

Four-Tier Covered Drug List



LOUISIANA **BLUE**  

  HMO Louisiana

2027

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 4-tier structure for drugs that are covered:

Tier	Description of prescription drugs
1	Value Drugs: Primarily generic drugs, although some brand-name drugs may fall into this category.
2	Brand drugs.
3	Primarily brand drugs that may have a therapeutic alternative that is in Tier 1 or Tier 2, although some generic drugs may fall into this category. Covered compounded drugs are included in this tier.
4	Specialty Drugs: High-cost brand or generic drugs that are identified as specialty drugs.
Generally, you will pay the least out of for <i>value drugs</i> , or drugs that are in Tier 1. You will pay the most out of pocket for drugs in Tier 3 and <i>specialty drugs</i> in Tier 4.	

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 (or value drug) copay, 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 “*” next to the number?

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 an “*” next to the number in 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. If you do not have this type of coverage, you may be responsible for some or all of the cost of the drug. Restrictions or limitations apply, including age, gender or frequency.

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

X* Selected contraceptives for women

X* 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.

Example of How Drugs Are Listed:

Drug	Tier	Requirements/Limits
<i>generic drug name</i>	1	QPD
BRAND DRUG NAME	2	PA; ST
Key: <i>generic drugs</i> are in lowercase <i>italics</i> - BRAND NAME drugs are in ALL CAPS		Key: PA = Prior authorization QPD = Quantity per dispensing limits ST = Step therapy restrictions

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 > **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.

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) limitations.

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. See 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.

Additional Requirements:

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.

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 or www.express-scripts.com.

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Drug Name	Drug Tier	Requirements/Limits
Adhd/Anti-Narcolepsy/Anti-Obesity/Anorexians		
*Adhd Agent - Selective Alpha Adrenergic Agonists***		
<i>clonidine hcl er oral tablet extended release 12 hour</i>	1	QPD
<i>guanfacine hcl er</i>	1	QPD
*Adhd Agent - Selective Norepinephrine Reuptake Inhibitor***		
<i>atomoxetine hcl oral capsule</i>	1	QPD
QELBREE	3	PA; QPD
*Amphetamine Mixtures***		
<i>amphetamine-dextroamphet er</i>	1	QPD
<i>amphetamine-dextroamphetamine</i>	1	QPD
<i>amphet-dextroamphet 3-bead er</i>	1	QPD
*Amphetamines***		
<i>dextroamphetamine sulfate er</i>	1	QPD
<i>dextroamphetamine sulfate oral solution</i>	1	
<i>dextroamphetamine sulfate oral tablet 10 mg, 5 mg</i>	1	QPD
<i>lisdexamfetamine dimesylate</i>	1	QPD
<i>methamphetamine hcl</i>	1	QPD
*Analeptics***		
<i>caffeine citrate oral solution 60 mg/3ml</i>	1	
*Dopamine And Norepinephrine Reuptake Inhibitors (Dnris)***		
SUNOSI	2	PA; QPD
*Histamine H3-Receptor Antagonist/Inverse Agonists***		
WAKIX	4	PA; QPD
*Stimulant Combinations***		
AZSTARYS	2	QPD
*Stimulants - Misc.***		
<i>armodafinil</i>	1	PA; QPD
<i>dexmethylphenidate hcl</i>	1	QPD
<i>dexmethylphenidate hcl er</i>	1	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

Drug Name	Drug Tier	Requirements/Limits
<i>methylphenidate hcl oral</i>	1	QPD
<i>modafinil oral</i>	1	PA; QPD
QUILLICHEW ER	2	QPD
QUILLIVANT XR ORAL SUSPENSION RECONSTITUTED ER	2	QPD
Aminoglycosides		
*Aminoglycosides***		
ARIKAYCE	4	PA; LA; QPD
<i>neomycin sulfate oral</i>	1	
TOBI PODHALER	4	PA; QPD
<i>tobramycin inhalation</i>	4	PA; QPD
Analgesics - Anti-Inflammatory		
*Antirheumatic - Janus Kinase (Jak) Inhibitors***		
OLUMIANT	4	PA; LA; QPD
RINVOQ	4	PA; LA; QPD
RINVOQ LQ	4	PA; LA; QPD
<i>tofacitinib citrate er</i>	4	PA; QPD
<i>tofacitinib citrate oral</i>	4	PA; QPD
*Antirheumatic Antimetabolites***		
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	4	QPD
*Anti-Tnf-Alpha - Monoclonal Antibodies***		
ADALIMUMAB-ADAZ	4	PA; QPD
ADALIMUMAB-ADBIM (2 PEN)	4	PA; QPD
ADALIMUMAB-ADBIM (2 SYRINGE) SUBCUTANEOUS PREFILLED SYRINGE KIT 40 MG/0.4ML, 40 MG/0.8ML	4	PA; QPD
ADALIMUMAB-RYVK (2 PEN)	4	PA; QPD
ADALIMUMAB-RYVK (2 SYRINGE)	4	PA; QPD
SIMLANDI (1 PEN)	4	PA; QPD
SIMLANDI (2 PEN)	4	PA; QPD
SIMLANDI (2 SYRINGE)	4	PA; QPD
SIMPONI SUBCUTANEOUS SOLUTION AUTO-INJECTOR	4	PA; QPD
SIMPONI SUBCUTANEOUS SOLUTION PREFILLED SYRINGE	4	PA; QPD
*Cyclooxygenase 2 (Cox-2) Inhibitors***		
<i>celecoxib oral</i>	1	QPD
*Gold Compounds***		
RIDAURA	3	

Drug Name	Drug Tier	Requirements/Limits
*Interleukin-1 Blockers***		
ARCALYST	4	LA; QPD
*Interleukin-1 Receptor Antagonist (IL-1Ra)***		
KINERET SUBCUTANEOUS SOLUTION PREFILLED SYRINGE	4	PA; LA; QPD
*Interleukin-6 Receptor Inhibitors***		
ACTEMRA ACTPEN	4	PA; LA; QPD
ACTEMRA SUBCUTANEOUS	4	PA; LA; QPD
KEVZARA SUBCUTANEOUS SOLUTION AUTO-INJECTOR	4	PA; QPD
KEVZARA SUBCUTANEOUS SOLUTION PREFILLED SYRINGE 200 MG/1.14ML	4	PA; QPD
TYENNE SUBCUTANEOUS	4	PA; QPD
*Nonsteroidal Anti-Inflammatory Agent Combinations***		
<i>diclofenac-misoprostol oral tablet delayed release</i>	1	
*Nonsteroidal Anti-Inflammatory Agents (Nsaids)***		
<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, 75 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	

Drug Name	Drug Tier	Requirements/Limits
*Phosphodiesterase 4 (Pde4) Inhibitors***		
OTEZLA ORAL TABLET	4	PA; QPD
OTEZLA ORAL TABLET THERAPY PACK	4	PA; QPD
OTEZLA XR	4	PA; QPD
OTEZLA/OTEZLA XR INITIATION PK	4	PA; QPD
*Pyrimidine Synthesis Inhibitors***		
<i>leflunomide oral</i>	1	QPD
*Selective Costimulation Modulators***		
ORENCIA CLICKJECT	4	PA; QPD
ORENCIA SUBCUTANEOUS SOLUTION PREFILLED SYRINGE	4	PA; QPD
*Soluble Tumor Necrosis Factor Receptor Agents***		
ENBREL MINI	4	PA; QPD
ENBREL SUBCUTANEOUS SOLUTION 25 MG/0.5ML	4	PA; QPD
ENBREL SUBCUTANEOUS SOLUTION PREFILLED SYRINGE	4	PA; QPD
ENBREL SURECLICK SUBCUTANEOUS SOLUTION AUTO-INJECTOR	4	PA; QPD
Analgesics - Nonnarcotic		
*Analgesics-Sedatives***		
<i>bac (butalbital-acetamin-caff)</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
*Salicylates***		
<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>bayer aspirin ec low dose</i>	\$0	

Drug Name	Drug Tier	Requirements/Limits
<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>eq 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>salsalate oral</i>	1	
<i>sb childrens aspirin</i>	\$0	
<i>sb low dose asa ec</i>	\$0	
Analgesics - Opioid		
*Codeine Combinations***		
<i>acetaminophen-codeine</i>	1	PA; QPD
<i>ascomp-codeine</i>	1	PA; QPD
<i>butalbital-apap-caff-cod</i>	1	PA; QPD
<i>butalbital-asa-caff-codeine</i>	1	PA; QPD
*Hydrocodone Combinations***		
<i>hydrocodone-acetaminophen oral solution 7.5-325 mg/15ml</i>	1	PA; QPD
<i>hydrocodone-acetaminophen oral tablet 10-300 mg, 10-325 mg, 2.5-325 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

Drug Name	Drug Tier	Requirements/Limits
*Opioid Agonists***		
<i>codeine sulfate oral tablet</i>	1	PA
<i>diskets</i>	1	PA
<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>	1	PA; QPD
<i>hydromorphone hcl oral</i>	1	PA
<i>hydromorphone hcl rectal</i>	1	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 10 mg/0.5ml, 100 mg/5ml, 20 mg/ml</i>	1	PA
<i>morphine sulfate er beads</i>	1	PA; QPD
<i>morphine sulfate er oral tablet extended release</i>	1	PA; QPD
<i>morphine sulfate oral</i>	1	PA
<i>morphine sulfate rectal</i>	1	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
<i>oxymorphone hcl</i>	1	PA
<i>oxymorphone hcl er</i>	1	PA; QPD
<i>tapentadol hcl oral tablet</i>	3	PA
<i>tramadol hcl (er biphasic) oral tablet extended release 24 hour 200 mg, 300 mg</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	
XTAMPZA ER	2	PA; QPD
<i>xyvona oral tablet 2 mg</i>	3	PA; QPD

Drug Name	Drug Tier	Requirements/Limits
*Opioid Combinations***		
<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
*Opioid Partial Agonists***		
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
*Tramadol Combinations***		
<i>tramadol-acetaminophen</i>	1	QPD
Androgens-Anabolic		
*Androgens***		
<i>danazol oral</i>	1	
METHITEST	3	PA
<i>testosterone cypionate intramuscular solution 100 mg/ml, 200 mg/ml</i>	1	
<i>testosterone enanthate intramuscular solution</i>	1	
TESTOSTERONE GEL 12.5 MG/ACT (1%) TRANSDERMAL	3	PA; QPD
<i>testosterone transdermal gel 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
Anorectal And Related Products		
*Intrarectal Steroids***		
<i>budesonide rectal foam 2 mg</i>	3	
CORTIFOAM EXTERNAL	3	
<i>hydrocortisone rectal enema</i>	1	
*Nitrate Vasodilating Agents***		
<i>nitroglycerin rectal</i>	3	
*Rectal Anesthetic/Steroids***		
<i>hydrocortisone ace-pramoxine external cream 1-1 %</i>	1	
<i>hydrocort-pramoxine (perianal)</i>	1	
<i>lidocaine-hydrocort (perianal)</i>	1	

Drug Name	Drug Tier	Requirements/Limits
*Rectal Steroids***		
<i>anucort-hc</i>	1	
<i>hydrocortisone (perianal)</i>	1	
<i>hydrocortisone acetate rectal suppository 25 mg</i>	1	
<i>procto-med hc external</i>	1	
<i>proctosol hc external</i>	1	
<i>proctozone-hc external</i>	1	
Anthelmintics		
*Anthelmintics***		
<i>albendazole oral</i>	3	
EMVERM	3	QPD
<i>ivermectin oral tablet 3 mg</i>	1	PA
<i>praziquantel oral</i>	3	
Antianginal Agents		
*Antianginals-Other***		
<i>ranolazine er</i>	1	
*Nitrates***		
<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*	
<i>nitro-bid</i>	\$0*	
<i>nitroglycerin sublingual</i>	1	
<i>nitroglycerin transdermal</i>	\$0*	
<i>nitro-time</i>	\$0*	
Antianxiety Agents		
*Antianxiety Agents - Misc.***		
<i>buspirone hcl oral tablet 10 mg, 15 mg, 30 mg, 5 mg, 7.5 mg</i>	1	
<i>hydroxyzine hcl oral syrup 10 mg/5ml</i>	1	
<i>hydroxyzine hcl oral tablet</i>	1	
<i>hydroxyzine pamoate oral</i>	1	
<i>meprobamate</i>	1	
*Benzodiazepines***		
<i>alprazolam er</i>	1	
<i>alprazolam intensol</i>	1	
<i>alprazolam oral</i>	1	
<i>alprazolam xr</i>	1	
<i>chlordiazepoxide hcl</i>	1	

Drug Name	Drug Tier	Requirements/Limits
<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>	1	
<i>lorazepam oral concentrate 2 mg/ml</i>	1	
<i>lorazepam oral tablet</i>	1	
<i>oxazepam</i>	1	
Antiarrhythmics		
*Antiarrhythmics Type I-A***		
<i>disopyramide phosphate oral</i>	1	
<i>quinidine gluconate er</i>	1	
<i>quinidine sulfate oral</i>	1	
*Antiarrhythmics Type I-B***		
<i>mexiletine hcl oral</i>	1	
*Antiarrhythmics Type I-C***		
<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	
*Antiarrhythmics Type Iii***		
<i>amiodarone hcl oral</i>	\$0*	
<i>dofetilide</i>	1	
MULTAQ	2	
<i>pacerone oral tablet 100 mg, 200 mg</i>	1	
Antiasthmatic And Bronchodilator Agents		
*5-Lipoxygenase Inhibitors***		
<i>zileuton er</i>	3	PA; QPD
*Adrenergic Combinations***		
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>breyna</i>	3	QPD
BREZTRI AEROSPHERE	2	QPD
<i>budesonide-formoterol fumarate</i>	3	QPD

Drug Name	Drug Tier	Requirements/Limits
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 inhalation solution 0.5-2.5 (3) mg/3ml</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
<i>wixela inhub inhalation aerosol powder breath activated 100-50 mcg/act, 250-50 mcg/act, 500-50 mcg/act</i>	1	QPD
*Anti-Inflammatory Agents***		
<i>cromolyn sodium inhalation</i>	3	PA; QPD
*Beta Adrenergics***		
<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 syrup 2 mg/5ml</i>	\$0*	
<i>albuterol sulfate oral tablet</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>	1	
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
*Bronchodilators - Anticholinergics***		
INCRUSE ELLIPTA INHALATION AEROSOL POWDER BREATH ACTIVATED 62.5 MCG/ACT	2	QPD
<i>ipratropium bromide hfa</i>	3	QPD
<i>ipratropium bromide inhalation</i>	\$0*	

Drug Name	Drug Tier	Requirements/Limits
SPIRIVA RESPIMAT INHALATION AEROSOL SOLUTION 1.25 MCG/ACT, 2.5 MCG/ACT	2	QPD
<i>tiotropium bromide</i>	3	QPD
TUDORZA PRESSAIR INHALATION AEROSOL POWDER BREATH ACTIVATED 400 MCG/ACT	3	PA; QPD
*Interleukin-5 Antagonists (Ilg1 Kappa)***		
FASENRA PEN	4	PA; QPD
NUCALA SUBCUTANEOUS SOLUTION AUTO-INJECTOR	4	PA; LA; QPD
NUCALA SUBCUTANEOUS SOLUTION PREFILLED SYRINGE	4	PA; LA; QPD
*Leukotriene Receptor Antagonists***		
<i>montelukast sodium oral</i>	1	QPD
<i>zafirlukast</i>	1	QPD
*Selective Phosphodiesterase 4 (Pde4) Inhibitors***		
<i>roflumilast</i>	3	QPD
*Steroid Inhalants***		
ALVESCO	3	PA; QPD
ARNUITY ELLIPTA	2	QPD
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>	1	QPD
FLUTICASONE PROPIONATE HFA INHALATION AEROSOL 110 MCG/ACT, 220 MCG/ACT	3	PA; QPD
<i>fluticasone propionate hfa inhalation aerosol 44 mcg/act</i>	3	PA; QPD
PULMICORT FLEXHALER	2	QPD
QVAR REDHALER	2	QPD
*Thymic Stromal Lymphopoietin (Tslp) Antagonists***		
TEZSPIRE SUBCUTANEOUS SOLUTION AUTO-INJECTOR	4	PA; QPD
*Xanthines***		
THEO-24	3	

Drug Name	Drug Tier	Requirements/Limits
<i>theophylline er</i>	1	
<i>theophylline oral</i>	1	
Anticoagulants		
*Coumarin Anticoagulants***		
<i>warfarin sodium oral</i>	\$0*	
*Direct Factor Xa Inhibitors***		
ELIQUIS	2	QPD
ELIQUIS (1.5 MG PACK)	2	QPD
ELIQUIS (2 MG PACK)	2	QPD
ELIQUIS DVT/PE STARTER PACK ORAL TABLET THERAPY PACK	2	QPD
<i>rivaroxaban</i>	3	QPD
SAVAYSA	3	PA; QPD
XARELTO	2	QPD
XARELTO STARTER PACK	2	QPD
*Heparins And Heparinoid-Like Agents***		
<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	
*Low Molecular Weight Heparins***		
<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	
*Synthetic Heparinoid-Like Agents***		
<i>fondaparinux sodium</i>	3	
*Thrombin Inhibitors - Selective Direct & Reversible***		
<i>dabigatran etexilate mesylate</i>	3	PA; QPD
PRADAXA ORAL PACKET	3	PA; QPD
Anticonvulsants		
*Ampa Glutamate Receptor Antagonists***		
<i>perampanel</i>	3	

