

2025

January 1, 2025



2025 Incentive Formulary Unlimited (List of Covered Drugs)

PLEASE READ:

THIS DOCUMENT CONTAINS INFORMATION
ABOUT THE DRUGS WE COVER IN THIS PLAN

This formulary was updated on 1/1/2025.

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 drugs 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 and Crohn's disease.

Coverage for these agents is provided under your Specialty Pharmacy Benefit.

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 5 days. 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 48 hours.

Quantity per Dispensing Event (QPDE 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 (QPDE) set thresholds that reduce exposure to unnecessary cost, without creating obstacles to access for most members. Drugs that are subject to QPDE 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 QPDE rules allow this specific number of triptan medications to be dispensed per 34-day benefit period. To inquire about QPDE 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 5 business 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 two business days of receipt or 72 hours, whichever is less.

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 HealthPlan 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.
- The charges for prescriptions related to non-covered services.

- The charge for any prescription prescribed to enhance athletic performance.
- Drugs prescribed to shorten the duration of the common cold.
- Drugs for treatment of infertility.
- Any packaging material, other than the standard pharmacy packaging.
- Nutritional and/or dietary supplements.
- Charges for the administration of any drug.
- Drugs consumed at the time and place where dispensed or where the prescription order is issued including, but not limited to, samples provided by a physician. This does not include any drugs used in conjunction with a diagnostic service or other drugs covered under medical supplies.
- Herbal or homeopathic products.
- Compound drugs unless there is at least one ingredient that requires a prescription.
- Allergenic extracts.
- Diagnostic agents.
- The cost of shipping or delivering a drug.
- Outpatient drugs for which the manufacturer seeks to require that associated tests or monitoring services be purchased exclusively from the manufacturer as a condition of sale.
- Pharmaceutical samples.

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 7 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. The 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: To comply with various laws and regulations impacting plans, cost share and day supply limits may vary for some drugs. Please contact Pharmacy Services if you have a question about your specific drug coverage or consult your Summary of Benefits.

This Guidebook includes information accurate at the time it was collected from Express Scripts' systems and may not reflect actual benefit setup details at later times.

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Drug Name	Drug Tier	Requirements / Limits
ANTI - INFECTIVES		
ANTIFUNGAL AGENTS		
ANCOBON	3	PA
BREXAFEMME	3	ST; QL (99 per 99 days)
<i>clotrimazole</i>	1	
CRESEMBA	2	PA
DIFLUCAN	3	
<i>fluconazole oral suspension for reconstitution</i>	1	
<i>fluconazole oral tablet 100 mg, 200 mg, 50 mg</i>	1	
<i>fluconazole oral tablet 150 mg</i>	1	QL (99 per 99 days)
<i>flucytosine</i>	1	PA
<i>griseofulvin microsize</i>	1	
<i>griseofulvin ultramicrosize</i>	1	
<i>itraconazole</i>	1	QL (99 per 99 days)
<i>ketoconazole</i>	1	
NOXAFIL ORAL SUSP, DELAYED RELEASE FOR RECON	2	PA
NOXAFIL ORAL SUSPENSION	3	PA
<i>nystatin</i>	1	
ORAVIG	3	
<i>posaconazole</i>	1	PA
SPORANOX	3	QL (99 per 99 days)
<i>terbinafine hcl</i>	1	

Drug Name	Drug Tier	Requirements / Limits
VFEND	3	PA
VIVJOA	6	PA; QL (99 per 99 days)
<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	5	PA
APTIVUS	2	
<i>atazanavir</i>	1	
BARACLUDE	2	
BEYFORTUS	2	ACA
BIKTARVY	2	
CABENUVA	5	PA; QL (99 per 99 days)
CIMDUO	2	
<i>darunavir</i>	1	
DESCOVY	2	
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	

Drug Name	Drug Tier	Requirements / Limits
<i>emtricitabine-tenofovir (tdf) oral tablet 200-300 mg</i>	1	ACA
EMTRIVA ORAL CAPSULE	3	
EMTRIVA ORAL SOLUTION	2	
<i>entecavir</i>	1	
EPCLUSA	5	PA; QL (99 per 99 days)
EPIVIR	3	
<i>etravirine</i>	1	
EVOTAZ	3	
<i>famciclovir</i>	1	QL (99 per 99 days)
FLUMADINE	3	
<i>fosamprenavir</i>	1	
FUZEON	2	PA; QL (99 per 99 days)
GENVOYA	2	
HARVONI	5	PA; QL (99 per 99 days)
INTELENCE ORAL TABLET 100 MG, 200 MG	3	
INTELENCE ORAL TABLET 25 MG	2	
ISENTRESS	2	
ISENTRESS HD	2	
JULUCA	2	
KALETRA	3	
LAGEVRIO (EUA)	2	QL (99 per 99 days)
<i>lamivudine</i>	1	
<i>lamivudine-zidovudine</i>	1	

Drug Name	Drug Tier	Requirements / Limits
LIVTENCITY	3	PA; QL (99 per 99 days)
<i>lopinavir-ritonavir</i>	1	
<i>maraviroc</i>	1	
<i>nevirapine</i>	1	
NORVIR ORAL POWDER IN PACKET	2	
NORVIR ORAL TABLET	3	
ODEFSEY	2	
<i>oseltamivir</i>	1	QL (99 per 99 days)
PAXLOVID	2	QL (99 per 99 days)
PREVYMIS	2	QL (99 per 99 days)
PREZISTA ORAL SUSPENSION	2	
PREZISTA ORAL TABLET 150 MG, 75 MG	2	
PREZISTA ORAL TABLET 600 MG, 800 MG	3	
RELENZA DISKHALER	3	QL (99 per 99 days)
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 ORAL SOLUTION	2	

Drug Name	Drug Tier	Requirements / Limits
SELZENTRY ORAL TABLET	3	
SUNLENCA	6	PA
SYMFI	2	
SYMFI LO	2	
SYMTUZA	2	
SYNAGIS	5	PA; LA
TAMIFLU	3	QL (99 per 99 days)
TEMBEXA	3	
<i>tenofovir disoproxil fumarate</i>	1	
TIVICAY	2	
TIVICAY PD	2	
TRIUMEQ	2	
TRIUMEQ PD	2	
TROGARZO	5	PA
TYBOST	3	
<i>valacyclovir</i>	1	QL (99 per 99 days)
VALCYTE	3	
<i>valganciclovir</i>	1	
VEMLIDY	2	
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 (99 per 99 days)
XOFLUZA	3	QL (99 per 99 days)

Drug Name	Drug Tier	Requirements / Limits
ZEPATIER	5	PA; QL (99 per 99 days)
ZIAGEN	3	
<i>zidovudine</i>	1	
CEPHALOSPORINS		
<i>cefaclor</i>	1	
<i>cefadroxil</i>	1	
<i>cefdinir</i>	1	
<i>cefixime</i>	1	
<i>cefprozil</i>	1	
<i>cefuroxime axetil</i>	1	
<i>cephalexin</i>	1	
ERYTHROMYCINS & OTHER MACROLIDES		
<i>azithromycin</i>	1	
<i>clarithromycin</i>	1	
DIFICID	3	QL (99 per 99 days)
<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	

Drug Name	Drug Tier	Requirements / Limits
ZITHROMAX	3	
ZITHROMAX TRI-PAK	3	
ZITHROMAX Z-PAK	3	
MISCELLANEOUS ANTIINFECTIVES		
<i>albendazole</i>	1	QL (99 per 99 days)
ALINIA	2	QL (99 per 99 days)
ARAKODA	3	QL (99 per 99 days)
ARIKAYCE	5	PA; LA
<i>atovaquone</i>	1	
<i>atovaquone-proguanil</i>	1	QL (99 per 99 days)
BENZNIDAZOLE	2	QL (99 per 99 days)
BETHKIS	6	PA; QL (99 per 99 days)
BILTRICIDE	3	
CAYSTON	5	PA; LA; QL (99 per 99 days)
<i>chloroquine phosphate</i>	1	
CLEOCIN HCL	3	
CLEOCIN PEDIATRIC	3	
<i>clindamycin hcl</i>	1	
<i>clindamycin pediatric</i>	1	
COARTEM	2	QL (99 per 99 days)
<i>cycloserine</i>	1	
<i>dapsone</i>	1	

Drug Name	Drug Tier	Requirements / Limits
DARAPRIM	6	PA
EMVERM	2	QL (99 per 99 days)
<i>ethambutol</i>	1	
FLAGYL	3	
HUMATIN	6	
<i>hydroxychloroquine</i>	1	
IMPAVIDO	2	PA; QL (99 per 99 days)
<i>isoniazid</i>	1	
<i>ivermectin</i>	1	PA; QL (99 per 99 days)
KITABIS PAK	5	PA; QL (99 per 99 days)
KRINTAFEL	3	QL (99 per 99 days)
<i>linezolid</i>	1	PA
MALARONE	3	QL (99 per 99 days)
MALARONE PEDIATRIC	3	QL (99 per 99 days)
<i>mefloquine</i>	1	QL (99 per 99 days)
MEPRON	3	
<i>metronidazole</i>	1	
NEBUPENT	3	QL (99 per 99 days)
<i>neomycin</i>	1	
<i>nitazoxanide</i>	1	QL (99 per 99 days)
<i>paromomycin</i>	1	
PASER	3	
<i>pentamidine</i>	1	QL (99 per 99 days)
<i>praziquantel</i>	1	
PRETOMANID	3	PA

Drug Name	Drug Tier	Requirements / Limits
PRIFTIN	2	
<i>primaquine</i>	1	QL (99 per 99 days)
<i>pyrazinamide</i>	1	
<i>pyrimethamine</i>	1	PA
QUALAQUIN	3	QL (99 per 99 days)
<i>quinine sulfate</i>	1	QL (99 per 99 days)
<i>rifabutin</i>	1	
<i>rifampin</i>	1	
SIRTURO	2	PA; LA
SOLOSEC	2	QL (99 per 99 days)
STROMEKTOL	3	PA; QL (99 per 99 days)
<i>tinidazole</i>	1	QL (99 per 99 days)
TOBI PODHALER	5	PA; QL (99 per 99 days)
<i>tobramycin</i>	4	PA; QL (99 per 99 days)
<i>tobramycin in 0.225 % nacl</i>	4	PA; QL (99 per 99 days)
TOBRAMYCIN WITH NEBULIZER	6	PA; QL (99 per 99 days)
TRECTOR	3	
XENLETA	3	
XIFAXAN	2	PA; QL (99 per 99 days)
ZYVOX	3	PA
PENICILLINS		
<i>amoxicillin</i>	1	
<i>amoxicillin-pot clavulanate</i>	1	
<i>ampicillin</i>	1	

Drug Name	Drug Tier	Requirements / Limits
AUGMENTIN	2	
AUGMENTIN ES-600	3	
AUGMENTIN XR	3	
<i>dicloxacillin</i>	1	
MOXATAG	3	
<i>penicillin v potassium</i>	1	
QUINOLONES		
BAXDELA	2	QL (99 per 99 days)
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	
<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	

Drug Name	Drug Tier	Requirements / Limits
<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 capsule, ir - delay rel, biphase</i>	1	ST
<i>doxycycline monohydrate oral suspension for reconstitution</i>	1	
<i>doxycycline monohydrate oral tablet</i>	1	
<i>minocycline</i>	1	
<i>mondoxyne nl</i>	1	
MONODOX	3	ST
MORGIDOX 1X 50	3	ST
MORGIDOX 1X100	3	ST
NUZYRA	3	QL (99 per 99 days)
TARGADOX	3	ST
<i>tetracycline oral capsule</i>	1	
<i>tetracycline oral tablet</i>	1	ST
URINARY TRACT AGENTS		
<i>fosfomycin tromethamine</i>	1	

Drug Name	Drug Tier	Requirements / Limits
FURADANTIN	3	
MACROBID	3	
<i>methenamine hippurate</i>	1	
<i>methenamine mandelate</i>	1	
<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 (99 per 99 days)

ANTINEOPLASTIC & IMMUNOSUPPRESSANT DRUGS

ADJUNCTIVE AGENTS

KEPIVANCE	5	PA
<i>leucovorin calcium</i>	1	
MESNEX	2	
VISTOGARD	5	PA; QL (99 per 99 days)
XGEVA	5	PA; QL (99 per 99 days)

ANTINEOPLASTIC & IMMUNOSUPPRESSANT DRUGS

ABECMA	6	PA
<i>abiraterone</i>	4	PA; QL (99 per 99 days)
ABRAXANE	6	PA
ADAKVEO	5	PA
ADCETRIS	5	PA

Drug Name	Drug Tier	Requirements / Limits
ALECENSA	5	PA; QL (99 per 99 days)
ALIQOPA	5	PA; LA
ALKERAN	3	
ALUNBRIG	5	PA; QL (99 per 99 days)
AMTAGVI	5	PA
<i>anastrozole</i>	1	
AROMASIN	3	
ARRANON	6	PA
ASPARLAS	6	PA
ASTAGRAF XL	3	PA
AUGTYRO	6	PA
AYVAKIT	6	PA; LA; QL (99 per 99 days)
<i>azacitidine</i>	4	PA
AZASAN	3	
<i>azathioprine</i>	1	
BALVERSA	5	PA; LA
BAVENCIO	5	PA; LA
BELEODAQ	6	PA
BELRAPZO	6	PA
<i>bendamustine intravenous recon soln</i>	4	PA
BENDAMUSTINE INTRAVENOUS SOLUTION	6	PA
BENDEKA	5	PA
BESPONSA	5	PA
BEVACIZUMAB	3	PA
<i>bexarotene</i>	4	PA
<i>bicalutamide</i>	1	
BLINCYTO	5	PA

Drug Name	Drug Tier	Requirements / Limits
BORTEZOMIB INJECTION RECON SOLN 1 MG, 2.5 MG	5	PA
<i>bortezomib injection recon soln 3.5 mg</i>	4	PA
BORTEZOMIB INTRAVENOUS	5	PA
BOSULIF	5	PA; QL (99 per 99 days)
BRAFTOVI	5	PA; LA; QL (99 per 99 days)
BREYANZI	6	PA
BRUKINSA	5	PA; LA
CABOMETYX	5	PA; LA; QL (99 per 99 days)
CALQUENCE (ACALABRUTINIB MAL)	5	PA; LA; QL (99 per 99 days)
<i>capecitabine</i>	4	PA; QL (99 per 99 days)
CAPRELSA	5	PA; LA; QL (99 per 99 days)
CARVYKTI	5	PA
CASODEX	3	
CELLCEPT	3	
COMETRIQ	5	PA; QL (99 per 99 days)
COPIKTRA	6	PA; LA; QL (99 per 99 days)
COSELA	6	PA
COTELLIC	5	PA; LA; QL (99 per 99 days)

Drug Name	Drug Tier	Requirements / Limits
<i>cyclophosphamide oral capsule</i>	1	
CYCLOPHOSPHAMIDE ORAL TABLET	3	
<i>cyclosporine</i>	1	
<i>cyclosporine modified</i>	1	
CYRAMZA	5	PA
DANYELZA	6	PA
DARZALEX	5	PA; LA
DARZALEX FASPRO	6	PA
<i>dasatinib</i>	4	PA; QL (99 per 99 days)
DAURISMO	6	PA; QL (99 per 99 days)
<i>decitabine</i>	4	PA
DROXIA	2	
ELAHERE	6	PA
ELIGARD	5	PA
ELIGARD (3 MONTH)	5	PA
ELIGARD (4 MONTH)	5	PA
ELIGARD (6 MONTH)	5	PA
ELREXFIO	6	PA
ELZONRIS	5	PA
EMPLICITI	6	PA
ENHERTU	6	PA
ENSPRYNG	5	PA
ERBITUX	5	PA
<i>eribulin</i>	4	PA
ERIVEDGE	5	PA; QL (99 per 99 days)

Drug Name	Drug Tier	Requirements / Limits
ERLEADA	5	PA; QL (99 per 99 days)
<i>erlotinib</i>	4	PA; QL (99 per 99 days)
ERWINASE	6	PA
<i>etoposide</i>	1	
EULEXIN	3	
<i>everolimus (antineoplastic)</i>	4	PA; QL (99 per 99 days)
<i>everolimus (immunosuppressive)</i>	1	
EVOMELA	6	PA
<i>exemestane</i>	1	
FARESTON	3	
FEMARA	3	
FENSOLVI	5	PA
FIRMAGON KIT W DILUENT SYRINGE	5	PA
<i>fludarabine</i>	1	
FOLOTYN	5	PA
FYARRO	6	PA
GAMIFANT	5	PA
GAVRETO	5	PA; LA; QL (99 per 99 days)
GAZYVA	5	PA
<i>gefitinib</i>	4	PA; QL (99 per 99 days)
<i>gengraf</i>	1	
GILOTRIF	5	PA; QL (99 per 99 days)
GLEOSTINE	2	
GLIADEL WAFER	3	
HALAVEN	5	PA

Drug Name	Drug Tier	Requirements / Limits
HEPZATO (50 MM CATHETER)	6	
HYCAMTIN	5	PA
HYDREA	3	
<i>hydroxyurea</i>	1	
IBRANCE	5	PA; QL (99 per 99 days)
ICLUSIG	5	PA; QL (99 per 99 days)
IDHIFA	5	PA; LA; QL (99 per 99 days)
<i>imatinib</i>	4	PA; QL (99 per 99 days)
IMBRUVICA	5	ST; QL (99 per 99 days)
IMDELLTRA	6	PA
IMFINZI	5	PA; LA
IMJUDO	6	PA
IMLYGIC	6	PA
IMURAN	3	
INLYTA	5	PA; QL (99 per 99 days)
IRESSA	6	PA; QL (99 per 99 days)
ISTODAX	5	PA
ITOVEBI	6	PA
IWILFIN	5	PA; LA
IXEMPRA	5	PA
JAKAFI	5	ST; QL (99 per 99 days)
JELMYTO	6	PA
JEMPERLI	6	PA
JEVTANA	5	PA
KADCYLA	5	PA
KANJINTI	5	PA

Drug Name	Drug Tier	Requirements / Limits
KEYTRUDA	5	PA
KIMMTRAK	5	PA
KISQALI	5	PA; QL (99 per 99 days)
KOSELUGO	6	PA
KYMRIAH	5	PA
KYPROLIS	5	PA
<i>lanreotide</i>	4	PA; QL (99 per 99 days)
<i>lapatinib</i>	4	PA; QL (99 per 99 days)
LAZCLUZE	6	PA; LA
<i>lenalidomide</i>	4	PA; QL (99 per 99 days)
LENVIMA	5	PA; QL (99 per 99 days)
<i>letrozole</i>	1	
LEUKERAN	2	
<i>leuprolide</i>	4	PA
LIBTAYO	5	PA
LONSURF	5	PA
LOQTORZI	5	PA
LORBRENA	5	PA; QL (99 per 99 days)
LUMAKRAS	6	PA
LUNSUMIO	5	PA
LUPKYNIS	5	PA; QL (99 per 99 days)
LUPRON DEPOT	5	PA
LUPRON DEPOT (3 MONTH)	5	PA
LUPRON DEPOT (4 MONTH)	5	PA
LUPRON DEPOT (6 MONTH)	5	PA

