
<i>nitrofurantoin</i>	1	
<i>macrocrystal</i>		
<i>nitrofurantoin</i>	1	
<i>monohyd/m-cryst</i>		
PRIMSOL	3	
<i>trimethoprim</i>	1	
<b>VANCOMYCIN</b>		
<i>vancomycin</i>	1	QL
<b>ANTINEOPLASTIC &amp; IMMUNOSUPPRESSANT DRUGS</b>		
<b>ADJUNCTIVE AGENTS</b>		
KEPIVANCE	5	PA
<i>leucovorin calcium</i>	1	
MESNEX	2	
VISTOGARD	5	PA

Drug Name	Drug Tier	Requirements / Limits
XGEVA	5	PA
<b>ANTINEOPLASTIC &amp; IMMUNOSUPPRESSANT DRUGS</b>		
ABECMA	6	PA
<i>abiraterone</i>	4	PA
ABRAXANE	5	PA
ADAKVEO	5	PA
ADCETRIS	5	PA
AFINITOR	5	PA
DISPERZ		
AFINITOR ORAL TABLET 10 MG	5	PA
AFINITOR ORAL TABLET 2.5 MG, 5 MG, 7.5 MG	6	PA
ALECENSA	5	PA; QL
ALIQOPA	5	PA; LA
ALKERAN	3	
ALUNBRIG ORAL TABLET 180 MG, 90 MG	5	PA
ALUNBRIG ORAL TABLET 30 MG	5	PA; QL
ALUNBRIG ORAL TABLETS,DOSE PACK	5	PA
<i>anastrozole</i>	1	
AROMASIN	3	
ARRANON	5	PA
ARZERRA	6	PA
ASPARLAS	6	PA
ASTAGRAF XL	3	PA
AYVAKIT	6	PA; LA
<i>azacitidine</i>	4	PA
AZASAN	3	
<i>azathioprine</i>	1	

<b>Drug Name</b>	<b>Drug Tier</b>	<b>Requirements / Limits</b>
BALVERSA	5	PA; LA
BAVENCIO	5	PA; LA
BELEODAQ	6	PA
BELRAPZO	6	PA
BENDEKA	5	PA
BESPONSA	5	PA
BEVACIZUMAB	3	PA
<i>bexarotene</i>	4	PA
<i>bicalutamide</i>	1	
BLINCYTO	5	PA
BORTEZOMIB	6	PA
BOSULIF ORAL TABLET 100 MG	5	PA; QL
BOSULIF ORAL TABLET 400 MG, 500 MG	5	PA
BRAFTOVI	6	PA; LA
BREYANZI	6	PA
BRUKINSA	6	PA; LA
CABOMETYX ORAL TABLET 20 MG	5	PA; LA; QL
CABOMETYX ORAL TABLET 40 MG, 60 MG	5	PA; LA
CALQUENCE	5	PA; LA; QL
<i>capecitabine</i>	4	PA
CAPRELSA	5	PA; LA
CASODEX	3	
CELLCEPT	3	
COMETRIQ	5	PA
COPIKTRA	6	PA; LA
COSELA	6	PA
COTELLIC	5	PA; LA; QL

<b>Drug Name</b>	<b>Drug Tier</b>	<b>Requirements / Limits</b>
<i>cyclophosphamide oral capsule</i>	1	
CYCLOPHOSPHA MIDE ORAL TABLET	3	
<i>cyclosporine</i>	1	
<i>cyclosporine modified</i>	1	
CYRAMZA	5	PA
DACOGEN	6	PA
DANYELZA	6	PA
DARZALEX	5	PA; LA
DARZALEX FASPRO	6	PA
DAURISMO	6	PA
<i>decitabine</i>	4	PA
DROXIA	2	
ELIGARD	5	PA
ELIGARD (3 MONTH)	5	PA
ELIGARD (4 MONTH)	5	PA
ELIGARD (6 MONTH)	5	PA
ELZONRIS	5	PA
EMCYT	2	
EMPLICITI	6	PA
ENHERTU	6	PA
ENSPRYNG	5	PA
ERBITUX	5	PA
ERIVEDGE	5	PA; QL
ERLEADA	5	PA
<i>erlotinib</i>	4	PA
ERWINASE	6	PA
<i>etoposide</i>	1	

<b>Drug Name</b>	<b>Drug Tier</b>	<b>Requirements / Limits</b>
<i>everolimus</i> (antineoplastic)	4	PA
<i>everolimus</i> (immunosuppressive )	1	
EVOMELA	6	PA
<i>exemestane</i>	1	
FARESTON	3	
FARYDAK ORAL CAPSULE 10 MG	6	PA; QL
FARYDAK ORAL CAPSULE 15 MG, 20 MG	6	PA
FEMARA	3	
FIRMAGON KIT W DILUENT SYRINGE	5	PA
<i>fludarabine</i>	1	
<i>flutamide</i>	1	
FOLOTYN	5	PA
GAMIFANT	5	PA
GAVRETO	5	PA; LA
GAZYVA	5	PA
<i>gengraf</i>	1	
GILOTTRIF ORAL TABLET 20 MG, 30 MG	5	PA
GILOTTRIF ORAL TABLET 40 MG	5	PA; QL
GLEOSTINE	2	
GLIADEL WAFER	3	
HALAVEN	5	PA
HYCAMTIN INTRAVENOUS	6	PA
HYCAMTIN ORAL	5	PA
HYDREA	3	

<b>Drug Name</b>	<b>Drug Tier</b>	<b>Requirements / Limits</b>
<i>hydroxyurea</i>	1	
IBRANCE ORAL CAPSULE 100 MG, 75 MG	5	PA
IBRANCE ORAL CAPSULE 125 MG	5	PA; QL
IBRANCE ORAL TABLET 100 MG, 75 MG	5	PA
IBRANCE ORAL TABLET 125 MG	5	PA; QL
ICLUSIG ORAL TABLET 10 MG, 15 MG, 30 MG	5	PA
ICLUSIG ORAL TABLET 45 MG	5	PA; QL
IDHIFA ORAL TABLET 100 MG	5	PA; LA
IDHIFA ORAL TABLET 50 MG	5	PA; LA; QL
<i>imatinib</i>	4	PA
IMBRUVICA	5	PA
IMFINZI	5	PA; LA
IMLYGIC	6	PA
IMURAN	3	
INLYTA ORAL TABLET 1 MG	5	PA
INLYTA ORAL TABLET 5 MG	5	PA; QL
IRESSA	5	PA; QL
ISTODAX	5	PA
IXEMPRA	5	PA
JAKAFI ORAL TABLET 10 MG, 20 MG, 25 MG, 5 MG	5	PA
JAKAFI ORAL TABLET 15 MG	5	PA; QL
JELMYTO	6	PA

<b>Drug Name</b>	<b>Drug Tier</b>	<b>Requirements / Limits</b>
JEMPERLI	6	PA
JEVTANA	5	PA
KADCYLA	5	PA
KANJINTI	5	PA
KEYTRUDA	5	PA
KOSELUGO	6	PA
KYMRIAH	5	PA
KYPROLIS	5	PA
<i>lapatinib</i>	4	PA; QL
LENVIMA	5	PA
<i>letrozole</i>	1	
LEUKERAN	2	
<i>leuprolide</i>	4	PA
LIBTAYO	5	PA
LONSURF	5	PA
LORBRENA	5	PA
LUMAKRAS	6	PA
LUMOXITI	6	PA
LUPRON DEPOT (3 MONTH) INTRAMUSCULAR SYRINGE KIT 11.25 MG	5	PA
LUPRON DEPOT (3 MONTH) INTRAMUSCULAR SYRINGE KIT 22.5 MG	6	PA
LUPRON DEPOT (4 MONTH)	6	PA
LUPRON DEPOT (6 MONTH)	6	PA
LUPRON DEPOT INTRAMUSCULAR SYRINGE KIT 3.75 MG	5	PA

<b>Drug Name</b>	<b>Drug Tier</b>	<b>Requirements / Limits</b>
LUPRON DEPOT INTRAMUSCULAR SYRINGE KIT 7.5 MG	6	PA
LUPRON DEPOT-PED	5	PA
LUPRON DEPOT-PED (3 MONTH)	5	PA
LYNPARZA	5	PA
LYSODREN	5	
MARGENZA	6	PA
MARQIBO	5	PA
MATULANE	5	PA
<i>megestrol</i>	1	
MEKINIST ORAL TABLET 0.5 MG	5	PA; QL
MEKINIST ORAL TABLET 2 MG	5	PA
MEKTOVI	6	PA; LA
<i>melphalan</i>	1	
<i>mercaptopurine</i>	1	
<i>methotrexate sodium</i>	1	
<i>methotrexate sodium (pf)</i>	1	
<i>mitoxantrone</i>	4	PA
MONJUVI	6	PA
MVASI	6	PA
<i>mycophenolate mofetil</i>	1	
<i>mycophenolate sodium</i>	1	
MYFORTIC	3	
MYLERAN	2	
MYLOTARG	5	PA; LA
NEORAL	3	
NERLYNX	5	PA; LA

<b>Drug Name</b>	<b>Drug Tier</b>	<b>Requirements / Limits</b>
NEXAVAR	5	PA; LA; QL
NILANDRON	3	PA
<i>nilutamide</i>	1	PA
NINLARO	5	PA
NUBEQA	5	PA; LA
<i>octreotide acetate</i>	4	PA
ODOMZO	5	PA; LA; QL
ONIVYDE	5	PA
OPDIVO	5	PA
ORGOVYX	6	PA; LA
PADCEV	6	PA
PEMAZYRE	5	PA; LA
PEPAXTO	6	PA
PERJETA	5	PA
POLIVY	6	PA
PORTRAZZA	6	PA
POTELIGEO	5	PA
PROGRAF ORAL CAPSULE	3	
PROGRAF ORAL GRANULES IN PACKET	2	
PURIXAN	5	PA
RAPAMUNE	3	
RETEVMO	6	PA; LA
ROMIDEPSIN	6	PA
ROZLYTREK	5	PA; LA
RUBRACA ORAL TABLET 200 MG, 300 MG	5	PA; LA
RUBRACA ORAL TABLET 250 MG	5	PA; LA; QL
RUXIENCE	5	PA
RYBREVANT	6	PA
RYDAPT	5	PA

<b>Drug Name</b>	<b>Drug Tier</b>	<b>Requirements / Limits</b>
SANDIMMUNE ORAL CAPSULE	3	
SANDIMMUNE ORAL SOLUTION	2	
SANDOSTATIN	6	PA
SARCLISA	6	PA
SIGNIFOR	5	PA
<i>sirolimus</i>	1	
SOLTAMOX	3	
SOMATULINE DEPOT	5	PA
SPRYCEL ORAL TABLET 100 MG, 20 MG, 50 MG, 70 MG, 80 MG	5	PA
SPRYCEL ORAL TABLET 140 MG	5	PA; QL
STIVARGA	5	PA; QL
<i>sunitinib</i>	1	PA
SUPPRELIN LA	6	PA
SUTENT	5	PA
SYLVANT	5	PA
SYNRIBO	5	PA
TABLOID	3	
TABRECTA	5	PA
<i>tacrolimus</i>	1	
TAFINLAR ORAL CAPSULE 50 MG	5	PA
TAFINLAR ORAL CAPSULE 75 MG	5	PA; QL
TAGRISSO ORAL TABLET 40 MG	5	PA; LA
TAGRISSO ORAL TABLET 80 MG	5	PA; LA; QL
TALZENNA	5	PA
<i>tamoxifen</i>	1	

<b>Drug Name</b>	<b>Drug Tier</b>	<b>Requirements / Limits</b>
TARCEVA	6	PA
TARGRETIN	5	PA
TASIGNA ORAL CAPSULE 150 MG, 50 MG	5	PA
TASIGNA ORAL CAPSULE 200 MG	5	PA; QL
TAZVERIK	6	PA; LA
TECARTUS	6	PA
TECENTRIQ	5	PA; LA
TEMODAR INTRAVENOUS	5	PA
TEMODAR ORAL	6	PA
<i>temozolomide</i>	4	PA
<i>temsirolimus</i>	4	PA
THALOMID	5	PA
TIBSOVO	5	PA
<i>topotecan</i>	4	PA
<i>toremifene</i>	1	
TORISEL	6	PA
TRAZIMERA	5	PA
TREANDA	5	PA
<i>tretinoin (antineoplastic)</i>	1	
TREXALL	3	
TRIPTODUR	5	PA
TRODELVY	6	PA
TUKYSA	6	PA; LA
TURALIO	6	PA; LA
TYKERB	6	PA; LA; QL
UKONIQ	6	PA; LA
UNITUXIN	5	PA
VANTAS	5	PA
VECTIBIX	5	PA

<b>Drug Name</b>	<b>Drug Tier</b>	<b>Requirements / Limits</b>
VELCADE	5	PA
VENCLEXTA	5	PA; LA
VENCLEXTA STARTING PACK	5	PA; QL
VERZENIO ORAL TABLET 100 MG	5	PA; LA; QL
VERZENIO ORAL TABLET 150 MG, 200 MG, 50 MG	5	PA; LA
VIDAZA	6	PA
VITRAKVI	5	PA; LA
VIZIMPRO	5	PA
VOTRIENT	5	PA; QL
VYXEOS	5	PA
XALKORI ORAL CAPSULE 200 MG	5	PA; QL
XALKORI ORAL CAPSULE 250 MG	5	PA
XELODA	6	PA
XERMELO	5	PA; LA
XOSPATA	5	PA; LA
XTANDI ORAL CAPSULE	5	PA; QL
XTANDI ORAL TABLET 40 MG	5	PA; QL
XTANDI ORAL TABLET 80 MG	5	PA
YEROVY	5	PA
YESCARTA	5	PA
YONDELIS	5	PA
YONSA	5	PA
ZALTRAP	5	PA
ZEJULA	5	PA; LA; QL
ZELBORAF	5	PA
ZEPZELCA	6	PA

<b>Drug Name</b>	<b>Drug Tier</b>	<b>Requirements / Limits</b>
ZIRABEV	5	PA
ZOLADEX	5	PA
ZOLINZA	5	PA
ZORTRESS ORAL TABLET 0.25 MG, 0.5 MG, 0.75 MG	3	
ZORTRESS ORAL TABLET 1 MG	2	
ZYDELIG ORAL TABLET 100 MG	5	PA
ZYDELIG ORAL TABLET 150 MG	5	PA; QL
ZYKADIA	5	PA; QL
ZYNLONTA	6	PA

## AUTONOMIC & CNS DRUGS, NEUROLOGY & PSYCH

### ANTICONVULSANTS

BANZEL	3	
BRIVIACT	3	
<i>carbamazepine</i>	1	
CARBATROL	3	
CELONTIN	2	
<i>clobazam</i>	1	
<i>clonazepam</i>	1	
DEPAKOTE	3	
DEPAKOTE ER	3	
DEPAKOTE SPRINKLES	3	
DIACOMIT	5	PA
DIASTAT	3	
DIASTAT ACUDIAL	3	
<i>diazepam</i>	1	
DILANTIN	2	

<b>Drug Name</b>	<b>Drug Tier</b>	<b>Requirements / Limits</b>
DILANTIN EXTENDED	3	
DILANTIN INFATABS	3	
DILANTIN-125	3	
<i>divalproex</i>	1	
ELEPSIA XR	3	
EPIDIOLEX	5	PA; LA
<i>epitol</i>	1	
EQUETRO	3	
<i>ethosuximide</i>	1	
<i>felbamate</i>	1	
FELBATOL	3	
FYCOMPA	2	
<i>gabapentin</i>	1	
GABITRIL	3	
GRALISE	3	
KLONOPIN	3	
LAMICTAL XR STARTER (BLUE)	3	
LAMICTAL XR STARTER (GREEN)	3	
LAMICTAL XR STARTER (ORANGE)	3	
<i>lamotrigine</i>	1	
<i>levetiracetam</i>	1	
MYSOLINE	3	
NAYZILAM	2	
ONFI	3	
<i>oxcarbazepine</i>	1	
OXTELLAR XR	3	
<i>phenobarbital</i>	1	
PHENYTEK	3	

<b>Drug Name</b>	<b>Drug Tier</b>	<b>Requirements / Limits</b>
<i>phenytoin</i>	1	
<i>phenytoin sodium extended</i>	1	
<i>pregabalin</i>	1	
<i>primidone</i>	1	
<i>QUDEXY XR</i>	2	
<i>roweepra</i>	1	
<i>rufinamide</i>	1	
<i>SABRIL</i>	6	PA; LA
<i>SPRITAM</i>	3	
<i>subvenite</i>	1	
<i>subvenite starter (blue) kit</i>	1	
<i>subvenite starter (green) kit</i>	1	
<i>subvenite starter (orange) kit</i>	1	
<i>SYMPAZAN</i>	3	
<i>TEGRETOL</i>	3	
<i>TEGRETOL XR</i>	3	
<i>tiagabine</i>	1	
<i>topiramate</i>	1	
<i>TROKENDI XR</i>	3	
<i>valproic acid</i>	1	
<i>valproic acid (as sodium salt)</i>	1	
<i>VALTOCO</i>	3	
<i>vigabatrin</i>	4	PA; LA
<i>vigadronе</i>	4	PA
<i>VIMPAT</i>	2	
<i>XCOPRI</i>	3	
<i>XCOPRI MAINTENANCE PACK</i>	3	

<b>Drug Name</b>	<b>Drug Tier</b>	<b>Requirements / Limits</b>
<i>XCOPRI TITRATION PACK</i>	3	
<i>ZARONTIN</i>	3	
<i>zonisamide</i>	1	
<b>ANTIPARKINSONISM AGENTS</b>		
<i>AZILECT</i>	3	
<i>benztropine</i>	1	
<i>bromocriptine</i>	1	
<i>carbidopa</i>	1	
<i>carbidopa-levodopa</i>	1	
<i>carbidopa-levodopa-entacapone</i>	1	
<i>COMTAN</i>	3	
<i>DUOPA</i>	6	PA
<i>entacapone</i>	1	
<i>INBRIJA</i>	5	PA
<i>KYNMOBI</i>	2	PA
<i>LODOSYN</i>	3	
<i>MIRAPEX ER</i>	3	
<i>NEUPRO</i>	3	
<i>NOURIANZ</i>	6	LA
<i>OSMOLEX ER</i>	6	PA
<i>PARLODEL</i>	3	
<i>pramipexole</i>	1	
<i>rasagiline</i>	1	
<i>ropinirole</i>	1	
<i>RYTARY</i>	3	
<i>selegiline hcl</i>	1	
<i>SINEMET</i>	3	
<i>STALEVO 100</i>	3	
<i>STALEVO 125</i>	3	
<i>STALEVO 150</i>	3	
<i>STALEVO 200</i>	3	

