



2021 Incentive Formulary Unlimited

(List of Covered Drugs)

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

This formulary was updated on 10/1/2021. For more recent information or other questions, please contact The Health Plan Pharmacy Services at 1.800.624.6961 extension 7914, or visit www.healthplan.org.

Pharmacy Benefit Programs

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

Definitions

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

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

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

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

How to Use Your Prescription Benefit

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

Specialty Pharmacy Program

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

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

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

Drugs Requiring Prior Authorization

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

Quantity per Dispensing Event (QPC rules)

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

Non-Formulary Coverage Review

Certain non-formulary medications are eligible for coverage only after a patient-specific approval has been authorized. Patient-specific criteria may include age, gender, and clinical conditions determined by the physician for authorization to be granted for a specific drug. A non-formulary exception request can be made by the member, member's representative or physician. To request an exception please contact pharmacy services at 1.800.624.6961, ext. 7914. Standard requests for exceptions will be processed within 15 calendar days of receipt of the request. Requests for non-urgent coverage determinations received after 5pm will be processed the next business day. Urgent requests for coverage determinations will be processed within 24 hours or receipt.

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

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

Out-of-Area Emergencies

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

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

Exclusions and Limitations

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

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

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

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

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

Pain Management Program and Opiate/Opioid Management

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

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

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

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

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

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

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List of Abbreviations

1: Preferred Generic

2: Preferred Brand

3: Non-preferred Drug

4: Specialty Preferred Generic

5: Specialty Preferred Brand

6: Specialty Non-preferred Drug

ACA: Affordable Care Act.

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

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

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

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

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

SP: Specialty Drug

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

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

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

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

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

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

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

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

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

Drug Name	Drug Tier	Requirements / Limits
MALARONE	3	QL
MALARONE PEDIATRIC	3	QL
<i>mefloquine</i>	1	QL
MEPRON	3	
<i>metronidazole</i>	1	
MYAMBUTOL	3	
MYCOBUTIN	3	
NEBUPENT	3	QL
<i>neomycin</i>	1	
<i>nitazoxanide</i>	1	QL
<i>paromomycin</i>	1	
PASER	3	
<i>pentamidine</i>	1	QL
<i>praziquantel</i>	1	
PRETOMANID	3	PA
PRIFTIN	2	
<i>primaquine</i>	1	QL
<i>pyrazinamide</i>	1	
<i>pyrimethamine</i>	4	PA
QUALAQUIN	3	QL
<i>quinine sulfate</i>	1	QL
<i>rifabutin</i>	1	
<i>rifampin</i>	1	
SIRTURO	2	PA; LA
SIVEXTRO	3	PA
SOLOSEC	2	
STROMECTOL	3	QL
<i>tinidazole</i>	1	QL
TOBI PODHALER	5	PA; QL
<i>tobramycin</i>	4	PA; QL
<i>tobramycin in 0.225 % nacl</i>	4	PA; QL

Drug Name	Drug Tier	Requirements / Limits
TOBRAMYCIN WITH NEBULIZER	6	PA; QL
TRECTOR	3	
XENLETA	3	
XIFAXAN	2	
ZYVOX	3	PA
PENICILLINS		
<i>amoxicillin</i>	1	
<i>amoxicillin-pot clavulanate</i>	1	
<i>ampicillin</i>	1	
AUGMENTIN ORAL SUSPENSION FOR RECONSTITUTION 125-31.25 MG/5 ML	2	
AUGMENTIN ORAL SUSPENSION FOR RECONSTITUTION 250-62.5 MG/5 ML	3	
AUGMENTIN XR	3	
<i>dicloxacillin</i>	1	
MOXATAG	3	
<i>penicillin v potassium</i>	1	
QUINOLONES		
BAXDELA	2	
CIPRO	3	
<i>ciprofloxacin</i>	1	
<i>ciprofloxacin hcl</i>	1	
FACTIVE	3	
<i>levofloxacin</i>	1	
<i>moxifloxacin</i>	1	

Drug Name	Drug Tier	Requirements / Limits
<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	
DORYX	3	ST
DORYX MPC	3	ST
<i>doxycycline hyclate oral capsule</i>	1	
<i>doxycycline hyclate oral tablet 100 mg</i>	1	
<i>doxycycline hyclate oral tablet 150 mg, 50 mg, 75 mg</i>	1	PA
<i>doxycycline hyclate oral tablet, delayed release (dr/ec)</i>	1	PA
<i>doxycycline monohydrate oral capsule 100 mg, 50 mg, 75 mg</i>	1	
<i>doxycycline monohydrate oral capsule 150 mg</i>	1	PA
<i>doxycycline monohydrate oral suspension for reconstitution</i>	1	

Drug Name	Drug Tier	Requirements / Limits
<i>doxycycline monohydrate oral tablet</i>	1	
<i>minocycline</i>	1	
<i>mondoxyne nl</i>	1	
MONODOX	3	ST
<i>morgidox</i>	1	
MORGIDOX 1X 50	3	ST
MORGIDOX 2X100	3	ST
NUZYRA	3	QL
ORACEA	3	ST
TARGADOX	3	ST
<i>tetracycline</i>	1	
VIBRAMYCIN ORAL CAPSULE	3	ST
VIBRAMYCIN ORAL SUSPENSION FOR RECONSTITUTION	3	PA
VIBRAMYCIN ORAL SYRUP	3	PA
URINARY TRACT AGENTS		
<i>fosfomycin tromethamine</i>	1	
FURADANTIN	3	
HIPREX	3	
MACROBID	3	
MACRODANTIN	3	
<i>methenamine hippurate</i>	1	
<i>methenamine mandelate</i>	1	
MONUROL	3	
<i>nitrofurantoin</i>	1	

Drug Name	Drug Tier	Requirements / Limits
<i>nitrofurantoin macrocrystal</i>	1	
<i>nitrofurantoin monohyd/m-cryst</i>	1	
PRIMSOL	3	
<i>trimethoprim</i>	1	
VANCOMYCIN		
<i>vancomycin</i>	1	QL
ANTINEOPLASTIC & IMMUNOSUPPRESSANT DRUGS		
ADJUNCTIVE AGENTS		
KEPIVANCE	5	PA
<i>leucovorin calcium</i>	1	
MESNEX	2	
VISTOGARD	5	PA
XGEVA	5	PA
ANTINEOPLASTIC & IMMUNOSUPPRESSANT DRUGS		
ABECMA	6	PA
<i>abiraterone</i>	4	PA
ABRAXANE	5	PA
ADAKVEO	5	PA
ADCETRIS	5	PA
AFINITOR DISPERZ	5	PA
AFINITOR ORAL TABLET 10 MG	5	PA
AFINITOR ORAL TABLET 2.5 MG, 5 MG, 7.5 MG	6	PA
ALECENSA	5	PA; QL
ALIQOPA	5	PA; LA
ALKERAN	3	

Drug Name	Drug Tier	Requirements / Limits
ALUNBRIG ORAL TABLET 180 MG, 90 MG	5	PA
ALUNBRIG ORAL TABLET 30 MG	5	PA; QL
ALUNBRIG ORAL TABLETS,DOSE PACK	5	PA
<i>anastrozole</i>	1	
AROMASIN	3	
ARRANON	5	PA
ARZERRA	6	PA
ASPARLAS	6	PA
ASTAGRAF XL	3	PA
AYVAKIT	6	PA; LA
<i>azacitidine</i>	4	PA
AZASAN	3	
<i>azathioprine</i>	1	
BALVERSA	5	PA; LA
BAVENCIO	5	PA; LA
BELEODAQ	6	PA
BELRAPZO	6	PA
BENDEKA	5	PA
BESPONSA	5	PA
BEVACIZUMAB	3	PA
<i>bexarotene</i>	4	PA
<i>bicalutamide</i>	1	
BLINCYTO	5	PA
BORTEZOMIB	6	PA
BOSULIF ORAL TABLET 100 MG	5	PA; QL
BOSULIF ORAL TABLET 400 MG, 500 MG	5	PA
BRAFTOVI	6	PA; LA

Drug Name	Drug Tier	Requirements / Limits
BREYANZI	6	PA
BRUKINSA	6	PA; LA
CABOMETYX ORAL TABLET 20 MG	5	PA; LA; QL
CABOMETYX ORAL TABLET 40 MG, 60 MG	5	PA; LA
<i>capecitabine</i>	4	PA
CAPRELSA	5	PA; LA
CASODEX	3	
CELLCEPT	3	
COMETRIQ	5	PA
COPIKTRA	6	PA; LA
COSELA	6	PA
COTELLIC	5	PA; LA; QL
<i>cyclophosphamide oral capsule</i>	1	
CYCLOPHOSPHAMIDE ORAL TABLET	3	
<i>cyclosporine</i>	1	
<i>cyclosporine modified</i>	1	
CYRAMZA	5	PA
DACOGEN	6	PA
DANYELZA	6	PA
DARZALEX	5	PA; LA
DARZALEX FASPRO	6	PA
DAURISMO	6	PA
<i>decitabine</i>	4	PA
DROXIA	2	
ELIGARD	5	PA
ELIGARD (3 MONTH)	5	PA

Drug Name	Drug Tier	Requirements / Limits
ELIGARD (4 MONTH)	5	PA
ELIGARD (6 MONTH)	5	PA
ELZONRIS	5	PA
EMCYT	2	
EMPLICITI	6	PA
ENHERTU	6	PA
ENSPRYNG	5	PA
ERBITUX	5	PA
ERIVEDGE	5	PA; QL
ERLEADA	5	PA
<i>erlotinib</i>	4	PA
ERWINASE	6	PA
ERWINAZE	6	PA
<i>etoposide</i>	1	
<i>everolimus (antineoplastic)</i>	4	PA
<i>everolimus (immunosuppressive)</i>	1	
EVOMELA	6	PA
<i>exemestane</i>	1	
FARESTON	3	
FARYDAK ORAL CAPSULE 10 MG	6	PA; QL
FARYDAK ORAL CAPSULE 15 MG, 20 MG	6	PA
FEMARA	3	
FIRMAGON KIT W DILUENT SYRINGE	5	PA
<i>fludarabine</i>	1	PA
<i>flutamide</i>	1	
FOLOTYN	5	PA

Drug Name	Drug Tier	Requirements / Limits
GAMIFANT	5	PA
GAVRETO	5	PA; LA
GAZYVA	5	PA
<i>gengraf</i>	1	
GILOTRIF ORAL TABLET 20 MG, 30 MG	5	PA
GILOTRIF ORAL TABLET 40 MG	5	PA; QL
GLEOSTINE	2	
GLIADEL WAFER	3	
HALAVEN	5	PA
HYCAMTIN INTRAVENOUS	6	PA
HYCAMTIN ORAL	5	PA
HYDREA	3	
<i>hydroxyurea</i>	1	
IBRANCE ORAL CAPSULE 100 MG, 75 MG	5	PA
IBRANCE ORAL CAPSULE 125 MG	5	PA; QL
IBRANCE ORAL TABLET 100 MG, 75 MG	5	PA
IBRANCE ORAL TABLET 125 MG	5	PA; QL
ICLUSIG ORAL TABLET 10 MG, 15 MG, 30 MG	5	PA
ICLUSIG ORAL TABLET 45 MG	5	PA; QL
IDHIFA ORAL TABLET 100 MG	5	PA; LA
IDHIFA ORAL TABLET 50 MG	5	PA; LA; QL
<i>imatinib</i>	4	PA

Drug Name	Drug Tier	Requirements / Limits
IMBRUVICA	5	PA
IMFINZI	5	PA; LA
IMLYGIC	6	PA
IMURAN	3	
INLYTA ORAL TABLET 1 MG	5	PA
INLYTA ORAL TABLET 5 MG	5	PA; QL
IRESSA	5	PA; QL
ISTODAX	5	PA
IXEMPRA	5	PA
JAKAFI ORAL TABLET 10 MG, 20 MG, 25 MG, 5 MG	5	PA
JAKAFI ORAL TABLET 15 MG	5	PA; QL
JELMYTO	6	PA
JEMPERLI	6	PA
JEVTANA	5	PA
KADCYLA	5	PA
KANJINTI	5	PA
KEYTRUDA	5	PA
KOSELUGO	6	PA
KYMRIAH	5	PA
KYPROLIS	5	PA
<i>lapatinib</i>	4	PA; QL
LENVIMA	5	PA
<i>letrozole</i>	1	
LEUKERAN	2	
<i>leuprolide</i>	4	PA
LIBTAYO	5	PA
LONSURF	5	PA
LORBRENA	5	PA
LUMAKRAS	6	PA

Drug Name	Drug Tier	Requirements / Limits
LUMOXITI	6	PA
LUPRON DEPOT (3 MONTH) INTRAMUSCULAR SYRINGE KIT 11.25 MG	5	PA
LUPRON DEPOT (3 MONTH) INTRAMUSCULAR SYRINGE KIT 22.5 MG	6	PA
LUPRON DEPOT (4 MONTH)	6	PA
LUPRON DEPOT (6 MONTH)	6	PA
LUPRON DEPOT INTRAMUSCULAR SYRINGE KIT 3.75 MG	5	PA
LUPRON DEPOT INTRAMUSCULAR SYRINGE KIT 7.5 MG	6	PA
LUPRON DEPOT-PED	5	PA
LUPRON DEPOT-PED (3 MONTH)	5	PA
LYNPARZA	5	PA
LYSODREN	5	
MARGENZA	6	PA
MARQIBO	5	PA
MATULANE	5	PA
<i>megestrol</i>	1	
MEKINIST ORAL TABLET 0.5 MG	5	PA; QL
MEKINIST ORAL TABLET 2 MG	5	PA
MEKTOVI	6	PA; LA
<i>melphalan</i>	1	

Drug Name	Drug Tier	Requirements / Limits
<i>mercaptopurine</i>	1	
<i>methotrexate sodium</i>	1	PA
<i>methotrexate sodium (pf)</i>	1	PA
<i>mitoxantrone</i>	4	PA
MONJUVI	6	PA
MVASI	5	PA
<i>mycophenolate mofetil</i>	1	
<i>mycophenolate sodium</i>	1	
MYFORTIC	3	
MYLERAN	2	
MYLOTARG	5	PA; LA
NEORAL	3	
NERLYNX	5	PA; LA
NEXAVAR	5	PA; LA; QL
NILANDRON	3	PA
<i>nilutamide</i>	1	PA
NINLARO	5	PA
NUBEQA	5	PA; LA
<i>octreotide acetate</i>	4	PA
ODOMZO	5	PA; LA; QL
ONIVYDE	5	PA
OPDIVO	5	PA
ORGOVYX	6	PA; LA
PADCEV	6	PA
PEMAZYRE	5	PA; LA
PEPAXTO	6	PA
PERJETA	5	PA
POLIVY	6	PA
PORTRAZZA	6	PA
POTELIGEO	5	PA

Drug Name	Drug Tier	Requirements / Limits
PROGRAF ORAL CAPSULE	3	
PROGRAF ORAL GRANULES IN PACKET	2	
PURIXAN	5	PA
RAPAMUNE	3	
RETEVMO	6	PA; LA
ROMIDEPSIN	6	PA
ROZLYTREK	5	PA; LA
RUBRACA	5	PA; LA
RUXIENCE	5	PA
RYBREVANT	6	PA
RYDAPT	5	PA
SANDIMMUNE ORAL CAPSULE	3	
SANDIMMUNE ORAL SOLUTION	2	
SANDOSTATIN	6	PA
SARCLISA	6	PA
SIGNIFOR	5	PA
<i>sirolimus</i>	1	
SOLTAMOX	3	
SOMATULINE DEPOT	5	PA
SPRYCEL ORAL TABLET 100 MG, 20 MG, 50 MG, 70 MG, 80 MG	5	PA
SPRYCEL ORAL TABLET 140 MG	5	PA; QL
STIVARGA	5	PA; QL
<i>sunitinib oral capsule 12.5 mg, 25 mg, 37.5 mg</i>	1	PA
<i>sunitinib oral capsule 50 mg</i>	1	PA; QL