Drug Name	Drug Tier	Requirements / Limits
LYNPARZA	5	PA; QL (99 per 99 days)
LYSODREN	5	
LYTGOBI	5	PA; LA
MARGENZA	6	PA
MATULANE	5	PA
<i>megestrol</i>	1	
MEKINIST	5	PA; QL (99 per 99 days)
MEKTOVI	5	PA; LA; QL (99 per 99 days)
<i>mercaptopurine</i>	1	
<i>methotrexate sodium</i>	1	
<i>methotrexate sodium (pf)</i>	1	
<i>mitoxantrone</i>	4	PA
MONJUVI	6	PA
MVASI	6	PA
MYCAPSSA	6	PA; LA; QL (99 per 99 days)
<i>mycophenolate mofetil</i>	1	
<i>mycophenolate sodium</i>	1	
MYFORTIC	3	
MYHIBBIN	2	
MYLERAN	2	
MYLOTARG	5	PA; LA
<i>nelarabine</i>	4	PA
NEORAL	3	
NERLYNX	5	PA; LA
NEXAVAR	6	PA; LA; QL (99 per 99 days)

Drug Name	Drug Tier	Requirements / Limits
NILANDRON	3	PA
<i>nilutamide</i>	1	PA
NINLARO	5	PA; QL (99 per 99 days)
NUBEQA	5	PA; LA; QL (99 per 99 days)
<i>octreotide acetate</i>	4	PA
<i>octreotide, microspheres</i>	4	PA; QL (99 per 99 days)
ODOMZO	5	PA; LA; QL (99 per 99 days)
OGSIVEO	6	PA
OJEMDA	5	PA
ONIVYDE	5	PA
OPDIVO	5	PA
OPDUALAG	5	PA
ORGOVYX	6	PA; LA; QL (99 per 99 days)
ORSERDU	5	PA; QL (99 per 99 days)
<i>paclitaxel protein-bound</i>	4	PA
PADCEV	6	PA
<i>pazopanib</i>	4	PA; QL (99 per 99 days)
PEMAZYRE	5	PA; LA; QL (99 per 99 days)
PERJETA	5	PA
PHESGO	5	PA
PIQRAY	5	PA
POLIVY	6	PA
POMALYST	5	PA; LA
PORTRAZZA	6	PA

Drug Name	Drug Tier	Requirements / Limits
POTELIGEO	5	PA
PRALATREXATE	5	PA
PROGRAF ORAL CAPSULE	3	
PROGRAF ORAL GRANULES IN PACKET	2	
PURIXAN	5	PA
RETEVMO	6	PA; LA; QL (99 per 99 days)
REVLIMID	5	PA; LA; QL (99 per 99 days)
REZUROCK	3	PA; QL (99 per 99 days)
<i>romidepsin intravenous recon soln</i>	4	PA
ROMIDEPSIN INTRAVENOUS SOLUTION	6	PA
ROZLYTREK	5	PA; LA; QL (99 per 99 days)
RUXIENCE	5	PA
RYBREVANT	6	PA
RYDAPT	5	PA; QL (99 per 99 days)
RYLAZE	6	PA
SANDIMMUNE	3	
SANDOSTATIN	6	PA
SAPHNELO	6	PA
SARCLISA	6	PA
SCSEMBLIX	5	PA; QL (99 per 99 days)
SIGNIFOR	5	PA
<i>sirolimus</i>	1	

Drug Name	Drug Tier	Requirements / Limits
SOLTAMOX	3	
SOMATULINE DEPOT	5	PA; QL (99 per 99 days)
<i>sorafenib</i>	4	PA; QL (99 per 99 days)
SPRYCEL	6	PA; QL (99 per 99 days)
STIVARGA	5	PA; QL (99 per 99 days)
<i>sunitinib malate</i>	4	PA; QL (99 per 99 days)
SUTENT	6	PA; QL (99 per 99 days)
SYLVANT	5	PA
TABLOID	3	
TABRECTA	5	PA
<i>tacrolimus</i>	1	
TAFINLAR	5	PA; QL (99 per 99 days)
TAGRISSO	5	PA; LA; QL (99 per 99 days)
TALVEY	6	PA
TALZENNA	5	PA; QL (99 per 99 days)
<i>tamoxifen</i>	1	
TARCEVA	6	PA; QL (99 per 99 days)
TARGRETIN	6	PA
TASIGNA	5	PA; QL (99 per 99 days)
TAZVERIK	6	PA; LA
TECARTUS	6	PA
TECELRA	5	PA
TECENTRIQ	5	PA; LA
TECVAYLI	6	PA

Drug Name	Drug Tier	Requirements / Limits
TEMODAR	5	PA
<i>temozolomide</i>	4	PA
<i>temsirolimus</i>	4	PA
TEVIMBRA	5	PA
THALOMID	5	PA; QL (99 per 99 days)
TIBSOVO	5	PA
TIVDAK	6	PA
<i>topotecan</i>	4	PA
<i>toremifene</i>	1	
TORISEL	6	PA
<i>torpenz</i>	4	PA; QL (99 per 99 days)
TRAZIMERA	5	PA
TREANDA	6	PA
<i>tretinoin (antineoplastic)</i>	1	
TREXALL	3	
TRIPTODUR	5	PA
TRODELVY	6	PA
TRUQAP	5	PA
TUKYSA	6	PA; LA; QL (99 per 99 days)
TURALIO	6	PA; LA; QL (99 per 99 days)
TYKERB	6	PA; LA; QL (99 per 99 days)
UNITUXIN	5	PA
VECTIBIX	5	PA
VELCADE	6	PA
VENCLEXTA	5	PA; LA; QL (99 per 99 days)

Drug Name	Drug Tier	Requirements / Limits
VENCLEXTA STARTING PACK	5	PA; QL (99 per 99 days)
VERZENIO	5	PA; LA; QL (99 per 99 days)
VIDAZA	6	PA
VIJOICE	5	PA; QL (99 per 99 days)
VITRAKVI	5	PA; LA; QL (99 per 99 days)
VIZIMPRO	5	PA; QL (99 per 99 days)
VONJO	5	PA; QL (99 per 99 days)
VORANIGO	6	PA
VOTRIENT	6	PA; QL (99 per 99 days)
VYLOY	6	PA
VYXEOS	5	PA
WELIREG	6	PA; LA
XALKORI	5	PA; QL (99 per 99 days)
XELODA	6	PA; QL (99 per 99 days)
XERMELO	5	PA; LA; QL (99 per 99 days)
XOSPATA	5	PA; LA; QL (99 per 99 days)
XTANDI	5	PA; QL (99 per 99 days)
YERVOY	5	PA
YESCARTA	5	PA
YONDELIS	5	PA
YONSA	5	PA; QL (99 per 99 days)

Drug Name	Drug Tier	Requirements / Limits
ZALTRAP	5	PA
ZELBORAF	5	PA; QL (99 per 99 days)
ZEPZELCA	6	PA
ZIRABEV	5	PA
ZOLADEX	5	PA
ZOLINZA	5	PA; QL (99 per 99 days)
ZORTRESS	3	
ZYDELIG	5	PA; QL (99 per 99 days)
ZYKADIA	5	PA; QL (99 per 99 days)
ZYNLONTA	6	PA
ZYNYZ	5	PA

AUTONOMIC & CNS DRUGS, NEUROLOGY & PSYCH

ANTICONVULSANTS

APTIOM	3	
BRIVIACT	3	ST
<i>carbamazepine oral capsule, er multiphase 12 hr</i>	1	
<i>carbamazepine oral suspension</i>	1	
<i>carbamazepine oral tablet</i>	1	
<i>carbamazepine oral tablet extended release 12 hr</i>	1	
<i>carbamazepine oral tablet, chewable 100 mg</i>	1	
CARBAMAZEPINE ORAL TABLET, CHEWABLE 200 MG	3	

Drug Name	Drug Tier	Requirements / Limits
CARBATROL	3	
CELONTIN	3	
<i>clobazam</i>	1	PA
<i>clonazepam</i>	1	
DEPAKOTE	3	ST
DEPAKOTE ER	3	ST
DEPAKOTE SPRINKLES	3	ST
DIACOMIT	5	PA
<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	
<i>ethosuximide</i>	1	
<i>felbamate</i>	1	
FELBATOL	3	
FYCOMPA	2	
<i>gabapentin oral capsule</i>	1	
<i>gabapentin oral solution</i>	1	
<i>gabapentin oral tablet</i>	1	
<i>gabapentin oral tablet extended release 24 hr</i>	1	ST
GRALISE	3	ST

Drug Name	Drug Tier	Requirements / Limits
<i>lacosamide</i>	1	
LAMICTAL XR STARTER (BLUE)	3	ST
LAMICTAL XR STARTER (GREEN)	3	ST
LAMICTAL XR STARTER (ORANGE)	3	ST
<i>lamotrigine</i>	1	
<i>levetiracetam</i>	1	
<i>methsuximide</i>	1	
MYSOLINE	3	
NAYZILAM	2	PA; QL (99 per 99 days)
<i>oxcarbazepine</i>	1	
OXTELLAR XR	3	ST
<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
<i>primidone</i>	1	
QUDEXY XR	3	ST
<i>roweepra</i>	1	
<i>rufinamide</i>	1	PA
SPRITAM	3	ST
<i>subvenite</i>	1	

Drug Name	Drug Tier	Requirements / Limits
<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, extended release 24hr</i>	1	ST
<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	2	PA; QL (99 per 99 days)
<i>vigabatrin</i>	4	PA; LA; QL (99 per 99 days)
<i>vigadrone</i>	4	PA; QL (99 per 99 days)
<i>vigpoder</i>	4	PA; QL (99 per 99 days)
XCOPRI	3	QL (99 per 99 days)
XCOPRI MAINTENANCE PACK	3	QL (99 per 99 days)

Drug Name	Drug Tier	Requirements / Limits
XCOPRI TITRATION PACK	3	QL (99 per 99 days)
ZARONTIN	3	
<i>zonisamide</i>	1	
ZTALMY	5	PA; LA
ANTIPARKINSONISM AGENTS		
<i>apomorphine</i>	4	PA; QL (99 per 99 days)
AZILECT	3	ST
<i>benztropine</i>	1	
<i>bromocriptine</i>	1	
<i>carbidopa</i>	1	PA
<i>carbidopa-levodopa</i>	1	
<i>carbidopa-levodopa-entacapone</i>	1	
DUOPA	6	PA
<i>entacapone</i>	1	
INBRIJA	5	PA; QL (99 per 99 days)
LODOSYN	3	PA
MIRAPEX ER	3	
NEUPRO	3	
NOURIANZ	6	PA; LA; QL (99 per 99 days)
ONGENTYS	3	PA; QL (99 per 99 days)
<i>pramipexole</i>	1	
<i>rasagiline</i>	1	
<i>ropinirole</i>	1	
RYTARY	3	
<i>selegiline hcl</i>	1	
SINEMET	3	
TASMAR	3	PA
<i>tolcapone</i>	1	PA

Drug Name	Drug Tier	Requirements / Limits
<i>trihexyphenidyl</i>	1	
MIGRAINE & CLUSTER HEADACHE THERAPY		
AIMOVIG AUTOINJECTOR	2	PA; QL (99 per 99 days)
AJOVY AUTOINJECTOR	2	PA; QL (99 per 99 days)
AJOVY SYRINGE	2	PA; QL (99 per 99 days)
<i>almotriptan malate</i>	1	QL (99 per 99 days)
<i>dihydroergotamine</i>	1	PA
<i>eletriptan</i>	1	QL (99 per 99 days)
EMGALITY PEN	2	PA; QL (99 per 99 days)
EMGALITY SYRINGE	2	PA; QL (99 per 99 days)
ERGOMAR	3	
<i>ergotamine-caffeine</i>	1	
FROVA	3	ST; QL (99 per 99 days)
<i>frovatriptan</i>	1	QL (99 per 99 days)
<i>migergot</i>	1	
MIGRANAL	3	ST; QL (99 per 99 days)
<i>naratriptan</i>	1	QL (99 per 99 days)
NURTEC ODT	2	PA; QL (99 per 99 days)
QULIPTA	2	PA; QL (99 per 99 days)
REYVOW	3	PA; QL (99 per 99 days)
<i>rizatriptan</i>	1	QL (99 per 99 days)

Drug Name	Drug Tier	Requirements / Limits
<i>sumatriptan</i>	1	QL (99 per 99 days)
<i>sumatriptan succinate</i>	1	QL (99 per 99 days)
<i>sumatriptan-naproxen</i>	1	ST; QL (99 per 99 days)
TOSYMRA	3	ST; QL (99 per 99 days)
UBRELVY	2	PA; QL (99 per 99 days)
ZEMBRACE SYMTOUCH	3	ST; QL (99 per 99 days)
ZOLMITRIPTAN NASAL SPRAY, NON-AEROSOL 2.5 MG	3	ST; QL (99 per 99 days)
<i>zolmitriptan nasal spray, non-aerosol 5 mg</i>	1	ST; QL (99 per 99 days)
<i>zolmitriptan oral</i>	1	QL (99 per 99 days)
ZOMIG NASAL SPRAY, NON-AEROSOL 2.5 MG	2	ST; QL (99 per 99 days)
ZOMIG NASAL SPRAY, NON-AEROSOL 5 MG	3	ST; QL (99 per 99 days)
MISCELLANEOUS NEUROLOGICAL THERAPY		
ADLARITY	3	ST
ADUHELM	6	PA
AMVUTTRA	5	PA
ARICEPT	3	ST
AUSTEDO	5	PA; LA; QL (99 per 99 days)
AUSTEDO XR	5	PA; QL (99 per 99 days)

Drug Name	Drug Tier	Requirements / Limits
AUSTEDO XR TITRATION KT(WK1-4)	5	PA; QL (99 per 99 days)
<i>dalfampridine</i>	4	PA; QL (99 per 99 days)
<i>dichlorphenamide</i>	4	PA
<i>donepezil oral tablet 10 mg, 5 mg</i>	1	
<i>donepezil oral tablet 23 mg</i>	1	ST
<i>donepezil oral tablet, disintegrating</i>	1	
<i>edaravone</i>	4	PA
EVRYSDI	6	PA; LA; QL (99 per 99 days)
EXELON PATCH	3	ST
FIRDAPSE	5	PA; LA
<i>galantamine</i>	1	
HORIZANT	3	ST
INGREZZA	6	PA; LA; QL (99 per 99 days)
INGREZZA INITIATION PK(TARDIV)	6	PA; QL (99 per 99 days)
INGREZZA SPRINKLE	6	PA; LA; QL (99 per 99 days)
<i>memantine oral capsule, sprinkle, er 24hr</i>	1	
<i>memantine oral solution</i>	1	
<i>memantine oral tablet</i>	1	

Drug Name	Drug Tier	Requirements / Limits
MEMANTINE ORAL TABLETS,DOSE PACK	3	
NAMENDA TITRATION PAK	3	
NAMENDA XR	3	
NAMZARIC	2	ST
NUEDEXTA	2	PA
NULIBRY	6	PA
<i>ormalvi</i>	4	PA
RADICAVA	5	PA
RADICAVA ORS STARTER KIT SUSP	5	PA
<i>rivastigmine</i>	1	
<i>rivastigmine tartrate</i>	1	
SKYSONA	5	PA
SPINRAZA (PF)	5	PA; QL (99 per 99 days)
<i>tetrabenazine</i>	4	PA; QL (99 per 99 days)
TYSABRI	5	PA; LA; QL (99 per 99 days)
ZEPOSIA	5	PA; QL (99 per 99 days)
ZEPOSIA STARTER KIT (28-DAY)	5	PA; QL (99 per 99 days)
ZEPOSIA STARTER PACK (7-DAY)	5	PA; QL (99 per 99 days)
ZOLGENSMA	5	PA
MUSCLE RELAXANTS & ANTISPASMODIC THERAPY		
<i>baclofen</i>	1	

Drug Name	Drug Tier	Requirements / Limits
<i>carisoprodol</i>	3	
<i>carisoprodol-aspirin</i>	3	
<i>carisoprodol-aspirin-codeine</i>	3	ST; QL (99 per 99 days)
<i>chlorzoxazone</i>	1	
<i>cyclobenzaprine</i>	1	
DANTRIUM	3	
<i>dantrolene</i>	1	
LORZONE	3	PA
<i>meprobamate</i>	3	
<i>metaxalone</i>	1	
<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>tanlor</i>	1	
<i>tizanidine</i>	1	
<i>vanadom</i>	3	
VYVGART	6	PA
VYVGART HYTRULO	6	PA

Drug Name	Drug Tier	Requirements / Limits
ZANAFLEX	3	
NARCOTIC ANALGESICS		
<i>acetaminophen-caff-dihydrocod</i>	1	ST; QL (99 per 99 days)
<i>acetaminophen-codeine</i>	1	ST; QL (99 per 99 days)
<i>ascomp with codeine</i>	1	
BELBUCA	2	ST; QL (99 per 99 days)
BRIXADI	5	
<i>buprenorphine</i>	1	ST
<i>buprenorphine hcl</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 (99 per 99 days)
<i>codeine-butalbital-asa-caff</i>	1	
DILAUDID	3	ST; QL (99 per 99 days)
<i>diskets</i>	1	ST
DSUVIA	3	
<i>endocet</i>	1	ST; QL (99 per 99 days)
ESGIC	3	PA
<i>fentanyl</i>	1	ST; QL (99 per 99 days)
<i>fentanyl citrate</i>	1	ST; QL (99 per 99 days)
FIORICET	3	PA

Drug Name	Drug Tier	Requirements / Limits
FIORICET WITH CODEINE	3	
<i>hydrocodone bitartrate</i>	1	ST; QL (99 per 99 days)
<i>hydrocodone-acetaminophen</i>	1	ST; QL (99 per 99 days)
<i>hydrocodone-ibuprofen</i>	1	ST; QL (99 per 99 days)
<i>hydromorphone</i>	1	ST; QL (99 per 99 days)
HYSINGLA ER	2	ST; QL (99 per 99 days)
<i>levorphanol tartrate</i>	1	ST; QL (99 per 99 days)
<i>meperidine</i>	3	ST; QL (99 per 99 days)
<i>methadone injection</i>	1	
<i>methadone oral</i>	1	ST
<i>methadose</i>	1	ST
<i>morphine</i>	1	ST; QL (99 per 99 days)
<i>morphine concentrate</i>	1	ST; QL (99 per 99 days)
MS CONTIN	3	ST; QL (99 per 99 days)
NALOCET	3	ST; QL (99 per 99 days)
<i>oxycodone</i>	1	ST; QL (99 per 99 days)
<i>oxycodone-acetaminophen</i>	1	ST; QL (99 per 99 days)
OXYCONTIN	2	ST; QL (99 per 99 days)
<i>oxymorphone</i>	1	ST; QL (99 per 99 days)
<i>prolate</i>	1	ST; QL (99 per 99 days)

