GEISINGER HEALTH PLAN

2023 member formulary

Geisinger

List of covered drugs

Marketplace medication benefit

849284 lew 1/23

General Formulary Information

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

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

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

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

Pharmacy Customer Service Team Contact Information

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

Fax: 570-271-5610

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

Tiers

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

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

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

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

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

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

- All prescriptions must be filled at a participating pharmacy.
- You will pay the applicable copay, coinsurance, or deductible when you receive the prescription.
- Most brand name medications with a generic equivalent require prior authorization. Some medications on the formulary require prior authorization or step therapy which your provider may request through our Pharmacy Customer Service Team.
- If you require medications not listed on this formulary, your provider may request an exception through our Pharmacy Customer Service Team. Those items listed as specific exclusions are not available through the exception process. Non-formulary medications requiring prior authorization will be available at the Tier 4 copayment/coinsurance level.
- Some medications and diabetic supplies may be restricted to a specific manufacturer, vendor or supplier and may be subject to quantity limits.
- Quantity limits may apply to certain medications.
- Brand and generic Triptan medications for migraines have a quantity limit of 16 units per 28 days across all products and dosage forms (sumatriptan, rizatriptan, naratriptan, almotriptan, frovatriptan, eletriptan, zolmitriptan, and sumatriptan/naproxen).
- Insulin syringes and lancets are covered at Tier 3.
- Most non-prescription (over-the-counter) medications are not covered unless required by health care reform legislation.
- Note that if certain conditions are met, some medications may be covered with no copay/coinsurance due to health care reform legislation. Please contact the Pharmacy Customer Service Team for more information.
- Many compounded prescriptions require prior authorization review, which your provider may request through our Pharmacy Customer Service Team. If an exception is approved, you will be charged at the Tier 2 copay level if the primary ingredient is generic or the Tier 4 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 5-day supply if required for an adult or more than a 3-day supply for a member under 18 years of age.

Specialty Vendor Medication Program

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

Using this formulary

- 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 ST in the Requirements/Limits column have step therapy requirements (Please see Step Therapy List below).
- Medication names followed by SP in the Requirements/Limits column require the use of a specialty pharmacy vendor.
- This formulary is accurate as of December 1, 2023 and is subject to change. Any additions or deletions to the formulary throughout the year may be found in the following quarterly publications: “Member Update” for members and “Healthcare Provider Update” for providers. The most up-to-date source for formulary information is the online formulary search available at www.geisinger.org/health-plan.com.
- **Restrictions in medication availability may result from use of a formulary**

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

Quantity Limits

- Quantity limits are listed in the Requirements/Limits Column.
- Note that non-formulary medications in the same class/category as formulary drugs with quantity limits will have the same quantity limits applied if approved for coverage.
- A maximum of a 34-day supply may be dispensed for medications in Tier 5 and medications provided by a specialty vendor unless a shorter duration is specified in the formulary or in your specific benefit documents.

Step Therapy List

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

What is a medication formulary?

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

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

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

Formulary exclusions

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

Some examples of excluded medications include those that are:

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

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

Health Care Reform

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

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

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

Please note: For details about how these medications may be covered under your specific plan please contact the Pharmacy Customer Service Team. A prescription is required to process any claim for preventive care medications or products under the pharmacy plan, including over-the-counter medications. Over-the-counter preventive care medications or products may be submitted for reimbursement if purchased without a prescription.

Formulary development

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

What are generics?

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

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

Notes for providers

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

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

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

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

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

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

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

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

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

Sources:

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

Health Insurance Association of America (HIAA), "Guide to Managed Care: Choosing and Using a Health Plan." www.hiaa.org., November 2001.

Discrimination is against the law

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

The Health Plan:

- Provides free aids and services to people with disabilities 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 these services, call the Health Plan at 800-447-4000 or TTY: 711.

If you believe that the 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 North Academy Avenue, 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 Avenue SW., Room 509F
HHH Building, Washington, DC 20201
Phone: 800-368-1019, 800-537-7697 (TDD)

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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Drug Name	Drug Tier	Reference Name	Requirements/Limits[1]
THERAPEUTIC CATEGORY			
Therapeutic Class			
5-ALPHA-REDUCTASE INHIBITORS			
5-alpha-reductase Inhibitors			
dutasteride 0.5 mg Oral Capsule	2	AVODART	
dutasteride-tamsulosin hcl	2	JALYN	PA
finasteride 5 mg Oral Tablet	1	PROSCAR	
ADRENALS			
Adrenals			
ALKINDI SPRINKLE	5		SP, QL (34 days supply per fill), PA
ARNUITY ELLIPTA	3		
ASMANEX (120 METERED DOSES) 220 mcg/act Inhalation Aerosol Powder Breath Activated	4		ST
ASMANEX (30 METERED DOSES) 110 mcg/act Inhalation Aerosol Powder Breath Activated, 220 mcg/act Inhalation Aerosol Powder Breath Activated	4		ST
ASMANEX (60 METERED DOSES) 220 mcg/act Inhalation Aerosol Powder Breath Activated	4		ST
ASMANEX HFA	4		ST
BREO ELLIPTA 100-25 mcg/act Inhalation Aerosol Powder Breath Activated, 200-25 mcg/act Inhalation Aerosol Powder Breath Activated, 50-25 mcg/inh Inhalation Aerosol Powder Breath Activated	3		QL(2 EA per 1 days)
BREZTRI AEROSPHERE	3		QL(10.7 GM per 28 days)
budesonide 3 mg Oral Capsule Delayed Release Particles	2	ENTOCORT	
budesonide 0.25 mg/2ml Inhalation Suspension, 0.5 mg/2ml Inhalation Suspension, 1 mg/2ml Inhalation Suspension	2	PULMICORT	
budesonide-formoterol fumarate	2	SYMBICORT	QL(1.02 GM per 1 days)

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Drug Name	Drug Tier	Reference Name	Requirements/Limits[1]
cortisone acetate 25 mg Oral Tablet	2	CORTONE	
dexamethasone 1 mg Oral Tablet, 1.5 mg (21) Oral Tablet Therapy Pack, 1.5 mg (35) Oral Tablet Therapy Pack, 2 mg Oral Tablet	2		
dexamethasone 0.5 mg/5ml Oral Solution	2		
dexamethasone 0.5 mg/5ml Oral Elixir	2	BAYCADRON	
dexamethasone 0.5 mg Oral Tablet, 0.75 mg Oral Tablet, 1.5 mg Oral Tablet, 4 mg Oral Tablet, 6 mg Oral Tablet	2	DECADRON	
dexamethasone 1.5 mg (51) Oral Tablet Therapy Pack	2	DEXPAK 13 DAY	
DEXAMETHASONE INTENSOL	4		PA
DULERA	3		
FLOVENT DISKUS 100 mcg/act Inhalation Aerosol Powder Breath Activated, 250 mcg/act Inhalation Aerosol Powder Breath Activated, 50 mcg/act Inhalation Aerosol Powder Breath Activated	3		
FLOVENT HFA	3		
fludrocortisone acetate 0.1 mg Oral Tablet	2	FLORINEF	
fluticasone-salmeterol 113-14 mcg/act Inhalation Aerosol Powder Breath Activated, 232-14 mcg/act Inhalation Aerosol Powder Breath Activated, 55-14 mcg/act Inhalation Aerosol Powder Breath Activated	2	AIRDUO	QL(1 EA per 30 days)
HIDEX 6-DAY	2		
hydrocortisone 10 mg Oral Tablet, 20 mg Oral Tablet, 5 mg Oral Tablet	2	CORTEF	
methylprednisolone 16 mg Oral Tablet, 32 mg Oral Tablet, 4 mg Oral Tablet, 4 mg Oral Tablet Therapy Pack, 8 mg Oral Tablet	2	MEDROL	

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Drug Name	Drug Tier	Reference Name	Requirements/Limits[1]
methylprednisolone sodium succ 1000 mg Injection Solution Reconstituted, 125 mg Injection Solution Reconstituted, 40 mg Injection Solution Reconstituted, 500 mg Injection Solution Reconstituted	2	SOLU-MEDROL	
MILLIPRED	4		PA
prednisolone 5 mg Oral Tablet	2		PA
prednisolone 15 mg/5ml Oral Solution	2	PRELONE	
prednisolone sodium phosphate 25 mg/5ml Oral Solution	2		
prednisolone sodium phosphate 10 mg/5ml Oral Solution	2	MILLIPRED	
prednisolone sodium phosphate 15 mg/5ml Oral Solution	2	ORAPRED	
prednisolone sodium phosphate 10 mg tab disint, 15 mg tab disint, 30 mg tab disint	2	ORAPRED	PA
prednisolone sodium phosphate 6.7 (5 Base) mg/5ml Oral Solution	2	PEDIAPRED	
prednisolone sodium phosphate 20 mg/5ml Oral Solution	2	VERIPRED	
prednisone 1 mg Oral Tablet, 10 mg (21) Oral Tablet Therapy Pack, 10 mg (48) Oral Tablet Therapy Pack, 10 mg Oral Tablet, 2.5 mg Oral Tablet, 20 mg Oral Tablet, 5 mg (21) Oral Tablet Therapy Pack, 5 mg (48) Oral Tablet Therapy Pack, 5 mg Oral Tablet, 50 mg Oral Tablet	2		
prednisone 5 mg/5ml Oral Solution	2		
PREDNISONE INTENSOL	4		PA
PULMICORT FLEXHALER	3		
QVAR REDIHALER	4		ST
RAYOS	4		PA
SOLU-CORTEF	3		QL (34 days supply per fill)
SOLU-MEDROL (PF)	3		QL (34 days supply per fill)

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Drug Name	Drug Tier	Reference Name	Requirements/Limits[1]
TAPERDEX 7-DAY	2		
TARPEYO	5		SP, PA, QL(120 EA per 30 days)
TRELEGY ELLIPTA 100-62.5-25 mcg/act Inhalation Aerosol Powder Breath Activated, 200-62.5-25 mcg/act Inhalation Aerosol Powder Breath Activated	3		QL(2 EA per 1 days)
ALCOHOL DETERRENTS			
Alcohol Deterrents			
disulfiram 250 mg Oral Tablet, 500 mg Oral Tablet	2	ANTABUSE	
ALKALINIZING AGENTS			
Alkalinizing Agents			
cytra k crystals	2		
cytra-2	2	SHOHLS MODIFIED	
CYTRA-3	2		
cytra-k	2		
ORACIT	3		
pot & sod cit-cit ac 550-500-334 mg/5ml Oral Solution	2		
potassium citrate er	2	UROCIT-K	
potassium citrate-citric acid 1100-334 mg/5ml Oral Solution	2		
sod citrate-citric acid 500-334 mg/5ml Oral Solution	2	SHOHLS MODIFIED	
tricitrates	2		
ALPHA-ADRENERGIC BLOCKING AGENTS			
Alpha-adrenergic Blocking Agents			
CARDURA XL	4		PA
doxazosin mesylate 1 mg Oral Tablet, 2 mg Oral Tablet, 4 mg Oral Tablet, 8 mg Oral Tablet	1	CARDURA	
prazosin hcl 1 mg Oral Capsule, 2 mg Oral Capsule, 5 mg Oral Capsule	2	MINIPRESS	
terazosin hcl	1	HYTRIN	
AMMONIA DETOXICANTS			
Ammonia Detoxicants			
carglumic acid 200 mg Oral Tablet Soluble	4	CARBAGLU	SP, PA
constulose	2	CONSTULOSE	

[1]You can find information on what the symbols and abbreviations in this table mean by going to the introduction pages of this document

Drug Name	Drug Tier	Reference Name	Requirements/Limits[1]
enulose	2	CONSTULOSE	
generlac	2	CONSTULOSE	
KRISTALOSE	3		PA
lactulose 10 gm/15ml Oral Solution, 20 gm/30ml Oral Solution	2	CONSTULOSE	
lactulose 10 gm Oral Packet	2	KRISTALOSE	
lactulose encephalopathy	2	CONSTULOSE	
LITHOSTAT	3		
sodium phenylbutyrate 500 mg Oral Tablet	2	BUPHENYL	SP, PA
ANALGESICS AND ANTIPYRETICS			
Analgesics And Antipyretics, Misc			
butalbital-acetaminophen 50-300 mg Oral Capsule	2		
butalbital-acetaminophen 50-300 mg Oral Tablet	2	ORBIVAN CF	
butalbital-acetaminophen 50-325 mg Oral Tablet	2	PHRENILIN	
butalbital-apap-caffeine 50-325-40 mg Oral Capsule, 50-325-40 mg Oral Tablet	2	ESGIC	
butalbital-apap-caffeine 50-300-40 mg Oral Capsule	2	FIORICET	
GRALISE	4		PA
PRIALT	5		QL (34 days supply per fill), SP, PA
TENCON	2		
ZEBUTAL	2		
Nonsteroidal Anti-inflammatory Agents			
butalbital-aspirin-caffeine	2	FIORINAL	
celecoxib 100 mg Oral Capsule, 200 mg Oral Capsule, 400 mg Oral Capsule, 50 mg Oral Capsule	2	CELEBREX	
diclofenac epolamine 1.3 % External Patch	2	FLECTOR	PA, QL(30 EA per 15 days)
diclofenac potassium 50 mg Oral Tablet	2	CATAFLAM	
diclofenac potassium 25 mg Oral Capsule	2	ZIPSOR	PA
diclofenac sodium 25 mg Oral Tablet Delayed Release, 50 mg	2	VOLTAREN	

[1]You can find information on what the symbols and abbreviations in this table mean by going to the introduction pages of this document

Drug Name	Drug Tier	Reference Name	Requirements/Limits[1]
Oral Tablet Delayed Release, 75 mg Oral Tablet Delayed Release			
diclofenac sodium er	2	VOLTAREN XR	
diclofenac-misoprostol	2	ARTHROTEC	
diflunisal 500 mg Oral Tablet	2	DOLOBID	
ec-naproxen	2	NAPROSYN	
etodolac	2	LODINE	
etodolac er	2	LODINE XL	
fenoprofen calcium 200 mg Oral Capsule	2		
fenoprofen calcium 600 mg Oral Tablet	2	NALFON	
flurbiprofen 100 mg Oral Tablet, 50 mg Oral Tablet	2	ANSAID	
IBU	1		
IBUPAK	1		
ibuprofen 400 mg Oral Tablet, 600 mg Oral Tablet, 800 mg Oral Tablet	1	MOTRIN	
ibuprofen 100 mg/5ml Oral Suspension	2	MOTRIN CHILDRENS	
INDOCIN 25 mg/5ml Oral Suspension	3		
INDOCIN 50 mg Rectal Suppository	4		
indomethacin 50 mg Rectal Suppository	2		
indomethacin 25 mg Oral Capsule, 50 mg Oral Capsule	2	INDOCIN	
indomethacin er	2	INDOCIN	
ketoprofen 25 mg Oral Capsule	2		
ketoprofen 50 mg Oral Capsule, 75 mg Oral Capsule	2	ORUDIS	
ketoprofen er	2	ORUVAIL	
ketorolac tromethamine 15.75 mg/spray Nasal Solution	2	SPRIX	PA
ketorolac tromethamine 10 mg Oral Tablet	2	TORADOL	QL (20 tablets per fill)
meclofenamate sodium 100 mg Oral Capsule, 50 mg Oral Capsule	2	MECLOMEN	
mefenamic acid 250 mg Oral Capsule	2	PONSTEL	

[1]You can find information on what the symbols and abbreviations in this table mean by going to the introduction pages of this document

Drug Name	Drug Tier	Reference Name	Requirements/Limits[1]
meloxicam 15 mg Oral Tablet, 7.5 mg Oral Tablet	1	MOBIC	
nabumetone 500 mg Oral Tablet, 750 mg Oral Tablet	2	RELAFEN	
naproxen 250 mg Oral Tablet, 375 mg Oral Tablet, 375 mg Oral Tablet Delayed Release, 500 mg Oral Tablet, 500 mg Oral Tablet Delayed Release	2	NAPROSYN	
naproxen 125 mg/5ml Oral Suspension	2	NAPROSYN	
naproxen dr	2	NAPROSYN	
naproxen sodium 275 mg Oral Tablet, 550 mg Oral Tablet	2	ANAPROX	
naproxen sodium er	2	NAPRELAN	PA
naproxen-esomeprazole mg	2	VIMOVO	PA
oxaprozin	2	DAYPRO	
piroxicam 10 mg Oral Capsule, 20 mg Oral Capsule	2	FELDENE	
salsalate 500 mg Oral Tablet, 750 mg Oral Tablet	2	DISALCID	
sulindac 150 mg Oral Tablet, 200 mg Oral Tablet	2	CLINORIL	
tolmetin sodium	2	TOLECTIN	
Opiate Agonists			
acetaminophen-codeine 300-15 mg Oral Tablet, 300-30 mg Oral Tablet, 300-60 mg Oral Tablet	2	TYLENOL WITH CODEINE	
acetaminophen-codeine 120-12 mg/5ml Oral Solution	2	TYLENOL WITH CODEINE	
apap-caff-dihydrocodeine 325-30-16 mg Oral Tablet	2		
ASCOMP-CODEINE	2		
butalbital-apap-caff-cod	2	FIORICET WITH CODEINE	
butalbital-asa-caff-codeine	2	FIORINAL WITH CODEINE	
codeine sulfate	2		
ENDOCET 2.5-325 mg Oral Tablet	2		
endocet 10-325 mg Oral Tablet, 5-325 mg Oral Tablet, 7.5-325 mg Oral Tablet	2	PERCOCET	

[1]You can find information on what the symbols and abbreviations in this table mean by going to the introduction pages of this document

Drug Name	Drug Tier	Reference Name	Requirements/Limits[1]
fentanyl 100 mcg/hr Transdermal Patch 72 Hour, 12 mcg/hr Transdermal Patch 72 Hour, 25 mcg/hr Transdermal Patch 72 Hour, 37.5 mcg/hr Transdermal Patch 72 Hour, 50 mcg/hr Transdermal Patch 72 Hour, 62.5 mcg/hr Transdermal Patch 72 Hour, 75 mcg/hr Transdermal Patch 72 Hour, 87.5 mcg/hr Transdermal Patch 72 Hour	2	DURAGESIC	QL (34 days supply per fill), PA
fentanyl citrate 1200 mcg Buccal Lozenge on a Handle, 1600 mcg Buccal Lozenge on a Handle, 200 mcg Buccal Lozenge on a Handle, 400 mcg Buccal Lozenge on a Handle, 600 mcg Buccal Lozenge on a Handle, 800 mcg Buccal Lozenge on a Handle	5	ACTIQ	PA, QL(120 EA per 30 days)
fentanyl citrate 100 mcg Buccal Tablet, 200 mcg Buccal Tablet, 400 mcg Buccal Tablet, 600 mcg Buccal Tablet, 800 mcg Buccal Tablet	2	FENTORA	PA, QL(120 EA per 30 days)
FENTORA	5		PA, QL(120 EA per 30 days)
hydrocodone bitartrate er 10 mg Oral Capsule Extended Release 12 Hour, 15 mg Oral Capsule Extended Release 12 Hour, 20 mg Oral Capsule Extended Release 12 Hour, 30 mg Oral Capsule Extended Release 12 Hour, 40 mg Oral Capsule Extended Release 12 Hour, 50 mg Oral Capsule Extended Release 12 Hour	2		PA
hydrocodone-acetaminophen 2.5-108 mg/5ml Oral Solution, 5-217 mg/10ml Oral Solution, 7.5-325 mg/15ml Oral Solution	2	HYCET	

[1]You can find information on what the symbols and abbreviations in this table mean by going to the introduction pages of this document

Drug Name	Drug Tier	Reference Name	Requirements/Limits[1]
hydrocodone-acetaminophen 10-325 mg Oral Tablet, 5-325 mg Oral Tablet, 7.5-325 mg Oral Tablet	2	NORCO	
hydrocodone-acetaminophen 10-300 mg Oral Tablet, 5-300 mg Oral Tablet, 7.5-300 mg Oral Tablet	2	VICODIN	
hydrocodone-acetaminophen 10-325 mg/15ml Oral Solution	2	ZAMICET	
hydrocodone-ibuprofen 10-200 mg Oral Tablet, 5-200 mg Oral Tablet	2	REPREXAIN	
hydrocodone-ibuprofen 7.5-200 mg Oral Tablet	2	VICOPROFEN	
hydromorphone hcl 2 mg Oral Tablet, 4 mg Oral Tablet, 8 mg Oral Tablet	2	DILAUDID	
hydromorphone hcl 1 mg/ml Oral Liquid	2	DILAUDID	
hydromorphone hcl er	2		PA
LAZANDA	4		PA
levorphanol tartrate 2 mg Oral Tablet, 3 mg Oral Tablet	2		
meperidine hcl 50 mg Oral Tablet	2	DEMEROL	
meperidine hcl 50 mg/5ml Oral Solution	2	DEMEROL	
methadone hcl 5 mg/5ml Oral Solution	2		PA
methadone hcl 10 mg Oral Tablet, 5 mg Oral Tablet	2	DOLOPHINE	PA
methadone hcl 10 mg/5ml Oral Solution	2	DOLOPHINE	PA
methadone hcl 10 mg/ml Oral Concentrate	2	METHADOSE	PA
METHADONE HCL INTENSOL	2		PA
METHADOSE 40 mg Oral Tablet Soluble	2		PA
morphine sulfate 10 mg Rectal Suppository, 15 mg Oral Tablet, 20 mg Rectal Suppository, 30 mg Oral Tablet, 30 mg Rectal Suppository, 5 mg Rectal Suppository	2		
morphine sulfate 10 mg/5ml Oral Solution, 20 mg/5ml Oral Solution	2		

[1]You can find information on what the symbols and abbreviations in this table mean by going to the introduction pages of this document

Drug Name	Drug Tier	Reference Name	Requirements/Limits[1]
morphine sulfate (concentrate) 10 mg/0.5ml Oral Solution	2	ROXANOL	
morphine sulfate (concentrate) 100 mg/5ml Oral Solution, 20 mg/ml Oral Solution	2	ROXANOL	
morphine sulfate er 10 mg Oral Capsule Extended Release 24 Hour, 100 mg Oral Capsule Extended Release 24 Hour, 20 mg Oral Capsule Extended Release 24 Hour, 30 mg Oral Capsule Extended Release 24 Hour, 50 mg Oral Capsule Extended Release 24 Hour, 60 mg Oral Capsule Extended Release 24 Hour, 80 mg Oral Capsule Extended Release 24 Hour	2	KADIAN	PA
morphine sulfate er 100 mg Oral Tablet Extended Release, 15 mg Oral Tablet Extended Release, 200 mg Oral Tablet Extended Release, 30 mg Oral Tablet Extended Release, 60 mg Oral Tablet Extended Release	2	MS CONTIN	PA
morphine sulfate er beads	2	AVINZA	PA
nalocet	2	PRIMALEV	
NUCYNTA	4		PA
NUCYNTA ER	4		PA
oxycodone hcl 5 mg Oral Capsule	2	OXYIR	
oxycodone hcl 10 mg Oral Tablet, 15 mg Oral Tablet, 20 mg Oral Tablet, 30 mg Oral Tablet, 5 mg Oral Tablet	2	ROXICODONE	
oxycodone hcl 100 mg/5ml Oral Concentrate, 5 mg/5ml Oral Solution	2	ROXICODONE	
oxycodone hcl er	2	OXYCONTIN	PA
oxycodone-acetaminophen 10-325 mg Oral Tablet, 2.5-325 mg Oral Tablet, 5-325 mg Oral Tablet, 7.5-325 mg Oral Tablet	2	PERCOCET	

[1]You can find information on what the symbols and abbreviations in this table mean by going to the introduction pages of this document

Drug Name	Drug Tier	Reference Name	Requirements/Limits[1]
oxycodone-acetaminophen 2.5-300 mg Oral Tablet	2	PRIMALEV	
oxycodone-acetaminophen 10-300 mg Oral Tablet, 5-300 mg Oral Tablet, 7.5-300 mg Oral Tablet	2	PRIMLEV	
oxycodone-acetaminophen 5-325 mg/5ml Oral Solution	2	ROXICET	
OXYCONTIN	4		PA
oxymorphone hcl	2	OPANA	
oxymorphone hcl er	2	OPANA ER	PA
SUBSYS	5		PA, QL(120 EA per 30 days)
tramadol hcl 100 mg Oral Tablet	2		
tramadol hcl 50 mg Oral Tablet	2	ULTRAM	
tramadol hcl er 100 mg Oral Capsule Extended Release 24 Hour, 200 mg Oral Capsule Extended Release 24 Hour	2	CONZIP	PA
tramadol hcl er 100 mg Oral Tablet Extended Release 24 Hour, 200 mg Oral Tablet Extended Release 24 Hour, 300 mg Oral Tablet Extended Release 24 Hour	2	ULTRAM ER	PA
tramadol hcl er (biphasic)	2	RYZOLT	PA
tramadol-acetaminophen	2	ULTRACET	
Opiate Partial Agonists			
buprenorphine	2	BUTRANS	PA, QL(0.14 EA per 1 days)
buprenorphine hcl 2 mg Sublingual Tablet Sublingual, 8 mg Sublingual Tablet Sublingual	2	SUBUTEX	QL (34 days supply per fill)
buprenorphine hcl-naloxone hcl 12-3 mg Sublingual Film, 2-0.5 mg Sublingual Film, 2-0.5 mg Sublingual Tablet Sublingual, 4-1 mg Sublingual Film, 8-2 mg Sublingual Film, 8-2 mg Sublingual Tablet Sublingual	2	SUBOXONE	QL (34 days supply per fill)
butorphanol tartrate 10 mg/ml Nasal Solution	2	STADOL	
pentazocine-naloxone hcl	2	TALWIN NX	

[1]You can find information on what the symbols and abbreviations in this table mean by going to the introduction pages of this document

Drug Name	Drug Tier	Reference Name	Requirements/Limits[1]
SUBLOCADE	5		QL (28 days supply per fill), SP
ANDROGENS			
Androgens			
ANDRODERM	3		
AVEED	5		QL (34 days supply per fill), SP, PA
danazol 100 mg Oral Capsule, 200 mg Oral Capsule, 50 mg Oral Capsule	2	DANOCRINE	
JATENZO 237 mg Oral Capsule	4		PA, QL(2 EA per 1 days)
JATENZO 158 mg Oral Capsule, 198 mg Oral Capsule	4		PA, QL(4 EA per 1 days)
KYZATREX 100 mg Oral Capsule	4		PA, QL(2 EA per 1 days)
KYZATREX 150 mg Oral Capsule, 200 mg Oral Capsule	4		PA, QL(4 EA per 1 days)
methitest	4		PA
methyltestosterone 10 mg Oral Capsule	2	TESTRED	PA
oxandrolone 10 mg Oral Tablet, 2.5 mg Oral Tablet	2	OXANDRIN	
testosterone 1.62 % Transdermal Gel, 12.5 MG/ACT (1%) Transdermal Gel, 20.25 MG/1.25GM (1.62%) Transdermal Gel, 20.25 MG/ACT (1.62%) Transdermal Gel, 25 MG/2.5GM (1%) Transdermal Gel, 40.5 MG/2.5GM (1.62%) Transdermal Gel, 50 MG/5GM (1%) Transdermal Gel	2	ANDROGEL	
testosterone 30 mg/act Transdermal Solution	2	AXIRON	
testosterone 10 MG/ACT (2%) Transdermal Gel	2	FORTESTA	
testosterone cypionate 100 mg/ml Intramuscular Solution, 200 mg/ml Injection Solution, 200 mg/ml Intramuscular Solution	2	DEPO-TESTOSTERONE	

[1]You can find information on what the symbols and abbreviations in this table mean by going to the introduction pages of this document

Drug Name	Drug Tier	Reference Name	Requirements/Limits[1]
testosterone enanthate 200 mg/ml Intramuscular Solution	2	DELATESTRYL	
TLANDO	4		PA, QL(2 EA per 1 days)
ANOREXIGENIC AGENTS AND RESPIRATORY AND CNS STIMULANTS			
Amphetamines			
amphetamine-dextroamphet er	2	ADDERALL XR	
amphetamine-dextroamphetamine	2	ADDERALL	
dextroamphetamine sulfate 10 mg Oral Tablet, 5 mg Oral Tablet	2	DEXTROSTAT	
dextroamphetamine sulfate 5 mg/5ml Oral Solution	2	PROCENTRA	
dextroamphetamine sulfate er	2	DEXEDRINE	
lisdexamfetamine dimesylate	2		PA, QL(1 EA per 1 days)
methamphetamine hcl	2	DESOXYN	
VYVANSE	4		PA, QL(1 EA per 1 days)
ZENZEDI 10 mg Oral Tablet	2		
Respiratory And Cns Stimulants			
caffeine citrate 20 mg/ml Oral Solution, 60 mg/3ml Oral Solution	2		
DAYTRANA	4		PA
dexmethylphenidate hcl	2	FOCALIN	
dexmethylphenidate hcl er	2	FOCALIN XR	PA
methylphenidate 10 mg/9hr Transdermal Patch, 15 mg/9hr Transdermal Patch, 20 mg/9hr Transdermal Patch, 30 mg/9hr Transdermal Patch	2	DAYTRANA	PA
methylphenidate hcl 10 mg/5ml Oral Solution, 5 mg/5ml Oral Solution	2	METHYLIN	
methylphenidate hcl 10 mg Oral Tablet Chewable, 2.5 mg Oral Tablet Chewable, 5 mg Oral Tablet Chewable	2	METHYLIN	PA
methylphenidate hcl 10 mg Oral Tablet, 20 mg Oral Tablet, 5 mg Oral Tablet	2	RITALIN	
methylphenidate hcl er 18 mg Oral Tablet Extended Release 24 Hour,	2		

[1]You can find information on what the symbols and abbreviations in this table mean by going to the introduction pages of this document

Drug Name	Drug Tier	Reference Name	Requirements/Limits[1]
27 mg Oral Tablet Extended Release 24 Hour, 36 mg Oral Tablet Extended Release 24 Hour, 54 mg Oral Tablet Extended Release 24 Hour			
methylphenidate hcl er 10 mg Oral Tablet Extended Release, 20 mg Oral Tablet Extended Release	2	RITALIN SR	
methylphenidate hcl er (cd)	2	METADATE CD	
methylphenidate hcl er (la) 10 mg Oral Capsule Extended Release 24 Hour, 20 mg Oral Capsule Extended Release 24 Hour, 30 mg Oral Capsule Extended Release 24 Hour, 40 mg Oral Capsule Extended Release 24 Hour	2	RITALIN LA	
methylphenidate hcl er (la) 60 mg Oral Capsule Extended Release 24 Hour	2	RITALIN LA	PA
methylphenidate hcl er (osm) 72 mg Oral Tablet Extended Release	2		
methylphenidate hcl er (osm) 18 mg Oral Tablet Extended Release, 27 mg Oral Tablet Extended Release, 36 mg Oral Tablet Extended Release, 54 mg Oral Tablet Extended Release	2	CONCERTA	
QUILLIVANT XR	4		PA
Wakefulness-promoting Agents			
armodafinil	2	NUVIGIL	PA
modafinil	2	PROVIGIL	PA
ANTHELMINTICS			
Anthelmintics			
albendazole 200 mg Oral Tablet	2	ALBENZA	QL (4 tablets per fill)
EMVERM	3		PA
ivermectin 3 mg Oral Tablet	2	STROMECTOL	PA
praziquantel 600 mg Oral Tablet	2	BILTRICIDE	PA
ANTIALLERGIC AGENTS			
Antiallergic Agents			
ALOCRIL	4		PA
ALOMIDE	4		PA

[1]You can find information on what the symbols and abbreviations in this table mean by going to the introduction pages of this document

Drug Name	Drug Tier	Reference Name	Requirements/Limits[1]
azelastine hcl 0.1 % Nasal Solution, 137 mcg/spray Nasal Solution	2	ASTELIN	
azelastine hcl 0.15 % Nasal Solution	2	ASTEPRO	
azelastine hcl 0.05 % Ophthalmic Solution	2	OPTIVAR	
azelastine-fluticasone	2	DYMISTA	
bepotastine besilate	2	BEPREVE	PA
cromolyn sodium 4 % Ophthalmic Solution	2	OPTICROM	
epinastine hcl	2	ELESTAT	
LASTACAFT	4		PA
olopatadine hcl 0.1 % Ophthalmic Solution, 0.2 % Ophthalmic Solution	2	PATADAY	
olopatadine hcl 0.6 % Nasal Solution	2	PATANASE	
ANTIANEMIA DRUGS			
Iron Preparations			
CITRANATAL BLOOM	2		
ferumoxytol	5	FERAHEME	SP, QL (34 days supply per fill)
fe-vite iron	2	FER-IN-SOL	
INJECTAFER	5		QL (34 days supply per fill), SP
ANTIBACTERIALS			
Aminoglycosides			
neomycin sulfate 500 mg Oral Tablet	2		
TOBI PODHALER	5		SP, PA, QL(224 EA per 56 days)
tobramycin 300 mg/4ml Inhalation Nebulization Solution	2	BETHKIS	SP, PA, QL(224 ML per 56 days)
tobramycin 300 mg/5ml Inhalation Nebulization Solution	2	TOBI	SP, PA, QL(280 ML per 56 days)
Antibacterials, Miscellaneous			
AEMCOLO	4		PA, QL(12 EA per 3 days)
clindamycin hcl 150 mg Oral Capsule, 300 mg Oral Capsule, 75 mg Oral Capsule	2	CLEOCIN	

[1]You can find information on what the symbols and abbreviations in this table mean by going to the introduction pages of this document

Drug Name	Drug Tier	Reference Name	Requirements/Limits[1]
clindamycin palmitate hcl	2	CLEOCIN	
DALVANCE	5		QL (34 days supply per fill), SP, PA
daptomycin 350 mg Intravenous Solution Reconstituted	2		
daptomycin 500 mg Intravenous Solution Reconstituted	2	CUBICIN	
FIRVANQ	3		
KIMYRSA	5		SP, QL (1 dose per fill), PA
linezolid 600 mg Oral Tablet	2	ZYVOX	QL(2 EA per 1 days)
linezolid 100 mg/5ml Oral Suspension Reconstituted	2	ZYVOX	PA
SIVEXTRO 200 mg Oral Tablet	5		PA, QL(6 EA per 365 days)
vancomycin hcl 1 gm Intravenous Solution Reconstituted, 1.25 gm Intravenous Solution Reconstituted, 1.5 gm Intravenous Solution Reconstituted, 250 mg Intravenous Solution Reconstituted, 5 gm Intravenous Solution Reconstituted	2		
vancomycin hcl 25 mg/ml Oral Solution Reconstituted	2		
vancomycin hcl 750 mg Intravenous Solution Reconstituted	2		PA
vancomycin hcl 250 mg/5ml Oral Solution Reconstituted, 50 mg/ml Oral Solution Reconstituted	2	FIRVANQ	
vancomycin hcl 125 mg Oral Capsule, 250 mg Oral Capsule, 500 mg Intravenous Solution Reconstituted	2	VANCOCIN	
vancomycin hcl 10 gm Intravenous Solution Reconstituted	2	VANCOCIN	PA
vancomycin hcl in nacl 1.5-0.9 gm/500ml-% Intravenous Solution	2		PA
XENLETA 600 mg Oral Tablet	5		PA, QL(10 EA per 5 days)
XIFAXAN	4		PA
Cephalosporins			

[1]You can find information on what the symbols and abbreviations in this table mean by going to the introduction pages of this document

Drug Name	Drug Tier	Reference Name	Requirements/Limits[1]
AVYCAZ	5		QL (34 days supply per fill), SP, PA
cefaclor 250 mg Oral Capsule, 500 mg Oral Capsule	2	CECLOR	
cefaclor 125 mg/5ml Oral Suspension Reconstituted, 250 mg/5ml Oral Suspension Reconstituted, 375 mg/5ml Oral Suspension Reconstituted	2	CECLOR	
cefaclor er	2	CECLOR CD	
cefadroxil 1 gm Oral Tablet, 500 mg Oral Capsule	2	DURICEF	
cefadroxil 250 mg/5ml Oral Suspension Reconstituted, 500 mg/5ml Oral Suspension Reconstituted	2	DURICEF	
cefdinir 300 mg Oral Capsule	2	OMNICEF	
cefdinir 125 mg/5ml Oral Suspension Reconstituted, 250 mg/5ml Oral Suspension Reconstituted	2	OMNICEF	
cefixime 400 mg Oral Capsule	2	SUPRAX	
cefixime 100 mg/5ml Oral Suspension Reconstituted, 200 mg/5ml Oral Suspension Reconstituted	2	SUPRAX	
cefpodoxime proxetil 100 mg Oral Tablet, 200 mg Oral Tablet	2	VANTIN	
cefpodoxime proxetil 100 mg/5ml Oral Suspension Reconstituted, 50 mg/5ml Oral Suspension Reconstituted	2	VANTIN	
cefprozil 250 mg Oral Tablet, 500 mg Oral Tablet	2	CEFZIL	
cefprozil 125 mg/5ml Oral Suspension Reconstituted, 250 mg/5ml Oral Suspension Reconstituted	2	CEFZIL	
cefuroxime axetil	2	CEFTIN	
cephalexin 250 mg Oral Tablet, 500 mg Oral Tablet	2		

[1]You can find information on what the symbols and abbreviations in this table mean by going to the introduction pages of this document

Drug Name	Drug Tier	Reference Name	Requirements/Limits[1]
cephalexin 250 mg Oral Capsule, 500 mg Oral Capsule	1	KEFLEX	
cephalexin 750 mg Oral Capsule	2	KEFLEX	
cephalexin 125 mg/5ml Oral Suspension Reconstituted, 250 mg/5ml Oral Suspension Reconstituted	2	KEFLEX	
FETROJA	5		QL (34 days supply per fill), SP, PA
Macrolides			
azithromycin 1 gm Oral Packet, 250 mg Oral Tablet, 500 mg Oral Tablet, 600 mg Oral Tablet	2	ZITHROMAX	
azithromycin 100 mg/5ml Oral Suspension Reconstituted, 200 mg/5ml Oral Suspension Reconstituted	2	ZITHROMAX	
clarithromycin 250 mg Oral Tablet, 500 mg Oral Tablet	2	BIAXIN	
clarithromycin 125 mg/5ml Oral Suspension Reconstituted, 250 mg/5ml Oral Suspension Reconstituted	2	BIAXIN	
clarithromycin er	2	BIAXIN XL	
DIFICID 40 mg/ml Oral Suspension Reconstituted	4		QL (150 ML per fill), PA
DIFICID 200 mg Oral Tablet	4		QL (20 tablets per fill), PA
E.E.S. 400	2		
ERY-TAB 250 mg Oral Tablet Delayed Release, 500 mg Oral Tablet Delayed Release	2		
ERYTHROCIN STEARATE	2		
erythromycin 250 mg Oral Tablet Delayed Release, 333 mg Oral Tablet Delayed Release, 500 mg Oral Tablet Delayed Release	2	ERY-TAB	
erythromycin base 250 mg Oral Capsule Delayed Release Particles, 250 mg Oral Tablet	2		
erythromycin base 250 mg Oral Tablet Delayed Release, 333 mg	2	ERY-TAB	

[1]You can find information on what the symbols and abbreviations in this table mean by going to the introduction pages of this document

Drug Name	Drug Tier	Reference Name	Requirements/Limits[1]
Oral Tablet Delayed Release, 500 mg Oral Tablet, 500 mg Oral Tablet Delayed Release			
erythromycin ethylsuccinate 400 mg Oral Tablet	2	E.E.S.	
erythromycin ethylsuccinate 200 mg/5ml Oral Suspension Reconstituted, 400 mg/5ml Oral Suspension Reconstituted	2	ERYPED	
Miscellaneous B-lactam Antibiotics			
CAYSTON	5		QL (56 days supply per fill), SP, PA, QL(84 ML per 56 days)
Penicillins			
amoxicillin 250 mg Oral Capsule, 500 mg Oral Capsule	1	AMOXIL	
amoxicillin 125 mg Oral Tablet Chewable, 250 mg Oral Tablet Chewable, 500 mg Oral Tablet, 875 mg Oral Tablet	2	AMOXIL	
amoxicillin 125 mg/5ml Oral Suspension Reconstituted, 200 mg/5ml Oral Suspension Reconstituted, 250 mg/5ml Oral Suspension Reconstituted, 400 mg/5ml Oral Suspension Reconstituted	2	AMOXIL	
amoxicillin-pot clavulanate 200-28.5 mg Oral Tablet Chewable, 250-125 mg Oral Tablet, 400-57 mg Oral Tablet Chewable, 500-125 mg Oral Tablet, 875-125 mg Oral Tablet	2	AUGMENTIN	
amoxicillin-pot clavulanate 200-28.5 mg/5ml Oral Suspension Reconstituted, 250-62.5 mg/5ml Oral Suspension Reconstituted, 400-57 mg/5ml Oral Suspension Reconstituted, 600-42.9 mg/5ml Oral Suspension Reconstituted	2	AUGMENTIN	
amoxicillin-pot clavulanate er	2	AUGMENTIN XR	
ampicillin	2		

[1]You can find information on what the symbols and abbreviations in this table mean by going to the introduction pages of this document

Drug Name	Drug Tier	Reference Name	Requirements/Limits[1]
AUGMENTIN 125-31.25 mg/5ml Oral Suspension Reconstituted	4		
dicloxacillin sodium	2	DYCILL	
penicillin v potassium 500 mg Oral Tablet	1	PEN-VEE K	
penicillin v potassium 250 mg Oral Tablet	1	VEETIDS	
penicillin v potassium 125 mg/5ml Oral Solution Reconstituted, 250 mg/5ml Oral Solution Reconstituted	1	VEETIDS	
Quinolones			
BAXDELA 450 mg Oral Tablet	5		PA, QL(28 EA per 14 days)
CIPRO 250 MG/5ML (5%) Oral Suspension Reconstituted, 500 MG/5ML (10%) Oral Suspension Reconstituted	3		
ciprofloxacin 250 MG/5ML (5%) Oral Suspension Reconstituted, 500 MG/5ML (10%) Oral Suspension Reconstituted	2	CIPRO	
ciprofloxacin hcl 100 mg Oral Tablet, 250 mg Oral Tablet, 500 mg Oral Tablet, 750 mg Oral Tablet	2	CIPRO	
levofloxacin 250 mg Oral Tablet, 500 mg Oral Tablet, 750 mg Oral Tablet	2	LEVAQUIN	
levofloxacin 25 mg/ml Oral Solution	2	LEVAQUIN	
moxifloxacin hcl 400 mg Oral Tablet	2	AVELOX	
ofloxacin 300 mg Oral Tablet, 400 mg Oral Tablet	2	FLOXIN	
Sulfonamides			
sulfadiazine 500 mg Oral Tablet	2		
sulfamethoxazole-trimethoprim 400-80 mg Oral Tablet, 800-160 mg Oral Tablet	1	SEPTRA	
sulfamethoxazole-trimethoprim 200-40 mg/5ml Oral Suspension	2	SEPTRA	
sulfasalazine 500 mg Oral Tablet, 500 mg Oral Tablet Delayed Release	2	AZULFIDINE	

[1]You can find information on what the symbols and abbreviations in this table mean by going to the introduction pages of this document

Drug Name	Drug Tier	Reference Name	Requirements/Limits[1]
SULFATRIM PEDIATRIC	2		
Tetracyclines			
demeclocycline hcl	2	DECLOMYCIN	
doxycycline hyclate 50 mg Oral Tablet, 80 mg Oral Tablet Delayed Release	2		
doxycycline hyclate 150 mg Oral Tablet, 75 mg Oral Tablet	2	ACTICLATE	
doxycycline hyclate 100 mg Oral Tablet Delayed Release, 150 mg Oral Tablet Delayed Release, 200 mg Oral Tablet Delayed Release, 50 mg Oral Tablet Delayed Release, 75 mg Oral Tablet Delayed Release	2	DORYX	
doxycycline hyclate 20 mg Oral Tablet	2	PERIOSTAT	
doxycycline hyclate 100 mg Oral Tablet	2	VIBRA-TABS	
doxycycline hyclate 100 mg Oral Capsule, 50 mg Oral Capsule	2	VIBRAMYCIN	
doxycycline monohydrate 100 mg Oral Tablet, 150 mg Oral Capsule, 150 mg Oral Tablet, 50 mg Oral Tablet, 75 mg Oral Tablet	2	ADOXA	
doxycycline monohydrate 100 mg Oral Capsule, 50 mg Oral Capsule, 75 mg Oral Capsule	2	MONODOX	
doxycycline monohydrate 25 mg/5ml Oral Suspension Reconstituted	2	VIBRAMYCIN	
minocycline hcl 100 mg Oral Tablet, 50 mg Oral Tablet, 75 mg Oral Tablet	2	DYNACIN	
minocycline hcl 100 mg Oral Capsule, 50 mg Oral Capsule, 75 mg Oral Capsule	2	MINOCIN	
NUZYRA 150 mg Oral Tablet	5		PA, QL(30 EA per 14 days)
tetracycline hcl 250 mg Oral Capsule, 500 mg Oral Capsule	2		
ANTICHOLINERGIC AGENTS			

