CareFirst
Family of health care plans

CareFirst Formulary 2

2026

PLEASE READ: This document contains information about the drugs we cover in this plan.

This formulary is for members of an employer group with 51 or more employees. For your specific prescription benefit plan information, log into your account at carefirst.com.

For more recent information or other questions, please contact CareFirst Pharmacy Services at **800-241-3371** or visit **carefirst.com/rxgroup**.

Last updated 10/01/26—For self-insured plans only

Introduction

A formulary is a list of covered prescription drugs. Our drug list is reviewed and approved by an independent national committee comprised of physicians, pharmacists and other health care professionals, known as the Pharmacy and Therapeutics Committee. This committee makes sure the drugs on the formulary are safe and clinically effective.

Within the formulary, prescription drugs are divided into tiers as described below. Depending on your plan, prescription drugs fall into one of three drug tiers which determines the price you pay.

Using Your Formulary

The first column of the formulary lists drugs by name. If the drugs are shown in lowercase italics, they are *generic drugs*. If the drugs are bold and capitalized, they are **BRAND-NAME DRUGS**.

You may search the formulary for a drug by pressing "CTRL" and "F" at the same time to prompt a search.

The second column indicates the drug tier for a covered drug.

The third column indicates any prescription guidelines a drug requires such as prior authorization (PA), step therapy (ST) or quantity limits (QL).

- **Prior Authorization** from CareFirst is required before you fill prescriptions for certain drugs. Your doctor may need to provide some of your medical history or laboratory tests to determine if these medications are appropriate. Without prior authorization from CareFirst, your drugs may not be covered.
- **Step Therapy** requires that you try lower-cost, equally effective drugs that treat the same medical condition before trying a higher-cost alternative. Your doctor will need to provide information to CareFirst about your experience with these alternatives prior to dispensing a more expensive drug.
- **Quantity Limits** have been placed on the use of selected drugs for quality or safety reasons. Limits may be placed on the amount of the drug covered per prescription or for a defined period of time. For example, quantity limits apply to specialty drugs. Specialty drugs are medications that may be used to treat complex and/or rare health conditions and require special handling, administration or monitoring. Specialty drugs are typically covered for a one-month supply.

Members can view specific cost-share (copay or coinsurance) information and prescription guidelines by logging in to *My Account* at **carefirst.com/myaccount** and clicking on *Tools* and *Drug Pricing Tool* or by reviewing their annual summary of benefits.

Tier 0: $0 Drugs	■ Preventive drugs (e.g. statins, aspirin, folic acid, fluoride, iron supplements, smoking cessation products and FDA-approved contraceptives for women) are available at a zero-dollar cost share if prescribed under certain medical criteria by your doctor. ■ Oral chemotherapy drugs and diabetic supplies (e.g. insulin syringes, pen needles, lancets, test strips, and alcohol swabs) are also available at a zero-dollar cost share.
Tier 1: Generic Drugs $	■ Generic drugs are the same as brand-name drugs in dosage form, safety, strength, route of administration, quality, performance characteristics and intended use. ■ Generic drugs generally cost less than brand-name drugs.
Tier 2: Preferred Brand Drugs $$	■ Preferred brand drugs are brand-name drugs that may not be available in generic form, but are chosen for their cost effectiveness compared to alternatives. Your cost-share will be more than generics but less than non-preferred brand drugs. If a generic drug becomes available, the preferred brand drug may be moved to the non-preferred brand category.
Tier 3: Non-preferred Brand Drugs $$$	■ Non-preferred brand drugs often have a generic or preferred brand drug option where your cost-share will be lower.

CareFirst Formulary 2 (non-ACA), 3T (self-insured) Effective 10/01/2026

Drug Name	Drug Tier	Requirements/Limits
ADHD/ANTI-NARCOLEPSY/ANTI-OBESITY/ANOREXIANTS		
AMPHETAMINES		
amphetamine sulfate tab 5 mg	1	QL (4 tabs every 1 day)
amphetamine sulfate tab 10 mg	1	QL (4 tabs every 1 day)
amphetamine tab extended release disintegrating 3.1 mg	1	QL (2 ea every 1 day)
amphetamine tab extended release disintegrating 6.3 mg	1	QL (2 ea every 1 day)
amphetamine tab extended release disintegrating 9.4 mg	1	QL (2 ea every 1 day)
amphetamine tab extended release disintegrating 12.5 mg	1	QL (1 ea every 1 day)
amphetamine tab extended release disintegrating 15.7 mg	1	QL (1 ea every 1 day)
amphetamine tab extended release disintegrating 18.8 mg	1	QL (1 ea every 1 day)
amphetamine-dextroamphetamine 3-bead cap er 24hr 12.5 mg	1	QL (2 caps every 1 day)
amphetamine-dextroamphetamine 3-bead cap er 24hr 25 mg	1	QL (2 caps every 1 day)
amphetamine-dextroamphetamine 3-bead cap er 24hr 37.5 mg	1	QL (1 cap every 1 day)
amphetamine-dextroamphetamine 3-bead cap er 24hr 50 mg	1	QL (1 cap every 1 day)
amphetamine-dextroamphetamine cap er 24hr 5 mg	1	QL (3 caps every 1 day)
amphetamine-dextroamphetamine cap er 24hr 10 mg	1	QL (3 caps every 1 day)
amphetamine-dextroamphetamine cap er 24hr 15 mg	1	QL (1 cap every 1 day)
amphetamine-dextroamphetamine cap er 24hr 20 mg	1	QL (1 cap every 1 day)
amphetamine-dextroamphetamine cap er 24hr 25 mg	1	QL (1 cap every 1 day)
amphetamine-dextroamphetamine cap er 24hr 30 mg	1	QL (1 cap every 1 day)
amphetamine-dextroamphetamine tab 5 mg	1	QL (3 tabs every 1 day)
amphetamine-dextroamphetamine tab 7.5 mg	1	QL (3 tabs every 1 day)
amphetamine-dextroamphetamine tab 10 mg	1	QL (3 tabs every 1 day)
amphetamine-dextroamphetamine tab 12.5 mg	1	QL (3 tabs every 1 day)
amphetamine-dextroamphetamine tab 15 mg	1	QL (2 tabs every 1 day)
amphetamine-dextroamphetamine tab 20 mg	1	QL (2 tabs every 1 day)

Drug Name	Drug Tier	Requirements/Limits
amphetamine-dextroamphetamine tab 30 mg	1	QL (1 tab every 1 day)
DESOXYN TAB 5MG	3	QL (5 tabs every 1 day)
DEXEDRINE CAP 10MG CR	3	QL (4 caps every 1 day)
DEXEDRINE CAP 15MG CR	3	QL (2 caps every 1 day)
dextroamphetamine sulfate cap er 24hr 5 mg	1	QL (4 caps every 1 day)
dextroamphetamine sulfate cap er 24hr 10 mg	1	QL (4 caps every 1 day)
dextroamphetamine sulfate cap er 24hr 15 mg	1	QL (2 caps every 1 day)
dextroamphetamine sulfate oral solution 5 mg/5ml	1	QL (40 mL every 1 day)
dextroamphetamine sulfate tab 2.5 mg	1	QL (4 tabs every 1 day)
dextroamphetamine sulfate tab 5 mg	1	QL (4 tabs every 1 day)
dextroamphetamine sulfate tab 7.5 mg	1	QL (4 tabs every 1 day)
dextroamphetamine sulfate tab 10 mg	1	QL (4 tabs every 1 day)
dextroamphetamine sulfate tab 15 mg	1	QL (2 tabs every 1 day)
dextroamphetamine sulfate tab 20 mg	1	QL (2 tabs every 1 day)
dextroamphetamine sulfate tab 30 mg	1	QL (1 tab every 1 day)
lisdexamfetamine dimesylate cap 10 mg	1	QL (2 caps every 1 day)
lisdexamfetamine dimesylate cap 20 mg	1	QL (2 caps every 1 day)
lisdexamfetamine dimesylate cap 30 mg	1	QL (2 caps every 1 day)
lisdexamfetamine dimesylate cap 40 mg	1	QL (1 cap every 1 day)
lisdexamfetamine dimesylate cap 50 mg	1	QL (1 cap every 1 day)
lisdexamfetamine dimesylate cap 60 mg	1	QL (1 cap every 1 day)
lisdexamfetamine dimesylate cap 70 mg	1	QL (1 cap every 1 day)
lisdexamfetamine dimesylate chew tab 10 mg	1	QL (2 tabs every 1 day)
lisdexamfetamine dimesylate chew tab 20 mg	1	QL (2 tabs every 1 day)
lisdexamfetamine dimesylate chew tab 30 mg	1	QL (2 tabs every 1 day)
lisdexamfetamine dimesylate chew tab 40 mg	1	QL (1 tab every 1 day)
lisdexamfetamine dimesylate chew tab 50 mg	1	QL (1 tab every 1 day)
lisdexamfetamine dimesylate chew tab 60 mg	1	QL (1 tab every 1 day)
methamphetamine hcl tab 5 mg	1	QL (5 tabs every 1 day)
procentra sol 5mg/5ml	1	QL (40 mL every 1 day)
zenzedi tab 2.5mg	1	QL (4 tabs every 1 day)
zenzedi tab 5mg	1	QL (4 tabs every 1 day)
zenzedi tab 7.5mg	1	QL (4 tabs every 1 day)
zenzedi tab 10mg	1	QL (4 tabs every 1 day)
zenzedi tab 15mg	1	QL (2 tabs every 1 day)
zenzedi tab 20mg	1	QL (2 tabs every 1 day)
zenzedi tab 30mg	1	QL (1 tab every 1 day)
ANALEPTICS		
caffeine citrate oral soln 60 mg/3ml (10 mg/ml base equiv)	1	

Drug Name	Drug Tier	Requirements/Limits
ANOREXIANTS NON-AMPHETAMINE		
QSYMIA CAP 3.75-23	2	PA, QL (1 cap every 1 day); Coverage is subject to your plan/benefits
QSYMIA CAP 7.5-46MG	2	PA, QL (1 cap every 1 day); Coverage is subject to your plan/benefits
QSYMIA CAP 11.25-69	2	PA, QL (1 cap every 1 day); Coverage is subject to your plan/benefits
QSYMIA CAP 15-92MG	2	PA, QL (1 cap every 1 day); Coverage is subject to your plan/benefits
ANTI-OBESITY AGENTS		
FOUNDAYO TAB 0.8MG	2	PA, QL (30 tablets every 25 days); Coverage is subject to your plan/benefits
FOUNDAYO TAB 2.5MG	2	PA, QL (30 tablets every 25 days); Coverage is subject to your plan/benefits
FOUNDAYO TAB 5.5MG	2	PA, QL (30 tablets every 25 days); Coverage is subject to your plan/benefits
FOUNDAYO TAB 9MG	2	PA, QL (30 tablets every 25 days); Coverage is subject to your plan/benefits
FOUNDAYO TAB 14.5MG	2	PA, QL (30 tablets every 25 days); Coverage is subject to your plan/benefits
FOUNDAYO TAB 17.2MG	2	PA, QL (30 tablets every 25 days); Coverage is subject to your plan/benefits
orlistat cap 120 mg	1	PA, QL (90 caps per 28 days); Coverage is subject to your plan/benefits
SAXENDA INJ 18MG/3ML	3	PA, QL (1 package per 28 days); Coverage is subject to your plan/benefits
WEGOVY HD INJ 7.2/0.75	2	PA, QL (1 package per 28 days); Coverage is subject to your plan/benefits
WEGOVY INJ 0.5MG	2	PA, QL (1 package per 28 days); Coverage is subject to your plan/benefits

Drug Name	Drug Tier	Requirements/Limits
WEGOVY INJ 0.25MG	2	PA, QL (1 package per 28 days); Coverage is subject to your plan/benefits
WEGOVY INJ 1.7MG	2	PA, QL (1 package per 28 days); Coverage is subject to your plan/benefits
WEGOVY INJ 1MG	2	PA, QL (1 package per 28 days); Coverage is subject to your plan/benefits
WEGOVY INJ 2.4MG	2	PA, QL (1 package per 28 days); Coverage is subject to your plan/benefits
WEGOVY TAB 1.5MG	2	PA, QL (1 tab every 1 day); Coverage is subject to your plan/benefits
WEGOVY TAB 4MG	2	PA, QL (1 tab every 1 day); Coverage is subject to your plan/benefits
WEGOVY TAB 9MG	2	PA, QL (1 tab every 1 day); Coverage is subject to your plan/benefits
WEGOVY TAB 25MG	2	PA, QL (1 tab every 1 day); Coverage is subject to your plan/benefits
ZEPBOUND INJ 2.5/0.5	2	PA, QL (1 package every 28 days); Coverage is subject to your plan/benefits
ZEPBOUND INJ 5/0.5ML	2	PA, QL (1 package every 28 days); Coverage is subject to your plan/benefits
ZEPBOUND INJ 7.5/0.5	2	PA, QL (1 package every 28 days); Coverage is subject to your plan/benefits
ZEPBOUND INJ 10/0.5ML	2	PA, QL (1 package every 28 days); Coverage is subject to your plan/benefits
ZEPBOUND INJ 12.5/0.5	2	PA, QL (1 package every 28 days); Coverage is subject to your plan/benefits
ZEPBOUND INJ 15/0.5ML	2	PA, QL (1 package every 28 days); Coverage is subject to your plan/benefits
ATTENTION-DEFICIT/HYPERACTIVITY DISORDER (ADHD) AGENTS		
atomoxetine hcl cap 10 mg (base equiv)	1	QL (4 caps every 1 day)
atomoxetine hcl cap 18 mg (base equiv)	1	QL (4 caps every 1 day)

Drug Name	Drug Tier	Requirements/Limits
atomoxetine hcl cap 25 mg (base equiv)	1	QL (4 caps every 1 day)
atomoxetine hcl cap 40 mg (base equiv)	1	QL (2 caps every 1 day)
atomoxetine hcl cap 60 mg (base equiv)	1	QL (1 cap every 1 day)
atomoxetine hcl cap 80 mg (base equiv)	1	QL (1 cap every 1 day)
atomoxetine hcl cap 100 mg (base equiv)	1	QL (1 cap every 1 day)
clonidine hcl tab er 12hr 0.1 mg	1	
guanfacine hcl tab er 24hr 1 mg (base equiv)	1	
guanfacine hcl tab er 24hr 2 mg (base equiv)	1	
guanfacine hcl tab er 24hr 3 mg (base equiv)	1	
guanfacine hcl tab er 24hr 4 mg (base equiv)	1	
QELBREE CAP 100MG ER	2	QL (3 caps every 1 day)
QELBREE CAP 150MG ER	2	QL (3 caps every 1 day)
QELBREE CAP 200MG ER	2	QL (3 caps every 1 day)
STRATTERA CAP 10MG	3	QL (4 caps every 1 day)
STRATTERA CAP 18MG	3	QL (4 caps every 1 day)
STRATTERA CAP 25MG	3	QL (4 caps every 1 day)
STRATTERA CAP 40MG	3	QL (2 caps every 1 day)
STRATTERA CAP 60MG	3	QL (1 cap every 1 day)
STRATTERA CAP 80MG	3	QL (1 cap every 1 day)
STRATTERA CAP 100MG	3	QL (1 cap every 1 day)
DOPAMINE AND NOREPINEPHRINE REUPTAKE INHIBITORS (DNRIS)		
SUNOSI TAB 75MG	2	
SUNOSI TAB 150MG	2	
HISTAMINE H3-RECEPTOR ANTAGONIST/INVERSE AGONISTS		
WAKIX TAB 4.45MG	2	PA, QL (2 tabs every 1 day)
WAKIX TAB 17.8MG	2	PA, QL (2 tabs every 1 day)
STIMULANTS - MISC.		
armodafinil tab 50 mg	1	PA
armodafinil tab 150 mg	1	PA
armodafinil tab 200 mg	1	PA
armodafinil tab 250 mg	1	PA
AZSTARYS CAP 26.1-5.2	2	QL (1 cap every 1 day)
AZSTARYS CAP 39.2-7.8	2	QL (1 cap every 1 day)
AZSTARYS CAP 52.3-10.	2	QL (1 cap every 1 day)
dexmethylphenidate hcl cap er 24 hr 5 mg	1	QL (2 caps every 1 day)
dexmethylphenidate hcl cap er 24 hr 10 mg	1	QL (2 caps every 1 day)
dexmethylphenidate hcl cap er 24 hr 15 mg	1	QL (2 caps every 1 day)
dexmethylphenidate hcl cap er 24 hr 20 mg	1	QL (2 caps every 1 day)
dexmethylphenidate hcl cap er 24 hr 25 mg	1	QL (1 cap every 1 day)
dexmethylphenidate hcl cap er 24 hr 30 mg	1	QL (1 cap every 1 day)
dexmethylphenidate hcl cap er 24 hr 35 mg	1	QL (1 cap every 1 day)
dexmethylphenidate hcl cap er 24 hr 40 mg	1	QL (1 cap every 1 day)
dexmethylphenidate hcl tab 2.5 mg	1	QL (4 tabs every 1 day)

Drug Name	Drug Tier	Requirements/Limits
dexmethylphenidate hcl tab 5 mg	1	QL (4 tabs every 1 day)
dexmethylphenidate hcl tab 10 mg	1	QL (2 tabs every 1 day)
FOCALIN TAB 2.5MG	3	QL (4 tabs every 1 day)
FOCALIN TAB 5MG	3	QL (4 tabs every 1 day)
FOCALIN TAB 10MG	3	QL (2 tabs every 1 day)
METHYLIN SOL 5MG/5ML	3	QL (60 mL every 1 day)
METHYLIN SOL 10MG/5ML	3	QL (30 mL every 1 day)
methylphenidate hcl cap er 10 mg (cd)	1	QL (2 caps every 1 day)
methylphenidate hcl cap er 20 mg (cd)	1	QL (2 caps every 1 day)
methylphenidate hcl cap er 24hr 10 mg (la)	1	QL (2 caps every 1 day)
methylphenidate hcl cap er 24hr 10 mg (xr)	1	QL (2 caps every 1 day)
methylphenidate hcl cap er 24hr 15 mg (xr)	1	QL (2 caps every 1 day)
methylphenidate hcl cap er 24hr 20 mg (la)	1	QL (2 caps every 1 day)
methylphenidate hcl cap er 24hr 20 mg (xr)	1	QL (2 caps every 1 day)
methylphenidate hcl cap er 24hr 30 mg (la)	1	QL (2 caps every 1 day)
methylphenidate hcl cap er 24hr 30 mg (xr)	1	QL (2 caps every 1 day)
methylphenidate hcl cap er 24hr 40 mg (la)	1	QL (1 cap every 1 day)
methylphenidate hcl cap er 24hr 40 mg (xr)	1	QL (1 cap every 1 day)
methylphenidate hcl cap er 24hr 50 mg (xr)	1	QL (1 cap every 1 day)
methylphenidate hcl cap er 24hr 60 mg (la)	1	QL (1 cap every 1 day)
methylphenidate hcl cap er 24hr 60 mg (xr)	1	QL (1 cap every 1 day)
methylphenidate hcl cap er 30 mg (cd)	1	QL (2 caps every 1 day)
methylphenidate hcl cap er 40 mg (cd)	1	QL (1 cap every 1 day)
methylphenidate hcl cap er 50 mg (cd)	1	QL (1 cap every 1 day)
methylphenidate hcl cap er 60 mg (cd)	1	QL (1 cap every 1 day)
methylphenidate hcl chew tab 2.5 mg	1	QL (6 tabs every 1 day)
methylphenidate hcl chew tab 5 mg	1	QL (6 tabs every 1 day)
methylphenidate hcl chew tab 10 mg	1	QL (6 tabs every 1 day)
methylphenidate hcl soln 5 mg/5ml	1	QL (60 mL every 1 day)
methylphenidate hcl soln 10 mg/5ml	1	QL (30 mL every 1 day)
methylphenidate hcl tab 5 mg	1	QL (6 tabs every 1 day)
methylphenidate hcl tab 10 mg	1	QL (6 tabs every 1 day)
methylphenidate hcl tab 20 mg	1	QL (3 tabs every 1 day)
methylphenidate hcl tab er 10 mg	1	QL (3 tabs every 1 day)
methylphenidate hcl tab er 20 mg	1	QL (3 tabs every 1 day)
methylphenidate hcl tab er 24hr 18 mg	1	QL (2 tabs every 1 day)
methylphenidate hcl tab er 24hr 27 mg	1	QL (2 tabs every 1 day)
methylphenidate hcl tab er 24hr 36 mg	1	QL (2 tabs every 1 day)
methylphenidate hcl tab er 24hr 54 mg	1	QL (1 tab every 1 day)
methylphenidate hcl tab er diffusion 27 mg	1	QL (2 tabs every 1 day)
methylphenidate hcl tab er diffusion 36 mg	1	QL (2 tabs every 1 day)
methylphenidate hcl tab er diffusion 54 mg	1	QL (1 tab every 1 day)
methylphenidate hcl tab er osmotic release (osm) 18 mg	1	QL (2 tabs every 1 day)

Drug Name	Drug Tier	Requirements/Limits
methylphenidate hcl tab er osmotic release (osm) 27 mg	1	QL (2 tabs every 1 day)
methylphenidate hcl tab er osmotic release (osm) 36 mg	1	QL (2 tabs every 1 day)
methylphenidate hcl tab er osmotic release (osm) 54 mg	1	QL (1 tab every 1 day)
methylphenidate hcl tab er osmotic release (osm) 72 mg	1	QL (1 tab every 1 day)
methylphenidate td patch 10 mg/9hr	1	QL (1 ea every 1 day)
methylphenidate td patch 15 mg/9hr	1	QL (1 ea every 1 day)
methylphenidate td patch 20 mg/9hr	1	QL (1 ea every 1 day)
methylphenidate td patch 30 mg/9hr	1	QL (1 ea every 1 day)
modafinil tab 100 mg	1	PA
modafinil tab 200 mg	1	PA
RITALIN LA CAP 10MG	3	QL (2 caps every 1 day)
RITALIN LA CAP 20MG	3	QL (2 caps every 1 day)
RITALIN LA CAP 30MG	3	QL (2 caps every 1 day)
RITALIN LA CAP 40MG	3	QL (1 cap every 1 day)
RITALIN TAB 5MG	3	QL (6 tabs every 1 day)
RITALIN TAB 10MG	3	QL (6 tabs every 1 day)
RITALIN TAB 20MG	3	QL (3 tabs every 1 day)
ALLERGENIC EXTRACTS/BIOLOGICALS MISC		
ALLERGENIC EXTRACTS		
GRASTEK SUB 2800BAU	2	
ODACTRA SUB	2	
ORALAIR SUB 300 IR	2	
RAGWITEK SUB	2	
AMINOGLYCOSIDES		
AMINOGLYCOSIDES		
ARIKAYCE SUS	3	PA
neomycin sulfate tab 500 mg	1	
tobramycin nebu soln 300 mg/4ml	1	PA, QL (8 mL every 1 day)
tobramycin nebu soln 300 mg/5ml	1	PA, QL (10 mL every 1 day)
ANALGESICS - ANTI-INFLAMMATORY		
ANTI-TNF-ALPHA - MONOCLONAL ANTIBODIES		
ADALIMU-ADAZ INJ 10/0.1ML	2	PA, QL (2 syringes every 28 days); Preferred for all approved indications; Quantity Limits are consistent with maximum FDA approved dosing limits.

Drug Name	Drug Tier	Requirements/Limits
ADALIMU-ADAZ INJ 20/0.2ML	2	PA, QL (4 syringes every 28 days); Preferred for all approved indications; Quantity Limits are consistent with maximum FDA approved dosing limits.
ADALIMU-ADAZ INJ 40/0.4ML	2	PA, QL (4 pens every 28 days); Preferred for all approved indications; Quantity Limits are consistent with maximum FDA approved dosing limits.
ADALIMU-ADAZ INJ 40/0.4ML	2	PA, QL (4 syringes every 28 days); Preferred for all approved indications; Quantity Limits are consistent with maximum FDA approved dosing limits.
ADALIMU-ADAZ INJ 80/0.8ML	2	PA, QL (2 pens every 28 days); Preferred for all approved indications; Quantity Limits are consistent with maximum FDA approved dosing limits.
ADALIMU-FKJP KIT 20/0.4ML	2	PA, QL (4 syringes every 28 days); Preferred for all approved indications; Quantity Limits are consistent with maximum FDA approved dosing limits.
ADALIMU-FKJP KIT 40/0.8ML	2	PA, QL (4 pens every 28 days); Preferred for all approved indications; Quantity Limits are consistent with maximum FDA approved dosing limits.

Drug Name	Drug Tier	Requirements/Limits
ADALIMU-FKJP KIT 40/0.8ML	2	PA, QL (4 syringes every 28 days); Preferred for all approved indications; Quantity Limits are consistent with maximum FDA approved dosing limits.
HYRIMOZ CD/ INJ UC/HS SP	2	PA, QL (2 pens every 28 days); Preferred for all approved indications; Quantity Limits are consistent with maximum FDA approved dosing limits.
HYRIMOZ INJ 20/0.2ML	2	PA, QL (4 syringes every 28 days)
HYRIMOZ INJ 40/0.4ML	2	PA, QL (4 pens every 28 days)
HYRIMOZ INJ 40/0.4ML	2	PA, QL (4 syringes every 28 days); Preferred for all approved indications; Quantity Limits are consistent with maximum FDA approved dosing limits.
HYRIMOZ INJ 40/0.8ML	2	PA, QL (4 syringes every 28 days); Preferred for all approved indications; Quantity Limits are consistent with maximum FDA approved dosing limits.
HYRIMOZ INJ 40/0.8ML	2	PA, QL (5 pens every 28 days); Preferred for all approved indications; Quantity Limits are consistent with maximum FDA approved dosing limits.

Drug Name	Drug Tier	Requirements/Limits
HYRIMOZ SENS INJ 80/0.8ML	2	PA, QL (2 pens every 28 days); Preferred for all approved indications; Quantity Limits are consistent with maximum FDA approved dosing limits.
HYRIMOZ-PLAQ INJ PSORIASI	2	PA, QL (3 auto-injectors every 28 days)
ANTIRHEUMATIC - ENZYME INHIBITORS		
RINVOQ LQ SOL 1MG/ML	2	PA, QL (12 mL every 1 day); Preferred agent for Rheumatoid Arthritis, Psoriatic Arthritis, Ankylosing Spondylitis, Ulcerative Colitis and Crohn's Disease; Quantity Limits are consistent with maximum FDA approved dosing limits.
RINVOQ TAB 15MG ER	2	PA, QL (1 tab every 1 day); Preferred agent for Rheumatoid Arthritis, Psoriatic Arthritis, Ankylosing Spondylitis, Ulcerative Colitis and Crohn's Disease; Quantity Limits are consistent with maximum FDA approved dosing limits.
RINVOQ TAB 30MG ER	2	PA, QL (1 tab every 1 day); Preferred agent for Rheumatoid Arthritis, Psoriatic Arthritis, Ankylosing Spondylitis, Ulcerative Colitis and Crohn's Disease; Quantity Limits are consistent with maximum FDA approved dosing limits.

Drug Name	Drug Tier	Requirements/Limits
RINVOQ TAB 45MG ER	2	PA, QL (84 tablets every 84 days); Preferred agent for Rheumatoid Arthritis, Psoriatic Arthritis, Ankylosing Spondylitis, Ulcerative Colitis and Crohn's Disease; Quantity Limits are consistent with maximum FDA approved dosing limits.
tofacitinib citrate oral soln 1 mg/ml (base equivalent)	1	PA, QL (10 mL every 1 day)
tofacitinib citrate tab 5 mg (base equivalent)	1	PA, QL (2 tabs every 1 day)
tofacitinib citrate tab 10 mg (base equivalent)	1	PA, QL (2 tabs every 1 day)
tofacitinib citrate tab er 24hr 11 mg (base equivalent)	1	PA, QL (1 tab every 1 day)
tofacitinib citrate tab er 24hr 22 mg (base equivalent)	1	PA, QL (1 tab every 1 day)
ANTIRHEUMATIC ANTIMETABOLITES		
OTREXUP INJ 10MG	3	PA, QL (4 pens every 28 days)
OTREXUP INJ 12.5/0.4	3	PA, QL (4 pens every 28 days)
OTREXUP INJ 15MG	3	PA, QL (4 pens every 28 days)
OTREXUP INJ 17.5/0.4	3	PA, QL (4 pens every 28 days)
OTREXUP INJ 20MG	3	PA, QL (4 injections every 28 days)
OTREXUP INJ 20MG	3	PA, QL (4 pens every 28 days)
OTREXUP INJ 22.5/0.4	3	PA, QL (4 pens every 28 days)
OTREXUP INJ 25MG	3	PA, QL (4 pens every 28 days)
RASUVO INJ 7.5MG	2	PA, QL (4 injections per 28 days)
RASUVO INJ 10MG	2	PA, QL (4 injections per 28 days)
RASUVO INJ 12.5MG	2	PA, QL (4 injections per 28 days)
RASUVO INJ 15MG	2	PA, QL (4 injections per 28 days)
RASUVO INJ 17.5MG	2	PA, QL (4 injections per 28 days)

Drug Name	Drug Tier	Requirements/Limits
RASUVO INJ 20MG	2	PA, QL (4 injections per 28 days)
RASUVO INJ 22.5MG	2	PA, QL (4 injections per 28 days)
RASUVO INJ 25MG	2	PA, QL (4 injections per 28 days)
RASUVO INJ 30MG	2	PA, QL (4 injections per 28 days)
GOLD COMPOUNDS		
RIDAURA CAP 3MG	3	
INTERLEUKIN-6 RECEPTOR INHIBITORS		
KEVZARA INJ 150/1.14	2	PA, QL (2 pens every 28 days); Preferred agent for Rheumatoid Arthritis; Quantity Limits are consistent with maximum FDA approved dosing limits. Approved quantity may be less than the listed limit.
KEVZARA INJ 150/1.14	2	PA, QL (2 syringes every 28 days); Preferred agent for Rheumatoid Arthritis; Quantity Limits are consistent with maximum FDA approved dosing limits. Approved quantity may be less than the listed limit.
KEVZARA INJ 200/1.14	2	PA, QL (2 pens every 28 days); Preferred agent for Rheumatoid Arthritis; Quantity Limits are consistent with maximum FDA approved dosing limits. Approved quantity may be less than the listed limit.

Drug Name	Drug Tier	Requirements/Limits
KEVZARA INJ 200/1.14	2	PA, QL (2 syringes every 28 days); Preferred agent for Rheumatoid Arthritis; Quantity Limits are consistent with maximum FDA approved dosing limits. Approved quantity may be less than the listed limit.
NONSTEROIDAL ANTI-INFLAMMATORY AGENTS (NSAIDS)		
ANAPROX DS TAB 550MG	3	
celecoxib cap 50 mg	1	
celecoxib cap 100 mg	1	
celecoxib cap 200 mg	1	
celecoxib cap 400 mg	1	
DAYPRO TAB 600MG	3	
diclofenac potassium tab 50 mg	1	
diclofenac sodium tab delayed release 25 mg	1	
diclofenac sodium tab delayed release 50 mg	1	
diclofenac sodium tab delayed release 75 mg	1	
diclofenac sodium tab er 24hr 100 mg	1	
diclofenac w/ misoprostol tab delayed release 50-0.2 mg	1	
diclofenac w/ misoprostol tab delayed release 75-0.2 mg	1	
DUEXIS TAB 800-26.6	3	
EC-NAPROSYN TAB 375MG	3	
EC-NAPROSYN TAB 500MG	3	
ec-naproxen tab 375mg	1	
ec-naproxen tab 500mg	1	
etodolac cap 200 mg	1	
etodolac cap 300 mg	1	
etodolac tab 400 mg	1	
etodolac tab 500 mg	1	
etodolac tab er 24hr 400 mg	1	
etodolac tab er 24hr 500 mg	1	
etodolac tab er 24hr 600 mg	1	
flurbiprofen tab 50 mg	1	
flurbiprofen tab 100 mg	1	
ibu tab 400mg	1	
ibu tab 600mg	1	
ibu tab 800mg	1	
ibuprofen tab 400 mg	1	
ibuprofen tab 600 mg	1	

Drug Name	Drug Tier	Requirements/Limits
ibuprofen tab 800 mg	1	
ibuprofen-famotidine tab 800-26.6 mg	1	
indomethacin cap 25 mg	1	
indomethacin cap 50 mg	1	
indomethacin cap er 75 mg	1	
indomethacin suppos 50 mg	1	
indomethacin susp 25 mg/5ml	1	
ketorolac tromethamine tab 10 mg	1	
LURBIPR TAB 100MG	3	
meclofenamate sodium cap 50 mg	1	
meclofenamate sodium cap 100 mg	1	
mefenamic acid cap 250 mg	1	
meloxicam susp 7.5 mg/5ml	1	
meloxicam tab 7.5 mg	1	
meloxicam tab 15 mg	1	
nabumetone tab 500 mg	1	
nabumetone tab 750 mg	1	
NALFON CAP 400MG	3	
NALFON TAB 600MG	3	
NAPROSYN SUS 125/5ML	3	
NAPROSYN TAB 500MG	3	
naproxen sodium tab 275 mg	1	
naproxen sodium tab 550 mg	1	
naproxen tab 250 mg	1	
naproxen tab 375 mg	1	
naproxen tab 500 mg	1	
naproxen tab ec 375 mg	1	
naproxen tab ec 500 mg	1	
oxaprozin cap 300 mg	1	
oxaprozin tab 600 mg	1	
piroxicam cap 10 mg	1	
piroxicam cap 20 mg	1	
sulindac tab 150 mg	1	
sulindac tab 200 mg	1	
tolmetin sodium tab 600 mg	1	
VIMOVO TAB 500-20MG	3	
ZIPSOR CAP 25MG	3	

Drug Name	Drug Tier	Requirements/Limits
PHOSPHODIESTERASE 4 (PDE4) INHIBITORS		
OTEZLA TAB 10/20	2	PA, QL (55 tabs every 28 days); Preferred agent for Psoriasis, Psoriatic Arthritis ; Quantity Limits are consistent with maximum FDA approved dosing limits.
OTEZLA TAB 10/20/30	2	PA, QL (55 tabs every 28 days); Preferred agent for Psoriasis, Psoriatic Arthritis ; Quantity Limits are consistent with maximum FDA approved dosing limits.
OTEZLA TAB 20MG	2	PA, QL (2 tabs every 1 day); Preferred agent for Psoriasis, Psoriatic Arthritis ; Quantity Limits are consistent with maximum FDA approved dosing limits.
OTEZLA TAB 30MG	2	PA, QL (2 tabs every 1 day); Preferred agent for Psoriasis, Psoriatic Arthritis ; Quantity Limits are consistent with maximum FDA approved dosing limits.
OTEZLA XR TAB 75MG	2	PA, QL (1 tab every 1 day)
OTEZLA/XR TAB 28 DAY	2	PA, QL (1 pack every 28 days)
PYRIMIDINE SYNTHESIS INHIBITORS		
ARAVA TAB 10MG	3	
ARAVA TAB 20MG	3	
leflunomide tab 10 mg	1	
leflunomide tab 20 mg	1	
SELECTIVE COSTIMULATION MODULATORS		
ORENCIA CLCK INJ 125MG/ML	2	PA, QL (4 syringes every 28 days); Preferred agent for Rheumatic Arthritis ; Quantity Limits are consistent with maximum FDA approved dosing limits.

Drug Name	Drug Tier	Requirements/Limits
ORENCIA INJ 50/0.4ML	3	PA, QL (4 syringes every 28 days)
ORENCIA INJ 87.5/0.7	3	PA, QL (4 syringes every 28 days)
ORENCIA INJ 125MG/ML	2	PA, QL (4 syringes every 28 days); Preferred agent for Rheumatic Arthritis ; Quantity Limits are consistent with maximum FDA approved dosing limits.
SOLUBLE TUMOR NECROSIS FACTOR RECEPTOR AGENTS		
ENBREL INJ 25/0.5ML	2	PA, QL (8 syringes every 28 days); Preferred agent for all FDA approved indications except psoriasis; Quantity Limits are consistent with maximum FDA approved dosing limits. Approved quantity may be less than the listed limit.
ENBREL INJ 25MG	2	PA, QL (8 vials every 28 days); Preferred agent for all FDA approved indications except psoriasis; Quantity Limits are consistent with maximum FDA approved dosing limits.
ENBREL INJ 50MG/ML	2	PA, QL (4 syringes every 28 days); Preferred agent for all FDA approved indications except psoriasis; Quantity Limits are consistent with maximum FDA approved dosing limits.

Drug Name	Drug Tier	Requirements/Limits
ENBREL MINI INJ 50MG/ML	2	PA, QL (4 catridges every 28 days); Preferred agent for all FDA approved indications except psoriasis; Quantity Limits are consistent with maximum FDA approved dosing limits.
ENBREL SRCLK INJ 50MG/ML	2	PA, QL (4 pens every 28 days); Preferred agent for all FDA approved indications except psoriasis; Quantity Limits are consistent with maximum FDA approved dosing limits.
ANALGESICS - NONNARCOTIC		
ANALGESIC COMBINATIONS		
bac tab	1	
BUT/APAP/CAF SOL	3	
butalbital-acetaminophen tab 50-325 mg	1	
butalbital-acetaminophen-caffeine tab 50-325-40 mg	1	
butalbital-aspirin-caffeine cap 50-325-40 mg	1	
ESGIC TAB	3	
tencon tab 50-325mg	1	
SALICYLATES		
aspirin chew tab 81 mg	0	OTC; $0 copay-age and gender restrictions apply
aspirin tab delayed release 81 mg	0	OTC; $0 copay-age and gender restrictions apply
diflunisal tab 500 mg	1	
salsalate tab 500 mg	1	
salsalate tab 750 mg	1	
ANALGESICS - OPIOID		
OPIOID AGONISTS		
CODEINE SULF TAB 15MG	3	PA
CODEINE SULF TAB 60MG	3	PA
codeine sulfate tab 30 mg	1	PA
CONZIP CAP 100MG	3	PA
CONZIP CAP 200MG	3	PA
CONZIP CAP 300MG	3	PA
DILAUDID LIQ 1MG/ML	3	PA
DILAUDID TAB 2MG	3	PA

Drug Name	Drug Tier	Requirements/Limits
DILAUDID TAB 4MG	3	PA
DILAUDID TAB 8MG	3	PA
DISKETS TAB 40MG	3	
fentanyl citrate buccal tab 200 mcg (base equiv)	1	PA
fentanyl citrate lozenge on a handle 200 mcg	1	PA
fentanyl citrate lozenge on a handle 400 mcg	1	PA
fentanyl citrate lozenge on a handle 600 mcg	1	PA
fentanyl citrate lozenge on a handle 800 mcg	1	PA
fentanyl citrate lozenge on a handle 1200 mcg	1	PA
fentanyl citrate lozenge on a handle 1600 mcg	1	PA
fentanyl td patch 72hr 12 mcg/hr	1	PA
fentanyl td patch 72hr 25 mcg/hr	1	PA
fentanyl td patch 72hr 37.5 mcg/hr	1	PA
fentanyl td patch 72hr 50 mcg/hr	1	PA
fentanyl td patch 72hr 62.5 mcg/hr	1	PA
fentanyl td patch 72hr 75 mcg/hr	1	PA
fentanyl td patch 72hr 87.5 mcg/hr	1	PA
fentanyl td patch 72hr 100 mcg/hr	1	PA
hydrocodone bitartrate cap er 12hr 10 mg	1	PA
hydrocodone bitartrate cap er 12hr 15 mg	1	PA
hydrocodone bitartrate cap er 12hr 20 mg	1	PA
hydrocodone bitartrate cap er 12hr 30 mg	1	PA
hydrocodone bitartrate cap er 12hr 40 mg	1	PA
hydrocodone bitartrate cap er 12hr 50 mg	1	PA
hydrocodone bitartrate tab er 24hr deter 20 mg	1	PA
hydrocodone bitartrate tab er 24hr deter 30 mg	1	PA
hydrocodone bitartrate tab er 24hr deter 40 mg	1	PA
hydrocodone bitartrate tab er 24hr deter 60 mg	1	PA
hydrocodone bitartrate tab er 24hr deter 80 mg	1	PA
hydrocodone bitartrate tab er 24hr deter 100 mg	1	PA
hydrocodone bitartrate tab er 24hr deter 120 mg	1	PA
HYDROMORPHON SUP 3MG	3	PA
hydromorphone hcl liqd 1 mg/ml	1	PA
hydromorphone hcl tab 2 mg	1	PA
hydromorphone hcl tab 4 mg	1	PA
hydromorphone hcl tab 8 mg	1	PA
hydromorphone hcl tab er 24hr 8 mg	1	PA
hydromorphone hcl tab er 24hr 12 mg	1	PA
hydromorphone hcl tab er 24hr 16 mg	1	PA
hydromorphone hcl tab er 24hr 32 mg	1	PA
HYSINGLA ER TAB 20 MG	2	PA

Drug Name	Drug Tier	Requirements/Limits
HYSINGLA ER TAB 30 MG	2	PA
HYSINGLA ER TAB 40 MG	2	PA
HYSINGLA ER TAB 60 MG	2	PA
HYSINGLA ER TAB 80 MG	2	PA
HYSINGLA ER TAB 100 MG	2	PA
HYSINGLA ER TAB 120 MG	2	PA
meperidine hcl oral soln 50 mg/5ml	1	PA
meperidine hcl tab 50 mg	1	PA
methadone con 10mg/ml	1	PA
methadone hcl conc 10 mg/ml	1	
methadone hcl soln 5 mg/5ml	1	PA
methadone hcl soln 10 mg/5ml	1	PA
methadone hcl tab 5 mg	1	PA
methadone hcl tab 10 mg	1	PA
methadone hcl tab for oral susp 40 mg	1	
METHADOSE CON 10MG/ML	3	
METHADOSE SF CON 10MG/ML	3	
methadose tab 40mg	1	
morphine sulfate beads cap er 24hr 30 mg	1	PA
morphine sulfate beads cap er 24hr 45 mg	1	PA
morphine sulfate beads cap er 24hr 60 mg	1	PA
morphine sulfate beads cap er 24hr 75 mg	1	PA
morphine sulfate beads cap er 24hr 90 mg	1	PA
morphine sulfate beads cap er 24hr 120 mg	1	PA
morphine sulfate cap er 24hr 10 mg	1	PA
morphine sulfate cap er 24hr 20 mg	1	PA
morphine sulfate cap er 24hr 30 mg	1	PA
morphine sulfate cap er 24hr 50 mg	1	PA
morphine sulfate cap er 24hr 60 mg	1	PA
morphine sulfate cap er 24hr 80 mg	1	PA
morphine sulfate cap er 24hr 100 mg	1	PA
morphine sulfate oral soln 10 mg/5ml	1	PA
morphine sulfate oral soln 20 mg/5ml	1	PA
morphine sulfate oral soln 100 mg/5ml (20 mg/ml)	1	PA
morphine sulfate suppos 5 mg	1	PA
morphine sulfate suppos 10 mg	1	PA
morphine sulfate suppos 20 mg	1	PA
morphine sulfate suppos 30 mg	1	PA
morphine sulfate tab 15 mg	1	PA
morphine sulfate tab 30 mg	1	PA
morphine sulfate tab er 15 mg	1	PA
morphine sulfate tab er 30 mg	1	PA
morphine sulfate tab er 60 mg	1	PA

Drug Name	Drug Tier	Requirements/Limits
morphine sulfate tab er 100 mg	1	PA
morphine sulfate tab er 200 mg	1	PA
MS CONTIN TAB 15MG ER	3	PA
MS CONTIN TAB 30MG ER	3	PA
MS CONTIN TAB 60MG ER	3	PA
MS CONTIN TAB 100MG ER	3	PA
MS CONTIN TAB 200MG ER	3	PA
oxycodone hcl cap 5 mg	1	PA
oxycodone hcl conc 100 mg/5ml (20 mg/ml)	1	PA
oxycodone hcl soln 5 mg/5ml	1	PA
oxycodone hcl tab 5 mg	1	PA
oxycodone hcl tab 10 mg	1	PA
oxycodone hcl tab 15 mg	1	PA
oxycodone hcl tab 20 mg	1	PA
oxycodone hcl tab 30 mg	1	PA
oxymorphone hcl tab 5 mg	1	PA
oxymorphone hcl tab 10 mg	1	PA
ROXICODONE TAB 15MG	3	PA
ROXICODONE TAB 30MG	3	PA
tapentadol hcl tab 50 mg	1	PA, QL (120 tabs every 25 days)
tapentadol hcl tab 75 mg	1	PA, QL (90 tabs every 25 days)
tapentadol hcl tab 100 mg	1	PA, QL (60 tabs every 25 days)
tramadol hcl oral soln 5 mg/ml	1	PA
tramadol hcl tab 50 mg	1	PA
tramadol hcl tab er 24hr 100 mg	1	PA
tramadol hcl tab er 24hr 200 mg	1	PA
tramadol hcl tab er 24hr 300 mg	1	PA
tramadol hcl tab er 24hr biphasic release 100 mg	1	PA
tramadol hcl tab er 24hr biphasic release 200 mg	1	PA
tramadol hcl tab er 24hr biphasic release 300 mg	1	PA
XTAMPZA ER CAP 9MG	2	PA
XTAMPZA ER CAP 13.5MG	2	PA
XTAMPZA ER CAP 18MG	2	PA
XTAMPZA ER CAP 27MG	2	PA
XTAMPZA ER CAP 36MG	2	PA
OPIOID COMBINATIONS		
acetaminophen w/ codeine soln 120-12 mg/5ml	1	PA, QL (90 bottles every 1 day)

Drug Name	Drug Tier	Requirements/Limits
acetaminophen w/ codeine soln 120-12 mg/5ml	1	PA, QL (90 mL every 1 day)
acetaminophen w/ codeine tab 300-15 mg	1	PA, QL (13.334 tabs every 1 day)
acetaminophen w/ codeine tab 300-30 mg	1	PA, QL (12 tabs every 1 day)
acetaminophen w/ codeine tab 300-60 mg	1	PA, QL (6 tabs every 1 day)
acetaminophen-caffeine-dihydrocodeine cap 320.5-30-16 mg	1	PA, QL (10 caps every 1 day)
ascomp/cod cap 30mg	1	PA
butalbital-acetaminophen-caff w/ cod cap 50-300-40-30 mg	1	PA
butalbital-acetaminophen-caff w/ cod cap 50-325-40-30 mg	1	PA
butalbital-aspirin-caff w/ codeine cap 50-325-40-30 mg	1	PA
endocet tab 2.5-325	1	PA, QL (12 tabs every 1 day)
endocet tab 5-325mg	1	PA, QL (12 tabs every 1 day)
endocet tab 7.5-325	1	PA, QL (8 tabs every 1 day)
endocet tab 10-325mg	1	PA, QL (6 tabs every 1 day)
FIORICET CAP CODEINE	3	PA
hydrocodone-acetaminophen soln 7.5-325 mg/15ml	1	PA, QL (90 mL every 1 day)
hydrocodone-acetaminophen soln 10-300 mg/15ml	1	PA, QL (67.5 mL every 1 day)
hydrocodone-acetaminophen soln 10-325 mg/15ml	1	PA, QL (90 mL every 1 day)
hydrocodone-acetaminophen tab 2.5-325 mg	1	PA, QL (8 tabs every 1 day)
hydrocodone-acetaminophen tab 5-300 mg	1	PA, QL (8 tabs every 1 day)
hydrocodone-acetaminophen tab 5-325 mg	1	PA, QL (8 tabs every 1 day)
hydrocodone-acetaminophen tab 7.5-300 mg	1	PA, QL (6 tabs every 1 day)
hydrocodone-acetaminophen tab 7.5-325 mg	1	PA, QL (6 tabs every 1 day)
hydrocodone-acetaminophen tab 10-300 mg	1	PA, QL (6 tabs every 1 day)
hydrocodone-acetaminophen tab 10-325 mg	1	PA, QL (6 tabs every 1 day)
hydrocodone-ibuprofen tab 5-200 mg	1	PA, QL (5 tabs every 1 day)
hydrocodone-ibuprofen tab 7.5-200 mg	1	PA, QL (5 tabs every 1 day)
hydrocodone-ibuprofen tab 10-200 mg	1	PA, QL (5 tabs every 1 day)
oxycodone w/ acetaminophen tab 2.5-325 mg	1	PA, QL (12 tabs every 1 day)
oxycodone w/ acetaminophen tab 5-325 mg	1	PA, QL (12 tabs every 1 day)
oxycodone w/ acetaminophen tab 7.5-325 mg	1	PA, QL (8 tabs every 1 day)
oxycodone w/ acetaminophen tab 10-325 mg	1	PA, QL (6 tabs every 1 day)

Drug Name	Drug Tier	Requirements/Limits
tramadol-acetaminophen tab 37.5-325 mg	1	PA, QL (8 tabs every 1 day)
trezix cap	1	PA, QL (10 caps every 1 day)
OPIOID PARTIAL AGONISTS		
BELBUCA MIS 75MCG	2	PA
BELBUCA MIS 150MCG	2	PA
BELBUCA MIS 300MCG	2	PA
BELBUCA MIS 450MCG	2	PA
BELBUCA MIS 600MCG	2	PA
BELBUCA MIS 750MCG	2	PA
BELBUCA MIS 900MCG	2	PA
buprenorphine hcl sl tab 2 mg (base equiv)	0	
buprenorphine hcl sl tab 8 mg (base equiv)	0	
buprenorphine hcl-naloxone hcl sl film 2-0.5 mg (base equiv)	1	
buprenorphine hcl-naloxone hcl sl film 4-1 mg (base equiv)	1	
buprenorphine hcl-naloxone hcl sl film 8-2 mg (base equiv)	1	
buprenorphine hcl-naloxone hcl sl film 12-3 mg (base equiv)	1	
buprenorphine hcl-naloxone hcl sl tab 2-0.5 mg (base equiv)	0	
buprenorphine hcl-naloxone hcl sl tab 8-2 mg (base equiv)	0	
buprenorphine td patch weekly 5 mcg/hr	1	PA
buprenorphine td patch weekly 7.5 mcg/hr	1	PA
buprenorphine td patch weekly 10 mcg/hr	1	PA
buprenorphine td patch weekly 15 mcg/hr	1	PA
buprenorphine td patch weekly 20 mcg/hr	1	PA
butorphanol tartrate nasal soln 10 mg/ml	1	PA
pentazocine w/ naloxone hcl tab 50-0.5 mg	1	PA
ZUBSOLV SUB 0.7-0.18	2	
ZUBSOLV SUB 1.4-0.36	2	
ZUBSOLV SUB 2.9-0.71	2	
ZUBSOLV SUB 5.7-1.4	2	
ZUBSOLV SUB 8.6-2.1	2	
ZUBSOLV SUB 11.4-2.9	2	
ANDROGENS-ANABOLIC		
ANDROGENS		
danazol cap 50 mg	1	
danazol cap 100 mg	1	
danazol cap 200 mg	1	
depo-testost inj 100mg/ml	1	PA

Drug Name	Drug Tier	Requirements/Limits
depo-testost inj 200mg/ml	1	PA
methitest tab 10mg	1	
methyltestosterone cap 10 mg	1	
NATESTO GEL 5.5MG	2	PA
testosterone cypionate im inj in oil 100 mg/ml	1	PA
testosterone cypionate im inj in oil 200 mg/ml	1	PA
testosterone enanthate im inj in oil 200 mg/ml	1	PA
testosterone td gel 10mg/act (2%)	1	PA
testosterone td gel 12.5 mg/act (1%)	1	PA
testosterone td gel 20.25 mg/1.25gm (1.62%)	1	PA
testosterone td gel 20.25 mg/act (1.62%)	1	PA
testosterone td gel 25 mg/2.5gm (1%)	1	PA
testosterone td gel 40.5 mg/2.5gm (1.62%)	1	PA
testosterone td gel 50 mg/5gm (1%)	1	PA
testosterone td soln 30 mg/act	1	PA
XYOSTED INJ 50/0.5ML	3	PA
XYOSTED INJ 75/0.5ML	3	PA
XYOSTED INJ 100/0.5	3	PA
ANORECTAL AND RELATED PRODUCTS		
INTRARECTAL STEROIDS		
budesonide rectal foam 2 mg/act	1	
CORTENEMA ENE 100MG	3	
CORTIFOAM AER 90MG	2	
hydrocortisone enema 100 mg/60ml	1	
UCERIS AER 2MG/ACT	3	
RECTAL COMBINATIONS		
ANALPRAM HC CRE 1-1%	3	
ANALPRAM HC CRE 2.5-1%	3	
ANALPRAM HC LOT 2.5%	3	
ANALPRAM-HC CRE 1-1%	3	
ANALPRAM-HC LOT 2.5%	3	
hydrocortisone acetate w/ pramoxine perianal cream 1-1%	1	
hydrocortisone acetate w/ pramoxine perianal cream 2.5-1%	1	
PROCORT CRE	3	
PROCTOFOAM AER HC 1%	2	
RECTAL STEROIDS		
ANUCORT-HC SUP 25MG	3	
ANUSOL-HC CRE 2.5%	3	
ANUSOL-HC SUP 25MG	3	
HEMMOREX-HC SUP 25MG	3	
HEMMOREX-HC SUP 30MG	3	

Drug Name	Drug Tier	Requirements/Limits
hydrocortisone acetate suppos 25 mg	1	
hydrocortisone acetate suppos 30 mg	1	
hydrocortisone perianal cream 2.5%	1	
procto-med cre hc 2.5%	1	
PROCTOCORT SUP 30MG	3	
proctosol hc cre 2.5%	1	
proctozone cre -hc 2.5%	1	
VASODILATING AGENTS		
nitroglycerin oint 0.4%	1	
RECTIV OIN 0.4%	3	
ANTHELMINTICS		
ANTHELMINTICS		
albendazole tab 200 mg	1	QL (336 tabs every year)
BENZNIDAZOLE TAB 12.5MG	3	
BENZNIDAZOLE TAB 100MG	3	
BILTRICIDE TAB 600MG	3	QL (24 tabs every year)
EMVERM CHW 100MG	2	QL (12 ea every year)
ivermectin tab 3 mg	1	
ivermectin tab 6 mg	1	
praziquantel tab 600 mg	1	QL (24 tabs every year)
STROMECTOL TAB 3MG	3	
ANTI-INFECTIVE AGENTS - MISC.		
ANTI-INFECTIVE AGENTS - MISC.		
AEMCOLO TAB 194MG	3	
CONTEPO INJ 6GM	3	
FLAGYL CAP 375MG	3	
IMPAVIDO CAP 50MG	3	
metronidazole cap 375 mg	1	
metronidazole tab 250 mg	1	
metronidazole tab 500 mg	1	
tinidazole tab 250 mg	1	
tinidazole tab 500 mg	1	
trimethoprim tab 100 mg	1	
XIFAXAN TAB 200MG	3	QL (9 tabs every 25 days)
XIFAXAN TAB 550MG	2	PA
ANTI-INFECTIVE MISC. - COMBINATIONS		
BACTRIM DS TAB 800-160	3	
BACTRIM TAB 400-80MG	3	
me/naphos/mb tab hyo 1	1	
sulfamethoxazole-trimethoprim susp 200-40 mg/5ml	1	
sulfamethoxazole-trimethoprim tab 400-80 mg	1	

Drug Name	Drug Tier	Requirements/Limits
sulfamethoxazole-trimethoprim tab 800-160 mg	1	
sulfatrim pd sus 200-40/5	1	
URELLE TAB	3	
uro-mp cap 118mg	1	
UROGESIC- TAB BLUE	3	
VILAMIT MB CAP 118MG	3	
VILEVEV MB TAB 81MG	3	
ANTIPROTOZOAL AGENTS		
atovaquone susp 750 mg/5ml	1	
LAMPIT TAB 30MG	3	
LAMPIT TAB 120MG	3	
MEPRON SUS	3	
nitazoxanide tab 500 mg	1	
GLYCOPEPTIDES		
VANCOCIN CAP 125MG	3	QL (80 caps every 10 days)
VANCOCIN CAP 250MG	3	QL (80 caps every 10 days)
vancomycin hcl cap 125 mg (base equivalent)	1	QL (80 caps every 10 days)
vancomycin hcl cap 250 mg (base equivalent)	1	QL (80 caps every 10 days)
vancomycin hcl for oral soln 25 mg/ml (base equivalent)	1	QL (450 mL every 10 days)
vancomycin hcl for oral soln 50 mg/ml (base equivalent)	1	QL (450 mL every 10 days)
LEPROSTATICS		
dapsone tab 25 mg	1	
dapsone tab 100 mg	1	
LINCOSAMIDES		
CLEOCIN CAP 75MG	3	
CLEOCIN CAP 150MG	3	
CLEOCIN CAP 300MG	3	
CLEOCIN PED SOL 75MG/5ML	3	
clindamycin hcl cap 75 mg	1	
clindamycin hcl cap 150 mg	1	
clindamycin hcl cap 300 mg	1	
clindamycin palmitate hcl for soln 75 mg/5ml (base equiv)	1	
OXAZOLIDINONES		
linezolid for susp 100 mg/5ml	1	PA
linezolid tab 600 mg	1	PA
SIVEXTRO TAB 200MG	3	
ZYVOX SUS 100MG/5M	3	PA
ZYVOX TAB 600MG	3	PA