Drug Name	Drug Tier	Requirements / Limits
ROXICODONE	3	ST; QL (99 per 99 days)
SUBLOCADE	5	
<i>tencon</i>	1	
TREZIX	3	ST; QL (99 per 99 days)

NON-NARCOTIC ANALGESICS

<i>adult aspirin regimen</i>	3	ACA; OTC
ANAPROX DS	3	ST
ARTHROTEC 50	3	ST
ARTHROTEC 75	3	ST
<i>aspirin</i>	1	ACA; OTC
<i>aspirin childrens</i>	1	ACA; OTC
<i>bayer low dose aspirin</i>	1	ACA; OTC
<i>buprenorphine-naloxone</i>	1	
<i>butorphanol</i>	1	ST; QL (99 per 99 days)
CAMBIA	3	ST; QL (99 per 99 days)
<i>celecoxib oral capsule 100 mg</i>	1	
<i>celecoxib oral capsule 200 mg, 400 mg, 50 mg</i>	1	ST
DAYPRO	3	ST
<i>diclofenac potassium oral capsule</i>	1	
<i>diclofenac potassium oral powder in packet</i>	1	ST; QL (99 per 99 days)
<i>diclofenac potassium oral tablet 25 mg</i>	1	ST
<i>diclofenac potassium oral tablet 50 mg</i>	1	

Drug Name	Drug Tier	Requirements / Limits
<i>diclofenac sodium</i>	1	
<i>diclofenac-misoprostol</i>	1	
<i>diflunisal</i>	1	
DISALCID	3	
EC-NAPROSYN	3	ST
<i>ecotrin low strength</i>	1	ACA; OTC
<i>etodolac</i>	1	
<i>fenoprofen</i>	1	ST
FLECTOR	2	ST; QL (99 per 99 days)
<i>flurbiprofen</i>	1	
<i>ibu</i>	1	
<i>ibuprofen</i>	1	
<i>indomethacin oral capsule</i>	1	
<i>indomethacin oral capsule, extended release</i>	1	
<i>indomethacin oral suspension</i>	1	ST
<i>indomethacin rectal</i>	1	
<i>ketoprofen oral capsule 25 mg</i>	1	ST
<i>ketoprofen oral capsule 50 mg, 75 mg</i>	1	
<i>ketoprofen oral capsule, ext rel. pellets 24 hr</i>	1	ST
<i>ketorolac</i>	1	QL (99 per 99 days)
<i>kiprofen</i>	1	ST
KLOXXADO	2	QL (99 per 99 days)
LICART	2	ST; QL (99 per 99 days)

Drug Name	Drug Tier	Requirements / Limits
LODINE	3	ST
<i>lofena</i>	1	ST
LOTREXONE	3	
<i>meclofenamate</i>	1	
<i>mefenamic acid</i>	1	
<i>meloxicam</i>	1	QL (99 per 99 days)
<i>meloxicam submicronized</i>	1	ST; QL (99 per 99 days)
MONOVISC	5	PA
<i>nabumetone</i>	1	
NALFON	3	ST
<i>naloxone</i>	1	
NALTREX	3	
<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	3	QL (99 per 99 days)
OPVEE	3	
ORTHOVISC	5	PA
<i>oxaprozin</i>	1	
<i>pentazocine-naloxone</i>	3	ST; QL (99 per 99 days)
<i>piroxicam</i>	1	
REXTOVY	2	QL (99 per 99 days)
<i>salsalate</i>	1	

Drug Name	Drug Tier	Requirements / Limits
SPRIX	6	ST; QL (99 per 99 days)
<i>st. joseph aspirin</i>	1	ACA; OTC
<i>st. joseph aspirin</i>	3	ACA; OTC
<i>sulindac</i>	1	
TOLECTIN 600	3	ST
<i>tolmetin</i>	1	ST
<i>tramadol</i>	1	ST; QL (99 per 99 days)
<i>tramadol-acetaminophen</i>	1	ST; QL (99 per 99 days)
VIVITROL	5	
ZUBSOLV	2	
PSYCHOTHERAPEUTIC DRUGS		
ABILIFY ASIMTUFII	2	
ABILIFY MAINTENA	2	
ABILIFY MYCITE MAINTENANCE KIT	3	QL (99 per 99 days)
ABILIFY MYCITE STARTER KIT	3	QL (99 per 99 days)
ADASUVE	3	
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	
<i>aripiprazole oral solution</i>	1	

Drug Name	Drug Tier	Requirements / Limits
<i>aripiprazole oral tablet</i>	1	QL (99 per 99 days)
<i>aripiprazole oral tablet, disintegrating</i>	1	QL (99 per 99 days)
ARISTADA	2	
ARISTADA INITIO	2	
<i>armodafinil</i>	1	PA; QL (99 per 99 days)
<i>asenapine maleate</i>	1	QL (99 per 99 days)
ATIVAN	3	
<i>atomoxetine</i>	1	PA
AUVELITY	3	ST; QL (99 per 99 days)
AZSTARYS	2	ST
BELSOMRA	3	ST; QL (99 per 99 days)
<i>bupropion hcl oral tablet</i>	1	
<i>bupropion hcl oral tablet extended release 24 hr</i>	1	QL (99 per 99 days)
<i>bupropion hcl oral tablet sustained-release 12 hr</i>	1	QL (99 per 99 days)
<i>buspirone</i>	1	
CAPLYTA	3	QL (99 per 99 days)
<i>chlordiazepoxide hcl</i>	1	
<i>chlorpromazine</i>	1	
<i>citalopram oral solution</i>	1	
<i>citalopram oral tablet</i>	1	QL (99 per 99 days)
<i>clomipramine</i>	1	
<i>clonidine hcl</i>	1	PA

Drug Name	Drug Tier	Requirements / Limits
<i>clorazepate dipotassium</i>	1	
<i>clozapine</i>	1	
CLOZARIL	3	
COTEMPLA XR-ODT	3	ST
DAYTRANA	3	ST
DAYVIGO	3	ST; QL (99 per 99 days)
<i>desipramine</i>	1	
DESOXYN	3	PA
DESVENLAFAXIN E	3	ST; QL (99 per 99 days)
<i>desvenlafaxine succinate</i>	1	ST; QL (99 per 99 days)
DEXEDRINE SPANSULE	3	ST
<i>dexmethylphenidate</i>	1	PA
<i>dextroamphetamine sulfate</i>	1	PA
<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	ST; QL (99 per 99 days)
<i>duloxetine oral capsule, delayed release(dr/ec) 20 mg, 30 mg, 60 mg</i>	1	QL (99 per 99 days)
<i>duloxetine oral capsule, delayed release(dr/ec) 40 mg</i>	1	ST; QL (99 per 99 days)
EDLUAR	3	ST; QL (99 per 99 days)

Drug Name	Drug Tier	Requirements / Limits
EMSAM	3	
<i>ergoloid</i>	1	
<i>escitalopram oxalate oral solution</i>	1	ST
<i>escitalopram oxalate oral tablet</i>	1	QL (99 per 99 days)
<i>estazolam</i>	1	QL (99 per 99 days)
<i>eszopiclone</i>	1	QL (99 per 99 days)
FETZIMA	2	ST; QL (99 per 99 days)
<i>fluoxetine oral capsule 10 mg, 40 mg</i>	1	QL (99 per 99 days)
<i>fluoxetine oral capsule 20 mg</i>	1	
<i>fluoxetine oral capsule, delayed release(dr/ec)</i>	1	ST; QL (99 per 99 days)
<i>fluoxetine oral solution</i>	1	
<i>fluoxetine oral tablet 10 mg</i>	1	ST; QL (99 per 99 days)
<i>fluoxetine oral tablet 20 mg, 60 mg</i>	1	ST
<i>fluphenazine hcl</i>	1	
<i>flurazepam</i>	1	QL (99 per 99 days)
<i>fluvoxamine oral capsule, extended release 24hr</i>	1	ST; QL (99 per 99 days)
<i>fluvoxamine oral tablet</i>	1	QL (99 per 99 days)
GEODON	3	QL (99 per 99 days)
<i>guanfacine</i>	1	PA

Drug Name	Drug Tier	Requirements / Limits
HALCION	3	QL (99 per 99 days)
<i>haloperidol</i>	1	
<i>haloperidol lactate</i>	1	
HETLIOZ	6	PA; QL (99 per 99 days)
HETLIOZ LQ	6	PA; QL (99 per 99 days)
IGALMI	3	
<i>imipramine hcl</i>	1	
<i>imipramine pamoate</i>	1	
INVEGA	3	QL (99 per 99 days)
INVEGA SUSTENNA	3	
INVEGA TRINZA	3	
JORNAY PM	3	ST
<i>lisdexamfetamine oral capsule</i>	1	PA
<i>lisdexamfetamine oral tablet, chewable</i>	1	ST
<i>lithium carbonate</i>	1	
<i>lithium citrate</i>	1	
LITHOBID	3	
<i>lorazepam</i>	1	
<i>lorazepam intensol</i>	1	
<i>loxapine succinate</i>	1	
LUMRYZ	5	ST; QL (99 per 99 days)
LUMRYZ STARTER PACK	5	ST
<i>lurasidone</i>	1	QL (99 per 99 days)
LYBALVI	3	QL (99 per 99 days)
MARPLAN	3	

Drug Name	Drug Tier	Requirements / Limits
METADATE CD	3	ST
<i>methamphetamine</i>	1	PA
METHYLIN	3	PA
<i>methylphenidate</i>	1	ST
<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</i>	1	PA
<i>methylphenidate hcl oral tablet,chewable</i>	1	PA
<i>midazolam</i>	1	
<i>mirtazapine</i>	1	
MKO (MIDAZOLAM-KETAMINE-ONDAN)	3	
<i>modafinil</i>	1	PA; QL (99 per 99 days)
<i>molindone</i>	1	
MYDAYIS	3	ST
NARDIL	3	
<i>nefazodone</i>	3	

Drug Name	Drug Tier	Requirements / Limits
<i>nortriptyline</i>	1	
NUPLAZID	6	PA; QL (99 per 99 days)
<i>olanzapine</i>	1	QL (99 per 99 days)
<i>olanzapine-fluoxetine</i>	1	
<i>oxazepam</i>	3	
<i>paliperidone</i>	1	QL (99 per 99 days)
PAMELOR	3	
PARNATE	3	
<i>paroxetine hcl oral suspension</i>	1	ST
<i>paroxetine hcl oral tablet</i>	1	QL (99 per 99 days)
<i>paroxetine hcl oral tablet extended release 24 hr</i>	1	ST; QL (99 per 99 days)
<i>paroxetine mesylate(menop.sym)</i>	1	ST; QL (99 per 99 days)
PAXIL CR	3	ST; QL (99 per 99 days)
PAXIL ORAL SUSPENSION	3	ST
PAXIL ORAL TABLET	3	ST; QL (99 per 99 days)
<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	
QELBREE	3	ST

Drug Name	Drug Tier	Requirements / Limits
<i>quetiapine</i>	1	QL (99 per 99 days)
QUVIVIQ	3	ST; QL (99 per 99 days)
<i>ramelteon</i>	1	QL (99 per 99 days)
REMERON	3	
REMERON SOLTAB	3	
RESTORIL	3	QL (99 per 99 days)
REXULTI	3	QL (99 per 99 days)
RISPERDAL CONSTA	3	
RISPERDAL ORAL SOLUTION	3	
RISPERDAL ORAL TABLET	3	QL (99 per 99 days)
<i>risperidone microspheres</i>	1	
<i>risperidone oral solution</i>	1	
<i>risperidone oral tablet</i>	1	QL (99 per 99 days)
<i>risperidone oral tablet, disintegrating</i>	1	QL (99 per 99 days)
RYKINDO	2	
SECUADO	3	QL (99 per 99 days)
<i>sertraline oral concentrate</i>	1	
<i>sertraline oral tablet</i>	1	QL (99 per 99 days)
SILENOR	3	ST; QL (99 per 99 days)

Drug Name	Drug Tier	Requirements / Limits
SODIUM OXYBATE	5	ST; LA; QL (99 per 99 days)
SUNOSI	2	PA; QL (99 per 99 days)
SYMBYAX	3	
<i>tasimelteon</i>	6	PA; QL (99 per 99 days)
<i>temazepam</i>	3	QL (99 per 99 days)
<i>thioridazine</i>	1	
<i>thiothixene</i>	1	
<i>tranylcypromine</i>	1	
<i>trazodone</i>	1	
<i>triazolam</i>	1	QL (99 per 99 days)
<i>trifluoperazine</i>	1	
<i>trimipramine</i>	1	
TRINTELLIX	3	ST; QL (99 per 99 days)
<i>venlafaxine oral capsule, extended release 24hr</i>	1	QL (99 per 99 days)
<i>venlafaxine oral tablet</i>	1	QL (99 per 99 days)
<i>venlafaxine oral tablet extended release 24hr</i>	1	ST; QL (99 per 99 days)
VERSACLOZ	3	
<i>vilazodone</i>	1	ST; QL (99 per 99 days)
VRAYLAR	3	QL (99 per 99 days)
VYVANSE	3	ST
WAKIX	6	PA; LA; QL (99 per 99 days)

Drug Name	Drug Tier	Requirements / Limits
XYWAV	5	ST; LA; QL (99 per 99 days)
<i>zaleplon</i>	1	QL (99 per 99 days)
<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	QL (99 per 99 days)
<i>zolpidem</i>	1	QL (99 per 99 days)
ZULRESSO	5	PA
ZURZUVAE	5	QL (99 per 99 days)
ZYPREXA	3	QL (99 per 99 days)
ZYPREXA RELPREVV	3	
ZYPREXA ZYDIS	3	QL (99 per 99 days)

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	2	
<i>pacerone</i>	1	

Drug Name	Drug Tier	Requirements / Limits
<i>propafenone</i>	1	
<i>quinidine gluconate</i>	1	
<i>quinidine sulfate</i>	1	
<i>sotalol</i>	1	
<i>sotalol af</i>	1	
SOTYLIZE	2	

ANTIHYPERTENSIVE THERAPY

ACCUPRIL	3	
ACCURETIC	3	
<i>acebutolol</i>	1	
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	
<i>bisoprolol fumarate</i>	1	
<i>bisoprolol-hydrochlorothiazide</i>	1	

Drug Name	Drug Tier	Requirements / Limits
<i>bumetanide</i>	1	
<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 ORAL TABLET 1 MG	3	QL (99 per 99 days)
CARDURA ORAL TABLET 2 MG, 4 MG, 8 MG	3	ST; QL (99 per 99 days)
CARDURA XL	3	QL (99 per 99 days)
<i>cartia xt</i>	1	
<i>carvedilol</i>	1	
<i>carvedilol phosphate</i>	1	
CATAPRES-TTS-1	3	QL (99 per 99 days)
CATAPRES-TTS-2	3	QL (99 per 99 days)
CATAPRES-TTS-3	3	QL (99 per 99 days)
<i>chlorthalidone</i>	1	
<i>clonidine</i>	1	QL (99 per 99 days)
<i>clonidine hcl</i>	1	
COREG CR	3	
DEMSER	3	PA
DIBENZYLINE	3	PA
<i>diltiazem</i>	1	
<i>dilt-xr</i>	1	
DIURIL	3	

Drug Name	Drug Tier	Requirements / Limits
<i>doxazosin</i>	1	QL (99 per 99 days)
DYRENIUM	3	
EDECIN	3	ST
<i>enalapril maleate</i>	1	
<i>enalapril-hydrochlorothiazide</i>	1	
<i>eplerenone</i>	1	
<i>epoprostenol</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; QL (99 per 99 days)
<i>labetalol</i>	1	
LASIX	3	ST
<i>lisinopril</i>	1	
<i>lisinopril-hydrochlorothiazide</i>	1	

Drug Name	Drug Tier	Requirements / Limits
LOPRESSOR	3	ST
<i>losartan</i>	1	
<i>losartan-hydrochlorothiazide</i>	1	
LOTENSIN	3	
LOTENSIN HCT	3	
<i>matzim la</i>	1	
<i>methyldopa</i>	1	
<i>methyldopa-hydrochlorothiazide</i>	1	
<i>metolazone</i>	1	
<i>metoprolol succinate</i>	1	
<i>metoprolol ta-hydrochlorothiaz</i>	1	
<i>metoprolol tartrate</i>	1	
<i>metyrosine</i>	1	PA
<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	
<i>olmesartan-amlodipin-hcthiazid</i>	1	

Drug Name	Drug Tier	Requirements / Limits
<i>olmesartan-hydrochlorothiazide</i>	1	
ORENITRAM	6	PA; QL (99 per 99 days)
ORENITRAM MONTH 1 TITRATION KT	6	PA; QL (99 per 99 days)
ORENITRAM MONTH 2 TITRATION KT	6	PA; QL (99 per 99 days)
ORENITRAM MONTH 3 TITRATION KT	6	PA; QL (99 per 99 days)
<i>perindopril erbumine</i>	1	
<i>phenoxybenzamine</i>	1	PA
<i>pindolol</i>	1	
<i>prazosin</i>	1	
PRESTALIA	3	ST
PROCARDIA XL	3	ST
<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	ST
<i>telmisartan</i>	1	
<i>telmisartan-amlodipine</i>	1	
<i>telmisartan-hydrochlorothiazid</i>	1	

Drug Name	Drug Tier	Requirements / Limits
TENORETIC 100	3	
TENORETIC 50	3	
TENORMIN	3	ST
<i>terazosin</i>	1	QL (99 per 99 days)
<i>tiadylt er</i>	1	
TIAZAC	3	
<i>timolol maleate</i>	1	
<i>torse mide</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; QL (99 per 99 days)
<i>valsartan</i>	1	
<i>valsartan-hydrochlorothiazide</i>	1	
VASERETIC	3	
VASOTEC	3	
<i>veletri</i>	4	PA
<i>verapamil</i>	1	
VERELAN PM	3	ST
ZESTORETIC	3	
ZESTRIL	3	
CARDIAC GLYCOSIDES		
<i>digoxin</i>	1	
LANOXIN	3	
COAGULATION THERAPY		

Drug Name	Drug Tier	Requirements / Limits
ADVATE	5	PA
ADYNOVATE	5	PA
ADZYNMA	6	PA
AFSTYLA	5	PA
ALPHANATE	5	PA
ALPHANINE SD	5	PA
ALPROLIX	5	PA
ALTUVIIIO	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 (99 per 99 days)
EFFIENT	3	
ELIQUIS	2	PA
ELIQUIS DVT-PE TREAT 30D START	2	PA
ELOCTATE	5	PA
<i>enoxaparin</i>	4	PA