Drug Name	Drug Tier	Requirements / Limits
SUPPRELIN LA	6	PA
SUTENT ORAL CAPSULE 12.5 MG, 25 MG, 37.5 MG	5	PA
SUTENT ORAL CAPSULE 50 MG	5	PA; QL
SYLVANT	5	PA
SYNRIBO	5	PA
TABLOID	3	
TABRECTA	5	PA
<i>tacrolimus</i>	1	
TAFINLAR ORAL CAPSULE 50 MG	5	PA
TAFINLAR ORAL CAPSULE 75 MG	5	PA; QL
TAGRISSO ORAL TABLET 40 MG	5	PA; LA
TAGRISSO ORAL TABLET 80 MG	5	PA; LA; QL
TALZENNA	5	PA
<i>tamoxifen</i>	1	
TARCEVA	6	PA
TARGRETIN	5	PA
TASIGNA ORAL CAPSULE 150 MG, 50 MG	5	PA
TASIGNA ORAL CAPSULE 200 MG	5	PA; QL
TAZVERIK	6	PA; LA
TECARTUS	6	PA
TECENTRIQ	5	PA; LA
TEMODAR INTRAVENOUS	5	PA
TEMODAR ORAL	6	PA
<i>temozolomide</i>	4	PA

Drug Name	Drug Tier	Requirements / Limits
<i>temsirolimus</i>	4	PA
THALOMID	5	PA
TIBSOVO	5	PA
<i>topotecan</i>	4	PA
<i>toremifene</i>	1	
TORISEL	6	PA
TRAZIMERA	5	PA
TREANDA	5	PA
<i>tretinoin (antineoplastic)</i>	1	
TREXALL	3	PA
TRIPTODUR	5	PA
TRODELVY	6	PA
TUKYSA	6	PA; LA
TURALIO	6	PA; LA
TYKERB	6	PA; LA; QL
UKONIQ	6	PA; LA
UNITUXIN	5	PA
VANTAS	5	PA
VECTIBIX	5	PA
VELCADE	5	PA
VENCLEXTA	5	PA; LA
VENCLEXTA STARTING PACK	5	PA; QL
VERZENIO ORAL TABLET 100 MG	5	PA; LA; QL
VERZENIO ORAL TABLET 150 MG, 200 MG, 50 MG	5	PA; LA
VIDAZA	6	PA
VITRAKVI	5	PA; LA
VIZIMPRO	5	PA
VOTRIENT	5	PA; QL
VYXEOS	5	PA

Drug Name	Drug Tier	Requirements / Limits
XALKORI ORAL CAPSULE 200 MG	5	PA; QL
XALKORI ORAL CAPSULE 250 MG	5	PA
XELODA	6	PA
XERMELO	5	PA; LA
XOSPATA	5	PA; LA
XTANDI ORAL CAPSULE	5	PA; QL
XTANDI ORAL TABLET 40 MG	5	PA; QL
XTANDI ORAL TABLET 80 MG	5	PA
YERVOY	5	PA
YESCARTA	5	PA
YONDELIS	5	PA
YONSA	5	PA
ZALTRAP	5	PA
ZEJULA	5	PA; LA; QL
ZELBORAF	5	PA
ZEPZELCA	6	PA
ZIRABEV	5	PA
ZOLADEX	5	PA
ZOLINZA	5	PA
ZORTRESS ORAL TABLET 0.25 MG, 0.5 MG, 0.75 MG	3	
ZORTRESS ORAL TABLET 1 MG	2	
ZYDELIG ORAL TABLET 100 MG	5	PA
ZYDELIG ORAL TABLET 150 MG	5	PA; QL
ZYKADIA	5	PA; QL
ZYNLONTA	6	PA

Drug Name	Drug Tier	Requirements / Limits
AUTONOMIC & CNS DRUGS, NEUROLOGY & PSYCH		
ANTICONVULSANTS		
BANZEL	3	PA
BRIVIACT	3	ST
<i>carbamazepine</i>	1	
CARBATROL	3	
CELONTIN	2	
<i>clobazam</i>	1	PA
<i>clonazepam</i>	1	
DEPAKOTE	3	ST
DEPAKOTE ER	3	ST
DEPAKOTE SPRINKLES	3	ST
DIACOMIT	5	PA
DIASTAT	3	
DIASTAT ACUDIAL	3	
<i>diazepam</i>	1	
DILANTIN	2	
DILANTIN EXTENDED	3	
DILANTIN INFATABS	3	
DILANTIN-125	3	
<i>divalproex</i>	1	
ELEPSIA XR	3	ST
EPIDIOLEX	5	PA; LA
<i>epitol</i>	1	
EQUETRO	3	
<i>ethosuximide</i>	1	
<i>felbamate</i>	1	
FELBATOL	3	
FYCOMPA	2	

Drug Name	Drug Tier	Requirements / Limits
<i>gabapentin</i>	1	
GABITRIL	3	
GRALISE	3	ST
KLONOPIN	3	
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	
MYSOLINE	3	
NAYZILAM	2	PA
ONFI	3	PA
<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	ST
<i>primidone</i>	1	
QUDEXY XR	2	ST
<i>roweepra</i>	1	
<i>rufinamide</i>	1	PA
SABRIL	6	PA; LA

Drug Name	Drug Tier	Requirements / Limits
SPRITAM	3	ST
<i>subvenite</i>	1	
<i>subvenite starter (blue) kit</i>	1	
<i>subvenite starter (green) kit</i>	1	
<i>subvenite starter (orange) kit</i>	1	
SYMPAZAN	3	PA
TEGRETOL	3	
TEGRETOL XR	3	
<i>tiagabine</i>	1	
<i>topiramate oral capsule, sprinkle</i>	1	
<i>topiramate oral capsule, sprinkle, er 24hr</i>	1	ST
<i>topiramate oral tablet</i>	1	
TROKENDI XR	3	ST
<i>valproic acid</i>	1	
<i>valproic acid (as sodium salt)</i>	1	
VALTOCO	3	
<i>vigabatrin</i>	4	PA; LA
<i>vigadrone</i>	4	PA
VIMPAT	2	
XCOPRI	3	
XCOPRI MAINTENANCE PACK	3	
XCOPRI TITRATION PACK	3	
ZARONTIN	3	
<i>zonisamide</i>	1	

ANTIPARKINSONISM AGENTS

Drug Name	Drug Tier	Requirements / Limits
AZILECT	3	ST
<i>benztropine</i>	1	
<i>bromocriptine</i>	1	
<i>carbidopa</i>	1	
<i>carbidopa-levodopa</i>	1	
<i>carbidopa-levodopa-entacapone</i>	1	
COMTAN	3	
DUOPA	6	PA
<i>entacapone</i>	1	
INBRIJA	5	PA
KYNMOBI	2	PA
LODOSYN	3	
MIRAPEX ER	3	
NEUPRO	3	
NOURIANZ	6	PA; LA
OSMOLEX ER	6	PA
PARLODEL	3	
<i>pramipexole</i>	1	
<i>rasagiline</i>	1	
<i>ropinirole</i>	1	
RYTARY	3	
<i>selegiline hcl</i>	1	
SINEMET	3	
STALEVO 100	3	
STALEVO 125	3	
STALEVO 150	3	
STALEVO 200	3	
STALEVO 50	3	
STALEVO 75	3	
TASMAR	3	
<i>tolcapone</i>	1	
<i>trihexyphenidyl</i>	1	

Drug Name	Drug Tier	Requirements / Limits
MIGRAINE & CLUSTER HEADACHE THERAPY		
AIMOVIG AUTOINJECTOR	2	PA; QL
AJOVY AUTOINJECTOR	2	PA; QL
AJOVY SYRINGE	2	PA; QL
<i>almotriptan malate</i>	1	QL
AMERGE	3	ST; QL
CAFERGOT	3	
D.H.E.45	3	PA
<i>dihydroergotamine injection</i>	1	PA
<i>dihydroergotamine nasal</i>	1	ST; QL
<i>eletriptan</i>	1	QL
EMGALITY PEN	2	PA; QL
EMGALITY SYRINGE	2	PA; QL
ERGOMAR	3	
<i>ergotamine-caffeine</i>	1	
FROVA	3	ST; QL
<i>frovatriptan</i>	1	QL
<i>migergot</i>	1	
MIGRANAL	3	ST; QL
<i>naratriptan</i>	1	QL
NURTEC ODT	3	PA; QL
ONZETRA XSAIL	3	ST; QL
RELPAK	3	ST; QL
REYVOW	3	PA; QL
<i>rizatriptan</i>	1	QL
<i>sumatriptan</i>	1	QL
<i>sumatriptan succinate oral</i>	1	QL

Drug Name	Drug Tier	Requirements / Limits
<i>sumatriptan succinate subcutaneous</i>	1	PA; QL
<i>sumatriptan-naproxen</i>	1	ST; QL
TOSYMRA	3	ST; QL
UBRELVY	3	PA; QL
ZEMBRACE SYMTOUCH	3	PA; QL
<i>zolmitriptan</i>	1	QL
ZOMIG	2	ST; QL
MISCELLANEOUS NEUROLOGICAL THERAPY		
ARICEPT	3	ST
AUSTEDO	5	PA; LA
<i>dalfampridine</i>	4	PA; QL
<i>donepezil oral tablet 10 mg, 5 mg</i>	1	
<i>donepezil oral tablet 23 mg</i>	1	ST
<i>donepezil oral tablet, disintegrating</i>	1	
EVRYSDI	6	PA; LA; QL
EXELON PATCH	3	ST
<i>galantamine</i>	1	
HORIZANT	3	ST
INGREZZA	6	PA; LA
INGREZZA INITIATION PACK	6	PA
KEVEYIS	6	PA
<i>memantine oral capsule, sprinkle, er 24hr</i>	1	
<i>memantine oral solution</i>	1	
<i>memantine oral tablet</i>	1	

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

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

Drug Name	Drug Tier	Requirements / Limits
<i>butalbital-acetaminop-caf-cod</i>	1	
<i>butalbital-acetaminophen</i>	1	
<i>butalbital-acetaminophen-caff</i>	1	
<i>butalbital-aspirin-caffeine</i>	1	
<i>codeine sulfate</i>	1	ST; QL
<i>codeine-bitalbital-asa-caff</i>	1	
DILAUDID	3	ST; QL
<i>diskets</i>	1	PA
DSUVIA	3	
<i>dvorah</i>	1	ST; QL
<i>endocet</i>	1	ST; QL
ESGIC	3	ST
<i>fentanyl</i>	1	ST; QL
<i>fentanyl citrate</i>	1	PA; QL
FIORICET	3	ST
FIORICET WITH CODEINE	3	
<i>hydrocodone bitartrate oral capsule, oral only, er 12hr</i>	1	ST; QL
<i>hydrocodone bitartrate oral tablet,oral only,ext.rel.24 hr</i>	1	PA; QL
<i>hydrocodone-acetaminophen</i>	1	ST; QL
<i>hydrocodone-ibuprofen</i>	1	ST; QL
<i>hydromorphone oral liquid</i>	1	ST; QL
<i>hydromorphone oral tablet</i>	1	ST; QL

Drug Name	Drug Tier	Requirements / Limits
<i>hydromorphone oral tablet extended release 24 hr</i>	1	PA; QL
<i>hydromorphone rectal</i>	1	ST; QL
HYSINGLA ER	2	ST; QL
<i>levorphanol tartrate</i>	1	ST; QL
LORTAB ELIXIR	3	ST; QL
<i>meperidine</i>	3	ST; QL
<i>methadone</i>	1	PA
<i>methadose</i>	1	PA
<i>morphine concentrate</i>	1	ST; QL
<i>morphine oral capsule, er multiphase 24 hr</i>	1	PA; QL
<i>morphine oral capsule, extend. release pellets</i>	1	PA; QL
<i>morphine oral solution</i>	1	ST; QL
<i>morphine oral tablet</i>	1	ST; QL
<i>morphine oral tablet extended release</i>	1	PA; QL
<i>morphine rectal</i>	1	ST; QL
MS CONTIN	3	PA; QL
NALOCET	3	ST; QL
OXAYDO	3	ST; QL
<i>oxycodone oral capsule</i>	1	ST; QL
<i>oxycodone oral concentrate</i>	1	ST; QL
<i>oxycodone oral solution</i>	1	ST; QL
<i>oxycodone oral tablet 10 mg, 20 mg</i>	1	PA; QL

Drug Name	Drug Tier	Requirements / Limits
<i>oxycodone oral tablet 15 mg, 30 mg, 5 mg</i>	1	ST; QL
<i>oxycodone-acetaminophen</i>	1	ST; QL
OXYCONTIN	2	PA; QL
<i>oxymorphone oral tablet</i>	1	ST; QL
<i>oxymorphone oral tablet extended release 12 hr</i>	1	PA; QL
<i>prolate</i>	1	ST; QL
ROXICODONE	3	ST; QL
SUBLOCADE	5	PA
<i>tencon</i>	1	
TREZIX	3	ST; QL
VANATOL LQ	3	ST
VANATOL S	3	ST
<i>vtol lq</i>	1	
<i>zebutal</i>	1	
NON-NARCOTIC ANALGESICS		
<i>adult aspirin regimen</i>	3	ACA; OTC
ANAPROX DS	3	
ANJESO	3	
ARTHROTEC 50	3	ST
ARTHROTEC 75	3	ST
<i>aspirin</i>	1	ACA; OTC
<i>aspirin low dose</i>	1	ACA; OTC
<i>aspir-trin</i>	1	ACA; OTC
<i>bayer aspirin</i>	1	ACA; OTC
<i>buprenorphine-naloxone</i>	1	PA
<i>butorphanol</i>	1	PA; QL
CAMBIA	3	ST; QL

Drug Name	Drug Tier	Requirements / Limits
<i>cataflam</i>	1	
<i>celecoxib</i>	1	ST
<i>children's aspirin</i>	1	ACA; OTC
<i>choline,magnesium salicylate</i>	1	
DAYPRO	3	ST
<i>diclofenac potassium</i>	1	
<i>diclofenac sodium oral</i>	1	
<i>diclofenac sodium topical</i>	1	ST; QL
<i>diclofenac-misoprostol</i>	1	
<i>diflunisal</i>	1	
DISALCID	3	
EC-NAPROSYN	3	ST
<i>ecotrin</i>	1	ACA; OTC
<i>ecotrin low strength</i>	1	ACA; OTC
<i>etodolac</i>	1	
EUFLEXXA	5	PA
FELDENE	3	ST
<i>fenoprofen</i>	1	ST
FLECTOR	2	ST
<i>flurbiprofen</i>	1	
<i>ibu</i>	1	
<i>ibuprofen</i>	1	
<i>indomethacin</i>	1	
<i>ketoprofen oral capsule 25 mg</i>	1	ST
<i>ketoprofen oral capsule 50 mg, 75 mg</i>	1	
<i>ketoprofen oral capsule,ext rel. pellets 24 hr</i>	1	ST

Drug Name	Drug Tier	Requirements / Limits
<i>ketorolac</i>	1	
KLOXXADO	2	
LICART	2	ST
LODINE	3	ST
<i>meclofenamate</i>	1	
<i>mefenamic acid</i>	1	
<i>meloxicam</i>	1	
<i>meloxicam submicronized</i>	1	ST
MOBIC	3	ST
MONOVISC	5	PA
<i>nabumetone</i>	1	
NALFON	3	ST
<i>naloxone</i>	1	PA
<i>naltrexone</i>	1	
NAPROSYN	3	ST
<i>naproxen oral suspension</i>	1	ST
<i>naproxen oral tablet</i>	1	
<i>naproxen oral tablet,delayed release (dr/ec)</i>	1	
<i>naproxen sodium</i>	1	
NARCAN	2	
ORTHOVISC	5	PA
<i>oxaprozin</i>	1	
<i>pentazocine-naloxone</i>	3	ST; QL
<i>piroxicam</i>	1	
RELAFEN	3	ST
<i>salsalate</i>	1	
SPRIX	6	PA
<i>st joseph aspirin</i>	1	ACA; OTC
<i>st. joseph aspirin</i>	3	ACA; OTC