[1]You can find information on what the symbols and abbreviations in this table mean by going to the introduction pages of this document

Drug Name	Drug Tier	Reference Name	Requirements/Limits[1]
Antimuscarinics/antispasmodics			
ANORO ELLIPTA 62.5-25 mcg/act Inhalation Aerosol Powder Breath Activated	3		
ATROVENT HFA	3		
belladonna alkaloids-opium	2		
chlordiazepoxide-clidinium	2	LIBRAX	
dicyclomine hcl 10 mg Oral Capsule, 20 mg Oral Tablet	1	BENTYL	
dicyclomine hcl 10 mg/5ml Oral Solution	2	BENTYL	
ed-spaz	2	ANASPAZ	
glycopyrrolate 1 mg/5ml Oral Solution	2	CUVPOSA	
glycopyrrolate 1.5 mg Oral Tablet	2	GLYCATE	
glycopyrrolate 1 mg Oral Tablet, 2 mg Oral Tablet	2	ROBINUL	
hyoscyamine sulfate 0.125 mg/5ml Oral Elixir, 0.125 mg/ml Oral Solution	2		
hyoscyamine sulfate 0.125 mg tab disint	2	ANASPAZ	
hyoscyamine sulfate 0.125 mg Oral Tablet	2	LEVSIN	
hyoscyamine sulfate 0.125 mg Sublingual Tablet Sublingual	2	LEVSIN/SL	
hyoscyamine sulfate er	2	LEVBID	
hyoscyamine sulfate sl	2	LEVSIN/SL	
hyosyne	2		
INCRUSE ELLIPTA 62.5 mcg/act Inhalation Aerosol Powder Breath Activated	3		
ipratropium bromide 0.02 % Inhalation Solution, 0.03 % Nasal Solution, 0.06 % Nasal Solution	2	ATROVENT	
methscopolamine bromide 2.5 mg Oral Tablet, 5 mg Oral Tablet	2	PAMINE	
pb-hyoscy-atropine-scopolamine 16.2 mg Oral Tablet	2	DONNATAL	
pb-hyoscy-atropine-scopolamine 16.2 mg/5ml Oral Elixir	2	DONNATAL	

[1]You can find information on what the symbols and abbreviations in this table mean by going to the introduction pages of this document

Drug Name	Drug Tier	Reference Name	Requirements/Limits[1]
phenobarbital-belladonna alk 16.2 mg Oral Tablet	2	DONNATAL	
phenobarbital-belladonna alk 16.2 mg/5ml Oral Elixir	2	DONNATAL	
SPIRIVA HANDIHALER	3		
SPIRIVA RESPIMAT	3		
STIOLTO RESPIMAT	3		
TUDORZA PRESSAIR	4		ST
ANTICONVULSANTS			
Anticonvulsants, Miscellaneous			
APTIOM 200 mg Oral Tablet, 400 mg Oral Tablet	4		PA, QL(1 EA per 1 days)
APTIOM 600 mg Oral Tablet, 800 mg Oral Tablet	4		PA, QL(2 EA per 1 days)
carbamazepine 200 mg Oral Tablet	1	TEGRETOL	
carbamazepine 100 mg Oral Tablet Chewable	2	TEGRETOL	
carbamazepine 100 mg/5ml Oral Suspension	2	TEGRETOL	
carbamazepine er 100 mg Oral Capsule Extended Release 12 Hour, 200 mg Oral Capsule Extended Release 12 Hour, 300 mg Oral Capsule Extended Release 12 Hour	2	CARBATROL	
carbamazepine er 100 mg Oral Tablet Extended Release 12 Hour, 200 mg Oral Tablet Extended Release 12 Hour, 400 mg Oral Tablet Extended Release 12 Hour	2	TEGRETOL XR	
CARBATROL	4		
DEPAKOTE	4		
DEPAKOTE ER	4		
DEPAKOTE SPRINKLES	4		
DIACOMIT	5		QL (34 days supply per fill), SP, PA
divalproex sodium 125 mg Oral Capsule Delayed Release Sprinkle, 125 mg Oral Tablet Delayed Release, 250 mg Oral Tablet Delayed Release, 500 mg Oral Tablet Delayed Release	2	DEPAKOTE	

[1]You can find information on what the symbols and abbreviations in this table mean by going to the introduction pages of this document

Drug Name	Drug Tier	Reference Name	Requirements/Limits[1]
divalproex sodium er	2	DEPAKOTE ER	
EPIDIOLEX	4		SP, PA
EPITOL	2		
EPRONTIA	4		PA, QL(16 ML per 1 days)
EQUETRO	4		PA
felbamate 400 mg Oral Tablet, 600 mg Oral Tablet	2	FELBATOL	
felbamate 600 mg/5ml Oral Suspension	2	FELBATOL	
FINTEPLA	5		SP, PA, QL(360 ML per 30 days)
FYCOMPA 10 mg Oral Tablet, 12 mg Oral Tablet, 2 mg Oral Tablet, 4 mg Oral Tablet, 6 mg Oral Tablet, 8 mg Oral Tablet	4		PA, QL(1 EA per 1 days)
FYCOMPA 0.5 mg/ml Oral Suspension	4		PA, QL(24 ML per 1 days)
gabapentin 25 mg Oral Tablet, 50 mg Oral Tablet	2		
gabapentin 100 mg Oral Capsule, 300 mg Oral Capsule, 400 mg Oral Capsule, 600 mg Oral Tablet, 800 mg Oral Tablet	2	NEURONTIN	
gabapentin 250 mg/5ml Oral Solution, 300 mg/6ml Oral Solution	2	NEURONTIN	
HORIZANT	4		PA
KEPPRA 1000 mg Oral Tablet, 250 mg Oral Tablet, 500 mg Oral Tablet, 750 mg Oral Tablet	4		
KEPPRA 100 mg/ml Oral Solution	4		
KEPPRA XR	4		
lacosamide 100 mg Oral Tablet, 150 mg Oral Tablet, 200 mg Oral Tablet, 50 mg Oral Tablet	2	VIMPAT	PA
lacosamide 10 mg/ml Oral Solution	2	VIMPAT	PA
LAMICTAL	4		
LAMICTAL STARTER 35 x 25 mg Oral Kit	4		
LAMICTAL XR 100 mg Oral Tablet Extended Release 24 Hour, 200 mg Oral Tablet Extended Release	4		

[1]You can find information on what the symbols and abbreviations in this table mean by going to the introduction pages of this document

Drug Name	Drug Tier	Reference Name	Requirements/Limits[1]
24 Hour, 25 mg Oral Tablet Extended Release 24 Hour, 250 mg Oral Tablet Extended Release 24 Hour, 300 mg Oral Tablet Extended Release 24 Hour, 50 mg Oral Tablet Extended Release 24 Hour			
LAMICTAL XR 21 x 25 MG & 7 x 50 mg Oral Kit, 25 & 50 & 100 mg Oral Kit, 50 & 100 & 200 mg Oral Kit	4		PA
lamotrigine 100 mg Oral Tablet, 150 mg Oral Tablet, 200 mg Oral Tablet, 25 mg Oral Tablet, 25 mg Oral Tablet Chewable, 5 mg Oral Tablet Chewable	2	LAMICTAL	
lamotrigine 100 mg tab disint, 200 mg tab disint, 25 mg tab disint, 50 mg tab disint	2	LAMICTAL	PA
lamotrigine 25 & 50 & 100 mg Oral Kit	2	LAMICTAL ODT	PA
lamotrigine er 100 mg Oral Tablet Extended Release 24 Hour, 200 mg Oral Tablet Extended Release 24 Hour, 25 mg Oral Tablet Extended Release 24 Hour, 250 mg Oral Tablet Extended Release 24 Hour, 300 mg Oral Tablet Extended Release 24 Hour, 50 mg Oral Tablet Extended Release 24 Hour	2	LAMICTAL	
lamotrigine starter kit-blue	2	LAMICTAL STARTER	
lamotrigine starter kit-green	2	LAMICTAL STARTER	
lamotrigine starter kit-orange	2	LAMICTAL STARTER	
levetiracetam 1000 mg Oral Tablet, 250 mg Oral Tablet, 500 mg Oral Tablet, 750 mg Oral Tablet	2	KEPPRA	
levetiracetam 100 mg/ml Oral Solution	2	KEPPRA	
levetiracetam er 500 mg Oral Tablet Extended Release 24 Hour,	2	KEPPRA XR	

[1]You can find information on what the symbols and abbreviations in this table mean by going to the introduction pages of this document

Drug Name	Drug Tier	Reference Name	Requirements/Limits[1]
750 mg Oral Tablet Extended Release 24 Hour			
oxcarbazepine 150 mg Oral Tablet, 300 mg Oral Tablet, 600 mg Oral Tablet	2	TRILEPTAL	
oxcarbazepine 300 mg/5ml Oral Suspension	2	TRILEPTAL	
OXTELLAR XR	4		PA
pregabalin 100 mg Oral Capsule, 150 mg Oral Capsule, 200 mg Oral Capsule, 225 mg Oral Capsule, 25 mg Oral Capsule, 300 mg Oral Capsule, 50 mg Oral Capsule, 75 mg Oral Capsule	2	LYRICA	
pregabalin 20 mg/ml Oral Solution	2	LYRICA	
rufinamide 200 mg Oral Tablet, 400 mg Oral Tablet	2	BANZEL	PA
rufinamide 40 mg/ml Oral Suspension	2	BANZEL	PA
SUBVENITE	2		
SUBVENITE STARTER KIT-BLUE	2		
SUBVENITE STARTER KIT-GREEN	2		
SUBVENITE STARTER KIT-ORANGE	2		
TEGRETOL 200 mg Oral Tablet	4		
TEGRETOL 100 mg/5ml Oral Suspension	4		
TEGRETOL-XR 200 mg Oral Tablet Extended Release 12 Hour, 400 mg Oral Tablet Extended Release 12 Hour	4		
tiagabine hcl	2	GABITRIL	
topiramate 100 mg Oral Tablet, 15 mg Oral Capsule Sprinkle, 200 mg Oral Tablet, 25 mg Oral Capsule Sprinkle, 25 mg Oral Tablet, 50 mg Oral Tablet	2	TOPAMAX	
topiramate er 100 mg Oral Capsule Extended Release 24 Hour, 25 mg Oral Capsule Extended Release 24	2		PA

[1]You can find information on what the symbols and abbreviations in this table mean by going to the introduction pages of this document

Drug Name	Drug Tier	Reference Name	Requirements/Limits[1]
Hour, 50 mg Oral Capsule Extended Release 24 Hour			
topiramate er 100 mg Oral Capsule ER 24 Hour Sprinkle, 150 mg Oral Capsule ER 24 Hour Sprinkle, 200 mg Oral Capsule ER 24 Hour Sprinkle, 25 mg Oral Capsule ER 24 Hour Sprinkle, 50 mg Oral Capsule ER 24 Hour Sprinkle	2	QUDEXY XR	PA
TRILEPTAL 150 mg Oral Tablet, 300 mg Oral Tablet, 600 mg Oral Tablet	4		
TRILEPTAL 300 mg/5ml Oral Suspension	4		
valproic acid 250 mg Oral Capsule	2	DEPAKENE	
valproic acid 250 mg/5ml Oral Solution	2	DEPAKENE	
vigabatrin	2	SABRIL	SP, PA
VIGADRONE 500 mg Oral Tablet	2		PA
VIGADRONE 500 mg Oral Packet	2		SP, PA
VIMPAT 10 mg/ml Oral Solution	4		PA
XCOPRI 100 mg Oral Tablet, 150 mg Oral Tablet, 50 mg Oral Tablet	4		PA, QL(1 EA per 1 days)
XCOPRI 200 mg Oral Tablet	4		PA, QL(2 EA per 1 days)
XCOPRI 14 x 12.5 MG & 14 x 25 mg Oral Tablet Therapy Pack, 14 x 150 MG & 14 x200 mg Oral Tablet Therapy Pack, 14 x 50 MG & 14 x100 mg Oral Tablet Therapy Pack	4		PA, QL(28 EA per 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)
zonisamide 100 mg Oral Capsule, 25 mg Oral Capsule, 50 mg Oral Capsule	2	ZONEGRAN	
ZTALMY	5		SP, PA, QL(1100 ML per 30 days)
Barbiturates			
primidone 250 mg Oral Tablet, 50 mg Oral Tablet	2	MYSOLINE	

[1]You can find information on what the symbols and abbreviations in this table mean by going to the introduction pages of this document

Drug Name	Drug Tier	Reference Name	Requirements/Limits[1]
Benzodiazepines			
clobazam 10 mg Oral Tablet, 20 mg Oral Tablet	2	ONFI	
clobazam 2.5 mg/ml Oral Suspension	2	ONFI	
clonazepam 0.125 mg tab disint, 0.25 mg tab disint, 0.5 mg Oral Tablet, 0.5 mg tab disint, 1 mg Oral Tablet, 1 mg tab disint, 2 mg Oral Tablet, 2 mg tab disint	2	KLONOPIN	
diazepam 10 mg Rectal Gel, 2.5 mg Rectal Gel, 20 mg Rectal Gel	2	DIASTAT	
NAYZILAM	3		QL(10 EA per 30 days), AL(Min 12 years)
SYMPAZAN	4		PA, QL(2 EA per 1 days)
VALTOCO 10 MG DOSE	3		QL(10 EA per 30 days), AL(Min 6 years)
VALTOCO 15 MG DOSE	3		QL(10 EA per 30 days), AL(Min 6 years)
VALTOCO 20 MG DOSE	3		QL(10 EA per 30 days), AL(Min 6 years)
VALTOCO 5 MG DOSE	3		QL(10 EA per 30 days), AL(Min 6 years)
Hydantoins			
DILANTIN 30 mg Oral Capsule	3		
DILANTIN 100 mg Oral Capsule	4		
DILANTIN 125 mg/5ml Oral Suspension	4		
DILANTIN INFATABS	4		
PHENYTEK	3		
phenytoin 50 mg Oral Tablet Chewable	2	DILANTIN	
phenytoin 125 mg/5ml Oral Suspension	2	DILANTIN	
PHENYTOIN INFATABS	2		
phenytoin sodium extended 100 mg Oral Capsule, 200 mg Oral Capsule, 300 mg Oral Capsule	2	DILANTIN	
Succinimides			
CELONTIN	4		
ethosuximide 250 mg Oral Capsule	2	ZARONTIN	

[1]You can find information on what the symbols and abbreviations in this table mean by going to the introduction pages of this document

Drug Name	Drug Tier	Reference Name	Requirements/Limits[1]
ethosuximide 250 mg/5ml Oral Solution	2	ZARONTIN	
methsuximide	2		
ANTIDIABETIC AGENTS			
Alpha-glucosidase Inhibitors			
acarbose 100 mg Oral Tablet, 25 mg Oral Tablet, 50 mg Oral Tablet	2	PRECOSE	
miglitol	2	GLYSET	
Amylinomimetics			
SYMLINPEN 120	4		PA
SYMLINPEN 60	4		PA
Antidiabetic Agents, Miscellaneous			
CYCLOSET	4		PA
KORLYM	5		SP, PA, QL(112 EA per 28 days)
TZIELD	5		QL (14 days supply per fill), SP, PA
Biguanides			
metformin hcl 1000 mg Oral Tablet, 500 mg Oral Tablet, 850 mg Oral Tablet	1	GLUCOPHAGE	
metformin hcl 500 mg/5ml Oral Solution	2	RIOMET	PA
metformin hcl er	2	GLUCOPHAGE XR	
Dipeptidyl Peptidase-4 (dpp-4) Inhibitors			
JENTADUETO	3		QL(2 EA per 1 days)
JENTADUETO XR 5-1000 mg Oral Tablet Extended Release 24 Hour	3		QL(1 EA per 1 days)
JENTADUETO XR 2.5-1000 mg Oral Tablet Extended Release 24 Hour	3		QL(2 EA per 1 days)
KOMBIGLYZE XR 5-1000 mg Oral Tablet Extended Release 24 Hour, 5-500 mg Oral Tablet Extended Release 24 Hour	4		PA, QL(1 EA per 1 days)
KOMBIGLYZE XR 2.5-1000 mg Oral Tablet Extended Release 24 Hour	4		PA, QL(2 EA per 1 days)
ONGLYZA	4		PA, QL(1 EA per 1 days)
saxagliptin hcl	2		PA, QL(1 EA per 1 days)

[1]You can find information on what the symbols and abbreviations in this table mean by going to the introduction pages of this document

Drug Name	Drug Tier	Reference Name	Requirements/Limits[1]
saxagliptin-metformin er 5-1000 mg Oral Tablet Extended Release 24 Hour, 5-500 mg Oral Tablet Extended Release 24 Hour	2		PA, QL(1 EA per 1 days)
saxagliptin-metformin er 2.5-1000 mg Oral Tablet Extended Release 24 Hour	2		PA, QL(2 EA per 1 days)
TRADJENTA	3		QL(1 EA per 1 days)
Incretin Mimetics			
MOUNJARO	3		PA, QL(2 ML per 28 days)
OZEMPIC (0.25 OR 0.5 MG/DOSE) 2 mg/1.5ml Subcutaneous Solution Pen-injector	3		QL(0.06 ML per 1 days)
OZEMPIC (0.25 OR 0.5 MG/DOSE) 2 mg/3ml Subcutaneous Solution Pen-injector	3		QL(0.11 ML per 1 days)
OZEMPIC (1 MG/DOSE)	3		QL(0.11 ML per 1 days)
OZEMPIC (2 MG/DOSE)	3		QL(0.11 ML per 1 days)
RYBELSUS 14 mg Oral Tablet, 7 mg Oral Tablet	3		QL(1 EA per 1 days)
RYBELSUS 3 mg Oral Tablet	3		QL(30 EA per 180 days)
TRULICITY	3		QL(0.07 ML per 1 days)
VICTOZA	3		QL(0.3 ML per 1 days)
Insulins			
ADMELOG 100 unit/ml Injection Solution	4		PA
ADMELOG SOLOSTAR	4		PA
APIDRA	4		PA
APIDRA SOLOSTAR	4		PA
FIASP 100 unit/ml Injection Solution	4		PA
FIASP FLEXTOUCH	4		PA
FIASP PENFILL	4		PA
FIASP PUMPCART	4		PA

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Drug Name	Drug Tier	Reference Name	Requirements/Limits[1]
HUMALOG 100 unit/ml Injection Solution	4		PA
HUMALOG TEMPO PEN	4		PA
insulin asp prot & asp flexpen	2	NOVOLOG MIX 70/30	
insulin aspart 100 unit/ml Injection Solution	2	NOVOLOG	
insulin aspart flexpen	2	NOVOLOG FLEXPEN	
insulin aspart penfill	2	NOVOLOG PENFILL	
insulin aspart prot & aspart (70-30) 100 unit/ml Subcutaneous Suspension	2	NOVOLOG MIX 70/30	
LANTUS	3		
LANTUS SOLOSTAR	3		
LEVEMIR	3		
LEVEMIR FLEXPEN	3		
LEVEMIR FLEXTOUCH	3		
NOVOLIN 70/30	3		
NOVOLIN 70/30 FLEXPEN	3		
NOVOLIN 70/30 FLEXPEN RELION	3		
NOVOLIN 70/30 RELION	3		
NOVOLIN N	3		
NOVOLIN N FLEXPEN	3		
NOVOLIN N FLEXPEN RELION	3		
NOVOLIN N RELION	3		
NOVOLIN R	3		
NOVOLIN R FLEXPEN	3		
NOVOLIN R FLEXPEN RELION	3		
NOVOLIN R RELION	3		
NOVOLOG	3		
NOVOLOG 70/30 FLEXPEN RELION	3		
NOVOLOG FLEXPEN	3		
NOVOLOG FLEXPEN RELION	3		
NOVOLOG MIX 70/30	3		
NOVOLOG MIX 70/30 FLEXPEN	3		
NOVOLOG MIX 70/30 RELION	3		
NOVOLOG PENFILL	3		
NOVOLOG RELION 100 unit/ml Injection Solution	3		
TOUJEO MAX SOLOSTAR	3		

[1]You can find information on what the symbols and abbreviations in this table mean by going to the introduction pages of this document

Drug Name	Drug Tier	Reference Name	Requirements/Limits[1]
TOUJEO SOLOSTAR	3		
TRESIBA	3		
TRESIBA FLEXTOUCH	3		
XULTOPHY	3		QL(0.5 ML per 1 days), ST
Meglitinides			
nateglinide	2	STARLIX	
repaglinide	2	PRANDIN	
Sodium-glucose Cotransporter 2 (sglt2) Inhibitors			
FARXIGA	3		QL(1 EA per 1 days)
GLYXAMBI	3		QL(1 EA per 1 days)
JARDIANCE	3		QL(1 EA per 1 days)
SYNJARDY	3		QL(2 EA per 1 days)
SYNJARDY XR 10-1000 mg Oral Tablet Extended Release 24 Hour, 25-1000 mg Oral Tablet Extended Release 24 Hour	3		QL(1 EA per 1 days)
SYNJARDY XR 12.5-1000 mg Oral Tablet Extended Release 24 Hour, 5-1000 mg Oral Tablet Extended Release 24 Hour	3		QL(2 EA per 1 days)
TRIJARDY XR 10-5-1000 mg Oral Tablet Extended Release 24 Hour, 25-5-1000 mg Oral Tablet Extended Release 24 Hour	3		QL(1 EA per 1 days)
TRIJARDY XR 12.5-2.5-1000 mg Oral Tablet Extended Release 24 Hour, 5-2.5-1000 mg Oral Tablet Extended Release 24 Hour	3		QL(2 EA per 1 days)
XIGDUO XR	3		QL(1 EA per 1 days)
Sulfonylureas			
glimepiride	1	AMARYL	
glipizide 10 mg Oral Tablet, 5 mg Oral Tablet	1	GLUCOTROL	
glipizide er	2	GLUCOTROL XL	
glipizide xl	2	GLUCOTROL XL	
glipizide-metformin hcl	2	METAGLIP	
glyburide 1.25 mg Oral Tablet, 2.5 mg Oral Tablet, 5 mg Oral Tablet	1	DIABETA	
glyburide micronized	1	GLYNASE	
glyburide-metformin	2	GLUCOVANCE	
Thiazolidinediones			

[1]You can find information on what the symbols and abbreviations in this table mean by going to the introduction pages of this document

Drug Name	Drug Tier	Reference Name	Requirements/Limits[1]
pioglitazone hcl	2	ACTOS	
pioglitazone hcl-glimepiride	2	DUETACT	
pioglitazone hcl-metformin hcl	2	ACTOPLUS MET	
ANTIDIARRHEA AGENTS			
Antidiarrhea Agents			
diphenoxylate-atropine 2.5-0.025 mg Oral Tablet	2	LOMOTIL	
diphenoxylate-atropine 2.5-0.025 mg/5ml Oral Liquid	2	LOMOTIL	
loperamide hcl 2 mg Oral Capsule	2	IMODIUM	
MOTOFEN	4		PA
opium	2		
XERMELO	5		SP, PA, QL(84 EA per 28 days)
ANTIDOTES			
Antidotes			
acetylcysteine 10 % Inhalation Solution, 20 % Inhalation Solution	2	MUCOMYST	
KHAPZORY	5		QL (34 days supply per fill), SP, PA
leucovorin calcium 10 mg Oral Tablet, 15 mg Oral Tablet, 25 mg Oral Tablet, 5 mg Oral Tablet	2		
VORAXAZE	5		QL (34 days supply per fill), SP, PA
ANTIEMETICS			
5-ht3 Receptor Antagonists			
granisetron hcl 1 mg Oral Tablet	2	KYTRIL	QL (2 tablets per fill)
ondansetron 4 mg tab disint, 8 mg tab disint	2	ZOFRAN ODT	
ondansetron hcl 24 mg Oral Tablet, 4 mg Oral Tablet, 8 mg Oral Tablet	2	ZOFRAN	
ondansetron hcl 4 mg/5ml Oral Solution	2	ZOFRAN	
SANCUSO	4		PA, QL(4 EA per 28 days)
SUSTOL	5		QL (34 days supply per fill), SP, PA
ZUPLENZ	4		PA
Antiemetics, Miscellaneous			

[1]You can find information on what the symbols and abbreviations in this table mean by going to the introduction pages of this document

Drug Name	Drug Tier	Reference Name	Requirements/Limits[1]
dronabinol 10 mg Oral Capsule, 2.5 mg Oral Capsule, 5 mg Oral Capsule	2	MARINOL	
scopolamine	2	TRANSDERM-SCOP	
Antihistamines			
BONJESTA	3		QL(2 EA per 1 days)
doxylamine-pyridoxine	2	DICLEGIS	QL(4 EA per 1 days)
meclizine hcl 12.5 mg Oral Tablet, 25 mg Oral Tablet	2	ANTIVERT	
trimethobenzamide hcl 300 mg Oral Capsule	2	TIGAN	
Neurokinin-1 Receptor Antagonists			
AKYNZEO 300-0.5 mg Oral Capsule	4		QL(2 EA per 28 days)
aprepitant 125 mg Oral Capsule, 40 mg Oral Capsule, 80 & 125 mg Oral Capsule, 80 & 125 mg Oral Miscellaneous, 80 mg Oral Capsule	2	EMEND	
CINVANTI	4		SP, PA
EMEND 125 mg/5ml Oral Suspension Reconstituted	4		
VARUBI (180 MG DOSE)	4		QL(2 EA per 14 days)
ANTIFIBROTIC AGENTS			
Antifibrotic Agents			
ESBRIET	5		SP, PA, QL(270 EA per 30 days)
OFEV	5		SP, PA, QL(60 EA per 30 days)
pirfenidone 267 mg Oral Capsule	2		SP, PA, QL(270 EA per 30 days)
pirfenidone 267 mg Oral Tablet, 801 mg Oral Tablet	5	ESBRIET	SP, PA, QL(270 EA per 30 days)
ANTIFUNGALS			
Allylamines			
terbinafine hcl 250 mg Oral Tablet	2	LAMISIL	
Antifungals, Miscellaneous			
griseofulvin microsize 500 mg Oral Tablet	2	GRIFULVIN V	
griseofulvin microsize 125 mg/5ml Oral Suspension	2	GRIFULVIN V	
griseofulvin ultramicrosize	2	GRIS-PEG	
Azoles			

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Drug Name	Drug Tier	Reference Name	Requirements/Limits[1]
CRESEMBA 372 mg Intravenous Solution Reconstituted	5		QL (34 days supply per fill), SP, PA
fluconazole 100 mg Oral Tablet, 150 mg Oral Tablet, 200 mg Oral Tablet, 50 mg Oral Tablet	2	DIFLUCAN	
fluconazole 10 mg/ml Oral Suspension Reconstituted, 40 mg/ml Oral Suspension Reconstituted	2	DIFLUCAN	
itraconazole 100 mg Oral Capsule	2	SPORANOX	PA
itraconazole 10 mg/ml Oral Solution	2	SPORANOX	PA
ketoconazole 200 mg Oral Tablet	2	NIZORAL	
NOXAFIL 40 mg/ml Oral Suspension	5		QL (30 days supply per fill), PA, QL(20 ML per 1 days)
NOXAFIL 300 mg Oral Packet	5		SP, PA, QL(30 EA per 30 days)
posaconazole 40 mg/ml Oral Suspension	5		PA, QL(20 ML per 1 days)
posaconazole 100 mg Oral Tablet Delayed Release	5	NOXAFIL	PA, QL(90 EA per 30 days)
VIVJOA	4		PA, QL(18 EA per 84 days)
voriconazole 200 mg Oral Tablet, 50 mg Oral Tablet	2	VFEND	QL (34 days supply per fill), PA
voriconazole 40 mg/ml Oral Suspension Reconstituted	2	VFEND	QL (34 days supply per fill), PA
Polyenes			
nystatin Powder	2		
nystatin 500000 unit Oral Tablet	2	MYCOSTATIN	
nystatin 100000 unit/ml Mouth/Throat Suspension	2	MYCOSTATIN	
Pyrimidines			
flucytosine 250 mg Oral Capsule, 500 mg Oral Capsule	5	ANCOBON	QL (34 days supply per fill)
ANTIGLAUCOMA AGENTS			
Alpha-adrenergic Agonists			
ALPHAGAN P 0.1 % Ophthalmic Solution	3		
brimonidine tartrate 0.1 % Ophthalmic Solution	2		

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Drug Name	Drug Tier	Reference Name	Requirements/Limits[1]
brimonidine tartrate 0.15 % Ophthalmic Solution, 0.2 % Ophthalmic Solution	2	ALPHAGAN	
brimonidine tartrate-timolol	2	COMBIGAN	PA
SIMBRINZA	4		PA
Beta-adrenergic Blocking Agents			
betaxolol hcl 0.5 % Ophthalmic Solution	2	BETOPTIC	
BETIMOL	4		PA
BETOPTIC-S	3		
carteolol hcl	2	OCUPRESS	
levobunolol hcl	2	BETAGAN	
timolol maleate 0.25 % Ophthalmic Solution, 0.5 % Ophthalmic Solution	2	TIMOPTIC	
timolol maleate 0.25 % Ophthalmic Gel Forming Solution, 0.5 % Ophthalmic Gel Forming Solution	2	TIMOPTIC XE	
timolol maleate (once-daily)	2	ISTALOL	
Carbonic Anhydrase Inhibitors			
acetazolamide 125 mg Oral Tablet, 250 mg Oral Tablet	2	DIAMOX	
acetazolamide er	2	DIAMOX	
brinzolamide	2	AZOPT	
dorzolamide hcl 2 % Ophthalmic Solution	2	TRUSOPT	
dorzolamide hcl-timolol mal	2	COSOPT	
methazolamide 25 mg Oral Tablet, 50 mg Oral Tablet	2	NEPTAZANE	
Miotics			
PHOSPHOLINE IODIDE	3		
PHOSPHOLINE IODIDE	3		
pilocarpine hcl 1 % Ophthalmic Solution, 2 % Ophthalmic Solution, 4 % Ophthalmic Solution	2	ISOPTO CARPINE	
VUITY	4		PA, QL(2.5 ML per 30 days)
Prostaglandin Analogs			
bimatoprost 0.03 % Ophthalmic Solution	2	LUMIGAN	ST
DURYSTA	5		SP, QL (1 implant per eye per lifetime), PA

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Drug Name	Drug Tier	Reference Name	Requirements/Limits[1]
latanoprost 0.005 % Ophthalmic Solution	2	XALATAN	
LUMIGAN	4		ST
tafluprost (pf)	2	ZIOPTAN	PA
travoprost (bak free)	2	TRAVATAN	
VYZULTA	4		ST
XELPROS	3		ST
ZIOPTAN 0.0015 % Ophthalmic Solution	3		PA
ANTIGOUT AGENTS			
Antigout Agents			
allopurinol 100 mg Oral Tablet, 300 mg Oral Tablet	1	ZYLOPRIM	
colchicine 0.6 mg Oral Tablet	2	COLCRYS	
colchicine 0.6 mg Oral Capsule	2	MITIGARE	QL(3 EA per 1 days)
febuxostat	2	ULORIC	PA, QL(1 EA per 1 days)
KRYSTEXXA	5		SP, PA, QL(2 ML per 28 days)
ANTIHEMORRHAGIC AGENTS			
Antihemorrhagic Agents, Miscellaneous			
ANDEXXA	5		QL (34 days supply per fill), SP, PA
PRAXBIND	5		QL (34 days supply per fill), SP, PA
Hemostatics			
ADVATE	5		QL (34 days supply per fill), SP, PA
AFSTYLA	5		QL (34 days supply per fill), SP, PA
ALPHANATE	5		QL (34 days supply per fill), SP, PA
ELOCTATE	5		QL (34 days supply per fill), SP, PA
ESPEROCT	5		QL (34 days supply per fill), SP, PA
HEMLIBRA	5		QL (34 days supply per fill), SP, PA
HEMOFIL M	5		QL (34 days supply per fill), SP, PA
HUMATE-P	5		QL (34 days supply per fill), SP, PA

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Drug Name	Drug Tier	Reference Name	Requirements/Limits[1]
JIVI	5		QL (34 days supply per fill), SP, PA
KCENTRA	5		QL (34 days supply per fill), SP
KOATE	5		QL (34 days supply per fill), SP, PA
KOATE-DVI	5		QL (34 days supply per fill), SP, PA
KOGENATE FS	5		QL (34 days supply per fill), SP, PA
NOVOEIGHT	5		QL (34 days supply per fill), SP, PA
obizur	5		QL (34 days supply per fill), SP, PA
RECOMBINATE	5		QL (34 days supply per fill), SP, PA
tranexamic acid 650 mg Oral Tablet	2	LYSTEDA	
WILATE	5		QL (34 days supply per fill), SP, PA
XYNTHA	5		QL (34 days supply per fill), SP, PA
XYNTHA SOLOFUSE	5		QL (34 days supply per fill), SP, PA
ANTIHYPOGLYCEMIC AGENTS			
Antihypoglycemic Agents, Miscellaneous			
cvs glucose 4 gm Oral Tablet Chewable, 4-6 gm-mg Oral Tablet Chewable	3		
cvs soft glucose	3		
diazoxide 50 mg/ml Oral Suspension	2	PROGLYCEM	
GLUCO TO GO	3		
glucose 4 gm Oral Tablet Chewable, 4-6 gm-mg Oral Tablet Chewable	3		
glucose instant energy	3		
gnp glucose	3		
gnp quick dissolve glucose	3		
goodsense glucose	3		
kroger glucose	3		
leader glucose	3		
leader quick dissolve glucose	3		

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Drug Name	Drug Tier	Reference Name	Requirements/Limits[1]
longs glucose	3		
meijer glucose	3		
preferred plus glucose	3		
px glucose	3		
ra glucose	3		
RELION GLUCOSE 4-6 gm-mg Oral Tablet Chewable	3		
sm glucose	3		
SMART SENSE GLUCOSE	3		
tgt glucose	3		
up & up glucose	3		
walgreens glucose	3		
Glycogenolytic Agents			
BAQSIMI ONE PACK	3		QL (2 kits per fill)
BAQSIMI TWO PACK	3		QL (2 kits per fill)
GLUCAGEN HYPOKIT	3		QL (2 kits per fill)
glucagon emergency 1 mg/ml Injection Solution Reconstituted	3		QL (2 kits per fill)
glucagon emergency 1 mg Injection Kit	3	GLUCAGON EMERGENCY	QL (2 kits per fill)
GVOKE HYPOPEN 1-PACK	3		QL (2 kits per fill)
GVOKE HYPOPEN 2-PACK	3		QL (2 kits per fill)
GVOKE KIT	3		QL (2 kits per fill)
GVOKE PFS	3		QL (2 kits per fill)
ZEGALOGUE	4		QL (2 kits per fill), ST
ANTI-INFECTIVES			
Antibacterials			
ak-poly-bac	2	POLYSPORIN	
ALTABAX	4		PA
AZASITE	4		
bacitracin 500 unit/gm Ophthalmic Ointment	2	BACI-IM	
bacitracin-polymyxin b 500-10000 unit/gm Ophthalmic Ointment	2	POLYSPORIN	
benzoyl peroxide-erythromycin	2	BENZAMYCIN	
BESIVANCE	4		PA
CILOXAN 0.3 % Ophthalmic Ointment	3		
ciprofloxacin hcl 0.2 % Otic Solution	2	CETRAXAL	
ciprofloxacin hcl 0.3 % Ophthalmic Solution	2	CILOXAN	

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Drug Name	Drug Tier	Reference Name	Requirements/Limits[1]
CLEOCIN 100 mg Vaginal Suppository	3		
clindamycin phos-benzoyl perox 1.2-2.5 % External Gel	2	ACANYA	PA
clindamycin phos-benzoyl perox 1-5 % External Gel	2	BENZACLIN	
clindamycin phos-benzoyl perox 1.2-5 % External Gel	2	DUAC	
clindamycin phosphate 2 % Vaginal Cream	2	CLEOCIN	
clindamycin phosphate 1 % External Swab	2	CLEOCIN-T	
clindamycin phosphate 1 % External Gel	2	CLEOCIN-T	
clindamycin phosphate 1 % External Gel, 1 % External Lotion, 1 % External Solution	2	CLEOCIN-T	
clindamycin phosphate 1 % External Foam	2	EVOCLIN	
CLINDESSE	3		
ery	2		
erythromycin 2 % External Solution	2	ERYDERM	
erythromycin 2 % External Gel	2	ERYGEL	
erythromycin 5 mg/gm Ophthalmic Ointment	2	ILOTYCIN	
GENTAK	2		
gentamicin sulfate 0.1 % External Cream, 0.1 % External Ointment	2	GARAMYCIN	
gentamicin sulfate 0.3 % Ophthalmic Solution	2	GARAMYCIN	
levofloxacin 0.5 % Ophthalmic Solution	2	QUIXIN	
metronidazole 0.75 % External Cream	2	METROCREAM	
metronidazole 0.75 % External Gel, 0.75 % Vaginal Gel, 1 % External Gel	2	METROGEL	
metronidazole 0.75 % External Lotion	2	METROLOTION	
moxifloxacin hcl 0.5 % Ophthalmic Solution	2	VIGAMOX	
moxifloxacin hcl (2x day)	2	MOXEZA	

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Drug Name	Drug Tier	Reference Name	Requirements/Limits[1]
mupirocin 2 % External Ointment	2	BACTROBAN	
mupirocin calcium	2	BACTROBAN	
neomycin-bacitracin zn-polymyx	2	NEOSPORIN	
neomycin-polymyxin-gramicidin	2	NEOSPORIN	
NORITATE	4		PA
ofloxacin 0.3 % Otic Solution	2	FLOXIN	
ofloxacin 0.3 % Ophthalmic Solution	2	OCUFLOX	
POLYCIN	2		
polymyxin b-trimethoprim	2	POLYTRIM	
ROSADAN 0.75 % (cream) External Kit	2		
ROSADAN 0.75 % External Cream	2		
sodium sulfacetamide 10 % External Shampoo	2		
sodium sulfacetamide wash	2		
sodium sulfacetamide wash	2		
sodium sulfacetamide-bakuchiol	2		
sulfacetamide sodium 10 % External Liquid	2		
sulfacetamide sodium 10 % Ophthalmic Solution	2	BLEPH-10	
sulfacetamide sodium 10 % Ophthalmic Ointment	2	SODIUM SULAMYD	
sulfacetamide sodium (acne)	2	KLARON	
sulfacetamide sodium (cleans)	2		
tobramycin 0.3 % Ophthalmic Solution	2	TOBREX	
TOBREX 0.3 % Ophthalmic Ointment	4		PA
VANDAZOLE	4		PA
XEPI	4		PA
Antifungals			
ciclopirox 0.77 % External Gel	2	LOPROX	
ciclopirox 1 % External Shampoo	2	LOPROX	
ciclopirox olamine 0.77 % External Cream	2	LOPROX	
ciclopirox olamine 0.77 % External Suspension	2	LOPROX	
clotrimazole 1 % External Cream	2	LOTRIMIN	
clotrimazole 10 mg Mouth/Throat Troche	2	MYCELEX	

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Drug Name	Drug Tier	Reference Name	Requirements/Limits[1]
clotrimazole 1 % External Solution	2	MYCELEX	
clotrimazole-betamethasone 1-0.05 % External Cream	2	LOTRISONE	
clotrimazole-betamethasone 1-0.05 % External Lotion	2	LOTRISONE	
econazole nitrate 1 % External Cream	2	SPECTAZOLE	
ERTACZO	4		PA
EXELDERM 1 % External Cream	4		PA
EXELDERM 1 % External Solution	4		PA
EXODERM	2		
GYNAZOLE-1	4		PA
ketoconazole 2 % External Foam	2	EXTINA	
ketoconazole 2 % External Cream	2	NIZORAL	
ketoconazole 2 % External Shampoo	2	NIZORAL	
KETODAN	2		
miconazole 3	2	MONISTAT	
naftifine hcl 1 % External Cream, 1 % External Gel, 2 % External Cream	2	NAFTIN	
NAFTIN 2 % External Gel	3		
NATACYN	3		
NYAMYC	2		
nystatin 100000 unit/gm External Cream, 100000 unit/gm External Ointment, 100000 unit/gm External Powder	2	MYCOSTATIN	
NYSTOP	2		
ORAVIG	4		PA
oxiconazole nitrate 1 % External Cream	2	OXISTAT	PA
OXISTAT 1 % External Lotion	4		PA
terconazole 0.4 % Vaginal Cream, 0.8 % Vaginal Cream	2	TERAZOL	
terconazole 80 mg Vaginal Suppository	2	TERAZOL 3	
XOLEGEL	4		QL (34 days supply per fill), PA
Antivirals			
acyclovir 5 % External Ointment	2	ZOVIRAX	
acyclovir 5 % External Cream	2	ZOVIRAX	QL (1 tube per fill), PA

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Drug Name	Drug Tier	Reference Name	Requirements/Limits[1]
DENAVIR	4		QL (1 tube per fill), PA
penciclovir	2	DENAVIR	PA
trifluridine	2	VIROPTIC	
XERESE	4		PA
ZIRGAN	4		PA
Eent Anti-infectives, Miscellaneous			
chlorhexidine gluconate 0.12 % Mouth/Throat Solution	2	PERIDEX	
PERIOGARD	2		
silver nitrate 0.5 % External Solution	2		
Local Anti-infectives, Miscellaneous			
acne medication 10 10 % External Gel	2		
alcohol wipes	3		
BENZEPRO 5.3 % External Foam	2		
benzoyl peroxide 9.8 % External Foam	2	BENZEFOAMULTRA	
benzoyl peroxide cleanser	2		
bp wash 2.5 % External Liquid	2		
cvs isopropyl alcohol wipes	3		
isopropyl alcohol 70 % External Miscellaneous	3		
isopropyl alcohol wipes	3		
iv prep wipes	3		
medpura alcohol pads	3		
qc alcohol	3		
ra isopropyl alcohol wipes	3		
selenium sulfide 2.25 % External Shampoo, 2.3 % External Shampoo	2		
selenium sulfide 2.5 % External Lotion	2	SELSUN	
silver sulfadiazine 1 % External Cream	2	SILVADENE	
SSD	2		
SULFAMYLON 85 mg/gm External Cream	4		PA
Scabicides And Pediculicides			
ivermectin 0.5 % External Lotion	2	SKLICE	PA
ivermectin 1 % External Cream	2	SOOLANTRA	
malathion	2	OVIDE	

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Drug Name	Drug Tier	Reference Name	Requirements/Limits[1]
permethrin 5 % External Cream	2	ELIMITE	
spinosad	2		
ANTI-INFLAMMATORY AGENTS			
Anti-inflammatory Agents			
alosetron hcl	2	LOTRONEX	
balsalazide disodium	2	COLAZAL	
DIPENTUM	3		
mesalamine 800 mg Oral Tablet Delayed Release	2	ASACOL HD	
mesalamine 1000 mg Rectal Suppository	2	CANASA	
mesalamine 400 mg Oral Capsule Delayed Release	2	DELZICOL	
mesalamine 1.2 gm Oral Tablet Delayed Release	2	LIALDA	
mesalamine 4 gm Rectal Enema	2	ROWASA	
mesalamine er 0.375 gm Oral Capsule Extended Release 24 Hour	2	APRISO	PA
mesalamine er 500 mg Oral Capsule Extended Release	2	PENTASA	
mesalamine-cleanser	2	ROWASA	
NUCALA 100 mg Subcutaneous Solution Reconstituted	5		QL (28 days supply per fill), SP, PA
NUCALA 100 mg/ml Subcutaneous Solution Auto-injector, 100 mg/ml Subcutaneous Solution Prefilled Syringe	5		QL (28 days supply per fill), SP, PA
NUCALA 40 mg/0.4ml Subcutaneous Solution Prefilled Syringe	5		SP, PA, QL(1 ML per 28 days)
PENTASA	3		
Anti-inflammatory Agents, Miscellaneous			
EUCRISA	4		PA
Corticosteroids			
ADVANCED ALLERGY COLLECTION	2		
ALA SCALP	2		
ala-cort 1 % External Cream	2	ALA-CORT	
alclometasone dipropionate	2	ACLOVATE	
allergy spray 24 hour 55 mcg/act Nasal Aerosol	2	NASACORT	