Drug Name	Drug Tier	Requirements / Limits
ESPEROCT	5	PA
FEIBA NF	5	PA
FIBRYGA	6	PA
<i>fondaparinux</i>	4	PA
FRAGMIN	5	PA
HEMGENIX	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) intravenous parenteral solution</i>	1	PA
HEPARIN (PORCINE) IN NACL (PF) INTRAVENOUS SYRINGE	3	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

Drug Name	Drug Tier	Requirements / Limits
<i>heparin(porcine) in 0.45% nacl intravenous parenteral solution 25,000 unit/250 ml, 25,000 unit/500 ml</i>	1	PA
<i>heparin, porcine (pf) injection solution</i>	1	PA
<i>heparin, porcine (pf) injection syringe 5,000 unit/0.5 ml</i>	1	PA
HEPARIN, PORCINE (PF) INJECTION SYRINGE 5,000 UNIT/ML	3	PA
<i>heparin, porcine (pf) intravenous</i>	1	PA
HEPARIN, PORCINE (PF) SUBCUTANEOUS	3	PA
HUMATE-P	5	PA
IDELVION	5	PA
<i>jantoven</i>	1	
JIVI	5	PA
KOATE	6	PA
KOGENATE FS	5	PA
KOVALTRY	5	PA
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

Drug Name	Drug Tier	Requirements / Limits
<i>phytonadione (vitamin k1) injection solution 10 mg/ml</i>	1	PA
PHYTONADIONE (VITAMIN K1) INJECTION SYRINGE	2	PA
<i>phytonadione (vitamin k1) oral</i>	1	PA; QL (99 per 99 days)
<i>prasugrel</i>	1	
PROFILNINE	5	PA
PROMACTA	5	PA; LA
RIASTAP	5	PA
ROCTAVIAN	5	PA
SEVENFACT	5	PA
TAVALISSE	5	PA; LA; QL (99 per 99 days)
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
XYNTHA	5	PA
XYNTHA SOLOFUSE	5	PA
ZONTIVITY	3	PA
LIPID/CHOLESTEROL LOWERING AGENTS		
<i>amlodipine-atorvastatin</i>	1	QL (99 per 99 days)

Drug Name	Drug Tier	Requirements / Limits
<i>atorvastatin oral tablet 10 mg, 20 mg</i>	1	ACA; QL (99 per 99 days)
<i>atorvastatin oral tablet 40 mg, 80 mg</i>	1	QL (99 per 99 days)
CADUET	3	ST; QL (99 per 99 days)
<i>cholestyramine (with sugar)</i>	1	
<i>cholestyramine light</i>	1	
<i>colesevelam</i>	1	
COLESTID	3	ST
<i>colestipol</i>	1	
EVKEEZA	6	PA
<i>ezetimibe</i>	1	ST
<i>ezetimibe-simvastatin</i>	1	QL (99 per 99 days)
<i>fenofibrate</i>	1	
<i>fenofibrate micronized</i>	1	
<i>fenofibrate nanocrystallized</i>	1	
<i>fenofibric acid</i>	1	
FIBRICOR	3	ST
FLOLIPID	3	ST; QL (99 per 99 days)
<i>fluvastatin</i>	1	ACA; QL (99 per 99 days)
<i>gemfibrozil</i>	1	
<i>icosapent ethyl</i>	1	PA
JUXTAPID	5	PA; LA
LESCOL XL	3	ST; QL (99 per 99 days)
LIVALO	3	ST; QL (99 per 99 days)
LOPID	3	

Drug Name	Drug Tier	Requirements / Limits
<i>lovastatin</i>	1	ACA; QL (99 per 99 days)
NEXLETOL	2	PA
NEXLIZET	2	PA
<i>niacin</i>	1	
NIACOR	3	
<i>omega-3 acid ethyl esters</i>	1	PA
<i>pitavastatin calcium</i>	1	ACA; QL (99 per 99 days)
<i>pravastatin</i>	1	ACA; QL (99 per 99 days)
<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; QL (99 per 99 days)
<i>rosuvastatin oral tablet 20 mg, 40 mg</i>	1	QL (99 per 99 days)
ROSZET	3	ST; QL (99 per 99 days)
<i>simvastatin oral tablet 10 mg, 20 mg, 40 mg, 5 mg</i>	1	ACA; QL (99 per 99 days)
<i>simvastatin oral tablet 80 mg</i>	1	QL (99 per 99 days)
VASCEPA	2	PA
ZYPITAMAG	3	ST; QL (99 per 99 days)

Drug Name	Drug Tier	Requirements / Limits
MISCELLANEOUS CARDIOVASCULAR AGENTS		
CAMZYOS	5	PA; QL (99 per 99 days)
ENTRESTO	2	QL (99 per 99 days)
ENTRESTO SPRINKLE	2	QL (99 per 99 days)
<i>ivabradine</i>	1	PA
<i>ranolazine</i>	1	
VERQUVO	2	QL (99 per 99 days)
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

Drug Name	Drug Tier	Requirements / Limits
<i>calcipotriene</i>	1	QL (99 per 99 days)
<i>calcipotriene-betamethasone topical ointment</i>	1	ST; QL (99 per 99 days)
<i>calcipotriene-betamethasone topical suspension</i>	1	QL (99 per 99 days)
<i>calcitriol</i>	1	
ENSTILAR	2	ST; QL (99 per 99 days)
EPIFOAM	3	ST
<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	
SKYRIZI	5	PA; QL (99 per 99 days)
SOTYKTU	5	PA; QL (99 per 99 days)
SPEVIGO INTRAVENOUS	5	PA
SPEVIGO SUBCUTANEOUS	6	PA
STELARA INTRAVENOUS	5	PA
STELARA SUBCUTANEOUS	5	PA; QL (99 per 99 days)
<i>sulfacetamide sodium</i>	1	

Drug Name	Drug Tier	Requirements / Limits
TACLONEX	3	QL (99 per 99 days)
TALTZ AUTOINJECTOR	5	PA; QL (99 per 99 days)
TALTZ AUTOINJECTOR (2 PACK)	5	PA; QL (99 per 99 days)
TALTZ AUTOINJECTOR (3 PACK)	5	PA; QL (99 per 99 days)
TALTZ SYRINGE	5	PA; QL (99 per 99 days)
TERSI FOAM	3	
TREMFYA INTRAVENOUS	5	PA
TREMFYA PEN	5	PA
TREMFYA SUBCUTANEOUS AUTO-INJECTOR	5	PA; QL (99 per 99 days)
TREMFYA SUBCUTANEOUS SYRINGE 100 MG/ML	5	PA; QL (99 per 99 days)
TREMFYA SUBCUTANEOUS SYRINGE 200 MG/2 ML	5	PA
VECTICAL	3	
VTAMA	3	ST; QL (99 per 99 days)
WYNZORA	3	ST; QL (99 per 99 days)
ZORYVE	3	ST; QL (99 per 99 days)
BURN THERAPY		
SILVADENE	3	
<i>silver sulfadiazine</i>	1	
<i>ssd</i>	1	

Drug Name	Drug Tier	Requirements / Limits
MISCELLANEOUS DERMATOLOGICALS		
ADBRY	5	PA; QL (99 per 99 days)
AMELUZ	3	
<i>ammonium lactate</i>	1	
CANTHARIDIN IN ACETONE	3	
CIBINQO	5	PA; QL (99 per 99 days)
CORTANE-B	3	
<i>doxepin</i>	1	ST; QL (99 per 99 days)
DUPIXENT PEN	5	PA; QL (99 per 99 days)
DUPIXENT SYRINGE	5	PA; QL (99 per 99 days)
EBGLYSS PEN	5	PA; QL (99 per 99 days)
EBGLYSS SYRINGE	5	PA
EFUDEX	3	
EUCRISA	2	ST; QL (99 per 99 days)
FLUOROPLEX	3	
<i>fluorouracil</i>	1	
HYFTOR	6	PA
IODOFLEX	3	
IODOSORB	3	
LEVULAN	3	
<i>methoxsalen</i>	1	
<i>methyl salicylate</i>	1	
OPZELURA	3	PA; QL (99 per 99 days)
PANRETIN	3	PA

Drug Name	Drug Tier	Requirements / Limits
<i>pimecrolimus</i>	1	ST; QL (99 per 99 days)
<i>podofilox topical gel</i>	1	ST; QL (99 per 99 days)
<i>podofilox topical solution</i>	1	
<i>prudoxin</i>	1	ST; QL (99 per 99 days)
REGRANEX	2	QL (99 per 99 days)
SCENESSE	6	PA
<i>tacrolimus</i>	1	ST; QL (99 per 99 days)
TOLAK	3	
VALCHLOR	5	PA
VYJUVEK	6	PA
<i>wintergreen oil</i>	1	
YCANTH	6	
ZONALON	3	ST; QL (99 per 99 days)
THERAPY FOR ACNE		
ABSORICA	3	
<i>acutane</i>	1	
ACZONE	3	ST
<i>adapalene-benzoyl peroxide</i>	1	
AKLIEF	3	ST
ALTRENO	3	
<i>amnesteam</i>	1	
AMZEEQ	3	ST
ARAZLO	3	PA
<i>avar</i>	1	
AVAR LS	3	ST
AVAR-E	3	ST
<i>azelaic acid</i>	1	

Drug Name	Drug Tier	Requirements / Limits
AZELEX	3	ST
BENZAMYCIN	3	ST
<i>benzepro</i>	1	
BENZEPRO (MICROSPHERES)	3	ST
<i>benzoyl peroxide</i>	1	
<i>bp 10-1</i>	1	ST
<i>brimonidine</i>	1	PA
<i>claravis</i>	1	
CLEOCIN T	3	ST; QL (99 per 99 days)
<i>clindacin</i>	1	QL (99 per 99 days)
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 (99 per 99 days)
<i>clindamycin phosphate topical gel</i>	1	QL (99 per 99 days)
<i>clindamycin phosphate topical gel, once daily</i>	1	ST; QL (99 per 99 days)
<i>clindamycin phosphate topical lotion</i>	1	QL (99 per 99 days)
<i>clindamycin phosphate topical solution</i>	1	QL (99 per 99 days)
<i>clindamycin phosphate topical swab</i>	1	

Drug Name	Drug Tier	Requirements / Limits
<i>clindamycin-benzoyl peroxide</i>	1	
<i>clindamycin-tretinoin</i>	1	
<i>dapsone</i>	1	
EPIDUO FORTE	3	ST
EPSOLAY	3	ST
<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 (99 per 99 days)
FINACEA	2	ST
<i>isotretinoin</i>	1	
<i>ivermectin</i>	1	QL (99 per 99 days)
METROCREAM	3	ST
METROGEL	3	ST
<i>metronidazole</i>	1	
MIRVASO	2	PA
<i>neuac</i>	1	
NEUAC KIT	3	ST
ONEXTON	3	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	

Drug Name	Drug Tier	Requirements / Limits
RHOFADE	3	PA
<i>rosadan topical cream</i>	1	
<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 (99 per 99 days)
<i>sss 10-5</i>	1	
<i>sulfacetamide sodium-sulfur</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	

Drug Name	Drug Tier	Requirements / Limits
<i>dermacinrx lidocan</i>	1	ST
GOPRELTO	3	
<i>lidocaine hcl</i>	1	
<i>lidocaine hcl-hydrocortison ac</i>	1	
<i>lidocaine topical adhesive patch, medicated</i>	1	ST
<i>lidocaine topical ointment</i>	1	QL (99 per 99 days)
<i>lidocaine viscous</i>	1	
<i>lidocaine-prilocaine topical cream</i>	1	QL (99 per 99 days)
<i>lidocaine-prilocaine topical kit</i>	1	
<i>lidocan iii</i>	1	ST
<i>lidocan iv</i>	1	ST
<i>lidocan v</i>	1	ST
<i>lidocort</i>	1	
NUMBRINO	3	
NYNUTEY	3	
XARACOLL	3	
ZTLIDO	2	ST
TOPICAL ANTIBACTERIALS		
ALTABAX	3	ST; QL (99 per 99 days)
CENTANY	3	ST; QL (99 per 99 days)
CENTANY AT	3	ST; QL (99 per 99 days)
<i>gentamicin</i>	1	QL (99 per 99 days)
KLARON	3	ST
<i>lugols</i>	1	
<i>mafenide acetate</i>	1	

Drug Name	Drug Tier	Requirements / Limits
<i>mupirocin</i>	1	QL (99 per 99 days)
NEO-SYNALAR	3	
NEO-SYNALAR KIT	3	
<i>strong iodine</i>	1	
<i>sulfacetamide sodium (acne)</i>	1	
SULFAMYLON	2	
XEPI	3	ST; QL (99 per 99 days)

TOPICAL ANTIFUNGALS

CICLODAN KIT TOPICAL COMBO PACK	3	
CICLODAN KIT TOPICAL SOLUTION	3	ST
<i>ciclodan topical cream</i>	1	QL (99 per 99 days)
<i>ciclodan topical solution</i>	1	
<i>ciclopirox topical cream</i>	1	QL (99 per 99 days)
<i>ciclopirox topical gel</i>	1	QL (99 per 99 days)
<i>ciclopirox topical shampoo</i>	1	QL (99 per 99 days)
<i>ciclopirox topical solution</i>	1	
<i>ciclopirox topical suspension</i>	1	QL (99 per 99 days)
<i>ciclopirox-ure-camph-menth-euc</i>	1	
<i>clotrimazole</i>	1	QL (99 per 99 days)
<i>clotrimazole-betamethasone</i>	1	QL (99 per 99 days)

Drug Name	Drug Tier	Requirements / Limits
<i>econazole</i>	1	QL (99 per 99 days)
EXELDERM	3	QL (99 per 99 days)
EXTINA	3	ST; QL (99 per 99 days)
JUBLIA	3	ST
<i>ketoconazole topical cream</i>	1	QL (99 per 99 days)
<i>ketoconazole topical foam</i>	1	ST; QL (99 per 99 days)
<i>ketoconazole topical shampoo</i>	1	QL (99 per 99 days)
<i>ketodan</i>	1	ST; QL (99 per 99 days)
<i>ketodan kit</i>	1	ST
<i>klayesta</i>	1	QL (99 per 99 days)
LOPROX (AS OLAMINE)	3	QL (99 per 99 days)
LOPROX KIT	3	QL (99 per 99 days)
<i>naftifine</i>	1	QL (99 per 99 days)
NAFTIN	3	QL (99 per 99 days)
<i>nyamyc</i>	1	QL (99 per 99 days)
<i>nystatin</i>	1	QL (99 per 99 days)
<i>nystatin-triamcinolone</i>	1	QL (99 per 99 days)
<i>nystop</i>	1	QL (99 per 99 days)
<i>oxiconazole</i>	1	QL (99 per 99 days)
<i>tavaborole</i>	1	ST

TOPICAL ANTIVIRALS

Drug Name	Drug Tier	Requirements / Limits
<i>acyclovir</i>	1	PA; QL (99 per 99 days)
DENAVIR	3	
<i>penciclovir</i>	1	
ZOVIRAX	3	PA; QL (99 per 99 days)

TOPICAL CORTICOSTEROIDS

<i>ala-cort</i>	1	
ALA-SCALP	3	ST
<i>alclometasone</i>	1	
<i>amcinonide</i>	1	ST
<i>apexicon e</i>	1	ST
<i>beser</i>	1	ST
<i>betamethasone dipropionate</i>	1	
<i>betamethasone valerate topical cream</i>	1	
<i>betamethasone valerate topical foam</i>	1	ST
<i>betamethasone valerate topical lotion</i>	1	
<i>betamethasone valerate topical ointment</i>	1	
<i>betamethasone, augmented</i>	1	
BRYHALI	3	ST
CAPEX	3	ST
<i>clobetasol scalp</i>	1	QL (99 per 99 days)
<i>clobetasol topical cream</i>	1	QL (99 per 99 days)
<i>clobetasol topical foam</i>	1	ST; QL (99 per 99 days)

Drug Name	Drug Tier	Requirements / Limits
<i>clobetasol topical gel</i>	1	QL (99 per 99 days)
<i>clobetasol topical lotion</i>	1	ST; QL (99 per 99 days)
<i>clobetasol topical ointment</i>	1	QL (99 per 99 days)
<i>clobetasol topical shampoo</i>	1	ST; QL (99 per 99 days)
<i>clobetasol topical spray, non-aerosol</i>	1	ST; QL (99 per 99 days)
<i>clobetasol-emollient topical cream</i>	1	QL (99 per 99 days)
<i>clobetasol-emollient topical foam</i>	1	ST; QL (99 per 99 days)
CLOBEX	3	ST; QL (99 per 99 days)
<i>clocortolone pivalate</i>	1	
<i>clodan</i>	1	ST; QL (99 per 99 days)
CLODAN KIT	3	ST; QL (99 per 99 days)
CORDRAN	3	ST; QL (99 per 99 days)
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	

Drug Name	Drug Tier	Requirements / Limits
<i>desoximetasone</i>	1	ST
<i>diflorasone</i>	1	ST; QL (99 per 99 days)
DIPROLENE (AUGMENTED)	3	ST
DUOBRII	3	ST; QL (99 per 99 days)
<i>fluocinolone</i>	1	
<i>fluocinolone and shower cap</i>	1	
<i>fluocinonide</i>	1	QL (99 per 99 days)
<i>fluocinonide-e</i>	1	QL (99 per 99 days)
<i>flurandrenolide</i>	1	ST; QL (99 per 99 days)
<i>fluticasone propionate topical cream</i>	1	
<i>fluticasone propionate topical lotion</i>	1	ST
<i>fluticasone propionate topical ointment</i>	1	
<i>halcinonide</i>	1	ST
<i>halobetasol propionate topical cream</i>	1	
<i>halobetasol propionate topical foam</i>	1	ST
<i>halobetasol propionate topical ointment</i>	1	
HALOG	3	ST
<i>hydrocortisone</i>	1	

Drug Name	Drug Tier	Requirements / Limits
<i>hydrocortisone butyrate topical cream</i>	1	QL (99 per 99 days)
<i>hydrocortisone butyrate topical lotion</i>	1	ST; QL (99 per 99 days)
<i>hydrocortisone butyrate topical ointment</i>	1	ST; QL (99 per 99 days)
<i>hydrocortisone butyrate topical solution</i>	1	ST; QL (99 per 99 days)
<i>hydrocortisone valerate</i>	1	
KENALOG	3	ST; QL (99 per 99 days)
<i>mometasone</i>	1	
NUCORT	3	ST
OLUX	3	ST; QL (99 per 99 days)
PANDEL	3	ST
<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
TEXACORT	3	ST
TOPICORT	3	ST
<i>tovet emollient</i>	1	ST; QL (99 per 99 days)
<i>triamcinolone acetonide topical aerosol</i>	1	ST; QL (99 per 99 days)

