



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 10/1/2022. 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.

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.

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 15 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 of 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 or the original prescription.
- The charge for any prescription, oral or topical, that is prescribed for cosmetic purposes.
- 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. These include, but are not limited to, garments, splints, bandages, or braces regardless of intended use.

•Charges for lost or stolen prescription drugs unless noted within your Summary of Benefits. Please contact The Health plan for details.

- Certain legend drugs when any version or strength become available over the counter.

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 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
- 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.

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.

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Drug Name	Drug Tier	Requirements / Limits
ANTI - INFECTIVES		
ANTIFUNGAL AGENTS		
ANCOBON	3	
<i>clotrimazole</i>	1	
CRESEMBA	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
<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
ANTIVIRALS		
<i>abacavir</i>	1	
<i>abacavir-lamivudine</i>	1	
<i>acyclovir</i>	1	
<i>adefovir</i>	1	
<i>amantadine hcl</i>	1	
APRETUDE	6	PA
APTIVUS	2	
<i>atazanavir</i>	1	

Drug Name	Drug Tier	Requirements / Limits
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-tenofov</i>	1	
<i>efavirenz-lamivudine-tenofov disop</i>	1	
<i>emtricitabine</i>	1	
<i>emtricitabine-tenofov (tdf) oral tablet 100-150 mg, 133-200 mg, 167-250 mg</i>	1	
<i>emtricitabine-tenofov (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	
<i>etravirine</i>	1	
EVOTAZ	3	

Drug Name	Drug Tier	Requirements / Limits
<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	
LAGEVRIO (EUA)	2	QL
<i>lamivudine</i>	1	
<i>lamivudine-zidovudine</i>	1	
LEXIVA ORAL SUSPENSION	2	
LEXIVA ORAL TABLET	3	
LIVTENCITY	3	PA; QL
<i>lopinavir-ritonavir</i>	1	
<i>maraviroc</i>	1	
<i>nevirapine</i>	1	
NORVIR ORAL POWDER IN PACKET	2	
NORVIR ORAL SOLUTION	2	
NORVIR ORAL TABLET	3	

Drug Name	Drug Tier	Requirements / Limits
ODEFSEY	2	
<i>oseltamivir</i>	1	QL
PAXLOVID (EUA)	2	
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	
TRIUMEQ PD	2	
TRIZIVIR	3	
TROGARZO	5	PA
TYBOST	3	

Drug Name	Drug Tier	Requirements / Limits
<i>valacyclovir</i>	1	
VALCYTE	3	
<i>valganciclovir</i>	1	
VEMLIDY	2	
VIEKIRA PAK	6	PA; QL
VIRACEPT	2	
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	3	QL
ZEPATIER	5	PA; QL
ZIAGEN	3	
<i>zidovudine</i>	1	
ZOVIRAX	3	
CEPHALOSPORINS		
<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	
SPECTRACEF	3	
SUPRAX	3	
ERYTHROMYCINS & OTHER MACROLIDES		

Drug Name	Drug Tier	Requirements / Limits
<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	
MISCELLANEOUS ANTIINFECTIVES		
AEMCOLO	3	QL
<i>albendazole</i>	1	QL
ALINIA	2	QL
ARAKODA	3	QL
ARIKAYCE	5	PA; LA
<i>atovaquone</i>	1	
<i>atovaquone-proguanil</i>	1	QL
BENZNIDAZOLE	2	QL

Drug Name	Drug Tier	Requirements / Limits
BETHKIS	6	PA; QL
BILTRICIDE	3	
CAYSTON	5	PA; LA; QL
<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	
HYDROXYCHLOR OQUINE ORAL TABLET 100 MG, 300 MG, 400 MG	3	
<i>hydroxychloroquine oral tablet 200 mg</i>	1	
IMPAVIDO	2	QL
<i>isoniazid</i>	1	
<i>ivermectin</i>	1	PA; QL
KITABIS PAK	5	PA; QL
KRINTAFEL	3	QL
<i>linezolid</i>	1	PA
MALARONE	3	QL
MALARONE PEDIATRIC	3	QL
<i>mefloquine</i>	1	QL

Drug Name	Drug Tier	Requirements / Limits
MEPRON	3	
<i>metronidazole</i>	1	
MYAMBUTOL	3	
MYCOBUTIN	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	
QUALAQUIN	3	QL
<i>quinine sulfate</i>	1	QL
<i>rifabutin</i>	1	
<i>rifampin</i>	1	
SIRTURO	2	PA; LA
SIVEXTRO	3	PA
SOLOSEC	2	
STROMEKTOL	3	PA; QL
<i>tinidazole</i>	1	QL
TOBI PODHALER	5	PA; QL
<i>tobramycin</i>	4	PA; QL
<i>tobramycin in 0.225 % nacl</i>	4	PA; QL
TOBRAMYCIN WITH NEBULIZER	6	PA; QL
TRECTOR	3	
XENLETA	3	
XIFAXAN	2	

Drug Name	Drug Tier	Requirements / Limits
ZYVOX	3	PA
PENICILLINS		
<i>amoxicillin</i>	1	
<i>amoxicillin-pot clavulanate</i>	1	
<i>ampicillin</i>	1	
AUGMENTIN ORAL SUSPENSION FOR RECONSTITUTION 125-31.25 MG/5 ML	2	
AUGMENTIN ORAL SUSPENSION FOR RECONSTITUTION 250-62.5 MG/5 ML	3	
AUGMENTIN XR	3	
<i>dicloxacillin</i>	1	
MOXATAG	3	
<i>penicillin v potassium</i>	1	
QUINOLONES		
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	
SULFA'S & RELATED AGENTS		
BACTRIM	3	
BACTRIM DS	3	
<i>sulfadiazine</i>	1	

Drug Name	Drug Tier	Requirements / Limits
<i>sulfamethoxazole-trimethoprim</i>	1	
<i>sulfatrim</i>	1	
TETRACYCLINES		
ACTICLATE	3	ST
<i>avidoxy</i>	1	
AVIDOXY DK	3	ST
<i>demeclocycline</i>	1	
<i>doxycycline hyclate oral capsule</i>	1	
<i>doxycycline hyclate oral tablet 100 mg, 20 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	
LYMEPAK	3	
<i>minocycline</i>	1	
<i>mondoxylene nl</i>	1	
MONODOX	3	ST
<i>morgidox</i>	1	

Drug Name	Drug Tier	Requirements / Limits
MORGIDOX 1X 50	3	ST
MORGIDOX 2X100	3	ST
NUZYRA	3	QL
TARGADOX	3	ST
<i>tetracycline</i>	1	
VIBRAMYCIN	3	ST
VIBRAMYCIN (CALCIUM)	3	ST
VIBRAMYCIN (MONO)	3	ST

URINARY TRACT AGENTS

<i>fosfomycin tromethamine</i>	1	
FURADANTIN	3	
HIPREX	3	
MACROBID	3	
MACRODANTIN	3	
<i>methenamine hippurate</i>	1	
<i>methenamine mandelate</i>	1	
MONUROL	3	
<i>nitrofurantoin</i>	1	
<i>nitrofurantoin macrocrystal</i>	1	
<i>nitrofurantoin monohyd/m-cryst</i>	1	
PRIMSOL	3	
<i>trimethoprim</i>	1	

VANCOMYCIN

<i>vancomycin</i>	1	QL
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ANTINEOPLASTIC & IMMUNOSUPPRESSANT DRUGS

ADJUNCTIVE AGENTS

Drug Name	Drug Tier	Requirements / Limits
KEPIVANCE	5	PA
<i>leucovorin calcium</i>	1	
MESNEX	2	
VISTOGARD	5	PA
XGEVA	5	PA

ANTINEOPLASTIC & IMMUNOSUPPRESSANT DRUGS

ABECMA	6	PA
<i>abiraterone</i>	4	PA
ABRAXANE	5	PA
ADAKVEO	5	PA
ADCETRIS	5	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	6	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	
BALVERSA	5	PA; LA

Drug Name	Drug Tier	Requirements / Limits
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 INJECTION RECON SOLN 1 MG, 2.5 MG	5	PA
<i>bortezomib injection recon soln 3.5 mg</i>	4	PA
BORTEZOMIB INTRAVENOUS	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
CALQUENCE (MALEATE)	5	LA
<i>capecitabine</i>	4	PA
CAPRELSA	5	PA; LA
CARVYKTI	5	PA

Drug Name	Drug Tier	Requirements / Limits
CASODEX	3	
CELLCEPT	3	
COMETRIQ	5	PA
COPIKTRA	6	PA; LA
COSELA	6	PA
COTELLIC	5	PA; LA; QL
<i>cyclophosphamide oral capsule</i>	1	
CYCLOPHOSPHAMIDE 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

Drug Name	Drug Tier	Requirements / Limits
ERBITUX	5	PA
ERIVEDGE	5	PA; QL
ERLEADA	5	PA
<i>erlotinib</i>	4	PA
ERWINASE	6	PA
<i>etoposide</i>	1	
EULEXIN	3	
<i>everolimus (antineoplastic)</i>	4	PA
<i>everolimus (immunosuppressive)</i>	1	
EVOMELA	6	PA
<i>exemestane</i>	1	
EXKIVITY	6	PA
FARESTON	3	
FARYDAK ORAL CAPSULE 10 MG	3	PA; QL
FARYDAK ORAL CAPSULE 15 MG, 20 MG	3	PA
FEMARA	3	
FIRMAGON KIT W DILUENT SYRINGE	5	PA
<i>fludarabine</i>	1	
<i>flutamide</i>	1	
FOLOTYN	5	PA
FYARRO	6	PA
GAMIFANT	5	PA
GAVRETO	5	PA; LA
GAZYVA	5	PA
<i>gengraf</i>	1	
GILOTRIF ORAL TABLET 20 MG, 30 MG	5	PA

Drug Name	Drug Tier	Requirements / Limits
GILOTRIF ORAL TABLET 40 MG	5	PA; QL
GLEOSTINE	2	
GLIADEL WAFER	3	
HALAVEN	5	PA
HYCANTIN INTRAVENOUS	6	PA
HYCANTIN ORAL	5	PA
HYDREA	3	
<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

Drug Name	Drug Tier	Requirements / Limits
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
JEMPERLI	6	PA
JEVTANA	5	PA
KADCYLA	5	PA
KANJINTI	5	PA
KEYTRUDA	5	PA
KIMMTRAK	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

Drug Name	Drug Tier	Requirements / Limits
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
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
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

Drug Name	Drug Tier	Requirements / Limits
MVASI	6	PA
MYCAPSSA	6	PA; LA
<i>mycophenolate mofetil</i>	1	
<i>mycophenolate sodium</i>	1	
MYFORTIC	3	
MYLERAN	2	
MYLOTARG	5	PA; LA
<i>nelarabine</i>	4	PA
NEORAL	3	
NERLYNX	5	PA; LA
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
OPDUALAG	5	PA
ORGOVYX	6	PA; LA
PACLITAXEL PROTEIN-BOUND	5	PA
PADCEV	6	PA
PEMAZYRE	5	PA; LA
PERJETA	5	PA
POLIVY	6	PA
PORTRAZZA	6	PA
POTELIGEO	5	PA
PROGRAF ORAL CAPSULE	3	

