

Geisinger 4th Tier

Geisinger
HEALTH PLAN

2027

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.

Contact our Pharmacy Customer Service Team if you have any questions about this information or the type of benefit you have. Also refer to your benefit documents, as formulary exclusions may differ based on the specific benefit.

This formulary is a useful tool for prescription medication coverage. It lists the medications covered by your plan. Medications are listed in this formulary by medication category. You can find individual medications by using the index at the back.

You can also view the formulary online at geisinger.org/health-plan.

Pharmacy Customer Service Team contact information

Phone: 800-988-4861 or 570-271-5673; TDD/TTY 711

Fax: 570-300-2122

Mailing address:
Geisinger Health Plan Pharmacy Department
Mail Code 24-10
100 N. Academy Ave.
Danville, PA 17822

Tiers

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

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

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

- All prescriptions must be filled at a participating pharmacy. You may only use a non-participating pharmacy if a participating pharmacy is not available. You must pay cash at non-participating pharmacies and submit the necessary documentation to the Pharmacy Customer Service Team for reimbursement to be considered.
- Except for those medications designated as specialty in the formulary, you may use any participating pharmacy. Geisinger Health Plan will not transfer your prescription without your permission.
- You'll pay the applicable copay, coinsurance or deductible when you receive the prescription. This cost will not exceed the cost of the prescription without insurance.
- Most brand-name medications with a generic equivalent require prior authorization. Some medications on the formulary require prior authorization or step therapy, which your provider can request through our Pharmacy Customer Service Team.
- If you need medications not listed on this formulary, your provider may request an exception through our Pharmacy Customer Service Team. Those items listed as specific exclusions are not available through the exception process. Non-formulary medications requiring prior authorization will be available at the Tier 5 copay/coinsurance level.
- Some medications and diabetic supplies may be restricted to a specific manufacturer, vendor or supplier and may be subject to quantity limits.
- Quantity limits may apply to certain medications.
- Brand and generic triptan medications for migraines have a quantity limit of 16 units per 28 days across all products and dosage forms (sumatriptan, rizatriptan, naratriptan, almotriptan, frovatriptan, eletriptan, zolmitriptan and sumatriptan/naproxen).
- Insulin syringes and lancets are covered at Tier 4.
- Most non-prescription (over-the-counter) medications are not covered unless required by healthcare reform legislation.
- If certain conditions are met, some medications may be covered with no copay/coinsurance due to healthcare reform legislation. Contact the Pharmacy Customer Service Team for more information.
- Many compounded prescriptions require prior authorization review, which your provider can request through our Pharmacy Customer Service Team. If an exception is approved, you'll be charged at the Tier 3 copay level (if the primary ingredient is generic) or the Tier 5 copay level (if the primary ingredient is brand). If your request is denied, the medication will be excluded from coverage under your prescription medication benefits.

- All prescriptions for a total morphine equivalent dose (MED) of 50 or greater will require prior authorization. Short-acting opioid prescriptions will require prior authorization if more than a 10-day supply (if required for an adult) or more than a 5-day supply (if required for a member under 18 years old).

Specialty Vendor Medication Program

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

Using this formulary

- Medications are listed by therapeutic class in the table of contents. You can find an alphabetical index of all medications at the back of the formulary.
- The medication tier is listed in the Drug Tier Column.
- Medication names with AL in the Requirements/Limits column have age limits.
- Medication names with QL in the Requirements/Limits column have quantity limits. Other day supply limits may apply.
- Medication names followed by PA in the Requirements/Limits column require prior authorization.
- Medication names followed by PA NSO in the Requirements/Limits column require prior authorization for new starts only.
- Medication names followed by ST in the Requirements/Limits column have step therapy requirements.
- Medication names followed by SP in the Requirements/Limits column require a specialty pharmacy vendor.
- This formulary is accurate as of January 1, 2027, and is subject to change. You can find any additions or deletions to the formulary throughout the year in the quarterly publications “Member Update” (for members) and “Healthcare Provider Update” (for providers). The most up-to-date source for formulary information is the online formulary search available at geisinger.org/health-plan.com.
- **Restrictions in medication availability may result from use of a formulary.**

Certain prescription medications listed in this formulary may not be covered for everyone. Your prescription medication benefits depend on the coverage selected by you or your employer. 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, contact the Pharmacy Customer Service Team.

Quantity limits

- Quantity limits are listed in the Requirements/Limits column.
- Non-formulary medications in the same class/category as formulary drugs with quantity limits will have the same quantity limits applied if approved for coverage.

- A maximum of a 34-day supply may be dispensed for medications in Tier 6 and medications provided by a specialty vendor unless a shorter duration is specified in the formulary or in your specific benefit documents.

Step therapy

For details about step therapy requirements, 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 on 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 2 or more medications produce the same clinical results, elements like cost and ease of use are considered.

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

In some situations, you may not respond well to a given formulary medication, or you may have an allergy or other condition that warrants the use of a non-formulary medication. An exception process exists for these special instances. Your physician may initiate a request for a formulary exception by contacting our Pharmacy Service Team. We’ll review your request and any pertinent medical records, treatment and laboratory data. We respond to such requests within 48 hours of receiving all necessary information. If an exception is approved, you’ll be charged at the Tier 5 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 contact the Pharmacy Customer Service Team when you are unsure whether a medication is covered.

**Select plans cover weight loss medications.*

Healthcare reform

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

- Aspirin products – Low-dose (81 mg) aspirin products
    - For the primary prevention of cardiovascular disease and colorectal cancer in adults ages 50–59 who have a 10% or greater 10-year cardiovascular risk, are not at increased risk for bleeding, have a life expectancy of at least 10 years and are willing to take low-dose aspirin daily for at least 10 years.
    - As preventive medication after 12 weeks of gestation in women who are at high risk for preeclampsia.
- Contraceptives – For females
- Bowel preparations for colonoscopy – Brands with no generic and generic products
    - In preparation for a screening colonoscopy for members ages 45–75.
- Breast cancer prevention – Generic anastrozole, exemestane, letrozole, raloxifene and tamoxifen
    - For females who are at increased risk of breast cancer and at low risk for adverse medication effects, clinicians should offer to prescribe risk-reducing medications, such as anastrozole, exemestane, letrozole, raloxifene or tamoxifen.
- Folic acid supplements – Generic folic acid 0.4 mg and 0.8 mg tablets
    - All females who are planning or capable of pregnancy.
- Fluoride supplements – Fluoride drops and chewable tablets
    - Oral fluoride supplementation starting at 6 months for children whose water supply is fluoride sufficient up to age 16 years for the prevention of dental caries.
- HIV pre-exposure prophylaxis – Apretude 600 mg/3 mL injection, Descovy 200 mg/25 mg tablet, emtricitabine/tenofovir 200 mg/300 mg tablet, Vocabria 30 mg tablet, and Yeztugo 463.5 mg/135 mL injection
- 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 ages 40–75 who have 1 or more cardiovascular risk factors (i.e., dyslipidemia, diabetes, hypertension or smoking) and an estimated 10-year risk of a cardiovascular event of 10% or greater.
- Vaccinations – Preventive vaccines are covered for $0 cost-sharing based on appropriate age and Food and Drug Administration (FDA)-approved uses.

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

For details about how these medications may be covered under your specific plan, 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, Geisinger 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, 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 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. The U.S. Food and Drug Administration also 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 Geisinger 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 Pharmacy and Therapeutics Committee discusses the feedback before 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: Geisinger Health Plan prescription benefits are generically based. We'll substitute a generic 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. Geisinger 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 Geisinger 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 Geisinger 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 N. Academy Ave.
      Danville, PA 17822
- For certain medications, 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 Geisinger 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 Geisinger Health Plan Pharmacy Department for non-formulary or restricted medications. The prescribing physician will receive written documentation and/or a verbal response from the Geisinger Health Plan Pharmacy Department regarding the request.

Formulary addition requests: We welcome requests for changes or additions, comments and suggestions for the formulary. You can make a written request to the Geisinger Health Plan Pharmacy Department.

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

TIER	NAME	
0	ACA Preventative	
1	Generics	
2	Preferred Brands	
3	Non-Preferred Brands	
4	Specialty	

SYMBOL	NAME	DESCRIPTION
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; This drug has unique restrictions.
SP	Specialty Drug	Specialty Vendor Medication Program
LA	Limited Access	Drugs that are only available at certain pharmacies

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Drug Name	Drug Tier	Requirements/Limits
ADHD/ANTI-NARCOLEPSY/ANTI-OBESITY/ANOREXIANTS		
AMPHETAMINES		
amphetamine-dextroamphet er (5 mg cap er 24h, 10 mg cap er 24h, 15 mg cap er 24h, 20 mg cap er 24h, 25 mg cap er 24h, 30 mg cap er 24h)	1	
amphetamine-dextroamphetamine (5 mg tab, 7.5 mg tab, 10 mg tab, 12.5 mg tab, 15 mg tab, 20 mg tab, 30 mg tab)	1	
dextroamphetamine sulfate (5 mg tab, 10 mg tab)	1	
dextroamphetamine sulfate er (5 mg cap er 24h, 10 mg cap er 24h, 15 mg cap er 24h)	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))
ANALEPTICS		
caffeine citrate	1	
ATTENTION-DEFICIT/HYPERACTIVITY DISORDER (ADHD) AGENTS		
atomoxetine hcl (10 mg cap, 18 mg cap, 25 mg cap, 40 mg cap, 60 mg cap, 80 mg cap, 100 mg cap)	1	
clonidine hcl er	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 (50 mg tab, 150 mg tab, 200 mg tab, 250 mg tab)	1	PA
dexmethylphenidate hcl (2.5 mg tab, 5 mg tab, 10 mg tab)	1	
dexmethylphenidate hcl er (5 mg cap er 24h, 10 mg cap er 24h, 15 mg cap er 24h, 20 mg cap er 24h, 25 mg cap er 24h, 30 mg cap er 24h, 35 mg cap er 24h, 40 mg cap er 24h)	1	
methylphenidate (10 mg/9hr patch, 15 mg/9hr patch, 20 mg/9hr patch, 30 mg/9hr patch)	1	PA
methylphenidate hcl (5 mg tab, 5 mg/5ml solution, 10 mg tab, 10 mg/5ml solution, 20 mg tab)	1	

Drug Name	Drug Tier	Requirements/Limits
methylphenidate hcl er (10 mg tab er, 18 mg tab er, 20 mg tab er, 27 mg tab er, 36 mg tab er, 54 mg tab er)	1	
methylphenidate hcl er (cd) (10 mg cap er, 20 mg cap er, 30 mg cap er, 40 mg cap er, 50 mg cap er, 60 mg cap er)	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	
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 (100 mg tab, 200 mg tab)	1	PA
AMINOGLYCOSIDES		
AMINOGLYCOSIDES		
neomycin 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		
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, PN (28 DAYS SUPPLY PER FILL), SP
AMJEVITA 10 MG/0.2ML SOLN PRSYR	4	QL (0.4 ml per 28 days), PA-NSO, PN (28 DAYS SUPPLY PER FILL), SP
AMJEVITA 20 MG/0.2ML SOLN PRSYR	4	QL (0.4 ml per 28 day(s)), PA-NSO, PN (28 DAYS SUPPLY PER FILL), SP
AMJEVITA 80 MG/0.8ML SOLN A-INJ	4	QL (2.4 ml per 28 day(s)), PA-NSO, PN (28 DAYS SUPPLY PER FILL), SP
SIMPONI (100 MG/ML SOLN A-INJ, 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, 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, PN (30 DAYS SUPPLY PER FILL), SP

Drug Name	Drug Tier	Requirements/Limits
RINVOQ 45 MG TAB ER 24H	4	QL (28 ea per 28 days), PA-NSO, PN (84 DAYS SUPPLY IN 180 DAYS), SP
RINVOQ LQ	4	QL (360 ml per 30 day(s)), PA-NSO, PN (30 DAYS SUPPLY PER FILL), SP
tofacitinib citrate (5 mg tab, 10 mg tab)	4	QL (60 ea per 30 day(s)), PA-NSO, PN (30 DAYS SUPPLY PER FILL), SP
tofacitinib citrate 1 mg/ml solution	4	QL (300 ml per 30 day(s)), PA-NSO, PN (30 DAYS SUPPLY PER FILL), SP
tofacitinib citrate er (11 mg tab er 24h, 22 mg tab er 24h)	4	QL (30 ea per 30 day(s)), PA-NSO, PN (30 DAYS SUPPLY PER FILL), SP
XELJANZ (5 MG TAB, 10 MG TAB)	4	QL (60 ea per 30 day(s)), PA-NSO, PN (30 DAYS SUPPLY PER FILL), SP
XELJANZ 1 MG/ML SOLUTION	4	QL (300 ml per 30 day(s)), PA-NSO, PN (30 DAYS SUPPLY PER FILL), SP
XELJANZ XR (11 MG TAB ER 24H, 22 MG TAB ER 24H)	4	QL (30 ea per 30 day(s)), PA-NSO, PN (30 DAYS SUPPLY PER FILL), SP
INTERLEUKIN-1 BLOCKERS		
ARCALYST	4	PA, PN (34 DAYS SUPPLY PER FILL), SP
INTERLEUKIN-6 RECEPTOR INHIBITORS		
TOFIDENCE (80 MG/4ML SOLUTION, 200 MG/10ML SOLUTION, 400 MG/20ML SOLUTION)	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 (50 mg cap, 100 mg cap, 200 mg cap, 400 mg cap)	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 (375 mg tab dr, 500 mg tab dr)	1	
etodolac (200 mg cap, 300 mg cap, 400 mg tab, 500 mg tab)	1	

Drug Name	Drug Tier	Requirements/Limits
etodolac er (400 mg tab er 24h, 500 mg tab er 24h, 600 mg tab er 24h)	1	
FENOPROFEN CALCIUM 400 MG CAP	1	
ibu (400 mg tab, 600 mg tab, 800 mg tab)	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)
meloxicam (7.5 mg tab, 15 mg tab)	1	
nabumetone (500 mg tab, 750 mg tab)	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 (10 mg cap, 20 mg cap)	1	
relafen 500 mg tab	1	
sulindac (150 mg tab, 200 mg tab)	1	
PHOSPHODIESTERASE 4 (PDE4) INHIBITORS		
OTEZLA 10 & 20 & 30 MG TAB THPK	4	QL (55 ea per 180 day(s)), PA-NSO, PN (28 DAY SUPPLY IN 180 DAYS), SP
OTEZLA 20 MG TAB	4	PA, QL (60 ea per 30 day(s)), PN (30 DAYS SUPPLY PER FILL), SP
OTEZLA 30 MG TAB	4	QL (60 ea per 30 days), PA-NSO, PN (30 DAYS SUPPLY PER FILL), SP
OTEZLA 4 X 10 & 51 X20 MG TAB THPK	4	PA, QL (55 ea per 180 day(s)), PN (28 DAY SUPPLY IN 180 DAYS), SP
OTEZLA/OTEZLA XR INITIATION PK	4	PA, QL (41 ea per 180 day(s)), PN (28 DAY SUPPLY IN 180 DAYS), SP
PYRIMIDINE SYNTHESIS INHIBITORS		
leflunomide (10 mg tab, 20 mg tab)	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/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		
ANALGESIC COMBINATIONS		
bac (butalbital-acetamin-caff)	1	
butalbital-acetaminophen 50-325 mg tab	1	
butalbital-apap-caffeine 50-325-40 mg tab	1	
butalbital-aspirin-caffeine	1	
ANALGESICS-PEPTIDE CHANNEL BLOCKERS		
PRIALT (100 MCG/ML SOLUTION, 500 MCG/20ML SOLUTION, 500 MCG/5ML SOLUTION)	4	PA, LA, PN (34 DAYS SUPPLY PER FILL), SP
SALICYLATES		
adult aspirin regimen	0	
aspirin (81 mg chew tab, 81 mg tab dr)	0	
aspirin 81 (81 mg chew tab, 81 mg tab dr)	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 (81 mg chew tab, 81 mg tab dr)	0	

Drug Name	Drug Tier	Requirements/Limits
aspirin regimen	0	
bayer aspirin ec low dose	0	
bayer low dose (81 mg chew tab, 81 mg tab dr)	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 (81 mg chew tab, 81 mg tab dr)	0	
eql aspirin low dose (81 mg chew tab, 81 mg tab dr)	0	
ft aspirin 81 mg chew tab	0	
ft aspirin adult low dose	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 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 (81 mg chew tab, 81 mg tab dr)	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 (500 MG TAB, 750 MG TAB)	2	
sb childrens aspirin	0	
sb low dose asa ec	0	
sm aspirin adult low strength (81 mg chew tab, 81 mg tab dr)	0	
sm aspirin ec low strength	0	
sm aspirin low dose (81 mg chew tab, 81 mg tab dr)	0	
sm childrens aspirin	0	
st joseph aspirin	0	
st joseph low dose (81 mg chew tab, 81 mg tab dr)	0	
ANALGESICS - OPIOID		
OPIOID AGONISTS		
codeine sulfate	1	
CODEINE SULFATE (15 MG TAB, 60 MG TAB)	2	
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)
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	1	
MEPERIDINE HCL 50 MG/5ML SOLUTION	2	
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
methadone hcl intensol	1	PA
methadose	1	PA

Drug Name	Drug Tier	Requirements/Limits
morphine sulfate (10 mg/5ml solution, 15 mg tab, 20 mg/5ml solution, 30 mg tab)	1	
morphine sulfate (concentrate) (20 mg/ml solution, 100 mg/5ml solution)	1	
morphine sulfate er (15 mg tab er, 30 mg tab er, 60 mg tab er, 100 mg tab er, 200 mg tab er)	1	PA
NUCYNTA ER (50 MG TAB ER 12H, 100 MG TAB ER 12H, 150 MG TAB ER 12H, 200 MG TAB ER 12H, 250 MG TAB ER 12H)	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	
OXYCONTIN (10 MG TB12 DETER, 15 MG TB12 DETER, 20 MG TB12 DETER, 30 MG TB12 DETER, 40 MG TB12 DETER, 60 MG TB12 DETER, 80 MG TB12 DETER)	3	PA
oxymorphone hcl (5 mg tab, 10 mg tab)	1	
tapentadol hcl (50 mg tab, 75 mg tab, 100 mg tab)	1	PA
tramadol hcl (50 mg tab, 100 mg tab)	1	
tramadol hcl er (100 mg tab er 24h, 200 mg tab er 24h, 300 mg tab er 24h)	1	PA
xyvona 2 mg tab	1	
OPIOID COMBINATIONS		
ACETAMINOPHEN-CODEINE (120-12 MG/5ML SOLUTION, 300-15 MG TAB, 300-30 MG TAB, 300-30 MG/12.5ML SOLUTION, 300-60 MG TAB)	1	
ascomp-codeine	1	
butalbital-apap-caff-cod 50-325-40-30 mg cap	1	
butalbital-asa-caff-codeine	1	
endocet (2.5-325 mg tab, 5-325 mg tab, 7.5-325 mg tab, 10-325 mg tab)	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	1	
oxycodone-acetaminophen (2.5-325 mg tab, 5-325 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), PN (28 DAYS SUPPLY PER FILL), SP

Drug Name	Drug Tier	Requirements/Limits
BRIXADI (WEEKLY) 24 MG/0.48ML SOLN PRSYR	4	QL (1.92 ml per 28 days), PN (28 DAYS SUPPLY PER FILL), SP
BRIXADI (WEEKLY) 32 MG/0.64ML SOLN PRSYR	4	QL (2.56 ml per 28 days), PN (28 DAYS SUPPLY PER FILL), SP
BRIXADI (WEEKLY) 8 MG/0.16ML SOLN PRSYR	4	QL (0.64 ml per 28 days), PN (28 DAYS SUPPLY PER FILL), SP
BRIXADI 128 MG/0.36ML SOLN PRSYR	4	QL (0.36 ml per 28 days), PN (28 DAYS SUPPLY PER FILL), SP
BRIXADI 64 MG/0.18ML SOLN PRSYR	4	QL (0.18 ml per 28 days), PN (28 DAYS SUPPLY PER FILL), SP
BRIXADI 96 MG/0.27ML SOLN PRSYR	4	QL (0.27 ml per 28 days), PN (28 DAYS SUPPLY PER FILL), SP
buprenorphine (5 mcg/hr patch wk, 7.5 mcg/hr patch wk, 10 mcg/hr patch wk, 15 mcg/hr patch wk, 20 mcg/hr patch wk)	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 (2-0.5 mg film, 2-0.5 mg sl tab, 4-1 mg film, 8-2 mg film, 8-2 mg sl tab, 12-3 mg film)	1	PN (34 DAYS SUPPLY PER FILL)
butorphanol tartrate	1	
PENTAZOCINE-NALOXONE HCL	1	
SUBLOCADE 100 MG/0.5ML SOLN PRSYR	3	QL (0.5 ml per 28 day(s)), SP, PN (MIN 26 DAY SUPPLY; MAX 34 DAY SUPPLY)
SUBLOCADE 300 MG/1.5ML SOLN PRSYR	3	QL (3 ml per 28 day(s)), SP, PN (MIN 26 DAY SUPPLY; MAX 34 DAY SUPPLY)
ANDROGENS-ANABOLIC		
ANDROGENS		
AVEED	4	PA, PN (34 DAYS SUPPLY PER FILL), SP
danazol (50 mg cap, 100 mg cap, 200 mg cap)	1	
depo-testosterone (100 mg/ml solution, 200 mg/ml solution)	1	
testosterone (12.5 mg/act (1%) 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 (100 mg/ml solution, 200 mg/ml solution)	1	
TESTOSTERONE ENANTHATE	1	
ANORECTAL AND RELATED PRODUCTS		
INTRARECTAL STEROIDS		
hydrocortisone 100 mg/60ml enema	1	

Drug Name	Drug Tier	Requirements/Limits
RECTAL COMBINATIONS		
LIDOCAINE-HYDROCORT (PERIANAL)	2	
LIDOCAINE-HYDROCORTISONE ACE (1-3 % KIT, 3-0.5 % KIT, 3-1 % KIT, 3-2.5 % KIT)	2	
LIDOCAINE-HYDROCORTISONE ACE 2.8-0.55 % GEL	1	
LIDOCORT	2	
PROCTOFOAM HC	2	
RECTAL STEROIDS		
ANUCORT-HC	2	
ANUSOL-HC 25 MG SUPPOS	2	
HEMMOREX-HC 25 MG SUPPOS	2	
hydrocortisone (perianal)	1	
HYDROCORTISONE ACETATE 25 MG SUPPOS	2	
procto-med hc	1	
proctosol hc	1	
proctozone-hc	1	
ANTHELMINTICS		
ANTHELMINTICS		
albendazole	1	QL (4 ea per fill(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.		
ANTI-INFECTIVE AGENTS - MISC.		
metronidazole (250 mg tab, 500 mg tab)	1	
pentamidine isethionate	1	
tinidazole (250 mg tab, 500 mg tab)	1	
trimethoprim	1	
XIFAXAN 550 MG TAB	4	PA

Drug Name	Drug Tier	Requirements/Limits
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	
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, 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 (75 mg cap, 150 mg cap, 300 mg cap)	1	
clindamycin palmitate hcl	1	
OXAZOLIDINONES		
linezolid 100 mg/5ml recon susp	1	PA
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)

Drug Name	Drug Tier	Requirements/Limits
URINARY ANTI-INFECTIVES		
methenamine hippurate	1	
methenamine mandelate	1	
METHENAMINE MANDELATE (0.5 GM TAB, 1 GM TAB)	2	
nitrofurantoin (25 mg/5ml suspension, 50 mg/10ml suspension)	1	
nitrofurantoin macrocrystal (25 mg cap, 50 mg cap, 100 mg cap)	1	
nitrofurantoin monohyd macro	1	
ANTIANGINAL AGENTS		
ANTIANGINALS-OTHER		
ranolazine er (500 mg tab er 12h, 1000 mg tab er 12h)	1	PA
NITRATES		
isosorbide dinitrate (5 mg tab, 10 mg tab, 20 mg tab, 30 mg tab)	1	
isosorbide mononitrate 10 mg tab	1	
isosorbide mononitrate 20 mg tab	1	
isosorbide mononitrate er (30 mg tab er 24h, 60 mg tab er 24h, 120 mg tab er 24h)	1	
nitro-bid	1	
NITRO-TIME (2.5 MG CAP ER, 6.5 MG CAP ER, 9 MG CAP ER)	2	
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, 2 % ointment)	1	
ANTIANXIETY AGENTS		
ANTIANXIETY AGENTS - MISC.		
buspirone hcl (5 mg tab, 7.5 mg tab, 10 mg tab, 15 mg tab, 30 mg tab)	1	
hydroxyzine hcl (10 mg tab, 10 mg/5ml syrup, 25 mg tab, 50 mg tab, 50 mg/25ml syrup)	1	
hydroxyzine pamoate (25 mg cap, 50 mg cap)	1	

Drug Name	Drug Tier	Requirements/Limits
meprobamate (200 mg tab, 400 mg tab)	1	
BENZODIAZEPINES		
alprazolam (0.25 mg tab, 0.5 mg tab, 1 mg tab, 2 mg tab)	1	
alprazolam er (0.5 mg tab er 24h, 1 mg tab er 24h, 2 mg tab er 24h, 3 mg tab er 24h)	1	
alprazolam xr (0.5 mg tab er 24h, 1 mg tab er 24h, 2 mg tab er 24h, 3 mg tab er 24h)	1	
chlordiazepoxide hcl (5 mg cap, 10 mg cap, 25 mg cap)	1	
clorazepate dipotassium (3.75 mg tab, 7.5 mg tab, 15 mg tab)	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 (10 mg cap, 15 mg cap, 30 mg cap)	1	
ANTIARRHYTHMICS		
ANTIARRHYTHMICS TYPE I-A		
disopyramide phosphate (100 mg cap, 150 mg cap)	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	1	
QUINIDINE SULFATE (200 MG TAB, 300 MG TAB)	2	
ANTIARRHYTHMICS TYPE I-B		
mexiletine hcl (150 mg cap, 200 mg cap, 250 mg cap)	1	
ANTIARRHYTHMICS TYPE I-C		
flecainide acetate (50 mg tab, 100 mg tab, 150 mg tab)	1	
propafenone hcl (150 mg tab, 225 mg tab, 300 mg tab)	1	
propafenone hcl er (225 mg cap er 12h, 325 mg cap er 12h, 425 mg cap er 12h)	1	
ANTIARRHYTHMICS TYPE III		
amiodarone hcl (100 mg tab, 200 mg tab, 400 mg tab)	1	

Drug Name	Drug Tier	Requirements/Limits
dofetilide (125 mcg cap, 250 mcg cap, 500 mcg cap)	1	
pacerone (100 mg tab, 200 mg tab, 400 mg tab)	1	
ANTIASTHMATIC AND BRONCHODILATOR AGENTS		
ANTI-INFLAMMATORY AGENTS		
cromolyn sodium 20 mg/2ml nebu soln	1	
ANTIASTHMATIC - MONOCLONAL ANTIBODIES		
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), PN (28 DAYS SUPPLY PER FILL), SP
TEZSPIRE (210 MG/1.91ML SOLN A-INJ, 210 MG/1.91ML SOLN PRSYR)	4	PA, QL (1.91 ml per 28 days), PN (28 DAYS SUPPLY PER FILL), SP
BRONCHODILATORS - ANTICHOLINERGICS		
ATROVENT HFA	2	
INCRUSE ELLIPTA	2	
ipratropium bromide 0.02 % solution	1	
SPIRIVA HANDIHALER	2	
SPIRIVA RESPIMAT (1.25 MCG/ACT AERO SOLN, 2.5 MCG/ACT AERO SOLN)	2	
LEUKOTRIENE MODULATORS		
montelukast sodium (4 mg chew tab, 5 mg chew tab, 10 mg tab)	1	
montelukast sodium 4 mg packet	1	
zafirlukast (10 mg tab, 20 mg tab)	1	
SELECTIVE PHOSPHODIESTERASE 4 (PDE4) INHIBITORS		
roflumilast 250 mcg tab	1	PA

Drug Name	Drug Tier	Requirements/Limits
roflumilast 500 mcg tab	1	QL (1 ea per 1 day(s))
STEROID INHALANTS		
ARNUITY ELLIPTA (50 MCG/ACT AER POW BA, 100 MCG/ACT AER POW BA, 200 MCG/ACT AER POW BA)	2	
budesonide (0.25 mg/2ml suspension, 0.5 mg/2ml suspension, 1 mg/2ml suspension)	1	
FLUTICASONE PROPIONATE DISKUS (50 MCG/ACT AER POW BA, 100 MCG/ACT AER POW BA, 250 MCG/ACT AER POW BA)	2	
FLUTICASONE PROPIONATE HFA (110 MCG/ACT AEROSOL, 220 MCG/ACT AEROSOL)	2	
PULMICORT FLEXHALER (90 MCG/ACT AER POW BA, 180 MCG/ACT AER POW BA)	2	
QVAR REDIHALER (40 MCG/ACT AERO BA, 80 MCG/ACT AERO BA)	2	
SYMPATHOMIMETICS		
ADVAIR HFA (45-21 MCG/ACT AEROSOL, 115-21 MCG/ACT AEROSOL, 230-21 MCG/ACT AEROSOL)	2	
AIRDUO RESPICLICK 55/14	2	QL (1 ea per 30 day(s))
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	2	QL (2 ea per 1 day(s))
BREO ELLIPTA 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 160-18-4.8 MCG/ACT AEROSOL	2	QL (10.7 gm per 28 day(s))
BREZTRI AEROSPHERE 160-9-4.8 MCG/ACT AEROSOL	2	QL (10.7 gm per 28 days)
budesonide-formoterol fumarate (80-4.5 mcg/act aerosol, 160-4.5 mcg/act aerosol)	1	QL (1.02 gm per 1 day(s))
COMBIVENT RESPIMAT	2	
DULERA (50-5 MCG/ACT AEROSOL, 100-5 MCG/ACT AEROSOL, 200-5 MCG/ACT AEROSOL)	2	

Drug Name	Drug Tier	Requirements/Limits
fluticasone-salmeterol (100-50 mcg/act aer pow ba, 250-50 mcg/act aer pow ba, 500-50 mcg/act aer pow ba)	1	QL (2 ea per 1 days)
FLUTICASONE-SALMETEROL (55-14 MCG/ACT AER POW BA, 113-14 MCG/ACT AER POW BA, 232-14 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 (100-62.5-25 MCG/ACT AER POW BA, 200-62.5-25 MCG/ACT AER POW BA)	2	QL (2 ea per 1 days)
wixela inhub (100-50 mcg/act aer pow ba, 250-50 mcg/act aer pow ba, 500-50 mcg/act aer pow ba)	1	QL (2 ea per 1 days)
XANTHINES		
elixophyllin	1	
THEO-24 (100 MG CAP ER 24H, 200 MG CAP ER 24H, 300 MG CAP ER 24H, 400 MG CAP ER 24H)	3	
theophylline (80 mg/15ml elixir, 80 mg/15ml solution)	1	
THEOPHYLLINE ER (100 MG TAB ER 12H, 200 MG TAB ER 12H, 300 MG TAB ER 12H, 400 MG TAB ER 24H, 450 MG TAB ER 12H, 600 MG TAB ER 24H)	1	
ANTICOAGULANTS		
COUMARIN ANTICOAGULANTS		
jantoven (1 mg tab, 2 mg tab, 2.5 mg tab, 3 mg tab, 4 mg tab, 5 mg tab, 6 mg tab, 7.5 mg tab, 10 mg tab)	1	
warfarin sodium (1 mg tab, 2 mg tab, 2.5 mg tab, 3 mg tab, 4 mg tab, 5 mg tab, 6 mg tab, 7.5 mg tab, 10 mg tab)	1	
DIRECT FACTOR XA INHIBITORS		
ELIQUIS 2.5 MG TAB	2	QL (2 ea per 1 days)

Drug Name	Drug Tier	Requirements/Limits
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)
rivaroxaban 1 mg/ml recon susp	1	QL (20 ml per 1 days)
rivaroxaban 2.5 mg tab	1	QL (2 ea per 1 days)
XARELTO (10 MG TAB, 20 MG TAB)	2	QL (1 ea per 1 days)
XARELTO 15 MG TAB	2	QL (2 ea per 1 days)
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 (2.5 mg/0.5ml solution, 5 mg/0.4ml solution, 7.5 mg/0.6ml solution, 10 mg/0.8ml solution)	1	PN (34 DAYS SUPPLY PER FILL)
heparin sodium (porcine) (1000 unit/ml solution, 5000 unit/ml solution, 10000 unit/ml solution, 20000 unit/ml solution)	1	
heparin sodium (porcine) +rfid	1	
HEPARIN SODIUM (PORCINE) PF (1000 UNIT/ML SOLUTION, 5000 UNIT/0.5ML SOLUTION)	1	
THROMBIN INHIBITORS		
dabigatran etexilate mesylate (75 mg cap, 110 mg cap, 150 mg cap)	1	QL (2 ea per 1 day(s))
ANTICONVULSANTS		
AMPA GLUTAMATE RECEPTOR ANTAGONISTS		
perampanel (2 mg tab, 4 mg tab, 6 mg tab, 8 mg tab, 10 mg tab, 12 mg tab)	1	PA, QL (1 ea per 1 day(s))
perampanel 0.5 mg/ml suspension	1	PA, QL (24 ml per 1 day(s))
ANTICONVULSANTS - BENZODIAZEPINES		
clobazam (10 mg tab, 20 mg tab)	1	
clobazam 2.5 mg/ml suspension	1	

Drug Name	Drug Tier	Requirements/Limits
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 (10 MG GEL, 20 MG GEL)	2	
diazepam (2.5 mg gel, 10 mg gel, 20 mg gel)	1	
SYMPAZAN (5 MG FILM, 10 MG FILM, 20 MG FILM)	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)
VALTOCO 5 MG DOSE	2	QL (10 ea per 30 days)
ANTICONVULSANTS - MISC.		
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 (100 MG CAP ER 12H, 200 MG CAP ER 12H, 300 MG CAP ER 12H)	3	
DIACOMIT (250 MG CAP, 250 MG PACKET, 500 MG CAP, 500 MG PACKET)	4	PA, LA, PN (34 DAYS SUPPLY PER FILL), SP
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), PN (30 DAYS SUPPLY PER FILL), SP
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 disp, 50 mg tab disp, 100 mg tab disp, 200 mg tab disp)	1	QL (2 ea per 1 day(s))
lamotrigine (25 mg tab, 100 mg tab, 150 mg tab, 200 mg tab)	1	