Drug Name	Drug Tier	Requirements / Limits
<i>sulindac</i>	1	
<i>tolmetin oral capsule</i>	1	ST
<i>tolmetin oral tablet 200 mg</i>	1	
<i>tolmetin oral tablet 600 mg</i>	1	ST
<i>tramadol</i>	1	ST; QL
<i>tramadol-acetaminophen</i>	1	ST; QL
ULTRACET	3	ST; QL
ULTRAM	3	ST; QL
VIVITROL	5	
ZUBSOLV SUBLINGUAL TABLET 0.7-0.18 MG, 1.4-0.36 MG, 11.4-2.9 MG, 2.9- 0.71 MG, 5.7-1.4 MG	2	PA
ZUBSOLV SUBLINGUAL TABLET 8.6-2.1 MG	2	
PSYCHOTHERAPEUTIC DRUGS		
ABILIFY MAINTENA	2	
ABILIFY MYCITE	3	
ABILIFY MYCITE MAINTENANCE KIT	3	
ABILIFY MYCITE STARTER KIT	3	
ADASUVE	3	
ADDERALL XR	3	ST
ADHANSIA XR	3	ST
ADZENYS ER	3	ST
ADZENYS XR- ODT	3	ST

Drug Name	Drug Tier	Requirements / Limits
<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	ST
ANAFRANIL	3	
APLENZIN	3	ST
APTENSIO XR	3	ST
<i>aripiprazole</i>	1	
ARISTADA	2	
ARISTADA INITIO	2	
<i>armodafinil</i>	1	PA; QL
<i>asenapine maleate</i>	1	
ATIVAN	3	
<i>atomoxetine</i>	1	ST
BELSOMRA	3	ST
<i>bupropion hcl oral tablet</i>	1	
<i>bupropion hcl oral tablet extended release 24 hr 150 mg, 300 mg</i>	1	
BUPROPION HCL ORAL TABLET EXTENDED RELEASE 24 HR 450 MG	3	ST
<i>bupropion hcl oral tablet sustained-release 12 hr</i>	1	
<i>buspirone</i>	1	
<i>chlordiazepoxide hcl</i>	1	
<i>chlorpromazine</i>	1	
<i>citalopram</i>	1	

Drug Name	Drug Tier	Requirements / Limits
<i>clomipramine</i>	1	
<i>clonidine hcl</i>	1	ST
<i>clorazepate dipotassium</i>	1	
<i>clozapine</i>	1	
CLOZARIL	3	
COTEMPLA XR-ODT	3	ST
DAYTRANA	2	ST
DAYVIGO	3	ST
<i>desipramine</i>	1	
DESOXYN	3	ST
DESVENLAFAXIN E	3	ST
<i>desvenlafaxine succinate</i>	1	ST
DEXEDRINE SPANSULE	3	ST
<i>dexmethylphenidate</i>	1	ST
<i>dextroamphetamine oral capsule, extended release</i>	1	ST
<i>dextroamphetamine oral solution</i>	1	ST
<i>dextroamphetamine oral tablet 10 mg, 5 mg</i>	1	ST
<i>dextroamphetamine oral tablet 15 mg</i>	1	PA
<i>dextroamphetamine-amphetamine oral capsule, extended release 24hr</i>	1	ST
<i>dextroamphetamine-amphetamine oral tablet 10 mg, 20 mg, 30 mg, 5 mg</i>	1	PA

Drug Name	Drug Tier	Requirements / Limits
<i>dextroamphetamine-amphetamine oral tablet 12.5 mg, 15 mg, 7.5 mg</i>	1	ST
<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
<i>duloxetine oral capsule, delayed release(dr/ec) 20 mg, 30 mg, 60 mg</i>	1	
<i>duloxetine oral capsule, delayed release(dr/ec) 40 mg</i>	1	ST
DYANAVEL XR	2	ST
EDLUAR	3	ST
EMSAM	3	
<i>ergoloid</i>	1	
<i>escitalopram oxalate</i>	1	
<i>estazolam</i>	1	
<i>eszopiclone</i>	1	
EVEKEO	3	ST
EVEKEO ODT	3	ST
FANAPT	3	
FETZIMA	2	ST
<i>fluoxetine</i>	1	
<i>fluphenazine hcl</i>	1	
<i>flurazepam</i>	1	
<i>fluvoxamine oral capsule, extended release 24hr</i>	1	ST
<i>fluvoxamine oral tablet</i>	1	

Drug Name	Drug Tier	Requirements / Limits
FORFIVO XL	3	ST
GEODON	3	
<i>guanfacine oral tablet extended release 24 hr 1 mg, 2 mg</i>	1	PA
<i>guanfacine oral tablet extended release 24 hr 3 mg, 4 mg</i>	1	ST
HALCION	3	
<i>haloperidol</i>	1	
<i>haloperidol lactate</i>	1	
HETLIOZ	6	PA
HETLIOZ LQ	6	PA
<i>imipramine hcl</i>	1	
<i>imipramine pamoate</i>	1	
INVEGA	3	
INVEGA SUSTENNA	3	
INVEGA TRINZA	3	
JORNAY PM	3	ST
KAPVAY	3	ST
KETAMINE	3	
LATUDA	2	
<i>lithium carbonate</i>	1	
LITHOBID	3	
<i>lorazepam</i>	1	
<i>lorazepam intensol</i>	1	
<i>loxapine succinate</i>	1	
<i>maprotiline</i>	1	
MARPLAN	3	
<i>methamphetamine</i>	1	ST
METHYLIN	3	ST

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

Drug Name	Drug Tier	Requirements / Limits
NORPRAMIN	3	
nortriptyline	1	
NUPLAZID	6	PA
olanzapine	1	
olanzapine-fluoxetine	1	
oxazepam	3	
paliperidone	1	
PAMELOR	3	
PARNATE	3	
paroxetine hcl oral tablet	1	
paroxetine hcl oral tablet extended release 24 hr	1	ST
paroxetine mesylate(menop.sym)	1	ST
PAXIL CR	3	ST
PAXIL ORAL SUSPENSION	3	ST
PAXIL ORAL TABLET 10 MG, 30 MG, 40 MG	3	ST
PAXIL ORAL TABLET 20 MG	3	PA
perphenazine	1	
perphenazine-amitriptyline	1	
phenelzine	1	
pimozide	1	
procentra	1	ST
protriptyline	1	
quetiapine	1	
QUILLICHEW ER	2	ST
QUILLIVANT XR	2	ST

Drug Name	Drug Tier	Requirements / Limits
ramelteon	1	
RELEXXII	3	ST
REMERON	3	
REMERON SOLTAB	3	
RESTORIL	3	
REXULTI	3	
RISPERDAL	3	
RISPERDAL CONSTA	2	
risperidone	1	
RITALIN	3	ST
RITALIN LA	3	ST
seconal sodium	1	
SECUADO	3	
sertraline	1	
SILENOR	3	ST
SUNOSI	2	PA; QL
SYMBYAX	3	
temazepam	3	
thioridazine	1	
thiothixene	1	
TRANXENE T-TAB	3	
tranylcypromine	1	
trazodone	1	
triazolam	1	
trifluoperazine	1	
trimipramine	1	
TRINTELLIX	3	PA
venlafaxine	1	
VERSACLOZ	3	
VRAYLAR	3	
VYVANSE	2	ST

Drug Name	Drug Tier	Requirements / Limits
WAKIX	6	PA; LA; QL
XYREM	5	PA; LA
XYWAV	5	PA; LA
<i>zaleplon</i>	1	
<i>zenzedi oral tablet 10 mg, 5 mg</i>	1	ST
ZENZEDI ORAL TABLET 15 MG, 2.5 MG, 20 MG, 30 MG, 7.5 MG	3	ST
<i>ziprasidone hcl</i>	1	
<i>zolpidem</i>	1	
ZOLPIMIST	3	ST
ZULRESSO	5	PA
ZYPREXA	3	
ZYPREXA RELPREVV	3	
ZYPREXA ZYDIS	3	

CARDIOVASCULAR, HYPERTENSION & LIPIDS

ANTIARRHYTHMIC AGENTS

<i>amiodarone</i>	1	
BETAPACE	3	ST
BETAPACE AF	3	ST
<i>disopyramide phosphate</i>	3	
<i>dofetilide</i>	1	
<i>flecainide</i>	1	
<i>mexiletine</i>	1	
MULTAQ	3	
NORPACE	3	
NORPACE CR	3	
<i>pacerone</i>	1	
<i>propafenone</i>	1	

Drug Name	Drug Tier	Requirements / Limits
<i>quinidine gluconate</i>	1	
<i>quinidine sulfate</i>	1	
RYTHMOL SR	3	
<i>sorine</i>	1	
<i>sotalol</i>	1	
<i>sotalol af</i>	1	
SOTYLIZE	2	

ANTIHYPERTENSIVE THERAPY

ACCUPRIL	3	
ACCURETIC	3	
<i>acebutolol</i>	1	
ADALAT CC	3	ST
ALDACTAZIDE	3	
ALDACTONE	3	
<i>aliskiren</i>	1	
ALTACE	3	
<i>amiloride</i>	1	
<i>amiloride-hydrochlorothiazide</i>	1	
<i>amlodipine</i>	1	
<i>amlodipine-benazepril</i>	1	
<i>amlodipine-olmesartan</i>	1	
<i>amlodipine-valsartan</i>	1	
<i>amlodipine-valsartan-hcthid</i>	1	
<i>atenolol</i>	1	
<i>atenolol-chlorthalidone</i>	1	
<i>benazepril</i>	1	
<i>benazepril-hydrochlorothiazide</i>	1	
<i>betaxolol</i>	1	

Drug Name	Drug Tier	Requirements / Limits
BIDIL	3	
<i>bisoprolol fumarate</i>	1	
<i>bisoprolol-hydrochlorothiazide</i>	1	
<i>bumetanide</i>	1	
CALAN SR ORAL TABLET EXTENDED RELEASE 120 MG	3	ST
CALAN SR ORAL TABLET EXTENDED RELEASE 180 MG, 240 MG	3	PA
<i>candesartan</i>	1	
<i>candesartan-hydrochlorothiazid</i>	1	
<i>captopril</i>	1	
<i>captopril-hydrochlorothiazide</i>	1	
CARDIZEM	3	
CARDIZEM CD	3	
CARDIZEM LA	3	
CARDURA	3	ST
CARDURA XL	3	ST
CAROSPIR	3	PA
<i>cartia xt</i>	1	
<i>carvedilol</i>	1	
<i>carvedilol phosphate</i>	1	
CATAPRES-TTS-1	3	QL
CATAPRES-TTS-2	3	QL
CATAPRES-TTS-3	3	QL
<i>chlorthalidone</i>	1	
<i>clonidine</i>	1	QL
<i>clonidine hcl</i>	1	
COREG CR	3	ST

Drug Name	Drug Tier	Requirements / Limits
CORGARD	3	ST
DEMSER	3	PA
DIBENZYLINE	3	PA
<i>diltiazem</i>	1	
<i>dilt-xr</i>	1	
DIURIL	3	
<i>doxazosin</i>	1	
DYRENIUM	3	
EDECRIN	3	
<i>enalapril maleate</i>	1	
<i>enalapril-hydrochlorothiazide</i>	1	
<i>eplerenone</i>	1	
<i>epoprostenol</i>	4	PA
<i>epoprostenol (glycine)</i>	4	PA
<i>eprosartan</i>	1	
<i>ethacrynic acid</i>	1	
<i>felodipine</i>	1	
FLOLAN	5	PA
<i>fosinopril</i>	1	
<i>fosinopril-hydrochlorothiazide</i>	1	
<i>furosemide</i>	1	
<i>guanfacine</i>	1	
HEMANGEOL	6	PA
<i>hydralazine</i>	1	
<i>hydrochlorothiazide</i>	1	
<i>indapamide</i>	1	
INSPRA	3	
<i>irbesartan</i>	1	
<i>irbesartan-hydrochlorothiazide</i>	1	
<i>isradipine</i>	1	

Drug Name	Drug Tier	Requirements / Limits
<i>labetalol</i>	1	
LASIX	3	
<i>lisinopril</i>	1	
<i>lisinopril-hydrochlorothiazide</i>	1	
LOPRESSOR	3	ST
<i>losartan</i>	1	
<i>losartan-hydrochlorothiazide</i>	1	
LOTENSIN	3	
LOTENSIN HCT	3	
<i>matzim la</i>	1	
MAXZIDE	3	
MAXZIDE-25MG	3	
<i>methyldopa</i>	1	
<i>methyldopa-hydrochlorothiazide</i>	1	
<i>metolazone</i>	1	
<i>metoprolol succinate</i>	1	
<i>metoprolol ta-hydrochlorothiaz</i>	1	
<i>metoprolol tartrate</i>	1	
<i>metirosine</i>	1	PA
MINIPRESS	3	
<i>minoxidil</i>	1	
<i>moexipril</i>	1	
<i>nadolol</i>	1	
<i>nadolol-bendroflumethiazide</i>	1	
<i>nicardipine</i>	1	
<i>nifedipine oral capsule</i>	3	
<i>nifedipine oral tablet extended release</i>	1	

Drug Name	Drug Tier	Requirements / Limits
<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-hcthiiazid</i>	1	
<i>olmesartan-hydrochlorothiazide</i>	1	
ORENITRAM	6	PA
<i>perindopril erbumine</i>	1	
<i>phenoxybenzamine</i>	1	PA
<i>pindolol</i>	1	
<i>prazosin</i>	1	
PRESTALIA	3	ST
PRINIVIL	3	
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
TARKA	3	
<i>taztia xt</i>	1	
TEKTURNA HCT	2	

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

Drug Name	Drug Tier	Requirements / Limits
<i>digitek</i>	1	
<i>digox</i>	1	
<i>digoxin</i>	1	
LANOXIN	3	
COAGULATION THERAPY		
ADVATE	5	PA
ADYNOVATE	5	PA
AFSTYLA	5	PA
ALPHANATE	5	PA
ALPHANINE SD	5	PA
ALPROLIX	5	PA
AMICAR	3	
<i>aminocaproic acid</i>	1	
ARIXTRA	6	PA
<i>aspirin-dipyridamole</i>	1	
BENEFIX	5	PA
BRILINTA	2	
CABLIVI	5	PA; LA
CEPROTIN (BLUE BAR)	5	PA
CEPROTIN (GREEN BAR)	5	PA
<i>cilostazol</i>	1	
<i>clopidogrel</i>	1	
COAGADEX	5	PA
CORIFACT	5	PA
<i>dipyridamole</i>	1	
DOPTELET (15 TAB PACK)	5	PA; LA; QL
EFFIENT	3	
ELIQUIS	2	PA
ELIQUIS DVT-PE TREAT 30D START	2	PA

Drug Name	Drug Tier	Requirements / Limits
ELOCTATE	5	PA
enoxaparin	4	PA
ESPEROCT	5	PA
FEIBA NF	5	PA
FIBRYGA	6	PA
<i>fondaparinux</i>	4	PA
FRAGMIN	5	PA
HEMLIBRA	5	PA
HEMOFIL M HIGH	5	PA
HEMOFIL M LOW	5	PA
HEMOFIL M MID	5	PA
HEMOFIL M SUPER HIGH	5	PA
<i>hep flush-10 (pf)</i>	1	PA
<i>heparin (porcine)</i>	1	PA
HEPARIN (PORCINE) IN 0.9% NACL	3	PA
<i>heparin (porcine) in 5 % dex</i>	1	PA
<i>heparin (porcine) in nacl (pf)</i>	1	PA
<i>heparin flush(porcine)-0.9nacl</i>	1	PA
<i>heparin lock flush (porcine)</i>	1	PA
<i>heparin lockflush(porcine)(pf)</i>	1	PA
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	6	PA
IXINITY	5	PA
<i>jantoven</i>	1	
JIVI	5	PA
KOATE	6	PA
KOGENATE FS	5	PA
KOVALTRY	5	PA
MEPHYTON	3	PA; QL
MONONINE	5	PA
NOVOEIGHT	5	PA
NPLATE	5	PA
OBIZUR	5	PA
<i>pentoxifylline</i>	1	
<i>phytonadione (vitamin k1) injection solution</i>	1	PA

