

INTRODUCTION

The **AvMed Jackson Health Systems Commercial 4-Tier Medication Formulary** was developed to serve as a guide for prescribers, pharmacists, health care professionals and members in the selection of cost-effective medication therapy. AvMed recognizes that medication therapy is an integral part of effective health management. Due to the vast availability of medication options, a reasonable program for medication selection and use is warranted.

The drugs represented have been reviewed by a National Pharmacy and Therapeutics (P&T) Committee and are approved for inclusion. The **AvMed Jackson Health Systems Commercial 4-Tier Medication Formulary** is reflective of current medical practice as of the date of review.

The information contained in this **AvMed Jackson Health Systems Commercial 4-Tier Medication Formulary** and its appendices is provided solely for the convenience of medical providers. We do not warrant or assure accuracy of such information nor is it intended to be comprehensive in nature. This **AvMed Jackson Health Systems Commercial 4-Tier Medication Formulary** is not intended to be a substitute for the knowledge, expertise, skill and judgment of the medical provider in his or her choice of prescription drugs. All the information in the **AvMed Jackson Health Systems Commercial 4-Tier Medication Formulary** is provided as a reference for drug therapy selection. Specific drug selection for an individual patient rests solely with the prescriber. The document is subject to state-specific regulations and rules, including, but not limited to, those regarding generic substitution, controlled substance schedules, preference for brands and mandatory generics whenever applicable.

We assume no responsibility for the actions or omissions of any medical provider based upon reliance, in whole or in part, on the information contained herein. The medical provider should consult the drug manufacturer's product literature or standard references for more detailed information.

National guidelines can be found on the National Guideline Clearinghouse site at <https://www.ahrq.gov/gam/>, on the websites listed under each therapeutic class and on the sites listed in the WEBSITES section of this publication.

The **Jackson Health Systems Commercial 4-Tier Medication Formulary** is a fluid document, which is continually reviewed and modified. This dynamic process does not allow this document to be completely accurate at all times. To accommodate regular changes, an updated electronic version of this formulary is available online at www.avmed.org. AvMed welcomes your input and feedback on the information provided in this document.

PHARMACY AND THERAPEUTICS (P&T) COMMITTEE

The services of an independent National Pharmacy and Therapeutics Committee ("P&T Committee") are utilized to approve safe and clinically effective drug therapies. The P&T Committee is an external advisory body of clinical professionals from across the United States. The P&T Committee's voting members include physicians, pharmacists, a pharmacoeconomist and a medical ethicist, all of whom have a broad background of clinical and academic expertise regarding prescription drugs. Employees with significant clinical expertise are invited to meet with the P&T Committee, but no employee may vote on issues before the P&T Committee. Voting members of the P&T Committee must disclose any financial relationship or conflicts of interest with any pharmaceutical manufacturers.

DEFINITIONS

Brand Medication - A prescription medication that is usually manufactured and sold under a name or trademark by a pharmaceutical manufacturer, or a medication that is identified as a Brand medication by AvMed's Pharmacy Benefits Manager (PBM).

Brand Additional Charge - The additional charge that must be paid if you or your prescriber choose a brand medication when a generic equivalent is available. The charge is the difference between the cost of the brand medication and the generic medication. This charge must be paid in addition to the applicable Non-Preferred brand copay.

Cost-sharing Medications - Medications, as designated by AvMed, designed to improve the quality of life by treating relatively minor, non-life threatening conditions. Such medications are subject to coinsurance and coverage is limited.

Generic Medication - A prescription medication that has the same active ingredient as a brand medication or is identified as a generic medication by AvMed's Pharmacy Benefits Manager. Generic products approved by the United

States Food and Drug Administration (FDA) are just as effective and safe as the brand-name products. Generic medications contain identical active ingredients, have the same indication for use, meet the same manufacturing standards, and are identical in strength and dosage form as brand-name medications.

Maintenance Medication - A medication that has been approved by the FDA, for which the duration of therapy can reasonably be expected to exceed one year.

Participating Pharmacy - A pharmacy (retail, mail service, or specialty pharmacy) that has entered into an agreement with AvMed to provide prescription drugs to AvMed members and has been designated by AvMed as a participating pharmacy.

Preferred Medication List - The listing of preferred medications based on clinical efficacy, relative safety and cost in comparison to similar medications within a therapeutic class. This multi-tiered list establishes different levels of copay for medications within therapeutic classes. As new medications become available, they may be considered excluded until they have been reviewed by the P&T Committee.

Prescription Medication - A medication that has been approved by the FDA and that can only be dispensed pursuant to a prescription according to state and federal law.

Prior Authorization - The process of obtaining approval for certain prescription drugs (prior to dispensing) according to AvMed's guidelines. The ordering prescriber must obtain approval from AvMed. The list of prescription drugs requiring prior authorization is subject to periodic review and modification by AvMed. To initiate a prior authorization, please visit our website at www.avmed.org to obtain a Medication Exception Request Form (MER).

Progressive Medication Program (Step Therapy) - Medications included in this program require trial of a first-line medication in order for a second-line medication to be covered under your pharmacy benefit. (Coverage for a third-line medication requires trial of one or more first-line **AND** second-line medications.) If for medical reasons you cannot use the first-line medication and require a second-line or third-line medication, your prescriber may request a prior authorization for you to have this medication covered. Certain medications may be grandfathered in for members who are controlled on a second-line or third-line medication.

Self-Administered Injectable Medication - A medication that has been approved by the FDA for self-injection and is administered by subcutaneous injection. Prior authorization is required for all self-administered injectable medications, except Insulin.

Specialty Medication - A self-injectable or high-cost oral medication approved by the FDA. These medications must be prescribed by a physician and dispensed by either a retail or participating specialty pharmacy, depending on the medication. The Copayment levels for Specialty Medications apply regardless of provider. This means that you may be responsible for the appropriate Copayment whether you receive your Specialty Medication from the pharmacy, at the physician's office or during home health visits. Specialty Medications are limited to a 30-day supply.

Quantity Limit - Medications included in this program allow a maximum quantity per prescription and/or time period for one copay or coinsurance. Quantity limits are developed based upon FDA approved medication labeling and nationally recognized therapeutic clinical guidelines. If your prescription exceeds the quantity limit, a prior authorization will be required.

BENEFIT COVERAGE AND LIMITATIONS

This medication formulary is for reference purposes only and does not guarantee nor define benefit coverage and limitations. Many members have specific benefits, which are not reflected in the **Jackson Health Systems Commercial 4-Tier Medication Formulary**. You may contact AvMed's Member Engagement Department regarding any coverage questions by calling the number listed on the back of your card. Please note that the formulary process is dynamic and generally changes throughout the year. These changes typically occur due to, but not limited to, the following reasons: approval of new medications, availability of newly approved generics, changes in clinical data, and medication safety concerns. AvMed is not held responsible for payment in the event that either a medication was omitted or included in error, or that a medication was placed at an incorrect tier on this formulary. The following topics may or may not be applicable to individual members depending on member-specific benefit parameters.

Coverage

Your prescription medication coverage includes medications that require a prescription, are filled by an AvMed network pharmacy, and are prescribed by your provider in accordance with AvMed's coverage criteria. AvMed reserves the right to make changes in coverage criteria for covered products and services. Coverage criteria are medical and pharmaceutical protocols used to determine payment of products and services and are based on independent clinical practice guidelines and standards of care established by government agencies and medical/pharmaceutical societies.

Your retail prescription medication coverage includes up to a 30-day supply of a medication for the listed copay. In most cases, your prescription may be refilled after 75% of your previous fill has been used, and is subject to a maximum of 13 refills per year. Many plans have the opportunity to obtain a 90-day supply of a medication at a retail or mail pharmacy for a reduced amount. Please refer to your specific pharmacy benefits.

Your mail-service prescription medication coverage includes up to a 90-day supply of most medications for the listed copay per your prescription benefits. If the amount of medication is less than a 90-day supply, such as a 75-day supply, you will still be charged the listed mail-service copay per your prescription benefits.

Your specialty medication coverage extends to many self-injectable and high-cost oral medications approved by the FDA. These medications must be ordered by a prescriber and dispensed by a retail or specialty pharmacy, depending on the type of medication. The copayment levels for specialty medications apply regardless of provider. This means that you may be responsible for the appropriate copayment whether you receive your Specialty Medication from the pharmacy, at the physician's office or during home health visits. Specialty Medications are limited to a 30-day supply.

Quantity limits are set in accordance with FDA approved prescribing limitations, general practice guidelines supported by medical specialty organizations, and/or evidence-based, statistically valid, clinical studies. This means that a medication-specific quantity limit may apply for medications that have an increased potential for over-utilization or an increased potential for a member to experience an adverse event at higher doses.

Prior Authorization Process

The prior authorization process requires the practitioner to provide information to support a requested exception request. These authorization requests must be submitted to AvMed by fax to 877-535-1391 using the Medication Exception Request Form. The Medication Exception Request Form is available at: <https://www.avmed.org/documents/20182/1731553/Commercial+MEDICATION+EXCEPTION+REQUEST+FORM+01-2017.pdf/2bb997cd-15e7-4d98-9e57-d5cc4fcd5002>.

Information needed to make coverage determinations of medications requiring prior authorization may include lab values, prescription history, a statement of medical necessity and any other pertinent information to satisfy the established coverage guideline for the requested medication. In most cases, coverage determinations will be made within 1-2 business days if authorization is deemed urgent and within 3-5 business days if identified as standard or routine.

Member Initiated Prior Authorization Process

Members may request a prior authorization by directly contacting the AvMed Member Engagement Department at the number on their membership card. The member should have the prescriber information (phone number) and any pertinent information related to the request to provide to the Member Engagement Department. Members may also initiate the prior authorization process (Medication Exception) by logging into AvMed.org and then selecting "Benefits", "Physician Referrals & Authorizations" and then selecting the link located under "Prescription Medications".

Quantity Limit Exception

Certain medications allow for a maximum quantity per prescription and/or time period for one copay or coinsurance. Medications with applicable quantity limits are noted on the formulary by "QL". Quantity limits are developed based upon FDA-approved medication labeling and nationally recognized therapeutic clinical guidelines. If a prescription exceeds the quantity limit, the prescriber should provide a statement of medical necessity and request a prior authorization as described on page 6. For a current list of products subject to quantity limits please see our [Quantity Limit](#) web page.

Progressive Medication Program (Step Therapy)

Medications that require Step Therapy are noted on the formulary by "ST". For a current list of products requiring this prior approval please see our [Progressive Medication Program](#) web page.

Non-Formulary Medication Requests

A request for a non-formulary medication requires documentation from the member's medical records and/or prescription claims history verifying the following: statement of medical necessity; contraindications to ALL other formulary alternatives; or therapeutic failure of adequate trials of one to three months of each and ALL other formulary alternatives. Non-formulary requests may be requested by the PRESCRIBER through the prior authorization process as described on page 6.

Tier Description

Each copay tier is assigned an established copayment, which is the amount you pay when you fill a prescription. Consult your benefit documents to determine your specific copayments, coinsurance, and/or deductibles that are part of your plan. You and your doctor decide which medication is most appropriate for you.

- **Tier 1 - (Generics)** - These are preferred generic medications and are in the low to mid-range for out-of-pocket expense. You should always consider Tier 1 medications if you and your doctor decide they are appropriate to treat your condition.
- **Tier 2 - (Preferred Brands)** - These are preferred brand- or high cost generic medications and are in the mid to higher range for out-of-pocket expense. Sometimes there are alternatives available in Tier 1 that may be appropriate to treat your condition. If you are currently taking a Tier 2 medication, ask your doctor whether there are lower copayment alternatives that may be right for your treatment.
- **Tier 3 - (Non-Preferred Brands)** - These are non-preferred brand- or non-preferred generic medications and are in the higher range for out-of-pocket expense. Sometimes there are alternatives available in Tier 1 or Tier 2 that may be appropriate to treat your condition. If you are currently taking a Tier 3 medication, ask your doctor whether there are lower copayment alternatives that may be right for your treatment.
- **Tier 4 - (Specialty Medications)** - These are brand- or generic-name specialty medications or high cost medications and are typically the highest out-of-pocket expense. Distribution of specialty medications is limited to our specialty pharmacy.
- **Tier 5 - (Cost-Sharing Medications)** - If applicable to your specific prescription benefits, the coinsurance for medications on this tier is 50%.

Common Medical Exclusions

Due to benefit design parameters, there could be certain medication classes that are excluded from your pharmacy benefit coverage. Prior authorization is generally not available for medications that are specifically excluded by benefit design. Commonly excluded products may include, but are not limited to:

- Over-the-counter (OTC) medications or their equivalents unless otherwise specified in the medication formulary listing
- Experimental medication products, or any medication product used in an experimental manner
- Foreign medications or medications not approved by the United States Food and Drug Administration (FDA)
- Replacement prescription drug products resulting from a lost, stolen, expired, broken, or destroyed prescription order or refill
- Fertility drugs
- Medications or devices for the diagnosis or treatment of sexual dysfunction
- Dental-specific medications, including fluoride medications for adults
- Prescription and non-prescription vitamins and minerals, except prenatal vitamins
- Nutritional supplements and Medical Foods
- Cosmetic products, including, but not limited to, hair growth, skin bleaching, sun damage and anti-wrinkle medications
- Prescription and non-prescription appetite suppressants and products for the purpose of weight loss
- Compounded prescriptions, except pediatric preparations

- Pharmaceuticals that would be covered under the medical benefit. These may include, but are not limited to, immunizations; allergy serums; medical supplies, including therapeutic devices, dressings, appliances, and support garments; medications administered by the attending physician to treat an acute phase of an illness; and chemotherapy for cancer patients. Such benefits are covered in accordance with the Group Medical and Hospital Service Contract and may be subject to copay or coinsurance and prior authorization requirements, as outlined on the Schedule of Benefits.

Mandated Generic Substitution

AvMed advocates the use of cost-effective generic medications where FDA-labeled brand-equivalent medications are available. A generic medication is approved by the FDA once the manufacturer has proven that it has the same active ingredient(s) as the brand-name medication. Generally, generic medications cost less than brand-name medications. If a member or a prescriber requests a brand-name product in lieu of an approved generic, the member, based upon his/her coverage, will typically be required to pay the Non-Preferred Brand Copay plus the Brand Additional Charge.

Health Care Reform - Preventive Medications

The Patient Protection and Affordable Care Act of 2010 allows members to receive some preventive, evidence-based items and services at no cost to the member with certain stipulations. These items and services include, but are not limited to, certain medications including: fluoride products for members 5 years of age and under, aspirin for men 50 years of age and older, aspirin for females 12 years of age and older, folic acid for women of childbearing age, iron products for infants age 6 months to 11 months, vitamin D (over-the-counter) products for members 65 years of age or older, certain contraceptives and contraceptive devices for women (see chart below), and tobacco cessation medications (see chart below).

Some of the limitations for receiving these medications at no cost to the member require that: (1) the medication is covered as part of the prescription benefits, (2) a prescription is required, and (3) this coverage will only apply in a retail pharmacy. As new guidance continues to be released for coverage of preventive medications, the list and/or restrictions will be updated accordingly.

Contraceptive Type	Examples	Cost Share
Oral Generics	(multiple)	No cost share
Non-Oral and OTC	etonogestrel/EE ring, norelgestromin/EE, condoms, diaphragms, etc.	No cost share. OTCs require a prescription for coverage.
Other Contraceptive Methods	IUDs, Depo-Provera	No cost share - these are covered under the Medical Benefit because they are administered by a health care professional.
Oral Brands with Generics	Loestrin Fe, Estrostep Fe, Ortho-Novum 7/7/7	Tier 3 Copay plus brand additional charge - can request no cost share if Prior Authorization submitted and medical necessity is established.

Tobacco Cessation Coverage and Cost Share Policy:

Medication Type	Examples	Cost Share
Oral, prescription only	Bupropion SR, Chantix	No cost share. Limit of 168 days' supply per year.
Non-prescription / OTC	Nicotrol inhalers or nasal spray; generic nicotine patches, gums, lozenges	No cost share. Limit of 168 days' supply per year. Prescription from doctor required.
Brands with Generics	Nicorette, Nicoderm CQ	Not covered. Only the generic equivalents are covered.

Opioid Medication Management

To combat the national opioid crisis, the Centers for Disease Control and Prevention's (CDC) *Guideline for Prescribing Opioids for Chronic Pain* updated how health care providers can better manage pain, including safer ways to use opioids. AvMed is taking action based on the CDC guideline to help prevent opioid abuse with our members' utmost safety in mind.

How we help members safely use opioid medication

- Set a coverage limit for up to seven days if you are new to therapy
- Limit opioid medication amounts for new or ongoing therapy covered by your plan
- Ensuring the use of short-acting opioids before using long-acting ones

Balancing risks and benefits

Prescription opioids can manage short-term pain like after a surgery or injury. But, they may not work as well long-term to manage chronic pain. Plus, you're more likely to overdose or become addicted from using opioids for a long time. And overdose can cause serious health problems or even death. Other treatments like exercise or non-opioid pain relievers with less serious risks may be an option. Members should work with their doctor to find the safest ways to best manage their condition.

TRANSITION OF CARE

The Transition-of-Care Form has been developed for newly enrolled members with AvMed who require assistance with transition of care from their previous insurance carrier and their providers. The information provided on this form will help allow for a smooth transition of your medical care to AvMed providers. If any of the medications listed on the Transition-of-Care Form are within our Progressive Medication Program or Prior Authorization Program, AvMed will reach out to your provider/pharmacy to obtain the necessary information. If you have fulfilled the requirements of these programs, an authorization will be placed in the system to allow you to continue to get these medications. If established criteria has not been met, an authorization will be required.

HOW CAN I SAVE MONEY ON PRESCRIPTIONS?

Always ask your doctor to consider choosing an appropriate medication from the formulary that is on the lower tier selections, such as Tier 1 or Tier 2. Medications within these tiers have the lowest out-of-pocket cost for you. If you are currently taking a Tier 3 medication, you should consult with your physician to see if there are other medication alternatives that are on a lower tier.

HOW CAN I ORDER A FREE DIABETIC METER SYSTEM?

AvMed members with Diabetes can call CVS Caremark® at 1-877-418-4746 to order a new diabetic meter for free. Meters will be sent directly to the Member. Members may also visit the website [Caremark.com/ManagingDiabetes](https://www.caremark.com/ManagingDiabetes) to submit a request electronically or you may review the diabetic meter information located on the AvMed website at www.avmed.org/web/guest/preferred-medication-lists.

AvMed covers the following meters and accompanying test strips:

OneTouch Verio Reflect® and OneTouch Verio Flex®

Members are limited to one meter system per 365 days. A prescription is REQUIRED to receive a new meter. If you do not have a prescription, you may ask CVS Caremark to obtain one for you when you submit your request.

MAIL-SERVICE PRESCRIPTIONS

Some members can order their prescriptions from a mail-service pharmacy. These members can receive up to a 90-day supply of certain medications through the mail for a specified copayment as outlined in their group benefits plan. Receiving a 90-day supply of medication by mail may prove to be more economical for you. The convenience of mail

service may also help you stay compliant with your medications. Simply ask your prescriber to write the prescription(s) for a 90-day supply and submit it with your mail-service request forms to the address listed on the form. You can print the request forms from our website at www.avmed.org. Medications ordered and processed through mail service are typically mailed to the member via U.S. regular mail. You should allow up to 14 days for delivery from the time mail service receives the request. (Note: Per federal and/or state law, some controlled substance medications are not available through mail service, with the exception of some Schedule III, IV and V medications.) Prescriptions submitted to mail service for less than a 90-day supply may be returned to the member.

We also offer a program called **FastStart**[®], a streamlined process that encourages members to set up mail service delivery. At the member's request, a CVS Caremark pharmacist will fax or call your office to get a prescription for your patient. It's that easy. The member can call 888-963-7290 to initiate mail service through FastStart.

MEDICATIONS PRE-PACKAGED AS A 3-MONTH SUPPLY

Our pharmacy benefit covers some medications that are pre-packaged, dispensed and sold as a 3-Month supply. Members who are prescribed these medications will be charged the applicable tier copayment for a 3-Month supply whether the prescription is filled at retail or through the mail-service option. Examples of medications packaged as 3-Month supplies include: Estring, Femring, and Seasonique. Please consult our website for an up-to-date list of medications or call Member Engagement at the number on the back of your ID card for more information on coverage.

CONTACT INFORMATION

The **Jackson Health Systems Commercial 4-Tier Medication Formulary** is designed to assist prescribers, members, and other health care professionals in the selection of cost-effective medications. AvMed encourages your input and feedback on how we can assist in improving this document and the formulary management process. You may contact AvMed's Member Engagement Department by calling the number listed on the back of your card.

For additional information, please visit our website at: www.avmed.org.

LEGEND

OTC	Over the counter
PA	Prior Authorization
PF	Preferred
QL	Quantity Limit
SP	Specialty drug
ST	Step Therapy (Progressive Medication Program)
Brand	Brand products are listed in capitals.
Generic	Generic products are listed in lowercase italics.

NOTICE

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Drug Name Drug Tier Requirements/Limits
ADHD/ANTI-NARCOLEPSY/ANTI-OBESITY/ANOREXIANTS

AMPHETAMINES

ADDERALL XR CAP 5MG	1	QL (90 caps / 30days)
ADDERALL XR CAP 10MG	1	QL (90 caps / 30days)
ADDERALL XR CAP 15MG	1	QL (30 caps / 30days)
ADDERALL XR CAP 20MG	1	QL (30 caps / 30days)
ADDERALL XR CAP 25MG	1	QL (30 caps / 30days)
ADDERALL XR CAP 30MG	1	QL (30 caps / 30days)
<i>amphetamine sulfate tabs 5mg, 10mg</i>	1	QL (120 tabs / 30 days)
<i>amphetamine-dextroamphetamine tab 5 mg</i>	1	QL (90 tabs / 30 days)
<i>amphetamine-dextroamphetamine tab 7.5 mg</i>	1	QL (90 tabs / 30 days)
<i>amphetamine-dextroamphetamine tab 10 mg</i>	1	QL (90 tabs / 30 days)
<i>amphetamine-dextroamphetamine tab 12.5 mg</i>	1	QL (90 tabs / 30 days)
<i>amphetamine-dextroamphetamine tab 15 mg</i>	1	QL (60 tabs / 30 days)
<i>amphetamine-dextroamphetamine tab 20 mg</i>	1	QL (60 tabs / 30 days)
<i>amphetamine-dextroamphetamine tab 30 mg</i>	1	QL (60 tabs / 30 days)
<i>dextroamphetamine sulfate cp24 5mg, 10mg</i>	1	QL (120 caps / 30 days)
<i>dextroamphetamine sulfate cp24 15mg</i>	1	QL (60 caps / 30 days)
<i>dextroamphetamine sulfate soln 5mg/5ml</i>	1	QL (1200 mL / 30 days)
<i>dextroamphetamine sulfate tabs 5mg, 10mg</i>	1	QL (120 tabs / 30 days)
<i>dextroamphetamine sulfate tabs 15mg, 20mg, 30mg</i>	1	QL (60 tabs / 30 days)
DYANAVEL XR SUER 2.5mg/ml	3	QL (240 mL / 30 days)
<i>methamphetamine hcl tabs 5mg</i>	1	QL (150 tabs / 30 days)
MYDAYIS CAP 12.5MG	2	QL (60 caps / 30 days)
MYDAYIS CAP 25MG	2	QL (60 caps / 30 days)
MYDAYIS CAP 37.5MG	2	QL (30 caps / 30 days)
MYDAYIS CAP 50MG	2	QL (30 caps / 30 days)
<i>procentra soln 5mg/5ml</i>	1	QL (1200 mL / 30 days)
VYVANSE CAPS 10mg, 20mg, 30mg	2	QL (60 caps / 30 days)
VYVANSE CAPS 40mg, 50mg, 60mg, 70mg	2	QL (30 caps / 30 days)
VYVANSE CHEW 10mg, 20mg, 30mg	2	QL (60 tabs / 30 days)
VYVANSE CHEW 40mg, 50mg, 60mg	2	QL (30 tabs / 30 days)
<i>zenzedi tabs 2.5mg, 5mg, 7.5mg, 10mg</i>	1	QL (120 tabs / 30 days)
<i>zenzedi tabs 15mg, 20mg, 30mg</i>	1	QL (60 tabs / 30 days)

Drug Name	Drug Tier	Requirements/Limits
ANALEPTICS		
<i>caffeine citrate soln 20mg/ml, 60mg/3ml</i>	1	
ANOREXIANTS NON-AMPHETAMINE		
<i>benzphetamine hcl tabs 25mg, 50mg</i>	1	PA; Benefit exclusions may apply
<i>diethylpropion hcl tabs 25mg; tb24 75mg</i>	1	PA; Benefit exclusions may apply
<i>phendimetrazine tartrate tabs 35mg</i>	1	PA; Benefit exclusions may apply
<i>phentermine hcl caps 15mg, 30mg, 37.5mg; tabs 37.5mg</i>	1	PA; Benefit exclusions may apply
QSYMIA CAP 3.75-23	2	PA; Benefit exclusions may apply
QSYMIA CAP 7.5-46MG	2	PA; Benefit exclusions may apply
QSYMIA CAP 11.25-69	2	PA; Benefit exclusions may apply
QSYMIA CAP 15-92MG	2	PA; Benefit exclusions may apply
ATTENTION-DEFICIT/HYPERACTIVITY DISORDER (ADHD) AGENTS		
<i>atomoxetine hcl caps 10mg, 18mg, 25mg</i>	1	QL (120 caps / 30 days)
<i>atomoxetine hcl caps 40mg</i>	1	QL (60 caps / 30 days)
<i>atomoxetine hcl caps 60mg, 80mg, 100mg</i>	1	QL (30 caps / 30 days)
<i>clonidine hcl (adhd) tb12 .1mg</i>	1	
<i>guanfacine hcl (adhd) tb24 1mg, 2mg</i>	1	QL (1 tab / 1 day)
<i>guanfacine hcl (adhd) tb24 3mg, 4mg</i>	1	
QELBREE CP24 100mg, 150mg, 200mg	2	QL (2 caps / 1 day)
DOPAMINE AND NOREPINEPHRINE REUPTAKE INHIBITORS (DNRIS)		
SUNOSI TABS 75mg, 150mg	2	PA
HISTAMINE H3-RECEPTOR ANTAGONIST/INVERSE AGONISTS		
WAKIX TABS 4.45mg, 17.8mg	4	SP, PA; PF
STIMULANTS - MISC.		
<i>armodafinil tabs 50mg, 150mg, 200mg, 250mg</i>	1	
CONCERTA TBCR 18mg, 27mg, 36mg	1	QL (60 tabs / 30 days)
CONCERTA TBCR 54mg	1	QL (30 tabs / 30 days)
<i>dexmethylphenidate hcl cp24 5mg, 10mg, 15mg, 20mg</i>	1	QL (60 caps / 30 days)
<i>dexmethylphenidate hcl cp24 25mg, 30mg, 35mg, 40mg</i>	1	QL (30 caps / 30 days)
<i>dexmethylphenidate hcl tabs 2.5mg, 5mg</i>	1	QL (120 tabs / 30 days)
<i>dexmethylphenidate hcl tabs 10mg</i>	1	QL (60 tabs / 30 days)

Drug Name	Drug Tier	Requirements/Limits
<i>methylphenidate hcl chew 2.5mg, 5mg, 10mg; tabs 5mg, 10mg</i>	1	QL (180 tabs / 30 days)
<i>methylphenidate hcl cp24 10mg, 15mg, 20mg, 30mg, 40mg, 50mg; cpcr 10mg, 20mg, 30mg</i>	1	QL (60 caps / 30 days)
<i>methylphenidate hcl cp24 40mg, 60mg; cpcr 40mg, 50mg, 60mg</i>	1	QL (30 caps / 30 days)
<i>methylphenidate hcl soln 5mg/5ml</i>	1	QL (1800 mL / 30 days)
<i>methylphenidate hcl soln 10mg/5ml</i>	1	QL (900 mL / 30 days)
<i>methylphenidate hcl tabs 20mg; tbcr 10mg, 20mg</i>	1	QL (90 tabs / 30 days)
METHYLPHENIDATE HYDROCHLO TBCR 72mg	3	QL (60 tabs / 30 days)
<i>modafinil tabs 100mg, 200mg</i>	1	
QUILLICHEW ER CHER 20mg, 30mg	3	QL (60 tabs / 30 days)
QUILLICHEW ER CHER 40mg	3	QL (30 tabs / 30 days)
QUILLIVANT XR SRER 25mg/5ml	3	QL (360 mL / 30 days)

ALLERGENIC EXTRACTS/BIOLOGICALS MISC

ALLERGENIC EXTRACTS

GRASTEK SUBL 2800bau	2	QL (1 ea / 1 day)
ODACTRA SUB	3	QL (1 ea / 1 day)
ORALAIR SUB 300 IR	2	QL (1 tab / 1 day)
RAGWITEK SUBL 12amba1-u	2	QL (1 ea / 1 day)

AMINOGLYCOSIDES

AMINOGLYCOSIDES

ARIKAYCE SUSP 590mg/8.4ml	4	SP, PA
BETHKIS NEBU 300mg/4ml	4	SP, PA; PF
KITABIS PAK NEBU 300mg/5ml	4	SP, PA
<i>neomycin sulfate tabs 500mg</i>	1	
<i>paromomycin sulfate caps 250mg</i>	1	
<i>tobramycin nebu 300mg/4ml, 300mg/5ml</i>	4	SP, PA

ANALGESICS - ANTI-INFLAMMATORY

ANTI-TNF-ALPHA - MONOCLONAL ANTIBODIES

HUMIRA PSKT 10mg/0.1ml, 20mg/0.2ml, 40mg/0.4ml, 40mg/0.8ml	4	SP, PA; Preferred for Ankylosing Spondylitis, Crohn's Disease, Psoriasis, Psoriatic Arthritis, Rheumatoid Arthritis, Ulcerative Colitis, all other autoimmune conditions
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Drug Name	Drug Tier	Requirements/Limits
HUMIRA PEDIA INJ CROHNS	4	SP, PA; Preferred for Ankylosing Spondylitis, Crohn's Disease, Psoriasis, Psoriatic Arthritis, Rheumatoid Arthritis, Ulcerative Colitis, all other autoimmune conditions
HUMIRA PEDIATRIC CROHNS D PSKT 80mg/0.8ml	4	SP, PA; Preferred for Ankylosing Spondylitis, Crohn's Disease, Psoriasis, Psoriatic Arthritis, Rheumatoid Arthritis, Ulcerative Colitis, all other autoimmune conditions
HUMIRA PEN PNKT 40mg/0.4ml, 40mg/0.8ml, 80mg/0.8ml	4	SP, PA; Preferred for Ankylosing Spondylitis, Crohn's Disease, Psoriasis, Psoriatic Arthritis, Rheumatoid Arthritis, Ulcerative Colitis, all other autoimmune conditions
HUMIRA PEN KIT PS/UV	4	SP, PA; Preferred for Ankylosing Spondylitis, Crohn's Disease, Psoriasis, Psoriatic Arthritis, Rheumatoid Arthritis, Ulcerative Colitis, all other autoimmune conditions
HUMIRA PEN-CD/UC/HS START PNKT 40mg/0.8ml, 80mg/0.8ml	4	SP, PA; Preferred for Ankylosing Spondylitis, Crohn's Disease, Psoriasis, Psoriatic Arthritis, Rheumatoid Arthritis, Ulcerative Colitis, all other autoimmune conditions
HUMIRA PEN-PEDIATRIC UC S PNKT 80mg/0.8ml	4	SP, PA; Preferred for Ankylosing Spondylitis, Crohn's Disease, Psoriasis, Psoriatic Arthritis, Rheumatoid Arthritis, Ulcerative Colitis, all other autoimmune conditions

Drug Name	Drug Tier	Requirements/Limits
HUMIRA PEN-PS/UV STARTER PNKT 40mg/0.8ml	4	SP, PA; Preferred for Ankylosing Spondylitis, Crohn's Disease, Psoriasis, Psoriatic Arthritis, Rheumatoid Arthritis, Ulcerative Colitis, all other autoimmune conditions
ANTIRHEUMATIC - ENZYME INHIBITORS		
RINVOQ TB24 15mg	4	SP, PA; Preferred for Rheumatoid Arthritis
XELJANZ SOLN 1mg/ml	4	SP, PA; Preferred for Rheumatoid Arthritis, Ulcerative Colitis (after failure of HUMIRA)
XELJANZ TABS 5mg, 10mg	4	SP, PA; Preferred for Rheumatoid Arthritis, Ulcerative Colitis (after failure of HUMIRA)
XELJANZ XR TB24 11mg, 22mg	4	SP, PA; Preferred for Rheumatoid Arthritis, Ulcerative Colitis (after failure of HUMIRA)
ANTIRHEUMATIC ANTIMETABOLITES		
RASUVO SOAJ 7.5mg/0.15ml, 10mg/0.2ml, 12.5mg/0.25ml, 15mg/0.3ml, 17.5mg/0.35ml, 20mg/0.4ml, 22.5mg/0.45ml, 25mg/0.5ml, 30mg/0.6ml	4	SP, PA; PF
GOLD COMPOUNDS		
RIDAURA CAPS 3mg	3	
INTERLEUKIN-1 BLOCKERS		
ARCALYST SOLR 220mg	4	SP, PA
INTERLEUKIN-6 RECEPTOR INHIBITORS		
KEVZARA SOAJ 150mg/1.14ml, 200mg/1.14ml; SOSY 150mg/1.14ml, 200mg/1.14ml	4	SP, PA; Preferred for Rheumatoid Arthritis
NONSTEROIDAL ANTI-INFLAMMATORY AGENTS (NSAIDS)		
<i>cataflam tabs 50mg</i>	1	
<i>celecoxib caps 50mg, 100mg, 200mg, 400mg</i>	1	
<i>diclofenac potassium tabs 50mg</i>	1	
<i>diclofenac sodium tb24 100mg; tbec 25mg, 50mg, 75mg</i>	1	
<i>diclofenac w/ misoprostol tab delayed release 50-0.2 mg</i>	1	

Drug Name	Drug Tier	Requirements/Limits
<i>diclofenac w/ misoprostol tab delayed release 75-0.2 mg</i>	1	
DUEXIS TAB 800-26.6	3	PA
<i>ec-naproxen tbec 375mg, 500mg</i>	1	
<i>etodolac caps 200mg, 300mg; tabs 400mg, 500mg; tb24 400mg, 500mg, 600mg</i>	1	
<i>flurbiprofen tabs 50mg, 100mg</i>	1	
<i>ibu tabs 400mg, 600mg, 800mg</i>	1	
<i>ibuprofen susp 100mg/5ml; tabs 400mg, 600mg, 800mg</i>	1	
<i>indomethacin caps 25mg, 50mg; cpcr 75mg</i>	1	
<i>ketoprofen caps 50mg, 75mg</i>	1	
<i>ketorolac tromethamine tabs 10mg</i>	1	
<i>lofena tabs 25mg</i>	1	
<i>meclofenamate sodium caps 50mg, 100mg</i>	1	
<i>mefenamic acid caps 250mg</i>	1	
<i>meloxicam tabs 7.5mg</i>	1	QL (1 tab / 1 day)
<i>meloxicam tabs 15mg</i>	1	
<i>nabumetone tabs 500mg, 750mg</i>	1	
NALFON CAPS 400mg	3	
<i>naproxen tabs 250mg, 375mg, 500mg; tbec 375mg, 500mg</i>	1	
<i>naproxen sodium tabs 275mg, 550mg</i>	1	
<i>oxaprozin tabs 600mg</i>	1	
<i>piroxicam caps 10mg, 20mg</i>	1	
<i>sulindac tabs 150mg, 200mg</i>	1	
VIMOVO TAB 375-20MG	3	PA
VIMOVO TAB 500-20MG	3	PA
ZIPSOR CAPS 25mg	3	PA