Drug Name	Drug Tier	Requirements/Limits
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 odt (25 mg tab disp, 50 mg tab disp, 100 mg tab disp, 200 mg tab disp)	1	QL (2 ea per 1 day(s))
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	
oxcarbazepine 300 mg/5ml suspension	1	
oxcarbazepine er (150 mg tab er 24h, 300 mg tab er 24h, 600 mg tab er 24h)	1	PA
OXTELLAR XR (150 MG TAB ER 24H, 300 MG TAB ER 24H, 600 MG TAB ER 24H)	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 (50 mg tab, 250 mg tab)	1	
relgaabi (300 mg cap, 400 mg cap)	1	
roweepra (500 mg tab, 750 mg tab, 1000 mg tab)	1	
roweepra xr (500 mg tab er 24h, 750 mg tab er 24h)	1	
rufinamide (40 mg/ml suspension, 200 mg tab, 400 mg tab)	1	PA
subvenite (25 mg tab, 100 mg tab, 150 mg tab, 200 mg tab)	1	
subvenite starter kit-blue	1	
TEGRETOL 100 MG/5ML SUSPENSION	3	
TEGRETOL 200 MG TAB	3	
TEGRETOL-XR (100 MG TAB ER 12H, 200 MG TAB ER 12H, 400 MG TAB ER 12H)	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

Drug Name	Drug Tier	Requirements/Limits
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 (25 mg cap, 50 mg cap, 100 mg cap)	1	
ZTALMY	4	PA, LA, QL (1100 ml per 30 days), PN (30 DAYS SUPPLY PER FILL), SP
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)
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)	1	
vigabatrin (500 mg packet, 500 mg tab)	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	

Drug Name	Drug Tier	Requirements/Limits
phenytek (200 mg cap, 300 mg cap)	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 (125 MG TAB DR, 250 MG TAB DR, 500 MG TAB DR)	3	
DEPAKOTE ER (250 MG TAB ER 24H, 500 MG TAB ER 24H)	3	
DEPAKOTE SPRINKLES	3	
divalproex sodium (125 mg cap dr, 125 mg tab dr, 250 mg tab dr, 500 mg tab dr)	1	
divalproex sodium er (250 mg tab er 24h, 500 mg tab er 24h)	1	
valproic acid (250 mg/5ml solution, 500 mg/10ml solution)	1	
valproic acid 250 mg cap	1	
ANTIDEPRESSANTS		
ALPHA-2 RECEPTOR ANTAGONISTS (TETRACYCLICS)		
mirtazapine (7.5 mg tab, 15 mg tab, 15 mg tab disp, 30 mg tab, 30 mg tab disp, 45 mg tab, 45 mg tab disp)	1	
ANTIDEPRESSANT COMBINATIONS		
AUVELITY 45-105 MG TAB ER	3	PA, QL (2 ea per 1 days)
ANTIDEPRESSANTS - MISC.		
bupropion hcl (75 mg tab, 100 mg tab)	1	
bupropion hcl er (smoking det)	0	
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	

Drug Name	Drug Tier	Requirements/Limits
GABA RECEPTOR MODULATOR - NEUROACTIVE STEROID		
ZURZUVAE (20 MG CAP, 25 MG CAP)	4	PA, QL (28 ea per 14 days), PN (14 DAYS SUPPLY PER FILL), SP
ZURZUVAE 30 MG CAP	4	PA, QL (14 ea per 14 days), PN (14 DAYS SUPPLY PER FILL), SP
MONOAMINE OXIDASE INHIBITORS (MAOIS)		
PHENELZINE SULFATE	2	
tranylcypromine sulfate	1	
N-METHYL-D-ASPARTIC ACID (NMDA) RECEPTOR ANTAGONISTS		
SPRAVATO (56 MG DOSE)	4	PA, PN (28 DAYS SUPPLY PER FILL), SP
SPRAVATO (84 MG DOSE)	4	PA, PN (28 DAYS SUPPLY PER FILL), SP
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)	1	
fluvoxamine maleate (25 mg tab, 50 mg tab, 100 mg tab)	1	
PAROXETINE HCL	2	
paroxetine hcl (10 mg tab, 20 mg tab, 30 mg tab, 40 mg tab)	1	
paroxetine hcl er (12.5 mg tab er 24h, 25 mg tab er 24h, 37.5 mg tab er 24h)	1	
sertraline hcl (20 mg/ml conc, 25 mg tab, 50 mg tab, 100 mg tab)	1	
SEROTONIN MODULATORS		
trazodone hcl (50 mg tab, 100 mg tab, 150 mg tab)	1	
trazodone hcl 300 mg tab	1	
TRINTELLIX (5 MG TAB, 10 MG TAB, 20 MG TAB)	3	PA
vilazodone hcl (10 mg tab, 20 mg tab, 40 mg tab)	1	PA, QL (1 ea per 1 days)
SEROTONIN-NOREPINEPHRINE REUPTAKE INHIBITORS (SNRIS)		
desvenlafaxine succinate er (25 mg tab er 24h, 50 mg tab er 24h, 100 mg tab er 24h)	1	QL (1 ea per 1 days)

Drug Name	Drug Tier	Requirements/Limits
duloxetine hcl (20 mg cp dr part, 30 mg cp dr part, 60 mg cp dr part)	1	
FETZIMA (20 MG CAP ER 24H, 40 MG CAP ER 24H, 80 MG CAP ER 24H, 120 MG CAP ER 24H)	3	PA
FETZIMA TITRATION	3	PA
venlafaxine hcl (25 mg tab, 37.5 mg tab, 50 mg tab, 75 mg tab, 100 mg tab)	1	
venlafaxine hcl er (37.5 mg cap er 24h, 37.5 mg tab er 24h, 75 mg cap er 24h, 75 mg tab er 24h, 150 mg cap er 24h, 150 mg tab er 24h, 225 mg tab er 24h)	1	
TRICYCLIC AGENTS		
amitriptyline hcl (10 mg tab, 25 mg tab, 50 mg tab, 75 mg tab, 100 mg tab, 150 mg tab)	1	
amoxapine (25 mg tab, 50 mg tab, 100 mg tab, 150 mg tab)	1	
clomipramine hcl (25 mg cap, 50 mg cap, 75 mg cap)	1	
desipramine hcl (10 mg tab, 25 mg tab, 50 mg tab, 75 mg tab, 100 mg tab, 150 mg tab)	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	2	
imipramine hcl (10 mg tab, 25 mg tab, 50 mg tab)	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 (5 mg tab, 10 mg tab)	1	
trimipramine maleate (25 mg cap, 50 mg cap, 100 mg cap)	1	
ANTIDIABETICS		
ALPHA-GLUCOSIDASE INHIBITORS		
acarbose (25 mg tab, 50 mg tab, 100 mg tab)	1	
MIGLITOL (25 MG TAB, 100 MG TAB)	2	
MIGLITOL 50 MG TAB	2	
ANTIDIABETIC COMBINATIONS		
dapagliflozin base-metformin er (5-1000 mg tab er 24h, 5-500 mg tab er 24h, 10-1000 mg tab er 24h, 10-500 mg tab er 24h)	1	QL (1 ea per 1 day(s))

Drug Name	Drug Tier	Requirements/Limits
glipizide-metformin hcl (2.5-250 mg tab, 5-500 mg tab)	1	
glipizide-metformin hcl 2.5-500 mg tab	1	
glyburide-metformin (1.25-250 mg tab, 2.5-500 mg tab, 5-500 mg tab)	1	
JENTADUETO (2.5-1000 MG TAB, 2.5-500 MG TAB, 2.5-850 MG TAB)	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)
XULTOPHY	2	ST, QL (0.5 ml per 1 days)
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 (4 GM CHEW TAB, 4-6 GM-MG CHEW TAB)	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 (4-6 GM-MG CHEW TAB, 6-4 MG-GM CHEW TAB)	2	
GNP GLUCOSE	2	

Drug Name	Drug Tier	Requirements/Limits
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)
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)), PN (28 DAYS SUPPLY PER FILL), SP
PREFERRED PLUS GLUCOSE	2	
PX GLUCOSE	2	
RA GLUCOSE (4-6 GM-MG CHEW TAB, 6-4 MG-GM CHEW TAB)	2	
RELION GLUCOSE (4-6 GM-MG CHEW TAB)	2	
SM GLUCOSE (4 GM CHEW TAB, 4-6 GM-MG CHEW TAB)	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	

Drug Name	Drug Tier	Requirements/Limits
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)), PN (28 DAYS SUPPLY PER FILL)
MOUNJARO 2.5 MG/0.5ML SOLN A-INJ	2	PA, QL (2 ml per 28 day(s)), PN (28 DAYS SUPPLY IN 180 DAYS)
OZEMPIC (0.25 OR 0.5 MG/DOSE) 2 MG/3ML SOLN PEN	2	PA, QL (3 ml per 28 day(s)), PN (28 DAYS SUPPLY PER FILL)
OZEMPIC (1 MG/DOSE)	2	PA, QL (3 ml per 28 day(s)), PN (28 DAYS SUPPLY PER FILL)
OZEMPIC (2 MG/DOSE)	2	PA, QL (3 ml per 28 day(s)), PN (28 DAYS SUPPLY PER FILL)
OZEMPIC (4 MG TAB, 9 MG TAB)	2	PA, QL (30 ea per 30 day(s)), PN (30 DAYS SUPPLY PER FILL)
OZEMPIC 1.5 MG TAB	2	PA, QL (30 ea per 30 day(s)), PN (30 DAYS SUPPLY IN 180 DAYS)
RYBELSUS (7 MG TAB, 14 MG TAB)	2	PA, QL (30 ea per 30 day(s)), PN (30 DAYS SUPPLY PER FILL)
RYBELSUS 3 MG TAB	2	PA, QL (30 ea per 30 day(s)), PN (30 DAYS SUPPLY IN 180 DAYS)
TRULICITY (0.75 MG/0.5ML SOLN A-INJ, 1.5 MG/0.5ML SOLN A-INJ, 3 MG/0.5ML SOLN A-INJ, 4.5 MG/0.5ML SOLN A-INJ)	2	PA, QL (2 ml per 28 day(s)), PN (28 DAYS SUPPLY PER FILL)
INSULIN		
INSULIN ASP PROT & ASP FLEXPEN	1	
INSULIN ASPART PROT & ASPART	1	
INSULIN GLARGINE MAX SOLOSTAR	2	
INSULIN GLARGINE SOLOSTAR 300 UNIT/ML SOLN PEN	2	
INSULIN GLARGINE-YFGN (100 UNIT/ML SOLN PEN, 100 UNIT/ML SOLUTION)	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	

Drug Name	Drug Tier	Requirements/Limits
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 70/30 FLEXPEN RELION	2	
NOVOLOG MIX 70/30	2	
NOVOLOG MIX 70/30 FLEXPEN	2	
NOVOLOG MIX 70/30 RELION	2	
TRESIBA	2	
TRESIBA FLEXTOUCH (100 UNIT/ML SOLN PEN, 200 UNIT/ML SOLN PEN)	2	
INSULIN SENSITIZING AGENTS		
pioglitazone hcl (15 mg tab, 30 mg tab, 45 mg tab)	1	
MEGLITINIDE ANALOGUES		
nateglinide (60 mg tab, 120 mg tab)	1	
repaglinide (0.5 mg tab, 1 mg tab, 2 mg tab)	1	
SODIUM-GLUCOSE CO-TRANSPORTER 2 (SGLT2) INHIBITORS		
dapagliflozin (5 mg tab, 10 mg tab)	1	QL (1 ea per 1 day(s))
SULFONYLUREAS		
glimepiride (1 mg tab, 2 mg tab, 4 mg tab)	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 (2.5 mg tab er 24h, 5 mg tab er 24h, 10 mg tab er 24h)	1	
glyburide (2.5 mg tab, 5 mg tab)	1	
glyburide 1.25 mg tab	1	
ANTIDIARRHEAL/PROBIOTIC AGENTS		
ANTIDIARRHEAL - CHLORIDE CHANNEL ANTAGONISTS		
MYTESI	3	PA

Drug Name	Drug Tier	Requirements/Limits
ANTIPERISTALTIC AGENTS		
diphenoxylate-atropine	1	
loperamide hcl 2 mg cap	1	
OPIUM	2	
ANTIDOTES AND SPECIFIC ANTAGONISTS		
ANTIDOTES - CHELATING AGENTS		
deferasirox (90 mg packet, 90 mg tab, 125 mg tab sol, 180 mg packet, 180 mg tab, 250 mg tab sol, 360 mg packet, 360 mg tab, 500 mg tab sol)	4	PA, PN (30 DAYS SUPPLY PER FILL), SP
deferasirox granules (90 mg packet, 180 mg packet, 360 mg packet)	4	PA, PN (30 DAYS SUPPLY PER FILL), SP
deferiprone 500 mg tab	4	PA, PN (34 DAYS SUPPLY PER FILL), SP
FERRIPROX 100 MG/ML SOLUTION	4	PA, LA, PN (34 DAYS SUPPLY PER FILL), SP
OPIOID ANTAGONISTS		
ft naloxone hcl	0	
gnp naloxone hcl	0	
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	
narcan	0	
REXTOVY	2	
VIVITROL	1	SP, PN (MIN 28 DAY SUPPLY; MAX 34 DAY SUPPLY)
ANTIEMETICS		
5-HT3 RECEPTOR ANTAGONISTS		
granisetron hcl 1 mg tab	1	QL (2 ea per fill), PN (1 DAY SUPPLY PER FILL)
ondansetron (4 mg tab disp, 8 mg tab disp)	1	
ondansetron hcl (4 mg tab, 4 mg/5ml solution, 8 mg tab)	1	
SANCUSO	3	PA, QL (4 ea per 28 days), PN (28 DAYS SUPPLY PER FILL)

Drug Name	Drug Tier	Requirements/Limits
SUSTOL	4	PA, PN (34 DAYS SUPPLY PER FILL), SP
ANTIEMETICS - ANTICHOLINERGIC		
meclizine hcl (12.5 mg tab, 25 mg tab)	1	
scopolamine	1	
TRANSDERM SCOP	2	
TRANSDERM-SCOP	2	
trimethobenzamide hcl 300 mg cap	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 (2.5 mg cap, 5 mg cap, 10 mg cap)	1	
SUBSTANCE P/NEUROKININ 1 (NK1) RECEPTOR ANTAGONISTS		
aprepitant (40 mg cap, 80 & 125 mg cap thpk, 80 mg cap, 125 mg cap)	1	
CINVANTI	3	PA, SP
EMEND 125 MG/5ML RECON SUSP	3	
ANTIFUNGALS		
ANTIFUNGALS		
flucytosine (250 mg cap, 500 mg cap)	1	PN (34 DAYS SUPPLY PER FILL)
griseofulvin microsize (125 mg/5ml suspension, 500 mg tab)	1	
griseofulvin ultramicrosize (125 mg tab, 250 mg tab)	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	

Drug Name	Drug Tier	Requirements/Limits
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		
ANTIHISTAMINES - ALKYLAMINES		
CORPHENA	1	
ANTIHISTAMINES - ETHANOLAMINES		
carbinoxamine maleate 6 mg tab	1	
DIPHENHYDRAMINE HCL	2	
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 (12.5 mg suppos, 25 mg suppos)	1	
ANTIHISTAMINES - PIPERIDINES		
cyproheptadine hcl (2 mg/5ml syrup, 4 mg tab)	1	
ANTIHYPERLIPIDEMICS		
ADENOSINE TRIPHOSPHATE-CITRATE LYASE (ACL) INHIBITORS		
NEXLETOL	2	PA, QL (1 ea per 1 days)
ANGIOPOIETIN-LIKE PROTEIN INHIBITORS		
EVKEEZA (345 MG/2.3ML SOLUTION, 1200 MG/8ML SOLUTION)	4	PA, LA, PN (28 DAYS SUPPLY PER FILL), SP
ANTIHYPERLIPIDEMICS - COMBINATIONS		
ezetimibe-simvastatin (10-10 mg tab, 10-20 mg tab, 10-40 mg tab, 10-80 mg tab)	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)

Drug Name	Drug Tier	Requirements/Limits
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	
colesevelam hcl (3.75 gm packet, 625 mg tab)	1	
colestipol hcl (1 gm tab, 5 gm packet)	1	
colestipol hcl 5 gm granules	1	
prevalite 4 gm packet	1	
prevalite 4 gm/dose powder	1	
FIBRIC ACID DERIVATIVES		
fenofibrate (48 mg tab, 54 mg tab, 134 mg cap, 145 mg tab, 160 mg tab, 200 mg cap)	1	
fenofibrate 67 mg cap	1	
FENOFIBRATE MICRONIZED (30 MG CAP, 90 MG CAP)	1	PA
fenofibrate micronized (43 mg cap, 67 mg cap, 130 mg cap, 134 mg cap, 200 mg cap)	1	
fenofibric acid (45 mg cap dr, 135 mg cap dr)	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 years)
atorvastatin calcium 10 mg tab	1	QL (2 ea per 1 days), PN ($0 copay for members age 40-75 years)
lovastatin 10 mg tab	1	QL (4 ea per 1 days), PN ($0 copay for members age 40-75 years)
lovastatin 20 mg tab	1	QL (2 ea per 1 days), PN ($0 copay for members age 40-75 years)
lovastatin 40 mg tab	1	QL (1 ea per 1 days), PN ($0 copay for members age 40-75 years)
pravastatin sodium 10 mg tab	1	QL (8 ea per 1 days), PN ($0 copay for members age 40-75 years)
pravastatin sodium 20 mg tab	1	QL (4 ea per 1 days), PN ($0 copay for members age 40-75 years)

Drug Name	Drug Tier	Requirements/Limits
pravastatin sodium 40 mg tab	1	QL (2 ea per 1 days), PN ($0 copay for members age 40-75 years)
pravastatin sodium 80 mg tab	1	QL (1 ea per 1 days), PN ($0 copay for members age 40-75 years)
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 years)
rosuvastatin calcium 5 mg tab	1	QL (2 ea per 1 days), PN ($0 copay for members age 40-75 years)
simvastatin (40 mg tab, 80 mg tab)	1	QL (1 ea per 1 days), PN ($0 copay for members age 40-75 years)
simvastatin 10 mg tab	1	QL (4 ea per 1 days), PN ($0 copay for members age 40-75 years)
simvastatin 20 mg tab	1	QL (2 ea per 1 days), PN ($0 copay for members age 40-75 years)
simvastatin 5 mg tab	1	QL (8 ea per 1 days), PN ($0 copay for members age 40-75 years)
ZYPITAMAG (2 MG TAB, 4 MG TAB)	3	PA, QL (1 ea per 1 days), PN ($0 copay for members age 40-75 years)
INTESTINAL CHOLESTEROL ABSORPTION INHIBITORS		
ezetimibe	1	
NICOTINIC ACID DERIVATIVES		
niacin er (antihyperlipidemic) (500 mg tab er, 750 mg tab er, 1000 mg tab er)	1	
PROPROTEIN CONVERTASE SUBTILISIN/KEXIN TYPE 9 INHIBITORS		
LEQVIO	4	PA, PN (34 DAYS SUPPLY PER FILL), SP
PRALUENT (75 MG/ML SOLN A-INJ, 150 MG/ML SOLN A-INJ)	2	PA, QL (0.072 ml per 1 days)
REPATHA	2	PA, QL (0.072 ml per 1 days)
REPATHA SURECLICK	2	PA, QL (0.072 ml per 1 days)
ANTIHYPERTENSIVES		
ACE INHIBITORS		
benazepril hcl (5 mg tab, 10 mg tab, 20 mg tab, 40 mg tab)	1	
captopril (12.5 mg tab, 25 mg tab, 50 mg tab, 100 mg tab)	1	
enalapril maleate (2.5 mg tab, 5 mg tab, 10 mg tab, 20 mg tab)	1	

Drug Name	Drug Tier	Requirements/Limits
fosinopril sodium (10 mg tab, 20 mg tab, 40 mg tab)	1	
lisinopril (2.5 mg tab, 5 mg tab, 10 mg tab, 20 mg tab, 30 mg tab, 40 mg tab)	1	
moexipril hcl (7.5 mg tab, 15 mg tab)	1	
PERINDOPRIL ERBUMINE (2 MG TAB, 8 MG TAB)	2	
perindopril erbumine 4 mg tab	1	
quinapril hcl (5 mg tab, 10 mg tab, 20 mg tab, 40 mg tab)	1	
ramipril (1.25 mg cap, 2.5 mg cap, 5 mg cap, 10 mg cap)	1	
trandolapril (1 mg tab, 2 mg tab, 4 mg tab)	1	
AGENTS FOR PHEOCHROMOCYTOMA		
phenoxybenzamine hcl	1	SP
ANGIOTENSIN II RECEPTOR ANTAGONISTS		
candesartan cilexetil (4 mg tab, 8 mg tab, 16 mg tab, 32 mg tab)	1	
irbesartan (75 mg tab, 150 mg tab, 300 mg tab)	1	
losartan potassium (25 mg tab, 50 mg tab, 100 mg tab)	1	
olmesartan medoxomil (5 mg tab, 20 mg tab, 40 mg tab)	1	
telmisartan (20 mg tab, 40 mg tab, 80 mg tab)	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 mg tab, 2 mg tab, 4 mg tab, 8 mg tab)	1	
guanfacine hcl (1 mg tab, 2 mg tab)	1	
prazosin hcl (1 mg cap, 2 mg cap, 5 mg cap)	1	
terazosin hcl (1 mg cap, 2 mg cap, 5 mg cap, 10 mg cap)	1	
ANTIHYPERTENSIVE COMBINATIONS		
amlodipine besy-benazepril hcl (2.5-10 mg cap, 5-10 mg cap, 5-20 mg cap, 5-40 mg cap, 10-20 mg cap, 10-40 mg cap)	1	
amlodipine besylate-valsartan (5-160 mg tab, 5-320 mg tab, 10-160 mg tab, 10-320 mg tab)	1	PA

Drug Name	Drug Tier	Requirements/Limits
amlodipine-olmesartan (5-20 mg tab, 5-40 mg tab, 10-20 mg tab, 10-40 mg tab)	1	PA
atenolol-chlorthalidone (50-25 mg tab, 100-25 mg tab)	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 (16-12.5 mg tab, 32-12.5 mg tab, 32-25 mg tab)	1	
enalapril-hydrochlorothiazide (5-12.5 mg tab, 10-25 mg tab)	1	
fosinopril sodium-hctz (10-12.5 mg tab, 20-12.5 mg tab)	1	
irbesartan-hydrochlorothiazide (150-12.5 mg tab, 300-12.5 mg tab)	1	
lisinopril-hydrochlorothiazide (10-12.5 mg tab, 20-12.5 mg tab, 20-25 mg tab)	1	
losartan potassium-hctz (50-12.5 mg tab, 100-12.5 mg tab, 100-25 mg tab)	1	
metoprolol tartrate (25 mg tab, 50 mg tab, 100 mg tab)	1	
metoprolol-hydrochlorothiazide (50-25 mg tab, 100-25 mg tab)	1	
metoprolol-hydrochlorothiazide 100-50 mg tab	1	
olmesartan medoxomil-hctz (20-12.5 mg tab, 40-12.5 mg tab, 40-25 mg tab)	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 20-12.5 mg tab	1	
telmisartan-hctz (40-12.5 mg tab, 80-12.5 mg tab, 80-25 mg tab)	1	
valsartan-hydrochlorothiazide (80-12.5 mg tab, 160-12.5 mg tab, 160-25 mg tab, 320-12.5 mg tab, 320-25 mg tab)	1	
DIRECT RENIN INHIBITORS		
aliskiren fumarate (150 mg tab, 300 mg tab)	1	PA
SELECTIVE ALDOSTERONE RECEPTOR ANTAGONISTS (SARAS)		
eplerenone (25 mg tab, 50 mg tab)	1	
VASODILATORS		
hydralazine hcl (10 mg tab, 25 mg tab, 50 mg tab, 100 mg tab)	1	

Drug Name	Drug Tier	Requirements/Limits
minoxidil (2.5 mg tab, 10 mg tab)	1	
ANTIMALARIALS		
ANTIMALARIAL COMBINATIONS		
atovaquone-proguanil hcl (62.5-25 mg tab, 250-100 mg tab)	1	
ANTIMALARIALS		
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 DAY SUPPLY IN 180 DAYS)
pyrimethamine	4	PA, PN (34 DAYS SUPPLY PER FILL), SP
quinine sulfate	1	PA
ANTIMYASTHENIC/CHOLINERGIC AGENTS		
ANTIMYASTHENIC/CHOLINERGIC AGENTS		
FIRDAPSE	4	PA, LA, QL (240 ea per 30 days), PN (30 DAYS SUPPLY PER FILL), SP
PYRIDOSTIGMINE BROMIDE (60 MG TAB, 60 MG/5ML SOLUTION)	1	
pyridostigmine bromide er	1	
ANTIMYCOBACTERIAL AGENTS		
ANTIMYCOBACTERIAL AGENTS		
ethambutol hcl (100 mg tab, 400 mg tab)	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 (20 MG TAB, 100 MG TAB)	4	PA, LA, SP
ANTINEOPLASTICS AND ADJUNCTIVE THERAPIES		
ALKYLATING AGENTS		
cyclophosphamide (25 mg cap, 50 mg cap)	1	SP

Drug Name	Drug Tier	Requirements/Limits
LEUKERAN	2	SP
lomustine (10 mg cap, 40 mg cap, 100 mg cap)	1	SP, PN (MIN 42 DAY SUPPLY; MAX 42 DAY SUPPLY)
MYLERAN	2	SP
temozolomide (5 mg cap, 20 mg cap, 100 mg cap, 140 mg cap, 180 mg cap, 250 mg cap)	1	PN (34 DAYS SUPPLY PER FILL), SP
thiotepa (15 mg recon soln, 100 mg recon soln)	4	PA, PN (34 DAYS SUPPLY PER FILL), SP
YONDELIS	4	PA, PN (34 DAYS SUPPLY PER FILL), SP
ZEPZELCA	4	PA, PN (34 DAYS SUPPLY PER FILL), SP
ANTIMETABOLITES		
capecitabine (150 mg tab, 500 mg tab)	1	PN (34 DAYS SUPPLY PER FILL), SP
clofarabine	4	PN (34 DAYS SUPPLY PER FILL), SP
decitabine	4	PN (34 DAYS SUPPLY PER FILL), SP
mercaptopurine 50 mg tab	1	
METHOTREXATE SODIUM (2.5 MG TAB, 50 MG/2ML SOLUTION, 250 MG/10ML SOLUTION)	1	
methotrexate sodium (pf) (1 gm/40ml solution, 50 mg/2ml solution, 250 mg/10ml solution)	1	
ONUREG (200 MG TAB, 300 MG TAB)	3	QL (14 ea per 28 days), PA-NSO, SP, PN (MIN 28 DAY SUPPLY; MAX 34 DAY SUPPLY)
PEMETREXED (1 GM/40ML SOLUTION, 100 MG/4ML SOLUTION)	4	PN (34 DAYS SUPPLY PER FILL)
pralatrexate (20 mg/ml solution, 40 mg/2ml solution)	4	PN (34 DAYS SUPPLY PER FILL), SP
ANTINEOPLASTIC - ANGIOGENESIS INHIBITORS		
AVASTIN (100 MG/4ML SOLUTION, 400 MG/16ML SOLUTION)	4	PA, PN (34 DAYS SUPPLY PER FILL), SP
CYRAMZA (100 MG/10ML SOLUTION, 500 MG/50ML SOLUTION)	4	PA, PN (34 DAYS SUPPLY PER FILL), SP
FRUZAQLA 1 MG CAP	3	PA, QL (84 ea per 28 days), PN (28 DAYS SUPPLY PER FILL), SP
FRUZAQLA 5 MG CAP	3	PA, QL (21 ea per 28 days), PN (28 DAYS SUPPLY PER FILL), SP
INLYTA 1 MG TAB	3	QL (180 ea per 30 days), PA-NSO, PN (30 DAYS SUPPLY PER FILL), SP
INLYTA 5 MG TAB	3	QL (120 ea per 30 days), PA-NSO, PN (30 DAYS SUPPLY PER FILL), SP

Drug Name	Drug Tier	Requirements/Limits
LENVIMA (10 MG DAILY DOSE)	3	QL (30 ea per 30 days), PA-NSO, PN (30 DAYS SUPPLY PER FILL), SP
LENVIMA (12 MG DAILY DOSE)	3	QL (90 ea per 30 days), PA-NSO, PN (30 DAYS SUPPLY PER FILL), SP
LENVIMA (14 MG DAILY DOSE)	3	QL (60 ea per 30 days), PA-NSO, PN (30 DAYS SUPPLY PER FILL), SP
LENVIMA (18 MG DAILY DOSE)	3	QL (90 ea per 30 days), PA-NSO, PN (30 DAYS SUPPLY PER FILL), SP
LENVIMA (20 MG DAILY DOSE)	3	QL (60 ea per 30 days), PA-NSO, PN (30 DAYS SUPPLY PER FILL), SP
LENVIMA (24 MG DAILY DOSE)	3	QL (90 ea per 30 days), PA-NSO, PN (30 DAYS SUPPLY PER FILL), SP
LENVIMA (4 MG DAILY DOSE)	3	QL (30 ea per 30 days), PA-NSO, PN (30 DAYS SUPPLY PER FILL), SP
LENVIMA (8 MG DAILY DOSE)	3	QL (60 ea per 30 days), PA-NSO, PN (30 DAYS SUPPLY PER FILL), SP
MVASI (100 MG/4ML SOLUTION, 400 MG/16ML SOLUTION)	4	PN (34 DAYS SUPPLY PER FILL), SP
ANTINEOPLASTIC - ANTI-HER2 AGENTS		
HERZUMA (150 MG RECON SOLN, 420 MG RECON SOLN)	4	PN (34 DAYS SUPPLY PER FILL), SP
KANJINTI (150 MG RECON SOLN, 420 MG RECON SOLN)	4	PN (34 DAYS SUPPLY PER FILL), SP
MARGENZA	4	PA, PN (34 DAYS SUPPLY PER FILL), SP
OGIVRI (150 MG RECON SOLN, 420 MG RECON SOLN)	4	PN (34 DAYS SUPPLY PER FILL), SP
ONTRUZANT (150 MG RECON SOLN, 420 MG RECON SOLN)	4	PN (34 DAYS SUPPLY PER FILL), SP
PERJETA	4	PN (34 DAYS SUPPLY PER FILL), SP
TRAZIMERA (150 MG RECON SOLN, 420 MG RECON SOLN)	4	PN (34 DAYS SUPPLY PER FILL), SP
TUKYSA (50 MG TAB, 150 MG TAB)	3	QL (120 ea per 30 days), PA-NSO, PN (30 DAYS SUPPLY PER FILL), SP
ANTINEOPLASTIC - ANTIBODIES		
ADCETRIS	4	PA, PN (34 DAYS SUPPLY PER FILL), SP
BAVENCIO	4	PA, PN (34 DAYS SUPPLY PER FILL), SP
BESPONSA	4	PA, PN (34 DAYS SUPPLY PER FILL), SP
BLINCYTO	4	PA, PN (34 DAYS SUPPLY PER FILL), SP
DANYELZA	4	PA, PN (34 DAYS SUPPLY PER FILL), SP
DARZALEX (100 MG/5ML SOLUTION, 400 MG/20ML SOLUTION)	4	PA, PN (34 DAYS SUPPLY PER FILL), SP

Drug Name	Drug Tier	Requirements/Limits
ELAHERE	4	PA, PN (34 DAYS SUPPLY PER FILL), SP
EMPLICITI (300 MG RECON SOLN, 400 MG RECON SOLN)	4	PA, PN (34 DAYS SUPPLY PER FILL), SP
ENHERTU	4	PA, PN (34 DAYS SUPPLY PER FILL), SP
EPKINLY (4 MG/0.8ML SOLUTION, 48 MG/0.8ML SOLUTION)	4	PA, PN (28 DAYS SUPPLY PER FILL), SP
GAZYVA	4	PA, PN (34 DAYS SUPPLY PER FILL), SP
IMDELLTRA (1 MG RECON SOLN, 10 MG RECON SOLN)	4	PA, PN (28 DAYS SUPPLY PER FILL), SP
IMFINZI (120 MG/2.4ML SOLUTION, 500 MG/10ML SOLUTION)	4	PA, PN (34 DAYS SUPPLY PER FILL), SP
IMJUDO 25 MG/1.25ML SOLUTION	4	PA, QL (375 ml per 180 days), PN (180 DAYS SUPPLY PER FILL), SP
IMJUDO 300 MG/15ML SOLUTION	4	PA, QL (15 ml per 180 days), PN (180 DAYS SUPPLY PER FILL), SP
JEMPERLI	4	PA, PN (34 DAYS SUPPLY PER FILL), SP
KADCYLA (100 MG RECON SOLN, 160 MG RECON SOLN)	4	PA, PN (34 DAYS SUPPLY PER FILL), SP
KEYTRUDA	4	PA, SP, PN (MIN 21 DAY SUPPLY; MAX 42 DAY SUPPLY)
KIMMTRAK	4	PA, PN (34 DAYS SUPPLY PER FILL), SP
LIBTAYO	4	PA, PN (34 DAYS SUPPLY PER FILL), SP
LUNSUMIO (1 MG/ML SOLUTION, 30 MG/30ML SOLUTION)	4	PA, PN (34 DAYS SUPPLY PER FILL), SP
LUNSUMIO VELO (5 MG/0.5ML SOLUTION, 45 MG/ML SOLUTION)	4	PA, PN (34 DAYS SUPPLY PER FILL), SP
MONJUVI	4	PA, PN (34 DAYS SUPPLY PER FILL), SP
MYLOTARG	4	PA, PN (34 DAYS SUPPLY PER FILL), SP
OPDIVO (40 MG/4ML SOLUTION, 100 MG/10ML SOLUTION, 120 MG/12ML SOLUTION, 240 MG/24ML SOLUTION)	4	PA, PN (34 DAYS SUPPLY PER FILL), SP
PADCEV (20 MG RECON SOLN, 30 MG RECON SOLN)	4	PA, PN (34 DAYS SUPPLY PER FILL), SP
POLIVY (30 MG RECON SOLN, 140 MG RECON SOLN)	4	PA, PN (34 DAYS SUPPLY PER FILL), SP
POTELIGEO	4	PA, PN (34 DAYS SUPPLY PER FILL), SP
RIABNI (100 MG/10ML SOLUTION, 500 MG/50ML SOLUTION)	4	PA, PN (PA is not required for oncology or multiple sclerosis indications), SP
RUXIENCE (100 MG/10ML SOLUTION, 500 MG/50ML SOLUTION)	4	PA, PN (34 DAYS SUPPLY PER FILL), SP
RYBREVANT	4	PA, PN (34 DAYS SUPPLY PER FILL), SP
SARCLISA (100 MG/5ML SOLUTION, 500 MG/25ML SOLUTION)	4	PA, PN (34 DAYS SUPPLY PER FILL), SP

