GEISINGER HEALTH PLAN

2024 Geisinger Marketplace Plans

Geisinger

List of covered drugs

General Formulary Information

This formulary is applicable to the prescription coverage provided with all Marketplace plans offered by Geisinger Health Plan and Geisinger Choice.

We encourage you to contact our Pharmacy Customer Service Team if you have any questions about this information or the type of benefit in which you are enrolled. Also, please refer to your benefit documents, as formulary exclusions may differ based on the specific benefit.

This formulary was designed to be a useful tool for prescription medication coverage. It lists the medications covered by your plan. Medications are listed in this formulary by medication category; individual medications can be found by using the index at the back.

Please note that you can also view the formulary online at www.geisinger.org/health-plan.

Pharmacy Customer Service Team Contact Information

Telephone: (800) 988-4861 or (570)-271-5673; TDD/TTY 711

Fax: 570-300-2122

Mailing address:
Geisinger Health Plan Pharmacy Department
Internal Mail Code 24-10
100 North Academy Avenue
Danville, PA 17822

Tiers

The Marketplace formulary assigns each prescription medication to one of 6 different tiers, each representing a set copay or coinsurance amount. The copay or coinsurance amount will depend on your prescription medication rider. Additional medications, other than those included in this formulary, may be covered under your plan. The definitions of the copay or coinsurance levels are listed below:

- Tier 1 ($0) – These medications have no copayment/coinsurance.
- Tier 2 (Generic Preferred) – Includes select generic medications and has the lowest copayment. Prior authorization is usually not necessary for medications in this tier.
- Tier 3 (Generic Non-Preferred) – Includes most generic medications. Prior authorization is usually not necessary for medications in this tier.
- Tier 4 (Brand Preferred) – Includes certain formulary brand name medications with no generic equivalent. Prior authorization may be necessary for medications in this tier.
- Tier 5 (Brand Non-Preferred) – Includes certain formulary brand name medications, brand name medications with a generic equivalent (unless higher cost-sharing applies), and specialty medications. Non-formulary brand name medications, if approved, will apply tier 5 cost sharing. Prior authorization may be necessary for medications in this tier.
- Tier 6 (Specialty) – Includes high-cost medications, often used to treat rare conditions, and may require special handling or training for use. A maximum of a 34-day supply may be dispensed for medications in this tier unless a shorter duration is specified in the formulary or in your specific benefit documents.

The Plan maintains sole discretion of assigning medications to tiers and moving medications from one tier to another. Several factors are considered when assigning medications to tiers. These factors include but are not limited to:

- Availability of a generic equivalent
- Absolute cost of a medication
- Cost of the medication relative to other medications in the same therapeutic class
- Availability of over-the-counter alternatives
- Clinical and economic factors

Please note: A medication may change in tier status without notice due to immediate generic availability or changes in medication availability in the marketplace.

A few things you should remember when using this formulary and your prescription benefit:

- All prescriptions must be filled at a participating pharmacy.
- You will pay the applicable copay, coinsurance, or deductible when you receive the prescription.
- Most brand name medications with a generic equivalent require prior authorization. Some medications on the formulary require prior authorization or step therapy which your provider may request through our Pharmacy Customer Service Team.
- If you require medications not listed on this formulary, your provider may request an exception through our Pharmacy Customer Service Team. Those items listed as specific exclusions are not available through the exception process. Non-formulary medications requiring prior authorization will be available at the Tier 5 copayment/coinsurance level.
- Some medications and diabetic supplies may be restricted to a specific manufacturer, vendor or supplier and may be subject to quantity limits.
- Quantity limits may apply to certain medications.
- Brand and generic Triptan medications for migraines have a quantity limit of 16 units per 28 days across all products and dosage forms (sumatriptan, rizatriptan, naratriptan, almotriptan, frovatriptan, eletriptan, zolmitriptan, and sumatriptan/naproxen).
- Insulin syringes and lancets are covered at Tier 4.
- Most non-prescription (over-the-counter) medications are not covered unless required by health care reform legislation.
- Note that if certain conditions are met, some medications may be covered with no copay/coinsurance due to health care reform legislation. Please contact the Pharmacy Customer Service Team for more information.
- Many compounded prescriptions require prior authorization review, which your provider may request through our Pharmacy Customer Service Team. If an exception is approved, you will be charged at the Tier 3 copay level if the primary ingredient is generic or the Tier 5 copay level if the primary ingredient is brand. If your request is denied, the medication will be excluded from coverage under your prescription medication benefits.
- All prescriptions for a total morphine equivalent dose (MED) of 50 or greater will require prior authorization. Short acting opioid prescriptions will require prior authorization if more than a 10-day supply if required for an adult or more than a 5-day supply for a member under 18 years of age.

Specialty Vendor Medication Program

- Certain medications require the use of a contracted specialty pharmacy vendor for purchase. Please contact the Pharmacy Customer Service Team for additional information on the program and a complete list of the medications included. Note that a maximum of a 34-day supply may be dispensed for specialty vendor medications unless a shorter duration is specified in the formulary or in your specific benefit documents.

Using this formulary

- Medications are listed by therapeutic class within the table of contents. An alphabetical index of all medications can be found at the back of the formulary.
- The medication Tier is listed in the Drug Tier Column.
- Medication names with AL in the Requirements/Limits column have age limits.
- Medication names with QL in the Requirements/Limits column have quantity limits. Other day supply limits may apply.
- Medication names followed by PA in the Requirements/Limits column require prior authorization.
- Medication names followed by PA NSO in the Requirements/Limits column require prior authorization for new starts only.
- Medication names followed by ST in the Requirements/Limits column have step therapy requirements.
- Medication names followed by SP in the Requirements/Limits column require the use of a specialty pharmacy vendor.
- This formulary is accurate as of December 1, 2024 and is subject to change. Any additions or deletions to the formulary throughout the year may be found in the following quarterly publications: “Member Update” for members and “Healthcare Provider Update” for providers. The most up-to-date source for formulary information is the online formulary search available at www.geisinger.org/health-plan.com.
- **Restrictions in medication availability may result from use of a formulary**

Certain prescription medications listed in this formulary may not be covered for everyone. Your prescription medication benefits are dependent upon the coverage selected by you or your employer. Please be aware that if you choose to obtain a non-formulary medication, you may be required to pay the full price of that medication. For information about your specific prescription medication benefits, please contact the Pharmacy Customer Service Team.

Quantity Limits

- Quantity limits are listed in the Requirements/Limits Column.
- Note that non-formulary medications in the same class/category as formulary drugs with quantity limits will have the same quantity limits applied if approved for coverage.
- A maximum of a 34-day supply may be dispensed for medications in Tier 6 and medications provided by a specialty vendor unless a shorter duration is specified in the formulary or in your specific benefit documents.

Step Therapy

For details regarding step therapy requirements please contact the Pharmacy Customer Service Team at (800) 988-4861 or (570) 271-5673.

What is a medication formulary?

A medication formulary is a continually updated list of prescription medications. It represents the medications currently covered based upon the clinical judgment of the Pharmacy and Therapeutics Committee, which is made up of pharmacists and physicians. (The formulary is continually updated due to the high number of medications currently on the market, as well as the continuous introduction of new medications.) This committee thoroughly reviews medical literature to first determine which medications are likely to produce the best results for patients. Then, if two or more medications produce the same clinical results, elements like cost and ease of use are considered.

A well-developed formulary enhances quality of patient care by encouraging physicians to prescribe medications that are safe, effective, and likely to achieve the best possible outcome for the patient. When you use a formulary medication, it is considered a “covered” medication and you pay your particular copay or coinsurance for that medication.

The Plan recognizes that, in some situations, you may not respond well to a given formulary medication, or you may have an allergy or other condition that warrants the use of a non-formulary medication. An exception process exists for these special instances. Your physician may initiate a request for a formulary exception by contacting our Pharmacy Service Team. Your request will be reviewed, including review of pertinent medical records, treatment and laboratory data. We respond to such requests within 48 hours of receiving all necessary information. If an exception is approved, you will be charged at the Tier 4 copay level. If your request is denied, the medication will be excluded from coverage under your prescription medication benefits.

Formulary exclusions

There are certain medications that your plan will not cover under any circumstance. These are called exclusions.

Some examples of excluded medications include those that are:

- Available over-the-counter
- Used for experimental, investigational, or unproven therapies
- Used for weight loss and weight management
- Used for cosmetic purposes
- Used for sexual dysfunction

Other exclusions may apply and are subject to change, so you should contact the Pharmacy Customer Service Team when you are unsure whether a medication is covered.

Health Care Reform

The Affordable Care Act (ACA) was signed into law on March 23, 2010. Under the ACA, the government created "provisions," or laws, that health insurers must adapt to, which change health benefits for consumers. These changes include the expansion of preventive services, including vaccinations, prescription drugs, and more. In accordance with the ACA requirements, and subject to any applicable limitations of your pharmacy plan, the following preventive medications will be covered with no cost-sharing under the prescription drug benefit:

- Aspirin Products – Low dose (81 mg) aspirin products
    - For the primary prevention of cardiovascular disease and colorectal cancer in adults ages 50-59 years who have a 10 percent or greater 10-year cardiovascular risk, are not at increased risk for bleeding, have a life expectancy of at least 10 years and are willing to take low-dose aspirin daily for at least 10 years.
    - As preventive medication after 12 weeks of gestation in women who are at high risk for preeclampsia.
- Contraceptives – For females
- Bowel Preparations for Colonoscopy – Brands with no generic and generic products
    - In preparation of a screening colonoscopy for members 45-75 years of age.
- Breast Cancer Prevention – Generic anastrozole, exemestane, letrozole, raloxifene and tamoxifen
    - For females who are at increased risk of breast cancer and at low risk for adverse medication effects, clinicians should offer to prescribe risk-reducing medications, such as anastrozole, exemestane, letrozole, raloxifene or tamoxifen.
- Folic Acid Supplements – Generic folic acid 0.4 mg and 0.8 mg tablets
    - All females who are planning or capable of pregnancy.
- Fluoride Supplements – Fluoride drops and chewable tablets
    - Oral fluoride supplementation starting at 6 months for children whose water supply is fluoride sufficient up to age 16 years for the prevention of dental caries.
- HIV Pre-Exposure Prophylaxis – Apretude 600 mg/3 mL injection, Descovy 200-25 mg tablet, emtricitabine/tenofovir 200-300 mg tablet, and Vocabria 30 mg tablet
- Smoking Cessation Products – Brands with no generic and generic products
    - Two, 90-day treatment courses per benefit year.
- Statin Preventive Medication – generic products
    - For adults aged 40 to 75 years who have 1 or more cardiovascular risk factors (i.e., dyslipidemia, diabetes, hypertension, or smoking) and an estimated 10-year risk of a cardiovascular event of 10% or greater.
- Vaccinations – Preventive vaccines are covered for $0 cost sharing based on appropriate age and Food and Drug Administration (FDA) approved uses.

Formulary, oral chemotherapy agents will have no cost sharing based on the Pennsylvania Oral Anticancer Treatment Access Law.

Please note: For details about how these medications may be covered under your specific plan please contact the Pharmacy Customer Service Team. A prescription is required to process any claim for preventive care medications or products under the pharmacy plan, including over-the-counter medications.

Formulary development

When deciding whether or not a medication should be included in the formulary, the Health Plan's Pharmacy and Therapeutics Committee carefully considers each medication for coverage or non-coverage in order to ensure safety and effectiveness in the medications being prescribed. This information is then shared with participating providers for review and feedback. Based upon the gathered information and provider feedback, the Pharmacy and Therapeutics Committee will determine a medication's inclusion or exclusion in the formulary. For the specific criteria used to determine a medication's inclusion or exclusion in this formulary, please contact the Pharmacy Customer Service Team.

What are generics?

When a company develops a new medication, it receives a patent that protects the medication company's right to be the only manufacturer of that medication for a certain period of time. This means that no generic can be manufactured during that time. After that patent expires, other companies can then make the same medication and sell it in its generic form. The generic form of a medication has the same active ingredients, the same strength, and the same dosage as the brand name medication. The inactive ingredients (which provide texture, shape and color) may be different, which is why a generic typically looks different than its brand name counterpart. Generic medications are usually less expensive than brand name medications but are just as safe and effective. This is because generic manufacturers have lower advertising costs and greater competition from other generic manufacturers. Additionally, the U.S. Food and Drug Administration regulates all pharmaceuticals, including generics, to assure quality, strength, purity and potency.

Your prescription plan is based on coverage of generic medications. Whenever possible, you should use a cost-effective generic medication.

Notes for providers

Formulary review process: Medications selected for inclusion in the formulary are chosen in consideration of effectiveness, safety and overall value. Evaluation for formulary inclusion is based on formalized selection criteria to determine the most optimal benefit to members. These criteria include but are not limited to:

- Medication name/dosage form
- Medication class/pharmacology
- FDA-approved indications
- Adverse reactions
- Clinical evidence of safety and efficacy
- Recommendations of national agencies and organizations
- Therapeutic equivalence
- Cost analysis

The criteria are reviewed by the Health Plan Pharmacy and Therapeutics Committee, which is comprised of pharmacists and participating physicians in active clinical practice from various specialties. The medication is then reviewed and evaluated by clinicians in particular specialties for additional feedback. The feedback is discussed by the Pharmacy and Therapeutics Committee prior to finalizing a decision on formulary status. To be included, the medication must offer a distinct advantage over existing formulary medications in the same therapeutic class. Specifically, the medication must demonstrate such attributes as:

- A distinct or unique therapeutic feature
- Greater efficacy, proven in clinical trials, over other medications in the same therapeutic category
- An improved dosing schedule, safety profile or cost-effectiveness over existing formulary medications
- If there are comparable therapeutic agents, additional analysis may be considered. These factors include:
    - Member satisfaction
    - Cost analysis
    - Contract terms and conditions
    - Market share analysis
    - Patent life assessment
    - Utilization management
    - Consumer advertising
    - Per member per month costs

Generic substitution policy: The Health Plan prescription benefits are generically based. Generic substitution will occur for those medications included in the “Approved Medication Products with Therapeutic Equivalence Evaluations,” also known as “The Orange Book,” published by the U.S. Department of Health and Human Services. Generic medications, which have an equivalent rating by these standards, are generally provided under the member’s prescription medication benefit. The Health Plan may also elect to include only one brand-name medication in the formulary even if the medication is marketed by more than one company, or if the brand name medication does not significantly differ from the generic medication.

Prior authorization: To promote the most appropriate utilization, select medications may require prior authorization by the Health Plan to be eligible for coverage under the member's prescription benefit. The Pharmacy and Therapeutics Committee determines prior authorization criteria. In order for a member to receive coverage for a medication requiring prior authorization, the prescribing physician must obtain prior authorization by contacting the Health Plan Pharmacy Department. Submission of medical documentation is required. Prior authorization can be requested:

- Online at ghp.promptpa.com
- By faxing a completed prior authorization form to 570-300-2122
- By mailing a completed prior authorization form to:
    - Attention Pharmacy Department 24-10
      100 North Academy Avenue
      Danville, PA 17822
- Prior authorization for certain medications can be initiated via phone by calling 800-988-4861

Step Therapy: Some medications may require that other medications be tried prior to or concomitantly with the requested medication. The pharmacy claims system looks for a record of the required medications and if they are not found, medical documentation must be submitted showing use of these medications or rationale for skipping the step therapy medications.

Non-formulary medications: The formulary is designed to meet most therapeutic needs of the population served by the Health Plan. Occasionally, because of allergy, therapeutic failure, or a specific diagnostic-related need, formulary medications may not meet the special needs of an individual member. In these special instances, the prescribing physician may make requests to the Health Plan Pharmacy Department for non-formulary or restricted medications. The prescribing physician will receive written documentation and/or a verbal response from the Health Plan Pharmacy Department regarding the request.

Formulary addition requests: Requests for changes or additions, comments, and suggestions for the formulary are welcome and can be made by written request to the Health Plan Pharmacy Department.

Sources:

Academy of Managed Care Pharmacy (AMCP), "Formulary Management," "Formularies," www.amcp.org., November 2001.

Health Insurance Association of America (HIAA), "Guide to Managed Care: Choosing and Using a Health Plan." www.hiaa.org., November 200

Discrimination is against the law

Geisinger Health Plan, Geisinger Quality Options, Inc., and Geisinger Indemnity Insurance Company (Geisinger Health Plan) comply with applicable federal civil rights laws and do not discriminate on the basis of race, color, national origin, age, disability or sex (including sex characteristics, intersex traits, pregnancy or related conditions, sexual orientation, gender identity and sex stereotypes). Geisinger Health Plan does not exclude people or treat them differently because of race, color, national origin, age, disability, sex, gender identity or sexual orientation.

Geisinger Health Plan:

- Provides people with disabilities reasonable modifications and free appropriate auxiliary aids and services to communicate effectively with us, such as:
  - Qualified sign language interpreters
  - Written information in other formats (large print, audio, accessible electronic formats, other formats)
- Provides free language services to people whose primary language is not English, such as:
  - Qualified interpreters
  - Information written in other languages

If you need reasonable modifications, appropriate auxiliary aids and services or language assistance services, call Geisinger Health Plan at 800-447-4000 or TTY: 711.

If you believe that Geisinger Health Plan has failed to provide these services or discriminated in another way on the basis of race, color, national origin, age, disability, sex, gender identity or sexual orientation, you can file a grievance with:

Civil Rights Grievance Coordinator
Geisinger Health Plan Appeals Department
100 N. Academy Ave., Danville, PA 17822-3220
Phone: 866-577-7733, TTY: 711
Fax: 570-271-7225
ghpcivilrights@thehealthplan.com

You can file a grievance in person or by mail, fax or email. If you need help filing a grievance, the civil rights grievance coordinator is available to help you.

You can also file a civil rights complaint with the U.S. Department of Health and Human Services, Office for Civil Rights electronically through the Office for Civil Rights Complaint Portal, available at https://ocrportal.hhs.gov/ocr/portal/lobby.jsf, or by mail or phone at:

U.S. Department of Health and Human Services
200 Independence Ave. SW, Room 509F
HHH Building, Washington, DC 20201
Phone: 800-368-1019, 800-537-7697 (TDD)

Complaint forms are available at http://www.hhs.gov/ocr/office/file/index.html.

ATTENTION: If you speak a language other than English, language assistance services, free of charge, are available to you. Call 800-447-4000 or TTY: 711.

ATENCIÓN: si habla español, tiene a su disposición servicios gratuitos de asistencia lingüística. Llame al 800-447-4000 (TTY: 711).

注意：如果您使用繁體中文，您可以免費獲得語言援助服務。請致電 800-447-4000（TTY：711）。

CHÚ Ý: Nếu bạn nói Tiếng Việt, có các dịch vụ hỗ trợ ngôn ngữ miễn phí dành cho bạn. Gọi số 800-447-4000 (TTY: 711).

ВНИМАНИЕ: Если вы говорите на русском языке, то вам доступны бесплатные услуги перевода. Звоните 800-447-4000 (телетайп: 711).

ACHTUNG: Wenn Sie Deutsch sprechen, stehen Ihnen kostenlos sprachliche Hilfsdienstleistungen zur Verfügung. Rufnummer: 800-447-4000 (TTY: 711).

주의: 한국어를 사용하시는 경우, 언어 지원 서비스를 무료로 이용하실 수 있습니다. 800-447-4000 (TTY: 711) 번으로 전화해 주십시오.

ATTENZIONE: In caso la lingua parlata sia l'italiano, sono disponibili servizi di assistenza linguistica gratuiti. Chiamare il numero 800-447-4000 (TTY: 711).

ملحوظة: إذا كنت تتحدث اذكر اللغة، فإن خدمات المساعدة اللغوية تتوافر لك بالمجان. اتصل برقم 800-447-4000 (رقم هاتف الصم والبكم: 711).

ATTENTION : Si vous parlez français, des services d'aide linguistique vous sont proposés gratuitement. Appelez le 800-447-4000 (ATS : 711).

ACHTUNG: Wenn Sie Deutsch sprechen, stehen Ihnen kostenlos sprachliche Hilfsdienstleistungen zur Verfügung. Rufnummer: 800-447-4000 (TTY: 711).

સૂચના: જો તમે ગુજરાતી બોલતા હો, તો નિ:શુલ્ક ભાષા સહાય સેવાઓ તમારા માટે ઉપલબ્ધ છે. ફોન કરો 800-447-4000 (TTY: 711).

UWAGA: Jeżeli mówisz po polsku, możesz skorzystać z bezpłatnej pomocy językowej. Zadzwoń pod numer 800-447-4000 (TTY: 711).

ATANSYON: Si w pale Kreyòl Ayisyen, gen sèvis èd pou lang ki disponib gratis pou ou. Rele 800-447-4000 (TTY: 711).

ប្រយ័ត្ន៖ បើសិនជាអ្នកនិយាយ ភាសាខ្មែរ, សេវាជំនួយផ្នែកភាសា ដោយមិនគិតឈ្នួល គឺមានជូនអ្នកដែរ។ ចូរ ទូរស័ព្ទ 800-447-4000 (TTY: 711)។

ATENÇÃO: Se fala português, encontram-se disponíveis serviços linguísticos, grátis. Ligue para 800-447-4000 (TTY: 711).

LEGEND

1	$0 Copay
2	Generic Preferred
3	Generic Non-Preferred
4	Brand Preferred
5	Brand Non-Preferred
6	Specialty

QL Quantity Limit	Our plan limits the amount of this drug that is covered per prescription, or within a specific time frame. This could include a: per fill, daily, monthly, or yearly limitation.
PA Prior Authorization	Our plan requires you (or your physician) to get prior authorization for certain drugs. This means that you will need to get approval from our plan before you fill your prescriptions. If you don't get approval, our plan may not cover the drug.
PA-NSO Prior Authorization - New Starts Only	If this drug is new to you, you (or your physician) are required to get prior authorization from our plan before you fill your prescription for this drug. Without prior approval, our plan may not cover this drug.
ST Step Therapy	In some cases, our plan requires you to first try certain drugs to treat your medical condition before we will cover another drug for that condition.
AL Age Limit	Our plan limits certain medications to members who meet minimum or maximum age requirements.
PN Note	This drug has unique restrictions.
PN Note	This drug has unique PA restrictions
PN Note	This drug has unique PA restrictions
SP Specialty Drug	Specialty Vendor Medication Program
PN Note	This drug has unique restrictions
LA Limited Access	Drugs that are only available at certain pharmacies
PN Note	This drug has unique restrictions

Table of Contents

Drug Name	Drug Tier	Requirements/Limits
ADHD/ANTI-NARCOLEPSY/ANTI-OBESITY/ANOREXIANTS (CONTINUED)		
AMPHETAMINES		
amphetamine-dextroamphet er	3	
amphetamine-dextroamphetamine	3	
dextroamphetamine sulfate (5 mg tab, 5 mg/5ml solution, 10 mg tab)	3	
dextroamphetamine sulfate er	3	
lisdexamfetamine dimesylate (10 mg cap, 20 mg cap, 30 mg cap, 40 mg cap, 50 mg cap, 60 mg cap, 70 mg cap)	3	PA, QL (1 ea per 1 day(s))
methamphetamine hcl	3	
VYVANSE (10 MG CAP, 10 MG CHEW TAB, 20 MG CAP, 20 MG CHEW TAB, 30 MG CAP, 30 MG CHEW TAB, 40 MG CAP, 40 MG CHEW TAB, 50 MG CAP, 50 MG CHEW TAB, 60 MG CAP, 60 MG CHEW TAB, 70 MG CAP)	5	PA, QL (1 ea per 1 days)
ANALEPTICS		
caffeine citrate	3	
ATTENTION-DEFICIT/HYPERACTIVITY DISORDER (ADHD) AGENTS		
atomoxetine hcl	3	
guanfacine hcl er	3	
QELBREE 100 MG CAP ER 24H	5	PA, QL (1 ea per 1 days)
QELBREE 150 MG CAP ER 24H	5	PA, QL (2 ea per 1 days)
QELBREE 200 MG CAP ER 24H	5	PA, QL (3 ea per 1 days)
STIMULANTS - MISC.		
armodafinil	3	PA
dexmethylphenidate hcl	3	
dexmethylphenidate hcl er	3	
methylphenidate	3	PA
methylphenidate hcl (2.5 mg chew tab, 5 mg chew tab, 10 mg chew tab)	3	PA
methylphenidate hcl (5 mg tab, 5 mg/5ml solution, 10 mg tab, 10 mg/5ml solution, 20 mg tab)	3	
METHYLPHENIDATE HCL ER (10 MG TAB ER, 18 MG TAB ER, 18 MG TAB ER 24H, 20 MG TAB ER, 27 MG TAB ER, 27 MG TAB ER 24H, 36 MG TAB ER, 36 MG TAB ER 24H, 54 MG TAB ER, 54 MG TAB ER 24H)	3	

Drug Name	Drug Tier	Requirements/Limits
methylphenidate hcl er (cd)	3	
methylphenidate hcl er (la) (10 mg cap er 24h, 20 mg cap er 24h, 30 mg cap er 24h, 40 mg cap er 24h)	3	
methylphenidate hcl er (la) 60 mg cap er 24h	3	PA
methylphenidate hcl er (osm) (18 mg tab er, 27 mg tab er, 36 mg tab er, 54 mg tab er)	3	
modafinil	3	PA
QUILLIVANT XR	5	PA
AMINOGLYCOSIDES (CONTINUED)		
AMINOGLYCOSIDES		
neomycin sulfate	3	
paromomycin sulfate	3	
TOBI PODHALER	6	PA, QL (224 ea per 56 days), SP, PN (MIN 56 DAY SUPPLY; MAX 60 DAY SUPPLY)
tobramycin 300 mg/4ml nebu soln	3	PA, QL (224 ml per 56 days), SP, PN (MIN 56 DAY SUPPLY; MAX 60 DAY SUPPLY), PN (56 DAYS SUPPLY PER FILL)
TOBRAMYCIN 300 MG/5ML NEBU SOLN	3	PA, QL (280 ml per 56 days), SP
tobramycin 300 mg/5ml nebu soln	3	PA, QL (280 ml per 56 days), SP, PN (56 DAYS SUPPLY PER FILL)
ANALGESICS - ANTI-INFLAMMATORY (CONTINUED)		
ANTI-TNF-ALPHA - MONOCLONAL ANTIBODIES		
ADALIMUMAB-FKJP (2 PEN)	6	QL (2 ea per 28 day(s)), PA-NSO, SP, PN (28 DAYS SUPPLY PER FILL)
ADALIMUMAB-FKJP (2 SYRINGE) 20 MG/0.4ML PREF SY KT	6	QL (2 ea per 28 day(s)), PA-NSO, SP, PN (28 DAYS SUPPLY PER FILL)
ADALIMUMAB-FKJP (2 SYRINGE) 40 MG/0.8ML PREF SY KT	6	QL (2 ea per 28 day(s)), PA-NSO, SP, PN (28 DAYS SUPPLY PER FILL)
AMJEVITA 20 MG/0.2ML SOLN PRSYR	6	QL (0.4 ml per 28 day(s)), PA-NSO, SP, PN (28 DAYS SUPPLY PER FILL)
AMJEVITA 40 MG/0.4ML SOLN A-INJ	6	QL (0.8 ml per 28 day(s)), PA-NSO, SP, PN (28 DAYS SUPPLY PER FILL)
AMJEVITA 40 MG/0.4ML SOLN PRSYR	6	QL (0.8 ml per 28 day(s)), PA-NSO, SP, PN (28 DAYS SUPPLY PER FILL)
AMJEVITA 80 MG/0.8ML SOLN A-INJ	6	QL (2.4 ml per 28 day(s)), PA-NSO, SP, PN (28 DAYS SUPPLY PER FILL)

Drug Name	Drug Tier	Requirements/Limits
HADLIMA 40 MG/0.4ML SOLN PRSYR	6	QL (0.8 ml per 28 days), PA-NSO, SP, PN (28 DAYS SUPPLY PER FILL)
HADLIMA 40 MG/0.8ML SOLN PRSYR	6	QL (1.6 ml per 28 days), PA-NSO, SP, PN (28 DAYS SUPPLY PER FILL)
HADLIMA PUSHTOUCH 40 MG/0.4ML SOLN A-INJ	6	QL (0.8 ml per 28 days), PA-NSO, SP, PN (28 DAYS SUPPLY PER FILL)
HADLIMA PUSHTOUCH 40 MG/0.8ML SOLN A-INJ	6	QL (1.6 ml per 28 days), PA-NSO, SP, PN (28 DAYS SUPPLY PER FILL)
HUMIRA (10 MG/0.1ML PREF SY KT, 40 MG/0.4ML PREF SY KT)	6	QL (2 ea per 28 days), PA-NSO, SP, PN (MIN 28 DAY SUPPLY; MAX 34 DAY SUPPLY)
HUMIRA (2 PEN) (40 MG/0.4ML AUT-IJ KIT, 40 MG/0.8ML AUT-IJ KIT)	6	QL (2 ea per 28 day(s)), PA-NSO, SP, PN (MIN 28 DAY SUPPLY; MAX 34 DAY SUPPLY)
HUMIRA (2 PEN) 80 MG/0.8ML AUT-IJ KIT	6	QL (3 ea per 28 day(s)), PA-NSO, SP, PN (MIN 28 DAY SUPPLY; MAX 34 DAY SUPPLY)
HUMIRA (2 SYRINGE) 40 MG/0.8ML PREF SY KT	6	QL (8 ea per 30 days), PA-NSO, SP, PN (MIN 28 DAY SUPPLY; MAX 34 DAY SUPPLY)
HUMIRA 20 MG/0.2ML PREF SY KT	6	QL (2 ea per 28 day(s)), PA-NSO, SP, PN (MIN 28 DAY SUPPLY; MAX 34 DAY SUPPLY)
HUMIRA-CD/UC/HS STARTER 40 MG/0.8ML AUT-IJ KIT	6	QL (2 ea per 28 day(s)), PA-NSO, SP, PN (MIN 28 DAY SUPPLY; MAX 34 DAY SUPPLY)
HUMIRA-CD/UC/HS STARTER 80 MG/0.8ML AUT-IJ KIT	6	QL (3 ea per 28 day(s)), PA-NSO, SP, PN (MIN 28 DAY SUPPLY; MAX 34 DAY SUPPLY)
HUMIRA-PED<40KG CROHNS STARTER	6	QL (2 ea per 28 days), PA-NSO, SP, PN (MIN 28 DAY SUPPLY; MAX 34 DAY SUPPLY)
HUMIRA-PED>/=40KG CROHNS START	6	QL (3 ea per 28 days), PA-NSO, SP, PN (MIN 28 DAY SUPPLY; MAX 34 DAY SUPPLY)
HUMIRA-PED>/=40KG UC STARTER	6	QL (3 ea per 28 day(s)), PA-NSO, SP, PN (MIN 28 DAY SUPPLY; MAX 34 DAY SUPPLY)
HUMIRA-PS/UV/ADOL HS STARTER	6	QL (2 ea per 28 day(s)), PA-NSO, SP, PN (MIN 28 DAY SUPPLY; MAX 34 DAY SUPPLY)
HUMIRA-PSORIASIS/UVEIT STARTER	6	QL (3 ea per 28 day(s)), PA-NSO, SP, PN (MIN 28 DAY SUPPLY; MAX 34 DAY SUPPLY)

Drug Name	Drug Tier	Requirements/Limits
SIMPONI 100 MG/ML SOLN A-INJ	6	QL (1 ml per 28 days), PA-NSO, SP, PN (MIN 28 DAY SUPPLY; MAX 34 DAY SUPPLY)
SIMPONI 100 MG/ML SOLN PRSYR	6	QL (1 ml per 28 days), PA-NSO, SP, PN (MIN 28 DAY SUPPLY; MAX 34 DAY SUPPLY)
SIMPONI 50 MG/0.5ML SOLN A-INJ	6	QL (0.5 ml per 28 days), PA-NSO, SP, PN (MIN 28 DAY SUPPLY; MAX 34 DAY SUPPLY)
SIMPONI 50 MG/0.5ML SOLN PRSYR	6	QL (0.5 ml per 28 days), PA-NSO, SP, PN (MIN 28 DAY SUPPLY; MAX 34 DAY SUPPLY)
SIMPONI ARIA	6	PA, SP, PN (MIN 56 DAY SUPPLY; MAX 60 DAY SUPPLY)
YUSIMRY	6	QL (1.6 ml per 28 day(s)), PA-NSO, SP, PN (28 DAYS SUPPLY PER FILL)
ANTIRHEUMATIC - ENZYME INHIBITORS		
RINVOQ (15 MG TAB ER 24H, 30 MG TAB ER 24H)	6	QL (30 ea per 30 days), PA-NSO, SP, PN (30 DAYS SUPPLY PER FILL)
RINVOQ 45 MG TAB ER 24H	6	QL (28 ea per 28 days), PA-NSO, SP, PN (28 DAY SUPPLY PER FILL)
RINVOQ LQ	6	QL (360 ml per 30 day(s)), PA-NSO, SP, PN (30 DAYS SUPPLY PER FILL)
XELJANZ (5 MG TAB, 10 MG TAB)	6	QL (60 ea per 30 days), PA-NSO, SP, PN (30 DAYS SUPPLY PER FILL)
XELJANZ 1 MG/ML SOLUTION	6	QL (300 ml per 30 days), PA-NSO, SP, PN (30 DAYS SUPPLY PER FILL)
XELJANZ XR	6	QL (30 ea per 30 days), PA-NSO, SP, PN (30 DAYS SUPPLY PER FILL)
GOLD COMPOUNDS		
RIDAURA	4	
INTERLEUKIN-1 BLOCKERS		
ARCALYST	6	PA, SP, PN (34 DAYS SUPPLY PER FILL)
INTERLEUKIN-1BETA BLOCKERS		
ILARIS	6	PA, SP, PN (MIN 28 DAY SUPPLY; MAX 90 DAY SUPPLY)
INTERLEUKIN-6 RECEPTOR INHIBITORS		
ACTEMRA (80 MG/4ML SOLUTION, 200 MG/10ML SOLUTION, 400 MG/20ML SOLUTION)	6	PA, SP, PN (MIN 21 DAY SUPPLY; MAX 34 DAY SUPPLY)

Drug Name	Drug Tier	Requirements/Limits
ACTEMRA 162 MG/0.9ML SOLN PRSYR	6	QL (3.6 ml per 28 days), PA-NSO, SP, PN (MIN 21 DAY SUPPLY; MAX 34 DAY SUPPLY)
ACTEMRA ACTPEN	6	QL (3.6 ml per 28 days), PA-NSO, SP, PN (MIN 21 DAY SUPPLY; MAX 34 DAY SUPPLY)
TOFIDENCE	6	PA, SP, PN (MIN 21 DAY SUPPLY; MAX 34 DAY SUPPLY)
TYENNE (162 MG/0.9ML SOLN A-INJ, 162 MG/0.9ML SOLN PRSYR)	6	QL (3.6 ml per 28 day(s)), PA-NSO, SP, PN (MIN 21 DAY SUPPLY; MAX 34 DAY SUPPLY)
TYENNE (80 MG/4ML SOLUTION, 200 MG/10ML SOLUTION, 400 MG/20ML SOLUTION)	6	PA, SP, PN (MIN 21 DAY SUPPLY; MAX 34 DAY SUPPLY)
NONSTEROIDAL ANTI-INFLAMMATORY AGENTS (NSAIDS)		
celecoxib	3	
diclofenac potassium 25 mg cap	3	PA
diclofenac potassium 50 mg tab	3	
diclofenac sodium (25 mg tab dr, 50 mg tab dr, 75 mg tab dr)	3	
diclofenac sodium er	3	
diclofenac-misoprostol	3	
ec-naproxen	3	
etodolac	3	
etodolac er	3	
FENOPROFEN CALCIUM (200 MG CAP, 600 MG TAB)	3	
flurbiprofen 100 mg tab	3	
ibu	2	
ibuprofen (400 mg tab, 600 mg tab, 800 mg tab)	2	
ibuprofen 100 mg/5ml suspension	3	
INDOCIN 25 MG/5ML SUSPENSION	4	
indocin 50 mg suppos	5	
indomethacin (25 mg cap, 25 mg/5ml suspension, 50 mg cap, 50 mg suppos)	3	
indomethacin er	3	
ketorolac tromethamine 10 mg tab	3	QL (20 ea per fill)
KETOROLAC TROMETHAMINE 15.75 MG/SPRAY SOLUTION	3	PA

Drug Name	Drug Tier	Requirements/Limits
MECLOFENAMATE SODIUM	3	
mefenamic acid	3	
meloxicam (7.5 mg tab, 15 mg tab)	2	
nabumetone	3	
naproxen (125 mg/5ml suspension, 250 mg tab, 375 mg tab, 375 mg tab dr, 500 mg tab, 500 mg tab dr)	3	
naproxen dr	3	
naproxen sodium (275 mg tab, 550 mg tab)	3	
naproxen sodium er	3	PA
naproxen-esomeprazole mg	3	PA
oxaprozin 600 mg tab	3	
piroxicam	3	
SPRIX	3	PA
sulindac	3	
PHOSPHODIESTERASE 4 (PDE4) INHIBITORS		
OTEZLA 10 & 20 & 30 MG TAB THPK	6	QL (55 ea per 28 days), PA-NSO, SP, PN (28 DAYS SUPPLY PER FILL)
OTEZLA 30 MG TAB	6	QL (60 ea per 30 day(s)), PA-NSO, SP, PN (30 DAYS SUPPLY PER FILL)
PYRIMIDINE SYNTHESIS INHIBITORS		
leflunomide	3	
SOLUBLE TUMOR NECROSIS FACTOR RECEPTOR AGENTS		
ENBREL (25 MG/0.5ML SOLN PRSYR, 50 MG/ML SOLN PRSYR)	6	QL (4 ml per 28 days), PA-NSO, SP, PN (MIN 28 DAY SUPPLY; MAX 34 DAY SUPPLY)
ENBREL 25 MG RECON SOLN	6	QL (8 ea per 28 days), PA-NSO, PN (MIN 28 DAY SUPPLY; MAX 34 DAY SUPPLY)
ENBREL 25 MG/0.5ML SOLUTION	6	QL (8 ml per 28 days), PA-NSO, SP, PN (MIN 28 DAY SUPPLY; MAX 34 DAY SUPPLY)
ENBREL MINI	6	QL (4 ml per 28 days), PA-NSO, SP, PN (MIN 28 DAY SUPPLY; MAX 34 DAY SUPPLY)
ENBREL SURECLICK	6	QL (4 ml per 28 days), PA-NSO, SP, PN (MIN 28 DAY SUPPLY; MAX 34 DAY SUPPLY)

Drug Name	Drug Tier	Requirements/Limits
ANALGESICS - NONNARCOTIC (CONTINUED)		
ANALGESIC COMBINATIONS		
bac	3	
bupap	3	
butalbital-acetaminophen (50-300 mg cap, 50-300 mg tab, 50-325 mg tab)	3	
butalbital-apap-caffeine	3	
butalbital-aspirin-caffeine 50-325-40 mg cap	3	
esgic 50-325-40 mg cap	3	
TENCON	3	
zebutal	3	
ANALGESICS-PEPTIDE CHANNEL BLOCKERS		
PRIALT	6	PA, LA, SP, PN (34 DAYS SUPPLY PER FILL)
SALICYLATES		
adult aspirin regimen	1	
aspirin (81 mg chew tab, 81 mg tab dr)	1	
aspirin 81	1	
aspirin adult low dose	1	
aspirin adult low strength	1	
aspirin childrens	1	
aspirin ec adult low dose	1	
aspirin ec low dose	1	
aspirin ec low strength	1	
aspirin low dose	1	
aspirin regimen	1	
bayer aspirin ec low dose	1	
bayer low dose	1	
childrens aspirin	1	
childrens aspirin low strength	1	
cvs aspirin adult low dose	1	
cvs aspirin adult low strength	1	

Drug Name	Drug Tier	Requirements/Limits
cvs aspirin ec 81 mg tab dr	1	
cvs aspirin low dose	1	
cvs aspirin low strength	1	
diflunisal	3	
ecotrin low strength	1	
eq aspirin adult low dose	1	
eq aspirin low dose	1	
eql aspirin low dose	1	
ft aspirin 81 mg chew tab	1	
ft aspirin low dose	1	
gnp adult aspirin low strength	1	
gnp aspirin 81 mg tab dr	1	
gnp aspirin low dose	1	
goodsense aspirin 81 mg chew tab	1	
goodsense aspirin adult low st	1	
goodsense aspirin low dose	1	
h-e-b aspirin	1	
hm aspirin 81 mg chew tab	1	
hm aspirin ec low dose	1	
kls aspirin low dose	1	
kp aspirin	1	
miniprin low dose	1	
mm aspirin	1	
px aspirin 81 mg chew tab	1	
px enteric aspirin 81 mg tab dr	1	
qc aspirin low dose	1	
qc childrens aspirin	1	
ra aspirin adult low dose	1	
ra aspirin adult low strength	1	
ra aspirin childrens	1	
ra aspirin ec 81 mg tab dr	1	

Drug Name	Drug Tier	Requirements/Limits
ra aspirin ec adult low st	1	
salsalate	3	
sb aspirin 81 mg tab dr	1	
sb aspirin adult low strength	1	
sb childrens aspirin	1	
sb low dose asa ec	1	
sm aspirin adult low strength	1	
sm aspirin ec low strength	1	
sm aspirin low dose	1	
sm childrens aspirin	1	
st joseph aspirin	1	
st joseph low dose	1	
ANALGESICS - OPIOID (CONTINUED)		
OPIOID AGONISTS		
codeine sulfate (15 mg tab, 30 mg tab, 60 mg tab)	3	
fentanyl	3	PA, PN (34 DAYS SUPPLY PER FILL)
FENTANYL CITRATE (100 MCG TAB, 200 MCG TAB, 400 MCG TAB, 600 MCG TAB, 800 MCG TAB)	3	PA, QL (120 ea per 30 day(s)), PN (30 DAYS SUPPLY PER FILL)
FENTANYL CITRATE (200 MCG LOZ HANDLE, 400 MCG LOZ HANDLE, 600 MCG LOZ HANDLE, 800 MCG LOZ HANDLE, 1200 MCG LOZ HANDLE, 1600 MCG LOZ HANDLE)	6	PA, QL (120 ea per 30 day(s)), PN (30 DAYS SUPPLY PER FILL)
fentanyl citrate (200 mcg loz handle, 400 mcg loz handle, 600 mcg loz handle, 800 mcg loz handle, 1200 mcg loz handle, 1600 mcg loz handle)	6	PA, QL (120 ea per 30 days), PN (30 DAYS SUPPLY PER FILL)
FENTORA	6	PA, QL (120 ea per 30 days), PN (30 DAYS SUPPLY PER FILL)
hydrocodone bitartrate er (10 mg cap er 12h, 15 mg cap er 12h, 20 mg cap er 12h, 30 mg cap er 12h, 40 mg cap er 12h, 50 mg cap er 12h)	3	PA
hydromorphone hcl (1 mg/ml liquid, 2 mg tab, 4 mg tab, 8 mg tab)	3	
hydromorphone hcl er	3	PA
KADIAN 200 MG CAP ER 24H	5	PA
LAZANDA (100 MCG/ACT SOLUTION, 400 MCG/ACT SOLUTION)	5	PA

Drug Name	Drug Tier	Requirements/Limits
levorphanol tartrate	3	
MEPERIDINE HCL (50 MG TAB, 50 MG/5ML SOLUTION)	3	
methadone hcl (5 mg tab, 5 mg/5ml solution, 10 mg tab, 10 mg/5ml solution, 10 mg/ml conc, 40 mg tab sol)	3	PA
methadone hcl intensol	3	PA
methadose 40 mg tab sol	3	PA
morphine sulfate (5 mg suppos, 10 mg suppos, 10 mg/5ml solution, 15 mg tab, 20 mg suppos, 20 mg/5ml solution, 30 mg suppos, 30 mg tab)	3	
MORPHINE SULFATE (CONCENTRATE) (100 MG/5ML SOLUTION)	3	
morphine sulfate er (10 mg cap er 24h, 15 mg tab er, 20 mg cap er 24h, 30 mg cap er 24h, 30 mg tab er, 40 mg cap er 24h, 50 mg cap er 24h, 60 mg cap er 24h, 60 mg tab er, 80 mg cap er 24h, 100 mg cap er 24h, 100 mg tab er, 200 mg tab er)	3	PA
MORPHINE SULFATE ER BEADS	3	PA
NUCYNTA	5	PA
NUCYNTA ER	5	PA
oxycodone hcl (5 mg cap, 5 mg tab, 5 mg/5ml solution, 10 mg tab, 15 mg tab, 20 mg tab, 30 mg tab, 100 mg/5ml conc)	3	
OXYCODONE HCL ER	3	PA
OXYCONTIN	5	PA
oxymorphone hcl	3	
OXYMORPHONE HCL ER	3	PA
SUBSYS	6	PA, QL (120 ea per 30 days), PN (30 DAYS SUPPLY PER FILL)
tramadol hcl (50 mg tab, 100 mg tab)	3	
tramadol hcl (er biphasic)	3	PA
tramadol hcl er (100 mg cap er 24h, 100 mg tab er 24h, 200 mg cap er 24h, 200 mg tab er 24h, 300 mg tab er 24h)	3	PA
OPIOID COMBINATIONS		
acetaminophen-codeine (120-12 mg/5ml solution, 300-15 mg tab, 300-30 mg tab, 300-30 mg/12.5ml solution, 300-60 mg tab)	3	
APAP-CAFF-DIHYDROCODEINE 325-30-16 MG TAB	3	
ascomp-codeine	3	

Drug Name	Drug Tier	Requirements/Limits
butalbital-apap-caff-cod	3	
butalbital-asa-caff-codeine	3	
dvorah	3	
endocet	3	
hydrocodone-acetaminophen (2.5-108 mg/5ml solution, 5-217 mg/10ml solution, 5-300 mg tab, 5-325 mg tab, 7.5-300 mg tab, 7.5-325 mg tab, 7.5-325 mg/15ml solution, 10-300 mg tab, 10-325 mg tab, 10-325 mg/15ml solution)	3	
HYDROCODONE-IBUPROFEN (5-200 MG TAB, 7.5-200 MG TAB, 10-200 MG TAB)	3	
NALOCET	3	
oxycodone-acetaminophen (2.5-300 mg tab, 2.5-325 mg tab, 5-300 mg tab, 5-325 mg tab, 5-325 mg/5ml solution, 7.5-300 mg tab, 7.5-325 mg tab, 10-300 mg tab, 10-325 mg tab)	3	
tramadol-acetaminophen	3	
OPIOID PARTIAL AGONISTS		
BRIXADI (WEEKLY) 16 MG/0.32ML SOLN PRSYR	6	QL (1.28 ml per 28 days), SP, PN (MAX 28 DAY SUPPLY)
BRIXADI (WEEKLY) 24 MG/0.48ML SOLN PRSYR	6	QL (1.92 ml per 28 days), SP, PN (MAX 28 DAY SUPPLY)
BRIXADI (WEEKLY) 32 MG/0.64ML SOLN PRSYR	6	QL (2.56 ml per 28 days), SP, PN (MAX 28 DAY SUPPLY)
BRIXADI (WEEKLY) 8 MG/0.16ML SOLN PRSYR	6	QL (0.64 ml per 28 days), SP, PN (MAX 28 DAY SUPPLY)
BRIXADI 128 MG/0.36ML SOLN PRSYR	6	QL (0.36 ml per 28 days), SP, PN (MAX 28 DAY SUPPLY)
BRIXADI 64 MG/0.18ML SOLN PRSYR	6	QL (0.18 ml per 28 days), SP, PN (MAX 28 DAY SUPPLY)
BRIXADI 96 MG/0.27ML SOLN PRSYR	6	QL (0.27 ml per 28 days), SP, PN (MAX 28 DAY SUPPLY)
buprenorphine	3	PA, QL (0.143 ea per 1 days)
buprenorphine hcl (2 mg sl tab, 8 mg sl tab)	3	PN (34 DAYS SUPPLY PER FILL)
buprenorphine hcl-naloxone hcl	3	PN (34 DAYS SUPPLY PER FILL)
butorphanol tartrate 10 mg/ml solution	3	
pentazocine-naloxone hcl	3	
SUBLOCADE	6	SP, PN (MIN 26 DAY SUPPLY; MAX 34 DAY SUPPLY)