PHOSPHODIESTERASE 4 (PDE4) INHIBITORS

OTEZLA TABS 30mg	4	SP, PA, QL (2 tabs / 1 day); Preferred for Psoriasis, Psoriatic Arthritis
OTEZLA TAB 10/20/30	4	SP, PA; Preferred for Psoriasis, Psoriatic Arthritis

PYRIMIDINE SYNTHESIS INHIBITORS

<i>leflunomide tabs 10mg</i>	1	QL (1 tab / 1 day)
<i>leflunomide tabs 20mg</i>	1	

SELECTIVE COSTIMULATION MODULATORS

ORENCIA SOSY 50mg/0.4ml, 87.5mg/0.7ml, 125mg/ml	4	SP, PA; Preferred for Rheumatoid Arthritis
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Drug Name	Drug Tier	Requirements/Limits
ORENCIA CLICKJECT SOAJ 125mg/ml	4	SP, PA; Preferred for Rheumatoid Arthritis

SOLUBLE TUMOR NECROSIS FACTOR RECEPTOR AGENTS

ENBREL SOLN 25mg/0.5ml; SOLR 25mg; SOSY 25mg/0.5ml, 50mg/ml	4	SP, PA; Preferred for Ankylosing Spondylitis, Psoriatic Arthritis, Rheumatoid Arthritis, all other autoimmune conditions
ENBREL MINI SOCT 50mg/ml	4	SP, PA; Preferred for Ankylosing Spondylitis, Psoriatic Arthritis, Rheumatoid Arthritis, all other autoimmune conditions
ENBREL SURECLICK SOAJ 50mg/ml	4	SP, PA; Preferred for Ankylosing Spondylitis, Psoriatic Arthritis, Rheumatoid Arthritis, all other autoimmune conditions

ANALGESICS - NONNARCOTIC ANALGESIC COMBINATIONS

<i>bac</i>	1	QL (48 tabs / 30 days)
<i>butalbital-acetaminophen cap 50-300 mg</i>	1	QL (48 caps / 30 days)
<i>butalbital-acetaminophen tab 25-325 mg</i>	1	QL (96 tabs / 30 days)
<i>butalbital-acetaminophen tab 50-325 mg</i>	1	QL (48 tabs / 30 days)
<i>butalbital-acetaminophen-caffeine tab 50-325-40 mg</i>	1	QL (48 tabs / 30 days)
<i>butalbital-aspirin-caffeine cap 50-325-40 mg</i>	1	QL (144 caps / 30 days)
<i>tencon</i>	1	QL (48 tabs / 30 days)
<i>vto1 lq</i>	1	QL (720 mL / 30 days)

SALICYLATES

<i>aspirin chewable 81mg chew 81mg</i>	1	OTC; \$0 copay for members age 50-59 or members at risk for preeclampsia, otherwise not covered
<i>aspirin ec 81mg tbec 81mg</i>	1	OTC; \$0 copay for members age 50-59 or members at risk for preeclampsia, otherwise not covered
<i>diflunisal tabs 500mg</i>	1	
<i>salsalate tabs 750mg</i>	1	

Drug Name	Drug Tier	Requirements/Limits
ANALGESICS - OPIOID		
OPIOID AGONISTS		
ACTIQ LPOP 200mcg, 400mcg, 600mcg, 800mcg, 1200mcg, 1600mcg	3	PA, QL (4 Lozenges / 1 day)
CODEINE SULFATE TABS 15mg, 60mg	3	PA, QL (6 tabs / 1 day); Subject to initial 7-day limit
<i>codeine sulfate tabs 30mg</i>	1	PA, QL (6 tabs / 1 day); Subject to initial 7-day limit
CONZIP CP24 100mg	3	PA, QL (1 cap / 1 day)
CONZIP CP24 200mg, 300mg	3	PA; High Strength Requires PA
DILAUDID LIQD 1mg/ml	3	PA, QL (20 ml / 1 day); Subject to initial 7-day limit
DILAUDID TABS 2mg	3	PA, QL (6 tabs / 1 day); Subject to initial 7-day limit
DILAUDID TABS 4mg	3	PA, QL (5 tabs / 1 day); Subject to initial 7-day limit
DILAUDID TABS 8mg	3	PA, QL (2 tabs / 1 day); Subject to initial 7-day limit
<i>fentanyl pt72 12mcg/hr, 25mcg/hr, 37.5mcg/hr</i>	1	PA, QL (10 patches / 30 days)
<i>fentanyl pt72 50mcg/hr, 62.5mcg/hr, 75mcg/hr, 87.5mcg/hr, 100mcg/hr</i>	1	PA; High Strength Requires PA
<i>fentanyl citrate lpop 200mcg, 400mcg, 600mcg, 800mcg, 1200mcg, 1600mcg</i>	1	PA, QL (4 Lozenges / 1 day)
<i>fentanyl citrate tabs 100mcg, 200mcg, 400mcg, 600mcg, 800mcg</i>	1	PA, QL (4 tabs / 1 day)
FENTORA TABS 100mcg, 200mcg, 400mcg, 600mcg, 800mcg	3	PA, QL (4 tabs / 1 day)
<i>hydrocodone bitartrate t24a 20mg, 30mg, 40mg, 60mg, 80mg</i>	1	PA, QL (1 tab / 1 day)
<i>hydrocodone bitartrate t24a 100mg, 120mg</i>	1	PA; High Strength Requires PA
<i>hydromorphone hcl liqd 1mg/ml</i>	1	PA, QL (20 ml / 1 day); Subject to initial 7-day limit
HYDROMORPHONE HCL SUPP 3mg	3	PA, QL (4 supp / 1 day); Subject to initial 7-day limit

Drug Name	Drug Tier	Requirements/Limits
<i>hydromorphone hcl tabs 2mg</i>	1	PA, QL (6 tabs / 1 day); Subject to initial 7-day limit
<i>hydromorphone hcl tabs 4mg</i>	1	PA, QL (5 tabs / 1 day); Subject to initial 7-day limit
<i>hydromorphone hcl tabs 8mg</i>	1	PA, QL (2 tabs / 1 day); Subject to initial 7-day limit
<i>hydromorphone hcl tb24 8mg, 12mg, 16mg</i>	1	PA, QL (1 tab / 1 day)
<i>hydromorphone hcl tb24 32mg</i>	1	PA; High Strength Requires PA
<i>meperidine hcl soln 50mg/5ml</i>	1	PA, QL (30 ml / 1 day); Subject to initial 7-day limit
<i>meperidine hcl tabs 50mg</i>	1	PA, QL (6 tabs / 1 day); Subject to initial 7-day limit
<i>methadone hcl conc 10mg/ml</i>	1	QL (2 ml / 1 day)
<i>methadone hcl soln 5mg/5ml</i>	1	PA, QL (15 ml / 1 day)
<i>methadone hcl soln 10mg/5ml</i>	1	PA, QL (10 ml / 1 day)
<i>methadone hcl tabs 5mg</i>	1	PA, QL (3 tabs / 1 day)
<i>methadone hcl tabs 10mg</i>	1	PA, QL (2 tabs / 1 day)
<i>methadone hcl tbso 40mg</i>	1	QL (9 tabs / 30 days)
<i>methadone hydrochloride i conc 10mg/ml</i>	1	PA, QL (2 ml / 1 day)
<i>methadose tbso 40mg</i>	1	QL (9 tabs / 30 days)
<i>morphine sulfate cp24 10mg, 20mg, 30mg</i>	1	PA, QL (2 caps / 1 day)
<i>morphine sulfate cp24 50mg, 60mg, 80mg</i>	1	PA, QL (1 cap / 1 day)
<i>morphine sulfate cp24 100mg; tbc 60mg, 100mg, 200mg</i>	1	PA; High Strength Requires PA
<i>morphine sulfate soln 10mg/5ml</i>	1	PA, QL (30 ml / 1 day); Subject to initial 7-day limit
<i>morphine sulfate soln 20mg/5ml</i>	1	PA, QL (22.5 ml / 1 day); Subject to initial 7-day limit
<i>morphine sulfate soln 20mg/ml</i>	1	PA, QL (4.5ml / 1 day); Subject to initial 7-day limit
<i>morphine sulfate supp 5mg, 10mg</i>	1	PA, QL (6 supp / 1 day); Subject to initial 7-day limit

Drug Name	Drug Tier	Requirements/Limits
<i>morphine sulfate supp 20mg</i>	1	PA, QL (4 supp / 1 day); Subject to initial 7-day limit
<i>morphine sulfate supp 30mg</i>	1	PA, QL (3 supp / 1 day); Subject to initial 7-day limit
<i>morphine sulfate tabs 15mg</i>	1	PA, QL (6 tabs / 1 day); Subject to initial 7-day limit
<i>morphine sulfate tabs 30mg</i>	1	PA, QL (3 tabs / 1 day); Subject to initial 7-day limit
<i>morphine sulfate tbcr 15mg, 30mg</i>	1	PA, QL (3 tabs / 1 day)
<i>morphine sulfate beads cp24 30mg, 45mg, 60mg, 75mg, 90mg</i>	1	PA, QL (1 cap / 1 day)
<i>morphine sulfate beads cp24 120mg</i>	1	PA; High Strength Requires PA
MS CONTIN TBCR 15mg, 30mg	3	PA, QL (3 tabs / 1 day)
MS CONTIN TBCR 60mg, 100mg, 200mg	3	PA; High Strength Requires PA
NUCYNTA TABS 50mg	2	PA, QL (4 tabs / 1 day); Subject to initial 7-day limit
NUCYNTA TABS 75mg	2	PA, QL (3 tabs / 1 day); Subject to initial 7-day limit
NUCYNTA TABS 100mg	2	PA, QL (2 tabs / 1 day); Subject to initial 7-day limit
NUCYNTA ER TB12 50mg, 100mg	2	PA, QL (2 tabs / 1 day)
NUCYNTA ER TB12 150mg, 200mg, 250mg	2	PA; High Strength Requires PA
<i>oxycodone hcl caps 5mg</i>	1	PA, QL (6 caps / 1 day); Subject to initial 7-day limit
<i>oxycodone hcl conc 100mg/5ml</i>	1	PA, QL (3 ml / 1 day); Subject to initial 7-day limit
<i>oxycodone hcl soln 5mg/5ml</i>	1	PA, QL (30 ml / 1 day); Subject to initial 7-day limit
<i>oxycodone hcl t12a 10mg, 15mg, 20mg, 30mg</i>	1	PA, QL (2 tabs / 1 day)
<i>oxycodone hcl t12a 40mg, 60mg, 80mg</i>	1	PA; High Strength Requires PA
<i>oxycodone hcl tabs 5mg, 10mg</i>	1	PA, QL (6 tabs / 1 day); Subject to initial 7-day limit

Drug Name	Drug Tier	Requirements/Limits
<i>oxycodone hcl tabs 15mg</i>	1	PA, QL (4 tabs / 1 day); Subject to initial 7-day limit
<i>oxycodone hcl tabs 20mg</i>	1	PA, QL (3 tabs / 1 day); Subject to initial 7-day limit
<i>oxycodone hcl tabs 30mg</i>	1	PA, QL (2 tabs / 1 day); Subject to initial 7-day limit
<i>oxymorphone hcl tabs 5mg</i>	1	PA, QL (6 tabs / 1 day); Subject to initial 7-day limit
<i>oxymorphone hcl tabs 10mg</i>	1	PA, QL (3 tabs / 1 day); Subject to initial 7-day limit
ROXICODONE TABS 5mg	3	PA, QL (6 tabs / 1 day); Subject to initial 7-day limit
ROXICODONE TABS 15mg	3	PA, QL (4 tabs / 1 day); Subject to initial 7-day limit
ROXICODONE TABS 30mg	3	PA, QL (2 tabs / 1 day); Subject to initial 7-day limit
SUBSYS LIQD 100mcg, 200mcg, 400mcg, 600mcg, 800mcg, 1200mcg, 1600mcg	2	PA, QL (4 blisters / 1 day)
<i>tramadol hcl tabs 50mg</i>	1	PA, QL (6 tabs / 1 day); Subject to initial 7-day limit
<i>tramadol hcl tb24 100mg</i>	1	PA, QL (1 tab / 1 day)
<i>tramadol hcl tb24 200mg, 300mg</i>	1	PA; High Strength Requires PA
ULTRAM TABS 50mg	3	PA, QL (6 tabs / 1 day); Subject to initial 7-day limit
XTAMPZA ER C12A 9mg, 13.5mg, 18mg, 27mg	2	PA, QL (2 caps / 1 day)
XTAMPZA ER C12A 36mg	2	PA; High Strength Requires PA
OPIOID COMBINATIONS		
<i>acetaminophen w/ codeine soln 120-12 mg/5ml</i>	1	QL (90 ml / 1 day); Subject to initial 7-day limit
<i>acetaminophen w/ codeine tab 300-15 mg</i>	1	QL (13 tabs / 1 day); Subject to initial 7-day limit

Drug Name	Drug Tier	Requirements/Limits
<i>acetaminophen w/ codeine tab 300-30 mg</i>	1	QL (12 tabs / 1 day); Subject to initial 7-day limit
<i>acetaminophen w/ codeine tab 300-60 mg</i>	1	QL (6 tabs / 1 day); Subject to initial 7-day limit
<i>acetaminophen-caffeine-dihydrocodeine cap 320.5-30-16 mg</i>	1	QL (10 caps / 1 day); Subject to initial 7-day limit
<i>acetaminophen-caffeine-dihydrocodeine tab 325-30-16 mg</i>	1	QL (10 tabs / 1 day); Subject to initial 7-day limit
<i>ascomp/codeine</i>	1	QL (48 caps / 30 days)
<i>butalbital-acetaminophen-caff w/ cod cap 50-300-40-30 mg</i>	1	QL (48 caps / 30 days)
<i>butalbital-acetaminophen-caff w/ cod cap 50-325-40-30 mg</i>	1	QL (48 caps / 30 days)
<i>butalbital-aspirin-caff w/ codeine cap 50-325-40-30 mg</i>	1	QL (48 caps / 30 days)
<i>endocet</i>	1	PA, QL (12 tabs / 1 day); Subject to initial 7-day limit
<i>endocet</i>	1	PA, QL (6 tabs / 1 day); Subject to initial 7-day limit
<i>endocet</i>	1	PA, QL (8 tabs / 1 day); Subject to initial 7-day limit
<i>hydrocodone-acetaminophen soln 7.5-325 mg/15ml</i>	1	PA, QL (90 ml / 1 day); Subject to initial 7-day limit
<i>hydrocodone-acetaminophen tab 5-300 mg</i>	1	PA, QL (8 tabs / 1 day); Subject to initial 7-day limit
<i>hydrocodone-acetaminophen tab 5-325 mg</i>	1	PA, QL (8 tabs / 1 day); Subject to initial 7-day limit
<i>hydrocodone-acetaminophen tab 7.5-300 mg</i>	1	PA, QL (6 tabs / 1 day); Subject to initial 7-day limit
<i>hydrocodone-acetaminophen tab 7.5-325 mg</i>	1	PA, QL (6 tabs / 1 day); Subject to initial 7-day limit
<i>hydrocodone-acetaminophen tab 10-300 mg</i>	1	PA, QL (6 tabs / 1 day); Subject to initial 7-day limit

Drug Name	Drug Tier	Requirements/Limits
<i>hydrocodone-acetaminophen tab 10-325 mg</i>	1	PA, QL (6 tabs / 1 day); Subject to initial 7-day limit
<i>hydrocodone-ibuprofen tab 5-200 mg</i>	1	PA, QL (5 tabs / 1 day); Subject to initial 7-day limit
<i>hydrocodone-ibuprofen tab 7.5-200 mg</i>	1	PA, QL (5 tabs / 1 day); Subject to initial 7-day limit
<i>hydrocodone-ibuprofen tab 10-200 mg</i>	1	PA, QL (5 tabs / 1 day); Subject to initial 7-day limit
LORTAB ELX 10-300MG	3	PA, QL (67.5 mL / 1 day); Subject to initial 7-day limit
<i>oxycodone w/ acetaminophen tab 2.5-325 mg</i>	1	PA, QL (12 tabs / 1 day); Subject to initial 7-day limit
<i>oxycodone w/ acetaminophen tab 5-325 mg</i>	1	PA, QL (12 tabs / 1 day); Subject to initial 7-day limit
<i>oxycodone w/ acetaminophen tab 7.5-325 mg</i>	1	PA, QL (8 tabs / 1 day); Subject to initial 7-day limit
<i>oxycodone w/ acetaminophen tab 10-325 mg</i>	1	PA, QL (6 tabs / 1 day); Subject to initial 7-day limit
<i>tramadol-acetaminophen tab 37.5-325 mg</i>	1	QL (8 tabs / 1 day); Subject to initial 7-day limit
<i>trezix</i>	1	QL (10 caps / 1 day); Subject to initial 7-day limit

OPIOID PARTIAL AGONISTS

BELBUCA FILM 75mcg, 150mcg, 300mcg, 450mcg	2	PA, QL (2 films / 1 day)
BELBUCA FILM 600mcg, 750mcg, 900mcg	2	PA; High Strength Requires PA
<i>buprenorphine ptwk 5mcg/hr, 7.5mcg/hr, 10mcg/hr</i>	1	PA, QL (4 patches / 30 days)
<i>buprenorphine ptwk 15mcg/hr, 20mcg/hr</i>	1	PA; High Strength Requires PA
<i>buprenorphine hcl subl 2mg, 8mg</i>	1	QL (3 tabs / 1 day)
<i>buprenorphine hcl-naloxone hcl sl film 2-0.5 mg (base equiv)</i>	1	QL (3 films / 1 day)
<i>buprenorphine hcl-naloxone hcl sl film 4-1 mg (base equiv)</i>	1	QL (3 films / 1 day)

Drug Name	Drug Tier	Requirements/Limits
<i>buprenorphine hcl-naloxone hcl sl film 8-2 mg (base equiv)</i>	1	QL (3 films / 1 day)
<i>buprenorphine hcl-naloxone hcl sl film 12-3 mg (base equiv)</i>	1	QL (2 films / 1 day)
<i>buprenorphine hcl-naloxone hcl sl tab 2-0.5 mg (base equiv)</i>	1	QL (3 tabs / 1 day)
<i>buprenorphine hcl-naloxone hcl sl tab 8-2 mg (base equiv)</i>	1	QL (3 tabs / 1 day)
<i>butorphanol tartrate soln 10mg/ml</i>	1	QL (2 bottles / 30 days)
<i>pentazocine w/ naloxone hcl tab 50-0.5 mg</i>	1	PA, QL (4 tabs / 1 day); Subject to initial 7-day limit
ZUBSOLV SUB 0.7-0.18	2	QL (3 tabs / 1 day)
ZUBSOLV SUB 1.4-0.36	2	QL (3 tabs / 1 day)
ZUBSOLV SUB 2.9-0.71	2	QL (3 tabs / 1 day)
ZUBSOLV SUB 5.7-1.4	2	QL (3 tabs / 1 day)
ZUBSOLV SUB 8.6-2.1	2	QL (2 tabs / 1 day)
ZUBSOLV SUB 11.4-2.9	2	QL (1 tab / 1 day)

ANDROGENS-ANABOLIC

ANABOLIC STEROIDS

<i>oxandrolone tabs 2.5mg, 10mg</i>	1	PA
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ANDROGENS

ANDRODERM PT24 2mg/24hr, 4mg/24hr	2	PA
<i>danazol caps 50mg, 100mg, 200mg</i>	1	
DEPO-TESTOSTERONE SOLN 100mg/ml, 200mg/ml	3	PA
METHITEST TABS 10mg	3	
<i>methyltestosterone caps 10mg</i>	1	
NATESTO GEL 5.5mg/act	2	PA
<i>testosterone gel 1%, 1.62%, 10mg/act, 20.25mg/1.25gm, 25mg/2.5gm, 40.5mg/2.5gm; soln 30mg/act</i>	1	PA
<i>testosterone cypionate soln 100mg/ml, 200mg/ml</i>	1	PA
<i>testosterone enanthate soln 200mg/ml</i>	1	PA
XYOSTED SOAJ 50mg/0.5ml, 75mg/0.5ml, 100mg/0.5ml	3	PA

ANORECTAL AND RELATED PRODUCTS

INTRARECTAL STEROIDS

CORTIFOAM FOAM 10%	2	
<i>hydrocortisone (intrarectal) enem 100mg/60ml</i>	1	
UCERIS FOAM 2mg/act	3	

RECTAL COMBINATIONS

ANALPRAM-HC LOT 2.5%	3	
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Drug Name	Drug Tier	Requirements/Limits
<i>hydrocortisone acetate w/ pramoxine perianal cream 1-1%</i>	1	
PROCORT CRE	3	PA
PROCTOFOAM AER HC 1%	2	
RECTAL STEROIDS		
<i>anucort-hc supp 25mg</i>	1	
<i>hemmorex-hc supp 30mg</i>	1	
<i>hydrocortisone (rectal) crea 1%, 2.5%</i>	1	
<i>procto-med hc crea 2.5%</i>	1	
<i>procto-pak crea 1%</i>	1	
<i>proctosol hc crea 2.5%</i>	1	
<i>proctozone-hc crea 2.5%</i>	1	
VASODILATING AGENTS		
RECTIV OINT .4%	3	
ANTACIDS		
ANTACIDS - BICARBONATE		
SODIUM POW BICARBON	3	
ANTHELMINTICS		
ANTHELMINTICS		
<i>albendazole tabs 200mg</i>	1	
BENZNIDAZOLE TABS 12.5mg, 100mg	3	
EMVERM CHEW 100mg	2	
<i>ivermectin tabs 3mg</i>	1	PA
<i>praziquantel tabs 600mg</i>	1	
STROMECTOL TABS 3mg	3	PA
ANTI-INFECTIVE AGENTS - MISC.		
ANTI-INFECTIVE AGENTS - MISC.		
AEMCOLO TBEC 194mg	3	
IMPAVIDO CAPS 50mg	3	PA
<i>metronidazole caps 375mg; tabs 250mg, 500mg</i>	1	
<i>pentamidine isethionate solr 300mg</i>	1	
PRIMSOL SOLN 50mg/5ml	3	
<i>tinidazole tabs 250mg, 500mg</i>	1	
<i>trimethoprim tabs 100mg</i>	3	
XIFAXAN TABS 200mg	3	
XIFAXAN TABS 550mg	2	
ANTI-INFECTIVE MISC. - COMBINATIONS		
<i>sulfamethoxazole-trimethoprim susp 200-40 mg/5ml</i>	1	
<i>sulfamethoxazole-trimethoprim tab 400-80 mg</i>	1	
<i>sulfamethoxazole-trimethoprim tab 800-160 mg</i>	1	

Drug Name	Drug Tier	Requirements/Limits
<i>sulfatrim pediatric</i>	1	
ANTIPROTOZOAL AGENTS		
ALINIA SUSR 100mg/5ml	3	
<i>atovaquone susp 750mg/5ml</i>	1	
LAMPIT TABS 30mg, 120mg	3	
<i>nitazoxanide tabs 500mg</i>	1	
GLYCOPEPTIDES		
<i>vancomycin hcl caps 125mg, 250mg</i>	1	
VANCOMYCIN HYDROCHLORIDE SOLR 250mg/5ml	3	
LEPROSTATICS		
LINCOSAMIDES		
<i>clindamycin hcl caps 75mg, 150mg, 300mg</i>	1	
<i>clindamycin palmitate hydrochloride solr 75mg/5ml</i>	1	
MONOBACTAMS		
CAYSTON SOLR 75mg	4	SP, PA
OXAZOLIDINONES		
<i>linezolid susr 100mg/5ml; tabs 600mg</i>	1	
SIVEXTRO TABS 200mg	3	
PLEUROMUTILINS		
XENLETA TABS 600mg	3	PA
URINARY ANTI-INFECTIVES		
<i>fosfomycin tromethamine pack 3gm</i>	1	
<i>methenamine hippurate tabs 1gm</i>	1	
<i>methenamine mandelate tabs .5gm, 1gm</i>	1	
<i>nitrofurantoin susp 25mg/5ml</i>	1	
<i>nitrofurantoin macrocrystal caps 25mg, 50mg, 100mg</i>	1	
<i>nitrofurantoin monohyd macro caps 100mg</i>	1	
ANTIANGINAL AGENTS		
ANTIANGINALS-OTHER		
<i>ranolazine tb12 500mg, 1000mg</i>	1	
NITRATES		
<i>isosorbide dinitrate tabs 5mg, 10mg, 20mg, 30mg</i>	1	
<i>isosorbide mononitrate tabs 10mg, 20mg; tb24 30mg, 60mg, 120mg</i>	1	
NITRO-BID OINT 2%	3	
NITRO-DUR PT24 .3mg/hr, .8mg/hr	2	

Drug Name	Drug Tier	Requirements/Limits
nitroglycerin pt24 .1mg/hr, .2mg/hr, .4mg/hr, .6mg/hr; soln .4mg/spray; subl .3mg, .4mg, .6mg	1	
NITROMIST AERS 400mcg/spray	3	

ANTIANSXIETY AGENTS

ANTIANSXIETY AGENTS - MISC.

bupirone hcl tabs 5mg, 7.5mg, 10mg, 15mg, 30mg	1	
hydroxyzine hcl syrp 10mg/5ml; tabs 10mg, 25mg, 50mg	1	
hydroxyzine pamoate caps 25mg, 50mg, 100mg	1	
meprobamate tabs 200mg, 400mg	1	

BENZODIAZEPINES

alprazolam tabs .25mg, .5mg, 1mg, 2mg; tb24 .5mg, 1mg, 2mg, 3mg; tbdp .25mg, .5mg, 1mg, 2mg	1	
ALPRAZOLAM INTENSOL CONC 1mg/ml	3	
alprazolam xr tb24 .5mg, 1mg, 2mg, 3mg	1	
chlordiazepoxide hcl caps 5mg, 10mg, 25mg	1	
clorazepate dipotassium tabs 3.75mg, 7.5mg, 15mg	1	
diazepam conc 5mg/ml; soln 5mg/5ml; tabs 2mg, 5mg, 10mg	1	
DIAZEPAM SOAJ 10mg/2ml	3	
lorazepam conc 2mg/ml; tabs .5mg, 1mg, 2mg	1	
oxazepam caps 10mg, 15mg, 30mg	1	

ANTIARRHYTHMICS

ANTIARRHYTHMICS TYPE I-A

disopyramide phosphate caps 100mg, 150mg	1	
NORPACE CR CP12 100mg, 150mg	2	
quinidine gluconate tbc 324mg	1	
quinidine sulfate tabs 200mg, 300mg	1	

ANTIARRHYTHMICS TYPE I-B

mexiletine hcl caps 150mg, 200mg, 250mg	1	
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ANTIARRHYTHMICS TYPE I-C

flecainide acetate tabs 50mg, 100mg, 150mg	1	
propafenone hcl cp12 225mg, 325mg, 425mg; tabs 150mg, 225mg, 300mg	1	

Drug Name	Drug Tier	Requirements/Limits
ANTIARRHYTHMICS TYPE III		
<i>amiodarone hcl tabs 100mg, 200mg, 400mg</i>	1	
<i>dofetilide caps 125mcg, 250mcg, 500mcg</i>	4	SP, PA
MULTAQ TABS 400mg	2	
<i>pacerone tabs 100mg, 200mg, 400mg</i>	1	
TIKOSYN CAPS 125mcg, 250mcg, 500mcg	4	SP, PA
ANTIASTHMATIC AND BRONCHODILATOR AGENTS		
ANTI-INFLAMMATORY AGENTS		
<i>cromolyn sodium nebu 20mg/2ml</i>	1	QL (240 mL / 30 days)
ANTIASTHMATIC - MONOCLONAL ANTIBODIES		
FASENRA PEN SOAJ 30mg/ml	4	SP, PA; PF
NUCALA SOAJ 100mg/ml; SOSY 100mg/ml	4	SP, PA; PF
BRONCHODILATORS - ANTICHOLINERGICS		
ATROVENT HFA AERS 17mcg/act	3	QL (2 inhalers / 30 days)
<i>ipratropium bromide soln .02%</i>	1	QL (312 mL / 30 days)
SPIRIVA HANDIHALER CAPS 18mcg	2	QL (30 caps / 30 days)
SPIRIVA RESPIMAT AERS 1.25mcg/act, 2.5mcg/act	2	QL (1 package / 30 days)
YUPELRI SOLN 175mcg/3ml	2	QL (90 mL / 30 days)
LEUKOTRIENE MODULATORS		
<i>montelukast sodium chew 4mg, 5mg; pack 4mg; tabs 10mg</i>	1	
<i>zafirlukast tabs 10mg, 20mg</i>	1	
ZYFLO TABS 600mg	3	
SELECTIVE PHOSPHODIESTERASE 4 (PDE4) INHIBITORS		
DALIRESP TABS 250mcg, 500mcg	2	
STEROID INHALANTS		
ARNUITY ELLIPTA AEPB 50mcg/act, 100mcg/act, 200mcg/act	2	QL (1 package / 30 days)
<i>budesonide (inhalation) susp 1mg/2ml</i>	1	QL (1 box / 30 days)
<i>budesonide (inhalation) susp .5mg/2ml</i>	1	QL (2 boxes / 30 days)
<i>budesonide (inhalation) susp .25mg/2ml</i>	1	QL (3 boxes / 30 days)
FLOVENT DISKUS AEPB 50mcg/blist	2	QL (3 packages / 30 days)
FLOVENT DISKUS AEPB 100mcg/blist, 250mcg/blist	2	QL (4 packages / 30 days)
FLOVENT HFA AERO 44mcg/act	2	
FLOVENT HFA AERO 110mcg/act, 220mcg/act	2	QL (2 packages / 30 days)
PULMICORT FLEXHALER AEPB 90mcg/act	2	QL (3 inhalers / 30 days)

Drug Name	Drug Tier	Requirements/Limits
PULMICORT FLEXHALER AEPB 180mcg/act	2	QL (2 inhalers / 30 days)
QVAR REDIHALER AERB 40mcg/act, 80mcg/act	2	QL (0.71 gm / 1 day)
SYMPATHOMIMETICS		
ADVAIR DISKU AER 100/50	1	QL (1 package / 30 days)
ADVAIR DISKU AER 250/50	1	QL (1 package / 30 days)
ADVAIR DISKU AER 500/50	1	QL (1 package / 30 days)
ADVAIR HFA AER 45/21	2	QL (1 package / 30 days)
ADVAIR HFA AER 115/21	2	QL (1 package / 30 days)
ADVAIR HFA AER 230/21	2	QL (1 package / 30 days)
<i>albuterol sulfate aers 108mcg/act</i>	1	QL (2 inhalers / 25 days)
<i>albuterol sulfate nebu 2.5mg/0.5ml</i>	1	QL (120 mL / 30 days)
<i>albuterol sulfate nebu .5%</i>	1	QL (60 mL / 30 days)
<i>albuterol sulfate nebu .63mg/3ml, 1.25mg/3ml</i>	1	QL (5 boxes / 30 days)
<i>albuterol sulfate nebu .083%</i>	1	QL (375 mL / 30 days)
<i>albuterol sulfate syrp 2mg/5ml; tabs 2mg, 4mg</i>	1	
ANORO ELLIPTA AER 62.5-25	2	QL (1 package / 30 days)
<i>arformoterol tartrate nebu 15mcg/2ml</i>	1	QL (120 mL / 30 days)
BREO ELLIPTA INH 100-25	2	QL (1 package / 30 days)
BREO ELLIPTA INH 200-25	2	QL (1 package / 30 days)
BREZTRI AERO AER SPHERE	2	QL (1 package / 30 days)
COMBIVENT AER 20-100	3	QL (2 inhalers / 30 days)
<i>formoterol fumarate nebu 20mcg/2ml</i>	1	QL (120 mL / 30 days)
<i>ipratropium-albuterol nebu soln 0.5-2.5(3) mg/3ml</i>	1	QL (6 boxes / 30 days)
<i>levalbuterol hcl nebu 1.25mg/0.5ml</i>	1	QL (90 mL / 30days)
<i>levalbuterol hcl nebu .31mg/3ml, .63mg/3ml, 1.25mg/3ml</i>	1	QL (300 mL / 30 days)
<i>levalbuterol tartrate aero 45mcg/act</i>	1	QL (2 inhalers / 30 days)
SEREVENT DISKUS AEPB 50mcg/dose	2	QL (1 package / 30 days)

Drug Name	Drug Tier	Requirements/Limits
STIOLTO AER 2.5-2.5	2	QL (1 package / 30 days)
STRIVERDI RESPIMAT AERS 2.5mcg/act	2	QL (1 package / 30 days)
SYMBICORT AER 80-4.5	2	QL (3 packages / 30 days)
SYMBICORT AER 160-4.5	2	QL (3 packages / 30 days)
<i>terbutaline sulfate tabs 2.5mg, 5mg</i>	1	
TRELEGY AER ELLIPTA	2	QL (1 package / 30 days)

XANTHINES

ELIXOPHYLLIN ELIX 80mg/15ml	3	
<i>theophylline soln 80mg/15ml; tb12 300mg, 450mg; tb24 400mg, 600mg</i>	1	

ANTICOAGULANTS

COUMARIN ANTICOAGULANTS

<i>jantoven tabs 1mg, 2mg, 2.5mg, 3mg, 4mg, 5mg, 6mg, 7.5mg, 10mg</i>	1	
<i>warfarin sodium tabs 1mg, 2mg, 2.5mg, 3mg, 4mg, 5mg, 6mg, 7.5mg, 10mg</i>	1	

DIRECT FACTOR XA INHIBITORS

XARELTO TABS 2.5mg, 10mg, 15mg, 20mg	2	
XARELTO STAR TAB 15/20MG	2	

HEPARINS AND HEPARINOID-LIKE AGENTS

<i>enoxaparin sodium soln 30mg/0.3ml, 40mg/0.4ml, 60mg/0.6ml, 80mg/0.8ml, 100mg/ml, 120mg/0.8ml, 150mg/ml, 300mg/3ml</i>	1	
<i>fondaparinux sodium soln 2.5mg/0.5ml, 5mg/0.4ml, 7.5mg/0.6ml, 10mg/0.8ml</i>	1	
FRAGMIN SOLN 2500unit/0.2ml, 5000unit/0.2ml, 7500unit/0.3ml, 10000unit/ml, 12500unit/0.5ml, 15000unit/0.6ml, 18000unt/0.72ml, 95000unit/3.8ml	2	
<i>heparin sodium (porcine) soln 1000unit/ml, 5000unit/0.5ml, 5000unit/ml, 10000unit/ml, 20000unit/ml</i>	1	

ANTICONSULSANTS

AMPA GLUTAMATE RECEPTOR ANTAGONISTS

FYCOMPA SUSP .5mg/ml; TABS 2mg, 4mg, 6mg, 8mg, 10mg, 12mg	2	
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Drug Name	Drug Tier	Requirements/Limits
ANTICONVULSANTS - BENZODIAZEPINES		
<i>clobazam susp 2.5mg/ml; tabs 10mg, 20mg</i>	1	
<i>clonazepam tabs .5mg, 1mg, 2mg; tbdp .125mg, .25mg, .5mg, 1mg, 2mg</i>	1	
<i>diazepam (anticonvulsant) gel 2.5mg, 10mg, 20mg</i>	1	
NAYZILAM SOLN 5mg/0.1ml	2	PA
VALTOCO LIQD 5mg/0.1ml, 10mg/0.1ml; LQPK 7.5mg/0.1ml, 10mg/0.1ml	2	PA
ANTICONVULSANTS - MISC.		
APTIOM TABS 200mg, 400mg, 600mg, 800mg	3	
BRIVIACT SOLN 10mg/ml; TABS 10mg, 25mg, 50mg, 75mg, 100mg	3	
<i>carbamazepine chew 100mg; cp12 100mg, 200mg, 300mg; susp 100mg/5ml; tabs 200mg; tb12 100mg, 200mg, 400mg</i>	1	
DIACOMIT CAPS 250mg, 500mg; PACK 250mg, 500mg	4	SP, PA
EPIDIOLEX SOLN 100mg/ml	4	SP, PA
<i>epitol tabs 200mg</i>	1	
FINTEPLA SOLN 2.2mg/ml	4	SP, PA
<i>gabapentin caps 100mg, 300mg, 400mg; soln 250mg/5ml, 300mg/6ml; tabs 600mg, 800mg</i>	1	
LAMICTAL ODT KIT	3	
LAMICTAL XR KIT	3	
<i>lamotrigine chew 5mg, 25mg; kit 25mg; tabs 25mg, 100mg, 150mg, 200mg; tb24 25mg, 50mg, 100mg, 200mg, 250mg, 300mg; tbdp 25mg, 50mg, 100mg, 200mg</i>	1	
<i>lamotrigine tab 25 mg (42) & 100 mg (7) starter kit</i>	1	
<i>lamotrigine tab 84 x 25 mg & 14 x 100 mg starter kit</i>	1	
<i>lamotrigine tab disint 25 (14) & 50 mg (14) & 100 mg (7) kit</i>	1	
<i>levetiracetam soln 100mg/ml; tabs 250mg, 500mg, 750mg, 1000mg; tb24 500mg, 750mg</i>	1	
<i>oxcarbazepine susp 300mg/5ml; tabs 150mg, 300mg, 600mg</i>	1	
OXTELLAR XR TB24 150mg, 300mg, 600mg	2	

Drug Name	Drug Tier	Requirements/Limits
<i>pregabalin caps 25mg, 50mg, 75mg, 100mg, 150mg, 200mg, 225mg, 300mg; soln 20mg/ml</i>	1	
<i>primidone tabs 50mg, 250mg</i>	1	
<i>roweepra tabs 500mg</i>	1	
<i>rufinamide susp 40mg/ml; tabs 200mg, 400mg</i>	1	
<i>subvenite tabs 25mg, 100mg, 150mg, 200mg</i>	1	
<i>subvenite starter kit/blu kit 25mg</i>	1	
<i>subvenite starter kit/gre</i>	1	
<i>subvenite starter kit/ora</i>	1	
<i>topiramate csp 15mg, 25mg; tabs 25mg, 50mg, 100mg, 200mg</i>	1	
TROKENDI XR CP24 25mg, 50mg, 100mg, 200mg	2	
VIMPAT SOLN 10mg/ml; TABS 50mg, 100mg, 150mg, 200mg	2	
<i>zonisamide caps 25mg, 50mg, 100mg</i>	1	
CARBAMATES		
<i>felbamate susp 600mg/5ml; tabs 400mg, 600mg</i>	1	
XCOPRI TABS 50mg, 100mg, 150mg, 200mg	2	PA
XCOPRI PAK 12.5-25	2	PA
XCOPRI PAK 50-100MG	2	PA
XCOPRI PAK 100-150	2	PA
XCOPRI PAK 150-200	2	PA
GABA MODULATORS		
<i>tiagabine hcl tabs 2mg, 4mg, 12mg, 16mg</i>	1	
<i>vigabatrin pack 500mg; tabs 500mg</i>	4	SP, PA
<i>vigadrone pack 500mg</i>	4	SP, PA
HYDANTOINS		
DILANTIN CAPS 30mg	3	
<i>phenytoin susp 100mg/4ml, 125mg/5ml</i>	1	
<i>phenytoin infatabs chew 50mg</i>	1	
<i>phenytoin sodium extended caps 100mg, 200mg, 300mg</i>	1	
SUCCINIMIDES		
CELONTIN CAPS 300mg	3	
<i>ethosuximide caps 250mg; soln 250mg/5ml</i>	1	
VALPROIC ACID		
<i>divalproex sodium csdr 125mg; tb24 250mg, 500mg; tbec 125mg, 500mg</i>	1	

Drug Name	Drug Tier	Requirements/Limits
<i>divalproex sodium tbec 250mg</i>	1	QL (1 tab / 1 day)
<i>valproate sodium soln 250mg/5ml</i>	1	
<i>valproic acid caps 250mg</i>	1	

ANTIDEPRESSANTS

ALPHA-2 RECEPTOR ANTAGONISTS (TETRACYCLICS)

<i>mirtazapine tabs 7.5mg, 15mg; tbdp 15mg</i>	1	QL (1 tab / 1 day)
<i>mirtazapine tabs 30mg, 45mg; tbdp 30mg, 45mg</i>	1	

ANTIDEPRESSANTS - MISC.