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Drug Name	Drug Tier	Reference Name	Requirements/Limits[1]
ALREX	4		PA
amcinonide 0.1 % External Cream, 0.1 % External Ointment	2	CYCLOCORT	
amcinonide 0.1 % External Lotion	2	CYCLOCORT	
anucort-hc	2		
APEXICON E	4		PA
bacitra-neomycin-polymyxin-hc	2	CORTISPORIN	
BECONASE AQ	4		PA
betamethasone dipropionate 0.05 % External Cream, 0.05 % External Ointment	2	DIPROSONE	
betamethasone dipropionate 0.05 % External Lotion	2	DIPROSONE	
betamethasone dipropionate aug 0.05 % External Cream, 0.05 % External Gel, 0.05 % External Ointment	2	DIPROLENE	
betamethasone dipropionate aug 0.05 % External Lotion	2	DIPROLENE	
betamethasone valerate 0.1 % External Cream, 0.1 % External Ointment	2	BETA-VAL	
betamethasone valerate 0.1 % External Lotion	2	BETA-VAL	
betamethasone valerate 0.12 % External Foam	2	LUXIQ	
BLEPHAMIDE	3		
BLEPHAMIDE S.O.P.	4		
calcipotriene-betameth diprop 0.005-0.064 % External Ointment, 0.005-0.064 % External Suspension	2	TACLONEX	PA
CAPEX	4		PA
CIPRO HC	3		
ciprofloxacin-dexamethasone	2	CIPRODEX	
clobetasol prop emollient base	2	TEMOVATE-E	
clobetasol propionate 0.05 % External Lotion, 0.05 % External Shampoo	2	CLOBEX	
clobetasol propionate 0.05 % External Liquid	2	CLOBEX	PA

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Drug Name	Drug Tier	Reference Name	Requirements/Limits[1]
clobetasol propionate 0.05 % External Foam	2	OLUX	
clobetasol propionate 0.05 % External Gel, 0.05 % External Ointment	2	TEMOVATE	
clobetasol propionate 0.05 % External Solution	2	TEMOVATE	
clobetasol propionate 0.05 % External Cream	2	TEMOVATE-E	
clobetasol propionate e	2	TEMOVATE-E	
clobetasol propionate emulsion	2	OLUX-E	
clobetavix	2		
clocortolone pivalate	2	CLODERM	PA
CORDRAN 4 mcg/sqcm External Tape	4		
CORTISPORIN-TC	4		PA
cvs nasal allergy spray	2	NASACORT	
desonide 0.05 % External Gel	2	DESONATE	PA
desonide 0.05 % External Cream, 0.05 % External Ointment	2	DESOWEN	
desonide 0.05 % External Lotion	2	DESOWEN	
desoximetasone 0.05 % External Cream, 0.05 % External Gel, 0.05 % External Ointment, 0.25 % External Cream, 0.25 % External Ointment	2	TOPICORT	
dexamethasone sodium phosphate 0.1 % Ophthalmic Solution	2	MAXIDEX	
diflorasone diacetate	2	PSORCON	
difluprednate	2	DUREZOL	PA
eq nasal allergy	2	NASACORT	
FLAREX	3		
flunisolide 25 MCG/ACT (0.025%) Nasal Solution	2	NASALIDE	
fluocinolone acetonide 0.01 % Otic Oil	2	DERMOTIC	
fluocinolone acetonide 0.01 % External Cream, 0.025 % External Cream, 0.025 % External Ointment	2	SYNALAR	
fluocinolone acetonide 0.01 % External Solution	2	SYNALAR	
fluocinolone acetonide body	2	DERMA-SMOOTHE/FS	

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Drug Name	Drug Tier	Reference Name	Requirements/Limits[1]
fluocinolone acetonide scalp	2	DERMA-SMOOTHE/FS	
fluocinonide 0.05 % External Cream, 0.05 % External Gel, 0.05 % External Ointment	2	LIDEX	
fluocinonide 0.05 % External Solution	2	LIDEX	
fluocinonide 0.1 % External Cream	2	VANOS	
fluocinonide emulsified base	2	LIDEX-E	
fluorometholone 0.1 % Ophthalmic Suspension	2	FML	
fluovix	2		
fluovix plus	2		
flurandrenolide 0.05 % External Cream, 0.05 % External Ointment	2	CORDRAN	
flurandrenolide 0.05 % External Lotion	2	CORDRAN	
fluticasone propionate 0.005 % External Ointment, 0.05 % External Cream	2	CUTIVATE	
fluticasone propionate 0.05 % External Lotion	2	CUTIVATE	
fluticasone propionate 50 mcg/act Nasal Suspension	2	FLONASE	
FML	3		
FML FORTE	3		
gnp 24 hour nasal allergy	2	NASACORT	
goodsense nasal allergy spray	2	NASACORT	
halcinonide 0.1 % External Cream	2	HALOG	PA
halobetasol propionate 0.05 % External Cream, 0.05 % External Ointment	2	ULTRAVATE	
HALOG 0.1 % External Ointment	4		PA
hydrocortisone 1 % External Lotion	2		
hydrocortisone 1 % External Lotion	2		
hydrocortisone 1 % External Cream	2	ALA-CORT	
hydrocortisone 100 mg/60ml Rectal Enema	2	CORTENEMA	
hydrocortisone 1 % External Ointment, 2.5 % External Cream, 2.5 % External Ointment	2	HYTONE	
hydrocortisone 2.5 % External Lotion	2	HYTONE	

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Drug Name	Drug Tier	Reference Name	Requirements/Limits[1]
hydrocortisone (perianal) 2.5 % External Cream	2	ANUSOL HC	
hydrocortisone (perianal) 1 % External Cream	2	PROCTOCORT	
hydrocortisone ace-pramoxine 2.5-1 % External Cream	2	PRAMOSONE	
hydrocortisone acetate 25 mg Rectal Suppository	2		
hydrocortisone acetate 30 mg Rectal Suppository	2	PROCTOCORT	
hydrocortisone butyr lipo base	2	LOCOID LIPOCREAM	
hydrocortisone butyrate 0.1 % External Cream, 0.1 % External Ointment	2	LOCOID	
hydrocortisone butyrate 0.1 % External Solution	2	LOCOID	
hydrocortisone butyrate 0.1 % External Lotion	2	LOCOID	PA
hydrocortisone valerate	2	WESTCORT	
hydrocortisone-acetic acid	2	VOSOL HC	
ILUVIEN	5		QL (1080 days supply per fill), SP, PA
KOURZEQ	2		
LOTEMAX 0.5 % Ophthalmic Ointment	4		PA
loteprednol etabonate 0.5 % Ophthalmic Gel	2	LOTEMAX	PA
MAXIDEX	3		
mometasone furoate 0.1 % External Cream, 0.1 % External Ointment	2	ELOCON	
mometasone furoate 0.1 % External Solution	2	ELOCON	
mometasone furoate 50 mcg/act Nasal Suspension	2	NASONEX	
nasal allergy 24 hour	2	NASACORT	
neomycin-polymyxin-dexameth 3.5-10000-0.1 Ophthalmic Ointment	2	MAXITROL	
neomycin-polymyxin-dexameth 3.5-10000-0.1 Ophthalmic Suspension	2	MAXITROL	
neomycin-polymyxin-hc 1 % Otic Solution, 3.5-10000-1 Ophthalmic	2	CORTISPORIN	

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Drug Name	Drug Tier	Reference Name	Requirements/Limits[1]
Suspension, 3.5-10000-1 Otic Solution, 3.5-10000-1 Otic Suspension			
NEO-POLYCIN HC	2		
nystatin-triamcinolone	2	MYCOLOG	
OMNARIS	4		PA
ORALONE	2		
PANDEL	4		PA
PRED MILD	4		PA
PRED-G	3		
PRED-G S.O.P.	3		
prednicarbate	2	DERMATOP	
prednisolone acetate 1 % Ophthalmic Suspension	2	PRED FORTE	
prednisolone acetate p-f	2	PRED FORTE	
prednisolone sodium phosphate 1 % Ophthalmic Solution	2		
PROCTO-MED HC	2		
PROCTOSOL HC	2		
PROCTOZONE-HC	2		
QNASL	4		PA
QNASL CHILDRENS	4		PA
ra nasal allergy	2	NASACORT	
sulfacetamide-prednisolone 10-0.23 % Ophthalmic Solution	2	VASOCIDIN	
TEXACORT	4		PA
TOBRADEX 0.3-0.1 % Ophthalmic Ointment	3		
tobramycin-dexamethasone 0.3-0.1 % Ophthalmic Suspension	2	TOBRADEX	
triamcinolone acetonide 0.025 % External Ointment, 0.1 % External Ointment, 0.147 mg/gm External Aerosol Solution, 0.5 % External Ointment	2	KENALOG	
triamcinolone acetonide 0.025 % External Lotion, 0.1 % External Lotion	2	KENALOG	
triamcinolone acetonide 0.1 % Mouth/Throat Paste	2	KENALOG IN ORABASE	
triamcinolone acetonide 55 mcg/act Nasal Aerosol	2	NASACORT	

[1]You can find information on what the symbols and abbreviations in this table mean by going to the introduction pages of this document

Drug Name	Drug Tier	Reference Name	Requirements/Limits[1]
triamcinolone acetonide 0.05 % External Ointment	2	TRIANEX	
triamcinolone acetonide 0.025 % External Cream, 0.1 % External Cream, 0.5 % External Cream	2	TRIDERM	
triamcinolone in absorbase	2	TRIANEX	
TRIANEX	2		
TRIDERM	2		
VERDESO	4		PA
XIPERE	5		SP, QL (34 days supply per fill)
ZETONNA	4		PA
Eent Anti-inflammatory Agents, Misc			
cyclosporine 0.05 % Ophthalmic Emulsion	2	RESTASIS	
RESTASIS	4		
RESTASIS MULTIDOSE	4		
XIIDRA	4		
Interleukin Antagonists			
CINQAIR	5		QL (28 days supply per fill), SP, PA
DUPIXENT 100 mg/0.67ml Subcutaneous Solution Prefilled Syringe	5		SP, PA, QL(1.34 ML per 28 days)
DUPIXENT 200 mg/1.14ml Subcutaneous Solution Prefilled Syringe	5		SP, PA, QL(2.28 ML per 28 days)
FASENRA	5		SP, PA, QL(1 ML per 56 days)
FASENRA PEN	5		SP, PA, QL(1 ML per 56 days)
Leukotriene Modifiers			
montelukast sodium 10 mg Oral Tablet, 4 mg Oral Packet, 4 mg Oral Tablet Chewable, 5 mg Oral Tablet Chewable	2	SINGULAIR	
zafirlukast	2	ACCOLATE	
zileuton er	2	ZYFLO CR	PA
Mast-cell Stabilizers			
cromolyn sodium 100 mg/5ml Oral Concentrate	2	GASTROCROM	

[1]You can find information on what the symbols and abbreviations in this table mean by going to the introduction pages of this document

Drug Name	Drug Tier	Reference Name	Requirements/Limits[1]
cromolyn sodium 20 mg/2ml Inhalation Nebulization Solution	2	INTAL	
Nonsteroidal Anti-inflammatory Agents			
bromfenac sodium (once-daily)	2	BROMDAY	
diclofenac sodium 1.5 % External Solution	2	PENNSAID	PA
diclofenac sodium 0.1 % Ophthalmic Solution	2	VOLTAREN	
diclofenac sodium 1 % External Gel	2	VOLTAREN	QL(10 GM per 1 days)
flurbiprofen sodium	2	OCUFEN	
ketorolac tromethamine 0.4 % Ophthalmic Solution, 0.5 % Ophthalmic Solution	2	ACULAR	
ANTILIPEMIC AGENTS			
Antilipemic Agents, Miscellaneous			
EVKEEZA	5		SP, QL (28 days supply per fill), PA
icosapent ethyl 1 gm Oral Capsule	2	VASCEPA	PA, QL(4 EA per 1 days)
icosapent ethyl 0.5 gm Oral Capsule	2	VASCEPA	PA, QL(8 EA per 1 days)
JUXTAPID 10 mg Oral Capsule, 5 mg Oral Capsule	5		SP, PA, QL(28 EA per 28 days)
JUXTAPID 20 mg Oral Capsule, 30 mg Oral Capsule	5		SP, PA, QL(56 EA per 28 days)
LEQVIO	5		SP, QL (34 days supply per fill), PA
NEXLETOL	3		PA, QL(1 EA per 1 days)
NEXLIZET	3		PA, QL(1 EA per 1 days)
niacin er (antihyperlipidemic)	2	NIASPAN	
omega-3-acid ethyl esters	2	LOVAZA	
VASCEPA 0.5 gm Oral Capsule	4		PA, QL(8 EA per 1 days)
Bile Acid Sequestrants			
cholestyramine 4 gm Oral Packet	2	QUESTRAN	
cholestyramine 4 gm/dose Oral Powder	2	QUESTRAN	
cholestyramine light 4 gm Oral Packet	2	QUESTRAN LIGHT	

[1]You can find information on what the symbols and abbreviations in this table mean by going to the introduction pages of this document

Drug Name	Drug Tier	Reference Name	Requirements/Limits[1]
cholestyramine light 4 gm/dose Oral Powder	2	QUESTRAN LIGHT	
colesevelam hcl	2	WELCHOL	
colestipol hcl 1 gm Oral Tablet, 5 gm Oral Packet	2	COLESTID	
colestipol hcl 5 gm Oral Granules	2	COLESTID	
PREVALITE 4 gm Oral Packet	2		
PREVALITE 4 gm/dose Oral Powder	2		
Cholesterol Absorption Inhibitors			
ezetimibe	2	ZETIA	
Fibric Acid Derivatives			
fenofibrate 120 mg Oral Tablet, 40 mg Oral Tablet	2	FENOGLIDE	
fenofibrate 150 mg Oral Capsule, 50 mg Oral Capsule	2	LIPOFEN	
fenofibrate 134 mg Oral Capsule, 145 mg Oral Tablet, 160 mg Oral Tablet, 200 mg Oral Capsule, 48 mg Oral Tablet, 54 mg Oral Tablet, 67 mg Oral Capsule	2	TRICOR	
fenofibrate micronized 130 mg Oral Capsule, 43 mg Oral Capsule	2	ANTARA	
fenofibrate micronized 134 mg Oral Capsule, 200 mg Oral Capsule, 67 mg Oral Capsule	2	TRICOR	
fenofibric acid 105 mg Oral Tablet, 35 mg Oral Tablet	2	FIBRICOR	
fenofibric acid 135 mg Oral Capsule Delayed Release, 45 mg Oral Capsule Delayed Release	2	TRILIPIX	
gemfibrozil 600 mg Oral Tablet	2	LOPID	
Hmg-coa Reductase Inhibitors			
ALTOPREV	4		PA
atorvastatin calcium 20 mg Oral Tablet, 40 mg Oral Tablet, 80 mg Oral Tablet	2	LIPITOR	QL(1 EA per 1 days)
atorvastatin calcium 10 mg Oral Tablet	2	LIPITOR	QL(2 EA per 1 days)
ezetimibe-simvastatin	2	VYTORIN	PA
fluvastatin sodium 40 mg Oral Capsule	2	LESCOL	QL(2 EA per 1 days)

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Drug Name	Drug Tier	Reference Name	Requirements/Limits[1]
fluvastatin sodium 20 mg Oral Capsule	2	LESCOL	QL(4 EA per 1 days)
fluvastatin sodium er	2	LESCOL XL	PA, QL(1 EA per 1 days)
LIVALO 4 mg Oral Tablet	4		PA, QL(1 EA per 1 days)
LIVALO 2 mg Oral Tablet	4		PA, QL(2 EA per 1 days)
LIVALO 1 mg Oral Tablet	4		PA, QL(4 EA per 1 days)
lovastatin 40 mg Oral Tablet	1	MEVACOR	QL(1 EA per 1 days)
lovastatin 20 mg Oral Tablet	1	MEVACOR	QL(2 EA per 1 days)
lovastatin 10 mg Oral Tablet	1	MEVACOR	QL(4 EA per 1 days)
pravastatin sodium 80 mg Oral Tablet	1	PRAVACHOL	QL(1 EA per 1 days)
pravastatin sodium 40 mg Oral Tablet	1	PRAVACHOL	QL(2 EA per 1 days)
pravastatin sodium 20 mg Oral Tablet	1	PRAVACHOL	QL(4 EA per 1 days)
pravastatin sodium 10 mg Oral Tablet	1	PRAVACHOL	QL(8 EA per 1 days)
rosuvastatin calcium 10 mg Oral Tablet, 20 mg Oral Tablet, 40 mg Oral Tablet	2	CRESTOR	QL(1 EA per 1 days)
rosuvastatin calcium 5 mg Oral Tablet	2	CRESTOR	QL(2 EA per 1 days)
simvastatin 40 mg Oral Tablet, 80 mg Oral Tablet	1	ZOCOR	QL(1 EA per 1 days)
simvastatin 20 mg Oral Tablet	1	ZOCOR	QL(2 EA per 1 days)
simvastatin 10 mg Oral Tablet	1	ZOCOR	QL(4 EA per 1 days)
simvastatin 5 mg Oral Tablet	1	ZOCOR	QL(8 EA per 1 days)
ZYPITAMAG	4		PA, QL(1 EA per 1 days)
Proprotein Convertase Subtilisin Kexin Type 9 (pcsk9) Inihibitors			
PRALUENT	3		PA, QL(0.07 ML per 1 days)
REPATHA	3		PA, QL(0.07 ML per 1 days)
REPATHA PUSHTRONEX SYSTEM	3		PA, QL(0.12 ML per 1 days)
REPATHA SURECLICK	3		PA, QL(0.07 ML per 1 days)

[1]You can find information on what the symbols and abbreviations in this table mean by going to the introduction pages of this document

Drug Name	Drug Tier	Reference Name	Requirements/Limits[1]
ANTIMANIC AGENTS			
Antimanic Agents			
lithium	2		
lithium carbonate 150 mg Oral Capsule, 600 mg Oral Capsule	2		
lithium carbonate 300 mg Oral Capsule	2	ESKALITH	
lithium carbonate 300 mg Oral Tablet	2	LITHOBID	
lithium carbonate er 450 mg Oral Tablet Extended Release	2	ESKALITH CR	
lithium carbonate er 300 mg Oral Tablet Extended Release	2	LITHOBID	
ANTIMIGRAINE AGENTS			
Antimigraine Agents, Miscellaneous			
ergotamine-caffeine 1-100 mg Oral Tablet	2	CAFERGOT	
MIGERGOT	2		
Calcitonin Gene-related Peptide (cgrp) Antagonists			
AIMOVIG	3		PA, QL(1 ML per 28 days)
AJOVY	5		PA, QL(1.5 ML per 28 days)
EMGALITY	3		PA, QL(1 ML per 28 days)
EMGALITY (300 MG DOSE)	3		PA, QL(3 ML per 28 days)
NURTEC	3		PA, QL(18 EA per 30 days)
QULIPTA	4		PA, QL(1 EA per 1 days)
UBRELVY	3		PA, QL(16 EA per 30 days)
Selective Serotonin Agonists			
almotriptan malate	2	AXERT	QL (16 per 28), PA
eletriptan hydrobromide	2	RELPAX	QL (16 per 28), PA
frovatriptan succinate	2	FROVA	QL (16 per 28), PA
naratriptan hcl	2	AMERGE	QL (16 per 28)
rizatriptan benzoate 10 mg Oral Tablet, 5 mg Oral Tablet	2	MAXALT	QL (16 per 28)
rizatriptan benzoate 10 mg tab disint, 5 mg tab disint	2	MAXALT MLT	QL (16 per 28)

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Drug Name	Drug Tier	Reference Name	Requirements/Limits[1]
sumatriptan 20 mg/act Nasal Solution, 5 mg/act Nasal Solution	2	IMITREX	QL (16 per 28)
sumatriptan succinate 100 mg Oral Tablet, 25 mg Oral Tablet, 50 mg Oral Tablet	2	IMITREX	QL (16 per 28)
sumatriptan succinate 6 mg/0.5ml Subcutaneous Solution	2	IMITREX	QL (8 per 28)
sumatriptan succinate 4 mg/0.5ml Subcutaneous Solution Auto-injector, 6 mg/0.5ml Subcutaneous Solution Auto-injector	2	IMITREX STATDOSE	QL (8 per 28)
sumatriptan succinate refill	2	IMITREX STATDOSE	QL (8 per 28)
sumatriptan-naproxen sodium	2	TREXIMET	QL (16 per 28), PA
zolmitriptan 2.5 mg Oral Tablet, 2.5 mg tab disint, 5 mg Oral Tablet, 5 mg tab disint	2	ZOMIG	QL (16 per 28)
zolmitriptan 2.5 mg Nasal Solution, 5 mg Nasal Solution	2	ZOMIG	QL (16 per 28), PA
ANTIMYCOBACTERIALS			
Antimycobacterials, Miscellaneous			
dapsone 100 mg Oral Tablet, 25 mg Oral Tablet	2		
Antituberculosis Agents			
cycloserine 250 mg Oral Capsule	2		
ethambutol hcl 100 mg Oral Tablet, 400 mg Oral Tablet	2	MYAMBUTOL	
isoniazid 100 mg Oral Tablet, 300 mg Oral Tablet	2		
isoniazid 50 mg/5ml Oral Syrup	2		
PASER	4		PA
pretomanid	3		PA, QL(1 EA per 1 days)
PRIFTIN	4		PA
pyrazinamide 500 mg Oral Tablet	2		
rifabutin	2	MYCOBUTIN	
rifampin 150 mg Oral Capsule, 300 mg Oral Capsule	2	RIFADIN	
TRECATOR	4		PA
ANTINEOPLASTIC AGENTS			
Antineoplastic Agents			
abiraterone acetate 500 mg Oral Tablet	0	ZYTIGA	SP, PA-NSO, QL(60 EA per 30 days)

[1]You can find information on what the symbols and abbreviations in this table mean by going to the introduction pages of this document

Drug Name	Drug Tier	Reference Name	Requirements/Limits[1]
abiraterone acetate 250 mg Oral Tablet	0	ZYTIGA	SP, PA-NSO, QL(120 EA per 30 days)
ABRAXANE	5		QL (34 days supply per fill), SP, PA
ADCETRIS	5		QL (34 days supply per fill), SP, PA
ALECENSA	0		SP, PA-NSO, QL(240 EA per 30 days)
ALIMTA	5		QL (34 days supply per fill), SP
ALIQOPA	5		QL (34 days supply per fill), SP, PA
ALUNBRIG 180 mg Oral Tablet, 90 & 180 mg Oral Tablet Therapy Pack, 90 mg Oral Tablet	0		SP, PA-NSO, QL(30 EA per 30 days)
ALUNBRIG 30 mg Oral Tablet	0		SP, PA-NSO, QL(60 EA per 30 days)
ARRANON	5		QL (34 days supply per fill), SP, PA
ARZERRA	5		QL (34 days supply per fill), SP, PA
ASPARLAS	5		QL (34 days supply per fill), SP
AVASTIN	5		QL (34 days supply per fill), SP
AYVAKIT	0		SP, PA-NSO, QL(30 EA per 30 days)
AZEDRA DOSIMETRIC	5		QL (34 days supply per fill), SP, PA
AZEDRA THERAPEUTIC	5		QL (34 days supply per fill), SP, PA
BALVERSA 5 mg Oral Tablet	0		SP, PA-NSO, QL(28 EA per 28 days)
BALVERSA 4 mg Oral Tablet	0		SP, PA-NSO, QL(56 EA per 28 days)
BALVERSA 3 mg Oral Tablet	0		SP, PA-NSO, QL(84 EA per 28 days)
BAVENCIO	5		QL (34 days supply per fill), SP, PA
BELEODAQ	5		QL (34 days supply per fill), SP, PA

[1]You can find information on what the symbols and abbreviations in this table mean by going to the introduction pages of this document

Drug Name	Drug Tier	Reference Name	Requirements/Limits[1]
BELRAPZO	5		QL (34 days supply per fill), SP
bendamustine hcl 100 mg Intravenous Solution Reconstituted, 25 mg Intravenous Solution Reconstituted	5		QL (34 days supply per fill), SP
BENDEKA	5		QL (34 days supply per fill), SP
BESPONSA	5		QL (34 days supply per fill), SP, PA
BESREMI	5		SP, PA-NSO, QL(2 ML per 28 days)
bexarotene 75 mg Oral Capsule	0	TARGRETIN	QL (34 days supply per fill), SP, PA
bicalutamide	0	CASODEX	QL(30 EA per 30 days)
BLENREP	5		QL (34 days supply per fill), SP
BLINCYTO	5		QL (34 days supply per fill), SP, PA
bortezomib 1 mg Injection Solution Reconstituted, 2.5 mg Injection Solution Reconstituted, 3.5 mg Intravenous Solution Reconstituted	5		QL (34 days supply per fill), SP, PA
bortezomib 3.5 mg/1.4ml Intravenous Solution	5		SP, QL (34 days supply per fill), PA
bortezomib 3.5 mg Injection Solution Reconstituted	5	VELCADE	QL (34 days supply per fill), SP, PA
BOSULIF 400 mg Oral Tablet, 500 mg Oral Tablet	0		SP, PA-NSO, QL(30 EA per 30 days)
BOSULIF 100 mg Oral Tablet	0		SP, PA-NSO, QL(90 EA per 30 days)
BRAFTOVI	0		SP, PA-NSO, QL(180 EA per 30 days)
BRUKINSA	0		SP, PA-NSO, QL(120 EA per 30 days)
CABOMETYX	0		SP, PA-NSO, QL(30 EA per 30 days)
CALQUENCE	0		SP, PA-NSO, QL(60 EA per 30 days)
capecitabine	0	XELODA	QL (34 days supply per fill), SP

[1]You can find information on what the symbols and abbreviations in this table mean by going to the introduction pages of this document

Drug Name	Drug Tier	Reference Name	Requirements/Limits[1]
CAPRELSA 300 mg Oral Tablet	0		SP, PA-NSO, QL(30 EA per 30 days)
CAPRELSA 100 mg Oral Tablet	0		SP, PA-NSO, QL(60 EA per 30 days)
clofarabine	5	CLOLAR	QL (34 days supply per fill), SP, PA
COLUMVI	5		SP, PA, QL(30 ML per 21 days)
COMETRIQ (100 MG DAILY DOSE)	0		SP, PA-NSO, QL(56 EA per 28 days)
COMETRIQ (140 MG DAILY DOSE)	0		SP, PA-NSO, QL(112 EA per 28 days)
COMETRIQ (60 MG DAILY DOSE)	0		SP, PA-NSO, QL(84 EA per 28 days)
COPIKTRA	0		SP, PA-NSO, QL(60 EA per 30 days)
COTELLIC	0		SP, PA-NSO, QL(90 EA per 30 days)
cyclophosphamide 25 mg Oral Capsule, 50 mg Oral Capsule	0		SP
CYRAMZA	5		QL (34 days supply per fill), SP, PA
DANYELZA	5		QL (34 days supply per fill), SP, PA
DARZALEX	5		QL (34 days supply per fill), SP, PA
DARZALEX FASPRO	5		SP, QL (28 days supply per fill), PA, QL(2.15 ML per 1 days)
DAURISMO 100 mg Oral Tablet	0		SP, PA-NSO, QL(30 EA per 30 days)
DAURISMO 25 mg Oral Tablet	0		SP, PA-NSO, QL(60 EA per 30 days)
decitabine	5	DACOGEN	QL (34 days supply per fill), SP
DROXIA	4		PA
ELAHERE	5		QL (34 days supply per fill), SP, PA
ELREXFIO	5		QL (34 days supply per fill), SP, PA
EMCYT	0		SP

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Drug Name	Drug Tier	Reference Name	Requirements/Limits[1]
EMPLICITI	5		QL (34 days supply per fill), SP, PA
ENHERTU	5		QL (34 days supply per fill), SP, PA
EPKINLY	5		QL (28 days supply per fill), SP, PA
ERBITUX	5		QL (34 days supply per fill), SP
ERIVEDGE	0		SP, PA-NSO, QL(30 EA per 30 days)
ERLEADA 240 mg Oral Tablet	0		SP, PA-NSO, QL(30 EA per 30 days)
ERLEADA 60 mg Oral Tablet	0		SP, PA-NSO, QL(120 EA per 30 days)
erlotinib hcl 100 mg Oral Tablet, 150 mg Oral Tablet	0	TARCEVA	SP, PA-NSO, QL(30 EA per 30 days)
erlotinib hcl 25 mg Oral Tablet	0	TARCEVA	SP, PA-NSO, QL(90 EA per 30 days)
etoposide 50 mg Oral Capsule	0		SP
everolimus 10 mg Oral Tablet, 2.5 mg Oral Tablet, 5 mg Oral Tablet, 7.5 mg Oral Tablet	0	AFINITOR	SP, PA-NSO, QL(28 EA per 28 days)
everolimus 2 mg Oral Tablet Soluble, 3 mg Oral Tablet Soluble, 5 mg Oral Tablet Soluble	0	AFINITOR DISPERZ	SP, PA-NSO, QL(28 EA per 28 days)
EXKIVITY	0		SP, PA-NSO, QL(120 EA per 30 days)
FARYDAK	0		SP, PA, QL(6 EA per 21 days)
flutamide	0	EULEXIN	
FOLOTYN	5		QL (34 days supply per fill), SP
FOTIVDA	0		SP, PA-NSO, QL(21 EA per 28 days)
fulvestrant 250 mg/5ml Intramuscular Solution Prefilled Syringe	5	FASLODEX	QL (34 days supply per fill), SP
FYARRO	5		SP, QL (34 days supply per fill), PA
GAVRETO	0		SP, PA-NSO, QL(120 EA per 30 days)

[1]You can find information on what the symbols and abbreviations in this table mean by going to the introduction pages of this document

Drug Name	Drug Tier	Reference Name	Requirements/Limits[1]
GAZYVA	5		QL (34 days supply per fill), SP, PA
gefitinib	0		SP, PA-NSO, QL(30 EA per 30 days)
GILOTRIF	0		SP, PA-NSO, QL(30 EA per 30 days)
GLEEVEC 400 mg Oral Tablet	0		SP, QL(60 EA per 30 days)
GLEEVEC 100 mg Oral Tablet	0		SP, QL(90 EA per 30 days)
GLEOSTINE	0		SP
HALAVEN	5		QL (34 days supply per fill), SP, PA
HERCEPTIN	5		QL (34 days supply per fill), SP, PA
HERCEPTIN HYLECTA	5		QL (34 days supply per fill), SP
HERZUMA	5		QL (34 days supply per fill), SP
HYCAMTIN 0.25 mg Oral Capsule, 1 mg Oral Capsule	0		QL (34 days supply per fill), SP
hydroxyurea 500 mg Oral Capsule	0	HYDREA	
IBRANCE	0		SP, PA-NSO, QL(21 EA per 28 days)
ICLUSIG	0		SP, PA-NSO, QL(30 EA per 30 days)
IDHIFA	0		SP, PA-NSO, QL(30 EA per 30 days)
imatinib mesylate 400 mg Oral Tablet	0	GLEEVEC	SP, QL(60 EA per 30 days)
imatinib mesylate 100 mg Oral Tablet	0	GLEEVEC	SP, QL(90 EA per 30 days)
IMBRUVICA 140 mg Oral Tablet, 280 mg Oral Tablet, 420 mg Oral Tablet, 560 mg Oral Tablet, 70 mg Oral Capsule	0		SP, PA-NSO, QL(28 EA per 28 days)
IMBRUVICA 140 mg Oral Capsule	0		SP, PA-NSO, QL(120 EA per 30 days)
IMBRUVICA 70 mg/ml Oral Suspension	0		SP, PA-NSO, QL(216 ML per 36 days)
IMFINZI	5		QL (34 days supply per fill), SP, PA

[1]You can find information on what the symbols and abbreviations in this table mean by going to the introduction pages of this document

Drug Name	Drug Tier	Reference Name	Requirements/Limits[1]
IMJUDO 300 mg/15ml Intravenous Solution	5		SP, PA, QL(15 ML per 180 days)
IMJUDO 25 mg/1.25ml Intravenous Solution	5		SP, PA, QL(375 ML per 180 days)
IMLYGIC	5		QL (34 days supply per fill), SP, PA
INLYTA 5 mg Oral Tablet	0		SP, PA-NSO, QL(120 EA per 30 days)
INLYTA 1 mg Oral Tablet	0		SP, PA-NSO, QL(180 EA per 30 days)
INQOVI	0		SP, PA-NSO, QL(5 EA per 28 days)
INREBIC	0		SP, PA, QL(120 EA per 30 days)
INTRON A 10000000 unit Injection Solution Reconstituted, 18000000 unit Injection Solution Reconstituted, 50000000 unit Injection Solution Reconstituted	5		QL (34 days supply per fill), SP
INTRON A 6000000 unit/ml Injection Solution	5		QL (34 days supply per fill), SP
IRESSA	0		SP, PA-NSO, QL(30 EA per 30 days)
ISTODAX	5		QL (34 days supply per fill), SP, PA
IXEMPRA KIT	5		QL (34 days supply per fill), SP, PA
JAKAFI	0		SP, PA, QL(60 EA per 30 days)
JAYPIRCA 50 mg Oral Tablet	0		SP, PA-NSO, QL(30 EA per 30 days)
JAYPIRCA 100 mg Oral Tablet	0		SP, PA-NSO, QL(60 EA per 30 days)
JELMYTO	5		SP, QL (Up to 17 doses per lifetime), PA
JEMPERLI	5		SP, QL (34 days supply per fill), PA
JEVTANA	5		QL (34 days supply per fill), SP, PA
KADCYLA	5		QL (34 days supply per fill), SP, PA

[1]You can find information on what the symbols and abbreviations in this table mean by going to the introduction pages of this document

Drug Name	Drug Tier	Reference Name	Requirements/Limits[1]
KANJINTI	5		QL (34 days supply per fill), SP
KEYTRUDA	5		QL (34 days supply per fill), SP, PA
KIMMTRAK	5		SP, QL (34 days supply per fill), PA
KISQALI (200 MG DOSE)	0		SP, PA-NSO, QL(21 EA per 28 days)
KISQALI (400 MG DOSE)	0		SP, PA-NSO, QL(42 EA per 28 days)
KISQALI (600 MG DOSE)	0		SP, PA-NSO, QL(63 EA per 28 days)
KOSELUGO 25 mg Oral Capsule	0		SP, PA-NSO, QL(120 EA per 30 days)
KOSELUGO 10 mg Oral Capsule	0		SP, PA-NSO, QL(240 EA per 30 days)
KRAZATI	0		SP, PA-NSO, QL(180 EA per 30 days)
KYPROLIS	5		QL (34 days supply per fill), SP, PA
lapatinib ditosylate	0	TYKERB	SP, PA-NSO, QL(180 EA per 30 days)
lenalidomide 20 mg Oral Capsule	0	REVLIMID	PA-NSO, QL(21 EA per 28 days)
lenalidomide 15 mg Oral Capsule, 25 mg Oral Capsule	0	REVLIMID	SP, PA-NSO, QL(21 EA per 28 days)
lenalidomide 2.5 mg Oral Capsule	0	REVLIMID	PA-NSO, QL(28 EA per 28 days)
lenalidomide 10 mg Oral Capsule, 5 mg Oral Capsule	0	REVLIMID	SP, PA-NSO, QL(28 EA per 28 days)
LENVIMA (10 MG DAILY DOSE)	0		SP, PA-NSO, QL(30 EA per 30 days)
LENVIMA (12 MG DAILY DOSE)	0		SP, PA-NSO, QL(90 EA per 30 days)
LENVIMA (14 MG DAILY DOSE)	0		SP, PA-NSO, QL(60 EA per 30 days)
LENVIMA (18 MG DAILY DOSE)	0		SP, PA-NSO, QL(90 EA per 30 days)
LENVIMA (20 MG DAILY DOSE)	0		SP, PA-NSO, QL(60 EA per 30 days)
LENVIMA (24 MG DAILY DOSE)	0		SP, PA-NSO, QL(90 EA per 30 days)

[1]You can find information on what the symbols and abbreviations in this table mean by going to the introduction pages of this document

Drug Name	Drug Tier	Reference Name	Requirements/Limits[1]
LENVIMA (4 MG DAILY DOSE)	0		SP, PA-NSO, QL(30 EA per 30 days)
LENVIMA (8 MG DAILY DOSE)	0		SP, PA-NSO, QL(60 EA per 30 days)
LEUKERAN	0		SP
LIBTAYO	5		QL (34 days supply per fill), SP, PA
LONSURF 20-8.19 mg Oral Tablet	0		SP, PA-NSO, QL(80 EA per 28 days)
LONSURF 15-6.14 mg Oral Tablet	0		SP, PA-NSO, QL(100 EA per 28 days)
LORBRENA 100 mg Oral Tablet	0		SP, PA-NSO, QL(30 EA per 30 days)
LORBRENA 25 mg Oral Tablet	0		SP, PA-NSO, QL(90 EA per 30 days)
LUMAKRAS 320 mg Oral Tablet	0		SP, PA-NSO, QL(90 EA per 30 days)
LUMAKRAS 120 mg Oral Tablet	0		SP, PA-NSO, QL(240 EA per 30 days)
LUMOXITI	5		QL (34 days supply per fill), SP, PA
LUNSUMIO	5		QL (34 days supply per fill), SP, PA
LUTATHERA	5		QL (34 days supply per fill), SP, PA
LYNPARZA	0		SP, PA, QL(120 EA per 30 days)
LYSODREN	0		QL (34 days supply per fill), SP
LYTGOBI (12 MG DAILY DOSE)	0		SP, PA-NSO, QL(84 EA per 28 days)
LYTGOBI (16 MG DAILY DOSE)	0		SP, PA-NSO, QL(112 EA per 28 days)
LYTGOBI (20 MG DAILY DOSE)	0		SP, PA-NSO, QL(140 EA per 28 days)
MARGENZA	5		SP, QL (34 days supply per fill), PA
MARQIBO	5		QL (34 days supply per fill), SP, PA
MATULANE	0		QL (34 days supply per fill), SP

[1]You can find information on what the symbols and abbreviations in this table mean by going to the introduction pages of this document

Drug Name	Drug Tier	Reference Name	Requirements/Limits[1]
MEKINIST 2 mg Oral Tablet	0		SP, PA, QL(30 EA per 30 days)
MEKINIST 0.5 mg Oral Tablet	0		SP, PA, QL(90 EA per 30 days)
MEKINIST 0.05 mg/ml Oral Solution Reconstituted	0		SP, PA, QL(1200 ML per 30 days)
MEKTOVI	0		SP, PA-NSO, QL(180 EA per 30 days)
melphalan	0	ALKERAN	
mercaptopurine 50 mg Oral Tablet	0	PURINETHOL	
methotrexate sodium 2.5 mg Oral Tablet	2		
methotrexate sodium 1000 mg/40ml Injection Solution, 250 mg/10ml Injection Solution, 50 mg/2ml Injection Solution	2		
methotrexate sodium (pf)	2		
mitomycin 20 mg Intravenous Solution Reconstituted, 40 mg Intravenous Solution Reconstituted, 5 mg Intravenous Solution Reconstituted	2	MUTAMYCIN	SP, QL (34 days supply per fill)
MONJUVI	5		QL (34 days supply per fill), SP, PA
MVASI	5		QL (34 days supply per fill), SP
MYLERAN	0		SP
MYLOTARG	5		QL (34 days supply per fill), SP, PA
nelarabine	5	ARRANON	SP, QL (34 days supply per fill), PA
NERLYNX	0		SP, PA, QL(180 EA per 30 days)
NEXAVAR	0		SP, PA-NSO, QL(120 EA per 30 days)
nilutamide	0	NILANDRON	SP
NINLARO	0		SP, PA-NSO, QL(3 EA per 28 days)
NUBEQA	0		SP, PA-NSO, QL(120 EA per 30 days)
ODOMZO	0		SP, PA-NSO, QL(30 EA per 30 days)

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Drug Name	Drug Tier	Reference Name	Requirements/Limits[1]
OGIVRI	5		QL (34 days supply per fill), SP
ONCASPAR	5		QL (34 days supply per fill), SP
ONIVYDE	5		QL (34 days supply per fill), SP, PA
ONTRUZANT	5		QL (34 days supply per fill), SP
ONUREG	0		SP, PA-NSO, QL(14 EA per 28 days)
OPDIVO 100 mg/10ml Intravenous Solution, 240 mg/24ml Intravenous Solution, 40 mg/4ml Intravenous Solution	5		QL (34 days supply per fill), SP, PA
OPDIVO 120 mg/12ml Intravenous Solution	5		SP, QL (34 days supply per fill), PA
OPDUALAG	5		SP, PA, QL(40 ML per 28 days)
ORSERDU 345 mg Oral Tablet	0		SP, PA-NSO, QL(30 EA per 30 days)
ORSERDU 86 mg Oral Tablet	0		SP, PA-NSO, QL(90 EA per 30 days)
oxaliplatin 100 mg Intravenous Solution Reconstituted, 50 mg Intravenous Solution Reconstituted	2	ELOXATIN	QL (34 days supply per fill), SP
oxaliplatin 100 mg/20ml Intravenous Solution, 200 mg/40ml Intravenous Solution, 50 mg/10ml Intravenous Solution	2	ELOXATIN	QL (34 days supply per fill), SP
paclitaxel protein-bound part	5	ABRAXANE	SP, QL (34 days supply per fill), PA
PADCEV	5		QL (34 days supply per fill), SP, PA
pazopanib hcl	0		PA-NSO, QL(120 EA per 30 days)
PEMAZYRE	0		SP, PA-NSO, QL(14 EA per 21 days)
pemetrexed	5		QL (34 days supply per fill), SP
pemetrexed disodium 1000 mg Intravenous Solution Reconstituted,	5		QL (34 days supply per fill), SP

[1]You can find information on what the symbols and abbreviations in this table mean by going to the introduction pages of this document

Drug Name	Drug Tier	Reference Name	Requirements/Limits[1]
750 mg Intravenous Solution Reconstituted			
pemetrexed disodium 1 gm/40ml Intravenous Solution, 100 mg/4ml Intravenous Solution, 500 mg/20ml Intravenous Solution, 850 mg/34ml Intravenous Solution	5		QL (34 days supply per fill), SP
pemetrexed disodium 100 mg Intravenous Solution Reconstituted, 500 mg Intravenous Solution Reconstituted	5	ALIMTA	QL (34 days supply per fill), SP
pemetrexed ditromethamine	5		QL (34 days supply per fill), SP
PEMFEXY	5		QL (34 days supply per fill), SP
PERJETA	5		QL (34 days supply per fill), SP
PHESGO	5		SP, QL (34 days supply per fill)
PIQRAY (200 MG DAILY DOSE)	0		SP, PA-NSO, QL(28 EA per 28 days)
PIQRAY (250 MG DAILY DOSE)	0		SP, PA-NSO, QL(56 EA per 28 days)
PIQRAY (300 MG DAILY DOSE)	0		SP, PA-NSO, QL(56 EA per 28 days)
PLUVICTO	5		QL (42 days supply per fill), SP, PA
POLIVY	5		QL (34 days supply per fill), SP, PA
POMALYST	0		SP, PA-NSO, QL(21 EA per 28 days)
PORTRAZZA	5		QL (34 days supply per fill), SP, PA
POTELIGEO	5		QL (34 days supply per fill), SP, PA
pralatrexate	5		QL (34 days supply per fill)
QINLOCK	0		SP, PA-NSO, QL(90 EA per 30 days)
RETEVMO 40 mg Oral Capsule	0		SP, PA-NSO, QL(60 EA per 30 days)

[1]You can find information on what the symbols and abbreviations in this table mean by going to the introduction pages of this document

Drug Name	Drug Tier	Reference Name	Requirements/Limits[1]
RETEVMO 80 mg Oral Capsule	0		SP, PA-NSO, QL(120 EA per 30 days)
REVLIMID 20 mg Oral Capsule	0		SP, PA-NSO, QL(21 EA per 28 days)
REVLIMID 2.5 mg Oral Capsule	0		SP, PA-NSO, QL(28 EA per 28 days)
REZLIDHIA	0		SP, PA-NSO, QL(30 EA per 30 days)
RIABNI	5		SP, QL (34 days supply per fill), PA
RITUXAN	5		QL (34 days supply per fill), SP, PA
RITUXAN HYCELA	5		QL (34 days supply per fill), SP, PA
romidepsin 27.5 mg/5.5ml Intravenous Solution	5		QL (34 days supply per fill), SP, PA
romidepsin 10 mg Intravenous Solution Reconstituted	5	ISTODAX (OVERFILL)	QL (34 days supply per fill), SP, PA
ROZLYTREK 100 mg Oral Capsule	0		SP, PA-NSO, QL(30 EA per 30 days)
ROZLYTREK 200 mg Oral Capsule	0		SP, PA-NSO, QL(90 EA per 30 days)
RUBRACA	0		SP, PA-NSO, QL(120 EA per 30 days)
RUXIENCE	5		SP, QL (34 days supply per fill), PA
RYBREVANT	5		SP, QL (34 days supply per fill), PA
RYDAPT	0		SP, PA-NSO, QL(224 EA per 28 days)
RYLAZE	5		SP, QL (34 days supply per fill), PA
SARCLISA	5		QL (34 days supply per fill), SP, PA
SCEMBLIX	0		SP, PA-NSO, QL(60 EA per 30 days)
SIKLOS	5		QL (34 days supply per fill), SP, PA
sorafenib tosylate	0	NEXAVAR	SP, PA-NSO, QL(120 EA per 30 days)
SPRYCEL 100 mg Oral Tablet, 140 mg Oral Tablet, 50 mg Oral Tablet,	0		SP, PA-NSO, QL(30 EA per 30 days)

