Geisinger 4th Tier

Geisinger
HEALTH PLAN

2025

List of covered drugs

General Formulary Information

This formulary is applicable to the 4 Tier Prescription Medication Benefit plans offered by Geisinger Health Plan, Geisinger Choice PPO and Geisinger Health Options.

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 represents the 4 Tier Prescription Medication benefit. This formulary was designed to be a useful tool if you have prescription medication coverage. It lists the medications covered by your plan. Medications are listed in this formulary by medication category; individual medications can be looked up 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

4 Tier Benefit

The 4 Tier benefit assigns each prescription medication to one of four different tiers, each representing a set copay amount. The copay amount will depend on your prescription medication rider. Additional medications, other than those included in this formulary, may be covered under the 4 Tier benefit. The definitions of the copay levels are listed below:

- Tier 1 - Includes most generic medications and has the lowest copayment. Prior authorization is usually not necessary for medications in this tier.
- Tier 2 – Includes certain formulary brand name medications with no generic equivalent and select generic medications. Prior authorization may be necessary for medications in this tier.
- Tier 3 – Includes certain formulary brand name medications and brand name medications with a generic equivalent (unless higher cost-sharing applies). Non-formulary brand name medications, if approved, will apply tier 3 cost sharing. Prior authorization may be necessary for medications in this tier.
- Tier 4 – 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.

Specialty Vendor Medication Program

Certain medications require the use of a contracted specialty pharmacy vendor for purchase. Please contact the Pharmacy 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. Medications included in the Specialty Vendor Medication Program are designated in the formulary with SP in the Requirements/Limits column.

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.
- Except for those medications classified as being narrow therapeutic index, a brand name medication with a generic equivalent requires prior authorization. If approved, it will be covered at the tier 3 copay.
- 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 exceptions process. Non-formulary medications will be available at the tier 3 copay level, if approved.
- 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 2.
- 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 1 copay level if the primary ingredient is generic or the Tier 3 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.
- Medications listed on Tier 0 are covered at $0 copay.
- 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 for opioid naïve members if more than a 10-day supply is required for an adult or more than a 5-day supply for a member under 18 years of age.

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
- 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 must be obtained from a network specialty vendor.
- This formulary is accurate as of December 1, 2025 and is subject to change. Any additions or deletions to the formulary throughout the year may be found in the following 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.
- **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 not listed above, the maximum day supply for specialty vendor medications is 34 days or as otherwise defined in the prescription medication 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 co-pay or coinsurance for that medication.

The Plan recognizes that, in some situations, you may not respond well to a given formulary medication or 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. If an exception is approved under the 4 Tier benefit, you will be charged at the tier 3 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
    - 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 women 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 women 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.

Depending on your specific benefits and in which state you reside, oral chemotherapy agents may have no cost sharing.

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 2001.

National Consumers League (NCL), "Consumer Guide to Generic Medications," www.nclnet.org., November 2001.

"From the Pharmacist," www.cvs.com., November 2001.

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.

Notice of Availability of Language Assistance Services and Auxiliary Aids and Services

ATTENTION: If you speak English, free language assistance services are available to you. Appropriate auxiliary aids and services to provide information in accessible formats are also available free of charge. Call 1-800-447-4000 (TTY: 711) or speak to your provider.

ATENCIÓN: Si habla español, tiene a su disposición servicios gratuitos de asistencia lingüística. También están disponibles de forma gratuita ayuda y servicios auxiliares apropiados para proporcionar información en formatos accesibles. Llame al 1-800-447-4000 (TTY: 711) o hable con su proveedor.

注意：如果您說[中文]，我們可以爲您提供免費語言協助服務。也可以免費提供適當的輔助工具與服務，以無障礙格式提供資訊。請致電 1-800-447-4000（TTY：711）或與您的提供者討論。

אכטונג: אויב איר רעדט אידיש, זענען דא אומזיסטע שפראך הילף סערוויסעס וואס קענען צוגעשטעלט ווערן פאר אייך. נויטיגע צוגאבליכע הילף און סערוויסעס כדי צו צושטעלן אינפארמאציע אין א צוגענגליכע פארמאטן ווערן אויך צוגעשטעלט פרי פון אפצאל. רופט 1-800-447-4000 (TTY: 711) אדער רעדט צו אייער פראַוויידער.

ВНИМАНИЕ: Если вы говорите на русский, вам доступны бесплатные услуги языковой поддержки. Соответствующие вспомогательные средства и услуги по предоставлению информации в доступных форматах также предоставляются бесплатно. Позвоните по телефону 1-800-447-4000 (TTY: 711) или обратитесь к своему поставщику услуг.

تنبيه: إذا كنت تتحدث اللغة العربية، فستتوفر لك خدمات المساعدة اللغوية المجانية. كما تتوفر وسائل مساعدة وخدمات مناسبة لتوفير المعلومات بتنسيقات يمكن الوصول إليها مجانًا. اتصل على الرقم (1-800-447-4000) (TTY: 711) أو تحدث إلى مقدم الخدمة

ACHTUNG: Wenn Sie Deutsch sprechen, stehen Ihnen kostenlose Sprachassistenzdienste zur Verfügung. Entsprechende Hilfsmittel und Dienste zur Bereitstellung von Informationen in barrierefreien Formaten stehen ebenfalls kostenlos zur Verfügung. Rufen Sie 1-800-447-4000 (TTY: 711) an oder sprechen Sie mit Ihrem Provider.

LƯU Ý: Nếu bạn nói tiếng Việt, chúng tôi cung cấp miễn phí các dịch vụ hỗ trợ ngôn ngữ. Các hỗ trợ dịch vụ phù hợp để cung cấp thông tin theo các định dạng dễ tiếp cận cũng được cung cấp miễn phí. Vui lòng gọi theo số 1-800-447-4000 (Người khuyết tật: 1-711) hoặc trao đổi với người cung cấp dịch vụ của bạn.

ATTENTION : Si vous parlez Français, des services d'assistance linguistique gratuits sont à votre disposition. Des aides et services auxiliaires appropriés pour fournir des informations dans des formats accessibles sont également disponibles gratuitement. Appelez le 1-800-447-4000 (TTY: 711) ou parlez à votre fournisseur.

ATTENZIONE: se parli Italiano, sono disponibili servizi di assistenza linguistica gratuiti. Sono inoltre disponibili gratuitamente ausili e servizi ausiliari adeguati per fornire informazioni in formati accessibili. Chiama l'1-800-447-4000 (tty: 711) o parla con il tuo fornitore.

주의: [한국어]를 사용하시는 경우 무료 언어 지원 서비스를 이용하실 수 있습니다. 이용 가능한 형식으로 정보를 제공하는 적절한 보조 기구 및 서비스도 무료로 제공됩니다. 1-800-447-4000 (TTY: 711)번으로 전화하거나 서비스 제공업체에 문의하십시오.

ध्यान दें: यदि आप हिंदी बोलते हैं, तो आपके लिए निःशुल्क भाषा सहायता सेवाएं उपलब्ध होती हैं। सुलभ प्रारूपों में जानकारी प्रदान करने के लिए उपयुक्त सहायक साधन और सेवाएँ भी निःशुल्क उपलब्ध हैं। 1-800-447-4000 (TTY: 711) पर कॉल करें या अपने प्रदाता से बात करें।
ધ્યાન આપો: જો તમે ગુજરાતી બોલતા હો તો મફત ભાષાકીય સહાયતા સેવાઓ તમારા માટે ઉપલબ્ધ છે. યોગ્ય ઑક્ઝિલરી સહાય અને ઍક્સેસિબલ ફૉર્મેટમાં માહિતી પૂરી પાડવા માટેની સેવાઓ પણ વિના મૂલ્યે ઉપલબ્ધ છે. 1-800-447-4000 (TTY: 711) પર કૉલ કરો અથવા તમારા પ્રદાતા સાથે વાત કરો.

सावधान: यदि तपाईं नेपाली भाषा बोल्नुहुन्छ भने तपाईंका लागि निःशुल्क भाषिक सहायता सेवाहरू उपलब्ध छन्। पहुँचयोग्य ढाँचाहरूमा जानकारी प्रदान गर्न उपयुक्त सहायता र सेवाहरू पनि निःशुल्क उपलब्ध छन्। 1-800-447-4000 (TTY: 711) मा फोन गर्नुहोस् वा आफ्नो प्रदायकसँग कुरा गर्नुहोस्।
AKIYESI: Ti o ba sọ Yorùbá, awọn iṣẹ iranlọwọ ede ọfẹ wa fun ọ. Awọn iranlọwọ iranlọwọ ti o yẹ ati awọn iṣẹ lati pese alaye ni awọn ọna kika wiwọle tun wa laisi idiyele. Pe 1-800-447-4000 (TTY: 711) tabi sọrọ si olupese rẹ.
ՈՒՇԱԴՐՈՒԹՅՈՒՆ. Եթե խոսում եք հայերեն, Դուք կարող եք օգտվել լեզվական աջակցության անվճար ծառայություններից: Մատչելի ձևաչափերով տեղեկատվություն տրամադրելու համապատասխան օժանդակ միջոցներն ու ծառայությունները նույնպես տրամադրվում են անվճար: Զանգահարեք 1-800-447-4000 հեռախոսահամարով (TTY՝ 711) կամ խոսեք Ձեր մատակարարի հետ:

LEGEND

0	ACA Preventative	
1	Generics	
2	Preferred Brands	
3	Non-Preferred Brands	
4	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 PA restrictions
PN	Note	This drug has unique 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

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Drug Name	Drug Tier	Requirements/Limits
ADHD/ANTI-NARCOLEPSY/ANTI-OBESITY/ANOREXIANTS (CONTINUED)		
AMPHETAMINES		
amphetamine-dextroamphet er	1	
amphetamine-dextroamphetamine	1	
dextroamphetamine sulfate (5 mg tab, 10 mg tab)	1	
dextroamphetamine sulfate er	1	
lisdexamfetamine dimesylate (10 mg cap, 20 mg cap, 30 mg cap, 40 mg cap, 50 mg cap, 60 mg cap, 70 mg cap)	1	PA, QL (1 ea per 1 day(s))
methamphetamine hcl	1	
ANALEPTICS		
caffeine citrate	1	
ANOREXIANTS NON-AMPHETAMINE		
DIETHYLPROPION HCL ER	1	
ATTENTION-DEFICIT/HYPERACTIVITY DISORDER (ADHD) AGENTS		
atomoxetine hcl	1	
clonidine hcl er 0.1 mg tab er 12h	1	
guanfacine hcl er (1 mg tab er 24h, 2 mg tab er 24h, 3 mg tab er 24h, 4 mg tab er 24h)	1	
QELBREE 100 MG CAP ER 24H	3	PA, QL (1 ea per 1 days)
QELBREE 150 MG CAP ER 24H	3	PA, QL (2 ea per 1 days)
QELBREE 200 MG CAP ER 24H	3	PA, QL (3 ea per 1 days)
STIMULANTS - MISC.		
armodafinil	1	PA
dexmethylphenidate hcl	1	
dexmethylphenidate hcl er	1	
methylphenidate	1	PA
methylphenidate hcl (5 mg tab, 5 mg/5ml solution, 10 mg tab, 10 mg/5ml solution, 20 mg tab)	1	
methylphenidate hcl er	1	
methylphenidate hcl er (cd)	1	
methylphenidate hcl er (la) (10 mg cap er 24h, 20 mg cap er 24h, 30 mg cap er 24h, 40 mg cap er 24h)	1	

Drug Name	Drug Tier	Requirements/Limits
methylphenidate hcl er (la) 60 mg cap er 24h	1	PA
methylphenidate hcl er (osm) (18 mg tab er, 27 mg tab er, 36 mg tab er, 54 mg tab er)	1	
modafinil	1	PA
AMINOGLYCOSIDES (CONTINUED)		
AMINOGLYCOSIDES		
neomycin sulfate	1	
paromomycin sulfate	1	
tobramycin 300 mg/4ml nebu soln	1	PA, QL (224 ml per 56 days), SP, PN (MIN 56 DAY SUPPLY; MAX 60 DAY SUPPLY)
tobramycin 300 mg/5ml nebu soln	1	PA, QL (280 ml per 56 days), SP
ANALGESICS - ANTI-INFLAMMATORY (CONTINUED)		
ANTI-TNF-ALPHA - MONOCLONAL ANTIBODIES		
AMJEVITA (40 MG/0.4ML SOLN A-INJ, 40 MG/0.4ML SOLN PRSYR)	4	QL (0.8 ml per 28 day(s)), PA-NSO, SP, PN (28 DAYS SUPPLY PER FILL)
AMJEVITA 20 MG/0.2ML SOLN PRSYR	4	QL (0.4 ml per 28 day(s)), PA-NSO, SP, PN (28 DAYS SUPPLY PER FILL)
AMJEVITA 80 MG/0.8ML SOLN A-INJ	4	QL (2.4 ml per 28 day(s)), PA-NSO, SP, PN (28 DAYS SUPPLY PER FILL)
SIMPONI 100 MG/ML SOLN A-INJ	4	QL (1 ml per 28 days), PA-NSO, SP, PN (MIN 28 DAY SUPPLY; MAX 34 DAY SUPPLY)
SIMPONI 100 MG/ML SOLN PRSYR	4	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	4	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	4	QL (0.5 ml per 28 days), PA-NSO, SP, PN (MIN 28 DAY SUPPLY; MAX 34 DAY SUPPLY)
SIMPONI ARIA	4	PA, SP, PN (MIN 56 DAY SUPPLY; MAX 60 DAY SUPPLY)
ANTIRHEUMATIC - ENZYME INHIBITORS		
RINVOQ (15 MG TAB ER 24H, 30 MG TAB ER 24H)	4	QL (30 ea per 30 days), PA-NSO, SP, PN (30 DAYS SUPPLY PER FILL)
RINVOQ 45 MG TAB ER 24H	4	QL (28 ea per 28 days), PA-NSO, SP, PN (84 DAYS SUPPLY IN 180 DAYS)

Drug Name	Drug Tier	Requirements/Limits
RINVOQ LQ	4	QL (360 ml per 30 day(s)), PA-NSO, SP, PN (30 DAYS SUPPLY PER FILL)
XELJANZ (5 MG TAB, 10 MG TAB)	4	QL (60 ea per 30 days), PA-NSO, SP, PN (30 DAYS SUPPLY PER FILL)
XELJANZ 1 MG/ML SOLUTION	4	QL (300 ml per 30 days), PA-NSO, SP, PN (30 DAYS SUPPLY PER FILL)
XELJANZ XR	4	QL (30 ea per 30 days), PA-NSO, SP, PN (30 DAYS SUPPLY PER FILL)
INTERLEUKIN-1 BLOCKERS		
ARCALYST	4	PA, SP, PN (34 DAYS SUPPLY PER FILL)
INTERLEUKIN-1BETA BLOCKERS		
ILARIS	4	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)	4	PA, SP, PN (MIN 21 DAY SUPPLY; MAX 34 DAY SUPPLY)
ACTEMRA 162 MG/0.9ML SOLN PRSYR	4	QL (3.6 ml per 28 days), PA-NSO, SP, PN (MIN 21 DAY SUPPLY; MAX 34 DAY SUPPLY)
ACTEMRA ACTPEN	4	QL (3.6 ml per 28 days), PA-NSO, SP, PN (MIN 21 DAY SUPPLY; MAX 34 DAY SUPPLY)
TOFIDENCE	4	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)	4	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)	4	PA, SP, PN (MIN 21 DAY SUPPLY; MAX 34 DAY SUPPLY)
NONSTEROIDAL ANTI-INFLAMMATORY AGENTS (NSAIDS)		
cataflam	1	
celecoxib	1	
diclofenac potassium 50 mg tab	1	
diclofenac sodium (25 mg tab dr, 50 mg tab dr, 75 mg tab dr)	1	
diclofenac sodium er	1	
diclofenac-misoprostol (50-0.2 mg tab dr, 75-0.2 mg tab dr)	1	
ec-naproxen	1	

Drug Name	Drug Tier	Requirements/Limits
etodolac	1	
etodolac er	1	
fenoprofen calcium (200 mg cap, 400 mg cap, 600 mg tab)	1	
FENORTHO	1	
flurbiprofen (100 mg tab)	1	
ibu	1	
ibuprofen (100 mg/5ml suspension, 200 mg/10ml suspension, 400 mg tab, 600 mg tab, 800 mg tab)	1	
indomethacin (25 mg cap, 25 mg/5ml suspension, 50 mg cap)	1	
indomethacin er	1	
ketorolac tromethamine 10 mg tab	1	QL (20 ea per fill)
LURBIPR	1	
LURBIRO	1	
MECLOFENAMATE SODIUM	1	
mefenamic acid	1	
meloxicam (7.5 mg tab, 15 mg tab)	1	
nabumetone	1	
NALFON 400 MG CAP	1	
naproxen (125 mg/5ml suspension, 250 mg tab, 375 mg tab, 375 mg tab dr, 500 mg tab, 500 mg tab dr)	1	
naproxen dr	1	
naproxen sodium (275 mg tab, 550 mg tab)	1	
oxaprozin	1	
piroxicam	1	
relafen 500 mg tab	1	
sulindac	1	
PHOSPHODIESTERASE 4 (PDE4) INHIBITORS		
OTEZLA 10 & 20 & 30 MG TAB THPK	4	QL (55 ea per 28 days), PA-NSO, SP, PN (28 DAYS SUPPLY PER FILL)
OTEZLA 30 MG TAB	4	QL (60 ea per 30 days), PA-NSO, SP, PN (30 DAYS SUPPLY PER FILL)
PYRIMIDINE SYNTHESIS INHIBITORS		
leflunomide	1	

Drug Name	Drug Tier	Requirements/Limits
SOLUBLE TUMOR NECROSIS FACTOR RECEPTOR AGENTS		
ENBREL (25 MG/0.5ML SOLN PRSYR, 50 MG/ML SOLN PRSYR)	4	QL (4 ml per 28 days), PA-NSO, SP, PN (MIN 28 DAY SUPPLY; MAX 34 DAY SUPPLY)
ENBREL 25 MG RECON SOLN	4	QL (8 ea per 28 days), PA-NSO, PN (MIN 28 DAY SUPPLY; MAX 34 DAY SUPPLY)
ENBREL 25 MG/0.5ML SOLUTION	4	QL (8 ml per 28 days), PA-NSO, SP, PN (MIN 28 DAY SUPPLY; MAX 34 DAY SUPPLY)
ENBREL MINI	4	QL (4 ml per 28 days), PA-NSO, SP, PN (MIN 28 DAY SUPPLY; MAX 34 DAY SUPPLY)
ENBREL SURECLICK	4	QL (4 ml per 28 days), PA-NSO, SP, PN (MIN 28 DAY SUPPLY; MAX 34 DAY SUPPLY)
ANALGESICS - NONNARCOTIC (CONTINUED)		
ANALGESIC COMBINATIONS		
bac (butalbital-acetamin-caff)	1	
butalbital-acetaminophen 50-325 mg tab	1	
butalbital-apap-caffeine (50-300-40 mg cap, 50-325-40 mg tab)	1	
butalbital-aspirin-caffeine	1	
ANALGESICS-PEPTIDE CHANNEL BLOCKERS		
PRIALT	4	PA, LA, SP, PN (34 DAYS SUPPLY PER FILL)
SALICYLATES		
adult aspirin regimen	0	
aspirin (81 mg chew tab, 81 mg tab dr)	0	
aspirin 81	0	
aspirin adult low dose	0	
aspirin adult low strength	0	
aspirin childrens	0	
aspirin ec adult low dose	0	
aspirin ec low dose	0	
aspirin ec low strength	0	
aspirin low dose	0	

Drug Name	Drug Tier	Requirements/Limits
aspirin regimen	0	
bayer aspirin ec low dose	0	
bayer low dose	0	
childrens aspirin	0	
cvs aspirin adult low dose	0	
cvs aspirin adult low strength	0	
cvs aspirin ec 81 mg tab dr	0	
cvs aspirin low dose	0	
cvs aspirin low strength	0	
diflunisal	1	
ecotrin low strength	0	
eq aspirin adult low dose	0	
eq aspirin low dose	0	
eql aspirin low dose	0	
ft aspirin 81 mg chew tab	0	
ft aspirin low dose	0	
gnp adult aspirin low strength	0	
gnp aspirin 81 mg tab dr	0	
gnp aspirin low dose	0	
goodsense aspirin 81 mg chew tab	0	
goodsense aspirin adult low st	0	
goodsense aspirin low dose	0	
h-e-b aspirin	0	
hm aspirin 81 mg chew tab	0	
hm aspirin ec low dose	0	
kls aspirin low dose	0	
kp aspirin	0	
mm aspirin	0	
px aspirin 81 mg chew tab	0	
px enteric aspirin 81 mg tab dr	0	
qc aspirin low dose	0	

Drug Name	Drug Tier	Requirements/Limits
qc childrens aspirin	0	
ra aspirin adult low dose	0	
ra aspirin adult low strength	0	
ra aspirin childrens	0	
ra aspirin ec 81 mg tab dr	0	
ra aspirin ec adult low st	0	
salsalate	1	
sb childrens aspirin	0	
sb low dose asa ec	0	
sm aspirin adult low strength	0	
sm aspirin ec low strength	0	
sm aspirin low dose	0	
sm childrens aspirin	0	
st joseph aspirin	0	
st joseph low dose	0	
ANALGESICS - OPIOID (CONTINUED)		
OPIOID AGONISTS		
codeine sulfate (15 mg tab, 60 mg tab)	1	
fentanyl (12 mcg/hr patch 72hr, 25 mcg/hr patch 72hr, 37.5 mcg/hr patch 72hr, 50 mcg/hr patch 72hr, 62.5 mcg/hr patch 72hr, 75 mcg/hr patch 72hr, 87.5 mcg/hr patch 72hr, 100 mcg/hr patch 72hr)	1	PA, PN (34 DAYS SUPPLY PER FILL)
fentanyl citrate	4	PA, QL (120 ea per 30 days), PN (30 DAYS SUPPLY PER FILL)
FENTANYL CITRATE (100 MCG TAB, 200 MCG TAB, 400 MCG TAB, 600 MCG TAB, 800 MCG TAB)	1	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)	1	PA, QL (120 ea per 30 day(s)), PN (30 DAYS SUPPLY PER FILL)
hydromorphone hcl (1 mg/ml liquid, 2 mg tab, 4 mg tab, 8 mg tab)	1	
levorphanol tartrate 2 mg tab	1	
MEPERIDINE HCL (50 MG TAB, 50 MG/5ML SOLUTION)	1	
methadone hcl (5 mg tab, 5 mg/5ml solution, 10 mg tab, 10 mg/5ml solution, 10 mg/ml conc, 40 mg tab sol)	1	PA

Drug Name	Drug Tier	Requirements/Limits
methadone hcl intensol	1	PA
methadose	1	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)	1	
MORPHINE SULFATE (CONCENTRATE)	1	
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, 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)	1	PA
MORPHINE SULFATE ER BEADS	1	PA
NUCYNTA	3	PA
NUCYNTA ER	3	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)	1	
OXYCODONE HCL ER (10 MG TB12 DETER, 20 MG TB12 DETER, 40 MG TB12 DETER, 80 MG TB12 DETER)	1	PA
OXYCONTIN	3	PA
oxymorphone hcl (5 mg tab, 10 mg tab)	1	
SUBSYS	4	PA, QL (120 ea per 30 days), PN (30 DAYS SUPPLY PER FILL)
tramadol hcl (50 mg tab, 100 mg tab)	1	
TRAMADOL HCL (ER BIPHASIC)	1	PA
tramadol hcl er (100 mg cap er 24h, 200 mg cap er 24h)	1	PA
OPIOID COMBINATIONS		
ACETAMINOPHEN-CODEINE (300-15 MG TAB, 300-30 MG TAB, 300-60 MG TAB)	1	
ascomp-codeine	1	
butalbital-apap-caff-cod 50-325-40-30 mg cap	1	
butalbital-asa-caff-codeine	1	
endocet	1	
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)	1	
HYDROCODONE-IBUPROFEN (7.5-200 MG TAB)	1	
NALOCET	1	

Drug Name	Drug Tier	Requirements/Limits
oxycodone-acetaminophen (2.5-300 mg tab, 2.5-325 mg tab, 5-325 mg tab, 5-325 mg/5ml solution, 7.5-300 mg tab, 7.5-325 mg tab, 10-325 mg tab)	1	
tramadol-acetaminophen	1	
OPIOID PARTIAL AGONISTS		
BRIXADI (WEEKLY) 16 MG/0.32ML SOLN PRSYR	4	QL (1.28 ml per 28 days), SP, PN (MAX 28 DAY SUPPLY)
BRIXADI (WEEKLY) 24 MG/0.48ML SOLN PRSYR	4	QL (1.92 ml per 28 days), SP, PN (MAX 28 DAY SUPPLY)
BRIXADI (WEEKLY) 32 MG/0.64ML SOLN PRSYR	4	QL (2.56 ml per 28 days), SP, PN (MAX 28 DAY SUPPLY)
BRIXADI (WEEKLY) 8 MG/0.16ML SOLN PRSYR	4	QL (0.64 ml per 28 days), SP, PN (MAX 28 DAY SUPPLY)
BRIXADI 128 MG/0.36ML SOLN PRSYR	4	QL (0.36 ml per 28 days), SP, PN (MAX 28 DAY SUPPLY)
BRIXADI 64 MG/0.18ML SOLN PRSYR	4	QL (0.18 ml per 28 days), SP, PN (MAX 28 DAY SUPPLY)
BRIXADI 96 MG/0.27ML SOLN PRSYR	4	QL (0.27 ml per 28 days), SP, PN (MAX 28 DAY SUPPLY)
buprenorphine	1	PA, QL (0.143 ea per 1 days)
buprenorphine hcl (2 mg sl tab, 8 mg sl tab)	1	PN (34 DAYS SUPPLY PER FILL)
buprenorphine hcl-naloxone hcl	1	PN (34 DAYS SUPPLY PER FILL)
butorphanol tartrate	1	
pentazocine-naloxone hcl	1	
SUBLOCADE	3	SP, PN (MIN 26 DAY SUPPLY; MAX 34 DAY SUPPLY)
ANDROGENS-ANABOLIC (CONTINUED)		
ANDROGENS		
AVEED	4	PA, SP, PN (34 DAYS SUPPLY PER FILL)
danazol	1	
depo-testosterone	1	
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)	1	
testosterone cypionate	1	
TESTOSTERONE ENANTHATE	1	

Drug Name	Drug Tier	Requirements/Limits
ANORECTAL AND RELATED PRODUCTS (CONTINUED)		
INTRARECTAL STEROIDS		
hydrocortisone 100 mg/60ml enema	1	
RECTAL COMBINATIONS		
hydrocort-pramoxine (perianal)	1	
lidocaine-hydrocort (perianal)	1	
LIDOCAINE-HYDROCORTISONE ACE (1-3 % KIT, 2.8-0.55 % GEL, 3-0.5 % KIT, 3-1 % KIT, 3-2.5 % KIT)	1	
lidocort	1	
PROCTOFOAM HC	2	
RECTAL STEROIDS		
anucort-hc	1	
anusol-hc	1	
hemmorex-hc 25 mg suppos	1	
hydrocortisone (perianal)	1	
hydrocortisone acetate 25 mg suppos	1	
procto-med hc	1	
procto-pak	1	
PROCTOCORT 1 % CREAM	1	
proctosol hc	1	
proctozone-hc	1	
ANTHELMINTICS (CONTINUED)		
ANTHELMINTICS		
albendazole	1	QL (4 ea per day(s))
EMVERM	3	PA, QL (6 ea per fill(s))
ivermectin 3 mg tab	1	PA, PN (PA REQUIRED FOR UNAPPROVED INDICATIONS)
ANTI-INFECTIVE AGENTS - MISC. (CONTINUED)		
ANTI-INFECTIVE AGENTS - MISC.		
AEMCOLO	3	PA, QL (12 ea per 3 days), PN (3 DAYS SUPPLY PER FILL)

Drug Name	Drug Tier	Requirements/Limits
metronidazole (250 mg tab, 500 mg tab)	1	
pentamidine isethionate	1	
tinidazole	1	
trimethoprim	1	
XIFAXAN 550 MG TAB	4	PA
ANTI-INFECTIVE MISC. - COMBINATIONS		
sulfamethoxazole-trimethoprim (200-40 mg/5ml suspension, 400-80 mg tab, 800-160 mg tab, 800-160 mg/20ml suspension)	1	
sulfatrim pediatric	1	
URETRON D/S	2	
XACDURO	4	PA, QL (168 ea per 14 days), PN (14 DAYS SUPPLY PER FILL)
ANTIPROTOZOAL AGENTS		
ALINIA 100 MG/5ML RECON SUSP	2	
atovaquone	1	
nitazoxanide	1	
CYCLIC LIPOPEPTIDES		
daptomycin 350 mg recon soln	1	PN (34 DAYS SUPPLY PER FILL)
daptomycin 500 mg recon soln	1	PN (34 DAYS SUPPLY PER FILL)
GLYCOPEPTIDES		
KIMYRSA	4	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, 10 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)	1	
LEPROSTATICS		
dapsone (25 mg tab, 100 mg tab)	1	
LINCOSAMIDES		
clindamycin hcl	1	
clindamycin palmitate hcl	1	
OXAZOLIDINONES		
linezolid 100 mg/5ml recon susp	1	PA

Drug Name	Drug Tier	Requirements/Limits
linezolid 600 mg tab	1	QL (2 ea per 1 days), PN (56 DAYS SUPPLY IN 180 DAYS)
SIVEXTRO 200 MG TAB	4	PA, QL (6 ea per 6 day(s)), PN (6 DAYS SUPPLY IN 365 DAYS)
PLEUROMUTILINS		
XENLETA 600 MG TAB	4	PA, QL (10 ea per 5 days), PN (5 DAYS SUPPLY PER FILL)
URINARY ANTI-INFECTIVES		
methenamine hippurate	1	
methenamine mandelate	1	
nitrofurantoin	1	
nitrofurantoin macrocrystal	1	
nitrofurantoin monohyd macro	1	
ANTIANGINAL AGENTS (CONTINUED)		
ANTIANGINALS-OTHER		
ranolazine er	1	PA
NITRATES		
isosorbide dinitrate (5 mg tab, 10 mg tab, 20 mg tab, 30 mg tab)	1	
isosorbide mononitrate (20 mg tab)	1	
ISOSORBIDE MONONITRATE 10 MG TAB	1	
isosorbide mononitrate er	1	
NITRO-BID	2	
NITRO-TIME	1	
nitroglycerin (0.1 mg/hr patch 24hr, 0.2 mg/hr patch 24hr, 0.4 mg/hr patch 24hr, 0.6 mg/hr patch 24hr)	1	
nitroglycerin (0.3 mg sl tab, 0.4 mg sl tab, 0.4 mg/spray solution, 0.6 mg sl tab)	1	
NITROLINGUAL	1	
ANTIANXIETY AGENTS (CONTINUED)		
ANTIANXIETY AGENTS - MISC.		
buspirone hcl (5 mg tab, 7.5 mg tab, 10 mg tab, 15 mg tab, 30 mg tab)	1	

Drug Name	Drug Tier	Requirements/Limits
hydroxyzine hcl (10 mg tab, 10 mg/5ml syrup, 25 mg tab, 50 mg tab)	1	
HYDROXYZINE PAMOATE	2	
hydroxyzine pamoate (25 mg cap, 50 mg cap)	1	
meprobamate	1	
BENZODIAZEPINES		
alprazolam	1	
alprazolam er	1	
ALPRAZOLAM INTENSOL	2	
alprazolam xr	1	
chlordiazepoxide hcl (5 mg cap, 10 mg cap, 25 mg cap)	1	
clorazepate dipotassium	1	
diazepam (2 mg tab, 5 mg tab, 5 mg/5ml solution, 5 mg/ml conc, 10 mg tab)	1	
diazepam intensol	1	
lorazepam (0.5 mg tab, 1 mg tab, 2 mg tab, 2 mg/ml conc)	1	
lorazepam intensol	1	
oxazepam	1	
ANTIARRHYTHMICS (CONTINUED)		
ANTIARRHYTHMICS TYPE I-A		
disopyramide phosphate	1	
NORPACE CR 100 MG CAP ER 12H	2	QL (8 ea per 1 days)
NORPACE CR 150 MG CAP ER 12H	2	QL (5 ea per 1 days)
quinidine gluconate er 324 mg tab er	1	
QUINIDINE SULFATE	1	
ANTIARRHYTHMICS TYPE I-B		
mexiletine hcl	1	
ANTIARRHYTHMICS TYPE I-C		
flecainide acetate	1	
propafenone hcl	1	
propafenone hcl er	1	

Drug Name	Drug Tier	Requirements/Limits
ANTIARRHYTHMICS TYPE III		
amiodarone hcl (100 mg tab, 200 mg tab, 400 mg tab)	1	
dofetilide	1	
pacerone	1	
ANTIASTHMATIC AND BRONCHODILATOR AGENTS (CONTINUED)		
ANTI-INFLAMMATORY AGENTS		
cromolyn sodium 20 mg/2ml nebu soln	1	
ANTIASTHMATIC - MONOCLONAL ANTIBODIES		
CINQAIR	4	PA, SP, PN (MIN 28 DAY SUPPLY; MAX 34 DAY SUPPLY)
FASENRA 10 MG/0.5ML SOLN PRSYR	4	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	4	PA, QL (1 ml per 56 days), SP, PN (MIN 56 DAY SUPPLY; MAX 60 DAY SUPPLY)
FASENRA PEN	4	PA, QL (1 ml per 56 days), SP, PN (MIN 56 DAY SUPPLY; MAX 60 DAY SUPPLY)
NUCALA (100 MG RECON SOLN, 100 MG/ML SOLN A-INJ, 100 MG/ML SOLN PRSYR)	4	PA, SP, PN (MIN 28 DAY SUPPLY; MAX 34 DAY SUPPLY)
NUCALA 40 MG/0.4ML SOLN PRSYR	4	PA, QL (1 ml per 28 days), SP, PN (28 DAYS SUPPLY PER FILL)
TEZSPIRE	4	PA, QL (1.91 ml per 28 days), SP, PN (28 DAYS SUPPLY PER FILL)
XOLAIR (150 MG/ML SOLN A-INJ, 300 MG/2ML SOLN A-INJ, 300 MG/2ML SOLN PRSYR)	4	PA, QL (4 ml per 28 day(s)), SP, PN (28 DAYS SUPPLY PER FILL)
XOLAIR 150 MG RECON SOLN	4	PA, SP, PN (28 DAYS SUPPLY PER FILL)
XOLAIR 150 MG/ML SOLN PRSYR	4	PA, QL (4 ml per 28 days), SP, PN (28 DAYS SUPPLY PER FILL)
XOLAIR 75 MG/0.5ML SOLN A-INJ	4	PA, QL (5 ml per 28 day(s)), SP, PN (28 DAYS SUPPLY PER FILL)
XOLAIR 75 MG/0.5ML SOLN PRSYR	4	PA, QL (5 ml per 28 days), SP, PN (28 DAYS SUPPLY PER FILL)
BRONCHODILATORS - ANTICHOLINERGICS		
ATROVENT HFA	2	
INCRUSE ELLIPTA	2	
ipratropium bromide 0.02 % solution	1	

Drug Name	Drug Tier	Requirements/Limits
SPIRIVA HANDIHALER	2	
SPIRIVA RESPIMAT	2	
LEUKOTRIENE MODULATORS		
montelukast sodium (4 mg chew tab, 5 mg chew tab, 10 mg tab)	1	
montelukast sodium 4 mg packet	1	
zafirlukast	1	
SELECTIVE PHOSPHODIESTERASE 4 (PDE4) INHIBITORS		
roflumilast	1	PA
STEROID INHALANTS		
ARNUITY ELLIPTA	2	
budesonide (0.25 mg/2ml suspension, 0.5 mg/2ml suspension, 1 mg/2ml suspension)	1	
FLUTICASONE PROPIONATE DISKUS	2	
FLUTICASONE PROPIONATE HFA	2	
PULMICORT FLEXHALER	2	
QVAR REDIHALER	2	
SYMPATHOMIMETICS		
ADVAIR HFA	2	
albuterol sulfate (0.63 mg/3ml nebu soln, 1.25 mg/3ml nebu soln, 2 mg tab, 2 mg/5ml syrup, (2.5 mg/3ml) 0.083% nebu soln, 2.5 mg/0.5ml nebu soln, 4 mg tab, (5 mg/ml) 0.5% nebu soln, 8 mg/20ml syrup)	1	
albuterol sulfate hfa	1	
ANORO ELLIPTA	2	
arformoterol tartrate	1	PA
BREO ELLIPTA (100-25 MCG/ACT AER POW BA, 200-25 MCG/ACT AER POW BA)	2	QL (2 ea per 1 days)
BREO ELLIPTA 50-25 MCG/INH AER POW BA	2	QL (2 ea per 1 days)
BREZTRI AEROSPHERE	2	QL (10.7 gm per 28 days)
budesonide-formoterol fumarate	1	QL (1.02 gm per 1 day(s))
COMBIVENT RESPIMAT	2	
DULERA	2	

Drug Name	Drug Tier	Requirements/Limits
fluticasone-salmeterol	1	QL (2 ea per 1 days)
FLUTICASONE-SALMETEROL (55-14 MCG/ACT AER POW BA, 232-14 MCG/ACT AER POW BA)	2	QL (1 ea per 30 day(s))
FLUTICASONE-SALMETEROL 113-14 MCG/ACT AER POW BA	2	QL (1 ea per 30 day(s))
formoterol fumarate	1	PA
ipratropium-albuterol	1	
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)	1	
LEVALBUTEROL TARTRATE	1	
SEREVENT DISKUS	2	
STIOLTO RESPIMAT	2	
STRIVERDI RESPIMAT	2	
terbutaline sulfate (2.5 mg tab, 5 mg tab)	1	
TRELEGY ELLIPTA	2	QL (2 ea per 1 days)
wixela inhub	1	QL (2 ea per 1 days)
XANTHINES		
elixophyllin	1	
THEO-24	3	
theophylline	1	
theophylline er	1	
ANTICOAGULANTS (CONTINUED)		
COUMARIN ANTICOAGULANTS		
jantoven	1	
warfarin sodium	1	
DIRECT FACTOR XA INHIBITORS		
ELIQUIS 2.5 MG TAB	2	QL (2 ea per 1 days)
ELIQUIS 5 MG TAB	2	QL (4 ea per 1 days)
ELIQUIS DVT/PE STARTER PACK	2	QL (74 ea per 30 days), PN (30 DAYS SUPPLY PER FILL)
XARELTO (10 MG TAB, 20 MG TAB)	2	QL (1 ea per 1 days)
XARELTO 1 MG/ML RECON SUSP	2	QL (20 ml per 1 day(s))
XARELTO 15 MG TAB	2	QL (2 ea per 1 days)

Drug Name	Drug Tier	Requirements/Limits
XARELTO 2.5 MG TAB	2	QL (2 ea per 1 day(s))
XARELTO STARTER PACK	2	QL (51 ea per 30 days), PN (30 DAYS SUPPLY PER FILL)
HEPARINS AND HEPARINOID-LIKE AGENTS		
enoxaparin sodium (30 mg/0.3ml soln prsyr, 40 mg/0.4ml soln prsyr, 60 mg/0.6ml soln prsyr, 80 mg/0.8ml soln prsyr, 100 mg/ml soln prsyr, 120 mg/0.8ml soln prsyr, 150 mg/ml soln prsyr)	1	
enoxaparin sodium 300 mg/3ml solution	1	PN (30 DAYS SUPPLY PER FILL)
fondaparinux sodium	1	PN (34 DAYS SUPPLY PER FILL)
heparin sodium (porcine)	1	
heparin sodium (porcine) pf	1	
THROMBIN INHIBITORS		
dabigatran etexilate mesylate	1	QL (2 ea per 1 day(s))
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)	4	PA, QL (1 ea per 1 days)
FYCOMPA 0.5 MG/ML SUSPENSION	4	PA, QL (24 ml per 1 days)
perampanel	1	PA, QL (1 ea per 1 day(s))
ANTICONVULSANTS - BENZODIAZEPINES		
clobazam (10 mg tab, 20 mg tab)	1	
clobazam 2.5 mg/ml suspension	1	
clonazepam (0.125 mg tab disp, 0.25 mg tab disp, 0.5 mg tab, 0.5 mg tab disp, 1 mg tab, 1 mg tab disp, 2 mg tab, 2 mg tab disp)	1	
DIASTAT ACUDIAL	2	
DIAZEPAM (2.5 MG GEL, 10 MG GEL, 20 MG GEL)	1	
LIBERVANT	2	QL (10 ea per 30 day(s)), AL (2 to 5 yrs old)
SYMPAZAN	3	PA, QL (2 ea per 1 days)
VALTOCO 10 MG DOSE	2	QL (10 ea per 30 days)
VALTOCO 15 MG DOSE	2	QL (10 ea per 30 days)
VALTOCO 20 MG DOSE	2	QL (10 ea per 30 days)