APLENZIN TB24 174mg	3	PA, QL (1 tab / 1 day)
APLENZIN TB24 348mg, 522mg	3	PA
<i>bupropion hcl tabs 75mg, 100mg; tb12 100mg, 150mg, 200mg; tb24 150mg, 300mg</i>	1	
FORFIVO XL TB24 450mg	3	PA
WELLBUTRIN XL TB24 150mg, 300mg	3	PA

MONOAMINE OXIDASE INHIBITORS (MAOIS)

EMSAM PT24 6mg/24hr, 9mg/24hr, 12mg/24hr	3	
MARPLAN TABS 10mg	3	
<i>phenelzine sulfate tabs 15mg</i>	1	
<i>tranylcypromine sulfate tabs 10mg</i>	1	

SELECTIVE SEROTONIN REUPTAKE INHIBITORS (SSRIS)

<i>citalopram hydrobromide soln 10mg/5ml; tabs 40mg</i>	1	
<i>citalopram hydrobromide tabs 10mg, 20mg</i>	1	QL (1 tab / 1 day)
<i>escitalopram oxalate soln 5mg/5ml; tabs 20mg</i>	1	
<i>escitalopram oxalate tabs 5mg, 10mg</i>	1	QL (1 tab / 1 day)
<i>fluoxetine hcl caps 10mg, 20mg, 40mg; cpdr 90mg; soln 20mg/5ml; tabs 10mg, 20mg</i>	1	
<i>fluvoxamine maleate cp24 100mg, 150mg; tabs 100mg</i>	1	
<i>fluvoxamine maleate tabs 25mg, 50mg</i>	1	QL (1 tab / 1 day)
<i>paroxetine hcl susp 10mg/5ml; tabs 30mg, 40mg; tb24 12.5mg, 25mg, 37.5mg</i>	1	
<i>paroxetine hcl tabs 10mg, 20mg; tb24 12.5mg</i>	1	QL (1 tab / 1 day)
<i>sertraline hcl conc 20mg/ml; tabs 100mg</i>	1	
<i>sertraline hcl tabs 25mg, 50mg</i>	1	QL (1 tab / 1 day)

Drug Name	Drug Tier	Requirements/Limits
SEROTONIN MODULATORS		
<i>nefazodone hcl tabs 50mg, 100mg, 150mg, 200mg, 250mg</i>	1	
<i>trazodone hcl tabs 50mg, 100mg, 150mg, 300mg</i>	1	
TRINTELLIX TABS 5mg, 10mg	2	QL (1 tab / 1 day)
TRINTELLIX TABS 20mg	2	
SEROTONIN-NOREPINEPHRINE REUPTAKE INHIBITORS (SNRIS)		
DESVENLAFAXINE ER TB24 50mg	3	QL (1 tab / 1 day)
DESVENLAFAXINE ER TB24 100mg	3	
<i>desvenlafaxine succinate tb24 25mg, 50mg</i>	1	QL (1 tab / 1 day)
<i>desvenlafaxine succinate tb24 50mg, 100mg</i>	1	
<i>duloxetine hcl cpep 20mg, 30mg, 40mg, 60mg</i>	1	
FETZIMA CP24 20mg, 40mg	3	QL (1 cap / 1 day)
FETZIMA CP24 80mg, 120mg	3	
FETZIMA CAP TITRATIO	3	
<i>venlafaxine hcl cp24 37.5mg, 75mg</i>	1	QL (1 cap / 1 day)
<i>venlafaxine hcl cp24 150mg; tabs 25mg, 50mg, 100mg; tb24 225mg</i>	1	
<i>venlafaxine hcl tabs 37.5mg, 75mg</i>	1	QL (1 tab / 1 day)
TRICYCLIC AGENTS		
<i>amitriptyline hcl tabs 10mg, 25mg, 50mg, 75mg, 100mg, 150mg</i>	1	
<i>amoxapine tabs 25mg, 50mg, 100mg, 150mg</i>	1	
<i>clomipramine hcl caps 25mg, 50mg, 75mg</i>	1	
<i>desipramine hcl tabs 10mg, 25mg, 50mg, 75mg, 100mg, 150mg</i>	1	
<i>doxepin hcl caps 10mg, 25mg, 50mg, 75mg, 100mg, 150mg; conc 10mg/ml</i>	1	
<i>imipramine hcl tabs 10mg, 25mg, 50mg</i>	1	
<i>imipramine pamoate caps 75mg, 100mg, 125mg, 150mg</i>	1	
<i>nortriptyline hcl caps 10mg, 25mg, 50mg, 75mg; soln 10mg/5ml</i>	1	
<i>protriptyline hcl tabs 5mg, 10mg</i>	1	
<i>trimipramine maleate caps 25mg, 50mg, 100mg</i>	1	
ANTIDIABETICS		
ALPHA-GLUCOSIDASE INHIBITORS		
<i>acarbose tabs 25mg, 50mg, 100mg</i>	1	
<i>miglitol tabs 25mg, 50mg, 100mg</i>	1	

Drug Name	Drug Tier	Requirements/Limits
ANTIDIABETIC - AMYLIN ANALOGS		
SYMLINPEN 60 SOPN 1500mcg/1.5ml	2	
SYMLINPEN 120 SOPN 2700mcg/2.7ml	2	
ANTIDIABETIC COMBINATIONS		
<i>glipizide-metformin hcl tab 2.5-250 mg</i>	1	
<i>glipizide-metformin hcl tab 2.5-500 mg</i>	1	
<i>glipizide-metformin hcl tab 5-500 mg</i>	1	
<i>glyburide-metformin tab 1.25-250 mg</i>	1	
<i>glyburide-metformin tab 2.5-500 mg</i>	1	
<i>glyburide-metformin tab 5-500 mg</i>	1	
GLYXAMBI TAB 10-5 MG	2	
GLYXAMBI TAB 25-5 MG	2	
JANUMET TAB 50-500MG	2	
JANUMET TAB 50-1000	2	
JANUMET XR TAB 50-500MG	2	
JANUMET XR TAB 50-1000	2	
JANUMET XR TAB 100-1000	2	
<i>pioglitazone hcl-glimepiride tab 30-2 mg</i>	1	
<i>pioglitazone hcl-glimepiride tab 30-4 mg</i>	1	
<i>pioglitazone hcl-metformin hcl tab 15-500 mg</i>	1	
<i>pioglitazone hcl-metformin hcl tab 15-850 mg</i>	1	
SOLIQUA INJ 100/33	2	
SYNJARDY TAB	2	
SYNJARDY TAB 5-500MG	2	
SYNJARDY TAB 5-1000MG	2	
SYNJARDY TAB 12.5-500	2	
SYNJARDY XR TAB	2	
SYNJARDY XR TAB 5-1000MG	2	
SYNJARDY XR TAB 10-1000	2	
SYNJARDY XR TAB 25-1000	2	
TRIJARDY XR TAB	2	
XIGDUO XR TAB 2.5-1000	2	
XIGDUO XR TAB 5-500MG	2	QL (1 tab / 1 day)
XIGDUO XR TAB 5-1000MG	2	
XIGDUO XR TAB 10-500MG	2	
XIGDUO XR TAB 10-1000	2	
XULTOPHY INJ 100/3.6	2	
BIGUANIDES		
<i>metformin hcl soln 500mg/5ml; tabs 500mg, 850mg, 1000mg</i>	1	
<i>metformin hcl tb24 500mg, 750mg</i>	1	(generic GLUCOPHAGE XR)

Drug Name	Drug Tier	Requirements/Limits
DIABETIC OTHER		
BAQSIMI ONE PACK POWD 3mg/dose	2	PA, QL (4 ea / 90 days)
BAQSIMI TWO PACK POWD 3mg/dose	2	PA, QL (4 ea / 90 days)
<i>cvs glucose gel 15gm/38gm</i>	1	OTC
<i>cvs glucose liquid shot liqd 15gm/59ml</i>	1	OTC
<i>cvs glucose shot liqd 15gm/59ml</i>	1	OTC
<i>dextrose (diabetic use) gel 40%; liqd 15gm/59ml</i>	1	OTC
<i>diazoxide susp 50mg/ml</i>	1	
GLUCAGEN HYPOKIT SOLR 1mg	2	
<i>glucagon (rdna) kit 1mg</i>	1	
<i>glutose 5 gel 40%</i>	1	OTC
<i>glutose 15 gel 40%</i>	1	OTC
<i>glutose 45 gel 40%</i>	1	OTC
GVOKE HYPOPEN 1-PACK SOAJ .5mg/0.1ml, 1mg/0.2ml	2	
GVOKE HYPOPEN 2-PACK SOAJ .5mg/0.1ml, 1mg/0.2ml	2	
GVOKE PFS SOSY .5mg/0.1ml, 1mg/0.2ml	2	
KORLYM TABS 300mg	4	SP, PA
<i>sweet cheeks gel 40%</i>	1	OTC
DIPEPTIDYL PEPTIDASE-4 (DPP-4) INHIBITORS		
JANUVIA TABS 25mg, 50mg	2	QL (1 tab / 1 day)
JANUVIA TABS 100mg	2	
DOPAMINE RECEPTOR AGONISTS - ANTIDIABETIC		
CYCLOSET TABS .8mg	3	
INCRETIN MIMETIC AGENTS (GLP-1 RECEPTOR AGONISTS)		
OZEMPIC SOPN 2mg/1.5ml	2	QL (0.04 pens / 1 day)
OZEMPIC SOPN 2mg/1.5ml	2	QL (0.073 pens / 1 day)
OZEMPIC SOPN 4mg/3ml	2	QL (0.037 pens / 1 day)
RYBELSUS TABS 3mg, 7mg, 14mg	2	QL (1 tab / 1 day)
TRULICITY SOPN .75mg/0.5ml, 1.5mg/0.5ml, 3mg/0.5ml, 4.5mg/0.5ml	2	
VICTOZA SOPN 18mg/3ml	2	
INSULIN		
BASAGLAR KWIKPEN SOPN 100unit/ml	2	
FIASP FLEX INJ TOUCH	2	
FIASP INJ 100/ML	2	
FIASP PENFIL INJ U-100	2	
HUMULIN R U-500 (CONCENTR SOLN 500unit/ml	2	
HUMULIN R U-500 KWIKPEN SOPN 500unit/ml	2	
LEVEMIR SOLN 100unit/ml	2	
LEVEMIR FLEXTOUCH SOPN 100unit/ml	2	

Drug Name	Drug Tier	Requirements/Limits
NOVOLIN INJ 70/30	2	OTC; RELION not covered
NOVOLIN INJ 70/30 FP	2	OTC; RELION not covered
NOVOLIN N SUSP 100unit/ml	2	OTC; RELION not covered
NOVOLIN N FLEXPEN SUPN 100unit/ml	2	OTC; RELION not covered
NOVOLIN R SOLN 100unit/ml	2	OTC
NOVOLIN R FLEXPEN SOPN 100unit/ml	2	OTC; RELION not covered
NOVOLOG SOLN 100unit/ml	2	
NOVOLOG FLEXPEN SOPN 100unit/ml	2	
NOVOLOG MIX INJ 70/30	2	
NOVOLOG MIX INJ FLEXPEN	2	
NOVOLOG PENFILL SOCT 100unit/ml	2	
TOUJEO MAX SOLOSTAR SOPN 300unit/ml	2	
TOUJEO SOLOSTAR SOPN 300unit/ml	2	
TRESIBA SOLN 100unit/ml	2	
TRESIBA FLEXTOUCH SOPN 100unit/ml, 200unit/ml	2	
INSULIN SENSITIZING AGENTS		
<i>pioglitazone hcl tabs 15mg</i>	1	QL (1 tab / 1 day)
<i>pioglitazone hcl tabs 30mg, 45mg</i>	1	
MEGLITINIDE ANALOGUES		
<i>nateglinide tabs 60mg, 120mg</i>	1	
<i>repaglinide tabs .5mg, 1mg, 2mg</i>	1	
SODIUM-GLUCOSE CO-TRANSPORTER 2 (SGLT2) INHIBITORS		
FARXIGA TABS 5mg	2	QL (1 tab / 1 day)
FARXIGA TABS 10mg	2	
JARDIANCE TABS 10mg, 25mg	2	
SULFONYLUREAS		
<i>glimepiride tabs 1mg</i>	1	QL (1 tab / 1 day)
<i>glimepiride tabs 2mg, 4mg</i>	1	
<i>glipizide tabs 5mg, 10mg; tb24 2.5mg, 5mg, 10mg</i>	1	
<i>glipizide xl tb24 2.5mg, 5mg, 10mg</i>	1	
<i>glyburide tabs 1.25mg, 2.5mg, 5mg</i>	1	
<i>glyburide micronized tabs 1.5mg, 3mg, 6mg</i>	1	
ANTIDIARRHEAL/PROBIOTIC AGENTS		
ANTIDIARRHEAL/PROBIOTIC AGENTS - MISC.		
VISBIOME PAK	3	
VSL#3 DS PAK 900BIL	3	

Drug Name	Drug Tier	Requirements/Limits
ANTIDIARRHEAL/PROBIOTIC COMBINATIONS		
RESTORA RX CAP 60-1.25	3	
ANTIPERISTALTIC AGENTS		
diphenoxylate w/ atropine liq 2.5-0.025 mg/5ml	1	
diphenoxylate w/ atropine tab 2.5-0.025 mg	1	
loperamide hcl caps 2mg	1	
ANTIDOTES AND SPECIFIC ANTAGONISTS		
ANTIDOTES - CHELATING AGENTS		
CHEMET CAPS 100mg	3	
deferasirox pack 90mg, 180mg, 360mg; tabs 90mg, 180mg, 360mg; tbs 125mg, 250mg, 500mg	4	SP, PA
deferiprone tabs 500mg	4	SP, PA
ANTIDOTES AND SPECIFIC ANTAGONISTS		
VISTOGARD PACK 10gm	4	SP; PF
OPIOID ANTAGONISTS		
naloxone hcl soct .4mg/ml; soln .4mg/ml, 4mg/10ml; sosy 2mg/2ml	1	
naltrexone hcl tabs 50mg	1	
NARCAN LIQD 4mg/0.1ml	2	QL (4 sprays / 180 days)
VIVITROL SUSR 380mg	3	PA
ANTIEMETICS		
5-HT3 RECEPTOR ANTAGONISTS		
granisetron hcl tabs 1mg	1	QL (12 ea / 21 days)
ondansetron tbdp 4mg, 8mg	1	
ondansetron hcl soln 4mg/5ml; tabs 4mg, 8mg, 24mg	1	
SANCUSO PTCH 3.1mg/24hr	2	QL (2 patches / 21 days)
ANTIEMETICS - ANTICHOLINERGIC		
meclizine hcl tabs 12.5mg, 25mg	1	
scopolamine pt72 1.5mg	1	
trimethobenzamide hcl caps 300mg	1	
ANTIEMETICS - MISCELLANEOUS		
AKYNZEO CAP 300-0.5	3	QL (2 caps / 21 days)
dronabinol caps 2.5mg, 5mg, 10mg	1	QL (60 caps / 30 days)
SUBSTANCE P/NEUROKININ 1 (NK1) RECEPTOR ANTAGONISTS		
aprepitant caps 40mg	1	QL (3 caps / 180 days)
aprepitant caps 80mg	1	QL (4 caps / 21 days)
aprepitant caps 125mg	1	QL (2 caps / 21 days)

Drug Name	Drug Tier	Requirements/Limits
<i>aprepitant capsule therapy pack 80 & 125 mg</i>	1	QL (6 tabs / 21 days)
EMEND SUSR 125mg/5ml	3	QL (6 kits / 21 days)
VARUBI TBPK 90mg	3	QL (4 tabs / 21 days)

ANTIFUNGALS

ANTIFUNGAL - GLUCAN SYNTHESIS INHIBITORS

BREXAFEMME TABS 150mg	3	ST, QL (4 tabs / 7 days)
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ANTIFUNGALS

<i>flucytosine caps 250mg</i>	1	
<i>griseofulvin microsize susp 125mg/5ml; tabs 500mg</i>	1	
<i>griseofulvin ultramicrosize tabs 125mg, 250mg</i>	1	
<i>nystatin tabs 500000unit</i>	1	
<i>terbinafine hcl tabs 250mg</i>	1	

IMIDAZOLE-RELATED ANTIFUNGALS

<i>fluconazole susr 10mg/ml, 40mg/ml; tabs 50mg, 150mg, 200mg</i>	1	
<i>fluconazole tabs 100mg</i>	1	QL (1 tab / 1 day)
<i>itraconazole caps 100mg; soln 10mg/ml</i>	1	PA
<i>ketoconazole tabs 200mg</i>	1	
SPORANOX CAPS 100mg; SOLN 10mg/ml	3	PA
SPORANOX PULSEPAK CAPS 100mg	3	PA
<i>voriconazole susr 40mg/ml; tabs 50mg, 200mg</i>	1	

ANTIHIISTAMINES

ANTIHIISTAMINES - ETHANOLAMINES

<i>carbinoxamine maleate soln 4mg/5ml; tabs 4mg</i>	1	
<i>clemastine fumarate tabs 2.68mg</i>	1	
<i>diphenhydramine hcl elix 12.5mg/5ml</i>	1	
KARBINAL ER SUER 4mg/5ml	3	

ANTIHIISTAMINES - NON-SEDATING

<i>cetirizine hcl soln 1mg/ml</i>	1	
<i>desloratadine tabs 5mg; tbdp 2.5mg, 5mg</i>	1	
<i>levocetirizine dihydrochloride soln 2.5mg/5ml; tabs 5mg</i>	1	

ANTIHIISTAMINES - PHENOTHIAZINES

<i>promethazine hcl supp 12.5mg, 25mg; syrup 6.25mg/5ml; tabs 12.5mg, 25mg, 50mg</i>	1	
<i>promethegan supp 12.5mg, 25mg, 50mg</i>	1	

ANTIHIISTAMINES - PIPERIDINES

<i>cyproheptadine hcl syrup 2mg/5ml; tabs 4mg</i>	1	
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Drug Name	Drug Tier	Requirements/Limits
ANTIHYPERLIPIDEMICS		
ADENOSINE TRIPHOSPHATE-CITRATE LYASE (ACL) INHIBITORS		
NEXLETOL TABS 180mg	2	PA
ANTIHYPERLIPIDEMICS - COMBINATIONS		
<i>ezetimibe-simvastatin tab 10-10 mg</i>	1	
<i>ezetimibe-simvastatin tab 10-20 mg</i>	1	
<i>ezetimibe-simvastatin tab 10-40 mg</i>	1	
<i>ezetimibe-simvastatin tab 10-80 mg</i>	1	
NEXLIZET TAB 180/10MG	2	PA
ANTIHYPERLIPIDEMICS - MISC.		
<i>omega-3-acid ethyl esters cap 1 gm</i>	1	
VASCEPA CAPS 1gm	1	
VASCEPA CAPS .5gm	2	
BILE ACID SEQUESTRANTS		
<i>cholestyramine pack 4gm; powd 4gm/dose</i>	1	
<i>cholestyramine light pack 4gm; powd 4gm/dose</i>	1	
<i>colesevelam hcl pack 3.75gm; tabs 625mg</i>	1	
<i>colestipol hcl gran 5gm; pack 5gm; tabs 1gm</i>	1	
<i>prevalite pack 4gm; powd 4gm/dose</i>	1	
FIBRIC ACID DERIVATIVES		
ANTARA CAPS 30mg, 90mg	3	
<i>choline fenofibrate cpdr 45mg, 135mg</i>	1	
<i>fenofibrate caps 150mg; tabs 48mg, 54mg, 145mg, 160mg</i>	1	
<i>fenofibrate micronized caps 43mg, 67mg, 134mg, 200mg</i>	1	
<i>fenofibric acid tabs 35mg, 105mg</i>	1	
<i>gemfibrozil tabs 600mg</i>	1	
HMG COA REDUCTASE INHIBITORS		
<i>atorvastatin calcium tabs 10mg, 20mg</i>	1	QL (1 tab / 1 day); \$0 copay for members age 40 through 75
<i>atorvastatin calcium tabs 40mg</i>	1	QL (1 tab / 1 day)
<i>atorvastatin calcium tabs 80mg</i>	1	
<i>fluvastatin sodium caps 20mg, 40mg; tb24 80mg</i>	1	\$0 copay for members age 40 through 75
<i>lovastatin tabs 10mg, 20mg, 40mg</i>	1	\$0 copay for members age 40 through 75
<i>pravastatin sodium tabs 10mg, 20mg, 40mg</i>	1	QL (1 tab / 1 day); \$0 copay for members age 40 through 75

Drug Name	Drug Tier	Requirements/Limits
<i>pravastatin sodium tabs 80mg</i>	1	\$0 copay for members age 40 through 75
<i>rosuvastatin calcium tabs 5mg, 10mg</i>	1	QL (1 tab / 1 day); \$0 copay for members age 40 through 75
<i>rosuvastatin calcium tabs 20mg</i>	1	QL (1 tab / 1 day)
<i>rosuvastatin calcium tabs 40mg</i>	1	
<i>simvastatin tabs 5mg, 10mg, 20mg</i>	1	QL (1 tab / 1 day); \$0 copay for members age 40 through 75
<i>simvastatin tabs 40mg</i>	1	\$0 copay for members age 40 through 75
<i>simvastatin tabs 80mg</i>	1	
INTESTINAL CHOLESTEROL ABSORPTION INHIBITORS		
<i>ezetimibe tabs 10mg</i>	1	
MICROSOMAL TRIGLYCERIDE TRANSFER PROTEIN (MTP) INHIBITORS		
JUXTAPID CAPS 5mg, 10mg, 20mg, 30mg	4	SP, PA
NICOTINIC ACID DERIVATIVES		
<i>niacin (antihyperlipidemic) tbc 500mg</i>	1	QL (1 tab / 1 day)
<i>niacin (antihyperlipidemic) tbc 750mg, 1000mg</i>	1	
PROTEIN CONVERTASE SUBTILISIN/KEXIN TYPE 9 INHIBITORS		
PRALUENT SOAJ 75mg/ml, 150mg/ml	2	PA
ANTIHYPERTENSIVES		
ACE INHIBITORS		
<i>benazepril hcl tabs 5mg, 10mg, 20mg, 40mg</i>	1	
<i>captopril tabs 12.5mg, 25mg, 50mg, 100mg</i>	1	
<i>enalapril maleate soln 1mg/ml; tabs 2.5mg, 5mg, 10mg, 20mg</i>	1	
<i>fosinopril sodium tabs 10mg, 20mg, 40mg</i>	1	
<i>lisinopril tabs 2.5mg, 30mg, 40mg</i>	1	
<i>lisinopril tabs 5mg, 10mg, 20mg</i>	1	QL (1 tab / 1 day)
<i>moexipril hcl tabs 7.5mg, 15mg</i>	1	
<i>perindopril erbumine tabs 2mg, 4mg, 8mg</i>	1	
QBRELIS SOLN 1mg/ml	3	
<i>quinapril hcl tabs 5mg, 10mg, 20mg, 40mg</i>	1	
<i>ramipril caps 1.25mg, 2.5mg, 5mg, 10mg</i>	1	
<i>trandolapril tabs 1mg, 2mg, 4mg</i>	1	
AGENTS FOR PHEOCHROMOCYTOMA		
<i>metyrosine caps 250mg</i>	1	
<i>phenoxybenzamine hcl caps 10mg</i>	1	

Drug Name	Drug Tier	Requirements/Limits
ANGIOTENSIN II RECEPTOR ANTAGONISTS		
<i>candesartan cilexetil tabs 4mg, 8mg, 16mg, 32mg</i>	1	
<i>irbesartan tabs 75mg, 150mg</i>	1	QL (1 tab / 1 day)
<i>irbesartan tabs 300mg</i>	1	
<i>losartan potassium tabs 25mg, 50mg, 100mg</i>	1	
<i>olmesartan medoxomil tabs 5mg, 20mg</i>	1	QL (1 tab / 1 day)
<i>olmesartan medoxomil tabs 40mg</i>	1	
<i>telmisartan tabs 20mg, 40mg</i>	1	QL (1 tab / 1 day)
<i>telmisartan tabs 80mg</i>	1	
<i>valsartan tabs 40mg, 80mg, 160mg, 320mg</i>	1	
ANTIADRENERGIC ANTIHYPERTENSIVES		
<i>clonidine ptwk .1mg/24hr, .2mg/24hr, .3mg/24hr</i>	1	
<i>clonidine hcl tabs .1mg, .2mg, .3mg</i>	1	
<i>doxazosin mesylate tabs 1mg, 2mg, 4mg, 8mg</i>	1	
<i>guanfacine hcl tabs 1mg, 2mg</i>	1	
<i>prazosin hcl caps 1mg, 2mg, 5mg</i>	1	
<i>terazosin hcl caps 1mg, 2mg, 5mg, 10mg</i>	1	
ANTIHYPERTENSIVE COMBINATIONS		
<i>amlodipine besylate-benazepril hcl cap 2.5-10 mg</i>	1	QL (1 cap / 1 day)
<i>amlodipine besylate-benazepril hcl cap 5-10 mg</i>	1	QL (1 cap / 1 day)
<i>amlodipine besylate-benazepril hcl cap 5-20 mg</i>	1	QL (1 cap / 1 day)
<i>amlodipine besylate-benazepril hcl cap 5-40 mg</i>	1	
<i>amlodipine besylate-benazepril hcl cap 10-20 mg</i>	1	
<i>amlodipine besylate-benazepril hcl cap 10-40 mg</i>	1	
<i>amlodipine besylate-olmesartan medoxomil tab 5-20 mg</i>	1	QL (1 tab / 1 day)
<i>amlodipine besylate-olmesartan medoxomil tab 5-40 mg</i>	1	
<i>amlodipine besylate-olmesartan medoxomil tab 10-20 mg</i>	1	
<i>amlodipine besylate-olmesartan medoxomil tab 10-40 mg</i>	1	
<i>amlodipine besylate-valsartan tab 5-160 mg</i>	1	QL (1 tab / 1 day)

Drug Name	Drug Tier	Requirements/Limits
<i>amlodipine besylate-valsartan tab 5-320 mg</i>	1	
<i>amlodipine besylate-valsartan tab 10-160 mg</i>	1	
<i>amlodipine besylate-valsartan tab 10-320 mg</i>	1	
<i>atenolol & chlorthalidone tab 50-25 mg</i>	1	
<i>atenolol & chlorthalidone tab 100-25 mg</i>	1	
<i>benazepril & hydrochlorothiazide tab 10-12.5 mg</i>	1	
<i>benazepril & hydrochlorothiazide tab 20-12.5 mg</i>	1	
<i>benazepril & hydrochlorothiazide tab 20-25 mg</i>	1	
<i>bisoprolol & hydrochlorothiazide tab 2.5-6.25 mg</i>	1	
<i>bisoprolol & hydrochlorothiazide tab 5-6.25 mg</i>	1	
<i>bisoprolol & hydrochlorothiazide tab 10-6.25 mg</i>	1	
<i>candesartan cilexetil-hydrochlorothiazide tab 16-12.5 mg</i>	1	
<i>candesartan cilexetil-hydrochlorothiazide tab 32-12.5 mg</i>	1	
<i>candesartan cilexetil-hydrochlorothiazide tab 32-25 mg</i>	1	
<i>enalapril maleate & hydrochlorothiazide tab 5-12.5 mg</i>	1	QL (1 tab / 1 day)
<i>enalapril maleate & hydrochlorothiazide tab 10-25 mg</i>	1	
<i>fosinopril sodium & hydrochlorothiazide tab 10-12.5 mg</i>	1	
<i>fosinopril sodium & hydrochlorothiazide tab 20-12.5 mg</i>	1	
<i>irbesartan-hydrochlorothiazide tab 150-12.5 mg</i>	1	
<i>irbesartan-hydrochlorothiazide tab 300-12.5 mg</i>	1	
<i>lisinopril & hydrochlorothiazide tab 10-12.5 mg</i>	1	QL (1 tab / 1 day)
<i>lisinopril & hydrochlorothiazide tab 20-12.5 mg</i>	1	
<i>lisinopril & hydrochlorothiazide tab 20-25 mg</i>	1	
<i>losartan potassium & hydrochlorothiazide tab 50-12.5 mg</i>	1	

Drug Name	Drug Tier	Requirements/Limits
<i>losartan potassium & hydrochlorothiazide tab 100-12.5 mg</i>	1	
<i>losartan potassium & hydrochlorothiazide tab 100-25 mg</i>	1	
<i>metoprolol & hydrochlorothiazide tab 50-25 mg</i>	1	
<i>metoprolol & hydrochlorothiazide tab 100-25 mg</i>	1	
<i>metoprolol & hydrochlorothiazide tab 100-50 mg</i>	1	
<i>olmesartan medoxomil-hydrochlorothiazide tab 20-12.5 mg</i>	1	QL (1 tab / 1 day)
<i>olmesartan medoxomil-hydrochlorothiazide tab 40-12.5 mg</i>	1	
<i>olmesartan medoxomil-hydrochlorothiazide tab 40-25 mg</i>	1	
<i>olmesartan-amlodipine-hydrochlorothiazide tab 20-5-12.5 mg</i>	1	QL (1 tab / 1 day)
<i>olmesartan-amlodipine-hydrochlorothiazide tab 40-5-12.5 mg</i>	1	
<i>olmesartan-amlodipine-hydrochlorothiazide tab 40-5-25 mg</i>	1	
<i>olmesartan-amlodipine-hydrochlorothiazide tab 40-10-12.5 mg</i>	1	
<i>olmesartan-amlodipine-hydrochlorothiazide tab 40-10-25 mg</i>	1	
<i>quinapril-hydrochlorothiazide tab 10-12.5 mg</i>	1	
<i>quinapril-hydrochlorothiazide tab 20-12.5 mg</i>	1	
<i>quinapril-hydrochlorothiazide tab 20-25 mg</i>	1	
TEKTURNA HCT TAB 150-12.5	2	QL (1 tab / 1 day)
TEKTURNA HCT TAB 150-25MG	2	
TEKTURNA HCT TAB 300-12.5	2	
TEKTURNA HCT TAB 300-25MG	2	
<i>telmisartan-amlodipine tab 40-5 mg</i>	1	QL (1 tab / 1 day)
<i>telmisartan-amlodipine tab 40-10 mg</i>	1	
<i>telmisartan-amlodipine tab 80-5 mg</i>	1	
<i>telmisartan-amlodipine tab 80-10 mg</i>	1	
<i>telmisartan-hydrochlorothiazide tab 40-12.5 mg</i>	1	QL (1 tab / 1 day)
<i>telmisartan-hydrochlorothiazide tab 80-12.5 mg</i>	1	
<i>telmisartan-hydrochlorothiazide tab 80-25 mg</i>	1	
TRANDO/VERAP TAB 2-180 ER	3	
TRANDO/VERAP TAB 4-240 ER	3	