[1]You can find information on what the symbols and abbreviations in this table mean by going to the introduction pages of this document

Drug Name	Drug Tier	Reference Name	Requirements/Limits[1]
70 mg Oral Tablet, 80 mg Oral Tablet			
SPRYCEL 20 mg Oral Tablet	0		SP, PA-NSO, QL(90 EA per 30 days)
STIVARGA	0		SP, PA-NSO, QL(84 EA per 28 days)
sunitinib malate	0	SUTENT	SP, PA-NSO, QL(28 EA per 28 days)
SYLVANT	5		QL (34 days supply per fill), SP, PA
SYNRIBO	5		QL (34 days supply per fill), SP, PA
TABLOID	0		SP, PA
TABRECTA	0		SP, PA-NSO, QL(120 EA per 30 days)
TAFINLAR 50 mg Oral Capsule, 75 mg Oral Capsule	0		SP, PA, QL(120 EA per 30 days)
TAFINLAR 10 mg Oral Tablet Soluble	0		SP, PA, QL(900 EA per 30 days)
TAGRISSO	0		SP, PA-NSO, QL(30 EA per 30 days)
TALVEY	5		QL (34 days supply per fill), SP, PA
TALZENNA 0.25 mg Oral Capsule, 0.5 mg Oral Capsule, 0.75 mg Oral Capsule, 1 mg Oral Capsule	0		SP, PA-NSO, QL(30 EA per 30 days)
TASIGNA 150 mg Oral Capsule, 200 mg Oral Capsule	0		SP, PA-NSO, QL(112 EA per 28 days)
TASIGNA 50 mg Oral Capsule	0		SP, PA-NSO, QL(120 EA per 30 days)
TAZVERIK	0		SP, PA-NSO, QL(240 EA per 30 days)
TECENTRIQ	5		QL (34 days supply per fill), SP, PA
TECVAYLI	5		QL (34 days supply per fill), SP, PA
temozolomide 100 mg Oral Capsule, 140 mg Oral Capsule, 180 mg Oral Capsule, 20 mg Oral Capsule, 250 mg Oral Capsule, 5 mg Oral Capsule	0	TEMODAR	QL (34 days supply per fill), SP

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Drug Name	Drug Tier	Reference Name	Requirements/Limits[1]
temsirolimus	5	TORISEL	QL (34 days supply per fill), SP, PA
TEPMETKO	0		SP, PA-NSO, QL(60 EA per 30 days)
thiotepa 100 mg Injection Solution Reconstituted	5	TEPADINA	QL (34 days supply per fill), SP, PA
TIBSOVO	0		SP, PA-NSO, QL(60 EA per 30 days)
TIVDAK	5		SP, QL (34 days supply per fill), PA
TRAZIMERA	5		QL (34 days supply per fill), SP
TREANDA	5		QL (34 days supply per fill), SP
tretinoin 10 mg Oral Capsule	0	VESANOID	SP
TREXALL	4		PA
TRISENOX	5		QL (34 days supply per fill), SP, PA
TRODELVY	5		QL (34 days supply per fill), SP, PA
TRUSELTIQ (100MG DAILY DOSE)	0		SP, PA-NSO, QL(21 EA per 28 days)
TRUSELTIQ (125MG DAILY DOSE)	0		SP, PA-NSO, QL(42 EA per 28 days)
TRUSELTIQ (50MG DAILY DOSE)	0		SP, PA-NSO, QL(42 EA per 28 days)
TRUSELTIQ (75MG DAILY DOSE)	0		SP, PA-NSO, QL(63 EA per 28 days)
TUKYSA	0		SP, PA-NSO, QL(120 EA per 30 days)
TURALIO	0		SP, PA-NSO, QL(120 EA per 30 days)
UKONIQ	0		SP, PA-NSO, QL(120 EA per 30 days)
UNITUXIN	5		QL (34 days supply per fill), SP, PA
VECTIBIX	5		QL (34 days supply per fill), SP, PA
VELCADE	5		QL (34 days supply per fill), SP, PA
VENCLEXTA 50 mg Oral Tablet	0		SP, PA-NSO, QL(30 EA per 30 days)

[1]You can find information on what the symbols and abbreviations in this table mean by going to the introduction pages of this document

Drug Name	Drug Tier	Reference Name	Requirements/Limits[1]
VENCLEXTA 10 mg Oral Tablet	0		SP, PA-NSO, QL(60 EA per 30 days)
VENCLEXTA 100 mg Oral Tablet	0		SP, PA-NSO, QL(180 EA per 30 days)
VENCLEXTA STARTING PACK	0		SP, PA-NSO, QL(42 EA per 28 days)
VERZENIO	0		SP, PA, QL(56 EA per 28 days)
VITRAKVI 100 mg Oral Capsule	0		SP, PA-NSO, QL(60 EA per 30 days)
VITRAKVI 25 mg Oral Capsule	0		SP, PA-NSO, QL(180 EA per 30 days)
VITRAKVI 20 mg/ml Oral Solution	0		SP, PA-NSO, QL(300 ML per 30 days)
vivimusta	5		QL (34 days supply per fill), SP
VIZIMPRO	0		SP, PA-NSO, QL(30 EA per 30 days)
VONJO	0		SP, PA, QL(120 EA per 30 days)
VOTRIENT	0		SP, PA-NSO, QL(120 EA per 30 days)
VYXEOS	5		QL (34 days supply per fill), SP, PA
WELIREG	0		SP, PA-NSO, QL(90 EA per 30 days)
XALKORI	0		SP, PA-NSO, QL(120 EA per 30 days)
XATMEP	0		PA
XOSPATA	0		QL (34 days supply per fill), SP, PA-NSO
XPOVIO (100 MG ONCE WEEKLY)	0		SP, PA-NSO, QL(8 EA per 28 days)
XPOVIO (40 MG ONCE WEEKLY)	0		SP, PA-NSO, QL(4 EA per 28 days)
XPOVIO (40 MG TWICE WEEKLY)	0		SP, PA-NSO, QL(8 EA per 28 days)
XPOVIO (60 MG ONCE WEEKLY)	0		SP, PA-NSO, QL(4 EA per 28 days)
XPOVIO (60 MG TWICE WEEKLY)	0		SP, PA-NSO, QL(24 EA per 28 days)

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Drug Name	Drug Tier	Reference Name	Requirements/Limits[1]
XPOVIO (80 MG ONCE WEEKLY)	0		SP, PA-NSO, QL(8 EA per 28 days)
XPOVIO (80 MG TWICE WEEKLY)	0		SP, PA-NSO, QL(32 EA per 28 days)
XTANDI 80 mg Oral Tablet	0		SP, PA-NSO, QL(60 EA per 30 days)
XTANDI 40 mg Oral Capsule, 40 mg Oral Tablet	0		SP, PA-NSO, QL(120 EA per 30 days)
YERVOY	5		QL (34 days supply per fill), SP, PA
YONDELIS	5		QL (34 days supply per fill), SP, PA
YONSA	0		SP, PA-NSO, QL(120 EA per 30 days)
ZALTRAP	5		QL (34 days supply per fill), SP, PA
ZEJULA 100 mg Oral Tablet, 200 mg Oral Tablet, 300 mg Oral Tablet	0		SP, PA-NSO, QL(30 EA per 30 days)
ZEJULA 100 mg Oral Capsule	0		SP, PA-NSO, QL(90 EA per 30 days)
ZELBORAF	0		SP, PA-NSO, QL(240 EA per 30 days)
ZEPZELCA	5		QL (34 days supply per fill), SP, PA
ZEVALIN Y-90	5		QL (34 days supply per fill), SP, PA
ZOLINZA	0		SP, PA-NSO, QL(120 EA per 30 days)
ZYDELIG	0		SP, PA-NSO, QL(60 EA per 30 days)
ZYKADIA	0		SP, PA-NSO, QL(84 EA per 28 days)
ZYNLONTA	5		SP, QL (34 days supply per fill), PA
ZYNYZ	5		SP, PA, QL(20 ML per 28 days)
ANTIPARKINSONIAN AGENTS			
Adamantanes			
amantadine hcl 50 mg/5ml Oral Solution	2		
amantadine hcl 100 mg Oral Capsule, 100 mg Oral Tablet	2	SYMMETREL	

[1]You can find information on what the symbols and abbreviations in this table mean by going to the introduction pages of this document

Drug Name	Drug Tier	Reference Name	Requirements/Limits[1]
Anticholinergic Agents			
benztropine mesylate 0.5 mg Oral Tablet, 1 mg Oral Tablet, 2 mg Oral Tablet	1	COGENTIN	
trihexyphenidyl hcl 0.4 mg/ml Oral Solution	2		
trihexyphenidyl hcl 2 mg Oral Tablet, 5 mg Oral Tablet	2	ARTANE	
Comt Inhibitors			
entacapone	2	COMTAN	
ONGENTYS	4		QL(1 EA per 1 days), ST
tolcapone	2	TASMAR	ST
Dopamine Precursors			
carbidopa 25 mg Oral Tablet	2	LODOSYN	
carbidopa-levodopa 10-100 mg tab disint, 25-100 mg tab disint, 25-250 mg tab disint	2	PARCOPA	
carbidopa-levodopa 10-100 mg Oral Tablet, 25-100 mg Oral Tablet, 25-250 mg Oral Tablet	2	SINEMET	
carbidopa-levodopa er 25-100 mg Oral Tablet Extended Release, 50-200 mg Oral Tablet Extended Release	2	SINEMET CR	
carbidopa-levodopa-entacapone 12.5-50-200 mg Oral Tablet, 18.75-75-200 mg Oral Tablet, 25-100-200 mg Oral Tablet, 31.25-125-200 mg Oral Tablet, 37.5-150-200 mg Oral Tablet, 50-200-200 mg Oral Tablet	2	STALEVO	
INBRIJA	5		SP, QL(300 EA per 30 days)
Dopamine Receptor Agonists			
apomorphine hcl 30 mg/3ml Subcutaneous Solution Cartridge	2	APOKYN	SP, QL (34 days supply per fill), ST
bromocriptine mesylate 2.5 mg Oral Tablet, 5 mg Oral Capsule	2	PARLODEL	
cabergoline	2	DOSTINEX	
KYNMOBI	5		SP, QL(150 EA per 30 days)

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Drug Name	Drug Tier	Reference Name	Requirements/Limits[1]
KYNMOBI TITRATION KIT	5		SP, QL(150 EA per 30 days)
pramipexole dihydrochloride	2	MIRAPEX	
pramipexole dihydrochloride er	2	MIRAPEX ER	PA
ropinirole hcl	2	REQUIP	
ropinirole hcl er	2	REQUIP XL	
Monoamine Oxidase B Inhibitors			
EMSAM	4		PA
rasagiline mesylate 0.5 mg Oral Tablet, 1 mg Oral Tablet	2	AZILECT	
selegiline hcl 5 mg Oral Tablet	2		
selegiline hcl 5 mg Oral Capsule	2	ELDEPRYL	
ZELAPAR	4		PA
ANTIPROTOZOALS			
Antimalarials			
artesunate	5		SP, QL (34 days supply per fill)
atovaquone-proguanil hcl	2	MALARONE	
chloroquine phosphate 250 mg Oral Tablet	2		
chloroquine phosphate 500 mg Oral Tablet	2	ARALEN	
COARTEM	4		PA
hydroxychloroquine sulfate 200 mg Oral Tablet	2	PLAQUENIL	
KRINTAFEL	4		QL(2 EA per 180 days)
mefloquine hcl	2		
primaquine phosphate	4		QL(14 EA per 180 days)
pyrimethamine 25 mg Oral Tablet	5	DARAPRIM	QL (34 days supply per fill), SP, PA
quinine sulfate 324 mg Oral Capsule	2	QUALAQUIN	PA
Antiprotozoals, Miscellaneous			
ALINIA 100 mg/5ml Oral Suspension Reconstituted	3		
atovaquone	2	MEPRON	
metronidazole 250 mg Oral Tablet, 375 mg Oral Capsule, 500 mg Oral Tablet	2	FLAGYL	
nitazoxanide 500 mg Oral Tablet	2	ALINIA	

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Drug Name	Drug Tier	Reference Name	Requirements/Limits[1]
pentamidine isethionate 300 mg Inhalation Solution Reconstituted	2	NEBUPENT	
tinidazole 250 mg Oral Tablet, 500 mg Oral Tablet	2	TINDAMAX	
ANTIPRURITICS AND LOCAL ANESTHETICS			
Antipruritics And Local Anesthetics			
doxepin hcl 5 % External Cream	2	PRUDOXIN	PA
FIRST-MOUTHWASH BLM	4		
GLYDO	2		
hydrocortisone ace-pramoxine 1-1 % External Cream	2	ANALPRAM HC	
hydrocort-pramoxine (perianal) 2.5-1 % External Cream	2	ANALPRAM HC	
lidocaine 5 % External Ointment	2		
lidocaine 5 % External Patch	2	LIDODERM	PA
lidocaine hcl 4 % External Solution	2	XYLOCAINE	
lidocaine hcl urethral/mucosal 2 % External Prefilled Syringe	2	GLYDO	
lidocaine hcl urethral/mucosal 2 % External Gel	2	XYLOCAINE	
lidocaine-hydrocort (perianal)	2	ANAMANTLE HC	
lidocaine-hydrocortisone ace 3-0.5 % Rectal Kit, 3-1 % Rectal Kit, 3-2.5 % Rectal Kit	2	ANAMANTLE HC	
lidocaine-hydrocortisone ace 2-2 % Rectal Kit	2	PERANEX HC	
lidocaine-prilocaine 2.5-2.5 % External Cream	2	EMLA	
LIDOCORT	2		
lidopac	2		
LIDOTREX (ALOE VERA)	2		
prilovixil	2		
SYNERA	4		PA
ANTISENSE OLIGONUCLEOTIDES			
Antisense Oligonucleotides			
amondys 45	5		SP, QL (28 days supply per fill), PA
EXONDYS 51	5		QL (34 days supply per fill), SP, PA
SPINRAZA	5		QL (120 days supply per fill), SP, PA

[1]You can find information on what the symbols and abbreviations in this table mean by going to the introduction pages of this document

Drug Name	Drug Tier	Reference Name	Requirements/Limits[1]
TEGSEDI	5		SP, PA, QL(6 ML per 28 days)
VILTEPSO	5		QL (34 days supply per fill), SP, PA
VYONDYS 53	5		QL (34 days supply per fill), SP, PA
ANTITHROMBOTIC AGENTS			
Anticoagulants			
ELIQUIS 2.5 mg Oral Tablet	3		QL(2 EA per 1 days)
ELIQUIS 5 mg Oral Tablet	3		QL(4 EA per 1 days)
ELIQUIS DVT/PE STARTER PACK	3		QL(74 EA per 30 days)
enoxaparin sodium 30 mg/0.3ml Injection Solution Prefilled Syringe	2	LOVENOX	QL(18 ML per 30 days)
enoxaparin sodium 40 mg/0.4ml Injection Solution Prefilled Syringe	2	LOVENOX	QL(24 ML per 30 days)
enoxaparin sodium 60 mg/0.6ml Injection Solution Prefilled Syringe	2	LOVENOX	QL(36 ML per 30 days)
enoxaparin sodium 120 mg/0.8ml Injection Solution Prefilled Syringe, 80 mg/0.8ml Injection Solution Prefilled Syringe	2	LOVENOX	QL(48 ML per 30 days)
enoxaparin sodium 100 mg/ml Injection Solution Prefilled Syringe, 150 mg/ml Injection Solution Prefilled Syringe	2	LOVENOX	QL(60 ML per 30 days)
fondaparinux sodium 5 mg/0.4ml Subcutaneous Solution	5	ARIXTRA	QL(11.2 ML per 28 days)
fondaparinux sodium 2.5 mg/0.5ml Subcutaneous Solution	5	ARIXTRA	QL(14 ML per 28 days)
fondaparinux sodium 7.5 mg/0.6ml Subcutaneous Solution	5	ARIXTRA	QL(16.8 ML per 28 days)
fondaparinux sodium 10 mg/0.8ml Subcutaneous Solution	5	ARIXTRA	QL(22.4 ML per 28 days)
FRAGMIN 10000 unit/ml Subcutaneous Solution Prefilled Syringe, 95000 unit/3.8ml Subcutaneous Solution	5		QL (34 days supply per fill), PA
FRAGMIN 12500 unit/0.5ml Subcutaneous Solution Prefilled Syringe, 15000 unit/0.6ml Subcutaneous Solution Prefilled Syringe, 18000 unt/0.72ml	5		QL (34 days supply per fill), SP, PA

[1]You can find information on what the symbols and abbreviations in this table mean by going to the introduction pages of this document

Drug Name	Drug Tier	Reference Name	Requirements/Limits[1]
Subcutaneous Solution Prefilled Syringe, 2500 unit/0.2ml Subcutaneous Solution Prefilled Syringe, 5000 unit/0.2ml Subcutaneous Solution Prefilled Syringe, 7500 unit/0.3ml Subcutaneous Solution Prefilled Syringe			
heparin sodium (porcine) 1000 unit/ml Injection Solution, 10000 unit/ml Injection Solution, 20000 unit/ml Injection Solution, 5000 unit/0.5ml Injection Solution Prefilled Syringe, 5000 unit/ml Injection Solution	2		
heparin sodium (porcine) pf	2		
JANTOVEN	2		
warfarin sodium 1 mg Oral Tablet, 10 mg Oral Tablet, 2 mg Oral Tablet, 2.5 mg Oral Tablet, 3 mg Oral Tablet, 4 mg Oral Tablet, 5 mg Oral Tablet, 6 mg Oral Tablet, 7.5 mg Oral Tablet	1	COUMADIN	
XARELTO 10 mg Oral Tablet, 20 mg Oral Tablet	3		QL(1 EA per 1 days)
XARELTO 15 mg Oral Tablet, 2.5 mg Oral Tablet	3		QL(2 EA per 1 days)
XARELTO 1 mg/ml Oral Suspension Reconstituted	3		QL(20 ML per 1 days)
XARELTO STARTER PACK	3		QL(51 EA per 30 days)
Antithrombotic Agents, Misc			
CABLIVI	5		SP, PA, QL(30 EA per 30 days)
Platelet-aggregation Inhibitors			
aspirin-dipyridamole er	2	AGGRENOX	
BRILINTA	4		
cilostazol	2	PLETAL	
clopidogrel bisulfate 300 mg Oral Tablet, 75 mg Oral Tablet	2	PLAVIX	
prasugrel hcl	2	EFFIENT	
ZONTIVITY	4		PA
Platelet-reducing Agents			

[1]You can find information on what the symbols and abbreviations in this table mean by going to the introduction pages of this document

Drug Name	Drug Tier	Reference Name	Requirements/Limits[1]
anagrelide hcl 1 mg Oral Capsule	2	AGRYLIN	
anagrelide hcl 0.5 mg Oral Capsule	2	AGRYLIN	SP
ANTITOXINS AND IMMUNE GLOBULINS			
Antitoxins And Immune Globulins			
ASCENIV	5		QL (34 days supply per fill), SP, PA
BIVIGAM	5		QL (34 days supply per fill), SP, PA
CUTAQUIG	5		QL (34 days supply per fill), SP, PA
CUVITRU	5		QL (34 days supply per fill), SP, PA
CYTOGAM	5		QL (34 days supply per fill), SP
FLEBOGAMMA DIF	4		QL (34 days supply per fill), SP, PA
GAMASTAN	5		QL (34 days supply per fill), SP
GAMMAGARD	5		QL (34 days supply per fill), SP, PA
GAMMAGARD S/D LESS IGA	5		QL (34 days supply per fill), SP, PA
GAMMAKED	5		QL (34 days supply per fill), SP, PA
GAMMAPLEX	5		QL (34 days supply per fill), SP, PA
GAMUNEX-C	5		QL (34 days supply per fill), SP, PA
HIZENTRA	5		QL (34 days supply per fill), SP, PA
HYQVIA	5		QL (34 days supply per fill), SP, PA
OCTAGAM	5		QL (34 days supply per fill), SP, PA
PANZYGA	5		QL (34 days supply per fill), SP, PA
PRIVIGEN	5		QL (34 days supply per fill), SP, PA
RHOGAM ULTRA-FILTERED PLUS	3		QL (34 days supply per fill), SP
RHOPHYLAC	3		QL (34 days supply per fill), SP

[1]You can find information on what the symbols and abbreviations in this table mean by going to the introduction pages of this document

Drug Name	Drug Tier	Reference Name	Requirements/Limits[1]
WINRHO SDF	5		QL (34 days supply per fill), SP
XEMBIFY	5		QL (34 days supply per fill), SP, PA
ZINPLAVA	5		QL (34 days supply per fill), SP, PA
ANTITUSSIVES			
Antitussives			
benzonatate 100 mg Oral Capsule, 200 mg Oral Capsule	2	TESSALON	
benzonatate 150 mg Oral Capsule	2	ZONATUSS	
coditussin ac	2		
g tussin ac	2		
glenmax peb dm	2		
guaiatussin ac	2		
guaifenesin ac	2		
guaifenesin-codeine 100-10 mg/5ml Oral Solution	2		
hydrocod poli-chlorphe poli er 10-8 mg/5ml Oral Suspension Extended Release	2	TUSSIONEX PENNKINETIC ER	
hydrocodone bit-homatrop mbr 5-1.5 mg Oral Tablet	2	HYCODAN	
hydrocodone bit-homatrop mbr 5-1.5 mg/5ml Oral Solution	2	HYCODAN	
hydromet	2	HYCODAN	
lohist-dm	2		
maxi-tuss ac	2		
NINJACOF-XG	2		
promethazine vc/codeine	2		
promethazine-codeine	2		
promethazine-dm	2		
promethazine-phenyleph-codeine	2		
pseudoeph-bromphen-dm 30-2-10 mg/5ml Oral Syrup	2		
virtussin a/c	2		
virtussin ac w/alc	2		
ANTIULCER AGENTS AND ACID SUPPRESSANTS			
Histamine H2-antagonists			
cimetidine 200 mg Oral Tablet, 300 mg Oral Tablet, 400 mg Oral Tablet, 800 mg Oral Tablet	2	TAGAMET	

[1]You can find information on what the symbols and abbreviations in this table mean by going to the introduction pages of this document

Drug Name	Drug Tier	Reference Name	Requirements/Limits[1]
cimetidine hcl 300 mg/5ml Oral Solution	2	TAGAMET	
famotidine 20 mg Oral Tablet, 40 mg Oral Tablet	1	PEPCID	
famotidine 40 mg/5ml Oral Suspension Reconstituted	2	PEPCID	
nizatidine 150 mg Oral Capsule, 300 mg Oral Capsule	2	AXID	
nizatidine 15 mg/ml Oral Solution	2	AXID	
Prostaglandins			
misoprostol 100 mcg Oral Tablet, 200 mcg Oral Tablet	2	CYTOTEC	
Protectants			
sucralfate 1 gm Oral Tablet	2	CARAFATE	
sucralfate 1 gm/10ml Oral Suspension	2	CARAFATE	
Proton-pump Inhibitors			
ACIPHEX SPRINKLE 5 mg Oral Capsule Sprinkle	4		PA
DEXILANT	4		ST
dexlansoprazole 30 mg Oral Capsule Delayed Release	2		QL(1 EA per 1 days), ST
dexlansoprazole 60 mg Oral Capsule Delayed Release	2	DEXILANT	QL(1 EA per 1 days), ST
esomeprazole magnesium 20 mg Oral Capsule Delayed Release, 40 mg Oral Capsule Delayed Release	2	NEXIUM	
esomeprazole magnesium 10 mg Oral Packet, 20 mg Oral Packet, 40 mg Oral Packet	2	NEXIUM	PA
lansoprazole 15 mg Oral Capsule Delayed Release, 30 mg Oral Capsule Delayed Release	2	PREVACID	
lansoprazole 15 mg Oral Tablet Delayed Release Disintegrating, 30 mg Oral Tablet Delayed Release Disintegrating	2	PREVACID SOLUTAB	
NEXIUM 2.5 mg Oral Packet, 5 mg Oral Packet	4		PA
omeprazole 10 mg Oral Capsule Delayed Release, 20 mg Oral	2	PRILOSEC	

[1]You can find information on what the symbols and abbreviations in this table mean by going to the introduction pages of this document

Drug Name	Drug Tier	Reference Name	Requirements/Limits[1]
Capsule Delayed Release, 40 mg Oral Capsule Delayed Release			
omeprazole-sodium bicarbonate 20-1100 mg Oral Capsule, 20-1680 mg Oral Packet, 40-1100 mg Oral Capsule, 40-1680 mg Oral Packet	2	ZEGERID	ST
pantoprazole sodium 20 mg Oral Tablet Delayed Release, 40 mg Oral Tablet Delayed Release	2	PROTONIX	
pantoprazole sodium 40 mg Oral Packet	2	PROTONIX	PA
rabeprazole sodium 20 mg Oral Tablet Delayed Release	2	ACIPHEX	
rabeprazole sodium 10 mg Oral Capsule Sprinkle	2	ACIPHEX SPRINKLE	PA
ANTIVIRALS			
Adamantanes			
rimantadine hcl	2	FLUMADINE	
Antiretrovirals			
abacavir sulfate 300 mg Oral Tablet	2	ZIAGEN	QL(2 EA per 1 days)
abacavir sulfate 20 mg/ml Oral Solution	2	ZIAGEN	QL(30 ML per 1 days)
abacavir sulfate-lamivudine	2	EPZICOM	QL(1 EA per 1 days)
APRETUDE	0		SP, $0 copay for pre-exposure prophylaxis, QL(21 ML per 365 days)
APTIVUS	3		QL(4 EA per 1 days)
atazanavir sulfate 300 mg Oral Capsule	2	REYATAZ	QL(1 EA per 1 days)
atazanavir sulfate 150 mg Oral Capsule, 200 mg Oral Capsule	2	REYATAZ	QL(2 EA per 1 days)
BIKTARVY	3		QL(1 EA per 1 days)
cabenuva 400 & 600 mg/2ml Intramuscular Suspension Extended Release	3		QL(1 ML per 180 days)
cabenuva 600 & 900 mg/3ml Intramuscular Suspension Extended Release	3		QL(6 ML per 28 days)
COMPLERA	3		QL(1 EA per 1 days)
darunavir 800 mg Oral Tablet	2		QL(1 EA per 1 days)
darunavir 600 mg Oral Tablet	2		QL(2 EA per 1 days)

[1]You can find information on what the symbols and abbreviations in this table mean by going to the introduction pages of this document

Drug Name	Drug Tier	Reference Name	Requirements/Limits[1]
DELSTRIGO	3		QL(1 EA per 1 days)
DESCOVY 200-25 mg Oral Tablet	3		$0 Copay for pre-exposure prophylaxis, QL(1 EA per 1 days)
DESCOVY 120-15 mg Oral Tablet	3		QL(1 EA per 1 days)
DOVATO	3		QL(1 EA per 1 days)
EDURANT	3		QL(2 EA per 1 days)
efavirenz 600 mg Oral Tablet	2	SUSTIVA	QL(1 EA per 1 days)
efavirenz 200 mg Oral Capsule	2	SUSTIVA	QL(2 EA per 1 days)
efavirenz 50 mg Oral Capsule	2	SUSTIVA	QL(3 EA per 1 days)
efavirenz-emtricitab-tenofo df	2	ATRIPLA	QL(1 EA per 1 days)
efavirenz-lamivudine-tenofovir	2	SYMFI	QL(1 EA per 1 days)
emtricitabine 200 mg Oral Capsule	2	EMTRIVA	QL(1 EA per 1 days)
emtricitabine-tenofovir df 200-300 mg Oral Tablet	2	TRUVADA	$0 Copay for pre-exposure prophylaxis, QL(1 EA per 1 days)
emtricitabine-tenofovir df 100-150 mg Oral Tablet, 133-200 mg Oral Tablet, 167-250 mg Oral Tablet	2	TRUVADA	QL(1 EA per 1 days)
EMTRIVA 10 mg/ml Oral Solution	3		QL(24 ML per 1 days)
EPIVIR HBV 5 mg/ml Oral Solution	3		QL(20 ML per 1 days)
etravirine 100 mg Oral Tablet, 200 mg Oral Tablet	2	INTELENCE	QL(2 EA per 1 days)
EVOTAZ	3		QL(1 EA per 1 days)
fosamprenavir calcium 700 mg Oral Tablet	2	LEXIVA	QL(4 EA per 1 days)
FUZEON	3		QL(2 EA per 1 days)
GENVOYA	3		QL(1 EA per 1 days)
INTELENCE 25 mg Oral Tablet	3		QL(4 EA per 1 days)
INVIRASE	3		QL(4 EA per 1 days)
ISENTRESS 100 mg Oral Packet	3		QL(2 EA per 1 days)
ISENTRESS 400 mg Oral Tablet	3		QL(4 EA per 1 days)
ISENTRESS 100 mg Oral Tablet Chewable, 25 mg Oral Tablet Chewable	3		QL(6 EA per 1 days)
ISENTRESS HD	3		QL(2 EA per 1 days)
JULUCA	3		QL(1 EA per 1 days)
lamivudine 300 mg Oral Tablet	2	EPIVIR	QL(1 EA per 1 days)
lamivudine 150 mg Oral Tablet	2	EPIVIR	QL(2 EA per 1 days)
lamivudine 10 mg/ml Oral Solution	2	EPIVIR	QL(30 ML per 1 days)
lamivudine 100 mg Oral Tablet	2	EPIVIR HBV	QL(1 EA per 1 days)
lamivudine-zidovudine	2	COMBIVIR	QL(2 EA per 1 days)

[1]You can find information on what the symbols and abbreviations in this table mean by going to the introduction pages of this document

Drug Name	Drug Tier	Reference Name	Requirements/Limits[1]
LEXIVA 50 mg/ml Oral Suspension	3		QL(56 ML per 1 days)
lopinavir-ritonavir 200-50 mg Oral Tablet	2	KALETRA	QL(4 EA per 1 days)
lopinavir-ritonavir 100-25 mg Oral Tablet	2	KALETRA	QL(8 EA per 1 days)
lopinavir-ritonavir 400-100 mg/5ml Oral Solution	2	KALETRA	QL(14 ML per 1 days)
maraviroc 150 mg Oral Tablet	2	SELZENTRY	QL(2 EA per 1 days)
maraviroc 300 mg Oral Tablet	2	SELZENTRY	QL(4 EA per 1 days)
nevirapine 200 mg Oral Tablet	2	VIRAMUNE	QL(2 EA per 1 days)
nevirapine 50 mg/5ml Oral Suspension	2	VIRAMUNE	QL(40 ML per 1 days)
nevirapine er 400 mg Oral Tablet Extended Release 24 Hour	2	VIRAMUNE XR	QL(1 EA per 1 days)
nevirapine er 100 mg Oral Tablet Extended Release 24 Hour	2	VIRAMUNE XR	QL(3 EA per 1 days)
NORVIR 100 mg Oral Packet	3		QL(12 EA per 1 days)
NORVIR 80 mg/ml Oral Solution	3		QL(16 ML per 1 days)
ODEFSEY	3		QL(1 EA per 1 days)
PIFELTRO	3		QL(2 EA per 1 days)
PREZCOBIX	3		QL(1 EA per 1 days)
PREZISTA 800 mg Oral Tablet	3		QL(1 EA per 1 days)
PREZISTA 600 mg Oral Tablet, 75 mg Oral Tablet	3		QL(2 EA per 1 days)
PREZISTA 150 mg Oral Tablet	3		QL(6 EA per 1 days)
PREZISTA 100 mg/ml Oral Suspension	3		QL(13.34 ML per 1 days)
REYATAZ 50 mg Oral Packet	3		QL(6 EA per 1 days)
ritonavir 100 mg Oral Tablet	2	NORVIR	QL(12 EA per 1 days)
RUKOBIA	3		QL(2 EA per 1 days)
SELZENTRY 75 mg Oral Tablet	3		QL(2 EA per 1 days)
SELZENTRY 25 mg Oral Tablet	3		QL(8 EA per 1 days)
SELZENTRY 20 mg/ml Oral Solution	3		QL(60 ML per 1 days)
stavudine	2	ZERIT	QL(2 EA per 1 days)
STRIBILD	3		QL(1 EA per 1 days)
SUNLENCA 4 x 300 mg Oral Tablet Therapy Pack	3		SP, QL(4 EA per 180 days)
SUNLENCA 5 x 300 mg Oral Tablet Therapy Pack	3		SP, QL(5 EA per 180 days)
SUNLENCA 463.5 mg/1.5ml Subcutaneous Solution	5		SP, QL(3 ML per 180 days)

[1]You can find information on what the symbols and abbreviations in this table mean by going to the introduction pages of this document

Drug Name	Drug Tier	Reference Name	Requirements/Limits[1]
SYMTUZA	3		QL(1 EA per 1 days)
tenofovir disoproxil fumarate 300 mg Oral Tablet	2	VIREAD	QL(1 EA per 1 days)
TIVICAY 25 mg Oral Tablet, 50 mg Oral Tablet	3		QL(2 EA per 1 days)
TIVICAY 10 mg Oral Tablet	3		QL(8 EA per 1 days)
TIVICAY PD	3		QL(12 EA per 1 days)
TRIUMEQ	3		QL(1 EA per 1 days)
TRIUMEQ PD	3		QL(6 EA per 1 days)
TRIZIVIR	3		QL(2 EA per 1 days)
VIRACEPT 625 mg Oral Tablet	3		QL(4 EA per 1 days)
VIRACEPT 250 mg Oral Tablet	3		QL(9 EA per 1 days)
VIREAD 150 mg Oral Tablet, 200 mg Oral Tablet, 250 mg Oral Tablet	3		QL(1 EA per 1 days)
VIREAD 40 mg/gm Oral Powder	3		QL(8 GM per 1 days)
vocabria	3		$0 copay for pre-exposure prophylaxis, QL(1 EA per 1 days)
zidovudine 300 mg Oral Tablet	2	RETROVIR	QL(2 EA per 1 days)
zidovudine 100 mg Oral Capsule	2	RETROVIR	QL(6 EA per 1 days)
zidovudine 50 mg/5ml Oral Syrup	2	RETROVIR	QL(6 ML per 1 days)
Antivirals, Miscellaneous			
LIVTENCITY	5		SP, PA, QL(112 EA per 28 days)
PREVYMIS 240 mg Oral Tablet, 480 mg Oral Tablet	5		PA, QL(1 EA per 1 days)
XOFLUZA (40 MG DOSE) 1 x 40 mg Oral Tablet Therapy Pack	4		2 fills of Tamiflu, Relenza, or Xofluza per season, QL(2 EA per 180 days)
XOFLUZA (40 MG DOSE) 2 x 20 mg Oral Tablet Therapy Pack	4		2 fills of Tamiflu, Relenza, or Xofluza per season, QL(4 EA per 180 days)
XOFLUZA (80 MG DOSE) 1 x 80 mg Oral Tablet Therapy Pack	4		2 fills of Tamiflu, Relenza, or Xofluza per season, QL(2 EA per 180 days)
XOFLUZA (80 MG DOSE) 2 x 40 mg Oral Tablet Therapy Pack	4		2 fills of Tamiflu, Relenza, or Xofluza per season, QL(4 EA per 180 days)

[1]You can find information on what the symbols and abbreviations in this table mean by going to the introduction pages of this document

Drug Name	Drug Tier	Reference Name	Requirements/Limits[1]
Hcv Antivirals			
HARVONI 33.75-150 mg Oral Packet, 45-200 mg Oral Tablet	5		SP, PA, QL(28 EA per 28 days)
HARVONI 45-200 mg Oral Packet	5		SP, PA, QL(56 EA per 28 days)
ledipasvir-sofosbuvir 90-400 mg Oral Tablet	5	HARVONI	SP, PA, QL(28 EA per 28 days)
MAVYRET 100-40 mg Oral Tablet	5		SP, PA, QL(84 EA per 28 days)
MAVYRET 50-20 mg Oral Packet	5		SP, PA, QL(168 EA per 28 days)
Interferons			
PEGASYS 180 mcg/0.5ml Subcutaneous Solution Prefilled Syringe	5		SP, QL(2 ML per 28 days)
PEGASYS 180 mcg/ml Subcutaneous Solution	5		SP, QL(4 ML per 28 days)
Monoclonal Antibodies			
SYNAGIS	5		QL (28 days supply per fill), SP, PA
Neuraminidase Inhibitors			
oseltamivir phosphate 75 mg Oral Capsule	2	TAMIFLU	2 fills of Tamiflu, Relenza, or Xofluza per season, QL(42 EA per 180 days)
oseltamivir phosphate 45 mg Oral Capsule	2	TAMIFLU	2 fills of Tamiflu, Relenza, or Xofluza per season, QL(48 EA per 180 days)
oseltamivir phosphate 30 mg Oral Capsule	2	TAMIFLU	2 fills of Tamiflu, Relenza, or Xofluza per season, QL(84 EA per 180 days)
oseltamivir phosphate 6 mg/ml Oral Suspension Reconstituted	2	TAMIFLU	2 fills of Tamiflu, Relenza, or Xofluza per season, QL(540 ML per 180 days)
RELENZA DISKHALER 5 mg/act Inhalation Aerosol Powder Breath Activated	3		2 fills of Tamiflu, Relenza, or Xofluza per season, QL(60 EA per 180 days)
Nucleosides And Nucleotides			

[1]You can find information on what the symbols and abbreviations in this table mean by going to the introduction pages of this document

Drug Name	Drug Tier	Reference Name	Requirements/Limits[1]
acyclovir 200 mg Oral Capsule, 400 mg Oral Tablet, 800 mg Oral Tablet	2	ZOVIRAX	
acyclovir 200 mg/5ml Oral Suspension	2	ZOVIRAX	
adefovir dipivoxil	5	HEPSERA	QL (34 days supply per fill), SP
BARACLUDE 0.05 mg/ml Oral Solution	3		SP
entecavir 0.5 mg Oral Tablet, 1 mg Oral Tablet	2	BARACLUDE	SP
famciclovir 125 mg Oral Tablet, 250 mg Oral Tablet, 500 mg Oral Tablet	2	FAMVIR	
ribavirin 200 mg Oral Tablet	2	COPEGUS	SP
ribavirin 200 mg Oral Capsule	2	REBETOL	SP
ribavirin 6 gm Inhalation Solution Reconstituted	2	VIRAZOLE	SP
valacyclovir hcl 1 gm Oral Tablet, 500 mg Oral Tablet	2	VALTREX	
valganciclovir hcl 450 mg Oral Tablet	2	VALCYTE	QL (34 days supply per fill)
valganciclovir hcl 50 mg/ml Oral Solution Reconstituted	5	VALCYTE	QL (34 days supply per fill), SP
VEMLIDY	3		SP, QL(1 EA per 1 days)
ANXIOLYTICS, SEDATIVES, AND HYPNOTICS			
Anxiolytics, Sedatives, & Hypnotics, Misc			
buspirone hcl 10 mg Oral Tablet, 5 mg Oral Tablet	1	BUSPAR	
buspirone hcl 15 mg Oral Tablet, 30 mg Oral Tablet, 7.5 mg Oral Tablet	2	BUSPAR	
EDLUAR	4		PA
eszopiclone	2	LUNESTA	
hydroxyzine hcl 10 mg Oral Tablet, 25 mg Oral Tablet, 50 mg Oral Tablet	2	ATARAX	
hydroxyzine hcl 10 mg/5ml Oral Syrup	2	ATARAX	
hydroxyzine pamoate 100 mg Oral Capsule, 25 mg Oral Capsule, 50 mg Oral Capsule	2	VISTARIL	
meprobamate	2		

[1]You can find information on what the symbols and abbreviations in this table mean by going to the introduction pages of this document

Drug Name	Drug Tier	Reference Name	Requirements/Limits[1]
ramelteon	2	ROZEREM	ST
zaleplon	2	SONATA	
zolpidem tartrate 10 mg Oral Tablet, 5 mg Oral Tablet	2	AMBIEN	
zolpidem tartrate 1.75 mg Sublingual Tablet Sublingual, 3.5 mg Sublingual Tablet Sublingual	2	INTERMEZZO	PA
zolpidem tartrate er	2	AMBIEN CR	
Barbiturates			
phenobarbital 100 mg Oral Tablet, 15 mg Oral Tablet, 16.2 mg Oral Tablet, 30 mg Oral Tablet, 32.4 mg Oral Tablet, 60 mg Oral Tablet, 64.8 mg Oral Tablet, 97.2 mg Oral Tablet	2		
phenobarbital 20 mg/5ml Oral Elixir	2		
SEZABY	5		QL (5 days supply per fill), SP
Benzodiazepines			
alprazolam 0.25 mg tab disint, 0.5 mg tab disint, 1 mg tab disint, 2 mg tab disint	2	NIRAVAM	
alprazolam 0.25 mg Oral Tablet, 0.5 mg Oral Tablet, 1 mg Oral Tablet, 2 mg Oral Tablet	2	XANAX	
alprazolam er	2	XANAX XR	
ALPRAZOLAM INTENSOL	3		
alprazolam xr	2	XANAX XR	
chlordiazepoxide hcl	2	LIBRIUM	
clorazepate dipotassium	2	TRANXENE	
diazepam 5 mg/ml Oral Concentrate	2		
diazepam 10 mg Rectal Gel, 20 mg Rectal Gel	2	DIASTAT	
diazepam 10 mg Oral Tablet, 2 mg Oral Tablet, 5 mg Oral Tablet	2	VALIUM	
diazepam 5 mg/5ml Oral Solution	2	VALIUM	
DIAZEPAM INTENSOL	2		
estazolam	2	PROSOM	
flurazepam hcl	2	DALMANE	
lorazepam 0.5 mg Oral Tablet, 1 mg Oral Tablet, 2 mg Oral Tablet	2	ATIVAN	

[1]You can find information on what the symbols and abbreviations in this table mean by going to the introduction pages of this document

Drug Name	Drug Tier	Reference Name	Requirements/Limits[1]
lorazepam 2 mg/ml Oral Concentrate	2	LORAZEPAM INTENSOL	
LORAZEPAM INTENSOL	2		
midazolam hcl 2 mg/ml Oral Syrup	2		
oxazepam	2	SERAX	
quazepam	2	DORAL	
temazepam	2	RESTORIL	
triazolam	2	HALCION	
ASTRINGENTS			
Astringents			
DRYSOL	2		
XERAC AC	2		
AUTONOMIC DRUGS, MISCELLANEOUS			
Autonomic Drugs, Miscellaneous			
apo-varenicline	0	CHANTIX	QL(2 EA per 1 days)
cvs nicotine 14 mg/24hr Transdermal Patch 24 Hour, 21 mg/24hr Transdermal Patch 24 Hour, 7 mg/24hr Transdermal Patch 24 Hour	0	NICODERM CQ	
cvs nicotine 2 mg Mouth/Throat Gum, 2 mg Mouth/Throat Lozenge, 4 mg Mouth/Throat Gum	0	NICORETTE	
cvs nicotine polacrilex	0	NICORETTE	
eq nicotine 14 mg/24hr Transdermal Patch 24 Hour, 21 mg/24hr Transdermal Patch 24 Hour	0	NICODERM CQ	
eq nicotine 4 mg Mouth/Throat Gum, 4 mg Mouth/Throat Lozenge	0	NICORETTE	
eq nicotine polacrilex	0	NICORETTE	
eq nicotine step 3	0	NICODERM CQ	
eql nicotine polacrilex	0	NICORETTE	
gnp nicotine 14 mg/24hr Transdermal Patch 24 Hour, 21 mg/24hr Transdermal Patch 24 Hour, 7 mg/24hr Transdermal Patch 24 Hour	0	NICODERM CQ	
gnp nicotine 2 mg Mouth/Throat Gum, 4 mg Mouth/Throat Gum	0	NICORETTE	
gnp nicotine mini	0	NICORETTE	
gnp nicotine polacrilex	0	NICORETTE	