Drug Name	Drug Tier	Requirements/Limits
VALTOCO 5 MG DOSE	2	QL (10 ea per 30 days)
ANTICONVULSANTS - MISC.		
APTIOM (200 MG TAB, 400 MG TAB)	2	PA, QL (1 ea per 1 day(s))
APTIOM (600 MG TAB, 800 MG TAB)	2	PA, QL (2 ea per 1 day(s))
carbamazepine (100 mg chew tab, 100 mg/5ml suspension, 200 mg/10ml suspension)	1	
carbamazepine 200 mg tab	1	
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)	1	
CARBATROL	3	
DIACOMIT	4	PA, LA, SP, PN (34 DAYS SUPPLY PER FILL)
EPIDIOLEX	3	PA, SP
epitol	1	
EPRONTIA	3	PA, QL (16 ml per 1 day(s))
eslicarbazepine acetate (200 mg tab, 400 mg tab)	1	PA, QL (1 ea per 1 day(s))
eslicarbazepine acetate (600 mg tab, 800 mg tab)	1	PA, QL (2 ea per 1 day(s))
FINTEPLA	4	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)	1	
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)	1	PA
lamotrigine (25 mg tab, 100 mg tab, 150 mg tab, 200 mg tab)	1	
lamotrigine (5 mg chew tab, 25 mg chew tab)	1	
lamotrigine er (25 mg tab er 24h, 50 mg tab er 24h, 100 mg tab er 24h, 200 mg tab er 24h, 250 mg tab er 24h, 300 mg tab er 24h)	1	
lamotrigine starter kit-blue	1	
levetiracetam (100 mg/ml solution, 500 mg/5ml solution)	1	
levetiracetam (250 mg tab, 500 mg tab, 750 mg tab, 1000 mg tab)	1	
levetiracetam er (500 mg tab er 24h, 750 mg tab er 24h)	1	
oxcarbazepine (150 mg tab, 300 mg tab, 600 mg tab)	1	

Drug Name	Drug Tier	Requirements/Limits
oxcarbazepine 300 mg/5ml suspension	1	
oxcarbazepine er	1	PA
OXTELLAR XR	3	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)	1	
primidone	1	
roweepra	1	
roweepra xr	1	
rufinamide (40 mg/ml suspension, 200 mg tab, 400 mg tab)	1	PA
subvenite	1	
subvenite starter kit-blue	1	
TEGRETOL 100 MG/5ML SUSPENSION	3	
TEGRETOL 200 MG TAB	3	
TEGRETOL-XR	3	
topiramate (15 mg cap sprink, 25 mg cap sprink, 25 mg tab, 50 mg tab, 100 mg tab, 200 mg tab)	1	
topiramate 25 mg/ml solution	1	PA, QL (16 ml per 1 day(s))
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)	1	PA
topiramate er 200 mg cap er 24h	1	PA
TRILEPTAL (150 MG TAB, 300 MG TAB, 600 MG TAB)	3	
TRILEPTAL 300 MG/5ML SUSPENSION	3	
TROKENDI XR (50 MG CAP ER 24H, 100 MG CAP ER 24H)	3	PA
TROKENDI XR 200 MG CAP ER 24H	3	PA
zonisamide	1	
ZTALMY	4	PA, LA, QL (1100 ml per 30 days), SP, PN (30 DAYS SUPPLY PER FILL)
CARBAMATES		
felbamate (400 mg tab, 600 mg tab)	1	
felbamate 600 mg/5ml suspension	1	
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)	4	PA, QL (28 ea per 28 day(s)), PN (28 DAY SUPPLY IN 180 DAYS)

Drug Name	Drug Tier	Requirements/Limits
XCOPRI (250 MG DAILY DOSE)	4	PA, QL (2 ea per 1 days)
XCOPRI (350 MG DAILY DOSE)	4	PA, QL (2 ea per 1 days)
XCOPRI (50 MG TAB, 100 MG TAB, 150 MG TAB)	4	PA, QL (1 ea per 1 days)
XCOPRI 200 MG TAB	4	PA, QL (2 ea per 1 days)
XCOPRI 25 MG TAB	4	PA, QL (1 ea per 1 day(s))
GABA MODULATORS		
tiagabine hcl (2 mg tab, 4 mg tab, 12 mg tab, 16 mg tab)	1	
vigabatrin	1	PA, SP
vigadrone 500 mg packet	1	PA, LA, SP
vigadrone 500 mg tab	1	PA, LA, SP
vigpoder	1	PA, SP
HYDANTOINS		
DILANTIN 100 MG CAP	3	
DILANTIN 125 MG/5ML SUSPENSION	3	
DILANTIN 30 MG CAP	2	
DILANTIN INFATABS	2	
DILANTIN-125	3	
phenytek	2	
phenytoin (50 mg chew tab, 100 mg/4ml suspension, 125 mg/5ml suspension)	1	
phenytoin infatabs	1	
phenytoin sodium extended (100 mg cap, 200 mg cap, 300 mg cap)	1	
SUCCINIMIDES		
ethosuximide 250 mg cap	1	
ethosuximide 250 mg/5ml solution	1	
VALPROIC ACID		
DEPAKOTE	3	
DEPAKOTE ER	3	
DEPAKOTE SPRINKLES	3	
divalproex sodium	1	

Drug Name	Drug Tier	Requirements/Limits
divalproex sodium er	1	
valproic acid (250 mg/5ml solution, 500 mg/10ml solution)	1	
valproic acid 250 mg cap	1	
ANTIDEPRESSANTS (CONTINUED)		
ALPHA-2 RECEPTOR ANTAGONISTS (TETRACYCLICS)		
mirtazapine	1	
ANTIDEPRESSANT COMBINATIONS		
AUVELITY	3	PA, QL (2 ea per 1 days)
ANTIDEPRESSANTS - MISC.		
bupropion hcl (75 mg tab, 100 mg tab)	1	
bupropion hcl er (sr) (100 mg tab er 12h, 150 mg tab er 12h, 200 mg tab er 12h)	1	
bupropion hcl er (xl) (150 mg tab er 24h, 300 mg tab er 24h)	1	
BUPROPION HCL ER (XL) 450 MG TAB ER 24H	1	PA, QL (1 ea per 1 days)
GABA RECEPTOR MODULATOR - NEUROACTIVE STEROID		
ZULRESSO	4	PA, SP, PN (34 DAYS SUPPLY PER FILL)
ZURZUVAE (20 MG CAP, 25 MG CAP)	4	PA, QL (28 ea per 14 days), SP, PN (14 DAYS SUPPLY PER FILL)
ZURZUVAE 30 MG CAP	4	PA, QL (14 ea per 14 days), SP, PN (14 DAYS SUPPLY PER FILL)
MONOAMINE OXIDASE INHIBITORS (MAOIS)		
PHENELZINE SULFATE	1	
tranylcypromine sulfate	1	
N-METHYL-D-ASPARTIC ACID (NMDA) RECEPTOR ANTAGONISTS		
SPRAVATO (56 MG DOSE)	4	PA, SP, PN (28 DAYS SUPPLY PER FILL)
SPRAVATO (84 MG DOSE)	4	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, 20 mg/10ml solution, 40 mg tab)	1	
escitalopram oxalate (5 mg tab, 5 mg/5ml solution, 10 mg tab, 10 mg/10ml solution, 20 mg tab)	1	
fluoxetine hcl (10 mg cap, 10 mg tab, 20 mg cap, 20 mg tab, 20 mg/5ml solution, 40 mg cap, 60 mg tab)	1	

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

Drug Name	Drug Tier	Requirements/Limits
trimipramine maleate	1	
ANTIDIABETICS (CONTINUED)		
ALPHA-GLUCOSIDASE INHIBITORS		
acarbose	1	
MIGLITOL (25 MG TAB, 100 MG TAB)	2	
MIGLITOL 50 MG TAB	2	
ANTIDIABETIC - AMYLIN ANALOGS		
SYMLINPEN 120	3	PA
SYMLINPEN 60	3	PA
ANTIDIABETIC COMBINATIONS		
glipizide-metformin hcl	1	
glyburide-metformin	1	
GLYXAMBI	2	QL (1 ea per 1 days)
JENTADUETO	2	QL (2 ea per 1 day(s))
JENTADUETO XR 2.5-1000 MG TAB ER 24H	2	QL (2 ea per 1 days)
JENTADUETO XR 5-1000 MG TAB ER 24H	2	QL (1 ea per 1 days)
pioglitazone hcl-glimepiride 30-2 mg tab	1	
pioglitazone hcl-glimepiride 30-4 mg tab	1	
pioglitazone hcl-metformin hcl	1	
saxagliptin-metformin er (5-1000 mg tab er 24h, 5-500 mg tab er 24h)	1	PA, QL (1 ea per 1 day(s))
saxagliptin-metformin er 2.5-1000 mg tab er 24h	1	PA, QL (2 ea per 1 day(s))
SYNJARDY	2	QL (2 ea per 1 days)
SYNJARDY XR (10-1000 MG TAB ER 24H, 25-1000 MG TAB ER 24H)	2	QL (1 ea per 1 days)
SYNJARDY XR (5-1000 MG TAB ER 24H, 12.5-1000 MG TAB ER 24H)	2	QL (2 ea per 1 days)
TRIJARDY XR (10-5-1000 MG TAB ER 24H, 25-5-1000 MG TAB ER 24H)	2	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)	2	QL (2 ea per 1 days)
XULTOPHY	2	ST, QL (0.5 ml per 1 days)
ANTIDIABETIC-ANTIBODIES		
TZIELD	4	PA, LA, SP, PN (14 DAYS SUPPLY PER FILL)

Drug Name	Drug Tier	Requirements/Limits
BIGUANIDES		
metformin hcl (500 mg tab, 850 mg tab, 1000 mg tab)	1	
metformin hcl er (500 mg tab er 24h, 750 mg tab er 24h)	1	
DIABETIC OTHER		
BAQSIMI ONE PACK	2	QL (2 ea per fill)
BAQSIMI TWO PACK	2	QL (2 ea per fill)
CVS GLUCOSE	2	
CVS SOFT GLUCOSE	2	
DEX4	2	
DEX4 GLUCOSE 4-6 GM-MG CHEW TAB	2	
DEX4 NATURALS	2	
DEX4 POUCH PACK	2	
DEX4 QUICK DISSOLVE GLUCOSE	2	
FT GLUCOSE	2	
GLUCAGEN HYPOKIT	2	QL (2 ea per fill(s)), PN (1 DAY SUPPLY PER FILL)
GLUCAGON EMERGENCY (1 MG/ML RECON SOLN)	2	QL (2 ea per fill(s)), PN (1 DAY SUPPLY PER FILL)
GLUCO TO GO	2	
GLUCOSE (4 GM CHEW TAB, 4-6 GM-MG CHEW TAB)	2	
GLUCOSE INSTANT ENERGY	2	
GNP GLUCOSE	2	
GNP QUICK DISSOLVE GLUCOSE	2	
GOODSENSE GLUCOSE	2	
GVOKE HYPOPEN 1-PACK 0.5 MG/0.1ML SOLN A-INJ	2	QL (0.2 ml per fill), PN (1 DAY SUPPLY PER FILL)
GVOKE HYPOPEN 1-PACK 1 MG/0.2ML SOLN A-INJ	2	QL (0.4 ml per fill), PN (1 DAY SUPPLY PER FILL)
GVOKE HYPOPEN 2-PACK 0.5 MG/0.1ML SOLN A-INJ	2	QL (0.2 ml per fill), PN (1 DAY SUPPLY PER FILL)
GVOKE HYPOPEN 2-PACK 1 MG/0.2ML SOLN A-INJ	2	QL (0.4 ml per fill), PN (1 DAY SUPPLY PER FILL)
GVOKE KIT	2	QL (0.4 ml per fill)
GVOKE PFS 1 MG/0.2ML SOLN PRSYR	2	QL (0.4 ml per fill), PN (1 DAY SUPPLY PER FILL)

Drug Name	Drug Tier	Requirements/Limits
HY-VEE GLUCOSE	2	
KROGER GLUCOSE	2	
LEADER GLUCOSE	2	
LEADER QUICK DISSOLVE GLUCOSE	2	
LONGS GLUCOSE	2	
MEIJER GLUCOSE	2	
mifepristone 300 mg tab	4	PA, QL (112 ea per 28 day(s)), SP, PN (28 DAYS SUPPLY PER FILL)
PREFERRED PLUS GLUCOSE	2	
PX GLUCOSE	2	
RA GLUCOSE	2	
RELION GLUCOSE	2	
SM GLUCOSE	2	
SMART SENSE GLUCOSE	2	
TGT GLUCOSE	2	
TRUEPLUS GLUCOSE 4 GM CHEW TAB	2	
TRUEPLUS GLUCOSE ON THE GO	2	
UP & UP GLUCOSE	2	
VALUE PLUS GLUCOSE	2	
WALGREENS GLUCOSE	2	
DIPEPTIDYL PEPTIDASE-4 (DPP-4) INHIBITORS		
saxagliptin hcl	1	PA, QL (1 ea per 1 day(s))
TRADJENTA	2	QL (1 ea per 1 days)
INCRETIN MIMETIC AGENTS		
liraglutide	1	PA, QL (0.3 ml per 1 day(s))
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)	2	PA, QL (2 ml per 28 day(s))
MOUNJARO 2.5 MG/0.5ML SOLN A-INJ	2	PA, QL (2 ml per 28 day(s)), PN (28 DAYS SUPPLY PER FILL)
OZEMPIC (0.25 OR 0.5 MG/DOSE) 2 MG/3ML SOLN PEN	2	PA, QL (0.11 ml per 1 days)
OZEMPIC (1 MG/DOSE) 4 MG/3ML SOLN PEN	2	PA, QL (0.11 ml per 1 days)
OZEMPIC (2 MG/DOSE)	2	PA, QL (0.11 ml per 1 days)

Drug Name	Drug Tier	Requirements/Limits
RYBELSUS (7 MG TAB, 14 MG TAB)	2	PA, QL (1 ea per 1 days)
RYBELSUS 3 MG TAB	2	PA, QL (30 ea per 30 day(s)), PN (30 DAYS SUPPLY IN 180 DAYS)
TRULICITY	2	PA, QL (0.072 ml per 1 day(s))
INSULIN		
INSULIN ASP PROT & ASP FLEXPEN	1	
INSULIN ASPART	1	
INSULIN ASPART FLEXPEN	1	
INSULIN ASPART PENFILL	1	
INSULIN ASPART PROT & ASPART	1	
INSULIN DEGLUDEC	2	
INSULIN DEGLUDEC FLEXTOUCH 100 UNIT/ML SOLN PEN	2	
INSULIN DEGLUDEC FLEXTOUCH 200 UNIT/ML SOLN PEN	2	
INSULIN GLARGINE MAX SOLOSTAR	2	
INSULIN GLARGINE SOLOSTAR 300 UNIT/ML SOLN PEN	2	
INSULIN GLARGINE-YFGN	2	
LANTUS	2	
NOVOLIN 70/30	2	
NOVOLIN 70/30 FLEXPEN	2	
NOVOLIN 70/30 FLEXPEN RELION	2	
NOVOLIN 70/30 RELION	2	
NOVOLIN N	2	
NOVOLIN N FLEXPEN	2	
NOVOLIN N FLEXPEN RELION	2	
NOVOLIN N RELION	2	
NOVOLIN R	2	
NOVOLIN R FLEXPEN	2	
NOVOLIN R FLEXPEN RELION	2	
NOVOLIN R RELION	2	
NOVOLOG	2	
NOVOLOG 70/30 FLEXPEN RELION	2	

Drug Name	Drug Tier	Requirements/Limits
NOVOLOG FLEXPEN	1	
NOVOLOG FLEXPEN RELION	1	
NOVOLOG MIX 70/30	2	
NOVOLOG MIX 70/30 FLEXPEN	2	
NOVOLOG MIX 70/30 RELION	2	
NOVOLOG PENFILL	1	
NOVOLOG RELION	2	
SEMGLEE (YFGN) 100 UNIT/ML SOLN PEN	2	
TRESIBA	2	
TRESIBA FLEXTOUCH	2	
INSULIN SENSITIZING AGENTS		
pioglitazone hcl	1	
MEGLITINIDE ANALOGUES		
nateglinide	1	
repaglinide	1	
SODIUM-GLUCOSE CO-TRANSPORTER 2 (SGLT2) INHIBITORS		
JARDIANCE	2	QL (1 ea per 1 days)
SULFONYLUREAS		
glimepiride	1	
glipizide (5 mg tab, 10 mg tab)	1	
glipizide er (2.5 mg tab er 24h, 5 mg tab er 24h, 10 mg tab er 24h)	1	
glipizide xl	1	
glyburide (1.25 mg tab, 2.5 mg tab, 5 mg tab)	1	
GLYBURIDE MICRONIZED (1.5 MG TAB, 3 MG TAB)	1	
GLYBURIDE MICRONIZED 6 MG TAB	1	
GLYNASE 3 MG TAB	1	
ANTIDIARRHEAL/PROBIOTIC AGENTS (CONTINUED)		
ANTIDIARRHEAL - CHLORIDE CHANNEL ANTAGONISTS		
MYTESI	3	PA
ANTIPERISTALTIC AGENTS		
diphenoxylate-atropine	1	

Drug Name	Drug Tier	Requirements/Limits
loperamide hcl 2 mg cap	1	
opium	1	
ANTIDOTES AND SPECIFIC ANTAGONISTS (CONTINUED)		
ANTIDOTES - CHELATING AGENTS		
deferasirox	4	PA, SP, PN (30 DAYS SUPPLY PER FILL)
deferasirox granules	4	PA, SP, PN (30 DAYS SUPPLY PER FILL)
deferiprone 500 mg tab	4	PA, SP, PN (34 DAYS SUPPLY PER FILL)
FERRIPROX 100 MG/ML SOLUTION	4	PA, LA, SP, PN (34 DAYS SUPPLY PER FILL)
ANTIDOTES AND SPECIFIC ANTAGONISTS		
ANDEXXA	4	PA, SP, PN (34 DAYS SUPPLY PER FILL)
PRAXBIND	4	PA, PN (34 DAYS SUPPLY PER FILL)
OPIOID ANTAGONISTS		
naloxone hcl (0.4 mg/ml soln prsyr, 2 mg/2ml soln prsyr)	1	
naloxone hcl 4 mg/0.1ml liquid	0	
naltrexone hcl	1	
REXTOVY	2	
VIVITROL	4	SP, PN (MIN 28 DAY SUPPLY; MAX 34 DAY SUPPLY)
ANTIEMETICS (CONTINUED)		
5-HT3 RECEPTOR ANTAGONISTS		
granisetron hcl 1 mg tab	1	QL (2 ea per fill), PN (1 DAY SUPPLY PER FILL)
ondansetron	1	
ondansetron hcl (4 mg tab, 4 mg/5ml solution, 8 mg tab, 24 mg tab)	1	
SANCUSO	3	PA, QL (4 ea per 28 days), PN (28 DAYS SUPPLY PER FILL)
SUSTOL	4	PA, SP, PN (34 DAYS SUPPLY PER FILL)
ANTIEMETICS - ANTICHOLINERGIC		
meclizine hcl (12.5 mg tab, 25 mg tab)	1	
scopolamine	1	
TRANSDERM SCOP	2	

Drug Name	Drug Tier	Requirements/Limits
TRANSDERM-SCOP	2	
trimethobenzamide hcl	1	
ANTIEMETICS - MISCELLANEOUS		
AKYNZEO 300-0.5 MG CAP	3	QL (2 ea per 28 days), PN (28 DAYS SUPPLY PER FILL)
doxylamine-pyridoxine	1	QL (4 ea per 1 days)
dronabinol	1	
SUBSTANCE P/NEUROKININ 1 (NK1) RECEPTOR ANTAGONISTS		
aprepitant	1	
CINVANTI	3	PA, SP
EMEND 125 MG/5ML RECON SUSP	3	
ANTIFUNGALS (CONTINUED)		
ANTIFUNGALS		
flucytosine	1	PN (34 DAYS SUPPLY PER FILL)
griseofulvin microsize (125 mg/5ml suspension, 500 mg tab)	1	
griseofulvin ultramicrosize	1	
nystatin 500000 unit tab	1	
terbinafine hcl 250 mg tab	1	
IMIDAZOLE-RELATED ANTIFUNGALS		
CRESEMBA 372 MG RECON SOLN	4	PA, PN (34 DAYS SUPPLY PER FILL)
fluconazole (40 mg/ml recon susp, 50 mg tab, 100 mg tab, 150 mg tab, 200 mg tab)	1	
itraconazole (10 mg/ml solution, 100 mg cap)	1	PA
ketoconazole 200 mg tab	1	
posaconazole 100 mg tab dr	4	PA, QL (90 ea per 30 days), PN (34 DAYS SUPPLY PER FILL)
posaconazole 40 mg/ml suspension	4	PA, QL (20 ml per 1 days), PN (30 DAYS SUPPLY PER FILL)
voriconazole (50 mg tab, 200 mg tab)	1	PA, PN (34 DAYS SUPPLY PER FILL)
ANTIHISTAMINES (CONTINUED)		
ANTIHISTAMINES - ALKYLAMINES		
DEXCHLORPHENIRAMINE MALEATE	1	

Drug Name	Drug Tier	Requirements/Limits
ANTIHISTAMINES - ETHANOLAMINES		
carbinoxamine maleate 6 mg tab	1	
CLEMASTINE FUMARATE 2.68 MG TAB	1	
CLEMASZ	1	
CLEMSZA	1	
di-phen	1	
diphen 12.5 mg/5ml elixir	1	
DIPHENHYDRAMINE HCL (12.5 MG/5ML ELIXIR)	1	
ryvent	1	
ANTIHISTAMINES - PHENOTHIAZINES		
promethazine hcl (6.25 mg/5ml solution, 12.5 mg suppos, 12.5 mg tab, 12.5 mg/10ml solution, 25 mg suppos, 25 mg tab, 50 mg tab)	1	
promethegan	1	
ANTIHISTAMINES - PIPERIDINES		
cyproheptadine hcl (2 mg/5ml syrup, 4 mg tab)	1	
ANTIHYPERLIPIDEMICS (CONTINUED)		
ADENOSINE TRIPHOSPHATE-CITRATE LYASE (ACL) INHIBITORS		
NEXLETOL	2	PA, QL (1 ea per 1 days)
ANGIOPOIETIN-LIKE PROTEIN INHIBITORS		
EVKEEZA	4	PA, LA, SP, PN (28 DAYS SUPPLY PER FILL)
ANTIHYPERLIPIDEMICS - COMBINATIONS		
ezetimibe-simvastatin	1	PA
NEXLIZET	2	PA, QL (1 ea per 1 days)
ANTIHYPERLIPIDEMICS - MISC.		
icosapent ethyl 0.5 gm cap	1	QL (8 ea per 1 days)
icosapent ethyl 1 gm cap	1	QL (4 ea per 1 days)
omega-3-acid ethyl esters	1	
BILE ACID SEQUESTRANTS		
cholestyramine (4 gm packet, 4 gm/dose powder)	1	
cholestyramine light (4 gm packet, 4 gm/dose powder)	1	

Drug Name	Drug Tier	Requirements/Limits
colesevelam hcl	1	
colestipol hcl (1 gm tab, 5 gm granules, 5 gm packet)	1	
prevalite (4 gm packet, 4 gm/dose powder)	1	
FIBRIC ACID DERIVATIVES		
fenofibrate (48 mg tab, 54 mg tab, 67 mg cap, 145 mg tab, 160 mg tab, 200 mg cap)	1	
fenofibrate 134 mg cap	1	
FENOFIBRATE MICRONIZED	1	PA
fenofibrate micronized	1	
fenofibric acid	1	
gemfibrozil	1	
HMG COA REDUCTASE INHIBITORS		
atorvastatin calcium (20 mg tab, 40 mg tab, 80 mg tab)	1	QL (1 ea per 1 days), PN ($0 copay for members age 40-75)
atorvastatin calcium 10 mg tab	1	QL (2 ea per 1 days), PN ($0 copay for members age 40-75)
lovastatin 10 mg tab	1	QL (4 ea per 1 days), PN ($0 copay for members age 40-75)
lovastatin 20 mg tab	1	QL (2 ea per 1 days), PN ($0 copay for members age 40-75)
lovastatin 40 mg tab	1	QL (1 ea per 1 days), PN ($0 copay for members age 40-75)
pravastatin sodium 10 mg tab	1	QL (8 ea per 1 days), PN ($0 copay for members age 40-75)
pravastatin sodium 20 mg tab	1	QL (4 ea per 1 days), PN ($0 copay for members age 40-75)
pravastatin sodium 40 mg tab	1	QL (2 ea per 1 days), PN ($0 copay for members age 40-75)
pravastatin sodium 80 mg tab	1	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)	1	QL (1 ea per 1 days), PN ($0 copay for members age 40-75)
rosuvastatin calcium 5 mg tab	1	QL (2 ea per 1 days), PN ($0 copay for members age 40-75)
simvastatin (40 mg tab, 80 mg tab)	1	QL (1 ea per 1 days), PN ($0 copay for members age 40-75)
simvastatin 10 mg tab	1	QL (4 ea per 1 days), PN ($0 copay for members age 40-75)

Drug Name	Drug Tier	Requirements/Limits
simvastatin 20 mg tab	1	QL (2 ea per 1 days), PN ($0 copay for members age 40-75)
simvastatin 5 mg tab	1	QL (8 ea per 1 days), PN ($0 copay for members age 40-75)
ZYPITAMAG	3	PA, QL (1 ea per 1 days), PN ($0 copay for members age 40-75)
INTESTINAL CHOLESTEROL ABSORPTION INHIBITORS		
ezetimibe	1	
NICOTINIC ACID DERIVATIVES		
niacin er (antihyperlipidemic)	1	
PROPROTEIN CONVERTASE SUBTILISIN/KEXIN TYPE 9 INHIBITORS		
LEQVIO	4	PA, SP, PN (34 DAYS SUPPLY PER FILL)
PRALUENT	2	PA, QL (0.072 ml per 1 days)
REPATHA	2	PA, QL (0.072 ml per 1 days)
REPATHA PUSHTRONEX SYSTEM	2	PA, QL (0.125 ml per 1 days)
REPATHA SURECLICK	2	PA, QL (0.072 ml per 1 days)
ANTIHYPERTENSIVES (CONTINUED)		
ACE INHIBITORS		
benazepril hcl	1	
captopril	1	
enalapril maleate (2.5 mg tab, 5 mg tab, 10 mg tab, 20 mg tab)	1	
fosinopril sodium	1	
lisinopril	1	
moexipril hcl	1	
PERINDOPRIL ERBUMINE 2 MG TAB	2	
perindopril erbumine 4 mg tab	1	
PERINDOPRIL ERBUMINE 8 MG TAB	2	
quinapril hcl	1	
ramipril	1	
trandolapril	1	
AGENTS FOR PHEOCHROMOCYTOMA		
phenoxybenzamine hcl	1	SP

Drug Name	Drug Tier	Requirements/Limits
ANGIOTENSIN II RECEPTOR ANTAGONISTS		
candesartan cilexetil	1	
irbesartan	1	
losartan potassium	1	
olmesartan medoxomil	1	
telmisartan	1	
valsartan (40 mg tab, 80 mg tab, 160 mg tab, 320 mg tab)	1	
ANTIADRENERGIC ANTIHYPERTENSIVES		
clonidine (0.1 mg/24hr patch wk, 0.2 mg/24hr patch wk, 0.3 mg/24hr patch wk)	1	
clonidine hcl (0.1 mg tab, 0.2 mg tab, 0.3 mg tab)	1	
doxazosin mesylate	1	
guanfacine hcl (1 mg tab, 2 mg tab)	1	
METHYLDOPA (250 MG TAB, 500 MG TAB)	1	
prazosin hcl	1	
terazosin hcl	1	
ANTIHYPERTENSIVE COMBINATIONS		
amlodipine besy-benazepril hcl	1	
amlodipine besylate-valsartan (5-160 mg tab, 5-320 mg tab, 10-160 mg tab, 10-320 mg tab)	1	PA
amlodipine-olmesartan (5-20 mg tab, 5-40 mg tab, 10-20 mg tab, 10-40 mg tab)	1	PA
atenolol-chlorthalidone	1	
benazepril-hydrochlorothiazide (5-6.25 mg tab, 10-12.5 mg tab, 20-12.5 mg tab, 20-25 mg tab)	1	
bisoprolol-hydrochlorothiazide (2.5-6.25 mg tab, 5-6.25 mg tab, 10-6.25 mg tab)	1	
candesartan cilexetil-hctz	1	
CAPTOPRIL-HYDROCHLOROTHIAZIDE	1	
enalapril-hydrochlorothiazide 10-25 mg tab	1	
enalapril-hydrochlorothiazide 5-12.5 mg tab	1	
fosinopril sodium-hctz	1	
irbesartan-hydrochlorothiazide	1	

Drug Name	Drug Tier	Requirements/Limits
lisinopril-hydrochlorothiazide (10-12.5 mg tab, 20-12.5 mg tab, 20-25 mg tab)	1	
losartan potassium-hctz	1	
metoprolol-hydrochlorothiazide (50-25 mg tab, 100-50 mg tab)	1	
metoprolol-hydrochlorothiazide 100-25 mg tab	1	
olmesartan medoxomil-hctz	1	
olmesartan-amlodipine-hctz (20-5-12.5 mg tab, 40-10-12.5 mg tab, 40-10-25 mg tab, 40-5-12.5 mg tab, 40-5-25 mg tab)	1	PA
quinapril-hydrochlorothiazide (10-12.5 mg tab)	1	
quinapril-hydrochlorothiazide (20-12.5 mg tab, 20-25 mg tab)	1	
TEKTURNA HCT	3	PA
telmisartan-hctz	1	
TRANDOLAPRIL-VERAPAMIL HCL ER	1	
valsartan-hydrochlorothiazide	1	
DIRECT RENIN INHIBITORS		
aliskiren fumarate	1	PA
SELECTIVE ALDOSTERONE RECEPTOR ANTAGONISTS (SARAS)		
eplerenone	1	
VASODILATORS		
hydralazine hcl (10 mg tab, 25 mg tab, 50 mg tab, 100 mg tab)	1	
minoxidil	1	
ANTIMALARIALS (CONTINUED)		
ANTIMALARIAL COMBINATIONS		
atovaquone-proguanil hcl	1	
ANTIMALARIALS		
ARTESUNATE	4	PN (34 DAYS SUPPLY PER FILL)
chloroquine phosphate (250 mg tab, 500 mg tab)	1	
hydroxychloroquine sulfate 200 mg tab	1	
mefloquine hcl	1	
primaquine phosphate	3	QL (14 ea per 14 day(s)), PN (14 DAYS SUPPLY PER FILL)

Drug Name	Drug Tier	Requirements/Limits
pyrimethamine	4	PA, SP, PN (34 DAYS SUPPLY PER FILL)
quinine sulfate	1	PA
ANTIMYASTHENIC/CHOLINERGIC AGENTS (CONTINUED)		
ANTIMYASTHENIC/CHOLINERGIC AGENTS		
FIRDAPSE	4	PA, LA, QL (240 ea per 30 days), SP, PN (30 DAYS SUPPLY PER FILL)
PYRIDOSTIGMINE BROMIDE	1	
pyridostigmine bromide er	1	
ANTIMYCOBACTERIAL AGENTS (CONTINUED)		
ANTIMYCOBACTERIAL AGENTS		
ethambutol hcl	1	
isoniazid (50 mg/5ml syrup, 100 mg tab, 300 mg tab)	1	
PRETOMANID	3	PA, QL (1 ea per 1 days)
pyrazinamide	1	
rifabutin	1	
rifampin (150 mg cap, 300 mg cap)	1	
SIRTURO	4	PA, LA, SP
ANTINEOPLASTICS AND ADJUNCTIVE THERAPIES (CONTINUED)		
ALKYLATING AGENTS		
BELRAPZO	4	SP, PN (34 DAYS SUPPLY PER FILL)
BENDAMUSTINE HCL	4	SP, PN (34 DAYS SUPPLY PER FILL)
bendamustine hcl	4	SP, PN (34 DAYS SUPPLY PER FILL)
BENDEKA	4	SP, PN (34 DAYS SUPPLY PER FILL)
cyclophosphamide (25 mg cap, 50 mg cap)	1	SP
GLEOSTINE	2	SP, PN (MIN 42 DAY SUPPLY; MAX 42 DAY SUPPLY)
LEUKERAN	2	SP
MELPHALAN	1	
MYLERAN	2	SP
oxaliplatin (50 mg recon soln, 100 mg recon soln)	1	SP, PN (34 DAYS SUPPLY PER FILL)
oxaliplatin (50 mg/10ml solution, 100 mg/20ml solution)	1	SP, PN (34 DAYS SUPPLY PER FILL)

Drug Name	Drug Tier	Requirements/Limits
temozolomide	1	SP, PN (34 DAYS SUPPLY PER FILL)
thiotepa 100 mg recon soln	4	PA, SP, PN (34 DAYS SUPPLY PER FILL)
thiotepa 15 mg recon soln	4	PA, SP, PN (34 DAYS SUPPLY PER FILL)
VIVIMUSTA	4	SP, PN (34 DAYS SUPPLY PER FILL)
YONDELIS	4	PA, SP, PN (34 DAYS SUPPLY PER FILL)
ZEPZELCA	4	PA, SP, PN (34 DAYS SUPPLY PER FILL)
ANTIMETABOLITES		
capecitabine	1	SP, PN (34 DAYS SUPPLY PER FILL)
clofarabine	4	SP, PN (34 DAYS SUPPLY PER FILL)
decitabine	4	SP, PN (34 DAYS SUPPLY PER FILL)
FOLOTYN 20 MG/ML SOLUTION	4	SP, PN (34 DAYS SUPPLY PER FILL)
FOLOTYN 40 MG/2ML SOLUTION	4	SP, PN (34 DAYS SUPPLY PER FILL)
JYLAMVO	3	PA
mercaptopurine 50 mg tab	1	
METHOTREXATE SODIUM (2.5 MG TAB)	1	
methotrexate sodium (pf) (1 gm/40ml solution, 50 mg/2ml solution, 250 mg/10ml solution)	1	
nelarabine	4	PA, SP, PN (34 DAYS SUPPLY PER FILL)
ONUREG	3	QL (14 ea per 28 days), PA-NSO, SP, PN (MIN 28 DAY SUPPLY; MAX 34 DAY SUPPLY)
PEMETREXED	4	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)	4	PN (34 DAYS SUPPLY PER FILL)
pemetrexed disodium (750 mg recon soln, 1000 mg recon soln)	4	PN (34 DAYS SUPPLY PER FILL)
PEMETREXED DISODIUM 850 MG/34ML SOLUTION	4	SP, PN (34 DAYS SUPPLY PER FILL)
PEMETREXED DITROMETHAMINE	4	PN (34 DAYS SUPPLY PER FILL)
PEMFEXY	4	PN (34 DAYS SUPPLY PER FILL)
PRALATREXATE 20 MG/ML SOLUTION	4	SP, PN (34 DAYS SUPPLY PER FILL)
PRALATREXATE 40 MG/2ML SOLUTION	4	SP, PN (34 DAYS SUPPLY PER FILL)
XATMEP	3	PA, PN (MAX 34 DAY SUPPLY)
ANTINEOPLASTIC - ANGIOGENESIS INHIBITORS		
AVASTIN 100 MG/4ML SOLUTION	4	PA, SP, PN (34 DAYS SUPPLY PER FILL)

Drug Name	Drug Tier	Requirements/Limits
AVASTIN 400 MG/16ML SOLUTION	4	PA, SP, PN (34 DAYS SUPPLY PER FILL)
CYRAMZA	4	PA, SP, PN (34 DAYS SUPPLY PER FILL)
FRUZAQLA 1 MG CAP	3	PA, QL (84 ea per 28 days), SP, PN (28 DAYS SUPPLY PER FILL)
FRUZAQLA 5 MG CAP	3	PA, QL (21 ea per 28 days), SP, PN (28 DAYS SUPPLY PER FILL)
INLYTA 1 MG TAB	3	QL (180 ea per 30 days), PA-NSO, SP, PN (30 DAYS SUPPLY PER FILL)
INLYTA 5 MG TAB	3	QL (120 ea per 30 days), PA-NSO, SP, PN (30 DAYS SUPPLY PER FILL)
LENVIMA (10 MG DAILY DOSE)	3	QL (30 ea per 30 days), PA-NSO, SP, PN (30 DAYS SUPPLY PER FILL)
LENVIMA (12 MG DAILY DOSE)	3	QL (90 ea per 30 days), PA-NSO, SP, PN (30 DAYS SUPPLY PER FILL)
LENVIMA (14 MG DAILY DOSE)	3	QL (60 ea per 30 days), PA-NSO, SP, PN (30 DAYS SUPPLY PER FILL)
LENVIMA (18 MG DAILY DOSE)	3	QL (90 ea per 30 days), PA-NSO, SP, PN (30 DAYS SUPPLY PER FILL)
LENVIMA (20 MG DAILY DOSE)	3	QL (60 ea per 30 days), PA-NSO, SP, PN (30 DAYS SUPPLY PER FILL)
LENVIMA (24 MG DAILY DOSE)	3	QL (90 ea per 30 days), PA-NSO, SP, PN (30 DAYS SUPPLY PER FILL)
LENVIMA (4 MG DAILY DOSE)	3	QL (30 ea per 30 days), PA-NSO, SP, PN (30 DAYS SUPPLY PER FILL)
LENVIMA (8 MG DAILY DOSE)	3	QL (60 ea per 30 days), PA-NSO, SP, PN (30 DAYS SUPPLY PER FILL)
MVASI	4	SP, PN (34 DAYS SUPPLY PER FILL)
ZALTRAP	4	PA, SP, PN (34 DAYS SUPPLY PER FILL)
ANTINEOPLASTIC - ANTI-HER2 AGENTS		
HERCEPTIN	4	PA, SP, PN (34 DAYS SUPPLY PER FILL)
HERZUMA	4	SP, PN (34 DAYS SUPPLY PER FILL)
KANJINTI	4	SP, PN (34 DAYS SUPPLY PER FILL)
MARGENZA	4	PA, SP, PN (34 DAYS SUPPLY PER FILL)
OGIVRI	4	SP, PN (34 DAYS SUPPLY PER FILL)
ONTRUZANT	4	SP, PN (34 DAYS SUPPLY PER FILL)
PERJETA	4	SP, PN (34 DAYS SUPPLY PER FILL)
TRAZIMERA	4	SP, PN (34 DAYS SUPPLY PER FILL)

Drug Name	Drug Tier	Requirements/Limits
TUKYSA	3	QL (120 ea per 30 days), PA-NSO, SP, PN (30 DAYS SUPPLY PER FILL)
ANTINEOPLASTIC - ANTIBODIES		
ADCETRIS	4	PA, SP, PN (34 DAYS SUPPLY PER FILL)
ARZERRA	4	PA, SP, PN (34 DAYS SUPPLY PER FILL)
BAVENCIO	4	PA, SP, PN (34 DAYS SUPPLY PER FILL)
BESPONSA	4	PA, SP, PN (34 DAYS SUPPLY PER FILL)
BLENREP 100 MG RECON SOLN	4	PA, PN (34 DAYS SUPPLY PER FILL)
BLINCYTO	4	PA, SP, PN (34 DAYS SUPPLY PER FILL)
COLUMVI	4	PA, QL (30 ml per 21 day(s)), PN (21 DAYS SUPPLY PER FILL)
DANYELZA	4	PA, SP, PN (34 DAYS SUPPLY PER FILL)
DARZALEX	4	PA, SP, PN (34 DAYS SUPPLY PER FILL)
ELAHERE	4	PA, LA, SP, PN (34 DAYS SUPPLY PER FILL)
ELREXFIO	4	PA, LA, SP, PN (34 DAYS SUPPLY PER FILL)
EMPLICITI	4	PA, SP, PN (34 DAYS SUPPLY PER FILL)
ENHERTU	4	PA, SP, PN (34 DAYS SUPPLY PER FILL)
EPKINLY	4	PA, SP, PN (28 DAYS SUPPLY PER FILL)
GAZYVA	4	PA, SP, PN (34 DAYS SUPPLY PER FILL)
IMDELLTRA	4	PA, SP, PN (28 DAY SUPPLY PER FILL)
IMFINZI	4	PA, SP, PN (34 DAYS SUPPLY PER FILL)
IMJUDO 25 MG/1.25ML SOLUTION	4	PA, QL (375 ml per 180 days), SP, PN (180 DAYS SUPPLY PER FILL)
IMJUDO 300 MG/15ML SOLUTION	4	PA, QL (15 ml per 180 days), SP, PN (180 DAYS SUPPLY PER FILL)
JEMPERLI	4	PA, SP, PN (34 DAYS SUPPLY PER FILL)
KADCYLA	4	PA, SP, PN (34 DAYS SUPPLY PER FILL)
KEYTRUDA	4	PA, SP, PN (MIN 21 DAY SUPPLY; MAX 42 DAY SUPPLY)
KIMMTRAK	4	PA, SP, PN (34 DAYS SUPPLY PER FILL)
LIBTAYO	4	PA, SP, PN (34 DAYS SUPPLY PER FILL)
LOQTORZI	4	PA, SP, PN (28 DAYS SUPPLY PER FILL)
LUNSUMIO	4	PA, SP, PN (34 DAYS SUPPLY PER FILL)