Drug Name	Drug Tier	Requirements / Limits
STALEVO 50	3	
STALEVO 75	3	
TASMAR	3	
<i>tolcapone</i>	1	
<i>trihexyphenidyl</i>	1	
<b>MIGRAINE &amp; CLUSTER HEADACHE THERAPY</b>		
AIMOVIG AUTOINJECTOR	2	PA; QL
AJOVY AUTOINJECTOR	2	PA; QL
AJOVY SYRINGE	2	PA; QL
<i>almotriptan malate</i>	1	QL
AMERGE	3	QL
CAFERGOT	3	
D.H.E.45	3	PA
<i>dihydroergotamine injection</i>	1	PA
<i>dihydroergotamine nasal</i>	1	QL
<i>eletriptan</i>	1	QL
EMGALITY PEN	2	PA; QL
EMGALITY SYRINGE	2	PA; QL
ERGOMAR	3	
<i>ergotamine-caffeine</i>	1	
FROVA	3	QL
<i>frovatriptan</i>	1	QL
<i>migergot</i>	1	
MIGRANAL	3	QL
<i>naratriptan</i>	1	QL
NURTEC ODT	3	PA; QL
REYVOW	3	PA; QL
<i>rizatriptan</i>	1	QL

Drug Name	Drug Tier	Requirements / Limits
<i>sumatriptan</i>	1	QL
<i>sumatriptan succinate oral</i>	1	QL
<i>sumatriptan succinate subcutaneous</i>	1	PA; QL
<i>sumatriptan-naproxen</i>	1	QL
TOSYMRA	3	QL
UBRELVY	3	PA; QL
ZEMBRACE SYMTOUCH	3	PA; QL
<i>zolmitriptan</i>	1	QL
ZOMIG	2	QL
<b>MISCELLANEOUS NEUROLOGICAL THERAPY</b>		
ARICEPT	3	
AUSTEDO	5	PA; LA
<i>dalfampridine</i>	4	PA; QL
<i>donepezil</i>	1	
EVRYSDI	6	PA; LA; QL
EXELON PATCH	3	
<i>galantamine</i>	1	
HORIZANT	3	
INGREZZA	6	PA; LA
INGREZZA INITIATION PACK	6	PA
KEVEYIS	6	PA
<i>memantine oral capsule,sprinkle,er 24hr</i>	1	
<i>memantine oral solution</i>	1	
<i>memantine oral tablet</i>	1	

Drug Name	Drug Tier	Requirements / Limits
MEMANTINE ORAL TABLETS,DOSE PACK	3	
NAMENDA	3	
NAMENDA TITRATION PAK	3	
NAMENDA XR	3	
NAMZARIC	2	
NUEDEXTA	2	
NULIBRY	6	PA
RADICAVA	5	PA
RAZADYNE ER	3	
<i>rivastigmine</i>	1	
<i>rivastigmine tartrate</i>	1	
RUZURGI	5	PA
TEGSEDI	5	PA; LA
<i>tetrabenazine</i>	4	PA
TYSABRI	5	PA; LA; QL
ZOLGENSMA	5	PA
<b>MUSCLE RELAXANTS &amp; ANTISPASMODIC THERAPY</b>		
<i>baclofen</i>	1	
<i>carisoprodol</i>	3	
<i>carisoprodol-aspirin</i>	3	
<i>carisoprodol-aspirin-codeine</i>	3	QL
<i>chlorzoxazone</i>	1	
<i>cyclobenzaprine</i>	1	
DANTRIUM	3	
<i>dantrolene</i>	1	
LORZONE	3	PA
<i>meprobamate</i>	3	
<i>metaxalone</i>	1	

Drug Name	Drug Tier	Requirements / Limits
<i>methocarbamol</i>	1	
NORGESIC FORTE	3	
<i>orphenadrine citrate</i>	1	
<i>orphenadrine-asa-caffeine</i>	1	
<i>orphengesic forte</i>	1	
<i>pyridostigmine bromide oral syrup</i>	1	
PYRIDOSTIGMINE BROMIDE ORAL TABLET 30 MG	3	
<i>pyridostigmine bromide oral tablet 60 mg</i>	1	
<i>pyridostigmine bromide oral tablet extended release</i>	1	
SKELAXIN	3	
SOMA	3	
<i>tizanidine</i>	1	
<i>vanadom</i>	3	
ZANAFLEX	3	
<b>NARCOTIC ANALGESICS</b>		
<i>acetaminophen-caff-dihydrocod</i>	1	QL
<i>acetaminophen-codeine</i>	1	QL
ACTIQ	3	PA; QL
ALLZITAL	3	PA
<i>ascomp with codeine</i>	1	
BELBUCA	2	
<i>buprenorphine</i>	1	
<i>buprenorphine hcl</i>	1	
<i>butalbital compound w/codeine</i>	1	

<b>Drug Name</b>	<b>Drug Tier</b>	<b>Requirements / Limits</b>
<i>butalbital-acetaminop-caf-cod</i>	1	
<i>butalbital-acetaminophen</i>	1	
<i>butalbital-acetaminophen-caff</i>	1	
<i>butalbital-aspirin-caffeine</i>	1	
<i>codeine sulfate</i>	1	QL
<i>codeine-butalbital-asa-caff</i>	1	
DILAUDID	3	QL
<i>diskets</i>	1	PA
DSUVIA	3	
<i>dvorah</i>	1	QL
<i>endocet</i>	1	QL
ESGIC	3	ST
<i>fentanyl</i>	1	QL
<i>fentanyl citrate</i>	1	PA; QL
FIORICET	3	ST
FIORICET WITH CODEINE	3	
<i>hydrocodone bitartrate</i>	1	QL
<i>hydrocodone-acetaminophen</i>	1	QL
<i>hydrocodone-ibuprofen</i>	1	QL
<i>hydromorphone oral liquid</i>	1	QL
<i>hydromorphone oral tablet</i>	1	QL
<i>hydromorphone oral tablet extended release 24 hr</i>	1	PA; QL
<i>hydromorphone rectal</i>	1	QL

<b>Drug Name</b>	<b>Drug Tier</b>	<b>Requirements / Limits</b>
HYSINGLA ER	2	QL
<i>levorphanol tartrate</i>	1	QL
LORTAB ELIXIR	3	QL
<i>meperidine</i>	3	QL
<i>methadone injection</i>	1	
<i>methadone oral</i>	1	PA
<i>methadose</i>	1	PA
<i>morphine concentrate</i>	1	QL
<i>morphine oral capsule, er multiphase 24 hr</i>	1	PA; QL
<i>morphine oral capsule, extend.release pellets</i>	1	PA; QL
<i>morphine oral solution</i>	1	QL
<i>morphine oral tablet</i>	1	QL
<i>morphine oral tablet extended release</i>	1	PA; QL
<i>morphine rectal</i>	1	QL
MS CONTIN	3	PA; QL
NALOCET	3	QL
OXAYDO	3	QL
<i>oxycodone</i>	1	QL
<i>oxycodone-acetaminophen</i>	1	QL
OXYCONTIN	2	PA; QL
<i>oxymorphone oral tablet</i>	1	QL
<i>oxymorphone oral tablet extended release 12 hr</i>	1	PA; QL
<i>prolate</i>	1	QL
ROXICODONE	3	QL
SUBLOCADE	5	PA

<b>Drug Name</b>	<b>Drug Tier</b>	<b>Requirements / Limits</b>
<i>tencon</i>	1	
TREZIX	3	QL
VANATOL LQ	3	ST
VANATOL S	3	ST
<i>vtol lq</i>	1	
<i>zebutal</i>	1	
<b>NON-NARCOTIC ANALGESICS</b>		
<i>adult aspirin regimen</i>	3	ACA; OTC
ANAPROX DS	3	
ANJESO	3	
ARTHROTEC 50	3	ST
ARTHROTEC 75	3	ST
<i>aspirin</i>	1	ACA; OTC
<i>aspirin low dose</i>	1	ACA; OTC
<i>aspir-trin</i>	1	ACA; OTC
<i>bayer aspirin</i>	1	ACA; OTC
<i>buprenorphine-naloxone</i>	1	
<i>butorphanol</i>	1	PA; QL
CAMBIA	3	ST; QL
<i>cataflam</i>	1	
<i>celecoxib</i>	1	ST
<i>children's aspirin</i>	1	ACA; OTC
<i>choline,magnesium salicylate</i>	1	
DAYPRO	3	ST
<i>diclofenac potassium</i>	1	
<i>diclofenac sodium oral</i>	1	
<i>diclofenac sodium topical</i>	1	ST; QL
<i>diclofenac-misoprostol</i>	1	
<i>diflunisal</i>	1	

<b>Drug Name</b>	<b>Drug Tier</b>	<b>Requirements / Limits</b>
DISALCID	3	
EC-NAPROSYN	3	ST
<i>ecotrin</i>	1	ACA; OTC
<i>ecotrin low strength</i>	1	ACA; OTC
<i>etodolac</i>	1	
EUFLEXXA	5	PA
FELDENE	3	ST
<i>fenoprofen</i>	1	ST
FLECTOR	2	ST
<i>flurbiprofen</i>	1	
<i>ibu</i>	1	
<i>ibuprofen</i>	1	
<i>indomethacin</i>	1	
<i>ketoprofen oral capsule 25 mg</i>	1	ST
<i>ketoprofen oral capsule 50 mg, 75 mg</i>	1	
<i>ketoprofen oral capsule,ext rel. pellets 24 hr</i>	1	ST
<i>ketorolac</i>	1	
KLOXXADO	2	
LICART	2	ST
LODINE	3	ST
<i>meclofenamate</i>	1	
<i>mefenamic acid</i>	1	
<i>meloxicam</i>	1	
<i>meloxicam submicronized</i>	1	ST
MOBIC	3	ST
MONOVISC	5	PA
<i>nabumetone</i>	1	
NALFON	3	ST
<i>naloxone</i>	1	PA

<b>Drug Name</b>	<b>Drug Tier</b>	<b>Requirements / Limits</b>
<i>naltrexone</i>	1	
NAPROSYN	3	ST
<i>naproxen oral suspension</i>	1	ST
<i>naproxen oral tablet</i>	1	
<i>naproxen oral tablet, delayed release (dr/ec)</i>	1	
<i>naproxen sodium</i>	1	
NARCAN	2	
ORTHOVISC	5	PA
<i>oxaprozin</i>	1	
<i>pentazocine-naloxone</i>	3	QL
<i>piroxicam</i>	1	
RELAFEN	3	ST
<i>salsalate</i>	1	
SPRIX	6	PA
<i>st joseph aspirin</i>	1	ACA; OTC
<i>st. joseph aspirin</i>	3	ACA; OTC
<i>sulindac</i>	1	
<i>tolmetin oral capsule</i>	1	ST
<i>tolmetin oral tablet 200 mg</i>	1	
<i>tolmetin oral tablet 600 mg</i>	1	ST
<i>tramadol</i>	1	QL
<i>tramadol-acetaminophen</i>	1	QL
ULTRACET	3	QL
ULTRAM	3	QL
VIVITROL	5	
ZUBSOLV	2	
<b>PSYCHOTHERAPEUTIC DRUGS</b>		

<b>Drug Name</b>	<b>Drug Tier</b>	<b>Requirements / Limits</b>
ABILIFY	2	
MAINTENA		
ABILIFY MYCITE	3	
ABILIFY MYCITE MAINTENANCE KIT	3	
ABILIFY MYCITE STARTER KIT	3	
ADASUVE	3	
ADHANSIA XR	3	
ADZENYS XR-ODT	3	
<i>alprazolam</i>	1	
<i>alprazolam intensol</i>	1	
<i>amitriptyline</i>	1	
<i>amitriptyline-chlordiazepoxide</i>	1	
<i>amoxapine</i>	1	
<i>amphetamine sulfate</i>	1	
ANAFRANIL	3	
APLENZIN	3	
APTENSIO XR	3	
<i>aripiprazole</i>	1	
ARISTADA	2	
ARISTADA INITIO	2	
<i>armodafinil</i>	1	PA; QL
<i>asenapine maleate</i>	1	
ATIVAN	3	
<i>atomoxetine</i>	1	
BELSOMRA	3	ST
<i>bupropion hcl oral tablet</i>	1	
<i>bupropion hcl oral tablet extended release 24 hr 150 mg, 300 mg</i>	1	

<b>Drug Name</b>	<b>Drug Tier</b>	<b>Requirements / Limits</b>
BUPROPION HCL ORAL TABLET EXTENDED RELEASE 24 HR 450 MG	3	
<i>bupropion hcl oral tablet sustained-release 12 hr</i>	1	
<i>buspirone</i>	1	
<i>chlordiazepoxide hcl</i>	1	
<i>chlorpromazine</i>	1	
<i>citalopram</i>	1	
<i>clomipramine</i>	1	
<i>clonidine hcl</i>	1	
<i>clorazepate dipotassium</i>	1	
<i>clozapine</i>	1	
CLOZARIL	3	
COTEMPLA XR-ODT	3	
DAYTRANA	2	
DAYVIGO	3	ST
<i>desipramine</i>	1	
DESOXYN	3	
DESVENLAFAKIN E	3	
<i>desvenlafaxine succinate</i>	1	
DEXEDRINE SPANSULE	3	
<i>dexamethylphenidate</i>	1	
<i>dextroamphetamine</i>	1	
<i>dextroamphetamine-amphetamine</i>	1	
<i>diazepam</i>	1	
<i>diazepam intensol</i>	1	

<b>Drug Name</b>	<b>Drug Tier</b>	<b>Requirements / Limits</b>
<i>doxepin oral capsule</i>	1	
<i>doxepin oral concentrate</i>	1	
<i>doxepin oral tablet</i>	1	ST
<i>duloxetine</i>	1	
DYANAVEL XR	2	
EDLUAR	3	ST
EMSAM	3	
<i>ergoloid</i>	1	
<i>escitalopram oxalate</i>	1	
<i>estazolam</i>	1	
<i>eszopiclone</i>	1	
EVEKEO	3	
EVEKEO ODT	3	
FANAPT	3	
FETZIMA	2	
<i>fluoxetine</i>	1	
<i>fluphenazine hcl</i>	1	
<i>flurazepam</i>	1	
<i>fluvoxamine</i>	1	
FORFIVO XL	3	
GEODON	3	
<i>guanfacine</i>	1	
HALCION	3	
<i>haloperidol</i>	1	
<i>haloperidol lactate</i>	1	
HETLIOZ	6	PA
HETLIOZ LQ	6	PA
<i>imipramine hcl</i>	1	
<i>imipramine pamoate</i>	1	
INVEGA	3	
INVEGA SUSTENNA	3	

<b>Drug Name</b>	<b>Drug Tier</b>	<b>Requirements / Limits</b>
INVEGA TRINZA	3	
JORNAY PM	3	
KAPVAY	3	
KETAMINE	3	
LATUDA	2	
<i>lithium carbonate</i>	1	
LITHOBID	3	
<i>lorazepam</i>	1	
<i>lorazepam intensol</i>	1	
<i>loxapine succinate</i>	1	
<i>maprotiline</i>	1	
MARPLAN	3	
<i>methamphetamine</i>	1	
METHYLIN	3	
<i>methylphenidate hcl oral cap,er sprinkle,biphasic 40-60</i>	1	
<i>methylphenidate hcl oral capsule, er biphasic 30-70</i>	1	
<i>methylphenidate hcl oral capsule,er biphasic 50-50</i>	1	
<i>methylphenidate hcl oral solution</i>	1	
<i>methylphenidate hcl oral tablet</i>	1	
<i>methylphenidate hcl oral tablet extended release</i>	1	
<i>methylphenidate hcl oral tablet extended release 24hr 18 mg, 27 mg, 36 mg, 54 mg</i>	1	

<b>Drug Name</b>	<b>Drug Tier</b>	<b>Requirements / Limits</b>
METHYLPHENIDATE HCL ORAL TABLET EXTENDED RELEASE 24HR 72 MG	3	
<i>methylphenidate hcl oral tablet, chewable</i>	1	
<i>midazolam</i>	1	
<i>mirtazapine</i>	1	
MKO (MIDAZOLAM-KETAMINE-ONDAN)	3	
<i>modafinil</i>	1	PA; QL
<i>molindone</i>	1	
MYDAYIS	2	
NARDIL	3	
<i>nefazodone</i>	3	
NORPRAMIN	3	
<i>nortriptyline</i>	1	
NUPLAZID	6	PA
<i>olanzapine</i>	1	
<i>olanzapine-fluoxetine</i>	1	
<i>oxazepam</i>	3	
<i>paliperidone</i>	1	
PAMELOR	3	
PARNATE	3	
<i>paroxetine hcl</i>	1	
<i>paroxetine mesylate(menop.sym )</i>	1	
PAXIL	3	
PAXIL CR	3	
<i>perphenazine</i>	1	

<b>Drug Name</b>	<b>Drug Tier</b>	<b>Requirements / Limits</b>
<i>perphenazine-amitriptyline</i>	1	
<i>phenelzine</i>	1	
<i>pimozide</i>	1	
<i>procenta</i>	1	
<i>protriptyline</i>	1	
<i>quetiapine</i>	1	
QUILLICHEW ER	2	
QUILLIVANT XR	2	
<i>ramelteon</i>	1	
RELEXXII	3	
REMERON	3	
REMERON SOLTAB	3	
RESTORIL	3	
REXULTI	3	
RISPERDAL	3	
RISPERDAL CONSTA	2	
<i>risperidone</i>	1	
RITALIN	3	
RITALIN LA	3	
<i>seconal sodium</i>	1	
SECUADO	3	
<i>sertraline</i>	1	
SILENOR	3	ST
SUNOSI	2	PA; QL
SYMBYAX	3	
<i>temazepam</i>	3	
<i>thioridazine</i>	1	
<i>thiothixene</i>	1	
TRANXENE T-TAB	3	
<i>tranylcypromine</i>	1	

<b>Drug Name</b>	<b>Drug Tier</b>	<b>Requirements / Limits</b>
<i>trazodone</i>	1	
<i>triazolam</i>	1	
<i>trifluoperazine</i>	1	
<i>trimipramine</i>	1	
TRINTELLIX	3	PA
<i>venlafaxine</i>	1	
VERSACLOZ	3	
VRAYLAR	3	
VYVANSE	2	
WAKIX	6	PA; LA; QL
XYREM	5	PA; LA
XYWAV	5	PA; LA
<i>zaleplon</i>	1	
<i>zenzedi oral tablet 10 mg, 5 mg</i>	1	
ZENZEDI ORAL TABLET 15 MG, 2.5 MG, 20 MG, 30 MG, 7.5 MG	3	
<i>ziprasidone hcl</i>	1	
<i>zolpidem</i>	1	
ZOLPIMIST	3	ST
ZULRESSO	5	PA
ZYPREXA	3	
ZYPREXA RELPREVV	3	
ZYPREXA ZYDIS	3	
<b>CARDIOVASCULAR, HYPERTENSION &amp; LIPIDS</b>		
<b>ANTIARRHYTHMIC AGENTS</b>		
<i>amiodarone</i>	1	
BETAPACE	3	
BETAPACE AF	3	