Drug Name	Drug Tier	Requirements/Limits
*Anticonvulsants - Benzodiazepines***		
<i>clobazam oral suspension 2.5 mg/ml</i>	3	
<i>clobazam oral tablet</i>	3	
<i>clonazepam oral tablet 0.5 mg, 1 mg, 2 mg</i>	1	
<i>clonazepam oral tablet dispersible</i>	1	
<i>diazepam rectal</i>	1	
NAYZILAM	3	QPD
VALTOCO 10 MG DOSE	3	QPD
VALTOCO 15 MG DOSE NASAL LIQUID THERAPY PACK 2 X 7.5 MG/0.1ML	3	QPD
VALTOCO 20 MG DOSE NASAL LIQUID THERAPY PACK 2 X 10 MG/0.1ML	3	QPD
VALTOCO 5 MG DOSE	3	QPD
*Anticonvulsants - Misc.***		
<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 100 mg</i>	1	
CARBATROL	3	
EPIDIOLEX	4	PA; LA
<i>eslicarbazepine acetate</i>	3	QPD
<i>gabapentin oral capsule 100 mg, 300 mg, 400 mg</i>	1	
<i>gabapentin oral solution 250 mg/5ml</i>	1	
<i>gabapentin oral tablet 600 mg, 800 mg</i>	1	
<i>lacosamide oral solution 10 mg/ml</i>	3	
<i>lacosamide oral tablet</i>	3	
<i>lamotrigine er</i>	1	
<i>lamotrigine oral kit 21 x 25 mg & 7 x 50 mg, 25 & 50 & 100 mg, 42 x 50 mg & 14x100 mg</i>	1	
<i>lamotrigine oral tablet</i>	1	
<i>lamotrigine oral tablet chewable</i>	1	
<i>lamotrigine oral tablet dispersible</i>	1	
<i>levetiracetam er</i>	1	
<i>levetiracetam oral solution</i>	1	
<i>levetiracetam oral tablet</i>	1	
<i>oxcarbazepine</i>	1	
<i>oxcarbazepine er</i>	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	

Drug Name	Drug Tier	Requirements/Limits
<i>rufinamide oral suspension 40 mg/ml</i>	3	
<i>rufinamide oral tablet</i>	3	
TEGRETOL ORAL SUSPENSION	3	
TEGRETOL ORAL TABLET	3	
TEGRETOL-XR	3	
<i>topiramate er</i>	3	PA; QPD
<i>topiramate oral capsule sprinkle 15 mg, 25 mg</i>	1	
<i>topiramate oral tablet</i>	1	
<i>zonisamide oral</i>	1	
*Carbamates***		
<i>felbamate</i>	1	
*Gaba Modulators***		
<i>tiagabine hcl</i>	1	
<i>vigabatrin</i>	4	PA; LA; QPD
<i>vigadrone</i>	4	PA; LA; QPD
*Hydantoins***		
DILANTIN INFATABS	3	
DILANTIN ORAL CAPSULE 100 MG	3	
DILANTIN ORAL CAPSULE 30 MG	2	
PHENYTEK	3	
<i>phenytoin infatabs</i>	1	
<i>phenytoin oral</i>	1	
<i>phenytoin sodium extended</i>	1	
*Succinimides***		
<i>ethosuximide oral</i>	1	
<i>methsuximide</i>	3	
*Valproic Acid***		
<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	
Antidepressants		
*Alpha-2 Receptor Antagonists (Tetracyclics)***		
<i>mirtazapine oral</i>	\$0*	QPD
*Antidepressants - Misc.***		
<i>bupropion hcl er (sr)</i>	\$0*	QPD

Drug Name	Drug Tier	Requirements/Limits
<i>bupropion hcl er (xl) oral tablet extended release 24 hour 150 mg, 300 mg</i>	\$0*	QPD
<i>bupropion hcl oral</i>	\$0*	
*Gaba Receptor Modulator - Neuroactive Steroid***		
ZURZUVAE	3	PA; QPD
*Monoamine Oxidase Inhibitors (Maois)***		
EMSAM	3	QPD
MARPLAN	3	
<i>phenelzine sulfate oral</i>	1	
<i>tranylcypromine sulfate</i>	1	
*Selective Serotonin Reuptake Inhibitors (Ssris)***		
<i>citalopram hydrobromide oral solution</i>	1	QPD
<i>citalopram hydrobromide oral tablet</i>	\$0*	QPD
<i>escitalopram oxalate oral solution 5 mg/5ml</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>	1	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>	1	QPD
<i>paroxetine hcl er</i>	1	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
*Serotonin Modulators***		
<i>nefazodone hcl</i>	1	
<i>trazodone hcl oral tablet 100 mg, 150 mg, 300 mg, 50 mg</i>	\$0*	
TRINTELLIX	3	ST
<i>vilazodone hcl</i>	3	QPD
*Serotonin-Norepinephrine Reuptake Inhibitors (Snris)***		
<i>desvenlafaxine succinate er</i>	1	QPD
<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

Drug Name	Drug Tier	Requirements/Limits
<i>venlafaxine hcl er oral capsule extended release 24 hour</i>	\$0*	QPD
*Tricyclic Agents***		
<i>amitriptyline hcl oral</i>	1	
<i>amoxapine</i>	1	
<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>	1	
<i>nortriptyline hcl oral</i>	1	
<i>protriptyline hcl</i>	1	
<i>trimipramine maleate oral</i>	1	
Antidiabetics		
*Alpha-Glucosidase Inhibitors***		
<i>acarbose oral</i>	\$0*	
<i>miglitol</i>	1	
*Biguanides***		
<i>metformin hcl er</i>	\$0*	QPD
<i>metformin hcl oral tablet 1000 mg, 500 mg, 850 mg</i>	\$0*	QPD
*Diabetic Other***		
BAQSIMI ONE PACK	2	QPD
BAQSIMI TWO PACK	2	QPD
<i>diazoxide oral</i>	4	
GLUCAGON EMERGENCY INJECTION SOLUTION RECONSTITUTED 1 MG	2	
<i>glucagon emergency solution reconstituted 1 mg injection</i>	3	QPD
GVOKE HYPOPEN 1-PACK	2	QPD
GVOKE HYPOPEN 2-PACK	2	QPD
GVOKE KIT	2	QPD
GVOKE PFS SUBCUTANEOUS SOLUTION PREFILLED SYRINGE 1 MG/0.2ML	2	QPD
*Dipeptidyl Peptidase-4 (Dpp-4) Inhibitors***		
ALOGLIPTIN BENZOATE	3	PA; QPD
<i>sitagliptin phosphate</i>	1	QPD
TRADJENTA	2	QPD

Drug Name	Drug Tier	Requirements/Limits
*Dipeptidyl Peptidase-4 Inhibitor-Biguanide Combinations***		
JENTADUETO	2	QPD
JENTADUETO XR	2	QPD
<i>sitagliip phos-metformin hcl er</i>	1	QPD
<i>sitagliptin phos-metformin hcl</i>	1	QPD
*Dopamine Receptor Agonists - Ergot Derivatives***		
CYCLOSET	3	
*Human Insulin***		
APIDRA	3	PA
APIDRA SOLOSTAR SUBCUTANEOUS SOLUTION PEN-INJECTOR	3	PA
HUMALOG KWIKPEN SUBCUTANEOUS SOLUTION PEN-INJECTOR 200 UNIT/ML	3	PA
HUMULIN R U-500 KWIKPEN SUBCUTANEOUS SOLUTION PEN-INJECTOR	2	PA
INSULIN LISPRO (1 UNIT DIAL)	2	
INSULIN LISPRO INJECTION	2	
INSULIN LISPRO JUNIOR KWIKPEN	2	
INSULIN LISPRO PROT & LISPRO	2	
KIRSTY	2	
LANTUS	2	
LANTUS SOLOSTAR 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 MIX 70/30	3	
NOVOLOG MIX 70/30 FLEXPEN SUBCUTANEOUS SUSPENSION PEN-INJECTOR	3	
TOUJEO MAX SOLOSTAR	2	
TOUJEO SOLOSTAR	2	

Drug Name	Drug Tier	Requirements/Limits
TRESIBA	2	
TRESIBA FLEXTOUCH	2	
*Incretin Mimetic Agents (Gip & Glp-1 Receptor Agonists)***		
MOUNJARO SUBCUTANEOUS SOLUTION AUTO-INJECTOR	2	PA; QPD
*Incretin Mimetic Agents (Glp-1 Receptor Agonists)***		
OZEMPIC	2	PA; QPD
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
RYBELSUS	2	PA; QPD
TRULICITY SUBCUTANEOUS SOLUTION AUTO-INJECTOR	2	PA; QPD
*Insulin-Incretin Mimetic Combinations***		
SOLIQUA	2	QPD
XULTOPHY	2	QPD
*Meglitinide Analogues***		
<i>nateglinide</i>	1	
<i>repaglinide</i>	\$0*	
*Progesterone Receptor Antagonists***		
<i>mifepristone oral tablet 300 mg</i>	4	PA; QPD
*SglT2 Inhibitor - Dpp-4 Inhibitor - Biguanide Comb***		
TRIJARDY XR	2	QPD
*SglT2 Inhibitor - Dpp-4 Inhibitor Combinations***		
GLYXAMBI	2	QPD
*Sodium-Glucose Co-Transporter 2 (SglT2) Inhibitors***		
<i>dapagliflozin</i>	1	QPD
JARDIANCE	2	QPD
*Sodium-Glucose Co-Transporter 2 Inhibitor-Biguanide Comb***		
<i>dapagliflozin-metformin hcl er oral tablet extended release 24 hour 10-500 mg, 5-500 mg</i>	1	QPD
SYNJARDY	2	QPD
SYNJARDY XR	2	QPD
*Sulfonylurea-Biguanide Combinations***		
<i>glipizide-metformin hcl</i>	1	QPD

Drug Name	Drug Tier	Requirements/Limits
<i>glyburide-metformin</i>	\$0*	QPD
*Sulfonylureas***		
<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>glyburide oral</i>	\$0*	QPD
*Sulfonylurea-Thiazolidinedione Combinations***		
<i>pioglitazone hcl-glimepiride</i>	1	QPD
*Thiazolidinedione-Biguanide Combinations***		
<i>pioglitazone hcl-metformin hcl</i>	3	QPD
*Thiazolidinediones***		
<i>pioglitazone hcl</i>	\$0*	QPD
Antidiarrheal/Probiotic Agents		
*Antidiarrheal - Chloride Channel Antagonists***		
MYTESI	4	LA; QPD
*Antiperistaltic Agents***		
<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	
Antidotes And Specific Antagonists		
*Antidotes - Chelating Agents***		
CHEMET	4	
<i>deferasirox</i>	4	
<i>deferasirox granules</i>	4	
<i>deferiprone</i>	4	
FERRIPROX ORAL SOLUTION	4	LA
FERRIPROX TWICE-A-DAY	4	LA
*Antidotes And Specific Antagonists***		
VISTOGARD	4	LA; QPD
*Opioid Antagonists***		
KLOXXADO	3	QPD
<i>naloxone hcl injection solution 0.4 mg/ml, 4 mg/10ml</i>	1	QPD
<i>naloxone hcl injection solution cartridge</i>	1	QPD
<i>naloxone hcl injection solution prefilled syringe 2 mg/2ml</i>	1	QPD
<i>naloxone hcl nasal</i>	3	QPD
<i>naltrexone hcl oral</i>	1	

Drug Name	Drug Tier	Requirements/Limits
Antiemetics		
*5-HT₃ Receptor Antagonists***		
<i>granisetron hcl oral</i>	1	QPD
<i>ondansetron hcl oral solution 4 mg/5ml</i>	1	QPD
<i>ondansetron hcl oral tablet</i>	1	QPD
<i>ondansetron oral tablet dispersible 4 mg, 8 mg</i>	1	QPD
*Antiemetic Combinations***		
AKYNZEO ORAL	3	QPD
BONJESTA	3	QPD
<i>doxylamine-pyridoxine</i>	3	QPD
*Antiemetics - Anticholinergic***		
<i>meclizine hcl oral tablet 12.5 mg, 25 mg</i>	1	
<i>scopolamine</i>	3	
<i>trimethobenzamide hcl oral</i>	1	
*Antiemetics - Miscellaneous***		
<i>dronabinol oral capsule</i>	1	
*Substance P/Neurokinin 1 (Nk1) Receptor Antagonists***		
<i>aprepitant oral capsule 125 mg, 40 mg, 80 mg</i>	3	QPD
<i>aprepitant oral capsule therapy pack</i>	3	QPD
EMEND ORAL SUSPENSION RECONSTITUTED	3	QPD
Antifungals		
*Antifungals***		
<i>flucytosine oral</i>	1	
<i>griseofulvin microsize oral</i>	1	
<i>griseofulvin ultramicrosize oral tablet 125 mg, 250 mg</i>	1	
<i>nystatin oral tablet</i>	1	
<i>terbinafine hcl oral</i>	1	QPD
*Imidazoles***		
<i>ketoconazole oral</i>	1	
*Triazoles***		
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>voriconazole oral</i>	1	QPD

Drug Name	Drug Tier	Requirements/Limits
Antihistamines		
*Antihistamines - Ethanolamines***		
<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	
*Antihistamines - Non-Sedating***		
<i>desloratadine oral tablet</i>	1	QPD
*Antihistamines - Phenothiazines***		
<i>promethazine hcl oral solution 6.25 mg/5ml</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	
*Antihistamines - Piperidines***		
<i>cyproheptadine hcl oral syrup 2 mg/5ml</i>	1	
<i>cyproheptadine hcl oral tablet</i>	1	
Antihyperlipidemics		
*Antihyperlipidemics - Misc.***		
<i>icosapent ethyl</i>	3	QPD
<i>omega-3-acid ethyl esters</i>	\$0*	
*Bile Acid Sequestrants***		
<i>cholestyramine light</i>	1	
<i>cholestyramine oral</i>	1	
<i>colesevelam hcl</i>	3	
<i>colestipol hcl</i>	1	
<i>prevalite</i>	1	
*Fibric Acid Derivatives***		
<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*	
*Hmg Coa Reductase Inhibitors***		
<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

Drug Name	Drug Tier	Requirements/Limits
<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
*Intest Cholest Absorp Inhib-Hmg Coa Reductase Inhib Comb***		
<i>ezetimibe-simvastatin</i>	1	QPD
*Intestinal Cholesterol Absorption Inhibitors***		
<i>ezetimibe oral</i>	\$0*	QPD
*Nicotinic Acid Derivatives***		
<i>niacin er (antihyperlipidemic)</i>	1	
*Pcsk9 Inhibitors***		
REPATHA SURECLICK	2	PA; QPD
Antihypertensives		
*Ace Inhibitor & Calcium Channel Blocker Combinations***		
<i>amlodipine besy-benazepril hcl</i>	\$0*	
<i>trandolapril-verapamil hcl er</i>	3	
*Ace Inhibitors & Thiazide/Thiazide-Like***		
<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*	
*Ace Inhibitors***		
<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
<i>quinapril hcl</i>	\$0*	QPD
<i>ramipril</i>	\$0*	QPD
<i>trandolapril</i>	1	QPD

Drug Name	Drug Tier	Requirements/Limits
*Agents For Pheochromocytoma***		
<i>metyrosine</i>	4	PA
<i>phenoxybenzamine hcl oral</i>	1	PA
*Angiotensin II Receptor Antag & Ca Channel Blocker Comb***		
<i>amlodipine besylate-valsartan</i>	\$0*	QPD
<i>amlodipine-olmesartan</i>	1	QPD
*Angiotensin II Receptor Antag & Thiazide/Thiazide-Like***		
<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*	
*Angiotensin II Receptor Antagonists***		
<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
*Angiotensin II Receptor Ant-Ca Channel Blocker-Thiazides***		
<i>olmesartan-amlodipine-hctz</i>	1	QPD
*Antiadrenergics - Centrally Acting***		
<i>clonidine</i>	\$0*	QPD
<i>clonidine hcl oral tablet 0.1 mg, 0.2 mg, 0.3 mg</i>	\$0*	
<i>guanfacine hcl oral</i>	\$0*	
<i>methyldopa oral</i>	\$0*	
*Antiadrenergics - Peripherally Acting***		
<i>doxazosin mesylate oral</i>	\$0*	QPD
<i>prazosin hcl oral</i>	\$0*	QPD
<i>terazosin hcl oral</i>	\$0*	QPD
*Beta Blocker & Diuretic Combinations***		
<i>atenolol-chlorthalidone</i>	\$0*	
<i>bisoprolol-hydrochlorothiazide</i>	\$0*	
<i>metoprolol-hydrochlorothiazide</i>	1	
*Direct Renin Inhibitors***		
<i>aliskiren fumarate</i>	3	QPD