Drug Name	Drug Tier	Requirements/Limits
MONJUVI	4	PA, SP, PN (34 DAYS SUPPLY PER FILL)
MYLOTARG	4	PA, SP, PN (34 DAYS SUPPLY PER FILL)
OPDIVO	4	PA, SP, PN (34 DAYS SUPPLY PER FILL)
PADCEV	4	PA, SP, PN (34 DAYS SUPPLY PER FILL)
POLIVY	4	PA, SP, PN (34 DAYS SUPPLY PER FILL)
POTELIGEO	4	PA, SP, PN (34 DAYS SUPPLY PER FILL)
RIABNI	4	PA, SP, PN (34 DAYS SUPPLY PER FILL)
RITUXAN	4	PA, SP, PN (34 DAYS SUPPLY PER FILL)
RUXIENCE	4	PA, SP, PN (34 DAYS SUPPLY PER FILL)
RYBREVANT	4	PA, SP, PN (34 DAYS SUPPLY PER FILL)
SARCLISA	4	PA, SP, PN (34 DAYS SUPPLY PER FILL)
TALVEY	4	PA, PN (34 DAYS SUPPLY PER FILL)
TECENTRIQ	4	PA, SP, PN (34 DAYS SUPPLY PER FILL)
TECVAYLI	4	PA, PN (34 DAYS SUPPLY PER FILL)
TEVIMBRA	4	PA, SP, PN (34 DAYS SUPPLY PER FILL)
TIVDAK	4	PA, SP, PN (34 DAYS SUPPLY PER FILL)
UNITUXIN	4	PA, SP, PN (34 DAYS SUPPLY PER FILL)
VYLOY 100 MG RECON SOLN	4	PA, SP, PN (UP TO 21 DAYS SUPPLY PER FILL)
YERVOY	4	PA, SP, PN (34 DAYS SUPPLY PER FILL)
ZEVALIN Y-90	4	PA, SP, PN (34 DAYS SUPPLY PER FILL)
ZYNLONTA	4	PA, LA, SP, PN (34 DAYS SUPPLY PER FILL)
ZYNYZ	4	PA, QL (20 ml per 28 days), SP, PN (28 DAYS SUPPLY PER FILL)
ANTINEOPLASTIC - BCL-2 INHIBITORS		
VENCLEXTA 10 MG TAB	3	QL (56 ea per 28 day(s)), PA-NSO, SP, PN (30 DAYS SUPPLY PER FILL)
VENCLEXTA 100 MG TAB	3	QL (180 ea per 30 days), PA-NSO, SP, PN (30 DAYS SUPPLY PER FILL)
VENCLEXTA 50 MG TAB	3	QL (28 ea per 28 day(s)), PA-NSO, SP, PN (30 DAYS SUPPLY PER FILL)
VENCLEXTA STARTING PACK	3	QL (42 ea per 28 days), PA-NSO, SP, PN (28 DAYS SUPPLY PER FILL)
ANTINEOPLASTIC - EGFR INHIBITORS		
ERBITUX	4	SP, PN (34 DAYS SUPPLY PER FILL)

Drug Name	Drug Tier	Requirements/Limits
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	4	QL (120 ea per 30 days), PA-NSO, SP, PN (30 DAYS SUPPLY PER FILL)
gefitinib	2	QL (30 ea per 30 days), PA-NSO, SP, PN (30 DAYS SUPPLY PER FILL)
GILOTRIF	3	LA, QL (30 ea per 30 days), PA-NSO, SP, PN (30 DAYS SUPPLY PER FILL)
LAZCLUZE	3	PA, QL (30 ea per 30 day(s)), PN (30 DAYS SUPPLY PER FILL)
PORTRAZZA	4	PA, SP, PN (34 DAYS SUPPLY PER FILL)
TAGRISSO	3	QL (30 ea per 30 days), PA-NSO, SP, PN (30 DAYS SUPPLY PER FILL)
VECTIBIX	4	PA, SP, PN (34 DAYS SUPPLY PER FILL)
VIZIMPRO	3	QL (30 ea per 30 days), PA-NSO, SP, PN (30 DAYS SUPPLY PER FILL)
ANTINEOPLASTIC - HEDGEHOG PATHWAY INHIBITORS		
DAURISMO 100 MG TAB	3	QL (30 ea per 30 days), PA-NSO, SP, PN (30 DAYS SUPPLY PER FILL)
DAURISMO 25 MG TAB	3	QL (60 ea per 30 days), PA-NSO, SP, PN (30 DAYS SUPPLY PER FILL)
ERIVEDGE	3	QL (28 ea per 28 day(s)), PA-NSO, SP, PN (30 DAYS SUPPLY PER FILL)
ODOMZO	3	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)
abirtega	1	QL (120 ea per 30 days), PA-NSO, SP, PN (30 DAYS SUPPLY PER FILL)
AKEEGA 100-500 MG TAB	3	QL (60 ea per 30 days), PA-NSO, SP, PN (30 DAYS SUPPLY PER FILL)
AKEEGA 50-500 MG TAB	3	LA, QL (60 ea per 30 days), PA-NSO, SP, PN (30 DAYS SUPPLY PER FILL)
anastrozole	0	
bicalutamide	1	

Drug Name	Drug Tier	Requirements/Limits
CAMCEVI	4	SP, PN (168 DAYS SUPPLY PER FILL)
ELIGARD 22.5 MG KIT	4	SP, PN (MIN 84 DAY SUPPLY; MAX 90 DAY SUPPLY)
ELIGARD 30 MG KIT	4	SP, PN (MIN 112 DAY SUPPLY; MAX 120 DAY SUPPLY)
ELIGARD 45 MG KIT	4	SP, PN (MIN 168 DAY SUPPLY; MAX 180 DAY SUPPLY)
ELIGARD 7.5 MG KIT	4	SP, PN (MIN 28 DAY SUPPLY; MAX 34 DAY SUPPLY)
EMCYT	2	SP
ERLEADA 240 MG TAB	4	QL (30 ea per 30 days), PA-NSO, SP, PN (30 DAYS SUPPLY PER FILL)
ERLEADA 60 MG TAB	3	QL (120 ea per 30 days), PA-NSO, SP, PN (30 DAYS SUPPLY PER FILL)
EULEXIN	1	SP
exemestane	0	
FASLODEX	4	SP, PN (34 DAYS SUPPLY PER FILL)
FIRMAGON	4	SP, PN (MIN 28 DAY SUPPLY; MAX 34 DAY SUPPLY)
FIRMAGON (240 MG DOSE)	4	SP, PN (MIN 28 DAY SUPPLY; MAX 34 DAY SUPPLY)
FULVESTRANT	4	SP, PN (34 DAYS SUPPLY PER FILL)
fulvestrant	4	SP, PN (34 DAYS SUPPLY PER FILL)
letrozole	0	
leuprolide acetate	1	
LUPRON DEPOT (1-MONTH)	4	SP, PN (MIN 28 DAY SUPPLY; MAX 34 DAY SUPPLY)
LUPRON DEPOT (3-MONTH)	4	SP, PN (MIN 84 DAY SUPPLY; MAX 90 DAY SUPPLY)
LUPRON DEPOT (4-MONTH)	4	SP, PN (MIN 112 DAY SUPPLY; MAX 120 DAY SUPPLY)
LUPRON DEPOT (6-MONTH)	4	SP, PN (MIN 168 DAY SUPPLY; MAX 180 DAY SUPPLY)
LYSODREN	2	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)	1	

Drug Name	Drug Tier	Requirements/Limits
nilutamide	1	SP
NUBEQA	3	QL (120 ea per 30 days), PA-NSO, SP, PN (30 DAYS SUPPLY PER FILL)
ORGOVYX	3	PA, QL (64 ea per 30 days), SP, PN (30 DAYS SUPPLY PER FILL)
ORSERDU 345 MG TAB	3	LA, QL (30 ea per 30 days), PA-NSO, SP, PN (30 DAYS SUPPLY PER FILL)
ORSERDU 86 MG TAB	3	LA, QL (90 ea per 30 days), PA-NSO, SP, PN (30 DAYS SUPPLY PER FILL)
tamoxifen citrate 10 mg tab	0	
tamoxifen citrate 20 mg tab	0	
toremifene citrate	1	SP
TRELSTAR MIXJECT 11.25 MG RECON SUSP	4	SP, PN (MIN 84 DAY SUPPLY; MAX 90 DAY SUPPLY)
TRELSTAR MIXJECT 22.5 MG RECON SUSP	4	SP, PN (MIN 168 DAY SUPPLY; MAX 180 DAY SUPPLY)
TRELSTAR MIXJECT 3.75 MG RECON SUSP	4	SP, PN (MIN 28 DAY SUPPLY; MAX 34 DAY SUPPLY)
XTANDI 40 MG CAP	3	QL (120 ea per 30 days), PA-NSO, SP, PN (30 DAYS SUPPLY PER FILL)
XTANDI 40 MG TAB	4	QL (120 ea per 30 days), PA-NSO, SP, PN (30 DAYS SUPPLY PER FILL)
XTANDI 80 MG TAB	4	QL (60 ea per 30 days), PA-NSO, SP, PN (30 DAYS SUPPLY PER FILL)
ZOLADEX 10.8 MG IMPLANT	4	SP, PN (84 DAYS SUPPLY PER FILL)
ZOLADEX 3.6 MG IMPLANT	4	SP, PN (28 DAYS SUPPLY PER FILL)
ANTINEOPLASTIC - HYPOXIA-INDUCIBLE FACTOR INHIBITORS		
WELIREG	4	LA, QL (90 ea per 30 days), PA-NSO, SP, PN (34 DAYS SUPPLY PER FILL)
ANTINEOPLASTIC - IMMUNOMODULATORS		
POMALYST	3	QL (21 ea per 28 days), PA-NSO, SP, PN (28 DAYS SUPPLY PER FILL)
ANTINEOPLASTIC - PDGFR-ALPHA INHIBITORS		
AYVAKIT (100 MG TAB, 200 MG TAB, 300 MG TAB)	3	QL (30 ea per 30 days), PA-NSO, SP, PN (30 DAYS SUPPLY PER FILL)
AYVAKIT (25 MG TAB, 50 MG TAB)	4	QL (30 ea per 30 days), PA-NSO, SP, PN (30 DAYS SUPPLY PER FILL)

Drug Name	Drug Tier	Requirements/Limits
ANTINEOPLASTIC - XPO1 INHIBITORS		
XPOVIO (100 MG ONCE WEEKLY) 50 MG TAB THPK	3	QL (8 ea per 28 days), PA-NSO, SP, PN (28 DAYS SUPPLY PER FILL)
XPOVIO (40 MG ONCE WEEKLY) 40 MG TAB THPK	3	QL (4 ea per 28 days), PA-NSO, SP, PN (28 DAYS SUPPLY PER FILL)
XPOVIO (40 MG TWICE WEEKLY) 40 MG TAB THPK	3	QL (8 ea per 28 days), PA-NSO, SP, PN (28 DAYS SUPPLY PER FILL)
XPOVIO (60 MG ONCE WEEKLY) 60 MG TAB THPK	3	QL (4 ea per 28 days), PA-NSO, SP, PN (28 DAYS SUPPLY PER FILL)
XPOVIO (60 MG TWICE WEEKLY)	3	QL (24 ea per 28 days), PA-NSO, SP, PN (28 DAYS SUPPLY PER FILL)
XPOVIO (80 MG ONCE WEEKLY) 40 MG TAB THPK	3	QL (8 ea per 28 days), PA-NSO, SP, PN (28 DAYS SUPPLY PER FILL)
XPOVIO (80 MG TWICE WEEKLY)	3	QL (32 ea per 28 day(s)), PA-NSO, SP, PN (28 DAYS SUPPLY PER FILL)
ANTINEOPLASTIC ANTIBIOTICS		
JELMYTO	4	PA, LA, QL (17 ea per lifetime), SP
mitomycin (20 mg recon soln, 40 mg recon soln)	1	PN (34 DAYS SUPPLY PER FILL)
mitomycin 5 mg recon soln	1	PN (34 DAYS SUPPLY PER FILL)
mutamycin (20 mg recon soln, 40 mg recon soln)	1	PN (34 DAYS SUPPLY PER FILL)
mutamycin 5 mg recon soln	1	PN (34 DAYS SUPPLY PER FILL)
ANTINEOPLASTIC COMBINATIONS		
DARZALEX FASPRO	4	PA, QL (15 ml per 1 day(s)), SP, PN (28 DAYS SUPPLY PER FILL)
HERCEPTIN HYLECTA	4	SP, PN (34 DAYS SUPPLY PER FILL)
INQOVI	3	QL (5 ea per 28 days), PA-NSO, SP, PN (MIN 28 DAY SUPPLY; MAX 34 DAY SUPPLY)
KISQALI FEMARA (200 MG DOSE)	3	QL (49 ea per 28 days), PA-NSO, SP, PN (MIN 28 DAY SUPPLY; MAX 34 DAY SUPPLY)
KISQALI FEMARA (400 MG DOSE)	3	QL (70 ea per 28 days), PA-NSO, SP, PN (MIN 28 DAY SUPPLY; MAX 34 DAY SUPPLY)
KISQALI FEMARA (600 MG DOSE)	3	QL (91 ea per 28 days), PA-NSO, SP, PN (MIN 28 DAY SUPPLY; MAX 34 DAY SUPPLY)
LONSURF 15-6.14 MG TAB	3	QL (100 ea per 28 days), PA-NSO, SP, PN (MIN 28 DAY SUPPLY; MAX 34 DAY SUPPLY)

Drug Name	Drug Tier	Requirements/Limits
LONSURF 20-8.19 MG TAB	3	QL (80 ea per 28 days), PA-NSO, SP, PN (MIN 28 DAY SUPPLY; MAX 34 DAY SUPPLY)
OPDUALAG	4	PA, QL (40 ml per 28 days), SP, PN (28 DAYS SUPPLY PER FILL)
PHESGO	4	SP, PN (34 DAYS SUPPLY PER FILL)
RITUXAN HYCELA	4	PA, SP, PN (34 DAYS SUPPLY PER FILL)
VYXEOS	4	PA, LA, SP, PN (34 DAYS SUPPLY PER FILL)
ANTINEOPLASTIC ENZYME INHIBITORS		
ALECENSA	3	QL (240 ea per 30 days), PA-NSO, SP, PN (MIN 30 DAY SUPPLY; MAX 60 DAY SUPPLY)
ALIQOPA	4	PA, SP, PN (34 DAYS SUPPLY PER FILL)
ALUNBRIG (90 & 180 MG TAB THPK, 90 MG TAB, 180 MG TAB)	3	QL (30 ea per 30 days), PA-NSO, SP, PN (30 DAYS SUPPLY PER FILL)
ALUNBRIG 30 MG TAB	3	QL (60 ea per 30 days), PA-NSO, SP, PN (30 DAYS SUPPLY PER FILL)
AUGTYRO 40 MG CAP	4	PA, QL (240 ea per 30 day(s)), SP, PN (30 DAYS SUPPLY PER FILL)
BALVERSA 3 MG TAB	3	LA, QL (84 ea per 28 days), PA-NSO, SP, PN (28 DAYS SUPPLY PER FILL)
BALVERSA 4 MG TAB	3	LA, QL (56 ea per 28 days), PA-NSO, SP, PN (28 DAYS SUPPLY PER FILL)
BALVERSA 5 MG TAB	3	LA, QL (28 ea per 28 days), PA-NSO, SP, PN (28 DAYS SUPPLY PER FILL)
BELEODAQ	4	PA, SP, PN (34 DAYS SUPPLY PER FILL)
bortezomib (1 mg recon soln, 2.5 mg recon soln)	4	PA, SP, PN (34 DAYS SUPPLY PER FILL)
BORTEZOMIB (3.5 MG RECON SOLN, 3.5 MG/1.4ML SOLUTION)	4	PA, SP, PN (34 DAYS SUPPLY PER FILL)
BOSULIF (400 MG TAB, 500 MG TAB)	3	QL (30 ea per 30 days), PA-NSO, SP, PN (30 DAYS SUPPLY PER FILL)
BOSULIF 100 MG TAB	3	QL (90 ea per 30 days), PA-NSO, SP, PN (30 DAYS SUPPLY PER FILL)
BRAFTOVI	3	QL (180 ea per 30 days), PA-NSO, SP, PN (30 DAYS SUPPLY PER FILL)
BRUKINSA 80 MG CAP	3	QL (120 ea per 30 days), PA-NSO, SP, PN (30 DAYS SUPPLY PER FILL)
CABOMETYX	3	QL (30 ea per 30 days), PA-NSO, SP, PN (30 DAYS SUPPLY PER FILL)

Drug Name	Drug Tier	Requirements/Limits
CALQUENCE 100 MG TAB	4	QL (60 ea per 30 days), PA-NSO, SP, PN (30 DAYS SUPPLY PER FILL)
CAPRELSA 100 MG TAB	3	LA, QL (60 ea per 30 days), PA-NSO, SP, PN (30 DAYS SUPPLY PER FILL)
CAPRELSA 300 MG TAB	3	LA, QL (30 ea per 30 days), PA-NSO, SP, PN (30 DAYS SUPPLY PER FILL)
COMETRIQ (100 MG DAILY DOSE)	3	QL (56 ea per 28 days), PA-NSO, SP, PN (28 DAYS SUPPLY PER FILL)
COMETRIQ (140 MG DAILY DOSE)	3	QL (112 ea per 28 days), PA-NSO, SP, PN (28 DAYS SUPPLY PER FILL)
COMETRIQ (60 MG DAILY DOSE)	3	QL (84 ea per 28 days), PA-NSO, SP, PN (28 DAYS SUPPLY PER FILL)
COPIKTRA	3	QL (60 ea per 30 days), PA-NSO, SP, PN (30 DAYS SUPPLY PER FILL)
COTELLIC	3	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)	3	QL (30 ea per 30 day(s)), PA-NSO, SP, PN (30 DAYS SUPPLY PER FILL)
dasatinib 20 mg tab	3	QL (90 ea per 30 day(s)), PA-NSO, SP, PN (30 DAYS SUPPLY PER FILL)
everolimus (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)
everolimus 2 mg tab sol	1	QL (28 ea per 28 days), PA-NSO, SP, PN (28 DAYS SUPPLY PER FILL)
FOTIVDA	3	QL (21 ea per 28 days), PA-NSO, SP, PN (30 DAYS SUPPLY PER FILL)
FYARRO	4	PA, SP, PN (34 DAYS SUPPLY PER FILL)
GAVRETO	3	QL (120 ea per 30 day(s)), PA-NSO, SP, PN (30 DAYS SUPPLY PER FILL)
GLEEVEC 100 MG TAB	3	QL (90 ea per 30 days), SP, PN (30 DAYS SUPPLY PER FILL)
GLEEVEC 400 MG TAB	3	QL (60 ea per 30 days), SP, PN (30 DAYS SUPPLY PER FILL)
IBRANCE	3	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)	3	LA, QL (30 ea per 30 days), PA-NSO, SP, PN (30 DAYS SUPPLY PER FILL)
ICLUSIG (15 MG TAB, 45 MG TAB)	3	LA, QL (30 ea per 30 days), PA-NSO, SP, PN (30 DAYS SUPPLY PER FILL)

Drug Name	Drug Tier	Requirements/Limits
IDHIFA	3	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)
imatinib mesylate 400 mg tab	1	QL (60 ea per 30 days), SP, PN (30 DAYS SUPPLY PER FILL)
IMBRUVICA (70 MG CAP, 420 MG TAB)	3	QL (28 ea per 28 days), PA-NSO, SP, PN (28 DAYS SUPPLY PER FILL)
IMBRUVICA 140 MG CAP	3	QL (120 ea per 30 days), PA-NSO, SP, PN (30 DAYS SUPPLY PER FILL)
IMBRUVICA 70 MG/ML SUSPENSION	3	QL (216 ml per 36 days), PA-NSO, SP, PN (36 DAYS SUPPLY PER FILL)
INREBIC	3	PA, QL (120 ea per 30 days), SP, PN (30 DAYS SUPPLY PER FILL)
ITOVEBI 3 MG TAB	3	PA, QL (60 ea per 30 days), SP, PN (30 DAYS SUPPLY PER FILL)
ITOVEBI 9 MG TAB	3	PA, QL (30 ea per 30 days), SP, PN (30 DAYS SUPPLY PER FILL)
JAKAFI	3	PA, QL (60 ea per 30 days), SP, PN (30 DAYS SUPPLY PER FILL)
JAYPIRCA 100 MG TAB	3	QL (60 ea per 30 days), PA-NSO, SP, PN (30 DAYS SUPPLY PER FILL)
JAYPIRCA 50 MG TAB	3	QL (30 ea per 30 days), PA-NSO, SP, PN (30 DAYS SUPPLY PER FILL)
KISQALI (200 MG DOSE)	3	QL (21 ea per 28 days), PA-NSO, SP, PN (MIN 28 DAY SUPPLY; MAX 34 DAY SUPPLY)
KISQALI (400 MG DOSE)	3	QL (42 ea per 28 days), PA-NSO, SP, PN (MIN 28 DAY SUPPLY; MAX 34 DAY SUPPLY)
KISQALI (600 MG DOSE)	3	QL (63 ea per 28 days), PA-NSO, SP, PN (MIN 28 DAY SUPPLY; MAX 34 DAY SUPPLY)
KOSELUGO 10 MG CAP	3	QL (240 ea per 30 days), PA-NSO, SP, PN (30 DAYS SUPPLY PER FILL)
KOSELUGO 25 MG CAP	3	QL (120 ea per 30 days), PA-NSO, SP, PN (30 DAYS SUPPLY PER FILL)
KRAZATI	4	QL (180 ea per 30 days), PA-NSO, SP, PN (30 DAYS SUPPLY PER FILL)
KYPROLIS	4	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)

Drug Name	Drug Tier	Requirements/Limits
LORBRENA 100 MG TAB	3	QL (30 ea per 30 days), PA-NSO, SP, PN (30 DAYS SUPPLY PER FILL)
LORBRENA 25 MG TAB	3	QL (90 ea per 30 days), PA-NSO, SP, PN (30 DAYS SUPPLY PER FILL)
LUMAKRAS 120 MG TAB	3	QL (240 ea per 30 days), PA-NSO, SP, PN (30 DAYS SUPPLY PER FILL)
LUMAKRAS 320 MG TAB	4	QL (90 ea per 30 days), PA-NSO, SP, PN (30 DAYS SUPPLY PER FILL)
LYNPARZA	3	PA, QL (120 ea per 30 days), SP, PN (30 DAYS SUPPLY PER FILL)
LYTGOBI (12 MG DAILY DOSE)	4	QL (84 ea per 28 days), PA-NSO, SP, PN (28 DAYS SUPPLY PER FILL)
LYTGOBI (16 MG DAILY DOSE)	4	QL (112 ea per 28 days), PA-NSO, SP, PN (28 DAYS SUPPLY PER FILL)
LYTGOBI (20 MG DAILY DOSE)	4	QL (140 ea per 28 days), PA-NSO, SP, PN (28 DAYS SUPPLY PER FILL)
MEKINIST 0.05 MG/ML RECON SOLN	3	PA, QL (1200 ml per 30 days), SP, PN (30 DAYS SUPPLY PER FILL)
MEKINIST 0.5 MG TAB	3	PA, QL (90 ea per 30 days), SP, PN (30 DAYS SUPPLY PER FILL)
MEKINIST 2 MG TAB	3	PA, QL (30 ea per 30 days), SP, PN (30 DAYS SUPPLY PER FILL)
MEKTOVI	3	QL (180 ea per 30 days), PA-NSO, SP, PN (30 DAYS SUPPLY PER FILL)
NERLYNX	3	PA, QL (180 ea per 30 days), SP, PN (30 DAYS SUPPLY PER FILL)
nilotinib hcl 150 mg cap	1	PA, QL (112 ea per 28 day(s)), SP, PN (28 DAYS SUPPLY PER FILL)
nilotinib hcl 200 mg cap	1	QL (112 ea per 28 day(s)), PA-NSO, SP, PN (28 DAYS SUPPLY PER FILL)
nilotinib hcl 50 mg cap	1	QL (120 ea per 30 day(s)), PA-NSO, SP, PN (30 DAYS SUPPLY PER FILL)
NINLARO	3	QL (3 ea per 28 days), PA-NSO, SP, PN (MIN 28 DAY SUPPLY; MAX 34 DAY SUPPLY)
OGSIVEO 50 MG TAB	4	PA, QL (60 ea per 30 day(s)), SP, PN (30 DAYS SUPPLY PER FILL)
OJEMDA 100 MG TAB	3	PA, LA, QL (24 ea per 28 day(s)), SP, PN (28 DAYS SUPPLY PER FILL)
OJEMDA 25 MG/ML RECON SUSP	3	PA, LA, QL (96 ml per 28 day(s)), SP, PN (28 DAYS SUPPLY PER FILL)

Drug Name	Drug Tier	Requirements/Limits
OJJAARA	3	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 SUPPLY PER FILL)
PEMAZYRE	3	LA, QL (14 ea per 21 days), PA-NSO, SP, PN (21 DAYS SUPPLY PER FILL)
PHYRAGO 80 MG TAB	3	QL (30 ea per 30 days), PA-NSO, SP, PN (30 DAYS SUPPLY PER FILL)
PIQRAY (200 MG DAILY DOSE)	3	QL (28 ea per 28 days), PA-NSO, SP, PN (28 DAYS SUPPLY PER FILL)
PIQRAY (250 MG DAILY DOSE)	3	QL (56 ea per 28 days), PA-NSO, SP, PN (28 DAYS SUPPLY PER FILL)
PIQRAY (300 MG DAILY DOSE)	3	QL (56 ea per 28 days), PA-NSO, SP, PN (28 DAYS SUPPLY PER FILL)
QINLOCK	3	LA, QL (90 ea per 30 days), PA-NSO, SP, PN (30 DAYS SUPPLY PER FILL)
RETEVMO (40 MG CAP, 40 MG TAB)	3	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)	3	QL (60 ea per 30 day(s)), PA-NSO, SP, PN (30 DAYS SUPPLY PER FILL)
RETEVMO 80 MG CAP	3	QL (120 ea per 30 days), PA-NSO, SP, PN (30 DAYS SUPPLY PER FILL)
REZLIDHIA	3	QL (30 ea per 30 days), PA-NSO, SP, PN (30 DAYS SUPPLY PER FILL)
ROMIDEPSIN	4	PA, SP, PN (34 DAYS SUPPLY PER FILL)
romidepsin	4	PA, SP, PN (34 DAYS SUPPLY PER FILL)
ROZLYTREK 100 MG CAP	3	QL (30 ea per 30 days), PA-NSO, SP, PN (30 DAYS SUPPLY PER FILL)
ROZLYTREK 200 MG CAP	3	QL (90 ea per 30 days), PA-NSO, SP, PN (30 DAYS SUPPLY PER FILL)
ROZLYTREK 50 MG PACKET	3	PA, QL (336 ea per 28 days), SP, PN (28 DAYS SUPPLY PER FILL)
RUBRACA	3	QL (120 ea per 30 days), PA-NSO, SP, PN (30 DAYS SUPPLY PER FILL)
RYDAPT	3	QL (224 ea per 28 days), PA-NSO, SP, PN (28 DAYS SUPPLY PER FILL)
RYTELO	4	PA, SP, PN (28 DAYS SUPPLY PER FILL)
SCEMBLIX (20 MG TAB, 40 MG TAB)	4	QL (60 ea per 30 days), PA-NSO, SP, PN (30 DAYS SUPPLY PER FILL)
SCEMBLIX 100 MG TAB	3	QL (120 ea per 30 day(s)), PA-NSO, SP, PN (30 DAYS SUPPLY PER FILL)

Drug Name	Drug Tier	Requirements/Limits
sorafenib tosylate	1	QL (120 ea per 30 days), PA-NSO, SP, PN (30 DAYS SUPPLY PER FILL)
SPRYCEL (50 MG TAB, 70 MG TAB, 80 MG TAB, 100 MG TAB, 140 MG TAB)	3	QL (30 ea per 30 day(s)), PA-NSO, SP, PN (30 DAYS SUPPLY PER FILL)
SPRYCEL 20 MG TAB	3	QL (90 ea per 30 day(s)), PA-NSO, SP, PN (30 DAYS SUPPLY PER FILL)
STIVARGA	3	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	3	QL (120 ea per 30 days), PA-NSO, SP, PN (30 DAYS SUPPLY PER FILL)
TAFINLAR (50 MG CAP, 75 MG CAP)	3	PA, QL (120 ea per 30 days), SP, PN (30 DAYS SUPPLY PER FILL)
TAFINLAR 10 MG TAB SOL	3	PA, QL (900 ml per 30 days), SP, PN (30 DAYS SUPPLY PER FILL)
TALZENNA (0.1 MG CAP, 0.35 MG CAP)	3	QL (30 ea per 30 day(s)), PA-NSO, SP, PN (30 DAYS SUPPLY PER FILL)
TALZENNA (0.25 MG CAP, 0.5 MG CAP, 0.75 MG CAP, 1 MG CAP)	3	QL (30 ea per 30 days), PA-NSO, SP, PN (30 DAYS SUPPLY PER FILL)
TASIGNA 150 MG CAP	3	PA, QL (112 ea per 28 day(s)), SP, PN (28 DAYS SUPPLY PER FILL)
TASIGNA 200 MG CAP	3	QL (112 ea per 28 day(s)), PA-NSO, SP, PN (28 DAYS SUPPLY PER FILL)
TASIGNA 50 MG CAP	3	QL (120 ea per 30 day(s)), PA-NSO, SP, PN (30 DAYS SUPPLY PER FILL)
TAZVERIK	3	LA, QL (240 ea per 30 days), PA-NSO, SP, PN (30 DAYS SUPPLY PER FILL)
temsirolimus	4	PA, SP, PN (34 DAYS SUPPLY PER FILL)
TEPMETKO	3	LA, QL (60 ea per 30 days), PA-NSO, SP, PN (30 DAYS SUPPLY PER FILL)
TIBSOVO	3	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)	3	QL (64 ea per 28 day(s)), PA-NSO, SP, PN (28 DAYS SUPPLY PER FILL)
TRUQAP (160 MG TAB, 200 MG TAB)	3	QL (64 ea per 28 days), PA-NSO, SP, PN (28 DAYS SUPPLY PER FILL)

Drug Name	Drug Tier	Requirements/Limits
TURALIO 125 MG CAP	3	LA, QL (120 ea per 30 days), PA-NSO, SP, PN (30 DAYS SUPPLY PER FILL)
VANFLYTA	3	PA, LA, QL (56 ea per 28 days), SP, PN (28 DAYS SUPPLY PER FILL)
VERZENIO	3	QL (56 ea per 28 days), PA-NSO, SP, PN (28 DAYS SUPPLY PER FILL)
VITRAKVI 100 MG CAP	3	QL (60 ea per 30 days), PA-NSO, SP, PN (30 DAYS SUPPLY PER FILL)
VITRAKVI 20 MG/ML SOLUTION	3	QL (300 ml per 30 days), PA-NSO, SP, PN (30 DAYS SUPPLY PER FILL)
VITRAKVI 25 MG CAP	3	QL (180 ea per 30 days), PA-NSO, SP, PN (30 DAYS SUPPLY PER FILL)
VONJO	4	PA, QL (120 ea per 30 days), SP, PN (30 DAYS SUPPLY PER FILL)
VORANIGO 10 MG TAB	3	QL (60 ea per 30 day(s)), PA-NSO, SP, PN (30 DAYS SUPPLY PER FILL)
VORANIGO 40 MG TAB	3	QL (30 ea per 30 day(s)), PA-NSO, SP, PN (30 DAYS SUPPLY PER FILL)
XALKORI (20 MG CAP SPRINK, 50 MG CAP SPRINK)	3	QL (120 ea per 30 day(s)), PA-NSO, SP, PN (30 DAYS SUPPLY PER FILL)
XALKORI (200 MG CAP, 250 MG CAP)	3	QL (120 ea per 30 days), PA-NSO, SP, PN (30 DAYS SUPPLY PER FILL)
XALKORI 150 MG CAP SPRINK	3	QL (180 ea per 30 day(s)), PA-NSO, SP, PN (30 DAYS SUPPLY PER FILL)
XOSPATA	3	PA-NSO, SP, PN (34 DAYS SUPPLY PER FILL)
ZEJULA (100 MG TAB, 200 MG TAB, 300 MG TAB)	3	QL (30 ea per 30 days), PA-NSO, SP, PN (30 DAYS SUPPLY PER FILL)
ZELBORAF	3	QL (240 ea per 30 days), PA-NSO, SP, PN (30 DAYS SUPPLY PER FILL)
ZOLINZA	3	QL (120 ea per 30 days), PA-NSO, SP, PN (30 DAYS SUPPLY PER FILL)
ZYDELIG	3	QL (60 ea per 30 days), PA-NSO, SP, PN (30 DAYS SUPPLY PER FILL)
ZYKADIA	3	QL (84 ea per 28 days), PA-NSO, SP, PN (28 DAYS SUPPLY PER FILL)
ANTINEOPLASTIC ENZYMES		
ASPARLAS	4	SP, PN (34 DAYS SUPPLY PER FILL)
ONCASPAR	4	LA, SP, PN (34 DAYS SUPPLY PER FILL)

Drug Name	Drug Tier	Requirements/Limits
RYLAZE	4	PA, SP, PN (34 DAYS SUPPLY PER FILL)
ANTINEOPLASTIC RADIOPHARMACEUTICALS		
AZEDRA DOSIMETRIC	4	PA, SP, PN (34 DAYS SUPPLY PER FILL)
AZEDRA THERAPEUTIC	4	PA, SP, PN (34 DAYS SUPPLY PER FILL)
LUTATHERA	4	PA, SP, PN (34 DAYS SUPPLY PER FILL)
PLUVICTO	4	PA, PN (42 DAYS SUPPLY PER FILL)
XOFIGO	4	PA, SP, PN (34 DAYS SUPPLY PER FILL)
ANTINEOPLASTICS MISC.		
ACTIMMUNE	4	PA, SP, PN (28 DAYS SUPPLY PER FILL)
BESREMI	4	LA, QL (2 ml per 28 days), PA-NSO, SP, PN (28 DAYS SUPPLY PER FILL)
bexarotene 75 mg cap	1	PA, SP, PN (34 DAYS SUPPLY PER FILL)
hydroxyurea	1	
MATULANE	2	LA, SP, PN (34 DAYS SUPPLY PER FILL)
tretinoin 10 mg cap	1	SP
TRISENOX	4	PA, SP, PN (34 DAYS SUPPLY PER FILL)
CHEMOTHERAPY ADJUNCTS		
ELITEK	4	PA, SP, PN (34 DAYS SUPPLY PER FILL)
KEPIVANCE 5.16 MG RECON SOLN	4	PA, LA, SP, PN (34 DAYS SUPPLY PER FILL)
CHEMOTHERAPY RESCUE/ANTIDOTE/PROTECTIVE AGENTS		
COSELA	4	PA, SP, PN (34 DAYS SUPPLY PER FILL)
IWILFIN	4	LA, QL (240 ea per 30 day(s)), PA-NSO, SP, PN (30 DAYS SUPPLY PER FILL)
KHAPZORY	4	PA, SP, PN (34 DAYS SUPPLY PER FILL)
leucovorin calcium (5 mg tab, 10 mg tab, 15 mg tab, 25 mg tab)	1	
mesna 400 mg tab	4	SP, PN (34 DAYS SUPPLY PER FILL)
MESNEX 400 MG TAB	4	SP, PN (34 DAYS SUPPLY PER FILL)
PEDMARK	4	PA, SP, PN (34 DAYS SUPPLY PER FILL)
VORAXAZE	4	PA, SP, PN (34 DAYS SUPPLY PER FILL)
MITOTIC INHIBITORS		
ABRAXANE	4	PA, SP, PN (34 DAYS SUPPLY PER FILL)

Drug Name	Drug Tier	Requirements/Limits
eribulin mesylate	4	PA, SP, PN (34 DAYS SUPPLY PER FILL)
ETOPOSIDE	1	SP
HALAVEN	4	PA, SP, PN (34 DAYS SUPPLY PER FILL)
IXEMPRA KIT	4	PA, SP, PN (34 DAYS SUPPLY PER FILL)
JEVTANA	4	PA, SP, PN (34 DAYS SUPPLY PER FILL)
MARQIBO	4	PA, PN (34 DAYS SUPPLY PER FILL)
paclitaxel protein-bound part	4	PA, SP, PN (34 DAYS SUPPLY PER FILL)
PACLITAXEL PROTEIN-BOUND PART	4	PA, SP, PN (34 DAYS SUPPLY PER FILL)
ONCOLYTIC VIRAL AGENTS		
IMLYGIC	4	PA, SP, PN (34 DAYS SUPPLY PER FILL)
TOPOISOMERASE I INHIBITORS		
HYCAMTIN (0.25 MG CAP, 1 MG CAP)	3	SP, PN (34 DAYS SUPPLY PER FILL)
ONIVYDE	4	PA, SP, PN (34 DAYS SUPPLY PER FILL)
TRODELVY	4	PA, SP, PN (34 DAYS SUPPLY PER FILL)
ANTIPARKINSON AND RELATED THERAPY AGENTS (CONTINUED)		
ANTIPARKINSON ANTICHOLINERGICS		
benztropine mesylate (0.5 mg tab, 1 mg tab, 2 mg tab)	1	
trihexyphenidyl hcl (2 mg tab, 5 mg tab)	1	
ANTIPARKINSON COMT INHIBITORS		
entacapone	1	
ONGENTYS	3	ST, QL (1 ea per 1 days)
tolcapone	1	ST
ANTIPARKINSON DOPAMINERGICS		
amantadine hcl (50 mg/5ml solution, 100 mg cap, 100 mg tab)	1	
apomorphine hcl	1	ST, SP, PN (34 DAYS SUPPLY PER FILL)
bromocriptine mesylate	1	
carbidopa-levodopa (10-100 mg tab disp, 25-100 mg tab disp, 25-250 mg tab disp)	2	
carbidopa-levodopa (10-100 mg tab, 25-100 mg tab, 25-250 mg tab)	1	
carbidopa-levodopa er	1	

Drug Name	Drug Tier	Requirements/Limits
carbidopa-levodopa-entacapone	1	
INBRIJA	4	QL (300 ml per 30 days), SP, PN (30 DAYS SUPPLY PER FILL)
KYNMOBI	4	QL (150 ea per 30 days), PN (30 DAYS SUPPLY PER FILL)
KYNMOBI TITRATION KIT	4	QL (150 ea per 30 days), PN (30 DAYS SUPPLY PER FILL)
pramipexole dihydrochloride	1	
pramipexole dihydrochloride er	1	PA
ropinirole hcl (0.25 mg tab, 0.5 mg tab, 1 mg tab, 2 mg tab, 3 mg tab, 4 mg tab, 5 mg tab)	1	
ropinirole hcl er (2 mg tab er 24h, 4 mg tab er 24h, 6 mg tab er 24h, 8 mg tab er 24h, 12 mg tab er 24h)	1	
ANTIPARKINSON MONOAMINE OXIDASE INHIBITORS		
rasagiline mesylate	1	
selegiline hcl	1	
ANTIPSYCHOTICS/ANTIMANIC AGENTS (CONTINUED)		
ANTIMANIC AGENTS		
lithium	1	
lithium carbonate	1	
lithium carbonate er (300 mg tab er, 450 mg tab er)	1	
LITHOBID	3	
ANTIPSYCHOTICS - MISC.		
CAPLYTA	4	PA, QL (1 ea per 1 days)
lurasidone hcl	1	PA
NUPLAZID	4	PA, QL (30 ea per 30 days), SP, PN (30 DAYS SUPPLY PER FILL)
VRAYLAR	3	PA, QL (1 ea per 1 days)
ziprasidone hcl	1	
BENZISOXAZOLES		
FANAPT	4	PA
FANAPT TITRATION PACK A	4	PA
FANAPT TITRATION PACK B	4	PA

Drug Name	Drug Tier	Requirements/Limits
FANAPT TITRATION PACK C	4	PA
INVEGA HAFYERA 1092 MG/3.5ML SUSP PRSYR	4	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	4	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	4	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	4	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	4	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	4	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	4	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	4	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	4	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	4	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	4	PA, QL (2.63 ml per 84 day(s)), SP, PN (MIN 84 DAY SUPPLY; MAX 90 DAY SUPPLY)
paliperidone er	1	PA
PERSERIS	4	PA, QL (1 ea per 28 days), SP, PN (MIN 28 DAY SUPPLY; MAX 34 DAY SUPPLY)
RISPERDAL CONSTA	4	PA, QL (2 ea per 28 day(s)), SP, PN (MIN 28 DAY SUPPLY; MAX 34 DAY SUPPLY)
risperidone (0.25 mg tab, 0.5 mg tab disp, 1 mg tab disp, 1 mg/ml solution, 2 mg tab disp, 3 mg tab disp, 4 mg tab disp)	1	
risperidone (0.5 mg tab, 1 mg tab, 2 mg tab, 3 mg tab, 4 mg tab)	1	
risperidone microspheres er	4	PA, QL (2 ea per 28 day(s)), SP, PN (MIN 28 DAY SUPPLY; MAX 34 DAY SUPPLY)
RYKINDO	4	PA, QL (2 ea per 28 day(s)), SP, PN (28 DAYS SUPPLY PER FILL)
UZEDY 100 MG/0.28ML SUSP PRSYR	4	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	4	PA, QL (0.35 ml per 28 days), SP, PN (28 DAYS SUPPLY PER FILL)
UZEDY 150 MG/0.42ML SUSP PRSYR	4	PA, QL (0.42 ml per 56 days), SP, PN (56 DAYS SUPPLY PER FILL)
UZEDY 200 MG/0.56ML SUSP PRSYR	4	PA, QL (0.56 ml per 56 days), SP, PN (56 DAYS SUPPLY PER FILL)
UZEDY 250 MG/0.7ML SUSP PRSYR	4	PA, QL (0.7 ml per 56 days), SP, PN (56 DAYS SUPPLY PER FILL)
UZEDY 50 MG/0.14ML SUSP PRSYR	4	PA, QL (0.14 ml per 28 days), SP, PN (28 DAYS SUPPLY PER FILL)
UZEDY 75 MG/0.21ML SUSP PRSYR	4	PA, QL (0.21 ml per 28 days), SP, PN (28 DAYS SUPPLY PER FILL)
BUTYROPHENONES		
haloperidol	1	
haloperidol decanoate 100 mg/ml solution	1	
haloperidol decanoate 50 mg/ml solution	1	
haloperidol lactate	1	
DIBENZAPINES		
asenapine maleate	1	PA
clozapine (12.5 mg tab disp, 25 mg tab disp, 100 mg tab disp, 150 mg tab disp, 200 mg tab disp)	1	
clozapine (25 mg tab, 50 mg tab, 100 mg tab, 200 mg tab)	1	
loxapine succinate	1	
olanzapine (2.5 mg tab, 5 mg tab, 7.5 mg tab, 10 mg tab, 15 mg tab, 20 mg tab)	1	
olanzapine (5 mg tab disp, 10 mg recon soln, 10 mg tab disp, 15 mg tab disp, 20 mg tab disp)	1	
quetiapine fumarate	1	
quetiapine fumarate er	1	
SECUADO	3	PA, QL (1 ea per 1 days)
ZYPREXA RELPREVV	4	PA, QL (2 ea per 28 days), SP, PN (MIN 28 DAY SUPPLY; MAX 34 DAY SUPPLY)
MUSCARINIC AGENTS		
COBENFY	4	PA, QL (60 ea per 30 days), PN (30 DAYS SUPPLY PER FILL)
COBENFY STARTER PACK	4	PA, QL (56 ea per 28 days), PN (28 DAY SUPPLY IN 180 DAYS)

