

# Three-Tier Covered Drug List



LOUISIANA **BLUE**  

  HMO Louisiana

2025

## Understanding Your Covered Drug List

Blue Cross and Blue Shield of Louisiana and our subsidiary, HMO Louisiana, Inc., along with Express Scripts, an independent company that serves as our pharmacy benefit manager, created this *Covered Drug List* to help you understand your drug benefits. Because drug benefits can be complex, understanding your benefits is key to getting the most from your health plan.

Throughout the year, our clinical staff works with our Pharmacy and Therapeutics Committee, a group of Louisiana doctors and pharmacists who are not employed by Louisiana Blue, to review published literature about the safety, efficacy and cost of prescription drugs.

You and your doctor always make the final decision for your healthcare needs. The information in this *List* can help you and your doctor make informed decisions before you fill your next prescription. That way, together you may choose the best drug for you while keeping your costs down. Please talk to your doctor or pharmacist about any questions or concerns you may have about your drug therapy.

**Please Note:** Inclusion of a drug in a drug formulary does not guarantee that your doctor or other authorized prescriber will prescribe the drug for a particular medical condition or mental illness.

**Before you fill a prescription for any drug, you should take the following steps, if needed:**

- 1) Check to see if the drugs you take are on the drug *List*.
- 2) Talk to your doctor about switching to a drug that is on the *List*, if needed.

### Important Notes:

- This *List* is intended to include all drugs that your plan covers as of the time the document was created. But the *List* may change as changes occur in the marketplace.
- This *List* may not apply to all benefit plans. Some benefit plans may have different coverage for specific drugs.
- The *List* applies only to prescription drugs that network pharmacies dispense on an outpatient basis.
- See your member contract or certificate for pharmacy coverage for any exclusions and limitations that apply.
- Your doctor could prescribe a drug that is not on this *List*. In this case, a drug formulary exception can be requested. This may not be possible for all drugs.

### How can you find information about your drugs?

Use the index at the end of this *List* to look up a drug you may take to quickly learn several important things:

- If you must first try one or more prescription drugs before your plan will cover a specific drug for your condition
- If your doctor must get prior authorization before your plan will pay for a drug
- If your plan limits the quantity that will be covered each time you fill a prescription

### How are prescription drugs classified?

Your plan offers a 3-tier structure for drugs that are covered:

Tier	Description of prescription drugs
1	Primarily generic drugs (traditional and specialty), although some brand drugs may fall into this category
2	Includes traditional brands and generics, specialty brands and generics and biosimilars
3	Includes traditional brands and generics, specialty brands and generics, biosimilars and covered compound drugs

Generally, you will pay the least out-of-pocket for drugs that are in Tier 1.

### What does it mean when there is a “+” sign in the Tier section?

You will pay more for some covered brand drugs marked with a “+” that have lost patent protection because a generic equivalent has become available. If you or your doctor decides you should continue to take the brand drug instead of the generic drug, you will be responsible for the generic drug out-of-pocket amount, plus the difference in cost between that brand and the generic drug. This is called “brand buy up.” This will also apply to covered brand

drugs for which a generic equivalent becomes available after the publishing of this *List*.

**Please Note:** Brand buy up will not apply to certain brand drugs. Examples are select anti-seizure medications, select thyroid hormones and Coumadin.

**What does it mean when the Tier section shows \$0 or \$0\*?**

Certain drugs may be eligible for first-dollar coverage. That means you do not pay out of pocket for them and you do not pay a deductible. Drugs in these programs are marked with a **\$0 or \$0\*** under the tier column. Because some benefit plans do not have this type of coverage, you should read your plan materials to find out if you have it. Note that restrictions or limitations apply, including age, gender or frequency.

Broad categories of drugs that may be eligible for this coverage include:

- \$0** Selected contraceptives for women

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- \$0** Selected preventive drugs as recommended by the U.S. Preventive Services Task Force (USPSTF). For example, selected bowel prep products when used with a wellness screening colonoscopy or selected generic cholesterol lowering drugs for people who qualify may be covered.

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- \$0\*** Selected drugs included in the \$0 Drug Copay Program. Program drugs are regularly recommended to treat asthma, chronic obstructive pulmonary disease (COPD), coronary heart disease, diabetes, heart failure and other common chronic conditions.

**Example of How Drugs Are Listed:**

Drug	Tier	Requirements/Limits
<i>generic drug name</i>	1	QPD
BRAND DRUG NAME	2	PA; ST
Key: <ul style="list-style-type: none"> <li>• <i>generic drugs</i> are in lowercase <i>italics</i></li> <li>• BRAND drugs are in ALL CAPS</li> </ul>		Key: <ul style="list-style-type: none"> <li>PA = Prior authorization</li> <li>QPD = Quantity per dispensing limits</li> <li>ST = Step therapy restrictions</li> <li>SP = Specialty drug restrictions</li> <li>LA = Limited access</li> </ul>

**What do the abbreviations in the Requirements/Limits column mean?**

**PA: Medications requiring prior authorization**

We must authorize certain drugs before your plan will pay for them. After considering current medical literature, the Pharmacy and Therapeutics Committee sets up the criteria needed for the drugs to be authorized. Then Express Scripts processes the prior authorization requests.

If you need prior authorization, have your doctor contact Express Scripts:

**Call:** 1-800-842-2015

**Fax:** 1-877-251-5896

For the physician fax form, go to: [www.lablue.com](http://www.lablue.com) > **Provider** > **Pharmacy**.

**ST: Medications requiring participation in the Fill This First step therapy program**

For drugs in our Fill This First step therapy program, you must first try certain prescription drugs (Step 1) before your plan will cover other drugs (Step 2) for your condition. If one or more of the Step 1 drugs are not right for you, your doctor may call us for a prior authorization for a Step 2 drug. You can find more information about drugs that you must try first at [www.lablue.com/CoveredDrugs](http://www.lablue.com/CoveredDrugs).

**QPD: Medications that have quantity per dispensing limitations**

Covered prescriptions have a day-supply limitation (typically up to a 30-day supply at a retail pharmacy and up to a 90-day supply for mail-order). Your plan also limits the amount of certain drugs that can be dispensed at one time. We call those restrictions quantity per dispensing (QPD) limits.

QPD limits are additional to the day-supply limitation and are based on the manufacturer's recommended dosage and duration of therapy, common usage for episodic or intermittent treatment, FDA-approved recommendations or clinical studies, and as determined by Louisiana Blue. QPD limits or allowances are subject to quantity limits per day supply, per dispensing event, or any combination of the two. Read your member contract or certificate for the limits for your plan. For a complete list of **Quantity per Dispensing (QPD) Level Limits/Allowances**, go to [www.lablue.com/CoveredDrugs](http://www.lablue.com/CoveredDrugs).

**SP: Specialty drug restrictions**

Certain drugs are commonly called specialty drugs. Specialty drugs include biotechnology drugs or other drug products that may require special ordering, handling or customer service. Your policy may limit specialty drugs to the retail day supply listed in your plan (typically a 30-day supply). Read your *Schedule of Benefits* for any restrictions that apply to you. For a complete list of specialty drugs, go to: [www.lablue.com/CoveredDrugs](http://www.lablue.com/CoveredDrugs).

**LA: Medications that have limited access**

Some medications require unique handling, administration or monitoring. When this is the case, the manufacturer and/or the FDA may require that the drug be dispensed only by certain pharmacies.

**Questions?**

If your doctor prescribes a drug that is not on this *List*, or if you have any questions, call Express Scripts at 1-866-781-7533.

For more information and updates, go to: [www.lablue.com/CoveredDrugs](http://www.lablue.com/CoveredDrugs) or [www.express-scripts.com](http://www.express-scripts.com).

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Drug Name	Drug Tier	Requirements/Limits
<b>*Adhd/Anti-Narcolepsy/Anti-Obesity/Anorexians*</b>		
<b>*Adhd Agent - Selective Alpha Adrenergic Agonists***</b>		
<i>clonidine hcl er oral tablet extended release 12 hour</i>	1	QPD
<i>guanfacine hcl er</i>	1	QPD
<b>*Adhd Agent - Selective Norepinephrine Reuptake Inhibitor***</b>		
<i>atomoxetine hcl</i>	1	QPD
QELBREE	3	PA; QPD
<b>*Amphetamine Mixtures***</b>		
<i>amphetamine-dextroamphet er</i>	1	QPD
<i>amphetamine-dextroamphetamine</i>	1	QPD
<i>amphet-dextroamphet 3-bead er</i>	1	QPD
<b>*Amphetamines***</b>		
<i>dextroamphetamine sulfate er</i>	1	QPD
<i>dextroamphetamine sulfate oral solution</i>	3	
<i>dextroamphetamine sulfate oral tablet 10 mg, 5 mg</i>	1	QPD
<i>lisdexamfetamine dimesylate</i>	1	QPD
<i>methamphetamine hcl</i>	3	QPD
VYVANSE	3	QPD
<b>*Analeptics***</b>		
<i>caffeine citrate oral</i>	3	
<b>*Dopamine And Norepinephrine Reuptake Inhibitors (Dnris)***</b>		
SUNOSI	2	PA; QPD
<b>*Stimulant Combinations***</b>		
AZSTARYS	2	QPD
<b>*Stimulants - Misc.***</b>		
<i>armodafinil</i>	1	PA; QPD
<i>dexmethylphenidate hcl</i>	1	QPD
<i>dexmethylphenidate hcl er</i>	3	QPD
<i>methylphenidate</i>	3	QPD
<i>methylphenidate hcl er</i>	1	QPD
<i>methylphenidate hcl er (cd)</i>	1	QPD
<i>methylphenidate hcl er (la)</i>	1	QPD
<i>methylphenidate hcl er (osm) oral tablet extended release 18 mg, 27 mg, 36 mg, 54 mg</i>	1	QPD
<i>methylphenidate hcl oral solution</i>	3	QPD

Drug Name	Drug Tier	Requirements/Limits
<i>methylphenidate hcl oral tablet</i>	1	QPD
<i>methylphenidate hcl oral tablet chewable</i>	3	QPD
<i>modafinil oral</i>	1	PA; QPD
QUILLICHEW ER	2	QPD
QUILLIVANT XR ORAL SUSPENSION RECONSTITUTED ER	3	QPD
<b>*Aminoglycosides*</b>		
<b>*Aminoglycosides***</b>		
ARIKAYCE	3	PA; LA; SP; QPD
<i>neomycin sulfate oral</i>	1	
TOBI PODHALER	3	PA; SP; QPD
<i>tobramycin inhalation</i>	3	PA; SP; QPD
<b>*Analgesics - Anti-Inflammatory*</b>		
<b>*Antirheumatic - Janus Kinase (Jak) Inhibitors***</b>		
RINVOQ	2	PA; LA; SP; QPD
RINVOQ LQ	2	PA; LA; SP; QPD
XELJANZ	2	PA; SP; QPD
XELJANZ XR	2	PA; SP; QPD
<b>*Antirheumatic Antimetabolites***</b>		
RASUVO SUBCUTANEOUS SOLUTION AUTO-INJECTOR 10 MG/0.2ML, 12.5 MG/0.25ML, 15 MG/0.3ML, 17.5 MG/0.35ML, 20 MG/0.4ML, 22.5 MG/0.45ML, 25 MG/0.5ML, 30 MG/0.6ML, 7.5 MG/0.15ML	2	SP; QPD
<b>*Anti-Tnf-Alpha - Monoclonal Antibodies***</b>		
ADALIMUMAB-ADAZ	2	PA; SP; QPD
HUMIRA (2 PEN) SUBCUTANEOUS AUTO-INJECTOR KIT	2	PA; SP; QPD
HUMIRA (2 SYRINGE) SUBCUTANEOUS PREFILLED SYRINGE KIT 10 MG/0.1ML, 20 MG/0.2ML, 40 MG/0.4ML, 40 MG/0.8ML	2	PA; SP; QPD
HUMIRA-CD/UC/HS STARTER SUBCUTANEOUS AUTO-INJECTOR KIT 80 MG/0.8ML	2	PA; SP; QPD
HUMIRA-PSORIASIS/UEIT STARTER SUBCUTANEOUS AUTO-INJECTOR KIT	2	PA; SP; QPD
SIMLANDI (1 PEN)	2	PA; SP; QPD
SIMPONI SUBCUTANEOUS SOLUTION AUTO-INJECTOR	3	PA; SP; QPD
SIMPONI SUBCUTANEOUS SOLUTION PREFILLED SYRINGE	3	PA; SP; QPD
<b>*Cyclooxygenase 2 (Cox-2) Inhibitors***</b>		
<i>celecoxib oral</i>	1	QPD



Drug Name	Drug Tier	Requirements/Limits
<b>*Gold Compounds***</b>		
RIDAURA	3	
<b>*Interleukin-1 Blockers***</b>		
ARCALYST	3	LA; SP; QPD
<b>*Interleukin-1 Receptor Antagonist (Il-1Ra)***</b>		
KINERET SUBCUTANEOUS SOLUTION PREFILLED SYRINGE	3	PA; LA; SP; QPD
<b>*Interleukin-6 Receptor Inhibitors***</b>		
ACTEMRA ACTPEN	2	PA; LA; SP; QPD
ACTEMRA SUBCUTANEOUS	2	PA; LA; SP; QPD
<b>*Nonsteroidal Anti-Inflammatory Agent Combinations***</b>		
<i>diclofenac-misoprostol oral tablet delayed release</i>	3	
<b>*Nonsteroidal Anti-Inflammatory Agents (Nsaid)***</b>		
<i>diclofenac potassium oral tablet 25 mg</i>	1	PA; QPD
<i>diclofenac potassium oral tablet 50 mg</i>	1	
<i>diclofenac sodium er</i>	1	
<i>diclofenac sodium oral</i>	1	
<i>etodolac er</i>	1	
<i>etodolac oral</i>	1	
<i>flurbiprofen oral</i>	1	
<i>ibu</i>	1	
<i>ibuprofen oral tablet 400 mg, 600 mg, 800 mg</i>	1	
<i>indomethacin er</i>	1	
<i>indomethacin oral capsule 25 mg, 50 mg</i>	1	
<i>ketoprofen oral capsule 50 mg</i>	1	
<i>ketorolac tromethamine oral</i>	1	QPD
<i>meclofenamate sodium oral</i>	3	PA
<i>mefenamic acid oral</i>	3	PA
<i>meloxicam oral tablet</i>	1	QPD
<i>nabumetone oral</i>	1	
<i>naproxen oral tablet</i>	1	
<i>naproxen oral tablet delayed release</i>	1	
<i>naproxen sodium oral tablet 275 mg, 550 mg</i>	1	
<i>oxaprozin oral tablet</i>	1	
<i>piroxicam oral</i>	1	
<i>sulindac oral</i>	1	
<i>tolmetin sodium oral capsule</i>	3	PA

Drug Name	Drug Tier	Requirements/Limits
<b>*Phosphodiesterase 4 (Pde4) Inhibitors***</b>		
OTEZLA ORAL TABLET	2	PA; SP; QPD
OTEZLA ORAL TABLET THERAPY PACK	2	PA; SP; QPD
<b>*Pyrimidine Synthesis Inhibitors***</b>		
<i>leflunomide oral</i>	1	QPD
<b>*Selective Costimulation Modulators***</b>		
ORENCIA CLICKJECT	3	PA; SP; QPD
ORENCIA SUBCUTANEOUS SOLUTION PREFILLED SYRINGE	3	PA; SP; QPD
<b>*Soluble Tumor Necrosis Factor Receptor Agents***</b>		
ENBREL MINI	2	PA; SP; QPD
ENBREL SUBCUTANEOUS SOLUTION 25 MG/0.5ML	2	PA; SP; QPD
ENBREL SUBCUTANEOUS SOLUTION PREFILLED SYRINGE	2	PA; SP; QPD
ENBREL SURECLICK SUBCUTANEOUS SOLUTION AUTO-INJECTOR	2	PA; SP; QPD
<b>*Analgesics - Nonnarcotic*</b>		
<b>*Analgesics-Sedatives***</b>		
<i>bac</i>	1	QPD
<i>butalbital-acetaminophen oral tablet 50-325 mg</i>	1	QPD
<i>butalbital-apap-caffeine oral capsule</i>	3	QPD
<i>butalbital-apap-caffeine oral tablet 50-325-40 mg</i>	1	QPD
<i>butalbital-aspirin-caffeine oral capsule</i>	1	
<i>tencon oral tablet 50-325 mg</i>	1	QPD
<b>*Salicylates***</b>		
<i>aspirin 81</i>	\$0	
<i>aspirin adult low dose</i>	\$0	
<i>aspirin adult low strength oral tablet delayed release</i>	\$0	
<i>aspirin childrens</i>	\$0	
<i>aspirin ec adult low dose</i>	\$0	
<i>aspirin ec low dose</i>	\$0	
<i>aspirin ec low strength</i>	\$0	
<i>aspirin low dose oral tablet chewable</i>	\$0	
<i>aspirin low dose oral tablet delayed release</i>	\$0	
<i>aspirin low strength</i>	\$0	
<i>aspirin oral tablet chewable</i>	\$0	
<i>aspirin oral tablet delayed release 81 mg</i>	\$0	
<i>aspir-low</i>	\$0	
<i>bayer aspirin ec low dose</i>	\$0	

<b>Drug Name</b>	<b>Drug Tier</b>	<b>Requirements/Limits</b>
<i>bayer low dose oral tablet delayed release</i>	\$0	
<i>childrens aspirin</i>	\$0	
<i>cvs aspirin adult low dose</i>	\$0	
<i>cvs aspirin adult low strength</i>	\$0	
<i>cvs aspirin ec oral tablet delayed release 81 mg</i>	\$0	
<i>cvs aspirin low dose</i>	\$0	
<i>cvs aspirin low strength oral tablet delayed release</i>	\$0	
<i>diflunisal oral</i>	1	
<i>ecotrin low strength</i>	\$0	
<i>eq aspirin adult low dose</i>	\$0	
<i>eq aspirin low dose oral tablet chewable</i>	\$0	
<i>eql aspirin low dose</i>	\$0	
<i>ft aspirin low dose</i>	\$0	
<i>gnp adult aspirin low strength oral tablet chewable</i>	\$0	
<i>gnp aspirin low dose</i>	\$0	
<i>gnp aspirin oral tablet delayed release 81 mg</i>	\$0	
<i>goodsense aspirin low dose</i>	\$0	
<i>goodsense aspirin oral tablet chewable</i>	\$0	
<i>kls aspirin low dose</i>	\$0	
<i>kp aspirin</i>	\$0	
<i>mm aspirin oral tablet delayed release</i>	\$0	
<i>qc aspirin low dose</i>	\$0	
<i>qc childrens aspirin</i>	\$0	
<i>ra aspirin adult low dose</i>	\$0	
<i>ra aspirin adult low strength oral tablet chewable</i>	\$0	
<i>ra aspirin childrens</i>	\$0	
<i>ra aspirin ec adult low st</i>	\$0	
<i>ra aspirin ec oral tablet delayed release 81 mg</i>	\$0	
<i>salsalate oral</i>	1	
<i>sb childrens aspirin</i>	\$0	
<i>sb low dose asa ec</i>	\$0	
<i>sm aspirin adult low strength oral tablet delayed release</i>	\$0	
<i>sm aspirin ec low strength</i>	\$0	
<i>sm aspirin low dose</i>	\$0	
<i>sm childrens aspirin</i>	\$0	
<i>st joseph aspirin oral tablet delayed release</i>	\$0	
<i>st joseph low dose</i>	\$0	

Drug Name	Drug Tier	Requirements/Limits
<b>*Analgesics - Opioid*</b>		
<b>*Codeine Combinations***</b>		
<i>acetaminophen-codeine oral solution 120-12 mg/5ml</i>	1	PA; QPD
<i>acetaminophen-codeine oral tablet</i>	1	PA; QPD
<i>ascomp-codeine</i>	1	PA; QPD
<i>butalbital-apap-caff-cod</i>	3	PA; QPD
<i>butalbital-asa-caff-codeine</i>	1	PA; QPD
<b>*Hydrocodone Combinations***</b>		
<i>hydrocodone-acetaminophen oral solution 10-325 mg/15ml, 7.5-325 mg/15ml</i>	1	PA; QPD
<i>hydrocodone-acetaminophen oral tablet 10-300 mg, 10-325 mg, 5-300 mg, 5-325 mg, 7.5-300 mg, 7.5-325 mg</i>	1	PA; QPD
<i>hydrocodone-ibuprofen oral tablet 5-200 mg, 7.5-200 mg</i>	1	PA; QPD
<b>*Opioid Agonists***</b>		
<i>codeine sulfate oral tablet</i>	1	PA
<i>fentanyl citrate buccal lozenge on a handle</i>	3	PA; QPD
<i>fentanyl transdermal patch 72 hour 100 mcg/hr, 12 mcg/hr, 25 mcg/hr, 50 mcg/hr, 75 mcg/hr</i>	1	PA; QPD
<i>hydrocodone bitartrate er oral tablet er 24 hour abuse-deterrent</i>	3	PA; QPD
<i>hydromorphone hcl er oral tablet extended release 24 hour</i>	3	PA; QPD
<i>hydromorphone hcl oral</i>	1	PA
<i>hydromorphone hcl rectal</i>	3	PA
<i>levorphanol tartrate oral tablet 2 mg</i>	3	PA; QPD
<i>meperidine hcl oral solution</i>	1	PA
<i>meperidine hcl oral tablet 50 mg</i>	1	PA
<i>methadone hcl intensol</i>	1	PA
<i>methadone hcl oral</i>	1	PA
<i>methadose oral concentrate 10 mg/ml</i>	1	PA
<i>methadose oral tablet soluble</i>	1	PA
<i>methadose sugar-free</i>	1	PA
<i>morphine sulfate (concentrate) oral solution 100 mg/5ml, 20 mg/ml</i>	1	PA
<i>morphine sulfate er beads</i>	3	PA; QPD
<i>morphine sulfate er oral capsule extended release 24 hour 10 mg, 100 mg, 20 mg, 30 mg, 50 mg, 60 mg, 80 mg</i>	3	PA; QPD
<i>morphine sulfate er oral tablet extended release</i>	1	PA; QPD

Drug Name	Drug Tier	Requirements/Limits
<i>morphine sulfate oral</i>	1	PA
<i>morphine sulfate rectal</i>	3	PA
NUCYNTA	3	PA
<i>oxycodone hcl oral capsule</i>	1	PA
<i>oxycodone hcl oral concentrate 100 mg/5ml</i>	1	PA
<i>oxycodone hcl oral solution</i>	1	PA
<i>oxycodone hcl oral tablet</i>	1	PA
OXYCONTIN ORAL TABLET ER 12 HOUR ABUSE-DETERRENT	2	PA; QPD
<i>oxymorphone hcl</i>	3	PA
<i>oxymorphone hcl er</i>	3	PA; QPD
<i>tramadol hcl (er biphasic) oral tablet extended release 24 hour</i>	1	QPD
<i>tramadol hcl er</i>	1	QPD
TRAMADOL HCL ORAL SOLUTION	3	PA; QPD
<i>tramadol hcl oral tablet 50 mg</i>	1	
<b>*Opioid Combinations***</b>		
<i>endocet oral tablet 10-325 mg, 2.5-325 mg, 5-325 mg, 7.5-325 mg</i>	1	PA; QPD
<i>oxycodone-acetaminophen oral solution 5-325 mg/5ml</i>	1	PA; QPD
<i>oxycodone-acetaminophen oral tablet 10-325 mg, 2.5-325 mg, 5-325 mg, 7.5-325 mg</i>	1	PA; QPD
<b>*Opioid Partial Agonists***</b>		
BELBUCA	2	PA; QPD
<i>buprenorphine hcl-naloxone hcl sublingual film</i>	1	QPD
<i>buprenorphine transdermal</i>	3	PA; QPD
<i>butorphanol tartrate nasal</i>	1	QPD
<i>pentazocine-naloxone hcl</i>	1	
ZUBSOLV	2	QPD
<b>*Tramadol Combinations***</b>		
<i>tramadol-acetaminophen</i>	1	QPD
<b>*Androgens-Anabolic*</b>		
<b>*Androgens***</b>		
<i>danazol oral</i>	1	
<i>methitest</i>	3	
<i>testosterone cypionate intramuscular solution 100 mg/ml, 200 mg/ml</i>	1	
<i>testosterone enanthate intramuscular solution</i>	1	

Drug Name	Drug Tier	Requirements/Limits
TESTOSTERONE GEL 12.5 MG/ACT (1%) TRANSDERMAL	3	PA; QPD
<i>testosterone transdermal gel 1.62 %, 10 mg/act (2%), 12.5 mg/act (1%), 20.25 mg/1.25gm (1.62%), 20.25 mg/act (1.62%), 25 mg/2.5gm (1%), 40.5 mg/2.5gm (1.62%), 50 mg/5gm (1%)</i>	3	PA; QPD
<i>testosterone transdermal solution</i>	3	PA; QPD
<b>*Anorectal And Related Products*</b>		
<b>*Intrarectal Steroids***</b>		
<i>budesonide rectal foam 2 mg</i>	3	
CORTIFOAM EXTERNAL	3	
<i>hydrocortisone rectal enema</i>	1	
<b>*Nitrate Vasodilating Agents***</b>		
<i>nitroglycerin rectal</i>	3	
<b>*Rectal Anesthetic/Steroids***</b>		
<i>hydrocortisone ace-pramoxine external cream 1-1 %</i>	3	
<i>hydrocort-pramoxine (perianal)</i>	3	
<i>lidocaine-hydrocort (perianal)</i>	3	
<b>*Rectal Steroids***</b>		
<i>anucort-hc</i>	3	
<i>hydrocortisone (perianal)</i>	1	
<i>hydrocortisone acetate rectal suppository 25 mg</i>	3	
<i>procto-med hc external</i>	1	
<i>proctosol hc external</i>	1	
<i>proctozone-hc external</i>	1	
<b>*Anthelmintics*</b>		
<b>*Anthelmintics***</b>		
<i>albendazole oral</i>	3	
EMVERM	3	QPD
<i>ivermectin oral</i>	1	PA
<i>praziquantel oral</i>	3	
<b>*Antianginal Agents*</b>		
<b>*Antianginals-Other***</b>		
<i>ranolazine er</i>	1	
<b>*Nitrates***</b>		
<i>isosorbide dinitrate oral tablet 10 mg, 20 mg, 30 mg, 5 mg</i>	\$0*	
<i>isosorbide mononitrate</i>	\$0*	
<i>isosorbide mononitrate er</i>	\$0*	