Drug Name	Drug Tier	Requirements/Limits
TECENTRIQ (840 MG/14ML SOLUTION, 1200 MG/20ML SOLUTION)	4	PA, PN (34 DAYS SUPPLY PER FILL), SP
TEVIMBRA (100 MG/10ML SOLUTION, 150 MG/15ML SOLUTION)	4	PA, PN (34 DAYS SUPPLY PER FILL), SP
TIVDAK	4	PA, PN (34 DAYS SUPPLY PER FILL), SP
VYLOY 100 MG RECON SOLN	4	PA, PN (UP TO 21 DAYS SUPPLY PER FILL), SP
YERVOY (50 MG/10ML SOLUTION, 200 MG/40ML SOLUTION)	4	PA, PN (34 DAYS SUPPLY PER FILL), SP
ZYNLONTA	4	PA, PN (34 DAYS SUPPLY PER FILL), SP
ZYNYZ	4	PA, QL (20 ml per 28 days), PN (28 DAYS SUPPLY PER FILL), SP
ANTINEOPLASTIC - BCL-2 INHIBITORS		
VENCLEXTA 10 MG TAB	3	QL (56 ea per 28 day(s)), PA-NSO, PN (28 DAYS SUPPLY PER FILL), SP
VENCLEXTA 100 MG TAB	3	QL (180 ea per 30 days), PA-NSO, PN (30 DAYS SUPPLY PER FILL), SP
VENCLEXTA 50 MG TAB	3	QL (28 ea per 28 day(s)), PA-NSO, PN (28 DAYS SUPPLY PER FILL), SP
VENCLEXTA STARTING PACK	3	QL (42 ea per 28 days), PA-NSO, PN (28 DAYS SUPPLY PER FILL), SP
ANTINEOPLASTIC - EGFR INHIBITORS		
ERBITUX (100 MG/50ML SOLUTION, 200 MG/100ML SOLUTION)	4	PN (34 DAYS SUPPLY PER FILL), SP
erlotinib hcl (100 mg tab, 150 mg tab)	1	QL (30 ea per 30 days), PA-NSO, PN (30 DAYS SUPPLY PER FILL), SP
erlotinib hcl 25 mg tab	1	QL (90 ea per 30 days), PA-NSO, PN (30 DAYS SUPPLY PER FILL), SP
gefitinib	2	QL (30 ea per 30 days), PA-NSO, PN (30 DAYS SUPPLY PER FILL), SP
GILOTRIF (20 MG TAB, 30 MG TAB, 40 MG TAB)	3	QL (30 ea per 30 days), PA-NSO, PN (30 DAYS SUPPLY PER FILL), SP
LAZCLUZE (80 MG TAB, 240 MG TAB)	3	PA, QL (30 ea per 30 day(s)), PN (30 DAYS SUPPLY PER FILL), SP
TAGRISSO (40 MG TAB, 80 MG TAB)	3	QL (30 ea per 30 days), PA-NSO, PN (30 DAYS SUPPLY PER FILL), SP
VECTIBIX (100 MG/5ML SOLUTION, 400 MG/20ML SOLUTION)	4	PA, PN (34 DAYS SUPPLY PER FILL), SP
VIZIMPRO (15 MG TAB, 30 MG TAB, 45 MG TAB)	3	QL (30 ea per 30 days), PA-NSO, PN (30 DAYS SUPPLY PER FILL), SP

Drug Name	Drug Tier	Requirements/Limits
ANTINEOPLASTIC - HEDGEHOG PATHWAY INHIBITORS		
DAURISMO 100 MG TAB	3	QL (30 ea per 30 days), PA-NSO, PN (30 DAYS SUPPLY PER FILL), SP
DAURISMO 25 MG TAB	3	QL (60 ea per 30 days), PA-NSO, PN (30 DAYS SUPPLY PER FILL), SP
ERIVEDGE	3	QL (28 ea per 28 day(s)), PA-NSO, PN (28 DAYS SUPPLY PER FILL), SP
ODOMZO	3	QL (30 ea per 30 days), PA-NSO, PN (30 DAYS SUPPLY PER FILL), SP
ANTINEOPLASTIC - HORMONAL AND RELATED AGENTS		
abiraterone acetate 250 mg tab	1	QL (120 ea per 30 days), PA-NSO, PN (30 DAYS SUPPLY PER FILL), SP
abirtega	1	QL (120 ea per 30 days), PA-NSO, PN (30 DAYS SUPPLY PER FILL), SP
AKEEGA (50-500 MG TAB, 100-500 MG TAB)	3	QL (60 ea per 30 days), PA-NSO, PN (30 DAYS SUPPLY PER FILL), SP
anastrozole	0	PN ($0 copay for women)
bicalutamide	1	QL (30 ea per 30 day(s)), PN (30 DAYS SUPPLY PER FILL)
CAMCEVI	4	PN (168 DAYS SUPPLY PER FILL), SP
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)
ERLEADA 240 MG TAB	4	QL (30 ea per 30 days), PA-NSO, PN (30 DAYS SUPPLY PER FILL), SP
ERLEADA 60 MG TAB	3	QL (120 ea per 30 days), PA-NSO, PN (30 DAYS SUPPLY PER FILL), SP
EULEXIN	1	SP
exemestane	0	PN ($0 copay for women)
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)

Drug Name	Drug Tier	Requirements/Limits
fulvestrant	4	PN (34 DAYS SUPPLY PER FILL), SP
letrozole	0	
leuprolide acetate	1	
LUPRON DEPOT (1-MONTH) (3.75 MG KIT, 7.5 MG KIT)	4	SP, PN (MIN 28 DAY SUPPLY; MAX 34 DAY SUPPLY)
LUPRON DEPOT (3-MONTH) (11.25 MG KIT, 22.5 MG KIT)	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, PN (34 DAYS SUPPLY PER FILL), SP
megestrol acetate (20 mg tab, 40 mg tab)	1	
megestrol acetate (40 mg/ml suspension, 400 mg/10ml suspension, 800 mg/20ml suspension)	1	
NILUTAMIDE	1	SP
NUBEQA	3	QL (120 ea per 30 days), PA-NSO, PN (30 DAYS SUPPLY PER FILL), SP
ORGOVYX	3	PA, QL (64 ea per 30 days), PN (30 DAYS SUPPLY PER FILL), SP
ORSERDU 345 MG TAB	3	QL (30 ea per 30 days), PA-NSO, PN (30 DAYS SUPPLY PER FILL), SP
ORSERDU 86 MG TAB	3	QL (90 ea per 30 days), PA-NSO, PN (30 DAYS SUPPLY PER FILL), SP
tamoxifen citrate (10 mg tab, 20 mg tab)	0	PN ($0 copay for women)
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, PN (30 DAYS SUPPLY PER FILL), SP
XTANDI 40 MG TAB	4	QL (120 ea per 30 days), PA-NSO, PN (30 DAYS SUPPLY PER FILL), SP
XTANDI 80 MG TAB	4	QL (60 ea per 30 days), PA-NSO, PN (30 DAYS SUPPLY PER FILL), SP

Drug Name	Drug Tier	Requirements/Limits
ZOLADEX 10.8 MG IMPLANT	4	PN (84 DAYS SUPPLY PER FILL), SP
ZOLADEX 3.6 MG IMPLANT	4	PN (28 DAYS SUPPLY PER FILL), SP
ANTINEOPLASTIC - HYPOXIA-INDUCIBLE FACTOR INHIBITORS		
WELIREG	4	LA, QL (90 ea per 30 days), PA-NSO, PN (34 DAYS SUPPLY PER FILL), SP
ANTINEOPLASTIC - IMMUNOMODULATORS		
pomalidomide (1 mg cap, 2 mg cap, 3 mg cap, 4 mg cap)	3	QL (21 ea per 28 day(s)), PA-NSO, PN (28 DAYS SUPPLY PER FILL), SP
ANTINEOPLASTIC - PDGFR-ALPHA INHIBITORS		
AYVAKIT (100 MG TAB, 200 MG TAB, 300 MG TAB)	3	QL (30 ea per 30 days), PA-NSO, PN (30 DAYS SUPPLY PER FILL), SP
AYVAKIT (25 MG TAB, 50 MG TAB)	4	QL (30 ea per 30 days), PA-NSO, PN (30 DAYS SUPPLY PER FILL), SP
ANTINEOPLASTIC - XPO1 INHIBITORS		
XPOVIO (100 MG ONCE WEEKLY)	3	QL (8 ea per 28 days), PA-NSO, PN (28 DAYS SUPPLY PER FILL), SP
XPOVIO (40 MG TWICE WEEKLY)	3	QL (8 ea per 28 days), PA-NSO, PN (28 DAYS SUPPLY PER FILL), SP
XPOVIO (60 MG ONCE WEEKLY)	3	QL (4 ea per 28 days), PA-NSO, PN (28 DAYS SUPPLY PER FILL), SP
XPOVIO (60 MG TWICE WEEKLY)	3	QL (24 ea per 28 days), PA-NSO, PN (28 DAYS SUPPLY PER FILL), SP
XPOVIO (80 MG ONCE WEEKLY) 40 MG TAB THPK	3	QL (8 ea per 28 days), PA-NSO, PN (28 DAYS SUPPLY PER FILL), SP
XPOVIO (80 MG TWICE WEEKLY)	3	QL (32 ea per 28 day(s)), PA-NSO, PN (28 DAYS SUPPLY PER FILL), SP
ANTINEOPLASTIC ANTIBIOTICS		
JELMYTO	4	PA, LA, QL (17 ea per lifetime), SP
ANTINEOPLASTIC COMBINATIONS		
DARZALEX FASPRO	4	PA, PN (28 DAYS SUPPLY PER FILL), SP
HERCEPTIN HYLECTA	4	PN (34 DAYS SUPPLY PER FILL), SP
INQOVI	3	QL (5 ea per 28 days), PA-NSO, SP, PN (MIN 28 DAY SUPPLY; MAX 34 DAY SUPPLY)

Drug Name	Drug Tier	Requirements/Limits
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)
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), PN (28 DAYS SUPPLY PER FILL), SP
PHESGO (60-60-2000 MG-MG-U/ML SOLUTION, 80-40-2000 MG-MG-U/ML SOLUTION)	4	PN (34 DAYS SUPPLY PER FILL), SP
TECENTRIQ HYBREZA	4	PA, QL (15 ml per 21 day(s)), PN (21 DAYS SUPPLY PER FILL), SP
VYXEOS	4	PA, PN (34 DAYS SUPPLY PER FILL), SP
ANTINEOPLASTIC ENZYME INHIBITORS		
ALECENSA	3	QL (240 ea per 30 days), PA-NSO, SP, PN (MIN 30 DAY SUPPLY; MAX 60 DAY SUPPLY)
ALUNBRIG (90 & 180 MG TAB THPK, 90 MG TAB, 180 MG TAB)	3	QL (30 ea per 30 days), PA-NSO, PN (30 DAYS SUPPLY PER FILL), SP
ALUNBRIG 30 MG TAB	3	QL (60 ea per 30 days), PA-NSO, PN (30 DAYS SUPPLY PER FILL), SP
AUGTYRO 40 MG CAP	4	PA, QL (240 ea per 30 day(s)), PN (30 DAYS SUPPLY PER FILL), SP
BALVERSA 3 MG TAB	3	LA, QL (84 ea per 28 days), PA-NSO, PN (28 DAYS SUPPLY PER FILL), SP
BALVERSA 4 MG TAB	3	LA, QL (56 ea per 28 days), PA-NSO, PN (28 DAYS SUPPLY PER FILL), SP
BALVERSA 5 MG TAB	3	LA, QL (28 ea per 28 days), PA-NSO, PN (28 DAYS SUPPLY PER FILL), SP
BOSULIF (400 MG TAB, 500 MG TAB)	3	QL (30 ea per 30 day(s)), PA-NSO, PN (30 DAYS SUPPLY PER FILL), SP
BOSULIF 100 MG TAB	3	QL (90 ea per 30 day(s)), PA-NSO, PN (30 DAYS SUPPLY PER FILL), SP
bosutinib (400 mg tab, 500 mg tab)	3	QL (30 ea per 30 day(s)), PA-NSO, PN (30 DAYS SUPPLY PER FILL), SP
bosutinib 100 mg tab	3	QL (90 ea per 30 day(s)), PA-NSO, PN (30 DAYS SUPPLY PER FILL), SP
BRAFTOVI	3	QL (180 ea per 30 days), PA-NSO, PN (30 DAYS SUPPLY PER FILL), SP
BRUKINSA 80 MG CAP	3	QL (120 ea per 30 days), PA-NSO, PN (30 DAYS SUPPLY PER FILL), SP

Drug Name	Drug Tier	Requirements/Limits
CABOMETYX (20 MG TAB, 40 MG TAB, 60 MG TAB)	3	QL (30 ea per 30 days), PA-NSO, PN (30 DAYS SUPPLY PER FILL), SP
CALQUENCE 100 MG TAB	4	QL (60 ea per 30 days), PA-NSO, PN (30 DAYS SUPPLY PER FILL), SP
CAPRELSA 100 MG TAB	3	LA, QL (60 ea per 30 days), PA-NSO, PN (30 DAYS SUPPLY PER FILL), SP
CAPRELSA 300 MG TAB	3	LA, QL (30 ea per 30 days), PA-NSO, PN (30 DAYS SUPPLY PER FILL), SP
COMETRIQ (100 MG DAILY DOSE)	3	QL (56 ea per 28 days), PA-NSO, PN (28 DAYS SUPPLY PER FILL), SP
COMETRIQ (140 MG DAILY DOSE)	3	QL (112 ea per 28 days), PA-NSO, PN (28 DAYS SUPPLY PER FILL), SP
COMETRIQ (60 MG DAILY DOSE)	3	QL (84 ea per 28 days), PA-NSO, PN (28 DAYS SUPPLY PER FILL), SP
COPIKTRA (15 MG CAP, 25 MG CAP)	3	QL (60 ea per 30 days), PA-NSO, PN (30 DAYS SUPPLY PER FILL), SP
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, PN (30 DAYS SUPPLY PER FILL), SP
dasatinib 20 mg tab	3	QL (90 ea per 30 day(s)), PA-NSO, PN (30 DAYS SUPPLY PER FILL), SP
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, PN (28 DAYS SUPPLY PER FILL), SP
everolimus 2 mg tab sol	1	QL (28 ea per 28 days), PA-NSO, PN (34 DAYS SUPPLY PER FILL), SP
FOTIVDA (0.89 MG CAP, 1.34 MG CAP)	3	QL (21 ea per 28 days), PA-NSO, PN (30 DAYS SUPPLY PER FILL), SP
GAVRETO	3	QL (120 ea per 30 day(s)), PA-NSO, PN (30 DAYS SUPPLY PER FILL), SP
IBRANCE (75 MG CAP, 75 MG TAB, 100 MG CAP, 100 MG TAB, 125 MG CAP, 125 MG TAB)	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, PN (30 DAYS SUPPLY PER FILL), SP
ICLUSIG (15 MG TAB, 45 MG TAB)	3	LA, QL (30 ea per 30 days), PA-NSO, PN (30 DAYS SUPPLY PER FILL), SP
IDHIFA (50 MG TAB, 100 MG TAB)	3	QL (30 ea per 30 days), PA-NSO, PN (30 DAYS SUPPLY PER FILL), SP
imatinib mesylate 100 mg tab	1	QL (90 ea per 30 days), PN (30 DAYS SUPPLY PER FILL), SP

Drug Name	Drug Tier	Requirements/Limits
imatinib mesylate 400 mg tab	1	QL (60 ea per 30 days), PN (30 DAYS SUPPLY PER FILL), SP
IMBRUVICA (70 MG CAP, 420 MG TAB)	3	QL (28 ea per 28 days), PA-NSO, PN (28 DAYS SUPPLY PER FILL), SP
IMBRUVICA 140 MG CAP	3	QL (120 ea per 30 days), PA-NSO, PN (30 DAYS SUPPLY PER FILL), SP
IMBRUVICA 70 MG/ML SUSPENSION	3	QL (216 ml per 36 days), PA-NSO, PN (36 DAYS SUPPLY PER FILL), SP
INREBIC	3	PA, QL (120 ea per 30 days), PN (30 DAYS SUPPLY PER FILL), SP
ITOVEBI 3 MG TAB	3	PA, QL (60 ea per 30 days), PN (30 DAYS SUPPLY PER FILL), SP
ITOVEBI 9 MG TAB	3	PA, QL (30 ea per 30 days), PN (30 DAYS SUPPLY PER FILL), SP
JAKAFI (5 MG TAB, 10 MG TAB, 15 MG TAB, 20 MG TAB, 25 MG TAB)	3	PA, QL (60 ea per 30 days), PN (30 DAYS SUPPLY PER FILL), SP
JAYPIRCA 100 MG TAB	3	QL (60 ea per 30 days), PA-NSO, PN (30 DAYS SUPPLY PER FILL), SP
JAYPIRCA 50 MG TAB	3	QL (30 ea per 30 days), PA-NSO, PN (30 DAYS SUPPLY PER FILL), SP
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, PN (30 DAYS SUPPLY PER FILL), SP
KOSELUGO 25 MG CAP	3	QL (120 ea per 30 days), PA-NSO, PN (30 DAYS SUPPLY PER FILL), SP
KRAZATI	4	QL (180 ea per 30 days), PA-NSO, PN (30 DAYS SUPPLY PER FILL), SP
lapatinib ditosylate	1	QL (180 ea per 30 days), PA-NSO, PN (30 DAYS SUPPLY PER FILL), SP
LORBRENA 100 MG TAB	3	QL (30 ea per 30 days), PA-NSO, PN (30 DAYS SUPPLY PER FILL), SP
LORBRENA 25 MG TAB	3	QL (90 ea per 30 days), PA-NSO, PN (30 DAYS SUPPLY PER FILL), SP

Drug Name	Drug Tier	Requirements/Limits
LUMAKRAS 120 MG TAB	3	QL (240 ea per 30 days), PA-NSO, PN (30 DAYS SUPPLY PER FILL), SP
LUMAKRAS 320 MG TAB	4	QL (90 ea per 30 days), PA-NSO, PN (30 DAYS SUPPLY PER FILL), SP
LYNPARZA (100 MG TAB, 150 MG TAB)	3	PA, QL (120 ea per 30 days), PN (30 DAYS SUPPLY PER FILL), SP
LYTGOBI (12 MG DAILY DOSE)	4	QL (84 ea per 28 days), PA-NSO, PN (28 DAYS SUPPLY PER FILL), SP
LYTGOBI (16 MG DAILY DOSE)	4	QL (112 ea per 28 days), PA-NSO, PN (28 DAYS SUPPLY PER FILL), SP
LYTGOBI (20 MG DAILY DOSE)	4	QL (140 ea per 28 days), PA-NSO, PN (28 DAYS SUPPLY PER FILL), SP
MEKINIST 0.05 MG/ML RECON SOLN	3	PA, QL (1200 ml per 30 days), PN (30 DAYS SUPPLY PER FILL), SP
MEKINIST 0.5 MG TAB	3	PA, QL (90 ea per 30 days), PN (30 DAYS SUPPLY PER FILL), SP
MEKINIST 2 MG TAB	3	PA, QL (30 ea per 30 days), PN (30 DAYS SUPPLY PER FILL), SP
MEKTOVI	3	QL (180 ea per 30 days), PA-NSO, PN (30 DAYS SUPPLY PER FILL), SP
NERLYNX	3	PA, QL (180 ea per 30 days), PN (30 DAYS SUPPLY PER FILL), SP
nilotinib hcl 150 mg cap	1	PA, QL (112 ea per 28 day(s)), PN (28 DAYS SUPPLY PER FILL), SP
nilotinib hcl 200 mg cap	1	QL (112 ea per 28 day(s)), PA-NSO, PN (28 DAYS SUPPLY PER FILL), SP
nilotinib hcl 50 mg cap	1	QL (120 ea per 30 day(s)), PA-NSO, PN (28 DAYS SUPPLY PER FILL), SP
NINLARO (2.3 MG CAP, 3 MG CAP, 4 MG CAP)	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)), PN (30 DAYS SUPPLY PER FILL), SP
OJEMDA 100 MG TAB	3	PA, LA, QL (24 ea per 28 day(s)), PN (28 DAYS SUPPLY PER FILL), SP
OJEMDA 25 MG/ML RECON SUSP	3	PA, LA, QL (96 ml per 28 day(s)), PN (28 DAYS SUPPLY PER FILL), SP
OJJAARA (100 MG TAB, 150 MG TAB, 200 MG TAB)	3	PA, QL (30 ea per 30 days), PN (30 DAYS SUPPLY PER FILL), SP
pazopanib hcl	1	QL (120 ea per 30 days), PA-NSO, PN (30 DAYS SUPPLY PER FILL), SP

Drug Name	Drug Tier	Requirements/Limits
PEMAZYRE (4.5 MG TAB, 9 MG TAB, 13.5 MG TAB)	3	LA, QL (14 ea per 21 days), PA-NSO, PN (21 DAYS SUPPLY PER FILL), SP
PHYRAGO (50 MG TAB, 70 MG TAB, 80 MG TAB, 100 MG TAB, 140 MG TAB)	3	LA, QL (30 ea per 30 day(s)), PA-NSO, PN (30 DAYS SUPPLY PER FILL), SP
PHYRAGO 20 MG TAB	3	LA, QL (90 ea per 30 day(s)), PA-NSO, PN (30 DAYS SUPPLY PER FILL), SP
PIQRAY (200 MG DAILY DOSE)	3	QL (28 ea per 28 days), PA-NSO, PN (28 DAYS SUPPLY PER FILL), SP
PIQRAY (250 MG DAILY DOSE)	3	QL (56 ea per 28 days), PA-NSO, PN (28 DAYS SUPPLY PER FILL), SP
PIQRAY (300 MG DAILY DOSE)	3	QL (56 ea per 28 days), PA-NSO, PN (28 DAYS SUPPLY PER FILL), SP
QINLOCK	3	LA, QL (90 ea per 30 days), PA-NSO, PN (30 DAYS SUPPLY PER FILL), SP
RETEVMO (80 MG TAB, 120 MG TAB, 160 MG TAB)	3	QL (60 ea per 30 day(s)), PA-NSO, PN (30 DAYS SUPPLY PER FILL), SP
RETEVMO 40 MG TAB	3	QL (90 ea per 30 day(s)), PA-NSO, PN (30 DAYS SUPPLY PER FILL), SP
REZLIDHIA	3	QL (30 ea per 30 days), PA-NSO, PN (30 DAYS SUPPLY PER FILL), SP
ROMIDEPSIN	4	PA, PN (34 DAYS SUPPLY PER FILL), SP
ROZLYTREK 100 MG CAP	3	QL (30 ea per 30 days), PA-NSO, PN (30 DAYS SUPPLY PER FILL), SP
ROZLYTREK 200 MG CAP	3	QL (90 ea per 30 days), PA-NSO, PN (30 DAYS SUPPLY PER FILL), SP
ROZLYTREK 50 MG PACKET	3	PA, QL (336 ea per 28 days), PN (28 DAYS SUPPLY PER FILL), SP
RUBRACA (200 MG TAB, 250 MG TAB, 300 MG TAB)	3	QL (120 ea per 30 days), PA-NSO, PN (30 DAYS SUPPLY PER FILL), SP
RYDAPT	3	QL (224 ea per 28 days), PA-NSO, PN (28 DAYS SUPPLY PER FILL), SP
RYTELO (47 MG RECON SOLN, 188 MG RECON SOLN)	4	PA, PN (28 DAYS SUPPLY PER FILL), SP
SCEMBLIX (20 MG TAB, 40 MG TAB)	4	QL (60 ea per 30 days), PA-NSO, PN (30 DAYS SUPPLY PER FILL), SP
SCEMBLIX 100 MG TAB	3	QL (120 ea per 30 day(s)), PA-NSO, PN (30 DAYS SUPPLY PER FILL), SP
sorafenib tosylate	1	QL (120 ea per 30 days), PA-NSO, PN (30 DAYS SUPPLY PER FILL), SP
STIVARGA	3	QL (84 ea per 28 days), PA-NSO, SP, PN (MIN 28 DAY SUPPLY; MAX 34 DAY SUPPLY)

Drug Name	Drug Tier	Requirements/Limits
sunitinib malate (12.5 mg cap, 25 mg cap, 37.5 mg cap, 50 mg cap)	1	QL (28 ea per 28 days), PA-NSO, SP, PN (MIN 28 DAY SUPPLY; MAX 42 DAY SUPPLY)
TABRECTA (150 MG TAB, 200 MG TAB)	3	QL (120 ea per 30 days), PA-NSO, PN (30 DAYS SUPPLY PER FILL), SP
TAFINLAR (50 MG CAP, 75 MG CAP)	3	PA, QL (120 ea per 30 days), PN (30 DAYS SUPPLY PER FILL), SP
TAFINLAR 10 MG TAB SOL	3	PA, QL (900 ea per 30 day(s)), PN (30 DAYS SUPPLY PER FILL), SP
TALZENNA (0.1 MG CAP, 0.35 MG CAP)	3	QL (30 ea per 30 day(s)), PA-NSO, PN (30 DAYS SUPPLY PER FILL), SP
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, PN (30 DAYS SUPPLY PER FILL), SP
TAZVERIK	3	LA, QL (240 ea per 30 days), PA-NSO, PN (30 DAYS SUPPLY PER FILL), SP
TEPMETKO	3	QL (60 ea per 30 days), PA-NSO, PN (30 DAYS SUPPLY PER FILL), SP
TIBSOVO	3	QL (60 ea per 30 days), PA-NSO, PN (30 DAYS SUPPLY PER FILL), SP
torpenz (2.5 mg tab, 5 mg tab, 7.5 mg tab, 10 mg tab)	1	LA, QL (28 ea per 28 days), PA-NSO, PN (28 DAYS SUPPLY PER FILL), SP
TRUQAP (160 MG TAB THPK, 200 MG TAB THPK)	3	QL (64 ea per 28 day(s)), PA-NSO, PN (28 DAYS SUPPLY PER FILL), SP
TRUQAP 200 MG TAB	3	QL (64 ea per 28 days), PA-NSO, PN (28 DAYS SUPPLY PER FILL), SP
TURALIO 125 MG CAP	3	LA, QL (120 ea per 30 days), PA-NSO, PN (30 DAYS SUPPLY PER FILL), SP
VANFLYTA (17.7 MG TAB, 26.5 MG TAB)	3	PA, QL (56 ea per 28 days), PN (28 DAYS SUPPLY PER FILL), SP
VERZENIO (50 MG TAB, 100 MG TAB, 150 MG TAB, 200 MG TAB)	3	QL (56 ea per 28 days), PA-NSO, PN (28 DAYS SUPPLY PER FILL), SP
VITRAKVI 100 MG CAP	3	QL (60 ea per 30 days), PA-NSO, PN (30 DAYS SUPPLY PER FILL), SP
VITRAKVI 20 MG/ML SOLUTION	3	QL (300 ml per 30 days), PA-NSO, PN (30 DAYS SUPPLY PER FILL), SP
VITRAKVI 25 MG CAP	3	QL (180 ea per 30 days), PA-NSO, PN (30 DAYS SUPPLY PER FILL), SP
VONJO	4	PA, QL (120 ea per 30 days), PN (30 DAYS SUPPLY PER FILL), SP
VORANIGO 10 MG TAB	3	QL (60 ea per 30 day(s)), PA-NSO, PN (30 DAYS SUPPLY PER FILL), SP

Drug Name	Drug Tier	Requirements/Limits
VORANIGO 40 MG TAB	3	QL (30 ea per 30 day(s)), PA-NSO, PN (30 DAYS SUPPLY PER FILL), SP
XALKORI (20 MG CAP SPRINK, 50 MG CAP SPRINK)	3	QL (120 ea per 30 day(s)), PA-NSO, PN (30 DAYS SUPPLY PER FILL), SP
XALKORI (200 MG CAP, 250 MG CAP)	3	QL (120 ea per 30 days), PA-NSO, PN (30 DAYS SUPPLY PER FILL), SP
XALKORI 150 MG CAP SPRINK	3	QL (180 ea per 30 day(s)), PA-NSO, PN (30 DAYS SUPPLY PER FILL), SP
XOSPATA	3	PA-NSO, PN (34 DAYS SUPPLY PER FILL), SP
yulithira (2.5 mg tab, 5 mg tab, 7.5 mg tab, 10 mg tab)	1	QL (28 ea per 28 days), PA-NSO, PN (28 DAYS SUPPLY PER FILL), SP
ZEJULA (100 MG TAB, 200 MG TAB, 300 MG TAB)	3	QL (30 ea per 30 days), PA-NSO, PN (30 DAYS SUPPLY PER FILL), SP
ZELBORAF	3	QL (240 ea per 30 days), PA-NSO, PN (30 DAYS SUPPLY PER FILL), SP
ZOLINZA	3	QL (120 ea per 30 days), PA-NSO, PN (30 DAYS SUPPLY PER FILL), SP
ZYDELIG (100 MG TAB, 150 MG TAB)	3	QL (60 ea per 30 days), PA-NSO, PN (30 DAYS SUPPLY PER FILL), SP
ZYKADIA	3	QL (84 ea per 28 days), PA-NSO, PN (28 DAYS SUPPLY PER FILL), SP
ANTINEOPLASTIC ENZYMES		
ASPARLAS	4	PN (34 DAYS SUPPLY PER FILL), SP
ONCASPAR	4	LA, PN (34 DAYS SUPPLY PER FILL), SP
RYLAZE	4	PA, PN (34 DAYS SUPPLY PER FILL), SP
ANTINEOPLASTIC RADIOPHARMACEUTICALS		
XOFIGO	4	PA, PN (34 DAYS SUPPLY PER FILL), SP
ANTINEOPLASTICS MISC.		
ACTIMMUNE	4	PA, PN (28 DAYS SUPPLY PER FILL), SP
BESREMI	4	QL (2 ml per 28 days), PA-NSO, PN (28 DAYS SUPPLY PER FILL), SP
bexarotene 75 mg cap	1	PA, PN (34 DAYS SUPPLY PER FILL), SP
hydroxyurea	1	
MATULANE	2	LA, PN (34 DAYS SUPPLY PER FILL), SP

Drug Name	Drug Tier	Requirements/Limits
tretinoin 10 mg cap	1	SP
CHEMOTHERAPY ADJUNCTS		
ELITEK (1.5 MG RECON SOLN, 7.5 MG RECON SOLN)	4	PA, PN (34 DAYS SUPPLY PER FILL), SP
KEPIVANCE 5.16 MG RECON SOLN	4	PA, PN (34 DAYS SUPPLY PER FILL), SP
CHEMOTHERAPY RESCUE/ANTIDOTE/PROTECTIVE AGENTS		
IWILFIN	4	LA, QL (240 ea per 30 day(s)), PA-NSO, PN (30 DAYS SUPPLY PER FILL), SP
KHAPZORY 175 MG RECON SOLN	4	PA, PN (34 DAYS SUPPLY PER FILL), SP
leucovorin calcium (5 mg tab, 10 mg tab, 15 mg tab, 25 mg tab)	1	
mesna 400 mg tab	4	PN (34 DAYS SUPPLY PER FILL), SP
PEDMARK	4	PA, PN (34 DAYS SUPPLY PER FILL), SP
VORAXAZE	4	PA, PN (34 DAYS SUPPLY PER FILL), SP
MITOTIC INHIBITORS		
AVOPEF (100 MG/5ML SOLUTION, 500 MG/25ML SOLUTION)	4	PA, PN (34 DAYS SUPPY PER FILL), SP
eribulin mesylate	4	PA, PN (34 DAYS SUPPLY PER FILL), SP
etoposide 50 mg cap	1	SP
TOPOISOMERASE I INHIBITORS		
HYCAMTIN (0.25 MG CAP, 1 MG CAP)	3	PN (34 DAYS SUPPLY PER FILL), SP
ONIVYDE	4	PA, PN (34 DAYS SUPPLY PER FILL), SP
TRODELVY	4	PA, PN (34 DAYS SUPPLY PER FILL), SP
ANTIPARKINSON AND RELATED THERAPY AGENTS		
ANTIPARKINSON ANTICHOLINERGICS		
benztropine mesylate (0.5 mg tab, 1 mg tab, 2 mg tab)	1	
trihexyphenidyl hcl (0.4 mg/ml solution, 2 mg tab, 5 mg tab)	1	
ANTIPARKINSON COMT INHIBITORS		
entacapone	1	
ONGENTYS (25 MG CAP, 50 MG CAP)	3	ST, QL (1 ea per 1 days)
tolcapone	1	ST

Drug Name	Drug Tier	Requirements/Limits
ANTIPARKINSON DOPAMINERGICS		
amantadine hcl (50 mg/5ml solution, 100 mg cap, 100 mg tab, 100 mg/10ml solution)	1	
apomorphine hcl	1	ST, PN (34 DAYS SUPPLY PER FILL), SP
bromocriptine mesylate (2.5 mg tab, 5 mg cap)	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 (25-100 mg tab er, 50-200 mg tab er)	1	
carbidopa-levodopa-entacapone (12.5-50-200 mg tab, 18.75-75-200 mg tab, 25-100-200 mg tab, 31.25-125-200 mg tab, 37.5-150-200 mg tab, 50-200-200 mg tab)	1	
INBRIJA	4	QL (300 ml per 30 days), PN (30 DAYS SUPPLY PER FILL), SP
pramipexole dihydrochloride (0.125 mg tab, 0.25 mg tab, 0.5 mg tab, 0.75 mg tab, 1 mg tab, 1.5 mg tab)	1	
pramipexole dihydrochloride er (0.375 mg tab er 24h, 0.75 mg tab er 24h, 1.5 mg tab er 24h, 2.25 mg tab er 24h, 3 mg tab er 24h, 3.75 mg tab er 24h, 4.5 mg tab er 24h)	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 (0.5 mg tab, 1 mg tab)	1	
selegiline hcl (5 mg cap, 5 mg tab)	1	
ANTIPSYCHOTICS/ANTIMANIC AGENTS		
ANTIMANIC AGENTS		
lithium	1	
lithium carbonate (150 mg cap, 300 mg cap, 300 mg tab, 600 mg cap)	1	
lithium carbonate er (300 mg tab er, 450 mg tab er)	1	
LITHOBID	3	
ANTIPSYCHOTICS - MISC.		
CAPLYTA (10.5 MG CAP, 21 MG CAP, 42 MG CAP)	4	PA, QL (1 ea per 1 days)