Drug Name	Drug Tier	Requirements / Limits
PHYTONADIONE (VITAMIN K1) INJECTION SYRINGE	2	PA
<i>phytonadione (vitamin k1) oral</i>	1	PA; QL
<i>prasugrel</i>	1	
PROFILNINE	6	PA
PROMACTA	5	PA; LA
REBINYN	6	PA
RIASTAP	5	PA
RIXUBIS	6	PA
SEVENFACT	5	PA
TAVALISSE	5	PA; LA; QL
TRETTEN	5	PA
<i>vitamin k</i>	1	PA
<i>vitamin k1</i>	1	PA
VONVENDI	5	PA
<i>warfarin</i>	1	
WILATE	5	PA
XARELTO	2	PA
XARELTO DVT-PE TREAT 30D START	2	PA
ZONTIVITY	3	PA
LIPID/CHOLESTEROL LOWERING AGENTS		
<i>amlodipine-atorvastatin</i>	1	
ANTARA	3	ST
<i>atorvastatin oral tablet 10 mg, 20 mg</i>	1	ACA
<i>atorvastatin oral tablet 40 mg, 80 mg</i>	1	
CADUET	3	ST

Drug Name	Drug Tier	Requirements / Limits
<i>cholestyramine (with sugar)</i>	1	
<i>cholestyramine light</i>	1	
<i>colesevelam</i>	1	
COLESTID	3	ST
COLESTID FLAVORED	3	ST
<i>colestipol</i>	1	
EVKEEZA	6	PA
<i>ezetimibe</i>	1	ST
<i>ezetimibe-simvastatin</i>	1	
<i>fenofibrate micronized</i>	1	
<i>fenofibrate nanocrystallized</i>	1	
FENOFIBRATE ORAL CAPSULE	3	ST
<i>fenofibrate oral tablet</i>	1	
<i>fenofibric acid</i>	1	
FIBRICOR	3	ST
FLOLIPID	3	ST
<i>fluvastatin</i>	1	ACA
<i>gemfibrozil</i>	1	
<i>icosapent ethyl</i>	1	PA
JUXTAPID	5	PA; LA
LESCOL XL	3	ST
LIPOFEN	2	
LIVALO	2	ST
LOPID	3	
<i>lovastatin</i>	1	ACA
LOVAZA	3	PA
NEXLETOL	2	PA
NEXLIZET	2	PA

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

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

Drug Name	Drug Tier	Requirements / Limits
OVACE PLUS SHAMPOO	3	
OVACE PLUS WASH	3	
PRAMOSONE	3	ST
<i>selenium sulfide</i>	1	
SELRX	3	
SKYRIZI	5	PA; QL
SORIATANE	3	
SORILUX	3	QL
STELARA INTRAVENOUS	6	PA
STELARA SUBCUTANEOUS	5	PA; QL
<i>sulfacetamide sodium</i>	1	
TACLONEX	3	QL
TALTZ AUTOINJECTOR	5	PA; QL
TALTZ AUTOINJECTOR (2 PACK)	5	PA; QL
TALTZ AUTOINJECTOR (3 PACK)	5	PA; QL
TALTZ SYRINGE	5	PA; QL
TERSI FOAM	3	
TREMFYA	5	PA; QL
VECTICAL	3	
BURN THERAPY		
SILVADENE	3	
<i>silver sulfadiazine</i>	1	
<i>ssd</i>	1	
KERATOLYTICS		
INOVA 4-1	3	ST
INOVA 8-2	3	ST

Drug Name	Drug Tier	Requirements / Limits
MISCELLANEOUS DERMATOLOGICALS		
AMELUZ	3	
<i>ammonium lactate</i>	1	
CANTHARIDIN IN ACETONE	3	
CONDYLOX	3	QL
CORTANE-B	3	
<i>doxepin</i>	1	ST; QL
DUPIXENT PEN	5	PA; QL
DUPIXENT SYRINGE	5	PA; QL
EFUDEX	3	
EUCRISA	3	ST; QL
FLUOROPLEX	3	
<i>fluorouracil</i>	1	
<i>iodine-sodium iodide</i>	1	
IODOFLEX	3	
IODOSORB	3	
LEVULAN	3	
<i>methoxsalen</i>	1	
<i>methyl salicylate</i>	1	
PANRETIN	3	
PICATO	2	
<i>pimecrolimus</i>	1	ST; QL
<i>podofilox</i>	1	
PROTOPIC	3	ST; QL
<i>prudoxin</i>	1	ST; QL
QBREXZA	3	
REGRANEX	2	
SCENESSE	6	PA
<i>tacrolimus</i>	1	ST; QL
TOLAK	3	
VALCHLOR	5	PA

Drug Name	Drug Tier	Requirements / Limits
VEREGEN	3	PA
wintergreen oil	1	
ZONALON	3	ST; QL
THERAPY FOR ACNE		
ABSORICA	3	
ABSORICA LD	3	
accutane	1	
ACZONE	3	ST
adapalene-benzoyl peroxide	1	
AKLIEF	3	ST
ALTRENO	3	
amnestem	1	
AMZEEQ	2	ST
ARAZLO	3	PA
AVAR LS	3	ST
avar topical cleanser	1	
AVAR TOPICAL PADS, MEDICATED	3	ST
AVAR-E GREEN	3	ST
AVAR-E LS	3	ST
avita topical cream	1	
AVITA TOPICAL GEL	3	
azelaic acid	1	
AZELEX	3	ST
BENZACLIN	3	ST
BENZACLIN PUMP	3	ST
BENZAMYCIN	3	ST
benzepto	1	
BENZEPTO (MICROSPHERES)	3	ST
benzoyl peroxide	1	

Drug Name	Drug Tier	Requirements / Limits
<i>bp 10-1</i>	1	ST
claravis	1	
CLEOCIN T	3	ST; QL
CLINDACIN ETZ	3	ST
clindacin p	1	
CLINDACIN PAC	3	ST
clindamycin phosphate topical foam	1	QL
clindamycin phosphate topical gel	1	QL
clindamycin phosphate topical lotion	1	QL
clindamycin phosphate topical solution	1	QL
clindamycin phosphate topical swab	1	
clindamycin-benzoyl peroxide	1	
clindamycin-tretinoin	1	
dapsone	1	
ENZOCLEAR	3	ST
ery pads	1	
erygel	1	
erythromycin with ethanol	1	
erythromycin-benzoyl peroxide	1	
EVOCLIN	3	ST; QL
FABIOR	3	PA
FINACEA TOPICAL FOAM	2	ST

Drug Name	Drug Tier	Requirements / Limits
FINACEA TOPICAL GEL	3	ST
INOVA	3	ST
<i>isotretinoin</i>	1	
<i>ivermectin</i>	1	QL
METROCREAM	3	ST
METROGEL	3	ST
<i>metronidazole</i>	1	
MIRVASO	2	PA
<i>myorisan</i>	1	
<i>neuac</i>	1	
NEUAC KIT	3	ST
NORITATE	3	ST
ONEXTON	2	ST
PACNEX	3	ST
PLEXION	3	ST
PLEXION CLEANSING CLOTHS	3	ST
PR BENZOYL PEROXIDE	3	ST
RETIN-A	3	
RETIN-A MICRO PUMP	3	
RHOFADE	3	PA
<i>rosadan topical cream</i>	1	
<i>rosadan topical gel</i>	1	
ROSADAN TOPICAL KIT, CLEANSER AND GEL	3	ST
ROSADAN TOPICAL KIT, CLEANSER AND CREAM	3	ST

Drug Name	Drug Tier	Requirements / Limits
ROSANIL	3	ST
ROSULA	3	ST
<i>rosula cleansing cloths</i>	1	
SOOLANTRA	3	ST; QL
<i>sss 10-5</i>	1	
<i>sulfacetamide sodium-sulfur</i>	1	
<i>sulfacetamide-sulfur-cleansr23</i>	1	
<i>sulfacleanse 8-4</i>	1	ST
SUMADAN	3	ST
SUMADAN XLT	3	ST
SUMAXIN	3	ST
SUMAXIN CP	3	ST
SUMAXIN TS	3	ST
<i>tazarotene</i>	1	PA
TAZORAC	2	PA
<i>tretinoin</i>	1	
<i>tretinoin microspheres</i>	1	
VANOXIDE-HC	3	ST
<i>zenatane</i>	1	
ZIANA	3	ST
ZILXI	3	ST
TOPICAL ANESTHETICS		
COCAINE	3	
<i>glydo</i>	1	QL
GOPRELTO	3	
<i>lidocaine hcl laryngotracheal</i>	1	
<i>lidocaine hcl mucous membrane jelly</i>	1	QL

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

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

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

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

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

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

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

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

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

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

Drug Name	Drug Tier	Requirements / Limits
<i>sodium chloride 0.9 % (flush)</i>	1	PA
<i>sodium chloride injection</i>	1	PA
<i>sodium chloride irrigation</i>	1	
<i>sodium phenylbutyrate</i>	1	
SOLIRIS	5	PA
SURVANTA	3	
SYPRINE	3	PA
THIOLA	6	PA
THIOLA EC	6	PA
TIGLUTIK	3	PA
<i>tiopronin</i>	4	PA
<i>trientine</i>	1	PA
ULTOMIRIS	6	PA
<i>water for irrigation, sterile</i>	1	
XURIDEN	5	PA
ZEMAIRA	5	PA; LA
ZOKINVY	6	PA; QL
<i>zoledronic acid-mannitol-water</i>	4	PA
SMOKING DETERRENTS		
<i>bupropion hcl (smoking deter)</i>	1	ACA
CHANTIX	2	ACA
CHANTIX CONTINUING MONTH BOX	2	ACA
CHANTIX STARTING MONTH BOX	2	ACA
NICODERM CQ	2	OTC

Drug Name	Drug Tier	Requirements / Limits
NICORETTE BUCCAL GUM 2 MG	2	OTC
<i>nicorette buccal gum 4 mg</i>	1	ACA; OTC
NICORETTE BUCCAL LOZENGE	2	OTC
NICORETTE BUCCAL MINI LOZENGE	2	OTC
<i>nicotine</i>	1	ACA; OTC
<i>nicotine (polacrilex)</i>	1	ACA; OTC
NICOTROL	3	ACA
NICOTROL NS	3	ACA
<i>quit 2</i>	1	ACA; OTC
<i>quit 4</i>	1	ACA; OTC
<i>stop smoking aid</i>	1	ACA; OTC
VARENICLINE	2	ACA

EAR, NOSE & THROAT MEDICATIONS

MISCELLANEOUS AGENTS

ARESTIN	6	PA
<i>azelastine nasal aerosol,spray</i>	1	QL
<i>azelastine nasal spray,non-aerosol</i>	1	
EPISIL	3	
GELCLAIR	3	
GELX	3	
<i>ipratropium bromide</i>	1	QL
MUGARD	3	
<i>olopatadine</i>	1	QL
<i>oralone</i>	1	
ORAMAGICRX	3	

Drug Name	Drug Tier	Requirements / Limits
PATANASE	3	QL
<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	QL
<i>ofloxacin</i>	1	QL
OTIPRIO	3	QL
OTIC STEROID / ANTIBIOTIC		
CIPRO HC	3	
CIPRODEX	3	
<i>ciprofloxacin-dexamethasone</i>	1	
CORTISPORIN-TC	3	
<i>neomycin-polymyxin-hc</i>	1	
OTOVEL	2	
ENDOCRINE/DIABETES		
ADRENAL HORMONES		
ACTHAR	6	PA
CORTEF	3	
<i>decadron</i>	1	
<i>dexabliss</i>	1	PA

Drug Name	Drug Tier	Requirements / Limits
<i>dexamethasone intensol</i>	1	
<i>dexamethasone oral elixir</i>	1	
<i>dexamethasone oral solution</i>	1	
<i>dexamethasone oral tablet</i>	1	
<i>dexamethasone oral tablets,dose pack</i>	1	PA
DXEVO	3	PA
<i>fludrocortisone</i>	1	
<i>hidex</i>	1	PA
<i>hydrocortisone</i>	1	
MEDROL	3	
MEDROL (PAK)	3	
<i>methylprednisolone</i>	1	
<i>millipred</i>	1	
<i>millipred dp</i>	1	
ORAPRED ODT	3	
<i>prednisolone</i>	1	
<i>prednisolone sodium phosphate</i>	1	
<i>prednisone</i>	1	
<i>prednisone intensol</i>	1	
RAYOS	3	PA
TAPERDEX	3	PA
TRIESENCE (PF)	3	
ZCORT	3	PA
ANTITHYROID AGENTS		
<i>methimazole</i>	1	
<i>propylthiouracil</i>	1	
SSKI	3	
TAPAZOLE	3	

Drug Name	Drug Tier	Requirements / Limits
BLOOD GLUCOSE MONITORING DEVICES & SUPPLIES		
ONETOUCH ULTRA TEST	2	OTC
ONETOUCH VERIO TEST STRIPS	2	OTC
DIABETES, SUPPLIES, & DURABLE MEDICAL EQUIPMENT		
ACE AEROSOL CLOUD ENHANCER	2	
AEROCHAMBER MINI	2	
AEROCHAMBER PLUS FLOW-VU	2	
AEROCHAMBER PLUS Z STAT	2	
AEROTRACH PLUS	2	
AEROVENT PLUS	2	
BREATHERITE MDI SPACER	2	
COMPACT SPACE CHAMBER	2	
EASIVENT HOLDING CHAMBER	2	
FLEXICHAMBER	2	
GLUCAGEN DIAGNOSTIC KIT	2	PA
GLUCAGON HCL	3	PA
INSPIRACHAMBER	2	
INSULIN SYRINGE-NEEDLE U-100	3	

Drug Name	Drug Tier	Requirements / Limits
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	
TRIJARDY XR	2	ST
VORTEX HOLDING CHAMBER	2	
GLUCOSE ELEVATING AGENTS		
BAQSIMI	2	PA; SP
<i>diazoxide</i>	1	
GLUCAGEN HYPOKIT	2	PA
GLUCAGON (HCL) EMERGENCY KIT	2	PA
<i>glucagon emergency kit (human)</i>	1	PA
GVOKE HYPOPEN 2-PACK	2	PA
GVOKE PFS 2-PACK SYRINGE	2	PA
PROGLYCEM	3	
INSULIN SYRINGES/MISCELLANEOUS DURABLE MEDICAL EQU		

Drug Name	Drug Tier	Requirements / Limits
ACCU-CHEK GUIDE L1-L2 CTRL SOL	3	OTC
ACCU-CHEK SMARTVIEW CONTRL SOL	3	OTC
ACCUTREND GLUCOSE CONTROL	3	OTC
ADVOCATE LOW CONTROL	3	OTC
ADVOCATE REDI-CODE+ CTRL LOW	3	OTC
AGAMATRIX CONTROL HIGH	3	OTC
ASSURE 4 CONTROL SOLUTION	3	OTC
ASSURE DOSE NORMAL CONTROL	3	OTC
ASSURE PRISM CONTROL 1-2 SOLN	3	OTC
AT HOME A1C	3	OTC
BD INTEGRA NEEDLE	2	
BD MICROTAINER LANCET	2	OTC
BD SPECIALTY USE NEEDLES	2	
BD ULTRA FINE LANCETS	2	OTC
BD ULTRA-FINE NANO PEN NEEDLE	2	OTC

Drug Name	Drug Tier	Requirements / Limits
BLOOD GLUCOSE CONTROL, NORMAL	3	OTC
BREEZE 2 CONTROL SOLUTION,HIGH	3	OTC
CARESENS CONTROL A NORMAL	3	OTC
CEQR SIMPLICITY	3	
CLEVER CHOICE LEVEL 2 CONTROL	3	OTC
CONTOUR CONTROL SOLUTION, NML	3	OTC
CONTOUR NEXT LEV 2 CONTROL SOL	3	OTC
COOL CONTROL A SOLUTION	3	OTC
DEXCOM G4 RECEIVER	DME	
DEXCOM G4 TRANSMITTER	DME	QL
DEXCOM G5 RECEIVER	DME	
DEXCOM G5-G4 SENSOR	DME	QL
DEXCOM G6 RECEIVER	DME	
DEXCOM G6 SENSOR	DME	QL
DEXCOM G6 TRANSMITTER	DME	QL
DEXCOM RECEIVER	DME	