<b>Drug Name</b>	<b>Drug Tier</b>	<b>Requirements / Limits</b>
<i>disopyramide phosphate</i>	3	
<i>dofetilide</i>	1	
<i>flecainide</i>	1	
<i>mexiletine</i>	1	
MULTAQ	3	
NORPACE	3	
NORPACE CR	3	
<i>pacerone</i>	1	
<i>propafenone</i>	1	
<i>quinidine gluconate</i>	1	
<i>quinidine sulfate</i>	1	
RYTHMOL SR	3	
<i>sorine</i>	1	
<i>sotalol</i>	1	
<i>sotalol af</i>	1	
SOTYLIZE	2	
<b>ANTIHYPERTENSIVE THERAPY</b>		
ACCUPRIL	3	
ACCURETIC	3	
<i>acebutolol</i>	1	
ADALAT CC	3	
ALDACTAZIDE	3	
ALDACTONE	3	
<i>aliskiren</i>	1	
ALTACE	3	
<i>amiloride</i>	1	
<i>amiloride-hydrochlorothiazide</i>	1	
<i>amlodipine</i>	1	
<i>amlodipine-benazepril</i>	1	
<i>amlodipine-olmesartan</i>	1	

<b>Drug Name</b>	<b>Drug Tier</b>	<b>Requirements / Limits</b>
<i>amlodipine-valsartan</i>	1	
<i>amlodipine-valsartan-hcthiazid</i>	1	
<i>atenolol</i>	1	
<i>atenolol-chlorthalidone</i>	1	
<i>benazepril</i>	1	
<i>benazepril-hydrochlorothiazide</i>	1	
<i>betaxolol</i>	1	
BIDIL	3	
<i>bisoprolol fumarate</i>	1	
<i>bisoprolol-hydrochlorothiazide</i>	1	
<i>bumetanide</i>	1	
CALAN SR	3	
<i>candesartan</i>	1	
<i>candesartan-hydrochlorothiazid</i>	1	
<i>captopril</i>	1	
<i>captopril-hydrochlorothiazide</i>	1	
CARDIZEM	3	
CARDIZEM CD	3	
CARDIZEM LA	3	
CARDURA	3	
CARDURA XL	3	
CAROSPIR	3	PA
<i>cartia xt</i>	1	
<i>carvedilol</i>	1	
<i>carvedilol phosphate</i>	1	
CATAPRES-TTS-1	3	QL
CATAPRES-TTS-2	3	QL
CATAPRES-TTS-3	3	QL

<b>Drug Name</b>	<b>Drug Tier</b>	<b>Requirements / Limits</b>
<i>chlorthalidone</i>	1	
<i>clonidine</i>	1	QL
<i>clonidine hcl</i>	1	
COREG CR	3	
CORGARD	3	
DEMSER	3	
DIBENZYLINE	3	
<i>diltiazem</i>	1	
<i>dilt-xr</i>	1	
DIURIL	3	
<i>doxazosin</i>	1	
DYRENium	3	
EDECrin	3	
<i>enalapril maleate</i>	1	
<i>enalapril-hydrochlorothiazide</i>	1	
<i>eplerenone</i>	1	
<i>epoprostenol</i>	4	PA
<i>epoprostenol (glycine)</i>	4	PA
<i>eprosartan</i>	1	
<i>ethacrynic acid</i>	1	
<i>felodipine</i>	1	
FLOLAN	5	PA
<i>fasinopril</i>	1	
<i>fasinopril-hydrochlorothiazide</i>	1	
<i>furosemide</i>	1	
<i>guanfacine</i>	1	
HEMANGEOL	6	PA
<i>hydralazine</i>	1	
<i>hydrochlorothiazide</i>	1	
<i>indapamide</i>	1	
INSPRA	3	

<b>Drug Name</b>	<b>Drug Tier</b>	<b>Requirements / Limits</b>
<i>irbesartan</i>	1	
<i>irbesartan-hydrochlorothiazide</i>	1	
<i>isradipine</i>	1	
<i>labetalol</i>	1	
LASIX	3	
<i>lisinopril</i>	1	
<i>lisinopril-hydrochlorothiazide</i>	1	
LOPRESSOR	3	
<i>losartan</i>	1	
<i>losartan-hydrochlorothiazide</i>	1	
LOTENSIN	3	
LOTENSIN HCT	3	
<i>matzim la</i>	1	
MAXZIDE	3	
MAXZIDE-25MG	3	
<i>methyldopa</i>	1	
<i>methyldopa-hydrochlorothiazide</i>	1	
<i>metolazone</i>	1	
<i>metoprolol succinate</i>	1	
<i>metoprolol tar-hydrochlorothiazide</i>	1	
<i>metoprolol tartrate</i>	1	
<i>metyrosine</i>	1	
MINIPRESS	3	
<i>minoxidil</i>	1	
<i>moexipril</i>	1	
<i>nadolol</i>	1	
<i>nadolol-bendroflumethiazide</i>	1	
<i>nicardipine</i>	1	

<b>Drug Name</b>	<b>Drug Tier</b>	<b>Requirements / Limits</b>
<i>nifedipine oral capsule</i>	3	
<i>nifedipine oral tablet extended release</i>	1	
<i>nifedipine oral tablet extended release 24hr</i>	1	
<i>nimodipine</i>	1	
<i>nisoldipine</i>	1	
<b>NYMALIZE</b>	3	
<i>olmesartan</i>	1	
<i>olmesartan-amlodipin-hcthiazid</i>	1	
<i>olmesartan-hydrochlorothiazide</i>	1	
<b>ORENITRAM</b>	6	PA
<i>perindopril erbumine</i>	1	
<i>phenoxybenzamine</i>	1	
<i>pindolol</i>	1	
<i>prazosin</i>	1	
<b>PRESTALIA</b>	3	
<b>PRINVIL</b>	3	
<b>PROCARDIA XL</b>	3	
<i>propranolol</i>	1	
<i>propranolol-hydrochlorothiazid</i>	1	
<i>quinapril</i>	1	
<i>quinapril-hydrochlorothiazide</i>	1	
<i>ramipril</i>	1	
<b>REMODULIN</b>	6	PA
<i>spironolactone</i>	1	
<i>spironolacton-hydrochlorothiaz</i>	1	
<b>SULAR</b>	3	

<b>Drug Name</b>	<b>Drug Tier</b>	<b>Requirements / Limits</b>
<i>taztia xt</i>	1	
<b>TEKTURNNA HCT</b>	2	
<i>telmisartan</i>	1	
<i>telmisartan-amlodipine</i>	1	
<i>telmisartan-hydrochlorothiazid</i>	1	
<b>TENORETIC 100</b>	3	
<b>TENORETIC 50</b>	3	
<b>TENORMIN</b>	3	
<i>terazosin</i>	1	
<i>tiadylt er</i>	1	
<b>TIAZAC</b>	3	
<i>timolol maleate</i>	1	
<i>torsemide</i>	1	
<i>trandolapril</i>	1	
<i>trandolapril-verapamil</i>	1	
<i>treprostinil sodium</i>	4	PA
<i>triamterene</i>	1	
<i>triamterene-hydrochlorothiazid</i>	1	
<b>UPTRAVI</b>	5	PA; LA
<i>valsartan</i>	1	
<i>valsartan-hydrochlorothiazide</i>	1	
<b>VASERETIC</b>	3	
<b>VASOTEC</b>	3	
<i>veletri</i>	4	PA
<i>verapamil</i>	1	
<b>VERELAN</b>	3	
<b>VERELAN PM</b>	3	
<b>ZESTORETIC</b>	3	
<b>ZESTRIL</b>	3	

Drug Name	Drug Tier	Requirements / Limits
ZIAC	3	
<b>CARDIAC GLYCOSIDES</b>		
<i>digitek</i>	1	
<i>digox</i>	1	
<i>digoxin</i>	1	
LANOXIN	3	
<b>COAGULATION THERAPY</b>		
ADVATE	5	PA
ADYNOVATE	5	PA
AFSTYLA	5	PA
ALPHANATE	5	PA
ALPHANINE SD	5	PA
ALPROLIX	5	PA
AMICAR	3	
<i>aminocaproic acid</i>	1	
ARIXTRA	6	PA
<i>aspirin-dipyridamole</i>	1	
BENEFIX	5	PA
BRILINTA	2	
CABLIVI	5	PA; LA
CEPROTIN (BLUE BAR)	5	PA
CEPROTIN (GREEN BAR)	5	PA
<i>cilostazol</i>	1	
<i>clopidogrel</i>	1	
COAGADEX	5	PA
CORIFACT	5	PA
<i>dipyridamole</i>	1	
DOPTELET (15 TAB PACK)	5	PA; LA; QL
EFFIENT	3	
ELIQUIS	2	

Drug Name	Drug Tier	Requirements / Limits
ELIQUIS DVT-PE TREAT 30D START	2	
ELOCTATE	5	PA
<i>enoxaparin</i>	4	PA
ESPEROCT	5	PA
FEIBA NF	5	PA
FIBRYGA	6	PA
<i>fondaparinux</i>	4	PA
FRAGMIN	5	PA
HEMLIBRA	5	PA
HEMOFIL M HIGH	5	PA
HEMOFIL M LOW	5	PA
HEMOFIL M MID	5	PA
HEMOFIL M SUPER HIGH	5	PA
<i>hep flush-10 (pf)</i>	1	PA
<i>heparin (porcine)</i>	1	PA
HEPARIN (PORCINE) IN 0.9% NACL	3	PA
<i>heparin (porcine) in 5 % dex</i>	1	PA
<i>heparin (porcine) in nacl (pf)</i>	1	PA
<i>heparin flush(porcine)-0.9nacl</i>	1	PA
<i>heparin lock flush (porcine)</i>	1	PA
<i>heparin lockflush(porcine)(pf )</i>	1	PA

<b>Drug Name</b>	<b>Drug Tier</b>	<b>Requirements / Limits</b>
HEPARIN(PORCIN E) IN 0.45% NACL INTRAVENOUS PARENTERAL SOLUTION 12,500 UNIT/250 ML	3	PA
<i>heparin(porcine) in 0.45% nacl intravenous parenteral solution 25,000 unit/250 ml, 25,000 unit/500 ml</i>	1	PA
<i>heparin, porcine (pf) injection solution</i>	1	PA
<i>heparin, porcine (pf) injection syringe 5,000 unit/0.5 ml</i>	1	PA
HEPARIN, PORCINE (PF) INJECTION SYRINGE 5,000 UNIT/ML	3	PA
<i>heparin, porcine (pf) intravenous</i>	1	PA
HEPARIN, PORCINE (PF) SUBCUTANEOUS	3	PA
HUMATE-P	5	PA
IDELVION	6	PA
IXINITY	5	PA
<i>jantoven</i>	1	
JIVI	5	PA
KOATE	6	PA
KOGENATE FS	5	PA
KOVALTRY	5	PA
MEPHYTON	3	PA; QL
MONONINE	5	PA
NOVOEIGHT	5	PA
NPLATE	5	PA

<b>Drug Name</b>	<b>Drug Tier</b>	<b>Requirements / Limits</b>
OBIZUR	5	PA
<i>pentoxifylline</i>	1	
<i>phytonadione (vitamin k1) injection solution</i>	1	PA
PHYTONADIONE (VITAMIN K1) INJECTION SYRINGE	2	PA
<i>phytonadione (vitamin k1) oral</i>	1	PA; QL
<i>prasugrel</i>	1	
PROFILNINE	6	PA
PROMACTA	5	PA; LA
REBINYN	6	PA
RIASTAP	5	PA
RIXUBIS	6	PA
SEVENFACT	5	PA
TAVALISSE	5	PA; LA; QL
TRETEN	5	PA
<i>vitamin k</i>	1	PA
<i>vitamin k1</i>	1	PA
VONVENDI	5	PA
<i>warfarin</i>	1	
WILATE	5	PA
XARELTO	2	
XARELTO DVT-PE TREAT 30D START	2	
ZONTIVITY	3	
<b>LIPID/CHOLESTEROL LOWERING AGENTS</b>		
<i>amlodipine-atorvastatin</i>	1	
ANTARA	3	ST

<b>Drug Name</b>	<b>Drug Tier</b>	<b>Requirements / Limits</b>
<i>atorvastatin oral tablet 10 mg, 20 mg</i>	1	ACA
<i>atorvastatin oral tablet 40 mg, 80 mg</i>	1	
CADUET	3	ST
<i>cholestyramine (with sugar)</i>	1	
<i>cholestyramine light</i>	1	
<i>colesevelam</i>	1	
COLESTID	3	
COLESTID FLAVORED	3	
<i>colestipol</i>	1	
EVKEEZA	6	PA
<i>ezetimibe</i>	1	
<i>ezetimibe-simvastatin</i>	1	
<i>fenofibrate micronized</i>	1	
<i>fenofibrate nanocrystallized</i>	1	
FENOFIBRATE ORAL CAPSULE	3	ST
<i>fenofibrate oral tablet</i>	1	
<i>fenofibric acid</i>	1	
FIBRICOR	3	ST
FLOLIPID	3	ST
<i>fluvastatin</i>	1	ACA
<i>gemfibrozil</i>	1	
<i>icosapent ethyl</i>	1	PA
JUXTAPID	5	PA; LA
LESCOL XL	3	ST
LIPOFEN	2	
LIVALO	2	ST

<b>Drug Name</b>	<b>Drug Tier</b>	<b>Requirements / Limits</b>
LOPID	3	
<i>lovastatin</i>	1	ACA
LOVAZA	3	PA
NEXLETOL	2	PA
NEXLIZET	2	PA
<i>niacin</i>	1	
NIACOR	3	
NIASPAN EXTENDED-RELEASE	3	
<i>omega-3 acid ethyl esters</i>	1	PA
pravastatin	1	ACA
<i>prevalite</i>	1	
QUESTRAN	3	
QUESTRAN LIGHT	3	
REPATHA PUSHTRONEX	2	PA
REPATHA SURECLICK	2	PA
REPATHA SYRINGE	2	PA
<i>rosuvastatin oral tablet 10 mg, 5 mg</i>	1	ACA
<i>rosuvastatin oral tablet 20 mg, 40 mg</i>	1	
ROSZET	3	ST
<i>simvastatin oral tablet 10 mg, 20 mg, 40 mg, 5 mg</i>	1	ACA
<i>simvastatin oral tablet 80 mg</i>	1	
VASCEPA	2	PA
ZYPITAMAG	3	ST
<b>MISCELLANEOUS CARDIOVASCULAR AGENTS</b>		

Drug Name	Drug Tier	Requirements / Limits
ENTRESTO	2	
<i>ranolazine</i>	1	
VECAMYL	3	
VERQUVO	2	
VYNDAMAX	5	PA
VYNDAQEL	5	PA
<b>NITRATES</b>		
GONITRO	3	
ISORDIL	3	
ISORDIL TITRADOSE	3	
<i>isosorbide dinitrate</i>	1	
<i>isosorbide mononitrate</i>	1	
MINITRAN	3	
<i>nitro-bid</i>	1	
NITRO-DUR	3	
<i>nitroglycerin</i>	1	
NITROLINGUAL	3	
NITROMIST	3	
NITROSTAT	3	
<i>nitro-time</i>	1	
<b>DERMATOLOGICALS/TOPICAL THERAPY</b>		
<b>ANTIPSORIATIC / ANTISEBORRHEIC</b>		
<i>acitretin</i>	1	
ANALPRAM-HC	3	ST
<i>calcipotriene</i>	1	QL
<i>calcipotriene-betamethasone</i>	1	QL
<i>calcitriol</i>	1	
DOVONEX	3	QL
ENSTILAR	2	QL

Drug Name	Drug Tier	Requirements / Limits
EPIFOAM	3	ST
<i>hydrocortisone-pramoxine</i>	1	ST
OVACE	3	
OVACE PLUS	3	
OVACE PLUS SHAMPOO	3	
OVACE PLUS WASH	3	
PRAMOSONE	3	ST
<i>selenium sulfide</i>	1	
SELRX	3	
SKYRIZI	5	PA; QL
SORIATANE	3	
STELARA INTRAVENOUS	6	PA
STELARA SUBCUTANEOUS	5	PA; QL
<i>sulfacetamide sodium</i>	1	
TACLONEX	3	QL
TALTZ AUTOINJECTOR	5	PA; QL
TALTZ AUTOINJECTOR (2 PACK)	5	PA; QL
TALTZ AUTOINJECTOR (3 PACK)	5	PA; QL
TALTZ SYRINGE	5	PA; QL
TERSI FOAM	3	
TREMFYA	5	PA; QL
VECTICAL	3	
<b>BURN THERAPY</b>		
SILVADENE	3	
<i>silver sulfadiazine</i>	1	

Drug Name	Drug Tier	Requirements / Limits
ssd	1	
<b>KERATOLYTICS</b>		
INOVA 4-1	3	ST
INOVA 8-2	3	ST
<b>MISCELLANEOUS DERMATOLOGICALS</b>		
AMELUZ	3	
<i>ammonium lactate</i>	1	
CANTHARIDIN IN ACETONE	3	
CONDYLOX	3	QL
CORTANE-B	3	
<i>doxepin</i>	1	ST; QL
DUPIXENT PEN	5	PA; QL
DUPIXENT SYRINGE	5	PA; QL
EFUDEX	3	
EUCRISA	3	ST; QL
FLUOROPLEX	3	
<i>fluorouracil</i>	1	
<i>iodine-sodium iodide</i>	1	
IODOFLEX	3	
IODOSORB	3	
LEVULAN	3	
<i>methoxsalen</i>	1	
<i>methyl salicylate</i>	1	
PANRETIN	3	
PICATO	2	
<i>pimecrolimus</i>	1	ST; QL
<i>podofilox</i>	1	
PROTOPIC	3	ST; QL
<i>prodoxin</i>	1	ST; QL
QBREXZA	3	PA

Drug Name	Drug Tier	Requirements / Limits
REGRANEX	2	
SCENESSE	6	PA
<i>tacrolimus</i>	1	ST; QL
TOLAK	3	
VALCHLOR	5	PA
VEREGEN	3	ST
<i>wintergreen oil</i>	1	
ZONALON	3	ST; QL
<b>THERAPY FOR ACNE</b>		
ABSORICA	3	
ABSORICA LD	3	
<i>accutane</i>	1	
ACZONE	3	ST
<i>adapalene-benzoyl peroxide</i>	1	
AKLIEF	3	ST
ALTRENO	3	
<i>amnesteem</i>	1	
AMZEEQ	3	ST
ARAZLO	3	PA
AVAR LS	3	ST
<i>avar topical cleanser</i>	1	
AVAR TOPICAL PADS, MEDICATED	3	ST
AVAR-E GREEN	3	ST
AVAR-E LS	3	ST
<i>avita topical cream</i>	1	
AVITA TOPICAL GEL	3	
<i>azelaic acid</i>	1	
AZELEX	3	ST
BENZACLIN	3	ST

<b>Drug Name</b>	<b>Drug Tier</b>	<b>Requirements / Limits</b>
BENZACLIN PUMP	3	ST
BENZAMYCIN	3	ST
<i>benzepro</i>	1	
BENZEPRO (MICROSPHERES)	3	ST
<i>benzoyl peroxide</i>	1	
<i>bp 10-1</i>	1	ST
<i>claravis</i>	1	
CLEOCIN T	3	ST; QL
CLINDACIN ETZ	3	ST
<i>clindacin p</i>	1	
CLINDACIN PAC	3	ST
<i>clindamycin phosphate topical foam</i>	1	QL
<i>clindamycin phosphate topical gel</i>	1	QL
<i>clindamycin phosphate topical lotion</i>	1	QL
<i>clindamycin phosphate topical solution</i>	1	QL
<i>clindamycin phosphate topical swab</i>	1	
<i>clindamycin-benzoyl peroxide</i>	1	
<i>clindamycin-tretinoïn</i>	1	
<i>dapsone</i>	1	
ENZOCLEAR	3	ST
<i>ery pads</i>	1	
<i>erygel</i>	1	