Drug Name	Drug Tier	Requirements/Limits
ANDROGENS-ANABOLIC (CONTINUED)		
ANABOLIC STEROIDS		
OXANDROLONE	3	
ANDROGENS		
AVEED	6	PA, SP, PN (34 DAYS SUPPLY PER FILL)
danazol	3	
depo-testosterone	3	
FORTESTA	3	
JATENZO (158 MG CAP, 198 MG CAP)	5	PA, QL (4 ea per 1 days)
JATENZO 237 MG CAP	5	PA, QL (2 ea per 1 days)
KYZATREX (150 MG CAP, 200 MG CAP)	5	PA, QL (4 ea per 1 days)
KYZATREX 100 MG CAP	5	PA, QL (2 ea per 1 days)
METHITEST	5	PA
methyltestosterone	3	PA
testosterone (1.62 % gel, 10 mg/act (2%) gel, 12.5 mg/act (1%) gel, 20.25 mg/1.25gm (1.62%) gel, 20.25 mg/act (1.62%) gel, 25 mg/2.5gm (1%) gel, 30 mg/act solution, 40.5 mg/2.5gm (1.62%) gel, 50 mg/5gm (1%) gel)	3	
TESTOSTERONE CYPIONATE (200 MG/ML SOLUTION)	3	
TESTOSTERONE ENANTHATE	3	
TLANDO	5	PA, QL (2 ea per 1 days)
ANORECTAL AND RELATED PRODUCTS (CONTINUED)		
INTRARECTAL STEROIDS		
hydrocortisone 100 mg/60ml enema	3	
RECTAL COMBINATIONS		
hydrocort-pramoxine (perianal)	3	
HYDROCORTISONE ACE-PRAMOXINE 1-1 % CREAM	3	
lidocaine-hydrocort (perianal)	3	
LIDOCAINE-HYDROCORTISONE ACE (2-2 % KIT, 3-0.5 % KIT, 3-1 % KIT, 3-2.5 % KIT)	3	
lidocort	3	
RECTAL STEROIDS		
anucort-hc	3	

Drug Name	Drug Tier	Requirements/Limits
anusol-hc 25 mg suppos	3	
hemmorex-hc	3	
hydrocortisone (perianal)	3	
hydrocortisone acetate (25 mg suppos, 30 mg suppos)	3	
procto-med hc	3	
procto-pak	3	
proctosol hc	3	
proctozone-hc	3	
VASODILATING AGENTS		
nitroglycerin 0.4 % ointment	3	PA
RECTIV	5	PA
ANTHELMINTICS (CONTINUED)		
ANTHELMINTICS		
albendazole	3	QL (4 tablet(s) per fill(s))
EMVERM	4	PA
ivermectin 3 mg tab	3	PA, PN (PA REQUIRED FOR UNAPPROVED INDICATIONS)
praziquantel	3	PA
ANTI-INFECTIVE AGENTS - MISC. (CONTINUED)		
ANTI-INFECTIVE AGENTS - MISC.		
AEMCOLO	5	PA, QL (12 ea per 3 days), PN (3 DAYS SUPPLY PER FILL)
metronidazole (250 mg tab, 375 mg cap, 500 mg tab)	3	
pentamidine isethionate	3	
tinidazole	3	
trimethoprim	3	
XIFAXAN	5	PA
ANTI-INFECTIVE MISC. - COMBINATIONS		
HYOPHEN	3	
sulfamethoxazole-trimethoprim (200-40 mg/5ml suspension, 800-160 mg/20ml suspension)	3	
sulfamethoxazole-trimethoprim (400-80 mg tab, 800-160 mg tab)	2	

Drug Name	Drug Tier	Requirements/Limits
sulfatrim pediatric	3	
urelle	3	
uretron d/s	4	
URIBEL 81.6 MG TAB	3	
URIMAR-T 120 MG TAB	3	
uro-458	3	
uro-mp	3	
ustell	3	
vilamit mb	3	
vilevev mb	3	
XACDURO	6	PA, QL (168 ea per 14 days), PN (14 DAYS SUPPLY PER FILL)
ANTIPROTOZOAL AGENTS		
ALINIA 100 MG/5ML RECON SUSP	4	
atovaquone	3	
NITAZOXANIDE	3	
CYCLIC LIPOPEPTIDES		
daptomycin (350 mg recon soln, 500 mg recon soln)	3	
daptomycin (350 mg recon soln, 500 mg recon soln)	3	PN (34 DAYS SUPPLY PER FILL)
GLYCOPEPTIDES		
DALVANCE	6	PA, PN (34 DAYS SUPPLY PER FILL)
FIRVANQ	4	
KIMYRSA	6	PA, QL (1 ea per fill)
vancomycin hcl (1 gm recon soln, 1.25 gm recon soln, 1.5 gm recon soln, 5 gm recon soln, 25 mg/ml recon soln, 50 mg/ml recon soln, 125 mg cap, 250 mg cap, 250 mg/5ml recon soln, 500 mg recon soln, 750 mg recon soln)	3	
vancomycin hcl 10 gm recon soln	3	PA
VANCOMYCIN HCL IN NACL 1.5-0.9 GM/500ML-% SOLUTION	3	PA
LEPROSTATICS		
dapsone (25 mg tab, 100 mg tab)	3	
LINCOSAMIDES		
clindamycin hcl	3	

Drug Name	Drug Tier	Requirements/Limits
clindamycin palmitate hcl	3	
MONOBACTAMS		
CAYSTON	6	PA, LA, QL (84 ea per 56 day(s)), SP, PN (MIN 56 DAY SUPPLY; MAX 60 DAY SUPPLY), PN (56 DAYS SUPPLY PER FILL)
OXAZOLIDINONES		
linezolid 100 mg/5ml recon susp	3	PA
linezolid 600 mg tab	3	QL (2 ea per 1 days), PN (56 DAYS SUPPLY IN 180 DAYS)
SIVEXTRO 200 MG TAB	6	PA, QL (6 ea per 6 day(s)), PN (6 DAYS SUPPLY IN 365 DAYS)
PLEUROMUTILINS		
XENLETA 600 MG TAB	6	PA, QL (10 ea per 5 days), PN (5 DAYS SUPPLY PER FILL)
URINARY ANTI-INFECTIVES		
fosfomycin tromethamine	3	PA
methenamine hippurate	3	
methenamine mandelate	3	
nitrofurantoin (25 mg/5ml suspension, 50 mg/10ml suspension)	3	
nitrofurantoin macrocrystal	3	
nitrofurantoin monohyd macro	3	
ANTIANGINAL AGENTS (CONTINUED)		
ANTIANGINALS-OTHER		
ranolazine er	3	PA
NITRATES		
isosorbide dinitrate	3	
isosorbide mononitrate	2	
isosorbide mononitrate er	2	
minitran	3	
NITRO-BID	4	
NITRO-DUR (0.3 MG/HR PATCH 24HR, 0.8 MG/HR PATCH 24HR)	4	

Drug Name	Drug Tier	Requirements/Limits
NITRO-TIME	3	
nitroglycerin (0.1 mg/hr patch 24hr, 0.2 mg/hr patch 24hr, 0.3 mg sl tab, 0.4 mg sl tab, 0.4 mg/hr patch 24hr, 0.4 mg/spray solution, 0.6 mg sl tab, 0.6 mg/hr patch 24hr)	3	
ANTIANXIETY AGENTS (CONTINUED)		
ANTIANXIETY AGENTS - MISC.		
buspirone hcl (5 mg tab, 10 mg tab)	2	
buspirone hcl (7.5 mg tab, 15 mg tab, 30 mg tab)	3	
hydroxyzine hcl (10 mg tab, 10 mg/5ml syrup, 25 mg tab, 50 mg tab)	3	
HYDROXYZINE PAMOATE (25 MG CAP, 50 MG CAP, 100 MG CAP)	3	
meprobamate	3	
BENZODIAZEPINES		
alprazolam	3	
alprazolam er	3	
ALPRAZOLAM INTENSOL	4	
alprazolam xr	3	
chlordiazepoxide hcl	3	
clorazepate dipotassium	3	
diazepam (2 mg tab, 5 mg tab, 5 mg/5ml solution, 5 mg/ml conc, 10 mg tab)	3	
diazepam intensol	3	
lorazepam (0.5 mg tab, 1 mg tab, 2 mg tab, 2 mg/ml conc)	3	
lorazepam intensol	3	
oxazepam	3	
ANTIARRHYTHMICS (CONTINUED)		
ANTIARRHYTHMICS TYPE I-A		
disopyramide phosphate	3	
NORPACE CR 100 MG CAP ER 12H	4	QL (8 ea per 1 days)
NORPACE CR 150 MG CAP ER 12H	4	QL (5 ea per 1 days)
quinidine gluconate er	3	
quinidine sulfate	3	

Drug Name	Drug Tier	Requirements/Limits
ANTIARRHYTHMICS TYPE I-B		
mexiletine hcl	3	
ANTIARRHYTHMICS TYPE I-C		
flecainide acetate	3	
propafenone hcl	3	
propafenone hcl er	3	
ANTIARRHYTHMICS TYPE III		
amiodarone hcl (100 mg tab, 200 mg tab, 400 mg tab)	3	
dofetilide	3	
MULTAQ	4	
pacerone	3	
ANTIASTHMATIC AND BRONCHODILATOR AGENTS (CONTINUED)		
ANTI-INFLAMMATORY AGENTS		
cromolyn sodium 20 mg/2ml nebu soln	3	
ANTIASTHMATIC - MONOCLONAL ANTIBODIES		
CINQAIR	6	PA, SP, PN (MIN 28 DAY SUPPLY; MAX 34 DAY SUPPLY)
FASENRA 10 MG/0.5ML SOLN PRSYR	6	PA, QL (0.5 ml per 56 day(s)), SP, PN (MIN 56 DAY SUPPLY; MAX 60 DAY SUPPLY)
FASENRA 30 MG/ML SOLN PRSYR	6	PA, QL (1 ml per 56 days), SP, PN (MIN 56 DAY SUPPLY; MAX 60 DAY SUPPLY)
FASENRA PEN	6	PA, QL (1 ml per 56 days), SP, PN (MIN 56 DAY SUPPLY; MAX 60 DAY SUPPLY)
NUCALA (100 MG/ML SOLN A-INJ, 100 MG/ML SOLN PRSYR)	6	PA, SP, PN (MIN 28 DAY SUPPLY; MAX 34 DAY SUPPLY)
NUCALA 100 MG RECON SOLN	6	PA, SP, PN (MIN 28 DAY SUPPLY; MAX 34 DAY SUPPLY), PN (28 DAYS SUPPLY PER FILL)
NUCALA 40 MG/0.4ML SOLN PRSYR	6	PA, QL (1 ml per 28 days), SP, PN (28 DAYS SUPPLY PER FILL)
TEZSPIRE	6	PA, QL (28 ea per 28 days), SP, PN (28 DAYS SUPPLY PER FILL)
XOLAIR (300 MG/2ML SOLN A-INJ, 300 MG/2ML SOLN PRSYR)	6	PA, QL (4 ml per 28 day(s)), SP, PN (28 DAYS SUPPLY PER FILL)

Drug Name	Drug Tier	Requirements/Limits
XOLAIR 150 MG RECON SOLN	6	PA, SP, PN (28 DAYS SUPPLY PER FILL)
XOLAIR 150 MG/ML SOLN A-INJ	6	PA, QL (4 ml per 28 day(s)), SP, PN (28 DAYS SUPPLY PER FILL)
XOLAIR 150 MG/ML SOLN PRSYR	6	PA, QL (4 ml per 28 days), SP, PN (28 DAYS SUPPLY PER FILL)
XOLAIR 75 MG/0.5ML SOLN A-INJ	6	PA, QL (5 ml per 28 day(s)), SP, PN (28 DAYS SUPPLY PER FILL)
XOLAIR 75 MG/0.5ML SOLN PRSYR	6	PA, QL (5 ml per 28 days), SP, PN (28 DAYS SUPPLY PER FILL)
BRONCHODILATORS - ANTICHOLINERGICS		
ATROVENT HFA	4	
INCRUSE ELLIPTA	4	
ipratropium bromide 0.02 % solution	3	
SPIRIVA HANDIHALER	4	
SPIRIVA RESPIMAT	4	
TUDORZA PRESSAIR	5	ST
LEUKOTRIENE MODULATORS		
montelukast sodium	3	
zafirlukast	3	
zileuton er	3	PA
SELECTIVE PHOSPHODIESTERASE 4 (PDE4) INHIBITORS		
roflumilast	3	PA
STEROID INHALANTS		
ARNUITY ELLIPTA	4	
ASMANEX (120 METERED DOSES)	5	ST
ASMANEX (14 METERED DOSES)	5	ST
ASMANEX (30 METERED DOSES)	5	ST
ASMANEX (60 METERED DOSES)	5	ST
ASMANEX (7 METERED DOSES)	5	ST
ASMANEX HFA	5	ST
budesonide (0.25 mg/2ml suspension, 0.5 mg/2ml suspension, 1 mg/2ml suspension)	3	
FLOVENT DISKUS	4	

Drug Name	Drug Tier	Requirements/Limits
FLOVENT HFA	4	
FLUTICASONE PROPIONATE DISKUS	4	
FLUTICASONE PROPIONATE HFA	4	
PULMICORT FLEXHALER	4	
QVAR REDIHALER	5	
SYMPATHOMIMETICS		
ADVAIR HFA	4	
albuterol sulfate (0.63 mg/3ml nebu soln, 1.25 mg/3ml nebu soln, 2 mg/5ml syrup, (2.5 mg/3ml) 0.083% nebu soln, 2.5 mg/0.5ml nebu soln, (5 mg/ml) 0.5% nebu soln)	3	
albuterol sulfate (2 mg tab, 4 mg tab)	2	
albuterol sulfate hfa	3	
ANORO ELLIPTA	4	
arformoterol tartrate	3	PA
BREO ELLIPTA	4	QL (2 ea per 1 days)
BREZTRI AEROSPHERE	4	QL (10.7 gm per 28 days)
budesonide-formoterol fumarate 160-4.5 mcg/act aerosol	3	QL (1.02 gm per 1 day(s))
budesonide-formoterol fumarate 80-4.5 mcg/act aerosol	3	QL (1.02 gm per 1 days)
COMBIVENT RESPIMAT	4	
DULERA	4	
fluticasone-salmeterol (100-50 mcg/act aer pow ba, 250-50 mcg/act aer pow ba, 500-50 mcg/act aer pow ba)	3	QL (2 ea per 1 days)
FLUTICASONE-SALMETEROL (55-14 MCG/ACT AER POW BA, 232-14 MCG/ACT AER POW BA)	3	QL (1 ea per 30 days)
FLUTICASONE-SALMETEROL 113-14 MCG/ACT AER POW BA	3	QL (1 ea per 30 day(s))
formoterol fumarate	3	PA
ipratropium-albuterol	3	
levalbuterol hcl (0.31 mg/3ml nebu soln, 0.63 mg/3ml nebu soln, 1.25 mg/0.5ml nebu soln, 1.25 mg/3ml nebu soln)	3	
LEVALBUTEROL TARTRATE	3	
SEREVENT DISKUS	4	
STIOLTO RESPIMAT	4	
STRIVERDI RESPIMAT	4	

Drug Name	Drug Tier	Requirements/Limits
terbutaline sulfate (2.5 mg tab, 5 mg tab)	3	
TRELEGY ELLIPTA	4	QL (2 ea per 1 days)
VENTOLIN HFA	3	
wixela inhub	3	QL (2 ea per 1 days)
XANTHINES		
elixophyllin	3	
THEO-24	5	
theophylline	3	
theophylline er (100 mg tab er 12h, 200 mg tab er 12h, 300 mg tab er 12h, 400 mg tab er 24h, 450 mg tab er 12h, 600 mg tab er 24h)	3	
ANTICOAGULANTS (CONTINUED)		
COUMARIN ANTICOAGULANTS		
jantoven	3	
warfarin sodium	2	
DIRECT FACTOR XA INHIBITORS		
ELIQUIS 2.5 MG TAB	4	QL (2 ea per 1 days)
ELIQUIS 5 MG TAB	4	QL (4 ea per 1 days)
ELIQUIS DVT/PE STARTER PACK	4	QL (74 ea per 30 days), PN (30 DAYS SUPPLY PER FILL)
XARELTO (10 MG TAB, 20 MG TAB)	4	QL (1 ea per 1 days)
XARELTO (2.5 MG TAB, 15 MG TAB)	4	QL (2 ea per 1 days)
XARELTO 1 MG/ML RECON SUSP	4	QL (20 ml per 1 days)
XARELTO STARTER PACK	4	QL (51 ea per 30 days), PN (30 DAYS SUPPLY PER FILL)
HEPARINS AND HEPARINOID-LIKE AGENTS		
enoxaparin sodium (100 mg/ml soln prsyr, 150 mg/ml soln prsyr)	3	QL (60 ml per 30 days), PN (30 DAYS SUPPLY PER FILL)
enoxaparin sodium (80 mg/0.8ml soln prsyr, 120 mg/0.8ml soln prsyr)	3	QL (48 ml per 30 days), PN (30 DAYS SUPPLY PER FILL)
enoxaparin sodium 30 mg/0.3ml soln prsyr	3	QL (18 ml per 30 days), PN (30 DAYS SUPPLY PER FILL)
enoxaparin sodium 300 mg/3ml solution	3	PN (30 DAYS SUPPLY PER FILL)
enoxaparin sodium 40 mg/0.4ml soln prsyr	3	QL (24 ml per 30 days), PN (30 DAYS SUPPLY PER FILL)

Drug Name	Drug Tier	Requirements/Limits
enoxaparin sodium 60 mg/0.6ml soln prsyr	3	QL (36 ml per 30 days), PN (30 DAYS SUPPLY PER FILL)
fondaparinux sodium 10 mg/0.8ml solution	6	QL (22.4 ml per 28 days), PN (34 DAYS SUPPLY PER FILL)
fondaparinux sodium 2.5 mg/0.5ml solution	6	QL (14 ml per 28 days), PN (34 DAYS SUPPLY PER FILL)
fondaparinux sodium 5 mg/0.4ml solution	6	QL (11.2 ml per 28 days), PN (34 DAYS SUPPLY PER FILL)
fondaparinux sodium 7.5 mg/0.6ml solution	6	QL (16.8 ml per 28 days), PN (34 DAYS SUPPLY PER FILL)
FRAGMIN (2500 UNIT/0.2ML SOLN PRSYR, 5000 UNIT/0.2ML SOLN PRSYR, 7500 UNIT/0.3ML SOLN PRSYR, 10000 UNIT/ML SOLN PRSYR, 12500 UNIT/0.5ML SOLN PRSYR, 15000 UNIT/0.6ML SOLN PRSYR, 18000 UNT/0.72ML SOLN PRSYR, 95000 UNIT/3.8ML SOLUTION)	6	PA, PN (34 DAYS SUPPLY PER FILL)
HEPARIN SODIUM (PORCINE) (1000 UNIT/ML SOLUTION, 5000 UNIT/0.5ML SOLN PRSYR, 5000 UNIT/ML SOLUTION, 10000 UNIT/ML SOLUTION, 20000 UNIT/ML SOLUTION)	3	
heparin sodium (porcine) pf (1000 unit/ml solution, 5000 unit/0.5ml solution, 5000 unit/ml solution)	3	
ANTICONVULSANTS (CONTINUED)		
AMPA GLUTAMATE RECEPTOR ANTAGONISTS		
FYCOMPA (2 MG TAB, 4 MG TAB, 6 MG TAB, 8 MG TAB, 10 MG TAB, 12 MG TAB)	5	PA, QL (1 ea per 1 days)
FYCOMPA 0.5 MG/ML SUSPENSION	5	PA, QL (24 ml per 1 days)
ANTICONVULSANTS - BENZODIAZEPINES		
clobazam (2.5 mg/ml suspension, 10 mg tab, 20 mg tab)	3	
clonazepam	3	
DIAZEPAM (2.5 MG GEL, 10 MG GEL, 20 MG GEL)	3	
LIBERVANT	4	QL (10 ea per 30 day(s)), AL (2 to 5 yrs old)
NAYZILAM	4	QL (10 ea per 30 days), AL (12 to 999 yrs old), PN (30 DAYS SUPPLY PER FILL)
SYMPAZAN	5	PA, QL (2 ea per 1 days)
VALTOCO 10 MG DOSE	4	QL (10 ea per 30 days), AL (6 to 999 yrs old)
VALTOCO 15 MG DOSE	4	QL (10 ea per 30 days), AL (6 to 999 yrs old)
VALTOCO 20 MG DOSE	4	QL (10 ea per 30 days), AL (6 to 999 yrs old)

Drug Name	Drug Tier	Requirements/Limits
VALTOCO 5 MG DOSE	4	QL (10 ea per 30 days), AL (6 to 999 yrs old)
ANTICONVULSANTS - MISC.		
APTIOM (200 MG TAB, 400 MG TAB)	5	PA, QL (1 ea per 1 days)
APTIOM (600 MG TAB, 800 MG TAB)	5	PA, QL (2 ea per 1 days)
carbamazepine (100 mg chew tab, 100 mg/5ml suspension, 200 mg/10ml suspension)	3	
carbamazepine 200 mg tab	2	
carbamazepine er (100 mg cap er 12h, 100 mg tab er 12h, 200 mg cap er 12h, 200 mg tab er 12h, 300 mg cap er 12h, 400 mg tab er 12h)	3	
CARBATROL	5	
DIACOMIT	6	PA, LA, SP, PN (34 DAYS SUPPLY PER FILL)
EPIDIOLEX	5	PA, SP
epitol	3	
EPRONTIA	5	PA, QL (16 ml per 1 days)
FINTEPLA	6	PA, LA, QL (360 ml per 30 days), SP, PN (30 DAYS SUPPLY PER FILL)
gabapentin (100 mg cap, 250 mg/5ml solution, 300 mg cap, 300 mg/6ml solution, 400 mg cap, 600 mg tab, 800 mg tab)	3	
KEPPRA (100 MG/ML SOLUTION, 250 MG TAB, 500 MG TAB, 750 MG TAB, 1000 MG TAB)	5	
KEPPRA XR	5	
lacosamide (10 mg/ml solution, 50 mg tab, 50 mg/5ml solution, 100 mg tab, 100 mg/10ml solution, 150 mg tab, 200 mg tab)	3	PA
lamotrigine (25 mg tab disp, 50 mg tab disp, 100 mg tab disp, 200 mg tab disp)	3	PA
lamotrigine (5 mg chew tab, 25 mg chew tab, 25 mg tab, 100 mg tab, 150 mg tab, 200 mg tab)	3	
lamotrigine er	3	
lamotrigine starter kit-blue	3	
lamotrigine starter kit-green	3	
lamotrigine starter kit-orange	3	
levetiracetam (100 mg/ml solution, 250 mg tab, 500 mg tab, 500 mg/5ml solution, 750 mg tab, 1000 mg tab)	3	
levetiracetam er	3	

Drug Name	Drug Tier	Requirements/Limits
oxcarbazepine (150 mg tab, 300 mg tab, 300 mg/5ml suspension, 600 mg tab)	3	
oxcarbazepine er	3	PA
OXTELLAR XR	5	PA
pregabalin (20 mg/ml solution, 25 mg cap, 50 mg cap, 75 mg cap, 100 mg cap, 150 mg cap, 200 mg cap, 225 mg cap, 300 mg cap)	3	
primidone (50 mg tab, 250 mg tab)	3	
rufinamide (40 mg/ml suspension, 200 mg tab, 400 mg tab)	3	PA
subvenite	3	
subvenite starter kit-blue	3	
subvenite starter kit-green	3	
subvenite starter kit-orange	3	
TEGRETOL (100 MG/5ML SUSPENSION, 200 MG TAB)	5	
TEGRETOL-XR (200 MG TAB ER 12H, 400 MG TAB ER 12H)	5	
topiramate	3	
topiramate er (25 mg cap er 24h, 25 mg cp24 sprnk, 50 mg cap er 24h, 50 mg cp24 sprnk, 100 mg cap er 24h, 100 mg cp24 sprnk, 150 mg cp24 sprnk, 200 mg cp24 sprnk)	3	PA
TRILEPTAL (150 MG TAB, 300 MG TAB, 300 MG/5ML SUSPENSION, 600 MG TAB)	5	
zonisamide	3	
ZTALMY	6	PA, LA, QL (1100 ml per 30 days), SP, PN (30 DAYS SUPPLY PER FILL)
CARBAMATES		
felbamate (400 mg tab, 600 mg tab, 600 mg/5ml suspension)	3	
XCOPRI (14 X 12.5 MG & 14 X 25 MG TAB THPK, 14 X 150 MG & 14 X200 MG TAB THPK, 14 X 50 MG & 14 X100 MG TAB THPK)	5	PA, QL (28 ea per 28 day(s)), PN (28 DAYS SUPPLY IN 180 DAYS)
XCOPRI (250 MG DAILY DOSE) 100 & 150 MG TAB THPK	5	PA, QL (2 ea per 1 days)
XCOPRI (350 MG DAILY DOSE)	5	PA, QL (2 ea per 1 days)
XCOPRI (50 MG TAB, 100 MG TAB, 150 MG TAB)	5	PA, QL (1 ea per 1 days)
XCOPRI 200 MG TAB	5	PA, QL (2 ea per 1 days)
XCOPRI 25 MG TAB	5	PA, QL (1 ea per 1 day(s))
GABA MODULATORS		
tiagabine hcl	3	

Drug Name	Drug Tier	Requirements/Limits
vigabatrin	3	PA, SP
vigadrone 500 mg packet	3	PA, LA, SP
vigadrone 500 mg tab	3	PA, SP
vigpoder	3	PA, SP
HYDANTOINS		
DILANTIN (100 MG CAP, 125 MG/5ML SUSPENSION)	5	
DILANTIN 30 MG CAP	4	
DILANTIN INFATABS	5	
DILANTIN-125	5	
PEGANONE	5	
phenytek	4	
phenytoin (50 mg chew tab, 100 mg/4ml suspension, 125 mg/5ml suspension)	3	
phenytoin infatabs	3	
phenytoin sodium extended (100 mg cap, 200 mg cap, 300 mg cap)	3	
SUCCINIMIDES		
CELONTIN	5	
ethosuximide (250 mg cap, 250 mg/5ml solution)	3	
methsuximide	3	
VALPROIC ACID		
DEPAKOTE	5	
DEPAKOTE ER	5	
DEPAKOTE SPRINKLES	5	
divalproex sodium	3	
divalproex sodium er	3	
valproic acid (250 mg cap, 250 mg/5ml solution, 500 mg/10ml solution)	3	
ANTIDEPRESSANTS (CONTINUED)		
ALPHA-2 RECEPTOR ANTAGONISTS (TETRACYCLICS)		
mirtazapine	3	
ANTIDEPRESSANT COMBINATIONS		
AUVELITY	5	PA, QL (2 ea per 1 days)

Drug Name	Drug Tier	Requirements/Limits
ANTIDEPRESSANTS - MISC.		
APLENZIN	5	PA
bupropion hcl	3	
bupropion hcl er (smoking det)	1	
bupropion hcl er (sr)	3	
bupropion hcl er (xl) (150 mg tab er 24h, 300 mg tab er 24h)	3	
BUPROPION HCL ER (XL) 450 MG TAB ER 24H	3	PA, QL (1 ea per 1 day(s))
GABA RECEPTOR MODULATOR - NEUROACTIVE STEROID		
ZULRESSO	6	PA, SP, PN (34 DAYS SUPPLY PER FILL)
ZURZUVAE (20 MG CAP, 25 MG CAP)	6	PA, QL (28 ea per 14 days), SP, PN (14 DAYS SUPPLY PER FILL)
ZURZUVAE 30 MG CAP	6	PA, QL (14 ea per 14 days), SP, PN (14 DAYS SUPPLY PER FILL)
MONOAMINE OXIDASE INHIBITORS (MAOIS)		
EMSAM	5	PA
MARPLAN	5	PA
PHENELZINE SULFATE	3	
tranylcypromine sulfate	3	
N-METHYL-D-ASPARTIC ACID (NMDA) RECEPTOR ANTAGONISTS		
SPRAVATO (56 MG DOSE)	6	PA, SP, PN (28 DAYS SUPPLY PER FILL)
SPRAVATO (84 MG DOSE)	6	PA, SP, PN (28 DAYS SUPPLY PER FILL)
SELECTIVE SEROTONIN REUPTAKE INHIBITORS (SSRIS)		
citalopram hydrobromide (10 mg tab, 10 mg/5ml solution, 20 mg tab, 40 mg tab)	2	
escitalopram oxalate (5 mg tab, 5 mg/5ml solution, 10 mg tab, 20 mg tab)	3	
fluoxetine hcl (10 mg cap, 10 mg tab, 20 mg cap, 20 mg tab, 40 mg cap)	2	
FLUOXETINE HCL (20 MG/5ML SOLUTION, 60 MG TAB, 90 MG CAP DR)	3	
fluvoxamine maleate	3	
fluvoxamine maleate er	3	
paroxetine hcl (10 mg tab, 20 mg tab, 30 mg tab, 40 mg tab)	2	

Drug Name	Drug Tier	Requirements/Limits
paroxetine hcl 10 mg/5ml suspension	3	
paroxetine hcl er	3	
PEXEVA	5	PA
sertraline hcl (25 mg tab, 50 mg tab, 100 mg tab)	2	
sertraline hcl 20 mg/ml conc	3	
SEROTONIN MODULATORS		
NEFAZODONE HCL	3	
trazodone hcl (50 mg tab, 100 mg tab, 150 mg tab)	2	
trazodone hcl 300 mg tab	3	
vilazodone hcl	3	PA, QL (1 ea per 1 days)
SEROTONIN-NOREPINEPHRINE REUPTAKE INHIBITORS (SNRIS)		
desvenlafaxine succinate er	3	QL (1 ea per 1 days)
duloxetine hcl (20 mg cp dr part, 30 mg cp dr part, 60 mg cp dr part)	3	
FETZIMA	5	PA
FETZIMA TITRATION	5	PA
venlafaxine hcl	3	
venlafaxine hcl er (37.5 mg cap er 24h, 75 mg cap er 24h, 150 mg cap er 24h)	3	
venlafaxine hcl er (37.5 mg tab er 24h, 75 mg tab er 24h, 150 mg tab er 24h, 225 mg tab er 24h)	5	
TRICYCLIC AGENTS		
amitriptyline hcl	2	
amoxapine	3	
clomipramine hcl	3	
desipramine hcl	3	
doxepin hcl (10 mg cap, 10 mg/ml conc, 25 mg cap, 50 mg cap, 75 mg cap, 100 mg cap, 150 mg cap)	3	
imipramine hcl	3	
imipramine pamoate	3	
nortriptyline hcl (10 mg cap, 10 mg/5ml solution, 25 mg cap, 50 mg cap, 75 mg cap)	3	
protriptyline hcl	3	

Drug Name	Drug Tier	Requirements/Limits
trimipramine maleate	3	
ANTIDIABETICS (CONTINUED)		
ALPHA-GLUCOSIDASE INHIBITORS		
acarbose	3	
MIGLITOL	3	
ANTIDIABETIC - AMYLIN ANALOGS		
SYMLINPEN 120	5	PA
SYMLINPEN 60	5	PA
ANTIDIABETIC COMBINATIONS		
glipizide-metformin hcl	3	
glyburide-metformin	3	
GLYXAMBI	4	QL (1 ea per 1 days)
JENTADUETO	4	QL (2 ea per 1 days)
JENTADUETO XR 2.5-1000 MG TAB ER 24H	4	QL (2 ea per 1 days)
JENTADUETO XR 5-1000 MG TAB ER 24H	4	QL (1 ea per 1 days)
KOMBIGLYZE XR (5-1000 MG TAB ER 24H, 5-500 MG TAB ER 24H)	5	PA, QL (1 ea per 1 days)
KOMBIGLYZE XR 2.5-1000 MG TAB ER 24H	5	PA, QL (2 ea per 1 days)
pioglitazone hcl-glimepiride	3	
pioglitazone hcl-metformin hcl	3	
saxagliptin-metformin er (5-1000 mg tab er 24h, 5-500 mg tab er 24h)	3	PA, QL (1 ea per 1 day(s))
saxagliptin-metformin er 2.5-1000 mg tab er 24h	3	PA, QL (2 ea per 1 day(s))
SYNJARDY	4	QL (2 ea per 1 days)
SYNJARDY XR (10-1000 MG TAB ER 24H, 25-1000 MG TAB ER 24H)	4	QL (1 ea per 1 days)
SYNJARDY XR (5-1000 MG TAB ER 24H, 12.5-1000 MG TAB ER 24H)	4	QL (2 ea per 1 days)
TRIJARDY XR (10-5-1000 MG TAB ER 24H, 25-5-1000 MG TAB ER 24H)	4	QL (1 ea per 1 days)
TRIJARDY XR (5-2.5-1000 MG TAB ER 24H, 12.5-2.5-1000 MG TAB ER 24H)	4	QL (2 ea per 1 days)
XIGDUO XR	4	QL (1 ea per 1 days)

Drug Name	Drug Tier	Requirements/Limits
XULTOPHY	4	ST, QL (0.5 ml per 1 days)
ANTIDIABETIC-ANTIBODIES		
TZIELD	6	PA, LA, SP, PN (14 DAYS SUPPLY PER FILL)
BIGUANIDES		
metformin hcl (500 mg tab, 850 mg tab, 1000 mg tab)	2	
metformin hcl 500 mg/5ml solution	3	PA
metformin hcl er	3	
DIABETIC OTHER		
BAQSIMI ONE PACK	4	QL (2 ea per fill)
BAQSIMI TWO PACK	4	QL (2 ea per fill)
CVS GLUCOSE (4 GM CHEW TAB, 4-6 GM-MG CHEW TAB)	4	
CVS SOFT GLUCOSE	4	
DEX4	4	
DEX4 GLUCOSE 4-6 GM-MG CHEW TAB	4	
DEX4 NATURALS	4	
DEX4 POUCH PACK	4	
DEX4 QUICK DISSOLVE GLUCOSE	4	
diazoxide	3	
GLUCAGEN HYPOKIT	4	QL (2 ea per fill), PN (1 DAY SUPPLY PER FILL)
GLUCAGON EMERGENCY 1 MG KIT	4	QL (2 ea per fill(s)), PN (1 DAY SUPPLY PER FILL)
GLUCAGON EMERGENCY 1 MG/ML RECON SOLN	4	QL (2 ea per fill), PN (1 DAY SUPPLY PER FILL)
GLUCO TO GO	4	
GLUCOSE (4 GM CHEW TAB, 4-6 GM-MG CHEW TAB)	4	
GLUCOSE INSTANT ENERGY	4	
GNP GLUCOSE	4	
GNP QUICK DISSOLVE GLUCOSE	4	
GOODSENSE GLUCOSE	4	
GVOKE HYPOPEN 1-PACK 0.5 MG/0.1ML SOLN A-INJ	4	QL (0.2 ml per fill), PN (1 DAY SUPPLY PER FILL)

Drug Name	Drug Tier	Requirements/Limits
GVOKE HYPOPEN 1-PACK 1 MG/0.2ML SOLN A-INJ	4	QL (0.4 ml per fill), PN (1 DAY SUPPLY PER FILL)
GVOKE HYPOPEN 2-PACK 0.5 MG/0.1ML SOLN A-INJ	4	QL (0.2 ml per fill), PN (1 DAY SUPPLY PER FILL)
GVOKE HYPOPEN 2-PACK 1 MG/0.2ML SOLN A-INJ	4	QL (0.4 ml per fill), PN (1 DAY SUPPLY PER FILL)
GVOKE KIT	4	QL (0.4 ml per fill)
GVOKE PFS 0.5 MG/0.1ML SOLN PRSYR	4	QL (0.2 ml per fill), PN (1 DAY SUPPLY PER FILL)
GVOKE PFS 1 MG/0.2ML SOLN PRSYR	4	QL (0.4 ml per fill), PN (1 DAY SUPPLY PER FILL)
HY-VEE GLUCOSE	4	
KORLYM	6	PA, QL (112 ea per 28 day(s)), SP, PN (28 DAYS SUPPLY PER FILL)
KROGER GLUCOSE	4	
LEADER GLUCOSE	4	
LEADER QUICK DISSOLVE GLUCOSE	4	
LONGS GLUCOSE	4	
MEIJER GLUCOSE	4	
mifepristone 300 mg tab	6	PA, QL (112 ea per 28 day(s)), SP, PN (28 DAYS SUPPLY PER FILL)
PREFERRED PLUS GLUCOSE	4	
PX GLUCOSE	4	
RA GLUCOSE	4	
RELION GLUCOSE 4-6 GM-MG CHEW TAB	4	
SM GLUCOSE	4	
SMART SENSE GLUCOSE	4	
TGT GLUCOSE	4	
TRUEPLUS GLUCOSE 4 GM CHEW TAB	4	
TRUEPLUS GLUCOSE ON THE GO	4	
UP & UP GLUCOSE	4	
VALUE PLUS GLUCOSE 4-6 GM-MG CHEW TAB	4	
WALGREENS GLUCOSE	4	
ZEGALOGUE 0.6 MG/0.6ML SOLN A-INJ	5	ST, QL (1.2 ml per fill)

Drug Name	Drug Tier	Requirements/Limits
ZEGALOGUE 0.6 MG/0.6ML SOLN PRSYR	5	ST, QL (1.2 ml per fill)
DIPEPTIDYL PEPTIDASE-4 (DPP-4) INHIBITORS		
ONGLYZA	5	PA, QL (1 ea per 1 days)
saxagliptin hcl 2.5 mg tab	3	PA, QL (1 ea per 1 day(s))
saxagliptin hcl 5 mg tab	3	PA, QL (1 ea per 1 day(s))
TRADJENTA	4	QL (1 ea per 1 days)
DOPAMINE RECEPTOR AGONISTS - ANTIDIABETIC		
CYCLOSET	5	PA
INCRETIN MIMETIC AGENTS		
MOUNJARO (5 MG/0.5ML SOLN A-INJ, 7.5 MG/0.5ML SOLN A-INJ, 10 MG/0.5ML SOLN A-INJ, 12.5 MG/0.5ML SOLN A-INJ, 15 MG/0.5ML SOLN A-INJ)	4	PA, QL (2 ml per 28 day(s))
MOUNJARO 2.5 MG/0.5ML SOLN A-INJ	4	PA, QL (2 ml per 28 day(s)), PN (28 DAY SUPPLY IN 180 DAYS)
OZEMPIC (0.25 OR 0.5 MG/DOSE) 2 MG/1.5ML SOLN PEN	4	PA, QL (0.06 ml per 1 days)
OZEMPIC (0.25 OR 0.5 MG/DOSE) 2 MG/3ML SOLN PEN	4	PA, QL (0.11 ml per 1 days)
OZEMPIC (1 MG/DOSE)	4	PA, QL (0.11 ml per 1 days)
OZEMPIC (2 MG/DOSE)	4	PA, QL (0.11 ml per 1 days)
RYBELSUS (7 MG TAB, 14 MG TAB)	4	PA, QL (1 ea per 1 days)
RYBELSUS 3 MG TAB	4	PA, QL (30 ea per 30 day(s)), PN (30 DAYS SUPPLY IN 180 DAYS)
TRULICITY	4	PA, QL (0.072 ml per 1 day(s))
VICTOZA	4	PA, QL (0.3 ml per 1 day(s))
INSULIN		
ADMELOG	5	PA
ADMELOG SOLOSTAR	5	PA
APIDRA	5	PA
APIDRA SOLOSTAR	5	PA
FIASP	5	PA
FIASP FLEXTOUCH	5	PA
FIASP PENFILL	5	PA
HUMALOG 100 UNIT/ML SOLUTION	5	PA

Drug Name	Drug Tier	Requirements/Limits
HUMALOG TEMPO PEN	5	PA
INSULIN ASP PROT & ASP FLEXPEN	3	
INSULIN ASPART	3	
INSULIN ASPART FLEXPEN	3	
INSULIN ASPART PENFILL	3	
INSULIN ASPART PROT & ASPART	3	
INSULIN DEGLUDEC	4	
INSULIN DEGLUDEC FLEXTOUCH	4	
INSULIN GLARGINE MAX SOLOSTAR	4	
INSULIN GLARGINE SOLOSTAR 300 UNIT/ML SOLN PEN	4	
LANTUS	4	
LANTUS SOLOSTAR	4	
LEVEMIR	4	
LEVEMIR FLEXPEN	4	
LEVEMIR FLEXTOUCH	4	
NOVOLIN 70/30	4	
NOVOLIN 70/30 FLEXPEN	4	
NOVOLIN 70/30 FLEXPEN RELION	4	
NOVOLIN 70/30 RELION	4	
NOVOLIN N	4	
NOVOLIN N FLEXPEN	4	
NOVOLIN N FLEXPEN RELION	4	
NOVOLIN N RELION	4	
NOVOLIN R	4	
NOVOLIN R FLEXPEN	4	
NOVOLIN R FLEXPEN RELION	4	
NOVOLIN R RELION	4	
NOVOLOG	4	
NOVOLOG 70/30 FLEXPEN RELION	4	
NOVOLOG FLEXPEN	4	
NOVOLOG FLEXPEN RELION	4	

Drug Name	Drug Tier	Requirements/Limits
NOVOLOG MIX 70/30	4	
NOVOLOG MIX 70/30 FLEXPEN	4	
NOVOLOG MIX 70/30 RELION	4	
NOVOLOG PENFILL	4	
NOVOLOG RELION	4	
TOUJEO MAX SOLOSTAR	4	
TOUJEO SOLOSTAR	4	
TRESIBA	4	
TRESIBA FLEXTOUCH	4	
INSULIN SENSITIZING AGENTS		
pioglitazone hcl	3	
MEGLITINIDE ANALOGUES		
nateglinide	3	
repaglinide	3	
SODIUM-GLUCOSE CO-TRANSPORTER 2 (SGLT2) INHIBITORS		
FARXIGA	4	QL (1 ea per 1 days)
JARDIANCE	4	QL (1 ea per 1 days)
SULFONYLUREAS		
glimepiride (1 mg tab, 2 mg tab, 4 mg tab)	2	
glipizide (5 mg tab, 10 mg tab)	2	
glipizide er	3	
glipizide xl	3	
glyburide	2	
GLYBURIDE MICRONIZED	2	
ANTIDIARRHEAL/PROBIOTIC AGENTS (CONTINUED)		
ANTIPERISTALTIC AGENTS		
diphenoxylate-atropine (2.5-0.025 mg tab, 2.5-0.025 mg/5ml liquid)	3	
loperamide hcl 2 mg cap	3	
opium	3	
ANTIDOTES AND SPECIFIC ANTAGONISTS (CONTINUED)		
ANTIDOTES - CHELATING AGENTS		
CHEMET	5	PA

Drug Name	Drug Tier	Requirements/Limits
deferasirox	3	PA, SP, PN (30 DAYS SUPPLY PER FILL)
deferasirox granules	3	PA, SP, PN (30 DAYS SUPPLY PER FILL)
deferiprone 500 mg tab	6	PA, SP, PN (34 DAYS SUPPLY PER FILL)
FERRIPROX 100 MG/ML SOLUTION	6	PA, LA, SP, PN (34 DAYS SUPPLY PER FILL)
ANTIDOTES AND SPECIFIC ANTAGONISTS		
ANDEXXA	6	PA, SP, PN (34 DAYS SUPPLY PER FILL)
PRAXBIND	6	PA, SP, PN (34 DAYS SUPPLY PER FILL)
OPIOID ANTAGONISTS		
KLOXXADO	4	
naloxone hcl (0.4 mg/ml soln cart, 2 mg/2ml soln prsyr)	3	
NALOXONE HCL 0.4 MG/ML SOLN PRSYR	4	
naloxone hcl 4 mg/0.1ml liquid	1	
naltrexone hcl	3	
OPVEE	4	
REXTOVY	4	
VIVITROL	6	SP, PN (MIN 28 DAY SUPPLY; MAX 34 DAY SUPPLY)
ZIMHI	4	
ANTIEMETICS (CONTINUED)		
5-HT3 RECEPTOR ANTAGONISTS		
granisetron hcl 1 mg tab	3	QL (2 ea per fill), PN (1 DAY SUPPLY PER FILL)
ondansetron (4 mg tab disp, 8 mg tab disp)	3	
ondansetron hcl (4 mg tab, 4 mg/5ml solution, 8 mg tab, 24 mg tab)	3	
SANCUSO	5	PA, QL (4 ea per 28 days), PN (28 DAYS SUPPLY PER FILL)
SUSTOL	6	PA, SP, PN (34 DAYS SUPPLY PER FILL)
ANTIEMETICS - ANTICHOLINERGIC		
meclizine hcl (12.5 mg tab, 25 mg tab)	3	
scopolamine	3	
trimethobenzamide hcl	3	

Drug Name	Drug Tier	Requirements/Limits
ANTIEMETICS - MISCELLANEOUS		
AKYNZEO 300-0.5 MG CAP	5	QL (2 ea per 28 days), PN (28 DAYS SUPPLY PER FILL)
BONJESTA	4	QL (168 ea per 14 days)
doxylamine-pyridoxine	3	QL (4 ea per 1 days)
dronabinol	3	
SUBSTANCE P/NEUROKININ 1 (NK1) RECEPTOR ANTAGONISTS		
aprepitant	3	
CINVANTI	5	PA, SP
EMEND 125 MG/5ML RECON SUSP	5	
VARUBI (180 MG DOSE)	5	QL (2 ea per 14 days), PN (14 DAYS SUPPLY PER FILL)
ANTIFUNGALS (CONTINUED)		
ANTIFUNGAL - GLUCAN SYNTHESIS INHIBITORS		
REZZAYO	6	PA, SP, PN (28 DAYS SUPPLY PER FILL)
ANTIFUNGALS		
flucytosine	6	PN (34 DAYS SUPPLY PER FILL)
griseofulvin microsize (125 mg/5ml suspension, 500 mg tab)	3	
griseofulvin ultramicrosize	3	
nystatin 500000 unit tab	3	
terbinafine hcl 250 mg tab	3	
IMIDAZOLE-RELATED ANTIFUNGALS		
CRESEMBA 372 MG RECON SOLN	6	PA, PN (34 DAYS SUPPLY PER FILL)
fluconazole (10 mg/ml recon susp, 40 mg/ml recon susp, 50 mg tab, 100 mg tab, 150 mg tab, 200 mg tab)	3	
itraconazole (10 mg/ml solution, 100 mg cap)	3	PA
ketoconazole 200 mg tab	3	
NOXAFIL 300 MG PACKET	6	PA, QL (30 ea per 30 day(s)), PN (MAX 30 DAYS SUPPLY PER FILL)
posaconazole 100 mg tab dr	6	PA, QL (90 ea per 30 days), PN (34 DAYS SUPPLY PER FILL)
posaconazole 40 mg/ml suspension	6	PA, QL (20 ml per 1 days), PN (30 DAYS SUPPLY PER FILL)

Drug Name	Drug Tier	Requirements/Limits
VIVJOA	5	PA, QL (18 ea per 84 days), PN (84 DAYS SUPPLY PER FILL)
voriconazole (40 mg/ml recon susp, 50 mg tab, 200 mg tab)	3	PA, PN (34 DAYS SUPPLY PER FILL)
ANTIHISTAMINES (CONTINUED)		
ANTIHISTAMINES - ETHANOLAMINES		
CARBINOXAMINE MALEATE (4 MG TAB, 4 MG/5ML SOLUTION, 6 MG TAB)	3	
CLEMASTINE FUMARATE 2.68 MG TAB	3	
di-phen	3	
diphen 12.5 mg/5ml elixir	3	
DIPHENHYDRAMINE HCL 12.5 MG/5ML ELIXIR	3	
ANTIHISTAMINES - NON-SEDATING		
DESLORATADINE (2.5 MG TAB DISP, 5 MG TAB DISP)	3	
ANTIHISTAMINES - PHENOTHIAZINES		
promethazine hcl (6.25 mg/5ml solution, 12.5 mg suppos, 12.5 mg tab, 25 mg suppos, 25 mg tab, 50 mg tab)	3	
PROMETHEGAN (12.5 MG SUPPOS, 25 MG SUPPOS, 50 MG SUPPOS)	3	
ANTIHISTAMINES - PIPERIDINES		
cyproheptadine hcl (2 mg/5ml syrup, 4 mg tab)	3	
ANTIHYPERLIPIDEMICS (CONTINUED)		
ADENOSINE TRIPHOSPHATE-CITRATE LYASE (ACL) INHIBITORS		
NEXLETOL	4	PA, QL (1 ea per 1 days)
ANGIOPOIETIN-LIKE PROTEIN INHIBITORS		
EVKEEZA	6	PA, LA, SP, PN (28 DAYS SUPPLY PER FILL)
ANTIHYPERLIPIDEMICS - COMBINATIONS		
ezetimibe-simvastatin	3	PA
NEXLIZET	4	PA, QL (1 ea per 1 days)
ANTIHYPERLIPIDEMICS - MISC.		
icosapent ethyl 0.5 gm cap	3	PA, QL (8 ea per 1 days)
icosapent ethyl 1 gm cap	3	PA, QL (4 ea per 1 days)
omega-3-acid ethyl esters	3	