Drug Name	Drug Tier	Requirements/Limits
<i>nitro-bid</i>	\$0*	
<i>nitroglycerin sublingual tablet sublingual 0.3 mg, 0.6 mg</i>	3	
<i>nitroglycerin sublingual tablet sublingual 0.4 mg</i>	1	
<i>nitroglycerin transdermal patch 24 hour</i>	\$0*	
<i>nitro-time</i>	\$0*	
<b>*Antianxiety Agents*</b>		
<b>*Antianxiety Agents - Misc.***</b>		
<i>bupirone hcl oral</i>	1	
<i>hydroxyzine hcl oral syrup</i>	1	
<i>hydroxyzine hcl oral tablet</i>	1	
<i>hydroxyzine pamoate oral</i>	1	
<i>meprobamate</i>	3	
<b>*Benzodiazepines***</b>		
<i>alprazolam er</i>	1	
<i>alprazolam intensol</i>	1	
<i>alprazolam oral tablet</i>	1	
<i>alprazolam oral tablet dispersible</i>	3	
<i>alprazolam xr</i>	1	
<i>chlordiazepoxide hcl</i>	1	
<i>clorazepate dipotassium</i>	1	
<i>diazepam intensol</i>	1	
<i>diazepam oral concentrate</i>	1	
<i>diazepam oral solution 5 mg/5ml</i>	1	
<i>diazepam oral tablet</i>	1	
<i>lorazepam intensol</i>	3	
<i>lorazepam oral concentrate 2 mg/ml</i>	1	
<i>lorazepam oral tablet</i>	1	
<i>oxazepam</i>	1	
<b>*Antiarrhythmics*</b>		
<b>*Antiarrhythmics Type I-A***</b>		
<i>disopyramide phosphate oral</i>	1	
NORPACE CR	3	
<i>quinidine gluconate er</i>	1	
<i>quinidine sulfate oral</i>	1	
<b>*Antiarrhythmics Type I-B***</b>		
<i>mexiletine hcl oral</i>	1	

Drug Name	Drug Tier	Requirements/Limits
<b>*Antiarrhythmics Type I-C***</b>		
<i>flecainide acetate</i>	1	
<i>propafenone hcl er</i>	1	
<i>propafenone hcl oral tablet 150 mg, 225 mg</i>	\$0*	
<i>propafenone hcl oral tablet 300 mg</i>	1	
<b>*Antiarrhythmics Type Iii***</b>		
<i>amiodarone hcl oral</i>	\$0*	
<i>dofetilide</i>	3	
MULTAQ	3	
<i>pacerone oral tablet 100 mg, 200 mg, 400 mg</i>	1	
<b>*Antiasthmatic And Bronchodilator Agents*</b>		
<b>*5-Lipoxygenase Inhibitors***</b>		
<i>zileuton er</i>	3	PA; QPD
ZYFLO	3	PA; QPD
<b>*Adrenergic Combinations***</b>		
ADVAIR HFA	2	QPD
ANORO ELLIPTA INHALATION AEROSOL POWDER BREATH ACTIVATED 62.5-25 MCG/ACT	2	QPD
BEVESPI AEROSPHERE	3	PA; QPD
BREO ELLIPTA INHALATION AEROSOL POWDER BREATH ACTIVATED 100-25 MCG/ACT, 200-25 MCG/ACT, 50-25 MCG/INH	2	QPD
<i>breynd</i>	3	QPD
BREZTRI AEROSPHERE	2	QPD
<i>budesonide-formoterol fumarate</i>	3	PA; QPD
COMBIVENT RESPIMAT	3	QPD
DULERA	2	QPD
<i>fluticasone-salmeterol inhalation aerosol powder breath activated 100-50 mcg/act, 250-50 mcg/act, 500-50 mcg/act</i>	1	QPD
FLUTICASONE-SALMETEROL INHALATION AEROSOL POWDER BREATH ACTIVATED 113-14 MCG/ACT, 232-14 MCG/ACT, 55-14 MCG/ACT	2	QPD
<i>ipratropium-albuterol</i>	\$0*	QPD
STIOLTO RESPIMAT INHALATION AEROSOL SOLUTION 2.5-2.5 MCG/ACT	2	QPD
TRELEGY ELLIPTA INHALATION AEROSOL POWDER BREATH ACTIVATED 100-62.5-25 MCG/ACT, 200-62.5-25 MCG/ACT	2	QPD



Drug Name	Drug Tier	Requirements/Limits
<i>wixela inhub inhalation aerosol powder breath activated 100-50 mcg/act, 250-50 mcg/act, 500-50 mcg/act</i>	1	QPD
<b>*Anti-Inflammatory Agents***</b>		
<i>cromolyn sodium inhalation</i>	3	PA; QPD
<b>*Beta Adrenergics***</b>		
<i>albuterol sulfate hfa inhalation aerosol solution 108 (90 base) mcg/act</i>	\$0*	QPD
<i>albuterol sulfate inhalation</i>	\$0*	
<i>albuterol sulfate oral</i>	\$0*	
<i>arformoterol tartrate</i>	3	PA; QPD
<i>formoterol fumarate inhalation</i>	3	PA; QPD
<i>levalbuterol hcl inhalation nebulization solution 0.31 mg/3ml, 0.63 mg/3ml, 1.25 mg/0.5ml, 1.25 mg/3ml</i>	3	
LEVALBUTEROL TARTRATE	3	PA; QPD
PROAIR RESPICLICK	2	QPD
SEREVENT DISKUS INHALATION AEROSOL POWDER BREATH ACTIVATED 50 MCG/ACT	2	QPD
STRIVERDI RESPIMAT	2	QPD
<i>terbutaline sulfate oral</i>	1	
VENTOLIN HFA	2	QPD
XOPENEX HFA	3	PA; QPD
<b>*Bronchodilators - Anticholinergics***</b>		
ATROVENT HFA	3	QPD
INCRUSE ELLIPTA INHALATION AEROSOL POWDER BREATH ACTIVATED 62.5 MCG/ACT	2	QPD
<i>ipratropium bromide inhalation</i>	\$0*	
SPIRIVA RESPIMAT INHALATION AEROSOL SOLUTION 1.25 MCG/ACT, 2.5 MCG/ACT	2	QPD
<i>tiotropium bromide monohydrate</i>	3	QPD
TUDORZA PRESSAIR INHALATION AEROSOL POWDER BREATH ACTIVATED 400 MCG/ACT	3	PA; QPD
<b>*Leukotriene Receptor Antagonists***</b>		
<i>montelukast sodium oral</i>	1	QPD
<i>zafirlukast</i>	3	QPD
<b>*Selective Phosphodiesterase 4 (Pde4) Inhibitors***</b>		
<i>roflumilast</i>	3	QPD
<b>*Steroid Inhalants***</b>		
ALVESCO	3	PA; QPD
ARNUITY ELLIPTA	2	QPD

Drug Name	Drug Tier	Requirements/Limits
ASMANEX (120 METERED DOSES) INHALATION AEROSOL POWDER BREATH ACTIVATED 220 MCG/ACT	3	PA; QPD
ASMANEX (14 METERED DOSES) INHALATION AEROSOL POWDER BREATH ACTIVATED 220 MCG/ACT	3	PA; QPD
ASMANEX (30 METERED DOSES) INHALATION AEROSOL POWDER BREATH ACTIVATED 110 MCG/ACT, 220 MCG/ACT	3	PA; QPD
ASMANEX (60 METERED DOSES) INHALATION AEROSOL POWDER BREATH ACTIVATED 220 MCG/ACT	3	PA; QPD
ASMANEX HFA	3	PA; QPD
<i>budesonide inhalation</i>	3	QPD
FLUTICASONE PROPIONATE HFA	3	PA; QPD
PULMICORT FLEXHALER	2	QPD
QVAR REDIHALER	2	QPD
<b>*Xanthines***</b>		
THEO-24	3	
<i>theophylline er</i>	1	
<i>theophylline oral</i>	1	
<b>*Anticoagulants*</b>		
<b>*Coumarin Anticoagulants***</b>		
<i>jantoven</i>	\$0*	
<i>warfarin sodium oral</i>	\$0*	
<b>*Direct Factor Xa Inhibitors***</b>		
ELIQUIS	2	QPD
ELIQUIS DVT/PE STARTER PACK ORAL TABLET THERAPY PACK	2	QPD
SAVAYSA	3	PA; QPD
XARELTO	2	QPD
XARELTO STARTER PACK	2	QPD
<b>*Heparins And Heparinoid-Like Agents***</b>		
<i>bd heparin posiflush</i>	1	
<i>heparin na (pork) lock flsh pf</i>	1	
<i>heparin sod (pork) lock flush intravenous solution 10 unit/ml, 100 unit/ml</i>	1	
<i>heparin sodium (porcine) injection solution 1000 unit/ml, 10000 unit/ml, 20000 unit/ml, 5000 unit/ml</i>	1	
<i>heparin sodium (porcine) pf injection solution 1000 unit/ml, 5000 unit/0.5ml</i>	1	

Drug Name	Drug Tier	Requirements/Limits
<b>*Low Molecular Weight Heparins***</b>		
<i>enoxaparin sodium injection solution 300 mg/3ml</i>	1	
<i>enoxaparin sodium injection solution prefilled syringe</i>	1	
FRAGMIN SUBCUTANEOUS SOLUTION 10000 UNIT/4ML, 95000 UNIT/3.8ML	3	
FRAGMIN SUBCUTANEOUS SOLUTION PREFILLED SYRINGE	3	
<b>*Synthetic Heparinoid-Like Agents***</b>		
<i>fondaparinux sodium</i>	3	
<b>*Thrombin Inhibitors - Selective Direct &amp; Reversible***</b>		
<i>dabigatran etexilate mesylate</i>	3	PA; QPD
<b>*Anticonvulsants*</b>		
<b>*Ampa Glutamate Receptor Antagonists***</b>		
FYCOMPA	3	
<b>*Anticonvulsants - Benzodiazepines***</b>		
<i>clobazam</i>	3	
<i>clonazepam oral</i>	1	
<i>diazepam rectal</i>	3	
KLONOPIN	3	
NAYZILAM	3	QPD
ONFI ORAL SUSPENSION	3	
ONFI ORAL TABLET 10 MG, 20 MG	3	
VALTOCO 10 MG DOSE	3	QPD
VALTOCO 15 MG DOSE	3	QPD
VALTOCO 20 MG DOSE	3	QPD
VALTOCO 5 MG DOSE	3	QPD
<b>*Anticonvulsants - Misc.***</b>		
APTIOM	3	QPD
BANZEL	3	
<i>carbamazepine er</i>	1	
<i>carbamazepine oral suspension 100 mg/5ml</i>	1	
<i>carbamazepine oral tablet</i>	1	
<i>carbamazepine oral tablet chewable</i>	1	
CARBATROL	3	
EPIDIOLEX	3	PA; LA; SP
<i>epitol</i>	1	
<i>gabapentin oral capsule</i>	1	
<i>gabapentin oral solution 250 mg/5ml</i>	1	

Drug Name	Drug Tier	Requirements/Limits
<i>gabapentin oral tablet 600 mg, 800 mg</i>	1	
KEPPRA ORAL	3	
KEPPRA XR	3	
<i>lacosamide oral solution 10 mg/ml</i>	3	
<i>lacosamide oral tablet</i>	3	
LAMICTAL ODT	3	
LAMICTAL ORAL TABLET	3	
LAMICTAL ORAL TABLET CHEWABLE 25 MG, 5 MG	3	
LAMICTAL XR ORAL TABLET EXTENDED RELEASE 24 HOUR	3	
<i>lamotrigine er</i>	3	
<i>lamotrigine oral kit 21 x 25 mg &amp; 7 x 50 mg, 25 &amp; 50 &amp; 100 mg, 42 x 50 mg &amp; 14x100 mg</i>	3	
<i>lamotrigine oral tablet</i>	1	
<i>lamotrigine oral tablet chewable</i>	1	
<i>lamotrigine oral tablet dispersible</i>	3	
<i>levetiracetam er</i>	1	
<i>levetiracetam oral solution 100 mg/ml</i>	1	
<i>levetiracetam oral tablet</i>	1	
MYSOLINE	3	
<i>oxcarbazepine</i>	1	
<i>oxcarbazepine er</i>	3	
OXTELLAR XR	3	
<i>pregabalin oral</i>	1	QPD
<i>primidone oral tablet 250 mg, 50 mg</i>	1	
<i>roweepra oral tablet 500 mg</i>	1	
<i>rufinamide</i>	3	
TEGRETOL ORAL SUSPENSION	3	
TEGRETOL ORAL TABLET	3	
TEGRETOL-XR	3	
TOPAMAX	3	
TOPAMAX SPRINKLE	3	
<i>topiramate er</i>	3	PA; QPD
<i>topiramate oral capsule sprinkle</i>	3	
<i>topiramate oral tablet</i>	1	
TRILEPTAL	3	
TROKENDI XR	3	PA; QPD
VIMPAT ORAL	3	
ZONEGRAN	3	

Drug Name	Drug Tier	Requirements/Limits
<i>zonisamide oral</i>	1	
<b>*Carbamates***</b>		
<i>felbamate</i>	1	
FELBATOL ORAL TABLET	3	
<b>*Gaba Modulators***</b>		
SABRIL	3	PA; LA; SP; QPD
<i>tiagabine hcl</i>	1	
<i>vigabatrin</i>	3	PA; LA; SP; QPD
<i>vigadrone oral packet</i>	3	PA; LA; SP; QPD
<i>vigadrone oral tablet</i>	3	PA; SP; QPD
<i>vigpoder</i>	3	PA; SP; QPD
<b>*Hydantoins***</b>		
DILANTIN INFATABS	3	
DILANTIN ORAL CAPSULE 100 MG	3	
DILANTIN ORAL CAPSULE 30 MG	2	
DILANTIN ORAL SUSPENSION	3	
PHENYTEK	3	
<i>phenytoin infatabs</i>	1	
<i>phenytoin oral suspension 125 mg/5ml</i>	1	
<i>phenytoin oral tablet chewable</i>	1	
<i>phenytoin sodium extended</i>	1	
<b>*Succinimides***</b>		
CELONTIN	3	
<i>ethosuximide oral</i>	1	
<i>methsuximide</i>	3	
ZARONTIN	3	
<b>*Valproic Acid***</b>		
DEPAKOTE	3	
DEPAKOTE ER	3	
DEPAKOTE SPRINKLES ORAL CAPSULE DELAYED RELEASE SPRINKLE	3	
<i>divalproex sodium er oral tablet extended release 24 hour</i>	1	
<i>divalproex sodium oral capsule delayed release sprinkle</i>	1	
<i>divalproex sodium oral tablet delayed release</i>	1	
<i>valproic acid oral capsule</i>	1	
<i>valproic acid oral solution 250 mg/5ml</i>	1	

Drug Name	Drug Tier	Requirements/Limits
<b>*Antidepressants*</b>		
<b>*Alpha-2 Receptor Antagonists (Tetracyclics)***</b>		
<i>mirtazapine oral</i>	\$0*	QPD
<b>*Antidepressants - Misc.***</b>		
<i>bupropion hcl er (sr)</i>	\$0*	QPD
<i>bupropion hcl er (xl) oral tablet extended release 24 hour 150 mg, 300 mg</i>	\$0*	QPD
<i>bupropion hcl oral</i>	\$0*	
<b>*Gaba Receptor Modulator - Neuroactive Steroid***</b>		
ZURZUVAE	3	PA; QPD
<b>*Monoamine Oxidase Inhibitors (Maois)***</b>		
EMSAM	3	QPD
MARPLAN	3	
<i>phenelzine sulfate oral</i>	1	
<i>tranylcypromine sulfate</i>	3	
<b>*Selective Serotonin Reuptake Inhibitors (Ssris)***</b>		
<i>citalopram hydrobromide oral solution</i>	1	QPD
<i>citalopram hydrobromide oral tablet</i>	\$0*	QPD
<i>escitalopram oxalate oral solution</i>	1	QPD
<i>escitalopram oxalate oral tablet</i>	\$0*	QPD
<i>fluoxetine hcl oral capsule</i>	\$0*	QPD
<i>fluoxetine hcl oral capsule delayed release</i>	3	QPD
<i>fluoxetine hcl oral solution</i>	1	QPD
<i>fluoxetine hcl oral tablet 10 mg, 20 mg</i>	1	QPD
<i>fluvoxamine maleate</i>	1	QPD
<i>fluvoxamine maleate er</i>	3	QPD
<i>paroxetine hcl er</i>	3	QPD
<i>paroxetine hcl oral tablet</i>	\$0*	QPD
<i>sertraline hcl oral concentrate</i>	1	QPD
<i>sertraline hcl oral tablet</i>	\$0*	QPD
<b>*Serotonin Modulators***</b>		
<i>nefazodone hcl</i>	1	
<i>trazodone hcl oral</i>	\$0*	
TRINTELLIX	3	ST
<i>vilazodone hcl</i>	3	QPD
<b>*Serotonin-Norepinephrine Reuptake Inhibitors (Snrts)***</b>		
<i>desvenlafaxine succinate er</i>	1	QPD

Drug Name	Drug Tier	Requirements/Limits
<i>duloxetine hcl oral capsule delayed release particles 20 mg, 30 mg, 60 mg</i>	\$0*	QPD
FETZIMA	3	ST
FETZIMA TITRATION	3	ST
<i>venlafaxine hcl</i>	1	QPD
<i>venlafaxine hcl er oral capsule extended release 24 hour</i>	\$0*	QPD
<b>*Tricyclic Agents***</b>		
<i>amitriptyline hcl oral</i>	1	
<i>amoxapine</i>	3	
<i>clomipramine hcl oral</i>	1	
<i>desipramine hcl oral</i>	1	
<i>doxepin hcl oral capsule</i>	1	
<i>doxepin hcl oral concentrate</i>	1	
<i>imipramine hcl oral</i>	1	
<i>imipramine pamoate</i>	3	
<i>nortriptyline hcl oral</i>	1	
<i>protriptyline hcl</i>	3	
<i>trimipramine maleate oral</i>	3	
<b>*Antidiabetics*</b>		
<b>*Alpha-Glucosidase Inhibitors***</b>		
<i>acarbose oral</i>	\$0*	
<i>miglitol</i>	1	
<b>*Antidiabetic - Amylin Analogs***</b>		
SYMLINPEN 120 SUBCUTANEOUS SOLUTION PEN-INJECTOR	3	PA; QPD
SYMLINPEN 60 SUBCUTANEOUS SOLUTION PEN-INJECTOR	3	PA; QPD
<b>*Biguanides***</b>		
<i>metformin hcl er</i>	\$0*	QPD
<i>metformin hcl oral tablet 1000 mg, 500 mg, 850 mg</i>	\$0*	QPD
<b>*Diabetic Other***</b>		
BAQSIMI ONE PACK	2	QPD
BAQSIMI TWO PACK	2	QPD
<i>diazoxide oral</i>	3	SP
GLUCAGON EMERGENCY INJECTION KIT 1 MG	2	
<i>glucagon emergency kit 1 mg injection</i>	3	QPD
GVOKE HYPOPEN 1-PACK	2	QPD
GVOKE HYPOPEN 2-PACK	2	QPD

Drug Name	Drug Tier	Requirements/Limits
GVOKE KIT	2	QPD
GVOKE PFS SUBCUTANEOUS SOLUTION PREFILLED SYRINGE 1 MG/0.2ML	2	QPD
<b>*Dipeptidyl Peptidase-4 (Dpp-4) Inhibitors***</b>		
ALOGLIPTIN BENZOATE	3	PA; QPD
JANUVIA	2	QPD
TRADJENTA	2	QPD
<b>*Dipeptidyl Peptidase-4 Inhibitor-Biguanide Combinations***</b>		
JANUMET	2	QPD
JANUMET XR	2	QPD
JENTADUETO	2	QPD
JENTADUETO XR	2	QPD
<b>*Human Insulin***</b>		
APIDRA	3	PA
APIDRA SOLOSTAR SUBCUTANEOUS SOLUTION PEN-INJECTOR	3	PA
BASAGLAR KWIKPEN	3	
FIASP FLEXTOUCH	2	
FIASP INJECTION	2	
FIASP PENFILL	2	
FIASP PUMPCART	2	
HUMALOG INJECTION	3	PA
HUMALOG JUNIOR KWIKPEN	3	PA
HUMALOG KWIKPEN SUBCUTANEOUS SOLUTION PEN-INJECTOR 100 UNIT/ML, 200 UNIT/ML	3	PA
HUMALOG MIX 50/50	3	PA
HUMALOG MIX 50/50 KWIKPEN SUBCUTANEOUS SUSPENSION PEN-INJECTOR	3	PA
HUMALOG MIX 75/25	3	PA
HUMALOG MIX 75/25 KWIKPEN SUBCUTANEOUS SUSPENSION PEN-INJECTOR	3	PA
HUMALOG SUBCUTANEOUS SOLUTION CARTRIDGE	3	PA
HUMULIN R U-500 (CONCENTRATED)	2	
HUMULIN R U-500 KWIKPEN SUBCUTANEOUS SOLUTION PEN-INJECTOR	2	
LANTUS	2	
LANTUS SOLOSTAR SUBCUTANEOUS SOLUTION PEN-INJECTOR	2	
LEVEMIR	2	



Drug Name	Drug Tier	Requirements/Limits
LEVEMIR FLEXPEN SUBCUTANEOUS SOLUTION PEN-INJECTOR	2	
NOVOLIN 70/30	2	
NOVOLIN 70/30 FLEXPEN	2	
NOVOLIN 70/30 FLEXPEN RELION	\$0*	
NOVOLIN 70/30 RELION	\$0*	
NOVOLIN N	2	
NOVOLIN N FLEXPEN	2	
NOVOLIN N FLEXPEN RELION	\$0*	
NOVOLIN N RELION	\$0*	
NOVOLIN R	2	
NOVOLIN R FLEXPEN	2	
NOVOLIN R FLEXPEN RELION	\$0*	
NOVOLIN R RELION	\$0*	
NOVOLOG 70/30 FLEXPEN RELION	\$0*	
NOVOLOG FLEXPEN RELION	\$0*	
NOVOLOG FLEXPEN SUBCUTANEOUS SOLUTION PEN-INJECTOR	2	
NOVOLOG INJECTION	2	
NOVOLOG MIX 70/30	2	
NOVOLOG MIX 70/30 FLEXPEN SUBCUTANEOUS SUSPENSION PEN-INJECTOR	2	
NOVOLOG MIX 70/30 RELION	\$0*	
NOVOLOG PENFILL SUBCUTANEOUS SOLUTION CARTRIDGE	2	
NOVOLOG RELION INJECTION	\$0*	
TOUJEO MAX SOLOSTAR	2	
TOUJEO SOLOSTAR	2	
TRESIBA	2	
TRESIBA FLEXTOUCH	2	
<b>*Incretin Mimetic Agents (Gip &amp; Glp-1 Receptor Agonists)***</b>		
MOUNJARO SUBCUTANEOUS SOLUTION AUTO-INJECTOR	2	PA; QPD
<b>*Incretin Mimetic Agents (Glp-1 Receptor Agonists)***</b>		
OZEMPIC (0.25 OR 0.5 MG/DOSE) SUBCUTANEOUS SOLUTION PEN-INJECTOR 2 MG/3ML	2	PA; QPD
OZEMPIC (1 MG/DOSE) SUBCUTANEOUS SOLUTION PEN-INJECTOR 4 MG/3ML	2	PA; QPD
OZEMPIC (2 MG/DOSE)	2	PA; QPD

Drug Name	Drug Tier	Requirements/Limits
RYBELSUS	2	PA; QPD
TRULICITY SUBCUTANEOUS SOLUTION AUTO-INJECTOR	2	PA; QPD
<b>*Insulin-Incretin Mimetic Combinations***</b>		
SOLIQUA	2	QPD
XULTOPHY	2	QPD
<b>*Meglitinide Analogues***</b>		
<i>nateglinide</i>	1	
<i>repaglinide</i>	\$0*	
<b>*Progesterone Receptor Antagonists***</b>		
<i>mifepristone oral tablet 300 mg</i>	3	PA; SP; QPD
<b>*Sglt2 Inhibitor - Dpp-4 Inhibitor - Biguanide Comb***</b>		
TRIJARDY XR	2	QPD
<b>*Sglt2 Inhibitor - Dpp-4 Inhibitor Combinations***</b>		
GLYXAMBI	2	QPD
<b>*Sodium-Glucose Co-Transporter 2 (Sglt2) Inhibitors***</b>		
FARXIGA	2	QPD
JARDIANCE	2	QPD
<b>*Sodium-Glucose Co-Transporter 2 Inhibitor-Biguanide Comb***</b>		
SYNJARDY	2	QPD
SYNJARDY XR	2	QPD
XIGDUO XR	2	QPD
<b>*Sulfonylurea-Biguanide Combinations***</b>		
<i>glipizide-metformin hcl</i>	1	QPD
<i>glyburide-metformin</i>	\$0*	QPD
<b>*Sulfonylureas***</b>		
<i>glimepiride oral tablet 1 mg, 2 mg, 4 mg</i>	\$0*	QPD
<i>glipizide er</i>	\$0*	QPD
<i>glipizide oral tablet 10 mg, 5 mg</i>	\$0*	QPD
<i>glipizide xl</i>	\$0*	QPD
<i>glyburide micronized</i>	\$0*	QPD
<i>glyburide oral</i>	\$0*	QPD
<b>*Sulfonylurea-Thiazolidinedione Combinations***</b>		
<i>pioglitazone hcl-glimepiride</i>	1	QPD
<b>*Thiazolidinedione-Biguanide Combinations***</b>		
<i>pioglitazone hcl-metformin hcl</i>	3	QPD