Drug Name	Drug Tier	Requirements / Limits
DIATRUE CONTROL SOLN NORMAL	3	OTC
EASY PLUS II HIGH CONTROL	3	OTC
EASY STEP HIGH CONTROL SOLN	3	OTC
EASY TALK HIGH CONTROL	3	OTC
EASY TOUCH BLU CTRL SOLN-L1,L3	3	OTC
EASY TRAK II CTRL SOLN-NORMAL	3	OTC
EASY TRAK LOW CONTROL	3	OTC
EASYGLUCO PLUS NORMAL CONTROL	3	OTC
EASYMAX 15 LEVEL 2	3	OTC
EASYMAX NORMAL CONTROL	3	OTC
ECLIPSE NEEDLE	3	
ELEMENT COMPACT NORMAL CONTROL	3	OTC
ELEMENT NORMAL CONTROL	3	OTC
EMBRACE EVO LEVEL 1	3	OTC
EMBRACE GLUCOSE CONTROL LOW	3	OTC

Drug Name	Drug Tier	Requirements / Limits
EMBRACE TALK CONTROL-LOW (L1)	3	OTC
ENLITE SYSTEM	3	
EVERSENSE SENSOR-HOLDER	3	
EVOLUTION NORMAL CONTROL	3	OTC
FORA GTEL MULTI-FUNCTN MONITOR	3	OTC
FORA KETONE CONTROL SOLN-L1	3	OTC
FORA NORMAL CONTROL	3	OTC
FORA TN'G ADVANCE PRO MONITOR	3	OTC
FORACARE GDH LOW CONTROL	3	OTC
FORTISCARE NORMAL	3	OTC
FREESTYLE CONTROL	2	OTC
FREESTYLE LIBRE 14 DAY READER	DME	
FREESTYLE LIBRE 14 DAY SENSOR	DME	QL
FREESTYLE LIBRE 2 READER	DME	
FREESTYLE LIBRE 2 SENSOR	DME	
GE100 CONTROL SOLUTION NORMAL	3	OTC

Drug Name	Drug Tier	Requirements / Limits
GENTEEL VACUUM LANCING DEVICE	3	OTC
GLUCOCARD 01 NORMAL CONTROL	3	OTC
GLUCOCOM CONTROL NORMAL	3	OTC
GLUCOSE CONTROL	3	OTC
GOJJI GLUCOSE CNTRL SOL-NORMAL	3	OTC
GOJJI KETONE CONTROL SOLN-L1	3	OTC
GOJJI MULTI-FUNCTIONAL METER	3	OTC
HEALTHPRO HIGH-LOW CONTROL	3	OTC
INFINITY CONTROL SOLUTION NORM	3	OTC
INFINITY VOICE CTRL SOLN-LVL 2	3	OTC
LANCETS	2	OTC
LANCING DEVICE	2	OTC
MEDISENSE	2	OTC
MEDISENSE GLUCOSE KETONE	2	OTC
MYGLUCOHEALTH CONTROL SOLUTION	3	OTC
NOVA MAX GLUCOSE CONTROL	3	OTC

Drug Name	Drug Tier	Requirements / Limits
NOVA MAX PLUS GLUC-KETON METER	3	OTC
NOVAMAX PLUS GLU-KET	3	OTC
OMNIPOD DASH 5 PACK POD	2	PA
OMNIPOD INSULIN MANAGEMENT	2	PA
ON CALL EXPRESS CONTROL	3	OTC
ON CALL PLUS CONTROL	3	OTC
ON CALL VIVID CONTROL	3	OTC
ONETOUCH ULTRA CONTROL	2	OTC
ONETOUCH ULTRA2 METER	2	SP; OTC; QL
ONETOUCH ULTRAMINI	2	SP; OTC; QL
ONETOUCH VERIO FLEX METER	2	SP; OTC; QL
ONETOUCH VERIO IQ METER	2	SP; OTC; QL
ONETOUCH VERIO METER	2	SP; OTC; QL
ONETOUCH VERIO REFLECT METER	2	OTC; QL
PEN NEEDLE, DIABETIC	3	OTC
PRECISION XTRA KETONE-GLUCOSE	2	OTC

Drug Name	Drug Tier	Requirements / Limits
PRODIGY CONTROL SOLUTION, LOW	3	OTC
PRODIGY CONTROL SOLUTION,HIGH	3	OTC
REFUAH PLUS GLUCOSE CONTROL	3	OTC
RIGHTEST CONTROL SOLUTION HIGH	3	OTC
SAFE-CLIP BY MAIL	2	OTC
SMARTEST CONTROL	3	OTC
SOLUS V2 CONTROL SOLUTION,HIGH	3	OTC
TELCARE CONTROL	3	OTC
TRUE METRIX LEVEL 1	3	OTC
TRUECONTROL LEVEL 0	3	OTC
UNISTRIIP LOW CONTROL	3	OTC
VERASENS CONTROL SOLN-LEVEL 1	3	OTC
V-GO 20	2	
V-GO 30	2	
V-GO 40	2	
VIVAGUARD INO CTRL SOLN-L1,2,3	3	OTC
WAVESENSE CONTROL SOLUTION	3	OTC

INSULIN THERAPY

Drug Name	Drug Tier	Requirements / Limits
BASAGLAR KWIKPEN U-100 INSULIN	3	PA
HUMALOG JUNIOR KWIKPEN U-100	2	PA
HUMALOG KWIKPEN INSULIN	2	PA
HUMALOG MIX 50-50 INSULN U-100	2	PA
HUMALOG MIX 50-50 KWIKPEN	2	PA
HUMALOG MIX 75-25 KWIKPEN	2	PA
HUMALOG MIX 75-25(U-100)INSULN	2	PA
HUMALOG U-100 INSULIN	2	PA
HUMULIN 70/30 U-100 INSULIN	2	PA
HUMULIN 70/30 U-100 KWIKPEN	2	PA
HUMULIN N NPH INSULIN KWIKPEN	2	PA
HUMULIN N NPH U-100 INSULIN	2	PA
HUMULIN R REGULAR U-100 INSULN	2	PA
HUMULIN R U-500 (CONC) INSULIN	2	PA
HUMULIN R U-500 (CONC) KWIKPEN	2	PA
LANTUS SOLOSTAR U-100 INSULIN	2	PA

Drug Name	Drug Tier	Requirements / Limits
LANTUS U-100 INSULIN	2	PA
LEVEMIR FLEXTouch U-100 INSULIN	2	PA
LEVEMIR U-100 INSULIN	2	PA
LYUMJEV KWIKPEN U-100 INSULIN	2	PA
LYUMJEV KWIKPEN U-200 INSULIN	2	PA
LYUMJEV U-100 INSULIN	2	PA
MYXREDLIN	3	PA
SOLIQUA 100/33	2	PA
TOUJEO MAX U-300 SOLOSTAR	2	PA
TOUJEO SOLOSTAR U-300 INSULIN	2	PA
TRESIBA FLEXTouch U-100	2	PA
TRESIBA FLEXTouch U-200	2	PA
TRESIBA U-100 INSULIN	2	PA
XULTOPHY 100/3.6	2	PA
MISCELLANEOUS HORMONES		
ALDURAZYME	5	PA
ANDRODERM	2	PA
BRINEURA	5	PA
<i>cabergoline</i>	1	QL

Drug Name	Drug Tier	Requirements / Limits
<i>calcitonin (salmon) injection</i>	1	PA
<i>calcitonin (salmon) nasal</i>	1	
<i>calcitriol</i>	1	PA
CERDELGA	5	PA
CEREZYME	5	PA
<i>cinacalcet</i>	1	PA
CRYSVITA	5	PA; QL
<i>danazol</i>	1	
DDAVP NASAL	2	PA
DDAVP ORAL	3	PA
DEPO-TESTOSTERONE	3	PA
<i>desmopressin</i>	1	PA
<i>doxercalciferol</i>	1	ST
ELAPRASE	5	PA
FABRAZYME	5	PA
FORTESTA	3	PA
GALAFOLD	6	PA; LA; QL
JATENZO	3	QL
JYNARQUE	6	PA; LA; QL
KANUMA	5	PA
KUVAN	6	PA
LUMIZYME	5	PA
MEPSEVII	5	PA
METHITEST	2	PA
<i>methyltestosterone</i>	1	PA
MIACALCIN	3	PA
<i>miglustat</i>	4	PA; LA
MYALEPT	5	PA; LA
NAGLAZYME	5	PA; LA
NATESTO	2	PA
NATPARA	5	PA; LA

Drug Name	Drug Tier	Requirements / Limits
NOC DURNA (MEN)	3	PA; QL
NOC DURNA (WOMEN)	3	PA; QL
ORILISSA	2	PA; QL
<i>oxandrolone</i>	1	
PALYNZIQ	5	PA; LA; QL
<i>paricalcitol intravenous</i>	1	PA
<i>paricalcitol oral</i>	1	ST
RAYALDEE	3	ST
SAMSCA ORAL TABLET 15 MG	5	PA
SAMSCA ORAL TABLET 30 MG	6	PA
<i>sapropterin</i>	4	PA
SOMAVERT	5	PA
STRENSIQ	5	PA; LA
SYNAREL	2	PA
TEPEZZA	6	PA
TESTOPEL	6	PA
<i>testosterone cypionate</i>	1	PA
<i>testosterone enanthate</i>	1	PA
TESTOSTERONE IMPLANT	3	PA
<i>testosterone transdermal</i>	1	PA
<i>tolvaptan</i>	4	PA; LA
VIMIZIM	5	PA
VOGELXO	3	PA
VPRIV	6	PA
XYOSTED	3	PA; QL
ZEMPLAR INTRAVENOUS	3	PA

Drug Name	Drug Tier	Requirements / Limits
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
ACTOS	3	ST
AMARYL	3	
BYDUREON BCISE	2	PA
BYETTA	2	PA
CYCLOSET	3	
DUETACT	3	ST
FARXIGA	2	ST
<i>glimepiride</i>	1	
<i>glipizide</i>	1	
<i>glipizide-metformin</i>	1	
GLUCOTROL	3	
GLUCOTROL XL	3	
<i>glyburide</i>	1	
<i>glyburide micronized</i>	1	
<i>glyburide-metformin</i>	1	
GLYNASE	3	
GLYXAMBI	2	ST
INVOKAMET	2	ST
INVOKAMET XR	2	ST
INVOKANA	2	ST
JANUMET	2	ST

Drug Name	Drug Tier	Requirements / Limits
JANUMET XR	2	ST
JANUVIA	2	ST
JARDIANCE	2	ST
<i>metformin oral solution</i>	1	ST
<i>metformin oral tablet</i>	1	
<i>metformin oral tablet extended release 24 hr</i>	1	
<i>miglitol</i>	1	
<i>nateglinide</i>	1	
OSENI	3	ST
OZEMPIC	2	PA
<i>pioglitazone</i>	1	
<i>pioglitazone-glimepiride</i>	1	
<i>pioglitazone-metformin</i>	1	
PRECOSE	3	
<i>repaglinide</i>	1	
<i>repaglinide-metformin</i>	1	
RIOMET	3	ST
RIOMET ER	3	ST
RYBELSUS	2	PA
SEGLUROMET	2	ST
STEGLATRO	2	ST
STEGLUJAN	2	ST
SYMLINPEN 120	2	PA
SYMLINPEN 60	2	PA
SYNJARDY	2	ST
SYNJARDY XR	2	ST
TRULICITY	2	PA
XIGDUO XR	2	ST

Drug Name	Drug Tier	Requirements / Limits
THYROID HORMONES		
ARMOUR THYROID	2	
<i>euthyrox</i>	1	
<i>levo-t</i>	1	
<i>levothyroxine</i>	1	
<i>levoxyl</i>	1	
<i>liothyronine</i>	1	
<i>np thyroid</i>	1	
SYNTHROID	3	
THYROLAR-1	3	
THYROLAR-1/2	3	
THYROLAR-1/4	3	
THYROLAR-2	3	
THYROLAR-3	3	
<i>unithroid</i>	1	
<i>westhroid</i>	1	
GASTROENTEROLOGY		
ANTIDIARRHEALS & ANTISPASMODICS		
<i>anaspaz</i>	1	
<i>belladonna alkaloids-opium</i>	1	ST; QL
<i>chlordiazepoxide-clidinium</i>	1	
CUVPOSA	3	
<i>dicyclomine</i>	1	
<i>diphenoxylate-atropine</i>	1	
DONNATAL	3	
<i>ed-spaz</i>	1	
<i>glycopyrrolate</i>	1	
<i>hyoscyamine sulfate</i>	1	
<i>hyosyne</i>	1	

Drug Name	Drug Tier	Requirements / Limits
LEVBID	3	
LEVSIN	3	
LEVSIN/SL	3	
LOMOTIL	3	
<i>loperamide</i>	1	
<i>methscopolamine</i>	3	
MOTOFEN	3	
NULEV	3	
<i>opium tincture</i>	1	
<i>oscimin</i>	1	
<i>oscimin sl</i>	1	
<i>oscimin sr</i>	1	
<i>phenobarb-hyoscy-atropine-scop</i>	1	
<i>phenohydro</i>	1	
SYMAX DUOTAB	3	
<i>symax fastabs</i>	1	
<i>symax-sl</i>	1	
<i>symax-sr</i>	1	
MISCELLANEOUS GASTROINTESTINAL AGENTS		
<i>alophen (bisacodyl)</i>	1	ACA; OTC
<i>alosetron</i>	1	
<i>alvimopan</i>	1	
ANA-LEX KIT	3	
ANALPRAM-HC RECTAL CREAM 1-1 %	3	
ANALPRAM-HC RECTAL CREAM 2.5-1 %	3	ST
ANALPRAM-HC SINGLES	3	
<i>anucort-hc</i>	1	
<i>aprepitant</i>	1	QL

Drug Name	Drug Tier	Requirements / Limits
APRISO	3	
AURYXIA	3	
AVSOLA	6	PA
AZULFIDINE	3	
AZULFIDINE EN-TABS	3	
<i>balsalazide</i>	1	
<i>bisacodyl</i>	1	ACA; OTC
<i>bisa-lax (bisacodyl)</i>	1	ACA; OTC
<i>budesonide</i>	1	
<i>calcium acetate(phosphat bind)</i>	1	QL
CHENODAL	5	PA; LA
CHOLBAM	5	PA
<i>citrate of magnesia</i>	1	ACA; OTC
<i>citroma</i>	1	ACA; OTC
<i>clearlax</i>	1	ACA; OTC
COLAZAL	3	
COMPAZINE	3	
<i>compro</i>	1	
CORTENEMA	3	
CREON	2	
<i>cromolyn</i>	1	
CYSTADANE	5	PA
<i>dronabinol</i>	1	PA
<i>dulcolax (magnesium hydroxide)</i>	1	ACA; OTC
ENTEREG	3	
ENTOCORT EC	3	
ENTYVIO	5	PA
<i>enulose</i>	1	
GASTROCROM	3	

Drug Name	Drug Tier	Requirements / Limits
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>gentlelax</i>	1	ACA; OTC
<i>glycolax</i>	1	ACA; OTC
<i>granisetron hcl</i>	1	QL
<i>healthylax</i>	1	ACA; OTC
<i>hemmorex-hc</i>	1	
<i>hydrocortisone</i>	1	
<i>hydrocortisone acetate</i>	1	
<i>hydrocortisone-pramoxine</i>	1	
INFLECTRA	6	PA
<i>lactulose</i>	1	
<i>lanthanum</i>	1	QL
<i>laxaclear</i>	1	ACA; OTC
<i>laxative (bisacodyl)</i>	1	ACA; OTC
<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	