Drug Name	Drug Tier	Requirements/Limits
<i>trandolapril-verapamil hcl tab er 1-240 mg</i>	1	
<i>valsartan-hydrochlorothiazide tab 80-12.5 mg</i>	1	QL (1 tab / 1 day)
<i>valsartan-hydrochlorothiazide tab 160-12.5 mg</i>	1	QL (1 tab / 1 day)
<i>valsartan-hydrochlorothiazide tab 160-25 mg</i>	1	
<i>valsartan-hydrochlorothiazide tab 320-12.5 mg</i>	1	
<i>valsartan-hydrochlorothiazide tab 320-25 mg</i>	1	
ANTIHYPERTENSIVES - MISC.		
VECAMYL TABS 2.5mg	3	
DIRECT RENIN INHIBITORS		
<i>aliskiren fumarate tabs 150mg</i>	1	QL (1 tab / 1 day)
<i>aliskiren fumarate tabs 300mg</i>	1	
SELECTIVE ALDOSTERONE RECEPTOR ANTAGONISTS (SARAS)		
<i>eplerenone tabs 25mg, 50mg</i>	1	
VASODILATORS		
<i>hydralazine hcl tabs 10mg, 25mg, 50mg, 100mg</i>	1	
<i>minoxidil tabs 2.5mg, 10mg</i>	1	
ANTIMALARIALS		
ANTIMALARIAL COMBINATIONS		
<i>atovaquone-proguanil hcl tab 62.5-25 mg</i>	1	
<i>atovaquone-proguanil hcl tab 250-100 mg</i>	1	
COARTEM TAB 20-120MG	3	
ANTIMALARIALS		
<i>chloroquine phosphate tabs 250mg, 500mg</i>	1	
<i>hydroxychloroquine sulfate tabs 200mg</i>	1	
<i>mefloquine hcl tabs 250mg</i>	1	
<i>primaquine phosphate tabs 26.3mg</i>	1	
<i>pyrimethamine tabs 25mg</i>	1	
<i>quinine sulfate caps 324mg</i>	1	
ANTIMYASTHENIC/CHOLINERGIC AGENTS		
ANTIMYASTHENIC/CHOLINERGIC AGENTS		
FIRDAPSE TABS 10mg	4	SP, PA
<i>pyridostigmine bromide soln 60mg/5ml; tabs 60mg; tbc 180mg</i>	1	
RUZURGI TABS 10mg	4	SP, PA
ANTIMYCOBACTERIAL AGENTS		
ANTIMYCOBACTERIAL AGENTS		
<i>cycloserine caps 250mg</i>	1	

Drug Name	Drug Tier	Requirements/Limits
<i>ethambutol hcl tabs 100mg, 400mg</i>	1	
<i>isoniazid syrp 50mg/5ml; tabs 100mg, 300mg</i>	1	
PASER PACK 4gm	3	
PRETOMANID TABS 200mg	3	PA
PRIFTIN TABS 150mg	3	
<i>pyrazinamide tabs 500mg</i>	1	
<i>rifabutin caps 150mg</i>	1	
<i>rifampin caps 150mg, 300mg</i>	1	
SIRTURO TABS 20mg, 100mg	3	
TRECTOR TABS 250mg	3	

ANTINEOPLASTICS AND ADJUNCTIVE THERAPIES

ALKYLATING AGENTS

<i>cyclophosphamide caps 25mg, 50mg</i>	1	
CYCLOPHOSPHAMIDE TABS 25mg, 50mg	3	
GLEOSTINE CAPS 10mg, 40mg, 100mg	3	
LEUKERAN TABS 2mg	2	
<i>melphalan tabs 2mg</i>	1	
MYLERAN TABS 2mg	2	
TEMODAR CAPS 100mg, 140mg, 180mg, 250mg	4	SP, PA
<i>temozolomide caps 5mg, 20mg, 100mg, 140mg, 180mg, 250mg</i>	4	SP, PA

ANTIMETABOLITES

<i>capecitabine tabs 150mg, 500mg</i>	4	SP, PA
<i>mercaptopurine tabs 50mg</i>	1	
<i>methotrexate sodium soln 1gm/40ml, 50mg/2ml, 250mg/10ml; solr 1gm</i>	4	SP
<i>methotrexate sodium tabs 2.5mg</i>	1	
ONUREG TABS 200mg, 300mg	4	SP, PA
PURIXAN SUSP 2000mg/100ml	4	SP, PA
TABLOID TABS 40mg	2	
TREXALL TABS 5mg, 7.5mg, 10mg, 15mg	2	
XATMEP SOLN 2.5mg/ml	3	
XELODA TABS 150mg, 500mg	4	SP, PA

ANTINEOPLASTIC - ANGIOGENESIS INHIBITORS

INLYTA TABS 1mg, 5mg	4	SP, PA
LENVIMA 4 MG DAILY DOSE CPPK 4mg	4	SP, PA
LENVIMA 8 MG DAILY DOSE CPPK 4mg	4	SP, PA
LENVIMA 10 MG DAILY DOSE CPPK 10mg	4	SP, PA
LENVIMA 12MG DAILY DOSE CPPK 4mg	4	SP, PA
LENVIMA 20 MG DAILY DOSE CPPK 10mg	4	SP, PA
LENVIMA CAP 14 MG	4	SP, PA
LENVIMA CAP 18 MG	4	SP, PA
LENVIMA CAP 24 MG	4	SP, PA

Drug Name	Drug Tier	Requirements/Limits
ANTINEOPLASTIC - ANTI-HER2 AGENTS		
TUKYSA TABS 50mg, 150mg	4	SP, PA, QL (4 tabs / 1 day)
ANTINEOPLASTIC - BCL-2 INHIBITORS		
VENCLEXTA TABS 10mg, 50mg, 100mg	4	SP, PA
VENCLEXTA TAB START PK	4	SP, PA
ANTINEOPLASTIC - EGFR INHIBITORS		
<i>erlotinib hcl tabs 25mg, 100mg, 150mg</i>	4	SP, PA
GILOTRIF TABS 20mg, 30mg, 40mg	4	SP, PA
IRESSA TABS 250mg	4	SP; PF
TAGRISSE TABS 40mg, 80mg	4	SP, PA; PF
TARCEVA TABS 25mg, 100mg, 150mg	4	SP, PA
ANTINEOPLASTIC - HEDGEHOG PATHWAY INHIBITORS		
ERIVEDGE CAPS 150mg	4	SP, PA; PF
ODOMZO CAPS 200mg	4	SP, PA; PF
ANTINEOPLASTIC - HORMONAL AND RELATED AGENTS		
<i>abiraterone acetate tabs 250mg, 500mg</i>	4	SP, PA
<i>anastrozole tabs 1mg</i>	1	\$0 copay for women ages 35 and older for the primary prevention of breast cancer
<i>bicalutamide tabs 50mg</i>	1	
EMCYT CAPS 140mg	2	
ERLEADA TABS 60mg	4	SP, PA; PF
<i>exemestane tabs 25mg</i>	1	\$0 copay for women ages 35 and older for the primary prevention of breast cancer
<i>flutamide caps 125mg</i>	1	
<i>hydroxyprogesterone caproate (antineoplastic) soln 1.25gm/5ml</i>	1	
<i>letrozole tabs 2.5mg</i>	1	
<i>leuprolide acetate kit 1mg/0.2ml</i>	4	SP, PA
LYSODREN TABS 500mg	2	
<i>megestrol acetate susp 40mg/ml, 400mg/10ml; tabs 20mg, 40mg</i>	1	
<i>nilutamide tabs 150mg</i>	1	
NUBEQA TABS 300mg	4	SP, PA; PF
SOLTAMOX SOLN 10mg/5ml	3	
<i>tamoxifen citrate tabs 10mg, 20mg</i>	1	\$0 copay for women ages 35 and older for the primary prevention of breast cancer
<i>toremifene citrate tabs 60mg</i>	1	
XTANDI CAPS 40mg; TABS 40mg, 80mg	4	SP, PA; PF

Drug Name	Drug Tier	Requirements/Limits
YONSA TABS 125mg	4	SP, PA; PF
ANTINEOPLASTIC - IMMUNOMODULATORS		
POMALYST CAPS 1mg, 2mg, 3mg, 4mg	4	SP, PA
ANTINEOPLASTIC COMBINATIONS		
INQOVI TAB 35-100MG	4	SP, PA
KISQALI 200 PAK FEMARA	4	SP, PA; PF
KISQALI 400 PAK FEMARA	4	SP, PA; PF
KISQALI 600 PAK FEMARA	4	SP, PA; PF
LONSURF TAB 15-6.14	4	SP, PA; PF
LONSURF TAB 20-8.19	4	SP, PA; PF
ANTINEOPLASTIC ENZYME INHIBITORS		
AFINITOR DISPERZ TBSO 2mg, 3mg, 5mg	4	SP, PA; PF
ALECENSA CAPS 150mg	4	SP, PA; PF
ALUNBRIG TABS 30mg, 90mg, 180mg	4	SP, PA; PF
ALUNBRIG PAK	4	SP, PA; PF
BALVERSA TABS 3mg, 4mg, 5mg	4	SP, PA
BOSULIF TABS 100mg, 400mg, 500mg	4	SP, PA; PF
BRAFTOVI CAPS 75mg	4	SP, PA
BRUKINSA CAPS 80mg	4	SP, PA; PF
CABOMETYX TABS 20mg, 40mg, 60mg	4	SP, PA; PF
CALQUENCE CAPS 100mg	4	SP, PA; PF
CAPRELSA TABS 100mg, 300mg	4	SP, PA
COMETRIQ KIT 20mg	4	SP, PA
COMETRIQ KIT 100MG	4	SP, PA
COMETRIQ KIT 140MG	4	SP, PA
COPIKTRA CAPS 15mg, 25mg	4	SP, PA; PF
COTELLIC TABS 20mg	4	SP, PA
<i>everolimus tabs 2.5mg, 5mg, 7.5mg, 10mg; tbso 2mg, 3mg, 5mg</i>	4	SP, PA
IBRANCE CAPS 75mg, 100mg, 125mg; TABS 75mg, 100mg, 125mg	4	SP, PA; PF
IDHIFA TABS 50mg, 100mg	4	SP, PA
<i>imatinib mesylate tabs 100mg, 400mg</i>	4	SP, PA
IMBRUVICA CAPS 70mg, 140mg; TABS 140mg, 280mg, 420mg, 560mg	4	SP, PA; PF
JAKAFI TABS 5mg, 10mg, 15mg, 20mg, 25mg	4	SP, PA
KISQALI TBPK 200mg	4	SP, PA; PF
KOSELUGO CAPS 10mg, 25mg	4	SP, PA; PF
<i>lapatinib ditosylate tabs 250mg</i>	4	SP, PA
LORBRENA TABS 25mg, 100mg	4	SP, PA
LUMAKRAS TABS 120mg	4	SP, PA, QL (8 tabs / 1 day)
LYNPARZA TABS 100mg, 150mg	4	SP, PA; PF
MEKINIST TABS .5mg, 2mg	4	SP, PA

Drug Name	Drug Tier	Requirements/Limits
MEKTOVI TABS 15mg	4	SP, PA
NERLYNX TABS 40mg	4	SP, PA
NEXAVAR TABS 200mg	4	SP, PA
NINLARO CAPS 2.3mg, 3mg, 4mg	4	SP, PA; PF
PIQRAY 200MG DAILY DOSE TBPK 200mg	4	SP, PA
PIQRAY 250MG TAB DOSE	4	SP, PA
PIQRAY 300MG DAILY DOSE TBPK 150mg	4	SP, PA
ROZLYTREK CAPS 100mg, 200mg	4	SP, PA; PF
RUBRACA TABS 200mg, 250mg, 300mg	4	SP, PA; PF
RYDAPT CAPS 25mg	4	SP, PA; PF
SPRYCEL TABS 20mg, 50mg, 70mg, 80mg, 100mg, 140mg	4	SP, PA; PF
STIVARGA TABS 40mg	4	SP, PA; PF
<i>sunitinib malate caps 12.5mg, 25mg, 37.5mg, 50mg</i>	4	SP, PA
SUTENT CAPS 12.5mg, 25mg, 37.5mg, 50mg	4	SP, PA; PF
TAFINLAR CAPS 50mg, 75mg	4	SP, PA
TIBSOVO TABS 250mg	4	SP, PA
TYKERB TABS 250mg	4	SP, PA
VERZENIO TABS 50mg, 100mg, 150mg, 200mg	4	SP, PA
VITRAKVI CAPS 25mg, 100mg; SOLN 20mg/ml	4	SP, PA; PF
VOTRIENT TABS 200mg	4	SP, PA; PF
XOSPATA TABS 40mg	4	SP, PA; PF
ZEJULA CAPS 100mg	4	SP, PA; PF
ZELBORAF TABS 240mg	4	SP, PA
ZOLINZA CAPS 100mg	4	SP, PA; PF
ZYKADIA TABS 150mg	4	SP, PA; PF
ANTINEOPLASTICS MISC.		
ACTIMMUNE SOLN 2000000unit/0.5ml	4	SP, PA
<i>bexarotene caps 75mg</i>	4	SP, PA
<i>hydroxyurea caps 500mg</i>	1	
MATULANE CAPS 50mg	4	SP; PF
TARGRETIN CAPS 75mg	4	SP, PA
<i>tretinoin (chemotherapy) caps 10mg</i>	1	
CHEMOTHERAPY RESCUE/ANTIDOTE/PROTECTIVE AGENTS		
<i>leucovorin calcium tabs 5mg, 10mg, 15mg, 25mg</i>	1	
MESNEX TABS 400mg	3	
MITOTIC INHIBITORS		
<i>etoposide caps 50mg</i>	4	SP
TOPOISOMERASE I INHIBITORS		
HYCAMTIN CAPS .25mg, 1mg	4	SP, PA

Drug Name	Drug Tier	Requirements/Limits
ANTIPARKINSON AND RELATED THERAPY AGENTS		
ANTIPARKINSON ADJUNCTIVE THERAPY		
<i>carbidopa tabs 25mg</i>	1	
ANTIPARKINSON ANTICHOLINERGICS		
<i>benztropine mesylate tabs .5mg, 1mg, 2mg</i>	1	
<i>trihexyphenidyl hcl soln .4mg/ml; tabs 2mg, 5mg</i>	1	
ANTIPARKINSON COMT INHIBITORS		
<i>entacapone tabs 200mg</i>	1	
<i>tolcapone tabs 100mg</i>	1	
ANTIPARKINSON DOPAMINERGICS		
<i>amantadine hcl caps 100mg; soln 50mg/5ml; tabs 100mg</i>	1	
<i>bromocriptine mesylate caps 5mg; tabs 2.5mg</i>	1	
<i>carbidopa & levodopa tab 10-100 mg</i>	1	
<i>carbidopa & levodopa tab 25-100 mg</i>	1	
<i>carbidopa & levodopa tab 25-250 mg</i>	1	
<i>carbidopa & levodopa tab er 25-100 mg</i>	1	
<i>carbidopa & levodopa tab er 50-200 mg</i>	1	
<i>carbidopa-levodopa-entacapone tabs 12.5-50-200 mg</i>	1	
<i>carbidopa-levodopa-entacapone tabs 18.75-75-200 mg</i>	1	
<i>carbidopa-levodopa-entacapone tabs 25-100-200 mg</i>	1	
<i>carbidopa-levodopa-entacapone tabs 31.25-125-200 mg</i>	1	
<i>carbidopa-levodopa-entacapone tabs 37.5-150-200 mg</i>	1	
<i>carbidopa-levodopa-entacapone tabs 50-200-200 mg</i>	1	
DHIVY TAB 25-100MG	3	
DUOPA SUS 4.63-20	4	SP, PA
INBRIJA CAPS 42mg	4	SP, PA; PF
KYNMOBI FILM 10mg, 15mg, 20mg, 25mg, 30mg	4	SP, PA, QL (5 films / 1 day); PF
NEUPRO PT24 1mg/24hr, 2mg/24hr, 3mg/24hr, 4mg/24hr, 6mg/24hr, 8mg/24hr	2	
<i>pramipexole dihydrochloride tabs .125mg, .25mg, .5mg, .75mg, 1mg, 1.5mg; tb24 3mg, 3.75mg, 4.5mg</i>	1	
<i>pramipexole dihydrochloride tb24 .375mg, .75mg, 1.5mg, 2.25mg</i>	1	QL (1 tab / 1 day)

Drug Name	Drug Tier	Requirements/Limits
<i>ropinirole hydrochloride tabs .25mg, .5mg, 1mg, 2mg, 3mg, 4mg, 5mg; tb24 8mg, 12mg</i>	1	
<i>ropinirole hydrochloride tb24 2mg, 4mg, 6mg</i>	1	QL (1 tab / 1 day)
ANTIPARKINSON MONOAMINE OXIDASE INHIBITORS		
<i>rasagiline mesylate tabs 1mg</i>	1	
<i>rasagiline mesylate tabs .5mg</i>	1	QL (1 tab / 1 day)
<i>selegiline hcl caps 5mg; tabs 5mg</i>	1	
ZELAPAR TBDP 1.25mg	3	
ANTIPSYCHOTICS/ANTIMANIC AGENTS		
ANTIMANIC AGENTS		
<i>lithium carbonate caps 150mg, 300mg, 600mg; tabs 300mg; tbc 300mg, 450mg</i>	1	
ANTIPSYCHOTICS - MISC.		
EQUETRO CP12 100mg, 200mg, 300mg	3	
LATUDA TABS 20mg, 40mg, 60mg, 120mg	2	QL (1 tab / 1 day)
LATUDA TABS 80mg	2	QL (2 tab / 1 day)
NUPLAZID CAPS 34mg; TABS 10mg	4	SP, PA
VRAYLAR CAPS 1.5mg, 3mg	2	QL (1 cap / 1 day)
VRAYLAR CAPS 4.5mg, 6mg	2	
VRAYLAR CAP 1.5-3MG	2	
<i>ziprasidone hcl caps 20mg, 40mg, 60mg, 80mg</i>	1	
<i>ziprasidone mesylate solr 20mg</i>	1	
BENZISOXAZOLES		
INVEGA SUSTENNA SUSY 39mg/0.25ml, 78mg/0.5ml, 117mg/0.75ml, 156mg/ml, 234mg/1.5ml	3	
<i>paliperidone tb24 1.5mg, 3mg</i>	1	QL (1 tab / 1 day)
<i>paliperidone tb24 6mg, 9mg</i>	1	
PERSERIS PRSY 90mg, 120mg	2	
RISPERDAL CONSTA SRER 12.5mg, 25mg, 37.5mg, 50mg	3	
<i>risperidone soln 1mg/ml; tabs .25mg, .5mg, 1mg, 2mg, 3mg, 4mg; tbdp .25mg, .5mg, 1mg, 2mg, 3mg, 4mg</i>	1	
BUTYROPHENONES		
<i>haloperidol tabs .5mg, 1mg, 2mg, 5mg, 10mg, 20mg</i>	1	
<i>haloperidol decanoate soln 50mg/ml, 100mg/ml</i>	1	
<i>haloperidol lactate conc 2mg/ml</i>	1	

Drug Name	Drug Tier	Requirements/Limits
DIBENZAPINES		
ADASUVE AEPB 10mg	3	
asenapine maleate subl 2.5mg, 5mg, 10mg	1	
clozapine tabs 25mg, 50mg, 100mg, 200mg; tbdp 12.5mg, 25mg, 100mg, 150mg, 200mg	1	
loxapine succinate caps 5mg, 10mg, 25mg, 50mg	1	
olanzapine solr 10mg; tabs 10mg, 15mg, 20mg; tbdp 15mg, 20mg	1	
olanzapine tabs 2.5mg, 5mg, 7.5mg; tbdp 5mg, 10mg	1	QL (1 tab / 1 day)
quetiapine fumarate tabs 25mg, 50mg, 100mg, 200mg, 300mg, 400mg; tb24 300mg, 400mg	1	
quetiapine fumarate tb24 50mg, 150mg, 200mg	1	QL (1 tab / 1 day)
VERSACLOZ SUSP 50mg/ml	3	
ZYPREXA RELPREVV SUSR 210mg, 300mg, 405mg	3	
DIHYDROINDOLONES		
molindone hcl tabs 5mg, 10mg, 25mg	1	
PHENOTHIAZINES		
chlorpromazine hcl tabs 10mg, 25mg, 50mg, 100mg, 200mg	1	
compro supp 25mg	1	
fluphenazine hcl conc 5mg/ml; elix 2.5mg/5ml; tabs 1mg, 2.5mg, 5mg, 10mg	1	
perphenazine tabs 2mg, 4mg, 8mg, 16mg	1	
prochlorperazine supp 25mg	1	
prochlorperazine maleate tabs 5mg, 10mg	1	
thioridazine hcl tabs 10mg, 25mg, 50mg, 100mg	1	
trifluoperazine hcl tabs 1mg, 2mg, 5mg, 10mg	1	
QUINOLINONE DERIVATIVES		
ABILIFY MAINTENA PRSY 300mg, 400mg; SRER 300mg, 400mg	2	
aripiprazole soln 1mg/ml; tabs 2mg, 20mg, 30mg; tbdp 10mg, 15mg	1	
aripiprazole tabs 5mg, 10mg, 15mg	1	QL (1 tab / 1 day)
ARISTADA PRSY 441mg/1.6ml, 662mg/2.4ml, 882mg/3.2ml, 1064mg/3.9ml	3	
ARISTADA INITIO PRSY 675mg/2.4ml	3	

Drug Name	Drug Tier	Requirements/Limits
REXULTI TABS 2mg, 3mg, 4mg	3	
REXULTI TABS .25mg, .5mg, 1mg	3	QL (1 tab / 1 day)

THIOXANTHENES

<i>thiothixene caps 1mg, 2mg, 5mg, 10mg</i>	1	
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ANTIVIRALS

ANTIRETROVIRALS

<i>abacavir sulfate soln 20mg/ml</i>	1	SP, QL (30 mL / 1 day)
<i>abacavir sulfate tabs 300mg</i>	1	SP, QL (2 tabs / 1 day)
<i>abacavir sulfate-lamivudine tab 600-300 mg</i>	1	SP, QL (1 tab / 1 day)
<i>abacavir sulfate-lamivudine-zidovudine tab 300-150-300 mg</i>	1	SP, QL (2 tabs / 1 day)
APTIVUS CAPS 250mg	2	SP, QL (4 caps / 1 day)
APTIVUS SOLN 100mg/ml	2	SP, QL (10 ml / 1 day)
<i>atazanavir sulfate caps 150mg, 300mg</i>	1	SP, QL (1 cap / 1 day)
<i>atazanavir sulfate caps 200mg</i>	1	SP, QL (2 caps / 1 day)
BIKTARVY TAB	2	SP, QL (1 tab / 1 day)
CIMDUO TAB 300-300	2	SP, QL (1 tab / 1 day)
COMPLERA TAB	2	SP, QL (1 tab / 1 day)
DELSTRIGO TAB	2	SP, QL (1 tab / 1 day)
DESCOVY TAB 200/25MG	2	SP, QL (1 tab / 1 day); Exception process available for \$0 copay when medically necessary for pre-exposure prophylaxis
DOVATO TAB 50-300MG	2	SP, QL (1 tab / 1 day)
EDURANT TABS 25mg	2	SP, QL (1 tab / 1 day)
<i>efavirenz caps 50mg, 200mg</i>	1	SP, QL (1 cap / 1 day)
<i>efavirenz tabs 600mg</i>	1	SP, QL (1 tab / 1 day)
<i>efavirenz-emtricitabine-tenofovir df tab 600-200-300 mg</i>	1	SP, QL (1 tab / 1 day)
<i>efavirenz-lamivudine-tenofovir df tab 400-300-300 mg</i>	1	SP, QL (1 tab / 1 day)
<i>efavirenz-lamivudine-tenofovir df tab 600-300-300 mg</i>	1	SP, QL (1 tab / 1 day)
<i>emtricitabine caps 200mg</i>	1	SP, QL (1 cap / 1 day)
<i>emtricitabine-tenofovir disoproxil fumarate tab 100-150 mg</i>	1	SP, QL (1 tab / 1 day)
<i>emtricitabine-tenofovir disoproxil fumarate tab 133-200 mg</i>	1	SP, QL (1 tab / 1 day)
<i>emtricitabine-tenofovir disoproxil fumarate tab 167-250 mg</i>	1	SP, QL (1 tab / 1 day)
<i>emtricitabine-tenofovir disoproxil fumarate tab 200-300 mg</i>	1	SP, QL (1 tab / 1 day); \$0 copay for pre-exposure prophylaxis

Drug Name	Drug Tier	Requirements/Limits
EMTRIVA SOLN 10mg/ml	2	SP, QL (2.5 mL / 1 day)
<i>etravirine tabs 100mg, 200mg</i>	1	SP, QL (2 tabs / 1 day)
EVOTAZ TAB 300-150	2	SP
<i>fosamprenavir calcium tabs 700mg</i>	1	SP, QL (4 tabs / 1 day)
GENVOYA TAB	2	SP, QL (1 tab / 1 day)
INTELENCE TABS 25mg	2	SP, QL (4 tabs / 1 day)
INVIRASE TABS 500mg	2	SP, QL (7 tabs / 1 day)
ISENTRESS CHEW 25mg, 100mg; TABS 400mg	2	SP, QL (2 tabs / 1 day)
ISENTRESS PACK 100mg	2	SP
ISENTRESS HD TABS 600mg	2	SP
JULUCA TAB 50-25MG	3	SP, QL (1 tab / 1 day)
<i>lamivudine soln 10mg/ml</i>	1	SP
<i>lamivudine tabs 150mg, 300mg</i>	1	SP, QL (2 tabs / 1 day)
<i>lamivudine-zidovudine tab 150-300 mg</i>	1	SP
LEXIVA SUSP 50mg/ml	2	SP, QL (4 ml / 1 day)
<i>lopinavir-ritonavir soln 400-100 mg/5ml (80-20 mg/ml)</i>	1	SP, QL (20 mL / 1 day)
<i>lopinavir-ritonavir tab 100-25 mg</i>	1	SP, QL (4 tabs / 1 day)
<i>lopinavir-ritonavir tab 200-50 mg</i>	1	SP, QL (4 tabs / 1 day)
<i>nevirapine susp 50mg/5ml</i>	3	SP
<i>nevirapine tabs 200mg</i>	1	SP, QL (2 tabs / 1 day)
<i>nevirapine tb24 100mg</i>	1	SP, QL (4 tabs / 1 day)
<i>nevirapine tb24 400mg</i>	1	SP, QL (1 tab / 1 day)
NORVIR PACK 100mg; SOLN 80mg/ml	2	SP
ODEFSEY TAB	2	SP, QL (1 tab / 1 day)
PIFELTRO TABS 100mg	2	SP, QL (1 tab / 1 day)
PREZCOBIX TAB 800-150	2	SP, QL (1 tab / 1 day)
PREZISTA SUSP 100mg/ml	2	SP, QL (13.333 mL / 1 day)
PREZISTA TABS 75mg	2	SP, QL (16 tabs / 1 day)
PREZISTA TABS 150mg	2	SP, QL (8 tabs / 1 day)
PREZISTA TABS 600mg	2	SP, QL (2 tabs / 1 day)
PREZISTA TABS 800mg	2	SP, QL (1 tab / 1 day)
REYATAZ PACK 50mg	3	SP
<i>ritonavir tabs 100mg</i>	1	SP
RUKOBIA TB12 600mg	3	SP, QL (2 tabs / 1 day)
SELZENTRY SOLN 20mg/ml; TABS 25mg, 75mg, 150mg, 300mg	3	SP
<i>stavudine caps 15mg, 20mg, 30mg, 40mg</i>	1	SP, QL (2 caps / 1 day)
STRIBILD TAB	2	SP, QL (1 tab / 1 day)
SYM TUZA TAB	2	SP, QL (1 tab / 1 day)
TEMIXYS TAB 300-300	2	SP, QL (1 tab / 1 day)
<i>tenofovir disoproxil fumarate tabs 300mg</i>	1	SP, QL (1 tab / 1 day)
TIVICAY TABS 10mg, 25mg, 50mg	2	SP, QL (2 tabs / 1 day)

Drug Name	Drug Tier	Requirements/Limits
TIVICAY PD TBSO 5mg	2	SP, QL (6 tabs / 1 day)
TRIUMEQ TAB	2	SP, QL (1 tab / 1 day)
TYBOST TABS 150mg	3	SP, QL (1 tab / 1 day)
VIRACEPT TABS 250mg, 625mg	2	SP, QL (4 tabs / 1 day)
VIREAD POWD 40mg/gm	3	SP, QL (1 gm / 1 day)
VIREAD TABS 150mg, 200mg, 250mg	3	SP, QL (1 tab / 1 day)
<i>zidovudine caps 100mg; syrpf 50mg/5ml; tabs 300mg</i>	1	SP
CMV AGENTS		
PREVYMIS TABS 240mg, 480mg	3	
<i>valganciclovir hcl solr 50mg/ml; tabs 450mg</i>	1	
HEPATITIS AGENTS		
<i>adefovir dipivoxil tabs 10mg</i>	1	SP
BARACLUDE SOLN .05mg/ml	2	SP; PF
<i>entecavir tabs .5mg, 1mg</i>	1	SP
EPCLUSA PAK 150-37.5	4	SP, PA; PF; only for genotypes 1, 2, 3, 4, 5 and 6
EPCLUSA PAK 200-50MG	4	SP, PA; PF; only for genotypes 1, 2, 3, 4, 5 and 6
EPCLUSA TAB 200-50MG	4	SP, PA; PF; only for genotypes 1, 2, 3, 4, 5 and 6
EPCLUSA TAB 400-100	4	SP, PA; PF; only for genotypes 1, 2, 3, 4, 5 and 6
HARVONI PAK	4	SP, PA; PF; only for genotypes 1, 4, 5 and 6
HARVONI PAK 45-200MG	4	SP, PA; PF; only for genotypes 1, 4, 5 and 6
HARVONI TAB 45-200MG	4	SP, PA; PF; only for genotypes 1, 4, 5 and 6
HARVONI TAB 90-400MG	4	SP, PA; PF; only for genotypes 1, 4, 5 and 6
<i>lamivudine (hbv) tabs 100mg</i>	1	SP
<i>ribavirin (hepatitis c) caps 200mg; tabs 200mg</i>	1	SP, PA
SOVALDI PACK 150mg, 200mg; TABS 200mg, 400mg	4	SP, PA
VEMLIDY TABS 25mg	2	SP; PF

Drug Name	Drug Tier	Requirements/Limits
VOSEVI TAB	4	SP, PA; PF; For use in patients previously treated with an HCV regimen containing an NS5A inhibitor (for genotypes 1-6) or sofosbuvir without an NS5A inhibitor (for genotypes 1a or 3).

HERPES AGENTS

<i>acyclovir caps 200mg; susp 200mg/5ml; tabs 400mg, 800mg</i>	1	
<i>famciclovir tabs 125mg, 250mg, 500mg</i>	1	
SITAVIG TABS 50mg	3	
<i>valacyclovir hcl tabs 500mg, 1000mg</i>	1	

INFLUENZA AGENTS

<i>oseltamivir phosphate caps 30mg</i>	1	QL (40 ea / 90 days)
<i>oseltamivir phosphate caps 45mg, 75mg</i>	1	QL (20 ea / 90 days)
<i>oseltamivir phosphate susr 6mg/ml</i>	1	QL (360 mL / 90 days)
RELENZA DISKHALER AEPB 5mg/blister	2	QL (2 inhalers / 90 days)
<i>rimantadine hydrochloride tabs 100mg</i>	1	

RESPIRATORY SYNCYTIAL VIRUS (RSV) AGENTS

<i>ribavirin solr 6gm</i>	1	
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BETA BLOCKERS

ALPHA-BETA BLOCKERS

<i>carvedilol tabs 3.125mg, 6.25mg, 12.5mg, 25mg</i>	1	
<i>carvedilol phosphate cp24 10mg, 20mg, 40mg</i>	1	QL (1 cap / 1 day)
<i>carvedilol phosphate cp24 80mg</i>	1	
<i>labetalol hcl tabs 100mg, 200mg, 300mg</i>	1	

BETA BLOCKERS CARDIO-SELECTIVE

<i>acebutolol hcl caps 200mg, 400mg</i>	1	
<i>atenolol tabs 25mg, 50mg, 100mg</i>	1	
<i>betaxolol hcl tabs 10mg</i>	1	QL (1 tab / 1 day)
<i>betaxolol hcl tabs 20mg</i>	1	
<i>bisoprolol fumarate tabs 5mg</i>	1	QL (1 tab / 1 day)
<i>bisoprolol fumarate tabs 10mg</i>	1	
<i>metoprolol succinate tb24 25mg, 50mg, 100mg</i>	1	QL (1 tab / 1 day)
<i>metoprolol succinate tb24 200mg</i>	1	
<i>metoprolol tartrate tabs 25mg, 37.5mg, 50mg, 75mg, 100mg</i>	1	
<i>nebivolol hcl tabs 2.5mg, 5mg, 10mg</i>	1	QL (1 tab / 1 day)

Drug Name	Drug Tier	Requirements/Limits
<i>nebivolol hcl tabs 20mg</i>	1	
BETA BLOCKERS NON-SELECTIVE		
HEMANGEOL SOLN 4.28mg/ml	3	
<i>nadolol tabs 20mg, 40mg</i>	1	QL (1 tab / 1 day)
<i>nadolol tabs 80mg</i>	1	
<i>pindolol tabs 5mg, 10mg</i>	1	
<i>propranolol hcl cp24 60mg, 80mg</i>	1	QL (1 cap / 1 day)
<i>propranolol hcl cp24 120mg, 160mg; soln 20mg/5ml, 40mg/5ml; tabs 10mg, 20mg, 40mg, 60mg, 80mg</i>	1	
<i>sorine tabs 80mg, 120mg, 160mg, 240mg</i>	1	
<i>sotalol hcl tabs 80mg, 120mg, 160mg, 240mg</i>	1	
<i>sotalol hcl (afib/af) tabs 80mg, 120mg, 160mg</i>	1	
SOTYLIZE SOLN 5mg/ml	3	
<i>timolol maleate tabs 5mg, 10mg, 20mg</i>	1	
CALCIUM CHANNEL BLOCKERS		
CALCIUM CHANNEL BLOCKERS		
<i>amlodipine besylate tabs 2.5mg, 5mg</i>	1	QL (1 tab / 1 day)
<i>amlodipine besylate tabs 10mg</i>	1	
<i>cartia xt cp24 120mg, 180mg, 240mg, 300mg</i>	1	
<i>dilt-xr cp24 120mg, 180mg, 240mg</i>	1	
<i>diltiazem hcl cp12 60mg, 90mg, 120mg; cp24 120mg, 180mg, 240mg; tabs 30mg, 60mg, 90mg, 120mg</i>	1	
<i>diltiazem hcl coated beads cp24 120mg, 180mg, 240mg, 300mg, 360mg</i>	1	
<i>diltiazem hcl extended release beads cp24 120mg, 180mg, 240mg, 300mg, 360mg, 420mg</i>	1	
<i>felodipine tb24 2.5mg, 5mg</i>	1	QL (1 tab / 1 day)
<i>felodipine tb24 10mg</i>	1	
<i>isradipine caps 2.5mg, 5mg</i>	1	
<i>nicardipine hcl caps 20mg, 30mg</i>	1	
<i>nifedipine caps 10mg, 20mg; tb24 30mg, 60mg, 90mg</i>	1	
<i>nifedipine tb24 30mg</i>	1	QL (1 tab / 1 day)
<i>nimodipine caps 30mg</i>	1	
<i>nisoldipine tb24 8.5mg, 17mg, 20mg</i>	1	QL (1 tab / 1 day)
<i>nisoldipine tb24 25.5mg, 30mg, 34mg, 40mg</i>	1	
NYMALIZE SOLN 6mg/ml	3	
<i>taztia xt cp24 120mg, 180mg, 240mg, 300mg, 360mg</i>	1	

Drug Name	Drug Tier	Requirements/Limits
<i>tiadylt er cp24 120mg, 180mg, 240mg, 300mg, 360mg, 420mg</i>	1	
<i>verapamil hcl cp24 100mg</i>	1	QL (1 cap / 1 day)
<i>verapamil hcl cp24 120mg, 180mg, 200mg, 240mg, 300mg, 360mg; tabs 40mg, 80mg, 120mg; tbc 120mg, 180mg, 240mg</i>	1	

CARDIOTONICS

CARDIAC GLYCOSIDES

<i>digitek tabs 125mcg, 250mcg</i>	1	
<i>digox tabs 125mcg, 250mcg</i>	1	
<i>digoxin soln .05mg/ml; tabs .125mg, 250mcg</i>	1	
LANOXIN TABS 62.5mcg	2	

CARDIOVASCULAR AGENTS - MISC.