Drug Name	Drug Tier	Requirements/Limits
*Selective Aldosterone Receptor Antagonists (Saras)***		
<i>eplerenone</i>	1	
*Vasodilators***		
<i>hydralazine hcl oral</i>	\$0*	
<i>minoxidil oral</i>	\$0*	
Anti-Infective Agents - Misc.		
*Anti-Infective Agents - Misc.***		
LIKMEZ	3	PA; QPD
<i>metronidazole oral capsule</i>	1	
<i>metronidazole oral tablet 250 mg, 500 mg</i>	1	
<i>pentamidine isethionate inhalation</i>	3	
<i>tinidazole oral</i>	1	
<i>trimethoprim oral</i>	1	
XIFAXAN	3	QPD
*Anti-Infective Misc. - Combinations***		
<i>sulfamethoxazole-trimethoprim oral</i>	1	
<i>sulfatrim pediatric</i>	1	
*Antiprotozoal Agents***		
<i>atovaquone oral</i>	1	QPD
<i>nitazoxanide oral</i>	3	QPD
*Glycopeptides***		
<i>vancomycin hcl oral capsule</i>	1	QPD
<i>vancomycin hcl oral solution reconstituted 250 mg/5ml, 50 mg/ml</i>	3	QPD
*Leprostatics***		
<i>dapsone oral</i>	1	
*Lincosamides***		
<i>clindamycin hcl oral</i>	1	
<i>clindamycin palmitate hcl</i>	1	
*Monobactams***		
CAYSTON	4	PA; LA
*Oxazolidinones***		
<i>linezolid oral</i>	1	QPD
*Urinary Anti-Infectives***		
<i>fosfomycin tromethamine</i>	3	
<i>methenamine hippurate</i>	1	
<i>methenamine mandelate oral tablet</i>	1	
<i>nitrofurantoin macrocrystal oral capsule 100 mg, 50 mg</i>	1	QPD

Drug Name	Drug Tier	Requirements/Limits
<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
*Urinary Antiseptic-Antispasmodic &/Or Analgesics***		
<i>me/naphos/mb/hyo1</i>	1	
<i>uretron d/s oral tablet 81.6 mg</i>	1	
<i>urogesic-blue</i>	1	
<i>uro-mp</i>	1	
<i>vilamit mb</i>	1	
<i>vilevev mb</i>	1	
Antimalarials		
*Antimalarial Combinations***		
<i>atovaquone-proguanil hcl</i>	1	
COARTEM	3	
*Antimalarials***		
<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>	4	PA; LA
<i>quinine sulfate oral</i>	1	
Antimyasthenic/Cholinergic Agents		
*Antimyasthenic/Cholinergic Agents***		
<i>pyridostigmine bromide er oral tablet extended release</i>	1	
<i>pyridostigmine bromide oral solution</i>	4	
<i>pyridostigmine bromide oral tablet 60 mg</i>	1	
Antimycobacterial Agents		
*Antimycobacterial Agents***		
CYCLOSERINE ORAL	3	
<i>ethambutol hcl oral</i>	1	
<i>isoniazid oral</i>	1	
PRETOMANID	3	QPD
PRIFTIN	3	
<i>pyrazinamide oral</i>	1	
<i>rifabutin</i>	1	
<i>rifampin oral</i>	1	

Drug Name	Drug Tier	Requirements/Limits
<i>rifapentine</i>	3	
SIRTURO	4	LA
Antineoplastics And Adjunctive Therapies		
*Alkylating Agents***		
MYLERAN	4	
*Androgen Biosynthesis Inhibitors***		
<i>abiraterone acetate</i>	4	QPD
<i>abiraterone acetate micronized</i>	2	QPD
ABIRTEGA	4	QPD
YONSA	4	QPD
*Antiadrenals***		
LYSODREN	4	LA
*Antiandrogens***		
<i>bicalutamide</i>	1	QPD
ERLEADA ORAL TABLET 240 MG	4	QPD
ERLEADA ORAL TABLET 60 MG	4	LA; QPD
<i>nilutamide</i>	4	
NUBEQA	4	LA; QPD
XTANDI	4	LA; QPD
*Antiestrogens***		
SOLTAMOX	3	
<i>tamoxifen citrate oral</i>	\$0	
<i>toremifene citrate</i>	3	
*Antimetabolites***		
<i>capecitabine</i>	4	
<i>mercaptopurine oral tablet</i>	1	
<i>methotrexate sodium (pf) injection solution 1 gm/40ml, 1000 mg/40ml, 250 mg/10ml, 50 mg/2ml</i>	4	
<i>methotrexate sodium injection solution 250 mg/10ml, 50 mg/2ml</i>	4	
<i>methotrexate sodium oral</i>	1	
ONUREG	4	QPD
TABLOID	2	
*Antineoplastic - Alk Inhibitors***		
ALECENSA	4	LA; QPD
ALUNBRIG	4	LA; QPD
LORBRENA	4	LA; QPD
XALKORI ORAL CAPSULE	4	LA; QPD
XALKORI ORAL CAPSULE SPRINKLE	4	QPD
ZYKADIA ORAL TABLET	4	QPD

Drug Name	Drug Tier	Requirements/Limits
*Antineoplastic - Anti-Her2 Agents***		
HERNEXEOS	4	LA; QPD
TUKYSA	4	LA; QPD
*Antineoplastic - Bcl-2 Inhibitors***		
BEQALZI	4	
BEQALZI STARTER PACK	4	
VENCLEXTA	4	LA; QPD
VENCLEXTA STARTING PACK	4	LA; QPD
*Antineoplastic - Bcr-Abl Kinase Inhibitors***		
BOSULIF ORAL CAPSULE	4	LA; QPD
<i>bosutinib</i>	4	LA; QPD
DANZITEN	4	QPD
<i>dasatinib</i>	4	LA; QPD
ICLUSIG	4	LA; QPD
<i>imatinib mesylate oral</i>	4	
<i>nilotinib hcl</i>	4	QPD
SCEMBLIX	4	QPD
*Antineoplastic - Braf Kinase Inhibitors***		
BRAFTOVI ORAL CAPSULE 75 MG	4	LA; QPD
OJEMDA ORAL SUSPENSION RECONSTITUTED	4	QPD
OJEMDA ORAL TABLET 100 MG	4	QPD
TAFINLAR	4	QPD
ZELBORAF	4	LA; QPD
*Antineoplastic - Btk Inhibitors***		
BRUKINSA	4	LA; QPD
CALQUENCE ORAL TABLET	4	QPD
IMBRUVICA ORAL CAPSULE	4	LA; QPD
IMBRUVICA ORAL SUSPENSION	4	LA; QPD
IMBRUVICA ORAL TABLET 420 MG	4	LA; QPD
JAYPIRCA	4	LA; QPD
*Antineoplastic - Egfr Inhibitors***		
<i>erlotinib hcl</i>	4	QPD
<i>gefitinib</i>	4	QPD
GILOTRIF	4	LA; QPD
LAZCLUZE	4	QPD
TAGRISSE	4	LA; QPD
*Antineoplastic - Fgfr Kinase Inhibitors***		
BALVERSA	4	LA; QPD
LYTGOBI (12 MG DAILY DOSE)	4	QPD

Drug Name	Drug Tier	Requirements/Limits
LYTGOBI (16 MG DAILY DOSE)	4	QPD
LYTGOBI (20 MG DAILY DOSE)	4	QPD
PEMAZYRE	4	LA; QPD
*Antineoplastic - Gamma Secretase Inhibitors***		
OGSIVEO ORAL TABLET 100 MG, 150 MG	4	QPD
*Antineoplastic - Hedgehog Pathway Inhibitors***		
DAURISMO	4	LA; QPD
ERIVEDGE	4	LA; QPD
ODOMZO	4	LA; QPD
*Antineoplastic - Hif-2-Alpha Inhibitors***		
WELIREG	4	LA; QPD
*Antineoplastic - Histone Deacetylase Inhibitors***		
ZOLINZA	4	LA; QPD
*Antineoplastic - Hormonal And Related Agent Combinations***		
AKEEGA	4	QPD
*Antineoplastic - Immunomodulators***		
<i>pomalidomide</i>	4	QPD
ZENBEXUS	4	QPD
*Antineoplastic - Kras Inhibitors***		
KRAZATI	4	LA; QPD
LUMAKRAS	4	QPD
*Antineoplastic - Mek Inhibitors***		
COTELLIC	4	LA
MEKINIST	4	QPD
MEKTOVI	4	LA; QPD
*Antineoplastic - Menin Inhibitors***		
KOMZIFTI	4	QPD
REVUFORJ	4	QPD
*Antineoplastic - Met Inhibitors***		
TABRECTA	4	QPD
TEPMETKO	4	LA; QPD
*Antineoplastic - Mtor Kinase Inhibitors***		
<i>everolimus oral tablet 10 mg, 2.5 mg, 5 mg, 7.5 mg</i>	4	QPD
<i>everolimus oral tablet soluble</i>	4	QPD
YULITHIRA	4	QPD
*Antineoplastic - Multikinase Inhibitors***		
CABOMETYX	4	LA; QPD
CAPRELSA	4	LA; QPD

Drug Name	Drug Tier	Requirements/Limits
COMETRIQ (100 MG DAILY DOSE) ORAL KIT 80 & 20 MG	4	LA; QPD
COMETRIQ (140 MG DAILY DOSE) ORAL KIT 3 X 20 MG & 80 MG	4	LA; QPD
COMETRIQ (60 MG DAILY DOSE)	4	LA; QPD
ENSACOVE	4	LA; QPD
FOTIVDA	4	LA; QPD
HYRNUO	4	LA; QPD
<i>lapatinib ditosylate</i>	4	QPD
NERLYNX	4	LA; QPD
<i>pazopanib hcl</i>	4	QPD
QINLOCK	4	LA; QPD
RYDAPT	4	QPD
<i>sorafenib tosylate</i>	4	QPD
STIVARGA	4	LA; QPD
<i>sunitinib malate</i>	4	QPD
TURALIO ORAL CAPSULE 125 MG	4	PA; LA; QPD
VANFLYTA	4	QPD
XOSPATA	4	LA; QPD
*Antineoplastic - Pdgfr-Alpha Inhibitors***		
AYVAKIT	4	LA; QPD
*Antineoplastic - Protease Activators***		
MODEYSO	4	LA; QPD
*Antineoplastic - Proteasome Inhibitors***		
NINLARO	4	LA; QPD
*Antineoplastic - Ras Gtpase Inhibitors***		
RASONQUE	4	LA; QPD
*Antineoplastic - Ret Inhibitors***		
GAVRETO	4	LA; QPD
RETEVMO ORAL TABLET	4	LA; QPD
*Antineoplastic - Tropomyosin Receptor Kinase Inhibitors***		
AUGTYRO	4	QPD
IBTROZI	4	QPD
ROZLYTREK ORAL CAPSULE	4	LA; QPD
ROZLYTREK ORAL PACKET	4	QPD
VITRAKVI	4	LA; QPD
*Antineoplastic - Tyrosine Kinase Inhibitors***		
JIDEYTRO	4	LA; QPD

Drug Name	Drug Tier	Requirements/Limits
*Antineoplastic - Xpo1 Inhibitors***		
XPOVIO (100 MG ONCE WEEKLY) ORAL TABLET THERAPY PACK 50 MG	4	LA; QPD
XPOVIO (40 MG ONCE WEEKLY) ORAL TABLET THERAPY PACK 10 MG	4	LA; QPD
XPOVIO (40 MG TWICE WEEKLY) ORAL TABLET THERAPY PACK 40 MG	4	LA; QPD
XPOVIO (60 MG ONCE WEEKLY) ORAL TABLET THERAPY PACK 60 MG	4	LA; QPD
XPOVIO (60 MG TWICE WEEKLY)	4	LA; QPD
XPOVIO (80 MG ONCE WEEKLY) ORAL TABLET THERAPY PACK 40 MG, 80 MG	4	LA; QPD
XPOVIO (80 MG TWICE WEEKLY)	4	LA; QPD
*Antineoplastic Combinations***		
AVMAPKI FAKZYNJA CO-PACK	4	QPD
INQOVI	4	LA; QPD
LONSURF	4	LA
*Antineoplastics Misc.***		
ACTIMMUNE	4	PA; LA
BESREMI	4	LA; QPD
BESREMI PEN	4	LA; QPD
<i>hydroxyurea oral</i>	1	
MATULANE	4	LA
*Aromatase Inhibitors***		
<i>anastrozole oral</i>	\$0	QPD
<i>exemestane</i>	\$0	QPD
<i>letrozole oral</i>	1	QPD
*Cyclin-Dependent Kinases (Cdk) Inhibitors***		
IBRANCE ORAL CAPSULE 125 MG	4	LA; QPD
IBRANCE ORAL TABLET	4	LA; QPD
KISQALI (200 MG DOSE)	4	QPD
KISQALI (400 MG DOSE)	4	QPD
KISQALI (600 MG DOSE)	4	QPD
VERZENIO	4	LA; QPD
*Estrogen Receptor Antagonist***		
INLURIYO	4	QPD
*Folic Acid Antagonists Rescue Agents***		
<i>lederle leucovorin</i>	1	
<i>leucovorin calcium oral</i>	1	

Drug Name	Drug Tier	Requirements/Limits
*Glucocorticoid Receptor (Gr) Antagonists***		
LIFYORLI (125 MG DOSE) ORAL CAPSULE THERAPY PACK 1 X 25 MG & 1 X 100 MG	4	LA; QPD
LIFYORLI (150 MG DOSE) ORAL CAPSULE THERAPY PACK 2 X 25 MG & 1 X 100 MG	4	LA; QPD
*Gonadotropin Releasing Hormone (Gnrh) Antagonists***		
ORGOVYX	4	LA; QPD
*Imidazotetrazines***		
<i>temozolomide</i>	4	
*Isocitrate Dehydrogenase 1 & 2 (Idh1 & Idh2) Inhibitors***		
VORANIGO	4	PA; LA; QPD
*Isocitrate Dehydrogenase-1 (Idh1) Inhibitors***		
REZLIDHIA	4	LA; QPD
TIBSOVO	4	LA; QPD
*Isocitrate Dehydrogenase-2 (Idh2) Inhibitors***		
IDHIFA	4	LA; QPD
*Janus Associated Kinase (Jak) Inhibitors***		
INREBIC	4	LA; QPD
JAKAFI	4	LA; QPD
JAKAFI XR	4	LA; QPD
OJJAARA	4	QPD
VONJO	4	LA; QPD
*Mitotic Inhibitors***		
<i>etoposide oral</i>	4	
*Nitrogen Mustards And Related Analogues***		
<i>cyclophosphamide oral capsule</i>	3	
CYCLOPHOSPHAMIDE ORAL TABLET 50 MG	3	
LEUKERAN	2	
*Nitrosoureas***		
<i>lomustine</i>	4	
*Ornithine Decarboxylase (Odc) Inhibitors***		
IWILFIN	4	QPD
*Phosphatidylinositol 3-Kinase (Pi3k) Inhibitors***		
COPIKTRA	4	LA; QPD
ITOVEBI	4	QPD
PIQRAY (200 MG DAILY DOSE)	4	QPD
PIQRAY (250 MG DAILY DOSE)	4	QPD
PIQRAY (300 MG DAILY DOSE)	4	QPD

Drug Name	Drug Tier	Requirements/Limits
ZYDELIG	4	LA
*Poly (Adp-Ribose) Polymerase (Parp) Inhibitors***		
LYNPARZA ORAL TABLET	4	LA; QPD
RUBRACA	4	LA; QPD
TALZENNA ORAL CAPSULE 0.1 MG, 0.35 MG	4	QPD
TALZENNA ORAL CAPSULE 0.25 MG, 0.5 MG, 0.75 MG, 1 MG	4	LA; QPD
ZEJULA ORAL TABLET	4	QPD
*Progestins-Antineoplastic***		
<i>megestrol acetate oral suspension 40 mg/ml</i>	1	
<i>megestrol acetate oral tablet</i>	1	
*Retinoids***		
<i>tretinoin oral</i>	1	
*Selective Estrogen Receptor Degraders***		
ORSERDU	4	LA; QPD
VEPPANU	4	QPD
*Selective Retinoid X Receptor Agonists***		
<i>bexarotene oral</i>	4	
*Topoisomerase I Inhibitors***		
HYCAMTIN ORAL	4	
*Vascular Endothelial Growth Factor (Vegf) Inhibitors***		
FRUZAQLA	4	QPD
INLYTA	4	LA; QPD
LENVIMA (10 MG DAILY DOSE)	4	LA; QPD
LENVIMA (12 MG DAILY DOSE)	4	LA; QPD
LENVIMA (14 MG DAILY DOSE)	4	LA; QPD
LENVIMA (18 MG DAILY DOSE)	4	LA; QPD
LENVIMA (20 MG DAILY DOSE)	4	LA; QPD
LENVIMA (24 MG DAILY DOSE)	4	LA; QPD
LENVIMA (4 MG DAILY DOSE)	4	LA; QPD
LENVIMA (8 MG DAILY DOSE)	4	LA; QPD
Antiparkinson And Related Therapy Agents		
*Antiparkinson Anticholinergics***		
<i>benztropine mesylate oral</i>	1	
<i>trihexyphenidyl hcl</i>	1	
*Antiparkinson Dopaminergics***		
<i>amantadine hcl oral capsule</i>	1	
<i>amantadine hcl oral solution 50 mg/5ml</i>	1	
<i>bromocriptine mesylate oral</i>	1	