Drug Name	Drug Tier	Requirements/Limits
<b>*Thiazolidinediones***</b>		
<i>pioglitazone hcl</i>	\$0*	QPD
<b>*Antidiarrheal/Probiotic Agents*</b>		
<b>*Antidiarrheal - Chloride Channel Antagonists***</b>		
MYTESI	3	LA; SP; QPD
<b>*Antiperistaltic Agents***</b>		
<i>diphenoxylate-atropine oral liquid</i>	1	
<i>diphenoxylate-atropine oral tablet 2.5-0.025 mg</i>	1	
<i>loperamide hcl oral capsule</i>	1	
<i>opium</i>	3	
<b>*Antidotes And Specific Antagonists*</b>		
<b>*Antidotes - Chelating Agents***</b>		
CHEMET	3	SP
<i>deferasirox</i>	3	SP
<i>deferasirox granules</i>	3	SP
<i>deferiprone</i>	3	SP
FERRIPROX ORAL SOLUTION	3	LA; SP
FERRIPROX TWICE-A-DAY	3	LA; SP
<b>*Antidotes And Specific Antagonists***</b>		
VISTOGARD	3	LA; SP; QPD
<b>*Opioid Antagonists***</b>		
KLOXXADO	3	QPD
<i>naloxone hcl injection solution 0.4 mg/ml, 4 mg/10ml</i>	3	QPD
<i>naloxone hcl injection solution cartridge</i>	3	QPD
<i>naloxone hcl injection solution prefilled syringe 2 mg/2ml</i>	3	QPD
<i>naloxone hcl nasal</i>	3	QPD
<i>naltrexone hcl oral</i>	1	
<b>*Antiemetics*</b>		
<b>*5-Ht3 Receptor Antagonists***</b>		
ANZEMET ORAL TABLET 50 MG	3	QPD
<i>granisetron hcl oral</i>	1	QPD
<i>ondansetron hcl oral</i>	1	QPD
<i>ondansetron oral tablet dispersible 4 mg, 8 mg</i>	1	QPD
<b>*Antiemetic Combinations***</b>		
AKYNZEO ORAL	3	QPD
BONJESTA	3	QPD
<i>doxylamine-pyridoxine</i>	3	QPD

Drug Name	Drug Tier	Requirements/Limits
<b>*Antiemetics - Anticholinergic***</b>		
<i>meclizine hcl oral tablet 12.5 mg, 25 mg</i>	1	
<i>scopolamine</i>	3	
<i>trimethobenzamide hcl oral</i>	1	
<b>*Antiemetics - Miscellaneous***</b>		
<i>dronabinol</i>	3	
<b>*Substance P/Neurokinin 1 (Nk1) Receptor Antagonists***</b>		
<i>aprepitant</i>	3	QPD
EMEND ORAL SUSPENSION RECONSTITUTED	3	QPD
<b>*Antifungals*</b>		
<b>*Antifungals***</b>		
<i>flucytosine oral</i>	2	
<i>griseofulvin microsize oral</i>	1	
<i>griseofulvin ultramicrosize</i>	1	
<i>nystatin oral tablet</i>	1	
<i>terbinafine hcl oral</i>	1	QPD
<b>*Imidazoles***</b>		
<i>ketoconazole oral</i>	1	
<b>*Triazoles***</b>		
CRESEMBA ORAL	3	QPD
<i>fluconazole oral suspension reconstituted</i>	1	
<i>fluconazole oral tablet 100 mg, 200 mg, 50 mg</i>	1	
<i>fluconazole oral tablet 150 mg</i>	1	QPD
<i>itraconazole oral capsule</i>	1	QPD
<i>itraconazole oral solution</i>	3	QPD
<i>posaconazole oral</i>	3	QPD
<i>tolsura</i>	3	QPD
<i>voriconazole oral</i>	2	QPD
<b>*Antihistamines*</b>		
<b>*Antihistamines - Ethanolamines***</b>		
<i>carbinoxamine maleate oral solution</i>	1	
<i>carbinoxamine maleate oral tablet 4 mg</i>	1	
<i>clemastine fumarate oral tablet 2.68 mg</i>	1	
<i>diphenhydramine hcl oral capsule 50 mg</i>	1	
<b>*Antihistamines - Non-Sedating***</b>		
<i>desloratadine oral tablet</i>	1	QPD

Drug Name	Drug Tier	Requirements/Limits
<b>*Antihistamines - Phenothiazines***</b>		
<i>promethazine hcl oral solution</i>	1	
<i>promethazine hcl oral tablet</i>	1	
<i>promethazine hcl rectal suppository 12.5 mg, 25 mg</i>	1	
<i>promethegan</i>	1	
<b>*Antihistamines - Piperidines***</b>		
<i>cyproheptadine hcl oral</i>	1	
<b>*Antihyperlipidemics*</b>		
<b>*Antihyperlipidemics - Misc.***</b>		
<i>icosapent ethyl</i>	3	QPD
<i>omega-3-acid ethyl esters</i>	\$0*	
<b>*Bile Acid Sequestrants***</b>		
<i>cholestyramine light</i>	3	
<i>cholestyramine oral</i>	3	
<i>colesevelam hcl</i>	3	
<i>colestipol hcl</i>	1	
<i>prevalite</i>	1	
<b>*Fibric Acid Derivatives***</b>		
<i>fenofibrate micronized oral capsule 134 mg, 43 mg</i>	1	
<i>fenofibrate micronized oral capsule 200 mg, 67 mg</i>	\$0*	
<i>fenofibrate oral capsule 134 mg</i>	1	
<i>fenofibrate oral capsule 200 mg, 67 mg</i>	\$0*	
<i>fenofibrate oral tablet 145 mg, 160 mg, 48 mg, 54 mg</i>	\$0*	
<i>fenofibric acid oral capsule delayed release 45 mg</i>	\$0*	
<i>fenofibric acid oral tablet 105 mg</i>	1	
<i>gemfibrozil oral</i>	\$0*	
<b>*Hmg Coa Reductase Inhibitors***</b>		
<i>atorvastatin calcium oral tablet 10 mg, 20 mg</i>	\$0	QPD
<i>atorvastatin calcium oral tablet 40 mg, 80 mg</i>	\$0*	QPD
<i>fluvastatin sodium</i>	\$0	QPD
<i>fluvastatin sodium er</i>	\$0	QPD
<i>lovastatin oral</i>	\$0	QPD
<i>pitavastatin calcium</i>	3	PA; QPD
<i>pravastatin sodium</i>	\$0	QPD
<i>rosuvastatin calcium oral tablet 10 mg, 5 mg</i>	\$0	QPD
<i>rosuvastatin calcium oral tablet 20 mg, 40 mg</i>	\$0*	QPD
<i>simvastatin oral tablet 10 mg, 20 mg, 40 mg, 5 mg</i>	\$0	QPD
<i>simvastatin oral tablet 80 mg</i>	\$0*	QPD

Drug Name	Drug Tier	Requirements/Limits
<b>*Intest Cholest Absorp Inhib-Hmg Coa Reductase Inhib Comb***</b>		
<i>ezetimibe-simvastatin</i>	1	QPD
<b>*Intestinal Cholesterol Absorption Inhibitors***</b>		
<i>ezetimibe</i>	\$0*	QPD
<b>*Nicotinic Acid Derivatives***</b>		
<i>niacin er (antihyperlipidemic)</i>	1	
<b>*Pcsk9 Inhibitors***</b>		
REPATHA	2	PA; QPD
REPATHA PUSHTRONEX SYSTEM	2	PA; QPD
REPATHA SURECLICK	2	PA; QPD
<b>*Antihypertensives*</b>		
<b>*Ace Inhibitor &amp; Calcium Channel Blocker Combinations***</b>		
<i>amlodipine besy-benazepril hcl</i>	\$0*	
<i>trandolapril-verapamil hcl er</i>	3	
<b>*Ace Inhibitors &amp; Thiazide/Thiazide-Like***</b>		
<i>benazepril-hydrochlorothiazide</i>	\$0*	
<i>captopril-hydrochlorothiazide</i>	1	
<i>enalapril-hydrochlorothiazide</i>	\$0*	
<i>fosinopril sodium-hctz</i>	\$0*	
<i>lisinopril-hydrochlorothiazide</i>	\$0*	QPD
<i>quinapril-hydrochlorothiazide</i>	\$0*	
<b>*Ace Inhibitors***</b>		
<i>benazepril hcl oral</i>	\$0*	QPD
<i>captopril oral</i>	1	QPD
<i>enalapril maleate oral</i>	\$0*	QPD
<i>fosinopril sodium</i>	\$0*	QPD
<i>lisinopril oral</i>	\$0*	QPD
<i>moexipril hcl</i>	1	QPD
<i>perindopril erbumine</i>	1	QPD
QBRELIS	2	ST; QPD
<i>quinapril hcl</i>	\$0*	QPD
<i>ramipril</i>	\$0*	QPD
<i>trandolapril</i>	1	QPD
<b>*Agents For Pheochromocytoma***</b>		
<i>metyrosine</i>	3	PA; SP
<i>phenoxybenzamine hcl oral</i>	3	PA

Drug Name	Drug Tier	Requirements/Limits
<b>*Angiotensin II Receptor Antag &amp; Ca Channel Blocker Comb***</b>		
<i>amlodipine besylate-valsartan</i>	\$0*	QPD
<i>amlodipine-olmesartan</i>	1	QPD
<i>telmisartan-amlodipine</i>	3	QPD
<b>*Angiotensin II Receptor Antag &amp; Thiazide/Thiazide-Like***</b>		
<i>candesartan cilexetil-hctz</i>	1	
<i>irbesartan-hydrochlorothiazide</i>	\$0*	
<i>losartan potassium-hctz</i>	\$0*	
<i>olmesartan medoxomil-hctz</i>	\$0*	QPD
<i>telmisartan-hctz</i>	1	
<i>valsartan-hydrochlorothiazide</i>	\$0*	
<b>*Angiotensin II Receptor Antagonists***</b>		
<i>candesartan cilexetil</i>	1	QPD
<i>irbesartan</i>	\$0*	QPD
<i>losartan potassium oral</i>	\$0*	QPD
<i>olmesartan medoxomil oral</i>	\$0*	QPD
<i>telmisartan</i>	1	QPD
<i>valsartan oral tablet</i>	\$0*	QPD
<b>*Angiotensin II Receptor Ant-Ca Channel Blocker-Thiazides***</b>		
<i>amlodipine-valsartan-hctz</i>	3	QPD
<i>olmesartan-amlodipine-hctz</i>	3	QPD
<b>*Antiadrenergics - Centrally Acting***</b>		
<i>clonidine</i>	\$0*	QPD
<i>clonidine hcl oral</i>	\$0*	
<i>guanfacine hcl oral</i>	\$0*	
<i>methyldopa oral</i>	\$0*	
<b>*Antiadrenergics - Peripherally Acting***</b>		
<i>doxazosin mesylate oral</i>	\$0*	QPD
<i>prazosin hcl oral</i>	\$0*	QPD
<i>terazosin hcl oral</i>	\$0*	QPD
<b>*Beta Blocker &amp; Diuretic Combinations***</b>		
<i>atenolol-chlorthalidone</i>	\$0*	
<i>bisoprolol-hydrochlorothiazide</i>	\$0*	
<i>metoprolol-hydrochlorothiazide</i>	1	
<b>*Direct Renin Inhibitors***</b>		
<i>aliskiren fumarate</i>	3	QPD

Drug Name	Drug Tier	Requirements/Limits
<b>*Selective Aldosterone Receptor Antagonists (Saras)***</b>		
<i>eplerenone</i>	3	
<b>*Vasodilators***</b>		
<i>hydralazine hcl oral</i>	\$0*	
<i>minoxidil oral</i>	\$0*	
<b>*Anti-Infective Agents - Misc.*</b>		
<b>*Anti-Infective Agents - Misc.***</b>		
AEMCOLO	3	QPD
LIKMEZ	3	PA; QPD
<i>metronidazole oral</i>	1	
<i>pentamidine isethionate inhalation</i>	3	
<i>tinidazole oral</i>	1	
<i>trimethoprim oral</i>	1	
XIFAXAN	3	QPD
<b>*Anti-Infective Misc. - Combinations***</b>		
<i>sulfamethoxazole-trimethoprim oral suspension 200-40 mg/5ml</i>	1	
<i>sulfamethoxazole-trimethoprim oral tablet</i>	1	
<i>sulfatrim pediatric</i>	1	
<b>*Antiprotozoal Agents***</b>		
<i>atovaquone oral</i>	2	QPD
<i>nitazoxanide oral</i>	3	QPD
<b>*Glycopeptides***</b>		
FIRVANQ	2	QPD
<i>vancomycin hcl oral capsule</i>	2	QPD
<i>vancomycin hcl oral solution reconstituted 250 mg/5ml, 50 mg/ml</i>	3	QPD
<b>*Leprostatics***</b>		
<i>dapsone oral</i>	3	
<b>*Lincosamides***</b>		
<i>clindamycin hcl oral</i>	1	
<i>clindamycin palmitate hcl</i>	1	
<b>*Monobactams***</b>		
CAYSTON	3	PA; LA; SP
<b>*Oxazolidinones***</b>		
<i>linezolid oral</i>	2	QPD
<b>*Urinary Anti-Infectives***</b>		
<i>fosfomycin tromethamine</i>	3	



Drug Name	Drug Tier	Requirements/Limits
<i>methenamine hippurate</i>	1	
<i>methenamine mandelate oral</i>	3	
<i>nitrofurantoin macrocrystal oral capsule 100 mg, 50 mg</i>	1	QPD
<i>nitrofurantoin macrocrystal oral capsule 25 mg</i>	3	PA; QPD
<i>nitrofurantoin monohyd macro</i>	1	QPD
<i>nitrofurantoin oral suspension 25 mg/5ml</i>	3	QPD
<b>*Urinary Antiseptic-Antispasmodic &amp;/Or Analgesics***</b>		
<i>me/naphos/mb/hyo1</i>	1	
<i>uretron d/s oral tablet 81.6 mg</i>	1	
<i>urin ds oral tablet 81.6 mg</i>	1	
<i>urogesic-blue</i>	1	
<i>uro-mp</i>	1	
<i>vilamit mb</i>	1	
<i>vileev mb</i>	1	
<b>*Antimalarials*</b>		
<b>*Antimalarial Combinations***</b>		
<i>atovaquone-proguanil hcl</i>	1	
COARTEM	3	
<b>*Antimalarials***</b>		
<i>chloroquine phosphate oral</i>	1	
<i>hydroxychloroquine sulfate oral tablet 200 mg</i>	1	
KRINTAFEL	3	QPD
<i>mefloquine hcl</i>	1	
<i>primaquine phosphate oral tablet 26.3 (15 base) mg</i>	3	
<i>pyrimethamine oral</i>	3	PA; LA; SP
<i>quinine sulfate oral</i>	2	
<b>*Antimyasthenic/Cholinergic Agents*</b>		
<b>*Antimyasthenic/Cholinergic Agents***</b>		
<i>pyridostigmine bromide er</i>	3	
<i>pyridostigmine bromide oral solution</i>	3	SP
<i>pyridostigmine bromide oral tablet 60 mg</i>	1	
<b>*Antimycobacterial Agents*</b>		
<b>*Antimycobacterial Agents***</b>		
CYCLOSERINE ORAL	3	
<i>ethambutol hcl oral</i>	1	
<i>isoniazid oral</i>	1	
PRETOMANID	3	QPD

Drug Name	Drug Tier	Requirements/Limits
PRIFTIN	3	
<i>pyrazinamide oral</i>	1	
<i>rifabutin</i>	2	
<i>rifampin oral</i>	1	
SIRTURO	3	LA; SP
TRECTOR	3	
<b>*Antineoplastics And Adjunctive Therapies*</b>		
<b>*Alkylating Agents***</b>		
MYLERAN	2	SP
<b>*Androgen Biosynthesis Inhibitors***</b>		
<i>abiraterone acetate</i>	2	SP; QPD
YONSA	2	SP; QPD
<b>*Antiadrenals***</b>		
LYSODREN	2	LA; SP
<b>*Antiandrogens***</b>		
<i>bicalutamide</i>	1	QPD
ERLEADA ORAL TABLET 240 MG	2	SP; QPD
ERLEADA ORAL TABLET 60 MG	2	LA; SP; QPD
<i>nilutamide</i>	2	SP
NUBEQA	2	LA; SP; QPD
XTANDI	2	LA; SP; QPD
<b>*Antiestrogens***</b>		
SOLTAMOX	2	
<i>tamoxifen citrate oral</i>	\$0	
<i>toremifene citrate</i>	3	
<b>*Antimetabolites***</b>		
<i>capecitabine</i>	2	SP
<i>mercaptopurine oral</i>	1	
<i>methotrexate sodium (pf) injection solution 1 gm/40ml, 250 mg/10ml, 50 mg/2ml</i>	1	SP
<i>methotrexate sodium injection solution 1000 mg/40ml, 250 mg/10ml, 50 mg/2ml</i>	1	SP
<i>methotrexate sodium oral</i>	1	
ONUREG	2	SP; QPD
TABLOID	2	
<b>*Antineoplastic - Akt Inhibitors***</b>		
TRUQAP ORAL TABLET	2	SP; QPD
<b>*Antineoplastic - Alk Inhibitors***</b>		
ALECENSA	2	LA; SP; QPD

Drug Name	Drug Tier	Requirements/Limits
ALUNBRIG	2	LA; SP; QPD
LORBRENA	2	LA; SP; QPD
XALKORI ORAL CAPSULE	2	LA; SP; QPD
XALKORI ORAL CAPSULE SPRINKLE	2	SP; QPD
ZYKADIA ORAL TABLET	2	SP; QPD
<b>*Antineoplastic - Anti-Her2 Agents***</b>		
TUKYSA	2	LA; SP; QPD
<b>*Antineoplastic - Bcl-2 Inhibitors***</b>		
VENCLEXTA	2	LA; SP; QPD
VENCLEXTA STARTING PACK	2	LA; SP; QPD
<b>*Antineoplastic - Bcr-Abl Kinase Inhibitors***</b>		
BOSULIF	2	LA; SP; QPD
<i>dasatinib</i>	2	LA; SP; QPD
ICLUSIG	2	LA; SP; QPD
<i>imatinib mesylate</i>	2	SP
SCEMBLIX	3	SP; QPD
SPRYCEL	2	SP; QPD
TASIGNA	2	SP; QPD
<b>*Antineoplastic - Braf Kinase Inhibitors***</b>		
BRAFTOVI ORAL CAPSULE 75 MG	2	LA; SP; QPD
OJEMDA ORAL SUSPENSION RECONSTITUTED	2	SP; QPD
OJEMDA ORAL TABLET 100 MG	2	SP; QPD
TAFINLAR	2	SP; QPD
ZELBORAF	2	LA; SP; QPD
<b>*Antineoplastic - Btk Inhibitors***</b>		
BRUKINSA	2	LA; SP; QPD
CALQUENCE ORAL TABLET	2	SP; QPD
IMBRUVICA ORAL CAPSULE	2	LA; SP; QPD
IMBRUVICA ORAL SUSPENSION	2	LA; SP; QPD
IMBRUVICA ORAL TABLET 420 MG	2	LA; SP; QPD
JAYPIRCA	3	LA; SP; QPD
<b>*Antineoplastic - Egfr Inhibitors***</b>		
<i>erlotinib hcl</i>	2	SP; QPD
<i>gefitinib</i>	2	SP; QPD
GILOTRIF	2	LA; SP; QPD
TAGRISO	2	LA; SP; QPD
VIZIMPRO	2	LA; SP; QPD

Drug Name	Drug Tier	Requirements/Limits
<b>*Antineoplastic - Fgfr Kinase Inhibitors***</b>		
BALVERSA	2	LA; SP; QPD
LYTGOBI (12 MG DAILY DOSE)	2	SP; QPD
LYTGOBI (16 MG DAILY DOSE)	2	SP; QPD
LYTGOBI (20 MG DAILY DOSE)	2	SP; QPD
PEMAZYRE	2	LA; SP; QPD
<b>*Antineoplastic - Gamma Secretase Inhibitors***</b>		
OGSIVEO	2	SP; QPD
<b>*Antineoplastic - Hedgehog Pathway Inhibitors***</b>		
DAURISMO	2	LA; SP; QPD
ERIVEDGE	2	LA; SP; QPD
ODOMZO	2	LA; SP; QPD
<b>*Antineoplastic - Hif-2-Alpha Inhibitors***</b>		
WELIREG	2	LA; SP; QPD
<b>*Antineoplastic - Histone Deacetylase Inhibitors***</b>		
ZOLINZA	2	LA; SP; QPD
<b>*Antineoplastic - Hormonal And Related Agent Combinations***</b>		
AKEEGA	3	SP; QPD
<b>*Antineoplastic - Immunomodulators***</b>		
POMALYST	2	LA; SP; QPD
<b>*Antineoplastic - Kras Inhibitors***</b>		
KRAZATI	2	LA; SP; QPD
LUMAKRAS ORAL TABLET 120 MG	2	LA; SP; QPD
LUMAKRAS ORAL TABLET 320 MG	2	SP; QPD
<b>*Antineoplastic - Mek Inhibitors***</b>		
COTELLIC	2	LA; SP
MEKINIST	2	SP; QPD
MEKTOVI	2	LA; SP; QPD
<b>*Antineoplastic - Met Inhibitors***</b>		
TABRECTA	2	SP; QPD
TEPMETKO	2	LA; SP; QPD
<b>*Antineoplastic - Methyltransferase Inhibitors***</b>		
TAZVERIK	2	LA; SP; QPD
<b>*Antineoplastic - Mtor Kinase Inhibitors***</b>		
<i>everolimus oral tablet 10 mg, 2.5 mg, 5 mg, 7.5 mg</i>	2	SP; QPD
<i>everolimus oral tablet soluble</i>	2	SP; QPD
<b>*Antineoplastic - Multikinase Inhibitors***</b>		
CABOMETYX	2	LA; SP; QPD

Drug Name	Drug Tier	Requirements/Limits
CAPRELSA	2	LA; SP; QPD
COMETRIQ (100 MG DAILY DOSE) ORAL KIT 80 & 20 MG	2	LA; SP; QPD
COMETRIQ (140 MG DAILY DOSE) ORAL KIT 3 X 20 MG & 80 MG	2	LA; SP; QPD
COMETRIQ (60 MG DAILY DOSE)	2	LA; SP; QPD
FOTIVDA	2	LA; SP; QPD
<i>lapatinib ditosylate</i>	2	SP; QPD
NERLYNX	2	LA; SP; QPD
<i>pazopanib hcl</i>	2	SP; QPD
QINLOCK	2	LA; SP; QPD
RYDAPT	2	SP; QPD
<i>sorafenib tosylate</i>	2	SP; QPD
STIVARGA	2	LA; SP; QPD
<i>sunitinib malate</i>	2	SP; QPD
TURALIO ORAL CAPSULE 125 MG	3	PA; LA; SP; QPD
VANFLYTA	2	SP; QPD
XOSPATA	2	LA; SP; QPD
<b>*Antineoplastic - Pdgfr-Alpha Inhibitors***</b>		
AYVAKIT	2	LA; SP; QPD
<b>*Antineoplastic - Proteasome Inhibitors***</b>		
NINLARO	2	LA; SP; QPD
<b>*Antineoplastic - Ret Inhibitors***</b>		
GAVRETO	2	LA; SP; QPD
RETEVMO	2	LA; SP; QPD
<b>*Antineoplastic - Tropomyosin Receptor Kinase Inhibitors***</b>		
AUGTYRO	2	SP; QPD
ROZLYTREK ORAL CAPSULE	2	LA; SP; QPD
ROZLYTREK ORAL PACKET	2	SP; QPD
VITRAKVI	2	LA; SP; QPD
<b>*Antineoplastic - Xpo1 Inhibitors***</b>		
XPOVIO (100 MG ONCE WEEKLY) ORAL TABLET THERAPY PACK 50 MG	2	LA; SP; QPD
XPOVIO (40 MG ONCE WEEKLY) ORAL TABLET THERAPY PACK 40 MG	2	LA; SP; QPD
XPOVIO (40 MG TWICE WEEKLY) ORAL TABLET THERAPY PACK 40 MG	2	LA; SP; QPD
XPOVIO (60 MG ONCE WEEKLY) ORAL TABLET THERAPY PACK 60 MG	2	LA; SP; QPD