Drug Name	Drug Tier	Requirements/Limits
PHENOTHIAZINES		
chlorpromazine hcl (10 mg tab, 25 mg tab, 50 mg tab, 100 mg tab, 200 mg tab)	1	
compro	1	
fluphenazine decanoate 25 mg/ml solution	1	
fluphenazine hcl (1 mg tab, 2.5 mg tab, 5 mg tab, 10 mg tab)	1	
FLUPHENAZINE HCL (2.5 MG/5ML ELIXIR, 5 MG/ML CONC)	1	
perphenazine	1	
prochlorperazine	1	
prochlorperazine maleate	1	
thioridazine hcl	1	
trifluoperazine hcl	1	
QUINOLINONE DERIVATIVES		
ABILIFY ASIMTUFII 720 MG/2.4ML PRSYR	4	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	4	PA, QL (3.2 ml per 56 days), SP, PN (MIN 56 DAY SUPPLY; MAX 60 DAY SUPPLY)
ABILIFY MAINTENA	4	PA, QL (1 ea per 28 days), SP, PN (MIN 28 DAY SUPPLY; MAX 34 DAY SUPPLY)
aripiprazole (2 mg tab, 5 mg tab, 10 mg tab, 15 mg tab, 20 mg tab, 30 mg tab)	1	
aripiprazole 1 mg/ml solution	1	
ARISTADA 1064 MG/3.9ML PRSYR	4	PA, QL (3.9 ml per 56 days), SP, PN (MIN 56 DAY SUPPLY; MAX 60 DAY SUPPLY)
ARISTADA 441 MG/1.6ML PRSYR	4	PA, QL (1.6 ml per 28 days), SP, PN (MIN 28 DAY SUPPLY; MAX 34 DAY SUPPLY)
ARISTADA 662 MG/2.4ML PRSYR	4	PA, QL (2.4 ml per 28 days), SP, PN (MIN 28 DAY SUPPLY; MAX 34 DAY SUPPLY)
ARISTADA 882 MG/3.2ML PRSYR	4	PA, QL (3.2 ml per 28 days), SP, PN (MIN 28 DAY SUPPLY; MAX 42 DAY SUPPLY)
ARISTADA INITIO	4	PA, QL (2.4 ml per 28 days), SP, PN (28 DAYS SUPPLY PER FILL)
THIOXANTHENES		
thiothixene	1	
ANTIVIRALS (CONTINUED)		
ANTIRETROVIRALS		
abacavir sulfate 20 mg/ml solution	1	QL (30 ml per 1 days)

Drug Name	Drug Tier	Requirements/Limits
abacavir sulfate 300 mg tab	1	QL (2 ea per 1 days)
abacavir sulfate-lamivudine 600-300 mg tab	1	QL (1 ea per 1 days)
APRETUDE	0	QL (3 ml per fill), PN (HIV PREP: Drug covered at $0 unless member has a hx of HIV Treatment drug in last 120 days. REF: HIV Supplemental List)
APTIVUS	2	QL (4 ea per 1 days)
atazanavir sulfate (150 mg cap, 200 mg cap)	1	QL (2 ea per 1 days)
atazanavir sulfate 300 mg cap	1	QL (1 ea per 1 days)
BIKTARVY	2	QL (1 ea per 1 days)
CABENUVA 400 & 600 MG/2ML SUSP	2	QL (1 ml per 180 days), PN (180 DAYS SUPPLY PER FILL)
CABENUVA 600 & 900 MG/3ML SUSP	2	QL (6 ml per 28 days), PN (28 DAYS SUPPLY PER FILL)
CIMDUO	2	QL (1 ea per 1 day(s))
COMPLERA	2	QL (1 ea per 1 day(s))
darunavir 600 mg tab	1	QL (2 ea per 1 day(s))
darunavir 800 mg tab	1	QL (1 ea per 1 day(s))
DELSTRIGO	2	QL (1 ea per 1 days)
DESCOVY 120-15 MG TAB	2	QL (1 ea per 1 days)
DESCOVY 200-25 MG TAB	2	QL (1 ea per 1 days), PN ($0 copay for pre-exposure prophylaxis)
DOVATO	2	QL (1 ea per 1 days)
EDURANT	2	QL (2 ea per 1 days)
efavirenz	1	QL (1 ea per 1 days)
EFAVIRENZ 200 MG CAP	1	QL (2 ea per 1 days)
EFAVIRENZ 50 MG CAP	1	QL (3 ea per 1 days)
efavirenz-emtricitab-tenofo df	1	QL (1 ea per 1 days)
EFAVIRENZ-LAMIVUDINE-TENOFOVIR	1	QL (1 ea per 1 day(s))
efavirenz-lamivudine-tenofovir	1	QL (1 ea per 1 days)
emtricitab-rilpivir-tenofov df	1	QL (1 ea per 1 day(s))
emtricitabine	1	QL (1 ea per 1 days)
emtricitabine-tenofovir df (100-150 mg tab, 133-200 mg tab, 167-250 mg tab)	1	QL (1 ea per 1 days)

Drug Name	Drug Tier	Requirements/Limits
emtricitabine-tenofovir df 200-300 mg tab	1	QL (1 ea per 1 days)
EMTRIVA 10 MG/ML SOLUTION	2	QL (24 ml per 1 days)
etravirine	1	QL (2 ea per 1 days)
EVOTAZ	2	QL (1 ea per 1 days)
fosamprenavir calcium	1	QL (4 ea per 1 days)
FUZEON	2	QL (2 ea per 1 days), SP
GENVOYA	2	QL (1 ea per 1 days)
INTELENCE 25 MG TAB	2	QL (4 ea per 1 days)
ISENTRESS (25 MG CHEW TAB, 100 MG CHEW TAB)	2	QL (6 ea per 1 days)
ISENTRESS 100 MG PACKET	2	QL (2 ea per 1 days)
ISENTRESS 400 MG TAB	2	QL (4 ea per 1 days)
ISENTRESS HD	2	QL (2 ea per 1 days)
JULUCA	2	QL (1 ea per 1 days)
KALETRA 400-100 MG/5ML SOLUTION	2	QL (14 ml per 1 day(s))
lamivudine (10 mg/ml solution, 300 mg/30ml solution)	1	QL (30 ml per 1 days)
lamivudine 150 mg tab	1	QL (2 ea per 1 days)
lamivudine 300 mg tab	1	QL (1 ea per 1 days)
lamivudine-zidovudine 150-300 mg tab	1	QL (2 ea per 1 days)
lopinavir-ritonavir 100-25 mg tab	1	QL (8 ea per 1 days)
lopinavir-ritonavir 200-50 mg tab	1	QL (4 ea per 1 days)
lopinavir-ritonavir 400-100 mg/5ml solution	1	QL (14 ml per 1 days)
maraviroc 150 mg tab	1	QL (2 ea per 1 days)
maraviroc 300 mg tab	1	QL (4 ea per 1 days)
nevirapine	1	QL (2 ea per 1 days)
NEVIRAPINE	1	QL (40 ml per 1 days)
nevirapine er	1	QL (1 ea per 1 days)
NEVIRAPINE ER	1	QL (3 ea per 1 days)
NORVIR 100 MG PACKET	2	QL (12 ea per 1 days)
ODEFSEY	2	QL (1 ea per 1 days)
PIFELTRO	2	QL (2 ea per 1 days)
PREZCOBIX 675-150 MG TAB	2	QL (1 ea per 1 day(s))

Drug Name	Drug Tier	Requirements/Limits
PREZCOBIX 800-150 MG TAB	2	QL (1 ea per 1 days)
PREZISTA 100 MG/ML SUSPENSION	2	QL (13.34 ml per 1 days)
PREZISTA 150 MG TAB	2	QL (6 ea per 1 days)
PREZISTA 75 MG TAB	2	QL (2 ea per 1 days)
REYATAZ 50 MG PACKET	2	QL (6 ea per 1 days)
ritonavir	1	QL (12 ea per 1 day(s))
RUKOBIA	2	QL (2 ea per 1 days)
SELZENTRY 20 MG/ML SOLUTION	2	QL (60 ml per 1 days)
STRIBILD	2	QL (1 ea per 1 days)
SUNLENCA 4 X 300 MG TAB THPK	2	QL (4 ea per 2 day(s)), PN (2 DAY SUPPLY IN 180 DAYS)
SUNLENCA 463.5 MG/1.5ML SOLUTION	4	QL (3 ml per 180 days), PN (180 DAYS SUPPLY PER FILL)
SUNLENCA 5 X 300 MG TAB THPK	2	QL (5 ea per 8 day(s)), PN (8 DAYS SUPPLY IN 180 DAYS)
SYMTUZA	2	QL (1 ea per 1 days)
tenofovir disoproxil fumarate	1	QL (1 ea per 1 days)
TIVICAY 50 MG TAB	2	QL (2 ea per 1 days)
TIVICAY PD	2	QL (12 ea per 1 days)
TRIUMEQ	2	QL (1 ea per 1 days)
TRIUMEQ PD	2	QL (6 ea per 1 days)
TYBOST	2	QL (1 ea per 1 days)
VIRACEPT 250 MG TAB	2	QL (9 ea per 1 days)
VIRACEPT 625 MG TAB	2	QL (4 ea per 1 days)
VIREAD (150 MG TAB, 200 MG TAB, 250 MG TAB)	2	QL (1 ea per 1 days)
VIREAD 40 MG/GM POWDER	2	QL (8 gm per 1 days)
VOCABRIA	2	QL (1 ea per 1 days), PN ($0 copay for pre-exposure prophylaxis)
zidovudine 100 mg cap	1	QL (6 ea per 1 days)
zidovudine 300 mg tab	1	QL (2 ea per 1 days)
zidovudine 50 mg/5ml syrup	1	QL (6 ml per 1 days)
ANTIVIRAL COMBINATIONS		
PAXLOVID	3	QL (11 ea per fill(s))

Drug Name	Drug Tier	Requirements/Limits
PAXLOVID (150/100)	2	QL (20 ea per fill(s))
PAXLOVID (300/100)	0	QL (30 ea per fill(s))
CMV AGENTS		
LIVTENCITY	4	PA, LA, QL (112 ea per 28 days), SP, PN (28 DAYS SUPPLY PER FILL)
PREVYMIS (240 MG TAB, 480 MG TAB)	4	PA, QL (1 ea per 1 days)
valganciclovir hcl	4	PN (34 DAYS SUPPLY PER FILL)
HEPATITIS AGENTS		
adefovir dipivoxil	4	SP, PN (34 DAYS SUPPLY PER FILL)
entecavir	1	
lamivudine 100 mg tab	1	QL (1 ea per 1 days)
MAVYRET 100-40 MG TAB	4	PA, QL (84 ea per 28 days), SP, PN (MIN 28 DAY SUPPLY; MAX 34 DAY SUPPLY)
MAVYRET 50-20 MG PACKET	4	PA, QL (168 ea per 28 days), SP, PN (MIN 28 DAY SUPPLY; MAX 34 DAY SUPPLY)
PEGASYS 180 MCG/0.5ML SOLN PRSYR	4	QL (2 ml per 28 days), SP, PN (28 DAYS SUPPLY PER FILL)
PEGASYS 180 MCG/ML SOLUTION	4	QL (4 ml per 28 days), SP, PN (28 DAYS SUPPLY PER FILL)
RIBAVIRIN	2	SP
VEMLIDY	2	QL (1 ea per 1 days)
HERPES AGENTS		
acyclovir (200 mg cap, 200 mg/5ml suspension, 400 mg tab, 800 mg tab, 800 mg/20ml suspension)	1	
famciclovir	1	
valacyclovir hcl (1 gm tab, 500 mg tab)	1	
INFLUENZA AGENTS		
oseltamivir phosphate 30 mg cap	1	QL (84 ea per 180 days), PN (TWO 14 DAYS SUPPLIES IN 180 DAYS)
oseltamivir phosphate 45 mg cap	1	QL (48 ea per 180 days), PN (TWO 14 DAYS SUPPLIES IN 180 DAYS)
oseltamivir phosphate 6 mg/ml recon susp	1	QL (540 ml per 180 days), PN (TWO 14 DAYS SUPPLIES IN 180 DAYS)
oseltamivir phosphate 75 mg cap	1	QL (42 ea per 180 days), PN (TWO 14 DAYS SUPPLIES IN 180 DAYS)

Drug Name	Drug Tier	Requirements/Limits
RIMANTADINE HCL	1	
XOFLUZA (40 MG DOSE) 1 X 40 MG TAB THPK	3	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	3	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	3	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	3	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	3	QL (40 ea per fill(s))
TPOXX 200 MG CAP	0	QL (126 ea per 14 day(s)), PN (14 DAYS SUPPLY PER 365 DAYS)
TPOXX 200 MG/20ML SOLUTION	0	QL (1120 ea per 14 day(s)), PN (14 DAYS SUPPLY PER 365 DAYS)
RESPIRATORY SYNCYTIAL VIRUS (RSV) AGENTS		
ribavirin	2	SP
BETA BLOCKERS (CONTINUED)		
ALPHA-BETA BLOCKERS		
carvedilol	1	
carvedilol phosphate er (10 mg cap er 24h, 40 mg cap er 24h, 80 mg cap er 24h)	1	PA
carvedilol phosphate er 20 mg cap er 24h	1	PA
labetalol hcl (100 mg tab, 200 mg tab, 300 mg tab)	1	
BETA BLOCKERS CARDIO-SELECTIVE		
acebutolol hcl	1	
atenolol	1	
betaxolol hcl (10 mg tab, 20 mg tab)	1	
bisoprolol fumarate	1	
metoprolol succinate er	1	
metoprolol tartrate (25 mg tab, 50 mg tab, 100 mg tab)	1	
metoprolol tartrate (37.5 mg tab, 75 mg tab)	1	

Drug Name	Drug Tier	Requirements/Limits
nebivolol hcl	1	ST
BETA BLOCKERS NON-SELECTIVE		
INNOPRAN XL	2	
nadolol	1	
pindolol	1	
propranolol hcl (10 mg tab, 20 mg tab, 20 mg/5ml solution, 40 mg tab, 60 mg tab, 80 mg tab)	1	
propranolol hcl er	1	
sorine	1	
sotalol hcl	1	
sotalol hcl (af)	1	
timolol maleate (5 mg tab, 10 mg tab)	1	
CALCIUM CHANNEL BLOCKERS (CONTINUED)		
CALCIUM CHANNEL BLOCKERS		
amlodipine besylate (2.5 mg tab, 5 mg tab, 10 mg tab)	1	
cartia xt (120 mg cap er 24h, 300 mg cap er 24h)	1	
cartia xt (180 mg cap er 24h, 240 mg cap er 24h)	1	
dilt-xr (120 mg cap er 24h, 240 mg cap er 24h)	1	
dilt-xr 180 mg cap er 24h	1	
diltiazem hcl	1	
diltiazem hcl er (120 mg cap er 24h, 240 mg cap er 24h)	1	
diltiazem hcl er 180 mg cap er 24h	1	
diltiazem hcl er beads	1	
diltiazem hcl er coated beads (120 mg cap er 24h, 180 mg cap er 24h, 240 mg cap er 24h, 300 mg cap er 24h, 360 mg cap er 24h)	1	
felodipine er	1	
isradipine	1	
nicardipine hcl (20 mg cap, 30 mg cap)	1	
nifedipine	1	
nifedipine er	1	
nifedipine er osmotic release	1	

Drug Name	Drug Tier	Requirements/Limits
nimodipine	1	
taztia xt (120 mg cap er 24h, 180 mg cap er 24h, 240 mg cap er 24h)	1	
taztia xt (300 mg cap er 24h, 360 mg cap er 24h)	1	
tiadylt er (120 mg cap er 24h, 240 mg cap er 24h, 300 mg cap er 24h, 360 mg cap er 24h)	1	
tiadylt er (180 mg cap er 24h, 420 mg cap er 24h)	1	
verapamil hcl (40 mg tab, 80 mg tab, 120 mg tab)	1	
verapamil hcl er (120 mg cap er 24h, 120 mg tab er, 180 mg cap er 24h, 180 mg tab er, 240 mg tab er)	1	
verapamil hcl er 240 mg cap er 24h	1	
CARDIOTONICS (CONTINUED)		
CARDIAC GLYCOSIDES		
digitek	1	
digox	1	
DIGOXIN (0.05 MG/ML SOLUTION)	1	
digoxin (125 mcg tab, 250 mcg tab)	1	
LANOXIN (125 MCG TAB, 250 MCG TAB)	3	
CARDIOVASCULAR AGENTS - MISC. (CONTINUED)		
CARDIAC MYOSIN INHIBITORS		
CAMZYOS	4	PA, QL (30 ea per 30 days), SP, PN (30 DAYS SUPPLY PER FILL)
CARDIOVASCULAR AGENTS MISC. - COMBINATIONS		
ENTRESTO 24-26 MG TAB	2	QL (6 ea per 1 day(s))
ENTRESTO 49-51 MG TAB	2	QL (3 ea per 1 day(s))
ENTRESTO 97-103 MG TAB	2	QL (2 ea per 1 day(s))
sacubitril-valsartan 24-26 mg tab	1	QL (6 ea per 1 day(s))
sacubitril-valsartan 49-51 mg tab	1	QL (3 ea per 1 day(s))
sacubitril-valsartan 97-103 mg tab	1	QL (2 ea per 1 day(s))
CARDIOVASCULAR ANTI-INFLAMMATORY/IMMUNE MODULATORS		
LODOCO	4	PA, QL (1 ea per 1 day(s))
IMPOTENCE AGENTS		
tadalafil (2.5 mg tab, 5 mg tab)	1	PA, QL (1 ea per 1 day(s))

Drug Name	Drug Tier	Requirements/Limits
PROSTAGLANDIN VASODILATORS		
epoprostenol sodium	4	PA, SP, PN (34 DAYS SUPPLY PER FILL)
treprostinil	4	PA, SP, PN (34 DAYS SUPPLY PER FILL)
TYVASO	4	PA, QL (81.2 ml per 28 days), SP, PN (MIN 28 DAY SUPPLY; MAX 34 DAY SUPPLY)
TYVASO DPI INSTITUTIONAL KIT (16 MCG POWDER, 32 MCG POWDER, 48 MCG POWDER, 64 MCG POWDER)	4	PA, QL (112 ea per 28 days), SP, PN (28 DAYS SUPPLY PER FILL)
TYVASO DPI INSTITUTIONAL KIT 80 MCG POWDER	4	PA, QL (112 ea per 28 day(s)), SP, PN (28 DAYS SUPPLY PER FILL)
TYVASO DPI MAINTENANCE KIT (16 MCG POWDER, 32 MCG POWDER, 48 MCG POWDER, 64 MCG POWDER)	4	PA, QL (112 ea per 28 days), SP, PN (28 DAYS SUPPLY PER FILL)
TYVASO DPI MAINTENANCE KIT 112 X 32MCG & 112 X48MCG POWDER	4	PA, QL (224 ea per 28 days), PN (28 DAYS SUPPLY PER FILL)
TYVASO DPI MAINTENANCE KIT 80 MCG POWDER	4	PA, QL (112 ea per 28 day(s)), SP, PN (28 DAYS SUPPLY PER FILL)
TYVASO DPI TITRATION KIT 112 X 16MCG & 84 X 32MCG POWDER	4	PA, QL (196 ea per 28 days), SP, PN (28 DAYS SUPPLY PER FILL)
TYVASO DPI TITRATION KIT 16 & 32 & 48 MCG POWDER	4	PA, QL (252 ea per 28 days), SP, PN (28 DAYS SUPPLY PER FILL)
TYVASO REFILL	4	PA, QL (81.2 ml per 28 days), SP, PN (MIN 28 DAY SUPPLY; MAX 34 DAY SUPPLY)
TYVASO STARTER	4	PA, QL (81.2 ml per 28 days), SP, PN (MIN 28 DAY SUPPLY; MAX 34 DAY SUPPLY)
VENTAVIS	4	PA, SP, PN (34 DAYS SUPPLY PER FILL)
PULMONARY HYPERTENSION - ENDOTHELIN RECEPTOR ANTAGONISTS		
ambrisentan	4	PA, QL (30 ea per 30 days), SP, PN (30 DAYS SUPPLY PER FILL)
bosentan (62.5 mg tab, 125 mg tab)	4	PA, QL (60 ea per 30 days), SP, PN (30 DAYS SUPPLY PER FILL)
bosentan 32 mg tab sol	4	PA, QL (112 ea per 28 day(s)), SP, PN (28 DAYS SUPPLY PER FILL)
OPSUMIT	4	PA, QL (30 ea per 30 days), SP, PN (30 DAYS SUPPLY PER FILL)
TRACLEER 32 MG TAB SOL	4	PA, QL (112 ea per 28 day(s)), SP, PN (28 DAYS SUPPLY PER FILL)
PULMONARY HYPERTENSION - PHOSPHODIESTERASE INHIBITORS		
sildenafil citrate 10 mg/ml recon susp	4	PA, SP, PN (34 DAYS SUPPLY PER FILL)
sildenafil citrate 20 mg tab	4	PA, PN (34 DAYS SUPPLY PER FILL)

Drug Name	Drug Tier	Requirements/Limits
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)	4	PA, QL (60 ea per 30 days), SP, PN (30 DAYS SUPPLY PER FILL)
UPTRAVI 1800 MCG RECON SOLN	4	PA, QL (60 ea per 30 day(s)), SP, PN (30 DAYS SUPPLY PER FILL)
UPTRAVI 200 & 800 MCG TAB THPK	4	PA, QL (200 ea per 180 days), SP, PN (28 DAYS SUPPLY PER FILL)
UPTRAVI 200 MCG TAB	4	PA, QL (140 ea per 28 days), SP, PN (28 DAYS SUPPLY PER FILL)
PULMONARY HYPERTENSION - SOL GUANYLATE CYCLASE STIMULATOR		
ADEMPAS	4	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)	3	PA, QL (2 ea per 1 day(s))
CORLANOR 5 MG/5ML SOLUTION	3	PA, QL (20 ml per 1 days)
ivabradine hcl	1	PA, QL (2 ea per 1 day(s))
TRANSTHYRETIN STABILIZERS		
VYNDAMAX	4	PA, QL (30 ea per 30 days), SP, PN (30 DAYS SUPPLY PER FILL)
VYNDAQEL	4	PA, QL (120 ea per 30 days), SP, PN (30 DAYS SUPPLY PER FILL)
CEPHALOSPORINS (CONTINUED)		
CEPHALOSPORINS - 1ST GENERATION		
cefadroxil (250 mg/5ml recon susp, 500 mg cap, 500 mg/5ml recon susp)	1	
cephalexin (125 mg/5ml recon susp, 250 mg cap, 250 mg/5ml recon susp, 500 mg cap)	1	
CEPHALOSPORINS - 2ND GENERATION		
CEFACLOR (250 MG CAP, 500 MG CAP)	1	
CEFACLOR ER	1	
cefprozil (125 mg/5ml recon susp, 250 mg tab, 250 mg/5ml recon susp, 500 mg tab)	1	
cefuroxime axetil	1	
CEPHALOSPORINS - 3RD GENERATION		
cefdinir (125 mg/5ml recon susp, 250 mg/5ml recon susp, 300 mg cap)	1	

Drug Name	Drug Tier	Requirements/Limits
CEPHALOSPORINS - SIDEROPHORES		
FETROJA	4	PA, PN (34 DAYS SUPPLY PER FILL)
CONTRACEPTIVES (CONTINUED)		
COMBINATION CONTRACEPTIVES - ORAL		
afirmelle	0	
altavera	0	
alyacen 1/35	0	
alyacen 7/7/7	0	
amethia	0	
amethyst	0	
apri	0	
aranelle	0	
ashlyna	0	
aubra	0	
aubra eq	0	
aurovela 1.5/30	0	
aurovela 1/20	0	
aurovela 24 fe	0	
aurovela fe 1.5/30	0	
aurovela fe 1/20	0	
aviane	0	
ayuna	0	
azurette	0	
BALCOLTRA	0	
balziva	0	
BEYAZ	0	
blisovi 24 fe	0	
blisovi fe 1.5/30	0	
blisovi fe 1/20	0	
briellyn	0	
camrese	0	

Drug Name	Drug Tier	Requirements/Limits
camrese lo	0	
charlotte 24 fe	0	
chateal	0	
chateal eq	0	
cryselle-28	0	
cyclafem 1/35	0	
cyclafem 7/7/7	0	
cyred	0	
cyred eq	0	
dasetta 1/35	0	
dasetta 7/7/7	0	
daysee	0	
delyla	0	
desogestrel-ethinyl estradiol	0	
dolishale	0	
drospiren-eth estrad-levomefol	0	
drospirenone-ethinyl estradiol	0	
elinest	0	
emoquette	0	
enpresse-28	0	
enskyce	0	
estarylla	0	
ethynodiol diac-eth estradiol	0	
falmina	0	
fayosim	0	
feirza 1.5/30	0	
feirza 1/20	0	
FEMLYV	0	
femynor	0	
finzala	0	
galbriela	0	

Drug Name	Drug Tier	Requirements/Limits
gemmily	0	
hailey 1.5/30	0	
hailey 24 fe	0	
hailey fe 1.5/30	0	
hailey fe 1/20	0	
iclevia	0	
introvale	0	
isibloom	0	
jaimiess	0	
jasmiel	0	
jolessa	0	
joyeaux	0	
juleber	0	
junel 1.5/30	0	
junel 1/20	0	
junel fe 1.5/30	0	
junel fe 1/20	0	
junel fe 24	0	
kaitlib fe	0	
kalliga	0	
kariva	0	
kelnor 1/35	0	
kelnor 1/50	0	
kurvelo	0	
larin 1.5/30	0	
larin 1/20	0	
larin 24 fe	0	
larin fe 1.5/30	0	
larin fe 1/20	0	
larissia	0	
layolis fe	0	

Drug Name	Drug Tier	Requirements/Limits
leena	0	
lessina	0	
levonest	0	
levonorg-eth estrad triphasic	0	
levonorgest-eth est & eth est	0	
levonorgest-eth estrad 91-day	0	
levonorgest-eth estradiol-iron	0	
levonorgestrel-ethinyl estrad	0	
levora 0.15/30 (28)	0	
lillow	0	
LO LOESTRIN FE	0	
lo-zumandimine	0	
loestrin 1.5/30 (21)	0	
loestrin 1/20 (21)	0	
loestrin fe 1.5/30	0	
loestrin fe 1/20	0	
lojaimiess	0	
loryna	0	
low-ogestrel	0	
luizza 1.5/30	0	
luizza 1/20	0	
lutera	0	
marlissa	0	
merzee	0	
mibelas 24 fe	0	
microgestin 1.5/30	0	
microgestin 1/20	0	
microgestin 24 fe	0	
microgestin fe 1.5/30	0	
microgestin fe 1/20	0	
mili	0	

Drug Name	Drug Tier	Requirements/Limits
minzoya	0	
mono-linyah	0	
NATAZIA	0	
necon 0.5/35 (28)	0	
NEXTSTELLIS	0	
nikki	0	
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)	0	
norethin-eth estradiol-fe	0	
norethindron-ethinyl estrad-fe	0	
norethindrone acet-ethinyl est	0	
norgestim-eth estrad triphasic	0	
norgestimate-eth estradiol	0	
nortrel 0.5/35 (28)	0	
nortrel 1/35 (21)	0	
nortrel 1/35 (28)	0	
nortrel 7/7/7	0	
nylia 1/35	0	
nylia 7/7/7	0	
nymyo	0	
ocella	0	
orsythia	0	
philith	0	
pimtrea	0	
pirmella 1/35	0	
pirmella 7/7/7	0	
portia-28	0	
previfem	0	
reclipsen	0	
rivelsa	0	
rosyrah	0	

Drug Name	Drug Tier	Requirements/Limits
SAFYRAL	0	
setlakin	0	
simliya	0	
simpesse	0	
sprintec 28	0	
sronyx	0	
syeda	0	
tarina 24 fe	0	
tarina fe 1/20	0	
tarina fe 1/20 eq	0	
taysofy	0	
TAYTULLA	0	
tilia fe	0	
tri femynor	0	
tri-estarylla	0	
tri-legest fe	0	
tri-linyah	0	
tri-lo-estarylla	0	
tri-lo-marzia	0	
tri-lo-mili	0	
tri-lo-sprintec	0	
tri-mili	0	
tri-nymyo	0	
tri-previfem	0	
tri-sprintec	0	
tri-vylibra	0	
tri-vylibra lo	0	
trivora (28)	0	
turqoz	0	
TYBLUME	0	
tydemy	0	

Drug Name	Drug Tier	Requirements/Limits
valtya 1/35	0	
valtya 1/50	0	
VELIVET	0	
vestura	0	
vienva	0	
viorele	0	
volnea	0	
vyfemla	0	
vylibra	0	
wera	0	
wymzya fe	0	
xarah fe	0	
xelria fe	0	
YASMIN 28	0	
YAZ	0	
zarah	0	
zovia 1/35 (28)	0	
zovia 1/35e (28)	0	
zumandimine	0	
COMBINATION CONTRACEPTIVES - TRANSDERMAL		
norelgestromin-eth estradiol	0	
TWIRLA	0	
xulane	0	
zafemy	0	
COMBINATION CONTRACEPTIVES - VAGINAL		
ANNOVERA	0	
eluryng	0	
enilloring	0	
etonogestrel-ethinyl estradiol	0	
haloette	0	
NUVARING	0	

Drug Name	Drug Tier	Requirements/Limits
COPPER CONTRACEPTIVES - IUD		
MIUDELLA INTRAUTERINE COPPER	0	PN (MAX 1095 DAYS SUPPLY)
PARAGARD INTRAUTERINE COPPER	0	PN (MAX 3650 DAYS SUPPLY)
EMERGENCY CONTRACEPTIVES		
aftera	0	
afterpill	0	
curae	0	
econtra ez	0	
econtra one-step	0	
ELLA	0	
her style	0	
levonorgestrel	0	
my choice	0	
my way	0	
new day	0	
opcicon one-step	0	
option 2	0	
PLAN B ONE-STEP	0	
react	0	
take action	0	
PROGESTIN CONTRACEPTIVES - INJECTABLE		
DEPO-PROVERA	0	PN (MIN 84 DAY SUPPLY; MAX 102 DAY SUPPLY)
DEPO-SUBQ PROVERA 104	0	PN (MIN 84 DAY SUPPLY; MAX 102 DAY SUPPLY)
medroxyprogesterone acetate (150 mg/ml susp prsyr, 150 mg/ml suspension)	0	PN (MIN 84 DAY SUPPLY; MAX 102 DAY SUPPLY)
PROGESTIN CONTRACEPTIVES - IUD		
KYLEENA	0	SP, PN (MIN 365 DAY SUPPLY; MAX 1825 DAY SUPPLY)
MIRENA (52 MG)	0	SP, PN (MIN 365 DAY SUPPLY; MAX 2920 DAY SUPPLY)
SKYLA	0	SP, PN (MIN 365 DAY SUPPLY; MAX 1095 DAY SUPPLY)

Drug Name	Drug Tier	Requirements/Limits
PROGESTIN CONTRACEPTIVES - ORAL		
camila	0	
deblitane	0	
emzahh	0	
errin	0	
heather	0	
incassia	0	
jencycla	0	
lyleq	0	
lyza	0	
meleya	0	
nora-be	0	
norethindrone	0	
norlyda	0	
norlyroc	0	
OPILL	0	
orquidea	0	
sharobel	0	
SLYND	0	
tulana	0	
CORTICOSTEROIDS (CONTINUED)		
GLUCOCORTICOSTEROIDS		
budesonide 3 mg cp dr part	1	
decadron	1	
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)	1	
hydrocortisone (5 mg tab, 10 mg tab, 20 mg tab)	1	
hydrocortisone sod suc (pf)	1	PN (34 DAYS SUPPLY PER FILL)
methylprednisolone (4 mg tab, 4 mg tab thpk, 8 mg tab, 16 mg tab, 32 mg tab)	1	
methylprednisolone sodium succ (40 mg recon soln, 125 mg recon soln, 500 mg recon soln, 1000 mg recon soln)	1	

Drug Name	Drug Tier	Requirements/Limits
prednisolone	1	
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)	1	
prednisone (1 mg tab, 2.5 mg tab, 5 mg tab, 10 mg tab, 20 mg tab, 50 mg tab)	1	
SOLU-CORTEF (100 MG RECON SOLN, 250 MG RECON SOLN, 500 MG RECON SOLN, 1000 MG RECON SOLN)	2	PN (34 DAYS SUPPLY PER FILL)
SOLU-MEDROL (PF)	2	PN (34 DAYS SUPPLY PER FILL)
MINERALOCORTICOIDS		
fludrocortisone acetate	1	
COUGH/COLD/ALLERGY (CONTINUED)		
ANTITUSSIVES		
benzonatate (100 mg cap, 200 mg cap)	1	
hydrocodone bit-homatrop mbr (5-1.5 mg tab, 5-1.5 mg/5ml solution)	1	
hydromet	1	
COUGH/COLD/ALLERGY COMBINATIONS		
bromfed dm	1	
g tussin ac	1	
guaiatussin ac	1	
guaifenesin ac	1	
guaifenesin-codeine (100-10 mg/5ml solution, 200-20 mg/10ml solution)	1	
HYDROCOD POLI-CHLORPHE POLI ER	1	
maxi-tuss ac	1	
NINJACOF-XG	1	
PROMETHAZINE VC	1	
PROMETHAZINE VC/CODEINE	1	
promethazine-codeine	1	
promethazine-dm	1	
promethazine-phenyleph-codeine	1	
PROMETHAZINE-PHENYLEPHRINE	1	

Drug Name	Drug Tier	Requirements/Limits
pseudoeph-bromphen-dm	1	
virtussin a/c	1	
virtussin ac w/alc	1	
MISC. RESPIRATORY INHALANTS		
HYPERSAL 3.5 % NEBU SOLN	3	
NEBUSAL	3	
nebusal	1	
pulmosal	1	
sodium chloride (0.9 % nebu soln, 3 % nebu soln, 7 % nebu soln, 10 % nebu soln)	1	
MUCOLYTICS		
acetylcysteine (10 % solution, 20 % solution)	1	
DERMATOLOGICALS (CONTINUED)		
ACNE PRODUCTS		
accutane	4	PN (30 DAYS SUPPLY PER FILL)
adapalene (0.1 % gel, 0.3 % gel)	1	
adapalene-benzoyl peroxide 0.1-2.5 % gel	1	
amnesteem	4	PN (30 DAYS SUPPLY PER FILL)
avar-e emollient	1	
avar-e green	1	
avita	1	AL (Up to 30 yrs old)
BENZOYL PEROXIDE 9.8 % FOAM	1	
benzoyl peroxide-erythromycin	1	
claravis	4	PN (30 DAYS SUPPLY PER FILL)
clindacin etz	1	
clindacin-p	1	
clindamycin phos (once-daily)	1	
clindamycin phos (twice-daily)	1	
clindamycin phos-benzoyl perox (1-5 % gel, 1.2-5 % gel)	1	
clindamycin phosphate (1 % lotion, 1 % solution, 1 % swab)	1	
enzoclear	1	

Drug Name	Drug Tier	Requirements/Limits
ERYTHROMYCIN (2 % GEL, 2 % SOLUTION)	1	
FABIOR	3	PA
isotretinoin (10 mg cap, 20 mg cap, 30 mg cap, 40 mg cap)	4	PN (30 DAYS SUPPLY PER FILL)
myorisan	4	PN (30 DAYS SUPPLY PER FILL)
neuac	1	
sss 10-5	1	
sulfacetamide sod-sulfur wash (9-4 % liquid, 9-4.5 % liquid)	1	
sulfacetamide sodium (acne)	1	
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 % LOTION, 10-5 % SUSPENSION)	1	
SULFACETAMIDE-SULFUR IN UREA	1	
sulfacleanse 8/4	1	
TAZAROTENE	1	PA
tretinoin (0.01 % gel, 0.025 % cream, 0.025 % gel, 0.05 % cream, 0.05 % gel, 0.1 % cream)	1	AL (Up to 30 yrs old)
zenatane	4	PN (30 DAYS SUPPLY PER FILL)
AGENTS FOR EXTERNAL GENITAL AND PERIANAL WARTS		
VEREGEN	3	PA
ANTI-INFLAMMATORY AGENTS - TOPICAL		
DICLOFENAC EPOLAMINE	1	PA, QL (30 ea per 15 days), PN (15 DAYS SUPPLY PER FILL)
diclofenac sodium 1 % gel	1	QL (10 gm per 1 days)
diclofenac sodium 1.5 % solution	1	PA
FLECTOR	1	QL (30 ea per 15 days), PN (15 DAYS SUPPLY PER FILL)
ANTIBIOTICS - TOPICAL		
ALTABAX	3	PA
gentamicin sulfate (0.1 % cream, 0.1 % ointment)	1	
mupirocin	1	
mupirocin calcium	1	
XEPI	3	PA

Drug Name	Drug Tier	Requirements/Limits
ANTIFUNGALS - TOPICAL		
ciclopirox (0.77 % gel, 1 % shampoo)	1	
ciclopirox olamine (0.77 % cream, 0.77 % suspension)	1	
clotrimazole (1 % cream, 1 % solution)	1	
clotrimazole-betamethasone (1-0.05 % cream, 1-0.05 % lotion)	1	
econazole nitrate	1	
ketoconazole (2 % cream, 2 % shampoo)	1	
KETODAN	1	
klayesta	1	
NAFTIFINE HCL (2 % CREAM)	1	
nyamyc	1	
nystatin (100000 unit/gm cream, 100000 unit/gm ointment, 100000 unit/gm powder)	1	
nystatin-triamcinolone	1	
nystop	1	
ANTINEOPLASTIC OR PREMALIGNANT LESION AGENTS - TOPICAL		
bexarotene 1 % gel	1	PA, SP, PN (34 DAYS SUPPLY PER FILL)
fluorouracil (5 % cream, 5 % solution)	1	
FLUOROURACIL 2 % SOLUTION	2	
KLISYRI (250 MG)	3	PA, QL (5 ea per fill)
KLISYRI (350 MG)	3	PA, QL (5 ea per fill)
TOLAK	2	
VALCHLOR	4	PA, LA, SP, PN (34 DAYS SUPPLY PER FILL)
ANTIPSORIATICS		
acitretin	4	PA, SP, PN (34 DAYS SUPPLY PER FILL)
CALCIPOTRIENE (0.005 % CREAM, 0.005 % OINTMENT, 0.005 % SOLUTION)	1	
calcitrene	1	
COSENTYX (300 MG DOSE)	4	QL (2 ml per 28 days), PA-NSO, SP, PN (MIN 28 DAY SUPPLY; MAX 60 DAY SUPPLY)
COSENTYX (75 MG/0.5ML SOLN PRSYR, 150 MG/ML SOLN PRSYR)	4	QL (1 ml per 28 days), PA-NSO, SP, PN (28 DAYS SUPPLY PER FILL)