Drug Name	Drug Tier	Requirements/Limits
*Antiparkinson Monoamine Oxidase Inhibitors***		
<i>rasagiline mesylate oral</i>	3	
<i>selegiline hcl oral</i>	1	
*Central/Peripheral Comt Inhibitors***		
<i>tolcapone</i>	1	
*Decarboxylase Inhibitors***		
<i>carbidopa oral</i>	1	
*Levodopa Combinations***		
<i>carbidopa-levodopa</i>	1	
<i>carbidopa-levodopa er oral tablet extended release 25-100 mg, 50-200 mg</i>	1	
<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>	1	
RYTARY	3	
*Nonergoline Dopamine Receptor Agonists***		
NEUPRO	3	QPD
<i>pramipexole dihydrochloride</i>	1	
<i>pramipexole dihydrochloride er</i>	1	
<i>ropinirole hcl</i>	1	
<i>ropinirole hcl er</i>	1	QPD
*Peripheral Comt Inhibitors***		
<i>entacapone</i>	1	
Antipsychotics/Antimanic Agents		
*Antimanic Agents***		
<i>lithium</i>	1	
<i>lithium carbonate er</i>	1	
<i>lithium carbonate oral</i>	1	
*Antipsychotics - Misc.***		
CAPLYTA	3	QPD
EQUETRO	3	
<i>lurasidone hcl</i>	1	QPD
NUPLAZID ORAL CAPSULE	4	LA; QPD
NUPLAZID ORAL TABLET 10 MG	4	LA; QPD
VRAYLAR ORAL CAPSULE	3	QPD
<i>ziprasidone hcl</i>	1	QPD
*Benzisoxazoles***		
<i>paliperidone er</i>	1	QPD
<i>risperidone oral solution 1 mg/ml</i>	1	
<i>risperidone oral tablet</i>	1	

Drug Name	Drug Tier	Requirements/Limits
<i>risperidone oral tablet dispersible</i>	1	
*Butyrophenones***		
<i>haloperidol lactate oral concentrate 2 mg/ml</i>	1	
<i>haloperidol oral</i>	1	
*Dibenzodiazepines***		
<i>clozapine oral tablet</i>	1	
<i>clozapine oral tablet dispersible 100 mg, 12.5 mg, 25 mg</i>	1	
<i>clozapine oral tablet dispersible 150 mg, 200 mg</i>	3	
*Dibenzo-Oxepino Pyrroles***		
<i>asenapine maleate</i>	3	QPD
*Dibenzothiazepines***		
<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
*Dibenzoxazepines***		
<i>loxapine succinate oral</i>	1	
*Dihydroindolones***		
<i>molindone hcl</i>	1	
*Phenothiazines***		
<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	
*Quinolinone Derivatives***		
<i>aripiprazole</i>	1	QPD
REXULTI	3	QPD
*Thienbenzodiazepines***		
<i>olanzapine oral</i>	1	QPD
*Thioxanthenes***		
<i>thiothixene oral</i>	1	
Antivirals		
*Antiretroviral Combinations***		
<i>abacavir sulfate-lamivudine</i>	4	
BIKTARVY	4	
CIMDUO	4	QPD

Drug Name	Drug Tier	Requirements/Limits
DELSTRIGO	4	QPD
DESCOVY	4	
DOVATO	4	QPD
<i>efavirenz-emtricitab-tenofo df</i>	4	
<i>efavirenz-lamivudine-tenofovir</i>	4	QPD
<i>emtricitabine-tenofovir df oral tablet 100-150 mg, 133-200 mg, 167-250 mg</i>	4	
<i>emtricitabine-tenofovir df oral tablet 200-300 mg</i>	\$0	
<i>emtricitab-rilpivir-tenofov df</i>	2	
EVOTAZ	4	QPD
GENVOYA	4	
JULUCA	4	QPD
<i>lamivudine-zidovudine</i>	1	
<i>lopinavir-ritonavir oral tablet</i>	4	
ODEFSEY	4	
PREZCOBIX	4	QPD
STRIBILD	4	
SYM TUZA	4	QPD
TRIUMEQ	4	
TRIUMEQ PD	4	
*Antiretrovirals - Ccr5 Antagonists (Entry Inhibitor)***		
<i>maraviroc</i>	4	
*Antiretrovirals - Gp120-Directed Attachment Inhibitor***		
RUKOBIA	4	PA; QPD
*Antiretrovirals - Integrase Inhibitors***		
ISENTRESS	4	
ISENTRESS HD	4	
TIVICAY ORAL TABLET 50 MG	4	
TIVICAY PD	4	QPD
*Antiretrovirals - Protease Inhibitors***		
APTIVUS ORAL CAPSULE	4	
<i>atazanavir sulfate</i>	4	
<i>darunavir</i>	4	
<i>fosamprenavir calcium</i>	4	
NORVIR ORAL PACKET	4	
REYATAZ ORAL PACKET	4	
<i>ritonavir</i>	4	
VIRACEPT ORAL TABLET	4	

Drug Name	Drug Tier	Requirements/Limits
*Antiretrovirals - Rti-Non-Nucleoside Analogues***		
EDURANT PED	4	PA; QPD
<i>efavirenz oral tablet</i>	4	
<i>etravirine</i>	4	
INTELENCE ORAL TABLET 25 MG	4	
<i>nevirapine</i>	1	
<i>nevirapine er oral tablet extended release 24 hour 400 mg</i>	1	
PIFELTRO	4	QPD
<i>rilpivirine hcl</i>	4	
*Antiretrovirals - Rti-Nucleoside Analogues-Purines***		
<i>abacavir sulfate oral solution</i>	4	
<i>abacavir sulfate oral tablet</i>	1	
*Antiretrovirals - Rti-Nucleoside Analogues-Pyrimidines***		
<i>emtricitabine</i>	4	
EMTRIVA ORAL SOLUTION	4	
<i>lamivudine oral solution 10 mg/ml</i>	1	
<i>lamivudine oral tablet 150 mg, 300 mg</i>	1	
*Antiretrovirals - Rti-Nucleoside Analogues-Thymidines***		
<i>zidovudine</i>	1	
*Antiretrovirals - Rti-Nucleotide Analogues***		
<i>tenofovir disoproxil fumarate</i>	4	
VIREAD ORAL POWDER	4	
VIREAD ORAL TABLET 150 MG, 200 MG, 250 MG	4	
*Antiviral Combinations***		
PAXLOVID (150/100)	2	QPD
PAXLOVID (300/100)	2	QPD
*Cmv Agents***		
PREVYMIS ORAL	4	QPD
<i>valganciclovir hcl</i>	1	
*Hepatitis B Agents***		
<i>adefovir dipivoxil</i>	4	
BARACLUDE ORAL SOLUTION	4	
<i>entecavir</i>	4	
<i>lamivudine oral tablet 100 mg</i>	1	
VEMLIDY	4	

Drug Name	Drug Tier	Requirements/Limits
*Hepatitis C Agent - Combinations***		
EPCLUSA	4	PA; QPD
HARVONI	4	PA; QPD
VOSEVI	4	PA; QPD
*Hepatitis C Agents***		
PEGASYS SUBCUTANEOUS SOLUTION 180 MCG/ML	4	PA; QPD
PEGASYS SUBCUTANEOUS SOLUTION PREFILLED SYRINGE	4	PA; QPD
<i>ribavirin oral capsule</i>	1	QPD
<i>ribavirin oral tablet 200 mg</i>	1	QPD
SOVALDI	2	PA
*Herpes Agents - Purine Analogues***		
<i>acyclovir oral capsule</i>	1	
<i>acyclovir oral suspension 200 mg/5ml</i>	1	
<i>acyclovir oral tablet</i>	1	
<i>valacyclovir hcl oral</i>	1	QPD
*Herpes Agents - Thymidine Analogues***		
<i>famciclovir oral</i>	1	QPD
*Influenza Agents***		
<i>rimantadine hcl</i>	1	
*Neuraminidase Inhibitors***		
<i>oseltamivir phosphate oral</i>	1	QPD
RELENZA DISKHALER INHALATION AEROSOL POWDER BREATH ACTIVATED 5 MG/ACT	3	QPD
*Pa Endonuclease Inhibitors***		
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
Beta Blockers		
*Alpha-Beta Blockers***		
<i>carvedilol</i>	\$0*	
<i>carvedilol phosphate er</i>	3	
<i>labetalol hcl oral tablet 100 mg, 200 mg, 300 mg</i>	\$0*	
*Beta Blockers Cardio-Selective***		
<i>acebutolol hcl oral</i>	\$0*	
<i>atenolol oral</i>	\$0*	QPD
<i>betaxolol hcl oral</i>	\$0*	
<i>bisoprolol fumarate oral tablet 10 mg, 5 mg</i>	\$0*	
<i>metoprolol succinate er</i>	\$0*	

Drug Name	Drug Tier	Requirements/Limits
<i>metoprolol tartrate oral tablet 100 mg, 25 mg, 37.5 mg, 50 mg, 75 mg</i>	\$0*	QPD
<i>nebivolol hcl</i>	\$0*	
*Beta Blockers Non-Selective***		
<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*	
<i>sotalol hcl oral</i>	\$0*	
<i>timolol maleate oral</i>	1	
Calcium Channel Blockers		
*Calcium Channel Blockers***		
<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>	1	
<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 capsule</i>	1	QPD
<i>nimodipine oral solution</i>	3	QPD
<i>nisoldipine er oral tablet extended release 24 hour 17 mg, 34 mg, 8.5 mg</i>	1	
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*	

Drug Name	Drug Tier	Requirements/Limits
Cardiotonics		
*Cardiac Glycosides***		
<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	
Cardiovascular Agents - Misc.		
*Calcium Channel Blocker & Hmg Coa Reductase Inhibit Comb***		
<i>amlodipine-atorvastatin</i>	3	QPD
*Cardiac Myosin Inhibitors***		
CAMZYOS	4	PA; QPD
*Neprilysin Inhib (Arni)-Angiotensin li Recept Antag Comb***		
ENTRESTO ORAL CAPSULE SPRINKLE	2	QPD
<i>sacubitril-valsartan</i>	1	QPD
*Nitrate & Vasodilator Combinations***		
<i>isosorb dinitrate-hydralazine oral tablet 20-37.5 mg</i>	3	
*Pde Inhibitor-Endothelin Receptor Antagonist Combinations***		
OPSYNVI	4	PA; LA; QPD
*Prostaglandin Vasodilators***		
ORENITRAM	4	PA; LA
ORENITRAM MONTH 1	4	PA; LA; QPD
ORENITRAM MONTH 2	4	PA; LA; QPD
ORENITRAM MONTH 3	4	PA; LA; QPD
TYVASO DPI MAINTENANCE KIT INHALATION POWDER 112 X 32MCG & 112 X64MCG, 112 X 48MCG & 112 X64MCG, 112 X 48MCG & 112 X80MCG, 16 MCG, 32 MCG, 48 MCG, 64 MCG, 80 MCG	4	PA; LA; QPD
TYVASO DPI TITRATION KIT INHALATION POWDER 16 & 32 & 48 MCG	4	PA; LA; QPD
*Pulm Hyperten-Soluble Guanylate Cyclase Stimulator (Sgc)***		
ADEMPAS	4	PA; LA; QPD
*Pulmonary Hypertension - Endothelin Receptor Antagonists***		
<i>ambrisentan</i>	4	PA; LA; QPD
<i>bosentan</i>	4	PA
<i>macitentan</i>	4	PA; LA

Drug Name	Drug Tier	Requirements/Limits
*Pulmonary Hypertension - Phosphodiesterase Inhibitors***		
<i>alyq</i>	4	PA; QPD
<i>sildenafil citrate intravenous</i>	4	PA; QPD
<i>sildenafil citrate oral suspension reconstituted</i>	4	PA; QPD
<i>sildenafil citrate oral tablet 20 mg</i>	1	PA; QPD
<i>tadalafil (pah)</i>	4	PA; QPD
*Pulmonary Hypertension - Prostacyclin Receptor Agonist***		
UPTRAVI ORAL	4	PA; LA; QPD
UPTRAVI TITRATION	4	PA; LA; QPD
*Selective Cgmp Phosphodiesterase Type 5 Inhibitors***		
<i>tadalafil oral tablet 5 mg</i>	3	PA; QPD
*Sinus Node Inhibitors**		
<i>ivabradine hcl</i>	3	QPD
Cephalosporins		
*Cephalosporins - 1St Generation***		
<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	
*Cephalosporins - 2Nd Generation***		
<i>cefactor er</i>	1	
<i>cefactor oral capsule</i>	1	
<i>cefactor oral suspension reconstituted 250 mg/5ml</i>	1	
<i>cefprozil</i>	1	
<i>cefuroxime axetil oral tablet</i>	1	
*Cephalosporins - 3Rd Generation***		
<i>cefdinir</i>	1	
<i>cefixime oral capsule</i>	3	
<i>cefixime oral suspension reconstituted</i>	1	
<i>cefpodoxime proxetil</i>	1	
Contraceptives		
*Biphasic Contraceptives - Oral***		
<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	

Drug Name	Drug Tier	Requirements/Limits
<i>simliya</i>	\$0	
<i>viorele</i>	\$0	
<i>volnea</i>	\$0	
*Combination Contraceptives - Oral***		
<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	
<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 (28)</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>falmina</i>	\$0	
<i>feirza 1.5/30</i>	\$0	
<i>feirza 1/20</i>	\$0	
<i>finzala</i>	\$0	
<i>galbriela</i>	\$0	
<i>gemmily</i>	\$0	
<i>hailey 1.5/30</i>	\$0	

Drug Name	Drug Tier	Requirements/Limits
<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	
<i>junel fe 24</i>	\$0	
<i>kaitlib fe</i>	\$0	
<i>kalliga</i>	\$0	
<i>kelnor 1/35</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>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>luizza 1.5/30</i>	\$0	
<i>luizza 1/20</i>	\$0	
<i>lutra</i>	\$0	
<i>marlissa</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	

Drug Name	Drug Tier	Requirements/Limits
<i>minzoya</i>	\$0	
<i>mono-lynyah</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 chewable</i>	\$0	
<i>norethindrone acet-ethinyl est oral tablet 1-20 mg-mcg</i>	\$0	
<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>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>valtya 1/35</i>	\$0	
<i>valtya 1/50</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>xelria fe</i>	\$0	
<i>zovia 1/35 (28)</i>	\$0	
<i>zumandimine</i>	\$0	
*Combination Contraceptives - Transdermal***		
<i>xulane</i>	\$0	

Drug Name	Drug Tier	Requirements/Limits
<i>zafemy</i>	\$0	
*Combination Contraceptives - Vaginal***		
<i>eluryng</i>	\$0	
<i>enilloring</i>	\$0	
<i>etonogestrel-ethinyl estradiol</i>	\$0	
*Continuous Contraceptives - Oral***		
<i>amethyst</i>	\$0	
<i>dolishale</i>	\$0	
<i>levonorgestrel-ethinyl estrad oral tablet 90-20 mcg</i>	\$0	
*Emergency Contraceptives***		
<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
*Extended-Cycle Contraceptives - Oral***		
<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 estrad 91-day oral tablet 0.15-0.03 & 0.01 mg, 0.15-0.03 mg</i>	\$0	QPD
<i>lojaimiess</i>	\$0	QPD
<i>rivelsa</i>	\$0	QPD
<i>rosyrah</i>	\$0	QPD
<i>setlakin</i>	\$0	QPD
<i>simpesse</i>	\$0	QPD
*Progestin Contraceptives - Injectable***		
<i>medroxyprogesterone acetate intramuscular</i>	\$0	QPD

Drug Name	Drug Tier	Requirements/Limits
*Progestin Contraceptives - Oral***		
<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	
<i>lyza</i>	\$0	
<i>meleya</i>	\$0	
<i>nora-be</i>	\$0	
<i>norethindrone oral</i>	\$0	
<i>norlyda</i>	\$0	
<i>norlyroc</i>	\$0	
<i>orquidea</i>	\$0	
<i>sharobel</i>	\$0	
*Triphasic Contraceptives - Oral***		
<i>alyacen 7/7/7</i>	\$0	
<i>aranelle</i>	\$0	
<i>dasetta 7/7/7</i>	\$0	
<i>levonest</i>	\$0	
<i>levonorg-eth estrad triphasic oral tablet 50-30/75-40/ 125-30 mcg</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	

Drug Name	Drug Tier	Requirements/Limits
<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	
<i>xarah fe</i>	\$0	
Corticosteroids		
*Glucocorticosteroids***		
<i>budesonide er oral tablet extended release 24 hour</i>	3	QPD
<i>budesonide oral</i>	1	
<i>cortisone acetate oral</i>	1	
<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, 5 mg/5ml</i>	1	
<i>prednisolone sodium phosphate oral tablet dispersible</i>	3	
<i>prednisone intensol</i>	3	
<i>prednisone oral solution</i>	1	
<i>prednisone oral tablet</i>	1	
<i>prednisone oral tablet therapy pack</i>	1	
*Mineralocorticoids***		
<i>fludrocortisone acetate oral</i>	1	
Cough/Cold/Allergy		
*Antitussive - Nonnarcotic***		
<i>benzonatate oral capsule 100 mg, 200 mg</i>	1	
*Antitussive - Opioid***		
<i>hydrocodone bit-homatrop mbr oral tablet</i>	1	
*Antitussive-Expectorant***		
<i>g tussin ac</i>	1	
<i>guaiaitussin ac</i>	1	
<i>guaifenesin-codeine oral solution</i>	1	
MAR-COF CG EXPECTORANT	3	
<i>maxi-tuss ac</i>	1	

