Piedmont Community Health Plan

2020 List of Covered Drugs

PLEASE READ: THIS DOCUMENT CONTAINS INFORMATION ABOUT THE DRUGS WE COVER IN THIS PLAN

Members should use network pharmacies to fill their prescription drugs to maximize your benefits. Please note that benefits, the drug list, the pharmacy network, and premium and/or copayments/coinsurance may change.

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What is the Piedmont Drug List?

A drug list is a list of covered drugs. Piedmont works with a team of healthcare providers to choose drugs that provide quality treatment. Piedmont covers drugs on our drug list when:

- the drug is medically necessary
- the prescription is filled at a Piedmont network pharmacy
- all other plan rules have been followed

For more information on how to fill your prescriptions, please review your plan document or other plan materials.

Can the Drug List change?

The drug list may change occasionally as described in your plan document or other plan materials. The following drug list is the most current drug list covered by Piedmont. To get updated information about the drugs covered by Piedmont, please visit www.PCHP.net, or call Member Services at 1-800-400-7247, from 8:30 a.m. to 5:00 p.m.

How do I use the Formulary?

There are two ways to find your drug within the formulary:

1. **Alphabetical Listing**

   If you are not sure what category to look under, you should look for your drug in the Index at the end of the list. The Index provides an alphabetical list of all drugs included in this document. Both brand-name drugs and generic drugs are listed in the Index.

   - Look in the Index and find your drug.
   - Next to your drug, you will see the page number where you can find coverage information.
   - Turn to the page listed in the Index and find the name of your drug in the first column of the list.

2. **Medical Condition**

   The drugs in this formulary are grouped into categories by the type of medical conditions they are used to treat. For example, drugs used to treat a heart condition are listed under the category "Cardiovascular." If you know what condition your drug is used for, look for the condition in the list, then look within that category for your drug.

For more information about your Piedmont prescription drug coverage, see your plan document and other plan materials.

Piedmont's Drug List

The drug list that follows this introduction gives information about the drugs covered by Piedmont. A generic drug is approved by the FDA as having the same active ingredient as the brand-name drug. Generic drugs usually cost less than brand-name drugs but provide the same quality of treatment. Upon release of a generic drug to the market, the generic drug will **generally** be added to the formulary ad the associated brand -name drug will be removed. However, some generic drugs do not cost less than brand-name drugs and may not be added to the formulary.

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The first column of the chart lists the drug name. Brand-name drugs are capitalized (e.g., LIPITOR). Generic drugs are listed in lower-case italics (e.g., *atorvastatin*).

The information in the Requirements/Limits column tells you if Piedmont has any special requirements for coverage of your drug. These requirements and limits may include:

- **Prior Authorization:** You or your physician must get prior approval or authorization for certain drugs. This means that you will need to get approval from Piedmont before you fill your prescriptions. If you don't get approval, Piedmont may not cover the drug.

- **Quantity Limits:** For certain drugs, Piedmont limits the amount of the drug that it will cover. For example, Piedmont provides 30 per prescription for LETARIS. Piedmont also limits the amounts of drugs you may receive within a class of drugs. These classes have an "§" next to them on the drug list. For these classes, only one drug should be taken at a time for safety reasons. This may be in addition to a standard one-month or three-month supply.

- **Step Therapy:** In some cases, Piedmont requires you to first try certain drugs to treat your medical condition before we will cover another drug for that condition. For example, if Drug A and Drug B both treat your medical condition, Piedmont may not cover Drug B unless you try Drug A first. If Drug A does not work for you, Piedmont will then cover Drug B. Additional step therapy content and criteria can be found throughout this document.

What if my drug is not on the Drug List?

If your drug is not on this drug list, call Member Services and ask if your drug is covered. If you learn that Piedmont does not cover your drug, you have two choices:

- You can ask Member Services for a list of similar drugs that are covered by our plans. When you get the list, show it to your doctor and ask him or her to prescribe a similar drug that is covered by Piedmont. Similar drugs that are preferred and covered by your plan's formulary may be easier to get and cost less than non-preferred drugs.

- You can ask Piedmont to make an exception and cover your drug. See below for information about how to request an exception.

How do I request an exception to the Piedmont Medicare Advantage's Formulary?

- Send us a statement from your prescriber stating your request. We will make our decision within 72 hours of receipt of the necessary information.
- You can ask for an expedited (fast) exception if you or your prescriber believe that your health could be seriously harmed by waiting up to three (3) business days for a decision.
- If your expedited (fast) request is granted, we will give you a decision no later than 24 hours after we get your prescriber's supporting statement.

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How likely is it that I will get an exception?

Generally, Piedmont will only approve your request for an exception if the preferred drugs included on the plan's drug list, would:

- not be as effective in treating your condition
- cause you to have adverse medical effects

How do I find out if my exception is granted?

When you ask for a drug list Formulary Exception Request, please send a statement from your prescriber that supports your request. Then:

- We will make our decision within 72 hours of receipt of the necessary information.
- You can ask for an expedited (fast) exception if you or your prescriber believe that your health could be seriously harmed by waiting up to three (3) business days for a decision.
- If your expedited (fast) request is granted, we will give you a decision no later than 24 hours after we get your prescriber's supporting statement.

Piedmont's formulary includes the following tiering of medications:

0: Zero Cost Share Preventive Drugs

1: Generics

2: Preferred Brand

3: Non-Preferred Brand

4: Preferred Specialty Drugs

5: Non-Preferred Specialty Drugs

Please refer to your Policy Book and/or Schedule of Benefits for additional information on Prior Authorizations, Quantity Limits, Step Therapy, Exceptions Requests, and Drug Tier Cost Share associated with your plan.

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Commercial Piedmont eff 03/01/2020

Drug Name	Drug Tier	Requirements/Limits
ADHD/ANTI-NARCOLEPSY/ANTI-OBESITY/ANOREXIANTS		
AMPHETAMINES		
ADDERALL	3	QL (30 tabs / 25 days), PA; AGE
ADDERALL	3	QL (60 tabs / 25 days), PA; AGE
ADDERALL	3	QL (90 tabs / 25 days), PA; AGE
ADDERALL XR	1	QL (30 caps / 25 days), PA; AGE
ADDERALL XR	1	QL (90 caps / 25 days), PA; AGE
ADZENYS ER	3	QL (450 mL / 25 days); AGE
ADZENYS XR-ODT 3.1mg, 6.3mg, 9.4mg	3	QL (60 ea / 25 days); AGE
ADZENYS XR-ODT 12.5mg, 15.7mg, 18.8mg	3	QL (30 ea / 25 days); AGE
amphetamine	1	QL (450 mL / 25 days); AGE
amphetamine sulfate	1	QL (120 tabs / 25 days), PA; AGE
amphetamine-dextroamphetamine	1	QL (60 tabs / 25 days), PA; AGE
amphetamine-dextroamphetamine	1	QL (90 tabs / 25 days), PA; AGE
DESOXYN	3	QL (150 tabs / 25 days), PA; AGE
DEXEDRINE 5mg, 10mg	3	QL (120 caps / 25 days), PA; AGE
DEXEDRINE 15mg	3	QL (60 caps / 25 days), PA; AGE
dextroamphetamine sulfate CP24 5mg, 10mg	1	QL (120 caps / 25 days), PA; AGE
dextroamphetamine sulfate CP24 15mg	1	QL (60 caps / 25 days), PA; AGE
dextroamphetamine sulfate SOLN	1	QL (1200 mL / 25 days), PA; AGE
dextroamphetamine sulfate TABS	1	QL (120 tabs / 25 days), PA; AGE
DYANAVEL XR	3	QL (240 mL / 25 days); AGE
methamphetamine hcl	1	QL (150 tabs / 25 days), PA; AGE

Drug Name	Drug Tier	Requirements/Limits
MYDAYIS	2	QL (30 caps / 25 days), PA; AGE
MYDAYIS	2	QL (60 caps / 25 days), PA; AGE
PROCENTRA	1	QL (1200 mL / 25 days), PA; AGE
VYVANSE CAPS 10mg, 20mg, 30mg	2	QL (60 caps / 25 days), PA; AGE
VYVANSE CAPS 40mg, 50mg, 60mg, 70mg	2	QL (30 caps / 25 days), PA; AGE
VYVANSE CHEW 10mg, 20mg, 30mg	2	QL (60 tabs / 25 days), PA; AGE
VYVANSE CHEW 40mg, 50mg, 60mg	2	QL (30 tabs / 25 days), PA; AGE
zenzedi 2.5mg, 5mg, 7.5mg, 10mg	1	QL (120 tabs / 25 days), PA; AGE
zenzedi 15mg, 20mg	1	QL (60 tabs / 25 days), PA; AGE
zenzedi 30mg	1	QL (30 tabs / 25 days), PA; AGE
ANALEPTICS		
caffeine citrate	1	
ANOREXIANTS NON-AMPHETAMINE		
ADIPEX-P	3	PA
benzphetamine hcl	1	PA
diethylpropion hcl	1	PA
phendimetrazine tartrate	1	PA
phentermine hcl	1	PA
REGIMEX	3	PA
ANTI-OBESITY AGENTS		
BELVIQ	2	PA
BELVIQ XR	2	PA
SAXENDA	2	PA
XENICAL	3	PA
ATTENTION-DEFICIT/HYPERACTIVITY DISORDER (ADHD) AGENTS		
atomoxetine hcl 10mg, 18mg, 25mg	1	QL (120 caps / 25 days), PA; AGE
atomoxetine hcl 40mg	1	QL (60 caps / 25 days), PA; AGE
atomoxetine hcl 60mg, 80mg, 100mg	1	QL (30 caps / 25 days), PA; AGE
clonidine hcl (adhd)	1	
guanfacine hcl (adhd)	1	
KAPVAY	3	
STRATTERA 10mg, 18mg, 25mg	3	QL (120 caps / 25 days), PA; AGE

Drug Name	Drug Tier	Requirements/Limits
STRATTERA 40mg	3	QL (60 caps / 25 days), PA; AGE
STRATTERA 60mg, 80mg, 100mg	3	QL (30 caps / 25 days), PA; AGE
DOPAMINE AND NOREPINEPHRINE REUPTAKE INHIBITORS (DNRIS)		
SUNOSI	2	
STIMULANTS - MISC.		
APTENSIO XR 10mg, 15mg, 20mg, 30mg	3	QL (60 caps / 25 days); AGE
APTENSIO XR 40mg, 50mg, 60mg	3	QL (30 caps / 25 days); AGE
armodafinil	1	PA
CONCERTA 18mg, 27mg, 36mg	1	QL (60 tabs / 25 days), PA; AGE
CONCERTA 54mg	1	QL (30 tabs / 25 days), PA; AGE
DAYTRANA	3	QL (30 patches / 25 days); AGE
dexmethylphenidate hcl CP24 5mg, 10mg, 15mg, 20mg	1	QL (60 caps / 25 days), PA; AGE
dexmethylphenidate hcl CP24 25mg, 30mg, 35mg, 40mg	1	QL (30 caps / 25 days), PA; AGE
dexmethylphenidate hcl TABS 2.5mg, 5mg	1	QL (120 tabs / 25 days), PA; AGE
dexmethylphenidate hcl TABS 10mg	1	QL (60 tabs / 25 days), PA; AGE
FOCALIN 2.5mg, 5mg	3	QL (120 tabs / 25 days), PA; AGE
FOCALIN 10mg	3	QL (60 tabs / 25 days), PA; AGE
FOCALIN XR 5mg, 10mg, 15mg, 20mg	3	QL (60 caps / 25 days), PA; AGE
FOCALIN XR 25mg, 30mg, 35mg, 40mg	3	QL (30 caps / 25 days), PA; AGE
metadate er	1	QL (90 tabs / 25 days), PA; AGE
METHYLIN 5mg/5ml	3	QL (1800 mL / 25 days), PA; AGE
METHYLIN 10mg/5ml	3	QL (900 mL / 25 days), PA; AGE
methylphenidate hcl CHEW	1	QL (180 tabs / 25 days), PA; AGE
methylphenidate hcl CP24 10mg, 20mg, 30mg	1	QL (60 caps / 25 days), PA; AGE
methylphenidate hcl CP24 40mg, 60mg	1	QL (30 caps / 25 days), PA; AGE

Drug Name	Drug Tier	Requirements/Limits
methylphenidate hcl CPCR 10mg, 20mg, 30mg	1	QL (60 caps / 25 days), PA; AGE
methylphenidate hcl CPCR 40mg, 50mg, 60mg	1	QL (30 caps / 25 days), PA; AGE
methylphenidate hcl SOLN 5mg/5ml	1	QL (1800 mL / 25 days), PA; AGE
methylphenidate hcl SOLN 10mg/5ml	1	QL (900 mL / 25 days), PA; AGE
methylphenidate hcl TABS 5mg, 10mg	1	QL (180 tabs / 25 days), PA; AGE
methylphenidate hcl TABS 20mg	1	QL (90 tabs / 25 days), PA; AGE
methylphenidate hcl TB24 18mg, 27mg, 36mg	1	QL (60 tabs / 25 days), PA; AGE
methylphenidate hcl TB24 54mg	1	QL (30 tabs / 25 days), PA; AGE
methylphenidate hcl TBCR	1	QL (90 tabs / 25 days), PA; AGE
METHYLPHENIDATE HYDROCHLO	3	QL (30 tabs / 25 days), PA; AGE
modafinil	1	PA
PROVIGIL	3	PA
QUILLICHEW ER 20mg, 30mg	3	QL (60 tabs / 25 days); AGE
QUILLICHEW ER 40mg	3	QL (30 tabs / 25 days); AGE
QUILLIVANT XR	3	QL (360 mL / 25 days); AGE
RITALIN 5mg, 10mg	3	QL (180 tabs / 25 days), PA; AGE
RITALIN 20mg	3	QL (90 tabs / 25 days), PA; AGE
RITALIN LA 10mg, 20mg, 30mg	3	QL (60 caps / 25 days), PA; AGE
RITALIN LA 40mg	3	QL (30 caps / 25 days), PA; AGE

ALLERGENIC EXTRACTS/BIOLOGICALS MISC

ALLERGENIC EXTRACTS

GRASTEK	2	PA
ODACTRA	3	PA
ORALAIR	2	PA
RAGWITEK	2	PA

BIOLOGICALS MISC

ADAGEN	3	PA

AMINOGLYCOSIDES

AMINOGLYCOSIDES

ARIKAYCE	3	

Drug Name	Drug Tier	Requirements/Limits
BETHKIS	4	QL (224 per 28 days), PA
KITABIS PAK	4	QL (280 per 28 days), PA
neomycin sulfate	1	
paromomycin sulfate	1	
streptomycin sulfate	1	
tobramycin	4	QL (280 per 28 days), PA
ANALGESICS - ANTI-INFLAMMATORY		
ANTI-TNF-ALPHA - MONOCLONAL ANTIBODIES		
HUMIRA 10mg/0.1ml, 10mg/0.2ml, 20mg/0.2ml, 20mg/0.4ml	4	QL (2 per 28 days), PA
HUMIRA 40mg/0.4ml, 40mg/0.8ml	4	QL (4 per 28 days), PA
HUMIRA PEDIATRIC CROHNS D	4	QL (2 per 28 days), PA
HUMIRA PEDIATRIC CROHNS D 40mg/0.8ml	4	QL (6 syringes per 28 days), PA
HUMIRA PEDIATRIC CROHNS D 80mg/0.8ml	4	QL (3 per 28 days), PA
HUMIRA PEN 40mg/0.4ml	4	QL (4 per 28 days), PA
HUMIRA PEN 40mg/0.8ml	4	QL (6 syringes per 28 days), PA
HUMIRA PEN-CD/UC/HS START 40mg/0.8ml	4	QL (6 syringes per 28 days), PA
HUMIRA PEN-CD/UC/HS START 80mg/0.8ml	4	QL (3 per 28 days), PA
HUMIRA PEN-PS/UV STARTER	4	QL (3 per 28 days), PA
HUMIRA PEN-PS/UV STARTER 40mg/0.8ml	4	QL (4 syringes per 28 days), PA
SIMPONI ARIA	4	QL (200 mg / 8 weeks), PA
ANTIRHEUMATIC - ENZYME INHIBITORS		
RINVOQ	4	QL (30 for 30 days), PA
XELJANZ	4	QL (60 tabs / 30 days), PA; Preferred for Rheumatoid Arthritis)
XELJANZ XR 11mg	4	QL (30 tabs / 30 days), PA; Preferred for Rheumatoid Arthritis)
XELJANZ XR 22mg	4	PA
ANTIRHEUMATIC ANTIMETABOLITES		
RASUVO	4	QL (4 inj per 28 days), PA
GOLD COMPOUNDS		
RIDAURA	3	

Drug Name		Drug Tier	Requirements/Limits
INTERLEUKIN-1 BLOCKERS			
ARCALYST		4	QL (4 per 28 days), PA
INTERLEUKIN-1BETA BLOCKERS			
ILARIS		4	PA
INTERLEUKIN-6 RECEPTOR INHIBITORS			
KEVZARA	SOAJ 150mg/1.14ml	4	QL (1 pack per 4 weeks), PA
KEVZARA	SOAJ 200mg/1.14ml	4	QL (2 pack per 4 weeks), PA
KEVZARA	SOSY	4	QL (1 pack per 28 days), PA
NONSTEROIDAL ANTI-INFLAMMATORY AGENTS (NSAIDS)			
ACTIVE INJECTION KIT KET-		3	PA
ACTIVE INJECTION KIT KETM		3	PA
ANAPROX DS		3	
CELEBREX		3	
celecoxib		1	
DAYPRO		3	
diclofenac potassium		1	
diclofenac sodium		1	
diclofenac w/ misoprostol		1	
DUEXIS		3	
EC-NAPROSYN		3	
EC-NAPROXEN		3	
etodolac		1	
FELDENE		3	
fenoprofen calcium		1	
flexipak		1	PA
flurbiprofen		1	
ibu		1	
ibuprofen		1	
IBUPROFEN COMFORT PAC		3	PA
IC 400		3	PA
IC 800		3	PA
indomethacin		1	
ketoprofen		1	
ketorolac tromethamine		1	
meclofenamate sodium		1	
mefenamic acid		1	
meloxicam		1	
MELOXICAM COMFORT PAC		3	PA
MOBIC		3	
nabumetone		1	
NALFON		3	
NAPROSYN		3	

Drug Name	Drug Tier	Requirements/Limits
naproxen	1	
NAPROXEN COMFORT PAC	3	PA
naproxen dr	1	
naproxen sodium	1	
oxaprozin	1	
piroxicam	1	
previdolrx plus analgesic	1	PA
profeno	1	
sulindac	1	
tolmetin sodium	1	
VIMOVO	3	
xenaflamm	1	PA
ZIPSOR	3	
PHOSPHODIESTERASE 4 (PDE4) INHIBITORS		
OTEZLA TABS	4	QL (60 per 30 days), PA
OTEZLA TBPK	4	QL (55 tabs per 28 days), PA
PYRIMIDINE SYNTHESIS INHIBITORS		
ARAVA	3	
leflunomide	1	
SELECTIVE COSTIMULATION MODULATORS		
ORENCIA	4	QL (4 per 28 days), PA
ORENCIA CLICKJECT	4	QL (4 per 28 days), PA
SOLUBLE TUMOR NECROSIS FACTOR RECEPTOR AGENTS		
ENBREL	4	PA; Preferred agent for Ankylosing Spondylitis, Psoriatic Arthritis, and Rheumatoid Arthritis
ENBREL MINI	4	PA; Preferred agent for Ankylosing Spondylitis, Psoriatic Arthritis, and Rheumatoid Arthritis
ENBREL SURECLICK	4	PA; Preferred agent for Ankylosing Spondylitis, Psoriatic Arthritis, and Rheumatoid Arthritis
ANALGESICS - NONNARCOTIC		
ANALGESIC COMBINATIONS		
bupap	1	
butalbital-acetaminophen	1	
butalbital-acetaminophen-caffeine	1	
butalbital-aspirin-caffeine	1	
duraxin	1	
ESGIC	3	
FIORINAL	3	
tencon	1	

Drug Name	Drug Tier	Requirements/Limits
vtol lq	1	
SALICYLATES		
aspir-low	0	$0 copay for members age 50-59 or members at risk for preeclampsia, otherwise not covered
aspirin 81mg	0	$0 copay for members age 50-59 or members at risk for preeclampsia, otherwise not covered
aspirin 325mg	3	QL (100 tabs / 1 day); AGE
aspirin 81 low dose	0	$0 copay for members age 50-59 or members at risk for preeclampsia, otherwise not covered
aspirin adult low dose	0	$0 copay for members age 50-59 or members at risk for preeclampsia, otherwise not covered
aspirin childrens	0	$0 copay for members age 50-59 or members at risk for preeclampsia, otherwise not covered
aspirtab	3	QL (100 tabs / 1 day); AGE
bayer advanced aspirin re	3	QL (100 tabs / 1 day); AGE
bayer aspirin	3	QL (100 tabs / 1 day); AGE
bayer aspirin ec low dose	0	$0 copay for members age 50-59 or members at risk for preeclampsia, otherwise not covered
bayer aspirin regimen	3	QL (100 tabs / 1 day); AGE
BAYER CHEWABLE LOW DOSE	0	$0 copay for members age 50-59 or members at risk for preeclampsia, otherwise not covered
bayer low dose	0	$0 copay for members age 50-59 or members at risk for preeclampsia, otherwise not covered
childrens aspirin	0	$0 copay for members age 50-59 or members at risk for preeclampsia, otherwise not covered

Drug Name	Drug Tier	Requirements/Limits
childrens aspirin low str	0	$0 copay for members age 50-59 or members at risk for preeclampsia, otherwise not covered
choline & mag salicylate	1	
cvs aspirin	3	QL (100 tabs / 1 day); AGE
cvs aspirin adult low str	0	$0 copay for members age 50-59 or members at risk for preeclampsia, otherwise not covered
cvs aspirin low dose	0	$0 copay for members age 50-59 or members at risk for preeclampsia, otherwise not covered
diflunisal	1	
ecotrin	3	QL (100 tabs / 1 day); AGE
ecotrin low strength	0	$0 copay for members age 50-59 or members at risk for preeclampsia, otherwise not covered
ecpirin	3	QL (100 tabs / 1 day); AGE
eq aspirin	3	QL (100 tabs / 1 day); AGE
eq childrens aspirin	0	$0 copay for members age 50-59 or members at risk for preeclampsia, otherwise not covered
eql aspirin	3	QL (100 tabs / 1 day); AGE
eql aspirin ec	3	QL (100 tabs / 1 day); AGE
eql aspirin low dose	0	$0 copay for members age 50-59 or members at risk for preeclampsia, otherwise not covered
gnp adult aspirin low str	0	$0 copay for members age 50-59 or members at risk for preeclampsia, otherwise not covered
gnp aspirin TABS	3	QL (100 tabs / 1 day); AGE
gnp aspirin TBEC 81mg	0	$0 copay for members age 50-59 or members at risk for preeclampsia, otherwise not covered