Drug Name	Drug Tier	Requirements/Limits
COSENTYX SENSOREADY (300 MG)	4	QL (2 ml per 28 days), PA-NSO, SP, PN (MIN 28 DAY SUPPLY; MAX 60 DAY SUPPLY)
COSENTYX SENSOREADY PEN	4	QL (1 ml per 28 days), PA-NSO, SP, PN (28 DAYS SUPPLY PER FILL)
COSENTYX UNOREADY	4	QL (2 ml per 28 day(s)), PA-NSO, SP, PN (28 DAYS SUPPLY PER FILL)
METHOXSALEN RAPID	1	PA, PN (34 DAYS SUPPLY PER FILL)
SKYRIZI (150 MG DOSE)	4	QL (1 ea per 84 days), PA-NSO, SP, PN (MIN 84 DAY SUPPLY; MAX 90 DAY SUPPLY)
SKYRIZI 150 MG/ML SOLN PRSYR	4	QL (1 ml per 84 days), PA-NSO, SP, PN (MIN 84 DAY SUPPLY; MAX 90 DAY SUPPLY)
SKYRIZI PEN	4	QL (1 ml per 84 days), PA-NSO, SP, PN (MIN 84 DAY SUPPLY; MAX 90 DAY SUPPLY)
SPEVIGO 150 MG/ML SOLN PRSYR	4	PA, QL (2 ml per 28 day(s)), SP, PN (28 DAYS SUPPLY PER FILL)
SPEVIGO 300 MG/2ML SOLN PRSYR	4	PA, QL (2 ml per 28 day(s)), SP, PN (28 DAYS SUPPLY PER FILL)
SPEVIGO 450 MG/7.5ML SOLUTION	4	PA, QL (15 ml per fill), SP
tazarotene (0.05 % gel, 0.1 % cream, 0.1 % gel)	1	
TREMFYA 100 MG/ML SOLN PRSYR	4	QL (1 ml per 56 days), PA-NSO, SP, PN (MIN 56 DAY SUPPLY; MAX 60 DAY SUPPLY)
TREMFYA 200 MG/20ML SOLUTION	4	QL (20 ml per 28 day(s)), PA-NSO, SP, PN (28 DAYS SUPPLY PER FILL)
TREMFYA 200 MG/2ML SOLN PRSYR	4	QL (2 ml per 28 day(s)), PA-NSO, SP, PN (28 DAYS SUPPLY PER FILL)
TREMFYA ONE-PRESS	4	QL (1 ml per 56 day(s)), PA-NSO, SP, PN (MIN 56 DAY SUPPLY; MAX 60 DAY SUPPLY)
TREMFYA PEN 100 MG/ML SOLN A-INJ	4	QL (1 ml per 56 day(s)), PA-NSO, SP, PN (MIN 56 DAY SUPPLY; MAX 60 DAY SUPPLY)
TREMFYA PEN 200 MG/2ML SOLN A-INJ	4	QL (2 ml per 28 day(s)), PA-NSO, SP, PN (28 DAYS SUPPLY PER FILL)
TREMFYA-CD/UC INDUCTION	4	QL (4 ml per 28 day(s)), PA-NSO, SP, PN (84 DAYS SUPPLY IN 180 DAYS)
ANTISEBORRHEIC PRODUCTS		
selenium sulfide 2.5 % lotion	1	

Drug Name	Drug Tier	Requirements/Limits
sodium sulfacetamide wash	1	
sulfacetamide sodium (10 % (cleans) gel, 10 % liquid)	1	
sulfacetamide sodium (cleans)	1	
ANTIVIRALS - TOPICAL		
acyclovir 5 % ointment	1	
penciclovir	1	PA, QL (5 gm per fill), PN (1 DAY SUPPLY PER FILL)
XERESE	3	PA
BURN PRODUCTS		
silver sulfadiazine	1	
ssd	1	
CAUTERIZING AGENTS		
silver nitrate	1	
CORTICOSTEROIDS - TOPICAL		
ALA SCALP	1	
ala-cort	1	
alclometasone dipropionate (0.05 % cream, 0.05 % ointment)	1	
AMCINONIDE (0.1 % CREAM, 0.1 % LOTION, 0.1 % OINTMENT)	1	
betamethasone dipropionate (0.05 % cream, 0.05 % lotion, 0.05 % ointment)	1	
betamethasone dipropionate aug (0.05 % cream, 0.05 % lotion, 0.05 % ointment)	1	
betamethasone valerate (0.1 % cream, 0.1 % lotion, 0.1 % ointment, 0.12 % foam)	1	
clobetasol prop emollient base	1	
clobetasol propionate (0.05 % cream, 0.05 % foam, 0.05 % gel, 0.05 % lotion, 0.05 % ointment, 0.05 % shampoo, 0.05 % solution)	1	
clobetasol propionate e	1	
clobetasol propionate emulsion	1	
clodan	1	
CORDRAN 4 MCG/SQCM TAPE	3	
desonide (0.05 % cream, 0.05 % lotion, 0.05 % ointment)	1	

Drug Name	Drug Tier	Requirements/Limits
desoximetasone (0.05 % cream, 0.05 % ointment, 0.25 % cream, 0.25 % ointment)	1	
diflorasone diacetate	1	
fluocinolone acetonide (0.01 % cream, 0.01 % solution, 0.025 % cream, 0.025 % ointment)	1	
fluocinolone acetonide body	1	
fluocinolone acetonide scalp	1	
fluocinonide (0.05 % cream, 0.05 % gel, 0.05 % ointment, 0.05 % solution, 0.1 % cream)	1	
fluocinonide emulsified base	1	
FLURANDRENOLIDE (0.05 % CREAM, 0.05 % LOTION, 0.05 % OINTMENT)	1	
fluticasone propionate (0.005 % ointment, 0.05 % cream)	1	
halobetasol propionate (0.05 % cream, 0.05 % ointment)	1	
hydrocortisone (1 % cream, 1 % ointment, 2 % lotion, 2.5 % cream, 2.5 % lotion, 2.5 % ointment)	1	
HYDROCORTISONE ACE-PRAMOXINE 2.5-1 % CREAM	1	
HYDROCORTISONE BUTYRATE (0.1 % CREAM, 0.1 % OINTMENT, 0.1 % SOLUTION)	1	
hydrocortisone valerate	1	
mometasone furoate (0.1 % cream, 0.1 % ointment, 0.1 % solution)	1	
PRAMOSONE 1-2.5 % CREAM	1	
PREDNICARBATE	1	
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)	1	
triamcinolone in absorbase	1	
trianex	1	
triderm	1	
tritocin	1	
VERDESO	3	PA
ECZEMA AGENTS		
ADBRY 150 MG/ML SOLN PRSYR	4	PA, QL (4 ml per 28 days), SP, PN (28 DAYS SUPPLY PER FILL)

Drug Name	Drug Tier	Requirements/Limits
ADBRY 300 MG/2ML SOLN A-INJ	4	PA, QL (2 ml per 28 day(s)), SP, PN (28 DAYS SUPPLY PER FILL)
CIBINQO	4	PA, QL (30 ea per 30 days), SP, PN (30 DAYS SUPPLY PER FILL)
DUPIXENT 100 MG/0.67ML SOLN PRSYR	4	PA, QL (1.34 ml per 28 days), PN (28 DAYS SUPPLY PER FILL)
DUPIXENT 200 MG/1.14ML SOLN A-INJ	4	PA, QL (2.28 ml per 28 day(s)), SP, PN (28 DAYS SUPPLY PER FILL)
DUPIXENT 200 MG/1.14ML SOLN PRSYR	4	PA, QL (2.28 ml per 28 days), SP, PN (28 DAYS SUPPLY PER FILL)
DUPIXENT 300 MG/2ML SOLN A-INJ	4	PA, QL (4 ml per 28 day(s)), SP, PN (28 DAYS SUPPLY PER FILL)
DUPIXENT 300 MG/2ML SOLN PRSYR	4	PA, QL (4 ml per 28 days), SP, PN (28 DAYS SUPPLY PER FILL)
EBGLYSS 250 MG/2ML SOLN A-INJ	4	PA, QL (2 ml per 28 day(s)), SP, PN (28 DAYS SUPPLY PER FILL)
ENZYMES - TOPICAL		
SANTYL	2	PA
GLABELLAR LINES (FROWN LINES) AGENTS		
DAXXIFY	4	PA, QL (3 ea per 84 day(s)), SP, PN (84 DAYS SUPPLY PER FILL)
IMMUNOMODULATING AGENTS - TOPICAL		
imiquimod 5 % cream	1	
IMMUNOSUPPRESSIVE AGENTS - TOPICAL		
HYFTOR	4	PA, LA, QL (30 gm per 30 days), SP, PN (30 DAYS SUPPLY PER FILL)
pimecrolimus	1	PA
tacrolimus (0.03 % ointment, 0.1 % ointment)	1	
KERATOLYTIC/ANTIMITOTIC AGENTS		
CANTHARIDIN	4	PA, QL (2 ea per 21 days), PN (21 DAYS SUPPLY PER FILL)
podofilox (0.5 % gel, 0.5 % solution)	1	
SALIMEZ	1	
SALYCIM	1	
YCANTH	4	PA, LA, QL (2 ea per 21 days), SP, PN (21 DAYS SUPPLY PER FILL)

Drug Name	Drug Tier	Requirements/Limits
LOCAL ANESTHETICS - TOPICAL		
anodyne lpt	1	
APRIZIO PAK II	1	
dermacinrx lidocaine	1	
EMPRICAINE-II	1	
glydo	1	
lidocaine 5 % patch	4	PA, PN (34 DAYS SUPPLY PER FILL)
lidocaine hcl (3 % cream, 4 % solution)	1	
lidocaine hcl urethral/mucosal	1	
lidocaine-prilocaine (2.5-2.5 % cream, 2.5-2.5 % kit)	1	
lidocan	4	PA, PN (34 DAYS SUPPLY PER FILL)
lidopin	1	
lidopril	1	
lidopril xr	1	
NUVAKAAN-II	1	
prilolid	1	
PRIZOPAK II	1	
QUTENZA	4	PA, QL (4 ea per 90 days), SP, PN (MIN 84 DAY SUPPLY; MAX 90 DAY SUPPLY)
QUTENZA (2 PATCH)	4	PA, QL (4 ea per 90 days), SP, PN (MIN 84 DAY SUPPLY; MAX 90 DAY SUPPLY)
QUTENZA (4 PATCH)	4	PA, QL (4 ea per 90 days), SP, PN (MIN 84 DAY SUPPLY; MAX 90 DAY SUPPLY)
relador pak	1	
relador pak plus	1	
tridacaine ii	4	PA, PN (34 DAYS SUPPLY PER FILL)
tridacaine iii	4	PA, PN (34 DAYS SUPPLY PER FILL)
MISC. TOPICAL		
alcohol wipes	2	
cvs isopropyl alcohol wipes	2	
DRYSOL	1	
isopropyl alcohol 70 % misc	2	

Drug Name	Drug Tier	Requirements/Limits
isopropyl alcohol wipes	2	
medpura alcohol pads	2	
QBREXZA	2	PA, QL (1 ea per 1 days)
qc alcohol	2	
ra isopropyl alcohol wipes	2	
XERAC AC	1	
PROTECTIVES AGAINST UV RADIATION		
SCENESSE	4	PA, PN (MIN 56 DAY SUPPLY; MAX 60 DAY SUPPLY)
ROSACEA AGENTS		
azelaic acid	1	
brimonidine tartrate 0.33 % gel	1	PA, QL (30 gm per fill)
FINACEA 15 % FOAM	3	PA
ivermectin 1 % cream	1	
metronidazole (0.75 % cream, 0.75 % gel, 0.75 % lotion, 1 % gel)	1	
ROSADAN (0.75 % CREAM KIT)	1	
SCABICIDES PEDICULICIDES		
IVERMECTIN 0.5 % LOTION	1	
LINDANE	1	
malathion	1	
NATROBA	2	PA
permethrin	1	
SPINOSAD	2	PA
WOUND CARE PRODUCTS		
VYJUVEK	4	PA, QL (10 ml per 8 days), PN (28 DAYS SUPPLY PER FILL)
DIAGNOSTIC PRODUCTS (CONTINUED)		
DIAGNOSTIC DRUGS		
MACRILEN	4	PN (34 DAYS SUPPLY PER FILL)
THYROGEN	4	SP, PN (34 DAYS SUPPLY PER FILL)
DIAGNOSTIC TESTS		
CHEMSTRIP K	3	QL (100 ea per fill)

Drug Name	Drug Tier	Requirements/Limits
CHEMSTRIP UGK	3	QL (100 ea per fill)
CVS KETONE CARE	3	QL (100 ea per fill)
KETO-DIASTIX	3	QL (100 ea per fill)
KETONE TEST	3	QL (100 ea per fill)
KETOSTIX	3	QL (100 ea per fill)
ONETOUCH ULTRA	2	QL (200 ea per 30 day(s))
ONETOUCH ULTRA BLUE TEST	2	QL (200 ea per 30 day(s))
ONETOUCH ULTRA TEST	2	QL (200 ea per 30 day(s))
ONETOUCH VERIO STRIP	2	QL (200 ea per 30 day(s))
RELION KETONE TEST	3	QL (100 ea per fill)
DIGESTIVE AIDS (CONTINUED)		
DIGESTIVE ENZYMES		
CREON	2	
PERTZYE	3	PA
SUCRAID	4	PA, LA, QL (236 ml per fill(s)), SP
VIOKACE	3	PA
ZENPEP	3	PA
DIURETICS (CONTINUED)		
CARBONIC ANHYDRASE INHIBITORS		
acetazolamide (125 mg tab, 250 mg tab)	1	
acetazolamide er 500 mg cap er 12h	1	
methazolamide (25 mg tab, 50 mg tab)	1	
DIURETIC COMBINATIONS		
AMILORIDE-HYDROCHLOROTHIAZIDE	1	
spironolactone-hctz	1	
triamterene-hctz	1	
LOOP DIURETICS		
bumetanide (0.5 mg tab, 1 mg tab, 2 mg tab)	1	
furosemide (8 mg/ml solution, 10 mg/ml solution, 20 mg tab, 40 mg tab, 80 mg tab)	1	
torsemide	1	

Drug Name	Drug Tier	Requirements/Limits
POTASSIUM SPARING DIURETICS		
amiloride hcl 5 mg tab	1	
spironolactone (25 mg tab, 50 mg tab, 100 mg tab)	1	
THIAZIDES AND THIAZIDE-LIKE DIURETICS		
chlorthalidone	1	
DIURIL	2	
hydrochlorothiazide (12.5 mg tab, 25 mg tab, 50 mg tab)	1	
hydrochlorothiazide 12.5 mg cap	1	
indapamide	1	
metolazone (2.5 mg tab, 5 mg tab, 10 mg tab)	1	
ENDOCRINE AND METABOLIC AGENTS - MISC. (CONTINUED)		
BONE DENSITY REGULATORS		
alendronate sodium (10 mg tab, 35 mg tab, 70 mg tab)	1	
alendronate sodium 70 mg/75ml solution	1	
BINOSTO	3	PA
calcitonin (salmon) 200 unit/act solution	1	
ibandronate sodium 150 mg tab	1	QL (1 ea per 30 days)
PROLIA	4	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)	1	
TERIPARATIDE	4	PA, QL (2.24 ml per 28 day(s)), SP, PN (MIN 28 DAY SUPPLY; MAX 34 DAY SUPPLY)
TYMLOS	4	PA, QL (1.56 ml per 30 days), SP, PN (MIN 30 DAY SUPPLY; MAX 34 DAY SUPPLY)
XGEVA	4	PA, SP, PN (MIN 28 DAY SUPPLY; MAX 34 DAY SUPPLY)
ZOLEDRONIC ACID (4 MG/5ML CONC)	1	SP, PN (34 DAYS SUPPLY PER FILL)
zoledronic acid 5 mg/100ml solution	1	SP, PN (MIN 365 DAY SUPPLY; MAX 365 DAY SUPPLY)
FERTILITY REGULATORS		
CHORIONIC GONADOTROPIN	2	PA
clomid	2	

Drug Name	Drug Tier	Requirements/Limits
clomiphene citrate	2	
FOLLISTIM AQ	2	PN (34 DAYS SUPPLY PER FILL)
MENOPUR	4	PN (34 DAYS SUPPLY PER FILL)
milophene	2	
NOVAREL	3	
OVIDREL	3	PN (34 DAYS SUPPLY PER FILL)
PREGNYL	3	
GNRH/LHRH ANTAGONISTS		
cetrorelix acetate	1	PN (34 DAYS SUPPLY PER FILL)
ganirelix acetate	2	
GROWTH HORMONE RECEPTOR ANTAGONISTS		
SOMAVERT	3	PA, SP, PN (34 DAYS SUPPLY PER FILL)
GROWTH HORMONES		
GENOTROPIN	4	PA, SP, PN (34 DAYS SUPPLY PER FILL)
GENOTROPIN MINIQUICK	4	PA, SP, PN (34 DAYS SUPPLY PER FILL)
HUMATROPE	4	PA, SP, PN (34 DAYS SUPPLY PER FILL)
NGENLA	4	PA, SP, PN (28 DAYS SUPPLY PER FILL)
NORDITROPIN FLEXPRO	4	PA, SP, PN (34 DAYS SUPPLY PER FILL)
NUTROPIN AQ NUSPIN 10	4	PA, SP, PN (34 DAYS SUPPLY PER FILL)
NUTROPIN AQ NUSPIN 20	4	PA, SP, PN (34 DAYS SUPPLY PER FILL)
NUTROPIN AQ NUSPIN 5	4	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)	4	PA, SP, PN (34 DAYS SUPPLY PER FILL)
SAIZEN 8.8 MG RECON SOLN	4	PA, SP, PN (34 DAYS SUPPLY PER FILL)
SAIZENPREP	4	PA, SP, PN (34 DAYS SUPPLY PER FILL)
SEROSTIM	4	PA, SP, PN (34 DAYS SUPPLY PER FILL)
SKYTROFA (0.7 MG CARTRIDGE, 1.4 MG CARTRIDGE, 1.8 MG CARTRIDGE, 2.1 MG CARTRIDGE, 2.5 MG CARTRIDGE)	4	PA, SP, PN (34 DAYS SUPPLY PER FILL)
SKYTROFA (3 MG CARTRIDGE, 3.6 MG CARTRIDGE, 4.3 MG CARTRIDGE, 5.2 MG CARTRIDGE, 6.3 MG CARTRIDGE, 7.6 MG CARTRIDGE, 9.1 MG CARTRIDGE, 11 MG CARTRIDGE, 13.3 MG CARTRIDGE)	4	PA, SP, PN (34 DAYS SUPPLY PER FILL)
SOGROYA	4	PA, SP, PN (34 DAYS SUPPLY PER FILL)

Drug Name	Drug Tier	Requirements/Limits
ZOMACTON	4	PA, SP, PN (34 DAYS SUPPLY PER FILL)
ZOMACTON (FOR ZOMA-JET 10)	4	PA, SP, PN (34 DAYS SUPPLY PER FILL)
HORMONE RECEPTOR MODULATORS		
raloxifene hcl	0	
INSULIN-LIKE GROWTH FACTOR RECEPTOR INHIBITORS		
TEPEZZA	4	PA, LA, SP, PN (34 DAYS SUPPLY PER FILL)
LHRH/GNRH AGONIST ANALOG PITUITARY SUPPRESSANTS		
FENSOLVI (6 MONTH)	4	PA, QL (1 ea per 168 days), SP, PN (MIN 168 DAY SUPPLY; MAX 180 DAY SUPPLY)
LUPRON DEPOT-PED (1-MONTH)	4	SP, PN (MIN 28 DAY SUPPLY; MAX 34 DAY SUPPLY)
LUPRON DEPOT-PED (3-MONTH)	4	SP, PN (MIN 84 DAY SUPPLY; MAX 90 DAY SUPPLY)
LUPRON DEPOT-PED (6-MONTH)	4	SP, PN (MIN 168 DAY SUPPLY; MAX 180 DAY SUPPLY)
SUPPRELIN LA	4	PA, SP, PN (MIN 365 DAY SUPPLY; MAX 365 DAY SUPPLY)
TRIPTODUR	4	SP, PN (MIN 168 DAY SUPPLY; MAX 180 DAY SUPPLY)
METABOLIC MODIFIERS		
ALDURAZYME	4	PA, SP, PN (34 DAYS SUPPLY PER FILL)
BRINEURA	4	PA, SP, PN (34 DAYS SUPPLY PER FILL)
calcitriol (0.25 mcg cap, 0.5 mcg cap, 1 mcg/ml solution)	1	
cinacalcet hcl	1	
CRYSVITA	4	PA, SP, PN (34 DAYS SUPPLY PER FILL)
DOXERCALCIFEROL (0.5 MCG CAP, 1 MCG CAP, 2.5 MCG CAP)	1	
ELAPRASE	4	PA, SP, PN (34 DAYS SUPPLY PER FILL)
ELFABRIO	4	PA, LA, SP, PN (28 DAYS SUPPLY PER FILL)
FABRAZYME	4	PA, SP, PN (34 DAYS SUPPLY PER FILL)
javygtor (100 mg tab, 500 mg packet)	4	PA, SP, PN (30 DAYS SUPPLY PER FILL)
javygtor 100 mg packet	4	PA, SP, PN (34 DAYS SUPPLY PER FILL)
KANUMA	4	PA, SP, PN (34 DAYS SUPPLY PER FILL)
LAMZEDE	4	PA, LA, SP, PN (28 DAYS SUPPLY PER FILL)

Drug Name	Drug Tier	Requirements/Limits
levocarnitine (1 gm/10ml solution, 330 mg tab)	1	
levocarnitine sf	1	
LUMIZYME	4	PA, SP, PN (34 DAYS SUPPLY PER FILL)
MEPSEVII	4	PA, LA, SP, PN (34 DAYS SUPPLY PER FILL)
NAGLAZYME	4	PA, SP, PN (34 DAYS SUPPLY PER FILL)
NEXVIAZYME	4	PA, SP, PN (28 DAYS SUPPLY PER FILL)
NULIBRY	4	PA, LA, SP, PN (34 DAYS SUPPLY PER FILL)
paricalcitol (1 mcg cap, 2 mcg cap, 4 mcg cap)	1	
PARSABIV	4	PA, SP, PN (34 DAYS SUPPLY PER FILL)
sapropterin dihydrochloride (100 mg tab, 500 mg packet)	4	PA, SP, PN (30 DAYS SUPPLY PER FILL)
sapropterin dihydrochloride 100 mg packet	4	PA, SP, PN (34 DAYS SUPPLY PER FILL)
STRENSIQ	4	PA, LA, SP, PN (30 DAYS SUPPLY PER FILL)
VIMIZIM	4	PA, SP, PN (34 DAYS SUPPLY PER FILL)
XENPOZYME 20 MG RECON SOLN	4	PA, SP, PN (34 DAYS SUPPLY PER FILL)
XENPOZYME 4 MG RECON SOLN	4	PA, SP, PN (34 DAYS SUPPLY PER FILL)
XPHOZAH	4	PA, LA, QL (60 ea per 30 day(s)), SP, PN (30 DAYS SUPPLY PER FILL)
zelvysia 100 mg packet	4	PA, SP, PN (34 DAYS SUPPLY PER FILL)
zelvysia 500 mg packet	4	PA, SP, PN (30 DAYS SUPPLY PER FILL)
NATRIURETIC PEPTIDES		
VOXZOGO	4	PA, QL (30 ea per 30 days), SP, PN (30 DAYS SUPPLY PER FILL)
POSTERIOR PITUITARY HORMONES		
desmopressin ace spray refrig	1	
desmopressin acetate (0.1 mg tab, 0.2 mg tab)	1	
desmopressin acetate spray	1	
TERLIVAZ	4	PA, SP, PN (14 DAYS SUPPLY PER FILL)
PROGESTERONE RECEPTOR ANTAGONISTS		
mifepristone 200 mg tab	1	
PROLACTIN INHIBITORS		
cabergoline	1	

Drug Name	Drug Tier	Requirements/Limits
SOMATOSTATIC AGENTS		
lanreotide acetate	4	SP, PN (MIN 28 DAY SUPPLY; MAX 60 DAY SUPPLY)
LANREOTIDE ACETATE	4	PA, SP, PN (MIN 28 DAY SUPPLY; MAX 60 DAY SUPPLY)
OCTREOTIDE ACETATE	4	SP, PN (34 DAYS SUPPLY PER FILL)
octreotide acetate (20 mg kit, 30 mg kit)	4	PA, SP, PN (MIN 28 DAY SUPPLY; MAX 34 DAY SUPPLY)
octreotide acetate (50 mcg/ml solution, 100 mcg/ml solution, 200 mcg/ml solution, 500 mcg/ml solution, 1000 mcg/ml solution)	4	SP, PN (34 DAYS SUPPLY PER FILL)
SANDOSTATIN LAR DEPOT (20 MG KIT, 30 MG KIT)	4	PA, SP, PN (MIN 28 DAY SUPPLY; MAX 34 DAY SUPPLY)
SANDOSTATIN LAR DEPOT 10 MG KIT	4	PA, SP, PN (MIN 28 DAY SUPPLY; MAX 34 DAY SUPPLY)
SIGNIFOR LAR	4	PA, LA, SP, PN (MIN 28 DAY SUPPLY; MAX 34 DAY SUPPLY)
SOMATULINE DEPOT (60 MG/0.2ML SOLUTION, 90 MG/0.3ML SOLUTION)	4	SP, PN (MIN 28 DAY SUPPLY; MAX 60 DAY SUPPLY)
SOMATULINE DEPOT 120 MG/0.5ML SOLUTION	4	PA, SP, PN (MIN 28 DAY SUPPLY; MAX 60 DAY SUPPLY)
VASOPRESSIN RECEPTOR ANTAGONISTS		
tolvaptan (15 mg tab, 30 mg tab)	1	PA, LA, QL (60 ea per 30 day(s)), SP, PN (30 DAYS SUPPLY PER FILL)
ESTROGENS (CONTINUED)		
ESTROGEN COMBINATIONS		
abigale	1	
abigale lo	1	
amabelz	1	
COMBIPATCH	2	
covaryx	1	
covaryx hs	1	
eemt	1	
eemt hs	1	
est estrogens-methyltest	1	
est estrogens-methyltest ds	1	

Drug Name	Drug Tier	Requirements/Limits
est estrogens-methyltest hs	1	
estradiol-norethindrone acet	1	
estratest f.s.	1	
estratest h.s.	1	
fyavolv	1	
jinteli	1	
mimvey	1	
norethindrone-eth estradiol	1	
PREMPHASE	2	
PREMPRO	2	
ESTROGENS		
dotti	1	QL (8 ea per 28 day(s))
ELESTRIN	3	
estradiol (0.025 mg/24hr patch tw, 0.0375 mg/24hr patch tw, 0.05 mg/24hr patch tw, 0.075 mg/24hr patch tw, 0.1 mg/24hr patch tw)	1	QL (8 ea per 28 day(s))
estradiol (0.025 mg/24hr patch wk, 0.0375 mg/24hr patch wk, 0.05 mg/24hr patch wk, 0.06 mg/24hr patch wk, 0.075 mg/24hr patch wk, 0.1 mg/24hr patch wk, 0.25 mg/0.25gm gel, 0.5 mg tab, 0.5 mg/0.5gm gel, 0.75 mg/0.75gm gel, 1 mg tab, 1 mg/gm gel, 1.25 mg/1.25gm gel, 2 mg tab)	1	
estradiol valerate	1	
lyllana	1	QL (8 ea per 28 day(s))
PREMARIN (0.3 MG TAB, 0.45 MG TAB, 0.625 MG TAB, 0.9 MG TAB, 1.25 MG TAB)	2	
FLUOROQUINOLONES (CONTINUED)		
FLUOROQUINOLONES		
CIPRO (250 MG/5ML (5%) RECON SUSP, 500 MG/5ML (10%) RECON SUSP)	2	
ciprofloxacin hcl (250 mg tab, 500 mg tab, 750 mg tab)	1	
levofloxacin (250 mg tab, 500 mg tab, 750 mg tab)	1	
moxifloxacin hcl 400 mg tab	1	
OFLOXACIN (300 MG TAB, 400 MG TAB)	1	
GASTROINTESTINAL AGENTS - MISC. (CONTINUED)		
BILE ACID SYNTHESIS DISORDER AGENTS		
CHOLBAM	4	PA, LA, SP, PN (30 DAYS SUPPLY PER FILL)

Drug Name	Drug Tier	Requirements/Limits
GALLSTONE SOLUBILIZING AGENTS		
ursodiol	1	
GASTROINTESTINAL ANTIALLERGY AGENTS		
cromolyn sodium 100 mg/5ml conc	1	
GASTROINTESTINAL CHLORIDE CHANNEL ACTIVATORS		
lubiprostone	1	QL (2 ea per 1 days)
GASTROINTESTINAL STIMULANTS		
metoclopramide hcl (5 mg tab, 5 mg/5ml solution, 10 mg tab, 10 mg/10ml solution)	1	
HEPATOTROPICS		
REZDIFFRA	4	PA, QL (30 ea per 30 day(s)), SP, PN (30 DAYS SUPPLY PER FILL)
INFLAMMATORY BOWEL AGENTS		
AVSOLA	4	PA, SP, PN (MIN 28 DAY SUPPLY; MAX 60 DAY SUPPLY)
balsalazide disodium	1	
CIMZIA	4	QL (1 ea per 28 days), PA-NSO, SP, PN (28 DAYS SUPPLY PER FILL)
CIMZIA (1 SYRINGE)	4	QL (2 ea per 28 day(s)), PA-NSO, SP, PN (MIN 28 DAY SUPPLY; MAX 34 DAY SUPPLY)
CIMZIA (2 SYRINGE)	4	QL (1 ea per 28 days), PA-NSO, SP, PN (MIN 28 DAY SUPPLY; MAX 34 DAY SUPPLY)
CIMZIA-STARTER	4	QL (3 ea per 28 days), PA-NSO, SP, PN (MIN 42 DAY SUPPLY; MAX 60 DAY SUPPLY)
DIPENTUM	3	PA, QL (4 ea per 1 day(s))
ENTYVIO	4	PA, SP, PN (MIN 56 DAY SUPPLY; MAX 60 DAY SUPPLY)
ENTYVIO PEN	4	PA, QL (1.36 ml per 28 day(s)), SP, PN (28 DAYS SUPPLY PER FILL)
INFLECTRA	4	PA, SP, PN (MIN 28 DAY SUPPLY; MAX 60 DAY SUPPLY)
INFLIXIMAB	4	PA, SP, PN (MIN 28 DAY SUPPLY; MAX 60 DAY SUPPLY)
mesalamine (1.2 gm tab dr, 4 gm enema, 400 mg cap dr, 1000 mg suppos)	1	

Drug Name	Drug Tier	Requirements/Limits
mesalamine er	1	
mesalamine-cleanser	1	
OMVOH 100 MG/ML SOLN A-INJ	4	PA, QL (2 ml per 28 day(s)), SP, PN (28 DAYS SUPPLY PER FILL)
OMVOH 300 MG/15ML SOLUTION	4	PA, QL (45 ml per 56 day(s)), SP, PN (56 DAYS SUPPLY PER FILL)
REMICADE	4	PA, SP, PN (MIN 28 DAY SUPPLY; MAX 60 DAY SUPPLY)
RENFLEXIS	4	PA, SP, PN (MIN 28 DAY SUPPLY; MAX 60 DAY SUPPLY)
SKYRIZI 180 MG/1.2ML SOLN CART	4	QL (1.2 ml per 56 day(s)), PA-NSO, SP, PN (MIN 56 DAY SUPPLY; MAX 60 DAY SUPPLY)
SKYRIZI 360 MG/2.4ML SOLN CART	4	QL (2.4 ml per 56 days), PA-NSO, SP, PN (MIN 56 DAY SUPPLY; MAX 60 DAY SUPPLY)
SKYRIZI 600 MG/10ML SOLUTION	4	PA, SP, PN (MIN 28 DAY SUPPLY; MAX 90 DAY SUPPLY)
STELARA 130 MG/26ML SOLUTION	4	PA, SP, PN (56 DAYS SUPPLY PER FILL)
sulfasalazine (500 mg tab, 500 mg tab dr)	1	
ZYMFENTRA (1 PEN)	4	QL (2 ea per 28 day(s)), PA-NSO, SP, PN (28 DAYS SUPPLY PER FILL)
ZYMFENTRA (2 PEN)	4	QL (2 ea per 28 day(s)), PA-NSO, SP, PN (28 DAYS SUPPLY PER FILL)
ZYMFENTRA (2 SYRINGE)	4	QL (2 ea per 28 day(s)), PA-NSO, SP
INTESTINAL ACIDIFIERS		
enulose	1	
generlac	1	
lactulose encephalopathy	1	
IRRITABLE BOWEL SYNDROME (IBS) AGENTS		
alosetron hcl	1	
LINZESS	2	QL (1 ea per 1 days)
LIVE FECAL MICROBIOTA		
REBYOTA	4	PA, SP, PN (34 DAYS SUPPLY PER FILL)
PERIPHERAL OPIOID RECEPTOR ANTAGONISTS		
MOVANTIK	2	QL (1 ea per 1 days)

Drug Name	Drug Tier	Requirements/Limits
PHOSPHATE BINDER AGENTS		
AURYXIA	4	PA, QL (408 ea per 34 days), PN (34 DAYS SUPPLY PER FILL)
calcium acetate	1	
calcium acetate (phos binder)	1	
calphron	1	
FOSRENOL (750 MG PACKET, 1000 MG PACKET)	2	
lanthanum carbonate	1	
sevelamer carbonate	1	
sevelamer hcl	1	PA
VELPHORO	4	PA, PN (34 DAYS SUPPLY PER FILL)
SHORT BOWEL SYNDROME (SBS) AGENTS		
GATTEX	4	PA, QL (1 ea per 30 days), SP, PN (30 DAYS SUPPLY PER FILL)
TRYPTOPHAN HYDROXYLASE INHIBITORS		
XERMELO	4	PA, QL (84 ea per 28 days), SP, PN (28 DAYS SUPPLY PER FILL)
GENITOURINARY AGENTS - MISCELLANEOUS (CONTINUED)		
ALKALINIZERS		
CYTRA K CRYSTALS	1	
CYTRA-3	1	
cytra-k	1	
pot & sod cit-cit ac	1	
potassium citrate er	1	
potassium citrate-citric acid	1	
tricitrates	1	
CYSTINOSIS AGENTS		
CYSTAGON	2	LA, SP, PN (34 DAYS SUPPLY PER FILL)
PROCYSBI (25 MG CAP DR, 75 MG CAP DR)	4	PA, LA, SP, PN (34 DAYS SUPPLY PER FILL)
IGA NEPHROPATHY (IGAN) AGENTS		
FILSPARI	4	PA, QL (30 ea per 30 days), SP, PN (30 DAYS SUPPLY PER FILL)

Drug Name	Drug Tier	Requirements/Limits
INTERSTITIAL CYSTITIS AGENTS		
ELMIRON	3	PA
PROSTATIC HYPERTROPHY AGENTS		
alfuzosin hcl er	1	
dutasteride	1	
dutasteride-tamsulosin hcl	1	PA
finasteride 5 mg tab	1	
silodosin	1	PA
tamsulosin hcl	1	
URINARY STONE AGENTS		
LITHOSTAT	2	
GOUT AGENTS (CONTINUED)		
GOUT AGENT COMBINATIONS		
colchicine-probenecid	1	
GOUT AGENTS		
allopurinol (100 mg tab, 300 mg tab)	1	
colchicine 0.6 mg tab	1	
febuxostat	1	PA, QL (1 ea per 1 days)
KRYSTEXXA 8 MG/ML SOLUTION	4	PA, QL (2 ml per 28 days), SP, PN (28 DAYS SUPPLY PER FILL)
URICOSURICS		
probenecid	1	
HEMATOLOGICAL AGENTS - MISC. (CONTINUED)		
AMINOLEVULINATE SYNTHASE 1-DIRECTED SIRNA		
GIVLAARI	4	PA, LA, SP, PN (34 DAYS SUPPLY PER FILL)
ANTIHEMOPHILIC PRODUCTS		
ADVATE (1500 RECON SOLN, 4000 RECON SOLN)	4	PA, SP, PN (34 DAYS SUPPLY PER FILL)
ADVATE (500 RECON SOLN, 1000 RECON SOLN, 2000 RECON SOLN, 3000 RECON SOLN)	4	PA, SP, PN (34 DAYS SUPPLY PER FILL)
ADVATE 250 UNIT RECON SOLN	4	SP, PN (34 DAYS SUPPLY PER FILL)
AFSTYLA	4	PA, SP, PN (34 DAYS SUPPLY PER FILL)

Drug Name	Drug Tier	Requirements/Limits
ALPHANATE	4	PA, SP, PN (34 DAYS SUPPLY PER FILL)
ALTUVIIIO	4	PA, SP, PN (34 DAYS SUPPLY PER FILL)
ELOCTATE	4	PA, SP, PN (34 DAYS SUPPLY PER FILL)
ESPEROCT	4	PA, SP, PN (34 DAYS SUPPLY PER FILL)
FEIBA	4	PA, SP
HEMGENIX	4	PA, LA, QL (1 ea per lifetime), SP, PN (1 DOSE PER LIFETIME BY GPI-12)
HEMLIBRA (12 MG/0.4ML SOLUTION, 30 MG/ML SOLUTION, 60 MG/0.4ML SOLUTION, 105 MG/0.7ML SOLUTION, 150 MG/ML SOLUTION)	4	PA, SP, PN (34 DAYS SUPPLY PER FILL)
HEMLIBRA 300 MG/2ML SOLUTION	4	PA, PN (34 DAYS SUPPLY PER FILL)
HEMOFIL M	4	PA, SP, PN (34 DAYS SUPPLY PER FILL)
HUMATE-P	4	PA, SP, PN (34 DAYS SUPPLY PER FILL)
JIVI (500 RECON SOLN, 1000 RECON SOLN, 2000 RECON SOLN, 3000 RECON SOLN)	4	PA, SP, PN (34 DAYS SUPPLY PER FILL)
JIVI 4000 UNIT RECON SOLN	4	PA, SP, PN (34 DAYS SUPPLY PER FILL)
KCENTRA	4	SP, PN (34 DAYS SUPPLY PER FILL)
KOATE	4	PA, SP, PN (34 DAYS SUPPLY PER FILL)
KOATE-DVI	4	PA, SP, PN (34 DAYS SUPPLY PER FILL)
KOGENATE FS	4	PA, SP, PN (34 DAYS SUPPLY PER FILL)
KOVALTRY	4	SP, PN (34 DAYS SUPPLY PER FILL)
NOVOEIGHT	4	PA, SP, PN (34 DAYS SUPPLY PER FILL)
OBIZUR	4	PA, SP, PN (34 DAYS SUPPLY PER FILL)
RECOMBINATE	4	PA, SP, PN (34 DAYS SUPPLY PER FILL)
WILATE	4	PA, SP, PN (34 DAYS SUPPLY PER FILL)
XYNTHA	4	PA, SP, PN (34 DAYS SUPPLY PER FILL)
XYNTHA SOLOFUSE	4	PA, SP, PN (34 DAYS SUPPLY PER FILL)
BRADYKININ B2 RECEPTOR ANTAGONISTS		
icatibant acetate	4	PA, QL (9 ml per 30 days), SP, PN (30 DAYS SUPPLY PER FILL)
sajazir	4	PA, LA, QL (9 ml per 30 days), SP, PN (30 DAYS SUPPLY PER FILL)
COMPLEMENT INHIBITORS		
BERINERT	4	PA, SP, PN (34 DAYS SUPPLY PER FILL)

Drug Name	Drug Tier	Requirements/Limits
CINRYZE	4	PA, SP, PN (34 DAYS SUPPLY PER FILL)
EMPAVELI	4	PA, LA, SP, PN (28 DAYS SUPPLY PER FILL)
ENJAYMO	4	PA, SP, PN (34 DAYS SUPPLY PER FILL)
FABHALTA	4	PA, LA, QL (60 ea per 30 day(s)), SP, PN (30 DAYS SUPPLY PER FILL)
HAEGARDA	4	PA, SP, PN (28 DAYS SUPPLY PER FILL)
PIASKY	4	PA, SP, PN (28 DAYS SUPPLY PER FILL)
RUCONEST	4	PA, SP, PN (34 DAYS SUPPLY PER FILL)
SOLIRIS	4	PA, SP, PN (28 DAYS SUPPLY PER FILL)
ULTOMIRIS (300 MG/3ML SOLUTION, 1100 MG/11ML SOLUTION)	4	PA, SP, PN (34 DAYS SUPPLY PER FILL)
VEOPOZ	4	PA, LA, SP, PN (28 DAYS SUPPLY PER FILL)
HEMATAOLOGIC - TYROSINE KINASE INHIBITORS		
TAVALISSE	4	PA, QL (60 ea per 30 days), SP, PN (30 DAYS SUPPLY PER FILL)
HEMATOLOGICAL ENZYMES - MISC		
ADZYNMA	4	PA, LA, SP, PN (28 DAYS SUPPLY PER FILL)
HEMATORHEOLOGIC AGENTS		
pentoxifylline er	1	
PLASMA KALLIKREIN INHIBITORS		
KALBITOR	4	PA, SP, PN (34 DAYS SUPPLY PER FILL)
TAKHZYRO (300 MG/2ML SOLN PRSYR, 300 MG/2ML SOLUTION)	4	PA, QL (4 ml per 28 days), SP, PN (MIN 28 DAY SUPPLY; MAX 34 DAY SUPPLY)
TAKHZYRO 150 MG/ML SOLN PRSYR	4	PA, QL (2 ml per 28 days), SP, PN (MIN 28 DAY SUPPLY; MAX 34 DAY SUPPLY)
PLASMA PROTEINS		
RYPLAZIM	4	PA, LA, SP, PN (34 DAYS SUPPLY PER FILL)
PLATELET AGGREGATION INHIBITORS		
anagrelide hcl	1	PN (MAX 34 DAY SUPPLY)
aspirin-dipyridamole er	1	
BRILINTA	3	
CABLIVI	4	PA, QL (30 ea per 30 days), SP, PN (30 DAYS SUPPLY PER FILL)