Drug Name	Drug Tier	Requirements/Limits
XPOVIO (60 MG TWICE WEEKLY)	2	LA; SP; QPD
XPOVIO (80 MG ONCE WEEKLY) ORAL TABLET THERAPY PACK 40 MG	2	LA; SP; QPD
XPOVIO (80 MG TWICE WEEKLY)	2	LA; SP; QPD
<b>*Antineoplastic Combinations***</b>		
INQOVI	2	LA; SP; QPD
LONSURF	2	LA; SP
<b>*Antineoplastics Misc.***</b>		
ACTIMMUNE	3	PA; LA; SP
BESREMI	3	LA; SP; QPD
<i>hydroxyurea oral</i>	1	
MATULANE	2	LA; SP
<b>*Aromatase Inhibitors***</b>		
<i>anastrozole oral</i>	\$0	QPD
<i>exemestane</i>	\$0	QPD
<i>letrozole oral</i>	1	QPD
<b>*Cyclin-Dependent Kinases (Cdk) Inhibitors***</b>		
IBRANCE	2	LA; SP; QPD
KISQALI (200 MG DOSE)	2	SP; QPD
KISQALI (400 MG DOSE)	2	SP; QPD
KISQALI (600 MG DOSE)	2	SP; QPD
VERZENIO	2	LA; SP; QPD
<b>*Folic Acid Antagonists Rescue Agents***</b>		
<i>leucovorin calcium oral</i>	1	
<b>*Gonadotropin Releasing Hormone (Gnrh) Antagonists***</b>		
ORGOVYX	2	LA; SP; QPD
<b>*Imidazotetrazines***</b>		
<i>temozolomide</i>	2	SP
<b>*Isocitrate Dehydrogenase 1 &amp; 2 (Idh1 &amp; Idh2) Inhibitors***</b>		
VORANIGO	2	PA; LA; SP; QPD
<b>*Isocitrate Dehydrogenase-1 (Idh1) Inhibitors***</b>		
REZLIDHIA	3	LA; SP; QPD
TIBSOVO	2	LA; SP; QPD
<b>*Isocitrate Dehydrogenase-2 (Idh2) Inhibitors***</b>		
IDHIFA	2	LA; SP; QPD
<b>*Janus Associated Kinase (Jak) Inhibitors***</b>		
INREBIC	2	LA; SP; QPD

Drug Name	Drug Tier	Requirements/Limits
JAKAFI	2	LA; SP; QPD
OJJAARA	2	SP; QPD
VONJO	2	LA; SP; QPD
<b>*Mitotic Inhibitors***</b>		
<i>etoposide oral</i>	1	SP
<b>*Nitrogen Mustards And Related Analogues***</b>		
<i>cyclophosphamide oral capsule</i>	2	
CYCLOPHOSPHAMIDE ORAL TABLET	2	
LEUKERAN	2	
<b>*Nitrosoureas***</b>		
GLEOSTINE ORAL CAPSULE 10 MG, 100 MG, 40 MG	2	SP
<b>*Ornithine Decarboxylase (Odc) Inhibitors***</b>		
IWILFIN	3	SP; QPD
<b>*Phosphatidylinositol 3-Kinase (Pi3k) Inhibitors***</b>		
COPIKTRA	2	LA; SP; QPD
PIQRAY (200 MG DAILY DOSE)	2	SP; QPD
PIQRAY (250 MG DAILY DOSE)	2	SP; QPD
PIQRAY (300 MG DAILY DOSE)	2	SP; QPD
ZYDELIG	2	LA; SP
<b>*Poly (Adp-Ribose) Polymerase (Parp) Inhibitors***</b>		
LYNPARZA ORAL TABLET	2	LA; SP; QPD
RUBRACA	2	LA; SP; QPD
TALZENNA ORAL CAPSULE 0.1 MG, 0.35 MG	2	SP; QPD
TALZENNA ORAL CAPSULE 0.25 MG, 0.5 MG, 0.75 MG, 1 MG	2	LA; SP; QPD
ZEJULA ORAL TABLET	2	SP; QPD
<b>*Progestins-Antineoplastic***</b>		
<i>megestrol acetate oral suspension 40 mg/ml</i>	1	
<i>megestrol acetate oral tablet</i>	1	
<b>*Retinoids***</b>		
<i>tretinoin oral</i>	2	
<b>*Selective Estrogen Receptor Degraders***</b>		
ORSERDU	2	LA; SP; QPD
<b>*Selective Retinoid X Receptor Agonists***</b>		
<i>bexarotene oral</i>	2	SP
<b>*Topoisomerase I Inhibitors***</b>		
HYCAMTIN ORAL	2	SP
<b>*Urinary Tract Protective Agents***</b>		
MESNEX ORAL	2	SP

Drug Name	Drug Tier	Requirements/Limits
<b>*Vascular Endothelial Growth Factor (Vegf) Inhibitors***</b>		
FRUZAQLA	2	SP; QPD
INLYTA	2	LA; SP; QPD
LENVIMA (10 MG DAILY DOSE)	2	LA; SP; QPD
LENVIMA (12 MG DAILY DOSE)	2	LA; SP; QPD
LENVIMA (14 MG DAILY DOSE)	2	LA; SP; QPD
LENVIMA (18 MG DAILY DOSE)	2	LA; SP; QPD
LENVIMA (20 MG DAILY DOSE)	2	LA; SP; QPD
LENVIMA (24 MG DAILY DOSE)	2	LA; SP; QPD
LENVIMA (4 MG DAILY DOSE)	2	LA; SP; QPD
LENVIMA (8 MG DAILY DOSE)	2	LA; SP; QPD
<b>*Antiparkinson And Related Therapy Agents*</b>		
<b>*Antiparkinson Anticholinergics***</b>		
<i>benztropine mesylate oral</i>	1	
<i>trihexyphenidyl hcl</i>	1	
<b>*Antiparkinson Dopaminergics***</b>		
<i>amantadine hcl oral capsule</i>	1	
<i>amantadine hcl oral solution</i>	1	
<i>amantadine hcl oral tablet</i>	1	
<i>bromocriptine mesylate oral</i>	1	
<b>*Antiparkinson Monoamine Oxidase Inhibitors***</b>		
<i>rasagiline mesylate oral</i>	3	
<i>selegiline hcl oral</i>	1	
<b>*Central/Peripheral Comt Inhibitors***</b>		
<i>tolcapone</i>	3	
<b>*Decarboxylase Inhibitors***</b>		
<i>carbidopa oral</i>	3	
<b>*Levodopa Combinations***</b>		
<i>carbidopa-levodopa er oral tablet extended release 25-100 mg, 50-200 mg</i>	1	
<i>carbidopa-levodopa oral tablet</i>	1	
<i>carbidopa-levodopa oral tablet dispersible</i>	3	
<i>carbidopa-levodopa-entacapone oral tablet 12.5-50-200 mg, 18.75-75-200 mg, 25-100-200 mg, 31.25-125-200 mg, 37.5-150-200 mg, 50-200-200 mg</i>	3	
RYTARY	3	
<b>*Nonergoline Dopamine Receptor Agonists***</b>		
NEUPRO	3	QPD



Drug Name	Drug Tier	Requirements/Limits
<i>pramipexole dihydrochloride</i>	1	
<i>pramipexole dihydrochloride er</i>	3	
<i>ropinirole hcl</i>	1	
<i>ropinirole hcl er</i>	1	QPD
<b>*Peripheral Comt Inhibitors***</b>		
<i>entacapone</i>	3	
<b>*Antipsychotics/Antimanic Agents*</b>		
<b>*Antimanic Agents***</b>		
<i>lithium</i>	1	
<i>lithium carbonate er</i>	1	
<i>lithium carbonate oral</i>	1	
<b>*Antipsychotics - Misc.***</b>		
EQUETRO	3	
<i>lurasidone hcl</i>	3	QPD
NUPLAZID ORAL CAPSULE	3	LA; SP; QPD
NUPLAZID ORAL TABLET 10 MG	3	LA; SP; QPD
VRAYLAR ORAL CAPSULE	2	QPD
<i>ziprasidone hcl</i>	1	QPD
<b>*Benzisoxazoles***</b>		
FANAPT	3	QPD
FANAPT TITRATION PACK	3	QPD
<i>paliperidone er</i>	1	QPD
<i>risperidone</i>	1	
<b>*Butyrophenones***</b>		
<i>haloperidol lactate oral concentrate 2 mg/ml</i>	1	
<i>haloperidol oral</i>	1	
<b>*Dibenzodiazepines***</b>		
<i>clozapine oral tablet</i>	1	
<i>clozapine oral tablet dispersible</i>	3	
<b>*Dibenzo-Oxepino Pyrroles***</b>		
<i>asenapine maleate</i>	3	QPD
<b>*Dibenzothiazepines***</b>		
<i>quetiapine fumarate er</i>	1	QPD
<i>quetiapine fumarate oral tablet 100 mg, 200 mg, 25 mg, 300 mg, 400 mg, 50 mg</i>	1	QPD
<b>*Dibenzoxazepines***</b>		
<i>loxapine succinate oral</i>	1	

Drug Name	Drug Tier	Requirements/Limits
<b>*Dihydroindolones***</b>		
<i>molindone hcl</i>	3	
<b>*Phenothiazines***</b>		
<i>chlorpromazine hcl oral tablet</i>	1	
<i>compro</i>	1	
<i>fluphenazine hcl oral</i>	1	
<i>perphenazine oral</i>	1	
<i>prochlorperazine</i>	1	
<i>prochlorperazine maleate oral</i>	1	
<i>thioridazine hcl oral</i>	1	
<i>trifluoperazine hcl oral</i>	1	
<b>*Quinolinone Derivatives***</b>		
<i>aripiprazole</i>	1	QPD
REXULTI	2	QPD
<b>*Thienbenzodiazepines***</b>		
<i>olanzapine oral</i>	1	QPD
<b>*Thioxanthenes***</b>		
<i>thiothixene oral</i>	1	
<b>*Antivirals*</b>		
<b>*Antiretroviral Combinations***</b>		
<i>abacavir sulfate-lamivudine</i>	2	SP
BIKTARVY	2	SP
CIMDUO	2	SP; QPD
COMPLERA	2	SP
DELSTRIGO	2	SP; QPD
DESCOVY	2	PA; SP
DOVATO	2	SP; QPD
<i>efavirenz-emtricitab-tenofo df</i>	2	SP
<i>efavirenz-lamivudine-tenofovir</i>	2	SP; QPD
<i>emtricitabine-tenofovir df oral tablet 100-150 mg, 133-200 mg, 167-250 mg</i>	2	SP
<i>emtricitabine-tenofovir df oral tablet 200-300 mg</i>	\$0	SP
EVOTAZ	2	SP; QPD
GENVOYA	2	SP
JULUCA	2	SP; QPD
<i>lamivudine-zidovudine</i>	1	
<i>lopinavir-ritonavir</i>	2	SP
ODEFSEY	2	SP

Drug Name	Drug Tier	Requirements/Limits
PREZCOBIX	2	SP; QPD
STRIBILD	2	SP
SYMTUZA	2	SP; QPD
TRIUMEQ	2	SP
<i>trimeq pd</i>	2	SP
<b>*Antiretrovirals - Ccr5 Antagonists (Entry Inhibitor)***</b>		
<i>maraviroc</i>	2	SP
SELZENTRY ORAL SOLUTION	2	SP
<b>*Antiretrovirals - Fusion Inhibitors***</b>		
FUZEON SUBCUTANEOUS SOLUTION RECONSTITUTED	2	SP
<b>*Antiretrovirals - Gp120-Directed Attachment Inhibitor***</b>		
RUKOBIA	2	PA; SP; QPD
<b>*Antiretrovirals - Integrase Inhibitors***</b>		
ISENTRESS	2	SP
ISENTRESS HD	2	SP
TIVICAY ORAL TABLET 50 MG	2	SP
TIVICAY PD	2	SP; QPD
<b>*Antiretrovirals - Protease Inhibitors***</b>		
APTIVUS ORAL CAPSULE	2	SP
<i>atazanavir sulfate</i>	2	SP
<i>darunavir</i>	2	SP
<i>fosamprenavir calcium</i>	2	SP
NORVIR ORAL PACKET	2	SP
REYATAZ ORAL PACKET	2	SP
<i>ritonavir</i>	2	SP
VIRACEPT ORAL TABLET	2	SP
<b>*Antiretrovirals - Rti-Non-Nucleoside Analogues***</b>		
EDURANT	2	SP
<i>efavirenz</i>	2	SP
<i>etravirine</i>	2	SP
INTELENCE ORAL TABLET 25 MG	2	SP
<i>nevirapine</i>	1	
<i>nevirapine er oral tablet extended release 24 hour 400 mg</i>	1	
PIFELTRO	2	SP; QPD

Drug Name	Drug Tier	Requirements/Limits
<b>*Antiretrovirals - Rti-Nucleoside Analogues-Purines***</b>		
<i>abacavir sulfate oral solution</i>	2	SP
<i>abacavir sulfate oral tablet</i>	1	
<b>*Antiretrovirals - Rti-Nucleoside Analogues-Pyrimidines***</b>		
<i>emtricitabine</i>	2	SP
EMTRIVA ORAL SOLUTION	2	SP
<i>lamivudine oral solution</i>	1	
<i>lamivudine oral tablet 150 mg, 300 mg</i>	1	
<b>*Antiretrovirals - Rti-Nucleoside Analogues-Thymidines***</b>		
<i>zidovudine</i>	1	
<b>*Antiretrovirals - Rti-Nucleotide Analogues***</b>		
<i>tenofovir disoproxil fumarate</i>	2	SP
VIREAD ORAL POWDER	2	SP
VIREAD ORAL TABLET 150 MG, 200 MG, 250 MG	2	SP
<b>*Antiretrovirals Adjuvants***</b>		
TYBOST	2	SP
<b>*Antiviral Combinations***</b>		
PAXLOVID (150/100)	2	QPD
PAXLOVID (300/100)	2	QPD
<b>*Cmv Agents***</b>		
PREVYMIS ORAL	3	QPD
<i>valganciclovir hcl</i>	2	
<b>*Hepatitis B Agents***</b>		
<i>adefovir dipivoxil</i>	2	SP
BARACLUDE ORAL SOLUTION	3	SP
<i>entecavir</i>	2	SP
<i>lamivudine oral tablet 100 mg</i>	1	
VEMLIDY	2	SP
<b>*Hepatitis C Agent - Combinations***</b>		
EPCLUSA	3	PA; SP; QPD
HARVONI	3	PA; SP; QPD
VOSEVI	3	PA; SP; QPD
<b>*Hepatitis C Agents***</b>		
PEGASYS SUBCUTANEOUS SOLUTION 180 MCG/ML	3	PA; SP; QPD
PEGASYS SUBCUTANEOUS SOLUTION PREFILLED SYRINGE	3	PA; SP; QPD

Drug Name	Drug Tier	Requirements/Limits
<i>ribavirin oral capsule</i>	1	QPD
<i>ribavirin oral tablet 200 mg</i>	1	QPD
SOVALDI	3	PA; SP
<b>*Herpes Agents - Purine Analogues***</b>		
<i>acyclovir oral</i>	1	
<i>valacyclovir hcl oral</i>	1	QPD
<b>*Herpes Agents - Thymidine Analogues***</b>		
<i>famciclovir oral</i>	1	QPD
<b>*Influenza Agents***</b>		
<i>rimantadine hcl</i>	1	
<b>*Neuraminidase Inhibitors***</b>		
<i>oseltamivir phosphate oral</i>	1	QPD
RELENZA DISKHALER INHALATION AEROSOL POWDER BREATH ACTIVATED 5 MG/ACT	3	QPD
<b>*Pa Endonuclease Inhibitors***</b>		
XOFLUZA (40 MG DOSE) ORAL TABLET THERAPY PACK 1 X 40 MG	3	QPD
XOFLUZA (80 MG DOSE) ORAL TABLET THERAPY PACK 1 X 80 MG	3	QPD
<b>*Beta Blockers*</b>		
<b>*Alpha-Beta Blockers***</b>		
<i>carvedilol</i>	\$0*	
<i>carvedilol phosphate er</i>	3	
<i>labetalol hcl oral</i>	\$0*	
<b>*Beta Blockers Cardio-Selective***</b>		
<i>acebutolol hcl oral</i>	\$0*	
<i>atenolol oral</i>	\$0*	QPD
<i>betaxolol hcl oral</i>	\$0*	
<i>bisoprolol fumarate oral</i>	\$0*	
<i>metoprolol succinate er</i>	\$0*	
<i>metoprolol tartrate oral</i>	\$0*	QPD
<i>nebivolol hcl</i>	\$0*	
<b>*Beta Blockers Non-Selective***</b>		
HEMANGEOL	3	LA; SP
<i>nadolol oral tablet 20 mg, 40 mg, 80 mg</i>	\$0*	
<i>pindolol</i>	\$0*	
<i>propranolol hcl er</i>	\$0*	
<i>propranolol hcl oral</i>	\$0*	
<i>sotalol hcl (af)</i>	\$0*	

Drug Name	Drug Tier	Requirements/Limits
<i>sotalol hcl oral</i>	\$0*	
<i>timolol maleate oral</i>	1	
<b>*Calcium Channel Blockers*</b>		
<b>*Calcium Channel Blockers***</b>		
<i>amlodipine besylate oral</i>	\$0*	
<i>cartia xt</i>	1	
<i>diltiazem hcl er beads</i>	1	
<i>diltiazem hcl er coated beads oral capsule extended release 24 hour 120 mg, 180 mg, 240 mg, 300 mg</i>	1	
<i>diltiazem hcl er oral capsule extended release 24 hour 120 mg, 180 mg, 240 mg</i>	1	
<i>diltiazem hcl oral</i>	1	
<i>dilt-xr</i>	1	
<i>felodipine er</i>	\$0*	
<i>isradipine</i>	3	
<i>nicardipine hcl oral</i>	3	
<i>nifedipine er</i>	\$0*	
<i>nifedipine er osmotic release</i>	\$0*	
<i>nifedipine oral</i>	\$0*	
<i>nimodipine oral</i>	1	QPD
<i>nisoldipine er</i>	3	
NYMALIZE ORAL SOLUTION 6 MG/ML	3	QPD
<i>tiadylt er</i>	1	
<i>verapamil hcl er oral capsule extended release 24 hour 100 mg, 200 mg, 300 mg</i>	1	
<i>verapamil hcl er oral capsule extended release 24 hour 120 mg, 180 mg, 240 mg, 360 mg</i>	\$0*	
<i>verapamil hcl er oral tablet extended release 120 mg, 180 mg, 240 mg</i>	\$0*	
<i>verapamil hcl oral</i>	\$0*	
<b>*Cardiotonics*</b>		
<b>*Cardiac Glycosides***</b>		
<i>digox</i>	1	
<i>digoxin oral solution</i>	1	
<i>digoxin oral tablet 125 mcg, 250 mcg</i>	1	
<i>digoxin oral tablet 62.5 mcg</i>	3	
<b>*Cardiovascular Agents - Misc.*</b>		
<b>*Calcium Channel Blocker &amp; Hmg Coa Reductase Inhibit Comb***</b>		
<i>amlodipine-atorvastatin</i>	3	QPD

Drug Name	Drug Tier	Requirements/Limits
<b>*Cardiac Myosin Inhibitors***</b>		
CAMZYOS	3	PA; SP; QPD
<b>*Neprilysin Inhib (Arni)-Angiotensin II Receptor Antagonist***</b>		
ENTRESTO	3	QPD
<b>*Nitrate &amp; Vasodilator Combinations***</b>		
<i>isosorb dinitrate-hydralazine oral tablet 20-37.5 mg</i>	3	
<b>*Prostaglandin Vasodilators***</b>		
ORENITRAM	3	PA; LA; SP
ORENITRAM MONTH 1	3	PA; SP; QPD
ORENITRAM MONTH 2	3	PA; SP; QPD
ORENITRAM MONTH 3	3	PA; SP; QPD
TYVASO	3	PA; LA; SP
TYVASO DPI MAINTENANCE KIT INHALATION POWDER 16 MCG, 32 MCG, 48 MCG, 64 MCG	2	PA; SP; QPD
TYVASO DPI TITRATION KIT INHALATION POWDER 16 & 32 & 48 MCG	2	PA; SP; QPD
TYVASO REFILL KIT	3	PA; LA; SP
TYVASO STARTER KIT	3	PA; LA; SP
VENTAVIS	3	PA; LA; SP
<b>*Pulmonary Hypertension - Soluble Guanylate Cyclase Stimulator (Sgc)***</b>		
ADEMPAS	2	PA; LA; SP; QPD
<b>*Pulmonary Hypertension - Endothelin Receptor Antagonists***</b>		
<i>ambrisentan</i>	3	PA; LA; SP; QPD
<i>bosentan</i>	3	PA; SP
OPSUMIT	2	PA; LA; SP
TRACLEER ORAL TABLET SOLUBLE	2	PA; LA; SP
<b>*Pulmonary Hypertension - Phosphodiesterase Inhibitors***</b>		
<i>alyq</i>	3	PA; SP; QPD
<i>sildenafil citrate intravenous</i>	3	PA; SP; QPD
<i>sildenafil citrate oral suspension reconstituted</i>	3	PA; SP; QPD
<i>sildenafil citrate oral tablet 20 mg</i>	1	PA; QPD
<i>tadalafil (pah)</i>	3	PA; SP; QPD
<b>*Pulmonary Hypertension - Prostacyclin Receptor Agonist***</b>		
UPTRAVI ORAL	2	PA; LA; SP; QPD
UPTRAVI TITRATION	2	PA; LA; SP; QPD

Drug Name	Drug Tier	Requirements/Limits
<b>*Selective Cgmp Phosphodiesterase Type 5 Inhibitors***</b>		
<i>tadalafil oral tablet 5 mg</i>	3	PA; QPD
<b>*Sinus Node Inhibitors**</b>		
<i>ivabradine hcl</i>	3	QPD
<b>*Cephalosporins*</b>		
<b>*Cephalosporins - 1St Generation***</b>		
<i>cefadroxil</i>	1	
<i>cephalexin oral capsule 250 mg, 500 mg</i>	1	
<i>cephalexin oral suspension reconstituted</i>	1	
<i>cephalexin oral tablet</i>	1	
<b>*Cephalosporins - 2Nd Generation***</b>		
<i>cefaclor er</i>	1	
<i>cefaclor oral capsule</i>	1	
<i>cefaclor oral suspension reconstituted 250 mg/5ml</i>	1	
<i>cefprozil</i>	1	
<i>cefuroxime axetil oral tablet</i>	1	
<b>*Cephalosporins - 3Rd Generation***</b>		
<i>cefdinir</i>	1	
<i>cefixime oral capsule</i>	3	
<i>cefixime oral suspension reconstituted</i>	2	
<i>cefpodoxime proxetil</i>	1	
<b>*Contraceptives*</b>		
<b>*Biphasic Contraceptives - Oral***</b>		
<i>azurette</i>	\$0	
<i>desogestrel-ethinyl estradiol oral tablet 0.15-0.02/0.01 mg (21/5)</i>	\$0	
<i>kariva</i>	\$0	
<i>pimtrea</i>	\$0	
<i>simliya</i>	\$0	
<i>viorele</i>	\$0	
<i>volnea</i>	\$0	
<b>*Combination Contraceptives - Oral***</b>		
<i>afirmelle</i>	\$0	
<i>altavera</i>	\$0	
<i>alyacen 1/35</i>	\$0	
<i>apri</i>	\$0	
<i>aubra eq</i>	\$0	
<i>aurovela 1.5/30</i>	\$0	



<b>Drug Name</b>	<b>Drug Tier</b>	<b>Requirements/Limits</b>
<i>aurovela 1/20</i>	\$0	
<i>aurovela 24 fe</i>	\$0	
<i>aurovela fe 1.5/30</i>	\$0	
<i>aurovela fe 1/20</i>	\$0	
<i>aviane</i>	\$0	
<i>ayuna</i>	\$0	
<i>balziva</i>	\$0	
<i>blisovi 24 fe</i>	\$0	
<i>blisovi fe 1.5/30</i>	\$0	
<i>blisovi fe 1/20</i>	\$0	
<i>briellyn</i>	\$0	
<i>charlotte 24 fe</i>	\$0	
<i>chateal eq</i>	\$0	
<i>cryselle-28</i>	\$0	
<i>cyred eq</i>	\$0	
<i>dasetta 1/35</i>	\$0	
<i>delyla</i>	\$0	
<i>drospiren-eth estrad-levomefol</i>	\$0	
<i>drospirenone-ethinyl estradiol</i>	\$0	
<i>elinest</i>	\$0	
<i>enskyce oral tablet 0.15-30 mg-mcg</i>	\$0	
<i>estarylla</i>	\$0	
<i>ethynodiol diac-eth estradiol</i>	\$0	
<i>falmina</i>	\$0	
<i>finzala</i>	\$0	
<i>gemmily</i>	\$0	
<i>hailey 1.5/30</i>	\$0	
<i>hailey 24 fe</i>	\$0	
<i>hailey fe 1.5/30</i>	\$0	
<i>hailey fe 1/20</i>	\$0	
<i>isibloom</i>	\$0	
<i>jasmiel</i>	\$0	
<i>joyeaux</i>	\$0	
<i>juleber</i>	\$0	
<i>junel 1.5/30</i>	\$0	
<i>junel 1/20</i>	\$0	
<i>junel fe 1.5/30</i>	\$0	
<i>junel fe 1/20</i>	\$0	