Drug Name	Drug Tier	Requirements/Limits
gnp aspirin TBEC 325mg	3	QL (100 tabs / 1 day); AGE
goodsense aspirin	3	QL (100 tabs / 1 day); AGE
goodsense aspirin adult l	0	$0 copay for members age 50-59 or members at risk for preeclampsia, otherwise not covered
hm aspirin CHEW	0	$0 copay for members age 50-59 or members at risk for preeclampsia, otherwise not covered
hm aspirin TABS; TBEC	3	QL (100 tabs / 1 day); AGE
kls aspirin ec	3	QL (100 tabs / 1 day); AGE
kls aspirin low dose	0	$0 copay for members age 50-59 or members at risk for preeclampsia, otherwise not covered
kp aspirin	0	$0 copay for members age 50-59 or members at risk for preeclampsia, otherwise not covered
medique aspirin	3	QL (100 ea / 1 day); AGE
miniprin low dose	0	$0 copay for members age 50-59 or members at risk for preeclampsia, otherwise not covered
mm aspirin	3	QL (100 tabs / 1 day); AGE
norwich aspirin	3	QL (100 tabs / 1 day); AGE
px aspirin CHEW	0	$0 copay for members age 50-59 or members at risk for preeclampsia, otherwise not covered
px aspirin TABS	3	QL (100 tabs / 1 day); AGE
px enteric aspirin 81mg	0	$0 copay for members age 50-59 or members at risk for preeclampsia, otherwise not covered
px enteric aspirin 325mg	3	QL (100 tabs / 1 day); AGE
qc aspirin	3	QL (100 tabs / 1 day); AGE

Drug Name	Drug Tier	Requirements/Limits
qc childrens aspirin	0	$0 copay for members age 50-59 or members at risk for preeclampsia, otherwise not covered
qc enteric aspirin	3	QL (100 tabs / 1 day); AGE
ra aspirin adult low stre	0	$0 copay for members age 50-59 or members at risk for preeclampsia, otherwise not covered
ra aspirin ec 81mg	0	$0 copay for members age 50-59 or members at risk for preeclampsia, otherwise not covered
ra aspirin ec 325mg	3	QL (100 tabs / 1 day); AGE
ra childrens aspirin	0	$0 copay for members age 50-59 or members at risk for preeclampsia, otherwise not covered
ra pain relief aspirin	3	QL (100 tabs / 1 day); AGE
salsalate	1	
sb aspirin	3	QL (100 tabs / 1 day); AGE
sb aspirin ec	3	QL (100 tabs / 1 day); AGE
sb childrens aspirin	0	$0 copay for members age 50-59 or members at risk for preeclampsia, otherwise not covered
sm aspirin	3	QL (100 tabs / 1 day); AGE
sm aspirin adult low stre	0	$0 copay for members age 50-59 or members at risk for preeclampsia, otherwise not covered
sm aspirin ec low strengt	0	$0 copay for members age 50-59 or members at risk for preeclampsia, otherwise not covered
sm aspirin enteric coated	3	QL (100 tabs / 1 day); AGE
sm childrens aspirin	0	$0 copay for members age 50-59 or members at risk for preeclampsia, otherwise not covered

Drug Name	Drug Tier	Requirements/Limits
st joseph low dose aspiri	0	$0 copay for members age 50-59 or members at risk for preeclampsia, otherwise not covered
tgt aspirin CHEW; TBEC	0	$0 copay for members age 50-59 or members at risk for preeclampsia, otherwise not covered
tgt aspirin TABS	3	QL (100 tabs / 1 day); AGE
tgt aspirin low dose	0	$0 copay for members age 50-59 or members at risk for preeclampsia, otherwise not covered
tgt childrens aspirin	0	$0 copay for members age 50-59 or members at risk for preeclampsia, otherwise not covered

ANALGESICS - OPIOID

OPIOID AGONISTS

ABSTRAL	3	PA
ACTIQ	3	PA
CODEINE SULFATE 15mg	3	QL (42 tabs / 25 days), PA
codeine sulfate 30mg, 60mg	1	QL (42 tabs / 25 days); Subject to initial 7-day limit
CODEINE SULFATE 30mg, 60mg	3	QL (42 tabs / 25 days); Subject to initial 7-day limit
CONZIP 100mg	3	QL (30 caps / 25 days), ST; PA**
CONZIP 200mg, 300mg	3	PA, ST; High Strength Requires PA
DEMEROL	3	QL (18 tabs / 25 days); Subject to initial 7-day limit
DILAUDID LIQD	3	QL (600 mL / 25 days); Subject to initial 7-day limit
DILAUDID TABS 2mg	3	QL (180 tabs / 25 days); Subject to initial 7-day limit
DILAUDID TABS 4mg	3	QL (150 tabs / 25 days); Subject to initial 7-day limit

Drug Name	Drug Tier	Requirements/Limits
DILAUDID TABS 8mg	3	QL (60 tabs / 25 days); Subject to initial 7-day limit
DOLOPHINE 5mg	3	QL (90 tabs / 25 days), ST; PA**
DOLOPHINE 10mg	3	QL (60 tabs / 25 days), ST; PA**
DSUVIA	3	PA
DURAGESIC 12mcg/hr, 25mcg/hr	3	QL (10 patches / 25 days), ST; PA**
DURAGESIC 50mcg/hr, 75mcg/hr, 100mcg/hr	3	PA, ST; High Strength Requires PA
EMBEDA	2	PA, ST; High Strength Requires PA
EMBEDA	2	QL (30 caps / 25 days), ST; PA**
EMBEDA	2	QL (60 caps / 25 days), ST; PA**
EXALGO 8mg, 12mg, 16mg	3	QL (30 tabs / 25 days), ST; PA**
EXALGO 32mg	3	PA, ST; High Strength Requires PA
fentanyl 12mcg/hr, 25mcg/hr, 37.5mcg/hr	1	QL (10 patches / 25 days), ST; PA**
fentanyl 50mcg/hr, 62.5mcg/hr, 75mcg/hr, 87.5mcg/hr, 100mcg/hr	1	PA, ST; High Strength Requires PA
fentanyl citrate	1	PA
FENTORA	3	PA
hydrocodone bitartrate 10mg, 15mg, 20mg, 30mg	1	QL (60 caps / 25 days), PA
hydrocodone bitartrate 50mg	1	PA
hydromorphone hcl LIQD	1	QL (600 mL / 25 days); Subject to initial 7-day limit
HYDROMORPHONE HCL SUPP	3	QL (120 supp / 25 days); Subject to initial 7-day limit
hydromorphone hcl T24A 8mg, 12mg, 16mg	1	QL (30 tabs / 25 days), ST; PA**
hydromorphone hcl T24A 32mg	1	PA, ST; High Strength Requires PA
hydromorphone hcl TABS 2mg	1	QL (180 tabs / 25 days); Subject to initial 7-day limit
hydromorphone hcl TABS 4mg	1	QL (150 tabs / 25 days); Subject to initial 7-day limit

Drug Name	Drug Tier	Requirements/Limits
hydromorphone hcl TABS 8mg	1	QL (60 tabs / 25 days); Subject to initial 7-day limit
KADIAN 10mg, 20mg, 30mg, 40mg	3	QL (60 caps / 25 days), ST; PA**
KADIAN 50mg, 60mg, 80mg	3	QL (30 caps / 25 days), ST; PA**
KADIAN 100mg, 200mg	3	PA, ST; High Strength Requires PA
meperidine hcl SOLN	1	QL (90 mL / 25 days); Subject to initial 7-day limit
meperidine hcl TABS	1	QL (18 tabs / 25 days); Subject to initial 7-day limit
methadone hcl SOLN 5mg/5ml	1	QL (450 mL / 25 days), ST; PA**
methadone hcl SOLN 10mg/5ml	1	QL (300 mL / 25 days), ST; PA**
methadone hcl SOLN 10mg/ml	1	QL (20 ml / 25 days), ST; PA**
METHADONE HCL SOLN 10mg/ml	3	QL (1 vial / 25 days), ST; PA**
methadone hcl TABS 5mg	1	QL (90 tabs / 25 days), ST; PA**
methadone hcl TABS 10mg	1	QL (60 tabs / 25 days), ST; PA**
methadone hcl TBSO	1	
methadone hcl intensol	1	QL (60 mL / 25 days), ST; PA**
METHADOSE CONC	3	QL (60 mL / 25 days), ST; PA**
methadose TBSO	1	
METHADOSE SUGAR-FREE	3	QL (60 mL / 25 days), ST; PA**
morphine sulfate CP24 10mg, 20mg, 30mg, 40mg	1	QL (60 caps / 25 days), ST; PA**
morphine sulfate CP24 50mg, 60mg, 80mg	1	QL (30 caps / 25 days), ST; PA**
morphine sulfate CP24 100mg	1	PA, ST; High Strength Requires PA
MORPHINE SULFATE DEVI	3	
morphine sulfate SOLN 10mg/5ml	1	QL (900 mL / 25 days); Subject to initial 7-day limit
morphine sulfate SOLN 20mg/5ml	1	QL (675 mL / 25 days); Subject to initial 7-day limit

Drug Name	Drug Tier	Requirements/Limits
morphine sulfate SOLN 20mg/ml, 100mg/5ml	1	QL (135 mL / 25 days); Subject to initial 7-day limit
morphine sulfate SUPP 5mg, 10mg	1	QL (180 supp / 25 days); Subject to initial 7-day limit
morphine sulfate SUPP 20mg	1	QL (120 supp / 25 days); Subject to initial 7-day limit
morphine sulfate SUPP 30mg	1	QL (90 supp / 25 days); Subject to initial 7-day limit
morphine sulfate TABS 15mg	1	QL (180 tabs / 25 days); Subject to initial 7-day limit
morphine sulfate TABS 30mg	1	QL (90 tabs / 25 days); Subject to initial 7-day limit
morphine sulfate TBCR 15mg, 30mg	1	QL (90 tabs / 25 days), ST; PA**
morphine sulfate TBCR 60mg, 100mg, 200mg	1	PA, ST; High Strength Requires PA
morphine sulfate beads 30mg, 45mg, 60mg, 75mg, 90mg	1	QL (30 caps / 25 days), ST; PA**
morphine sulfate beads 120mg	1	PA, ST; High Strength Requires PA
MS CONTIN 15mg, 30mg	3	QL (90 tabs / 25 days), ST; PA**
MS CONTIN 60mg, 100mg, 200mg	3	PA, ST; High Strength Requires PA
NUCYNTA 50mg	2	QL (120 tabs / 25 days); Subject to initial 7-day limit
NUCYNTA 75mg	2	QL (90 tabs / 25 days); Subject to initial 7-day limit
NUCYNTA 100mg	2	QL (60 tabs / 25 days); Subject to initial 7-day limit
NUCYNTA ER 50mg, 100mg	2	QL (60 tabs / 25 days), ST; PA**
NUCYNTA ER 150mg, 200mg, 250mg	2	PA, ST; High Strength Requires PA
OPANA 5mg	3	QL (180 tabs / 25 days); Subject to initial 7-day limit
OPANA 10mg	3	QL (90 tabs / 25 days); Subject to initial 7-day limit

Drug Name	Drug Tier	Requirements/Limits
OPANA ER (CRUSH RESISTANT 5mg, 7.5mg, 10mg, 15mg	3	QL (60 tabs / 25 days), PA
OPANA ER (CRUSH RESISTANT 20mg, 30mg, 40mg	3	PA
oxycodone hcl CAPS	1	QL (180 caps / 25 days); Subject to initial 7-day limit
oxycodone hcl CONC	1	QL (90 mL / 25 days); Subject to initial 7-day limit
oxycodone hcl SOLN	1	QL (900 mL / 25 days); Subject to initial 7-day limit
oxycodone hcl T12A 10mg, 15mg, 20mg, 30mg	1	QL (60 tabs / 25 days), ST; PA**
oxycodone hcl T12A 40mg, 60mg, 80mg	1	PA, ST; High Strength Requires PA
oxycodone hcl TABS 5mg, 10mg	1	QL (180 tabs / 25 days); Subject to initial 7-day limit
oxycodone hcl TABS 15mg	1	QL (120 tabs / 25 days); Subject to initial 7-day limit
oxycodone hcl TABS 20mg	1	QL (90 tabs / 25 days); Subject to initial 7-day limit
oxycodone hcl TABS 30mg	1	QL (60 tabs / 25 days); Subject to initial 7-day limit
oxymorphone hcl TABS 5mg	1	QL (180 tabs / 25 days); Subject to initial 7-day limit
oxymorphone hcl TABS 10mg	1	QL (90 tabs / 25 days); Subject to initial 7-day limit
oxymorphone hcl TB12 5mg, 7.5mg, 10mg, 15mg	1	QL (60 tabs / 25 days), ST; PA**
oxymorphone hcl TB12 20mg, 30mg, 40mg	1	PA, ST; High Strength Requires PA
ROXICODONE 5mg	3	QL (180 tabs / 25 days); Subject to initial 7-day limit
ROXICODONE 15mg	3	QL (120 tabs / 25 days); Subject to initial 7-day limit
ROXICODONE 30mg	3	QL (60 tabs / 25 days); Subject to initial 7-day limit
SUBSYS	2	PA

Drug Name		Drug Tier	Requirements/Limits
tramadol hcl	CP24 100mg	1	QL (30 caps / 25 days), ST; PA**
tramadol hcl	CP24 150mg	1	QL (30 caps / 25 days), PA
tramadol hcl	CP24 200mg, 300mg	1	PA, ST; High Strength Requires PA
tramadol hcl	TABS 50mg	1	QL (180 tabs / 25 days); Subject to initial 7-day limit
tramadol hcl	TABS 100mg	1	PA
tramadol hcl	TB24 100mg	1	QL (30 tabs / 25 days), ST; PA**
tramadol hcl	TB24 200mg, 300mg	1	PA, ST; High Strength Requires PA
ULTRAM		3	QL (180 tabs / 25 days); Subject to initial 7-day limit
XTAMPZA ER	9mg, 13.5mg, 18mg, 27mg	2	QL (60 caps / 25 days), PA
XTAMPZA ER	36mg	2	PA
OPIOID COMBINATIONS			
acetaminophen w/ codeine	SOLN	1	QL (2700 mL / 25 days); Subject to initial 7-day limit
acetaminophen w/ codeine	TABS	1	QL (180 tabs / 25 days); Subject to initial 7-day limit
acetaminophen w/ codeine	TABS	1	QL (360 tabs / 25 days); Subject to initial 7-day limit
acetaminophen w/ codeine	TABS	1	QL (400 tabs / 25 days); Subject to initial 7-day limit
acetaminophen-caff-dihydrocod	CAPS	1	QL (300 caps / 25 days); Subject to initial 7-day limit
acetaminophen-caff-dihydrocod	TABS	1	QL (300 tabs / 25 days); Subject to initial 7-day limit
ascomp/codeine		1	
butalbital-acetaminophen-caffeine w/ codeine		1	
butalbital-aspirin-caffeine w/cod		1	
dvorah		1	QL (300 tabs / 25 days); Subject to initial 7-day limit

Drug Name		Drug Tier	Requirements/Limits
endocet		1	QL (180 tabs / 25 days); Subject to initial 7-day limit
endocet		1	QL (240 tabs / 25 days); Subject to initial 7-day limit
endocet		1	QL (360 tabs / 25 days); Subject to initial 7-day limit
FIORICET/CODEINE		3	
hydrocodone-acetaminophen	SOLN	1	QL (2700 mL / 25 days); Subject to initial 7-day limit
hydrocodone-acetaminophen	TABS	1	QL (180 tabs / 25 days); Subject to initial 7-day limit
hydrocodone-acetaminophen	TABS	1	QL (240 tabs / 25 days); Subject to initial 7-day limit
hydrocodone-acetaminophen	TABS	1	QL (360 tabs / 25 days); Subject to initial 7-day limit
hydrocodone-ibuprofen		1	QL (50 tabs / 25 days); Subject to initial 7-day limit
ibudone		1	QL (50 tabs / 25 days); Subject to initial 7-day limit
lorcet		1	QL (240 tabs / 25 days); Subject to initial 7-day limit
lorcet hd		1	QL (180 tabs / 25 days); Subject to initial 7-day limit
lorcet plus		1	QL (180 tabs / 25 days); Subject to initial 7-day limit
LORTAB		3	QL (2025 mL / 25 days), PA
MEPERIDINE HCL/PROMETHAZI		3	
NORCO		3	QL (180 tabs / 25 days); Subject to initial 7-day limit
NORCO		3	QL (240 tabs / 25 days); Subject to initial 7-day limit
oxycodone w/ acetaminophen	SOLN	1	QL (1800 mL / 25 days); Subject to initial 7-day limit

Drug Name	Drug Tier	Requirements/Limits
oxycodone w/ acetaminophen TABS	1	QL (180 tabs / 25 days); Subject to initial 7-day limit
oxycodone w/ acetaminophen TABS	1	QL (240 tabs / 25 days); Subject to initial 7-day limit
oxycodone w/ acetaminophen TABS	1	QL (360 tabs / 25 days); Subject to initial 7-day limit
oxycodone w/ acetaminophen TABS	1	QL (360 tabs / 25 days), PA
oxycodone-aspirin	1	QL (360 tabs / 25 days); Subject to initial 7-day limit
oxycodone-ibuprofen	1	QL (28 tabs / 25 days); Subject to initial 7-day limit
panlor	1	QL (300 tabs / 25 days); Subject to initial 7-day limit
tramadol-acetaminophen	1	QL (40 tabs / 25 days); Subject to initial 7-day limit
trezix	1	QL (300 caps / 25 days); Subject to initial 7-day limit
TYLENOL/CODEINE #3	3	QL (360 tabs / 25 days); Subject to initial 7-day limit
TYLENOL/CODEINE #4	3	QL (180 tabs / 25 days); Subject to initial 7-day limit
ULTRACET	3	QL (40 tabs / 25 days); Subject to initial 7-day limit
vicodin hp	1	QL (180 tabs / 25 days); Subject to initial 7-day limit
OPIOID PARTIAL AGONISTS		
BELBUCA 75mcg, 150mcg, 300mcg, 450mcg	2	QL (60 films / 25 days), ST; PA**
BELBUCA 600mcg, 750mcg, 900mcg	2	PA, ST; High Strength Requires PA
BUNAVAIL	3	QL (60 films / 25 days)
BUNAVAIL	3	QL (90 films / 25 days)
buprenorphine 5mcg/hr, 7.5mcg/hr, 10mcg/hr	1	QL (4 patches / 25 days), ST; PA**

Drug Name	Drug Tier	Requirements/Limits
buprenorphine 15mcg/hr, 20mcg/hr	1	PA, ST; High Strength Requires PA
buprenorphine hcl	1	
buprenorphine hcl-naloxone hcl dihydrate FILM	1	QL (60 films / 25 days)
buprenorphine hcl-naloxone hcl dihydrate FILM	1	QL (90 films / 25 days)
buprenorphine hcl-naloxone hcl dihydrate SUBL	1	$0 copay
butorphanol tartrate	1	QL (2 bottles / 25 days)
pentazocine w/ naloxone	1	QL (120 tabs / 25 days); Subject to initial 7-day limit
ZUBSOLV	2	QL (30 tabs / 25 days)
ZUBSOLV	2	QL (60 tabs / 25 days)
ZUBSOLV	2	QL (90 tabs / 25 days)
ANDROGENS-ANABOLIC		
ANABOLIC STEROIDS		
ANADROL-50	3	PA
OXANDRIN	3	PA
oxandrolone	1	PA
ANDROGENS		
ANDRODERM	2	PA
ANDROGEL	3	PA
ANDROGEL PUMP	3	PA
ANDROID	3	PA
AVEED	4	PA
danazol	1	
DEPO-TESTOSTERONE	3	PA
METHITEST	3	PA
methyltestosterone	1	PA
STRIANT	3	PA
TESTOPEL	3	PA
testosterone	1	PA
testosterone cypionate	1	PA
testosterone enanthate	1	PA
TESTRED	3	PA
XYOSTED	3	PA
ANORECTAL AGENTS		
INTRARECTAL STEROIDS		
colocort	1	
CORTENEMA	3	
CORTIFOAM	2	
hydrocortisone (intrarectal)	1	
UCERIS FOAM	3	

Drug Name	Drug Tier	Requirements/Limits
RECTAL COMBINATIONS		
ana-lex	1	PA
ANALPRAM-HC	3	
hydrocortisone acetate w/ pramoxine	1	
PROCORT	3	
PROCTOFOAM HC	2	
RECTAL STEROIDS		
anucort-hc	1	
ANUSOL-HC	3	
hydrocortisone (rectal)	1	
hydrocortisone acetate (rectal)	1	
procto-med hc	1	
procto-pak	1	
PROCTOCORT	3	
proctosol hc	1	
proctozone-hc	1	
VASODILATING AGENTS		
RECTIV	3	
ANTACIDS		
ANTACIDS - BICARBONATE		
SODIUM BICARBONATE	3	
ANTHELMINTICS		
ANTHELMINTICS		
albendazole	1	
ALBENZA	3	
BENZNIDAZOLE	3	
BILTRICIDE	3	
EMVERM	2	
ivermectin	1	
praziquantel	1	
STROMECTOL	3	
ANTI-INFECTIVE AGENTS - MISC.		
ANTI-INFECTIVE AGENTS - MISC.		
AEMCOLO	3	
baciim	1	
bacitracin	1	
FLAGYL	3	
IMPAVIDO	3	
metronidazole	1	
NEBUPENT	3	
pentamidine isethionate	1	
PRIMSOL	3	
TINDAMAX	3	
tinidazole	1	

Drug Name	Drug Tier	Requirements/Limits
trimethoprim	1	
TRIMPEX	3	
XIFAXAN 200mg	3	
XIFAXAN 550mg	2	
ANTI-INFECTIVE MISC. - COMBINATIONS		
BACTRIM	3	
BACTRIM DS	3	
sulfamethoxazole-trimethoprim	1	
sulfatrim pediatric	1	
ANTIPROTOZOAL AGENTS		
ALINIA	3	
GLYCOPEPTIDES		
VANCOCIN	3	
VANCOCIN HCL	3	
vancomycin hcl	1	
VANCOMYCIN HYDROCHLORIDE	3	
LEPROSTATICS		
dapsone	1	
LINCOSAMIDES		
CLEOCIN CAPS	3	
CLEOCIN PEDIATRIC GRANULE	3	
clindamycin hcl	1	
clindamycin palmitate hydrochloride	1	
MONOBACTAMS		
CAYSTON	4	QL (90 vials / 30 days), PA
OXAZOLIDINONES		
linezolid	1	
SIVEXTRO	3	
ZYVOX	3	
PLEUROMUTILINS		
XENLETA	3	
ANTIANGINAL AGENTS		
ANTIANGINALS-OTHER		
RANEXA	3	
ranolazine	1	
NITRATES		
DILATRATE SR	3	
ISORDIL TITRADOSE	3	
isosorbide dinitrate	1	
isosorbide mononitrate	1	
minitran	1	
NITRO-BID	3	
NITRO-DUR	3	

Drug Name	Drug Tier	Requirements/Limits
nitroglycerin	1	
NITROLINGUAL PUMPSPRAY	3	
NITROMIST	3	
NITROSTAT	3	

ANTIANXIETY AGENTS

ANTIANXIETY AGENTS - MISC.

buspirone hcl	1	
hydroxyzine hcl	1	
hydroxyzine pamoate	1	
meprobamate	1	
VISTARIL	3	