Drug Name	Drug Tier	Requirements / Limits
PROGRAF ORAL GRANULES IN PACKET	2	
PURIXAN	5	PA
RAPAMUNE	3	
RETEVMO	6	PA; LA
REZUROCK	3	PA; QL
<i>romidepsin intravenous recon soln</i>	4	PA
ROMIDEPSIN INTRAVENOUS SOLUTION	6	PA
ROZLYTREK	5	PA; LA
RUBRACA	5	PA; LA
RUXIENCE	5	PA
RYBREVANT	6	PA
RYDAPT	5	PA
RYLAZE	6	PA
SANDIMMUNE ORAL CAPSULE	3	
SANDIMMUNE ORAL SOLUTION	2	
SANDOSTATIN	6	PA
SAPHNELO	6	PA
SARCLISA	6	PA
SIGNIFOR	5	PA
<i>sirolimus</i>	1	
SOLTAMOX	3	
SOMATULINE DEPOT	5	PA
<i>sorafenib</i>	4	PA; QL
SPRYCEL ORAL TABLET 100 MG, 20 MG, 50 MG, 70 MG, 80 MG	5	PA

Drug Name	Drug Tier	Requirements / Limits
SPRYCEL ORAL TABLET 140 MG	5	PA; QL
STIVARGA	5	PA; QL
<i>sunitinib oral capsule 12.5 mg, 25 mg, 37.5 mg</i>	4	PA
<i>sunitinib oral capsule 50 mg</i>	4	PA; QL
SUPPRELIN LA	6	PA
SUTENT ORAL CAPSULE 12.5 MG, 25 MG, 37.5 MG	6	PA
SUTENT ORAL CAPSULE 50 MG	6	PA; QL
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
TAGRISSE ORAL TABLET 40 MG	5	PA; LA
TAGRISSE ORAL TABLET 80 MG	5	PA; LA; QL
TALZENNA	5	PA
<i>tamoxifen</i>	1	
TARCEVA	6	PA
TARGRETIN	6	PA
TASIGNA ORAL CAPSULE 150 MG, 50 MG	5	PA
TASIGNA ORAL CAPSULE 200 MG	5	PA; QL

Drug Name	Drug Tier	Requirements / Limits
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
TIVDAK	6	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
UNITUXIN	5	PA
VECTIBIX	5	PA
VELCADE	6	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

Drug Name	Drug Tier	Requirements / Limits
VIDAZA	6	PA
VIJOICE	5	PA
VITRAKVI	5	PA; LA
VIZIMPRO	5	PA
VONJO	5	
VOTRIENT	5	PA; QL
VYXEOS	5	PA
WELIREG	6	PA; LA
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
YERVOY	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
ZIRABEV	5	PA
ZOLADEX	5	PA
ZOLINZA	5	PA
ZORTRESS	3	
ZYDELIG ORAL TABLET 100 MG	5	PA

Drug Name	Drug Tier	Requirements / Limits
ZYDELIG ORAL TABLET 150 MG	5	PA; QL
ZYKADIA	5	PA; QL
ZYNLONTA	6	PA

AUTONOMIC & CNS DRUGS, NEUROLOGY & PSYCH

ANTICONVULSANTS

BANZEL	3	PA
BRIVIACT	3	ST
<i>carbamazepine</i>	1	
CARBATROL	3	
CELONTIN	2	
<i>clobazam</i>	1	PA
<i>clonazepam</i>	1	
DEPAKOTE	3	ST
DEPAKOTE ER	3	ST
DEPAKOTE SPRINKLES	3	ST
DIACOMIT	5	PA
DIASTAT	3	
DIASTAT ACUDIAL	3	
<i>diazepam</i>	1	
DILANTIN	2	
DILANTIN EXTENDED	3	
DILANTIN INFATABS	3	
DILANTIN-125	3	
<i>divalproex</i>	1	
ELEPSIA XR	3	ST
EPIDIOLEX	5	PA; LA
<i>epitol</i>	1	
EQUETRO	3	

Drug Name	Drug Tier	Requirements / Limits
<i>ethosuximide</i>	1	
<i>felbamate</i>	1	
FELBATOL	3	
FYCOMPA	2	
<i>gabapentin</i>	1	
GABITRIL	3	
GRALISE	3	ST
KLONOPIN	3	
<i>lacosamide</i>	1	
LAMICTAL XR STARTER (BLUE)	3	PA
LAMICTAL XR STARTER (GREEN)	3	PA
LAMICTAL XR STARTER (ORANGE)	3	PA
<i>lamotrigine</i>	1	
<i>levetiracetam</i>	1	
MYSOLINE	3	
NAYZILAM	2	PA
ONFI	3	PA
<i>oxcarbazepine</i>	1	
OXTELLAR XR	3	PA
<i>phenobarbital</i>	1	
PHENYTEK	3	
<i>phenytoin</i>	1	
<i>phenytoin sodium extended</i>	1	
<i>pregabalin oral capsule</i>	1	
<i>pregabalin oral solution</i>	1	
<i>pregabalin oral tablet extended release 24 hr</i>	1	PA

Drug Name	Drug Tier	Requirements / Limits
<i>primidone</i>	1	
QUDEXY XR	3	ST
<i>roweepra</i>	1	
<i>rufinamide</i>	1	PA
SABRIL	6	PA; LA
SPRITAM	3	ST
<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	
SYMPAZAN	3	PA
TEGRETOL	3	
TEGRETOL XR	3	
<i>tiagabine</i>	1	
<i>topiramate oral capsule, sprinkle</i>	1	
<i>topiramate oral capsule, sprinkle, er 24hr</i>	1	ST
<i>topiramate oral tablet</i>	1	
TROKENDI XR	3	ST
<i>valproic acid</i>	1	
<i>valproic acid (as sodium salt)</i>	1	
VALTOCO	3	
<i>vigabatrin</i>	4	PA; LA
<i>vigadrone</i>	4	PA
VIMPAT ORAL SOLUTION	3	
VIMPAT ORAL TABLET	3	ST
XCOPRI	3	

Drug Name	Drug Tier	Requirements / Limits
XCOPRI MAINTENANCE PACK	3	
XCOPRI TITRATION PACK	3	
ZARONTIN	3	
<i>zonisamide</i>	1	
ZTALMY	6	
ANTIPARKINSONISM AGENTS		
<i>apomorphine</i>	4	PA
AZILECT	3	ST
<i>benztropine</i>	1	
<i>bromocriptine</i>	1	
<i>carbidopa</i>	1	
<i>carbidopa-levodopa</i>	1	
<i>carbidopa-levodopa-entacapone</i>	1	
COMTAN	3	
DUOPA	6	PA
<i>entacapone</i>	1	
INBRIJA	5	PA
KYNMOBI	2	PA
LODOSYN	3	
MIRAPEX ER	3	
NEUPRO	3	
NOURIANZ	6	PA; LA
OSMOLEX ER	6	PA
PARLODEL	3	
<i>pramipexole</i>	1	
<i>rasagiline</i>	1	
<i>ropinirole</i>	1	
RYTARY	3	
<i>selegiline hcl</i>	1	
SINEMET	3	

Drug Name	Drug Tier	Requirements / Limits
STALEVO 100	3	
STALEVO 125	3	
STALEVO 150	3	
STALEVO 200	3	
STALEVO 50	3	
STALEVO 75	3	
TASMAR	3	
<i>tolcapone</i>	1	
<i>trihexyphenidyl</i>	1	
MIGRAINE & CLUSTER HEADACHE THERAPY		
AIMOVIG AUTOINJECTOR	2	PA; QL
AJOVY AUTOINJECTOR	2	PA; QL
AJOVY SYRINGE	2	PA; QL
<i>almotriptan malate</i>	1	QL
<i>dihydroergotamine injection</i>	1	PA
<i>dihydroergotamine nasal</i>	1	ST; 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	ST; QL
<i>frovatriptan</i>	1	QL
<i>migergot</i>	1	
MIGRANAL	3	ST; QL
<i>naratriptan</i>	1	QL
NURTEC ODT	2	PA; QL
QULIPTA	2	PA; QL

Drug Name	Drug Tier	Requirements / Limits
REYVOW	3	PA; QL
<i>rizatriptan</i>	1	QL
<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	ST; QL
TOSYMRA	3	ST; QL
TRUDHESA	3	ST; QL
UBRELVY	2	PA; QL
ZEMBRACE SYMTOUCH	3	PA; QL
<i>zolmitriptan nasal</i>	1	ST; QL
<i>zolmitriptan oral</i>	1	QL
ZOMIG	2	ST; QL
MISCELLANEOUS NEUROLOGICAL THERAPY		
ADLARITY	3	
ARICEPT	3	PA
AUSTEDO	5	PA; LA
<i>dalfampridine</i>	4	PA; QL
<i>donepezil oral tablet 10 mg, 5 mg</i>	1	
<i>donepezil oral tablet 23 mg</i>	1	PA
<i>donepezil oral tablet, disintegrating</i>	1	
EVRYSDI	6	PA; LA; QL
EXELON PATCH	3	PA
FIRDAPSE	5	PA; LA
<i>galantamine</i>	1	
HORIZANT	3	ST

Drug Name	Drug Tier	Requirements / Limits
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	
MEMANTINE ORAL TABLETS, DOSE PACK	3	
NAMENDA	3	ST
NAMENDA TITRATION PAK	3	
NAMENDA XR	3	
NAMZARIC	2	PA
NUEDEXTA	2	PA
NULIBRY	6	PA
RADICAVA	5	PA
RADICAVA ORS STARTER KIT SUSP	5	PA
RAZADYNE ER	3	PA
<i>rivastigmine</i>	1	
<i>rivastigmine tartrate</i>	1	
TEGSEDI	5	PA; LA
<i>tetrabenazine</i>	4	PA
TYSABRI	5	PA; LA; QL
ZEPOSIA	5	PA; QL
ZEPOSIA STARTER KIT	5	PA; QL
ZEPOSIA STARTER PACK	5	PA; QL

Drug Name	Drug Tier	Requirements / Limits
ZOLGENSMA	5	PA
MUSCLE RELAXANTS & ANTISPASMODIC THERAPY		
<i>baclofen</i>	1	
<i>carisoprodol</i>	3	
<i>carisoprodol-aspirin</i>	3	
<i>carisoprodol-aspirin-codeine</i>	3	ST; QL
<i>chlorzoxazone</i>	1	
<i>cyclobenzaprine</i>	1	
DANTRIUUM	3	
<i>dantrolene</i>	1	
LORZONE	3	PA
<i>meprobamate</i>	3	
<i>metaxalone</i>	1	
<i>methocarbamol</i>	1	
NORGESIC	3	
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	
SOMA	3	
<i>tizanidine</i>	1	
<i>vanadom</i>	3	

Drug Name	Drug Tier	Requirements / Limits
VYVGART	6	PA
ZANAFLEX	3	
NARCOTIC ANALGESICS		
<i>acetaminophen-caff-dihydrocod</i>	1	ST; QL
<i>acetaminophen-codeine</i>	1	ST; QL
ACTIQ	3	PA; QL
ALLZITAL	3	PA
<i>ascomp with codeine</i>	1	
BELBUCA	2	ST
<i>buprenorphine</i>	1	ST
<i>buprenorphine hcl</i>	1	
<i>butalbital compound w/codeine</i>	1	
<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	ST; QL
<i>codeine-butalbital-asa-caff</i>	1	
DILAUDID	3	ST; QL
<i>diskets</i>	1	PA
DSUVIA	3	
<i>endocet</i>	1	ST; QL
ESGIC	3	PA
<i>fentanyl</i>	1	ST; QL
<i>fentanyl citrate</i>	1	PA; QL
FIORICET	3	PA