[1]You can find information on what the symbols and abbreviations in this table mean by going to the introduction pages of this document

Drug Name	Drug Tier	Reference Name	Requirements/Limits[1]
goodsense nicotine	0	NICORETTE	
HABITROL	0		
hm nicotine	0	NICODERM CQ	
hm nicotine polacrilex	0	NICORETTE	
KLS QUIT2	0		
KLS QUIT4	0		
nicotine 21-14-7 mg/24hr Transdermal Kit	0		
nicotine 14 mg/24hr Transdermal Patch 24 Hour, 21 mg/24hr Transdermal Patch 24 Hour, 7 mg/24hr Transdermal Patch 24 Hour	0	NICODERM CQ	
nicotine mini	0	NICORETTE	
nicotine polacrilex 2 mg Mouth/Throat Gum, 2 mg Mouth/Throat Lozenge, 4 mg Mouth/Throat Gum, 4 mg Mouth/Throat Lozenge	0	NICORETTE	
nicotine polacrilex mini	0	NICORETTE	
nicotine step 1	0	NICODERM CQ	
nicotine step 2	0	NICODERM CQ	
nicotine step 3	0	NICODERM CQ	
NICOTROL	0		
NICOTROL NS	0		
px stop smoking aid 2 mg Mouth/Throat Lozenge, 4 mg Mouth/Throat Lozenge	0	NICORETTE	
qc nicotine transdermal system	0	NICODERM CQ	
ra mini nicotine	0	NICORETTE	
ra nicotine 21 mg/24hr Transdermal Patch 24 Hour	0	NICODERM CQ	
ra nicotine 2 mg Mouth/Throat Gum, 4 mg Mouth/Throat Gum	0	NICORETTE	
ra nicotine gum	0	NICORETTE	
ra nicotine polacrilex	0	NICORETTE	
sm nicotine 14 mg/24hr Transdermal Patch 24 Hour, 21 mg/24hr Transdermal Patch 24 Hour, 7 mg/24hr Transdermal Patch 24 Hour	0	NICODERM CQ	

[1]You can find information on what the symbols and abbreviations in this table mean by going to the introduction pages of this document

Drug Name	Drug Tier	Reference Name	Requirements/Limits[1]
sm nicotine 2 mg Mouth/Throat Lozenge, 4 mg Mouth/Throat Gum	0	NICORETTE	
sm nicotine polacrilex	0	NICORETTE	
varenicline tartrate 0.5 mg Oral Tablet, 1 mg Oral Tablet	0	CHANTIX	QL(2 EA per 1 days)
varenicline tartrate (starter) 0.5 MG X 11 & 1 mg x 42 Oral Tablet Therapy Pack	0	CHANTIX	QL(53 EA per 180 days)
varenicline tartrate(continue)	0	CHANTIX	
BETA-ADRENERGIC BLOCKING AGENTS			
Beta-adrenergic Blocking Agents			
acebutolol hcl 200 mg Oral Capsule, 400 mg Oral Capsule	2	SECTRAL	
atenolol 100 mg Oral Tablet, 25 mg Oral Tablet, 50 mg Oral Tablet	1	TENORMIN	
atenolol-chlorthalidone	2	TENORETIC	
betaxolol hcl 10 mg Oral Tablet, 20 mg Oral Tablet	2	KERLONE	
bisoprolol fumarate 10 mg Oral Tablet, 5 mg Oral Tablet	2	ZEBETA	
bisoprolol-hydrochlorothiazide	2	ZIAC	
carvedilol	1	COREG	
carvedilol phosphate er	2	COREG CR	PA
INNOPRAN XL	3		
labetalol hcl 100 mg Oral Tablet, 200 mg Oral Tablet, 300 mg Oral Tablet	2	NORMODYNE	
metoprolol succinate er	2	TOPROL XL	
metoprolol tartrate 37.5 mg Oral Tablet, 75 mg Oral Tablet	1		
metoprolol tartrate 100 mg Oral Tablet, 25 mg Oral Tablet, 50 mg Oral Tablet	1	LOPRESSOR	
metoprolol-hydrochlorothiazide	2	LOPRESSOR HCT	
nadolol 20 mg Oral Tablet, 40 mg Oral Tablet, 80 mg Oral Tablet	2	CORGARD	
nebivolol hcl	2	BYSTOLIC	ST
pindolol	2	VISKEN	
propranolol hcl 10 mg Oral Tablet, 20 mg Oral Tablet, 40 mg Oral Tablet, 60 mg Oral Tablet, 80 mg Oral Tablet	2	INDERAL	

[1]You can find information on what the symbols and abbreviations in this table mean by going to the introduction pages of this document

Drug Name	Drug Tier	Reference Name	Requirements/Limits[1]
propranolol hcl 20 mg/5ml Oral Solution, 40 mg/5ml Oral Solution	2	INDERAL	
propranolol hcl er	2	INDERAL LA	
SORINE	2		
sotalol hcl 120 mg Oral Tablet, 160 mg Oral Tablet, 240 mg Oral Tablet, 80 mg Oral Tablet	2	BETAPACE	
sotalol hcl (af)	2	BETAPACE AF	
timolol maleate 10 mg Oral Tablet, 20 mg Oral Tablet, 5 mg Oral Tablet	2	BLOCADREN	
BLOOD DERIVATIVES			
Blood Derivatives			
RYPLAZIM	5		SP, QL (34 days supply per fill), PA
BLOOD FORMATION, COAGULATION, AND THROMBOSIS AGENTS; MISC.			
Blood Form, Coag, And Thromb Agent; Misc			
ADAKVEO	5		QL (34 days supply per fill), SP, PA
ENJAYMO	5		QL (34 days supply per fill), SP, PA
PYRUKYND	5		SP, PA, QL(56 EA per 28 days)
PYRUKYND TAPER PACK	5		SP, PA, QL(56 EA per 28 days)
TAVALISSE	5		SP, PA, QL(60 EA per 30 days)
BONE ANABOLIC AGENTS			
Bone Anabolic Agents			
EVENITY	5		QL (34 days supply per fill), SP, PA
BONE RESORPTION INHIBITORS			
Bone Resorption Inhibitors			
alendronate sodium 35 mg Oral Tablet, 70 mg Oral Tablet	1	FOSAMAX	
alendronate sodium 10 mg Oral Tablet, 5 mg Oral Tablet	2	FOSAMAX	
alendronate sodium 70 mg/75ml Oral Solution	2	FOSAMAX	
BINOSTO	4		PA
FOSAMAX PLUS D	3		

[1]You can find information on what the symbols and abbreviations in this table mean by going to the introduction pages of this document

Drug Name	Drug Tier	Reference Name	Requirements/Limits[1]
ibandronate sodium 150 mg Oral Tablet	2	BONIVA	QL(1 EA per 30 days)
PROLIA	5		QL (180 days supply per fill), SP, PA
risedronate sodium 150 mg Oral Tablet, 30 mg Oral Tablet, 35 mg Oral Tablet, 5 mg Oral Tablet	2	ACTONEL	
XGEVA	5		QL (28 days supply per fill), SP, PA
zoledronic acid 5 mg/100ml Intravenous Solution	2	RECLAST	QL (365 days supply per fill), SP
zoledronic acid 4 mg/100ml Intravenous Solution, 4 mg/5ml Intravenous Concentrate	2	ZOMETA	QL (34 days supply per fill), SP
CALCIUM-CHANNEL BLOCKING AGENTS			
Calcium-channel Blocking Agents, Misc			
CARDIZEM LA 120 mg Oral Tablet Extended Release 24 Hour	4		PA
CARTIA XT	2		
diltiazem hcl 120 mg Oral Tablet, 30 mg Oral Tablet, 60 mg Oral Tablet, 90 mg Oral Tablet	1	CARDIZEM	
diltiazem hcl er 120 mg Oral Tablet Extended Release 24 Hour, 180 mg Oral Tablet Extended Release 24 Hour, 240 mg Oral Tablet Extended Release 24 Hour, 300 mg Oral Tablet Extended Release 24 Hour, 360 mg Oral Tablet Extended Release 24 Hour, 420 mg Oral Tablet Extended Release 24 Hour	2		
diltiazem hcl er 120 mg Oral Capsule Extended Release 12 Hour, 60 mg Oral Capsule Extended Release 12 Hour, 90 mg Oral Capsule Extended Release 12 Hour	2	CARDIZEM	
diltiazem hcl er 120 mg Oral Capsule Extended Release 24 Hour, 180 mg Oral Capsule Extended Release 24 Hour, 240	2	DILACOR XR	

[1]You can find information on what the symbols and abbreviations in this table mean by going to the introduction pages of this document

Drug Name	Drug Tier	Reference Name	Requirements/Limits[1]
mg Oral Capsule Extended Release 24 Hour			
diltiazem hcl er beads	2	TIAZAC	
diltiazem hcl er coated beads 120 mg Oral Capsule Extended Release 24 Hour, 180 mg Oral Capsule Extended Release 24 Hour, 240 mg Oral Capsule Extended Release 24 Hour, 300 mg Oral Capsule Extended Release 24 Hour, 360 mg Oral Capsule Extended Release 24 Hour	2	CARDIZEM CD	
dilt-xr	2	DILACOR XR	
MATZIM LA	2		
TAZTIA XT	2		
TIADYLT ER	2		
trandolapril-verapamil hcl er	2	TARKA	
verapamil hcl 120 mg Oral Tablet, 40 mg Oral Tablet, 80 mg Oral Tablet	2	CALAN	
verapamil hcl er 120 mg Oral Tablet Extended Release, 180 mg Oral Tablet Extended Release, 240 mg Oral Tablet Extended Release	2	CALAN	
verapamil hcl er 100 mg Oral Capsule Extended Release 24 Hour, 120 mg Oral Capsule Extended Release 24 Hour, 180 mg Oral Capsule Extended Release 24 Hour, 200 mg Oral Capsule Extended Release 24 Hour, 240 mg Oral Capsule Extended Release 24 Hour, 300 mg Oral Capsule Extended Release 24 Hour, 360 mg Oral Capsule Extended Release 24 Hour	2	VERELAN	
Dihydropyridines			
amlodipine besy-benazepril hcl	2	LOTREL	

[1]You can find information on what the symbols and abbreviations in this table mean by going to the introduction pages of this document

Drug Name	Drug Tier	Reference Name	Requirements/Limits[1]
amlodipine besylate 10 mg Oral Tablet, 2.5 mg Oral Tablet, 5 mg Oral Tablet	1	NORVASC	
amlodipine besylate-valsartan	2	EXFORGE	PA
amlodipine-atorvastatin	2	CADUET	
amlodipine-olmesartan	2	AZOR	PA
amlodipine-valsartan-hctz	2	EXFORGE HCT	PA
felodipine er	2	PLENDIL	
isradipine	2	DYNACIRC	
nicardipine hcl 20 mg Oral Capsule, 30 mg Oral Capsule	2	CARDENE	
nifedipine 10 mg Oral Capsule, 20 mg Oral Capsule	2	PROCARDIA	
nifedipine er	2	ADALAT CC	
nifedipine er osmotic release	2	PROCARDIA XL	
nimodipine 30 mg Oral Capsule	2	NIMOTOP	
nisoldipine er	2	SULAR	
NYMALIZE	4		SP, PA
olmesartan-amlodipine-hctz	2	TRIBENZOR	PA
CALORIC AGENTS			
Caloric Agents			
DOJOLVI	5		QL (34 days supply per fill), SP, PA
levocarnitine 250 mg Oral Capsule	2		
CARDIAC DRUGS			
Antiarrhythmic Agents			
amiodarone hcl 100 mg Oral Tablet, 200 mg Oral Tablet, 400 mg Oral Tablet	2	CORDARONE	
disopyramide phosphate	2	NORPACE	
dofetilide	2	TIKOSYN	
flecainide acetate	2	TAMBOCOR	
mexiletine hcl 150 mg Oral Capsule, 200 mg Oral Capsule, 250 mg Oral Capsule	2	MEXITIL	
MULTAQ	3		
NORPACE CR 150 mg Oral Capsule Extended Release 12 Hour	3		QL(5 EA per 1 days)
NORPACE CR 100 mg Oral Capsule Extended Release 12 Hour	3		QL(8 EA per 1 days)

[1]You can find information on what the symbols and abbreviations in this table mean by going to the introduction pages of this document

Drug Name	Drug Tier	Reference Name	Requirements/Limits[1]
PACERONE	2		
propafenone hcl	2	RYTHMOL	
propafenone hcl er	2	RYTHMOL SR	
quinidine gluconate er	2		
quinidine sulfate 200 mg Oral Tablet, 300 mg Oral Tablet	2		
Cardiac Drugs, Miscellaneous			
CAMZYOS	5		SP, PA, QL(30 EA per 30 days)
CORLANOR 5 mg Oral Tablet, 7.5 mg Oral Tablet	4		PA, QL(2 EA per 1 days)
CORLANOR 5 mg/5ml Oral Solution	4		PA, QL(20 ML per 1 days)
ranolazine er 1000 mg Oral Tablet Extended Release 12 Hour, 500 mg Oral Tablet Extended Release 12 Hour	2	RANEXA	PA
Cardiotonic Agents			
DIGITEK	2		
digox	1	LANOXIN	
digoxin 125 mcg Oral Tablet, 250 mcg Oral Tablet	1	LANOXIN	
digoxin 0.05 mg/ml Oral Solution	3	LANOXIN	
LANOXIN 125 mcg Oral Tablet, 250 mcg Oral Tablet	3		
CARIOSTATIC AGENTS			
Cariostatic Agents			
DENTA 5000 PLUS	2		
DENTAGEL	2		
FLORIVA 0.25-400 mg-unit/ml Oral Liquid	2		
fluoritab	2		
JUST RIGHT 5000 1.1 % Dental Gel	2		
sf	2		
sf 5000 plus	2	PREVIDENT 5000 PLUS	
sodium fluoride 2.2 (1 F) mg Oral Tablet Chewable	2		
sodium fluoride 1.1 % Dental Gel	2		
sodium fluoride 0.2 % Mouth/Throat Solution	2		

[1]You can find information on what the symbols and abbreviations in this table mean by going to the introduction pages of this document

Drug Name	Drug Tier	Reference Name	Requirements/Limits[1]
sodium fluoride 0.55 (0.25 F) mg Oral Tablet Chewable, 1.1 (0.5 F) mg Oral Tablet Chewable	2	LURIDE	
sodium fluoride 0.5 mg/ml Oral Solution, 1.1 (0.5 F) mg/ml Oral Solution	2	LURIDE	
sodium fluoride 1.1 % Dental Cream	2	PREVIDENT 5000 PLUS	
sodium fluoride 5000 plus	2	PREVIDENT 5000 PLUS	
sodium fluoride 5000 ppm 1.1 % Dental Gel, 1.1 % Dental Paste	2		
sodium fluoride 5000 ppm 1.1 % Dental Cream	2	PREVIDENT 5000 PLUS	
CATHARTICS AND LAXATIVES			
Cathartics And Laxatives			
CLENPIQ 10-3.5-12 MG-GM - gm/160ml Oral Solution	4		$0 copay for members age 45-75 years
CLENPIQ 10-3.5-12 MG-GM - gm/175ml Oral Solution	0		
GAVILYTE-C	2		$0 copay for members age 45-75 years
GAVILYTE-G	2		$0 copay for members age 45-75 years
GAVILYTE-N WITH FLAVOR PACK	2		$0 copay for members age 45-75 years
na sulfate-k sulfate-mg sulf	2	SUPREP BOWEL PREP KIT	$0 copay for members age 45-75 years
OSMOPREP	4		$0 copay for members age 45-75 years, PA
peg 3350-kcl-na bicarb-nacl	2	NULYTELY	$0 copay for members age 45-75 years
peg-3350/electrolytes	2	GOLYTELY	$0 copay for members age 45-75 years
peg-3350/electrolytes/ascorbat	2	MOVIPREP	$0 copay for members age 45-75 years
peg-kcl-nacl-nasulf-na asc-c 100 gm Oral Solution Reconstituted	2	MOVIPREP	$0 copay for members age 45-75 years
PLENVU	4		$0 copay for members age 45-75 years
polyethylene glycol 3350 Powder	2		

[1]You can find information on what the symbols and abbreviations in this table mean by going to the introduction pages of this document

Drug Name	Drug Tier	Reference Name	Requirements/Limits[1]
SUPREP BOWEL PREP KIT	4		$0 copay for members age 45-75 years
CELL STIMULANTS AND PROLIFERANTS			
Cell Stimulants And Proliferants			
AVITA	2		AL(Max 30 years)
KEPIVANCE	5		QL (34 days supply per fill), SP
tretinoin 0.05 % External Gel	2	ATRALIN	AL(Max 30 years)
tretinoin 0.01 % External Gel, 0.025 % External Cream, 0.025 % External Gel, 0.05 % External Cream, 0.1 % External Cream	2	RETIN-A	AL(Max 30 years)
tretinoin microsphere 0.04 % External Gel, 0.1 % External Gel	2	RETIN-A	AL(Max 30 years)
tretinoin microsphere pump 0.04 % External Gel, 0.1 % External Gel	2	RETIN-A	AL(Max 30 years)
CELLULAR THERAPY			
Cellular Therapy			
PROVENGE	5		QL (34 days supply per fill), SP, PA
CENTRAL NERVOUS SYSTEM AGENTS, MISC			
Central Nervous System Agents, Misc			
acamprosate calcium	2	CAMPRAL	
atomoxetine hcl	2	STRATTERA	
EXSERVAN	5		SP, PA, QL(60 EA per 30 days)
guanfacine hcl er	2	INTUNIV	
LUMRYZ	5		SP, PA, QL(270 EA per 30 days)
memantine hcl 10 mg Oral Tablet, 5 mg Oral Tablet	2	NAMENDA	
memantine hcl 2 mg/ml Oral Solution	2	NAMENDA	
memantine hcl 28 x 5 MG & 21 x 10 mg Oral Tablet	2	NAMENDA	PA
memantine hcl er	2	NAMENDA XR	PA
NUEDEXTA	4		PA, QL(2 EA per 1 days)
QALSODY	5		QL (28 days supply per fill), SP, PA
QELBREE 100 mg Oral Capsule Extended Release 24 Hour	4		PA, QL(1 EA per 1 days)

[1]You can find information on what the symbols and abbreviations in this table mean by going to the introduction pages of this document

Drug Name	Drug Tier	Reference Name	Requirements/Limits[1]
QELBREE 150 mg Oral Capsule Extended Release 24 Hour	4		PA, QL(2 EA per 1 days)
QELBREE 200 mg Oral Capsule Extended Release 24 Hour	4		PA, QL(3 EA per 1 days)
RADICAVA	5		QL (34 days supply per fill), SP, PA
RADICAVA ORS	5		SP, PA, QL(50 ML per 28 days)
RADICAVA ORS STARTER KIT	5		SP, PA, QL(70 ML per 180 days)
RELYVRIO	5		SP, PA, QL(56 EA per 28 days)
riluzole 50 mg Oral Tablet	2	RILUTEK	QL (34 days supply per fill)
sodium oxybate	5		SP, PA, QL(540 ML per 30 days)
TIGLUTIK	5		SP, PA, QL(600 ML per 30 days)
XYREM	5		SP, PA, QL(540 ML per 30 days)
XYWAV	5		SP, PA, QL(540 ML per 30 days)
CHOLELITHOLYTIC AGENTS			
Cholelitholytic Agents			
ursodiol 300 mg Oral Capsule	2	ACTIGALL	
ursodiol 250 mg Oral Tablet, 500 mg Oral Tablet	2	URSO	
CONTRACEPTIVES			
Contraceptives			
AFIRMELLE	0		
AFTERA	0		
ALTAVERA	0		
alyacen 1/35	0		
alyacen 7/7/7	0		
AMETHIA	0		
AMETHYST	0		
ANNOVERA	0		
APRI	0		
ARANELLE	0		
ASHLYNA	0		
AUBRA	0		
AUBRA EQ	0		

[1]You can find information on what the symbols and abbreviations in this table mean by going to the introduction pages of this document

Drug Name	Drug Tier	Reference Name	Requirements/Limits[1]
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		
BLISOVI 24 FE	0		
BLISOVI FE 1.5/30	0		
BLISOVI FE 1/20	0		
briellyn	0		
CAMILA	0		
CAMRESE	0		
CAMRESE LO	0		
CAZIANT	0		
CHARLOTTE 24 FE	0		
CHATEAL	0		
CHATEAL EQ	0		
CRYSELLE-28	0		
CURAE	0		
CYCLAFEM 1/35	0		
CYCLAFEM 7/7/7	0		
CYRED	0		
CYRED EQ	0		
DASETTA 1/35	0		
DASETTA 7/7/7	0		
DAYSEE	0		
DEBLITANE	0		
DELYLA	0		
desogestrel-ethinyl estradiol 0.15-30 mg-mcg Oral Tablet	0	DESOGEN	
desogestrel-ethinyl estradiol 0.15-0.02/0.01 mg (21/5) Oral Tablet	0	MIRCETTE	
DOLISHALE	0		
drospiren-eth estrad-levomefol 3-0.02-0.451 mg Oral Tablet	0	BEYAZ	
drospiren-eth estrad-levomefol 3-0.03-0.451 mg Oral Tablet	0	SAFYRAL	

[1]You can find information on what the symbols and abbreviations in this table mean by going to the introduction pages of this document

Drug Name	Drug Tier	Reference Name	Requirements/Limits[1]
drospirenone-ethinyl estradiol 3-0.03 mg Oral Tablet	0	YASMIN	
drospirenone-ethinyl estradiol 3-0.02 mg Oral Tablet	0	YAZ	
ECONTRA EZ	0		
ECONTRA ONE-STEP	0		
ELINEST	0		
ELLA	0		
ELURYNG	0		
EMOQUETTE	0		
ENILLORING	0		
ENPRESSE-28	0		
ENSKYCE	0		
ERRIN	0		
ESTARYLLA	0		
ethynodiol diac-eth estradiol	0	DEMULEN	
etonogestrel-ethinyl estradiol	0	NUVARING	
FALMINA	0		
FAYOSIM	0		
FEMYNOR	0		
GEMMILY	0		
HAILEY 1.5/30	0		
HAILEY 24 FE	0		
HAILEY FE 1.5/30	0		
HAILEY FE 1/20	0		
HALOETTE	0		
HEATHER	0		
ICLEVIA	0		
INCASSIA	0		
INTROVALE	0		
ISIBLOOM	0		
JAIMIESS	0		
JASMIEL	0		
JENCYCLA	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		

[1]You can find information on what the symbols and abbreviations in this table mean by going to the introduction pages of this document

Drug Name	Drug Tier	Reference Name	Requirements/Limits[1]
JUNEL FE 24	0		
KAITLIB FE	0		
KALLIGA	0		
KARIVA	0		
KELNOR 1/35	0		
KELNOR 1/50	0		
KURVELO	0		
KYLEENA	0		SP
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		
levonorgest-eth est & eth est	0	QUARTETTE	
levonorgest-eth estrad 91-day 0.1-0.02 & 0.01 mg Oral Tablet	0	LOSEASONIQUE	
levonorgest-eth estrad 91-day 0.15-0.03 mg Oral Tablet	0	SEASONALE	
levonorgest-eth estrad 91-day 0.15-0.03 &0.01 mg Oral Tablet	0	SEASONIQUE	
levonorgest-eth estrad-fe bisg	0		
levonorgestrel 1.5 mg Oral Tablet	0	PLAN B ONE-STEP	
levonorgestrel-ethinyl estrad 0.1-20 mg-mcg Oral Tablet	0	ALESSE	
levonorgestrel-ethinyl estrad 90-20 mcg Oral Tablet	0	AMETHYST 28 DAY	
levonorgestrel-ethinyl estrad 0.15-30 mg-mcg Oral Tablet	0	NORDETTE	
levonorg-eth estrad triphasic	0	ENPRESSE 28 DAY	
LEVORA 0.15/30 (28)	0		
LILETTA (52 MG)	0		SP
LILLOW	0		
LO LOESTRIN FE	0		
LOJAIMIESS	0		
LORYNA	0		
LOW-OGESTREL	0		

[1]You can find information on what the symbols and abbreviations in this table mean by going to the introduction pages of this document

Drug Name	Drug Tier	Reference Name	Requirements/Limits[1]
LO-ZUMANDIMINE	0		
LUTERA	0		
LYLEQ	0		
LYZA	0		
marlissa	0	NORDETTE	
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		
MIRENA (52 MG)	0		SP
MONO-LINYAH	0		
MY CHOICE	0		
MY WAY	0		
NATAZIA	0		
NECON 0.5/35 (28)	0		
NEW DAY	0		
NEXTSTELLIS	0		
NIKKI	0		
NORA-BE	0		
norethin ace-eth estrad-fe 1-20 mg-mcg Oral Tablet, 1.5-30 mg-mcg Oral Tablet	0	LOESTRIN FE	
norethin ace-eth estrad-fe 1-20 mg-mcg(24) Oral Tablet Chewable	0	MINASTRIN 24 FE	
norethin ace-eth estrad-fe 1-20 mg-mcg(24) Oral Capsule	0	TAYTULLA	
norethindrone 0.35 mg Oral Tablet	0	NOR-QD	
norethindrone acet-ethinyl est	0	LOESTRIN	
norethindron-ethinyl estrad-fe	0		
norethin-eth estradiol-fe 0.4-35 mg-mcg Oral Tablet Chewable	0	FEMCON FE	
norethin-eth estradiol-fe 0.8-25 mg-mcg Oral Tablet Chewable	0	GENERESS FE	
norgestimate-eth estradiol	0	ORTHO-CYCLEN (28)	
norgestim-eth estrad triphasic	0	ORTHO TRI-CYCLEN	
NORLYDA	0		
NORLYROC	0		

[1]You can find information on what the symbols and abbreviations in this table mean by going to the introduction pages of this document

Drug Name	Drug Tier	Reference Name	Requirements/Limits[1]
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		
OPCICON ONE-STEP	0		
OPTION 2	0		
ORSYTHIA	0		
PHILITH	0		
PIMTREA	0		
PIRMELLA 1/35	0		
PIRMELLA 7/7/7	0		
PORTIA-28	0		
PREVIFEM	0		
RECLIPSEN	0		
RIVELSA	0		
SETLAKIN	0		
SHAROBEL	0		
SIMLIYA	0		
SIMPESSE	0		
SKYLA	0		SP
SLYND	0		
SPRINTEC 28	0		
SRONYX	0		
SYEDA	0		
TAKE ACTION	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		

[1]You can find information on what the symbols and abbreviations in this table mean by going to the introduction pages of this document

Drug Name	Drug Tier	Reference Name	Requirements/Limits[1]
TRI-LO-MILI	0		
TRI-LO-SPRINTEC	0		
TRI-MILI	0		
TRI-NYMYO	0		
TRI-PREVIFEM	0		
TRI-SPRINTEC	0		
TRIVORA (28)	0		
TRI-VYLIBRA	0		
TRI-VYLIBRA LO	0		
TULANA	0		
TWIRLA	0		
TYBLUME	0		
TYDEMY	0		
VELIVET	0		
VESTURA	0		
VIENVA	0		
viorele	0	MIRCETTE	
VOLNEA	0		
VYFEMLA	0		
VYLIBRA	0		
WERA	0		
WYMZYA FE	0		
XULANE	0		
ZAFEMY	0		
ZOVIA 1/35 (28)	0		
ZOVIA 1/35E (28)	0		
ZUMANDIMINE	0		
CYSTIC FIBROSIS TRANSMEMBRANE CONDUCTANCE REGULATOR MODULATORS			
Cystic Fibrosis Transmembrane Conductance Regulator Correctors (cftr)			
ORKAMBI 100-125 mg Oral Packet, 150-188 mg Oral Packet, 75-94 mg Oral Packet	5		SP, PA, QL(56 EA per 28 days)
ORKAMBI 100-125 mg Oral Tablet, 200-125 mg Oral Tablet	5		SP, PA, QL(112 EA per 28 days)
SYMDEKO	5		SP, PA, QL(56 EA per 28 days)
TRIKAFTA 100-50-75 & 75 mg Oral Therapy Pack, 80-40-60 & 59.5 mg Oral Therapy Pack	5		SP, PA, QL(56 EA per 28 days)
TRIKAFTA 100-50-75 & 150 mg Oral Tablet Therapy Pack, 50-25-	5		SP, PA, QL(84 EA per 28 days)

[1]You can find information on what the symbols and abbreviations in this table mean by going to the introduction pages of this document

Drug Name	Drug Tier	Reference Name	Requirements/Limits[1]
37.5 & 75 mg Oral Tablet Therapy Pack			
Cystic Fibrosis Transmembrane Conductance Regulator Potentiators (cftr)			
KALYDECO 25 mg Oral Packet, 5.8 mg Oral Packet, 50 mg Oral Packet, 75 mg Oral Packet	5		SP, PA, QL(56 EA per 28 days)
KALYDECO 13.4 mg Oral Packet, 150 mg Oral Tablet	5		SP, PA, QL(60 EA per 30 days)
DENTAL AGENTS			
Dental Agents			
FLUORIDEX SENSITIVITY RELIEF	2		
sodium fluoride 5000 enamel	2		
sodium fluoride 5000 sensitive	2		
DEPIGMENTING AND PIGMENTING AGENTS			
Pigmenting Agents			
methoxsalen rapid	2	OXSORALEN-ULTRA	QL (34 days supply per fill), PA
DEVICES			
Devices			
1st tier unifine pentips	3		
1st tier unifine pentips plus	3		
1st tier unilet comfortouch	3		
ABOUTTIME PEN NEEDLE	3		
ACCU-CHEK FASTCLIX LANCET	3		
ACCU-CHEK FASTCLIX LANCETS	3		
ACCU-CHEK SAFE-T PRO LANCETS	3		
ACCU-CHEK SOFTCLIX LANCET DEV	3		
ACCU-CHEK SOFTCLIX LANCETS	3		
acti-lance 28g	3		
acti-lance lite lancets 28g	3		
acti-lance special lancets 17g	3		
acti-lance universal 23g	3		
adjustable lancing device	3		
adult mask large	3		
advanced mobile lancet	3		
ADVOCATE INSULIN PEN NEEDLES	3		

[1]You can find information on what the symbols and abbreviations in this table mean by going to the introduction pages of this document

Drug Name	Drug Tier	Reference Name	Requirements/Limits[1]
ADVOCATE INSULIN SYRINGE	3		
ADVOCATE LANCETS	3		
ADVOCATE LANCETS 30G	3		
ADVOCATE LANCING DEVICE	3		
ADVOCATE RAPID-SAFE LANCING	3		
ADVOCATE SAFETY LANCETS	3		
ADVOCATE SAFETY LANCETS 26G	3		
AGAMATRIX ULTRA-THIN LANCETS	3		
aimsco twist lancets 32g	3		
AIMSCO TWIST LANCETS 33G	3		
ALCOH-GLOVE CONTOURED WIPE	3		
alcohol pads	3		
alcohol prep	3		
alcohol prep pads	3		
alcohol swabs	3		
alcoh-wipe	3		
amielle restore vag exercisers	3		
aq insulin syringe	3		
aqinject pen needle	3		
AQUALANCE LANCETS 30G	3		
assure comfort lancets 28g	3		
ASSURE HAEMOLANCE PLUS HIGH	3		
ASSURE HAEMOLANCE PLUS LOW	3		
ASSURE HAEMOLANCE PLUS MICRO	3		
ASSURE HAEMOLANCE PLUS NORMAL	3		
ASSURE HAEMOLANCE PLUS PED	3		
ASSURE ID INSULIN SAFETY SYR	3		
ASSURE ID SAFETY PEN NEEDLES	3		
ASSURE LANCE LANCETS	3		
ASSURE LANCE LANCETS 21G	3		

[1]You can find information on what the symbols and abbreviations in this table mean by going to the introduction pages of this document

Drug Name	Drug Tier	Reference Name	Requirements/Limits[1]
ASSURE LANCE PLUS SAFETY 25G	3		
ASSURE LANCE PLUS SAFETY 30G	3		
ASSURE LANCE SAFETY LANCET 28G	3		
aum insulin safety pen needle	3		
aum mini insulin pen needle	3		
aum pen needle	3		
AUM READYGARD DUO PEN NEEDLE	3		
AUM SAFETY PEN NEEDLE	3		
aurora lancet super thin 30g	3		
aurora lancet thin 23g	3		
aurora pen needles	3		
aurora unifine pentips	3		
AUTOJECT 2	3		
AUTO-LANCET	3		
AUTO-LANCET MINI	3		
AUTOLET LANCING DEVICE	3		
BD AUTOSHIELD DUO	3		
BD INSULIN SYR ULTRAFINE II	3		
BD INSULIN SYRINGE	3		
BD INSULIN SYRINGE HALF-UNIT	3		
BD INSULIN SYRINGE MICROFINE	3		
BD INSULIN SYRINGE U/F	3		
BD INSULIN SYRINGE U/F 1/2UNIT	3		
BD INSULIN SYRINGE U-500	3		
BD INSULIN SYRINGE ULTRAFINE 29G X 1/2" 0.3 ml Miscellaneous, 29G X 1/2" 0.5 ml Miscellaneous, 30G X 1/2" 0.3 ml Miscellaneous, 30G X 1/2" 0.5 ml Miscellaneous, 31G X 5/16" 0.5 ml Miscellaneous	3		
BD LUER-LOK SYRINGE 20G X 1" 1 ml Miscellaneous	3		
BD MICROTAINER LANCETS	3		
BD PEN NEEDLE MICRO U/F	3		

[1]You can find information on what the symbols and abbreviations in this table mean by going to the introduction pages of this document

Drug Name	Drug Tier	Reference Name	Requirements/Limits[1]
BD PEN NEEDLE MINI U/F	3		
BD PEN NEEDLE NANO 2ND GEN	3		
BD PEN NEEDLE NANO U/F	3		
BD PEN NEEDLE ORIGINAL U/F	3		
BD PEN NEEDLE SHORT U/F	3		
BD SAFETYGLIDE INSULIN SYRINGE	3		
BD SWAB SINGLE USE REGULAR	3		
BD VEO INSULIN SYR U/F 1/2UNIT	3		
BD VEO INSULIN SYRINGE U/F	3		
CARDIOCOM LANCING DEVICE	3		
CAREFINE PEN NEEDLES	3		
careone advanced lancing dev	3		
careone insulin syringe	3		
CAREONE LANCET SUPER THIN 30G	3		
careone lancet thin 23g	3		
careone unifine pentips	3		
careone unifine pentips plus	3		
CARESENS LANCETS	3		
CARESENS LANCETS 30G	3		
CARETOUCH ALCOHOL PREP	3		
CARETOUCH INSULIN SYRINGE	3		
CARETOUCH LANCING/EJECTOR	3		
CARETOUCH PEN NEEDLES	3		
CARETOUCH SAFETY LANCETS	3		
CARETOUCH SAFETY LANCETS 26G	3		
CARETOUCH TWIST LANCETS 28G	3		
CARETOUCH TWIST LANCETS 30G	3		
CARETOUCH TWIST LANCETS 33G	3		
CARETOUCH TWIST MC LANCETS 30G	3		
CEQUR SIMPLICITY 2U	3		
CLEANLET LANCETS 28G	3		

[1]You can find information on what the symbols and abbreviations in this table mean by going to the introduction pages of this document

Drug Name	Drug Tier	Reference Name	Requirements/Limits[1]
CLEVER CHEK LANCETS	3		
CLEVER CHOICE COMFORT EZ 29G X 12MM Miscellaneous, 33G X 4 MM Miscellaneous	3		
CLEVER CHOICE LANCETS 21G	3		
CLEVER CHOICE LANCETS 23G	3		
CLEVER CHOICE LANCETS 28G	3		
clickfine pen needles 31G X 6 MM Miscellaneous, 31G X 8 MM Miscellaneous, 32G X 4 MM Miscellaneous	3		
CLICKFINE PEN NEEDLES	3		
COAGUCHEK LANCETS	3		
COMFORT ASSIST INSULIN SYRINGE	3		
comfort assured lancets 28g	3		
comfort assured lancets 33g	3		
COMFORT EZ INSULIN SYRINGE	3		
COMFORT EZ MICRO PEN NEEDLES	3		
COMFORT EZ PEN NEEDLES	3		
COMFORT EZ PRO PEN NEEDLES	3		
COMFORT EZ SHORT PEN NEEDLES	3		
comfort lancets	3		
COMFORT TOUCH ALCOHOL PREP	3		
COMFORT TOUCH INSULIN PEN NEED 31G X 4 MM Miscellaneous, 31G X 5 MM Miscellaneous, 31G X 6 MM Miscellaneous, 31G X 8 MM Miscellaneous, 32G X 4 MM Miscellaneous, 32G X 5 MM Miscellaneous, 32G X 6 MM Miscellaneous, 32G X 8 MM Miscellaneous	3		
COMFORT TOUCH LANCETS 31G	3		
COMFORT TOUCH PLUS LANCETS 28G	3		

[1]You can find information on what the symbols and abbreviations in this table mean by going to the introduction pages of this document

Drug Name	Drug Tier	Reference Name	Requirements/Limits[1]
COMFORT TOUCH PLUS LANCETS 30G	3		
CURITY ALCOHOL PREPS	3		
cvs alcohol prep pads	3		
cvs lancets 21g	3		
cvs lancets micro thin 33g	3		
cvs lancets original	3		
cvs lancets thin 26g	3		
cvs lancets ultra thin 30g	3		
cvs lancets ultra-thin 30g	3		
cvs lancing device	3		
cvs prep	3		
cvs ultra thin lancets	3		
DEXCOM G6 RECEIVER	3		QL(1 EA per 730 days)
DEXCOM G6 SENSOR	3		QL(1 EA per 10 days)
DEXCOM G6 TRANSMITTER	3		QL(1 EA per 90 days)
DEXCOM G7 RECEIVER	3		QL(1 EA per 730 days)
DEXCOM G7 SENSOR	3		QL(1 EA per 10 days)
DIATHRIVE LANCET ULTRA THIN 30	3		
DIATHRIVE LANCETS	3		
DIATHRIVE LANCING DEVICE	3		
DIATHRIVE PEN NEEDLE	3		
DROPLET INSULIN SYRINGE	3		
DROPLET LANCETS ULTRA THIN 30G	3		
DROPLET LANCING DEVICE	3		
DROPLET MICRON	3		
DROPLET PEN NEEDLES	3		
DROPSAFE ALCOHOL PREP	3		
dropsafe safety pen needles	3		
drug mart lancets thin 26g	3		
DRUG MART LANCING DEVICE	3		
DRUG MART ON-THE-GO LANCET 30G	3		
drug mart unifine pentips	3		
drug mart unifine pentips plus	3		
DRUG MART UNILET LANCETS 28G	3		
DRUG MART UNILET LANCETS 30G	3		

[1]You can find information on what the symbols and abbreviations in this table mean by going to the introduction pages of this document

Drug Name	Drug Tier	Reference Name	Requirements/Limits[1]
DRUG MART UNILET LANCETS 33G	3		
easy comfort alcohol pads	3		
easy comfort insulin syringe	3		
easy comfort lancets	3		
easy comfort lancets twist top	3		
easy comfort pen needles	3		
easy glide pen needles	3		
easy mini eject lancing device	3		
easy mini lancing device	3		
EASY TOUCH ALCOHOL PREP MEDIUM	3		
EASY TOUCH FLIPLOCK INSULIN SY	3		
EASY TOUCH FLIPLOCK SAFETY SYR 27G X 1/2" 1 ml Miscellaneous	3		
EASY TOUCH INSULIN BARRELS 1ML	3		
EASY TOUCH INSULIN SAFETY SYR	3		
EASY TOUCH INSULIN SYRINGE	3		
EASY TOUCH LANCETS 21G	3		
EASY TOUCH LANCETS 23G	3		
EASY TOUCH LANCETS 26G	3		
EASY TOUCH LANCETS 28G	3		
EASY TOUCH LANCETS 28G/TWIST	3		
EASY TOUCH LANCETS 30G	3		
EASY TOUCH LANCETS 30G/TWIST	3		
EASY TOUCH LANCETS 32G	3		
EASY TOUCH LANCETS 32G/TWIST	3		
EASY TOUCH LANCETS 33G/TWIST	3		
EASY TOUCH LANCING DEVICE	3		
EASY TOUCH PEN NEEDLES	3		
EASY TOUCH SAFETY LANCETS 21G	3		
EASY TOUCH SAFETY LANCETS 23G	3		

[1]You can find information on what the symbols and abbreviations in this table mean by going to the introduction pages of this document

Drug Name	Drug Tier	Reference Name	Requirements/Limits[1]
EASY TOUCH SAFETY LANCETS 26G	3		
EASY TOUCH SAFETY LANCETS 28G	3		
EASY TOUCH SAFETY PEN NEEDLES	3		
EASY TOUCH SHEATHLOCK SYRINGE 29G X 1/2" 1 ml Miscellaneous, 30G X 1/2" 1 ml Miscellaneous, 30G X 5/16" 1 ml Miscellaneous, 31G X 5/16" 1 ml Miscellaneous	3		
EMBRACE LANCETS ULTRA THIN 30G	3		
EMBRACE PEN NEEDLES 30G X 5 MM Miscellaneous, 30G X 8 MM Miscellaneous, 31G X 6 MM Miscellaneous, 31G X 8 MM Miscellaneous, 32G X 4 MM Miscellaneous	3		
EMBRACE PRESSURE ACTIVATED 21G	3		
EMBRACE PRESSURE ACTIVATED 28G	3		
eql alcohol swabs	3		
eql color lancets 21g	3		
eql color lancets micro 33g	3		
eql insulin syringe	3		
eql super thin lancets 30g	3		
eql thin lancets 26g	3		
essentra wipes 9x9"	3		
EXEL COMFORT POINT INSULIN SYR	3		
EXEL COMFORT POINT PEN NEEDLE	3		
E-Z JECT LANCET MICRO-THIN 33G	3		
E-Z JECT LANCET SUPER THIN 30G	3		
E-Z JECT LANCETS	3		
E-Z JECT LANCETS 21G	3		
E-Z JECT LANCETS THIN 26G	3		

[1]You can find information on what the symbols and abbreviations in this table mean by going to the introduction pages of this document

Drug Name	Drug Tier	Reference Name	Requirements/Limits[1]
EZ-LETS LANCETS 21G	3		
EZ-LETS LANCETS 26G	3		
EZ-LETS LANCETS 28G	3		
EZ-LETS LANCETS 30G	3		
FIFTY50 ALCOHOL PREP	3		
FIFTY50 PEN NEEDLES	3		
FIFTY50 SAFETY SEAL LANCETS	3		
FIFTY50 SUPERIOR COMFORT SYR	3		
FIFTY50 UNILET LANCETS 33G	3		
FINE 30	3		
FINGERSTIX LANCETS	3		
FORA LANCETS	3		
FORA LANCING DEVICE	3		
freds pharmacy autolet lancing	3		
freds pharmacy unifine pentip+	3		
freds pharmacy unifine pentips	3		
freds pharmacy unilet lanc 28g	3		
freds pharmacy unilet lanc 30g	3		
FREESTYLE LANCETS	3		
FREESTYLE LIBRE 14 DAY READER	3		QL(1 EA per 730 days)
FREESTYLE LIBRE 14 DAY SENSOR	3		QL(0.07 EA per 1 days)
FREESTYLE LIBRE 2 READER	3		QL(1 EA per 730 days)
FREESTYLE LIBRE 2 SENSOR	3		QL(0.07 EA per 1 days)
FREESTYLE LIBRE 3 SENSOR	3		QL(0.07 EA per 1 days)
FREESTYLE LIBRE READER	3		QL(1 EA per 730 days)
FREESTYLE PRECISION INS SYR	3		
FREESTYLE UNISTICK II LANCETS	3		
GENTEEL BUTTERFLY TOUCH LANCET	3		
GENTEEL LANCING KIT (BLUE)	3		
GENTEEL PLUS LANCING (BLACK)	3		
GENTEEL PLUS LANCING (PURPLE)	3		
GENTEEL PLUS LANCING (WHITE)	3		