BENZODIAZEPINES

alprazolam	1	
ALPRAZOLAM INTENSOL	3	
alprazolam xr	1	
ATIVAN	3	
chlordiazepoxide hcl	1	
clorazepate dipotassium	1	
DIAZEPAM SOAJ	3	
diazepam SOLN; TABS	1	
diazepam intensol	1	
lorazepam	1	
lorazepam intensol	1	
oxazepam	1	
TRANXENE T	3	
VALIUM	3	

ANTIARRHYTHMICS

ANTIARRHYTHMICS TYPE I-A

disopyramide phosphate	1	
NORPACE	3	
NORPACE CR	3	
quinidine gluconate	1	
quinidine sulfate	1	

ANTIARRHYTHMICS TYPE I-B

mexiletine hcl	1	

ANTIARRHYTHMICS TYPE I-C

flecainide acetate	1	
propafenone hcl	1	
RYTHMOL SR	3	

ANTIARRHYTHMICS TYPE III

amiodarone hcl	1	
dofetilide	4	PA
MULTAQ	2	
pacerone	1	

Drug Name	Drug Tier	Requirements/Limits
TIKOSYN	4	PA
ANTIASTHMATIC AND BRONCHODILATOR AGENTS		
ANTI-INFLAMMATORY AGENTS		
cromolyn sodium	1	QL (240 mL / 25 days)
ANTIASTHMATIC - MONOCLONAL ANTIBODIES		
FASENRA	4	QL (1 syringe per 56 days), PA
FASENRA PEN	4	QL (1 pen per 56 days), PA
NUCALA SOAJ	4	QL (3 per 28 days), PA
NUCALA SOLR	4	QL (3 inj per 28 days), PA
NUCALA SOSY	4	QL (3 per 28 days), PA
XOLAIR SOLR	4	QL (6 per 28 days), PA
XOLAIR SOSY 75mg/0.5ml	4	QL (2 per 28 days), PA
XOLAIR SOSY 150mg/ml	4	QL (4 per 28 days), PA
ASTHMA AND BRONCHODILATOR AGENT COMBINATIONS		
difil-g forte	1	
BRONCHODILATORS - ANTICHOLINERGICS		
ATROVENT HFA	3	QL (2.016 inhalers / 25 days)
INCRUSE ELLIPTA	2	QL (30 blisters / 25 days)
ipratropium bromide	1	QL (5 boxes / 25 days)
SPIRIVA HANDIHALER	2	QL (30 caps / 25 days)
SPIRIVA RESPIMAT	2	QL (1 package / 25 days)
LEUKOTRIENE MODULATORS		
ACCOLATE	3	
montelukast sodium	1	
zafirlukast	1	
zileuton	1	
ZYFLO	3	
ZYFLO CR	3	
SELECTIVE PHOSPHODIESTERASE 4 (PDE4) INHIBITORS		
DALIRESP	2	
STEROID INHALANTS		
ARNUITY ELLIPTA 50mcg/act	2	QL (1 inhaler / 25 days)
ARNUITY ELLIPTA 100mcg/act, 200mcg/act	2	QL (30 blisters / 25 days)
budesonide (inhalation) 1mg/2ml	1	QL (60 mL / 25 days)
budesonide (inhalation) .5mg/2ml	1	QL (120 mL / 25 days)
budesonide (inhalation) .25mg/2ml	1	QL (180 mL / 25 days)
FLOVENT DISKUS 50mcg/blist	2	QL (180 inhalations / 25 days)

Drug Name	Drug Tier	Requirements/Limits
FLOVENT DISKUS 100mcg/blist, 250mcg/blist	2	QL (240 inhalations / 25 days)
FLOVENT HFA	2	QL (2 inhalers / 25 days)
PULMICORT 1mg/2ml	3	QL (60 mL / 25 days)
PULMICORT .5mg/2ml	3	QL (120 mL / 25 days)
PULMICORT .25mg/2ml	3	QL (180 mL / 25 days)
PULMICORT FLEXHALER 90mcg/act	2	QL (3 inhalers / 25 days)
PULMICORT FLEXHALER 180mcg/act	2	QL (2 inhalers / 25 days)
QVAR	2	QL (2 inhalers / 25 days)
QVAR REDIHALER	2	QL (21 gm / 25 days)
SYMPATHOMIMETICS		
ADVAIR DISKUS	2	QL (60 inhalations / 25 days)
ADVAIR HFA	1	QL (1 package / 25 days)
albuterol sulfate AERS	1	QL (2 inhalers / 25 days)
albuterol sulfate NEBU 2.5mg/0.5ml	1	QL (120 ea / 25 days)
albuterol sulfate NEBU .5%	1	QL (60 mL / 25 days)
albuterol sulfate NEBU .083%, .63mg/3ml, 1.25mg/3ml	1	QL (375 mL / 25 days)
albuterol sulfate SYRP	1	
albuterol sulfate TABS	1	
albuterol sulfate TB12	1	
ANORO ELLIPTA	2	QL (60 blisters / 25 days)
ARCAPTA NEOHALER	3	QL (30 ea / 25 days)
BEVESPI AEROSPHERE	2	QL (1 package / 25 days)
BREO ELLIPTA	2	QL (60 blisters / 25 days)
BROVANA	3	QL (120 mL / 25 days)
ipratropium-albuterol	1	QL (540 mL / 25 days)
levalbuterol hcl 1.25mg/0.5ml	1	QL (90 ea / 25 days)
levalbuterol hcl .31mg/3ml, .63mg/3ml, 1.25mg/3ml	1	QL (300 mL / 25 days)
levalbuterol tartrate	1	QL (2 inhalers / 25 days)
metaproterenol sulfate	1	
PERFOROMIST	2	QL (120 mL / 25 days)
SEREVENT DISKUS	2	QL (60 inhalations / 25 days)
STIOLTO RESPIMAT	2	QL (1 inhaler / 25 days)

Drug Name	Drug Tier	Requirements/Limits
STRIVERDI RESPIMAT	2	QL (1 package / 25 days)
SYMBICORT	2	QL (1 package / 25 days)
terbutaline sulfate	1	
TRELEGY ELLIPTA	2	QL (1 inhaler / 25 days)
XOPENEX	3	QL (300 mL / 25 days)
XOPENEX CONCENTRATE	3	QL (90 ea / 25 days)
XANTHINES		
ELIXOPHYLLIN	3	
THEO-24	3	
theophylline	1	
ANTICOAGULANTS		
COUMARIN ANTICOAGULANTS		
jantoven	1	
warfarin sodium	1	
DIRECT FACTOR XA INHIBITORS		
ELIQUIS	2	
ELIQUIS STARTER PACK	2	
XARELTO	2	
XARELTO STARTER PACK	2	
HEPARINS AND HEPARINOID-LIKE AGENTS		
ARIXTRA	3	
enoxaparin sodium	1	
fondaparinux sodium	1	
FRAGMIN	3	
LOVENOX	3	
THROMBIN INHIBITORS		
IPRIVASK	3	
ANTICONVULSANTS		
AMPA GLUTAMATE RECEPTOR ANTAGONISTS		
FYCOMPA	2	
ANTICONVULSANTS - BENZODIAZEPINES		
clobazam	1	
clonazepam	1	
DIASTAT ACUDIAL	3	
DIASTAT PEDIATRIC	3	
diazepam (anticonvulsant)	1	
KLONOPIN	3	
ANTICONVULSANTS - MISC.		
APTIOM	3	
BANZEL	3	
BRIVIACT	3	
carbamazepine	1	

Drug Name	Drug Tier	Requirements/Limits
CARBATROL	3	
DIACOMIT CAPS 250mg	4	QL (360 per 30 days)
DIACOMIT CAPS 500mg	4	QL (180 per 30 days)
DIACOMIT PACK 250mg	4	QL (360 per 30 days)
DIACOMIT PACK 500mg	4	QL (180 per 30 days)
EPIDIOLEX	4	QL (600 ml per 30 days), PA
epitol	1	
gabapentin	1	
KEPPRA	3	
KEPPRA XR	3	
lamotrigine	1	
levetiracetam	1	
LYRICA	2	
MYSOLINE	3	
NEURONTIN	3	
oxcarbazepine	1	
OXTELLAR XR	2	
pregabalin	1	
primidone	1	
QUDEXY XR	3	
roweepra	1	
roweepra xr	1	
subvenite	1	
subvenite starter kit/blu	1	
subvenite starter kit/gre	1	
subvenite starter kit/ora	1	
TEGRETOL	3	
TEGRETOL-XR	3	
TOPAMAX	3	
TOPAMAX SPRINKLE	3	
topiramate	1	
TRILEPTAL	3	
TROKENDI XR	2	
VIMPAT	2	
zonisamide	1	
CARBAMATES		
felbamate	1	
FELBATOL	3	
GABA MODULATORS		
GABITRIL	3	
tiagabine hcl	1	
vigabatrin	4	QL (180 per 30 days), PA
vigadrone	4	QL (180 per 30 days), PA

Drug Name	Drug Tier	Requirements/Limits
HYDANTOINS		
DILANTIN	3	
DILANTIN INFATABS	3	
DILANTIN-125	3	
PEGANONE	3	
PHENYTEK	3	
phenytoin	1	
phenytoin sodium extended	1	
SUCCINIMIDES		
CELONTIN	3	
ethosuximide	1	
ZARONTIN	3	
VALPROIC ACID		
DEPAKENE	3	
DEPAKOTE	3	
DEPAKOTE ER	3	
DEPAKOTE SPRINKLES	3	
divalproex sodium	1	
valproate sodium	1	
valproic acid	1	
ANTIDEPRESSANTS		
ALPHA-2 RECEPTOR ANTAGONISTS (TETRACYCLICS)		
mirtazapine	1	
REMERON	3	
REMERON SOLTAB	3	
ANTIDEPRESSANTS - MISC.		
APLENZIN	3	
bupropion hcl	1	
FORFIVO XL	3	
maprotiline hcl	1	
WELLBUTRIN SR	3	
WELLBUTRIN XL	3	
MONOAMINE OXIDASE INHIBITORS (MAOIS)		
EMSAM	3	
MARPLAN	3	
NARDIL	3	
PARNATE	3	
phenelzine sulfate	1	
tranylcypromine sulfate	1	
N-METHYL-D-ASPARTIC ACID (NMDA) RECEPTOR ANTAGONISTS		
SPRAVATO 56MG DOSE	3	PA
SPRAVATO 84MG DOSE	3	PA
SELECTIVE SEROTONIN REUPTAKE INHIBITORS (SSRIS)		
CELEXA	3	

Drug Name	Drug Tier	Requirements/Limits
citalopram hydrobromide	1	
escitalopram oxalate	1	
fluoxetine hcl	1	
FLUOXETINE HYDROCHLORIDE	3	
fluvoxamine maleate	1	
paroxetine hcl	1	
PAXIL	3	
PAXIL CR	3	
PEXEVA	3	
sertraline hcl	1	
ZOLOFT	3	
SEROTONIN MODULATORS		
nefazodone hcl	1	
trazodone hcl	1	
TRINTELLIX	2	
VIIBRYD	2	
VIIBRYD STARTER PACK	2	
SEROTONIN-NOREPINEPHRINE REUPTAKE INHIBITORS (SNRIS)		
desvenlafaxine	1	
DESVENLAFAXINE ER	3	
desvenlafaxine succinate	1	
duloxetine hcl	1	
FETZIMA	3	
FETZIMA TITRATION PACK	3	
KHEDEZLA	3	
venlafaxine hcl	1	
TRICYCLIC AGENTS		
amitriptyline hcl	1	
amoxapine	1	
ANAFRANIL	3	
clomipramine hcl	1	
desipramine hcl	1	
doxepin hcl	1	
imipramine hcl	1	
imipramine pamoate	1	
NORPRAMIN	3	
nortriptyline hcl	1	
PAMELOR	3	
protriptyline hcl	1	
SURMONTIL	3	
TOFRANIL	3	
trimipramine maleate	1	
ANTIDIABETICS		
ALPHA-GLUCOSIDASE INHIBITORS		
acarbose	1	

Drug Name	Drug Tier	Requirements/Limits
GLYSET	3	
miglitol	1	
PRECOSE	3	
ANTIDIABETIC - AMYLIN ANALOGS		
SYMLINPEN 60	2	PA
SYMLINPEN 120	2	PA
ANTIDIABETIC COMBINATIONS		
ACTOPLUS MET	3	
ACTOPLUS MET XR	3	
DUETACT	3	
glipizide-metformin hcl	1	
GLUCOVANCE	3	
glyburide-metformin	1	
GLYXAMBI	2	
JANUMET	2	
JANUMET XR	2	
pioglitazone hcl-glimepiride	1	
pioglitazone hcl-metformin hcl	1	
repaglinide-metformin hcl	1	
SOLIQUA 100/33	2	
SYNJARDY	2	
SYNJARDY XR	2	
XIGDUO XR	2	
XULTOPHY 100/3.6	2	
BIGUANIDES		
GLUCOPHAGE	3	
GLUCOPHAGE XR	3	
metformin hcl	1	
METFORMIN HYDROCHLORIDE	3	
DIABETIC OTHER		
GLUCAGEN HYPOKIT	2	
GLUCAGON EMERGENCY KIT	2	
KORLYM	4	QL (120 per 30 days), PA
PROGLYCEM	3	
DIPEPTIDYL PEPTIDASE-4 (DPP-4) INHIBITORS		
JANUVIA	2	
DOPAMINE RECEPTOR AGONISTS - ANTIDIABETIC		
CYCLOSET	3	
INCRETIN MIMETIC AGENTS (GLP-1 RECEPTOR AGONISTS)		
OZEMPIC	2	
TRULICITY	2	PA
VICTOZA	2	PA

Drug Name	Drug Tier	Requirements/Limits
INSULIN		
BASAGLAR KWIKPEN	2	
FIASP	2	
FIASP FLEXTOUCH	2	
FIASP PENFILL	2	
HUMULIN R U-500 (CONCENTR	2	
HUMULIN R U-500 KWIKPEN	2	
LEVEMIR	2	
LEVEMIR FLEXTOUCH	2	
NOVOLIN 70/30	2	
NOVOLIN 70/30 FLEXPEN	2	
NOVOLIN N	2	
NOVOLIN N FLEXPEN	2	
NOVOLIN R	2	
NOVOLIN R FLEXPEN	2	
NOVOLOG	2	
NOVOLOG FLEXPEN	2	
NOVOLOG MIX 70/30	2	
NOVOLOG MIX 70/30 PREFILL	2	
NOVOLOG PENFILL	2	
TRESIBA	2	
TRESIBA FLEXTOUCH	2	
INSULIN SENSITIZING AGENTS		
AVANDIA	3	
pioglitazone hcl	1	
MEGLITINIDE ANALOGUES		
nateglinide	1	
PRANDIN	3	
repaglinide	1	
STARLIX	3	
SODIUM-GLUCOSE CO-TRANSPORTER 2 (SGLT2) INHIBITORS		
FARXIGA	2	
JARDIANCE	2	
SULFONYLUREAS		
AMARYL	3	
chlorpropamide	1	
glimepiride	1	
glipizide	1	
glipizide xl	1	
GLUCOTROL	3	
GLUCOTROL XL	3	
glyburide	1	
glyburide micronized	1	
GLYNASE	3	
tolazamide	1	

Drug Name	Drug Tier	Requirements/Limits
tolbutamide	1	
ANTIDIARRHEAL/PROBIOTIC AGENTS		
ANTIDIARRHEAL - CHLORIDE CHANNEL ANTAGONISTS		
MYTESI	3	
ANTIDIARRHEAL/PROBIOTIC AGENTS - MISC.		
VSL#3 DS	3	
ANTIDIARRHEAL/PROBIOTIC COMBINATIONS		
RESTORA RX	3	
ANTIPERISTALTIC AGENTS		
diphenoxylate w/ atropine	1	
LOMOTIL	3	
opium tincture	1	
paregoric	1	
ANTIDOTES AND SPECIFIC ANTAGONISTS		
ANTIDOTE COMBINATIONS		
DUODOTE	3	
ANTIDOTES - CHELATING AGENTS		
CHEMET	3	
deferasirox	4	PA
EXJADE	4	PA
FERRIPROX	3	PA
JADENU	4	PA
JADENU SPRINKLE	4	PA
ANTIDOTES AND SPECIFIC ANTAGONISTS		
BAL IN OIL	3	
deferoxamine mesylate	4	PA
DESFERAL	4	PA
PRALIDOXIME CHLORIDE	3	
RADIOGARDASE	3	
VISTOGARD	2	
OPIOID ANTAGONISTS		
naltrexone hcl	1	$0 copay
NARCAN	2	
VIVITROL	4	QL (380 mg per 30 days), PA
ANTIEMETICS		
5-HT3 RECEPTOR ANTAGONISTS		
ALOXI	3	QL (2 vials / 21 days)
ANZEMET	3	QL (6 tabs / 21 days)
granisetron hcl SOLN 4mg/4ml	1	QL (2 mL / 21 days)
granisetron hcl SOLN .1mg/ml, 1mg/ml	1	QL (2 vials / 21 days)
granisetron hcl TABS	1	QL (12 tabs / 21 days)
ondansetron	1	QL (18 tabs / 21 days)
ondansetron hcl SOLN	1	QL (200 mL / 21 days)

Drug Name	Drug Tier	Requirements/Limits
ondansetron hcl TABS 4mg, 8mg	1	QL (18 tabs / 21 days)
ondansetron hcl TABS 24mg	1	QL (2 ea / 21 days)
palonosetron hcl	1	QL (2 vials / 21 days)
PALONOSETRON HYDROCHLORID	3	QL (2 vials / 21 days)
SANCUSO	2	QL (2 patches / 21 days)
ZOFRAN SOLN	3	QL (200 mL / 21 days)
ZOFRAN TABS	3	QL (18 tabs / 21 days)
ZOFRAN ODT	3	QL (18 tabs / 21 days)
ANTIEMETICS - ANTICHOLINERGIC		
meclizine hcl	1	
scopolamine	1	
TIGAN	3	
trimethobenzamide hcl	1	
ANTIEMETICS - MISCELLANEOUS		
AKYNZEO	3	QL (2 caps / 21 days)
CESAMET	3	QL (18 caps / 21 days)
DICLEGIS	3	
doxylamine-pyridoxine	1	
dronabinol	1	QL (60 caps / 25 days)
MARINOL	3	QL (60 caps / 25 days)
SUBSTANCE P/NEUROKININ 1 (NK1) RECEPTOR ANTAGONISTS		
aprepitant	1	QL (6 caps / 21 days)
aprepitant 40mg	1	QL (3 caps / 180 days)
aprepitant 80mg	1	QL (4 caps / 21 days)
aprepitant 125mg	1	QL (2 ea / 21 days)
EMEND CAPS 40mg	3	QL (3 ea / 180 days)
EMEND CAPS 80mg	3	QL (4 caps / 21 days)
EMEND CAPS 125mg	3	QL (2 caps / 21 days)
EMEND SOLR	3	QL (2 vials / 21 days)
EMEND SUSR	3	QL (6 kits / 21 days)
EMEND TRIPACK	3	QL (6 caps / 21 days)
fosaprepitant dimeglumine	1	QL (2 vials / 21 days)
VARUBI	2	QL (4 tabs / 21 days)
ANTIFUNGALS		
ANTIFUNGALS		
ANCOBON	3	
BIO-STATIN CAPS	3	
bio-statin POWD	1	
flucytosine	1	
GRIS-PEG	3	
griseofulvin microsize	1	
griseofulvin ultramicrosize	1	
LAMISIL	3	PA
nystatin	1	

Drug Name	Drug Tier	Requirements/Limits
terbinafine hcl	1	PA
IMIDAZOLE-RELATED ANTIFUNGALS		
CRESEMBA	3	
DIFLUCAN	3	
fluconazole	1	
itraconazole	1	PA
ketoconazole	1	
NOXAFIL	3	
ONMEL	3	PA
POSACONAZOLE SUSP	3	
posaconazole TBEC	1	
SPORANOX	3	PA
SPORANOX PULSEPAK	3	PA
VFEND	3	
voriconazole	1	
ANTIHISTAMINES		
ANTIHISTAMINES - ALKYLAMINES		
brompheniramine tannate	1	
dexchlorpheniramine maleate	1	
ryclora	1	
ANTIHISTAMINES - ETHANOLAMINES		
carbinoxamine maleate	1	
clemastine fumarate	1	
diphenhydramine hcl	1	
KARBINAL ER	3	
ANTIHISTAMINES - NON-SEDATING		
all day allergy childrens	3	
all-day allergy childrens	3	
ALLEGRA ALLERGY CHILDRENS	3	
aller-ease	3	
allergy 24-hr	3	
allergy 24hour indoor/out	3	
allergy childrens	3	
allergy non-drowsy	3	
allergy relief	3	
allergy relief childrens	3	
allergy relief loratadine	3	
cetirizine hydrochloride	3	
claritin allergy children	3	
cvs allergy relief	3	
cvs indoor/outdoor allerg	3	
desloratadine	1	
eq allergy childrens	3	
eql all day allergy	3	
gnp all day allergy	3	

Drug Name	Drug Tier	Requirements/Limits
gnp allergy relief	3	
goodsense all day allergy	3	
goodsense aller-ease	3	
hm allergy complete child	3	
24hr allergy relief	3	
kls aller-fex	3	
kls aller-tec	3	
kls aller-tec childrens	3	
kls allerclear	3	
kp cetirizine hydrochlori	3	
kp fexofenadine hcl	3	
kp loratadine	3	
levocetirizine dihydrochloride	1	
loradamed	3	
loratadine	3	
loratadine childrens	3	
mucinex allergy	3	
px allergy relief	3	
qc all day allergy	3	
qc allergy relief	3	
qc allergy relief childre	3	
qc childrens allergy	3	
ra allergy relief	3	
ra allergy relief childre	3	
ra cetirizine	3	
ra cetirizine hcl childre	3	
sb allergy	3	
sm all day allergy	3	
sm allergy childrens	3	
sm childrens loratadine	3	
sm loratadine	3	
tgt allergy relief	3	
wal-fex	3	
wal-fex allergy	3	
wal-fex allergy 12 hour	3	
wal-itin	3	
wal-itin childrens	3	
wal-zyr	3	
wal-zyr all day allergy c	3	
wal-zyr childrens	3	
ZYRTEC CHILDRENS ALLERGY	3	
ANTIHISTAMINES - PHENOTHIAZINES		
phenadoz	1	
promethazine hcl	1	
promethegan	1	

Drug Name	Drug Tier	Requirements/Limits
ANTIHISTAMINES - PIPERIDINES		
cyproheptadine hcl	1	
ANTIHYPERLIPIDEMICS		
ANTIHYPERLIPIDEMICS - COMBINATIONS		
ezetimibe-simvastatin	1	$0 copay for members age 40 through 75
VYTORIN	3	
ANTIHYPERLIPIDEMICS - MISC.		
KYNAMRO	4	QL (4 per 28 days), PA
LOVAZA	3	
omega-3-acid ethyl esters	1	
triklo	1	
VASCEPA	2	
BILE ACID SEQUESTRANTS		
cholestyramine	1	
cholestyramine light	1	
colesevelam hcl	1	
COLESTID	3	
COLESTID FLAVORED	3	
colestipol hcl	1	
prevalite	1	
QUESTRAN	3	
QUESTRAN LIGHT	3	
WELCHOL	3	
FIBRIC ACID DERIVATIVES		
ANTARA	3	
choline fenofibrate	1	
fenofibrate	1	
fenofibrate micronized	1	
fenofibric acid	1	
FENOGLIDE	3	
FIBRICOR	3	
gemfibrozil	1	
LIPOFEN	3	
LOPID	3	
TRIGLIDE	3	
TRILIPIX	3	
HMG COA REDUCTASE INHIBITORS		
atorvastatin calcium 10mg, 20mg	1	AGE; $0 copay for members age 40 through 75
atorvastatin calcium 40mg, 80mg	1	$0 copay for members age 40 through 75