Drug Name	Drug Tier	Requirements / Limits
LINZESS	2	QL
LOKELMA	2	QL
<i>magnesium citrate</i>	1	ACA; OTC
MARINOL	3	PA
<i>meclizine</i>	1	
<i>mesalamine</i>	1	
<i>mesalamine with cleansing wipe</i>	1	
<i>metoclopramide hcl</i>	1	
<i>milk of magnesia</i>	1	ACA; OTC
<i>milk of magnesia concentrated</i>	1	ACA; OTC
<i>miralax</i>	1	ACA; OTC
MOTEGRITY	3	QL
MOVANTIK	2	QL
<i>natura-lax</i>	1	ACA; OTC
NULYTELY LEMON-LIME	3	ACA
OICALIVA	5	PA; LA
<i>ondansetron</i>	1	QL
<i>ondansetron hcl</i>	1	QL
<i>oral saline laxative</i>	1	ACA; OTC
ORTIKOS	3	
PANCREAZE	2	
<i>peg 3350-electrolytes</i>	1	ACA
<i>peg3350-sod sul-nacl-kcl-asb-c</i>	1	ACA
<i>peg-electrolyte soln</i>	1	ACA
<i>peg-prep</i>	1	ACA
PENTASA	2	
PHOSLYRA	2	QL
<i>phosphate laxative</i>	1	ACA; OTC
<i>polyethylene glycol 3350</i>	1	ACA; OTC

Drug Name	Drug Tier	Requirements / Limits
<i>powderlax</i>	1	ACA; OTC
<i>prochlorperazine</i>	1	
<i>prochlorperazine maleate</i>	1	
PROCORT	3	
PROCTOCORT	3	ST
<i>procto-med hc</i>	1	
<i>procto-pak</i>	1	
<i>proctosol hc</i>	1	
<i>proctozone-hc</i>	1	
<i>purelax</i>	1	ACA; OTC
RECTIV	2	
REGLAN	3	
RELISTOR	2	PA
REMICADE	5	PA
RENFLEXIS	6	PA
RENVELA	3	QL
ROWASA	3	
<i>scopolamine base</i>	1	
<i>sevelamer carbonate</i>	1	QL
<i>sevelamer hcl</i>	1	QL
SFROWASA	3	
<i>smoothlax</i>	1	ACA; OTC
<i>sodium polystyrene sulfonate</i>	1	
SOLESTA	6	PA
<i>sps (with sorbitol)</i>	1	
SUCRAID	5	PA
<i>sulfasalazine</i>	1	
SYMPROIC	2	
SYNDROS	3	PA
<i>trilyte with flavor packets</i>	1	ACA
<i>trimethobenzamide</i>	1	

Drug Name	Drug Tier	Requirements / Limits
TRULANCE	2	
UCERIS ORAL	3	
UCERIS RECTAL	2	
URSO 250	3	
URSO FORTE	3	
<i>ursodiol</i>	1	
VARUBI	2	QL
VELPHORO	2	QL
VIBERZI	2	
VIOKACE	2	
<i>women's gentle laxative(bisac)</i>	1	ACA; OTC
<i>women's laxative (bisacodyl)</i>	1	ACA; OTC
ZELNORM	3	
ZENPEP	2	
ZOFRAN	3	QL
ZUPLENZ	3	QL
ULCER THERAPY		
<i>amoxicil-clarithromy-lansopraz</i>	1	
CARAFATE	3	
<i>cimetidine</i>	1	
<i>cimetidine hcl</i>	1	
CYTOTEC	3	
DEXILANT	3	ST
<i>esomeprazole magnesium oral capsule,delayed release(dr/ec)</i>	1	
<i>esomeprazole magnesium oral granules dr for susp in packet</i>	1	ST
<i>famotidine</i>	1	

Drug Name	Drug Tier	Requirements / Limits
<i>lansoprazole</i>	1	
<i>misoprostol</i>	1	
<i>nizatidine</i>	1	
OMECLAMOX-PAK	3	
<i>omeprazole</i>	1	
<i>pantoprazole</i>	1	
PEPCID	3	
<i>rabeprazole</i>	1	
<i>sucralfate</i>	1	
TALICIA	2	

IMMUNOLOGY, VACCINES & BIOTECHNOLOGY

BIOTECHNOLOGY DRUGS

FULPHILA	5	PA; QL
LEUKINE	5	PA
MACRILEN	6	PA; QL
MOZOBIL	5	PA
NIVESTYM	5	PA
NYVEPRIA	5	PA; QL
PROCRIT	5	PA
REBLOZYL	6	PA
RETACRIT	5	PA
ZARXIO	5	PA
ZIEXTENZO	5	PA

GROWTH HORMONES

EGRIFTA SV	5	PA
GENOTROPIN	5	PA
GENOTROPIN MINIQUICK	5	PA
NORDITROPIN FLEXPRO	5	PA
SEROSTIM	5	PA

Drug Name	Drug Tier	Requirements / Limits
ZORBTIVE	6	PA
INTERFERONS		
AUBAGIO	5	PA; QL
AVONEX	5	PA; QL
BAFIERTAM	5	ST; QL
BETASERON	5	PA; QL
COPAXONE	6	PA; QL
<i>dimethyl fumarate</i>	4	PA; QL
GILENYA	5	PA; QL
<i>glatiramer</i>	4	PA; QL
<i>glatopa</i>	4	PA; QL
KESIMPTA PEN	5	PA; QL
LEMTRADA	6	PA; QL
MAVENCLAD (10 TABLET PACK)	6	PA; LA; QL
MAVENCLAD (4 TABLET PACK)	6	PA; LA; QL
MAVENCLAD (5 TABLET PACK)	6	PA; LA; QL
MAVENCLAD (6 TABLET PACK)	6	PA; LA; QL
MAVENCLAD (7 TABLET PACK)	6	PA; LA; QL
MAVENCLAD (8 TABLET PACK)	6	PA; LA; QL
MAVENCLAD (9 TABLET PACK)	6	PA; LA; QL
MAYZENT	5	PA; QL
MAYZENT STARTER PACK	5	PA
OCREVUS	5	PA; QL
PEGASYS	5	PA; QL
PLEGRIDY	5	PA; QL
POMALYST	5	PA; LA
PONVORY	5	PA; QL

Drug Name	Drug Tier	Requirements / Limits
PONVORY 14-DAY STARTER PACK	5	PA; QL
REBIF (WITH ALBUMIN)	5	PA; QL
REBIF REBIDOSE	5	PA; QL
REBIF TITRATION PACK	5	PA; QL
REVLIMID	5	PA; LA
<i>ribavirin</i>	4	PA
TECFIDERA	6	PA; QL
VUMERITY	5	PA; QL
ZEPOSIA	5	PA; QL
ZEPOSIA STARTER KIT	5	PA; QL
ZEPOSIA STARTER PACK	5	PA; QL
INTERLEUKINS		
ACTIMMUNE	5	PA
ALDARA	3	
ALFERON N	2	PA
ARCALYST	6	PA
ILARIS (PF)	5	PA; LA
<i>imiquimod</i>	1	
INTRON A	5	PA
PROLEUKIN	5	PA
VACCINES & MISCELLANEOUS IMMUNOLOGICALS		
ACTHIB (PF)	2	ACA
ADACEL(TDAP ADOLESN/ADULT)(PF)	2	ACA
AFLURIA QD 2021-22(3YR UP)(PF)	2	ACA

Drug Name	Drug Tier	Requirements / Limits
AFLURIA QD 2021-22(6-35MO)(PF)	2	ACA
AFLURIA QUAD 2021-2022(6MO UP)	2	ACA
ASCENIV	6	PA
BCG VACCINE, LIVE (PF)	2	
BEXSERO	2	ACA
BIOTHRAX	2	
BIVIGAM	6	PA
BOOSTRIX TDAP	2	ACA
BOTOX	5	PA
CUVITRU	6	PA
DAPTACEL (DTAP PEDIATRIC) (PF)	2	ACA
DYSPORT	6	PA
ENGERIX-B (PF)	2	ACA
ENGERIX-B PEDIATRIC (PF)	2	ACA
FLEBOGAMMA DIF	6	PA
FLUAD QUAD 2021-22(65Y UP)(PF)	2	ACA
FLUARIX QUAD 2021-2022 (PF)	2	ACA
FLUBLOK QUAD 2021-2022 (PF)	2	ACA
FLUCELVAX QUAD 2021-2022	2	ACA
FLUCELVAX QUAD 2021-2022 (PF)	2	ACA
FLULAVAL QUAD 2021-2022 (PF)	2	ACA

Drug Name	Drug Tier	Requirements / Limits
FLUMIST QUAD 2021-2022	3	ACA
FLUZONE HIGHDOSE QUAD 21-22 PF	2	ACA
FLUZONE QUAD 2021-2022	2	ACA
FLUZONE QUAD 2021-2022 (PF)	2	ACA
GAMASTAN	5	PA
GAMASTAN S/D	5	PA
GAMMAGARD LIQUID	5	PA
GAMMAGARD S-D (IGA < 1 MCG/ML)	5	PA
GAMMAPLEX	6	PA
GAMMAPLEX (WITH SORBITOL)	6	PA
GAMUNEX-C	5	PA
GARDASIL 9 (PF)	2	ACA
GRASTEK	2	PA
HAVRIX (PF)	2	ACA
HEPLISAV-B (PF)	3	ACA
HIBERIX (PF)	2	ACA
HYQVIA	6	PA
IMOVAX RABIES VACCINE (PF)	2	
INFANRIX (DTAP) (PF)	2	ACA
IPOL	2	ACA
IXIARO (PF)	2	
JANSSEN COVID-19 VACCINE (EUA)	2	ACA
KINRIX (PF)	3	ACA
MENACTRA (PF)	2	ACA

Drug Name	Drug Tier	Requirements / Limits
MENQUADFI (PF)	3	ACA
MENVEO A-C-Y-W-135-DIP (PF)	3	ACA
M-M-R II (PF)	2	ACA
MODERNA COVID-19 VACCINE (EUA)	2	ACA
MYOBLOC	5	PA
OCTAGAM	6	PA
ODACTRA	2	PA
ORALAIR	5	PA
PANZYGA	3	PA
PEDIARIX (PF)	2	ACA
PEDVAX HIB (PF)	2	ACA
PENTACEL (PF)	2	ACA
PENTACEL ACTHIB COMPONENT (PF)	2	ACA
PFIZER COVID-19 VACCINE (EUA)	2	ACA
PNEUMOVAX-23	2	ACA
PREVNAR 13 (PF)	2	ACA
PREVNAR 20 (PF)	3	ACA
PRIVIGEN	6	PA
PROQUAD (PF)	2	ACA
PROVENGE	5	PA
QUADRACEL (PF)	2	ACA
RABAVERT (PF)	2	
RAGWITEK	2	PA
RECOMBIVAX HB (PF)	2	ACA
ROTARIX	3	ACA
SHINGRIX (PF)	2	ACA
STAMARIL (PF)	2	
TDVAX	2	ACA

Drug Name	Drug Tier	Requirements / Limits
TENIVAC (PF)	3	ACA
TETANUS,DIPHTHERIA TOX PED(PF)	2	ACA
TRUMENBA	2	ACA
TWINRIX (PF)	2	ACA
TYPHIM VI	2	
VAQTA (PF)	3	ACA
VARIVAX (PF)	2	ACA
VARIZIG	2	
VAXELIS (PF)	3	
XEMBIFY	5	PA
XEOMIN	6	PA
YF-VAX (PF)	2	
ZOSTAVAX (PF)	3	ACA

MUSCULOSKELETAL & RHEUMATOLOGY

GOUT THERAPY

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

OSTEOPOROSIS THERAPY

ACTONEL	3	ST; QL
<i>alendronate oral solution</i>	1	QL
<i>alendronate oral tablet 10 mg, 5 mg</i>	1	

Drug Name	Drug Tier	Requirements / Limits
<i>alendronate oral tablet 35 mg, 70 mg</i>	1	QL
ATELVIA	3	ST; QL
BINOSTO	3	ST; QL
BONIVA	3	ST; QL
EVISTA	3	
FORTEO	5	PA; QL
FOSAMAX	3	ST; QL
FOSAMAX PLUS D	3	ST; QL
<i>ibandronate intravenous</i>	4	PA
<i>ibandronate oral</i>	1	QL
<i>raloxifene</i>	1	
<i>risedronate oral tablet 150 mg, 35 mg</i>	1	QL
<i>risedronate oral tablet 5 mg</i>	1	
<i>risedronate oral tablet, delayed release (dr/ec)</i>	1	QL
TERIPARATIDE	6	PA; QL
TYMLOS	5	PA

OTHER RHEUMATOLOGICALS

ACTEMRA ACTPEN	5	PA; QL
ACTEMRA INTRAVENOUS	5	PA
ACTEMRA SUBCUTANEOUS	5	PA; QL
ARAVA	3	
BENLYSTA INTRAVENOUS	5	PA
BENLYSTA SUBCUTANEOUS	5	PA; QL
DEPEN TITRATABS	3	PA

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

Drug Name	Drug Tier	Requirements / Limits
XELJANZ XR	5	PA; QL
OBSTETRICS & GYNECOLOGY		
DIAPHRAGMS AND OTHER NON-ORAL CONTRACEPTIVES		
CAYA CONTOURED	3	ACA
FC2 FEMALE CONDOM	2	ACA; OTC
FEMCAP	2	ACA
KYLEENA	5	
LILETTA	6	
MIRENA	5	ACA
PARAGARD T 380A	6	ACA
SKYLA	5	
WIDE-SEAL DIAPHRAGM	3	ACA
ESTROGENS & PROGESTINS		
ACTIVELLA	3	
ALORA	3	QL
<i>amabelz</i>	1	
ANGELIQ	3	
AYGESTIN	3	
<i>camila</i>	1	ACA
CLIMARA	3	QL
COMBIPATCH	2	
<i>covaryx</i>	1	
<i>covaryx h.s.</i>	1	
<i>deblitane</i>	1	ACA
DELESTROGEN	3	PA
DEPO-ESTRADIOL	2	PA
DEPO-PROVERA	3	ACA; QL

Drug Name	Drug Tier	Requirements / Limits
DEPO-SUBQ PROVERA 104	3	QL
<i>dotti</i>	1	QL
DUAVEE	2	
<i>eemt</i>	1	
<i>eemt hs</i>	1	
<i>errin</i>	1	ACA
ESTRACE	3	
ESTRADIOL IMPLANT	3	
<i>estradiol oral</i>	1	
<i>estradiol transdermal</i>	1	QL
<i>estradiol vaginal</i>	1	
<i>estradiol valerate</i>	1	PA
<i>estradiol-norethindrone acet</i>	1	
<i>estrogens-methyltestosterone</i>	1	
FEMHRT LOW DOSE	3	
<i>fyavolv</i>	1	
<i>heather</i>	1	ACA
<i>hydroxyprogest(pf)(p reg presv)</i>	4	PA
<i>hydroxyprogesterone cap(ppres)</i>	4	PA
<i>incassia</i>	1	ACA
<i>jencycla</i>	1	ACA
<i>jinteli</i>	1	
<i>lyleq</i>	1	ACA
<i>lyllana</i>	1	QL
<i>lyza</i>	1	ACA
MAKENA	6	PA
MAKENA (PF)	6	PA

Drug Name	Drug Tier	Requirements / Limits
<i>medroxyprogesteron e intramuscular</i>	1	ACA; QL
<i>medroxyprogesteron e oral</i>	1	
MENOSTAR	3	QL
<i>mimvey</i>	1	
<i>nora-be</i>	1	ACA
<i>norethindrone (contraceptive)</i>	1	ACA
<i>norethindrone acetate</i>	1	
<i>norethindrone ac-eth estradiol</i>	1	
<i>norlyda</i>	1	ACA
PREFEST	3	
PREMARIN	2	
<i>progesterone</i>	4	PA
<i>progesterone micronized</i>	1	
PROMETRIUM	3	
PROVERA	3	
<i>sharobel</i>	1	ACA
<i>tulana</i>	1	ACA
<i>yuvaferm</i>	1	
MISCELLANEOUS OB/GYN		
CERVIDIL	3	
CLEOCIN	3	
<i>clindamycin phosphate</i>	1	
CLINDESSE	3	
<i>eluryng</i>	1	ACA
<i>etonogestrel-ethinyl estradiol</i>	1	ACA
<i>fem ph</i>	1	
GYNAZOLE-1	3	