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Drug Name	Drug Tier	Reference Name	Requirements/Limits[1]
GENTEEL PLUS LANCING DEV(BLUE)	3		
GENTEEL PLUS LANCING DEV(PINK)	3		
GENTLE-LET GP LANCETS	3		
GENTLE-LET LANCETS	3		
global alcohol prep ease	3		
global ease inject pen needles	3		
global easy glide insulin syr	3		
global easy glide pen needles	3		
global inject ease insulin syr	3		
global inject ease lancets 28g	3		
global inject ease lancets 30g	3		
global insulin syringes	3		
global lancing device	3		
GLUCOCOM LANCETS 28G	3		
GLUCOCOM LANCETS 30G	3		
GLUCOCOM LANCETS 33G	3		
GLUCOPRO INSULIN SYRINGE	3		
gnp alcohol swabs	3		
gnp clickfine pen needles	3		
gnp insulin syringe	3		
gnp insulin syringes	3		
gnp insulin syringes 28gx1/2"	3		
gnp insulin syringes 29gx1/2"	3		
gnp insulin syringes 30gx5/16"	3		
gnp insulin syringes 31gx5/16"	3		
gnp lancets 21g	3		
gnp lancets thin 26g	3		
gnp sterile lancets 28g	3		
gnp sterile lancets 30g	3		
gnp sterile lancets 33g	3		
gnp ulticare pen needles	3		
GNP ULTIGUARD SAFEPACK NEEDLE	3		
gnp ultra com insulin syringe	3		
GOJJI LANCING DEVICE/CLEAR CAP	3		
GOJJI STERILE LANCETS	3		
goodsense clickfine pen needle	3		
goodsense color lancets 33g	3		

[1]You can find information on what the symbols and abbreviations in this table mean by going to the introduction pages of this document

Drug Name	Drug Tier	Reference Name	Requirements/Limits[1]
goodsense lancets 26g univ	3		
goodsense lancets 30g	3		
goodsense lancets 30g univ	3		
goodsense lancets 33g	3		
goodsense lancets 33g univ	3		
goodsense lancing device	3		
GOODSENSE PEN NEEDLE PENFINE	3		
HEALTH CARE LANCING DEVICE	3		
healthwise insulin syr/needle	3		
healthwise micron pen needles	3		
healthwise mini pen needles	3		
healthwise pen needles	3		
healthwise short pen needles	3		
healthwise unifine pentips	3		
healthy accents lancing device	3		
healthy accents unifine pentip	3		
healthy accents unilet lancets	3		
h-e-b incontrol adv lancing	3		
h-e-b incontrol alcohol	3		
h-e-b incontrol lancets 28g	3		
h-e-b incontrol lancets 30g	3		
h-e-b incontrol lancets 33g	3		
h-e-b incontrol pen needles	3		
H-E-B INCONTROL UNIFINE PENTIP	3		
hm sterile alcohol prep	3		
HM ULTICARE INSULIN SYRINGE	3		
HM ULTICARE MINI PEN NEEDLES	3		
HM ULTICARE SHORT PEN NEEDLES	3		
HYPOLANCE AST LANCING	3		
HY-VEE LANCETS	3		
hy-vee thin lancets	3		
IN TOUCH LANCING DEVICE	3		
IN TOUCH STERILE LANCETS 30G	3		
INCONTROL ULTICARE PEN NEEDLES	3		
inject-ease	3		

[1]You can find information on what the symbols and abbreviations in this table mean by going to the introduction pages of this document

Drug Name	Drug Tier	Reference Name	Requirements/Limits[1]
insulin syringe 28G X 1/2" 0.5 ml Miscellaneous, 29G X 1/2" 0.3 ml Miscellaneous, 29G X 1/2" 0.5 ml Miscellaneous, 29G X 1/2" 1 ml Miscellaneous, 30G X 5/16" 0.3 ml Miscellaneous, 30G X 5/16" 0.5 ml Miscellaneous, 30G X 5/16" 1 ml Miscellaneous, 31G X 5/16" 0.3 ml Miscellaneous, 31G X 5/16" 0.5 ml Miscellaneous, 31G X 5/16" 1 ml Miscellaneous	3		
insulin syringe/needle	3		
insulin syringe-needle u-100 27G X 1/2" 0.5 ml Miscellaneous, 27G X 1/2" 1 ml Miscellaneous, 28G X 1/2" 0.5 ml Miscellaneous, 28G X 1/2" 1 ml Miscellaneous, 29G X 1/2" 0.5 ml Miscellaneous, 29G X 1/2" 1 ml Miscellaneous, 30G X 1/2" 1 ml Miscellaneous, 30G X 5/16" 0.3 ml Miscellaneous, 30G X 5/16" 0.5 ml Miscellaneous, 31G X 5/16" 1 ml Miscellaneous, 31G X 1/4" 0.3 ml Miscellaneous, 31G X 1/4" 0.5 ml Miscellaneous, 31G X 1/4" 1 ml Miscellaneous, 31G X 5/16" 0.3 ml Miscellaneous, 31G X 5/16" 0.5 ml Miscellaneous, 31G X 5/16" 1 ml Miscellaneous	3		
insupen pen needles	3		
INSUPEN SENSITIVE	3		
INSUPEN ULTRAFIN	3		
kinney lancets	3		
kinney thin lancets	3		
kinray insulin syringe	3		
kmart valu insulin syringe 29g	3		
kmart valu insulin syringe 30g	3		
KROGER AUTOLET LANCING DEVICE	3		
KROGER HEALTHPRO LANCET 26G	3		
kroger insulin syringe	3		

[1]You can find information on what the symbols and abbreviations in this table mean by going to the introduction pages of this document

Drug Name	Drug Tier	Reference Name	Requirements/Limits[1]
kroger lancets	3		
kroger lancets 21g	3		
kroger lancets micro thin 33g	3		
kroger lancets super thin	3		
kroger lancets thin	3		
kroger lancets thin 26g	3		
kroger lancets ultrathin 30g	3		
kroger lancing device	3		
kroger pen needles	3		
lancet device	3		
lancet device with ejector	3		
lancet transporter case	3		
lancets	3		
lancets 30g	3		
lancets 33g	3		
lancets micro thin 33g	3		
lancets super thin 28g	3		
lancets thin	3		
LANCETS ULTRA THIN	3		
lancets ultra thin 30g	3		
lancing device	3		
LANZO	3		
leader advanced lancing device	3		
leader insulin syringe	3		
LEADER UNIFINE PENTIPS	3		
LEADER UNIFINE PENTIPS PLUS	3		
LIBERTY MEDICAL LANCETS	3		
LIBERTY MINI LANCING DEVICE	3		
lite touch lancets	3		
LITE TOUCH LANCING PEN	3		
LITETOUCH INSULIN SYRINGE	3		
LITETOUCH LANCETS	3		
LITETOUCH PEN NEEDLES	3		
live better adv lancing device	3		
live better lancet super thin	3		
live better lancet ultra thin	3		
longs insulin syringe	3		
longs lancets standard	3		
longs lancets thin	3		
longs lancets ultra thin	3		

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Drug Name	Drug Tier	Reference Name	Requirements/Limits[1]
MAGELLAN INSULIN SAFETY SYR	3		
MARATHON MEDICAL PENTIPS	3		
MAXICOMFORT II PEN NEEDLE	3		
MAXI-COMFORT INSULIN SYRINGE	3		
MAXI-COMFORT SAFETY PEN NEEDLE	3		
MAXICOMFORT SYR 27G X 1/2"	3		
medic insulin syringe	3		
medichoice safety lancet	3		
medichoice safety lancet extra	3		
medichoice safety lancet norm	3		
medicine shoppe pen needles	3		
MEDISENSE THIN LANCETS	3		
MEDLANCE EXTRA 21G	3		
MEDLANCE LITE 25G	3		
MEDLANCE PLUS EXTRA 21G	3		
MEDLANCE PLUS LANCETS	3		
MEDLANCE PLUS LITE 25G	3		
MEDLANCE PLUS SPECIAL 0.8MM	3		
MEDLANCE PLUS SUPERLITE 30G	3		
MEDLANCE PLUS UNIVERSAL 21G	3		
MEDLANCE UNIVERSAL 21G	3		
meijer alcohol swabs	3		
MEIJER LANCETS	3		
MEIJER LANCETS THIN	3		
MEIJER LANCETS UNIVERSAL 21G	3		
MEIJER LANCETS UNIVERSAL 30G	3		
MEIJER LANCETS UNIVERSAL 33G	3		
meijer pen needles	3		
MEIJER SUPER THIN LANCETS	3		
MICRODOT PEN NEEDLE	3		
MICROLET LANCETS	3		
MICROLET NEXT LANCING DEVICE	3		

[1]You can find information on what the symbols and abbreviations in this table mean by going to the introduction pages of this document

Drug Name	Drug Tier	Reference Name	Requirements/Limits[1]
mini lancing device	3		
mm insulin syringe/needle	3		
MM LANCING DEVICE	3		
MM PEN NEEDLES	3		
MM TWIST LANCETS	3		
MONOJECT INSULIN SYRINGE	3		
MONOJECT ULTRA COMFORT SYRINGE	3		
MONOLET LANCETS	3		
MONOLET OPD LANCETS	3		
MONOLETTOR SAFETY LANCETS	3		
mpd safety lancet 21g	3		
mpd safety lancet 23g	3		
mpd safety lancet 28g	3		
mpd safety lancet 30g	3		
ms insulin syringe	3		
multi-lancet device	3		
MULTI-LANCET DEVICE 2	3		
MYGLUCOHEALTH LANCETS 30G	3		
NOVA SAFETY LANCETS 23G	3		
NOVA SAFETY LANCETS 28G	3		
NOVA SUREFLEX LANCETS	3		
NOVA SUREFLEX LANCING DEVICE	3		
NOVOFINE AUTOCOVER PEN NEEDLE	3		
NOVOFINE PEN NEEDLE	3		
NOVOFINE PLUS PEN NEEDLE	3		
NOVOPEN ECHO	3		
NOVOTWIST PEN NEEDLE	3		
OMNIPOD 5 G6 INTRO (GEN 5)	3		
OMNIPOD 5 G6 POD (GEN 5)	3		
OMNIPOD CLASSIC PDM (GEN 3)	3		
OMNIPOD CLASSIC PODS (GEN 3)	3		
OMNIPOD DASH INTRO (GEN 4)	3		
OMNIPOD DASH PDM (GEN 4)	3		
OMNIPOD DASH PODS (GEN 4)	3		

[1]You can find information on what the symbols and abbreviations in this table mean by going to the introduction pages of this document

Drug Name	Drug Tier	Reference Name	Requirements/Limits[1]
ONETOUCH DELICA PLUS LANCET30G	3		
ONETOUCH DELICA PLUS LANCET33G	3		
ONETOUCH DELICA PLUS LANCING	3		
ONETOUCH DELICA SAFETY LANCING	3		
ONETOUCH SOLUTIONS STARTER KIT w/ Well Device Kit	0		QL(1 EA per 730 days)
ONETOUCH SURESOFT LANCING DEV	3		
ONETOUCH ULTRA In Vitro Liquid	3		
ONETOUCH ULTRA 2	0		QL(1 EA per 730 days)
ONETOUCH ULTRASOFT 2 LANCETS	3		
ONETOUCH ULTRASOFT LANCETS	3		
ONETOUCH VERIO In Vitro Liquid, High In Vitro Liquid	3		
ONETOUCH VERIO FLEX SYSTEM w/Device Kit	0		QL(1 EA per 730 days)
ONETOUCH VERIO REFLECT	0		QL(1 EA per 730 days)
OPTICHAMBER DIAMOND Miscellaneous	3		
OPTICHAMBER DIAMOND-LG MASK	3		
OPTICHAMBER DIAMOND-MD MASK	3		
OPTICHAMBER DIAMOND-SM MASK	3		
pc lancets super thin 30g	3		
pc unifine pentips	3		
pediatric medium mask	3		
pediatric small mask	3		
pen needles	3		
pen needles 5/16"	3		
PENTIPS	3		
PERFECT LANCETS 28G	3		
PERFECT LANCETS 30G	3		
PHARMACIST CHOICE ALCOHOL	3		
PHARMACIST CHOICE LANCETS	3		

[1]You can find information on what the symbols and abbreviations in this table mean by going to the introduction pages of this document

Drug Name	Drug Tier	Reference Name	Requirements/Limits[1]
PHARMACY COUNTER LANCETS	3		
pip lancets 28g	3		
pip lancets 30g	3		
pip pen needles 31g x 5mm	3		
pip pen needles 32g x 4mm	3		
PRECISION SUREDOSE PLUS SYR	3		
PRECISION SURE-DOSE SYRINGE	3		
PRECISION THINS GP LANCETS	3		
preferred plus insulin syringe	3		
preferred plus lancets colored	3		
preferred plus lancets thin	3		
preferred plus unifine pentips	3		
PREVENT DROPSAFE PEN NEEDLES	3		
PREVENT SAFETY PEN NEEDLES	3		
pro comfort alcohol	3		
PRO COMFORT INSULIN SYRINGE	3		
pro comfort lancets 30g	3		
pro comfort lancets 31g	3		
pro comfort pen needles	3		
pro comfort safety lancets 30g	3		
PRODIGY INSULIN SYRINGE	3		
PRODIGY LANCETS 28G	3		
PRODIGY LANCING DEVICE	3		
PRODIGY SAFETY LANCETS 26G	3		
PRODIGY TWIST TOP LANCETS 28G	3		
PSS SELECT GP LANCETS	3		
PSS SELECT SAFETY LANCETS	3		
pure comfort alcohol prep	3		
pure comfort lancets 30g	3		
pure comfort pen needle	3		
pure comfort safety pen needle	3		
px advanced lancing device	3		
px extra short pen needles	3		
px insulin syringe	3		
px lancet auto injector	3		

[1]You can find information on what the symbols and abbreviations in this table mean by going to the introduction pages of this document

Drug Name	Drug Tier	Reference Name	Requirements/Limits[1]
px lancets microthin 33g	3		
px lancets ultra thin	3		
px lancets ultra thin 28g	3		
px mini pen needles	3		
px pen needle	3		
px shortlength pen needles	3		
qc advanced lancing device	3		
qc alcohol swabs	3		
qc lancets super thin 30g	3		
qc lancets ultra thin	3		
qc pen needles	3		
qc unifine pentips	3		
qc unilet lancets 28g	3		
qc unilet lancets micro thin	3		
ra alcohol swabs	3		
RA E-ZJECT LANCETS 28G	3		
RA E-ZJECT LANCETS THIN 26G	3		
RA E-ZJECT LANCETS THIN 28G	3		
RA E-ZJECT LANCETS ULTRA THIN	3		
ra insulin syringe	3		
ra pen needles	3		
raya sure pen needle	3		
READYLANCE SAFETY LANCETS	3		
reality insulin syringe	3		
reality lancets	3		
reality trigger lancets	3		
RELION ALCOHOL SWABS	3		
RELION INSULIN SYRINGE	3		
RELION LANCET DEVICES 30G	3		
RELION LANCETS MICRO-THIN 33G	3		
RELION LANCETS THIN 26G	3		
RELION LANCETS ULTRA-THIN 30G	3		
RELION LANCING DEVICE	3		
RELION MINI PEN NEEDLES	3		
RELION PEN NEEDLES	3		
RELION SHORT PEN NEEDLES	3		
RELION ULTRA THIN LANCETS 30G	3		

[1]You can find information on what the symbols and abbreviations in this table mean by going to the introduction pages of this document

Drug Name	Drug Tier	Reference Name	Requirements/Limits[1]
RELION ULTRA THIN PLUS LANCETS	3		
REXALL LANCETS ULTRA THIN 30G	3		
RIGHTEST GD500 LANCING DEVICE	3		
RIGHTEST GL300 LANCETS	3		
SAFE-T-LANCE	3		
safety insulin syringes	3		
safety lancet 30g/pressure act	3		
SAFETY LANCETS	3		
SAFETY LANCETS 21G	3		
SAFETY LANCETS 23G	3		
safety lancets 28g	3		
safety pen needles	3		
saps care alcohol prep	3		
saps health alcohol prep	3		
saps health alcohol prep	3		
saps health care alcohol prep	3		
saps health plus lancets	3		
saps health twist top lancets	3		
saps twist top lancets	3		
sapscare twist top lancets	3		
sb alcohol prep	3		
sb insulin syringe	3		
sb lancets thin	3		
sb lancets ultra thin	3		
SECURESAFE INSULIN SYRINGE	3		
select-lite device/lancets	3		
select-lite lancing device	3		
SHOPKO AUTOLET LANCING DEVICE	3		
SHOPKO ON-THE-GO LANCETS 30G	3		
SHOPKO UNIFINE PENTIPS	3		
SHOPKO UNIFINE PENTIPS PLUS	3		
SHOPKO UNILET LANCETS 28G	3		
SHOPKO UNILET LANCETS 30G	3		
SIMPLE DIAGNOSTICS LANCING DEV	3		

[1]You can find information on what the symbols and abbreviations in this table mean by going to the introduction pages of this document

Drug Name	Drug Tier	Reference Name	Requirements/Limits[1]
sm alcohol prep Pad, 70 % Pad	3		
sm lancets 33g	3		
SM TRUEDRAW LANCING DEVICE	3		
SMART DIABETES VANTAGE LANCING	3		
SMART SENSE COLOR LANCETS 33G	3		
SMART SENSE STANDARD LANCETS	3		
SMART SENSE SUPER THIN LANCETS	3		
SMART SENSE THIN LANCETS 26G	3		
SMARTEST LANCETS 28G	3		
SOLUS V2 LANCETS 28G	3		
SOLUS V2 LANCING DEVICE	3		
SOLUS V2 TWIST LANCETS 30G	3		
STERILANCE PA	3		
STERILANCE TL	3		
super thin lancets	3		
sure comfort alcohol prep	3		
sure comfort insulin syringe	3		
sure comfort lancets 18g	3		
sure comfort lancets 21g	3		
sure comfort lancets 23g	3		
sure comfort lancets 28g	3		
sure comfort lancets 30g	3		
sure comfort lancing pen	3		
sure comfort pen needles	3		
SURE-FINE PEN NEEDLES	3		
SURE-JECT INSULIN SYRINGE	3		
SURE-LANCE FLAT LANCETS	3		
SURE-LANCE LANCETS 26G	3		
SURE-LANCE THIN LANCETS 28G	3		
SURE-LANCE ULTRA THIN LANCETS	3		
SURELITE LANCETS	3		
SURE-PREP ALCOHOL PREP	3		
SURE-TOUCH LANCETS UNIVERSAL	3		

[1]You can find information on what the symbols and abbreviations in this table mean by going to the introduction pages of this document

Drug Name	Drug Tier	Reference Name	Requirements/Limits[1]
SUSVIMO OCULAR IMPLANT	5		SP, QL (2 implants per lifetime), PA
TECHLITE AST LANCETS	3		
techlite insulin syringe	3		
TECHLITE LANCETS	3		
TECHLITE LANCETS 30G	3		
TECHLITE PEN NEEDLES	3		
tgt lancet micro thin 33g	3		
tgt lancet thin 26g	3		
tgt lancet ultra thin 30g	3		
tgt lancing device	3		
THINLETS GP LANCETS	3		
todays health lancing device	3		
todays health mini pen needles	3		
todays health pen needles	3		
todays health short pen needle	3		
todays health thin lancets 28g	3		
todays health thin lancets 30g	3		
topcare clickfine pen needles	3		
topcare lancets micro-thin 33g	3		
topcare ultra comfort ins syr	3		
travel lancets	3		
TRAVEL LANCETS ADVANCED 28G	3		
true comfort alcohol prep pads	3		
true comfort insulin syringe	3		
true comfort pen needles	3		
true comfort pro alcohol prep	3		
true comfort pro insulin syr	3		
true comfort pro pen needles	3		
true comfort safety lancets	3		
true comfort twist top lancets	3		
TRUEDRAW LANCING DEVICE	3		
TRUEPLUS 5-BEVEL PEN NEEDLES	3		
TRUEPLUS INSULIN SYRINGE	3		
TRUEPLUS LANCETS 26G	3		
TRUEPLUS LANCETS 28G	3		
TRUEPLUS LANCETS 30G	3		
TRUEPLUS LANCETS 33G	3		
TRUEPLUS PEN NEEDLES	3		

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Drug Name	Drug Tier	Reference Name	Requirements/Limits[1]
TRUEPLUS SAFETY LANCETS 28G	3		
twist top lancets 30g	3		
ULTICARE ALCOHOL SWABS	3		
ULTICARE INSULIN SAFETY SYR	3		
ULTICARE INSULIN SYR 1/2 UNIT	3		
ULTICARE INSULIN SYRINGE	3		
ULTICARE MICRO PEN NEEDLES	3		
ULTICARE MINI PEN NEEDLES	3		
ULTICARE PEN NEEDLES	3		
ULTICARE SHORT PEN NEEDLES	3		
ULTIGUARD SAFEPACK PEN NEEDLE	3		
ULTIGUARD SAFEPACK SYR/NEEDLE	3		
ULTI-LANCE AUTOMATIC	3		
ultilet alcohol swabs	3		
ULTILET CLASSIC LANCETS	3		
ULTILET LANCETS	3		
ULTILET PEN NEEDLE	3		
ULTILET SAFETY LANCETS	3		
ULTILET SAFETY LANCETS 23G	3		
ultra comfort insulin syringe	3		
ULTRA FLO INSULIN PEN NEEDLES	3		
ULTRA FLO INSULIN SYR 1/2 UNIT	3		
ULTRA FLO INSULIN SYRINGE	3		
ultra thin lancets 31g	3		
ULTRA THIN PEN NEEDLES	3		
ultra-care alcohol prep pads	3		
ultracare insulin syringe	3		
ultra-care lancets 30g	3		
ultracare pen needles	3		
ULTRA-THIN II AUTO LANCET	3		
ULTRA-THIN II INS SYR SHORT	3		
ULTRA-THIN II INSULIN SYRINGE	3		
ULTRA-THIN II LANCETS	3		
ULTRA-THIN II MINI PEN NEEDLE	3		

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Drug Name	Drug Tier	Reference Name	Requirements/Limits[1]
ULTRA-THIN II PEN NEEDLE SHORT	3		
ULTRA-THIN II PEN NEEDLES	3		
UNIFINE PEN NEEDLES	3		
UNIFINE PENTIPS	3		
UNIFINE PENTIPS PLUS	3		
UNIFINE SAFECONTROL PEN NEEDLE	3		
UNIFINE ULTRA PEN NEEDLE	3		
UNILET COMFORTOUCH LANCET	3		
UNILET EXCELITE	3		
UNILET EXCELITE II	3		
UNILET G.P. LANCET	3		
UNILET G.P. SUPERLITE LANCET	3		
UNILET GP 28 ULTRA THIN	3		
UNILET LANCET	3		
UNILET MICRO-THIN 33G	3		
UNILET SUPERLITE LANCET	3		
UNILET SUPER-THIN 30G	3		
UNILET ULTRA-THIN 28G	3		
UNISTIK 1	3		
UNISTIK 2	3		
UNISTIK 2 COMFORT	3		
UNISTIK 2 EXTRA	3		
UNISTIK 2 NEONATAL	3		
UNISTIK 2 NORMAL	3		
UNISTIK 2 SUPER	3		
UNISTIK 3	3		
UNISTIK 3 COMFORT	3		
UNISTIK 3 EXTRA	3		
UNISTIK 3 GENTLE	3		
UNISTIK 3 NEONATAL	3		
UNISTIK 3 NORMAL	3		
UNISTIK CZT COMFORT	3		
UNISTIK CZT NORMAL	3		
UNISTIK NORMAL	3		
UNISTIK PRO SAFETY LANCET	3		
UNISTIK SAFETY LANCETS 28G	3		
UNISTIK SAFETY LANCETS 30G	3		

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Drug Name	Drug Tier	Reference Name	Requirements/Limits[1]
UNISTIK TOUCH SAFETY LANC 21G	3		
UNISTIK TOUCH SAFETY LANC 23G	3		
UNISTIK TOUCH SAFETY LANC 28G	3		
UNISTIK TOUCH SAFETY LANC 30G	3		
UNIVERSAL 1 LANCETS THIN 26G	3		
UNIVERSAL 1 LANCETS THIN 33G	3		
UNIVERSAL 1 LANCETS ULTRA THIN	3		
value health insulin syringe	3		
value plus lancet standard 21g	3		
value plus lancets super thin	3		
value plus lancets thin 26g	3		
value plus lancing device	3		
valumark lancet super thin 30g	3		
valumark lancet ultra thin 28g	3		
valumark pen needles	3		
VANISHPOINT INSULIN SYRINGE	3		
VERIFINE INSULIN PEN NEEDLE	3		
VERIFINE INSULIN SYRINGE	3		
VERIFINE PLUS PEN NEEDLE 31G X 5 MM Miscellaneous, 31G X 8 MM Miscellaneous	3		
VERIFINE SAFE LANCET MINI 21G	3		
VERIFINE SAFE LANCET MINI 23G	3		
VERIFINE SAFE LANCET MINI 28G	3		
VERIFINE SAFE LANCET MINI 30G	3		
VERIFINE UNIVERSAL LANCETS 28G	3		
VERIFINE UNIVERSAL LANCETS 30G	3		
VERIFINE UNIVERSAL LANCETS 33G	3		

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Drug Name	Drug Tier	Reference Name	Requirements/Limits[1]
VIDA MIA AUTOLET LANCING DEV	3		
VIDA MIA UNIFINE PENTIPS	3		
VIDA MIA UNILET LANCETS 28G	3		
VIDA MIA UNILET LANCETS 30G	3		
VIVAGUARD LANCETS	3		
VIVAGUARD LANCING DEVICE	3		
vp insulin syringe	3		
walgreens adv travel lancets	3		
WALGREENS LANCETS	3		
walgreens lancets micro thin	3		
walgreens lancets super thin	3		
WALGREENS THIN LANCETS	3		
WALGREENS ULTRA THIN LANCETS	3		
WEBCOL ALCOHOL PREP LARGE	3		
WEBCOL ALCOHOL PREP MEDIUM	3		
wegmans unifine pentips plus	3		
zevrx insulin syringe	3		
zevrx pen needles	3		
zevrx sterile alcohol prep pad	3		
zevrx twist top lancets 30g	3		
DIABETES MELLITUS			
Diabetes Mellitus			
ONETOUCH ULTRA In Vitro Strip	3		QL(200 EA per 30 days)
ONETOUCH VERIO In Vitro Strip	3		QL(200 EA per 30 days)
DIGESTANTS			
Digestants			
CREON	3		
PANCREAZE	4		PA
PERTZYE	4		PA
VIOKACE	4		PA
ZENPEP	4		PA
DISEASE-MODIFYING ANTIRHEUMATIC DRUGS			
Disease-modifying Antirheumatic Drugs			
ACTEMRA 200 mg/10ml Intravenous Solution, 400 mg/20ml	5		QL (34 days supply per fill), SP, PA

[1]You can find information on what the symbols and abbreviations in this table mean by going to the introduction pages of this document

Drug Name	Drug Tier	Reference Name	Requirements/Limits[1]
Intravenous Solution, 80 mg/4ml Intravenous Solution			
ACTEMRA 162 mg/0.9ml Subcutaneous Solution Prefilled Syringe	5		SP, PA-NSO, QL(3.6 ML per 28 days)
ACTEMRA ACTPEN	5		SP, PA-NSO, QL(3.6 ML per 28 days)
AVSOLA	5		SP, QL (28 to 56 days supply per fill depending on indication), PA
CIMZIA	5		SP, PA-NSO, QL(1 EA per 28 days)
CIMZIA STARTER KIT 6 X 200 mg/ml Subcutaneous Prefilled Syringe Kit	5		SP, PA-NSO, QL(3 EA per 28 days)
COSENTYX 150 mg/ml Subcutaneous Solution Prefilled Syringe, 75 mg/0.5ml Subcutaneous Solution Prefilled Syringe	5		SP, PA-NSO, QL(1 ML per 28 days)
COSENTYX 300 mg/2ml Subcutaneous Solution Auto-injector	5		SP, PA-NSO, QL(2 ML per 28 days)
COSENTYX (300 MG DOSE)	5		SP, PA-NSO, QL(2 ML per 28 days)
COSENTYX SENSOREADY (300 MG)	5		SP, PA-NSO, QL(2 ML per 28 days)
COSENTYX SENSOREADY PEN	5		SP, PA-NSO, QL(1 ML per 28 days)
ENBREL 25 mg/0.5ml Subcutaneous Solution Prefilled Syringe, 50 mg/ml Subcutaneous Solution Prefilled Syringe	5		SP, PA-NSO, QL(4 ML per 28 days)
ENBREL 25 mg Subcutaneous Solution Reconstituted	5		SP, PA-NSO, QL(8 EA per 28 days)
ENBREL 25 mg/0.5ml Subcutaneous Solution	5		SP, PA-NSO, QL(8 ML per 28 days)
ENBREL MINI	5		SP, PA-NSO, QL(4 ML per 28 days)
ENBREL SURECLICK	5		SP, PA-NSO, QL(4 ML per 28 days)

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Drug Name	Drug Tier	Reference Name	Requirements/Limits[1]
HUMIRA	5		SP, PA-NSO, QL(2 EA per 28 days)
HUMIRA PEDIATRIC CROHNS START 80 MG/0.8ML & 40mg/0.4ml Subcutaneous Prefilled Syringe Kit	5		SP, PA-NSO, QL(2 EA per 28 days)
HUMIRA PEDIATRIC CROHNS START 80 mg/0.8ml Subcutaneous Prefilled Syringe Kit	5		SP, PA-NSO, QL(3 EA per 28 days)
HUMIRA PEN 40 mg/0.4ml Subcutaneous Pen-injector Kit, 40 mg/0.8ml Subcutaneous Pen-injector Kit	5		SP, PA-NSO, QL(2 EA per 28 days)
HUMIRA PEN 80 mg/0.8ml Subcutaneous Pen-injector Kit	5		SP, PA-NSO, QL(3 EA per 28 days)
HUMIRA PEN-CD/UC/HS STARTER 80 mg/0.8ml Subcutaneous Pen-injector Kit	5		SP, PA-NSO, QL(3 EA per 28 days)
HUMIRA PEN-CD/UC/HS STARTER 40 mg/0.8ml Subcutaneous Pen-injector Kit	5		SP, PA-NSO, QL(6 EA per 28 days)
HUMIRA PEN-PEDIATRIC UC START	5		SP, PA-NSO, QL(4 EA per 28 days)
HUMIRA PEN-PS/UV/ADOL HS START	5		SP, PA-NSO, QL(4 EA per 28 days)
HUMIRA PEN-PSOR/UVEIT STARTER	5		SP, PA-NSO, QL(3 EA per 28 days)
INFLECTRA	5		QL (28 to 56 days supply per fill depending on indication), SP, PA
leflunomide 10 mg Oral Tablet, 20 mg Oral Tablet	2	ARAVA	
OTEZLA 10 & 20 & 30 mg Oral Tablet Therapy Pack	5		SP, PA-NSO, QL(55 EA per 28 days)
OTEZLA 30 mg Oral Tablet	5		SP, PA-NSO, QL(60 EA per 30 days)
REMICADE	5		QL (28 to 56 days supply per fill depending on indication), SP, PA

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Drug Name	Drug Tier	Reference Name	Requirements/Limits[1]
RENFLEXIS	5		QL (34 days supply per fill), SP, PA
RINVOQ 15 mg Oral Tablet Extended Release 24 Hour, 30 mg Oral Tablet Extended Release 24 Hour	5		SP, PA-NSO, QL(30 EA per 30 days)
RINVOQ 45 mg Oral Tablet Extended Release 24 Hour	5		SP, PA-NSO, QL(84 EA per 180 days)
SIMPONI 50 mg/0.5ml Subcutaneous Solution Auto-injector, 50 mg/0.5ml Subcutaneous Solution Prefilled Syringe	5		SP, PA-NSO, QL(0.5 ML per 28 days)
SIMPONI 100 mg/ml Subcutaneous Solution Auto-injector, 100 mg/ml Subcutaneous Solution Prefilled Syringe	5		SP, PA-NSO, QL(1 ML per 28 days)
SIMPONI ARIA	5		QL (56 days supply per fill), SP, PA
XELJANZ 10 mg Oral Tablet, 5 mg Oral Tablet	5		SP, PA-NSO, QL(60 EA per 30 days)
XELJANZ 1 mg/ml Oral Solution	5		SP, PA-NSO, QL(300 ML per 30 days)
XELJANZ XR	5		SP, PA-NSO, QL(30 EA per 30 days)
DIURETICS			
Loop Diuretics			
bumetanide 0.5 mg Oral Tablet, 1 mg Oral Tablet, 2 mg Oral Tablet	1	BUMEX	
ethacrynic acid	2	EDECRIN	
furosemide 20 mg Oral Tablet, 40 mg Oral Tablet, 80 mg Oral Tablet	1	LASIX	
furosemide 10 mg/ml Oral Solution, 8 mg/ml Oral Solution	2	LASIX	
torsemide 10 mg Oral Tablet, 100 mg Oral Tablet, 20 mg Oral Tablet, 5 mg Oral Tablet	2	DEMADEX	
Potassium-sparing Diuretics			
amiloride hcl 5 mg Oral Tablet	2	MIDAMOR	
amiloride-hydrochlorothiazide	2	MODURETIC	
triamterene 100 mg Oral Capsule, 50 mg Oral Capsule	2	DYRENIUM	PA

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Drug Name	Drug Tier	Reference Name	Requirements/Limits[1]
triamterene-hctz 37.5-25 mg Oral Capsule	2	DYAZIDE	
triamterene-hctz 37.5-25 mg Oral Tablet, 75-50 mg Oral Tablet	2	MAXZIDE	
Thiazide Diuretics			
DIURIL	3		
hydrochlorothiazide 25 mg Oral Tablet, 50 mg Oral Tablet	1	HYDRODIURIL	
hydrochlorothiazide 12.5 mg Oral Capsule, 12.5 mg Oral Tablet	1	MICROZIDE	
Thiazide-like Diuretics			
chlorthalidone 25 mg Oral Tablet, 50 mg Oral Tablet	2	HYGROTON	
indapamide	1	LOZOL	
metolazone	2	ZAROXOLYN	
Vasopressin Antagonists			
JYNARQUE 30 & 15 mg Oral Tablet Therapy Pack, 45 & 15 mg Oral Tablet Therapy Pack, 60 & 30 mg Oral Tablet Therapy Pack, 90 & 30 mg Oral Tablet Therapy Pack	5		SP, PA, QL(56 EA per 28 days)
tolvaptan 15 mg Oral Tablet	2	JYNARQUE	SP, PA
tolvaptan 30 mg Oral Tablet	2	SAMSCA	SP, PA
EENT DRUGS, MISCELLANEOUS			
Eent Drugs, Miscellaneous			
acetic acid 2 % Otic Solution	2	VOSOL	
apraclonidine hcl 0.5 % Ophthalmic Solution	2	IOPIDINE	
balanced salt	2		
CYSTARAN	4		QL (34 days supply per fill), SP
IOPIDINE	4		PA
LACRISERT	4		PA
OXERVATE	5		SP, PA, QL(56 ML per 28 days)
SYFOVRE	5		SP, PA, QL(0.2 ML per 25 days)
TEPEZZA	5		QL (34 days supply per fill), SP, PA
VISUDYNE	5		QL (34 days supply per fill), SP
ELECTROLYTIC, CALORIC, AND WATER BALANCE AGENTS; MISC			

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Drug Name	Drug Tier	Reference Name	Requirements/Limits[1]
Electrolytic, Caloric, And Water Balance Agents; Misc			
CRYSVITA	5		QL (34 days supply per fill), SP, PA
ENZYMES			
Enzymes			
ALDURAZYME	5		QL (34 days supply per fill), SP, PA
BRINEURA	5		QL (34 days supply per fill), SP, PA
CEREZYME	5		QL (34 days supply per fill), SP, PA
ELAPRASE	5		QL (34 days supply per fill), SP, PA
ELELYSO	5		QL (34 days supply per fill), SP, PA
ELFABRIO	5		QL (28 days supply per fill), SP, PA
ELITEK	5		QL (34 days supply per fill), SP, PA
FABRAZYME	5		QL (34 days supply per fill), SP, PA
KANUMA	5		QL (34 days supply per fill), SP, PA
LAMZEDE	5		QL (28 days supply per fill), SP, PA
LUMIZYME	5		QL (34 days supply per fill), SP, PA
MEPSEVII	5		QL (34 days supply per fill), SP, PA
NAGLAZYME	5		QL (34 days supply per fill), SP, PA
NEXVIAZYME	5		SP, QL (28 days supply per fill), PA
PALYNZIQ 2.5 mg/0.5ml Subcutaneous Solution Prefilled Syringe	5		SP, PA, QL(4 ML per 28 days)
PALYNZIQ 10 mg/0.5ml Subcutaneous Solution Prefilled Syringe	5		SP, PA, QL(14 ML per 28 days)
PALYNZIQ 20 mg/ml Subcutaneous Solution Prefilled Syringe	5		SP, PA, QL(84 ML per 28 days)

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Drug Name	Drug Tier	Reference Name	Requirements/Limits[1]
REVCOVI	5		QL (34 days supply per fill), SP, PA
STRENSIQ	5		QL (30 days supply per fill), SP, PA
SUCRAID	5		SP, QL (236 ML per fill), PA
VIMIZIM	5		QL (34 days supply per fill), SP, PA
VPRIV	5		QL (34 days supply per fill), SP, PA
XENPOZYME	5		QL (34 days supply per fill), SP, PA
XIAFLEX	5		QL (34 days supply per fill), SP, PA
ESTROGENS, ANTIESTROGENS & ESTROGEN AGONIST-ANTAGONISTS			
Antiestrogens			
anastrozole 1 mg Oral Tablet	0	ARIMIDEX	$0 copay for women
exemestane	0	AROMASIN	$0 copay for women
KISQALI FEMARA (400 MG DOSE)	0		SP, PA-NSO, QL(70 EA per 28 days)
KISQALI FEMARA (600 MG DOSE)	0		SP, PA-NSO, QL(91 EA per 28 days)
KISQALI FEMARA(200 MG DOSE)	0		SP, PA-NSO, QL(49 EA per 28 days)
letrozole 2.5 mg Oral Tablet	0	FEMARA	$0 copay for women
Estrogen Agonist-antagonists			
clomiphene citrate 50 mg Oral Tablet	2		
DUAVEE	4		PA
OSPHENA	4		PA, QL(1 EA per 1 days)
raloxifene hcl	0	EVISTA	$0 copay for women
tamoxifen citrate 10 mg Oral Tablet, 20 mg Oral Tablet	0	NOLVADEX	$0 copay for women
toremifene citrate	0	FARESTON	SP
Estrogens			
ANGELIQ	4		
COMBIPATCH	3		
COVARYX	2		
COVARYX HS	2		
DELESTROGEN 10 mg/ml Intramuscular Oil	4		

[1]You can find information on what the symbols and abbreviations in this table mean by going to the introduction pages of this document

Drug Name	Drug Tier	Reference Name	Requirements/Limits[1]
DIVIGEL 0.25 mg/0.25gm Transdermal Gel, 0.5 mg/0.5gm Transdermal Gel, 0.75 mg/0.75gm Transdermal Gel	4		
DIVIGEL 1 mg/gm Transdermal Gel, 1.25 mg/1.25gm Transdermal Gel	4		
DOTTI	2		
EEMT	4		
EEMT HS	2		
ELESTRIN	4		
est estrogens-methyltest 0.625-1.25 mg Oral Tablet	2		
est estrogens-methyltest 1.25-2.5 mg Oral Tablet	4	ESTRATEST	
est estrogens-methyltest ds	4	ESTRATEST	
est estrogens-methyltest hs	2		
estradiol 0.025 mg/24hr Transdermal Patch Weekly, 0.0375 mg/24hr Transdermal Patch Weekly, 0.05 mg/24hr Transdermal Patch Weekly, 0.06 mg/24hr Transdermal Patch Weekly, 0.075 mg/24hr Transdermal Patch Weekly, 0.1 mg/24hr Transdermal Patch Weekly	2	CLIMARA	
estradiol 0.25 mg/0.25gm Transdermal Gel, 0.5 mg/0.5gm Transdermal Gel, 0.75 mg/0.75gm Transdermal Gel	2	DIVIGEL	
estradiol 1 mg/gm Transdermal Gel, 1.25 mg/1.25gm Transdermal Gel	2	DIVIGEL	
estradiol 0.5 mg Oral Tablet, 1 mg Oral Tablet, 2 mg Oral Tablet	1	ESTRACE	
estradiol 0.1 mg/gm Vaginal Cream	2	ESTRACE	
estradiol 10 mcg Vaginal Tablet	2	VAGIFEM	
estradiol 0.025 mg/24hr Transdermal Patch Twice Weekly, 0.0375 mg/24hr Transdermal Patch Twice Weekly, 0.05 mg/24hr Transdermal Patch Twice Weekly,	2	VIVELLE-DOT	

[1]You can find information on what the symbols and abbreviations in this table mean by going to the introduction pages of this document

Drug Name	Drug Tier	Reference Name	Requirements/Limits[1]
0.075 mg/24hr Transdermal Patch Twice Weekly, 0.1 mg/24hr Transdermal Patch Twice Weekly			
estradiol valerate 10 mg/ml Intramuscular Oil	2		
estradiol valerate 20 mg/ml Intramuscular Oil, 40 mg/ml Intramuscular Oil	2	DELESTROGEN	
estradiol-norethindrone acet 0.5-0.1 mg Oral Tablet, 1-0.5 mg Oral Tablet	2	ACTIVELLA	
ESTRING	3		
ESTROGEL	4		PA
EVAMIST	4		PA
FEMRING	4		PA
FYAVOLV	2		
JINTELI	2		
LYLLANA	1		
MENEST	4		PA
MENOSTAR	4		PA
MIMVEY	2		
norethindrone-eth estradiol 0.5-2.5 mg-mcg Oral Tablet, 1-5 mg-mcg Oral Tablet	2	FEMHRT	
PREMARIN 0.3 mg Oral Tablet, 0.45 mg Oral Tablet, 0.625 mg Oral Tablet, 0.9 mg Oral Tablet, 1.25 mg Oral Tablet	3		
PREMARIN 0.625 mg/gm Vaginal Cream	3		
PREMPHASE	3		
PREMPRO	3		
YUVAFEM	2		
EXPECTORANTS			
Expectorants			
potassium iodide 1 gm/ml Oral Solution	2		
SSKI	2		
FIBROMYALGIA AGENTS			
Fibromyalgia Agents			
SAVELLA	3		
SAVELLA TITRATION PACK	3		

[1]You can find information on what the symbols and abbreviations in this table mean by going to the introduction pages of this document

Drug Name	Drug Tier	Reference Name	Requirements/Limits[1]
FIRST GENERATION ANTIHISTAMINES			
Derivatives, Miscellaneous			
cyproheptadine hcl 4 mg Oral Tablet	2	PERIACTIN	
cyproheptadine hcl 2 mg/5ml Oral Syrup	2	PERIACTIN	
Ethanolamine Derivatives			
carbinoxamine maleate 6 mg Oral Tablet	2		
carbinoxamine maleate 4 mg Oral Tablet	2	CLISTIN	
carbinoxamine maleate 4 mg/5ml Oral Solution	2	CLISTIN	
clemastine fumarate 2.68 mg Oral Tablet	2	TAVIST	
diphen 12.5 mg/5ml Oral Elixir	2	BENADRYL	
di-phen	2	BENADRYL	
diphenhydramine hcl 12.5 mg/5ml Oral Elixir	2	BENADRYL	
Phenothiazine Derivatives			
promethazine hcl 12.5 mg Oral Tablet, 12.5 mg Rectal Suppository, 25 mg Oral Tablet, 25 mg Rectal Suppository, 50 mg Oral Tablet	2	PHENERGAN	
promethazine hcl 6.25 mg/5ml Oral Solution, 6.25 mg/5ml Oral Syrup	2	PHENERGAN	
promethazine vc	2	PHENERGAN VC	
promethazine-phenylephrine	2	PHENERGAN VC	
PROMETHEGAN	2		
GENE THERAPY			
Gene Therapy			
HEMGENIX	5		QL (1 dose per lifetime), SP, PA
GENITOURINARY SMOOTH MUSCLE RELAXANTS			
Antimuscarinics			
darifenacin hydrobromide er	2	ENABLEX	ST
fesoterodine fumarate er	2	TOVIAZ	ST
flavoxate hcl	2		
GELNIQUE	4		PA
oxybutynin chloride 5 mg/5ml Oral Solution	2		

[1]You can find information on what the symbols and abbreviations in this table mean by going to the introduction pages of this document