Drug Name	Drug Tier	Requirements/Limits
PENEMS		
ORLYNVAH TAB 500-500	3	
URINARY ANTI-INFECTIVES		
BLUJEPA TAB 750MG	3	
fosfomycin tromethamine powd pack 3 gm (base equivalent)	1	
HIPREX TAB 1GM	3	
MACROBID CAP 100MG	3	
methenamine hippurate tab 1 gm	1	
methenamine mandelate tab 0.5 gm	1	
methenamine mandelate tab 1 gm	1	
nitrofurantoin macrocrystalline cap 25 mg	1	
nitrofurantoin macrocrystalline cap 50 mg	1	
nitrofurantoin macrocrystalline cap 100 mg	1	
nitrofurantoin monohydrate macrocrystalline cap 100 mg	1	
nitrofurantoin susp 25 mg/5ml	1	
ANTIANGINAL AGENTS		
ANTIANGINALS-OTHER		
ranolazine tab er 12hr 500 mg	1	
ranolazine tab er 12hr 1000 mg	1	
NITRATES		
ISORDIL TAB 5MG	3	
ISORDIL TAB 40MG	3	
isosorbide dinitrate tab 5 mg	1	
isosorbide dinitrate tab 10 mg	1	
isosorbide dinitrate tab 20 mg	1	
isosorbide dinitrate tab 30 mg	1	
isosorbide mononitrate tab 10 mg	1	
isosorbide mononitrate tab 20 mg	1	
isosorbide mononitrate tab er 24hr 30 mg	1	
isosorbide mononitrate tab er 24hr 60 mg	1	
isosorbide mononitrate tab er 24hr 120 mg	1	
nitro-bid oin 2%	1	
NITRO-DUR DIS 0.1MG/HR	3	
NITRO-DUR DIS 0.2MG/HR	3	
NITRO-DUR DIS 0.3MG/HR	3	
NITRO-DUR DIS 0.4MG/HR	3	
NITRO-DUR DIS 0.6MG/HR	3	
NITRO-DUR DIS 0.8MG/HR	3	
NITRO-TIME CAP 2.5MG ER	3	
NITRO-TIME CAP 6.5MG ER	3	
NITRO-TIME CAP 9MG ER	3	

Drug Name	Drug Tier	Requirements/Limits
nitroglycerin oint 2%	1	
nitroglycerin sl tab 0.3 mg	1	
nitroglycerin sl tab 0.4 mg	1	
nitroglycerin sl tab 0.6 mg	1	
nitroglycerin td patch 24hr 0.1 mg/hr	1	
nitroglycerin td patch 24hr 0.2 mg/hr	1	
nitroglycerin td patch 24hr 0.4 mg/hr	1	
nitroglycerin td patch 24hr 0.6 mg/hr	1	
nitroglycerin tl soln 0.4 mg/spray (400 mcg/spray)	1	
NITROLINGUAL SPR 400MCG	3	
NITROSTAT SUB 0.3MG	3	
NITROSTAT SUB 0.4MG	3	
NITROSTAT SUB 0.6MG	3	

ANTIANXIETY AGENTS

ANTIANXIETY AGENTS - MISC.

buspirone hcl tab 5 mg	1	
buspirone hcl tab 7.5 mg	1	
buspirone hcl tab 10 mg	1	
buspirone hcl tab 15 mg	1	
buspirone hcl tab 30 mg	1	
hydroxyzine hcl syrup 10 mg/5ml	1	
hydroxyzine hcl tab 10 mg	1	
hydroxyzine hcl tab 25 mg	1	
hydroxyzine hcl tab 50 mg	1	
hydroxyzine pamoate cap 25 mg	1	
hydroxyzine pamoate cap 50 mg	1	
hydroxyzine pamoate cap 100 mg	1	
meprobamate tab 200 mg	1	
meprobamate tab 400 mg	1	

BENZODIAZEPINES

ALPRAZOLAM CON 1 MG/ML	3	
alprazolam orally disintegrating tab 0.5 mg	1	
alprazolam orally disintegrating tab 0.25 mg	1	
alprazolam orally disintegrating tab 1 mg	1	
alprazolam orally disintegrating tab 2 mg	1	
alprazolam tab 0.5 mg	1	
alprazolam tab 0.5mg xr	1	
alprazolam tab 0.25 mg	1	
alprazolam tab 1 mg	1	
alprazolam tab 1mg xr	1	
alprazolam tab 2 mg	1	
alprazolam tab 2mg xr	1	

Drug Name	Drug Tier	Requirements/Limits
alprazolam tab 3mg xr	1	
alprazolam tab er 24hr 0.5 mg	1	
alprazolam tab er 24hr 1 mg	1	
alprazolam tab er 24hr 2 mg	1	
alprazolam tab er 24hr 3 mg	1	
chlordiazepoxide hcl cap 5 mg	1	
chlordiazepoxide hcl cap 10 mg	1	
chlordiazepoxide hcl cap 25 mg	1	
clorazepate dipotassium tab 3.75 mg	1	
clorazepate dipotassium tab 7.5 mg	1	
clorazepate dipotassium tab 15 mg	1	
diazepam con 5mg/ml	1	
diazepam conc 5 mg/ml	1	
diazepam oral soln 1 mg/ml	1	
diazepam tab 2 mg	1	
diazepam tab 5 mg	1	
diazepam tab 10 mg	1	
lorazepam conc 2 mg/ml	1	
lorazepam tab 0.5 mg	1	
lorazepam tab 1 mg	1	
lorazepam tab 2 mg	1	
LOREEV XR CAP 1.5MG	3	
LOREEV XR CAP 1MG	3	
LOREEV XR CAP 2MG	3	
LOREEV XR CAP 3MG	3	
oxazepam cap 10 mg	1	
oxazepam cap 15 mg	1	
oxazepam cap 30 mg	1	
VALIUM TAB 2MG	3	
VALIUM TAB 5MG	3	
VALIUM TAB 10MG	3	
ANTIARRHYTHMICS		
ANTIARRHYTHMICS TYPE I-A		
disopyramide phosphate cap 100 mg	1	
disopyramide phosphate cap 150 mg	1	
NORPACE CAP 100MG CR	3	
NORPACE CAP 150MG CR	3	
quinidine gluconate tab er 324 mg	1	
ANTIARRHYTHMICS TYPE I-B		
mexiletine hcl cap 150 mg	1	
mexiletine hcl cap 200 mg	1	
mexiletine hcl cap 250 mg	1	

Drug Name	Drug Tier	Requirements/Limits
ANTIARRHYTHMICS TYPE I-C		
flecainide acetate tab 50 mg	1	
flecainide acetate tab 100 mg	1	
flecainide acetate tab 150 mg	1	
propafenone hcl cap er 12hr 225 mg	1	
propafenone hcl cap er 12hr 325 mg	1	
propafenone hcl cap er 12hr 425 mg	1	
propafenone hcl tab 150 mg	1	
propafenone hcl tab 225 mg	1	
propafenone hcl tab 300 mg	1	
ANTIARRHYTHMICS TYPE III		
amiodarone hcl tab 100 mg	1	
amiodarone hcl tab 200 mg	1	
amiodarone hcl tab 400 mg	1	
dofetilide cap 125 mcg (0.125 mg)	1	
dofetilide cap 250 mcg (0.25 mg)	1	
dofetilide cap 500 mcg (0.5 mg)	1	
MULTAQ TAB 400MG	2	
pacerone tab 100mg	1	
pacerone tab 200mg	1	
pacerone tab 400mg	1	
TIKOSYN CAP 125MCG	3	
TIKOSYN CAP 250MCG	3	
TIKOSYN CAP 500MCG	3	
ANTIASTHMATIC AND BRONCHODILATOR AGENTS		
ANTI-INFLAMMATORY AGENTS		
cromolyn sodium soln nebu 20 mg/2ml	1	QL (8 mL every 1 day)
ANTIASTHMATIC - MONOCLONAL ANTIBODIES		
FASENRA INJ 10MG/0.5	2	PA, QL (1 syringe every 56 days)
FASENRA PEN INJ 30MG/ML	2	PA, QL (1 pens every 28 days)
NUCALA INJ 40MG/0.4	2	PA, QL (1 syringe every 28 days)
NUCALA INJ 100MG/ML	2	PA, QL (3 pens every 28 days)
NUCALA INJ 100MG/ML	2	PA, QL (3 syringes every 28 days)
TEZSPIRE INJ 210MG	2	PA, QL (1 pen every 28 days)
XOLAIR INJ 75/0.5	2	PA, QL (2 pens every 28 days)

Drug Name	Drug Tier	Requirements/Limits
XOLAIR INJ 75/0.5	2	PA, QL (2 syringes every 28 days)
XOLAIR INJ 150MG/ML	2	PA, QL (8 pens every 28 days)
XOLAIR INJ 150MG/ML	2	PA, QL (8 syringes every 28 days)
XOLAIR INJ 300/2ML	2	PA, QL (4 pens every 28 days)
XOLAIR INJ 300/2ML	2	PA, QL (4 syringes every 28 days)
BRONCHODILATORS - ANTICHOLINERGICS		
ATROVENT HFA AER 17MCG	3	QL (2 packages every 25 days)
ipratropium bromide hfa inhal aerosol 17 mcg/act	1	QL (1 package every 25 days)
ipratropium bromide inhal soln 0.02%	1	QL (120 vials every 30 days)
SPIRIVA CAP HANDIHLR	1	PA, QL (1 cap every 1 day); Brand preferred over generic
SPIRIVA RESP AER 1.25MCG	2	QL (1 package every 25 days)
SPIRIVA RESP AER 2.5MCG	2	QL (1 package every 25 days)
YUPELRI NEB 175/3ML	2	QL (3 mL every 1 day)
LEUKOTRIENE MODULATORS		
ACCOLATE TAB 10MG	3	
ACCOLATE TAB 20MG	3	
montelukast sodium chew tab 4 mg (base equiv)	1	
montelukast sodium chew tab 5 mg (base equiv)	1	
montelukast sodium oral granules packet 4 mg (base equiv)	1	
montelukast sodium tab 10 mg (base equiv)	1	
zafirlukast tab 10 mg	1	
zafirlukast tab 20 mg	1	
ZYFLO TAB 600MG	3	
SELECTIVE PHOSPHODIESTERASE 4 (PDE4) INHIBITORS		
roflumilast tab 250 mcg	1	
roflumilast tab 500 mcg	1	
STEROID INHALANTS		
ASMANEX HFA AER 50MCG	2	QL (1 package every 25 days)

Drug Name	Drug Tier	Requirements/Limits
ASMANEX HFA AER 100 MCG	2	QL (1 package every 25 days)
ASMANEX HFA AER 200 MCG	2	QL (1 package every 25 days)
beclomethasone diprop inhal aero soln 40 mcg/act (50/valve)	1	
beclomethasone diprop inhal aers 100 mcg/act (80/delivery)	1	
budesonide inhalation susp 0.5 mg/2ml	1	QL (4 mL every 1 day)
budesonide inhalation susp 0.25 mg/2ml	1	QL (6 mL every 1 day)
budesonide inhalation susp 1 mg/2ml	1	QL (2 mL every 1 day)
fluticasone furoate aerosol powder breath activ 50 mcg/act	1	QL (1 package every 25 days)
fluticasone furoate aerosol powder breath activ 100 mcg/act	1	QL (1 blister every 1 day)
fluticasone furoate aerosol powder breath activ 200 mcg/act	1	QL (1 blister every 1 day)
fluticasone propionate hfa inhal aero 44 mcg/act	1	QL (1 package every 25 days)
PULMICORT INH 90MCG	2	QL (3 inhalers every 25 days)
PULMICORT INH 180MCG	2	QL (2 inhalers every 25 days)
PULMICORT SUS 0.5MG/2	3	QL (4 mL every 1 day)
PULMICORT SUS 0.25MG/2	3	QL (6 mL every 1 day)
PULMICORT SUS 1MG/2ML	3	QL (2 mL every 1 day)
SYMPATHOMIMETICS		
AIRSUPRA AER 90-80MCG	2	QL (3 packages every 28 days)
albuterol sulfate inhal aero 108 mcg/act (90mcg base equiv)	1	QL (2 packages every 25 days)
albuterol sulfate soln nebu 0.5% (5 mg/ml)	1	QL (4 ea every 1 day)
albuterol sulfate soln nebu 0.63 mg/3ml (base equiv)	1	QL (12.5 mL every 1 day)
albuterol sulfate soln nebu 0.083% (2.5 mg/3ml)	1	QL (12.5 mL every 1 day)
albuterol sulfate soln nebu 1.25 mg/3ml (base equiv)	1	QL (12.5 mL every 1 day)
albuterol sulfate syrup 2 mg/5ml	1	
albuterol sulfate tab 2 mg	1	
albuterol sulfate tab 4 mg	1	
ANORO ELLIPT AER 62.5-25	2	PA, QL (2 blisters every 1 day); Brand preferred over generic

Drug Name	Drug Tier	Requirements/Limits
arformoterol tartrate soln nebu 15 mcg/2ml (base equiv)	1	QL (4 mL every 1 day)
BREO ELLIPTA INH 50-25MCG	2	QL (60 blisters every 30 days)
BREO ELLIPTA INH 100-25	2	PA, QL (2 blisters every 1 day); Brand preferred over generic
BREO ELLIPTA INH 200-25	2	PA, QL (2 blisters every 1 day); Brand preferred over generic
breyna aer 80/4.5	1	QL (3 packages every 25 days)
breyna aer 160/4.5	1	QL (3 packages every 25 days)
BREZTRI AERO AER 9MCG	2	QL (1 inhaler every 25 days)
BREZTRI AERO AER 18MCG	2	QL (1 inhaler every 25 days)
BROVANA NEB 15MCG	3	QL (4 mL every 1 day)
budesonide-formoterol fumarate dihyd aerosol 80-4.5 mcg/act	1	QL (3 packages every 25 days)
budesonide-formoterol fumarate dihyd aerosol 160-4.5 mcg/act	1	QL (3 packages every 25 days)
fluticasone-salmeterol aer powder ba 100-50 mcg/act	1	QL (2 inhalations every 1 day)
fluticasone-salmeterol aer powder ba 250-50 mcg/act	1	QL (2 inhalations every 1 day)
fluticasone-salmeterol aer powder ba 500-50 mcg/act	1	QL (2 inhalations every 1 day)
formoterol fumarate soln nebu 20 mcg/2ml	1	QL (4 mL every 1 day)
ipratropium-albuterol nebu soln 0.5-2.5(3) mg/3ml	1	QL (18 bottles every 1 day)
levalbuterol hcl soln nebu 0.31 mg/3ml (base equiv)	1	QL (10 mL every 1 day)
levalbuterol hcl soln nebu 0.63 mg/3ml (base equiv)	1	QL (10 mL every 1 day)
levalbuterol hcl soln nebu 1.25 mg/3ml (base equiv)	1	QL (10 mL every 1 day)
levalbuterol hcl soln nebu conc 1.25 mg/0.5ml (base equiv)	1	QL (3 ea every 1 day)
levalbuterol tartrate inhal aerosol 45 mcg/act (base equiv)	1	QL (2 inhalers every 30 days)
PERFOROMIST NEB 20MCG	3	QL (4 mL every 1 day)
SEREVENT DIS AER 50MCG	2	QL (2 inhalations every 1 day)

Drug Name	Drug Tier	Requirements/Limits
STIOLTO AER 2.5-2.5	2	QL (1 package every 25 days)
STRIVERDI AER 2.5MCG	2	QL (1 package every 25 days)
terbutaline sulfate tab 2.5 mg	1	
terbutaline sulfate tab 5 mg	1	
TRELEGY AER 100MCG	2	QL (1 inhaler every 30 days)
TRELEGY AER 200MCG	2	QL (1 inhaler every 30 days)
wixela inhub aer 100/50	1	QL (2 inhalations every 1 day)
wixela inhub aer 250/50	1	QL (2 inhalations every 1 day)
wixela inhub aer 500/50	1	QL (2 inhalations every 1 day)
XANTHINES		
elixophyllin elx 80/15ml	1	
theophylline elixir 80 mg/15ml	1	
theophylline soln 80 mg/15ml	1	
theophylline tab er 12hr 300 mg	1	
theophylline tab er 12hr 450 mg	1	
theophylline tab er 24hr 400 mg	1	
theophylline tab er 24hr 600 mg	1	
ANTICOAGULANTS		
COUMARIN ANTICOAGULANTS		
jantoven tab 1mg	1	
jantoven tab 2.5mg	1	
jantoven tab 2mg	1	
jantoven tab 3mg	1	
jantoven tab 4mg	1	
jantoven tab 5mg	1	
jantoven tab 6mg	1	
jantoven tab 7.5mg	1	
jantoven tab 10mg	1	
warfarin sodium tab 1 mg	1	
warfarin sodium tab 2 mg	1	
warfarin sodium tab 2.5 mg	1	
warfarin sodium tab 3 mg	1	
warfarin sodium tab 4 mg	1	
warfarin sodium tab 5 mg	1	
warfarin sodium tab 6 mg	1	
warfarin sodium tab 7.5 mg	1	
warfarin sodium tab 10 mg	1	

Drug Name	Drug Tier	Requirements/Limits
DIRECT FACTOR XA INHIBITORS		
ELIQUIS CAP 0.15MG	2	
ELIQUIS ST P TAB 5MG	2	
ELIQUIS TAB 0.5MG	2	
ELIQUIS TAB 1.5MG	2	
ELIQUIS TAB 2.5MG	2	
ELIQUIS TAB 2MG	2	
ELIQUIS TAB 5MG	2	
rivaroxaban for susp 1 mg/ml	1	
rivaroxaban tab 2.5 mg	1	
XARELTO STAR TAB 15/20MG	2	
XARELTO SUS 1MG/ML	2	
XARELTO TAB 2.5MG	2	
XARELTO TAB 10MG	2	
XARELTO TAB 15MG	2	
XARELTO TAB 20MG	2	
HEPARINS AND HEPARINOID-LIKE AGENTS		
ARIXTRA INJ 2.5/0.5	3	
ARIXTRA INJ 5/0.4ML	3	
ARIXTRA INJ 7.5/0.6	3	
ARIXTRA INJ 10/0.8ML	3	
enoxaparin sodium inj 300 mg/3ml	1	
enoxaparin sodium inj soln pref syr 30 mg/0.3ml	1	
enoxaparin sodium inj soln pref syr 40 mg/0.4ml	1	
enoxaparin sodium inj soln pref syr 60 mg/0.6ml	1	
enoxaparin sodium inj soln pref syr 80 mg/0.8ml	1	
enoxaparin sodium inj soln pref syr 100 mg/ml	1	
enoxaparin sodium inj soln pref syr 120 mg/0.8ml	1	
enoxaparin sodium inj soln pref syr 150 mg/ml	1	
fondaparinux sodium subcutaneous inj 2.5 mg/0.5ml	1	
fondaparinux sodium subcutaneous inj 5 mg/0.4ml	1	
fondaparinux sodium subcutaneous inj 7.5 mg/0.6ml	1	
fondaparinux sodium subcutaneous inj 10 mg/0.8ml	1	
FRAGMIN INJ 2500/0.2	3	
FRAGMIN INJ 2500/ML	3	

Drug Name	Drug Tier	Requirements/Limits
FRAGMIN INJ 5000/0.2	3	
FRAGMIN INJ 7500/0.3	3	
FRAGMIN INJ 10000/ML	3	
FRAGMIN INJ 12500UNT	3	
FRAGMIN INJ 15000UNT	3	
FRAGMIN INJ 18000UNT	3	
FRAGMIN INJ 95000UNT	3	
heparin sodium (porcine) inj 1000 unit/ml	1	
heparin sodium (porcine) inj 5000 unit/ml	1	
heparin sodium (porcine) inj 10000 unit/ml	1	
heparin sodium (porcine) inj 20000 unit/ml	1	
heparin sodium (porcine) pf inj 1000 unit/ml	1	
heparin sodium (porcine) pf inj 5000 unit/0.5ml	1	
LOVENOX INJ 30/0.3ML	3	
LOVENOX INJ 40/0.4ML	3	
LOVENOX INJ 60/0.6ML	3	
LOVENOX INJ 80/0.8ML	3	
LOVENOX INJ 100MG/ML	3	
LOVENOX INJ 120/0.8	3	
LOVENOX INJ 150MG/ML	3	
LOVENOX INJ 300/3ML	3	
THROMBIN INHIBITORS		
dabigatran etexilate mesylate cap 75 mg (etexilate base eq)	1	
dabigatran etexilate mesylate cap 110 mg (etexilate base eq)	1	
dabigatran etexilate mesylate cap 150 mg (etexilate base eq)	1	
ANTICONVULSANTS		
AMPA GLUTAMATE RECEPTOR ANTAGONISTS		
FYCOMPA SUS 0.5MG/ML	3	
FYCOMPA TAB 2MG	3	
FYCOMPA TAB 4MG	3	
FYCOMPA TAB 6MG	3	
FYCOMPA TAB 8MG	3	
FYCOMPA TAB 10MG	3	
FYCOMPA TAB 12MG	3	
perampanel susp 0.5 mg/ml	1	
perampanel tab 2 mg	1	
perampanel tab 4 mg	1	
perampanel tab 6 mg	1	
perampanel tab 8 mg	1	
perampanel tab 10 mg	1	

Drug Name	Drug Tier	Requirements/Limits
perampanel tab 12 mg	1	
ANTICONVULSANTS - BENZODIAZEPINES		
clobazam suspension 2.5 mg/ml	1	
clobazam tab 10 mg	1	
clobazam tab 20 mg	1	
clonazepam orally disintegrating tab 0.5 mg	1	
clonazepam orally disintegrating tab 0.25 mg	1	
clonazepam orally disintegrating tab 0.125 mg	1	
clonazepam orally disintegrating tab 1 mg	1	
clonazepam orally disintegrating tab 2 mg	1	
clonazepam tab 0.5 mg	1	
clonazepam tab 1 mg	1	
clonazepam tab 2 mg	1	
diazepam rectal gel delivery system 2.5 mg	1	
diazepam rectal gel delivery system 10 mg	1	
diazepam rectal gel delivery system 20 mg	1	
KLONOPIN TAB 0.5MG	3	
KLONOPIN TAB 1MG	3	
KLONOPIN TAB 2MG	3	
NAYZILAM SPR 5MG	2	PA
VALTOCO SPR 5MG	2	
VALTOCO SPR 10MG	2	
VALTOCO SPR 15MG	2	
VALTOCO SPR 20MG	2	
ANTICONVULSANTS - MISC.		
APTIOM TAB 200MG	3	
APTIOM TAB 400MG	3	
APTIOM TAB 600MG	3	
APTIOM TAB 800MG	3	
brivaracetam oral soln 10 mg/ml	1	
brivaracetam tab 10 mg	1	
brivaracetam tab 25 mg	1	
brivaracetam tab 50 mg	1	
brivaracetam tab 75 mg	1	
brivaracetam tab 100 mg	1	
BRIVIACT SOL 10MG/ML	3	
BRIVIACT TAB 10MG	3	
BRIVIACT TAB 25MG	3	
BRIVIACT TAB 50MG	3	
BRIVIACT TAB 75MG	3	
BRIVIACT TAB 100MG	3	
carbamazepine cap er 12hr 100 mg	1	
carbamazepine cap er 12hr 200 mg	1	

Drug Name	Drug Tier	Requirements/Limits
carbamazepine cap er 12hr 300 mg	1	
carbamazepine chew tab 100 mg	1	
carbamazepine chew tab 200 mg	1	
carbamazepine susp 100 mg/5ml	1	
carbamazepine tab 200 mg	1	
carbamazepine tab er 12hr 100 mg	1	
carbamazepine tab er 12hr 200 mg	1	
carbamazepine tab er 12hr 400 mg	1	
CARBATROL CAP 100MG	3	
CARBATROL CAP 200MG	3	
CARBATROL CAP 300MG	3	
EPIDIOLEX SOL 100MG/ML	3	PA, QL (26.667 mL every 1 day)
epitol tab 200mg	1	
eslicarbazepine acetate tab 200 mg	1	
eslicarbazepine acetate tab 400 mg	1	
eslicarbazepine acetate tab 600 mg	1	
eslicarbazepine acetate tab 800 mg	1	
gabapentin cap 100 mg	1	QL (6 caps every 1 day)
gabapentin cap 200 mg	1	QL (6 caps every 1 day)
gabapentin cap 300 mg	1	QL (6 caps every 1 day)
gabapentin cap 400 mg	1	QL (6 caps every 1 day)
gabapentin oral soln 250 mg/5ml	1	QL (72 mL every 1 day)
gabapentin tab 600 mg	1	QL (6 tabs every 1 day)
gabapentin tab 800 mg	1	QL (4 tabs every 1 day)
lacosamide oral solution 10 mg/ml	1	
lacosamide tab 50 mg	1	
lacosamide tab 100 mg	1	
lacosamide tab 150 mg	1	
lacosamide tab 200 mg	1	
lamotrigine orally disintegrating tab 25 mg	1	
lamotrigine orally disintegrating tab 50 mg	1	
lamotrigine orally disintegrating tab 100 mg	1	
lamotrigine orally disintegrating tab 200 mg	1	
lamotrigine tab 25 mg	1	
lamotrigine tab 25 mg (42) & 100 mg (7) starter kit	1	
lamotrigine tab 35 x 25 mg starter kit	1	
lamotrigine tab 84 x 25 mg & 14 x 100 mg starter kit	1	
lamotrigine tab 100 mg	1	
lamotrigine tab 150 mg	1	
lamotrigine tab 200 mg	1	
lamotrigine tab chewable dispersible 5 mg	1	

Drug Name	Drug Tier	Requirements/Limits
lamotrigine tab chewable dispersible 25 mg	1	
lamotrigine tab disint 21 x 25 mg & 7 x 50 mg titration kit	1	
lamotrigine tab disint 25 (14) & 50 mg (14) & 100 mg (7) kit	1	
lamotrigine tab disint 42 x 50mg & 14 x 100mg titration kit	1	
lamotrigine tab er 24hr 25 mg	1	
lamotrigine tab er 24hr 50 mg	1	
lamotrigine tab er 24hr 100 mg	1	
lamotrigine tab er 24hr 200 mg	1	
lamotrigine tab er 24hr 250 mg	1	
lamotrigine tab er 24hr 300 mg	1	
levetiracetam oral soln 100 mg/ml	1	
levetiracetam tab 250 mg	1	
levetiracetam tab 500 mg	1	
levetiracetam tab 750 mg	1	
levetiracetam tab 1000 mg	1	
levetiracetam tab disintegrating soluble 250 mg	1	
levetiracetam tab er 24hr 500 mg	1	
levetiracetam tab er 24hr 750 mg	1	
MYSOLINE TAB 50MG	3	
MYSOLINE TAB 250MG	3	
NEURONTIN CAP 100MG	3	QL (6 caps every 1 day)
NEURONTIN CAP 300MG	3	QL (6 caps every 1 day)
NEURONTIN CAP 400MG	3	QL (6 caps every 1 day)
NEURONTIN SOL 250/5ML	3	QL (72 mL every 1 day)
NEURONTIN TAB 600MG	3	QL (6 tabs every 1 day)
NEURONTIN TAB 800MG	3	QL (4 tabs every 1 day)
oxcarbazepine susp 300 mg/5ml (60 mg/ml)	1	
oxcarbazepine tab 150 mg	1	
oxcarbazepine tab 300 mg	1	
oxcarbazepine tab 600 mg	1	
oxcarbazepine tab er 24hr 150 mg	1	
oxcarbazepine tab er 24hr 300 mg	1	
oxcarbazepine tab er 24hr 600 mg	1	
OXTELLAR XR TAB 150MG	2	
OXTELLAR XR TAB 300MG	2	
OXTELLAR XR TAB 600MG	2	
pregabalin cap 25 mg	1	PA
pregabalin cap 50 mg	1	PA
pregabalin cap 75 mg	1	PA
pregabalin cap 100 mg	1	PA
pregabalin cap 150 mg	1	PA

Drug Name	Drug Tier	Requirements/Limits
pregabalin cap 200 mg	1	PA
pregabalin cap 225 mg	1	PA
pregabalin cap 300 mg	1	PA
pregabalin soln 20 mg/ml	1	QL (30 mL every 1 day)
primidone tab 50 mg	1	
primidone tab 250 mg	1	
QUDEXY XR CAP 25/24HR	3	
QUDEXY XR CAP 50/24HR	3	
QUDEXY XR CAP 100/24HR	3	
QUDEXY XR CAP 150/24HR	3	
QUDEXY XR CAP 200/24HR	3	
roweepra tab 500mg	1	
rufinamide susp 40 mg/ml	1	
rufinamide tab 200 mg	1	
rufinamide tab 400 mg	1	
subvenite kit start 35	1	
subvenite kit start 49	1	
subvenite kit start 98	1	
subvenite tab 25mg	1	
subvenite tab 100mg	1	
subvenite tab 150mg	1	
subvenite tab 200mg	1	
TOPAMAX SPR CAP 15MG	3	
TOPAMAX SPR CAP 25MG	3	
TOPAMAX TAB 25MG	3	
TOPAMAX TAB 50MG	3	
TOPAMAX TAB 100MG	3	
TOPAMAX TAB 200MG	3	
topiramate cap er 24hr 25 mg	1	
topiramate cap er 24hr 50 mg	1	
topiramate cap er 24hr 100 mg	1	
topiramate cap er 24hr 200 mg	1	
topiramate oral soln 25 mg/ml	1	
topiramate sprinkle cap 15 mg	1	
topiramate sprinkle cap 25 mg	1	
topiramate sprinkle cap 50 mg	1	
topiramate tab 25 mg	1	
topiramate tab 50 mg	1	
topiramate tab 100 mg	1	
topiramate tab 200 mg	1	
TROKENDI XR CAP 25MG	3	
TROKENDI XR CAP 50MG	3	
TROKENDI XR CAP 100MG	3	
TROKENDI XR CAP 200MG	3	

Drug Name	Drug Tier	Requirements/Limits
zonisamide cap 25 mg	1	
zonisamide cap 50 mg	1	
zonisamide cap 100 mg	1	
CARBAMATES		
felbamate susp 600 mg/5ml	1	
felbamate tab 400 mg	1	
felbamate tab 600 mg	1	
FELBATOL TAB 400MG	3	
FELBATOL TAB 600MG	3	
XCOPRI PAK 12.5-25	2	
XCOPRI PAK 50-100MG	2	
XCOPRI PAK 100-150	2	
XCOPRI PAK 150-200	2	
XCOPRI TAB 25MG	2	
XCOPRI TAB 50MG	2	
XCOPRI TAB 100MG	2	
XCOPRI TAB 150MG	2	
XCOPRI TAB 200MG	2	
GABA MODULATORS		
tiagabine hcl tab 2 mg	1	
tiagabine hcl tab 4 mg	1	
tiagabine hcl tab 12 mg	1	
tiagabine hcl tab 16 mg	1	
vigabatrin powd pack 500 mg	1	PA, QL (6 packets every 1 day)
vigabatrin tab 500 mg	1	PA, QL (6 tabs every 1 day)
vigadrone pow 500mg	1	PA, QL (6 packets every 1 day)
vigadrone tab 500mg	1	PA, QL (6 tabs every 1 day)
vigpoder pow 500mg	1	PA, QL (6 packets every 1 day)
HYDANTOINS		
phenytek cap 200mg	1	
phenytek cap 300mg	1	
phenytoin chew tab 50 mg	1	
phenytoin sodium extended cap 100 mg	1	
phenytoin sodium extended cap 200 mg	1	
phenytoin sodium extended cap 300 mg	1	
phenytoin susp 125 mg/5ml	1	
SUCCINIMIDES		
CELONTIN CAP 300MG	3	
ethosuximide cap 250 mg	1	
ethosuximide soln 250 mg/5ml	1	

Drug Name	Drug Tier	Requirements/Limits
methsuximide cap 300 mg	1	
ZARONTIN CAP 250MG	3	
ZARONTIN SOL 250/5ML	3	
VALPROIC ACID		
divalproex sodium cap delayed release sprinkle 125 mg	1	
divalproex sodium tab delayed release 125 mg	1	
divalproex sodium tab delayed release 250 mg	1	
divalproex sodium tab delayed release 500 mg	1	
divalproex sodium tab er 24 hr 250 mg	1	
divalproex sodium tab er 24 hr 500 mg	1	
valproate sodium oral soln 250 mg/5ml (base equiv)	1	
valproic acid cap 250 mg	1	
ANTIDEPRESSANTS		
ALPHA-2 RECEPTOR ANTAGONISTS (TETRACYCLICS)		
mirtazapine orally disintegrating tab 15 mg	1	
mirtazapine orally disintegrating tab 30 mg	1	
mirtazapine orally disintegrating tab 45 mg	1	
mirtazapine tab 7.5 mg	1	
mirtazapine tab 15 mg	1	
mirtazapine tab 30 mg	1	
mirtazapine tab 45 mg	1	
REMERON SLTB TAB 15MG	3	
REMERON SLTB TAB 30MG	3	
REMERON SLTB TAB 45MG	3	
REMERON TAB 15MG	3	
REMERON TAB 30MG	3	
ANTIDEPRESSANT COMBINATIONS		
AUVELITY TAB 45-105MG	2	PA, QL (2 tabs every 1 day)
AUVELITY TAB TITRATIO	2	PA, QL (2 tabs every 1 day)
ANTIDEPRESSANTS - MISC.		
bupropion hcl tab 75 mg	1	
bupropion hcl tab 100 mg	1	
bupropion hcl tab er 12hr 100 mg	1	
bupropion hcl tab er 12hr 150 mg	1	
bupropion hcl tab er 12hr 200 mg	1	
bupropion hcl tab er 24hr 150 mg	1	
bupropion hcl tab er 24hr 300 mg	1	
FORFIVO XL TAB 450MG	3	
WELLBUTRIN TAB 100MG SR	3	
WELLBUTRIN TAB 150MG SR	3	
WELLBUTRIN TAB 200MG SR	3	

Drug Name	Drug Tier	Requirements/Limits
GABA RECEPTOR MODULATOR - NEUROACTIVE STEROID		
ZURZUVAE CAP 20MG	2	PA, QL (2 caps every 1 day)
ZURZUVAE CAP 25MG	2	PA, QL (2 caps every 1 day)
ZURZUVAE CAP 30MG	2	PA, QL (1 cap every 1 day)
MONOAMINE OXIDASE INHIBITORS (MAOIS)		
EMSAM DIS 6MG/24HR	3	
EMSAM DIS 9MG/24HR	3	
EMSAM DIS 12MG/24H	3	
MARPLAN TAB 10MG	3	
NARDIL TAB 15MG	3	
PARNATE TAB 10MG	3	
phenelzine sulfate tab 15 mg	1	
tranylcypromine sulfate tab 10 mg	1	
N-METHYL-D-ASPARTIC ACID (NMDA) RECEPTOR ANTAGONISTS		
SPRAVATO SOL 56MG DOS	2	PA
SPRAVATO SOL 84MG DOS	2	PA
SELECTIVE SEROTONIN REUPTAKE INHIBITORS (SSRIS)		
CELEXA TAB 10MG	3	
CELEXA TAB 20MG	3	
CELEXA TAB 40MG	3	
citalopram hydrobromide cap 30 mg	1	
citalopram hydrobromide oral soln 10 mg/5ml	1	
citalopram hydrobromide tab 10 mg (base equiv)	1	
citalopram hydrobromide tab 20 mg (base equiv)	1	
citalopram hydrobromide tab 40 mg (base equiv)	1	
escitalopram oxalate soln 5 mg/5ml (base equiv)	1	
escitalopram oxalate tab 5 mg (base equiv)	1	
escitalopram oxalate tab 10 mg (base equiv)	1	
escitalopram oxalate tab 20 mg (base equiv)	1	
fluoxetine hcl cap 10 mg	1	
fluoxetine hcl cap 20 mg	1	
fluoxetine hcl cap 40 mg	1	
fluoxetine hcl cap delayed release 90 mg	1	
fluoxetine hcl solution 20 mg/5ml	1	
fluoxetine hcl tab 10 mg	1	
fluoxetine hcl tab 20 mg	1	
fluvoxamine maleate cap er 24hr 100 mg	1	
fluvoxamine maleate cap er 24hr 150 mg	1	
fluvoxamine maleate tab 25 mg	1	

Drug Name	Drug Tier	Requirements/Limits
fluvoxamine maleate tab 50 mg	1	
fluvoxamine maleate tab 100 mg	1	
paroxetine hcl oral susp 10 mg/5ml (base equiv)	1	
paroxetine hcl tab 10 mg	1	
paroxetine hcl tab 20 mg	1	
paroxetine hcl tab 30 mg	1	
paroxetine hcl tab 40 mg	1	
paroxetine hcl tab er 24hr 12.5 mg	1	
paroxetine hcl tab er 24hr 25 mg	1	
paroxetine hcl tab er 24hr 37.5 mg	1	
sertraline hcl cap 150 mg	1	
sertraline hcl cap 200 mg	1	
sertraline hcl oral concentrate for solution 20 mg/ml	1	
sertraline hcl tab 25 mg	1	
sertraline hcl tab 50 mg	1	
sertraline hcl tab 100 mg	1	
SEROTONIN MODULATORS		
nefazodone hcl tab 50 mg	1	
nefazodone hcl tab 100 mg	1	
nefazodone hcl tab 150 mg	1	
nefazodone hcl tab 200 mg	1	
nefazodone hcl tab 250 mg	1	
trazodone hcl tab 50 mg	1	
trazodone hcl tab 100 mg	1	
trazodone hcl tab 150 mg	1	
trazodone hcl tab 300 mg	1	
TRINTELLIX TAB 5MG	2	
TRINTELLIX TAB 10MG	2	
TRINTELLIX TAB 20MG	2	
vilazodone hcl tab 10 mg	1	
vilazodone hcl tab 20 mg	1	
vilazodone hcl tab 40 mg	1	
SEROTONIN-NOREPINEPHRINE REUPTAKE INHIBITORS (SNRIS)		
DESVENLAFAX TAB 50MG ER	3	
DESVENLAFAX TAB 100MG ER	3	
desvenlafaxine succinate tab er 24hr 25 mg (base equiv)	1	
desvenlafaxine succinate tab er 24hr 50 mg (base equiv)	1	
desvenlafaxine succinate tab er 24hr 100 mg (base equiv)	1	
duloxetine hcl enteric coated pellets cap 20 mg (base eq)	1	

Drug Name	Drug Tier	Requirements/Limits
duloxetine hcl enteric coated pellets cap 30 mg (base eq)	1	
duloxetine hcl enteric coated pellets cap 40 mg (base eq)	1	
duloxetine hcl enteric coated pellets cap 60 mg (base eq)	1	
FETZIMA CAP 20MG	3	
FETZIMA CAP 40MG	3	
FETZIMA CAP 80MG	3	
FETZIMA CAP 120MG	3	
FETZIMA CAP TITRATIO	3	
venlafaxine hcl cap er 24hr 37.5 mg (base equivalent)	1	
venlafaxine hcl cap er 24hr 75 mg (base equivalent)	1	
venlafaxine hcl cap er 24hr 150 mg (base equivalent)	1	
venlafaxine hcl tab 25 mg (base equivalent)	1	
venlafaxine hcl tab 37.5 mg (base equivalent)	1	
venlafaxine hcl tab 50 mg (base equivalent)	1	
venlafaxine hcl tab 75 mg (base equivalent)	1	
venlafaxine hcl tab 100 mg (base equivalent)	1	
venlafaxine hcl tab er 24hr 225 mg (base equivalent)	1	
TRICYCLIC AGENTS		
amitriptyline hcl tab 10 mg	1	
amitriptyline hcl tab 25 mg	1	
amitriptyline hcl tab 50 mg	1	
amitriptyline hcl tab 75 mg	1	
amitriptyline hcl tab 100 mg	1	
amitriptyline hcl tab 150 mg	1	
amoxapine tab 25 mg	1	
amoxapine tab 50 mg	1	
amoxapine tab 100 mg	1	
amoxapine tab 150 mg	1	
ANAFRANIL CAP 25MG	3	
ANAFRANIL CAP 50MG	3	
ANAFRANIL CAP 75MG	3	
clomipramine hcl cap 25 mg	1	
clomipramine hcl cap 50 mg	1	
clomipramine hcl cap 75 mg	1	
desipramine hcl tab 10 mg	1	
desipramine hcl tab 25 mg	1	
desipramine hcl tab 50 mg	1	

Drug Name	Drug Tier	Requirements/Limits
desipramine hcl tab 75 mg	1	
desipramine hcl tab 100 mg	1	
desipramine hcl tab 150 mg	1	
doxepin hcl cap 10 mg	1	
doxepin hcl cap 25 mg	1	
doxepin hcl cap 50 mg	1	
doxepin hcl cap 75 mg	1	
doxepin hcl cap 100 mg	1	
doxepin hcl cap 150 mg	1	
doxepin hcl conc 10 mg/ml	1	
imipramine hcl tab 10 mg	1	
imipramine hcl tab 25 mg	1	
imipramine hcl tab 50 mg	1	
imipramine pamoate cap 75 mg	1	
imipramine pamoate cap 100 mg	1	
imipramine pamoate cap 125 mg	1	
imipramine pamoate cap 150 mg	1	
NORPRAMIN TAB 10MG	3	
NORPRAMIN TAB 25MG	3	
nortriptyline hcl cap 10 mg	1	
nortriptyline hcl cap 25 mg	1	
nortriptyline hcl cap 50 mg	1	
nortriptyline hcl cap 75 mg	1	
nortriptyline hcl soln 10 mg/5ml	1	
PAMELOR CAP 10MG	3	
PAMELOR CAP 25MG	3	
PAMELOR CAP 50MG	3	
PAMELOR CAP 75MG	3	
protriptyline hcl tab 5 mg	1	
protriptyline hcl tab 10 mg	1	
trimipramine maleate cap 25 mg	1	
trimipramine maleate cap 50 mg	1	
trimipramine maleate cap 100 mg	1	
ANTIDIABETICS		
ALPHA-GLUCOSIDASE INHIBITORS		
acarbose tab 25 mg	1	
acarbose tab 50 mg	1	
acarbose tab 100 mg	1	
miglitol tab 25 mg	1	
miglitol tab 50 mg	1	
miglitol tab 100 mg	1	
ANTIDIABETIC - AMYLIN ANALOGS		
SYMLINPEN 60 INJ 1000MCG	2	ST

Drug Name	Drug Tier	Requirements/Limits
SYMLNPEN 120 INJ 1000MCG	2	ST
ANTIDIABETIC COMBINATIONS		
ACTOPLUS MET TAB 15-850MG	3	
dapagliflozin free base-metformin hcl tab er 24hr 5-500 mg	1	ST
dapagliflozin free base-metformin hcl tab er 24hr 5-1000 mg	1	ST
dapagliflozin free base-metformin hcl tab er 24hr 10-500 mg	1	ST
dapagliflozin free base-metformin hcl tab er 24hr 10-1000 mg	1	ST
DUETACT TAB 30-2MG	3	
DUETACT TAB 30-4MG	3	
glipizide-metformin hcl tab 2.5-250 mg	1	
glipizide-metformin hcl tab 2.5-500 mg	1	
glipizide-metformin hcl tab 5-500 mg	1	
glyburide-metformin tab 1.25-250 mg	1	
glyburide-metformin tab 2.5-500 mg	1	
glyburide-metformin tab 5-500 mg	1	
GLYXAMBI TAB 10-5 MG	2	ST
GLYXAMBI TAB 25-5 MG	2	ST
linagliptin-metformin hcl tab 2.5-500 mg	1	ST
linagliptin-metformin hcl tab 2.5-850 mg	1	ST
linagliptin-metformin hcl tab 2.5-1000 mg	1	ST
pioglitazone hcl-glimepiride tab 30-2 mg	1	
pioglitazone hcl-glimepiride tab 30-4 mg	1	
pioglitazone hcl-metformin hcl tab 15-500 mg	1	
pioglitazone hcl-metformin hcl tab 15-850 mg	1	
saxagliptin-metformin hcl tab er 24hr 2.5-1000 mg	1	ST
saxagliptin-metformin hcl tab er 24hr 5-500 mg	1	ST
saxagliptin-metformin hcl tab er 24hr 5-1000 mg	1	ST
sitagliptin phosphate-metformin hcl tab 50-500 mg	1	ST
sitagliptin phosphate-metformin hcl tab 50-1000 mg	1	ST
sitagliptin phosphate-metformin hcl tab er 24hr 50-500 mg	1	ST
sitagliptin phosphate-metformin hcl tab er 24hr 50-1000 mg	1	ST
sitagliptin phosphate-metformin hcl tab er 24hr 100-1000 mg	1	ST
SOLIQUA INJ 100/33	2	QL (10 pens every 30 days)

Drug Name	Drug Tier	Requirements/Limits
SYNJARDY TAB	2	ST
SYNJARDY TAB 5-500MG	2	ST
SYNJARDY TAB 5-1000MG	2	ST
SYNJARDY TAB 12.5-500	2	ST
SYNJARDY XR TAB	2	ST
SYNJARDY XR TAB 5-1000MG	2	ST
SYNJARDY XR TAB 10-1000	2	ST
SYNJARDY XR TAB 25-1000	2	ST
TRIJARDY XR TAB	2	ST
XIGDUO XR TAB 2.5-1000	2	ST
XIGDUO XR TAB 5-500MG	3	ST
XIGDUO XR TAB 5-1000MG	3	ST
XIGDUO XR TAB 10-500MG	3	ST
XIGDUO XR TAB 10-1000	3	ST
XULTOPHY INJ 100/3.6	2	QL (5 pens every 30 days)
ZITUVIMET TAB 50-500MG	2	ST, PA; Brand preferred over generic
ZITUVIMET TAB 50-1000	2	ST, PA; Brand preferred over generic
ZITUVIMET XR TAB 50-500MG	2	ST
ZITUVIMET XR TAB 50-1000	2	ST
ZITUVIMET XR TAB 100-1000	2	ST
BIGUANIDES		
metformin hcl oral soln 500 mg/5ml	1	
metformin hcl tab 500 mg	1	
metformin hcl tab 850 mg	1	
metformin hcl tab 1000 mg	1	
metformin hcl tab er 24hr 500 mg	1	
metformin hcl tab er 24hr 750 mg	1	
DIABETIC OTHER		
BAQSIMI ONE POW 3MG/DOSE	2	
BAQSIMI TWO POW 3MG/DOSE	2	
diazoxide susp 50 mg/ml	1	
glucagon for inj 1 mg	1	
GVOKE HYPO 1 INJ 0.5/.1ML	2	
GVOKE HYPO 1 INJ 1/0.2ML	2	
GVOKE HYPO 2 INJ 0.5/.1ML	2	
GVOKE HYPO 2 INJ 1/0.2ML	2	
GVOKE KIT SOL 1/0.2ML	2	
GVOKE PFS INJ 1/0.2ML	2	
mifepristone tab 300 mg	1	PA, QL (4 tabs every 1 day)
PROGLYCEM SUS 50MG/ML	3	
ZEGALOGUE INJ 0.6/0.6	2	

Drug Name	Drug Tier	Requirements/Limits
DIPEPTIDYL PEPTIDASE-4 (DPP-4) INHIBITORS		
saxagliptin hcl tab 2.5 mg (base equiv)	1	ST
saxagliptin hcl tab 5 mg (base equiv)	1	ST
sitagliptin phosphate tab 25 mg (base equiv)	1	ST
sitagliptin phosphate tab 100 mg (base equiv)	1	ST
ZITUVIO TAB 25MG	2	ST, PA; Brand preferred over generic
ZITUVIO TAB 50MG	2	ST, PA; Brand preferred over generic
ZITUVIO TAB 100MG	2	ST, PA; Brand preferred over generic
DOPAMINE RECEPTOR AGONISTS - ANTIDIABETIC		
CYCLOSET TAB 0.8MG	3	
INCRETIN MIMETIC AGENTS		
liraglutide soln pen-injector 18 mg/3ml (6 mg/ml)	1	PA, QL (3 pens every 30 days)
MOUNJARO INJ 2.5/0.5	2	PA, QL (4 pens every 30 days)
MOUNJARO INJ 5MG/0.5	2	PA, QL (4 pens every 30 days)
MOUNJARO INJ 7.5/0.5	2	PA, QL (4 pens every 30 days)
MOUNJARO INJ 10MG/0.5	2	PA, QL (4 pens every 30 days)
MOUNJARO INJ 12.5/0.5	2	PA, QL (4 pens every 30 days)
MOUNJARO INJ 15MG/0.5	2	PA, QL (4 pens every 30 days)
OZEMPIC INJ 2MG/3ML	2	PA, QL (1 pen every 30 days)
OZEMPIC INJ 4MG/3ML	2	PA, QL (1 pen every 30 days)
OZEMPIC INJ 8MG/3ML	2	PA, QL (1 pen every 30 days)
OZEMPIC TAB 1.5MG	2	PA, QL (1 tab every 1 day)
OZEMPIC TAB 4MG	2	PA, QL (1 tab every 1 day)
OZEMPIC TAB 9MG	2	PA, QL (1 tab every 1 day)
RYBELSUS TAB 1.5MG	2	PA, QL (1 tab every 1 day)
RYBELSUS TAB 3MG	2	PA, QL (1 tab every 1 day)
RYBELSUS TAB 4MG	2	PA, QL (1 tab every 1 day)
RYBELSUS TAB 7MG	2	PA, QL (1 tab every 1 day)
RYBELSUS TAB 9MG	2	PA, QL (1 tab every 1 day)
RYBELSUS TAB 14MG	2	PA, QL (1 tab every 1 day)

Drug Name	Drug Tier	Requirements/Limits
TRULICITY INJ 0.75/0.5	2	PA, QL (4 pens every 30 days)
TRULICITY INJ 1.5/0.5	2	PA, QL (4 pens every 30 days)
TRULICITY INJ 3/0.5	2	PA, QL (4 pens every 30 days)
TRULICITY INJ 4.5/0.5	2	PA, QL (4 pens every 30 days)
INSULIN		
AWIQLI FLEX INJ 700UNIT	2	
FIASP FLEX INJ TOUCH	2	
FIASP INJ 100/ML	2	
FIASP PENFIL INJ U-100	2	
GLARGIN YFGN INJ 100U/ML	2	
GLARGIN YFGN SOL 100U/ML	2	
HUMULIN R INJ U-500	2	
HUMULIN R INJ U-500KWP	2	
LANTUS INJ 100/ML	2	
LANTUS SOLOS INJ 100/ML	2	
NOVOLIN INJ 70/30	2	OTC
NOVOLIN INJ 70/30 FP	2	OTC
NOVOLIN N INJ 100 UNIT	2	OTC
NOVOLIN N INJ U-100	2	OTC
NOVOLIN R INJ 100 UNIT	2	OTC
NOVOLIN R INJ U-100	2	OTC
NOVOLOG INJ 100/ML	2	
NOVOLOG INJ FLEXPEN	2	
NOVOLOG INJ PENFILL	2	
NOVOLOG MIX INJ 70/30	2	
NOVOLOG MIX INJ FLEXPEN	2	
TOUJEO MAX INJ 300/ML	2	
TOUJEO SOLO INJ 300/ML	2	
TRESIBA FLEX INJ 100UNIT	2	
TRESIBA FLEX INJ 200UNIT	2	
TRESIBA INJ 100UNIT	2	
INSULIN SENSITIZING AGENTS		
pioglitazone hcl tab 15 mg (base equiv)	1	
pioglitazone hcl tab 30 mg (base equiv)	1	
pioglitazone hcl tab 45 mg (base equiv)	1	
MEGLITINIDE ANALOGUES		
nateglinide tab 60 mg	1	
nateglinide tab 120 mg	1	
repaglinide tab 0.5 mg	1	

Drug Name	Drug Tier	Requirements/Limits
repaglinide tab 1 mg	1	
repaglinide tab 2 mg	1	
SODIUM-GLUCOSE CO-TRANSPORTER 2 (SGLT2) INHIBITORS		
dapagliflozin tab 5 mg	1	ST
dapagliflozin tab 10 mg	1	ST
FARXIGA TAB 5MG	3	ST
FARXIGA TAB 10MG	3	ST
JARDIANCE TAB 10MG	2	ST
JARDIANCE TAB 25MG	2	ST
SULFONYLUREAS		
glimepiride tab 1 mg	1	
glimepiride tab 2 mg	1	
glimepiride tab 4 mg	1	
glipizide tab 5 mg	1	
glipizide tab 10 mg	1	
glipizide tab 15 mg	1	
glipizide tab er 24hr 2.5 mg	1	
glipizide tab er 24hr 5 mg	1	
glipizide tab er 24hr 10 mg	1	
glipizide xl tab 2.5mg	1	
glipizide xl tab 5mg	1	
glipizide xl tab 10mg	1	
GLUCOTROL XL TAB 5MG	3	
GLUCOTROL XL TAB 10MG	3	
glyburide micronized tab 1.5 mg	1	
glyburide micronized tab 3 mg	1	
glyburide micronized tab 6 mg	1	
glyburide tab 1.25 mg	1	
glyburide tab 2.5 mg	1	
glyburide tab 5 mg	1	
ANTIDIARRHEAL/PROBIOTIC AGENTS		
ANTIDIARRHEAL/PROBIOTIC COMBINATIONS		
RESTORA RX CAP 60-1.25	3	
ANTIPERISTALTIC AGENTS		
diphenoxylate w/ atropine liq 2.5-0.025 mg/5ml	1	
diphenoxylate w/ atropine tab 2.5-0.025 mg	1	
LOMOTIL TAB 2.5MG	3	
opium tincture 1% (10 mg/ml) (morphine equiv)	1	
ANTIDOTES AND SPECIFIC ANTAGONISTS		
ANTIDOTES - CHELATING AGENTS		
CHEMET CAP 100MG	3	
deferasirox granules packet 90 mg	1	PA
deferasirox granules packet 180 mg	1	PA

Drug Name	Drug Tier	Requirements/Limits
deferasirox granules packet 360 mg	1	PA
deferasirox tab 90 mg	1	PA
deferasirox tab 180 mg	1	PA
deferasirox tab 360 mg	1	PA
deferasirox tab for oral susp 125 mg	1	PA
deferasirox tab for oral susp 250 mg	1	PA
deferasirox tab for oral susp 500 mg	1	PA
deferiprone tab 500 mg	1	PA
deferiprone tab 1000 mg	1	PA
ANTIDOTES AND SPECIFIC ANTAGONISTS		
RADIOGARDASE CAP 0.5GM	3	
VISTOGARD PAK 10GM	2	QL (20 packets every 5 days)
OPIOID ANTAGONISTS		
KLOXXADO SPR 8MG	0	QL (2 cartons every 30 days)
naloxone hcl inj 0.4 mg/ml	0	
naloxone hcl inj 4 mg/10ml	0	
naloxone hcl nasal spray 4 mg/0.1ml	0	
naloxone hcl soln cartridge 0.4 mg/ml	0	
naloxone hcl soln prefilled syringe 0.4 mg/ml	0	
naloxone hcl soln prefilled syringe 2 mg/2ml	0	
naltrexone hcl tab 50 mg	0	
NARCAN SPR 4MG	0	
VIVITROL INJ 380MG	3	QL (1 injection every 28 days)
ANTIEMETICS		
5-HT3 RECEPTOR ANTAGONISTS		
ANZEMET TAB 50MG	3	QL (6 tabs every 21 days)
granisetron hcl tab 1 mg	1	
ondansetron hcl oral soln 4 mg/5ml	1	
ondansetron hcl tab 4 mg	1	
ondansetron hcl tab 8 mg	1	
ondansetron hcl tab 24 mg	1	
ondansetron orally disintegrating tab 4 mg	1	
ondansetron orally disintegrating tab 8 mg	1	
SANCUSO DIS 3.1MG	2	
ANTIEMETICS - ANTICHOLINERGIC		
meclizine hcl tab 50 mg	1	
scopolamine td patch 72hr 1 mg/3days	1	
trimethobenzamide hcl cap 300 mg	1	
ANTIEMETICS - MISCELLANEOUS		
AKYNZEO CAP 300-0.5	3	QL (2 caps every 21 days)