Drug Name	Drug Tier	Requirements / Limits
FIORICET WITH CODEINE	3	
<i>hydrocodone bitartrate</i>	1	ST; QL
<i>hydrocodone-acetaminophen</i>	1	ST; QL
<i>hydrocodone-ibuprofen</i>	1	ST; QL
<i>hydromorphone oral liquid</i>	1	ST; QL
<i>hydromorphone oral tablet</i>	1	ST; QL
<i>hydromorphone oral tablet extended release 24 hr</i>	1	PA; QL
<i>hydromorphone rectal</i>	1	ST; QL
HYSINGLA ER	2	ST; QL
<i>levorphanol tartrate</i>	1	ST; QL
LORTAB ELIXIR	3	ST; QL
<i>mepredine</i>	3	ST; QL
<i>methadone injection</i>	1	
<i>methadone oral</i>	1	PA
<i>methadose</i>	1	PA
<i>morphine concentrate</i>	1	ST; 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	ST; QL
<i>morphine oral tablet</i>	1	ST; QL
<i>morphine oral tablet extended release</i>	1	PA; QL
<i>morphine rectal</i>	1	ST; QL

Drug Name	Drug Tier	Requirements / Limits
MS CONTIN	3	PA; QL
NALOCET	3	ST; QL
OXAYDO	3	ST; QL
<i>oxycodone</i>	1	ST; QL
<i>oxycodone-acetaminophen</i>	1	ST; QL
OXYCONTIN	2	PA; QL
<i>oxymorphone oral tablet</i>	1	ST; QL
<i>oxymorphone oral tablet extended release 12 hr</i>	1	PA; QL
<i>prolata</i>	1	ST; QL
ROXICODONE	3	ST; QL
SUBLOCADE	5	
<i>tencon</i>	1	
TREZIX	3	ST; QL
<i>vtol lq</i>	1	
<i>zebutal</i>	1	
NON-NARCOTIC ANALGESICS		
<i>adult aspirin regimen</i>	3	ACA; OTC
ANAPROX DS	3	ST
ANJESO	3	
ARTHROTEC 50	3	ST
ARTHROTEC 75	3	ST
<i>aspirin</i>	1	ACA; OTC
<i>aspir-trin</i>	1	ACA; OTC
<i>bayer aspirin</i>	1	ACA; OTC
<i>bayer low dose aspirin</i>	1	ACA; OTC
<i>buprenorphine-naloxone</i>	1	
<i>butorphanol</i>	1	PA; QL
CAMBIA	3	ST; QL

Drug Name	Drug Tier	Requirements / Limits
<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	
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 oral capsule</i>	1	
<i>fenoprofen oral tablet</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	

Drug Name	Drug Tier	Requirements / Limits
<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>lofena</i>	1	
<i>meclofenamate</i>	1	
<i>mefenamic acid</i>	1	
<i>meloxicam</i>	1	
<i>meloxicam submicronized</i>	1	ST
MONOVISC	5	PA
<i>nabumetone</i>	1	
NALFON	3	ST
<i>naloxone injection</i>	1	PA
<i>naloxone nasal</i>	1	
<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	ST; QL
<i>piroxicam</i>	1	
RELAFEN	3	ST
<i>salsalate</i>	1	

Drug Name	Drug Tier	Requirements / Limits
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</i>	1	
<i>tramadol</i>	1	ST; QL
<i>tramadol-acetaminophen</i>	1	ST; QL
ULTRACET	3	ST; QL
ULTRAM	3	ST; QL
VIVITROL	5	
ZUBSOLV	2	
PSYCHOTHERAPEUTIC DRUGS		
ABILIFY MAINTENA	2	
ABILIFY MYCITE MAINTENANCE KIT	3	
ABILIFY MYCITE STARTER KIT	3	
ADHANSIA XR	3	ST
ADZENYS XR- ODT	3	ST
<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	PA
ANAFRANIL	3	
APLENZIN	3	PA
APTENSIO XR	3	ST
<i>aripiprazole</i>	1	
ARISTADA	2	

Drug Name	Drug Tier	Requirements / Limits
ARISTADA INITIO	2	
<i>armodafinil</i>	1	PA; QL
<i>asenapine maleate</i>	1	
ATIVAN	3	
<i>atomoxetine</i>	1	PA
AZSTARYS	3	ST
BELSOMRA	3	PA
<i>bupropion hcl</i>	1	
<i>buspirone</i>	1	
CAPLYTA	3	
<i>chlordiazepoxide hcl</i>	1	
<i>chlorpromazine</i>	1	
<i>citalopram</i>	1	
<i>clomipramine</i>	1	
<i>clonidine hcl</i>	1	PA
<i>clorazepate dipotassium</i>	1	
<i>clozapine</i>	1	
CLOZARIL	3	
COTEMPLA XR- ODT	3	ST
DAYTRANA	2	ST
DAYVIGO	3	PA
<i>desipramine</i>	1	
DESOXYN	3	PA
DESVENLAFAXIN E	3	ST
<i>desvenlafaxine succinate</i>	1	ST
DEXEDRINE SPANSULE	3	ST
<i>dexmethylphenidate</i>	1	PA
<i>dextroamphetamine sulfate</i>	1	PA

Drug Name	Drug Tier	Requirements / Limits
<i>dextroamphetamine-amphetamine</i>	1	PA
<i>diazepam</i>	1	
<i>diazepam intensol</i>	1	
<i>doxepin oral capsule</i>	1	
<i>doxepin oral concentrate</i>	1	
<i>doxepin oral tablet</i>	1	PA
<i>duloxetine oral capsule, delayed release(dr/ec) 20 mg, 30 mg, 60 mg</i>	1	
<i>duloxetine oral capsule, delayed release(dr/ec) 40 mg</i>	1	ST
DYANAVEL XR	2	ST
EDLUAR	3	PA
EMSAM	3	
<i>ergoloid</i>	1	
<i>escitalopram oxalate</i>	1	
<i>estazolam</i>	1	
<i>eszopiclone</i>	1	
EVEKEO	3	PA
EVEKEO ODT	3	PA
FANAPT	3	
FETZIMA	2	ST
<i>fluoxetine oral capsule</i>	1	
<i>fluoxetine oral capsule, delayed release(dr/ec)</i>	1	
<i>fluoxetine oral solution</i>	1	
<i>fluoxetine oral tablet</i>	1	PA
<i>fluphenazine hcl</i>	1	
<i>flurazepam</i>	1	

Drug Name	Drug Tier	Requirements / Limits
<i>fluvoxamine oral capsule, extended release 24hr</i>	1	PA
<i>fluvoxamine oral tablet</i>	1	
GEODON	3	
<i>guanfacine</i>	1	PA
HALCION	3	
<i>haloperidol</i>	1	
<i>haloperidol lactate</i>	1	
HETLIOZ	6	PA
HETLIOZ LQ	6	PA
IGALMI	3	
<i>imipramine hcl</i>	1	
<i>imipramine pamoate</i>	1	
INVEGA	3	
INVEGA SUSTENNA	3	
INVEGA TRINZA	3	
JORNAY PM	3	ST
KAPVAY	3	ST
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	
MARPLAN	3	
<i>methamphetamine</i>	1	PA
METHYLIN	3	PA
<i>methylphenidate</i>	1	PA

Drug Name	Drug Tier	Requirements / Limits
<i>methylphenidate hcl oral cap,er sprinkle,biphasic 40-60</i>	1	ST
<i>methylphenidate hcl oral capsule, er biphasic 30-70</i>	1	PA
<i>methylphenidate hcl oral capsule,er biphasic 50-50</i>	1	PA
<i>methylphenidate hcl oral solution</i>	1	PA
<i>methylphenidate hcl oral tablet</i>	1	PA
<i>methylphenidate hcl oral tablet extended release</i>	1	PA
<i>methylphenidate hcl oral tablet extended release 24hr 18 mg, 27 mg, 36 mg, 54 mg</i>	1	PA
METHYLPHENIDATE HCL ORAL TABLET EXTENDED RELEASE 24HR 72 MG	3	ST
<i>methylphenidate hcl oral tablet,chewable</i>	1	PA
MIDAZOLAM ORAL SYRUP 10 MG/5 ML (2 MG/ML)	3	
<i>midazolam oral syrup 2 mg/ml</i>	1	
<i>mirtazapine</i>	1	
MKO (MIDAZOLAM-KETAMINE-ONDAN)	3	
<i>modafinil</i>	1	PA; QL

Drug Name	Drug Tier	Requirements / Limits
<i>molindone</i>	1	
MYDAYIS	2	ST
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 oral suspension</i>	1	
<i>paroxetine hcl oral tablet</i>	1	
<i>paroxetine hcl oral tablet extended release 24 hr</i>	1	PA
<i>paroxetine mesylate(menop.sym)</i>	1	PA
PAXIL	3	PA
PAXIL CR	3	PA
<i>perphenazine</i>	1	
<i>perphenazine-amitriptyline</i>	1	
<i>phenelzine</i>	1	
<i>pimozide</i>	1	
<i>procentra</i>	1	PA
<i>protriptyline</i>	1	
<i>quetiapine</i>	1	
QUILLICHEW ER	2	ST

Drug Name	Drug Tier	Requirements / Limits
QUILLIVANT XR	2	ST
<i>ramelteon</i>	1	
RELEXXII	3	ST
REMERON	3	
REMERON SOLTAB	3	
RESTORIL	3	
REXULTI	3	
RISPERDAL	3	
RISPERDAL CONSTA	2	
<i>risperidone</i>	1	
RITALIN	3	PA
RITALIN LA	3	ST
SECUADO	3	
<i>sertraline</i>	1	
SILENOR	3	PA
SUNOSI	2	PA; QL
SYMBYAX	3	
<i>temazepam</i>	3	
<i>thioridazine</i>	1	
<i>thiothixene</i>	1	
TRANXENE T-TAB	3	
<i>tranlycypromine</i>	1	
<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	
<i>vilazodone</i>	1	PA
VRAYLAR	3	

Drug Name	Drug Tier	Requirements / Limits
VYVANSE	2	ST
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	PA
ZENZEDI ORAL TABLET 15 MG, 2.5 MG, 20 MG, 30 MG, 7.5 MG	3	PA
<i>ziprasidone hcl</i>	1	
<i>zolpidem</i>	1	
ZOLPIMIST	3	PA
ZULRESSO	5	PA
ZYPREXA	3	
ZYPREXA RELPREVV	3	
ZYPREXA ZYDIS	3	

CARDIOVASCULAR, HYPERTENSION & LIPIDS

ANTIARRHYTHMIC AGENTS

<i>amiodarone</i>	1	
BETAPACE	3	ST
BETAPACE AF	3	ST
<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	

Drug Name	Drug Tier	Requirements / Limits
<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	
ANTIHYPERTENSIVE THERAPY		
ACCUPRIL	3	
ACCURETIC	3	
<i>acebutolol</i>	1	
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	
<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	

Drug Name	Drug Tier	Requirements / Limits
BIDIL	3	
<i>bisoprolol fumarate</i>	1	
<i>bisoprolol-hydrochlorothiazide</i>	1	
<i>bumetanide</i>	1	
CALAN SR	3	PA
<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	ST
CARDURA XL	3	ST
<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
<i>chlorthalidone</i>	1	
<i>clonidine</i>	1	QL
<i>clonidine hcl</i>	1	
COREG CR	3	ST
CORGARD	3	ST
DEMSER	3	PA
DIBENZYLINE	3	PA
<i>diltiazem</i>	1	
<i>dilt-xr</i>	1	
DIURIL	3	
<i>doxazosin</i>	1	