Drug Name	Drug Tier	Requirements / Limits
<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>triderm topical cream 0.1 %</i>	1	
<i>triderm topical cream 0.5 %</i>	1	ST
TOPICAL ENZYMES		
NEXOBRID	3	
SANTYL	2	QL (99 per 99 days)
TOPICAL SCABICIDES / PEDICULICIDES		
<i>crotan</i>	1	
ELIMITE	3	
EURAX	3	
<i>malathion</i>	1	
OVIDE	3	
<i>permethrin</i>	1	
<i>spinosad</i>	1	
ULESFIA	3	
DIAGNOSTICS & MISCELLANEOUS AGENTS		
IRRIGATING SOLUTIONS		
<i>lactated ringers</i>	1	
<i>neomycin-polymyxin b gu</i>	1	

Drug Name	Drug Tier	Requirements / Limits
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	
BUPHENYL	6	PA
<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	
FABHALTA	5	PA
FERRIPROX (2 TIMES A DAY)	5	PA

Drug Name	Drug Tier	Requirements / Limits
FERRIPROX ORAL SOLUTION	5	PA
FERRIPROX ORAL TABLET	6	PA
GIVLAARI	6	PA
<i>glutamine (sickle cell)</i>	4	PA
INCRELEX	5	PA; LA
JOENJA	6	PA; QL (99 per 99 days)
KORSUVA	6	
LAMZEDE	5	PA
<i>levocarnitine</i>	1	
<i>levocarnitine (with sugar)</i>	1	
LITFULO	6	PA; QL (99 per 99 days)
LITHOSTAT	3	
METOPIRONE	3	
<i>midodrine</i>	1	
<i>nitisinone</i>	4	PA; LA
NITYR	5	PA; LA
OLPRUVA	6	PA
ORFADIN	6	PA; LA
PHEBURANE	5	PA
<i>pilocarpine hcl</i>	1	
PROLASTIN-C	5	PA; LA
PYRUKYND	6	PA; LA; QL (99 per 99 days)
RADIOGARDASE	3	
RECLAST	6	PA
REVCOVI	5	PA; LA
REZDIFFRA	5	PA; QL (99 per 99 days)

Drug Name	Drug Tier	Requirements / Limits
RILUTEK	3	PA
<i>riluzole</i>	1	PA
<i>risedronate</i>	1	QL (99 per 99 days)
SALAGEN (PILOCARPINE)	3	
<i>sodium chloride 0.9 %</i>	1	PA
<i>sodium chloride injection</i>	1	PA
<i>sodium chloride irrigation</i>	1	
<i>sodium phenylbutyrate</i>	1	PA
SOHONOS	6	PA; LA; QL (99 per 99 days)
SOLIRIS	5	PA
SYPRINE	3	PA
TAVNEOS	6	PA; QL (99 per 99 days)
TEGLUTIK	6	PA
THIOLA EC	6	PA
TIGLUTIK	6	PA
<i>tiopronin</i>	4	PA
<i>trientine</i>	1	PA
ULTOMIRIS	6	PA
VEOPOZ	6	PA
VOYDEYA	5	PA; LA
<i>water for irrigation, sterile</i>	1	
XENPOZYME	5	PA
XURIDEN	5	PA
ZOKINVY	6	PA; QL (99 per 99 days)

Drug Name	Drug Tier	Requirements / Limits
<i>zoledronic acid-mannitol-water</i>	4	PA
ZYNRELEF	3	
SMOKING DETERRENENTS		
<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	ACA; OTC
NICORETTE BUCCAL GUM 2 MG	2	ACA; OTC
<i>nicorette buccal gum 4 mg</i>	1	ACA; OTC
NICORETTE BUCCAL LOZENGE	2	ACA; OTC
NICORETTE BUCCAL MINI LOZENGE	2	ACA; OTC
<i>nicotine</i>	1	ACA; OTC
<i>nicotine (polacrilex)</i>	1	ACA; OTC
NICOTROL NS	3	ACA
<i>quit 2</i>	1	ACA; OTC
<i>quit 4</i>	1	ACA; OTC
<i>stop smoking aid</i>	1	ACA; OTC
<i>varenicline tartrate</i>	1	ACA
EAR, NOSE & THROAT MEDICATIONS		
MISCELLANEOUS AGENTS		
ARESTIN	6	PA

Drug Name	Drug Tier	Requirements / Limits
<i>azelastine nasal spray,non-aerosol 137 mcg (0.1 %)</i>	1	QL (99 per 99 days)
<i>azelastine nasal spray,non-aerosol 205.5 mcg (0.15 %)</i>	1	
GELCLAIR	3	
<i>ipratropium bromide</i>	1	QL (99 per 99 days)
<i>kourzeq</i>	1	
MUGARD	6	
<i>olopatadine</i>	1	QL (99 per 99 days)
<i>oralone</i>	1	
ORAMAGICRX	3	
<i>pilocarpine hcl</i>	1	
PROTHELIAL	6	PA
SALAGEN (PILOCARPINE)	3	
<i>triamcinolone acetonide</i>	1	
MISCELLANEOUS OTIC PREPARATIONS		
<i>acetic acid</i>	1	
<i>ciprofloxacin hcl</i>	1	
DERMOTIC OIL	3	
<i>flac otic oil</i>	1	
<i>fluocinolone acetonide oil</i>	1	
<i>hydrocortisone-acetic acid</i>	1	
<i>ofloxacin</i>	1	
OTIC STEROID / ANTIBIOTIC		
<i>ciprofloxacin-dexamethasone</i>	1	
CORTISPORIN-TC	3	

Drug Name	Drug Tier	Requirements / Limits
<i>neomycin-polymyxin-hc</i>	1	
OTOVEL	3	
ENDOCRINE/DIABETES		
ADRENAL HORMONES		
ACTHAR	6	PA
ACTHAR SELFJECT	6	PA
CORTEF	3	
<i>cortisone</i>	1	
<i>deflazacort</i>	4	PA
<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
<i>fludrocortisone</i>	1	
<i>hydrocortisone</i>	1	
MEDROL	3	
MEDROL (PAK)	3	
<i>methylprednisolone</i>	1	
<i>millipred</i>	1	
<i>millipred dp</i>	1	
ORAPRED ODT	3	
<i>prednisolone</i>	1	
<i>prednisolone sodium phosphate</i>	1	
<i>prednisone</i>	1	
<i>prednisone intensol</i>	1	

Drug Name	Drug Tier	Requirements / Limits
RAYOS	3	PA
TAPERDEX	3	PA
TARPEYO	6	PA; QL (99 per 99 days)
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		
FREESTYLE INSULINX	2	OTC
FREESTYLE INSULINX TEST STRIPS	2	OTC
FREESTYLE LITE STRIPS	2	OTC
FREESTYLE PRECISION NEO STRIPS	2	OTC
FREESTYLE TEST	2	OTC
ONETOUCH ULTRA TEST	2	OTC
ONETOUCH VERIO TEST STRIPS	2	OTC
PRECISION XTRA TEST	2	OTC
DIABETES, SUPPLIES, & DURABLE MEDICAL EQUIPMENT		
ACE AEROSOL CLOUD ENHANCER	2	

Drug Name	Drug Tier	Requirements / Limits
AEROCHAMBER MECHANICAL VENT	2	
AEROCHAMBER MINI	2	
AEROCHAMBER PLUS FLOW-VU	2	
AEROCHAMBER PLUS Z STAT	2	
AEROTRACH PLUS	2	
AEROVENT PLUS	2	
BREATHERITE MDI SPACER	2	
COMPACT SPACE CHAMBER	2	
EASIVENT HOLDING CHAMBER	2	
FLEXICHAMBER	2	
GLUCAGON HCL	3	
LITEAIRE MDI CHAMBER	2	
MICROCHAMBER	2	
MICROSPACER	2	
OPTICHAMBER DIAMOND VHC	2	
POCKET CHAMBER	2	
PRIMEAIRE	2	
PROCHAMBER	2	
RITEFLO AEROCHAMBER	2	
SPACE CHAMBER	2	
VORTEX HOLDING CHAMBER	2	

Drug Name	Drug Tier	Requirements / Limits
GLUCOSE ELEVATING AGENTS		
BAQSIMI	2	QL (99 per 99 days)
<i>diazoxide</i>	1	
<i>glucagon emergency kit (human)</i>	1	QL (99 per 99 days)
GVOKE	2	QL (99 per 99 days)
GVOKE HYPOPEN 2-PACK	2	QL (99 per 99 days)
GVOKE PFS 2-PACK SYRINGE	2	QL (99 per 99 days)
PROGLYCEM	3	
INSULIN SYRINGES/MISCELLANEOUS DURABLE MEDICAL EQU		
ACCU-CHEK GUIDE L1-L2 CTRL SOL	3	OTC
ACCU-CHEK SMARTVIEW CONTRL SOL	3	OTC
ACCUTREND GLUCOSE CONTROL	3	OTC
ADVOCATE REDI-CODE PLUS CTRL L	3	OTC
AGAMATRIX CONTROL HIGH	3	OTC
ASSURE 4 CONTROL SOLUTION	3	OTC
ASSURE DOSE NORMAL CONTROL	3	OTC
ASSURE PRISM CONTROL 1-2 SOLN	3	OTC

Drug Name	Drug Tier	Requirements / Limits
AT HOME A1C	3	OTC
BD INTEGRA NEEDLE	2	
BD MICROTAINER LANCET	2	OTC
BD SPECIALTY USE NEEDLES	2	
BD ULTRA-FINE NANO PEN NEEDLE	2	OTC
BLOOD GLUCOSE CONTROL, NORMAL	3	OTC
BREEZE 2 CONTROL SOLUTION,HIGH	3	OTC
CARESENS CONTROL A AND B	3	OTC
CARETOUCH CONTROL SOLN L2-L3	3	OTC
CEQR SIMPLICITY	2	
CLEVER CHOICE LEVEL 2 CONTROL	3	OTC
CONTOUR CONTROL SOLUTION, NML	3	OTC
CONTOUR NEXT LEV 2 CONTROL SOL	3	OTC
DEXCOM G6 RECEIVER	2	ST; QL (99 per 99 days)
DEXCOM G6 SENSOR	2	ST; QL (99 per 99 days)
DEXCOM G6 TRANSMITTER	2	ST; QL (99 per 99 days)

Drug Name	Drug Tier	Requirements / Limits
DEXCOM G7 RECEIVER	2	ST; QL (99 per 99 days)
DEXCOM G7 SENSOR	2	ST; QL (99 per 99 days)
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
EASYMAX 15 LEVEL 2	3	OTC
EASYMAX NORMAL CONTROL	3	OTC
ELEMENT COMPACT NORMAL CONTROL	3	OTC
ELEMENT NORMAL CONTROL	3	OTC
EMBRACE EVO LEVEL 1	3	OTC
EMBRACE GLUCOSE CONTROL LOW	3	OTC

Drug Name	Drug Tier	Requirements / Limits
EMBRACE TALK CONTROL-LOW (L1)	3	OTC
EVERSENSE E3 SENSOR-HOLDER	3	ST
EVERSENSE E3 SMART TRANSMITTER	3	ST; QL (99 per 99 days)
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 ADV MOBILE MULTI MTR	3	OTC
FORA TN'G ADVANCE MULTI-FN MTR	3	OTC
FORA TN'G ADVANCE PRO MONITOR	3	OTC
FORACARE GDH LOW CONTROL	3	OTC
FREESTYLE CONTROL	2	OTC
FREESTYLE FREEDOM	2	OTC
FREESTYLE FREEDOM LITE	2	OTC
FREESTYLE INSULINX	2	OTC

Drug Name	Drug Tier	Requirements / Limits
FREESTYLE LIBRE 14 DAY READER	2	ST
FREESTYLE LIBRE 14 DAY SENSOR	2	ST; QL (99 per 99 days)
FREESTYLE LIBRE 2 READER	2	ST; QL (99 per 99 days)
FREESTYLE LIBRE 2 SENSOR	2	ST; QL (99 per 99 days)
FREESTYLE LIBRE 3 PLUS SENSOR	2	ST; QL (99 per 99 days)
FREESTYLE LIBRE 3 READER	2	ST; QL (99 per 99 days)
FREESTYLE LIBRE 3 SENSOR	2	ST; QL (99 per 99 days)
FREESTYLE LITE METER	2	OTC
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

Drug Name	Drug Tier	Requirements / Limits
GOJJI MULTI-FUNCTIONAL METER	3	OTC
GUARDIAN 4 GLUCOSE SENSOR	3	ST; QL (99 per 99 days)
GUARDIAN 4 TRANSMITTER	3	ST; QL (99 per 99 days)
GUARDIAN CONNECT TRANSMITTER	3	ST; QL (99 per 99 days)
GUARDIAN LINK 3 TRANSMITTER	3	ST; QL (99 per 99 days)
GUARDIAN SENSOR 3	3	ST; QL (99 per 99 days)
HEALTHPRO HIGH-LOW CONTROL	3	OTC
IHEALTH CONTROL SOLN LEVEL 2	3	OTC
ILET STARTER KIT-INSET	3	
INFINITY CONTROL SOLUTION NORM	3	OTC
LANCETS	2	OTC
LANCING DEVICE	2	OTC
MEDISENSE	2	OTC
MEDISENSE GLUCOSE KETONE	2	OTC
MYGLUCOHEALTH CONTROL SOLUTION	3	OTC
NOVA MAX PLUS GLUC-KETON METER	3	OTC
NOVAMAX PLUS GLU-KET	3	OTC

Drug Name	Drug Tier	Requirements / Limits
OMNIPOD 5 (G6/LIBRE 2 PLUS)	2	
OMNIPOD 5 G6-G7 INTRO KT(GEN5)	2	QL (99 per 99 days)
OMNIPOD 5 G6-G7 PODS (GEN 5)	2	ST; QL (99 per 99 days)
OMNIPOD 5 INTRO(G6/LIBRE2 PLUS)	2	
OMNIPOD CLASSIC PODS (GEN 3)	2	PA; QL (99 per 99 days)
OMNIPOD DASH INTRO KIT (GEN 4)	2	QL (99 per 99 days)
OMNIPOD DASH PODS (GEN 4)	2	PA; QL (99 per 99 days)
OMNIPOD GO PODS 10 UNITS/DAY	2	QL (99 per 99 days)
ON CALL EXPRESS CONTROL	3	OTC
ONETOUCH ULTRA CONTROL	2	OTC
ONETOUCH ULTRA2 METER	2	OTC
ONETOUCH VERIO FLEX METER	2	OTC
ONETOUCH VERIO MID CONTROL	2	OTC
ONETOUCH VERIO REFLECT METER	2	OTC
PIP GLUCOSE CONTROL SOLN L1-L2	3	OTC

Drug Name	Drug Tier	Requirements / Limits
PRECISION XTRA KETONE-GLUCOSE	2	OTC
PRECISION XTRA MONITOR	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
SMARTEST CONTROL	3	OTC
SOLUS V2 CONTROL SOLUTION,HIGH	3	OTC
TELCARE CONTROL	3	OTC
TRUE METRIX LEVEL 1	3	OTC
TWIIST STARTER KIT	2	
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

Drug Name	Drug Tier	Requirements / Limits
HUMALOG JUNIOR KWIKPEN U-100	2	
HUMALOG KWIKPEN INSULIN	2	
HUMALOG MIX 50-50 KWIKPEN	2	
HUMALOG MIX 75-25 KWIKPEN	2	
HUMALOG MIX 75-25(U-100)INSULN	2	
HUMALOG TEMPO PEN(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	
INSULIN GLARGINE-YFGN	2	
INSULIN LISPRO	2	
INSULIN LISPRO PROTAMIN-LISPRO	2	

Drug Name	Drug Tier	Requirements / Limits
LYUMJEV KWIKPEN U-100 INSULIN	2	
LYUMJEV KWIKPEN U-200 INSULIN	2	
LYUMJEV TEMPO PEN(U-100)INSULIN	2	
LYUMJEV U-100 INSULIN	2	
MYXREDLIN	3	
SEMGLEE(INSULIN GLARGINE-YFGN)	2	
SEMGLEE(INSULIN GLARG-YFGN)PEN	2	
SOLIQUA 100/33	2	QL (99 per 99 days)
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	
MISCELLANEOUS HORMONES		
ALDURAZYME	5	PA
BRINEURA	5	PA
<i>cabergoline</i>	1	QL (99 per 99 days)

Drug Name	Drug Tier	Requirements / Limits
<i>calcitonin (salmon) injection</i>	1	PA
<i>calcitonin (salmon) nasal</i>	1	
CERDELGA	5	PA; QL (99 per 99 days)
CEREZYME	5	PA
<i>cinacalcet</i>	1	ST
CRYSVITA	5	PA; QL (99 per 99 days)
<i>danazol</i>	1	
DDAVP	3	PA
DEPO-TESTOSTERONE	3	PA
<i>desmopressin injection</i>	4	PA
<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	
ELAPRASE	5	PA
ELFABRIO	5	PA
FABRAZYME	5	PA
GALAFOLD	6	PA; LA; QL (99 per 99 days)
JATENZO	3	PA; QL (99 per 99 days)
<i>javygtor</i>	4	PA

Drug Name	Drug Tier	Requirements / Limits
JYNARQUE	6	PA; LA; QL (99 per 99 days)
KANUMA	5	PA
LUMIZYME	5	PA
MEPSEVII	5	PA
METHITEST	2	PA
<i>methyltestosterone</i>	1	PA
MIACALCIN	3	PA
<i>mifepristone</i>	4	PA
<i>miglustat</i>	4	PA; LA; QL (99 per 99 days)
MYALEPT	5	PA; LA
NAGLAZYME	5	PA; LA
NEXVIAZYME	6	PA
NOCDURNA (MEN)	3	PA; QL (99 per 99 days)
NOCDURNA (WOMEN)	3	PA; QL (99 per 99 days)
OPFOLDA	6	PA; QL (99 per 99 days)
ORILISSA	2	ST; QL (99 per 99 days)
PALYNZIQ	5	PA; LA; QL (99 per 99 days)
<i>paricalcitol intravenous</i>	1	PA
<i>paricalcitol oral</i>	1	ST
POMBILITI	6	PA
RAYALDEE	3	ST
<i>sapropterin</i>	4	PA
SOMAVERT	5	PA
STRENSIQ	5	PA; LA
SYNAREL	2	PA