Drug Name	Drug Tier	Requirements/Limits
BONJESTA TAB 20-20MG	3	
DICLEGIS TAB 10-10MG	3	
doxylamine-pyridoxine tab delayed release 10-10 mg	1	
dronabinol cap 2.5 mg	1	
dronabinol cap 5 mg	1	
dronabinol cap 10 mg	1	
MARINOL CAP 2.5MG	3	
SUBSTANCE P/NEUROKININ 1 (NK1) RECEPTOR ANTAGONISTS		
aprepitant capsule 40 mg	1	QL (3 caps every 180 days)
aprepitant capsule 80 mg	1	QL (4 caps every 21 days)
aprepitant capsule 125 mg	1	QL (2 caps every 21 days)
aprepitant capsule therapy pack 80 & 125 mg	1	QL (6 caps every 21 days)
EMEND BIPACK PAK 80MG	3	QL (4 caps every 21 days)
EMEND SUS 125MG	3	QL (6 kits every 21 days)
EMEND TRIPAC CAP 125 & 80	3	QL (6 caps every 21 days)
VARUBI TAB 90MG	3	QL (4 tabs every 21 days)
ANTIFUNGALS		
ANTIFUNGAL - GLUCAN SYNTHESIS INHIBITORS		
BREXAFEMME TAB 150MG	3	ST, QL (4 tabs every 7 days)
ANTIFUNGALS		
ANCOBON CAP 250MG	3	
ANCOBON CAP 500MG	3	
flucytosine cap 250 mg	1	
griseofulvin microsize susp 125 mg/5ml	1	
griseofulvin microsize tab 500 mg	1	
griseofulvin ultramicrosize tab 125 mg	1	
griseofulvin ultramicrosize tab 165 mg	1	
griseofulvin ultramicrosize tab 250 mg	1	
nystatin tab 500000 unit	1	
terbinafine hcl tab 250 mg	1	
IMIDAZOLE-RELATED ANTIFUNGALS		
DIFLUCAN SUS 40MG/ML	3	
DIFLUCAN TAB 100MG	3	
DIFLUCAN TAB 200MG	3	
fluconazole for susp 10 mg/ml	1	
fluconazole for susp 40 mg/ml	1	
fluconazole tab 50 mg	1	
fluconazole tab 100 mg	1	
fluconazole tab 150 mg	1	
fluconazole tab 200 mg	1	
itraconazole cap 100 mg	1	

Drug Name	Drug Tier	Requirements/Limits
itraconazole oral soln 10 mg/ml	1	
ketoconazole tab 200 mg	1	
posaconazole susp 40 mg/ml	1	PA
SPORANOX CAP 100MG	3	
SPORANOX SOL 10MG/ML	3	
VFEND SUS 40MG/ML	3	
VFEND TAB 50MG	3	
VIVJOA CAP 150MG	3	
voriconazole for susp 40 mg/ml	1	
voriconazole tab 50 mg	1	
voriconazole tab 200 mg	1	
ANTIHISTAMINES		
ANTIHISTAMINES - ETHANOLAMINES		
carbinoxamine maleate extended release susp 4 mg/5ml	1	
carbinoxamine maleate soln 4 mg/5ml	1	
carbinoxamine maleate tab 4 mg	1	
carbinoxamine maleate tab 6 mg	1	
carbzah sol 4mg/5ml	1	
clemastine fumarate syrup 0.67 mg/5ml (0.5 mg/5ml base eq)	1	
clemastine fumarate tab 2.68 mg	1	
KARBINAL ER SUS 4MG/5ML	3	
ryvent tab 6mg	1	
ANTIHISTAMINES - NON-SEDATING		
cetirizine hcl oral soln 1 mg/ml (5 mg/5ml)	1	
CLARINEX TAB 5MG	3	
desloratadine tab 5 mg	1	
desloratadine tab orally disintegrating 2.5 mg	1	
desloratadine tab orally disintegrating 5 mg	1	
levocetirizine dihydrochloride soln 2.5 mg/5ml (0.5 mg/ml)	1	
levocetirizine dihydrochloride tab 5 mg	1	
ANTIHISTAMINES - PHENOTHIAZINES		
promethazine hcl oral soln 6.25 mg/5ml	1	
promethazine hcl suppos 12.5 mg	1	
promethazine hcl suppos 25 mg	1	
promethazine hcl tab 12.5 mg	1	
promethazine hcl tab 25 mg	1	
promethazine hcl tab 50 mg	1	
promethegan sup 12.5mg	1	
promethegan sup 25mg	1	
promethegan sup 50mg	1	

Drug Name	Drug Tier	Requirements/Limits
ANTIHISTAMINES - PIPERIDINES		
cyproheptadine hcl syrup 2 mg/5ml	1	
cyproheptadine hcl tab 4 mg	1	
ANTIHYPERLIPIDEMICS		
ADENOSINE TRIPHOSPHATE-CITRATE LYASE (ACL) INHIBITORS		
NEXLETOL TAB 180MG	2	ST
ANTIHYPERLIPIDEMICS - COMBINATIONS		
ezetimibe-simvastatin tab 10-10 mg	1	
ezetimibe-simvastatin tab 10-20 mg	1	
ezetimibe-simvastatin tab 10-40 mg	1	
ezetimibe-simvastatin tab 10-80 mg	1	
NEXLIZET TAB 180/10MG	2	ST
VYTORIN TAB 10-10MG	3	
VYTORIN TAB 10-20MG	3	
VYTORIN TAB 10-40MG	3	
VYTORIN TAB 10-80MG	3	
ANTIHYPERLIPIDEMICS - MISC.		
omega-3-acid ethyl esters cap 1 gm	1	PA
VASCEPA CAP 0.5GM	1	PA; Brand preferred over generic
VASCEPA CAP 1GM	1	PA; Brand preferred over generic
BILE ACID SEQUESTRANTS		
cholestyramine light powder 4 gm/dose	1	
cholestyramine light powder packets 4 gm	1	
cholestyramine powder 4 gm/dose	1	
cholestyramine powder packets 4 gm	1	
colesevelam hcl packet for susp 3.75 gm	1	
colesevelam hcl tab 625 mg	1	
COLESTID GRA 5GM	3	
COLESTID TAB 1GM	3	
colestipol hcl granule packets 5 gm	1	
colestipol hcl granules 5 gm	1	
colestipol hcl tab 1 gm	1	
prevalite pow 4gm	1	
prevalite pow 4gm pk	1	
QUESTRAN POW 4GM	3	
QUESTRAN POW 4GM LITE	3	
WELCHOL PAK 3.75GM	3	
WELCHOL TAB 625MG	3	
FIBRIC ACID DERIVATIVES		
choline fenofibrate cap dr 45 mg (fenofibric acid equiv)	1	

Drug Name	Drug Tier	Requirements/Limits
choline fenofibrate cap dr 135 mg (fenofibric acid equiv)	1	
fenofibrate cap 150 mg	1	
fenofibrate micronized cap 43 mg	1	
fenofibrate micronized cap 67 mg	1	
fenofibrate micronized cap 134 mg	1	
fenofibrate micronized cap 200 mg	1	
fenofibrate tab 48 mg	1	
fenofibrate tab 54 mg	1	
fenofibrate tab 145 mg	1	
fenofibrate tab 160 mg	1	
fenofibric acid tab 35 mg	1	
fenofibric acid tab 105 mg	1	
FENOGLIDE TAB 40MG	3	
FIBRICOR TAB 35MG	3	
FIBRICOR TAB 105MG	3	
gemfibrozil tab 600 mg	1	
LIPOFEN CAP 50MG	3	
LIPOFEN CAP 150MG	3	
LOPID TAB 600MG	3	
TRILIPIX CAP 45MG	3	
TRILIPIX CAP 135MG	3	
HMG COA REDUCTASE INHIBITORS		
atorvastatin calcium tab 10 mg (base equivalent)	0	
atorvastatin calcium tab 20 mg (base equivalent)	0	
atorvastatin calcium tab 40 mg (base equivalent)	1	
atorvastatin calcium tab 80 mg (base equivalent)	1	
fluvastatin sodium cap 20 mg (base equivalent)	0	$0 copay for members age 40 through 75
fluvastatin sodium cap 40 mg (base equivalent)	0	$0 copay for members age 40 through 75
fluvastatin sodium tab er 24 hr 80 mg (base equivalent)	0	$0 copay for members age 40 through 75
lovastatin tab 10 mg	0	$0 copay for members age 40 through 75
lovastatin tab 20 mg	0	$0 copay for members age 40 through 75
lovastatin tab 40 mg	0	$0 copay for members age 40 through 75
pitavastatin calcium tab 1 mg	0	

Drug Name	Drug Tier	Requirements/Limits
pitavastatin calcium tab 2 mg	0	
pitavastatin calcium tab 4 mg	0	
pravastatin sodium tab 10 mg	0	
pravastatin sodium tab 20 mg	0	
pravastatin sodium tab 40 mg	0	
pravastatin sodium tab 80 mg	0	
rosuvastatin calcium tab 5 mg	0	$0 copay for members age 40 through 75
rosuvastatin calcium tab 10 mg	0	$0 copay for members age 40 through 75
rosuvastatin calcium tab 20 mg	1	
rosuvastatin calcium tab 40 mg	1	
simvastatin tab 5 mg	0	$0 copay for members age 40 through 75
simvastatin tab 10 mg	0	$0 copay for members age 40 through 75
simvastatin tab 20 mg	0	$0 copay for members age 40 through 75
simvastatin tab 40 mg	0	$0 copay for members age 40 through 75
simvastatin tab 80 mg	1	
ZOCOR TAB 10MG	0	
ZOCOR TAB 20MG	0	
ZOCOR TAB 40MG	0	
INTESTINAL CHOLESTEROL ABSORPTION INHIBITORS		
ezetimibe tab 10 mg	1	
NICOTINIC ACID DERIVATIVES		
niacin tab er 500 mg (antihyperlipidemic)	1	
niacin tab er 750 mg (antihyperlipidemic)	1	
niacin tab er 1000 mg (antihyperlipidemic)	1	
PROPROTEIN CONVERTASE SUBTILISIN/KEXIN TYPE 9 INHIBITORS		
REPATHA INJ 140MG/ML	2	PA, QL (3 syringes every 28 days)
REPATHA PUSH INJ 420/3.5	2	PA, QL (1 cartridges every 28 days)
REPATHA SURE INJ 140MG/ML	2	PA, QL (3 pens every 28 days)
ANTIHYPERTENSIVES		
ACE INHIBITORS		
ALTACE CAP 2.5MG	3	
ALTACE CAP 10MG	3	
benazepril hcl tab 5 mg	1	
benazepril hcl tab 10 mg	1	

Drug Name	Drug Tier	Requirements/Limits
benazepril hcl tab 20 mg	1	
benazepril hcl tab 40 mg	1	
captopril tab 12.5 mg	1	
captopril tab 25 mg	1	
captopril tab 50 mg	1	
captopril tab 100 mg	1	
enalapril maleate oral soln 1 mg/ml	1	
enalapril maleate tab 2.5 mg	1	
enalapril maleate tab 5 mg	1	
enalapril maleate tab 10 mg	1	
enalapril maleate tab 20 mg	1	
fosinopril sodium tab 10 mg	1	
fosinopril sodium tab 20 mg	1	
fosinopril sodium tab 40 mg	1	
lisinopril tab 2.5 mg	1	
lisinopril tab 5 mg	1	
lisinopril tab 10 mg	1	
lisinopril tab 20 mg	1	
lisinopril tab 30 mg	1	
lisinopril tab 40 mg	1	
LOTENSIN TAB 10MG	3	
LOTENSIN TAB 20MG	3	
LOTENSIN TAB 40MG	3	
moexipril hcl tab 7.5 mg	1	
moexipril hcl tab 15 mg	1	
perindopril erbumine tab 2 mg	1	
perindopril erbumine tab 4 mg	1	
perindopril erbumine tab 8 mg	1	
QBRELIS SOL 1MG/ML	3	
quinapril hcl tab 5 mg	1	
quinapril hcl tab 10 mg	1	
quinapril hcl tab 20 mg	1	
quinapril hcl tab 40 mg	1	
ramipril cap 1.25 mg	1	
ramipril cap 2.5 mg	1	
ramipril cap 5 mg	1	
ramipril cap 10 mg	1	
trandolapril tab 1 mg	1	
trandolapril tab 2 mg	1	
trandolapril tab 4 mg	1	
VASOTEC TAB 2.5MG	3	
VASOTEC TAB 5MG	3	
VASOTEC TAB 10MG	3	
VASOTEC TAB 20MG	3	

Drug Name	Drug Tier	Requirements/Limits
ZESTRIL TAB 2.5MG	3	
ZESTRIL TAB 5MG	3	
ZESTRIL TAB 10MG	3	
ZESTRIL TAB 20MG	3	
ZESTRIL TAB 30MG	3	
ZESTRIL TAB 40MG	3	
AGENTS FOR PHEOCHROMOCYTOMA		
DEMSER CAP 250MG	3	PA, QL (16 caps every 1 day)
DIBENZYLINE CAP 10MG	3	
metyrosine cap 250 mg	1	PA, QL (16 caps every 1 day)
phenoxybenzamine hcl cap 10 mg	1	
ANGIOTENSIN II RECEPTOR ANTAGONISTS		
AVAPRO TAB 75MG	3	
AVAPRO TAB 150MG	3	
AVAPRO TAB 300MG	3	
azilsartan medoxomil tab 40 mg	1	
azilsartan medoxomil tab 80 mg	1	
candesartan cilexetil tab 4 mg	1	
candesartan cilexetil tab 8 mg	1	
candesartan cilexetil tab 16 mg	1	
candesartan cilexetil tab 32 mg	1	
irbesartan tab 75 mg	1	
irbesartan tab 150 mg	1	
irbesartan tab 300 mg	1	
losartan potassium tab 25 mg	1	
losartan potassium tab 50 mg	1	
losartan potassium tab 100 mg	1	
olmesartan medoxomil tab 5 mg	1	
olmesartan medoxomil tab 20 mg	1	
olmesartan medoxomil tab 40 mg	1	
telmisartan tab 20 mg	1	
telmisartan tab 40 mg	1	
telmisartan tab 80 mg	1	
valsartan oral soln 4 mg/ml	1	
valsartan tab 40 mg	1	
valsartan tab 80 mg	1	
valsartan tab 160 mg	1	
valsartan tab 320 mg	1	
ANTIADRENERGIC ANTIHYPERTENSIVES		
CARDURA TAB 1MG	3	
CARDURA TAB 2MG	3	

Drug Name	Drug Tier	Requirements/Limits
CARDURA TAB 4MG	3	
CARDURA TAB 8MG	3	
CATAPRES-TTS DIS 0.1/24HR	3	
CATAPRES-TTS DIS 0.2/24HR	3	
CATAPRES-TTS DIS 0.3/24HR	3	
clonidine hcl tab 0.1 mg	1	
clonidine hcl tab 0.2 mg	1	
clonidine hcl tab 0.3 mg	1	
clonidine tab er 24hr 0.17 mg	1	
clonidine td patch weekly 0.1 mg/24hr	1	
clonidine td patch weekly 0.2 mg/24hr	1	
clonidine td patch weekly 0.3 mg/24hr	1	
doxazosin mesylate tab 1 mg	1	
doxazosin mesylate tab 2 mg	1	
doxazosin mesylate tab 4 mg	1	
doxazosin mesylate tab 8 mg	1	
guanfacine hcl tab 1 mg	1	
guanfacine hcl tab 2 mg	1	
methyldopa tab 250 mg	1	
methyldopa tab 500 mg	1	
prazosin hcl cap 1 mg	1	
prazosin hcl cap 2 mg	1	
prazosin hcl cap 5 mg	1	
terazosin hcl cap 1 mg (base equivalent)	1	
terazosin hcl cap 2 mg (base equivalent)	1	
terazosin hcl cap 5 mg (base equivalent)	1	
terazosin hcl cap 10 mg (base equivalent)	1	
ANTIHYPERTENSIVE COMBINATIONS		
ACCURETIC TAB 10-12.5	3	
ACCURETIC TAB 20-12.5	3	
amlodipine besylate-benazepril hcl cap 2.5-10 mg	1	
amlodipine besylate-benazepril hcl cap 5-10 mg	1	
amlodipine besylate-benazepril hcl cap 5-20 mg	1	
amlodipine besylate-benazepril hcl cap 5-40 mg	1	
amlodipine besylate-benazepril hcl cap 10-20 mg	1	
amlodipine besylate-benazepril hcl cap 10-40 mg	1	
amlodipine besylate-olmesartan medoxomil tab 5-20 mg	1	

Drug Name	Drug Tier	Requirements/Limits
amlodipine besylate-olmesartan medoxomil tab 5-40 mg	1	
amlodipine besylate-olmesartan medoxomil tab 10-20 mg	1	
amlodipine besylate-olmesartan medoxomil tab 10-40 mg	1	
amlodipine besylate-valsartan tab 5-160 mg	1	
amlodipine besylate-valsartan tab 5-320 mg	1	
amlodipine besylate-valsartan tab 10-160 mg	1	
amlodipine besylate-valsartan tab 10-320 mg	1	
amlodipine-valsartan-hydrochlorothiazide tab 5-160-12.5 mg	1	
amlodipine-valsartan-hydrochlorothiazide tab 5-160-25 mg	1	
amlodipine-valsartan-hydrochlorothiazide tab 10-160-12.5 mg	1	
amlodipine-valsartan-hydrochlorothiazide tab 10-160-25 mg	1	
amlodipine-valsartan-hydrochlorothiazide tab 10-320-25 mg	1	
atenolol & chlorthalidone tab 50-25 mg	1	
atenolol & chlorthalidone tab 100-25 mg	1	
AVALIDE TAB 150-12.5	3	
AVALIDE TAB 300-12.5	3	
benazepril & hydrochlorothiazide tab 5-6.25 mg	1	
benazepril & hydrochlorothiazide tab 10-12.5 mg	1	
benazepril & hydrochlorothiazide tab 20-12.5 mg	1	
benazepril & hydrochlorothiazide tab 20-25 mg	1	
bisoprolol & hydrochlorothiazide tab 2.5-6.25 mg	1	
bisoprolol & hydrochlorothiazide tab 5-6.25 mg	1	
bisoprolol & hydrochlorothiazide tab 10-6.25 mg	1	
candesartan cilexetil-hydrochlorothiazide tab 16-12.5 mg	1	
candesartan cilexetil-hydrochlorothiazide tab 32-12.5 mg	1	
candesartan cilexetil-hydrochlorothiazide tab 32-25 mg	1	
captopril & hydrochlorothiazide tab 25-15 mg	1	
captopril & hydrochlorothiazide tab 25-25 mg	1	
captopril & hydrochlorothiazide tab 50-15 mg	1	

Drug Name	Drug Tier	Requirements/Limits
captopril & hydrochlorothiazide tab 50-25 mg	1	
enalapril maleate & hydrochlorothiazide tab 5-12.5 mg	1	
enalapril maleate & hydrochlorothiazide tab 10-25 mg	1	
fosinopril sodium & hydrochlorothiazide tab 10-12.5 mg	1	
fosinopril sodium & hydrochlorothiazide tab 20-12.5 mg	1	
irbesartan-hydrochlorothiazide tab 150-12.5 mg	1	
irbesartan-hydrochlorothiazide tab 300-12.5 mg	1	
lisinopril & hydrochlorothiazide tab 10-12.5 mg	1	
lisinopril & hydrochlorothiazide tab 20-12.5 mg	1	
lisinopril & hydrochlorothiazide tab 20-25 mg	1	
losartan potassium & hydrochlorothiazide tab 50-12.5 mg	1	
losartan potassium & hydrochlorothiazide tab 100-12.5 mg	1	
losartan potassium & hydrochlorothiazide tab 100-25 mg	1	
LOTENSIN HCT TAB 10-12.5	3	
LOTENSIN HCT TAB 20-12.5	3	
LOTENSIN HCT TAB 20-25MG	3	
LOTREL CAP 5-10MG	3	
LOTREL CAP 5-20MG	3	
LOTREL CAP 10-20MG	3	
LOTREL CAP 10-40MG	3	
metoprolol & hydrochlorothiazide tab 50-25 mg	1	
metoprolol & hydrochlorothiazide tab 100-25 mg	1	
metoprolol & hydrochlorothiazide tab 100-50 mg	1	
olmesartan medoxomil-hydrochlorothiazide tab 20-12.5 mg	1	
olmesartan medoxomil-hydrochlorothiazide tab 40-12.5 mg	1	
olmesartan medoxomil-hydrochlorothiazide tab 40-25 mg	1	
olmesartan-amlodipine-hydrochlorothiazide tab 20-5-12.5 mg	1	
olmesartan-amlodipine-hydrochlorothiazide tab 40-5-12.5 mg	1	
olmesartan-amlodipine-hydrochlorothiazide tab 40-5-25 mg	1	

Drug Name	Drug Tier	Requirements/Limits
olmesartan-amlodipine-hydrochlorothiazide tab 40-10-12.5 mg	1	
olmesartan-amlodipine-hydrochlorothiazide tab 40-10-25 mg	1	
quinapril-hydrochlorothiazide tab 10-12.5 mg	1	
telmisartan-amlodipine tab 40-5 mg	1	
telmisartan-amlodipine tab 40-10 mg	1	
telmisartan-amlodipine tab 80-5 mg	1	
telmisartan-amlodipine tab 80-10 mg	1	
telmisartan-hydrochlorothiazide tab 40-12.5 mg	1	
telmisartan-hydrochlorothiazide tab 80-12.5 mg	1	
telmisartan-hydrochlorothiazide tab 80-25 mg	1	
TENORETIC TAB 50	3	
TENORETIC TAB 100	3	
trandolapril-verapamil hcl tab er 1-240 mg	1	
trandolapril-verapamil hcl tab er 2-180 mg	1	
trandolapril-verapamil hcl tab er 2-240 mg	1	
trandolapril-verapamil hcl tab er 4-240 mg	1	
TRIBENZOR TAB	3	
valsartan-hydrochlorothiazide tab 80-12.5 mg	1	
valsartan-hydrochlorothiazide tab 160-12.5 mg	1	
valsartan-hydrochlorothiazide tab 160-25 mg	1	
valsartan-hydrochlorothiazide tab 320-12.5 mg	1	
valsartan-hydrochlorothiazide tab 320-25 mg	1	
VASERETIC TAB 10-25MG	3	
ANTIHYPERTENSIVES - MISC.		
VECAMYL TAB 2.5MG	3	
DIRECT RENIN INHIBITORS		
aliskiren fumarate tab 150 mg (base equivalent)	1	
aliskiren fumarate tab 300 mg (base equivalent)	1	
TEKTURNA TAB 150MG	3	
TEKTURNA TAB 300MG	3	
SELECTIVE ALDOSTERONE RECEPTOR ANTAGONISTS (SARAS)		
eplerenone tab 25 mg	1	
eplerenone tab 50 mg	1	
INSPRA TAB 25MG	3	
INSPRA TAB 50MG	3	
VASODILATORS		
hydralazine hcl tab 10 mg	1	
hydralazine hcl tab 25 mg	1	
hydralazine hcl tab 50 mg	1	
hydralazine hcl tab 100 mg	1	
minoxidil tab 2.5 mg	1	

Drug Name	Drug Tier	Requirements/Limits
minoxidil tab 10 mg	1	
ANTIMALARIALS		
ANTIMALARIAL COMBINATIONS		
atovaquone-proguanil hcl tab 62.5-25 mg	1	
atovaquone-proguanil hcl tab 250-100 mg	1	
COARTEM TAB 20-120MG	3	
MALARONE TAB 62.5-25	3	
MALARONE TAB 250-100	3	
ANTIMALARIALS		
chloroquine phosphate tab 250 mg	1	
chloroquine phosphate tab 500 mg	1	
hydroxychloroquine sulfate tab 100 mg	1	
hydroxychloroquine sulfate tab 200 mg	1	
hydroxychloroquine sulfate tab 300 mg	1	
hydroxychloroquine sulfate tab 400 mg	1	
mefloquine hcl tab 250 mg	1	
PLAQUENIL TAB 200MG	3	
primaquine phosphate tab 26.3 mg (15 mg base)	1	
PRIMAQUINE TAB 26.3MG	3	
pyrimethamine tab 25 mg	1	PA
QUALAQUIN CAP 324MG	3	
quinine sulfate cap 324 mg	1	
ANTIMYASTHENIC/CHOLINERGIC AGENTS		
ANTIMYASTHENIC/CHOLINERGIC AGENTS		
FIRDAPSE TAB 10MG	3	PA, QL (10 tabs every 1 day)
MESTINON SOL 60MG/5ML	3	
MESTINON TAB 60MG	3	
MESTINON TAB TIMESPAN	3	
pyridostigmine bromide oral soln 60 mg/5ml	1	
pyridostigmine bromide tab 60 mg	1	
pyridostigmine bromide tab er 180 mg	1	
ANTIMYCOBACTERIAL AGENTS		
ANTIMYCOBACTERIAL AGENTS		
cycloserine cap 250 mg	1	
ethambutol hcl tab 100 mg	1	
ethambutol hcl tab 400 mg	1	
isoniazid syrup 50 mg/5ml	1	
isoniazid tab 100 mg	1	
isoniazid tab 300 mg	1	
PRETOMANID TAB 200MG	3	
PRIFTIN TAB 150MG	3	

Drug Name	Drug Tier	Requirements/Limits
pyrazinamide tab 500 mg	1	
rifabutin cap 150 mg	1	
rifampin cap 150 mg	1	
rifampin cap 300 mg	1	
rifapentine tab 150 mg	1	
SIRTURO TAB 20MG	3	
SIRTURO TAB 100MG	3	
TRECATOR TAB 250MG	3	
ANTINEOPLASTICS AND ADJUNCTIVE THERAPIES		
ALKYLATING AGENTS		
CYCLOPHOSPH TAB 25MG	0	
CYCLOPHOSPH TAB 50MG	0	
cyclophosphamide cap 25 mg	0	
cyclophosphamide cap 50 mg	0	
GLEOSTINE CAP 10MG	0	
GLEOSTINE CAP 40MG	0	
GLEOSTINE CAP 100MG	0	
LEUKERAN TAB 2MG	0	
lomustine cap 10 mg	0	
lomustine cap 40 mg	0	
lomustine cap 100 mg	0	
MYLERAN TAB 2MG	0	
temozolomide cap 5 mg	0	PA
temozolomide cap 20 mg	0	PA
temozolomide cap 100 mg	0	PA
temozolomide cap 140 mg	0	PA
temozolomide cap 180 mg	0	PA
temozolomide cap 250 mg	0	PA
ANTIMETABOLITES		
capecitabine tab 150 mg	0	PA
capecitabine tab 500 mg	0	PA
JYLAMVO SOL 2MG/ML	0	
mercaptopurine susp 2000 mg/100ml (20 mg/ml)	0	PA
mercaptopurine tab 50 mg	0	
methotrexate sodium for inj 1 gm	1	$0 copay based on your plan/benefit
methotrexate sodium inj 50 mg/2ml (25 mg/ml)	1	
methotrexate sodium inj 250 mg/10ml (25 mg/ml)	1	$0 copay based on your plan/benefit
methotrexate sodium inj pf 50 mg/2ml (25 mg/ml)	1	$0 copay based on your plan/benefit
methotrexate sodium inj pf 250 mg/10ml (25 mg/ml)	1	$0 copay based on your plan/benefit

Drug Name	Drug Tier	Requirements/Limits
methotrexate sodium inj pf 1000 mg/40ml (25 mg/ml)	1	$0 copay based on your plan/benefit
methotrexate sodium tab 2.5 mg (base equiv)	0	$0 copay based on your plan/benefit
ONUREG TAB 200MG	0	PA, QL (14 tabs every 21 days)
ONUREG TAB 300MG	0	PA, QL (14 tabs every 21 days)
PURIXAN SUS 20MG/ML	0	PA
TABLOID TAB 40MG	0	
TREXALL TAB 5MG	0	
TREXALL TAB 7.5MG	0	
TREXALL TAB 10MG	0	
TREXALL TAB 15MG	0	
XATMEP SOL 2.5MG/ML	0	
XELODA TAB 150MG	0	PA
XELODA TAB 500MG	0	PA
ANTINEOPLASTIC - ANGIOGENESIS INHIBITORS		
FRUZAQLA CAP 1MG	0	PA, QL (84 caps every 21 days)
FRUZAQLA CAP 5MG	0	PA, QL (21 caps every 21 days)
INLYTA TAB 1MG	0	PA, QL (8 tabs every 1 day)
INLYTA TAB 5MG	0	PA, QL (4 tabs every 1 day)
LENVIMA CAP 4MG	0	PA, QL (1 ea every 1 day)
LENVIMA CAP 8 MG	0	PA, QL (2 ea every 1 day)
LENVIMA CAP 10 MG	0	PA, QL (1 ea every 1 day)
LENVIMA CAP 12MG	0	PA, QL (3 ea every 1 day)
LENVIMA CAP 14 MG	0	PA, QL (2 ea every 1 day)
LENVIMA CAP 18 MG	0	PA, QL (3 ea every 1 day)
LENVIMA CAP 20 MG	0	PA, QL (2 ea every 1 day)
LENVIMA CAP 24 MG	0	PA, QL (3 ea every 1 day)
ANTINEOPLASTIC - ANTI-HER2 AGENTS		
TUKYSA TAB 50MG	0	PA, QL (4 tabs every 1 day)
TUKYSA TAB 150MG	0	PA, QL (4 tabs every 1 day)
ANTINEOPLASTIC - ANTIBODIES		
ZEVALIN KIT Y-90	3	PA
ANTINEOPLASTIC - BCL-2 INHIBITORS		
VENCLEXTA TAB 10MG	0	PA, QL (4 tabs every 1 day)
VENCLEXTA TAB 50MG	0	PA, QL (4 tabs every 1 day)
VENCLEXTA TAB 100MG	0	PA, QL (6 tabs every 1 day)
VENCLEXTA TAB START PK	0	PA, QL (1 pack every 28 days)

Drug Name	Drug Tier	Requirements/Limits
ANTINEOPLASTIC - EGFR INHIBITORS		
erlotinib hcl tab 25 mg (base equivalent)	0	PA, QL (2 tabs every 1 day)
erlotinib hcl tab 100 mg (base equivalent)	0	PA, QL (1 tab every 1 day)
erlotinib hcl tab 150 mg (base equivalent)	0	PA, QL (1 tab every 1 day)
gefitinib tab 250 mg	0	PA, QL (1 tab every 1 day)
GILOTRIF TAB 20MG	0	PA, QL (1 tab every 1 day)
GILOTRIF TAB 30MG	0	PA, QL (1 tab every 1 day)
GILOTRIF TAB 40MG	0	PA, QL (1 tab every 1 day)
TAGRISSO TAB 40MG	0	PA, QL (1 tab every 1 day)
TAGRISSO TAB 80MG	0	PA, QL (1 tab every 1 day)
TARCEVA TAB 100MG	0	PA, QL (1 tab every 1 day)
ANTINEOPLASTIC - HEDGEHOG PATHWAY INHIBITORS		
ERIVEDGE CAP 150MG	0	PA, QL (1 cap every 1 day)
ODOMZO CAP 200MG	0	PA, QL (1 cap every 1 day)
ANTINEOPLASTIC - HORMONAL AND RELATED AGENTS		
abiraterone acetate tab 250 mg	0	PA, QL (4 tabs every 1 day)
abiraterone acetate tab 500 mg	0	PA, QL (2 tabs every 1 day)
abirtega tab 250mg	0	PA, QL (4 tabs every 1 day)
anastrozole tab 1 mg	0	
ARIMIDEX TAB 1MG	0	
AROMASIN TAB 25MG	0	
bicalutamide tab 50 mg	0	
CASODEX TAB 50MG	0	
EMCYT CAP 140MG	0	
ERLEADA TAB 60MG	0	PA, QL (4 tabs every 1 day)
ERLEADA TAB 240MG	0	PA, QL (1 tab every 1 day)
exemestane tab 25 mg	0	
FARESTON TAB 60MG	0	
FEMARA TAB 2.5MG	0	
letrozole tab 2.5 mg	0	
leuprolide acetate inj kit 1 mg/0.2ml (5 mg/ml)	1	PA
LYSODREN TAB 500MG	0	
megestrol acetate susp 40 mg/ml	0	
megestrol acetate tab 20 mg	0	
megestrol acetate tab 40 mg	0	
nilutamide tab 150 mg	0	
NUBEQA TAB 300MG	0	PA, QL (4 tabs every 1 day)
ORGOVYX TAB 120MG	0	PA, QL (1 tab every 1 day)
SOLTAMOX SOL 10MG/5ML	0	
tamoxifen citrate tab 10 mg (base equivalent)	0	$0 copay for women > 35 years for the primary prevention of breast cancer

Drug Name	Drug Tier	Requirements/Limits
tamoxifen citrate tab 20 mg (base equivalent)	0	
toremifene citrate tab 60 mg (base equivalent)	0	
XTANDI CAP 40MG	0	PA, QL (4 caps every 1 day)
XTANDI TAB 40MG	0	PA, QL (4 tabs every 1 day)
XTANDI TAB 80MG	0	PA, QL (2 tabs every 1 day)
YONSA TAB 125MG	0	PA, QL (4 tabs every 1 day)
ANTINEOPLASTIC - IMMUNOMODULATORS		
pomalidomide cap 1 mg	0	PA, QL (21 caps every 21 days)
pomalidomide cap 2 mg	0	PA, QL (21 caps every 21 days)
pomalidomide cap 3 mg	0	PA, QL (21 caps every 21 days)
pomalidomide cap 4 mg	0	PA, QL (21 caps every 21 days)
POMALYST CAP 1MG	0	PA, QL (21 caps every 21 days)
POMALYST CAP 2MG	0	PA, QL (21 caps every 21 days)
POMALYST CAP 3MG	0	PA, QL (21 caps every 21 days)
POMALYST CAP 4MG	0	PA, QL (21 caps every 21 days)
ANTINEOPLASTIC - MENIN INHIBITORS		
REVUFORJ TAB 25MG	0	PA, QL (8 tabs every 1 day)
REVUFORJ TAB 110MG	0	PA, QL (4 tabs every 1 day)
REVUFORJ TAB 160MG	0	PA, QL (2 tabs every 1 day)
ANTINEOPLASTIC - XPO1 INHIBITORS		
XPOVIO PAK 40MG	0	PA, QL (16 tabs every 28 days)
XPOVIO PAK 40MG	0	PA, QL (4 tabs every 28 days)
XPOVIO PAK 40MG	0	PA, QL (8 tabs every 28 days)
XPOVIO PAK 50MG	0	PA, QL (8 tabs every 28 days)
XPOVIO PAK 60MG	0	PA, QL (24 tabs every 28 days); Twice Weekly
XPOVIO PAK 60MG	0	PA, QL (4 tabs every 28 days)
XPOVIO PAK 80MG	0	PA, QL (32 tablets every 28 days); Twice Weekly

Drug Name	Drug Tier	Requirements/Limits
ANTINEOPLASTIC COMBINATIONS		
INQOVI TAB 35-100MG	0	PA, QL (5 tabs every 21 days)
LONSURF TAB 15-6.14	0	PA, QL (100 tabs every 30 days)
LONSURF TAB 20-8.19	0	PA, QL (80 tabs every 28 days)
ANTINEOPLASTIC ENZYME INHIBITORS		
ALECENSA CAP 150MG	0	PA, QL (8 caps every 1 day)
ALUNBRIG PAK	0	PA, QL (1 tab every 1 day)
ALUNBRIG TAB 30MG	0	PA, QL (4 tabs every 1 day)
ALUNBRIG TAB 90MG	0	PA, QL (1 tab every 1 day)
ALUNBRIG TAB 180MG	0	PA, QL (1 tab every 1 day)
AUGTYRO CAP 40MG	0	PA, QL (8 caps every 1 day)
AUGTYRO CAP 160MG	0	PA, QL (2 caps every 1 day)
BALVERSA TAB 3MG	0	PA, QL (3 tabs every 1 day)
BALVERSA TAB 4MG	0	PA, QL (2 tabs every 1 day)
BALVERSA TAB 5MG	0	PA, QL (1 tab every 1 day)
BOSULIF CAP 50MG	0	PA, QL (1 cap every 1 day)
BOSULIF CAP 100MG	0	PA, QL (10 caps every 1 day)
BOSULIF TAB 100MG	0	PA, QL (3 tabs every 1 day)
BOSULIF TAB 400MG	0	PA, QL (1 tab every 1 day)
BOSULIF TAB 500MG	0	PA, QL (1 tab every 1 day)
bosutinib tab 100 mg	0	PA, QL (3 tabs every 1 day)
bosutinib tab 400 mg	0	PA, QL (1 tab every 1 day)
bosutinib tab 500 mg	0	PA, QL (1 tab every 1 day)
BRAFTOVI CAP 75MG	0	PA, QL (6 caps every 1 day)
BRUKINSA CAP 80MG	0	PA, QL (4 caps every 1 day)
BRUKINSA TAB 160MG	0	PA, QL (2 tabs every 1 day)
CABOMETYX TAB 20MG	0	PA, QL (1 tab every 1 day)
CABOMETYX TAB 40MG	0	PA, QL (1 tab every 1 day)
CABOMETYX TAB 60MG	0	PA, QL (1 tab every 1 day)
CALQUENCE TAB 100MG	0	PA
CAPRELSA TAB 100MG	0	PA, QL (2 tabs every 1 day)
CAPRELSA TAB 300MG	0	PA, QL (1 tab every 1 day)
COMETRIQ KIT 60MG	0	PA, QL (84 caps every 28 days)
COMETRIQ KIT 100MG	0	PA, QL (56 caps every 28 days)
COMETRIQ KIT 140MG	0	PA, QL (112 caps every 28 days)
dasatinib tab 20 mg	0	PA, QL (3 tabs every 1 day)
dasatinib tab 50 mg	0	PA, QL (1 tab every 1 day)

Drug Name	Drug Tier	Requirements/Limits
dasatinib tab 70 mg	0	PA, QL (1 tab every 1 day)
dasatinib tab 80 mg	0	PA, QL (1 tab every 1 day)
dasatinib tab 100 mg	0	PA, QL (1 tab every 1 day)
dasatinib tab 140 mg	0	PA, QL (1 tab every 1 day)
everolimus tab 2.5 mg	0	PA, QL (1 tab every 1 day)
everolimus tab 5 mg	0	PA, QL (1 tab every 1 day)
everolimus tab 7.5 mg	0	PA, QL (1 tab every 1 day)
everolimus tab 10 mg	0	PA, QL (1 tab every 1 day)
everolimus tab for oral susp 2 mg	0	PA, QL (2 tabs every 1 day)
everolimus tab for oral susp 3 mg	0	PA, QL (3 tabs every 1 day)
everolimus tab for oral susp 5 mg	0	PA, QL (2 tabs every 1 day)
GAVRETO CAP 100MG	0	PA, QL (4 caps every 1 day)
GOMEKLI CAP 1MG	0	PA, QL (42 caps every 21 days)
GOMEKLI CAP 2MG	0	PA, QL (84 caps every 21 days)
GOMEKLI TAB 1MG	0	PA, QL (168 tabs every 21 days)
IBRANCE CAP 75MG	0	PA, QL (21 caps every 21 days)
IBRANCE CAP 100MG	0	PA, QL (21 caps every 21 days)
IBRANCE CAP 125MG	0	PA, QL (21 caps every 21 days)
IBRANCE TAB 75MG	0	PA, QL (21 tabs every 21 days)
IBRANCE TAB 100MG	0	PA, QL (21 tabs every 21 days)
IBRANCE TAB 125MG	0	PA, QL (21 tabs every 21 days)
IBTROZI CAP 200MG	0	PA, QL (3 caps every 1 day)
IDHIFA TAB 50MG	0	PA, QL (1 tab every 1 day)
IDHIFA TAB 100MG	0	PA, QL (1 tab every 1 day)
imatinib mesylate tab 100 mg (base equivalent)	0	PA, QL (4 tabs every 1 day)
imatinib mesylate tab 400 mg (base equivalent)	0	PA, QL (2 tabs every 1 day)
ITOVEBI TAB 3MG	0	PA, QL (2 tabs every 1 day)
ITOVEBI TAB 9MG	0	PA, QL (1 tab every 1 day)
JAKAFI TAB 5MG	0	PA, QL (2 tabs every 1 day)
JAKAFI TAB 10MG	0	PA, QL (2 tabs every 1 day)
JAKAFI TAB 15MG	0	PA, QL (2 tabs every 1 day)
JAKAFI TAB 20MG	0	PA, QL (2 tabs every 1 day)
JAKAFI TAB 25MG	0	PA, QL (2 tabs every 1 day)
JAKAFI XR TAB 11MG	0	PA, QL (1 tab every 1 day)
JAKAFI XR TAB 22MG	0	PA, QL (1 tab every 1 day)

Drug Name	Drug Tier	Requirements/Limits
JAKAFI XR TAB 33MG	0	PA, QL (1 tab every 1 day)
JAKAFI XR TAB 44MG	0	PA, QL (1 tab every 1 day)
JAKAFI XR TAB 55MG	0	PA, QL (1 tab every 1 day)
KISQALI TAB 200DOSE	0	PA, QL (21 tabs every 21 days)
KISQALI TAB 400DOSE	0	PA, QL (42 tabs every 21 days)
KISQALI TAB 600DOSE	0	PA, QL (63 tabs every 21 days)
KOSELUGO CAP 5MG	0	PA, QL (20 caps every 1 day)
KOSELUGO CAP 7.5MG	0	PA, QL (12 caps every 1 day)
KOSELUGO CAP 10MG	0	PA, QL (8 caps every 1 day)
KOSELUGO CAP 25MG	0	PA, QL (4 caps every 1 day)
KRAZATI TAB 200MG	0	PA, QL (6 tabs every 1 day)
lapatinib ditosylate tab 250 mg (base equiv)	0	PA, QL (6 tabs every 1 day)
LORBRENA TAB 25MG	0	PA, QL (3 tabs every 1 day)
LORBRENA TAB 100MG	0	PA, QL (1 tab every 1 day)
LUMAKRAS TAB 120MG	0	PA, QL (8 tabs every 1 day)
LUMAKRAS TAB 240MG	0	PA, QL (4 tabs every 1 day)
LUMAKRAS TAB 320MG	0	PA, QL (3 tabs every 1 day)
LYNPARZA TAB 100MG	0	PA, QL (4 tabs every 1 day)
LYNPARZA TAB 150MG	0	PA, QL (4 tabs every 1 day)
MEKINIST SOL 0.05/ML	0	PA, QL (38.572 mL every 1 day)
MEKINIST TAB 0.5MG	0	PA, QL (3 tabs every 1 day)
MEKINIST TAB 2MG	0	PA, QL (1 tab every 1 day)
MEKTOVI TAB 15MG	0	PA, QL (6 tabs every 1 day)
NERLYNX TAB 40MG	0	PA, QL (6 tabs every 1 day)
nilotinib hcl cap 50 mg (base equivalent)	0	PA, QL (4 caps every 1 day)
nilotinib hcl cap 150 mg (base equivalent)	0	PA, QL (4 caps every 1 day)
nilotinib hcl cap 200 mg (base equivalent)	0	PA, QL (4 caps every 1 day)
NINLARO CAP 2.3MG	0	PA, QL (3 caps every 21 days)
NINLARO CAP 3MG	0	PA, QL (3 caps every 21 days)
NINLARO CAP 4MG	0	PA, QL (3 ea every 21 days)
OJJAARA TAB 100MG	0	PA, QL (1 tab every 1 day)
OJJAARA TAB 150MG	0	PA, QL (1 tab every 1 day)
OJJAARA TAB 200MG	0	PA, QL (1 tab every 1 day)
pazopanib hcl tab 200 mg (base equiv)	0	PA, QL (4 tabs every 1 day)
pazopanib hcl tab 400 mg (base equiv)	0	PA, QL (2 tabs every 1 day)
PIQRAY 200MG TAB DOSE	0	PA, QL (1 tab every 1 day)

Drug Name	Drug Tier	Requirements/Limits
PIQRAY 250MG TAB DOSE	0	PA, QL (2 tabs every 1 day)
PIQRAY 300MG TAB DOSE	0	PA, QL (2 tabs every 1 day)
RETEVMO CAP 40MG	0	PA, QL (3 caps every 1 day)
RETEVMO CAP 80MG	0	PA, QL (4 caps every 1 day)
RETEVMO TAB 40MG	0	PA, QL (3 tabs every 1 day)
RETEVMO TAB 80MG	0	PA, QL (4 tabs every 1 day)
RETEVMO TAB 120MG	0	PA, QL (2 tabs every 1 day)
RETEVMO TAB 160MG	0	PA, QL (2 tabs every 1 day)
ROZLYTREK CAP 100MG	0	PA, QL (1 cap every 1 day)
ROZLYTREK CAP 200MG	0	PA, QL (3 caps every 1 day)
ROZLYTREK PAK 50MG	0	PA, QL (12 packets every 1 day)
RYDAPT CAP 25MG	0	PA, QL (8 caps every 1 day)
SCEMBLIX TAB 20MG	0	PA, QL (2 tabs every 1 day)
SCEMBLIX TAB 40MG	0	PA, QL (8 tabs every 1 day)
SCEMBLIX TAB 100MG	0	PA, QL (4 tabs every 1 day)
sorafenib tosylate tab 200 mg (base equivalent)	0	PA, QL (4 tabs every 1 day)
STIVARGA TAB 40MG	0	PA, QL (3 tabs every 1 day)
sunitinib malate cap 12.5 mg (base equivalent)	0	PA, QL (1 cap every 1 day)
sunitinib malate cap 25 mg (base equivalent)	0	PA, QL (1 cap every 1 day)
sunitinib malate cap 37.5 mg (base equivalent)	0	PA, QL (1 cap every 1 day)
sunitinib malate cap 50 mg (base equivalent)	0	PA, QL (1 cap every 1 day)
TAFINLAR CAP 50MG	0	PA, QL (4 caps every 1 day)
TAFINLAR CAP 75MG	0	PA, QL (4 caps every 1 day)
TAFINLAR TAB 10MG	0	PA, QL (30 tabs every 1 day)
TIBSOVO TAB 250MG	0	PA, QL (2 tabs every 1 day)
torpenz tab 2.5mg	0	PA, QL (1 tab every 1 day)
torpenz tab 5mg	0	PA, QL (1 tab every 1 day)
torpenz tab 7.5mg	0	PA, QL (1 tab every 1 day)
torpenz tab 10mg	0	PA, QL (1 tab every 1 day)
TRUQAP PAK 160MG	0	PA, QL (64 tabs every 28 days)
TRUQAP PAK 200MG	0	PA, QL (64 tablets every 28 days)
TRUQAP TAB 160MG	0	PA, QL (64 tabs every 28 days)
TRUQAP TAB 200MG	0	PA, QL (64 tablets every 28 days)
TURALIO CAP 125MG	0	PA, QL (4 caps every 1 day)
TYKERB TAB 250MG	0	PA, QL (6 tabs every 1 day)
VANFLYTA TAB 17.7MG	0	PA, QL (56 tabs every 21 days)

Drug Name	Drug Tier	Requirements/Limits
VANFLYTA TAB 26.5MG	0	PA, QL (56 tabs every 21 days)
VERZENIO TAB 50MG	0	PA, QL (2 tabs every 1 day)
VERZENIO TAB 100MG	0	PA, QL (2 tabs every 1 day)
VERZENIO TAB 150MG	0	PA, QL (2 tabs every 1 day)
VERZENIO TAB 200MG	0	PA, QL (2 tabs every 1 day)
VITRAKVI CAP 25MG	0	PA, QL (6 caps every 1 day)
VITRAKVI CAP 100MG	0	PA, QL (2 caps every 1 day)
VITRAKVI SOL 20MG/ML	0	PA, QL (10 mL every 1 day)
VONJO CAP 100MG	0	PA, QL (4 caps every 1 day)
VORANIGO TAB 10MG	0	PA, QL (2 tabs every 1 day)
VORANIGO TAB 40MG	0	PA, QL (1 tab every 1 day)
XALKORI CAP 20MG	0	PA, QL (4 caps every 1 day)
XALKORI CAP 50MG	0	PA, QL (4 caps every 1 day)
XALKORI CAP 150MG	0	PA, QL (6 caps every 1 day)
XOSPATA TAB 40MG	0	PA, QL (3 tabs every 1 day)
yulithira tab 2.5mg	0	PA, QL (1 tab every 1 day)
yulithira tab 5mg	0	PA, QL (1 tab every 1 day)
yulithira tab 7.5mg	0	PA, QL (1 tab every 1 day)
yulithira tab 10mg	0	PA, QL (1 tab every 1 day)
ZEJULA TAB 100MG	0	PA, QL (1 tab every 1 day)
ZEJULA TAB 200MG	0	PA, QL (1 tab every 1 day)
ZEJULA TAB 300MG	0	PA, QL (1 tab every 1 day)
ZOLINZA CAP 100MG	0	PA, QL (4 caps every 1 day)
ZYKADIA TAB 150MG	0	PA, QL (3 tabs every 1 day)
ANTINEOPLASTICS MISC.		
ACTIMMUNE INJ 2MU/0.5	3	PA
BESREMI PEN INJ 500MCG	2	PA, QL (2 syringes every 28 days)
BESREMI SOL 500MCG	2	PA, QL (2 syringes every 28 days)
bexarotene cap 75 mg	0	PA
HYDREA CAP 500MG	0	
hydroxyurea cap 500 mg	0	
MATULANE CAP 50MG	0	
tretinoin cap 10 mg	0	
CHEMOTHERAPY RESCUE/ANTIDOTE/PROTECTIVE AGENTS		
IWILFIN TAB 192MG	0	PA, QL (8 tabs every 1 day)
leucovorin calcium tab 5 mg	0	
leucovorin calcium tab 10 mg	0	
leucovorin calcium tab 15 mg	0	
leucovorin calcium tab 25 mg	0	
leucovorin tab 5mg	0	

Drug Name	Drug Tier	Requirements/Limits
mesna tab 400 mg	0	
MESNEX TAB 400MG	0	
MITOTIC INHIBITORS		
etoposide cap 50 mg	0	
TOPOISOMERASE I INHIBITORS		
HYCAMTIN CAP 0.25MG	0	PA
HYCAMTIN CAP 1MG	0	PA
ANTIPARKINSON AND RELATED THERAPY AGENTS		
ANTIPARKINSON ADJUNCTIVE THERAPY		
carbidopa tab 25 mg	1	
LODOSYN TAB 25MG	3	
ANTIPARKINSON ANTICHOLINERGICS		
benztropine mesylate tab 0.5 mg	1	
benztropine mesylate tab 1 mg	1	
benztropine mesylate tab 2 mg	1	
trihexyphenidyl hcl oral soln 0.4 mg/ml	1	
trihexyphenidyl hcl tab 2 mg	1	
trihexyphenidyl hcl tab 5 mg	1	
ANTIPARKINSON COMT INHIBITORS		
entacapone tab 200 mg	1	
TASMAR TAB 100MG	3	
tolcapone tab 100 mg	1	
ANTIPARKINSON DOPAMINERGICS		
amantadine hcl cap 100 mg	1	
amantadine hcl soln 50 mg/5ml	1	
amantadine hcl tab 100 mg	1	
apomorphine hcl soln cartridge 30 mg/3ml	1	PA, QL (20 catridges every 28 days)
bromocriptine mesylate cap 5 mg (base equivalent)	1	
bromocriptine mesylate tab 2.5 mg (base equivalent)	1	
carbidopa & levodopa cap er 23.75-95 mg	1	
carbidopa & levodopa cap er 36.25-145 mg	1	
carbidopa & levodopa cap er 48.75-195 mg	1	
carbidopa & levodopa cap er 61.25-245 mg	1	
carbidopa & levodopa orally disintegrating tab 10-100 mg	1	
carbidopa & levodopa orally disintegrating tab 25-100 mg	1	
carbidopa & levodopa orally disintegrating tab 25-250 mg	1	
carbidopa & levodopa tab 10-100 mg	1	

Drug Name	Drug Tier	Requirements/Limits
carbidopa & levodopa tab 25-100 mg	1	
carbidopa & levodopa tab 25-250 mg	1	
carbidopa & levodopa tab er 25-100 mg	1	
carbidopa & levodopa tab er 50-200 mg	1	
carbidopa-levodopa-entacapone tabs 12.5-50-200 mg	1	
carbidopa-levodopa-entacapone tabs 18.75-75-200 mg	1	
carbidopa-levodopa-entacapone tabs 25-100-200 mg	1	
carbidopa-levodopa-entacapone tabs 31.25-125-200 mg	1	
carbidopa-levodopa-entacapone tabs 37.5-150-200 mg	1	
carbidopa-levodopa-entacapone tabs 50-200-200 mg	1	
CREXONT CAP 35-140MG	2	
CREXONT CAP 52.5-210	2	
CREXONT CAP 70-280MG	2	
CREXONT CAP 87.5-350	2	
DHIVY TAB 25-100MG	3	
INBRIJA CAP 42MG	2	PA, QL (10 caps every 1 day)
MIRAPEX ER TAB 0.75MG	3	
MIRAPEX ER TAB 0.375MG	3	
MIRAPEX ER TAB 2.25MG	3	
MIRAPEX ER TAB 3.75MG	3	
MIRAPEX ER TAB 3MG	3	
NEUPRO DIS 1MG/24HR	2	
NEUPRO DIS 2MG/24HR	2	
NEUPRO DIS 3MG/24HR	2	
NEUPRO DIS 4MG/24HR	2	
NEUPRO DIS 6MG/24HR	2	
NEUPRO DIS 8MG/24HR	2	
PARLODEL CAP 5MG	3	
PARLODEL TAB 2.5MG	3	
pramipexole dihydrochloride tab 0.5 mg	1	
pramipexole dihydrochloride tab 0.25 mg	1	
pramipexole dihydrochloride tab 0.75 mg	1	
pramipexole dihydrochloride tab 0.125 mg	1	
pramipexole dihydrochloride tab 1 mg	1	
pramipexole dihydrochloride tab 1.5 mg	1	
pramipexole dihydrochloride tab er 24hr 0.75 mg	1	

Drug Name	Drug Tier	Requirements/Limits
pramipexole dihydrochloride tab er 24hr 0.375 mg	1	
pramipexole dihydrochloride tab er 24hr 1.5 mg	1	
pramipexole dihydrochloride tab er 24hr 2.25 mg	1	
pramipexole dihydrochloride tab er 24hr 3 mg	1	
pramipexole dihydrochloride tab er 24hr 3.75 mg	1	
pramipexole dihydrochloride tab er 24hr 4.5 mg	1	
ropinirole hydrochloride tab 0.5 mg	1	
ropinirole hydrochloride tab 0.25 mg	1	
ropinirole hydrochloride tab 1 mg	1	
ropinirole hydrochloride tab 2 mg	1	
ropinirole hydrochloride tab 3 mg	1	
ropinirole hydrochloride tab 4 mg	1	
ropinirole hydrochloride tab 5 mg	1	
ropinirole hydrochloride tab er 24hr 2 mg (base equivalent)	1	
ropinirole hydrochloride tab er 24hr 4 mg (base equivalent)	1	
ropinirole hydrochloride tab er 24hr 6 mg (base equivalent)	1	
ropinirole hydrochloride tab er 24hr 8 mg (base equivalent)	1	
ropinirole hydrochloride tab er 24hr 12 mg (base equivalent)	1	
RYTARY CAP 95MG	2	
RYTARY CAP 145MG	2	
RYTARY CAP 195MG	2	
RYTARY CAP 245MG	2	
SINEMET TAB 10-100MG	3	
SINEMET TAB 25-100MG	3	
ANTIPARKINSON MONOAMINE OXIDASE INHIBITORS		
AZILECT TAB 0.5MG	3	
AZILECT TAB 1MG	3	
rasagiline mesylate tab 0.5 mg (base equiv)	1	
rasagiline mesylate tab 1 mg (base equiv)	1	
selegiline hcl cap 5 mg	1	
selegiline hcl tab 5 mg	1	
ZELAPAR ODT TAB 1.25MG	3	
ANTIPSYCHOTICS/ANTIMANIC AGENTS		
ANTIMANIC AGENTS		
lithium carbonate cap 150 mg	1	
lithium carbonate cap 300 mg	1	