CARDIOVASCULAR AGENTS MISC. - COMBINATIONS

<i>amlodipine besylate-atorvastatin calcium tab 2.5-10 mg</i>	1	QL (1 tab / 1 day)
<i>amlodipine besylate-atorvastatin calcium tab 2.5-20 mg</i>	1	QL (1 tab / 1 day)
<i>amlodipine besylate-atorvastatin calcium tab 2.5-40 mg</i>	1	QL (1 tab / 1 day)
<i>amlodipine besylate-atorvastatin calcium tab 5-10 mg</i>	1	QL (1 tab / 1 day)
<i>amlodipine besylate-atorvastatin calcium tab 5-20 mg</i>	1	QL (1 tab / 1 day)
<i>amlodipine besylate-atorvastatin calcium tab 5-40 mg</i>	1	QL (1 tab / 1 day)
<i>amlodipine besylate-atorvastatin calcium tab 5-80 mg</i>	1	QL (1 tab / 1 day)
<i>amlodipine besylate-atorvastatin calcium tab 10-10 mg</i>	1	
<i>amlodipine besylate-atorvastatin calcium tab 10-20 mg</i>	1	
<i>amlodipine besylate-atorvastatin calcium tab 10-40 mg</i>	1	
<i>amlodipine besylate-atorvastatin calcium tab 10-80 mg</i>	1	
BIDIL TAB	2	
ENTRESTO TAB 24-26MG	2	
ENTRESTO TAB 49-51MG	2	
ENTRESTO TAB 97-103MG	2	

PROSTAGLANDIN VASODILATORS

<i>ORENITRAM TBCR .125mg, .25mg, 1mg, 2.5mg, 5mg</i>	4	SP, PA; PF
<i>TYVASO SOLN .6mg/ml</i>	4	SP, PA

Drug Name	Drug Tier	Requirements/Limits
TYVASO REFILL SOLN .6mg/ml	4	SP, PA
TYVASO STARTER SOLN .6mg/ml	4	SP, PA
VENTAVIS SOLN 10mcg/ml, 20mcg/ml	4	SP, PA
PULMONARY HYPERTENSION - ENDOTHELIN RECEPTOR ANTAGONISTS		
<i>ambrisentan tabs 5mg, 10mg</i>	4	SP, PA
<i>bosentan tabs 62.5mg, 125mg</i>	4	SP, PA
OPSUMIT TABS 10mg	4	SP, PA; PF
PULMONARY HYPERTENSION - PHOSPHODIESTERASE INHIBITORS		
<i>alyq tabs 20mg</i>	4	SP, PA
<i>sildenafil citrate (pulmonary hypertension) susr 10mg/ml; tabs 20mg</i>	4	SP, PA
<i>tadalafil (pulmonary hypertension) tabs 20mg</i>	4	SP, PA
PULMONARY HYPERTENSION - PROSTACYCLIN RECEPTOR AGONIST		
UPTRAVI TABS 200mcg, 400mcg, 600mcg, 800mcg, 1000mcg, 1200mcg, 1400mcg, 1600mcg	4	SP, PA; PF
UPTRAVI TAB 200/800	4	SP, PA; PF
PULMONARY HYPERTENSION - SOL GUANYLATE CYCLASE STIMULATOR		
ADEMPAS TABS .5mg, 1mg, 1.5mg, 2mg, 2.5mg	4	SP, PA; PF
SINUS NODE INHIBITORS		
CORLANOR SOLN 5mg/5ml	3	
CORLANOR TABS 5mg, 7.5mg	2	
TRANSTHYRETIN STABILIZERS		
VYNDAMAX CAPS 61mg	4	SP, PA
VASOACTIVE SOLUBLE GUANYLATE CYCLASE STIMULATOR (SGC)		
VERQUVO TABS 2.5mg, 5mg	2	QL (1 tab / 1 day)
VERQUVO TABS 10mg	2	
CEPHALOSPORINS		
CEPHALOSPORINS - 1ST GENERATION		
<i>cefadroxil caps 500mg; susr 250mg/5ml, 500mg/5ml; tabs 1gm</i>	1	
<i>cephalexin caps 250mg, 500mg, 750mg; susr 125mg/5ml, 250mg/5ml; tabs 250mg, 500mg</i>	1	
CEPHALOSPORINS - 2ND GENERATION		
<i>cefaclor caps 250mg, 500mg; susr 125mg/5ml, 250mg/5ml, 375mg/5ml</i>	1	
CEFACLOR ER TB12 500mg	3	
<i>cefprozil susr 125mg/5ml, 250mg/5ml; tabs 250mg, 500mg</i>	1	

Drug Name	Drug Tier	Requirements/Limits
<i>cefuroxime axetil tabs 250mg, 500mg</i>	1	

CEPHALOSPORINS - 3RD GENERATION

<i>cefdinir caps 300mg; susr 125mg/5ml, 250mg/5ml</i>	1	
<i>cefixime caps 400mg; susr 100mg/5ml, 200mg/5ml</i>	1	
<i>cefepodoxime proxetil susr 50mg/5ml, 100mg/5ml; tabs 100mg, 200mg</i>	1	
SUPRAX CHEW 100mg, 200mg; SUSR 500mg/5ml	2	

CONTRACEPTIVES

COMBINATION CONTRACEPTIVES - ORAL

<i>afirmelle</i>	1	\$0 copay
<i>altavera</i>	1	\$0 copay
<i>alyacen 1/35</i>	1	\$0 copay
<i>alyacen 7/7/7</i>	1	\$0 copay
<i>amethia</i>	1	\$0 copay
<i>amethyst</i>	1	\$0 copay
<i>apri</i>	1	\$0 copay
<i>aranelle</i>	1	\$0 copay
<i>ashlyna</i>	1	\$0 copay
<i>aubra</i>	1	\$0 copay
<i>aubra eq</i>	1	\$0 copay
<i>aurovela 1.5/30</i>	1	\$0 copay
<i>aurovela 1/20</i>	1	\$0 copay
<i>aurovela 24 fe</i>	1	\$0 copay
<i>aurovela fe 1.5/30</i>	1	\$0 copay
<i>aurovela fe 1/20</i>	1	\$0 copay
<i>aviane</i>	1	\$0 copay
<i>ayuna</i>	1	\$0 copay
<i>azurette</i>	1	\$0 copay
<i>balziva</i>	1	\$0 copay
<i>blisovi 24 fe</i>	1	\$0 copay
<i>blisovi fe 1.5/30</i>	1	\$0 copay
<i>blisovi fe 1/20</i>	1	\$0 copay
<i>briellyn</i>	1	\$0 copay
<i>camrese</i>	1	\$0 copay
<i>camrese lo</i>	1	\$0 copay
<i>caziant</i>	1	\$0 copay
<i>charlotte 24 fe</i>	1	\$0 copay
<i>chateal</i>	1	\$0 copay
<i>chateal eq</i>	1	\$0 copay
<i>cryselle-28</i>	1	\$0 copay
<i>cyclafem 1/35</i>	1	\$0 copay
<i>cyclafem 7/7/7</i>	1	\$0 copay

Drug Name	Drug Tier	Requirements/Limits
<i>cyred</i>	1	\$0 copay
<i>cyred eq</i>	1	\$0 copay
<i>dasetta 1/35</i>	1	\$0 copay
<i>dasetta 7/7/7</i>	1	\$0 copay
<i>daysee</i>	1	\$0 copay
<i>delyla</i>	1	\$0 copay
<i>desogest-eth estrad & eth estrad tab 0.15-0.02/0.01 mg(21/5)</i>	1	\$0 copay
<i>desogestrel & ethinyl estradiol tab 0.15 mg-30 mcg</i>	1	\$0 copay
<i>dolishale</i>	1	\$0 copay
<i>drospirenone-ethinyl estrad-levomefolate tab 3-0.02-0.451 mg</i>	1	\$0 copay
<i>drospirenone-ethinyl estrad-levomefolate tab 3-0.03-0.451 mg</i>	1	\$0 copay
<i>drospirenone-ethinyl estradiol tab 3-0.02 mg</i>	1	\$0 copay
<i>drospirenone-ethinyl estradiol tab 3-0.03 mg</i>	1	\$0 copay
<i>elinest</i>	1	\$0 copay
<i>emoquette</i>	1	\$0 copay
<i>enpresse-28</i>	1	\$0 copay
<i>enskyce</i>	1	\$0 copay
<i>estarylla</i>	1	\$0 copay
<i>ethynodiol diacetate & ethinyl estradiol tab 1 mg-35 mcg</i>	1	\$0 copay
<i>ethynodiol diacetate & ethinyl estradiol tab 1 mg-50 mcg</i>	1	\$0 copay
<i>falmina</i>	1	\$0 copay
<i>fayosim</i>	1	\$0 copay
<i>femynor</i>	1	\$0 copay
<i>gemmily</i>	1	\$0 copay
<i>hailey 1.5/30</i>	1	\$0 copay
<i>hailey 24 fe</i>	1	\$0 copay
<i>hailey fe 1.5/30</i>	1	\$0 copay
<i>hailey fe 1/20</i>	1	\$0 copay
<i>iclevia</i>	1	\$0 copay
<i>introvale</i>	1	\$0 copay
<i>isibloom</i>	1	\$0 copay
<i>jaimiess</i>	1	\$0 copay
<i>jasmiel</i>	1	\$0 copay
<i>jolessa</i>	1	\$0 copay
<i>juleber</i>	1	\$0 copay
<i>junel 1.5/30</i>	1	\$0 copay
<i>junel 1/20</i>	1	\$0 copay
<i>junel fe 1.5/30</i>	1	\$0 copay

Drug Name	Drug Tier	Requirements/Limits
<i>junel fe 1/20</i>	1	\$0 copay
<i>junel fe 24</i>	1	\$0 copay
<i>kaitlib fe</i>	1	\$0 copay
<i>kalliga</i>	1	\$0 copay
<i>kariva</i>	1	\$0 copay
<i>kelnor 1/35</i>	1	\$0 copay
<i>kelnor 1/50</i>	1	\$0 copay
<i>kurvelo</i>	1	\$0 copay
<i>larin 1.5/30</i>	1	\$0 copay
<i>larin 1/20</i>	1	\$0 copay
<i>larin 24 fe</i>	1	\$0 copay
<i>larin fe 1.5/30</i>	1	\$0 copay
<i>larin fe 1/20</i>	1	\$0 copay
<i>larissia</i>	1	\$0 copay
<i>layolis fe</i>	1	\$0 copay
<i>leena</i>	1	\$0 copay
<i>lessina</i>	1	\$0 copay
<i>levonest</i>	1	\$0 copay
<i>levonor-eth est tab 0.15-0.02/0.025/0.03 mg & eth est 0.01 mg</i>	1	\$0 copay
<i>levonorg-eth est tab 0.1-0.02mg(84) & eth est tab 0.01mg(7)</i>	1	\$0 copay
<i>levonorg-eth est tab 0.15-0.03mg(84) & eth est tab 0.01mg(7)</i>	1	\$0 copay
<i>levonorgestrel & ethinyl estradiol (91-day) tab 0.15-0.03 mg</i>	1	\$0 copay
<i>levonorgestrel & ethinyl estradiol tab 0.1 mg-20 mcg</i>	1	\$0 copay
<i>levonorgestrel & ethinyl estradiol tab 0.15 mg-30 mcg</i>	1	\$0 copay
<i>levonorgestrel-eth estra tab 0.05-30/0.075-40/0.125-30mg-mcg</i>	1	\$0 copay
<i>levonorgestrel-ethinyl estradiol (continuous) tab 90-20 mcg</i>	1	\$0 copay
<i>levora 0.15/30-28</i>	1	\$0 copay
<i>lillow</i>	1	\$0 copay
LO LOESTRIN TAB 1-10-10	2	\$0 copay
<i>lo-zumandimine</i>	1	\$0 copay
<i>loestrin 1.5/30-21</i>	1	\$0 copay
<i>loestrin 1/20-21</i>	1	\$0 copay
<i>loestrin fe 1.5/30</i>	1	\$0 copay
<i>loestrin fe 1/20</i>	1	\$0 copay
<i>lojaimiess</i>	1	\$0 copay
<i>loryna</i>	1	\$0 copay
<i>low-ogestrel</i>	1	\$0 copay
<i>lutera</i>	1	\$0 copay

Drug Name	Drug Tier	Requirements/Limits
<i>marlissa</i>	1	\$0 copay
<i>merzee</i>	1	\$0 copay
<i>mibelas 24 fe</i>	1	\$0 copay
<i>microgestin 1.5/30</i>	1	\$0 copay
<i>microgestin 1/20</i>	1	\$0 copay
<i>microgestin 24 fe</i>	1	\$0 copay
<i>microgestin fe 1.5/30</i>	1	\$0 copay
<i>microgestin fe 1/20</i>	1	\$0 copay
<i>mili</i>	1	\$0 copay
<i>mono-linyah</i>	1	\$0 copay
NATAZIA TAB	2	\$0 copay
<i>necon 0.5/35-28</i>	1	\$0 copay
<i>nikki</i>	1	\$0 copay
<i>norethindrone & ethinyl estradiol-fe chew tab 0.4 mg-35 mcg</i>	1	\$0 copay
<i>norethindrone & ethinyl estradiol-fe chew tab 0.8 mg-25 mcg</i>	1	\$0 copay
<i>norethindrone ace & ethinyl estradiol tab 1 mg-20 mcg</i>	1	\$0 copay
<i>norethindrone ace & ethinyl estradiol tab 1.5 mg-30 mcg</i>	1	\$0 copay
<i>norethindrone ace & ethinyl estradiol-fe tab 1 mg-20 mcg</i>	1	\$0 copay
<i>norethindrone ace & ethinyl estradiol-fe tab 1.5 mg-30 mcg</i>	1	\$0 copay
<i>norethindrone ace-eth estradiol-fe chew tab 1 mg-20 mcg (24)</i>	1	\$0 copay
<i>norethindrone ace-ethinyl estradiol-fe cap 1 mg-20 mcg (24)</i>	1	\$0 copay
<i>norgestimate & ethinyl estradiol tab 0.25 mg-35 mcg</i>	1	\$0 copay
<i>norgestimate-eth estrad tab 0.18-25/0.215-25/0.25-25 mg-mcg</i>	1	\$0 copay
<i>norgestimate-eth estrad tab 0.18-35/0.215-35/0.25-35 mg-mcg</i>	1	\$0 copay
<i>nortrel 0.5/35 (28)</i>	1	\$0 copay
<i>nortrel 1/35</i>	1	\$0 copay
<i>nortrel 7/7/7</i>	1	\$0 copay
<i>nylia 7/7/7</i>	1	\$0 copay
<i>nymyo</i>	1	\$0 copay
<i>ocella</i>	1	\$0 copay
<i>orsythia</i>	1	\$0 copay
<i>philith</i>	1	\$0 copay
<i>pimtrea</i>	1	\$0 copay
<i>pirmella 1/35</i>	1	\$0 copay
<i>pirmella 7/7/7</i>	1	\$0 copay

Drug Name	Drug Tier	Requirements/Limits
<i>portia-28</i>	1	\$0 copay
<i>previfem</i>	1	\$0 copay
<i>reclipsen</i>	1	\$0 copay
<i>rivelsa</i>	1	\$0 copay
<i>setlakin</i>	1	\$0 copay
<i>simliya</i>	1	\$0 copay
<i>simpesse</i>	1	\$0 copay
<i>sprintec 28</i>	1	\$0 copay
<i>sronyx</i>	1	\$0 copay
<i>syeda</i>	1	\$0 copay
<i>tarina 24 fe</i>	1	\$0 copay
<i>tarina fe 1/20</i>	1	\$0 copay
<i>tarina fe 1/20 eq</i>	1	\$0 copay
<i>taysofy</i>	1	\$0 copay
<i>tilia fe</i>	1	\$0 copay
<i>tri femynor</i>	1	\$0 copay
<i>tri-estarylla</i>	1	\$0 copay
<i>tri-legest fe</i>	1	\$0 copay
<i>tri-linyah</i>	1	\$0 copay
<i>tri-lo-estarylla</i>	1	\$0 copay
<i>tri-lo-marzia</i>	1	\$0 copay
<i>tri-lo-mili</i>	1	\$0 copay
<i>tri-lo-sprintec</i>	1	\$0 copay
<i>tri-mili</i>	1	\$0 copay
<i>tri-nymyo</i>	1	\$0 copay
<i>tri-previfem</i>	1	\$0 copay
<i>tri-sprintec</i>	1	\$0 copay
<i>tri-vylibra</i>	1	\$0 copay
<i>tri-vylibra lo</i>	1	\$0 copay
<i>trivora-28</i>	1	\$0 copay
<i>tydemy</i>	1	\$0 copay
<i>velivet</i>	1	\$0 copay
<i>vestura</i>	1	\$0 copay
<i>vienva</i>	1	\$0 copay
<i>viorele</i>	1	\$0 copay
<i>volnea</i>	1	\$0 copay
<i>vyfemla</i>	1	\$0 copay
<i>vylibra</i>	1	\$0 copay
<i>wera</i>	1	\$0 copay
<i>wymzya fe</i>	1	\$0 copay
<i>zarah</i>	1	\$0 copay
<i>zovia 1/35</i>	1	\$0 copay
<i>zovia 1/35e</i>	1	\$0 copay
<i>zumandimine</i>	1	\$0 copay

Drug Name	Drug Tier	Requirements/Limits
COMBINATION CONTRACEPTIVES - TRANSDERMAL		
<i>xulane</i>	1	\$0 copay
<i>zafemy</i>	1	\$0 copay
COMBINATION CONTRACEPTIVES - VAGINAL		
ANNOVERA MIS	2	QL (1 ring / 300 days); \$0 copay
<i>eluryng</i>	1	QL (13 rings / 300 days); \$0 copay
<i>etonogestrel-ethinyl estradiol va ring 0.120-0.015 mg/24hr</i>	1	QL (13 rings / 300 days); \$0 copay
EMERGENCY CONTRACEPTIVES		
<i>aftera tabs 1.5mg</i>	1	OTC; \$0 copay
<i>afterpill tabs 1.5mg</i>	1	OTC; \$0 copay
<i>econtra ez tabs 1.5mg</i>	1	OTC; \$0 copay
<i>econtra one-step tabs 1.5mg</i>	1	OTC; \$0 copay
ELLA TABS 30mg	3	\$0 copay
<i>levonorgestrel (emergency oc) tabs 1.5mg</i>	1	OTC; \$0 copay
<i>my choice tabs 1.5mg</i>	1	OTC; \$0 copay
<i>my way tabs 1.5mg</i>	1	OTC; \$0 copay
<i>new day tabs 1.5mg</i>	1	OTC; \$0 copay
<i>opcicon one-step tabs 1.5mg</i>	1	OTC; \$0 copay
<i>option 2 tabs 1.5mg</i>	1	OTC; \$0 copay
<i>react tabs 1.5mg</i>	1	OTC; \$0 copay
<i>take action tabs 1.5mg</i>	1	OTC; \$0 copay
PROGESTIN CONTRACEPTIVES - INJECTABLE		
DEPO-SUBQ PROVERA 104 SUSY 104mg/0.65ml	2	QL (6.154 injections / 300 days); \$0 copay
<i>medroxyprogesterone acetate (contraceptive) susp 150mg/ml; susy 150mg/ml</i>	1	QL (4 injections / 300 days); \$0 copay
PROGESTIN CONTRACEPTIVES - ORAL		
<i>camila tabs .35mg</i>	1	\$0 copay
<i>deblitane tabs .35mg</i>	1	\$0 copay
<i>errin tabs .35mg</i>	1	\$0 copay
<i>heather tabs .35mg</i>	1	\$0 copay
<i>incassia tabs .35mg</i>	1	\$0 copay
<i>jencycla tabs .35mg</i>	1	\$0 copay
<i>lyleq tabs .35mg</i>	1	\$0 copay
<i>lyza tabs .35mg</i>	1	\$0 copay
<i>nora-be tabs .35mg</i>	1	\$0 copay
<i>norethindrone (contraceptive) tabs .35mg</i>	1	\$0 copay
<i>norlyda tabs .35mg</i>	1	\$0 copay
<i>norlyroc tabs .35mg</i>	1	\$0 copay
<i>sharobel tabs .35mg</i>	1	\$0 copay
<i>tulana tabs .35mg</i>	1	\$0 copay

Drug Name	Drug Tier	Requirements/Limits
CORTICOSTEROIDS		
GLUCOCORTICOSTEROIDS		
<i>budesonide cpep 3mg</i>	1	
<i>decadron tabs .5mg, .75mg, 4mg, 6mg</i>	1	
<i>dexamethasone elix .5mg/5ml; soln .5mg/5ml; tabs .5mg, .75mg, 1mg, 1.5mg, 2mg, 4mg, 6mg; tbpk 1.5mg</i>	1	
DEXAMETHASONE INTENSOL CONC 1mg/ml	3	
<i>hidex 6-day tbpk 1.5mg</i>	1	
<i>hydrocortisone tabs 5mg, 10mg, 20mg</i>	1	
MEDROL TABS 2mg	3	
<i>methylprednisolone tabs 4mg, 8mg, 16mg, 32mg; tbpk 4mg</i>	1	
<i>prednisolone soln 15mg/5ml</i>	1	
<i>prednisolone sodium phosphate soln 6.7mg/5ml, 10mg/5ml, 15mg/5ml, 20mg/5ml, 25mg/5ml; tbdp 10mg, 15mg, 30mg</i>	1	
<i>prednisone soln 5mg/5ml; tabs 1mg, 2.5mg, 5mg, 10mg, 20mg, 50mg; tbpk 5mg, 10mg</i>	1	
PREDNISONE INTENSOL CONC 5mg/ml	3	
UCERIS TB24 9mg	1	
MINERALOCORTICOIDS		
<i>fludrocortisone acetate tabs .1mg</i>	1	
COUGH/COLD/ALLERGY		
ANTITUSSIVES		
<i>benzonatate caps 100mg, 150mg, 200mg</i>	1	
<i>hydrocodone w/ homatropine syrup 5-1.5 mg/5ml</i>	1	Excludes children under 6 years
<i>hydrocodone w/ homatropine tab 5-1.5 mg</i>	1	Excludes children under 6 years
<i>hydromet</i>	1	Excludes children under 6 years
COUGH/COLD/ALLERGY COMBINATIONS		
CLARINEX-D TAB 2.5-120	3	
<i>g tussin ac</i>	1	OTC; Excludes children under 12 years
GILPHEX TR TAB 10-388MG	3	
<i>guaiaatussin ac</i>	1	OTC; Excludes children under 12 years
<i>guaifenesin-codeine soln 100-10 mg/5ml</i>	1	OTC; Excludes children under 12 years
<i>hydrocod polst-chlorphen polst er susp 10-8 mg/5ml</i>	1	Excludes children under 6 years

Drug Name	Drug Tier	Requirements/Limits
<i>maxi-tuss ac</i>	1	OTC; Excludes children under 12 years
<i>promethazine & phenylephrine syrup 6.25-5 mg/5ml</i>	1	
<i>promethazine vc</i>	1	
<i>promethazine vc/codeine</i>	1	Excludes children under 12 years
<i>promethazine w/ codeine syrup 6.25-10 mg/5ml</i>	1	Excludes children under 12 years
<i>promethazine-dm syrup 6.25-15 mg/5ml</i>	1	
<i>promethazine-phenylephrine-codeine syrup 6.25-5-10 mg/5ml</i>	1	Excludes children under 12 years
<i>pseudoephed-bromphen-dm syrup 30-2-10 mg/5ml</i>	1	
<i>trymine cg</i>	1	OTC; Excludes children under 12 years
TUSSICAPS CAP 10-8MG	3	
TUZISTRA XR SUS	3	Excludes children under 12 years
<i>virtussin a/c</i>	1	OTC; Excludes children under 12 years
<i>virtussin ac/alc</i>	1	OTC; Excludes children under 12 years
VIRTUSSIN SOL DAC	3	OTC; Excludes children under 12 years

EXPECTORANTS

SSKI SOLN 1gm/ml	3	
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MISC. RESPIRATORY INHALANTS

HYPERSAL NEBU 3.5%	3	
sodium chloride (inhalant) nebu .9%, 3%, 7%, 10%	1	

MUCOLYTICS

acetylcysteine soln 10%, 20%	1	
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DERMATOLOGICALS

ACNE PRODUCTS

ABSORICA CAPS 10mg, 20mg, 25mg, 30mg, 35mg, 40mg	3	PA, QL (2 ea / 1 day)
<i>accutane caps 20mg, 30mg, 40mg</i>	1	QL (2 caps / 1 day)
ACZONE GEL 5%, 7.5%	3	PA
<i>amnesteem caps 10mg, 20mg, 40mg</i>	1	QL (2 caps / 1 day)
ARAZLO LOTN .045%	3	PA
<i>avita crea .025%; gel .025%</i>	1	
BENZAC AC WASH LIQD 5%	3	PA
<i>benzepro foam 5.3%</i>	1	PA
<i>benzoyl peroxide foam 9.8%; gel 8%</i>	1	PA
<i>benzoyl peroxide-erythromycin gel 5-3%</i>	1	

Drug Name	Drug Tier	Requirements/Limits
<i>benzoyl peroxide-hydrocortisone lotion 5-0.5%</i>	1	
<i>bp wash liqd 2.5%, 7%</i>	1	PA, OTC
<i>claravis caps 10mg, 20mg, 40mg</i>	1	QL (2 caps / 1 day)
<i>claravis caps 30mg</i>	1	QL (2 ea / 1 day)
<i>clindacin etz pledgets swab 1%</i>	1	
<i>clindacin-p swab 1%</i>	1	
<i>clindamycin phosph-benzoyl peroxide (refrig) gel 1.2 (1)-5%</i>	1	
<i>clindamycin phosphate (topical) foam 1%; gel 1%; lotn 1%; soln 1%; swab 1%</i>	1	
<i>clindamycin phosphate-benzoyl peroxide gel 1-5%</i>	1	
<i>clindamycin phosphate-benzoyl peroxide gel 1.2-2.5%</i>	1	PA
<i>clindamycin phosphate-tretinoin gel 1.2-0.025%</i>	1	PA, QL (30 gm / 30 days)
<i>ery pads 2%</i>	1	
<i>erythromycin (acne aid) gel 2%; soln 2%</i>	1	
<i>isotretinoin caps 10mg, 20mg, 25mg, 30mg, 35mg</i>	1	QL (2 caps / 1 day)
<i>isotretinoin caps 40mg</i>	1	QL (2 ea / 1 day)
<i>myorisan caps 10mg, 20mg, 30mg, 40mg</i>	1	QL (2 caps / 1 day)
<i>neuac</i>	1	
<i>pr benzoyl peroxide wash liqd 7%</i>	1	PA
<i>resorcinol-sulfur lotion 2-5%</i>	1	
RETIN-A MICRO GEL .06%	3	
RETIN-A MICRO PUMP GEL .08%	3	
<i>sulfacetamide sodium (acne) lotn 10%</i>	1	
<i>sulfacetamide sodium w/ sulfur cleansing pad 10-4%</i>	1	
<i>sulfamez wash</i>	1	
<i>tretinoin crea .1%</i>	1	QL (45 gm / 30 days)
<i>tretinoin crea .025%, .05%; gel .01%, .025%, .05%</i>	1	
<i>tretinoin microsphere gel .04%, .1%</i>	1	
ZACLIR CLEANSING LOTN 8%	3	PA
<i>zenatane caps 10mg, 20mg, 30mg, 40mg</i>	1	QL (2 caps / 1 day)
ANTI-INFLAMMATORY AGENTS - TOPICAL		
<i>diclofenac epolamine ptch 1.3%</i>	1	
<i>diclofenac sodium (topical) gel 1%</i>	1	QL (100 gm / 30 days)
<i>diclofenac sodium (topical) soln 1.5%</i>	1	QL (150 mL / 30 days)
ANTIBIOTICS - TOPICAL		
ALTABAX OINT 1%	3	
CENTANY OINT 2%	3	PA

Drug Name	Drug Tier	Requirements/Limits
<i>gentamicin sulfate (topical) crea .1%; oint .1%</i>	1	
<i>mupirocin oint 2%</i>	1	
XEPI CREA 1%	3	PA
ANTIFUNGALS - TOPICAL		
ALA-QUIN CRE 3-0.5%	3	
<i>ciclodan soln 8%</i>	1	
<i>ciclopirox gel .77%; sham 1%; soln 8%</i>	1	
<i>ciclopirox olamine crea .77%; susp .77%</i>	1	
<i>clotrimazole (topical) crea 1%</i>	1	PA
<i>clotrimazole (topical) soln 1%</i>	1	
<i>clotrimazole w/ betamethasone cream 1-0.05%</i>	1	
<i>clotrimazole w/ betamethasone lotion 1-0.05%</i>	1	
<i>cvs butenafine hydrochlor crea 1%</i>	1	PA, OTC
<i>dermazene</i>	1	
<i>econazole nitrate crea 1%</i>	1	QL (30 gm / 30 days)
ECOZA FOAM 1%	3	PA
ERTACZO CREA 2%	3	PA
EXELDERM CREA 1%; SOLN 1%	3	PA
<i>iodoquimez-hc</i>	1	
JUBLIA SOLN 10%	3	PA
KERYDIN SOLN 5%	3	PA
<i>ketoconazole (topical) crea 2%; sham 2%</i>	1	
LOTRIMIN AF CREA 1%	2	PA, OTC
LOTRIMIN ULTRA CREA 1%	3	PA, OTC
LUZU CREA 1%	3	PA
MENTAX CREA 1%	3	PA
<i>miconazole-zinc oxide-white petrolatum oint 0.25-15-81.35%</i>	1	
<i>naftifine hcl crea 1%, 2%; gel 1%</i>	1	
NAFTIN GEL 2%	2	
<i>nyamyc powd 100000unit/gm</i>	1	QL (60 gm / 30 days)
<i>nystatin (topical) crea 100000unit/gm; oint 100000unit/gm</i>	1	
<i>nystatin (topical) powd 100000unit/gm</i>	1	QL (60 gm / 30 days)
<i>nystatin-triamcinolone cream 100000-0.1 unit/gm-%</i>	1	
<i>nystatin-triamcinolone oint 100000-0.1 unit/gm-%</i>	1	
<i>nystop powd 100000unit/gm</i>	1	QL (60 gm / 30 days)
<i>oxiconazole nitrate crea 1%</i>	1	PA, QL (30 gm / 30 days)
OXISTAT LOTN 1%	3	PA, QL (30 mL / 30 days)

Drug Name	Drug Tier	Requirements/Limits
<i>sulconazole nitrate crea 1%; soln 1%</i>	1	PA
ANTINEOPLASTIC OR PREMALIGNANT LESION AGENTS - TOPICAL		
<i>diclofenac sodium (actinic keratoses) gel 3%</i>	1	PA, QL (100 gm / 30 days)
FLUOROPLEX CREA 1%	3	
<i>fluorouracil (topical) crea 5%; soln 2%, 5%</i>	1	
LEVULAN KERASTICK SOLR 20%	3	PA
PANRETIN GEL .1%	3	
TARGRETIN GEL 1%	4	SP, PA
VALCHLOR GEL .016%	4	SP, PA
ANTIPRURITICS - TOPICAL		
PRUDOXIN CREA 5%	3	PA, QL (60 gm / 30 days)
ZONALON CREA 5%	3	PA, QL (60 gm / 30 days)
ANTIPSORIATICS		
<i>acitretin caps 10mg, 17.5mg, 25mg</i>	1	
<i>calcipotriene oint .005%; soln .005%</i>	1	
<i>calcitrene oint .005%</i>	1	
COSENTYX SOSY 75mg/0.5ml, 150mg/ml	4	SP, PA; Preferred for Ankylosing Spondylitis, Non-Radiographic Axial Spondyloarthritis, Psoriatic Arthritis
COSENTYX SENSOREADY PEN SOAJ 150mg/ml	4	SP, PA; For pediatric patients less than 50kg
COSENTYX SENSOREADY PEN SOAJ 150mg/ml	4	SP, PA; Preferred for Ankylosing Spondylitis, Non-Radiographic Axial Spondyloarthritis, Psoriatic Arthritis
<i>methoxsalen rapid caps 10mg</i>	1	
SKYRIZI PSKT 75mg/0.83ml	4	SP, PA; Preferred for Ankylosing Spondylitis, Non-Radiographic Axial Spondyloarthritis, Psoriatic Arthritis
SKYRIZI SOSY 150mg/ml	4	SP, PA; Preferred for Psoriasis
SKYRIZI PEN SOAJ 150mg/ml	4	SP, PA; Preferred for Psoriasis

Drug Name	Drug Tier	Requirements/Limits
STELARA SOSY 45mg/0.5ml, 90mg/ml	4	SP, PA; Preferred for Psoriasis, Psoriatic Arthritis, Crohn's Disease/Ulcerative Colitis (after failure of HUMIRA)
TALTZ SOAJ 80mg/ml; SOSY 80mg/ml	4	SP, PA; Preferred for Psoriasis
<i>tazarotene crea .1%</i>	1	QL (30 gm / 30 days)
TREMFYA SOPN 100mg/ml; SOSY 100mg/ml	4	SP, PA; Preferred for Psoriasis, Psoriatic Arthritis

ANTISEBORRHEIC PRODUCTS

NUTRASEB CRE	3	PA
<i>selenium sulfide lotn 2.5%</i>	1	
SODIUM SULFA LIQ 10% WASH	3	

ANTIVIRALS - TOPICAL

<i>acyclovir topical oint 5%</i>	1	QL (15 gm / 30 days)
DENAVIR CREA 1%	3	
XERESE CRE 5-1%	3	PA
ZOVIRAX CREA 5%	3	PA

BURN PRODUCTS

<i>mafenide acetate pack 5%</i>	1	
<i>silver sulfadiazine crea 1%</i>	1	
<i>ssd crea 1%</i>	1	
SULFAMYLON CREA 85mg/gm	3	

CORTICOSTEROIDS - TOPICAL

<i>ala-cort crea 1%, 2.5%</i>	1	
<i>alclometasone dipropionate crea .05%; oint .05%</i>	1	
<i>amcinonide crea .1%; lotn .1%</i>	1	
AMCINONIDE OINT .1%	3	
<i>besser lotn .05%</i>	1	
<i>betamethasone dipropionate (topical) crea .05%; lotn .05%</i>	1	
<i>betamethasone dipropionate (topical) oint .05%</i>	1	QL (210 gm / 30 days)
<i>betamethasone dipropionate augmented crea .05%; gel .05%; lotn .05%; oint .05%</i>	1	
<i>betamethasone valerate crea .1%; foam .12%; lotn .1%; oint .1%</i>	1	
BRYHALI LOTN .01%	2	QL (180 gm / 30 days)
CAPEX SHAM .01%	2	
<i>clobetasol propionate crea .05%; gel .05%</i>	1	QL (60 gm / 30 days)