Drug Name	Drug Tier	Reference Name	Requirements/Limits[1]
oxybutynin chloride 5 mg Oral Tablet	2	DITROPAN	
oxybutynin chloride er	2	DITROPAN	
OXYTROL	4		ST
solifenacin succinate 10 mg Oral Tablet, 5 mg Oral Tablet	2	VESICARE	
tolterodine tartrate	2	DETROL	
tolterodine tartrate er	2	DETROL LA	ST
TOVIAZ	4		ST
trospium chloride	2	SANCTURA	
trospium chloride er	2	SANCTURA XR	ST
B3-adrenergic Agonists			
MYRBETRIQ 25 mg Oral Tablet Extended Release 24 Hour, 50 mg Oral Tablet Extended Release 24 Hour	3		QL(1 EA per 1 days)
MYRBETRIQ 8 mg/ml Oral Suspension Reconstituted ER	3		QL(10 ML per 1 days), AL(Min 3 years and Max 18 years)
GI DRUGS, MISCELLANEOUS			
Gi Drugs, Miscellaneous			
BYLVAY 1200 mcg Oral Capsule	5		SP, PA, QL(6 EA per 1 days)
BYLVAY 400 mcg Oral Capsule	5		SP, PA, QL(18 EA per 1 days)
BYLVAY (PELLETS) 600 mcg Oral Capsule Sprinkle	5		SP, PA, QL(12 EA per 1 days)
BYLVAY (PELLETS) 200 mcg Oral Capsule Sprinkle	5		SP, PA, QL(36 EA per 1 days)
CHOLBAM	5		QL (30 days supply per fill), SP, PA
GATTEX	5		SP, PA, QL(1 EA per 30 days)
LINZESS	3		QL(1 EA per 1 days)
LIVMARLI	5		SP, PA, QL(90 ML per 30 days)
lubiprostone	2	AMITIZA	QL(2 EA per 1 days)
MOVANTIK	3		QL(1 EA per 1 days)
RELISTOR 8 mg/0.4ml Subcutaneous Solution	4		PA, QL(6 ML per 30 days)
RELISTOR 12 mg/0.6ml Subcutaneous Solution	4		PA, QL(18 ML per 30 days)

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Drug Name	Drug Tier	Reference Name	Requirements/Limits[1]
SKYRIZI 600 mg/10ml Intravenous Solution	5		QL (28 days supply per fill), SP, PA
SKYRIZI 180 mg/1.2ml Subcutaneous Solution Cartridge, 360 mg/2.4ml Subcutaneous Solution Cartridge	5		SP, PA-NSO, QL(2.4 ML per 56 days)
STELARA 130 mg/26ml Intravenous Solution	5		SP, QL (56 days supply per fill), PA
GOLD COMPOUNDS			
Gold Compounds			
RIDAURA	3		
GONADOTROPINS AND ANTIGONADOTROPINS			
Antigonadotropins			
cetrorelix acetate	5	CETROTIDE	QL (34 days supply per fill)
CETROTIDE	5		QL (34 days supply per fill)
FIRMAGON	4		QL (28 days supply per fill), SP
FIRMAGON (240 MG DOSE)	4		QL (28 days supply per fill), SP
ganirelix acetate	3		
MYFEMBREE	5		PA, QL(28 EA per 28 days)
ORGOVYX	0		SP, PA, QL(64 EA per 30 days)
ORIAHNN	5		PA, QL(56 EA per 28 days)
ORILISSA 150 mg Oral Tablet	5		PA, QL(30 EA per 30 days)
ORILISSA 200 mg Oral Tablet	5		PA, QL(60 EA per 30 days)
Gonadotropins			
CAMCEVI	5		QL (168 days supply per fill), SP
chorionic gonadotropin 10000 unit Intramuscular Solution Reconstituted	2	PREGNYL	QL (34 days supply per fill), PA
ELIGARD	5		QL (34 days supply per fill), SP
FENSOLVI (6 MONTH)	5		SP, PA, QL(1 EA per 168 days)

[1]You can find information on what the symbols and abbreviations in this table mean by going to the introduction pages of this document

Drug Name	Drug Tier	Reference Name	Requirements/Limits[1]
FOLLISTIM AQ	5		QL (34 days supply per fill), PA
GONAL-F	5		QL (34 days supply per fill)
GONAL-F RFF	5		QL (34 days supply per fill)
GONAL-F RFF REDIJECT 300 unit/0.5ml Subcutaneous Solution Pen-injector, 450 unt/0.75ml Subcutaneous Solution Pen-injector, 900 unit/1.5ml Subcutaneous Solution Pen-injector	5		QL (34 days supply per fill)
leuprolide acetate 1 mg/0.2ml Injection Kit	2	LUPRON	SP
LUPRON DEPOT (1-MONTH)	5		QL (28 days supply per fill), SP
LUPRON DEPOT (3-MONTH)	5		QL (84 days supply per fill), SP
LUPRON DEPOT (4-MONTH)	5		QL (112 days supply per fill), SP
LUPRON DEPOT (6-MONTH)	5		QL (168 days supply per fill), SP
LUPRON DEPOT-PED (1-MONTH)	5		QL (28 days supply per fill), SP
LUPRON DEPOT-PED (3-MONTH)	5		QL (84 days supply per fill), SP
LUPRON DEPOT-PED (6-MONTH)	5		QL (84 days supply per fill), SP
MENOPUR	5		QL (34 days supply per fill)
NOVAREL	5		QL (34 days supply per fill), PA
OVIDREL	5		QL (34 days supply per fill)
PREGNYL	5		QL (34 days supply per fill)
SUPPRELIN LA	5		QL (365 days supply per fill), SP, PA
SYNAREL	3		SP

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Drug Name	Drug Tier	Reference Name	Requirements/Limits[1]
TRELSTAR MIXJECT 22.5 mg Intramuscular Suspension Reconstituted	5		QL (168 days supply per fill), SP
TRELSTAR MIXJECT 3.75 mg Intramuscular Suspension Reconstituted	5		QL (28 days supply per fill), SP
TRELSTAR MIXJECT 11.25 mg Intramuscular Suspension Reconstituted	5		QL (84 days supply per fill), SP
TRIPTODUR	5		QL (168 days supply per fill), SP, PA
ZOLADEX 3.6 mg Subcutaneous Implant	5		QL (28 days supply per fill), SP
ZOLADEX 10.8 mg Subcutaneous Implant	5		QL (84 days supply per fill), SP
HEAVY METAL ANTAGONISTS			
Heavy Metal Antagonists			
CHEMET	4		PA
deferasirox 125 mg Oral Tablet Soluble, 250 mg Oral Tablet Soluble, 500 mg Oral Tablet Soluble	2	EXJADE	QL (30 days supply per fill), SP, PA
deferasirox 180 mg Oral Tablet, 360 mg Oral Tablet, 90 mg Oral Tablet	2	JADENU	QL (30 days supply per fill), SP, PA
deferasirox 180 mg Oral Packet, 360 mg Oral Packet, 90 mg Oral Packet	2	JADENU SPRINKLE	SP, QL (30 days supply per fill), PA
deferasirox granules	2	JADENU SPRINKLE	QL (30 days supply per fill), SP, PA
deferiprone 500 mg Oral Tablet	5	FERRIPROX	QL (34 days supply per fill), SP, PA
FERRIPROX 100 mg/ml Oral Solution	5		QL (34 days supply per fill), SP, PA
penicillamine 250 mg Oral Capsule	2	CUPRIMINE	
penicillamine 250 mg Oral Tablet	2	DEPEN TITRATABS	SP
trientine hcl 250 mg Oral Capsule	2	SYPRINE	
HEMATOPOIETIC AGENTS			
Hematopoietic Agents			
ARANESP (ALBUMIN FREE)	5		QL (34 days supply per fill), SP, PA

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Drug Name	Drug Tier	Reference Name	Requirements/Limits[1]
DOPTELET	5		SP, PA, QL(10 EA per 30 days)
DOPTELET	5		SP, PA, QL(15 EA per 30 days)
DOPTELET	5		SP, PA, QL(60 EA per 30 days)
EPOGEN	5		QL (34 days supply per fill), SP, PA
FULPHILA	5		SP, PA, QL(0.04 ML per 1 days)
FYLNETRA	5		SP, PA, QL(0.04 ML per 1 days)
LEUKINE	5		QL (34 days supply per fill), SP, PA
MIRCERA 100 mcg/0.3ml Injection Solution Prefilled Syringe, 150 mcg/0.3ml Injection Solution Prefilled Syringe, 200 mcg/0.3ml Injection Solution Prefilled Syringe, 30 mcg/0.3ml Injection Solution Prefilled Syringe, 50 mcg/0.3ml Injection Solution Prefilled Syringe, 75 mcg/0.3ml Injection Solution Prefilled Syringe	5		QL (30 days supply per fill), SP, PA
MIRCERA 120 mcg/0.3ml Injection Solution Prefilled Syringe	5		QL (34 days supply per fill), SP, PA
MOZOBIL	5		QL (30 days supply per fill), SP
MULPLETA	5		SP, QL (7 tablets per fill), PA
NEULASTA	5		SP, PA, QL(0.04 ML per 1 days)
NEULASTA ONPRO	5		SP, PA, QL(0.04 ML per 1 days)
NEUPOGEN	5		QL (34 days supply per fill), SP, PA
NIVESTYM	5		QL (34 days supply per fill), SP, PA
NPLATE	5		QL (30 days supply per fill), SP, PA
NYVEPRIA	5		SP, PA, QL(0.04 ML per 1 days)

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Drug Name	Drug Tier	Reference Name	Requirements/Limits[1]
PROCRIT	5		QL (34 days supply per fill), SP, PA
PROMACTA	5		QL (30 days supply per fill), SP, PA
REBLOZYL	5		QL (30 days supply per fill), SP, PA
releuko 300 mcg/0.5ml Subcutaneous Solution Prefilled Syringe, 480 mcg/0.8ml Subcutaneous Solution Prefilled Syringe, 480 mcg/1.6ml Injection Solution	5		QL (34 days supply per fill), SP, PA
RELEUKO 300 mcg/ml Injection Solution	5		QL (34 days supply per fill), SP, PA
RETACRIT	5		QL (34 days supply per fill), SP, PA
ROLVEDON	5		SP, PA, QL(0.04 ML per 1 days)
STIMUFEND	5		SP, PA, QL(0.04 ML per 1 days)
UDENYCA	5		SP, PA, QL(0.04 ML per 1 days)
ZIEXTENZO	5		SP, PA, QL(0.04 ML per 1 days)
HEMORRHEOLOGIC AGENTS			
Hemorrheologic Agents			
pentoxifylline er	2	TRENTAL	
HYPOTENSIVE AGENTS			
Central Alpha-agonists			
clonidine	2	CATAPRES-TTS	
clonidine hcl 0.1 mg Oral Tablet, 0.2 mg Oral Tablet, 0.3 mg Oral Tablet	1	CATAPRES	
guanfacine hcl	1	TENEX	
methyldopa	2	ALDOMET	
Direct Vasodilators			
hydralazine hcl 10 mg Oral Tablet, 100 mg Oral Tablet, 25 mg Oral Tablet, 50 mg Oral Tablet	1	APRESOLINE	
minoxidil 10 mg Oral Tablet, 2.5 mg Oral Tablet	2	LONITEN	
IMMUNOMODULATORY AGENTS			

[1]You can find information on what the symbols and abbreviations in this table mean by going to the introduction pages of this document

Drug Name	Drug Tier	Reference Name	Requirements/Limits[1]
Immunomodulatory Agents			
ACTIMMUNE	5		QL (28 days supply per fill), SP, PA
AUBAGIO 14 mg Oral Tablet	5		SP, QL(30 EA per 30 days)
AUBAGIO 7 mg Oral Tablet	5		SP, PA, QL(30 EA per 30 days)
AVONEX PEN	5		SP, QL(1 EA per 28 days)
AVONEX PREFILLED	5		SP, QL(1 EA per 28 days)
BAFIERTAM	5		SP, QL(120 EA per 30 days), ST
BETASERON	5		SP, QL(14 EA per 28 days)
BRIUMVI	5		QL (34 days supply per fill), SP, PA
dimethyl fumarate 120 mg Oral Capsule Delayed Release	5	TECFIDERA	SP, QL(14 EA per 7 days)
dimethyl fumarate 240 mg Oral Capsule Delayed Release	5	TECFIDERA	SP, QL(60 EA per 30 days)
dimethyl fumarate starter pack 120 & 240 mg Oral Capsule Delayed Release Therapy Pack	5		SP, QL(60 EA per 30 days)
ENSPRYNG	5		SP, PA, QL(1 ML per 28 days)
ENTYVIO 300 mg Intravenous Solution Reconstituted	5		QL (56 days supply per fill), SP, PA
EXTAVIA	5		SP, QL(15 EA per 30 days)
fingolimod hcl 0.5 mg Oral Capsule	2	GILENYA	SP, QL(30 EA per 30 days)
GILENYA	5		SP, QL(30 EA per 30 days)
glatiramer acetate 40 mg/ml Subcutaneous Solution Prefilled Syringe	5	COPAXONE	SP, QL(12 ML per 28 days)
glatiramer acetate 20 mg/ml Subcutaneous Solution Prefilled Syringe	5	COPAXONE	SP, QL(30 ML per 30 days)
JOENJA	5		SP, PA, QL(60 EA per 30 days)

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Drug Name	Drug Tier	Reference Name	Requirements/Limits[1]
KESIMPTA	5		SP, QL(0.4 ML per 28 days)
LEMTRADA	5		QL (1 course per 365 days), SP, PA
MAVENCLAD (10 TABS)	5		SP, PA, QL(10 EA per 28 days)
MAVENCLAD (4 TABS)	5		SP, PA, QL(4 EA per 27 days)
MAVENCLAD (5 TABS)	5		SP, PA, QL(5 EA per 28 days)
MAVENCLAD (6 TABS)	5		SP, PA, QL(6 EA per 28 days)
MAVENCLAD (7 TABS)	5		SP, PA, QL(7 EA per 28 days)
MAVENCLAD (8 TABS)	5		SP, PA, QL(8 EA per 28 days)
MAVENCLAD (9 TABS)	5		SP, PA, QL(9 EA per 28 days)
MAYZENT 1 mg Oral Tablet, 2 mg Oral Tablet	5		SP, QL(30 EA per 30 days)
MAYZENT 0.25 mg Oral Tablet	5		SP, QL(140 EA per 28 days)
MAYZENT STARTER PACK 0.25 mg Oral Tablet Therapy Pack	5		SP, QL(7 EA per 180 days)
OCREVUS	5		SP, QL (180 days supply per fill), PA, QL(40 ML per 365 days)
PLEGRIDY	5		SP, QL(1 ML per 28 days)
PLEGRIDY STARTER PACK	5		SP, QL(1 ML per 28 days)
PONVORY	5		SP, QL(30 EA per 30 days)
PONVORY STARTER PACK	5		SP, QL(14 EA per 180 days)
REBIF	5		SP, QL(6 ML per 28 days)
REBIF REBIDOSE	5		SP, QL(6 ML per 28 days)
REBIF REBIDOSE TITRATION PACK	5		SP, QL(4.2 ML per 28 days)

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Drug Name	Drug Tier	Reference Name	Requirements/Limits[1]
REBIF TITRATION PACK	5		SP, QL(4.2 ML per 28 days)
teriflunomide 14 mg Oral Tablet	2		SP, QL(30 EA per 30 days)
teriflunomide 7 mg Oral Tablet	2		SP, PA, QL(30 EA per 30 days)
THALOMID	5		QL (34 days supply per fill), SP, PA
TYSABRI	5		QL (34 days supply per fill), SP, PA
UPLIZNA	5		SP, PA, QL(30 ML per 180 days)
VUMERITY	5		SP, QL(120 EA per 30 days), ST
VYVGART	5		SP, QL (34 days supply per fill), PA
ZEPOSIA	5		SP, PA, QL(30 EA per 30 days)
ZEPOSIA 7-DAY STARTER PACK	5		SP, PA, QL(7 EA per 180 days)
ZEPOSIA STARTER KIT 0.23MG &0.46MG 0.92mg(21) Oral Capsule Therapy Pack	5		SP, PA, QL(28 EA per 28 days)
ZEPOSIA STARTER KIT 0.23MG & 0.46MG & 0.92mg Oral Capsule Therapy Pack	5		SP, PA, QL(37 EA per 180 days)
IMMUNOSUPPRESSIVE AGENTS			
Immunosuppressive Agents			
AZASAN	4		PA
azathioprine 100 mg Oral Tablet, 75 mg Oral Tablet	2	AZASAN	PA
azathioprine 50 mg Oral Tablet	2	IMURAN	
BENLYSTA 120 mg Intravenous Solution Reconstituted, 400 mg Intravenous Solution Reconstituted	5		QL (34 days supply per fill), SP, PA
BENLYSTA 200 mg/ml Subcutaneous Solution Auto-injector, 200 mg/ml Subcutaneous Solution Prefilled Syringe	5		SP, PA, QL(4 ML per 28 days)
cyclosporine 100 mg Oral Capsule, 25 mg Oral Capsule	2	SANDIMMUNE	

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Drug Name	Drug Tier	Reference Name	Requirements/Limits[1]
cyclosporine modified 100 mg Oral Capsule, 25 mg Oral Capsule, 50 mg Oral Capsule	2	NEORAL	
cyclosporine modified 100 mg/ml Oral Solution	2	NEORAL	
ENVARSUS XR	4		
everolimus 1 mg Oral Tablet	2	ZORTRESS	PA
everolimus 0.25 mg Oral Tablet, 0.5 mg Oral Tablet, 0.75 mg Oral Tablet	2	ZORTRESS	PA, QL(28 EA per 28 days)
GAMIFANT	5		QL (34 days supply per fill), SP, PA
GENGRAF 100 mg Oral Capsule, 25 mg Oral Capsule	2		
GENGRAF 100 mg/ml Oral Solution	2		
LUPKYNIS	5		SP, PA, QL(180 EA per 30 days)
mycophenolate mofetil 250 mg Oral Capsule, 500 mg Oral Tablet	2	CELLCEPT	
mycophenolate mofetil 200 mg/ml Oral Suspension Reconstituted	2	CELLCEPT	
mycophenolate sodium	2	MYFORTIC	
NULOJIX	5		QL (34 days supply per fill), SP, PA
PROGRAF 0.2 mg Oral Packet, 0.5 mg Oral Capsule, 1 mg Oral Capsule, 1 mg Oral Packet, 5 mg Oral Capsule	4		
SANDIMMUNE 100 mg/ml Oral Solution	4		PA
SAPHNELO	5		SP, PA, QL(2 ML per 28 days)
sirolimus 0.5 mg Oral Tablet, 1 mg Oral Tablet, 2 mg Oral Tablet	2	RAPAMUNE	
sirolimus 1 mg/ml Oral Solution	2	RAPAMUNE	PA
tacrolimus 0.5 mg Oral Capsule, 1 mg Oral Capsule, 5 mg Oral Capsule	2	PROGRAF	
ION-REMOVING AGENTS			
Phosphate-removing Agents			

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Drug Name	Drug Tier	Reference Name	Requirements/Limits[1]
AURYXIA	5		PA, QL(408 EA per 34 days)
FOSRENOL 1000 mg Oral Packet, 750 mg Oral Packet	3		
lanthanum carbonate 1000 mg Oral Tablet Chewable, 500 mg Oral Tablet Chewable, 750 mg Oral Tablet Chewable	2	FOSRENOL	
sevelamer carbonate	2	RENVELA	
sevelamer hcl	2	RENAGEL	PA
VELPHORO	5		QL (34 days supply per fill), SP, PA
Potassium-removing Agents			
LOKELMA 5 gm Oral Packet	4		PA, QL(1 EA per 1 days)
LOKELMA 10 gm Oral Packet	4		PA, QL(1.14 EA per 1 days)
sodium polystyrene sulfonate Oral Powder	2	KAYEXALATE	
SPS	2		
VELTASSA	4		PA, QL(1 EA per 1 days)
KALLIKREIN-KININ SYSTEM INHIBITORS			
Bradykinin Receptor Antagonists			
icatibant acetate 30 mg/3ml Subcutaneous Solution Prefilled Syringe	5		SP, PA, QL(9 ML per 30 days)
icatibant acetate 30 mg/3ml Subcutaneous Solution	5	FIRAZYR	SP, PA, QL(9 ML per 30 days)
SAJAZIR 30 mg/3ml Subcutaneous Solution Prefilled Syringe	5		SP, PA, QL(9 ML per 30 days)
Complement Inhibitors			
BERINERT	5		QL (34 days supply per fill), SP, PA
CINRYZE	5		QL (34 days supply per fill), SP, PA
EMPAVELI	5		SP, QL (28 days supply per fill), PA
HAEGARDA	5		QL (8 weight based doses per 28 days), SP, PA

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Drug Name	Drug Tier	Reference Name	Requirements/Limits[1]
RUCONEST	5		QL (34 days supply per fill), SP, PA
SOLIRIS	5		QL (28 days supply per fill), SP, PA
ULTOMIRIS	5		QL (34 days supply per fill), SP, PA
Kallikrein Inhibitors			
KALBITOR	5		QL (34 days supply per fill), SP, PA
ORLADEYO	5		SP, PA, QL(28 EA per 28 days)
TAKHZYRO 150 mg/ml Subcutaneous Solution Prefilled Syringe	5		SP, PA, QL(2 ML per 28 days)
TAKHZYRO 300 mg/2ml Subcutaneous Solution, 300 mg/2ml Subcutaneous Solution Prefilled Syringe	5		SP, PA, QL(4 ML per 28 days)
KERATOLYTIC AGENTS			
Keratolytic Agents			
salicylic acid 6 % External Foam, 6 % External Gel	2		
salicylic acid 26 % External Solution, 6 % External Shampoo	2		
salicylic acid wart remover	2		
salicylic acid-cleanser	2		
salimez	2		
sss 10-5 10-5 % External Foam	2		
sss 10-5 10-5 % External Cream	2	PLEXION	
sulfacetamide sodium-sulfur 10-5 % External Liquid, 10-5 % External Lotion, 10-5 % External Suspension	2		
sulfacetamide sodium-sulfur 10-2 % External Liquid	2	AVAR LS CLEANSER	
sulfacetamide sodium-sulfur 10-2 % External Cream	2	AVAR-E LS	
sulfacetamide sodium-sulfur 10-5 % External Cream, 9.8-4.8 % External Cream, 9.8-4.8 % External Lotion	2	PLEXION	

[1]You can find information on what the symbols and abbreviations in this table mean by going to the introduction pages of this document

Drug Name	Drug Tier	Reference Name	Requirements/Limits[1]
sulfacetamide sodium-sulfur 9.8-4.8 % External Liquid	2	PLEXION CLEANSER	
sulfacetamide sodium-sulfur 9-4.5 % External Liquid	2	SUMADAN WASH	
sulfacetamide sodium-sulfur 10-4 % External Pad	2	SUMAXIN	
sulfacetamide sodium-sulfur 8-4 % External Suspension	2	SUMAXIN TS	
sulfacetamide sodium-sulfur 8-4 % External Suspension	2	SUMAXIN TS	
sulfacetamide sodium-sulfur 9-4 % External Liquid	2	SUMAXIN WASH	
sulfacetamide-sulfur in urea 10-5 % External Emulsion	2	ROSULA CLEANSER	
SULFACLEANSE 8/4	2		
urea 39 % External Cream, 40 % External Cream, 45 % External Cream, 47 % External Cream	2		
urea 40 % External Lotion	2	CARMOL 40	
urea hydrating	2		
urea nail	2		
xurea	2		
LOCAL ANESTHETICS			
Local Anesthetics			
lidocaine hcl 4 % Mouth/Throat Solution	2	XYLOCAINE	
lidocaine viscous hcl	2	XYLOCAINE	
MELANOCORTIN RECEPTOR AGONISTS			
Melanocortin Receptor Agonists			
SCENESSE	5		SP, QL (60 days supply per fill), PA
MUCOLYTIC AGENTS			
Mucolytic Agents			
HYPERSAL 3.5 % Inhalation Nebulization Solution	4		
NEBUSAL 3 % Inhalation Nebulization Solution	2		
PULMOZYME	5		QL (30 days supply per fill), SP, PA
sodium chloride 0.9 % Inhalation Nebulization Solution, 10 %	2		

[1]You can find information on what the symbols and abbreviations in this table mean by going to the introduction pages of this document

Drug Name	Drug Tier	Reference Name	Requirements/Limits[1]
Inhalation Nebulization Solution, 3 % Inhalation Nebulization Solution			
sodium chloride 7 % Inhalation Nebulization Solution	2	HYPERSAL	
MULTIVITAMIN PREPARATIONS			
Multivitamin Preparations			
ATABEX EC	2		
azesco	2		
cadeau dha	2		
CITRANATAL 90 DHA	2		
CITRANATAL ASSURE	2		
CITRANATAL B-CALM	2		
CITRANATAL DHA	2		
CITRANATAL HARMONY	2		
CITRANATAL RX	2		
c-nate dha	2		
complete natal dha	2		
completenate	2		
CONCEPT DHA	2		
CONCEPT OB	2		
DUET DHA 400	2		
DUET DHA BALANCED	2		
ELITE-OB	2		
ENBRACE HR	2		
FLORIVA 0.25 mg Oral Tablet Chewable, 0.5 mg Oral Tablet Chewable, 1 mg Oral Tablet Chewable	2		
FOLIVANE-OB	2		
kosher prenatal plus iron	2		
m-natal plus	2		
multi-mac	2		
multi-vit/iron/fluoride	2		
multivitamin + fluoride	2		
multivitamin select/fluoride	2		
multivitamin w/fluoride	2		
multivitamin/fluoride 0.25 mg Oral Tablet Chewable, 0.5 mg Oral Tablet Chewable, 1 mg Oral Tablet Chewable	2		

[1]You can find information on what the symbols and abbreviations in this table mean by going to the introduction pages of this document

Drug Name	Drug Tier	Reference Name	Requirements/Limits[1]
multivitamin/fluoride 0.25 mg/ml Oral Solution, 0.5 mg/ml Oral Solution	2		
multi-vitamin/fluoride	2		
multivitamin/fluoride/iron	2		
multi-vitamin/fluoride/iron	2		
NATACHEW	2		
NEEVO DHA	2		
NESTABS	2		
NESTABS DHA	2		
NESTABS ONE	2		
NIVA-PLUS	2		
OB COMPLETE	2		
OB COMPLETE ONE	2		
OB COMPLETE PETITE	2		
OB COMPLETE PREMIER	2		
OB COMPLETE/DHA	2		
OBSTETRIX DHA	2		
OBSTETRIX EC 29-1 mg Oral Tablet	2		
OBSTETRIX EC (WITH DOCUSATE)	2		
OBSTETRIX ONE (WITH DOCUSATE)	2		
OBTREX DHA	2		
pnv tabs 29-1	2		
pnv-dha	2		
pnv-dha+docusate	2		
pnv-omega	2		
pnv-select	2		
POLY-VI-FLOR 0.25 mg Oral Tablet Chewable, 0.5 mg Oral Tablet Chewable, 1 mg Oral Tablet Chewable	2		
POLY-VI-FLOR 0.25 mg/ml Oral Suspension	2		
POLY-VI-FLOR/IRON 0.5-10 mg Oral Tablet Chewable	2		
POLY-VI-FLOR/IRON 0.25-7 mg/ml Oral Suspension	2		
prena 1 true	2		
prena1	2		

[1]You can find information on what the symbols and abbreviations in this table mean by going to the introduction pages of this document

Drug Name	Drug Tier	Reference Name	Requirements/Limits[1]
prena1 pearl	2		
prenaissance	2		
prenaissance plus	2		
prenatabs fa	2		
PRENATABS RX	2		
prenatal 27-1 mg Oral Tablet	2		
prenatal 19 29-1 mg Oral Tablet, 29-1 mg Oral Tablet Chewable	2		
prenatal plus	2		
prenatal plus iron	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		
preplus	2		
pretab	2		
PRIMACARE	2		
PROVIDA OB	2		
relnate dha	2		
SELECT-OB	2		
SELECT-OB+DHA	2		
se-natal 19	2		
TARON-C DHA	2		
TARON-PREX	2		
thrivite 19 Oral Tablet	2		
thrivite rx	2		
TRICARE	2		
trinatal rx 1	2		
TRINATE	2		
tristart dha	2		
TRI-VI-FLOR	2		
VINATE CARE	2		
VINATE DHA RF	2		

[1]You can find information on what the symbols and abbreviations in this table mean by going to the introduction pages of this document

Drug Name	Drug Tier	Reference Name	Requirements/Limits[1]
VINATE II	2		
VINATE ONE	2		
virt-c dha	2		
virt-nate dha	2		
virt-pn dha	2		
virt-pn plus	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		
vitamins acd-fluoride	2		
VITAPEARL	2		
VITATRUE	2		
VIVA DHA	2		
vp-pnv-dha	2		
wescap-c dha	2		
wescap-pn dha	2		
wesnate dha	2		
ZATEAN-PN DHA	2		
ZATEAN-PN PLUS	2		
ziphex	2		
MYDRIATICS			
Mydriatics			
atropine sulfate 1 % Ophthalmic Ointment	2		
atropine sulfate 0.01 % Ophthalmic Solution	2		
atropine sulfate 1 % Ophthalmic Solution	2	ISOPTO ATROPINE	
atropine sulfate 1 % Ophthalmic Solution	2	ISOPTO ATROPINE	
cyclopentolate hcl 0.5 % Ophthalmic Solution, 1 % Ophthalmic Solution, 2 % Ophthalmic Solution	2	CYCLOGYL	
tropicamide 0.5 % Ophthalmic Solution	2		

[1]You can find information on what the symbols and abbreviations in this table mean by going to the introduction pages of this document

Drug Name	Drug Tier	Reference Name	Requirements/Limits[1]
tropicamide 1 % Ophthalmic Solution	2	MYDRIACYL	
NONHORMONAL CONTRACEPTIVES			
Nonhormonal Contraceptives			
CAYA	0		
FC2 FEMALE CONDOM	0		
FEMCAP	0		
OPTIONS GYNOL II CONTRACEPTIVE	0		
PARAGARD INTRAUTERINE COPPER	0		SP
PHEXXI	0		
TODAY SPONGE	0		
VCF VAGINAL CONTRACEPTIVE 28 % Vaginal Film	0		
VCF VAGINAL CONTRACEPTIVE 12.5 % Vaginal Foam, 4 % Vaginal Gel	0		
WIDE-SEAL DIAPHRAGM 60	0		
WIDE-SEAL DIAPHRAGM 65	0		
WIDE-SEAL DIAPHRAGM 70	0		
WIDE-SEAL DIAPHRAGM 75	0		
WIDE-SEAL DIAPHRAGM 80	0		
WIDE-SEAL DIAPHRAGM 85	0		
WIDE-SEAL DIAPHRAGM 90	0		
WIDE-SEAL DIAPHRAGM 95	0		
OPIATE ANTAGONISTS			
Opiate Antagonists			
KLOXXADO	3		
naloxone hcl 4 mg/0.1ml Nasal Liquid	2	NARCAN	
naloxone hcl 0.4 mg/ml Injection Solution Cartridge, 2 mg/2ml Injection Solution Prefilled Syringe	2	NARCAN	
naltrexone hcl 50 mg Oral Tablet	2	REVIA	
NARCAN	3		
VIVITROL	5		SP, QL (30 days supply per fill)
ZIMHI	3		
OTHER MISCELLANEOUS THERAPEUTIC AGENTS			
Other Miscellaneous Therapeutic Agents			

[1]You can find information on what the symbols and abbreviations in this table mean by going to the introduction pages of this document

Drug Name	Drug Tier	Reference Name	Requirements/Limits[1]
AMVUTTRA	5		SP, PA, QL(0.5 ML per 84 days)
ARCALYST	5		QL (34 days supply per fill), SP, PA
betaine Oral Powder	2	CYSTADANE	SP, QL (34 days supply per fill), PA
CYSTADANE	4		QL (34 days supply per fill), SP, PA
CYSTAGON	3		QL (34 days supply per fill), SP
dalfampridine er	2	AMPYRA	SP, QL(60 EA per 30 days)
DUROLANE	5		QL (34 days supply per fill), SP
ELMIRON	4		PA
ENDARI	5		SP, PA, QL(180 EA per 30 days)
EUFLEXXA	5		QL (34 days supply per fill), SP
EVRYSDI	5		SP, PA, QL(6.67 ML per 1 days)
FILSPARI	5		SP, PA, QL(30 EA per 30 days)
FIRDAPSE	5		SP, PA, QL(240 EA per 30 days)
GALAFOLD	5		SP, PA, QL(14 EA per 28 days)
GEL-ONE	5		QL (34 days supply per fill), SP, PA
GELSYN-3	5		QL (34 days supply per fill), SP
GENVISC 850	5		QL (34 days supply per fill), SP, PA
GIVLAARI	5		QL (34 days supply per fill), SP, PA
HYALGAN	5		QL (34 days supply per fill), SP, PA
ILARIS	5		SP, QL (28 to 56 day supply per fill depending on indication), PA

[1]You can find information on what the symbols and abbreviations in this table mean by going to the introduction pages of this document

Drug Name	Drug Tier	Reference Name	Requirements/Limits[1]
JAVYGTOR 100 mg Oral Tablet, 500 mg Oral Packet	5		QL (30 days supply per fill), SP, PA
JAVYGTOR 100 mg Oral Packet	5		QL (34 days supply per fill), SP, PA
levocarnitine 330 mg Oral Tablet	2	CARNITOR	
levocarnitine 1 gm/10ml Oral Solution	2	CARNITOR	
levocarnitine sf	2	CARNITOR	
miglustat	5	ZAVESCA	SP, PA, QL(90 EA per 30 days)
NITYR	5		QL (34 days supply per fill), SP, PA
NULIBRY	5		SP, QL (34 days supply per fill), PA
ONPATTRO	5		QL (21 days supply per fill), SP, PA
ORTHOVISC	5		QL (34 days supply per fill), SP, PA
OXLUMO	5		SP, QL (34 days supply per fill), PA
PROCYSBI	5		QL (34 days supply per fill), SP, PA
REBYOTA	5		QL (34 days supply per fill), SP, PA
REZUROCK	5		SP, PA, QL(30 EA per 30 days)
sapropterin dihydrochloride	5	KUVAN	QL (34 days supply per fill), SP, PA
SKYCLARYS	5		SP, PA, QL(90 EA per 30 days)
SOHONOS 5 mg Oral Capsule	5		QL (90 days supply per fill), SP, PA
SUPARTZ FX	5		QL (34 days supply per fill), SP
SYNOJOYNT	5		SP, PA, QL(6 ML per 180 days)
SYNVISC	5		QL (34 days supply per fill), SP
SYNVISC ONE	5		QL (34 days supply per fill), SP
TRILURON	5		SP, PA, QL(6 ML per 180 days)

[1]You can find information on what the symbols and abbreviations in this table mean by going to the introduction pages of this document

Drug Name	Drug Tier	Reference Name	Requirements/Limits[1]
TRIVISC	5		SP, PA, QL(7.5 ML per 180 days)
TYBOST	3		QL(1 EA per 1 days)
VIJOICE 50 mg Oral Tablet Therapy Pack	5		SP, PA, QL(28 EA per 28 days)
VIJOICE 125 mg Oral Tablet Therapy Pack, 200 & 50 mg Oral Tablet Therapy Pack	5		SP, PA, QL(56 EA per 28 days)
VOWST	5		SP, PA, QL(12 EA per 30 days)
VOXZOGO	5		SP, PA, QL(30 EA per 30 days)
VYNDAMAX	5		SP, PA, QL(30 EA per 30 days)
VYNDAQEL	5		SP, PA, QL(120 EA per 30 days)
YARGESA	5		SP, PA, QL(90 EA per 30 days)
ZOKINVY	5		SP, QL (34 days supply per fill), PA
OXYTOCICS			
Oxytocics			
methylergonovine maleate 0.2 mg Oral Tablet	2	METHERGINE	
mifepristone 200 mg Oral Tablet	2		
PARASYMPATHOMIMETIC (CHOLINERGIC) AGENTS			
Parasympathomimetic (cholinergic) Agents			
bethanechol chloride 10 mg Oral Tablet, 25 mg Oral Tablet, 5 mg Oral Tablet, 50 mg Oral Tablet	2	URECHOLINE	
cevimeline hcl	2	EVOXAC	PA
donepezil hcl 10 mg Oral Tablet, 23 mg Oral Tablet, 5 mg Oral Tablet	2	ARICEPT	
donepezil hcl 10 mg tab disint, 5 mg tab disint	2	ARICEPT ODT	
galantamine hydrobromide 12 mg Oral Tablet, 4 mg Oral Tablet, 8 mg Oral Tablet	2	RAZADYNE	
galantamine hydrobromide 4 mg/ml Oral Solution	2	RAZADYNE	
galantamine hydrobromide er	2	RAZADYNE ER	

[1]You can find information on what the symbols and abbreviations in this table mean by going to the introduction pages of this document

Drug Name	Drug Tier	Reference Name	Requirements/Limits[1]
pilocarpine hcl 5 mg Oral Tablet, 7.5 mg Oral Tablet	2	SALAGEN	
pyridostigmine bromide 30 mg Oral Tablet	2		
pyridostigmine bromide 60 mg Oral Tablet	2	MESTINON	
pyridostigmine bromide 60 mg/5ml Oral Solution	2	MESTINON	
pyridostigmine bromide er	2	MESTINON	
rivastigmine	2	EXELON	PA
rivastigmine tartrate	2	EXELON	
PARATHYROID AND ANTIPARATHYROID AGENTS			
Antiparathyroid Agents			
calcitonin (salmon) 200 unit/act Nasal Solution	2	MIACALCIN	
cinacalcet hcl	2	SENSIPAR	SP
PARSABIV	5		QL (34 days supply per fill), SP, PA
Parathyroid Agents			
teriparatide (recombinant) 620 mcg/2.48ml Subcutaneous Solution Pen-injector	5		SP, PA, QL(2.48 ML per 28 days)
TYMLOS	5		SP, PA, QL(1.56 ML per 30 days)
PHOSPHODIESTERASE TYPE 4 INHIBITORS			
Phosphodiesterase Type 4 Inhibitors			
DALIRESP	4		PA
roflumilast 250 mcg Oral Tablet, 500 mcg Oral Tablet	2	DALIRESP	PA
PITUITARY			
Pituitary			
desmopressin ace spray refrig	2	MINIRIN	
desmopressin acetate 1.5 mg/ml Nasal Solution	2		
desmopressin acetate 0.1 mg Oral Tablet, 0.2 mg Oral Tablet	2	DDAVP	
desmopressin acetate spray	2	DDAVP	
SKYTROFA	5		SP, QL (34 days supply per fill), PA
SOGROYA	5		QL (34 days supply per fill), SP, PA

[1]You can find information on what the symbols and abbreviations in this table mean by going to the introduction pages of this document

Drug Name	Drug Tier	Reference Name	Requirements/Limits[1]
TERLIVAZ	5		QL (14 days supply per fill), SP, PA
PITUITARY FUNCTION			
Pituitary Function			
MACRILEN	5		SP, QL (34 days supply per fill)
PROGESTINS			
Progestins			
CRINONE	4		PA
DEPO-SUBQ PROVERA 104	0		QL (84 days supply per fill), SP
ENDOMETRIN	3		
hydroxyprogesterone caproate Powder	2		QL (34 days supply per fill)
hydroxyprogesterone caproate 1.25 gm/5ml Intramuscular Solution	5	DELALUTIN	QL (34 days supply per fill), SP, PA
hydroxyprogesterone caproate 250 mg/ml Intramuscular Oil	5	MAKENA	QL (34 days supply per fill), SP, PA
medroxyprogesterone acetate 150 mg/ml Intramuscular Suspension, 150 mg/ml Intramuscular Suspension Prefilled Syringe	0	DEPO-PROVERA	QL (84 days supply per fill), SP
medroxyprogesterone acetate 10 mg Oral Tablet, 2.5 mg Oral Tablet, 5 mg Oral Tablet	1	PROVERA	
megestrol acetate 40 mg/ml Oral Suspension, 400 mg/10ml Oral Suspension, 800 mg/20ml Oral Suspension	2	MEGACE	
megestrol acetate 20 mg Oral Tablet, 40 mg Oral Tablet	0	MEGACE	
norethindrone acetate 5 mg Oral Tablet	2	AYGESTIN	
progesterone 50 mg/ml Intramuscular Oil	2		
progesterone 100 mg Oral Capsule, 200 mg Oral Capsule	2	PROMETRIUM	
PROKINETIC AGENTS			
Prokinetic Agents			
metoclopramide hcl 10 mg tab disint, 5 mg tab disint	2	METOZOLV	PA

[1]You can find information on what the symbols and abbreviations in this table mean by going to the introduction pages of this document

Drug Name	Drug Tier	Reference Name	Requirements/Limits[1]
metoclopramide hcl 10 mg Oral Tablet, 5 mg Oral Tablet	2	REGLAN	
metoclopramide hcl 10 mg/10ml Oral Solution, 5 mg/5ml Oral Solution	2	REGLAN	
PROTECTIVE AGENTS			
Protective Agents			
COSELA	5		SP, QL (34 days supply per fill), PA
MESNEX 400 mg Oral Tablet	5		QL (34 days supply per fill)
PEDMARK	5		QL (34 days supply per fill), SP, PA
PSYCHOTHERAPEUTIC AGENTS			
Antidepressants			
amitriptyline hcl 10 mg Oral Tablet, 100 mg Oral Tablet, 150 mg Oral Tablet, 25 mg Oral Tablet, 50 mg Oral Tablet, 75 mg Oral Tablet	1	ELAVIL	
amoxapine	2	ASENDIN	
APLENZIN	4		PA
AUVELITY	4		PA, QL(2 EA per 1 days)
bupropion hcl 100 mg Oral Tablet, 75 mg Oral Tablet	2	WELLBUTRIN	
bupropion hcl er (smoking det)	2	ZYBAN	
bupropion hcl er (smoking det)	0	ZYBAN	
bupropion hcl er (sr)	2	WELLBUTRIN SR	
bupropion hcl er (xl) 450 mg Oral Tablet Extended Release 24 Hour	2	FORFIVO XL	PA
bupropion hcl er (xl) 150 mg Oral Tablet Extended Release 24 Hour, 300 mg Oral Tablet Extended Release 24 Hour	2	WELLBUTRIN XL	
chlordiazepoxide-amitriptyline	2	LIMBITROL	
citalopram hydrobromide 10 mg Oral Tablet, 20 mg Oral Tablet, 40 mg Oral Tablet	1	CELEXA	
citalopram hydrobromide 10 mg/5ml Oral Solution	1	CELEXA	

[1]You can find information on what the symbols and abbreviations in this table mean by going to the introduction pages of this document

Drug Name	Drug Tier	Reference Name	Requirements/Limits[1]
clomipramine hcl 25 mg Oral Capsule, 50 mg Oral Capsule, 75 mg Oral Capsule	2	ANAFRANIL	
desipramine hcl 10 mg Oral Tablet, 100 mg Oral Tablet, 150 mg Oral Tablet, 25 mg Oral Tablet, 50 mg Oral Tablet, 75 mg Oral Tablet	2	NORPRAMIN	
desvenlafaxine succinate er	2	PRISTIQ	QL(1 EA per 1 days)
doxepin hcl 3 mg Oral Tablet, 6 mg Oral Tablet	2	SILENOR	
doxepin hcl 10 mg Oral Capsule, 100 mg Oral Capsule, 150 mg Oral Capsule, 25 mg Oral Capsule, 50 mg Oral Capsule, 75 mg Oral Capsule	2	SINEQUAN	
doxepin hcl 10 mg/ml Oral Concentrate	2	SINEQUAN	
duloxetine hcl 20 mg Oral Capsule Delayed Release Particles, 30 mg Oral Capsule Delayed Release Particles, 60 mg Oral Capsule Delayed Release Particles	2	CYMBALTA	
escitalopram oxalate 10 mg Oral Tablet, 20 mg Oral Tablet, 5 mg Oral Tablet	2	LEXAPRO	
escitalopram oxalate 5 mg/5ml Oral Solution	2	LEXAPRO	
FETZIMA	4		PA
FETZIMA TITRATION	4		PA
fluoxetine hcl 10 mg Oral Capsule, 10 mg Oral Tablet, 20 mg Oral Capsule, 20 mg Oral Tablet, 40 mg Oral Capsule	1	PROZAC	
fluoxetine hcl 60 mg Oral Tablet, 90 mg Oral Capsule Delayed Release	2	PROZAC	
fluoxetine hcl 20 mg/5ml Oral Solution	2	PROZAC	
fluoxetine hcl (pmdd)	2	SARAFEM	PA
fluvoxamine maleate	2	LUVOX	
fluvoxamine maleate er	2	LUVOX CR	

[1]You can find information on what the symbols and abbreviations in this table mean by going to the introduction pages of this document