Drug Name	Drug Tier	Requirements/Limits
lithium carbonate cap 600 mg	1	
lithium carbonate tab 300 mg	1	
lithium carbonate tab er 300 mg	1	
lithium carbonate tab er 450 mg	1	
lithium oral solution 8 meq/5ml	1	
LITHOBID TAB 300MG	3	
ANTIPSYCHOTICS - MISC.		
CAPLYTA CAP 10.5MG	3	
CAPLYTA CAP 21MG	3	
CAPLYTA CAP 42MG	3	
EQUETRO CAP 100MG	3	
EQUETRO CAP 200MG	3	
EQUETRO CAP 300MG	3	
GEODON CAP 20MG	3	
GEODON CAP 40MG	3	
GEODON CAP 60MG	3	
GEODON CAP 80MG	3	
GEODON INJ 20MG	3	
lurasidone hcl tab 20 mg	1	
lurasidone hcl tab 40 mg	1	
lurasidone hcl tab 60 mg	1	
lurasidone hcl tab 80 mg	1	
lurasidone hcl tab 120 mg	1	
NUPLAZID CAP 34MG	3	PA, QL (1 cap every 1 day)
NUPLAZID TAB 10MG	3	PA, QL (1 tab every 1 day)
VRAYLAR CAP 0.5MG	2	
VRAYLAR CAP 0.75MG	2	
VRAYLAR CAP 1.5MG	2	
VRAYLAR CAP 3MG	2	
VRAYLAR CAP 4.5MG	2	
VRAYLAR CAP 6MG	2	
ziprasidone hcl cap 20 mg	1	
ziprasidone hcl cap 40 mg	1	
ziprasidone hcl cap 60 mg	1	
ziprasidone hcl cap 80 mg	1	
ziprasidone mesylate for inj 20 mg (base equivalent)	1	
BENZISOXAZOLES		
INVEGA HAFYE INJ 1092MG	2	
INVEGA HAFYE INJ 1560MG	2	
INVEGA SUST INJ 39/0.25	2	
INVEGA SUST INJ 78/0.5ML	2	
INVEGA SUST INJ 117/0.75	2	

Drug Name	Drug Tier	Requirements/Limits
INVEGA SUST INJ 156MG/ML	2	
INVEGA SUST INJ 234/1.5	2	
INVEGA TAB 3MG	3	
INVEGA TAB 6MG	3	
INVEGA TAB 9MG	3	
INVEGA TRINZ INJ 273MG	2	
INVEGA TRINZ INJ 410MG	2	
INVEGA TRINZ INJ 546MG	2	
INVEGA TRINZ INJ 819MG	2	
paliperidone tab er 24hr 1.5 mg	1	
paliperidone tab er 24hr 3 mg	1	
paliperidone tab er 24hr 6 mg	1	
paliperidone tab er 24hr 9 mg	1	
PERSERIS INJ 90MG	3	
PERSERIS INJ 120MG	3	
RISPERDAL INJ 12.5MG	3	
RISPERDAL INJ 25MG	3	
RISPERDAL INJ 37.5MG	3	
RISPERDAL INJ 50MG	3	
RISPERDAL SOL 1MG/ML	3	
RISPERDAL TAB 0.5MG	3	
RISPERDAL TAB 1MG	3	
RISPERDAL TAB 2MG	3	
RISPERDAL TAB 3MG	3	
RISPERDAL TAB 4MG	3	
risperidone microspheres for im extended rel susp 12.5 mg	1	
risperidone microspheres for im extended rel susp 25 mg	1	
risperidone microspheres for im extended rel susp 37.5 mg	1	
risperidone microspheres for im extended rel susp 50 mg	1	
risperidone orally disintegrating tab 0.5 mg	1	
risperidone orally disintegrating tab 0.25 mg	1	
risperidone orally disintegrating tab 1 mg	1	
risperidone orally disintegrating tab 2 mg	1	
risperidone orally disintegrating tab 3 mg	1	
risperidone orally disintegrating tab 4 mg	1	
risperidone soln 1 mg/ml	1	
risperidone tab 0.5 mg	1	
risperidone tab 0.25 mg	1	
risperidone tab 1 mg	1	
risperidone tab 2 mg	1	

Drug Name	Drug Tier	Requirements/Limits
risperidone tab 3 mg	1	
risperidone tab 4 mg	1	
BUTYROPHENONES		
HALDOL DECAN INJ 50MG/ML	3	
HALDOL DECAN INJ 100MG/ML	3	
haloperidol decanoate im soln 50 mg/ml	1	
haloperidol decanoate im soln 100 mg/ml	1	
haloperidol lactate inj 5 mg/ml	1	
haloperidol lactate oral conc 2 mg/ml	1	
haloperidol tab 0.5 mg	1	
haloperidol tab 1 mg	1	
haloperidol tab 2 mg	1	
haloperidol tab 5 mg	1	
haloperidol tab 10 mg	1	
haloperidol tab 20 mg	1	
DIBENZAPINES		
ADASUVE INH 10MG	3	
asenapine maleate sl tab 2.5 mg (base equiv)	1	
asenapine maleate sl tab 5 mg (base equiv)	1	
asenapine maleate sl tab 10 mg (base equiv)	1	
clozapine orally disintegrating tab 12.5 mg	1	
clozapine orally disintegrating tab 25 mg	1	
clozapine orally disintegrating tab 100 mg	1	
clozapine orally disintegrating tab 150 mg	1	
clozapine orally disintegrating tab 200 mg	1	
clozapine tab 25 mg	1	
clozapine tab 50 mg	1	
clozapine tab 100 mg	1	
clozapine tab 200 mg	1	
CLOZARIL TAB 25MG	3	
CLOZARIL TAB 50MG	3	
CLOZARIL TAB 100MG	3	
CLOZARIL TAB 200MG	3	
loxapine succinate cap 5 mg	1	
loxapine succinate cap 10 mg	1	
loxapine succinate cap 25 mg	1	
loxapine succinate cap 50 mg	1	
olanzapine for im inj 10 mg	1	
olanzapine orally disintegrating tab 5 mg	1	
olanzapine orally disintegrating tab 10 mg	1	
olanzapine orally disintegrating tab 15 mg	1	
olanzapine orally disintegrating tab 20 mg	1	
olanzapine tab 2.5 mg	1	

Drug Name	Drug Tier	Requirements/Limits
olanzapine tab 5 mg	1	
olanzapine tab 7.5 mg	1	
olanzapine tab 10 mg	1	
olanzapine tab 15 mg	1	
olanzapine tab 20 mg	1	
quetiapine fumarate tab 25 mg	1	
quetiapine fumarate tab 50 mg	1	
quetiapine fumarate tab 100 mg	1	
quetiapine fumarate tab 150 mg	1	
quetiapine fumarate tab 200 mg	1	
quetiapine fumarate tab 300 mg	1	
quetiapine fumarate tab 400 mg	1	
quetiapine fumarate tab er 24hr 50 mg	1	
quetiapine fumarate tab er 24hr 150 mg	1	
quetiapine fumarate tab er 24hr 200 mg	1	
quetiapine fumarate tab er 24hr 300 mg	1	
quetiapine fumarate tab er 24hr 400 mg	1	
SAPHRIS SUB 2.5MG	3	
SAPHRIS SUB 5MG	3	
SAPHRIS SUB 10MG	3	
SEROQUEL TAB 25MG	3	
SEROQUEL TAB 50MG	3	
SEROQUEL TAB 100MG	3	
SEROQUEL TAB 200MG	3	
SEROQUEL TAB 300MG	3	
SEROQUEL TAB 400MG	3	
VERSACLOZ SUS 50MG/ML	3	
ZYPREXA INJ 10MG	3	
ZYPREXA RELP INJ 210MG	3	
ZYPREXA RELP INJ 300MG	3	
ZYPREXA RELP INJ 405MG	3	
ZYPREXA TAB 2.5MG	3	
ZYPREXA TAB 5MG	3	
ZYPREXA TAB 7.5MG	3	
ZYPREXA TAB 10MG	3	
ZYPREXA TAB 15MG	3	
ZYPREXA TAB 20MG	3	
ZYPREXA ZYDI TAB 5MG	3	
ZYPREXA ZYDI TAB 10MG	3	
ZYPREXA ZYDI TAB 15MG	3	
ZYPREXA ZYDI TAB 20MG	3	
DIHYDROINDOLONES		
molindone hcl tab 5 mg	1	

Drug Name	Drug Tier	Requirements/Limits
molindone hcl tab 10 mg	1	
molindone hcl tab 25 mg	1	
MUSCARINIC AGENTS		
COBENFY CAP 50-20MG	3	
COBENFY CAP 100-20MG	3	
COBENFY CAP 125-30MG	3	
COBENFY STRT CAP PACK	3	
PHENOTHIAZINES		
chlorpromazine hcl conc 30 mg/ml	1	
chlorpromazine hcl conc 100 mg/ml	1	
chlorpromazine hcl inj 25 mg/ml	1	
chlorpromazine hcl inj 50 mg/2ml	1	
chlorpromazine hcl tab 10 mg	1	
chlorpromazine hcl tab 25 mg	1	
chlorpromazine hcl tab 50 mg	1	
chlorpromazine hcl tab 100 mg	1	
chlorpromazine hcl tab 200 mg	1	
compro sup 25mg	1	
fluphenazine decanoate inj 25 mg/ml	1	
fluphenazine hcl elixir 2.5 mg/5ml	1	
fluphenazine hcl inj 2.5 mg/ml	1	
fluphenazine hcl oral conc 5 mg/ml	1	
fluphenazine hcl tab 1 mg	1	
fluphenazine hcl tab 2.5 mg	1	
fluphenazine hcl tab 5 mg	1	
fluphenazine hcl tab 10 mg	1	
perphenazine tab 2 mg	1	
perphenazine tab 4 mg	1	
perphenazine tab 8 mg	1	
perphenazine tab 16 mg	1	
prochlorperazine edisylate inj 10 mg/2ml	1	
prochlorperazine maleate tab 5 mg (base equivalent)	1	
prochlorperazine maleate tab 10 mg (base equivalent)	1	
prochlorperazine suppos 25 mg	1	
thioridazine hcl tab 10 mg	1	
thioridazine hcl tab 25 mg	1	
thioridazine hcl tab 50 mg	1	
thioridazine hcl tab 100 mg	1	
trifluoperazine hcl tab 1 mg (base equivalent)	1	
trifluoperazine hcl tab 2 mg (base equivalent)	1	
trifluoperazine hcl tab 5 mg (base equivalent)	1	

Drug Name	Drug Tier	Requirements/Limits
trifluoperazine hcl tab 10 mg (base equivalent)	1	
QUINOLINONE DERIVATIVES		
ABILIFY ASIM INJ 720MG	2	
ABILIFY ASIM INJ 960MG	2	
ABILIFY MAIN INJ 300MG	2	
ABILIFY MAIN INJ 400MG	2	
aripiprazole oral solution 1 mg/ml	1	
aripiprazole orally disintegrating tab 10 mg	1	
aripiprazole orally disintegrating tab 15 mg	1	
aripiprazole tab 2 mg	1	
aripiprazole tab 5 mg	1	
aripiprazole tab 10 mg	1	
aripiprazole tab 15 mg	1	
aripiprazole tab 20 mg	1	
aripiprazole tab 30 mg	1	
ARISTADA INJ 441MG/1.	3	
ARISTADA INJ 662MG/2	3	
ARISTADA INJ 882MG/3	3	
ARISTADA INJ 1064MG	3	
ARISTADA INJ INITIO	3	
REXULTI TAB 0.5MG	3	
REXULTI TAB 0.25MG	3	
REXULTI TAB 1MG	3	
REXULTI TAB 2MG	3	
REXULTI TAB 3MG	3	
REXULTI TAB 4MG	3	
THIOXANTHENES		
thiothixene cap 1 mg	1	
thiothixene cap 2 mg	1	
thiothixene cap 5 mg	1	
thiothixene cap 10 mg	1	
ANTISEPTICS & DISINFECTANTS		
ANTISEPTICS & DISINFECTANTS		
FORMALDEHYDE SOL 10%	3	
GLUTARALDEHY SOL 25%	3	
HYDROGEN PER SOL 30%	3	
CHLORINE ANTISEPTICS		
BENZALKONIUM SOL NF	3	
CHLORHEX GLU SOL 20%	3	
IODINE ANTISEPTICS		
LUGOLS SOL IODINE	3	

Drug Name	Drug Tier	Requirements/Limits
ANTIVIRALS		
ANTIRETROVIRALS		
abacavir sulfate soln 20 mg/ml (base equiv)	1	QL (30 mL every 1 day)
abacavir sulfate tab 300 mg (base equiv)	1	QL (2 tabs every 1 day)
abacavir sulfate-lamivudine tab 600-300 mg	1	QL (1 tab every 1 day)
APRETUDE SUS 600MG ER	0	QL (6 mL every 75 days)
atazanavir sulfate cap 150 mg (base equiv)	1	QL (1 cap every 1 day)
atazanavir sulfate cap 200 mg (base equiv)	1	QL (2 caps every 1 day)
atazanavir sulfate cap 300 mg (base equiv)	1	QL (1 cap every 1 day)
BIKTARVY TAB	2	QL (1 tab every 1 day)
CABENUVA SUS 400-600	2	QL (1 kit every 30 days)
CABENUVA SUS 600-900	2	
CIMDUO TAB 300-300	2	QL (1 tab every 1 day)
darunavir tab 600 mg	1	QL (2 tabs every 1 day)
darunavir tab 800 mg	1	QL (1 tab every 1 day)
DESCOVY TAB 120-15MG	2	QL (1 tab every 1 day)
DESCOVY TAB 200/25MG	0	QL (1 tab every 1 day); $0 copay for pre exposure prophylaxis
DOVATO TAB 50-300MG	2	QL (1 tab every 1 day)
efavirenz cap 50 mg	1	QL (3 caps every 1 day)
efavirenz cap 200 mg	1	QL (4 caps every 1 day)
efavirenz tab 600 mg	1	QL (1 tab every 1 day)
efavirenz-emtricitabine-tenofovir df tab 600-200-300 mg	1	QL (1 tab every 1 day)
efavirenz-lamivudine-tenofovir df tab 400-300-300 mg	1	QL (1 tab every 1 day)
efavirenz-lamivudine-tenofovir df tab 600-300-300 mg	1	QL (1 tab every 1 day)
emtricitabine caps 200 mg	1	QL (1 cap every 1 day)
emtricitabine-rilpivirine-tenofovir df tab 200-25-300 mg	1	QL (1 tab every 1 day)
emtricitabine-tenofovir disoproxil fumarate tab 100-150 mg	1	QL (1 tab every 1 day)
emtricitabine-tenofovir disoproxil fumarate tab 133-200 mg	1	QL (1 tab every 1 day)
emtricitabine-tenofovir disoproxil fumarate tab 167-250 mg	1	QL (1 tab every 1 day)
emtricitabine-tenofovir disoproxil fumarate tab 200-300 mg	0	QL (1 tab every 1 day); $0 copay for pre exposure prophylaxis
EMTRIVA CAP 200MG	3	QL (1 cap every 1 day)
EMTRIVA SOL 10MG/ML	3	QL (24.3 mL every 1 day)
EPIVIR SOL 10MG/ML	3	QL (32 mL every 1 day)

Drug Name	Drug Tier	Requirements/Limits
EPIVIR TAB 150MG	3	QL (2 tabs every 1 day)
EPIVIR TAB 300MG	3	QL (1 tab every 1 day)
etravirine tab 100 mg	1	QL (4 tabs every 1 day)
etravirine tab 200 mg	1	QL (2 tabs every 1 day)
EVOTAZ TAB 300-150	3	QL (1 tab every 1 day)
fosamprenavir calcium tab 700 mg (base equiv)	1	QL (4 tabs every 1 day)
FUZEON INJ 90MG	3	QL (60 vials every 30 days)
GENVOYA TAB	2	QL (1 tab every 1 day)
ISENTRESS CHW 25MG	2	QL (6 tabs every 1 day)
ISENTRESS CHW 100MG	2	QL (6 tabs every 1 day)
ISENTRESS HD TAB 600MG	2	QL (2 tabs every 1 day)
ISENTRESS POW 100MG	2	QL (2 packets every 1 day)
ISENTRESS TAB 400MG	2	QL (4 tabs every 1 day)
JULUCA TAB 50-25MG	3	QL (1 tab every 1 day)
KALETRA SOL	3	QL (16 mL every 1 day)
lamivudine oral soln 10 mg/ml	1	QL (32 bottles every 1 day)
lamivudine oral soln 10 mg/ml	1	QL (32 mL every 1 day)
lamivudine tab 150 mg	1	QL (2 tabs every 1 day)
lamivudine tab 300 mg	1	QL (1 tab every 1 day)
lamivudine-zidovudine tab 150-300 mg	1	QL (2 tabs every 1 day)
lopinavir-ritonavir tab 100-25 mg	1	QL (10 tabs every 1 day)
lopinavir-ritonavir tab 200-50 mg	1	QL (4 tabs every 1 day)
maraviroc tab 150 mg	1	QL (2 tabs every 1 day)
maraviroc tab 300 mg	1	QL (4 tabs every 1 day)
nevirapine susp 50 mg/5ml	1	QL (40 mL every 1 day)
nevirapine tab 200 mg	1	QL (2 tabs every 1 day)
nevirapine tab er 24hr 400 mg	1	QL (1 tab every 1 day)
ODEFSEY TAB	2	QL (1 tab every 1 day)
PREZCOBIX TAB 675/150	3	QL (1 tab every 1 day)
PREZCOBIX TAB 800-150	3	QL (1 tab every 1 day)
RETROVIR CAP 100MG	3	QL (6 caps every 1 day)
RETROVIR SYP 50MG/5ML	3	QL (64 mL every 1 day)
rilpivirine hcl tab 25 mg (base equivalent)	1	QL (2 tabs every 1 day)
ritonavir tab 100 mg	1	QL (12 tabs every 1 day)
RUKOBIA TAB 600MG ER	3	QL (2 tabs every 1 day)
SYMFI LO TAB	3	QL (1 tab every 1 day)
SYMFI TAB	3	QL (1 tab every 1 day)
SYMTUZA TAB	2	QL (1 tab every 1 day)
tenofovir disoproxil fumarate tab 300 mg	1	QL (1 tab every 1 day)
TIVICAY PD TAB 5MG	2	QL (12 tabs every 1 day)
TIVICAY TAB 50MG	2	QL (2 tabs every 1 day)
TRIUMEQ PD TAB	2	QL (6 tabs every 1 day)
TRIUMEQ TAB	2	QL (1 tab every 1 day)
TROGARZO INJ 150MG/ML	3	

Drug Name	Drug Tier	Requirements/Limits
TYBOST TAB 150MG	3	QL (1 tab every 1 day)
VIREAD POW 40MG/GM	3	QL (8 gm every 1 day)
VIREAD TAB 150MG	3	QL (1 tab every 1 day)
VIREAD TAB 200MG	3	QL (1 tab every 1 day)
VIREAD TAB 250MG	3	QL (1 tab every 1 day)
VIREAD TAB 300MG	3	QL (1 tab every 1 day)
YEZTUGO INJ 463.5MG	2	QL (4 vials every 126 days)
YEZTUGO TAB 300MG	2	QL (8 tabs every 4 days)
ZIAGEN SOL 20MG/ML	3	QL (30 mL every 1 day)
zidovudine cap 100 mg	1	QL (6 caps every 1 day)
zidovudine syrup 10 mg/ml	1	QL (64 mL every 1 day)
zidovudine tab 300 mg	1	QL (2 tabs every 1 day)
ANTIVIRAL COMBINATIONS		
PAXLOVID PAK	2	QL (22 tabs every 30 days)
PAXLOVID TAB 150-100	2	QL (40 ea every 30 days)
PAXLOVID TAB 300-100	2	QL (60 ea every 30 days)
CMV AGENTS		
LIVTENCITY TAB 200MG	3	QL (4 tabs every 1 day)
PREVYMIS PAK 20MG	3	
PREVYMIS PAK 120MG	3	
PREVYMIS TAB 240MG	3	PA, QL (1 ea every 1 day)
PREVYMIS TAB 480MG	3	
valganciclovir hcl for soln 50 mg/ml (base equiv)	1	QL (38.134 mL every 1 day)
valganciclovir hcl tab 450 mg (base equivalent)	1	QL (4 tabs every 1 day)
HEPATITIS AGENTS		
adefovir dipivoxil tab 10 mg	1	
BARACLUDE SOL	3	QL (21 mL every 1 day)
entecavir tab 0.5 mg	1	QL (1 tab every 1 day)
entecavir tab 1 mg	1	QL (1 tab every 1 day)
EPCLUSA PAK 150-37.5	2	PA, QL (1 packet every 1 day); Genotypes 1, 2, 3, 4, 5, 6
EPCLUSA PAK 200-50MG	2	PA, QL (2 packets every 1 day); Genotypes 1, 2, 3, 4, 5, 6
EPCLUSA TAB 200-50MG	2	PA, QL (2 tabs every 1 day); Genotypes 1, 2, 3, 4, 5, 6
EPCLUSA TAB 400-100	2	PA, QL (1 tab every 1 day); Genotypes 1, 2, 3, 4, 5, 6
HARVONI PAK	2	PA, QL (1 packet every 1 day); Genotypes 1, 4, 5 ,6
HARVONI PAK 45-200MG	2	PA, QL (2 packets every 1 day); Genotypes 1, 4, 5 ,6

Drug Name	Drug Tier	Requirements/Limits
HARVONI TAB 45-200MG	2	PA, QL (2 tabs every 1 day); Genotypes 1, 4, 5 ,6
HARVONI TAB 90-400MG	2	PA, QL (1 tab every 1 day); Genotypes 1, 4, 5 ,6
lamivudine tab 100 mg (hbv)	1	
ribavirin cap 200 mg	1	
ribavirin tab 200 mg	1	
SOVALDI PAK 150MG	3	PA, QL (1 packet every 1 day)
SOVALDI PAK 200MG	3	PA, QL (2 packets every 1 day)
SOVALDI TAB 200MG	3	PA, QL (2 tabs every 1 day)
SOVALDI TAB 400MG	3	PA, QL (1 tab every 1 day)
VOSEVI TAB	2	PA, QL (1 tab every 1 day); For use in patients previously treated with an HCV regimen containing an NS5A inhibitor (for genotypes 1-6) or sofosbuvir without an NS5A inhibitor (for genotypes 1a or 3)
HERPES AGENTS		
acyclovir cap 200 mg	1	
acyclovir susp 200 mg/5ml	1	
acyclovir tab 400 mg	1	
acyclovir tab 800 mg	1	
famciclovir tab 125 mg	1	
famciclovir tab 250 mg	1	
famciclovir tab 500 mg	1	
SITAVIG TAB 50MG	3	
valacyclovir hcl tab 1 gm	1	
valacyclovir hcl tab 500 mg	1	
INFLUENZA AGENTS		
oseltamivir phosphate cap 30 mg (base equiv)	1	QL (40 caps every 90 days)
oseltamivir phosphate cap 45 mg (base equiv)	1	QL (20 caps every 90 days)
oseltamivir phosphate cap 75 mg (base equiv)	1	QL (20 caps every 90 days)
oseltamivir phosphate for susp 6 mg/ml (base equiv)	1	QL (360 mL every 90 days)
RELENZA MIS DISKHALE	2	QL (2 inhalers every 90 days)

Drug Name	Drug Tier	Requirements/Limits
rimantadine hydrochloride tab 100 mg	1	
TAMIFLU CAP 30MG	3	QL (40 caps every 90 days)
TAMIFLU CAP 45MG	3	QL (20 caps every 90 days)
TAMIFLU CAP 75MG	3	QL (20 caps every 90 days)
TAMIFLU SUS 6MG/ML	3	QL (360 mL every 90 days)
MISC. ANTIVIRALS		
LAGEVRIO CAP 200MG	3	QL (40 caps every 30 days)
TEMBEXA SUS 10MG/ML	3	
TEMBEXA TAB 100MG	3	
TPOXX CAP 200MG	3	PA
BETA BLOCKERS		
ALPHA-BETA BLOCKERS		
carvedilol phosphate cap er 24hr 10 mg	1	
carvedilol phosphate cap er 24hr 20 mg	1	
carvedilol phosphate cap er 24hr 40 mg	1	
carvedilol phosphate cap er 24hr 80 mg	1	
carvedilol tab 3.125 mg	1	
carvedilol tab 6.25 mg	1	
carvedilol tab 12.5 mg	1	
carvedilol tab 25 mg	1	
COREG TAB 3.125MG	3	
COREG TAB 6.25MG	3	
COREG TAB 12.5MG	3	
COREG TAB 25MG	3	
labetalol hcl tab 100 mg	1	
labetalol hcl tab 200 mg	1	
labetalol hcl tab 300 mg	1	
labetalol hcl tab 400 mg	1	
BETA BLOCKERS CARDIO-SELECTIVE		
acebutolol hcl cap 200 mg	1	
acebutolol hcl cap 400 mg	1	
atenolol tab 25 mg	1	
atenolol tab 50 mg	1	
atenolol tab 100 mg	1	
betaxolol hcl tab 10 mg	1	
betaxolol hcl tab 20 mg	1	
bisoprolol fumarate tab 5 mg	1	
bisoprolol fumarate tab 10 mg	1	
LOPRESSOR SOL 10MG/ML	3	

Drug Name	Drug Tier	Requirements/Limits
LOPRESSOR TAB 12.5MG	3	
LOPRESSOR TAB 50MG	3	
LOPRESSOR TAB 100MG	3	
metoprolol succinate tab er 24hr 25 mg (tartrate equiv)	1	
metoprolol succinate tab er 24hr 50 mg (tartrate equiv)	1	
metoprolol succinate tab er 24hr 100 mg (tartrate equiv)	1	
metoprolol succinate tab er 24hr 200 mg (tartrate equiv)	1	
metoprolol tartrate tab 12.5 mg	1	
metoprolol tartrate tab 25 mg	1	
metoprolol tartrate tab 37.5 mg	1	
metoprolol tartrate tab 50 mg	1	
metoprolol tartrate tab 75 mg	1	
metoprolol tartrate tab 100 mg	1	
nebivolol hcl tab 2.5 mg (base equivalent)	1	
nebivolol hcl tab 5 mg (base equivalent)	1	
nebivolol hcl tab 10 mg (base equivalent)	1	
nebivolol hcl tab 20 mg (base equivalent)	1	
TENORMIN TAB 25MG	3	
TENORMIN TAB 50MG	3	
TENORMIN TAB 100MG	3	
BETA BLOCKERS NON-SELECTIVE		
HEMANGEOL SOL 4.28/ML	3	
nadolol tab 20 mg	1	
nadolol tab 40 mg	1	
nadolol tab 80 mg	1	
pindolol tab 5 mg	1	
pindolol tab 10 mg	1	
propranolol hcl cap er 24hr 60 mg	1	
propranolol hcl cap er 24hr 80 mg	1	
propranolol hcl cap er 24hr 120 mg	1	
propranolol hcl cap er 24hr 160 mg	1	
propranolol hcl oral soln 20 mg/5ml	1	
propranolol hcl oral soln 40 mg/5ml	1	
propranolol hcl tab 10 mg	1	
propranolol hcl tab 20 mg	1	
propranolol hcl tab 40 mg	1	
propranolol hcl tab 60 mg	1	
propranolol hcl tab 80 mg	1	
sotalol hcl (afib/afl) tab 80 mg	1	
sotalol hcl (afib/afl) tab 120 mg	1	

Drug Name	Drug Tier	Requirements/Limits
sotalol hcl (afib/afl) tab 160 mg	1	
sotalol hcl tab 80 mg	1	
sotalol hcl tab 120 mg	1	
sotalol hcl tab 160 mg	1	
sotalol hcl tab 240 mg	1	
SOTYLIZE SOL 5MG/ML	3	
timolol maleate tab 5 mg	1	
timolol maleate tab 10 mg	1	
timolol maleate tab 20 mg	1	
CALCIUM CHANNEL BLOCKERS		
CALCIUM CHANNEL BLOCKERS		
amlodipine besylate tab 2.5 mg (base equivalent)	1	
amlodipine besylate tab 5 mg (base equivalent)	1	
amlodipine besylate tab 10 mg (base equivalent)	1	
cartia xt cap 120/24hr	1	
cartia xt cap 180/24hr	1	
cartia xt cap 240/24hr	1	
cartia xt cap 300/24hr	1	
dilt-xr cap 120mg	1	
dilt-xr cap 180mg	1	
dilt-xr cap 240mg	1	
diltiazem hcl cap er 12hr 60 mg	1	
diltiazem hcl cap er 12hr 90 mg	1	
diltiazem hcl cap er 12hr 120 mg	1	
diltiazem hcl cap er 24hr 120 mg	1	
diltiazem hcl cap er 24hr 180 mg	1	
diltiazem hcl cap er 24hr 240 mg	1	
diltiazem hcl coated beads cap er 24hr 120 mg	1	
diltiazem hcl coated beads cap er 24hr 180 mg	1	
diltiazem hcl coated beads cap er 24hr 240 mg	1	
diltiazem hcl coated beads cap er 24hr 300 mg	1	
diltiazem hcl coated beads cap er 24hr 360 mg	1	
diltiazem hcl extended release beads cap er 24hr 120 mg	1	
diltiazem hcl extended release beads cap er 24hr 180 mg	1	
diltiazem hcl extended release beads cap er 24hr 240 mg	1	
diltiazem hcl extended release beads cap er 24hr 300 mg	1	
diltiazem hcl extended release beads cap er 24hr 360 mg	1	

Drug Name	Drug Tier	Requirements/Limits
diltiazem hcl extended release beads cap er 24hr 420 mg	1	
diltiazem hcl tab 30 mg	1	
diltiazem hcl tab 60 mg	1	
diltiazem hcl tab 90 mg	1	
diltiazem hcl tab 120 mg	1	
felodipine tab er 24hr 2.5 mg	1	
felodipine tab er 24hr 5 mg	1	
felodipine tab er 24hr 10 mg	1	
isradipine cap 2.5 mg	1	
isradipine cap 5 mg	1	
levamlodipine maleate tab 2.5 mg	1	
levamlodipine maleate tab 5 mg	1	
nicardipine hcl cap 20 mg	1	
nicardipine hcl cap 30 mg	1	
nifedipine cap 10 mg	1	
nifedipine cap 20 mg	1	
nifedipine tab er 24hr 30 mg	1	
nifedipine tab er 24hr 60 mg	1	
nifedipine tab er 24hr 90 mg	1	
nifedipine tab er 24hr osmotic release 30 mg	1	
nifedipine tab er 24hr osmotic release 60 mg	1	
nifedipine tab er 24hr osmotic release 90 mg	1	
nimodipine cap 30 mg	1	
nimodipine oral soln 60 mg/20ml (3 mg/ml)	1	
nisoldipine tab er 24hr 8.5 mg	1	
nisoldipine tab er 24hr 17 mg	1	
nisoldipine tab er 24hr 20 mg	1	
nisoldipine tab er 24hr 25.5 mg	1	
nisoldipine tab er 24hr 30 mg	1	
nisoldipine tab er 24hr 34 mg	1	
nisoldipine tab er 24hr 40 mg	1	
NYMALIZE SOL	3	
PROCARDIA XL TAB 30MG	3	
PROCARDIA XL TAB 60MG	3	
PROCARDIA XL TAB 90MG	3	
SULAR TAB 8.5MG ER	3	
SULAR TAB 17MG ER	3	
SULAR TAB 34MG ER	3	
tiadylt cap 120mg/24	1	
tiadylt cap 180mg/24	1	
tiadylt cap 240mg/24	1	
tiadylt cap 300mg/24	1	
tiadylt cap 360mg/24	1	

Drug Name	Drug Tier	Requirements/Limits
tiadylt cap 420mg/24	1	
TIAZAC CAP 120MG/24	3	
TIAZAC CAP 180MG/24	3	
TIAZAC CAP 240MG/24	3	
TIAZAC CAP 300MG/24	3	
TIAZAC CAP 360MG/24	3	
TIAZAC CAP 420MG/24	3	
verapamil hcl cap er 24hr 100 mg	1	
verapamil hcl cap er 24hr 120 mg	1	
verapamil hcl cap er 24hr 180 mg	1	
verapamil hcl cap er 24hr 200 mg	1	
verapamil hcl cap er 24hr 240 mg	1	
verapamil hcl cap er 24hr 300 mg	1	
verapamil hcl cap er 24hr 360 mg	1	
verapamil hcl tab 40 mg	1	
verapamil hcl tab 80 mg	1	
verapamil hcl tab 120 mg	1	
verapamil hcl tab er 120 mg	1	
verapamil hcl tab er 180 mg	1	
verapamil hcl tab er 240 mg	1	
VERELAN CAP 120MG SR	3	
VERELAN CAP 180MG SR	3	
VERELAN CAP 240MG SR	3	
VERELAN CAP 360MG SR	3	
VERELAN PM CAP 100MG ER	3	
VERELAN PM CAP 200MG ER	3	
VERELAN PM CAP 300MG ER	3	
CARDIOTONICS		
CARDIAC GLYCOSIDES		
digoxin oral soln 0.05 mg/ml	1	
digoxin tab 62.5 mcg (0.0625 mg)	1	
digoxin tab 125 mcg (0.125 mg)	1	
digoxin tab 250 mcg (0.25 mg)	1	
LANOXIN TAB 0.0625MG	3	
CARDIOVASCULAR AGENTS - MISC.		
CARDIAC MYOSIN INHIBITORS		
CAMZYOS CAP 2.5MG	3	PA, QL (1 cap every 1 day)
CAMZYOS CAP 5MG	3	PA, QL (1 cap every 1 day)
CAMZYOS CAP 10MG	3	PA, QL (1 cap every 1 day)
CAMZYOS CAP 15MG	3	PA, QL (1 cap every 1 day)
CARDIOVASCULAR AGENTS MISC. - COMBINATIONS		
amlodipine besylate-atorvastatin calcium tab 2.5-10 mg	1	

Drug Name	Drug Tier	Requirements/Limits
amlodipine besylate-atorvastatin calcium tab 2.5-20 mg	1	
amlodipine besylate-atorvastatin calcium tab 2.5-40 mg	1	
amlodipine besylate-atorvastatin calcium tab 5-10 mg	1	
amlodipine besylate-atorvastatin calcium tab 5-20 mg	1	
amlodipine besylate-atorvastatin calcium tab 5-40 mg	1	
amlodipine besylate-atorvastatin calcium tab 5-80 mg	1	
amlodipine besylate-atorvastatin calcium tab 10-10 mg	1	
amlodipine besylate-atorvastatin calcium tab 10-20 mg	1	
amlodipine besylate-atorvastatin calcium tab 10-40 mg	1	
amlodipine besylate-atorvastatin calcium tab 10-80 mg	1	
BIDIL TAB	3	
CADUET TAB 5-10MG	3	
CADUET TAB 5-20MG	3	
CADUET TAB 5-40MG	3	
CADUET TAB 5-80MG	3	
CADUET TAB 10-10MG	3	
CADUET TAB 10-20MG	3	
CADUET TAB 10-40MG	3	
CADUET TAB 10-80MG	3	
ENTRESTO CAP 6-6MG	3	
ENTRESTO CAP 15-16MG	3	
ENTRESTO TAB 24-26MG	3	
ENTRESTO TAB 49-51MG	3	
ENTRESTO TAB 97-103MG	3	
isosorbide dinitrate-hydralazine hcl tab 20-37.5 mg	1	
OPSYNVI TAB 10-20MG	2	PA, QL (1 ea every 1 day)
OPSYNVI TAB 10-40MG	2	PA, QL (1 ea every 1 day)
sacubitril-valsartan tab 24-26 mg	1	
sacubitril-valsartan tab 49-51 mg	1	
sacubitril-valsartan tab 97-103 mg	1	

Drug Name	Drug Tier	Requirements/Limits
IMPOTENCE AGENTS		
avanafil tab 50 mg	1	QL (6 tabs every 30 days); Coverage is subject to your plan/benefits
avanafil tab 100 mg	1	QL (6 tabs every 30 days); Coverage is subject to your plan/benefits
avanafil tab 200 mg	1	QL (6 tabs every 30 days); Coverage is subject to your plan/benefits
CAVERJECT IM KIT 10MCG	3	QL (6 each every 30 days); Coverage is subject to your plan/benefits
CAVERJECT IM KIT 20MCG	3	QL (6 kits every 30 days); Coverage is subject to your plan/benefits
CAVERJECT INJ 20MCG	3	QL (6 vials every 28 days); Coverage is subject to your plan/benefits
CAVERJECT INJ 40MCG	3	QL (6 vials every 30 days); Coverage is subject to your plan/benefits
EDEX 2-CRTDG KIT 10MCG	3	QL (6 each every 30 days); Coverage is subject to your plan/benefits
EDEX 2-CRTDG KIT 20MCG	3	QL (6 kits every 30 days); Coverage is subject to your plan/benefits
EDEX 2-CRTDG KIT 40MCG	3	QL (6 kits every 30 days); Coverage is subject to your plan/benefits
EDEX 6-CRTDG KIT 10MCG	3	QL (6 each every 30 days); Coverage is subject to your plan/benefits
EDEX 6-CRTDG KIT 20MCG	3	QL (6 kits every 30 days); Coverage is subject to your plan/benefits
EDEX 6-CRTDG KIT 40MCG	3	QL (6 kits every 30 days); Coverage is subject to your plan/benefits
sildenafil citrate tab 25 mg	1	QL (6 tabs every 30 days)
sildenafil citrate tab 50 mg	1	QL (6 tabs every 30 days)
sildenafil citrate tab 100 mg	1	QL (6 tabs every 30 days)

Drug Name	Drug Tier	Requirements/Limits
tadalafil tab 2.5 mg	1	ST, QL (1 tab every 1 day); Coverage is subject to your plan/benefits
tadalafil tab 5 mg	1	ST, QL (1 tab every 1 day)
tadalafil tab 10 mg	1	QL (6 tabs every 30 days)
tadalafil tab 20 mg	1	QL (6 tabs every 30 days)
vardenafil hcl orally disintegrating tab 10 mg	1	QL (6 tabs every 30 days); Coverage is subject to your plan/benefits
vardenafil hcl tab 2.5 mg	1	QL (6 tabs every 30 days); Coverage is subject to your plan/benefits
vardenafil hcl tab 5 mg	1	QL (6 tabs every 30 days); Coverage is subject to your plan/benefits
vardenafil hcl tab 10 mg	1	QL (6 tabs every 30 days); Coverage is subject to your plan/benefits
vardenafil hcl tab 20 mg	1	QL (6 tabs every 30 days); Coverage is subject to your plan/benefits
PROSTAGLANDIN VASODILATORS		
ORENITRAM TAB 0.25MG	2	PA
ORENITRAM TAB 0.125MG	2	PA
ORENITRAM TAB 1MG	2	PA
ORENITRAM TAB 2.5MG	2	PA
ORENITRAM TAB 5MG	2	PA
ORENITRAM TAB MONTH 1	2	PA
ORENITRAM TAB MONTH 2	2	PA
ORENITRAM TAB MONTH 3	2	PA
TYVASO DPI POW 16-32-48	2	PA, QL (252 CARTRIDGES PER 28 DAYS)
TYVASO DPI POW 16MCG	2	PA, QL (112 CARTRIDGES PER 28 DAYS)
TYVASO DPI POW 32MCG	2	PA, QL (112 CARTRIDGES PER 28 DAYS)
TYVASO DPI POW 48-80MCG	2	PA
TYVASO DPI POW 48MCG	2	PA, QL (112 CARTRIDGES PER 28 DAYS)
TYVASO DPI POW 64MCG	2	PA, QL (112 CARTRIDGES PER 28 DAYS)
TYVASO DPI POW 80MCG	2	PA, QL (4 ea every 1 day)
TYVASO DPI POW INST KIT	2	PA, QL (4 ea every 1 day)
TYVASO DPI POW MAIN KIT	2	PA, QL (8 ea every 1 day)

Drug Name	Drug Tier	Requirements/Limits
TYVASO RF KT SOL 0.6MG/ML	2	PA, QL (28 AMPULES PER 28 DAYS)
TYVASO SOL 0.6MG/ML	2	PA, QL (28 AMPULES PER 28 DAYS)
TYVASO ST KT SOL 0.6MG/ML	2	PA, QL (28 AMPULES PER 28 DAYS)
VENTAVIS SOL 10MCG/ML	3	PA, QL (9 mL every 1 day)
VENTAVIS SOL 20MCG/ML	3	PA, QL (9 mL every 1 day)
YUTREPIA CAP 26.5MCG	2	PA, QL (5 caps every 1 day)
YUTREPIA CAP 53MCG	2	PA, QL (5 caps every 1 day)
YUTREPIA CAP 79.5MCG	2	PA, QL (5 caps every 1 day)
YUTREPIA CAP 106MCG	2	PA, QL (5 caps every 1 day)
PULMONARY HYPERTENSION - ACTIVIN SIGNALING INHIBITOR		
WINREVAIR INJ 45MG	3	PA, QL (1 kit every 21 days)
WINREVAIR INJ 60MG	3	PA, QL (1 kit every 21 days)
PULMONARY HYPERTENSION - ENDOTHELIN RECEPTOR ANTAGONISTS		
ambrisentan tab 5 mg	1	PA, QL (1 tab every 1 day)
ambrisentan tab 10 mg	1	PA, QL (1 tab every 1 day)
bosentan tab 62.5 mg	1	PA, QL (2 tabs every 1 day)
bosentan tab 125 mg	1	PA, QL (2 tabs every 1 day)
bosentan tab for oral susp 32 mg	1	PA, QL (4 tabs every 1 day)
macitentan tab 10 mg	1	PA, QL (1 tab every 1 day)
OPSUMIT TAB 10MG	2	PA, QL (1 tab every 1 day)
PULMONARY HYPERTENSION - PHOSPHODIESTERASE INHIBITORS		
alyq tab 20mg	1	PA, QL (2 tabs every 1 day)
sildenafil citrate for suspension 10 mg/ml	1	PA, QL (26.134 mL every 1 day)
sildenafil citrate tab 20 mg	1	PA, QL (12 tabs every 1 day)
tadalafil tab 20 mg (pah)	1	PA, QL (2 tabs every 1 day)
TADLIQ SUS 20MG/5ML	2	PA, QL (10 mL every 1 day)
PULMONARY HYPERTENSION - PROSTACYCLIN RECEPTOR AGONIST		
UPTRAVI PACK TAB 200/800	2	PA, QL (1 pack every 28 days)
UPTRAVI TAB 100MCG	2	PA
UPTRAVI TAB 150MCG	2	PA
UPTRAVI TAB 200MCG	2	PA, QL (5 tabs every 1 day)
UPTRAVI TAB 400MCG	2	PA, QL (2 tabs every 1 day)
UPTRAVI TAB 600MCG	2	PA, QL (2 tabs every 1 day)
UPTRAVI TAB 800MCG	2	PA, QL (2 tabs every 1 day)
UPTRAVI TAB 1000MCG	2	PA, QL (2 tabs every 1 day)
UPTRAVI TAB 1200MCG	2	PA, QL (2 tabs every 1 day)
UPTRAVI TAB 1400MCG	2	PA, QL (2 tabs every 1 day)

Drug Name	Drug Tier	Requirements/Limits
UPTRAVI TAB 1600MCG	2	PA, QL (2 tabs every 1 day)
PULMONARY HYPERTENSION - SOL GUANYLATE CYCLASE STIMULATOR		
ADEMPAS TAB 0.5MG	2	PA, QL (3 tabs every 1 day)
ADEMPAS TAB 1.5MG	2	PA, QL (3 tabs every 1 day)
ADEMPAS TAB 1MG	2	PA, QL (3 tabs every 1 day)
ADEMPAS TAB 2.5MG	2	PA, QL (3 tabs every 1 day)
ADEMPAS TAB 2MG	2	PA, QL (3 tabs every 1 day)
SINUS NODE INHIBITORS		
CORLANOR SOL 5MG/5ML	3	PA
CORLANOR TAB 5MG	3	PA
CORLANOR TAB 7.5MG	3	PA
ivabradine hcl tab 5 mg (base equiv)	1	PA
ivabradine hcl tab 7.5 mg (base equiv)	1	PA
TRANSTHYRETIN STABILIZERS		
VYNDAMAX CAP 61MG	3	PA, QL (30 tabs every 30 days)
VASOACTIVE SOLUBLE GUANYLATE CYCLASE STIMULATOR (SGC)		
VERQUVO TAB 2.5MG	2	PA
VERQUVO TAB 5MG	2	PA
VERQUVO TAB 10MG	2	PA
CEPHALOSPORINS		
CEPHALOSPORINS - 1ST GENERATION		
cefadroxil cap 500 mg	1	
cefadroxil for susp 250 mg/5ml	1	
cefadroxil for susp 500 mg/5ml	1	
cefadroxil tab 1 gm	1	
cephalexin cap 250 mg	1	
cephalexin cap 500 mg	1	
cephalexin cap 750 mg	1	
cephalexin for susp 125 mg/5ml	1	
cephalexin for susp 250 mg/5ml	1	
cephalexin tab 250 mg	1	
cephalexin tab 500 mg	1	
CEPHALOSPORINS - 2ND GENERATION		
cefaclor cap 250 mg	1	
cefaclor cap 500 mg	1	
CEFACLOR ER TAB 500MG	3	
cefaclor for susp 250 mg/5ml	1	
cefprozil for susp 125 mg/5ml	1	
cefprozil for susp 250 mg/5ml	1	
cefprozil tab 250 mg	1	
cefprozil tab 500 mg	1	
cefuroxime axetil tab 250 mg	1	

Drug Name	Drug Tier	Requirements/Limits
cefuroxime axetil tab 500 mg	1	
CEPHALOSPORINS - 3RD GENERATION		
cefdinir cap 300 mg	1	
cefdinir for susp 125 mg/5ml	1	
cefdinir for susp 250 mg/5ml	1	
cefixime cap 400 mg	1	
cefixime for susp 100 mg/5ml	1	
cefixime for susp 200 mg/5ml	1	
cefpodoxime proxetil for susp 50 mg/5ml	1	
cefpodoxime proxetil for susp 100 mg/5ml	1	
cefpodoxime proxetil tab 100 mg	1	
cefpodoxime proxetil tab 200 mg	1	
CONTRACEPTIVES		
COMBINATION CONTRACEPTIVES - ORAL		
afirmelle tab 0.1-0.02	0	
altavera tab	0	
alyacen tab 1/35	0	
alyacen tab 7/7/7	0	
amethyst tab 90-20mcg	0	
apri tab	0	
aranelle tab	0	
ashlyna tab	0	
aubra eq tab 0.1-0.02	0	
aurovela 24 tab fe 1/20	0	
aurovela fe tab 1.5/30	0	
aurovela fe tab 1/20	0	
aurovela tab 1.5/30	0	
aurovela tab 1/20	0	
aviane tab	0	
ayuna tab	0	
azurette tab	0	
balziva tab	0	
blisovi 24 tab fe 1/20	0	
blisovi fe tab 1.5/30	0	
blisovi fe tab 1/20	0	
briellyn tab	0	
camrese lo tab	0	
camrese tab	0	
charlotte 24 chw fe 1/20	0	
chateal eq tab 0.15/30	0	
cryselle tab	0	
cryselle-28 tab 28 tabs	0	
cyred eq tab	0	

Drug Name	Drug Tier	Requirements/Limits
dasetta tab 1/35	0	
dasetta tab 7/7/7	0	
daysee tab	0	
delyla tab 0.1-0.02	0	
desogest-eth estrad & eth estrad tab 0.15-0.02/0.01 mg(21/5)	0	
dolishale tab 90-20mcg	0	
drospirenone-ethinyl estrad-levomefolate tab 3-0.02-0.451 mg	0	
drospirenone-ethinyl estrad-levomefolate tab 3-0.03-0.451 mg	0	
drospirenone-ethinyl estradiol tab 3-0.02 mg	0	
drospirenone-ethinyl estradiol tab 3-0.03 mg	0	
elinest tab	0	
enpresse-28 tab	0	
enskyce tab	0	
estarylla tab 0.25-35	0	
ethynodiol diacetate & ethinyl estradiol tab 1 mg-35 mcg	0	
ethynodiol diacetate & ethinyl estradiol tab 1 mg-50 mcg	0	
falmina tab	0	
feirza tab 1.5/30	0	
feirza tab 1/20	0	
finzala chw fe 1/20	0	
galbriela chw	0	
gemmily cap 1/20	0	
hailey 24 tab fe	0	
hailey fe tab 1.5/30	0	
hailey fe tab 1/20	0	
hailey tab 1.5/30	0	
iclevia tab	0	
introvale tab	0	
isibloom tab	0	
jaimiess tab	0	
jasmiel tab 3-0.02mg	0	
jolessa tab	0	
joyeaux tab 0.1-20	0	
juleber tab	0	
junel 1.5/30 tab	0	
junel 1/20 tab	0	
junel fe 24 tab 1/20	0	
junel fe tab 1.5/30	0	
junel fe tab 1/20	0	

Drug Name	Drug Tier	Requirements/Limits
kaitlib fe chw	0	
kalliga tab	0	
kariva tab 28 day	0	
kelnor 1/50 tab	0	
kelnor tab 1/35	0	
kurvelo tab 0.15/30	0	
larin 24 tab fe 1/20	0	
larin fe tab 1.5/30	0	
larin fe tab 1/20	0	
larin tab 1.5/30	0	
larin tab 1/20	0	
layolis fe chw	0	
leena tab	0	
lessina tab	0	
levonest tab	0	
levonor-eth est tab 0.15-0.02/0.025/0.03 mg &eth est 0.01 mg	0	
levonorg-eth est tab 0.1-0.02mg(84) & eth est tab 0.01mg(7)	0	
levonorg-eth est tab 0.15-0.03mg(84) & eth est tab 0.01mg(7)	0	
levonorgestrel & ethinyl estradiol (91-day) tab 0.15-0.03 mg	0	
levonorgestrel & ethinyl estradiol tab 0.1 mg-20 mcg	0	
levonorgestrel & ethinyl estradiol tab 0.15 mg-30 mcg	0	
levonorgestrel-eth estra tab 0.05-30/0.075-40/0.125-30mg-mcg	0	
levonorgestrel-ethinyl estradiol (continuous) tab 90-20 mcg	0	
levonorgestrel-ethinyl estradiol-fe tab 0.1 mg-20 mcg (21)	0	
levora-28 tab 0.15/30	0	
LO LOESTRIN TAB 1-10-10	0	
lo-zumandimi tab 3-0.02mg	0	
loestrin 21 tab 1.5/30	0	
loestrin fe tab 1.5/30	0	
loestrin fe tab 1/20	0	
loestrin tab 1/20-21	0	
lojaimiess tab	0	
loryna tab 3-0.02mg	0	
low-ogestrel tab	0	
luizza 1/20 tab	0	

Drug Name	Drug Tier	Requirements/Limits
luizza tab 1.5/30	0	
lutera tab	0	
marlissa tab 0.15/30	0	
merzee cap 1/20	0	
mibelas 24 chw fe	0	
microgestin tab 1.5/30	0	
microgestin tab 1/20	0	
microgestin tab fe1.5/30	0	
microgestin tab fe 1/20	0	
mili tab 0.25/35	0	
minzoya tab 0.1-20	0	
mono-linyah tab 0.25-35	0	
NATAZIA TAB	0	
necon tab 0.5/35	0	
NEXTSTELLIS TAB 3-14.2MG	0	
nikki tab 3-0.02mg	0	
norethindrone & ethinyl estradiol-fe chew tab 0.4 mg-35 mcg	0	
norethindrone & ethinyl estradiol-fe chew tab 0.8 mg-25 mcg	0	
norethindrone ac-ethinyl estrad-fe tab 1-20/1-30/1-35 mg-mcg	0	
norethindrone ace & ethinyl estradiol tab 1 mg-20 mcg	0	
norethindrone ace & ethinyl estradiol tab 1.5 mg-30 mcg	0	
norethindrone ace & ethinyl estradiol-fe tab 1 mg-20 mcg	0	
norethindrone ace & ethinyl estradiol-fe tab 1.5 mg-30 mcg	0	
norethindrone ace-eth estradiol-fe chew tab 1 mg-20 mcg (24)	0	
norethindrone ace-ethinyl estradiol-fe cap 1 mg-20 mcg (24)	0	
norgestimate & ethinyl estradiol tab 0.25 mg-35 mcg	0	
norgestimate-eth estrad tab 0.18-25/0.215-25/0.25-25 mg-mcg	0	
norgestimate-eth estrad tab 0.18-35/0.215-35/0.25-35 mg-mcg	0	
nortrel tab 0.5/35	0	
nortrel tab 1/35	0	
nortrel tab 7/7/7	0	
nylia tab 1/35	0	

Drug Name	Drug Tier	Requirements/Limits
nylia tab 7/7/7	0	
ocella tab 3-0.03mg	0	
philith tab 0.4-35	0	
pimtrea tab	0	
portia-28 tab	0	
reclipsen tab	0	
rivelsa tab	0	
rosyrah tab	0	
SAFYRAL TAB	0	
setlakin tab	0	
simliya tab 28 day	0	
simpesse tab	0	
sprintec 28 tab 28 day	0	
sronyx tab	0	
syeda tab 3-0.03mg	0	
tarina 24 fe tab	0	
tarina fe tab 1/20 eq	0	
taysofy cap 1/20	0	
tilia fe tab	0	
tri-estaryll tab	0	
tri-legest tab fe	0	
tri-linyah tab	0	
tri-lo tab estaryll	0	
tri-lo- tab marzia	0	
tri-lo- tab sprintec	0	
tri-lo-mili tab	0	
tri-mili tab	0	
tri-sprintec tab	0	
tri-vylibra tab	0	
tri-vylibra tab lo	0	
trivora-28 tab	0	
turqoz tab	0	
tydemy tab	0	
valtya 1/35 tab	0	
valtya 1/50 tab	0	
velivet pak	0	
vestura tab 3-0.02mg	0	
vienva tab 0.1-20	0	
viorele tab	0	
volnea tab	0	
vyfemla tab 0.4-35	0	
vylibra tab 0.25-35	0	
wera tab 0.5/35	0	
wymzya fe chw 0.4mg-35	0	

Drug Name	Drug Tier	Requirements/Limits
xarah fe tab	0	
xelria fe chw 0.4mg-35	0	
zovia 1/35 tab	0	
zumandimine tab 3-0.03mg	0	
COMBINATION CONTRACEPTIVES - TRANSDERMAL		
GWYN LO DIS 220-20	0	
norelgestromin-ethinyl estradiol td ptwk 150-35 mcg/24hr	0	
xulane dis 150-35	0	
zafemy dis 150/35	0	
COMBINATION CONTRACEPTIVES - VAGINAL		
ANNOVERA MIS	0	QL (1 ring every 300 days)
eluryng mis	0	QL (13 ea every 300 days)
enilloring mis	0	QL (13 ea every 300 days)
etonogestrel-ethinyl estradiol va ring 0.12-0.015 mg/24hr	0	QL (13 ea every 300 days)
haloette mis	0	QL (13 ea every 300 days)
COPPER CONTRACEPTIVES - IUD		
MIUDELLA IUD	0	
PARAGARD IUD T380A	0	QL (1 every 300 days)
EMERGENCY CONTRACEPTIVES		
ELLA TAB 30MG	0	
levonorgestrel tab 1.5 mg	0	OTC
PROGESTIN CONTRACEPTIVES - IMPLANTS		
NEXPLANON IMP 68MG	0	QL (1 every 300 days)
PROGESTIN CONTRACEPTIVES - INJECTABLE		
DEPO-PROVERA INJ 150MG/ML	0	QL (1 injection every 59 days)
DEPO-SQ PROV INJ 104	0	QL (6.154 injections every 300 days)
medroxyprogesterone acetate im susp 150 mg/ml	0	QL (4 injections every 300 days)
medroxyprogesterone acetate im susp prefilled syr 150 mg/ml	0	QL (4 injections every 300 days)
PROGESTIN CONTRACEPTIVES - IUD		
KYLEENA IUD 19.5MG	0	QL (1 every 300 days)
MIRENA IUD SYSTEM	0	QL (1 every 300 days)
SKYLA IUD 13.5MG	0	QL (1 every 300 days)
PROGESTIN CONTRACEPTIVES - ORAL		
camila tab 0.35mg	0	
deblitane tab 0.35mg	0	
emzahh tab 0.35mg	0	
errin tab 0.35mg	0	