Drug Name	Drug Tier	Requirements/Limits
<i>clobetasol propionate foam .05%; lotn .05%; oint .05%; sham .05%</i>	1	
<i>clobetasol propionate soln .05%</i>	1	QL (50 mL / 30 days)
<i>clobetasol propionate emollient base crea .05%</i>	1	QL (60 gm / 30 days)
<i>clobetasol propionate emulsion foam .05%</i>	1	QL (50 gm / 30 days)
<i>clodan sham .05%</i>	1	
<i>desonide crea .05%; lotn .05%; oint .05%</i>	1	
<i>desoximetasone crea .05%, .25%; gel .05%; oint .25%</i>	1	
<i>desoximetasone liqd .25%</i>	1	PA
DUOBRII LOT	3	PA
ENSTILAR AER	3	PA
EPIFOAM AER 1%	3	
<i>fluocinolone acetonide crea .01%, .025%; oil .01%; oint .025%; soln .01%</i>	1	
<i>fluocinonide crea .05%</i>	1	QL (150 gm / 30 days)
<i>fluocinonide gel .05%; oint .05%; soln .05%</i>	1	
<i>fluocinonide emulsified base crea .05%</i>	1	
<i>fluticasone propionate crea .05%; lotn .05%; oint .005%</i>	1	
<i>halobetasol propionate crea .05%; oint .05%</i>	1	
<i>hydrocortisone (topical) crea 1%, 2.5%; lotn 2.5%; oint 1%, 2.5%</i>	1	
<i>hydrocortisone butyrate crea .1%; oint .1%; soln .1%</i>	1	
<i>hydrocortisone valerate crea .2%; oint .2%</i>	1	
KENALOG AERS .147mg/gm	3	PA, QL (100 gm / 30 days)
LOCOID LOTN .1%	3	PA
LOCOID LIPOCREAM CREA .1%	3	PA
<i>mometasone furoate crea .1%; oint .1%; soln .1%</i>	1	
PANDEL CREA .1%	3	
PRAMOSONE CRE 1-1%	3	
PRAMOSONE LOT 1%	3	
PRAMOSONE LOT 2.5%	3	
<i>prednicarbate oint .1%</i>	1	
SERNIVO EMUL .05%	3	
TACLONEX OIN	3	PA
TACLONEX SUS	3	PA, QL (60 gm / 30 days)
TEXACORT SOLN 2.5%	2	

Drug Name	Drug Tier	Requirements/Limits
TOPICORT LIQD .25%	3	PA
tovet foam .05%	1	QL (50 gm / 30 days)
triamcinolone acetonide (topical) crea .025%, .1%, .5%; lotn .025%, .1%; oint .025%, .1%, .5%	1	
triderm crea .1%, .5%	1	PA
VERDESO FOAM .05%	3	PA
ECZEMA AGENTS		
DUPIXENT SOPN 200mg/1.14ml; SOSY 200mg/1.14ml	4	SP, PA, QL (0.09 ml / 1 day); PF
DUPIXENT SOPN 300mg/2ml; SOSY 300mg/2ml	4	SP, PA, QL (0.15 ml / 1 day); PF
EMOLLIENT/KERATOLYTIC AGENTS		
uredeb crea 39%	1	PA
EMOLLIENTS		
LACTIC ACID LOTN 10%	3	PA
lactic acid (ammonium lactate) crea 12%; lotn 12%	1	PA
LACTIC ACID CRE E	3	
ENZYMES - TOPICAL		
SANTYL OINT 250unit/gm	3	QL (60 gm / 30 days)
IMMUNOMODULATING AGENTS - TOPICAL		
imiquimod crea 3.75%	1	PA
imiquimod crea 5%	1	
ZYCLARA CREA 3.75%	2	PA
ZYCLARA PUMP CREA 2.5%, 3.75%	2	PA
IMMUNOSUPPRESSIVE AGENTS - TOPICAL		
pimecrolimus crea 1%	1	PA
tacrolimus (topical) oint .1%	1	QL (60 gm / 30 days)
tacrolimus (topical) oint .03%	1	
KERATOLYTIC/ANTIMITOTIC AGENTS		
CONDYLOX GEL .5%	2	
GORDOFILM SOL	3	
podofilox soln .5%	1	
PYROGALL ACD OIN	3	
SALIMEZ FORTE CREA 10%	3	PA
LINIMENTS		
TURPENTINE SOL SPIRITS	3	
LOCAL ANESTHETICS - TOPICAL		
ANACAINE OINT 10%	3	
CRYODOSE AER TA	3	
ETHYL CHLOR AER FINE PIN	3	PA
ETHYL CHLOR AER FN STRM	3	PA
ETHYL CHLOR AER MED JET	3	PA

Drug Name	Drug Tier	Requirements/Limits
ETHYL CHLOR AER MED STRM	3	PA
ETHYL CHLOR AER MIST	3	PA
<i>ethyl chloride aerosol spray</i>	1	PA
GEBAUERS SPR AER /STRETCH	3	
<i>glydo prsy 2%</i>	1	QL (10 injections / 30 days)
<i>lidocaine oint 5%</i>	1	PA, QL (50 gm / 30 days)
<i>lidocaine ptch 5%</i>	1	
<i>lidocaine hcl gel 2%</i>	1	QL (60 mL / 30 days)
<i>lidocaine hcl prsy 2%</i>	1	QL (12 injections / 30 days)
<i>lidocaine hcl prsy 2%</i>	1	QL (3 injections / 30 days)
<i>lidocaine hcl soln 4%</i>	1	QL (50 mL / 30 days)
<i>lidocaine-prilocaine cream 2.5-2.5%</i>	1	QL (30 gm / 30 days)
PAIN EASE AER MD STRM	3	
PAIN EASE AER MIST	3	
<i>proxivol gel 2%</i>	1	QL (30 gm / 30 days)
QUTENZA KIT 8% 1-PCH	4	SP
QUTENZA KIT 8% 2-PCH	4	SP
QUTENZA KIT 8% 4-PCH	4	SP
SYNERA DIS 70-70MG	3	QL (2 patches / 30 days)
<i>7t lido gel gel 2%</i>	1	QL (30 gm / 30 days)
MISC. TOPICAL		
QBREXZA PADS 2.4%	3	
XERAC AC SOLN 6.25%	3	
PHOSPHODIESTERASE 4 (PDE4) INHIBITORS - TOPICAL		
EUCRISA OINT 2%	2	QL (60 gm / 30 days)
ROSACEA AGENTS		
<i>azelaic acid gel 15%</i>	1	
FINACEA FOAM 15%	2	
<i>metronidazole (topical) crea .75%; gel .75%, 1%; lotn .75%</i>	1	
RHOFADE CREA 1%	3	PA
<i>rosadan crea .75%; gel .75%</i>	1	
SOOLANTRA CREA 1%	1	QL (45 gm / 30 days)
SCABICIDES & PEDICULICIDES		
<i>crotan lotn 10%</i>	1	
<i>ivermectin (pediculicide) lotn .5%</i>	1	
<i>lindane sham 1%</i>	1	
<i>malathion lotn .5%</i>	1	
<i>permethrin crea 5%</i>	1	
<i>spinosad susp .9%</i>	1	

Drug Name	Drug Tier	Requirements/Limits
TAR PRODUCTS		
coal tar extract soln 20%	1	

WOUND CARE PRODUCTS

REGENECARE GEL	3	QL (30 mL / 30 days)
REGRANEX GEL .01%	3	PA

DIAGNOSTIC PRODUCTS

DIAGNOSTIC TESTS

ACCU-CHEK TES AVIVA PL	2	QL (200 strips / 30 days), OTC
ACCU-CHEK TES COMPACT	2	QL (200 strips / 30 days), OTC
ACCU-CHEK TES GUIDE	2	QL (200 strips / 30 days), OTC
ACCU-CHEK TES SMART	2	QL (200 strips / 30 days), OTC
CHEMSTRIP K TES	3	OTC
CHEMSTRIP TES UGK	3	OTC
CVS KETONE TES CARE	3	OTC
DIASTIX TES STRIPS	3	OTC
KETO-DIASTIX TES	3	OTC
KETONE TES	3	OTC
KETONE TEST TES	3	OTC
KETOSTIX TES STRIP	3	OTC
ONETOUCH TES ULTRA	2	QL (200 strips / 30 days), OTC
ONETOUCH TES VERIO	2	QL (200 strips / 30 days), OTC
RELION TES KETONE	3	OTC
VIVAGUARD TES INO	3	QL (200 strips / 30 days), OTC

DIGESTIVE AIDS

DIGESTIVE ENZYMES

CREON CAP 3000UNIT	2	
CREON CAP 6000UNIT	2	
CREON CAP 12000UNT	2	
CREON CAP 24000UNT	2	
CREON CAP 36000UNT	2	
PANCREAZE CAP 2600UNIT	3	
PANCREAZE CAP 4200UNIT	3	
PANCREAZE CAP 10500UNT	3	
PANCREAZE CAP 16800UNT	3	
PANCREAZE CAP 21000UNT	3	
PANCREAZE CAP 37000	3	
PERTZYE CAP 4000UNIT	3	
PERTZYE CAP 8000UNIT	3	

Drug Name	Drug Tier	Requirements/Limits
PERTZYE CAP 16000U	3	
PERTZYE CAP 24000U	3	
SUCRAID SOLN 8500unit/ml	4	SP
VIOKACE TAB 10440	2	
VIOKACE TAB 20880	2	
ZENPEP CAP 3000UNIT	3	
ZENPEP CAP 5000UNIT	2	
ZENPEP CAP 10000UNT	2	
ZENPEP CAP 15000UNT	2	
ZENPEP CAP 20000UNT	2	
ZENPEP CAP 25000	2	
ZENPEP CAP 40000	2	

DIURETICS

CARBONIC ANHYDRASE INHIBITORS

<i>acetazolamide cp12 500mg; tabs 125mg, 250mg</i>	1	
KEVEYIS TABS 50mg	4	SP, PA
<i>methazolamide tabs 25mg, 50mg</i>	1	

DIURETIC COMBINATIONS

ALDACTAZIDE TAB 50/50	3	
<i>amiloride & hydrochlorothiazide tab 5-50 mg</i>	1	
<i>spironolactone & hydrochlorothiazide tab 25-25 mg</i>	1	
<i>triamterene & hydrochlorothiazide cap 37.5-25 mg</i>	1	
<i>triamterene & hydrochlorothiazide tab 37.5-25 mg</i>	1	
<i>triamterene & hydrochlorothiazide tab 75-50 mg</i>	1	

LOOP DIURETICS

<i>bumetanide tabs .5mg, 1mg, 2mg</i>	1	
<i>ethacrynic acid tabs 25mg</i>	1	
<i>furosemide soln 8mg/ml, 10mg/ml; tabs 20mg, 40mg, 80mg</i>	1	
<i>toremide tabs 5mg, 10mg, 20mg, 100mg</i>	1	

POTASSIUM SPARING DIURETICS

<i>amiloride hcl tabs 5mg</i>	1	
<i>spironolactone tabs 25mg, 50mg, 100mg</i>	1	
<i>triamterene caps 50mg, 100mg</i>	1	

THIAZIDES AND THIAZIDE-LIKE DIURETICS

<i>chlorthalidone tabs 25mg, 50mg</i>	1	
DIURIL SUSP 250mg/5ml	3	
<i>hydrochlorothiazide caps 12.5mg; tabs 12.5mg, 25mg, 50mg</i>	1	

Drug Name	Drug Tier	Requirements/Limits
<i>indapamide tabs 1.25mg</i>	1	QL (1 tab / 1 day)
<i>indapamide tabs 2.5mg</i>	1	
<i>metolazone tabs 2.5mg, 5mg</i>	1	QL (1 tab / 1 day)
<i>metolazone tabs 10mg</i>	1	

ENDOCRINE AND METABOLIC AGENTS - MISC.

BONE DENSITY REGULATORS

<i>alendronate sodium soln 70mg/75ml; tabs 10mg, 35mg, 70mg</i>	1	
<i>alendronate sodium tabs 5mg</i>	1	QL (1 tab / 1 day)
BINOSTO TBEF 70mg	3	
<i>calcitonin (salmon) soln 200unit/act, 200unit/ml</i>	1	
FOSAMAX + D TAB 70-2800	3	
FOSAMAX + D TAB 70-5600	3	
<i>ibandronate sodium tabs 150mg</i>	1	
NATPARA CART 25mcg, 50mcg, 75mcg, 100mcg	4	SP, PA
<i>risedronate sodium tabs 5mg, 30mg, 35mg, 150mg; tbec 35mg</i>	1	
TYMLOS SOPN 3120mcg/1.56ml	4	SP, PA; PF

GNRH/LHRH ANTAGONISTS

ORILISSA TABS 150mg, 200mg	2	PA
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GROWTH HORMONES

NORDITROPIN FLEXPOR SOPN 5mg/1.5ml, 10mg/1.5ml, 15mg/1.5ml, 30mg/3ml	4	SP, PA; PF
SEROSTIM SOLR 4mg, 5mg, 6mg	4	SP, PA
ZORBTIVE SOLR 8.8mg	4	SP, PA

HORMONE RECEPTOR MODULATORS

<i>raloxifene hcl tabs 60mg</i>	1	\$0 copay for women ages 35 and older for the primary prevention of breast cancer
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INSULIN-LIKE GROWTH FACTORS (SOMATOMEDINS)

INCRELEX SOLN 40mg/4ml	4	SP, PA
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LHRH/GNRH AGONIST ANALOG PITUITARY SUPPRESSANTS

SYNAREL SOLN 2mg/ml	3	
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METABOLIC MODIFIERS

<i>calcitriol caps .25mcg, .5mcg; soln 1mcg/ml</i>	1	
CARBAGLU TABS 200mg	4	SP, PA
<i>cinacalcet hcl tabs 30mg, 60mg, 90mg</i>	4	SP, PA
CYSTADANE POW	4	SP, PA
<i>doxercalciferol caps .5mcg, 1mcg, 2.5mcg</i>	1	
GALAFOLD CAPS 123mg	4	SP, PA

Drug Name	Drug Tier	Requirements/Limits
<i>levocarnitine (metabolic modifiers) soln 1gm/10ml; tabs 330mg</i>	1	
MYALEPT SOLR 11.3mg	4	SP, PA
<i>nitisinone caps 2mg, 5mg, 10mg</i>	4	SP, PA
NITYR TABS 2mg, 5mg, 10mg	4	SP, PA
ORFADIN CAPS 2mg, 5mg, 10mg, 20mg; SUSP 4mg/ml	4	SP, PA; PF
<i>paricalcitol caps 1mcg, 2mcg, 4mcg</i>	1	
RAYALDEE CPCR 30mcg	3	
<i>sapropterin dihydrochloride pack 100mg, 500mg; tabs 100mg</i>	4	SP, PA
SENSIPAR TABS 30mg, 60mg, 90mg	4	SP, PA
<i>sodium phenylbutyrate powd 3gm/tsp; tabs 500mg</i>	4	SP, PA
STRENSIQ SOLN 18mg/0.45ml, 28mg/0.7ml, 40mg/ml, 80mg/0.8ml	4	SP, PA
XURIDEN PACK 2gm	4	SP
MINERALOCORTICOID RECEPTOR ANTAGONISTS		
KERENDIA TABS 10mg, 20mg	2	PA, QL (1 tab / 1 day)
POSTERIOR PITUITARY HORMONES		
<i>desmopressin acetate tabs .1mg, .2mg</i>	1	
<i>desmopressin acetate spray soln .01%</i>	1	
<i>desmopressin acetate spray refrigerated soln .1mg/ml</i>	1	
NOCDURNA SUBL 27.7mcg, 55.3mcg	3	
STIMATE SOLN 1.5mg/ml	4	SP, PA
PROGESTERONE RECEPTOR ANTAGONISTS		
<i>mifepristone tabs 200mg</i>	1	
PROLACTIN INHIBITORS		
<i>cabergoline tabs .5mg</i>	1	
SOMATOSTATIC AGENTS		
<i>octreotide acetate soln 50mcg/ml, 100mcg/ml, 200mcg/ml, 500mcg/ml, 1000mcg/ml</i>	4	SP, PA
SANDOSTATIN SOLN 50mcg/ml, 100mcg/ml, 500mcg/ml	4	SP, PA
SIGNIFOR SOLN .3mg/ml, .6mg/ml, .9mg/ml	4	SP, PA
VASOPRESSIN RECEPTOR ANTAGONISTS		
JYNARQUE TABS 15mg, 30mg; TBPK 15mg	4	SP, PA
JYNARQUE PAK 30-15MG	4	SP, PA
JYNARQUE PAK 45-15MG	4	SP, PA
JYNARQUE PAK 60-30MG	4	SP, PA
JYNARQUE PAK 90-30MG	4	SP, PA

Drug Name	Drug Tier	Requirements/Limits
SAMSCA TABS 15mg, 30mg	4	SP, PA
<i>tolvaptan tabs 15mg, 30mg</i>	4	SP, PA

ESTROGENS

ESTROGEN COMBINATIONS

<i>amabelz</i>	1	QL (1 tab / 1 day)
ANGELIQ TAB 0.5-1MG	3	QL (1 tab / 1 day)
ANGELIQ TAB 0.25-0.5	3	QL (1 tab / 1 day)
BIJUVA CAP 1-100MG	3	
CLIMARA PRO DIS WEEKLY	2	QL (0.143 patches / 1 day)
COMBIPATCH DIS	2	QL (0.286 patches / 1 day)
DUAVEE TAB 0.45-20	2	
<i>estradiol & norethindrone acetate tab 0.5-0.1 mg</i>	1	QL (1 tab / 1 day)
<i>estradiol & norethindrone acetate tab 1-0.5 mg</i>	1	QL (1 tab / 1 day)
<i>fyavolv</i>	1	
<i>fyavolv</i>	1	QL (1 tab / 1 day)
<i>jinteli</i>	1	QL (1 ea / 1 day)
<i>mimvey</i>	1	QL (1 tab / 1 day)
MYFEMBREE TAB	2	
<i>norethindrone acetate-ethinyl estradiol tab 0.5 mg-2.5 mcg</i>	1	
<i>norethindrone acetate-ethinyl estradiol tab 1 mg-5 mcg</i>	1	QL (1 tab / 1 day)
ORIAHNN CAP	2	
PREFEST TAB	3	
PREMPHASE TAB	2	QL (1 tab / 1 day)
PREMPRO TAB	2	QL (1 tab / 1 day)
PREMPRO TAB 0.3-1.5	2	QL (1 tab / 1 day)
PREMPRO TAB 0.45-1.5	2	QL (1 tab / 1 day)
PREMPRO TAB 0.625-5	2	QL (1 tab / 1 day)

ESTROGENS

ALORA PTTW .025mg/24hr, .05mg/24hr, .075mg/24hr, .1mg/24hr	3	QL (8 patches / 28days)
DELESTROGEN OIL 10mg/ml	3	
DEPO-ESTRADIOL OIL 5mg/ml	3	
DIVIGEL GEL 1.25mg/1.25gm	2	QL (1.25 gm / 1 day)
DIVIGEL GEL 1mg/gm	2	QL (1 gm / 1 day)
DIVIGEL GEL .5mg/0.5gm	2	QL (1 packet / 1 day)
DIVIGEL GEL .25mg/0.25gm, .75mg/0.75gm	2	QL (1 ea / 1 day)
<i>dotti pttw .025mg/24hr, .037mg/24hr, .05mg/24hr, .075mg/24hr, .1mg/24hr</i>	1	QL (8 patches / 28days)

Drug Name	Drug Tier	Requirements/Limits
ELESTRIN GEL .06%	3	QL (0.867 gm / 1 day)
estradiol pttw .025mg/24hr, .037mg/24hr, .05mg/24hr, .075mg/24hr, .1mg/24hr	1	QL (8 patches / 28days)
estradiol ptwk .025mg/24hr, .05mg/24hr, .06mg/24hr, .075mg/24hr, .1mg/24hr, 37.5mcg/24hr	1	QL (0.143 patches / 1 day)
estradiol tabs .5mg, 1mg, 2mg	1	
estradiol valerate oil 20mg/ml, 40mg/ml	1	
ESTROGEL GEL .06%	3	QL (3.333 gm / 1 day)
EVAMIST SOLN 1.53mg/spray	2	QL (24.3 mL / 84 days)
lyllana pttw .025mg/24hr, .037mg/24hr, .05mg/24hr, .075mg/24hr, .1mg/24hr	1	QL (8 patches / 28days)
MENOSTAR PTWK 14mcg/24hr	3	

FLUOROQUINOLONES

FLUOROQUINOLONES

BAXDELA TABS 450mg	3	
CIPRO SUSR 5gm/100ml, 500mg/5ml	3	
ciprofloxacin hcl tabs 100mg, 250mg, 500mg, 750mg	1	
levofloxacin soln 25mg/ml; tabs 500mg, 750mg	1	
levofloxacin tabs 250mg	1	QL (1 tab / 1 day)
moxifloxacin hcl tabs 400mg	1	
ofloxacin tabs 300mg, 400mg	1	

GASTROINTESTINAL AGENTS - MISC.

AGENTS FOR CHRONIC IDIOPATHIC CONSTIPATION (CIC)

TRULANCE TABS 3mg	3	QL (1 tab / 1 day)
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BILE ACID SYNTHESIS DISORDER AGENTS

CHOLBAM CAPS 50mg, 250mg	4	SP, PA
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FARNESOID X RECEPTOR (FXR) AGONISTS

OCALIVA TABS 5mg, 10mg	4	SP, PA
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GALLSTONE SOLUBILIZING AGENTS

CHENODAL TABS 250mg	4	SP, PA
ursodiol caps 300mg; tabs 250mg, 500mg	1	

GASTROINTESTINAL ANTIALLERGY AGENTS

cromolyn sodium (mastocytosis) conc 100mg/5ml	1	
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GASTROINTESTINAL CHLORIDE CHANNEL ACTIVATORS

lubiprostone caps 8mcg, 24mcg	1	
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GASTROINTESTINAL STIMULANTS

metoclopramide hcl soln 5mg/5ml, 10mg/10ml; tabs 5mg, 10mg; tbdp 5mg	1	
METOCLOPRAMIDE ODT TBDP 10mg	3	

Drug Name	Drug Tier	Requirements/Limits
ILEAL BILE ACID TRANSPORTER (IBAT) INHIBITORS		
LIVMARLI SOLN 9.5mg/ml	4	SP, PA, QL (3 ml / 1 day)
INFLAMMATORY BOWEL AGENTS		
ASACOL HD TBEC 800mg	1	
<i>balsalazide disodium caps 750mg</i>	1	
CIMZIA KIT 200mg/ml	4	SP, PA; PF; Preferred for Non-Radiographic Axial Spondyloarthritis
CIMZIA STARTER KIT KIT 200mg/ml	4	SP, PA; PF; Preferred for Non-Radiographic Axial Spondyloarthritis
DIPENTUM CAPS 250mg	3	
<i>mesalamine cp24 .375gm; cpdr 400mg; enem 4gm; supp 1000mg; tbec 1.2gm</i>	1	
<i>mesalamine w/ cleanser kit 4gm</i>	1	
PENTASA CPR 250mg, 500mg	2	
SFROWASA ENEM 4gm/60ml	3	
<i>sulfasalazine tabs 500mg; tbec 500mg</i>	1	
INTESTINAL ACIDIFIERS		
<i>enulose soln 10gm/15ml</i>	1	
<i>generlac soln 10gm/15ml</i>	1	
<i>lactulose (encephalopathy) soln 10gm/15ml</i>	1	
IRRITABLE BOWEL SYNDROME (IBS) AGENTS		
<i>alose tron hcl tabs .5mg, 1mg</i>	1	PA
LINZESS CAPS 72mcg, 290mcg	2	
LINZESS CAPS 145mcg	2	QL (1 cap / 1 day)
LOTRONEX TABS .5mg, 1mg	3	PA
VIBERZI TABS 75mg, 100mg	2	PA
PERIPHERAL OPIOID RECEPTOR ANTAGONISTS		
<i>alvimopan caps 12mg</i>	1	
MOVANTIK TABS 12.5mg	2	QL (1 tab / 1 day)
MOVANTIK TABS 25mg	2	
RELISTOR SOLN 8mg/0.4ml, 12mg/0.6ml; TABS 150mg	3	
SYMPROIC TABS .2mg	2	
PHOSPHATE BINDER AGENTS		
AURYXIA TABS 210mg	3	
<i>calcium acetate (phosphate binder) caps 667mg; tabs 667mg</i>	1	
PHOSLYRA SOLN 667mg/5ml	2	
<i>sevelamer carbonate pack .8gm, 2.4gm; tabs 800mg</i>	1	
<i>sevelamer hcl tabs 400mg, 800mg</i>	1	

Drug Name	Drug Tier	Requirements/Limits
VELPHORO CHEW 500mg	2	QL (6 tabs / 1 day)
SHORT BOWEL SYNDROME (SBS) AGENTS		
GATTEX KIT 5mg	4	SP, PA
TRYPTOPHAN HYDROXYLASE INHIBITORS		
XERMELO TABS 250mg	4	SP, PA
GENITOURINARY AGENTS - MISCELLANEOUS		
ACIDIFIERS		
K-PHOS TAB NO 2	3	
ALKALINIZERS		
<i>cytra k crystals</i>	1	
ORACIT SOL	3	
<i>pot & sod citrates w/ cit ac soln 550-500-334 mg/5ml</i>	1	
<i>potassium citrate & citric acid soln 1100-334 mg/5ml</i>	1	
<i>potassium citrate (alkalinizer) tbc 10meq, 15meq, 540mg</i>	1	
<i>sodium citrate & citric acid soln 500-334 mg/5ml</i>	1	
CYSTINOSIS AGENTS		
CYSTAGON CAPS 50mg, 150mg	4	SP, PA; PF
GENITOURINARY IRRIGANTS		
<i>acetic acid soln .25%</i>	1	
<i>argyle sterile saline soln .9%</i>	1	
<i>curity sterile saline soln .9%</i>	1	
<i>glycine (gu irrigant) soln 1.5%</i>	1	
<i>neomycin-polymyxin b gu irrigation soln</i>	1	
RENACIDIN SOL	3	
<i>sodium chloride (gu irrigant) soln .9%</i>	1	
SORBITOL SOLN 3%	3	
SORBITOL-MAN SOL	3	
PROSTATIC HYPERTROPHY AGENTS		
<i>alfuzosin hcl tb24 10mg</i>	1	
CARDURA XL TB24 4mg	3	QL (1 tab / 1 day)
CARDURA XL TB24 8mg	3	
<i>dutasteride caps .5mg</i>	1	
<i>dutasteride-tamsulosin hcl cap 0.5-0.4 mg</i>	1	
<i>finasteride tabs 5mg</i>	1	
<i>silodosin caps 4mg</i>	1	QL (1 cap / 1 day)
<i>silodosin caps 8mg</i>	1	
<i>tamsulosin hcl caps .4mg</i>	1	
URINARY ANALGESICS		
<i>phenazo tabs 200mg</i>	1	

Drug Name	Drug Tier	Requirements/Limits
URINARY STONE AGENTS		
<i>tiopronin tabs 100mg</i>	4	SP, PA
GOUT AGENTS		
GOUT AGENT COMBINATIONS		
<i>colchicine w/ probenecid tab 0.5-500 mg</i>	1	
GOUT AGENTS		
<i>allopurinol tabs 100mg, 300mg</i>	1	
<i>colchicine tabs .6mg</i>	1	
<i>febuxostat tabs 40mg, 80mg</i>	1	ST, PA
MITIGARE CAPS .6mg	1	
URICOSURICS		
<i>probenecid tabs 500mg</i>	1	
HEMATOLOGICAL AGENTS - MISC.		
ANTIHEMOPHILIC PRODUCTS		
HEMLIBRA SOLN 30mg/ml, 60mg/0.4ml, 105mg/0.7ml, 150mg/ml	4	SP, PA
BRADYKININ B2 RECEPTOR ANTAGONISTS		
FIRAZYR SOLN 30mg/3ml	4	SP, PA
<i>icatibant acetate soln 30mg/3ml</i>	4	SP, PA
<i>sajazir soln 30mg/3ml</i>	4	SP, PA
HEMATAOLOGIC - TYROSINE KINASE INHIBITORS		
TAVALISSE TABS 100mg, 150mg	4	SP, PA; PF
HEMATORHEOLOGIC AGENTS		
<i>pentoxifylline tbcr 400mg</i>	1	
PLASMA KALLIKREIN INHIBITORS		
ORLADEYO CAPS 110mg, 150mg	4	SP, PA; PF
TAKHZYRO SOLN 300mg/2ml	4	SP, PA; PF
PLATELET AGGREGATION INHIBITORS		
<i>anagrelide hcl caps .5mg, 1mg</i>	1	
<i>aspirin-dipyridamole cap er 12hr 25-200 mg</i>	1	
BRILINTA TABS 60mg, 90mg	2	
<i>cilostazol tabs 50mg, 100mg</i>	1	
<i>clopidogrel bisulfate tabs 75mg, 300mg</i>	1	
<i>dipyridamole tabs 25mg, 50mg, 75mg</i>	1	
<i>prasugrel hcl tabs 5mg, 10mg</i>	1	
HEMATOPOIETIC AGENTS		
AGENTS FOR GAUCHER DISEASE		
CERDELGA CAPS 84mg	4	SP, PA; PF
<i>miglustat caps 100mg</i>	4	SP, PA
ZAVESCA CAPS 100mg	4	SP, PA
AGENTS FOR SICKLE CELL DISEASE		
DROXIA CAPS 200mg, 300mg, 400mg	3	

Drug Name	Drug Tier	Requirements/Limits
ENDARI PACK 5gm	4	SP, PA
SIKLOS TABS 100mg, 1000mg	3	
COBALAMINS		
<i>cyanocobalamin soln 1000mcg/ml</i>	1	
NASCOBAL SOLN 500mcg/0.1ml	3	PA, QL (4 ea / 30 days)
FOLIC ACID/FOLATES		
<i>cvs folic acid tabs 800mcg</i>	1	OTC; \$0 copay for members age 50-59 or members at risk for preeclampsia, otherwise not covered
<i>fa-8 caps .8mg</i>	1	OTC; \$0 copay for members age 50-59 or members at risk for preeclampsia, otherwise not covered
<i>folate tabs 400mcg</i>	1	OTC; \$0 copay for members age 50-59 or members at risk for preeclampsia, otherwise not covered
<i>folic acid caps 800mcg; tabs 400mcg</i>	1	OTC; \$0 copay for members age 50-59 or members at risk for preeclampsia, otherwise not covered
<i>folic acid tabs 1mg</i>	1	
<i>sm folic acid tabs 400mcg</i>	1	OTC; \$0 copay for members age 50-59 or members at risk for preeclampsia, otherwise not covered
<i>yl folic acid tabs 400mcg</i>	1	OTC; \$0 copay for members age 50-59 or members at risk for preeclampsia, otherwise not covered
HEMATOPOIETIC GROWTH FACTORS		
DOPTELET TABS 20mg	4	SP, PA
NIVESTYM SOSY 300mcg/0.5ml, 480mcg/0.8ml	4	SP, PA; PF
PROMACTA PACK 12.5mg, 25mg; TABS 12.5mg, 25mg, 50mg, 75mg	4	SP, PA; PF
RETACRIT SOLN 2000unit/ml, 3000unit/ml, 4000unit/ml, 20000unit/2ml, 20000unit/ml, 40000unit/ml	4	SP, PA; PF
ZIEXTENZO SOSY 6mg/0.6ml	4	SP, PA; PF

Drug Name	Drug Tier	Requirements/Limits
HEMATOPOIETIC MIXTURES		
<i>hematinic/folic acid</i>	1	
<i>hemocyte-f</i>	1	
STEM CELL MOBILIZERS		
MOZOBIL SOLN 24mg/1.2ml	4	SP, PA
HEMOSTATICS		
HEMOSTATICS - SYSTEMIC		
<i>aminocaproic acid soln .25gm/ml; tabs 500mg, 1000mg</i>	1	
<i>tranexamic acid tabs 650mg</i>	1	
HYPNOTICS/SEDATIVES/SLEEP DISORDER AGENTS		
BARBITURATE HYPNOTICS		
<i>phenobarbital elix 20mg/5ml; tabs 15mg, 16.2mg, 30mg, 32.4mg, 60mg, 64.8mg, 97.2mg, 100mg</i>	1	
HYPNOTICS - TRICYCLIC AGENTS		
<i>doxepin hcl (sleep) tabs 3mg</i>	1	QL (1 tab / 1 day)
<i>doxepin hcl (sleep) tabs 6mg</i>	1	
NON-BARBITURATE HYPNOTICS		
EDLUAR SUBL 5mg, 10mg	3	PA
<i>estazolam tabs 1mg, 2mg</i>	1	
<i>eszopiclone tabs 1mg, 2mg, 3mg</i>	1	
<i>flurazepam hcl caps 15mg, 30mg</i>	1	
<i>midazolam hcl syrp 2mg/ml</i>	1	
<i>temazepam caps 7.5mg, 15mg, 22.5mg, 30mg</i>	1	
<i>triazolam tabs .125mg, .25mg</i>	1	
<i>zaleplon caps 5mg, 10mg</i>	1	
<i>zolpidem tartrate tabs 5mg, 10mg; tbc 6.25mg, 12.5mg</i>	1	
OREXIN RECEPTOR ANTAGONISTS		
BELSOMRA TABS 5mg, 10mg, 15mg, 20mg	2	PA
SELECTIVE MELATONIN RECEPTOR AGONISTS		
HETLIOZ CAPS 20mg	4	SP, PA
HETLIOZ LQ SUSP 4mg/ml	4	SP, PA
<i>ramelteon tabs 8mg</i>	1	
LAXATIVES		
LAXATIVE COMBINATIONS		
CLENPIQ SOL	2	\$0 copay for members age 50 through 74, Tier 3 for all others
<i>gavilyte-c</i>	1	
<i>gavilyte-g</i>	1	

Drug Name	Drug Tier	Requirements/Limits
<i>gavilyte-n/</i> flavor pack	1	
<i>peg 3350-kcl-na bicarb-nacl-na sulfate for soln 236 gm</i>	1	
<i>peg 3350-kcl-sod bicarb-nacl for soln 420 gm</i>	1	
PEG-PREP KIT	3	\$0 copay for members age 50 through 74, otherwise not covered
LAXATIVES - MISCELLANEOUS		
<i>constulose soln 10gm/15ml</i>	1	
KRISTALOSE PACK 10gm, 20gm	3	
<i>lactulose soln 10gm/15ml, 20gm/30ml</i>	1	
LUBRICANT LAXATIVES		
<i>mineral oil</i>	1	
STIMULANT LAXATIVES		
CASCARA SAGRADA EXTR 1gm/ml	3	
MACROLIDES		
AZITHROMYCIN		
<i>azithromycin pack 1gm; susr 100mg/5ml, 200mg/5ml; tabs 250mg, 500mg, 600mg</i>	1	
CLARITHROMYCIN		
<i>clarithromycin susr 125mg/5ml, 250mg/5ml; tabs 250mg, 500mg; tb24 500mg</i>	1	
ERYTHROMYCINS		
<i>e.e.s. 400 tabs 400mg</i>	1	
<i>ery-tab tbec 250mg, 333mg, 500mg</i>	1	
<i>erythrocin stearate tabs 250mg</i>	1	
<i>erythromycin base cpep 250mg; tabs 250mg, 500mg; tbec 250mg, 333mg, 500mg</i>	1	
<i>erythromycin ethylsuccinate susr 200mg/5ml, 400mg/5ml; tabs 400mg</i>	1	
FIDAXOMICIN		
DIFICID SUSR 40mg/ml; TABS 200mg	2	
MEDICAL DEVICES AND SUPPLIES		
CONTRACEPTIVES		
CAYA DPR	3	QL (1 each / 300 days); \$0 copay
FC2 FEMALE MIS CONDOM	3	OTC; \$0 copay
FC FEMALE MIS CONDOM	3	OTC; \$0 copay
FEMCAP MIS 22MM	3	QL (1 each / 300 days); \$0 copay
FEMCAP MIS 26MM	3	QL (1 each / 300 days); \$0 copay

Drug Name	Drug Tier	Requirements/Limits
FEMCAP MIS 30MM	3	QL (1 each / 300 days); \$0 copay
OMNIFLEX DPR	3	QL (1 each / 300 days); \$0 copay
WIDE-SEAL SILICONE DIAPHR DPRH 2%	3	QL (1 each / 300 days); \$0 copay