Drug Name	Drug Tier	Requirements / Limits
TEPEZZA	6	PA
TERLIVAZ	6	
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; QL (99 per 99 days)
<i>tolvaptan</i>	4	PA; LA; QL (99 per 99 days)
VIMIZIM	5	PA
VOGELXO	3	PA; QL (99 per 99 days)
VOXZOGO	6	PA
XYOSTED	2	PA; QL (99 per 99 days)
YORVIPATH	6	PA
ZEMPLAR INTRAVENOUS	3	PA
ZEMPLAR ORAL	3	ST
<i>zoledronic acid</i>	4	PA
<i>zoledronic acid-mannitol-water</i>	4	PA
ZOLEDRONIC AC-MANNITOL-0.9NACL	6	PA
NON-INSULIN HYPOGLYCEMIC AGENTS		
<i>acarbose</i>	1	
ACTOPLUS MET	3	ST; QL (99 per 99 days)
ACTOS	3	ST; QL (99 per 99 days)

Drug Name	Drug Tier	Requirements / Limits
BYDUREON BCISE	2	ST; QL (99 per 99 days)
BYETTA	2	ST; QL (99 per 99 days)
CYCLOSET	3	
DUETACT	3	ST; QL (99 per 99 days)
FARXIGA	2	ST; QL (99 per 99 days)
<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	
GLYXAMBI	2	ST; QL (99 per 99 days)
JANUMET	2	QL (99 per 99 days)
JANUMET XR	2	QL (99 per 99 days)
JANUVIA	2	QL (99 per 99 days)
JARDIANCE	2	ST; QL (99 per 99 days)
<i>metformin oral solution</i>	1	ST
<i>metformin oral tablet</i>	1	
<i>metformin oral tablet extended release 24 hr</i>	1	QL (99 per 99 days)
<i>miglitol</i>	1	
MOUNJARO	2	ST; QL (99 per 99 days)

Drug Name	Drug Tier	Requirements / Limits
<i>nateglinide</i>	1	
OSENI	3	QL (99 per 99 days)
OZEMPIC	2	ST; QL (99 per 99 days)
<i>pioglitazone</i>	1	QL (99 per 99 days)
<i>pioglitazone-glimepiride</i>	1	QL (99 per 99 days)
<i>pioglitazone-metformin</i>	1	QL (99 per 99 days)
PRECOSE	3	
<i>repaglinide</i>	1	
RIOMET	3	ST
RYBELSUS	2	ST; QL (99 per 99 days)
<i>saxagliptin</i>	1	QL (99 per 99 days)
<i>saxagliptin-metformin</i>	1	QL (99 per 99 days)
SYMLINPEN 120	2	ST; QL (99 per 99 days)
SYMLINPEN 60	2	ST; QL (99 per 99 days)
SYNJARDY	2	ST; QL (99 per 99 days)
SYNJARDY XR	2	ST; QL (99 per 99 days)
TRIJARDY XR	2	ST
TRULICITY	2	ST; QL (99 per 99 days)
XIGDUO XR	2	ST; QL (99 per 99 days)
THYROID HORMONES		
<i>adthyza</i>	1	
ARMOUR THYROID	2	

Drug Name	Drug Tier	Requirements / Limits
ERMEZA	3	ST
<i>euthyrox</i>	1	
<i>levo-t</i>	1	
<i>levothyroxine</i>	1	
<i>levoxyl</i>	1	
<i>liothyronine</i>	1	
<i>niva thyroid</i>	1	
<i>np thyroid</i>	1	
<i>thyroid (pork)</i>	1	
<i>unithroid</i>	1	

GASTROENTEROLOGY

ANTIDIARRHEALS & ANTISPASMODICS

<i>anaspaz</i>	1	
<i>belladonna alkaloids-opium</i>	1	ST; QL (99 per 99 days)
<i>chlordiazepoxide-clidinium</i>	1	
<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	

Drug Name	Drug Tier	Requirements / Limits
<i>opium tincture</i>	1	
<i>oscimin</i>	1	
<i>oscimin sl</i>	1	
<i>phenobarb-hyoscy-atropine-scop</i>	1	
<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 AGENTS

AURYXIA	3	
<i>lanthanum</i>	1	QL (99 per 99 days)
LOKELMA	2	QL (99 per 99 days)
RENVELA	3	QL (99 per 99 days)
<i>sevelamer carbonate</i>	1	QL (99 per 99 days)
<i>sevelamer hcl</i>	1	QL (99 per 99 days)
<i>sodium polystyrene sulfonate</i>	1	
<i>sps (with sorbitol)</i>	1	
VELPHORO	2	QL (99 per 99 days)
VELTASSA	2	ST; QL (99 per 99 days)

MISCELLANEOUS GASTROINTESTINAL AGENTS

<i>alose tron</i>	1	
<i>alvimopan</i>	1	

Drug Name	Drug Tier	Requirements / Limits
ANALPRAM-HC RECTAL CREAM 1-1 %	3	
ANALPRAM-HC RECTAL CREAM 2.5-1 %	3	ST
<i>anucort-hc</i>	1	
<i>aprepitant</i>	1	QL (99 per 99 days)
APRISO	3	
AZULFIDINE	3	
AZULFIDINE EN-TABS	3	
<i>balsalazide</i>	1	
<i>betaine</i>	4	PA
<i>budesonide</i>	1	
BYLVAY	6	PA; LA; QL (99 per 99 days)
CHENODAL	5	PA; LA
CHOLBAM ORAL CAPSULE 250 MG	5	PA
CHOLBAM ORAL CAPSULE 50 MG	5	PA; QL (99 per 99 days)
<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	
<i>constulose</i>	1	
CORTENEMA	3	
CREON	2	
<i>cromolyn</i>	1	
<i>dronabinol</i>	1	PA

Drug Name	Drug Tier	Requirements / Limits
<i>dulcolax (magnesium hydroxide)</i>	1	ACA; OTC
ENTYVIO	5	PA
<i>enulose</i>	1	
GASTROCROM	3	
GATTEX 30-VIAL	6	PA
<i>gavilax</i>	1	ACA; OTC
<i>gavilyte-c</i>	1	ACA
<i>gavilyte-g</i>	1	ACA
<i>gavilyte-n</i>	1	ACA
<i>generlac</i>	1	
<i>gentle laxative (bisacodyl)</i>	1	ACA; OTC
<i>gentle laxative (mag hydrox)</i>	1	ACA; OTC
<i>gentlelax</i>	1	ACA; OTC
GOLYTELY	3	
<i>granisetron hcl</i>	1	QL (99 per 99 days)
<i>hemmorex-hc</i>	1	
<i>hydrocortisone</i>	1	
<i>hydrocortisone acetate</i>	1	
<i>hydrocortisone-pramoxine rectal cream 1-1 %</i>	1	
<i>hydrocortisone-pramoxine rectal cream 2.5-1 %, 2.5-1 % (4g)</i>	1	ST
INFLECTRA	5	PA
IQIRVO	5	PA
KRISTALOSE	3	
<i>lactulose</i>	1	
<i>laxative (bisacodyl)</i>	1	ACA; OTC

Drug Name	Drug Tier	Requirements / Limits
<i>laxative peg 3350</i>	1	ACA; OTC
<i>lidocaine hcl-hydrocortison ac rectal cream</i>	1	
LIDOCAINE HCL-HYDROCORTISON AC RECTAL GEL	3	
<i>lidocaine hcl-hydrocortison ac rectal kit</i>	1	
<i>lidocaine-hydrocortisone-aloe</i>	1	
LINZESS	2	QL (99 per 99 days)
LIVMARLI	6	PA
<i>lubiprostone</i>	1	QL (99 per 99 days)
<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
MOVANTIK	2	QL (99 per 99 days)
<i>natura-lax</i>	1	ACA; OTC
<i>nitroglycerin</i>	1	
OICALIVA	5	PA; LA; QL (99 per 99 days)
OMVOH INTRAVENOUS	5	PA

Drug Name	Drug Tier	Requirements / Limits
OMVOH PEN	5	PA; QL (99 per 99 days)
OMVOH SUBCUTANEOUS	5	PA; QL (99 per 99 days)
<i>ondansetron</i>	1	QL (99 per 99 days)
<i>ondansetron hcl</i>	1	QL (99 per 99 days)
<i>onelax magnesium citrate</i>	1	ACA; OTC
<i>oral saline laxative</i>	1	ACA; OTC
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
PENTASA ORAL CAPSULE, EXTENDED RELEASE 250 MG	2	
PENTASA ORAL CAPSULE, EXTENDED RELEASE 500 MG	3	
<i>phosphate laxative</i>	1	ACA; OTC
<i>polyethylene glycol 3350</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>proctosol hc</i>	1	
<i>proctozone-hc</i>	1	

Drug Name	Drug Tier	Requirements / Limits
<i>purelax</i>	1	ACA; OTC
REBYOTA	6	
RECTIV	2	
REGLAN	3	
RELISTOR	2	ST
ROWASA	3	
<i>scopolamine base</i>	1	
SFROWASA	3	
SKYRIZI INTRAVENOUS	5	PA
SKYRIZI SUBCUTANEOUS	5	PA; QL (99 per 99 days)
<i>smoothlax</i>	1	ACA; OTC
<i>sodium,potassium,mag sulfates</i>	1	ACA
SUCRAID	5	PA
<i>sulfasalazine</i>	1	
SYMPROIC	2	
SYNDROS	3	PA
<i>trimethobenzamide</i>	1	
TRULANCE	2	
UCERIS	3	
URSO FORTE	3	
<i>ursodiol</i>	1	
VARUBI	2	QL (99 per 99 days)
VELSIPITY	5	PA; QL (99 per 99 days)
VIBERZI	2	
VIOKACE	2	
VOWST	6	
<i>women's gentle laxative(bisac)</i>	1	ACA; OTC
ZENPEP	2	

Drug Name	Drug Tier	Requirements / Limits
ZYMFENTRA	5	PA; QL (99 per 99 days)
ULCER THERAPY		
<i>amoxicil-clarithromy-lansopraz</i>	1	QL (99 per 99 days)
<i>bismuth subcit k-metronidz-ten</i>	1	
<i>cimetidine</i>	1	
<i>cimetidine hcl</i>	1	
CYTOTEC	3	
<i>dexlansoprazole oral capsule,biphase delayed releas 30 mg</i>	1	ST; QL (99 per 99 days)
<i>dexlansoprazole oral capsule,biphase delayed releas 60 mg</i>	1	ST
<i>esomeprazole magnesium oral capsule,delayed release(dr/ec)</i>	1	
<i>esomeprazole magnesium oral granules dr for susp in packet 10 mg, 20 mg</i>	1	ST; QL (99 per 99 days)
<i>esomeprazole magnesium oral granules dr for susp in packet 40 mg</i>	1	ST
<i>famotidine</i>	1	
<i>lansoprazole oral capsule,delayed release(dr/ec) 15 mg</i>	1	QL (99 per 99 days)
<i>lansoprazole oral capsule,delayed release(dr/ec) 30 mg</i>	1	

Drug Name	Drug Tier	Requirements / Limits
<i>lansoprazole oral tablet, disintegrat, delay rel 15 mg</i>	1	ST; QL (99 per 99 days)
<i>lansoprazole oral tablet, disintegrat, delay rel 30 mg</i>	1	ST
<i>misoprostol</i>	1	
<i>nizatidine</i>	1	
OMECLAMOX-PAK	3	QL (99 per 99 days)
<i>omeprazole oral capsule, delayed release(dr/ec) 10 mg, 20 mg</i>	1	QL (99 per 99 days)
<i>omeprazole oral capsule, delayed release(dr/ec) 40 mg</i>	1	
<i>pantoprazole oral tablet, delayed release (dr/ec) 20 mg</i>	1	QL (99 per 99 days)
<i>pantoprazole oral tablet, delayed release (dr/ec) 40 mg</i>	1	
PEPCID	3	
<i>rabeprazole</i>	1	
<i>sucrafate</i>	1	
TALICIA	2	QL (99 per 99 days)
VOQUEZNA	3	ST
VOQUEZNA DUAL PAK	3	
VOQUEZNA TRIPLE PAK	3	

IMMUNOLOGY, VACCINES & BIOTECHNOLOGY

ANTIVIRALS

Drug Name	Drug Tier	Requirements / Limits
<i>ribavirin</i>	4	ST
BIOTECHNOLOGY DRUGS		
ARCALYST	6	PA; QL (99 per 99 days)
FULPHILA	5	PA; QL (99 per 99 days)
ILARIS (PF)	5	PA; LA
LEUKINE	5	PA
MOZOBIL	6	PA
NIVESTYM	5	PA
<i>plerixafor</i>	4	PA
PROCRIT	5	PA
PROLEUKIN	5	PA
REBLOZYL	6	PA
RETACRIT	5	PA
XOLREMDI	6	PA
ZIEXTENZO	5	PA; QL (99 per 99 days)
ZYNTEGLO	5	PA
GROWTH HORMONES		
EGRIFTA SV	5	PA
GENOTROPIN	5	PA
GENOTROPIN MINIQUICK	5	PA
NGENLA	5	PA
OMNITROPE	5	PA
SEROSTIM	5	PA
INTERFERONS		
ACTIMMUNE	5	PA
ALFERON N	2	PA
PEGASYS	5	PA; QL (99 per 99 days)

MULTIPLE SCLEROSIS AGENTS

Drug Name	Drug Tier	Requirements / Limits
AVONEX	5	PA; QL (99 per 99 days)
BAFIERTAM	5	PA; QL (99 per 99 days)
BETASERON	5	PA; QL (99 per 99 days)
<i>dimethyl fumarate</i>	4	PA; QL (99 per 99 days)
<i>fingolimod</i>	4	PA; QL (99 per 99 days)
<i>glatiramer</i>	4	PA; QL (99 per 99 days)
<i>glatopa</i>	4	PA; QL (99 per 99 days)
KESIMPTA PEN	5	PA; QL (99 per 99 days)
LEMTRADA	6	PA; QL (99 per 99 days)
MAVENCLAD (10 TABLET PACK)	6	PA; LA; QL (99 per 99 days)
MAVENCLAD (4 TABLET PACK)	6	PA; LA; QL (99 per 99 days)
MAVENCLAD (5 TABLET PACK)	6	PA; LA; QL (99 per 99 days)
MAVENCLAD (6 TABLET PACK)	6	PA; LA; QL (99 per 99 days)
MAVENCLAD (7 TABLET PACK)	6	PA; LA; QL (99 per 99 days)
MAVENCLAD (8 TABLET PACK)	6	PA; LA; QL (99 per 99 days)
MAVENCLAD (9 TABLET PACK)	6	PA; LA; QL (99 per 99 days)

Drug Name	Drug Tier	Requirements / Limits
MAYZENT	5	PA; QL (99 per 99 days)
MAYZENT STARTER(FOR 1MG MAINT)	5	PA; QL (99 per 99 days)
MAYZENT STARTER(FOR 2MG MAINT)	5	PA; QL (99 per 99 days)
OCREVUS	5	PA; QL (99 per 99 days)
PLEGRIDY	5	PA; QL (99 per 99 days)
PONVORY	5	PA; QL (99 per 99 days)
PONVORY 14-DAY STARTER PACK	5	PA; QL (99 per 99 days)
REBIF (WITH ALBUMIN)	5	PA; QL (99 per 99 days)
REBIF REBIDOSE	5	PA; QL (99 per 99 days)
REBIF TITRATION PACK	5	PA; QL (99 per 99 days)
<i>teriflunomide</i>	4	PA; QL (99 per 99 days)
VUMERITY	5	PA; QL (99 per 99 days)

VACCINES & MISCELLANEOUS IMMUNOLOGICALS

ABRYSVO (PF)	2	ACA
ACTHIB (PF)	2	ACA
ADACEL(TDAP ADOLESN/ADULT)(PF)	2	ACA
AFLURIA TRIV 2024-2025	2	ACA
AFLURIA TRIV 2024-2025 (PF)	2	ACA
ALYGLO	6	PA

Drug Name	Drug Tier	Requirements / Limits
AREXVY (PF)	2	ACA
ASCENIV	6	PA
BEXSERO	2	ACA
BIOTHRAX	2	
BIVIGAM	6	PA
BOOSTRIX TDAP	2	ACA
CAPVAXIVE	2	ACA
COMIRNATY 2024-25 (12Y UP)(PF)	2	ACA
CUVITRU	6	PA
CYTOGAM	5	PA
DAPTACEL (DTAP PEDIATRIC) (PF)	2	ACA
DENGVAXIA (PF)	2	ACA
DYSPORT	5	PA
ENGERIX-B (PF)	2	ACA
ENGERIX-B PEDIATRIC (PF)	2	ACA
FLEBOGAMMA DIF	6	PA
FLUAD TRIV 2024-25(65Y UP)(PF)	2	ACA
FLUARIX TRIV 2024-2025 (PF)	2	ACA
FLUBLOK TRIV 2024-2025 (PF)	2	ACA
FLUCELVAX TRIV 2024-2025	2	ACA
FLUCELVAX TRIV 2024-2025 (PF)	2	ACA
FLULAVAL TRIV 2024-2025 (PF)	2	ACA
FLUMIST TRIVALENT 2024-2025	2	ACA

Drug Name	Drug Tier	Requirements / Limits
FLUZONE HIGH-DOSE TRIV 24-25	2	ACA
FLUZONE TRIV 2024-2025	2	ACA
FLUZONE TRIV 2024-2025 (PF)	2	ACA
GAMASTAN	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)	2	ACA
HIBERIX (PF)	2	ACA
HIZENTRA	6	PA
HYQVIA	6	PA
IMOVAX RABIES VACCINE (PF)	2	
INFANRIX (DTAP) (PF)	2	ACA
IPOL	2	ACA
IXCHIQ (PF)	2	
IXIARO (PF)	2	
JYNNEOS (PF)	2	ACA
KINRIX (PF)	2	ACA
MENQUADFI (PF)	2	ACA
MENVEO A-C-Y-W-135-DIP (PF)	2	ACA
M-M-R II (PF)	2	ACA

Drug Name	Drug Tier	Requirements / Limits
MODERNA COVID 24-25(6M-11Y)PF	2	ACA
MRESVIA (PF)	2	ACA
MYOBLOC	5	PA
NOVAVAX COVID 2024-25(PF)(EUA)	2	ACA
OCTAGAM	6	PA
ODACTRA	2	PA
ORALAIR	5	PA
PANZYGA	6	PA
PEDIARIX (PF)	2	ACA
PEDVAX HIB (PF)	2	ACA
PENBRAYA (PF)	2	ACA
PENTACEL (PF)	2	ACA
PFIZER COVID 2024-25(5Y-11Y)PF	2	ACA
PFIZER COVID 2024-25(6MO-4Y)PF	2	ACA
PNEUMOVAX-23	2	ACA
PREVNAR 20 (PF)	2	ACA
PRIORIX (PF)	2	ACA
PRIVIGEN	6	PA
PROQUAD (PF)	2	ACA
QUADRACEL (PF)	2	ACA
RABAVERT (PF)	2	
RAGWITEK	2	PA
RECOMBIVAX HB (PF)	2	ACA
ROTARIX	2	ACA
ROTATEQ VACCINE	2	ACA
SHINGRIX (PF)	2	ACA
SPIKEVAX 2024-2025(12Y UP)(PF)	2	ACA