Drug Name	Drug Tier	Requirements / Limits
<i>gynol ii</i>	1	ACA; OTC
<i>isoxsuprine</i>	1	
LUPANETA PACK (1 MONTH)	5	PA
LUPANETA PACK (3 MONTH)	5	PA
LYSTEDA	3	
METROGEL VAGINAL	3	
<i>metronidazole</i>	1	
<i>miconazole-3</i>	1	
MYFEMBREE	2	PA
NEXPLANON	5	ACA
NUVARING	3	ACA
NUVESSA	3	
ORIAHNN	2	PA
PREPIDIL	3	
RELAGARD	3	
<i>terconazole</i>	1	
TODAY CONTRACEPTIVE SPONGE	2	ACA; OTC
<i>tranexamic acid</i>	1	
TRIMO-SAN JELLY	2	
<i>vandazole</i>	1	
VCF CONTRACEPTIVE FILM	2	OTC
VCF CONTRACEPTIVE GEL	2	OTC
<i>xulane</i>	1	ACA
<i>zafemy</i>	1	ACA

ORAL CONTRACEPTIVES & RELATED AGENTS

Drug Name	Drug Tier	Requirements / Limits
<i>afirmelle</i>	1	ACA
<i>after pill</i>	1	ACA; OTC
AFTERA	3	ACA; OTC
<i>altavera (28)</i>	1	ACA
<i>alyacen 1/35 (28)</i>	1	ACA
<i>alyacen 7/7/7 (28)</i>	1	ACA
<i>amethia</i>	1	ACA
<i>amethyst (28)</i>	1	ACA
<i>apri</i>	1	ACA
<i>aranelle (28)</i>	1	ACA
<i>ashlyna</i>	1	ACA
<i>aubra</i>	1	ACA
<i>aubra eq</i>	1	ACA
<i>aurovela 1.5/30 (21)</i>	1	ACA
<i>aurovela 1/20 (21)</i>	1	ACA
<i>aurovela 24 fe</i>	1	ACA
<i>aurovela fe 1.5/30 (28)</i>	1	ACA
<i>aurovela fe 1-20 (28)</i>	1	ACA
<i>aviane</i>	1	ACA
<i>ayuna</i>	1	ACA
<i>azurette (28)</i>	1	ACA
<i>balziva (28)</i>	1	ACA
BEYAZ	3	ST; ACA
<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

Drug Name	Drug Tier	Requirements / Limits
<i>chateal (28)</i>	1	ACA
<i>chateal eq (28)</i>	1	ACA
<i>cryselle (28)</i>	1	ACA
<i>cyclafem 1/35 (28)</i>	1	ACA
<i>cyclafem 7/7/7 (28)</i>	1	ACA
<i>cyred</i>	1	ACA
<i>cyred eq</i>	1	ACA
<i>dasetta 1/35 (28)</i>	1	ACA
<i>dasetta 7/7/7 (28)</i>	1	ACA
<i>daysee</i>	1	ACA
<i>desog-e.estradiol/e.estradiol</i>	1	ACA
<i>desogestrel-ethinyl estradiol</i>	1	ACA
<i>dolishale</i>	1	ACA
<i>drospirenone-e.estradiol-lm.fa</i>	1	ACA
<i>drospirenone-ethinyl estradiol</i>	1	ACA
<i>econtra ez</i>	1	ACA; OTC
<i>econtra one-step</i>	1	ACA; OTC
<i>elinet</i>	1	ACA
<i>ELLA</i>	3	ACA
<i>emoquette</i>	1	ACA
<i>enpresse</i>	1	ACA
<i>enskyce</i>	1	ACA
<i>estarylla</i>	1	ACA
<i>ethynodiol diac-eth estradiol</i>	1	ACA
<i>falmina (28)</i>	1	ACA
<i>femynor</i>	1	ACA
<i>gemmily</i>	1	ACA
<i>hailey</i>	1	ACA
<i>hailey 24 fe</i>	1	ACA

Drug Name	Drug Tier	Requirements / Limits
<i>hailey fe 1.5/30 (28)</i>	1	ACA
<i>hailey fe 1/20 (28)</i>	1	ACA
<i>iclevia</i>	1	ACA
<i>isibloom</i>	1	ACA
<i>jaimiess</i>	1	ACA
<i>jasmiel (28)</i>	1	ACA
<i>jolessa</i>	1	ACA
<i>juleber</i>	1	ACA
<i>junel 1.5/30 (21)</i>	1	ACA
<i>junel 1/20 (21)</i>	1	ACA
<i>junel fe 1.5/30 (28)</i>	1	ACA
<i>junel fe 1/20 (28)</i>	1	ACA
<i>junel fe 24</i>	1	ACA
<i>kaitlib fe</i>	1	ACA
<i>kalliga</i>	1	ACA
<i>kariva (28)</i>	1	ACA
<i>kelnor 1/35 (28)</i>	1	ACA
<i>kelnor 1-50 (28)</i>	1	ACA
<i>kurvelo (28)</i>	1	ACA
<i>l norgest/e.estradiol-e.estradiol</i>	1	ACA
<i>larin 1.5/30 (21)</i>	1	ACA
<i>larin 1/20 (21)</i>	1	ACA
<i>larin 24 fe</i>	1	ACA
<i>larin fe 1.5/30 (28)</i>	1	ACA
<i>larin fe 1/20 (28)</i>	1	ACA
<i>larissia</i>	1	ACA
<i>layolis fe</i>	1	ACA
<i>leena 28</i>	1	ACA
<i>lessina</i>	1	ACA
<i>levonest (28)</i>	1	ACA
<i>levonorgestrel</i>	1	ACA; OTC

Drug Name	Drug Tier	Requirements / Limits
<i>levonorgestrel-ethinyl estrad</i>	1	ACA
<i>levonorg-eth estrad triphasic</i>	1	ACA
<i>levora-28</i>	1	ACA
<i>lillow (28)</i>	1	ACA
<i>lojaimiess</i>	1	ACA
<i>loryna (28)</i>	1	ACA
<i>low-ogestrel (28)</i>	1	ACA
<i>lo-zumandimine (28)</i>	1	ACA
<i>lutra (28)</i>	1	ACA
<i>marlissa (28)</i>	1	ACA
<i>merzee</i>	1	ACA
<i>mibelas 24 fe</i>	1	ACA
<i>microgestin 1.5/30 (21)</i>	1	ACA
<i>microgestin 1/20 (21)</i>	1	ACA
MICROGESTIN 24 FE	3	ST; ACA
<i>microgestin fe 1.5/30 (28)</i>	1	ACA
<i>microgestin fe 1/20 (28)</i>	1	ACA
<i>mili</i>	1	ACA
<i>mono-lynyah</i>	1	ACA
<i>my choice</i>	1	ACA; OTC
<i>my way</i>	1	ACA; OTC
<i>necon 0.5/35 (28)</i>	1	ACA
<i>new day</i>	1	ACA; OTC
<i>nikki (28)</i>	1	ACA
<i>noreth-ethinyl estradiol-iron</i>	1	ACA
<i>norethindrone ac-eth estradiol</i>	1	ACA

Drug Name	Drug Tier	Requirements / Limits
<i>norethindrone-e.estradiol-iron</i>	1	ACA
<i>norgestimate-ethinyl estradiol</i>	1	ACA
<i>nortrel 0.5/35 (28)</i>	1	ACA
<i>nortrel 1/35 (21)</i>	1	ACA
<i>nortrel 1/35 (28)</i>	1	ACA
<i>nortrel 7/7/7 (28)</i>	1	ACA
<i>nylia 7/7/7 (28)</i>	1	ACA
<i>nymyo</i>	1	ACA
<i>ocella</i>	1	ACA
<i>opcicon one-step</i>	1	ACA; OTC
<i>option-2</i>	1	ACA; OTC
<i>orsythia</i>	1	ACA
<i>philith</i>	1	ACA
<i>pimtrea (28)</i>	1	ACA
<i>pirmella</i>	1	ACA
PLAN B ONE-STEP	2	ACA; OTC
<i>portia 28</i>	1	ACA
<i>previfem</i>	1	ACA
<i>reclipsen (28)</i>	1	ACA
<i>rivelsa</i>	1	ACA
<i>setlakin</i>	1	ACA
<i>simliya (28)</i>	1	ACA
<i>simpesse</i>	1	ACA
<i>sprintec (28)</i>	1	ACA
<i>sronyx</i>	1	ACA
<i>syeda</i>	1	ACA
TAKE ACTION	3	ACA; OTC
<i>tarina 24 fe</i>	1	ACA
<i>tarina fe 1/20 (28)</i>	1	ACA
<i>taysofy</i>	1	ACA
<i>tilia fe</i>	1	ACA

Drug Name	Drug Tier	Requirements / Limits
<i>tri femynor</i>	1	ACA
<i>tri-estarylla</i>	1	ACA
<i>tri-legest fe</i>	1	ACA
<i>tri-linyah</i>	1	ACA
<i>tri-lo-estarylla</i>	1	ACA
<i>tri-lo-marzia</i>	1	ACA
<i>tri-lo-mili</i>	1	ACA
<i>tri-lo-sprintec</i>	1	ACA
<i>tri-mili</i>	1	ACA
<i>tri-nymyo</i>	1	ACA
<i>tri-previfem (28)</i>	1	ACA
<i>tri-sprintec (28)</i>	1	ACA
<i>trivora (28)</i>	1	ACA
<i>tri-vylibra</i>	1	ACA
<i>tri-vylibra lo</i>	1	ACA
<i>tydemy</i>	1	ACA
<i>velivet triphasic regimen (28)</i>	1	ACA
<i>vestura (28)</i>	1	ACA
<i>vienva</i>	1	ACA
<i>violele (28)</i>	1	ACA
<i>volnea (28)</i>	1	ACA
<i>vyfemla (28)</i>	1	ACA
<i>vylibra</i>	1	ACA
<i>wera (28)</i>	1	ACA
<i>wymzya fe</i>	1	ACA
YAZ (28)	3	ST; ACA
<i>zarah</i>	1	ACA
<i>zovia 1/35e (28)</i>	1	ACA
<i>zumandimine (28)</i>	1	ACA
OXYTOCICS		
<i>methergine</i>	1	ST; QL
<i>methylergonovine</i>	1	ST; QL

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

Drug Name	Drug Tier	Requirements / Limits
<i>polymyxin b sulf-trimethoprim</i>	1	
POLYTRIM	3	
<i>tobramycin</i>	1	QL
TOBREX OPHTHALMIC (EYE) DROPS	3	QL
TOBREX OPHTHALMIC (EYE) OINTMENT	3	
VIGAMOX	3	
ZYMAXID	3	
ANTIVIRALS		
<i>trifluridine</i>	1	QL
ZIRGAN	3	
BETA-BLOCKERS		
<i>betaxolol</i>	1	
BETOPTIC S	3	
<i>carteolol</i>	1	
<i>levobunolol</i>	1	
<i>timolol maleate (pf)</i>	1	
<i>timolol maleate ophthalmic (eye) drops</i>	1	QL
<i>timolol maleate ophthalmic (eye) drops, once daily</i>	1	
<i>timolol maleate ophthalmic (eye) gel forming solution</i>	1	
TIMOPTIC	3	QL
TIMOPTIC-XE	3	
CYCLOPLEGIC MYDRIATICS		
<i>atropine ophthalmic (eye) drops</i>	1	

Drug Name	Drug Tier	Requirements / Limits
ATROPINE OPHTHALMIC (EYE) DROPS, EMULSION	3	
<i>atropine ophthalmic (eye) ointment</i>	1	
CYCLOGYL	3	
<i>cyclopentolate</i>	1	
CYCLOPEN-TROPIC-PHENYLEPH-WATR	3	
CYCLOPENT-TROPIC-PHEN-KETR-WAT	3	
CYCLOP-TROP-PROPA-PHEN-KET-WAT	3	
<i>homatropaire</i>	1	
ISOPTO ATROPINE	3	
MYDRIACYL	3	QL
PAREMYD	3	
PHENYLEPH-TROPICAMIDE IN WATER	3	
<i>tropicamide</i>	1	QL
DIRECT ACTING MIOTICS		
ISOPTO CARPINE	3	QL
MIOCHOL-E	3	
<i>pilocarpine hcl</i>	1	QL
MISCELLANEOUS OPHTHALMOLOGICS		
AKTEN (PF)	3	
ALCAINE	3	
<i>altacaine</i>	1	

Drug Name	Drug Tier	Requirements / Limits
ALTAFLUOR BENOX	3	
<i>azelastine</i>	1	
BEOVU	6	PA
<i>bepotastine besilate</i>	1	
BEPREVE	3	ST
BEVACIZUMAB	3	PA
CEQUA	3	PA
<i>cromolyn</i>	1	
CYCLOSPORINE IN KLARITY	3	
CYSTARAN	5	PA
DEXAMET-MOXIFL-KETORO-NACL(PF)	3	
<i>epinastine</i>	1	
EYLEA	5	PA
FLUORESCEIN-BENOXINATE	3	
<i>fluorescein-proparacaine</i>	1	
KLARITY-A (AZITHRO-CHONDR)(PF)	3	
KLARITY-B (BETAMETH-CHOND)(PF)	3	
KLARITY-L (LOTEPRED-CHOND)(PF)	3	
LACRISERT	3	
LIDOCAINE-PHENYLEPHRIN-BSS(PF)	3	
<i>lidocaine-phenylephrn in water</i>	1	

Drug Name	Drug Tier	Requirements / Limits
LUCENTIS	6	PA
LUXTURN A	5	PA
MYDRIATIC4(TRO P-PROP-PE-KTRLC)	3	
<i>olopatadine</i>	1	QL
OMIDRIA	3	
OXERVATE	5	PA; QL
PHOTREXA CROSS-LINKING KIT	3	
PHOTREXA VISCOUS	3	
PREDNISOL ACE-GATIFLOX-BROMFEN	3	
PREDNISOLN SP-GATIFLOX-BROMFEN	3	
PREDNISOLN SP-MOXIFLOX-BROMFEN	3	
PREDNISOLONE ACETATE-NEPAFENAC	3	
PREDNISOLONE-MOXIFLO-NEPAFENAC	3	
PREDNISOLONE-MOXIFLOX-BROMFEN	3	
<i>proparacaine</i>	1	
RACEPINEPH-LIDOCAINE-BSS 7(PF)	3	
RESTASIS	2	PA
RESTASIS MULTIDOSE	2	PA
<i>tetracaine hcl</i>	1	

Drug Name	Drug Tier	Requirements / Limits
TETRACAINE HCL (PF)	3	
VISUDYNE	5	PA
XIIDRA	2	PA
ZERVIAE	2	ST
NON-STEROIDAL ANTI-INFLAMMATORY AGENTS		
ACULAR	3	QL
ACULAR LS	3	QL
<i>bromfenac</i>	1	
<i>diclofenac sodium</i>	1	
<i>flurbiprofen sodium</i>	1	
ILEVRO	3	
<i>ketorolac</i>	1	QL
PROLENSA	3	
ORAL DRUGS FOR GLAUCOMA		
<i>acetazolamide</i>	1	
<i>methazolamide</i>	1	
OTHER GLAUCOMA DRUGS		
AZOPT	3	
<i>bimatoprost</i>	1	
BRIMONIDINE-DORZOLAMIDE (PF)	3	
<i>brinzolamide</i>	1	
COMBIGAN	2	
<i>dorzolamide</i>	1	
DORZOLAMIDE (PF)	3	
<i>dorzolamide-timolol</i>	1	
<i>dorzolamide-timolol (pf) ophthalmic (eye) dropperette</i>	1	