Drug Name	Drug Tier	Requirements/Limits
lurasidone hcl (20 mg tab, 40 mg tab, 60 mg tab, 80 mg tab, 120 mg tab)	1	PA
NUPLAZID (10 MG TAB, 34 MG CAP)	4	PA, QL (30 ea per 30 days), PN (30 DAYS SUPPLY PER FILL), SP
VRAYLAR (0.5 MG CAP, 0.75 MG CAP)	3	PA, QL (1 ea per 1 day(s))
VRAYLAR (1.5 MG CAP, 3 MG CAP, 4.5 MG CAP, 6 MG CAP)	3	PA, QL (1 ea per 1 days)
ziprasidone hcl (20 mg cap, 40 mg cap, 60 mg cap, 80 mg cap)	1	
BENZISOXAZOLES		
FANAPT (1 MG TAB, 2 MG TAB, 4 MG TAB, 6 MG TAB, 8 MG TAB, 10 MG TAB, 12 MG TAB)	4	PA
FANAPT TITRATION PACK A	4	PA
FANAPT TITRATION PACK B	4	PA
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)

Drug Name	Drug Tier	Requirements/Limits
paliperidone er (1.5 mg tab er 24h, 3 mg tab er 24h, 6 mg tab er 24h, 9 mg tab er 24h)	1	PA
PERSERIS (90 MG PRSYR, 120 MG PRSYR)	4	PA, QL (1 ea per 28 days), 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 (12.5 mg, 25 mg, 37.5 mg, 50 mg)	4	PA, QL (2 ea per 28 day(s)), SP, PN (MIN 28 DAY SUPPLY; MAX 34 DAY SUPPLY)
RYKINDO (25 MG, 37.5 MG, 50 MG)	4	PA, QL (2 ea per 28 day(s)), PN (28 DAYS SUPPLY PER FILL), SP
UZEDY 100 MG/0.28ML SUSP PRSYR	4	PA, QL (0.28 ml per 28 days), PN (28 DAYS SUPPLY PER FILL), SP
UZEDY 125 MG/0.35ML SUSP PRSYR	4	PA, QL (0.35 ml per 28 days), PN (28 DAYS SUPPLY PER FILL), SP
UZEDY 150 MG/0.42ML SUSP PRSYR	4	PA, QL (0.42 ml per 56 days), PN (56 DAYS SUPPLY PER FILL), SP
UZEDY 200 MG/0.56ML SUSP PRSYR	4	PA, QL (0.56 ml per 56 days), PN (56 DAYS SUPPLY PER FILL), SP
UZEDY 250 MG/0.7ML SUSP PRSYR	4	PA, QL (0.7 ml per 56 days), PN (56 DAYS SUPPLY PER FILL), SP
UZEDY 50 MG/0.14ML SUSP PRSYR	4	PA, QL (0.14 ml per 28 days), PN (28 DAYS SUPPLY PER FILL), SP
UZEDY 75 MG/0.21ML SUSP PRSYR	4	PA, QL (0.21 ml per 28 days), PN (28 DAYS SUPPLY PER FILL), SP
BUTYROPHENONES		
haloperidol (0.5 mg tab, 1 mg tab, 2 mg tab, 5 mg tab, 10 mg tab, 20 mg tab)	1	
haloperidol decanoate 100 mg/ml solution	1	
haloperidol decanoate 50 mg/ml solution	1	
haloperidol lactate (2 mg/ml conc, 5 mg/ml solution)	1	
DIBENZAPINES		
asenapine maleate (2.5 mg sl tab, 5 mg sl tab, 10 mg sl tab)	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	

Drug Name	Drug Tier	Requirements/Limits
loxapine succinate (5 mg cap, 10 mg cap, 25 mg cap, 50 mg cap)	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 (25 mg tab, 50 mg tab, 100 mg tab, 200 mg tab, 300 mg tab, 400 mg tab)	1	
quetiapine fumarate er (50 mg tab er 24h, 150 mg tab er 24h, 200 mg tab er 24h, 300 mg tab er 24h, 400 mg tab er 24h)	1	
SECUADO (3.8 MG/24HR PATCH 24HR, 5.7 MG/24HR PATCH 24HR, 7.6 MG/24HR PATCH 24HR)	3	PA, QL (1 ea per 1 days)
ZYPREXA RELPREVV (210 MG RECON SUSP, 300 MG RECON SUSP, 405 MG RECON SUSP)	4	PA, QL (2 ea per 28 days), SP, PN (MIN 28 DAY SUPPLY; MAX 34 DAY SUPPLY)
MUSCARINIC AGENTS		
COBENFY (50-20 MG CAP, 100-20 MG CAP, 125-30 MG CAP)	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)
PHENOTHIAZINES		
chlorpromazine hcl (10 mg tab, 25 mg tab, 50 mg tab, 100 mg tab, 200 mg tab)	1	
compro	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)	2	
perphenazine (2 mg tab, 4 mg tab, 8 mg tab, 16 mg tab)	1	
prochlorperazine	1	
prochlorperazine maleate (5 mg tab, 10 mg tab)	1	
thioridazine hcl (10 mg tab, 25 mg tab, 50 mg tab, 100 mg tab)	1	
trifluoperazine hcl (1 mg tab, 2 mg tab, 5 mg tab, 10 mg tab)	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)

Drug Name	Drug Tier	Requirements/Limits
ABILIFY MAINTENA (300 MG PRSYR, 300 MG SRER, 400 MG PRSYR, 400 MG SRER)	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), PN (28 DAYS SUPPLY PER FILL), SP
THIOXANTHENES		
thiothixene (1 mg cap, 2 mg cap, 5 mg cap, 10 mg cap)	1	
ANTIVIRALS		
ANTIRETROVIRALS		
abacavir sulfate 20 mg/ml solution	1	QL (30 ml per 1 days)
abacavir sulfate 300 mg tab	1	QL (2 ea per 1 days)
abacavir sulfate-lamivudine	1	QL (1 ea per 1 days)
APRETUDE	0	QL (3 ml per fill), PN ($0 copay for pre-exposure prophylaxis; 7 INJECTIONS IN 365 DAYS; 365 DAYS PER FILL)
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 (30-120-15 MG TAB, 50-200-25 MG TAB)	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))
darunavir 600 mg tab	1	QL (2 ea per 1 day(s))

Drug Name	Drug Tier	Requirements/Limits
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)
efavirenz	1	QL (1 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)
emtricitabine-tenofovir df 200-300 mg tab	1	QL (1 ea per 1 days), PN ($0 copay for pre-exposure prophylaxis)
EMTRIVA 10 MG/ML SOLUTION	2	QL (24 ml per 1 days)
etravirine (100 mg tab, 200 mg tab)	1	QL (2 ea per 1 days)
EVOTAZ	2	QL (1 ea per 1 days)
fosamprenavir calcium	1	QL (4 ea per 1 days)
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	1	QL (2 ea per 1 days)

Drug Name	Drug Tier	Requirements/Limits
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)
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))
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)
rilpivirine hcl	1	QL (2 ea per 1 day(s))
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 DAYS 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)

Drug Name	Drug Tier	Requirements/Limits
TRIUMEQ	2	QL (1 ea per 1 days)
TRIUMEQ PD	2	QL (6 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)
YEZTUGO 463.5 MG/1.5ML SOLUTION	0	QL (3 ml per 180 day(s)), PN (TWO 180 DAY SUPPLIES IN 365 DAYS), PN (MIN 168 DAY SUPPLY; MAX 180 DAY SUPPLY)
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 (150/100)	2	QL (20 ea per fill(s))
PAXLOVID (300/100 & 150/100)	3	QL (11 ea per fill(s))
PAXLOVID (300/100)	2	QL (30 ea per fill(s))
CMV AGENTS		
LIVTENCITY	4	PA, LA, QL (112 ea per 28 days), PN (28 DAYS SUPPLY PER FILL), SP
PREVYMIS (240 MG TAB, 480 MG TAB)	4	PA, QL (1 ea per 1 days)
valganciclovir hcl (50 mg/ml recon soln, 450 mg tab)	4	PN (34 DAYS SUPPLY PER FILL)
HEPATITIS AGENTS		
adefovir dipivoxil	4	PN (34 DAYS SUPPLY PER FILL), SP
entecavir (0.5 mg tab, 1 mg tab)	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), PN (28 DAYS SUPPLY PER FILL), SP

Drug Name	Drug Tier	Requirements/Limits
PEGASYS 180 MCG/ML SOLUTION	4	QL (4 ml per 28 days), PN (28 DAYS SUPPLY PER FILL), SP
RIBAVIRIN (200 MG CAP, 200 MG TAB)	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 (125 mg tab, 250 mg tab, 500 mg tab)	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 (2 fills of Tamiflu, Relenza, or Xofluza per season)
oseltamivir phosphate 45 mg cap	1	QL (48 ea per 180 days), PN (2 fills of Tamiflu, Relenza, or Xofluza per season)
oseltamivir phosphate 6 mg/ml recon susp	1	QL (540 ml per 180 days), PN (2 fills of Tamiflu, Relenza, or Xofluza per season)
oseltamivir phosphate 75 mg cap	1	QL (42 ea per 180 days), PN (2 fills of Tamiflu, Relenza, or Xofluza per season)
RIMANTADINE HCL	2	
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)
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)
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)
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)
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 (6 gm recon soln)	2	SP

Drug Name	Drug Tier	Requirements/Limits
BETA BLOCKERS		
ALPHA-BETA BLOCKERS		
carvedilol (3.125 mg tab, 6.25 mg tab, 12.5 mg tab, 25 mg tab)	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 (200 mg cap, 400 mg cap)	1	
atenolol (25 mg tab, 50 mg tab, 100 mg tab)	1	
betaxolol hcl (10 mg tab, 20 mg tab)	1	
bisoprolol fumarate (5 mg tab, 10 mg tab)	1	
metoprolol succinate er (25 mg tab er 24h, 50 mg tab er 24h, 100 mg tab er 24h, 200 mg tab er 24h)	1	
metoprolol tartrate (37.5 mg tab, 75 mg tab)	1	
nebivolol hcl (2.5 mg tab, 5 mg tab, 10 mg tab, 20 mg tab)	1	ST
BETA BLOCKERS NON-SELECTIVE		
INNOPRAN XL (80 MG CAP ER 24H, 120 MG CAP ER 24H)	2	
nadolol (20 mg tab, 40 mg tab, 80 mg tab)	1	
pindolol (5 mg tab, 10 mg tab)	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 (60 mg cap er 24h, 80 mg cap er 24h, 120 mg cap er 24h, 160 mg cap er 24h)	1	
sorine (80 mg tab, 120 mg tab, 160 mg tab, 240 mg tab)	1	
sotalol hcl (80 mg tab, 120 mg tab, 160 mg tab, 240 mg tab)	1	
sotalol hcl (af) (80 mg tab, 120 mg tab, 160 mg tab)	1	
TIMOLOL MALEATE (5 MG TAB, 20 MG TAB)	2	
timolol maleate 10 mg tab	1	
CALCIUM CHANNEL BLOCKERS		
CALCIUM CHANNEL BLOCKERS		
amlodipine besylate (2.5 mg tab, 5 mg tab, 10 mg tab)	1	

Drug Name	Drug Tier	Requirements/Limits
cartia xt (120 mg cap er 24h, 180 mg cap er 24h, 240 mg cap er 24h, 300 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 (30 mg tab, 60 mg tab, 90 mg tab, 120 mg tab)	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 (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, 420 mg cap er 24h)	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 (2.5 mg tab er 24h, 5 mg tab er 24h, 10 mg tab er 24h)	1	
isradipine (2.5 mg cap, 5 mg cap)	1	
nicardipine hcl (20 mg cap, 30 mg cap)	1	
nifedipine (10 mg cap, 20 mg cap)	1	
nifedipine er (30 mg tab er 24h, 60 mg tab er 24h, 90 mg tab er 24h)	1	
nifedipine er osmotic release (30 mg tab er 24h, 60 mg tab er 24h, 90 mg tab er 24h)	1	
nimodipine	1	
taztia xt (120 mg cap er 24h, 240 mg cap er 24h, 360 mg cap er 24h)	1	
taztia xt (180 mg cap er 24h, 300 mg cap er 24h)	1	
tiadylt er (120 mg cap er 24h, 240 mg cap er 24h, 360 mg cap er 24h)	1	
tiadylt er (180 mg cap er 24h, 300 mg cap er 24h, 420 mg cap er 24h)	1	
verapamil hcl (80 mg tab, 120 mg tab)	1	
verapamil hcl 40 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 cap er 24h, 240 mg tab er)	1	
CARDIOTONICS		
CARDIAC GLYCOSIDES		
digitek (125 mcg tab, 250 mcg tab)	1	

Drug Name	Drug Tier	Requirements/Limits
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.		
CARDIAC MYOSIN INHIBITORS		
CAMZYOS (2.5 MG CAP, 5 MG CAP, 10 MG CAP, 15 MG CAP)	4	PA, QL (30 ea per 30 days), PN (30 DAYS SUPPLY PER FILL), SP
CARDIOVASCULAR AGENTS MISC. - COMBINATIONS		
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))
IMPOTENCE AGENTS		
sildenafil citrate (25 mg tab, 50 mg tab, 100 mg tab)	1	QL (8 ea per 30 day(s))
tadalafil (10 mg tab, 20 mg tab)	1	QL (8 ea per 30 day(s))
tadalafil (2.5 mg tab, 5 mg tab)	1	PA, QL (1 ea per 1 day(s))
tadalafil (pah)	1	PA, QL (60 ea per 30 day(s)), PN (30 DAYS SUPPLY PER FILL), SP
VIAGRA (50 MG TAB, 100 MG TAB)	3	QL (8 ea per 30 day(s))
PROSTAGLANDIN VASODILATORS		
epoprostenol sodium (0.5 mg recon soln, 1.5 mg recon soln)	4	PA, PN (34 DAYS SUPPLY PER FILL), SP
treprostinil (20 mg/20ml solution, 50 mg/20ml solution, 100 mg/20ml solution, 200 mg/20ml solution)	4	PA, PN (34 DAYS SUPPLY PER FILL), SP
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), PN (28 DAYS SUPPLY PER FILL), SP
TYVASO DPI INSTITUTIONAL KIT 80 MCG POWDER	4	PA, QL (112 ea per 28 day(s)), PN (28 DAYS SUPPLY PER FILL), SP
TYVASO DPI MAINTENANCE KIT (112 X 32MCG & 112 X64MCG POWDER, 112 X 48MCG & 112 X80MCG POWDER)	4	PA, QL (224 ea per 28 day(s)), PN (28 DAYS SUPPLY PER FILL), SP
TYVASO DPI MAINTENANCE KIT (16 MCG POWDER, 32 MCG POWDER, 48 MCG POWDER, 64 MCG POWDER)	4	PA, QL (112 ea per 28 days), PN (28 DAYS SUPPLY PER FILL), SP

Drug Name	Drug Tier	Requirements/Limits
TYVASO DPI MAINTENANCE KIT 112 X 48MCG & 112 X64MCG POWDER	4	QL (224 ea per 28 day(s)), PN (28 DAYS SUPPLY PER FILL), SP
TYVASO DPI MAINTENANCE KIT 80 MCG POWDER	4	PA, QL (112 ea per 28 day(s)), PN (28 DAYS SUPPLY PER FILL), SP
TYVASO DPI TITRATION KIT 16 & 32 & 48 MCG POWDER	4	PA, QL (252 ea per 28 days), PN (28 DAYS SUPPLY PER FILL), SP
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 (10 MCG/ML SOLUTION, 20 MCG/ML SOLUTION)	4	PA, PN (34 DAYS SUPPLY PER FILL), SP
PULMONARY HYPERTENSION - ENDOTHELIN RECEPTOR ANTAGONISTS		
ambrisentan (5 mg tab, 10 mg tab)	4	PA, QL (30 ea per 30 days), PN (30 DAYS SUPPLY PER FILL), SP
bosentan (62.5 mg tab, 125 mg tab)	4	PA, QL (60 ea per 30 days), PN (30 DAYS SUPPLY PER FILL), SP
bosentan 32 mg tab sol	4	PA, QL (112 ea per 28 day(s)), PN (28 DAYS SUPPLY PER FILL), SP
macitentan	4	PA, QL (30 ea per 30 day(s)), PN (30 DAYS SUPPLY PER FILL), SP
OPSUMIT	4	PA, QL (30 ea per 30 day(s)), PN (30 DAYS SUPPLY PER FILL), SP
TRACLEER 32 MG TAB SOL	4	PA, QL (112 ea per 28 day(s)), PN (28 DAYS SUPPLY PER FILL), SP
PULMONARY HYPERTENSION - PHOSPHODIESTERASE INHIBITORS		
alyq	1	PA, QL (60 ea per 30 day(s)), PN (30 DAYS SUPPLY PER FILL), SP
sildenafil citrate 10 mg/ml recon susp	4	PA, PN (34 DAYS SUPPLY PER FILL), SP
sildenafil citrate 20 mg tab	4	PA, PN (34 DAYS SUPPLY PER FILL)
PULMONARY HYPERTENSION - PROSTACYCLIN RECEPTOR AGONIST		
UPTRAVI (100 MCG TAB, 1800 MCG RECON SOLN)	4	PA, QL (60 ea per 30 day(s)), PN (30 DAYS SUPPLY PER FILL), SP
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), PN (30 DAYS SUPPLY PER FILL), SP
UPTRAVI 150 MCG TAB	4	PA, QL (60 ea per 30 day(s)), PN (30 DAYS SUPPLY PER FILL), SP
UPTRAVI 200 & 800 MCG TAB THPK	4	PA, QL (200 ea per 180 days), PN (28 DAYS SUPPLY PER FILL), SP

Drug Name	Drug Tier	Requirements/Limits
UPTRAVI 200 MCG TAB	4	PA, QL (140 ea per 28 days), PN (28 DAYS SUPPLY PER FILL), SP
PULMONARY HYPERTENSION - SOL GUANYLATE CYCLASE STIMULATOR		
ADEMPAS (0.5 MG TAB, 1 MG TAB, 1.5 MG TAB, 2 MG TAB, 2.5 MG TAB)	4	PA, QL (90 ea per 30 day(s)), PN (30 DAYS SUPPLY PER FILL), SP
riociguat (0.5 mg tab, 1 mg tab, 1.5 mg tab, 2 mg tab, 2.5 mg tab)	4	PA, QL (90 ea per 30 day(s)), PN (30 DAYS SUPPLY PER FILL), SP
SINUS NODE INHIBITORS		
CORLANOR 5 MG/5ML SOLUTION	3	PA, QL (20 ml per 1 days)
ivabradine hcl (5 mg tab, 7.5 mg tab)	1	PA, QL (2 ea per 1 day(s))
TRANSTHYRETIN STABILIZERS		
VYNDAMAX	4	PA, QL (30 ea per 30 days), PN (30 DAYS SUPPLY PER FILL), SP
VYNDAQEL	4	PA, QL (120 ea per 30 days), PN (30 DAYS SUPPLY PER FILL), SP
CEPHALOSPORINS		
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		
cefprozil (125 mg/5ml recon susp, 250 mg tab, 250 mg/5ml recon susp, 500 mg tab)	1	
cefuroxime axetil (250 mg tab, 500 mg tab)	1	
CEPHALOSPORINS - 3RD GENERATION		
cefdinir (125 mg/5ml recon susp, 250 mg/5ml recon susp, 300 mg cap)	1	
CEPHALOSPORINS - SIDEROPHORES		
FETROJA	4	PA, PN (34 DAYS SUPPLY PER FILL)
CONTRACEPTIVES		
COMBINATION CONTRACEPTIVES - ORAL		
afirmelle	0	

Drug Name	Drug Tier	Requirements/Limits
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	
camrese lo	0	
charlotte 24 fe	0	
chateal	0	
chateal eq	0	
cryselle	0	

Drug Name	Drug Tier	Requirements/Limits
cryselle-28	0	
cyred	0	
cyred eq	0	
dasetta 1/35	0	
dasetta 7/7/7	0	
daysee	0	
delyla	0	
desogestrel-ethinyl estradiol (0.15-0.02/0.01 mg (21/5) tab, 0.15-30 mg-mcg tab)	0	
dolishale	0	
drospiren-eth estrad-levomefol 3-0.02-0.451 mg tab	0	
drospirenone-ethinyl estradiol (3-0.02 mg tab, 3-0.03 mg tab)	0	
elinest	0	
enpresse-28	0	
enskyce	0	
estarylla	0	
ethynodiol diac-eth estradiol (1-35 tab, 1-50 tab)	0	
falmina	0	
fayosim	0	
feirza 1.5/30	0	
feirza 1/20	0	
FEMLYV	0	
femynor	0	
finzala	0	
galbriela	0	
gemmily	0	
hailey 1.5/30	0	
hailey 24 fe	0	
hailey fe 1.5/30	0	
hailey fe 1/20	0	
iclevia	0	

Drug Name	Drug Tier	Requirements/Limits
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	
leena	0	
lessina	0	
levonest	0	
levonorg-eth estrad triphasic	0	
levonorgest-eth est & eth est	0	
levonorgest-eth estrad 91-day (0.1-0.02 & 0.01 mg tab, 0.15-0.03 &0.01 mg tab, 0.15-0.03 mg tab)	0	

Drug Name	Drug Tier	Requirements/Limits
levonorgest-eth estradiol-iron	0	
levonorgestrel-ethinyl estrad (0.1-20 mg-mcg tab, 0.15-30 mg-mcg tab, 90-20 mcg tab)	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	
minzoya	0	
mono-linyah	0	
NATAZIA	0	
necon 0.5/35 (28)	0	
NEXTSTELLIS	0	

Drug Name	Drug Tier	Requirements/Limits
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 (0.4-35 chew tab, 0.8-25 chew tab)	0	
norethindron-ethinyl estrad-fe	0	
norethindrone acet-ethinyl est (1-20 tab, 1.5-30 tab)	0	
norgestim-eth estrad triphasic (0.18/0.215/0.25 mg-25 mcg tab, 0.18/0.215/0.25 mg-35 mcg tab)	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	
philith	0	
pimtrea	0	
pirmella 1/35	0	
pirmella 7/7/7	0	
portia-28	0	
reclipsen	0	
rivelsa	0	
rosyrah	0	
SAFYRAL	0	
setlakin	0	
simliya	0	
simpesse	0	
sprintec 28	0	
sronyx	0	

Drug Name	Drug Tier	Requirements/Limits
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-sprintec	0	
tri-vylibra	0	
tri-vylibra lo	0	
trivora (28)	0	
turqoz	0	
TYBLUME	0	
valtya 1/35	0	
VALTYA 1/50	0	
VELIVET	0	
vestura	0	
vienva	0	
viorele	0	
volnea	0	
vyfemla	0	

Drug Name	Drug Tier	Requirements/Limits
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	
zumandimine	0	
COMBINATION CONTRACEPTIVES - TRANSDERMAL		
GWYN LO	0	
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	
COPPER CONTRACEPTIVES - IUD		
MIUDELLA	0	PN (MAX 3650 DAYS SUPPLY)
PARAGARD INTRAUTERINE COPPER	0	PN (MAX 3650 DAYS SUPPLY)
EMERGENCY CONTRACEPTIVES		
aftera	0	
afterpill	0	

Drug Name	Drug Tier	Requirements/Limits
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	
shewise	0	
take action	0	
your choice	0	
PROGESTIN CONTRACEPTIVES - INJECTABLE		
DEPO-PROVERA (150 MG/ML SUSP PRSYR, 150 MG/ML SUSPENSION)	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	PN (MIN 365 DAY SUPPLY; MAX 1825 DAY SUPPLY)
MIRENA (52 MG)	0	PN (MIN 365 DAY SUPPLY; MAX 2920 DAY SUPPLY)
SKYLA	0	PN (MIN 365 DAY SUPPLY; MAX 1095 DAY SUPPLY)
PROGESTIN CONTRACEPTIVES - ORAL		
camila	0	

Drug Name	Drug Tier	Requirements/Limits
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		
GLUCOCORTICOSTEROIDS		
budesonide 3 mg cp dr part	1	
dexamethasone (0.5 mg tab, 0.5 mg/5ml elixir, 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	
prednisolone 15 mg/5ml solution	1	
prednisolone sodium phosphate (5 mg/5ml solution, 6.7 (5 base) mg/5ml solution, 10 mg/5ml solution, 15 mg/5ml solution, 20 mg/5ml solution, 25 mg/5ml solution)	1	

Drug Name	Drug Tier	Requirements/Limits
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) (40 MG RECON SOLN, 125 MG RECON SOLN, 500 MG RECON SOLN, 1000 MG RECON SOLN)	2	PN (34 DAYS SUPPLY PER FILL)
MINERALOCORTICOIDS		
fludrocortisone acetate	1	
COUGH/COLD/ALLERGY		
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	2	
maxi-tuss ac	1	
promethazine-codeine (6.25-10 mg/5ml solution, 6.25-10 mg/5ml syrup)	1	
promethazine-dm	1	
PROMETHAZINE-PHENYLEPHRINE	2	
pseudoeph-bromphen-dm	1	
MISC. RESPIRATORY INHALANTS		
HYPERSAL 3.5 % NEBU SOLN	3	
HYPERSAL 7 % NEBU SOLN	2	
NEBUSAL 3 % NEBU SOLN	2	

Drug Name	Drug Tier	Requirements/Limits
NEBUSAL 6 % NEBU SOLN	3	
PULMOSAL	2	
SODIUM CHLORIDE (0.9 % NEBU SOLN, 3 % NEBU SOLN, 7 % NEBU SOLN, 10 % NEBU SOLN)	2	
MUCOLYTICS		
acetylcysteine (10 % solution, 20 % solution)	1	
DERMATOLOGICALS		
ACNE PRODUCTS		
accutane (10 mg cap, 20 mg cap, 30 mg cap, 40 mg cap)	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 (10 mg cap, 20 mg cap, 30 mg cap, 40 mg cap)	4	PN (30 DAYS SUPPLY PER FILL)
avita (0.025 % cream, 0.025 % gel)	1	AL (Up to 30 yrs old)
benzoyl peroxide-erythromycin	1	
claravis (10 mg cap, 20 mg cap, 30 mg cap, 40 mg cap)	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	
ERYTHROMYCIN 2 % GEL	2	
erythromycin 2 % solution	1	
isotretinoin (10 mg cap, 20 mg cap, 30 mg cap, 40 mg cap)	4	PN (30 DAYS SUPPLY PER FILL)
myorisan (10 mg cap, 20 mg cap, 30 mg cap, 40 mg cap)	4	PN (30 DAYS SUPPLY PER FILL)
neuac	1	
sulfacetamide sodium (acne)	1	
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 (10 mg cap, 20 mg cap, 30 mg cap, 40 mg cap)	4	PN (30 DAYS SUPPLY PER FILL)

Drug Name	Drug Tier	Requirements/Limits
AGENTS FOR EXTERNAL GENITAL AND PERIANAL WARTS		
VEREGEN	3	PA
ANTI-INFLAMMATORY AGENTS - TOPICAL		
diclofenac sodium 1 % gel	1	QL (10 gm per 1 days)
diclofenac sodium 1.5 % solution	1	PA
ANTIBIOTICS - TOPICAL		
gentamicin sulfate (0.1 % cream, 0.1 % ointment)	1	
mupirocin	1	
mupirocin calcium	1	
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	
econazole nitrate	1	
ketoconazole (2 % cream, 2 % shampoo)	1	
klayesta	1	
NAFTIFINE HCL	2	
naftifine hcl 2 % cream	1	
nyamyc	1	
nystatin (100000 unit/gm cream, 100000 unit/gm ointment, 100000 unit/gm powder)	1	
nystatin-triamcinolone (100000-0.1 unit/gm-% cream, 100000-0.1 unit/gm-% ointment)	1	
nystop	1	
ANTINEOPLASTIC OR PREMALIGNANT LESION AGENTS - TOPICAL		
bexarotene 1 % gel	1	PA, PN (34 DAYS SUPPLY PER FILL), SP
fluorouracil (5 % cream, 5 % solution)	1	
FLUOROURACIL 2 % SOLUTION	2	
KLISYRI (250 MG)	3	PA, QL (5 ea per fill)

Drug Name	Drug Tier	Requirements/Limits
KLISYRI (350 MG)	3	PA, QL (5 ea per fill)
TOLAK	2	
VALCHLOR	4	PA, PN (34 DAYS SUPPLY PER FILL), SP
ANTIPSORIATICS		
acitretin (10 mg cap, 17.5 mg cap, 25 mg cap)	4	PA, PN (34 DAYS SUPPLY PER FILL), SP
calcipotriene (0.005 % cream, 0.005 % ointment)	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, PN (28 DAYS SUPPLY PER FILL), SP
COSENTYX 125 MG/5ML SOLUTION	4	PA, PN (28 DAYS SUPPLY PER FILL), SP
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, PN (28 DAYS SUPPLY PER FILL), SP
COSENTYX UNOREADY	4	QL (2 ml per 28 day(s)), PA-NSO, PN (28 DAYS SUPPLY PER FILL), SP
METHOXSALEN RAPID	4	PA, PN (34 DAYS SUPPLY PER FILL)
SKYRIZI (150 MG DOSE)	4	QL (1 ea per 84 days), PA-NSO, PN (84 DAYS SUPPLY PER FILL), 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, PN (84 DAYS SUPPLY PER FILL), SP, PN (MIN 84 DAY SUPPLY; MAX 90 DAY SUPPLY)
SKYRIZI PEN	4	QL (1 ml per 84 days), PA-NSO, PN (84 DAYS SUPPLY PER FILL), 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)), PN (28 DAYS SUPPLY PER FILL), SP
SPEVIGO 300 MG/2ML SOLN PRSYR	4	PA, QL (2 ml per 28 day(s)), PN (28 DAYS SUPPLY 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, PN (28 DAYS SUPPLY PER FILL), SP

Drug Name	Drug Tier	Requirements/Limits
TREMFYA 200 MG/2ML SOLN PRSYR	4	QL (2 ml per 28 day(s)), PA-NSO, PN (28 DAYS SUPPLY PER FILL), SP
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, PN (28 DAYS SUPPLY PER FILL), SP
TREMFYA-CD/UC INDUCTION	4	QL (4 ml per 28 day(s)), PA-NSO, PN (84 DAYS SUPPLY IN 180 DAYS), SP
trilitas	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	2	
CORTICOSTEROIDS - TOPICAL		
ala-cort	1	
alclometasone dipropionate 0.05 % cream	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 % 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	

Drug Name	Drug Tier	Requirements/Limits
clobetasol propionate emulsion	1	
clodan	1	
desonide (0.05 % cream, 0.05 % lotion, 0.05 % ointment)	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	
fluticasone propionate (0.005 % ointment, 0.05 % cream)	1	
halobetasol propionate (0.05 % cream, 0.05 % ointment)	1	
hydrocortisone (1 % cream, 1 % ointment, 2.5 % cream, 2.5 % ointment)	1	
HYDROCORTISONE ACE-PRAMOXINE 2.5-1 % CREAM	2	
hydrocortisone valerate (0.2 % cream, 0.2 % ointment)	1	
mometasone furoate (0.1 % cream, 0.1 % ointment, 0.1 % solution)	1	
triamcinolone acetonide (0.025 % cream, 0.025 % ointment, 0.05 % ointment, 0.1 % cream, 0.1 % lotion, 0.1 % ointment, 0.5 % cream, 0.5 % ointment)	1	
triamcinolone in absorbase	1	
trianex	1	
triderm	1	
tritocin	1	
ECZEMA AGENTS		
ADBRY 150 MG/ML SOLN PRSYR	4	PA, QL (4 ml per 28 days), PN (28 DAYS SUPPLY PER FILL), SP
ADBRY 300 MG/2ML SOLN A-INJ	4	PA, QL (2 ml per 28 day(s)), PN (28 DAYS SUPPLY PER FILL), SP
CIBINQO (50 MG TAB, 100 MG TAB, 200 MG TAB)	4	PA, QL (30 ea per 30 days), PN (30 DAYS SUPPLY PER FILL), SP
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)), PN (28 DAYS SUPPLY PER FILL), SP

Drug Name	Drug Tier	Requirements/Limits
DUPIXENT 200 MG/1.14ML SOLN PRSYR	4	PA, QL (2.28 ml per 28 days), PN (28 DAYS SUPPLY PER FILL), SP
DUPIXENT 300 MG/2ML SOLN A-INJ	4	PA, QL (4 ml per 28 day(s)), PN (28 DAYS SUPPLY PER FILL), SP
DUPIXENT 300 MG/2ML SOLN PRSYR	4	PA, QL (4 ml per 28 days), PN (28 DAYS SUPPLY PER FILL), SP
EBGLYSS 250 MG/2ML SOLN A-INJ	4	PA, QL (2 ml per 28 day(s)), PN (28 DAYS SUPPLY PER FILL), SP
ENZYMES - TOPICAL		
SANTYL	2	PA
GLABELLAR LINES (FROWN LINES) AGENTS		
DAXXIFY	4	PA, QL (3 ea per 84 day(s)), PN (84 DAYS SUPPLY PER FILL), SP
IMMUNOMODULATING AGENTS - TOPICAL		
imiquimod 5 % cream	1	
IMMUNOSUPPRESSIVE AGENTS - TOPICAL		
HYFTOR	4	PA, LA, QL (30 gm per 30 days), PN (30 DAYS SUPPLY PER FILL), SP
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	2	
YCANTH	4	PA, QL (2 ea per 21 days), PN (21 DAYS SUPPLY PER FILL)
LOCAL ANESTHETICS - TOPICAL		
anodyne lpt	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	

Drug Name	Drug Tier	Requirements/Limits
lidocaine-prilocaine (2.5-2.5 % cream, 2.5-2.5 % kit)	1	
lidocan	4	PA, PN (34 DAYS SUPPLY PER FILL)
LIDOPIN 3 % CREAM	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	2	
isopropyl alcohol 70 % misc	2	
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	2	
ROSACEA AGENTS		
azelaic acid	1	
BRIMONIDINE TARTRATE	1	PA, QL (30 gm per fill(s))
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, 0.75 % gel)	1	

Drug Name	Drug Tier	Requirements/Limits
SCABICIDES PEDICULICIDES		
malathion	1	
NATROBA	2	PA
permethrin	1	
SPINOSAD	2	PA
DIAGNOSTIC PRODUCTS		
DIAGNOSTIC DRUGS		
THYROGEN	4	PN (34 DAYS SUPPLY PER FILL), SP
DIAGNOSTIC TESTS		
CHEMSTRIP K	3	QL (100 ea per fill)
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		
DIGESTIVE ENZYMES		
CREON (3000-9500 CP DR PART, 6000-19000 CP DR PART, 12000-38000 CP DR PART, 24000-76000 CP DR PART, 36000-114000 CP DR PART)	2	
SUCRAID	4	PA, LA, QL (236 ml per fill(s)), SP
VIOKACE (10440-39150 TAB, 20880-78300 TAB)	3	PA
ZENPEP (3000-10000 CP DR PART, 5000-24000 CP DR PART, 10000-32000 CP DR PART, 15000-47000 CP DR PART, 20000-63000 CP DR PART, 25000-79000 CP DR PART, 40000-126000 CP DR PART, 60000-189600 CP DR PART)	3	PA