Drug Name	Drug Tier	Requirements/Limits
VASCEPA 0.5 GM CAP	5	PA, QL (8 ea per 1 days)
BILE ACID SEQUESTRANTS		
cholestyramine (4 gm packet, 4 gm/dose powder)	3	
cholestyramine light (4 gm packet, 4 gm/dose powder)	3	
colesevelam hcl	3	
colestipol hcl (1 gm tab, 5 gm granules, 5 gm packet)	3	
prevalite (4 gm packet, 4 gm/dose powder)	3	
FIBRIC ACID DERIVATIVES		
fenofibrate (48 mg tab, 54 mg tab, 67 mg cap, 134 mg cap, 145 mg tab, 160 mg tab, 200 mg cap)	3	
fenofibrate micronized (43 mg cap, 67 mg cap, 130 mg cap, 134 mg cap, 200 mg cap)	3	
fenofibric acid (45 mg cap dr, 135 mg cap dr)	3	
gemfibrozil	3	
HMG COA REDUCTASE INHIBITORS		
ALTOPREV (20 MG TAB ER 24H, 60 MG TAB ER 24H)	5	PA, PN ($0 copay for members age 40-75)
ALTOPREV 40 MG TAB ER 24H	5	PA, PN ($0 copay for members age 40-75)
atorvastatin calcium (20 mg tab, 40 mg tab, 80 mg tab)	3	QL (1 ea per 1 days), PN ($0 copay for members age 40-75)
atorvastatin calcium 10 mg tab	3	QL (2 ea per 1 days), PN ($0 copay for members age 40-75)
fluvastatin sodium 20 mg cap	3	QL (4 ea per 1 days), PN ($0 copay for members age 40-75)
fluvastatin sodium 40 mg cap	3	QL (2 ea per 1 days), PN ($0 copay for members age 40-75)
fluvastatin sodium er	3	PA, QL (1 ea per 1 days), PN ($0 copay for members age 40-75)
LIVALO 1 MG TAB	5	PA, QL (4 ea per 1 days), PN ($0 copay for members age 40-75)
LIVALO 2 MG TAB	5	PA, QL (2 ea per 1 days), PN ($0 copay for members age 40-75)
LIVALO 4 MG TAB	5	PA, QL (1 ea per 1 days), PN ($0 copay for members age 40-75)
lovastatin 10 mg tab	2	QL (4 ea per 1 days), PN ($0 copay for members age 40-75)

Drug Name	Drug Tier	Requirements/Limits
lovastatin 20 mg tab	2	QL (2 ea per 1 days), PN ($0 copay for members age 40-75)
lovastatin 40 mg tab	2	QL (1 ea per 1 days), PN ($0 copay for members age 40-75)
pravastatin sodium 10 mg tab	2	QL (8 ea per 1 days), PN ($0 copay for members age 40-75)
pravastatin sodium 20 mg tab	2	QL (4 ea per 1 days), PN ($0 copay for members age 40-75)
pravastatin sodium 40 mg tab	2	QL (2 ea per 1 days), PN ($0 copay for members age 40-75)
pravastatin sodium 80 mg tab	2	QL (1 ea per 1 days), PN ($0 copay for members age 40-75)
rosuvastatin calcium (10 mg tab, 20 mg tab, 40 mg tab)	3	QL (1 ea per 1 days), PN ($0 copay for members age 40-75)
rosuvastatin calcium 5 mg tab	3	QL (2 ea per 1 days), PN ($0 copay for members age 40-75)
simvastatin (40 mg tab, 80 mg tab)	2	QL (1 ea per 1 days), PN ($0 copay for members age 40-75)
simvastatin 10 mg tab	2	QL (4 ea per 1 days), PN ($0 copay for members age 40-75)
simvastatin 20 mg tab	2	QL (2 ea per 1 days), PN ($0 copay for members age 40-75)
simvastatin 5 mg tab	2	QL (8 ea per 1 days), PN ($0 copay for members age 40-75)
ZYPITAMAG (2 MG TAB, 4 MG TAB)	5	PA, QL (1 ea per 1 days), PN ($0 copay for members age 40-75)
ZYPITAMAG 1 MG TAB	5	PA, QL (1 ea per 1 day(s)), PN ($0 copay for members age 40-75)
INTESTINAL CHOLESTEROL ABSORPTION INHIBITORS		
ezetimibe	3	
MICROSOMAL TRIGLYCERIDE TRANSFER PROTEIN (MTP) INHIBITORS		
JUXTAPID (20 MG CAP, 30 MG CAP)	6	PA, LA, QL (56 ea per 28 days), SP, PN (28 DAYS SUPPLY PER FILL)
JUXTAPID (5 MG CAP, 10 MG CAP)	6	PA, LA, QL (28 ea per 28 days), SP, PN (28 DAYS SUPPLY PER FILL)
NICOTINIC ACID DERIVATIVES		
niacin er (antihyperlipidemic)	3	
NIACOR	3	

Drug Name	Drug Tier	Requirements/Limits
PROPROTEIN CONVERTASE SUBTILISIN/KEXIN TYPE 9 INHIBITORS		
LEQVIO	6	PA, SP, PN (34 DAYS SUPPLY PER FILL)
PRALUENT	4	PA, QL (0.072 ml per 1 days)
REPATHA	4	PA, QL (0.072 ml per 1 days)
REPATHA PUSHTRONEX SYSTEM	4	PA, QL (0.125 ml per 1 days)
REPATHA SURECLICK	4	PA, QL (0.072 ml per 1 days)
ANTIHYPERTENSIVES (CONTINUED)		
ACE INHIBITORS		
benazepril hcl	2	
captopril	2	
enalapril maleate (2.5 mg tab, 5 mg tab, 10 mg tab, 20 mg tab)	2	
fosinopril sodium	3	
lisinopril	2	
moexipril hcl	3	
PERINDOPRIL ERBUMINE (2 MG TAB, 4 MG TAB, 8 MG TAB)	3	
quinapril hcl	3	
ramipril	3	
trandolapril	3	
AGENTS FOR PHEOCHROMOCYTOMA		
phenoxybenzamine hcl	3	SP
ANGIOTENSIN II RECEPTOR ANTAGONISTS		
candesartan cilexetil	3	
EDARBI	5	PA, QL (1 ea per 1 days)
irbesartan	3	
losartan potassium	3	
olmesartan medoxomil	3	
telmisartan	3	
valsartan (40 mg tab, 80 mg tab, 160 mg tab, 320 mg tab)	3	
ANTIADRENERGIC ANTIHYPERTENSIVES		
clonidine	3	

Drug Name	Drug Tier	Requirements/Limits
clonidine hcl	2	
doxazosin mesylate	2	
guanfacine hcl	2	
METHYLDOPA	3	
prazosin hcl	3	
terazosin hcl	2	
ANTIHYPERTENSIVE COMBINATIONS		
amlodipine besy-benazepril hcl	3	
amlodipine besylate-valsartan	3	PA
amlodipine-olmesartan	3	PA
amlodipine-valsartan-hctz	3	PA
atenolol-chlorthalidone	3	
benazepril-hydrochlorothiazide	3	
bisoprolol-hydrochlorothiazide	3	
candesartan cilexetil-hctz	3	
CAPTOPRIL-HYDROCHLOROTHIAZIDE	3	
EDARBYCLOR	5	PA, QL (1 ea per 1 days)
enalapril-hydrochlorothiazide	3	
fosinopril sodium-hctz	3	
irbesartan-hydrochlorothiazide	3	
lisinopril-hydrochlorothiazide	3	
losartan potassium-hctz	3	
metoprolol-hydrochlorothiazide	3	
olmesartan medoxomil-hctz	3	
olmesartan-amlodipine-hctz	3	PA
quinapril-hydrochlorothiazide (10-12.5 mg tab, 20-25 mg tab)	3	
telmisartan-hctz	3	
TRANDOLAPRIL-VERAPAMIL HCL ER	3	
valsartan-hydrochlorothiazide	3	
DIRECT RENIN INHIBITORS		
aliskiren fumarate	3	PA

Drug Name	Drug Tier	Requirements/Limits
SELECTIVE ALDOSTERONE RECEPTOR ANTAGONISTS (SARAS)		
eplerenone	3	
VASODILATORS		
hydralazine hcl (10 mg tab, 25 mg tab, 50 mg tab, 100 mg tab)	2	
minoxidil	3	
ANTIMALARIALS (CONTINUED)		
ANTIMALARIAL COMBINATIONS		
atovaquone-proguanil hcl	3	
COARTEM	5	PA, QL (24 ea per fill)
ANTIMALARIALS		
ARTESUNATE	6	SP, PN (34 DAYS SUPPLY PER FILL)
chloroquine phosphate	3	
hydroxychloroquine sulfate 200 mg tab	3	
KRINTAFEL	5	QL (2 ea per 1 day(s)), PN (1 DAYS SUPPLY IN 180 DAYS)
mefloquine hcl	3	
primaquine phosphate	5	QL (14 ea per 14 day(s)), PN (14 DAYS SUPPLY IN 180 DAYS)
pyrimethamine	6	PA, SP, PN (34 DAYS SUPPLY PER FILL)
quinine sulfate	3	PA
ANTIMYASTHENIC/CHOLINERGIC AGENTS (CONTINUED)		
ANTIMYASTHENIC/CHOLINERGIC AGENTS		
FIRDAPSE	6	PA, LA, QL (240 ea per 30 days), SP, PN (30 DAYS SUPPLY PER FILL)
pyridostigmine bromide (30 mg tab, 60 mg tab, 60 mg/5ml solution)	3	
pyridostigmine bromide er	3	
ANTIMYCOBACTERIAL AGENTS (CONTINUED)		
ANTIMYCOBACTERIAL AGENTS		
cycloserine	3	
ethambutol hcl	3	

Drug Name	Drug Tier	Requirements/Limits
isoniazid (50 mg/5ml syrup, 100 mg tab, 300 mg tab)	3	
PRETOMANID	4	PA, QL (1 ea per 1 days)
PRIFTIN	5	PA
pyrazinamide	3	
rifabutin	3	
rifampin (150 mg cap, 300 mg cap)	3	
TRECATOR	5	PA
ANTINEOPLASTICS AND ADJUNCTIVE THERAPIES (CONTINUED)		
ALKYLATING AGENTS		
BELRAPZO	6	SP, PN (34 DAYS SUPPLY PER FILL)
bendamustine hcl (25 mg recon soln, 100 mg recon soln)	6	SP, PN (34 DAYS SUPPLY PER FILL)
BENDAMUSTINE HCL 100 MG/4ML SOLUTION	6	SP, PN (34 DAYS SUPPLY PER FILL)
BENDEKA	6	SP, PN (34 DAYS SUPPLY PER FILL)
CYCLOPHOSPHAMIDE (25 MG CAP, 50 MG CAP)	1	SP
GLEOSTINE	1	SP, PN (MIN 42 DAY SUPPLY; MAX 42 DAY SUPPLY)
LEUKERAN	1	SP
MELPHALAN	1	
MYLERAN	1	SP
OXALIPLATIN (50 MG RECON SOLN, 50 MG/10ML SOLUTION, 100 MG RECON SOLN, 100 MG/20ML SOLUTION, 200 MG/40ML SOLUTION)	3	SP, PN (34 DAYS SUPPLY PER FILL)
temozolomide	1	SP, PN (34 DAYS SUPPLY PER FILL)
thiotepa 100 mg recon soln	6	PA, SP, PN (34 DAYS SUPPLY PER FILL)
VIVIMUSTA	6	SP, PN (34 DAYS SUPPLY PER FILL)
YONDELIS	6	PA, SP, PN (34 DAYS SUPPLY PER FILL)
ZEPZELCA	6	PA, SP, PN (34 DAYS SUPPLY PER FILL)
ANTIMETABOLITES		
capecitabine	1	SP, PN (34 DAYS SUPPLY PER FILL)
clofarabine	6	PA, SP, PN (34 DAYS SUPPLY PER FILL)
decitabine	6	SP, PN (34 DAYS SUPPLY PER FILL)
FOLOTYN	6	SP, PN (34 DAYS SUPPLY PER FILL)

Drug Name	Drug Tier	Requirements/Limits
mercaptopurine	1	
METHOTREXATE SODIUM (2.5 MG TAB, 50 MG/2ML SOLUTION, 250 MG/10ML SOLUTION, 1000 MG/40ML SOLUTION)	3	
methotrexate sodium (pf)	3	
nelarabine	6	PA, SP, PN (34 DAYS SUPPLY PER FILL)
ONUREG	1	QL (14 ea per 28 days), PA-NSO, SP, PN (MIN 28 DAY SUPPLY; MAX 34 DAY SUPPLY)
PEMETREXED	6	SP, PN (34 DAYS SUPPLY PER FILL)
PEMETREXED DISODIUM (1 GM/40ML SOLUTION, 100 MG RECON SOLN, 100 MG/4ML SOLUTION, 500 MG RECON SOLN, 500 MG/20ML SOLUTION, 750 MG RECON SOLN, 850 MG/34ML SOLUTION, 1000 MG RECON SOLN)	6	SP, PN (34 DAYS SUPPLY PER FILL)
PEMETREXED DITROMETHAMINE	6	SP, PN (34 DAYS SUPPLY PER FILL)
PEMFEXY	6	SP, PN (34 DAYS SUPPLY PER FILL)
PRALATREXATE	6	SP, PN (34 DAYS SUPPLY PER FILL)
TABLOID	1	PA, SP
TREXALL	5	PA
XATMEP	1	PA, SP
ANTINEOPLASTIC - ANGIOGENESIS INHIBITORS		
AVASTIN	6	PA, SP, PN (34 DAYS SUPPLY PER FILL)
CYRAMZA	6	PA, SP, PN (34 DAYS SUPPLY PER FILL)
FRUZAQLA 1 MG CAP	1	PA, QL (84 ea per 28 days), SP, PN (28 DAYS SUPPLY PER FILL)
FRUZAQLA 5 MG CAP	1	PA, QL (21 ea per 28 days), SP, PN (28 DAYS SUPPLY PER FILL)
INLYTA 1 MG TAB	1	QL (180 ea per 30 days), PA-NSO, SP, PN (30 DAYS SUPPLY PER FILL)
INLYTA 5 MG TAB	1	QL (120 ea per 30 days), PA-NSO, SP, PN (30 DAYS SUPPLY PER FILL)
LENVIMA (10 MG DAILY DOSE)	1	QL (30 ea per 30 days), PA-NSO, SP, PN (30 DAYS SUPPLY PER FILL)
LENVIMA (12 MG DAILY DOSE)	1	QL (90 ea per 30 days), PA-NSO, SP, PN (30 DAYS SUPPLY PER FILL)
LENVIMA (14 MG DAILY DOSE)	1	QL (60 ea per 30 days), PA-NSO, SP, PN (30 DAYS SUPPLY PER FILL)

Drug Name	Drug Tier	Requirements/Limits
LENVIMA (18 MG DAILY DOSE)	1	QL (90 ea per 30 days), PA-NSO, SP, PN (30 DAYS SUPPLY PER FILL)
LENVIMA (20 MG DAILY DOSE)	1	QL (60 ea per 30 days), PA-NSO, SP, PN (30 DAYS SUPPLY PER FILL)
LENVIMA (24 MG DAILY DOSE)	1	QL (90 ea per 30 days), PA-NSO, SP, PN (30 DAYS SUPPLY PER FILL)
LENVIMA (4 MG DAILY DOSE)	1	QL (30 ea per 30 days), PA-NSO, SP, PN (30 DAYS SUPPLY PER FILL)
LENVIMA (8 MG DAILY DOSE)	1	QL (60 ea per 30 days), PA-NSO, SP, PN (30 DAYS SUPPLY PER FILL)
MVASI	6	SP, PN (34 DAYS SUPPLY PER FILL)
ZALTRAP	6	PA, SP, PN (34 DAYS SUPPLY PER FILL)
ANTINEOPLASTIC - ANTI-HER2 AGENTS		
HERCEPTIN	6	SP, PN (34 DAYS SUPPLY PER FILL)
HERZUMA	6	SP, PN (34 DAYS SUPPLY PER FILL)
KANJINTI	6	SP, PN (34 DAYS SUPPLY PER FILL)
MARGENZA	6	PA, SP, PN (34 DAYS SUPPLY PER FILL)
OGIVRI	6	SP, PN (34 DAYS SUPPLY PER FILL)
ONTRUZANT	6	SP, PN (34 DAYS SUPPLY PER FILL)
PERJETA	6	SP, PN (34 DAYS SUPPLY PER FILL)
TRAZIMERA	6	SP, PN (34 DAYS SUPPLY PER FILL)
TUKYSA	1	QL (120 ea per 30 days), PA-NSO, SP, PN (30 DAYS SUPPLY PER FILL)
ANTINEOPLASTIC - ANTIBODIES		
ADCETRIS	6	PA, SP, PN (34 DAYS SUPPLY PER FILL)
ARZERRA	6	PA, SP, PN (34 DAYS SUPPLY PER FILL)
BAVENCIO	6	PA, SP, PN (34 DAYS SUPPLY PER FILL)
BESPONSA	6	PA, SP, PN (34 DAYS SUPPLY PER FILL)
BLENREP	6	PN (34 DAYS SUPPLY PER FILL)
BLINCYTO	6	PA, SP, PN (34 DAYS SUPPLY PER FILL)
COLUMVI 10 MG/10ML SOLUTION	6	PA, QL (30 ml per 21 day(s)), SP, PN (21 DAYS SUPPLY PER FILL)
COLUMVI 2.5 MG/2.5ML SOLUTION	6	PA, QL (30 ml per 21 day(s)), SP, PN (MAX 21 DAYS SUPPLY PER FILL)
DANYELZA	6	PA, SP, PN (34 DAYS SUPPLY PER FILL)

Drug Name	Drug Tier	Requirements/Limits
DARZALEX	6	PA, SP, PN (34 DAYS SUPPLY PER FILL)
ELAHERE	6	PA, LA, SP, PN (34 DAYS SUPPLY PER FILL)
ELREXFIO	6	PA, LA, SP, PN (34 DAY SUPPLY PER FILL)
EMPLICITI	6	PA, SP, PN (34 DAYS SUPPLY PER FILL)
ENHERTU	6	PA, SP, PN (34 DAYS SUPPLY PER FILL)
EPKINLY	6	PA, SP, PN (28 DAYS SUPPLY PER FILL)
GAZYVA	6	PA, SP, PN (34 DAYS SUPPLY PER FILL)
IMDELLTRA	6	PA, SP, PN (28 DAY SUPPLY PER FILL)
IMFINZI	6	PA, SP, PN (34 DAYS SUPPLY PER FILL)
IMJUDO 25 MG/1.25ML SOLUTION	6	PA, QL (375 ml per 180 days), SP, PN (180 DAYS SUPPLY PER FILL)
IMJUDO 300 MG/15ML SOLUTION	6	PA, QL (15 ml per 180 days), SP, PN (180 DAYS SUPPLY PER FILL)
JEMPERLI	6	PA, SP, PN (34 DAYS SUPPLY PER FILL)
KADCYLA	6	PA, SP, PN (34 DAYS SUPPLY PER FILL)
KEYTRUDA	6	PA, SP, PN (MIN 21 DAY SUPPLY; MAX 42 DAY SUPPLY)
KIMMTRAK	6	PA, SP, PN (34 DAYS SUPPLY PER FILL)
LIBTAYO	6	PA, SP, PN (34 DAYS SUPPLY PER FILL)
LOQTORZI	6	PA, SP, PN (28 DAYS SUPPLY PER FILL)
LUMOXITI	6	PA, SP, PN (34 DAYS SUPPLY PER FILL)
LUNSUMIO	6	PA, SP, PN (34 DAYS SUPPLY PER FILL)
MONJUVI	6	PA, SP, PN (34 DAYS SUPPLY PER FILL)
MYLOTARG	6	PA, SP, PN (34 DAYS SUPPLY PER FILL)
OPDIVO	6	PA, SP, PN (34 DAYS SUPPLY PER FILL)
PADCEV	6	PA, SP, PN (34 DAYS SUPPLY PER FILL)
POLIVY	6	PA, SP, PN (34 DAYS SUPPLY PER FILL)
POTELIGEO	6	PA, SP, PN (34 DAYS SUPPLY PER FILL)
RIABNI	6	PA, SP, PN (34 DAYS SUPPLY PER FILL)
RITUXAN	6	PA, SP, PN (34 DAYS SUPPLY PER FILL)
RUXIENCE	6	PA, SP, PN (34 DAYS SUPPLY PER FILL)
RYBREVANT	6	PA, SP, PN (34 DAYS SUPPLY PER FILL)

Drug Name	Drug Tier	Requirements/Limits
SARCLISA	6	PA, SP, PN (34 DAYS SUPPLY PER FILL)
TALVEY	6	PA, SP, PN (34 DAY SUPPLY PER FILL)
TECENTRIQ	6	PA, SP, PN (34 DAYS SUPPLY PER FILL)
TECVAYLI	6	PA, SP, PN (34 DAYS SUPPLY PER FILL)
TEVIMBRA	2	PA, SP, PN (34 DAYS SUPPLY PER FILL)
TIVDAK	6	PA, SP, PN (34 DAYS SUPPLY PER FILL)
UNITUXIN	6	PA, SP, PN (34 DAYS SUPPLY PER FILL)
YERVOY	6	PA, SP, PN (34 DAYS SUPPLY PER FILL)
ZEVALIN Y-90	6	PA, SP, PN (34 DAYS SUPPLY PER FILL)
ZYNLONTA	6	PA, LA, SP, PN (34 DAYS SUPPLY PER FILL)
ZYNYZ	6	PA, QL (20 ml per 28 days), SP, PN (28 DAYS SUPPLY PER FILL)
ANTINEOPLASTIC - BCL-2 INHIBITORS		
VENCLEXTA 10 MG TAB	1	QL (60 ea per 30 days), PA-NSO, SP, PN (30 DAYS SUPPLY PER FILL)
VENCLEXTA 100 MG TAB	1	QL (180 ea per 30 days), PA-NSO, SP, PN (30 DAYS SUPPLY PER FILL)
VENCLEXTA 50 MG TAB	1	QL (30 ea per 30 days), PA-NSO, SP, PN (30 DAYS SUPPLY PER FILL)
VENCLEXTA STARTING PACK	1	QL (42 ea per 28 days), PA-NSO, SP, PN (28 DAYS SUPPLY PER FILL)
ANTINEOPLASTIC - CELLULAR IMMUNOTHERAPY		
PROVENGE	6	PA, SP, PN (34 DAYS SUPPLY PER FILL)
ANTINEOPLASTIC - EGFR INHIBITORS		
ERBITUX	6	SP, PN (34 DAYS SUPPLY PER FILL)
erlotinib hcl (100 mg tab, 150 mg tab)	1	QL (30 ea per 30 days), PA-NSO, SP, PN (30 DAYS SUPPLY PER FILL)
erlotinib hcl 25 mg tab	1	QL (90 ea per 30 days), PA-NSO, SP, PN (30 DAYS SUPPLY PER FILL)
EXKIVITY	1	QL (120 ea per 30 days), PA-NSO, SP, PN (30 DAYS SUPPLY PER FILL)
gefitinib	1	QL (30 ea per 30 days), PA-NSO, SP, PN (30 DAYS SUPPLY PER FILL)
GILOTRIF	1	LA, QL (30 ea per 30 days), PA-NSO, SP, PN (30 DAYS SUPPLY PER FILL)

Drug Name	Drug Tier	Requirements/Limits
IRESSA	1	PA, QL (30 ea per 30 days), SP, PN (30 DAYS SUPPLY PER FILL)
LAZCLUZE 240 MG TAB	1	PA, QL (30 ea per 30 day(s)), PN (30 DAYS SUPPLY PER FILL)
LAZCLUZE 80 MG TAB	1	PA, QL (30 ea per 30 day(s)), PN (30 DAYS SUPPLY PER FILL)
PORTRAZZA	6	PA, SP, PN (34 DAYS SUPPLY PER FILL)
TAGRISSO	1	QL (30 ea per 30 days), PA-NSO, SP, PN (30 DAYS SUPPLY PER FILL)
VECTIBIX	6	PA, SP, PN (34 DAYS SUPPLY PER FILL)
VIZIMPRO	1	QL (30 ea per 30 days), PA-NSO, SP, PN (30 DAYS SUPPLY PER FILL)
ANTINEOPLASTIC - HEDGEHOG PATHWAY INHIBITORS		
DAURISMO 100 MG TAB	1	QL (30 ea per 30 days), PA-NSO, SP, PN (30 DAYS SUPPLY PER FILL)
DAURISMO 25 MG TAB	1	QL (60 ea per 30 days), PA-NSO, SP, PN (30 DAYS SUPPLY PER FILL)
ERIVEDGE	1	QL (30 ea per 30 days), PA-NSO, SP, PN (30 DAYS SUPPLY PER FILL)
ODOMZO	1	QL (30 ea per 30 days), PA-NSO, SP, PN (30 DAYS SUPPLY PER FILL)
ANTINEOPLASTIC - HORMONAL AND RELATED AGENTS		
abiraterone acetate 250 mg tab	1	QL (120 ea per 30 days), PA-NSO, SP, PN (30 DAYS SUPPLY PER FILL)
abiraterone acetate 500 mg tab	1	QL (60 ea per 30 days), PA-NSO, SP, PN (30 DAYS SUPPLY PER FILL)
AKEEGA 100-500 MG TAB	1	QL (60 ea per 30 days), PA-NSO, SP, PN (30 DAYS SUPPLY PER FILL)
AKEEGA 50-500 MG TAB	5	LA, QL (60 ea per 30 days), PA-NSO, SP, PN (30 DAYS SUPPLY PER FILL)
anastrozole	1	PN ($0 copay for women)
bicalutamide	1	QL (30 ea per 30 days), PN (30 DAYS SUPPLY PER FILL)
CAMCEVI	6	SP, PN (168 DAYS SUPPLY PER FILL)
ELIGARD 22.5 MG KIT	6	SP, PN (MIN 84 DAY SUPPLY; MAX 90 DAY SUPPLY)
ELIGARD 30 MG KIT	6	SP, PN (MIN 112 DAY SUPPLY; MAX 120 DAY SUPPLY)

Drug Name	Drug Tier	Requirements/Limits
ELIGARD 45 MG KIT	6	SP, PN (MIN 168 DAY SUPPLY; MAX 180 DAY SUPPLY)
ELIGARD 7.5 MG KIT	6	SP, PN (MIN 28 DAY SUPPLY; MAX 34 DAY SUPPLY)
EMCYT	1	SP
ERLEADA 240 MG TAB	1	QL (30 ea per 30 days), PA-NSO, SP, PN (30 DAYS SUPPLY PER FILL)
ERLEADA 60 MG TAB	1	QL (120 ea per 30 days), PA-NSO, SP, PN (30 DAYS SUPPLY PER FILL)
EULEXIN	1	SP
exemestane	1	PN ($0 copay for women)
FIRMAGON	5	SP, PN (MIN 28 DAY SUPPLY; MAX 34 DAY SUPPLY)
FIRMAGON (240 MG DOSE)	5	SP, PN (MIN 28 DAY SUPPLY; MAX 34 DAY SUPPLY)
FLUTAMIDE	1	
flutamide	1	
FULVESTRANT	6	SP, PN (34 DAYS SUPPLY PER FILL)
HYDROXYPROGESTERONE CAPROATE 1.25 GM/5ML SOLUTION	6	PA, SP, PN (34 DAYS SUPPLY PER FILL)
letrozole	1	PN ($0 copay for women)
leuprolide acetate	3	
LUPRON DEPOT (1-MONTH)	6	SP, PN (MIN 28 DAY SUPPLY; MAX 34 DAY SUPPLY)
LUPRON DEPOT (3-MONTH)	6	SP, PN (MIN 84 DAY SUPPLY; MAX 90 DAY SUPPLY)
LUPRON DEPOT (4-MONTH)	6	SP, PN (MIN 112 DAY SUPPLY; MAX 120 DAY SUPPLY)
LUPRON DEPOT (6-MONTH)	6	SP, PN (MIN 168 DAY SUPPLY; MAX 180 DAY SUPPLY)
LYSODREN	1	LA, SP, PN (34 DAYS SUPPLY PER FILL)
megestrol acetate (20 mg tab, 40 mg tab)	1	
megestrol acetate (40 mg/ml suspension, 400 mg/10ml suspension, 800 mg/20ml suspension)	3	
nilutamide	1	SP
NUBEQA	1	QL (120 ea per 30 days), PA-NSO, SP, PN (30 DAYS SUPPLY PER FILL)

Drug Name	Drug Tier	Requirements/Limits
ORGOVYX	1	PA, QL (180 ea per 30 days), SP, PN (30 DAYS SUPPLY PER FILL)
ORSERDU 345 MG TAB	1	LA, QL (30 ea per 30 days), PA-NSO, SP, PN (30 DAYS SUPPLY PER FILL)
ORSERDU 86 MG TAB	1	LA, QL (90 ea per 30 days), PA-NSO, SP, PN (30 DAYS SUPPLY PER FILL)
tamoxifen citrate 10 mg tab	1	PN ($0 copay for women)
tamoxifen citrate 20 mg tab	1	PN ($0 copay for women)
toremifene citrate	1	SP
TRELSTAR MIXJECT 11.25 MG RECON SUSP	6	SP, PN (MIN 84 DAY SUPPLY; MAX 90 DAY SUPPLY)
TRELSTAR MIXJECT 22.5 MG RECON SUSP	6	SP, PN (MIN 168 DAY SUPPLY; MAX 180 DAY SUPPLY)
TRELSTAR MIXJECT 3.75 MG RECON SUSP	6	SP, PN (MIN 28 DAY SUPPLY; MAX 34 DAY SUPPLY)
XTANDI (40 MG CAP, 40 MG TAB)	1	QL (120 ea per 30 days), PA-NSO, SP, PN (30 DAYS SUPPLY PER FILL)
XTANDI 80 MG TAB	1	QL (60 ea per 30 days), PA-NSO, SP, PN (30 DAYS SUPPLY PER FILL)
YONSA	1	QL (120 ea per 30 days), PA-NSO, SP, PN (30 DAYS SUPPLY PER FILL)
ZOLADEX 10.8 MG IMPLANT	6	SP, PN (84 DAYS SUPPLY PER FILL)
ZOLADEX 3.6 MG IMPLANT	6	SP, PN (28 DAYS SUPPLY PER FILL)
ANTINEOPLASTIC - HYPOXIA-INDUCIBLE FACTOR INHIBITORS		
WELIREG	1	LA, QL (90 ea per 30 days), PA-NSO, SP, PN (34 DAYS SUPPLY PER FILL)
ANTINEOPLASTIC - IMMUNOMODULATORS		
POMALYST	1	QL (21 ea per 28 days), PA-NSO, SP, PN (28 DAYS SUPPLY PER FILL)
ANTINEOPLASTIC - PDGFR-ALPHA INHIBITORS		
AYVAKIT	1	QL (30 ea per 30 days), PA-NSO, SP, PN (30 DAYS SUPPLY PER FILL)
ANTINEOPLASTIC - XPO1 INHIBITORS		
XPOVIO (100 MG ONCE WEEKLY) 50 MG TAB THPK	1	QL (8 ea per 28 days), PA-NSO, SP, PN (28 DAYS SUPPLY PER FILL)
XPOVIO (40 MG ONCE WEEKLY) 40 MG TAB THPK	1	QL (4 ea per 28 days), PA-NSO, SP, PN (28 DAYS SUPPLY PER FILL)

Drug Name	Drug Tier	Requirements/Limits
XPOVIO (40 MG TWICE WEEKLY) 40 MG TAB THPK	1	QL (8 ea per 28 days), PA-NSO, SP, PN (28 DAYS SUPPLY PER FILL)
XPOVIO (60 MG ONCE WEEKLY) 60 MG TAB THPK	1	QL (4 ea per 28 days), PA-NSO, SP, PN (28 DAYS SUPPLY PER FILL)
XPOVIO (60 MG TWICE WEEKLY)	1	QL (24 ea per 28 days), PA-NSO, SP, PN (28 DAYS SUPPLY PER FILL)
XPOVIO (80 MG ONCE WEEKLY) 40 MG TAB THPK	1	QL (8 ea per 28 days), PA-NSO, SP, PN (28 DAYS SUPPLY PER FILL)
XPOVIO (80 MG TWICE WEEKLY)	1	QL (32 per 28 days), PA-NSO, SP, PN (28 DAYS SUPPLY PER FILL)
ANTINEOPLASTIC ANTIBIOTICS		
JELMYTO	6	PA, LA, QL (17 ea per lifetime), SP
mitomycin 20 mg recon soln	3	SP, PN (34 DAYS SUPPLY PER FILL)
mitomycin 40 mg recon soln	3	SP, PN (34 DAYS SUPPLY PER FILL)
mitomycin 5 mg recon soln	3	SP, PN (34 DAYS SUPPLY PER FILL)
mutamycin 20 mg recon soln	3	SP, PN (34 DAYS SUPPLY PER FILL)
mutamycin 40 mg recon soln	3	SP, PN (34 DAYS SUPPLY PER FILL)
mutamycin 5 mg recon soln	3	SP, PN (34 DAYS SUPPLY PER FILL)
ANTINEOPLASTIC COMBINATIONS		
DARZALEX FASPRO	6	PA, SP, PN (28 DAYS SUPPLY PER FILL)
HERCEPTIN HYLECTA	6	SP, PN (34 DAYS SUPPLY PER FILL)
INQOVI	1	QL (5 ea per 28 days), PA-NSO, SP, PN (MIN 28 DAY SUPPLY; MAX 34 DAY SUPPLY)
KISQALI FEMARA (200 MG DOSE)	1	QL (49 ea per 28 days), PA-NSO, SP, PN (MIN 28 DAY SUPPLY; MAX 34 DAY SUPPLY)
KISQALI FEMARA (400 MG DOSE)	1	QL (70 ea per 28 days), PA-NSO, SP, PN (MIN 28 DAY SUPPLY; MAX 34 DAY SUPPLY)
KISQALI FEMARA (600 MG DOSE)	1	QL (91 ea per 28 days), PA-NSO, SP, PN (MIN 28 DAY SUPPLY; MAX 34 DAY SUPPLY)
LONSURF 15-6.14 MG TAB	1	QL (100 ea per 28 days), PA-NSO, SP, PN (MIN 28 DAY SUPPLY; MAX 34 DAY SUPPLY)
LONSURF 20-8.19 MG TAB	1	QL (80 ea per 28 days), PA-NSO, SP, PN (MIN 28 DAY SUPPLY; MAX 34 DAY SUPPLY)

Drug Name	Drug Tier	Requirements/Limits
OPDUALAG	6	PA, QL (40 ml per 28 days), SP, PN (28 DAYS SUPPLY PER FILL)
PHESGO	6	SP, PN (34 DAYS SUPPLY PER FILL)
RITUXAN HYCELA	6	PA, SP, PN (34 DAYS SUPPLY PER FILL)
VYXEOS	6	PA, LA, SP, PN (34 DAYS SUPPLY PER FILL)
ANTINEOPLASTIC ENZYME INHIBITORS		
ALECENSA	1	QL (240 ea per 30 days), PA-NSO, SP, PN (MIN 30 DAY SUPPLY; MAX 60 DAY SUPPLY)
ALIQOPA	6	PA, SP, PN (34 DAYS SUPPLY PER FILL)
ALUNBRIG (90 & 180 MG TAB THPK, 90 MG TAB, 180 MG TAB)	1	QL (30 ea per 30 days), PA-NSO, SP, PN (30 DAYS SUPPLY PER FILL)
ALUNBRIG 30 MG TAB	1	QL (60 ea per 30 days), PA-NSO, SP, PN (30 DAYS SUPPLY PER FILL)
AUGTYRO 40 MG CAP	1	QL (240 ea per 30 day(s)), PA-NSO, SP, PN (30 DAYS SUPPLY PER FILL)
BALVERSA 3 MG TAB	1	LA, QL (84 ea per 28 days), PA-NSO, SP, PN (28 DAYS SUPPLY PER FILL)
BALVERSA 4 MG TAB	1	LA, QL (56 ea per 28 days), PA-NSO, SP, PN (28 DAYS SUPPLY PER FILL)
BALVERSA 5 MG TAB	1	LA, QL (28 ea per 28 days), PA-NSO, SP, PN (28 DAYS SUPPLY PER FILL)
BELEODAQ	6	PA, SP, PN (34 DAYS SUPPLY PER FILL)
BORTEZOMIB (1 MG RECON SOLN, 2.5 MG RECON SOLN, 3.5 MG RECON SOLN, 3.5 MG/1.4ML SOLUTION)	6	PA, SP, PN (34 DAYS SUPPLY PER FILL)
BOSULIF (400 MG TAB, 500 MG TAB)	1	QL (30 ea per 30 days), PA-NSO, SP, PN (30 DAYS SUPPLY PER FILL)
BOSULIF 100 MG TAB	1	QL (90 ea per 30 days), PA-NSO, SP, PN (30 DAYS SUPPLY PER FILL)
BRAFTOVI	1	QL (180 ea per 30 days), PA-NSO, SP, PN (30 DAYS SUPPLY PER FILL)
BRUKINSA	1	QL (120 ea per 30 days), PA-NSO, SP, PN (30 DAYS SUPPLY PER FILL)
CABOMETYX	1	QL (30 ea per 30 days), PA-NSO, SP, PN (30 DAYS SUPPLY PER FILL)
CALQUENCE 100 MG CAP	1	QL (60 ea per 30 days), PA-NSO, SP, PN (30 DAYS SUPPLY PER FILL)
CALQUENCE 100 MG TAB	1	QL (60 ea per 30 days), PA-NSO, SP, PN (30 DAYS SUPPLY PER FILL)

Drug Name	Drug Tier	Requirements/Limits
CAPRELSA 100 MG TAB	1	LA, QL (60 ea per 30 days), PA-NSO, SP, PN (30 DAYS SUPPLY PER FILL)
CAPRELSA 300 MG TAB	1	LA, QL (30 ea per 30 days), PA-NSO, SP, PN (30 DAYS SUPPLY PER FILL)
COMETRIQ (100 MG DAILY DOSE)	1	QL (56 ea per 28 days), PA-NSO, SP, PN (28 DAYS SUPPLY PER FILL)
COMETRIQ (140 MG DAILY DOSE)	1	QL (112 ea per 28 days), PA-NSO, SP, PN (28 DAYS SUPPLY PER FILL)
COMETRIQ (60 MG DAILY DOSE)	1	QL (84 ea per 28 days), PA-NSO, SP, PN (28 DAYS SUPPLY PER FILL)
COPIKTRA	1	QL (60 ea per 30 days), PA-NSO, SP, PN (30 DAYS SUPPLY PER FILL)
COTELLIC	1	QL (90 ea per 30 days), PA-NSO, SP, PN (MIN 28 DAY SUPPLY; MAX 34 DAY SUPPLY)
dasatinib (50 mg tab, 70 mg tab, 80 mg tab, 100 mg tab, 140 mg tab)	1	QL (30 ea per 30 day(s)), PA-NSO, SP, PN (30 DAYS SUPPLY PER FILL)
dasatinib 20 mg tab	1	QL (90 ea per 30 day(s)), PA-NSO, SP, PN (30 DAYS SUPPLY PER FILL)
everolimus (2 mg tab sol, 2.5 mg tab, 3 mg tab sol, 5 mg tab, 5 mg tab sol, 7.5 mg tab, 10 mg tab)	1	QL (28 ea per 28 days), PA-NSO, SP, PN (28 DAYS SUPPLY PER FILL)
FOTIVDA	1	QL (21 ea per 28 days), PA-NSO, SP, PN (30 DAYS SUPPLY PER FILL)
FYARRO	6	PA, SP, PN (34 DAYS SUPPLY PER FILL)
GAVRETO	1	QL (120 ea per 30 day(s)), PA-NSO, SP, PN (30 DAYS SUPPLY PER FILL)
GLEEVEC 100 MG TAB	1	QL (90 ea per 30 days), SP, PN (30 DAYS SUPPLY PER FILL)
GLEEVEC 400 MG TAB	1	QL (60 ea per 30 days), SP, PN (30 DAYS SUPPLY PER FILL)
IBRANCE	1	QL (21 ea per 28 days), PA-NSO, SP, PN (MIN 28 DAY SUPPLY; MAX 34 DAY SUPPLY)
ICLUSIG (10 MG TAB, 30 MG TAB)	1	LA, QL (30 ea per 30 days), PA-NSO, SP, PN (30 DAYS SUPPLY PER FILL)
ICLUSIG (15 MG TAB, 45 MG TAB)	1	LA, QL (30 ea per 30 days), PA-NSO, SP, PN (30 DAYS SUPPLY PER FILL)
IDHIFA	1	QL (30 ea per 30 days), PA-NSO, SP, PN (30 DAYS SUPPLY PER FILL)
imatinib mesylate 100 mg tab	1	QL (90 ea per 30 days), SP, PN (30 DAYS SUPPLY PER FILL)

Drug Name	Drug Tier	Requirements/Limits
imatinib mesylate 400 mg tab	1	QL (60 ea per 30 days), SP, PN (30 DAYS SUPPLY PER FILL)
IMBRUVICA (70 MG CAP, 140 MG TAB, 280 MG TAB, 420 MG TAB)	1	QL (28 ea per 28 days), PA-NSO, SP, PN (28 DAYS SUPPLY PER FILL)
IMBRUVICA 140 MG CAP	1	QL (120 ea per 30 days), PA-NSO, SP, PN (30 DAYS SUPPLY PER FILL)
IMBRUVICA 560 MG TAB	1	QL (28 ea per 28 days), PA-NSO, PN (28 DAYS SUPPLY PER FILL)
IMBRUVICA 70 MG/ML SUSPENSION	1	QL (216 ml per 36 days), PA-NSO, SP, PN (36 DAYS SUPPLY PER FILL)
INREBIC	1	PA, QL (120 ea per 30 days), SP, PN (30 DAYS SUPPLY PER FILL)
JAKAFI	1	PA, QL (60 ea per 30 days), SP, PN (30 DAYS SUPPLY PER FILL)
JAYPIRCA 100 MG TAB	1	QL (60 ea per 30 days), PA-NSO, SP, PN (30 DAYS SUPPLY PER FILL)
JAYPIRCA 50 MG TAB	1	QL (30 ea per 30 days), PA-NSO, SP, PN (30 DAYS SUPPLY PER FILL)
KISQALI (200 MG DOSE)	1	QL (21 ea per 28 days), PA-NSO, SP, PN (MIN 28 DAY SUPPLY; MAX 34 DAY SUPPLY)
KISQALI (400 MG DOSE)	1	QL (42 ea per 28 days), PA-NSO, SP, PN (MIN 28 DAY SUPPLY; MAX 34 DAY SUPPLY)
KISQALI (600 MG DOSE)	1	QL (63 ea per 28 days), PA-NSO, SP, PN (MIN 28 DAY SUPPLY; MAX 34 DAY SUPPLY)
KOSELUGO 10 MG CAP	1	QL (240 ea per 30 days), PA-NSO, SP, PN (30 DAYS SUPPLY PER FILL)
KOSELUGO 25 MG CAP	1	QL (120 ea per 30 days), PA-NSO, SP, PN (30 DAYS SUPPLY PER FILL)
KRAZATI	1	QL (180 ea per 30 days), PA-NSO, SP, PN (30 DAYS SUPPLY PER FILL)
KYPROLIS	6	PA, SP, PN (34 DAYS SUPPLY PER FILL)
lapatinib ditosylate	1	QL (180 ea per 30 days), PA-NSO, SP, PN (30 DAYS SUPPLY PER FILL)
LORBRENA 100 MG TAB	1	QL (30 ea per 30 days), PA-NSO, SP, PN (30 DAYS SUPPLY PER FILL)
LORBRENA 25 MG TAB	1	QL (90 ea per 30 days), PA-NSO, SP, PN (30 DAYS SUPPLY PER FILL)
LUMAKRAS 120 MG TAB	1	QL (240 ea per 30 days), PA-NSO, SP, PN (30 DAYS SUPPLY PER FILL)

Drug Name	Drug Tier	Requirements/Limits
LUMAKRAS 320 MG TAB	1	QL (90 ea per 30 days), PA-NSO, SP, PN (30 DAYS SUPPLY PER FILL)
LYNPARZA	1	PA, QL (120 ea per 30 days), SP, PN (30 DAYS SUPPLY PER FILL)
LYTGOBI (12 MG DAILY DOSE)	1	QL (84 ea per 28 days), PA-NSO, SP, PN (28 DAYS SUPPLY PER FILL)
LYTGOBI (16 MG DAILY DOSE)	1	QL (112 ea per 28 days), PA-NSO, SP, PN (28 DAYS SUPPLY PER FILL)
LYTGOBI (20 MG DAILY DOSE)	1	QL (140 ea per 28 days), PA-NSO, SP, PN (28 DAYS SUPPLY PER FILL)
MEKINIST 0.05 MG/ML RECON SOLN	1	PA, QL (1200 ml per 30 day(s)), SP, PN (MAX 30 DAYS SUPPLY PER FILL)
MEKINIST 0.5 MG TAB	1	PA, QL (90 ea per 30 days), SP, PN (30 DAYS SUPPLY PER FILL)
MEKINIST 2 MG TAB	1	PA, QL (30 ea per 30 days), SP, PN (30 DAYS SUPPLY PER FILL)
MEKTOVI	1	QL (180 ea per 30 days), PA-NSO, SP, PN (30 DAYS SUPPLY PER FILL)
NERLYNX	1	PA, QL (180 ea per 30 days), SP, PN (30 DAYS SUPPLY PER FILL)
NEXAVAR	1	PA, QL (120 ea per 30 days), SP, PN (30 DAYS SUPPLY PER FILL)
NINLARO	1	QL (3 ea per 28 days), PA-NSO, SP, PN (MIN 28 DAY SUPPLY; MAX 34 DAY SUPPLY)
OGSIVEO 50 MG TAB	1	PA, QL (180 ea per 30 day(s)), SP, PN (30 DAYS SUPPLY PER FILL)
OJEMDA 100 MG TAB	1	PA, LA, QL (24 ea per 28 day(s)), SP, PN (28 DAYS SUPPLY PER FILL)
OJEMDA 25 MG/ML RECON SUSP	1	PA, LA, QL (96 ml per 28 day(s)), SP, PN (28 DAYS SUPPLY PER FILL)
OJJAARA	1	PA, LA, QL (30 ea per 30 days), SP, PN (30 DAYS SUPPLY PER FILL)
pazopanib hcl	1	QL (120 ea per 30 days), PA-NSO, SP, PN (30 DAYS SUPPPLY PER FILL)
PEMAZYRE	1	LA, QL (14 ea per 21 days), PA-NSO, SP, PN (21 DAYS SUPPLY PER FILL)
PIQRAY (200 MG DAILY DOSE)	1	QL (28 ea per 28 days), PA-NSO, SP, PN (28 DAYS SUPPLY PER FILL)
PIQRAY (250 MG DAILY DOSE)	1	QL (56 ea per 28 days), PA-NSO, SP, PN (28 DAYS SUPPLY PER FILL)