Drug Name	Drug Tier	Requirements/Limits
cilostazol	1	
clopidogrel bisulfate 300 mg tab	1	
clopidogrel bisulfate 75 mg tab	1	
dipyridamole	1	
prasugrel hcl	1	
ticagrelor	1	
PYRUVATE KINASE ACTIVATORS		
PYRUKYND	4	PA, LA, QL (56 ea per 28 days), SP, PN (28 DAYS SUPPLY PER FILL)
PYRUKYND TAPER PACK	4	PA, LA, QL (56 ea per 28 days), SP, PN (28 DAYS SUPPLY PER FILL)
HEMATOPOIETIC AGENTS (CONTINUED)		
AGENTS FOR GAUCHER DISEASE		
CEREZYME	4	PA, SP, PN (34 DAYS SUPPLY PER FILL)
ELELYSO	4	PA, SP, PN (34 DAYS SUPPLY PER FILL)
miglustat	4	PA, QL (90 ea per 30 days), SP, PN (30 DAYS SUPPLY PER FILL)
VPRIV	4	PA, SP, PN (34 DAYS SUPPLY PER FILL)
yargesa	4	PA, LA, QL (90 ea per 30 days), SP, PN (30 DAYS SUPPLY PER FILL)
AGENTS FOR SICKLE CELL DISEASE		
ADAKVEO	4	PA, SP, PN (34 DAYS SUPPLY PER FILL)
ENDARI	4	PA, QL (180 ea per 30 day(s)), SP, PN (30 DAYS SUPPLY PER FILL)
l-glutamine 5 gm packet	4	PA, QL (180 ea per 30 day(s)), SP, PN (30 DAYS SUPPLY PER FILL)
FOLIC ACID/FOLATES		
cvs folic acid	0	
folate	0	
folic acid (0.8 mg cap, 400 mcg tab, 800 mcg tab)	0	
folic acid 1 mg tab	1	
ft folic acid	0	
gnp folic acid	0	

Drug Name	Drug Tier	Requirements/Limits
hm folic acid	0	
kp folic acid 800 mcg tab	0	
px folic acid	0	
qc folic acid	0	
ra folic acid	0	
sm folic acid	0	
true folic acid 400 mcg tab	0	
yl folic acid	0	
HEMATOPOIETIC GROWTH FACTORS		
ARANESP (ALBUMIN FREE)	4	PA, SP, PN (34 DAYS SUPPLY PER FILL)
DOPTELET	4	PA, QL (60 ea per 30 days), SP, PN (30 DAYS SUPPLY PER FILL)
eltrombopag olamine (12.5 mg packet, 12.5 mg tab, 25 mg tab, 50 mg tab, 75 mg tab)	4	PA, SP, PN (30 DAYS SUPPLY PER FILL)
eltrombopag olamine 25 mg packet	4	PA, SP, PN (30 DAYS SUPPLY PER FILL)
EPOGEN	4	PA, SP, PN (34 DAYS SUPPLY PER FILL)
FULPHILA	4	PA, QL (0.043 ml per 1 days), SP
FYLNETRA	4	PA, QL (0.043 ml per 1 day(s)), SP, PN (14 DAYS SUPPLY PER FILL)
LEUKINE	4	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)	4	PA, LA, SP, PN (30 DAYS SUPPLY PER FILL)
MIRCERA 120 MCG/0.3ML SOLN PRSYR	4	PA, LA, SP, PN (34 DAYS SUPPLY PER FILL)
NEULASTA	4	PA, QL (0.043 ml per 1 days), SP
NEULASTA ONPRO	4	PA, QL (0.043 ml per 1 day(s)), SP
NEUPOGEN	4	PA, SP, PN (34 DAYS SUPPLY PER FILL)
NIVESTYM	4	PA, SP, PN (34 DAYS SUPPLY PER FILL)
NPLATE	4	PA, SP, PN (30 DAYS SUPPLY PER FILL)
NYVEPRIA	4	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)	4	PA, SP, PN (34 DAYS SUPPLY PER FILL)
PROCRIT 40000 UNIT/ML SOLUTION	4	PA, SP, PN (34 DAYS SUPPLY PER FILL)

Drug Name	Drug Tier	Requirements/Limits
PROMACTA (12.5 MG PACKET, 12.5 MG TAB, 25 MG TAB, 50 MG TAB, 75 MG TAB)	4	PA, SP, PN (30 DAYS SUPPLY PER FILL)
PROMACTA 25 MG PACKET	4	PA, SP, PN (30 DAYS SUPPLY PER FILL)
REBLOZYL	4	PA, SP, PN (30 DAYS SUPPLY PER FILL)
RELEUKO	4	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)	4	PA, SP, PN (34 DAYS SUPPLY PER FILL)
RETACRIT 40000 UNIT/ML SOLUTION	4	PA, SP, PN (34 DAYS SUPPLY PER FILL)
ROLVEDON	4	PA, QL (0.043 ml per 1 day(s)), SP, PN (14 DAYS SUPPLY PER FILL)
STIMUFEND	4	PA, QL (0.043 ml per 1 day(s)), SP, PN (14 DAYS SUPPLY PER FILL)
UDENYCA 6 MG/0.6ML SOLN A-INJ	4	PA, QL (0.043 ml per 1 day), SP
UDENYCA 6 MG/0.6ML SOLN PRSYR	4	PA, QL (0.043 ml per 1 days), SP
UDENYCA ONBODY	4	PA, QL (0.043 ml per 1 day(s)), SP
ZIEXTENZO	4	PA, QL (0.043 ml per 1 days), SP
IRON		
ferumoxytol	4	LA, SP, PN (34 DAYS SUPPLY PER FILL)
INJECTAFER (100 MG/2ML SOLUTION, 750 MG/15ML SOLUTION)	4	SP, PN (34 DAYS SUPPLY PER FILL)
STEM CELL MOBILIZERS		
APHEXDA	4	PA, PN (30 DAYS SUPPLY PER FILL)
MOZOBIL	4	SP, PN (30 DAYS SUPPLY PER FILL)
XOLREMDI	4	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	1	
HYPNOTICS/SEDATIVES/SLEEP DISORDER AGENTS (CONTINUED)		
BARBITURATE HYPNOTICS		
phenobarbital (15 mg tab, 16.2 mg tab, 30 mg tab, 32.4 mg tab, 60 mg tab, 64.8 mg tab, 97.2 mg tab, 100 mg tab)	1	
phenobarbital (20 mg/5ml elixir, 30 mg/7.5ml elixir, 60 mg/15ml elixir)	1	

Drug Name	Drug Tier	Requirements/Limits
SEZABY	4	PN (5 DAYS SUPPLY PER FILL)
NON-BARBITURATE HYPNOTICS		
estazolam	1	
eszopiclone	1	
midazolam hcl 2 mg/ml syrup	1	
MIDAZOLAM-SODIUM CHLORIDE (PF) 100-0.8 MG/100ML-% SOLUTION	4	PA, QL (30 ml per 21 day(s)), PN (21 DAYS SUPPLY PER FILL)
QUAZEPAM	1	
temazepam	1	
triazolam	1	
zaleplon	1	
zolpidem tartrate	1	
ZOLPIDEM TARTRATE (1.75 MG SL TAB, 3.5 MG SL TAB)	1	PA
zolpidem tartrate er	1	
SELECTIVE MELATONIN RECEPTOR AGONISTS		
ramelteon	1	ST
LAXATIVES (CONTINUED)		
LAXATIVE COMBINATIONS		
CLENPIQ 10-3.5-12 MG-GM -GM/160ML SOLUTION	3	PN ($0 copay for members age 45-75 years)
CLENPIQ 10-3.5-12 MG-GM -GM/175ML SOLUTION	3	PN ($0 copay for members age 45-75 years)
GAVILYTE-C	1	PN ($0 copay for members age 45-75 years)
gavilyte-g	1	PN ($0 copay for members age 45-75 years)
gavilyte-n with flavor pack	1	PN ($0 copay for members age 45-75 years)
na sulfate-k sulfate-mg sulf	1	PN ($0 copay for members age 45-75 years)
peg 3350-kcl-na bicarb-nacl	1	PN ($0 copay for members age 45-75 years)
peg-3350/electrolytes	1	PN ($0 copay for members age 45-75 years)
peg-3350/electrolytes/ascorbat	1	PN ($0 copay for members age 45-75 years)

Drug Name	Drug Tier	Requirements/Limits
peg-kcl-nacl-nasulf-na asc-c	1	PN ($0 copay for members age 45-75 years)
SUTAB	2	QL (24 ea per fill(s)), AL (18 to 999 yrs old), PN ($0 COPAY FOR MEMBERS AGE 45-75 YEARS)
LAXATIVES - MISCELLANEOUS		
constulose	1	
kristalose	2	PA
lactulose (10 gm packet, 10 gm/15ml solution, 20 gm/30ml solution)	1	
lactulose 20 gm packet	1	PA
MACROLIDES (CONTINUED)		
AZITHROMYCIN		
azithromycin (100 mg/5ml recon susp, 200 mg/5ml recon susp, 250 mg tab, 500 mg tab, 600 mg tab)	1	
CLARITHROMYCIN		
clarithromycin	1	
ERYTHROMYCINS		
E.E.S. 400	1	
ery-tab	1	
ERYTHROCIN STEARATE	1	
erythromycin (250 mg tab dr, 333 mg tab dr, 500 mg tab dr)	1	
erythromycin base	1	
erythromycin ethylsuccinate (200 mg/5ml recon susp, 400 mg tab, 400 mg/5ml recon susp)	1	
FIDAXOMICIN		
DIFICID 200 MG TAB	3	PA, QL (20 ea per fill(s))
DIFICID 40 MG/ML RECON SUSP	3	PA, QL (150 ml per fill)
fidaxomicin	1	PA, QL (20 ea per fill(s))
MEDICAL DEVICES AND SUPPLIES (CONTINUED)		
CONTRACEPTIVES		
CAYA	0	
FC2 FEMALE CONDOM	0	

Drug Name	Drug Tier	Requirements/Limits
FEMCAP	0	
OMNIFLEX DIAPHRAGM	0	
WIDE-SEAL DIAPHRAGM 60	0	
WIDE-SEAL DIAPHRAGM 65	0	
WIDE-SEAL DIAPHRAGM 70	0	
WIDE-SEAL DIAPHRAGM 75	0	
WIDE-SEAL DIAPHRAGM 80	0	
WIDE-SEAL DIAPHRAGM 85	0	
WIDE-SEAL DIAPHRAGM 90	0	
WIDE-SEAL DIAPHRAGM 95	0	
DIABETIC SUPPLIES		
1ST TIER UNILET COMFORTOUCH	2	
ACCU-CHEK FASTCLIX LANCET	2	
ACCU-CHEK FASTCLIX LANCETS	2	
ACCU-CHEK SAFE-T PRO LANCETS	2	
ACCU-CHEK SOFTCLIX LANCET DEV	2	
ACCU-CHEK SOFTCLIX LANCETS	2	
ACTI-LANCE 28G	2	
ACTI-LANCE LITE LANCETS 28G	2	
ACTI-LANCE SPECIAL LANCETS 17G	2	
ACTI-LANCE UNIVERSAL 23G	2	
ADJUSTABLE LANCING DEVICE	2	
ADVANCED MOBILE LANCET	2	
ADVOCATE LANCETS	2	
ADVOCATE LANCETS 30G	2	
ADVOCATE LANCING DEVICE	2	
ADVOCATE RAPID-SAFE LANCING	2	
ADVOCATE SAFETY LANCETS	2	
ADVOCATE SAFETY LANCETS 21G	2	
ADVOCATE SAFETY LANCETS 23G	2	
ADVOCATE SAFETY LANCETS 26G	2	

Drug Name	Drug Tier	Requirements/Limits
ADVOCATE SAFETY LANCETS 28G	2	
AGAMATRIX ULTRA-THIN LANCETS	2	
AIMSCO TWIST LANCETS 32G	2	
AIMSCO TWIST LANCETS 33G	2	
AQUALANCE LANCETS 30G	2	
ASSURE COMFORT LANCETS 28G	2	
ASSURE HAEMOLANCE PLUS HIGH	2	
ASSURE HAEMOLANCE PLUS LOW	2	
ASSURE HAEMOLANCE PLUS MICRO	2	
ASSURE HAEMOLANCE PLUS NORMAL	2	
ASSURE HAEMOLANCE PLUS PED	2	
ASSURE LANCE LANCETS	2	
ASSURE LANCE LANCETS 21G	2	
ASSURE LANCE PLUS SAFETY 25G	2	
ASSURE LANCE PLUS SAFETY 30G	2	
ASSURE LANCE SAFETY LANCET 28G	2	
AURORA LANCET SUPER THIN 30G	2	
AURORA LANCET THIN 23G	2	
AUTO-LANCET	2	
AUTO-LANCET MINI	2	
AUTOLET II CLINISAFE	2	
AUTOLET LANCING DEVICE	2	
AUTOLET LITE CLINISAFE	2	
AUTOLET LITE LANCING DEVICE	2	
AUTOLET LITE STARTER PACK	2	
AUTOLET MINI	2	
AUTOLET PLATFORMS	2	
AUTOLET PLUS	2	
BD MICROTAINER LANCETS	2	
CARDIOCOM LANCING DEVICE	2	
CAREONE ADVANCED LANCING DEV	2	

Drug Name	Drug Tier	Requirements/Limits
CAREONE LANCET SUPER THIN 30G	2	
CAREONE LANCET THIN 23G	2	
CARESENS LANCETS	2	
CARESENS LANCETS 30G	2	
CARETOUCH LANCING/EJECTOR	2	
CARETOUCH SAFETY LANCETS	2	
CARETOUCH SAFETY LANCETS 26G	2	
CARETOUCH TWIST LANCETS 28G	2	
CARETOUCH TWIST LANCETS 30G	2	
CARETOUCH TWIST LANCETS 33G	2	
CARETOUCH TWIST MC LANCETS 30G	2	
CHOSEN LANCETS 30G	2	
CHOSEN LANCING DEVICE	2	
CHOSEN SAFETY LANCETS 28G	2	
CLEANLET LANCETS 28G	2	
CLEVER CHEK LANCETS	2	
CLEVER CHOICE COMFORT EZ MISC	2	
CLEVER CHOICE LANCETS 21G	2	
CLEVER CHOICE LANCETS 23G	2	
CLEVER CHOICE LANCETS 28G	2	
COAGUCHEK LANCETS	2	
COMFORT ASSURED LANCETS 28G	2	
COMFORT ASSURED LANCETS 33G	2	
COMFORT LANCETS	2	
COMFORT TOUCH LANCETS 31G	2	
COMFORT TOUCH PLUS LANCETS 28G	2	
COMFORT TOUCH PLUS LANCETS 30G	2	
COMFORT TOUCH TWIST LANCET 30G	2	
CVS LANCETS 21G	2	
CVS LANCETS MICRO THIN 33G	2	
CVS LANCETS ORIGINAL	2	

Drug Name	Drug Tier	Requirements/Limits
CVS LANCETS THIN 26G	2	
CVS LANCETS ULTRA THIN 30G	2	
CVS LANCETS ULTRA-THIN 30G	2	
CVS LANCING DEVICE	2	
CVS ULTRA THIN LANCETS	2	
DEXCOM G6 RECEIVER	2	QL (1 ea per 730 days)
DEXCOM G6 SENSOR	2	QL (0.1 ea per 1 day(s))
DEXCOM G6 TRANSMITTER	2	QL (1 ea per 90 days), PN (90 DAYS SUPPLY PER FILL)
DEXCOM G7 15 DAY SENSOR	2	QL (0.067 ea per 1 day(s))
DEXCOM G7 RECEIVER	2	QL (1 ea per 730 days)
DEXCOM G7 SENSOR	2	QL (0.1 ea per 1 day(s))
DIATHRIVE LANCET ULTRA THIN 30	2	
DIATHRIVE LANCETS	2	
DIATHRIVE LANCING DEVICE	2	
DROPLET GENTEEL LANCING DEVICE	2	
DROPLET INSULIN SYRINGE (30G X 1/2" 1 ML MISC, 31G X 15/64" 1 ML MISC, 31G X 5/16" 1 ML MISC)	2	
DROPLET LANCETS ULTRA THIN 30G	2	
DROPLET LANCING DEVICE	2	
DROPLET PERSONAL LANCETS 30G	2	
DROPSAFE ACTI-LANCE 23G	2	
DRUG MART LANCETS THIN 26G	2	
DRUG MART LANCING DEVICE	2	
DRUG MART ON-THE-GO LANCET 30G	2	
DRUG MART UNILET LANCETS 28G	2	
DRUG MART UNILET LANCETS 30G	2	
DRUG MART UNILET LANCETS 33G	2	
E-Z JECT LANCET MICRO-THIN 33G	2	
E-Z JECT LANCET SUPER THIN 30G	2	
E-Z JECT LANCETS	2	
E-Z JECT LANCETS 21G	2	

Drug Name	Drug Tier	Requirements/Limits
E-Z JECT LANCETS THIN 26G	2	
EASY COMFORT INSULIN SYRINGE 29G X 5/16" 1 ML MISC	2	
EASY COMFORT LANCETS	2	
EASY COMFORT LANCETS TWIST TOP	2	
EASY MINI EJECT LANCING DEVICE	2	
EASY MINI LANCING DEVICE	2	
EASY TOUCH LANCETS 21G	2	
EASY TOUCH LANCETS 23G	2	
EASY TOUCH LANCETS 26G	2	
EASY TOUCH LANCETS 28G	2	
EASY TOUCH LANCETS 28G/TWIST	2	
EASY TOUCH LANCETS 30G	2	
EASY TOUCH LANCETS 30G/TWIST	2	
EASY TOUCH LANCETS 32G	2	
EASY TOUCH LANCETS 32G/TWIST	2	
EASY TOUCH LANCETS 33G/TWIST	2	
EASY TOUCH LANCING DEVICE	2	
EASY TOUCH SAFETY LANCETS 21G	2	
EASY TOUCH SAFETY LANCETS 23G	2	
EASY TOUCH SAFETY LANCETS 26G	2	
EASY TOUCH SAFETY LANCETS 28G	2	
EMBRACE LANCETS ULTRA THIN 30G	2	
EMBRACE LANCING DEVICE/EJECTOR	2	
EMBRACE PRESSURE ACTIVATED 21G	2	
EMBRACE PRESSURE ACTIVATED 28G	2	
EQL COLOR LANCETS 21G	2	
EQL COLOR LANCETS MICRO 33G	2	
EQL SUPER THIN LANCETS 30G	2	
EQL THIN LANCETS 26G	2	
EZ-LETS LANCETS 21G	2	
EZ-LETS LANCETS 26G	2	

Drug Name	Drug Tier	Requirements/Limits
EZ-LETS LANCETS 28G	2	
EZ-LETS LANCETS 30G	2	
FIFTY50 SAFETY SEAL LANCETS	2	
FIFTY50 UNILET LANCETS 33G	2	
FINE 30	2	
FINGERSTIX LANCETS	2	
FORA LANCETS	2	
FORA LANCING DEVICE	2	
FREDS PHARMACY AUTOLET LANCING	2	
FREDS PHARMACY UNILET LANC 28G	2	
FREDS PHARMACY UNILET LANC 30G	2	
FREESTYLE LANCETS	2	
FREESTYLE LIBRE 14 DAY READER	2	QL (1 ea per 730 days)
FREESTYLE LIBRE 14 DAY SENSOR	2	QL (0.072 ea per 1 day(s))
FREESTYLE LIBRE 2 PLUS SENSOR	2	QL (0.067 ea per 1 day(s))
FREESTYLE LIBRE 2 READER	2	QL (1 ea per 730 days)
FREESTYLE LIBRE 2 SENSOR	2	QL (0.072 ea per 1 day(s))
FREESTYLE LIBRE 3 PLUS SENSOR	2	QL (0.067 ea per 1 day(s))
FREESTYLE LIBRE 3 READER	2	QL (1 ea per 730 day(s))
FREESTYLE LIBRE 3 SENSOR	2	QL (0.072 ea per 1 day(s))
FREESTYLE LIBRE READER	2	QL (1 ea per 730 days)
FREESTYLE UNISTICK II LANCETS	2	
GENTEEL BUTTERFLY TOUCH LANCET	2	
GENTEEL CONTACT TIPS (BLUE)	2	
GENTEEL CONTACT TIPS (CLEAR)	2	
GENTEEL CONTACT TIPS (GREEN)	2	
GENTEEL CONTACT TIPS (ORANGE)	2	
GENTEEL CONTACT TIPS (RAINBOW)	2	
GENTEEL CONTACT TIPS (VIOLET)	2	
GENTEEL CONTACT TIPS (YELLOW)	2	
GENTEEL LANCING KIT (BLUE)	2	

Drug Name	Drug Tier	Requirements/Limits
GENTEEL NOZZLES	2	
GENTEEL PLUS LANCING (BLACK)	2	
GENTEEL PLUS LANCING (PURPLE)	2	
GENTEEL PLUS LANCING (WHITE)	2	
GENTEEL PLUS LANCING DEV(BLUE)	2	
GENTEEL PLUS LANCING DEV(PINK)	2	
GENTLE-LET GP LANCETS	2	
GENTLE-LET LANCETS	2	
GENTLE-LET PLATFORMS	2	
GLOBAL INJECT EASE LANCETS 28G	2	
GLOBAL INJECT EASE LANCETS 30G	2	
GLOBAL LANCING DEVICE	2	
GLUCOCOM LANCETS 28G	2	
GLUCOCOM LANCETS 30G	2	
GLUCOCOM LANCETS 33G	2	
GNP LANCETS 21G	2	
GNP LANCETS THIN 26G	2	
GNP LANCING SYSTEM DEVICE	2	
GNP STERILE LANCETS 28G	2	
GNP STERILE LANCETS 30G	2	
GNP STERILE LANCETS 33G	2	
GOJJI LANCING DEVICE/CLEAR CAP	2	
GOJJI STERILE LANCETS	2	
GOODSENSE COLOR LANCETS 33G	2	
GOODSENSE LANCETS 26G UNIV	2	
GOODSENSE LANCETS 30G	2	
GOODSENSE LANCETS 30G UNIV	2	
GOODSENSE LANCETS 33G	2	
GOODSENSE LANCETS 33G UNIV	2	
GOODSENSE LANCING DEVICE	2	
H-E-B INCONTROL ADV LANCING	2	

Drug Name	Drug Tier	Requirements/Limits
H-E-B INCONTROL LANCETS 28G	2	
H-E-B INCONTROL LANCETS 30G	2	
H-E-B INCONTROL LANCETS 33G	2	
HAEMOLANCE	2	
HAEMOLANCE LOW FLOW LANCETS	2	
HAEMOLANCE PLUS	2	
HAEMOLANCE PLUS HIGH FLOW	2	
HAEMOLANCE PLUS LOW FLOW	2	
HAEMOLANCE PLUS MAX FLOW	2	
HAEMOLANCE PLUS PEDIATRIC FLOW	2	
HEALTH CARE LANCING DEVICE	2	
HEALTHY ACCENTS LANCING DEVICE	2	
HEALTHY ACCENTS UNILET LANCETS	2	
HY-VEE LANCETS	2	
HY-VEE THIN LANCETS	2	
HYPOLANCE AST LANCING	2	
IHEALTH LANCING DEVICE	2	
IN TOUCH LANCING DEVICE	2	
IN TOUCH STERILE LANCETS 30G	2	
KINNEY LANCETS	2	
KINNEY THIN LANCETS	2	
KROGER AUTOLET LANCING DEVICE	2	
KROGER HEALTHPRO LANCET 26G	2	
KROGER LANCETS	2	
KROGER LANCETS 21G	2	
KROGER LANCETS MICRO THIN 33G	2	
KROGER LANCETS SUPER THIN	2	
KROGER LANCETS THIN	2	
KROGER LANCETS THIN 26G	2	
KROGER LANCETS ULTRATHIN 30G	2	
KROGER LANCING DEVICE	2	

Drug Name	Drug Tier	Requirements/Limits
LANCET DEVICE	2	
LANCET DEVICE WITH EJECTOR	2	
LANCET TRANSPORTER CASE	2	
LANCETS	2	
LANCETS 28G THIN	2	
LANCETS 30G	2	
LANCETS 33G	2	
LANCETS MICRO THIN 33G	2	
LANCETS SUPER THIN	2	
LANCETS SUPER THIN 28G	2	
LANCETS THIN	2	
LANCETS ULTRA THIN	2	
LANCETS ULTRA THIN 30G	2	
LANCING DEVICE	2	
LANZO	2	
LEADER ADVANCED LANCING DEVICE	2	
LIBERTY MEDICAL LANCETS	2	
LIBERTY MINI LANCING DEVICE	2	
LITE TOUCH LANCETS	2	
LITE TOUCH LANCING PEN	2	
LITETOUCH LANCETS	2	
LIVE BETTER ADV LANCING DEVICE	2	
LIVE BETTER LANCET SUPER THIN	2	
LIVE BETTER LANCET ULTRA THIN	2	
LONGS LANCETS STANDARD	2	
LONGS LANCETS THIN	2	
LONGS LANCETS ULTRA THIN	2	
MEDICHOICE SAFETY LANCET	2	
MEDICHOICE SAFETY LANCET EXTRA	2	
MEDICHOICE SAFETY LANCET NORM	2	
MEDISENSE THIN LANCETS	2	

Drug Name	Drug Tier	Requirements/Limits
MEDLANCE EXTRA 21G	2	
MEDLANCE LITE 25G	2	
MEDLANCE PLUS EXTRA 21G	2	
MEDLANCE PLUS LANCETS	2	
MEDLANCE PLUS LITE 25G	2	
MEDLANCE PLUS SPECIAL 0.8MM	2	
MEDLANCE PLUS SUPERLITE 30G	2	
MEDLANCE PLUS UNIVERSAL 21G	2	
MEDLANCE UNIVERSAL 21G	2	
MEIJER LANCETS	2	
MEIJER LANCETS THIN	2	
MEIJER LANCETS UNIVERSAL 21G	2	
MEIJER LANCETS UNIVERSAL 30G	2	
MEIJER LANCETS UNIVERSAL 33G	2	
MEIJER SUPER THIN LANCETS	2	
MICROLET LANCETS	2	
MICROLET NEXT LANCING DEVICE	2	
MINI LANCING DEVICE	2	
MM LANCING DEVICE	2	
MM TWIST LANCETS	2	
MOBILE LANCETS 30G	2	
MONOLET LANCETS	2	
MONOLET OPD LANCETS	2	
MONOLETTOR SAFETY LANCETS	2	
MPD SAFETY LANCET 21G	2	
MPD SAFETY LANCET 23G	2	
MPD SAFETY LANCET 28G	2	
MPD SAFETY LANCET 30G	2	
MULTI-LANCET DEVICE	2	
MULTI-LANCET DEVICE 2	2	
MYGLUCOHEALTH LANCETS 30G	2	

Drug Name	Drug Tier	Requirements/Limits
NOVA SAFETY LANCETS 23G	2	
NOVA SAFETY LANCETS 28G	2	
NOVA SUREFLEX LANCETS	2	
NOVA SUREFLEX LANCING DEVICE	2	
OMNIPOD 5 DEXG7G6 PODS GEN 5	2	
OMNIPOD 5 G6 INTRO (GEN 5)	2	
OMNIPOD 5 G6 PODS (GEN 5)	2	
OMNIPOD 5 G7 INTRO (GEN 5)	2	
OMNIPOD 5 G7 PODS (GEN 5)	2	
OMNIPOD 5 LIBRE2 G6 INTRO G5	2	
OMNIPOD 5 LIBRE2 PLUS G6 PODS	2	
OMNIPOD CLASSIC PDM (GEN 3)	2	
OMNIPOD CLASSIC PODS (GEN 3)	2	
OMNIPOD DASH INTRO (GEN 4)	2	
OMNIPOD DASH PDM (GEN 4)	2	
OMNIPOD DASH PODS (GEN 4)	2	
ONETOUCH DELICA PLUS LANCET30G	2	
ONETOUCH DELICA PLUS LANCET33G	2	
ONETOUCH DELICA PLUS LANCING	2	
ONETOUCH DELICA SAFETY LANCING	2	
ONETOUCH SURESOFT LANCING DEV	2	
ONETOUCH ULTRA 2	0	QL (1 ea per 2 year(s))
ONETOUCH ULTRA CONTROL	2	
ONETOUCH ULTRASOFT 2 LANCETS	2	
ONETOUCH ULTRASOFT LANCETS	2	
ONETOUCH VERIO (HIGH LIQUID, LIQUID)	2	
ONETOUCH VERIO FLEX SYSTEM	0	QL (1 ea per 2 year(s))
ONETOUCH VERIO REFLECT	0	QL (1 ea per 2 year(s))
PC LANCETS SUPER THIN 30G	2	
PERFECT LANCETS 28G	2	
PERFECT LANCETS 30G	2	

Drug Name	Drug Tier	Requirements/Limits
PERFECT POINT SAFETY LANCETS	2	
PHARMACIST CHOICE LANCETS	2	
PHARMACY COUNTER LANCETS	2	
PIP LANCETS 28G	2	
PIP LANCETS 30G	2	
PRECISION THINS GP LANCETS	2	
PREFERRED PLUS LANCETS COLORED	2	
PREFERRED PLUS LANCETS THIN	2	
PRO COMFORT LANCETS 30G	2	
PRO COMFORT LANCETS 31G	2	
PRO COMFORT SAFETY LANCETS 30G	2	
PRODIGY LANCETS 28G	2	
PRODIGY LANCING DEVICE	2	
PRODIGY SAFETY LANCETS 26G	2	
PRODIGY TWIST TOP LANCETS 28G	2	
PSS SELECT GP LANCETS	2	
PSS SELECT PLATFORMS	2	
PSS SELECT SAFETY LANCETS	2	
PURE COMFORT LANCETS 30G	2	
PX ADVANCED LANCING DEVICE	2	
PX LANCET AUTO INJECTOR	2	
PX LANCETS MICROTHIN 33G	2	
PX LANCETS ULTRA THIN	2	
PX LANCETS ULTRA THIN 28G	2	
QC ADVANCED LANCING DEVICE	2	
QC LANCETS SUPER THIN 30G	2	
QC LANCETS ULTRA THIN	2	
QC UNILET LANCETS 28G	2	
QC UNILET LANCETS MICRO THIN	2	
RA E-ZJECT LANCETS 28G	2	
RA E-ZJECT LANCETS THIN 26G	2	

Drug Name	Drug Tier	Requirements/Limits
RA E-ZJECT LANCETS THIN 28G	2	
RA E-ZJECT LANCETS ULTRA THIN	2	
READYLANCE SAFETY LANCETS	2	
REALITY LANCETS	2	
REALITY TRIGGER LANCETS	2	
RELION LANCET DEVICES 30G	2	
RELION LANCETS	2	
RELION LANCETS MICRO-THIN 33G	2	
RELION LANCETS THIN 26G	2	
RELION LANCETS ULTRA-THIN 30G	2	
RELION LANCING DEVICE	2	
RELION ULTRA THIN LANCETS 30G	2	
RELION ULTRA THIN PLUS LANCETS	2	
REXALL LANCETS ULTRA THIN 30G	2	
RIGHTEST ALTERNATE SITE ADAPT	2	
RIGHTEST GD500 LANCING DEVICE	2	
RIGHTEST GL300 LANCETS	2	
SAFE-T-LANCE	2	
SAFE-T-LANCE PLUS	2	
SAFETY LANCET 30G/PRESSURE ACT	2	
SAFETY LANCETS	2	
SAFETY LANCETS 21G	2	
SAFETY LANCETS 23G	2	
SAFETY LANCETS 28G	2	
SAPS HEALTH PLUS LANCETS	2	
SAPS HEALTH TWIST TOP LANCETS	2	
SAPS TWIST TOP LANCETS	2	
SAPSCARE TWIST TOP LANCETS	2	
SB LANCETS THIN	2	
SB LANCETS ULTRA THIN	2	
SELECT-LITE DEVICE/LANCETS	2	

Drug Name	Drug Tier	Requirements/Limits
SELECT-LITE LANCING DEVICE	2	
SHOPKO AUTOLET LANCING DEVICE	2	
SHOPKO ON-THE-GO LANCETS 30G	2	
SHOPKO UNILET LANCETS 28G	2	
SHOPKO UNILET LANCETS 30G	2	
SIMPLE DIAGNOSTICS LANCING DEV	2	
SINGLE-LET	2	
SM LANCETS 33G	2	
SM TRUEDRAW LANCING DEVICE	2	
SMART DIABETES VANTAGE LANCING	2	
SMART SENSE COLOR LANCETS 33G	2	
SMART SENSE STANDARD LANCETS	2	
SMART SENSE SUPER THIN LANCETS	2	
SMART SENSE THIN LANCETS 26G	2	
SMARTEST LANCETS 28G	2	
SOLUS V2 LANCETS 28G	2	
SOLUS V2 LANCING DEVICE	2	
SOLUS V2 TWIST LANCETS 30G	2	
STERILANCE PA	2	
STERILANCE TL	2	
SUPER THIN LANCETS	2	
SURE COMFORT LANCETS 18G	2	
SURE COMFORT LANCETS 21G	2	
SURE COMFORT LANCETS 23G	2	
SURE COMFORT LANCETS 28G	2	
SURE COMFORT LANCETS 30G	2	
SURE COMFORT LANCING PEN	2	
SURE-LANCE FLAT LANCETS	2	
SURE-LANCE LANCETS 26G	2	
SURE-LANCE THIN LANCETS 28G	2	
SURE-LANCE ULTRA THIN LANCETS	2	

Drug Name	Drug Tier	Requirements/Limits
SURE-PEN	2	
SURE-TOUCH LANCETS UNIVERSAL	2	
SURELITE LANCETS	2	
TECHLITE AST LANCETS	2	
TECHLITE LANCETS	2	
TECHLITE LANCETS 26G	2	
TECHLITE LANCETS 30G	2	
TGT LANCET MICRO THIN 33G	2	
TGT LANCET THIN 26G	2	
TGT LANCET ULTRA THIN 30G	2	
TGT LANCING DEVICE	2	
THINLETS GP LANCETS	2	
TODAYS HEALTH LANCING DEVICE	2	
TODAYS HEALTH THIN LANCETS 28G	2	
TODAYS HEALTH THIN LANCETS 30G	2	
TOPCARE LANCETS MICRO-THIN 33G	2	
TRAVEL LANCETS	2	
TRAVEL LANCETS ADVANCED 28G	2	
TRUE COMFORT SAFETY LANCETS	2	
TRUE COMFORT TWIST TOP LANCETS	2	
TRUEDRAW LANCING DEVICE	2	
TRUEPLUS LANCETS 26G	2	
TRUEPLUS LANCETS 28G	2	
TRUEPLUS LANCETS 30G	2	
TRUEPLUS LANCETS 33G	2	
TRUEPLUS SAFETY LANCETS 28G	2	
TWIST TOP LANCETS 30G	2	
ULTI-LANCE AUTOMATIC	2	
ULTILET CLASSIC LANCETS	2	
ULTILET LANCETS	2	
ULTILET SAFETY LANCETS	2	

Drug Name	Drug Tier	Requirements/Limits
ULTILET SAFETY LANCETS 23G	2	
ULTRA THIN LANCETS 31G	2	
ULTRA-CARE LANCETS 30G	2	
ULTRA-THIN II AUTO LANCET	2	
ULTRA-THIN II LANCETS	2	
UNILET COMFORTOUCH LANCET	2	
UNILET EXCELITE	2	
UNILET EXCELITE II	2	
UNILET G.P. LANCET	2	
UNILET G.P. SUPERLITE LANCET	2	
UNILET GP 28 ULTRA THIN	2	
UNILET LANCET	2	
UNILET MICRO-THIN 33G	2	
UNILET SUPER-THIN 30G	2	
UNILET SUPERLITE LANCET	2	
UNILET ULTRA-THIN 28G	2	
UNISTIK 1	2	
UNISTIK 2	2	
UNISTIK 2 COMFORT	2	
UNISTIK 2 EXTRA	2	
UNISTIK 2 NEONATAL	2	
UNISTIK 2 NORMAL	2	
UNISTIK 2 SUPER	2	
UNISTIK 3	2	
UNISTIK 3 COMFORT	2	
UNISTIK 3 EXTRA	2	
UNISTIK 3 GENTLE	2	
UNISTIK 3 NEONATAL	2	
UNISTIK 3 NORMAL	2	
UNISTIK CZT COMFORT	2	
UNISTIK CZT NORMAL	2	

Drug Name	Drug Tier	Requirements/Limits
UNISTIK NORMAL	2	
UNISTIK PRO SAFETY LANCET	2	
UNISTIK SAFETY LANCETS 28G	2	
UNISTIK SAFETY LANCETS 30G	2	
UNISTIK TOUCH SAFETY LANC 21G	2	
UNISTIK TOUCH SAFETY LANC 23G	2	
UNISTIK TOUCH SAFETY LANC 28G	2	
UNISTIK TOUCH SAFETY LANC 30G	2	
UNIVERSAL 1 LANCETS THIN 26G	2	
UNIVERSAL 1 LANCETS THIN 33G	2	
UNIVERSAL 1 LANCETS ULTRA THIN	2	
V-GO 20	2	QL (1 ea per 1 days)
V-GO 30	2	QL (1 ea per 1 days)
V-GO 40	2	QL (1 ea per 1 days)
VALUE PLUS LANCET STANDARD 21G	2	
VALUE PLUS LANCETS SUPER THIN	2	
VALUE PLUS LANCETS THIN 26G	2	
VALUE PLUS LANCING DEVICE	2	
VALUMARK LANCET SUPER THIN 30G	2	
VALUMARK LANCET ULTRA THIN 28G	2	
VERIFINE INSULIN SYRINGE (28G X 1/2" 1 ML MISC, 30G X 1/2" 1 ML MISC, 30G X 5/16" 1 ML MISC)	2	
VERIFINE SAFE LANCET MINI 21G	2	
VERIFINE SAFE LANCET MINI 23G	2	
VERIFINE SAFE LANCET MINI 28G	2	
VERIFINE SAFE LANCET MINI 30G	2	
VERIFINE UNIVERSAL LANCETS 28G	2	
VERIFINE UNIVERSAL LANCETS 30G	2	
VERIFINE UNIVERSAL LANCETS 33G	2	
VIDA MIA AUTOLET LANCING DEV	2	
VIDA MIA UNILET LANCETS 28G	2	

Drug Name	Drug Tier	Requirements/Limits
VIDA MIA UNILET LANCETS 30G	2	
VIVAGUARD LANCETS	2	
VIVAGUARD LANCETS 30G	2	
VIVAGUARD LANCING DEVICE	2	
VIVAGUARD SAFETY LANCETS 28G	2	
WALGREENS ADV TRAVEL LANCETS	2	
WALGREENS LANCETS	2	
WALGREENS LANCETS MICRO THIN	2	
WALGREENS LANCETS SUPER THIN	2	
WALGREENS THIN LANCETS	2	
WALGREENS ULTRA THIN LANCETS	2	
ZEVRX TWIST TOP LANCETS 30G	2	
MISC. DEVICES		
ADVOCATE ALCOHOL PREP PADS	2	
ALCOH-GLOVE CONTOURED WIPE	2	
ALCOH-WIPE	2	
ALCOHOL PADS	2	
ALCOHOL PREP	2	
ALCOHOL PREP PADS	2	
ALCOHOL PREPS	2	
ALCOHOL SWABS	2	
ALCOHOL SWABSTICK	2	
AUM ALCOHOL PREP PADS	2	
BD SWAB SINGLE USE REGULAR	2	
BD SWABS SINGLE USE BUTTERFLY	2	
CARETOUCH ALCOHOL PREP	2	
COMFORT TOUCH ALCOHOL PREP	2	
CURITY ALCOHOL PREPS	2	
CVS ALCOHOL PREP PADS	2	
CVS PREP	2	
DROPSAFE ALCOHOL PREP	2	

Drug Name	Drug Tier	Requirements/Limits
EASY COMFORT ALCOHOL PADS	2	
EASY TOUCH ALCOHOL PREP MEDIUM	2	
EQL ALCOHOL SWABS	2	
ESSENTRA WIPES 9X9"	2	
FIFTY50 ALCOHOL PREP	2	
GLOBAL ALCOHOL PREP EASE	2	
GNP ALCOHOL SWABS	2	
GOODSENSE ALCOHOL SWABS	2	
H-E-B INCONTROL ALCOHOL	2	
HM STERILE ALCOHOL PREP	2	
MEIJER ALCOHOL SWABS	2	
PHARMACIST CHOICE ALCOHOL	2	
PRO COMFORT ALCOHOL	2	
PURE COMFORT ALCOHOL PREP	2	
QC ALCOHOL SWABS	2	
RA ALCOHOL SWABS	2	
REALITY SWABS	2	
RELION ALCOHOL SWABS	2	
SAPS CARE ALCOHOL PREP	2	
SAPS HEALTH ALCOHOL PREP	2	
SAPS HEALTH CARE ALCOHOL PREP	2	
SB ALCOHOL PREP	2	
SM ALCOHOL PREP	2	
SURE COMFORT ALCOHOL PREP	2	
SURE-PREP ALCOHOL PREP	2	
TRUE COMFORT ALCOHOL PREP PADS	2	
TRUE COMFORT PRO ALCOHOL PREP	2	
ULTICARE ALCOHOL SWABS	2	
ULTILET ALCOHOL SWABS	2	
ULTRA-CARE ALCOHOL PREP PADS	2	
WEBCOL ALCOHOL PREP LARGE	2	