DIABETIC SUPPLIES

ACCU-CHECK KIT GUIDE ME	2	OTC
ACCU-CHEK KIT AVIVA PL	2	OTC
ACCU-CHEK KIT COMPACT	2	OTC
ACCU-CHEK KIT GUIDE	2	OTC
ACCU-CHEK KIT NANO	2	OTC
DEXCOM G5 MIS RECEIVER	2	
DEXCOM G5 MIS TRANSMIT	2	
DEXCOM G6 MIS RECEIVER	2	
DEXCOM G6 MIS SENSOR	2	
DEXCOM G6 MIS TRANSMIT	2	
G4 PLAT PED MIS RVC/SHAR	2	
G4 PLATINUM MIS PEDIATRC	2	
G4 PLATINUM MIS RCV/SHAR	2	
G4 PLATINUM MIS RECEIVER	2	
G4 PLATINUM MIS TRANSMIT	2	
G4 SENSOR MIS	2	
G5/G4 MIS SENSOR	2	
GUARDIAN RT MIS CHARGER	3	
GUARDIAN RT MIS TST PLUG	3	
LANCET DEVICES	3	OTC
LANCETS	2	OTC
LANCETS KIT	3	OTC
LANCETS MISC	2	OTC
OMNIPOD KIT STARTER	2	
OMNIPOD MIS 5 PACK	2	
ONE TCH SLVR KIT ULT MINI	3	OTC
ONE TOUCH KIT VERIO FL	2	OTC
ONETOUCH KIT ULT MINI	2	OTC
ONETOUCH KIT ULTRA 2	2	OTC
ONETOUCH KIT ULTRALNK	2	OTC
ONETOUCH KIT VERIO	2	OTC
ONETOUCH KIT VERIO FL	2	OTC
ONETOUCH KIT VERIO IQ	2	OTC
ONETOUCH KIT VERIO IQ	3	OTC
ONETOUCH KIT VERIO RE	2	OTC
ONETOUCH VER KIT SYNC	2	OTC
V-GO 20 KIT	2	
V-GO 30 KIT	2	

Drug Name	Drug Tier	Requirements/Limits
V-GO 40 KIT	2	
VIVAGUARD MIS INO SMRT	3	OTC
MISC. DEVICES		
ALCOH-GLOVE PAD CONTOURE	3	
ALCOHOL SWABS PADS 70%	3	OTC
ORAL HYGIENE PRODUCTS		
MI PASTE PST	3	
MI PLUS PST	3	
REMESENSE MISC 3%	3	
PARENTERAL THERAPY SUPPLIES		
AUTOPEN MIS 1 UNIT	3	OTC
AUTOPEN MIS 1-21UNIT	3	OTC
AUTOPEN MIS 2 UNIT	3	OTC
AUTOPEN MIS 2-42UNIT	3	OTC
AUTOSHIELD MIS 29X3/16"	2	OTC
AUTOSHIELD MIS 29X5/16"	2	OTC
AUTOSHIELD MIS 30GX5MM	2	OTC
BD PEN MINI MIS	3	OTC
BD PEN MIS	3	OTC
BD PEN NEEDL MIS 29GX12.7	2	OTC
BD PEN NEEDL MIS 31GX5MM	2	OTC
BD PEN NEEDL MIS 31GX8MM	2	OTC
BD PEN NEEDL MIS 32GX4MM	2	
BD PEN NEEDL MIS 32GX4MM	2	OTC
BD PEN NEEDL MIS 32GX5/32	2	OTC
BD PEN NEEDL MIS 32GX6MM	2	OTC
BD U-500 MIS 31GX6MM	2	
CEQUR SIMPL KIT PATCH 2U	3	QL (1 each / 300 days)
INPEN 100EL MIS BLUE	3	QL (1 each / 300 days)
INPEN 100EL MIS GRAY	3	QL (1 each / 300 days)
INPEN 100EL MIS PINK	3	QL (1 each / 300 days)
INPEN 100NN MIS BLUE	3	QL (1 each / 300 days)
INPEN 100NN MIS GREY	3	QL (1 each / 300 days)
INPEN 100NN MIS PINK	3	QL (1 each / 300 days)
INSULIN SYRG MIS 0.3/29G	2	OTC
INSULIN SYRG MIS 0.3/30G	2	OTC
INSULIN SYRG MIS 0.3/31G	2	
INSULIN SYRG MIS 0.3/31G	2	OTC
INSULIN SYRG MIS 0.5/28G	2	OTC
INSULIN SYRG MIS 0.5/29G	2	OTC
INSULIN SYRG MIS 0.5/30G	2	OTC
INSULIN SYRG MIS 0.5/31G	2	OTC
INSULIN SYRG MIS 1ML	2	OTC
INSULIN SYRG MIS 1ML/25G	2	OTC

Drug Name	Drug Tier	Requirements/Limits
INSULIN SYRG MIS 1ML/26G	2	OTC
INSULIN SYRG MIS 1ML/27G	2	OTC
INSULIN SYRG MIS 1ML/28G	2	OTC
INSULIN SYRG MIS 1ML/29G	2	OTC
INSULIN SYRG MIS 1ML/30G	2	OTC
INSULIN SYRG MIS 1ML/31G	2	OTC
INSULIN SYRG MIS 2/27.5G	2	OTC
NOVOPEN ECHO MIS	3	QL (1 each / 300 days)
PEN NEEDLES MIS 32GX5/32	3	OTC

RESPIRATORY THERAPY SUPPLIES

AERCHMBR PLS MIS FLOW-VU	3	
AERCHMBR PLS MIS LRG MASK	3	
AERCHMBR PLS MIS MED MASK	3	
AERCHMBR PLS MIS SM MASK	3	
AERCHMBR Z- MIS STAT PLS	3	
AEROCHAMBER MIS CHAMBER	3	
AEROCHAMBER MIS FLOSIGNA	3	
AEROCHAMBER MIS MV	3	
AEROCHAMBER MIS PLUS	3	
AEROVENT MIS PLUS	3	
BREATHE EASE MIS LG MASK	3	
BREATHE EASE MIS MED MASK	3	
BREATHE EASE MIS SM MASK	3	
COMPACT SPAC MIS CHAMBER	3	
COMPACT SPAC MIS LG MASK	3	
COMPACT SPAC MIS MD MASK	3	
COMPACT SPAC MIS SM MASK	3	
EASIVENT MIS	3	
EASIVENT MIS MASK LG	3	
EASIVENT MIS MASK MED	3	
EASIVENT MIS MASK SM	3	
FLEXICHAMBER MIS	3	
FLEXICHAMBER MIS MASK LRG	3	
FLEXICHAMBER MIS MASK SM	3	
HOLD CHAMBER MIS ADLT LG	3	
HOLD CHAMBER MIS MEDIUM	3	
HOLD CHAMBER MIS SMALL	3	
INSPIRACHAMB MIS LARGE	3	
INSPIRACHAMB MIS MEDIUM	3	
INSPIRACHAMB MIS MOUTHPC	3	
INSPIRACHAMB MIS SMALL	3	
INSPIREASE MIS DD SYST	3	
INSPIREASE MIS RES BAG	3	
MICROCHAMBER MIS	3	
OPTICHAMBER MIS DIA LG	3	

Drug Name	Drug Tier	Requirements/Limits
OPTICHAMBER MIS DIA MD	3	
OPTICHAMBER MIS DIA SM	3	
OPTICHAMBER MIS DIAMOND	3	
POCKET CHAMB MIS	3	
POCKET SPACE MIS	3	
RITEFLO MIS	3	
VORTEX VALVE MIS CHAMBER	3	

MIGRAINE PRODUCTS

CALCITONIN GENE-RELATED PEPTIDE (CGRP) RECEPTOR ANTAG

AJOVY SOAJ 225mg/1.5ml; SOSY 225mg/1.5ml	2	PA
EMGALITY SOAJ 120mg/ml; SOSY 100mg/ml, 120mg/ml	2	PA
NURTEC TBDP 75mg	2	ST, PA, QL (16 tabs / 30 days)
UBRELVY TABS 50mg, 100mg	2	ST, PA, QL (16 tabs / 30 days)

MIGRAINE PRODUCTS

<i>dihydroergotamine mesylate soln 1mg/ml</i>	1	
ERGOMAR SUBL 2mg	3	

SEROTONIN AGONISTS

<i>almotriptan malate tabs 6.25mg, 12.5mg</i>	1	QL (12 tabs / 30 days)
<i>eletriptan hydrobromide tabs 20mg, 40mg</i>	1	QL (12 tabs / 30 days)
<i>frovatriptan succinate tabs 2.5mg</i>	1	QL (18 tabs / 30 days)
<i>naratriptan hcl tabs 1mg, 2.5mg</i>	1	QL (12 tabs / 30 days)
ONZETRA XSAIL EXHP 11mg/nosepc	2	QL (16 nosepieces / 30 days)
REYVOW TABS 50mg	3	ST, PA, QL (4 tabs / 30 days)
REYVOW TABS 100mg	3	ST, PA, QL (8 tabs / 30 days)
<i>rizatriptan benzoate tabs 5mg, 10mg; tbdp 5mg, 10mg</i>	1	QL (18 tabs / 30 days)
<i>sumatriptan soln 5mg/act</i>	1	QL (24 sprays / 30 days)
<i>sumatriptan soln 20mg/act</i>	1	QL (12 sprays / 30 days)
<i>sumatriptan succinate soaj 4mg/0.5ml; soct 4mg/0.5ml</i>	1	QL (18 syringes / 30days)
<i>sumatriptan succinate soaj 6mg/0.5ml; soct 6mg/0.5ml</i>	1	QL (12 units / 30 days)
<i>sumatriptan succinate soln 6mg/0.5ml</i>	1	QL (12 vials / 30 days)
<i>sumatriptan succinate tabs 25mg, 50mg, 100mg</i>	1	QL (12 tabs / 30 days)
ZEMBRACE SYMTOUCH SOAJ 3mg/0.5ml	2	QL (24 injections / 30days)

Drug Name	Drug Tier	Requirements/Limits
<i>zolmitriptan soln 2.5mg, 5mg</i>	1	QL (12 sprays / 30 days)
<i>zolmitriptan tabs 2.5mg, 5mg; tbdp 2.5mg, 5mg</i>	1	QL (12 tabs / 30 days)

MINERALS & ELECTROLYTES

CALCIUM

<i>CALCIFOL WAF</i>	3	
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FLUORIDE

<i>FLORIVA DRO 0.25MG</i>	3	
<i>fluoritab soln .125mg/drop</i>	1	\$0 applies for ages 5 and under, otherwise not covered
<i>nafrinse chew 2.2mg</i>	1	
<i>nafrinse drops soln .125mg/drop</i>	1	\$0 applies for ages 5 and under, otherwise not covered
<i>sodium fluoride chew 1mg, 2.2mg; tabs 1mg</i>	1	
<i>sodium fluoride chew .25mg, .5mg; soln .5mg/ml; tabs .5mg</i>	1	\$0 applies for ages 5 and under, otherwise not covered

PHOSPHATE

<i>K-PHOS TABS 500mg</i>	3	
<i>phospha 250 neutral</i>	1	
<i>phospho-trin 250 neutral</i>	1	
<i>pot phos monobasic w/sod phos di & monobas tab 155-852-130mg</i>	1	
<i>virt-phos 250 neutral</i>	1	

POTASSIUM

<i>effer-k tbeq 25meq</i>	1	
<i>EFFER-K TAB 10MEQ</i>	3	
<i>EFFER-K TAB 20MEQ</i>	3	
<i>k-prime tbeq 25meq</i>	1	
<i>klor-con pack 20meq</i>	1	
<i>klor-con 8 tbc 8meq</i>	1	
<i>klor-con 10 tbc 10meq</i>	1	
<i>klor-con m10 tbc 10meq</i>	1	
<i>klor-con m15 tbc 15meq</i>	1	
<i>klor-con m20 tbc 20meq</i>	1	
<i>klor-con/ef tbeq 25meq</i>	1	
<i>potassium chloride cpcr 8meq, 10meq; pack 20meq; soln 10%, 20%; tbc 8meq, 10meq, 20meq</i>	1	
<i>potassium chloride microencapsulated crystals er tbc 10meq, 15meq, 20meq</i>	1	

Drug Name	Drug Tier	Requirements/Limits
SODIUM		
<i>sodium chloride soln .9%, 2.5meq/ml</i>	1	
ZINC		
GALZIN CAPS 25mg, 50mg	3	
MISCELLANEOUS THERAPEUTIC CLASSES		
CHELATING AGENTS		
DEPEN TITRATABS TABS 250mg	4	SP, PA
<i>penicillamine caps 250mg; tabs 250mg</i>	4	SP, PA
<i>trientine hcl caps 250mg</i>	4	SP, PA
IMMUNOMODULATORS		
REVLIMID CAPS 2.5mg, 5mg, 10mg, 15mg, 20mg, 25mg	4	SP, PA; PF
THALOMID CAPS 50mg, 100mg, 150mg, 200mg	4	SP, PA; PF
IMMUNOSUPPRESSIVE AGENTS		
AZASAN TABS 75mg, 100mg	1	
<i>azathioprine tabs 50mg, 75mg, 100mg</i>	1	
<i>cyclosporine caps 25mg, 100mg</i>	1	SP
<i>cyclosporine modified (for microemulsion) caps 25mg, 50mg, 100mg; soln 100mg/ml</i>	1	SP
ENSPRYNG SOSY 120mg/ml	4	SP, PA; PF
<i>everolimus (immunosuppressant) tabs 1mg</i>	1	SP, PA
<i>everolimus (immunosuppressant) tabs .25mg, .5mg, .75mg</i>	1	SP
<i>gengraf caps 25mg, 100mg; soln 100mg/ml</i>	1	SP
<i>mycophenolate mofetil caps 250mg; susr 200mg/ml; tabs 500mg</i>	1	SP
<i>mycophenolate sodium tbec 180mg, 360mg</i>	1	SP
SANDIMMUNE SOLN 100mg/ml	3	SP
<i>sirolimus soln 1mg/ml; tabs .5mg, 1mg, 2mg</i>	1	SP
<i>tacrolimus caps .5mg, 1mg, 5mg</i>	1	SP
POTASSIUM REMOVING AGENTS		
LOKELMA PACK 5gm, 10gm	2	
<i>*sodium polystyrene sulfonate powder**</i>	1	
<i>sps susp 15gm/60ml</i>	1	
VELTASSA PACK 8.4gm, 16.8gm, 25.2gm	2	
PROGERIA TREATMENT AGENTS		
ZOKINVY CAPS 50mg, 75mg	4	SP, PA, QL (4 caps / 1 day)

Drug Name	Drug Tier	Requirements/Limits
SYSTEMIC LUPUS ERYTHEMATOSUS AGENTS		
BENLYSTA SOAJ 200mg/ml; SOSY 200mg/ml	4	SP, PA
MOUTH/THROAT/DENTAL AGENTS		
ANESTHETICS TOPICAL ORAL		
<i>lidocaine hcl (mouth-throat) soln 2%, 4%</i>	1	
ANTI-INFECTIVES - THROAT		
<i>clotrimazole troc 10mg</i>	1	
<i>nystatin (mouth-throat) susp 100000unit/ml</i>	1	
ORAVIG TABS 50mg	3	
ANTISEPTICS - MOUTH/THROAT		
<i>chlorhexidine gluconate (mouth-throat) soln .12%</i>	1	
<i>periogard soln .12%</i>	1	
STEROIDS - MOUTH/THROAT/DENTAL		
<i>oralone dental paste pste .1%</i>	1	
<i>triamcinolone acetonide (mouth) pste .1%</i>	1	
THROAT PRODUCTS - MISC.		
AQUORAL SPR	3	PA
BOCASAL POW	3	PA
<i>cevimeline hcl caps 30mg</i>	1	PA
EVOXAC CAPS 30mg	2	PA
GELCLAIR GEL	3	PA
MUGARD LIQ	4	SP, PA; PF
NEUTRASAL POW	3	PA
NUMOISYN LIQ	3	PA
NUMOISYN LOZ	3	PA
ORAFATE PST 10%	3	PA
<i>pilocarpine hcl (oral) tabs 5mg, 7.5mg</i>	1	
PROTHELIAL PST 10%	3	PA
SALIVAMAX POW	3	PA
MULTIVITAMINS		
PED MULTI VITAMINS W/FL & FE		
<i>multi-vitamin/fluoride/ir</i>	1	Benefit exclusions may apply
POLY-VI-FLOR CHW W/IRON	3	Benefit exclusions may apply
POLY-VI-FLOR SUS /IRON	3	Benefit exclusions may apply
PED MV W/ FLUORIDE		
FLORIVA DRO PLUS	3	Benefit exclusions may apply

Drug Name	Drug Tier	Requirements/Limits
<i>multi-vitamin/fluoride dr</i>	1	Benefit exclusions may apply
<i>multivitamin/fluoride</i>	1	
<i>multivitamin/fluoride</i>	1	Benefit exclusions may apply
<i>*pediatric vitamins acd w/ fluoride soln 0.5 mg/ml***</i>	1	Benefit exclusions may apply
POLY-VI-FLOR SUS 0.25/ML	3	Benefit exclusions may apply
QUFLORA PED CHW 0.5MG	3	
QUFLORA PED CHW 0.25MG	3	Benefit exclusions may apply
QUFLORA PED CHW 1MG	3	
QUFLORA PED DRO 0.5MG/ML	3	Benefit exclusions may apply
QUFLORA PED DRO 0.25MG	3	Benefit exclusions may apply
TRI-VI-FLOR SUS 0.5MG/ML	3	Benefit exclusions may apply
TRI-VI-FLOR SUS 0.25/ML	3	Benefit exclusions may apply
TRI-VI-FLORO SUS 0.5MG/ML	3	Benefit exclusions may apply
TRI-VI-FLORO SUS 0.25/ML	3	Benefit exclusions may apply
<i>tri-vite/fluoride</i>	1	Benefit exclusions may apply
<i>vitamins a/c/d/fluoride</i>	1	Benefit exclusions may apply
PRENATAL VITAMINS		
CITRANATAL CAP HARMONY	2	
CITRANATAL CAP MEDLEY	2	
CITRANATAL MIS	2	
CITRANATAL MIS 90 DHA	2	
CITRANATAL MIS B-CALM	2	
CITRANATAL PAK ASSURE	2	
CITRANATAL PAK DHA	2	
CITRANATAL PAK ESSENCE	2	
CITRANATAL TAB BLOOM	2	
CITRANATAL TAB RX	2	
<i>elite-ob</i>	1	
<i>inatal gt</i>	1	
<i>pnv-dha</i>	1	
<i>pnv-select</i>	1	
<i>prenatabs rx</i>	1	
<i>prenatal 19</i>	1	

Drug Name	Drug Tier	Requirements/Limits
<i>trinate</i>	1	
MUSCULOSKELETAL THERAPY AGENTS		
CENTRAL MUSCLE RELAXANTS		
<i>baclofen tabs 5mg, 10mg, 20mg</i>	1	
<i>carisoprodol tabs 350mg</i>	1	
<i>chlorzoxazone tabs 500mg</i>	1	
<i>cyclobenzaprine hcl tabs 5mg, 10mg</i>	1	
<i>metaxalone tabs 800mg</i>	1	
<i>methocarbamol tabs 500mg, 750mg</i>	1	
<i>orphenadrine citrate tb12 100mg</i>	1	
<i>tizanidine hcl caps 2mg, 4mg, 6mg; tabs 2mg, 4mg</i>	1	
DIRECT MUSCLE RELAXANTS		
<i>dantrolene sodium caps 25mg, 50mg, 100mg</i>	1	
MUSCLE RELAXANT COMBINATIONS		
<i>carisoprodol w/ aspirin & codeine tab 200-325-16 mg</i>	1	
NASAL AGENTS - SYSTEMIC AND TOPICAL		
NASAL AGENT COMBINATIONS		
<i>azelastine hcl-fluticasone prop nasal spray 137-50 mcg/act</i>	1	QL (1 bottle / 25 days)
NASAL AGENTS - MISC.		
NOZIN NASAL SANITIZER KIT 62%; SWAB 62%	3	OTC
NASAL ANTIALLERGY		
<i>azelastine hcl soln .15%, 137mcg/spray</i>	1	QL (2 bottles / 30 days)
<i>olopatadine hcl (nasal) soln .6%</i>	1	QL (1 bottle / 30 days)
NASAL ANTICHOLINERGICS		
<i>ipratropium bromide (nasal) soln .03%, .06%</i>	1	
NASAL STEROIDS		
<i>flunisolide (nasal) soln .025%</i>	1	QL (3 bottles / 30 days)
<i>fluticasone propionate (nasal) susp 50mcg/act</i>	1	QL (1 bottle / 30 days)
<i>mometasone furoate (nasal) susp 50mcg/act</i>	1	QL (34 gm / 30 days)
XHANCE EXHU 93mcg/act	3	PA
SYMPATHOMIMETIC DECONGESTANTS		
ADRENALIN SOLN .1%	3	
NEUROMUSCULAR AGENTS		
ALS AGENTS		
<i>riluzole tabs 50mg</i>	1	

Drug Name	Drug Tier	Requirements/Limits
SPINAL MUSCULAR ATROPHY AGENTS (SMA)		
EVRYSDI SOLR .75mg/ml	4	SP, PA
OPHTHALMIC AGENTS		
BETA-BLOCKERS - OPHTHALMIC		
<i>betaxolol hcl (ophth) soln .5%</i>	1	
BETOPTIC-S SUSP .25%	2	
<i>carteolol hcl (ophth) soln 1%</i>	1	
COMBIGAN SOL 0.2/0.5%	2	
<i>dorzolamide hcl-timolol maleate ophth sol 22.3-6.8 mg/ml pf</i>	1	
<i>dorzolamide hcl-timolol maleate ophth soln 22.3-6.8 mg/ml</i>	1	
<i>levobunolol hcl soln .5%</i>	1	
<i>timolol maleate (ophth) solg .25%, .5%; soln .25%, .5%</i>	1	
<i>timolol maleate in ocudos soln .5%</i>	1	
CYCLOPLEGIC MYDRIATICS		
<i>altafrin soln 2.5%, 10%</i>	1	
ATROPINE SULFATE SOLN 1%	3	
CYCLOMYDRIL SOL OP	3	
<i>cyclopentolate hcl soln .5%, 1%, 2%</i>	1	
ISOPTO ATROPINE SOLN 1%	3	
<i>phenylephrine hcl (mydriatic) soln 2.5%, 10%</i>	1	
<i>tropicamide soln .5%, 1%</i>	1	
MIOTICS		
<i>pilocarpine hcl soln 1%, 2%, 4%</i>	1	
OPHTHALMIC ADRENERGIC AGENTS		
ALPHAGAN P SOLN .1%	2	
<i>apraclonidine hcl soln .5%</i>	1	
<i>brimonidine tartrate soln .15%, .2%</i>	1	
IOPIDINE SOLN 1%	3	
SIMBRINZA SUS 1-0.2%	2	
OPHTHALMIC ANTI-INFECTIVES		
<i>ak-poly-bac</i>	1	
<i>bacitracin (ophthalmic) oint 500unit/gm</i>	1	
<i>bacitracin-polymyxin b ophth oint</i>	1	
BESIVANCE SUSP .6%	2	
BETADINE OPHTHALMIC PREP SOLN 5%	3	
<i>ciprofloxacin hcl (ophth) soln .3%</i>	1	
<i>erythromycin (ophth) oint 5mg/gm</i>	1	
<i>gatifloxacin (ophth) soln .5%</i>	1	
<i>gentak oint .3%</i>	1	
<i>gentamicin sulfate (ophth) soln .3%</i>	1	

Drug Name	Drug Tier	Requirements/Limits
<i>levofloxacin (ophth) soln .5%</i>	1	
MITOSOL KIT .2mg	3	
<i>moxifloxacin hcl (ophth) soln .5%</i>	1	
NATACYN SUSP 5%	3	
<i>neo-polycin</i>	1	
<i>neomycin-bacitrac zn-polymyx 5(3.5)mg-400unt-10000unt op oin</i>	1	
<i>neomycin-polymy-gramicid op sol 1.75-10000-0.025mg-unt-mg/ml</i>	1	
<i>ofloxacin (ophth) soln .3%</i>	1	
<i>polycin</i>	1	
<i>polymyxin b-trimethoprim ophth soln 10000 unit/ml-0.1%</i>	1	
POVIDONE IODINE SOLN 5%	3	
<i>sulfacetamide sodium (ophth) oint 10%; soln 10%</i>	1	
<i>tobramycin (ophth) soln .3%</i>	1	
TOBEX OINT .3%	3	
<i>trifluridine soln 1%</i>	1	
OPHTHALMIC IMMUNOMODULATORS		
RESTASIS EMUL .05%	2	
RESTASIS MULTIDOSE EMUL .05%	2	
OPHTHALMIC INTEGRIN ANTAGONISTS		
XIIDRA SOLN 5%	2	
OPHTHALMIC KINASE INHIBITORS		
RHOPRESSA SOLN .02%	2	
ROCKLATAN DRO	2	
OPHTHALMIC LOCAL ANESTHETICS		
AKTEN GEL 3.5%	3	
<i>altacaine soln .5%</i>	1	
<i>proparacaine hcl soln .5%</i>	1	
<i>tetracaine hcl (ophth) soln .5%</i>	1	
OPHTHALMIC NERVE GROWTH FACTORS		
OXERVATE SOLN .002%	4	SP, PA
OPHTHALMIC STEROIDS		
<i>bacitracin-polymyxin-neomycin-hc ophth oint 1%</i>	1	
BLEPHAMIDE OIN S.O.P.	3	
BLEPHAMIDE SUS OP	3	
<i>dexamethasone sodium phosphate (ophth) soln .1%</i>	1	
<i>difluprednate emul .05%</i>	1	
<i>fluorometholone (ophth) susp .1%</i>	1	
<i>loteprednol etabonate gel .5%; susp .5%</i>	1	
<i>neo-polycin hc</i>	1	

Drug Name	Drug Tier	Requirements/Limits
<i>neomycin-polymyxin-dexamethasone ophth oint 0.1%</i>	1	
<i>neomycin-polymyxin-dexamethasone ophth susp 0.1%</i>	1	
<i>neomycin-polymyxin-hc ophth susp</i>	1	
PRED-G S.O.P OIN OP	3	
PRED-G SUS OP	3	
<i>prednisolone acetate (ophth) susp 1%</i>	1	
PREDNISOLONE ACETATE P-F SUSP 1%	3	
PREDNISOLONE SODIUM PHOSP SOLN 1%	3	
<i>sulfacetamide sodium-prednisolone ophth soln 10-0.23(0.25)%</i>	1	
TOBRADEX OIN 0.3-0.1%	2	
<i>tobramycin-dexamethasone ophth susp 0.3-0.1%</i>	1	
OPHTHALMIC SURGICAL AIDS		
GELFILM MIS OP	3	
MEMBRANEBLUE SOLN .15%	3	
VISIONBLUE SOLN .06%	3	
OPHTHALMICS - MISC.		
ALOCRIOL SOLN 2%	3	
ALOMIDE SOLN .1%	3	
<i>altafluor benox</i>	1	
<i>azelastine hcl (ophth) soln .05%</i>	1	
<i>bepotastine besilate soln 1.5%</i>	1	
<i>brinzolamide susp 1%</i>	1	
<i>bromfenac sodium (ophth) soln .09%</i>	1	
<i>cromolyn sodium (ophth) soln 4%</i>	1	
CYSTARAN SOLN .44%	4	SP, PA
<i>diclofenac sodium (ophth) soln .1%</i>	1	
<i>dorzolamide hcl soln 2%</i>	1	
DORZOLAMIDE HCL SOLN 2%	3	
<i>epinastine hcl (ophth) soln .05%</i>	1	
<i>fluor-i-strips a.t. strp 1mg</i>	1	
FLUORE/BENOX SOL 0.3-0.4%	3	
<i>fluorescein w/ benoxinate ophth soln 0.25-0.4%</i>	1	
<i>fluorescein w/ proparacaine ophth soln 0.25-0.5%</i>	1	
FLURA-SAFE SOL	3	
<i>flurbiprofen sodium soln .03%</i>	1	
ILEVRO SUSP .3%	2	
<i>ketorolac tromethamine (ophth) soln .4%, .5%</i>	1	
<i>olopatadine hcl soln .1%, .2%</i>	1	

Drug Name	Drug Tier	Requirements/Limits
PAREMYD SOL 1-0.25%	3	
PROLENSA SOLN .07%	2	
PROSTAGLANDINS - OPHTHALMIC		
<i>latanoprost soln .005%</i>	1	
LUMIGAN SOLN .01%	2	
<i>travoprost soln .004%</i>	1	
VYZULTA SOLN .024%	3	
ZIOPTAN SOLN .015mg/ml	2	
OTIC AGENTS		
OTIC AGENTS - MISCELLANEOUS		
<i>acetic acid (otic) soln 2%</i>	1	
OTIC ANTI-INFECTIVES		
<i>ciprofloxacin hcl (otic) soln .2%</i>	1	
<i>ofloxacin (otic) soln .3%</i>	1	
OTIC COMBINATIONS		
<i>ciprofloxacin-dexamethasone otic susp 0.3-0.1%</i>	1	
CORTISPORIN SUS -TC OTIC	3	
<i>neomycin-polymyxin-hc otic soln 1%</i>	1	
<i>neomycin-polymyxin-hc otic susp 3.5 mg/ml-10000 unit/ml-1%</i>	1	
OTIC STEROIDS		
<i>flac oil .01%</i>	1	
<i>fluocinolone acetonide (otic) oil .01%</i>	1	
<i>hydrocortisone w/ acetic acid otic soln 1-2%</i>	1	
OXYTOCICS		
ABORTIFACIENTS/AGENTS FOR CERVICAL RIPENING		
CERVIDIL INST 10mg	3	
PREPIDIL GEL .5mg/3gm	3	
OXYTOCICS		
<i>methergine tabs .2mg</i>	1	
<i>methylergonovine maleate tabs .2mg</i>	1	
PASSIVE IMMUNIZING AND TREATMENT AGENTS		
IMMUNE SERUMS		
CUTAQUIG SOLN 1gm/6ml, 1.65gm/10ml, 2gm/12ml, 3.3gm/20ml, 4gm/24ml, 8gm/48ml	4	SP, PA; PF
GAMMAGARD LIQUID SOLN 1gm/10ml, 2.5gm/25ml, 5gm/50ml, 10gm/100ml, 20gm/200ml, 30gm/300ml	4	SP, PA
GAMMAKED SOLN 1gm/10ml, 5gm/50ml, 10gm/100ml, 20gm/200ml	4	SP, PA

Drug Name	Drug Tier	Requirements/Limits
GAMUNEX-C SOLN 1gm/10ml, 2.5gm/25ml, 5gm/50ml, 10gm/100ml, 20gm/200ml, 40gm/400ml	4	SP, PA
HIZENTRA SOLN 1gm/5ml, 2gm/10ml, 4gm/20ml, 10gm/50ml; SOSY 1gm/5ml, 2gm/10ml, 4gm/20ml	4	SP, PA
HYPERRHO S/D SOSY 1500unit	4	SP
HYPERRHO S/D MINI-DOSE SOSY 250unit	4	SP
HYPERTET S/D SOSY 250unit/ml	3	
MICRHOGAM ULTRA-FILTERED SOSY 250unit	4	SP
RHOGAM ULTRA-FILTERED PLU SOSY 1500unit	4	SP
WINRHO SDF SOLN 15000unit/13ml	4	SP

PENICILLINS

AMINOPENICILLINS

<i>amoxicillin caps 250mg, 500mg; chew 125mg, 250mg; susr 125mg/5ml, 200mg/5ml, 250mg/5ml, 400mg/5ml; tabs 500mg, 875mg</i>	1	
<i>ampicillin caps 500mg</i>	1	

NATURAL PENICILLINS

BICILLIN L-A SUSP 600000unit/ml, 1200000unit/2ml, 2400000unit/4ml	3	
<i>penicillin g potassium solr 5000000unit, 20000000unit</i>	1	
PENICILLIN G PROCAINE SUSP 600000unit/ml	3	
<i>penicillin g sodium solr 5000000unit</i>	1	
<i>penicillin v potassium solr 125mg/5ml, 250mg/5ml; tabs 250mg, 500mg</i>	1	
<i>pfizerpen solr 20mu, 5000000unit, 20000000unit</i>	1	

PENICILLIN COMBINATIONS

<i>amoxicillin & k clavulanate chew tab 200- 28.5 mg</i>	1	
<i>amoxicillin & k clavulanate chew tab 400- 57 mg</i>	1	
<i>amoxicillin & k clavulanate for susp 200- 28.5 mg/5ml</i>	1	
<i>amoxicillin & k clavulanate for susp 250- 62.5 mg/5ml</i>	1	
<i>amoxicillin & k clavulanate for susp 400-57 mg/5ml</i>	1	
<i>amoxicillin & k clavulanate for susp 600- 42.9 mg/5ml</i>	1	

Drug Name	Drug Tier	Requirements/Limits
<i>amoxicillin & k clavulanate tab 250-125 mg</i>	1	
<i>amoxicillin & k clavulanate tab 500-125 mg</i>	1	
<i>amoxicillin & k clavulanate tab 875-125 mg</i>	1	
<i>amoxicillin & k clavulanate tab er 12hr 1000-62.5 mg</i>	1	

PENICILLINASE-RESISTANT PENICILLINS

<i>dicloxacillin sodium caps 250mg, 500mg</i>	1	
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PROGESTINS

PROGESTINS

<i>medroxyprogesterone acetate tabs 2.5mg, 5mg</i>	1	QL (1 tab / 1 day)
<i>medroxyprogesterone acetate tabs 10mg</i>	1	
<i>megestrol acetate (appetite) susp 625mg/5ml</i>	1	
<i>norethindrone acetate tabs 5mg</i>	1	
<i>progesterone caps 100mg, 200mg; oil 50mg/ml</i>	1	

PSYCHOTHERAPEUTIC AND NEUROLOGICAL AGENTS - MISC.