Drug Name	Drug Tier	Requirements / Limits
DYRENIUM	3	
EDECIN	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>fosinopril</i>	1	
<i>fosinopril-hydrochlorothiazide</i>	1	
<i>furosemide</i>	1	
<i>guanfacine</i>	1	
<i>hydralazine</i>	1	
<i>hydrochlorothiazide</i>	1	
<i>indapamide</i>	1	
INSPRA	3	
<i>irbesartan</i>	1	
<i>irbesartan-hydrochlorothiazide</i>	1	
<i>isosorbide-hydralazine</i>	1	
<i>isradipine</i>	1	
KERENDIA	2	PA
<i>labetalol</i>	1	
LASIX	3	
<i>lisinopril</i>	1	
<i>lisinopril-hydrochlorothiazide</i>	1	
LOPRESSOR	3	ST

Drug Name	Drug Tier	Requirements / Limits
<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>methyl dopa</i>	1	
<i>methyl dopa-hydrochlorothiazide</i>	1	
<i>metolazone</i>	1	
<i>metoprolol succinate</i>	1	
<i>metoprolol ta-hydrochlorothiaz</i>	1	
<i>metoprolol tartrate</i>	1	
<i>metirosine</i>	1	PA
MINIPRESS	3	
<i>minoxidil</i>	1	
<i>moexipril</i>	1	
<i>nadolol</i>	1	
<i>nebivolol</i>	1	
<i>nicardipine</i>	1	
<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	
NYMALIZE	3	
<i>olmesartan</i>	1	

Drug Name	Drug Tier	Requirements / Limits
<i>olmesartan-amlodipin-hcthiazid</i>	1	
<i>olmesartan-hydrochlorothiazide</i>	1	
ORENITRAM	6	PA
<i>perindopril erbumine</i>	1	
<i>phenoxybenzamine</i>	1	PA
<i>pindolol</i>	1	
<i>prazosin</i>	1	
PRESTALIA	3	ST
PROCARDIA XL	3	PA
<i>propranolol</i>	1	
<i>propranolol-hydrochlorothiazid</i>	1	
<i>quinapril</i>	1	
<i>quinapril-hydrochlorothiazide</i>	1	
<i>ramipril</i>	1	
REMODULIN	6	PA
<i>spironolactone</i>	1	
<i>spironolacton-hydrochlorothiaz</i>	1	
SULAR	3	PA
<i>taztia xt</i>	1	
TEKTURN HCT	2	
<i>telmisartan</i>	1	
<i>telmisartan-amlodipine</i>	1	
<i>telmisartan-hydrochlorothiazid</i>	1	
TENORETIC 100	3	ST
TENORETIC 50	3	ST
TENORMIN	3	ST
<i>terazosin</i>	1	

Drug Name	Drug Tier	Requirements / Limits
<i>tiadylt er</i>	1	
TIAZAC	3	
<i>timolol maleate</i>	1	
<i>torsemede</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	
UPTRAVI INTRAVENOUS	6	PA; LA
UPTRAVI ORAL	5	PA; LA
<i>valsartan</i>	1	
<i>valsartan-hydrochlorothiazide</i>	1	
VASERETIC	3	
VASOTEC	3	
<i>veletri</i>	4	PA
<i>verapamil</i>	1	
VERELAN	3	PA
VERELAN PM	3	PA
ZESTORETIC	3	
ZESTRIL	3	
ZIAC	3	ST
CARDIAC GLYCOSIDES		
<i>digitek</i>	1	
<i>digox</i>	1	
<i>digoxin</i>	1	
LANOXIN	3	
COAGULATION THERAPY		
ADVATE	5	PA
ADYNOVATE	5	PA

Drug Name	Drug Tier	Requirements / Limits
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>dabigatran etexilate</i>	1	PA
<i>dipyridamole</i>	1	
DOPTELET (15 TAB PACK)	5	PA; LA; QL
EFFIENT	3	
ELIQUIS	2	PA
ELIQUIS DVT-PE TREAT 30D START	2	PA
ELOCTATE	5	PA
<i>enoxaparin</i>	4	PA
ESPEROCT	5	PA
FEIBA NF	5	PA
FIBRYGA	6	PA
<i>fondaparinux</i>	4	PA

Drug Name	Drug Tier	Requirements / Limits
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
HEPARIN(PORCINE) 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

Drug Name	Drug Tier	Requirements / Limits
<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
NOVOEIGHT	5	PA
NPLATE	5	PA
OBIZUR	5	PA
<i>pentoxifylline</i>	1	
PHYTONADIONE (VITAMIN K1) INJECTION SOLUTION 1 MG/0.5 ML	2	PA
<i>phytonadione (vitamin k1) injection solution 10 mg/ml</i>	1	PA

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

Drug Name	Drug Tier	Requirements / Limits
<i>cholestyramine light</i>	1	
<i>colesevelam</i>	1	
COLESTID	3	ST
COLESTID FLAVORED	3	ST
<i>colestipol</i>	1	
EVKKEEZA	6	PA
<i>ezetimibe</i>	1	ST
<i>ezetimibe-simvastatin</i>	1	
<i>fenofibrate micronized oral capsule 134 mg, 200 mg, 43 mg, 67 mg</i>	1	
FENOFIBRATE MICRONIZED ORAL CAPSULE 30 MG, 90 MG	3	ST
<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
LOPID	3	
<i>lovastatin</i>	1	ACA

Drug Name	Drug Tier	Requirements / Limits
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
<i>pravastatin</i>	1	ACA
<i>prevalite</i>	1	
QUESTRAN	3	ST
QUESTRAN LIGHT	3	ST
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
MISCELLANEOUS CARDIOVASCULAR AGENTS		
CAMZYOS	5	PA
ENTRESTO	2	

Drug Name	Drug Tier	Requirements / Limits
<i>ranolazine</i>	1	
VECAMYL	3	
VERQUVO	2	
VYNDAMAX	5	PA
VYNDAQEL	5	PA

NITRATES

GONITRO	3	
ISORDIL	3	
ISORDIL TITRADOSE	3	
<i>isosorbide dinitrate</i>	1	
<i>isosorbide mononitrate</i>	1	
<i>nitro-bid</i>	1	
NITRO-DUR	3	
<i>nitroglycerin</i>	1	
NITROLINGUAL	3	
NITROMIST	3	
NITROSTAT	3	
<i>nitro-time</i>	1	

DERMATOLOGICALS/TOPICAL THERAPY

ANTIPSORIATIC / ANTISEBORRHEIC

<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
EPIFOAM	3	ST

Drug Name	Drug Tier	Requirements / Limits
<i>hydrocortisone-pramoxine</i>	1	ST
OVACE	3	
OVACE PLUS	3	
OVACE PLUS SHAMPOO	3	
OVACE PLUS WASH	3	
PLEXION NS	3	
PRAMOSONE	3	ST

<i>selenium sulfide</i>	1	
SELRX	3	
SKYRIZI	5	PA; QL
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	
WYNZORA	3	QL

BURN THERAPY

SILVADENE	3	
<i>silver sulfadiazine</i>	1	

Drug Name	Drug Tier	Requirements / Limits
<i>ssd</i>	1	
KERATOLYTICS		
INOVA 4-1	3	ST
INOVA 8-2	3	ST
MISCELLANEOUS DERMATOLOGICALS		
ADBRY	5	PA; QL
AMELUZ	3	
<i>ammonium lactate</i>	1	
CANTHARIDIN IN ACETONE	3	
CIBINQO	5	PA; QL
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	PA; QL
FLUOROPLEX	3	
<i>fluorouracil</i>	1	
HYFTOR	3	
<i>iodine-sodium iodide</i>	1	
IODOFLEX	3	
IODOSORB	3	
LEVULAN	3	
<i>methoxsalen</i>	1	
<i>methyl salicylate</i>	1	
OPZELURA	3	PA; QL
PANRETIN	3	
<i>pimecrolimus</i>	1	PA; QL
<i>podofilox</i>	1	

Drug Name	Drug Tier	Requirements / Limits
PROTOPIC	3	PA; QL
<i>prudoxin</i>	1	ST; QL
REGRANEX	2	
SCENESSE	6	PA
<i>tacrolimus</i>	1	PA; QL
TOLAK	3	
VALCHLOR	5	PA
<i>wintergreen oil</i>	1	
ZONALON	3	ST; QL
THERAPY FOR ACNE		
ABSORICA	3	
<i>acutane</i>	1	
ACZONE	3	ST
<i>adapalene-benzoyl peroxide</i>	1	
AKLIEF	3	ST
ALTRENO	3	
<i>amnestem</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
BENZAMYCIN	3	ST
<i>benzepro</i>	1	

Drug Name	Drug Tier	Requirements / Limits
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 TOPICAL KIT	3	ST
<i>clindacin etz topical swab</i>	1	
<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 gel, once daily</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-tretinoin</i>	1	
<i>dapsone</i>	1	
ENZOCLEAR	3	ST
EPIDUO FORTE	3	ST
EPSOLAY	3	

Drug Name	Drug Tier	Requirements / Limits
<i>ery pads</i>	1	
<i>erygel</i>	1	
<i>erythromycin with ethanol</i>	1	
<i>erythromycin-benzoyl peroxide</i>	1	
EVOCLIN	3	ST; QL
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
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	

Drug Name	Drug Tier	Requirements / Limits
<i>rosadan topical gel</i>	1	
ROSADAN TOPICAL KIT, CLEANSER AND GEL	3	ST
ROSADAN TOPICAL KIT, CLEANSER AND CREAM	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
<i>tretinoin</i>	1	
<i>tretinoin microspheres</i>	1	
TWYNEO	3	ST
VANOXIDE-HC	3	ST
<i>zenatane</i>	1	
ZIANA	3	ST
TOPICAL ANESTHETICS		
COCAINE	3	
<i>glydo</i>	1	QL
GOPRELTO	3	

Drug Name	Drug Tier	Requirements / Limits
<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	PA
<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	PA
TOPICAL ANTIBACTERIALS		
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
NEO-SYNALAR	3	

Drug Name	Drug Tier	Requirements / Limits
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
TOPICAL ANTIFUNGALS		
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
EXELDERM	3	QL

Drug Name	Drug Tier	Requirements / Limits
EXTINA	3	QL
JUBLIA	3	ST
<i>keetoconazole</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
TOPICAL ANTIVIRALS		
<i>acyclovir</i>	1	PA
DENAVIR	3	
ZOVIRAX	3	PA
TOPICAL CORTICOSTEROIDS		
<i>ala-cort</i>	1	
ALA-SCALP	3	ST
<i>alclometasone</i>	1	
<i>amcinonide</i>	1	ST

Drug Name	Drug Tier	Requirements / Limits
<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
<i>clobetasol-emollient topical cream</i>	1	QL

Drug Name	Drug Tier	Requirements / Limits
<i>clobetasol-emollient topical foam</i>	1	ST; QL
CLOBEX	3	ST; QL
<i>clocortolone pivalate</i>	1	
<i>clodan</i>	1	ST; QL
CLODAN KIT	3	ST; QL
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
<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	
<i>desoximetasone</i>	1	ST
<i>desrx</i>	1	ST
<i>diflorasone</i>	1	ST; QL
DIPROLENE (AUGMENTED)	3	ST
DUOBRII	3	QL
<i>fluocinolone</i>	1	
<i>fluocinolone and shower cap</i>	1	
<i>fluocinonide</i>	1	QL
<i>fluocinonide-e</i>	1	QL
<i>flurandrenolide</i>	1	ST; QL