Drug Name	Drug Tier	Reference Name	Requirements/Limits[1]
imipramine hcl 10 mg Oral Tablet, 25 mg Oral Tablet, 50 mg Oral Tablet	2	TOFRANIL	
imipramine pamoate	2	TOFRANIL-PM	
MARPLAN	4		PA
mirtazapine 15 mg Oral Tablet, 15 mg tab disint, 30 mg Oral Tablet, 30 mg tab disint, 45 mg Oral Tablet, 45 mg tab disint, 7.5 mg Oral Tablet	2	REMERON	
nefazodone hcl	2	SERZONE	
nortriptyline hcl 10 mg Oral Capsule, 25 mg Oral Capsule, 50 mg Oral Capsule, 75 mg Oral Capsule	2	PAMELOR	
nortriptyline hcl 10 mg/5ml Oral Solution	2	PAMELOR	
olanzapine-fluoxetine hcl	2	SYMBYAX	
paroxetine hcl 10 mg Oral Tablet, 20 mg Oral Tablet, 30 mg Oral Tablet, 40 mg Oral Tablet	1	PAXIL	
paroxetine hcl 10 mg/5ml Oral Suspension	2	PAXIL	
paroxetine hcl er	2	PAXIL CR	
perphenazine-amitriptyline	2	TRIAVIL	
PEXEVA	4		PA
phenelzine sulfate 15 mg Oral Tablet	2	NARDIL	
protriptyline hcl	2	VIVACTIL	
sertraline hcl 100 mg Oral Tablet, 25 mg Oral Tablet, 50 mg Oral Tablet	1	ZOLOFT	
sertraline hcl 20 mg/ml Oral Concentrate	2	ZOLOFT	
SPRAVATO (56 MG DOSE)	5		QL (28 days supply per fill), SP, PA
SPRAVATO (84 MG DOSE)	5		QL (28 days supply per fill), SP, PA
tranylcypromine sulfate	2	PARNATE	
trazodone hcl 100 mg Oral Tablet, 150 mg Oral Tablet, 50 mg Oral Tablet	1	DESYREL	

[1]You can find information on what the symbols and abbreviations in this table mean by going to the introduction pages of this document

Drug Name	Drug Tier	Reference Name	Requirements/Limits[1]
trazodone hcl 300 mg Oral Tablet	2	DESYREL	
trimipramine maleate 100 mg Oral Capsule, 25 mg Oral Capsule, 50 mg Oral Capsule	2	SURMONTIL	
venlafaxine hcl	2	EFFEXOR	
venlafaxine hcl er 150 mg Oral Tablet Extended Release 24 Hour, 225 mg Oral Tablet Extended Release 24 Hour, 37.5 mg Oral Tablet Extended Release 24 Hour, 75 mg Oral Tablet Extended Release 24 Hour	4		
venlafaxine hcl er 150 mg Oral Capsule Extended Release 24 Hour, 37.5 mg Oral Capsule Extended Release 24 Hour, 75 mg Oral Capsule Extended Release 24 Hour	2	EFFEXOR XR	
VIIBRYD	4		PA, QL(1 EA per 1 days)
VIIBRYD STARTER PACK	4		PA, QL(1 EA per 1 days)
vilazodone hcl 10 mg Oral Tablet, 20 mg Oral Tablet, 40 mg Oral Tablet	2	VIIBRYD	PA, QL(1 EA per 1 days)
ZULRESSO	5		QL (34 days supply per fill), SP, PA
Antipsychotics			
ABILIFY ASIMTUFII	5		SP, PA, QL(1 ML per 56 days)
ABILIFY MAINTENA	5		SP, PA, QL(1 EA per 28 days)
aripiprazole 10 mg Oral Tablet, 15 mg Oral Tablet, 2 mg Oral Tablet, 20 mg Oral Tablet, 30 mg Oral Tablet, 5 mg Oral Tablet	2	ABILIFY	
aripiprazole 1 mg/ml Oral Solution	2	ABILIFY	
aripiprazole 10 mg tab disint, 15 mg tab disint	2	ABILIFY DISCMELT	
ARISTADA 441 mg/1.6ml Intramuscular Prefilled Syringe	5		SP, PA, QL(1.6 ML per 28 days)

[1]You can find information on what the symbols and abbreviations in this table mean by going to the introduction pages of this document

Drug Name	Drug Tier	Reference Name	Requirements/Limits[1]
ARISTADA 662 mg/2.4ml Intramuscular Prefilled Syringe	5		SP, PA, QL(2.4 ML per 28 days)
ARISTADA 882 mg/3.2ml Intramuscular Prefilled Syringe	5		SP, PA, QL(3.2 ML per 28 days)
ARISTADA 1064 mg/3.9ml Intramuscular Prefilled Syringe	5		SP, PA, QL(3.9 ML per 56 days)
ARISTADA INITIO	5		SP, PA, QL(2.4 ML per 28 days)
asenapine maleate	2	SAPHRIS	PA
CAPLYTA	4		PA, QL(1 EA per 1 days)
chlorpromazine hcl 10 mg Oral Tablet, 100 mg Oral Tablet, 200 mg Oral Tablet, 25 mg Oral Tablet, 50 mg Oral Tablet	2	THORAZINE	
clozapine 100 mg Oral Tablet, 200 mg Oral Tablet, 25 mg Oral Tablet, 50 mg Oral Tablet	2	CLOZARIL	
clozapine 100 mg tab disint, 12.5 mg tab disint, 150 mg tab disint, 200 mg tab disint, 25 mg tab disint	2	FAZACLO	
COMPRO	2		
FANAPT	4		PA
FANAPT TITRATION PACK	4		PA
fluphenazine decanoate 25 mg/ml Injection Solution	2	PROLIXIN	
fluphenazine hcl 1 mg Oral Tablet	1	PROLIXIN	
fluphenazine hcl 10 mg Oral Tablet, 2.5 mg Oral Tablet, 5 mg Oral Tablet	2	PROLIXIN	
fluphenazine hcl 2.5 mg/5ml Oral Elixir, 5 mg/ml Oral Concentrate	2	PROLIXIN	
haloperidol 0.5 mg Oral Tablet, 1 mg Oral Tablet, 10 mg Oral Tablet, 2 mg Oral Tablet, 20 mg Oral Tablet, 5 mg Oral Tablet	2	HALDOL	
haloperidol decanoate 100 mg/ml Intramuscular Solution, 50 mg/ml Intramuscular Solution	2	HALDOL	
haloperidol lactate	2	HALDOL	

[1]You can find information on what the symbols and abbreviations in this table mean by going to the introduction pages of this document

Drug Name	Drug Tier	Reference Name	Requirements/Limits[1]
INVEGA HAFYERA 1092 mg/3.5ml Intramuscular Suspension Prefilled Syringe	5		SP, PA, QL(3.5 ML per 168 days)
INVEGA HAFYERA 1560 mg/5ml Intramuscular Suspension Prefilled Syringe	5		SP, PA, QL(5 ML per 168 days)
INVEGA SUSTENNA 39 mg/0.25ml Intramuscular Suspension Prefilled Syringe	5		SP, PA, QL(0.25 ML per 28 days)
INVEGA SUSTENNA 78 mg/0.5ml Intramuscular Suspension Prefilled Syringe	5		SP, PA, QL(0.5 ML per 28 days)
INVEGA SUSTENNA 117 mg/0.75ml Intramuscular Suspension Prefilled Syringe	5		SP, PA, QL(0.75 ML per 28 days)
INVEGA SUSTENNA 156 mg/ml Intramuscular Suspension Prefilled Syringe	5		SP, PA, QL(1 ML per 28 days)
INVEGA SUSTENNA 234 mg/1.5ml Intramuscular Suspension Prefilled Syringe	5		SP, PA, QL(1.5 ML per 28 days)
INVEGA TRINZA 273 mg/0.88ml Intramuscular Suspension Prefilled Syringe	5		SP, PA, QL(0.88 ML per 84 days)
INVEGA TRINZA 410 mg/1.32ml Intramuscular Suspension Prefilled Syringe	5		SP, PA, QL(1.32 ML per 84 days)
INVEGA TRINZA 546 mg/1.75ml Intramuscular Suspension Prefilled Syringe	5		SP, PA, QL(1.75 ML per 84 days)
INVEGA TRINZA 819 mg/2.63ml Intramuscular Suspension Prefilled Syringe	5		SP, PA, QL(2.62 ML per 84 days)
LATUDA	4		PA
loxapine succinate	2	LOXITANE	
lurasidone hcl	2		PA
NUPLAZID	5		SP, PA, QL(30 EA per 30 days)
olanzapine 10 mg Intramuscular Solution Reconstituted, 10 mg Oral Tablet, 15 mg Oral Tablet, 2.5 mg	2	ZYPREXA	

[1]You can find information on what the symbols and abbreviations in this table mean by going to the introduction pages of this document

Drug Name	Drug Tier	Reference Name	Requirements/Limits[1]
Oral Tablet, 20 mg Oral Tablet, 5 mg Oral Tablet, 7.5 mg Oral Tablet			
olanzapine 10 mg tab disint, 15 mg tab disint, 20 mg tab disint, 5 mg tab disint	2	ZYPREXA ZYDIS	
paliperidone er	2	INVEGA	PA
perphenazine 16 mg Oral Tablet, 2 mg Oral Tablet, 4 mg Oral Tablet, 8 mg Oral Tablet	2	TRILAFON	
PERSERIS	5		SP, PA, QL(1 EA per 28 days)
pimozide	2	ORAP	
prochlorperazine	2	COMPRO	
prochlorperazine maleate 10 mg Oral Tablet, 5 mg Oral Tablet	2	COMPAZINE	
quetiapine fumarate 100 mg Oral Tablet, 200 mg Oral Tablet, 25 mg Oral Tablet, 300 mg Oral Tablet, 400 mg Oral Tablet, 50 mg Oral Tablet	2	SEROQUEL	
quetiapine fumarate er	2	SEROQUEL XR	
RISPERDAL CONSTA	5		SP, PA, QL(2 EA per 28 days)
risperidone 0.25 mg Oral Tablet, 0.25 mg tab disint, 0.5 mg Oral Tablet, 0.5 mg tab disint, 1 mg Oral Tablet, 1 mg tab disint, 2 mg Oral Tablet, 2 mg tab disint, 3 mg Oral Tablet, 3 mg tab disint, 4 mg Oral Tablet, 4 mg tab disint	2	RISPERDAL	
risperidone 1 mg/ml Oral Solution	2	RISPERDAL	
SECUADO	4		PA, QL(1 EA per 1 days)
thioridazine hcl 10 mg Oral Tablet, 100 mg Oral Tablet, 25 mg Oral Tablet, 50 mg Oral Tablet	2	MELLARIL	
thiothixene	2	NAVANE	
trifluoperazine hcl	2	STELAZINE	
UZEDY 100 mg/0.28ml Subcutaneous Suspension Prefilled Syringe, 125 mg/0.35ml Subcutaneous Suspension Prefilled	5		SP, PA, QL(1 ML per 28 days)

[1]You can find information on what the symbols and abbreviations in this table mean by going to the introduction pages of this document

Drug Name	Drug Tier	Reference Name	Requirements/Limits[1]
Syringe, 50 mg/0.14ml Subcutaneous Suspension Prefilled Syringe, 75 mg/0.21ml Subcutaneous Suspension Prefilled Syringe			
UZEDY 150 mg/0.42ml Subcutaneous Suspension Prefilled Syringe, 200 mg/0.56ml Subcutaneous Suspension Prefilled Syringe, 250 mg/0.7ml Subcutaneous Suspension Prefilled Syringe	5		SP, PA, QL(1 ML per 56 days)
VRAYLAR	4		PA, QL(1 EA per 1 days)
ziprasidone hcl	2	GEODON	
ZYPREXA RELPREVV	5		SP, PA, QL(2 EA per 28 days)
RADIOACTIVE AGENTS			
Radioactive Agents			
XOFIGO	5		QL (34 days supply per fill), SP, PA
RENIN-ANGIOTENSIN-ALDOSTERONE SYS INHIB			
Angiotensin Ii Receptor Antagonists			
candesartan cilexetil	2	ATACAND	
candesartan cilexetil-hctz	2	ATACAND HCT	
EDARBI	4		PA, QL(1 EA per 1 days)
EDARBYCLOR	4		PA, QL(1 EA per 1 days)
irbesartan	2	AVAPRO	
irbesartan-hydrochlorothiazide	2	AVALIDE	
losartan potassium 100 mg Oral Tablet, 25 mg Oral Tablet, 50 mg Oral Tablet	2	COZAAR	
losartan potassium-hctz	2	HYZAAR	
olmesartan medoxomil 20 mg Oral Tablet, 40 mg Oral Tablet, 5 mg Oral Tablet	2	BENICAR	
olmesartan medoxomil-hctz	2	BENICAR HCT	
telmisartan	2	MICARDIS	
telmisartan-hctz	2	MICARDIS-HCT	

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Drug Name	Drug Tier	Reference Name	Requirements/Limits[1]
valsartan 160 mg Oral Tablet, 320 mg Oral Tablet, 40 mg Oral Tablet, 80 mg Oral Tablet	2	DIOVAN	
valsartan-hydrochlorothiazide	2	DIOVAN HCT	
Angiotensin-converting Enzyme Inhibitors			
benazepril hcl 10 mg Oral Tablet, 20 mg Oral Tablet, 40 mg Oral Tablet, 5 mg Oral Tablet	1	LOTENSIN	
benazepril-hydrochlorothiazide	2	LOTENSIN HCT	
captopril 100 mg Oral Tablet, 12.5 mg Oral Tablet, 25 mg Oral Tablet, 50 mg Oral Tablet	1	CAPOTEN	
captopril-hydrochlorothiazide	2	CAPOZIDE	
enalapril maleate 10 mg Oral Tablet, 2.5 mg Oral Tablet, 20 mg Oral Tablet, 5 mg Oral Tablet	1	VASOTEC	
enalapril-hydrochlorothiazide	2	VASERETIC	
fosinopril sodium	2	MONOPRIL	
fosinopril sodium-hctz	2	MONOPRIL-HCT	
lisinopril 10 mg Oral Tablet, 2.5 mg Oral Tablet, 20 mg Oral Tablet, 30 mg Oral Tablet, 40 mg Oral Tablet, 5 mg Oral Tablet	1	ZESTRIL	
lisinopril-hydrochlorothiazide	2	ZESTORETIC	
moexipril hcl	2	UNIVASC	
perindopril erbumine	2	ACEON	
quinapril hcl	2	ACCUPRIL	
quinapril-hydrochlorothiazide	2	ACCURETIC	
ramipril	2	ALTACE	
trandolapril	2	MAVIK	
Mineralocorticoid (aldost) Recept Antag			
ALDACTAZIDE 50-50 mg Oral Tablet	4		
eplerenone	2	INSPRA	
spironolactone 100 mg Oral Tablet, 25 mg Oral Tablet, 50 mg Oral Tablet	2	ALDACTONE	
spironolactone-hctz 25-25 mg Oral Tablet	2	ALDACTAZIDE	
Renin Inhibitors			
aliskiren fumarate	2	TEKTURNA	PA
Renin-angiotensin-aldosterone System Inhibitors, Misc			

[1]You can find information on what the symbols and abbreviations in this table mean by going to the introduction pages of this document

Drug Name	Drug Tier	Reference Name	Requirements/Limits[1]
ENTRESTO 97-103 mg Oral Tablet	3		QL(2 EA per 1 days)
ENTRESTO 49-51 mg Oral Tablet	3		QL(3 EA per 1 days)
ENTRESTO 24-26 mg Oral Tablet	3		QL(6 EA per 1 days)
REPLACEMENT PREPARATIONS			
Replacement Preparations			
calcium acetate 667 mg Oral Tablet	2	ELIPHOS	
calcium acetate (phos binder) 667 mg Oral Tablet	2	ELIPHOS	
calcium acetate (phos binder) 667 mg Oral Capsule	2	PHOSLO	
EFFER-K 25 meq Oral Tablet Effervescent	2		
KLOR-CON M10	2		
KLOR-CON M15	2		
KLOR-CON M20	2		
K-PHOS	3		
MAGNEBIND 400	2		
PHOSLYRA	4		PA
PHOSPHA 250 NEUTRAL	2		
PHOSPHO-TRIN K500	3		
potassium chloride 20 meq Oral Packet	2		
potassium chloride 10 % Oral Solution, 20 MEQ/15ML (10%) Oral Solution, 40 MEQ/15ML (20%) Oral Solution	2	K-SOL	
potassium chloride 15 meq Oral Tablet Extended Release	2	KLOR-CON	
potassium chloride crys er 10 meq Oral Tablet Extended Release	2		
potassium chloride crys er 15 meq Oral Tablet Extended Release, 20 meq Oral Tablet Extended Release	2	KLOR-CON	
potassium chloride er 20 meq Oral Tablet Extended Release	2	K-TAB	
potassium chloride er 10 meq Oral Tablet Extended Release, 8 meq Oral Tablet Extended Release	2	KLOR-CON	
potassium chloride er 10 meq Oral Capsule Extended Release, 8 meq Oral Capsule Extended Release	2	MICRO-K	

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Drug Name	Drug Tier	Reference Name	Requirements/Limits[1]
potassium chloride in dextrose 10-5 meq/l-% Intravenous Solution	2		PA
RESPIRATORY SMOOTH MUSCLE RELAXANTS			
Respiratory Smooth Muscle Relaxants			
ELIXOPHYLLIN	2		
THEO-24	4		
theophylline 80 mg/15ml Oral Elixir, 80 mg/15ml Oral Solution	2		
theophylline er 100 mg Oral Tablet Extended Release 12 Hour, 200 mg Oral Tablet Extended Release 12 Hour, 300 mg Oral Tablet Extended Release 12 Hour, 450 mg Oral Tablet Extended Release 12 Hour	2	THEO-DUR	
theophylline er 400 mg Oral Tablet Extended Release 24 Hour, 600 mg Oral Tablet Extended Release 24 Hour	2	UNIPHYL	
RESPIRATORY TRACT AGENTS, MISCELLANEOUS			
Respiratory Tract Agents, Miscellaneous			
ARALAST NP	5		QL (34 days supply per fill), SP, PA
GLASSIA	5		QL (34 days supply per fill), SP, PA
PROLASTIN-C	5		QL (34 days supply per fill), SP, PA
TEZSPIRE	5		SP, PA, QL(1.91 ML per 28 days)
XOLAIR 150 mg Subcutaneous Solution Reconstituted	5		QL (28 days supply per fill), SP, PA
XOLAIR 150 mg/ml Subcutaneous Solution Prefilled Syringe	5		SP, PA, QL(4 ML per 28 days)
XOLAIR 75 mg/0.5ml Subcutaneous Solution Prefilled Syringe	5		SP, PA, QL(5 ML per 28 days)
ZEMAIRA	5		QL (34 days supply per fill), SP, PA
SECOND GENERATION ANTIHISTAMINES			
Second Generation Antihistamines			
CLARINEX-D 12 HOUR	4		
desloratadine	2	CLARINEX	

[1]You can find information on what the symbols and abbreviations in this table mean by going to the introduction pages of this document

Drug Name	Drug Tier	Reference Name	Requirements/Limits[1]
levocetirizine dihydrochloride 5 mg Oral Tablet	2	XYZAL	
levocetirizine dihydrochloride 2.5 mg/5ml Oral Solution	2	XYZAL	
SKELETAL MUSCLE RELAXANTS			
Centrally Acting Skeletal Muscle Relaxants			
carisoprodol 250 mg Oral Tablet, 350 mg Oral Tablet	2	SOMA	
carisoprodol-aspirin-codeine	2	SOMA COMPOUND WITH CODEINE	
chlorzoxazone 250 mg Oral Tablet	2		
chlorzoxazone 375 mg Oral Tablet, 750 mg Oral Tablet	2	LORZONE	
chlorzoxazone 500 mg Oral Tablet	2	PARAFON FORTE	
cyclobenzaprine hcl 7.5 mg Oral Tablet	2	FEXMID	
cyclobenzaprine hcl 10 mg Oral Tablet, 5 mg Oral Tablet	1	FLEXERIL	
cyclobenzaprine hcl er	2	AMRIX	PA
LORZONE	4		PA
metaxalone	2	SKELAXIN	
methocarbamol 500 mg Oral Tablet, 750 mg Oral Tablet	2	ROBAXIN	
tizanidine hcl 2 mg Oral Capsule, 2 mg Oral Tablet, 4 mg Oral Capsule, 4 mg Oral Tablet, 6 mg Oral Capsule	2	ZANAFLEX	
Direct-acting Skeletal Muscle Relaxants			
dantrolene sodium 100 mg Oral Capsule, 25 mg Oral Capsule, 50 mg Oral Capsule	2	DANTRIUM	
Gaba-derivative Skeletal Muscle Relaxants			
baclofen 5 mg Oral Tablet	2		
baclofen 5 mg/5ml Oral Solution	2		QL(16 ML per 1 days)
baclofen 10 mg Oral Tablet, 20 mg Oral Tablet	2	LIORESAL	
Neuromuscular Blocking Agents			
BOTOX	5		QL (90 days supply per fill), SP, PA
DYSPORT	5		QL (90 days supply per fill), SP, PA

[1]You can find information on what the symbols and abbreviations in this table mean by going to the introduction pages of this document

Drug Name	Drug Tier	Reference Name	Requirements/Limits[1]
MYOBLOC	5		SP, QL (90 day supply per fill), PA
XEOMIN	5		SP, QL (90 days supply per fill), PA
Skeletal Muscle Relaxants, Miscellaneous			
orphenadrine citrate er	2	NORFLEX	
SKIN AND MUCOUS MEMBRANE AGENTS, MISC			
Skin And Mucous Membrane Agents, Misc			
acitretin	2	SORIATANE	QL (34 days supply per fill), SP, PA
adapalene 0.1 % External Cream, 0.1 % External Gel, 0.3 % External Gel	2	DIFFERIN	
adapalene-benzoyl peroxide 0.1-2.5 % External Gel	2	EPIDUO	
ADBRY	5		SP, PA, QL(4 ML per 28 days)
AMNESTEEM	5		QL (30 days supply per fill), SP
ARAZLO	4		PA
azelaic acid 15 % External Gel	2	FINACEA	
AZELEX	4		PA
bexarotene 1 % External Gel	2	TARGRETIN	QL (34 days supply per fill), SP, PA
brimonidine tartrate 0.33 % External Gel	2		PA
calcipotriene 0.005 % External Cream, 0.005 % External Ointment	2	DOVONEX	
calcipotriene 0.005 % External Solution	2	DOVONEX	
CALCITRENE	2		
calcitriol 3 mcg/gm External Ointment	2	VECTICAL	
CIBINQO	5		SP, PA, QL(30 EA per 30 days)
CLARAVIS	5		QL (30 days supply per fill), SP
clindamycin-tretinoin	2	ZIANA	PA
CONDYLOX	3		
COREMINO	2		
DRITHO-CREME HP	3		

[1]You can find information on what the symbols and abbreviations in this table mean by going to the introduction pages of this document

Drug Name	Drug Tier	Reference Name	Requirements/Limits[1]
DUPIXENT 200 mg/1.14ml Subcutaneous Solution Pen-injector	5		SP, PA, QL(2.28 ML per 28 days)
DUPIXENT 300 mg/2ml Subcutaneous Solution Pen-injector, 300 mg/2ml Subcutaneous Solution Prefilled Syringe	5		SP, PA, QL(4 ML per 28 days)
FABIOR	4		PA
FINACEA 15 % External Foam	4		PA
FLUOROPLEX	4		PA
fluorouracil 0.5 % External Cream	2	CARAC	
fluorouracil 5 % External Cream	2	EFUDEX	
fluorouracil 2 % External Solution, 5 % External Solution	2	EFUDEX	
HYFTOR	5		SP, PA, QL(30 GM per 30 days)
imiquimod 5 % External Cream	2	ALDARA	
imiquimod 3.75 % External Cream	2	ZYCLARA	PA
imiquimod pump	2	ZYCLARA	PA
isotretinoin 10 mg Oral Capsule, 20 mg Oral Capsule, 30 mg Oral Capsule, 40 mg Oral Capsule	5	ABSORICA	QL (30 days supply per fill), SP
isotretinoin 25 mg Oral Capsule, 35 mg Oral Capsule	5	ABSORICA	QL (30 days supply per fill), PA
KLISYRI	4		QL (5 packets per fill), PA
KORSUVA	5		QL (34 days supply per fill), SP, PA
minocycline hcl er 135 mg Oral Tablet Extended Release 24 Hour, 45 mg Oral Tablet Extended Release 24 Hour, 90 mg Oral Tablet Extended Release 24 Hour	2	SOLODYN	
minocycline hcl er 105 mg Oral Tablet Extended Release 24 Hour, 115 mg Oral Tablet Extended Release 24 Hour, 55 mg Oral Tablet Extended Release 24 Hour, 65 mg Oral Tablet Extended Release 24 Hour, 80 mg Oral Tablet Extended Release 24 Hour	2	SOLODYN	PA
MIRVASO	4		QL (1 tube per fill), PA

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Drug Name	Drug Tier	Reference Name	Requirements/Limits[1]
MYORISAN	5		QL (34 days supply per fill)
OPZELURA	4		PA, QL(240 GM per 28 days)
PANRETIN	4		SP, PA
pimecrolimus	2	ELIDEL	PA
podofilox 0.5 % External Solution	2	CONDYLOX	
QBREXZA	3		PA, QL(1 EA per 1 days)
QUTENZA	5		PA, QL(4 EA per 90 days)
QUTENZA (2 PATCH)	5		PA, QL(4 EA per 90 days)
QUTENZA (4 PATCH)	5		SP, PA, QL(4 EA per 90 days)
RECTIV	4		PA
SANTYL	3		PA
SKYRIZI 150 mg/ml Subcutaneous Solution Prefilled Syringe	5		SP, PA-NSO, QL(1 ML per 84 days)
SKYRIZI (150 MG DOSE)	5		SP, PA-NSO, QL(1 EA per 84 days)
SKYRIZI PEN	5		SP, PA-NSO, QL(1 ML per 84 days)
SPEVIGO	5		QL (15 mL per fill), SP, PA
STELARA 45 mg/0.5ml Subcutaneous Solution, 45 mg/0.5ml Subcutaneous Solution Prefilled Syringe	5		SP, PA-NSO, QL(0.5 ML per 84 days)
STELARA 90 mg/ml Subcutaneous Solution Prefilled Syringe	5		QL (56 or 84 days supply per fill depending on indication), SP, PA-NSO
tacrolimus 0.03 % External Ointment, 0.1 % External Ointment	2	PROTOPIC	
TARGRETIN 1 % External Gel	5		QL (34 days supply per fill), SP, PA
tazarotene 0.1 % External Foam	2	FABIOR	PA
tazarotene 0.05 % External Gel, 0.1 % External Cream, 0.1 % External Gel	2	TAZORAC	

[1]You can find information on what the symbols and abbreviations in this table mean by going to the introduction pages of this document

Drug Name	Drug Tier	Reference Name	Requirements/Limits[1]
TAZORAC 0.05 % External Cream, 0.05 % External Gel, 0.1 % External Gel	4		
TREMFYA	5		SP, PA-NSO, QL(1 ML per 56 days)
VALCHLOR	5		QL (34 days supply per fill), SP, PA
VEREGEN	4		PA
ZENATANE	5		QL (30 days supply per fill), SP
ZORYVE	5		SP, PA, QL(60 GM per 30 days)
ZYCLARA PUMP 2.5 % External Cream	4		PA
SOMATOSTATIN AGONISTS AND ANTAGONISTS			
Somatostatin Agonists			
lanreotide acetate 120 mg/0.5ml Subcutaneous Solution	5		SP, QL (28 days supply per fill), PA
octreotide acetate 100 mcg/ml Subcutaneous Solution Prefilled Syringe, 50 mcg/ml Subcutaneous Solution Prefilled Syringe, 500 mcg/ml Subcutaneous Solution Prefilled Syringe	2		QL (34 days supply per fill), SP
octreotide acetate 100 mcg/ml Injection Solution, 1000 mcg/ml Injection Solution, 200 mcg/ml Injection Solution, 50 mcg/ml Injection Solution, 500 mcg/ml Injection Solution	2	SANDOSTATIN	QL (34 days supply per fill), SP
SANDOSTATIN LAR DEPOT	5		QL (28 days supply per fill), SP, PA
SIGNIFOR	5		SP, PA, QL(60 ML per 30 days)
SIGNIFOR LAR	5		QL (28 days supply per fill), SP, PA
SOMATULINE DEPOT	5		QL (28 days supply per fill), SP
SOMATOTROPIN AGONISTS AND ANTAGONISTS			
Somatotropin Agonists			

[1]You can find information on what the symbols and abbreviations in this table mean by going to the introduction pages of this document

Drug Name	Drug Tier	Reference Name	Requirements/Limits[1]
GENOTROPIN 12 mg Subcutaneous Cartridge, 5 mg Subcutaneous Cartridge	5		QL (34 days supply per fill), SP, PA
GENOTROPIN MINIQUICK 0.2 mg Subcutaneous Prefilled Syringe, 0.4 mg Subcutaneous Prefilled Syringe, 0.6 mg Subcutaneous Prefilled Syringe, 0.8 mg Subcutaneous Prefilled Syringe, 1 mg Subcutaneous Prefilled Syringe, 1.2 mg Subcutaneous Prefilled Syringe, 1.4 mg Subcutaneous Prefilled Syringe, 1.6 mg Subcutaneous Prefilled Syringe, 1.8 mg Subcutaneous Prefilled Syringe, 2 mg Subcutaneous Prefilled Syringe	5		QL (34 days supply per fill), SP, PA
HUMATROPE	5		QL (34 days supply per fill), SP, PA
INCRELEX	5		QL (34 days supply per fill), SP, PA
NORDITROPIN FLEXPRO	5		QL (34 days supply per fill), SP, PA
NUTROPIN AQ NUSPIN 10	5		QL (34 days supply per fill), SP, PA
NUTROPIN AQ NUSPIN 20	5		QL (34 days supply per fill), SP, PA
NUTROPIN AQ NUSPIN 5	5		QL (34 days supply per fill), SP, PA
OMNITROPE 5.8 mg Subcutaneous Solution Reconstituted	5		QL (34 days supply per fill), SP, PA
OMNITROPE 10 mg/1.5ml Subcutaneous Solution Cartridge, 5 mg/1.5ml Subcutaneous Solution Cartridge	5		QL (34 days supply per fill), SP, PA
SAIZEN	5		QL (34 days supply per fill), SP, PA
SAIZENPREP	5		QL (34 days supply per fill), SP, PA
SEROSTIM	5		QL (34 days supply per fill), SP, PA

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Drug Name	Drug Tier	Reference Name	Requirements/Limits[1]
ZOMACTON	5		QL (34 days supply per fill), SP, PA
ZOMACTON (FOR ZOMA-JET 10)	5		QL (34 days supply per fill), SP, PA
ZORBTIVE	5		QL (34 days supply per fill), SP, PA
Somatotropin Antagonists			
SOMAVERT	5		QL (34 days supply per fill), SP, PA
SYMPATHOLYTIC (ADRENERGIC BLOCKING) AGENTS			
Alpha-adrenergic Blocking Agents			
alfuzosin hcl er	2	UROXATRAL	
dihydroergotamine mesylate 1 mg/ml Injection Solution	2	D.H.E. 45	
dihydroergotamine mesylate 4 mg/ml Nasal Solution	2	MIGRANAL	
ergoloid mesylates 1 mg Oral Tablet	2	HYDERGINE	
phenoxybenzamine hcl 10 mg Oral Capsule	2	DIBENZYLINE	SP
silodosin	2	RAPAFLO	PA
tamsulosin hcl	2	FLOMAX	
SYMPATHOMIMETIC (ADRENERGIC) AGENTS			
Alpha- And Beta-adrenergic Agonists			
AUVI-Q 0.1 mg/0.1ml Injection Solution Auto-injector	3		QL (2 kits per fill), AL(Max 3 years)
epinephrine 0.3 mg/0.3ml Injection Solution Auto-injector	2	EPIPEN	QL (2 kits per fill)
epinephrine 0.15 mg/0.3ml Injection Solution Auto-injector	2	EPIPEN JR	QL (2 kits per fill)
Alpha-adrenergic Agonists			
LUCEMYRA	5		PA, QL(112 EA per 7 days)
midodrine hcl	2	PROAMATINE	
Beta-adrenergic Agonists			
ADVAIR HFA	3		
albuterol sulfate 0.63 mg/3ml Inhalation Nebulization Solution, 1.25 mg/3ml Inhalation Nebulization Solution	2	ACCUNEB	
albuterol sulfate 2 mg Oral Tablet, 4 mg Oral Tablet	1	PROVENTIL	

[1]You can find information on what the symbols and abbreviations in this table mean by going to the introduction pages of this document

Drug Name	Drug Tier	Reference Name	Requirements/Limits[1]
albuterol sulfate 2.5 mg/0.5ml Inhalation Nebulization Solution	2	PROVENTIL	
albuterol sulfate (2.5 MG/3ML) 0.083% Inhalation Nebulization Solution, (5 MG/ML) 0.5% Inhalation Nebulization Solution, 2 mg/5ml Oral Syrup	2	PROVENTIL	
albuterol sulfate hfa	2	PROAIR HFA	
arformoterol tartrate	2	BROVANA	PA
COMBIVENT RESPIMAT	3		
fluticasone-salmeterol 100-50 mcg/act Inhalation Aerosol Powder Breath Activated, 250-50 mcg/act Inhalation Aerosol Powder Breath Activated, 500-50 mcg/act Inhalation Aerosol Powder Breath Activated	2	ADVAIR DISKUS	QL(2 EA per 1 days)
formoterol fumarate 20 mcg/2ml Inhalation Nebulization Solution	2	PERFOROMIST	PA
ipratropium-albuterol 0.5-2.5 (3) mg/3ml Inhalation Solution	2	DUONEB	
levalbuterol hcl 1.25 mg/0.5ml Inhalation Nebulization Solution	2	XOPENEX	
levalbuterol hcl 0.31 mg/3ml Inhalation Nebulization Solution, 0.63 mg/3ml Inhalation Nebulization Solution, 1.25 mg/3ml Inhalation Nebulization Solution	2	XOPENEX	
levalbuterol tartrate	2	XOPENEX HFA	
PROAIR DIGIHALER	3		PA
PROAIR RESPICLICK	3		PA
SEREVENT DISKUS 50 mcg/act Inhalation Aerosol Powder Breath Activated	3		
STRIVERDI RESPIMAT	3		
terbutaline sulfate 2.5 mg Oral Tablet, 5 mg Oral Tablet	2	BRETHINE	
VENTOLIN HFA	2		
WIXELA INHUB 100-50 mcg/act Inhalation Aerosol Powder Breath Activated, 250-50 mcg/act Inhalation Aerosol Powder Breath	2		QL(2 EA per 1 days)

[1]You can find information on what the symbols and abbreviations in this table mean by going to the introduction pages of this document

Drug Name	Drug Tier	Reference Name	Requirements/Limits[1]
Activated, 500-50 mcg/act Inhalation Aerosol Powder Breath Activated			
THYROID AND ANTITHYROID AGENTS			
Antithyroid Agents			
methimazole 10 mg Oral Tablet, 5 mg Oral Tablet	2	TAPAZOLE	
propylthiouracil 50 mg Oral Tablet	2		
Thyroid Agents			
ADTHYZA	3		
ARMOUR THYROID	3		
EUTHYROX	2		
LEVO-T	3		
levothyroxine sodium 100 mcg Oral Tablet, 112 mcg Oral Tablet, 125 mcg Oral Tablet, 137 mcg Oral Tablet, 150 mcg Oral Tablet, 175 mcg Oral Tablet, 200 mcg Oral Tablet, 25 mcg Oral Tablet, 300 mcg Oral Tablet, 50 mcg Oral Tablet, 75 mcg Oral Tablet, 88 mcg Oral Tablet	1	SYNTHROID	
LEVOXYL	3		
liothyronine sodium 25 mcg Oral Tablet, 5 mcg Oral Tablet, 50 mcg Oral Tablet	2	CYTOMEL	
NP THYROID	2		
SYNTHROID	3		
thyroid 120 mg Oral Tablet, 15 mg Oral Tablet, 30 mg Oral Tablet, 60 mg Oral Tablet, 90 mg Oral Tablet	2		
UNITHROID	3		
THYROID FUNCTION			
Thyroid Function			
THYROGEN	5		QL (34 days supply per fill), SP
URICOSURIC AGENTS			
Uricosuric Agents			
colchicine-probenecid	2	COLBENEMID	
probenecid	2	BENEMID	
URINARY ANTI-INFECTIVES			
Urinary Anti-infectives			

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Drug Name	Drug Tier	Reference Name	Requirements/Limits[1]
fosfomycin tromethamine	2	MONUROL	PA
HYOPHEN	2		
methenamine hippurate	2	HIPREX	
methenamine mandelate 0.5 gm Oral Tablet, 1 gm Oral Tablet	2		
nitrofurantoin 25 mg/5ml Oral Suspension	2	FURADANTIN	
nitrofurantoin macrocrystal	2	MACRODANTIN	
nitrofurantoin monohyd macro	2	MACROBID	
PRIMSOL	4		PA
trimethoprim 100 mg Oral Tablet	2	PROLOPRIM	
URETRON D/S	3		
URIMAR-T 120 mg Oral Tablet	2		
uro-458	2		
uro-mp	2		
USTELL	2		
VILAMIT MB	2		
VILEVEV MB	2		
URINE AND FECES CONTENTS			
Ketones			
ketone test	3		QL (100 strips per fill)
KETOSTIX	3		QL (100 strips per fill)
RELION KETONE TEST	3		QL (100 strips per fill)
Urine And Feces Contents			
CVS KETONE CARE	3		QL (100 strips per fill)
VACCINES			
Vaccines			
VIVOTIF	3		QL (4 capsules per fill)
VASCULAR ENDOTHELIAL GROWTH FACTOR ANTAGONISTS			
Vascular Endothelial Growth Factor Antagonists			
BEOVU	5		SP, PA, QL(0.1 ML per 25 days)
BYOOVIZ	5		SP, PA, QL(0.1 ML per 28 days)
CIMERLI	5		SP, PA, QL(0.1 ML per 28 days)
EYLEA	5		SP, PA, QL(0.1 ML per 25 days)
LUCENTIS	5		SP, PA, QL(0.1 ML per 28 days)
SUSVIMO (IMPLANT 1ST FILL)	5		SP, PA, QL(0.2 ML per 168 days)

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Drug Name	Drug Tier	Reference Name	Requirements/Limits[1]
SUSVIMO (IMPLANT REFILL)	5		SP, PA, QL(0.2 ML per 168 days)
VABYSMO	5		SP, PA, QL(0.1 ML per 21 days)
VASODILATING AGENTS			
Endothelin Receptor Antagonists			
ambrisentan	2	LETAIRIS	SP, PA, QL(30 EA per 30 days)
bosentan 125 mg Oral Tablet, 62.5 mg Oral Tablet	2	TRACLEER	SP, PA-NSO, QL(60 EA per 30 days)
OPSUMIT	5		SP, PA, QL(30 EA per 30 days)
Nitrates And Nitrites			
isosorbide dinitrate	2	ISORDIL TITRADOSE	
isosorbide mononitrate	1	MONOKET	
isosorbide mononitrate er	1	IMDUR	
NITRO-BID	3		
NITRO-DUR 0.3 mg/hr Transdermal Patch 24 Hour, 0.8 mg/hr Transdermal Patch 24 Hour	3		
nitroglycerin 0.1 mg/hr Transdermal Patch 24 Hour, 0.2 mg/hr Transdermal Patch 24 Hour, 0.4 mg/hr Transdermal Patch 24 Hour, 0.6 mg/hr Transdermal Patch 24 Hour	2	NITRO-DUR	
nitroglycerin 0.4 mg/spray Translingual Solution	2	NITROLINGUAL	
nitroglycerin 0.3 mg Sublingual Tablet Sublingual, 0.4 mg Sublingual Tablet Sublingual, 0.6 mg Sublingual Tablet Sublingual	2	NITROSTAT	
NITRO-TIME	2		
Phosphodiesterase Type 5 Inhibitors			
ALYQ	2		SP, PA, QL(60 EA per 30 days)
LIQREV	4		QL (34 days supply per fill), SP, PA
sildenafil citrate 20 mg Oral Tablet	2	REVATIO	QL (34 days supply per fill), PA
sildenafil citrate 10 mg/ml Oral Suspension Reconstituted	2	REVATIO	QL (34 days supply per fill), SP, PA

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Drug Name	Drug Tier	Reference Name	Requirements/Limits[1]
tadalafil 2.5 mg Oral Tablet, 5 mg Oral Tablet	2	CIALIS	PA
tadalafil (pah) 20 mg Oral Tablet	2	ADCIRCA	SP, PA, QL(60 EA per 30 days)
Prostacyclin & Prostacyclin Derivatives			
epoprostenol sodium	5	FLOLAN	QL (34 days supply per fill), SP, PA
treprostinil 100 mg/20ml Injection Solution, 20 mg/20ml Injection Solution, 200 mg/20ml Injection Solution, 50 mg/20ml Injection Solution	5	REMODULIN	QL (34 days supply per fill), SP, PA
TYVASO	5		SP, PA, QL(81.2 ML per 28 days)
TYVASO DPI MAINTENANCE KIT 16 mcg Inhalation Powder, 32 mcg Inhalation Powder, 48 mcg Inhalation Powder, 64 mcg Inhalation Powder	5		SP, PA, QL(112 EA per 28 days)
TYVASO DPI MAINTENANCE KIT 112 x 32MCG & 112 x48mcg Inhalation Powder	5		SP, PA, QL(224 EA per 28 days)
TYVASO DPI TITRATION KIT 112 x 16MCG & 84 x 32mcg Inhalation Powder	5		SP, PA, QL(196 EA per 28 days)
TYVASO DPI TITRATION KIT 16 & 32 & 48 mcg Inhalation Powder	5		SP, PA, QL(252 EA per 28 days)
TYVASO REFILL	5		SP, PA, QL(81.2 ML per 28 days)
TYVASO STARTER	5		SP, PA, QL(81.2 ML per 28 days)
VENTAVIS	5		QL (34 days supply per fill), SP, PA
Vasodilating Agents, Miscellaneous			
ADEMPAS	5		SP, PA, QL(90 EA per 30 days)
dipyridamole 25 mg Oral Tablet, 50 mg Oral Tablet, 75 mg Oral Tablet	2	PERSANTINE	
isoxsuprine hcl 10 mg Oral Tablet, 20 mg Oral Tablet	2		
UPTRAVI 1000 mcg Oral Tablet, 1200 mcg Oral Tablet, 1400 mcg	5		SP, PA, QL(60 EA per 30 days)

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Drug Name	Drug Tier	Reference Name	Requirements/Limits[1]
Oral Tablet, 1600 mcg Oral Tablet, 400 mcg Oral Tablet, 600 mcg Oral Tablet, 800 mcg Oral Tablet			
UPTRAVI 1800 mcg Intravenous Solution Reconstituted	5		SP, QL (30 days supply per fill), PA, QL(60 EA per 30 days)
UPTRAVI 200 mcg Oral Tablet	5		SP, PA, QL(140 EA per 28 days)
UPTRAVI 200 & 800 mcg Oral Tablet Therapy Pack	5		SP, PA, QL(200 EA per 180 days)
VERQUVO	4		PA, QL(1 EA per 1 days)
VESICULAR MONOAMINE TRANSPORTER 2 (VMAT2) INHIBITORS			
Vesicular Monoamine Transporter 2 (vmat2) Inhibitors			
tetrabenazine 12.5 mg Oral Tablet	2	XENAZINE	SP, PA, QL(102 EA per 34 days)
tetrabenazine 25 mg Oral Tablet	2	XENAZINE	SP, PA, QL(136 EA per 34 days)
VITAMIN B COMPLEX			
Vitamin B Complex			
folic acid 1 mg Oral Tablet	2		
NIACOR	2		
VITAMIN D			
Vitamin D			
calcitriol 0.25 mcg Oral Capsule, 0.5 mcg Oral Capsule	2	ROCALTROL	
calcitriol 1 mcg/ml Oral Solution	2	ROCALTROL	
D3-50	2		
DECARA	4		
doxercalciferol 0.5 mcg Oral Capsule, 1 mcg Oral Capsule, 2.5 mcg Oral Capsule	2	HECTOROL	
ergocalciferol 1.25 MG (50000 ut) Oral Capsule	2	DRISDOL	
paricalcitol 1 mcg Oral Capsule, 2 mcg Oral Capsule, 4 mcg Oral Capsule	2	ZEMPLAR	
vitamin d (ergocalciferol) 1.25 MG (50000 ut) Oral Capsule, 50000 unit Oral Capsule	2	DRISDOL	
vitamin d3 1.25 MG (50000 ut) Oral Capsule	2		

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Drug Name	Drug Tier	Reference Name	Requirements/Limits[1]
WEEKLY-D	2		
VITAMIN K ACTIVITY			
Vitamin K Activity			
phytonadione 5 mg Oral Tablet	2	MEPHYTON	

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