AGENTS FOR CHEMICAL DEPENDENCY

<i>acamprosate calcium tbec 333mg</i>	1	
<i>disulfiram tabs 250mg, 500mg</i>	1	

ANTI-CATAPLECTIC AGENTS

<i>XYREM SOLN 500mg/ml</i>	4	SP, PA
<i>XYWAV SOL 0.5GM/ML</i>	4	SP, PA; PF

ANTIDEMENTIA AGENTS

<i>donepezil hydrochloride tabs 5mg; tbdp 5mg</i>	1	QL (1 tab / 1 day)
<i>donepezil hydrochloride tabs 10mg, 23mg; tbdp 10mg</i>	1	
<i>galantamine hydrobromide cp24 8mg, 16mg, 24mg; soln 4mg/ml; tabs 4mg, 12mg</i>	1	
<i>galantamine hydrobromide tabs 8mg</i>	1	QL (1 tab / 1 day)
<i>memantine hcl cp24 7mg, 14mg</i>	1	QL (1 cap / 1 day)
<i>memantine hcl cp24 21mg, 28mg; soln 2mg/ml, 10mg/5ml; tabs 5mg, 10mg</i>	1	
<i>memantine hcl tab 28 x 5 mg & 21 x 10 mg titration pack</i>	1	
<i>NAMZARIC CAP</i>	2	
<i>NAMZARIC CAP 7-10MG</i>	2	
<i>NAMZARIC CAP 14-10MG</i>	2	
<i>NAMZARIC CAP 21-10MG</i>	2	
<i>NAMZARIC CAP 28-10MG</i>	2	
<i>rivastigmine pt24 4.6mg/24hr, 9.5mg/24hr, 13.3mg/24hr</i>	1	

Drug Name	Drug Tier	Requirements/Limits
<i>rivastigmine tartrate caps 1.5mg, 3mg, 4.5mg, 6mg</i>	1	
COMBINATION PSYCHOTHERAPEUTICS		
<i>chlordiazepoxide-amitriptyline tab 5-12.5 mg</i>	1	
<i>chlordiazepoxide-amitriptyline tab 10-25 mg</i>	1	
<i>olanzapine-fluoxetine hcl cap 3-25 mg</i>	1	QL (1 cap / 1 day)
<i>olanzapine-fluoxetine hcl cap 6-25 mg</i>	1	QL (1 cap / 1 day)
<i>olanzapine-fluoxetine hcl cap 6-50 mg</i>	1	
<i>olanzapine-fluoxetine hcl cap 12-25 mg</i>	1	
<i>olanzapine-fluoxetine hcl cap 12-50 mg</i>	1	
<i>perphenazine-amitriptyline tab 2-10 mg</i>	1	
<i>perphenazine-amitriptyline tab 2-25 mg</i>	1	
<i>perphenazine-amitriptyline tab 4-10 mg</i>	1	
<i>perphenazine-amitriptyline tab 4-25 mg</i>	1	
<i>perphenazine-amitriptyline tab 4-50 mg</i>	1	
FIBROMYALGIA AGENTS		
SAVELLA TABS 12.5mg, 25mg, 50mg, 100mg	3	
SAVELLA MIS TITR PAK	3	
MOVEMENT DISORDER DRUG THERAPY		
AUSTEDO TABS 6mg, 9mg, 12mg	4	SP, PA; PF
INGREZZA CAPS 40mg	4	SP, PA, QL (1 cap / 1 day); PF
INGREZZA CAPS 60mg, 80mg	4	SP, PA; PF
INGREZZA CAP 40-80MG	4	SP, PA; PF
tetrabenazine tabs 12.5mg, 25mg	4	SP, PA
MULTIPLE SCLEROSIS AGENTS		
AMPYRA TB12 10mg	4	SP, PA
AUBAGIO TABS 7mg, 14mg	4	SP, PA, QL (1 tab / 1 day); PF
AVONEX PSKT 30mcg/0.5ml	4	SP, PA, QL (0.04 ml / 1 day); PF
AVONEX PEN AJKT 30mcg/0.5ml	4	SP, PA, QL (0.04 ml / 1 day); PF
BETASERON KIT .3mg	4	SP, PA; PF
COPAXONE SOSY 20mg/ml	4	SP, PA, QL (1 each / 1 day); PF
COPAXONE SOSY 40mg/ml	4	SP, PA, QL (0.4 ml / 1 day); PF
<i>dalfampridine tb12 10mg</i>	4	SP, PA
<i>dimethyl fumarate cpdr 120mg, 240mg</i>	4	SP, PA
<i>dimethyl fumarate capsule dr starter pack 120 mg & 240 mg</i>	4	SP, PA

Drug Name	Drug Tier	Requirements/Limits
GILENYA CAPS .5mg	4	SP, PA; PF
<i>glatiramer acetate sosal 20mg/ml</i>	4	SP, PA, QL (1 each / 1 day)
<i>glatiramer acetate sosal 40mg/ml</i>	4	SP, PA, QL (0.4 ml / 1 day)
<i>glatopa sosal 20mg/ml</i>	4	SP, PA, QL (1 each / 1 day)
<i>glatopa sosal 40mg/ml</i>	4	SP, PA, QL (0.4 ml / 1 day)
KESIMPTA SOAJ 20mg/0.4ml	4	SP, PA, QL (0.015 ml / 1 day); PF
MAVENCLAD TBPK 10mg	4	SP, PA, QL (20 tabs / 270 days)
MAYZENT TABS 2mg	4	SP, PA; PF
MAYZENT TABS .25mg	4	SP, PA, QL (1 cap / 1 day); PF
MAYZENT STARTER PACK TBPK .25mg	4	SP, PA, QL (12 tabs / 5 days); PF
PLEGRIDY SOPN 125mcg/0.5ml; SOSY 125mcg/0.5ml	4	SP, PA
PLEGRIDY SOSY 125mcg/0.5ml	4	SP, PA, QL (0.04 ml / 1 day)
PLEGRIDY INJ STARTER	4	SP, PA
PLEGRIDY PEN INJ STARTER	4	SP, PA
REBIF SOSY 22mcg/0.5ml, 44mcg/0.5ml	4	SP, PA; PF
REBIF REBIDO INJ TITRATN	4	SP, PA; PF
REBIF REBIDOSE SOAJ 22mcg/0.5ml, 44mcg/0.5ml	4	SP, PA; PF
REBIF TITRTN INJ PACK	4	SP, PA; PF
VUMERITY CPDR 231mg	4	SP, PA, QL (4 caps / 1 day); PF
ZEPOSIA CAPS .92mg	4	SP, PA, QL (1 cap / 1 day); Preferred for Ulcerative Colitis (after failure of HUMIRA)
ZEPOSIA 7DAY CAP STR PACK	4	SP, PA, QL (1 cap / 1 day); Preferred for Ulcerative Colitis (after failure of HUMIRA)
ZEPOSIA CAP STR KIT	4	SP, PA, QL (1 cap / 1 day); Preferred for Ulcerative Colitis (after failure of HUMIRA)
POSTHERPETIC NEURALGIA (PHN)/NEUROPATHIC PAIN AGENTS		
GRALISE TABS 300mg, 600mg	2	
<i>pregabalin (once-daily) tb24 82.5mg, 165mg, 330mg</i>	1	

Drug Name	Drug Tier	Requirements/Limits
PSEUDOBULBAR AFFECT (PBA) AGENTS		
NUEDEXTA CAP 20-10MG	2	PA
PSYCHOTHERAPEUTIC AND NEUROLOGICAL AGENTS - MISC.		
<i>ergoloid mesylates tabs 1mg</i>	1	
<i>pimozide tabs 1mg, 2mg</i>	1	
SMOKING DETERRENTS		
<i>bupropion hcl (smoking deterrent) tb12 150mg</i>	1	\$0 limited to 2 treatment cycles/year
<i>nicotine gum 2mg, 4mg; lozg 2mg, 4mg; pt24 7mg/24hr, 14mg/24hr, 21mg/24hr</i>	1	OTC; \$0 limited to 2 treatment cycles/year
NICOTINE SYS KIT TRANSDER	3	OTC; \$0 limited to 2 treatment cycles/year
NICOTROL INHALER INHA 10mg	3	\$0 limited to 2 treatment cycles/year
NICOTROL NS SOLN 10mg/ml	3	\$0 limited to 2 treatment cycles/year
VARENICLINE TARTRATE TABS .5mg, 1mg	3	\$0 limited to 2 treatment cycles/year
TRANSTHYRETIN AMYLOIDOSIS AGENTS		
TEGSEDI SOSY 284mg/1.5ml	4	SP, PA; PF
RESPIRATORY AGENTS - MISC.		
CYSTIC FIBROSIS AGENTS		
KALYDECO PACK 25mg, 50mg, 75mg; TABS 150mg	4	SP, PA
ORKAMBI GRA 100-125	4	SP, PA
ORKAMBI GRA 150-188	4	SP, PA
ORKAMBI TAB 100-125	4	SP, PA
ORKAMBI TAB 200-125	4	SP, PA
PULMOZYME SOLN 2.5mg/2.5ml	4	SP, PA
SYMDEKO TAB 50-75MG	4	SP, PA
SYMDEKO TAB 100-150	4	SP, PA
TRIKAFTA TAB	4	SP, PA, QL (3 tabs / 1 day)
PULMONARY FIBROSIS AGENTS		
ESBRIET CAPS 267mg; TABS 267mg, 801mg	4	SP, PA; PF
OFEV CAPS 100mg, 150mg	4	SP, PA; PF
SULFONAMIDES		
SULFONAMIDES		
SULFADIAZINE TABS 500mg	3	
TETRACYCLINES		
AMINOMETHYLCYCLINES		
NUZYRA TABS 150mg	3	

Drug Name	Drug Tier	Requirements/Limits
TETRACYCLINES		
<i>avidoxy tabs 100mg</i>	1	
<i>demeclocycline hcl tabs 150mg, 300mg</i>	1	
<i>minocycline hcl caps 50mg, 75mg, 100mg; tabs 50mg, 75mg, 100mg</i>	1	
<i>mondoxyne nl caps 100mg</i>	1	
SOLODYN TB24 55mg, 65mg, 80mg, 105mg, 115mg	3	PA
<i>tetracycline hcl caps 250mg, 500mg</i>	1	
VIBRAMYCIN SYRP 50mg/5ml	2	

THYROID AGENTS

ANTITHYROID AGENTS

<i>methimazole tabs 5mg, 10mg</i>	1	
<i>propylthiouracil tabs 50mg</i>	1	

THYROID HORMONES

ARMOUR THYROID TABS 180mg, 240mg, 300mg	3	
<i>euthyrox tabs 25mcg, 50mcg, 75mcg, 88mcg, 100mcg, 112mcg, 125mcg, 137mcg, 150mcg, 175mcg, 200mcg</i>	1	
<i>levo-t tabs 25mcg, 50mcg, 75mcg, 88mcg, 100mcg, 112mcg, 125mcg, 137mcg, 150mcg, 175mcg, 200mcg, 300mcg</i>	1	
<i>levothyroxine sodium tabs 25mcg, 50mcg, 75mcg, 88mcg, 100mcg, 112mcg, 125mcg, 137mcg, 150mcg, 175mcg, 200mcg, 300mcg</i>	1	
<i>levoxyl tabs 25mcg, 50mcg, 75mcg, 88mcg, 100mcg, 112mcg, 125mcg, 137mcg, 150mcg, 175mcg, 200mcg</i>	1	
<i>liothyronine sodium tabs 5mcg, 25mcg, 50mcg</i>	1	
<i>np thyroid 15 tabs 15mg</i>	1	
<i>np thyroid 30 tabs 30mg</i>	1	
<i>np thyroid 60 tabs 60mg</i>	1	
<i>np thyroid 90 tabs 90mg</i>	1	
<i>np thyroid 120 tabs 120mg</i>	1	
<i>unithroid tabs 25mcg, 50mcg, 75mcg, 88mcg, 100mcg, 112mcg, 125mcg, 137mcg, 150mcg, 175mcg, 200mcg, 300mcg</i>	1	

TOXOIDS

TOXOID COMBINATIONS

ADACEL INJ	3	\$0 copay
BOOSTRIX INJ	3	\$0 copay

Drug Name	Drug Tier	Requirements/Limits
DAPTACEL INJ	3	\$0 copay for members age 18 and younger, otherwise not covered
DIP/TET PED INJ 25-5LFU	3	\$0 copay for members age 18 and younger, otherwise not covered
INFANRIX INJ	3	\$0 copay for members age 18 and younger, otherwise not covered
KINRIX INJ	3	\$0 copay for members age 18 and younger, otherwise not covered
PEDIARIX INJ 0.5ML	3	\$0 copay for members age 18 and younger, otherwise not covered
PENTACEL INJ	3	\$0 copay for members age 18 and younger, otherwise not covered
QUADRACEL INJ	3	\$0 copay for members age 18 and younger, otherwise not covered
TDVAX INJ 2-2 LF	3	\$0 copay for members age 19 and older, otherwise not covered
TENIVAC INJ 5-2LF	3	\$0 copay for members age 19 and older, otherwise not covered
TET/DIP TOX INJ 2-2 LF	3	\$0 copay for members age 19 and older, otherwise not covered
VAXELIS INJ	3	\$0 copay for members age 18 and younger, otherwise not covered

ULCER DRUGS/ANTISPASMODICS/ANTICHOLINERGICS

ANTISPASMODICS

ATROPEN SOAJ .25mg/0.3ml, .5mg/0.7ml, 1mg/0.7ml, 2mg/0.7ml	3	
BELLA/OPIUM SUP 16.2-30	3	
BELLA/OPIUM SUP 16.2-60	3	
<i>chlordiazepoxide hcl-clidinium bromide cap 5-2.5 mg</i>	1	PA
CUVPOSA SOLN 1mg/5ml	3	
<i>dicyclomine hcl caps 10mg; soln 10mg/5ml; tabs 20mg</i>	1	
<i>ed-spaz tbdp .125mg</i>	1	
<i>glycopyrrolate tabs 1mg, 2mg</i>	1	

Drug Name	Drug Tier	Requirements/Limits
<i>hyoscyamine sulfate elix .125mg/5ml; soln .125mg/ml; subl .125mg; tabs .125mg; tbdp .125mg</i>	1	
<i>hyosyne elix .125mg/5ml; soln .125mg/ml</i>	1	
<i>methscopolamine bromide tabs 2.5mg, 5mg</i>	1	
<i>nulev tbdp .125mg</i>	1	
<i>oscimin subl .125mg; tabs .125mg</i>	1	
H-2 ANTAGONISTS		
<i>cimetidine tabs 200mg, 300mg, 400mg, 800mg</i>	1	
<i>cimetidine hcl soln 300mg/5ml, 400mg/6.67ml</i>	1	
<i>famotidine susr 40mg/5ml; tabs 20mg, 40mg</i>	1	
<i>nizatidine caps 150mg, 300mg; soln 15mg/ml</i>	1	
MISC. ANTI-ULCER		
<i>sucralfate tabs 1gm</i>	1	
PROTON PUMP INHIBITORS		
<i>DEXILANT CPDR 30mg, 60mg</i>	2	
<i>esomeprazole magnesium cpdr 20mg, 40mg; pack 10mg, 20mg, 40mg</i>	1	
<i>lansoprazole cpdr 15mg, 30mg; tbdd 15mg, 30mg</i>	1	
<i>omeprazole cpdr 10mg, 20mg, 40mg</i>	1	
<i>pantoprazole sodium tbec 20mg, 40mg</i>	1	
<i>rabeprazole sodium tbec 20mg</i>	1	
<i>RABEPRAZOLE SODIUM DR SPR CPSP 10mg</i>	3	
ULCER DRUGS - PROSTAGLANDINS		
<i>misoprostol tabs 100mcg, 200mcg</i>	1	
ULCER THERAPY COMBINATIONS		
<i>amoxicillin cap-clarithro tab-lansopraz cap dr therapy pack</i>	1	
<i>OMECLAMOX- MIS PAK</i>	3	
<i>PYLERA CAP</i>	2	
<i>TALICIA CAP</i>	3	PA
URINARY ANTISPASMODICS		
URINARY ANTISPASMODIC - ANTIMUSCARINICS (ANTICHOLINERGIC)		
<i>darifenacin hydrobromide tb24 7.5mg</i>	1	QL (1 tab / 1 day)
<i>darifenacin hydrobromide tb24 15mg</i>	1	
<i>GELNIQUE GEL 10%</i>	3	

Drug Name	Drug Tier	Requirements/Limits
<i>oxybutynin chloride</i> syrp 5mg/5ml; tabs 5mg; tb24 10mg, 15mg	1	
<i>oxybutynin chloride</i> tb24 5mg	1	QL (1 tab / 1 day)
<i>solifenacin succinate</i> tabs 5mg	1	QL (1 tab / 1 day)
<i>solifenacin succinate</i> tabs 10mg	1	
<i>tolterodine tartrate</i> cp24 2mg	1	QL (1 cap / 1 day)
<i>tolterodine tartrate</i> cp24 4mg; tabs 1mg, 2mg	1	
TOVIAZ TB24 4mg	2	QL (1 tab / 1 day)
TOVIAZ TB24 8mg	2	
<i>tropium chloride</i> cp24 60mg; tabs 20mg	1	
VESICARE LS SUSP 5mg/5ml	3	

URINARY ANTISPASMODICS - BETA-3 ADRENERGIC AGONISTS

MYRBETRIQ SRER 8mg/ml; TB24 50mg	2	
MYRBETRIQ TB24 25mg	2	QL (1 tab / 1 day)

URINARY ANTISPASMODICS - CHOLINERGIC AGONISTS

<i>bethanechol chloride</i> tabs 5mg, 10mg, 25mg, 50mg	1	
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URINARY ANTISPASMODICS - DIRECT MUSCLE RELAXANTS

<i>flavoxate hcl</i> tabs 100mg	1	
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VACCINES

BACTERIAL VACCINES

ACTHIB INJ	3	\$0 copay for members age 18 and younger, otherwise not covered
BEXSERO INJ	3	\$0 copay
HIBERIX SOLR 10mcg	3	\$0 copay for members age 18 and younger, otherwise not covered
MENACTRA INJ	3	\$0 copay
MENQUADFI INJ	3	\$0 copay
MENVEO INJ	3	\$0 copay
PEDVAX HIB SUSP 7.5mcg/0.5ml	3	\$0 copay for members age 18 and younger, otherwise not covered
PNEUMOVAX 23/1 DOSE INJ 25mcg/0.5ml	3	\$0 copay
PREVNAR 13 INJ	3	\$0 copay
PREVNAR 20 INJ	3	\$0 copay
TRUMENBA INJ	3	\$0 copay
VAXNEUVANCE INJ	3	\$0 copay

VIRAL VACCINES

AFLURIA QUAD INJ 2021-22	3	\$0 copay
ENGERIX-B SUSP 10mcg/0.5ml, 20mcg/ml	3	\$0 copay
FLUAD QUADRIVALENT 2021-2 PRSY .5ml	3	\$0 copay

Drug Name	Drug Tier	Requirements/Limits
FLUARIX QUAD INJ 2021-22	3	\$0 copay
FLUBLOK QUAD INJ 2021-22	3	\$0 copay
FLUCLVX QUAD INJ 2021-22	3	\$0 copay
FLULAVAL QUA INJ 2021-22	3	\$0 copay
FLUMIST QUAD SUS 2021-22	3	\$0 copay
FLUZONE HD INJ 2021-22	3	\$0 copay
FLUZONE QUAD INJ 2021-22	3	\$0 copay
GARDASIL 9 INJ	3	\$0 copay
HAVRIX SUSP 720elu/0.5ml, 1440elu/ml	3	\$0 copay
IPOL INJ INACTIVE	3	\$0 copay for members age 18 and younger, otherwise not covered
JANSSEN COVID-19 VACCINE SUSP .5ml	3	
M-M-R II INJ	3	\$0 copay
MODERNA COVID-19 VACCINE SUSP 100mcg/0.5ml	3	
PFIZER-BIONTECH COVID-19 SUSP 10mcg/0.2ml, 30mcg/0.3ml	3	
PFIZER-BIONTECH COVID-19 SUSP 30mcg/0.3ml	3	
PROQUAD INJ	3	\$0 copay for members age 18 and younger, otherwise not covered
RECOMBIVAX HB SUSP 5mcg/0.5ml, 10mcg/ml, 40mcg/ml	3	\$0 copay
ROTARIX SUS	3	\$0 copay for members age 18 and younger, otherwise not covered
ROTATEQ SOL	3	\$0 copay for members age 18 and younger, otherwise not covered
SHINGRIX SUSR 50mcg/0.5ml	3	\$0 copay for members age 19 and older, otherwise not covered
TWINRIX INJ	3	\$0 copay for members age 19 and older, otherwise not covered
VAQTA SUSP 25unit/0.5ml, 50unit/ml	3	\$0 copay
VARIVAX INJ 1350pfu/0.5ml	3	\$0 copay

VAGINAL AND RELATED PRODUCTS

SPERMICIDES

ENCARE SUPP 100mg	3	OTC; \$0 copay
OPTIONS GYNOL II VAGINAL GEL 3%	3	OTC; \$0 copay
SHUR-SEAL GEL 2%	3	OTC; \$0 copay
TODAY SPONGE MISC 1000mg	3	OTC; \$0 copay

Drug Name	Drug Tier	Requirements/Limits
VCF VAGINAL CONTRACEPTIVE FILM 28%; FOAM 12.5%; GEL 4%	3	OTC; \$0 copay
VAGINAL ANTI-INFECTIVES		
CLEOCIN SUPP 100mg	3	
<i>clindamycin phosphate vaginal crea 2%</i>	1	
CLINDESSE CREA 2%	3	
GYNAZOLE-1 CREA 2%	3	
<i>metronidazole vaginal gel .75%</i>	1	
<i>miconazole 3 supp 200mg</i>	1	
<i>terconazole vaginal crea .4%, .8%; supp 80mg</i>	1	
<i>vandazole gel .75%</i>	1	
VAGINAL ESTROGENS		
<i>estradiol vaginal crea .1mg/gm</i>	1	
IMVEXXY MAINTENANCE PACK INST 4mcg, 10mcg	2	
IMVEXXY STARTER PACK INST 4mcg, 10mcg	2	
VAGIFEM TABS 10mcg	1	
VAGINAL PROGESTINS		
CRINONE GEL 4%, 8%	2	
VASOPRESSORS		
ANAPHYLAXIS THERAPY AGENTS		
AUVI-Q SOAJ .1mg/0.1ml	2	
AUVI-Q SOAJ .3mg/0.3ml	2	QL (5 pens / year)
AUVI-Q SOAJ .15mg/0.15ml	2	QL (2.5 pens / year)
<i>epinephrine (anaphylaxis) soaj .15mg/0.3ml, .3mg/0.3ml</i>	1	QL (5 pens / year)
<i>epinephrine (anaphylaxis) soaj .15mg/0.15ml</i>	1	QL (2.5 pens / year)
<i>epinephrine (anaphylaxis) soln 30mg/30ml</i>	1	
NEUROGENIC ORTHOSTATIC HYPOTENSION (NOH) - AGENTS		
<i>droxidopa caps 100mg, 200mg, 300mg</i>	4	SP, PA
VASOPRESSORS		
<i>midodrine hcl tabs 2.5mg, 5mg, 10mg</i>	1	
VITAMINS		
OIL SOLUBLE VITAMINS		
<i>ergocalciferol caps 1.25mg, 50000unit</i>	1	
<i>phytonadione tabs 5mg</i>	1	
WHEAT GERM OIL	3	
WATER SOLUBLE VITAMINS		
POTABA CAPS 500mg	3	

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<i>cyclophosphamide</i>	54	<i>mg-30 mcg</i>	69
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<i>cycloserine</i>	53	<i>desoximetasone</i>	80
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<i>cyclosporine</i>	100	<i>desvenlafaxine succinate</i>	42
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<i>difluprednate</i>	105	<i>drospirenone-ethinyl estradiol tab 3-</i>	
<i>digitek</i>	66	<i>0.03 mg</i>	69
<i>digox</i>	66	<i>drospirenone-ethinyl estrad-</i>	
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<i>400-300-300 mg</i>	61	<i>entecavir</i>	63
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<i>esomeprazole magnesium</i>	115	<i>famciclovir</i>	64
<i>estarylla</i>	69	<i>famotidine</i>	115
<i>estazolam</i>	93	FARXIGA	45
<i>estradiol</i>	88	FASENRA PEN	36
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<i>1-0.5 mg</i>	87	<i>febuxostat</i>	91
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<i>ethosuximide</i>	40	<i>fenofibrate</i>	48
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<i>etonogestrel-ethinyl estradiol va ring</i>		<i>finasteride</i>	90
<i>0.120-0.015 mg/24hr</i>	73	FINTEPLA	39
<i>etoposide</i>	57	FIRAZYR	91
<i>etravirine</i>	62	FIRDAPSE	53
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<i>flutamide</i>	55	<i>gavilyte-g</i>	93
<i>fluticasone propionate</i>	80	<i>gavilyte-n/ flavor pack</i>	94
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82	<i>hydrochlorothiazide</i>	84
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43	<i>10-8 mg/5ml</i>	74
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43	<i>hydrocodone w/ homatropine syrup 5-</i>	
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81	<i>hydrocodone w/ homatropine tab 5-1.5</i>	
GRALISE	<i>mg</i>	74
111	<i>hydrocodone-acetaminophen soln 7.5-</i>	
<i>granisetron hcl</i>	<i>325 mg/15ml</i>	30
46	<i>hydrocodone-acetaminophen tab 10-</i>	
GRASTEK	<i>300 mg</i>	30
21	<i>hydrocodone-acetaminophen tab 10-</i>	
<i>griseofulvin microsize</i>	<i>325 mg</i>	31
47	<i>hydrocodone-acetaminophen tab 5-300</i>	
<i>griseofulvin ultramicrosize</i>	<i>mg</i>	30
47		
<i>guaifenesin ac</i>		
74		
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<i>mg/5ml</i>		
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80		
<i>haloperidol</i>		
59		
<i>haloperidol decanoate</i>		
59		
<i>haloperidol lactate</i>		
59		
HARVONI PAK		
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<i>hydrocodone-acetaminophen tab 7.5-300 mg</i>	30	<i>imipramine pamoate</i>	42
<i>hydrocodone-acetaminophen tab 7.5-325 mg</i>	30	<i>imiquimod</i>	81
<i>hydrocodone-ibuprofen tab 10-200 mg</i>	31	IMPAVIDO	33
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<i>hydrocortisone (rectal)</i>	33	<i>incassia</i>	73
<i>hydrocortisone (topical)</i>	80	INCRELEX	85
<i>hydrocortisone acetate w/ pramoxine perianal cream 1-1%</i>	33	<i>indapamide</i>	85
<i>hydrocortisone butyrate</i>	80	<i>indomethacin</i>	24
<i>hydrocortisone valerate</i>	80	INFANRIX INJ	114
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<i>ibuprofen</i>	24	INSULIN SYRG MIS 0.3/31G	96
<i>icatibant acetate</i>	91	INSULIN SYRG MIS 0.5/28G	96
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<i>lapatinib ditosylate</i>	56	<i>levonorg-eth est tab 0.1-0.02mg(84) &</i> <i>eth est tab 0.01mg(7)</i>	70
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<i>tab 1 mg-5 mcg</i>	87	NYMALIZE	65
<i>norgestimate & ethinyl estradiol tab</i>		<i>nymyo</i>	71
<i>0.25 mg-35 mcg</i>	71	<i>nystatin</i>	47
<i>norgestimate-eth estrad tab 0.18-</i>		<i>nystatin (mouth-throat)</i>	101
<i>25/0.215-25/0.25-25 mg-mcg</i>	71	<i>nystatin (topical)</i>	77
<i>norgestimate-eth estrad tab 0.18-</i>		<i>nystatin-triamcinolone cream 100000-</i>	
<i>35/0.215-35/0.25-35 mg-mcg</i>	71	<i>0.1 unit/gm-%</i>	77
<i>norlyda</i>	73	<i>nystatin-triamcinolone oint 100000-0.1</i>	
<i>norlyroc</i>	73	<i>unit/gm-%</i>	77
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<i>nortrel 1/35</i>	71	<i>ocella</i>	71
<i>nortrel 7/7/7</i>	71	<i>octreotide acetate</i>	86
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NOVOLIN N FLEXPEN	45	<i>ofloxacin (ophth)</i>	105
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..... 110	ONETOUCH KIT ULTRALNK	95
<i>olanzapine-fluoxetine hcl cap 12-50 mg</i>	ONETOUCH KIT VERIO	95
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<i>olanzapine-fluoxetine hcl cap 3-25 mg</i>	ONETOUCH KIT VERIO IQ	95
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.....	<i>oxazepam</i>	35
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<i>oxycodone hcl</i>	28, 29	<i>pentoxifylline</i>	91
<i>oxycodone w/ acetaminophen tab 10-</i>		<i>perindopril erbumine</i>	49
<i>325 mg</i>	31	<i>perio gard</i>	101
<i>oxycodone w/ acetaminophen tab 2.5-</i>		<i>permethrin</i>	82
<i>325 mg</i>	31	<i>perphenazine</i>	60
<i>oxycodone w/ acetaminophen tab 5-</i>		<i>perphenazine-amitriptyline tab 2-10</i>	
<i>325 mg</i>	31	<i>mg</i>	110
<i>oxycodone w/ acetaminophen tab 7.5-</i>		<i>perphenazine-amitriptyline tab 2-25</i>	
<i>325 mg</i>	31	<i>mg</i>	110
<i>oxymorphone hcl</i>	29	<i>perphenazine-amitriptyline tab 4-10</i>	
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PAREMYD SOL 1-0.25%	107	<i>phenelzine sulfate</i>	41
<i>paricalcitol</i>	86	<i>phenobarbital</i>	93
<i>paramomycin sulfate</i>	21	<i>phenoxybenzamine hcl</i>	49
<i>paroxetine hcl</i>	41	<i>phentermine hcl</i>	20
PASER	54	<i>phenylephrine hcl (mydriatic)</i>	104
PEDIARIX INJ 0.5ML	114	<i>phenytoin</i>	40
PEDVAX HIB	116	<i>phenytoin infatabs</i>	40
<i>peg 3350-kcl-na bicarb-nacl-na sulfate</i>		<i>phenytoin sodium extended</i>	40
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<i>pioglitazone hcl-glimepiride tab 30-2</i>		PRAMOSONE LOT 1%	80
<i>mg</i>	43	PRAMOSONE LOT 2.5%	80
<i>pioglitazone hcl-glimepiride tab 30-4</i>		<i>prasugrel hcl</i>	91
<i>mg</i>	43	<i>pravastatin sodium</i>	48, 49
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<i>850 mg</i>	43	PRED-G SUS OP	106
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<i>pnv-dha</i>	102	<i>pregabalin (once-daily)</i>	111
<i>pnv-select</i>	102	PREMPHASE TAB	87
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<i>polycin</i>	105	PREMPRO TAB 0.625-5	87
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<i>10000 unit/ml-0.1%</i>	105	<i>prenatal 19</i>	102
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<i>pot & sod citrates w/ cit ac soln 550-</i>		PREVNAR 20 INJ	116
<i>500-334 mg/5ml</i>	90	PREVYMIS	63
<i>pot phos monobasic w/sod phos di &</i>		PREZCOBIX TAB 800-150	62
<i>monobas tab 155-852-130mg</i>	99	PREZISTA	62
POTABA	118	PRIFTIN	54
<i>potassium chloride</i>	99	<i>primaquine phosphate</i>	53
<i>potassium chloride microencapsulated</i>		<i>primidone</i>	40
<i>crystals er</i>	99	PRIMSOL	33
<i>potassium citrate & citric acid soln</i>		<i>probenecid</i>	91
<i>1100-334 mg/5ml</i>	90	<i>procentra</i>	19
<i>potassium citrate (alkalinizer)</i>	90	<i>prochlorperazine</i>	60
POVIDONE IODINE	105	<i>prochlorperazine maleate</i>	60
<i>pr benzoyl peroxide wash</i>	76	PROCORT CRE	33
PRALUENT	49	PROCTOFOAM AER HC 1%	33
<i>pramipexole dihydrochloride</i>	58	<i>procto-med hc</i>	33

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<i>promethazine vc</i>	75	<i>quinapril-hydrochlorothiazide tab 20-</i>	
<i>promethazine vc/codeine</i>	75	12.5 mg	52
<i>promethazine w/ codeine syrup 6.25-</i>		<i>quinapril-hydrochlorothiazide tab 20-25</i>	
10 mg/5ml	75	mg	52
<i>promethazine-dm syrup 6.25-15</i>		<i>quinidine gluconate</i>	35
mg/5ml	75	<i>quinidine sulfate</i>	35
<i>promethazine-phenylephrine-codeine</i>		<i>quinine sulfate</i>	53
<i>syrup 6.25-5-10 mg/5ml</i>	75	QUTENZA KIT 8% 1-PCH.....	82
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<i>propylthiouracil</i>	113	RABEPRAZOLE SODIUM DR SPR.....	115
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<i>protriptyline hcl</i>	42	<i>ramelteon</i>	93
<i>proxivol</i>	82	<i>ramipril</i>	49
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<i>pyrazinamide</i>	54	REBIF REBIDOSE	111
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RINVOQ	23	<i>sevelamer carbonate</i>	89
<i>risedronate sodium</i>	85	<i>sevelamer hcl</i>	89
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<i>rufinamide</i>	40	SKYRIZI PEN	78
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RYBELSUS	44	<i>sodium chloride (gu irrigant)</i>	90
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<i>sajazir</i>	91		
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<i>sodium fluoride</i>	99	<i>sulconazole nitrate</i>	78
<i>sodium phenylbutyrate</i>	86	<i>sulfacetamide sodium (acne)</i>	76
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<i>solifenacin succinate</i>	116	<i>cleansing pad 10-4%</i>	76
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<i>sorine</i>	65	400-80 mg.....	33
<i>sotalol hcl</i>	65	<i>sulfamethoxazole-trimethoprim tab</i>	
<i>sotalol hcl (afib/af)</i>	65	800-160 mg.....	33
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TACLONEX SUS	80	<i>terazosin hcl</i>	50
<i>tacrolimus</i>	100	<i>terbinafine hcl</i>	47
<i>tacrolimus (topical)</i>	81	<i>terbutaline sulfate</i>	38
<i>tadalafil (pulmonary hypertension)</i> ...	67	<i>terconazole vaginal</i>	118
TAFINLAR	57	<i>testosterone</i>	32
TAGRISSE	55	<i>testosterone cypionate</i>	32
<i>take action</i>	73	<i>testosterone enanthate</i>	32
TAKHZYRO	91	TET/DIP TOX INJ 2-2 LF	114
TALICIA CAP	115	<i>tetrabenazine</i>	110
TALTZ	79	<i>tetracaine hcl (ophth)</i>	105
<i>tamoxifen citrate</i>	55	<i>tetracycline hcl</i>	113
<i>tamsulosin hcl</i>	90	TEXACORT	80
TARCEVA	55	THALOMID	100
TARGRETIN	57, 78	<i>theophylline</i>	38
<i>tarina 24 fe</i>	72	<i>thioridazine hcl</i>	60
<i>tarina fe 1/20</i>	72	<i>thiothixene</i>	61
<i>tarina fe 1/20 eq</i>	72	<i>tiadylt er</i>	66
TAVALISSE	91	<i>tiagabine hcl</i>	40
<i>taysofy</i>	72	TIBSOVO	57
<i>tazarotene</i>	79	TIKOSYN	36
<i>taztia xt</i>	65	<i>tilia fe</i>	72
TDVAX INJ 2-2 LF	114	<i>timolol maleate</i>	65
TEGSEDI	112	<i>timolol maleate (ophth)</i>	104
TEKURNA HCT TAB 150-12.5	52	<i>timolol maleate in ocudos</i>	104
TEKURNA HCT TAB 150-25MG	52	<i>tinidazole</i>	33
TEKURNA HCT TAB 300-12.5	52	<i>tiopronin</i>	91
TEKURNA HCT TAB 300-25MG	52	TIVICAY	62
<i>telmisartan</i>	50	TIVICAY PD	63
<i>telmisartan-amlodipine tab 40-10 mg</i>	52	<i>tizanidine hcl</i>	103
<i>telmisartan-amlodipine tab 40-5 mg</i> .52		TOBRADEX OIN 0.3-0.1%	106
<i>telmisartan-amlodipine tab 80-10 mg</i>	52	<i>tobramycin</i>	21
<i>telmisartan-amlodipine tab 80-5 mg</i> .52		<i>tobramycin (ophth)</i>	105
<i>telmisartan-hydrochlorothiazide tab 40- 12.5 mg</i>	52	<i>tobramycin-dexamethasone ophth susp 0.3-0.1%</i>	106
<i>telmisartan-hydrochlorothiazide tab 80- 12.5 mg</i>	52	TOBEX	105
<i>telmisartan-hydrochlorothiazide tab 80- 25 mg</i>	52	TODAY SPONGE	117
<i>temazepam</i>	93	<i>tolcapone</i>	58
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TEMODAR	54	<i>tolvaptan</i>	87
<i>temozolomide</i>	54	TOPICORT	81
<i>tencon</i>	25	<i>topiramate</i>	40
TENIVAC INJ 5-2LF	114	<i>toremifene citrate</i>	55
		<i>toremide</i>	84
		TOUJEO MAX SOLOSTAR	45
		TOUJEO SOLOSTAR	45
		<i>tovet</i>	81

TOVIAZ	116	<i>tri-lo-sprintec</i>	72
<i>tramadol hcl</i>	29	<i>trimethobenzamide hcl</i>	46
<i>tramadol-acetaminophen tab 37.5-325 mg</i>	31	<i>trimethoprim</i>	33
TRANDO/VERAP TAB 2-180 ER.....	52	<i>tri-mili</i>	72
TRANDO/VERAP TAB 4-240 ER.....	52	<i>trimipramine maleate</i>	42
<i>trandolapril</i>	49	<i>trinate</i>	103
<i>trandolapril-verapamil hcl tab er 1-240 mg</i>	53	TRINTELLIX	42
<i>tranexamic acid</i>	93	<i>tri-nymyo</i>	72
<i>tranylcypromine sulfate</i>	41	<i>tri-previfem</i>	72
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<i>tretinoin (chemotherapy)</i>	57	<i>tri-vylibra</i>	72
<i>tretinoin microsphere</i>	76	<i>tri-vylibra lo</i>	72
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