Drug Name	Drug Tier	Requirements/Limits
*Decongestant & Antihistamine***		
<i>promethazine-phenylephrine</i>	1	
*Iodine Expectorants***		
<i>potassium iodide (expectorant)</i>	3	
SSKI	3	
*Misc. Respiratory Inhalants***		
HYPERSAL	3	
<i>nebusal inhalation nebulization solution 3 %</i>	1	
NEBUSAL INHALATION NEBULIZATION SOLUTION 6 %	3	
<i>pulmosal</i>	1	
<i>sodium chloride inhalation nebulization solution 0.9 % , 10 % , 3 % , 7 %</i>	1	
*Mucolytics***		
<i>acetylcysteine inhalation</i>	1	
*Non-Narc Antitussive-Antihistamine***		
<i>promethazine-dm oral syrup 6.25-15 mg/5ml</i>	1	
*Non-Narc Antitussive-Decongestant-Antihistamine***		
<i>pseudoeph-bromphen-dm oral syrup 30-2-10 mg/5ml</i>	1	
*Opioid Antitussive-Antihistamine***		
<i>hydrocod poli-chlorphe poli er</i>	1	
<i>promethazine-codeine</i>	1	QPD
Dermatologicals		
*Acne Antibiotics***		
<i>clindacin</i>	1	QPD
<i>clindacin etz external swab</i>	1	QPD
<i>clindacin-p</i>	1	QPD
<i>clindamycin phos (once-daily)</i>	3	QPD
<i>clindamycin phos (twice-daily)</i>	3	QPD
<i>clindamycin phosphate external foam</i>	3	QPD
<i>clindamycin phosphate external lotion</i>	1	QPD
<i>clindamycin phosphate external solution</i>	1	QPD
<i>clindamycin phosphate external swab</i>	1	QPD
<i>dapsone external gel 5 %</i>	3	QPD
<i>ery</i>	1	QPD
<i>erythromycin external gel</i>	1	QPD
<i>erythromycin external solution</i>	1	QPD
<i>sulfacetamide sodium (acne)</i>	1	QPD
*Acne Combinations***		
<i>benzoyl peroxide-erythromycin</i>	1	

Drug Name	Drug Tier	Requirements/Limits
<i>clindamycin phos-benzoyl perox external gel 1-5 %, 1.2-5 %</i>	1	
<i>clindamycin-tretinoin</i>	1	PA
<i>neuac external gel</i>	1	
*Acne Products***		
ABSORICA LD	3	QPD
<i>accutane</i>	3	QPD
<i>adapalene external cream</i>	1	QPD
<i>adapalene external gel 0.3 %</i>	1	QPD
ALTRENO	3	PA; QPD
<i>amnesteam</i>	1	QPD
<i>claravis</i>	1	QPD
<i>isotretinoin oral</i>	3	QPD
<i>tretinoin external cream</i>	1	PA; QPD
<i>tretinoin external gel</i>	3	PA; QPD
<i>tretinoin microsphere external gel 0.04 %, 0.1 %</i>	3	PA; QPD
<i>tretinoin microsphere pump external gel 0.04 %, 0.08 %, 0.1 %</i>	3	PA; QPD
<i>zenatane</i>	1	QPD
*Alopecia Agents - Janus Kinus (Jak) Inhibitors***		
LITFULO	4	PA; QPD
*Antibiotics - Topical***		
<i>gentamicin sulfate external</i>	1	QPD
<i>mupirocin external</i>	1	QPD
XEPI	3	QPD
*Antifungals - Topical Combinations***		
<i>clotrimazole-betamethasone</i>	1	QPD
<i>nystatin-triamcinolone</i>	1	QPD
*Antifungals - Topical***		
<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>nystatin external</i>	1	QPD
<i>nystop</i>	1	QPD
*Anti-Inflammatory Agents - Topical***		
<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
*Antineoplastic Alkylating Agents - Topical***		
VALCHLOR	4	LA
*Antineoplastic Antimetabolites - Topical***		
<i>fluorouracil external cream 5 %</i>	1	
<i>fluorouracil external solution</i>	1	
*Antineoplastic Or Premalignant Lesions - Topical Nsaid's***		
<i>diclofenac sodium external gel 3 %</i>	3	PA; QPD
*Antineoplastic Retinoids - Topical***		
PANRETIN	4	
*Antipruritics - Topical***		
<i>doxepin hcl external</i>	3	PA; QPD
<i>pradoxin</i>	3	PA; QPD
*Antipsoriatics - Systemic***		
<i>acitretin</i>	1	
BIMZELX	4	PA; QPD
COSENTYX (300 MG DOSE)	4	PA; LA; QPD
COSENTYX SENSOREADY (300 MG)	4	PA; LA; QPD
COSENTYX SENSOREADY PEN SUBCUTANEOUS SOLUTION AUTO-INJECTOR 150 MG/ML	4	PA; LA; QPD
COSENTYX SUBCUTANEOUS	4	PA; LA; QPD
COSENTYX UNOREADY	4	PA; LA; QPD
ICOTYDE	4	PA; QPD
IMULDOSA SUBCUTANEOUS	4	PA; QPD
<i>methoxsalen rapid</i>	4	
SELARSDI SUBCUTANEOUS	4	PA; QPD
SILIQ	4	PA; QPD
SKYRIZI PEN	4	PA; QPD
SKYRIZI SUBCUTANEOUS SOLUTION PREFILLED SYRINGE 150 MG/ML	4	PA; QPD
SKYRIZI SUBCUTANEOUS SOLUTION PREFILLED SYRINGE 55 MG/0.37ML	4	PA; LA; QPD
SOTYKTU	4	PA; QPD
TALTZ	4	PA; LA; QPD
TREMFYA ONE-PRESS SUBCUTANEOUS SOLUTION PEN-INJECTOR	4	PA; QPD
TREMFYA PEN SUBCUTANEOUS SOLUTION AUTO-INJECTOR 100 MG/ML	4	PA; QPD
TREMFYA SUBCUTANEOUS SOLUTION PREFILLED SYRINGE 100 MG/ML	4	PA; QPD

Drug Name	Drug Tier	Requirements/Limits
USTEKINUMAB-TTWE SUBCUTANEOUS	4	PA; QPD
YESINTEK SUBCUTANEOUS SOLUTION PREFILLED SYRINGE	4	PA; QPD
*Antipsoriatics***		
<i>calcipotriene external cream</i>	1	QPD
<i>calcipotriene external ointment</i>	1	QPD
<i>calcipotriene external solution</i>	1	QPD
<i>calcitrene</i>	1	QPD
<i>calcitriol external</i>	1	QPD
<i>pellix</i>	1	QPD
<i>tazarotene external cream</i>	3	QPD
*Antiseborrheic Products***		
<i>selenium sulfide external lotion</i>	1	
<i>sodium sulfacetamide external shampoo 10 %</i>	1	
<i>sulfacetamide sodium (cleans)</i>	1	
<i>sulfacetamide sodium external liquid</i>	1	
*Antivirals - Topical***		
<i>acyclovir external ointment</i>	1	PA
<i>penciclovir</i>	3	PA
*Atopic Dermatitis - Janus Kinase (Jak) Inhibitors***		
OPZELURA	4	PA; QPD
*Atopic Dermatitis - Monoclonal Antibodies***		
ADBRY	4	PA; LA; QPD
DUPIXENT SUBCUTANEOUS SOLUTION AUTO-INJECTOR	4	PA; QPD
DUPIXENT SUBCUTANEOUS SOLUTION PREFILLED SYRINGE 200 MG/1.14ML, 300 MG/2ML	4	PA; QPD
*Burn Products***		
<i>silver sulfadiazine external</i>	1	
<i>ssd</i>	1	
SULFAMYLON EXTERNAL CREAM	3	
*Corticosteroids - Topical***		
<i>ala-cort external cream 1 %</i>	1	QPD
<i>alclometasone dipropionate</i>	1	QPD
<i>amcinonide external cream</i>	1	QPD
<i>amcinonide external ointment</i>	1	QPD
<i>betamethasone dipropionate aug</i>	1	QPD
<i>betamethasone dipropionate external</i>	1	QPD
<i>betamethasone valerate external</i>	1	QPD
<i>clobetasol prop emollient base</i>	1	QPD

Drug Name	Drug Tier	Requirements/Limits
<i>clobetasol propionate emulsion</i>	1	QPD
<i>clobetasol propionate external cream 0.05 %</i>	1	QPD
<i>clobetasol propionate external foam</i>	1	QPD
<i>clobetasol propionate external gel</i>	1	QPD
<i>clobetasol propionate external liquid</i>	1	QPD
<i>clobetasol propionate external lotion</i>	1	QPD
<i>clobetasol propionate external ointment</i>	1	QPD
<i>clobetasol propionate external shampoo</i>	1	QPD
<i>clobetasol propionate external solution</i>	1	QPD
<i>clodan external shampoo</i>	1	QPD
<i>desonide external cream</i>	1	QPD
<i>desonide external lotion</i>	1	QPD
<i>desonide external ointment</i>	1	QPD
<i>desoximetasone external cream</i>	1	QPD
<i>desoximetasone external gel</i>	1	QPD
<i>desoximetasone external ointment</i>	1	QPD
<i>diflorasone diacetate external</i>	3	QPD
<i>fluocinolone acetonide body</i>	1	QPD
<i>fluocinolone acetonide external</i>	1	QPD
<i>fluocinolone acetonide scalp</i>	1	QPD
<i>fluocinonide emulsified base</i>	1	QPD
<i>fluocinonide external</i>	1	QPD
<i>fluticasone propionate external</i>	1	QPD
<i>halobetasol propionate external cream</i>	1	QPD
<i>halobetasol propionate external ointment</i>	1	QPD
<i>hydrocortisone butyrate external cream</i>	1	QPD
<i>hydrocortisone butyrate external ointment</i>	1	QPD
<i>hydrocortisone butyrate external solution</i>	1	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</i>	1	QPD
<i>medpura hydrocortisone</i>	1	
<i>mometasone furoate external</i>	1	QPD
<i>tovet external foam</i>	1	ST; QPD
<i>triamcinolone acetonide external aerosol solution</i>	1	QPD
<i>triamcinolone acetonide external cream</i>	1	QPD

Drug Name	Drug Tier	Requirements/Limits
<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>	1	QPD
*Enzymes - Topical***		
SANTYL	3	QPD
*Imidazole-Related Antifungals - Topical***		
<i>clotrimazole external cream</i>	1	QPD
<i>clotrimazole external solution</i>	1	QPD
<i>econazole nitrate external cream</i>	1	QPD
<i>ketoconazole external cream</i>	1	QPD
<i>ketoconazole external foam</i>	3	QPD
<i>ketoconazole external shampoo 2 %</i>	1	QPD
LULICONAZOLE	3	PA; QPD
<i>oxiconazole nitrate</i>	3	PA; QPD
SULCONAZOLE NITRATE	3	PA; QPD
*Immunomodulators Imidazoquinolinamines - Topical***		
<i>imiquimod external cream 3.75 %</i>	3	PA; QPD
<i>imiquimod external cream 5 %</i>	1	QPD
<i>imiquimod pump</i>	3	PA; QPD
*Interleukin-31 Receptor Antagonists - Systemic***		
NEMLUVIO	4	PA; LA; QPD
*Keratolytic/Antimitotic/Vesicant Agents***		
<i>podofilox external solution</i>	1	
*Local Anesthetics - Topical***		
<i>glydo external prefilled syringe</i>	1	QPD
<i>lidocaine external ointment 5 %</i>	1	PA; QPD
<i>lidocaine external patch 5 %</i>	1	PA
<i>lidocaine hcl external solution</i>	1	QPD
<i>lidocaine hcl urethral/mucosal</i>	1	QPD
ZTLIDO	2	PA; QPD
*Macrolide Immunosuppressants - Topical***		
<i>pimecrolimus</i>	3	QPD
<i>tacrolimus external ointment</i>	1	QPD
*Misc. Topical***		
QBREXZA	2	PA; QPD
SOFDRA	3	PA; QPD
*Rosacea Agents***		
<i>azelaic acid external</i>	3	

Drug Name	Drug Tier	Requirements/Limits
<i>brimonidine tartrate external</i>	3	QPD
FINACEA EXTERNAL FOAM	2	
<i>metronidazole external</i>	1	QPD
<i>oxymetazoline hcl external</i>	3	QPD
*Scabicides & Pediculicides***		
<i>crotan</i>	3	QPD
EURAX EXTERNAL CREAM	2	QPD
<i>ivermectin external lotion</i>	3	
<i>malathion external</i>	1	
<i>permethrin external cream</i>	1	
<i>spinosad</i>	3	QPD
*Steroid-Local Anesthetic Combinations***		
<i>hydrocortisone ace-pramoxine external cream 2.5-1 %</i>	1	QPD
*Topical Anesthetic Combinations***		
<i>lidocaine-prilocaine external cream</i>	1	PA; QPD
*Topical Selective Retinoid X Receptor Agonists***		
<i>bexarotene external</i>	4	
*Topical Steroid Combinations***		
<i>calcipotriene-betameth diprop external ointment</i>	3	QPD
ENSTILAR	3	QPD
Diagnostic Products		
*Diagnostic Drugs***		
METOPIRONE	3	QPD
*Diagnostic Tests***		
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	3	
KETOSTIX	2	
NOVA MAX PLUS KETONE TEST	2	
RELION KETONE TEST	2	
RELION TRUE METRIX TEST STRIPS	2	PA
TRUE METRIX BLOOD GLUCOSE TEST	2	

Drug Name	Drug Tier	Requirements/Limits
TRUETEST TEST	2	
TRUETRACK TEST	2	
*Multiple Urine Tests***		
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	
Digestive Aids		
*Digestive Enzymes***		
CREON	2	
SUCRAID	4	LA
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	2	
Diuretics		
*Carbonic Anhydrase Inhibitors***		
<i>acetazolamide er</i>	1	
<i>acetazolamide oral</i>	1	
<i>dichlorphenamide</i>	4	PA; QPD
<i>methazolamide oral</i>	1	
*Diuretic Combinations***		
<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
*Loop Diuretics***		
<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>torseamide oral</i>	\$0*	
*Potassium Sparing Diuretics***		
<i>amiloride hcl oral</i>	1	
<i>spironolactone oral tablet</i>	\$0*	

Drug Name	Drug Tier	Requirements/Limits
<i>triamterene oral</i>	3	
*Thiazides And Thiazide-Like Diuretics***		
<i>chlorthalidone oral tablet 25 mg, 50 mg</i>	\$0*	
<i>hydrochlorothiazide oral</i>	\$0*	QPD
<i>indapamide oral</i>	\$0*	
<i>metolazone</i>	\$0*	
Endocrine And Metabolic Agents - Misc.		
*Bisphosphonates***		
<i>alendronate sodium oral solution</i>	3	QPD
<i>alendronate sodium oral tablet 10 mg, 35 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
<i>risedronate sodium oral tablet delayed release</i>	3	QPD
*Calcimimetic Agents***		
<i>cinacalcet hcl</i>	3	PA
*Calcitonins***		
<i>calcitonin (salmon) injection</i>	3	
<i>calcitonin (salmon) nasal</i>	1	QPD
*Carnitine Replenisher - Agents***		
<i>levocarnitine oral solution</i>	1	
<i>levocarnitine oral tablet</i>	1	
*Corticotropin***		
ACTHAR	4	PA; LA
ACTHAR GEL SUBCUTANEOUS PEN-INJECTOR	4	PA; LA; QPD
*Dopamine Receptor Agonists***		
<i>cabergoline</i>	1	
*Fabry Disease - Agents***		
GALAFOLD	4	PA; LA; QPD
*Gnrh/Lhrh Antagonists***		
ORLISSA	3	PA; QPD
*Growth Hormone Receptor Antagonists***		
SOMAVERT	4	LA; QPD
*Growth Hormone Releasing Hormones (Ghrh)***		
EGRIFTA SV	4	PA; LA
*Growth Hormones***		
GENOTROPIN MINIQUICK SUBCUTANEOUS PREFILLED SYRINGE	4	PA
GENOTROPIN SUBCUTANEOUS CARTRIDGE	4	PA

Drug Name	Drug Tier	Requirements/Limits
NORDITROPIN FLEXPPO SUBCUTANEOUS SOLUTION PEN-INJECTOR 10 MG/1.5ML, 15 MG/1.5ML, 5 MG/1.5ML	4	PA
SKYTROFA	4	PA
SOGROYA	4	PA
*Hereditary Orotic Aciduria Treatment - Agents**		
XURIDEN	4	PA; LA; QPD
*Hereditary Tyrosinemia Type 1 (Ht-1) Treatment - Agents***		
<i>nitisinone oral capsule 10 mg, 2 mg, 5 mg</i>	4	PA; LA
<i>nitisinone oral capsule 20 mg</i>	4	PA
NITYR	4	PA; LA
ORFADIN ORAL SUSPENSION	4	PA; LA
*Hyperparathyroid Treatment - Vitamin D Analog***		
<i>calcitriol oral</i>	1	
<i>doxercalciferol oral</i>	3	
<i>paricalcitol oral</i>	3	
*Hypophosphatasia (Hpp) Agents***		
STRENSIQ	4	PA; LA
*Insulin-Like Growth Factors (Somatomedins)***		
INCRELEX	4	PA; LA
*Leptin Analogues***		
MYALEPT	4	PA; LA
*Lhrh/Gnrh Agonist Analog Pituitary Suppressants***		
SYNAREL	4	
*Neurokinin 1 & 3 (Nk1/Nk3) Receptor Antagonists***		
LYNKUET	3	QPD
*Neurokinin 3 (Nk3) Receptor Antagonists***		
VEOZAH	3	QPD
*Non-Steroidal Mineralocorticoid Receptor Antagonists***		
KERENDIA	2	PA; QPD
*Parathyroid Hormone And Derivatives***		
TYMLOS	4	PA; QPD
*Phenylketonuria Treatment - Agents***		
<i>javygtor</i>	4	PA; LA
<i>sapropterin dihydrochloride oral packet</i>	4	PA
<i>sapropterin dihydrochloride oral tablet</i>	4	PA