<b>Drug Name</b>	<b>Drug Tier</b>	<b>Requirements / Limits</b>
<i>erythromycin with ethanol</i>	1	
<i>erythromycin-benzoyl peroxide</i>	1	
EVOCLIN	3	ST; QL
FABIOR	3	PA
FINACEA TOPICAL FOAM	2	ST
FINACEA TOPICAL GEL	3	ST
INOVA	3	ST
<i>isotretinoin</i>	1	
<i>ivermectin</i>	1	QL
METROCREAM	3	ST
METROGEL	3	ST
<i>metronidazole</i>	1	
MIRVASO	2	PA
<i>myorisan</i>	1	
<i>neuac</i>	1	
NEUAC KIT	3	ST
NORITATE	3	ST
ONEXTON	2	ST
PACNEX	3	ST
PLEXION	3	ST
PLEXION CLEANSING CLOTHS	3	ST
PR BENZOYL PEROXIDE	3	ST
RETIN-A	3	
RETIN-A MICRO PUMP	3	
RHOFADE	3	PA
<i>rosadan topical cream</i>	1	

<b>Drug Name</b>	<b>Drug Tier</b>	<b>Requirements / Limits</b>
<i>rosadan topical gel</i>	1	
ROSADAN TOPICAL KIT, CLEANSER AND GEL	3	ST
ROSADAN TOPICAL KIT,CLEANSER AND CREAM	3	ST
ROSANIL	3	ST
ROSULA	3	ST
<i>rosula cleansing cloths</i>	1	
SOOLANTRA	3	ST; QL
<i>sss 10-5</i>	1	
<i>sulfacetamide sodium-sulfur</i>	1	
<i>sulfacetamide-sulfur-cleansr23</i>	1	
<i>sulfacleanse 8-4</i>	1	ST
SUMADAN	3	ST
SUMADAN XLT	3	ST
SUMAXIN	3	ST
SUMAXIN CP	3	ST
SUMAXIN TS	3	ST
<i>tazarotene</i>	1	PA
TAZORAC	2	PA
<i>tretinoin</i>	1	
<i>tretinoin microspheres</i>	1	
VANOXIDE-HC	3	ST
<i>zenatane</i>	1	
ZIANA	3	ST
<b>TOPICAL ANESTHETICS</b>		
COCAINE	3	
<i>glydo</i>	1	QL

<b>Drug Name</b>	<b>Drug Tier</b>	<b>Requirements / Limits</b>
GOPRELTO	3	
<i>lidocaine hcl laryngotracheal</i>	1	
<i>lidocaine hcl mucous membrane jelly</i>	1	QL
<i>lidocaine hcl mucous membrane jelly in applicator</i>	1	QL
<i>lidocaine hcl mucous membrane solution</i>	1	
<i>lidocaine hcl-hydrocortison ac</i>	1	
<i>lidocaine topical adhesive patch,medicated</i>	1	ST; QL
<i>lidocaine topical ointment</i>	1	QL
<i>lidocaine viscous</i>	1	
<i>lidocaine-prilocaine topical cream</i>	1	QL
<i>lidocaine-prilocaine topical kit</i>	1	
<i>lidocort</i>	1	
<i>lta pre-attached</i>	1	
NUMBRINO	3	
SYNERA	3	
ZTLIDO	2	ST; QL
<b>TOPICAL ANTIBACTERIALS</b>		
ALTABAX	3	ST; QL
CENTANY	3	ST; QL
CENTANY AT	3	ST; QL
<i>gentamicin</i>	1	QL
KLARON	3	ST
<i>lugols</i>	1	
<i>mafenide acetate</i>	1	
<i>mupirocin</i>	1	QL

Drug Name	Drug Tier	Requirements / Limits
NEO-SYNALAR	3	
NEO-SYNALAR KIT	3	
<i>strong iodine</i>	1	
<i>sulfacetamide sodium (acne)</i>	1	
SULFAMYLON TOPICAL CREAM	2	
SULFAMYLON TOPICAL PACKET	3	
XEPI	3	ST; QL
<b>TOPICAL ANTIFUNGALS</b>		
CICLODAN KIT TOPICAL COMBO PACK	3	
CICLODAN KIT TOPICAL SOLUTION	3	ST
<i>ciclodan topical cream</i>	1	QL
<i>ciclodan topical solution</i>	1	
<i>ciclopirox topical cream</i>	1	QL
<i>ciclopirox topical gel</i>	1	QL
<i>ciclopirox topical shampoo</i>	1	QL
<i>ciclopirox topical solution</i>	1	
<i>ciclopirox topical suspension</i>	1	QL
<i>ciclopirox-ure-camph-menth-euc</i>	1	
<i>clotrimazole</i>	1	QL
<i>clotrimazole-betamethasone</i>	1	QL
<i>econazole</i>	1	QL

Drug Name	Drug Tier	Requirements / Limits
ERTACZO	3	QL
EXELDERM	3	QL
EXTINA	3	QL
JUBLIA	3	ST
<i>ketoconazole</i>	1	QL
<i>ketodan</i>	1	QL
<i>ketodan kit</i>	1	
LOPROX	3	QL
LOPROX (AS OLAMINE)	3	QL
LOPROX KIT	3	QL
LUZU	3	QL
MENTAX	3	QL
MICONAZOLE NITRATE-ZINC OX-PET	3	QL
<i>naftifine</i>	1	QL
NAFTIN	3	QL
<i>nyamyc</i>	1	QL
<i>nystatin</i>	1	QL
<i>nystatin-triamcinolone</i>	1	QL
<i>nystop</i>	1	QL
<i>oxiconazole</i>	1	QL
OXISTAT	3	QL
<i>tavaborole</i>	1	ST
VUSION	3	QL
<b>TOPICAL ANTIVIRALS</b>		
<i>acyclovir</i>	1	PA
DENAVIR	3	
XERESE	3	
ZOVIRAX	3	PA
<b>TOPICAL CORTICOSTEROIDS</b>		
<i>ala-cort</i>	1	

<b>Drug Name</b>	<b>Drug Tier</b>	<b>Requirements / Limits</b>
ALA-SCALP	3	ST
<i>alclometasone</i>	1	
<i>amcinonide</i>	1	ST
<i>apexicon e</i>	1	ST
<i>beser</i>	1	ST
<i>betamethasone dipropionate</i>	1	
<i>betamethasone valerate topical cream</i>	1	
<i>betamethasone valerate topical foam</i>	1	ST
<i>betamethasone valerate topical lotion</i>	1	
<i>betamethasone valerate topical ointment</i>	1	
<i>betamethasone, augmented</i>	1	
BRYHALI	3	ST
CAPEX	3	ST
<i>clobetasol scalp</i>	1	QL
<i>clobetasol topical cream</i>	1	QL
<i>clobetasol topical foam</i>	1	ST; QL
<i>clobetasol topical gel</i>	1	QL
<i>clobetasol topical lotion</i>	1	ST; QL
<i>clobetasol topical ointment</i>	1	QL
<i>clobetasol topical shampoo</i>	1	ST; QL
<i>clobetasol topical spray,non-aerosol</i>	1	ST; QL

<b>Drug Name</b>	<b>Drug Tier</b>	<b>Requirements / Limits</b>
<i>clobetasol-emollient topical cream</i>	1	QL
<i>clobetasol-emollient topical foam</i>	1	ST; QL
CLOBEX	3	ST; QL
<i>clodan</i>	1	ST; QL
CLODAN KIT	3	ST
CLODERM	3	ST
CORDRAN	3	ST; QL
CORDRAN TAPE LARGE ROLL	3	ST
DERMA-SMOOTH/FS BODY OIL	3	ST
DERMA-SMOOTH/FS SCALP OIL	3	ST
DESONATE	3	ST
<i>desonide topical cream</i>	1	
<i>desonide topical gel</i>	1	ST
<i>desonide topical lotion</i>	1	ST
<i>desonide topical ointment</i>	1	
DESOWEN	3	ST
<i>desoximetasone</i>	1	ST
<i>desrx</i>	1	ST
<i>diflorasone</i>	1	ST; QL
DIPROLENE (AUGMENTED)	3	ST
DUOBRII	3	ST; QL
<i>fluocinolone</i>	1	
<i>fluocinolone and shower cap</i>	1	
<i>fluocinonide</i>	1	QL

<b>Drug Name</b>	<b>Drug Tier</b>	<b>Requirements / Limits</b>
<i>fluocinonide-e</i>	1	QL
<i>flurandrenolide</i>	1	ST; QL
<i>fluticasone propionate topical cream</i>	1	
<i>fluticasone propionate topical lotion</i>	1	ST
<i>fluticasone propionate topical ointment</i>	1	
<i>halcinonide</i>	1	ST
<i>halobetasol propionate topical cream</i>	1	
HALOBETASOL PROPIONATE TOPICAL FOAM	3	ST
<i>halobetasol propionate topical ointment</i>	1	
HALOG	3	ST
<i>hydrocortisone</i>	1	
<i>hydrocortisone butyrate topical cream</i>	1	QL
<i>hydrocortisone butyrate topical lotion</i>	1	ST; QL
<i>hydrocortisone butyrate topical ointment</i>	1	ST
<i>hydrocortisone butyrate topical solution</i>	1	ST; QL
<i>hydrocortisone butyr-emollient</i>	1	QL
<i>hydrocortisone valerate</i>	1	

<b>Drug Name</b>	<b>Drug Tier</b>	<b>Requirements / Limits</b>
IMPOYZ	3	ST; QL
KENALOG	3	ST; QL
LEXETTE	3	ST
LUXIQ	3	ST
<i>mometasone</i>	1	
<i>nolix</i>	1	ST; QL
NUCORT	3	ST
OLUX	3	ST; QL
OLUX-E	3	ST; QL
PANDEL	3	ST
<i>prednicarbate</i>	1	
PROCTOCORT	3	ST
PSORCON	3	ST; QL
<i>scalacort</i>	1	
SCALACORT DK	3	ST
SERNIVO	3	ST
SYNALAR	3	ST
SYNALAR CREAM KIT	3	ST
SYNALAR OINTMENT KIT	3	ST
SYNALAR TS	3	ST
TEMOVATE	3	ST; QL
TEXACORT	3	ST
TOPICORT	3	ST
<i>tovet emollient</i>	1	ST; QL
<i>triamcinolone acetonide topical aerosol</i>	1	ST; QL
<i>triamcinolone acetonide topical cream</i>	1	
<i>triamcinolone acetonide topical lotion</i>	1	

<b>Drug Name</b>	<b>Drug Tier</b>	<b>Requirements / Limits</b>
<i>triamcinolone acetonide topical ointment 0.025 %, 0.1 %, 0.5 %</i>	1	
<i>triamcinolone acetonide topical ointment 0.05 %</i>	1	ST
<i>trianex</i>	1	ST
<i>triderm topical cream 0.1 %</i>	1	
<i>triderm topical cream 0.5 %</i>	1	ST
<b>TRIDESILON</b>	3	ST
<i>tritocin</i>	1	ST
<b>ULTRAVATE</b>	3	ST
<b>TOPICAL ENZYMES</b>		
<b>SANTYL</b>	2	
<b>TOPICAL SCABICIDES / PEDICULICIDES</b>		
<i>crotan</i>	1	
<b>ELIMITE</b>	3	
<b>EURAX</b>	3	
<i>ivermectin</i>	1	
<i>lindane</i>	1	
<i>malathion</i>	1	
<b>OVIDE</b>	3	
<i>permethrin</i>	1	
<i>spinosad</i>	1	
<b>ULESFIA</b>	3	
<b>DIAGNOSTICS &amp; MISCELLANEOUS AGENTS</b>		
<b>IRRIGATING SOLUTIONS</b>		
<i>lactated ringers</i>	1	
<i>neomycin-polymyxin b gu</i>	1	

<b>Drug Name</b>	<b>Drug Tier</b>	<b>Requirements / Limits</b>
<b>PHYSIOLYTE</b>	3	
<b>PHYSIOSOL IRRIGATION</b>	3	
<i>ringer's</i>	1	
<b>SORBITOL</b>	3	
<b>SORBITOL-MANNITOL</b>	3	
<i>tis-u-sol pentalyte</i>	1	
<b>MISCELLANEOUS AGENTS</b>		
<i>acamprosate</i>	1	
<i>acetic acid</i>	1	
<b>AGRYLIN</b>	3	
<i>anagrelide</i>	1	
<i>aqua care sodium chloride</i>	1	
<i>aqua care sterile water</i>	1	
<b>BUPHENYL</b>	3	
<i>caffeine citrate</i>	1	
<b>CARBAGLU</b>	5	PA; LA
<b>CARNITOR</b>	3	
<b>CARNITOR (SUGAR-FREE)</b>	3	
<i>cevimeline</i>	1	
<b>CHEMET</b>	2	
<i>deferasirox</i>	4	PA
<i>deferiprone</i>	4	PA
<i>disulfiram</i>	1	
<i>droxidopa</i>	6	PA
<b>EMPAVELI</b>	6	PA
<b>ENDARI</b>	6	PA
<b>EVOXAC</b>	3	
<b>EXSERVAN</b>	3	PA
<b>FERRIPROX ORAL SOLUTION</b>	5	PA

<b>Drug Name</b>	<b>Drug Tier</b>	<b>Requirements / Limits</b>
FERRIPROX ORAL TABLET 1,000 MG	5	PA
FERRIPROX ORAL TABLET 500 MG	6	PA
GIVLAARI	6	PA
GLEOLAN	3	
INCRELEX	5	PA; LA
INFASURF	3	
<i>levocarnitine</i>	1	
<i>levocarnitine (with sugar)</i>	1	
LITHOSTAT	3	
METOPIRONE	3	
<i>midodrine</i>	1	
<i>nitisinone</i>	4	PA; LA
NITYR	5	PA; LA
ORFADIN	6	PA; LA
<i>pilocarpine hcl</i>	1	
PROLASTIN-C	5	PA; LA
RADIOGARDASE	3	
RAVICTI	5	PA
RECLAST	6	PA
REVCovi	5	PA
RILUTEK	3	PA
<i>riluzole</i>	1	PA
<i>risedronate</i>	1	
SALAGEN (PILOCARPINE)	3	
<i>sodium chloride 0.9 %</i>	1	PA
<i>sodium chloride 0.9 % (flush)</i>	1	PA
<i>sodium chloride injection</i>	1	PA

<b>Drug Name</b>	<b>Drug Tier</b>	<b>Requirements / Limits</b>
<i>sodium chloride irrigation</i>	1	
<i>sodium phenylbutyrate</i>	1	
SOLIRIS	5	PA
SURVANTA	3	
SYPRINE	3	
THIOLA	6	PA
THIOLA EC	6	PA
TIGLUTIK	3	PA
<i>tiopronin</i>	4	PA
<i>trientine</i>	1	
ULTOMIRIS	6	PA
<i>water for irrigation, sterile</i>	1	
XURIDEN	5	PA
ZEMAIRA	5	PA; LA
ZOKINVY	6	PA; QL
<i>zoledronic acid-mannitol-water</i>	4	PA
<b>SMOKING DETERRENTS</b>		
<i>bupropion hcl (smoking deter)</i>	1	ACA; QL
NICODERM CQ	2	OTC; QL
NICORETTE BUCCAL GUM 2 MG	2	OTC; QL
<i>nicorette buccal gum 4 mg</i>	1	ACA; OTC; QL
NICORETTE BUCCAL LOZENGE	2	OTC; QL
NICORETTE BUCCAL MINI LOZENGE	2	OTC; QL
<i>nicotine</i>	1	ACA; OTC; QL

Drug Name	Drug Tier	Requirements / Limits
<i>nicotine (polacrilex)</i>	1	ACA; OTC; QL
NICOTROL	3	ACA; QL
NICOTROL NS	3	ACA; QL
<i>quit 2</i>	1	ACA; OTC; QL
<i>quit 4</i>	1	ACA; OTC; QL
<i>stop smoking aid</i>	1	ACA; OTC; QL
VARENICLINE	2	ACA; QL

## EAR, NOSE & THROAT MEDICATIONS

### MISCELLANEOUS AGENTS

ARESTIN	6	PA
<i>azelastine nasal aerosol,spray</i>	1	QL
<i>azelastine nasal spray,non-aerosol</i>	1	
EPISIL	3	
GELCLAIR	3	
GELX	3	
<i>ipratropium bromide</i>	1	QL
MUGARD	3	
<i>olopatadine</i>	1	QL
<i>oralone</i>	1	
ORAMAGICRX	3	
PATANASE	3	QL
<i>pilocarpine hcl</i>	1	
PROTHELIAL	6	PA
SALAGEN (PILOCARPINE)	3	
<i>triamcinolone acetonide</i>	1	

Drug Name	Drug Tier	Requirements / Limits
<b>MISCELLANEOUS OTIC PREPARATIONS</b>		

<i>acetic acid</i>	1	
<i>ciprofloxacin hcl</i>	1	
DERMOTIC OIL	3	QL
<i>flac otic oil</i>	1	QL
<i>fluocinolone acetonide oil</i>	1	QL
<i>hydrocortisone-acetic acid</i>	1	QL
<i>ofloxacin</i>	1	QL
OTIPRIO	3	QL

### OTIC STEROID / ANTIBIOTIC

CIPRODEX	3	
<i>ciprofloxacin-dexamethasone</i>	1	
CORTISPORIN-TC	3	
<i>neomycin-polymyxin-hc</i>	1	

## ENDOCRINE/DIABETES

### ADRENAL HORMONES

ACTHAR	6	PA
CORTEF	3	
<i>decadron</i>	1	
<i>dexabliss</i>	1	PA
<i>dexamethasone intensol</i>	1	
<i>dexamethasone oral elixir</i>	1	
<i>dexamethasone oral solution</i>	1	
<i>dexamethasone oral tablet</i>	1	
<i>dexamethasone oral tablets,dose pack</i>	1	PA

<b>Drug Name</b>	<b>Drug Tier</b>	<b>Requirements / Limits</b>
DXEVO	3	PA
<i>fludrocortisone</i>	1	
<i>hidex</i>	1	PA
<i>hydrocortisone</i>	1	
MEDROL	3	
MEDROL (PAK)	3	
<i>methylprednisolone</i>	1	
<i>millipred</i>	1	
<i>millipred dp</i>	1	
ORAPRED ODT	3	
<i>prednisolone</i>	1	
<i>prednisolone sodium phosphate</i>	1	
<i>prednisone</i>	1	
<i>prednisone intensol</i>	1	
RAYOS	3	PA
TAPERDEX	3	PA
TRIESENCE (PF)	3	
ZCORT	3	ST
<b>ANTITHYROID AGENTS</b>		
<i>methimazole</i>	1	
<i>propylthiouracil</i>	1	
SSKI	3	
TAPAZOLE	3	
<b>BLOOD GLUCOSE MONITORING DEVICES &amp; SUPPLIES</b>		
ONETOUCH ULTRA TEST	2	OTC
ONETOUCH VERIO TEST STRIPS	2	OTC
<b>DIABETES, SUPPLIES, &amp; DURABLE MEDICAL EQUIPMENT</b>		