<b>Drug Name</b>	<b>Drug Tier</b>	<b>Requirements/Limits</b>
<i>junel fe 24</i>	\$0	
<i>kaitlib fe</i>	\$0	
<i>kalliga</i>	\$0	
<i>kelnor 1/35</i>	\$0	
<i>kelnor 1/50</i>	\$0	
<i>kurvelo</i>	\$0	
<i>larin 1.5/30</i>	\$0	
<i>larin 1/20</i>	\$0	
<i>larin 24 fe</i>	\$0	
<i>larin fe 1.5/30</i>	\$0	
<i>larin fe 1/20</i>	\$0	
<i>layolis fe</i>	\$0	
<i>lessina</i>	\$0	
<i>levonorgest-eth estradiol-iron</i>	\$0	
<i>levonorgestrel-ethinyl estrad oral tablet 0.1-20 mg-mcg, 0.15-30 mg-mcg</i>	\$0	
<i>levora 0.15/30 (28)</i>	\$0	
<i>loryna</i>	\$0	
<i>low-ogestrel</i>	\$0	
<i>lo-zumandimine</i>	\$0	
<i>lutera</i>	\$0	
<i>marlissa</i>	\$0	
<i>merzee</i>	\$0	
<i>mibelas 24 fe</i>	\$0	
<i>microgestin 1.5/30</i>	\$0	
<i>microgestin 1/20</i>	\$0	
<i>microgestin fe 1.5/30</i>	\$0	
<i>microgestin fe 1/20</i>	\$0	
<i>mili</i>	\$0	
<i>mono-linyah</i>	\$0	
<i>necon 0.5/35 (28)</i>	\$0	
<i>necon 1/35 (28)</i>	\$0	
<i>nikki</i>	\$0	
<i>norethin ace-eth estrad-fe oral capsule</i>	\$0	
<i>norethin ace-eth estrad-fe oral tablet 1-20 mg-mcg, 1.5-30 mg-mcg</i>	\$0	
<i>norethin ace-eth estrad-fe oral tablet chewable</i>	\$0	
<i>norethindrone acet-ethinyl est oral tablet</i>	\$0	
<i>norethin-eth estradiol-fe</i>	\$0	

Drug Name	Drug Tier	Requirements/Limits
<i>norgestimate-eth estradiol oral tablet 0.25-35 mg-mcg</i>	\$0	
<i>nortrel 0.5/35 (28)</i>	\$0	
<i>nortrel 1/35 (21)</i>	\$0	
<i>nortrel 1/35 (28)</i>	\$0	
<i>nylia 1/35</i>	\$0	
<i>ocella</i>	\$0	
<i>orsythia</i>	\$0	
<i>philith</i>	\$0	
<i>portia-28</i>	\$0	
<i>reclipsen</i>	\$0	
<i>sprintec 28</i>	\$0	
<i>sronyx</i>	\$0	
<i>syeda</i>	\$0	
<i>tarina 24 fe</i>	\$0	
<i>tarina fe 1/20 eq</i>	\$0	
<i>taysofy</i>	\$0	
<i>turqoz</i>	1	
<i>tydemy</i>	\$0	
<i>vestura</i>	\$0	
<i>vienva</i>	\$0	
<i>vyfemla</i>	\$0	
<i>vylibra</i>	\$0	
<i>wera</i>	\$0	
<i>wymzya fe</i>	\$0	
<i>zovia 1/35 (28)</i>	\$0	
<i>zumandimine</i>	\$0	
<b>*Combination Contraceptives - Transdermal***</b>		
<i>xulane</i>	\$0	
<i>zafemy</i>	\$0	
<b>*Combination Contraceptives - Vaginal***</b>		
<i>eluryng</i>	\$0	
<i>etonogestrel-ethinyl estradiol</i>	\$0	
<i>haloette</i>	\$0	
<b>*Continuous Contraceptives - Oral***</b>		
<i>amethyst</i>	\$0	
<i>dolishale</i>	\$0	
<i>levonorgestrel-ethinyl estrad oral tablet 90-20 mcg</i>	\$0	

Drug Name	Drug Tier	Requirements/Limits
<b>*Emergency Contraceptives***</b>		
<i>afterpill</i>	\$0	QPD
<i>econtra one-step</i>	\$0	QPD
<i>ella</i>	\$0	QPD
<i>her style</i>	\$0	QPD
<i>levonorgestrel oral tablet 1.5 mg</i>	\$0	QPD
<i>my choice</i>	\$0	QPD
<i>my way</i>	\$0	QPD
<i>new day</i>	\$0	QPD
<i>opcicon one-step</i>	\$0	QPD
<i>option 2</i>	\$0	QPD
<i>react</i>	\$0	QPD
<b>*Extended-Cycle Contraceptives - Oral***</b>		
<i>ashlyna</i>	\$0	QPD
<i>camrese</i>	\$0	QPD
<i>camrese lo</i>	\$0	QPD
<i>daysee</i>	\$0	QPD
<i>iclevia</i>	\$0	QPD
<i>introvale</i>	\$0	QPD
<i>jaimiess</i>	\$0	QPD
<i>jolessa</i>	\$0	QPD
<i>levonorgest-eth est &amp; eth est</i>	\$0	QPD
<i>levonorgest-eth estrad 91-day</i>	\$0	QPD
<i>lojaimiess</i>	\$0	QPD
<i>rivelsa</i>	\$0	QPD
<i>setlakin</i>	\$0	QPD
<i>simpesse</i>	\$0	QPD
<b>*Progestin Contraceptives - Injectable***</b>		
<i>medroxyprogesterone acetate intramuscular</i>	\$0	QPD
<b>*Progestin Contraceptives - Oral***</b>		
<i>camila</i>	\$0	
<i>deblitane</i>	\$0	
<i>emzahh</i>	\$0	
<i>errin</i>	\$0	
<i>heather</i>	\$0	
<i>incassia</i>	\$0	
<i>jencycla</i>	\$0	
<i>lyleq</i>	\$0	

Drug Name	Drug Tier	Requirements/Limits
<i>lyza</i>	\$0	
<i>nora-be</i>	\$0	
<i>norethindrone oral</i>	\$0	
<i>norlyda</i>	\$0	
<i>norlyroc</i>	\$0	
<i>sharobel</i>	\$0	
<b>*Triphasic Contraceptives - Oral***</b>		
<i>alyacen 7/7/7</i>	\$0	
<i>aranelle</i>	\$0	
<i>dasetta 7/7/7</i>	\$0	
<i>enpresse-28</i>	\$0	
<i>leena</i>	\$0	
<i>levonest</i>	\$0	
<i>levonorg-eth estrad triphasic oral tablet 50-30/75-40/125-30 mcg</i>	\$0	
<i>norethindron-ethinyl estrad-fe</i>	\$0	
<i>norgestim-eth estrad triphasic</i>	\$0	
<i>nortrel 7/7/7</i>	\$0	
<i>nylia 7/7/7</i>	\$0	
<i>pirmella 7/7/7</i>	\$0	
<i>tilia fe</i>	\$0	
<i>tri femynor</i>	\$0	
<i>tri-estarylla</i>	\$0	
<i>tri-legest fe</i>	\$0	
<i>tri-linyah</i>	\$0	
<i>tri-lo-estarylla</i>	\$0	
<i>tri-lo-marzia</i>	\$0	
<i>tri-lo-mili</i>	\$0	
<i>tri-lo-sprintec</i>	\$0	
<i>tri-mili</i>	\$0	
<i>trinessa (28)</i>	\$0	
<i>tri-sprintec</i>	\$0	
<i>trivora (28)</i>	\$0	
<i>tri-vylibra</i>	\$0	
<i>tri-vylibra lo</i>	\$0	
<i>velivet</i>	\$0	

Drug Name	Drug Tier	Requirements/Limits
<b>*Corticosteroids*</b>		
<b>*Glucocorticosteroids***</b>		
<i>budesonide er oral tablet extended release 24 hour</i>	3	QPD
<i>budesonide oral</i>	3	
<i>cortisone acetate oral</i>	3	
<i>dexamethasone intensol</i>	1	
<i>dexamethasone oral elixir</i>	1	
<i>dexamethasone oral solution</i>	1	
<i>dexamethasone oral tablet</i>	1	
<i>hydrocortisone oral</i>	1	
<i>methylprednisolone oral</i>	1	
<i>prednisolone oral solution</i>	1	
<i>prednisolone oral tablet</i>	3	
<i>prednisolone sodium phosphate oral solution 15 mg/5ml, 25 mg/5ml, 6.7 (5 base) mg/5ml</i>	1	
<i>prednisolone sodium phosphate oral tablet dispersible</i>	3	
<i>prednisone intensol</i>	3	
<i>prednisone oral</i>	1	
<b>*Mineralocorticoids***</b>		
<i>fludrocortisone acetate oral</i>	1	
<b>*Cough/Cold/Allergy*</b>		
<b>*Antitussive - Nonnarcotic***</b>		
<i>benzonatate oral capsule 100 mg, 200 mg</i>	1	
<b>*Antitussive - Opioid***</b>		
<i>hydrocodone bit-homatrop mbr oral tablet</i>	1	
<i>hydromet oral solution</i>	1	
<b>*Antitussive-Expectorant***</b>		
<i>g tussin ac</i>	1	
<i>guaiaatusin ac</i>	1	
<i>guaifenesin-codeine oral solution</i>	1	
MAR-COF CG EXPECTORANT	3	
<i>maxi-tuss ac</i>	1	
<i>virtussin a/c</i>	1	
<b>*Antitussive-Expectorants-Decongestant***</b>		
<i>tusnel c</i>	1	
<b>*Decongestant &amp; Antihistamine***</b>		
<i>promethazine vc</i>	1	
<i>promethazine-phenylephrine</i>	1	

Drug Name	Drug Tier	Requirements/Limits
<b>*Iodine Expectorants***</b>		
<i>potassium iodide oral solution</i>	3	
SSKI	3	
<b>*Misc. Respiratory Inhalants***</b>		
HYPERSAL	2	
<i>nebusal inhalation nebulization solution 3 %</i>	1	
NEBUSAL INHALATION NEBULIZATION SOLUTION 6 %	2	
<i>pulmosal</i>	2	
<i>sodium chloride inhalation nebulization solution 0.9 % , 10 % , 3 % , 7 %</i>	1	
<b>*Mucolytics***</b>		
<i>acetylcysteine inhalation</i>	1	
<b>*Non-Narc Antitussive-Antihistamine***</b>		
<i>promethazine-dm oral syrup</i>	1	
<b>*Non-Narc Antitussive-Decongestant-Antihistamine***</b>		
<i>pseudoeph-bromphen-dm oral syrup 30-2-10 mg/5ml</i>	1	
<b>*Opioid Antitussive-Antihistamine***</b>		
<i>hydrocod poli-chlorphe poli er</i>	1	
<i>promethazine-codeine</i>	1	QPD
<b>*Opioid Antitussive-Decongestant-Antihistamine***</b>		
<i>rydex</i>	1	
<b>*Dermatologicals*</b>		
<b>*Acne Antibiotics***</b>		
<i>clindacin</i>	1	QPD
<i>clindacin etz external swab</i>	1	QPD
<i>clindacin-p</i>	1	QPD
<i>clindamycin phosphate external foam</i>	3	QPD
<i>clindamycin phosphate external gel 1 %</i>	3	QPD
<i>clindamycin phosphate external lotion</i>	3	QPD
<i>clindamycin phosphate external solution</i>	1	QPD
<i>clindamycin phosphate external swab</i>	1	QPD
<i>dapsone external</i>	3	QPD
<i>ery</i>	3	QPD
<i>erygel</i>	3	QPD
<i>erythromycin external gel</i>	3	QPD
<i>erythromycin external solution</i>	1	QPD
<i>sulfacetamide sodium (acne)</i>	3	QPD

Drug Name	Drug Tier	Requirements/Limits
<b>*Acne Combinations***</b>		
<i>benzoyl peroxide-erythromycin</i>	3	
<i>clindamycin phos-benzoyl perox external gel 1-5 %, 1.2-5 %</i>	3	
<i>clindamycin-tretinoin</i>	3	PA
<i>neuac external gel</i>	3	
<b>*Acne Products***</b>		
ABSORICA	3	QPD
ABSORICA LD	3	QPD
<i>accutane</i>	3	QPD
<i>adapalene external cream</i>	3	QPD
<i>adapalene external gel 0.3 %</i>	3	QPD
ALTRENO	3	PA; QPD
<i>amnesteem</i>	3	QPD
<i>claravis</i>	3	QPD
<i>isotretinoin oral</i>	3	QPD
<i>tretinoin external</i>	3	PA; QPD
<i>tretinoin microsphere external gel 0.04 %, 0.1 %</i>	3	PA; QPD
<i>tretinoin microsphere pump</i>	3	PA; QPD
<i>zenatane</i>	3	QPD
<b>*Antibiotics - Topical***</b>		
<i>gentamicin sulfate external</i>	1	QPD
<i>mupirocin external</i>	1	QPD
<b>*Antifungals - Topical Combinations***</b>		
<i>clotrimazole-betamethasone</i>	1	QPD
<i>nystatin-triamcinolone</i>	1	QPD
<b>*Antifungals - Topical***</b>		
<i>ciclodan external solution</i>	1	QPD
<i>ciclopirox external</i>	1	QPD
<i>ciclopirox olamine external cream</i>	1	QPD
<i>ciclopirox olamine external suspension</i>	3	QPD
<i>klayesta</i>	1	QPD
<i>naftifine hcl external cream</i>	3	PA; QPD
<i>naftifine hcl external gel 2 %</i>	3	PA; QPD
<i>nyamyc</i>	1	QPD
<i>nystatin external</i>	1	QPD
<i>nystop</i>	1	QPD
<b>*Anti-Inflammatory Agents - Topical***</b>		
<i>diclofenac sodium external gel 1 %</i>	1	QPD



Drug Name	Drug Tier	Requirements/Limits
<i>diclofenac sodium external solution 1.5 %</i>	1	QPD
<b>*Antineoplastic Alkylating Agents - Topical***</b>		
VALCHLOR	3	LA; SP
<b>*Antineoplastic Antimetabolites - Topical***</b>		
CARAC	3	PA
<i>fluorouracil external cream 5 %</i>	3	
<i>fluorouracil external solution 2 %</i>	1	
<i>fluorouracil external solution 5 %</i>	3	
<b>*Antineoplastic Or Premalignant Lesions - Topical Nsaid's***</b>		
<i>diclofenac sodium external gel 3 %</i>	3	PA; QPD
<b>*Antineoplastic Retinoids - Topical***</b>		
PANRETIN	3	SP
<b>*Antipruritics - Topical***</b>		
<i>doxepin hcl external</i>	3	PA; QPD
<i>pradoxin</i>	3	PA; QPD
<b>*Antipsoriatics - Systemic***</b>		
<i>acitretin</i>	3	
BIMZELX	3	PA; SP; QPD
COSENTYX (300 MG DOSE)	2	PA; LA; SP; QPD
COSENTYX SENSOREADY (300 MG)	2	PA; LA; SP; QPD
COSENTYX SENSOREADY PEN SUBCUTANEOUS SOLUTION AUTO-INJECTOR 150 MG/ML	2	PA; LA; SP; QPD
COSENTYX SUBCUTANEOUS	2	PA; LA; SP; QPD
COSENTYX UNOREADY	2	PA; SP; QPD
<i>methoxsalen rapid</i>	3	SP
SILIQ	3	PA; SP; QPD
SKYRIZI PEN	2	PA; SP; QPD
SKYRIZI SUBCUTANEOUS SOLUTION PREFILLED SYRINGE	2	PA; SP; QPD
STELARA SUBCUTANEOUS SOLUTION 45 MG/0.5ML	2	PA; SP; QPD
STELARA SUBCUTANEOUS SOLUTION PREFILLED SYRINGE	2	PA; SP; QPD
TALTZ	3	PA; LA; SP; QPD
TREMFYA SUBCUTANEOUS SOLUTION AUTO-INJECTOR 100 MG/ML	2	PA; SP; QPD
TREMFYA SUBCUTANEOUS SOLUTION PREFILLED SYRINGE 100 MG/ML	2	PA; SP; QPD
<b>*Antipsoriatics***</b>		
<i>calcipotriene external cream</i>	3	QPD

Drug Name	Drug Tier	Requirements/Limits
<i>calcipotriene external ointment</i>	3	QPD
<i>calcipotriene external solution</i>	3	QPD
<i>calcitrene</i>	3	QPD
<i>calcitriol external</i>	3	QPD
<i>tazarotene external cream 0.1 %</i>	3	QPD
TAZORAC EXTERNAL CREAM 0.05 %	3	QPD
<b>*Antiseborrheic Products***</b>		
<i>selenium sulfide external lotion</i>	1	
<i>sodium sulfacetamide external shampoo 10 %</i>	3	
<i>sulfacetamide sodium (cleans)</i>	1	
<i>sulfacetamide sodium external liquid</i>	3	
<b>*Antivirals - Topical***</b>		
<i>acyclovir external ointment</i>	3	PA
<i>penciclovir</i>	3	PA
<b>*Atopic Dermatitis - Janus Kinase (Jak) Inhibitors***</b>		
OPZELURA	3	PA; SP; QPD
<b>*Atopic Dermatitis - Monoclonal Antibodies***</b>		
ADBRY	2	PA; LA; SP; QPD
DUPIXENT SUBCUTANEOUS SOLUTION AUTO-INJECTOR	2	PA; SP; QPD
DUPIXENT SUBCUTANEOUS SOLUTION PREFILLED SYRINGE 200 MG/1.14ML, 300 MG/2ML	2	PA; SP; QPD
<b>*Burn Products***</b>		
<i>mafenide acetate external</i>	3	
<i>silver sulfadiazine external</i>	1	
<i>ssd</i>	1	
<i>ssd (silver sulfadiazine)</i>	1	
SULFAMYLON EXTERNAL CREAM	3	
<i>thermazene</i>	1	
<b>*Corticosteroids - Topical***</b>		
<i>ala-cort external cream 1 %</i>	1	QPD
<i>alclometasone dipropionate external cream</i>	3	QPD
<i>alclometasone dipropionate external ointment</i>	1	QPD
<i>amcinonide external cream</i>	3	QPD
<i>amcinonide external ointment</i>	3	QPD
<i>betamethasone dipropionate aug external cream</i>	1	QPD
<i>betamethasone dipropionate aug external gel</i>	3	QPD
<i>betamethasone dipropionate aug external lotion</i>	3	QPD
<i>betamethasone dipropionate aug external ointment</i>	3	QPD

<b>Drug Name</b>	<b>Drug Tier</b>	<b>Requirements/Limits</b>
<i>betamethasone dipropionate external cream</i>	3	QPD
<i>betamethasone dipropionate external lotion</i>	1	QPD
<i>betamethasone dipropionate external ointment</i>	3	QPD
<i>betamethasone valerate external cream</i>	1	QPD
<i>betamethasone valerate external foam</i>	3	QPD
<i>betamethasone valerate external lotion</i>	3	QPD
<i>betamethasone valerate external ointment</i>	1	QPD
<i>clobetasol propionate e</i>	3	QPD
<i>clobetasol propionate emulsion</i>	3	QPD
<i>clobetasol propionate external cream</i>	1	QPD
<i>clobetasol propionate external foam</i>	3	QPD
<i>clobetasol propionate external gel</i>	3	QPD
<i>clobetasol propionate external liquid</i>	3	QPD
<i>clobetasol propionate external lotion</i>	3	QPD
<i>clobetasol propionate external ointment</i>	1	QPD
<i>clobetasol propionate external shampoo</i>	3	QPD
<i>clobetasol propionate external solution</i>	1	QPD
<i>clodan external shampoo</i>	3	QPD
<i>desonide external cream</i>	3	QPD
<i>desonide external lotion</i>	3	QPD
<i>desonide external ointment</i>	3	QPD
<i>desoximetasone external cream</i>	3	QPD
<i>desoximetasone external gel</i>	3	QPD
<i>desoximetasone external ointment 0.05 %</i>	3	QPD
<i>desoximetasone external ointment 0.25 %</i>	1	QPD
<i>diflorasone diacetate external</i>	3	QPD
<i>fluocinolone acetonide body</i>	1	QPD
<i>fluocinolone acetonide external cream</i>	3	QPD
<i>fluocinolone acetonide external ointment</i>	3	QPD
<i>fluocinolone acetonide external solution</i>	1	QPD
<i>fluocinolone acetonide scalp</i>	1	QPD
<i>fluocinonide emulsified base</i>	3	QPD
<i>fluocinonide external</i>	3	QPD
<i>fluticasone propionate external cream</i>	1	QPD
<i>fluticasone propionate external lotion</i>	3	QPD
<i>fluticasone propionate external ointment</i>	1	QPD
<i>halobetasol propionate external cream</i>	3	QPD
<i>halobetasol propionate external ointment</i>	3	QPD

<b>Drug Name</b>	<b>Drug Tier</b>	<b>Requirements/Limits</b>
<i>hydrocortisone butyrate external cream</i>	3	QPD
<i>hydrocortisone butyrate external ointment</i>	3	QPD
<i>hydrocortisone butyrate external solution</i>	3	QPD
<i>hydrocortisone external cream 1 %</i>	1	
<i>hydrocortisone external cream 2.5 %</i>	1	QPD
<i>hydrocortisone external lotion 2.5 %</i>	1	QPD
<i>hydrocortisone external ointment 1 %, 2.5 %</i>	1	QPD
<i>hydrocortisone max st external cream</i>	1	QPD
<i>hydrocortisone valerate external cream</i>	1	QPD
<i>hydrocortisone valerate external ointment</i>	3	QPD
<i>mometasone furoate external</i>	1	QPD
<i>tovet external foam</i>	3	ST; QPD
<i>triamcinolone acetonide external aerosol solution</i>	3	QPD
<i>triamcinolone acetonide external cream</i>	1	QPD
<i>triamcinolone acetonide external lotion</i>	1	QPD
<i>triamcinolone acetonide external ointment 0.025 %, 0.1 %, 0.5 %</i>	1	QPD
<i>triderm external cream 0.5 %</i>	3	QPD
<b>*Enzymes - Topical***</b>		
SANTYL	3	QPD
<b>*Imidazole-Related Antifungals - Topical***</b>		
<i>clotrimazole external cream</i>	1	QPD
<i>clotrimazole external solution</i>	1	QPD
<i>econazole nitrate external</i>	1	QPD
ERTACZO	3	PA; QPD
EXELDERM	3	PA; QPD
<i>ketoconazole external cream</i>	1	QPD
<i>ketoconazole external foam</i>	3	QPD
<i>ketoconazole external shampoo 2 %</i>	1	QPD
LUZU	3	PA; QPD
<i>oxiconazole nitrate</i>	3	PA; QPD
<b>*Immunomodulators Imidazoquinolinamines - Topical***</b>		
<i>imiquimod external cream 3.75 %</i>	3	PA; QPD
<i>imiquimod external cream 5 %</i>	1	QPD
<i>imiquimod pump</i>	1	PA; QPD
<b>*Keratolytic/Antimitotic/Vesicant Agents***</b>		
<i>podofilox external solution</i>	1	

Drug Name	Drug Tier	Requirements/Limits
<b>*Local Anesthetics - Topical***</b>		
<i>glydo external prefilled syringe</i>	1	QPD
<i>lidocaine external ointment 5 %</i>	1	PA; QPD
<i>lidocaine external patch 5 %</i>	3	PA
<i>lidocaine hcl external solution</i>	1	QPD
<i>lidocaine hcl urethral/mucosal external prefilled syringe</i>	1	QPD
ZTLIDO	2	PA; QPD
<b>*Macrolide Immunosuppressants - Topical***</b>		
<i>pimecrolimus</i>	3	PA; QPD
<i>tacrolimus external ointment</i>	3	PA; QPD
<b>*Misc. Topical***</b>		
QBREXZA	2	PA; QPD
<b>*Rosacea Agents***</b>		
<i>azelaic acid external</i>	3	
<i>brimonidine tartrate external</i>	3	QPD
FINACEA EXTERNAL FOAM	3	
<i>metronidazole external</i>	3	QPD
RHOFADE	3	QPD
<b>*Scabicides &amp; Pediculicides***</b>		
<i>crotan</i>	3	QPD
<i>ivermectin external lotion</i>	3	
<i>malathion external</i>	3	
<i>permethrin external cream</i>	1	
<i>spinosad</i>	3	QPD
<b>*Steroid-Local Anesthetic Combinations***</b>		
<i>hydrocortisone ace-pramoxine external cream 2.5-1 %</i>	3	QPD
<b>*Topical Anesthetic Combinations***</b>		
<i>lidocaine-prilocaine external cream</i>	1	PA; QPD
<b>*Topical Selective Retinoid X Receptor Agonists***</b>		
<i>bexarotene external</i>	3	SP
<b>*Topical Steroid Combinations***</b>		
<i>calcipotriene-betameth diprop external ointment</i>	3	QPD
ENSTILAR	3	QPD
<b>*Wound Care - Growth Factor Agents***</b>		
REGRANEX	3	QPD

Drug Name	Drug Tier	Requirements/Limits
<b>*Diagnostic Products*</b>		
<b>*Diagnostic Drugs***</b>		
METOPIRONE	3	QPD
<b>*Diagnostic Tests***</b>		
CONTOUR NEXT TEST	2	
CONTOUR PLUS TEST	2	
CONTOUR TEST	2	
DIASTIX	2	
FORA GTEL BLOOD KETONE TEST	3	
<i>ght test</i>	2	PA
GNP TRUE METRIX GLUCOSE STRIPS	2	PA
GNP TRUETRACK TEST STRIPS	2	PA
GOJJI BLOOD KETONE TEST	3	
KETONE TEST	2	
KETOSTIX	2	
NOVA MAX PLUS KETONE TEST	2	
PRECISION XTRA KETONE	2	
RELION KETONE TEST	2	
RELION TRUE METRIX TEST STRIPS	2	PA
TRUE METRIX BLOOD GLUCOSE TEST	2	
TRUETEST TEST	2	
TRUETRACK TEST	2	
<b>*Multiple Urine Tests***</b>		
CHEMSTRIP 10 MD	2	
CHEMSTRIP 10/SG	2	
CHEMSTRIP 2 GP	2	
CHEMSTRIP 5 OB	2	
CHEMSTRIP 7	2	
CHEMSTRIP 9	2	
CVS KETONE CARE	2	
KETO-DIASTIX	2	
MULTISTIX 10 SG	2	
<b>*Digestive Aids*</b>		
<b>*Digestive Enzymes***</b>		
CREON	3	
SUCRAID	3	LA; SP