Drug Name	Drug Tier	Requirements / Limits
STAMARIL (PF)	2	
TDVAX	2	ACA
TENIVAC (PF)	2	ACA
TICOVAC	2	
TRUMENBA	2	ACA
TWINRIX (PF)	2	ACA
TYPHIM VI	2	
VAQTA (PF)	2	ACA
VARIVAX (PF)	2	ACA
VAXCHORA VACCINE	2	
VAXELIS (PF)	2	ACA
VAXNEUVANCE (PF)	2	ACA
VIVOTIF	2	
XEMBIFY	5	PA
YF-VAX (PF)	2	

IMMUNOLOGY

INTERLEUKINS

<i>imiquimod</i>	1	
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MUSCULOSKELETAL & RHEUMATOLOGY

GOUT THERAPY

<i>allopurinol</i>	1	
<i>colchicine oral capsule</i>	1	ST
<i>colchicine oral tablet</i>	1	
<i>febuxostat</i>	1	ST
GLOPERBA	3	
KRYSTEXXA	5	PA
MITIGARE	2	ST
<i>probenecid</i>	1	

Drug Name	Drug Tier	Requirements / Limits
<i>probenecid-colchicine</i>	1	
ZYLOPRIM	3	
OSTEOPOROSIS THERAPY		
ACTONEL	3	ST; QL (99 per 99 days)
<i>alendronate</i>	1	QL (99 per 99 days)
AELVIA	3	ST; QL (99 per 99 days)
BINOSTO	3	ST; QL (99 per 99 days)
EVISTA	3	
FOSAMAX	3	ST; QL (99 per 99 days)
FOSAMAX PLUS D	3	ST; QL (99 per 99 days)
<i>ibandronate intravenous</i>	4	PA
<i>ibandronate oral</i>	1	QL (99 per 99 days)
<i>raloxifene</i>	1	
<i>risedronate</i>	1	QL (99 per 99 days)
<i>teriparatide subcutaneous pen injector 20 mcg/dose (600mcg/2.4ml)</i>	4	PA; QL (99 per 99 days)
TERIPARATIDE SUBCUTANEOUS PEN INJECTOR 20 MCG/DOSE (620MCG/2.48ML)	6	PA; QL (99 per 99 days)
TYMLOS	5	PA; QL (99 per 99 days)
OTHER RHEUMATOLOGICALS		
ACTEMRA ACTPEN	5	PA; QL (99 per 99 days)

Drug Name	Drug Tier	Requirements / Limits
ACTEMRA INTRAVENOUS	5	PA
ACTEMRA SUBCUTANEOUS	5	PA; QL (99 per 99 days)
ADALIMUMAB-ADAZ	5	PA; QL (99 per 99 days)
ADALIMUMAB-ADBIM	5	PA; QL (99 per 99 days)
ADALIMUMAB-ADBIM(CF) PEN CROHNS	5	PA; QL (99 per 99 days)
ADALIMUMAB-ADBIM(CF) PEN PS-UV	5	PA; QL (99 per 99 days)
ADALIMUMAB-RYVK	5	PA; QL (99 per 99 days)
ARAVA	3	QL (99 per 99 days)
BENLYSTA INTRAVENOUS	5	PA
BENLYSTA SUBCUTANEOUS	5	PA; QL (99 per 99 days)
CYLTEZO(CF)	5	PA; QL (99 per 99 days)
CYLTEZO(CF) PEN	5	PA; QL (99 per 99 days)
CYLTEZO(CF) PEN CROHN'S-UC-HS	5	PA; QL (99 per 99 days)
CYLTEZO(CF) PEN PSORIASIS-UV	5	PA; QL (99 per 99 days)
DEPEN TITRATABS	3	PA
ENBREL	5	PA; QL (99 per 99 days)
ENBREL MINI	5	PA; QL (99 per 99 days)

Drug Name	Drug Tier	Requirements / Limits
ENBREL SURECLICK	5	PA; QL (99 per 99 days)
<i>leflunomide</i>	1	QL (99 per 99 days)
OTEZLA	5	PA; QL (99 per 99 days)
OTEZLA STARTER	5	PA; QL (99 per 99 days)
<i>penicillamine</i>	1	PA
RASUVO (PF)	2	ST
RIDAURA	2	
RINVOQ	5	PA; QL (99 per 99 days)
RINVOQ LQ	5	PA; QL (99 per 99 days)
SAVELLA	2	ST; QL (99 per 99 days)
SIMLANDI(CF) AUTOINJECTOR	5	PA; QL (99 per 99 days)
SIMPONI	5	PA; QL (99 per 99 days)
SIMPONI ARIA	6	PA
TYENNE	5	PA
TYENNE AUTOINJECTOR	5	PA
XELJANZ	5	PA; QL (99 per 99 days)
XELJANZ XR	5	PA; QL (99 per 99 days)

OBSTETRICS & GYNECOLOGY

DIAPHRAGMS AND OTHER NON-ORAL CONTRACEPTIVES

CAYA CONTOURED	2	ACA
DUREX AVANTI BARE REAL FEEL	3	ACA; OTC

Drug Name	Drug Tier	Requirements / Limits
DUREX TROPICAL CONDOM	3	ACA; OTC
FC2 FEMALE CONDOM	2	ACA; OTC
FEMCAP	2	ACA
KYLEENA	5	
LILETTA	6	
MIRENA	5	ACA
PARAGARD T 380A	5	ACA
SKYLA	5	
TRUSTEX-RIA NON-LUB CONDOMS	2	ACA; OTC
WIDE-SEAL DIAPHRAGM	3	ACA

ESTROGENS & PROGESTINS

ACTIVELLA	3	
ANGELIQ	3	
<i>camila</i>	1	ACA
CLIMARA	3	QL (99 per 99 days)
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 (99 per 99 days)
DEPO-SUBQ PROVERA 104	3	QL (99 per 99 days)
<i>dotti</i>	1	QL (99 per 99 days)
DUAVEE	2	

Drug Name	Drug Tier	Requirements / Limits
<i>eemt</i>	1	
<i>eemt hs</i>	1	
<i>emzahh</i>	1	ACA
<i>errin</i>	1	ACA
ESTRACE	3	
ESTRADIOL IMPLANT	3	
<i>estradiol oral</i>	1	
<i>estradiol transdermal</i>	1	QL (99 per 99 days)
<i>estradiol vaginal</i>	1	
<i>estradiol valerate</i>	1	
<i>estradiol-norethindrone acet</i>	1	
ESTRATEST F.S.	3	
ESTRATEST H.S.	3	
<i>estrogens-methyltestosterone</i>	1	
EVAMIST	3	QL (99 per 99 days)
<i>fyavolv</i>	1	
<i>gallifrey</i>	1	
<i>heather</i>	1	ACA
<i>incassia</i>	1	ACA
<i>jencycla</i>	1	ACA
<i>jinteli</i>	1	
<i>lyleq</i>	1	ACA
<i>lyllana</i>	1	QL (99 per 99 days)
<i>lyza</i>	1	ACA
<i>medroxyprogesteron e intramuscular</i>	1	ACA; QL (99 per 99 days)
<i>medroxyprogesteron e oral</i>	1	

Drug Name	Drug Tier	Requirements / Limits
MENOSTAR	3	QL (99 per 99 days)
<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	
OPILL	2	ACA; OTC
PREMARIN	2	
<i>progesterone</i>	4	PA
<i>progesterone micronized</i>	1	
PROMETRIUM	3	
PROVERA	3	
<i>sharobel</i>	1	ACA
<i>tulana</i>	1	ACA
<i>yuvafem</i>	1	
MISCELLANEOUS OB/GYN		
ANNOVERA	3	ACA; QL (99 per 99 days)
CERVIDIL	3	
CLEOCIN	3	
<i>clindamycin phosphate</i>	1	
CLINDESSE	3	
<i>eluryng</i>	1	ACA
<i>enilloring</i>	1	ACA
<i>etonogestrel-ethinyl estradiol</i>	1	ACA
<i>fem ph</i>	1	
GYNAZOLE-1	3	
<i>haloette</i>	1	ACA

Drug Name	Drug Tier	Requirements / Limits
<i>metronidazole</i>	1	
<i>miconazole-3</i>	1	
MIFEPREX	3	PA
<i>mifepristone</i>	1	PA
MYFEMBREE	2	PA
NEXPLANON	5	ACA
<i>norelgestromin-ethin.estradiol</i>	1	ACA
NUVESSA	3	
ORIAHNN	2	PA
PREPIDIL	3	
RELAGARD	3	
<i>terconazole</i>	1	
<i>tranexamic acid</i>	1	
TRIMO-SAN JELLY	2	
<i>vandazole</i>	1	
VCF CONTRACEPTIVE FILM	2	OTC
VCF CONTRACEPTIVE GEL	2	ACA; OTC
VEOZAH	3	
XACIATO	2	
<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; QL (99 per 99 days)
AFTERA	3	ACA; OTC; QL (99 per 99 days)

Drug Name	Drug Tier	Requirements / Limits
<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
<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

Drug Name	Drug Tier	Requirements / Limits
<i>curae</i>	1	ACA; OTC; QL (99 per 99 days)
<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>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; QL (99 per 99 days)
<i>econtra one-step</i>	1	ACA; OTC; QL (99 per 99 days)
<i>elinest</i>	1	ACA
ELLA	2	ACA; QL (99 per 99 days)
<i>enpresse</i>	1	ACA
<i>enskyce</i>	1	ACA
<i>estarylla</i>	1	ACA
<i>ethynodiol diac-eth estradiol</i>	1	ACA
<i>falmina (28)</i>	1	ACA
<i>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

Drug Name	Drug Tier	Requirements / Limits
<i>hailey fe 1/20 (28)</i>	1	ACA
<i>her style</i>	1	ACA; OTC; QL (99 per 99 days)
<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>joyeaux</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
<i>leena 28</i>	1	ACA
<i>lessina</i>	1	ACA
<i>levonest (28)</i>	1	ACA

Drug Name	Drug Tier	Requirements / Limits
<i>levonorgest-eth.estradiol-iron</i>	1	ACA
<i>levonorgestrel</i>	1	ACA; OTC; QL (99 per 99 days)
<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
<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; QL (99 per 99 days)
<i>my way</i>	1	ACA; OTC; QL (99 per 99 days)
<i>necon 0.5/35 (28)</i>	1	ACA

Drug Name	Drug Tier	Requirements / Limits
<i>new day</i>	1	ACA; OTC; QL (99 per 99 days)
<i>nikki (28)</i>	1	ACA
<i>noreth-ethinyl estradiol-iron</i>	1	ACA
<i>norethindrone ac-eth estradiol</i>	1	ACA
<i>norethindrone-e.estradiol-iron</i>	1	ACA
<i>norgestimate-ethinyl estradiol</i>	1	ACA
<i>nortrel 0.5/35 (28)</i>	1	ACA
<i>nortrel 1/35 (21)</i>	1	ACA
<i>nortrel 1/35 (28)</i>	1	ACA
<i>nortrel 7/7/7 (28)</i>	1	ACA
<i>nylia 1/35 (28)</i>	1	ACA
<i>nylia 7/7/7 (28)</i>	1	ACA
<i>ocella</i>	1	ACA
<i>opcicon one-step</i>	1	ACA; OTC; QL (99 per 99 days)
<i>option-2</i>	1	ACA; OTC; QL (99 per 99 days)
<i>philith</i>	1	ACA
<i>pimtrea (28)</i>	1	ACA
PLAN B ONE-STEP	2	ACA; OTC; QL (99 per 99 days)
<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

Drug Name	Drug Tier	Requirements / Limits
<i>sprintec (28)</i>	1	ACA
<i>sronyx</i>	1	ACA
<i>syeda</i>	1	ACA
TAKE ACTION	3	ACA; OTC; QL (99 per 99 days)
<i>tarina 24 fe</i>	1	ACA
<i>tarina fe 1/20 (28)</i>	1	ACA
<i>tilia fe</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-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>turqoz (28)</i>	1	ACA
<i>tydemy</i>	1	ACA
<i>velivet triphasic regimen (28)</i>	1	ACA
<i>vestura (28)</i>	1	ACA
<i>vienva</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

Drug Name	Drug Tier	Requirements / Limits
<i>zarah</i>	1	ACA
<i>zovia 1-35 (28)</i>	1	ACA
<i>zumandimine (28)</i>	1	ACA
OXYTOCICS		
<i>methylergonovine</i>	1	QL (99 per 99 days)
OPHTHALMOLOGY		
ANTIBIOTICS		
AZASITE	2	
<i>bacitracin</i>	1	
<i>bacitracin-polymyxin b</i>	1	
BETADINE OPHTHALMIC PREP	3	
<i>ciprofloxacin hcl</i>	1	
<i>erythromycin</i>	1	
<i>gatifloxacin</i>	1	
<i>gentamicin</i>	1	
<i>levofloxacin</i>	1	
<i>moxifloxacin</i>	1	
MOXIFLOXACIN (PF)-BSS	3	PA
MOXIFLOXACIN-SOD CHLOR,ISO(PF)	3	PA
NATACYN	2	
<i>neomycin-bacitracin-polymyxin</i>	1	
<i>neomycin-polymyxin-gramicidin</i>	1	
<i>neo-polycin</i>	1	
OCUFLOX	3	
<i>ofloxacin</i>	1	

Drug Name	Drug Tier	Requirements / Limits
<i>polycin</i>	1	
<i>polymyxin b sulf-trimethoprim</i>	1	
<i>povidone-iodine</i>	1	
<i>tobramycin</i>	1	
TOBRAMYCIN-VANCOMYCIN	3	
TOBREX	3	
VIGAMOX	3	
ANTIVIRALS		
<i>trifluridine</i>	1	
ZIRGAN	3	
BETA-BLOCKERS		
<i>betaxolol</i>	1	
BETOPTIC S	3	
<i>carteolol</i>	1	
<i>levobunolol</i>	1	
<i>timolol</i>	1	
<i>timolol maleate</i>	1	
<i>timolol maleate (pf)</i>	1	
CHOLINESTERASE INHIBITOR MIOTICS		
PHOSPHOLINE IODIDE	5	
CYCLOPLEGIC MYDRIATICS		
ATROPINE OPHTHALMIC (EYE) DROPS 0.01 %, 0.025 %, 0.05 %	3	
<i>atropine ophthalmic (eye) drops 1 %</i>	1	
<i>atropine ophthalmic (eye) ointment</i>	1	
CYCLOGYL	3	
<i>cyclopentolate</i>	1	

Drug Name	Drug Tier	Requirements / Limits
<i>cyclopen-tropic-phenyleph-watr</i>	1	
CYCLOPENT-TROPIC-PHEN-KETR-WAT	3	
<i>homatropaire</i>	1	
MYDCOMBI	3	
MYDRIACYL	3	
<i>phenyleph-tropicamide in water</i>	1	
<i>tropicamide</i>	1	
DIRECT ACTING MIOTICS		
MIOCHOL-E	3	
<i>pilocarpine hcl</i>	1	
MISCELLANEOUS OPHTHALMOLOGICS		
AKTEN (PF)	3	
<i>alaway</i>	1	OTC
ALCAINE	3	
<i>allergy eye (ketotifen)</i>	1	OTC
<i>altacaine</i>	1	
ALTAFLUOR BENOX	3	
<i>azelastine</i>	1	
BEOVU	6	PA
<i>bepotastine besilate</i>	1	
BEVACIZUMAB	3	PA
BYOOVIZ	5	PA
CEQUA	3	PA; QL (99 per 99 days)
<i>children's alaway</i>	1	OTC
CIMERLI	5	PA
<i>cromolyn</i>	1	

Drug Name	Drug Tier	Requirements / Limits
<i>cyclosporine</i>	1	PA; QL (99 per 99 days)
CYCLOSPORINE IN KLARITY	3	
CYSTARAN	5	PA
DEXAMET-MOXIFL-KETORONACL(PF)	3	
<i>epinastine</i>	1	
<i>eye allergy itch relief</i>	1	OTC
<i>eye allergy itch-redness rlf</i>	1	OTC
<i>eye itch relief</i>	1	OTC
FLUORESCEIN-BENOXINATE	3	
<i>fluorescein-proparacaine</i>	1	
IHEEZO (PF)	3	
<i>ketotifen fumarate</i>	1	OTC
KLARITY (CHONDROITIN) (PF)	3	
LASTACAFT ONCE DAILY RELIEF	3	ST; OTC
LUXTURNA	5	PA
MIEBO (PF)	2	PA; QL (99 per 99 days)
MYDRIATIC4(TROP-PROP-PE-KTRLC)	3	
<i>olopatadine</i>	1	
OMIDRIA	3	
OXERVATE	5	PA
PATADAY ONCE DAILY RELIEF	3	OTC

Drug Name	Drug Tier	Requirements / Limits
PATADAY TWICE DAILY RELIEF	3	OTC
PHOTREXA CROSS-LINKING KIT	3	
PREDNISOLN SP-MOXIFLOX-BROMFEN	3	
PREDNISOLONE ACETATE-BROMFENAC	3	
PREDNISOLONE ACETATE-NEPAFENAC	3	
PREDNISOLONE-MOXIFLO-NEPAFENAC	3	
PREDNISOLONE-MOXIFLOX-BROMFEN	3	
<i>proparacaine</i>	1	
RESTASIS	3	PA; QL (99 per 99 days)
RESTASIS MULTIDOSE	2	PA; QL (99 per 99 days)
<i>tetracaine hcl</i>	1	
TETRACAIN HCL (PF)	3	
TYRVAYA	3	PA
VEVYE	3	PA; QL (99 per 99 days)
<i>wal-zyr (ketotifen)</i>	1	OTC
XDEMVEY	5	QL (99 per 99 days)
XIIDRA	2	PA; QL (99 per 99 days)
ZADITOR	2	OTC
NON-STEROIDAL ANTI-INFLAMMATORY AGENTS		

Drug Name	Drug Tier	Requirements / Limits
ACULAR	3	ST
ACULAR LS	3	ST
<i>bromfenac</i>	1	
<i>diclofenac sodium</i>	1	
<i>flurbiprofen sodium</i>	1	
ILEVRO	3	
<i>ketorolac</i>	1	
PROLENSA	3	
ORAL DRUGS FOR GLAUCOMA		
<i>acetazolamide</i>	1	
<i>methazolamide</i>	1	
OTHER GLAUCOMA DRUGS		
<i>bimatoprost</i>	1	ST
BRIMONIDINE-DORZOLAMIDE	3	
BRIMONIDINE-DORZOLAMIDE (PF)	3	
<i>brimonidine-timolol</i>	1	
<i>brinzolamide</i>	1	
COMBIGAN	3	
<i>dorzolamide</i>	1	
DORZOLAMIDE (PF)	3	
<i>dorzolamide-timolol</i>	1	
<i>dorzolamide-timolol (pf)</i>	1	
<i>latanoprost</i>	1	ST
<i>miostat</i>	1	
RHOPRESSA	3	ST
ROCKLATAN	3	ST
SIMBRINZA	3	
<i>tafluprost (pf)</i>	1	ST