Drug Name	Drug Tier	Requirements/Limits
PIQRAY (300 MG DAILY DOSE)	1	QL (56 ea per 28 days), PA-NSO, SP, PN (28 DAYS SUPPLY PER FILL)
QINLOCK	1	LA, QL (90 ea per 30 day(s)), PA-NSO, SP, PN (30 DAYS SUPLY PER FILL)
RETEVMO (40 MG CAP, 40 MG TAB)	1	QL (90 ea per 30 day(s)), PA-NSO, SP, PN (30 DAYS SUPPLY PER FILL)
RETEVMO (80 MG TAB, 120 MG TAB, 160 MG TAB)	1	QL (60 ea per 30 day(s)), PA-NSO, SP, PN (30 DAYS SUPPLY PER FILL)
RETEVMO 80 MG CAP	1	QL (120 ea per 30 days), PA-NSO, SP, PN (30 DAYS SUPPLY PER FILL)
REZLIDHIA	1	QL (30 ea per 30 days), PA-NSO, SP, PN (30 DAYS SUPPLY PER FILL)
ROMIDEPSIN 27.5 MG/5.5ML SOLUTION	6	PA, SP, PN (34 DAYS SUPPLY PER FILL)
ROZLYTREK 100 MG CAP	1	QL (30 ea per 30 days), PA-NSO, SP, PN (30 DAYS SUPPLY PER FILL)
ROZLYTREK 200 MG CAP	1	QL (90 ea per 30 days), PA-NSO, SP, PN (30 DAYS SUPPLY PER FILL)
ROZLYTREK 50 MG PACKET	1	PA, QL (336 ea per 28 days), SP, PN (28 DAYS SUPPLY PER FILL)
RUBRACA	1	QL (120 ea per 30 days), PA-NSO, SP, PN (30 DAYS SUPPLY PER FILL)
RYDAPT	1	QL (224 ea per 28 days), PA-NSO, SP, PN (28 DAYS SUPPLY PER FILL)
SCEMBLIX (20 MG TAB, 40 MG TAB)	1	QL (60 ea per 30 days), PA-NSO, SP, PN (30 DAYS SUPPLY PER FILL)
SCEMBLIX 100 MG TAB	1	QL (120 ea per 30 day(s)), PA-NSO, SP, PN (30 DAYS SUPPLY PER FILL)
sorafenib tosylate	1	PA, QL (120 ea per 30 days), SP, PN (30 DAYS SUPPLY PER FILL)
SPRYCEL (50 MG TAB, 70 MG TAB, 80 MG TAB, 100 MG TAB, 140 MG TAB)	1	QL (30 ea per 30 day(s)), PA-NSO, SP, PN (30 DAYS SUPPLY PER FILL)
SPRYCEL 20 MG TAB	1	QL (90 ea per 30 day(s)), PA-NSO, SP, PN (30 DAYS SUPPLY PER FILL)
STIVARGA	1	QL (84 ea per 28 days), PA-NSO, SP, PN (MIN 28 DAY SUPPLY; MAX 34 DAY SUPPLY)
sunitinib malate	1	QL (28 ea per 28 days), PA-NSO, SP, PN (MIN 28 DAY SUPPLY; MAX 42 DAY SUPPLY)
TABRECTA	1	QL (120 ea per 30 days), PA-NSO, SP, PN (30 DAYS SUPPLY PER FILL)

Drug Name	Drug Tier	Requirements/Limits
TAFINLAR (50 MG CAP, 75 MG CAP)	1	PA, QL (120 ea per 30 days), SP, PN (30 DAYS SUPPLY PER FILL)
TAFINLAR 10 MG TAB SOL	1	PA, QL (900 ea per 30 day(s)), SP, PN (MAX 30 DAYS SUPPLY PER FILL)
TALZENNA (0.25 MG CAP, 0.5 MG CAP, 0.75 MG CAP, 1 MG CAP)	1	QL (30 ea per 30 days), PA-NSO, SP, PN (30 DAYS SUPPLY PER FILL)
TASIGNA (150 MG CAP, 200 MG CAP)	1	QL (112 ea per 28 days), PA-NSO, SP, PN (28 DAYS SUPPLY PER FILL)
TASIGNA 50 MG CAP	1	QL (120 ea per 30 days), PA-NSO, SP, PN (30 DAYS SUPPLY PER FILL)
TAZVERIK	1	LA, QL (240 ea per 30 days), PA-NSO, SP, PN (30 DAYS SUPPLY PER FILL)
temsirolimus	6	PA, SP, PN (34 DAYS SUPPLY PER FILL)
TEPMETKO	1	LA, QL (60 ea per 30 days), PA-NSO, SP, PN (30 DAYS SUPPLY PER FILL)
TIBSOVO	1	QL (60 ea per 30 days), PA-NSO, SP, PN (30 DAYS SUPPLY PER FILL)
torpenz	1	QL (28 ea per 28 days), PA-NSO, SP, PN (28 DAYS SUPPLY PER FILL)
TRUQAP (160 MG TAB THPK, 200 MG TAB THPK)	1	QL (64 ea per 28 day(s)), PA-NSO, SP, PN (28 DAYS SUPPLY PER FILL)
TRUQAP (160 MG TAB, 200 MG TAB)	1	QL (64 ea per 28 days), PA-NSO, SP, PN (28 DAYS SUPPLY PER FILL)
TRUSELTIQ (100MG DAILY DOSE)	1	QL (21 ea per 28 days), PA-NSO, PN (28 DAYS SUPPLY PER FILL)
TRUSELTIQ (125MG DAILY DOSE)	1	QL (42 ea per 28 days), PA-NSO, PN (28 DAYS SUPPLY PER FILL)
TRUSELTIQ (50MG DAILY DOSE)	1	QL (42 ea per 28 days), PA-NSO, PN (28 DAYS SUPPLY PER FILL)
TRUSELTIQ (75MG DAILY DOSE)	1	QL (63 ea per 28 days), PA-NSO, PN (28 DAYS SUPPLY PER FILL)
TURALIO 125 MG CAP	1	LA, QL (120 ea per 30 days), PA-NSO, SP, PN (30 DAYS SUPPLY PER FILL)
TURALIO 200 MG CAP	1	QL (120 ea per 30 days), PA-NSO, PN (30 DAYS SUPPLY PER FILL)
VANFLYTA	1	PA, LA, QL (56 ea per 28 days), SP, PN (28 DAYS SUPPLY PER FILL)
VERZENIO (50 MG TAB, 150 MG TAB, 200 MG TAB)	1	QL (56 ea per 28 days), PA-NSO, SP, PN (28 DAYS SUPPLY PER FILL)
VERZENIO 100 MG TAB	1	QL (56 ea per 28 day(s)), PA-NSO, SP, PN (28 DAYS SUPPLY PER FILL)

Drug Name	Drug Tier	Requirements/Limits
VITRAKVI 100 MG CAP	1	QL (60 ea per 30 days), PA-NSO, SP, PN (30 DAYS SUPPLY PER FILL)
VITRAKVI 20 MG/ML SOLUTION	1	QL (300 ml per 30 days), PA-NSO, SP, PN (30 DAYS SUPPLY PER FILL)
VITRAKVI 25 MG CAP	1	QL (180 ea per 30 days), PA-NSO, SP, PN (30 DAYS SUPPLY PER FILL)
VONJO	1	PA, QL (120 ea per 30 days), SP, PN (30 DAYS SUPPLY PER FILL)
VORANIGO 10 MG TAB	1	LA, QL (60 ea per 30 day(s)), PA-NSO, SP, PN (30 DAYS SUPPLY PER FILL)
VORANIGO 40 MG TAB	1	LA, QL (30 ea per 30 day(s)), PA-NSO, SP, PN (30 DAYS SUPPLY PER FILL)
VOTRIENT	1	PA, QL (120 ea per 30 days), SP, PN (30 DAYS SUPPLY PER FILL)
XALKORI (20 MG CAP SPRINK, 50 MG CAP SPRINK)	1	QL (120 ea per 30 day(s)), PA-NSO, SP, PN (30 DAYS SUPPLY PER FILL)
XALKORI (200 MG CAP, 250 MG CAP)	1	QL (120 ea per 30 days), PA-NSO, SP, PN (30 DAYS SUPPLY PER FILL)
XALKORI 150 MG CAP SPRINK	1	QL (180 ea per 30 day(s)), PA-NSO, SP, PN (30 DAYS SUPPLY PER FILL)
XOSPATA	1	PA-NSO, SP, PN (34 DAYS SUPPLY PER FILL)
ZEJULA (100 MG TAB, 200 MG TAB, 300 MG TAB)	1	QL (30 ea per 30 days), PA-NSO, SP, PN (30 DAYS SUPPLY PER FILL)
ZEJULA 100 MG CAP	1	QL (90 ea per 30 days), PA-NSO, PN (30 DAYS SUPPLY PER FILL)
ZELBORAF	1	QL (240 ea per 30 days), PA-NSO, SP, PN (30 DAYS SUPPLY PER FILL)
ZOLINZA	1	QL (120 ea per 30 days), PA-NSO, SP, PN (30 DAYS SUPPLY PER FILL)
ZYDELIG	1	QL (60 ea per 30 days), PA-NSO, SP, PN (30 DAYS SUPPLY PER FILL)
ZYKADIA	1	QL (84 ea per 28 days), PA-NSO, SP, PN (28 DAYS SUPPLY PER FILL)
ANTINEOPLASTIC ENZYMES		
ASPARLAS	6	SP, PN (34 DAYS SUPPLY PER FILL)
ONCASPAR	6	LA, SP, PN (34 DAYS SUPPLY PER FILL)
RYLAZE	6	PA, SP, PN (34 DAYS SUPPLY PER FILL)
ANTINEOPLASTIC RADIOPHARMACEUTICALS		
AZEDRA DOSIMETRIC	6	PA, SP, PN (34 DAYS SUPPLY PER FILL)

Drug Name	Drug Tier	Requirements/Limits
AZEDRA THERAPEUTIC	6	PA, SP, PN (34 DAYS SUPPLY PER FILL)
LUTATHERA	6	PA, SP, PN (34 DAYS SUPPLY PER FILL)
PLUVICTO	6	PA, SP, PN (42 DAYS SUPPLY PER FILL)
XOFIGO	6	PA, SP, PN (34 DAYS SUPPLY PER FILL)
ANTINEOPLASTICS MISC.		
ACTIMMUNE	6	PA, SP, PN (28 DAYS SUPPLY PER FILL)
BESREMI	6	LA, QL (112 ea per 14 days), PA-NSO, SP, PN (14 DAYS SUPPLY PER FILL)
bexarotene 75 mg cap	1	PA, SP, PN (34 DAYS SUPPLY PER FILL)
hydroxyurea	1	
INTRON A (10000000 RECON SOLN, 18000000 RECON SOLN, 50000000 RECON SOLN)	6	PN (34 DAYS SUPPLY PER FILL)
MATULANE	1	LA, SP, PN (34 DAYS SUPPLY PER FILL)
SYNRIBO	6	PA, SP, PN (34 DAYS SUPPLY PER FILL)
tretinoin 10 mg cap	1	SP
TRISENOX	6	PA, SP, PN (34 DAYS SUPPLY PER FILL)
CHEMOTHERAPY ADJUNCTS		
ELITEK	6	PA, SP, PN (34 DAYS SUPPLY PER FILL)
KEPIVANCE 5.16 MG RECON SOLN	6	PA, LA, SP, PN (34 DAY SUPPLY PER FILL)
KEPIVANCE 6.25 MG RECON SOLN	6	PN (34 DAYS SUPPLY PER FILL)
CHEMOTHERAPY RESCUE/ANTIDOTE/PROTECTIVE AGENTS		
COSELA	6	PA, SP, PN (34 DAYS SUPPLY PER FILL)
IWILFIN	1	LA, QL (240 ea per 30 day(s)), PA-NSO, SP, PN (30 DAYS SUPPLY PER FILL)
KHAPZORY	6	PA, SP, PN (34 DAYS SUPPLY PER FILL)
leucovorin calcium (5 mg tab, 10 mg tab, 15 mg tab, 25 mg tab)	3	
MESNEX 400 MG TAB	6	SP, PN (34 DAYS SUPPLY PER FILL)
PEDMARK	6	PA, SP, PN (34 DAYS SUPPLY PER FILL)
VORAXAZE	6	PA, SP, PN (34 DAYS SUPPLY PER FILL)
MITOTIC INHIBITORS		
ABRAXANE	6	PA, SP, PN (34 DAYS SUPPLY PER FILL)

Drug Name	Drug Tier	Requirements/Limits
eribulin mesylate	6	PA, SP, PN (34 DAYS SUPPLY PER FILL)
ETOPOSIDE 50 MG CAP	1	SP
HALAVEN	6	PA, SP, PN (34 DAYS SUPPLY PER FILL)
IXEMPRA KIT	6	PA, SP, PN (34 DAYS SUPPLY PER FILL)
JEVTANA	6	PA, SP, PN (34 DAYS SUPPLY PER FILL)
MARQIBO	6	PA, PN (34 DAYS SUPPLY PER FILL)
PACLITAXEL PROTEIN-BOUND PART	6	PA, SP, PN (34 DAYS SUPPLY PER FILL)
paclitaxel protein-bound part	6	PA, SP, PN (34 DAYS SUPPLY PER FILL)
ONCOLYTIC VIRAL AGENTS		
IMLYGIC	6	PA, SP, PN (34 DAYS SUPPLY PER FILL)
TOPOISOMERASE I INHIBITORS		
HYCAMTIN (0.25 MG CAP, 1 MG CAP)	1	SP, PN (34 DAYS SUPPLY PER FILL)
ONIVYDE	6	PA, SP, PN (34 DAYS SUPPLY PER FILL)
TRODELVY	6	PA, SP, PN (34 DAYS SUPPLY PER FILL)
ANTIPARKINSON AND RELATED THERAPY AGENTS (CONTINUED)		
ANTIPARKINSON ADJUNCTIVE THERAPY		
carbidopa	3	
ANTIPARKINSON ANTICHOLINERGICS		
benztropine mesylate (0.5 mg tab, 1 mg tab, 2 mg tab)	2	
trihexyphenidyl hcl (0.4 mg/ml solution, 2 mg tab, 5 mg tab)	3	
ANTIPARKINSON COMT INHIBITORS		
entacapone	3	
ONGENTYS	5	ST, QL (1 ea per 1 days)
tolcapone	3	ST
ANTIPARKINSON DOPAMINERGICS		
amantadine hcl (50 mg/5ml solution, 100 mg cap, 100 mg tab)	3	
apomorphine hcl	3	ST, SP, PN (34 DAYS SUPPLY PER FILL)
bromocriptine mesylate	3	
carbidopa-levodopa (10-100 mg tab, 10-100 mg tab disp, 25-100 mg tab, 25-100 mg tab disp, 25-250 mg tab, 25-250 mg tab disp)	3	

Drug Name	Drug Tier	Requirements/Limits
carbidopa-levodopa er	3	
carbidopa-levodopa-entacapone (12.5-50-200 mg tab, 18.75-75-200 mg tab, 25-100-200 mg tab, 31.25-125-200 mg tab, 37.5-150-200 mg tab, 50-200-200 mg tab)	3	
INBRIJA	6	QL (300 ml per 30 days), SP, PN (30 DAYS SUPPLY PER FILL)
KYNMOBI	6	QL (150 ea per 30 days), PN (30 DAYS SUPPLY PER FILL)
KYNMOBI TITRATION KIT	6	QL (150 ea per 30 days), PN (30 DAYS SUPPLY PER FILL)
pramipexole dihydrochloride	3	
pramipexole dihydrochloride er	3	PA
ropinirole hcl	3	
ropinirole hcl er	3	
ANTIPARKINSON MONOAMINE OXIDASE INHIBITORS		
rasagiline mesylate	3	
selegiline hcl	3	
ZELAPAR	5	PA
ANTIPSYCHOTICS/ANTIMANIC AGENTS (CONTINUED)		
ANTIMANIC AGENTS		
lithium	3	
lithium carbonate (150 mg cap, 300 mg cap, 300 mg tab, 600 mg cap)	3	
lithium carbonate er	3	
ANTIPSYCHOTICS - MISC.		
CAPLYTA	5	PA, QL (1 ea per 1 days)
EQUETRO	5	PA
lurasidone hcl	3	PA
NUPLAZID	6	PA, QL (30 ea per 30 days), SP, PN (30 DAYS SUPPLY PER FILL)
VRAYLAR	5	PA, QL (1 ea per 1 days)
ziprasidone hcl	3	
BENZISOXAZOLES		
FANAPT	5	PA

Drug Name	Drug Tier	Requirements/Limits
FANAPT TITRATION PACK	5	PA
INVEGA HAFYERA 1092 MG/3.5ML SUSP PRSYR	6	PA, QL (3.5 ml per 168 days), SP, PN (MIN 168 DAY SUPPLY; MAX 180 DAY SUPPLY)
INVEGA HAFYERA 1560 MG/5ML SUSP PRSYR	6	PA, QL (5 ml per 168 days), SP, PN (MIN 168 DAY SUPPLY; MAX 180 DAY SUPPLY)
INVEGA SUSTENNA 117 MG/0.75ML SUSP PRSYR	6	PA, QL (0.75 ml per 28 days), SP, PN (MIN 28 DAY SUPPLY; MAX 34 DAY SUPPLY)
INVEGA SUSTENNA 156 MG/ML SUSP PRSYR	6	PA, QL (1 ml per 28 days), SP, PN (MIN 28 DAY SUPPLY; MAX 34 DAY SUPPLY)
INVEGA SUSTENNA 234 MG/1.5ML SUSP PRSYR	6	PA, QL (1.5 ml per 28 days), SP, PN (MIN 28 DAY SUPPLY; MAX 34 DAY SUPPLY)
INVEGA SUSTENNA 39 MG/0.25ML SUSP PRSYR	6	PA, QL (0.25 ml per 28 days), SP, PN (MIN 28 DAY SUPPLY; MAX 34 DAY SUPPLY)
INVEGA SUSTENNA 78 MG/0.5ML SUSP PRSYR	6	PA, QL (0.5 ml per 28 days), SP, PN (MIN 28 DAY SUPPLY; MAX 34 DAY SUPPLY)
INVEGA TRINZA 273 MG/0.88ML SUSP PRSYR	6	PA, QL (0.88 ml per 84 day(s)), SP, PN (MIN 84 DAY SUPPLY; MAX 90 DAY SUPPLY)
INVEGA TRINZA 410 MG/1.32ML SUSP PRSYR	6	PA, QL (1.32 ml per 84 day(s)), SP, PN (MIN 84 DAY SUPPLY; MAX 90 DAY SUPPLY)
INVEGA TRINZA 546 MG/1.75ML SUSP PRSYR	6	PA, QL (1.75 ml per 84 days), SP, PN (MIN 84 DAY SUPPLY; MAX 90 DAY SUPPLY)
INVEGA TRINZA 819 MG/2.63ML SUSP PRSYR	6	PA, QL (2.63 ml per 84 day(s)), SP, PN (MIN 84 DAY SUPPLY; MAX 90 DAY SUPPLY)
paliperidone er	3	PA
PERSERIS	6	PA, QL (1 ea per 28 days), SP, PN (MIN 28 DAY SUPPLY; MAX 34 DAY SUPPLY)
RISPERDAL CONSTA	6	PA, QL (2 ea per 28 day(s)), SP, PN (MIN 28 DAY SUPPLY; MAX 34 DAY SUPPLY)
risperidone (0.25 mg tab, 0.25 mg tab disp, 0.5 mg tab, 0.5 mg tab disp, 1 mg tab, 1 mg tab disp, 1 mg/ml solution, 2 mg tab, 2 mg tab disp, 3 mg tab, 3 mg tab disp, 4 mg tab, 4 mg tab disp)	3	
risperidone microspheres er	6	PA, QL (2 ea per 28 day(s)), SP, PN (MIN 28 DAY SUPPLY; MAX 34 DAY SUPPLY)
RYKINDO	6	PA, QL (2 ea per 28 day(s)), SP, PN (28 DAYS SUPPLY PER FILL)
UZEDY 100 MG/0.28ML SUSP PRSYR	6	PA, QL (0.28 ml per 28 days), SP, PN (28 DAYS SUPPLY PER FILL)

Drug Name	Drug Tier	Requirements/Limits
UZEDY 125 MG/0.35ML SUSP PRSYR	6	PA, QL (0.35 ml per 28 day(s)), SP, PN (Max 28 days per fill)
UZEDY 150 MG/0.42ML SUSP PRSYR	6	PA, QL (0.42 ml per 56 days), SP, PN (56 DAYS SUPPLY PER FILL)
UZEDY 200 MG/0.56ML SUSP PRSYR	6	PA, QL (0.56 ml per 58 days), SP, PN (56 DAYS SUPPLY PER FILL)
UZEDY 250 MG/0.7ML SUSP PRSYR	6	PA, QL (0.7 ml per 56 days), SP, PN (56 DAYS SUPPLY PER FILL)
UZEDY 50 MG/0.14ML SUSP PRSYR	6	PA, QL (0.14 ml per 28 days), SP, PN (28 DAYS SUPPLY PER FILL)
UZEDY 75 MG/0.21ML SUSP PRSYR	6	PA, QL (0.21 ml per 28 days), SP, PN (28 DAYS SUPPLY PER FILL)
BUTYROPHENONES		
haloperidol	3	
haloperidol decanoate	3	
haloperidol lactate	3	
DIBENZAPINES		
asenapine maleate	3	PA
clozapine (12.5 mg tab disp, 25 mg tab, 25 mg tab disp, 50 mg tab, 100 mg tab, 100 mg tab disp, 150 mg tab disp, 200 mg tab, 200 mg tab disp)	3	
loxapine succinate	3	
olanzapine	3	
quetiapine fumarate (25 mg tab, 50 mg tab, 100 mg tab, 200 mg tab, 300 mg tab, 400 mg tab)	3	
quetiapine fumarate er	3	
SECUADO	5	PA, QL (1 ea per 1 days)
ZYPREXA RELPREVV	6	PA, QL (2 ea per 28 days), SP, PN (MIN 28 DAY SUPPLY; MAX 34 DAY SUPPLY)
PHENOTHIAZINES		
chlorpromazine hcl (10 mg tab, 25 mg tab, 50 mg tab, 100 mg tab, 200 mg tab)	3	
compro	3	
fluphenazine decanoate	3	
fluphenazine hcl (2.5 mg tab, 2.5 mg/5ml elixir, 5 mg tab, 5 mg/ml conc, 10 mg tab)	3	

Drug Name	Drug Tier	Requirements/Limits
fluphenazine hcl 1 mg tab	2	
perphenazine	3	
prochlorperazine	3	
prochlorperazine maleate	3	
thioridazine hcl	3	
trifluoperazine hcl	3	
QUINOLINONE DERIVATIVES		
ABILIFY ASIMTUFII 720 MG/2.4ML PRSYR	6	PA, QL (2.4 ml per 56 days), SP, PN (MIN 56 DAY SUPPLY; MAX 60 DAY SUPPLY)
ABILIFY ASIMTUFII 960 MG/3.2ML PRSYR	6	PA, QL (3.2 ml per 56 day(s)), SP, PN (MIN 56 DAY SUPPLY; MAX 60 DAY SUPPLY)
ABILIFY MAINTENA	6	PA, QL (1 ea per 28 days), SP, PN (MIN 28 DAY SUPPLY; MAX 34 DAY SUPPLY)
aripiprazole (1 mg/ml solution, 2 mg tab, 5 mg tab, 10 mg tab, 10 mg tab disp, 15 mg tab, 15 mg tab disp, 20 mg tab, 30 mg tab)	3	
ARISTADA 1064 MG/3.9ML PRSYR	6	PA, QL (3.9 ml per 56 days), SP, PN (MIN 56 DAY SUPPLY; MAX 60 DAY SUPPLY)
ARISTADA 441 MG/1.6ML PRSYR	6	PA, QL (1.6 ml per 28 days), SP, PN (MIN 28 DAY SUPPLY; MAX 34 DAY SUPPLY)
ARISTADA 662 MG/2.4ML PRSYR	6	PA, QL (2.4 ml per 28 days), SP, PN (MIN 28 DAY SUPPLY; MAX 34 DAY SUPPLY)
ARISTADA 882 MG/3.2ML PRSYR	6	PA, QL (3.2 ml per 28 days), SP, PN (MIN 28 DAY SUPPLY; MAX 42 DAY SUPPLY)
ARISTADA INITIO	6	PA, QL (2.4 ml per 28 days), SP, PN (28 DAYS SUPPLY PER FILL)
THIOXANTHENES		
thiothixene	3	
ANTIVIRALS (CONTINUED)		
ANTIRETROVIRALS		
abacavir sulfate 20 mg/ml solution	3	QL (30 ml per 1 days)
abacavir sulfate 300 mg tab	3	QL (2 ea per 1 days)
abacavir sulfate-lamivudine	3	QL (1 ea per 1 days)
abacavir-lamivudine-zidovudine	3	QL (2 ea per 1 days)
APRETUDE	1	QL (3 ml per fill(s))

Drug Name	Drug Tier	Requirements/Limits
APTIVUS 250 MG CAP	4	QL (4 ea per 1 days)
atazanavir sulfate (150 mg cap, 200 mg cap)	3	QL (2 ea per 1 days)
atazanavir sulfate 300 mg cap	3	QL (1 ea per 1 days)
BIKTARVY	4	QL (1 ea per 1 days)
CABENUVA 400 & 600 MG/2ML SUSP	4	QL (1 ml per 180 days), PN (180 DAYS SUPPLY PER FILL)
CABENUVA 600 & 900 MG/3ML SUSP	4	QL (6 ml per 28 days), PN (28 DAYS SUPPLY PER FILL)
CIMDUO	4	QL (1 ea per 1 day(s))
COMPLERA	4	QL (1 ea per 1 days)
darunavir 600 mg tab	3	QL (2 ea per 1 day(s))
darunavir 800 mg tab	3	QL (1 ea per 1 day(s))
DELSTRIGO	4	QL (1 ea per 1 days)
DESCOVY 120-15 MG TAB	4	QL (1 ea per 1 days)
DESCOVY 200-25 MG TAB	4	QL (1 ea per 1 days)
DOVATO	4	QL (1 ea per 1 days)
EDURANT	4	QL (2 ea per 1 days)
EFAVIRENZ 200 MG CAP	3	QL (2 ea per 1 days)
EFAVIRENZ 50 MG CAP	3	QL (3 ea per 1 days)
efavirenz 600 mg tab	3	QL (1 ea per 1 days)
efavirenz-emtricitab-tenofo df	3	QL (1 ea per 1 days)
efavirenz-lamivudine-tenofovir	3	QL (1 ea per 1 days)
emtricitabine	3	QL (1 ea per 1 days)
emtricitabine-tenofovir df (100-150 mg tab, 133-200 mg tab, 167-250 mg tab)	3	QL (1 ea per 1 days)
emtricitabine-tenofovir df 200-300 mg tab	3	QL (1 ea per 1 days), PN ($0 Copay for pre-exposure prophylaxis)
EMTRIVA 10 MG/ML SOLUTION	4	QL (24 ml per 1 days)
etravirine	3	QL (2 ea per 1 days)
EVOTAZ	4	QL (1 ea per 1 days)
fosamprenavir calcium	3	QL (4 ea per 1 days)
FUZEON	4	QL (2 ea per 1 days), SP
GENVOYA	4	QL (1 ea per 1 days)

Drug Name	Drug Tier	Requirements/Limits
INTELENCE 25 MG TAB	4	QL (4 ea per 1 days)
ISENTRESS (25 MG CHEW TAB, 100 MG CHEW TAB)	4	QL (6 ea per 1 days)
ISENTRESS 100 MG PACKET	4	QL (2 ea per 1 days)
ISENTRESS 400 MG TAB	4	QL (4 ea per 1 days)
ISENTRESS HD	4	QL (2 ea per 1 days)
JULUCA	4	QL (1 ea per 1 days)
lamivudine 10 mg/ml solution	3	QL (30 ml per 1 days)
lamivudine 150 mg tab	3	QL (2 ea per 1 days)
lamivudine 300 mg tab	3	QL (1 ea per 1 days)
lamivudine-zidovudine	3	QL (2 ea per 1 days)
LEXIVA 50 MG/ML SUSPENSION	4	QL (56 ml per 1 days)
lopinavir-ritonavir 100-25 mg tab	3	QL (8 ea per 1 days)
lopinavir-ritonavir 200-50 mg tab	3	QL (4 ea per 1 days)
lopinavir-ritonavir 400-100 mg/5ml solution	3	QL (14 ml per 1 days)
maraviroc 150 mg tab	3	QL (2 ea per 1 days)
maraviroc 300 mg tab	3	QL (4 ea per 1 days)
nevirapine 200 mg tab	3	QL (2 ea per 1 days)
NEVIRAPINE 50 MG/5ML SUSPENSION	3	QL (40 ml per 1 days)
NEVIRAPINE ER 100 MG TAB ER 24H	3	QL (3 ea per 1 days)
nevirapine er 400 mg tab er 24h	3	QL (1 ea per 1 days)
NORVIR 100 MG PACKET	4	QL (24 ea per fill)
NORVIR 80 MG/ML SOLUTION	4	QL (16 ml per 1 days)
ODEFSEY	4	QL (1 ea per 1 days)
PIFELTRO	4	QL (2 ea per 1 days)
PREZCOBIX	4	QL (1 ea per 1 days)
PREZISTA (75 MG TAB, 600 MG TAB)	4	QL (2 ea per 1 days)
PREZISTA 100 MG/ML SUSPENSION	4	QL (13.34 ml per 1 days)
PREZISTA 150 MG TAB	4	QL (6 ea per 1 days)
REYATAZ 50 MG PACKET	4	QL (6 ea per 1 days)
ritonavir	3	QL (12 ea per 1 days)
RUKOBIA	4	QL (2 ea per 1 days)

Drug Name	Drug Tier	Requirements/Limits
SELZENTRY 20 MG/ML SOLUTION	4	QL (60 ml per 1 days)
SELZENTRY 25 MG TAB	4	QL (8 ea per 1 days)
SELZENTRY 75 MG TAB	4	QL (2 ea per 1 days)
STAVUDINE	3	QL (2 ea per 1 days)
STRIBILD	4	QL (1 ea per 1 days)
SUNLENCA 4 X 300 MG TAB THPK	4	QL (4 ea per 2 day(s)), PN (2 DAYS SUPPLY IN 180 DAYS)
SUNLENCA 463.5 MG/1.5ML SOLUTION	6	QL (3 ml per 180 days), PN (180 DAYS SUPPLY PER FILL)
SUNLENCA 5 X 300 MG TAB THPK	4	QL (5 ea per 8 day(s)), PN (8 DAYS SUPPLY IN 180 DAYS)
SYMTUZA	4	QL (1 ea per 1 days)
tenofovir disoproxil fumarate	3	QL (1 ea per 1 days)
TIVICAY (25 MG TAB, 50 MG TAB)	4	QL (2 ea per 1 days)
TIVICAY 10 MG TAB	4	QL (8 ea per 1 days)
TIVICAY PD	4	QL (12 ea per 1 days)
TRIUMEQ	4	QL (1 ea per 1 days)
TRIUMEQ PD	4	QL (6 ea per 1 days)
TRIZIVIR	4	QL (2 ea per 1 days)
TYBOST	4	QL (1 ea per 1 days)
VIRACEPT 250 MG TAB	4	QL (9 ea per 1 days)
VIRACEPT 625 MG TAB	4	QL (4 ea per 1 days)
VIREAD (150 MG TAB, 200 MG TAB, 250 MG TAB)	4	QL (1 ea per 1 days)
VIREAD 40 MG/GM POWDER	4	QL (8 gm per 1 days)
VOCABRIA	4	QL (1 ea per 1 days), PN ($0 Copay for pre-exposure prophylaxis)
zidovudine 100 mg cap	3	QL (6 ea per 1 days)
zidovudine 300 mg tab	3	QL (120 ea per 30 days)
zidovudine 50 mg/5ml syrup	3	QL (6 ml per 1 days)
ANTIVIRAL COMBINATIONS		
PAXLOVID (150/100)	1	QL (20 ea per fill(s))
PAXLOVID (300/100)	5	QL (30 ea per fill(s))
CMV AGENTS		
LIVTENCITY	6	PA, LA, QL (112 ea per 28 days), SP, PN (28 DAYS SUPPLY PER FILL)

Drug Name	Drug Tier	Requirements/Limits
PREVYMIS (240 MG TAB, 480 MG TAB)	6	PA, QL (1 ea per 1 days)
valganciclovir hcl 450 mg tab	3	PN (34 DAYS SUPPLY PER FILL)
valganciclovir hcl 50 mg/ml recon soln	6	PN (34 DAYS SUPPLY PER FILL)
HEPATITIS AGENTS		
adefovir dipivoxil	6	SP, PN (34 DAYS SUPPLY PER FILL)
BARACLUDE 0.05 MG/ML SOLUTION	4	SP
entecavir	3	
EPIVIR HBV 5 MG/ML SOLUTION	4	QL (20 ml per 1 days)
lamivudine 100 mg tab	3	QL (1 ea per 1 days)
MAVYRET 100-40 MG TAB	6	PA, QL (84 ea per 28 days), SP, PN (MIN 28 DAY SUPPLY; MAX 34 DAY SUPPLY)
MAVYRET 50-20 MG PACKET	6	PA, QL (168 ea per 28 days), SP, PN (MIN 28 DAY SUPPLY; MAX 34 DAY SUPPLY)
PEGASYS 180 MCG/0.5ML SOLN PRSYR	6	QL (2 ml per 28 days), SP, PN (28 DAYS SUPPLY PER FILL)
PEGASYS 180 MCG/ML SOLUTION	6	QL (4 ml per 28 days), SP, PN (28 DAYS SUPPLY PER FILL)
RIBAVIRIN (200 MG CAP, 200 MG TAB)	3	SP
ribavirin 200 mg cap	3	
ribavirin 200 mg tab	3	
VEMLIDY	4	QL (1 ea per 1 days)
HERPES AGENTS		
acyclovir (200 mg cap, 200 mg/5ml suspension, 400 mg tab, 800 mg tab)	3	
famciclovir	3	
valacyclovir hcl	3	
INFLUENZA AGENTS		
oseltamivir phosphate 30 mg cap	3	QL (84 ea per 180 days), PN (2 fills of Tamiflu, Relenza, or Xofluza per season; TWO 14 DAY SUPPLIES IN 180 DAYS)
oseltamivir phosphate 45 mg cap	3	QL (48 ea per 180 days), PN (2 fills of Tamiflu, Relenza, or Xofluza per season; TWO 14 DAY SUPPLIES IN 180 DAYS)
oseltamivir phosphate 6 mg/ml recon susp	3	QL (540 ml per 180 days), PN (2 fills of Tamiflu, Relenza, or Xofluza per season; TWO 14 DAY SUPPLIES IN 180 DAYS)

Drug Name	Drug Tier	Requirements/Limits
oseltamivir phosphate 75 mg cap	3	QL (42 ea per 180 days), PN (2 fills of Tamiflu, Relenza, or Xofluza per season; TWO 14 DAY SUPPLIES IN 180 DAYS)
RELENZA DISKHALER	4	QL (60 ea per 180 days), PN (2 fills of Tamiflu, Relenza, or Xofluza per season; TWO 14 DAY SUPPLIES IN 180 DAYS)
RIMANTADINE HCL	3	
XOFLUZA (40 MG DOSE) 1 X 40 MG TAB THPK	5	QL (2 ea per 180 days), PN (2 fills of Tamiflu, Relenza, or Xofluza per season; TWO 1 DAY FILLS IN 180 DAYS)
XOFLUZA (40 MG DOSE) 2 X 20 MG TAB THPK	5	QL (4 ea per 180 days), PN (2 fills of Tamiflu, Relenza, or Xofluza per season; TWO 1 DAY FILLS IN 180 DAYS)
XOFLUZA (80 MG DOSE) 1 X 80 MG TAB THPK	5	QL (2 ea per 180 days), PN (2 fills of Tamiflu, Relenza, or Xofluza per season; TWO 1 DAY FILLS IN 180 DAYS)
XOFLUZA (80 MG DOSE) 2 X 40 MG TAB THPK	5	QL (4 ea per 180 days), PN (2 fills of Tamiflu, Relenza, or Xofluza per season; TWO 1 DAY FILLS IN 180 DAYS)
MISC. ANTIVIRALS		
LAGEVRIO	5	QL (40 ea per fill(s))
TPOXX 200 MG CAP	1	QL (9 ea per 14 days), PN (14 DAYS SUPPLY PER 365 DAYS)
TPOXX 200 MG/20ML SOLUTION	1	QL (80 ml per 14 days), PN (14 DAYS SUPPLY IN 365 DAYS)
RESPIRATORY SYNCYTIAL VIRUS (RSV) AGENTS		
ribavirin 6 gm recon soln	3	SP
BETA BLOCKERS (CONTINUED)		
ALPHA-BETA BLOCKERS		
carvedilol	2	
carvedilol phosphate er	3	PA
labetalol hcl (100 mg tab, 200 mg tab, 300 mg tab)	3	
BETA BLOCKERS CARDIO-SELECTIVE		
acebutolol hcl	3	
atenolol	2	
betaxolol hcl (10 mg tab, 20 mg tab)	3	
bisoprolol fumarate	3	

Drug Name	Drug Tier	Requirements/Limits
metoprolol succinate er	3	
metoprolol tartrate (25 mg tab, 37.5 mg tab, 50 mg tab, 75 mg tab, 100 mg tab)	2	
nebivolol hcl	3	ST
BETA BLOCKERS NON-SELECTIVE		
INDERAL XL	4	
INNOPRAN XL	4	
nadolol	3	
pindolol	3	
propranolol hcl (10 mg tab, 20 mg tab, 20 mg/5ml solution, 40 mg tab, 40 mg/5ml solution, 60 mg tab, 80 mg tab)	3	
propranolol hcl er	3	
sorine	3	
sotalol hcl (80 mg tab, 120 mg tab, 160 mg tab, 240 mg tab)	3	
sotalol hcl (af)	3	
timolol maleate (5 mg tab, 10 mg tab, 20 mg tab)	3	
CALCIUM CHANNEL BLOCKERS (CONTINUED)		
CALCIUM CHANNEL BLOCKERS		
amlodipine besylate	2	
cartia xt	3	
dilt-xr	3	
diltiazem hcl (30 mg tab, 60 mg tab, 90 mg tab, 120 mg tab)	2	
diltiazem hcl er	3	
diltiazem hcl er beads	3	
diltiazem hcl er coated beads	3	
felodipine er	3	
isradipine	3	
matzim la	3	
nicardipine hcl (20 mg cap, 30 mg cap)	3	
nifedipine	3	
nifedipine er	3	
nifedipine er osmotic release	3	

Drug Name	Drug Tier	Requirements/Limits
nimodipine	3	
NYMALIZE 6 MG/ML SOLUTION	5	PA, SP
taztia xt	3	
tiadylt er	3	
verapamil hcl (40 mg tab, 80 mg tab, 120 mg tab)	3	
verapamil hcl er (100 mg cap er 24h, 120 mg cap er 24h, 120 mg tab er, 180 mg cap er 24h, 180 mg tab er, 200 mg cap er 24h, 240 mg cap er 24h, 240 mg tab er, 300 mg cap er 24h, 360 mg cap er 24h)	3	
CARDIOTONICS (CONTINUED)		
CARDIAC GLYCOSIDES		
digitek	2	
digox	2	
digoxin (125 mcg tab, 250 mcg tab)	2	
DIGOXIN 0.05 MG/ML SOLUTION	4	
LANOXIN (125 MCG TAB, 250 MCG TAB)	4	
CARDIOVASCULAR AGENTS - MISC. (CONTINUED)		
CARDIAC MYOSIN INHIBITORS		
CAMZYOS	6	PA, QL (30 ea per 30 days), SP, PN (30 DAYS SUPPLY PER FILL)
CARDIOVASCULAR AGENTS MISC. - COMBINATIONS		
amlodipine-atorvastatin	3	
ENTRESTO 24-26 MG TAB	4	QL (6 ea per 1 days)
ENTRESTO 49-51 MG TAB	4	QL (3 ea per 1 days)
ENTRESTO 97-103 MG TAB	4	QL (2 ea per 1 days)
CARDIOVASCULAR ANTI-INFLAMMATORY/IMMUNE MODULATORS		
LODOCO	5	PA, QL (1 ea per 1 day(s))
IMPOTENCE AGENTS		
tadalafil (2.5 mg tab, 5 mg tab)	3	PA, QL (1 ea per 1 day(s))
PERIPHERAL VASODILATORS		
isoxsuprine hcl (10 mg tab, 20 mg tab)	3	
PROSTAGLANDIN VASODILATORS		
epoprostenol sodium	6	PA, SP, PN (34 DAYS SUPPLY PER FILL)

Drug Name	Drug Tier	Requirements/Limits
treprostinil	6	PA, SP, PN (34 DAYS SUPPLY PER FILL)
TYVASO	6	PA, QL (81.2 ml per 28 days), SP, PN (MIN 28 DAY SUPPLY; MAX 34 DAY SUPPLY)
TYVASO DPI INSTITUTIONAL KIT	6	PA, QL (112 ea per 28 days), SP, PN (28 DAYS SUPPLY PER FILL)
TYVASO DPI MAINTENANCE KIT (16 MCG POWDER, 32 MCG POWDER, 48 MCG POWDER, 64 MCG POWDER)	6	PA, QL (112 ea per 28 days), SP, PN (28 DAYS SUPPLY PER FILL)
TYVASO DPI MAINTENANCE KIT 112 X 32MCG & 112 X48MCG POWDER	6	PA, QL (224 ea per 28 days), PN (28 DAYS SUPPLY PER FILL)
TYVASO DPI TITRATION KIT 112 X 16MCG & 84 X 32MCG POWDER	6	PA, QL (196 ea per 28 days), SP, PN (28 DAYS SUPPLY PER FILL)
TYVASO DPI TITRATION KIT 16 & 32 & 48 MCG POWDER	6	PA, QL (252 ea per 28 days), SP, PN (28 DAYS SUPPLY PER FILL)
TYVASO REFILL	6	PA, QL (81.2 ml per 28 days), SP, PN (MIN 28 DAY SUPPLY; MAX 34 DAY SUPPLY)
TYVASO STARTER	6	PA, QL (81.2 ml per 28 days), SP, PN (MIN 28 DAY SUPPLY; MAX 34 DAY SUPPLY)
VENTAVIS	6	PA, SP, PN (34 DAYS SUPPLY PER FILL)
PULMONARY HYPERTENSION - ENDOTHELIN RECEPTOR ANTAGONISTS		
ambrisentan	3	PA, QL (30 ea per 30 days), SP, PN (30 DAYS SUPPLY PER FILL)
bosentan	3	PA, QL (60 ea per 30 days), SP, PN (30 DAYS SUPPLY PER FILL)
OPSUMIT	6	PA, QL (30 ea per 30 days), SP, PN (30 DAYS SUPPLY PER FILL)
PULMONARY HYPERTENSION - PHOSPHODIESTERASE INHIBITORS		
alyq	3	PA, QL (60 ea per 30 days), SP, PN (30 DAYS SUPPLY PER FILL)
LIQREV	5	PA, PN (MAX 34 DAYS SUPPLY PER FILL)
sildenafil citrate 10 mg/ml recon susp	3	PA, SP, PN (34 DAYS SUPPLY PER FILL)
sildenafil citrate 20 mg tab	3	PA, PN (34 DAYS SUPPLY PER FILL)
tadalafil (pah)	3	PA, QL (60 ea per 30 days), SP, PN (30 DAYS SUPPLY PER FILL)
PULMONARY HYPERTENSION - PROSTACYCLIN RECEPTOR AGONIST		
UPTRAVI (400 MCG TAB, 600 MCG TAB, 800 MCG TAB, 1000 MCG TAB, 1200 MCG TAB, 1400 MCG TAB, 1600 MCG TAB)	6	PA, QL (60 ea per 30 days), SP, PN (30 DAYS SUPPLY PER FILL)
UPTRAVI 1800 MCG RECON SOLN	6	PA, QL (60 ml per 30 day(s)), SP, PN (30 DAYS SUPPLY PER FILL)

Drug Name	Drug Tier	Requirements/Limits
UPTRAVI 200 & 800 MCG TAB THPK	6	PA, QL (200 ea per 180 days), SP, PN (28 DAYS SUPPLY PER FILL)
UPTRAVI 200 MCG TAB	6	PA, QL (140 ea per 28 days), SP, PN (28 DAYS SUPPLY PER FILL)
PULMONARY HYPERTENSION - SOL GUANYLATE CYCLASE STIMULATOR		
ADEMPAS	6	PA, QL (90 ea per 30 days), SP, PN (30 DAYS SUPPLY PER FILL)
SINUS NODE INHIBITORS		
CORLANOR (5 MG TAB, 7.5 MG TAB)	5	PA, QL (2 ea per 1 day(s))
CORLANOR 5 MG/5ML SOLUTION	5	PA, QL (20 ml per 1 days)
ivabradine hcl	3	PA, QL (2 ea per 1 day(s))
TRANSTHYRETIN STABILIZERS		
VYNDAMAX	6	PA, QL (30 ea per 30 days), SP, PN (30 DAYS SUPPLY PER FILL)
VYNDAQEL	6	PA, QL (120 ea per 30 days), SP, PN (30 DAYS SUPPLY PER FILL)
VASOACTIVE SOLUBLE GUANYLATE CYCLASE STIMULATOR (SGC)		
VERQUVO	5	PA, QL (1 ea per 1 days)
CEPHALOSPORINS (CONTINUED)		
CEPHALOSPORIN COMBINATIONS		
AVYCAZ	6	PA, PN (34 DAYS SUPPLY PER FILL)
CEPHALOSPORINS - 1ST GENERATION		
cefadroxil (1 gm tab, 250 mg/5ml recon susp, 500 mg cap, 500 mg/5ml recon susp)	3	
cephalexin (125 mg/5ml recon susp, 250 mg tab, 250 mg/5ml recon susp, 500 mg tab)	3	
cephalexin (250 mg cap, 500 mg cap)	2	
CEPHALOSPORINS - 2ND GENERATION		
CEFACLOR (250 MG CAP, 500 MG CAP)	3	
CEFACLOR ER	3	
cefprozil (125 mg/5ml recon susp, 250 mg tab, 250 mg/5ml recon susp, 500 mg tab)	3	
cefuroxime axetil	3	
CEPHALOSPORINS - 3RD GENERATION		
cefdinir (125 mg/5ml recon susp, 250 mg/5ml recon susp, 300 mg cap)	3	

Drug Name	Drug Tier	Requirements/Limits
cefixime (100 mg/5ml recon susp, 200 mg/5ml recon susp, 400 mg cap)	3	
cefpodoxime proxetil (50 mg/5ml recon susp, 100 mg tab, 100 mg/5ml recon susp, 200 mg tab)	3	
SUPRAX (100 MG CHEW TAB, 200 MG CHEW TAB, 500 MG/5ML RECON SUSP)	4	
CEPHALOSPORINS - SIDEROPHORES		
FETROJA	6	PA, PN (34 DAYS SUPPLY PER FILL)
CONTRACEPTIVES (CONTINUED)		
COMBINATION CONTRACEPTIVES - ORAL		
afirmelle	1	
altavera	1	
alyacen 1/35	1	
alyacen 7/7/7	1	
amethia	1	
amethia lo	1	
amethyst	1	
apri	1	
aranelle	1	
ashlyna	1	
aubra	1	
aubra eq	1	
aurovela 1.5/30	1	
aurovela 1/20	1	
aurovela 24 fe	1	
aurovela fe 1.5/30	1	
aurovela fe 1/20	1	
aviane	1	
ayuna	1	
azurette	1	
BALCOLTRA	1	
balziva	1	

Drug Name	Drug Tier	Requirements/Limits
bekyree	1	
BEYAZ	1	
blisovi 24 fe	1	
blisovi fe 1.5/30	1	
blisovi fe 1/20	1	
briellyn	1	
camrese	1	
camrese lo	1	
caziant	1	
charlotte 24 fe	1	
chateal	1	
chateal eq	1	
cryselle-28	1	
cyclafem 1/35	1	
cyclafem 7/7/7	1	
cyred	1	
cyred eq	1	
dasetta 1/35	1	
dasetta 7/7/7	1	
daysee	1	
delyla	1	
desogestrel-ethinyl estradiol (0.15-0.02/0.01 mg (21/5) tab, 0.15-30 mg-mcg tab)	1	
dolishale	1	
drospiren-eth estrad-levomefol	1	
drospirenone-ethinyl estradiol	1	
elinest	1	
emoquette	1	
enpresse-28	1	
enskyce	1	
estarylla	1	