<b>Drug Name</b>	<b>Drug Tier</b>	<b>Requirements / Limits</b>
ACE AEROSOL CLOUD ENHANCER	2	
AEROCHAMBER MINI	2	
AEROCHAMBER PLUS FLOW-VU	2	
AEROCHAMBER PLUS Z STAT	2	
AEROTRACH PLUS	2	
AEROVENT PLUS	2	
BREATHERITE MDI SPACER	2	
COMPACT SPACE CHAMBER	2	
EASIVENT HOLDING CHAMBER	2	
FLEXICHAMBER	2	
GLUCAGEN DIAGNOSTIC KIT	2	
GLUCAGON HCL	3	
INSPIRACHAMBER R	2	
INSULIN SYRINGE- NEEDLE U-100	3	
LITEAIRE MDI CHAMBER	2	
MICROCHAMBER	2	
MICROSPACER	2	
OPTICHAMBER DIAMOND VHC	2	
POCKET CHAMBER	2	
PRIMEAIRE	2	
PROCHAMBER	2	

<b>Drug Name</b>	<b>Drug Tier</b>	<b>Requirements / Limits</b>
RITEFLO AEROCHAMBER	2	
SPACE CHAMBER	2	
TRIJARDY XR	2	ST
VORTEX HOLDING CHAMBER	2	
<b>GLUCOSE ELEVATING AGENTS</b>		
BAQSIMI	2	
<i>diazoxide</i>	1	
GLUCAGEN HYPOKIT	2	
GLUCAGON (HCL) EMERGENCY KIT	2	
<i>glucagon emergency kit (human)</i>	1	
GVOKE HYPOPEN 2-PACK	2	
GVOKE PFS 2- PACK SYRINGE	2	
PROGLYCEM	3	
<b>INSULIN SYRINGES/MISCELLANEOUS DURABLE MEDICAL EQU</b>		
ACCU-CHEK GUIDE L1-L2 CTRL SOL	3	OTC
ACCU-CHEK SMARTVIEW CONTRL SOL	3	OTC
ACCUTREND GLUCOSE CONTROL	3	OTC
ADVOCATE LOW CONTROL	3	OTC

<b>Drug Name</b>	<b>Drug Tier</b>	<b>Requirements / Limits</b>
ADVOCATE REDI- CODE+ CTRL LOW	3	OTC
AGAMATRIX CONTROL HIGH	3	OTC
ASSURE 4 CONTROL SOLUTION	3	OTC
ASSURE DOSE NORMAL CONTROL	3	OTC
ASSURE PRISM CONTROL 1-2 SOLN	3	OTC
AT HOME A1C	3	OTC
BD INTEGRA NEEDLE	2	
BD MICROTAINER LANCET	2	OTC
BD SPECIALTY USE NEEDLES	2	
BD ULTRA FINE LANCETS	2	OTC
BD ULTRA-FINE NANO PEN NEEDLE	2	OTC
BLOOD GLUCOSE CONTROL, NORMAL	3	OTC
BREEZE 2 CONTROL SOLUTION,HIGH	3	OTC
CARESENS CONTROL A NORMAL	3	OTC
CEQUR SIMPLICITY	3	

<b>Drug Name</b>	<b>Drug Tier</b>	<b>Requirements / Limits</b>
CLEVER CHOICE LEVEL 2 CONTROL	3	OTC
CONTOUR CONTROL SOLUTION, NML	3	OTC
CONTOUR NEXT LEV 2 CONTROL SOL	3	OTC
COOL CONTROL A SOLUTION	3	OTC
DEXCOM G4 RECEIVER	DME	
DEXCOM G4 TRANSMITTER	DME	QL
DEXCOM G5 RECEIVER	DME	
DEXCOM G5-G4 SENSOR	DME	QL
DEXCOM G6 RECEIVER	DME	
DEXCOM G6 SENSOR	DME	QL
DEXCOM G6 TRANSMITTER	DME	QL
DEXCOM RECEIVER	DME	
DIATRUE CONTROL SOLN NORMAL	3	OTC
EASY PLUS II HIGH CONTROL	3	OTC
EASY STEP HIGH CONTROL SOLN	3	OTC
EASY TALK HIGH CONTROL	3	OTC
EASY TOUCH BLU CTRL SOLN- L1,L3	3	OTC

<b>Drug Name</b>	<b>Drug Tier</b>	<b>Requirements / Limits</b>
EASY TRAK II CTRL SOLN- NORMAL	3	OTC
EASY TRAK LOW CONTROL	3	OTC
EASYGLUCO PLUS NORMAL CONTROL	3	OTC
EASymax 15 LEVEL 2	3	OTC
EASymax NORMAL CONTROL	3	OTC
ECLIPSE NEEDLE	3	
ELEMENT COMPACT NORMAL CONTROL	3	OTC
ELEMENT NORMAL CONTROL	3	OTC
EMBRACE EVO LEVEL 1	3	OTC
EMBRACE GLUCOSE CONTROL LOW	3	OTC
EMBRACE TALK CONTROL-LOW (L1)	3	OTC
ENLITE SYSTEM	3	
EVERSENSE SENSOR-HOLDER	3	
EVOLUTION NORMAL CONTROL	3	OTC
FORA GTEL MULTI-FUNCTN MONITOR	3	OTC

<b>Drug Name</b>	<b>Drug Tier</b>	<b>Requirements / Limits</b>	<b>Drug Name</b>	<b>Drug Tier</b>	<b>Requirements / Limits</b>
FORA KETONE CONTROL SOLN-L1	3	OTC	GOJJI GLUCOSE CNTRL SOL-NORMAL	3	OTC
FORA NORMAL CONTROL	3	OTC	GOJJI KETONE CONTROL SOLN-L1	3	OTC
FORA TN'G ADVANCE PRO MONITOR	3	OTC	GOJJI MULTI-FUNCTIONAL METER	3	OTC
FORACARE GDH LOW CONTROL	3	OTC	HEALTHPRO HIGH-LOW CONTROL	3	OTC
FORTISCARE NORMAL	3	OTC	INFINITY CONTROL SOLUTION NORM	3	OTC
FREESTYLE CONTROL	2	OTC	INFINITY VOICE CTRL SOLN-LVL 2	3	OTC
FREESTYLE LIBRE 14 DAY READER	DME		LANCETS	2	OTC
FREESTYLE LIBRE 14 DAY SENSOR	DME	QL	LANCING DEVICE	2	OTC
FREESTYLE LIBRE 2 READER	DME		MEDISENSE	2	OTC
FREESTYLE LIBRE 2 SENSOR	DME		MEDISENSE GLUCOSE KETONE	2	OTC
GE100 CONTROL SOLUTION NORMAL	3	OTC	MYGLUCOHEALT H CONTROL SOLUTION	3	OTC
GENTEEL VACUUM LANCING DEVICE	3	OTC	NOVA MAX GLUCOSE CONTROL	3	OTC
GLUCOCARD 01 NORMAL CONTROL	3	OTC	NOVA MAX PLUS GLUC-KETON METER	3	OTC
GLUCOCOM CONTROL NORMAL	3	OTC	NOVAMAX PLUS GLU-KET	3	OTC
GLUCOSE CONTROL	3	OTC	OMNIPOD DASH 5 PACK POD	2	PA
			OMNIPOD INSULIN MANAGEMENT	2	PA

<b>Drug Name</b>	<b>Drug Tier</b>	<b>Requirements / Limits</b>
ON CALL EXPRESS CONTROL	3	OTC
ON CALL PLUS CONTROL	3	OTC
ON CALL VIVID CONTROL	3	OTC
ONETOUCH ULTRA CONTROL	2	OTC
ONETOUCH ULTRA2 METER	2	OTC; QL
ONETOUCH ULTRAMINI	2	OTC; QL
ONETOUCH VERIO FLEX METER	2	OTC; QL
ONETOUCH VERIO IQ METER	2	OTC; QL
ONETOUCH VERIO METER	2	OTC; QL
ONETOUCH VERIO REFLECT METER	2	OTC; QL
PEN NEEDLE, DIABETIC	3	OTC
PRECISION XTRA KETONE-GLUCOSE	2	OTC
PRODIGY CONTROL SOLUTION, LOW	3	OTC
PRODIGY CONTROL SOLUTION,HIGH	3	OTC
REFUAH PLUS GLUCOSE CONTROL	3	OTC
RIGHTEST CONTROL SOLUTION HIGH	3	OTC

<b>Drug Name</b>	<b>Drug Tier</b>	<b>Requirements / Limits</b>
SAFE-CLIP BY MAIL	2	OTC
SMARTEST CONTROL	3	OTC
SOLUS V2 CONTROL SOLUTION,HIGH	3	OTC
TELCARE CONTROL	3	OTC
TRUE METRIX LEVEL 1	3	OTC
TRUECONTROL LEVEL 0	3	OTC
UNISTRIP LOW CONTROL	3	OTC
VERASENS CONTROL SOLN-LEVEL 1	3	OTC
V-GO 20	2	
V-GO 30	2	
V-GO 40	2	
VIVAGUARD INO CTRL SOLN-L1,2,3	3	OTC
WAVENSENSE CONTROL SOLUTION	3	OTC
<b>INSULIN THERAPY</b>		
BASAGLAR KWIKPEN U-100 INSULIN	3	
HUMALOG JUNIOR KWIKPEN U-100	2	
HUMALOG KWIKPEN INSULIN	2	
HUMALOG MIX 50-50 INSULN U-100	2	

<b>Drug Name</b>	<b>Drug Tier</b>	<b>Requirements / Limits</b>
HUMALOG MIX 50-50 KWIKPEN	2	
HUMALOG MIX 75-25 KWIKPEN	2	
HUMALOG MIX 75-25(U- 100)INSULN	2	
HUMALOG U-100 INSULIN	2	
HUMULIN 70/30 U-100 INSULIN	2	
HUMULIN 70/30 U-100 KWIKPEN	2	
HUMULIN N NPH INSULIN KWIKPEN	2	
HUMULIN N NPH U-100 INSULIN	2	
HUMULIN R REGULAR U-100 INSULN	2	
HUMULIN R U-500 (CONC) INSULIN	2	
HUMULIN R U-500 (CONC) KWIKPEN	2	
LEVEMIR FLEXTOUCH U- 100 INSULN	2	
LEVEMIR U-100 INSULIN	2	
LYUMJEV KWIKPEN U-100 INSULIN	2	
LYUMJEV KWIKPEN U-200 INSULIN	2	
LYUMJEV U-100 INSULIN	2	
MYXREDLIN	3	

<b>Drug Name</b>	<b>Drug Tier</b>	<b>Requirements / Limits</b>
SEMGLEE PEN U- 100 INSULIN	2	
SEMGLEE U-100 INSULIN	2	
SOLIQUA 100/33	2	PA
TOUJEO MAX U- 300 SOLOSTAR	2	
TOUJEO SOLOSTAR U-300 INSULIN	2	
TRESIBA FLEXTOUCH U- 100	2	
TRESIBA FLEXTOUCH U- 200	2	
TRESIBA U-100 INSULIN	2	
XULTOPHY 100/3.6	2	PA
<b>MISCELLANEOUS HORMONES</b>		
ALDURAZYME	5	PA
ANDRODERM	2	PA
BRINEURA	5	PA
<i>cabergoline</i>	1	QL
<i>calcitonin (salmon) injection</i>	1	PA
<i>calcitonin (salmon) nasal</i>	1	
<i>calcitriol</i>	1	PA
CERDELGA	5	PA
CEREZYME	5	PA
<i>cinacalcet</i>	1	PA
CRYSVITA	5	PA; QL
<i>danazol</i>	1	
DDAVP NASAL	2	PA
DDAVP ORAL	3	PA

<b>Drug Name</b>	<b>Drug Tier</b>	<b>Requirements / Limits</b>
DEPO-TESTOSTERONE	3	PA
<i>desmopressin nasal</i>	1	PA
<i>desmopressin oral</i>	1	
<i>doxercalciferol</i>	1	
ELAPRASE	5	PA
FABRAZYME	5	PA
FORTESTA	3	PA
GALAFOLD	6	PA; LA; QL
JATENZO	3	QL
JYNARQUE	6	PA; LA; QL
KANUMA	5	PA
KUVAN	6	PA
LUMIZYME	5	PA
MEPSEVII	5	PA
METHITEST	2	PA
<i>methyltestosterone</i>	1	PA
MIACALCIN	3	PA
<i>miglustat</i>	4	PA; LA
MYALEPT	5	PA; LA
NAGLAZYME	5	PA; LA
NATESTO	2	PA
NATPARA	5	PA; LA
NOCDURNA (MEN)	3	PA; QL
NOCDURNA (WOMEN)	3	PA; QL
ORILISSA	2	PA; QL
<i>oxandrolone</i>	1	
PALYNZIQ	5	PA; LA; QL
<i>paricalcitol intravenous</i>	1	PA
<i>paricalcitol oral</i>	1	
RAYALDEE	3	

<b>Drug Name</b>	<b>Drug Tier</b>	<b>Requirements / Limits</b>
SAMSCA ORAL TABLET 15 MG	5	PA
SAMSCA ORAL TABLET 30 MG	6	PA
<i>sapropterin</i>	4	PA
SOMAVERT	5	PA
STRENSIQ	5	PA; LA
SYNAREL	2	
TEPEZZA	6	PA
TESTOPEL	6	PA
<i>testosterone cypionate</i>	1	PA
<i>testosterone enanthate</i>	1	PA
TESTOSTERONE IMPLANT PELLET 100 MG, 200 MG	3	PA
TESTOSTERONE IMPLANT PELLET 50 MG	3	
<i>testosterone transdermal</i>	1	PA
tolvaptan	4	PA; LA
VIMIZIM	5	PA
VOGELXO	3	PA
XYOSTED	3	PA; QL
ZEMPLAR INTRAVENOUS	3	PA
ZEMPLAR ORAL	3	
<i>zoledronic acid</i>	4	PA
<i>zoledronic acid-mannitol-water</i>	4	PA
ZOLEDRONIC AC-MANNITOL-0.9NACL	6	PA
<b>NON-INSULIN HYPOGLYCEMIC AGENTS</b>		

<b>Drug Name</b>	<b>Drug Tier</b>	<b>Requirements / Limits</b>
acarbose	1	
ACTOPLUS MET	3	ST
ACTOS	3	ST
AMARYL	3	
BYDUREON BCISE	2	PA
BYETTA	2	PA
CYCLOSET	3	
DUETACT	3	ST
FARXIGA	2	ST
<i>glimepiride</i>	1	
<i>glipizide</i>	1	
<i>glipizide-metformin</i>	1	
GLUCOTROL	3	
GLUCOTROL XL	3	
<i>glyburide</i>	1	
<i>glyburide micronized</i>	1	
<i>glyburide-metformin</i>	1	
GLYNASE	3	
GLYXAMBI	2	ST
JANUMET	2	
JANUMET XR	2	
JANUVIA	2	
JARDIANCE	2	ST
<i>metformin oral solution</i>	1	ST
<i>metformin oral tablet</i>	1	
<i>metformin oral tablet extended release 24 hr</i>	1	
<i>miglitol</i>	1	
<i>nateglinide</i>	1	
OSENI	3	

<b>Drug Name</b>	<b>Drug Tier</b>	<b>Requirements / Limits</b>
OZEMPIC	2	PA
<i>pioglitazone</i>	1	
<i>pioglitazone-glimepiride</i>	1	
<i>pioglitazone-metformin</i>	1	
PRECOSE	3	
<i>repaglinide</i>	1	
<i>repaglinide-metformin</i>	1	
RIOMET	3	ST
RIOMET ER	3	ST
RYBELSUS	2	PA
SEGLUROMET	2	ST
STEGLATRO	2	ST
STEGLUJAN	2	ST
SYMLINPEN 120	2	PA
SYMLINPEN 60	2	PA
SYNJARDY	2	ST
SYNJARDY XR	2	ST
TRULICITY	2	PA
XIGDUO XR	2	ST
<b>THYROID HORMONES</b>		
ARMOUR THYROID	2	
<i>euthyrox</i>	1	
<i>levo-t</i>	1	
<i>levothyroxine</i>	1	
<i>levoxyl</i>	1	
<i>liothyronine</i>	1	
<i>np thyroid</i>	1	
<i>unithroid</i>	1	
<i>westhroid</i>	1	
<b>GASTROENTEROLOGY</b>		

Drug Name	Drug Tier	Requirements / Limits
<b>ANTIDIARRHEALS &amp; ANTISPASMODICS</b>		
<i>anaspaz</i>	1	
<i>belladonna alkaloids-opium</i>	1	QL
<i>chlordiazepoxide-clidinium</i>	1	
CUVPOSA	3	
<i>dicyclomine</i>	1	
<i>diphenoxylate-atropine</i>	1	
DONNATAL	3	
<i>ed-spaz</i>	1	
<i>glycopyrrolate</i>	1	
<i>hyoscyamine sulfate</i>	1	
<i>hyosyne</i>	1	
LEVIBID	3	
LEVSIN	3	
LEVSIN/SL	3	
LOMOTIL	3	
<i>loperamide</i>	1	
<i>methscopolamine</i>	3	
MOTOFEN	3	
NULEV	3	
<i>opium tincture</i>	1	
<i>oscimin</i>	1	
<i>oscimin sl</i>	1	
<i>oscimin sr</i>	1	
<i>phenobarb-hyoscy-atropine-scop</i>	1	
<i>phenohytro</i>	1	
SYMAX DUOTAB	3	
<i>symax fastabs</i>	1	
<i>symax-sl</i>	1	

Drug Name	Drug Tier	Requirements / Limits
<i>symax-sr</i>	1	
<b>MISCELLANEOUS GASTROINTESTINAL AGENTS</b>		
<i>alosetron</i>	1	QL
<i>alvimopan</i>	1	
ANA-LEX KIT	3	
ANALPRAM-HC RECTAL CREAM 1-1 %	3	
ANALPRAM-HC RECTAL CREAM 2.5-1 %	3	ST
ANALPRAM-HC SINGLES	3	
<i>anucort-hc</i>	1	
<i>aprepitant</i>	1	QL
APRISO	3	
AURYXIA	3	
AZULFIDINE	3	
AZULFIDINE EN-TABS	3	
<i>balsalazide</i>	1	
<i>budesonide</i>	1	
<i>calcium acetate(phosphat bind)</i>	1	QL
CHENODAL	5	PA; LA
CHOLBAM	5	PA
<i>citrate of magnesia</i>	1	ACA; OTC
<i>citromax</i>	1	ACA; OTC
<i>clearlax</i>	1	ACA; OTC
COLAZAL	3	
COMPATINE	3	
<i>compro</i>	1	
CORTENEMA	3	