Drug Name	Drug Tier	Requirements/Limits
fluvastatin sodium	1	AGE; $0 copay for members age 40 through 75
lovastatin	1	AGE; $0 copay for members age 40 through 75
PRAVACHOL	3	
pravastatin sodium	1	AGE; $0 copay for members age 40 through 75
rosuvastatin calcium 5mg, 10mg	1	AGE; $0 copay for members age 40 through 75
rosuvastatin calcium 20mg, 40mg	1	$0 copay for members age 40 through 75
simvastatin 5mg, 10mg, 20mg, 40mg	1	AGE; $0 copay for members age 40 through 75
simvastatin 80mg	1	$0 copay for members age 40 through 75
ZOCOR	3	
INTESTINAL CHOLESTEROL ABSORPTION INHIBITORS		
ezetimibe	1	
MICROSOMAL TRIGLYCERIDE TRANSFER PROTEIN (MTP) INHIBITORS		
JUXTAPID	4	QL (28 per 28 days), PA
NICOTINIC ACID DERIVATIVES		
niacin (antihyperlipidemic)	1	
niacor	1	
NIASPAN	3	
PROPROTEIN CONVERTASE SUBTILISIN/KEXIN TYPE 9 INHIBITORS		
REPATHA	4	QL (2 per 28 days), PA
REPATHA PUSHTRONEX SYSTEM	4	QL (3.5 ml per 28 days), PA
REPATHA SURECLICK	4	QL (2 per 28 days), PA
ANTIHYPERTENSIVES		
ACE INHIBITORS		
ACCUPRIL	3	
ALTACE	3	
benazepril hcl	1	
captopril	1	
enalapril maleate	1	
EPANED	3	
fosinopril sodium	1	
lisinopril	1	
LOTENSIN	3	

Drug Name	Drug Tier	Requirements/Limits
moexipril hcl	1	
perindopril erbumine	1	
PRINIVIL	3	
QBRELIS	3	
quinapril hcl	1	
ramipril	1	
trandolapril	1	
VASOTEC	3	
ZESTRIL	3	
AGENTS FOR PHEOCHROMOCYTOMA		
DEMSER	3	
DIBENZYLINE	3	
phenoxybenzamine hcl	1	
ANGIOTENSIN II RECEPTOR ANTAGONISTS		
AVAPRO	3	
candesartan cilexetil	1	
COZAAR	3	
eprosartan mesylate	1	
irbesartan	1	
losartan potassium	1	
MICARDIS	3	
olmesartan medoxomil	1	
telmisartan	1	
valsartan	1	
ANTIADRENERGIC ANTIHYPERTENSIVES		
CARDURA	3	
CATAPRES	3	
CATAPRES-TTS-1	3	
CATAPRES-TTS-2	3	
CATAPRES-TTS-3	3	
clonidine	1	
clonidine hcl	1	
doxazosin mesylate	1	
guanfacine hcl	1	
methyldopa	1	
MINIPRESS	3	
prazosin hcl	1	
terazosin hcl	1	
ANTIHYPERTENSIVE COMBINATIONS		
ACCURETIC	3	
amlodipine besylate-benazepril hcl	1	
amlodipine besylate-olmesartan medoxomil	1	
amlodipine besylate-valsartan	1	
amlodipine-valsartan-hydrochlorothiazide	1	
atenolol & chlorthalidone	1	

Drug Name	Drug Tier	Requirements/Limits
AVALIDE	3	
AZOR	3	
benazepril & hydrochlorothiazide	1	
bisoprolol & hydrochlorothiazide	1	
candesartan cilexetil-hydrochlorothiazide	1	
captopril & hydrochlorothiazide	1	
clorpres	1	
CORZIDE	3	
enalapril maleate & hydrochlorothiazide	1	
fosinopril sodium & hydrochlorothiazide	1	
HYZAAR	3	
irbesartan-hydrochlorothiazide	1	
lisinopril & hydrochlorothiazide	1	
LOPRESSOR HCT	3	
losartan potassium & hydrochlorothiazide	1	
LOTENSIN HCT	3	
LOTREL	3	
methyldopa & hydrochlorothiazide	1	
metoprolol & hydrochlorothiazide	1	
MICARDIS HCT	3	
moexipril-hydrochlorothiazide	1	
nadolol & bendroflumethiazide	1	
olmesartan medoxomil-amlodipine-hydrochlorothiazide	1	
olmesartan medoxomil-hydrochlorothiazide	1	
propranolol & hydrochlorothiazide	1	
quinapril-hydrochlorothiazide	1	
TARKA	3	
TEKTURNA HCT	2	
telmisartan-amlodipine	1	
telmisartan-hydrochlorothiazide	1	
TENORETIC 50	3	
TENORETIC 100	3	
trandolapril-verapamil hcl	1	
TRIBENZOR	3	
TWYNSTA	3	
valsartan-hydrochlorothiazide	1	
VASERETIC	3	
ZESTORETIC	3	
ZIAC	3	
ANTIHYPERTENSIVES - MISC.		
VECAMYL	3	
DIRECT RENIN INHIBITORS		
aliskiren fumarate	1	
TEKTURNA	3	

Drug Name	Drug Tier	Requirements/Limits
SELECTIVE ALDOSTERONE RECEPTOR ANTAGONISTS (SARAS)		
eplerenone	1	
INSPRA	3	
VASODILATORS		
hydralazine hcl	1	
minoxidil	1	
ANTIMALARIALS		
ANTIMALARIAL COMBINATIONS		
COARTEM	3	
ANTIMALARIALS		
chloroquine phosphate	1	
DARAPRIM	3	
hydroxychloroquine sulfate	1	
PLAQUENIL	3	
primaquine phosphate 26.3mg	1	
PRIMAQUINE PHOSPHATE 26.3mg	3	
QUALAQUIN	3	
quinine sulfate	1	
ANTIMYASTHENIC/CHOLINERGIC AGENTS		
ANTIMYASTHENIC/CHOLINERGIC AGENTS		
FIRDAPSE	4	QL (240 per 30 days), PA
GUANIDINE HCL	3	
MESTINON	3	
MESTINON TIMESPAN	3	
pyridostigmine bromide	1	
RUZURGI	4	QL (300 per 30 days), PA
ANTIMYCOBACTERIAL AGENTS		
ANTI TB COMBINATIONS		
RIFAMATE	3	
RIFATER	3	
ANTIMYCOBACTERIAL AGENTS		
cycloserine	1	
ethambutol hcl	1	
isoniazid	1	
MYAMBUTOL	3	
MYCOBUTIN	3	
PASER	3	
PRETOMANID	3	
PRIFTIN	3	
pyrazinamide	1	
rifabutin	1	
RIFADIN	3	

Drug Name	Drug Tier	Requirements/Limits
rifampin	1	
SIRTURO	3	
TRECATOR	3	
ANTINEOPLASTICS AND ADJUNCTIVE THERAPIES		
ALKYLATING AGENTS		
ALKERAN	3	
BENDEKA	4	PA
cyclophosphamide	1	
GLEOSTINE	3	
HEXALEN	3	
LEUKERAN	3	
melphalan	1	
MYLERAN	3	
TEMODAR	4	PA
temozolomide	4	PA
TREANDA	4	PA
ANTIMETABOLITES		
azacitidine	4	PA
capecitabine 150mg	4	QL (120 per 30 days), PA
capecitabine 500mg	4	QL (300 per 30 days), PA
DACOGEN	4	PA
decitabine	4	PA
FOLOTYN	4	PA
mercaptopurine	1	
methotrexate sodium	1	
PURIXAN	4	
TABLOID	3	
TREXALL	3	
VIDAZA	4	PA
XATMEP	3	
XELODA 150mg	4	QL (120 per 30 days), PA
XELODA 500mg	4	QL (300 per 30 days), PA
ANTINEOPLASTIC - ANGIOGENESIS INHIBITORS		
AVASTIN	4	PA
CYRAMZA	4	PA
ZALTRAP	4	PA
ANTINEOPLASTIC - ANTIBODIES		
ADCETRIS	4	PA
ARZERRA	4	PA
BAVENCIO	4	PA
BESPONSA	3	PA

Drug Name	Drug Tier	Requirements/Limits
BLINCYTO	4	PA
DARZALEX	4	PA
EMPLICITI	4	PA
ERBITUX	4	PA
GAZYVA	4	PA
HERCEPTIN	4	PA
IMFINZI	4	PA
KADCYLA	4	PA
KEYTRUDA	4	PA
LARTRUVO	3	PA
LIBTAYO	3	PA
LUMOXITI	4	PA
MYLOTARG	3	PA
OPDIVO	4	PA
PERJETA	4	PA
PORTRAZZA	4	PA
POTELIGEO	4	PA
RITUXAN	4	PA
TECENTRIQ 840mg/14ml	3	PA
TECENTRIQ 1200mg/20ml	4	PA
VECTIBIX	4	PA
YERVOY	4	PA
ANTINEOPLASTIC - BCL-2 INHIBITORS		
VENCLEXTA	3	PA
VENCLEXTA STARTING PACK	3	PA
ANTINEOPLASTIC - CELLULAR IMMUNOTHERAPY		
KYMRIAH	3	PA
YESCARTA	3	PA
ANTINEOPLASTIC - HEDGEHOG PATHWAY INHIBITORS		
ERIVEDGE	4	QL (30 per 30 days), PA
ODOMZO	4	QL (30 per 30 days), PA
ANTINEOPLASTIC - HORMONAL AND RELATED AGENTS		
abiraterone acetate	4	QL (120 per 30 days), PA
anastrozole	1	
ARIMIDEX	3	
AROMASIN	3	
bicalutamide	1	
CASODEX	3	
DEPO-PROVERA	3	
ELIGARD	4	PA
EMCYT	3	
ERLEADA	4	QL (120 per 30 days), PA
exemestane	1	

Drug Name	Drug Tier	Requirements/Limits
FARESTON	3	
FASLODEX	3	
FEMARA	3	
FIRMAGON	4	PA
flutamide	1	
fulvestrant	1	
hydroxyprogesterone caproate (antineoplastic)	1	
letrozole	1	
LUPRON DEPOT (1-MONTH)	4	PA
LUPRON DEPOT (3-MONTH)	4	PA
LYSODREN	3	
megestrol acetate	1	
nilutamide	1	
NUBEQA	2	QL (120 tabs / 30 days), PA
SOLTAMOX	3	
tamoxifen citrate	1	AGE; $0 copay for women ages 35 and older for the primary prevention of breast cancer
toremifene citrate	1	
TRELSTAR MIXJECT	4	PA
VANTAS	4	PA
XTANDI	4	QL (120 per 30 days), PA
YONSA	4	QL (120 per 30 days), PA
ZOLADEX	4	PA
ANTINEOPLASTIC - IMMUNOMODULATORS		
POMALYST	4	QL (21 per 21 days), PA
ANTINEOPLASTIC ANTIBIOTICS		
mitoxantrone hcl	4	PA
ANTINEOPLASTIC COMBINATIONS		
KISQALI FEMARA 200 DOSE	2	QL (49 per 28 days), PA
KISQALI FEMARA 400 DOSE	2	QL (70 per 28 days), PA
KISQALI FEMARA 600 DOSE	2	QL (91 per 28 days), PA
LONSURF	4	PA
RITUXAN HYCELA	4	PA
ANTINEOPLASTIC ENZYME INHIBITORS		
AFINITOR	4	QL (30 per 30 days), PA
AFINITOR DISPERZ 2mg, 5mg	4	QL (60 per 30 days), PA
AFINITOR DISPERZ 3mg	4	QL (90 per 30 days), PA
ALECENSA	4	QL (240 per 30 days), PA

Drug Name	Drug Tier	Requirements/Limits
ALIQOPA	3	PA
ALUNBRIG TABS 30mg	4	QL (120 per 30 days), PA
ALUNBRIG TABS 90mg	4	QL (53 per 30 days), PA
ALUNBRIG TABS 180mg	4	QL (30 per 30 days), PA
ALUNBRIG TBPK	4	QL (30 per 30 days), PA
BELEODAQ	4	PA
BORTEZOMIB	4	PA
BOSULIF 100mg	4	QL (90 per 30 days), PA
BOSULIF 400mg, 500mg	4	QL (30 per 30 days), PA
BRAFTOVI 50mg	4	QL (120 per 30 days), PA
BRAFTOVI 75mg	4	QL (180 per 30 days), PA
CABOMETYX	4	QL (30 per 30 days), PA
CALQUENCE	4	QL (60 per 30 days), PA
CAPRELSA 100mg	4	QL (60 per 30 days), PA
CAPRELSA 300mg	4	QL (30 per 30 days), PA
COMETRIQ	4	QL (1 box per 28 days), PA
COTELLIC	4	QL (63 tabs per 28 days), PA
erlotinib hcl 25mg	4	QL (60 per 30 days), PA
erlotinib hcl 100mg, 150mg	4	QL (30 per 30 days), PA
everolimus	4	QL (30 per 30 days), PA
GILOTRIF	4	QL (30 per 30 days), PA
IBRANCE	4	QL (21 per 28 days), PA
ICLUSIG 15mg	4	QL (60 per 30 days), PA
ICLUSIG 45mg	4	QL (30 per 30 days), PA
IDHIFA	4	QL (30 per 30 days), PA
imatinib mesylate 100mg	4	QL (90 per 30 days), PA
imatinib mesylate 400mg	4	QL (60 per 30 days), PA
IMBRUVICA CAPS 70mg	4	QL (30 per 30 days), PA
IMBRUVICA CAPS 140mg	4	QL (90 per 30 days), PA
IMBRUVICA TABS	4	QL (30 per 30 days), PA
INLYTA 1mg	4	QL (180 per 30 days), PA
INLYTA 5mg	4	QL (120 per 30 days), PA
IRESSA	4	QL (30 tabs / 30 days), PA
ISTODAX (OVERFILL)	4	PA
JAKAFI	4	QL (60 per 30 days), PA
KISQALI	2	QL (60 tabs / 30 days), PA
KYPROLIS	4	PA
LENVIMA 4 MG DAILY DOSE	4	QL (30 per 30 days), PA

Drug Name	Drug Tier	Requirements/Limits
LENVIMA 8 MG DAILY DOSE	4	QL (60 per 30 days), PA
LENVIMA 10 MG DAILY DOSE	4	QL (30 per 30 days), PA
LENVIMA 12MG DAILY DOSE	4	QL (90 per 30 days), PA
LENVIMA 14 MG DAILY DOSE	4	QL (60 per 30 days), PA
LENVIMA 18 MG DAILY DOSE	4	QL (90 per 30 days), PA
LENVIMA 20 MG DAILY DOSE	4	QL (60 per 30 days), PA
LENVIMA 24 MG DAILY DOSE	4	QL (90 per 30 days), PA
LORBRENA 25mg	4	QL (90 per 30 days), PA
LORBRENA 100mg	4	QL (30 per 30 days), PA
LYNPARZA CAPS	4	PA
LYNPARZA TABS 100mg	4	QL (180 per 30 days), PA
LYNPARZA TABS 150mg	4	QL (120 per 30 days), PA
MEKINIST 2mg	4	QL (30 per 30 days), PA
MEKINIST .5mg	4	QL (90 per 30 days), PA
MEKTOVI	4	QL (180 per 30 days), PA
NERLYNX	4	QL (180 per 30 days), PA
NEXAVAR	4	QL (120 per 30 days), PA
NINLARO	4	PA
ROMIDEPSIN	4	PA
RUBRACA	4	QL (120 per 30 days), PA
RYDAPT	4	QL (224 per 28 days), PA
SPRYCEL 20mg	4	QL (90 per 30 days), PA
SPRYCEL 50mg, 70mg, 80mg, 100mg, 140mg	4	QL (30 per 30 days), PA
STIVARGA	4	QL (84 per 28 days), PA
SUTENT	4	QL (30 per 30 days), PA
TAFINLAR	4	QL (120 per 30 days), PA
TAGRISSO	4	QL (30 per 30 days), PA
TARCEVA 25mg	4	QL (60 per 30 days), PA
TARCEVA 100mg, 150mg	4	QL (30 per 30 days), PA
temsirolimus	4	PA
TIBSOVO	4	QL (60 per 30 days), PA
TORISEL	4	PA
TYKERB	4	QL (180 per 30 days), PA
VELCADE	4	PA
VITRAKVI CAPS 25mg	4	QL (180 per 30 days), PA
VITRAKVI CAPS 100mg	4	QL (60 per 30 days), PA

Drug Name	Drug Tier	Requirements/Limits
VITRAKVI SOLN	4	QL (3 bottles per 30 days), PA
VOTRIENT	4	QL (120 per 30 days), PA
XALKORI	4	QL (60 per 30 days), PA
ZEJULA	4	QL (90 per 30 days), PA
ZELBORAF	4	QL (240 per 30 days), PA
ZOLINZA	4	QL (120 per 30 days), PA
ZYDELIG	4	QL (60 per 30 days), PA
ZYKADIA	4	QL (90 per 30 days), PA
ANTINEOPLASTIC ENZYMES		
ASPARLAS	3	PA
ERWINAZE	3	PA
ONCASPAR	4	PA
ANTINEOPLASTIC RADIOPHARMACEUTICALS		
AZEDRA DOSIMETRIC	3	PA
AZEDRA THERAPEUTIC	3	PA
LUTATHERA	3	PA
ANTINEOPLASTICS MISC.		
ACTIMMUNE	4	PA
bexarotene	4	PA
ELZONRIS	3	PA
HYDREA	3	
hydroxyurea	1	
INTRON A	4	PA
MATULANE	3	
PROLEUKIN	4	PA
SYLATRON	4	QL (4 per 28 days), PA
SYNRIBO	3	PA
TARGRETIN CAPS	4	PA
tretinoin (chemotherapy)	1	
CHEMOTHERAPY RESCUE/ANTIDOTE AGENTS		
FUSILEV	4	PA
leucovorin calcium	1	
levoleucovorin calcium	4	PA
MESNEX	3	
MITOTIC INHIBITORS		
etoposide	1	
HALAVEN	4	PA
IXEMPRA KIT	4	PA
JEVTANA	4	PA
ONCOLYTIC VIRAL AGENTS		
IMLYGIC	3	PA

Drug Name	Drug Tier	Requirements/Limits
TOPOISOMERASE I INHIBITORS		
HYCAMTIN	4	PA
ANTIPARKINSON AND RELATED THERAPY AGENTS		
ANTIPARKINSON ADJUVANTS		
carbidopa	1	
LODOSYN	3	
ANTIPARKINSON ANTICHOLINERGICS		
benztropine mesylate	1	
trihexyphenidyl hcl	1	
ANTIPARKINSON COMT INHIBITORS		
COMTAN	3	
entacapone	1	
TASMAR	3	
tolcapone	1	
ANTIPARKINSON DOPAMINERGICS		
amantadine hcl	1	
APOKYN	4	PA
bromocriptine mesylate	1	
carbidopa-levodopa	1	
carbidopa-levodopa-entacapone	1	
DUOPA	3	
MIRAPEX	3	
MIRAPEX ER	3	
NEUPRO	2	
PARLODEL	3	
pramipexole dihydrochloride	1	
REQUIP	3	
REQUIP XL	3	
ropinirole hydrochloride	1	
RYTARY	3	
SINEMET	3	
SINEMET CR	3	
STALEVO 50	3	
STALEVO 75	3	
STALEVO 100	3	
STALEVO 125	3	
STALEVO 150	3	
STALEVO 200	3	
ANTIPARKINSON MONOAMINE OXIDASE INHIBITORS		
AZILECT	3	
ELDEPRYL	3	
rasagiline mesylate	1	
selegiline hcl	1	
ZELAPAR	3	

Drug Name	Drug Tier	Requirements/Limits
ANTIPSYCHOTICS/ANTIMANIC AGENTS		
ANTIMANIC AGENTS		
LITHIUM	3	
lithium carbonate	1	
LITHOBID	3	
ANTIPSYCHOTICS - MISC.		
EQUETRO	3	
GEODON	3	
LATUDA	2	
NUPLAZID	4	PA
VRAYLAR	2	
ziprasidone hcl	1	
BENZISOXAZOLES		
INVEGA	3	
INVEGA SUSTENNA	3	
paliperidone	1	
RISPERDAL	3	
RISPERDAL CONSTA	3	
RISPERDAL M-TAB	3	
risperidone	1	
BUTYROPHENONES		
HALDOL DECANOATE 50	3	
HALDOL DECANOATE 100	3	
haloperidol	1	
haloperidol decanoate	1	
haloperidol lactate	1	
DIBENZAPINES		
ADASUVE	3	
clozapine	1	
CLOZARIL	3	
FAZACLO	3	
loxapine succinate	1	
olanzapine	1	
quetiapine fumarate	1	
SAPHRIS	3	
SEROQUEL	3	
VERSACLOZ	3	
ZYPREXA	3	
ZYPREXA RELPREVV	3	
ZYPREXA ZYDIS	3	
DIHYDROINDOLONES		
molindone hcl	1	
PHENOTHIAZINES		
chlorpromazine hcl	1	

Drug Name	Drug Tier	Requirements/Limits
compro	1	
fluphenazine hcl	1	
perphenazine	1	
prochlorperazine	1	
prochlorperazine maleate	1	
thioridazine hcl	1	
trifluoperazine hcl	1	
QUINOLINONE DERIVATIVES		
ABILIFY MAINTENA	2	
aripiprazole	1	
ARISTADA	2	
ARISTADA INITIO	2	
REXULTI	3	
THIOXANTHENES		
thiothixene	1	
ANTISEPTICS & DISINFECTANTS		
ANTISEPTIC COMBINATIONS		
BUCALSEP	3	
ANTISEPTICS & DISINFECTANTS		
formaldehyde 10%	1	
FORMALDEHYDE 37%	3	
GLUTARALDEHYDE	3	
hydrogen peroxide	1	
CHLORINE ANTISEPTICS		
BENZALKONIUM CHLORIDE	3	
IODINE ANTISEPTICS		
IODINE TINCTURE	3	
IODOFLEX	3	
IODOSORB	3	
ANTIVIRALS		
ANTIRETROVIRALS		
abacavir sulfate SOLN	4	QL (900 per 30 days)
abacavir sulfate TABS	4	QL (60 per 30 days)
abacavir sulfate-lamivudine	4	QL (30 per 30 days)
abacavir sulfate-lamivudine-zidovudine	4	QL (60 per 30 days)
APTIVUS CAPS	4	QL (120 per 30 days)
APTIVUS SOLN	4	QL (285 ml per 28 days)
atazanavir sulfate 150mg, 300mg	4	QL (30 per 30 days)
atazanavir sulfate 200mg	4	QL (60 per 30 days)
ATRIPLA	4	QL (30 per 30 days)
BIKTARVY	4	QL (30 per 30 days)
CIMDUO	4	QL (30 per 30 days)
COMBIVIR	4	QL (60 per 30 days)
CRIXIVAN 200mg	4	QL (450 per 30 days)