Drug Name	Drug Tier	Requirements/Limits
ESTROSTEP FE	1	
ethynodiol diac-eth estradiol	1	
falmina	1	
fayosim	1	
FEMLYV	1	
femynor	1	
finzala	1	
gemmily	1	
GENERESS FE	1	
gianvi	1	
hailey 1.5/30	1	
hailey 24 fe	1	
hailey fe 1.5/30	1	
hailey fe 1/20	1	
iclevia	1	
introvale	1	
isibloom	1	
jaimiess	1	
jasmiel	1	
jolessa	1	
joyeaux	1	
juleber	1	
junel 1.5/30	1	
junel 1/20	1	
junel fe 1.5/30	1	
junel fe 1/20	1	
junel fe 24	1	
kaitlib fe	1	
kalliga	1	
kariva	1	
kelnor 1/35	1	

Drug Name	Drug Tier	Requirements/Limits
kelnor 1/50	1	
kurvelo	1	
larin 1.5/30	1	
larin 1/20	1	
larin 24 fe	1	
larin fe 1.5/30	1	
larin fe 1/20	1	
larissia	1	
layolis fe	1	
leena	1	
lessina	1	
levonest	1	
levonorg-eth estrad triphasic	1	
levonorgest-eth est & eth est	1	
levonorgest-eth estrad 91-day (0.1-0.02 & 0.01 mg tab, 0.15-0.03 &0.01 mg tab, 0.15-0.03 mg tab)	1	
levonorgest-eth estradiol-iron	1	
levonorgestrel-ethinyl estrad	1	
levora 0.15/30 (28)	1	
lillow	1	
LO LOESTRIN FE	1	
lo-zumandimine	1	
loestrin 1.5/30 (21)	1	
loestrin 1/20 (21)	1	
loestrin fe 1.5/30	1	
loestrin fe 1/20	1	
lojaimiess	1	
loryna	1	
LOSEASONIQUE	1	
low-ogestrel	1	
lutera	1	

Drug Name	Drug Tier	Requirements/Limits
marlissa	1	
melodetta 24 fe	1	
merzee	1	
mibelas 24 fe	1	
microgestin 1.5/30	1	
microgestin 1/20	1	
microgestin 24 fe	1	
microgestin fe 1.5/30	1	
microgestin fe 1/20	1	
mili	1	
MINASTRIN 24 FE	1	
MIRCETTE	1	
mono-linyah	1	
NATAZIA	1	
necon 0.5/35 (28)	1	
NEXTSTELLIS	1	
nikki	1	
norethin ace-eth estrad-fe (1-20 mg-mcg tab, 1-20 mg-mcg(24) cap, 1-20 mg-mcg(24) chew tab, 1-20 mg-mcg(24) tab, 1.5-30 mg-mcg tab)	1	
norethin-eth estradiol-fe (0.4-35 chew tab, 0.8-25 chew tab)	1	
norethindron-ethinyl estrad-fe	1	
norethindrone acet-ethinyl est	1	
norgestim-eth estrad triphasic	1	
norgestimate-eth estradiol	1	
nortrel 0.5/35 (28)	1	
nortrel 1/35 (21)	1	
nortrel 1/35 (28)	1	
nortrel 7/7/7	1	
nylia 1/35	1	
nylia 7/7/7	1	
nymyo	1	

Drug Name	Drug Tier	Requirements/Limits
ocella	1	
orsythia	1	
philith	1	
pimtrea	1	
pirmella 1/35	1	
pirmella 7/7/7	1	
portia-28	1	
previfem	1	
QUARTETTE	1	
reclipsen	1	
rivelsa	1	
SAFYRAL	1	
SEASONIQUE	1	
setlakin	1	
simliya	1	
simpesse	1	
sprintec 28	1	
sronyx	1	
syeda	1	
tarina 24 fe	1	
tarina fe 1/20	1	
tarina fe 1/20 eq	1	
taysofy	1	
TAYTULLA	1	
tilia fe	1	
tri femynor	1	
tri-estarylla	1	
tri-legest fe	1	
tri-linyah	1	
tri-lo-estarylla	1	
tri-lo-marzia	1	

Drug Name	Drug Tier	Requirements/Limits
tri-lo-mili	1	
tri-lo-sprintec	1	
tri-mili	1	
tri-nymyo	1	
tri-previfem	1	
tri-sprintec	1	
tri-vylibra	1	
tri-vylibra lo	1	
trivora (28)	1	
turqoz	1	
TYBLUME	1	
tydemy	1	
VELIVET	1	
vestura	1	
vienva	1	
viorele	1	
volnea	1	
vyfemla	1	
vylibra	1	
wera	1	
wymzya fe	1	
YASMIN 28	1	
YAZ	1	
zarah	1	
zovia 1/35 (28)	1	
zovia 1/35e (28)	1	
zumandimine	1	
COMBINATION CONTRACEPTIVES - TRANSDERMAL		
norelgestromin-eth estradiol	1	
TWIRLA	1	
xulane	1	

Drug Name	Drug Tier	Requirements/Limits
zafemy	1	
COMBINATION CONTRACEPTIVES - VAGINAL		
ANNOVERA	1	
eluryng	1	
enilloring	1	
etonogestrel-ethinyl estradiol	1	
haloette	1	
NUVARING	1	
COPPER CONTRACEPTIVES - IUD		
PARAGARD INTRAUTERINE COPPER	1	SP
EMERGENCY CONTRACEPTIVES		
aftera	1	
afterpill	1	
curae	1	
econtra ez	1	
econtra one-step	1	
ELLA	1	
her style	1	
levonorgestrel	1	
my choice	1	
my way	1	
new day	1	
opcicon one-step	1	
option 2	1	
PLAN B ONE-STEP	1	
react	1	
take action	1	
PROGESTIN CONTRACEPTIVES - INJECTABLE		
DEPO-PROVERA	1	PN (MIN 84 DAY SUPPLY; MAX 102 DAY SUPPLY)
DEPO-SUBQ PROVERA 104	1	PN (MIN 84 DAY SUPPLY; MAX 102 DAY SUPPLY)

Drug Name	Drug Tier	Requirements/Limits
medroxyprogesterone acetate (150 mg/ml susp prsyr, 150 mg/ml suspension)	1	PN (MIN 84 DAY SUPPLY; MAX 102 DAY SUPPLY)
PROGESTIN CONTRACEPTIVES - IUD		
KYLEENA	1	SP, PN (MIN 365 DAY SUPPLY; MAX 1825 DAY SUPPLY)
MIRENA (52 MG)	1	SP, PN (MIN 365 DAY SUPPLY; MAX 2920 DAY SUPPLY)
SKYLA	1	SP, PN (MIN 365 DAY SUPPLY; MAX 1095 DAY SUPPLY)
PROGESTIN CONTRACEPTIVES - ORAL		
camila	1	
deblitane	1	
emzahh	1	
errin	1	
heather	1	
incassia	1	
jencycla	1	
lyleq	1	
lyza	1	
nora-be	1	
norethindrone	1	
norlyda	1	
norlyroc	1	
OPILL	1	
ORTHO MICRONOR	1	
sharobel	1	
SLYND	1	
tulana	1	
CORTICOSTEROIDS (CONTINUED)		
GLUCOCORTICOSTEROIDS		
ALKINDI SPRINKLE (1 MG CAP SPRINK, 2 MG CAP SPRINK, 5 MG CAP SPRINK)	6	PA, LA, SP, PN (34 DAYS SUPPLY PER FILL)
ALKINDI SPRINKLE 0.5 MG CAP SPRINK	6	PA, LA, QL (34 days per fill(s)), SP, PN (34 DAYS SUPPLY PER FILL)

Drug Name	Drug Tier	Requirements/Limits
budesonide 3 mg cp dr part	3	
CORTISONE ACETATE	3	
decadron (4 mg tab, 6 mg tab)	3	
dexamethasone (0.5 mg tab, 0.5 mg/5ml elixir, 0.5 mg/5ml solution, 0.75 mg tab, 1 mg tab, 1.5 mg tab, 2 mg tab, 4 mg tab, 6 mg tab)	3	
DEXAMETHASONE INTENSOL	5	PA
hydrocortisone (5 mg tab, 10 mg tab, 20 mg tab)	3	
hydrocortisone sod suc (pf)	3	PN (34 DAYS SUPPLY PER FILL)
methylprednisolone	3	
methylprednisolone sodium succ	3	
millipred	5	PA
prednisolone 15 mg/5ml solution	3	
prednisolone 5 mg tab	3	PA
PREDNISOLONE SODIUM PHOSPHATE (10 MG TAB DISP, 15 MG TAB DISP, 30 MG TAB DISP)	3	PA
prednisolone sodium phosphate (6.7 (5 base) mg/5ml solution, 10 mg/5ml solution, 15 mg/5ml solution, 20 mg/5ml solution, 25 mg/5ml solution)	3	
PREDNISONE (1 MG TAB, 2.5 MG TAB, 5 MG (21) TAB THPK, 5 MG (48) TAB THPK, 5 MG TAB, 5 MG/5ML SOLUTION, 10 MG (21) TAB THPK, 10 MG (48) TAB THPK, 10 MG TAB, 20 MG TAB, 50 MG TAB)	3	
PREDNISONE INTENSOL	5	PA
RAYOS	5	PA
SOLU-CORTEF (250 MG RECON SOLN, 500 MG RECON SOLN, 1000 MG RECON SOLN)	4	PN (34 DAYS SUPPLY PER FILL)
SOLU-CORTEF 100 MG RECON SOLN	4	PN (34 DAYS SUPPLY PER FILL)
SOLU-MEDROL (PF)	4	PN (34 DAYS SUPPLY PER FILL)
TARPEYO	6	PA, LA, QL (120 ea per 30 days), SP, PN (30 DAYS SUPPLY PER FILL)
MINERALOCORTICOIDS		
fludrocortisone acetate	3	
COUGH/COLD/ALLERGY (CONTINUED)		
ANTITUSSIVES		
benzonatate	3	

Drug Name	Drug Tier	Requirements/Limits
hydrocodone bit-homatrop mbr (5-1.5 mg tab, 5-1.5 mg/5ml solution)	3	
hydromet	3	
COUGH/COLD/ALLERGY COMBINATIONS		
bromfed dm	3	
CODITUSSIN AC	3	
g tussin ac	3	
guaiatussin ac	3	
guaifenesin ac	3	
guaifenesin-codeine	3	
hydrocod poli-chlorphe poli er	3	
maxi-tuss ac	3	
NINJACOF-XG	3	
promethazine vc	3	
PROMETHAZINE VC/CODEINE	3	
promethazine-codeine	3	
promethazine-dm	3	
promethazine-phenyleph-codeine	3	
promethazine-phenylephrine	3	
pseudoeph-bromphen-dm	3	
virtussin a/c	3	
virtussin ac w/alc	3	
EXPECTORANTS		
potassium iodide (expectorant)	3	
SSKI	3	
MISC. RESPIRATORY INHALANTS		
HYPERSAL 3.5 % NEBU SOLN	5	
nebusal 3 % nebu soln	3	
pulmosal	3	
sodium chloride (0.9 % nebu soln, 3 % nebu soln, 7 % nebu soln, 10 % nebu soln)	3	
MUCOLYTICS		
acetylcysteine (10 % solution, 20 % solution)	3	

Drug Name	Drug Tier	Requirements/Limits
DERMATOLOGICALS (CONTINUED)		
ACNE PRODUCTS		
accutane	6	PN (30 DAYS SUPPLY PER FILL)
acne medication 10 10 % gel	3	
adapalene (0.1 % cream, 0.1 % gel, 0.3 % gel)	3	
adapalene-benzoyl peroxide 0.1-2.5 % gel	3	
amnesteem	6	PN (30 DAYS SUPPLY PER FILL)
ARAZLO	5	PA
avar cleanser	3	
avar-e emollient	3	
avar-e green	3	
avita	3	AL (Up to 30 yrs old)
AZELEX	5	PA
BENZEPRO 5.3 % FOAM	3	
BENZOYL PEROXIDE 9.8 % FOAM	3	
benzoyl peroxide-erythromycin	3	
claravis	6	PN (30 DAYS SUPPLY PER FILL)
clindacin etz 1 % swab	3	
clindacin-p	3	
clindamycin phos-benzoyl perox (1-5 % gel, 1.2-5 % gel)	3	
clindamycin phos-benzoyl perox 1.2-2.5 % gel	3	PA
clindamycin phosphate (1 % gel, 1 % lotion, 1 % solution, 1 % swab)	3	
clindamycin-tretinoin	3	PA
ERY	3	
erythromycin (2 % gel, 2 % solution)	3	
FABIOR	5	PA
isotretinoin (10 mg cap, 20 mg cap, 30 mg cap, 40 mg cap)	6	PN (30 DAYS SUPPLY PER FILL)
isotretinoin (25 mg cap, 35 mg cap)	6	PA, PN (30 DAYS SUPPLY PER FILL)
myorisan	6	PN (30 DAYS SUPPLY PER FILL)
neuac 1.2-5 % gel	3	

Drug Name	Drug Tier	Requirements/Limits
sss 10-5 (10-5 % cream, 10-5 % foam)	3	
sulfacetamide sod-sulfur wash (9-4 % liquid, 9-4.5 % kit, 9-4.5 % liquid)	3	
sulfacetamide sodium (acne)	3	
sulfacetamide sodium-sulfur (8-4 % suspension, 9-4 % liquid, 9-4.5 % liquid, 9.8-4.8 % cream, 9.8-4.8 % liquid, 9.8-4.8 % lotion, 10-2 % cream, 10-2 % liquid, 10-4 % pad, 10-5 % cream, 10-5 % liquid, 10-5 % lotion, 10-5 % suspension)	3	
SULFACETAMIDE-SULFUR IN UREA	3	
sulfacleanse 8/4	3	
TAZAROTENE 0.1 % FOAM	3	PA
tretinoin (0.01 % gel, 0.025 % cream, 0.025 % gel, 0.05 % cream, 0.05 % gel, 0.1 % cream)	3	AL (Up to 30 yrs old)
zenatane	6	PN (30 DAYS SUPPLY PER FILL)
AGENTS FOR EXTERNAL GENITAL AND PERIANAL WARTS		
VEREGEN	5	PA
ANTI-INFLAMMATORY AGENTS - TOPICAL		
DICLOFENAC EPOLAMINE	3	PA, QL (30 ea per 15 days), PN (15 DAYS SUPPLY PER FILL)
diclofenac sodium 1 % gel	3	QL (10 gm per 1 days)
diclofenac sodium 1.5 % solution	3	PA
ANTIBIOTICS - TOPICAL		
ALTABAX	5	PA
gentamicin sulfate (0.1 % cream, 0.1 % ointment)	3	
mupirocin	3	
mupirocin calcium	3	
XEPI	5	PA
ANTIFUNGALS - TOPICAL		
ciclopirox (0.77 % gel, 1 % shampoo)	3	
ciclopirox olamine (0.77 % cream, 0.77 % suspension)	3	
clotrimazole (1 % cream, 1 % solution)	3	
CLOTRIMAZOLE-BETAMETHASONE (1-0.05 % CREAM, 1-0.05 % LOTION)	3	
econazole nitrate	3	

Drug Name	Drug Tier	Requirements/Limits
ERTACZO	5	PA
EXELDERM (1 % CREAM, 1 % SOLUTION)	5	PA
ketoconazole (2 % cream, 2 % foam, 2 % shampoo)	3	
ketodan (2 % foam, 2 % kit)	3	
klayesta	3	
NAFTIFINE HCL (1 % CREAM, 2 % CREAM)	3	
nyamyc	3	
nystatin (100000 unit/gm cream, 100000 unit/gm ointment, 100000 unit/gm powder)	3	
nystatin-triamcinolone	3	
nystop	3	
oxiconazole nitrate	3	PA
OXISTAT 1 % LOTION	5	PA
SULCONAZOLE NITRATE (1 % CREAM, 1 % SOLUTION)	5	PA
XOLEGEL	5	PA, PN (34 DAYS SUPPLY PER FILL)
ANTINEOPLASTIC OR PREMALIGNANT LESION AGENTS - TOPICAL		
bexarotene 1 % gel	3	PA, SP, PN (34 DAYS SUPPLY PER FILL)
FLUOROURACIL (0.5 % CREAM, 2 % SOLUTION, 5 % CREAM, 5 % SOLUTION)	3	
KLISYRI (250 MG)	5	PA, QL (5 ea per fill)
KLISYRI (350 MG)	5	PA, QL (5 ea per fill)
PANRETIN	5	PA, SP
VALCHLOR	6	PA, LA, SP, PN (34 DAYS SUPPLY PER FILL)
ANTIPRURITICS - TOPICAL		
doxepin hcl 5 % cream	3	PA
ANTIPSORIATICS		
acitretin	3	PA, SP, PN (34 DAYS SUPPLY PER FILL)
CALCIPOTRIENE (0.005 % CREAM, 0.005 % OINTMENT, 0.005 % SOLUTION)	3	
calcitrene	3	
CALCITRIOL 3 MCG/GM OINTMENT	3	
COSENTYX (300 MG DOSE)	6	QL (2 ml per 28 days), PA-NSO, SP, PN (MIN 28 DAY SUPPLY; MAX 60 DAY SUPPLY)

Drug Name	Drug Tier	Requirements/Limits
COSENTYX (75 MG/0.5ML SOLN PRSYR, 150 MG/ML SOLN PRSYR)	6	QL (1 ml per 28 days), PA-NSO, SP, PN (28 DAYS SUPPLY PER FILL)
COSENTYX SENSOREADY (300 MG)	6	QL (2 ml per 28 days), PA-NSO, SP, PN (MIN 28 DAY SUPPLY; MAX 60 DAY SUPPLY)
COSENTYX SENSOREADY PEN	6	QL (1 ml per 28 days), PA-NSO, SP, PN (28 DAYS SUPPLY PER FILL)
COSENTYX UNOREADY	6	PA, QL (2 ml per 28 day(s)), SP, PN (MAX 28 DAYS SUPPLY PER FILL)
DRITHO-CREME HP	4	
METHOXSALEN RAPID	3	PA, PN (34 DAYS SUPPLY PER FILL)
SKYRIZI (150 MG DOSE)	6	QL (1 ea per 84 days), PA-NSO, SP, PN (MIN 84 DAY SUPPLY; MAX 90 DAY SUPPLY)
SKYRIZI 150 MG/ML SOLN PRSYR	6	QL (1 ml per 84 days), PA-NSO, SP, PN (MIN 84 DAY SUPPLY; MAX 90 DAY SUPPLY)
SKYRIZI PEN	6	QL (1 ml per 84 days), PA-NSO, SP, PN (MIN 84 DAY SUPPLY; MAX 90 DAY SUPPLY)
SPEVIGO 450 MG/7.5ML SOLUTION	6	PA, LA, QL (15 ml per fill), SP
STELARA (45 MG/0.5ML SOLN PRSYR, 45 MG/0.5ML SOLUTION)	6	QL (0.5 ml per 84 days), PA-NSO, SP, PN (MIN 84 DAY SUPPLY; MAX 90 DAY SUPPLY)
STELARA 90 MG/ML SOLN PRSYR	6	QL (1 ml per 56 days), PA-NSO, SP, PN (MIN 84 DAY SUPPLY; MAX 90 DAY SUPPLY)
tazarotene (0.05 % gel, 0.1 % cream, 0.1 % gel)	3	
TAZORAC 0.05 % GEL	5	
TREMFYA (200 MG/2ML SOLN A-INJ, 200 MG/2ML SOLN PRSYR)	6	QL (2 ml per 28 day(s)), PA-NSO, SP, PN (28 DAYS SUPPLY PER FILL)
TREMFYA 100 MG/ML SOLN A-INJ	6	QL (1 ml per 56 day(s)), PA-NSO, SP, PN (MIN 56 DAY SUPPLY; MAX 60 DAY SUPPLY)
TREMFYA 100 MG/ML SOLN PRSYR	6	QL (1 ml per 56 days), PA-NSO, SP, PN (MIN 56 DAY SUPPLY; MAX 60 DAY SUPPLY)
TREMFYA 200 MG/20ML SOLUTION	6	QL (20 ml per 28 day(s)), PA-NSO, SP, PN (28 DAYS SUPPLY PER FILL)
ZORYVE 0.3 % CREAM	6	PA, QL (60 gm per 30 days), PN (30 DAYS SUPPLY PER FILL)

Drug Name	Drug Tier	Requirements/Limits
ANTISEBORRHEIC PRODUCTS		
selenium sulfide	3	
sodium sulfacetamide 10 % shampoo	3	
sodium sulfacetamide wash	3	
SODIUM SULFACETAMIDE-BAKUCHIOL	3	
sulfacetamide sodium (10 % (cleans) gel, 10 % liquid)	3	
sulfacetamide sodium (cleans)	3	
ANTIVIRALS - TOPICAL		
acyclovir 5 % cream	3	PA, QL (5 gm per fill)
acyclovir 5 % ointment	3	QL (15 gm per fill)
penciclovir	3	PA, QL (5 gm per fill), PN (1 DAY SUPPLY PER FILL)
XERESE	5	PA
BURN PRODUCTS		
silver sulfadiazine	3	
ssd	3	
SULFAMYLON 85 MG/GM CREAM	5	PA
CAUTERIZING AGENTS		
SILVER NITRATE (0.5 % SOLUTION, 10 % SOLUTION, 25 % SOLUTION, 50 % SOLUTION)	3	
CORTICOSTEROIDS - TOPICAL		
ALA SCALP	3	
ala-cort	3	
alclometasone dipropionate	3	
AMCINONIDE (0.1 % CREAM, 0.1 % LOTION, 0.1 % OINTMENT)	3	
APEXICON E	5	PA
beser 0.05 % lotion	3	
betamethasone dipropionate (0.05 % cream, 0.05 % lotion, 0.05 % ointment)	3	
betamethasone dipropionate aug (0.05 % cream, 0.05 % gel, 0.05 % lotion, 0.05 % ointment)	3	
betamethasone valerate (0.1 % cream, 0.1 % lotion, 0.1 % ointment, 0.12 % foam)	3	

Drug Name	Drug Tier	Requirements/Limits
calcipotriene-betameth diprop	3	PA
CAPEX	5	PA
clobetasol prop emollient base	3	
clobetasol propionate (0.05 % cream, 0.05 % foam, 0.05 % gel, 0.05 % lotion, 0.05 % ointment, 0.05 % shampoo, 0.05 % solution)	3	
clobetasol propionate 0.05 % liquid	3	PA
clobetasol propionate e	3	
clobetasol propionate emulsion	3	
CLOBETAVIX	3	
clodan 0.05 % shampoo	3	
CORDRAN 4 MCG/SQCM TAPE	5	
desonide (0.05 % cream, 0.05 % lotion, 0.05 % ointment)	3	
DESONIDE 0.05 % GEL	3	PA
desoximetasone (0.05 % cream, 0.05 % gel, 0.05 % ointment, 0.25 % cream, 0.25 % ointment)	3	
desrx	3	PA
diflorasone diacetate 0.05 % ointment	3	
fluocinolone acetonide (0.01 % cream, 0.01 % solution, 0.025 % cream, 0.025 % ointment)	3	
fluocinolone acetonide body	3	
fluocinolone acetonide scalp	3	
fluocinonide (0.05 % cream, 0.05 % gel, 0.05 % ointment, 0.05 % solution, 0.1 % cream)	3	
fluocinonide emulsified base	3	
FLUOVIX	3	
FLUOVIX PLUS	3	
flurandrenolide (0.05 % cream, 0.05 % lotion, 0.05 % ointment)	3	
FLUTICASONE PROPIONATE (0.005 % OINTMENT, 0.05 % CREAM, 0.05 % LOTION)	3	
halcinonide	3	PA
halobetasol propionate (0.05 % cream, 0.05 % ointment)	3	
hydrocortisone (1 % cream, 1 % ointment, 2 % lotion, 2.5 % cream, 2.5 % lotion, 2.5 % ointment)	3	

Drug Name	Drug Tier	Requirements/Limits
HYDROCORTISONE ACE-PRAMOXINE 2.5-1 % CREAM	3	
hydrocortisone butyr lipo base	3	
HYDROCORTISONE BUTYRATE (0.1 % CREAM, 0.1 % OINTMENT, 0.1 % SOLUTION)	3	
hydrocortisone butyrate 0.1 % lotion	3	PA
hydrocortisone valerate	3	
mometasone furoate (0.1 % cream, 0.1 % ointment, 0.1 % solution)	3	
nolix (0.05 % cream, 0.05 % lotion)	3	
PANDEL	5	PA
PREDNICARBATE	3	
TEXACORT	5	PA
tovet 0.05 % foam	3	
triamcinolone acetonide (0.025 % cream, 0.025 % lotion, 0.025 % ointment, 0.05 % ointment, 0.1 % cream, 0.1 % lotion, 0.1 % ointment, 0.147 mg/gm aero soln, 0.5 % cream, 0.5 % ointment)	3	
triamcinolone in absorbase	3	
trianex	3	
triderm	3	
tritocin	3	
VERDESO	5	PA
ECZEMA AGENTS		
ADBRY 150 MG/ML SOLN PRSYR	6	PA, QL (4 ml per 28 days), SP, PN (28 DAYS SUPPLY PER FILL)
ADBRY 300 MG/2ML SOLN A-INJ	6	PA, QL (2 ml per 28 day(s)), SP, PN (28 DAYS SUPPLY PER FILL)
CIBINQO	6	PA, QL (30 ea per 30 days), SP, PN (30 DAYS SUPPLY PER FILL)
DUPIXENT 100 MG/0.67ML SOLN PRSYR	6	PA, QL (1.34 ml per 28 days), PN (28 DAYS SUPPLY PER FILL)
DUPIXENT 200 MG/1.14ML SOLN A-INJ	6	PA, QL (2.28 ml per 28 day(s)), SP, PN (28 DAYS SUPPLY PER FILL)
DUPIXENT 200 MG/1.14ML SOLN PRSYR	6	PA, QL (2.28 ml per 28 days), SP, PN (28 DAYS SUPPLY PER FILL)
DUPIXENT 300 MG/2ML SOLN A-INJ	6	PA, QL (4 ml per 28 day(s)), SP, PN (28 DAYS SUPPLY PER FILL)

Drug Name	Drug Tier	Requirements/Limits
DUPIXENT 300 MG/2ML SOLN PRSYR	6	PA, QL (4 ml per 28 days), SP, PN (28 DAYS SUPPLY PER FILL)
OPZELURA	5	PA, QL (240 gm per 28 days)
EMOLLIENT/KERATOLYTIC AGENTS		
urea (35 % foam, 39 % cream, 40 % cream, 40 % lotion, 45 % cream, 47 % cream)	3	
UREA HYDRATING	3	
urea nail	3	
uredeb	3	
uremez-40	3	
xurea	3	
ENZYMES - TOPICAL		
SANTYL	4	PA
GLABELLAR LINES (FROWN LINES) AGENTS		
DAXXIFY	6	PA, QL (3 ea per 84 day(s)), SP, PN (84 DAYS SUPPLY PER FILL)
IMMUNOMODULATING AGENTS - TOPICAL		
imiquimod 3.75 % cream	3	PA
imiquimod 5 % cream	3	
imiquimod pump	3	PA
ZYCLARA PUMP 2.5 % CREAM	5	PA
IMMUNOSUPPRESSIVE AGENTS - TOPICAL		
HYFTOR	6	PA, QL (30 gm per 30 days), SP, PN (30 DAYS SUPPLY PER FILL)
pimecrolimus	3	PA
tacrolimus (0.03 % ointment, 0.1 % ointment)	3	
KERATOLYTIC/ANTIMITOTIC AGENTS		
CANTHARIDIN	6	PA, LA, QL (2 ea per 21 days), SP, PN (21 DAYS SUPPLY PER FILL)
CONDYLOX	4	
podofilox (0.5 % gel, 0.5 % solution)	3	
salicylic acid (6 % cream, 6 % foam, 6 % gel, 6 % lotion, 6 % shampoo, 26 % solution, 27.5 % liquid)	3	

Drug Name	Drug Tier	Requirements/Limits
salicylic acid wart remover	3	
salicylic acid-cleanser	3	
SALIMEZ	3	
SALYCIM	3	
YCANTH	6	PA, LA, QL (2 ea per 21 days), SP, PN (21 DAYS SUPPLY PER FILL)
LOCAL ANESTHETICS - TOPICAL		
glydo	3	
lidocaine 5 % ointment	3	
lidocaine 5 % patch	3	PA, PN (34 DAYS SUPPLY PER FILL)
lidocaine hcl 4 % solution	3	
LIDOCAINE HCL URETHRAL/MUCOSAL (2 % GEL, 2 % PRSYR)	3	
lidocaine-prilocaine 2.5-2.5 % cream	3	
lidocan	3	PA, PN (34 DAYS SUPPLY PER FILL)
lidopac	3	
moxicaine	3	
premium lidocaine	3	
QUTENZA	6	PA, QL (4 ea per 90 days), SP, PN (MIN 84 DAY SUPPLY; MAX 90 DAY SUPPLY)
QUTENZA (2 PATCH)	6	PA, QL (4 ea per 90 days), SP, PN (MIN 84 DAY SUPPLY; MAX 90 DAY SUPPLY)
QUTENZA (4 PATCH)	6	PA, QL (4 ea per 90 days), SP, PN (MIN 84 DAY SUPPLY; MAX 90 DAY SUPPLY)
SYNERA	5	PA
tridacaine ii	3	PA, PN (34 DAYS SUPPLY PER FILL)
tridacaine iii	3	PA, PN (34 DAYS SUPPLY PER FILL)
MISC. TOPICAL		
alcohol wipes	4	
cvs isopropyl alcohol wipes	4	
DRYSOL	3	
isopropyl alcohol 70 % misc	4	
isopropyl alcohol wipes	4	
medpura alcohol pads	4	

Drug Name	Drug Tier	Requirements/Limits
QBREXZA	4	PA, QL (1 ea per 1 days)
qc alcohol	4	
ra isopropyl alcohol wipes	4	
XERAC AC	3	
PHOSPHODIESTERASE 4 (PDE4) INHIBITORS - TOPICAL		
EUCRISA	5	PA
PROTECTIVES AGAINST UV RADIATION		
SCENESSE	6	PA, SP, PN (MIN 56 DAY SUPPLY; MAX 60 DAY SUPPLY)
ROSACEA AGENTS		
azelaic acid	3	
brimonidine tartrate 0.33 % gel	3	PA, QL (30 gm per fill)
FINACEA 15 % FOAM	5	PA
ivermectin 1 % cream	3	
metronidazole (0.75 % cream, 0.75 % gel, 0.75 % lotion, 1 % gel)	3	
NORITATE	5	PA
rosadan (0.75 % cream, 0.75 % cream kit, 0.75 % gel)	3	
SCABICIDES PEDICULICIDES		
IVERMECTIN 0.5 % LOTION	3	PA
LINDANE	3	
malathion	3	
permethrin	3	
SPINOSAD	3	
WOUND CARE PRODUCTS		
VYJUVEK	6	PA, LA, QL (10 ml per 8 days), SP, PN (28 DAYS SUPPLY PER FILL)
DIAGNOSTIC PRODUCTS (CONTINUED)		
DIAGNOSTIC DRUGS		
MACRILEN	6	PN (34 DAYS SUPPLY PER FILL)
THYROGEN	6	SP, PN (34 DAYS SUPPLY PER FILL)

Drug Name	Drug Tier	Requirements/Limits
DIAGNOSTIC TESTS		
CHEMSTRIP K	4	QL (100 ea per fill)
CHEMSTRIP UGK	4	QL (100 ea per fill)
CVS KETONE CARE	4	QL (100 ea per fill)
KETO-DIASTIX	4	QL (100 ea per fill)
KETONE TEST	4	QL (100 ea per fill)
KETOSTIX	4	QL (100 ea per fill)
ONETOUCH ULTRA	4	QL (200 strips per 30 days)
ONETOUCH ULTRA BLUE TEST	4	QL (200 strips per 30 days)
ONETOUCH ULTRA TEST	4	QL (200 strips per 30 days)
ONETOUCH VERIO STRIP	4	QL (200 strips per 30 days)
RELION KETONE TEST	4	QL (100 ea per fill)
DIGESTIVE AIDS (CONTINUED)		
DIGESTIVE ENZYMES		
CREON	4	
PANCREAZE	5	PA
PERTZYE	5	PA
SUCRAID	6	PA, LA, QL (236 ml per fill(s)), SP
VIOKACE	5	PA
ZENPEP	5	PA
DIURETICS (CONTINUED)		
CARBONIC ANHYDRASE INHIBITORS		
acetazolamide	3	
acetazolamide er	3	
methazolamide	3	
DIURETIC COMBINATIONS		
ALDACTAZIDE 50-50 MG TAB	5	
AMILORIDE-HYDROCHLOROTHIAZIDE	3	
spironolactone-hctz	3	
triamterene-hctz	3	

Drug Name	Drug Tier	Requirements/Limits
LOOP DIURETICS		
bumetanide (0.5 mg tab, 1 mg tab, 2 mg tab)	2	
ethacrynic acid	3	
furosemide (20 mg tab, 40 mg tab, 80 mg tab)	2	
FUROSEMIDE (8 MG/ML SOLUTION, 10 MG/ML SOLUTION)	3	
torsemide	3	
POTASSIUM SPARING DIURETICS		
amiloride hcl	3	
spironolactone (25 mg tab, 50 mg tab, 100 mg tab)	3	
triamterene	3	PA
THIAZIDES AND THIAZIDE-LIKE DIURETICS		
chlorthalidone	3	
DIURIL	4	
hydrochlorothiazide	2	
indapamide	2	
metolazone	3	
ENDOCRINE AND METABOLIC AGENTS - MISC. (CONTINUED)		
BONE DENSITY REGULATORS		
alendronate sodium (35 mg tab, 70 mg tab)	2	
alendronate sodium (5 mg tab, 10 mg tab, 70 mg/75ml solution)	3	
BINOSTO	5	PA
calcitonin (salmon) 200 unit/act solution	3	
EVENITY	6	PA, SP, PN (34 DAYS SUPPLY PER FILL)
FOSAMAX PLUS D	4	
ibandronate sodium 150 mg tab	3	QL (1 ea per 30 days)
PROLIA	6	PA, SP, PN (MIN 180 DAY SUPPLY; MAX 180 DAY SUPPLY)
risedronate sodium (5 mg tab, 30 mg tab, 35 mg tab, 150 mg tab)	3	
TERIPARATIDE (RECOMBINANT) 620 MCG/2.48ML SOLN PEN	6	PA, QL (2.48 ml per 28 days), SP, PN (MIN 28 DAY SUPPLY; MAX 34 DAY SUPPLY)

Drug Name	Drug Tier	Requirements/Limits
TYMLOS	6	PA, QL (1.56 ml per 30 days), SP, PN (MIN 30 DAY SUPPLY; MAX 34 DAY SUPPLY)
XGEVA	6	PA, SP, PN (MIN 28 DAY SUPPLY; MAX 34 DAY SUPPLY)
ZOLEDRONIC ACID (4 MG/100ML SOLUTION, 4 MG/5ML CONC)	3	SP, PN (34 DAYS SUPPLY PER FILL)
zoledronic acid 5 mg/100ml solution	3	SP, PN (MIN 365 DAY SUPPLY; MAX 365 DAY SUPPLY)
FERTILITY REGULATORS		
CHORIONIC GONADOTROPIN	3	PA, PN (34 DAYS SUPPLY PER FILL)
clomiphene citrate	3	
FOLLISTIM AQ	6	PA, PN (34 DAYS SUPPLY PER FILL)
GONAL-F	6	PN (34 DAYS SUPPLY PER FILL)
GONAL-F RFF	6	PN (34 DAYS SUPPLY PER FILL)
GONAL-F RFF REDIJECT	6	PN (34 DAYS SUPPLY PER FILL)
MENOPUR	6	PN (34 DAYS SUPPLY PER FILL)
NOVAREL	6	PA, PN (34 DAYS SUPPLY PER FILL)
OVIDREL	6	PN (34 DAYS SUPPLY PER FILL)
PREGNYL	6	PN (34 DAYS SUPPLY PER FILL)
GNRH/LHRH ANTAGONISTS		
cetrorelix acetate	3	PN (34 DAYS SUPPLY PER FILL)
CETROTIDE	6	PN (34 DAYS SUPPLY PER FILL)
GANIRELIX ACETATE	4	
ORILISSA 150 MG TAB	6	PA, QL (30 ea per 30 days), PN (30 DAYS SUPPLY PER FILL)
ORILISSA 200 MG TAB	6	PA, QL (60 ea per 30 days), PN (30 DAYS SUPPLY PER FILL)
GROWTH HORMONE RECEPTOR ANTAGONISTS		
SOMAVERT	6	PA, SP, PN (34 DAYS SUPPLY PER FILL)
GROWTH HORMONES		
GENOTROPIN	6	PA, SP, PN (34 DAYS SUPPLY PER FILL)
GENOTROPIN MINIQUICK	6	PA, SP, PN (34 DAYS SUPPLY PER FILL)
HUMATROPE (6 MG CARTRIDGE, 12 MG CARTRIDGE, 24 MG CARTRIDGE)	6	PA, SP, PN (34 DAYS SUPPLY PER FILL)

Drug Name	Drug Tier	Requirements/Limits
NGENLA	6	PA, SP, PN (28 DAYS SUPPLY PER FILL)
NORDITROPIN FLEXPRO	6	PA, SP, PN (34 DAYS SUPPLY PER FILL)
NUTROPIN AQ NUSPIN 10	6	PA, SP, PN (34 DAYS SUPPLY PER FILL)
NUTROPIN AQ NUSPIN 20	6	PA, SP, PN (34 DAYS SUPPLY PER FILL)
NUTROPIN AQ NUSPIN 5	6	PA, SP, PN (34 DAYS SUPPLY PER FILL)
OMNITROPE (5 MG/1.5ML SOLN CART, 5.8 MG RECON SOLN, 10 MG/1.5ML SOLN CART)	6	PA, SP, PN (34 DAYS SUPPLY PER FILL)
SAIZEN	6	PA, SP, PN (34 DAYS SUPPLY PER FILL)
SAIZENPREP	6	PA, SP, PN (34 DAYS SUPPLY PER FILL)
SEROSTIM	6	PA, SP, PN (34 DAYS SUPPLY PER FILL)
SKYTROFA	6	PA, SP, PN (34 DAYS SUPPLY PER FILL)
SOGROYA	6	PA, SP, PN (34 DAY SUPPLY PER FILL)
ZOMACTON	6	PA, SP, PN (34 DAYS SUPPLY PER FILL)
ZOMACTON (FOR ZOMA-JET 10)	6	PA, SP, PN (34 DAYS SUPPLY PER FILL)
ZORBTIVE	6	PA, SP, PN (34 DAYS SUPPLY PER FILL)
HORMONE RECEPTOR MODULATORS		
OSPHENA	5	PA, QL (1 ea per 1 day(s))
raloxifene hcl	1	PN ($0 copay for women)
INSULIN-LIKE GROWTH FACTOR RECEPTOR INHIBITORS		
TEPEZZA	6	PA, LA, SP, PN (34 DAYS SUPPLY PER FILL)
INSULIN-LIKE GROWTH FACTORS (SOMATOMEDINS)		
INCRELEX	6	PA, SP, PN (34 DAYS SUPPLY PER FILL)
LHRH/GNRH AGONIST ANALOG PITUITARY SUPPRESSANTS		
FENSOLVI (6 MONTH)	6	PA, QL (1 ea per 168 days), SP, PN (MIN 168 DAY SUPPLY; MAX 180 DAY SUPPLY)
LUPRON DEPOT-PED (1-MONTH)	6	SP, PN (MIN 28 DAY SUPPLY; MAX 34 DAY SUPPLY)
LUPRON DEPOT-PED (3-MONTH)	6	SP, PN (MIN 84 DAY SUPPLY; MAX 90 DAY SUPPLY)
LUPRON DEPOT-PED (6-MONTH)	6	SP, PN (MIN 168 DAY SUPPLY; MAX 180 DAY SUPPLY)
SUPPRELIN LA	6	PA, SP, PN (MIN 365 DAY SUPPLY; MAX 365 DAY SUPPLY)

Drug Name	Drug Tier	Requirements/Limits
SYNAREL	4	SP
TRIPTODUR	6	PA, SP, PN (MIN 168 DAY SUPPLY; MAX 180 DAY SUPPLY)
METABOLIC MODIFIERS		
ALDURAZYME	6	PA, SP, PN (34 DAYS SUPPLY PER FILL)
betaine	3	PA, SP, PN (34 DAYS SUPPLY PER FILL)
BRINEURA	6	PA, SP, PN (34 DAYS SUPPLY PER FILL)
calcitriol (0.25 mcg cap, 0.5 mcg cap, 1 mcg/ml solution)	3	
carglumic acid	5	PA, LA, SP
cinacalcet hcl	3	
CRYSVITA	6	PA, SP, PN (34 DAYS SUPPLY PER FILL)
doxercalciferol (0.5 mcg cap, 1 mcg cap, 2.5 mcg cap)	3	
ELAPRASE	6	PA, SP, PN (34 DAYS SUPPLY PER FILL)
ELFABRIO 20 MG/10ML SOLUTION	6	PA, LA, SP, PN (34 DAYS SUPPLY PER FILL)
ELFABRIO 5 MG/2.5ML SOLUTION	6	PA, LA, SP, PN (28 DAYS SUPPLY PER FILL)
FABRAZYME	6	PA, SP, PN (34 DAYS SUPPLY PER FILL)
GALAFOLD	6	PA, LA, QL (14 ea per 28 days), SP, PN (MIN 28 DAY SUPPLY; MAX 34 DAY SUPPLY)
javygtor (100 mg tab, 500 mg packet)	6	PA, SP, PN (30 DAYS SUPPLY PER FILL)
javygtor 100 mg packet	6	PA, SP, PN (34 DAYS SUPPLY PER FILL)
KANUMA	6	PA, SP, PN (34 DAYS SUPPLY PER FILL)
LAMZEDE	6	PA, LA, SP, PN (MAX 28 DAYS SUPPLY PER FILL)
levocarnitine (1 gm/10ml solution, 330 mg tab)	3	
levocarnitine sf	3	
LUMIZYME	6	PA, SP, PN (34 DAYS SUPPLY PER FILL)
MEPSEVII	6	PA, LA, SP, PN (34 DAYS SUPPLY PER FILL)
NAGLAZYME	6	PA, SP, PN (34 DAYS SUPPLY PER FILL)
NEXVIAZYME	6	PA, SP, PN (28 DAYS SUPPLY PER FILL)
NITYR	6	PA, LA, SP, PN (34 DAYS SUPPLY PER FILL)
NULIBRY	6	PA, LA, SP, PN (34 DAYS SUPPLY PER FILL)
PALYNZIQ 10 MG/0.5ML SOLN PRSYR	6	PA, QL (14 ml per 28 days), SP, PN (28 DAYS SUPPLY PER FILL)

Drug Name	Drug Tier	Requirements/Limits
PALYNZIQ 2.5 MG/0.5ML SOLN PRSYR	6	PA, QL (4 ml per 28 days), SP, PN (28 DAYS SUPPLY PER FILL)
PALYNZIQ 20 MG/ML SOLN PRSYR	6	PA, QL (84 ea per 28 days), SP, PN (28 DAYS SUPPLY PER FILL)
paricalcitol (1 mcg cap, 2 mcg cap, 4 mcg cap)	3	
PARSABIV	6	PA, SP, PN (34 DAYS SUPPLY PER FILL)
REVCOVI	6	PA, LA, SP, PN (34 DAYS SUPPLY PER FILL)
sapropterin dihydrochloride (100 mg tab, 500 mg packet)	6	PA, SP, PN (30 DAYS SUPPLY PER FILL)
sapropterin dihydrochloride 100 mg packet	6	PA, SP, PN (34 DAYS SUPPLY PER FILL)
sodium phenylbutyrate 500 mg tab	3	PA, SP
STRENSIQ	6	PA, LA, SP, PN (30 DAYS SUPPLY PER FILL)
VIMIZIM	6	PA, SP, PN (34 DAYS SUPPLY PER FILL)
XENPOZYME 20 MG RECON SOLN	6	PA, SP, PN (34 DAYS SUPPLY PER FILL)
XENPOZYME 4 MG RECON SOLN	6	PA, SP, PN (MAX 34 DAYS SUPPLY PER FILL)
XPHOZAH	6	PA, LA, QL (60 ea per 30 day(s)), SP, PN (30 DAYS SUPPLY PER FILL)
NATRIURETIC PEPTIDES		
VOXZOGO	6	PA, QL (30 ea per 30 days), SP, PN (30 DAYS SUPPLY PER FILL)
POSTERIOR PITUITARY HORMONES		
desmopressin ace spray refrig	3	
desmopressin acetate (0.1 mg tab, 0.2 mg tab, 1.5 mg/ml solution)	3	
desmopressin acetate spray	3	
TERLIVAZ	6	PA, SP, PN (14 DAYS SUPPLY PER FILL)
PROGESTERONE RECEPTOR ANTAGONISTS		
mifepristone 200 mg tab	3	
PROLACTIN INHIBITORS		
cabergoline	3	
SOMATOSTATIC AGENTS		
LANREOTIDE ACETATE	6	PA, SP, PN (MIN 28 DAY SUPPLY; MAX 60 DAY SUPPLY)
lanreotide acetate	6	SP, PN (MIN 28 DAY SUPPLY; MAX 60 DAY SUPPLY)

Drug Name	Drug Tier	Requirements/Limits
octreotide acetate (20 mg kit, 30 mg kit)	6	PA, SP, PN (MIN 28 DAY SUPPLY; MAX 34 DAY SUPPLY)
octreotide acetate (50 mcg/ml soln prsyr, 50 mcg/ml solution, 100 mcg/ml soln prsyr, 100 mcg/ml solution, 200 mcg/ml solution, 500 mcg/ml soln prsyr, 500 mcg/ml solution, 1000 mcg/ml solution)	3	SP, PN (34 DAYS SUPPLY PER FILL)
SANDOSTATIN LAR DEPOT (20 MG KIT, 30 MG KIT)	6	PA, SP, PN (MIN 28 DAY SUPPLY; MAX 34 DAY SUPPLY)
SANDOSTATIN LAR DEPOT 10 MG KIT	6	PA, SP, PN (MIN 28 DAY SUPPLY; MAX 34 DAY SUPPLY)
SIGNIFOR	6	PA, LA, QL (60 ml per 30 days), SP, PN (30 DAYS SUPPLY PER FILL)
SIGNIFOR LAR	6	PA, LA, SP, PN (MIN 28 DAY SUPPLY; MAX 34 DAY SUPPLY)
SOMATULINE DEPOT (60 MG/0.2ML SOLUTION, 90 MG/0.3ML SOLUTION)	6	SP, PN (MIN 28 DAY SUPPLY; MAX 60 DAY SUPPLY)
SOMATULINE DEPOT 120 MG/0.5ML SOLUTION	6	PA, SP, PN (MIN 28 DAY SUPPLY; MAX 60 DAY SUPPLY)
VASOPRESSIN RECEPTOR ANTAGONISTS		
JYNARQUE (30 & 15 MG TAB THPK, 45 & 15 MG TAB THPK, 60 & 30 MG TAB THPK, 90 & 30 MG TAB THPK)	6	PA, LA, QL (56 ea per 28 days), SP, PN (28 DAYS SUPPLY PER FILL)
tolvaptan (15 mg tab, 30 mg tab)	3	PA, SP
TOLVAPTAN 15 MG TAB	3	PA
ESTROGENS (CONTINUED)		
ESTROGEN COMBINATIONS		
amabelz	3	
ANGELIQ	5	
COMBIPATCH	4	
covaryx	5	
covaryx hs	3	
DUAVEE	5	PA
eemt	5	
eemt hs	3	
est estrogens-methyltest 0.625-1.25 mg tab	3	
est estrogens-methyltest 1.25-2.5 mg tab	5	
est estrogens-methyltest ds	5	