Drug Name	Drug Tier	Requirements/Limits
ZENPEP ORAL CAPSULE DELAYED RELEASE PARTICLES 10000-32000 UNIT, 15000-47000 UNIT, 20000-63000 UNIT, 25000-79000 UNIT, 3000-10000 UNIT, 40000-126000 UNIT, 5000-24000 UNIT, 60000-189600 UNIT	3	
<b>*Diuretics*</b>		
<b>*Carbonic Anhydrase Inhibitors***</b>		
<i>acetazolamide er</i>	1	
<i>acetazolamide oral</i>	1	
<i>dichlorphenamide</i>	3	PA; SP; QPD
<i>methazolamide oral</i>	1	
<b>*Diuretic Combinations***</b>		
<i>amiloride-hydrochlorothiazide</i>	\$0*	
<i>spironolactone-hctz</i>	\$0*	
<i>triamterene-hctz oral capsule 37.5-25 mg</i>	\$0*	QPD
<i>triamterene-hctz oral tablet</i>	\$0*	QPD
<b>*Loop Diuretics***</b>		
<i>bumetanide oral</i>	\$0*	
<i>ethacrynic acid oral</i>	3	PA
<i>furosemide oral solution 10 mg/ml, 8 mg/ml</i>	\$0*	QPD
<i>furosemide oral tablet</i>	\$0*	QPD
<i>toremide oral</i>	\$0*	
<b>*Potassium Sparing Diuretics***</b>		
<i>amiloride hcl oral</i>	1	
<i>spironolactone oral tablet</i>	\$0*	
<i>triamterene oral</i>	3	
<b>*Thiazides And Thiazide-Like Diuretics***</b>		
<i>chlorthalidone oral tablet 25 mg, 50 mg</i>	\$0*	
DIURIL	3	
<i>hydrochlorothiazide oral</i>	\$0*	QPD
<i>indapamide oral</i>	\$0*	
<i>metolazone</i>	\$0*	
<b>*Endocrine And Metabolic Agents - Misc.*</b>		
<b>*Bisphosphonates***</b>		
<i>alendronate sodium oral solution</i>	3	QPD
<i>alendronate sodium oral tablet 10 mg, 35 mg, 5 mg, 70 mg</i>	1	QPD
<i>ibandronate sodium oral</i>	1	QPD
<i>risedronate sodium oral tablet 150 mg</i>	1	QPD
<i>risedronate sodium oral tablet 30 mg, 35 mg, 5 mg</i>	3	QPD

Drug Name	Drug Tier	Requirements/Limits
<i>risedronate sodium oral tablet delayed release</i>	3	QPD
<b>*Calcimimetic Agents***</b>		
<i>cinacalcet hcl</i>	3	PA
<b>*Calcitonins***</b>		
<i>calcitonin (salmon) injection</i>	3	
<i>calcitonin (salmon) nasal</i>	1	QPD
<b>*Carnitine Replenisher - Agents***</b>		
<i>levocarnitine oral solution</i>	3	
<i>levocarnitine oral tablet</i>	3	
<b>*Corticotropin***</b>		
ACTHAR	3	PA; LA; SP; QPD
ACTHAR GEL	3	PA; LA; SP; QPD
<b>*Dopamine Receptor Agonists***</b>		
<i>cabergoline</i>	1	
<b>*Fabry Disease - Agents***</b>		
GALAFOLD	3	PA; LA; SP; QPD
<b>*Gnrh/Lhrh Antagonists***</b>		
ORLISSA	2	PA; QPD
<b>*Growth Hormone Receptor Antagonists***</b>		
SOMAVERT	3	LA; SP; QPD
<b>*Growth Hormone Releasing Hormones (Ghrh)***</b>		
EGRIFTA SV	3	PA; LA; SP
<b>*Growth Hormones***</b>		
GENOTROPIN MINIQUICK SUBCUTANEOUS PREFILLED SYRINGE	3	PA; SP
GENOTROPIN SUBCUTANEOUS CARTRIDGE	3	PA; SP
NORDITROPIN FLEXPRO SUBCUTANEOUS SOLUTION PEN-INJECTOR	3	PA; SP
SKYTROFA	3	PA; SP
SOGROYA	3	PA; SP
<b>*Hereditary Orotic Aciduria Treatment - Agents**</b>		
XURIDEN	3	PA; LA; SP; QPD
<b>*Hereditary Tyrosinemia Type 1 (Ht-1) Treatment - Agents***</b>		
<i>nitisinone oral capsule 10 mg, 2 mg, 5 mg</i>	3	PA; LA; SP
<i>nitisinone oral capsule 20 mg</i>	3	PA; SP
NITYR	3	PA; LA; SP
ORFADIN ORAL SUSPENSION	3	PA; LA; SP



Drug Name	Drug Tier	Requirements/Limits
<b>*Homocystinuria Treatment - Agents***</b>		
<i>betaine</i>	3	LA; SP; QPD
<b>*Hyperparathyroid Treatment - Vitamin D Analogs***</b>		
<i>calcitriol oral</i>	1	
<i>doxercalciferol oral</i>	3	
<i>paricalcitol oral</i>	3	
<b>*Hypophosphatasia (Hpp) Agents***</b>		
STRENSIQ	3	PA; LA; SP
<b>*Insulin-Like Growth Factors (Somatomedins)***</b>		
INCRELEX	3	PA; LA; SP
<b>*Leptin Analogues***</b>		
MYALEPT	3	PA; LA; SP
<b>*Lhrh/Gnrh Agonist Analog Pituitary Suppressants***</b>		
SYNAREL	3	SP
<b>*Parathyroid Hormone And Derivatives***</b>		
TYMLOS	3	PA; SP; QPD
<b>*Phenylketonuria Treatment - Agents***</b>		
<i>javygtor</i>	3	PA; SP
<i>sapropterin dihydrochloride oral packet</i>	3	PA; SP
<i>sapropterin dihydrochloride oral tablet</i>	3	PA; SP
<b>*Selective Estrogen Receptor Modulators (Serms)***</b>		
OSPHENA	2	QPD
<i>raloxifene hcl</i>	\$0	QPD
<b>*Selective Vasopressin V2-Receptor Antagonists***</b>		
JYNARQUE	3	PA; LA; SP; QPD
<i>tolvaptan</i>	3	SP
<b>*Somatostatic Agents***</b>		
<i>octreotide acetate injection solution 100 mcg/ml, 1000 mcg/ml, 200 mcg/ml, 50 mcg/ml, 500 mcg/ml</i>	2	SP
<i>octreotide acetate subcutaneous</i>	2	SP
SIGNIFOR	3	PA; LA; SP; QPD
<b>*Urea Cycle Disorder - Agents***</b>		
RAVICTI	3	PA; LA; SP; QPD
<i>sodium phenylbutyrate oral powder 3 gm/tsp</i>	3	PA; SP; QPD
<i>sodium phenylbutyrate oral tablet</i>	3	PA; SP; QPD

Drug Name	Drug Tier	Requirements/Limits
<b>*Vasopressin***</b>		
<i>desmopressin ace spray refrig</i>	1	
<i>desmopressin acetate oral</i>	1	
<i>desmopressin acetate spray</i>	1	
<b>*Estrogens*</b>		
<b>*Estrogen &amp; Androgen***</b>		
<i>covaryx</i>	3	
<i>covaryx hs</i>	3	
<i>eemt</i>	3	
<i>eemt hs</i>	3	
<i>est estrogens-methyltest ds</i>	3	
<i>est estrogens-methyltest hs</i>	3	
<i>est estrogens-methyltest oral tablet 1.25-2.5 mg</i>	3	
ESTRATEST F.S.	3	
<b>*Estrogen &amp; Progestin***</b>		
CLIMARA PRO	3	QPD
COMBIPATCH	3	QPD
<i>estradiol-norethindrone acet</i>	1	
<i>fyavolv</i>	3	
<i>jinteli</i>	1	
<i>mimvey</i>	3	
<i>norethindrone-eth estradiol oral tablet 0.5-2.5 mg-mcg</i>	3	
<i>norethindrone-eth estradiol oral tablet 1-5 mg-mcg</i>	1	
PREMPHASE	3	QPD
PREMPRO	3	QPD
<b>*Estrogen-Progestin-Gnrh Antagonist***</b>		
ORIAHNN	2	PA; QPD
<b>*Estrogens***</b>		
DEPO-ESTRADIOL	3	
<i>dotti</i>	1	QPD
ELESTRIN	3	QPD
<i>estradiol oral</i>	1	
<i>estradiol transdermal gel 0.25 mg/0.25gm, 0.5 mg/0.5gm, 0.75 mg/0.75gm, 1 mg/gm, 1.25 mg/1.25gm</i>	3	QPD
<i>estradiol transdermal patch twice weekly</i>	1	QPD
<i>estradiol transdermal patch weekly</i>	1	QPD
<i>estradiol valerate intramuscular oil 10 mg/ml</i>	3	

Drug Name	Drug Tier	Requirements/Limits
<i>estradiol valerate intramuscular oil 20 mg/ml, 40 mg/ml</i>	1	
EVAMIST	3	QPD
<i>lyllana</i>	1	QPD
MENEST	3	
PREMARIN ORAL	3	QPD
<b>*Estrogen-Selective Estrogen Receptor Modulator Comb***</b>		
DUAVEE	3	
<b>*Fluoroquinolones*</b>		
<b>*Fluoroquinolones***</b>		
BAXDELA ORAL	3	QPD
<i>ciprofloxacin hcl oral tablet 250 mg, 500 mg, 750 mg</i>	1	
<i>levofloxacin oral</i>	1	
<i>moxifloxacin hcl oral</i>	1	
<i>ofloxacin oral tablet 300 mg, 400 mg</i>	1	
<b>*Gastrointestinal Agents - Misc.*</b>		
<b>*Bile Acid Synthesis Disorder Agents***</b>		
CHOLBAM	3	PA; LA; SP
<b>*Cic Agents - Guanylate Cyclase-C (Gc-C) Agonists***</b>		
TRULANCE	3	QPD
<b>*Gallstone Solubilizing Agents***</b>		
CHENODAL	3	LA; SP
<i>ursodiol oral capsule 300 mg</i>	1	
<i>ursodiol oral tablet</i>	1	
<b>*Gastrointestinal Antiallergy Agents***</b>		
<i>cromolyn sodium oral</i>	3	PA
<b>*Gastrointestinal Chloride Channel Activators***</b>		
<i>lubiprostone</i>	3	QPD
<b>*Gastrointestinal Stimulants***</b>		
<i>metoclopramide hcl oral solution 10 mg/10ml, 5 mg/5ml</i>	1	
<i>metoclopramide hcl oral tablet</i>	1	
<b>*Glucagon-Like Peptide-2 (Glp-2) Analogs***</b>		
GATTEX	3	PA; LA; SP
<b>*Ibs Agent - Guanylate Cyclase-C (Gc-C) Agonists***</b>		
LINZESS	3	QPD
<b>*Ibs Agent - Mu-Opioid Receptor Agonists***</b>		
VIBERZI	3	QPD

Drug Name	Drug Tier	Requirements/Limits
<b>*Ibs Agent - Selective 5-Ht3 Receptor Antagonists***</b>		
<i>alose tron hcl</i>	3	QPD
<b>*Inflammatory Bowel Agents***</b>		
<i>balsalazide disodium</i>	1	
DIPENTUM	3	
<i>mesalamine er</i>	3	
<i>mesalamine oral</i>	3	
<i>mesalamine rectal enema</i>	1	
<i>mesalamine rectal suppository</i>	3	QPD
PENTASA ORAL CAPSULE EXTENDED RELEASE 250 MG	3	
<i>sulfasalazine oral</i>	1	
<b>*Integrin Receptor Antagonists***</b>		
ENTYVIO PEN	3	PA; SP; QPD
<b>*Interleukin Antagonists***</b>		
SKYRIZI SUBCUTANEOUS SOLUTION CARTRIDGE	2	PA; SP; QPD
<b>*Intestinal Acidifiers***</b>		
<i>enulose</i>	1	
<i>generlac</i>	1	
<i>lactulose encephalopathy oral solution 10 gm/15ml</i>	1	
<b>*Peripheral Opioid Receptor Antagonists***</b>		
MOVANTIK	2	QPD
RELISTOR ORAL	3	SP; QPD
RELISTOR SUBCUTANEOUS SOLUTION 12 MG/0.6ML, 8 MG/0.4ML	3	SP; QPD
SYMPROIC	2	QPD
<b>*Phosphate Binder Agents***</b>		
<i>calcium acetate (phos binder)</i>	1	
<i>calcium acetate oral tablet 667 mg</i>	1	
<i>lanthanum carbonate</i>	3	PA
<i>sevelamer carbonate</i>	3	PA
VELPHORO	3	PA
<b>*Tumor Necrosis Factor Alpha Blockers***</b>		
CIMZIA (2 SYRINGE)	3	PA; LA; SP; QPD
CIMZIA-STARTER	3	PA; LA; SP; QPD
<b>*Genitourinary Agents - Miscellaneous*</b>		
<b>*5-Alpha Reductase Inhibitors***</b>		
<i>dutasteride oral</i>	1	QPD
<i>finasteride oral tablet 5 mg</i>	1	QPD

Drug Name	Drug Tier	Requirements/Limits
<b>*Alpha 1-Adrenoceptor Antagonists***</b>		
<i>alfuzosin hcl er</i>	1	
<i>silodosin</i>	1	QPD
<i>tamsulosin hcl</i>	1	QPD
<b>*Citrates***</b>		
<i>cytra k crystals</i>	1	
<i>potassium citrate er</i>	1	
<b>*Cystinosis Agents***</b>		
CYSTAGON	3	LA; SP
PROCYSBI	3	PA; LA; SP
<b>*Genitourinary Irrigants***</b>		
<i>acetic acid irrigation</i>	1	
<i>glycine urologic</i>	1	
<i>sodium chloride irrigation solution 0.9 %</i>	1	
<b>*Interstitial Cystitis Agents***</b>		
ELMIRON	3	
<b>*Prostatic Hypertrophy Agent Combinations***</b>		
<i>dutasteride-tamsulosin hcl</i>	3	QPD
<b>*Urinary Analgesics***</b>		
<i>phenazopyridine hcl oral tablet 100 mg, 200 mg</i>	1	
<b>*Urinary Stone Agents***</b>		
LITHOSTAT	3	SP
THIOLA EC	3	LA; SP
<i>tiopronin oral</i>	3	SP
<b>*Gout Agents*</b>		
<b>*Gout Agent Combinations***</b>		
<i>colchicine-probenecid</i>	1	
<b>*Gout Agents***</b>		
<i>allopurinol oral tablet 100 mg, 300 mg</i>	1	
<i>colchicine oral capsule</i>	3	
<i>colchicine oral tablet</i>	1	
<i>febuxostat</i>	3	QPD
<b>*Uricosurics***</b>		
<i>probenecid oral</i>	1	
<b>*Hematological Agents - Misc.*</b>		
<b>*Bradykinin B2 Receptor Antagonists***</b>		
<i>icatibant acetate subcutaneous solution prefilled syringe</i>	3	PA; SP; QPD

Drug Name	Drug Tier	Requirements/Limits
<i>sajazir subcutaneous solution prefilled syringe</i>	3	PA; LA; SP; QPD
<b>*C1 Esterase Inhibitors***</b>		
CINRYZE	3	PA; LA; SP; QPD
HAEGARDA	3	PA; LA; SP; QPD
RUCONEST	3	PA; LA; SP; QPD
<b>*Complement C3 Inhibitors***</b>		
EMPAVELI	2	PA; SP; QPD
<b>*Complement Factor B Inhibitors***</b>		
FABHALTA	2	PA; SP; QPD
<b>*Direct-Acting P2y12 Inhibitors***</b>		
BRILINTA	3	QPD
<b>*Hematorheologic Agents***</b>		
<i>pentoxifylline er</i>	1	
<b>*Phosphodiesterase Iii Inhibitors***</b>		
<i>cilostazol</i>	\$0*	QPD
<b>*Plasma Kallikrein Inhibitors - Monoclonal Antibodies***</b>		
TAKHZYRO	3	PA; LA; SP; QPD
<b>*Plasma Kallikrein Inhibitors***</b>		
ORLADEYO	3	PA; LA; SP; QPD
<b>*Platelet Aggregation Inhibitor Combinations***</b>		
<i>aspirin-dipyridamole er</i>	3	QPD
<b>*Platelet Aggregation Inhibitors***</b>		
<i>dipyridamole oral</i>	\$0*	
<b>*Protease-Activated Receptor-1 (Par-1) Antagonists***</b>		
ZONTIVITY	3	
<b>*Quinazoline Agents***</b>		
<i>anagrelide hcl</i>	1	
<b>*Thienopyridine Derivatives***</b>		
<i>clopidogrel bisulfate oral tablet 300 mg</i>	1	QPD
<i>clopidogrel bisulfate oral tablet 75 mg</i>	\$0*	QPD
<i>prasugrel hcl</i>	1	QPD
<b>*Hematopoietic Agents*</b>		
<b>*Agents For Gaucher Disease***</b>		
CERDELGA	3	PA; SP
<i>miglustat</i>	1	PA; LA; SP
<b>*Cobalamins***</b>		
<i>cyanocobalamin injection solution 1000 mcg/ml</i>	1	

Drug Name	Drug Tier	Requirements/Limits
<i>dodex</i>	1	
<i>hydroxocobalamin acetate</i>	1	
<b>*Cxcr4 Receptor Antagonist***</b>		
MOZOBIL	3	LA; SP
<b>*Cytotoxic Agents***</b>		
DROXIA	2	
<b>*Folic Acid/Folate Combinations***</b>		
<i>foltabs 800</i>	\$0	
<b>*Folic Acid/Folates***</b>		
<i>cvs folic acid oral tablet 800 mcg</i>	\$0	
<i>folate</i>	\$0	
<i>folic acid oral tablet 1 mg</i>	1	
<i>folic acid oral tablet 400 mcg, 800 mcg</i>	\$0	
<i>gnp folic acid</i>	\$0	
<i>kp folic acid oral tablet 800 mcg</i>	\$0	
<i>ra folic acid</i>	\$0	
<i>sm folic acid</i>	\$0	
<b>*Hypoxia-Inducible Factor Prolyl Hydroxylase Inhibitors***</b>		
JESDUVROQ	3	PA; SP; QPD
<b>*Iron Combinations***</b>		
<i>folitab 500</i>	1	
<b>*Thrombopoietin (Tpo) Receptor Agonists***</b>		
ALVAIZ	2	PA; SP; QPD
DOPTELET ORAL TABLET 20 MG	3	PA; LA; SP; QPD
PROMACTA	3	PA; LA; SP
<b>*Hemostatics*</b>		
<b>*Hemostatics - Systemic***</b>		
<i>tranexamic acid oral</i>	1	
<b>*Hypnotics/Sedatives/Sleep Disorder Agents*</b>		
<b>*Barbiturate Hypnotics***</b>		
<i>phenobarbital oral elixir</i>	1	
<i>phenobarbital oral tablet</i>	1	
<b>*Benzodiazepine Hypnotics***</b>		
<i>estazolam</i>	1	QPD
<i>flurazepam hcl</i>	1	QPD
<i>quazepam tablet 15 mg oral</i>	1	QPD
<i>temazepam</i>	1	QPD

Drug Name	Drug Tier	Requirements/Limits
<i>triazolam</i>	1	QPD
<b>*Non-Benzodiazepine - Gaba-Receptor Modulators***</b>		
<i>eszopiclone</i>	1	QPD
<i>zaleplon</i>	1	QPD
<i>zolpidem tartrate er</i>	1	QPD
<i>zolpidem tartrate oral tablet</i>	1	QPD
<b>*Selective Melatonin Receptor Agonists***</b>		
HETLIOZ LQ	3	PA; LA; SP
<i>tasimelteon</i>	3	PA; SP; QPD
<b>*Laxatives*</b>		
<b>*Bowel Evacuant Combinations***</b>		
<i>gavilyte-c</i>	\$0	
<i>gavilyte-g</i>	\$0	
<i>gavilyte-n with flavor pack</i>	\$0	
<i>na sulfate-k sulfate-mg sulf oral solution 17.5-3.13-1.6 gm/177ml</i>	\$0	
<i>peg 3350-kcl-na bicarb-nacl</i>	\$0	
<i>peg-3350/electrolytes</i>	\$0	
<i>peg-3350/electrolytes/ascorbat</i>	\$0	
<i>peg-kcl-nacl-nasulf-na asc-c</i>	\$0	
<i>peg-prep</i>	\$0	
<b>*Laxatives - Miscellaneous***</b>		
<i>clearlax oral powder</i>	\$0	
<i>constulose</i>	1	
<i>cvs purelax</i>	\$0	
<i>eq clearlax</i>	\$0	
<i>eq clearlax</i>	\$0	
<i>ft clearlax</i>	\$0	
<i>gavilax oral powder</i>	\$0	
<i>gentlelax oral powder</i>	\$0	
<i>glycolax</i>	\$0	
<i>gnp clearlax</i>	\$0	
<i>goodsense clearlax</i>	\$0	
<i>healthylax</i>	\$0	
<i>hm clearlax oral powder</i>	\$0	
<i>kls laxaclear</i>	\$0	
<i>lactulose oral solution 10 gm/15ml</i>	1	
<i>peg 3350</i>	\$0	



<b>Drug Name</b>	<b>Drug Tier</b>	<b>Requirements/Limits</b>
<i>polyethylene glycol 3350 oral packet 17 gm</i>	\$0	
<i>polyethylene glycol 3350 oral powder</i>	\$0	
<i>qc natura-lax</i>	\$0	
<i>ra laxative oral powder</i>	\$0	
<i>sb polyethylene glycol 3350</i>	\$0	
<i>sm clearlax</i>	\$0	
<i>smooth lax</i>	\$0	
<b>*Saline Laxatives***</b>		
<i>citrate of magnesia oral solution</i>	\$0	
<i>citroma</i>	\$0	
<i>cvs magnesium citrate oral solution</i>	\$0	
<i>cvs milk of magnesia oral suspension 1200 mg/15ml</i>	\$0	
<i>dulcolax oral suspension</i>	\$0	
<i>eq magnesium citrate</i>	\$0	
<i>eql magnesium citrate</i>	\$0	
<i>ft magnesium citrate</i>	\$0	
<i>ft milk of magnesia</i>	\$0	
<i>gnp magnesium citrate</i>	\$0	
<i>gnp milk of magnesia</i>	\$0	
<i>goodsense magnesium citrate</i>	\$0	
<i>goodsense milk of magnesia</i>	\$0	
<i>hm milk of magnesia</i>	\$0	
<i>magnesium citrate oral solution 1.745 gm/30ml</i>	\$0	
<i>milk of magnesia</i>	\$0	
<i>milk of magnesia concentrate</i>	\$0	
<i>onelax magnesium citrate</i>	\$0	
<i>qc magnesium citrate</i>	\$0	
<i>qc milk of magnesia</i>	\$0	
<i>ra magnesium citrate</i>	\$0	
<i>ra milk of magnesia oral suspension</i>	\$0	
<i>sb milk of magnesia</i>	\$0	
<i>sm milk of magnesia oral suspension 1200 mg/15ml</i>	\$0	
<b>*Stimulant Laxatives***</b>		
<i>alophen</i>	\$0	
<i>bisacodyl ec</i>	\$0	
<i>bisacodyl oral</i>	\$0	
<i>cvs gentle laxative oral</i>	\$0	
<i>cvs gentle laxative womens</i>	\$0	

Drug Name	Drug Tier	Requirements/Limits
<i>eq gentle laxative</i>	\$0	
<i>eql gentle laxative</i>	\$0	
<i>eql laxative oral tablet delayed release</i>	\$0	
<i>ft laxative</i>	\$0	
<i>gentle laxative oral tablet delayed release</i>	\$0	
<i>gnp gentle laxative oral</i>	\$0	
<i>gnp womens gentle laxative</i>	\$0	
<i>goodsense bisacodyl ec</i>	\$0	
<i>goodsense bisacodyl laxative</i>	\$0	
<i>kp bisacodyl</i>	\$0	
<i>laxative oral tablet delayed release</i>	\$0	
<i>qc gentle laxative oral</i>	\$0	
<i>ra laxative oral tablet delayed release</i>	\$0	
<i>ra womens laxative</i>	\$0	
<i>sb bisacodyl laxative ec</i>	\$0	
<i>sm gentle laxative</i>	\$0	
<i>womans laxative oral tablet delayed release</i>	\$0	
<i>womens laxative</i>	\$0	
<b>*Macrolides*</b>		
<b>*Azithromycin***</b>		
<i>azithromycin oral packet</i>	1	
<i>azithromycin oral suspension reconstituted</i>	1	
<i>azithromycin oral tablet 250 mg, 500 mg, 600 mg</i>	1	
<b>*Clarithromycin***</b>		
<i>clarithromycin er</i>	1	
<i>clarithromycin oral</i>	1	
<b>*Erythromycins***</b>		
<i>e.e.s. 400 oral tablet</i>	1	
<i>ery-tab oral tablet delayed release 250 mg, 333 mg</i>	1	
<i>erythromycin base oral capsule delayed release particles</i>	2	
<i>erythromycin base oral tablet</i>	2	
<i>erythromycin base oral tablet delayed release 250 mg, 333 mg</i>	1	
<i>erythromycin base oral tablet delayed release 500 mg</i>	3	
<i>erythromycin ethylsuccinate oral suspension reconstituted 200 mg/5ml</i>	2	
<i>erythromycin ethylsuccinate oral suspension reconstituted 400 mg/5ml</i>	3	