Drug Name	Drug Tier	Requirements / Limits
<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</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	
KENALOG	3	ST; QL
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

Drug Name	Drug Tier	Requirements / Limits
<i>prednicarbate</i>	1	
PROCTOCORT	3	ST
<i>scalacort</i>	1	
SCALACORT DK	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	
<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
TRIDESILON	3	ST
<i>tritocin</i>	1	ST

Drug Name	Drug Tier	Requirements / Limits
TOPICAL ENZYMES		
SANTYL	2	
TOPICAL SCABICIDES / PEDICULICIDES		
<i>crotan</i>	1	
ELIMITE	3	
EURAX	3	
<i>lindane</i>	1	
<i>malathion</i>	1	
OVIDE	3	
<i>permethrin</i>	1	
SKLICE	3	
<i>spinosad</i>	1	
ULESFIA	3	
DIAGNOSTICS & MISCELLANEOUS AGENTS		
IRRIGATING SOLUTIONS		
<i>lactated ringers</i>	1	
<i>neomycin-polymyxin b gu</i>	1	
PHYSIOLYTE	3	
PHYSIOSOL IRRIGATION	3	
<i>ringer's</i>	1	
SORBITOL	3	
SORBITOL-MANNITOL	3	
<i>tis-u-sol pentalyte</i>	1	
MISCELLANEOUS AGENTS		
<i>acamprosate</i>	1	
<i>acetic acid</i>	1	
AGRYLIN	3	
<i>anagrelide</i>	1	

Drug Name	Drug Tier	Requirements / Limits
<i>aqua care sodium chloride</i>	1	
<i>aqua care sterile water</i>	1	
ARALAST NP	5	PA; LA
BUPHENYL	3	
<i>caffeine citrate</i>	1	
CARBAGLU	5	PA; LA
<i>carglumic acid</i>	4	PA
CARNITOR	3	
CARNITOR (SUGAR-FREE)	3	
<i>cevimeline</i>	1	
CHEMET	2	PA
<i>deferasirox</i>	4	PA
<i>deferiprone</i>	4	PA
<i>disulfiram</i>	1	
<i>droxidopa</i>	6	PA
EMPAVELI	5	PA
ENDARI	6	PA
ENJAYMO	5	PA
EVOXAC	3	
EXSERVAN	6	PA
FERRIPROX (2 TIMES A DAY)	5	PA
FERRIPROX ORAL SOLUTION	5	PA
FERRIPROX ORAL TABLET 1,000 MG	5	PA
FERRIPROX ORAL TABLET 500 MG	6	PA
GIVLAARI	6	PA
GLASSIA	5	PA; LA
INCRELEX	5	PA; LA
KORSUVA	6	

Drug Name	Drug Tier	Requirements / Limits
<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
PYRUKYND	6	PA; LA; QL
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
<i>sodium chloride irrigation</i>	1	
<i>sodium phenylbutyrate</i>	1	
SOLIRIS	5	PA
SYPRINE	3	PA
THIOLA	6	PA
THIOLA EC	6	PA

Drug Name	Drug Tier	Requirements / Limits
TIGLUTIK	3	PA
<i>tiopronin</i>	4	PA
<i>trientine</i>	1	PA
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
SMOKING DETERRENTS		
<i>bupropion hcl (smoking deter)</i>	1	ACA
CHANTIX	3	ACA
CHANTIX CONTINUING MONTH BOX	3	ACA
CHANTIX STARTING MONTH BOX	3	ACA
NICODERM CQ	2	OTC
NICORETTE BUCCAL GUM 2 MG	2	OTC
<i>nicorette buccal gum 4 mg</i>	1	ACA; OTC
NICORETTE BUCCAL LOZENGE	2	OTC
NICORETTE BUCCAL MINI LOZENGE	2	OTC
<i>nicotine</i>	1	ACA; OTC
<i>nicotine (polacrilex)</i>	1	ACA; OTC
NICOTROL	3	ACA
NICOTROL NS	3	ACA

Drug Name	Drug Tier	Requirements / Limits
<i>quit 2</i>	1	ACA; OTC
<i>quit 4</i>	1	ACA; OTC
<i>stop smoking aid</i>	1	ACA; OTC
<i>varenicline</i>	1	ACA

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	
SILATRIX	3	PA
<i>triamcinolone acetonide</i>	1	

MISCELLANEOUS OTIC PREPARATIONS

<i>acetic acid</i>	1	
<i>ciprofloxacin hcl</i>	1	
DERMOTIC OIL	3	QL
<i>flac otic oil</i>	1	QL

Drug Name	Drug Tier	Requirements / Limits
<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	
OTOVEL	3	

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
DXEVO	3	PA
<i>fludrocortisone</i>	1	
<i>hydrocortisone</i>	1	
MEDROL	3	
MEDROL (PAK)	3	

Drug Name	Drug Tier	Requirements / Limits
<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
TARPEYO	6	PA; QL
TRIESENCE (PF)	3	
XIPERE (PF)	6	
ZCORT	3	PA
ANTITHYROID AGENTS		
<i>methimazole</i>	1	
<i>potassium iodide</i>	1	
<i>propylthiouracil</i>	1	
SSKI	3	
BLOOD GLUCOSE MONITORING DEVICES & SUPPLIES		
ONETOUCH ULTRA TEST	2	OTC
ONETOUCH VERIO TEST STRIPS	2	OTC
DIABETES, SUPPLIES, & DURABLE MEDICAL EQUIPMENT		
ACE AEROSOL CLOUD ENHANCER	2	
AEROCHAMBER MINI	2	

Drug Name	Drug Tier	Requirements / Limits
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	2	
INSULIN SYRINGE-NEEDLE U-100	3	
LITEAIRE MDI CHAMBER	2	
MICROCHAMBER	2	
MICROSPACER	2	
MOUNJARO	2	PA
OPTICHAMBER DIAMOND VHC	2	
POCKET CHAMBER	2	
PRIMEAIRE	2	
PROCHAMBER	2	
RITEFLO AEROCHAMBER	2	
SPACE CHAMBER	2	

Drug Name	Drug Tier	Requirements / Limits
VORTEX HOLDING CHAMBER	2	
GLUCOSE ELEVATING AGENTS		
BAQSIMI	2	SP
<i>diazoxide</i>	1	
GLUCAGEN HYPOKIT	2	
GLUCAGON (HCL) EMERGENCY KIT	2	
<i>glucagon emergency kit (human)</i>	1	
GVOKE	2	
GVOKE HYPOPEN 2-PACK	2	
GVOKE PFS 2-PACK SYRINGE	2	
PROGLYCEM	3	
INSULIN SYRINGES/MISCELLANEOUS DURABLE MEDICAL EQU		
ACCU-CHEK GUIDE L1-L2 CTRL SOL	3	OTC
ACCU-CHEK SMARTVIEW CTRL SOL	3	OTC
ACCUTREND GLUCOSE CONTROL	3	OTC
ADVOCATE LOW CONTROL	3	OTC
ADVOCATE REDI-CODE PLUS CTRL L	3	OTC
AGAMATRIX CONTROL HIGH	3	OTC

Drug Name	Drug Tier	Requirements / Limits
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
CEQR SIMPLICITY	3	
CLEVER CHOICE LEVEL 2 CONTROL	3	OTC
CONTOUR CONTROL SOLUTION, NML	3	OTC

Drug Name	Drug Tier	Requirements / Limits
CONTOUR NEXT LEV 2 CONTROL SOL	3	OTC
COOL CONTROL A SOLUTION	3	OTC
DEXCOM G6 RECEIVER	2	
DEXCOM G6 SENSOR	2	QL
DEXCOM G6 TRANSMITTER	2	QL
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 TALK PLUS II LOW CONTROL	3	OTC
EASY TOUCH BLU CTRL SOLN-L1,L3	3	OTC
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

Drug Name	Drug Tier	Requirements / Limits
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
FORA KETONE CONTROL SOLN-L1	3	OTC
FORA NORMAL CONTROL	3	OTC
FORA TN'G ADVANCE PRO MONITOR	3	OTC
FORA TN'GO ADVANCE MONITOR	3	OTC
FORACARE GDH LOW CONTROL	3	OTC
FORTISCARE NORMAL	3	OTC

Drug Name	Drug Tier	Requirements / Limits
FREESTYLE CONTROL	2	OTC
FREESTYLE LIBRE 14 DAY READER	2	
FREESTYLE LIBRE 14 DAY SENSOR	2	QL
FREESTYLE LIBRE 2 READER	2	
FREESTYLE LIBRE 2 SENSOR	2	
FREESTYLE LIBRE 3 SENSOR	2	
GE100 CONTROL SOLUTION NORMAL	3	OTC
GENTEEL VACUUM LANCING DEVICE	3	OTC
GLUCOCARD 01 NORMAL CONTROL	3	OTC
GLUCOCOM CONTROL NORMAL	3	OTC
GLUCOSE CONTROL	3	OTC
GOJJI GLUCOSE CNTRL SOL-NORMAL	3	OTC
GOJJI KETONE CONTROL SOLN-L1	3	OTC
GOJJI MULTI-FUNCTIONAL METER	3	OTC
HEALTHPRO HIGH-LOW CONTROL	3	OTC

Drug Name	Drug Tier	Requirements / Limits
INFINITY CONTROL SOLUTION NORM	3	OTC
INFINITY VOICE CTRL SOLN-LVL 2	3	OTC
LANCETS	2	OTC
LANCING DEVICE	2	OTC
MEDISENSE	2	OTC
MEDISENSE GLUCOSE KETONE	2	OTC
MYGLUCOHEALTH H CONTROL SOLUTION	3	OTC
NOVA MAX GLUCOSE CONTROL	3	OTC
NOVA MAX PLUS GLUC-KETON METER	3	OTC
NOVAMAX PLUS GLU-KET	3	OTC
OMNIPOD 5 G6 INTRO KIT (GEN 5)	2	
OMNIPOD 5 G6 PODS (GEN 5)	2	
OMNIPOD CLASSIC PDM KIT(GEN 3)	2	PA
OMNIPOD CLASSIC PODS (GEN 3)	2	PA
OMNIPOD DASH INTRO KIT (GEN 4)	2	
OMNIPOD DASH PODS (GEN 4)	2	PA

Drug Name	Drug Tier	Requirements / Limits
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	SP; OTC; QL
ONETOUCH ULTRAMINI	2	SP; OTC; QL
ONETOUCH VERIO FLEX METER	2	SP; OTC; QL
ONETOUCH VERIO IQ METER	2	SP; OTC; QL
ONETOUCH VERIO METER	2	SP; 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

Drug Name	Drug Tier	Requirements / Limits
SAFE-CLIP NEEDLE STORAGE DEV	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
V-GO 20	2	
V-GO 30	2	
V-GO 40	2	
VIVAGUARD INO CTRL SOLN-L1,2,3	3	OTC
WAVESENSE CONTROL SOLUTION	3	OTC
INSULIN THERAPY		
BASAGLAR KWIKPEN U-100 INSULIN	3	
HUMALOG JUNIOR KWIKPEN U-100	2	
HUMALOG KWIKPEN INSULIN	2	
HUMALOG MIX 50-50 INSULN U-100	2	
HUMALOG MIX 50-50 KWIKPEN	2	