Drug Name	Drug Tier	Requirements/Limits
est estrogens-methyltest hs	3	
estradiol-norethindrone acet	3	
estratest f.s.	5	
estratest h.s.	3	
fyavolv	3	
jinteli	3	
lopreeza	3	
mimvey	3	
MYFEMBREE	6	PA, QL (28 ea per 28 day(s)), PN (28 DAYS SUPPLY PER FILL)
norethindrone-eth estradiol	3	
ORIAHNN	6	PA, QL (56 ea per 28 days), PN (28 DAYS SUPPLY PER FILL)
PREMPHASE	4	
PREMPRO	4	
ESTROGENS		
DELESTROGEN 10 MG/ML OIL	5	
dotti	3	
ELESTRIN	5	
estradiol (0.025 mg/24hr patch tw, 0.025 mg/24hr patch wk, 0.0375 mg/24hr patch tw, 0.0375 mg/24hr patch wk, 0.05 mg/24hr patch tw, 0.05 mg/24hr patch wk, 0.06 mg/24hr patch wk, 0.075 mg/24hr patch tw, 0.075 mg/24hr patch wk, 0.1 mg/24hr patch tw, 0.1 mg/24hr patch wk, 0.25 mg/0.25gm gel, 0.5 mg/0.5gm gel, 0.75 mg/0.75gm gel, 1 mg/gm gel, 1.25 mg/1.25gm gel)	3	
estradiol (0.5 mg tab, 1 mg tab, 2 mg tab)	2	
estradiol 0.75 mg/1.25 gm (0.06%) gel	3	PA
estradiol valerate (10 mg/ml oil, 20 mg/ml oil, 40 mg/ml oil)	3	
ESTROGEL	5	PA
EVAMIST	5	PA
lyllana	2	
MENEST (0.3 MG TAB, 0.625 MG TAB, 1.25 MG TAB)	5	PA
MENOSTAR	5	PA
PREMARIN (0.3 MG TAB, 0.45 MG TAB, 0.625 MG TAB, 0.9 MG TAB, 1.25 MG TAB)	4	

Drug Name	Drug Tier	Requirements/Limits
FLUOROQUINOLONES (CONTINUED)		
FLUOROQUINOLONES		
BAXDELA 450 MG TAB	6	PA, QL (28 ea per 14 days), PN (14 DAYS SUPPLY PER FILL)
CIPRO (250 MG/5ML (5%) RECON SUSP, 500 MG/5ML (10%) RECON SUSP)	4	
ciprofloxacin	3	
ciprofloxacin hcl (100 mg tab, 250 mg tab, 500 mg tab, 750 mg tab)	3	
levofloxacin (25 mg/ml solution, 250 mg tab, 500 mg tab, 750 mg tab)	3	
moxifloxacin hcl 400 mg tab	3	
OFLOXACIN (300 MG TAB, 400 MG TAB)	3	
GASTROINTESTINAL AGENTS - MISC. (CONTINUED)		
BILE ACID SYNTHESIS DISORDER AGENTS		
CHOLBAM	6	PA, LA, SP, PN (30 DAYS SUPPLY PER FILL)
GALLSTONE SOLUBILIZING AGENTS		
ursodiol (250 mg tab, 300 mg cap, 500 mg tab)	3	
GASTROINTESTINAL ANTIALLERGY AGENTS		
cromolyn sodium 100 mg/5ml conc	3	
GASTROINTESTINAL CHLORIDE CHANNEL ACTIVATORS		
lubiprostone	3	QL (2 ea per 1 days)
GASTROINTESTINAL STIMULANTS		
metoclopramide hcl (5 mg tab, 5 mg/5ml solution, 10 mg tab, 10 mg/10ml solution)	3	
METOCLOPRAMIDE HCL 5 MG TAB DISP	3	PA
HEPATOTROPICS		
REZDIFFRA	6	PA, QL (30 ea per 30 day(s)), SP, PN (30 DAYS SUPPLY PER FILL)
ILEAL BILE ACID TRANSPORTER (IBAT) INHIBITORS		
BYLVAY (PELLETS) 200 MCG CAP SPRINK	6	PA, LA, QL (36 ea per 1 days), SP, PN (34 DAYS SUPPLY PER FILL)
BYLVAY (PELLETS) 600 MCG CAP SPRINK	6	PA, LA, QL (12 ea per 1 days), SP, PN (34 DAYS SUPPLY PER FILL)

Drug Name	Drug Tier	Requirements/Limits
BYLVAY 1200 MCG CAP	6	PA, LA, QL (6 ea per 1 days), SP, PN (34 DAYS SUPPLY PER FILL)
BYLVAY 400 MCG CAP	6	PA, LA, QL (18 ea per 1 days), SP, PN (34 DAYS SUPPLY PER FILL)
INFLAMMATORY BOWEL AGENTS		
AVSOLA	6	PA, SP, PN (MIN 28 DAY SUPPLY; MAX 60 DAY SUPPLY)
balsalazide disodium	3	
CIMZIA	6	QL (1 ea per 28 days), PA-NSO, SP, PN (28 DAYS SUPPLY PER FILL)
CIMZIA (2 SYRINGE)	6	QL (1 ea per 28 days), PA-NSO, SP, PN (MIN 28 DAY SUPPLY; MAX 34 DAY SUPPLY)
CIMZIA-STARTER	6	QL (3 ea per 28 days), PA-NSO, SP, PN (MIN 42 DAY SUPPLY; MAX 60 DAY SUPPLY)
DIPENTUM	4	
ENTYVIO 108 MG/0.68ML SOLN A-INJ	6	PA, QL (1.36 ml per 28 day(s)), SP, PN (28 DAYS SUPPLY PER FILL)
ENTYVIO 300 MG RECON SOLN	6	PA, SP, PN (MIN 56 DAY SUPPLY; MAX 60 DAY SUPPLY)
INFLECTRA	6	PA, SP, PN (MIN 28 DAY SUPPLY; MAX 60 DAY SUPPLY)
mesalamine (1.2 gm tab dr, 4 gm enema, 400 mg cap dr, 800 mg tab dr, 1000 mg suppos)	3	
mesalamine er 0.375 gm cap er 24h	3	PA
mesalamine er 500 mg cap er	3	
mesalamine-cleanser	3	
OMVOH 100 MG/ML SOLN A-INJ	6	PA, QL (2 ml per 28 day(s)), SP, PN (28 DAYS SUPPLY PER FILL)
OMVOH 300 MG/15ML SOLUTION	6	PA, QL (45 ml per 56 day(s)), SP, PN (56 DAYS SUPPLY PER FILL)
PENTASA 250 MG CAP ER	4	
REMICADE	6	PA, SP, PN (MIN 28 DAY SUPPLY; MAX 60 DAY SUPPLY)
RENFLEXIS	6	PA, SP, PN (MIN 28 DAY SUPPLY; MAX 60 DAY SUPPLY)
SKYRIZI 180 MG/1.2ML SOLN CART	6	QL (1.2 ml per 56 day(s)), PA-NSO, SP, PN (MIN 56 DAY SUPPLY; MAX 60 DAY SUPPLY)

Drug Name	Drug Tier	Requirements/Limits
SKYRIZI 360 MG/2.4ML SOLN CART	6	QL (2.4 ml per 56 days), PA-NSO, SP, PN (MIN 56 DAY SUPPLY; MAX 60 DAY SUPPLY)
SKYRIZI 600 MG/10ML SOLUTION	6	PA, SP, PN (MIN 28 DAY SUPPLY; MAX 90 DAY SUPPLY)
STELARA 130 MG/26ML SOLUTION	6	PA, SP, PN (56 DAYS SUPPLY PER FILL)
sulfasalazine	3	
INTESTINAL ACIDIFIERS		
enulose	3	
generlac	3	
lactulose encephalopathy	3	
IRRITABLE BOWEL SYNDROME (IBS) AGENTS		
alosetron hcl	3	
LINZESS	4	QL (1 ea per 1 days)
LIVE FECAL MICROBIOTA		
REBYOTA	6	PA, SP, PN (34 DAYS SUPPLY PER FILL)
VOWST	6	PA, QL (12 ea per 30 day(s)), SP, PN (MAX 30 DAYS SUPPLY PER FILL)
PERIPHERAL OPIOID RECEPTOR ANTAGONISTS		
MOVANTIK	4	QL (1 ea per 1 days)
RELISTOR 12 MG/0.6ML SOLUTION	5	PA, QL (18 ml per 30 days), SP, PN (30 DAYS SUPPLY PER FILL)
RELISTOR 8 MG/0.4ML SOLUTION	5	PA, QL (6 ml per 30 days), SP, PN (30 DAYS SUPPLY PER FILL)
PHOSPHATE BINDER AGENTS		
AURYXIA	6	PA, QL (408 ea per 34 days), PN (34 DAYS SUPPLY PER FILL)
calcium acetate (phos binder)	3	
calcium acetate 667 mg tab	3	
FOSRENOL (750 MG PACKET, 1000 MG PACKET)	4	
lanthanum carbonate	3	
PHOSLYRA	5	PA
sevelamer carbonate	3	
sevelamer hcl	3	PA

Drug Name	Drug Tier	Requirements/Limits
VELPHORO	6	PA, PN (34 DAYS SUPPLY PER FILL)
SHORT BOWEL SYNDROME (SBS) AGENTS		
GATTEX	6	PA, QL (1 ea per 30 days), SP, PN (30 DAYS SUPPLY PER FILL)
TRYPTOPHAN HYDROXYLASE INHIBITORS		
XERMELO	6	PA, QL (84 ea per 28 days), SP, PN (28 DAYS SUPPLY PER FILL)
GENITOURINARY AGENTS - MISCELLANEOUS (CONTINUED)		
ALKALINIZERS		
CYTRA K CRYSTALS	3	
CYTRA-3	3	
cytra-k	3	
ORACIT	4	
ORAL CITRATE	4	
pot & sod cit-cit ac	3	
potassium citrate er	3	
potassium citrate-citric acid	3	
sod citrate-citric acid	3	
tricitrates	3	
CYSTINOSIS AGENTS		
CYSTAGON	4	LA, SP, PN (34 DAYS SUPPLY PER FILL)
PROCYSBI	6	PA, LA, SP, PN (34 DAYS SUPPLY PER FILL)
HYPEROXALURIA AGENTS		
OXLUMO	6	PA, LA, SP, PN (34 DAYS SUPPLY PER FILL)
IGA NEPHROPATHY (IGAN) AGENTS		
FILSPARI 200 MG TAB	6	PA, QL (30 ea per 30 day(s)), SP, PN (30 DAYS SUPPLY PER FILL)
FILSPARI 400 MG TAB	6	PA, QL (30 ea per 30 day(s)), SP, PN (MAX 30 DAYS SUPPLY PER FILL)
INTERSTITIAL CYSTITIS AGENTS		
ELMIRON	5	PA
PROSTATIC HYPERTROPHY AGENTS		
alfuzosin hcl er	3	

Drug Name	Drug Tier	Requirements/Limits
CARDURA XL	5	PA
dutasteride	3	
dutasteride-tamsulosin hcl	3	PA
finasteride 5 mg tab	2	
silodosin	3	PA
tamsulosin hcl	3	
URINARY STONE AGENTS		
LITHOSTAT	4	
GOUT AGENTS (CONTINUED)		
GOUT AGENT COMBINATIONS		
colchicine-probenecid	3	
GOUT AGENTS		
allopurinol (100 mg tab, 300 mg tab)	2	
colchicine 0.6 mg tab	3	
febuxostat	3	PA, QL (1 ea per 1 days)
KRYSTEXXA	6	PA, LA, QL (2 ml per 28 days), SP, PN (28 DAYS SUPPLY PER FILL)
URICOSURICS		
probenecid	3	
HEMATOLOGICAL AGENTS - MISC. (CONTINUED)		
AMINOLEVULINATE SYNTHASE 1-DIRECTED SIRNA		
GIVLAARI	6	PA, LA, SP, PN (34 DAYS SUPPLY PER FILL)
ANTIHEMOPHILIC PRODUCTS		
ADVATE	6	PA, SP, PN (34 DAYS SUPPLY PER FILL)
AFSTYLA	6	PA, SP, PN (34 DAYS SUPPLY PER FILL)
ALPHANATE	6	PA, SP, PN (34 DAYS SUPPLY PER FILL)
ALTUVIIIO	6	PA, SP, PN (34 DAYS SUPPLY PER FILL)
ELOCTATE	6	PA, SP, PN (34 DAYS SUPPLY PER FILL)
ESPEROCT	6	PA, SP, PN (34 DAYS SUPPLY PER FILL)
HEMGENIX	6	PA, LA, QL (1 ea per lifetime), SP

Drug Name	Drug Tier	Requirements/Limits
HEMLIBRA	6	PA, SP, PN (34 DAYS SUPPLY PER FILL)
HEMOFIL M	6	PA, SP, PN (34 DAYS SUPPLY PER FILL)
HUMATE-P	6	PA, SP, PN (34 DAYS SUPPLY PER FILL)
JIVI	6	PA, SP, PN (34 DAYS SUPPLY PER FILL)
KCENTRA	6	SP, PN (34 DAYS SUPPLY PER FILL)
KOATE	6	PA, SP, PN (34 DAYS SUPPLY PER FILL)
KOATE-DVI	6	PA, SP, PN (34 DAYS SUPPLY PER FILL)
KOGENATE FS	6	PA, SP, PN (34 DAYS SUPPLY PER FILL)
NOVOEIGHT	6	PA, SP, PN (34 DAYS SUPPLY PER FILL)
OBIZUR	6	PA, SP, PN (34 DAYS SUPPLY PER FILL)
RECOMBINATE	6	PA, SP, PN (34 DAYS SUPPLY PER FILL)
WILATE	6	PA, SP, PN (34 DAYS SUPPLY PER FILL)
XYNTHA	6	PA, SP, PN (34 DAYS SUPPLY PER FILL)
XYNTHA SOLOFUSE	6	PA, SP, PN (34 DAYS SUPPLY PER FILL)
BRADYKININ B2 RECEPTOR ANTAGONISTS		
icatibant acetate	6	PA, QL (9 ml per 30 days), SP, PN (30 DAYS SUPPLY PER FILL)
sajazir	6	PA, LA, QL (9 ml per 30 day(s)), SP, PN (30 DAYS SUPPLY PER FILL)
COMPLEMENT INHIBITORS		
BERINERT	6	PA, LA, SP, PN (34 DAYS SUPPLY PER FILL)
CINRYZE	6	PA, SP, PN (34 DAYS SUPPLY PER FILL)
EMPAVELI	6	PA, LA, SP, PN (28 DAYS SUPPLY PER FILL)
ENJAYMO	6	PA, SP, PN (34 DAYS SUPPLY PER FILL)
FABHALTA	6	PA, LA, QL (60 ea per 30 day(s)), SP, PN (30 DAYS SUPPLY PER FILL)
HAEGARDA 2000 UNIT RECON SOLN	6	PA, SP, PN (8 WEIGHT BASED DOSES / FILL; 28 DAYS SUPPLY PER FILL)
HAEGARDA 3000 UNIT RECON SOLN	6	PA, SP, PN (8 WEIGHT BASED DOSES / 28 DAYS; 28 DAYS SUPPLY PER FILL)
RUCONEST	6	PA, SP, PN (34 DAYS SUPPLY PER FILL)
SOLIRIS	6	PA, SP, PN (28 DAYS SUPPLY PER FILL)
ULTOMIRIS (300 MG/3ML SOLUTION, 1100 MG/11ML SOLUTION)	6	PA, SP, PN (34 DAYS SUPPLY PER FILL)

Drug Name	Drug Tier	Requirements/Limits
VEOPOZ	6	PA, LA, SP, PN (28 DAYS SUPPLY PER FILL)
HEMATAOLOGIC - TYROSINE KINASE INHIBITORS		
TAVALISSE	6	PA, QL (60 ea per 30 days), SP, PN (30 DAYS SUPPLY PER FILL)
HEMATOLOGICAL ENZYMES - MISC		
ADZYNMA	6	PA, LA, SP, PN (28 DAYS SUPPLY PER FILL)
HEMATORHEOLOGIC AGENTS		
pentoxifylline er	3	
PLASMA KALLIKREIN INHIBITORS		
KALBITOR	6	PA, SP, PN (34 DAYS SUPPLY PER FILL)
ORLADEYO	6	PA, LA, QL (28 ea per 28 days), SP, PN (28 DAYS SUPPLY PER FILL)
TAKHZYRO (300 MG/2ML SOLN PRSYR, 300 MG/2ML SOLUTION)	6	PA, QL (4 ml per 28 days), SP, PN (MIN 28 DAY SUPPLY; MAX 34 DAY SUPPLY)
TAKHZYRO 150 MG/ML SOLN PRSYR	6	PA, QL (2 ml per 28 day(s)), SP, PN (MIN 28 DAY SUPPLY; MAX 34 DAY SUPPLY)
PLASMA PROTEINS		
RYPLAZIM	6	PA, LA, SP, PN (34 DAYS SUPPLY PER FILL)
PLATELET AGGREGATION INHIBITORS		
anagrelide hcl	3	SP
aspirin-dipyridamole er	3	
BRILINTA	5	
CABLIVI	6	PA, QL (30 ea per 30 days), SP, PN (30 DAYS SUPPLY PER FILL)
cilostazol	3	
clopidogrel bisulfate	3	
dipyridamole (25 mg tab, 50 mg tab, 75 mg tab)	3	
prasugrel hcl	3	
ZONTIVITY	5	PA
PYRUVATE KINASE ACTIVATORS		
PYRUKYND	6	PA, LA, QL (56 ea per 28 days), SP, PN (28 DAYS SUPPLY PER FILL)
PYRUKYND TAPER PACK	6	PA, LA, QL (56 ea per 28 days), SP, PN (28 DAYS SUPPLY PER FILL)

Drug Name	Drug Tier	Requirements/Limits
HEMATOPOIETIC AGENTS (CONTINUED)		
AGENTS FOR GAUCHER DISEASE		
CEREZYME	6	PA, SP, PN (34 DAYS SUPPLY PER FILL)
ELELYSO	6	PA, SP, PN (34 DAYS SUPPLY PER FILL)
miglustat	6	PA, QL (90 ea per 30 days), SP, PN (30 DAYS SUPPLY PER FILL)
VPRIV	6	PA, SP, PN (34 DAYS SUPPLY PER FILL)
yargesa	6	PA, LA, QL (90 ea per 30 days), SP, PN (30 DAYS SUPPLY PER FILL)
AGENTS FOR SICKLE CELL DISEASE		
ADAKVEO	6	PA, SP, PN (34 DAYS SUPPLY PER FILL)
DROXIA	5	PA
ENDARI	6	PA, QL (180 ea per 30 day(s)), SP, PN (30 DAYS SUPPLY PER FILL)
l-glutamine 5 gm packet	6	PA, QL (180 ea per 30 day(s)), SP, PN (30 DAYS SUPPLY PER FILL)
SIKLOS	6	PA, SP, PN (34 DAYS SUPPLY PER FILL)
FOLIC ACID/FOLATES		
cvs folic acid	1	
folate	1	
folic acid (0.8 mg cap, 400 mcg tab, 800 mcg tab)	1	
folic acid 1 mg tab	3	
ft folic acid	1	
gnp folic acid	1	
hm folic acid	1	
kp folic acid 800 mcg tab	1	
px folic acid	1	
qc folic acid	1	
ra folic acid	1	
sm folic acid	1	
true folic acid 400 mcg tab	1	
yl folic acid	1	

Drug Name	Drug Tier	Requirements/Limits
HEMATOPOIETIC GROWTH FACTORS		
ARANESP (ALBUMIN FREE)	6	PA, SP, PN (34 DAYS SUPPLY PER FILL)
DOPTELET	6	PA, QL (60 ea per 30 days), SP, PN (30 DAYS SUPPLY PER FILL)
EPOGEN	6	PA, SP, PN (34 DAYS SUPPLY PER FILL)
FULPHILA	6	PA, QL (0.043 ml per 1 days), SP
FYLNETRA	6	PA, QL (0.043 ml per 1 day(s)), SP, PN (MAX 14 DAYS SUPPLY PER FILL)
LEUKINE	6	PA, SP, PN (34 DAYS SUPPLY PER FILL)
MIRCERA (30 MCG/0.3ML SOLN PRSYR, 50 MCG/0.3ML SOLN PRSYR, 75 MCG/0.3ML SOLN PRSYR, 100 MCG/0.3ML SOLN PRSYR, 150 MCG/0.3ML SOLN PRSYR, 200 MCG/0.3ML SOLN PRSYR)	6	PA, LA, SP, PN (30 DAYS SUPPLY PER FILL)
MIRCERA 120 MCG/0.3ML SOLN PRSYR	6	PA, LA, SP, PN (34 DAYS SUPPLY PER FILL)
MULPLETA	6	PA, QL (7 ea per fill), SP
NEULASTA	6	PA, QL (56 ea per 28 days), SP
NEULASTA ONPRO	6	PA, QL (28 ea per 28 days), SP
NEUPOGEN	6	PA, SP, PN (34 DAYS SUPPLY PER FILL)
NIVESTYM	6	PA, SP, PN (34 DAYS SUPPLY PER FILL)
NPLATE	6	PA, SP, PN (30 DAYS SUPPLY PER FILL)
NYVEPRIA	6	PA, QL (0.043 ml per 1 days), SP
PROCRIT (2000 UNIT/ML SOLUTION, 3000 UNIT/ML SOLUTION, 4000 UNIT/ML SOLUTION, 10000 UNIT/ML SOLUTION, 20000 UNIT/ML SOLUTION)	6	PA, SP, PN (34 DAYS SUPPLY PER FILL)
PROCRIT 40000 UNIT/ML SOLUTION	6	PA, SP, PN (34 DAYS SUPPLY PER FILL)
PROMACTA	6	PA, SP, PN (30 DAYS SUPPLY PER FILL)
REBLOZYL	6	PA, SP, PN (30 DAYS SUPPLY PER FILL)
RELEUKO	6	PA, SP, PN (34 DAYS SUPPLY PER FILL)
RETACRIT (2000 UNIT/ML SOLUTION, 3000 UNIT/ML SOLUTION, 4000 UNIT/ML SOLUTION, 10000 UNIT/ML SOLUTION, 20000 UNIT/ML SOLUTION)	6	PA, SP, PN (34 DAYS SUPPLY PER FILL)
RETACRIT 40000 UNIT/ML SOLUTION	6	PA, SP, PN (34 DAYS SUPPLY PER FILL)
ROLVEDON	6	PA, QL (0.043 ml per 1 day(s)), SP, PN (MAX 14 DAYS SUPPLY PER FILL)
STIMUFEND	6	PA, QL (0.043 ml per 1 day(s)), SP, PN (MAX 14 DAYS SUPPLY PER FILL)

Drug Name	Drug Tier	Requirements/Limits
UDENYCA	6	PA, QL (0.043 ml per 1 days), SP
UDENYCA ONBODY	6	PA, QL (0.043 ml per 1 day(s)), SP
ZIEXTENZO	6	PA, QL (0.043 ml per 1 days), SP
IRON		
bprotected pedia iron	3	
fe-vite iron	3	
ferrous sulfate (75 (15 fe) mg/ml solution, 220 (44 fe) mg/5ml solution, 300 mg/6.8ml solution)	3	
ferumoxytol	6	LA, SP, PN (34 DAYS SUPPLY PER FILL)
INJECTAFER	6	SP, PN (34 DAYS SUPPLY PER FILL)
iron (ferrous sulfate) 75 (15 fe) mg/ml solution	3	
iron infant & toddler	3	
iron infant/toddler	3	
iron supplement	3	
iron supplement childrens	3	
one vite ferrous sulfate	3	
pc pediatric iron drops	3	
STEM CELL MOBILIZERS		
APHEXDA	6	PA, SP, PN (30 DAYS SUPPLY PER FILL)
MOZOBIL	6	SP, PN (30 DAYS SUPPLY PER FILL)
XOLREMDI	6	PA, LA, QL (120 ea per 30 day(s)), SP, PN (30 DAYS SUPPLY PER FILL)
HEMOSTATICS (CONTINUED)		
HEMOSTATICS - SYSTEMIC		
tranexamic acid 650 mg tab	3	
HYPNOTICS/SEDATIVES/SLEEP DISORDER AGENTS (CONTINUED)		
BARBITURATE HYPNOTICS		
phenobarbital (15 mg tab, 16.2 mg tab, 20 mg/5ml elixir, 30 mg tab, 32.4 mg tab, 60 mg tab, 64.8 mg tab, 97.2 mg tab, 100 mg tab)	3	
SEZABY	6	PN (5 DAYS SUPPLY PER FILL)
HYPNOTICS - TRICYCLIC AGENTS		
doxepin hcl (3 mg tab, 6 mg tab)	3	

Drug Name	Drug Tier	Requirements/Limits
NON-BARBITURATE HYPNOTICS		
EDLUAR	5	PA
estazolam	3	
eszopiclone	3	
midazolam hcl 2 mg/ml syrup	3	
QUAZEPAM	3	
temazepam	3	
triazolam	3	
zaleplon	3	
zolpidem tartrate (1.75 mg sl tab, 3.5 mg sl tab)	3	PA
zolpidem tartrate (5 mg tab, 10 mg tab)	3	
zolpidem tartrate er	3	
SELECTIVE MELATONIN RECEPTOR AGONISTS		
ramelteon	3	ST
LAXATIVES (CONTINUED)		
LAXATIVE COMBINATIONS		
CLENPIQ	5	PN ($0 copay for members age 45-75 years)
GAVILYTE-C	3	PN ($0 copay for members age 45-75 years)
gavilyte-g	3	PN ($0 copay for members age 45-75 years)
gavilyte-n with flavor pack	3	PN ($0 copay for members age 45-75 years)
na sulfate-k sulfate-mg sulf	3	PN ($0 copay for members age 45-75 years)
peg 3350-kcl-na bicarb-nacl	3	PN ($0 copay for members age 45-75 years)
peg-3350/electrolytes	3	PN ($0 copay for members age 45-75 years)
peg-3350/electrolytes/ascorbat	3	PN ($0 copay for members age 45-75 years)
peg-kcl-nacl-nasulf-na asc-c	3	PN ($0 copay for members age 45-75 years)
PLENVU	5	PN ($0 copay for members age 45-75 years)

Drug Name	Drug Tier	Requirements/Limits
trilyte	3	PN ($0 copay for members age 45-75 years)
LAXATIVES - MISCELLANEOUS		
constulose	3	
KRISTALOSE	4	PA
lactulose (10 gm packet, 10 gm/15ml solution, 20 gm/30ml solution)	3	
SALINE LAXATIVES		
OSMOPREP	5	PA, PN ($0 copay for members age 45-75 years)
MACROLIDES (CONTINUED)		
AZITHROMYCIN		
azithromycin (1 gm packet, 100 mg/5ml recon susp, 200 mg/5ml recon susp, 250 mg tab, 500 mg tab, 600 mg tab)	3	
CLARITHROMYCIN		
CLARITHROMYCIN (125 MG/5ML RECON SUSP, 250 MG TAB, 250 MG/5ML RECON SUSP, 500 MG TAB)	3	
clarithromycin er	3	
ERYTHROMYCINS		
E.E.S. 400	3	
ery-tab	3	
ERYTHROCIN STEARATE	3	
erythromycin (250 mg tab dr, 333 mg tab dr, 500 mg tab dr)	3	
erythromycin base (250 mg cp dr part, 250 mg tab, 250 mg tab dr, 333 mg tab dr, 500 mg tab, 500 mg tab dr)	3	
erythromycin ethylsuccinate (200 mg/5ml recon susp, 400 mg tab, 400 mg/5ml recon susp)	3	
FIDAXOMICIN		
DIFICID 200 MG TAB	5	PA, QL (20 ea per fill)
DIFICID 40 MG/ML RECON SUSP	5	PA, QL (150 ml per fill)
MEDICAL DEVICES AND SUPPLIES (CONTINUED)		
CONTRACEPTIVES		
CAYA	1	

Drug Name	Drug Tier	Requirements/Limits
FC2 FEMALE CONDOM	1	
FEMCAP	1	
OMNIFLEX DIAPHRAGM	1	
WIDE-SEAL DIAPHRAGM 60	1	
WIDE-SEAL DIAPHRAGM 65	1	
WIDE-SEAL DIAPHRAGM 70	1	
WIDE-SEAL DIAPHRAGM 75	1	
WIDE-SEAL DIAPHRAGM 80	1	
WIDE-SEAL DIAPHRAGM 85	1	
WIDE-SEAL DIAPHRAGM 90	1	
WIDE-SEAL DIAPHRAGM 95	1	
DIABETIC SUPPLIES		
1ST TIER UNILET COMFORTOUCH	4	
ACCU-CHEK FASTCLIX LANCET	4	
ACCU-CHEK FASTCLIX LANCETS	4	
ACCU-CHEK SAFE-T PRO LANCETS	4	
ACCU-CHEK SOFTCLIX LANCET DEV	4	
ACCU-CHEK SOFTCLIX LANCETS	4	
ACTI-LANCE 28G	4	
ACTI-LANCE LITE LANCETS 28G	4	
ACTI-LANCE SPECIAL LANCETS 17G	4	
ACTI-LANCE UNIVERSAL 23G	4	
ADJUSTABLE LANCING DEVICE	4	
ADVANCED MOBILE LANCET	4	
ADVOCATE LANCETS	4	
ADVOCATE LANCETS 30G	4	
ADVOCATE LANCING DEVICE	4	
ADVOCATE RAPID-SAFE LANCING	4	
ADVOCATE SAFETY LANCETS	4	
ADVOCATE SAFETY LANCETS 26G	4	
AGAMATRIX ULTRA-THIN LANCETS	4	

Drug Name	Drug Tier	Requirements/Limits
AIMSCO TWIST LANCETS 32G	4	
AIMSCO TWIST LANCETS 33G	4	
ALTERNATE SITE LANCING DEVICE	4	
AQUA LANCE ADJUSTABLE LANCING	4	
AQUALANCE LANCETS 30G	4	
ASSURE COMFORT LANCETS 28G	4	
ASSURE HAEMOLANCE PLUS HIGH	4	
ASSURE HAEMOLANCE PLUS LOW	4	
ASSURE HAEMOLANCE PLUS MICRO	4	
ASSURE HAEMOLANCE PLUS NORMAL	4	
ASSURE HAEMOLANCE PLUS PED	4	
ASSURE LANCE LANCETS	4	
ASSURE LANCE LANCETS 21G	4	
ASSURE LANCE PLUS SAFETY 25G	4	
ASSURE LANCE PLUS SAFETY 30G	4	
ASSURE LANCE SAFETY LANCET 28G	4	
ASSURE LANCETS	4	
AURORA LANCET SUPER THIN 30G	4	
AURORA LANCET THIN 23G	4	
AUTO-LANCET	4	
AUTO-LANCET MINI	4	
AUTOLET LANCING DEVICE	4	
AUTOLET LITE CLINISAFE	4	
AUTOLET MINI	4	
AUTOLET PLATFORMS	4	
AUTOLET PLUS	4	
BD LANCET ULTRAFINE 30G	4	
BD LANCET ULTRAFINE 33G	4	
BD MICROTAINER LANCETS	4	
BULLSEYE MINI SAFETY LANCETS	4	
BULLSEYE SAFETY LANCETS	4	

Drug Name	Drug Tier	Requirements/Limits
CARDIOCOM LANCING DEVICE	4	
CAREONE ADVANCED LANCING DEV	4	
CAREONE LANCET SUPER THIN 30G	4	
CAREONE LANCET THIN 23G	4	
CARESENS LANCETS	4	
CARESENS LANCETS 30G	4	
CARETOUCH LANCING/EJECTOR	4	
CARETOUCH SAFETY LANCETS	4	
CARETOUCH SAFETY LANCETS 26G	4	
CARETOUCH TWIST LANCETS 28G	4	
CARETOUCH TWIST LANCETS 30G	4	
CARETOUCH TWIST LANCETS 33G	4	
CARETOUCH TWIST MC LANCETS 30G	4	
CHOSEN LANCETS 30G	4	
CHOSEN LANCING DEVICE	4	
CHOSEN SAFETY LANCETS 28G	4	
CLEANLET LANCETS 28G	4	
CLEVER CHEK LANCETS	4	
CLEVER CHOICE COMFORT EZ MISC	4	
CLEVER CHOICE LANCETS 21G	4	
CLEVER CHOICE LANCETS 23G	4	
CLEVER CHOICE LANCETS 28G	4	
COAGUCHEK LANCETS	4	
COMFORT ASSURED LANCETS 28G	4	
COMFORT ASSURED LANCETS 33G	4	
COMFORT LANCETS	4	
COMFORT TOUCH LANCETS 31G	4	
COMFORT TOUCH PLUS LANCETS 28G	4	
COMFORT TOUCH PLUS LANCETS 30G	4	
COMFORT TOUCH TWIST LANCET 30G	4	
CVS LANCETS 21G	4	

Drug Name	Drug Tier	Requirements/Limits
CVS LANCETS MICRO THIN 33G	4	
CVS LANCETS ORIGINAL	4	
CVS LANCETS THIN 26G	4	
CVS LANCETS ULTRA THIN 30G	4	
CVS LANCETS ULTRA-THIN 30G	4	
CVS LANCING DEVICE	4	
CVS ULTRA THIN LANCETS	4	
DEXCOM G6 RECEIVER	4	QL (1 ea per 730 days)
DEXCOM G6 SENSOR	4	QL (0.1 ea per 1 day(s))
DEXCOM G6 TRANSMITTER	4	QL (1 ea per 90 days), PN (90 DAYS SUPPLY PER FILL)
DEXCOM G7 RECEIVER	4	QL (1 ea per 730 days)
DEXCOM G7 SENSOR	4	QL (0.1 ea per 1 day(s))
DIATHRIVE LANCET ULTRA THIN 30	4	
DIATHRIVE LANCETS	4	
DIATHRIVE LANCING DEVICE	4	
DROPLET GENTEEL LANCING DEVICE	4	
DROPLET LANCETS ULTRA THIN 30G	4	
DROPLET LANCING DEVICE	4	
DROPLET PERSONAL LANCETS 30G	4	
DRUG MART LANCETS THIN 26G	4	
DRUG MART LANCING DEVICE	4	
DRUG MART ON-THE-GO LANCET 30G	4	
DRUG MART UNILET LANCETS 28G	4	
DRUG MART UNILET LANCETS 30G	4	
DRUG MART UNILET LANCETS 33G	4	
E-Z JECT LANCET MICRO-THIN 33G	4	
E-Z JECT LANCET SUPER THIN 30G	4	
E-Z JECT LANCETS	4	
E-Z JECT LANCETS 21G	4	
E-Z JECT LANCETS THIN 26G	4	

Drug Name	Drug Tier	Requirements/Limits
EASY COMFORT LANCETS	4	
EASY COMFORT LANCETS TWIST TOP	4	
EASY MINI EJECT LANCING DEVICE	4	
EASY MINI LANCING DEVICE	4	
EASY TOUCH LANCETS 21G	4	
EASY TOUCH LANCETS 23G	4	
EASY TOUCH LANCETS 26G	4	
EASY TOUCH LANCETS 28G	4	
EASY TOUCH LANCETS 28G/TWIST	4	
EASY TOUCH LANCETS 30G	4	
EASY TOUCH LANCETS 30G/TWIST	4	
EASY TOUCH LANCETS 32G	4	
EASY TOUCH LANCETS 32G/TWIST	4	
EASY TOUCH LANCETS 33G/TWIST	4	
EASY TOUCH LANCING DEVICE	4	
EASY TOUCH SAFETY LANCETS 21G	4	
EASY TOUCH SAFETY LANCETS 23G	4	
EASY TOUCH SAFETY LANCETS 26G	4	
EASY TOUCH SAFETY LANCETS 28G	4	
EASY TWIST & CAP LANCETS	4	
EMBRACE LANCETS ULTRA THIN 30G	4	
EMBRACE LANCING DEVICE/EJECTOR	4	
EMBRACE PRESSURE ACTIVATED 21G	4	
EMBRACE PRESSURE ACTIVATED 28G	4	
EQL COLOR LANCETS 21G	4	
EQL COLOR LANCETS MICRO 33G	4	
EQL SUPER THIN LANCETS 30G	4	
EQL THIN LANCETS 26G	4	
EZ-LETS LANCETS 21G	4	
EZ-LETS LANCETS 26G	4	
EZ-LETS LANCETS 28G	4	

Drug Name	Drug Tier	Requirements/Limits
EZ-LETS LANCETS 30G	4	
FIFTY50 SAFETY SEAL LANCETS	4	
FIFTY50 UNILET LANCETS 33G	4	
FINE 30	4	
FINGERSTIX LANCETS	4	
FORA LANCETS	4	
FORA LANCING DEVICE	4	
FREDS PHARMACY AUTOLET LANCING	4	
FREDS PHARMACY UNILET LANC 28G	4	
FREDS PHARMACY UNILET LANC 30G	4	
FREESTYLE LANCETS	4	
FREESTYLE LIBRE 14 DAY READER	4	QL (1 ea per 730 days)
FREESTYLE LIBRE 14 DAY SENSOR	4	QL (0.072 ea per 1 day(s))
FREESTYLE LIBRE 2 PLUS SENSOR	4	QL (0.067 ea per 1 day(s))
FREESTYLE LIBRE 2 READER	4	QL (1 ea per 730 days)
FREESTYLE LIBRE 2 SENSOR	4	QL (0.072 ea per 1 day(s))
FREESTYLE LIBRE 3 PLUS SENSOR	4	QL (0.067 ea per 1 day(s))
FREESTYLE LIBRE 3 READER	4	QL (1 ea per 730 day(s))
FREESTYLE LIBRE 3 SENSOR	4	QL (0.072 ea per 1 day(s))
FREESTYLE LIBRE READER	4	QL (1 ea per 730 days)
FREESTYLE LIBRE SENSOR SYSTEM	4	QL (0.072 ea per 1 day(s))
FREESTYLE UNISTICK II LANCETS	4	
GENTEEL BUTTERFLY TOUCH LANCET	4	
GENTEEL LANCING KIT (BLUE)	4	
GENTEEL PLUS LANCING (BLACK)	4	
GENTEEL PLUS LANCING (PURPLE)	4	
GENTEEL PLUS LANCING (WHITE)	4	
GENTEEL PLUS LANCING DEV(BLUE)	4	
GENTEEL PLUS LANCING DEV(PINK)	4	
GENTLE-LET GP LANCETS	4	
GENTLE-LET LANCETS	4	

Drug Name	Drug Tier	Requirements/Limits
GLOBAL INJECT EASE LANCETS 28G	4	
GLOBAL INJECT EASE LANCETS 30G	4	
GLOBAL LANCING DEVICE	4	
GLUCOCOM LANCETS 28G	4	
GLUCOCOM LANCETS 30G	4	
GLUCOCOM LANCETS 33G	4	
GNP LANCETS 21G	4	
GNP LANCETS THIN	4	
GNP LANCETS THIN 26G	4	
GNP LANCING SYSTEM DEVICE	4	
GNP STERILE LANCETS 28G	4	
GNP STERILE LANCETS 30G	4	
GNP STERILE LANCETS 33G	4	
GOJJI LANCING DEVICE/CLEAR CAP	4	
GOJJI STERILE LANCETS	4	
GOODSENSE COLOR LANCETS 33G	4	
GOODSENSE LANCETS 26G UNIV	4	
GOODSENSE LANCETS 30G	4	
GOODSENSE LANCETS 30G UNIV	4	
GOODSENSE LANCETS 33G	4	
GOODSENSE LANCETS 33G UNIV	4	
GOODSENSE LANCING DEVICE	4	
H-E-B INCONTROL ADV LANCING	4	
H-E-B INCONTROL LANCETS 28G	4	
H-E-B INCONTROL LANCETS 30G	4	
H-E-B INCONTROL LANCETS 33G	4	
HAEMOLANCE	4	
HAEMOLANCE LOW FLOW LANCETS	4	
HAEMOLANCE PLUS	4	
HAEMOLANCE PLUS HIGH FLOW	4	
HAEMOLANCE PLUS LOW FLOW	4	

Drug Name	Drug Tier	Requirements/Limits
HAEMOLANCE PLUS MAX FLOW	4	
HAEMOLANCE PLUS PEDIATRIC FLOW	4	
HEALTH CARE LANCING DEVICE	4	
HEALTHY ACCENTS LANCING DEVICE	4	
HEALTHY ACCENTS UNILET LANCETS	4	
HY-VEE LANCETS	4	
HY-VEE THIN LANCETS	4	
HYPOLANCE AST LANCING	4	
IHEALTH LANCING DEVICE	4	
IN TOUCH LANCING DEVICE	4	
IN TOUCH STERILE LANCETS 30G	4	
KINNEY LANCETS	4	
KINNEY THIN LANCETS	4	
KROGER AUTOLET LANCING DEVICE	4	
KROGER HEALTHPRO LANCET 26G	4	
KROGER LANCETS	4	
KROGER LANCETS 21G	4	
KROGER LANCETS MICRO THIN 33G	4	
KROGER LANCETS SUPER THIN	4	
KROGER LANCETS THIN	4	
KROGER LANCETS THIN 26G	4	
KROGER LANCETS ULTRATHIN 30G	4	
KROGER LANCING DEVICE	4	
LANCET DEVICE	4	
LANCET DEVICE WITH EJECTOR	4	
LANCET TRANSPORTER CASE	4	
LANCETS	4	
LANCETS 28G	4	
LANCETS 30G	4	
LANCETS 33G	4	
LANCETS MICRO THIN 33G	4	

Drug Name	Drug Tier	Requirements/Limits
LANCETS SUPER THIN	4	
LANCETS SUPER THIN 28G	4	
LANCETS THIN	4	
LANCETS ULTRA FINE	4	
LANCETS ULTRA THIN	4	
LANCETS ULTRA THIN 30G	4	
LANCING DEVICE	4	
LANZO	4	
LEADER ADVANCED LANCING DEVICE	4	
LIBERTY MEDICAL LANCETS	4	
LIBERTY MINI LANCING DEVICE	4	
LIFESCAN UNISTIK 2	4	
LIFESCAN UNISTIK II LANCETS	4	
LITE TOUCH LANCETS	4	
LITE TOUCH LANCING PEN	4	
LITETOUCH LANCETS	4	
LIVE BETTER ADV LANCING DEVICE	4	
LIVE BETTER LANCET SUPER THIN	4	
LIVE BETTER LANCET ULTRA THIN	4	
LONGS LANCETS STANDARD	4	
LONGS LANCETS THIN	4	
LONGS LANCETS ULTRA THIN	4	
MEDICHOICE SAFETY LANCET	4	
MEDICHOICE SAFETY LANCET EXTRA	4	
MEDICHOICE SAFETY LANCET NORM	4	
MEDISENSE THIN LANCETS	4	
MEDLANCE EXTRA 21G	4	
MEDLANCE LITE 25G	4	
MEDLANCE PLUS EXTRA 21G	4	
MEDLANCE PLUS LANCETS	4	
MEDLANCE PLUS LITE 25G	4	

Drug Name	Drug Tier	Requirements/Limits
MEDLANCE PLUS SPECIAL 0.8MM	4	
MEDLANCE PLUS SUPERLITE 30G	4	
MEDLANCE PLUS UNIVERSAL 21G	4	
MEDLANCE UNIVERSAL 21G	4	
MEIJER LANCETS	4	
MEIJER LANCETS THIN	4	
MEIJER LANCETS UNIVERSAL 21G	4	
MEIJER LANCETS UNIVERSAL 30G	4	
MEIJER LANCETS UNIVERSAL 33G	4	
MEIJER SUPER THIN LANCETS	4	
MICROLET LANCETS	4	
MICROLET NEXT LANCING DEVICE	4	
MINI LANCING DEVICE	4	
MM LANCING DEVICE	4	
MM TWIST LANCETS	4	
MONOLET LANCETS	4	
MONOLET OPD LANCETS	4	
MONOLETTOR SAFETY LANCETS	4	
MPD SAFETY LANCET 21G	4	
MPD SAFETY LANCET 23G	4	
MPD SAFETY LANCET 28G	4	
MPD SAFETY LANCET 30G	4	
MULTI-LANCET DEVICE	4	
MULTI-LANCET DEVICE 2	4	
MYGLUCOHEALTH LANCETS 30G	4	
NOVA SAFETY LANCETS 23G	4	
NOVA SAFETY LANCETS 28G	4	
NOVA SUREFLEX LANCETS	4	
NOVA SUREFLEX LANCING DEVICE	4	
OMNIPOD 5 DEXG7G6 PODS GEN 5	4	
OMNIPOD 5 G6 INTRO (GEN 5)	4	

Drug Name	Drug Tier	Requirements/Limits
OMNIPOD 5 G6 PODS (GEN 5)	4	
OMNIPOD 5 G7 INTRO (GEN 5)	4	
OMNIPOD 5 G7 PODS (GEN 5)	4	
OMNIPOD 5 LIBRE2 PLUS G6	4	
OMNIPOD 5 LIBRE2 PLUS G6 PODS	4	
OMNIPOD 5 PACK	4	
OMNIPOD CLASSIC PDM (GEN 3)	4	
OMNIPOD DASH INTRO (GEN 4)	4	
OMNIPOD DASH PDM (GEN 4)	4	
OMNIPOD DASH PODS (GEN 4)	4	
ONETOUCH CLUB LANCETS FINE PT	4	
ONETOUCH DELICA LANCETS 30G	4	
ONETOUCH DELICA LANCETS 33G	4	
ONETOUCH DELICA LANCING DEV	4	
ONETOUCH DELICA PLUS LANCET30G	4	
ONETOUCH DELICA PLUS LANCET33G	4	
ONETOUCH DELICA PLUS LANCING	4	
ONETOUCH DELICA SAFETY LANCING	4	
ONETOUCH FINEPOINT LANCETS	4	
ONETOUCH SURESOFT LANCING DEV	4	
ONETOUCH ULTRA 2	1	QL (1 meter per 2 years)
ONETOUCH ULTRA MINI	1	QL (1 meter per 2 years)
ONETOUCH ULTRASOFT 2 LANCETS	4	
ONETOUCH ULTRASOFT LANCETS	4	
ONETOUCH VERIO FLEX SYSTEM W/DEVICE KIT	1	QL (1 meter per 2 years)
ONETOUCH VERIO REFLECT	1	QL (1 meter per 2 years)
ONETOUCH VERIO W/DEVICE KIT	1	QL (1 meter per 2 years)
PC LANCETS SUPER THIN 30G	4	
PERFECT LANCETS 28G	4	
PERFECT LANCETS 30G	4	
PERFECT POINT SAFETY LANCETS	4	

Drug Name	Drug Tier	Requirements/Limits
PHARMACIST CHOICE LANCETS	4	
PHARMACY COUNTER LANCETS	4	
PIP LANCETS 28G	4	
PIP LANCETS 30G	4	
PRECISION THINS GP LANCETS	4	
PREFERRED PLUS LANCETS COLORED	4	
PREFERRED PLUS LANCETS THIN	4	
PRESSURE ACTIVAT SAFETY LANCET	4	
PRO COMFORT LANCETS 30G	4	
PRO COMFORT LANCETS 31G	4	
PRO COMFORT SAFETY LANCETS 30G	4	
PRODIGY LANCETS 28G	4	
PRODIGY LANCING DEVICE	4	
PRODIGY SAFETY LANCETS 26G	4	
PRODIGY TWIST TOP LANCETS 28G	4	
PSS SELECT GP LANCETS	4	
PSS SELECT SAFETY LANCETS	4	
PURE COMFORT LANCETS 30G	4	
PUSH BUTTON SAFETY LANCETS	4	
PUSH BUTTON SAFETY LANCETS 28G	4	
PX ADVANCED LANCING DEVICE	4	
PX LANCET AUTO INJECTOR	4	
PX LANCETS MICROTHIN 33G	4	
PX LANCETS ULTRA THIN	4	
PX LANCETS ULTRA THIN 28G	4	
QC ADVANCED LANCING DEVICE	4	
QC LANCETS SUPER THIN 30G	4	
QC LANCETS ULTRA THIN	4	
QC UNILET LANCETS 28G	4	
QC UNILET LANCETS MICRO THIN	4	
RA E-ZJECT LANCETS 28G	4	

Drug Name	Drug Tier	Requirements/Limits
RA E-ZJECT LANCETS THIN 26G	4	
RA E-ZJECT LANCETS THIN 28G	4	
RA E-ZJECT LANCETS ULTRA THIN	4	
READYLANCE SAFETY LANCETS	4	
REALITY LANCETS	4	
REALITY TRIGGER LANCETS	4	
RELION LANCET DEVICES 30G	4	
RELION LANCETS	4	
RELION LANCETS MICRO-THIN 33G	4	
RELION LANCETS THIN 26G	4	
RELION LANCETS ULTRA-THIN 30G	4	
RELION LANCING DEVICE	4	
RELION ULTRA THIN LANCETS 30G	4	
RELION ULTRA THIN PLUS LANCETS	4	
REXALL LANCETS ULTRA THIN 30G	4	
RIGHTEST GD500 LANCING DEVICE	4	
RIGHTEST GL300 LANCETS	4	
SAFE-T-LANCE	4	
SAFE-T-LANCE PLUS	4	
SAFETY LANCET 21G/PRESSURE ACT	4	
SAFETY LANCET 23G/PRESSURE ACT	4	
SAFETY LANCET 28G/PRESSURE ACT	4	
SAFETY LANCET 30G/PRESSURE ACT	4	
SAFETY LANCETS	4	
SAFETY LANCETS 21G	4	
SAFETY LANCETS 23G	4	
SAFETY LANCETS 28G	4	
SAFETY LET LANCETS	4	
SAFETY SEAL LANCETS	4	
SAPS HEALTH PLUS LANCETS	4	
SAPS HEALTH TWIST TOP LANCETS	4	