Drug Name	Drug Tier	Requirements/Limits
<i>erythromycin ethylsuccinate oral tablet</i>	1	
<i>erythromycin oral tablet delayed release 250 mg, 333 mg</i>	1	
<i>erythromycin oral tablet delayed release 500 mg</i>	3	
<b>*Fidaxomicin***</b>		
DIFICID	3	QPD
<b>*Medical Devices And Supplies*</b>		
<b>*Cervical Caps***</b>		
<i>femcap</i>	\$0	
<b>*Condoms - Female***</b>		
<i>fc2 female condom</i>	\$0	
<b>*Condoms - Male***</b>		
<i>aimsco lubricated</i>	\$0	
<i>durex realfeel</i>	\$0	
<i>fantasy lubricated</i>	\$0	
<i>fantasy lubricated/spermicide</i>	\$0	
<i>kimono</i>	\$0	
<i>kimono micro thin</i>	\$0	
<i>kimono micro thin plus</i>	\$0	
<i>kimono sensation</i>	\$0	
<i>kimono sensation plus</i>	\$0	
<i>maxx</i>	\$0	
<i>trustex lub/ribbed/studded</i>	\$0	
<i>trustex lub/spermicide ex st</i>	\$0	
<i>trustex lub/spermicide xl</i>	\$0	
<i>trustex lubricated</i>	\$0	
<i>trustex lubricated ex large</i>	\$0	
<i>trustex lubricated extra st</i>	\$0	
<i>trustex lubricated/spermicide</i>	\$0	
<i>trustex non-lubricated</i>	\$0	
<i>trustex ria lub/spermicide</i>	\$0	
<i>trustex ria lubricated</i>	\$0	
<i>trustex ria non-lubricated</i>	\$0	
<i>trustex-nonoxynol-9/rib/stud</i>	\$0	
<b>*Diaphragms***</b>		
<i>caya</i>	\$0	
<i>wide-seal diaphragm 60</i>	\$0	
<i>wide-seal diaphragm 65</i>	\$0	

Drug Name	Drug Tier	Requirements/Limits
<i>wide-seal diaphragm 70</i>	\$0	
<i>wide-seal diaphragm 75</i>	\$0	
<i>wide-seal diaphragm 80</i>	\$0	
<i>wide-seal diaphragm 85</i>	\$0	
<i>wide-seal diaphragm 90</i>	\$0	
<i>wide-seal diaphragm 95</i>	\$0	
<b>*Glucose Monitoring Test Supplies***</b>		
DEXCOM G6 RECEIVER	2	PA; QPD
DEXCOM G6 SENSOR	2	PA; QPD
DEXCOM G6 TRANSMITTER	2	PA; QPD
DEXCOM G7 RECEIVER	2	PA; QPD
DEXCOM G7 SENSOR	2	PA; QPD
FREESTYLE LIBRE 14 DAY READER	3	PA; QPD
FREESTYLE LIBRE 14 DAY SENSOR	3	PA; QPD
FREESTYLE LIBRE 2 READER	3	PA; QPD
FREESTYLE LIBRE 2 SENSOR	3	PA; QPD
FREESTYLE LIBRE 3 PLUS SENSOR	3	PA; QPD
FREESTYLE LIBRE 3 READER	3	PA; QPD
FREESTYLE LIBRE 3 SENSOR	3	PA; QPD
FREESTYLE LIBRE READER	3	PA; QPD
<b>*Insulin Administration Supplies***</b>		
OMNIPOD 5 DEXG7G6 INTRO GEN 5	3	PA; QPD
OMNIPOD 5 DEXG7G6 PODS GEN 5	3	PA; QPD
OMNIPOD 5 LIBRE2 PLUS G6	3	PA; QPD
OMNIPOD 5 LIBRE2 PLUS G6 PODS	3	PA; QPD
OMNIPOD CLASSIC PODS (GEN 3)	3	PA; QPD
OMNIPOD DASH INTRO (GEN 4)	3	PA; QPD
OMNIPOD DASH PODS (GEN 4)	3	PA; QPD
OMNIPOD GO	3	PA; QPD
<b>*Migraine Products*</b>		
<b>*Calcitonin Gene-Related Peptide Receptor Antag (Cgrp)***</b>		
NURTEC	2	PA; QPD
QULIPTA	2	PA; QPD
UBRELVY	2	PA; QPD
<b>*Cgrp Receptor Antagonists - Monoclonal Antibodies***</b>		
AIMOVIG	2	PA; QPD
AJOVY	2	PA; QPD

Drug Name	Drug Tier	Requirements/Limits
EMGALITY	2	PA; QPD
EMGALITY (300 MG DOSE)	2	PA; QPD
<b>*Ergot Combinations***</b>		
<i>ergotamine-caffeine</i>	3	PA; QPD
<i>migergot</i>	3	PA; QPD
<b>*Migraine Products***</b>		
<i>dihydroergotamine mesylate injection</i>	3	PA; QPD
<i>dihydroergotamine mesylate nasal</i>	3	PA; QPD
ERGOMAR	3	PA; QPD
<b>*Selective Serotonin Agonists 5-Ht(1)***</b>		
<i>almotriptan malate</i>	1	QPD
<i>eletriptan hydrobromide</i>	3	QPD
<i>frovatriptan succinate</i>	1	QPD
<i>naratriptan hcl</i>	1	QPD
<i>rizatriptan benzoate</i>	1	QPD
<i>sumatriptan nasal</i>	3	QPD
<i>sumatriptan succinate oral</i>	1	QPD
<i>sumatriptan succinate refill subcutaneous solution cartridge</i>	3	QPD
<i>sumatriptan succinate subcutaneous solution 6 mg/0.5ml</i>	3	QPD
<i>sumatriptan succinate subcutaneous solution auto-injector 4 mg/0.5ml, 6 mg/0.5ml</i>	3	QPD
<i>zolmitriptan nasal solution 5 mg</i>	3	QPD
<i>zolmitriptan oral</i>	1	QPD
ZOMIG NASAL SOLUTION 2.5 MG	2	QPD
<b>*Selective Serotonin Agonists 5-Ht(1F)***</b>		
REYVOW	2	PA; QPD
<b>*Minerals &amp; Electrolytes*</b>		
<b>*Fluoride***</b>		
<i>sodium fluoride oral solution 1.1 (0.5 f) mg/ml</i>	\$0	
<i>sodium fluoride oral tablet 1.1 (0.5 f) mg</i>	\$0	
<i>sodium fluoride oral tablet 2.2 (1 f) mg</i>	1	
<i>sodium fluoride oral tablet chewable</i>	\$0	
<b>*Phosphate***</b>		
K-PHOS	3	
<b>*Potassium Combinations***</b>		
EFFER-K ORAL TABLET EFFERVESCENT 10 MEQ, 20 MEQ	3	

Drug Name	Drug Tier	Requirements/Limits
<b>*Potassium***</b>		
<i>effe-r-k oral tablet effervescent 25 meq</i>	1	
<i>klor-con 10</i>	1	
<i>klor-con m10</i>	1	
<i>klor-con m15</i>	1	
<i>klor-con m20</i>	1	
<i>klor-con oral tablet extended release</i>	1	
<i>klor-con/ef</i>	1	
<i>potassium chloride crys er</i>	1	
<i>potassium chloride er</i>	1	
<i>potassium chloride oral packet</i>	3	
<i>potassium chloride oral solution 10 %, 20 meq/15ml (10%), 40 meq/15ml (20%)</i>	1	
<b>*Zinc***</b>		
GALZIN	3	
<b>*Miscellaneous Therapeutic Classes*</b>		
<b>*Antileprotics***</b>		
THALOMID ORAL CAPSULE 100 MG, 50 MG	3	LA; SP
<b>*B-Lymphocyte Stimulator (Blys)-Specific Inhibitors***</b>		
BENLYSTA SUBCUTANEOUS	3	PA; LA; SP; QPD
<b>*Chelating Agents***</b>		
<i>penicillamine oral tablet</i>	3	SP
<b>*Cyclosporine Analogs***</b>		
<i>cyclosporine modified</i>	1	
<i>cyclosporine oral capsule</i>	1	
<i>gengraf oral capsule 100 mg, 25 mg</i>	1	
<i>gengraf oral solution</i>	1	
<b>*Immunomodulators For Myelodysplastic Syndromes***</b>		
<i>lenalidomide</i>	2	LA; SP; QPD
REVLIMID	2	LA; SP; QPD
<b>*Inosine Monophosphate Dehydrogenase Inhibitors***</b>		
<i>mycophenolate mofetil oral</i>	1	
<i>mycophenolate sodium</i>	1	
<b>*Irrigation Solutions***</b>		
<i>lactated ringers irrigation</i>	1	
<i>ringers irrigation</i>	1	

Drug Name	Drug Tier	Requirements/Limits
<i>sterile water for irrigation</i>	1	
<i>tis-u-sol</i>	1	
<i>water for irrigation, sterile</i>	1	
<b>*Macrolide Immunosuppressants***</b>		
<i>everolimus oral tablet 0.25 mg, 0.5 mg, 0.75 mg, 1 mg</i>	3	
<i>sirolimus oral</i>	1	
<i>tacrolimus oral</i>	1	
<b>*Monoclonal Antibodies***</b>		
ENSPRYNG	3	PA; LA; SP; QPD
<b>*Potassium Removing Agents***</b>		
<i>kionex combination</i>	1	
LOKELMA	2	QPD
<i>sodium polystyrene sulfonate oral powder</i>	1	
<i>sps (sodium polystyrene sulf)</i>	1	
VELTASSA ORAL PACKET 16.8 GM, 25.2 GM, 8.4 GM	3	QPD
<b>*Purine Analogs***</b>		
<i>azathioprine oral tablet 50 mg</i>	1	
<b>*Rock Inhibitors***</b>		
REZUROCK	3	LA; SP; QPD
<b>*Mouth/Throat/Dental Agents*</b>		
<b>*Anesthetics Topical Oral***</b>		
<i>lidocaine viscous hcl</i>	1	QPD
<b>*Anti-Infectives - Throat***</b>		
<i>clotrimazole mouth/throat troche</i>	1	
<i>nystatin mouth/throat</i>	1	
ORAVIG	3	PA
<b>*Antiseptics - Mouth/Throat***</b>		
<i>chlorhexidine gluconate mouth/throat</i>	1	
<i>periogard</i>	1	
<b>*Dental Products - Combinations***</b>		
<i>sodium fluoride 5000 enamel dental gel</i>	1	
<b>*Fluoride Dental Products***</b>		
<i>denta 5000 plus</i>	1	
<i>dentagel</i>	1	
<i>sf</i>	1	
<i>sf 5000 plus</i>	1	
<i>sodium fluoride 5000 plus</i>	1	
<i>sodium fluoride 5000 ppm dental cream</i>	1	

Drug Name	Drug Tier	Requirements/Limits
<i>sodium fluoride dental cream</i>	1	
<i>sodium fluoride dental gel 1.1 %</i>	1	
<b>*Saliva Stimulants***</b>		
<i>cevimeline hcl</i>	3	
<i>pilocarpine hcl oral</i>	3	
<b>*Steroids - Mouth/Throat/Dental***</b>		
<i>oralone</i>	3	
<i>triamcinolone acetonide mouth/throat</i>	3	
<b>*Multivitamins*</b>		
<b>*B-Complex Vitamins***</b>		
<i>b-complex/b-12 oral</i>	\$0	
<i>ra b-complex</i>	\$0	
<i>ra b-complex with b-12</i>	\$0	
<i>vitamin b complex oral tablet</i>	\$0	
<i>vitamin-b complex</i>	\$0	
<b>*B-Complex W/ C &amp; Folic Acid***</b>		
<i>b complex-c-folic acid</i>	\$0	
<i>b-complex balanced</i>	\$0	
<i>b-complex/vitamin c</i>	\$0	
<i>b-plex</i>	1	
<i>dialyvite 800 oral tablet</i>	\$0	
<i>eql super b complex/vitamin c</i>	\$0	
<i>full spectrum b/vitamin c</i>	\$0	
<i>rena-vite</i>	\$0	
<i>sm b super vitamin complex</i>	\$0	
<i>sm b-complex/vitamin c</i>	\$0	
<i>stress formula (folic acid)</i>	\$0	
<i>super b complex/fa/vit c</i>	\$0	
<i>super b-complex/vit c/fa</i>	\$0	
<b>*B-Complex W/ C***</b>		
<i>b complex-c oral tablet</i>	\$0	
<i>b-complex-c oral tablet</i>	\$0	
<i>cvs b complex plus c</i>	\$0	
<i>cvs super b complex/c</i>	\$0	
<i>sm super b complex/c</i>	\$0	
<i>vitamin b complex-c</i>	\$0	
<b>*B-Complex W/ C-Biotin-E &amp; Folic Acid***</b>		
<i>b complex-c-biotin-e-fa</i>	\$0	



Drug Name	Drug Tier	Requirements/Limits
<b>*B-Complex W/ Folic Acid***</b>		
<i>b complex formula 1 (w/ fa)</i>	\$0	
<i>b-complex (folic acid)</i>	\$0	
<i>kobee</i>	\$0	
<i>sm balanced b-100</i>	\$0	
<i>sm balanced b-50</i>	\$0	
<b>*B-Complex W/Biotin &amp; Folic Acid***</b>		
<i>b-100 tr</i>	\$0	
<i>b-50 complex oral tablet</i>	\$0	
<i>balance b-50</i>	\$0	
<i>balanced b-100 oral tablet extended release</i>	\$0	
<i>b-complex oral tablet</i>	\$0	
<i>complex b-100</i>	\$0	
<i>eql b complex 50 oral tablet</i>	\$0	
<i>eql b-100 complex</i>	\$0	
<i>gnp b-100 complex</i>	\$0	
<i>ra balanced b-100</i>	\$0	
<i>ra balanced b-50</i>	\$0	
<i>sm b100 complex</i>	\$0	
<i>sm b-complex</i>	\$0	
<i>super quints b-50</i>	\$0	
<b>*Multiple Vitamins W/ Iron***</b>		
<i>stress formula/iron</i>	\$0	
<b>*Multivitamins***</b>		
<i>stress formula</i>	\$0	
<b>*Ped Mv W/ Fluoride***</b>		
<i>multivitamin/fluoride oral solution</i>	\$0	
<i>multi-vitamin/fluoride oral solution</i>	\$0	
<i>multivitamin/fluoride oral tablet chewable 0.25 mg, 0.5 mg, 1 mg</i>	\$0	
<b>*Ped Vitamins Acid W/ Fluoride***</b>		
<i>tri-vite/fluoride</i>	\$0	
<i>vitamins acid-fluoride</i>	\$0	
<b>*Prenatal Mv &amp; Min W/Fe-Fa***</b>		
<i>classic prenatal</i>	\$0	
<i>c-nate dha</i>	1	
<i>cvs prenatal oral tablet 27-0.8 mg</i>	\$0	
<i>eql prenatal formula</i>	\$0	
<i>folivane-ob oral capsule 85-1 mg</i>	1	

Drug Name	Drug Tier	Requirements/Limits
<i>gnp prenatal</i>	\$0	
<i>inatal gt</i>	1	
<i>m-natal plus</i>	1	
<i>pnv prenatal plus multivitamin</i>	1	
<i>pnv-omega</i>	1	
<i>pnv-select</i>	1	
<i>prena1 pearl</i>	1	
<i>prenatabs fa oral tablet 29-1 mg</i>	1	
<i>prenatabs rx</i>	1	
<i>prenatal (w/iron &amp; fa)</i>	\$0	
<i>prenatal complete oral tablet</i>	\$0	
<i>prenatal one daily</i>	\$0	
<i>prenatal oral tablet 27-0.8 mg, 28-0.8 mg</i>	\$0	
<i>prenatal oral tablet 27-1 mg</i>	1	
<i>prenatal plus</i>	1	
<i>prenatal vitamin and mineral</i>	\$0	
<i>prenatal vitamins oral tablet 28-0.8 mg</i>	\$0	
<i>prenatal/iron oral tablet</i>	\$0	
<i>prenatal-u</i>	1	
<i>qc prenatal</i>	\$0	
<i>ra prenatal</i>	\$0	
<i>relnate dha</i>	1	
<i>se-natal 19</i>	1	
<i>sm prenatal vitamins</i>	\$0	
<i>taron-c dha oral capsule 35-1 mg</i>	1	
<i>trinatal rx 1</i>	1	
<i>trinate</i>	1	
<i>wescap-c dha</i>	1	
<i>wesnate dha</i>	1	
<b>*Prenatal Mv &amp; Min W/Fe-Fa-Ca-Omega 3 Fish Oil***</b>		
<i>complete natal dha oral 29-1-200 &amp; 200 mg</i>	1	
<b>*Prenatal Mv &amp; Min W/Fe-Fa-Dha***</b>		
<i>cvs prenatal multi+dha</i>	\$0	
<i>pnv-dha</i>	1	
<i>pnv-dha+docusate</i>	1	
<i>prena 1 true</i>	1	
<i>prenaissance</i>	1	
<i>prenaissance plus</i>	1	

Drug Name	Drug Tier	Requirements/Limits
<i>prenatal multi +dha oral capsule 27-0.8-250 mg</i>	\$0	
<i>wescap-pn dha</i>	1	
<b>*Prenatal Vitamins***</b>		
<i>prena1</i>	1	
<b>*Vitamins W/ Lipotropics***</b>		
<i>b complex formula 1 (lipotrop)</i>	1	
<i>balance b-100</i>	\$0	
<i>balanced b-50 complex oral tablet</i>	\$0	
<i>ultra b-100 complex</i>	\$0	
<b>*Musculoskeletal Therapy Agents*</b>		
<b>*Central Muscle Relaxants***</b>		
<i>baclofen oral tablet 10 mg, 20 mg</i>	1	
<i>baclofen oral tablet 5 mg</i>	1	QPD
<i>carisoprodol oral tablet 350 mg</i>	1	QPD
<i>chlorzoxazone oral tablet 500 mg</i>	1	
<i>cyclobenzaprine hcl oral tablet 10 mg, 5 mg</i>	1	
<i>metaxalone</i>	3	
<i>methocarbamol oral tablet 500 mg, 750 mg</i>	1	
<i>orphenadrine citrate er</i>	1	
<i>tizanidine hcl oral</i>	1	
<b>*Direct Muscle Relaxants***</b>		
<i>dantrolene sodium oral</i>	3	
<b>*Nasal Agents - Systemic And Topical*</b>		
<b>*Nasal Anticholinergics***</b>		
<i>ipratropium bromide nasal</i>	1	
<b>*Nasal Antihistamines***</b>		
<i>azelastine hcl nasal solution 0.1 %, 0.15 %</i>	1	QPD
<i>azelastine hcl nasal solution 137 mcg/spray</i>	3	QPD
<i>olopatadine hcl nasal</i>	3	QPD
<b>*Nasal Steroids***</b>		
<i>budesonide nasal</i>	3	QPD
<i>flunisolide nasal solution 25 mcg/act (0.025%)</i>	1	QPD
<i>fluticasone propionate nasal</i>	1	QPD
<i>mometasone furoate nasal</i>	3	QPD
<i>triamcinolone acetonide nasal aerosol</i>	3	QPD
<b>*Neuromuscular Agents*</b>		
<b>*Benzothiazoles***</b>		
<i>riluzole</i>	1	

Drug Name	Drug Tier	Requirements/Limits
<b>*Rett Syndrome Agents - Glycine-Proline-Glutamate Analogs***</b>		
DAYBUE	3	PA; LA; SP; QPD
<b>*Ophthalmic Agents*</b>		
<b>*Alpha Adrenergic Agonist &amp; Carbonic Anhydrase Inhib Comb***</b>		
SIMBRINZA	3	
<b>*Beta-Blockers - Ophthalmic Combinations***</b>		
<i>brimonidine tartrate-timolol</i>	3	
<i>dorzolamide hcl-timolol mal</i>	1	
<i>dorzolamide hcl-timolol mal pf ophthalmic solution 2-0.5 %</i>	3	
<b>*Beta-Blockers - Ophthalmic***</b>		
<i>betaxolol hcl ophthalmic</i>	1	
BETIMOL	3	
BETOPTIC-S	3	
<i>carteolol hcl</i>	1	
<i>levobunolol hcl ophthalmic solution 0.5 %</i>	1	
<i>timolol maleate (once-daily)</i>	3	
<i>timolol maleate ocudose</i>	3	
<i>timolol maleate ophthalmic</i>	1	
<i>timolol maleate pf</i>	3	
TIMOPTIC OCUDOSE OPHTHALMIC SOLUTION 0.25 %	3	
<b>*Cycloplegic Mydriatics***</b>		
<i>atropine sulfate ophthalmic solution 1 %</i>	1	
<i>cyclopentolate hcl ophthalmic solution 1 %</i>	1	
<i>homatropaire</i>	1	
<i>phenylephrine hcl ophthalmic solution 10 %, 2.5 %</i>	1	
<b>*Lymphocyte Function-Associated Antigen-1 (Lfa-1) Antag***</b>		
XIIDRA	3	QPD
<b>*Miotics - Cholinesterase Inhibitors***</b>		
PHOSPHOLINE IODIDE	3	
<b>*Miotics - Direct Acting***</b>		
<i>pilocarpine hcl ophthalmic solution 1 %, 2 %, 4 %</i>	1	
<b>*Ophthalmic Antiallergic***</b>		
ALOCRIAL	3	
ALOMIDE	3	
<i>azelastine hcl ophthalmic</i>	1	

Drug Name	Drug Tier	Requirements/Limits
<i>bepotastine besilate</i>	3	
<i>cromolyn sodium ophthalmic</i>	1	
<i>epinastine hcl</i>	1	
LASTACAPT	3	
<i>olopatadine hcl ophthalmic</i>	1	
<b>*Ophthalmic Antibiotics***</b>		
AZASITE	3	
<i>bacitracin ophthalmic</i>	1	
BESIVANCE	3	
CILOXAN OPHTHALMIC OINTMENT	3	
<i>ciprofloxacin hcl ophthalmic</i>	1	
<i>erythromycin ophthalmic</i>	1	
<i>gatifloxacin ophthalmic</i>	1	
<i>gentamicin sulfate ophthalmic solution</i>	1	
<i>moxifloxacin hcl (2x day)</i>	3	
<i>moxifloxacin hcl ophthalmic solution</i>	1	
<i>ofloxacin ophthalmic</i>	1	
<i>tobramycin ophthalmic</i>	1	
TOBEX OPHTHALMIC OINTMENT	3	
<b>*Ophthalmic Antifungal***</b>		
NATACYN	3	
<b>*Ophthalmic Anti-Infective Combinations***</b>		
<i>bacitracin-polymyxin b ophthalmic ointment 500-10000 unit/gm</i>	1	
<i>neomycin-bacitracin zn-polymyx</i>	1	
<i>neomycin-polymyxin-gramicidin ophthalmic solution 1.75-10000-.025</i>	1	
<i>neo-polycin</i>	1	
<i>polycin</i>	1	
<i>polymyxin b-trimethoprim</i>	1	
<b>*Ophthalmic Antivirals***</b>		
<i>trifluridine ophthalmic</i>	1	
ZIRGAN	3	
<b>*Ophthalmic Carbonic Anhydrase Inhibitors***</b>		
<i>brinzolamide</i>	3	
<i>dorzolamide hcl ophthalmic</i>	1	
<b>*Ophthalmic Nerve Growth Factors***</b>		
OXERVATE	3	PA; LA; SP; QPD

Drug Name	Drug Tier	Requirements/Limits
<b>*Ophthalmic Nonsteroidal Anti-Inflammatory Agents***</b>		
ACUVAIL	3	
<i>bromfenac sodium (once-daily)</i>	3	
<i>bromfenac sodium ophthalmic solution 0.07 %, 0.075 %</i>	3	
<i>diclofenac sodium ophthalmic</i>	1	
<i>flurbiprofen sodium</i>	1	
ILEVRO	3	
<i>ketorolac tromethamine ophthalmic</i>	1	
NEVANAC	3	
<b>*Ophthalmic Selective Alpha Adrenergic Agonists***</b>		
<i>apraclonidine hcl</i>	1	
<i>brimonidine tartrate ophthalmic solution 0.1 %</i>	3	
<i>brimonidine tartrate ophthalmic solution 0.15 %, 0.2 %</i>	1	
IOPIDINE OPHTHALMIC SOLUTION 1 %	3	
<b>*Ophthalmic Steroid Combinations***</b>		
<i>bacitra-neomycin-polymyxin-hc</i>	1	
<i>neomycin-polymyxin-dexameth ophthalmic ointment</i>	1	
<i>neomycin-polymyxin-dexameth ophthalmic suspension 3.5-10000-0.1</i>	1	
<i>neomycin-polymyxin-hc ophthalmic suspension 3.5-10000-1</i>	1	
<i>neo-polycin hc</i>	1	
<i>sulfacetamide-prednisolone ophthalmic solution</i>	1	
TOBRADEX OPHTHALMIC OINTMENT	3	
TOBRADEX ST	3	
<i>tobramycin-dexamethasone</i>	1	
ZYLET	3	
<b>*Ophthalmic Steroids***</b>		
<i>dexamethasone sodium phosphate ophthalmic</i>	1	
<i>difluprednate</i>	3	
<i>fluorometholone ophthalmic</i>	1	
FML FORTE	3	
LOTEMAX OPHTHALMIC OINTMENT	3	
LOTEMAX SM	3	
<i>loteprednol etabonate</i>	3	
PRED MILD	3	
<i>prednisolone acetate ophthalmic</i>	1	