<b>Drug Name</b>	<b>Drug Tier</b>	<b>Requirements / Limits</b>
CREON	2	
<i>cromolyn</i>	1	
CYSTADANE	5	PA
<i>dronabinol</i>	1	
<i>dulcolax</i> <i>(magnesium hydroxide)</i>	1	ACA; OTC
ENTEREG	3	
ENTOCORT EC	3	
ENTYVIO	5	PA
<i>enulose</i>	1	
GASTROCROM	3	
GATTEX 30-VIAL	6	PA
<i>gavilyte-c</i>	1	ACA
<i>gavilyte-g</i>	1	ACA
<i>gavilyte-n</i>	1	ACA
<i>generlac</i>	1	
<i>granisetron hcl</i>	1	QL
<i>hemmorex-hc</i>	1	
<i>hydrocortisone</i>	1	
<i>hydrocortisone acetate</i>	1	
<i>hydrocortisone-pramoxine</i>	1	
INFLECTRA	5	PA
<i>lactulose</i>	1	
<i>lanthanum</i>	1	QL
<i>laxative peg 3350</i>	1	ACA; OTC
<i>lidocaine hcl-hydrocortison ac rectal cream</i>	1	
LIDOCAINE HCL-HYDROCORTISON AC RECTAL GEL	3	

<b>Drug Name</b>	<b>Drug Tier</b>	<b>Requirements / Limits</b>
<i>lidocaine hcl-hydrocortison ac rectal kit</i>	1	
<i>lidocaine-hydrocortisone-aloe</i>	1	
LINZESS	2	QL
LOKELMA	2	QL
<i>magnesium citrate</i>	1	ACA; OTC
MARINOL	3	
<i>meclizine</i>	1	
<i>mesalamine</i>	1	
<i>mesalamine with cleansing wipe</i>	1	
<i>metoclopramide hcl</i>	1	
<i>milk of magnesia</i>	1	ACA; OTC
<i>milk of magnesia concentrated</i>	1	ACA; OTC
MOTEGRITY	3	QL
MOVANTIK	2	QL
<i>natura-lax</i>	1	ACA; OTC
OCALIVA	5	PA; LA
<i>ondansetron</i>	1	QL
<i>ondansetron hcl</i>	1	QL
<i>oral saline laxative</i>	1	ACA; OTC
ORTIKOS	3	
PANCREAZE	2	
<i>peg 3350-electrolytes</i>	1	ACA
<i>peg3350-sod sul-nacl-kcl-asb-c</i>	1	ACA
<i>peg-electrolyte soln</i>	1	ACA
<i>peg-prep</i>	1	ACA
PENTASA	2	
PHOSLYRA	2	QL
<i>phosphate laxative</i>	1	ACA; OTC

<b>Drug Name</b>	<b>Drug Tier</b>	<b>Requirements / Limits</b>
<i>powderlax</i>	1	ACA; OTC
<i>prochlorperazine</i>	1	
<i>prochlorperazine maleate</i>	1	
PROCORT	3	
PROCTOCORT	3	ST
<i>procto-med hc</i>	1	
<i>procto-pak</i>	1	
<i>proctosol hc</i>	1	
<i>protozozone-hc</i>	1	
RECTIV	2	
REGLAN	3	
RELISTOR	2	PA
RENVELA	3	QL
ROWASA	3	
<i>scopolamine base</i>	1	
<i>sevelamer carbonate</i>	1	QL
<i>sevelamer hcl</i>	1	QL
SFROWASA	3	
<i>sodium polystyrene sulfonate</i>	1	
SOLESTA	6	PA
<i>sps (with sorbitol)</i>	1	
SUCRAID	5	PA
<i>sulfasalazine</i>	1	
SYMPROIC	2	
SYNDROS	3	
<i>trimethobenzamide</i>	1	
TRULANCE	2	
UCERIS ORAL	3	
UCERIS RECTAL	2	
URSO 250	3	
URSO FORTE	3	

<b>Drug Name</b>	<b>Drug Tier</b>	<b>Requirements / Limits</b>
<i>ursodiol</i>	1	
VARUBI	2	QL
VELPHORO	2	QL
VIBERZI	2	
VIOKACE	2	
<i>women's gentle laxative(bisac)</i>	1	ACA; OTC
<i>women's laxative (bisacodyl)</i>	1	ACA; OTC
ZELNORM	3	
ZENPEP	2	
ZOFRAN	3	QL
ZUPLENZ	3	QL
<b>ULCER THERAPY</b>		
<i>amoxicil- clarithromy- lansopraz</i>	1	
CARAFATE	3	
<i>cimetidine</i>	1	
<i>cimetidine hcl</i>	1	
CYTOTEC	3	
<i>esomeprazole magnesium oral capsule,delayed release(dr/ec)</i>	1	
<i>esomeprazole magnesium oral granules dr for susp in packet</i>	1	ST
<i>famotidine</i>	1	
<i>lansoprazole</i>	1	
<i>misoprostol</i>	1	
<i>nizatidine</i>	1	
OMECLAMOX- PAK	3	
<i>omeprazole</i>	1	

<b>Drug Name</b>	<b>Drug Tier</b>	<b>Requirements / Limits</b>
<i>pantoprazole</i>	1	
PEPCID	3	
<i>rabeprazole</i>	1	ST
<i>sucralfate</i>	1	
TALICIA	2	

## IMMUNOLOGY, VACCINES & BIOTECHNOLOGY

### BIOTECHNOLOGY DRUGS

FULPHILA	5	PA; QL
LEUKINE	5	PA
MACRILEN	6	PA; QL
MOZOBIL	5	PA
NIVESTYM	5	PA
PROCRT	5	PA
REBLOZYL	6	PA
RETACRT	5	PA
ZARXIO	5	PA
ZIEXTENZO	5	PA

<b>GROWTH HORMONES</b>		
EGRIFTA SV	5	PA
GENOTROPIN	5	PA
GENOTROPIN MINIQUICK	5	PA
NORDITROPIN FLEXPRO	5	PA
SEROSTIM	5	PA

<b>INTERFERONS</b>		
AUBAGIO	5	PA; QL
AVONEX	5	PA; QL
BAFIERTAM	5	PA; QL
BETASERON	5	PA; QL
COPAXONE	6	PA; QL
<i>dimethyl fumarate</i>	4	PA; QL

<b>Drug Name</b>	<b>Drug Tier</b>	<b>Requirements / Limits</b>
GILENYA	5	PA; QL
<i>glatiramer</i>	4	PA; QL
<i>glatopa</i>	4	PA; QL
KESIMPTA PEN	5	PA; QL
LEMTRADA	6	PA; QL
MAVENCLAD (10 TABLET PACK)	6	PA; LA; QL
MAVENCLAD (4 TABLET PACK)	6	PA; LA; QL
MAVENCLAD (5 TABLET PACK)	6	PA; LA; QL
MAVENCLAD (6 TABLET PACK)	6	PA; LA; QL
MAVENCLAD (7 TABLET PACK)	6	PA; LA; QL
MAVENCLAD (8 TABLET PACK)	6	PA; LA; QL
MAVENCLAD (9 TABLET PACK)	6	PA; LA; QL
MAYZENT	5	PA; QL
MAYZENT STARTER PACK	5	PA
OCREVUS	5	PA; QL
PEGASYS	5	PA; QL
PLEGRIDY	5	PA; QL
POMALYST	5	PA; LA
PONVORY	5	PA; QL
PONVORY 14-DAY STARTER PACK	5	PA; QL
REBIF (WITH ALBUMIN)	5	PA; QL
REBIF REBIDOSE	5	PA; QL
REBIF TITRATION PACK	5	PA; QL
REVLIMID	5	PA; LA

<b>Drug Name</b>	<b>Drug Tier</b>	<b>Requirements / Limits</b>
ribavirin	4	PA
VUMERITY	5	PA; QL
ZEPOSIA	5	PA; QL
ZEPOSIA STARTER KIT	5	PA; QL
ZEPOSIA STARTER PACK	5	PA; QL
<b>INTERLEUKINS</b>		
ACTIMMUNE	5	PA
ALDARA	3	
ALFERON N	2	PA
ARCALYST	6	PA
ILARIS (PF)	5	PA; LA
<i>imiquimod</i>	1	
INTRON A	5	PA
PROLEUKIN	5	PA
<b>VACCINES &amp; MISCELLANEOUS IMMUNOLOGICALS</b>		
ACTHIB (PF)	2	ACA
ADACEL(TDAP ADOLESN/ADULT (PF))	2	ACA
AFLURIA QD 2021-22(3YR UP)(PF)	2	ACA
AFLURIA QD 2021-22(6- 35MO)(PF)	2	ACA
AFLURIA QUAD 2021-2022(6MO UP)	2	ACA
ASCENIV	6	PA
BCG VACCINE, LIVE (PF)	2	
BEXSERO	2	ACA
BIOTHRAX	2	

<b>Drug Name</b>	<b>Drug Tier</b>	<b>Requirements / Limits</b>
BIVIGAM	6	PA
BOOSTRIX TDAP	2	ACA
BOTOX	5	PA
CUVITRU	6	PA
DAPTACEL (DTAP PEDIATRIC) (PF)	2	ACA
DYSPORT	6	PA
ENGERIX-B (PF)	2	ACA
ENGERIX-B PEDIATRIC (PF)	2	ACA
FLEBOGAMMA DIF	6	PA
FLUAD QUAD 2021-22(65Y UP)(PF)	2	ACA
FLUARIX QUAD 2021-2022 (PF)	2	ACA
FLUBLOK QUAD 2021-2022 (PF)	2	ACA
FLUCELVAX QUAD 2021-2022	2	ACA
FLUCELVAX QUAD 2021-2022 (PF)	2	ACA
FLULAVAL QUAD 2021-2022 (PF)	2	ACA
FLUMIST QUAD 2021-2022	3	ACA
FLUZONE HIGHDOSE QUAD 21-22 PF	2	ACA
FLUZONE QUAD 2021-2022	2	ACA
FLUZONE QUAD 2021-2022 (PF)	2	ACA
GAMASTAN	5	PA
GAMASTAN S/D	5	PA

<b>Drug Name</b>	<b>Drug Tier</b>	<b>Requirements / Limits</b>
GAMMAGARD LIQUID	5	PA
GAMMAGARD S-D (IGA < 1 MCG/ML)	5	PA
GAMMAPLEX	6	PA
GAMMAPLEX (WITH SORBITOL)	6	PA
GAMUNEX-C	5	PA
GARDASIL 9 (PF)	2	ACA
GRASTEK	2	PA
HAVRIX (PF)	2	ACA
HEPLISAV-B (PF)	3	ACA
HIBERIX (PF)	2	ACA
HYQVIA	6	PA
IMOVAX RABIES VACCINE (PF)	2	
INFANRIX (DTAP) (PF)	2	ACA
IPOL	2	ACA
IXIARO (PF)	2	
JANSSEN COVID-19 VACCINE (EUA)	2	ACA
KINRIX (PF)	3	ACA
MENACTRA (PF)	2	ACA
MENQUADFI (PF)	3	ACA
MENVEO A-C-Y-W-135-DIP (PF)	3	ACA
M-M-R II (PF)	2	ACA
MODERNA COVID-19 VACCINE (EUA)	2	ACA
MYOBLOC	5	PA
OCTAGAM	6	PA
ODACTRA	2	PA

<b>Drug Name</b>	<b>Drug Tier</b>	<b>Requirements / Limits</b>
ORALAIR	5	PA
PANZYGIA	3	PA
PEDIARIX (PF)	2	ACA
PEDVAX HIB (PF)	2	ACA
PENTACEL (PF)	2	ACA
PENTACEL ACTHIB COMPONENT (PF)	2	ACA
PFIZER COVID-19 VACCINE (EUA)	2	ACA
PNEUMOVAX-23	2	ACA
PREVNAR 13 (PF)	2	ACA
PREVNAR 20 (PF)	3	ACA
PRIVIGEN	6	PA
PROQUAD (PF)	2	ACA
PROVENGE	5	PA
QUADRACEL (PF)	2	ACA
RABAVERT (PF)	2	
RAGWITEK	2	PA
RECOMBIVAX HB (PF)	2	ACA
ROTARIX	3	ACA
SHINGRIX (PF)	2	ACA
STAMARIL (PF)	2	
TDVAX	2	ACA
TENIVAC (PF)	3	ACA
TETANUS,DIPHTHERIA TOX PED(PF)	2	ACA
TRUMENBA	2	ACA
TWINRIX (PF)	2	ACA
TYPHIM VI	2	
VAQTA (PF)	3	ACA
VARIVAX (PF)	2	ACA
VARIZIG	2	

Drug Name	Drug Tier	Requirements / Limits
VAXELIS (PF)	3	ACA
XEMBIFY	5	PA
XEOMIN	6	PA
YF-VAX (PF)	2	
ZOSTAVAX (PF)	3	ACA

## MUSCULOSKELETAL & RHEUMATOLOGY

### GOUT THERAPY

<i>allopurinol</i>	1	
<i>colchicine</i>	1	
<i>febuxostat</i>	1	
GLOPERBA	3	
KRYSTEXXA	5	PA
MITIGARE	2	
<i>probencid</i>	1	
<i>probencid-colchicine</i>	1	
ZYLOPRIM	3	

### OSTEOPOROSIS THERAPY

ACTONEL	3	ST; QL
<i>alendronate oral solution</i>	1	QL
<i>alendronate oral tablet 10 mg, 5 mg</i>	1	
<i>alendronate oral tablet 35 mg, 70 mg</i>	1	QL
ATELVIA	3	ST; QL
BINOSTO	3	ST; QL
BONIVA	3	ST; QL
EVISTA	3	
FORTEO	5	PA; QL
FOSAMAX	3	ST; QL
FOSAMAX PLUS D	3	ST; QL

Drug Name	Drug Tier	Requirements / Limits
<i>ibandronate intravenous</i>	4	PA
<i>ibandronate oral</i>	1	QL
<i>raloxifene</i>	1	
<i>risedronate oral tablet 150 mg, 35 mg</i>	1	QL
<i>risedronate oral tablet 5 mg</i>	1	
<i>risedronate oral tablet, delayed release (dr/ec)</i>	1	QL
TERIPARATIDE	6	PA; QL
TYMLOS	5	PA
OTHER RHEUMATOLOGICALS		
ACTEMRA	5	PA; QL
ACTPEN		
ACTEMRA INTRAVENOUS	5	PA
ACTEMRA SUBCUTANEOUS	5	PA; QL
ARAVA	3	
BENLYSTA INTRAVENOUS	5	PA
BENLYSTA SUBCUTANEOUS	5	PA; QL
DEPEN TITRATABS	3	
ENBREL	5	PA; QL
ENBREL MINI	5	PA; QL
ENBREL SURECLICK	5	PA; QL
HUMIRA	5	PA; QL
HUMIRA PEN	5	PA; QL
HUMIRA PEN CROHNS-UC-HS START	5	PA; QL

<b>Drug Name</b>	<b>Drug Tier</b>	<b>Requirements / Limits</b>
HUMIRA PEN PSOR-UVEITS-ADOL HS	5	PA; QL
HUMIRA(CF)	5	PA; QL
HUMIRA(CF) PEDI CROHNS STARTER	5	PA; QL
HUMIRA(CF) PEN	5	PA; QL
HUMIRA(CF) PEN CROHNS-UC-HS	5	PA; QL
HUMIRA(CF) PEN PEDIATRIC UC	5	PA
HUMIRA(CF) PEN PSOR-UV-ADOL HS	5	PA; QL
<i>leflunomide</i>	1	
OTEZLA	5	PA; QL
OTEZLA STARTER	5	PA; QL
<i>penicillamine</i>	1	
RASUVO (PF)	2	ST
RIDAURA	2	
RINVOQ	5	PA; QL
SAVELLA	2	
SIMPONI	5	PA; QL
SIMPONI ARIA	6	PA
XELJANZ	5	PA; QL
XELJANZ XR	5	PA; QL

## OBSTETRICS & GYNECOLOGY

### DIAPHRAGMS AND OTHER NON-ORAL CONTRACEPTIVES

CAYA CONTOURED	3	ACA
FC2 FEMALE CONDOM	2	ACA; OTC

<b>Drug Name</b>	<b>Drug Tier</b>	<b>Requirements / Limits</b>
FEMCAP	2	ACA
KYLEENA	5	
LILETTA	6	
MIRENA	5	ACA
PARAGARD T 380A	6	ACA
SKYLA	5	
WIDE-SEAL DIAPHRAGM	3	ACA
<b>ESTROGENS &amp; PROGESTINS</b>		
ACTIVELLA	3	
ALORA	3	QL
<i>amabelz</i>	1	
ANGELIQ	3	
AYGESTIN	3	
<i>camila</i>	1	ACA
CLIMARA	3	QL
COMBIPATCH	2	
<i>covaryx</i>	1	
<i>covaryx h.s.</i>	1	
<i>deblitane</i>	1	ACA
DELESTROGEN	3	PA
DEPO-ESTRADIOL	2	PA
DEPO-PROVERA	3	ACA; QL
DEPO-SUBQ PROVERA 104	3	QL
<i>dotti</i>	1	QL
DUAVEE	2	
<i>eemt</i>	1	
<i>eemt hs</i>	1	
<i>errin</i>	1	ACA
ESTRACE	3	
ESTRADIOL IMPLANT	3	

<b>Drug Name</b>	<b>Drug Tier</b>	<b>Requirements / Limits</b>
<i>estradiol oral</i>	1	
<i>estradiol transdermal</i>	1	QL
<i>estradiol vaginal</i>	1	
<i>estradiol valerate</i>	1	PA
<i>estradiol-norethindrone acet</i>	1	
<i>estrogens-methyltestosterone</i>	1	
FEMHRT LOW DOSE	3	
<i>fyavolv</i>	1	
<i>heather</i>	1	ACA
<i>hydroxyprogesterone(pf)(preg presv)</i>	4	PA
<i>hydroxyprogesterone cap(ppres)</i>	4	PA
<i>incassia</i>	1	ACA
<i>jencycla</i>	1	ACA
<i>jinteli</i>	1	
<i>lyleq</i>	1	ACA
<i>lyllana</i>	1	QL
<i>lyza</i>	1	ACA
MAKENA	6	PA
MAKENA (PF)	6	PA
<i>medroxyprogesterone intramuscular</i>	1	ACA; QL
<i>medroxyprogesterone oral</i>	1	
MENOSTAR	3	QL
<i>mimvey</i>	1	
<i>nora-be</i>	1	ACA
<i>norethindrone (contraceptive)</i>	1	ACA
<i>norethindrone acetate</i>	1	

<b>Drug Name</b>	<b>Drug Tier</b>	<b>Requirements / Limits</b>
<i>norethindrone ac-eth estradiol</i>	1	
<i>norlyda</i>	1	ACA
PREFEST	3	
PREMARIN	2	
<i>progesterone</i>	4	PA
<i>progesterone micronized</i>	1	
PROMETRIUM	3	
PROVERA	3	
<i>sharobel</i>	1	ACA
<i>tulana</i>	1	ACA
<i>yuvafem</i>	1	
<b>MISCELLANEOUS OB/GYN</b>		
CERVIDIL	3	
CLEOCIN	3	
<i>clindamycin phosphate</i>	1	
CLINDESSE	3	
<i>eluryng</i>	1	ACA
<i>etonogestrel-ethinyl estradiol</i>	1	ACA
<i>fem ph</i>	1	
GYNAZOLE-1	3	
<i>gynol ii</i>	1	ACA; OTC
<i>isoxsuprine</i>	1	
LUPANETA PACK (1 MONTH)	5	PA
LUPANETA PACK (3 MONTH)	5	PA
LYSTEDA	3	
METROGEL VAGINAL	3	
<i>metronidazole</i>	1	
<i>miconazole-3</i>	1	