Drug Name	Drug Tier	Requirements/Limits
WEBCOL ALCOHOL PREP MEDIUM	2	
ZEVRX STERILE ALCOHOL PREP PAD	2	
OPTICAL AND OPHTHALMIC SUPPLIES		
SUSVIMO OCULAR IMPLANT	4	PA, QL (2 ea per lifetime), SP
PARENTERAL THERAPY SUPPLIES		
1ST TIER UNIFINE PENTIPS	2	
1ST TIER UNIFINE PENTIPS PLUS	2	
ABOUTTIME PEN NEEDLE	2	
ADVOCATE INSULIN PEN NEEDLE	2	
ADVOCATE INSULIN PEN NEEDLES	2	
ADVOCATE INSULIN SYRINGE	2	
AQ INSULIN SYRINGE	2	
AQINJECT PEN NEEDLE	2	
ASSURE ID DUO PRO PEN NEEDLES	2	
ASSURE ID INSULIN SAFETY SYR	2	
ASSURE ID PRO PEN NEEDLES	2	
ASSURE ID SAFETY PEN NEEDLES	2	
AUM INSULIN SAFETY PEN NEEDLE	2	
AUM MINI INSULIN PEN NEEDLE	2	
AUM PEN NEEDLE	2	
AUM READYGARD DUO PEN NEEDLE	2	
AUM SAFETY PEN NEEDLE	2	
AURORA PEN NEEDLES	2	
AURORA UNIFINE PENTIPS	2	
AUTOPEN	2	
BD AUTOSHIELD DUO	2	
BD INSULIN SYR ULTRAFINE II	2	
BD INSULIN SYRINGE (25G X 1" 1 ML MISC, 25G X 5/8" 1 ML MISC, 26G X 1/2" 1 ML MISC, 27G X 1/2" 1 ML MISC, 27.5G X 5/8" 2 ML MISC, 29G X 1/2" 0.3 ML MISC, 29G X 1/2" 0.5 ML MISC, 29G X 1/2" 1 ML MISC)	2	
BD INSULIN SYRINGE HALF-UNIT	2	

Drug Name	Drug Tier	Requirements/Limits
BD INSULIN SYRINGE MICROFINE	2	
BD INSULIN SYRINGE U-500	2	
BD INSULIN SYRINGE U/F	2	
BD INSULIN SYRINGE U/F 1/2UNIT	2	
BD INSULIN SYRINGE ULTRAFINE	2	
BD PEN	2	
BD PEN MINI	2	
BD PEN NEEDLE MICRO ULTRAFINE	2	
BD PEN NEEDLE MINI ULTRAFINE	2	
BD PEN NEEDLE NANO 2ND GEN	2	
BD PEN NEEDLE NANO ULTRAFINE	2	
BD PEN NEEDLE ORIG ULTRAFINE	2	
BD PEN NEEDLE SHORT ULTRAFINE	2	
BD SAFETYGLIDE INSULIN SYRINGE	2	
BD VEO INSULIN SYR U/F 1/2UNIT	2	
BD VEO INSULIN SYR ULTRAFINE	2	
CAREFINE PEN NEEDLES	2	
CAREONE INSULIN SYRINGE	2	
CAREONE UNIFINE PENTIPS	2	
CAREONE UNIFINE PENTIPS PLUS	2	
CARETOUCH INSULIN SYRINGE	2	
CARETOUCH PEN NEEDLES	2	
CEQUR SIMPLICITY 2U	2	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)	2	
CLICKFINE PEN NEEDLES	2	
COMFORT ASSIST INSULIN SYRINGE	2	
COMFORT EZ INSULIN SYRINGE	2	
COMFORT EZ MICRO PEN NEEDLES	2	
COMFORT EZ PEN NEEDLES	2	
COMFORT EZ PRO PEN NEEDLES	2	

Drug Name	Drug Tier	Requirements/Limits
COMFORT EZ SHORT PEN NEEDLES	2	
COMFORT TOUCH INSULIN PEN NEED	2	
DIATHRIVE PEN NEEDLE	2	
DROPLET INSULIN SYRINGE (29G X 1/2" 0.3 ML MISC, 29G X 1/2" 0.5 ML MISC, 29G X 1/2" 1 ML MISC, 30G X 1/2" 0.3 ML MISC, 30G X 1/2" 0.5 ML MISC, 30G X 15/64" 0.3 ML MISC, 30G X 15/64" 0.5 ML MISC, 30G X 15/64" 1 ML MISC, 30G X 5/16" 0.3 ML MISC, 30G X 5/16" 0.5 ML MISC, 30G X 5/16" 1 ML MISC, 31G X 15/64" 0.3 ML MISC, 31G X 15/64" 0.5 ML MISC, 31G X 5/16" 0.3 ML MISC, 31G X 5/16" 0.5 ML MISC)	2	
DROPLET MICRON	2	
DROPLET PEN NEEDLES	2	
DROPSAFE SAFETY PEN NEEDLES	2	
DROPSAFE SAFETY SYRINGE/NEEDLE	2	
DRUG MART UNIFINE PENTIPS	2	
DRUG MART UNIFINE PENTIPS PLUS	2	
EASY COMFORT INSULIN SYRINGE (29G X 5/16" 0.5 ML MISC, 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 1/2" 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, 32G X 5/16" 0.5 ML MISC, 32G X 5/16" 1 ML MISC)	2	
EASY COMFORT PEN NEEDLES	2	
EASY GLIDE PEN NEEDLES	2	
EASY TOUCH FLIPLOCK INSULIN SY	2	
EASY TOUCH INSULIN SAFETY SYR	2	
EASY TOUCH INSULIN SYRINGE	2	
EASY TOUCH PEN NEEDLES (29G X 12MM MISC, 30G X 5 MM MISC, 30G X 8 MM MISC, 31G X 5 MM MISC, 31G X 6 MM MISC, 31G X 8 MM MISC, 32G X 4 MM MISC, 32G X 5 MM MISC, 32G X 6 MM MISC)	2	
EASY TOUCH PEN NEEDLES 30G X 6 MM MISC	2	
EASY TOUCH SAFETY PEN NEEDLES	2	
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)	2	
EMBECTA AUTOSHIELD DUO	2	
EMBECTA INS SYR U/F 1/2 UNIT	2	
EMBECTA INSULIN SYRINGE	2	

Drug Name	Drug Tier	Requirements/Limits
EMBECTA INSULIN SYRINGE U-100	2	
EMBECTA INSULIN SYRINGE U-500	2	
EMBECTA INSULIN SYRINGE U/F	2	
EMBECTA PEN NEEDLE NANO	2	
EMBECTA PEN NEEDLE NANO 2 GEN	2	
EMBECTA PEN NEEDLE U/F	2	
EMBECTA PEN NEEDLE ULTRAFINE	2	
EMBRACE PEN NEEDLES	2	
EQL INSULIN SYRINGE	2	
EXEL COMFORT POINT INSULIN SYR	2	
EXEL COMFORT POINT PEN NEEDLE	2	
FIFTY50 PEN NEEDLES	2	
FIFTY50 SUPERIOR COMFORT SYR	2	
FREDS PHARMACY UNIFINE PENTIP+	2	
FREDS PHARMACY UNIFINE PENTIPS	2	
FREESTYLE PRECISION INS SYR	2	
GLOBAL EASE INJECT PEN NEEDLES	2	
GLOBAL EASY GLIDE INSULIN SYR	2	
GLOBAL EASY GLIDE PEN NEEDLES	2	
GLOBAL INJECT EASE INSULIN SYR	2	
GLOBAL INSULIN SYRINGES	2	
GLUCOPRO INSULIN SYRINGE	2	
GNP CLICKFINE PEN NEEDLES	2	
GNP INSULIN SYRINGE	2	
GNP INSULIN SYRINGES	2	
GNP INSULIN SYRINGES 28GX1/2"	2	
GNP INSULIN SYRINGES 29GX1/2"	2	
GNP INSULIN SYRINGES 30GX5/16"	2	
GNP INSULIN SYRINGES 31GX5/16"	2	
GNP PEN NEEDLES	2	
GNP ULTICARE PEN NEEDLES	2	

Drug Name	Drug Tier	Requirements/Limits
GNP ULTIGUARD SAFEPACK NEEDLE	2	
GNP ULTRA COM INSULIN SYRINGE	2	
GOODSENSE CLICKFINE PEN NEEDLE	2	
GOODSENSE PEN NEEDLE PENFINE	2	
H-E-B INCONTROL PEN NEEDLES	2	
H-E-B INCONTROL UNIFINE PENTIP	2	
HEALTHWISE INSULIN SYR/NEEDLE	2	
HEALTHWISE MICRON PEN NEEDLES	2	
HEALTHWISE MINI PEN NEEDLES	2	
HEALTHWISE PEN NEEDLES	2	
HEALTHWISE SHORT PEN NEEDLES	2	
HEALTHWISE UNIFINE PENTIPS	2	
HEALTHY ACCENTS UNIFINE PENTIP	2	
HM ULTICARE INSULIN SYRINGE	2	
HM ULTICARE MINI PEN NEEDLES	2	
HM ULTICARE SHORT PEN NEEDLES	2	
INCONTROL ULTICARE PEN NEEDLES	2	
INSULIN SYRINGE	2	
INSULIN SYRINGE-NEEDLE U-100	2	
INSULIN SYRINGE/NEEDLE	2	
INSUPEN PEN NEEDLES	2	
INSUPEN SENSITIVE	2	
INSUPEN ULTRAFIN	2	
INSUPEN32G EXTR3ME	2	
KINRAY INSULIN SYRINGE	2	
KMART VALU INSULIN SYRINGE 29G U-100 0.5 ML MISC	2	
KMART VALU INSULIN SYRINGE 30G (0.3 ML MISC, 0.5 ML MISC)	2	
KROGER INSULIN SYRINGE	2	
KROGER PEN NEEDLES	2	
LEADER INSULIN SYRINGE	2	

Drug Name	Drug Tier	Requirements/Limits
LEADER UNIFINE PENTIPS	2	
LEADER UNIFINE PENTIPS PLUS	2	
LITETOUCH INSULIN SYRINGE	2	
LITETOUCH PEN NEEDLES	2	
LONGS INSULIN SYRINGE	2	
MAGELLAN INSULIN SAFETY SYR	2	
MARATHON MEDICAL PENTIPS	2	
MAXI-COMFORT INSULIN SYRINGE	2	
MAXI-COMFORT SAFETY PEN NEEDLE	2	
MAXICOMFORT II PEN NEEDLE	2	
MAXICOMFORT SYR 27G X 1/2"	2	
MEDIC INSULIN SYRINGE	2	
MEDICINE SHOPPE PEN NEEDLES	2	
MEIJER PEN NEEDLES	2	
MICRODOT PEN NEEDLE	2	
MM INSULIN SYRINGE/NEEDLE	2	
MM PEN NEEDLES	2	
MONOJECT INSULIN SYRINGE	2	
MONOJECT ULTRA COMFORT SYRINGE	2	
MS INSULIN SYRINGE	2	
NOVOFINE AUTOCOVER PEN NEEDLE	2	
NOVOFINE PEN NEEDLE	2	
NOVOFINE PLUS PEN NEEDLE	2	
NOVOPEN ECHO	2	
NOVOTWIST PEN NEEDLE	2	
PC UNIFINE PENTIPS	2	
PEN NEEDLE/5-BEVEL TIP	2	
PEN NEEDLES	2	
PEN NEEDLES 5/16"	2	
PENTIPS (29G X 12MM MISC, 31G X 5 MM MISC, 31G X 6 MM MISC, 31G X 8 MM MISC, 32G X 4 MM MISC, 32G X 6 MM MISC)	2	

Drug Name	Drug Tier	Requirements/Limits
PENTIPS GENERIC PEN NEEDLES	2	
PIP PEN NEEDLES 31G X 5MM	2	
PIP PEN NEEDLES 32G X 4MM	2	
PRECISION SURE-DOSE SYRINGE	2	
PRECISION SUREDOSE PLUS SYR	2	
PREFERRED PLUS INSULIN SYRINGE	2	
PREFERRED PLUS UNIFINE PENTIPS	2	
PREVENT DROPSAFE PEN NEEDLES	2	
PREVENT SAFETY PEN NEEDLES	2	
PRO COMFORT INSULIN SYRINGE	2	
PRO COMFORT PEN NEEDLES	2	
PRODIGY INSULIN SYRINGE	2	
PURE COMFORT PEN NEEDLE	2	
PURE COMFORT SAFETY PEN NEEDLE	2	
PX EXTRA SHORT PEN NEEDLES	2	
PX INSULIN SYRINGE	2	
PX MINI PEN NEEDLES	2	
PX PEN NEEDLE	2	
PX SHORTLENGTH PEN NEEDLES	2	
QC PEN NEEDLES	2	
QC UNIFINE PENTIPS	2	
QUICK TOUCH INSULIN PEN NEEDLE	2	
RA INSULIN SYRINGE	2	
RA PEN NEEDLES	2	
RAYA SURE PEN NEEDLE	2	
REALITY INSULIN SYRINGE	2	
RELION INSULIN SYRINGE	2	
RELION MINI PEN NEEDLES	2	
RELION PEN NEEDLES	2	
RELION SHORT PEN NEEDLES	2	
SAFETY INSULIN SYRINGES	2	

Drug Name	Drug Tier	Requirements/Limits
SAFETY PEN NEEDLES	2	
SB INSULIN SYRINGE	2	
SECURESAFE INSULIN SYRINGE	2	
SECURESAFE SAFETY PEN NEEDLES	2	
SHOPKO UNIFINE PENTIPS	2	
SHOPKO UNIFINE PENTIPS PLUS	2	
SURE COMFORT INSULIN SYRINGE	2	
SURE COMFORT PEN NEEDLES	2	
SURE-FINE PEN NEEDLES	2	
SURE-JECT INSULIN SYRINGE	2	
TECHLITE INSULIN SYRINGE	2	
TECHLITE PEN NEEDLES	2	
TECHLITE PLUS PEN NEEDLES	2	
TODAYS HEALTH MINI PEN NEEDLES	2	
TODAYS HEALTH PEN NEEDLES	2	
TODAYS HEALTH SHORT PEN NEEDLE	2	
TOPCARE CLICKFINE PEN NEEDLES	2	
TOPCARE ULTRA COMFORT INS SYR	2	
TRUE COMFORT INSULIN SYRINGE	2	
TRUE COMFORT PEN NEEDLES	2	
TRUE COMFORT PRO INSULIN SYR	2	
TRUE COMFORT PRO PEN NEEDLES	2	
TRUE COMFORT SAFETY PEN NEEDLE	2	
TRUEPLUS 5-BEVEL PEN NEEDLES	2	
TRUEPLUS INSULIN SYRINGE	2	
TRUEPLUS PEN NEEDLES	2	
ULTICARE INSULIN SAFETY SYR	2	
ULTICARE INSULIN SYR 1/2 UNIT	2	
ULTICARE INSULIN SYRINGE	2	
ULTICARE MICRO PEN NEEDLES	2	
ULTICARE MINI PEN NEEDLES	2	

Drug Name	Drug Tier	Requirements/Limits
ULTICARE PEN NEEDLES	2	
ULTICARE SHORT PEN NEEDLES	2	
ULTIGUARD SAFEPACK PEN NEEDLE	2	
ULTIGUARD SAFEPACK SYR/NEEDLE	2	
ULTILET PEN NEEDLE	2	
ULTRA COMFORT INSULIN SYRINGE	2	
ULTRA FLO INSULIN PEN NEEDLES	2	
ULTRA FLO INSULIN SYR 1/2 UNIT	2	
ULTRA FLO INSULIN SYRINGE	2	
ULTRA THIN PEN NEEDLES	2	
ULTRA-THIN II INS SYR SHORT	2	
ULTRA-THIN II INSULIN SYRINGE	2	
ULTRA-THIN II MINI PEN NEEDLE	2	
ULTRA-THIN II PEN NEEDLE SHORT	2	
ULTRA-THIN II PEN NEEDLES	2	
ULTRACARE INSULIN SYRINGE	2	
ULTRACARE PEN NEEDLES	2	
UNIFINE OTC PEN NEEDLES	2	
UNIFINE PEN NEEDLES	2	
UNIFINE PENTIPS	2	
UNIFINE PENTIPS PLUS	2	
UNIFINE PROTECT PEN NEEDLE	2	
UNIFINE SAFECONTROL PEN NEEDLE	2	
UNIFINE ULTRA PEN NEEDLE	2	
VALUE HEALTH INSULIN SYRINGE	2	
VALUMARK PEN NEEDLES	2	
VANISHPOINT INSULIN SYRINGE	2	
VERIFINE INSULIN PEN NEEDLE	2	
VERIFINE INSULIN SYRINGE (29G X 1/2" 0.5 ML MISC, 29G X 1/2" 1 ML MISC, 30G X 5/16" 0.5 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)	2	
VERIFINE PLUS PEN NEEDLE	2	

Drug Name	Drug Tier	Requirements/Limits
VIDA MIA UNIFINE PENTIPS	2	
VP INSULIN SYRINGE	2	
WEGMANS UNIFINE PENTIPS PLUS	2	
ZEVRX INSULIN SYRINGE	2	
ZEVRX PEN NEEDLES	2	
RESPIRATORY THERAPY SUPPLIES		
OPTICHAMBER DIAMOND MISC	2	
OPTICHAMBER DIAMOND-LG MASK	2	
OPTICHAMBER DIAMOND-MD MASK	2	
OPTICHAMBER DIAMOND-SM MASK	2	
MIGRAINE PRODUCTS (CONTINUED)		
CALCITONIN GENE-RELATED PEPTIDE (CGRP) RECEPTOR ANTAG		
AIMOVIG	2	PA, QL (1 ml per 28 days)
EMGALITY	2	PA, QL (1 ml per 28 days)
EMGALITY (300 MG DOSE)	2	PA, QL (3 ml per 28 days)
NURTEC	2	PA, QL (18 ea per 30 days)
QULIPTA (30 MG TAB, 60 MG TAB)	2	PA, QL (60 ea per 30 days)
QULIPTA 10 MG TAB	2	PA, QL (30 ea per 30 days)
UBRELVY	2	PA, QL (16 ea per 30 days), PN (30 DAYS SUPPLY PER FILL)
MIGRAINE COMBINATIONS		
ERGOTAMINE-CAFFEINE	1	
MIGERGOT	1	
sumatriptan-naproxen sodium 85-500 mg tab	1	PA, QL (16 ea per 28 days)
MIGRAINE PRODUCTS		
dihydroergotamine mesylate	1	
SEROTONIN AGONISTS		
almotriptan malate	1	PA, QL (16 ea per 28 days)
eletriptan hydrobromide	1	PA, QL (16 ea per 28 days)
frovatriptan succinate	1	PA, QL (16 ea per 28 days)
naratriptan hcl	1	QL (16 ea per 28 days)

Drug Name	Drug Tier	Requirements/Limits
rizatriptan benzoate	1	QL (16 ea per 28 days)
sumatriptan	1	QL (16 ea per 28 days)
sumatriptan succinate (25 mg tab, 50 mg tab, 100 mg tab)	1	QL (16 ea per 28 days)
sumatriptan succinate (4 mg/0.5ml soln a-inj, 6 mg/0.5ml soln a-inj, 6 mg/0.5ml solution)	1	QL (8 ml per 28 days)
SUMATRIPTAN SUCCINATE REFILL	1	QL (8 ml per 28 days)
ZEMBRACE SYMTOUCH	3	PA, QL (8 ml per 28 days), PN (28 DAYS SUPPLY PER FILL)
zolmitriptan (2.5 mg tab, 2.5 mg tab disp, 5 mg tab, 5 mg tab disp)	1	QL (16 ea per 28 days)
zolmitriptan 5 mg solution	1	PA, QL (16 ea per 28 days)
zomig	1	QL (16 ea per 28 days)
MINERALS ELECTROLYTES (CONTINUED)		
FLUORIDE		
nafrinse	1	PN ($0 Copay for 6 months through 16 years of age)
SODIUM FLUORIDE (0.5 MG/ML SOLUTION, 1.1 (0.5 F) MG/ML SOLUTION)	1	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)	1	PN ($0 Copay for 6 months through 16 years of age)
PHOSPHATE		
phospho-trin k500	2	
POTASSIUM		
effer-k	1	
k-prime	1	
K-TAB 10 MEQ TAB ER	1	
klor-con	1	
klor-con 10	1	
klor-con m10	1	
klor-con m15	1	
klor-con m20	1	
klor-con/ef	1	
potassium chloride (10 % solution, 20 meq packet, 20 meq/15ml (10%) solution, 40 meq/15ml (20%) solution)	1	

Drug Name	Drug Tier	Requirements/Limits
potassium chloride crys er	1	
potassium chloride er (8 cap er, 8 tab er, 10 cap er, 10 tab er, 20 tab er)	1	
MISCELLANEOUS THERAPEUTIC CLASSES (CONTINUED)		
CHELATING AGENTS		
penicillamine	1	PN (MAX 34 DAY SUPPLY)
trientine hcl	1	SP
ENZYMES		
XIAFLEX	4	SP, PN (34 DAYS SUPPLY PER FILL)
IMMUNOMODULATORS		
JOENJA	4	PA, LA, QL (60 ea per 30 day(s)), SP, PN (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)
THALOMID	4	SP, PN (34 DAYS SUPPLY PER FILL)
VYVGART	4	PA, SP, PN (34 DAYS SUPPLY PER FILL)
VYVGART HYTRULO 180-2000 MG-UNIT/ML SOLUTION	4	PA, QL (22.4 ml per 50 days), SP, PN (50 DAYS SUPPLY PER FILL)
IMMUNOSUPPRESSIVE AGENTS		
azathioprine 50 mg tab	1	
cyclosporine (25 mg cap, 100 mg cap)	1	
cyclosporine modified	1	
ENSPRYNG	4	PA, QL (1 ml per 28 days), SP, PN (28 DAYS SUPPLY PER FILL)
ENVARSUS XR	3	
everolimus (0.25 mg tab, 0.5 mg tab, 0.75 mg tab)	4	PA
everolimus 1 mg tab	1	PA
GAMIFANT	4	PA, LA, SP, PN (34 DAYS SUPPLY PER FILL)
gengraf (25 mg cap, 100 mg cap, 100 mg/ml solution)	1	
mycophenolate mofetil (200 mg/ml recon susp, 250 mg cap, 500 mg tab)	1	

Drug Name	Drug Tier	Requirements/Limits
mycophenolate sodium	1	
mycophenolic acid	1	
NEORAL (25 MG CAP, 100 MG CAP, 100 MG/ML SOLUTION)	3	
NULOJIX	4	PA, SP, PN (34 DAYS SUPPLY PER FILL)
PROGRAF (0.2 MG PACKET, 0.5 MG CAP, 1 MG CAP, 1 MG PACKET, 5 MG CAP)	3	
SANDIMMUNE (25 MG CAP, 100 MG CAP, 100 MG/ML SOLUTION)	3	
sirolimus (0.5 mg tab, 1 mg tab, 2 mg tab)	1	
sirolimus 1 mg/ml solution	1	PA
tacrolimus (0.5 mg cap, 1 mg cap, 5 mg cap)	1	
UPLIZNA	4	PA, QL (30 ml per 180 days), SP, PN (MIN 168 DAY SUPPLY; MAX 180 DAY SUPPLY)
LYMPHATIC AGENTS		
SYLVANT	4	PA, SP, PN (34 DAYS SUPPLY PER FILL)
PIK3CA-RELATED OVERGROWTH SPECTRUM (PROS) AGENTS		
VIJOICE (125 MG TAB THPK, 200 & 50 MG TAB THPK)	4	PA, QL (56 ea per 28 days), SP, PN (28 DAYS SUPPLY PER FILL)
VIJOICE 50 MG PACKET	4	PA, QL (28 ea per 28 day(s)), SP, PN (28 DAYS SUPPLY PER FILL)
VIJOICE 50 MG TAB THPK	4	PA, QL (28 ea per 28 days), SP, PN (28 DAYS SUPPLY PER FILL)
POTASSIUM REMOVING AGENTS		
kionex	1	
LOKELMA 10 GM PACKET	3	PA, QL (1.14 ea per 1 days)
LOKELMA 5 GM PACKET	3	PA, QL (1 ea per 1 days)
sodium polystyrene sulfonate	1	
sps (sodium polystyrene sulf)	1	
PROGERIA TREATMENT AGENTS		
ZOKINVY	4	PA, LA, SP, PN (34 DAYS SUPPLY PER FILL)
SYSTEMIC LUPUS ERYTHEMATOSUS AGENTS		
BENLYSTA (120 MG RECON SOLN, 400 MG RECON SOLN)	4	PA, SP, PN (34 DAYS SUPPLY PER FILL)
BENLYSTA 200 MG/ML SOLN A-INJ	4	PA, QL (4 ml per 28 days), SP, PN (MIN 28 DAY SUPPLY; MAX 34 DAY SUPPLY)

Drug Name	Drug Tier	Requirements/Limits
BENLYSTA 200 MG/ML SOLN PRSYR	4	PA, QL (4 ml per 28 days), SP, PN (28 DAYS SUPPLY PER FILL)
SAPHNELO	4	PA, QL (2 ml per 28 days), SP, PN (28 DAYS SUPPLY PER FILL)
UREMIC PRURITUS AGENTS		
KORSUVA	4	PA, PN (34 DAYS SUPPLY PER FILL)
MOUTH/THROAT/DENTAL AGENTS (CONTINUED)		
ANESTHETICS TOPICAL ORAL		
FIRST-MOUTHWASH BLM	3	
LIDOCAINE HCL 4 % SOLUTION	1	
lidocaine viscous hcl	1	
ANTI-INFECTIVES - THROAT		
clotrimazole 10 mg troche	1	
nystatin 100000 unit/ml suspension	1	
ANTISEPTICS - MOUTH/THROAT		
chlorhexidine gluconate 0.12 % solution	1	
periogard	1	
DENTAL PRODUCTS		
denta 5000 plus	1	PN ($0 Copay for 6 months through 16 years of age)
DENTA 5000 PLUS SENSITIVE	1	PN ($0 Copay for 6 months through 16 years of age)
dentagel	1	PN ($0 Copay for 6 months through 16 years of age)
FLUORIDEX SENSITIVITY RELIEF	1	PN ($0 Copay for 6 months through 16 years of age)
FLUORIMAX 5000 SENSITIVE	1	PN ($0 Copay for 6 months through 16 years of age)
fraiche 5000 dental	1	PN ($0 Copay for 6 months through 16 years of age)
just right 5000 1.1 % gel	1	PN ($0 Copay for 6 months through 16 years of age)
sf	1	PN ($0 Copay for 6 months through 16 years of age)
sf 5000 plus	1	PN ($0 Copay for 6 months through 16 years of age)

Drug Name	Drug Tier	Requirements/Limits
SOD FLUORIDE-POTASSIUM NITRATE	1	PN ($0 Copay for 6 months through 16 years of age)
sodium fluoride (1.1 % cream, 1.1 % gel)	1	PN ($0 Copay for 6 months through 16 years of age)
SODIUM FLUORIDE 5000 ENAMEL	1	PN ($0 Copay for 6 months through 16 years of age)
sodium fluoride 5000 plus	1	PN ($0 Copay for 6 months through 16 years of age)
sodium fluoride 5000 ppm (1.1 % cream, 1.1 % gel)	1	PN ($0 Copay for 6 months through 16 years of age)
sodium fluoride 5000 ppm 1.1 % paste	1	PN ($0 Copay for 6 months through 16 years of age)
SODIUM FLUORIDE 5000 SENSITIVE	1	PN ($0 Copay for 6 months through 16 years of age)
STEROIDS - MOUTH/THROAT/DENTAL		
kourzeq	1	
oralone	1	
triamcinolone acetonide 0.1 % paste	1	
THROAT PRODUCTS - MISC.		
pilocarpine hcl (5 mg tab, 7.5 mg tab)	1	
MULTIVITAMINS (CONTINUED)		
PED MULTI VITAMINS W/FL & FE		
multi-vit/iron/fluoride	1	
MULTI-VITAMIN/FLUORIDE/IRON	1	
multivitamin/fluoride/iron	1	
POLY-VI-FLOR/IRON (POLY-VI-FLOR/IRON 0.25-7 MG/ML SUSPENSION, POLY-VI-FLOR/IRON 0.5-10 MG CHEW TAB)	1	
PED MV W/ FLUORIDE		
MULTI-VITAMIN/FLUORIDE	1	
MULTIVITAMIN + FLUORIDE (0.5 MG CHEW TAB, 1 MG CHEW TAB)	1	
multivitamin select/fluoride	1	
MULTIVITAMIN W/FLUORIDE (0.5 MG CHEW TAB, 1 MG CHEW TAB)	1	
MULTIVITAMIN/FLUORIDE (MULTIVITAMIN/FLUORIDE, 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)	1	

Drug Name	Drug Tier	Requirements/Limits
POLY-VI-FLOR (0.25 MG/ML SUSPENSION, 0.5 MG CHEW TAB)	1	
TRI-VI-FLOR	1	
TRI-VI-FLORO	1	
TRI-VITE/FLUORIDE 0.25 MG/ML SOLUTION	1	
VITAMINS ACD-FLUORIDE 0.25 MG/ML SOLUTION	1	
PRENATAL VITAMINS		
ATABEX EC	1	
ATABEX OB	1	
AZESCO	1	
C-NATE DHA	1	
CITRANATAL 90 DHA	1	
CITRANATAL ASSURE	1	
CITRANATAL B-CALM	1	
CITRANATAL BLOOM	1	
CITRANATAL BLOOM DHA	1	
CITRANATAL DHA	1	
CITRANATAL HARMONY	1	
CITRANATAL RX	1	
COMPLETE NATAL DHA	1	
COMPLETENATE	1	
CONCEPT DHA	1	
CONCEPT OB	1	
DUET DHA 400	1	
DUET DHA BALANCED	1	
ELITE-OB	1	
EMBRIVA	1	
ENBRACE HR	1	
FOLIVANE-OB	1	
KOSHER PRENATAL PLUS IRON	1	
M-NATAL PLUS	1	

Drug Name	Drug Tier	Requirements/Limits
MULTI-MAC	1	
NATACHEW	1	
NEEVO DHA	1	
NEONATAL COMPLETE 27-1 MG TAB	1	
NEONATAL PLUS	1	
NESTABS	1	
NESTABS DHA	1	
NESTABS ONE	1	
NIVA-PLUS	1	
OB COMPLETE	1	
OB COMPLETE ONE	1	
OB COMPLETE PETITE	1	
OB COMPLETE PREMIER	1	
OB COMPLETE/DHA	1	
OBSTETRIX EC (WITH DOCUSATE)	1	
OBSTETRIX ONE (WITH DOCUSATE)	1	
ONE VITE WOMENS PLUS	1	
PNV 27-CA/FE/FA	1	
PNV-DHA	1	
PNV-DHA+DOCUSATE	1	
PNV-OMEGA	1	
PNV-SELECT	1	
PREGEN DHA	1	
PREMESISRX	1	
PRENA 1 TRUE	1	
PRENA1	1	
PRENA1 PEARL	1	
PRENAISSANCE	1	
PRENAISSANCE PLUS	1	
PRENATAL 19	1	
PRENATAL 27-1 MG TAB	1	

Drug Name	Drug Tier	Requirements/Limits
PRENATAL PLUS	1	
PRENATAL PLUS VITAMIN/MINERAL	1	
PRENATAL VITAMIN PLUS LOW IRON	1	
PRENATAL-U	1	
PRENATE	1	
PRENATE AM	1	
PRENATE DHA	1	
PRENATE ELITE	1	
PRENATE ENHANCE	1	
PRENATE ESSENTIAL	1	
PRENATE MINI	1	
PRENATE PIXIE	1	
PRENATE RESTORE	1	
PRENATRIX	1	
PRENATRYL	1	
PREPLUS	1	
PRIMACARE	1	
PROVIDA OB	1	
RELNATE DHA	1	
SE-NATAL 19	1	
SELECT-OB	1	
SELECT-OB+DHA	1	
TARON-C DHA	1	
TARON-PREX	1	
TRICARE	1	
TRINATAL RX 1	1	
TRINATE	1	
TRISTART DHA	1	
VINATE DHA RF	1	
VINATE II	1	
VINATE ONE	1	

Drug Name	Drug Tier	Requirements/Limits
VIRT-C DHA	1	
VIRT-NATE DHA	1	
VIRT-PN DHA	1	
VIRT-PN PLUS	1	
VITAFOL GUMMIES	1	
VITAFOL ULTRA	1	
VITAFOL-NANO	1	
VITAFOL-OB	1	
VITAFOL-OB+DHA	1	
VITAFOL-ONE	1	
VITAMEDMD ONE RX/QUATREFOLIC	1	
VITAMEDMD REDICHEW RX	1	
VITAPEARL	1	
VITATHELY WITH GINGER	1	
VITATRUE	1	
VIVA DHA	1	
VP-PNV-DHA	1	
WESCAP-C DHA	1	
WESCAP-PN DHA	1	
WESNATAL DHA COMPLETE	1	
WESNATE DHA	1	
WESTAB PLUS	1	
WESTGEL DHA	1	
ZALVIT	1	
ZATEAN-PN DHA	1	
ZATEAN-PN PLUS	1	
ZIPHEX	1	
MUSCULOSKELETAL THERAPY AGENTS (CONTINUED)		
CENTRAL MUSCLE RELAXANTS		
baclofen (5 mg tab, 10 mg tab, 20 mg tab)	1	
carisoprodol	1	

Drug Name	Drug Tier	Requirements/Limits
cyclobenzaprine hcl	1	
fexmid	1	
metaxalone	1	
methocarbamol (500 mg tab, 750 mg tab)	1	
orphenadrine citrate er	1	
tizanidine hcl (2 mg tab, 4 mg tab)	1	
vanadom	1	
DIRECT MUSCLE RELAXANTS		
dantrolene sodium (25 mg cap, 50 mg cap, 100 mg cap)	1	
FIBRODYSPLASIA OSSIFICANS PROGRESSIVA (FOP) AGENTS		
SOHONOS (1.5 MG CAP, 10 MG CAP)	4	PA, LA, QL (2 ea per 30 days), SP, PN (30 DAYS SUPPLY PER FILL)
SOHONOS 1 MG CAP	4	PA, LA, QL (4 ea per 30 days), SP, PN (30 DAYS SUPPLY PER FILL)
SOHONOS 2.5 MG CAP	4	PA, LA, QL (3 ea per 30 days), SP, PN (30 DAYS SUPPLY PER FILL)
SOHONOS 5 MG CAP	4	PA, LA, QL (1 ea per 30 days), SP, PN (30 DAYS SUPPLY PER FILL)
MUSCLE RELAXANT COMBINATIONS		
CARISOPRODOL-ASPIRIN-CODEINE	1	
VISCOSUPPLEMENTS		
DUROLANE	4	QL (6 ml per 180 day(s)), SP, PN (180 DAYS SUPPLY PER FILL)
EUFLEXXA	4	QL (12 ml per 180 day(s)), SP, PN (180 DAYS SUPPLY PER FILL)
GEL-ONE	4	PA, QL (6 ml per 180 day(s)), SP, PN (180 DAYS SUPPLY PER FILL)
GELSYN-3	4	QL (12 ml per 180 day(s)), SP, PN (180 DAYS SUPPLY PER FILL)
GENVISC 850	4	PA, QL (25 ml per 180 day(s)), SP, PN (180 DAYS SUPPLY PER FILL)
HYALGAN 20 MG/2ML SOLN PRSYR	4	PA, QL (20 ml per 180 day(s)), SP, PN (180 DAYS SUPPLY PER FILL)
HYALGAN 20 MG/2ML SOLUTION	4	PA, SP, PN (34 DAYS SUPPLY PER FILL)
HYMOVIS	4	PA, QL (12 ml per 180 day(s)), SP, PN (180 DAYS SUPPLY PER FILL)

Drug Name	Drug Tier	Requirements/Limits
MONOVISC	4	PA, QL (8 ml per 180 day(s)), SP, PN (180 DAY SUPPLY PER FILL)
ORTHOVISC	4	PA, QL (12 ml per 180 day(s)), SP, PN (180 DAYS SUPPLY PER FILL)
SUPARTZ FX	4	QL (25 ml per 180 day(s)), SP, PN (180 DAYS SUPPLY PER FILL)
SYNOJOYNT	4	PA, QL (12 ml per 180 day(s)), SP, PN (180 DAYS SUPPLY PER FILL)
SYNVISC	4	QL (12 ml per 180 day(s)), SP, PN (180 DAYS SUPPLY PER FILL)
SYNVISC ONE	4	QL (12 ml per 180 day(s)), SP, PN (180 DAYS SUPPLY PER FILL)
TRILURON	4	PA, QL (12 ml per 180 day(s)), SP, PN (180 DAYS SUPPLY PER FILL)
TRIVISC	4	PA, QL (15 ml per 180 day(s)), SP, PN (180 DAYS SUPPLY PER FILL)
VISCO-3	4	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	1	
NASAL ANTIALLERGY		
azelastine hcl (0.1 % solution, 0.15 % solution, 137 mcg/spray solution)	1	
olopatadine hcl 0.6 % solution	1	
NASAL ANTICHOLINERGICS		
ipratropium bromide (0.03 % solution, 0.06 % solution)	1	
NASAL STEROIDS		
flunisolide	1	
fluticasone propionate 50 mcg/act suspension	1	
mometasone furoate 50 mcg/act suspension	1	
OMNARIS	3	PA
QNASL	3	PA
QNASL CHILDRENS	3	PA
ZETONNA	3	PA

Drug Name	Drug Tier	Requirements/Limits
NEUROMUSCULAR AGENTS (CONTINUED)		
ALS AGENTS		
edaravone	4	PA, SP, PN (34 DAYS SUPPLY PER FILL)
QALSODY	4	PA, LA, SP, PN (28 DAYS SUPPLY PER FILL)
RADICAVA	4	PA, SP, PN (34 DAYS SUPPLY PER FILL)
RADICAVA ORS	4	PA, QL (50 ml per 28 day(s)), SP, PN (180 DAYS SUPPLY PER FILL)
RADICAVA ORS STARTER KIT	4	PA, QL (70 ml per 28 day(s)), SP, PN (28 DAY SUPPLY IN 180 DAYS)
RELYVRIO	4	PA, QL (56 ea per 28 days), SP, PN (28 DAYS SUPPLY PER FILL)
riluzole	1	PN (34 DAYS SUPPLY PER FILL)
FRIEDRICHS ATAXIA AGENTS		
SKYCLARYS	4	PA, LA, QL (90 ea per 30 days), SP, PN (30 DAYS SUPPLY PER FILL)
MUSCULAR DYSTROPHY AGENTS		
AMONDYS 45	4	PA, LA, SP, PN (28 DAYS SUPPLY PER FILL)
EXONDYS 51	4	PA, LA, SP, PN (34 DAYS SUPPLY PER FILL)
VILTEPSO	4	PA, LA, SP, PN (34 DAYS SUPPLY PER FILL)
VYONDYS 53	4	PA, LA, SP, PN (34 DAYS SUPPLY PER FILL)
NEUROMUSCULAR BLOCKING AGENT - NEUROTOXINS		
BOTOX	4	PA, SP, PN (90 DAYS SUPPLY PER FILL)
DYSPORT	4	PA, SP, PN (90 DAYS SUPPLY PER FILL)
MYOBLOC	4	PA, SP, PN (90 DAYS SUPPLY PER FILL)
XEOMIN	4	PA, SP, PN (90 DAYS SUPPLY PER FILL)
SPINAL MUSCULAR ATROPHY AGENTS (SMA)		
EVRYSDI 0.75 MG/ML RECON SOLN	4	PA, LA, QL (6.67 ml per 1 days), SP
SPINRAZA	4	PA, LA, SP, PN (MIN 120 DAY SUPPLY; MAX 120 DAY SUPPLY)
NUTRIENTS (CONTINUED)		
LIPIDS		
DOJOLVI	4	PA, SP, PN (34 DAYS SUPPLY PER FILL)

Drug Name	Drug Tier	Requirements/Limits
OPHTHALMIC AGENTS (CONTINUED)		
BETA-BLOCKERS - OPHTHALMIC		
BETAXOLOL HCL	1	
BETOPTIC-S	2	
CARTEOLOL HCL	1	
dorzolamide hcl-timolol mal	1	
dorzolamide hcl-timolol mal pf	1	
LEVOBUNOLOL HCL	1	
timolol hemihydrate	1	PA
timolol maleate (0.25 % gel f soln, 0.25 % solution, 0.5 % gel f soln, 0.5 % solution)	1	
timolol maleate (once-daily)	1	
CYCLOPLEGIC MYDRIATICS		
altafrin 10 % solution	1	
atropine sulfate (1 % ointment, 1 % solution)	1	
cyclopentolate hcl	1	
phenylephrine hcl 10 % solution	1	
tropicamide	1	
MIOTICS		
PHOSPHOLINE IODIDE	2	
pilocarpine hcl (1 % solution, 2 % solution, 4 % solution)	1	
VUITY	3	PA, QL (5 ml per 25 day(s))
OPHTHALMIC - ANGIOGENESIS INHIBITORS		
BEOVU 6 MG/0.05ML SOLN PRSYR	4	PA, QL (0.1 ml per 25 days), SP, PN (25 DAYS SUPPLY PER FILL)
BEOVU 6 MG/0.05ML SOLUTION	4	PA, QL (0.1 ml per 25 days), PN (25 DAYS SUPPLY PER FILL)
CIMERLI	4	PA, QL (0.1 ml per 28 days), SP, PN (28 DAYS SUPPLY PER FILL)
EYLEA	4	PA, QL (0.1 ml per 25 days), SP, PN (MIN 25 DAY SUPPLY; MAX 90 DAY SUPPLY)
EYLEA HD	4	PA, QL (0.14 ml per 21 days), SP, PN (MIN 25 DAY SUPPLY; MAX 90 DAY SUPPLY)