Drug Name	Drug Tier	Requirements/Limits
<i>prednisolone sodium phosphate ophthalmic</i>	1	
<b>*Ophthalmic Sulfonamides***</b>		
<i>sulfacetamide sodium ophthalmic</i>	1	
<b>*Ophthalmics - Cystinosis Agents**</b>		
CYSTARAN	3	LA; SP
<b>*Ophthalmics Misc. - Other***</b>		
MIEBO	3	QPD
<b>*Prostaglandins - Ophthalmic***</b>		
<i>bimatoprost ophthalmic</i>	1	
<i>latanoprost ophthalmic</i>	1	
<i>travoprost (bak free)</i>	3	
<b>*Otic Agents*</b>		
<b>*Otic Agents - Miscellaneous***</b>		
<i>acetic acid otic</i>	1	
<b>*Otic Anti-Infectives***</b>		
<i>ciprofloxacin hcl otic</i>	1	
<i>ofloxacin otic</i>	3	
<b>*Otic Steroid-Anti-Infective Combinations***</b>		
CIPRO HC	3	
<i>ciprofloxacin-dexamethasone</i>	3	
CORTISPORIN-TC	3	
<i>neomycin-polymyxin-hc otic</i>	1	
<b>*Otic Steroids***</b>		
<i>fluocinolone acetonide otic</i>	1	
<i>hydrocortisone-acetic acid</i>	1	
<b>*Oxytocics*</b>		
<b>*Oxytocics***</b>		
<i>methergine oral</i>	3	QPD
<i>methylergonovine maleate oral</i>	3	QPD
<b>*Passive Immunizing And Treatment Agents*</b>		
<b>*Immune Serums***</b>		
<i>varizig intramuscular solution</i>	\$0	
<b>*Penicillins*</b>		
<b>*Aminopenicillins***</b>		
<i>amoxicillin oral capsule</i>	1	
<i>amoxicillin oral suspension reconstituted</i>	1	
<i>amoxicillin oral tablet</i>	1	
<i>amoxicillin oral tablet chewable 125 mg, 250 mg</i>	1	

Drug Name	Drug Tier	Requirements/Limits
<i>ampicillin oral capsule 500 mg</i>	1	
<b>*Natural Penicillins***</b>		
<i>penicillin v potassium</i>	1	
<b>*Penicillin Combinations***</b>		
<i>amoxicillin-pot clavulanate er</i>	1	
<i>amoxicillin-pot clavulanate oral suspension reconstituted</i>	1	
<i>amoxicillin-pot clavulanate oral tablet</i>	1	
<i>amoxicillin-pot clavulanate oral tablet chewable 400-57 mg</i>	1	
<b>*Penicillinase-Resistant Penicillins***</b>		
<i>dicloxacillin sodium</i>	1	
<b>*Progestins*</b>		
<b>*Progestins***</b>		
<i>medroxyprogesterone acetate oral</i>	1	
<i>norethindrone acetate oral</i>	1	
<i>progesterone oral</i>	1	
<b>*Psychotherapeutic And Neurological Agents - Misc.*</b>		
<b>*Alcohol Deterrents***</b>		
<i>acamprosate calcium</i>	1	
<i>disulfiram oral</i>	3	
<b>*Anti-Cataleptic Agents***</b>		
LUMRYZ	3	PA; LA; SP; QPD
XYREM	3	PA; LA; SP; QPD
<b>*Anti-Cataleptic Combinations***</b>		
XYWAV	3	PA; LA; SP; QPD
<b>*Benzodiazepines &amp; Tricyclic Agents***</b>		
<i>chlordiazepoxide-amitriptyline</i>	1	
<b>*Cholinomimetics - Ache Inhibitors***</b>		
<i>donepezil hcl</i>	1	QPD
<i>galantamine hydrobromide</i>	1	QPD
<i>galantamine hydrobromide er</i>	1	QPD
<i>rivastigmine</i>	3	QPD
<i>rivastigmine tartrate</i>	1	QPD
<b>*Fibromyalgia Agent - Snris***</b>		
SAVELLA	3	QPD
SAVELLA TITRATION PACK	3	QPD



Drug Name	Drug Tier	Requirements/Limits
<b>*Movement Disorder Drug Therapy***</b>		
AUSTEDO	3	PA; SP; QPD
AUSTEDO XR	3	PA; SP; QPD
AUSTEDO XR PATIENT TITRATION ORAL TABLET EXTENDED RELEASE THERAPY PACK 12 & 18 & 24 & 30 MG	3	PA; SP; QPD
INGREZZA	3	PA; SP; QPD
<i>tetrabenazine</i>	3	PA; SP
<b>*Ms Agents - Pyrimidine Synthesis Inhibitors***</b>		
<i>teriflunomide</i>	3	PA; SP; QPD
<b>*Multiple Sclerosis Agents - Antimetabolites***</b>		
MAVENCLAD (10 TABS)	2	PA; LA; SP; QPD
MAVENCLAD (4 TABS)	2	PA; LA; SP; QPD
MAVENCLAD (5 TABS)	2	PA; LA; SP; QPD
MAVENCLAD (6 TABS)	2	PA; LA; SP; QPD
MAVENCLAD (7 TABS)	2	PA; LA; SP; QPD
MAVENCLAD (8 TABS)	2	PA; LA; SP; QPD
MAVENCLAD (9 TABS)	2	PA; LA; SP; QPD
<b>*Multiple Sclerosis Agents - Interferons***</b>		
AVONEX PEN INTRAMUSCULAR AUTO-INJECTOR KIT	2	PA; SP; QPD
AVONEX PREFILLED INTRAMUSCULAR PREFILLED SYRINGE KIT	2	PA; SP; QPD
BETASERON SUBCUTANEOUS KIT	2	PA; SP; QPD
PLEGRIDY INTRAMUSCULAR	2	PA; SP; QPD
PLEGRIDY STARTER PACK SUBCUTANEOUS SOLUTION AUTO-INJECTOR	2	PA; SP; QPD
PLEGRIDY STARTER PACK SUBCUTANEOUS SOLUTION PREFILLED SYRINGE	2	PA; SP; QPD
PLEGRIDY SUBCUTANEOUS SOLUTION AUTO- INJECTOR	2	PA; SP; QPD
PLEGRIDY SUBCUTANEOUS SOLUTION PREFILLED SYRINGE	2	PA; SP; QPD
REBIF REBIDOSE SUBCUTANEOUS SOLUTION AUTO- INJECTOR	2	PA; SP; QPD
REBIF REBIDOSE TITRATION PACK SUBCUTANEOUS SOLUTION AUTO-INJECTOR	2	PA; SP; QPD
REBIF SUBCUTANEOUS SOLUTION PREFILLED SYRINGE	2	PA; SP; QPD
REBIF TITRATION PACK SUBCUTANEOUS SOLUTION PREFILLED SYRINGE	2	PA; SP; QPD

Drug Name	Drug Tier	Requirements/Limits
<b>*Multiple Sclerosis Agents - Monoclonal Antibodies***</b>		
KESIMPTA	2	PA; SP; QPD
<b>*Multiple Sclerosis Agents - Nrf2 Pathway Activators***</b>		
BAFIERTAM	2	PA; LA; SP; QPD
<i>dimethyl fumarate oral</i>	3	SP; QPD
<i>dimethyl fumarate starter pack oral capsule delayed release therapy pack</i>	3	SP; QPD
VUMERITY	2	PA; LA; SP; QPD
<b>*Multiple Sclerosis Agents - Potassium Channel Blockers***</b>		
<i>dalfampridine er</i>	3	PA; SP; QPD
<b>*Multiple Sclerosis Agents***</b>		
<i>glatiramer acetate</i>	2	SP; QPD
<i>glatopa</i>	2	SP; QPD
<b>*N-Methyl-D-Aspartate (Nmda) Receptor Antagonists***</b>		
<i>memantine hcl er</i>	3	
<i>memantine hcl oral solution 2 mg/ml</i>	1	
<i>memantine hcl oral tablet 10 mg, 5 mg</i>	1	
<b>*Phenothiazines &amp; Tricyclic Agents***</b>		
<i>perphenazine-amitriptyline</i>	1	
<b>*Premenstrual Dysphoric Disorder (Pmdd) Agents - SsrIs***</b>		
<i>fluoxetine hcl (pmdd) oral tablet</i>	1	QPD
<b>*Pseudobulbar Affect Agent Combinations***</b>		
NUEDEXTA	3	PA; SP; QPD
<b>*Psychotherapeutic And Neurological Agents - Misc.***</b>		
<i>ergoloid mesylates oral</i>	3	
<i>pimozide</i>	1	
<b>*Smoking Deterrents***</b>		
<i>bupropion hcl er (smoking det)</i>	\$0	QPD
<i>chantix oral tablet 1 mg</i>	\$0	
<i>cvs nicotine</i>	\$0	
<i>cvs nicotine polacrilex</i>	\$0	
<i>eq nicotine mouth/throat lozenge</i>	\$0	
<i>eq nicotine polacrilex</i>	\$0	
<i>eq nicotine step 3</i>	\$0	

Drug Name	Drug Tier	Requirements/Limits
<i>eq nicotine transdermal patch 24 hour 14 mg/24hr, 21 mg/24hr</i>	\$0	
<i>gnp nicotine</i>	\$0	
<i>gnp nicotine mini</i>	\$0	
<i>gnp nicotine polacrilex</i>	\$0	
<i>goodsense nicotine</i>	\$0	
<i>hm nicotine polacrilex mouth/throat gum</i>	\$0	
<i>hm nicotine polacrilex mouth/throat lozenge 2 mg</i>	\$0	
<i>kls quit2</i>	\$0	
<i>kls quit4</i>	\$0	
<i>nicorelief mouth/throat gum 2 mg</i>	\$0	
<i>nicorette mini</i>	\$0	
<i>nicorette mouth/throat lozenge</i>	\$0	
<i>nicotine</i>	\$0	
<i>nicotine mini</i>	\$0	
<i>nicotine polacrilex mini</i>	\$0	
<i>nicotine polacrilex mouth/throat</i>	\$0	
<i>nicotine step 1</i>	\$0	
<i>nicotine step 2</i>	\$0	
<i>nicotine step 3</i>	\$0	
<i>nicotrol</i>	\$0	
<i>nicotrol ns</i>	\$0	
<i>qc nicotine transdermal system</i>	\$0	
<i>ra mini nicotine</i>	\$0	
<i>ra nicotine gum mouth/throat gum 2 mg, 4 mg</i>	\$0	
<i>ra nicotine mouth/throat</i>	\$0	
<i>ra nicotine polacrilex mouth/throat lozenge</i>	\$0	
<i>ra nicotine transdermal patch 24 hour 14 mg/24hr, 21 mg/24hr</i>	\$0	
<i>sm nicotine</i>	\$0	
<i>sm nicotine polacrilex</i>	\$0	
<i>varenicline tartrate (starter)</i>	\$0	
<i>varenicline tartrate oral tablet 0.5 mg, 1 mg</i>	\$0	
<i>varenicline tartrate(continue)</i>	3	
<b>*Sphingosine 1-Phosphate (S1p) Receptor Modulators***</b>		
<i>fingolimod hcl</i>	3	PA; SP; QPD
GILENYA ORAL CAPSULE 0.25 MG	2	PA; SP; QPD
MAYZENT	2	PA; LA; SP; QPD

Drug Name	Drug Tier	Requirements/Limits
MAYZENT STARTER PACK	2	PA; LA; SP; QPD
PONVORY	2	PA; LA; SP; QPD
PONVORY STARTER PACK	2	PA; LA; SP; QPD
ZEPOSIA	2	PA; LA; SP; QPD
ZEPOSIA 7-DAY STARTER PACK	2	PA; LA; SP; QPD
ZEPOSIA STARTER KIT ORAL CAPSULE THERAPY PACK 0.23MG & 0.46MG 0.92MG(21)	2	PA; SP; QPD
<b>*Respiratory Agents - Misc.*</b>		
<b>*Cftr Potentiators***</b>		
KALYDECO ORAL PACKET 13.4 MG, 25 MG, 50 MG, 75 MG	3	PA; LA; SP; QPD
KALYDECO ORAL PACKET 5.8 MG	3	PA; SP; QPD
KALYDECO ORAL TABLET	3	PA; LA; SP; QPD
<b>*Cystic Fibrosis Agent - Combinations***</b>		
ORKAMBI	3	PA; LA; SP; QPD
SYMDEKO	3	PA; LA; SP; QPD
TRIKAFTA	3	PA; LA; SP; QPD
<b>*Hydrolytic Enzymes***</b>		
PULMOZYME INHALATION SOLUTION 2.5 MG/2.5ML	3	SP; QPD
<b>*Pulmonary Fibrosis Agents - Kinase Inhibitors***</b>		
OFEV	3	PA; LA; SP
<b>*Pulmonary Fibrosis Agents***</b>		
<i>pirfenidone oral capsule</i>	3	PA; SP; QPD
<i>pirfenidone oral tablet 267 mg, 801 mg</i>	3	PA; SP
<b>*Sulfonamides*</b>		
<b>*Sulfonamides***</b>		
<i>sulfadiazine oral</i>	2	
<b>*Tetracyclines*</b>		
<b>*Aminomethylcyclines***</b>		
NUZYRA ORAL TABLET 150 MG	3	QPD
<b>*Tetracyclines***</b>		
<i>avidoxy</i>	1	
<i>demeclocycline hcl oral</i>	3	
<i>doxycycline hyclate oral capsule</i>	1	
<i>doxycycline hyclate oral tablet 100 mg, 20 mg</i>	1	
<i>doxycycline monohydrate oral capsule 100 mg, 50 mg</i>	1	QPD
<i>doxycycline monohydrate oral suspension reconstituted</i>	1	
<i>doxycycline monohydrate oral tablet</i>	1	QPD

Drug Name	Drug Tier	Requirements/Limits
<i>minocycline hcl oral capsule</i>	1	
<i>mondoxyne nl oral capsule 100 mg</i>	1	QPD
<i>tetracycline hcl oral capsule</i>	3	
<b>*Thyroid Agents*</b>		
<b>*Antithyroid Agents***</b>		
<i>methimazole oral</i>	1	
<i>propylthiouracil oral</i>	1	
<b>*Thyroid Hormones***</b>		
ARMOUR THYROID	3	
CYTOMEL	3	
<i>euthyrox</i>	3	
<i>levo-t</i>	1	
<i>levothyroxine sodium oral tablet</i>	1	
<i>levoxyl</i>	1	
<i>liothyronine sodium oral</i>	1	
<i>np thyroid</i>	1	
SYNTHROID	3	
<i>thyroid oral tablet 120 mg, 15 mg, 30 mg, 60 mg, 90 mg</i>	1	
TIROSINT	3	PA
<i>unithroid</i>	1	
<b>*Toxoids*</b>		
<b>*Toxoid Combinations***</b>		
<i>adacel intramuscular suspension 5-2-15.5 lf-mcg/0.5</i>	\$0	
<i>boostrix intramuscular suspension prefilled syringe</i>	\$0	
<i>daptacel intramuscular suspension 23-15-5</i>	\$0	
<i>infanrix</i>	\$0	
<i>kinrix intramuscular suspension prefilled syringe</i>	\$0	
<i>pediarix intramuscular suspension prefilled syringe</i>	\$0	
<i>pentacel intramuscular suspension reconstituted</i>	\$0	
<i>quadracel intramuscular suspension</i>	\$0	
<i>quadracel intramuscular suspension prefilled syringe</i>	\$0	
<i>tdvax</i>	\$0	
<i>tenivac intramuscular injectable 5-2 lfu</i>	\$0	
<i>tetanus-diphtheria toxoids td</i>	\$0	
<i>vaxelis</i>	\$0	

Drug Name	Drug Tier	Requirements/Limits
<b>*Ulcer Drugs/Antispasmodics/Anticholinergics*</b>		
<b>*Anticholinergic Combinations***</b>		
<i>belladonna alkaloids-opium</i>	3	PA
<i>chlordiazepoxide-clidinium</i>	3	
<b>*Antispasmodics***</b>		
<i>dicyclomine hcl oral</i>	1	
<b>*Belladonna Alkaloids***</b>		
<i>anaspaz</i>	1	
<i>hyoscyamine sulfate er oral tablet extended release 12 hour</i>	1	
<i>hyoscyamine sulfate oral</i>	1	
<i>hyoscyamine sulfate sublingual</i>	1	
<i>hyosyne</i>	1	
<i>oscimin oral tablet</i>	1	
<i>oscimin sublingual</i>	1	
<b>*H-2 Antagonists***</b>		
<i>cimetidine hcl oral solution 300 mg/5ml</i>	1	
<i>cimetidine oral</i>	1	
<i>famotidine oral suspension reconstituted</i>	1	
<i>famotidine oral tablet 20 mg, 40 mg</i>	1	
<i>nizatidine oral capsule</i>	1	
<b>*Misc. Anti-Ulcer***</b>		
<i>sucralfate oral suspension</i>	3	
<i>sucralfate oral tablet</i>	1	
<b>*Proton Pump Inhibitors***</b>		
<i>esomeprazole magnesium oral capsule delayed release</i>	1	QPD
<i>esomeprazole magnesium oral packet</i>	3	QPD
<i>lansoprazole oral capsule delayed release 30 mg</i>	1	QPD
NEXIUM ORAL PACKET 2.5 MG, 5 MG	3	QPD
<i>omeprazole magnesium oral capsule delayed release</i>	1	QPD
<i>omeprazole oral capsule delayed release</i>	1	QPD
<i>pantoprazole sodium oral tablet delayed release</i>	1	QPD
<i>rabeprazole sodium oral tablet delayed release</i>	1	QPD
<b>*Quaternary Anticholinergics***</b>		
<i>glycopyrrolate oral tablet 1 mg, 2 mg</i>	1	
<i>methscopolamine bromide oral</i>	1	
<b>*Ulcer Anti-Infective W/ Bismuth Combinations***</b>		
<i>bis subcit-metronid-tetracyc</i>	3	

Drug Name	Drug Tier	Requirements/Limits
<i>bismuth/metronidaz/tetracyclin</i>	3	
<b>*Ulcer Anti-Infective W/ Proton Pump Inhibitors***</b>		
<i>amoxicill-clarithro-lansopraz oral therapy pack</i>	1	
OMECLAMOX-PAK	3	
TALICIA	3	QPD
<b>*Ulcer Drugs - Prostaglandins***</b>		
<i>misoprostol oral</i>	1	
<b>*Urinary Antispasmodics*</b>		
<b>*Urinary Antispasmodic - Antimuscarinic (Anticholinergic)***</b>		
<i>darifenacin hydrobromide er</i>	3	QPD
<i>fesoterodine fumarate er</i>	1	QPD
<i>oxybutynin chloride er</i>	1	QPD
<i>oxybutynin chloride oral solution</i>	1	QPD
<i>oxybutynin chloride oral tablet 5 mg</i>	1	QPD
<i>solifenacin succinate</i>	1	QPD
<i>tolterodine tartrate</i>	3	QPD
<i>tolterodine tartrate er</i>	3	QPD
<i>trospium chloride</i>	1	QPD
<i>trospium chloride er</i>	3	QPD
<b>*Urinary Antispasmodics - Beta-3 Adrenergic Agonists***</b>		
<i>mirabegron er</i>	3	QPD
<b>*Urinary Antispasmodics - Cholinergic Agonists***</b>		
<i>bethanechol chloride oral</i>	1	
<b>*Urinary Antispasmodics - Direct Muscle Relaxants***</b>		
<i>flavoxate hcl</i>	1	QPD
<b>*Vaccines*</b>		
<b>*Bacterial Vaccines***</b>		
<i>acthib</i>	\$0	
<i>bexsero</i>	\$0	
<i>capvaxive</i>	\$0	
<i>hiberix injection</i>	\$0	
<i>menquadfi intramuscular solution</i>	\$0	
<i>menveo</i>	\$0	
<i>pedvax hib intramuscular suspension</i>	\$0	
<i>pneumovax 23 injection solution prefilled syringe</i>	\$0	
<i>prevnar 20</i>	\$0	

Drug Name	Drug Tier	Requirements/Limits
<i>trumenba</i>	\$0	
<i>vaxneuvance</i>	\$0	
<b>*Viral Vaccine Combinations***</b>		
<i>m-m-r ii injection</i>	\$0	
<i>priorix</i>	\$0	
<i>proquad subcutaneous suspension reconstituted</i>	\$0	
<i>twinrix intramuscular suspension prefilled syringe</i>	\$0	
<b>*Viral Vaccines***</b>		
<i>abrysvo</i>	\$0	
<i>afluria</i>	\$0	
<i>afluria preservative free intramuscular suspension prefilled syringe</i>	\$0	
<i>arexvy</i>	\$0	
<i>comirnaty intramuscular suspension prefilled syringe</i>	\$0	
<i>dengvaxia</i>	\$0	
<i>engerix-b injection suspension 20 mcg/ml</i>	\$0	
<i>engerix-b injection suspension prefilled syringe</i>	\$0	
<i>flud</i>	\$0	
<i>fluarix intramuscular suspension prefilled syringe</i>	\$0	
<i>flublok intramuscular solution prefilled syringe</i>	\$0	
<i>flucelvax intramuscular suspension</i>	\$0	
<i>flucelvax intramuscular suspension prefilled syringe</i>	\$0	
<i>flulaval intramuscular suspension prefilled syringe</i>	\$0	
<i>flumist</i>	\$0	
<i>fluzone high-dose intramuscular suspension prefilled syringe</i>	\$0	
<i>fluzone intramuscular suspension</i>	\$0	
<i>fluzone intramuscular suspension prefilled syringe</i>	\$0	
<i>gardasil 9</i>	\$0	
<i>havrix intramuscular suspension 1440 el u/ml, 720 el u/0.5ml</i>	\$0	
<i>heplisav-b intramuscular solution prefilled syringe</i>	\$0	
<i>ipol injection injectable</i>	\$0	
<i>moderna covid-19 vac 6m-11y intramuscular suspension prefilled syringe</i>	\$0	
<i>mresvia</i>	\$0	
<i>novavax covid-19 vaccine intramuscular suspension prefilled syringe</i>	\$0	
<i>pfizer covid-19 vac-tris 5-11y intramuscular suspension 10 mcg/0.3ml</i>	\$0	



Drug Name	Drug Tier	Requirements/Limits
<i>pfizer covid-19 vac-tris 6m-4y intramuscular suspension 3 mcg/0.3ml</i>	\$0	
<i>prehevbrio</i>	\$0	
<i>recombivax hb injection suspension 10 mcg/ml, 40 mcg/ml, 5 mcg/0.5ml</i>	\$0	
<i>recombivax hb injection suspension prefilled syringe</i>	\$0	
<i>rotarix oral suspension</i>	\$0	
<i>rotateq oral solution</i>	\$0	
<i>shingrix intramuscular suspension reconstituted 50 mcg/0.5ml</i>	\$0	
<i>spikevax intramuscular suspension prefilled syringe</i>	\$0	
<i>vaqta intramuscular suspension 25 unit/0.5ml, 50 unit/ml</i>	\$0	
<i>varivax injection</i>	\$0	
<b>*Vaginal And Related Products*</b>		
<b>*Imidazole-Related Antifungals***</b>		
GYNAZOLE-1	3	
<i>miconazole 3 vaginal suppository</i>	1	
<i>terconazole</i>	1	
<b>*Miscellaneous Vaginal Combinations***</b>		
<i>fem ph</i>	1	
<b>*Miscellaneous Vaginal Products***</b>		
INTRAROSA	2	QPD
<b>*Spermicides***</b>		
<i>options gynol ii contraceptive</i>	\$0	
<i>today sponge</i>	\$0	
<b>*Vaginal Anti-Infectives***</b>		
CLEOCIN VAGINAL SUPPOSITORY	3	
<i>clindamycin phosphate vaginal</i>	1	
CLINDESSE	3	
<i>metronidazole vaginal</i>	1	
NUVESSA	3	
<i>vandazole</i>	1	
<b>*Vaginal Estrogens***</b>		
<i>estradiol vaginal cream</i>	1	
<i>estradiol vaginal tablet</i>	3	
ESTRING VAGINAL RING 7.5 MCG/24HR	3	QPD
PREMARIN VAGINAL	3	
<i>yuvafem</i>	3	

Drug Name	Drug Tier	Requirements/Limits
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CRINONE VAGINAL GEL 4 %	2	
<b>*Vasopressors*</b>		
<b>*Anaphylaxis Therapy Agents***</b>		
AUVI-Q INJECTION SOLUTION AUTO-INJECTOR	3	QPD
<i>epinephrine injection solution auto-injector 0.15 mg/0.3ml, 0.3 mg/0.3ml</i>	3	QPD
<b>*Neurogenic Orthostatic Hypotension (Noh) - Agents***</b>		
<i>droxidopa</i>	3	PA; SP
<b>*Vasopressors***</b>		
<i>midodrine hcl</i>	1	
<b>*Vitamins*</b>		
<b>*Vitamin D***</b>		
<i>ergocalciferol oral capsule</i>	1	
<i>vitamin d (ergocalciferol) oral capsule 1.25 mg (50000 ut), 50000 unit</i>	1	
<b>*Vitamin K***</b>		
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<i>phytonadione oral</i>	3	

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