Drug Name	Drug Tier	Requirements / Limits
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	
SEMGLEE(INSULIN GLARGINE-YFGN)	2	

Drug Name	Drug Tier	Requirements / Limits
SEMGLEE(INSULIN GLARGINE-YFGN)PEN	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
MISCELLANEOUS HORMONES		
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	3	PA
DEPO-TESTOSTERONE	3	PA

Drug Name	Drug Tier	Requirements / Limits
<i>desmopressin nasal spray, non-aerosol 10 mcg/spray (0.1 ml)</i>	1	PA
DESMOPRESSIN NASAL SPRAY, NON-AEROSOL 150 MCG/SPRAY (0.1 ML)	2	PA
<i>desmopressin oral</i>	1	
<i>doxercalciferol</i>	1	ST
ELAPRASE	5	PA
FABRAZYME	5	PA
FORTESTA	3	PA
GALAFOLD	6	PA; LA; QL
JATENZO	3	PA; QL
<i>javygtor</i>	1	PA
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
NEXVIAZYME	6	PA
NOCDURNA (MEN)	3	PA; QL
NOCDURNA (WOMEN)	3	PA; QL

Drug Name	Drug Tier	Requirements / Limits
ORLISSA	2	PA; QL
<i>oxandrolone</i>	1	
PALYNZIQ	5	PA; LA; QL
<i>paricalcitol intravenous</i>	1	PA
<i>paricalcitol oral</i>	1	ST
RAYALDEE	3	ST
SAMSCA	6	PA
<i>sapropterin</i>	4	PA
SOMAVERT	5	PA
STRENSIQ	5	PA; LA
SYNAREL	2	PA
TEPEZZA	6	PA
TESTOPEL	6	PA
<i>testosterone cypionate</i>	1	PA
<i>testosterone enanthate</i>	1	PA
TESTOSTERONE IMPLANT	3	PA
<i>testosterone transdermal</i>	1	PA
<i>tolvaptan oral tablet 15 mg</i>	1	PA; LA
<i>tolvaptan oral tablet 30 mg</i>	4	PA; LA
VIMIZIM	5	PA
VOGELXO	3	PA
VOXZOGO	6	PA
XYOSTED	3	PA; QL
ZEMPLAR INTRAVENOUS	3	PA
ZEMPLAR ORAL	3	ST
<i>zoledronic acid</i>	4	PA

Drug Name	Drug Tier	Requirements / Limits
<i>zoledronic acid-mannitol-water</i>	4	PA
ZOLEDRONIC AC-MANNITOL-0.9NAACL	6	PA
NON-INSULIN HYPOGLYCEMIC AGENTS		
<i>acarbose</i>	1	
ACTOPLUS MET	3	PA
ACTOS	3	PA
AMARYL	3	
BYDUREON BCISE	2	PA
BYETTA	2	PA
CYCLOSET	3	
DUETACT	3	PA
FARXIGA	2	ST
<i>glimepiride</i>	1	
<i>glipizide</i>	1	
<i>glipizide-metformin</i>	1	
GLUCOTROL XL	3	
<i>glyburide</i>	1	
<i>glyburide micronized</i>	1	
<i>glyburide-metformin</i>	1	
GLYNASE	3	
GLYXAMBI	2	ST
JANUMET	2	PA
JANUMET XR	2	PA
JANUVIA	2	PA
JARDIANCE	2	ST
<i>metformin oral solution</i>	1	ST
<i>metformin oral tablet</i>	1	

Drug Name	Drug Tier	Requirements / Limits
<i>metformin oral tablet extended release 24 hr</i>	1	
<i>miglitol</i>	1	
<i>nateglinide</i>	1	
OSENI	3	PA
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
TRIJARDY XR	2	ST
TRULICITY	2	PA
XIGDUO XR	2	ST
THYROID HORMONES		
ARMOUR THYROID	2	
<i>euthyrox</i>	1	
<i>levo-t</i>	1	
<i>levothyroxine</i>	1	

Drug Name	Drug Tier	Requirements / Limits
<i>levoxyl</i>	1	
<i>liothyronine</i>	1	
<i>np thyroid</i>	1	
<i>unithroid</i>	1	
GASTROENTEROLOGY		
ANTIDIARRHEALS & ANTISPASMODICS		
<i>anaspaz</i>	1	
<i>belladonna alkaloids-opium</i>	1	ST; 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	
LEVBID	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>phenobarb-hyoscy-atropine-scop</i>	1	

Drug Name	Drug Tier	Requirements / Limits
<i>phenohydro</i>	1	
ROBINUL	3	
ROBINUL FORTE	3	
SYMAX DUOTAB	3	
<i>symax fastabs</i>	1	
<i>symax-sl</i>	1	
<i>symax-sr</i>	1	
MISCELLANEOUS GASTROINTESTINAL AGENTS		
<i>alosetron</i>	1	
<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>betaine</i>	4	PA
<i>budesonide</i>	1	
BYLVAY	6	PA; QL
<i>calcium acetate(phosphat bind)</i>	1	QL
CHENODAL	5	PA; LA

Drug Name	Drug Tier	Requirements / Limits
CHOLBAM	5	PA
<i>citrate of magnesia</i>	1	ACA; OTC
<i>citroma</i>	1	ACA; OTC
<i>clearlax</i>	1	ACA; OTC
COLAZAL	3	
COMPAZINE	3	
<i>compro</i>	1	
CORTENEMA	3	
CREON	2	
<i>cromolyn</i>	1	
CYSTADANE	6	PA
<i>dronabinol</i>	1	PA
<i>dulcolax (magnesium hydroxide)</i>	1	ACA; OTC
ENTEREG	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>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 rectal cream 1-1 %, 2.5-1 % (4g)</i>	1	
<i>hydrocortisone-pramoxine rectal cream 2.5-1 %</i>	1	ST

Drug Name	Drug Tier	Requirements / Limits
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-HYDROCORTISO N AC RECTAL GEL	3	
<i>lidocaine hcl-hydrocortison ac rectal kit</i>	1	
<i>lidocaine-hydrocortisone-aloe</i>	1	
LINZESS	2	QL
LIVMARLI	6	PA
LOKELMA	2	QL
<i>magnesium citrate</i>	1	ACA; OTC
MARINOL	3	PA
<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

Drug Name	Drug Tier	Requirements / Limits
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 ORAL CAPSULE, EXTENDED RELEASE 250 MG	2	
PENTASA ORAL CAPSULE, EXTENDED RELEASE 500 MG	3	
PHOSLYRA	2	QL
<i>phosphate laxative</i>	1	ACA; OTC
<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>proctozone-hc</i>	1	
RECTIV	2	
REGLAN	3	
RELISTOR	2	PA
REVELA	3	QL
ROWASA	3	
<i>scopolamine base</i>	1	
<i>sevelamer carbonate</i>	1	QL

Drug Name	Drug Tier	Requirements / Limits
<i>sevelamer hcl</i>	1	QL
SFROWASA	3	
SKYRIZI	5	PA; QL
<i>sodium polystyrene sulfonate</i>	1	
<i>sps (with sorbitol)</i>	1	
SUCRAID	5	PA
<i>sulfasalazine</i>	1	
SYMPROIC	2	
SYNDROS	3	PA
<i>trimethobenzamide</i>	1	
TRULANCE	2	
UCERIS ORAL	3	
UCERIS RECTAL	2	
URSO 250	3	
URSO FORTE	3	
<i>ursodiol</i>	1	
VARUBI	2	QL
VELPHORO	2	QL
VELTASSA	2	QL
VIBERZI	2	
VIOKACE	2	
<i>women's gentle laxative(bisac)</i>	1	ACA; OTC
ZELNORM	3	
ZENPEP	2	
ZUPLENZ	3	QL
ULCER THERAPY		
<i>amoxicil-clarithromy-lansopraz</i>	1	
CARAFATE	3	
<i>cimetidine</i>	1	
<i>cimetidine hcl</i>	1	

Drug Name	Drug Tier	Requirements / Limits
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	PA
<i>famotidine</i>	1	
<i>lansoprazole</i>	1	
<i>misoprostol</i>	1	
<i>nizatidine</i>	1	
OMECLAMOX-PAK	3	
<i>omeprazole</i>	1	
<i>pantoprazole</i>	1	
PEPCID	3	
<i>rabeprazole</i>	1	
<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
PROCRIT	5	PA
REBLOZYL	6	PA
RETACRIT	5	PA
ZARXIO	5	PA
ZIEXTENZO	5	PA

GROWTH HORMONES

Drug Name	Drug Tier	Requirements / Limits
EGRIFTA SV	5	PA
GENOTROPIN	5	PA
GENOTROPIN MINIQUICK	5	PA
NORDITROPIN FLEXPOR	5	PA
SEROSTIM	5	PA
INTERFERONS		
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
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
<i>lenalidomide</i>	4	PA
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

Drug Name	Drug Tier	Requirements / Limits
MAYZENT STARTER(FOR 1MG MAINT)	5	PA; QL
MAYZENT STARTER(FOR 2MG MAINT)	5	PA; QL
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
<i>ribavirin</i>	4	PA
VUMERITY	5	PA; QL
INTERLEUKINS		
ACTIMMUNE	5	PA
ALFERON N	2	PA
ARCALYST	6	PA; QL
ILARIS (PF)	5	PA; LA
<i>imiquimod</i>	1	
INTRON A	5	PA
PROLEUKIN	5	PA
VACCINES & MISCELLANEOUS IMMUNOLOGICALS		
ACTHIB (PF)	2	ACA
ADACEL(TDAP ADOLESN/ADULT)(PF)	2	ACA

Drug Name	Drug Tier	Requirements / Limits
AFLURIA QD 2022-23(3YR UP)(PF)	2	ACA
AFLURIA QUAD 2022-2023(6MO UP)	2	ACA
ASCENIV	6	PA
BCG VACCINE, LIVE (PF)	2	
BEXSERO	2	ACA
BIOTHRAX	2	
BIVIGAM	6	PA
BOOSTRIX TDAP	2	ACA
BOTOX	5	PA
COMIRNATY TRIS VACCINE(PF)	2	ACA
CUVITRU	6	PA
DAPTACEL (DTAP PEDIATRIC) (PF)	2	ACA
DENGVAXIA (PF)	2	ACA
DYSPORT	6	PA
ENGERIX-B (PF)	2	ACA
ENGERIX-B PEDIATRIC (PF)	2	ACA
FLEBOGAMMA DIF	6	PA
FLUAD QUAD 2022-23(65Y UP)(PF)	2	ACA
FLUARIX QUAD 2022-2023 (PF)	2	ACA
FLUBLOK QUAD 2022-2023 (PF)	2	ACA
FLUCELVAX QUAD 2022-2023	2	ACA
FLUCELVAX QUAD 2022-2023 (PF)	2	ACA

Drug Name	Drug Tier	Requirements / Limits
FLULAVAL QUAD 2022-2023 (PF)	2	ACA
FLUMIST QUAD 2022-2023	2	ACA
FLUZONE HIGHDOSE QUAD 22-23 PF	2	ACA
FLUZONE QUAD 2022-2023	2	ACA
FLUZONE QUAD 2022-2023 (PF)	2	ACA
GAMASTAN	5	PA
GAMASTAN S/D	5	PA
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
HIZENTRA	6	PA
HYQVIA	6	PA
IMOVAX RABIES VACCINE (PF)	2	
INFANRIX (DTAP) (PF)	2	ACA
IPOL	2	ACA
IXIARO (PF)	2	