Drug Name	Drug Tier	Requirements/Limits
DIURETICS		
CARBONIC ANHYDRASE INHIBITORS		
acetazolamide (125 mg tab, 250 mg tab)	1	
acetazolamide er	1	
methazolamide (25 mg tab, 50 mg tab)	1	
DIURETIC COMBINATIONS		
spironolactone-hctz	1	
triamterene-hctz (37.5-25 mg cap, 37.5-25 mg tab, 75-50 mg tab)	1	
LOOP DIURETICS		
bumetanide (0.5 mg tab, 1 mg tab, 2 mg tab)	1	
furosemide (20 mg tab, 40 mg tab, 80 mg tab)	1	
FUROSEMIDE 10 MG/ML SOLUTION	2	
torsemide (5 mg tab, 10 mg tab, 20 mg tab, 100 mg tab)	1	
POTASSIUM SPARING DIURETICS		
amiloride hcl	1	
spironolactone (25 mg tab, 50 mg tab, 100 mg tab)	1	
THIAZIDES AND THIAZIDE-LIKE DIURETICS		
chlorthalidone (25 mg tab, 50 mg tab)	1	
DIURIL	2	
hydrochlorothiazide (12.5 mg cap, 12.5 mg tab, 25 mg tab, 50 mg tab)	1	
indapamide (1.25 mg tab, 2.5 mg tab)	1	
metolazone (2.5 mg tab, 5 mg tab, 10 mg tab)	1	
ENDOCRINE AND METABOLIC AGENTS - MISC.		
BONE DENSITY REGULATORS		
alendronate sodium (10 mg tab, 35 mg tab, 70 mg tab)	1	
alendronate sodium 70 mg/75ml solution	1	

Drug Name	Drug Tier	Requirements/Limits
BINOSTO	3	PA
calcitonin (salmon) 200 unit/act solution	1	
ibandronate sodium 150 mg tab	1	QL (1 ea per 30 days)
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)), PN (28 DAYS SUPPLY PER FILL), 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)
zoledronic acid 4 mg/5ml conc	1	PN (34 DAYS SUPPLY PER FILL), SP
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	
clomiphene citrate	2	
FOLLISTIM AQ (300 UNT/0.36ML SOLUTION, 600 UNT/0.72ML SOLUTION, 900 UNT/1.08ML SOLUTION)	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 (10 MG RECON SOLN, 15 MG RECON SOLN, 20 MG RECON SOLN, 25 MG RECON SOLN, 30 MG RECON SOLN)	3	PA, PN (34 DAYS SUPPLY PER FILL), SP
GROWTH HORMONES		
GENOTROPIN (5 MG CARTRIDGE, 12 MG CARTRIDGE)	4	PA, PN (34 DAYS SUPPLY PER FILL), SP

Drug Name	Drug Tier	Requirements/Limits
GENOTROPIN MINIQUICK (0.2 MG PRSYR, 0.4 MG PRSYR, 0.6 MG PRSYR, 0.8 MG PRSYR, 1 MG PRSYR, 1.2 MG PRSYR, 1.4 MG PRSYR, 1.6 MG PRSYR, 1.8 MG PRSYR, 2 MG PRSYR)	4	PA, PN (34 DAYS SUPPLY PER FILL), SP
HUMATROPE (6 MG CARTRIDGE, 12 MG CARTRIDGE, 24 MG CARTRIDGE)	4	PA, PN (34 DAYS SUPPLY PER FILL), SP
NGENLA (24 MG/1.2ML SOLN PEN, 60 MG/1.2ML SOLN PEN)	4	PA, PN (28 DAYS SUPPLY PER FILL), SP
NORDITROPIN FLEXPRO (5 MG/1.5ML SOLN PEN, 10 MG/1.5ML SOLN PEN, 15 MG/1.5ML SOLN PEN)	4	PA, PN (34 DAYS SUPPLY PER FILL), SP
NUTROPIN AQ NUSPIN 10	4	PA, PN (34 DAYS SUPPLY PER FILL), SP
OMNITROPE (5 MG/1.5ML SOLN CART, 5.8 MG RECON SOLN, 10 MG/1.5ML SOLN CART)	4	PA, PN (34 DAYS SUPPLY PER FILL), SP
SAIZEN 8.8 MG RECON SOLN	4	PA, PN (34 DAYS SUPPLY PER FILL), SP
SAIZENPREP	4	PA, PN (34 DAYS SUPPLY PER FILL), SP
SEROSTIM (4 MG RECON SOLN, 5 MG RECON SOLN, 6 MG RECON SOLN)	4	PA, PN (34 DAYS SUPPLY PER FILL), SP
SKYTROFA (0.7 MG CARTRIDGE, 1.4 MG CARTRIDGE, 1.8 MG CARTRIDGE, 2.1 MG CARTRIDGE, 2.5 MG CARTRIDGE, 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, PN (34 DAYS SUPPLY PER FILL), SP
SOGROYA (5 MG/1.5ML SOLN PEN, 10 MG/1.5ML SOLN PEN, 15 MG/1.5ML SOLN PEN)	4	PA, PN (34 DAYS SUPPLY PER FILL), SP
ZOMACTON (5 MG RECON SOLN, 10 MG RECON SOLN)	4	PA, PN (34 DAYS SUPPLY PER FILL), SP
HORMONE RECEPTOR MODULATORS		
raloxifene hcl	0	PN ($0 copay for women)
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) (7.5 MG KIT, 11.25 MG KIT, 15 MG KIT)	4	SP, PN (MIN 28 DAY SUPPLY; MAX 34 DAY SUPPLY)
LUPRON DEPOT-PED (3-MONTH) (11.25 MG (PED) KIT, 30 MG KIT)	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)

Drug Name	Drug Tier	Requirements/Limits
METABOLIC MODIFIERS		
ALDURAZYME	4	PA, PN (34 DAYS SUPPLY PER FILL), SP
calcitriol (0.25 mcg cap, 0.5 mcg cap, 1 mcg/ml solution)	1	
cinacalcet hcl (30 mg tab, 60 mg tab, 90 mg tab)	1	
ELAPRASE	4	PA, PN (34 DAYS SUPPLY PER FILL), SP
javygtor (100 mg tab, 500 mg packet)	4	PA, LA, PN (30 DAYS SUPPLY PER FILL), SP
javygtor 100 mg packet	4	PA, LA, PN (34 DAYS SUPPLY PER FILL), SP
levocarnitine (1 gm/10ml solution, 330 mg tab)	1	
levocarnitine sf	1	
LUMIZYME	4	PA, PN (34 DAYS SUPPLY PER FILL), SP
paricalcitol (1 mcg cap, 2 mcg cap, 4 mcg cap)	1	
PARSABIV (2.5 MG/0.5ML SOLUTION, 5 MG/ML SOLUTION, 10 MG/2ML SOLUTION)	4	PA, PN (34 DAYS SUPPLY PER FILL), SP
sapropterin dihydrochloride (100 mg tab, 500 mg packet)	4	PA, PN (30 DAYS SUPPLY PER FILL), SP
sapropterin dihydrochloride 100 mg packet	4	PA, PN (34 DAYS SUPPLY PER FILL), SP
STRENSIQ (18 MG/0.45ML SOLUTION, 28 MG/0.7ML SOLUTION, 40 MG/ML SOLUTION, 80 MG/0.8ML SOLUTION)	4	PA, LA, PN (30 DAYS SUPPLY PER FILL), SP
XPHOZAH (20 MG TAB, 30 MG TAB)	4	PA, LA, QL (60 ea per 30 day(s)), PN (30 DAYS SUPPLY PER FILL), SP
zelvysia 100 mg packet	4	PA, LA, PN (34 DAYS SUPPLY PER FILL), SP
zelvysia 500 mg packet	4	PA, LA, PN (30 DAYS SUPPLY PER FILL), SP
NATRIURETIC PEPTIDES		
VOXZOGO (0.4 MG RECON SOLN, 0.56 MG RECON SOLN, 1.2 MG RECON SOLN)	4	PA, QL (30 ea per 30 days), PN (30 DAYS SUPPLY PER FILL), SP
POSTERIOR PITUITARY HORMONES		
desmopressin ace spray refrig	1	
DESMOPRESSIN ACETATE	2	
desmopressin acetate (0.1 mg tab, 0.2 mg tab)	1	
DESMOPRESSIN ACETATE SPRAY	2	
TERLIVAZ	4	PA, PN (14 DAYS SUPPLY PER FILL), SP
PROGESTERONE RECEPTOR ANTAGONISTS		
mifepristone 200 mg tab	1	

Drug Name	Drug Tier	Requirements/Limits
PROLACTIN INHIBITORS		
cabergoline	1	
SOMATOSTATIC AGENTS		
lanreotide acetate	4	SP, PN (MIN 28 DAY SUPPLY; MAX 60 DAY SUPPLY)
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	PN (34 DAYS SUPPLY PER FILL), SP
SIGNIFOR LAR (10 MG, 20 MG, 30 MG, 40 MG, 60 MG)	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	PA, SP, PN (MIN 28 DAY SUPPLY; MAX 60 DAY SUPPLY)
VASOPRESSIN RECEPTOR ANTAGONISTS		
tolvaptan (15 mg tab, 30 mg tab)	1	PA, QL (60 ea per 30 day(s)), PN (30 DAYS SUPPLY PER FILL), SP
tolvaptan (hyponatremia) (15 mg tab, 30 mg tab)	1	PA, QL (60 ea per 30 day(s)), PN (30 DAYS SUPPLY PER FILL), SP
ESTROGENS		
ESTROGEN COMBINATIONS		
abigale	1	
abigale lo	1	
amabelz (0.5-0.1 mg tab, 1-0.5 mg tab)	1	
COMBIPATCH (0.05-0.14 MG/DAY PATCH TW, 0.05-0.25 MG/DAY PATCH TW)	2	
COVARYX	3	
COVARYX HS	2	
EEMT	3	
EEMT HS	2	
EST ESTROGENS-METHYLTEST	3	
EST ESTROGENS-METHYLTEST DS	3	
EST ESTROGENS-METHYLTEST HS	2	

Drug Name	Drug Tier	Requirements/Limits
estradiol-norethindrone acet (0.5-0.1 mg tab, 1-0.5 mg tab)	1	
ESTRATEST H.S.	2	
fyavolv (0.5-2.5 tab, 1-5 tab)	1	
jinteli	1	
mimvey	1	
norethindrone-eth estradiol (0.5-2.5 tab, 1-5 tab)	1	
PREMPHASE	2	
PREMPRO (0.3-1.5 MG TAB, 0.45-1.5 MG TAB, 0.625-2.5 MG TAB, 0.625-5 MG TAB)	2	
ESTROGENS		
dotti (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 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 (10 mg/ml oil, 20 mg/ml oil, 40 mg/ml oil)	1	
lyllana (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))
PREMARIN (0.3 MG TAB, 0.45 MG TAB, 0.625 MG TAB, 0.9 MG TAB, 1.25 MG TAB)	2	
FLUOROQUINOLONES		
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	
GASTROINTESTINAL AGENTS - MISC.		
BILE ACID SYNTHESIS DISORDER AGENTS		
CHOLBAM (50 MG CAP, 250 MG CAP)	4	PA, LA, PN (30 DAYS SUPPLY PER FILL), SP

Drug Name	Drug Tier	Requirements/Limits
GALLSTONE SOLUBILIZING AGENTS		
ursodiol (250 mg tab, 300 mg cap, 500 mg tab)	1	
GASTROINTESTINAL ANTIALLERGY AGENTS		
cromolyn sodium 100 mg/5ml conc	1	
GASTROINTESTINAL CHLORIDE CHANNEL ACTIVATORS		
lubiprostone (8 mcg cap, 24 mcg cap)	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 (60 MG TAB, 80 MG TAB, 100 MG TAB)	4	PA, QL (30 ea per 30 day(s)), PN (30 DAYS SUPPLY PER FILL), SP
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, PN (28 DAYS SUPPLY PER FILL), SP
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)), PN (28 DAYS SUPPLY PER FILL), SP
mesalamine (1.2 gm tab dr, 4 gm enema, 1000 mg suppos)	1	
mesalamine er (0.375 gm cap er 24h, 500 mg cap er)	1	

Drug Name	Drug Tier	Requirements/Limits
mesalamine-cleanser	1	
OMVOH (100 MG/ML SOLN PRSYR, 200 MG/2ML SOLN A-INJ, 200 MG/2ML SOLN PRSYR)	4	QL (2 ml per 28 day(s)), PA-NSO, PN (28 DAYS SUPPLY PER FILL), SP
OMVOH (300 MG DOSE) 100 MG/ML & 200 MG/2ML SOLN A-INJ	4	QL (3 ml per 28 day(s)), PA-NSO, PN (28 DAYS SUPPLY PER FILL), SP
OMVOH (300 MG DOSE) 100 MG/ML & 200 MG/2ML SOLN PRSYR	4	QL (3 ml per 28 day(s)), PA-NSO, PN (28 DAYS SUPPLY PER FILL), SP
OMVOH 100 MG/ML SOLN A-INJ	4	PA, QL (2 ml per 28 day(s)), PN (28 DAYS SUPPLY PER FILL), SP
OMVOH 300 MG/15ML SOLUTION	4	PA, QL (45 ml per 56 day(s)), PN (56 DAYS SUPPLY PER FILL), SP
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)
sulfasalazine (500 mg tab, 500 mg tab dr)	1	
ZYMFENTRA (1 PEN)	4	QL (2 ea per 28 day(s)), PA-NSO, PN (28 DAYS SUPPLY PER FILL), SP
ZYMFENTRA (2 PEN)	4	QL (2 ea per 28 day(s)), PA-NSO, PN (28 DAYS SUPPLY PER FILL), SP
ZYMFENTRA (2 SYRINGE)	4	QL (2 ea per 28 day(s)), PA-NSO, PN (28 DAYS SUPPLY PER FILL), SP
INTESTINAL ACIDIFIERS		
enulose	1	
generlac	1	
lactulose encephalopathy	1	
IRRITABLE BOWEL SYNDROME (IBS) AGENTS		
alosetron hcl (0.5 mg tab, 1 mg tab)	1	
LINZESS (72 MCG CAP, 145 MCG CAP, 290 MCG CAP)	2	QL (1 ea per 1 days)
LIVE FECAL MICROBIOTA		
REBYOTA	4	PA, PN (34 DAYS SUPPLY PER FILL), SP
PERIPHERAL OPIOID RECEPTOR ANTAGONISTS		
MOVANTIK (12.5 MG TAB, 25 MG TAB)	2	QL (1 ea per 1 days)

Drug Name	Drug Tier	Requirements/Limits
PHOSPHATE BINDER AGENTS		
calcium acetate	1	
calcium acetate (phos binder) (667 mg cap, 667 mg tab)	1	
calphron	1	
ferric citrate	4	PA, QL (408 ea per 34 day(s)), PN (34 DAYS SUPPLY PER FILL)
FOSRENOL (750 MG PACKET, 1000 MG PACKET)	2	
lanthanum carbonate (500 mg chew tab, 750 mg chew tab, 1000 mg chew tab)	1	
sevelamer carbonate (0.8 gm packet, 2.4 gm packet, 800 mg tab)	1	
sevelamer hcl (400 mg tab, 800 mg tab)	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), PN (30 DAYS SUPPLY PER FILL), SP
TRYPTOPHAN HYDROXYLASE INHIBITORS		
XERMELO	4	PA, QL (84 ea per 28 days), PN (28 DAYS SUPPLY PER FILL), SP
GENITOURINARY AGENTS - MISCELLANEOUS		
ALKALINIZERS		
POT & SOD CIT-CIT AC	2	
potassium citrate er (5 (540 mg) tab er, 10 (1080 mg) tab er, 15 (1620 mg) tab er)	1	
POTASSIUM CITRATE-CITRIC ACID	2	
TRICITRATES	2	
CYSTINOSIS AGENTS		
CYSTAGON (50 MG CAP, 150 MG CAP)	2	PN (34 DAYS SUPPLY PER FILL), SP
PROCYSBI (25 MG CAP DR, 75 MG CAP DR)	4	PA, LA, PN (34 DAYS SUPPLY PER FILL), SP
IGA NEPHROPATHY (IGAN) AGENTS		
FILSPARI 200 MG TAB	4	PA, QL (30 ea per 30 days), PN (30 DAYS SUPPLY PER FILL), SP

Drug Name	Drug Tier	Requirements/Limits
FILSPARI 400 MG TAB	4	PA, PN (QUANTITY LIMIT IS BASED ON INDICATION), SP
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 (4 mg cap, 8 mg cap)	1	PA
tamsulosin hcl	1	
URINARY STONE AGENTS		
LITHOSTAT	2	
GOUT AGENTS		
GOUT AGENT COMBINATIONS		
colchicine-probenecid	1	
GOUT AGENTS		
allopurinol (100 mg tab, 300 mg tab)	1	
colchicine 0.6 mg tab	1	
febuxostat (40 mg tab, 80 mg tab)	1	PA, QL (1 ea per 1 days)
KRYSTEXXA 8 MG/ML SOLUTION	4	PA, QL (2 ml per 28 days), PN (28 DAYS SUPPLY PER FILL), SP
URICOSURICS		
probenecid	1	
HEMATOLOGICAL AGENTS - MISC.		
ANTIHEMOPHILIC PRODUCTS		
FEIBA (500 RECON SOLN, 1000 RECON SOLN, 2500 RECON SOLN)	4	PA, SP

Drug Name	Drug Tier	Requirements/Limits
BRADYKININ B2 RECEPTOR ANTAGONISTS		
icatibant acetate	4	PA, QL (9 ml per 30 days), PN (30 DAYS SUPPLY PER FILL), SP
sajazir	4	PA, LA, QL (9 ml per 30 days), PN (30 DAYS SUPPLY PER FILL), SP
COMPLEMENT INHIBITORS		
BERINERT	4	PA, PN (34 DAYS SUPPLY PER FILL), SP
CINRYZE	4	PA, PN (34 DAYS SUPPLY PER FILL), SP
FABHALTA	4	PA, LA, QL (60 ea per 30 day(s)), PN (30 DAYS SUPPLY PER FILL), SP
HAEGARDA (2000 RECON SOLN, 3000 RECON SOLN)	4	PA, PN (28 DAYS SUPPLY PER FILL), SP
PIASKY	4	PA, PN (28 DAYS SUPPLY PER FILL), SP
RUCONEST	4	PA, PN (34 DAYS SUPPLY PER FILL), SP
HEMATAOLOGIC - TYROSINE KINASE INHIBITORS		
TAVALISSE (100 MG TAB, 150 MG TAB)	4	PA, QL (60 ea per 30 days), PN (30 DAYS SUPPLY PER FILL), SP
HEMATOLOGICAL ENZYMES - MISC		
ADZYNMA (500 KIT, 1500 KIT)	4	PA, LA, PN (28 DAYS SUPPLY PER FILL), SP
HEMATORHEOLOGIC AGENTS		
pentoxifylline er	1	
PLASMA KALLIKREIN INHIBITORS		
KALBITOR	4	PA, PN (34 DAYS SUPPLY PER FILL), SP
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, PN (34 DAYS SUPPLY PER FILL), SP
PLATELET AGGREGATION INHIBITORS		
anagrelide hcl (0.5 mg cap, 1 mg cap)	1	PN (34 DAYS SUPPLY PER FILL)

Drug Name	Drug Tier	Requirements/Limits
aspirin-dipyridamole er	1	
CABLIVI	4	PA, QL (30 ea per 30 days), PN (30 DAYS SUPPLY PER FILL), SP
cilostazol (50 mg tab, 100 mg tab)	1	
clopidogrel bisulfate 300 mg tab	1	
clopidogrel bisulfate 75 mg tab	1	
dipyridamole (25 mg tab, 50 mg tab, 75 mg tab)	1	
prasugrel hcl (5 mg tab, 10 mg tab)	1	
ticagrelor (60 mg tab, 90 mg tab)	1	
PYRUVATE KINASE ACTIVATORS		
PYRUKYND (5 MG TAB, 20 MG TAB, 50 MG TAB)	4	PA, LA, QL (56 ea per 28 days), PN (28 DAYS SUPPLY PER FILL), SP
PYRUKYND TAPER PACK (5 MG TAB THPK, 7 X 20 MG & 7 X 5 MG TAB THPK, 7 X 50 MG & 7 X 20 MG TAB THPK)	4	PA, LA, QL (56 ea per 28 days), PN (28 DAYS SUPPLY PER FILL), SP
HEMATOPOIETIC AGENTS		
AGENTS FOR GAUCHER DISEASE		
CEREZYME	4	PA, PN (34 DAYS SUPPLY PER FILL), SP
miglustat	4	PA, QL (90 ea per 30 days), PN (30 DAYS SUPPLY PER FILL), SP
yargesa	4	PA, QL (90 ea per 30 days), PN (30 DAYS SUPPLY PER FILL), SP
AGENTS FOR SICKLE CELL DISEASE		
l-glutamine 5 gm packet	4	PA, QL (180 ea per 30 day(s)), PN (30 DAYS SUPPLY PER FILL), SP
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 (400 mcg tab, 800 mcg tab)	0	
gnp folic acid	0	
hm folic acid	0	

Drug Name	Drug Tier	Requirements/Limits
kp folic acid 800 mcg tab	0	
px folic acid	0	
qc folic acid	0	
ra folic acid (400 mcg tab, 800 mcg tab)	0	
sm folic acid	0	
true folic acid 400 mcg tab	0	
yl folic acid	0	
HEMATOPOIETIC GROWTH FACTORS		
DOPTELET	4	PA, QL (60 ea per 30 days), PN (30 DAYS SUPPLY PER FILL), SP
eltrombopag olamine (12.5 mg packet, 12.5 mg tab, 25 mg packet, 25 mg tab, 50 mg tab, 75 mg tab)	4	PA, PN (30 DAYS SUPPLY PER FILL), SP
EPOGEN (2000 UNIT/ML SOLUTION, 3000 UNIT/ML SOLUTION, 4000 UNIT/ML SOLUTION, 10000 UNIT/ML SOLUTION, 20000 UNIT/ML SOLUTION)	4	PA, PN (34 DAYS SUPPLY PER FILL), SP
FULPHILA	4	PA, QL (0.043 ml per 1 days), SP
FYLNETRA	4	PA, QL (0.043 ml per 1 day(s)), PN (14 DAYS SUPPLY PER FILL), SP
LEUKINE	4	PA, PN (34 DAYS SUPPLY PER FILL), SP
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, PN (30 DAYS SUPPLY PER FILL), SP
MIRCERA 120 MCG/0.3ML SOLN PRSYR	4	PA, LA, PN (34 DAYS SUPPLY PER FILL), SP
NEULASTA 6 MG/0.6ML SOLN PRSYR	4	PA, QL (0.043 ml per 1 days), SP
NEULASTA ONPRO	4	PA, QL (0.043 ml per 1 day(s)), SP
NEUPOGEN (300 MCG/0.5ML SOLN PRSYR, 300 MCG/ML SOLUTION, 480 MCG/0.8ML SOLN PRSYR, 480 MCG/1.6ML SOLUTION)	4	PA, PN (34 DAYS SUPPLY PER FILL), SP
NIVESTYM (300 MCG/0.5ML SOLN PRSYR, 300 MCG/ML SOLUTION, 480 MCG/0.8ML SOLN PRSYR, 480 MCG/1.6ML SOLUTION)	4	PA, PN (34 DAYS SUPPLY PER FILL), SP
NPLATE (125 MCG RECON SOLN, 250 MCG RECON SOLN, 500 MCG RECON SOLN)	4	PA, PN (30 DAYS SUPPLY PER FILL), SP
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, 40000 UNIT/ML SOLUTION)	4	PA, PN (34 DAYS SUPPLY PER FILL), SP

Drug Name	Drug Tier	Requirements/Limits
RELEUKO (300 MCG/0.5ML SOLN PRSYR, 480 MCG/0.8ML SOLN PRSYR)	4	PA, PN (34 DAYS SUPPLY PER FILL), SP
RETACRIT (2000 UNIT/ML SOLUTION, 3000 UNIT/ML SOLUTION, 4000 UNIT/ML SOLUTION, 10000 UNIT/ML SOLUTION, 20000 UNIT/ML SOLUTION, 40000 UNIT/ML SOLUTION)	4	PA, PN (34 DAYS SUPPLY PER FILL), SP
ROLVEDON	4	PA, QL (0.043 ml per 1 day(s)), PN (14 DAYS SUPPLY PER FILL), SP
STIMUFEND	4	PA, QL (0.043 ml per 1 day(s)), PN (14 DAYS SUPPLY PER FILL), SP
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		
ferric carboxymaltose (100 mg/2ml solution, 750 mg/15ml solution)	4	PA, PN (34 DAYS SUPPLY PER FILL), SP
ferric carboxymaltose 1000 mg/20ml solution	4	PN (34 DAYS SUPPLY PER FILL), SP
ferumoxytol	4	PA, PN (34 DAYS SUPPLY PER FILL), SP
INJECTAFER (100 MG/2ML SOLUTION, 750 MG/15ML SOLUTION)	4	PA, PN (34 DAYS SUPPLY PER FILL), SP
INJECTAFER 1000 MG/20ML SOLUTION	4	PN (34 DAYS SUPPLY PER FILL), SP
STEM CELL MOBILIZERS		
plerixafor	4	PA, PN (34 DAYS SUPPLY PER FILL), SP
XOLREMDI	4	PA, LA, QL (120 ea per 30 day(s)), PN (30 DAYS SUPPLY PER FILL), SP
HEMOSTATICS		
HEMOSTATICS - SYSTEMIC		
tranexamic acid 650 mg tab	1	
HYPNOTICS/SEDATIVES/SLEEP DISORDER AGENTS		
BARBITURATE HYPNOTICS		
PHENOBARBITAL (15 MG TAB, 16.2 MG TAB, 20 MG/5ML ELIXIR, 30 MG TAB, 30 MG/7.5ML ELIXIR, 32.4 MG TAB, 60 MG TAB, 60 MG/15ML ELIXIR, 64.8 MG TAB, 97.2 MG TAB, 100 MG TAB)	2	

Drug Name	Drug Tier	Requirements/Limits
SEZABY	4	PN (5 DAYS SUPPLY PER FILL)
NON-BARBITURATE HYPNOTICS		
estazolam (1 mg tab, 2 mg tab)	1	
eszopiclone (1 mg tab, 2 mg tab, 3 mg tab)	1	
midazolam hcl 2 mg/ml syrup	1	
temazepam (7.5 mg cap, 15 mg cap, 22.5 mg cap, 30 mg cap)	1	
triazolam (0.125 mg tab, 0.25 mg tab)	1	
zaleplon (5 mg cap, 10 mg cap)	1	
zolpidem tartrate (5 mg tab, 10 mg tab)	1	
zolpidem tartrate er (6.25 mg tab er, 12.5 mg tab er)	1	
SELECTIVE MELATONIN RECEPTOR AGONISTS		
ramelteon	1	ST
LAXATIVES		
LAXATIVE COMBINATIONS		
CLENPIQ 10-3.5-12 MG-GM -GM/175ML SOLUTION	3	PN ($0 copay for members age 45-75 years)
GAVILYTE-C	2	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)
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)

Drug Name	Drug Tier	Requirements/Limits
LAXATIVES - MISCELLANEOUS		
constulose	1	
kristalose (10 gm packet, 20 gm packet)	2	PA
lactulose (10 gm packet, 10 gm/15ml solution, 20 gm/30ml solution)	1	
lactulose 20 gm packet	2	PA
MACROLIDES		
AZITHROMYCIN		
azithromycin (100 mg/5ml recon susp, 200 mg/5ml recon susp, 250 mg tab, 500 mg tab, 600 mg tab)	1	
CLARITHROMYCIN		
clarithromycin (125 mg/5ml recon susp, 250 mg tab, 250 mg/5ml recon susp, 500 mg tab)	1	
ERYTHROMYCINS		
ery-tab (250 mg tab dr, 333 mg tab dr, 500 mg tab dr)	1	
erythromycin (250 mg tab dr, 333 mg tab dr, 500 mg tab dr)	1	
erythromycin base (250 mg tab, 250 mg tab dr, 333 mg tab dr, 500 mg tab, 500 mg tab dr)	1	
erythromycin ethylsuccinate (200 mg/5ml recon susp, 400 mg/5ml recon susp)	1	
FIDAXOMICIN		
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		
CONTRACEPTIVES		
CAYA	0	
FC2 FEMALE CONDOM	0	
FEMCAP (22 DEVICE, 26 DEVICE, 30 DEVICE)	0	
OMNIFLEX DIAPHRAGM	0	
WIDE-SEAL DIAPHRAGM 60	0	

Drug Name	Drug Tier	Requirements/Limits
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	
ADVANTAGE SAFETY LANCETS 28G	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	
ADVOCATE SAFETY LANCETS 28G	2	
AGAMATRIX ULTRA-THIN LANCETS	2	

Drug Name	Drug Tier	Requirements/Limits
AIMSCO TWIST LANCETS 32G	2	
AIMSCO TWIST LANCETS 33G	2	
AQUALANCE LANCETS 30G	2	
ASSURE COMFORT LANCETS 28G	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	
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	

Drug Name	Drug Tier	Requirements/Limits
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 EZ INSULIN SYRINGE 27G X 1/2" 1 ML MISC	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	
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 365 day(s))

Drug Name	Drug Tier	Requirements/Limits
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 365 day(s))
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 (29G X 1/2" 1 ML MISC, 30G X 1/2" 1 ML MISC, 30G X 5/16" 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 MEDLANCE LANCET 30G	2	
DROPLET PERSONAL LANCETS 30G	2	
DROPSAFE ACTI-LANCE 23G	2	
DROPSAFE ACTI-LANCE LANCET 17G	2	
DROPSAFE ACTI-LANCE LANCET 23G	2	
DROPSAFE ACTI-LANCE LANCET 28G	2	
DROPSAFE ERGOLANCE LANCET 21G	2	
DROPSAFE ERGOLANCE LANCET 25G	2	
DROPSAFE ERGOLANCE LANCET 30G	2	
DROPSAFE HAEMOLANCE LANCET 1.5	2	
DROPSAFE HAEMOLANCE LANCET 18G	2	
DROPSAFE HAEMOLANCE LANCET 21G	2	
DROPSAFE HAEMOLANCE LANCET 25G	2	
DROPSAFE HAEMOLANCE LANCET 28G	2	
DROPSAFE MEDISAFE LANCET 23G	2	
DROPSAFE MEDISAFE LANCET 29G	2	
DROPSAFE MEDLANCE LANCET 0.8MM	2	

Drug Name	Drug Tier	Requirements/Limits
DROPSAFE MEDLANCE LANCET 21G	2	
DROPSAFE MEDLANCE LANCET 25G	2	
DROPSAFE MEDLANCE LANCET 30G	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	
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	

Drug Name	Drug Tier	Requirements/Limits
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	
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	
FONDCIRCLE LANCING DEVICE	2	
FONDCIRCLE SINGLE USE 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 365 day(s))
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 365 day(s))

Drug Name	Drug Tier	Requirements/Limits
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 365 day(s))
FREESTYLE LIBRE 3 SENSOR	2	QL (0.072 ea per 1 day(s))
FREESTYLE LIBRE READER	2	QL (1 ea per 365 day(s))
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	
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	

Drug Name	Drug Tier	Requirements/Limits
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	
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	

Drug Name	Drug Tier	Requirements/Limits
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	
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	

Drug Name	Drug Tier	Requirements/Limits
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	
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 LANCETS	2	

Drug Name	Drug Tier	Requirements/Limits
MICROLET NEXT LANCING DEVICE	2	
MINI LANCING DEVICE	2	
MM LANCING DEVICE	2	
MM TWIST LANCETS	2	
MOBI CONNECT LANCING DEVICE	2	
MOBI CONNECT 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	
NOVA SAFETY LANCETS 23G	2	
NOVA SAFETY LANCETS 28G	2	
NOVA SUREFLEX LANCETS	2	
NOVA SUREFLEX LANCING DEVICE	2	
OMNIPOD 5 DEXG7G6 INTRO GEN 5	2	
OMNIPOD 5 DEXG7G6 PODS GEN 5	2	
OMNIPOD 5 G7 INTRO (GEN 5)	2	
OMNIPOD 5 G7 PODS (GEN 5)	2	
OMNIPOD 5 LIBRE INTRO	2	
OMNIPOD 5 LIBRE 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	

Drug Name	Drug Tier	Requirements/Limits
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 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 DEVICE	0	QL (1 ea per 2 year(s))
ONETOUCH VERIO FLEX SYSTEM W/DEVICE KIT	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	
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	

Drug Name	Drug Tier	Requirements/Limits
PSS SELECT GP LANCETS	2	
PSS SELECT PLATFORMS	2	
PSS SELECT SAFETY LANCETS	2	
PURE COMFORT LANCETS 30G	2	
PURE COMFORT SAFETY LANCET 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	
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 (KIT, MISC)	2	
RELION ULTRA THIN LANCETS 30G	2	
RELION ULTRA THIN PLUS LANCETS	2	
REXALL LANCETS ULTRA THIN 30G	2	

Drug Name	Drug Tier	Requirements/Limits
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	
SELECT-LITE LANCING DEVICE	2	
SENSILANCE SAFETY LANCETS 21G	2	
SENSILANCE SAFETY LANCETS 26G	2	
SENSILANCE SAFETY LANCETS 28G	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	

Drug Name	Drug Tier	Requirements/Limits
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 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	
SURELITE LANCETS	2	
TECHLITE AST LANCETS	2	
TECHLITE LANCETS	2	
TECHLITE LANCETS 26G	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	

Drug Name	Drug Tier	Requirements/Limits
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	
ULTILET SAFETY LANCETS 23G	2	
ULTRA THIN LANCETS 31G	2	
ULTRA-CARE LANCETS 30G	2	
ULTRA-CARE SAFETY 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	

Drug Name	Drug Tier	Requirements/Limits
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	
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	

Drug Name	Drug Tier	Requirements/Limits
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	
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 (70 % PAD, PAD)	2	

Drug Name	Drug Tier	Requirements/Limits
ALCOHOL PREP PADS	2	
ALCOHOL PREPS	2	
ALCOHOL SWABS (70 % PAD, PAD)	2	
ALCOHOL SWABSTICK	2	
AUM ALCOHOL PREP PADS	2	
BD SWAB SINGLE USE REGULAR	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	
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 (70 % PAD, PAD)	2	
SAPS CARE ALCOHOL PREP	2	