Drug Name	Drug Tier	Requirements / Limits
MYFEMBREE	2	
NEXPLANON	5	ACA
NUVESSA	3	
ORIAHNN	2	
PREPIDIL	3	
RELAGARD	3	
<i>terconazole</i>	1	
TODAY CONTRACEPTIVE SPONGE	2	ACA; OTC
<i>tranexamic acid</i>	1	
TRIMO-SAN JELLY	2	
<i>vandazole</i>	1	
VCF CONTRACEPTIVE FILM	2	OTC
VCF CONTRACEPTIVE GEL	2	OTC
<i>xulane</i>	1	ACA
<i>zafemy</i>	1	ACA
<b>ORAL CONTRACEPTIVES &amp; RELATED AGENTS</b>		
<i>afirmelle</i>	1	ACA
<i>after pill</i>	1	ACA; OTC
AFTERA	3	ACA; OTC
<i>altavera (28)</i>	1	ACA
<i>alyacen 1/35 (28)</i>	1	ACA
<i>alyacen 7/7/7 (28)</i>	1	ACA
<i>amethia</i>	1	ACA
<i>amethyst (28)</i>	1	ACA
<i>apri</i>	1	ACA
<i>aranelle (28)</i>	1	ACA
<i>ashlyna</i>	1	ACA

Drug Name	Drug Tier	Requirements / Limits
<i>aubra</i>	1	ACA
<i>aubra eq</i>	1	ACA
<i>aurovela 1.5/30 (21)</i>	1	ACA
<i>aurovela 1/20 (21)</i>	1	ACA
<i>aurovela 24 fe</i>	1	ACA
<i>aurovela fe 1.5/30 (28)</i>	1	ACA
<i>aurovela fe 1-20 (28)</i>	1	ACA
<i>aviane</i>	1	ACA
<i>ayuna</i>	1	ACA
<i>azurette (28)</i>	1	ACA
<i>balziva (28)</i>	1	ACA
<i>BEYAZ</i>	3	ACA
<i>blisovi 24 fe</i>	1	ACA
<i>blisovi fe 1.5/30 (28)</i>	1	ACA
<i>blisovi fe 1/20 (28)</i>	1	ACA
<i>briellyn</i>	1	ACA
<i>camrese</i>	1	ACA
<i>camrese lo</i>	1	ACA
<i>caziant (28)</i>	1	ACA
<i>charlotte 24 fe</i>	1	ACA
<i>chateal (28)</i>	1	ACA
<i>chateal eq (28)</i>	1	ACA
<i>cryselle (28)</i>	1	ACA
<i>cyclafem 1/35 (28)</i>	1	ACA
<i>cyclafem 7/7/7 (28)</i>	1	ACA
<i>cyred</i>	1	ACA
<i>cyred eq</i>	1	ACA
<i>dasetta 1/35 (28)</i>	1	ACA
<i>dasetta 7/7/7 (28)</i>	1	ACA
<i>daysee</i>	1	ACA

<b>Drug Name</b>	<b>Drug Tier</b>	<b>Requirements / Limits</b>
<i>desog-e. estradiol/e.estradio l</i>	1	ACA
<i>desogestrel-ethinyl estradiol</i>	1	ACA
<i>dolishale</i>	1	ACA
<i>drospirenone- e.estriadiol-lm.fa</i>	1	ACA
<i>drospirenone-ethinyl estradiol</i>	1	ACA
<i>econtra ez</i>	1	ACA; OTC
<i>econtra one-step</i>	1	ACA; OTC
<i>elinest</i>	1	ACA
<b>ELLA</b>	3	ACA
<i>emoquette</i>	1	ACA
<i>enpresse</i>	1	ACA
<i>enskyce</i>	1	ACA
<i>estarylla</i>	1	ACA
<i>ethynodiol diac-eth estradiol</i>	1	ACA
<i>falmina (28)</i>	1	ACA
<i>femynor</i>	1	ACA
<i>gemmily</i>	1	ACA
<i>hailey</i>	1	ACA
<i>hailey 24 fe</i>	1	ACA
<i>hailey fe 1.5/30 (28)</i>	1	ACA
<i>hailey fe 1/20 (28)</i>	1	ACA
<i>iclevia</i>	1	ACA
<i>isibloom</i>	1	ACA
<i>jaimiess</i>	1	ACA
<i>jasmiel (28)</i>	1	ACA
<i>jolessa</i>	1	ACA
<i>juleber</i>	1	ACA
<i>junel 1.5/30 (21)</i>	1	ACA
<i>junel 1/20 (21)</i>	1	ACA

<b>Drug Name</b>	<b>Drug Tier</b>	<b>Requirements / Limits</b>
<i>junel fe 1.5/30 (28)</i>	1	ACA
<i>junel fe 1/20 (28)</i>	1	ACA
<i>junel fe 24</i>	1	ACA
<i>kaitlib fe</i>	1	ACA
<i>kalliga</i>	1	ACA
<i>kariva (28)</i>	1	ACA
<i>kelnor 1/35 (28)</i>	1	ACA
<i>kelnor 1-50 (28)</i>	1	ACA
<i>kurvelo (28)</i>	1	ACA
<i>l norgest/e.estriadiol- e.estrad</i>	1	ACA
<i>larin 1.5/30 (21)</i>	1	ACA
<i>larin 1/20 (21)</i>	1	ACA
<i>larin 24 fe</i>	1	ACA
<i>larin fe 1.5/30 (28)</i>	1	ACA
<i>larin fe 1/20 (28)</i>	1	ACA
<i>larissia</i>	1	ACA
<i>layolis fe</i>	1	ACA
<i>leena 28</i>	1	ACA
<i>lessina</i>	1	ACA
<i>levonest (28)</i>	1	ACA
<i>levonorgestrel</i>	1	ACA; OTC
<i>levonorgestrel- ethinyl estrad</i>	1	ACA
<i>levonorg-eth estrad triphasic</i>	1	ACA
<i>levora-28</i>	1	ACA
<i>lillow (28)</i>	1	ACA
<i>lojaimiess</i>	1	ACA
<i>loryna (28)</i>	1	ACA
<i>low-ogestrel (28)</i>	1	ACA
<i>lo-zumandimine (28)</i>	1	ACA
<i>lulera (28)</i>	1	ACA
<i>marlissa (28)</i>	1	ACA

<b>Drug Name</b>	<b>Drug Tier</b>	<b>Requirements / Limits</b>
<i>merzee</i>	1	ACA
<i>mibelas 24 fe</i>	1	ACA
<i>microgestin 1.5/30 (21)</i>	1	ACA
<i>microgestin 1/20 (21)</i>	1	ACA
MICROGESTIN 24 FE	3	ACA
<i>microgestin fe 1.5/30 (28)</i>	1	ACA
<i>microgestin fe 1/20 (28)</i>	1	ACA
<i>mili</i>	1	ACA
<i>mono-linyah</i>	1	ACA
<i>my choice</i>	1	ACA; OTC
<i>my way</i>	1	ACA; OTC
<i>necon 0.5/35 (28)</i>	1	ACA
<i>new day</i>	1	ACA; OTC
<i>nikki (28)</i>	1	ACA
<i>noreth-ethinyl estradiol-iron</i>	1	ACA
<i>norethindrone ac-eth estradiol</i>	1	ACA
<i>norethindrone-e.estradiol-iron</i>	1	ACA
<i>norgestimate-ethinyl estradiol</i>	1	ACA
<i>nortrel 0.5/35 (28)</i>	1	ACA
<i>nortrel 1/35 (21)</i>	1	ACA
<i>nortrel 1/35 (28)</i>	1	ACA
<i>nortrel 7/7/7 (28)</i>	1	ACA
<i>nylia 7/7/7 (28)</i>	1	ACA
<i>nymyo</i>	1	ACA
<i>ocella</i>	1	ACA
<i>opcicon one-step</i>	1	ACA; OTC

<b>Drug Name</b>	<b>Drug Tier</b>	<b>Requirements / Limits</b>
<i>option-2</i>	1	ACA; OTC
<i>orsythia</i>	1	ACA
<i>philith</i>	1	ACA
<i>pimtrea (28)</i>	1	ACA
<i>pirmella</i>	1	ACA
PLAN B ONE-STEP	2	ACA; OTC
<i>portia 28</i>	1	ACA
<i>previfem</i>	1	ACA
<i>reclipsen (28)</i>	1	ACA
<i>rivelsa</i>	1	ACA
<i>setlakin</i>	1	ACA
<i>simliya (28)</i>	1	ACA
<i>simpesse</i>	1	ACA
<i>sprintec (28)</i>	1	ACA
<i>sronyx</i>	1	ACA
<i>syeda</i>	1	ACA
TAKE ACTION	3	ACA; OTC
<i>tarina 24 fe</i>	1	ACA
<i>tarina fe 1/20 (28)</i>	1	ACA
<i>taysofy</i>	1	ACA
<i>tilia fe</i>	1	ACA
<i>tri-femynor</i>	1	ACA
<i>tri-estarrylla</i>	1	ACA
<i>tri-legest fe</i>	1	ACA
<i>tri-linyah</i>	1	ACA
<i>tri-lo-estarrylla</i>	1	ACA
<i>tri-lo-marzia</i>	1	ACA
<i>tri-lo-mili</i>	1	ACA
<i>tri-lo-sprintec</i>	1	ACA
<i>tri-mili</i>	1	ACA
<i>tri-nymyo</i>	1	ACA
<i>tri-previfem (28)</i>	1	ACA
<i>tri-sprintec (28)</i>	1	ACA

<b>Drug Name</b>	<b>Drug Tier</b>	<b>Requirements / Limits</b>
<i>trivora</i> (28)	1	ACA
<i>tri-vylibra</i>	1	ACA
<i>tri-vylibra lo</i>	1	ACA
<i>tydemy</i>	1	ACA
<i>velivet triphasic regimen</i> (28)	1	ACA
<i>vestura</i> (28)	1	ACA
<i>vienva</i>	1	ACA
<i>viorele</i> (28)	1	ACA
<i>volnea</i> (28)	1	ACA
<i>vyfemla</i> (28)	1	ACA
<i>vylibra</i>	1	ACA
<i>wera</i> (28)	1	ACA
<i>wymzya fe</i>	1	ACA
<b>YAZ</b> (28)	3	ACA
<i>zarah</i>	1	ACA
<i>zovia 1/35e</i> (28)	1	ACA
<i>zumandimine</i> (28)	1	ACA

## OXYTOCICS

<i>methergine</i>	1	QL
<i>methylergonovine</i>	1	QL

## OPHTHALMOLOGY

### ANTIBIOTICS

<i>ak-poly-bac</i>	1	
<b>AZASITE</b>	2	QL
<i>bacitracin</i>	1	
<i>bacitracin-polymyxin b</i>	1	
<b>BETADINE OPHTHALMIC PREP</b>	3	
<b>CILOXAN</b>	3	QL
<i>ciprofloxacin hcl</i>	1	QL
<i>erythromycin</i>	1	

<b>Drug Name</b>	<b>Drug Tier</b>	<b>Requirements / Limits</b>
<i>gatifloxacin</i>	1	QL
<i>gentak</i>	1	
<i>gentamicin</i>	1	QL
<i>levofloxacin</i>	1	QL
<b>MOXEZA</b>	3	
<b>MOXIFLOXACIN (PF)-BSS</b>	3	
<i>moxifloxacin ophthalmic (eye) drops</i>	1	QL
<i>moxifloxacin ophthalmic (eye) drops, viscous</i>	1	
<b>MOXIFLOXACIN-SOD CHLOR,ISO(PF)</b>	3	
<b>NATACYN</b>	2	
<i>neomycin-bacitracin-polymyxin</i>	1	
<i>neomycin-polymyxin-gramicidin</i>	1	QL
<i>neo-polycin</i>	1	
<b>OCUFLOX</b>	3	QL
<i>ofloxacin</i>	1	QL
<i>polycin</i>	1	
<i>polymyxin b sulf-trimethoprim</i>	1	QL
<b>POLYTRIM</b>	3	QL
<i>tobramycin</i>	1	QL
<b>TOBREX OPHTHALMIC (EYE) DROPS</b>	3	QL
<b>TOBREX OPHTHALMIC (EYE) OINTMENT</b>	3	
<b>VIGAMOX</b>	3	QL

<b>Drug Name</b>	<b>Drug Tier</b>	<b>Requirements / Limits</b>
ZYMAXID	3	QL
<b>ANTIVIRALS</b>		
<i>trifluridine</i>	1	QL
ZIRGAN	3	
<b>BETA-BLOCKERS</b>		
<i>betaxolol</i>	1	QL
BETOPTIC S	3	
<i>carteolol</i>	1	QL
<i>levobunolol</i>	1	QL
<i>timolol maleate (pf)</i>	1	
<i>timolol maleate ophthalmic (eye) drops</i>	1	QL
<i>timolol maleate ophthalmic (eye) drops, once daily</i>	1	
<i>timolol maleate ophthalmic (eye) gel forming solution</i>	1	
TIMOPTIC	3	QL
TIMOPTIC-XE	3	
<b>CYCLOPLEGIC MYDRIATICS</b>		
<i>atropine ophthalmic (eye) drops</i>	1	QL
ATROPINE OPHTHALMIC (EYE) DROPS, EMULSION	3	
<i>atropine ophthalmic (eye) ointment</i>	1	
CYCLOGYL	3	QL
<i>cyclopentolate</i>	1	QL
CYCLOPEN-TROPIC-PHENYLEPH-WATR	3	

<b>Drug Name</b>	<b>Drug Tier</b>	<b>Requirements / Limits</b>
CYCLOPENT-TROPIC-PHEN-KETR-WAT	3	
CYCLOP-TROP-PROPA-PHEN-KET-WAT	3	
<i>homatropaire</i>	1	
ISOPTO ATROPINE	3	QL
MYDRIACYL	3	QL
PAREMYD	3	
PHENYLEPH-TROPICAMIDE IN WATER	3	
<i>tropicamide</i>	1	QL
<b>DIRECT ACTING MIOTICS</b>		
ISOPTO CARPINE	3	QL
MIOCHOL-E	3	
<i>pilocarpine hcl</i>	1	QL
<b>MISCELLANEOUS OPHTHALMOLOGICS</b>		
AKTEN (PF)	3	
ALCAINE	3	QL
<i>altacaine</i>	1	
ALTAFLUOR BENOX	3	
<i>azelastine</i>	1	QL
BEOVU	6	PA
<i>bepotastine besilate</i>	1	QL
BEVACIZUMAB	3	PA
CEQUA	3	PA
<i>cromolyn</i>	1	QL
CYCLOSPORINE IN KLARITY	3	
CYSTARAN	5	PA

<b>Drug Name</b>	<b>Drug Tier</b>	<b>Requirements / Limits</b>
DEXAMET-MOXIFL-KETORO-NACL(PF)	3	
<i>epinastine</i>	1	QL
EYLEA	5	PA
FLUORESCEIN-BENOXINATE	3	
<i>fluorescein-proparacaine</i>	1	
KLARITY-A (AZITHRO-CHONDR)(PF)	3	
KLARITY-B (BETAMETH-CHOND)(PF)	3	
KLARITY-L (LOTEPRED-CHOND)(PF)	3	
LACRISERT	3	PA
LIDOCAINE-PHENYLEPHRIN-BSS(PF)	3	
<i>lidocaine-phenylephrin in water</i>	1	
LUCENTIS	6	PA
LUXURNA	5	PA
MYDRIATIC4(TROP-PROP-PE-KTRLC)	3	
<i>olopatadine</i>	1	QL
OMIDRIA	3	
OXERVATE	5	PA; QL
PHOTREXA CROSS-LINKING KIT	3	
PHOTREXA VISCOSUS	3	

<b>Drug Name</b>	<b>Drug Tier</b>	<b>Requirements / Limits</b>
PREDNISOL ACE-GATIFLOX-BROMFEN	3	
PREDNISOLN SP-GATIFLOX-BROMFEN	3	
PREDNISOLN SP-MOXIFLOX-BROMFEN	3	
PREDNISOLONE ACETATE-NEPAFENAC	3	
PREDNISOLONE-MOXIFLO-NEPAFENAC	3	
PREDNISOLONE-MOXIFLOX-BROMFEN	3	
<i>proparacaine</i>	1	QL
RACEPINEPH-LIDOCAINE-BSS 7(PF)	3	
RESTASIS	2	PA
RESTASIS MULTIDOSE	2	PA; QL
<i>tetracaine hcl</i>	1	
TETRACAINE HCL (PF)	3	
VISUDYNE	5	PA
XIIDRA	2	PA
<b>NON-STEROIDAL ANTI-INFLAMMATORY AGENTS</b>		
ACULAR	3	QL
ACULAR LS	3	QL
<i>bromfenac</i>	1	QL
<i>diclofenac sodium</i>	1	QL
<i>flurbiprofen sodium</i>	1	QL
ILEVRO	3	

<b>Drug Name</b>	<b>Drug Tier</b>	<b>Requirements / Limits</b>
<i>ketorolac</i>	1	QL
PROLENSA	3	QL
<b>ORAL DRUGS FOR GLAUCOMA</b>		
<i>acetazolamide</i>	1	
<i>methazolamide</i>	1	
<b>OTHER GLAUCOMA DRUGS</b>		
<i>bimatoprost</i>	1	ST; QL
BRIMONIDINE- DORZOLAMIDE (PF)	3	
<i>brinzolamide</i>	1	
COMBIGAN	3	QL
<i>dorzolamide</i>	1	QL
DORZOLAMIDE (PF)	3	QL
<i>dorzolamide-timolol</i>	1	QL
<i>dorzolamide-timolol</i> (pf) ophthalmic (eye) dropperette	1	
DORZOLAMIDE- TIMOLOL (PF) OPHTHALMIC (EYE) DROPS	3	
<i>latanoprost</i>	1	ST; QL
LATANOPROST (PF)	3	QL
LUMIGAN	3	ST; QL
<i>miostat</i>	1	
MITOSOL	3	
SIMBRINZA	3	
TIMOL-BRIMON- DORZO- LATANOP(PF)	3	
TIMOLOL- BRIMONIDI- DORZOLAM(PF)	3	

<b>Drug Name</b>	<b>Drug Tier</b>	<b>Requirements / Limits</b>
TIMOLOL- DORZOLAMID- LATANOP(PF)	3	
TIMOLOL- LATANOPROST(P F)	3	
<i>travoprost</i>	1	ST; QL
TRUSOPT	3	QL
VYZULTA	3	ST; QL
<b>STEROID-ANTIBIOTIC COMBINATIONS</b>		
DEXAMETH- MOXIFLOX(PF)- NACL,ISO	3	
MAXITROL	3	
<i>neomycin-</i> <i>bacitracin-poly-hc</i>	1	
<i>neomycin-polymyxin b-dexameth</i>	1	
<i>neomycin-</i> <i>polymyxin-hc</i>	1	
<i>neo-polycin hc</i>	1	
PRED-G	3	
PRED-G S.O.P.	3	
PREDNISOLONE ACET- GATIFLOXACIN	3	
PREDNISOLONE SOD PH- MOXIFLOX	3	
PREDNISOLONE- MOXIFLOXACIN HCL	3	
TOBRADEX	3	
<i>tobramycin-</i> <i>dexamethasone</i>	1	