Drug Name	Drug Tier	Requirements/Limits
heather tab 0.35mg	0	
incassia tab 0.35mg	0	
jencycla tab 0.35mg	0	
lyleq tab 0.35mg	0	
lyza tab 0.35mg	0	
meleya tab 0.35mg	0	
nora-be tab 0.35mg	0	
norethindrone tab 0.35 mg	0	
norlyroc tab 0.35mg	0	
OPILL TAB 0.075MG	0	OTC
orquidea tab 0.35mg	0	
sharobel tab 0.35mg	0	
CORTICOSTEROIDS		
GLUCOCORTICOSTEROIDS		
budesonide delayed release particles cap 3 mg	1	
CORTEF TAB 5MG	3	
CORTEF TAB 10MG	3	
CORTEF TAB 20MG	3	
deflazacort susp 22.75 mg/ml	1	PA, QL (1.8 mL every 1 day)
deflazacort tab 6 mg	1	PA, QL (2 tabs every 1 day)
deflazacort tab 18 mg	1	PA, QL (1 tab every 1 day)
deflazacort tab 30 mg	1	PA, QL (1 tab every 1 day)
deflazacort tab 36 mg	1	PA, QL (1 tab every 1 day)
DEXAMETHASON CON 1MG/ML	3	
dexamethasone elixir 0.5 mg/5ml	1	
dexamethasone soln 0.5 mg/5ml	1	
dexamethasone tab 0.5 mg	1	
dexamethasone tab 0.75 mg	1	
dexamethasone tab 1 mg	1	
dexamethasone tab 1.5 mg	1	
dexamethasone tab 2 mg	1	
dexamethasone tab 4 mg	1	
dexamethasone tab 6 mg	1	
dexamethasone tab therapy pack 1.5 mg (21)	1	
dexamethasone tab therapy pack 1.5 mg (35)	1	
dexamethasone tab therapy pack 1.5 mg (51)	1	
hidex 6-day pak 1.5mg	1	
hydrocortisone sodium succinate pf for inj 100 mg	1	
hydrocortisone tab 5 mg	1	
hydrocortisone tab 10 mg	1	
hydrocortisone tab 20 mg	1	
jaythari sus 22.75/ml	1	PA, QL (1.8 mL every 1 day)

Drug Name	Drug Tier	Requirements/Limits
jaythari tab 6mg	1	PA, QL (2 tabs every 1 day)
jaythari tab 18mg	1	PA, QL (1 tab every 1 day)
jaythari tab 30mg	1	PA, QL (1 tab every 1 day)
jaythari tab 36mg	1	PA, QL (1 tab every 1 day)
kymbee sus 22.75/ml	1	PA, QL (1.8 mL every 1 day)
kymbee tab 6mg	1	PA, QL (2 tabs every 1 day)
kymbee tab 18mg	1	PA, QL (1 tab every 1 day)
kymbee tab 30mg	1	PA, QL (1 tab every 1 day)
kymbee tab 36mg	1	PA, QL (1 tab every 1 day)
MEDROL TAB 2MG	3	
MEDROL TAB 4MG	3	
MEDROL TAB 8MG	3	
MEDROL TAB 16MG	3	
methylprednisolone tab 4 mg	1	
methylprednisolone tab 8 mg	1	
methylprednisolone tab 16 mg	1	
methylprednisolone tab 32 mg	1	
methylprednisolone tab therapy pack 4 mg (21)	1	
ORAPRED ODT TAB 10MG	3	
ORAPRED ODT TAB 15MG	3	
ORAPRED ODT TAB 30MG	3	
PEDIAPRED SOL 5MG/5ML	3	
prednisolone sod phos orally disintegr tab 10 mg (base eq)	1	
prednisolone sod phos orally disintegr tab 15 mg (base eq)	1	
prednisolone sod phos orally disintegr tab 30 mg (base eq)	1	
prednisolone sod phosphate oral soln 5 mg/5ml (base equiv)	1	
prednisolone sod phosphate oral soln 15 mg/5ml (base equiv)	1	
prednisolone sodium phosphate oral soln 25 mg/5ml (base eq)	1	
prednisolone soln 15 mg/5ml	1	
prednisolone tab 5 mg	1	
PREDNISONE CON 5MG/ML	3	
prednisone oral soln 5 mg/5ml	1	
prednisone tab 1 mg	1	
prednisone tab 2.5 mg	1	
prednisone tab 5 mg	1	
prednisone tab 10 mg	1	
prednisone tab 20 mg	1	
prednisone tab 50 mg	1	

Drug Name	Drug Tier	Requirements/Limits
prednisone tab delayed release 1 mg	1	
prednisone tab delayed release 2 mg	1	
prednisone tab delayed release 5 mg	1	
prednisone tab therapy pack 5 mg (21)	1	
prednisone tab therapy pack 5 mg (48)	1	
prednisone tab therapy pack 10 mg (21)	1	
prednisone tab therapy pack 10 mg (48)	1	
pyquvi sus 22.75mg	1	PA, QL (1.8 mL every 1 day)
SOLU-CORTEF INJ 100MG	3	
SOLU-CORTEF INJ 250MG	3	
SOLU-CORTEF INJ 500MG	3	
SOLU-CORTEF INJ 1000MG	3	
UCERIS TAB 9MG	1	PA; Brand preferred over generic
MINERALOCORTICOIDS		
fludrocortisone acetate tab 0.1 mg	1	
COUGH/COLD/ALLERGY		
ANTITUSSIVES		
benzonatate cap 100 mg	1	
benzonatate cap 150 mg	1	
benzonatate cap 200 mg	1	
hydrocodone bitart-homatropine methylbrom soln 5-1.5 mg/5ml	1	PA, QL (30 mL every 1 day)
hydrocodone bitart-homatropine methylbromide tab 5-1.5 mg	1	PA, QL (6 tabs every 1 day)
hydromet syp 5-1.5/5	1	PA, QL (30 mL every 1 day)
COUGH/COLD/ALLERGY COMBINATIONS		
CLARINEX-D TAB 2.5-120	3	
guaifenesin-codeine soln 100-10 mg/5ml	1	PA, QL (60 mL every 1 day), OTC
hydrocod polst-chlorphen polst er susp 10-8 mg/5ml	1	PA, QL (10 mL every 1 day)
MAR-COF CG LIQ 225-7.5	3	PA, QL (45 mL every 1 day), OTC
prometh vc syp 6.25-5/5	1	
promethazine & phenylephrine syrup 6.25-5 mg/5ml	1	
promethazine w/ codeine syrup 6.25-10 mg/5ml	1	PA, QL (30 mL every 1 day)
promethazine-dm syrup 6.25-15 mg/5ml	1	
pseudoephed-bromphen-dm syrup 30-2-10 mg/5ml	1	

Drug Name	Drug Tier	Requirements/Limits
MISC. RESPIRATORY INHALANTS		
HYPERSAL NEB 3.5%	3	
HYPERSAL NEB 7%	3	
NEBUSAL NEB 3%	3	
NEBUSAL NEB 6%	3	
PULMOSAL NEB 7%	3	
sodium chloride soln nebu 0.9%	1	
sodium chloride soln nebu 3%	1	
sodium chloride soln nebu 7%	1	
sodium chloride soln nebu 10%	1	
MUCOLYTICS		
acetylcysteine inhal soln 10%	1	
acetylcysteine inhal soln 20%	1	
DERMATOLOGICALS		
ACNE PRODUCTS		
ABSORICA CAP 10MG	3	
ABSORICA CAP 20MG	3	
ABSORICA CAP 25MG	3	
ABSORICA CAP 30MG	3	
ABSORICA CAP 35MG	3	
ABSORICA CAP 40MG	3	
accutane cap 10mg	1	
accutane cap 20mg	1	
accutane cap 30mg	1	
accutane cap 40mg	1	
adapalene cream 0.1%	1	PA
adapalene gel 0.1%	1	OTC
adapalene gel 0.1%	1	PA
adapalene gel 0.3%	1	PA
adapalene-benzoyl peroxide gel 0.1-2.5%	1	PA
adapalene-benzoyl peroxide gel 0.3-2.5%	1	PA
AKLIEF CRE 0.005%	2	PA
amnesteem cap 10mg	1	
amnesteem cap 20mg	1	
amnesteem cap 30mg	1	
amnesteem cap 40mg	1	
ATRALIN GEL 0.05%	3	PA
AVAR CLEANSE LIQ 10-5%	3	
AVAR LS LIQ 10-2%	3	
AVAR-E EMOLL CRE 10-5%	3	
BENZAMYCIN GEL 5-3%	3	QL (1.567 gm every 1 day)
BENZEPRO LIQ CREAMY	3	
benzoyl peroxide foam 9.8%	1	

Drug Name	Drug Tier	Requirements/Limits
benzoyl peroxide gel 8%	1	
benzoyl peroxide-erythromycin gel 5-3%	1	QL (1.567 gm every 1 day)
benzoyl peroxide-hydrocortisone lotion 5-0.5%	1	
bp 10-1 emu	1	
claravis cap 10mg	1	
claravis cap 20mg	1	
claravis cap 30mg	1	
claravis cap 40mg	1	
CLEOCIN-T LOT 1%	3	QL (2 mL every 1 day)
clindacin aer 1%	1	
clindacin mis etz 1%	1	
clindacin-p pad 1%	1	
CLINDAGEL GEL 1%	3	QL (2.5 mL every 1 day)
clindamycin phosph-benzoyl peroxide (refrig) gel 1.2 (1)-5%	1	QL (1.5 gm every 1 day)
clindamycin phosphate foam 1%	1	
clindamycin phosphate gel 1% (twice-daily)	1	QL (2.5 gm every 1 day)
clindamycin phosphate lotion 1%	1	QL (2 mL every 1 day)
clindamycin phosphate soln 1%	1	QL (2 mL every 1 day)
clindamycin phosphate swab 1%	1	
clindamycin phosphate-benzoyl peroxide gel 1-5%	1	QL (1.667 gm every 1 day)
clindamycin phosphate-benzoyl peroxide gel 1.2-2.5%	1	QL (1.667 gm every 1 day)
clindamycin phosphate-benzoyl peroxide gel 1.2-3.75%	1	QL (1.667 gm every 1 day)
clindamycin phosphate-tretinoin gel 1.2-0.025%	1	PA
dapsone gel 5%	1	
dapsone gel 7.5%	1	
DIFFERIN CRE 0.1%	3	PA
DIFFERIN GEL 0.3% PMP	3	PA
EPIDUO FORTE GEL 0.3-2.5%	2	PA
EPIDUO GEL 0.1-2.5%	2	PA
ery pad 2%	1	
ERYGEL GEL 2%	3	QL (2 gm every 1 day)
erythromycin gel 2%	1	QL (2 gm every 1 day)
erythromycin soln 2%	1	QL (2 mL every 1 day)
isotretinoin cap 10 mg	1	
isotretinoin cap 20 mg	1	
isotretinoin cap 30 mg	1	
isotretinoin cap 40 mg	1	
KLARON LOT 10%	3	
neuac gel 1.2-5%	1	QL (1.5 gm every 1 day)

Drug Name	Drug Tier	Requirements/Limits
ONEXTON GEL 1.2-3.75	3	QL (1.667 gm every 1 day)
PLEXION CLTH PAD 9.8-4.8%	3	
PLEXION CRE 9.8-4.8%	3	
PLEXION LIQ 9.8-4.8%	3	
PLEXION LOT 9.8-4.8%	3	
PR BENZOYL LIQ 7% WASH	3	
RETIN-A CRE 0.1%	3	PA
RETIN-A CRE 0.05%	3	PA
RETIN-A CRE 0.025%	3	PA
RETIN-A GEL 0.01%	3	PA
RETIN-A GEL 0.025%	3	PA
SOD SUL/SULF EMU 10-5%	3	
SSS 10-5 AER 10-5%	3	
SSS CRE 10%-5%	3	
sulfacetamide sodium lotion 10% (acne)	1	
sulfacetamide sodium w/ sulfur cleanser 9-4%	1	
sulfacetamide sodium w/ sulfur cleanser 9-4.5%	1	
sulfacetamide sodium w/ sulfur cleanser 9.8-4.8%	1	
sulfacetamide sodium w/ sulfur cleanser 10-2%	1	
sulfacetamide sodium w/ sulfur cleanser 10-5%	1	
sulfacetamide sodium w/ sulfur cream 9.8-4.8%	1	
sulfacetamide sodium w/ sulfur cream 10-2%	1	
sulfacetamide sodium w/ sulfur cream 10-5%	1	
sulfacetamide sodium w/ sulfur emulsion 10-1%	1	
sulfacetamide sodium w/ sulfur lotion 9.8-4.8%	1	
sulfacetamide sodium w/ sulfur lotion 10-5%	1	
sulfacetamide sodium w/ sulfur susp 8-4%	1	
sulfacetamide sodium w/ sulfur susp 10-5%	1	
SULFACLEANSE SUS 8-4%	3	
SULFAMEZ EMU 10-1%	3	
SUMADAN WASH LIQ 9-4.5%	3	
SUMAXIN PAD 10-4%	3	
tretinoin cream 0.1%	1	PA
tretinoin cream 0.05%	1	PA
tretinoin cream 0.025%	1	PA
tretinoin gel 0.01%	1	PA
tretinoin gel 0.05%	1	PA
tretinoin gel 0.025%	1	PA
tretinoin microsphere gel 0.1%	1	PA
tretinoin microsphere gel 0.04%	1	PA
tretinoin microsphere gel 0.06%	1	PA

Drug Name	Drug Tier	Requirements/Limits
tretinoin microsphere gel 0.08%	1	PA
WINLEVI CRE 1%	2	PA
ZACLIR LOT 8%	3	
zenatane cap 10mg	1	
zenatane cap 20mg	1	
zenatane cap 30mg	1	
zenatane cap 40mg	1	
ANTI-INFLAMMATORY AGENTS - TOPICAL		
diclofenac epolamine patch 1.3%	1	
diclofenac sodium soln 1.5%	1	
FLECTOR DIS 1.3%	3	
ANTIBIOTICS - TOPICAL		
gentamicin sulfate cream 0.1%	1	
gentamicin sulfate oint 0.1%	1	
mupirocin oint 2%	1	QL (30 gm every 25 days)
XEPI CRE 1%	3	
ANTIFUNGALS - TOPICAL		
ciclodan sol 8%	1	
ciclopirox gel 0.77%	1	QL (120 gm every 25 days)
ciclopirox olamine cream 0.77% (base equiv)	1	QL (120 gm every 25 days)
ciclopirox olamine susp 0.77% (base equiv)	1	QL (120 mL every 25 days)
ciclopirox shampoo 1%	1	QL (120 mL every 25 days)
ciclopirox solution 8%	1	
clotrimazole w/ betamethasone cream 1-0.05%	1	QL (2 gm every 1 day)
clotrimazole w/ betamethasone lotion 1-0.05%	1	QL (2 mL every 1 day)
ECONAZOLE AER 1%	3	QL (70 gm every 25 days)
econazole nitrate cream 1%	1	QL (60 gm every 25 days)
ERTACZO CRE 2%	3	QL (60 gm every 25 days)
EXELDERM CRE 1%	3	QL (60 gm every 25 days)
EXELDERM SOL 1%	3	QL (60 mL every 25 days)
IODOQUIMEZ CRE 1-1.9%	3	
iodoquinol-hc cream 1-1%	1	
iodoquinol-hydrocortisone in aloe vehicle cream 1-1.9%	1	
iodoquinol-hydrocortisone-aloe polysaccharide gel 1-2-1%	3	
JUBLIA SOL 10%	3	PA
ketoconazole cream 2%	1	QL (120 gm every 25 days)
ketoconazole shampoo 2%	1	QL (120 mL every 25 days)
klayesta pow 100000	1	QL (120 gm every 25 days)
LUZU CRE 1%	3	QL (60 gm every 25 days)
miconazole-zinc oxide-white petrolatum oint 0.25-15-81.35%	1	QL (100 gm every 25 days)

Drug Name	Drug Tier	Requirements/Limits
naftifine hcl cream 1%	1	QL (60 gm every 25 days)
naftifine hcl cream 2%	1	QL (60 gm every 25 days)
naftifine hcl gel 2%	1	QL (60 gm every 25 days)
NAFTIN GEL 2%	3	QL (60 gm every 25 days)
nyamyc pow 100000	1	QL (120 gm every 25 days)
nystatin cream 100000 unit/gm	1	QL (120 gm every 25 days)
nystatin oint 100000 unit/gm	1	QL (120 gm every 25 days)
nystatin topical powder 100000 unit/gm	1	QL (120 gm every 25 days)
nystatin-triamcinolone cream 100000-0.1 unit/gm-%	1	QL (2 gm every 1 day)
nystatin-triamcinolone oint 100000-0.1 unit/gm-%	1	QL (2 gm every 1 day)
nystop pow 100000	1	QL (120 gm every 25 days)
oxiconazole nitrate cream 1%	1	QL (60 gm every 25 days)
OXISTAT LOT 1%	3	QL (60 mL every 25 days)
sulconazole nitrate cream 1%	1	QL (60 gm every 25 days)
sulconazole nitrate solution 1%	1	QL (60 mL every 25 days)
VUSION OIN	3	QL (100 gm every 25 days)
VYTONE CRE 1-1.9%	3	
ANTINEOPLASTIC OR PREMALIGNANT LESION AGENTS - TOPICAL		
bexarotene gel 1%	1	PA
diclofenac sodium (actinic keratoses) gel 3%	1	PA
EFUDEX CRE 5%	3	
fluorouracil cream 5%	1	
fluorouracil soln 2%	1	
fluorouracil soln 5%	1	
KLISYRI OIN 1% (250)	3	
KLISYRI OIN 1% (350)	3	
KLISYRI OIN 1% (350)	3	PA
LEVULAN KERA SOL 20%	3	
PANRETIN GEL 0.1%	3	
VALCHLOR GEL 0.016%	3	PA, QL (4 gm every 1 day)
ANTIPRURITICS - TOPICAL		
PRUDOXIN CRE 5%	3	ST, QL (45 gm every 25 days)
ZONALON CRE 5%	3	ST, QL (45 gm every 25 days)
ANTIPSORIATICS		
acitretin cap 10 mg	1	
acitretin cap 17.5 mg	1	
acitretin cap 25 mg	1	
calcipotriene oint 0.005%	1	PA
calcipotriene soln 0.005% (50 mcg/ml)	1	PA

Drug Name	Drug Tier	Requirements/Limits
calcitrene oin 0.005%	1	PA
COSENTYX INJ 75MG/0.5	2	PA, QL (1 syringe every 28 days); Preferred agent for Ankylosing Spondylitis, Non-Radiographic Axial Spondyloarthritis, Psoriatic Arthritis and Hidradenitis suppurativa. Quantity Limits are consistent with maximum FDA approved dosing limits.
COSENTYX INJ 150MG/ML	2	PA, QL (1 syringe every 28 days); Preferred agent for Ankylosing Spondylitis, Non-Radiographic Axial Spondyloarthritis, Psoriatic Arthritis and Hidradenitis suppurativa. Quantity Limits are consistent with maximum FDA approved dosing limits.
COSENTYX INJ 300DOSE	2	PA, QL (300 mg (2 mL) every 28 days); Preferred agent for Ankylosing Spondylitis, Non-Radiographic Axial Spondyloarthritis, Psoriatic Arthritis and Hidradenitis suppurativa. Quantity Limits are consistent with maximum FDA approved dosing limits.
COSENTYX PEN INJ 150MG/ML	2	PA, QL (1 pen every 28 days); Preferred agent for Ankylosing Spondylitis, Non-Radiographic Axial Spondyloarthritis, Psoriatic Arthritis and Hidradenitis suppurativa. Quantity Limits are consistent with maximum FDA approved dosing limits.

Drug Name	Drug Tier	Requirements/Limits
COSENTYX PEN INJ 300DOSE	2	PA, QL (300 mg (2 mL) every 28 days); Preferred agent for Ankylosing Spondylitis, Non-Radiographic Axial Spondyloarthritis, Psoriatic Arthritis and Hidradenitis suppurativa. Quantity Limits are consistent with maximum FDA approved dosing limits.
COSENTYX UNO INJ 300/2ML	2	PA, QL (300 mg (2 mL) every 28 days); Preferred agent for Ankylosing Spondylitis, Non-Radiographic Axial Spondyloarthritis, Psoriatic Arthritis and Hidradenitis suppurativa. Quantity Limits are consistent with maximum FDA approved dosing limits.
methoxsalen rapid cap 10 mg	1	
PYZCHIVA INJ 45/0.5ML	2	PA, QL (1 syringe every 84 days); Preferred for all FDA approved indications; Quantity Limits are consistent with maximum FDA approved dosing limits.
PYZCHIVA INJ 45/0.5ML	2	PA, QL (2 pens every 28 days); Preferred for all FDA approved indications; Quantity Limits are consistent with maximum FDA approved dosing limits.
PYZCHIVA INJ 90MG/ML	2	PA, QL (1 pen every 56 days); Preferred for all FDA approved indications; Quantity Limits are consistent with maximum FDA approved dosing limits.

Drug Name	Drug Tier	Requirements/Limits
PYZCHIVA INJ 90MG/ML	2	PA, QL (1 syringe every 56 days); Preferred for all FDA approved indications; Quantity Limits are consistent with maximum FDA approved dosing limits.
SKYRIZI INJ 55/0.37	2	PA, QL (1 syringe every 84 days); Preferred for all FDA approved indications; Quantity Limits are consistent with maximum FDA approved dosing limits.
SKYRIZI INJ 150MG/ML	2	PA, QL (1 syringe every 63 days); Preferred for all FDA approved indications; Quantity Limits are consistent with maximum FDA approved dosing limits.
SKYRIZI PEN INJ 150MG/ML	2	PA, QL (1 pen every 63 days); Preferred for all FDA approved indications; Quantity Limits are consistent with maximum FDA approved dosing limits.
SOTYKTU TAB 6MG	2	PA, QL (1 tab every 1 day)
SPEVIGO INJ 150/1ML	3	PA, QL (2 syringes every 28 days)
SPEVIGO INJ 300/2ML	3	PA, QL (1 syringe every 28 days)
tazarotene cream 0.1%	1	
tazarotene cream 0.05%	1	
tazarotene gel 0.1%	1	
tazarotene gel 0.05%	1	
TREMFYA INJ 100MG/ML	2	PA, QL (1 pen every 42 days)

Drug Name	Drug Tier	Requirements/Limits
TREMFYA INJ 100MG/ML	2	PA, QL (1 syringe every 42 days); Preferred agent for Psoriasis, Psoriatic Arthritis, Ulcerative Colitis; Quantity Limits are consistent with maximum FDA approved dosing limits.
VTAMA CRE 1%	2	PA
YESINTEK INJ 45/0.5ML	2	PA, QL (1 syringe every 84 days); Preferred for all FDA approved indications; Quantity Limits are consistent with maximum FDA approved dosing limits.
YESINTEK INJ 45/0.5ML	2	PA, QL (4 vials every 56 days); Preferred for all FDA approved indications; Quantity Limits are consistent with maximum FDA approved dosing limits.
YESINTEK INJ 90MG/ML	2	PA, QL (1 syringe every 56 days); Preferred for all FDA approved indications; Quantity Limits are consistent with maximum FDA approved dosing limits.
ZITHRANOL SHA 1%	3	
ANTISEBORRHEIC PRODUCTS		
OVACE PLUS CRE 10%	3	
OVACE PLUS GEL 10% WASH	3	
OVACE PLUS LIQ 10% WASH	3	
OVACE PLUS LOT 9.8%	3	
OVACE PLUS SHA 10%	3	
OVACE WASH LIQ 10%	3	
PLEXION NS SHA 9.8%	3	
selenium sulfide lotion 2.5%	1	
selenium sulfide shampoo 2.3%	1	
selenium sulfide shampoo 2.25%	1	
sulfacetamide sodium cleansing gel 10%	1	
sulfacetamide sodium liquid 10%	1	
sulfacetamide sodium shampoo 9.8%	1	

Drug Name	Drug Tier	Requirements/Limits
sulfacetamide sodium shampoo 10%	1	
ANTIVIRALS - TOPICAL		
acyclovir oint 5%	1	
DENAVIR CRE 1%	3	
penciclovir cream 1%	1	
ZOVIRAX CRE 5%	3	
ZOVIRAX OIN 5%	3	
BURN PRODUCTS		
mafenide acetate packet for topical soln 5% (50 gm)	1	
SILVADENE CRE 1%	3	
silver sulfadiazine cream 1%	1	
ssd cre 1%	1	
SULFAMYLON CRE 85MG/GM	3	
CAUTERIZING AGENTS		
ARZOL SILVER MIS NITR APP	3	
SILVER NITRA SOL 0.5%	3	
silver nitrate soln 0.5%	1	
CORTICOSTEROIDS - TOPICAL		
alclometasone dipropionate cream 0.05%	1	QL (4 gm every 1 day)
alclometasone dipropionate oint 0.05%	1	QL (4 gm every 1 day)
betamethasone dipropionate augmented cream 0.05%	1	QL (4 gm every 1 day)
betamethasone dipropionate augmented gel 0.05%	1	QL (4 gm every 1 day)
betamethasone dipropionate augmented lotion 0.05%	1	QL (4 mL every 1 day)
betamethasone dipropionate augmented oint 0.05%	1	QL (4 gm every 1 day)
betamethasone dipropionate cream 0.05%	1	QL (4 gm every 1 day)
betamethasone dipropionate lotion 0.05%	1	QL (4 mL every 1 day)
betamethasone valerate aerosol foam 0.12%	1	QL (4 gm every 1 day)
betamethasone valerate cream 0.1% (base equivalent)	1	QL (4 gm every 1 day)
betamethasone valerate lotion 0.1% (base equivalent)	1	QL (4 mL every 1 day)
betamethasone valerate oint 0.1% (base equivalent)	1	QL (4 gm every 1 day)
BRYHALI LOT 0.01%	2	QL (4 gm every 1 day)
CLOBETASOL CRE 0.025%	3	QL (4 gm every 1 day)
clobetasol e cre 0.05%	1	QL (4 gm every 1 day)
clobetasol propionate cream 0.05%	1	QL (4 gm every 1 day)
clobetasol propionate emollient base cream 0.05%	1	QL (4 gm every 1 day)

Drug Name	Drug Tier	Requirements/Limits
clobetasol propionate foam 0.05%	1	QL (4 gm every 1 day)
clobetasol propionate gel 0.05%	1	QL (4 gm every 1 day)
clobetasol propionate lotion 0.05%	1	QL (4 mL every 1 day)
clobetasol propionate oint 0.05%	1	QL (4 gm every 1 day)
clobetasol propionate shampoo 0.05%	1	QL (4 mL every 1 day)
clobetasol propionate soln 0.05%	1	QL (4 mL every 1 day)
CLOBEX LOT 0.05%	3	QL (4 mL every 1 day)
CLOBEX SHA 0.05%	3	QL (4 mL every 1 day)
clodan sha 0.05%	1	QL (4 mL every 1 day)
CLODERM CRE 0.1%	3	QL (4 gm every 1 day)
CORTANE-B LOT	3	
DERMA-SMOOTH OIL /FS BODY	3	QL (4 mL every 1 day)
DERMA-SMOOTH OIL /FS SCLP	3	QL (4 mL every 1 day)
desonide cream 0.05%	1	QL (4 gm every 1 day)
desonide lotion 0.05%	1	QL (4 mL every 1 day)
desonide oint 0.05%	1	QL (4 gm every 1 day)
DESOWEN CRE 0.05%	3	QL (4 gm every 1 day)
desoximetasone cream 0.05%	1	QL (4 gm every 1 day)
desoximetasone cream 0.25%	1	QL (4 gm every 1 day)
desoximetasone gel 0.05%	1	QL (4 gm every 1 day)
desoximetasone oint 0.25%	1	QL (4 gm every 1 day)
desoximetasone spray 0.25%	1	QL (4 mL every 1 day)
DIPROLENE OIN 0.05%	3	QL (4 gm every 1 day)
ENSTILAR AER	2	PA
EPIFOAM AER 1%	3	
fluocinolone acetonide cream 0.01%	1	QL (4 gm every 1 day)
fluocinolone acetonide cream 0.025%	1	QL (4 gm every 1 day)
fluocinolone acetonide oil 0.01% (body oil)	1	QL (4 mL every 1 day)
fluocinolone acetonide oil 0.01% (scalp oil)	1	QL (4 mL every 1 day)
fluocinolone acetonide oint 0.025%	1	QL (4 gm every 1 day)
fluocinolone acetonide soln 0.01%	1	QL (4 mL every 1 day)
fluocinonide cream 0.05%	1	QL (4 gm every 1 day)
fluocinonide emulsified base cream 0.05%	1	QL (4 gm every 1 day)
fluocinonide gel 0.05%	1	QL (4 gm every 1 day)
fluocinonide oint 0.05%	1	QL (4 gm every 1 day)
fluocinonide soln 0.05%	1	QL (4 mL every 1 day)
fluticasone propionate cream 0.05%	1	QL (4 gm every 1 day)
fluticasone propionate lotion 0.05%	1	QL (4 mL every 1 day)
fluticasone propionate oint 0.005%	1	QL (4 gm every 1 day)
halcinonide soln 0.1%	1	QL (4 mL every 1 day)
halobetasol propionate cream 0.05%	1	QL (4 gm every 1 day)
halobetasol propionate oint 0.05%	1	QL (4 gm every 1 day)
hydrocortisone acetate cream 2.5%	1	
hydrocortisone butyrate cream 0.1%	1	QL (4 gm every 1 day)

Drug Name	Drug Tier	Requirements/Limits
hydrocortisone butyrate oint 0.1%	1	QL (4 gm every 1 day)
hydrocortisone butyrate soln 0.1%	1	QL (4 mL every 1 day)
hydrocortisone cream 2.5%	1	QL (4 gm every 1 day)
hydrocortisone lotion 2.5%	1	QL (4 mL every 1 day)
hydrocortisone oint 2.5%	1	QL (4 gm every 1 day)
hydrocortisone soln 2.5%	1	QL (4 mL every 1 day)
hydrocortisone valerate cream 0.2%	1	QL (4 gm every 1 day)
hydrocortisone valerate oint 0.2%	1	QL (4 gm every 1 day)
KENALOG AER SPRAY	3	QL (4 gm every 1 day)
LOCOID LIPO CRE 0.1%	3	QL (4 gm every 1 day)
LOCOID LOT 0.1%	3	QL (4 mL every 1 day)
micort hc cre 2.5%	1	
mometasone furoate cream 0.1%	1	QL (4 gm every 1 day)
mometasone furoate oint 0.1%	1	QL (4 gm every 1 day)
mometasone furoate solution 0.1% (lotion)	1	QL (4 mL every 1 day)
NUCORT LOT 2%	3	
PANDEL CRE 0.1%	3	QL (4 gm every 1 day)
PRAMOSONE CRE 1-1%	3	
PRAMOSONE LOT 1%	3	
PRAMOSONE LOT 1-1%	3	
PRAMOSONE LOT 2.5%	3	
PRAMOSONE OIN 1%	3	
PRAMOSONE OIN 1-1%	3	
PRAMOSONE OIN 2.5%	3	
pramoxine-hc cream 1-2.5%	1	
SERNIVO SPR 0.05%	3	QL (4 mL every 1 day)
SYNALAR CRE 0.025%	3	QL (4 gm every 1 day)
SYNALAR OIN 0.025%	3	QL (4 gm every 1 day)
TACLONEX SUS	3	PA
texacort sol 2.5%	1	QL (4 mL every 1 day)
TOPICORT CRE 0.05%	3	QL (4 gm every 1 day)
TOPICORT CRE 0.25%	3	QL (4 gm every 1 day)
TOPICORT GEL 0.05%	3	QL (4 gm every 1 day)
TOPICORT OIN 0.05%	3	QL (4 gm every 1 day)
TOPICORT OIN 0.25%	3	QL (4 gm every 1 day)
TOPICORT SPR 0.25%	3	QL (4 mL every 1 day)
triamcinolone acetonide cream 0.1%	1	QL (4 gm every 1 day)
triamcinolone acetonide cream 0.5%	1	QL (4 gm every 1 day)
triamcinolone acetonide cream 0.025%	1	QL (4 gm every 1 day)
triamcinolone acetonide lotion 0.1%	1	QL (4 mL every 1 day)
triamcinolone acetonide lotion 0.025%	1	QL (4 mL every 1 day)
triamcinolone acetonide oint 0.1%	1	QL (4 gm every 1 day)
triamcinolone acetonide oint 0.5%	1	QL (4 gm every 1 day)
triamcinolone acetonide oint 0.025%	1	QL (4 gm every 1 day)

Drug Name	Drug Tier	Requirements/Limits
triderm cre 0.5%	1	QL (4 gm every 1 day)
TRIVIX KIT	3	
VANOS CRE 0.1%	3	QL (4 gm every 1 day)
ECZEMA AGENTS		
ADBRY INJ 150MG/ML	3	PA, QL (4 syringes every 28 days)
ADBRY INJ 300/2ML	3	PA, QL (2 pens every 28 days)
CIBINQO TAB 50MG	2	PA, QL (1 tab every 1 day)
CIBINQO TAB 100MG	2	PA, QL (1 tab every 1 day)
CIBINQO TAB 200MG	2	PA, QL (1 tab every 1 day)
DUPIXENT INJ 200/1.14	2	PA, QL (2 syringes every 28 days)
DUPIXENT INJ 200MG	2	PA, QL (2 pens every 28 days)
DUPIXENT INJ 300/2ML	2	PA, QL (4 pens every 28 days)
DUPIXENT INJ 300/2ML	2	PA, QL (4 syringes every 28 days)
EBGLYSS INJ 250/2ML	2	PA, QL (2 pens every 21 days)
EBGLYSS INJ 250/2ML	2	PA, QL (2 syringes every 21 days)
OPZELURA CRE 1.5%	2	PA
EMOLLIENT/KERATOLYTIC AGENTS		
CEM-UREA SOL 45%	3	
DERMACURE CRE 41%	3	
urea cream 39%	1	
urea cream 40%	1	
urea cream 41%	1	
urea cream 45%	1	
urea cream 47%	1	
UREDEB CRE 39%	3	
XUREA CRE 39%	3	
EMOLLIENTS		
LACTIC ACID CRE E	3	
ENZYMES - TOPICAL		
SANTYL OIN 250/GM	3	PA
HAIR GROWTH AGENTS		
LITFULO CAP 50MG	2	PA, QL (1 cap every 1 day)
IMMUNOMODULATING AGENTS - SYSTEMIC		
NEMLUVIO INJ 30MG	2	PA, QL (2 pens every 28 days)

Drug Name	Drug Tier	Requirements/Limits
IMMUNOMODULATING AGENTS - TOPICAL		
imiquimod cream 3.75%	1	PA
imiquimod cream 5%	1	QL (21 ea every 25 days)
ZYCLARA CRE 3.75%	3	PA
ZYCLARA PUMP CRE 2.5%	3	PA
ZYCLARA PUMP CRE 3.75%	3	PA
IMMUNOSUPPRESSIVE AGENTS - TOPICAL		
pimecrolimus cream 1%	1	ST
tacrolimus oint 0.1%	1	ST
tacrolimus oint 0.03%	1	ST
KERATOLYTIC/ANTIMITOTIC/VESICANT AGENTS		
CONDYLOX GEL 0.5%	3	
GORDOFILM SOL	3	
KERALYT GEL 6%	3	
KERALYT SHA 6%	3	
PODOCON-25 SOL	3	
podofilox gel 0.5%	1	
podofilox soln 0.5%	1	
PYROGALL ACD OIN	3	
SALICYLIC AC LIQ 27.5%	3	
salicylic acid er film-forming soln 28.5%	1	
salicylic acid film forming liquid 27.5%	1	
salicylic acid foam 6%	1	
salicylic acid gel 6%	1	
salicylic acid shampoo 6%	1	
salicylic acid soln 26%	1	
SALIMEZ FORT CRE 10%	3	
SALVAX AER 6%	3	
salyntra gel 6%	1	
ULTRASAL-ER SOL 28.5%	3	
VIRASAL LIQ 27.5%	3	
YCANTH SOL 0.7%	3	
LINIMENTS		
TURPENTINE SOL SPIRITS	3	
LOCAL ANESTHETICS - TOPICAL		
CETACAINE AER	3	
ETHYL CHLOR AER FINE PIN	3	
ETHYL CHLOR AER FN STRM	3	
ETHYL CHLOR AER MED JET	3	
ETHYL CHLOR AER MED STRM	3	
ETHYL CHLOR AER MIST	3	
glydo gel 2%	1	QL (10 injections every 25 days)

Drug Name	Drug Tier	Requirements/Limits
lidocaine hcl soln 4%	1	QL (50 mL every 25 days)
lidocaine hcl urethral/mucosal gel 2%	1	QL (60 mL every 25 days)
lidocaine hcl urethral/mucosal gel prefilled syringe 2%	1	QL (12 injections every 25 days)
lidocaine hcl urethral/mucosal gel prefilled syringe 2%	1	QL (3 injections every 25 days)
LIDOCAINE OIN 5%	3	QL (50 gm every 25 days)
lidocaine oint 5%	1	QL (50 gm every 25 days)
lidocaine patch 5%	1	QL (3 ea every 1 day)
lidocaine-prilocaine cream 2.5-2.5%	1	QL (30 gm every 25 days)
lidocan dis 5% patch	1	QL (3 patches every 1 day)
LIDODERM DIS 5% PATCH	3	QL (3 ea every 1 day)
LIDOGEL GEL 2.8%	3	
LIDOREX GEL 2.8%	3	
tridacaine dis 5% patch	1	QL (3 ea every 1 day)
MISC. TOPICAL		
ARNICA TIN FLOWER	3	
DRYSOL SOL 20%	3	
QBREXZA PAD 2.4%	3	ST, QL (1 ea every 1 day)
SOFDRA GEL 12.45%	3	ST, QL (50mL every 25 days)
XERAC-AC SOL 6.25%	3	
PHOSPHODIESTERASE 4 (PDE4) INHIBITORS - TOPICAL		
EUCRISA OIN 2%	2	
ZORYVE CRE 0.3%	2	ST, QL (2 gm every 1 day)
ZORYVE CRE 0.05%	2	ST, QL (2 gm every 1 day)
ZORYVE CRE 0.15%	2	ST, QL (2 gm every 1 day)
ZORYVE MIS 0.3%	2	ST, QL (2 gm every 1 day)
ROSACEA AGENTS		
azelaic acid gel 15%	1	PA
brimonidine tartrate gel 0.33% (base equivalent)	1	PA
FINACEA AER 15%	2	PA
ivermectin cream 1%	1	PA
METROCREAM CRE 0.75%	3	
METROGEL GEL 1%	3	
METROLOTION LOT 0.75%	3	
metronidazole cream 0.75%	1	
metronidazole gel 0.75%	1	
metronidazole gel 1%	1	
metronidazole lotion 0.75%	1	
ORACEA CAP 40MG	1	PA; Brand preferred over generic

Drug Name	Drug Tier	Requirements/Limits
oxymetazoline hcl cream 1%	1	PA
SCABICIDES & PEDICULICIDES		
crotan lot 10%	1	
malathion lotion 0.5%	1	
NATROBA SUS 0.9%	3	
OVIDE LOT 0.5%	3	
permethrin cream 5%	1	
pruradik lot 10%	1	
spinosad susp 0.9%	1	
SULF LIME SOL	3	
TAR PRODUCTS		
COAL TAR SOL 20%	3	
WOUND CARE PRODUCTS		
REGRANEX GEL 0.01%	3	PA
DIAGNOSTIC PRODUCTS		
DIAGNOSTIC TESTS		
A1CNOW+ PROF KIT SYSTEM	0	
ACCU-CHEK TES AVIVA PL	0	QL (5 strips every 1 day), OTC
ACCU-CHEK TES GUIDE	0	QL (5 strips every 1 day), OTC
ACCU-CHEK TES SMART	0	QL (5 strips every 1 day), OTC
CHEMSTRIP 2 TES GP	0	OTC
CHEMSTRIP 5 TES OB	0	OTC
CHEMSTRIP 7 TES	0	OTC
CHEMSTRIP 9 TES STRIPS	0	OTC
CHEMSTRIP 10 TES MD	0	OTC
CHEMSTRIP K TES	0	OTC
CHEMSTRIP TES -10 SG	0	OTC
CHEMSTRIP TES UGK	0	OTC
CVS KETONE TES CARE	0	OTC
DIASTIX TES STRIPS	0	OTC
FORA GTEL TES KETONE	0	OTC
FORA TEST GO TES ADV VOIC	0	OTC
GOJJI BLOOD TES KETONE	0	OTC
KETONE TES	0	OTC
KETONE TEST TES	0	OTC
MOBI CONNECT TES STRIPS	0	QL (5 strips every 1 day), OTC
MULTISTIX 10 TES SG	0	OTC
NOVA MAX PLS TES KETONE	0	OTC
PRECISN XTRA TES KETONE	0	OTC

Drug Name	Drug Tier	Requirements/Limits
RELION TES KETONE	0	OTC
RELION TRUE TES METRIX	0	QL (5 strips every 1 day), OTC
TRUE METRIX TES GLUCOSE	0	QL (5 strips every 1 day), OTC

DIGESTIVE AIDS

DIGESTIVE ENZYMES

CREON CAP 3000UNIT	2	
CREON CAP 6000UNIT	2	
CREON CAP 12000UNT	2	
CREON CAP 24000UNT	2	
CREON CAP 36000UNT	2	
PANCREAZE CAP 2600UNIT	3	
PANCREAZE CAP 4200UNIT	3	
PANCREAZE CAP 10500UNT	3	
PANCREAZE CAP 16800UNT	3	
PANCREAZE CAP 21000UNT	3	
PANCREAZE CAP 37000	3	
PERTZYE CAP 4000UNIT	3	
PERTZYE CAP 8000UNIT	3	
PERTZYE CAP 16000U	3	
PERTZYE CAP 24000U	3	
SUCRAID SOL 8500/ML	3	PA
VIOKACE TAB 10440	2	
VIOKACE TAB 20880	2	
ZENPEP CAP 3000UNIT	2	
ZENPEP CAP 5000UNIT	2	
ZENPEP CAP 10000UNT	2	
ZENPEP CAP 15000UNT	2	
ZENPEP CAP 20000UNT	2	
ZENPEP CAP 25000UNT	2	
ZENPEP CAP 40000UNT	2	
ZENPEP CAP 60000UNT	2	

DIURETICS

CARBONIC ANHYDRASE INHIBITORS

acetazolamide cap er 12hr 500 mg	1	
acetazolamide tab 125 mg	1	
acetazolamide tab 250 mg	1	
dichlorphenamide tab 50 mg	1	PA, QL (4 tabs every 1 day)
KEVEYIS TAB 50MG	3	PA, QL (4 tabs every 1 day)
methazolamide tab 25 mg	1	
methazolamide tab 50 mg	1	
ormalvi tab 50mg	1	PA, QL (4 tabs every 1 day)

Drug Name	Drug Tier	Requirements/Limits
DIURETIC COMBINATIONS		
amiloride & hydrochlorothiazide tab 5-50 mg	1	
spironolactone & hydrochlorothiazide tab 25-25 mg	1	
triamterene & hydrochlorothiazide cap 37.5-25 mg	1	
triamterene & hydrochlorothiazide tab 37.5-25 mg	1	
triamterene & hydrochlorothiazide tab 75-50 mg	1	
LOOP DIURETICS		
bumetanide tab 0.5 mg	1	
bumetanide tab 1 mg	1	
bumetanide tab 2 mg	1	
BUMEX TAB 0.5MG	3	
EDECRIN TAB 25MG	3	
ethacrynic acid tab 25 mg	1	
furosemide oral soln 8 mg/ml	1	
furosemide oral soln 10 mg/ml	1	
furosemide tab 20 mg	1	
furosemide tab 40 mg	1	
furosemide tab 80 mg	1	
LASIX TAB 20MG	3	
LASIX TAB 40MG	3	
LASIX TAB 80MG	3	
torsemide tab 5 mg	1	
torsemide tab 10 mg	1	
torsemide tab 20 mg	1	
torsemide tab 100 mg	1	
POTASSIUM SPARING DIURETICS		
ALDACTONE TAB 25MG	3	
ALDACTONE TAB 50MG	3	
ALDACTONE TAB 100MG	3	
amiloride hcl tab 5 mg	1	
spironolactone susp 25 mg/5ml	1	
spironolactone tab 25 mg	1	
spironolactone tab 50 mg	1	
spironolactone tab 100 mg	1	
triamterene cap 50 mg	1	
triamterene cap 100 mg	1	
THIAZIDES AND THIAZIDE-LIKE DIURETICS		
chlorthalidone tab 25 mg	1	
chlorthalidone tab 50 mg	1	

Drug Name	Drug Tier	Requirements/Limits
DIURIL SUS 250/5ML	3	
hydrochlorothiazide cap 12.5 mg	1	
hydrochlorothiazide tab 12.5 mg	1	
hydrochlorothiazide tab 25 mg	1	
hydrochlorothiazide tab 50 mg	1	
indapamide tab 1.25 mg	1	
indapamide tab 2.5 mg	1	
metolazone tab 2.5 mg	1	
metolazone tab 5 mg	1	
metolazone tab 10 mg	1	
ENDOCRINE AND METABOLIC AGENTS - MISC.		
BONE DENSITY REGULATORS		
ACTONEL TAB 35MG	3	
ACTONEL TAB 150MG	3	
alendronate sodium oral soln 70 mg/75ml	1	
alendronate sodium tab 10 mg	1	
alendronate sodium tab 35 mg	1	
alendronate sodium tab 70 mg	1	
ATELVIA TAB	3	
BINOSTO TAB 70MG	3	
BONSITY INJ 560/2.24	2	PA, QL (1 pen every 28 days)
calcitonin (salmon) inj 200 unit/ml	1	
calcitonin (salmon) nasal soln 200 unit/act	1	
FOSAMAX + D TAB 70-2800	3	
FOSAMAX + D TAB 70-5600	3	
FOSAMAX TAB 70MG	3	
ibandronate sodium tab 150 mg (base equivalent)	1	
risedronate sodium tab 5 mg	1	
risedronate sodium tab 30 mg	1	
risedronate sodium tab 35 mg	1	
risedronate sodium tab 150 mg	1	
risedronate sodium tab delayed release 35 mg	1	
TERIPARATIDE INJ 560/2.24	2	PA, QL (1 pen every 28 days)
teriparatide soln pen-inj 560 mcg/2.24ml	2	PA, QL (1 pen every 28 days)
TYMLOS INJ	2	PA, QL (1 pen every 28 days)
CORTICOTROPIN		
ACTHAR INJ 80UNIT	3	PA, QL (1.67 mL every 1 day)
ACTHAR INJ GEL	3	PA, QL (1 pen every 1 day)

Drug Name	Drug Tier	Requirements/Limits
ACTHAR INJ GEL	3	PA, QL (28 injectors every 28 days)
CORTROPHIN INJ 40/0.5ML	3	PA, QL (1 injection every 1 day)
CORTROPHIN INJ 80UNT/ML	3	PA, QL (1 injection every 1 day)
CORTROPHIN INJ 80UNT/ML	3	PA, QL (1.67 mL every 1 day)
CORTICOTROPIN-RELEASING FACTOR (CRF) RECEPTOR ANTAGONISTS		
CRENESSITY CAP 25MG	3	PA, QL (2 caps every 1 day)
CRENESSITY CAP 50MG	3	PA, QL (2 caps every 1 day)
CRENESSITY CAP 100MG	3	PA, QL (2 caps every 1 day)
CRENESSITY SOL 50MG/ML	3	PA, QL (4 mL every 1 day)
FERTILITY REGULATORS		
clomid tab 50mg	1	Coverage is subject to your plan/benefits
clomiphene citrate tab 50 mg	1	Coverage is subject to your plan/benefits
FOLLISTIM AQ INJ 300UNIT	2	PA, QL (5.4 mL every 21 days); Coverage is subject to your plan/benefits
FOLLISTIM AQ INJ 600UNIT	2	PA, QL (7.2 mL every 21 days); Coverage is subject to your plan/benefits
FOLLISTIM AQ INJ 900UNIT	2	PA, QL (7.56 mL every 21 days); Coverage is subject to your plan/benefits
MENOPUR INJ 75UNIT	2	PA; Coverage is subject to your plan/benefits
milophene tab 50mg	1	Coverage is subject to your plan/benefits
PREGNYL INJ 10000UNT	2	PA; Coverage is subject to your plan/benefits
GNRH/LHRH ANTAGONISTS		
cetrorelix acetate for inj kit 0.25 mg	1	PA; Coverage is subject to your plan/benefits
GANIRELIX AC INJ 250/0.5	1	PA; Coverage is subject to your plan/benefits, Brand preferred over generic
ORILISSA TAB 150MG	2	PA
ORILISSA TAB 200MG	2	PA
GROWTH HORMONE RELEASING HORMONES (GHRH)		
EGRIFTA SV INJ 2MG	3	PA, QL (1 vial every 1 day)

Drug Name	Drug Tier	Requirements/Limits
EGRIFTA WR KIT 11.6MG	3	PA, QL (4 vials every 28 days)
GROWTH HORMONES		
HUMATROPE INJ 6MG	2	PA
HUMATROPE INJ 12MG	2	PA
HUMATROPE INJ 24MG	2	PA
NORDITROPIN INJ 5/1.5ML	2	PA
NORDITROPIN INJ 10/1.5ML	2	PA
NORDITROPIN INJ 15/1.5ML	2	PA
NORDITROPIN INJ 30/3ML	2	PA
SEROSTIM INJ 4MG	3	PA
SEROSTIM INJ 5MG	3	PA
SEROSTIM INJ 6MG	3	PA
SOGROYA INJ 5MG/1.5	2	PA, QL (4 pens every 28 days)
SOGROYA INJ 10MG/1.5	2	PA, QL (4 pens every 28 days)
SOGROYA INJ 15MG/1.5	2	PA, QL (4 pens every 28 days)
HORMONE RECEPTOR MODULATORS		
EVISTA TAB 60MG	0	
raloxifene hcl tab 60 mg	0	
INSULIN-LIKE GROWTH FACTORS (SOMATOMEDINS)		
INCRELEX INJ 40MG/4ML	3	PA
LHRH/GNRH AGONIST ANALOG PITUITARY SUPPRESSANTS		
SYNAREL SOL 2MG/ML	3	
MENOPAUSAL SYMPTOMS SUPPRESSANTS		
LYNKUET CAP 60MG	3	PA
VEOZAH TAB 45MG	3	PA
METABOLIC MODIFIERS		
betaine powder for oral solution	1	PA
calcitriol cap 0.5 mcg	1	
calcitriol cap 0.25 mcg	1	
calcitriol oral soln 1 mcg/ml	1	
carglumic acid soluble tab 200 mg	1	PA
cinacalcet hcl tab 30 mg (base equiv)	1	PA, QL (2 tabs every 1 day)
cinacalcet hcl tab 60 mg (base equiv)	1	PA, QL (2 tabs every 1 day)
cinacalcet hcl tab 90 mg (base equiv)	1	PA, QL (4 tabs every 1 day)
doxercalciferol cap 0.5 mcg	1	
doxercalciferol cap 1 mcg	1	
doxercalciferol cap 2.5 mcg	1	
GALAFOLD CAP 123MG	2	PA
glycerol phenylbutyrate liquid 1.1 gm/ml	1	PA

Drug Name	Drug Tier	Requirements/Limits
javygtor pak 100mg	1	PA
javygtor pow 500mg	1	PA
javygtor tab 100mg	1	PA
levocarnitine oral soln 1 gm/10ml (10%)	1	
levocarnitine tab 330 mg	1	
MYALEPT INJ 11.3MG	3	PA, QL (1 vial every 1 day)
nitisinone cap 2 mg	1	PA
nitisinone cap 5 mg	1	PA
nitisinone cap 10 mg	1	PA
nitisinone cap 20 mg	1	PA
ORFADIN CAP 2MG	2	PA
ORFADIN CAP 5MG	2	PA
ORFADIN CAP 10MG	2	PA
ORFADIN CAP 20MG	2	PA
ORFADIN SUS 4MG/ML	2	PA
paricalcitol cap 1 mcg	1	
paricalcitol cap 2 mcg	1	
paricalcitol cap 4 mcg	1	
PHEBURANE MIS 483/GM	2	PA, QL (46.4 gm every 1 day)
ROCALTROL CAP 0.5MCG	3	
ROCALTROL CAP 0.25MCG	3	
ROCALTROL SOL 1MCG/ML	3	
sapropterin dihydrochloride powder packet 100 mg	1	PA
sapropterin dihydrochloride powder packet 500 mg	1	PA
sapropterin dihydrochloride tab 100 mg	1	PA
SENSIPAR TAB 30MG	3	PA, QL (2 tabs every 1 day)
SENSIPAR TAB 60MG	3	PA, QL (2 tabs every 1 day)
SENSIPAR TAB 90MG	3	PA, QL (4 tabs every 1 day)
sodium phenylbutyrate oral powder 3 gm/teaspoonful	1	PA, QL (26.6 gm every 1 day)
sodium phenylbutyrate tab 500 mg	1	PA, QL (40 tabs every 1 day)
STRENSIQ INJ 18/0.45	3	PA
STRENSIQ INJ 28/0.7ML	3	PA
STRENSIQ INJ 40MG/ML	3	PA
STRENSIQ INJ 80/0.8ML	3	PA
XURIDEN POW 2GM	3	QL (4 packets every 1 day)
YORVIPATH INJ 168/0.56	3	PA, QL (2 pens every 28 days)
YORVIPATH INJ 294/0.98	3	PA, QL (2 pens every 28 days)

Drug Name	Drug Tier	Requirements/Limits
YORVIPATH INJ 420/1.4	3	PA, QL (2 pens every 28 days)
zelvysia pow 100mg	1	PA
zelvysia pow 500mg	1	PA
ZEMPLAR CAP 1MCG	3	
ZEMPLAR CAP 2MCG	3	
MINERALOCORTICOID RECEPTOR ANTAGONISTS		
KERENDIA TAB 10MG	2	PA
KERENDIA TAB 20MG	2	PA
KERENDIA TAB 40MG	2	PA
NATRIURETIC PEPTIDES		
VOXZOGO INJ 0.4MG	3	PA, QL (1 vial every 1 day)
VOXZOGO INJ 0.56MG	3	PA, QL (1 vial every 1 day)
VOXZOGO INJ 1.2MG	3	PA, QL (1 vial every 1 day)
POSTERIOR PITUITARY HORMONES		
DDAVP TAB 0.1MG	3	
DDAVP TAB 0.2MG	3	
desmopressin acetate nasal spray soln 0.01%	1	
desmopressin acetate nasal spray soln 0.01% (refrigerated)	1	
desmopressin acetate tab 0.1 mg	1	
desmopressin acetate tab 0.2 mg	1	
NOCDURNA SUB 27.7MCG	3	
NOCDURNA SUB 55.3MCG	3	
PROGESTERONE RECEPTOR ANTAGONISTS		
MIFEPREX TAB 200MG	3	
mifepristone tab 200 mg	1	$0 copay based on your plan/benefit
PROLACTIN INHIBITORS		
cabergoline tab 0.5 mg	1	
SOMATOSTATIC AGENTS		
octreotide acetate inj 50 mcg/ml (0.05 mg/ml)	1	PA, QL (3 vials every 1 day)
octreotide acetate inj 100 mcg/ml (0.1 mg/ml)	1	PA, QL (3 vials every 1 day)
octreotide acetate inj 200 mcg/ml (0.2 mg/ml)	1	PA, QL (45 vials every 30 days)
octreotide acetate inj 500 mcg/ml (0.5 mg/ml)	1	PA, QL (3 vials every 1 day)
octreotide acetate inj 1000 mcg/ml (1 mg/ml)	1	PA, QL (9 vials every 30 days)
octreotide acetate subcutaneous soln pref syr 50 mcg/ml	1	PA, QL (3 syringes every 1 day)
octreotide acetate subcutaneous soln pref syr 100 mcg/ml	1	PA, QL (3 syringes every 1 day)

Drug Name	Drug Tier	Requirements/Limits
octreotide acetate subcutaneous soln pref syr 500 mcg/ml	1	PA, QL (3 syringes every 1 day)
SANDOSTATIN INJ 50MCG/ML	3	PA, QL (3 ampules every 1 day)
SANDOSTATIN INJ 100MCG	3	PA, QL (3 ampules every 1 day)
SANDOSTATIN INJ 500MCG	3	PA, QL (3 ampules every 1 day)
SIGNIFOR INJ 0.3MG/ML	3	PA, QL (2 ampules every 1 day)
SIGNIFOR INJ 0.6MG/ML	3	PA, QL (2 ampules every 1 day)
SIGNIFOR INJ 0.9MG/ML	3	PA, QL (2 ampules every 1 day)
VASOPRESSIN RECEPTOR ANTAGONISTS		
SAMSCA TAB 15MG	3	PA
SAMSCA TAB 30MG	3	PA
tolvaptan (hyponatremia) tab 15 mg	1	PA
tolvaptan (hyponatremia) tab 30 mg	1	PA
tolvaptan tab 15 mg	1	PA
tolvaptan tab 30 mg	1	PA
tolvaptan tab therapy pack 15 mg	1	PA, QL (2 tabs every 1 day)
tolvaptan tab therapy pack 30 & 15 mg	1	PA, QL (2 tabs every 1 day)
tolvaptan tab therapy pack 45 & 15 mg	1	PA, QL (2 tabs every 1 day)
tolvaptan tab therapy pack 60 & 30 mg	1	PA, QL (2 tabs every 1 day)
tolvaptan tab therapy pack 90 & 30 mg	1	PA, QL (2 tabs every 1 day)
ESTROGENS		
ESTROGEN COMBINATIONS		
abigale lo tab 0.5-0.1	1	
abigale tab 1-0.5mg	1	
ACTIVELLA TAB 1-0.5MG	3	
ANGELIQ TAB 0.5-1MG	3	
ANGELIQ TAB 0.25-0.5	3	
BIJUVA CAP 0.5-100	3	
BIJUVA CAP 1-100MG	3	
COMBIPATCH DIS	2	
COVARYX HS TAB	3	
COVARYX TAB 1.25-2.5	3	
DUAVEE TAB 0.45-20	2	
EEMT HS TAB	3	
EEMT TAB 1.25-2.5	3	
esterified estrogens & methyltestosterone tab 0.625-1.25 mg	1	