Drug Name	Drug Tier	Requirements/Limits
ZELVYSIA	4	PA; LA
*Selective Estrogen Receptor Modulators (Serms)***		
OSPHENA	2	QPD
<i>raloxifene hcl</i>	\$0	QPD
*Selective Vasopressin V2-Receptor Antagonists***		
<i>tolvaptan</i>	4	PA; QPD
<i>tolvaptan (hyponatremia) oral tablet 15 mg, 30 mg</i>	4	PA; QPD
*Somatostatic Agents***		
<i>octreotide acetate injection solution 100 mcg/ml, 1000 mcg/ml, 200 mcg/ml, 50 mcg/ml, 500 mcg/ml</i>	4	
<i>octreotide acetate subcutaneous</i>	4	
SIGNIFOR	4	PA; LA; QPD
*Urea Cycle Disorder - Agents***		
<i>glycerol phenylbutyrate</i>	4	PA; LA; QPD
<i>sodium phenylbutyrate oral powder 3 gm/tsp</i>	4	PA; QPD
<i>sodium phenylbutyrate oral tablet</i>	4	PA; QPD
*Vasopressin***		
<i>desmopressin ace spray refrig</i>	1	
<i>desmopressin acetate oral</i>	1	
<i>desmopressin acetate spray</i>	1	
Estrogens		
*Estrogen & Androgen***		
<i>covaryx</i>	1	
<i>covaryx hs</i>	1	
<i>eemt</i>	1	
<i>eemt hs</i>	1	
<i>est estrogens-methyltest ds</i>	1	
<i>est estrogens-methyltest hs</i>	1	
<i>est estrogens-methyltest oral tablet 1.25-2.5 mg</i>	1	
*Estrogen & Progestin***		
<i>abigale</i>	1	
<i>abigale lo</i>	1	
CLIMARA PRO	2	QPD
COMBIPATCH	3	QPD
<i>estradiol-norethindrone acet</i>	1	
<i>fyavolv</i>	1	
<i>jinteli</i>	1	
<i>mimvey</i>	1	
<i>norethindrone-eth estradiol</i>	1	

Drug Name	Drug Tier	Requirements/Limits
PREMPHASE	2	QPD
PREMPRO	2	QPD
*Estrogen-Progestin-Gnrh Antagonist***		
MYFEMBREE	3	PA; QPD
ORIAHNN	3	PA; QPD
*Estrogens***		
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	
<i>estradiol valerate intramuscular oil 20 mg/ml, 40 mg/ml</i>	1	
<i>estrogens conjugated</i>	3	QPD
EVAMIST	2	QPD
<i>lyllana</i>	1	QPD
PREMARIN ORAL	2	QPD
*Estrogen-Selective Estrogen Receptor Modulator Comb***		
DUAVEE	3	
Fluoroquinolones		
*Fluoroquinolones***		
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 400 mg</i>	1	
Gastrointestinal Agents - Misc.		
*Bile Acid Synthesis Disorder Agents***		
CHOLBAM	4	PA; LA
*Cic Agents - Guanylate Cyclase-C (Gc-C) Agonists***		
TRULANCE	2	QPD
*Gallstone Solubilizing Agents***		
<i>ursodiol oral capsule 300 mg</i>	1	
<i>ursodiol oral tablet</i>	1	

Drug Name	Drug Tier	Requirements/Limits
*Gastrointestinal Antiallergy Agents***		
<i>cromolyn sodium oral</i>	3	PA
*Gastrointestinal Chloride Channel Activators***		
<i>lubiprostone</i>	3	QPD
*Gastrointestinal Stimulants***		
<i>metoclopramide hcl oral solution 10 mg/10ml, 5 mg/5ml</i>	1	
<i>metoclopramide hcl oral tablet</i>	1	
*Glucagon-Like Peptide-2 (Glp-2) Analogs***		
GATTEX	4	PA; LA
*Ibs Agent - Guanylate Cyclase-C (Gc-C) Agonists***		
LINZESS	2	QPD
*Ibs Agent - Mu-Opioid Receptor Agonists***		
VIBERZI	3	QPD
*Ibs Agent - Selective 5-Ht3 Receptor Antagonists***		
<i>alosetron hcl</i>	1	QPD
*Ibs Agent - Sodium/Hydrogen Exchanger 3 (Nhe3) Inhibitor***		
IBSRELA	3	PA; QPD
*Inflammatory Bowel Agents***		
<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
<i>sulfasalazine oral</i>	1	
*Integrin Receptor Antagonists***		
ENTYVIO PEN	4	PA; QPD
*Interleukin Antagonists***		
OMVOH (300 MG DOSE)	4	PA; LA; QPD
OMVOH SUBCUTANEOUS SOLUTION AUTO-INJECTOR 200 MG/2ML	4	PA; LA; QPD
OMVOH SUBCUTANEOUS SOLUTION PREFILLED SYRINGE 200 MG/2ML	4	PA; LA; QPD
SKYRIZI SUBCUTANEOUS SOLUTION CARTRIDGE	4	PA; QPD
TREMFYA PEN SUBCUTANEOUS SOLUTION AUTO-INJECTOR 200 MG/2ML	4	PA; QPD
TREMFYA SUBCUTANEOUS SOLUTION PREFILLED SYRINGE 200 MG/2ML	4	PA; QPD

Drug Name	Drug Tier	Requirements/Limits
TREMFYA-CD/UC INDUCTION	4	PA; QPD
*Intestinal Acidifiers***		
<i>enulose</i>	1	
<i>generlac</i>	1	
<i>lactulose encephalopathy oral solution 10 gm/15ml</i>	1	
*Peripheral Opioid Receptor Antagonists***		
MOVANTIK	2	QPD
RELISTOR ORAL	4	QPD
RELISTOR SUBCUTANEOUS SOLUTION 12 MG/0.6ML	4	QPD
RELISTOR SUBCUTANEOUS SOLUTION PREFILLED SYRINGE	4	QPD
SYMPROIC	2	QPD
*Peroxisome Proliferator-Activated Receptor Agonists***		
IQIRVO	4	PA; QPD
LIVDELZI	4	PA; LA; QPD
*Phosphate Binder Agents***		
<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
*Tumor Necrosis Factor Alpha Blockers***		
CIMZIA (1 SYRINGE)	4	PA; LA; QPD
CIMZIA (2 SYRINGE)	4	PA; LA; QPD
CIMZIA-STARTER	4	PA; LA; QPD
ZYMFENTRA (2 PEN)	4	PA; QPD
ZYMFENTRA (2 SYRINGE)	4	PA; QPD
Genitourinary Agents - Miscellaneous		
*5-Alpha Reductase Inhibitors***		
<i>dutasteride oral</i>	1	QPD
<i>finasteride oral tablet 5 mg</i>	1	QPD
*Alpha 1-Adrenoceptor Antagonists***		
<i>alfuzosin hcl er</i>	1	
<i>silodosin</i>	1	QPD
<i>tamsulosin hcl</i>	1	QPD
*Citrates***		
<i>cytra k crystals</i>	1	
<i>potassium citrate er</i>	1	

Drug Name	Drug Tier	Requirements/Limits
*Cystinosis Agents***		
CYSTAGON	4	LA
PROCYSBI	4	PA; LA
*Genitourinary Irrigants***		
<i>acetic acid irrigation</i>	1	
<i>glycine urologic</i>	1	
<i>sodium chloride irrigation solution 0.9 %</i>	1	
*Igan Agents - A Prolif Inducing Ligand (April) Blocker***		
VOYXACT	4	PA; LA; QPD
*Igan Agents - Endothelin Receptor Antagonist***		
VANRAFIA	4	PA; QPD
*Interstitial Cystitis Agents***		
ELMIRON	2	
*Prostatic Hypertrophy Agent Combinations***		
<i>dutasteride-tamsulosin hcl</i>	1	QPD
*Urinary Analgesics***		
<i>phenazopyridine hcl oral tablet 100 mg, 200 mg</i>	1	
*Urinary Stone Agents***		
LITHOSTAT	4	
<i>tiopronin oral</i>	4	
VENXXIVA	4	
Gout Agents		
*Gout Agent Combinations***		
<i>colchicine-probenecid</i>	1	
*Gout Agents***		
<i>allopurinol oral tablet 100 mg, 300 mg</i>	1	
<i>colchicine oral tablet</i>	1	
<i>febuxostat</i>	3	QPD
*Uricosurics***		
<i>probenecid oral</i>	1	
Hematological Agents - Misc.		
*Bradykinin B2 Receptor Antagonists***		
<i>icatibant acetate subcutaneous solution prefilled syringe</i>	4	PA; QPD
<i>sajazir subcutaneous solution prefilled syringe</i>	4	PA; LA; QPD
*C1 Esterase Inhibitors***		
CINRYZE	4	PA; LA; QPD
HAEGARDA	4	PA; LA; QPD

Drug Name	Drug Tier	Requirements/Limits
RUCONEST	4	PA; LA; QPD
*Complement C3 Inhibitors***		
EMPAVELI	4	PA; QPD
*Complement Factor D Inhibitors***		
VOYDEYA	4	PA; LA; QPD
*Direct-Acting P2y12 Inhibitors***		
<i>ticagrelor oral tablet 60 mg</i>	3	QPD
<i>ticagrelor oral tablet 90 mg</i>	2	QPD
*Hematorheologic Agents***		
<i>pentoxifylline er</i>	1	
*Phosphodiesterase Iii Inhibitors***		
<i>cilostazol</i>	\$0*	QPD
*Plasma Kallikrein Inhibitors - Monoclonal Antibodies***		
TAKHZYRO SUBCUTANEOUS SOLUTION PREFILLED SYRINGE	4	PA; LA; QPD
*Plasma Kallikrein Inhibitors***		
ORLADEYO	4	PA; LA; QPD
*Platelet Aggregation Inhibitor Combinations***		
<i>aspirin-dipyridamole er</i>	1	QPD
*Platelet Aggregation Inhibitors***		
<i>dipyridamole oral</i>	\$0*	
*Prekallikrein-Directed Antisense Oligonucleotides (Aso)***		
DAWNZERA	4	PA; QPD
*Protease-Activated Receptor-1 (Par-1) Antagonists***		
ZONTIVITY	3	
*Quinazoline Agents***		
<i>anagrelide hcl</i>	1	
*Thienopyridine Derivatives***		
<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
Hematopoietic Agents		
*Agents For Gaucher Disease***		
CERDELGA	4	PA
<i>miglustat</i>	4	PA; LA
*Cobalamins***		
<i>cyanocobalamin injection solution 1000 mcg/ml</i>	1	

Drug Name	Drug Tier	Requirements/Limits
<i>hydroxocobalamin acetate</i>	1	
*Cytotoxic Agents***		
DROXIA	3	
*Folic Acid/Folate Combinations***		
<i>foltabs 800</i>	\$0	
*Folic Acid/Folates***		
<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	
*Iron Combinations***		
<i>folitab 500</i>	1	
*Thrombopoietin (Tpo) Receptor Agonists***		
ALVAIZ	4	PA; QPD
DOPTLET ORAL TABLET 20 MG	4	PA; LA; QPD
<i>eltrombopag olamine</i>	4	PA; LA
Hemostatics		
*Hemostatics - Systemic***		
<i>tranexamic acid oral</i>	1	
Hypnotics/Sedatives/Sleep Disorder Agents		
*Barbiturate Hypnotics***		
<i>phenobarbital oral</i>	1	
*Benzodiazepine Hypnotics***		
<i>estazolam</i>	1	QPD
<i>flurazepam hcl</i>	1	QPD
<i>temazepam</i>	1	QPD
<i>triazolam</i>	1	QPD
*Non-Benzodiazepine - Gaba-Receptor Modulators***		
<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
*Selective Melatonin Receptor Agonists***		
HETLIOZ LQ	4	PA; LA
<i>tasimelteon</i>	4	PA; QPD

Drug Name	Drug Tier	Requirements/Limits
Laxatives		
*Bowel Evacuant Combinations***		
<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	
*Electrolyte-Based Osmotic Laxatives***		
<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>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>sb milk of magnesia</i>	\$0	
*Laxatives - Miscellaneous***		
<i>clearlax oral powder</i>	\$0	
<i>constulose</i>	1	
<i>cvs purelax</i>	\$0	
<i>eq clearlax</i>	\$0	
<i>eql clearlax</i>	\$0	
<i>ft clearlax</i>	\$0	
<i>gavilax oral packet 8.5 gm</i>	\$0	

Drug Name	Drug Tier	Requirements/Limits
<i>gavilax oral powder</i>	\$0	
<i>glycolax</i>	\$0	
<i>gnp clearlax</i>	\$0	
<i>goodsense clearlax</i>	\$0	
<i>healthylax</i>	\$0	
<i>kls laxaclear</i>	\$0	
<i>lactulose oral solution</i>	1	
<i>miralax mix-in pax</i>	\$0	
<i>miralax oral packet</i>	\$0	
<i>peg 3350</i>	\$0	
<i>polyethylene glycol 3350 oral packet 17 gm</i>	\$0	
<i>polyethylene glycol 3350 oral powder</i>	\$0	
<i>sb polyethylene glycol 3350</i>	\$0	
<i>smooth lax</i>	\$0	
*Stimulant Laxatives***		
<i>bisacodyl ec</i>	\$0	
<i>cvs gentle laxative oral</i>	\$0	
<i>cvs gentle laxative womens</i>	\$0	
<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 laxative</i>	\$0	
<i>kp bisacodyl</i>	\$0	
<i>qc gentle laxative oral</i>	\$0	
<i>sb bisacodyl laxative ec</i>	\$0	
<i>womans laxative oral tablet delayed release</i>	\$0	
<i>womens laxative</i>	\$0	
Macrolides		
*Azithromycin***		
<i>azithromycin oral suspension reconstituted</i>	1	
<i>azithromycin oral tablet 250 mg, 500 mg, 600 mg</i>	1	
*Clarithromycin***		
<i>clarithromycin er</i>	1	
<i>clarithromycin oral</i>	1	

Drug Name	Drug Tier	Requirements/Limits
*Erythromycins***		
<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>	1	
<i>erythromycin base oral tablet</i>	1	
<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>	1	
<i>erythromycin ethylsuccinate oral suspension reconstituted 400 mg/5ml</i>	3	
<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	
*Fidaxomicin***		
DIFICID ORAL SUSPENSION RECONSTITUTED	3	QPD
<i>fidaxomicin</i>	3	QPD
Medical Devices And Supplies		
*Cervical Caps***		
<i>femcap</i>	\$0	
*Condoms - Female***		
<i>fc2 female condom</i>	\$0	
*Condoms - Male***		
<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	

Drug Name	Drug Tier	Requirements/Limits
<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	
*Diaphragms***		
<i>caya</i>	\$0	
<i>wide-seal diaphragm 60</i>	\$0	
<i>wide-seal diaphragm 65</i>	\$0	
<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	
*Glucose Monitoring Test Supplies***		
DEXCOM G6 RECEIVER	2	PA; QPD
DEXCOM G6 SENSOR	2	PA; QPD
DEXCOM G6 TRANSMITTER	2	PA; QPD
DEXCOM G7 15 DAY SENSOR	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 PLUS 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
*Insulin Administration Supplies***		
OMNIPOD 5 DEXG7G6 INTRO GEN 5	3	PA; QPD
OMNIPOD 5 DEXG7G6 PODS GEN 5	3	PA; QPD
OMNIPOD 5 LIBRE INTRO	3	PA; QPD
OMNIPOD 5 LIBRE PODS	3	PA; QPD
OMNIPOD DASH INTRO (GEN 4)	3	PA; QPD

Drug Name	Drug Tier	Requirements/Limits
OMNIPOD DASH PODS (GEN 4)	3	PA; QPD
Migraine Products		
*Calcitonin Gene-Related Peptide Receptor Antag (Cgrp)***		
NURTEC	2	PA; QPD
QULIPTA	2	PA; QPD
UBRELVY	2	PA; QPD
*Cgrp Receptor Antagonists - Monocolonal Antibodies***		
AIMOVIG	2	PA; QPD
AJOVY	2	PA; QPD
EMGALITY	2	PA; QPD
EMGALITY (300 MG DOSE)	2	PA; QPD
*Ergot Combinations***		
<i>ergotamine-caffeine</i>	3	PA; QPD
*Migraine Products***		
<i>dihydroergotamine mesylate injection</i>	1	PA; QPD
<i>dihydroergotamine mesylate nasal</i>	1	PA; QPD
ERGOMAR	3	PA; QPD
*Selective Serotonin Agonists 5-Ht(1)***		
<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>	1	QPD
<i>sumatriptan succinate oral</i>	1	QPD
<i>sumatriptan succinate subcutaneous solution 6 mg/0.5ml</i>	1	QPD
<i>sumatriptan succinate subcutaneous solution auto-injector 6 mg/0.5ml</i>	1	QPD
<i>zolmitriptan nasal solution 5 mg</i>	3	QPD
<i>zolmitriptan oral</i>	1	QPD
ZOMIG NASAL SOLUTION 2.5 MG	2	QPD
Minerals & Electrolytes		
*Fluoride***		
<i>sodium fluoride oral solution</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	