Drug Name	Drug Tier	Requirements/Limits
SAPS HEALTH ALCOHOL PREP (70 % PAD, PAD)	2	
SAPS HEALTH CARE ALCOHOL PREP	2	
SB ALCOHOL PREP	2	
SM ALCOHOL PREP (70 % PAD, PAD)	2	
SURE COMFORT ALCOHOL PREP	2	
TRUE COMFORT ALCOHOL PREP PADS	2	
TRUE COMFORT PRO ALCOHOL PREP	2	
ULTICARE ALCOHOL SWABS (70 % PAD, PAD)	2	
ULTILET ALCOHOL SWABS	2	
ULTRA-CARE ALCOHOL PREP PADS	2	
WEBCOL ALCOHOL PREP LARGE	2	
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 (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, 33G X 4 MM MISC)	2	
1ST TIER UNIFINE PENTIPS PLUS (29G X 12MM MISC, 31G X 5 MM MISC, 31G X 6 MM MISC, 31G X 8 MM MISC, 32G X 4 MM MISC, 33G X 4 MM MISC)	2	
ABOUTTIME PEN NEEDLE (30G X 8 MISC, 31G X 5 MISC, 31G X 8 MISC, 32G X 4 MISC)	2	
ADVOCATE INSULIN PEN NEEDLE	2	
ADVOCATE INSULIN PEN NEEDLES (29G X 12.7MM MISC, 31G X 5 MM MISC, 31G X 8 MM MISC, 33G X 4 MM MISC)	2	
ADVOCATE 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 5/16" 0.3 ML MISC, 30G X 5/16" 0.5 ML MISC, 30G X 5/16" 1 ML MISC, 31G X 5/16" 0.3 ML MISC, 31G X 5/16" 0.5 ML MISC, 31G X 5/16" 1 ML MISC)	2	
AQ INSULIN SYRINGE (29G X 1/2" 1 ML MISC, 30G X 5/16" 0.5 ML MISC, 31G X 5/16" 1 ML MISC)	2	
AQINJECT PEN NEEDLE (31G X 5 MISC, 32G X 4 MISC)	2	

Drug Name	Drug Tier	Requirements/Limits
ASSURE ID DUO PRO PEN NEEDLES	2	
ASSURE ID PRO PEN NEEDLES	2	
ASSURE ID SAFETY PEN NEEDLES	2	
AUM INSULIN SAFETY PEN NEEDLE (X 4 MISC, X 5 MISC)	2	
AUM MINI INSULIN PEN NEEDLE (32G X 4 MISC, 32G X 5 MISC, 32G X 6 MISC, 32G X 8 MISC, 33G X 4 MISC, 33G X 5 MISC, 33G X 6 MISC)	2	
AUM PEN NEEDLE (32G X 4 MISC, 32G X 5 MISC, 32G X 6 MISC, 33G X 4 MISC, 33G X 5 MISC, 33G X 6 MISC)	2	
AUM READYGARD DUO PEN NEEDLE	2	
AUM SAFETY PEN NEEDLE (X 4 MISC, X 5 MISC)	2	
AURORA PEN NEEDLES (29G X 12MM MISC, 31G X 6 MM MISC, 31G X 8 MM MISC)	2	
AURORA UNIFINE PENTIPS (31G X 5 MISC, 32G X 4 MISC)	2	
AUTOKEEPER SAFETY PEN NEEDLE 30G X 5 MM MISC	2	
AUTOPEN	2	
BD AUTOSHIELD DUO	2	
BD INSULIN SYR ULTRAFINE II (X 5/16" 0.3 ML MISC, X 5/16" 0.5 ML MISC)	2	
BD INSULIN SYRINGE (27G X 1/2" 1 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	
BD INSULIN SYRINGE MICROFINE (27G X 5/8" 1 ML MISC, 28G X 1/2" 0.5 ML MISC, 28G X 1/2" 1 ML MISC)	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 (29G X 1/2" 0.3 ML MISC, 29G X 1/2" 0.5 ML MISC, 30G X 1/2" 0.3 ML MISC, 30G X 1/2" 0.5 ML MISC, 30G X 1/2" 1 ML MISC, 31G X 5/16" 0.3 ML MISC, 31G X 5/16" 0.5 ML MISC, 31G X 5/16" 1 ML MISC)	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	

Drug Name	Drug Tier	Requirements/Limits
BD PEN NEEDLE NANO ULTRAFINE	2	
BD PEN NEEDLE ORIG ULTRAFINE	2	
BD PEN NEEDLE SHORT ULTRAFINE	2	
BD SAFETYGLIDE INSULIN SYRINGE (29G X 1/2" 0.3 ML MISC, 29G X 1/2" 0.5 ML MISC, 30G X 5/16" 0.5 ML MISC, 31G X 15/64" 0.3 ML MISC, 31G X 15/64" 0.5 ML MISC, 31G X 15/64" 1 ML MISC, 31G X 5/16" 0.3 ML MISC)	2	
BD VEO INSULIN SYR U/F 1/2UNIT	2	
BD VEO INSULIN SYR ULTRAFINE (X 15/64" 0.3 ML MISC, X 15/64" 0.5 ML MISC, X 15/64" 1 ML MISC)	2	
CAREFINE PEN NEEDLES (29G X 12MM MISC, 30G X 8 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	
CAREONE INSULIN SYRINGE (30G X 1/2" 0.3 ML MISC, 30G X 1/2" 0.5 ML MISC, 30G X 1/2" 1 ML MISC, 31G X 5/16" 0.3 ML MISC, 31G X 5/16" 0.5 ML MISC, 31G X 5/16" 1 ML MISC)	2	
CAREONE UNIFINE 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)	2	
CAREONE UNIFINE PENTIPS PLUS (29G X 12MM MISC, 31G X 5 MM MISC, 31G X 6 MM MISC, 31G X 8 MM MISC, 32G X 4 MM MISC, 33G X 4 MM MISC)	2	
CARETOUCH INSULIN SYRINGE (28G X 5/16" 1 ML MISC, 29G X 5/16" 1 ML MISC, 30G X 5/16" 0.5 ML MISC, 30G X 5/16" 1 ML MISC, 31G X 5/16" 0.3 ML MISC, 31G X 5/16" 0.5 ML MISC, 31G X 5/16" 1 ML MISC)	2	
CARETOUCH PEN NEEDLES (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 5 MM MISC, 33G X 4 MM MISC)	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	
CLEVER CHOICE COMFORT EZ PLUS	2	
CLICKFINE PEN NEEDLES (31G X 5 MISC, 31G X 6 MISC, 31G X 8 MISC, 32G X 4 MISC)	2	
COMFORT ASSIST INSULIN SYRINGE	2	
COMFORT EZ INSULIN SYRINGE (28G X 1/2" 0.5 ML MISC, 28G X 1/2" 1 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, 30G X 1/2" 0.3 ML MISC, 30G X 1/2" 0.5 ML MISC, 30G X 1/2" 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 15/64" 1 ML MISC, 31G X 5/16" 0.3 ML MISC, 31G X 5/16" 0.5 ML MISC, 31G X 5/16" 1 ML MISC)	2	

Drug Name	Drug Tier	Requirements/Limits
COMFORT EZ MICRO PEN NEEDLES	2	
COMFORT EZ PEN NEEDLES (31G X 5 MISC, 31G X 6 MISC, 31G X 8 MISC, 32G X 4 MISC, 32G X 5 MISC, 32G X 6 MISC, 32G X 8 MISC, 33G X 4 MISC, 33G X 5 MISC, 33G X 6 MISC, 33G X 8 MISC)	2	
COMFORT EZ PRO PEN NEEDLES (30G X 8 MISC, 31G X 4 MISC, 31G X 5 MISC)	2	
COMFORT EZ SHORT PEN NEEDLES	2	
COMFORT TOUCH INSULIN PEN NEED (31G X 4 MISC, 31G X 5 MISC, 31G X 6 MISC, 31G X 8 MISC, 32G X 4 MISC, 32G X 5 MISC, 32G X 6 MISC, 32G X 8 MISC, 33G X 4 MISC, 33G X 5 MISC, 33G X 6 MISC)	2	
DIATHRIVE PEN NEEDLE (31G X 5 MISC, 31G X 6 MISC, 31G X 8 MISC, 32G X 4 MISC)	2	
DROPLET INSULIN SYRINGE (29G X 1/2" 0.3 ML MISC, 29G X 1/2" 0.5 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, 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 (29G X 10MM MISC, 29G X 12MM 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, 32G X 8 MM MISC)	2	
DROPSAFE AUTOPROTECT DUO (X 4 MISC, X 5 MISC, X 8 MISC)	2	
DROPSAFE SAFETY PEN NEEDLES (X 5 MISC, X 6 MISC, X 8 MISC)	2	
DROPSAFE SAFETY SYRINGE/NEEDLE (29G X 1/2" 1 ML MISC, 31G X 15/64" 0.3 ML MISC, 31G X 15/64" 0.5 ML MISC, 31G X 15/64" 1 ML MISC, 31G X 5/16" 0.3 ML MISC, 31G X 5/16" 0.5 ML MISC, 31G X 5/16" 1 ML MISC)	2	
DRUG MART UNIFINE 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)	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 (29G X 4MM MISC, 29G X 5MM MISC, 31G X 5 MM MISC, 31G X 6 MM MISC, 31G X 8 MM MISC, 32G X 4 MM MISC, 33G X 4 MM MISC, 33G X 5 MM MISC, 33G X 6 MM MISC)	2	

Drug Name	Drug Tier	Requirements/Limits
EASY GLIDE PEN NEEDLES	2	
EASY TOUCH FLIPLOCK INSULIN SY (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	
EASY TOUCH INSULIN SAFETY SYR (29G X 1/2" 0.5 ML MISC, 29G X 1/2" 1 ML MISC, 30G X 1/2" 1 ML MISC, 30G X 5/16" 0.5 ML MISC)	2	
EASY TOUCH INSULIN SYRINGE (27G X 1/2" 0.5 ML MISC, 27G X 1/2" 1 ML MISC, 27G X 5/8" 1 ML MISC, 28G X 1/2" 0.5 ML MISC, 28G X 1/2" 1 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 1/2" 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 5/16" 0.3 ML MISC, 31G X 5/16" 0.5 ML MISC, 31G X 5/16" 1 ML MISC)	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 (29G X 5MM MISC, 29G X 8MM MISC, 30G X 8 MM MISC)	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 (X 5/16" 0.3 ML MISC, X 15/64" 0.3 ML MISC)	2	
EMBECTA INSULIN SYR ULTRAFINE (29G X 1/2" 0.5 ML MISC, 31G X 15/64" 0.5 ML MISC)	2	
EMBECTA INSULIN SYRINGE (X 1/2" 0.5 ML MISC, X 1/2" 1 ML MISC)	2	
EMBECTA INSULIN SYRINGE U-100	2	
EMBECTA INSULIN SYRINGE U-500	2	
EMBECTA INSULIN SYRINGE U/F (30G X 1/2" 0.3 ML MISC, 30G X 1/2" 0.5 ML MISC, 30G X 1/2" 1 ML MISC, 31G X 15/64" 0.3 ML MISC, 31G X 15/64" 0.5 ML MISC, 31G X 15/64" 1 ML MISC, 31G X 5/16" 0.3 ML MISC, 31G X 5/16" 0.5 ML MISC, 31G X 5/16" 1 ML MISC)	2	
EMBECTA PEN NEEDLE NANO	2	
EMBECTA PEN NEEDLE NANO 2 GEN	2	
EMBECTA PEN NEEDLE U/F	2	

Drug Name	Drug Tier	Requirements/Limits
EMBECTA PEN NEEDLE ULTRAFINE (29G X 12.7MM MISC, 31G X 5 MM MISC, 31G X 8 MM MISC, 32G X 6 MM MISC)	2	
EMBRACE 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)	2	
EQL 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 5/16" 0.3 ML MISC, 30G X 5/16" 0.5 ML MISC, 30G X 5/16" 1 ML MISC, 31G X 5/16" 0.3 ML MISC, 31G X 5/16" 0.5 ML MISC, 31G X 5/16" 1 ML MISC)	2	
EXEL COMFORT POINT INSULIN SYR (28G X 1/2" 0.5 ML MISC, 28G X 1/2" 1 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, 30G X 5/16" 0.3 ML MISC, 30G X 5/16" 0.5 ML MISC, 30G X 5/16" 1 ML MISC)	2	
EXEL COMFORT POINT PEN NEEDLE (29G X 12MM MISC, 31G X 4 MM MISC, 31G X 6 MM MISC, 31G X 8 MM MISC)	2	
FIFTY50 PEN NEEDLES (31G X 5 MISC, 31G X 8 MISC, 32G X 4 MISC, 32G X 6 MISC)	2	
FIFTY50 SUPERIOR COMFORT SYR (X 5/16" 0.3 ML MISC, X 5/16" 0.5 ML MISC, X 5/16" 1 ML MISC)	2	
FREDS PHARMACY UNIFINE PENTIP+ (X 5 MISC, X 8 MISC)	2	
FREDS PHARMACY UNIFINE PENTIPS	2	
GLOBAL EASE INJECT PEN NEEDLES (29G X 12MM MISC, 31G X 5 MM MISC, 31G X 8 MM MISC, 32G X 4 MM MISC)	2	
GLOBAL EASY GLIDE INSULIN SYR (X 5/16" 0.3 ML MISC, X 15/64" 0.3 ML MISC, X 15/64" 0.5 ML MISC, X 15/64" 1 ML MISC)	2	
GLOBAL EASY GLIDE PEN NEEDLES	2	
GLOBAL INJECT EASE INSULIN SYR (28G X 1/2" 0.5 ML MISC, 28G X 1/2" 1 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, 30G X 1/2" 0.3 ML MISC, 30G X 1/2" 0.5 ML MISC, 30G X 1/2" 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 5/16" 0.3 ML MISC, 31G X 5/16" 0.5 ML MISC, 31G X 5/16" 1 ML MISC)	2	
GLOBAL INSULIN SYRINGES (X 1/2" 0.3 ML MISC, X 5/16" 0.3 ML MISC)	2	
GLUCOPRO INSULIN SYRINGE (30G X 1/2" 0.3 ML MISC, 30G X 1/2" 0.5 ML MISC, 30G X 1/2" 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 5/16" 0.3 ML MISC, 31G X 5/16" 0.5 ML MISC, 31G X 5/16" 1 ML MISC)	2	
GNP CLICKFINE PEN NEEDLES (X 6 MISC, X 8 MISC)	2	
GNP INSULIN SYRINGE (28G X 1/2" 0.5 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, 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 5/16" 0.3 ML MISC, 31G X 5/16" 0.5 ML MISC, 31G X 5/16" 1 ML MISC)	2	

Drug Name	Drug Tier	Requirements/Limits
GNP INSULIN SYRINGES	2	
GNP INSULIN SYRINGES 28GX1/2"	2	
GNP INSULIN SYRINGES 29GX1/2" (X 1/2" 0.5 ML MISC, X 1/2" 1 ML MISC)	2	
GNP INSULIN SYRINGES 30GX5/16"	2	
GNP INSULIN SYRINGES 31GX5/16"	2	
GNP PEN NEEDLES (31G X 5 MISC, 31G X 8 MISC, 32G X 4 MISC, 32G X 6 MISC)	2	
GNP ULTICARE PEN NEEDLES (31G X 5 MISC, 31G X 8 MISC, 32G X 4 MISC, 32G X 6 MISC)	2	
GNP ULTIGUARD SAFEPACK NEEDLE (31G X 5 MISC, 31G X 8 MISC, 32G X 4 MISC, 32G X 6 MISC)	2	
GNP ULTRA COM INSULIN SYRINGE	2	
GOODSENSE CLICKFINE PEN NEEDLE	2	
GOODSENSE PEN NEEDLE PENFINE (31G X 5 MISC, 31G X 8 MISC, 32G X 4 MISC, 32G X 6 MISC)	2	
H-E-B INCONTROL PEN NEEDLES (29G X 12MM MISC, 31G X 5 MM MISC, 31G X 6 MM MISC, 31G X 8 MM MISC, 32G X 4 MM MISC)	2	
H-E-B INCONTROL UNIFINE PENTIP (31G X 5 MISC, 31G X 6 MISC, 31G X 8 MISC, 32G X 4 MISC, 33G X 4 MISC)	2	
HEALTHWISE INSULIN SYR/NEEDLE (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 5/16" 0.3 ML MISC, 31G X 5/16" 0.5 ML MISC, 31G X 5/16" 1 ML MISC)	2	
HEALTHWISE MICRON PEN NEEDLES	2	
HEALTHWISE MINI PEN NEEDLES	2	
HEALTHWISE PEN NEEDLES	2	
HEALTHWISE SHORT PEN NEEDLES (X 5 MISC, X 8 MISC)	2	
HEALTHWISE UNIFINE PENTIPS	2	
HEALTHY ACCENTS UNIFINE PENTIP (29G X 12MM MISC, 31G X 5 MM MISC, 31G X 6 MM MISC, 31G X 8 MM MISC, 32G X 4 MM MISC)	2	
HM ULTICARE INSULIN SYRINGE (30G X 1/2" 1 ML MISC, 31G X 5/16" 0.3 ML MISC)	2	
HM ULTICARE MINI PEN NEEDLES	2	
HM ULTICARE SHORT PEN NEEDLES	2	
INCONTROL ULTICARE PEN NEEDLES (31G X 6 MISC, 31G X 8 MISC, 32G X 4 MISC)	2	

Drug Name	Drug Tier	Requirements/Limits
INSULIN SYRINGE (28G X 1/2" 0.5 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, 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 5/16" 0.3 ML MISC, 31G X 5/16" 0.5 ML MISC, 31G X 5/16" 1 ML MISC)	2	
INSULIN SYRINGE-NEEDLE U-100 (27G X 1/2" 0.5 ML MISC, 27G X 1/2" 1 ML MISC, 28G X 1/2" 0.5 ML MISC, 28G X 1/2" 1 ML MISC, 29G X 1/2" 0.5 ML MISC, 29G X 1/2" 1 ML MISC, 30G X 1/2" 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 1/4" 0.3 ML MISC, 31G X 1/4" 0.5 ML MISC, 31G X 1/4" 1 ML MISC, 31G X 5/16" 0.3 ML MISC, 31G X 5/16" 0.5 ML MISC, 31G X 5/16" 1 ML MISC)	2	
INSULIN SYRINGE/NEEDLE (27G X 1/2" 0.5 ML MISC, 28G X 1/2" 0.5 ML MISC, 28G X 1/2" 1 ML MISC)	2	
INSUPEN PEN NEEDLES (29G X 12MM MISC, 31G X 5 MM MISC, 31G X 8 MM MISC, 32G X 4 MM MISC, 33G X 4 MM MISC)	2	
INSUPEN SENSITIVE (X 6 MISC, X 8 MISC)	2	
INSUPEN ULTRAFIN (30G X 8 MISC, 31G X 6 MISC, 31G X 8 MISC)	2	
INSUPEN32G EXTR3ME	2	
KINRAY INSULIN SYRINGE (29G X 1/2" 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	
KMART VALU INSULIN SYRINGE 29G U-100 0.5 ML MISC	2	
KMART VALU INSULIN SYRINGE 30G U-100 0.5 ML MISC	2	
KROGER 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 5/16" 0.3 ML MISC, 30G X 5/16" 0.5 ML MISC, 30G X 5/16" 1 ML MISC, 31G X 5/16" 0.3 ML MISC, 31G X 5/16" 0.5 ML MISC, 31G X 5/16" 1 ML MISC)	2	
KROGER PEN NEEDLES (29G X 12MM MISC, 31G X 5 MM MISC, 31G X 6 MM MISC, 31G X 8 MM MISC, 32G X 4 MM MISC, 33G X 4 MM MISC)	2	
LEADER INSULIN SYRINGE (28G X 1/2" 0.5 ML MISC, 28G X 1/2" 1 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, 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 5/16" 0.3 ML MISC, 31G X 5/16" 0.5 ML MISC, 31G X 5/16" 1 ML MISC)	2	
LEADER UNIFINE PENTIPS (31G X 5 MISC, 32G X 4 MISC)	2	
LEADER UNIFINE PENTIPS PLUS (31G X 5 MISC, 31G X 8 MISC, 32G X 4 MISC)	2	
LITETOUCH INSULIN SYRINGE (28G X 1/2" 0.5 ML MISC, 28G X 1/2" 1 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, 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 5/16" 0.3 ML MISC, 31G X 5/16" 0.5 ML MISC, 31G X 5/16" 1 ML MISC)	2	

Drug Name	Drug Tier	Requirements/Limits
LITETOUCH PEN NEEDLES (29G X 12.7MM MISC, 31G X 5 MM MISC, 31G X 6 MM MISC, 31G X 8 MM MISC, 32G X 4 MM MISC)	2	
LONGS INSULIN SYRINGE	2	
MAGELLAN INSULIN SAFETY SYR (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 5/16" 0.3 ML MISC, 30G X 5/16" 0.5 ML MISC, 30G X 5/16" 1 ML MISC)	2	
MARATHON MEDICAL PENTIPS (29G X 12MM MISC, 31G X 5 MM MISC, 31G X 8 MM MISC, 32G X 4 MM MISC)	2	
MAXI-COMFORT INSULIN SYRINGE (X 1/2" 0.5 ML MISC, X 1/2" 1 ML MISC)	2	
MAXI-COMFORT SAFETY PEN NEEDLE (X 5MM MISC, X 8MM MISC)	2	
MAXICOMFORT II PEN NEEDLE	2	
MAXICOMFORT SYR 27G X 1/2" (X 1/2" 0.5 ML MISC, X 1/2" 1 ML MISC)	2	
MEDIC INSULIN SYRINGE (X 5/16" 0.3 ML MISC, X 5/16" 0.5 ML MISC)	2	
MEDICINE SHOPPE PEN NEEDLES (29G X 12MM MISC, 31G X 6 MM MISC, 31G X 8 MM MISC)	2	
MEIJER PEN NEEDLES (29G X 12MM MISC, 31G X 6 MM MISC, 31G X 8 MM MISC)	2	
MICRODOT PEN NEEDLE (31G X 6 MISC, 32G X 4 MISC, 33G X 4 MISC)	2	
MM INSULIN SYRINGE/NEEDLE (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 5/16" 0.3 ML MISC, 31G X 5/16" 0.5 ML MISC, 31G X 5/16" 1 ML MISC)	2	
MM PEN NEEDLES (31G X 5 MISC, 31G X 6 MISC, 31G X 8 MISC, 32G X 4 MISC)	2	
MONOJECT INSULIN SYRINGE (25G X 5/8" 1 ML MISC, 27G X 1/2" 1 ML MISC, 28G X 1/2" 0.5 ML MISC, 28G X 1/2" 1 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, 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 5/16" 1 ML MISC, U-100 1 ML MISC)	2	
MONOJECT ULTRA COMFORT SYRINGE (28G X 1/2" 0.5 ML MISC, 28G X 1/2" 1 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, 30G X 5/16" 0.3 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)	2	
MS INSULIN SYRINGE (X 5/16" 0.3 ML MISC, X 5/16" 0.5 ML MISC, X 5/16" 1 ML MISC)	2	

Drug Name	Drug Tier	Requirements/Limits
NOVOFINE AUTOCOVER PEN NEEDLE	2	
NOVOFINE PEN NEEDLE	2	
NOVOFINE PLUS PEN NEEDLE	2	
NOVOPEN ECHO	2	
PC UNIFINE PENTIPS (29G X 12MM MISC, 31G X 5 MM MISC, 31G X 6 MM MISC, 31G X 8 MM MISC)	2	
PEN NEEDLE/5-BEVEL TIP (31G X 8 MISC, 32G X 4 MISC)	2	
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, 33G X 4 MM MISC)	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	
PENTIPS GENERIC PEN NEEDLES (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	
PIP PEN NEEDLES 31G X 5MM	2	
PIP PEN NEEDLES 32G X 4MM	2	
PRECISION SURE-DOSE SYRINGE	2	
PREFERRED PLUS INSULIN SYRINGE (28G X 1/2" 0.5 ML MISC, 28G X 1/2" 1 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, 30G X 5/16" 0.3 ML MISC, 30G X 5/16" 0.5 ML MISC, 30G X 5/16" 1 ML MISC)	2	
PREFERRED PLUS UNIFINE 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)	2	
PREVENT DROPSAFE PEN NEEDLES (X 6 MISC, X 8 MISC)	2	
PREVENT SAFETY PEN NEEDLES (X 6 MISC, X 8 MISC)	2	
PRO COMFORT INSULIN SYRINGE (30G X 1/2" 0.5 ML MISC, 30G X 1/2" 1 ML MISC, 30G X 5/16" 0.5 ML MISC, 30G X 5/16" 1 ML MISC, 31G X 5/16" 0.5 ML MISC, 31G X 5/16" 1 ML MISC)	2	
PRO COMFORT PEN NEEDLES (X 4 MISC, X 5 MISC, X 6 MISC, X 8 MISC)	2	
PRODIGY INSULIN SYRINGE (28G X 1/2" 1 ML MISC, 31G X 5/16" 0.3 ML MISC, 31G X 5/16" 0.5 ML MISC)	2	
PURE COMFORT PEN NEEDLE (X 4 MISC, X 5 MISC, X 6 MISC, X 8 MISC)	2	

Drug Name	Drug Tier	Requirements/Limits
PURE COMFORT SAFETY PEN NEEDLE (31G X 5 MISC, 31G X 6 MISC, 32G X 4 MISC)	2	
PX EXTRA SHORT PEN NEEDLES	2	
PX INSULIN SYRINGE	2	
PX MINI PEN NEEDLES	2	
PX PEN NEEDLE (29G X 12MM MISC, 31G X 8 MM MISC)	2	
PX SHORTLENGTH PEN NEEDLES	2	
QC PEN NEEDLES (29G X 12MM MISC, 31G X 6 MM MISC, 31G X 8 MM MISC)	2	
QC UNIFINE PENTIPS	2	
QUICK TOUCH INSULIN PEN NEEDLE (29G X 12.7MM MISC, 31G X 4 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, 32G X 8 MM MISC, 33G X 4 MM MISC, 33G X 5 MM MISC, 33G X 6 MM MISC, 33G X 8 MM MISC)	2	
RA 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, 30G X 5/16" 1 ML MISC)	2	
RA PEN NEEDLES (X 5 MISC, X 8 MISC)	2	
RAYA SURE PEN NEEDLE (29G X 12MM MISC, 31G X 4 MM MISC, 31G X 5 MM MISC, 31G X 6 MM MISC, 31G X 8 MM MISC)	2	
REALITY INSULIN SYRINGE (28G X 1/2" 0.5 ML MISC, 28G X 1/2" 1 ML MISC, 29G X 1/2" 0.5 ML MISC, 29G X 1/2" 1 ML MISC)	2	
RELION INSULIN SYRINGE (29G X 1/2" 0.5 ML MISC, 31G X 15/64" 0.3 ML MISC, 31G X 15/64" 0.5 ML MISC, 31G X 15/64" 1 ML MISC, 31G X 5/16" 0.3 ML MISC, 31G X 5/16" 0.5 ML MISC, 31G X 5/16" 1 ML MISC)	2	
RELION MINI PEN NEEDLES	2	
RELION PEN NEEDLES (29G X 12MM MISC, 31G X 6 MM MISC, 31G X 8 MM MISC, 32G X 4 MM MISC)	2	
RELION SHORT PEN NEEDLES	2	
SAFETY PEN NEEDLES (X 5 MISC, X 8 MISC)	2	
SB 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, 30G X 5/16" 1 ML MISC, 31G X 5/16" 1 ML MISC)	2	
SECURESAFE INSULIN SYRINGE (X 1/2" 0.5 ML MISC, X 1/2" 1 ML MISC)	2	
SECURESAFE SAFETY PEN NEEDLES (30G X 8 MISC, 31G X 5 MISC)	2	

Drug Name	Drug Tier	Requirements/Limits
SHOPKO UNIFINE PENTIPS (29G X 12MM MISC, 31G X 5 MM MISC, 31G X 8 MM MISC, 32G X 4 MM MISC)	2	
SHOPKO UNIFINE PENTIPS PLUS (29G X 12MM MISC, 31G X 5 MM MISC, 31G X 8 MM MISC, 32G X 4 MM MISC)	2	
SURE COMFORT INSULIN SYRINGE (28G X 1/2" 0.5 ML MISC, 28G X 1/2" 1 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, 30G X 1/2" 0.3 ML MISC, 30G X 1/2" 0.5 ML MISC, 30G X 1/2" 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 1/4" 0.3 ML MISC, 31G X 1/4" 0.5 ML MISC, 31G X 1/4" 1 ML MISC, 31G X 5/16" 0.3 ML MISC, 31G X 5/16" 0.5 ML MISC, 31G X 5/16" 1 ML MISC)	2	
SURE COMFORT PEN NEEDLES (29G X 12.7MM 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 6 MM MISC)	2	
TECHLITE INSULIN SYRINGE (29G X 1/2" 1 ML MISC, 30G X 1/2" 0.5 ML MISC, 30G X 1/2" 1 ML MISC, 30G X 5/16" 0.3 ML MISC, 30G X 5/16" 0.5 ML MISC, 31G X 15/64" 0.3 ML MISC, 31G X 15/64" 0.5 ML MISC, 31G X 15/64" 1 ML MISC, 31G X 5/16" 0.3 ML MISC, 31G X 5/16" 0.5 ML MISC, 31G X 5/16" 1 ML MISC)	2	
TECHLITE PEN NEEDLES (29G X 12MM MISC, 31G X 5 MM MISC, 31G X 8 MM MISC, 32G X 4 MM MISC, 32G X 6 MM MISC)	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 (X 6 MISC, X 8 MISC)	2	
TOPCARE ULTRA COMFORT INS SYR (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 5/16" 0.3 ML MISC, 30G X 5/16" 0.5 ML MISC, 30G X 5/16" 1 ML MISC, 31G X 5/16" 0.3 ML MISC, 31G X 5/16" 0.5 ML MISC, 31G X 5/16" 1 ML MISC)	2	
TOPFINE INSULIN PEN NEEDLE	2	
TRUE COMFORT INSULIN SYRINGE (30G X 1/2" 0.5 ML MISC, 30G X 1/2" 1 ML MISC, 30G X 5/16" 0.5 ML MISC, 30G X 5/16" 1 ML MISC, 31G X 5/16" 0.5 ML MISC, 31G X 5/16" 1 ML MISC, 32G X 5/16" 1 ML MISC)	2	
TRUE COMFORT PEN NEEDLES (31G X 5 MISC, 31G X 6 MISC, 31G X 8 MISC, 32G X 4 MISC, 32G X 5 MISC, 32G X 6 MISC, 33G X 4 MISC, 33G X 5 MISC, 33G X 6 MISC)	2	
TRUE COMFORT PRO INSULIN SYR (30G X 1/2" 0.5 ML MISC, 30G X 1/2" 1 ML MISC, 30G X 5/16" 0.5 ML MISC, 30G X 5/16" 1 ML MISC, 31G X 5/16" 0.5 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	

Drug Name	Drug Tier	Requirements/Limits
TRUE COMFORT PRO PEN NEEDLES (31G X 5 MISC, 31G X 6 MISC, 31G X 8 MISC, 32G X 4 MISC)	2	
TRUE COMFORT SAFETY PEN NEEDLE (31G X 5 MISC, 31G X 6 MISC, 32G X 4 MISC)	2	
TRUEPLUS 5-BEVEL PEN NEEDLES (29G X 12.7MM MISC, 31G X 5 MM MISC, 31G X 6 MM MISC, 31G X 8 MM MISC, 32G X 4 MM MISC)	2	
TRUEPLUS INSULIN SYRINGE (28G X 1/2" 0.5 ML MISC, 28G X 1/2" 1 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, 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 5/16" 0.3 ML MISC, 31G X 5/16" 0.5 ML MISC, 31G X 5/16" 1 ML MISC)	2	
TRUEPLUS PEN NEEDLES (29G X 12MM MISC, 31G X 5 MM MISC, 31G X 6 MM MISC, 31G X 8 MM MISC, 32G X 4 MM MISC)	2	
ULTICARE INSULIN SAFETY SYR (X 1/2" 0.5 ML MISC, X 1/2" 1 ML MISC)	2	
ULTICARE INSULIN SYR 1/2 UNIT	2	
ULTICARE INSULIN SYRINGE (28G X 1/2" 0.5 ML MISC, 28G X 1/2" 1 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, 30G X 1/2" 0.3 ML MISC, 30G X 1/2" 0.5 ML MISC, 30G X 1/2" 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 1/4" 0.3 ML MISC, 31G X 1/4" 0.5 ML MISC, 31G X 1/4" 1 ML MISC, 31G X 5/16" 0.3 ML MISC, 31G X 5/16" 0.5 ML MISC, 31G X 5/16" 1 ML MISC)	2	
ULTICARE MICRO PEN NEEDLES (31G X 6 MISC, 31G X 8 MISC, 32G X 4 MISC)	2	
ULTICARE MINI PEN NEEDLES (30G X 5 MISC, 31G X 6 MISC, 32G X 6 MISC)	2	
ULTICARE PEN NEEDLES (29G X 12.7MM MISC, 31G X 5 MM MISC)	2	
ULTICARE SHORT PEN NEEDLES (30G X 8 MISC, 31G X 8 MISC)	2	
ULTIGUARD SAFEPACK PEN NEEDLE (29G X 12.7MM 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	
ULTIGUARD SAFEPACK SYR/NEEDLE (30G X 1/2" 0.3 ML MISC, 30G X 1/2" 0.5 ML MISC, 30G X 1/2" 1 ML MISC, 31G X 5/16" 0.3 ML MISC, 31G X 5/16" 0.5 ML MISC, 31G X 5/16" 1 ML MISC)	2	
ULTILET PEN NEEDLE (29G X 12.7MM MISC, 31G X 5 MM MISC, 31G X 8 MM MISC, 32G X 4 MM MISC)	2	
ULTRA COMFORT INSULIN SYRINGE	2	