Drug Name	Drug Tier	Requirements/Limits
esterified estrogens & methyltestosterone tab 1.25-2.5 mg	1	
estradiol & norethindrone acetate tab 0.5-0.1 mg	1	
estradiol & norethindrone acetate tab 1-0.5 mg	1	
estratest fs tab 1.25-2.5	1	
ESTRATEST HS TAB	3	
fyavolv tab 0.5-2.5	1	
fyavolv tab 1-5	1	
jinteli tab 1mg-5mcg	1	
mimvey tab 1-0.5mg	1	
MYFEMBREE TAB	2	PA
norethindrone acetate-ethinyl estradiol tab 0.5 mg-2.5 mcg	1	
norethindrone acetate-ethinyl estradiol tab 1 mg-5 mcg	1	
ORIAHNN CAP	2	PA
PREMPHASE TAB	2	
PREMPRO TAB	2	
PREMPRO TAB 0.3-1.5	2	
PREMPRO TAB 0.45-1.5	2	
PREMPRO TAB 0.625-5	2	
ESTROGENS		
ALORA DIS 0.1MG	3	
ALORA DIS 0.025MG	3	
ALORA DIS 0.075MG	3	
DELESTROGEN INJ 10MG/ML	3	
DELESTROGEN INJ 20MG/ML	3	
DELESTROGEN INJ 40MG/ML	3	
DEPO-ESTRADI INJ 5MG/ML	3	
dotti dis 0.1mg	1	
dotti dis 0.05mg	1	
dotti dis 0.025mg	1	
dotti dis 0.075mg	1	
dotti dis 0.0375mg	1	
ESTRACE TAB 0.5MG	3	
ESTRACE TAB 1MG	3	
ESTRACE TAB 2MG	3	
estradiol gel 0.06% (0.75 mg/1.25 gm metered-dose pump)	1	
estradiol tab 0.5 mg	1	
estradiol tab 1 mg	1	
estradiol tab 2 mg	1	
estradiol td gel 0.5 mg/0.5gm (0.1%)	1	

Drug Name	Drug Tier	Requirements/Limits
estradiol td gel 0.25 mg/0.25gm (0.1%)	1	
estradiol td gel 0.75 mg/0.75gm (0.1%)	1	
estradiol td gel 1 mg/gm (0.1%)	1	
estradiol td gel 1.25 mg/1.25gm (0.1%)	1	
estradiol td patch twice weekly 0.1 mg/24hr	1	
estradiol td patch twice weekly 0.05 mg/24hr	1	
estradiol td patch twice weekly 0.025 mg/24hr	1	
estradiol td patch twice weekly 0.075 mg/24hr	1	
estradiol td patch twice weekly 0.0375 mg/24hr	1	
estradiol td patch weekly 0.1 mg/24hr	1	
estradiol td patch weekly 0.05 mg/24hr	1	
estradiol td patch weekly 0.06 mg/24hr	1	
estradiol td patch weekly 0.025 mg/24hr	1	
estradiol td patch weekly 0.075 mg/24hr	1	
estradiol td patch weekly 0.0375 mg/24hr (37.5 mcg/24hr)	1	
estradiol valerate im in oil 10 mg/ml	1	
estradiol valerate im in oil 20 mg/ml	1	
estradiol valerate im in oil 40 mg/ml	1	
ESTROGEL GEL 0.06%	3	
estrogens, conjugated tab 0.3 mg	1	
estrogens, conjugated tab 0.9 mg	1	
estrogens, conjugated tab 0.45 mg	1	
estrogens, conjugated tab 0.625 mg	1	
estrogens, conjugated tab 1.25 mg	1	
lyllana dis 0.1mg	1	
lyllana dis 0.05mg	1	
lyllana dis 0.025mg	1	
lyllana dis 0.075mg	1	
lyllana dis 0.0375mg	1	
PREMARIN INJ 25MG	3	
FLUOROQUINOLONES		
FLUOROQUINOLONES		
BAXDELA TAB 450MG	3	
CIPRO (5%) SUS 250MG/5	3	
CIPRO (10%) SUS 500MG/5	3	
CIPRO TAB 250MG	3	
CIPRO TAB 500MG	3	
ciprofloxacin hcl tab 250 mg (base equiv)	1	
ciprofloxacin hcl tab 500 mg (base equiv)	1	
ciprofloxacin hcl tab 750 mg (base equiv)	1	
levofloxacin oral soln 25 mg/ml	1	
levofloxacin tab 250 mg	1	

Drug Name	Drug Tier	Requirements/Limits
levofloxacin tab 500 mg	1	
levofloxacin tab 750 mg	1	
moxifloxacin hcl tab 400 mg (base equiv)	1	
ofloxacin tab 300 mg	1	
ofloxacin tab 400 mg	1	
GASTROINTESTINAL AGENTS - MISC.		
5-HT4 RECEPTOR AGONISTS		
prucalopride succinate tab 1 mg (base equivalent)	1	
prucalopride succinate tab 2 mg (base equivalent)	1	
AGENTS FOR CHRONIC IDIOPATHIC CONSTIPATION (CIC)		
TRULANCE TAB 3MG	3	
BILE ACID SYNTHESIS DISORDER AGENTS		
CHOLBAM CAP 50MG	3	PA
CHOLBAM CAP 250MG	3	PA
GALLSTONE SOLUBILIZING AGENTS		
chenodal tab 250mg	1	PA, QL (7 tabs every 1 day)
URSO FORTE TAB 500MG	3	
ursodiol cap 300 mg	1	
ursodiol tab 250 mg	1	
ursodiol tab 500 mg	1	
GASTROINTESTINAL ANTIALLERGY AGENTS		
cromolyn sodium oral conc 100 mg/5ml	1	
GASTROCROM CON 100/5ML	3	
GASTROINTESTINAL CHLORIDE CHANNEL ACTIVATORS		
lubiprostone cap 8 mcg	1	
lubiprostone cap 24 mcg	1	
GASTROINTESTINAL STIMULANTS		
metoclopramide hcl soln 5 mg/5ml (10 mg/10ml) (base equiv)	1	
metoclopramide hcl tab 5 mg (base equivalent)	1	
metoclopramide hcl tab 10 mg (base equivalent)	1	
REGLAN TAB 5MG	3	
REGLAN TAB 10MG	3	
HEPATOTROPICS		
REZDIFFRA TAB 60MG	3	PA
REZDIFFRA TAB 80MG	3	PA
REZDIFFRA TAB 100MG	3	PA
ILEAL BILE ACID TRANSPORTER (IBAT) INHIBITORS		
LIVMARLI SOL 9.5MG/ML	3	PA, QL (3 mL every 1 day)
LIVMARLI SOL 19MG/ML	3	PA, QL (2 mL every 1 day)

Drug Name	Drug Tier	Requirements/Limits
INFLAMMATORY BOWEL AGENTS		
APRISO CAP 0.375GM	3	
AZULFIDINE TAB 500MG	3	
AZULFIDINE TAB 500MG EN	3	
balsalazide disodium cap 750 mg	1	
CANASA SUP 1000MG	3	
CIMZIA 1-SYR INJ 200MG/ML	2	PA, QL (4 syringes every 28 days)
CIMZIA 2-SYR KIT 200MG/ML	2	PA, QL (2 kits every 28 days)
CIMZIA START KIT 200MG/ML	2	PA, QL (2 kits every 28 days)
DIPENTUM CAP 250MG	3	
ENTYVIO PEN INJ 108/0.68	2	QL (2 pens every 28 days); MNPA
mesalamine cap dr 400 mg	1	
mesalamine cap er 24hr 0.375 gm	1	
mesalamine cap er 250 mg	1	
mesalamine cap er 500 mg	1	
mesalamine enema 4 gm	1	
mesalamine rectal enema 4 gm & cleanser wipe kit	1	
mesalamine suppos 1000 mg	1	
mesalamine tab delayed release 1.2 gm	1	
mesalamine tab delayed release 800 mg	1	
ROWASA KIT 4GM	3	
SFROWASA ENE 4GM	3	
SKYRIZI INJ 180/1.2	2	PA, QL (1 cartridge every 56 days); Preferred for all FDA approved indications; Quantity Limits are consistent with maximum FDA approved dosing limits. Approved quantity may be less than the listed limit.
SKYRIZI INJ 360/2.4	2	PA, QL (1 cartridge every 56 days); Preferred for all FDA approved indications; Quantity Limits are consistent with maximum FDA approved dosing limits. Approved quantity may be less than the listed limit.

Drug Name	Drug Tier	Requirements/Limits
sulfasalazine tab 500 mg	1	
sulfasalazine tab delayed release 500 mg	1	
TREMFYA INJ 200/2ML	2	PA, QL (1 pen every 21 days)
TREMFYA INJ 200/2ML	2	PA, QL (1 pen every 21 days); Preferred agent for Psoriasis, Psoriatic Arthritis, Ulcerative Colitis; Quantity Limits are consistent with maximum FDA approved dosing limits.
TREMFYA INJ 200/2ML	2	PA, QL (1 syringe every 21 days); Preferred agent for Psoriasis, Psoriatic Arthritis, Ulcerative Colitis; Quantity Limits are consistent with maximum FDA approved dosing limits.
VELSIPITY TAB 2MG	2	PA, QL (1 tab every 1 day)
INTESTINAL ACIDIFIERS		
enulose sol 10gm/15	1	
generlac sol 10gm/15	1	
lactulose (encephalopathy) solution 10 gm/15ml	1	
IRRITABLE BOWEL SYNDROME (IBS) AGENTS		
alosetron hcl tab 0.5 mg (base equiv)	1	
alosetron hcl tab 1 mg (base equiv)	1	
LINZESS CAP 72MCG	2	
LINZESS CAP 145MCG	2	
LINZESS CAP 290MCG	2	
LOTRONEX TAB 0.5MG	3	
LOTRONEX TAB 1MG	3	
VIBERZI TAB 75MG	2	
VIBERZI TAB 100MG	2	
LIVE FECAL MICROBIOTA		
VOWST CAP	3	PA, QL (12 caps every 30 days)
PERIPHERAL OPIOID RECEPTOR ANTAGONISTS		
alvimopan cap 12 mg	1	
MOVANTIK TAB 12.5MG	2	PA
MOVANTIK TAB 25MG	2	PA
SYMPROIC TAB 0.2MG	2	PA

Drug Name	Drug Tier	Requirements/Limits
PEROXISOME PROLIFERATOR-ACTIVATED RECEPTOR(PPAR) AGONISTS		
IQIRVO TAB 80MG	2	PA, QL (1 tab every 1 day)
PHOSPHATE BINDER AGENTS		
AURYXIA TAB 210MG	2	
calcium acetate (phosphate binder) cap 667 mg (169 mg ca)	1	
ferric citrate tab 1 gm (210 mg ferric iron)	1	
sevelamer carbonate packet 0.8 gm	1	
sevelamer carbonate packet 2.4 gm	1	
sevelamer carbonate tab 800 mg	1	
sevelamer hcl tab 400 mg	1	
sevelamer hcl tab 800 mg	1	
SHORT BOWEL SYNDROME (SBS) AGENTS		
GATTEX KIT 5MG	3	PA, QL (30 vials every 30 days)
TRYPTOPHAN HYDROXYLASE INHIBITORS		
XERMELO TAB 250MG	3	PA, QL (3 tabs every 1 day)
GENITOURINARY AGENTS - MISCELLANEOUS		
ACIDIFIERS		
K-PHOS TAB NO 2	3	
ALKALINIZERS		
CYTRA K GRA CRYSTALS	3	
ORACIT SOL	3	
pot & sod citrates w/ cit ac soln 550-500-334 mg/5ml	1	
potassium citrate & citric acid soln 1100-334 mg/5ml	1	
potassium citrate tab er 5 meq (540 mg)	1	
potassium citrate tab er 10 meq (1080 mg)	1	
potassium citrate tab er 15 meq (1620 mg)	1	
sodium citrate & citric acid soln 500-334 mg/5ml	1	
TRICITRATES SOL	3	
UROCIT-K 10 TAB	3	
UROCIT-K 15 TAB	3	
CYSTINOSIS AGENTS		
CYSTAGON CAP 50MG	2	PA
CYSTAGON CAP 150MG	2	PA
IGA NEPHROPATHY (IGAN) AGENTS		
VANRAFIA TAB 0.75MG	2	PA, QL (1 tab every 1 day)
PROSTATIC HYPERTROPHY AGENTS		
alfuzosin hcl tab er 24hr 10 mg	1	
AVODART CAP 0.5MG	3	

Drug Name	Drug Tier	Requirements/Limits
CARDURA XL TAB 4MG	3	
CARDURA XL TAB 8MG	3	
dutasteride cap 0.5 mg	1	
dutasteride-tamsulosin hcl cap 0.5-0.4 mg	1	
finasteride tab 5 mg	1	
FLOMAX CAP 0.4MG	3	
PROSCAR TAB 5MG	3	
silodosin cap 4 mg	1	
silodosin cap 8 mg	1	
tamsulosin hcl cap 0.4 mg	1	
URINARY ANALGESICS		
phenazo tab 200mg	1	
phenazopyridine hcl tab 100 mg	1	
phenazopyridine hcl tab 200 mg	1	
PYRIDIUM TAB 100MG	3	
PYRIDIUM TAB 200MG	3	
URINARY STONE AGENTS		
tiopronin tab 100 mg	1	PA
tiopronin tab delayed release 100 mg	1	PA
tiopronin tab delayed release 300 mg	1	PA
venxxiva tab 100mg	1	PA
venxxiva tab 300mg	1	PA
GOUT AGENTS		
GOUT AGENT COMBINATIONS		
colchicine w/ probenecid tab 0.5-500 mg	1	
GOUT AGENTS		
allopurinol tab 100 mg	1	
allopurinol tab 200 mg	1	
allopurinol tab 300 mg	1	
colchicine cap 0.6 mg	1	QL (2 caps every 1 day)
colchicine tab 0.6 mg	1	QL (4 tabs every 1 day)
febuxostat tab 40 mg	1	
febuxostat tab 80 mg	1	
URICOSURICS		
probenecid tab 500 mg	1	
HEMATOLOGICAL AGENTS - MISC.		
ANTIHEMOPHILIC PRODUCTS		
HEMLIBRA INJ 30MG/ML	3	PA
HEMLIBRA INJ 60/0.4	3	PA
HEMLIBRA INJ 105/0.7	3	PA
HEMLIBRA INJ 150/ML	3	PA
HEMLIBRA INJ 300/2ML	3	PA
HEMLIBRA SOL 12/0.4ML	3	PA

Drug Name	Drug Tier	Requirements/Limits
BRADYKININ B2 RECEPTOR ANTAGONISTS		
icatibant acetate subcutaneous soln pref syr 30 mg/3ml	1	PA, QL (45 syringes every 90 days)
sajazir inj 30mg/3ml	1	PA, QL (45 syringes every 90 days)
COMPLEMENT INHIBITORS		
FABHALTA CAP 200MG	3	PA, QL (2 caps every 1 day)
HAEGARDA INJ 2000UNIT	3	PA, QL (20 vials every 30 days)
HAEGARDA INJ 3000UNIT	3	PA, QL (20 vials every 30 days)
RUCONEST INJ 2100UNIT	2	PA, QL (60 vials every 90 days)
TAVNEOS CAP 10MG	3	PA, QL (6 caps every 1 day)
HEMATORHEOLOGIC AGENTS		
pentoxifylline tab er 400 mg	1	
PLASMA FACTOR XIIA INHIBITORS		
ANDEMBRY INJ 200/1.2	3	PA, QL (1 syringe per 30 days)
PLASMA KALLIKREIN INHIBITORS		
EKTERLY TAB 300MG	2	PA
ORLADEYO CAP 110MG	2	PA, QL (1 cap every 1 day)
ORLADEYO CAP 150MG	2	PA, QL (1 cap every 1 day)
ORLADEYO PAK 72MG	2	PA, QL (1 packet every 1 day)
ORLADEYO PAK 96MG	2	PA, QL (1 packet every 1 day)
ORLADEYO PAK 108MG	2	PA, QL (1 packet every 1 day)
ORLADEYO PAK 132MG	2	PA, QL (1 packet every 1 day)
TAKHZYRO INJ 150MG/ML	2	PA, QL (2 syringes every 28 days)
TAKHZYRO INJ 300/2ML	2	PA, QL (2 syringes every 28 days)
PLATELET AGGREGATION INHIBITORS		
AGRYLIN CAP 0.5MG	3	
anagrelide hcl cap 0.5 mg	1	
anagrelide hcl cap 1 mg	1	
aspirin-dipyridamole cap er 12hr 25-200 mg	1	
BRILINTA TAB 60MG	3	
BRILINTA TAB 90MG	3	
cilostazol tab 50 mg	1	
cilostazol tab 100 mg	1	

Drug Name	Drug Tier	Requirements/Limits
clopidogrel bisulfate tab 75 mg (base equiv)	1	
clopidogrel bisulfate tab 300 mg (base equiv)	1	
dipyridamole tab 25 mg	1	
dipyridamole tab 50 mg	1	
dipyridamole tab 75 mg	1	
EFFIENT TAB 5MG	3	
EFFIENT TAB 10MG	3	
prasugrel hcl tab 5 mg (base equiv)	1	
prasugrel hcl tab 10 mg (base equiv)	1	
ticagrelor tab 60 mg	1	
ticagrelor tab 90 mg	1	
HEMATOPOIETIC AGENTS		
AGENTS FOR GAUCHER DISEASE		
CERDELGA CAP 84MG	2	PA, QL (2 caps every 1 day)
miglustat cap 100 mg	1	PA, QL (3 ea every 1 day)
yargesa cap 100mg	1	PA, QL (3 caps every 1 day)
ZAVESCA CAP 100MG	3	PA, QL (3 caps every 1 day)
AGENTS FOR SICKLE CELL DISEASE		
DROXIA CAP 200MG	3	
DROXIA CAP 300MG	3	
DROXIA CAP 400MG	3	
ENDARI POW 5GM	2	PA, QL (6 packets every 1 day)
glutamine (sickle cell) powd pack 5 gm	1	PA, QL (6 packets every 1 day)
SIKLOS TAB 100MG	2	
SIKLOS TAB 1000MG	2	
COBALAMINS		
cyanocobalamin inj 1000 mcg/ml	1	
cyanocobalamin nasal spray 500 mcg/0.1ml	1	
dodex inj	1	
NASCOBAL SPR 500MCG	3	
FOLIC ACID/FOLATES		
folic acid cap 0.8 mg	0	OTC; $0 copay for women younger than 55
folic acid oral soln 0.2 mg/ml	1	
folic acid tab 1 mg	1	
folic acid tab 400 mcg	0	OTC; $0 copay for women younger than 55
folic acid tab 800 mcg	0	OTC; $0 copay for women younger than 55
HEMATOPOIETIC GROWTH FACTORS		
ALVAIZ TAB 9MG	2	PA, QL (2 tabs every 1 day)

Drug Name	Drug Tier	Requirements/Limits
ALVAIZ TAB 18MG	2	PA, QL (3 tabs every 1 day)
ALVAIZ TAB 36MG	2	PA, QL (3 tabs every 1 day)
ALVAIZ TAB 54MG	2	PA, QL (2 tabs every 1 day)
ARANESP INJ 10MCG	2	PA
ARANESP INJ 25MCG	2	PA
ARANESP INJ 40MCG	2	PA
ARANESP INJ 60MCG	2	PA
ARANESP INJ 100MCG	2	PA
ARANESP INJ 150MCG	2	PA
ARANESP INJ 200MCG	2	PA
ARANESP INJ 300MCG	2	PA
ARANESP INJ 500MCG	2	PA
DOPTELET SPR CAP 10MG	2	PA, QL (2 caps every 1 day)
DOPTELET TAB 20MG	2	PA
DOPTELET TAB 20MG	2	PA, QL (2 tabs every 1 day)
DOPTELET TAB 20MG	2	PA, QL (3 tabs every 1 day)
eltrombopag olamine powder pack for susp 12.5 mg (base eq)	1	PA, QL (4 packets every 1 day)
eltrombopag olamine powder pack for susp 25 mg (base equiv)	1	PA, QL (6 packets every 1 day)
eltrombopag olamine tab 12.5 mg (base equiv)	1	PA, QL (2 tabs every 1 day)
eltrombopag olamine tab 25 mg (base equiv)	1	PA, QL (3 tabs every 1 day)
eltrombopag olamine tab 50 mg (base equiv)	1	PA, QL (3 tabs every 1 day)
eltrombopag olamine tab 75 mg (base equiv)	1	PA, QL (2 tabs every 1 day)
FULPHILA INJ 6/0.6ML	2	PA, QL (3.333 syringes every 28 days)
NIVESTYM INJ 300/0.5	2	PA
NIVESTYM INJ 300MCG	2	PA
NIVESTYM INJ 480/0.8	2	PA
NIVESTYM INJ 480MCG	2	PA
NYVEPRIA INJ 6/0.6ML	2	PA, QL (2 syringes every 28 days)
PROCRIT INJ 2000/ML	2	PA
PROCRIT INJ 3000/ML	2	PA
PROCRIT INJ 4000/ML	2	PA
PROCRIT INJ 10000/ML	2	PA
PROCRIT INJ 20000/ML	2	PA
PROCRIT INJ 40000/ML	2	PA
RETACRIT INJ 2000UNIT	2	PA
RETACRIT INJ 3000UNIT	2	PA
RETACRIT INJ 4000UNIT	2	PA
RETACRIT INJ 10000UNT	2	PA
RETACRIT INJ 20000UNI	2	PA
RETACRIT INJ 40000UNT	2	PA

Drug Name	Drug Tier	Requirements/Limits
HEMATOPOIETIC MIXTURES		
K-TAN PLUS CAP	3	
NUFOL TAB	3	
POLY-IRON CAP 150 FORT	3	
POLYSACCHARI CAP IRON	3	
PUREVIT DUAL CAP FE PLUS	3	
TANDEM PLUS CAP	3	
HEMOSTATICS		
HEMOSTATICS - SYSTEMIC		
aminocaproic acid oral soln 0.25 gm/ml	1	
aminocaproic acid tab 500 mg	1	
aminocaproic acid tab 1000 mg	1	
tranexamic acid tab 650 mg	1	
HEMOSTATICS - TOPICAL		
ARTISS SOL 2ML	3	
ARTISS SOL 4ML	3	
ARTISS SOL 10ML	3	
TACHOSIL PAD 4.8X4.8	3	
TACHOSIL PAD 9.5X4.8	3	
TISSEEL KIT 2ML	3	
TISSEEL KIT 4ML	3	
TISSEEL KIT 10ML	3	
TISSEEL SOL 2ML	3	
TISSEEL SOL 4ML	3	
TISSEEL SOL 10ML	3	
HYPNOTICS/SEDATIVES/SLEEP DISORDER AGENTS		
BARBITURATE HYPNOTICS		
phenobarbital elixir 20 mg/5ml	1	
phenobarbital tab 15 mg	1	
phenobarbital tab 16.2 mg	1	
phenobarbital tab 30 mg	1	
phenobarbital tab 32.4 mg	1	
phenobarbital tab 60 mg	1	
phenobarbital tab 64.8 mg	1	
phenobarbital tab 97.2 mg	1	
phenobarbital tab 100 mg	1	
HYPNOTICS - TRICYCLIC AGENTS		
doxepin hcl (sleep) tab 3 mg (base equiv)	1	
doxepin hcl (sleep) tab 6 mg (base equiv)	1	
NON-BARBITURATE HYPNOTICS		
AMBIEN CR TAB 6.25MG	3	
AMBIEN CR TAB 12.5MG	3	
AMBIEN TAB 5MG	3	

Drug Name	Drug Tier	Requirements/Limits
AMBIEN TAB 10MG	3	
DORAL TAB 15MG	3	
estazolam tab 1 mg	1	
estazolam tab 2 mg	1	
eszopiclone tab 1 mg	1	
eszopiclone tab 2 mg	1	
eszopiclone tab 3 mg	1	
HALCION TAB 0.25MG	3	
RESTORIL CAP 7.5MG	3	
RESTORIL CAP 15MG	3	
RESTORIL CAP 22.5MG	3	
RESTORIL CAP 30MG	3	
temazepam cap 7.5 mg	1	
temazepam cap 15 mg	1	
temazepam cap 22.5 mg	1	
temazepam cap 30 mg	1	
triazolam tab 0.25 mg	1	
triazolam tab 0.125 mg	1	
zaleplon cap 5 mg	1	
zaleplon cap 10 mg	1	
zolpidem tartrate tab 5 mg	1	
zolpidem tartrate tab 10 mg	1	
zolpidem tartrate tab er 6.25 mg	1	
zolpidem tartrate tab er 12.5 mg	1	
OREXIN RECEPTOR ANTAGONISTS		
BELSOMRA TAB 5MG	2	
BELSOMRA TAB 10MG	2	
BELSOMRA TAB 15MG	2	
BELSOMRA TAB 20MG	2	
QUVIVIQ TAB 25MG	2	
QUVIVIQ TAB 50MG	2	
SELECTIVE MELATONIN RECEPTOR AGONISTS		
HETLIOZ CAP 20MG	3	PA, QL (1 cap every 1 day)
HETLIOZ LQ SUS 4MG/ML	3	PA, QL (5.267 mL every 1 day)
ramelteon tab 8 mg	1	
tasimelteon capsule 20 mg	1	PA, QL (1 cap every 1 day)
LAXATIVES		
LAXATIVE COMBINATIONS		
CLENPIQ SOL	0	$0 copay for members age 45 through 75
gavilyte-c sol	1	
gavilyte-g sol	1	

Drug Name	Drug Tier	Requirements/Limits
gavilyte-n sol flav pk	1	
peg 3350-kcl-na bicarb-nacl-na sulfate for soln 236 gm	1	
peg 3350-kcl-sod bicarb-nacl for soln 420 gm	1	
PEG-PREP KIT	0	$0 copay for members age 45 through 75
sod sulfate-pot sulf-mg sulf oral sol 17.5-3.13-1.6 gm/177ml	0	
LAXATIVES - MISCELLANEOUS		
constulose sol 10/15ml	1	
kristalose pak 10gm	1	
kristalose pak 20gm	1	
lactulose oral crystal packet 10 gm	1	
lactulose oral crystal packet 20 gm	1	
lactulose solution 10 gm/15ml	1	
MACROLIDES		
AZITHROMYCIN		
azithromycin for susp 100 mg/5ml	1	
azithromycin for susp 200 mg/5ml	1	
azithromycin powd pack for susp 1 gm	1	
azithromycin tab 250 mg	1	
azithromycin tab 500 mg	1	
azithromycin tab 600 mg	1	
ZITHROMAX POW 1GM PAK	3	
ZITHROMAX SUS 200/5ML	3	
ZITHROMAX TAB 250MG	3	
ZITHROMAX TAB 500MG	3	
ZITHROMAX TAB TRI-PAK	3	
ZITHROMAX TAB Z-PAK	3	
CLARITHROMYCIN		
clarithromycin for susp 125 mg/5ml	1	
clarithromycin for susp 250 mg/5ml	1	
clarithromycin tab 250 mg	1	
clarithromycin tab 500 mg	1	
clarithromycin tab er 24hr 500 mg	1	
ERYTHROMYCINS		
e.e.s. 400 tab 400mg	1	
ery-tab tab 250mg ec	1	
ery-tab tab 333mg ec	1	
ery-tab tab 500mg ec	1	
erythromycin ethylsuccinate for susp 200 mg/5ml	1	

Drug Name	Drug Tier	Requirements/Limits
erythromycin ethylsuccinate for susp 400 mg/5ml	1	
erythromycin ethylsuccinate tab 400 mg	1	
erythromycin tab 250 mg	1	
erythromycin tab 500 mg	1	
erythromycin tab delayed release 250 mg	1	
erythromycin tab delayed release 333 mg	1	
erythromycin tab delayed release 500 mg	1	
erythromycin w/ delayed release particles cap 250 mg	1	
FIDAXOMICIN		
DIFICID SUS	3	
DIFICID TAB 200MG	3	
fidaxomicin tab 200 mg	1	
MEDICAL DEVICES AND SUPPLIES		
CONTRACEPTIVES		
AIMSCO MIS LUBRICAT	0	QL (12 condoms every 25 days), OTC
CAYA DPR	0	QL (1 each every 300 days)
COLOR CONDOM MIS + LUBE	0	QL (12 condoms every 25 days), OTC
CONDOMS MIS	0	QL (12 condoms every 25 days), OTC
DUREX EXTRA MIS SENSITIV	0	QL (12 condoms every 25 days), OTC
DUREX MIS REALFEEL	0	QL (12 condoms every 25 days), OTC
DUREX MIS TROPICAL	0	QL (12 condoms every 25 days), OTC
FANTASY LUBR MIS	0	QL (12 condoms every 25 days), OTC
FANTASY LUBR MIS COLORS	0	QL (12 condoms every 25 days), OTC
FANTASY LUBR MIS SPERMICI	0	QL (12 condoms every 25 days), OTC
FANTASY MIS LUBRICAT	0	QL (12 condoms every 25 days), OTC
FC2 FEMALE MIS CONDOM	0	QL (12 boxes every 25 days), OTC
FEMCAP MIS 22MM	0	QL (1 each every 300 days)
FEMCAP MIS 26MM	0	QL (1 each every 300 days)
FEMCAP MIS 30MM	0	QL (1 each every 300 days)
KAMELEON LUB MIS COLORS	0	QL (12 condoms every 25 days), OTC

Drug Name	Drug Tier	Requirements/Limits
KAMELEON MIS TRI-COLR	0	QL (12 condoms every 25 days), OTC
KIMONO COLOR MIS	0	QL (12 condoms every 25 days), OTC
KIMONO MAXX MIS LG FLARE	0	QL (12 condoms every 25 days), OTC
KIMONO MICRO MIS THIN	0	QL (12 condoms every 25 days), OTC
KIMONO MICRO MIS THIN +	0	QL (12 condoms every 25 days), OTC
KIMONO MICRO MIS THIN PLS	0	QL (12 condoms every 25 days), OTC
KIMONO MIS LUBRICAT	0	QL (12 condoms every 25 days), OTC
KIMONO MIS SENSATIO	0	QL (12 condoms every 25 days), OTC
KIMONO PLUS MIS LUBRICAT	0	QL (12 condoms every 25 days), OTC
KIMONO PLUS MIS SPERMICI	0	QL (12 condoms every 25 days), OTC
KIMONO PS MIS LUBRICAT	0	QL (12 condoms every 25 days), OTC
KIMONO PS MIS PLUS	0	QL (12 condoms every 25 days), OTC
KIMONO SENSA MIS PLUS	0	QL (12 condoms every 25 days), OTC
KIMONO SPEC MIS	0	QL (12 condoms every 25 days), OTC
MAXX MIS LUBRICAT	0	QL (12 condoms every 25 days), OTC
MAXX PLUS MIS SPERMICI	0	QL (12 condoms every 25 days), OTC
NATURAL COND MIS + LUBE	0	QL (12 condoms every 25 days), OTC
OMNIFLEX DPR	0	QL (1 each every 300 days)
REALITY MIS LUBRICAT	0	QL (12 condoms every 25 days), OTC
REALITY ULTR MIS TEXTURED	0	QL (12 condoms every 25 days), OTC
REALITY ULTR MIS THIN	0	QL (12 condoms every 25 days), OTC
TROJAN MAGN MIS	0	QL (12 condoms every 25 days), OTC
TROJAN MIS BARESKIN	0	QL (12 condoms every 25 days), OTC

Drug Name	Drug Tier	Requirements/Limits
TROJAN MIS ENZ	0	QL (12 condoms every 25 days), OTC
TROJAN ULTRA MIS RIBBED	0	QL (12 condoms every 25 days), OTC
TROJAN ULTRA MIS THIN	0	QL (12 condoms every 25 days), OTC
TROJAN-ENZ MIS LUBRICAT	0	QL (12 condoms every 25 days), OTC
TROJAN-ENZ MIS W/SPERMI	0	QL (12 condoms every 25 days), OTC
TRUE COVER MIS CONDOM	0	QL (12 condoms every 25 days), OTC
TRUSTEX LUBR MIS ASSORTED	0	QL (12 condoms every 25 days), OTC
TRUSTEX LUBR MIS BANANA	0	QL (12 condoms every 25 days), OTC
TRUSTEX LUBR MIS CHOC	0	QL (12 condoms every 25 days), OTC
TRUSTEX LUBR MIS COLA	0	QL (12 condoms every 25 days), OTC
TRUSTEX LUBR MIS COLORS	0	QL (12 condoms every 25 days), OTC
TRUSTEX LUBR MIS EX LARGE	0	QL (12 condoms every 25 days), OTC
TRUSTEX LUBR MIS EX STR	0	QL (12 condoms every 25 days), OTC
TRUSTEX LUBR MIS GRAPE	0	QL (12 condoms every 25 days), OTC
TRUSTEX LUBR MIS MINT	0	QL (12 condoms every 25 days), OTC
TRUSTEX LUBR MIS RIB/STUD	0	QL (12 condoms every 25 days), OTC
TRUSTEX LUBR MIS SPERMICI	0	QL (12 condoms every 25 days), OTC
TRUSTEX LUBR MIS STRWBRY	0	QL (12 condoms every 25 days), OTC
TRUSTEX LUBR MIS VANILLA	0	QL (12 condoms every 25 days), OTC
TRUSTEX MIS BANANA	0	QL (12 condoms every 25 days), OTC
TRUSTEX MIS CHOCOLAT	0	QL (12 condoms every 25 days), OTC
TRUSTEX MIS FLAVORS	0	QL (12 condoms every 25 days), OTC

Drug Name	Drug Tier	Requirements/Limits
TRUSTEX MIS MINT	0	QL (12 condoms every 25 days), OTC
TRUSTEX MIS STRWBRY	0	QL (12 condoms every 25 days), OTC
TRUSTEX MIS VANILLA	0	QL (12 condoms every 25 days), OTC
TRUSTEX/RIA MIS LUBRICAT	0	QL (12 condoms every 25 days), OTC
TRUSTEX/RIA MIS NON-LUB	0	QL (12 condoms every 25 days), OTC
TRUSTEX/RIA MIS SPERMICI	0	QL (12 condoms every 25 days), OTC
TRUSTX NON-9 MIS RIB/STUD	0	QL (12 condoms every 25 days), OTC
WIDE-SEAL DPR KIT 60	0	QL (1 each every 300 days)
WIDE-SEAL DPR KIT 65	0	QL (1 each every 300 days)
WIDE-SEAL DPR KIT 70	0	QL (1 each every 300 days)
WIDE-SEAL DPR KIT 75	0	QL (1 each every 300 days)
WIDE-SEAL DPR KIT 80	0	QL (1 each every 300 days)
WIDE-SEAL DPR KIT 85	0	QL (1 each every 300 days)
WIDE-SEAL DPR KIT 90	0	QL (1 each every 300 days)
WIDE-SEAL DPR KIT 95	0	QL (1 each every 300 days)
DIABETIC SUPPLIES		
ACCU-CHEK KIT FASTCLIX	0	OTC
ACCU-CHEK KIT SOFTCLIX	0	OTC
ACCU-CHEK LIQ GUIDE	0	OTC
ACCU-CHEK LIQ SMART	0	OTC
ACCU-CHEK SOL	0	OTC
ACCUTREND SOL GLUCOSE	0	OTC
ACTI-LANCE MIS 28G	0	OTC
ACTI-LANCE MIS LITE 28G	0	OTC
ACTI-LANCE MIS SPEC 17G	0	OTC
ACTI-LANCE MIS UNIV 23G	0	OTC
ADV LANCING MIS DEVICE	0	OTC
ADVANCE LIQ CONTROL	0	OTC
ADVANCE LIQ INTUITIO	0	OTC
ADVANCE NORM LIQ CONTROL	0	OTC
ADVCATE SAFE MIS LANC 26G	0	OTC
ADVOCATE LIQ HIGH	0	OTC
ADVOCATE LIQ LOW	0	OTC
ADVOCATE MIS LANC 30G	0	OTC
ADVOCATE MIS LANC DEV	0	OTC
ADVOCATE MIS LANCETS	0	OTC
ADVOCATE+ SOL REDI-COD	0	OTC

Drug Name	Drug Tier	Requirements/Limits
AGAMATRIX MIS 33G	0	OTC
AGAMATRIX SOL HIGH	0	OTC
AGAMATRIX SOL LEVEL 2	0	OTC
AGAMATRIX SOL LEVEL 4	0	OTC
AGAMATRIX SOL NORM/HGH	0	OTC
AGAMATRIX SOL NORMAL	0	OTC
AIMSCO TWIST MIS 32G	0	OTC
AIMSCO TWIST MIS 33G	0	OTC
AQUALANCE MIS 30G	0	OTC
ASSURE 3 LIQ CONTROL	0	OTC
ASSURE 4 LIQ LEVEL1/2	0	OTC
ASSURE CMFRT MIS 28G	0	OTC
ASSURE DOSE SOL NORM/HGH	0	OTC
ASSURE DOSE SOL NORMAL	0	OTC
ASSURE II LIQ LEVEL1/2	0	OTC
ASSURE II LIQ LEVEL 1	0	OTC
ASSURE LANCE MIS 21G	0	OTC
ASSURE LANCE MIS 28G	0	OTC
ASSURE LANCE MIS LOW FLOW	0	OTC
ASSURE LANCE MIS MICRO	0	OTC
ASSURE LANCE MIS SAFE 25G	0	OTC
ASSURE LANCE MIS SAFE 30G	0	OTC
ASSURE PRISM SOL LEVEL1/2	0	OTC
ASSURE PRO LIQ LEVEL1/2	0	OTC
AURORA LANCE MIS 30G	0	OTC
AURORA LANCE MIS THIN 23G	0	OTC
AUTO LANCET MIS	0	OTC
AUTO-LANCET MIS	0	OTC
AUTO-LANCET MIS MINI	0	OTC
AUTOLET II KIT CLINISAF	0	OTC
AUTOLET LANC MIS DEVICE	0	OTC
AUTOLET LITE KIT	0	OTC
AUTOLET LITE KIT CLINISAF	0	OTC
AUTOLET LITE KIT STARTER	0	OTC
AUTOLET MINI MIS	0	OTC
AUTOLET PLAT MIS 1.8MM	0	OTC
AUTOLET PLAT MIS 2.4MM	0	OTC
AUTOLET PLAT MIS 3.0MM	0	OTC
AUTOLET PLUS MIS	0	OTC
BD MICROTAIN MIS LANCETS	0	
BD MICROTAIN MIS LANCETS	0	OTC
BLULINK LIQ HIGH/LOW	0	OTC
CARDIOCOM MIS LANCING	0	OTC
CAREONE ADV MIS LANCING	0	OTC

Drug Name	Drug Tier	Requirements/Limits
CAREONE LANC MIS 30G	0	OTC
CAREONE LANC MIS THIN 23G	0	OTC
CARESENS 30G MIS LANCETS	0	OTC
CARESENS SOL CONTROL	0	OTC
CARETOUCH MIS EJECTOR	0	OTC
CARETOUCH MIS LANC 26G	0	OTC
CARETOUCH MIS LANC 28G	0	OTC
CARETOUCH MIS LANC 30G	0	OTC
CARETOUCH MIS TWIST 28	0	OTC
CARETOUCH MIS TWIST 30	0	OTC
CARETOUCH MIS TWIST 33	0	OTC
CLEANLET 28G MIS LANCETS	0	OTC
CLEVER CHECK MIS	0	OTC
CLEVER CHECK MIS 30G	0	OTC
CLEVR CHOICE LIQ HIGH	0	OTC
CLEVR CHOICE LIQ LOW	0	OTC
COAGUCHEK MIS LANCETS	0	OTC
COMFORT ASSU MIS LANC 28G	0	OTC
COMFORT ASSU MIS LANC 33G	0	OTC
COMFORT EZ MIS 21G	0	OTC
COMFORT EZ MIS 23G	0	OTC
COMFORT EZ MIS 28G	0	OTC
COMFORT TCH MIS LANC 28G	0	OTC
COMFORT TCH MIS LANC 30G	0	OTC
COMFORT TCH MIS LANC 31G	0	OTC
COMFORTOUCH MIS LANCET	0	OTC
CONTOUR HIGH LIQ CONTROL	0	OTC
CONTOUR LOW LIQ CONTROL	0	OTC
CONTOUR NEXT SOL LEVEL 1	0	OTC
CONTOUR NEXT SOL LEVEL 2	0	OTC
CONTOUR NORM LIQ CONTROL	0	OTC
CONTROL HIGH SOL UNISTRIP	0	OTC
CONTROL LOW SOL UNISTRIP	0	OTC
CONTROL NORM SOL EASY STP	0	OTC
CONTROL SOL LIQ HIGH/LOW	0	OTC
CONTROL SOL LIQ LEVEL 2	0	OTC
CONTROL SOL NORMAL	0	OTC
COOL CONTROL SOL A	0	OTC
COOL CONTROL SOL B	0	OTC
CVS LANCETS MIS 21G	0	OTC
CVS LANCETS MIS 30G	0	OTC
CVS LANCETS MIS 33G	0	OTC
CVS LANCETS MIS ORIGINAL	0	OTC
CVS LANCETS MIS THIN 26G	0	OTC

Drug Name	Drug Tier	Requirements/Limits
CVS LANCETS MIS THIN 30G	0	OTC
CVS LANCETS MIS THIN 33G	0	OTC
CVS LANCING MIS DEVICE	0	OTC
DEXCOM G6 MIS RECEIVER	0	ST
DEXCOM G6 MIS SENSOR	0	ST, QL (3 sensors every 30 days)
DEXCOM G6 MIS TRANSMIT	0	ST
DEXCOM G7 MIS RECEIVER	0	ST
DEXCOM G7 MIS SENSOR	0	ST, QL (3 sensors every 30 days)
DEXCOM G7 MIS SNSR 15D	0	ST
DIASCREEN 3 MIS	0	OTC
DIASCREEN 5 MIS	0	OTC
DIASCREEN 6 MIS	0	OTC
DIASCREEN 7 MIS	0	OTC
DIASCREEN 8 MIS	0	OTC
DIASCREEN 9 MIS	0	OTC
DIASCREEN 10 MIS	0	OTC
DIASCREEN MIS 1B	0	OTC
DIASCREEN MIS 1G	0	OTC
DIASCREEN MIS 1K	0	OTC
DIASCREEN MIS 2GK	0	OTC
DIASCREEN MIS 2GP	0	OTC
DIASCREEN MIS 4NL	0	OTC
DIASCREEN MIS 4OBL	0	OTC
DIASCREEN MIS 4PH	0	OTC
DIASCREEN MIS CONTROL	0	OTC
DIATHRIVE LIQ CONTROL	0	OTC
DIATHRIVE MIS LANCETS	0	OTC
DIATHRIVE MIS LANCING	0	OTC
DIATHRIVE MIS UT 30G	0	OTC
DIATRUE CONT SOL LEVEL 1	0	OTC
DIATRUE CONT SOL LEVEL 2	0	OTC
DIATRUE CONT SOL LEVEL 3	0	OTC
DROPLET GENT MIS LANCING	0	OTC
DROPLET LANC MIS 30G	0	OTC
DROPLET LANC MIS DEVICE	0	OTC
DROPLET PERS MIS LANC 30G	0	OTC
DUO-CARE LIQ LEVEL1/2	0	OTC
E-Z JECT MIS 21G	0	OTC
E-Z JECT MIS 21G COLR	0	OTC
E-Z JECT MIS 30G	0	OTC
E-Z JECT MIS 32G COLR	0	OTC
E-Z JECT MIS LANC 21G	0	OTC

Drug Name	Drug Tier	Requirements/Limits
E-Z JECT MIS THIN 26G	0	OTC
E-ZJECT LANC MIS 33G	0	OTC
EASY COMFORT MIS 30G	0	OTC
EASY COMFORT MIS LANC 30G	0	OTC
EASY COMFORT MIS LANC/30G	0	OTC
EASY COMFORT MIS TWIST	0	OTC
EASY MINI MIS	0	OTC
EASY MINI MIS EJECT	0	OTC
EASY PLUS II SOL HIGH	0	OTC
EASY PLUS II SOL LOW	0	OTC
EASY TALK PL SOL HIGH	0	OTC
EASY TALK PL SOL LOW	0	OTC
EASY TALK SOL HIGH	0	OTC
EASY TALK SOL LOW	0	OTC
EASY TALK SOL NORMAL	0	OTC
EASY TOUCH LIQ HIGH/LOW	0	OTC
EASY TOUCH MIS	0	OTC
EASY TOUCH MIS /EJECTOR	0	OTC
EASY TOUCH MIS LANC/21G	0	OTC
EASY TOUCH MIS LANC/23G	0	OTC
EASY TOUCH MIS LANC/26G	0	OTC
EASY TOUCH MIS LANC/28G	0	OTC
EASY TOUCH MIS LANC/30G	0	OTC
EASY TOUCH MIS LANC/32G	0	OTC
EASY TOUCH MIS P-AC/21G	0	OTC
EASY TOUCH MIS P-AC/23G	0	OTC
EASY TOUCH MIS P-AC/26G	0	OTC
EASY TOUCH MIS P-AC/28G	0	OTC
EASY TOUCH MIS P-AC/30G	0	OTC
EASY TOUCH MIS TWST/28G	0	OTC
EASY TOUCH MIS TWST/30G	0	OTC
EASY TOUCH MIS TWST/32G	0	OTC
EASY TOUCH MIS TWST/33G	0	OTC
EASY TOUCH SOL CONTROL	0	OTC
EASY TOUCH SOL HIGH/LOW	0	OTC
EASY TRAK II LIQ NORMAL	0	OTC
EASY TRAK SOL HIGH	0	OTC
EASY TRAK SOL LOW	0	OTC
EASY TRAK SOL NORMAL	0	OTC
EASYMAX 15 LIQ LEVEL2-3	0	OTC
EASYMAX 15 SOL LEVEL 2	0	OTC
EASYMAX LIQ NORM/HIG	0	OTC
EASYMAX SOL NORMAL	0	OTC
EASYSTEP HGH SOL CONTROL	0	OTC

Drug Name	Drug Tier	Requirements/Limits
EASYSTEP LOW SOL CONTROL	0	OTC
ELEMENT CONT LIQ NORMAL	0	OTC
ELEMENT LIQ HIGH	0	OTC
ELEMENT LIQ LOW	0	OTC
ELEMNT COMPA SOL LEVEL 2	0	OTC
ELEMNT COMPA SOL LEVEL 3	0	OTC
EMBRACE CNTR LIQ HIGH	0	OTC
EMBRACE EVO LIQ LEVEL 1	0	OTC
EMBRACE LANC MIS 21G	0	OTC
EMBRACE LANC MIS 28G	0	OTC
EMBRACE LANC MIS /EJECTOR	0	OTC
EMBRACE LANC MIS THIN 30G	0	OTC
EMBRACE PRO LIQ GLUCOSE	0	OTC
EMBRACE SOL LOW	0	OTC
EMBRACE TALK SOL HIGH/L2	0	OTC
EMBRACE TALK SOL LOW/L1	0	OTC
EQL LANCETS MIS 21G COLR	0	OTC
EQL LANCETS MIS 33G COLR	0	OTC
EQL LANCETS MIS THIN 26G	0	OTC
EQL LANCETS MIS THIN 30G	0	OTC
EVOLUTION SOL NORMAL	0	OTC
EZ-LETS 21G MIS LANCETS	0	OTC
EZ-LETS 26G MIS LANCETS	0	OTC
EZ-LETS 28G MIS LANCETS	0	OTC
EZ-LETS 30G MIS LANCETS	0	OTC
FASTCLIX MIS LANCETS	0	OTC
FIFTY50 SAFE MIS LANCETS	0	OTC
FINGERSTIX MIS LANCETS	0	OTC
FORA CONTROL SOL HIGH	0	OTC
FORA CONTROL SOL LOW	0	OTC
FORA CONTROL SOL NORMAL	0	OTC
FORA LANCETS MIS 30G	0	OTC
FORA MIS LANCETS	0	OTC
FORA MIS LANCING	0	OTC
FORACARE GDH SOL HIGH	0	OTC
FORACARE GDH SOL LOW	0	OTC
FORACARE GDH SOL NORMAL	0	OTC
FREESTYLE LIQ CONTROL	0	OTC
FREESTYLE MIS LANCETS	0	OTC
FREESTYLE MIS UNISTICK	0	OTC
GE100 CONTRL SOL NORMAL	0	OTC
GENTEEL LANC KIT BLUE	0	OTC
GENTEEL MIS LANCETS	0	OTC
GENTEEL MIS NOZZLES	0	OTC

Drug Name	Drug Tier	Requirements/Limits
GENTEEL PLUS MIS BLACK	0	OTC
GENTEEL PLUS MIS BLUE	0	OTC
GENTEEL PLUS MIS PINK	0	OTC
GENTEEL PLUS MIS PURPLE	0	OTC
GENTEEL PLUS MIS WHITE	0	OTC
GENTEEL TIPS MIS BLUE	0	OTC
GENTEEL TIPS MIS CLEAR	0	OTC
GENTEEL TIPS MIS GREEN	0	OTC
GENTEEL TIPS MIS ORANGE	0	OTC
GENTEEL TIPS MIS RAINBOW	0	OTC
GENTEEL TIPS MIS VIOLET	0	OTC
GENTEEL TIPS MIS YELLOW	0	OTC
GLOBAL 28G MIS LANCETS	0	OTC
GLOBAL 30G MIS LANCETS	0	OTC
GLOBAL LANC MIS DEVICE	0	OTC
GLUC CONTROL LIQ NORMAL	0	OTC
GLUC CONTROL SOL	0	OTC
GLUC CONTROL SOL MID	0	OTC
GLUC CONTROL SOL NORMAL	0	OTC
GLUCOCARD 01 LIQ NORM/HGH	0	OTC
GLUCOCARD 01 SOL NORMAL	0	OTC
GLUCOCARD LIQ LEVEL 1	0	OTC
GLUCOCARD SOL NORMAL	0	OTC
GLUCOCARD SOL SHINE	0	OTC
GLUCOCOM MIS 28G	0	OTC
GLUCOCOM MIS 30G	0	OTC
GLUCOCOM MIS 33G	0	OTC
GLUCOCOM TES HIGH CON	0	OTC
GLUCOCOM TES NORM CON	0	OTC
GNP LANCETS MIS 21G	0	OTC
GNP LANCETS MIS 28G	0	OTC
GNP LANCETS MIS 30G	0	OTC
GNP LANCETS MIS 33G	0	OTC
GNP LANCETS MIS THIN 26G	0	OTC
GNP LANCING MIS DEVICE	0	OTC
GOJJI CNTRL SOL NORMAL	0	OTC
GOJJI LANCET MIS 30G	0	OTC
GOJJI MIS LANC DEV	0	OTC
GOODSENSE MIS LANC 26G	0	OTC
GOODSENSE MIS LANC 30G	0	OTC
GOODSENSE MIS LANC 33G	0	OTC
GOODSENSE MIS LANC DVC	0	OTC
GUARDIAN RT MIS CHARGER	0	
GUARDIAN RT MIS TST PLUG	0	

Drug Name	Drug Tier	Requirements/Limits
HAEMOLANCE MIS HIGH FLO	0	OTC
HAEMOLANCE MIS LOW FLOW	0	OTC
HAEMOLANCE MIS PLUS	0	OTC
HAEMOLANCE MIS PLUS LOW	0	OTC
HAEMOLANCE MIS PLUS MAX	0	OTC
HAEMOLANCE MIS PLUS PED	0	OTC
HAEMOLANCE MIS RETRACT	0	OTC
HC LANCING MIS DEVICE	0	OTC
HYPOLANCE KIT LANCING	0	OTC
IN TOUCH LAN MIS 30G	0	OTC
IN TOUCH LAN MIS DEVICE	0	OTC
IN TOUCH SOL GLUCOSE	0	OTC
INCONTROL MIS LANC 28G	0	OTC
INCONTROL MIS LANC 30G	0	OTC
INCONTROL MIS LANC 33G	0	OTC
INCONTROL MIS LANC DEV	0	OTC
INFINITY SOL NORM CON	0	OTC
INFNTY VOICE LIQ LEVEL 2	0	OTC
KINNEY MIS LANCETS	0	OTC
KINNEY THIN MIS LANCETS	0	OTC
KROGER LANCE MIS	0	OTC
KROGER LANCE MIS 26G	0	OTC
KROGER LANCE MIS THIN	0	OTC
KROGER LANCE MIS THIN 30G	0	OTC
LANCET DEVIC MIS 30G	0	OTC
LANCET DEVIC MIS ADJUST	0	OTC
LANCET MICRO MIS THIN 33G	0	OTC
LANCET STAND MIS 21G	0	OTC
LANCET SUPER MIS THIN 30G	0	OTC
LANCET ULTRA MIS THIN 30G	0	OTC
LANCET WITH MIS EJECTOR	0	OTC
LANCETS MICR MIS THIN 33G	0	OTC
LANCETS MIS	0	OTC
LANCETS MIS 21G	0	OTC
LANCETS MIS 21G COLR	0	OTC
LANCETS MIS 26G	0	OTC
LANCETS MIS 28G	0	OTC
LANCETS MIS 28G THIN	0	OTC
LANCETS MIS 30G	0	OTC
LANCETS MIS 33G	0	OTC
LANCETS MIS ORIGINAL	0	OTC
LANCETS MIS THIN	0	OTC
LANCETS MIS THIN 26G	0	OTC
LANCETS MIS THIN 30G	0	OTC

Drug Name	Drug Tier	Requirements/Limits
LANCETS SUPR MIS THIN 28G	0	OTC
LANCETS THIN MIS	0	OTC
LANCETS THIN MIS 26G	0	OTC
LANCETS ULTR MIS THIN	0	OTC
LANCETS ULTR MIS THIN 31G	0	OTC
LANCING DEVI MIS	0	OTC
LANCING DEVI MIS 25G	0	OTC
LANCING DEVI MIS 30G	0	OTC
LANCING MIS DEVICE	0	OTC
LANZO MIS LANCING	0	OTC
LITE TOUCH MIS LANC PEN	0	OTC
LITE TOUCH MIS LANCETS	0	OTC
LITETOUCH MIS LANCETS	0	OTC
LONGS LANCET MIS STANDARD	0	OTC
LONGS LANCET MIS THIN	0	OTC
LONGS LANCET MIS ULTRA TH	0	OTC
MEDICHOICE MIS LANCET	0	OTC
MEDISENSE LIQ GLUC-KET	0	OTC
MEDLANCE MIS 30G PLUS	0	OTC
MEDLANCE MIS PLUS 30G	0	OTC
MEDLANCE PLS MIS 0.8MM	0	OTC
MEDLANCE PLS MIS EXTR 21G	0	OTC
MEDLANCE PLS MIS LITE 25G	0	OTC
MEDLANCE PLS MIS UNIV 21G	0	OTC
MEIJER LANCE MIS COLOR	0	OTC
MEIJER LANCE MIS UNIV 21G	0	OTC
MEIJER LANCE MIS UNIV 30G	0	OTC
MEIJER LANCE MIS UNIVERSA	0	OTC
MEIJER MIS LANCETS	0	OTC
MICRO THIN MIS LANC 33G	0	OTC
MICRODOT CON SOL HIGH/LOW	0	OTC
MICROLET MIS LANCETS	0	OTC
MICROLET MIS NEXT	0	OTC
MINI LANCING MIS DEVICE	0	OTC
MM LANCING MIS DEVICE	0	OTC
MM TWIST MIS LANCETS	0	OTC
MOBI CONNECT MIS LANCETS	0	OTC
MOBI CONNECT MIS LANCING	0	OTC
MOBILE LANCE MIS 30G	0	OTC
MONOLET MIS LANCETS	0	OTC
MONOLET OPD MIS LANCETS	0	OTC
MONOLETTOR MIS LANCETS	0	OTC
MULTI-LANCET KIT DEVICE	0	OTC
MULTI-LANCET MIS DEVICE	0	OTC