Drug Name	Drug Tier	Requirements / Limits
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(6M-5Y) VACC(EUA)	2	ACA
MODERNA COVID-19 BOOSTER (EUA)	2	ACA
MODERNA COVID-19 VACCINE (EUA)	2	ACA
MYOBLOC	5	PA
NOVAVAX COVID-19 VACC,ADJ(EUA)	2	ACA
OCTAGAM	6	PA
ODACTRA	2	PA
ORALAIR	5	PA
PANZYGA	6	PA
PEDIARIX (PF)	2	ACA
PEDVAX HIB (PF)	2	ACA
PENTACEL (PF)	2	ACA
PENTACEL ACTHIB COMPONENT (PF)	2	ACA
PFIZER COVID-19 TRIS VACCN(PF)	2	ACA
PFIZER COVID-19 VACCINE (EUA)	2	ACA
PNEUMOVAX-23	2	ACA

Drug Name	Drug Tier	Requirements / Limits
PREHEVBRIO (PF)	2	ACA
PREVNAR 13 (PF)	2	ACA
PREVNAR 20 (PF)	2	ACA
PRIORIX (PF)	2	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
ROTATEQ VACCINE	2	ACA
SHINGRIX (PF)	2	ACA
SPIKEVAX (PF)	2	ACA
STAMARIL (PF)	2	
TDVAX	2	ACA
TENIVAC (PF)	3	ACA
TETANUS, DIPHTHERIA TOX PED (PF)	2	ACA
TICOVAC	2	
TRUMENBA	2	ACA
TWINRIX (PF)	2	ACA
TYPHIM VI	2	
VAQTA (PF)	3	ACA
VARIVAX (PF)	2	ACA
VAXELIS (PF)	3	ACA
VAXNEUVANCE	2	ACA
VIVOTIF	2	
XEMBIFY	5	PA
XEOMIN	6	PA

Drug Name	Drug Tier	Requirements / Limits
YF-VAX (PF)	2	
MUSCULOSKELETAL & RHEUMATOLOGY		
GOUT THERAPY		
<i>allopurinol</i>	1	
<i>colchicine</i>	1	
<i>febuxostat</i>	1	ST
GLOPERBA	3	
KRYSTEXXA	5	PA
MITIGARE	2	
<i>probenecid</i>	1	
<i>probenecid-colchicine</i>	1	
ZYLOPRIM	3	
OSTEOPOROSIS THERAPY		
ACTONEL	3	PA; 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
AELVIA	3	PA; QL
BINOSTO	3	PA; QL
BONIVA	3	PA; QL
EVISTA	3	
FORTEO	5	PA; QL
FOSAMAX	3	PA; QL
FOSAMAX PLUS D	3	ST; QL
<i>ibandronate intravenous</i>	4	PA
<i>ibandronate oral</i>	1	QL
<i>raloxifene</i>	1	

Drug Name	Drug Tier	Requirements / Limits
<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 ACTPEN	5	PA; QL
ACTEMRA INTRAVENOUS	5	PA
ACTEMRA SUBCUTANEOUS	5	PA; QL
ARAVA	3	
BENLYSTA INTRAVENOUS	5	PA
BENLYSTA SUBCUTANEOUS	5	PA; QL
DEPEN TITRATABS	3	PA
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
HUMIRA PEN PSOR-UEVITS- ADOL HS	5	PA; QL
HUMIRA(CF)	5	PA; QL

Drug Name	Drug Tier	Requirements / Limits
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; QL
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	PA
RASUVO (PF)	2	ST
RIDAURA	2	
RINVOQ	5	PA; QL
SAVELLA	2	ST
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	2	ACA
FC2 FEMALE CONDOM	2	ACA; OTC
FEMCAP	2	ACA
KYLEENA	5	
LILETTA	6	
MIRENA	5	ACA

Drug Name	Drug Tier	Requirements / Limits
PARAGARD T 380A	5	ACA
SKYLA	5	
WIDE-SEAL DIAPHRAGM	3	ACA
ESTROGENS & PROGESTINS		
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	
DEPO-ESTRADIOL	2	
DEPO-PROVERA	3	ACA; QL
DEPO-SUBQ PROVERA 104	3	QL
<i>dotti</i>	1	QL
DUA VEE	2	
<i>eemt</i>	1	
<i>eemt hs</i>	1	
<i>errin</i>	1	ACA
ESTRACE	3	
ESTRADIOL IMPLANT	3	
<i>estradiol oral</i>	1	
<i>estradiol transdermal</i>	1	QL
<i>estradiol vaginal</i>	1	

Drug Name	Drug Tier	Requirements / Limits
<i>estradiol valerate</i>	1	
<i>estradiol-norethindrone acet</i>	1	
<i>estrogens-methyltestosterone</i>	1	
<i>fyavolv</i>	1	
<i>heather</i>	1	ACA
<i>hydroxyprogesteron(pf)(p reg 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 (PF)	6	PA
<i>medroxyprogesteron e intramuscular</i>	1	ACA; QL
<i>medroxyprogesteron e 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	
<i>norethindrone ac-eth estradiol</i>	1	
PREFEST	3	
PREMARIN	2	
<i>progesterone</i>	4	PA
<i>progesterone micronized</i>	1	

Drug Name	Drug Tier	Requirements / Limits
PROMETRIUM	3	
PROVERA	3	
<i>sharobel</i>	1	ACA
<i>tulana</i>	1	ACA
<i>yuvafem</i>	1	
MISCELLANEOUS OB/GYN		
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>isoxsuprine</i>	1	
LYSTEDA	3	
<i>metronidazole</i>	1	
<i>miconazole-3</i>	1	
MYFEMBREE	2	PA
NEXPLANON	5	ACA
NUVESSA	3	
ORIAHNN	2	PA
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	

Drug Name	Drug Tier	Requirements / Limits
VCF CONTRACEPTIVE FILM	2	OTC
VCF CONTRACEPTIVE GEL	2	OTC
<i>xulane</i>	1	ACA
<i>zafemy</i>	1	ACA
ORAL CONTRACEPTIVES & RELATED AGENTS		
<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
<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
BEYAZ	3	ST; ACA

Drug Name	Drug Tier	Requirements / Limits
<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>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
<i>desog-e.estradiol/e.estradiol</i>	1	ACA
<i>desogestrel-ethinyl estradiol</i>	1	ACA
<i>dolishale</i>	1	ACA
<i>drospirenone-e.estradiol-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
ELLA	2	ACA
<i>enpresse</i>	1	ACA
<i>enskyce</i>	1	ACA
<i>estarylla</i>	1	ACA
<i>ethynodiol diac-eth estradiol</i>	1	ACA

Drug Name	Drug Tier	Requirements / Limits
<i>falmina (28)</i>	1	ACA
<i>femynor</i>	1	ACA
<i>finzala</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
<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.estradiol-e.estradiol</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>layolis fe</i>	1	ACA

Drug Name	Drug Tier	Requirements / Limits
<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>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>lutra (28)</i>	1	ACA
<i>marlissa (28)</i>	1	ACA
<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	ST; 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

Drug Name	Drug Tier	Requirements / Limits
<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 1/35 (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
<i>option-2</i>	1	ACA; OTC
<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>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

Drug Name	Drug Tier	Requirements / Limits
<i>taysofy</i>	1	ACA
<i>tilia fe</i>	1	ACA
<i>tri_femynor</i>	1	ACA
<i>tri-estarylla</i>	1	ACA
<i>tri-legest fe</i>	1	ACA
<i>tri-linyah</i>	1	ACA
<i>tri-lo-estarylla</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-sprintec (28)</i>	1	ACA
<i>trivora (28)</i>	1	ACA
<i>tri-vylibra</i>	1	ACA
<i>tri-vylibra lo</i>	1	ACA
<i>tydemy</i>	1	ACA
<i>velivet triphasic regimen (28)</i>	1	ACA
<i>vestura (28)</i>	1	ACA
<i>vienna</i>	1	ACA
<i>viorele (28)</i>	1	ACA
<i>volnea (28)</i>	1	ACA
<i>vyfemla (28)</i>	1	ACA
<i>vylibra</i>	1	ACA
<i>wera (28)</i>	1	ACA
<i>wymzya fe</i>	1	ACA
YAZ (28)	3	ST; ACA
<i>zarah</i>	1	ACA
<i>zovia 1-35 (28)</i>	1	ACA
<i>zumandimine (28)</i>	1	ACA
OXYTOCICS		
<i>methergine</i>	1	PA; QL

Drug Name	Drug Tier	Requirements / Limits
<i>methylergonovine</i>	1	PA; QL
OPHTHALMOLOGY		
ANTIBIOTICS		
<i>ak-poly-bac</i>	1	
AZASITE	2	QL
<i>bacitracin</i>	1	
<i>bacitracin-polymyxin b</i>	1	
BETADINE OPHTHALMIC PREP	3	
CILOXAN	3	QL
<i>ciprofloxacin hcl</i>	1	QL
<i>erythromycin</i>	1	
<i>gatifloxacin</i>	1	QL
<i>gentak</i>	1	
<i>gentamicin</i>	1	QL
<i>levofloxacin</i>	1	QL
MOXIFLOXACIN (PF)-BSS	3	
<i>moxifloxacin ophthalmic (eye) drops</i>	1	QL
<i>moxifloxacin ophthalmic (eye) drops, viscous</i>	1	
MOXIFLOXACIN-SOD CHLOR,ISO(PF)	3	
NATACYN	2	
<i>neomycin-bacitracin-polymyxin</i>	1	
<i>neomycin-polymyxin-gramicidin</i>	1	QL
<i>neo-polycin</i>	1	

Drug Name	Drug Tier	Requirements / Limits
OCUFLOX	3	QL
<i>ofloxacin</i>	1	QL
<i>polycin</i>	1	
<i>polymyxin b sulf-trimethoprim</i>	1	QL
POLYTRIM	3	QL
<i>tobramycin</i>	1	QL
TOBREX OPHTHALMIC (EYE) DROPS	3	QL
TOBREX OPHTHALMIC (EYE) OINTMENT	3	
VIGAMOX	3	QL
ZYMAXID	3	QL
ANTIVIRALS		
<i>trifluridine</i>	1	QL
ZIRGAN	3	
BETA-BLOCKERS		
<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	

Drug Name	Drug Tier	Requirements / Limits
CHOLINESTERASE INHIBITOR MIOTICS		
PHOSPHOLINE IODIDE	5	
CYCLOPLEGIC MYDRIATICS		
<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
CYCLOPENTROPIC-PHENYLEPHWATR	3	
CYCLOPENTROPIC-PHENKETR-WAT	3	
CYCLOP-TROP-PROPA-PHENKET-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
DIRECT ACTING MIOTICS		
ISOPTO CARPINE	3	QL
MIOCHOL-E	3	
<i>pilocarpine hcl</i>	1	QL

Drug Name	Drug Tier	Requirements / Limits
MISCELLANEOUS OPTHALMOLOGICS		
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
<i>cyclosporine</i>	1	PA
CYCLOSPORINE IN KLARITY	3	
CYSTARAN	5	PA
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-L (LOTEPRED- CHOND)(PF)	3	
LACRISERT	3	
LIDOCAINE- PHENYLEPHRIN- BSS(PF)	3	