Drug Name	Drug Tier	Requirements/Limits
ULTRA COMFORT PEN NEEDLES	2	
ULTRA FLO INSULIN PEN NEEDLES (29G X 12MM MISC, 31G X 5 MM MISC, 31G X 8 MM MISC, 32G X 4 MM MISC, 33G X 4 MM MISC)	2	
ULTRA FLO INSULIN SYR 1/2 UNIT (30G X 1/2" 0.3 ML MISC, 30G X 5/16" 0.3 ML MISC, 31G X 5/16" 0.3 ML MISC)	2	
ULTRA FLO 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 1/2" 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 5/16" 0.3 ML MISC, 31G X 5/16" 0.5 ML MISC, 31G X 5/16" 1 ML MISC)	2	
ULTRA THIN PEN NEEDLES	2	
ULTRA-THIN II INS SYR SHORT (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 5/16" 0.3 ML MISC, 31G X 5/16" 0.5 ML MISC, 31G X 5/16" 1 ML MISC)	2	
ULTRA-THIN II INSULIN SYRINGE (X 1/2" 0.5 ML MISC, X 1/2" 1 ML MISC)	2	
ULTRA-THIN II MINI PEN NEEDLE	2	
ULTRA-THIN II PEN NEEDLE SHORT	2	
ULTRA-THIN II PEN NEEDLES	2	
ULTRACARE INSULIN SYRINGE (30G X 1/2" 0.5 ML MISC, 30G X 1/2" 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 5/16" 0.3 ML MISC, 31G X 5/16" 0.5 ML MISC, 31G X 5/16" 1 ML MISC)	2	
ULTRACARE PEN NEEDLES (31G X 5 MISC, 31G X 6 MISC, 31G X 8 MISC, 32G X 4 MISC, 32G X 5 MISC, 32G X 6 MISC, 33G X 4 MISC)	2	
UNIFINE OTC PEN NEEDLES (31G X 5 MISC, 32G X 4 MISC)	2	
UNIFINE PEN NEEDLES	2	
UNIFINE PENTIPS (29G X 12MM MISC, 30G X 5 MM 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, 33G X 4 MM MISC)	2	
UNIFINE PENTIPS PLUS (29G X 12MM MISC, 30G X 5 MM MISC, 31G X 5 MM MISC, 31G X 6 MM MISC, 31G X 8 MM MISC, 32G X 4 MM MISC, 33G X 4 MM MISC)	2	
UNIFINE PROTECT PEN NEEDLE (30G X 5 MISC, 30G X 8 MISC, 32G X 4 MISC)	2	
UNIFINE SAFECONTROL PEN NEEDLE (30G X 5 MISC, 30G X 8 MISC, 31G X 5 MISC, 31G X 6 MISC, 31G X 8 MISC, 32G X 4 MISC)	2	

Drug Name	Drug Tier	Requirements/Limits
UNIFINE ULTRA PEN NEEDLE (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	
UNIFINE ULTRA PEN NEEDLE 34G X 3.5 MM MISC	2	
VALUE HEALTH INSULIN SYRINGE (X 1/2" 0.5 ML MISC, X 1/2" 1 ML MISC)	2	
VALUMARK PEN NEEDLES (29G X 12MM MISC, 31G X 6 MM MISC, 31G X 8 MM MISC)	2	
VANISHPOINT INSULIN SYRINGE (29G X 1/2" 1 ML MISC, 29G X 5/16" 1 ML MISC, 30G X 1/2" 0.5 ML MISC, 30G X 3/16" 0.5 ML MISC, 30G X 3/16" 1 ML MISC, 30G X 5/16" 0.5 ML MISC, 30G X 5/16" 1 ML MISC)	2	
VERIFINE INSULIN PEN NEEDLE (29G X 12MM MISC, 31G X 5 MM MISC, 31G X 8 MM MISC, 32G X 4 MM MISC, 32G X 6 MM MISC)	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 (31G X 5 MISC, 31G X 8 MISC, 32G X 4 MISC)	2	
VERISAFE SAFETY INSULIN SYR	2	
VIDA MIA UNIFINE PENTIPS (29G X 12MM MISC, 31G X 6 MM MISC, 31G X 8 MM MISC, 32G X 4 MM MISC)	2	
VP INSULIN SYRINGE	2	
WEGMANS UNIFINE PENTIPS PLUS (31G X 5 MISC, 31G X 6 MISC, 31G X 8 MISC, 32G X 4 MISC)	2	
ZEVRX INSULIN SYRINGE (X 1/2" 0.5 ML MISC, X 1/2" 1 ML MISC, X 5/16" 0.5 ML MISC, X 5/16" 1 ML MISC)	2	
ZEVRX PEN NEEDLES (31G X 5 MISC, 31G X 6 MISC, 31G X 8 MISC, 32G X 4 MISC)	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		
CALCITONIN GENE-RELATED PEPTIDE (CGRP) RECEPTOR ANTAG		
AIMOVIG (70 MG/ML SOLN A-INJ, 140 MG/ML SOLN A-INJ)	2	PA, QL (1 ml per 28 days)

Drug Name	Drug Tier	Requirements/Limits
EMGALITY (120 MG/ML SOLN A-INJ, 120 MG/ML SOLN PRSYR)	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 (50 MG TAB, 100 MG TAB)	2	PA, QL (16 ea per 30 days), PN (30 DAYS SUPPLY PER FILL)
MIGRAINE PRODUCTS		
dihydroergotamine mesylate (1 mg/ml solution, 4 mg/ml solution)	1	
SEROTONIN AGONISTS		
eletriptan hydrobromide (20 mg tab, 40 mg tab)	1	PA, QL (16 ea per 28 days)
frovatriptan succinate	1	PA, QL (16 ea per 28 days)
naratriptan hcl (1 mg tab, 2.5 mg tab)	1	QL (16 ea per 28 days)
rizatriptan benzoate (5 mg tab, 5 mg tab disp, 10 mg tab, 10 mg tab disp)	1	QL (16 ea per 28 days)
sumatriptan (5 mg/act solution, 20 mg/act solution)	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 6 MG/0.5ML SOLN CART	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 (2.5 mg tab, 5 mg tab)	1	QL (16 ea per 28 days)
MINERALS ELECTROLYTES		
FLUORIDE		
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)
SODIUM FLUORIDE 1.1 (0.5 F) MG/ML SOLUTION	1	PN ($0 Copay for 6 months through 16 years of age)

Drug Name	Drug Tier	Requirements/Limits
PHOSPHATE		
PHOSPHO-TRIN K500	2	
POTASSIUM		
klor-con (8 tab er, 20 packet)	1	
klor-con 10	1	
klor-con m10	1	
klor-con m15	1	
klor-con m20	1	
potassium chloride (10 % solution, 20 meq packet, 20 meq/15ml (10%) solution, 40 meq/15ml (20%) solution)	1	
potassium chloride crys er (10 tab er, 15 tab er, 20 tab er)	1	
POTASSIUM CHLORIDE ER (8 CAP ER, 8 TAB ER, 10 CAP ER, 10 TAB ER, 20 TAB ER)	1	
MISCELLANEOUS THERAPEUTIC CLASSES		
CHELATING AGENTS		
penicillamine (250 mg cap, 250 mg tab)	1	PN (34 DAYS SUPPLY PER FILL)
trientine hcl	1	SP
ENZYMES		
XIAFLEX	4	PN (34 DAYS SUPPLY PER FILL), SP
IMMUNOMODULATORS		
JOENJA 70 MG TAB	4	PA, LA, QL (60 ea per 30 day(s)), PN (30 DAYS SUPPLY PER FILL), SP
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 (50 MG CAP, 100 MG CAP)	4	PN (34 DAYS SUPPLY PER FILL), SP
VYVGART	4	PA, PN (34 DAYS SUPPLY PER FILL), SP
VYVGART HYTRULO 180-2000 MG-UNIT/ML SOLUTION	4	PA, QL (22.4 ml per 50 days), PN (50 DAYS SUPPLY PER FILL), SP

Drug Name	Drug Tier	Requirements/Limits
IMMUNOSUPPRESSIVE AGENTS		
azathioprine 50 mg tab	1	
cyclosporine (25 mg cap, 100 mg cap)	1	
cyclosporine modified (25 mg cap, 50 mg cap, 100 mg cap, 100 mg/ml solution)	1	
ENSPRYNG	4	PA, QL (1 ml per 28 days), PN (28 DAYS SUPPLY PER FILL), SP
ENVARSUS XR (0.75 MG TAB ER 24H, 1 MG TAB ER 24H, 4 MG TAB ER 24H)	3	
everolimus (0.25 mg tab, 0.5 mg tab, 0.75 mg tab)	4	PA
everolimus 1 mg tab	1	PA
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	
mycophenolate sodium (180 mg tab dr, 360 mg tab dr)	1	
mycophenolic acid (180 mg tab dr, 360 mg tab dr)	1	
NEORAL (25 MG CAP, 100 MG CAP, 100 MG/ML SOLUTION)	3	
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)	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	
PIK3CA-RELATED OVERGROWTH SPECTRUM (PROS) AGENTS		
VIJOICE (125 MG TAB THPK, 200 & 50 MG TAB THPK)	4	PA, QL (56 ea per 28 days), PN (28 DAYS SUPPLY PER FILL), SP
VIJOICE 50 MG PACKET	4	PA, QL (28 ea per 28 day(s)), PN (28 DAYS SUPPLY PER FILL), SP
VIJOICE 50 MG TAB THPK	4	PA, QL (28 ea per 28 days), PN (28 DAYS SUPPLY PER FILL), SP
POTASSIUM REMOVING AGENTS		
kionex	1	
LOKELMA 10 GM PACKET	3	PA, QL (1.14 ea per 1 days)

Drug Name	Drug Tier	Requirements/Limits
LOKELMA 5 GM PACKET	3	PA, QL (1 ea per 1 days)
sodium polystyrene sulfonate (15 gm/60ml suspension, powder)	1	
sps (sodium polystyrene sulf)	1	
SPS (SODIUM POLYSTYRENE SULF)	2	
PROGERIA TREATMENT AGENTS		
ZOKINVY (50 MG CAP, 75 MG CAP)	4	PA, LA, PN (34 DAYS SUPPLY PER FILL), SP
SYSTEMIC LUPUS ERYTHEMATOSUS AGENTS		
BENLYSTA (120 MG RECON SOLN, 400 MG RECON SOLN)	4	PA, PN (34 DAYS SUPPLY PER FILL), SP
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)
BENLYSTA 200 MG/ML SOLN PRSYR	4	PA, QL (4 ml per 28 days), PN (28 DAYS SUPPLY PER FILL), SP
UREMIC PRURITUS AGENTS		
KORSUVA	4	PA, PN (34 DAYS SUPPLY PER FILL)
MOUTH/THROAT/DENTAL AGENTS		
ANESTHETICS TOPICAL ORAL		
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)

Drug Name	Drug Tier	Requirements/Limits
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)
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)
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 % 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		
PED MULTI VITAMINS W/FL & FE		
multi-vit/iron/fluoride	1	
MULTI-VITAMIN/FLUORIDE/IRON	1	
multivitamin/fluoride/iron	1	

Drug Name	Drug Tier	Requirements/Limits
PED MV W/ FLUORIDE		
MULTI-VITAMIN/FLUORIDE 0.25 MG/ML SUSPENSION	1	
MULTI-VITAMIN/FLUORIDE 0.5 MG/ML SUSPENSION	1	
MULTIVITAMIN + FLUORIDE (0.5 MG CHEW TAB, 1 MG CHEW TAB)	1	
MULTIVITAMIN W/FLUORIDE (0.5 MG CHEW TAB, 1 MG CHEW TAB)	1	
MULTIVITAMIN/FLUORIDE (MULTIVITAMIN/FLUORIDE 0.25 MG/ML SUSPENSION, MULTIVITAMIN/FLUORIDE 0.5 MG CHEW TAB, MULTIVITAMIN/FLUORIDE 0.5 MG/ML SUSPENSION, MULTIVITAMIN/FLUORIDE 1 MG CHEW TAB)	1	
TRI-VITE/FLUORIDE 0.25 MG/ML SOLUTION	1	
VITAMINS ACD-FLUORIDE 0.25 MG/ML SOLUTION	1	
PRENATAL VITAMINS		
ATABEX EC	2	
ATABEX OB	2	
AZENTRA	2	
AZESCO	2	
C-NATE DHA	2	
CITRANATAL B-CALM	2	
CITRANATAL BLOOM	2	
CO-NATAL FA	2	
COMPLETE NATAL DHA	2	
COMPLETENATE	2	
CONCEPT DHA	2	
CONCEPT OB	2	
DERMACINRX PNV PRENATOL	2	
DUET DHA 400	2	
ELITE-OB	2	
EMBRIVA	2	
ENBRACE HR	2	
FOLIVANE-OB	2	

Drug Name	Drug Tier	Requirements/Limits
GESTYRA	2	
INATAL GT	2	
KOSHER PRENATAL PLUS IRON	2	
M-NATAL PLUS	2	
MATRIAPRO	2	
MATRONEX	2	
MULTI-MAC	2	
NATACHEW	2	
NATALCHEW	2	
NATALCORE	2	
NEEVO DHA	2	
NEONATAL COMPLETE (27-1 MG TAB, 29-1 MG TAB)	2	
NEONATAL PLUS	2	
NESTABS	2	
NESTABS DHA	2	
NESTABS ONE	2	
NIVA-PLUS	2	
NOVYRA	2	
NURTIVA	2	
NUTRICHEW	2	
NUTRIVEX	2	
OB COMPLETE	2	
OB COMPLETE ONE	2	
OB COMPLETE PETITE	2	
OB COMPLETE PREMIER	2	
OB COMPLETE/DHA	2	
OBSTETRIX EC (WITH DOCUSATE)	2	
OBTREX	2	
ONE VITE WOMENS PLUS	2	
PNV 27-CA/FE/FA	2	
PNV-DHA	2	

Drug Name	Drug Tier	Requirements/Limits
PNV-OMEGA	2	
PNV-SELECT	2	
PREGEN DHA	1	
PREMESISRX	2	
PRENA1	2	
PRENA1 PEARL	2	
PRENACHEW	2	
PRENACORE	2	
PRENATABS FA	2	
PRENATABS RX	2	
PRENATAL 19 (29-1 MG CHEW TAB, 29-1 MG TAB, CHEW TAB, TAB)	2	
PRENATAL 27-1 MG TAB	2	
PRENATAL PLUS	2	
PRENATAL PLUS VITAMIN/MINERAL	2	
PRENATAL VITAMIN PLUS LOW IRON	2	
PRENATAL-U	2	
PRENATE	2	
PRENATE AM	2	
PRENATE DHA	2	
PRENATE ELITE	2	
PRENATE ENHANCE	2	
PRENATE ESSENTIAL	2	
PRENATE MINI	2	
PRENATE PIXIE	2	
PRENATE RESTORE	2	
PRENATRIX	2	
PRENATRYL	2	
PRENYRA	2	
PRIMACARE	2	
PROVIDA OB	2	

Drug Name	Drug Tier	Requirements/Limits
RELEVIA	2	
RELNATE DHA	2	
SE-NATAL 19 (29-1 MG CHEW TAB, 29-1 MG TAB)	2	
SELECT-OB 29-0.6-0.4 MG CHEW TAB	1	
SELECT-OB 29-1 MG CHEW TAB	2	
SELECT-OB+DHA	2	
TARON-C DHA	2	
THERANATAL CORE NUTRITION	2	
THRIVITE RX	2	
TRICARE	2	
TRINATAL RX 1	2	
TRINATE	2	
TRISTART DHA	2	
VINATE DHA RF	2	
VINATE II	2	
VINATE ONE	2	
VIRT-NATE DHA	2	
VIRT-PN DHA	2	
VITAFOL GUMMIES	2	
VITAFOL ULTRA	2	
VITAFOL-NANO	2	
VITAFOL-OB	2	
VITAFOL-OB+DHA	2	
VITAFOL-ONE	2	
VITAMEDMD ONE RX/QUATREFOLIC	2	
VITAMEDMD REDICHEW RX	2	
VITAPEARL	2	
VITATHELY WITH GINGER	2	
VIVA DHA	2	
WESCAP-C DHA	2	
WESCAP-PN DHA	2	

Drug Name	Drug Tier	Requirements/Limits
WESNATAL DHA COMPLETE	2	
WESNATE DHA	2	
WESTAB PLUS	2	
WESTGEL DHA	2	
ZALVIT	2	
ZATEAN-PN DHA	2	
ZIPHEX	2	
MUSCULOSKELETAL THERAPY AGENTS		
CENTRAL MUSCLE RELAXANTS		
baclofen (5 mg tab, 10 mg tab, 20 mg tab)	1	
carisoprodol (250 mg tab, 350 mg tab)	1	
cyclobenzaprine hcl (5 mg tab, 7.5 mg tab, 10 mg tab)	1	
fexmid	1	
metaxalone (400 mg tab, 800 mg tab)	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), PN (30 DAYS SUPPLY PER FILL), SP
SOHONOS 1 MG CAP	4	PA, LA, QL (4 ea per 30 days), PN (30 DAYS SUPPLY PER FILL), SP
SOHONOS 2.5 MG CAP	4	PA, LA, QL (3 ea per 30 days), PN (30 DAYS SUPPLY PER FILL), SP
SOHONOS 5 MG CAP	4	PA, LA, QL (1 ea per 30 days), PN (30 DAYS SUPPLY PER FILL), SP
VISCOSUPPLEMENTS		
DUROLANE	4	QL (6 ml per 180 day(s)), PN (180 DAYS SUPPLY PER FILL), SP

Drug Name	Drug Tier	Requirements/Limits
EUFLEXXA	4	QL (12 ml per 180 day(s)), PN (180 DAYS SUPPLY PER FILL), SP
GEL-ONE	4	PA, QL (6 ml per 180 day(s)), PN (180 DAYS SUPPLY PER FILL), SP
GELSYN-3	4	QL (12 ml per 180 day(s)), PN (180 DAYS SUPPLY PER FILL), SP
GENVISC 850	4	PA, QL (25 ml per 180 day(s)), PN (180 DAYS SUPPLY PER FILL), SP
HYALGAN (20 MG/2ML SOLN PRSYR, 20 MG/2ML SOLUTION)	4	QL (20 ml per 180 day(s)), PN (180 DAYS SUPPLY PER FILL), SP
HYMOVIS	4	PA, QL (12 ml per 180 day(s)), PN (180 DAYS SUPPLY PER FILL), SP
MONOVISC	4	PA, QL (8 ml per 180 day(s)), PN (180 DAYS SUPPLY PER FILL), SP
ORTHOVISC	4	PA, QL (16 ml per 180 day(s)), PN (180 DAYS SUPPLY PER FILL), SP
SUPARTZ FX	4	QL (25 ml per 180 day(s)), PN (180 DAYS SUPPLY PER FILL), SP
SYNOJOYNT	4	QL (12 ml per 180 day(s)), PN (180 DAYS SUPPLY PER FILL), SP
SYNVISC	4	QL (12 ml per 180 day(s)), PN (180 DAYS SUPPLY PER FILL), SP
SYNVISC ONE	4	QL (12 ml per 180 day(s)), PN (180 DAYS SUPPLY PER FILL), SP
TRILURON	4	QL (12 ml per 180 day(s)), PN (180 DAYS SUPPLY PER FILL), SP
TRIVISC	4	PA, QL (15 ml per 180 day(s)), PN (180 DAYS SUPPLY PER FILL), SP
VISCO-3	4	QL (15 ml per 180 day(s)), PN (180 DAYS SUPPLY PER FILL), SP
NASAL AGENTS - SYSTEMIC AND TOPICAL		
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	

Drug Name	Drug Tier	Requirements/Limits
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	
NEUROMUSCULAR AGENTS		
ALS AGENTS		
edaravone	4	PA, PN (34 DAYS SUPPLY PER FILL), SP
RADICAVA ORS	4	PA, QL (50 ml per 28 day(s)), PN (28 DAYS SUPPLY PER FILL), SP
RADICAVA ORS STARTER KIT	4	PA, QL (70 ml per 28 day(s)), PN (28 DAY SUPPLY IN 180 DAYS), SP
riluzole	1	PN (34 DAYS SUPPLY PER FILL)
FRIEDRICHS ATAXIA AGENTS		
SKYCLARYS	4	PA, LA, QL (90 ea per 30 days), PN (30 DAYS SUPPLY PER FILL), SP
NEUROMUSCULAR BLOCKING AGENT - NEUROTOXINS		
BOTOX (100 RECON SOLN, 200 RECON SOLN)	4	PA, PN (90 DAYS SUPPLY PER FILL), SP
DYSPORT (300 RECON SOLN, 500 RECON SOLN)	4	PA, PN (90 DAYS SUPPLY PER FILL), SP
MYOBLOC (2500 UNIT/0.5ML SOLUTION, 5000 UNIT/ML SOLUTION, 10000 UNIT/2ML SOLUTION)	4	PA, PN (90 DAYS SUPPLY PER FILL), SP
XEOMIN (50 RECON SOLN, 100 RECON SOLN, 200 RECON SOLN)	4	PA, PN (90 DAYS SUPPLY PER FILL), SP
SPINAL MUSCULAR ATROPHY AGENTS (SMA)		
EVRYSDI 0.75 MG/ML RECON SOLN	4	PA, LA, QL (6.67 ml per 1 days), SP
NUTRIENTS		
LIPIDS		
DOJOLVI	4	PA, PN (34 DAYS SUPPLY PER FILL), SP

Drug Name	Drug Tier	Requirements/Limits
OPHTHALMIC AGENTS		
BETA-BLOCKERS - OPHTHALMIC		
BETAXOLOL HCL	2	
BETOPTIC-S	2	
CARTEOLOL HCL	2	
dorzolamide hcl-timolol mal (2-0.5 % solution, 22.3-6.8 mg/ml solution)	1	
dorzolamide hcl-timolol mal pf	1	
LEVOBUNOLOL HCL	2	
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 % solution	1	
cyclopentolate hcl 1 % solution	1	
phenylephrine hcl 10 % solution	1	
tropicamide (0.5 % solution, 1 % solution)	1	
MIOTICS		
pilocarpine hcl (1 % solution, 2 % solution, 4 % solution)	1	
OPHTHALMIC - ANGIOGENESIS INHIBITORS		
BEOVU 6 MG/0.05ML SOLN PRSYR	4	PA, QL (0.1 ml per 25 days), PN (25 DAYS SUPPLY PER FILL), SP
CIMERLI (0.3 MG/0.05ML SOLUTION, 0.5 MG/0.05ML SOLUTION)	4	PA, QL (0.1 ml per 28 days), PN (28 DAYS SUPPLY PER FILL), SP
EYLEA (2 MG/0.05ML SOLN PRSYR, 2 MG/0.05ML SOLUTION)	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)
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)

Drug Name	Drug Tier	Requirements/Limits
LUCENTIS 0.3 MG/0.05ML SOLUTION	4	PA, QL (0.1 ml per 28 days), PN (MIN 28 DAY SUPPLY; MAX 90 DAY SUPPLY)
PAVBLU (2 MG/0.05ML SOLN PRSYR, 2 MG/0.05ML SOLUTION)	4	PA, QL (0.1 ml per 25 day(s)), PN (25 DAYS SUPPLY PER FILL), SP
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)), PN (21 DAYS SUPPLY PER FILL), SP
VABYSMO 6 MG/0.05ML SOLUTION	4	PA, QL (0.1 ml per 21 days), PN (21 DAYS SUPPLY PER FILL), SP
OPHTHALMIC ADRENERGIC AGENTS		
APRACLONIDINE HCL	2	
brimonidine tartrate (0.1 % solution, 0.2 % solution)	1	
SIMBRINZA	3	
OPHTHALMIC ANTI-INFECTIVES		
AZASITE	3	
BACITRACIN 500 UNIT/GM OINTMENT	1	
BACITRACIN-POLYMYXIN B	2	
BESIVANCE	3	
CILOXAN	2	
ciprofloxacin hcl 0.3 % solution	1	
erythromycin 5 mg/gm ointment	1	
gentamicin sulfate 0.3 % solution	1	
levofloxacin 0.5 % solution	1	
moxifloxacin hcl 0.5 % solution	1	
NATACYN	2	
NEOMYCIN-BACITRACIN ZN-POLYMYX	2	
NEOMYCIN-POLYMYXIN-GRAMICIDIN	2	
ofloxacin 0.3 % solution	1	
polymyxin b-trimethoprim	1	
SULFACETAMIDE SODIUM 10 % OINTMENT	1	

Drug Name	Drug Tier	Requirements/Limits
SULFACETAMIDE SODIUM 10 % SOLUTION	2	
tobramycin 0.3 % solution	1	
TRIFLURIDINE	2	
XDEMVY	4	PA, QL (10 ml per 42 days), PN (42 DAYS SUPPLY PER FILL)
OPHTHALMIC COMPLEMENT INHIBITORS		
IZERVAY	4	PA, QL (0.2 ml per 21 day(s)), SP, PN (MIN 21 DAYS SUPPLY; MAX 28 DAYS SUPPLY)
SYFOVRE	4	PA, QL (0.2 ml per 25 days), PN (25 DAYS SUPPLY PER FILL), SP
OPHTHALMIC IMMUNOMODULATORS		
cyclosporine (pf)	1	
OPHTHALMIC INTEGRIN ANTAGONISTS		
XIIDRA	2	
OPHTHALMIC NERVE GROWTH FACTORS		
OXERVATE	4	PA, LA, QL (56 ml per 28 days), PN (28 DAYS SUPPLY PER FILL), SP
OPHTHALMIC PHOTODYNAMIC THERAPY AGENTS		
VISUDYNE	4	PN (34 DAYS SUPPLY PER FILL), SP
OPHTHALMIC STEROIDS		
BACITRA-NEOMYCIN-POLYMYXIN-HC	1	
fluorometholone	1	
FML FORTE	2	
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	
prednisolone acetate	1	

Drug Name	Drug Tier	Requirements/Limits
PREDNISOLONE SODIUM PHOSPHATE 1 % SOLUTION	1	
SULFACETAMIDE-PREDNISOLONE	1	
TOBRADEX 0.3-0.1 % OINTMENT	2	
tobramycin-dexamethasone	1	
XIPERE	4	PN (34 DAYS SUPPLY PER FILL), SP
OPHTHALMICS - MISC.		
azelastine hcl 0.05 % solution	1	
brinzolamide	1	
bromfenac sodium (once-daily)	1	
CROMOLYN SODIUM	2	
diclofenac sodium 0.1 % solution	1	
dorzolamide hcl	1	
epinastine hcl	1	
FLURBIPROFEN SODIUM	2	
KETOROLAC TROMETHAMINE (0.4 % SOLUTION, 0.5 % SOLUTION)	1	
olopatadine hcl (0.1 % solution, 0.2 % solution)	1	
PROSTAGLANDINS - OPHTHALMIC		
bimatoprost (0.01 % solution, 0.03 % solution)	1	ST
DURYSTA	4	PA, QL (2 ea per lifetime), SP
latanoprost	1	
tafluprost (pf)	1	PA
travoprost (bak free)	1	
VYZULTA	3	ST
OTIC AGENTS		
OTIC AGENTS - MISCELLANEOUS		
acetic acid 2 % solution	1	
OTIC ANTI-INFECTIVES		
ciprofloxacin hcl 0.2 % solution	1	

Drug Name	Drug Tier	Requirements/Limits
OTIC COMBINATIONS		
ciprofloxacin-dexamethasone	1	
ciprofloxacin-hydrocortisone	1	
neomycin-polymyxin-hc (1 % solution, 3.5-10000-1 solution, 3.5-10000-1 suspension)	1	
OTIC STEROIDS		
flac	1	
fluocinolone acetonide 0.01 % oil	1	
OXYTOCICS		
OXYTOCICS		
methergine	1	
methylergonovine maleate 0.2 mg tab	1	
PASSIVE IMMUNIZING AND TREATMENT AGENTS		
IMMUNE SERUMS		
ALYGLO (5 GM/50ML SOLUTION, 10 GM/100ML SOLUTION, 20 GM/200ML SOLUTION)	4	PA, PN (34 DAYS SUPPLY PER FILL), SP
ASCENIV	4	PA, PN (34 DAYS SUPPLY PER FILL), SP
BIVIGAM (5 GM/50ML SOLUTION, 10 GM/100ML SOLUTION)	4	PA, PN (34 DAYS SUPPLY PER FILL), SP
CUTAQUIG (1 GM/6ML SOLUTION, 1.65 GM/10ML SOLUTION, 2 GM/12ML SOLUTION, 3.3 GM/20ML SOLUTION, 4 GM/24ML SOLUTION, 8 GM/48ML SOLUTION)	4	PA, PN (34 DAYS SUPPLY PER FILL), SP
CUVITRU (1 GM/5ML SOLUTION, 2 GM/10ML SOLUTION, 4 GM/20ML SOLUTION, 8 GM/40ML SOLUTION, 10 GM/50ML SOLUTION)	4	PA, PN (34 DAYS SUPPLY PER FILL), SP
CYTOGAM	4	PN (34 DAYS SUPPLY PER FILL), SP
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, 20 GM/400ML SOLUTION)	4	PA, PN (34 DAYS SUPPLY PER FILL), SP
GAMASTAN	4	PN (34 DAYS SUPPLY PER FILL), SP
GAMMAGARD (1 GM/10ML SOLUTION, 2.5 GM/25ML SOLUTION, 5 GM/50ML SOLUTION, 10 GM/100ML SOLUTION, 20 GM/200ML SOLUTION, 30 GM/300ML SOLUTION)	4	PA, PN (34 DAYS SUPPLY PER FILL), SP

Drug Name	Drug Tier	Requirements/Limits
GAMMAGARD ERC (5 GM/50ML SOLUTION, 10 GM/100ML SOLUTION)	4	PA, PN (34 DAYS SUPPLY PER FILL), SP
GAMMAGARD S/D LESS IGA (5 GM RECON SOLN, 10 GM RECON SOLN)	4	PA, PN (34 DAYS SUPPLY PER FILL), SP
GAMMAKED (1 GM/10ML SOLUTION, 5 GM/50ML SOLUTION, 10 GM/100ML SOLUTION, 20 GM/200ML SOLUTION)	4	PA, PN (34 DAYS SUPPLY PER FILL), SP
GAMMAPLEX (5 GM/100ML SOLUTION, 5 GM/50ML SOLUTION, 10 GM/100ML SOLUTION, 10 GM/200ML SOLUTION, 20 GM/200ML SOLUTION, 20 GM/400ML SOLUTION)	4	PA, PN (34 DAYS SUPPLY PER FILL), SP
GAMUNEX-C (1 GM/10ML SOLUTION, 2.5 GM/25ML SOLUTION, 5 GM/50ML SOLUTION, 10 GM/100ML SOLUTION, 20 GM/200ML SOLUTION, 40 GM/400ML SOLUTION)	4	PA, PN (34 DAYS SUPPLY PER FILL), SP
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 SOLN PRSYR, 10 GM/50ML SOLUTION)	4	PA, PN (34 DAYS SUPPLY PER FILL), SP
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, PN (34 DAYS SUPPLY PER FILL), SP
OCTAGAM 25 GM/500ML SOLUTION	4	PA, PN (34 DAYS SUPPLY PER FILL)
PANZYGA (1 GM/10ML SOLUTION, 2.5 GM/25ML SOLUTION, 5 GM/50ML SOLUTION, 10 GM/100ML SOLUTION, 20 GM/200ML SOLUTION, 30 GM/300ML SOLUTION)	4	PA, PN (34 DAYS SUPPLY PER FILL), SP
PRIVIGEN (5 GM/50ML SOLUTION, 20 GM/200ML SOLUTION, 40 GM/400ML SOLUTION)	4	PA, PN (34 DAYS SUPPLY PER FILL), SP
PRIVIGEN 10 GM/100ML SOLUTION	4	PA, PN (34 DAYS SUPPLY PER FILL), SP
RHOGAM ULTRA-FILTERED PLUS	2	PN (34 DAYS SUPPLY PER FILL), SP
RHOPHYLAC	2	PN (34 DAYS SUPPLY PER FILL), SP
WINRHO SDF (1500 UNIT/1.3ML SOLUTION, 2500 UNIT/2.2ML SOLUTION, 5000 UNIT/4.4ML SOLUTION, 15000 UNIT/13ML SOLUTION)	4	PN (34 DAYS SUPPLY PER FILL), SP
XEMBIFY (1 GM/5ML SOLUTION, 2 GM/10ML SOLUTION, 4 GM/20ML SOLUTION, 10 GM/50ML SOLUTION)	4	PA, PN (34 DAYS SUPPLY PER FILL), SP
MONOCLONAL ANTIBODIES		
ZINPLAVA	4	PA, PN (34 DAYS SUPPLY PER FILL), SP
PASSIVE IMMUNIZING AGENTS - COMBINATIONS		
HYQVIA (2.5 GM/25ML KIT, 5 GM/50ML KIT, 10 GM/100ML KIT, 20 GM/200ML KIT, 30 GM/300ML KIT)	4	PA, PN (34 DAYS SUPPLY PER FILL), SP

Drug Name	Drug Tier	Requirements/Limits
PENICILLINS		
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	
amoxicillin trihydrate	1	
ampicillin	1	
NATURAL PENICILLINS		
PENICILLIN V POTASSIUM (125 MG/5ML RECON SOLN, 250 MG/5ML RECON SOLN)	2	
penicillin v potassium (250 mg tab, 500 mg tab)	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 (250 mg cap, 500 mg cap)	1	
PROGESTINS		
PROGESTINS		
gallifrey	1	
LILETTA (52 MG)	0	PN (MIN 365 DAY SUPPLY; MAX 2920 DAY SUPPLY)
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.		
AGENTS FOR CHEMICAL DEPENDENCY		
disulfiram (250 mg tab, 500 mg tab)	1	

Drug Name	Drug Tier	Requirements/Limits
lofexidine hcl	4	PA, QL (112 ea per 7 day(s)), PN (7 DAYS SUPPLY PER FILL)
ANTI-CATAPLECTIC AGENTS		
LUMRYZ (4.5 GM PACKET, 6 GM PACKET, 7.5 GM PACKET, 9 GM PACKET)	4	PA, QL (270 ea per 30 day(s)), PN (30 DAYS SUPPLY PER FILL), SP
LUMRYZ STARTER PACK	4	PA, QL (28 ea per 180 day(s)), PN (28 DAYS SUPPLY PER FILL), SP
sodium oxybate	4	PA, LA, QL (540 ml per 30 day(s)), PN (30 DAYS SUPPLY PER FILL), SP
XYWAV	4	PA, LA, QL (540 ml per 30 days), PN (30 DAYS SUPPLY PER FILL), SP
ANTIDEMENTIA AGENTS		
donepezil hcl (5 mg tab, 5 mg tab disp, 10 mg tab, 10 mg tab disp, 23 mg tab)	1	
GALANTAMINE HYDROBROMIDE	2	
galantamine hydrobromide (4 mg tab, 8 mg tab, 12 mg tab)	1	
galantamine hydrobromide er (8 mg cap er 24h, 16 mg cap er 24h, 24 mg cap er 24h)	1	
memantine hcl (2 mg/ml solution, 5 mg tab, 10 mg tab, 10 mg/5ml solution)	1	
memantine hcl er (7 mg cap er 24h, 14 mg cap er 24h, 21 mg cap er 24h, 28 mg cap er 24h)	1	PA
rivastigmine tartrate (1.5 mg cap, 3 mg cap, 4.5 mg cap, 6 mg cap)	1	
FIBROMYALGIA AGENTS		
milnacipran hcl (12.5 mg tab, 25 mg tab, 50 mg tab, 100 mg tab)	1	PA, QL (2 ea per 1 day(s))
milnacipran hcl 12.5 & 25 & 50 mg misc	1	PA, QL (55 ea per 28 day(s))
HYPOACTIVE SEXUAL DESIRE DISORDER (HSDD) AGENTS		
VYLEESI	3	
MOVEMENT DISORDER DRUG THERAPY		
tetrabenazine 12.5 mg tab	1	PA, QL (102 ea per 34 days), PN (34 DAYS SUPPLY PER FILL), SP
tetrabenazine 25 mg tab	1	PA, QL (136 ea per 34 days), PN (34 DAYS SUPPLY PER FILL), SP