Drug Name	Drug Tier	Requirements/Limits
MYGLUCOHEALT MIS LANC 30G	0	OTC
MYGLUCOHEALT SOL LO/NL/HI	0	OTC
NEUTEK 2TEK SOL CONTROL	0	OTC
NOVA MAX GLU LIQ /KET CON	0	OTC
NOVA SAFETY MIS LANC 23G	0	OTC
NOVA SAFETY MIS LANC 28G	0	OTC
NOVA SURE MIS LANCETS	0	OTC
NOVA SUREFLX MIS LANC DEV	0	OTC
OMNIPOD5 LIB KIT INTRO	0	PA
OMNIPOD5 LIB MIS PODS	0	PA
OMNIPOD 5 DX KIT INT G7G6	0	PA
OMNIPOD 5 DX MIS POD G7G6	0	PA
OMNIPOD DASH KIT INTRO	0	PA
OMNIPOD DASH KIT PDM	0	PA
OMNIPOD DASH MIS PODS	0	PA
OMNIPOD MIS CLASSIC	0	PA
ON-THE-GO MIS LANC 30G	0	OTC
ONETOUCH LIQ ULT CONT	0	OTC
ONETOUCH LIQ ULTRA	0	OTC
ONETOUCH LIQ VERIO	0	OTC
ONETOUCH LIQ VERIO 4	0	OTC
PERFECT 28G MIS LANCETS	0	OTC
PERFECT 30G MIS LANCETS	0	OTC
PHARMACY COU MIS LANCETS	0	OTC
PIP CONTROL LIQ	0	OTC
PIP LANCETS MIS 28G	0	OTC
PIP LANCETS MIS 30G	0	OTC
POCKETCHEM SOL EZ	0	OTC
PRECISION LIQ GLUC/KET	0	OTC
PRO COMFORT MIS 31G	0	OTC
PRO COMFORT MIS LANC 30G	0	OTC
PRO COMFORT MIS LANCETS	0	OTC
PRODIGY MIS 26G	0	OTC
PRODIGY MIS 28G	0	OTC
PRODIGY MIS LANC DEV	0	OTC
PRODIGY SOL HIGH	0	OTC
PRODIGY SOL LOW	0	OTC
PURE COMFORT MIS 30G LAN	0	OTC
PX LANCETS MIS 28G	0	OTC
PX LANCETS MIS 33G	0	OTC
QC LANCETS MIS 28G	0	OTC
QC LANCETS MIS 30G	0	OTC
QC LANCING MIS DEVICE	0	OTC
QUICKTEK LIQ SOLUTION	0	OTC

Drug Name	Drug Tier	Requirements/Limits
QUINTET CONT SOL HGH/NORM	0	OTC
RA E-ZJECT MIS 28G	0	OTC
RA E-ZJECT MIS THIN 26G	0	OTC
RA E-ZJECT MIS THIN 28G	0	OTC
RA E-ZJECT MIS ULT THIN	0	OTC
RAPID-SAFE MIS LANCING	0	OTC
READYLANCE MIS 21G	0	OTC
READYLANCE MIS 23G	0	OTC
READYLANCE MIS 26G	0	OTC
READYLANCE MIS 28G	0	OTC
READYLANCE MIS 30G	0	OTC
REALITY MIS LANCETS	0	OTC
REALITY TRIG MIS LANCETS	0	OTC
REFUAH PLUS SOL CONTROL	0	OTC
RELION KIT LANCING	0	OTC
RELION LANCE MIS THIN 26G	0	OTC
RELION LANCE MIS THIN 30G	0	OTC
RELION LANCI MIS DEVICE	0	OTC
RELION MICRO MIS THIN 33G	0	OTC
RELION ULTRA MIS THIN 30G	0	OTC
RELION ULTRA MIS THIN PLS	0	OTC
RIGHTEST ALT MIS ADAPTOR	0	OTC
RIGHTEST LIQ HIGH CON	0	OTC
RIGHTEST LIQ NORM CON	0	OTC
RIGHTEST MIS GD500	0	OTC
RIGHTEST MIS GL300	0	OTC
SAFE-T-PRO MIS LANCETS	0	OTC
SAFE-T-PRO MIS PLUS	0	OTC
SAFETY 21G MIS LANCETS	0	OTC
SAFETY 23G MIS LANCETS	0	OTC
SAFETY 28G MIS LANCETS	0	OTC
SAFETY 30G MIS LANCETS	0	OTC
SAFETY MIS LANCETS	0	OTC
SAPS HEALTH MIS TWIST	0	OTC
SAPS TWIST MIS 30G	0	OTC
SAPSCARE MIS TWIST	0	OTC
SB LANCETS MIS THIN	0	OTC
SB LANCETS MIS ULTR THN	0	OTC
SELECT-LITE KIT DEV/LANC	0	OTC
SELECT-LITE MIS LANC DEV	0	OTC
SIMPLE DIAG MIS LANCING	0	OTC
SINGLE-LET MIS 23G	0	OTC
SM LANCETS MIS 33G	0	OTC
SMART SENSE MIS LANC 21G	0	OTC

Drug Name	Drug Tier	Requirements/Limits
SMART SENSE MIS LANC 26G	0	OTC
SMART SENSE MIS LANC 30G	0	OTC
SMART SENSE MIS LANC 33G	0	OTC
SMARTEST MIS LANCETS	0	OTC
SMARTEST SOL CONTROL	0	OTC
SOFTCLIX MIS LANCETS	0	OTC
SOLUS V2 MIS LANC 28G	0	OTC
SOLUS V2 MIS LANC 30G	0	OTC
SOLUS V2 MIS LANC DEV	0	OTC
SOLUS V2 SOL HIGH	0	OTC
SOLUS V2 SOL LOW	0	OTC
STERILANCE MIS TL 28G	0	OTC
STERILANCE MIS TL 30G	0	OTC
STERILANCE MIS TL 32G	0	OTC
SUPER THIN MIS LANC 28G	0	OTC
SUPER THIN MIS LANCETS	0	OTC
SUPREME II LIQ HIGH/LOW	0	OTC
SURE COMFORT MIS LANC 18G	0	OTC
SURE COMFORT MIS LANC 21G	0	OTC
SURE COMFORT MIS LANC 23G	0	OTC
SURE COMFORT MIS LANC 30G	0	OTC
SURE COMFORT MIS LANC PEN	0	OTC
SURE COMFORT MIS LANCETS	0	OTC
SUREFLEX MIS LANCETS	0	OTC
SURELITE MIS LANCETS	0	OTC
TAI DOC SOL NORM CON	0	OTC
TECHLITE AST MIS LANCETS	0	OTC
TECHLITE MIS LANC 26G	0	OTC
TECHLITE MIS LANCETS	0	OTC
TGT LANCET MIS 26G	0	OTC
TGT LANCET MIS 30G	0	OTC
TGT LANCET MIS 33G	0	OTC
TGT LANCING MIS DEVICE	0	OTC
THIN LANCETS MIS 26G	0	OTC
THIN LANCETS MIS 30G	0	OTC
TOPCARE MIS LANC 33G	0	OTC
TRAVEL LANCE MIS ADV 28G	0	OTC
TRUE COM LAN MIS SAFE 30G	0	OTC
TRUE COM LAN MIS TWST 30G	0	OTC
TRUE METRIX SOL LEVEL 1	0	OTC
TRUE METRIX SOL LEVEL 2	0	OTC
TRUE METRIX SOL LEVEL 3	0	OTC
TRUEDRAW MIS LANC DEV	0	OTC
TRUPLUS LANC MIS 26G	0	OTC

Drug Name	Drug Tier	Requirements/Limits
TRUPLUS LANC MIS 28G	0	OTC
TRUPLUS LANC MIS 30G	0	OTC
TRUPLUS LANC MIS 33G	0	OTC
TWIIST KIT REFILL	0	PA
TWIIST KIT STARTER	0	PA
TWIIST REFIL KIT INFUSION	0	PA
TWIST LANCET MIS 30G	0	OTC
TWIST LANCET MIS 30G MULT	0	OTC
ULTI-LANCE MIS CLR TIP	0	OTC
ULTILET MIS 26G	0	OTC
ULTILET MIS 28G	0	OTC
ULTILET MIS 30G	0	OTC
ULTILET MIS 33G	0	OTC
ULTILET MIS LANCETS	0	OTC
ULTILET MIS SAFETY	0	OTC
ULTILET SAFE MIS 21G	0	OTC
ULTRA THIN MIS 28G	0	OTC
ULTRA THIN MIS 30G	0	OTC
ULTRA THIN MIS 31G	0	OTC
ULTRA THIN MIS 33G	0	OTC
ULTRA THIN MIS LAN 31G	0	OTC
ULTRA THIN MIS LANC 28G	0	OTC
ULTRA THIN MIS LANC 30G	0	OTC
ULTRA THIN MIS LANCETS	0	OTC
UNILET EX II MIS 28G	0	OTC
UNILET EXCEL MIS 23G	0	OTC
UNILET G.P MIS SUPR 23G	0	OTC
UNILET G.P. MIS 21G	0	OTC
UNILET GP 28 MIS ULT THIN	0	OTC
UNILET LANC MIS 33G	0	OTC
UNILET LANCE MIS 21G	0	OTC
UNILET LANCE MIS 28G	0	OTC
UNILET LANCE MIS 33G	0	OTC
UNILET LANCT MIS 28G	0	OTC
UNILET LANCT MIS 30G	0	OTC
UNILET LANCT MIS 33G	0	OTC
UNILET MICRO MIS 33G	0	OTC
UNILET MIS 21G	0	OTC
UNILET SUPER MIS 23G	0	OTC
UNILET SUPER MIS G.P. 23G	0	OTC
UNISTIK 1 MIS 2.4MM	0	OTC
UNISTIK 1 MIS 3.0MM	0	OTC
UNISTIK 2 MIS	0	OTC
UNISTIK 2 MIS 1.8MM	0	OTC

Drug Name	Drug Tier	Requirements/Limits
UNISTIK 2 MIS 2.4MM	0	OTC
UNISTIK 2 MIS COMFORT	0	OTC
UNISTIK 2 MIS EXTRA	0	OTC
UNISTIK 2 MIS NEONATAL	0	OTC
UNISTIK 2 MIS NORMAL	0	OTC
UNISTIK 2 MIS SUPER	0	OTC
UNISTIK 3 MIS 1.8MM	0	OTC
UNISTIK 3 MIS COMFORT	0	OTC
UNISTIK 3 MIS EXTRA	0	OTC
UNISTIK 3 MIS GENT 30G	0	OTC
UNISTIK 3 MIS NEONATAL	0	OTC
UNISTIK 3 MIS NORMAL	0	OTC
UNISTIK 23G MIS NORMAL	0	OTC
UNISTIK CZT MIS COMFORT	0	OTC
UNISTIK CZT MIS NORMAL	0	OTC
UNISTIK PRO MIS LANC 21G	0	OTC
UNISTIK PRO MIS LANC 28G	0	OTC
UNISTIK SAFE MIS LANC 28G	0	OTC
UNISTIK SAFE MIS LANC 30G	0	OTC
UNISTIK TOUC MIS LANC 21G	0	OTC
UNISTIK TOUC MIS LANC 23G	0	OTC
UNISTIK TOUC MIS LANC 28G	0	OTC
UNISTIK TOUC MIS LANC 30G	0	OTC
UNITSTIK PRO MIS LANC 25G	0	OTC
UNIVERSAL 1 MIS 33G	0	OTC
UNIVERSAL 1 MIS LANC 26G	0	OTC
UNIVERSAL 1 MIS LANC 30G	0	OTC
VANTAGE LANC MIS DEVICE	0	OTC
VERASENS LIQ LEVEL 1	0	OTC
VERIFINE LAN MIS MINI 21G	0	OTC
VERIFINE LAN MIS MINI 23G	0	OTC
VERIFINE LAN MIS MINI 28G	0	OTC
VERIFINE LAN MIS MINI 30G	0	OTC
VERIFINE MIS UNIV 28G	0	OTC
VERIFINE MIS UNIV 30G	0	OTC
VERIFINE MIS UNIV 33G	0	OTC
VIVAGUARD LIQ CONTROL	0	OTC
VIVAGUARD MIS 28G	0	OTC
VIVAGUARD MIS 30G	0	OTC
VIVAGUARD MIS LANCING	0	OTC
ZEVRX TWIST MIS LANC 30G	0	OTC
MISC. DEVICES		
ALCOH-WIPE MIS 12"X12"	3	

Drug Name	Drug Tier	Requirements/Limits
ALCOHOL PAD	0	OTC
ALCOHOL PAD 70%	0	OTC
ALCOHOL PAD PREP	0	OTC
ALCOHOL PADS PAD 70%	0	OTC
ALCOHOL PREP PAD	0	OTC
ALCOHOL PREP PAD 70%	0	OTC
ALCOHOL PREP PAD MED 70%	0	OTC
ALCOHOL PREP PAD PADS 70%	0	OTC
ALCOHOL SWAB PAD	0	OTC
ALCOHOL SWAB PAD 70%	0	OTC
ALCOHOL SWAB PAD EX-THICK	0	OTC
AUM ALCOHOL PAD PREP 70%	0	OTC
BD SWAB REG PAD SNGL USE	0	OTC
CARETOUCH PAD ALCOHOL	0	OTC
COMFRT TOUCH PAD ALC PREP	0	OTC
CURITY PREP PAD ALCOHOL	0	OTC
EASY COMFORT PAD ALCOHOL	0	OTC
ESSENTRA MIS 9X9"	3	
FIFTY50 PREP PAD PADS	0	OTC
GLOBAL PREP PAD PADS	0	OTC
GNP ALCOHOL PAD SWABS	0	OTC
INCONTROL PAD ALCOHOL	0	OTC
PREP PADS PAD	0	OTC
PRO COMFORT PAD ALCOHOL	0	OTC
PURE COMFORT PAD	0	OTC
QC ALCOHOL PAD SWABS	0	OTC
RA ALCOHOL PAD SWABS	0	OTC
REALITY SWAB PAD	0	OTC
SAPS CARE PAD ALCOHOL	0	OTC
SAPS HEALTH PAD ALCOHOL	0	OTC
SB ALCOHOL PAD PREP	0	OTC
TRUE COMFORT PAD PRO	0	OTC
ULTICARE PAD ALCOHOL	0	OTC
ULTILET PAD ALCOHOL	0	OTC
WEBCOL PREP PAD LARGE	0	OTC
WEBCOL PREP PAD MEDIUM	0	OTC
ZEVRX STERIL PAD ALCHOL	0	OTC
PARENTERAL THERAPY SUPPLIES		
ADMIX NEEDLE MIS 18GX1.5"	3	OTC
ALLERGIST KIT 0.5/28G	3	
ALLERGIST KIT 1MLX27G	3	
ALLERGIST KIT 1MLX28G	3	
1ML ALLR SYR MIS 27GX1/2"	3	OTC

Drug Name	Drug Tier	Requirements/Limits
AUTOPEN MIS 1 UNIT	0	OTC
AUTOPEN MIS 1-21UNIT	0	OTC
AUTOPEN MIS 2 UNIT	0	OTC
AUTOPEN MIS 2-42UNIT	0	OTC
AUTOSHIELD MIS 30GX5MM	0	OTC
BD 5ML SYRG MIS LUER-LOK	3	
BD BLNT FILL MIS 18GX1.5	3	OTC
BD BLUNT FIL MIS 18GX1"	3	
BD ECLIPSE MIS 18GX1.5"	3	OTC
BD ECLIPSE MIS 23GX1"	3	
BD HYPO NEED MIS 18GX1"	3	OTC
BD HYPO NEED MIS 18GX1.5"	3	OTC
BD HYPO NEED MIS 22GX1.5"	3	OTC
BD INTEGRA MIS 25GX1"	3	OTC
BD NEEDLES MIS 18GX1.5"	3	OTC
BD NEEDLES MIS 22GX1.5"	3	OTC
BD PEN MINI MIS	0	OTC
BD PEN MIS	0	OTC
BD PLASTIPAK MIS 3ML	3	OTC
BD PRECISION MIS 23GX1.5"	3	OTC
BD SAFETY MIS 23GX1.5"	3	OTC
BD ULTRAFINE INSULIN SYRINGES/NEEDLES	0	
BD ULTRAFINE INSULIN SYRINGES/NEEDLES	0	OTC
BD ULTRAFINE PEN NEEDLES	0	OTC
BLUNT CANNUL MIS 20GX1.5"	3	
BLUNT CANNUL MIS 21GX1"	3	
CAREPOINT SA MIS 23GX1"	3	
CAREPOINT SA MIS 23GX11/2	3	
CAREPOINT SA MIS 25GX1"	3	
CAREPOINT SA MIS 25GX5/8"	3	
CAREPOINT SA MIS 25GX11/2	3	
CAREPOINT SY MIS 20GX1"	3	
CAREPOINT SY MIS 20GX1.5"	3	
CAREPOINT SY MIS 22G X 1"	3	
CAREPOINT SY MIS 22GX1.5"	3	
CAREPOINT SY MIS 23GX1"	3	
CAREPOINT SY MIS 23GX1.5"	3	
CAREPOINT SY MIS 25GX1"	3	
CAREPOINT SY MIS 60ML	3	
CEQUR EXT WR MIS INSERTER	0	
CEQUR SIMPL KIT 1U EXTND	0	
CEQUR SIMPL KIT 2U EXTND	0	
CEQUR SIMPL KIT PATCH 2U	0	
CEQUR SIMPL MIS INSERTER	0	

Drug Name	Drug Tier	Requirements/Limits
DROPSAFE SIC MIS 25GX1"	3	
DROPSAFE SIC MIS 25GX5/8"	3	
EASY GLIDE MIS 1ML SYR	3	OTC
EASY GLIDE MIS 3ML SYR	3	OTC
EASYPOINT MIS 18GX1"	3	OTC
EASYPOINT MIS 18GX1.5"	3	OTC
EASYPOINT MIS 22GX1.5"	3	OTC
EASYPOINT MIS 23GX1"	3	
EASYPOINT MIS 25GX1"	3	
EASYPOINT MIS 25GX1"	3	OTC
EASYPOINT MIS 25GX5/8"	3	
EMBECTA AUTO MIS DUO	0	OTC
EMBECTA NANO MIS 32GX4MM	0	OTC
EMBECTA UF MIS 29GX12.7	0	OTC
EMBECTA UF MIS 31GX5MM	0	OTC
EMBECTA UF MIS 31GX8MM	0	OTC
EMBECTA UF MIS 32GX6MM	0	OTC
FILL NEEDLE MIS 18GX1.5"	3	OTC
FILTER NEEDL MIS 18GX1.5"	3	
FILTER NEEDL MIS 20GX1.5"	3	
HYPO NEEDLE MIS 14GX1"	3	
HYPO NEEDLE MIS 14GX1.5"	3	
HYPO NEEDLE MIS 14GX2"	3	
HYPO NEEDLE MIS 16GX1"	3	
HYPO NEEDLE MIS 16GX1.5"	3	
HYPO NEEDLE MIS 16GX3/4"	3	
HYPO NEEDLE MIS 16GX5/8"	3	
HYPO NEEDLE MIS 18GX1"	3	
HYPO NEEDLE MIS 18GX1"	3	OTC
HYPO NEEDLE MIS 18GX1.5"	3	
HYPO NEEDLE MIS 18GX1.5"	3	OTC
HYPO NEEDLE MIS 19GX1"	3	
HYPO NEEDLE MIS 19GX1.5"	3	
HYPO NEEDLE MIS 20GX1"	3	
HYPO NEEDLE MIS 20GX1.5"	3	
HYPO NEEDLE MIS 21GX1"	3	
HYPO NEEDLE MIS 21GX1.5"	3	
HYPO NEEDLE MIS 21GX2"	3	
HYPO NEEDLE MIS 22GX1"	3	
HYPO NEEDLE MIS 22GX1.5"	3	
HYPO NEEDLE MIS 22GX1.5"	3	OTC
HYPO NEEDLE MIS 23GX1"	3	
HYPO NEEDLE MIS 23GX1.5"	3	OTC
HYPO NEEDLE MIS 23GX3/4"	3	

Drug Name	Drug Tier	Requirements/Limits
HYPO NEEDLE MIS 25GX1"	3	
HYPO NEEDLE MIS 25GX1"	3	OTC
HYPO NEEDLE MIS 25GX1.5"	3	
HYPO NEEDLE MIS 25GX1.25	3	
HYPO NEEDLE MIS 25GX2"	3	
HYPO NEEDLE MIS 25GX5/8"	3	
HYPO NEEDLE MIS 26GX1.5"	3	
HYPO NEEDLE MIS 26GX1/2"	3	
HYPO NEEDLE MIS 27GX1.5"	3	
HYPO NEEDLE MIS 27GX1.25	3	
HYPO NEEDLE MIS 27GX1.25	3	OTC
HYPO NEEDLE MIS 27GX1/2"	3	
HYPO NEEDLE MIS 30GX3/4"	3	
INPEN BLUE MIS HUMALOG	0	
INPEN BLUE MIS NOVO/FIA	0	
INPEN GREY MIS HUMALOG	0	
INPEN GREY MIS NOVO/FIA	0	
INPEN PINK MIS HUMALOG	0	
INPEN PINK MIS NOVO/FIA	0	
INS SYR U500 MIS 0.5/31G	0	
INS SYR U500 MIS 31GX6MM	0	
J-TIP KIT KIT ADAPTERS	0	
3ML LL SYRNG MIS 18GX1.5"	3	OTC
3ML LL SYRNG MIS 20GX1"	3	
3ML LL SYRNG MIS 20GX1.5"	3	
3ML LL SYRNG MIS 20GX3/4"	3	
3ML LL SYRNG MIS 21GX1"	3	
3ML LL SYRNG MIS 21GX1.5"	3	
3ML LL SYRNG MIS 21GX1.5"	3	OTC
3ML LL SYRNG MIS 22GX1"	3	OTC
3ML LL SYRNG MIS 22GX1.5"	3	
3ML LL SYRNG MIS 22GX1.5"	3	OTC
3ML LL SYRNG MIS 23GX1"	3	
3ML LL SYRNG MIS 23GX1.5"	3	OTC
3ML LL SYRNG MIS 25GX1"	3	
3ML LL SYRNG MIS 25GX1"	3	OTC
3ML LL SYRNG MIS 25GX5/8"	3	
3ML LL SYRNG MIS 25GX5/8"	3	OTC
3ML LL SYRNG MIS 27GX1.25	3	
3ML LUER LOC MIS 21GX1.5"	3	OTC
3ML LUER LOC MIS 22GX1"	3	OTC
3ML LUER LOC MIS 22GX1.5"	3	OTC
3ML LUER LOC MIS 23GX1.5"	3	OTC
3ML LUER LOC MIS 25GX1"	3	OTC

Drug Name	Drug Tier	Requirements/Limits
3ML LUER LOC MIS 25GX5/8"	3	OTC
LUER-LOCK MIS SYRG 3ML	3	
MAGELLAN SYR MIS 23GX1"	3	
NEEDLES MIS 18GX1"	3	OTC
NEEDLES MIS 18GX1.5"	3	OTC
NEEDLES MIS 22GX1.5"	3	OTC
NEEDLES MIS 23GX1.5"	3	OTC
NEEDLES MIS 25GX1"	3	OTC
NORM-JECT MIS LUER LOK	3	
NOVOPEN ECHO MIS	0	
PERFECT POIN MIS 25GX1"	3	OTC
PHARM SYRNG MIS TRAY 1ML	3	
PHARM TRAY MIS 1ML/REG	3	OTC
PHARM TRAY MIS 3ML/LL	3	
PHARM TRAY MIS 6ML	3	
PHARM TRAY MIS 12ML/LL	3	
PHARM TRAY MIS 20ML/LL	3	
PHARM TRAY MIS 35ML/LL	3	
PHARM TRAY MIS 60ML/LL	3	
POLY HUB MIS 18GX1"	3	
POLY HUB MIS 18GX1"	3	OTC
POLY HUB MIS 18GX1.5"	3	
POLY HUB MIS 18GX1.5"	3	OTC
POLY HUB MIS 20GX1"	3	
POLY HUB MIS 21GX1"	3	
POLY HUB MIS 21GX1.5"	3	
POLY HUB MIS 22GX1"	3	
POLY HUB MIS 22GX1.5"	3	
POLY HUB MIS 22GX1.5"	3	OTC
POLY HUB MIS 23GX1"	3	
POLY HUB MIS 23GX1.5"	3	
POLY HUB MIS 23GX1.5"	3	OTC
POLY HUB MIS 25GX1"	3	
POLY HUB MIS 25GX1"	3	OTC
POLY HUB MIS 25GX1.5"	3	
POLY HUB MIS 25GX5/8"	3	
POLY HUB MIS 27GX1.25	3	OTC
POLY HUB MIS 27GX1/2"	3	
POLY HUB MIS 30GX1/2"	3	
SAFETY NEEDL MIS 22GX1.5"	3	OTC
SAFETYGLIDE MIS 21GX1.5"	3	
SAFETYGLIDE MIS 21GX1.5"	3	OTC
SAFTY NEEDLE MIS 18GX1"	3	
SAFTY NEEDLE MIS 18GX1.5"	3	

Drug Name	Drug Tier	Requirements/Limits
SAFTY NEEDLE MIS 19GX1"	3	
SAFTY NEEDLE MIS 19GX1.5"	3	
SAFTY NEEDLE MIS 20GX1"	3	
SAFTY NEEDLE MIS 20GX1.5"	3	
SAFTY NEEDLE MIS 21GX1"	3	
SAFTY NEEDLE MIS 21GX1.5"	3	
SAFTY NEEDLE MIS 21GX5/8"	3	
SAFTY NEEDLE MIS 22GX1"	3	
SAFTY NEEDLE MIS 22GX1.5"	3	
SAFTY NEEDLE MIS 23GX1"	3	
SAFTY NEEDLE MIS 23GX5/8"	3	
SAFTY NEEDLE MIS 25GX1"	3	
SAFTY NEEDLE MIS 25GX5/8"	3	
SHARP CONTAI MIS	0	
SHARPS CONT MIS 14QT	0	
SLIP TIP 1ML MIS	3	OTC
SLIP TIP 3ML MIS	3	
SYRG/NDL 3ML MIS 22G X 1"	3	OTC
SYRG/NDL 3ML MIS 25GX5/8"	3	OTC
140ML SYRING MIS CATH TIP	3	
140ML SYRING MIS LUER-LOC	3	
140ML SYRING MIS REG TIP	3	
SYRINGE BARR MIS LUER 1ML	3	OTC
SYRINGE BARR MIS LUER 3ML	3	OTC
SYRINGE BARR MIS UNI 3ML	3	OTC
SYRINGE LUER MIS -LOK 1ML	3	OTC
6ML SYRINGE MIS	3	
6ML SYRINGE MIS 18GX1"	3	
3ML SYRINGE MIS 18GX1.5"	3	
3ML SYRINGE MIS 18GX1.5"	3	OTC
3ML SYRINGE MIS 20GX1"	3	
12ML SYRINGE MIS 20GX1.5"	3	
12ML SYRINGE MIS 21GX1"	3	
12ML SYRINGE MIS 21GX1.5"	3	
3ML SYRINGE MIS 21GX1.5"	3	OTC
3ML SYRINGE MIS 22G X 1"	3	OTC
3ML SYRINGE MIS 22GX1"	3	OTC
12ML SYRINGE MIS 22GX1.5"	3	
3ML SYRINGE MIS 22GX1.5"	3	OTC
3 ML SYRINGE MIS 22X1-1/2	3	OTC
1ML SYRINGE MIS 23GX1"	3	
3ML SYRINGE MIS 23GX1.5"	3	
3ML SYRINGE MIS 23GX1.5"	3	OTC
1ML SYRINGE MIS 25GX1"	3	

Drug Name	Drug Tier	Requirements/Limits
3ML SYRINGE MIS 25GX1"	3	OTC
3ML SYRINGE MIS 25GX1.5"	3	
3ML SYRINGE MIS 25GX1.25	3	
1ML SYRINGE MIS 25GX5/8"	3	
3ML SYRINGE MIS 25GX5/8"	3	OTC
3ML SYRINGE MIS 27GX1.25	3	
1ML SYRINGE MIS 28GX1/2"	3	OTC
3ML SYRINGE MIS CANNULA	3	
60ML SYRINGE MIS CATH TIP	3	
20ML SYRINGE MIS ECC LUER	3	
60ML SYRINGE MIS ECC TIP	3	
30ML SYRINGE MIS LUER LOC	3	
3ML SYRINGE MIS LUER LOC	3	OTC
60ML SYRINGE MIS LUER LOK	3	
3ML SYRINGE MIS LUER LOK	3	OTC
1ML SYRINGE MIS LUER SLI	3	OTC
1ML SYRINGE MIS LUER SLP	3	
1ML SYRINGE MIS LUER SLP	3	OTC
12ML SYRINGE MIS LUER-LOC	3	
6ML SYRINGE MIS LUER-LOK	3	
6ML SYRINGE MIS REG LUER	3	
3ML SYRINGE MIS REG TIP	3	
20ML SYRINGE MIS SLIP	3	
1ML SYRINGE MIS SLIP TIP	3	OTC
60ML SYRINGE MIS TOOMEY	3	
TB SYRINGE MIS 0.5/28G	3	
1ML TB SYRNG MIS 25GX5/8"	3	
1ML TB SYRNG MIS 26GX3/8"	3	
1ML TB SYRNG MIS 27GX1/2"	3	
1ML TB SYRNG MIS 27GX1/2"	3	OTC
1ML TB SYRNG MIS 28GX1/2"	3	
1ML TB SYRNG MIS 28GX1/2"	3	OTC
1ML TB SYRNG MIS LUER LOK	3	
1ML TB SYRNG MIS REG LUER	3	
1ML TB SYRNG MIS REG LUER	3	OTC
TOOMEY SYRIN MIS 70ML	3	
VENT NEEDLE MIS 18GX1"	3	OTC
VERISAFE MIS 23GX1.5"	3	
VERISAFE MIS 25GX1"	3	
RESPIRATORY THERAPY SUPPLIES		
AERCHMBR PLS MIS INTERMED	3	
AERCHMBR PLS MIS LRG MASK	3	
AERCHMBR PLS MIS MED MASK	3	

Drug Name	Drug Tier	Requirements/Limits
AERCHMBR PLS MIS SM MASK	3	
AERCHMBR Z- MIS STAT PLS	3	
AEROCHAMBER KIT ACTION	3	
AEROCHAMBER MIS 2GO	3	
AEROCHAMBER MIS CHAMBER	3	
AEROCHAMBER MIS FLOSIGNA	3	
AEROCHAMBER MIS HOLDING	3	
AEROCHAMBER MIS MTHPIECE	3	
AEROCHAMBER MIS MV	3	
AEROCHAMBER MIS PLUS	3	
AEROVENT MIS PLUS	3	
BREATHE EASE MIS LG MASK	3	
BREATHE EASE MIS MED MASK	3	
BREATHE EASE MIS SM MASK	3	
BREATHERITE MIS MDI CHMB	3	
COMPACT SPAC MIS CHAMBER	3	
COMPACT SPAC MIS LG MASK	3	
COMPACT SPAC MIS MD MASK	3	
COMPACT SPAC MIS SM MASK	3	
EASIVENT MIS	3	
EASIVENT MIS MASK LG	3	
EASIVENT MIS MASK MED	3	
EASIVENT MIS MASK SM	3	
FLEXICHAMBER MIS	3	
FLEXICHAMBER MIS MASK LRG	3	
FLEXICHAMBER MIS MASK SM	3	
HOLD CHAMBER MIS ADLT LG	3	
HOLD CHAMBER MIS MEDIUM	3	
HOLD CHAMBER MIS SMALL	3	
INSPIREASE MIS DD SYST	3	
INSPIREASE MIS RES BAG	3	
MICROCHAMBER MIS	3	
MICROSPACER MIS	3	
OPTICHAMBER MIS DIA LG	3	
OPTICHAMBER MIS DIA MD	3	
OPTICHAMBER MIS DIA SM	3	
OPTICHAMBER MIS DIAMOND	3	
POCKET CHAMB MIS	3	
POCKET SPACE MIS	3	
RITEFLO MIS	3	
SPACE CHAMBR MIS ANTI-STA	3	
SPACE CHAMBR MIS LARGE	3	
SPACE CHAMBR MIS MEDIUM	3	
SPACE CHAMBR MIS SMALL	3	

Drug Name	Drug Tier	Requirements/Limits
TRUZONE PEAK MIS FLOW MTR	3	
VORTEX CHAMB MIS PEDI MAS	3	
VORTEX VALVD MIS CHAMBER	3	
VORTEX VALVE MIS CHAMBER	3	
VORTEX/MASK MIS CHILDS	3	
VORTEX/MASK MIS TODDLER	3	
MIGRAINE PRODUCTS		
CALCITONIN GENE-RELATED PEPTIDE (CGRP) RECEPTOR ANTAG		
AJOVY INJ 225/1.5	2	ST, QL (3 auto-injectors every 75 days)
AJOVY INJ 225/1.5	2	ST, QL (3 syringes every 75 days)
EMGALITY INJ 100MG/ML	2	ST, QL (3 syringes every 25 days)
EMGALITY INJ 120MG/ML	2	PA
NURTEC TAB 75MG ODT	2	ST, QL (16 tabs every 25 days)
QULIPTA TAB 10MG	2	ST, QL (1 tab every 1 day)
QULIPTA TAB 30MG	2	ST, QL (1 tab every 1 day)
QULIPTA TAB 60MG	2	ST, QL (1 tab every 1 day)
UBRELVY TAB 50MG	2	ST, QL (16 ea every 25 days)
UBRELVY TAB 100MG	2	ST, QL (16 ea every 25 days)
MIGRAINE PRODUCTS		
ERGOMAR SUB 2MG	3	
MIGRANAL SPR 4MG/ML	3	QL (8.01 mL every 30 days)
SEROTONIN AGONISTS		
almotriptan malate tab 6.25 mg	1	QL (12 ea every 30 days)
almotriptan malate tab 12.5 mg	1	QL (12 tabs every 30 days)
eletriptan hydrobromide tab 20 mg (base equivalent)	1	QL (12 tabs every 30 days)
eletriptan hydrobromide tab 40 mg (base equivalent)	1	QL (12 tabs every 30 days)
FROVA TAB 2.5MG	3	QL (30 tabs every 30 days)
frovatriptan succinate tab 2.5 mg (base equivalent)	1	QL (30 ea every 30 days)
IMITREX INJ 4MG/0.5	3	QL (12 injections every 30 days)
IMITREX INJ 4MG/0.5	3	QL (36 injections every 30 days)
IMITREX INJ 6MG/0.5	3	QL (12 injections every 30 days)

Drug Name	Drug Tier	Requirements/Limits
IMITREX INJ 6MG/0.5	3	QL (24 injections every 30 days)
IMITREX TAB 25MG	3	QL (12 tabs every 30 days)
IMITREX TAB 50MG	3	QL (12 tabs every 30 days)
IMITREX TAB 100MG	3	QL (12 tabs every 30 days)
naratriptan hcl tab 1 mg (base equiv)	1	QL (12 tabs every 30 days)
naratriptan hcl tab 2.5 mg (base equiv)	1	QL (12 tabs every 30 days)
RELPAX TAB 20MG	3	QL (12 tabs every 30 days)
RELPAX TAB 40MG	3	QL (12 tabs every 30 days)
REYVOW TAB 50MG	3	ST, QL (4 tabs every 30 days)
REYVOW TAB 100MG	3	ST, QL (8 tabs every 30 days)
rizatriptan benzoate oral disintegrating tab 5 mg (base eq)	1	QL (30 tabs every 30 days)
rizatriptan benzoate oral disintegrating tab 10 mg (base eq)	1	QL (30 tabs every 30 days)
rizatriptan benzoate tab 5 mg (base equivalent)	1	QL (30 ea every 30 days)
rizatriptan benzoate tab 10 mg (base equivalent)	1	QL (30 ea every 30 days)
sumatriptan nasal spray 5 mg/act	1	QL (30 inhalers every 30 days)
sumatriptan nasal spray 20 mg/act	1	QL (12 inhalers every 30 days)
sumatriptan succinate inj 6 mg/0.5ml	1	QL (12 injections every 30 days)
sumatriptan succinate solution auto-injector 4 mg/0.5ml	1	QL (12 injections every 30 days)
sumatriptan succinate solution auto-injector 6 mg/0.5ml	1	QL (12 injections every 30 days)
sumatriptan succinate solution cartridge 4 mg/0.5ml	1	QL (36 injections every 30 days)
sumatriptan succinate solution cartridge 6 mg/0.5ml	1	QL (24 injections every 30 days)
sumatriptan succinate tab 25 mg	1	QL (12 tabs every 30 days)
sumatriptan succinate tab 50 mg	1	QL (12 tabs every 30 days)
sumatriptan succinate tab 100 mg	1	QL (12 tabs every 30 days)
TOSYMRA SOL 10MG	2	
ZEMBRACE SYM INJ 3/0.5ML	2	QL (24 injections every 25 days)
zolmitriptan nasal spray 2.5 mg/spray unit	1	QL (12 inhalers every 30 days)
zolmitriptan nasal spray 5 mg/spray unit	1	QL (12 bottles every 30 days)

Drug Name	Drug Tier	Requirements/Limits
zolmitriptan orally disintegrating tab 2.5 mg	1	QL (12 tabs every 30 days)
zolmitriptan orally disintegrating tab 5 mg	1	QL (12 tabs every 30 days)
zolmitriptan tab 2.5 mg	1	QL (12 tabs every 30 days)
zolmitriptan tab 5 mg	1	QL (12 tabs every 30 days)
ZOMIG SPR 2.5MG	3	QL (12 inhalers every 30 days)
ZOMIG SPR 5MG	3	QL (12 bottles every 30 days)
MINERALS & ELECTROLYTES		
FLUORIDE		
sodium fluoride chew tab 0.5 mg f (from 1.1 mg naf)	0	PA
sodium fluoride chew tab 0.25 mg f (from 0.55 mg naf)	0	PA
sodium fluoride tab 0.5 mg f (from 1.1 mg naf)	0	PA
POTASSIUM		
EFFER-K TAB 10MEQ	3	
EFFER-K TAB 20MEQ	3	
K-TAB TAB 20MEQ	3	
klor-con 8 tab 8meq er	1	
KLOR-CON 8 TAB 8MEQ ER	3	
klor-con 10 tab 10meq er	1	
KLOR-CON 10 TAB 10MEQ ER	3	
klor-con m10 tab 10meq er	1	
klor-con m15 tab 15meq er	1	
klor-con m20 tab 20meq er	1	
klor-con pak 20meq	1	
potassium chloride cap er 8 meq	1	
potassium chloride cap er 10 meq	1	
potassium chloride microencapsulated crys er tab 10 meq	1	
potassium chloride microencapsulated crys er tab 15 meq	1	
potassium chloride microencapsulated crys er tab 20 meq	1	
potassium chloride oral soln 10% (20 meq/15ml)	1	
potassium chloride oral soln 20% (40 meq/15ml)	1	
potassium chloride powder packet 20 meq	1	
potassium chloride tab er 8 meq (600 mg)	1	
potassium chloride tab er 10 meq	1	
potassium chloride tab er 15 meq	1	
potassium chloride tab er 20 meq (1500 mg)	1	

Drug Name	Drug Tier	Requirements/Limits
MISCELLANEOUS THERAPEUTIC CLASSES		
CHELATING AGENTS		
DEPEN TITRA TAB 250MG	3	
penicillamine cap 250 mg	1	
penicillamine tab 250 mg	1	
trientine hcl cap 250 mg	1	
CONTINUOUS RENAL REPLACEMENT THERAPY (CRRT) SOLUTIONS		
PRISMASOL SOL 0/0/1.2	3	
PRISMASOL SOL 0/2.5	3	
PRISMASOL SOL 2/0	3	
PRISMASOL SOL 2/3.5	3	
PRISMASOL SOL 4/0/1.2	3	
PRISMASOL SOL 4/2.5	3	
PRISMASOL SOL B22GK4/0	3	
REGIOCIT SOL	3	
IMMUNOMODULATORS		
lenalidomide cap 5 mg	0	PA, QL (1 cap every 1 day)
lenalidomide cap 10 mg	0	PA, QL (1 cap every 1 day)
lenalidomide cap 15 mg	0	PA, QL (1 cap every 1 day)
lenalidomide cap 20 mg	0	PA, QL (21 caps every 21 days)
lenalidomide cap 25 mg	0	PA, QL (21 caps every 21 days)
lenalidomide caps 2.5 mg	0	PA, QL (1 cap every 1 day)
THALOMID CAP 50MG	0	PA
THALOMID CAP 100MG	0	PA
VYVGART INJ HYTRULO	2	PA, QL (4 syringes per 28 days)
IMMUNOSUPPRESSIVE AGENTS		
ASTAGRAF XL CAP 0.5MG	3	
ASTAGRAF XL CAP 1MG	3	
ASTAGRAF XL CAP 5MG	3	
azasan tab 75 mg	1	
azasan tab 100mg	1	
azathioprine tab 50 mg	1	
azathioprine tab 75 mg	1	
azathioprine tab 100 mg	1	
CELLCEPT CAP 250MG	3	
CELLCEPT SUS 200MG/ML	3	
CELLCEPT TAB 500MG	3	
cyclosporine cap 25 mg	1	
cyclosporine cap 100 mg	1	
cyclosporine modified cap 25 mg	1	

Drug Name	Drug Tier	Requirements/Limits
cyclosporine modified cap 50 mg	1	
cyclosporine modified cap 100 mg	1	
cyclosporine modified oral soln 100 mg/ml	1	
ENSPRYNG INJ	2	PA, QL (1 syringes every 28 days)
ENVARSUS XR TAB 0.75MG	3	
ENVARSUS XR TAB 1MG	3	
ENVARSUS XR TAB 4MG	3	
everolimus tab 0.5 mg	1	
everolimus tab 0.25 mg	1	
everolimus tab 0.75 mg	1	
everolimus tab 1 mg	1	
gengraf cap 25mg	1	
gengraf cap 100mg	1	
gengraf sol 100mg/ml	1	
IMURAN TAB 50MG	3	
mycophenolate mofetil cap 250 mg	1	
mycophenolate mofetil for oral susp 200 mg/ml	1	
mycophenolate mofetil tab 500 mg	1	
mycophenolate sodium tab dr 180 mg (mycophenolic acid equiv)	1	
mycophenolate sodium tab dr 360 mg (mycophenolic acid equiv)	1	
MYFORTIC TAB 180MG	3	
MYFORTIC TAB 360MG	3	
NEORAL CAP 25MG	3	
NEORAL CAP 100MG	3	
NEORAL SOL 100MG/ML	3	
PROGRAF CAP 0.5MG	3	
PROGRAF CAP 1MG	3	
PROGRAF CAP 5MG	3	
PROGRAF GRA 0.2MG	3	
PROGRAF GRA 1MG	3	
RAPAMUNE TAB 0.5MG	3	
RAPAMUNE TAB 1MG	3	
SANDIMMUNE CAP 25MG	3	
SANDIMMUNE CAP 100MG	3	
sirolimus oral soln 1 mg/ml	1	
sirolimus tab 0.5 mg	1	
sirolimus tab 1 mg	1	
sirolimus tab 2 mg	1	
tacrolimus cap 0.5 mg	1	
tacrolimus cap 1 mg	1	
tacrolimus cap 5 mg	1	

Drug Name	Drug Tier	Requirements/Limits
tacrolimus cap er 24hr 0.5 mg	1	
tacrolimus cap er 24hr 1 mg	1	
tacrolimus cap er 24hr 5 mg	1	
ZORTRESS TAB 0.5MG	3	
ZORTRESS TAB 0.25MG	3	
ZORTRESS TAB 0.75MG	3	
ZORTRESS TAB 1MG	3	
PATIENT ASSESSMENT SERVICES		
EUA PATIENT MIS ASSESS	3	PA
POTASSIUM REMOVING AGENTS		
kionex sus 15gm/60	1	
sodium polystyrene sulfonate powder	1	
sodium polystyrene sulfonate susp 15 gm/60ml	1	
sps sus 15gm/60	1	
sps sus 30gm/120	1	
VELTASSA POW 1GM	2	
VELTASSA POW 8.4GM	2	
VELTASSA POW 16.8GM	2	
VELTASSA POW 25.2GM	2	
PROGERIA TREATMENT AGENTS		
ZOKINVY CAP 50MG	3	PA, QL (4 caps every 1 day)
ZOKINVY CAP 75MG	3	PA, QL (4 caps every 1 day)
SYSTEMIC LUPUS ERYTHEMATOSUS AGENTS		
BENLYSTA INJ 200MG/ML	3	PA, QL (4 pens every 28 days)
BENLYSTA INJ 200MG/ML	3	PA, QL (4 syringes every 28 days)
SAPHNELO INJ 120/0.8	2	PA
SAPHNELO PEN INJ 120/0.8	2	PA
MOUTH/THROAT/DENTAL AGENTS		
ANESTHETICS TOPICAL ORAL		
lidocaine hcl laryngotracheal soln 4%	1	
lidocaine hcl viscous soln 2%	1	
ANTI-INFECTIVES - THROAT		
clotrimazole troche 10 mg	1	
nystatin susp 100000 unit/ml	1	
ORAVIG TAB 50MG	3	
ANTISEPTICS - MOUTH/THROAT		
chlorhexidine gluconate soln 0.12%	1	
DEBACTEROL SOL 30-50%	3	
PERIDEX SOL 0.12%	3	
periogard sol 0.12%	1	

Drug Name	Drug Tier	Requirements/Limits
DENTAL PRODUCTS		
CLINPRO 5000 PST 1.1%	3	
denta 5000 cre plus	1	
denta 5000 cre plus 2pk	1	
dentagel gel 1.1%	1	
FLUORIDEX PST 1.1%	3	
FLUORMX 5000 PST 1.1%	3	
JUST RIGHT PST 5000	3	
SF 5000 PLUS CRE 1.1%	3	
SF GEL 1.1%	3	
sodium fluor cre 5000 ppm	1	
SODIUM FLUOR CRE 5000 PPM	3	
sodium fluor gel 5000 ppm	1	
sodium fluor pst 5000 ppm	1	
SODIUM FLUOR PST 5000 PPM	3	
sodium fluoride cream 1.1%	1	
sodium fluoride gel 1.1% (0.5% f)	1	
sodium fluoride rinse 0.2%	1	
sodium fluoride-potassium nitrate gel 1.1-5%	1	
STEROIDS - MOUTH/THROAT/DENTAL		
kourzeq pst 0.1%	1	
oralone dent pst 0.1%	1	
triamcinolone acetonide dental paste 0.1%	1	
THROAT PRODUCTS - MISC.		
cevimeline hcl cap 30 mg	1	
EVOXAC CAP 30MG	3	
pilocarpine hcl tab 5 mg	1	
pilocarpine hcl tab 7.5 mg	1	
SALAGEN TAB 5MG	3	
SALAGEN TAB 7.5MG	3	
MULTIVITAMINS		
PRENATAL VITAMINS		
CL PRENATAL TAB 28-0.8MG	3	OTC
elite-ob tab	1	
EQL PRENATAL TAB FORMULA	3	OTC
FT PRENATAL TAB 28-0.8MG	3	OTC
GNP PRENATAL TAB 28-0.8MG	3	OTC
GNP PRENATAL TAB FOLIC AC	3	OTC
KP PRENATAL TAB MULTIVIT	3	OTC
MASONATAL TAB	3	OTC
pnv-dha cap	1	
pnv-select tab	1	
PRENATAL TAB	3	OTC

Drug Name	Drug Tier	Requirements/Limits
PRENATAL TAB 28-0.8MG	3	OTC
PRENATAL TAB MULTIVIT	3	OTC
PRENATAL VIT TAB MINERALS	3	OTC
RA PRENATAL TAB 28-0.8MG	3	OTC
RA PRENATAL TAB FORMULA	3	OTC
MUSCULOSKELETAL THERAPY AGENTS		
CENTRAL MUSCLE RELAXANTS		
baclofen oral soln 5 mg/5ml	1	
baclofen oral soln 10 mg/5ml	1	
baclofen tab 5 mg	1	
baclofen tab 10 mg	1	
baclofen tab 15 mg	1	
baclofen tab 20 mg	1	
carisoprodol tab 350 mg	1	QL (84 tabs every 25 days)
chlorzoxazone tab 500 mg	1	
cyclobenzaprine hcl tab 5 mg	1	
cyclobenzaprine hcl tab 10 mg	1	
LYVISPAH GRA 5MG	2	
LYVISPAH GRA 10MG	2	
LYVISPAH GRA 20MG	2	
metaxalone tab 800 mg	1	
methocarbamol tab 500 mg	1	
methocarbamol tab 750 mg	1	
methocarbamol tab 1000 mg	1	
orphenadrine citrate tab er 12hr 100 mg	1	
SOMA TAB 250MG	3	QL (84 tabs every 25 days)
SOMA TAB 350MG	3	QL (84 tabs every 25 days)
tanlor tab 1000mg	1	
tizanidine hcl cap 2 mg (base equivalent)	1	
tizanidine hcl cap 4 mg (base equivalent)	1	
tizanidine hcl cap 6 mg (base equivalent)	1	
tizanidine hcl cap 8 mg (base equivalent)	1	
tizanidine hcl tab 2 mg (base equivalent)	1	
tizanidine hcl tab 4 mg (base equivalent)	1	
ZANAFLEX CAP 2MG	3	
ZANAFLEX CAP 4MG	3	
ZANAFLEX CAP 6MG	3	
ZANAFLEX CAP 8MG	3	
ZANAFLEX TAB 4MG	3	
DIRECT MUSCLE RELAXANTS		
DANTRIUM CAP 25MG	3	
dantrolene sodium cap 25 mg	1	
dantrolene sodium cap 50 mg	1	

Drug Name	Drug Tier	Requirements/Limits
dantrolene sodium cap 100 mg	1	
NASAL AGENTS - SYSTEMIC AND TOPICAL		
NASAL AGENT COMBINATIONS		
azelastine hcl-fluticasone prop nasal spray 137-50 mcg/act	1	QL (1 package every 25 days)
NASAL AGENTS - MISC.		
NOZIN NASAL KIT SANITIZE	3	OTC
NOZIN NASAL MIS SANITIZE	3	OTC
NASAL ANTIALLERGY		
azelastine hcl nasal spray 0.1% (137 mcg/spray)	1	QL (2 packages every 25 days)
olopatadine hcl nasal soln 0.6%	1	QL (1 package every 25 days)
NASAL ANTICHOLINERGICS		
ipratropium bromide nasal soln 0.03% (21 mcg/spray)	1	
ipratropium bromide nasal soln 0.06% (42 mcg/spray)	1	
NASAL STEROIDS		
flunisolide nasal soln 25 mcg/act (0.025%)	1	QL (3 packages every 25 days)
fluticasone propionate nasal susp 50 mcg/act	1	QL (1 package every 25 days)
XHANCE MIS 93MCG	2	PA, QL (1.067 mL every 1 day)
SYMPATHOMIMETIC DECONGESTANTS		
ADRENALIN SOL 1:1000	3	
epinephrine hcl nasal soln 0.1%	1	
NEUROMUSCULAR AGENTS		
ALS AGENTS		
RADICAVA ORS SUS 105/5ML	2	PA, QL (2.5 mL every 1 day)
RADICAVA ORS SUS STARTER	2	PA, QL (2.5 mL every 1 day)
riluzole tab 50 mg	1	
FRIEDRICH'S ATAXIA AGENTS		
SKYCLARYS CAP 50MG	3	PA, QL (3 caps every 1 day)
RETT SYNDROME AGENTS		
DAYBUE SOL 200MG/ML	3	PA, QL (120 mL every 1 day)
DAYBUE STIX POW 5000MG	3	PA, QL (4 packets every 1 day)
DAYBUE STIX POW 6000MG	3	PA, QL (4 packets every 1 day)

Drug Name	Drug Tier	Requirements/Limits
DAYBUE STIX POW 8000MG	3	PA, QL (2 packets every 1 day)
SPINAL MUSCULAR ATROPHY AGENTS (SMA)		
EVRYSDI SOL	3	PA, QL (6.667 mL every 1 day)
EVRYSDI TAB 5MG	3	PA, QL (1 tab every 1 day)
OPHTHALMIC AGENTS		
BETA-BLOCKERS - OPHTHALMIC		
betaxolol hcl ophth soln 0.5%	1	
BETOPTIC-S SUS 0.25% OP	2	
brimonidine tartrate-timolol maleate ophth soln 0.2-0.5%	1	
carteolol hcl ophth soln 1%	1	
COSOPT PF SOL 2%-0.5%	3	
COSOPT SOL 2-0.5%OP	3	
dorzolamide hcl-timolol maleate ophth soln 2-0.5%	1	
dorzolamide hcl-timolol maleate pf ophth soln 2-0.5%	1	
ISTALOL SOL 0.5% OP	3	
levobunolol hcl ophth soln 0.5%	1	
timolol maleate ophth gel forming soln 0.5%	1	
timolol maleate ophth gel forming soln 0.25%	1	
timolol maleate ophth soln 0.5%	1	
timolol maleate ophth soln 0.5% (once-daily)	1	
timolol maleate ophth soln 0.25%	1	
timolol maleate preservative free ophth soln 0.5%	1	
timolol maleate preservative free ophth soln 0.25%	1	
CYCLOPLEGIC MYDRIATICS		
ATROPINE SUL SOL 1% OP	3	
atropine sulfate ophth oint 1%	1	
atropine sulfate ophth soln 1%	1	
CYCLOGYL SOL 0.5% OP	3	
CYCLOGYL SOL 1% OP	3	
CYCLOGYL SOL 2% OP	3	
CYCLOMYDRIL SOL OP	3	
cyclopentolate hcl ophth soln 1%	1	
HOMATROPAIRE SOL 5% OP	3	
phenylephrine hcl ophth soln 2.5%	1	
phenylephrine hcl ophth soln 10%	1	

Drug Name	Drug Tier	Requirements/Limits
MIOTICS		
PHOSPHOLINE SOL 0.125%OP	3	
pilocarpine hcl ophth soln 1%	1	
pilocarpine hcl ophth soln 2%	1	
pilocarpine hcl ophth soln 4%	1	
OPHTHALMIC ADRENERGIC AGENTS		
ALPHAGAN P SOL 0.1% OP	2	
ALPHAGAN P SOL 0.15% OP	2	
apraclonidine hcl ophth soln 0.5% (base equivalent)	1	
brimonidine tartrate ophth soln 0.1%	1	
brimonidine tartrate ophth soln 0.2%	1	
brimonidine tartrate ophth soln 0.15%	1	
IOPIDINE SOL 1% OP	3	
SIMBRINZA SUS 1-0.2%	2	
OPHTHALMIC ANTI-INFECTIVES		
bacitracin ophth oint 500 unit/gm	1	
bacitracin-polymyxin b ophth oint	1	
BESIVANCE SUS 0.6%	2	PA; Brand preferred over generic
BETADINE SOL 5% OP	3	
ciprofloxacin hcl ophth soln 0.3% (base equivalent)	1	
ERYTHROMYCIN OIN 5MG/GM	3	
erythromycin ophth oint 5 mg/gm	1	
gatifloxacin ophth soln 0.5%	1	
gentamicin sulfate ophth soln 0.3%	1	
levofloxacin ophth soln 0.5%	1	
levofloxacin ophth soln 1.5%	1	
MITOSOL KIT 0.2MG	3	
moxifloxacin hcl ophth soln 0.5% (base eq) (2 times daily)	1	
moxifloxacin hcl ophth soln 0.5% (base equiv)	1	
NATACYN SUS 5% OP	3	
neo-polycin oin op	1	
neomycin-bacitrac zn-polymyx 5(3.5)mg-400unt-10000unt op oin	1	
neomycin-polymy-gramicid op sol 1.75-10000-0.025mg-unt-mg/ml	1	
OCUFLOX DRO 0.3% OP	3	
ofloxacin ophth soln 0.3%	1	
polycin oin op	1	
polymyxin b-trimethoprim ophth soln 10000 unit/ml-0.1%	1	