Drug Name	Drug Tier	Requirements/Limits
*Phosphate***		
K-PHOS	3	
*Potassium Combinations***		
EFFER-K ORAL TABLET EFFERVESCENT 10 MEQ, 20 MEQ	3	
*Potassium***		
<i>effer-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>potassium chloride crys er</i>	1	
<i>potassium chloride er oral capsule extended release</i>	1	
<i>potassium chloride er oral tablet extended release 10 meq, 20 meq, 8 meq</i>	1	
<i>potassium chloride oral packet 20 meq</i>	1	
<i>potassium chloride oral solution 10 %, 20 meq/15ml (10%), 40 meq/15ml (20%)</i>	1	
*Zinc***		
GALZIN	3	
Miscellaneous Therapeutic Classes		
*Antileprotics***		
THALOMID ORAL CAPSULE 100 MG, 50 MG	4	LA
*B-Lymphocyte Stimulator (Blys)-Specific Inhibitors***		
BENLYSTA SUBCUTANEOUS	4	PA; LA; QPD
*Chelating Agents***		
<i>penicillamine oral tablet</i>	4	
*Cyclosporine Analogs***		
<i>cyclosporine modified</i>	1	
<i>cyclosporine oral capsule</i>	1	
<i>engraf oral capsule 100 mg, 25 mg</i>	1	
*Immunomodulators - Combinations***		
VYVGART HYTRULO SUBCUTANEOUS SOLUTION PREFILLED SYRINGE	4	PA; LA; QPD
*Immunomodulators For Myelodysplastic Syndromes***		
<i>lenalidomide</i>	4	LA; QPD

Drug Name	Drug Tier	Requirements/Limits
*Inosine Monophosphate Dehydrogenase Inhibitors***		
<i>mycophenolate mofetil oral</i>	1	
<i>mycophenolate sodium</i>	1	
*Irrigation Solutions***		
<i>lactated ringers irrigation</i>	1	
<i>ringers irrigation</i>	1	
<i>sterile water for irrigation</i>	1	
<i>water for irrigation, sterile</i>	1	
*Macrolide Immunosuppressants***		
<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	
*Monoclonal Antibodies***		
ENSPRYNG	4	PA; LA; QPD
*Potassium Removing Agents***		
<i>kionex combination</i>	1	
LOKELMA	2	QPD
<i>sodium polystyrene sulfonate combination</i>	1	
<i>sodium polystyrene sulfonate oral powder</i>	1	
<i>sps (sodium polystyrene sulf)</i>	1	
VELTASSA	3	QPD
*Purine Analogs***		
<i>azathioprine oral tablet 50 mg</i>	1	
*Rock Inhibitors***		
REZUROCK	4	LA; QPD
Mouth/Throat/Dental Agents		
*Anesthetics Topical Oral***		
<i>lidocaine viscous hcl</i>	1	QPD
*Anti-Infectives - Throat***		
<i>clotrimazole mouth/throat troche</i>	1	
<i>nystatin mouth/throat suspension 100000 unit/ml</i>	1	
ORAVIG	3	PA
*Antiseptics - Mouth/Throat***		
<i>chlorhexidine gluconate mouth/throat</i>	1	
<i>periogard</i>	1	
*Dental Products - Combinations***		
<i>sodium fluoride 5000 enamel dental gel</i>	1	

Drug Name	Drug Tier	Requirements/Limits
*Fluoride Dental Products***		
<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 dental cream</i>	1	
<i>sodium fluoride dental gel 1.1 %</i>	1	
*Saliva Stimulants***		
<i>cevimeline hcl</i>	1	
<i>pilocarpine hcl oral</i>	1	
*Steroids - Mouth/Throat/Dental***		
<i>oralone</i>	1	
<i>triamcinolone acetonide mouth/throat</i>	1	
Multivitamins		
*B-Complex Vitamins***		
<i>b-complex/b-12 oral</i>	\$0	
<i>vitamin b complex oral tablet</i>	\$0	
<i>vitamin-b complex</i>	\$0	
*B-Complex W/ C & Folic Acid***		
<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>eqi super b complex/vitamin c</i>	\$0	
<i>full spectrum b/vitamin c</i>	\$0	
<i>rena-vite</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-Complex W/ C***		
<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>vitamin b complex-c</i>	\$0	
*B-Complex W/ C-Biotin-E & Folic Acid***		
<i>b complex-c-biotin-e-fa</i>	\$0	

Drug Name	Drug Tier	Requirements/Limits
*B-Complex W/ Folic Acid***		
<i>b complex formula 1 (w/ fa)</i>	\$0	
<i>b-complex (folic acid)</i>	\$0	
<i>kobee</i>	\$0	
*B-Complex W/Biotin & Folic Acid***		
<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>eq1 b complex 50 oral tablet</i>	\$0	
<i>eq1 b-100 complex</i>	\$0	
<i>gnp b-100 complex</i>	\$0	
<i>super quintis b-50</i>	\$0	
*Multiple Vitamins W/ Iron***		
<i>stress formula/iron</i>	\$0	
*Multivitamins***		
<i>stress formula</i>	\$0	
*Ped Mv W/ Fluoride***		
<i>multi-vitamin/fluoride oral suspension</i>	\$0	
<i>multivitamin/fluoride oral suspension 0.25 mg/ml</i>	\$0	
<i>multivitamin/fluoride oral tablet chewable 0.25 mg, 0.5 mg, 1 mg</i>	\$0	
*Ped Vitamins Acd W/ Fluoride***		
<i>tri-vite/fluoride</i>	\$0	
*Prenatal Mv & Min W/Fe-Fa***		
<i>classic prenatal</i>	\$0	
<i>cvs prenatal oral tablet 27-0.8 mg</i>	\$0	
<i>eq1 prenatal formula</i>	\$0	
<i>folivane-ob oral capsule 85-1 mg</i>	1	
<i>gnp prenatal</i>	\$0	
<i>inatal gt</i>	1	
<i>m-natal plus</i>	1	
<i>pnv prenatal plus multivitamin</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 & fa)</i>	\$0	

Drug Name	Drug Tier	Requirements/Limits
<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>relnate dha</i>	1	
<i>taron-c dha oral capsule 35-1 mg</i>	1	
<i>trinatal rx 1</i>	1	
<i>trinate</i>	1	
*Prenatal Mv & Min W/Fe-Fa-Ca-Omega 3 Fish Oil***		
<i>complete natal dha oral 29-1-200 & 200 mg</i>	1	
*Prenatal Mv & Min W/Fe-Fa-Dha***		
<i>cvs prenatal multi+dha</i>	\$0	
<i>pnv-dha</i>	1	
<i>prena 1 true</i>	1	
<i>prenatal multi +dha oral capsule 27-0.8-250 mg</i>	\$0	
<i>wescap-pn dha</i>	1	
*Prenatal Vitamins***		
<i>prena1</i>	1	
*Vitamins W/ Lipotropics***		
<i>b complex formula 1 (lipotrop)</i>	1	
<i>balanced b-50 complex oral tablet</i>	\$0	
<i>ultra b-100 complex</i>	\$0	
Musculoskeletal Therapy Agents		
*Central Muscle Relaxants***		
<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 oral tablet 400 mg, 800 mg</i>	1	
<i>methocarbamol oral tablet 500 mg, 750 mg</i>	1	
<i>orphenadrine citrate er</i>	1	
<i>tizanidine hcl oral capsule 2 mg, 4 mg, 6 mg</i>	1	

Drug Name	Drug Tier	Requirements/Limits
<i>tizanidine hcl oral tablet</i>	1	
*Direct Muscle Relaxants***		
<i>dantrolene sodium oral</i>	1	
Nasal Agents - Systemic And Topical		
*Nasal Anticholinergics***		
<i>ipratropium bromide nasal</i>	1	
*Nasal Antihistamines***		
<i>azelastine hcl nasal solution 0.1 %, 137 mcg/spray</i>	1	QPD
<i>olopatadine hcl nasal</i>	1	QPD
*Nasal Steroids***		
<i>budesonide nasal</i>	1	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>	1	QPD
<i>triamcinolone acetonide nasal aerosol</i>	1	QPD
XHANCE	3	PA; ST; QPD
*Topical Decongestants***		
<i>oxymetazoline hcl nasal</i>	1	
Neuromuscular Agents		
*Benzathiazoles***		
<i>riluzole</i>	1	
*Rett Syndrome Agents - Glycine-Proline-Glutamate Analogs***		
DAYBUE	4	PA; LA; QPD
DAYBUE STIX	4	PA; LA; QPD
Ophthalmic Agents		
*Alpha Adrenergic Agonist & Carbonic Anhydrase Inhib Comb***		
SIMBRINZA	3	
*Beta-Blockers - Ophthalmic Combinations***		
<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	
*Beta-Blockers - Ophthalmic***		
<i>betaxolol hcl ophthalmic</i>	1	
<i>carteolol hcl</i>	1	
<i>levobunolol hcl ophthalmic solution 0.5 %</i>	1	
<i>timolol hemihydrate</i>	3	
<i>timolol maleate (once-daily)</i>	3	

Drug Name	Drug Tier	Requirements/Limits
<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	
*Cholinergic Agonists***		
TYRVAYA	3	QPD
*Cycloplegic Mydriatics***		
<i>atropine sulfate ophthalmic solution 1 %</i>	1	
<i>cyclopentolate hcl ophthalmic solution 1 %</i>	1	
<i>phenylephrine hcl ophthalmic solution 10 %, 2.5 %</i>	1	
*Lymphocyte Function-Associated Antigen-1 (Lfa-1) Antag***		
XIIDRA	3	QPD
*Miotics - Cholinesterase Inhibitors***		
PHOSPHOLINE IODIDE	2	
*Miotics - Direct Acting***		
<i>pilocarpine hcl ophthalmic solution 1 %, 2 %, 4 %</i>	1	
*Ophthalmic Antiallergic***		
<i>azelastine hcl ophthalmic</i>	1	
<i>bepotastine besilate</i>	3	
<i>cromolyn sodium ophthalmic</i>	1	
<i>epinastine hcl</i>	1	
LASTACFT	3	
<i>olopatadine hcl ophthalmic</i>	1	
*Ophthalmic Antibiotics***		
AZASITE	3	
BESIFLOXACIN HCL	3	
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>levofloxacin ophthalmic solution 0.5 %</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	
TOBREX OPHTHALMIC OINTMENT	3	

Drug Name	Drug Tier	Requirements/Limits
*Ophthalmic Antifungal***		
NATACYN	3	
*Ophthalmic Anti-Infective Combinations***		
<i>bacitracin-polymyxin b ophthalmic ointment 500-10000 unit/gm</i>	1	
<i>neomycin-bacitracin zn-polymyx ophthalmic ointment 5-400-10000</i>	1	
<i>neomycin-polymyxin-gramicidin ophthalmic solution 1.75-10000-.025</i>	1	
<i>polymyxin b-trimethoprim</i>	1	
*Ophthalmic Antivirals***		
<i>trifluridine ophthalmic</i>	1	
ZIRGAN	3	
*Ophthalmic Carbonic Anhydrase Inhibitors***		
<i>brinzolamide</i>	3	
<i>dorzolamide hcl ophthalmic</i>	1	
*Ophthalmic Ectoparasiticide**		
XDEMZY	4	QPD
*Ophthalmic Immunomodulators***		
<i>cyclosporine (pf)</i>	3	QPD
VEVYE	3	QPD
*Ophthalmic Nerve Growth Factors***		
OXERVATE	4	PA; LA; QPD
*Ophthalmic Nonsteroidal Anti-Inflammatory Agents***		
ACUVAIL	3	
<i>bromfenac sodium (once-daily)</i>	1	
<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	
*Ophthalmic Selective Alpha Adrenergic Agonists***		
<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	

Drug Name	Drug Tier	Requirements/Limits
*Ophthalmic Steroid Combinations***		
<i>bacitra-neomycin-polymyxin-hc</i>	1	
<i>loteprednol-tobramycin</i>	3	
<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>sulfacetamide-prednisolone ophthalmic solution</i>	1	
TOBRADEX OPHTHALMIC OINTMENT	2	
TOBRADEX ST	3	
<i>tobramycin-dexamethasone</i>	1	
*Ophthalmic Steroids***		
<i>dexamethasone sodium phosphate ophthalmic</i>	1	
<i>difluprednate</i>	3	
<i>fluorometholone ophthalmic</i>	1	
<i>loteprednol etabonate</i>	3	
<i>prednisolone acetate ophthalmic</i>	1	
<i>prednisolone sodium phosphate ophthalmic</i>	1	
*Ophthalmic Sulfonamides***		
<i>sulfacetamide sodium ophthalmic solution</i>	1	
*Ophthalmics - Cystinosis Agents**		
CYSTARAN	4	LA
*Ophthalmics Misc. - Other***		
MIEBO	3	QPD
*Prostaglandins - Ophthalmic***		
<i>bimatoprost ophthalmic solution 0.03 %</i>	1	
<i>latanoprost ophthalmic</i>	1	
<i>travoprost (bak free)</i>	3	
Otic Agents		
*Otic Agents - Miscellaneous***		
<i>acetic acid otic</i>	1	
*Otic Anti-Infectives***		
<i>ciprofloxacin hcl otic</i>	1	
<i>ofloxacin otic</i>	1	
*Otic Steroid-Anti-Infective Combinations***		
<i>ciprofloxacin-dexamethasone</i>	3	
<i>ciprofloxacin-hydrocortisone</i>	3	
CORTISPORIN-TC	3	
<i>neomycin-polymyxin-hc otic</i>	1	

Drug Name	Drug Tier	Requirements/Limits
*Otic Steroids***		
<i>fluocinolone acetate otic</i>	1	
<i>hydrocortisone-acetic acid</i>	1	
Oxytocics		
*Oxytocics***		
<i>methergine oral</i>	1	QPD
<i>methylergonovine maleate oral</i>	1	QPD
Passive Immunizing And Treatment Agents		
*Immune Serums***		
<i>varizig intramuscular solution</i>	\$0	
Penicillins		
*Aminopenicillins***		
<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	
<i>ampicillin oral capsule 500 mg</i>	1	
*Natural Penicillins***		
<i>penicillin v potassium</i>	1	
*Penicillin Combinations***		
<i>amoxicillin-pot clavulanate er</i>	1	
<i>amoxicillin-pot clavulanate oral</i>	1	
*Penicillinase-Resistant Penicillins***		
<i>dicloxacillin sodium</i>	1	
Progestins		
*Progestins***		
<i>gallifrey</i>	1	
<i>medroxyprogesterone acetate oral</i>	1	
<i>norethindrone acetate oral</i>	1	
<i>progesterone oral</i>	1	
Psychotherapeutic And Neurological Agents - Misc.		
*Alcohol Deterrents***		
<i>acamprosate calcium</i>	1	
<i>disulfiram oral</i>	1	
*Anti-Cataleptic Agents***		
LUMRYZ	4	PA; LA; QPD
LUMRYZ STARTER PACK	4	PA; LA; QPD
<i>sodium oxybate</i>	4	PA; QPD

Drug Name	Drug Tier	Requirements/Limits
*Anti-Cataleptic Combinations***		
XYWAV	4	PA; LA; QPD
*Benzodiazepines & Tricyclic Agents***		
<i>chlordiazepoxide-amitriptyline</i>	1	
*Cholinomimetics - Ache Inhibitors***		
<i>donepezil hcl</i>	1	QPD
<i>galantamine hydrobromide</i>	1	QPD
<i>galantamine hydrobromide er</i>	1	QPD
<i>rivastigmine</i>	1	QPD
<i>rivastigmine tartrate</i>	1	QPD
*Fibromyalgia Agent - Snris***		
<i>milnacipran hcl</i>	3	QPD
*Movement Disorder Drug Therapy***		
AUSTEDO	4	PA; QPD
AUSTEDO XR	4	PA; QPD
AUSTEDO XR PATIENT TITRATION ORAL TABLET EXTENDED RELEASE THERAPY PACK 12 & 18 & 24 & 30 MG	4	PA; QPD
INGREZZA	4	PA; QPD
<i>tetrabenazine</i>	4	PA
*Ms Agents - Pyrimidine Synthesis Inhibitors***		
<i>teriflunomide</i>	4	PA; QPD
*Multiple Sclerosis Agents - Antimetabolites***		
<i>cladribine (10 tabs)</i>	4	PA; LA; QPD
<i>cladribine (4 tabs)</i>	4	PA; LA; QPD
<i>cladribine (5 tabs)</i>	4	PA; LA; QPD
<i>cladribine (6 tabs)</i>	4	PA; LA; QPD
<i>cladribine (7 tabs)</i>	4	PA; LA; QPD
<i>cladribine (8 tabs)</i>	4	PA; LA; QPD
<i>cladribine (9 tabs)</i>	4	PA; LA; QPD
*Multiple Sclerosis Agents - Interferons***		
AVONEX PEN INTRAMUSCULAR AUTO-INJECTOR KIT	4	PA; QPD
AVONEX PREFILLED INTRAMUSCULAR PREFILLED SYRINGE KIT	4	PA; QPD
BETASERON SUBCUTANEOUS KIT	4	PA; QPD
PLEGRIDY INTRAMUSCULAR	4	PA; QPD
PLEGRIDY STARTER PACK SUBCUTANEOUS SOLUTION AUTO-INJECTOR	4	PA; QPD
PLEGRIDY STARTER PACK SUBCUTANEOUS SOLUTION PREFILLED SYRINGE	4	PA; QPD