Drug Name	Drug Tier	Requirements/Limits
CRIXIVAN 400mg	4	QL (180 per 30 days)
DESCOVY	4	QL (30 per 30 days)
didanosine	4	QL (30 per 30 days)
EDURANT	4	QL (60 per 30 days)
efavirenz CAPS	4	QL (90 per 30 days)
efavirenz TABS	4	QL (30 per 30 days)
EMTRIVA CAPS	4	QL (30 per 30 days)
EMTRIVA SOLN	4	QL (680 ml per 28 days)
EPIVIR SOLN	4	QL (900 ml per 30 days)
EPIVIR TABS 150mg	4	QL (60 per 30 days)
EPIVIR TABS 300mg	4	QL (30 per 30 days)
EPZICOM	4	QL (30 per 30 days)
EVOTAZ	4	QL (30 per 30 days)
fosamprenavir calcium	4	QL (120 per 30 days)
FUZEON	4	QL (60 per 30 days)
GENVOYA	4	QL (30 per 30 days)
INTELENCE 25mg, 100mg	4	QL (120 per 30 days)
INTELENCE 200mg	4	QL (60 per 30 days)
INVIRASE CAPS	4	QL (300 per 30 days)
INVIRASE TABS	4	QL (120 per 30 days)
ISENTRESS CHEW	4	QL (180 per 30 days)
ISENTRESS PACK	4	QL (60 per 30 days)
ISENTRESS TABS	4	QL (120 per 30 days)
ISENTRESS HD	4	QL (60 per 30 days)
JULUCA	4	QL (30 per 30 days)
KALETRA SOLN	4	QL (390 per 30 days)
KALETRA TABS	4	QL (120 per 30 days)
KALETRA TABS	4	QL (240 per 30 days)
lamivudine SOLN	4	QL (900 ml per 30 days)
lamivudine TABS 150mg	4	QL (60 per 30 days)
lamivudine TABS 300mg	4	QL (30 per 30 days)
lamivudine-zidovudine	4	QL (60 per 30 days)
LEXIVA SUSP	4	QL (1575 ml per 28 days)
LEXIVA TABS	4	QL (120 per 30 days)
lopinavir-ritonavir	4	QL (390 per 30 days)
nevirapine SUSP	4	QL (1200 ml per 30 days)
nevirapine TABS	4	QL (60 per 30 days)
nevirapine TB24 100mg	4	QL (90 per 30 days)
nevirapine TB24 400mg	4	QL (30 per 30 days)
NORVIR CAPS; PACK; TABS	4	QL (360 per 30 days)
NORVIR SOLN	4	QL (480 ml per 30 days)
ODEFSEY	4	QL (30 per 30 days)
PREZCOBIX	4	QL (30 per 30 days)
PREZISTA SUSP	4	QL (400 ml per 30 days)

Drug Name	Drug Tier	Requirements/Limits
PREZISTA TABS 75mg	4	QL (300 per 30 days)
PREZISTA TABS 150mg	4	QL (180 per 30 days)
PREZISTA TABS 600mg	4	QL (60 per 30 days)
PREZISTA TABS 800mg	4	QL (30 per 30 days)
RESCRIPTOR 100mg	4	QL (900 per 30 days)
RESCRIPTOR 200mg	4	QL (450 per 30 days)
RETROVIR CAPS	4	QL (180 per 30 days)
RETROVIR SYRP	4	QL (1800 ml per 30 days)
REYATAZ CAPS 150mg, 300mg	4	QL (30 per 30 days)
REYATAZ CAPS 200mg	4	QL (60 per 30 days)
REYATAZ PACK	4	QL (180 packets per 30 days)
ritonavir	4	QL (360 per 30 days)
SELZENTRY SOLN	4	QL (1840 ml per 30 days)
SELZENTRY TABS 25mg	4	QL (240 per 30 days)
SELZENTRY TABS 75mg, 150mg	4	QL (60 per 30 days)
SELZENTRY TABS 300mg	4	QL (120 per 30 days)
stavudine	4	QL (60 per 30 days)
SUSTIVA CAPS	4	QL (90 per 30 days)
SUSTIVA TABS	4	QL (30 per 30 days)
SYMFI	4	QL (30 per 30 days)
SYMFI LO	4	QL (30 per 30 days)
TEMIXYS	4	QL (30 per 30 days)
tenofovir disoproxil fumarate	4	QL (30 per 30 days)
TIVICAY	4	QL (60 per 30 days)
TRIUMEQ	4	QL (30 per 30 days)
TRIZIVIR	4	QL (60 per 30 days)
TRUVADA	4	QL (30 per 30 days)
TYBOST	4	QL (30 per 30 days)
VIDEX EC	4	QL (30 per 30 days)
VIDEX PEDIATRIC	4	QL (1200 ml per 30 days)
VIRACEPT 250mg	4	QL (300 per 30 days)
VIRACEPT 625mg	4	QL (120 per 30 days)
VIRAMUNE SUSP	4	QL (1200 ml per 30 days)
VIRAMUNE TABS	4	QL (60 per 30 days)
VIRAMUNE XR 100mg	4	QL (90 per 30 days)
VIRAMUNE XR 400mg	4	QL (30 per 30 days)
VIREAD POWD	4	QL (240 gm per 30 days)
VIREAD TABS	4	QL (30 per 30 days)
ZERIT CAPS	4	QL (60 per 30 days)

Drug Name	Drug Tier	Requirements/Limits
ZERIT SOLR	4	QL (2400 ml per 30 days)
ZIAGEN SOLN	4	QL (900 per 30 days)
ZIAGEN TABS	4	QL (60 per 30 days)
zidovudine CAPS	4	QL (180 per 30 days)
zidovudine SYRP	4	QL (1800 ml per 30 days)
zidovudine TABS	4	QL (60 per 30 days)
CMV AGENTS		
PREVYMIS	3	
valganciclovir hcl	1	
HEPATITIS AGENTS		
adefovir dipivoxil	4	
BARACLUDE	4	
entecavir	4	
EPCLUSA	4	QL (28 per 28 days), PA
HARVONI	4	PA, ST
HARVONI	4	QL (28 per 28 days), PA
lamivudine (hbv)	4	
moderiba TABS	4	PA
MODERIBA TBPK	4	PA
MODERIBA 800 DOSE PACK	4	PA
MODERIBA 1200 DOSE PACK	4	PA
PEGINTRON	4	
REBETOL	4	PA
ribasphere	4	PA
RIBASPHERE RIBAPAK	4	PA
ribavirin (hepatitis c)	4	PA
SOVALDI 200mg	4	PA, ST
SOVALDI 400mg	4	QL (28 per 28 days), PA
VEMLIDY	4	
VOSEVI	4	QL (28 per 28 days), PA
HERPES AGENTS		
acyclovir	1	
famciclovir	1	
SITAVIG	3	
valacyclovir hcl	1	
ZOVIRAX CAPS; SUSP; TABS	3	
INFLUENZA AGENTS		
FLUMADINE	3	
oseltamivir phosphate CAPS 30mg	1	QL (40 caps / 90 days)
oseltamivir phosphate CAPS 45mg, 75mg	1	QL (20 caps / 90 days)
oseltamivir phosphate SUSR	1	QL (360 mL / 90 days)
RELENZA DISKHALER	2	QL (2 inhalers / 90 days)

Drug Name	Drug Tier	Requirements/Limits
rimantadine hydrochloride	1	
TAMIFLU CAPS 30mg	3	QL (40 caps / 90 days)
TAMIFLU CAPS 45mg, 75mg	3	QL (20 caps / 90 days)
TAMIFLU SUSR	3	QL (360 mL / 90 days)
RESPIRATORY SYNCYTIAL VIRUS (RSV) AGENTS		
ribavirin	1	
VIRAZOLE	3	
BETA BLOCKERS		
ALPHA-BETA BLOCKERS		
carvedilol	1	
carvedilol phosphate	1	
COREG	3	
COREG CR	3	
labetalol hcl	1	
BETA BLOCKERS CARDIO-SELECTIVE		
acebutolol hcl	1	
atenolol	1	
betaxolol hcl	1	
bisoprolol fumarate	1	
BYSTOLIC	2	
LOPRESSOR	3	
metoprolol succinate	1	
metoprolol tartrate	1	
TENORMIN	3	
BETA BLOCKERS NON-SELECTIVE		
CORGARD	3	
HEMANGEOL	3	
INDERAL LA	3	
INDERAL XL	3	
INNOPRAN XL	3	
nadolol	1	
pindolol	1	
propranolol hcl	1	
sorine	1	
sotalol hcl	1	
sotalol hcl (afib/afl)	1	
SOTYLIZE	3	
timolol maleate	1	
CALCIUM CHANNEL BLOCKERS		
CALCIUM CHANNEL BLOCKERS		
ADALAT CC	3	
afeditab cr	1	
amlodipine besylate	1	
CALAN	3	
CALAN SR	3	

Drug Name	Drug Tier	Requirements/Limits
cartia xt	1	
dilt-xr	1	
diltiazem cd	1	
diltiazem hcl	1	
diltiazem hcl coated beads	1	
diltiazem hcl extended release beads	1	
felodipine	1	
isradipine	1	
nicardipine hcl	1	
nifedipine	1	
nimodipine	1	
nisoldipine	1	
NYMALIZE	3	
PROCARDIA	3	
PROCARDIA XL	3	
SULAR	3	
taztia xt	1	
tiadylt er	1	
TIAZAC	3	
verapamil hcl	1	
VERELAN	3	
VERELAN PM	3	

CARDIOTONICS

CARDIAC GLYCOSIDES

digitek	1	
digox	1	
digoxin	1	
LANOXIN	3	

CARDIOVASCULAR AGENTS - MISC.

CARDIOVASCULAR AGENTS MISC. - COMBINATIONS

amlodipine besylate-atorvastatin calcium	1	
BIDIL	2	
CADUET	3	
ENTRESTO	2	PA

IMPOTENCE AGENTS

CAVERJECT	3	QL (6 vials / 25 days), PA
CAVERJECT IMPULSE 10mcg	3	QL (6 each / 25 days), PA
CAVERJECT IMPULSE 20mcg	3	QL (6 kits / 25 days), PA
EDEX 10mcg	3	QL (1 each / 25 days), PA
EDEX 10mcg	3	QL (3 each / 25 days), PA
EDEX 20mcg, 40mcg	3	QL (1 kit / 25 days), PA

Drug Name	Drug Tier	Requirements/Limits
EDEX 20mcg, 40mcg	3	QL (3 kits / 25 days), PA
LEVITRA	3	QL (6 tabs / 25 days), PA
MUSE	2	QL (6 sup / 25 days), PA
sildenafil citrate	1	QL (6 tabs / 25 days), PA
STAXYN	3	QL (6 tabs / 25 days), PA
tadalafil 2.5mg	1	QL (30 tabs / 25 days), PA
tadalafil 5mg, 10mg, 20mg	1	QL (6 tabs / 25 days), PA
vardenafil hcl	1	QL (6 tabs / 25 days), PA
PROSTAGLANDIN VASODILATORS		
epoprostenol sodium	4	PA
FLOLAN	4	PA
ORENITRAM	4	PA
REMODULIN	3	PA
treprostinil	1	PA
TYVASO	4	QL (28 amps per 28 days), PA
TYVASO REFILL	4	QL (28 amps per 28 days), PA
TYVASO STARTER	4	QL (28 amps per 28 days), PA
VELETRI	4	PA
VENTAVIS	4	QL (270 per 30 days), PA
PULMONARY HYPERTENSION - ENDOTHELIN RECEPTOR ANTAGONISTS		
ambrisentan	4	QL (30 per 30 days), PA
bosentan	4	QL (60 per 30 days), PA
LETAIRIS	4	QL (30 per 30 days), PA
OPSUMIT	4	QL (30 per 30 days), PA
TRACLEER TABS	4	QL (60 per 30 days), PA
TRACLEER TBSO	4	QL (112 per 28 days), PA
PULMONARY HYPERTENSION - PHOSPHODIESTERASE INHIBITORS		
alyq	4	QL (60 per 30 days), PA
sildenafil citrate (pulmonary hypertension) SOLN	4	PA
sildenafil citrate (pulmonary hypertension) SUSR	4	QL (224 ml per 30 days), PA
sildenafil citrate (pulmonary hypertension) TABS	4	QL (90 per 30 days), PA
tadalafil (pulmonary hypertension)	4	QL (60 per 30 days), PA

Drug Name	Drug Tier	Requirements/Limits
PULMONARY HYPERTENSION - PROSTACYCLIN RECEPTOR AGONIST		
UPTRAVI TABS	4	QL (60 per 30 days), PA
UPTRAVI TBPK	4	PA
PULMONARY HYPERTENSION - SOL GUANYLATE CYCLASE STIMULATOR		
ADEMPAS	4	QL (90 per 30 days), PA
SINUS NODE INHIBITORS		
CORLANOR SOLN	3	
CORLANOR TABS	2	
CEPHALOSPORINS		
CEPHALOSPORINS - 1ST GENERATION		
cefadroxil	1	
cephalexin	1	
KEFLEX	3	
CEPHALOSPORINS - 2ND GENERATION		
cefaclor	1	
CEFACLOR ER	3	
cefprozil	1	
CEFTIN	3	
cefuroxime axetil	1	
CEPHALOSPORINS - 3RD GENERATION		
cefdinir	1	
cefditoren pivoxil	1	
cefixime	1	
cefpodoxime proxetil	1	
CEFTRI-IM	3	PA
SPECTRACEF	3	
SUPRAX	2	
CONTRACEPTIVES		
COMBINATION CONTRACEPTIVES - ORAL		
afirmelle	0	
altavera	0	
alyacen 1/35	0	
alyacen 7/7/7	0	
amethia	0	
amethia lo	0	
amethyst	0	
apri	0	
aranelle	0	
ashlyna	0	
aubra	0	
aubra eq	0	
aurovela 1.5/30	0	
aurovela 1/20	0	

Drug Name	Drug Tier	Requirements/Limits
aurovela 24 fe	0	
aurovela fe 1.5/30	0	
aurovela fe 1/20	0	
aviane	0	
ayuna	0	
azurette	0	
BALCOLTRA	0	
balziva	0	
bekyree	0	
blisovi 24 fe	0	
blisovi fe 1.5/30	0	
blisovi fe 1/20	0	
briellyn	0	
camrese	0	
camrese lo	0	
caziant	0	
chateal	0	
chateal eq	0	
cryselle-28	0	
cyclafem 1/35	0	
cyclafem 7/7/7	0	
cyred	0	
cyred eq	0	
dasetta 1/35	0	
dasetta 7/7/7	0	
daysee	0	
delyla	0	
DESOGEN	3	
desogestrel & ethinyl estradiol	0	
desogestrel-ethinyl estradiol (biphasic)	0	
drospirenone-ethinyl estradiol	0	
drospirenone-ethinyl estradiol-levomefolate calcium	0	
elinest	0	
emoquette	0	
enpresse-28	0	
enskyce	0	
estarylla	0	
ESTROSTEP FE	3	
ethynodiol diacet & eth estrad	0	
falmina	0	
fayosim	0	
femynor	0	
GENERESS FE	3	
gianvi	0	
hailey 1.5/30	0	

Drug Name	Drug Tier	Requirements/Limits
hailey 24 fe	0	
introvale	0	
isibloom	0	
jaimiess	0	
jasmiel	0	
jolessa	0	
juleber	0	
junel 1.5/30	0	
junel 1/20	0	
junel fe 1.5/30	0	
junel fe 1/20	0	
junel fe 24	0	
kaitlib fe	0	
kalliga	0	
kariva	0	
kelnor 1/35	0	
kelnor 1/50	0	
kimidess	0	
kurvelo	0	
larin 1.5/30	0	
larin 1/20	0	
larin 24 fe	0	
larin fe 1.5/30	0	
larin fe 1/20	0	
larissia	0	
layolis fe	0	
leena	0	
lessina	0	
levonest	0	
levonorgestrel & eth estradiol	0	
levonorgestrel-eth estradiol (triphasic)	0	
levonorgestrel-ethinyl estradiol (91-day)	0	
levonorgestrel-ethinyl estradiol (continuous)	0	
levora 0.15/30-28	0	
lillow	0	
lo-zumandimine	0	
LOESTRIN 1.5/30-21	3	
LOESTRIN 1/20-21	3	
LOESTRIN FE 1.5/30	3	
LOESTRIN FE 1/20	3	
lojaimiess	0	
loryna	0	
LOSEASONIQUE	3	
low-ogestrel	0	
lutera	0	

Drug Name	Drug Tier	Requirements/Limits
marlissa	0	
melodetta 24 fe	0	
mibelas 24 fe	0	
microgestin 1.5/30	0	
microgestin 1/20	0	
microgestin fe	0	
microgestin fe 1.5/30	0	
mili	0	
MIRCETTE	3	
mono-linyah	0	
mononessa	0	
myzilra	0	
necon 0.5/35-28	0	
necon 7/7/7	0	
nikki	0	
norethin acet & estrad-fe	0	
norethindrone & ethinyl estradiol-fe	0	
norethindrone acet & eth estra	0	
norgestimate-ethinyl estradiol	0	
norgestimate-ethinyl estradiol (triphasic)	0	
nortrel 0.5/35 (28)	0	
nortrel 1/35	0	
nortrel 7/7/7	0	
ocella	0	
ogestrel	0	
orsythia	0	
ORTHO TRI-CYCLEN	3	
ORTHO-CYCLEN	3	
ORTHO-NOVUM 1/35	3	
ORTHO-NOVUM 7/7/7	3	
philith	0	
pimtrea	0	
pirmella 1/35	0	
pirmella 7/7/7	0	
portia-28	0	
previfem	0	
QUARTETTE	3	
quasense	0	
rajani	0	
reclipsen	0	
rivelsa	0	
SAFYRAL	3	
SEASONIQUE	3	
setlakin	0	
simliya	0	
simpesse	0	

Drug Name	Drug Tier	Requirements/Limits
sprintec 28	0	
sronyx	0	
syeda	0	
tarina 24 fe	0	
tarina fe 1/20	0	
tarina fe 1/20 eq	0	
tilia fe	0	
tri femynor	0	
tri-estarylla	0	
tri-legest fe	0	
tri-linyah	0	
tri-lo-estarylla	0	
tri-lo-marzia	0	
tri-lo-mili	0	
tri-lo-sprintec	0	
tri-mili	0	
TRI-NORINYL 28	3	
tri-previfem	0	
tri-sprintec	0	
tri-vylibra	0	
tri-vylibra lo	0	
trinessa	0	
trinessa lo	0	
trivora-28	0	
tydemy	0	
velivet	0	
vestura	0	
vienva	0	
viorele	0	
volnea	0	
vyfemla	0	
vylibra	0	
wera	0	
wymzya fe	0	
YASMIN 28	3	
zarah	0	
zenchent	0	
zovia 1/35e	0	
zumandimine	0	
COMBINATION CONTRACEPTIVES - TRANSDERMAL		
xulane	0	
COMBINATION CONTRACEPTIVES - VAGINAL		
eluryng	0	QL (13 rings / 300 days)
etonogestrel-ethinyl estradiol	0	QL (13 rings / 300 days)
NUVARING	2	QL (13 rings / year)

Drug Name	Drug Tier	Requirements/Limits
COPPER CONTRACEPTIVES - IUD		
PARAGARD INTRAUTERINE COP	0	
EMERGENCY CONTRACEPTIVES		
aftera	0	
econtra ez	0	
econtra one-step	0	
ELLA	0	
levonorgestrel (emergency oc)	0	
my choice	0	
my way	0	
new day	0	
next choice one dose	0	
opcicon one-step	0	
option 2	0	
preventeza	0	
react	0	
take action	0	
PROGESTIN CONTRACEPTIVES - INJECTABLE		
DEPO-PROVERA CONTRACEPTIV	3	PA
DEPO-SUBQ PROVERA 104	0	
medroxyprogesterone acetate (contraceptive)	0	
PROGESTIN CONTRACEPTIVES - IUD		
KYLEENA	0	
MIRENA	0	
SKYLA	0	
PROGESTIN CONTRACEPTIVES - ORAL		
camila	0	
deblitane	0	
errin	0	
heather	0	
incassia	0	
jencycla	0	
jolivette	0	
lyza	0	
nora-be	0	
norethindrone (contraceptive)	0	
norlyda	0	
norlyroc	0	
ORTHO MICRONOR	3	
sharobel	0	
tulana	0	
CORTICOSTEROIDS		
GLUCOCORTICOSTEROIDS		
ACTIVE INJECTION KIT BLM-	3	PA

Drug Name	Drug Tier	Requirements/Limits
ACTIVE INJECTION KIT BM	3	PA
ACTIVE INJECTION KIT D	3	PA
ACTIVE INJECTION KIT DL	3	PA
ACTIVE INJECTION KIT DLM	3	PA
ACTIVE INJECTION KIT KL-3	3	PA
ACTIVE INJECTION KIT KM	3	PA
ACTIVE INJECTION KIT L	3	PA
ACTIVE INJECTION KIT LM-D	3	PA
ACTIVE INJECTION KIT M-1	3	PA
BT INJECTION KIT	3	PA
budesonide	1	
CORTEF	3	
cortisone acetate	1	
decadron	1	
dexamethasone	1	
DEXAMETHASONE INTENSOL	3	
ENTOCORT EC	3	
hidex 6-day	1	
hydrocortisone	1	
JTT PHYSICIANS KIT	3	PA
LT INJECTION KIT	3	PA
MAS CARE-PAK	3	PA
MEDROL	3	
MEDROL DOSEPAK	3	
methylprednisolone	1	
MLP A-1	3	PA
ORAPRED ODT	3	
P-CARE K40	3	PA
P-CARE K40G	3	PA
P-CARE K40MX	3	PA
P-CARE K80	3	PA
P-CARE K80G	3	PA
P-CARE K80MX	3	PA
PEDIAPRED	3	
POD-CARE 100CG	3	PA
POD-CARE 100CMX	3	PA
POD-CARE 100K	3	PA
POD-CARE 100KG	3	PA
POD-CARE 100KMX	3	PA
POINT OF CARE KM	3	PA
POINT OF CARE L.2	3	PA
POINT OF CARE L.5	3	PA
POINT OF CARE LM DEP 2	3	PA
prednisolone	1	
prednisolone sodium phosphate	1	
prednisone	1	