Drug Name	Drug Tier	Requirements/Limits
POVIDONE IOD SOL 5%	3	
sulfacetamide sodium ophth oint 10%	1	
sulfacetamide sodium ophth soln 10%	1	
tobramycin ophth soln 0.3%	1	
TOBREX OIN 0.3% OP	3	
trifluridine ophth soln 1%	1	
VIGAMOX DRO 0.5%	3	
XDEMVY DRO 0.25%	2	PA
OPHTHALMIC IMMUNOMODULATORS		
RESTASIS EMU 0.05% OP	1	PA; Brand preferred over generic
RESTASIS MUL EMU 0.05% OP	2	PA
VEVYE DRO 0.1%	2	PA
OPHTHALMIC LOCAL ANESTHETICS		
AKTEN GEL 3.5% OP	3	
ALCAINE SOL 0.5% OP	3	
ALTACAINE SOL 0.5% OP	3	
proparacaine hcl ophth soln 0.5%	1	
tetracaine hcl ophth soln 0.5%	1	
TETRACAINE SOL 0.5% OP	3	
OPHTHALMIC NERVE GROWTH FACTORS		
OXERVATE SOL 20MCG/ML	3	PA, QL (112 mL every year)
OPHTHALMIC STEROIDS		
bacitracin-polymyxin-neomycin-hc ophth oint 1%	1	
dexamethasone sodium phosphate ophth soln 0.1%	1	
difluprednate ophth emulsion 0.05%	1	
DUREZOL EMU 0.05%	3	
EYSUVIS DRO 0.25%	3	PA
fluorometholone ophth susp 0.1%	1	
loteprednol etabonate ophth gel 0.5%	1	
loteprednol etabonate ophth susp 0.2%	1	
loteprednol etabonate ophth susp 0.5%	1	
loteprednol etabonate-tobramycin ophth susp 0.5-0.3%	1	
MAXITROL OIN 0.1% OP	3	
MAXITROL SUS 0.1% OP	3	
neo-polycin oin hc 1%op	1	
neomycin-polymyxin-dexamethasone ophth oint 0.1%	1	
neomycin-polymyxin-dexamethasone ophth susp 0.1%	1	

Drug Name	Drug Tier	Requirements/Limits
neomycin-polymyxin-hc ophth susp	1	
PRED SOD PHO SOL 1% OP	3	
prednisolone acetate ophth susp 1%	1	
PREDNISOLONE SUS 1%	3	
sulfacetamide sodium-prednisolone ophth soln 10-0.23(0.25)%	1	
TOBRADEX OIN 0.3-0.1%	2	
tobramycin-dexamethasone ophth susp 0.3-0.1%	1	
OPHTHALMIC SURGICAL AIDS		
GELFILM MIS OP	3	
OPHTHALMICS - MISC.		
ACULAR LS SOL 0.4% OP	3	
ACULAR SOL 0.5% OP	3	
ALOCRIL SOL 2%	3	
ALOMIDE SOL 0.1% OP	3	
azelastine hcl ophth soln 0.05%	1	
AZOPT SUS 1% OP	3	
bepotastine besilate ophth soln 1.5%	1	
brinzolamide ophth susp 1%	1	
bromfenac sodium ophth soln 0.07% (base equivalent)	1	
bromfenac sodium ophth soln 0.09% (base equiv) (once-daily)	1	
bromfenac sodium ophth soln 0.075% (base equivalent)	1	
cromolyn sodium ophth soln 4%	1	
CYSTARAN SOL 0.44%	3	PA, QL (2.143 mL every 1 day)
diclofenac sodium ophth soln 0.1%	1	
dorzolamide hcl ophth soln 2%	1	
DORZOLAMIDE SOL 2% OP	3	
epinastine hcl ophth soln 0.05%	1	
flurbiprofen sodium ophth soln 0.03%	1	
ILEVRO DRO 0.3% OP	2	
ketorolac tromethamine ophth soln 0.4%	1	
ketorolac tromethamine ophth soln 0.5%	1	
PROLENSA DRO 0.07% OP	3	
PROSTAGLANDINS - OPHTHALMIC		
bimatoprost ophth soln 0.01%	1	
bimatoprost ophth soln 0.03%	1	
latanoprost ophth soln 0.005%	1	
tafluprost preservative free (pf) ophth soln 0.0015%	1	

Drug Name	Drug Tier	Requirements/Limits
travoprost ophth soln 0.004% (benzalkonium free) (bak free)	1	
XALATAN SOL 0.005%	3	
ZIOPTAN DRO 0.0015%	3	
OTIC AGENTS		
OTIC AGENTS - MISCELLANEOUS		
acetic acid otic soln 2%	1	
OTIC ANTI-INFECTIVES		
CETRAXAL SOL 0.2%	3	
ciprofloxacin hcl otic soln 0.2% (base equivalent)	1	
ofloxacin otic soln 0.3%	1	
OTIC COMBINATIONS		
ciprofloxacin-dexamethasone otic susp 0.3-0.1%	1	
ciprofloxacin-hydrocortisone otic susp 0.2-1%	1	
CORTISPORIN SUS -TC OTIC	3	
neomycin-polymyxin-hc otic soln 1%	1	
neomycin-polymyxin-hc otic susp 3.5 mg/ml-10000 unit/ml-1%	1	
OTIC STEROIDS		
DERMOTIC OIL 0.01%	3	
flac oil 0.01% ot	1	
fluocinolone acetonide (otic) oil 0.01%	1	
hydrocortisone w/ acetic acid otic soln 1-2%	1	
OXYTOCICS		
ABORTIFACIENTS/AGENTS FOR CERVICAL RIPENING		
CERVIDIL VAG MIS 10MG INS	3	
PREPIDIL GEL 0.5MG/3G	3	
OXYTOCICS		
methergine tab 0.2mg	1	
methylergonovine maleate tab 0.2 mg	1	
PENICILLINS		
AMIDINOPENICILLINS		
PIVYA TAB 185MG	3	
AMINOPENICILLINS		
amoxicillin (trihydrate) cap 250 mg	1	
amoxicillin (trihydrate) cap 500 mg	1	
amoxicillin (trihydrate) chew tab 125 mg	1	
amoxicillin (trihydrate) chew tab 250 mg	1	
amoxicillin (trihydrate) for susp 125 mg/5ml	1	
amoxicillin (trihydrate) for susp 200 mg/5ml	1	
amoxicillin (trihydrate) for susp 250 mg/5ml	1	

Drug Name	Drug Tier	Requirements/Limits
amoxicillin (trihydrate) for susp 400 mg/5ml	1	
amoxicillin (trihydrate) tab 500 mg	1	
amoxicillin (trihydrate) tab 875 mg	1	
ampicillin cap 500 mg	1	
NATURAL PENICILLINS		
penicillin v potassium for soln 125 mg/5ml	1	
penicillin v potassium for soln 250 mg/5ml	1	
penicillin v potassium tab 250 mg	1	
penicillin v potassium tab 500 mg	1	
PENICILLIN COMBINATIONS		
amoxicillin & k clavulanate chew tab 400-57 mg	1	
amoxicillin & k clavulanate for susp 200-28.5 mg/5ml	1	
amoxicillin & k clavulanate for susp 250-62.5 mg/5ml	1	
amoxicillin & k clavulanate for susp 400-57 mg/5ml	1	
amoxicillin & k clavulanate for susp 600-42.9 mg/5ml	1	
amoxicillin & k clavulanate tab 250-125 mg	1	
amoxicillin & k clavulanate tab 500-125 mg	1	
amoxicillin & k clavulanate tab 875-125 mg	1	
amoxicillin & k clavulanate tab er 12hr 1000-62.5 mg	1	
AUGMENTIN SUS 125/5ML	3	
AUGMENTIN SUS ES-600	3	
PENICILLINASE-RESISTANT PENICILLINS		
dicloxacillin sodium cap 250 mg	1	
dicloxacillin sodium cap 500 mg	1	
PHARMACEUTICAL ADJUVANTS		
LIQUID VEHICLES		
CORN SYP	3	
PROGESTINS		
PROGESTINS		
gallifrey tab 5mg	1	
medroxyprogesterone acetate tab 2.5 mg	1	
medroxyprogesterone acetate tab 5 mg	1	
medroxyprogesterone acetate tab 10 mg	1	
megestrol acetate susp 625 mg/5ml	1	
norethindrone acetate tab 5 mg	1	
progesterone cap 100 mg	1	
progesterone cap 200 mg	1	
progesterone im in oil 50 mg/ml	1	

Drug Name	Drug Tier	Requirements/Limits
PROVERA TAB 2.5MG	3	
PROVERA TAB 5MG	3	
PROVERA TAB 10MG	3	
PSYCHOTHERAPEUTIC AND NEUROLOGICAL AGENTS - MISC.		
AGENTS FOR CHEMICAL DEPENDENCY		
acamprosate calcium tab delayed release 333 mg	1	
disulfiram tab 250 mg	1	
disulfiram tab 500 mg	1	
lofexidine hcl tab 0.18 mg (base equivalent)	1	
ANTI-CATAPLECTIC AGENTS		
LUMRYZ PAK 6GM	2	PA, QL (1 packet every 1 day)
LUMRYZ PAK 7.5GM	2	PA, QL (1 packet every 1 day)
LUMRYZ PAK 9GM	2	PA, QL (1 packet every 1 day)
LUMRYZ PAK STARTER	2	PA, QL (1 ea every 1 day)
LUMRYZ PKG 4.5GM	2	PA, QL (1 packet every 1 day)
sodium oxybate oral solution 500 mg/ml	1	PA, QL (18 mL every 1 day)
XYWAV SOL 0.5GM/ML	2	PA, QL (18 mL every 1 day)
ANTIDEMENTIA AGENTS		
ARICEPT TAB 5MG	3	
ARICEPT TAB 10MG	3	
ARICEPT TAB 23MG	3	
donepezil hydrochloride orally disintegrating tab 5 mg	1	
donepezil hydrochloride orally disintegrating tab 10 mg	1	
donepezil hydrochloride tab 5 mg	1	
donepezil hydrochloride tab 10 mg	1	
donepezil hydrochloride tab 23 mg	1	
EXELON DIS 4.6MG/24	3	
EXELON DIS 9.5MG/24	3	
EXELON DIS 13.3/24	3	
galantamine hydrobromide cap er 24hr 8 mg	1	
galantamine hydrobromide cap er 24hr 16 mg	1	
galantamine hydrobromide cap er 24hr 24 mg	1	
galantamine hydrobromide oral soln 4 mg/ml	1	
galantamine hydrobromide tab 4 mg	1	
galantamine hydrobromide tab 8 mg	1	
galantamine hydrobromide tab 12 mg	1	

Drug Name	Drug Tier	Requirements/Limits
memantine hcl cap er 24hr 7 mg	1	
memantine hcl cap er 24hr 14 mg	1	
memantine hcl cap er 24hr 21 mg	1	
memantine hcl cap er 24hr 28 mg	1	
memantine hcl oral solution 2 mg/ml	1	
memantine hcl tab 5 mg	1	
memantine hcl tab 10 mg	1	
memantine hcl tab 28 x 5 mg & 21 x 10 mg titration pack	1	
memantine hcl-donepezil hcl cap er 24hr 14-10 mg	1	
memantine hcl-donepezil hcl cap er 24hr 21-10 mg	1	
memantine hcl-donepezil hcl cap er 24hr 28-10 mg	1	
NAMENDA TAB 5-10MG	3	
NAMENDA XR CAP 14MG	3	
NAMENDA XR CAP 21MG	3	
NAMENDA XR CAP 28MG	3	
NAMZARIC CAP 7-10MG	2	
NAMZARIC CAP 14-10MG	2	
NAMZARIC CAP 21-10MG	2	
NAMZARIC CAP 28-10MG	2	
rivastigmine tartrate cap 1.5 mg (base equivalent)	1	
rivastigmine tartrate cap 3 mg (base equivalent)	1	
rivastigmine tartrate cap 4.5 mg (base equivalent)	1	
rivastigmine tartrate cap 6 mg (base equivalent)	1	
rivastigmine td patch 24hr 4.6 mg/24hr	1	
rivastigmine td patch 24hr 9.5 mg/24hr	1	
rivastigmine td patch 24hr 13.3 mg/24hr	1	
COMBINATION PSYCHOTHERAPEUTICS		
chlordiazepoxide-amitriptyline tab 5-12.5 mg	1	
chlordiazepoxide-amitriptyline tab 10-25 mg	1	
LYBALVI TAB 5-10MG	3	
LYBALVI TAB 10-10MG	3	
LYBALVI TAB 15-10MG	3	
LYBALVI TAB 20-10MG	3	
olanzapine-fluoxetine hcl cap 3-25 mg	1	
olanzapine-fluoxetine hcl cap 6-25 mg	1	
olanzapine-fluoxetine hcl cap 6-50 mg	1	
olanzapine-fluoxetine hcl cap 12-25 mg	1	
olanzapine-fluoxetine hcl cap 12-50 mg	1	

Drug Name	Drug Tier	Requirements/Limits
perphenazine-amitriptyline tab 2-10 mg	1	
perphenazine-amitriptyline tab 2-25 mg	1	
perphenazine-amitriptyline tab 4-10 mg	1	
perphenazine-amitriptyline tab 4-25 mg	1	
perphenazine-amitriptyline tab 4-50 mg	1	
SYMBYAX CAP 3-25MG	3	
SYMBYAX CAP 6-25MG	3	
FIBROMYALGIA AGENTS		
milnacipran hcl tab 12.5 mg	1	
milnacipran hcl tab 12.5 mg (5) & 25 mg (8) & 50 mg (42) pak	1	
milnacipran hcl tab 25 mg	1	
milnacipran hcl tab 50 mg	1	
milnacipran hcl tab 100 mg	1	
SAVELLA MIS TITR PAK	3	
SAVELLA TAB 12.5MG	3	
SAVELLA TAB 25MG	3	
SAVELLA TAB 50MG	3	
SAVELLA TAB 100MG	3	
MOVEMENT DISORDER DRUG THERAPY		
AUSTEDO TAB 6MG	2	PA, QL (2 tabs every 1 day)
AUSTEDO TAB 9MG	2	PA, QL (4 tabs every 1 day)
AUSTEDO TAB 12MG	2	PA, QL (4 tabs every 1 day)
INGREZZA CAP 40-80MG	2	PA, QL (1 cap every 1 day)
INGREZZA CAP 40MG	2	PA, QL (1 cap every 1 day)
INGREZZA CAP 60MG	2	PA, QL (1 cap every 1 day)
INGREZZA CAP 80MG	2	PA, QL (1 cap every 1 day)
tetrabenazine tab 12.5 mg	1	PA, QL (4 tabs every 1 day)
tetrabenazine tab 25 mg	1	PA, QL (2 tabs every 1 day)
MULTIPLE SCLEROSIS AGENTS		
AMPYRA TAB 10MG	3	PA, QL (2 tabs every 1 day)
AVONEX PEN KIT 30MCG	2	PA, QL (4 pens every 28 days)
AVONEX PREFL KIT 30MCG	2	PA, QL (4 syringes every 28 days)
BAFIERTAM CAP 95MG	2	PA, QL (4 caps every 1 day)
BETASERON INJ 0.3MG	2	PA, QL (14 kits every 28 days)
cladribine tab therapy pack 10 mg (4 tabs)	1	PA, QL (20 tabs every 270 days)
cladribine tab therapy pack 10 mg (5 tabs)	1	PA, QL (20 tabs every 270 days)
cladribine tab therapy pack 10 mg (6 tabs)	1	PA, QL (20 tabs every 270 days)

Drug Name	Drug Tier	Requirements/Limits
cladribine tab therapy pack 10 mg (7 tabs)	1	PA, QL (20 tabs every 270 days)
cladribine tab therapy pack 10 mg (8 tabs)	1	PA, QL (20 tabs every 270 days)
cladribine tab therapy pack 10 mg (9 tabs)	1	PA, QL (20 tabs every 270 days)
cladribine tab therapy pack 10 mg (10 tabs)	1	PA, QL (20 tabs every 270 days)
COPAXONE INJ 40MG/ML	3	PA, QL (12 syringes every 28 days)
dalfampridine tab er 12hr 10 mg	1	PA, QL (2 tabs every 1 day)
dimethyl fumarate capsule delayed release 120 mg	1	PA, QL (14 caps every 28 days)
dimethyl fumarate capsule delayed release 240 mg	1	PA, QL (2 caps every 1 day)
dimethyl fumarate capsule dr starter pack 120 mg & 240 mg	1	PA, QL (2 ea every 1 day)
fingolimod hcl cap 0.5 mg (base equiv)	1	PA, QL (1 cap every 1 day)
glatiramer acetate soln prefilled syringe 20 mg/ml	1	PA, QL (1 injection every 1 day)
glatiramer acetate soln prefilled syringe 40 mg/ml	1	PA, QL (12 syringes every 28 days)
glatopa inj 20mg/ml	1	PA, QL (1 injection every 1 day)
glatopa inj 40mg/ml	1	PA, QL (12 syringes every 28 days)
KESIMPTA INJ 20/.4ML	2	PA, QL (1 pens every 28 days)
MAVENCLAD PAK 10MG(4)	3	PA, QL (20 tabs every 270 days)
MAVENCLAD PAK 10MG(5)	3	PA, QL (20 tabs every 270 days)
MAVENCLAD PAK 10MG(6)	3	PA, QL (20 tabs every 270 days)
MAVENCLAD PAK 10MG(7)	3	PA, QL (20 tabs every 270 days)
MAVENCLAD PAK 10MG(8)	3	PA, QL (20 tabs every 270 days)
MAVENCLAD PAK 10MG(9)	3	PA, QL (20 tabs every 270 days)
MAVENCLAD PAK 10MG(10)	3	PA, QL (20 tabs every 270 days)
MAYZENT PAK STARTER	2	PA, QL (12 tabs every 5 days)

Drug Name	Drug Tier	Requirements/Limits
MAYZENT PAK STARTER	2	PA, QL (7 tabs every 4 days)
MAYZENT TAB 0.25MG	2	PA, QL (12 tabs every 5 days)
MAYZENT TAB 1MG	2	PA, QL (1 tab every 1 day)
MAYZENT TAB 2MG	2	PA, QL (1 tab every 1 day)
PLEGRIDY INJ	3	PA, QL (1 carton every 28 days)
PLEGRIDY INJ	3	PA, QL (1 kit every 28 days)
PLEGRIDY INJ PEN	3	PA, QL (2 pens every 28 days)
PLEGRIDY INJ STARTER	3	PA, QL (1 pack every 28 days)
PLEGRIDY PEN INJ STARTER	3	PA, QL (1 pack every 28 days)
PONVORY TAB 20MG	3	PA, QL (1 tab every 1 day)
PONVORY TAB STARTER	3	PA, QL (1 tab every 1 day)
REBIF INJ 22/0.5	2	PA, QL (12 syringes every 28 days)
REBIF INJ 44/0.5	2	PA, QL (12 syringes every 28 days)
REBIF REBIDO INJ 22/0.5	2	PA, QL (12 syringes every 28 days)
REBIF REBIDO INJ 44/0.5	2	PA, QL (12 syringes every 28 days)
REBIF REBIDO INJ TITRATN	2	PA, QL (12 injections every 28 days)
REBIF TITRTN INJ PACK	2	PA, QL (12 syringes every 28 days)
teriflunomide tab 7 mg	1	PA, QL (1 tab every 1 day)
teriflunomide tab 14 mg	1	PA, QL (1 tab every 1 day)
VUMERITY CAP 231MG	2	PA, QL (4 caps every 1 day)
ZEPOSIA 7DAY CAP STR PACK	2	PA, QL (1 ea every 1 day)
ZEPOSIA CAP 0.92MG	2	PA, QL (1 cap every 1 day)
ZEPOSIA CAP STR KIT	2	PA, QL (1 ea every 1 day)
POSTHERPETIC NEURALGIA (PHN)/NEUROPATHIC PAIN AGENTS		
gabapentin (once-daily) tab 300 mg	1	QL (5 tabs every 1 day)
gabapentin (once-daily) tab 450 mg	1	QL (3 tabs every 1 day)
gabapentin (once-daily) tab 600 mg	1	QL (3 tabs every 1 day)
gabapentin (once-daily) tab 750 mg	1	QL (2 tabs every 1 day)
gabapentin (once-daily) tab 900 mg	1	QL (2 tabs every 1 day)
GRALISE TAB 300MG	2	QL (5 tabs every 1 day)
GRALISE TAB 450MG	2	QL (3 tabs every 1 day)
GRALISE TAB 600MG	2	QL (3 tabs every 1 day)

Drug Name	Drug Tier	Requirements/Limits
GRALISE TAB 750MG	2	QL (2 tabs every 1 day)
GRALISE TAB 900MG	2	QL (2 tabs every 1 day)
pregabalin tab er 24hr 82.5 mg	1	
pregabalin tab er 24hr 165 mg	1	
pregabalin tab er 24hr 330 mg	1	QL (2 tabs every 1 day)
PSEUDOBULBAR AFFECT (PBA) AGENTS		
dextromethorphan hbr-quinidine sulfate cap 20-10 mg	1	
PSYCHOTHERAPEUTIC AND NEUROLOGICAL AGENTS - MISC.		
ergoloid mesylates tab 1 mg	1	
pimozide tab 1 mg	1	
pimozide tab 2 mg	1	
SMOKING DETERRENTS		
bupropion hcl (smoking deterrent) tab er 12hr 150 mg	0	$0 limited to 2 treatment cycles/year
nicotine polacrilex gum 2 mg	0	OTC
nicotine polacrilex gum 4 mg	0	OTC; $0 limited to 2 treatment cycles/year
nicotine polacrilex lozenge 2 mg	0	OTC
nicotine polacrilex lozenge 2 mg	0	OTC; $0 limited to 2 treatment cycles/year
nicotine polacrilex lozenge 4 mg	0	OTC; $0 limited to 2 treatment cycles/year
NICOTINE SYS KIT TRANSDER	0	OTC
nicotine td patch 24hr 7 mg/24hr	0	OTC; $0 limited to 2 treatment cycles/year
nicotine td patch 24hr 14 mg/24hr	0	OTC; $0 limited to 2 treatment cycles/year
nicotine td patch 24hr 14 mg/24hr	0	PA, OTC; $0 limited to 2 treatment cycles/year
nicotine td patch 24hr 21 mg/24hr	0	OTC
nicotine td patch 24hr 21 mg/24hr	0	OTC; $0 limited to 2 treatment cycles/year
NICOTROL NS SPR 10MG/ML	0	
varenicline tartrate tab 0.5 mg (base equiv)	0	
varenicline tartrate tab 1 mg (base equiv)	0	
varenicline tartrate tab 11 x 0.5 mg & 42 x 1 mg start pack	0	
RESPIRATORY AGENTS - MISC.		
CYSTIC FIBROSIS AGENTS		
ALYFTREK TAB	3	PA, QL (2 tabs every 1 day)
ALYFTREK TAB 4-20-50	3	PA, QL (3 tabs every 1 day)
KALYDECO GRA 5.8MG	3	PA, QL (2 packets every 1 day)

Drug Name	Drug Tier	Requirements/Limits
KALYDECO GRA 13.4MG	3	PA, QL (2 packets every 1 day)
KALYDECO PAK 25MG	3	PA, QL (2 packets every 1 day)
KALYDECO PAK 50MG	3	PA, QL (2 packets every 1 day)
KALYDECO PAK 75MG	3	PA, QL (2 packets every 1 day)
KALYDECO TAB 150MG	3	PA, QL (2 tabs every 1 day)
ORKAMBI GRA 75-94MG	3	PA, QL (2 packets every 1 day)
ORKAMBI GRA 100-125	3	PA, QL (2 packets every 1 day)
ORKAMBI GRA 150-188	3	PA, QL (2 packets every 1 day)
ORKAMBI TAB 100-125	3	PA, QL (4 tabs every 1 day)
ORKAMBI TAB 200-125	3	PA, QL (4 tabs every 1 day)
PULMOZYME SOL 1MG/ML	3	PA, QL (5 mL every 1 day)
SYMDEKO TAB 50-75MG	3	PA, QL (2 tabs every 1 day)
SYMDEKO TAB 100-150	3	PA, QL (2 tabs every 1 day)
TRIKAFTA PAK 59.5MG	3	PA, QL (2 ea every 1 day)
TRIKAFTA PAK 75MG	3	PA, QL (2 ea every 1 day)
TRIKAFTA TAB	3	PA, QL (3 tabs every 1 day)
PULMONARY FIBROSIS AGENTS		
JASCAYD TAB 9MG	2	PA
JASCAYD TAB 18MG	2	PA
nintedanib esylate cap 100 mg (base equivalent)	1	PA, QL (2 caps every 1 day)
nintedanib esylate cap 150 mg (base equivalent)	1	PA, QL (2 caps every 1 day)
OFEV CAP 100MG	2	PA, QL (2 caps every 1 day)
OFEV CAP 150MG	2	PA, QL (2 caps every 1 day)
pirfenidone cap 267 mg	1	PA, QL (9 caps every 1 day)
pirfenidone tab 267 mg	1	PA, QL (9 tabs every 1 day)
pirfenidone tab 534 mg	1	PA, QL (3 tabs every 1 day)
pirfenidone tab 801 mg	1	PA, QL (3 tabs every 1 day)
RESPIRATORY AGENTS - MISC.		
BRINSUPRI TAB 10MG	3	PA
BRINSUPRI TAB 25MG	3	PA
SULFONAMIDES		
SULFONAMIDES		
sulfadiazine tab 500 mg	1	

Drug Name	Drug Tier	Requirements/Limits
TETRACYCLINES		
AMINOMETHYLCYCLINES		
NUZYRA TAB 150MG	3	
TETRACYCLINES		
avidoxy tab 100mg	1	
demeclocycline hcl tab 150 mg	1	
demeclocycline hcl tab 300 mg	1	
doxycycline hyclate cap 50 mg	1	
doxycycline hyclate cap 100 mg	1	
doxycycline hyclate tab 20 mg	1	
doxycycline hyclate tab 100 mg	1	
doxycycline monohydrate cap 50 mg	1	
doxycycline monohydrate cap 100 mg	1	
doxycycline monohydrate for susp 25 mg/5ml	1	
doxycycline monohydrate tab 50 mg	1	
doxycycline monohydrate tab 75 mg	1	
doxycycline monohydrate tab 100 mg	1	
doxycycline monohydrate tab 150 mg	1	
minocycline hcl cap 50 mg	1	
minocycline hcl cap 75 mg	1	
minocycline hcl cap 100 mg	1	
minocycline hcl tab 50 mg	1	
minocycline hcl tab 75 mg	1	
minocycline hcl tab 100 mg	1	
mondoxyne nl cap 100mg	1	
tetracycline hcl cap 250 mg	1	
tetracycline hcl cap 500 mg	1	
THYROID AGENTS		
ANTITHYROID AGENTS		
methimazole tab 5 mg	1	
methimazole tab 10 mg	1	
propylthiouracil tab 50 mg	1	
THYROID HORMONES		
euthyrox tab 25mcg	1	
euthyrox tab 50mcg	1	
euthyrox tab 75mcg	1	
euthyrox tab 88mcg	1	
euthyrox tab 100mcg	1	
euthyrox tab 112mcg	1	
euthyrox tab 125mcg	1	
euthyrox tab 137mcg	1	
euthyrox tab 150mcg	1	
euthyrox tab 175mcg	1	

Drug Name	Drug Tier	Requirements/Limits
euthyrox tab 200mcg	1	
levo-t tab 25mcg	1	
levo-t tab 50mcg	1	
levo-t tab 75mcg	1	
levo-t tab 88mcg	1	
levo-t tab 100mcg	1	
levo-t tab 112mcg	1	
levo-t tab 125mcg	1	
levo-t tab 137mcg	1	
levo-t tab 150mcg	1	
levo-t tab 175mcg	1	
levo-t tab 200mcg	1	
levo-t tab 300 mcg	1	
levothyroxine sodium tab 25 mcg	1	
levothyroxine sodium tab 50 mcg	1	
levothyroxine sodium tab 75 mcg	1	
levothyroxine sodium tab 88 mcg	1	
levothyroxine sodium tab 100 mcg	1	
levothyroxine sodium tab 112 mcg	1	
levothyroxine sodium tab 125 mcg	1	
levothyroxine sodium tab 137 mcg	1	
levothyroxine sodium tab 150 mcg	1	
levothyroxine sodium tab 175 mcg	1	
levothyroxine sodium tab 200 mcg	1	
levothyroxine sodium tab 300 mcg	1	
levoxyl tab 25mcg	1	
levoxyl tab 50mcg	1	
levoxyl tab 75mcg	1	
levoxyl tab 88mcg	1	
levoxyl tab 100mcg	1	
levoxyl tab 112mcg	1	
levoxyl tab 125mcg	1	
levoxyl tab 137mcg	1	
levoxyl tab 150mcg	1	
levoxyl tab 175mcg	1	
levoxyl tab 200mcg	1	
liomny tab 5mcg	1	
liomny tab 25mcg	1	
liomny tab 50mcg	1	
liothyronine sodium tab 5 mcg	1	
liothyronine sodium tab 25 mcg	1	
liothyronine sodium tab 50 mcg	1	
SYNTHROID TAB 25MCG	2	
SYNTHROID TAB 50MCG	2	

Drug Name	Drug Tier	Requirements/Limits
SYNTHROID TAB 75MCG	2	
SYNTHROID TAB 88MCG	2	
SYNTHROID TAB 100MCG	2	
SYNTHROID TAB 112MCG	2	
SYNTHROID TAB 125MCG	2	
SYNTHROID TAB 137MCG	2	
SYNTHROID TAB 150MCG	2	
SYNTHROID TAB 175MCG	2	
SYNTHROID TAB 200MCG	2	
SYNTHROID TAB 300MCG	2	
unithroid tab 25mcg	1	
unithroid tab 50mcg	1	
unithroid tab 75mcg	1	
unithroid tab 88mcg	1	
unithroid tab 100mcg	1	
unithroid tab 112mcg	1	
unithroid tab 125mcg	1	
unithroid tab 137mcg	1	
unithroid tab 150mcg	1	
unithroid tab 175mcg	1	
unithroid tab 200mcg	1	
unithroid tab 300mcg	1	
ULCER DRUGS/ANTISPASMODICS/ANTICHOLINERGICS		
ANTISPASMODICS		
ANASPAZ TAB 0.125MG	3	
BELLA/OPIUM SUP 16.2-30	3	
BELLA/OPIUM SUP 16.2-60	3	
chlordiazepoxide hcl-clidinium bromide cap 5-2.5 mg	1	
CUVPOSA SOL 1MG/5ML	3	
dicyclomine hcl cap 10 mg	1	
dicyclomine hcl oral soln 10 mg/5ml	1	
dicyclomine hcl tab 20 mg	1	
DONNATAL ELX GRAPE	3	
DONNATAL ELX MINT	3	
DONNATAL TAB 16.2MG	3	
glycopyrrolate inj pf soln pref syr 0.4 mg/2ml (0.2 mg/ml)	1	
glycopyrrolate inj pf soln prefilled syringe 0.2 mg/ml	1	
glycopyrrolate oral soln 1 mg/5ml	1	
glycopyrrolate tab 1 mg	1	
glycopyrrolate tab 2 mg	1	
hyoscyamine sulfate elixir 0.125 mg/5ml	1	

Drug Name	Drug Tier	Requirements/Limits
hyoscyamine sulfate sl tab 0.125 mg	1	
hyoscyamine sulfate soln 0.125 mg/ml	1	
hyoscyamine sulfate tab 0.125 mg	1	
hyoscyamine sulfate tab disint 0.125 mg	1	
hyosyne dro 0.125/ml	1	
hyosyne elx 0.125/5	1	
LEVBID TAB 0.375 ER	3	
LEVSIN TAB 0.125MG	3	
LEVSIN/SL SUB 0.125MG	3	
methscopolamine bromide tab 2.5 mg	1	
methscopolamine bromide tab 5 mg	1	
NULEV TAB 0.125MG	3	
OSCIMIN SUB 0.125MG	3	
OSCIMIN TAB 0.125MG	3	
pb-hyoscy-atrop-scopol elix 16.2-0.1037-0.0194-0.0065 mg/5ml	1	
pb-hyoscy-atrop-scopol tab 16.2-0.1037-0.0194-0.0065 mg	1	
PHENOHYTRO ELX	3	
PHENOHYTRO TAB	3	
H-2 ANTAGONISTS		
cimetidine hcl soln 300 mg/5ml	1	
cimetidine tab 300 mg	1	
cimetidine tab 400 mg	1	
cimetidine tab 800 mg	1	
famotidine for susp 40 mg/5ml	1	
famotidine tab 40 mg	1	
nizatidine cap 150 mg	1	
nizatidine cap 300 mg	1	
PEPCID TAB 40MG	3	
MISC. ANTI-ULCER		
sucralfate tab 1 gm	1	
PROTON PUMP INHIBITORS		
esomeprazole magnesium cap delayed release 20 mg (base eq)	1	
esomeprazole magnesium cap delayed release 40 mg (base eq)	1	
esomeprazole magnesium for delayed release susp pack 2.5 mg	1	
esomeprazole magnesium for delayed release susp packet 5 mg	1	
esomeprazole magnesium for delayed release susp packet 10 mg	1	

Drug Name	Drug Tier	Requirements/Limits
esomeprazole magnesium for delayed release susp packet 20 mg	1	
esomeprazole magnesium for delayed release susp packet 40 mg	1	
lansoprazole cap delayed release 15 mg	1	
lansoprazole cap delayed release 30 mg	1	
omeprazole cap delayed release 10 mg	1	
omeprazole cap delayed release 20 mg	1	
omeprazole cap delayed release 40 mg	1	
pantoprazole sodium ec tab 20 mg (base equiv)	1	
pantoprazole sodium ec tab 40 mg (base equiv)	1	
RABEPRAZOLE CAP 10MG DR	3	
rabeprazole sodium ec tab 20 mg	1	
VOQUEZNA TAB 10MG	3	PA
VOQUEZNA TAB 20MG	3	PA
ULCER DRUGS - PROSTAGLANDINS		
CYTOTEC TAB 100MCG	3	
CYTOTEC TAB 200MCG	3	
misoprostol tab 100 mcg	1	$0 copay based on your plan/benefit
misoprostol tab 200 mcg	1	
ULCER THERAPY COMBINATIONS		
amoxicil cap &clarithro tab &lansopraz cap dr 500 &500 &30mg	1	
bismuth subcit-metronidazole-tetracycline cap 140-125-125 mg	1	
PYLERA CAP	3	
TALICIA CAP	2	
VOQUEZNA PAK DUAL PAK	3	
VOQUEZNA PAK TRIP PK	3	
URINARY ANTISPASMODICS		
URINARY ANTISPASMODIC - ANTIMUSCARINICS (ANTICHOLINERGIC)		
darifenacin hydrobromide tab er 24hr 7.5 mg (base equiv)	1	
darifenacin hydrobromide tab er 24hr 15 mg (base equiv)	1	
DETROL TAB 1MG	3	
DETROL TAB 2MG	3	
fesoterodine fumarate tab er 24hr 4 mg	1	
fesoterodine fumarate tab er 24hr 8 mg	1	
GELNIQUE GEL 10%	3	ST
oxybutynin chloride solution 5 mg/5ml	1	
oxybutynin chloride tab 2.5 mg	1	

Drug Name	Drug Tier	Requirements/Limits
oxybutynin chloride tab 5 mg	1	
oxybutynin chloride tab er 24hr 5 mg	1	
oxybutynin chloride tab er 24hr 10 mg	1	
oxybutynin chloride tab er 24hr 15 mg	1	
solifenacin succinate tab 5 mg	1	
solifenacin succinate tab 10 mg	1	
tolterodine tartrate cap er 24hr 2 mg	1	
tolterodine tartrate cap er 24hr 4 mg	1	
tolterodine tartrate tab 1 mg	1	
tolterodine tartrate tab 2 mg	1	
trospium chloride cap er 24hr 60 mg	1	
trospium chloride tab 20 mg	1	
VESICARE LS SUS 5MG/5ML	3	
VESICARE TAB 5MG	3	
VESICARE TAB 10MG	3	
URINARY ANTISPASMODICS - BETA-3 ADRENERGIC AGONISTS		
GEMTESA TAB 75MG	2	ST
mirabegron granules for oral extended release susp 8 mg/ml	1	
mirabegron tab er 24 hr 25 mg	1	
mirabegron tab er 24 hr 50 mg	1	
URINARY ANTISPASMODICS - CHOLINERGIC AGONISTS		
bethanechol chloride tab 5 mg	1	
bethanechol chloride tab 10 mg	1	
bethanechol chloride tab 25 mg	1	
bethanechol chloride tab 50 mg	1	
URINARY ANTISPASMODICS - DIRECT MUSCLE RELAXANTS		
flavoxate hcl tab 100 mg	1	
VAGINAL AND RELATED PRODUCTS		
MISCELLANEOUS VAGINAL PRODUCTS		
FEM PH GEL	3	
SPERMICIDES		
ENCARE SUP 100MG	0	OTC
GYNOL II GEL 3%	0	OTC
TODAY SPONGE MIS	0	OTC
VCF VAGINAL GEL CONTRACE	0	OTC
VCF VAGINAL MIS CONTRACP	0	OTC
VAGINAL ANTI-INFECTIVES		
CLEOCIN CRE 2% VAG	3	
CLEOCIN SUP 100MG	3	
clindamycin phosphate vaginal cream 2%	1	
CLINDESSE CRE 2%	3	
GYNAZOLE-1 CRE 2%	3	

Drug Name	Drug Tier	Requirements/Limits
metronidazole vaginal gel 0.75%	1	
miconazole 3 sup 200mg	1	
terconazole vaginal cream 0.4%	1	
terconazole vaginal cream 0.8%	1	
terconazole vaginal suppos 80 mg	1	
XACIATO GEL 2%	3	
VAGINAL CONTRACEPTIVE - PH MODULATORS		
PHEXX GEL	0	
PHEXXI GEL	0	
VAGINAL ESTROGENS		
ESTRACE VAG CRE 0.01%	3	
estradiol vaginal cream 0.01%	1	
IMVEXXY MAIN SUP 4MCG	2	
IMVEXXY MAIN SUP 10MCG	2	
IMVEXXY STRT SUP 4MCG	2	
IMVEXXY STRT SUP 10MCG	2	
VAGIFEM TAB 10MCG	1	PA; Brand preferred over generic
VAGINAL PROGESTINS		
CRINONE GEL 4% VAG	2	
CRINONE GEL 8% VAG	2	
progesterone vaginal insert 100 mg	1	
VASOPRESSORS		
ANAPHYLAXIS THERAPY AGENTS		
AUVI-Q INJ 0.1MG	2	QL (3 pens every 300 days)
AUVI-Q INJ 0.3MG	2	QL (6 pens every 300 days)
AUVI-Q INJ 0.15MG	2	QL (3 pens every 300 days)
epinephrine solution auto-injector 0.3 mg/0.3ml (1:1000)	1	QL (6 pens every 300 days)
epinephrine solution auto-injector 0.15 mg/0.15ml (1:1000)	1	QL (6 pens every 300 days)
NEUROGENIC ORTHOSTATIC HYPOTENSION (NOH) - AGENTS		
droxidopa cap 100 mg	1	PA, QL (6 caps every 1 day)
droxidopa cap 200 mg	1	PA, QL (6 caps every 1 day)
droxidopa cap 300 mg	1	PA, QL (6 caps every 1 day)
VASOPRESSORS		
epinephrine inj 1 mg/ml	1	
EPINEPHRINE INJ 1MG/ML	3	
EPINEPHRINE INJ 5MG/5ML	3	
EPINEPHRINE INJ 30/30ML	3	

Drug Name	Drug Tier	Requirements/Limits
EPINEPHRINE SOL 30/30ML	3	
midodrine hcl tab 2.5 mg	1	
midodrine hcl tab 5 mg	1	
midodrine hcl tab 10 mg	1	

VITAMINS

OIL SOLUBLE VITAMINS

DRISDOL CAP 50000UNT	3	
ergocalciferol cap 1.25 mg (50000 unit)	1	
phytonadione tab 5 mg	1	

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Notice of Nondiscrimination and Availability of Language Assistance Services

(UPDATED 4/15/2025)

CareFirst BlueCross BlueShield, CareFirst BlueChoice, Inc., CareFirst Diversified Benefits and all of their corporate affiliates (CareFirst) comply with applicable federal civil rights laws and do not discriminate on the basis of race, color, national origin, age, disability or sex. CareFirst does not exclude people or treat them differently because of race, color, national origin, age, disability or sex.

CareFirst:

- Provides free aid and services to people with disabilities to communicate effectively with us, such as:
  - Qualified sign language interpreters
  - Written information in other formats (large print, audio, accessible electronic formats, other formats)
- Provides free language services to people whose primary language is not English, such as:
  - Qualified interpreters
  - Information written in other languages

If you need these services, please call 855-258-6518.

If you believe CareFirst has failed to provide these services, or discriminated in another way, on the basis of race, color, national origin, age, disability or sex, you can file a grievance with our CareFirst Civil Rights Coordinator by mail, fax or email. If you need help filing a grievance, our CareFirst Civil Rights Coordinator is available to help you.

To file a grievance regarding a violation of federal civil rights, please contact the Civil Rights Coordinator as indicated below. Please do not send payments, claims issues, or other documentation to this office.

Civil Rights Coordinator, Corporate Office of Civil Rights

Mailing Address	P.O. Box 14858 Lexington, KY 40512
Email Address	**civilrightscoordinator@carefirst.com**
Telephone Number	410-528-7820
Fax Number	410-505-2011

You can also file a civil rights complaint with the U.S. Department of Health and Human Services, Office for Civil Rights electronically through the Office for Civil Rights Complaint portal, available at **https://ocrportal.hhs.gov/ocr/portal/lobby.jsf** or by mail or phone at:

U.S. Department of Health and Human Services
200 Independence Avenue, SW
Room 509F, HHH Building
Washington, D.C. 20201
800-368-1019, 800-537-7697 (TDD)

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

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Attention (English): This notice contains information about your insurance coverage. It may contain key dates and you may need to take action by certain deadlines. You have the right to get this information and assistance in your language at no cost. Members should call the phone number on the back of their identification card. All others may call 1-855-258-6518 and wait through the dialogue until prompted to push 0. When an agent answers, state the language you need and you will be connected to an interpreter.

ማሳሰቢያ (Amharic)፦ ይህ ማሳወቂያ ስለ ኢንሹራንስ ሽፋንዎ መረጃ ይዟል። ቁልፍ ቀኖችን ሊይዝ ይችላል እና በተወሰኑ የግዜ ገደቦች እርምጃ መውሰድ ሊኖርብዎ ይችላል። ይህን መረጃ እና እገዛ ያለ ምንም ወጪ በቋንቋዎ የማግኘት መብት አለዎት። አባላት በአባላት መታወቂያ ካርዳቸው ጀርባ ወዳለው ስልክ ቁጥር መደወል አለባቸው። ሌሎች በሙሉ ወደ 855-258-6518 በመደወል 0ን እንዲጫኑ እስኪጠየቁ ድረስ ምልልሱን መጠበቅ ይችላሉ። አንድ ወኪል ሲመልስ፣ የሚፈልጉትን ቋንቋ ይግለጹ እና ከአስተርጓሚ ጋር ይገናኛሉ።

انتبه (Arabic): يحتوي هذا الإشعار على معلومات حول تغطيتك التأمينية. قد يحتوي على تواريخ رئيسية وقد تحتاج إلى اتخاذ إجراء بحلول مواعيد نهائية معينة. لديك الحق في الحصول على هذه المعلومات والمساعدة بلغتك دون أي تكلفة. يجب على الأعضاء الاتصال برقم الهاتف الموجود على ظهر بطاقة هوية العضوية الخاصة بهم. يمكن للآخرين الاتصال بالرقم 855-258-5618 والانتظار طوال الحوار حتى يُطلب منهم الضغط على الرقم 0. عندما يجيبك أحد الوكلاء، حدد اللغة التي تحتاجها وسيتم توصيلك بمترجم فوري.

মনোযোগ দিন (Bengali): এই বিজ্ঞপ্তিতে আপনার বীমা কভারেজ সম্পর্কে তথ্য রয়েছে। এতে গুরুত্বপূর্ণ তারিখগুলি থাকতে পারে এবং আপনাকে হয়ত নির্দিষ্ট সময়সীমার মধ্যে পদক্ষেপ নিতে হতে পারে। আপনার ভাষায় বিনামূল্যে এই তথ্য এবং সহায়তা পাওয়ার অধিকার আপনার আছে। সদস্যদের তাদের সদস্য পরিচয়পত্রের পিছনে দেওয়া ফোন নম্বরে কল করা উচিত। অন্যরা 855-258-6518 নম্বরে কল করতে পারেন এবং 0 চাপ দেওয়ার জন্য অনুরোধ না করা পর্যন্ত সংলাপের জন্য অপেক্ষা করতে পারেন। যখন একজন এজেন্ট উত্তর দেবেন, তখন আপনার প্রয়োজনীয় ভাষাটি বলুন এবং আপনাকে একজন দোভাষীর সাথে সংযুক্ত করা হবে।

注意（Chinese）：此通知包含有關您的保險範圍的資訊。它可能包含關鍵日期，您可能需要在特定截止日期之前採取行動。您有權免費以您的語言獲取此資訊和協助。會員應撥打會員證背面的電話號碼。其他所有人可以撥打 855-258-6518 並等待對話框，直到提示按 0。當代理商接聽時，請說明您需要的語言，然後您将會與翻譯人員聯繫。

توجه (Farsi): این اطلاعیه حاوی اطلاعاتی درباره پوشش بیمه‌ای شما است. ممکن است شامل تاریخ‌های مهم باشد و لازم باشد تا مهلت‌های مشخصی اقدام کنید. شما حق دارید این اطلاعات و کمک را به زبان خود و به‌صورت رایگان دریافت کنید. اعضا باید با شماره تلفن درج‌شده در پشت کارت شناسایی عضویت خود تماس بگیرند. سایر افراد می‌توانند با شماره *855-258-6518* تماس بگیرند و منتظر بمانند تا دستور داده شود که عدد 0 را فشار دهند. هنگامی که یک نماینده پاسخ داد، زبان مورد نیاز خود را اعلام کنید تا به یک مترجم متصل شوید.

Attention (French): Le présent avis contient des informations essentielles relatives à votre couverture d’assurance. Il peut inclure des échéances importantes nécessitant une action de votre part dans un délai déterminé. Vous avez le droit d’obtenir ces informations ainsi qu’une assistance dans votre langue, et ce, sans frais. Les assurés sont invités à contacter le numéro figurant au verso de leur carte d’adhérent. Toute autre personne peut appeler le 855-258-6518 et patienter jusqu’à l’invitation à composer le 0. Lorsque votre appel sera pris en charge, indiquez la langue souhaitée afin d’être mis en relation avec un interprète.

Achtung (German): Dieser Hinweis enthält Informationen zu Ihrem Versicherungsschutz. Darin sind möglicherweise wichtige Termine aufgeführt und Sie müssen möglicherweise bis zu bestimmten Fristen Maßnahmen ergreifen. Sie haben das Recht, diese Informationen und Unterstützung kostenlos in Ihrer Sprache zu erhalten. Mitglieder sollten die Telefonnummer auf der Rückseite ihres Mitgliedsausweises anrufen. Alle anderen können 855-258-6518 anrufen und den Dialog abwarten, bis sie aufgefordert werden, die 0 zu drücken. Wenn ein Agent antwortet, geben Sie die gewünschte Sprache an und Sie werden mit einem Dolmetscher verbunden.

ध्यान दें (Hindi): इस नोटिस में आपके बीमा कवरेज के बारे में जानकारी है। इसमें महत्वपूर्ण तिथियां हो सकती हैं और आपको निश्चित समय सीमा तक कार्रवाई करनी पड़ सकती है। आपको यह जानकारी और सहायता अपनी भाषा में निःशुल्क प्राप्त करने का अधिकार है। सदस्यों को अपने सदस्य पहचान पत्र के पीछे दिए गए फ़ोन नंबर पर कॉल करना चाहिए। अन्य सभी लोग 855-258-6518 पर कॉल कर सकते हैं और 0 दबाने का संकेत मिलने तक संवाद की प्रतीक्षा कर सकते हैं। जब कोई एजेंट उत्तर दे, तो वह भाषा बताएं जिसकी आपको आवश्यकता है और आपको दुभाषिया से जोड़ा जाएगा।

Leruoanya (Igbo): ọ́kwà a nwere ozi bànyéré mkpuchi megide ihe mberede gị. Ọ nwere ike inwe ụbọchị ndi dị óké ḿkpà ma o nwekwara ike idị mkpa ka imee ihe tupu oge ụfọdụ agafee. Inwere ikike inweta ozi a ya na enyemaka na asụsụ gị n'akwụghị ụgwọ ọbụla. Ndi òtù ga akpọ ọnụọgụgụ ekwenti dị na àzụ́ ḱáàdị njirimara ndi òtù ha. Ndi ọ̀zọ́ nile nwere íke ịkpọ 855-258-6518 ma chere geruo mkparịta ụka ruo mgbe asi ha pịa 0. Mgbe onye ozi zara,kwuo asụsụ ichọrọ, a ga ejikota gi na onye ntughari asụsụ.

Attenzione (Italian): Questa informativa contiene informazioni sulla copertura assicurativa. Potrebbe contenere date importanti e potrebbe essere necessario intraprendere azioni entro determinate scadenze. È possibile ottenere queste informazioni e assistenza nella propria lingua gratuitamente. I membri sono pregati di chiamare il numero di telefono riportato sul retro del proprio tesserino di riconoscimento. Tutti gli altri possono chiamare il numero 855-258-6518 e rimanere in linea fino a quando non viene richiesto di premere 0. Quando un operatore risponde, è necessario indicare la lingua desiderata per essere messi in contatto con un interprete.

주의 (Korean): 이 고지에는 귀하의 보험 적용 범위에 대한 정보가 포함되어 있습니다. 여기에는 주요 날짜가 포함되어 있을 수 있으며, 특정 마감일까지 조치를 취해야 할 수도 있습니다. 귀하는 비용 없이 귀하의 언어로 이러한 정보와 지원을 받을 권리가 있습니다. 회원은 회원증 뒷면에 있는 전화번호로 전화하시기 바랍니다. 회원이 아닌 모든 분들은 855-258-6518 로 전화하여 안내 메시지가 끝날 때까지 기다렸다가 0 을 눌러주세요. 상담원이 통화에 응답했을 때, 필요한 언어를 말씀하시면 통역사와 연결됩니다.

Baa'ákonínízin (Navajo): Díí bee ił hane'í béeso nich'ą́ąh naa'nil bee nik'é'asti'í bódahólníihgo bee baa dahane'í biyi'. Dayoołkáłí dóó bee ida'ii'aahí háídíí shį́į́ t'áá bich'į'jį' ha'át'íishį́į́ ádadiiliiłígíí biyi'. Díí bee baa dahane'í dóó t'áá jiik'eh nizaad bee nika'e'eyeedgo bee ná'ahoot'i'. Bił hada'dít'éhí binaaltsoos nitł'izhí bee béédahóziní bąąh béésh bee hane'í námboo biká'ígíí yee dahalne' dooleeł. Nááná ła' 855-258-6518 yee dahalne' dóó yáłti'í biba' asdáago niléí ó bił adílchíid hodoo'niidjį'. Naalnishí haadzį́į'go, saad nínízinígíí bee bił hodíilnih dóó ata' yáłti'í bich'į' ni'doolnih.

ध्यान दिनुहोस् (Nepali): यस सूचनामा तपाईंको बीमा कभरेजका बारेमा जानकारी समावेश छ। यसमा प्रमुख मितिहरू हुन सक्छन् र तपाईंले निश्चित समयसीमा भित्र कारबाही गर्नुपर्ने हुन सक्छ। तपाईंलाई यो जानकारी र सहयोग तपाईंको भाषामा निःशुल्क प्राप्त गर्ने अधिकार छ। सदस्यहरूले आफ्नो सदस्य परिचयपत्रको पछाडि रहेको फोन नम्बरमा कल गर्नुपर्छ। अरू सबैले 855-258-6518 मा कल गर्न सक्छन् र ० पुश गर्न प्रेरित नभएसम्म संवादको प्रतीक्षा गर्न सक्छन्। एजेन्टले जवाफ दिँदा, तपाईंलाई चाहिने भाषा बताउनुहोस् र तपाईंलाई दोभाषेसँग जोडिने छ।

Atenção (Portuguese): Este aviso contém informações sobre a cobertura do seu seguro. Ele pode conter datas importantes e você pode precisar tomar medidas dentro de determinados prazos. Você tem o direito de obter essas informações e assistência em seu idioma, sem nenhum custo. Os associados deverão ligar para o número de telefone indicado no verso do seu cartão de identificação de associado. Todos os outros podem ligar para 855-258-6518 e aguardar a mensagem até que seja solicitado a pressionar 0. Quando um agente atender, indique o idioma que você precisa e você será conectado a um intérprete.

Внимание (Russian): В настоящем уведомлении содержится информация о вашем страховом покрытии. Оно может содержать ключевые даты, и вам может потребоваться предпринять действия к определенным срокам. Вы имеете право получить эту информацию и помощь на своем языке бесплатно. Членам профсоюза следует звонить по номеру телефону, указанному на обратной стороне их удостоверения личности. Все остальные могут звонить по номеру 855-258-6518 и дождаться диалога, пока не появится предложение нажать 0. Когда агент ответит, назовите нужный вам язык, и вас соединят с переводчиком.

Fa'alogo (Samoan): O lenei fa'aaliga o lo'o iai fa'amatalaga i vaega e kava e lau inisiua. E ono aofia ai aso taua ma atonu e te manaʻomia ai le faia o se gaioiga i nisi taimi faʻagata. E iai lau aia tatau e maua ai nei fa'amatalaga ma fesoasoani i lau gagana e aunoa ma se totogi. E tatau i sui auai ona vili le numera o le telefoni i tua o le latou pepa faamaonia. O isi uma e mafai ona vala'au i le 855-258-6518 ma fa'atali i le talanoaga se'ia fa'atonuina e oomi le 0. A tali mai se so'o upu, fa'ailoa atu le gagana e te mana'omia ona fa'afeso'ota'i lea o oe i se tagata fa'aliliu.

Pažnja (Serbian): Ovo obaveštenje sadrži informacije o vašem osiguranju. Može sadržati ključne datume i možda ćete morati da preduzmete akciju do određenih rokova. Imate prava da dobijete ove informacije i pomoć na vašem jeziku besplatno. Trebalo bi da članovi nazovu telefonski broj na poleđini svoje članske legitimacije. Svi ostali mogu pozvati 855-258-6518 i sačekati automat dok ne dobiju obaveštenje da pritisnu taster "0". Kada se agent javi, navedite jezik koji vam je potreban i bićete povezani s prevodiocem

Atención (Spanish): Este aviso contiene información sobre su cobertura de seguro. Puede contener fechas clave y es posible que deba tomar medidas antes de determinadas fechas límite. Usted tiene derecho a obtener esta información y asistencia en su idioma sin coste alguno. Los afiliados deben llamar al número de teléfono que figura en el reverso de su tarjeta de identificación del afiliado. Todos los demás pueden llamar al 855-258-6518 y esperar el diálogo hasta que se les solicite presionar 0. Cuando un agente responda, indique el idioma que necesita y se conectará con un intérprete.

Atensyon (Tagalog): Ang abisong ito ay naglalaman ng impormasyon tungkol sa saklaw ng iyong insurance. Maaaring naglalaman ito ng mga mahahalagang petsa at maaaring kailanganin mong kumilos ayon sa ilang partikular na mga deadline. May karapatan kang makuha ang impormasyong ito at tulong sa iyong wika nang walang bayad. Ang mga miyembro ay dapat tumawag sa numero ng telepono sa likod ng kanilang member identification card. Ang lahat ng iba ay maaaring tumawag sa 855-258-6518 at maghintay hanggang sa masabihan na pindutin ang 0. Kapag sumagot ang isang ahente, sabihin ang wikang kailangan mo at ikaw ay ikokonek sa isang tagapagsalin.

توجہ (Urdu): اس نوٹس میں آپ کی انشورنس کوریج کے بارے میں معلومات شامل ہیں۔ اس میں کلیدی تاریخیں شامل ہو سکتی ہیں اور آپ کو کچھ آخری تاریخوں تک کارروائی کرنے کی ضرورت پڑ سکتی ہے۔ آپ کو یہ معلومات اور مدد اپنی زبان میں، بغیر کسی قیمت کے حاصل کرنے کا حق ہے۔ ممبران کو اپنے رکنیتی کارڈ کی پشت پر دئے گئے فون نمبر پر کال کرنی چاہیے۔ باقی تمام لوگ *855-258-6518* پر کال کر سکتے ہیں اور 0 دبانے کا اشارہ ملنے تک ڈائیلاگ پر انتظار کرنا چاہئیے۔ جب کوئی ایجنٹ جواب دیتا ہے تو اپنی مطلوبہ زبان بتائیں اور آپ کا رابطہ ایک مترجم سے کر دیا جائے گا۔

Lưu ý (Vietnamese): Thông báo này có chứa thông tin về phạm vi bảo hiểm của bạn. Nó có thể chứa các ngày quan trọng và bạn có thể cần phải hành động theo thời hạn nhất định. Bạn có quyền nhận thông tin và hỗ trợ này bằng ngôn ngữ của mình mà không mất phí. Các thành viên nên gọi đến số điện thoại ở mặt sau thẻ thành viên của mình. Những người khác có thể gọi đến số 855-258-6518 và chờ qua hội thoại cho đến khi được nhắc nhấn số 0. Khi có nhân viên trả lời, hãy nêu ngôn ngữ bạn cần và bạn sẽ được kết nối với phiên dịch viên.