Drug Name	Drug Tier	Requirements/Limits
SAPS TWIST TOP LANCETS	4	
SAPSCARE TWIST TOP LANCETS	4	
SB LANCETS THIN	4	
SB LANCETS ULTRA THIN	4	
SELECT-LITE DEVICE/LANCETS	4	
SELECT-LITE LANCING DEVICE	4	
SHOPKO AUTOLET LANCING DEVICE	4	
SHOPKO ON-THE-GO LANCETS 30G	4	
SHOPKO UNILET LANCETS 28G	4	
SHOPKO UNILET LANCETS 30G	4	
SIDE BUTTON SAFETY LANCET	4	
SIMPLE DIAGNOSTICS LANCING DEV	4	
SINGLE-LET	4	
SM LANCETS 33G	4	
SM TRUEDRAW LANCING DEVICE	4	
SMART DIABETES VANTAGE LANCING	4	
SMART SENSE COLOR LANCETS 33G	4	
SMART SENSE STANDARD LANCETS	4	
SMART SENSE SUPER THIN LANCETS	4	
SMART SENSE THIN LANCETS 26G	4	
SMARTEST LANCETS 28G	4	
SOLUS V2 LANCETS 28G	4	
SOLUS V2 LANCING DEVICE	4	
SOLUS V2 TWIST LANCETS 30G	4	
STERILANCE PA	4	
STERILANCE TL	4	
SUPER THIN LANCETS	4	
SURE COMFORT LANCETS 18G	4	
SURE COMFORT LANCETS 21G	4	
SURE COMFORT LANCETS 23G	4	
SURE COMFORT LANCETS 28G	4	

Drug Name	Drug Tier	Requirements/Limits
SURE COMFORT LANCETS 30G	4	
SURE COMFORT LANCING PEN	4	
SURE-LANCE FLAT LANCETS	4	
SURE-LANCE LANCETS 26G	4	
SURE-LANCE THIN LANCETS 28G	4	
SURE-LANCE ULTRA THIN LANCETS	4	
SURE-PEN	4	
SURE-TOUCH LANCETS UNIVERSAL	4	
SURELITE LANCETS	4	
TECHLITE AST LANCETS	4	
TECHLITE LANCETS	4	
TECHLITE LANCETS 26G	4	
TECHLITE LANCETS 30G	4	
TGT LANCET MICRO THIN 33G	4	
TGT LANCET THIN 26G	4	
TGT LANCET ULTRA THIN 30G	4	
TGT LANCING DEVICE	4	
THINLETS GP LANCETS	4	
TODAYS HEALTH LANCING DEVICE	4	
TODAYS HEALTH THIN LANCETS 28G	4	
TODAYS HEALTH THIN LANCETS 30G	4	
TOPCARE LANCETS MICRO-THIN 33G	4	
TRAVEL LANCETS	4	
TRAVEL LANCETS ADVANCED 28G	4	
TRUE COMFORT SAFETY LANCETS	4	
TRUE COMFORT TWIST TOP LANCETS	4	
TRUEDRAW LANCING DEVICE	4	
TRUEPLUS LANCETS 26G	4	
TRUEPLUS LANCETS 28G	4	
TRUEPLUS LANCETS 30G	4	
TRUEPLUS LANCETS 33G	4	

Drug Name	Drug Tier	Requirements/Limits
TRUEPLUS SAFETY LANCETS 28G	4	
TWIST TOP LANCETS 30G	4	
ULTI-LANCE AUTOMATIC	4	
ULTILET CLASSIC LANCETS	4	
ULTILET LANCETS	4	
ULTILET SAFETY LANCETS	4	
ULTILET SAFETY LANCETS 23G	4	
ULTRA THIN LANCETS 31G	4	
ULTRA-CARE LANCETS 30G	4	
ULTRA-THIN II AUTO LANCET	4	
ULTRA-THIN II LANCETS	4	
ULTRALANCE	4	
UNILET COMFORTOUCH LANCET	4	
UNILET EXCELITE	4	
UNILET EXCELITE II	4	
UNILET G.P. LANCET	4	
UNILET G.P. SUPERLITE LANCET	4	
UNILET GP 28 ULTRA THIN	4	
UNILET LANCET	4	
UNILET MICRO-THIN 33G	4	
UNILET SUPER-THIN 30G	4	
UNILET SUPERLITE LANCET	4	
UNILET ULTRA-THIN 28G	4	
UNISTIK 1	4	
UNISTIK 2	4	
UNISTIK 2 COMFORT	4	
UNISTIK 2 EXTRA	4	
UNISTIK 2 NEONATAL	4	
UNISTIK 2 NORMAL	4	
UNISTIK 2 SUPER	4	
UNISTIK 3	4	

Drug Name	Drug Tier	Requirements/Limits
UNISTIK 3 COMFORT	4	
UNISTIK 3 EXTRA	4	
UNISTIK 3 GENTLE	4	
UNISTIK 3 NEONATAL	4	
UNISTIK 3 NORMAL	4	
UNISTIK CZT COMFORT	4	
UNISTIK CZT NORMAL	4	
UNISTIK NORMAL	4	
UNISTIK PRO SAFETY LANCET	4	
UNISTIK SAFETY LANCETS 28G	4	
UNISTIK SAFETY LANCETS 30G	4	
UNISTIK TOUCH SAFETY LANC 21G	4	
UNISTIK TOUCH SAFETY LANC 23G	4	
UNISTIK TOUCH SAFETY LANC 28G	4	
UNISTIK TOUCH SAFETY LANC 30G	4	
UNIVERSAL 1 LANCETS THIN 26G	4	
UNIVERSAL 1 LANCETS THIN 33G	4	
UNIVERSAL 1 LANCETS ULTRA THIN	4	
V-GO 20	4	QL (1 ea per 1 days)
V-GO 30	4	QL (1 ea per 1 days)
V-GO 40	4	QL (1 ea per 1 days)
VALUE PLUS LANCET STANDARD 21G	4	
VALUE PLUS LANCETS SUPER THIN	4	
VALUE PLUS LANCETS THIN 26G	4	
VALUE PLUS LANCING DEVICE	4	
VALUMARK LANCET SUPER THIN 30G	4	
VALUMARK LANCET ULTRA THIN 28G	4	
VERIFINE SAFE LANCET MINI 21G	4	
VERIFINE SAFE LANCET MINI 23G	4	
VERIFINE SAFE LANCET MINI 28G	4	
VERIFINE SAFE LANCET MINI 30G	4	

Drug Name	Drug Tier	Requirements/Limits
VERIFINE UNIVERSAL LANCETS 28G	4	
VERIFINE UNIVERSAL LANCETS 30G	4	
VERIFINE UNIVERSAL LANCETS 33G	4	
VIDA MIA AUTOLET LANCING DEV	4	
VIDA MIA UNILET LANCETS 28G	4	
VIDA MIA UNILET LANCETS 30G	4	
VIVAGUARD LANCETS	4	
VIVAGUARD LANCETS 30G	4	
VIVAGUARD LANCING DEVICE	4	
VIVAGUARD SAFETY LANCETS 28G	4	
WALGREENS ADV TRAVEL LANCETS	4	
WALGREENS LANCETS	4	
WALGREENS LANCETS MICRO THIN	4	
WALGREENS LANCETS SUPER THIN	4	
WALGREENS THIN LANCETS	4	
WALGREENS ULTRA THIN LANCETS	4	
ZEVRX TWIST TOP LANCETS 30G	4	
MISC. DEVICES		
ADVOCATE ALCOHOL PREP PADS	4	
ALCOH-GLOVE CONTOURED WIPE	4	
ALCOH-WIPE	4	
ALCOHOL PADS	4	
ALCOHOL PREP	4	
ALCOHOL PREP PADS	4	
ALCOHOL PREPS	4	
ALCOHOL SWABS	4	
ALCOHOL SWABSTICK	4	
APLICARE ALCOHOL SWABSTICK	4	
AUM ALCOHOL PREP PADS	4	
BD SWAB SINGLE USE REGULAR	4	
BD SWABS SINGLE USE BUTTERFLY	4	

Drug Name	Drug Tier	Requirements/Limits
CARETOUCH ALCOHOL PREP	4	
COMFORT TOUCH ALCOHOL PREP	4	
CURITY ALCOHOL PREPS	4	
CVS ALCOHOL PREP PADS	4	
CVS PREP	4	
DROPSAFE ALCOHOL PREP	4	
EASY COMFORT ALCOHOL PADS	4	
EASY TOUCH ALCOHOL PREP MEDIUM	4	
EQL ALCOHOL SWABS	4	
ESSENTRA WIPES 9X9"	4	
FIFTY50 ALCOHOL PREP	4	
GLOBAL ALCOHOL PREP EASE	4	
GNP ALCOHOL SWABS	4	
H-E-B INCONTROL ALCOHOL	4	
HM STERILE ALCOHOL PREP	4	
MEIJER ALCOHOL SWABS	4	
PHARMACIST CHOICE ALCOHOL	4	
PRO COMFORT ALCOHOL	4	
PURE COMFORT ALCOHOL PREP	4	
QC ALCOHOL SWABS	4	
RA ALCOHOL SWABS	4	
REALITY SWABS	4	
RELION ALCOHOL SWABS	4	
SAPS CARE ALCOHOL PREP	4	
SAPS HEALTH ALCOHOL PREP	4	
SAPS HEALTH CARE ALCOHOL PREP	4	
SB ALCOHOL PREP	4	
SM ALCOHOL PREP (70 % PAD, PAD)	4	
SURE COMFORT ALCOHOL PREP	4	
SURE-PREP ALCOHOL PREP	4	
TRUE COMFORT ALCOHOL PREP PADS	4	

Drug Name	Drug Tier	Requirements/Limits
TRUE COMFORT PRO ALCOHOL PREP	4	
ULTICARE ALCOHOL SWABS	4	
ULTILET ALCOHOL SWABS	4	
ULTRA-CARE ALCOHOL PREP PADS	4	
WEBCOL ALCOHOL PREP LARGE	4	
WEBCOL ALCOHOL PREP MEDIUM	4	
ZEVRX STERILE ALCOHOL PREP PAD	4	
OPTICAL AND OPHTHALMIC SUPPLIES		
SUSVIMO OCULAR IMPLANT	6	PA, QL (2 ea per lifetime), SP
PARENTERAL THERAPY SUPPLIES		
1ST TIER UNIFINE PENTIPS	4	
1ST TIER UNIFINE PENTIPS PLUS	4	
ABOUTTIME PEN NEEDLE	4	
ADVOCATE INSULIN PEN NEEDLE	4	
ADVOCATE INSULIN PEN NEEDLES	4	
ADVOCATE INSULIN SYRINGE	4	
AQ INSULIN SYRINGE	4	
AQINJECT PEN NEEDLE	4	
ASSURE ID DUO PRO PEN NEEDLES	4	
ASSURE ID INSULIN SAFETY SYR	4	
ASSURE ID PRO PEN NEEDLES	4	
ASSURE ID SAFETY PEN NEEDLES	4	
AUM INSULIN SAFETY PEN NEEDLE	4	
AUM MINI INSULIN PEN NEEDLE	4	
AUM PEN NEEDLE	4	
AUM READYGARD DUO PEN NEEDLE	4	
AUM SAFETY PEN NEEDLE	4	
AURORA PEN NEEDLES	4	
AURORA UNIFINE PENTIPS	4	
BD AUTOSHIELD	4	
BD AUTOSHIELD DUO	4	

Drug Name	Drug Tier	Requirements/Limits
BD INSULIN SYR ULTRAFINE II	4	
BD INSULIN SYRINGE	4	
BD INSULIN SYRINGE HALF-UNIT	4	
BD INSULIN SYRINGE MICROFINE	4	
BD INSULIN SYRINGE U-500	4	
BD INSULIN SYRINGE U/F	4	
BD INSULIN SYRINGE U/F 1/2UNIT	4	
BD INSULIN SYRINGE ULTRAFINE	4	
BD LUER-LOK SYRINGE 20G X 1" 1 ML MISC	4	
BD PEN NEEDLE MICRO U/F	4	
BD PEN NEEDLE MINI U/F	4	
BD PEN NEEDLE NANO 2ND GEN	4	
BD PEN NEEDLE NANO U/F	4	
BD PEN NEEDLE ORIGINAL U/F	4	
BD PEN NEEDLE SHORT U/F	4	
BD SAFETY-LOK INSULIN SYRINGE	4	
BD SAFETYGLIDE INSULIN SYRINGE	4	
BD VEO INSULIN SYR U/F 1/2UNIT	4	
BD VEO INSULIN SYRINGE U/F	4	
CAREFINE PEN NEEDLES	4	
CAREONE INSULIN SYRINGE	4	
CAREONE UNIFINE PENTIPS	4	
CAREONE UNIFINE PENTIPS PLUS	4	
CARETOUCH INSULIN SYRINGE	4	
CARETOUCH PEN NEEDLES	4	
CEQUR SIMPLICITY 2U	4	QL (10 ea per 30 days), AL (21 to 999 yrs old)
CLEVER CHOICE COMFORT EZ (29G X 12MM MISC, 33G X 4 MM MISC)	4	
CLICKFINE PEN NEEDLES	4	
COMFORT ASSIST INSULIN SYRINGE	4	
COMFORT EZ INSULIN SYRINGE	4	

Drug Name	Drug Tier	Requirements/Limits
COMFORT EZ MICRO PEN NEEDLES	4	
COMFORT EZ PEN NEEDLES	4	
COMFORT EZ PRO PEN NEEDLES	4	
COMFORT EZ SHORT PEN NEEDLES	4	
COMFORT TOUCH INSULIN PEN NEED	4	
DIATHRIVE PEN NEEDLE	4	
DROPLET INSULIN SYRINGE	4	
DROPLET MICRON	4	
DROPLET PEN NEEDLES	4	
DROPSAFE SAFETY PEN NEEDLES	4	
DROPSAFE SAFETY SYRINGE/NEEDLE (29G X 1/2" 1 ML MISC, 31G X 15/64" 0.3 ML MISC, 31G X 5/16" 0.3 ML MISC, 31G X 5/16" 0.5 ML MISC, 31G X 5/16" 1 ML MISC)	4	
DRUG MART UNIFINE PENTIPS	4	
DRUG MART UNIFINE PENTIPS PLUS	4	
EASY COMFORT INSULIN SYRINGE (30G X 1/2" 0.5 ML MISC, 30G X 1/2" 1 ML MISC, 30G X 5/16" 0.5 ML MISC, 30G X 5/16" 1 ML MISC, 31G X 5/16" 0.3 ML MISC, 31G X 5/16" 0.5 ML MISC, 31G X 5/16" 1 ML MISC, 32G X 5/16" 0.5 ML MISC, 32G X 5/16" 1 ML MISC)	4	
EASY COMFORT PEN NEEDLES	4	
EASY GLIDE PEN NEEDLES	4	
EASY TOUCH FLIPLOCK INSULIN SY	4	
EASY TOUCH INSULIN SAFETY SYR	4	
EASY TOUCH INSULIN SYRINGE	4	
EASY TOUCH PEN NEEDLES	4	
EASY TOUCH SAFETY PEN NEEDLES	4	
EASY TOUCH SHEATHLOCK SYRINGE (29G X 1/2" 1 ML MISC, 30G X 1/2" 1 ML MISC, 30G X 5/16" 1 ML MISC, 31G X 5/16" 1 ML MISC)	4	
EMBRACE PEN NEEDLES	4	
EQL INSULIN SYRINGE	4	
EXEL COMFORT POINT INSULIN SYR	4	
EXEL COMFORT POINT PEN NEEDLE	4	
FIFTY50 PEN NEEDLES	4	

Drug Name	Drug Tier	Requirements/Limits
FIFTY50 SUPERIOR COMFORT SYR	4	
FREDS PHARMACY UNIFINE PENTIP+	4	
FREDS PHARMACY UNIFINE PENTIPS	4	
FREESTYLE PRECISION INS SYR	4	
GLOBAL EASE INJECT PEN NEEDLES	4	
GLOBAL EASY GLIDE INSULIN SYR	4	
GLOBAL EASY GLIDE PEN NEEDLES	4	
GLOBAL INJECT EASE INSULIN SYR	4	
GLOBAL INSULIN SYRINGES	4	
GLUCOPRO INSULIN SYRINGE	4	
GNP CLICKFINE PEN NEEDLES	4	
GNP INSULIN SYRINGE	4	
GNP INSULIN SYRINGES	4	
GNP INSULIN SYRINGES 28GX1/2"	4	
GNP INSULIN SYRINGES 29GX1/2"	4	
GNP INSULIN SYRINGES 30GX5/16"	4	
GNP INSULIN SYRINGES 31GX5/16"	4	
GNP ULTICARE PEN NEEDLES	4	
GNP ULTIGUARD SAFEPACK NEEDLE	4	
GNP ULTRA COM INSULIN SYRINGE	4	
GOODSENSE CLICKFINE PEN NEEDLE	4	
GOODSENSE PEN NEEDLE PENFINE	4	
H-E-B INCONTROL PEN NEEDLES	4	
H-E-B INCONTROL UNIFINE PENTIP	4	
HEALTHWISE INSULIN SYR/NEEDLE	4	
HEALTHWISE MICRON PEN NEEDLES	4	
HEALTHWISE MINI PEN NEEDLES	4	
HEALTHWISE PEN NEEDLES	4	
HEALTHWISE SHORT PEN NEEDLES	4	
HEALTHWISE UNIFINE PENTIPS	4	
HEALTHY ACCENTS UNIFINE PENTIP	4	

Drug Name	Drug Tier	Requirements/Limits
HM ULTICARE INSULIN SYRINGE	4	
HM ULTICARE MINI PEN NEEDLES	4	
HM ULTICARE SHORT PEN NEEDLES	4	
INCONTROL ULTICARE PEN NEEDLES	4	
INSULIN SYRINGE	4	
INSULIN SYRINGE-NEEDLE U-100	4	
INSULIN SYRINGE/NEEDLE	4	
INSUPEN PEN NEEDLES	4	
INSUPEN SENSITIVE	4	
INSUPEN ULTRAFIN	4	
KINRAY INSULIN SYRINGE	4	
KMART VALU INSULIN SYRINGE 29G	4	
KMART VALU INSULIN SYRINGE 30G	4	
KROGER INSULIN SYRINGE	4	
KROGER PEN NEEDLES	4	
LEADER INSULIN SYRINGE	4	
LEADER UNIFINE PENTIPS	4	
LEADER UNIFINE PENTIPS PLUS	4	
LITETOUCH INSULIN SYRINGE	4	
LITETOUCH PEN NEEDLES	4	
LONGS INSULIN SYRINGE	4	
MAGELLAN INSULIN SAFETY SYR	4	
MARATHON MEDICAL PENTIPS	4	
MAXI-COMFORT INSULIN SYRINGE	4	
MAXI-COMFORT SAFETY PEN NEEDLE	4	
MAXICOMFORT II PEN NEEDLE	4	
MAXICOMFORT SYR 27G X 1/2"	4	
MEDIC INSULIN SYRINGE	4	
MEDICINE SHOPPE PEN NEEDLES	4	
MEIJER PEN NEEDLES	4	
MICRODOT PEN NEEDLE	4	

Drug Name	Drug Tier	Requirements/Limits
MM INSULIN SYRINGE/NEEDLE	4	
MM PEN NEEDLES	4	
MONOJECT INSULIN SYRINGE	4	
MONOJECT ULTRA COMFORT SYRINGE	4	
MS INSULIN SYRINGE	4	
NOVOFINE AUTOCOVER PEN NEEDLE	4	
NOVOFINE PEN NEEDLE	4	
NOVOFINE PLUS PEN NEEDLE	4	
NOVOTWIST PEN NEEDLE	4	
PC UNIFINE PENTIPS	4	
PEN NEEDLE/5-BEVEL TIP	4	
PEN NEEDLES	4	
PEN NEEDLES 3/16"	4	
PEN NEEDLES 5/16"	4	
PENTIPS	4	
PENTIPS GENERIC PEN NEEDLES	4	
PIP PEN NEEDLES 31G X 5MM	4	
PIP PEN NEEDLES 32G X 4MM	4	
PRECISION SURE-DOSE SYRINGE	4	
PRECISION SUREDOSE PLUS SYR	4	
PREFERRED PLUS INSULIN SYRINGE	4	
PREFERRED PLUS UNIFINE PENTIPS	4	
PREVENT DROPSAFE PEN NEEDLES	4	
PREVENT SAFETY PEN NEEDLES	4	
PRO COMFORT INSULIN SYRINGE	4	
PRO COMFORT PEN NEEDLES	4	
PRODIGY INSULIN SYRINGE	4	
PURE COMFORT PEN NEEDLE	4	
PURE COMFORT SAFETY PEN NEEDLE	4	
PX EXTRA SHORT PEN NEEDLES	4	
PX INSULIN SYRINGE	4	

Drug Name	Drug Tier	Requirements/Limits
PX MINI PEN NEEDLES	4	
PX PEN NEEDLE	4	
PX SHORTLENGTH PEN NEEDLES	4	
QC PEN NEEDLES	4	
QC UNIFINE PENTIPS	4	
RA INSULIN SYRINGE	4	
RA PEN NEEDLES	4	
RAYA SURE PEN NEEDLE	4	
REALITY INSULIN SYRINGE	4	
RELION INSULIN SYRINGE	4	
RELION MINI PEN NEEDLES	4	
RELION PEN NEEDLES	4	
RELION SHORT PEN NEEDLES	4	
SAFETY INSULIN SYRINGES	4	
SAFETY PEN NEEDLES	4	
SB INSULIN SYRINGE	4	
SECURESAFE INSULIN SYRINGE	4	
SECURESAFE SAFETY PEN NEEDLES	4	
SHOPKO UNIFINE PENTIPS	4	
SHOPKO UNIFINE PENTIPS PLUS	4	
SURE COMFORT INSULIN SYRINGE	4	
SURE COMFORT PEN NEEDLES	4	
SURE-FINE PEN NEEDLES	4	
SURE-JECT INSULIN SYRINGE	4	
TECHLITE INSULIN SYRINGE	4	
TECHLITE PEN NEEDLES	4	
TECHLITE PLUS PEN NEEDLES	4	
TODAYS HEALTH MINI PEN NEEDLES	4	
TODAYS HEALTH PEN NEEDLES	4	
TODAYS HEALTH SHORT PEN NEEDLE	4	
TOPCARE CLICKFINE PEN NEEDLES	4	

Drug Name	Drug Tier	Requirements/Limits
TOPCARE ULTRA COMFORT INS SYR	4	
TRUE COMFORT INSULIN SYRINGE	4	
TRUE COMFORT PEN NEEDLES	4	
TRUE COMFORT PRO INSULIN SYR	4	
TRUE COMFORT PRO PEN NEEDLES	4	
TRUEPLUS 5-BEVEL PEN NEEDLES	4	
TRUEPLUS INSULIN SYRINGE	4	
TRUEPLUS PEN NEEDLES	4	
ULTICARE INSULIN SAFETY SYR	4	
ULTICARE INSULIN SYR 1/2 UNIT	4	
ULTICARE INSULIN SYRINGE	4	
ULTICARE MICRO PEN NEEDLES	4	
ULTICARE MINI PEN NEEDLES	4	
ULTICARE PEN NEEDLES	4	
ULTICARE SHORT PEN NEEDLES	4	
ULTIGUARD SAFEPACK PEN NEEDLE	4	
ULTIGUARD SAFEPACK SYR/NEEDLE	4	
ULTILET INSULIN SYRINGE	4	
ULTILET INSULIN SYRINGE SHORT	4	
ULTILET PEN NEEDLE	4	
ULTRA COMFORT INSULIN SYRINGE	4	
ULTRA FLO INSULIN PEN NEEDLES	4	
ULTRA FLO INSULIN SYR 1/2 UNIT	4	
ULTRA FLO INSULIN SYRINGE	4	
ULTRA THIN PEN NEEDLES	4	
ULTRA-THIN II INS SYR SHORT	4	
ULTRA-THIN II INSULIN SYRINGE	4	
ULTRA-THIN II MINI PEN NEEDLE	4	
ULTRA-THIN II PEN NEEDLE SHORT	4	
ULTRA-THIN II PEN NEEDLES	4	
ULTRACARE INSULIN SYRINGE	4	

Drug Name	Drug Tier	Requirements/Limits
ULTRACARE PEN NEEDLES	4	
UNIFINE PEN NEEDLES	4	
UNIFINE PENTIPS	4	
UNIFINE PENTIPS PLUS	4	
UNIFINE PROTECT PEN NEEDLE	4	
UNIFINE SAFECONTROL PEN NEEDLE	4	
UNIFINE ULTRA PEN NEEDLE	4	
VALUE HEALTH INSULIN SYRINGE	4	
VALUMARK PEN NEEDLES	4	
VANISHPOINT INSULIN SYRINGE	4	
VERIFINE INSULIN PEN NEEDLE	4	
VERIFINE INSULIN SYRINGE	4	
VERIFINE PLUS PEN NEEDLE	4	
VIDA MIA UNIFINE PENTIPS	4	
VP INSULIN SYRINGE	4	
WEGMANS UNIFINE PENTIPS PLUS	4	
ZEVRX INSULIN SYRINGE	4	
ZEVRX PEN NEEDLES	4	
RESPIRATORY THERAPY SUPPLIES		
ADULT MASK LARGE	4	
OPTICHAMBER DIAMOND MISC	4	
OPTICHAMBER DIAMOND-LG MASK	4	
OPTICHAMBER DIAMOND-MD MASK	4	
OPTICHAMBER DIAMOND-SM MASK	4	
MIGRAINE PRODUCTS (CONTINUED)		
CALCITONIN GENE-RELATED PEPTIDE (CGRP) RECEPTOR ANTAG		
AIMOVIG	4	PA, QL (1 ml per 28 days)
AJOVY	6	PA, QL (1.5 ml per 28 days), PN (MIN 30 DAY SUPPLY; MAX 90 DAY SUPPLY)
EMGALITY	4	PA, QL (1 ml per 28 days)
EMGALITY (300 MG DOSE)	4	PA, QL (3 ml per 28 days)

Drug Name	Drug Tier	Requirements/Limits
NURTEC	4	PA, QL (18 ea per 30 days)
QULIPTA (30 MG TAB, 60 MG TAB)	4	PA, QL (60 ea per 30 days)
QULIPTA 10 MG TAB	4	PA, QL (30 ea per 30 days)
UBRELVY	4	PA, QL (16 ea per 30 days), PN (30 DAYS SUPPLY PER FILL)
MIGRAINE COMBINATIONS		
ERGOTAMINE-CAFFEINE	3	
MIGERGOT	3	
sumatriptan-naproxen sodium	3	PA, QL (16 ea per 28 days)
MIGRAINE PRODUCTS		
dihydroergotamine mesylate	3	
SEROTONIN AGONISTS		
almotriptan malate	3	PA, QL (16 ea per 28 days)
eletriptan hydrobromide	3	PA, QL (16 ea per 28 days)
frovatriptan succinate	3	PA, QL (16 ea per 28 days)
naratriptan hcl	3	QL (16 ea per 28 days)
rizatriptan benzoate	3	QL (16 ea per 28 days)
sumatriptan	3	QL (16 ea per 28 days)
sumatriptan succinate (25 mg tab, 50 mg tab, 100 mg tab)	3	QL (16 ea per 28 day(s))
sumatriptan succinate (4 mg/0.5ml soln a-inj, 6 mg/0.5ml soln a-inj, 6 mg/0.5ml solution)	3	QL (8 ml per 28 days)
sumatriptan succinate refill	3	QL (8 ml per 28 days)
ZOLMITRIPTAN (2.5 MG SOLUTION, 5 MG SOLUTION)	3	PA, QL (16 ea per 28 days)
zolmitriptan (2.5 mg tab, 2.5 mg tab disp, 5 mg tab, 5 mg tab disp)	3	QL (16 ea per 28 days)
zomig (2.5 mg tab, 5 mg tab)	3	QL (16 ea per 28 days)
ZOMIG 2.5 MG SOLUTION	3	PA, QL (16 ea per 28 days)
MINERALS ELECTROLYTES (CONTINUED)		
FLUORIDE		
FLORIVA 0.25-400 MG-UNIT/ML LIQUID	3	
FLUORABON	3	PN ($0 Copay for 6 months through 16 years of age)

Drug Name	Drug Tier	Requirements/Limits
fluoritab	3	
FLURA-DROPS	3	
nafrinse	3	PN ($0 Copay for 6 months through 16 years of age)
NAFRINSE DROPS	3	
SODIUM FLUORIDE (0.5 MG/ML SOLUTION, 1.1 (0.5 F) MG/ML SOLUTION)	3	PN ($0 Copay for 6 months through 16 years of age)
sodium fluoride (0.55 (0.25 f) mg chew tab, 1.1 (0.5 f) mg chew tab, 2.2 (1 f) mg chew tab)	3	PN ($0 Copay for 6 months through 16 years of age)
PHOSPHATE		
K-PHOS	4	
phospha 250 neutral	3	
phospho-trin 250 neutral	3	
phospho-trin k500	4	
phosphorous	3	
virt-phos 250 neutral	3	
wes-phos 250 neutral	3	
POTASSIUM		
effer-k 25 meq effer tab	3	
k-prime	3	
klor-con (8 tab er, 20 packet)	3	
klor-con 10	3	
klor-con m10	3	
klor-con m15	3	
klor-con m20	3	
klor-con sprinkle	3	
klor-con/ef	3	
potassium chloride (10 % solution, 20 meq packet, 20 meq/15ml (10%) solution, 40 meq/15ml (20%) solution)	3	
potassium chloride crys er	3	
potassium chloride er (8 cap er, 8 tab er, 10 cap er, 10 tab er, 20 tab er)	3	
MISCELLANEOUS THERAPEUTIC CLASSES (CONTINUED)		
CHELATING AGENTS		
penicillamine 250 mg cap	3	PA, SP

Drug Name	Drug Tier	Requirements/Limits
penicillamine 250 mg tab	3	SP
trientine hcl 250 mg cap	6	PA, SP, PN (34 DAYS SUPPLY PER FILL)
ENZYMES		
XIAFLEX	6	PA, SP, PN (34 DAYS SUPPLY PER FILL)
IMMUNOMODULATORS		
JOENJA	6	PA, LA, QL (12 ea per 30 day(s)), SP, PN (MAX 30 DAYS SUPPLY PER FILL)
lenalidomide (15 mg cap, 20 mg cap, 25 mg cap)	1	QL (21 ea per 28 days), PA-NSO, SP, PN (MIN 21 DAY SUPPLY; MAX 34 DAY SUPPLY)
lenalidomide (2.5 mg cap, 5 mg cap, 10 mg cap)	1	QL (28 ea per 28 days), PA-NSO, SP, PN (MIN 21 DAY SUPPLY; MAX 34 DAY SUPPLY)
REVLIMID 2.5 MG CAP	1	QL (28 ea per 28 days), PA-NSO, SP, PN (MIN 21 DAY SUPPLY; MAX 34 DAY SUPPLY)
REVLIMID 20 MG CAP	1	QL (21 ea per 28 days), PA-NSO, SP, PN (MIN 21 DAY SUPPLY; MAX 34 DAY SUPPLY)
REZUROCK	6	PA, QL (30 ea per 30 days), SP, PN (30 DAYS SUPPLY PER FILL)
THALOMID	6	PA, SP, PN (34 DAYS SUPPLY PER FILL)
VYVGART	6	PA, SP, PN (34 DAYS SUPPLY PER FILL)
VYVGART HYTRULO	6	PA, QL (22.4 ml per 50 days), SP, PN (50 DAYS SUPPLY PER FILL)
IMMUNOSUPPRESSIVE AGENTS		
azasan	3	PA
azathioprine (75 mg tab, 100 mg tab)	3	PA
azathioprine 50 mg tab	3	
cyclosporine (25 mg cap, 100 mg cap)	3	
cyclosporine modified (25 mg cap, 50 mg cap, 100 mg cap, 100 mg/ml solution)	3	
ENSPRYNG	6	PA, QL (1 ml per 28 days), SP, PN (28 DAYS SUPPLY PER FILL)
ENVARSUS XR	5	
everolimus (0.25 mg tab, 0.5 mg tab, 0.75 mg tab)	3	PA, QL (28 ea per 28 days), PN (28 DAYS SUPPLY PER FILL)

Drug Name	Drug Tier	Requirements/Limits
everolimus 1 mg tab	3	PA
GAMIFANT	6	PA, LA, SP, PN (34 DAYS SUPPLY PER FILL)
gengraf (25 mg cap, 100 mg cap, 100 mg/ml solution)	3	
LUPKYNIS	6	PA, LA, QL (180 ea per 30 days), SP, PN (30 DAYS SUPPLY PER FILL)
mycophenolate mofetil (200 mg/ml recon susp, 250 mg cap, 500 mg tab)	3	
mycophenolate sodium	3	
mycophenolic acid	3	
NULOJIX	6	PA, PN (34 DAYS SUPPLY PER FILL)
PROGRAF (0.2 MG PACKET, 0.5 MG CAP, 1 MG CAP, 1 MG PACKET, 5 MG CAP)	5	
SANDIMMUNE 100 MG/ML SOLUTION	5	PA
sirolimus (0.5 mg tab, 1 mg tab, 2 mg tab)	3	
sirolimus 1 mg/ml solution	3	PA
tacrolimus (0.5 mg cap, 1 mg cap, 5 mg cap)	3	
UPLIZNA	6	PA, QL (30 ml per 180 days), SP, PN (MIN 168 DAY SUPPLY; MAX 180 DAY SUPPLY)
LYMPHATIC AGENTS		
SYLVANT	6	PA, SP, PN (34 DAYS SUPPLY PER FILL)
PIK3CA-RELATED OVERGROWTH SPECTRUM (PROS) AGENTS		
VIJOICE (125 MG TAB THPK, 200 & 50 MG TAB THPK)	6	PA, QL (56 ea per 28 days), SP, PN (28 DAYS SUPPLY PER FILL)
VIJOICE 50 MG PACKET	6	PA, QL (28 ea per 28 day(s)), SP, PN (28 DAYS SUPPLY PER FILL)
VIJOICE 50 MG TAB THPK	6	PA, QL (28 ea per 28 days), SP, PN (28 DAYS SUPPLY PER FILL)
POTASSIUM REMOVING AGENTS		
kionex	3	
LOKELMA 10 GM PACKET	5	PA, QL (1.14 ea per 1 days)
LOKELMA 5 GM PACKET	5	PA, QL (1 ea per 1 days)
sodium polystyrene sulfonate (15 gm/60ml suspension, powder)	3	
sps (sodium polystyrene sulf) (15 gm/60ml suspension, 30 gm/120ml suspension)	3	

Drug Name	Drug Tier	Requirements/Limits
VELTASSA (8.4 GM PACKET, 16.8 GM PACKET, 25.2 GM PACKET)	5	PA, QL (1 ea per 1 days)
PROGERIA TREATMENT AGENTS		
ZOKINVY	6	PA, LA, SP, PN (34 DAYS SUPPLY PER FILL)
SYSTEMIC LUPUS ERYTHEMATOSUS AGENTS		
BENLYSTA (120 MG RECON SOLN, 400 MG RECON SOLN)	6	PA, SP, PN (34 DAYS SUPPLY PER FILL)
BENLYSTA 200 MG/ML SOLN A-INJ	6	PA, QL (4 ml per 28 days), SP, PN (MIN 28 DAY SUPPLY; MAX 34 DAY SUPPLY)
BENLYSTA 200 MG/ML SOLN PRSYR	6	PA, QL (4 ml per 28 days), SP, PN (28 DAYS SUPPLY PER FILL)
SAPHNELO	6	PA, QL (2 ml per 28 days), SP, PN (28 DAYS SUPPLY PER FILL)
UREMIC PRURITUS AGENTS		
KORSUVA	6	PA, PN (34 DAYS SUPPLY PER FILL)
MOUTH/THROAT/DENTAL AGENTS (CONTINUED)		
ANESTHETICS TOPICAL ORAL		
FIRST-MOUTHWASH BLM	5	
LIDOCAINE HCL 4 % SOLUTION	3	
lidocaine viscous hcl	3	
ANTI-INFECTIVES - THROAT		
clotrimazole 10 mg troche	3	
nystatin 100000 unit/ml suspension	3	
ORAVIG	5	PA
ANTISEPTICS - MOUTH/THROAT		
chlorhexidine gluconate 0.12 % solution	3	
paroex	3	
periogard	3	
DENTAL PRODUCTS		
cavarest	3	PN ($0 Copay for 6 months through 16 years of age)
denta 5000 plus	3	PN ($0 Copay for 6 months through 16 years of age)
DENTA 5000 PLUS SENSITIVE	3	PN ($0 Copay for 6 months through 16 years of age)

Drug Name	Drug Tier	Requirements/Limits
dentagel	3	PN ($0 Copay for 6 months through 16 years of age)
FLUORIDEX SENSITIVITY RELIEF	3	PN ($0 Copay for 6 months through 16 years of age)
FLUORIMAX 5000 SENSITIVE	3	PN ($0 Copay for 6 months through 16 years of age)
fraiche 5000 dental	3	PN ($0 Copay for 6 months through 16 years of age)
just right 5000 1.1 % gel	3	PN ($0 Copay for 6 months through 16 years of age)
sf	3	PN ($0 Copay for 6 months through 16 years of age)
sf 5000 plus	3	PN ($0 Copay for 6 months through 16 years of age)
SOD FLUORIDE-POTASSIUM NITRATE	3	PN ($0 Copay for 6 months through 16 years of age)
sodium fluoride (0.2 % solution, 1.1 % cream, 1.1 % gel)	3	PN ($0 Copay for 6 months through 16 years of age)
SODIUM FLUORIDE 5000 ENAMEL	3	PN ($0 Copay for 6 months through 16 years of age)
sodium fluoride 5000 plus	3	PN ($0 Copay for 6 months through 16 years of age)
sodium fluoride 5000 ppm (1.1 % cream, 1.1 % gel)	3	PN ($0 Copay for 6 months through 16 years of age)
sodium fluoride 5000 ppm 1.1 % paste	3	PN ($0 Copay for 6 months through 16 years of age)
SODIUM FLUORIDE 5000 SENSITIVE	3	PN ($0 Copay for 6 months through 16 years of age)
STEROIDS - MOUTH/THROAT/DENTAL		
kourzeq	3	
oralone	3	
triamcinolone acetonide 0.1 % paste	3	
THROAT PRODUCTS - MISC.		
cevimeline hcl	3	PA
pilocarpine hcl (5 mg tab, 7.5 mg tab)	3	
MULTIVITAMINS (CONTINUED)		
PED MULTI VITAMINS W/FL & FE		
multi-vit/iron/fluoride	3	

Drug Name	Drug Tier	Requirements/Limits
multi-vitamin/fluoride/iron	3	
multivitamin/fluoride/iron	3	
POLY-VI-FLOR/IRON (POLY-VI-FLOR/IRON 0.25-7 MG/ML SUSPENSION, POLY-VI-FLOR/IRON 0.5-10 MG CHEW TAB)	3	
PED MV W/ FLUORIDE		
MULTI-VITAMIN/FLUORIDE	3	
MULTIVITAMIN + FLUORIDE	3	
multivitamin select/fluoride	3	
MULTIVITAMIN/FLUORIDE (MULTIVITAMIN/FLUORIDE 0.25 MG CHEW TAB, MULTIVITAMIN/FLUORIDE 0.25 MG/ML SOLUTION, MULTIVITAMIN/FLUORIDE 0.5 MG CHEW TAB, MULTIVITAMIN/FLUORIDE 0.5 MG/ML SOLUTION, MULTIVITAMIN/FLUORIDE 1 MG CHEW TAB)	3	
POLY-VI-FLOR (0.25 MG/ML SUSPENSION, 0.5 MG CHEW TAB)	3	
TRI-VI-FLOR	3	
TRI-VI-FLORO	3	
TRI-VITE/FLUORIDE 0.25 MG/ML SOLUTION	3	
VITAMINS ACD-FLUORIDE 0.25 MG/ML SOLUTION	3	
PEDIATRIC MULTIPLE VITAMINS & MINERALS W/ FLUORIDE		
FLORIVA (0.25 MG CHEW TAB, 0.5 MG CHEW TAB, 1 MG CHEW TAB)	3	
PRENATAL VITAMINS		
ATABEX EC	3	
ATABEX OB	3	
AZESCO	3	
C-NATE DHA	3	
CITRANATAL 90 DHA	3	
CITRANATAL ASSURE	3	
CITRANATAL B-CALM	3	
CITRANATAL BLOOM	3	
CITRANATAL BLOOM DHA	3	
CITRANATAL DHA	3	
CITRANATAL HARMONY	3	

Drug Name	Drug Tier	Requirements/Limits
CITRANATAL RX	3	
COMPLETE NATAL DHA	3	
COMPLETENATE	3	
CONCEPT DHA	3	
CONCEPT OB	3	
DUET DHA 400	3	
DUET DHA BALANCED	3	
ELITE-OB	3	
ENBRACE HR	3	
FOLIVANE-OB	3	
INATAL GT	3	
KOSHER PRENATAL PLUS IRON	3	
M-NATAL PLUS	3	
MULTI-MAC	3	
NATACHEW	3	
NEEVO DHA	3	
NEONATAL COMPLETE 27-1 MG TAB	3	
NEONATAL PLUS	3	
NESTABS	3	
NESTABS DHA	3	
NESTABS ONE	3	
NIVA-PLUS	3	
OB COMPLETE	3	
OB COMPLETE ONE	3	
OB COMPLETE PETITE	3	
OB COMPLETE PREMIER	3	
OB COMPLETE/DHA	3	
OBSTETRIX EC (WITH DOCUSATE)	3	
OBSTETRIX ONE (WITH DOCUSATE)	3	
ONE VITE WOMENS PLUS	3	
PNV TABS 29-1	3	

Drug Name	Drug Tier	Requirements/Limits
PNV-DHA	3	
PNV-DHA+DOCUSATE	3	
PNV-OMEGA	3	
PNV-SELECT	3	
PREMESISRX	3	
PRENA 1 TRUE	3	
PRENA1	3	
PRENA1 PEARL	3	
PRENAISSANCE	3	
PRENAISSANCE PLUS	3	
PRENATABS FA	3	
PRENATAL 19 (29-1 MG CHEW TAB, 29-1 MG TAB, CHEW TAB)	3	
PRENATAL 27-1 MG TAB	3	
PRENATAL PLUS	3	
PRENATAL PLUS IRON	3	
PRENATAL PLUS VITAMIN/MINERAL	3	
PRENATAL VITAMIN PLUS LOW IRON	3	
PRENATAL-U	3	
PRENATE	3	
PRENATE AM	3	
PRENATE DHA	3	
PRENATE ELITE	3	
PRENATE ENHANCE	3	
PRENATE ESSENTIAL	3	
PRENATE MINI	3	
PRENATE PIXIE	3	
PRENATE RESTORE	3	
PRENATRIX	3	
PRENATRYL	3	
PREPLUS	3	

Drug Name	Drug Tier	Requirements/Limits
PRETAB	3	
PRIMACARE	3	
PROVIDA OB	3	
RELNATE DHA	3	
SE-NATAL 19	3	
SELECT-OB	3	
SELECT-OB+DHA	3	
TARON-C DHA	3	
TARON-PREX	3	
THRIVITE RX	3	
TRI-TABS DHA	3	
TRICARE	3	
TRICARE PRENATAL DHA ONE	3	
TRINATAL RX 1	3	
TRINATE	3	
TRISTART DHA	3	
TRIVEEN-DUO DHA	3	
VINATE DHA RF	3	
VINATE II	3	
VINATE ONE	3	
VIRT-C DHA	3	
VIRT-NATE DHA	3	
VIRT-PN DHA	3	
VIRT-PN PLUS	3	
VITAFOL GUMMIES	3	
VITAFOL ULTRA	3	
VITAFOL-NANO	3	
VITAFOL-OB	3	
VITAFOL-OB+DHA	3	
VITAFOL-ONE	3	
VITAMEDMD ONE RX/QUATREFOLIC	3	

Drug Name	Drug Tier	Requirements/Limits
VITAMEDMD REDICHEW RX	3	
VITAPEARL	3	
VITATHELY WITH GINGER	3	
VITATRUE	3	
VIVA DHA	3	
VOL-PLUS	3	
VOL-TAB RX	3	
VP-PNV-DHA	3	
WESCAP-C DHA	3	
WESCAP-PN DHA	3	
WESNATAL DHA COMPLETE	3	
WESNATE DHA	3	
WESTAB PLUS	3	
WESTGEL DHA	3	
ZALVIT	3	
ZATEAN-PN DHA	3	
ZATEAN-PN PLUS	3	
ZIPHEX	3	
MUSCULOSKELETAL THERAPY AGENTS (CONTINUED)		
CENTRAL MUSCLE RELAXANTS		
baclofen (5 mg tab, 10 mg tab, 20 mg tab)	3	
BACLOFEN 5 MG/5ML SOLUTION	3	PA, QL (16 ml per 1 day(s))
carisoprodol	3	
chlorzoxazone (250 mg tab, 375 mg tab, 500 mg tab)	3	
chlorzoxazone 750 mg tab	3	PA
cyclobenzaprine hcl (5 mg tab, 10 mg tab)	2	
cyclobenzaprine hcl 7.5 mg tab	3	
cyclobenzaprine hcl er	3	PA
lorzone	5	PA
metaxalone	3	
methocarbamol (500 mg tab, 750 mg tab)	3	

Drug Name	Drug Tier	Requirements/Limits
orphenadrine citrate er	3	
tizanidine hcl	3	
vanadom	3	
DIRECT MUSCLE RELAXANTS		
dantrolene sodium (25 mg cap, 50 mg cap, 100 mg cap)	3	
FIBRODYSPLASIA OSSIFICANS PROGRESSIVA (FOP) AGENTS		
SOHONOS (1.5 MG CAP, 10 MG CAP)	6	PA, LA, QL (2 ea per 30 days), SP, PN (30 DAYS SUPPLY PER FILL)
SOHONOS 1 MG CAP	6	PA, LA, QL (4 ea per 30 days), SP, PN (30 DAYS SUPPLY PER FILL)
SOHONOS 2.5 MG CAP	6	PA, LA, QL (3 ea per 30 days), SP, PN (30 DAYS SUPPLY PER FILL)
SOHONOS 5 MG CAP	6	PA, LA, QL (1 ea per 30 days), SP, PN (30 DAYS SUPPLY PER FILL)
MUSCLE RELAXANT COMBINATIONS		
CARISOPRODOL-ASPIRIN-CODEINE	3	
VISCOSUPPLEMENTS		
DUROLANE	6	QL (6 ml per 180 day(s)), SP, PN (180 DAYS SUPPLY PER FILL)
EUFLEXXA	6	QL (12 ml per 180 day(s)), SP, PN (180 DAYS SUPPLY PER FILL)
GEL-ONE	6	PA, QL (6 ml per 180 day(s)), SP, PN (180 DAYS SUPPLY PER FILL)
GELSYN-3	6	QL (12 ml per 180 day(s)), SP, PN (180 DAYS SUPPLY PER FILL)
GENVISC 850	6	PA, QL (25 ml per 180 day(s)), SP, PN (180 DAYS SUPPLY PER FILL)
HYALGAN 20 MG/2ML SOLN PRSYR	6	PA, QL (20 ml per 180 day(s)), SP, PN (180 DAYS SUPPLY PER FILL)
HYALGAN 20 MG/2ML SOLUTION	6	PA, SP, PN (34 DAYS SUPPLY PER FILL)
HYMOVIS	6	PA, QL (12 ml per 180 day(s)), SP, PN (180 DAYS SUPPLY PER FILL)
MONOVISC	6	PA, QL (8 ml per 180 day(s)), SP, PN (180 DAYS SUPPLY PER FILL)
ORTHOVISC	6	PA, QL (16 ml per 180 day(s)), SP, PN (180 DAYS SUPPLY PER FILL)
SODIUM HYALURONATE	6	PA, QL (12 ml per 180 day(s)), SP, PN (180 DAYS SUPPLY PER FILL)