Drug Name	Drug Tier	Requirements / Limits
TIMOL-BRIMON-DORZOL-BIMATO(PF)	3	
TIMOLOL-BRIMONIDI-DORZOLAM(PF)	3	
TIMOLOL-DORZOLAM-BIMATOPRO(PF)	3	
<i>travoprost</i>	1	ST
STEROID-ANTIBIOTIC COMBINATIONS		
DEXAMETH-MOXIFLOX(PF)-NACL,ISO	3	
MAXITROL	3	
<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	
PREDNISOLONE SOD PH-MOXIFLOX	3	
PREDNISOLONE-MOXIFLOXACIN HCL	3	
TOBRADEX	3	
<i>tobramycin-dexamethasone</i>	1	
STERIODS		
<i>dexamethasone sodium phosphate</i>	1	
DEXTENZA	3	
<i>difluprednate</i>	1	

Drug Name	Drug Tier	Requirements / Limits
EYSUVIS	2	PA; QL (99 per 99 days)
<i>fluorometholone</i>	1	
FML LIQUIFILM	3	ST
ILUVIEN	6	PA
INVELTYS	3	ST
LOTEMAX OPTHALMIC (EYE) DROPS,GEL	3	ST
LOTEMAX OPTHALMIC (EYE) DROPS,SUSPENSION	3	
LOTEMAX OPTHALMIC (EYE) OINTMENT	3	ST
LOTEMAX SM	3	ST
<i>loteprednol etabonate ophthalmic (eye) drops,gel</i>	1	
<i>loteprednol etabonate ophthalmic (eye) drops,suspension 0.2 %</i>	1	ST
<i>loteprednol etabonate ophthalmic (eye) drops,suspension 0.5 %</i>	1	
OZURDEX	5	PA
PRED FORTE	3	
<i>prednisolone acetate</i>	1	
PREDNISOLONE ACETATE (PF)	3	
<i>prednisolone sodium phosphate</i>	1	

Drug Name	Drug Tier	Requirements / Limits
RETISERT	6	PA
STEROID-SULFONAMIDE COMBINATIONS		
<i>sulfacetamide-prednisolone</i>	1	
SULFONAMIDES		
<i>sulfacetamide sodium</i>	1	
SYMPATHOMIMETICS		
ALPHAGAN P	3	
<i>apraclonidine</i>	1	
<i>brimonidine</i>	1	
IOPIDINE	3	
VASOCONSTRICTOR DECONGESTANTS		
CYCLOMYDRIL	3	
<i>phenylephrine hcl</i>	1	
RESPIRATORY, ALLERGY, COUGH & COLD		
ANTI-HISTAMINE & ANTI-ALLERGENIC AGENTS		
<i>adrenalin</i>	1	
AUVI-Q	2	QL (99 per 99 days)
<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 (99 per 99 days)
<i>clemastine</i>	1	

Drug Name	Drug Tier	Requirements / Limits
<i>cyproheptadine</i>	1	
<i>desloratadine</i>	1	QL (99 per 99 days)
<i>dexchlorpheniramine maleate</i>	1	
DIPHEN	3	
EPINEPHRINE HCL (PF)	3	
<i>epinephrine injection auto-injector</i>	1	QL (99 per 99 days)
<i>epinephrine injection solution</i>	1	
<i>epinephrine injection syringe</i>	1	
EPIPEN	2	QL (99 per 99 days)
EPIPEN JR	2	QL (99 per 99 days)
<i>hydroxyzine hcl</i>	1	
<i>hydroxyzine pamoate</i>	1	
<i>levocetirizine oral solution</i>	1	
<i>levocetirizine oral tablet</i>	1	QL (99 per 99 days)
<i>promethazine</i>	1	
<i>promethegan</i>	1	
RYCLORA	3	
RYVENT	3	ST
COUGH & COLD THERAPY		
<i>benzonatate</i>	1	
BROMFED DM	3	
<i>brompheniramine-pseudoeph-dm</i>	1	
CLARINEX-D 12 HOUR	3	QL (99 per 99 days)

Drug Name	Drug Tier	Requirements / Limits
HYCODAN (WITH HOMATROPINE)	3	
<i>hydrocodone-chlorpheniramine</i>	1	
<i>hydrocodone-homatropine</i>	1	
<i>hydromet</i>	1	
<i>promethazine-codeine</i>	1	
<i>promethazine-dm</i>	1	
<i>promethazine-phenylephrine</i>	1	
RESPA-AR	3	
TUXARIN ER	3	
PULMONARY AGENTS		
ACCOLATE	3	
<i>acetylcysteine</i>	1	
ADEMPAS	5	PA; LA; QL (99 per 99 days)
ADRENALIN	3	
ADVAIR HFA	2	ST; QL (99 per 99 days)
AIRDUO DIGIHALER	3	ST; QL (99 per 99 days)
AIRSUPRA	2	
<i>albuterol sulfate inhalation hfa aerosol inhaler</i>	1	QL (99 per 99 days)
<i>albuterol sulfate inhalation solution for nebulization</i>	1	
<i>albuterol sulfate oral</i>	1	
<i>alyq</i>	4	PA; QL (99 per 99 days)

Drug Name	Drug Tier	Requirements / Limits
<i>ambrisentan</i>	4	PA; LA; QL (99 per 99 days)
ANORO ELLIPTA	2	QL (99 per 99 days)
<i>arformoterol</i>	1	QL (99 per 99 days)
ARNUITY ELLIPTA	2	QL (99 per 99 days)
ASMANEX HFA	2	QL (99 per 99 days)
ASMANEX TWISTHALER	2	QL (99 per 99 days)
ATROVENT HFA	3	QL (99 per 99 days)
<i>azelastine-fluticasone</i>	1	ST; QL (99 per 99 days)
<i>bosentan</i>	4	PA; QL (99 per 99 days)
BREO ELLIPTA	2	ST; QL (99 per 99 days)
<i>breyna</i>	1	ST; QL (99 per 99 days)
BREZTRI AEROSPHERE	2	QL (99 per 99 days)
BROVANA	3	QL (99 per 99 days)
<i>budesonide</i>	1	QL (99 per 99 days)
<i>budesonide-formoterol</i>	1	ST; QL (99 per 99 days)
CINRYZE	5	PA; QL (99 per 99 days)
COMBIVENT RESPIMAT	2	QL (99 per 99 days)
<i>cromolyn</i>	1	
DULERA	2	ST; QL (99 per 99 days)

Drug Name	Drug Tier	Requirements / Limits
ELIXOPHYLLIN	3	
<i>epinephrine hcl</i>	1	
FASENRA	5	PA; QL (99 per 99 days)
FASENRA PEN	5	PA; QL (99 per 99 days)
<i>flunisolide</i>	1	ST; QL (99 per 99 days)
<i>fluticasone propionate</i>	1	QL (99 per 99 days)
<i>fluticasone propion-salmeterol</i>	1	ST; QL (99 per 99 days)
<i>formoterol fumarate</i>	1	QL (99 per 99 days)
FORMOTEROL FUMARATE-NEBULIZER	2	QL (99 per 99 days)
HAEGARDA	5	PA; LA; QL (99 per 99 days)
HYPER-SAL	3	
<i>icatibant</i>	4	PA; QL (99 per 99 days)
INCRUSE ELLIPTA	2	QL (99 per 99 days)
<i>ipratropium bromide</i>	1	
<i>ipratropium-albuterol</i>	1	QL (99 per 99 days)
KALBITOR	6	PA; QL (99 per 99 days)
KALYDECO	5	PA; QL (99 per 99 days)
<i>levalbuterol hcl</i>	1	
<i>mometasone</i>	1	ST; QL (99 per 99 days)
<i>montelukast</i>	1	

Drug Name	Drug Tier	Requirements / Limits
<i>nebusal inhalation solution for nebulization 3 %</i>	1	
NEBUSAL INHALATION SOLUTION FOR NEBULIZATION 6 %	3	
NUCALA	5	PA; LA; QL (99 per 99 days)
OFEV	5	PA; QL (99 per 99 days)
OPSUMIT	5	PA; LA; QL (99 per 99 days)
OPSYNVI	5	PA; QL (99 per 99 days)
ORKAMBI	5	PA; QL (99 per 99 days)
ORLADEYO	6	PA; LA; QL (99 per 99 days)
<i>pirfenidone</i>	4	PA; QL (99 per 99 days)
<i>pulmosal</i>	1	
PULMOZYME	5	PA
QVAR REDIHALER	2	QL (99 per 99 days)
REVATIO INTRAVENOUS	6	
REVATIO ORAL	6	PA; QL (99 per 99 days)
<i>roflumilast oral tablet 250 mcg</i>	1	PA; QL (99 per 99 days)
<i>roflumilast oral tablet 500 mcg</i>	1	PA
RUCONEST	5	PA; QL (99 per 99 days)

Drug Name	Drug Tier	Requirements / Limits
RYALTRIS	3	ST; QL (99 per 99 days)
<i>sajazir</i>	4	PA; QL (99 per 99 days)
<i>sildenafil (pulm.hypertension) intravenous</i>	4	PA
<i>sildenafil (pulm.hypertension) oral</i>	4	PA; QL (99 per 99 days)
SINUVA	6	PA
<i>sodium chloride</i>	1	
SPIRIVA RESPIMAT	2	QL (99 per 99 days)
SPIRIVA WITH HANDIHALER	3	QL (99 per 99 days)
STIOLTO RESPIMAT	2	QL (99 per 99 days)
STRIVERDI RESPIMAT	2	QL (99 per 99 days)
SYMBICORT	3	ST; QL (99 per 99 days)
SYMDEKO	5	PA; QL (99 per 99 days)
<i>tadalafil (pulm. hypertension)</i>	4	PA; QL (99 per 99 days)
TAKHZYRO	5	PA; LA; QL (99 per 99 days)
<i>terbutaline</i>	1	
TEZSPIRE	5	PA; QL (99 per 99 days)
THEO-24	3	
<i>theophylline</i>	1	
<i>tiotropium bromide</i>	1	
TRACLEER ORAL TABLET	6	PA; LA; QL (99 per 99 days)

Drug Name	Drug Tier	Requirements / Limits
TRACLEER ORAL TABLET FOR SUSPENSION	5	PA; LA; QL (99 per 99 days)
TRELEGY ELLIPTA	2	QL (99 per 99 days)
TRIKAFTA	5	PA; QL (99 per 99 days)
TYVASO	5	PA
TYVASO DPI	5	PA
TYVASO REFILL KIT	5	PA
TYVASO STARTER KIT	5	PA
VENTAVIS	6	PA
WINREVAIR	5	PA
<i>wixela inhub</i>	1	ST; QL (99 per 99 days)
XHANCE	2	ST; QL (99 per 99 days)
XOLAIR	5	PA; LA; QL (99 per 99 days)
YUPELRI	2	QL (99 per 99 days)
<i>zafirlukast</i>	1	
<i>zileuton</i>	1	PA
ZYFLO	3	PA

UROLOGICALS

ANTICHOLINERGICS & ANTISPASMODICS

<i>darifenacin</i>	1	
<i>fesoterodine</i>	1	
<i>flavoxate</i>	1	
GEMTESA	3	
<i>mirabegron</i>	1	
MYRBETRIQ	2	

Drug Name	Drug Tier	Requirements / Limits
<i>oxybutynin chloride</i>	1	
OXYTROL	3	ST; QL (99 per 99 days)
<i>solifenacin</i>	1	
<i>tolterodine</i>	1	
<i>trospium</i>	1	

BENIGN PROSTATIC HYPERPLASIA (BPH) THERAPY

<i>alfuzosin</i>	1	
<i>dutasteride</i>	1	ST
<i>dutasteride-tamsulosin</i>	1	ST
<i>finasteride</i>	1	
FLOMAX	3	ST
PROSCAR	3	ST
<i>silodosin</i>	1	
<i>tamsulosin</i>	1	

CHOLINERGIC STIMULANTS

<i>bethanechol chloride</i>	1	
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MISCELLANEOUS UROLOGICALS

CYSTAGON	5	LA
ELMIRON	2	
K-PHOS NO 2	3	
K-PHOS ORIGINAL	2	
<i>methen-sod phos-meth blue-hyos</i>	1	
ORACIT	3	
OXLUMO	6	PA
<i>potassium citrate</i>	1	
RENACIDIN	2	
<i>sodium citrate-citric acid</i>	1	
URELLE	3	

Drug Name	Drug Tier	Requirements / Limits
<i>uretron d-s</i>	1	
URIBEL TABS	3	
<i>urimar-t</i>	1	
UROCID-K 10	3	
UROCID-K 15	3	
<i>urogesic-blue</i>	1	
<i>uro-mp</i>	1	
UROQID-ACID NO.2	3	
<i>uro-sp</i>	1	
<i>uryl</i>	1	
URINARY ANESTHETICS		
<i>phenazopyridine</i>	1	
VITAMINS, HEMATINICS & ELECTROLYTES		
ELECTROLYTES		
<i>calcium acetate(phosphat bind)</i>	1	QL (99 per 99 days)
EFFER-K ORAL TABLET, EFFERVESCENT 10 MEQ, 20 MEQ	3	
<i>effer-k oral tablet, effervescent 25 meq</i>	1	
GALZIN	3	
<i>klor-con</i>	1	
<i>klor-con 10</i>	1	
<i>klor-con 8</i>	1	
<i>klor-con m10</i>	1	
<i>klor-con m15</i>	1	
<i>klor-con m20</i>	1	
<i>klor-con/ef</i>	1	
K-TAB	3	
<i>lugols</i>	1	

Drug Name	Drug Tier	Requirements / Limits
<i>potassium chloride oral capsule, extended release</i>	1	
<i>potassium chloride oral liquid</i>	1	
<i>potassium chloride oral tablet extended release 10 meq, 20 meq, 8 meq</i>	1	
POTASSIUM CHLORIDE ORAL TABLET EXTENDED RELEASE 15 MEQ	3	
<i>potassium chloride oral tablet,er particles/crystals</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
<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 WITH OMEGA-3	3	

Drug Name	Drug Tier	Requirements / Limits
<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
KOSHER PRENATAL PLUS IRON	3	
<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>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	
<i>neo-vital rx</i>	1	
NESTABS	3	
NESTABS ABC	3	
NESTABS DHA	3	
<i>newgen</i>	1	
OB COMPLETE ONE	3	
OB COMPLETE PETITE	3	

Drug Name	Drug Tier	Requirements / Limits
OB COMPLETE PREMIER	3	
OB COMPLETE WITH DHA	3	
<i>one daily prenatal</i>	1	ACA; OTC
<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	
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
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>soluvita</i>	1	ACA; OTC
<i>soluvita a,c,d with fluoride</i>	1	ACA; OTC
<i>stress formula with iron</i>	1	ACA; OTC
<i>stress formula with iron(sulf)</i>	1	ACA; OTC
<i>super b maxi complex</i>	1	ACA; OTC
<i>super b-50 complex</i>	1	ACA; OTC

Drug Name	Drug Tier	Requirements / Limits
<i>super quintis</i>	1	ACA; OTC
THRIVITE RX	3	
TRICARE	3	
<i>tricon</i>	1	ACA; OTC
<i>trinatal rx 1</i>	1	
<i>trinate</i>	1	
TRISTART DHA	3	
<i>tri-vitamin with fluoride</i>	1	ACA; OTC
VENOFER	2	PA
VITAFOL FE PLUS	3	
VITAFOL GUMMIES	3	
VITAFOL ULTRA	3	
VITAFOL-OB	3	
VITAFOL-OB+DHA	3	
VITAFOL-ONE	3	
VITAMEDMD ONE RX	3	
<i>vitamin b complex-folic acid</i>	1	ACA; OTC
<i>vitamins a,c,d and fluoride</i>	1	ACA; OTC
VITATRUE	3	
<i>wesnatal dha complete</i>	1	
<i>wesnate dha</i>	1	
<i>westab plus</i>	1	
<i>westgel dha</i>	1	

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XERMELO.....	14	ZCORT.....	44	<i>zolpidem</i>	27
XGEVA.....	8	ZELBORAF	15	ZOMIG	18
XHANCE	75	ZEMBRACE SYMTOUCH.....	18	ZONALON.....	35
XIFAXAN.....	7	ZEMPLAR	51	<i>zonisamide</i>	17
XIGDUO XR.....	52	<i>zenatane</i>	37	ZONTIVITY.....	32
XIIDRA.....	69	ZENPEP	56	ZORTRESS.....	15
XIPERE (PF).....	44	<i>zenzedi</i>	27	ZORYVE.....	34
XOFLUZA	5	ZENZEDI.....	27	<i>zovia 1-35 (28)</i>	67
XOLAIR.....	75	ZEPATIER.....	5	ZOVIRAX	39
XOLREMDI.....	57	ZEPOSIA.....	19	ZTALMY	17
XOSPATA	14	ZEPOSIA STARTER KIT (28- DAY).....	19	ZTLIDO.....	37
XTANDI.....	14	ZEPOSIA STARTER PACK (7-DAY).....	19	ZUBSOLV.....	22
<i>xulane</i>	64	ZEPZELCA	15	ZULRESSO.....	27
XURIDEN.....	42	ZESTORETIC.....	30	<i>zumandimine (28)</i>	67
XYNTHA	32	ZESTRIL	30	ZURZUVAE.....	27
XYNTHA SOLOFUSE.....	32	ZIAGEN	5	ZYDELIG.....	15
XYOSTED	51	ZIANA.....	37	ZYFLO	75
XYWAV.....	27	<i>zidovudine</i>	5	ZYKADIA.....	15
Y		ZIEXTENZO.....	57	ZYLOPRIM.....	61
YAZ (28).....	67	<i>zileuton</i>	75	ZYMFENTRA.....	56
YCANTH	35	<i>ziprasidone hcl</i>	27	ZYNLONTA	15
YERVOY	14	ZIRABEV.....	15	ZYNRELEF.....	43
YESCARTA.....	14	ZIRGAN.....	68	ZYNTEGLO.....	57
YF-VAX (PF).....	60	ZITHROMAX	6	ZYNYZ.....	15
YONDELIS.....	14	ZITHROMAX TRI-PAK.....	6	ZYPITAMAG.....	33
YONSA	14	ZITHROMAX Z-PAK.....	6	ZYPREXA.....	27
YORVIPATH.....	51	ZOKINVY	42	ZYPREXA RELPREVV.....	27
YUPELRI.....	75	ZOLADEX.....	15	ZYPREXA ZYDIS.....	27
<i>yuvafem</i>	63	<i>zoledronic acid</i>	51	ZYVOX	7
Z					
ZADITOR	69				
<i>zafemy</i>	64				

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This formulary was updated on 1/1/2025.

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**.