Drug Name	Drug Tier	Requirements/Limits
PLEGRIDY SUBCUTANEOUS SOLUTION AUTO-INJECTOR	4	PA; QPD
PLEGRIDY SUBCUTANEOUS SOLUTION PREFILLED SYRINGE	4	PA; QPD
REBIF REBIDOSE SUBCUTANEOUS SOLUTION AUTO-INJECTOR	4	PA; QPD
REBIF REBIDOSE TITRATION PACK SUBCUTANEOUS SOLUTION AUTO-INJECTOR	4	PA; QPD
REBIF SUBCUTANEOUS SOLUTION PREFILLED SYRINGE	4	PA; QPD
REBIF TITRATION PACK SUBCUTANEOUS SOLUTION PREFILLED SYRINGE	4	PA; QPD
*Multiple Sclerosis Agents - Monoclonal Antibodies***		
KESIMPTA	4	PA; QPD
*Multiple Sclerosis Agents - Nrf2 Pathway Activators***		
BAFIERTAM	4	PA; LA; QPD
<i>dimethyl fumarate oral</i>	2	QPD
<i>dimethyl fumarate starter pack oral capsule delayed release therapy pack</i>	4	QPD
VUMERITY	4	PA; LA; QPD
*Multiple Sclerosis Agents - Potassium Channel Blockers***		
<i>dalfampridine er</i>	4	PA; QPD
*Multiple Sclerosis Agents***		
<i>glatiramer acetate</i>	4	QPD
<i>glatopa</i>	4	QPD
*N-Methyl-D-Aspartate (Nmda) Receptor Antagonists***		
<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	
*Phenothiazines & Tricyclic Agents***		
<i>perphenazine-amitriptyline</i>	1	
*Premenstrual Dysphoric Disorder (Pmdd) Agents - Ssris***		
<i>fluoxetine hcl (pmdd) oral tablet</i>	1	QPD
*Pseudobulbar Affect Agent Combinations***		
<i>dextromethorphan-quinidine</i>	4	PA; QPD
*Psychotherapeutic And Neurological Agents - Misc.***		
<i>pimozide</i>	1	

Drug Name	Drug Tier	Requirements/Limits
*Smoking Deterrents***		
<i>bupropion hcl er (smoking det)</i>	\$0	QPD
<i>chantix</i>	\$0	
<i>chantix continuing month pak</i>	\$0	
<i>chantix starting month pak oral tablet therapy pack</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	
<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>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 ns</i>	\$0	
<i>qc nicotine transdermal system</i>	\$0	
<i>sm nicotine mouth/throat</i>	\$0	
<i>sm nicotine polacrilex mouth/throat lozenge 4 mg</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	
*Sphingosine 1-Phosphate (S1p) Receptor Modulators***		
<i>fingolimod hcl</i>	4	PA; QPD
GILENYA ORAL CAPSULE 0.25 MG	4	PA; QPD
MAYZENT	4	PA; LA; QPD

Drug Name	Drug Tier	Requirements/Limits
MAYZENT STARTER PACK	4	PA; LA; QPD
PONVORY	4	PA; LA; QPD
PONVORY STARTER PACK	4	PA; LA; QPD
ZEPOSIA	4	PA; LA; QPD
ZEPOSIA 7-DAY STARTER PACK	4	PA; LA; QPD
ZEPOSIA STARTER KIT ORAL CAPSULE THERAPY PACK 0.23MG & 0.46MG 0.92MG(21)	4	PA; QPD
Respiratory Agents - Misc.		
*Cftr Potentiators***		
KALYDECO ORAL PACKET 13.4 MG, 25 MG, 50 MG, 75 MG	4	PA; LA; QPD
KALYDECO ORAL PACKET 5.8 MG	4	PA; QPD
KALYDECO ORAL TABLET	4	PA; LA; QPD
*Cystic Fibrosis Agent - Combinations***		
ALYFTREK	4	PA; QPD
ORKAMBI	4	PA; LA; QPD
SYMDEKO	4	PA; LA; QPD
TRIKAFTA	4	PA; LA; QPD
*Hydrolytic Enzymes***		
PULMOZYME INHALATION SOLUTION 2.5 MG/2.5ML	4	QPD
*Pulmonary Fibrosis Agents - Kinase Inhibitors***		
<i>nintedanib esylate</i>	4	PA; LA
*Pulmonary Fibrosis Agents***		
<i>pirfenidone oral capsule</i>	4	PA; QPD
<i>pirfenidone oral tablet 267 mg, 801 mg</i>	4	PA
Sulfonamides		
*Sulfonamides***		
<i>sulfadiazine oral</i>	1	
Tetracyclines		
*Aminomethylcyclines***		
NUZYRA ORAL TABLET 150 MG	3	QPD
*Tetracyclines***		
<i>avidoxy</i>	1	
<i>demeclocycline hcl oral</i>	3	
<i>doxycycline hyclate oral capsule 100 mg, 50 mg</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	
Thyroid Agents		
*Antithyroid Agents***		
<i>methimazole oral</i>	1	
<i>propylthiouracil oral</i>	1	
*Thyroid Hormones***		
AMERITHROID	3	
ARMOUR THYROID	3	
CYTOMEL	3	
<i>levothyroxine sodium oral tablet</i>	1	
<i>levoxyl</i>	1	
<i>liomny</i>	1	
<i>liothyronine sodium oral</i>	1	
<i>np thyroid</i>	1	
SYNTHROID	2	
<i>thyroid oral tablet 120 mg, 15 mg, 30 mg, 60 mg, 90 mg</i>	1	
TIROSINT	3	PA
TIROSINT-SOL	3	PA; QPD
<i>unithroid</i>	1	
Toxoids		
*Toxoid Combinations***		
<i>adacel intramuscular suspension 5-2-15.5 lf-mcg/0.5</i>	\$0	
<i>adacel intramuscular suspension prefilled syringe</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>tenivac intramuscular suspension</i>	\$0	
<i>vaxelis intramuscular suspension prefilled syringe</i>	\$0	
Ulcer Drugs/Antispasmodics/Anticholinergics		
*Anticholinergic Combinations***		
<i>belladonna alkaloids-opium</i>	1	PA

Drug Name	Drug Tier	Requirements/Limits
<i>chlordiazepoxide-clidinium</i>	1	
*Antispasmodics***		
<i>dicyclomine hcl oral capsule</i>	1	
<i>dicyclomine hcl oral solution 10 mg/5ml</i>	1	
<i>dicyclomine hcl oral tablet 20 mg</i>	1	
*Belladonna Alkaloids***		
<i>hyoscyamine sulfate er oral tablet extended release 12 hour</i>	1	
<i>hyoscyamine sulfate oral</i>	1	
<i>hyoscyamine sulfate sl</i>	1	
<i>hyoscyamine sulfate sublingual</i>	1	
<i>hyosyne</i>	1	
<i>oscimin oral tablet</i>	1	
<i>oscimin sublingual</i>	1	
*H-2 Antagonists***		
<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	
*Misc. Anti-Ulcer***		
<i>sucralfate oral suspension</i>	3	
<i>sucralfate oral tablet</i>	1	
*Ppi - Potassium-Competitive Acid Blockers (P-Cab)***		
VOQUEZNA	3	PA; QPD
*Proton Pump Inhibitors***		
<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
<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
*Quaternary Anticholinergics***		
<i>glycopyrrolate oral tablet 1 mg, 2 mg</i>	1	
<i>methscopolamine bromide oral</i>	1	
*Ulcer Anti-Infective W/ Bismuth Combinations***		
<i>bis subcit-metronid-tetracyc</i>	3	

Drug Name	Drug Tier	Requirements/Limits
<i>bismuth/metronidaz/tetracyclin</i>	3	
*Ulcer Anti-Infective W/ Proton Pump Inhibitors***		
<i>amoxicill-clarithro-lansopraz oral therapy pack</i>	3	
TALICIA	3	QPD
*Ulcer Drugs - Prostaglandins***		
<i>misoprostol oral</i>	1	
Urinary Antispasmodics		
*Urinary Antispasmodic - Antimuscarinic (Anticholinergic)***		
<i>darifenacin hydrobromide er</i>	1	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>	1	QPD
<i>tolterodine tartrate er</i>	1	QPD
<i>trospium chloride</i>	1	QPD
<i>trospium chloride er</i>	1	QPD
*Urinary Antispasmodics - Beta-3 Adrenergic Agonists***		
<i>mirabegron er oral suspension reconstituted er</i>	1	QPD
<i>mirabegron er oral tablet extended release 24 hour</i>	3	QPD
*Urinary Antispasmodics - Cholinergic Agonists***		
<i>bethanechol chloride oral</i>	1	
*Urinary Antispasmodics - Direct Muscle Relaxants***		
<i>flavoxate hcl</i>	1	QPD
Vaccines		
*Bacterial Vaccines***		
<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>pedvaxhib</i>	\$0	
<i>penmenvy</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	
*Viral Vaccine Combinations***		
<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	
*Viral Vaccines***		
<i>abrysvo</i>	\$0	
<i>arexvy</i>	\$0	
<i>comirnaty 5-11 years</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 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 prefilled syringe</i>	\$0	
<i>heplisav-b intramuscular solution prefilled syringe</i>	\$0	
<i>ipol injection suspension</i>	\$0	
<i>mflusiva</i>	\$0	
<i>mnexspike</i>	\$0	
<i>mresvia</i>	\$0	
<i>nuvaxovid covid-19 vaccine</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 prefilled syringe</i>	\$0	
<i>spikevax 6m-11y</i>	\$0	

Drug Name	Drug Tier	Requirements/Limits
<i>spikevax intramuscular suspension prefilled syringe</i>	\$0	
<i>vaqta intramuscular suspension 25 unit/0.5ml, 50 unit/ml</i>	\$0	
<i>vaqta intramuscular suspension prefilled syringe</i>	\$0	
<i>varivax injection</i>	\$0	
Vaginal And Related Products		
*Imidazole-Related Antifungals***		
GYNAZOLE-1	3	
<i>miconazole 3 vaginal suppository</i>	1	
<i>terconazole</i>	1	
*Miscellaneous Vaginal Combinations***		
<i>fem ph</i>	1	
*Miscellaneous Vaginal Products***		
INTRAROSA	2	QPD
*Spermicides***		
<i>options gynol ii contraceptive</i>	\$0	
<i>today sponge</i>	\$0	
*Vaginal Anti-Infectives***		
CLEOCIN VAGINAL SUPPOSITORY	3	
<i>clindamycin phosphate vaginal</i>	1	
CLINDESSE	3	
<i>metronidazole vaginal</i>	1	
NUVESSA	3	
<i>vandazole</i>	1	
*Vaginal Estrogens***		
<i>estradiol vaginal cream 0.01 %</i>	1	
<i>estradiol vaginal tablet</i>	1	
ESTRING VAGINAL RING 7.5 MCG/24HR	2	QPD
PREMARIN VAGINAL	2	
<i>yuvaferm</i>	1	
*Vaginal Progestins***		
CRINONE VAGINAL GEL 4 %	2	
Vasopressors		
*Anaphylaxis Therapy Agents***		
AUVI-Q INJECTION SOLUTION AUTO-INJECTOR	2	QPD
<i>epinephrine injection solution auto-injector 0.15 mg/0.3ml, 0.3 mg/0.3ml</i>	1	QPD
*Neurogenic Orthostatic Hypotension (Noh) - Agents***		
<i>droxidopa</i>	4	PA

Drug Name	Drug Tier	Requirements/Limits
*Vasopressors***		
<i>midodrine hcl</i>	1	
Vitamins		
*Vitamin D***		
<i>ergocalciferol oral capsule</i>	1	
<i>vitamin d (ergocalciferol) oral capsule 1.25 mg (50000 ut)</i>	1	
*Vitamin K***		
<i>phytonadione injection solution 1 mg/0.5ml</i>	3	
<i>phytonadione oral</i>	3	

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<i>losartan potassium</i>	25	<i>meperidine hcl</i>	8	<i>miglustat</i>	64
<i>losartan potassium-hctz</i>	25	<i>meprobamate</i>	10	<i>mili</i>	44
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<i>loxapine succinate</i>	36	<i>metformin hcl</i>	18	<i>minocycline hcl</i>	85
<i>lo-zumandimine</i>	44	<i>metformin hcl er</i>	18	<i>minoxidil</i>	26
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<i>lyza</i>	47	<i>methyl dopa</i>	25	<i>montelukast sodium</i>	13
<i>macitentan</i>	41	<i>methylergonovine maleate</i>	80	<i>morphine sulfate</i>	8
<i>magnesium citrate</i>	66	<i>methylphenidate</i>	3	<i>morphine sulfate (concentrate)</i>	8
<i>malathion</i>	55	<i>methylphenidate hcl</i>	4	<i>morphine sulfate er</i>	8
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<i>rabeprazole sodium</i>	86	ROZLYTREK.....	31	<i>sm nicotine polacrilex</i>	83
<i>raloxifene hcl</i>	59	RUBRACA.....	34	<i>smooth lax</i>	67
<i>ramipril</i>	24	RUCONEST.....	64	<i>sodium chloride</i>	49, 63

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<i>sodium fluoride 5000 enamel</i>	72	<i>super b complex/fa/vit c</i>	73	THEO-24	13
<i>sodium fluoride 5000 plus</i>	73	<i>super b-complex/vit c/fa</i>	73	<i>theophylline</i>	14
<i>sodium oxybate</i>	80	<i>super quint's b-50</i>	74	<i>theophylline er</i>	14
<i>sodium phenylbutyrate</i>	59	<i>syeda</i>	45	<i>thioridazine hcl</i>	36
<i>sodium polystyrene sulfonate</i>	72	SYMDEKO	84	<i>thiothixene</i>	36
<i>sodium sulfacetamide</i>	52	SYMPROIC	62	<i>thyroid</i>	85
SOFDRA	54	SYMTUZA	37	<i>tiadylt er</i>	40
SOGROYA	58	SYNAREL	58	<i>tiagabine hcl</i>	16
<i>solifenacin succinate</i>	87	SYNJARDY	20	TIBSOVO	33
SOLQUA	20	SYNJARDY XR	20	<i>ticagrelor</i>	64
SOLTAMOX	28	SYNTHROID	85	<i>tilia fe</i>	47
SOMAVERT	57	TABLOID	28	<i>timolol hemihydrate</i>	76
<i>sorafenib tosylate</i>	31	TABRECTA	30	<i>timolol maleate</i>	40, 77
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<i>sotalol hcl (af)</i>	40	<i>tadalafil</i>	42	<i>timolol maleate ocudose</i>	77
SOTYKTU	51	<i>tadalafil (pah)</i>	42	<i>timolol maleate pf</i>	77
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<i>spikevax</i>	89	TAGRISSO	29	<i>tinidazole</i>	26
<i>spikevax 6m-11y</i>	88	TAKHZYRO	64	<i>tiopronin</i>	63
<i>spinosad</i>	55	TALICIA	87	<i>tiotropium bromide</i>	13
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<i>spironolactone</i>	56	TALZENNA	34	TIROSINT-SOL	85
<i>spironolactone-hctz</i>	56	<i>tamoxifen citrate</i>	28	TIVICAY	37
<i>sprintec 28</i>	45	<i>tamsulosin hcl</i>	62	TIVICAY PD	37
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<i>sronyx</i>	45	<i>tarina 24 fe</i>	45	TOBI PODHALER	4
<i>ssd</i>	52	<i>tarina fe 1/20 eq</i>	45	TOBRADEX	79
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STRENSIQ	58	TEGRETOL	16	<i>today sponge</i>	89
<i>stress formula</i>	74	TEGRETOL-XR	16	<i>tofacitinib citrate</i>	4
<i>stress formula (folic acid)</i>	73	<i>telmisartan</i>	25	<i>tofacitinib citrate er</i>	4
<i>stress formula/iron</i>	74	<i>telmisartan-hctz</i>	25	<i>tolcapone</i>	35
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STRIVERDI RESPIMAT	12	<i>temozolomide</i>	33	<i>tolterodine tartrate er</i>	87
SUCRAID	56	<i>tencon</i>	6	<i>tolvaptan</i>	59
<i>sucralfate</i>	86	<i>tenivac</i>	85	<i>tolvaptan (hyponatremia)</i>	59
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<i>sulfacetamide sodium (cleans)</i>	52	<i>terbinafine hcl</i>	22	<i>torsemide</i>	56
<i>sulfacetamide-prednisolone</i>	79	<i>terbutaline sulfate</i>	12	TOUJEO MAX SOLOSTAR	19
<i>sulfadiazine</i>	84	<i>terconazole</i>	89	TOUJEO SOLOSTAR	19
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<i>sulfatrim pediatric</i>	26	<i>testosterone cypionate</i>	9	<i>tramadol hcl</i>	8
<i>sulindac</i>	5	<i>testosterone enanthate</i>	9	<i>tramadol hcl (er biphasic)</i>	8
<i>sumatriptan</i>	70	<i>tetrabenazine</i>	81	<i>tramadol hcl er</i>	8
<i>sumatriptan succinate</i>	70	<i>tetracycline hcl</i>	85	<i>tramadol-acetaminophen</i>	9
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<i>travoprost (bak free)</i>	79	<i>trustex lub/ribbed/studded</i>	68	<i>varizig</i>	80
<i>trazodone hcl</i>	17	<i>trustex lub/spermicide ex st</i>	68	<i>vaxelis</i>	85
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