Drug Name	Drug Tier	Requirements/Limits
SUPARTZ FX	6	QL (25 ml per 180 day(s)), SP, PN (180 DAYS SUPPLY PER FILL)
SYNOJOYNT	6	PA, QL (12 ml per 180 day(s)), SP, PN (180 DAYS SUPPLY PER FILL)
SYNVISC	6	QL (12 ml per 180 day(s)), SP, PN (180 DAYS SUPPLY PER FILL)
SYNVISC ONE	6	QL (12 ml per 180 day(s)), SP, PN (180 DAYS SUPPLY PER FILL)
TRILURON	6	PA, QL (12 ml per 180 day(s)), SP, PN (180 DAYS SUPPLY PER FILL)
TRIVISC	6	PA, QL (15 ml per 180 day(s)), SP, PN (180 DAYS SUPPLY PER FILL)
VISCO-3	6	PA, QL (15 ml per 180 day(s)), SP, PN (180 DAYS SUPPLY PER FILL)
NASAL AGENTS - SYSTEMIC AND TOPICAL (CONTINUED)		
NASAL AGENT COMBINATIONS		
azelastine-fluticasone	3	
NASAL ANTIALLERGY		
azelastine hcl (0.1 % solution, 0.15 % solution, 137 mcg/spray solution)	3	
olopatadine hcl 0.6 % solution	3	
NASAL ANTICHOLINERGICS		
ipratropium bromide (0.03 % solution, 0.06 % solution)	3	
NASAL STEROIDS		
BECONASE AQ	5	PA
flunisolide	3	
fluticasone propionate 50 mcg/act suspension	3	
mometasone furoate 50 mcg/act suspension	3	
OMNARIS	5	PA
QNASL	5	PA
QNASL CHILDRENS	5	PA
ZETONNA	5	PA
NEUROMUSCULAR AGENTS (CONTINUED)		
ALS AGENTS		
edaravone 30 mg/100ml solution	6	PA, SP, PN (34 DAYS SUPPLY PER FILL)

Drug Name	Drug Tier	Requirements/Limits
EXSERVAN	6	PA, LA, QL (60 ea per 30 days), SP, PN (30 DAYS SUPPLY PER FILL)
QALSODY	6	PA, LA, SP, PN (28 DAYS SUPPLY PER FILL)
RADICAVA	6	PA, SP, PN (34 DAYS SUPPLY PER FILL)
RADICAVA ORS	6	PA, QL (70 ml per 180 days), SP, PN (180 DAYS SUPPLY PER FILL)
RADICAVA ORS STARTER KIT	6	PA, QL (70 ml per 28 day(s)), SP, PN (28 DAY SUPPLY IN 180 DAYS)
RELYVRIO	6	PA, QL (12 ea per 28 days), SP, PN (28 DAYS SUPPLY PER FILL)
riluzole	3	PN (34 DAYS SUPPLY PER FILL)
TEGLUTIK	6	PA, LA, QL (600 ml per 30 days), SP, PN (30 DAYS SUPPLY PER FILL)
TIGLUTIK	6	PA, LA, QL (600 ml per 30 days), SP, PN (30 DAYS SUPPLY PER FILL)
FRIEDRICHS ATAXIA AGENTS		
SKYCLARYS	6	PA, LA, QL (90 ea per 30 day(s)), SP, PN (MAX 30 DAYS SUPPLY PER FILL)
MUSCULAR DYSTROPHY AGENTS		
AMONDYS 45	6	PA, LA, SP, PN (28 DAYS SUPPLY PER FILL)
EXONDYS 51	6	PA, LA, SP, PN (34 DAYS SUPPLY PER FILL)
VILTEPSO	6	PA, LA, SP, PN (34 DAYS SUPPLY PER FILL)
VYONDYS 53	6	PA, LA, SP, PN (34 DAYS SUPPLY PER FILL)
NEUROMUSCULAR BLOCKING AGENT - NEUROTOXINS		
BOTOX	6	PA, SP, PN (90 DAYS SUPPLY PER FILL)
DYSPORT	6	PA, SP, PN (90 DAYS SUPPLY PER FILL)
MYOBLOC	6	PA, SP, PN (90 DAYS SUPPLY PER FILL)
XEOMIN	6	PA, SP, PN (90 DAYS SUPPLY PER FILL)
SPINAL MUSCULAR ATROPHY AGENTS (SMA)		
EVRYSDI	6	PA, LA, QL (6.67 ml per 1 days), SP
SPINRAZA	6	PA, LA, SP, PN (MIN 120 DAY SUPPLY; MAX 120 DAY SUPPLY)
NUTRIENTS (CONTINUED)		
LIPIDS		
DOJOLVI	6	PA, SP, PN (34 DAYS SUPPLY PER FILL)

Drug Name	Drug Tier	Requirements/Limits
PROTEINS		
levocarnitine 250 mg cap	3	
LEVOCARNITINE L-TARTRATE 250 MG CAP	3	
OPHTHALMIC AGENTS (CONTINUED)		
ARTIFICIAL TEARS AND LUBRICANTS		
LACRISERT	5	PA
BETA-BLOCKERS - OPHTHALMIC		
BETAXOLOL HCL 0.5 % SOLUTION	3	
BETIMOL (0.25 % SOLUTION, 0.5 % SOLUTION)	5	PA
BETOPTIC-S	4	
brimonidine tartrate-timolol	3	PA
CARTEOLOL HCL	3	
DORZOLAMIDE HCL-TIMOLOL MAL	3	
LEVOBUNOLOL HCL	3	
timolol hemihydrate	3	PA
timolol maleate (0.25 % gel f soln, 0.25 % solution, 0.5 % (daily) solution, 0.5 % gel f soln, 0.5 % solution)	3	
timolol maleate (once-daily)	3	
CYCLOPLEGIC MYDRIATICS		
atropine sulfate (1 % ointment, 1 % solution)	3	
cyclopentolate hcl	3	
ISOPTO ATROPINE	3	
tropicamide	3	
MIOTICS		
PHOSPHOLINE IODIDE	4	
pilocarpine hcl (1 % solution, 2 % solution, 4 % solution)	3	
VUITY	5	PA, QL (2.5 ml per 25 day(s))
OPHTHALMIC - ANGIOGENESIS INHIBITORS		
BEOVU 6 MG/0.05ML SOLN PRSYR	6	PA, QL (0.1 ml per 25 days), SP, PN (25 DAYS SUPPLY PER FILL)
BEOVU 6 MG/0.05ML SOLUTION	6	PA, QL (0.1 ml per 25 days), PN (25 DAYS SUPPLY PER FILL)

Drug Name	Drug Tier	Requirements/Limits
BYOOVIZ	6	PA, QL (0.1 ml per 28 days), SP, PN (28 DAYS SUPPLY PER FILL)
CIMERLI	6	PA, QL (0.1 ml per 28 days), SP, PN (28 DAYS SUPPLY PER FILL)
EYLEA	6	PA, QL (0.1 ml per 25 days), SP, PN (MIN 25 DAY SUPPLY; MAX 90 DAY SUPPLY)
EYLEA HD	6	PA, QL (0.14 ml per 21 days), SP, PN (MIN 25 DAY SUPPLY; MAX 90 DAY SUPPLY)
LUCENTIS (0.3 MG/0.05ML SOLN PRSYR, 0.5 MG/0.05ML SOLN PRSYR)	6	PA, QL (0.1 ml per 28 days), SP, PN (MIN 28 DAY SUPPLY; MAX 90 DAY SUPPLY)
LUCENTIS (0.3 MG/0.05ML SOLUTION, 0.5 MG/0.05ML SOLUTION)	6	PA, QL (0.1 ml per 28 days), PN (MIN 28 DAY SUPPLY; MAX 90 DAY SUPPLY)
SUSVIMO (IMPLANT 1ST FILL)	6	PA, QL (0.2 ml per 168 days), SP, PN (MIN 28 DAY SUPPLY; MAX 90 DAY SUPPLY)
SUSVIMO (IMPLANT REFILL)	6	PA, QL (0.2 ml per 168 days), SP, PN (MIN 28 DAY SUPPLY; MAX 90 DAY SUPPLY)
VABYSMO 6 MG/0.05ML SOLN PRSYR	6	PA, QL (0.1 ml per 21 day(s)), SP, PN (21 DAYS SUPPLY PER FILL)
VABYSMO 6 MG/0.05ML SOLUTION	6	PA, QL (0.1 ml per 21 days), SP, PN (21 DAYS SUPPLY PER FILL)
OPHTHALMIC ADRENERGIC AGENTS		
ALPHAGAN P 0.1 % SOLUTION	4	
apraclonidine hcl	3	
brimonidine tartrate (0.1 % solution, 0.15 % solution, 0.2 % solution)	3	
IOPIDINE	5	PA
SIMBRINZA	5	PA
OPHTHALMIC ANTI-INFECTIVES		
ak-poly-bac	3	
AZASITE	5	
BACITRACIN 500 UNIT/GM OINTMENT	3	
bacitracin-polymyxin b	3	
BESIVANCE	5	PA
CILOXAN 0.3 % OINTMENT	4	
ciprofloxacin hcl 0.3 % solution	3	
erythromycin 5 mg/gm ointment	3	

Drug Name	Drug Tier	Requirements/Limits
GENTAK	3	
gentamicin sulfate 0.3 % solution	3	
levofloxacin 0.5 % solution	3	
MOXIFLOXACIN HCL (2X DAY)	3	
moxifloxacin hcl 0.5 % solution	3	
NATACYN	4	
neo-polycin	3	
neomycin-bacitracin zn-polymyx	3	
NEOMYCIN-POLYMYXIN-GRAMICIDIN	3	
ofloxacin 0.3 % solution	3	
polycin	3	
polymyxin b-trimethoprim	3	
sulfacetamide sodium (10 % ointment, 10 % solution)	3	
tobramycin 0.3 % solution	3	
TOBREX 0.3 % OINTMENT	5	PA
TRIFLURIDINE	3	
XDEMVY	6	PA, QL (10 ml per 42 days), SP, PN (42 DAYS SUPPLY PER FILL)
ZIRGAN	5	PA
OPHTHALMIC COMPLEMENT INHIBITORS		
IZERVAY	6	PA, QL (0.2 ml per 28 days), SP, PN (28 DAYS SUPPLY PER FILL)
SYFOVRE	6	PA, QL (0.2 ml per 25 days), SP, PN (25 DAYS SUPPLY PER FILL)
OPHTHALMIC IMMUNOMODULATORS		
cyclosporine 0.05 % emulsion	3	
OPHTHALMIC INTEGRIN ANTAGONISTS		
XIIDRA	5	
OPHTHALMIC NERVE GROWTH FACTORS		
OXERVATE	6	PA, LA, QL (56 ml per 28 days), SP, PN (28 DAYS SUPPLY PER FILL)
OPHTHALMIC PHOTODYNAMIC THERAPY AGENTS		
VISUDYNE	6	SP, PN (34 DAYS SUPPLY PER FILL)

Drug Name	Drug Tier	Requirements/Limits
OPHTHALMIC STEROIDS		
ALREX	5	PA
bacitra-neomycin-polymyxin-hc	3	
BLEPHAMIDE	4	
BLEPHAMIDE S.O.P.	5	
DEXAMETHASONE SODIUM PHOSPHATE 0.1 % SOLUTION	3	
difluprednate	3	PA
FLAREX	4	
fluorometholone	3	
FML FORTE	4	
ILUVIEN	6	PA, SP, PN (MIN 365 DAY SUPPLY; MAX 1095 DAY SUPPLY)
LOTEMAX 0.5 % OINTMENT	5	PA
loteprednol etabonate (0.2 % suspension, 0.5 % gel)	3	PA
MAXIDEX	4	
neo-polycin hc	3	
neomycin-polymyxin-dexameth (3.5-10000-0.1 ointment, 3.5-10000-0.1 suspension)	3	
NEOMYCIN-POLYMYXIN-HC 3.5-10000-1 SUSPENSION	3	
PRED MILD	5	PA
PRED-G	4	
prednisolone acetate	3	
PREDNISOLONE ACETATE P-F	3	
PREDNISOLONE SODIUM PHOSPHATE 1 % SOLUTION	3	
SULFACETAMIDE-PREDNISOLONE	3	
TOBRADEX 0.3-0.1 % OINTMENT	4	
tobramycin-dexamethasone	3	
XIPERE	6	LA, SP, PN (34 DAYS SUPPLY PER FILL)
OPHTHALMICS - MISC.		
ALOCRIL	5	PA
ALOMIDE	5	PA
azelastine hcl 0.05 % solution	3	

Drug Name	Drug Tier	Requirements/Limits
balanced salt	3	
bepotastine besilate	3	PA
brinzolamide	3	
bromfenac sodium (once-daily)	3	
CROMOLYN SODIUM 4 % SOLUTION	3	
CYSTARAN	5	LA, SP, PN (34 DAYS SUPPLY PER FILL)
diclofenac sodium 0.1 % solution	3	
DORZOLAMIDE HCL	3	
epinastine hcl	3	
FLURBIPROFEN SODIUM	3	
ketorolac tromethamine (0.4 % solution, 0.5 % solution)	3	
olopatadine hcl (0.1 % solution, 0.2 % solution)	3	
PROSTAGLANDINS - OPHTHALMIC		
bimatoprost	3	ST
DURYSTA	6	PA, QL (2 ea per lifetime), SP
LATANOPROST	3	
LUMIGAN	5	ST
tafluprost (pf)	3	PA
travoprost (bak free)	3	
VYZULTA	5	ST
XELPROS	4	ST
OTIC AGENTS (CONTINUED)		
OTIC AGENTS - MISCELLANEOUS		
acetic acid 2 % solution	3	
OTIC ANTI-INFECTIVES		
ciprofloxacin hcl 0.2 % solution	3	
OTIC COMBINATIONS		
CIPRO HC	4	
ciprofloxacin-dexamethasone	3	
CORTISPORIN-TC	5	PA

Drug Name	Drug Tier	Requirements/Limits
neomycin-polymyxin-hc	3	
OTIC STEROIDS		
flac	3	
fluocinolone acetonide 0.01 % oil	3	
hydrocortisone-acetic acid	3	
OXYTOCICS (CONTINUED)		
OXYTOCICS		
methylergonovine maleate 0.2 mg tab	3	
PASSIVE IMMUNIZING AND TREATMENT AGENTS (CONTINUED)		
IMMUNE SERUMS		
ALYGLO (5 GM/50ML SOLUTION, 20 GM/200ML SOLUTION)	6	PA, LA, SP, PN (34 DAYS SUPPLY PER FILL)
ALYGLO 10 GM/100ML SOLUTION	6	PA, LA, SP, PN (34 DAYS SUPPLY PER FILL)
ASCENIV	6	PA, SP, PN (34 DAYS SUPPLY PER FILL)
BIVIGAM	6	PA, SP, PN (34 DAYS SUPPLY PER FILL)
CUTAQUIG	6	PA, SP, PN (34 DAYS SUPPLY PER FILL)
CUVITRU	6	PA, SP, PN (34 DAYS SUPPLY PER FILL)
CYTOGAM	6	SP, PN (34 DAYS SUPPLY PER FILL)
FLEBOGAMMA DIF	6	PA, SP, PN (34 DAYS SUPPLY PER FILL)
GAMASTAN	6	SP, PN (34 DAYS SUPPLY PER FILL)
GAMMAGARD	6	PA, SP, PN (34 DAYS SUPPLY PER FILL)
GAMMAGARD S/D LESS IGA	6	PA, SP, PN (34 DAYS SUPPLY PER FILL)
GAMMAKED	6	PA, SP, PN (34 DAYS SUPPLY PER FILL)
GAMMAPLEX	6	PA, SP, PN (34 DAYS SUPPLY PER FILL)
GAMUNEX-C	6	PA, SP, PN (34 DAYS SUPPLY PER FILL)
HIZENTRA (1 GM/5ML SOLN PRSYR, 1 GM/5ML SOLUTION, 2 GM/10ML SOLN PRSYR, 2 GM/10ML SOLUTION, 4 GM/20ML SOLN PRSYR, 4 GM/20ML SOLUTION, 10 GM/50ML SOLUTION)	6	PA, SP, PN (34 DAYS SUPPLY PER FILL)
HIZENTRA 10 GM/50ML SOLN PRSYR	6	PA, SP, PN (34 DAYS SUPPLY PER FILL)
HYPERRHO S/D 1500 UNIT SOLN PRSYR	4	SP
OCTAGAM (1 GM/20ML SOLUTION, 2 GM/20ML SOLUTION, 5 GM/100ML SOLUTION, 5 GM/50ML SOLUTION, 10 GM/100ML SOLUTION, 10 GM/200ML SOLUTION, 20 GM/200ML SOLUTION, 30 GM/300ML SOLUTION)	6	PA, SP, PN (34 DAYS SUPPLY PER FILL)

Drug Name	Drug Tier	Requirements/Limits
OCTAGAM 2.5 GM/50ML SOLUTION	5	PA, SP, PN (34 DAYS SUPPLY PER FILL)
OCTAGAM 25 GM/500ML SOLUTION	6	PA, PN (34 DAYS SUPPLY PER FILL)
PANZYGA	6	PA, SP, PN (34 DAYS SUPPLY PER FILL)
PRIVIGEN	6	PA, SP, PN (34 DAYS SUPPLY PER FILL)
RHOGAM ULTRA-FILTERED PLUS	4	SP, PN (34 DAYS SUPPLY PER FILL)
RHOPHYLAC	4	SP, PN (34 DAYS SUPPLY PER FILL)
WINRHO SDF	6	SP, PN (34 DAYS SUPPLY PER FILL)
XEMBIFY	6	PA, SP, PN (34 DAYS SUPPLY PER FILL)
MONOCLONAL ANTIBODIES		
SYNAGIS	6	PA, SP, PN (MIN 28 DAY SUPPLY; MAX 34 DAY SUPPLY)
ZINPLAVA	6	PA, SP, PN (34 DAYS SUPPLY PER FILL)
PASSIVE IMMUNIZING AGENTS - COMBINATIONS		
HYQVIA	6	PA, SP, PN (34 DAYS SUPPLY PER FILL)
PENICILLINS (CONTINUED)		
AMINOPENICILLINS		
amoxicillin (125 mg chew tab, 125 mg/5ml recon susp, 200 mg/5ml recon susp, 250 mg chew tab, 250 mg/5ml recon susp, 400 mg/5ml recon susp, 500 mg tab, 875 mg tab)	3	
amoxicillin (250 mg cap, 500 mg cap)	2	
ampicillin	3	
NATURAL PENICILLINS		
PENICILLIN V POTASSIUM (125 MG/5ML RECON SOLN, 250 MG TAB, 250 MG/5ML RECON SOLN, 500 MG TAB)	2	
PENICILLIN COMBINATIONS		
AMOXICILLIN-POT CLAVULANATE (200-28.5 MG CHEW TAB, 200-28.5 MG/5ML RECON SUSP, 250-125 MG TAB, 250-62.5 MG/5ML RECON SUSP, 400-57 MG CHEW TAB, 400-57 MG/5ML RECON SUSP, 500-125 MG TAB, 600-42.9 MG/5ML RECON SUSP, 875-125 MG TAB)	3	
AMOXICILLIN-POT CLAVULANATE ER	3	
AUGMENTIN 125-31.25 MG/5ML RECON SUSP	5	
PENICILLINASE-RESISTANT PENICILLINS		
dicloxacillin sodium	3	

Drug Name	Drug Tier	Requirements/Limits
PROGESTINS (CONTINUED)		
PROGESTINS		
gallifrey	3	
hydroxyprogesterone caproate 250 mg/ml oil	6	PA, PN (34 DAYS SUPPLY PER FILL)
LILETTA (52 MG)	1	SP, PN (MIN 365 DAY SUPPLY; MAX 2920 DAY SUPPLY)
medroxyprogesterone acetate (2.5 mg tab, 5 mg tab, 10 mg tab)	2	
NEXPLANON	1	SP, PN (MIN 365 DAY SUPPLY; MAX 1095 DAY SUPPLY)
norethindrone acetate	3	
progesterone (50 mg/ml oil, 100 mg cap, 200 mg cap)	3	
PSYCHOTHERAPEUTIC AND NEUROLOGICAL AGENTS - MISC. (CONTINUED)		
AGENTS FOR CHEMICAL DEPENDENCY		
acamprosate calcium	3	
disulfiram	3	
lofexidine hcl	6	PA, QL (112 ea per 7 day(s)), PN (7 DAYS SUPPLY PER FILL)
LUCEMYRA	6	PA, QL (112 ea per 7 days), PN (7 DAYS SUPPLY PER FILL)
ANTI-CATAPLECTIC AGENTS		
LUMRYZ	6	PA, QL (270 ea per 30 day(s)), SP, PN (MAX 30 DAYS SUPPLY PER FILL)
LUMRYZ STARTER PACK	6	PA, QL (28 ea per 180 day(s)), SP, PN (28 DAYS SUPPLY PER FILL)
SODIUM OXYBATE	6	PA, LA, QL (540 ml per 30 days), SP, PN (30 DAYS SUPPLY PER FILL)
XYREM	6	PA, LA, QL (540 ml per 30 days), SP, PN (30 DAYS SUPPLY PER FILL)
XYWAV	6	PA, LA, QL (540 ml per 30 days), SP, PN (30 DAYS SUPPLY PER FILL)
ANTIDEMENTIA AGENTS		
donepezil hcl	3	
galantamine hydrobromide (4 mg tab, 4 mg/ml solution, 8 mg tab, 12 mg tab)	3	

Drug Name	Drug Tier	Requirements/Limits
galantamine hydrobromide er	3	
memantine hcl (2 mg/ml solution, 5 mg tab, 10 mg tab, 10 mg/5ml solution)	3	
memantine hcl 28 x 5 mg & 21 x 10 mg tab	3	PA
memantine hcl er	3	PA
rivastigmine	3	PA
rivastigmine tartrate	3	
COMBINATION PSYCHOTHERAPEUTICS		
CHLORDIAZEPOXIDE-AMITRIPTYLINE	3	
olanzapine-fluoxetine hcl	3	
PERPHENAZINE-AMITRIPTYLINE	3	
FIBROMYALGIA AGENTS		
SAVELLA	4	
SAVELLA TITRATION PACK	4	
MOVEMENT DISORDER DRUG THERAPY		
tetrabenazine 12.5 mg tab	3	PA, QL (102 ea per 34 days), SP, PN (34 DAYS SUPPLY PER FILL)
tetrabenazine 25 mg tab	3	PA, QL (136 ea per 34 days), SP, PN (34 DAYS SUPPLY PER FILL)
MULTIPLE SCLEROSIS AGENTS		
AVONEX PEN	6	QL (1 ea per 28 days), SP, PN (28 DAYS SUPPLY PER FILL)
AVONEX PREFILLED	6	QL (1 ea per 28 days), SP, PN (28 DAYS SUPPLY PER FILL)
BAFIERTAM	6	ST, QL (120 ea per 30 days), SP, PN (30 DAYS SUPPLY PER FILL)
BETASERON	6	QL (14 ea per 28 days), SP, PN (28 DAYS SUPPLY PER FILL)
BRIUMVI	6	PA, SP, PN (MAX 34 DAYS SUPPLY PER FILL)
dalfampridine er	3	QL (60 ea per 30 days), SP, PN (30 DAYS SUPPLY PER FILL)
dimethyl fumarate 120 mg cap dr	6	QL (14 ea per 7 days), SP, PN (7 DAYS SUPPLY PER FILL)
dimethyl fumarate 240 mg cap dr	6	QL (60 ea per 30 days), SP, PN (30 DAYS SUPPLY PER FILL)

Drug Name	Drug Tier	Requirements/Limits
dimethyl fumarate starter pack	6	QL (60 ea per 30 day(s)), SP, PN (30 DAYS SUPPLY PER FILL)
EXTAVIA	6	QL (14 ea per 28 days), SP, PN (28 DAYS SUPPLY PER FILL)
fingolimod hcl	3	QL (30 ea per 30 days), SP, PN (30 DAYS SUPPLY PER FILL)
GILENYA 0.25 MG CAP	6	QL (30 ea per 30 days), SP, PN (30 DAYS SUPPLY PER FILL)
glatiramer acetate 20 mg/ml soln prsyr	6	QL (30 days supply per fill(s)), SP, PN (34 DAYS SUPPLY PER FILL)
glatiramer acetate 40 mg/ml soln prsyr	6	QL (12 ml per 28 days), SP, PN (28 DAYS SUPPLY PER FILL)
KESIMPTA	6	QL (0.4 ml per 28 days), SP
LEMTRADA	6	PA, QL (6 ml per 365 day(s)), SP, PN (MIN 365 DAY SUPPLY; MAX 365 DAY SUPPLY)
MAVENCLAD (10 TABS)	6	PA, LA, QL (10 ea per 28 days), SP, PN (28 DAYS SUPPLY PER FILL)
MAVENCLAD (4 TABS)	6	PA, LA, QL (4 ea per 27 days), SP, PN (27 DAYS SUPPLY PER FILL)
MAVENCLAD (5 TABS)	6	PA, LA, QL (5 ea per 28 days), SP, PN (28 DAYS SUPPLY PER FILL)
MAVENCLAD (6 TABS)	6	PA, LA, QL (6 ea per 28 days), SP, PN (28 DAYS SUPPLY PER FILL)
MAVENCLAD (7 TABS)	6	PA, LA, QL (7 ea per 28 days), SP, PN (28 DAYS SUPPLY PER FILL)
MAVENCLAD (8 TABS)	6	PA, LA, QL (8 ea per 28 days), SP, PN (28 DAYS SUPPLY PER FILL)
MAVENCLAD (9 TABS)	6	PA, LA, QL (9 ea per 28 days), SP, PN (28 DAYS SUPPLY PER FILL)
MAYZENT (1 MG TAB, 2 MG TAB)	6	QL (30 ea per 30 days), SP, PN (30 DAYS SUPPLY PER FILL)
MAYZENT 0.25 MG TAB	6	QL (140 ea per 28 days), SP, PN (28 DAYS SUPPLY PER FILL)
MAYZENT STARTER PACK 0.25 MG TAB THPK	6	QL (7 ea per 4 day(s)), SP, PN (4 DAY SUPPLY IN 180 DAYS)
MAYZENT STARTER PACK 12 X 0.25 MG TAB THPK	6	QL (12 ea per 5 day(s)), SP, PN (5 DAY SUPPLY IN 180 DAYS)
OCREVUS	6	PA, QL (20 ml per 180 day(s)), SP, PN (MIN 168 DAY SUPPLY; MAX 180 DAY SUPPLY)

Drug Name	Drug Tier	Requirements/Limits
PLEGRIDY 125 MCG/0.5ML SOLN A-INJ	6	QL (1 ml per 28 day(s)), SP, PN (28 DAYS SUPPLY PER FILL)
PLEGRIDY 125 MCG/0.5ML SOLN PRSYR	6	QL (1 ml per 28 days), SP, PN (28 DAYS SUPPLY PER FILL)
PLEGRIDY STARTER PACK 63 & 94 MCG/0.5ML SOLN A-INJ	6	QL (1 ml per 28 day(s)), SP, PN (28 DAYS SUPPLY PER FILL)
PLEGRIDY STARTER PACK 63 & 94 MCG/0.5ML SOLN PRSYR	6	QL (1 ml per 28 days), SP, PN (28 DAYS SUPPLY PER FILL)
PONVORY	6	QL (30 ea per 30 days), SP, PN (30 DAYS SUPPLY PER FILL)
PONVORY STARTER PACK	6	QL (14 ea per 14 day(s)), SP, PN (14 DAY SUPPLY IN 180 DAYS)
REBIF	6	QL (6 ml per 28 days), SP, PN (28 DAYS SUPPLY PER FILL)
REBIF REBIDOSE	6	QL (6 ml per 28 days), SP, PN (28 DAYS SUPPLY PER FILL)
REBIF REBIDOSE TITRATION PACK	6	QL (4.2 ml per 28 days), SP, PN (28 DAYS SUPPLY PER FILL)
REBIF TITRATION PACK	6	QL (4.2 ml per 28 days), SP, PN (28 DAYS SUPPLY PER FILL)
teriflunomide 14 mg tab	3	QL (30 ea per 30 days), SP, PN (30 DAYS SUPPLY PER FILL)
teriflunomide 7 mg tab	3	PA, QL (30 ea per 30 days), SP, PN (30 DAYS SUPPLY PER FILL)
TYSABRI	6	PA, SP, PN (MIN 28 DAY SUPPLY; MAX 60 DAY SUPPLY)
VUMERITY	6	ST, QL (120 ea per 30 days), SP, PN (30 DAYS SUPPLY PER FILL)
ZEPOSIA	6	PA, QL (30 ea per 30 days), PN (PA REQUIRED FOR ULCERATIVE COLITIS), SP, PN (30 DAYS SUPPLY PER FILL)
ZEPOSIA 7-DAY STARTER PACK	6	PA, QL (7 ea per 7 day(s)), PN (PA REQUIRED FOR ULCERATIVE COLITIS), SP, PN (7 DAY SUPPLY IN 180 DAYS)
ZEPOSIA STARTER KIT 0.23MG & 0.46MG & 0.92MG CAP THPK	6	PA, QL (37 ea per 37 day(s)), PN (PA REQUIRED FOR ULCERATIVE COLITIS), PN (37 DAY SUPPLY IN 180 DAYS)
ZEPOSIA STARTER KIT 0.23MG &0.46MG 0.92MG(21) CAP THPK	6	PA, QL (28 ea per 28 days), PN (PA REQUIRED FOR ULCERATIVE COLITIS), SP, PN (28 DAYS SUPPLY PER FILL)
POSTHERPETIC NEURALGIA (PHN)/NEUROPATHIC PAIN AGENTS		
gabapentin (once-daily)	3	PA

Drug Name	Drug Tier	Requirements/Limits
GRALISE (300 (9) & 600(24) MG MISC, 300 MG TAB, 600 MG TAB)	5	PA
PREMENSTRUAL DYSPHORIC DISORDER (PMDD) AGENTS		
FLUOXETINE HCL (PMDD)	3	PA
PSEUDOBULBAR AFFECT (PBA) AGENTS		
NUEDEXTA	5	PA, QL (2 ea per 1 days)
PSYCHOTHERAPEUTIC AND NEUROLOGICAL AGENTS - MISC.		
ERGOLOID MESYLATES	3	
PIMOZIDE	3	
RESTLESS LEG SYNDROME (RLS) AGENTS		
HORIZANT	5	PA
SMOKING DETERRENTS		
APO-VARENICLINE	1	QL (2 ea per 1 days)
CHANTIX	1	QL (2 ea per 1 days)
CHANTIX CONTINUING MONTH PAK	1	QL (2 ea per 1 days)
CHANTIX STARTING MONTH PAK	1	QL (53 ea per 30 day(s)), PN (30 DAY SUPPLY IN 180 DAYS)
cvs nicotine	1	
cvs nicotine polacrilex	1	
eq nicotine	1	
eq nicotine polacrilex	1	
eq nicotine step 3	1	
eql nicotine polacrilex	1	
ft nicotine	1	
ft nicotine mini	1	
gnp nicotine	1	
gnp nicotine mini	1	
gnp nicotine polacrilex	1	
goodsense nicotine	1	
habitrol	1	
hm nicotine	1	

Drug Name	Drug Tier	Requirements/Limits
hm nicotine polacrilex	1	
kls quit2	1	
kls quit4	1	
NICODERM CQ	5	
NICORETTE	5	
NICORETTE MINI	5	
NICORETTE STARTER KIT	5	
NICOTINE (7 MG/24HR PATCH 24HR, 14 MG/24HR PATCH 24HR, 21 MG/24HR PATCH 24HR, 21-14-7 MG/24HR KIT)	1	
nicotine mini	1	
nicotine polacrilex	1	
nicotine polacrilex mini	1	
nicotine step 1	1	
nicotine step 2	1	
nicotine step 3	1	
NICOTROL	1	
NICOTROL NS	1	
px stop smoking aid	1	
qc nicotine transdermal system	1	
ra mini nicotine	1	
ra nicotine	1	
ra nicotine gum	1	
ra nicotine polacrilex	1	
sm nicotine	1	
sm nicotine polacrilex	1	
thrive	1	
varenicline tartrate	1	QL (2 ea per 1 days)
varenicline tartrate (starter)	1	QL (53 ea per 30 day(s)), PN (30 DAY SUPPLY IN 180 DAYS)
varenicline tartrate(continue)	1	QL (2 ea per 1 days)
TRANSTHYRETIN AMYLOIDOSIS AGENTS		
AMVUTTRA	6	PA, QL (0.5 ml per 84 days), SP, PN (MIN 84 DAY SUPPLY; MAX 90 DAY SUPPLY)

Drug Name	Drug Tier	Requirements/Limits
ONPATTRO	6	PA, SP, PN (21 DAY SUPPLY PER FILL)
TEGSEDI	6	PA, LA, QL (6 ml per 28 days), SP, PN (28 DAYS SUPPLY PER FILL)
RESPIRATORY AGENTS - MISC. (CONTINUED)		
ALPHA-PROTEINASE INHIBITOR (HUMAN)		
ARALAST NP	6	PA, SP, PN (34 DAYS SUPPLY PER FILL)
GLASSIA	6	PA, SP, PN (34 DAYS SUPPLY PER FILL)
PROLASTIN-C	6	PA, LA, SP, PN (34 DAYS SUPPLY PER FILL)
ZEMAIRA 1000 MG RECON SOLN	6	PA, SP, PN (34 DAYS SUPPLY PER FILL)
CYSTIC FIBROSIS AGENTS		
KALYDECO (5.8 MG PACKET, 25 MG PACKET, 50 MG PACKET, 75 MG PACKET)	6	PA, LA, QL (56 ea per 28 days), SP, PN (28 DAYS SUPPLY PER FILL)
KALYDECO 13.4 MG PACKET	6	PA, LA, QL (60 ea per 30 day(s)), SP, PN (MAX 30 DAYS SUPPY PER FILL)
KALYDECO 150 MG TAB	6	PA, LA, QL (60 ea per 30 days), SP, PN (30 DAYS SUPPLY PER FILL)
ORKAMBI (100-125 MG TAB, 200-125 MG TAB)	6	PA, LA, QL (112 ea per 28 days), SP, PN (28 DAYS SUPPLY PER FILL)
ORKAMBI (75-94 MG PACKET, 100-125 MG PACKET, 150-188 MG PACKET)	6	PA, LA, QL (56 ea per 28 days), SP, PN (28 DAYS SUPPLY PER FILL)
PULMOZYME	6	PA, SP, PN (30 DAYS SUPPLY PER FILL)
SYMDEKO	6	PA, LA, QL (56 ea per 28 days), SP, PN (28 DAYS SUPPLY PER FILL)
TRIKAFTA (50-25-37.5 & 75 MG TAB THPK, 100-50-75 & 150 MG TAB THPK)	6	PA, LA, QL (84 ea per 28 days), SP, PN (28 DAYS SUPPLY PER FILL)
TRIKAFTA (80-40-60 & 59.5 MG THER PACK, 100-50-75 & 75 MG THER PACK)	6	PA, LA, QL (56 ea per 28 day(s)), SP, PN (MAX 28 DAYS SUPPLY PER FILL)
PULMONARY FIBROSIS AGENTS		
ESBRIET 267 MG CAP	6	PA, QL (270 ea per 30 days), SP, PN (30 DAYS SUPPLY PER FILL)
OFEV	6	PA, LA, QL (60 ea per 30 days), SP, PN (30 DAYS SUPPLY PER FILL)
pirfenidone (267 mg tab, 801 mg tab)	6	PA, QL (270 ea per 30 days), SP, PN (30 DAYS SUPPLY PER FILL)
pirfenidone 267 mg cap	3	PA, QL (270 ea per 30 days), SP, PN (30 DAYS SUPPLY PER FILL)
SULFONAMIDES (CONTINUED)		
SULFONAMIDES		
sulfadiazine	3	

Drug Name	Drug Tier	Requirements/Limits
TETRACYCLINES (CONTINUED)		
AMINOMETHYLCYCLINES		
NUZYRA 150 MG TAB	6	PA, QL (30 ea per 14 days), SP, PN (14 DAYS SUPPLY PER FILL)
TETRACYCLINES		
avidoxy	3	
coremino	3	
demeclocycline hcl	3	
doxycycline hyclate (20 mg tab, 50 mg cap, 100 mg cap, 100 mg tab)	3	
doxycycline monohydrate (25 mg/5ml recon susp, 50 mg cap, 50 mg tab, 75 mg tab, 100 mg cap, 100 mg tab, 150 mg tab)	3	
lymepak	3	
minocycline hcl	3	
minocycline hcl er (45 mg tab er 24h, 90 mg tab er 24h, 135 mg tab er 24h)	3	
minocycline hcl er (55 mg tab er 24h, 65 mg tab er 24h, 80 mg tab er 24h, 105 mg tab er 24h, 115 mg tab er 24h)	3	PA
mondoxyne nl 100 mg cap	3	
morgidox 100 mg cap	3	
tetracycline hcl (250 mg cap, 500 mg cap)	3	
THYROID AGENTS (CONTINUED)		
ANTITHYROID AGENTS		
methimazole	3	
propylthiouracil	3	
THYROID HORMONES		
ARMOUR THYROID	5	
euthyrox	3	
levo-t	4	
levothyroxine sodium (25 mcg tab, 50 mcg tab, 75 mcg tab, 112 mcg tab, 137 mcg tab, 175 mcg tab, 300 mcg tab)	2	
levothyroxine sodium (88 mcg tab, 100 mcg tab, 125 mcg tab, 150 mcg tab, 200 mcg tab)	3	
levoxyl	4	

Drug Name	Drug Tier	Requirements/Limits
liothyronine sodium (5 mcg tab, 25 mcg tab, 50 mcg tab)	3	
NP THYROID	3	
SYNTHROID	4	
THYROID 90 MG TAB	3	
unithroid	4	
TOXOIDS (CONTINUED)		
TOXOID COMBINATIONS		
ADACEL	1	
BOOSTRIX	1	
DAPTACEL	1	
DIPHTHERIA-TETANUS TOXOIDS DT	1	
INFANRIX	1	
KINRIX	1	
PEDIARIX	1	
PENTACEL	1	AL (Up to 4 yrs old)
QUADRACEL	1	
TDVAX	1	
TENIVAC	1	
TETANUS-DIPHTHERIA TOXOIDS TD	1	
ULCER DRUGS/ANTISPASMODICS/ANTICHOLINERGICS (CONTINUED)		
ANTISPASMODICS		
BELLADONNA ALKALOIDS-OPIUM	3	
chlordiazepoxide-clidinium	3	
dicyclomine hcl (10 mg cap, 20 mg tab)	2	
dicyclomine hcl 10 mg/5ml solution	3	
glycopyrrolate (1 mg tab, 1 mg/5ml solution, 1.5 mg tab, 2 mg tab)	3	
hyoscyamine sulfate (0.125 mg sl tab, 0.125 mg tab, 0.125 mg tab disp, 0.125 mg/5ml elixir, 0.125 mg/ml solution)	3	
hyoscyamine sulfate er	3	
hyosyne	3	

Drug Name	Drug Tier	Requirements/Limits
methscopolamine bromide	3	
nulev	3	
oscimin 0.125 mg tab	3	
pb-hyoscy-atropine-scopolamine (16.2 mg tab, 16.2 mg/5ml elixir)	3	
phenobarbital-belladonna alk (16.2 mg tab, 16.2 mg/5ml elixir)	3	
phenohytro (16.2 mg tab, 16.2 mg/5ml elixir)	3	
H-2 ANTAGONISTS		
cimetidine	3	
CIMETIDINE HCL (300 MG/5ML SOLUTION)	3	
famotidine (20 mg tab, 40 mg tab)	2	
famotidine 40 mg/5ml recon susp	3	
NIZATIDINE (15 MG/ML SOLUTION, 150 MG CAP, 300 MG CAP)	3	
MISC. ANTI-ULCER		
sucralfate (1 gm tab, 1 gm/10ml suspension)	3	
PROTON PUMP INHIBITORS		
dexlansoprazole	3	ST, QL (1 ea per 1 day(s))
esomeprazole magnesium (10 mg packet, 20 mg packet, 40 mg packet)	3	PA
esomeprazole magnesium (20 mg cap dr, 40 mg cap dr)	3	
lansoprazole	3	
NEXIUM (2.5 MG PACKET, 5 MG PACKET)	5	PA
omeprazole (10 mg cap dr, 20 mg cap dr, 40 mg cap dr)	3	
pantoprazole sodium (20 mg tab dr, 40 mg tab dr)	3	
pantoprazole sodium 40 mg packet	3	PA
RABEPRAZOLE SODIUM 10 MG CAP SPRINK	3	PA
rabeprazole sodium 20 mg tab dr	3	
ULCER DRUGS - PROSTAGLANDINS		
misoprostol	3	
ULCER THERAPY COMBINATIONS		
omeprazole-sodium bicarbonate	3	ST

Drug Name	Drug Tier	Requirements/Limits
URINARY ANTISPASMODICS (CONTINUED)		
URINARY ANTISPASMODIC - ANTIMUSCARINICS (ANTICHOLINERGIC)		
darifenacin hydrobromide er	3	ST
fesoterodine fumarate er	3	ST
GELNIQUE	5	PA
oxybutynin chloride (5 mg tab, 5 mg/5ml solution)	3	
oxybutynin chloride er	3	
OXYTROL	5	ST
solifenacin succinate	3	
tolterodine tartrate	3	
tolterodine tartrate er	3	ST
trospium chloride	3	
trospium chloride er	3	ST
URINARY ANTISPASMODICS - BETA-3 ADRENERGIC AGONISTS		
MYRBETRIQ (25 MG TAB ER 24H, 50 MG TAB ER 24H)	4	QL (1 ea per 1 day(s))
MYRBETRIQ 8 MG/ML SRER	4	QL (10 ml per 1 days), AL (3 to 18 yrs old)
URINARY ANTISPASMODICS - CHOLINERGIC AGONISTS		
bethanechol chloride	3	
URINARY ANTISPASMODICS - DIRECT MUSCLE RELAXANTS		
flavoxate hcl	3	
VACCINES (CONTINUED)		
BACTERIAL VACCINES		
ACTHIB	1	
BEXSERO	1	
CAPVAXIVE	1	QL (0.5 ml per lifetime), AL (19 to 999 yrs old)
HIBERIX	1	
MENACTRA	1	
MENVEO (RECON SOLN, SOLUTION)	1	
PEDVAX HIB	1	
PENBRAYA	1	QL (2 ea per lifetime)

Drug Name	Drug Tier	Requirements/Limits
PNEUMOVAX 23	1	
PREVNAR 13	1	
PREVNAR 20	1	QL (0.5 ml per lifetime)
TRUMENBA	1	
VAXNEUVANCE	1	QL (0.5 ml per lifetime), AL (19 to 999 yrs old)
VIVOTIF	4	QL (4 ea per fill)
VIRAL VACCINES		
ABRYSVO	1	AL (60 to 999 yrs old)
ACAM2000	1	
AFLURIA	1	
AFLURIA PRESERVATIVE FREE	1	
AFLURIA QUADRIVALENT	1	
AREXVY	1	QL (1 ea per lifetime), AL (60 to 999 yrs old), PN (Covered for members 60 years of age and older without prior authorization. Covered for members 50-59 years with prior authorization.)
AUDENZ	1	
COMIRNATY	1	
ENGERIX-B	1	
FLUAD	1	
FLUAD QUADRIVALENT	1	
FLUARIX	1	
FLUARIX QUADRIVALENT	1	
FLUBLOK	1	
FLUBLOK QUADRIVALENT	1	
FLUCELVAX	1	
FLUCELVAX QUADRIVALENT	1	
FLULAVAL	1	
FLULAVAL QUADRIVALENT	1	
FLUMIST	1	
FLUMIST QUADRIVALENT	1	

Drug Name	Drug Tier	Requirements/Limits
FLUZONE	1	
FLUZONE HIGH-DOSE	1	
FLUZONE HIGH-DOSE QUADRIVALENT	1	
FLUZONE QUADRIVALENT	1	
GARDASIL 9	1	AL (Up to 45 yrs old)
HAVRIX 1440 EL U/ML SUSPENSION	1	AL (19 to 99 yrs old)
HAVRIX 720 EL U/0.5ML SUSPENSION	1	AL (Up to 18 yrs old)
HEPLISAV-B	1	
IPOL	1	
JANSSEN COVID-19 VACCINE	1	
JYNNEOS	1	AL (18 to 999 yrs old)
M-M-R II	1	
MODERNA COVID-19 BIVAL 6M-5Y	1	
MODERNA COVID-19 BIVAL BOOSTER	1	
MODERNA COVID-19 BIVALENT	1	
MODERNA COVID-19 VAC (BOOSTER)	1	
MODERNA COVID-19 VAC 6M-11Y	1	
MODERNA COVID-19 VACCINE	1	
MRESVIA	1	QL (0.5 ml per lifetime), AL (60 to 999 yrs old)
NOVAVAX COVID-19 VACCINE	1	
PFIZER COVID-19 BIVAL 6MO-4YR	1	
PFIZER COVID-19 VAC BIVAL 5-11	1	
PFIZER COVID-19 VAC-TRIS 5-11Y 10 MCG/0.3ML SUSPENSION	1	
PFIZER COVID-19 VAC-TRIS 6M-4Y 3 MCG/0.3ML SUSPENSION	1	
PFIZER-BIONT COVID-19 VAC-TRIS	1	
PFIZER-BIONTECH COVID-19 VACC	1	
PREHEVBRIO	1	
PRIORIX	1	
PROQUAD	1	

Drug Name	Drug Tier	Requirements/Limits
RECOMBIVAX HB	1	
SHINGRIX	1	QL (2 ea per lifetime), AL (18 to 99 yrs old)
SPIKEVAX	1	
SPIKEVAX COVID-19 VACCINE	1	
TWINRIX	1	AL (18 to 99 yrs old)
VAQTA 25 UNIT/0.5ML SUSPENSION	1	AL (Up to 18 yrs old)
VAQTA 50 UNIT/ML SUSPENSION	1	AL (19 to 99 yrs old)
VARIVAX	1	
VAGINAL AND RELATED PRODUCTS (CONTINUED)		
SPERMICIDES		
OPTIONS GYNOL II CONTRACEPTIVE	1	
TODAY SPONGE	1	
VCF VAGINAL CONTRACEPTIVE (4 % GEL, 12.5 % FOAM, 28 % FILM)	1	
VAGINAL ANTI-INFECTIVES		
CLEOCIN 100 MG SUPPOS	4	
clindamycin phosphate 2 % cream	3	
CLINDESSE	4	
GYNAZOLE-1	5	PA
MICONAZOLE 3	3	
terconazole (0.4 % cream, 0.8 % cream, 80 mg suppos)	3	
VANDAZOLE	5	PA
VAGINAL CONTRACEPTIVE - PH MODULATORS		
PHEXXI	1	
VAGINAL ESTROGENS		
estradiol (0.1 mg/gm cream, 10 mcg tab)	3	
ESTRING	4	
FEMRING	5	PA
PREMARIN 0.625 MG/GM CREAM	4	
yuvafem	3	

Drug Name	Drug Tier	Requirements/Limits
VAGINAL PROGESTINS		
CRINONE	5	PA
ENDOMETRIN	4	
VASOPRESSORS (CONTINUED)		
ANAPHYLAXIS THERAPY AGENTS		
AUVI-Q 0.1 MG/0.1ML SOLN A-INJ	4	QL (2 ea per fill), AL (Up to 3 yrs old)
epinephrine (0.15 mg/0.3ml soln a-inj, 0.3 mg/0.3ml soln a-inj)	3	QL (2 ea per fill)
midodrine hcl	3	
VITAMINS (CONTINUED)		
OIL SOLUBLE VITAMINS		
d3-50	3	
decara (1.25 mg (50000 ut) cap, 625 mcg (25000 ut) cap)	5	
ergocalciferol 1.25 mg (50000 ut) cap	3	
optimal d3	3	
phytonadione 5 mg tab	3	
true vitamin d3 1.25 mg (50000 ut) cap	3	
vitamin d (ergocalciferol) (1.25 mg (50000 ut) cap, 50000 unit cap)	3	
vitamin d3 1.25 mg (50000 ut) cap	3	
weekly-d	3	

Appendix

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