Drug Name	Drug Tier	Requirements/Limits
PREDNISONE INTENSOL	3	
PRO-C-DURE 5 KIT	3	PA
READYSHARP ANESTHETICS +	3	PA
READYSHARP TRIAMCINOLONE	3	PA
READYSHARP-K	3	PA
TOPIDEX	3	PA
UCERIS TB24	3	
VERIPRED 20	3	
MINERALOCORTICOIDS		
fludrocortisone acetate	1	
COUGH/COLD/ALLERGY		
ANTITUSSIVES		
benzonatate	1	
hydrocodone w/ homatropine	1	
hydromet	1	
TESSALON PERLES	3	
tussigon	1	
COUGH/COLD/ALLERGY COMBINATIONS		
alavert allergy/sinus	3	
all day allergy d	3	
all day allergy d-12	3	
all day allergy-d	3	
allergy & congestion reli	3	
allergy relief d-24	3	
allergy relief-d	3	
allergy relief/nasal deco	3	
allergy-relief-d	3	
biotuss	1	
biotuss pediatric	1	
bromfed dm	1	
CARBAPHEN 12	3	
CARBAPHEN 12 PED	3	
cetirizine-pseudoephedrine	3	
cheratussin ac	3	
CODAR AR	3	
cvs allergy relief-d	3	
cvs allergy relief-d12	3	
CVS SEVERE COLD & FLU/DAY	3	
DECON-G	3	
eq allergy relief d 24 ho	3	
eql allergy/congestion re	3	
fexofenadine-pseudoephedrine	3	
g tussin ac	3	
gnp allergy & congestion	3	
guaiatussin ac	3	

Drug Name	Drug Tier	Requirements/Limits
guaifenesin-codeine	3	
hm allergy complete-d	3	
hm allergy relief & nasal	3	
HYCOFENIX	3	
hydrocodone polistirex-chlorpheniramine polistirex	1	
kls aller-tec d	3	
kls allerclear d-12hr	3	
kls allerclear d-24hr	3	
kls allerclear-d 24hr	3	
loratadine-d 12hr	3	
loratadine-d 24hr	3	
meijer allergy/congestion	3	
nortuss-de	1	
NORTUSS-EX	3	
promethazine & phenylephrine	1	
promethazine vc plain	1	
promethazine vc/codeine	1	
promethazine w/codeine	1	
promethazine-dm	1	
promethazine-phenylephrine-codeine	1	
pseudoephed-bromphen-dm	1	
pseudoephed-cpm w/ hydrocod	1	
px allergy relief d	3	
ra cetiri-d	3	
ra lorata-d	3	
robafen ac	3	
sb allergy relief/nasal d	3	
SEMPREX-D	3	
shopko allergy relief-d	3	
sm lorata-dine d	3	
sm loratadine d 12hr	3	
sw allergy relief-d	3	
tgt allergy & congestion	3	
tgt allergy+ congestion r	3	
TUSSICAPS	3	
TUSSIONEX PENNKINETIC EXT	3	
TUZISTRA XR	3	
virtussin a/c	3	
virtussin ac/alc	3	
virtussin dac	3	
wal-fex d 24 hour allergy	3	
wal-itin d	3	
wal-itin d 24 hour	3	
wal-zyr d	3	
ZUTRIPRO	3	

Drug Name	Drug Tier	Requirements/Limits
MISC. RESPIRATORY INHALANTS		
HYPER-SAL	3	
HYPERSAL	3	
nebusal 3%	1	
NEBUSAL 6%	3	
pulmosal	1	
sodium chloride (inhalant)	1	
MUCOLYTICS		
acetylcysteine	1	
DERMATOLOGICALS		
ACNE PRODUCTS		
ABSORICA	3	PA
ACZONE	3	
adapalene	1	PA; AGE
adapalene-benzoyl peroxide	1	
amnesteem	1	PA
ATRALIN	3	PA; AGE
AVAR	3	
AVAR LS	3	
avita	1	PA; AGE
AZELEX	3	
BENZAC AC WASH	3	
BENZAMYCIN	3	
BENZEFOAM	3	
BENZEFOAM ULTRA	3	
benzepro	1	
benzepro short contact	1	
BENZIQ	3	
BENZIQ LS	3	
benziq wash	1	
benzoyl peroxide	1	
benzoyl peroxide-erythromycin	1	
benzoyl peroxide-hydrocortisone	1	
bp foam	1	
bp foaming wash	1	
bp wash	1	
BPO	3	
bpo 6% foaming cloths	1	
claravis	1	PA
CLEOCIN-T	3	
CLINDACIN ETZ	3	PA
clindacin etz pledgets	1	
CLINDACIN PAC	3	PA
clindacin-p	1	
CLINDAGEL	3	

Drug Name	Drug Tier	Requirements/Limits
clindamycin phosphate (topical)	1	
clindamycin phosphate-benzoyl peroxide	1	
clindamycin phosphate-benzoyl peroxide (refrigerate)	1	
clindamycin phosphate-tretinoin	1	PA; AGE
dapsone (topical)	1	
DIFFERIN	3	PA; AGE
DUAC	3	
EPIDUO	2	
EPIDUO FORTE	2	
ery	1	
ERYGEL	3	
erythromycin (acne aid)	1	
EVOCLIN	3	
FABIOR	3	PA
INOVA	3	PA
INOVA 4/1 ACNE CONTROL TH	3	PA
INOVA 8/2 ACNE CONTROL TH	3	PA
isotretinoin	1	PA
KLARON	3	
myorisan	1	PA
neuac	1	
NEUAC KIT	3	PA
pr benzoyl peroxide wash	1	
resorcinol-sulfur	1	
RETIN-A	3	PA; AGE
RETIN-A MICRO	3	PA; AGE
RETIN-A MICRO PUMP	3	PA; AGE
RIAX	3	
sulfacetamide sodium (acne)	1	
sulfacetamide sodium w/ sulfur	1	
sulfacetamide sodium-sulfur-sunscreen	1	PA
sulfamez wash	1	
SUMAXIN TS	3	
TRETIN-X	3	AGE
tretinoin	1	PA; AGE
tretinoin microsphere	1	PA; AGE
ZACARE 4% KIT	3	PA
ZACARE 8% KIT	3	PA
ZACLIR CLEANSING	3	
zenatane	1	PA
AGENTS FOR EXTERNAL GENITAL AND PERIANAL WARTS		
VEREGEN	3	
ANALGESICS - TOPICAL		
ARTHRITIS WONDER	3	PA

Drug Name	Drug Tier	Requirements/Limits
TWO OLD GOATS ARTHRITIS F	3	PA
ANTI-INFLAMMATORY AGENTS - TOPICAL		
capsfenac pak	1	PA
diclofenac epolamine	1	
diclofenac sodium (topical)	1	
diclofex dc	1	PA
diclopak	1	PA
diclotral pak	1	PA
FLECTOR	3	
klofensaid ii	1	
sure result dss premium p	1	PA
VOLTAREN	3	
ANTIBIOTICS - TOPICAL		
ALTABAX	3	
BACTROBAN	3	
CENTANY	3	
CENTANY AT	3	PA
CORTISPORIN	3	
gentamicin sulfate (topical)	1	
mupirocin	1	
NEO-SYNALAR	3	
NEO-SYNALAR KIT	3	PA
XEPI	3	
ANTIFUNGALS - TOPICAL		
ciclodan CREA	1	
ciclodan SOLN	1	PA
CICLODAN CREAM KIT	3	PA
CICLODAN SOLUTION KIT	3	PA
ciclopirox GEL; SHAM	1	
ciclopirox SOLN	1	PA
ciclopirox olamine	1	
clotrimazole (topical)	1	
clotrimazole w/ betamethasone	1	
dermazene	1	
econazole nitrate	1	
ECOZA	3	
ERTACZO	3	
EXELDERM	3	
EXODERM	3	
EXTINA	3	
HALOTIN	3	
iodoquimez-hc	1	
iodoquinol-hc	1	
iodoquinol-hydrocortisone-aloe polysaccharide	1	PA

Drug Name	Drug Tier	Requirements/Limits
JUBLIA	3	PA
KERYDIN	3	PA
ketoconazole (topical)	1	
ketodan	1	
KETODAN KIT	3	PA
LOPROX	3	PA
LOPROX SHAMPOO	3	
LOTRISONE	3	
luliconazole	1	
LUZU	3	
MENTAX	3	
miconazole-zinc oxide-white petrolatum	1	
naftifine hcl	1	
NAFTIN	2	
NIZORAL	3	
nyamyc	1	
nystatin (topical)	1	
nystatin-triamcinolone	1	
nystop	1	
oxiconazole nitrate	1	
OXISTAT	3	
PENLAC NAIL LACQUER	3	PA
sulconazole nitrate CREA	1	
SULCONAZOLE NITRATE SOLN	3	
VUSION	3	
XOLEGEL COREPAK	3	PA
XOLEGEL DUO/HEAD & SHOULD	3	PA
XOLEGEL DUO/XOLEX	3	PA
ANTINEOPLASTIC OR PREMALIGNANT LESION AGENTS - TOPICAL		
diclofenac sodium (actinic keratoses)	1	
EFUDEX	3	
FLUOROPLEX	3	
fluorouracil (topical)	1	
LEVULAN KERASTICK	3	
PANRETIN	3	
PICATO	2	
TARGRETIN GEL	4	PA
TOLAK	2	
VALCHLOR	3	PA
ANTIPRURITICS - TOPICAL		
PRUDOXIN	3	
ZONALON	3	
ANTIPSORIATICS		
acitretin	1	
calcipotriene	1	

Drug Name	Drug Tier	Requirements/Limits
calcitrene	1	
COSENTYX 150mg/ml	4	QL (150 mg per 28 days), PA
COSENTYX 150mg/ml	4	QL (300 mg per 28 days), PA
COSENTYX SENSOREADY PEN 150mg/ml	4	QL (150 mg per 28 days), PA
COSENTYX SENSOREADY PEN 150mg/ml	4	QL (300 mg per 28 days), PA
DOVONEX	3	
methoxsalen rapid	1	
OXSORALEN ULTRA	3	
SKYRIZI	4	QL (2 syringes per 12 weeks), PA
SORIATANE	3	
STELARA	4	PA; Preferred for Crohn's (after failure of Humira), Psoriasis
TALTZ	4	QL (80 mg per 28 days), PA
tazarotene	1	PA
TAZORAC CREA .05%	3	PA
TAZORAC CREA .05%, .1%	2	PA
TAZORAC GEL	2	PA
TREMFYA	4	QL (100 mg (1 ml) / 8 weeks), PA
ANTISEBORRHEIC PRODUCTS		
GLYCOLIC ACID 70% HIGH PU	3	
NUTRASEB	3	
OVACE PLUS	3	
OVACE PLUS WASH	3	
PROMISEB	3	
PROMISEB COMPLETE	3	
seb-prev wash	1	
selenium sulfide LOTN	1	
selenium sulfide SHAM	1	PA
SODIUM SULFACETAMIDE WASH	3	
ANTIVIRALS - TOPICAL		
acyclovir topical	1	
DENAVIR	3	
XERESE	3	
ZOVIRAX CREA; OINT	3	
BURN PRODUCTS		
mafenide acetate	1	
SILVADENE	3	
silver sulfadiazine	1	

Drug Name	Drug Tier	Requirements/Limits
ssd	1	
SULFAMYLON	3	
CAUTERIZING AGENTS		
SILVER NITRATE	3	
CORTICOSTEROIDS - TOPICAL		
ALA SCALP	3	
ala-cort	1	
alclometasone dipropionate	1	
amcinonide CREA; LOTN	1	
AMCINONIDE OINT	3	
beser	1	
betamethasone dipropionate (topical)	1	
betamethasone dipropionate augmented	1	
betamethasone valerate	1	
BRYHALI	3	
calcipotriene-betamethasone dipropionate	1	
CAPEX	3	
clobetasol propionate	1	
clobetasol propionate emo	1	
clobetasol propionate emulsion	1	
CLOBEX	3	
clocortolone pivalate	1	
clodan	1	
CLODAN KIT	3	PA
CLODERM	3	
CLODERM PUMP	3	
CORDRAN	3	
CUTIVATE	3	
derma silkrx sds pak	1	PA
DERMA-SMOOTHE/FS BODY	3	
DERMA-SMOOTHE/FS SCALP	3	
DERMASORB HC	3	PA
DERMASORB TA	3	PA
dermawerx sds pak	1	PA
DESONATE	3	
desonide	1	
DESOWEN	3	
desoximetasone	1	
DIPROLENE	3	
DIPROLENE AF	3	
DUOBRII	3	
ELOCON	3	
ENSTILAR	3	
EPIFOAM	3	
fluocinolone acetonide	1	

Drug Name	Drug Tier	Requirements/Limits
fluocinonide	1	
fluocinonide emulsified base	1	
flurandrenolide	1	
fluticasone propionate	1	
HALAC	3	PA
halcinonide	1	
halobetasol propionate	1	
HALOG	3	
hydrocortisone (topical)	1	
hydrocortisone butyrate	1	
hydrocortisone butyrate hydrophilic lipo base	1	
hydrocortisone valerate	1	
KENALOG	3	
lidocaine-hydrocortisone acetate	1	PA
LOCOID	3	
LOCOID LIPOCREAM	3	
LUXIQ	3	
mezparox-hc	1	
mometasone furoate	1	
nolix	1	
nutriarx creampak	1	PA
OLUX	3	
PANDEL	3	
paramox-hc	1	PA
PRAMOSONE	3	
PRAMOSONE E	3	
pramoxine-hc	1	
prednicarbate	1	
sanadermrx skin repair so	1	PA
SCALACORT DK	3	PA
SERNIVO	3	
SYNALAR	3	
SYNALAR CREAM KIT	3	PA
SYNALAR OINTMENT KIT	3	PA
SYNALAR TS	3	PA
TACLONEX	3	
TEMOVATE	3	
TEXACORT	3	
TOPICORT	3	
tovet	1	
tri-sila	1	PA
triamcinolone acetonide (topical)	1	
TRIANEX .05%	1	
TRIANEX .05%	3	
triderm	1	

Drug Name	Drug Tier	Requirements/Limits
TRIDESILON	3	
ULTRAVATE	3	
VANOS	3	
VERDESO	3	
WESTCORT	3	
ECZEMA AGENTS		
DUPIXENT 200mg/1.14ml	4	PA
DUPIXENT 300mg/2ml	4	QL (600 mg per 28 days), PA
EMOLLIENT/KERATOLYTIC AGENTS		
cerovel	1	PA
DERMASORB XM	3	PA
HYDRO 35	3	PA
HYDRO 40 FOAM	3	PA
LATRIX XM	3	PA
rea lo 40	1	PA
salrix	1	PA
URAMAXIN	3	PA
urea CREA; LOTN	1	
urea SUSP	1	PA
UREA NAIL	3	
urea nail gel	1	PA
UREA NAIL KIT	3	PA
urea-c40	1	PA
uredeb	1	
EMOLLIENTS		
EUCERIN PLUS LOT	3	
HPR PLUS/MB HYDROGEL	3	
hyaluronate sodium (emollient)	1	
KERI LOTION	3	
LAC-HYDRIN	3	
lactic acid (ammonium lactate)	1	
lactic acid w/ vitamin e	1	
ENZYMES - TOPICAL		
SANTYL	3	
IMMUNOMODULATING AGENTS - TOPICAL		
ALDARA	3	
imiquimod	1	
ZYCLARA	2	
ZYCLARA PUMP	2	
IMMUNOSUPPRESSIVE AGENTS - TOPICAL		
ELIDEL	3	PA
pimecrolimus	1	PA
PROTOPIC	3	PA
tacrolimus (topical)	1	PA

Drug Name	Drug Tier	Requirements/Limits
KERATOLYTIC/ANTIMITOTIC AGENTS		
CONDYLOX	3	
GORDOFILM	3	
podofilox	1	
PYROGALLIC ACID	3	
SALEX CREAM	3	PA
SALEX LOTION	3	PA
salicylic acid	1	
salicylic acid w/ cleanser	1	PA
salimez	1	
SALIMEZ FORTE	3	
salisol forte	1	
salitech forte	1	
SALVAX DUO PLUS	3	PA
LINIMENTS		
MEDROX-RX	3	PA
MENTHOL 10% + CAMPHOR 4%	3	PA
LOCAL ANESTHETICS - TOPICAL		
ADAZIN	3	PA
ANACAINE	3	
anodyne lpt	1	PA
dermacinrx empricaine	1	PA
dermacinrx prizopak	1	PA
ethyl chloride	1	
ETHYL CHLORIDE/FINE STREA	3	
ETHYL CHLORIDE/MEDIUM STR	3	
GEBAUERS PAIN EASE	3	
GEBAUERS SPRAY AND STRETC	3	
glydo	1	QL (5 injections / 25 days)
leva set/occlusive dressi	1	PA
lido-prilo caine pack	1	PA
lidocaine OINT	1	QL (50 gm / 25 days)
lidocaine PTCH	1	
lidocaine hcl CREA	1	PA
lidocaine hcl GEL	1	QL (30 mL / 25 days)
lidocaine hcl LOTN	1	PA
lidocaine hcl PRSY 2%	1	QL (1.5 injections / 25 days)
lidocaine hcl PRSY 2%	1	QL (6 injections / 25 days)
lidocaine hcl SOLN	1	QL (50 mL / 25 days)
lidocaine pak	1	QL (50 gm / 25 days)
lidocaine-prilocaine CREA	1	QL (30 gm / 25 days)
lidocaine-prilocaine KIT	1	PA

Drug Name	Drug Tier	Requirements/Limits
LIDODERM	3	
lidopril	1	PA
lidopril xr	1	PA
LIDTOPIC MAX	3	PA
liprozonepak	1	PA
lp lite pak	1	PA
medolor pak	1	PA
MENTHOZEN HYDROGEL PATCH	3	PA
nuvakaan	1	PA
port-prep	1	PA
pramox gel	1	
prikaan	1	PA
prikaan lite	1	PA
prilolid	1	PA
priloxx lp	1	PA
QUTENZA	3	
relador pak	1	PA
relador pak plus	1	PA
soluline	1	PA
solupicc	1	PA
SYNERA	3	QL (2 patches / 25 days)
7t lido gel	1	QL (30 gm / 25 days)
vexatrol	1	PA
MISC. DERMATOLOGICAL PRODUCTS		
ALEVAMAX	3	
ATOPADERM	3	
ATOPICLAIR	3	
CERACADE	3	
DEXERYL	3	
ELETONE	3	
ELETONE TWINPACK	3	
EMULSION SB	3	
ENTTY SPRAY EMULSION	3	
GENADUR	3	
GENADUR KIT	3	PA
HALUCORT	3	
HPR	3	
HPR PLUS	3	
HYLATOPIC PLUS	3	
LOYON	3	
MIMYX	3	
NEOCERA	3	
NEOSALUS	3	
NEOSALUS CP	3	

Drug Name	Drug Tier	Requirements/Limits
NIVATOPIC PLUS	3	
NUVAIL	3	
PHLAG SPRAY	3	
PRESERA	3	
PRUCLAIR	3	
PRUMYX	3	
REMIGEN CREAM	3	
SEBUDERM	3	
TETRIX	3	
XERALUX	3	
MISC. TOPICAL		
BENZOIN TINCTURE	3	
DRYSOL	3	
ESSENTRA WIPES 9X9" CLEAN	3	
HYPOCYN	3	
PRELL LIQUID	3	
QBREXZA	3	
XERAC AC	3	
PHOSPHODIESTERASE 4 (PDE4) INHIBITORS - TOPICAL		
EUCRISA	2	
ROSACEA AGENTS		
azelaic acid	1	
doxycycline (rosacea)	1	
FINACEA	2	
ivermectin (rosacea)	1	
METROCREAM	3	
METROGEL	3	
METROLOTION	3	
metronidazole (topical)	1	
MIRVASO	3	
ORACEA	3	
RHOFADE	3	
rosadan	1	
ROSADAN KIT	3	PA
SOOLANTRA	2	
SCABICIDES & PEDICULICIDES		
crotan	1	
ELIMITE	3	
EURAX	3	
lindane	1	
malathion	1	
NATROBA	3	
OVIDE	3	
permethrin	1	
SKLICE	3	

Drug Name	Drug Tier	Requirements/Limits
spinosad	1	
SULFURATED LIME	3	
ULESFIA	3	
SCAR TREATMENT PRODUCTS		
celacyn	1	
COPASIL	3	
SCARCIN GEL	3	
WOUND CARE PRODUCTS		
AVO CREAM	3	
BIAFINE	3	
BIONECT	3	
CELACYN POST-PROCEDURE PA	3	
CURITY HYPERTONIC SODIUM	3	
deluo antimicrobial wound	1	
DIAB	3	
KENDALL ZINC CALCIUM ALGI	3	
KERAMATRIX REPLICINE 5CMX	3	
KERAMATRIX REPLICINE 10CM	3	
LUXAMEND	3	
MICROCYN	3	
NOXIFINE WOUND DRESSING	3	
PICO SINGLE USE NEGATIVE	3	
PRUTECT	3	
RADIAGEL	3	
RADIAPLEXRX	3	
REGENECARE	3	QL (30 gm / 25 days)
REGRANEX	3	
scarcare gel-pad kit/larg	1	PA
SILVASORB	3	
SONAFINE	3	
THERAHONEY	3	
VACUSTIM BLACK	3	
VACUSTIM SILVER	3	
vashe skin/wound/burn cle	1	
VENELEX	3	
WOUND DEBRIDEMENT	3	
DIAGNOSTIC PRODUCTS		
DIAGNOSTIC BIOLOGICALS		
candida albicans skin test antigen	1	
CANDIN	3	
CONSTANT TRICHOPHYTON	3	
DIAGNOSTIC DRUGS		
D-XYLOSE	3	
GLEOLAN	3	
isosulfan blue	1	

Drug Name	Drug Tier	Requirements/Limits
METOPIRONE	3	
PROVOCHOLINE	3	
THYROGEN	4	
DIAGNOSTIC PRODUCTS, MISC.		
HYSKON	3	
DIAGNOSTIC RADIOPHARMACEUTICALS		
INDIUM IN 111 DTPA	3	
DIAGNOSTIC TESTS		
ACCU-CHEK AVIVA PLUS	2	
ACCU-CHEK COMPACT PLUS	2	
ACCU-CHEK GUIDE	2	
ACCU-CHEK GUIDE	3	
ACCU-CHEK SMARTVIEW STRIP	2	
ASSURE PRISM MULTI TEST S	3	
CHEMSTRIP UGK	3	
CHEMSTRIP-K	3	
CVS KETONE CARE	3	
DIASTIX	3	
GENULTIMATE TEST STRIPS	3	
GLUCOCARD SHINE TEST STRI	3	
KETO-DIASTIX	3	
KETOCARE	3	
KETONE	3	
KETONE TEST STRIPS	3	
KETOSTIX	3	
NOVA MAX PLUS KETONE TEST	3	
PRECISION XTRA	3	
RELION KETONE	3	
RELION KETONE TEST STRIPS	3	
RADIOGRAPHIC CONTRAST MEDIA		
BARIUM SULFATE	3	
E-Z-CAT DRY	3	
E-Z-DOSE ENEMA	3	
E-Z-HD	3	
E-Z-PAQUE	3	
GASTROGRAFIN	3	
LIQUID E-Z-PAQUE	3	
md-gastroview	1	
OMNIPAQUE	3	
READI-CAT 2	3	
READI-CAT 2 BANANA SMOOTH	3	
READI-CAT 2 BERRY SMOOTHI	3	
READI-CAT 2 CREAMY VANILL	3	
READI-CAT 2 MOCHACCINO SM	3	
SITZMARKS	3	