Drug Name	Drug Tier	Requirements/Limits
MULTIPLE SCLEROSIS AGENTS		
AVONEX PEN	4	QL (1 ea per 28 days), PN (28 DAYS SUPPLY PER FILL), SP
AVONEX PREFILLED	4	QL (1 ea per 28 days), PN (28 DAYS SUPPLY PER FILL), SP
BETASERON	4	QL (14 ea per 28 days), PN (28 DAYS SUPPLY PER FILL), SP
dalfampridine er	1	QL (60 ea per 30 days), PN (30 DAYS SUPPLY PER FILL), SP
dimethyl fumarate 120 mg cap dr	1	QL (14 ea per 7 days), PN (7 DAYS SUPPLY PER FILL), SP
dimethyl fumarate 240 mg cap dr	1	QL (60 ea per 30 days), PN (30 DAYS SUPPLY PER FILL), SP
dimethyl fumarate starter pack	4	QL (60 ea per 30 day(s)), SP
fingolimod hcl	4	QL (30 ea per 30 days), PN (30 DAYS SUPPLY PER FILL), SP
glatiramer acetate 20 mg/ml soln prsyr	4	QL (30 ml per 30 day(s)), PN (30 DAYS SUPPLY PER FILL), SP
glatiramer acetate 40 mg/ml soln prsyr	4	QL (12 ml per 28 days), PN (28 DAYS SUPPLY PER FILL), SP
glatopa 20 mg/ml soln prsyr	4	QL (30 ml per 30 day(s)), PN (30 DAYS SUPPLY PER FILL), SP
glatopa 40 mg/ml soln prsyr	4	QL (12 ml per 28 days), PN (28 DAYS SUPPLY PER FILL), SP
KESIMPTA	4	QL (0.4 ml per 28 days), PN (28 DAYS SUPPLY PER FILL), SP
MAYZENT (1 MG TAB, 2 MG TAB)	4	QL (30 ea per 30 days), PN (30 DAYS SUPPLY PER FILL), SP
MAYZENT 0.25 MG TAB	4	QL (140 ea per 28 days), PN (28 DAYS SUPPLY PER FILL), SP
MAYZENT STARTER PACK 12 X 0.25 MG TAB THPK	4	QL (12 ea per 5 day(s)), PN (5 DAYS SUPPLY IN 180 DAYS), SP
MAYZENT STARTER PACK 7 X 0.25 MG TAB THPK	4	QL (7 ea per 4 day(s)), PN (4 DAYS SUPPLY IN 180 DAYS), SP
OCREVUS ZUNOVO	4	PA, QL (23 ml per 180 day(s)), PN (TWO 180 DAY SUPPLIES IN 365 DAYS), SP, PN (MIN 168 DAY SUPPLY; MAX 180 DAY SUPPLY)
PLEGRIDY 125 MCG/0.5ML SOLN A-INJ	4	QL (1 ml per 28 day(s)), PN (28 DAYS SUPPLY PER FILL), SP

Drug Name	Drug Tier	Requirements/Limits
PLEGRIDY 125 MCG/0.5ML SOLN PRSYR	4	QL (1 ml per 28 days), PN (28 DAYS SUPPLY PER FILL), SP
PLEGRIDY STARTER PACK 63 & 94 MCG/0.5ML SOLN A-INJ	4	QL (1 ml per 28 day(s)), PN (28 DAYS SUPPLY PER FILL), SP
PLEGRIDY STARTER PACK 63 & 94 MCG/0.5ML SOLN PRSYR	4	QL (1 ml per 28 days), PN (28 DAYS SUPPLY PER FILL), SP
REBIF 44 MCG/0.5ML SOLN PRSYR	4	QL (6 ml per 28 days), PN (28 DAYS SUPPLY PER FILL), SP
REBIF REBIDOSE 44 MCG/0.5ML SOLN A-INJ	4	QL (6 ml per 28 days), PN (28 DAYS SUPPLY PER FILL), SP
REBIF REBIDOSE TITRATION PACK	4	QL (4.2 ml per 28 days), PN (28 DAYS SUPPLY PER FILL), SP
REBIF TITRATION PACK	4	QL (4.2 ml per 28 days), PN (28 DAYS SUPPLY PER FILL), SP
teriflunomide 14 mg tab	1	QL (30 ea per 30 days), PN (30 DAYS SUPPLY PER FILL), SP
teriflunomide 7 mg tab	1	PA, QL (30 ea per 30 days), PN (30 DAYS SUPPLY PER FILL), SP
ZEPOSIA	2	PA, QL (30 ea per 30 days), PN (PA REQUIRED FOR ULCERATIVE COLITIS; 30 DAYS SUPPLY PER FILL), SP
ZEPOSIA 7-DAY STARTER PACK	2	PA, QL (7 ea per 7 day(s)), PN (PA REQUIRED FOR ULCERATIVE COLITIS; 7 DAYS SUPPLY IN 180 DAYS), SP
ZEPOSIA STARTER KIT 0.23MG &0.46MG 0.92MG(21) CAP THPK	2	PA, QL (28 ea per 28 days), PN (PA REQUIRED FOR ULCERATIVE COLITIS; 28 DAYS SUPPLY PER FILL), SP
PSYCHOTHERAPEUTIC AND NEUROLOGICAL AGENTS - MISC.		
AQNEURSA	4	PA, LA, QL (112 ea per 28 day(s)), PN (28 DAYS SUPPLY PER FILL), SP
MIPLYFFA (47 MG CAP, 62 MG CAP, 93 MG CAP, 124 MG CAP)	4	PA, LA, QL (90 ea per 30 day(s)), PN (30 DAYS SUPPLY PER FILL), SP
pimozide (1 mg tab, 2 mg tab)	1	
SMOKING DETERRENTS		
APO-VARENICLINE (0.5 MG TAB, 1 MG TAB)	0	QL (2 ea per 1 days)
CHANTIX (0.5 MG TAB, 1 MG TAB)	0	QL (2 ea per 1 days)
CHANTIX CONTINUING MONTH PAK	0	QL (2 ea per 1 days)
cvs nicotine (2 mg gum, 2 mg lozenge, 4 mg gum, 7 mg/24hr patch 24hr, 14 mg/24hr patch 24hr, 21 mg/24hr patch 24hr)	0	

Drug Name	Drug Tier	Requirements/Limits
cvs nicotine polacrilex (2 mg gum, 2 mg lozenge, 4 mg gum, 4 mg lozenge)	0	
eq nicotine (4 mg gum, 4 mg lozenge, 14 mg/24hr patch 24hr, 21 mg/24hr patch 24hr)	0	
eq nicotine polacrilex (2 mg gum, 2 mg lozenge, 4 mg gum, 4 mg lozenge)	0	
eq nicotine step 3	0	
eql nicotine polacrilex (2 mg lozenge, 4 mg lozenge)	0	
ft nicotine (2 mg gum, 2 mg lozenge, 4 mg gum, 4 mg lozenge, 7 mg/24hr patch 24hr, 14 mg/24hr patch 24hr, 21 mg/24hr patch 24hr)	0	
ft nicotine mini (2 mg lozenge, 4 mg lozenge)	0	
gnp nicotine (2 mg gum, 4 mg gum, 7 mg/24hr patch 24hr, 14 mg/24hr patch 24hr, 21 mg/24hr patch 24hr)	0	
gnp nicotine mini (2 mg lozenge, 4 mg lozenge)	0	
gnp nicotine polacrilex (2 mg gum, 2 mg lozenge, 4 mg gum, 4 mg lozenge)	0	
goodsense nicotine (2 mg gum, 2 mg lozenge, 4 mg gum, 4 mg lozenge)	0	
goodsense nicotine policrilex	0	
habitrol	0	
hm nicotine (7 mg/24hr patch 24hr, 14 mg/24hr patch 24hr, 21 mg/24hr patch 24hr)	0	
hm nicotine polacrilex (2 mg gum, 2 mg lozenge, 4 mg gum, 4 mg lozenge)	0	
kls quit2 (2 mg gum, 2 mg lozenge)	0	
kls quit4 (4 mg gum, 4 mg lozenge)	0	
nicoderm cq (7 mg/24hr patch 24hr, 14 mg/24hr patch 24hr, 21 mg/24hr patch 24hr)	3	
nicorette (2 mg gum, 2 mg lozenge, 4 mg gum, 4 mg lozenge)	3	
nicorette mini (2 mg lozenge, 4 mg lozenge)	3	
nicorette starter kit (2 mg gum, 4 mg gum)	3	
NICOTINE (7 MG/24HR PATCH 24HR, 14 MG/24HR PATCH 24HR, 21 MG/24HR PATCH 24HR)	0	
nicotine mini (2 mg lozenge, 4 mg lozenge)	0	
nicotine polacrilex (2 mg gum, 2 mg lozenge, 4 mg gum, 4 mg lozenge)	0	

Drug Name	Drug Tier	Requirements/Limits
nicotine polacrilex mini	0	
nicotine step 1	0	
nicotine step 2	0	
nicotine step 3	0	
NICOTROL NS	0	
px stop smoking aid (2 mg gum, 2 mg lozenge, 4 mg gum, 4 mg lozenge)	0	
qc nicotine transdermal system (14 mg/24hr patch 24hr, 21 mg/24hr patch 24hr)	0	
ra mini nicotine (2 mg lozenge, 4 mg lozenge)	0	
ra nicotine (2 mg gum, 4 mg gum, 14 mg/24hr patch 24hr, 21 mg/24hr patch 24hr)	0	
ra nicotine gum (2 mg gum, 4 mg gum)	0	
ra nicotine polacrilex (2 mg lozenge, 4 mg lozenge)	0	
sm nicotine (2 mg lozenge, 4 mg gum, 7 mg/24hr patch 24hr, 14 mg/24hr patch 24hr, 21 mg/24hr patch 24hr)	0	
sm nicotine polacrilex (2 mg gum, 2 mg lozenge, 4 mg gum, 4 mg lozenge)	0	
thrive	0	
varenicline tartrate (0.5 mg tab, 1 mg tab)	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)
RESPIRATORY AGENTS - MISC.		
ALPHA-PROTEINASE INHIBITOR (HUMAN)		
PROLASTIN-C	4	PA, LA, PN (34 DAYS SUPPLY PER FILL), SP
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), PN (28 DAYS SUPPLY PER FILL), SP
KALYDECO 13.4 MG PACKET	4	PA, LA, QL (60 ea per 30 days), PN (30 DAYS SUPPLY PER FILL), SP
KALYDECO 150 MG TAB	4	PA, LA, QL (60 ea per 30 days), PN (30 DAYS SUPPLY PER FILL), SP
ORKAMBI (100-125 MG TAB, 200-125 MG TAB)	4	PA, LA, QL (112 ea per 28 days), PN (28 DAYS SUPPLY PER FILL), SP

Drug Name	Drug Tier	Requirements/Limits
ORKAMBI (75-94 MG PACKET, 100-125 MG PACKET, 150-188 MG PACKET)	4	PA, LA, QL (56 ea per 28 days), PN (28 DAYS SUPPLY PER FILL), SP
PULMOZYME	4	PA, PN (30 DAYS SUPPLY PER FILL), SP
SYMDEKO (50-75 & 75 MG TAB THPK, 100-150 & 150 MG TAB THPK)	4	PA, LA, QL (56 ea per 28 days), PN (28 DAYS SUPPLY PER FILL), SP
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), PN (28 DAYS SUPPLY PER FILL), SP
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), PN (28 DAYS SUPPLY PER FILL), SP
PULMONARY FIBROSIS AGENTS		
pirfenidone (267 mg cap, 267 mg tab)	1	PA, QL (270 ea per 30 day(s)), PN (30 DAYS SUPPLY PER FILL), SP
SULFONAMIDES		
SULFONAMIDES		
sulfadiazine	1	
TETRACYCLINES		
TETRACYCLINES		
avidoxy	1	
demeclocycline hcl (150 mg tab, 300 mg tab)	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	1	
tetracycline hcl (250 mg cap, 500 mg cap)	1	
THYROID AGENTS		
ANTITHYROID AGENTS		
methimazole (5 mg tab, 10 mg tab)	1	
propylthiouracil	1	

Drug Name	Drug Tier	Requirements/Limits
THYROID HORMONES		
ARMOUR THYROID (15 MG TAB, 30 MG TAB, 60 MG TAB, 90 MG TAB, 120 MG TAB, 180 MG TAB, 240 MG TAB, 300 MG TAB)	3	
euthyrox (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)	1	
levo-t (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	
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 (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)	1	
liomny (5 mcg tab, 25 mcg tab, 50 mcg tab)	1	
liothyronine sodium (5 mcg tab, 25 mcg tab, 50 mcg tab)	1	
NP THYROID (15 MG TAB, 30 MG TAB, 60 MG TAB, 90 MG TAB, 120 MG TAB)	3	
SYNTHROID (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)	3	
unithroid (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	
TOXOIDS		
TOXOID COMBINATIONS		
ADACEL (5-2-15.5 LF-MCG/0.5 SUSP PRSYR, 5-2-15.5 LF-MCG/0.5 SUSPENSION)	0	
BOOSTRIX 5-2.5-18.5 LF-MCG/0.5 SUSP PRSYR	0	
DAPTACEL	0	
INFANRIX	0	
KINRIX	0	
PEDIARIX	0	
PENTACEL	0	AL (Up to 4 yrs old)

Drug Name	Drug Tier	Requirements/Limits
QUADRACEL (0.5 ML SUSP PRSYR, SUSPENSION)	0	
TENIVAC	0	
ULCER DRUGS/ANTISPASMODICS/ANTICHOLINERGICS		
ANTISPASMODICS		
chlordiazepoxide-clidinium	1	
dicyclomine hcl (10 mg cap, 10 mg/5ml solution, 20 mg tab)	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)	2	
HYOSCYAMINE SULFATE SL	2	
HYOSYNE (0.125 MG/5ML ELIXIR, 0.125 MG/ML SOLUTION)	2	
methscopolamine bromide (2.5 mg tab, 5 mg tab)	1	
OSCIMIN (0.125 MG SL TAB, 0.125 MG TAB)	2	
H-2 ANTAGONISTS		
cimetidine (200 mg tab, 300 mg tab, 400 mg tab, 800 mg tab)	1	
famotidine (20 mg tab, 40 mg tab, 40 mg/5ml recon susp)	1	
MISC. ANTI-ULCER		
sucralfate (1 gm tab, 1 gm/10ml suspension)	1	
PROTON PUMP INHIBITORS		
dexlansoprazole (30 mg cap dr, 60 mg cap dr)	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 (15 mg cap dr, 15 mg tab dr disp, 30 mg cap dr, 30 mg tab dr disp)	1	
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	
ULCER DRUGS - PROSTAGLANDINS		
misoprostol (100 mcg tab, 200 mcg tab)	1	

Drug Name	Drug Tier	Requirements/Limits
UNCATEGORIZED		
UNCLASSIFIED		
ALYFTREK 10-50-125 MG TAB	4	PA, LA, QL (56 ea per 28 day(s)), PN (28 DAYS SUPPLY PER FILL), SP
ALYFTREK 4-20-50 MG TAB	4	PA, LA, QL (84 ea per 28 day(s)), PN (28 DAYS SUPPLY PER FILL), SP
ATTRUBY	4	PA, QL (112 ea per 28 day(s)), PN (28 DAYS SUPPLY PER FILL), SP
AVERI	0	
AVLAYAH	4	PA, LA, PN (28 DAYS SUPPLY PER FILL), SP
AVMAPKI FAKZYNJA CO-PACK	3	PA, LA, QL (66 ea per 28 day(s)), PN (28 DAYS SUPPLY PER FILL), SP
AVTOZMA (162 MG/0.9ML SOLN A-INJ, 162 MG/0.9ML SOLN PRSYR)	4	PA, QL (3.6 ml per 28 day(s)), SP, PN (MIN 21 DAY SUPPLY; MAX 34 DAY SUPPLY)
AVTOZMA (80 MG/4ML SOLUTION, 200 MG/10ML SOLUTION, 400 MG/20ML SOLUTION)	4	PA, SP, PN (MIN 21 DAY SUPPLY; MAX 34 DAY SUPPLY)
BESREMI PEN	4	QL (1 ml per 28 day(s)), PA-NSO, PN (28 DAYS SUPPLY PER FILL), SP
BOMYNTRA (120 MG/1.7ML SOLN PRSYR, 120 MG/1.7ML SOLUTION)	4	PN (28 DAYS SUPPLY PER FILL), SP, PN (MIN 28 DAY SUPPLY; MAX 34 DAY SUPPLY)
BRUKINSA 160 MG TAB	3	QL (60 ea per 30 day(s)), PA-NSO, PN (30 DAYS SUPPLY PER FILL), SP
BYSANTI (1 MG TAB, 2 MG TAB, 4 MG TAB, 6 MG TAB, 8 MG TAB, 10 MG TAB, 12 MG TAB)	4	PA, QL (60 ea per 30 day(s)), PN (30 DAYS SUPPLY PER FILL)
BYSANTI TITRATION PACK A	4	PA, QL (8 ea per 4 day(s)), PN (4 DAYS SUPPLY PER FILL)
BYSANTI TITRATION PACK B	4	PA, QL (12 ea per 4 day(s)), PN (4 DAYS SUPPLY PER FILL)
BYSANTI TITRATION PACK C	4	PA, QL (8 ea per 3 day(s)), PN (3 DAYS SUPPLY PER FILL)
CARDAMYST	4	PA, QL (2 ea per 28 day(s)), PN (28 DAYS SUPPLY PER FILL)
CONEXXENCE	4	QL (1 ml per 180 day(s)), PN (TWO 180 DAY SUPPLIES IN 365 DAYS), 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)), PN (30 DAYS SUPPLY PER FILL), SP

Drug Name	Drug Tier	Requirements/Limits
CRENESSITY 100 MG CAP	4	PA, LA, QL (60 ea per 30 day(s)), PN (30 DAYS SUPPLY PER FILL), SP
CRENESSITY 50 MG/ML SOLUTION	4	PA, LA, QL (120 ml per 30 day(s)), PN (30 DAYS SUPPLY PER FILL), SP
DANZITEN (71 MG TAB, 95 MG TAB)	3	QL (112 ea per 28 day(s)), PA-NSO, PN (28 DAYS SUPPLY PER FILL), SP
DATROWAY	4	PA, QL (6 ea per 21 day(s)), PN (21 DAYS SUPPLY PER FILL), SP
DOPTELET SPRINKLE	4	PA, QL (60 ea per 30 day(s)), PN (30 DAYS SUPPLY PER FILL), SP
EBGLYSS 250 MG/2ML SOLN PRSYR	4	PA, QL (2 ml per 28 day(s)), PN (28 DAYS SUPPLY PER FILL), SP
EKTERLY	4	PA, QL (4 ea per 30 day(s)), PN (30 DAYS SUPPLY PER FILL), 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))
ELIQUIS 0.5 MG TAB SOL	2	QL (592 ea per 30 day(s))
EMRELIS (20 MG RECON SOLN, 100 MG RECON SOLN)	4	PA, PN (28 DAYS SUPPLY PER FILL), SP
ENSACOVE (25 MG CAP, 100 MG CAP)	3	QL (60 ea per 30 day(s)), PA-NSO, PN (30 DAYS SUPPLY PER FILL), SP
EXDENSUR	4	PA, QL (1 ml per 180 day(s)), SP, PN (MIN 168 DAY SUPPLY; MAX 180 DAY SUPPLY)
EXXUA (36.3 MG TAB ER 24H, 54.5 MG TAB ER 24H, 72.6 MG TAB ER 24H)	3	PA, QL (1 ea per 1 day(s))
EXXUA 18.2 MG TAB ER 24H	3	PA, QL (1 ea per 1 day(s))
EXXUA TITRATION PACK	3	PA, QL (1 ea per 1 day(s))
GOMEKLI (1 MG CAP, 1 MG TAB SOL)	3	PA, QL (168 ea per 28 day(s)), PN (28 DAYS SUPPLY PER FILL), SP
GOMEKLI 2 MG CAP	3	PA, QL (84 ea per 28 day(s)), PN (28 DAYS SUPPLY PER FILL), SP
HERCESSI (150 MG RECON SOLN, 420 MG RECON SOLN)	4	PN (34 DAYS SUPPLY PER FILL), SP
HERNEXEOS	3	QL (3 ea per 1 day(s)), PA-NSO, SP, PN (MIN 30 DAY SUPPLY; MAX 40 DAY SUPPLY)
HYRNUO	3	PA, QL (120 ea per 30 day(s)), PN (30 DAYS SUPPLY PER FILL), SP
IBTROZI	3	QL (90 ea per 30 day(s)), PA-NSO, PN (30 DAYS SUPPLY PER FILL), SP

Drug Name	Drug Tier	Requirements/Limits
ICOTYDE	4	QL (30 ea per 30 day(s)), PA-NSO, PN (30 DAYS SUPPLY PER FILL), SP
IDVYNSO	2	QL (1 ea per 1 day(s))
IMKELDI	4	PA, QL (280 ml per 28 day(s)), PN (28 DAYS SUPPLY PER FILL), SP
INLURIYO	3	QL (60 ea per 30 day(s)), PA-NSO, PN (30 DAYS SUPPLY PER FILL), SP
JAKAFI XR (11 MG TAB ER 24H, 22 MG TAB ER 24H, 33 MG TAB ER 24H, 44 MG TAB ER 24H, 55 MG TAB ER 24H)	4	PA, QL (30 ea per 30 day(s)), PN (30 DAYS SUPPLY PER FILL), SP
JOBEVNE (100 MG/4ML SOLUTION, 400 MG/16ML SOLUTION)	4	PA, PN (34 DAYS SUPPLY PER FILL), SP
JUBBONTI	4	QL (1 ml per 180 day(s)), PN (TWO 180 DAY SUPPLIES IN 365 DAYS), SP, PN (MIN 180 DAY SUPPLY; MAX 180 DAY SUPPLY)
KEYTRUDA QLEX 395-4800 MG -UNT/2.4ML SOLUTION	4	PA, SP, PN (MIN 21 DAY SUPPLY; MAX 42 DAY SUPPLY)
KEYTRUDA QLEX 790-9600 MG -UNT/4.8ML SOLUTION	4	PA, SP, PN (MIN 21 DAY SUPPLY; MAX 42 DAY SUPPLY)
KIRSTY 100 UNIT/ML SOLN PEN	2	
KIRSTY 100 UNIT/ML SOLUTION	2	
KOMZIFTI	3	PA, QL (90 ea per 30 day(s)), PN (30 DAYS SUPPLY PER FILL), SP
LIFYORLI (125 MG DOSE)	3	QL (18 ea per 28 day(s)), PA-NSO, PN (28 DAYS SUPPLY PER FILL), SP
LIFYORLI (150 MG DOSE)	3	QL (27 ea per 28 day(s)), PA-NSO, PN (28 DAYS SUPPLY PER FILL), SP
LOARGYS	4	PA, LA, PN (34 DAYS SUPPY PER FILL), SP
MERILOG	2	
MERILOG SOLOSTAR	2	
MFLUSIVA	0	
MODEYSO	3	LA, QL (20 ea per 28 day(s)), PA-NSO, PN (28 DAYS SUPPLY PER FILL), SP
MYQORZO (5 MG TAB, 10 MG TAB, 15 MG TAB, 20 MG TAB)	4	PA, LA, QL (30 ea per 30 day(s)), PN (30 DAYS SUPPLY PER FILL), SP
NEULASTA 4 MG/0.4ML SOLUTION	4	PA, QL (0.029 ml per 1 day(s)), SP
OMLYCLO (150 MG/ML SOLN PRSYR, 300 MG/2ML SOLN PRSYR)	4	PA, QL (4 ml per 28 day(s)), PN (28 DAYS SUPPLY PER FILL), SP
OMLYCLO 75 MG/0.5ML SOLN PRSYR	4	PA, QL (5 ml per 28 day(s)), PN (28 DAYS SUPPLY PER FILL), SP

Drug Name	Drug Tier	Requirements/Limits
OPDIVO QVANTIG 300-5000 MG -UT/2.5ML SOLUTION	4	PA, PN (28 DAYS SUPPLY PER FILL), SP
OPDIVO QVANTIG 600-10000 MG-UT/5ML SOLUTION	4	PA, PN (28 DAYS SUPPLY PER FILL), SP
OSENVELT	4	PN (28 DAYS SUPPLY PER FILL), SP, PN (MIN 28 DAY SUPPLY; MAX 34 DAY SUPPLY)
OTEZLA XR	4	PA, QL (30 ea per 30 day(s)), PN (30 DAYS SUPPLY PER FILL), SP
PENMENVY	0	QL (1 ml per 999 day(s)), AL (10 to 25 yrs old)
PREVYMIS (20 MG PACKET, 120 MG PACKET)	4	PA, QL (4 ea per 1 day(s))
REDEMPLO	4	PA, LA, QL (0.5 ml per 90 day(s)), PN (90 DAYS SUPPLY PER FILL), SP
REVUFORJ (110 MG TAB, 160 MG TAB)	3	PA, LA, QL (120 ea per 30 day(s)), PN (30 DAYS SUPPLY PER FILL), SP
ROMVIMZA (14 MG CAP, 20 MG CAP, 30 MG CAP)	3	LA, QL (8 ea per 28 day(s)), PA-NSO, PN (28 DAYS SUPPLY PER FILL), SP
RYBREVANT FASPRO (1600-20000 MG-UT/10ML SOLUTION, 2240-28000 MG-UT/14ML SOLUTION, 2400-30000 MG-UT/15ML SOLUTION, 3520-44000 MG-UT/22ML SOLUTION)	4	PA, PN (34 DAYS SUPPLY PER FILL), SP
RYZNEUTA	4	PA, QL (0.072 ml per 1 day(s)), SP
SHINGRIX 50 MCG/0.5ML SUSP PRSYR	0	QL (2 ea per lifetime), AL (18 to 99 yrs old), PN (Not Covered for members outside of age limit)
STOBOCLO	4	QL (1 ml per 180 day(s)), PN (TWO 180 DAY SUPPLIES IN 365 DAYS), 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 80 MG/0.8ML SOLN A-INJ	4	PA, QL (0.8 ml per 30 day(s)), PN (30 DAYS SUPPLY PER FILL), SP
UNLOXCYT	4	PA, PN (34 DAYS SUPPLY PER FILL), SP
VEPPANU (100 MG TAB, 200 MG TAB)	3	QL (30 ea per 30 day(s)), PA-NSO, PN (30 DAYS SUPPLY PER FILL), SP
VYKAT XR (25 MG TAB ER 24H, 150 MG TAB ER 24H)	4	PA, LA, QL (84 ea per 28 day(s)), PN (28 DAYS SUPPLY PER FILL), SP
VYKAT XR 75 MG TAB ER 24H	4	PA, LA, QL (84 ea per 28 day(s)), PN (28 DAYS SUPPLY PER FILL), SP
WYOST	4	PN (28 DAYS SUPPLY PER FILL), SP, PN (MIN 28 DAY SUPPLY; MAX 34 DAY SUPPLY)

Drug Name	Drug Tier	Requirements/Limits
YARTEMLEA	4	PA, QL (8 ml per 28 day(s)), PN (28 DAYS SUPPLY PER FILL), SP
YESINTEK (45 MG/0.5ML SOLN PRSYR, 45 MG/0.5ML SOLUTION)	4	QL (0.5 ml per 84 day(s)), PA-NSO, PN (The quantity limit and day supply is based on indication), SP, PN (MIN 84 DAY SUPPLY; MAX 90 DAY SUPPLY)
YESINTEK 130 MG/26ML SOLUTION	4	PA-NSO, PN (The quantity limit and day supply is based on indication), SP
YESINTEK 90 MG/ML SOLN PRSYR	4	QL (1 ml per 56 day(s)), PA-NSO, PN (The quantity limit and day supply is based on indication), SP, PN (MIN 84 DAY SUPPLY; MAX 90 DAY SUPPLY)
YEZTUGO 300 MG TAB	0	QL (4 ea per 2 day(s)), PN (2 DAYS SUPPLY PER FILL)
YUVIWEL (1.3 MG RECON SOLN, 2.8 MG RECON SOLN)	4	PA, LA, QL (4 ea per 28 day(s)), PN (28 DAYS SUPPLY PER FILL), SP
YUVIWEL 5.5 MG RECON SOLN	4	PA, LA, QL (8 ea per 28 day(s)), PN (28 DAYS SUPPLY PER FILL), SP
ZIIHERA	4	PA, PN (34 DAYS SUPPLY PER FILL), SP
ZYCUBO	4	PA, LA, PN (28 DAYS SUPPLY PER FILL), SP
URINARY ANTISPASMODICS		
URINARY ANTISPASMODIC - ANTIMUSCARINICS (ANTICHOLINERGIC)		
darifenacin hydrobromide er (7.5 mg tab er 24h, 15 mg tab er 24h)	1	ST
fesoterodine fumarate er (4 mg tab er 24h, 8 mg tab er 24h)	1	ST
oxybutynin chloride (5 mg tab, 5 mg/5ml solution)	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 (5 mg tab, 10 mg tab)	1	
tolterodine tartrate (1 mg tab, 2 mg tab)	1	
tolterodine tartrate er (2 mg cap er 24h, 4 mg cap er 24h)	1	ST
trospium chloride	1	
trospium chloride er	1	ST
URINARY ANTISPASMODICS - BETA-3 ADRENERGIC AGONISTS		
MYRBETRIQ 8 MG/ML SRER	2	QL (10 ml per 1 day(s)), AL (3 to 18 yrs old)

Drug Name	Drug Tier	Requirements/Limits
URINARY ANTISPASMODICS - CHOLINERGIC AGONISTS		
bethanechol chloride (5 mg tab, 10 mg tab, 25 mg tab, 50 mg tab)	1	
URINARY ANTISPASMODICS - DIRECT MUSCLE RELAXANTS		
flavoxate hcl	1	
VACCINES		
BACTERIAL VACCINES		
ACTHIB	0	
BEXSERO	0	
CAPVAXIVE	0	QL (0.5 ml per lifetime), AL (19 to 999 yrs old), PN (Not Covered for members outside of age limit)
HIBERIX	0	
MENVEO (RECON SOLN, SOLUTION)	0	
PEDVAXHIB	0	
PENBRAYA	0	QL (2 ea per lifetime)
PNEUMOVAX 23 25 MCG/0.5ML SOLN PRSYR	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), PN (Covered at $0 for FEHB members only per Benefit Grid)
VIRAL VACCINES		
ABRYSVO	0	AL (18 to 999 yrs old)
ACAM2000	0	
AFLURIA	0	
AFLURIA PRESERVATIVE FREE	0	
AFLURIA QUADRIVALENT (0.5 ML SUSP PRSYR, SUSPENSION)	0	
AREXVY	0	QL (1 ea per lifetime), AL (60 to 999 yrs old), PN (Note)
AUDENZ (0.5 ML PRSYR, EMULSION)	0	QL (1 ml per lifetime), AL (0.5 to 999 yrs old)

Drug Name	Drug Tier	Requirements/Limits
COMIRNATY 30 MCG/0.3ML SUSP PRSYR	0	
COMIRNATY 5-11 YEARS	0	
ENGERIX-B (10 MCG/0.5ML SUSP PRSYR, 20 MCG/ML SUSP PRSYR, 20 MCG/ML SUSPENSION)	0	
FLUAD	0	
FLUAD QUADRIVALENT	0	
FLUARIX	0	
FLUARIX QUADRIVALENT	0	
FLUBLOK	0	
FLUBLOK QUADRIVALENT	0	
FLUCELVAX (0.5 ML SUSP PRSYR, SUSPENSION)	0	
FLUCELVAX QUADRIVALENT (0.5 ML SUSP PRSYR, SUSPENSION)	0	
FLULAVAL	0	
FLULAVAL QUADRIVALENT	0	
FLUMIST	0	
FLUMIST QUADRIVALENT	0	
FLUZONE (0.5 ML SUSP PRSYR, SUSPENSION)	0	
FLUZONE HIGH-DOSE	0	
FLUZONE HIGH-DOSE QUADRIVALENT	0	
FLUZONE QUADRIVALENT (0.5 ML SUSP PRSYR, 0.5 ML SUSPENSION, SUSPENSION)	0	
GARDASIL 9 (0.5 ML SUSP PRSYR, SUSPENSION)	0	
HAVRIX 1440 EL U/ML SUSP PRSYR	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)
HEPLISAV-B	0	
IPOL	0	
JYNNEOS	0	AL (18 to 999 yrs old)
M-M-R II	0	
MNEXSPIKE	0	
MODERNA COVID-19 VAC 6M-11Y 25 MCG/0.25ML SUSP PRSYR	0	

Drug Name	Drug Tier	Requirements/Limits
MRESVIA	0	QL (0.5 ml per lifetime), AL (60 to 999 yrs old), PN (Not Covered for members outside of age limit)
NOVAVAX COVID-19 VACCINE (5 MCG/0.5ML SUSP PRSYR, 5 MCG/0.5ML SUSPENSION)	0	
NUVAXOVID COVID-19 VACCINE	0	
PFIZER COVID-19 VAC-TRIS 5-11Y 10 MCG/0.3ML SUSPENSION	0	
PRIORIX	0	
PROQUAD	0	
RECOMBIVAX HB (5 MCG/0.5ML SUSP PRSYR, 5 MCG/0.5ML SUSPENSION, 10 MCG/ML SUSP PRSYR, 10 MCG/ML SUSPENSION, 40 MCG/ML SUSPENSION)	0	
SHINGRIX 50 MCG/0.5ML RECON SUSP	0	QL (2 ea per lifetime), AL (18 to 99 yrs old)
SPIKEVAX 50 MCG/0.5ML SUSP PRSYR	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		
SPERMICIDES		
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	
yuvafem	1	
VASOPRESSORS		
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	1	QL (2 ea per fill)
epinephrine 0.3 mg/0.3ml soln a-inj	1	QL (2 ea per fill(s))
midodrine hcl (2.5 mg tab, 5 mg tab, 10 mg tab)	1	
VITAMINS		
OIL SOLUBLE VITAMINS		
ergocalciferol 1.25 mg (50000 ut) cap	1	
phytonadione 5 mg tab	1	
vitamin d (ergocalciferol) (1.25 mg (50000 ut) cap, 50000 unit cap)	1	

Appendix

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