Drug Name	Drug Tier	Requirements / Limits
TRIAMCINOLON-MOXIFLOX-WATR(PF)	3	
<b>STEROIDS</b>		
<i>dexamethasone sodium phosphate</i>	1	QL
DEXTENZA	3	
DEXYCU (PF)	3	
DUREZOL	3	QL
EYSUVIS	3	PA
<i>fluorometholone</i>	1	
FML LIQUIFILM	3	
ILUVIEN	6	PA
INVELTYS	3	
LOTEMAX	3	
LOTEMAX SM	3	
<i>loteprednol etabonate</i>	1	
OZURDEX	5	PA
PRED FORTE	3	
<i>prednisolone acetate</i>	1	
PREDNISOLONE ACETATE (PF)	3	
<i>prednisolone sodium phosphate</i>	1	QL
RETISERT	6	PA
YUTIQ	6	PA
<b>STEROID-SULFONAMIDE COMBINATIONS</b>		
BLEPHAMIDE	3	
BLEPHAMIDE S.O.P.	3	
<i>sulfacetamide-prednisolone</i>	1	
<b>SULFONAMIDES</b>		

Drug Name	Drug Tier	Requirements / Limits
BLEPH-10	3	QL
<i>sulfacetamide sodium ophthalmic (eye) drops</i>	1	QL
<i>sulfacetamide sodium ophthalmic (eye) ointment</i>	1	
<b>SYMPATHOMIMETICS</b>		
ALPHAGAN P	3	QL
<i>apraclonidine</i>	1	QL
<i>brimonidine</i>	1	QL
IOPIDINE	3	
<b>VASOCONSTRICTOR DECONGESTANTS</b>		
CYCLOMYDRIL	3	
<i>phenylephrine hcl</i>	1	
<b>RESPIRATORY, ALLERGY, COUGH &amp; COLD</b>		
<b>ANTIHISTAMINE &amp; ANTIALLERGENIC AGENTS</b>		
<i>adrenalin</i>	1	
<i>carbinoxamine maleate oral liquid</i>	1	
<i>carbinoxamine maleate oral tablet 4 mg</i>	1	
<i>carbinoxamine maleate oral tablet 6 mg</i>	1	ST
<i>cetirizine</i>	1	
CLARINEX	3	QL
<i>clemastine</i>	1	
<i>ciproheptadine</i>	1	
<i>desloratadine</i>	1	QL
<i>dexchlorpheniramine maleate</i>	1	

<b>Drug Name</b>	<b>Drug Tier</b>	<b>Requirements / Limits</b>
DIPHEN	3	
<i>epinephrine</i>	1	
EPINEPHRINE HCL (PF)	3	
EPIPEN 2-PAK	2	
EPIPEN JR 2-PAK	2	
<i>hydroxyzine hcl</i>	1	
<i>hydroxyzine pamoate</i>	1	
KARBINAL ER	3	ST
<i>levocetirizine oral solution</i>	1	
<i>levocetirizine oral tablet</i>	1	QL
<i>promethazine</i>	1	
<i>promethegan</i>	1	
RYCLORA	3	
RYVENT	3	ST
SYMJEPI	2	
VISTARIL	3	
<b>COUGH &amp; COLD THERAPY</b>		
<i>benzonatate</i>	1	
BROMFED DM	3	
<i>brompheniramine-pseudoeph-dm</i>	1	
CLARINEX-D 12 HOUR	3	QL
HYCODAN (WITH HOMATROPINE)	3	
<i>hydrocodone-chlorpheniramine</i>	1	
<i>hydrocodone-homatropine</i>	1	
<i>hydromet</i>	1	
OBREDON	3	PA

<b>Drug Name</b>	<b>Drug Tier</b>	<b>Requirements / Limits</b>
<i>promethazine-codeine</i>	1	
<i>promethazine-dm</i>	1	
<i>promethazine-phenyleph-codeine</i>	1	
<i>promethazine-phenylephrine</i>	1	
RESPA-AR	3	
TUSSICAPS	3	PA
TUXARIN ER	3	
TUZISTRA XR	3	PA
<b>PULMONARY AGENTS</b>		
ACCOLATE	3	
<i>acetylcysteine</i>	1	
ADEMPAS	5	PA; LA
ADRENALIN	3	
ADVAIR DISKUS	3	ST; QL
ADVAIR HFA	2	ST; QL
<i>albuterol sulfate inhalation hfa aerosol inhaler</i>	1	QL
<i>albuterol sulfate inhalation solution for nebulization</i>	1	
<i>albuterol sulfate oral</i>	1	
ALVESCO	3	QL
<i>alyq</i>	4	PA
<i>ambrisentan</i>	4	PA; LA
ANORO ELLIPTA	2	QL
<i>arformoterol</i>	1	QL
ARNUITY ELLIPTA	2	QL
ASMANEX HFA	2	QL
ASMANEX TWISTHALER	2	QL

<b>Drug Name</b>	<b>Drug Tier</b>	<b>Requirements / Limits</b>
ATROVENT HFA	3	QL
<i>azelastine-fluticasone</i>	1	QL
BEVESPI AEROSPHERE	2	QL
<i>bosentan</i>	4	PA
BREO ELLIPTA	2	ST; QL
BREZTRI AEROSPHERE	2	QL
BRONCHITOL	6	PA
BROVANA	3	QL
<i>budesonide</i>	1	QL
CINRYZE	5	PA
COMBIVENT RESPIMAT	2	QL
<i>cromolyn</i>	1	
CUROSURF	3	
DULERA	2	ST; QL
DYMISTA	3	ST; QL
ELIXOPHYLLIN	3	
<i>epinephrine hcl</i>	1	
ESBRIET	5	PA
FASENRA	5	PA
FASENRA PEN	5	PA
FLOVENT DISKUS	2	QL
FLOVENT HFA	2	QL
<i>flunisolide</i>	1	QL
<i>fluticasone propionate</i>	1	QL
<i>fluticasone propion-salmeterol</i>	1	ST; QL
<i>formoterol fumarate</i>	1	QL
HAEGARDA	6	PA; LA
HYPER-SAL	3	
<i>icatibant</i>	4	PA

<b>Drug Name</b>	<b>Drug Tier</b>	<b>Requirements / Limits</b>
INCRUSE ELLIPTA	2	QL
<i>ipratropium bromide</i>	1	
<i>ipratropium-albuterol</i>	1	QL
KALBITOR	6	PA
KALYDECO	5	PA
<i>levalbuterol hcl</i>	1	
LONHALA MAGNAIR REFILL	3	QL
LONHALA MAGNAIR STARTER	3	QL
<i>metaproterenol</i>	1	
<i>mometasone</i>	1	QL
<i>montelukast</i>	1	
<i>nebusal inhalation solution for nebulization 3 %</i>	1	
NEBUSAL INHALATION SOLUTION FOR NEBULIZATION 6 %	3	
NUCALA	5	PA; LA; QL
OFEV	5	PA
OPSUMIT	5	PA; LA
ORKAMBI	5	PA
ORLADEYO	6	PA; LA
PERFOROMIST	2	QL
<i>pulmosal</i>	1	
PULMOZYME	5	PA
QVAR REDIHALER	2	QL
REVATIO	6	PA
RUCONEST	5	PA

<b>Drug Name</b>	<b>Drug Tier</b>	<b>Requirements / Limits</b>
sajazir	4	PA
SEREVENT DISKUS	2	QL
<i>sildenafil (pulm. hypertension)</i>	4	PA
SINUVA	6	PA
<i>sodium chloride</i>	1	
SPIRIVA RESPIMAT	2	QL
SPIRIVA WITH HANDIHALER	2	QL
STIOLTO RESPIMAT	2	QL
SYMBICORT	2	ST; QL
SYMDEKO	5	PA
<i>tadalafil (pulm. hypertension)</i>	4	PA
TAKHYRO	5	PA; LA
<i>terbutaline</i>	1	
THEO-24	3	
<i>theophylline</i>	1	
TRACLEER ORAL TABLET	6	PA; LA
TRACLEER ORAL TABLET FOR SUSPENSION	5	PA; LA
TRELEGY ELLIPTA	2	QL
TRIKAFTA	5	PA
TYVASO	5	PA
TYVASO REFILL KIT	5	PA
TYVASO STARTER KIT	5	PA
VENTAVIS	6	PA
wixela inhub	1	ST; QL

<b>Drug Name</b>	<b>Drug Tier</b>	<b>Requirements / Limits</b>
XHANCE	3	QL
XOLAIR	5	PA; LA; QL
XOPENEX	3	
XOPENEX CONCENTRATE	3	
YUPELRI	2	QL
<i>zafirlukast</i>	1	
<i>zileuton</i>	1	PA
ZYFLO	3	PA
<b>UROLOGICALS</b>		
<b>ANTICHOLINERGICS &amp; ANTISPASMODICS</b>		
<i>darifenacin</i>	1	
DITROPAN XL	3	ST
<i>flavoxate</i>	1	
GELNIQUE	2	QL
GEMTESA	3	
MYRBETRIQ	2	
<i>oxybutynin chloride</i>	1	
OXYTROL	3	ST; QL
<i>solifenacin</i>	1	
<i>tolterodine</i>	1	
TOVIAZ	2	
<i>trospium</i>	1	
<b>BENIGN PROSTATIC HYPERPLASIA (BPH) THERAPY</b>		
<i>alfuzosin</i>	1	
<i>dutasteride</i>	1	ST
<i>dutasteride-tamsulosin</i>	1	ST
<i>finasteride</i>	1	
FLOMAX	3	
JALYN	3	ST
PROSCAR	3	ST

Drug Name	Drug Tier	Requirements / Limits
<i>silodosin</i>	1	
<i>tamsulosin</i>	1	
<b>CHOLINERGIC STIMULANTS</b>		
<i>bethanechol chloride</i>	1	
<b>MISCELLANEOUS UROLOGICALS</b>		
CYSTAGON	5	PA; LA
ELMIRON	2	
<i>hyophen</i>	1	
K-PHOS NO 2	3	
K-PHOS ORIGINAL	2	
<i>methen-sod phos-</i> <i>meth blue-hyos</i>	1	
ORACIT	3	
OXLUMO	6	PA
<i>phosphasal</i>	1	
<i>potassium citrate</i>	1	
RENACIDIN	2	
URELLE	3	
<i>uretron d-s</i>	1	
URIBEL	3	
<i>urimar-t</i>	1	
<i>uro-458</i>	1	
UROCIT-K 10	3	
UROCIT-K 15	3	
UROCIT-K 5	3	
<i>urogesic-blue</i>	1	
<i>uro-mp</i>	1	
UROQID-ACID NO.2	3	
<i>uryl</i>	1	
<i>ustell</i>	1	
<i>utira-c</i>	1	

Drug Name	Drug Tier	Requirements / Limits
<b>URINARY ANESTHETICS</b>		
<i>phenazopyridine</i>	1	
PYRIDIUM	3	
<b>VITAMINS, HEMATINICS &amp; ELECTROLYTES</b>		
<b>ELECTROLYTES</b>		
EFFER-K ORAL TABLET, EFFERVESCENT 10 MEQ, 20 MEQ	3	
<i>effer-k oral tablet, effervescent 25 meq</i>	1	
GALZIN	3	
<i>klor-con</i>	1	
<i>klor-con 10</i>	1	
<i>klor-con 8</i>	1	
<i>klor-con m10</i>	1	
<i>klor-con m15</i>	1	
<i>klor-con m20</i>	1	
<i>klor-con/ef</i>	1	
K-TAB ORAL TABLET EXTENDED RELEASE 10 MEQ, 20 MEQ	3	
<i>k-tab oral tablet extended release 8 meq</i>	1	
<i>lugols</i>	1	
<i>potassium chloride</i>	1	
<i>strong iodine</i>	1	
<b>MISCELLANEOUS VITAMINS, HEMATINICS, &amp; ELECTROLYTES</b>		
DOJOLVI	6	PA; LA
<b>VITAMINS &amp; HEMATINICS</b>		

<b>Drug Name</b>	<b>Drug Tier</b>	<b>Requirements / Limits</b>
<i>b complex I (with folic acid)</i>	1	ACA; OTC
<i>b complex-vitamin b12</i>	1	ACA; OTC
<i>b complex-vitamin c-folic acid</i>	1	ACA; OTC
<i>balanced b-100</i>	1	ACA; OTC
<i>balanced b-100 complex</i>	1	ACA; OTC
<i>balanced b-50</i>	1	ACA; OTC
<i>bal-care dha</i>	1	
BAL-CARE DHA ESSENTIAL	3	
<i>b-complex with vitamin c</i>	1	ACA; OTC
CITRANATAL B-CALM (FE GLUC)	3	
<i>classic prenatal</i>	1	ACA; OTC
<i>c-nate dha</i>	1	
<i>complete natal dha</i>	1	
<i>complex b-100</i>	1	ACA; OTC
<i>dalyvite 800</i>	1	ACA; OTC
DUET DHA BALANCED	3	
DUET DHA WITH OMEGA-3	3	
<i>fluoride (sodium)</i>	1	ACA; OTC
<i>folic acid</i>	1	ACA; OTC
<i>foltabs 800</i>	1	ACA; OTC
<i>full spectrum b-vitamin c</i>	1	ACA; OTC
<i>kobee</i>	1	ACA; OTC
KOSHER PRENATAL PLUS IRON	3	
<i>kpn</i>	1	ACA; OTC

<b>Drug Name</b>	<b>Drug Tier</b>	<b>Requirements / Limits</b>
<i>ludent fluoride</i>	1	ACA; OTC
MARNATAL-F	3	
<i>m-natal plus</i>	1	
<i>multi-vitamin with fluoride</i>	1	ACA; OTC
<i>multivitamins with fluoride</i>	1	ACA; OTC
<i>mvc-fluoride</i>	1	ACA; OTC
<i>mynatal</i>	1	
<i>mynatal plus</i>	1	
<i>mynatal-z</i>	1	
NATACHEW (FE BIS-GLYCINATE)	3	
<i>natural b-100 complex</i>	1	ACA; OTC
NEONATAL COMPLETE	3	
NEONATAL-DHA	3	
NESTABS	3	
NESTABS ABC	3	
NESTABS DHA	3	
<i>newgen</i>	1	
OB COMPLETE ONE	3	
OB COMPLETE PETITE	3	
OB COMPLETE PREMIER	3	
OB COMPLETE WITH DHA	3	
<i>one daily prenatal</i>	1	ACA; OTC
<i>perry prenatal</i>	1	ACA; OTC
<i>pnv 29-1</i>	1	
<i>pnv-select</i>	1	
<i>pr natal 400</i>	1	

<b>Drug Name</b>	<b>Drug Tier</b>	<b>Requirements / Limits</b>
<i>pr natal 400 ec</i>	1	
<i>pr natal 430</i>	1	
<i>pr natal 430 ec</i>	1	
<i>prenal chew</i>	1	
<i>prenal pearl</i>	1	
<i>prenal true</i>	1	
<b>PRENATA</b>	<b>3</b>	
<i>prenatabs fa</i>	1	
<i>prenatabs rx</i>	1	
<i>prenatal</i>	1	ACA; OTC
<i>prenatal complete</i>	1	ACA; OTC
<i>prenatal multi-dha (algal oil)</i>	1	ACA; OTC
<i>prenatal multivitamins</i>	1	ACA; OTC
<i>prenatal one daily</i>	1	ACA; OTC
<i>prenatal plus</i>	1	
<i>prenatal plus (calcium carb)</i>	1	
<b>PRENATAL PLUS DHA</b>	<b>3</b>	
<i>prenatal vitamin</i>	1	ACA; OTC
<i>prenatal vitamin plus low iron</i>	1	
<i>prenatal vitamin with minerals</i>	1	ACA; OTC
<i>prenatal vits96-iron fum-folic</i>	1	ACA; OTC
<b>PRENATE DHA (FERR ASP GLYCIN)</b>	<b>3</b>	
<b>PRENATE ELITE (IRON ASP GLYC)</b>	<b>3</b>	
<b>PRENATE ENHANCE</b>	<b>3</b>	

<b>Drug Name</b>	<b>Drug Tier</b>	<b>Requirements / Limits</b>
<b>PRENATE MINI (FERR ASP GLYCIN)</b>	<b>3</b>	
<b>PRENATE PIXIE</b>	<b>3</b>	
<b>PRENATE RESTORE</b>	<b>3</b>	
<b>PRENATE STAR</b>	<b>3</b>	
<i>preplus</i>	1	
<i>pretab</i>	1	
<b>PRIMACARE</b>	<b>3</b>	
<b>PROVIDA OB</b>	<b>3</b>	
<i>rena-vite</i>	1	ACA; OTC
<b>R-NATAL OB</b>	<b>3</b>	
<b>SELECT-OB</b>	<b>3</b>	
<b>SELECT-OB (FOLIC ACID)</b>	<b>3</b>	
<b>SELECT-OB + DHA</b>	<b>3</b>	
<i>se-natal 19 chewable</i>	1	
<i>se-natal-19</i>	1	
<i>stress formula</i>	1	ACA; OTC
<i>stress formula with iron</i>	1	ACA; OTC
<i>stress formula with iron(sulf)</i>	1	ACA; OTC
<i>super b complex-vitamin c</i>	1	ACA; OTC
<i>super b maxi complex</i>	1	ACA; OTC
<i>super quint</i>	1	ACA; OTC
<i>super quint b-50</i>	1	ACA; OTC
<b>THRIVITE RX</b>	<b>3</b>	
<b>TRICARE</b>	<b>3</b>	
<i>trinatal rx 1</i>	1	
<i>trinate</i>	1	

<b>Drug Name</b>	<b>Drug Tier</b>	<b>Requirements / Limits</b>
TRISTART DHA	3	
<i>triveen-duo dha</i>	1	
<i>tri-vitamin with fluoride</i>	1	ACA; OTC
VENOFER	2	PA
<i>virt-nate dha</i>	1	
VITAFOL FE PLUS	3	
VITAFOL GUMMIES	3	
VITAFOL NANO	3	
VITAFOL ULTRA	3	
VITAFOL-OB	3	
VITAFOL-OB+DHA	3	
VITAFOL-ONE	3	

<b>Drug Name</b>	<b>Drug Tier</b>	<b>Requirements / Limits</b>
VITAMED MD ONE RX	3	
VITAMEDMD REDICHEW RX	3	
<i>vitamin b complex</i>	1	ACA; OTC
<i>vitamin b complex-folic acid</i>	1	ACA; OTC
<i>vitamins a,c,d and fluoride</i>	1	ACA; OTC
VITAPEARL	3	
VITATRUE	3	
VP-PNV-DHA	3	
<i>westab plus</i>	1	
<i>westgel dha</i>	1	

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