Drug Name	Drug Tier	Requirements/Limits
SITZMARKS COMBO PACKAGE	3	
TAGITOL V	3	
VARIBAR HONEY	3	
VARIBAR NECTAR	3	
VARIBAR PUDDING	3	
VARIBAR THIN HONEY	3	
VARIBAR THIN LIQUID	3	
DIETARY PRODUCTS/DIETARY MANAGEMENT PRODUCTS		
NUTRITIONAL SUBSTITUTES		
SACCHARIN SODIUM	3	
NUTRITIONAL SUPPLEMENTS		
AMINO PM RMS	3	
APP SLIM RMS	3	
asilnasal rms	1	
CAMINO PRO COMPLETE/GLYTA	3	
GLYTACTIN BUILD 10PE	3	
GLYTACTIN COMPLETE 10PE	3	
GLYTACTIN SWIRL 15PE	3	
KETOVIE	3	
KETOVIE PEPTIDE	3	
NOURISH	3	
THRIVACIN 30	3	
THRIVACIN DETOX	3	
TYLACTIN COMPLETE 15 PE	3	
DIGESTIVE AIDS		
DIGESTIVE ENZYMES		
CREON	2	
PANCREAZE	3	
PERTZYE	3	
SUCRAID	3	
VIOKACE	2	
ZENPEP	2	
DIURETICS		
CARBONIC ANHYDRASE INHIBITORS		
acetazolamide	1	
KEVEYIS	4	QL (120 tabs per 30 days), PA
methazolamide	1	
NEPTAZANE	3	
DIURETIC COMBINATIONS		
ALDACTAZIDE	3	
amiloride & hydrochlorothiazide	1	
DYAZIDE	3	
MAXZIDE	3	
MAXZIDE-25	3	

Drug Name	Drug Tier	Requirements/Limits
spironolactone & hydrochlorothiazide	1	
triamterene & hydrochlorothiazide	1	
LOOP DIURETICS		
bumetanide	1	
BUMEX	3	
DEMADEX	3	
EDECRIN	3	
ethacrynic acid	1	
furosemide	1	
LASIX	3	
torsemide	1	
POTASSIUM SPARING DIURETICS		
ALDACTONE	3	
amiloride hcl	1	
spironolactone	1	
triamterene	1	
THIAZIDES AND THIAZIDE-LIKE DIURETICS		
chlorothiazide	1	
chlorthalidone	1	
DIURIL	3	
hydrochlorothiazide	1	
indapamide	1	
methyclothiazide	1	
metolazone	1	
MICROZIDE	3	
ENDOCRINE AND METABOLIC AGENTS - MISC.		
BONE DENSITY REGULATORS		
ACTONEL	3	
alendronate sodium	1	
ATELVIA	3	
BINOSTO	3	
BONIVA	3	
calcitonin (salmon)	1	
etidronate disodium	1	
FORTEO	4	QL (2.4 ml per 28 days), PA
FOSAMAX	3	
FOSAMAX PLUS D	3	
ibandronate sodium	1	
NATPARA	4	QL (2 cartridges per 28 days), PA
PROLIA	4	PA
RECLAST	4	PA
risedronate sodium	1	

Drug Name	Drug Tier	Requirements/Limits
TYMLOS	4	QL (1 pen per 30 days), PA
XGEVA	4	PA
zoledronic acid CONC	4	PA
ZOLEDRONIC ACID SOLN 4mg/100ml	4	PA
zoledronic acid SOLN 4mg/100ml, 5mg/100ml	4	PA
ZOMETA	4	PA
CORTICOTROPIN		
ACTHAR	4	QL (35 ml per 21 days), PA
GROWTH HORMONE RECEPTOR ANTAGONISTS		
SOMAVERT	4	QL (30 per 30 days), PA
GROWTH HORMONE RELEASING HORMONES (GHRH)		
EGRIFTA	4	PA
EGRIFTA SV	4	PA
HORMONE RECEPTOR MODULATORS		
EVISTA	3	
OSPHENA	2	
raloxifene hcl	1	AGE
LHRH/GNRH AGONIST ANALOG PITUITARY SUPPRESSANTS		
LUPANETA PACK	4	PA
LUPRON DEPOT-PED (1-MONTH	4	PA
LUPRON DEPOT-PED (3-MONTH	4	PA
SUPPRELIN LA	4	PA
SYNAREL	3	
METABOLIC MODIFIERS		
ALDURAZYME	4	PA
BRINEURA	3	PA
CARBAGLU	3	PA
cinacalcet hcl 30mg, 60mg	4	QL (60 per 30 days), PA
cinacalcet hcl 90mg	4	QL (120 per 30 days), PA
CRYSVITA 10mg/ml	4	QL (10 mg per 14 days), PA
CRYSVITA 20mg/ml	4	QL (80 mg per 14 days), PA
CRYSVITA 30mg/ml	4	QL (90 mg per 14 days), PA
CYSTADANE	3	
ELAPRASE	4	PA
FABRAZYME	4	PA
GALAFOLD	4	QL (14 per 28 days), PA
KANUMA	4	PA
KUVAN	4	PA

Drug Name	Drug Tier	Requirements/Limits
levocarnitine (metabolic modifiers)	1	
LUMIZYME	4	PA
MEPSEVII	3	PA
MYALEPT	4	QL (30 per 30 days), PA
NAGLAZYME	4	PA
nitisinone	1	PA
NITYR	3	PA
ORFADIN	2	PA
RAYALDEE	3	
REVCOVI	3	
SENSIPAR 30mg, 60mg	4	QL (60 per 30 days), PA
SENSIPAR 90mg	4	QL (120 per 30 days), PA
sodium phenylbutyrate	4	PA
STRENSIQ	3	PA
VIMIZIM	4	PA
XURIDEN	3	
POSTERIOR PITUITARY HORMONES		
DDAVP	3	
desmopressin acetate	1	
desmopressin acetate spray	1	
desmopressin acetate spray refrigerated	1	
NOCDURNA	3	
STIMATE	4	PA
PROLACTIN INHIBITORS		
cabergoline	1	
SOMATOSTATIC AGENTS		
octreotide acetate 50mcg/ml, 100mcg/ml, 500mcg/ml	4	QL (90 ml / 30 days), PA
octreotide acetate 200mcg/ml, 1000mcg/5ml	4	QL (225 ml / 30 days), PA
octreotide acetate 1000mcg/ml	4	QL (45 ml / 30 days), PA
SANDOSTATIN 50mcg/ml, 100mcg/ml, 500mcg/ml	4	QL (90 per 30 days), PA
SANDOSTATIN 200mcg/ml	4	QL (225 ml per 30 days), PA
SANDOSTATIN 1000mcg/ml	4	QL (45 ml per 30 days), PA
SIGNIFOR	4	QL (60 per 30 days), PA
SIGNIFOR LAR	4	QL (1 kit per 28 days), PA
SOMATULINE DEPOT 60mg/0.2ml	4	QL (60 mg per 28 days), PA
SOMATULINE DEPOT 90mg/0.3ml	4	QL (90 mg per 28 days), PA

Drug Name	Drug Tier	Requirements/Limits
SOMATULINE DEPOT 120mg/0.5ml	4	QL (120 mg per 28 days), PA
VASOPRESSIN RECEPTOR ANTAGONISTS		
JYNARQUE TABS	4	PA
JYNARQUE TBPK	4	QL (56 tabs per 28 days), PA
SAMSCA	4	PA
ESTROGENS		
ESTROGEN COMBINATIONS		
ACTIVELLA	3	
amabelz	1	
ANGELIQ	3	
CLIMARA PRO	2	
COMBIPATCH	2	
DUAVEE	2	
estradiol & norethindrone acetate	1	
FEMHRT LOW DOSE	3	
fyavolv	1	
jevantique lo	1	
jinteli	1	
lopreeza	1	
mimvey	1	
mimvey lo	1	
norethindrone acetate-ethinyl estradiol	1	
PREFEST	3	
PREMPHASE	2	
PREMPRO	2	
ESTROGENS		
ALORA	3	
CLIMARA	3	
DELESTROGEN	3	
DEPO-ESTRADIOL	3	
DIVIGEL	2	
dotti	1	
ELESTRIN	3	
ESTRACE TABS	3	
estradiol	1	
estradiol valerate	1	
ESTROGEL	3	
estropipate	1	
EVAMIST	2	
MENEST	3	
MENOSTAR	3	
PREMARIN TABS	2	

Drug Name	Drug Tier	Requirements/Limits
FLUOROQUINOLONES		
FLUOROQUINOLONES		
AVELOX	3	
BAXDELA	3	
CIPRO	3	
ciprofloxacin	1	
ciprofloxacin hcl	1	
ciprofloxacin-ciprofloxacin hcl	1	
LEVAQUIN	3	
levofloxacin	1	
moxifloxacin hcl	1	
ofloxacin	1	
GASTROINTESTINAL AGENTS - MISC.		
AGENTS FOR CHRONIC IDIOPATHIC CONSTIPATION (CIC)		
TRULANCE	3	
BILE ACID SYNTHESIS DISORDER AGENTS		
CHOLBAM	3	PA
FARNESOID X RECEPTOR (FXR) AGONISTS		
OCALIVA	4	QL (30 per 30 days), PA
GALLSTONE SOLUBILIZING AGENTS		
ACTIGALL	3	
CHENODAL	3	
URSO 250	3	
URSO FORTE	3	
ursodiol	1	
GASTROINTESTINAL ANTIALLERGY AGENTS		
cromolyn sodium (mastocytosis)	1	
GASTROCROM	3	
GASTROINTESTINAL CHLORIDE CHANNEL ACTIVATORS		
AMITIZA	2	PA
GASTROINTESTINAL STIMULANTS		
metoclopramide hcl	1	
METOCLOPRAMIDE ODT	3	
REGLAN	3	
INFLAMMATORY BOWEL AGENTS		
APRISO	2	
AZULFIDINE	3	
AZULFIDINE EN-TABS	3	
balsalazide disodium	1	
CANASA	3	
DIPENTUM	3	
GIAZO	3	
mesalamine	1	
mesalamine w/ cleanser	1	

Drug Name	Drug Tier	Requirements/Limits
PENTASA	2	
REMICADE	4	QL (10 vials per 28 days), PA
ROWASA	3	
SFROWASA	3	
sulfasalazine	1	
INTESTINAL ACIDIFIERS		
enulose	1	
generlac	1	
lactulose (encephalopathy)	1	
IRRITABLE BOWEL SYNDROME (IBS) AGENTS		
alosetron hcl	1	PA
LINZESS	2	PA
LOTRONEX	3	PA
VIBERZI	2	PA
PERIPHERAL OPIOID RECEPTOR ANTAGONISTS		
ENTEREG	3	
MOVANTIK	2	
RELISTOR	3	
SYMPROIC	2	
PHOSPHATE BINDER AGENTS		
AURYXIA	3	
lanthanum carbonate	1	
PHOSLYRA	2	
RENAGEL	3	
RENVELA	3	
sevelamer carbonate	1	
sevelamer hcl	1	
VELPHORO	2	
SHORT BOWEL SYNDROME (SBS) AGENTS		
GATTEX	4	QL (1 kit per 30 days), PA
TRYPTOPHAN HYDROXYLASE INHIBITORS		
XERMELO	4	QL (90 per 30 days), PA
GENERAL ANESTHETICS		
VOLATILE ANESTHETICS		
desflurane	1	
isoflurane	1	
sevoflurane	1	
terrell	1	
GENITOURINARY AGENTS - MISCELLANEOUS		
ACIDIFIERS		
K-PHOS NO 2	3	

Drug Name	Drug Tier	Requirements/Limits
ALKALINIZERS		
cytra k crystals	1	
ORACIT	3	
pot & sod citrates w/citric ac	1	
potassium citrate (alkalinizer)	1	
potassium citrate-citric acid	1	
sodium citrate & citric acid	1	
taron-crystals	1	
UROCIT-K 5	3	
UROCIT-K 10	3	
UROCIT-K 15	3	
CYSTINOSIS AGENTS		
CYSTAGON	4	PA
GENITOURINARY IRRIGANTS		
acetic acid	1	
glycine (gu irrigant)	1	
neomycin/polymyxin b gu	1	
RENACIDIN	3	
RESECTISOL	3	
sodium chloride (gu irrigant)	1	
SORBITOL	3	
SORBITOL-MANNITOL	3	
INTERSTITIAL CYSTITIS AGENTS		
ELMIRON	3	
PROSTATIC HYPERTROPHY AGENTS		
alfuzosin hcl	1	
AVODART	3	
CARDURA XL	3	
dutasteride	1	
dutasteride-tamsulosin hcl	1	
finasteride	1	
FLOMAX	3	
PROSCAR	3	
silodosin	1	
tamsulosin hcl	1	
URINARY ANALGESICS		
phenazo	1	
phenazopyridine hcl	1	
URINARY STONE AGENTS		
LITHOSTAT	3	
THIOLA	3	
THIOLA EC	3	

Drug Name	Drug Tier	Requirements/Limits
GOUT AGENTS		
GOUT AGENT COMBINATIONS		
colchicine w/ probenecid	1	
GOUT AGENTS		
allopurinol	1	
colchicine	1	
febuxostat	1	
KRYSTEXXA	4	PA
MITIGARE	3	
ULORIC	2	
ZYLOPRIM	3	
URICOSURICS		
probenecid	1	
HEMATOLOGICAL AGENTS - MISC.		
ANTIHEMOPHILIC PRODUCTS		
ADVATE	4	PA
ADYNOVATE	4	PA
AFSTYLA	4	PA
ALPHANATE/VON WILLEBRAND	4	PA
ALPHANINE SD	4	PA
BEBULIN	4	PA
BENEFIX	4	PA
COAGADEX	4	PA
FEIBA	3	PA
HEMLIBRA	4	PA
HEMOFIL M	4	PA
HUMATE-P	4	PA
IDELVION	4	PA
IXINITY	4	PA
JIVI	4	PA
KOATE	4	PA
KOATE-DVI	4	PA
KOGENATE FS	4	PA
KOVALTRY	4	PA
MONOCLATE-P	4	PA
MONONINE	4	PA
NOVOEIGHT	4	PA
NOVOSEVEN RT	4	PA
NUWIQ	4	PA
PROFILNINE	4	PA
REBINYN	4	PA
RECOMBINATE	4	PA
RIXUBIS	4	PA
WILATE	4	PA
XYNTHA	4	PA

Drug Name	Drug Tier	Requirements/Limits
XYNTHA SOLOFUSE	4	PA
BRADYKININ B2 RECEPTOR ANTAGONISTS		
FIRAZYR	4	QL (45 syringes per 90 days), PA
icatibant acetate	4	QL (45 syringes per 90 days), PA
COMPLEMENT INHIBITORS		
CINRYZE	4	QL (18 vials per 30 days), PA
HAEGARDA	4	QL (18 vials per 30 days), PA
RUCONEST	4	QL (60 vials in 90 days), PA
SOLIRIS	4	PA
HEMATORHEOLOGIC AGENTS		
pentoxifylline	1	
PLASMA KALLIKREIN INHIBITORS		
KALBITOR	4	QL (30 cartons (900 mg) per 90 days), PA
PLATELET AGGREGATION INHIBITORS		
AGGRENOX	3	
AGRYLIN	3	
anagrelide hcl	1	
aspirin-dipyridamole	1	
BRILINTA	2	
cilostazol	1	
clopidogrel bisulfate	1	
dipyridamole	1	
EFFIENT	3	
prasugrel hcl	1	
ZONTIVITY	3	
HEMATOPOIETIC AGENTS		
AGENTS FOR GAUCHER DISEASE		
CERDELGA	4	QL (60 per 30 days), PA
CEREZYME	4	QL (60 units per 14 days), PA
miglustat	4	QL (90 per 30 days), PA
VPRIV	4	QL (60 units per 14 days), PA
ZAVESCA	4	QL (90 per 30 days), PA
AGENTS FOR SICKLE CELL ANEMIA		
ADAKVEO	4	PA
DROXIA	3	
ENDARI	4	QL (180 packets per 30 days), PA

Drug Name	Drug Tier	Requirements/Limits
SIKLOS	3	
COBALAMINS		
B-12 COMPLIANCE INJECTION	3	PA
hydroxocobalamin acetate	1	
VITAMIN DEFICIENCY INJECT	3	PA
FOLIC ACID/FOLATES		
fa-8	0	$0 copay for women ages 55 and under, otherwise not covered
folate	0	$0 copay for women ages 55 and under, otherwise not covered
folic acid CAPS	0	$0 copay for women ages 55 and under, otherwise not covered
folic acid TABS 1mg	1	
folic acid TABS 400mcg	0	$0 copay for women ages 55 and under, otherwise not covered
kp folic acid	0	$0 copay for women ages 55 and under, otherwise not covered
sm folic acid	0	$0 copay for women ages 55 and under, otherwise not covered
yl folic acid	0	$0 copay for women ages 55 and under, otherwise not covered
HEMATOPOIETIC GROWTH FACTORS		
ARANESP ALBUMIN FREE	4	PA
LEUKINE	4	PA
MULPLETA	4	QL (7 per 14 days)
NEULASTA	4	QL (2 inj per 28 days), PA
NEULASTA ONPRO KIT	4	QL (2 inj per 28 days), PA
NIVESTYM	4	PA
NPLATE	4	PA
PROMACTA PACK	4	QL (240 PACKETS PER 30 DAYS), PA
PROMACTA TABS 12.5mg, 25mg	4	QL (30 per 30 days), PA
PROMACTA TABS 50mg, 75mg	4	QL (60 per 30 days), PA
RETACRIT	4	PA
UDENYCA	4	QL (2 inj per 28 days), PA
HEMATOPOIETIC MIXTURES		
ACTIVE FE	3	

Drug Name	Drug Tier	Requirements/Limits
B-6 FOLIC ACID	3	
DIVISTA	3	
FERRO-PLEX HEMATINIC	3	
FERROTRIN	3	
FOLIXAPURE	3	
folvite-d	1	
FUSION PLUS	3	
HEMOCYTE PLUS	3	
PUREFE PLUS	3	
ZOLATE	3	
STEM CELL MOBILIZERS		
MOZOBIL	4	PA
HEMOSTATICS		
HEMOSTATICS - SYSTEMIC		
AMICAR	3	
aminocaproic acid	1	
LYSTEDA	3	
tranexamic acid	1	
HEMOSTATICS - TOPICAL		
ACTIFOAM COLLAGEN SPONGE	3	
ARTISS	3	
AVITENE FLOUR	3	
AVITENE SHEET/35MM X 35MM	3	
AVITENE SHEET/70MM X 35MM	3	
AVITENE SHEET/70MM X 70MM	3	
ENDO AVITENE SHEET/5MM DI	3	
ENDO AVITENE SHEET/10MM D	3	
EVICEL	3	
EVITHROM	3	
GEL-FLOW NT	3	
GELFILM ENVELOPE	3	
GELFOAM	3	
GELFOAM DENTAL PACK	3	
GELFOAM SPONGE	3	
GELFOAM SPONGE COMPRESSED	3	
HELISTAT SPONGE 3"X4"X5MM	3	
INSTAT 2.5 CM X 5.1 CM	3	
INSTAT 7.6 CM X 10.2 CM	3	
RECOTHROM	3	
SURGICEL ABSORBABLE HEMOS	3	
SURGIFOAM	3	
SYRINGE AVITENE	3	
TACHOSIL	3	
THROMBIN-JMI DILUENT	3	
THROMBIN-JMI EPISTAXIS	3	

Drug Name	Drug Tier	Requirements/Limits
THROMBIN-JMI SYRINGE SPRA	3	
THROMBIN-JMI W/DIL SPRAY	3	
THROMBOGEN	3	
TISSEEL	3	
TISSEEL VH	3	
ULTRAFOAM	3	
HYPNOTICS/SEDATIVES/SLEEP DISORDER AGENTS		
BARBITURATE HYPNOTICS		
BUTISOL SODIUM	3	
phenobarbital	1	
SECONAL SODIUM	3	
HYPNOTICS - TRICYCLIC AGENTS		
doxepin hcl (sleep)	1	
SILENOR	2	
NON-BARBITURATE HYPNOTICS		
AMBIEN	3	QL (15 tabs / 25 days)
AMBIEN CR	3	QL (15 tabs / 25 days)
DORAL	3	QL (15 tabs / 25 days)
EDLUAR	3	PA
estazolam	1	QL (15 tabs / 25 days)
eszopiclone	1	QL (15 tabs / 25 days)
flurazepam hcl	1	QL (15 caps / 25 days)
HALCION	3	QL (10 tabs / 25 days)
midazolam hcl	1	
quazepam	1	QL (15 tabs / 25 days)
RESTORIL	3	QL (15 caps / 25 days)
SONATA	3	QL (15 caps / 25 days)
temazepam	1	QL (15 caps / 25 days)
triazolam	1	QL (10 tabs / 25 days)
zaleplon	1	QL (15 caps / 25 days)
zolpidem tartrate SUBL	1	PA
zolpidem tartrate TABS; TBCR	1	QL (15 tabs / 25 days)
OREXIN RECEPTOR ANTAGONISTS		
BELSOMRA	2	PA
SELECTIVE MELATONIN RECEPTOR AGONISTS		
HETLIOZ	4	QL (30 per 30 days), PA
ramelteon	1	QL (15 tabs / 25 days)
LAXATIVES		
LAXATIVE COMBINATIONS		
CLENPIQ	0	$0 copay for members age 50 through 74, otherwise not covered
COLYTE-FLAVOR PACKS	3	
gavilyte-c	1	
gavilyte-g	1	

Drug Name	Drug Tier	Requirements/Limits
gavilyte-h	0	AGE
gavilyte-n/flavor pack	1	
GOLYTELY	3	
NULYTELY/FLAVOR PACKS	3	
peg 3350-kcl-sod bicarb-sod chloride-sod sulfate	1	
peg 3350-potassium chloride-sod bicarbonate-sod chloride	1	
peg-prep	0	AGE
PREPOPIK	0	$0 copay for members age 50 through 74, otherwise not covered
SUPREP BOWEL PREP KIT	0	AGE
trilyte	1	
LAXATIVES - MISCELLANEOUS		
constulose	1	
KRISTALOSE	3	
lactulose	1	
polyethylene glycol 3350	1	
LUBRICANT LAXATIVES		
mineral oil	1	
STIMULANT LAXATIVES		
CASCARA SAGRADA	3	
LOCAL ANESTHETICS-PARENTERAL		
LOCAL ANESTHETIC COMBINATIONS		
ACTIVE INJECTION KIT LM-2	3	PA
P-CARE MG	3	PA
POINT OF CARE LM-2.2	3	PA
POINT OF CARE LM-2.5	3	PA
LOCAL ANESTHETICS - AMIDES		
BD PUDENDAL/LOCAL BLOCK T	3	PA
DURASAFE SPINAL/EPIDURAL	3	PA
LIDOCAINE HCL/DEXTROSE	3	
MONOJECT BONE MARROW BIOP	3	PA
P-CARE X	3	PA
READYSHARP BUPIVACAINE	3	PA
READYSHARP LIDOCAINE	3	PA
LOCAL ANESTHETICS - ESTERS		
CLOROTEKAL	3	PA
MACROLIDES		
AZITHROMYCIN		
azithromycin	1	
ZITHROMAX	3	
ZITHROMAX TRI-PAK	3	
ZITHROMAX Z-PAK	3	