Drug Name	Drug Tier	Requirements/Limits
LUCENTIS (0.3 MG/0.05ML SOLN PRSYR, 0.5 MG/0.05ML SOLN PRSYR)	4	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)	4	PA, QL (0.1 ml per 28 days), PN (MIN 28 DAY SUPPLY; MAX 90 DAY SUPPLY)
PAVBLU	4	PA, QL (0.1 ml per 25 day(s)), SP, PN (25 DAYS SUPPLY PER FILL)
SUSVIMO (IMPLANT 1ST FILL)	4	PA, QL (0.2 ml per 168 days), SP, PN (MIN 28 DAY SUPPLY; MAX 90 DAY SUPPLY)
SUSVIMO (IMPLANT REFILL)	4	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	4	PA, QL (0.1 ml per 21 day(s)), SP, PN (21 DAYS SUPPLY PER FILL)
VABYSMO 6 MG/0.05ML SOLUTION	4	PA, QL (0.1 ml per 21 days), SP, PN (21 DAYS SUPPLY PER FILL)
OPHTHALMIC ADRENERGIC AGENTS		
APRACLONIDINE HCL	2	
brimonidine tartrate (0.1 % solution, 0.2 % solution)	1	
SIMBRINZA	3	
OPHTHALMIC ANTI-INFECTIVES		
ak-poly-bac	1	
AZASITE	3	
BACITRACIN 500 UNIT/GM OINTMENT	1	
bacitracin-polymyxin b	1	
BESIVANCE	3	
CILOXAN 0.3 % OINTMENT	2	
ciprofloxacin hcl 0.3 % solution	1	
erythromycin 5 mg/gm ointment	1	
GENTAK	1	
gentamicin sulfate 0.3 % solution	1	
levofloxacin 0.5 % solution	1	
MOXIFLOXACIN HCL (2X DAY)	1	
moxifloxacin hcl 0.5 % solution	1	
NATACYN	2	
neo-polycin	1	

Drug Name	Drug Tier	Requirements/Limits
neomycin-bacitracin zn-polymyx	1	
NEOMYCIN-POLYMYXIN-GRAMICIDIN	1	
ofloxacin 0.3 % solution	1	
polycin	1	
polymyxin b-trimethoprim	1	
sulfacetamide sodium (10 % ointment, 10 % solution)	1	
tobramycin 0.3 % solution	1	
TRIFLURIDINE	2	
XDEMVY	4	PA, QL (10 ml per 42 days), SP, PN (42 DAYS SUPPLY PER FILL)
OPHTHALMIC COMPLEMENT INHIBITORS		
IZERVAY	4	PA, QL (0.2 ml per 28 days), SP, PN (28 DAYS SUPPLY PER FILL)
SYFOVRE	4	PA, QL (0.2 ml per 25 days), SP, PN (25 DAYS SUPPLY PER FILL)
OPHTHALMIC IMMUNOMODULATORS		
cyclosporine 0.05 % emulsion	1	
OPHTHALMIC INTEGRIN ANTAGONISTS		
XIIDRA	3	
OPHTHALMIC NERVE GROWTH FACTORS		
OXERVATE	4	PA, LA, QL (56 ml per 28 days), SP, PN (28 DAYS SUPPLY PER FILL)
OPHTHALMIC PHOTODYNAMIC THERAPY AGENTS		
VISUDYNE	4	SP, PN (34 DAYS SUPPLY PER FILL)
OPHTHALMIC STEROIDS		
bacitra-neomycin-polymyxin-hc	1	
BLEPHAMIDE	2	
BLEPHAMIDE S.O.P.	2	
DEXAMETHASONE SODIUM PHOSPHATE 0.1 % SOLUTION	1	
FLAREX	2	
fluorometholone	1	
FML FORTE	2	

Drug Name	Drug Tier	Requirements/Limits
ILUVIEN	4	SP, PN (MIN 365 DAY SUPPLY; MAX 1095 DAY SUPPLY)
MAXIDEX	2	
neo-polycin hc	1	
neomycin-polymyxin-dexameth (0.1 % suspension, 3.5-10000-0.1 ointment, 3.5-10000-0.1 suspension)	1	
NEOMYCIN-POLYMYXIN-HC	1	
PRED-G	2	
prednisolone acetate 1 % suspension	1	
PREDNISOLONE ACETATE P-F	1	
PREDNISOLONE SODIUM PHOSPHATE 1 % SOLUTION	1	
SULFACETAMIDE-PREDNISOLONE	1	
TOBRADEX 0.3-0.1 % OINTMENT	2	
tobramycin-dexamethasone	1	
XIPERE	4	LA, SP, PN (34 DAYS SUPPLY PER FILL)
OPHTHALMICS - MISC.		
ALOMIDE	3	PA
azelastine hcl 0.05 % solution	1	
balanced salt	1	
brinzolamide	1	
bromfenac sodium (once-daily)	1	
CROMOLYN SODIUM	1	
diclofenac sodium 0.1 % solution	1	
dorzolamide hcl	1	
epinastine hcl	1	
FLURBIPROFEN SODIUM	1	
ketorolac tromethamine (0.4 % solution, 0.5 % solution)	1	
olopatadine hcl (0.1 % solution, 0.2 % solution)	1	
PROSTAGLANDINS - OPHTHALMIC		
bimatoprost	1	ST
DURYSTA	4	PA, QL (2 ea per lifetime), SP
latanoprost	1	

Drug Name	Drug Tier	Requirements/Limits
LUMIGAN	3	ST
tafluprost (pf)	1	PA
travoprost (bak free)	1	
VYZULTA	3	ST
OTIC AGENTS (CONTINUED)		
OTIC AGENTS - MISCELLANEOUS		
acetic acid 2 % solution	1	
OTIC ANTI-INFECTIVES		
ciprofloxacin hcl 0.2 % solution	1	
OTIC COMBINATIONS		
CIPRO HC	2	
ciprofloxacin-dexamethasone 0.3-0.1 % suspension	1	
neomycin-polymyxin-hc	1	
OTIC STEROIDS		
flac	1	
fluocinolone acetonide 0.01 % oil	1	
hydrocortisone-acetic acid	1	
OXYTOCICS (CONTINUED)		
OXYTOCICS		
methergine	1	
methylergonovine maleate 0.2 mg tab	1	
PASSIVE IMMUNIZING AND TREATMENT AGENTS (CONTINUED)		
IMMUNE SERUMS		
ALYGLO	4	PA, LA, SP, PN (34 DAYS SUPPLY PER FILL)
ASCENIV	4	PA, SP, PN (34 DAYS SUPPLY PER FILL)
BIVIGAM	4	PA, SP, PN (34 DAYS SUPPLY PER FILL)
CUTAQUIG (1 GM/6ML SOLUTION, 2 GM/12ML SOLUTION, 4 GM/24ML SOLUTION, 8 GM/48ML SOLUTION)	4	PA, SP, PN (34 DAYS SUPPLY PER FILL)
CUTAQUIG (1.65 GM/10ML SOLUTION, 3.3 GM/20ML SOLUTION)	4	PA, SP, PN (34 DAYS SUPPLY PER FILL)
CUVITRU	4	PA, SP, PN (34 DAYS SUPPLY PER FILL)

Drug Name	Drug Tier	Requirements/Limits
CYTOGAM	4	SP, PN (34 DAYS SUPPLY PER FILL)
FLEBOGAMMA DIF (0.5 GM/10ML SOLUTION, 20 GM/400ML SOLUTION)	4	PA, SP, PN (34 DAYS SUPPLY PER FILL)
FLEBOGAMMA DIF (2.5 GM/50ML SOLUTION, 5 GM/100ML SOLUTION, 5 GM/50ML SOLUTION, 10 GM/100ML SOLUTION, 10 GM/200ML SOLUTION, 20 GM/200ML SOLUTION)	4	PA, SP, PN (34 DAYS SUPPLY PER FILL)
GAMASTAN	4	SP, PN (34 DAYS SUPPLY PER FILL)
GAMMAGARD	4	PA, SP, PN (34 DAYS SUPPLY PER FILL)
GAMMAGARD S/D LESS IGA	4	PA, SP, PN (34 DAYS SUPPLY PER FILL)
GAMMAKED	4	PA, SP, PN (34 DAYS SUPPLY PER FILL)
GAMMAPLEX (5 GM/100ML SOLUTION, 5 GM/50ML SOLUTION, 10 GM/100ML SOLUTION, 10 GM/200ML SOLUTION, 20 GM/200ML SOLUTION)	4	PA, SP, PN (34 DAYS SUPPLY PER FILL)
GAMMAPLEX 20 GM/400ML SOLUTION	4	PA, SP, PN (34 DAYS SUPPLY PER FILL)
GAMUNEX-C	4	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)	4	PA, SP, PN (34 DAYS SUPPLY PER FILL)
HIZENTRA 10 GM/50ML SOLN PRSYR	4	PA, SP, PN (34 DAYS SUPPLY PER FILL)
OCTAGAM (1 GM/20ML SOLUTION, 2 GM/20ML SOLUTION, 2.5 GM/50ML 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)	4	PA, SP, PN (34 DAYS SUPPLY PER FILL)
OCTAGAM 25 GM/500ML SOLUTION	4	PA, PN (34 DAYS SUPPLY PER FILL)
PANZYGA	4	PA, SP, PN (34 DAYS SUPPLY PER FILL)
PRIVIGEN (5 GM/50ML SOLUTION, 10 GM/100ML SOLUTION, 20 GM/200ML SOLUTION)	4	PA, SP, PN (34 DAYS SUPPLY PER FILL)
PRIVIGEN 40 GM/400ML SOLUTION	4	PA, SP, PN (34 DAYS SUPPLY PER FILL)
RHOGAM ULTRA-FILTERED PLUS	2	SP, PN (34 DAYS SUPPLY PER FILL)
RHOPHYLAC	2	SP, PN (34 DAYS SUPPLY PER FILL)
WINRHO SDF	4	SP, PN (34 DAYS SUPPLY PER FILL)
XEMBIFY	4	PA, SP, PN (34 DAYS SUPPLY PER FILL)
MONOCLONAL ANTIBODIES		
SYNAGIS	4	PA, SP, PN (MIN 28 DAY SUPPLY; MAX 34 DAY SUPPLY)

Drug Name	Drug Tier	Requirements/Limits
ZINPLAVA	4	PA, SP, PN (34 DAYS SUPPLY PER FILL)
PASSIVE IMMUNIZING AGENTS - COMBINATIONS		
HYQVIA	4	PA, SP, PN (34 DAYS SUPPLY PER FILL)
PENICILLINS (CONTINUED)		
AMINOPENICILLINS		
AMOXICILLIN (125 MG/5ML RECON SUSP, 200 MG/5ML RECON SUSP, 250 MG CAP, 250 MG/5ML RECON SUSP, 400 MG/5ML RECON SUSP, 500 MG CAP, 500 MG TAB, 875 MG TAB)	1	
ampicillin	1	
NATURAL PENICILLINS		
penicillin v potassium	1	
PENICILLIN COMBINATIONS		
amoxicillin-pot clavulanate (200-28.5 mg/5ml recon susp, 250-125 mg tab, 250-62.5 mg/5ml recon susp, 400-57 mg/5ml recon susp, 500-125 mg tab, 600-42.9 mg/5ml recon susp, 875-125 mg tab)	1	
PENICILLINASE-RESISTANT PENICILLINS		
dicloxacillin sodium	1	
PROGESTINS (CONTINUED)		
PROGESTINS		
gallifrey	1	
LILETTA (52 MG)	0	SP, PN (MIN 365 DAY SUPPLY; MAX 2920 DAY SUPPLY)
MAKENA 275 MG/1.1ML SOLN A-INJ	4	PA
medroxyprogesterone acetate (2.5 mg tab, 5 mg tab, 10 mg tab)	1	
NEXPLANON	0	SP, PN (MIN 365 DAY SUPPLY; MAX 1095 DAY SUPPLY)
norethindrone acetate	1	
progesterone (50 mg/ml oil, 100 mg cap, 200 mg cap)	1	
PSYCHOTHERAPEUTIC AND NEUROLOGICAL AGENTS - MISC. (CONTINUED)		
AGENTS FOR CHEMICAL DEPENDENCY		
disulfiram	1	

Drug Name	Drug Tier	Requirements/Limits
lofexidine hcl	4	PA, QL (112 ea per 7 day(s)), PN (7 DAYS SUPPLY PER FILL)
LUCEMYRA	4	PA, QL (112 ea per 7 day(s)), PN (7 DAYS SUPPLY PER FILL)
ANTI-CATAPLECTIC AGENTS		
LUMRYZ	4	PA, QL (270 ea per 30 day(s)), SP, PN (30 DAYS SUPPLY PER FILL)
LUMRYZ STARTER PACK	4	PA, SP, PN (28 DAYS SUPPLY PER FILL)
SODIUM OXYBATE	4	PA, LA, QL (540 ml per 30 days), SP, PN (30 DAYS SUPPLY PER FILL)
XYWAV	4	PA, LA, QL (540 ml per 30 days), SP, PN (30 DAYS SUPPLY PER FILL)
ANTIDEMENTIA AGENTS		
donepezil hcl	1	
galantamine hydrobromide	1	
galantamine hydrobromide er	1	
memantine hcl (2 mg/ml solution, 5 mg tab, 10 mg tab, 10 mg/5ml solution)	1	
memantine hcl er	1	PA
rivastigmine tartrate	1	
COMBINATION PSYCHOTHERAPEUTICS		
CHLORDIAZEPOXIDE-AMITRIPTYLINE	1	
PERPHENAZINE-AMITRIPTYLINE	1	
FIBROMYALGIA AGENTS		
SAVELLA	3	PA, QL (2 ea per 1 day(s))
SAVELLA TITRATION PACK	3	PA, QL (55 ea per 28 day(s))
MOVEMENT DISORDER DRUG THERAPY		
tetrabenazine 12.5 mg tab	1	PA, QL (102 ea per 34 days), SP, PN (34 DAYS SUPPLY PER FILL)
tetrabenazine 25 mg tab	1	PA, QL (136 ea per 34 days), SP, PN (34 DAYS SUPPLY PER FILL)
MULTIPLE SCLEROSIS AGENTS		
AVONEX PEN	4	QL (1 ea per 28 days), SP, PN (28 DAYS SUPPLY PER FILL)

Drug Name	Drug Tier	Requirements/Limits
AVONEX PREFILLED	4	QL (1 ea per 28 days), SP, PN (28 DAYS SUPPLY PER FILL)
BETASERON	4	QL (14 ea per 28 days), SP, PN (28 DAYS SUPPLY PER FILL)
BRIUMVI	4	PA, SP, PN (34 DAYS SUPPLY PER FILL)
dalfampridine er	1	QL (60 ea per 30 days), SP, PN (30 DAYS SUPPLY PER FILL)
dimethyl fumarate 120 mg cap dr	1	QL (14 ea per 7 days), SP, PN (7 DAYS SUPPLY PER FILL)
dimethyl fumarate 240 mg cap dr	1	QL (60 ea per 30 days), SP, PN (30 DAYS SUPPLY PER FILL)
dimethyl fumarate starter pack	4	QL (60 ea per 30 day(s)), SP
fingolimod hcl	4	QL (30 ea per 30 days), SP, PN (30 DAYS SUPPLY PER FILL)
glatiramer acetate 20 mg/ml soln prsyr	4	QL (30 ml per 30 day(s)), SP, PN (30 DAYS SUPPLY PER FILL)
glatiramer acetate 40 mg/ml soln prsyr	4	QL (12 ml per 28 days), SP, PN (28 DAYS SUPPLY PER FILL)
glatopa 20 mg/ml soln prsyr	4	QL (30 ml per 30 day(s)), SP, PN (30 DAYS SUPPLY PER FILL)
glatopa 40 mg/ml soln prsyr	4	QL (12 ml per 28 days), SP, PN (28 DAYS SUPPLY PER FILL)
KESIMPTA	4	QL (0.4 ml per 28 days), SP, PN (28 DAYS SUPPLY PER FILL)
LEMTRADA	4	PA, QL (6 ml per 365 days), SP, PN (MIN 365 DAY SUPPLY; MAX 365 DAY SUPPLY)
MAYZENT (1 MG TAB, 2 MG TAB)	4	QL (30 ea per 30 days), SP, PN (30 DAYS SUPPLY PER FILL)
MAYZENT 0.25 MG TAB	4	QL (140 ea per 28 days), SP, PN (28 DAYS SUPPLY PER FILL)
MAYZENT STARTER PACK 12 X 0.25 MG TAB THPK	4	QL (12 ea per 5 day(s)), SP, PN (5 DAYS SUPPLY IN 180 DAYS)
MAYZENT STARTER PACK 7 X 0.25 MG TAB THPK	4	QL (7 ea per 4 day(s)), SP, PN (4 DAYS SUPPLY IN 180 DAYS)
OCREVUS	4	PA, QL (20 ea per 180 day(s)), SP, PN (MIN 168 DAY SUPPLY; MAX 180 DAY SUPPLY)
OCREVUS ZUNOVO	4	PA, QL (23 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	4	QL (1 ml per 28 day(s)), SP, PN (28 DAYS SUPPLY PER FILL)
PLEGRIDY 125 MCG/0.5ML SOLN PRSYR	4	QL (1 ml per 28 days), SP, PN (28 DAYS SUPPLY PER FILL)
PLEGRIDY STARTER PACK 63 & 94 MCG/0.5ML SOLN A-INJ	4	QL (1 ml per 28 day(s)), SP, PN (28 DAYS SUPPLY PER FILL)
PLEGRIDY STARTER PACK 63 & 94 MCG/0.5ML SOLN PRSYR	4	QL (1 ml per 28 days), SP, PN (28 DAYS SUPPLY PER FILL)
REBIF 44 MCG/0.5ML SOLN PRSYR	4	QL (6 ml per 28 days), SP, PN (28 DAYS SUPPLY PER FILL)
REBIF REBIDOSE 44 MCG/0.5ML SOLN A-INJ	4	QL (6 ml per 28 days), SP, PN (28 DAYS SUPPLY PER FILL)
REBIF REBIDOSE TITRATION PACK	4	QL (4.2 ml per 28 days), SP, PN (28 DAYS SUPPLY PER FILL)
REBIF TITRATION PACK	4	QL (4.2 ml per 28 days), SP, PN (28 DAYS SUPPLY PER FILL)
teriflunomide 14 mg tab	1	QL (30 ea per 30 days), SP, PN (30 DAYS SUPPLY PER FILL)
teriflunomide 7 mg tab	1	PA, QL (30 ea per 30 days), SP, PN (30 DAYS SUPPLY PER FILL)
TYSABRI	4	PA, SP, PN (MIN 28 DAY SUPPLY; MAX 60 DAY SUPPLY)
ZEPOSIA	2	PA, QL (30 ea per 30 days), SP, PN (30 DAYS SUPPLY PER FILL)
ZEPOSIA 7-DAY STARTER PACK	2	PA, QL (7 ea per 7 day(s)), SP, PN (7 DAY SUPPLY IN 180 DAYS)
ZEPOSIA STARTER KIT 0.23MG & 0.46MG & 0.92MG CAP THPK	2	PA, QL (37 ea per 37 day(s)), PN (37 DAY SUPPLY IN 180 DAYS)
ZEPOSIA STARTER KIT 0.23MG &0.46MG 0.92MG(21) CAP THPK	2	PA, QL (28 ea per 28 days), SP, PN (MAX 28 DAYS SUPPLY PER FILL)
PREMENSTRUAL DYSPHORIC DISORDER (PMDD) AGENTS		
FLUOXETINE HCL (PMDD)	1	
PSYCHOTHERAPEUTIC AND NEUROLOGICAL AGENTS - MISC.		
AQNEURSA	4	PA, LA, QL (112 ea per 28 day(s)), SP, PN (28 DAYS SUPPLY PER FILL)
ERGOLOID MESYLATES	1	
MIPLYFFA	4	PA, LA, QL (90 ea per 30 day(s)), SP, PN (30 DAYS SUPPLY PER FILL)
PIMOZIDE	1	

Drug Name	Drug Tier	Requirements/Limits
SMOKING DETERRENTS		
APO-VARENICLINE	0	QL (2 ea per 1 days)
bupropion hcl er (smoking det) 150 mg tab er 12h	0	
CHANTIX	0	QL (2 ea per 1 days)
CHANTIX CONTINUING MONTH PAK	0	QL (2 ea per 1 days)
cvs nicotine	0	
cvs nicotine polacrilex	0	
eq nicotine	0	
eq nicotine polacrilex	0	
eq nicotine step 3	0	
eql nicotine polacrilex	0	
ft nicotine	0	
ft nicotine mini	0	
gnp nicotine	0	
gnp nicotine mini	0	
gnp nicotine polacrilex	0	
goodsense nicotine	0	
goodsense nicotine policrilex	0	
habitrol	0	
hm nicotine	0	
hm nicotine polacrilex	0	
kls quit2	0	
kls quit4	0	
NICODERM CQ	3	
NICORETTE	3	
NICORETTE MINI	3	
NICORETTE STARTER KIT	3	
NICOTINE	0	
nicotine mini	0	
nicotine polacrilex	0	
nicotine polacrilex mini	0	

Drug Name	Drug Tier	Requirements/Limits
nicotine step 1	0	
nicotine step 2	0	
nicotine step 3	0	
NICOTROL	0	
NICOTROL NS	0	
px stop smoking aid	0	
qc nicotine transdermal system	0	
ra mini nicotine	0	
ra nicotine	0	
ra nicotine gum	0	
ra nicotine polacrilex	0	
sm nicotine	0	
sm nicotine polacrilex	0	
thrive	0	
varenicline tartrate	0	QL (2 ea per 1 days)
varenicline tartrate (starter)	0	QL (53 ea per 30 day(s)), PN (30 DAYS SUPPLY IN 180 DAYS)
varenicline tartrate(continue)	0	QL (2 ea per 1 days)
TRANSTHYRETIN AMYLOIDOSIS AGENTS		
AMVUTTRA	4	PA, QL (0.5 ml per 84 days), SP, PN (MIN 84 DAY SUPPLY; MAX 90 DAY SUPPLY)
ONPATTRO	4	PA, SP, PN (21 DAYS SUPPLY PER FILL)
TEGSEDI	4	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 1000 MG RECON SOLN	4	PA, SP, PN (34 DAYS SUPPLY PER FILL)
ARALAST NP 500 MG RECON SOLN	4	PA, SP, PN (34 DAYS SUPPLY PER FILL)
GLASSIA 1000 MG/50ML SOLUTION	4	PA, SP, PN (34 DAYS SUPPLY PER FILL)
PROLASTIN-C 1000 MG RECON SOLN	4	PA, LA, SP, PN (34 DAYS SUPPLY PER FILL)
PROLASTIN-C 1000 MG/20ML SOLUTION	4	PA, LA, SP, PN (34 DAYS SUPPLY PER FILL)
ZEMAIRA 1000 MG RECON SOLN	4	PA, SP, PN (34 DAYS SUPPLY PER FILL)

Drug Name	Drug Tier	Requirements/Limits
CYSTIC FIBROSIS AGENTS		
KALYDECO (5.8 MG PACKET, 25 MG PACKET, 50 MG PACKET, 75 MG PACKET)	4	PA, LA, QL (56 ea per 28 days), SP, PN (28 DAYS SUPPLY PER FILL)
KALYDECO 13.4 MG PACKET	4	PA, LA, QL (60 ea per 30 days), SP, PN (30 DAYS SUPPLY PER FILL)
KALYDECO 150 MG TAB	4	PA, LA, QL (60 ea per 30 days), SP, PN (30 DAYS SUPPLY PER FILL)
ORKAMBI (100-125 MG TAB, 200-125 MG TAB)	4	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)	4	PA, LA, QL (56 ea per 28 days), SP, PN (28 DAYS SUPPLY PER FILL)
PULMOZYME	4	PA, SP, PN (30 DAYS SUPPLY PER FILL)
SYMDEKO	4	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)	4	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)	4	PA, LA, QL (56 ea per 28 days), SP, PN (28 DAYS SUPPLY PER FILL)
SULFONAMIDES (CONTINUED)		
SULFONAMIDES		
sulfadiazine 500 mg tab	1	
TETRACYCLINES (CONTINUED)		
TETRACYCLINES		
avidoxy	1	
demeclocycline hcl	1	
doxycycline hyclate (20 mg tab, 50 mg cap, 100 mg cap, 100 mg tab)	1	
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)	1	
lymepak	1	
minocycline hcl (50 mg cap, 75 mg cap, 100 mg cap)	1	
mondoxyne nl 100 mg cap	1	
tetracycline hcl	1	
THYROID AGENTS (CONTINUED)		
ANTITHYROID AGENTS		
methimazole (5 mg tab, 10 mg tab)	1	

Drug Name	Drug Tier	Requirements/Limits
propylthiouracil	1	
THYROID HORMONES		
ARMOUR THYROID	3	
euthyrox	1	
levo-t	1	
levothyroxine sodium (25 mcg tab, 50 mcg tab, 75 mcg tab, 88 mcg tab, 100 mcg tab, 112 mcg tab, 125 mcg tab, 137 mcg tab, 150 mcg tab, 175 mcg tab, 200 mcg tab, 300 mcg tab)	1	
levoxyl	1	
liomny	1	
liothyronine sodium	1	
NP THYROID	1	
SYNTHROID	3	
THYROID 90 MG TAB	1	
unithroid	1	
TOXOIDS (CONTINUED)		
TOXOID COMBINATIONS		
ADACEL	0	
BOOSTRIX	0	
DAPTACEL	0	
INFANRIX	0	
KINRIX	0	
PEDIARIX	0	
PENTACEL	0	AL (Up to 4 yrs old)
QUADRACEL	0	
TDVAX	0	
TENIVAC	0	
TETANUS-DIPHTHERIA TOXOIDS TD	0	
ULCER DRUGS/ANTISPASMODICS/ANTICHOLINERGICS (CONTINUED)		
ANTISPASMODICS		
chlordiazepoxide-clidinium 5-2.5 mg cap	1	

Drug Name	Drug Tier	Requirements/Limits
dicyclomine hcl (10 mg cap, 10 mg/5ml solution, 20 mg tab)	1	
ed-spaz	1	
glycopyrrolate (1 mg tab, 2 mg tab)	1	
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)	1	
hyoscyamine sulfate er	1	
hyoscyamine sulfate sl	1	
hyosyne	1	
methscopolamine bromide	1	
nulev	1	
oscimin 0.125 mg tab	1	
phenobarbital-belladonna alk (16.2 mg tab, 16.2 mg/5ml elixir)	1	
H-2 ANTAGONISTS		
cimetidine	1	
famotidine (20 mg tab, 40 mg tab, 40 mg/5ml recon susp)	1	
nizatidine	2	PA, QL (2 ea per 1 day(s))
NIZATIDINE 300 MG CAP	2	PA, QL (1 ea per 1 day(s))
MISC. ANTI-ULCER		
sucralfate (1 gm tab, 1 gm/10ml suspension)	1	
PROTON PUMP INHIBITORS		
dexlansoprazole	1	ST, QL (1 ea per 1 day(s))
esomeprazole magnesium (2.5 mg packet, 5 mg packet, 10 mg packet, 20 mg packet, 40 mg packet)	1	PA
esomeprazole magnesium (20 mg cap dr, 40 mg cap dr)	1	
lansoprazole	1	
NEXIUM (2.5 MG PACKET, 5 MG PACKET)	3	PA
omeprazole (10 mg cap dr, 20 mg cap dr, 40 mg cap dr)	1	
pantoprazole sodium (20 mg tab dr, 40 mg tab dr)	1	
RABEPRAZOLE SODIUM	1	PA
rabeprazole sodium	1	
ULCER DRUGS - PROSTAGLANDINS		
misoprostol (100 mcg tab, 200 mcg tab)	1	

Drug Name	Drug Tier	Requirements/Limits
ULCER THERAPY COMBINATIONS		
omeprazole-sodium bicarbonate	1	ST
UNCATEGORIZED (CONTINUED)		
UNCLASSIFIED		
ALYFTREK 10-50-125 MG TAB	4	PA, LA, QL (56 ea per 28 day(s)), SP, PN (28 DAYS SUPPLY PER FILL)
ALYFTREK 4-20-50 MG TAB	4	PA, LA, QL (84 ea per 28 day(s)), SP, PN (28 DAYS SUPPLY PER FILL)
ATTRUBY	4	PA, QL (112 ea per 28 day(s)), SP, PN (28 DAYS SUPPLY PER FILL)
AVERI	0	
AVMAPKI FAKZYNJA CO-PACK	3	PA, LA, QL (66 ea per 28 day(s)), SP, PN (28 DAYS SUPPLY PER FILL)
BOMYNTRA	4	SP, PN (MIN 28 DAY SUPPLY; MAX 34 DAY SUPPLY)
BRUKINSA 160 MG TAB	3	QL (60 ea per 30 day(s)), PA-NSO, SP, PN (30 DAYS SUPPLY PER FILL)
CONEXXENCE	4	QL (1 ml per 180 day(s)), SP, PN (MIN 180 DAY SUPPLY; MAX 180 DAY SUPPLY)
CRENESSITY (25 MG CAP, 50 MG CAP)	4	PA, LA, QL (60 ea per 30 day(s)), SP, PN (30 DAYS SUPPLY PER FILL)
CRENESSITY 100 MG CAP	4	PA, LA, QL (60 ea per 30 day(s)), SP, PN (30 DAYS SUPPLY PER FILL)
CRENESSITY 50 MG/ML SOLUTION	4	PA, LA, QL (120 ml per 30 day(s)), SP, PN (30 DAYS SUPPLY PER FILL)
DANZITEN 71 MG TAB	3	QL (112 ea per 28 day(s)), PA-NSO, SP, PN (28 DAYS SUPPLY PER FILL)
DANZITEN 95 MG TAB	3	PA-NSO, SP, PN (28 DAYS SUPPLY PER FILL)
DATROWAY	4	PA, QL (6 ea per 21 day(s)), SP, PN (21 DAYS SUPPLY PER FILL)
EBGLYSS 250 MG/2ML SOLN PRSYR	4	PA, QL (2 ml per 28 day(s)), SP, PN (28 DAYS SUPPLY PER FILL)
EKTERLY	4	PA, QL (4 ea per fill(s)), SP
ELIQUIS (1.5 MG PACK)	2	QL (3 ea per 1 day(s))
ELIQUIS (2 MG PACK)	2	QL (4 ea per 1 day(s))
ELIQUIS 0.15 MG CAP SPRINK	2	QL (74 ea per 30 day(s))

Drug Name	Drug Tier	Requirements/Limits
ELIQUIS 0.5 MG TAB SOL	2	QL (592 ea per 30 day(s))
EMRELIS	4	PA, SP, PN (28 DAYS SUPPLY PER FILL)
ENSACOVE	3	LA, QL (60 ea per 30 day(s)), PA-NSO, SP, PN (30 DAYS SUPPLY PER FILL)
GOMEKLI (1 MG CAP, 1 MG TAB SOL)	3	PA, QL (168 ea per 28 day(s)), SP, PN (28 DAYS SUPPLY PER FILL)
GOMEKLI 2 MG CAP	3	PA, QL (84 ea per 28 day(s)), SP, PN (28 DAYS SUPPLY PER FILL)
HERCESSI	4	SP, PN (34 DAYS SUPPLY PER FILL)
HERNEXEOS	3	QL (3 ea per 1 day(s)), PA-NSO, SP, PN (MIN 30 DAY SUPPLY; MAX 40 DAY SUPPLY)
IBTROZI	3	QL (90 ea per 30 day(s)), PA-NSO, SP, PN (30 DAYS SUPPLY PER FILL)
IMKELDI	4	PA, QL (280 ml per 28 day(s)), SP, PN (28 DAYS SUPPLY PER FILL)
JUBBONTI	4	QL (1 ml per 180 day(s)), SP, PN (MIN 180 DAY SUPPLY; MAX 180 DAY SUPPLY)
KIRSTY 100 UNIT/ML SOLN PEN	2	
KIRSTY 100 UNIT/ML SOLUTION	2	
MERILOG	2	
MERILOG SOLOSTAR	2	
MODEYSO	3	LA, QL (20 ea per 28 day(s)), PA-NSO, SP, PN (28 DAYS SUPPLY PER FILL)
OPDIVO QVANTIG	4	PA, SP, PN (28 DAYS SUPPLY PER FILL)
OSENVELT	4	SP, PN (MIN 28 DAY SUPPLY; MAX 34 DAY SUPPLY)
PREVYMIS (20 MG PACKET, 120 MG PACKET)	4	PA, QL (4 ea per 1 day(s))
REVUFORJ (110 MG TAB, 160 MG TAB)	3	PA, QL (120 ea per 30 day(s)), SP, PN (30 DAYS SUPPLY PER FILL)
ROMVIMZA	3	LA, QL (8 ea per 28 day(s)), PA-NSO, SP, PN (28 DAYS SUPPLY PER FILL)
STOBOCLO	4	QL (1 ml per 180 day(s)), SP, PN (MIN 180 DAY SUPPLY; MAX 180 DAY SUPPLY)
SUNLENCA 300 MG TAB	2	QL (4 ea per 2 day(s)), PN (2 DAYS SUPPLY IN 180 DAYS)
TRYNGOLZA	4	PA, LA, QL (0.8 ml per 30 day(s)), SP, PN (30 DAYS SUPPLY PER FILL)

Drug Name	Drug Tier	Requirements/Limits
UNLOXCYT	4	PA, SP, PN (34 DAYS SUPPLY PER FILL)
VYKAT XR (25 MG TAB ER 24H, 150 MG TAB ER 24H)	4	PA, LA, QL (84 ea per 28 day(s)), SP, PN (28 DAYS SUPPY PER FILL)
VYKAT XR 75 MG TAB ER 24H	4	PA, LA, QL (84 ea per 28 day(s)), SP, PN (28 DAYS SUPPLY PER FILL)
WYOST	4	SP, PN (MIN 28 DAY SUPPLY; MAX 34 DAY SUPPLY)
YESINTEK (45 MG/0.5ML SOLN PRSYR, 45 MG/0.5ML SOLUTION)	4	QL (0.5 ml per 84 day(s)), PA-NSO, SP, PN (MIN 84 DAY SUPPLY; MAX 90 DAY SUPPLY)
YESINTEK 130 MG/26ML SOLUTION	4	PA-NSO, SP, PN (56 DAYS SUPPLY PER FILL)
YESINTEK 90 MG/ML SOLN PRSYR	4	QL (1 ml per 56 day(s)), PA-NSO, SP, PN (MIN 84 DAY SUPPLY; MAX 90 DAY SUPPLY)
ZIIHERA	4	PA, SP, PN (34 DAYS SUPPLY PER FILL)
URINARY ANTISPASMODICS (CONTINUED)		
URINARY ANTISPASMODIC - ANTIMUSCARINICS (ANTICHOLINERGIC)		
darifenacin hydrobromide er	1	ST
fesoterodine fumarate er	1	ST
GELNIQUE	3	PA
oxybutynin chloride	1	
oxybutynin chloride er (5 mg tab er 24h, 10 mg tab er 24h, 15 mg tab er 24h)	1	
OXYTROL	3	ST
solifenacin succinate	1	
tolterodine tartrate	1	
tolterodine tartrate er	1	ST
trospium chloride	1	
trospium chloride er	1	ST
URINARY ANTISPASMODICS - BETA-3 ADRENERGIC AGONISTS		
MYRBETRIQ (25 MG TAB ER 24H, 50 MG TAB ER 24H)	2	QL (1 ea per 1 day(s))
MYRBETRIQ 8 MG/ML SRER	2	QL (10 ml per 1 days), AL (3 to 18 yrs old)
URINARY ANTISPASMODICS - CHOLINERGIC AGONISTS		
bethanechol chloride	1	

Drug Name	Drug Tier	Requirements/Limits
URINARY ANTISPASMODICS - DIRECT MUSCLE RELAXANTS		
flavoxate hcl	1	
VACCINES (CONTINUED)		
BACTERIAL VACCINES		
ACTHIB	0	
BEXSERO	0	
CAPVAXIVE	0	QL (0.5 ml per lifetime), AL (19 to 999 yrs old)
HIBERIX	0	
MENVEO (RECON SOLN, SOLUTION)	0	
PEDVAX HIB	0	
PENBRAYA	0	QL (2 ea per lifetime)
PNEUMOVAX 23	0	
PREVNAR 20	0	QL (0.5 ml per lifetime)
TRUMENBA	0	
VAXNEUVANCE	0	QL (0.5 ml per lifetime), AL (19 to 999 yrs old)
VIVOTIF	3	QL (4 ea per fill)
VIRAL VACCINES		
ABRYSVO	0	AL (18 to 999 yrs old), PN (Not covered for members outside of age limit)
ACAM2000	0	
AFLURIA	0	
AFLURIA PRESERVATIVE FREE	0	
AFLURIA QUADRIVALENT	0	
AREXVY	0	QL (1 ea per lifetime), AL (60 to 999 yrs old), PN (Note)
AUDENZ	0	QL (1 ml per lifetime), AL (0.5 to 999 yrs old)
COMIRNATY	0	
COMIRNATY 5-11 YEARS	0	
ENGERIX-B	0	
FLUAD	0	

Drug Name	Drug Tier	Requirements/Limits
FLUAD QUADRIVALENT	0	
FLUARIX	0	
FLUARIX QUADRIVALENT	0	
FLUBLOK	0	
FLUBLOK QUADRIVALENT	0	
FLUCELVAX	0	
FLUCELVAX QUADRIVALENT	0	
FLULAVAL	0	
FLULAVAL QUADRIVALENT	0	
FLUMIST	0	
FLUMIST QUADRIVALENT	0	
FLUZONE	0	
FLUZONE HIGH-DOSE	0	
FLUZONE HIGH-DOSE QUADRIVALENT	0	
FLUZONE QUADRIVALENT	0	
GARDASIL 9	0	
HAVRIX 1440 EL U/ML SUSP PRSYR	0	AL (19 to 99 yrs old), PN (Not Covered for members outside of age limit)
HAVRIX 1440 EL U/ML SUSPENSION	0	AL (19 to 99 yrs old)
HAVRIX 720 EL U/0.5ML SUSP PRSYR	0	AL (Up to 18 yrs old), PN (Not Covered for members outside of age limit)
HAVRIX 720 EL U/0.5ML SUSPENSION	0	AL (Up to 18 yrs old)
HEPLISAV-B	0	
IPOL	0	
JYNNEOS	0	AL (18 to 999 yrs old)
M-M-R II	0	
MNEXSPIKE	0	
MODERNA COVID-19 VAC (BOOSTER)	0	
MODERNA COVID-19 VAC 6M-11Y	0	
MRESVIA	0	QL (0.5 ml per lifetime), AL (60 to 999 yrs old)
NOVAVAX COVID-19 VACCINE	0	

Drug Name	Drug Tier	Requirements/Limits
NUVAXOVID COVID-19 VACCINE	0	
PFIZER COVID-19 VAC-TRIS 5-11Y 10 MCG/0.3ML SUSPENSION	0	
PFIZER COVID-19 VAC-TRIS 6M-4Y 3 MCG/0.3ML SUSPENSION	0	
PFIZER-BIONT COVID-19 VAC-TRIS	0	
PREHEVBRIO	0	
PRIORIX	0	
PROQUAD	0	
RECOMBIVAX HB	0	
SHINGRIX	0	QL (2 ea per lifetime), AL (18 to 99 yrs old)
SPIKEVAX	0	
SPIKEVAX 6M-11Y	0	
TWINRIX	0	AL (18 to 99 yrs old)
VAQTA 25 UNIT/0.5ML SUSP PRSYR	0	AL (Up to 18 yrs old), PN (Not Covered for members outside of age limit)
VAQTA 25 UNIT/0.5ML SUSPENSION	0	AL (Up to 18 yrs old)
VAQTA 50 UNIT/ML SUSP PRSYR	0	AL (19 to 99 yrs old), PN (Not Covered for members outside of age limit)
VAQTA 50 UNIT/ML SUSPENSION	0	AL (19 to 99 yrs old)
VARIVAX	0	
VAGINAL AND RELATED PRODUCTS (CONTINUED)		
SPERMICIDES		
OPTIONS GYNOL II CONTRACEPTIVE	0	
TODAY SPONGE	0	
VCF VAGINAL CONTRACEPTIVE (4 % GEL, 28 % FILM)	0	
VAGINAL ANTI-INFECTIVES		
CLEOCIN 100 MG SUPPOS	2	
clindamycin phosphate 2 % cream	1	
terconazole (0.4 % cream, 0.8 % cream, 80 mg suppos)	1	
VAGINAL CONTRACEPTIVE - PH MODULATORS		
PHEXX	0	

Drug Name	Drug Tier	Requirements/Limits
PHEXXI	0	
VAGINAL ESTROGENS		
estradiol (0.01 % cream, 10 mcg tab)	1	
ESTRING	2	
PREMARIN 0.625 MG/GM CREAM	2	
yuvafem	1	
VAGINAL PROGESTINS		
ENDOMETRIN	2	
VASOPRESSORS (CONTINUED)		
ANAPHYLAXIS THERAPY AGENTS		
AUVI-Q 0.1 MG/0.1ML SOLN A-INJ	2	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)	1	QL (2 ea per fill)
midodrine hcl	1	
VITAMINS (CONTINUED)		
OIL SOLUBLE VITAMINS		
ergocalciferol 1.25 mg (50000 ut) cap	1	
phytonadione 5 mg tab	1	
vitamin d (ergocalciferol)	1	

Appendix

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