Drug Name	Drug Tier	Requirements / Limits
DORZOLAMIDE-TIMOLOL (PF) OPHTHALMIC (EYE) DROPS	3	
<i>latanoprost</i>	1	QL
LATANOPROST (PF)	3	QL
LUMIGAN	2	ST
<i>miostat</i>	1	
MITOSOL	3	
SIMBRINZA	3	
TIMOL-BRIMON-DORZO-LATANOP(PF)	3	
TIMOLOL-BRIMONIDI-DORZOLAM(PF)	3	
TIMOLOL-DORZOLAMID-LATANOP(PF)	3	
TIMOLOL-LATANOPROST(P F)	3	
<i>travoprost</i>	1	QL
TRUSOPT	3	
VYZULTA	3	ST; QL
ZIOPTAN (PF)	2	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	

Drug Name	Drug Tier	Requirements / Limits
<i>neomycin-polymyxin-hc</i>	1	
<i>neo-polycin hc</i>	1	
PRED-G	3	
PRED-G S.O.P.	3	
PREDNISOLONE ACET-GATIFLOXACIN	3	
PREDNISOLONE SOD PH-MOXIFLOX	3	
PREDNISOLONE-MOXIFLOXACIN HCL	3	
TOBRADEX OPHTHALMIC (EYE) DROPS,SUSPENSION	3	
TOBRADEX OPHTHALMIC (EYE) OINTMENT	2	
<i>tobramycin-dexamethasone</i>	1	
TRIAMCINOLON-MOXIFLOX-WATR(PF)	3	
STEROIDS		
ALREX	3	ST
<i>dexamethasone sodium phosphate</i>	1	
DEXTENZA	3	
DEXYCU (PF)	3	
DUREZOL	3	
EYSUVIS	3	
<i>fluorometholone</i>	1	
FML LIQUIFILM	3	
ILUVIEN	6	PA

Drug Name	Drug Tier	Requirements / Limits
INVELTYS	2	
LOTEMAX OPHTHALMIC (EYE) DROPS,GEL	2	
LOTEMAX OPHTHALMIC (EYE) DROPS,SUSPENSION	3	
LOTEMAX OPHTHALMIC (EYE) OINTMENT	2	
LOTEMAX SM	2	
<i>loteprednol etabonate</i>	1	
OZURDEX	5	PA
PRED FORTE	3	
<i>prednisolone acetate</i>	1	
PREDNISOLONE ACETATE (PF)	3	
<i>prednisolone sodium phosphate</i>	1	
RETISERT	6	PA
YUTIQ	6	PA
STEROID-SULFONAMIDE COMBINATIONS		
BLEPHAMIDE	3	
BLEPHAMIDE S.O.P.	3	
<i>sulfacetamide-prednisolone</i>	1	
SULFONAMIDES		
BLEPH-10	3	QL
<i>sulfacetamide sodium ophthalmic (eye) drops</i>	1	QL

Drug Name	Drug Tier	Requirements / Limits
<i>sulfacetamide sodium ophthalmic (eye) ointment</i>	1	
SYMPATHOMIMETICS		
ALPHAGAN P OPTHALMIC (EYE) DROPS 0.1 %	2	
ALPHAGAN P OPTHALMIC (EYE) DROPS 0.15 %	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 & ANTIALLERGENIC AGENTS		
<i>adrenalin</i>	1	PA
<i>carbinoxamine maleate oral liquid</i>	1	
<i>carbinoxamine maleate oral tablet 4 mg</i>	1	
<i>carbinoxamine maleate oral tablet 6 mg</i>	1	ST
<i>cetirizine</i>	1	
CLARINEX	3	QL
<i>clemastine</i>	1	
<i>cyproheptadine</i>	1	
<i>desloratadine</i>	1	QL

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

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

Drug Name	Drug Tier	Requirements / Limits
ASMANEX HFA	2	QL
ASMANEX TWISTHALER	2	QL
ATROVENT HFA	3	QL
<i>azelastine-fluticasone</i>	1	QL
BEVESPI AEROSPHERE	2	QL
<i>bosentan</i>	4	PA
BREO ELLIPTA	2	ST; QL
BREZTRI AEROSPHERE	2	QL
BRONCHITOL	6	PA
BROVANA	3	QL
<i>budesonide</i>	1	QL
CINRYZE	5	PA
COMBIVENT RESPIMAT	2	QL
<i>cromolyn</i>	1	
CUROSURF	3	
DULERA	2	ST; QL
DYMISTA	3	QL
ELIXOPHYLLIN	3	
<i>epinephrine hcl</i>	1	
ESBRIET ORAL CAPSULE	5	PA; QL
ESBRIET ORAL TABLET 267 MG	5	PA; QL
ESBRIET ORAL TABLET 801 MG	5	PA
FASENRA	5	PA
FASENRA PEN	5	PA
FLOVENT DISKUS	2	QL
FLOVENT HFA	2	QL
<i>flunisolide</i>	1	QL

Drug Name	Drug Tier	Requirements / Limits
<i>fluticasone propionate</i>	1	QL
<i>fluticasone propion-salmeterol</i>	1	ST; QL
<i>formoterol fumarate</i>	1	QL
HAEGARDA	6	PA; LA
HYPER-SAL	3	
<i>icatibant</i>	4	PA
INCRUSE ELLIPTA	2	QL
<i>ipratropium bromide</i>	1	
<i>ipratropium-albuterol</i>	1	QL
KALBITOR	6	PA
KALYDECO	5	PA; QL
<i>levalbuterol hcl</i>	1	
LONHALA MAGNAIR REFILL	3	QL
LONHALA MAGNAIR STARTER	3	QL
<i>metaproterenol</i>	1	
<i>mometasone</i>	1	QL
<i>montelukast</i>	1	
<i>nebusal inhalation solution for nebulization 3 %</i>	1	
NEBUSAL INHALATION SOLUTION FOR NEBULIZATION 6 %	3	
NUCALA	5	PA; LA; QL
OFEV	5	PA; QL
OPSUMIT	5	PA; LA
ORKAMBI	5	PA; QL
ORLADEYO	6	PA; LA

Drug Name	Drug Tier	Requirements / Limits
PERFOROMIST	2	QL
<i>pulmosal</i>	1	
PULMOZYME	5	PA
QVAR REDIHALER	2	QL
REVATIO	6	PA
RUCONEST	5	PA
<i>sajazir</i>	4	PA
SEREVENT DISKUS	2	QL
<i>sildenafil (pulm.hypertension)</i>	4	PA
SINUVA	6	PA
<i>sodium chloride</i>	1	
SPIRIVA RESPIMAT	2	QL
SPIRIVA WITH HANDIHALER	2	QL
STIOLTO RESPIMAT	2	QL
SYMBICORT	2	ST; QL
SYMDEKO	5	PA; QL
<i>tadalafil (pulm.hypertension)</i>	4	PA
TAKHZYRO	5	PA; LA
<i>terbutaline</i>	1	
THEO-24	3	
<i>theophylline</i>	1	
TRACLEER ORAL TABLET	6	PA; LA
TRACLEER ORAL TABLET FOR SUSPENSION	5	PA; LA
TRELEGY ELLIPTA	2	QL

Drug Name	Drug Tier	Requirements / Limits
TRIKAFTA ORAL TABLETS, SEQUENTIAL 100-50-75 MG(D) /150 MG (N)	5	PA; QL
TRIKAFTA ORAL TABLETS, SEQUENTIAL 50-25-37.5 MG (D)/75 MG (N)	5	PA
TYVASO	5	PA
TYVASO REFILL KIT	5	PA
TYVASO STARTER KIT	5	PA
VENTAVIS	6	PA
<i>wixela inhub</i>	1	ST; QL
XHANCE	3	QL
XOLAIR	5	PA; LA; QL
XOPENEX	3	
XOPENEX CONCENTRATE	3	
YUPELRI	2	QL
<i>zafirlukast</i>	1	
<i>zileuton</i>	1	PA
ZYFLO	3	PA

UROLOGICALS

ANTICHOLINERGICS & ANTISPASMODICS

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

Drug Name	Drug Tier	Requirements / Limits
OXYTROL	3	ST; QL
<i>solifenacin</i>	1	
<i>tolterodine</i>	1	
TOVIAZ	2	
<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
JALYN	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	PA; LA
ELMIRON	2	
<i>hyophen</i>	1	
K-PHOS NO 2	3	
K-PHOS ORIGINAL	2	
<i>methen-sod phos-meth blue-hyos</i>	1	
ORACIT	3	
OXLUMO	6	PA
<i>phosphasal</i>	1	
<i>potassium citrate</i>	1	
RENACIDIN	2	
URELLE	3	

Drug Name	Drug Tier	Requirements / Limits
<i>uretron d-s</i>	1	
URIBEL	3	
<i>urimar-t</i>	1	
<i>uro-458</i>	1	
UROCIT-K 10	3	
UROCIT-K 15	3	
UROCIT-K 5	3	
<i>urogesic-blue</i>	1	
<i>uro-mp</i>	1	
UROQID-ACID NO.2	3	
<i>uryl</i>	1	
<i>ustell</i>	1	
<i>utira-c</i>	1	
URINARY ANESTHETICS		
<i>phenazopyridine</i>	1	
PYRIDIUM	3	
VITAMINS, HEMATINICS & ELECTROLYTES		
ELECTROLYTES		
EFFER-K ORAL TABLET, EFFERVESCENT 10 MEQ, 20 MEQ	3	
<i>effe-k oral tablet, effervescent 25 meq</i>	1	
GALZIN	3	
<i>klor-con</i>	1	
<i>klor-con 10</i>	1	
<i>klor-con 8</i>	1	
<i>klor-con m10</i>	1	
<i>klor-con m15</i>	1	
<i>klor-con m20</i>	1	
<i>klor-con/ef</i>	1	

Drug Name	Drug Tier	Requirements / Limits
K-TAB ORAL TABLET EXTENDED RELEASE 10 MEQ, 20 MEQ	3	
<i>k-tab oral tablet extended release 8 meq</i>	1	
<i>lugols</i>	1	
<i>potassium chloride</i>	1	
<i>strong iodine</i>	1	
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 b12</i>	1	ACA; OTC
<i>b complex-vitamin c-folic acid</i>	1	ACA; OTC
<i>balanced b-100</i>	1	ACA; OTC
<i>balanced b-100 complex</i>	1	ACA; OTC
<i>balanced b-50</i>	1	ACA; OTC
<i>bal-care dha</i>	1	
BAL-CARE DHA ESSENTIAL	3	
<i>b-complex with vitamin c</i>	1	ACA; OTC
CITRANATAL B-CALM (FE GLUC)	3	
<i>classic prenatal</i>	1	ACA; OTC
<i>c-nate dha</i>	1	
<i>complete natal dha</i>	1	
<i>complex b-100</i>	1	ACA; OTC
<i>dialyvite 800</i>	1	ACA; OTC

Drug Name	Drug Tier	Requirements / Limits
DUET DHA BALANCED	3	
DUET DHA WITH OMEGA-3	3	
<i>fluoride (sodium)</i>	1	ACA; OTC
<i>folic acid</i>	1	ACA; OTC
<i>foltabs 800</i>	1	ACA; OTC
<i>full spectrum b-vitamin c</i>	1	ACA; OTC
<i>kobee</i>	1	ACA; OTC
KOSHER PRENATAL PLUS IRON	3	
<i>kpn</i>	1	ACA; OTC
<i>ludent fluoride</i>	1	ACA; OTC
MARNATAL-F	3	
<i>m-natal plus</i>	1	
<i>multi-vitamin with fluoride</i>	1	ACA; OTC
<i>multivitamins with fluoride</i>	1	ACA; OTC
<i>mvc-fluoride</i>	1	ACA; OTC
<i>mynatal</i>	1	
<i>mynatal plus</i>	1	
<i>mynatal-z</i>	1	
NATACHEW (FE BIS-GLYCINATE)	3	
<i>natural b-100 complex</i>	1	ACA; OTC
NEONATAL COMPLETE	3	
NEONATAL-DHA	3	
NESTABS	3	
NESTABS ABC	3	
NESTABS DHA	3	
<i>newgen</i>	1	

Drug Name	Drug Tier	Requirements / Limits
OB COMPLETE ONE	3	
OB COMPLETE PETITE	3	
OB COMPLETE PREMIER	3	
OB COMPLETE WITH DHA	3	
<i>one daily prenatal</i>	1	ACA; OTC
<i>perry prenatal</i>	1	ACA; OTC
<i>pnv 29-1</i>	1	
<i>pnv-select</i>	1	
<i>pr natal 400</i>	1	
<i>pr natal 400 ec</i>	1	
<i>pr natal 430</i>	1	
<i>pr natal 430 ec</i>	1	
<i>prena1 chew</i>	1	
<i>prena1 pearl</i>	1	
<i>prena1 true</i>	1	
PRENATA	3	
<i>prenatabs fa</i>	1	
<i>prenatabs rx</i>	1	
<i>prenatal</i>	1	ACA; OTC
<i>prenatal complete</i>	1	ACA; OTC
<i>prenatal multi-dha (algal oil)</i>	1	ACA; OTC
<i>prenatal multivitamins</i>	1	ACA; OTC
<i>prenatal one daily</i>	1	ACA; OTC
<i>prenatal plus</i>	1	
<i>prenatal plus (calcium carb)</i>	1	
PRENATAL PLUS DHA	3	
<i>prenatal vitamin</i>	1	ACA; OTC

Drug Name	Drug Tier	Requirements / Limits
<i>prenatal vitamin plus low iron</i>	1	
<i>prenatal vitamin with minerals</i>	1	ACA; OTC
<i>prenatal vits96-iron fum-folic</i>	1	ACA; OTC
PRENATE DHA (FERR ASP GLYCIN)	3	
PRENATE ELITE (IRON ASP GLYC)	3	
PRENATE ENHANCE	3	
PRENATE MINI (FERR ASP GLYCIN)	3	
PRENATE PIXIE	3	
PRENATE RESTORE	3	
PRENATE STAR	3	
<i>preplus</i>	1	
<i>pretab</i>	1	
PRIMACARE	3	
PROVIDA OB	3	
<i>rena-vite</i>	1	ACA; OTC
R-NATAL OB	3	
SELECT-OB	3	
SELECT-OB (FOLIC ACID)	3	
SELECT-OB + DHA	3	
<i>se-natal 19 chewable</i>	1	
<i>se-natal-19</i>	1	
<i>stress formula</i>	1	ACA; OTC
<i>stress formula with iron</i>	1	ACA; OTC

Drug Name	Drug Tier	Requirements / Limits
<i>stress formula with iron(sulf)</i>	1	ACA; OTC
<i>super b complex-vitamin c</i>	1	ACA; OTC
<i>super b maxi complex</i>	1	ACA; OTC
<i>super quint</i>	1	ACA; OTC
<i>super quint b-50</i>	1	ACA; OTC
THRIVITE RX	3	
TRICARE	3	
<i>trinatal rx 1</i>	1	
<i>trinate</i>	1	
TRISTART DHA	3	
<i>triveen-duo dha</i>	1	
<i>tri-vitamin with fluoride</i>	1	ACA; OTC
VENOFER	2	PA
<i>virt-nate dha</i>	1	
VITAFOL FE PLUS	3	
VITAFOL GUMMIES	3	
VITAFOL NANO	3	
VITAFOL ULTRA	3	
VITAFOL-OB	3	
VITAFOL-OB+DHA	3	
VITAFOL-ONE	3	
VITAMED MD ONE RX	3	
VITAMEDMD REDICHEW RX	3	
<i>vitamin b complex</i>	1	ACA; OTC
<i>vitamin b complex-folic acid</i>	1	ACA; OTC
<i>vitamins a,c,d and fluoride</i>	1	ACA; OTC

Drug Name	Drug Tier	Requirements / Limits
VITAPEARL	3	
VITATRUE	3	
VP-PNV-DHA	3	

Drug Name	Drug Tier	Requirements / Limits
<i>westab plus</i>	1	
<i>westgel dha</i>	1	

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This formulary was updated on 10/1/2021. 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.