Drug Name	Drug Tier	Requirements / Limits
<i>lidocaine- phenylephrn in water</i>	1	
LUCENTIS	6	PA
LUXTURNA	5	PA
MITOMYCIN (PF) IN WATER	3	
MYDRIATIC4(TRO P-PROP-PE- KTRLC)	3	
<i>olopatadine</i>	1	QL
OMIDRIA	3	
OXERVATE	5	PA; QL
PHOTREXA CROSS-LINKING KIT	3	
PHOTREXA VISCOSUS	3	
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

Drug Name	Drug Tier	Requirements / Limits
RACEPINEPH-LIDOCAINE-BSS 7(PF)	3	
RESTASIS	2	PA
RESTASIS MULTIDOSE	2	PA; QL
<i>tetracaine hcl</i>	1	
TETRACAINE HCL (PF)	3	
TYRVAYA	3	
VISUDYNE	5	PA
XIIDRA	2	PA

NON-STEROIDAL ANTI-INFLAMMATORY AGENTS

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	
<i>ketorolac</i>	1	QL
PROLENSA	3	QL

ORAL DRUGS FOR GLAUCOMA

<i>acetazolamide</i>	1	
<i>methazolamide</i>	1	

OTHER GLAUCOMA DRUGS

<i>bimatoprost</i>	1	QL
BRIMONIDINE-DORZOLAMIDE (PF)	3	
<i>brimonidine-timolol</i>	1	QL
<i>brinzolamide</i>	1	
COMBIGAN	3	QL
<i>dorzolamide</i>	1	QL

Drug Name	Drug Tier	Requirements / Limits
DORZOLAMIDE (PF)	3	QL
<i>dorzolamide-timolol</i>	1	QL
<i>dorzolamide-timolol (pf) ophthalmic (eye) dropperette</i>	1	
DORZOLAMIDE-TIMOLOL (PF) OPHTHALMIC (EYE) DROPS	3	
<i>latanoprost</i>	1	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	
TIMOLOL-DORZOLAMID-LATANOP(PF)	3	
TIMOLOL-LATANOPROST(P F)	3	
<i>travoprost</i>	1	QL
TRUSOPT	3	QL
VYZULTA	3	ST; QL

STEROID-ANTIBIOTIC COMBINATIONS

DEXAMETH-MOXIFLOX(PF)-NACL,ISO	3	
MAXITROL	3	

Drug Name	Drug Tier	Requirements / Limits
<i>neomycin-bacitracin-poly-hc</i>	1	
<i>neomycin-polymyxin b-dexameth</i>	1	
<i>neomycin-polymyxin-hc</i>	1	
<i>neo-polycin hc</i>	1	
PRED-G	3	
PRED-G S.O.P.	3	
PREDNISOLONE SOD PH-MOXIFLOX	3	
PREDNISOLONE-MOXIFLOXACIN HCL	3	
TOBRADEX	3	
<i>tobramycin-dexamethasone</i>	1	
TRIAMCINOLON-MOXIFLOX-WATR(PF)	3	
STEROIDS		
<i>dexamethasone sodium phosphate</i>	1	QL
DEXTENZA	3	
DEXYCU (PF)	3	
<i>difluprednate</i>	1	QL
EYSUVIS	3	
<i>fluorometholone</i>	1	
FML LIQUIFILM	3	
ILUVIEN	6	PA
INVELTYS	3	
LOTEMAX	3	
LOTEMAX SM	3	
<i>loteprednol etabonate</i>	1	

Drug Name	Drug Tier	Requirements / Limits
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
STEROID-SULFONAMIDE COMBINATIONS		
BLEPHAMIDE S.O.P.	3	
<i>sulfacetamide-prednisolone</i>	1	
SULFONAMIDES		
<i>sulfacetamide sodium ophthalmic (eye) drops</i>	1	QL
<i>sulfacetamide sodium ophthalmic (eye) ointment</i>	1	
SYMPATHOMIMETICS		
ALPHAGAN P	3	QL
<i>apraclonidine</i>	1	QL
<i>brimonidine</i>	1	QL
IOPIDINE	3	
VASOCONSTRICTOR DECONGESTANTS		
CYCLOMYDRIL	3	
<i>phenylephrine hcl</i>	1	
RESPIRATORY, ALLERGY, COUGH & COLD		
ANTIHISTAMINE & ANTIALLERGENIC AGENTS		

Drug Name	Drug Tier	Requirements / Limits
<i>adrenalin</i>	1	
AUVI-Q	3	PA
<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>cyproheptadine</i>	1	
<i>desloratadine</i>	1	QL
<i>dexchlorpheniramine maleate</i>	1	
DIPHEN	3	
<i>epinephrine</i>	1	
EPINEPHRINE HCL (PF)	3	
EPIPEN 2-PAK	2	PA
EPIPEN JR 2-PAK	2	PA
<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	

Drug Name	Drug Tier	Requirements / Limits
VISTARIL	3	
COUGH & COLD THERAPY		
<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
<i>promethazine-codeine</i>	1	
<i>promethazine-dm</i>	1	
<i>promethazine-phenyleph-codeine</i>	1	
<i>promethazine-phenylephrine</i>	1	
RESPA-AR	3	
TUXARIN ER	3	
TUZISTRA XR	3	PA
PULMONARY AGENTS		
ACCOLATE	3	
<i>acetylcysteine</i>	1	
ADEMPAS	5	PA; LA
ADRENALIN	3	
ADVAIR DISKUS	3	ST; QL
ADVAIR HFA	2	ST; QL
AIRDUO DIGIHALER	3	ST; QL

Drug Name	Drug Tier	Requirements / Limits
<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
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	
DULERA	2	ST; QL
DYMISTA	3	QL
ELIXOPHYLLIN	3	

Drug Name	Drug Tier	Requirements / Limits
<i>epinephrine hcl</i>	1	
ESBRIET ORAL CAPSULE	5	PA; QL
ESBRIET ORAL TABLET 267 MG	6	PA; QL
ESBRIET ORAL TABLET 801 MG	6	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
<i>icatibant</i>	4	PA
INCRUSE ELLIPTA	2	QL
<i>ipratropium bromide</i>	1	
<i>ipratropium-albuterol</i>	1	QL
KALBITOR	6	PA
KALYDECO	5	PA; QL
<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	
NUCALA	5	PA; LA; QL

Drug Name	Drug Tier	Requirements / Limits
OFEV	5	PA; QL
OPSUMIT	5	PA; LA
ORKAMBI	5	PA; QL
ORLADEYO	6	PA; LA
PERFOROMIST	3	QL
<i>pirfenidone oral tablet 267 mg</i>	4	PA; QL
<i>pirfenidone oral tablet 801 mg</i>	4	PA
PULMOZYME	5	PA
QVAR REDIHALER	2	QL
REVATIO INTRAVENOUS	6	
REVATIO ORAL	6	PA
RUCONEST	5	PA
<i>sajazir</i>	4	PA
SEREVENT DISKUS	2	QL
<i>sildenafil (pulm.hypertension)</i>	4	PA
SINUVA	6	PA
SPIRIVA RESPIMAT	2	QL
SPIRIVA WITH HANDIHALER	2	QL
STIOLTO RESPIMAT	2	QL
SYMBICORT	2	ST; QL
SYMDEKO	5	PA; QL
<i>tadalafil (pulm.hypertension)</i>	4	PA
TAKHZYRO	5	PA; LA
<i>terbutaline</i>	1	
THEO-24	3	
<i>theophylline</i>	1	

Drug Name	Drug Tier	Requirements / Limits
TRACLEER ORAL TABLET	6	PA; LA
TRACLEER ORAL TABLET FOR SUSPENSION	5	PA; LA
TRELEGY ELLIPTA	2	QL
TRIKAFTA	5	PA; QL
TYVASO	5	PA
TYVASO REFILL KIT	5	PA
TYVASO STARTER KIT	5	PA
VENTAVIS	6	PA
<i>wixela inhub</i>	1	ST; QL
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

UROLOGICALS

ANTICHOLINERGICS & ANTISPASMODICS

<i>darifenacin</i>	1	
DITROPAN XL	3	ST
<i>fesoterodine</i>	1	
<i>flavoxate</i>	1	
GELNIQUE	2	QL
GEMTESA	3	
MYRBETRIQ	2	
<i>oxybutynin chloride</i>	1	

Drug Name	Drug Tier	Requirements / Limits
OXYTROL	3	ST; QL
<i>solifenacin</i>	1	
<i>tolterodine</i>	1	
TOVIAZ	3	
<i>trospium</i>	1	
BENIGN PROSTATIC HYPERPLASIA (BPH) THERAPY		
<i>alfuzosin</i>	1	
<i>dutasteride</i>	1	PA
<i>dutasteride-tamsulosin</i>	1	PA
<i>finasteride</i>	1	
FLOMAX	3	ST
JALYN	3	PA
PROSCAR	3	PA
<i>silodosin</i>	1	
<i>tamsulosin</i>	1	
CHOLINERGIC STIMULANTS		
<i>bethanechol chloride</i>	1	
MISCELLANEOUS UROLOGICALS		
CYSTAGON	5	PA; LA
ELMIRON	2	
<i>hyophen</i>	1	
K-PHOS NO 2	3	
K-PHOS ORIGINAL	2	
<i>methen-sod phos-meth blue-hyos</i>	1	
ORACIT	3	
OXLUMO	6	PA
<i>phosphasal</i>	1	
<i>potassium citrate</i>	1	
RENACIDIN	2	
URELLE	3	

Drug Name	Drug Tier	Requirements / Limits
<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	
URINARY ANESTHETICS		
<i>phenazopyridine</i>	1	
PYRIDIUM	3	
VITAMINS, HEMATINICS & ELECTROLYTES		
ELECTROLYTES		
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	

Drug Name	Drug Tier	Requirements / Limits
K-TAB	3	
<i>lugols</i>	1	
<i>potassium chloride</i>	1	
<i>strong iodine</i>	1	
MISCELLANEOUS VITAMINS, HEMATINICS, & ELECTROLYTES		
DOJOLVI	6	PA; LA
VITAMINS & HEMATINICS		
<i>b complex 1 (with folic acid)</i>	1	ACA; OTC
<i>b complex-vitamin c-folic acid</i>	1	ACA; OTC
<i>balanced b-100</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>dialyvite 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>folitab</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

Drug Name	Drug Tier	Requirements / Limits
KOSHER PRENATAL PLUS IRON	3	
<i>kpn</i>	1	ACA; OTC
<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	
NEONATAL COMPLETE	3	
NEONATAL PLUS VITAMIN	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

Drug Name	Drug Tier	Requirements / Limits
<i>pnv-select</i>	1	
<i>pr natal 400</i>	1	
<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	
PRENATA	3	
<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	
PRENATAL PLUS DHA	3	
PRENATAL PLUS VITAMIN-MINERAL	3	
<i>prenatal vit no.179-iron-folic</i>	1	ACA; OTC
<i>prenatal vitamin</i>	1	ACA; OTC
<i>prenatal vitamin with minerals</i>	1	ACA; OTC
<i>prenatal vits96-iron fum-folic</i>	1	ACA; OTC
PRENATE DHA (FERR ASP GLYCIN)	3	

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

Drug Name	Drug Tier	Requirements / Limits
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	

Drug Name	Drug Tier	Requirements / Limits
VITAMED MD ONE RX	3	
VITAMEDMD REDICHEW RX	3	
<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	
<i>wesnate dha</i>	1	
<i>westab plus</i>	1	
<i>westgel dha</i>	1	

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