Drug Name	Drug Tier	Requirements/Limits
CLARITHROMYCIN		
clarithromycin	1	
ERYTHROMYCINS		
e.e.s. 400	1	
ery-tab	1	
erythrocin stearate	1	
erythromycin base	1	
erythromycin ethylsuccinate	1	
PCE	3	
FIDAXOMICIN		
DIFICID	2	
MEDICAL DEVICES AND SUPPLIES		
CONTRACEPTIVES		
CAYA	0	
FC2 FEMALE CONDOM	0	
FC FEMALE CONDOM	0	
FEMCAP	0	
OMNIFLEX DIAPHRAGM	0	
WIDE-SEAL SILICONE DIAPHR	0	
DIABETIC SUPPLIES		
ACCU-CHEK PRODUCTS ARE PREFERRED	2	
GI-GU OSTOMY & IRRIGATION SUPPLIES		
KARAYA GUM POWD	3	
MISC. DEVICES		
ALCOH-WIPE 12" X 12"	3	
ORAL HYGIENE PRODUCTS		
MI PASTE	3	
MI PASTE PLUS	3	
REMESENSE	3	
PARENTERAL THERAPY SUPPLIES		
AUTOJECT 2	3	
BD AUTOSHIELD 29G X 3/16"	2	
BD AUTOSHIELD 29G X 5/16"	2	
BD AUTOSHIELD DUO 30G X 5	2	
BD INSULIN SYRINGE LUER-L	2	
BD INSULIN SYRINGE MICROF	2	
BD INSULIN SYRINGE SAFETY	2	
BD INSULIN SYRINGE ULTRA-	2	
BD INSULIN SYRINGE ULTRAF	2	
BD INSULIN SYRINGE/DETACH	2	
BD INSULIN SYRINGE/U-100/	2	
BD INSULIN SYRINGE/U-500/	2	
BD PEN NEEDLE/MICRO/ULTRA	2	
BD PEN NEEDLE/MINI/ULTRA-	2	

Drug Name	Drug Tier	Requirements/Limits
BD PEN NEEDLE/NANO 2ND GE	2	
BD PEN NEEDLE/NANO/ULTRA	2	
BD PEN NEEDLE/ORIGINAL/UL	2	
BD PEN NEEDLE/SHORT/ULTRA	2	
BD SAFETYGLIDE INSULIN SY	2	
BD VEO INSULIN SYRINGE UL	2	
CARPUJECT HOLDER	3	
CEQUR SIMPLICITY INSERTER	3	
DROPLET MICRON 34G X 9/64	3	
INJECT-EASE	3	
INJECT-EASE AUTOMATIC INJ	3	
MICRODOT PEN NEEDLE/31G X	3	
MICRODOT PEN NEEDLE/32G X	3	
MICRODOT PEN NEEDLE/33G X	3	
PEN NEEDLES 33G X 5/32"	3	
RELION PEN NEEDLES 32G X	3	
MIGRAINE PRODUCTS		
MIGRAINE COMBINATIONS		
ergotamine w/ caffeine	1	
isometheptene-dichloralphenazone-acetaminophen	1	
migergot	1	
sumatriptan-naproxen sodium	1	QL (9 tabs / 25 days)
TREXIMET	2	QL (9 tabs / 25 days)
MIGRAINE PRODUCTS		
ERGOMAR	3	
MIGRANAL	3	QL (8 mL / 25 days)
MIGRAINE PRODUCTS - MONOCLONAL ANTIBODIES		
AIMOVIG 70mg/ml	2	QL (2 pens / 25 days), PA, ST
AIMOVIG 140mg/ml	2	QL (1 pen / 25 days), PA, ST
AJOVY	2	QL (2.667 syringes / 75 days), PA, ST
EMGALITY SOAJ	2	QL (2 pens / 25 days), PA, ST
EMGALITY SOSY	2	QL (2 syringes / 25 days), PA, ST
SEROTONIN AGONISTS		
almotriptan malate 6.25mg, 12.5mg	1	QL (12 tabs / 25 days)
almotriptan malate 12.5mg	1	QL (12 ea / 25 days)
AMERGE	3	QL (12 tabs / 25 days)
AXERT	3	QL (12 tabs / 25 days)
eletriptan hydrobromide	1	QL (12 tabs / 25 days)
FROVA	3	QL (18 tabs / 25 days)

Drug Name	Drug Tier	Requirements/Limits
frovatriptan succinate	1	QL (18 ea / 25 days)
IMITREX SOLN 5mg/act	3	QL (24 sprays / 25 days)
IMITREX SOLN 6mg/0.5ml	3	QL (12 vials / 25 days)
IMITREX SOLN 20mg/act	3	QL (12 sprays / 25 days)
IMITREX TABS	3	QL (12 tabs / 25 days)
IMITREX STATDOSE REFILL 4mg/0.5ml	3	QL (18 syringes / 25 days)
IMITREX STATDOSE REFILL 6mg/0.5ml	3	QL (12 units / 25 days)
IMITREX STATDOSE SYSTEM 4mg/0.5ml	3	QL (18 syringes / 25 days)
IMITREX STATDOSE SYSTEM 6mg/0.5ml	3	QL (12 units / 25 days)
MAXALT	3	QL (18 tabs / 25 days)
MAXALT-MLT	3	QL (18 tabs / 25 days)
naratriptan hcl	1	QL (12 tabs / 25 days)
ONZETRA XSAIL 11mg/nosepc	2	QL (16 nosepieces / 25 days)
ONZETRA XSAIL 11mg/nosepc	3	QL (16 nosepieces / 25 days)
RELPAX	3	QL (12 tabs / 25 days)
rizatriptan benzoate TABS	1	QL (18 ea / 25 days)
rizatriptan benzoate TBDP	1	QL (18 tabs / 25 days)
sumatriptan 5mg/act	1	QL (24 sprays / 25 days)
sumatriptan 20mg/act	1	QL (12 sprays / 25 days)
sumatriptan succinate SOAJ 4mg/0.5ml	1	QL (18 syringes / 25 days)
sumatriptan succinate SOAJ 6mg/0.5ml	1	QL (12 units / 25 days)
sumatriptan succinate SOCT 4mg/0.5ml	1	QL (18 syringes / 25 days)
sumatriptan succinate SOCT 6mg/0.5ml	1	QL (12 units / 25 days)
sumatriptan succinate SOLN	1	QL (12 vials / 25 days)
sumatriptan succinate SOSY	1	QL (12 units / 25 days)
sumatriptan succinate TABS	1	QL (12 tabs / 25 days)
ZEMBRACE SYMTOUCH	2	QL (24 injections / 25 days)
zolmitriptan	1	QL (12 tabs / 25 days)
ZOMIG SOLN 2.5mg	2	QL (12 sprays / 25 days)
ZOMIG SOLN 5mg	2	QL (12 bottles / 25 days)
ZOMIG TABS	3	QL (12 tabs / 25 days)
ZOMIG ZMT	3	QL (12 tabs / 25 days)

Drug Name	Drug Tier	Requirements/Limits
MINERALS & ELECTROLYTES		
FLUORIDE		
FLORIVA LIQD	3	
FLUORABON	0	$0 applies for ages 5 and under, otherwise not covered
fluoritab	0	AGE
flura-drops	0	AGE
ludent	0	AGE
nafrinse drops	0	AGE
sodium fluoride	0	AGE
IODINE PRODUCTS		
iodine strong (lugol's)	1	
PHOSPHATE		
K-PHOS	3	
K-PHOS NEUTRAL	3	
phospha 250 neutral	1	
phospho-trin 250 neutral	1	
pot phosphate monobasic w/ sod phosphate dibasic & monobasic	1	
virt-phos 250 neutral	1	
POTASSIUM		
EFFER-K	3	
effer-k 25meq	1	
effervescent pot chloride	1	
k-effervescent	1	
k-prime	1	
K-TAB	3	
k-vescent	1	
klor-con	1	
klor-con 8	1	
klor-con 10	1	
klor-con m10	1	
klor-con m15	1	
klor-con m20	1	
klor-con sprinkle	1	
klor-con/ef	1	
potassium bicarb & chloride	1	
potassium bicarbonate	1	
potassium chloride	1	
potassium chloride microencapsulated crystals er	1	
ZINC		
GALZIN	3	

Drug Name	Drug Tier	Requirements/Limits
MISCELLANEOUS THERAPEUTIC CLASSES		
CHELATING AGENTS		
clovique	1	
CUPRIMINE	3	
D-PENAMINE	3	
DEPEN TITRATABS	3	
penicillamine	1	
SYPRINE	3	
trientine hcl	1	
CONTINUOUS RENAL REPLACEMENT THERAPY (CRRT) SOLUTIONS		
PRISMASOL B22GK 4/0	3	
PRISMASOL BGK 0/2.5	3	
PRISMASOL BGK 2/0	3	
PRISMASOL BGK 2/3.5	3	
PRISMASOL BGK 4/0/1.2	3	
PRISMASOL BGK 4/2.5	3	
PRISMASOL BK 0/0/1.2	3	
HOMEOPATHIC PRODUCTS		
WELLMIND VERTIGO	3	
IMMUNOMODULATORS		
REVLIMID 2.5mg, 5mg, 10mg, 15mg	4	QL (28 per 28 days), PA
REVLIMID 20mg, 25mg	4	QL (21 per 28 days), PA
THALOMID 50mg, 100mg	4	QL (28 per 28 days), PA
THALOMID 150mg, 200mg	4	QL (56 per 28 days), PA
IMMUNOSUPPRESSIVE AGENTS		
AZASAN	3	
azathioprine	1	
cyclosporine	4	
cyclosporine modified (for microemulsion)	4	
GAMIFANT	3	PA
gengraf	4	
IMURAN	3	
mycophenolate mofetil	4	
mycophenolate sodium	4	
NEORAL	4	
SANDIMMUNE	4	
sirolimus	4	
tacrolimus	4	
IRRIGATION SOLUTIONS		
lactated ringer's (irrigation)	1	
physiolyte	1	
physiosol irrigation	1	
ringer's irrigation	1	
tis-u-sol	1	
water for irrigation, sterile	1	

Drug Name	Drug Tier	Requirements/Limits
LYMPHATIC AGENTS		
SYLVANT	4	PA
ORGAN PRESERVATION SOLUTIONS		
VIASPAN -BELZER UW-CSS CO	3	
POTASSIUM REMOVING AGENTS		
kionex	1	
LOKELMA	2	
sodium polystyrene sulfonate	1	
sps	1	
VELTASSA	2	
SYSTEMIC LUPUS ERYTHEMATOSUS AGENTS		
BENLYSTA	4	PA
MOUTH/THROAT/DENTAL AGENTS		
ANESTHETICS TOPICAL ORAL		
lidocaine hcl (mouth-throat)	1	
ANTI-INFECTIVES - THROAT		
clotrimazole	1	
nystatin (mouth-throat)	1	
ORAVIG	3	
DENTAL PRODUCTS		
easygel	1	
STEROIDS - MOUTH/THROAT/DENTAL		
oralone dental paste	1	
triamcinolone acetonide (mouth)	1	
THROAT PRODUCTS - MISC.		
AQUORAL	3	
BOCASAL	3	
CAPHOSOL	3	
cevimeline hcl	1	
EPISIL	2	
EVOXAC	3	
GELCLAIR	3	
MUGARD	4	
NEUTRASAL	3	
NUMOISYN	3	
ORAFATE	3	
pilocarpine hcl (oral)	1	
PROTHELIAL	3	
SALAGEN	3	
SALIVAMAX	3	
XEROSTOMIA RELIEF SPRAY	3	
MULTIVITAMINS		
B-COMPLEX W/ FOLIC ACID		
RENATABS	3	

Drug Name	Drug Tier	Requirements/Limits
RENATABS WITH IRON	3	
BIOFLAVONOID PRODUCTS		
ADRENAL C FORMULA	3	
MULTIPLE VITAMINS W/ MINERALS		
SUPPORT	3	
VP-ZEL	3	
PED MULTIPLE VITAMINS W/ MINERALS		
vitamax pediatric	1	
PEDIATRIC MULTIPLE VITAMINS & MINERALS W/ FLUORIDE		
FLORIVA CHEW	3	
PRENATAL VITAMINS		
ATABEX EC	3	
ATABEX OB	3	
BAL-CARE DHA	3	
bp folinatal plus b	1	
bp multinatal plus	1	
C-NATE DHA	3	
CITRANATAL 90 DHA	2	
CITRANATAL ASSURE	2	
CITRANATAL B-CALM	2	
CITRANATAL BLOOM	2	
CITRANATAL BLOOM DHA	2	
CITRANATAL DHA	2	
CITRANATAL HARMONY	2	
CITRANATAL MEDLEY	2	
CITRANATAL RX	2	
CO-NATAL FA	3	
COMPLETE NATAL DHA	3	
COMPLETENATE	3	
CONCEPT DHA	3	
CONCEPT OB	3	
DOTHELLE DHA	3	
DUET DHA 400	3	
DUET DHA BALANCED	3	
elite-ob	1	
FOLET DHA	3	
FOLET ONE	3	
FOLIVANE-OB	3	
HEMENATAL OB	3	
HEMENATAL OB + DHA	3	
inatal gt	1	
INFANATE BALANCE	3	
M-VIT	3	
MARNATAL-F	3	
MYNATAL	3	

Drug Name	Drug Tier	Requirements/Limits
MYNATAL ADVANCE	3	
MYNATAL PLUS	3	
MYNATAL ULTRACAPLET	3	
MYNATAL-Z	3	
MYNATE 90 PLUS	3	
NATACHEW	3	
NATALVIT	3	
NATELLE ONE	3	
NEEVO DHA	3	
NEONATAL PLUS	3	
NESTABS	3	
NESTABS ABC	3	
NESTABS DHA	3	
NEXA PLUS	3	
O-CAL FA	3	
O-CAL PRENATAL	3	
OB COMPLETE	3	
OB COMPLETE ONE	3	
OB COMPLETE PETITE	3	
OB COMPLETE PREMIER	3	
OB COMPLETE/DHA	3	
OBSTETRIX DHA	3	
OBSTETRIX EC	3	
PNV FOLIC ACID + IRON MUL	3	
PNV OB+DHA	3	
PNV PRENATAL PLUS MULTIVI	3	
PNV TABS 29-1	3	
pnv-dha	1	
PNV-DHA+DOCUSATE	3	
PNV-OMEGA	3	
pnv-select	1	
PNV-TOTAL	3	
PR NATAL 400	3	
PR NATAL 400 EC	3	
PR NATAL 430	3	
PR NATAL 430 EC	3	
PREFERAOB ONE	3	
PREMESISRX	3	
PRENA1 CHEW	3	
PRENA1 PEARL	3	
PRENA 1 TRUE	3	
PRENAISSANCE	3	
PRENAISSANCE BALANCE	3	
PRENAISSANCE HARMONY DHA	3	
PRENAISSANCE NEXT	3	
PRENAISSANCE NEXT-B	3	

Drug Name	Drug Tier	Requirements/Limits
PRENAISSANCE PLUS	3	
PRENATA	3	
prenatabs rx	1	
PRENATAL	3	
prenatal 19 CHEW	1	
PRENATAL 19 CHEW	3	
prenatal 19 TABS	1	
PRENATAL 19 TABS	3	
PRENATAL PLUS IRON	3	
PRENATAL VITAMINS PLUS LO	3	
PRENATAL-U	3	
PRENATE	3	
PRENATE AM	3	
PRENATE DHA	3	
PRENATE ELITE	3	
PRENATE ENHANCE	3	
PRENATE ESSENTIAL	3	
PRENATE MINI	3	
PRENATE PIXIE	3	
PRENATE RESTORE	3	
PRENATVITE COMPLETE	3	
PRENATVITE PLUS	3	
PRENATVITE RX	3	
PREPLUS	3	
PRETAB	3	
PROVIDA OB	3	
PUREFE OB PLUS	3	
R-NATAL OB	3	
RELNATE DHA	3	
SE-NATAL 19	3	
SELECT-OB	3	
SELECT-OB+DHA	3	
TARON-BC	3	
TARON-C DHA	3	
TARON-PREX	3	
THRIVITE 19	3	
THRIVITE RX	3	
TL FOLATE	3	
TL-CARE DHA	3	
TL-SELECT	3	
TRI-TABS DHA	3	
TRICARE	3	
TRICARE PRENATAL DHA ONE	3	
TRINATAL RX 1	3	
trinate	1	
TRIVEEN-DUO DHA	3	

Drug Name	Drug Tier	Requirements/Limits
ULTIMATECARE ONE	3	
VEMAVITE-PRX 2	3	
VENA-BAL DHA	3	
VIL-RX	3	
VINATE DHA RF	3	
VINATE II	3	
VINATE M	3	
VINATE ONE	3	
VIRT NATE	3	
VIRT-C DHA	3	
VIRT-NATE DHA	3	
VIRT-PN	3	
VIRT-PN DHA	3	
VIRT-PN PLUS	3	
VITAFOL FE+	3	
VITAFOL ULTRA	3	
VITAFOL-NANO	3	
VITAFOL-OB	3	
VITAFOL-OB+DHA	3	
VITAFOL-ONE	3	
VITAMEDMD ONE RX/QUATREFO	3	
VITAMEDMD REDICHEW RX	3	
VITAPEARL	3	
VITATRUE	3	
VIVA DHA	3	
VOL-NATE	3	
VOL-PLUS	3	
VOL-TAB RX	3	
VP-GGR-B6 PRENATAL	3	
VP-HEME OB	3	
VP-HEME OB + DHA	3	
VP-HEME ONE	3	
VP-PNV-DHA	3	
ZATEAN-PN DHA	3	
ZATEAN-PN PLUS	3	
VITAMIN MIXTURES		
COD LIVER OIL	3	
MUSCULOSKELETAL THERAPY AGENTS		
CENTRAL MUSCLE RELAXANTS		
baclofen	1	
carisoprodol	1	
chlorzoxazone	1	
cyclobenzaprine hcl	1	
fexmid	1	
LORZONE	1	

Drug Name	Drug Tier	Requirements/Limits
metaxall	1	
metaxalone	1	
methocarbamol	1	
orphenadrine citrate	1	
ROBAXIN	3	
ROBAXIN-750	3	
SKELAXIN	3	
SOMA	3	
tizanidine hcl	1	
ZANAFLEX	3	
DIRECT MUSCLE RELAXANTS		
DANTRIUM	3	
dantrolene sodium	1	
MUSCLE RELAXANT COMBINATIONS		
carisoprodol w/ aspirin	1	
carisoprodol w/ aspirin & codeine	1	
orphenadrine w/ aspirin & caff	1	
orphengesic forte	1	
TIZANIDINE COMFORT PAC	3	PA
VISCOSUPPLEMENTS		
GEL-ONE	2	PA
GELSYN-3	2	PA
SUPARTZ FX	2	PA
VISCO-3	2	PA
NASAL AGENTS - SYSTEMIC AND TOPICAL		
NASAL AGENT COMBINATIONS		
DYMISTA	2	QL (1 package / 25 days)
NASAL ANTI-INFECTIVES		
BACTROBAN NASAL	3	
NASAL ANTIALLERGY		
ASTEPRO	3	QL (2 bottles / 25 days)
azelastine hcl	1	QL (2 bottles / 25 days)
olopatadine hcl (nasal)	1	QL (1 container / 25 days)
PATANASE	3	QL (1 container / 25 days)
NASAL ANTICHOLINERGICS		
ipratropium bromide (nasal)	1	
NASAL STEROIDS		
flunisolide (nasal)	1	QL (3 containers / 25 days)
fluticasone propionate (nasal)	1	QL (1 container / 25 days)

Drug Name	Drug Tier	Requirements/Limits
mometasone furoate (nasal)	1	QL (2 inhalers / 25 days)
NASONEX	3	QL (2 inhalers / 25 days)
triamcinolone acetonide (nasal)	1	QL (1 bottle / 25 days)
XHANCE	3	QL (32 mL / 25 days)
SYMPATHOMIMETIC DECONGESTANTS		
ADRENALIN .1%	3	
NEUROMUSCULAR AGENTS		
ALS AGENTS		
RADICAVA	4	QL (600 mg per 28 days), PA
RILUTEK	3	
riluzole	1	
MUSCULAR DYSTROPHY AGENTS		
EXONDYS 51	3	PA
NEUROMUSCULAR BLOCKING AGENT - NEUROTOXINS		
BOTOX	3	PA
DYSPORT	3	PA
MYOBLOC	3	PA
XEOMIN	3	PA
SPINAL MUSCULAR ATROPHY AGENTS (SMA)		
SPINRAZA	3	PA
ZOLGENSMA	4	PA
NUTRIENTS		
LIPOTROPICS		
LECITHIN	3	
MISC. NUTRITIONAL SUBSTANCES		
CYTOTINE	3	
PROTEINS		
acetylcysteine (nutrient)	1	
aminoam rms	1	
aminorelief rms	1	
TRYPTOPHAN	3	
OPHTHALMIC AGENTS		
ARTIFICIAL TEARS AND LUBRICANTS		
LACRISERT	3	
BETA-BLOCKERS - OPHTHALMIC		
BETAGAN	3	
betaxolol hcl (ophth)	1	
BETIMOL	2	
BETOPTIC-S	2	
carteolol hcl (ophth)	1	
COMBIGAN	2	

Drug Name	Drug Tier	Requirements/Limits
COSOPT	3	
COSOPT PF	3	
dorzolamide hcl-timolol maleate	1	
ISTALOL	3	
levobunolol hcl	1	
metipranolol	1	
timolol maleate (ophth)	1	
TIMOPTIC	3	
TIMOPTIC-XE	3	
CYCLOPLEGIC MYDRIATICS		
altafrin	1	
ATROPINE SULFATE	3	
ATROPINE SULFATE/SODIUM C	3	
CYCLOGYL	3	
CYCLOMYDRIL	3	
cyclopentolate hcl	1	
ISOPTO ATROPINE	3	
MYDRIACYL	3	
phenylephrine hcl (mydriatic)	1	
tropicamide	1	
MIOTICS		
ISOPTO CARPINE	3	
PHOSPHOLINE IODIDE	3	
pilocarpine hcl	1	
OPHTHALMIC - ANGIOGENESIS INHIBITORS		
EYLEA 2mg/0.05ml	4	PA
EYLEA 2mg/0.05ml	4	PA
LUCENTIS	4	PA
OPHTHALMIC ADRENERGIC AGENTS		
ALPHAGAN P	2	
apraclonidine hcl	1	
brimonidine tartrate	1	
IOPIDINE	3	
SIMBRINZA	2	
OPHTHALMIC ANTI-INFECTIVES		
ak-poly-bac	1	
AZASITE	3	
bacitracin (ophthalmic)	1	
bacitracin-polymyxin b (ophth)	1	
BESIVANCE	2	
BETADINE OPHTHALMIC PREP	3	
BLEPH-10	3	
CILOXAN OINT	2	
CILOXAN SOLN	3	
ciprofloxacin hcl (ophth)	1	

Drug Name	Drug Tier	Requirements/Limits
erythromycin (ophth)	1	
gatifloxacin (ophth)	1	
gentak	1	
gentamicin sulfate (ophth)	1	
levofloxacin (ophth)	1	
MITOSOL	3	
MOXEZA	2	
moxifloxacin hcl (ophth)	1	
NATACYN	3	
neo-polycin	1	
neomycin-bacitracin zn-polymyxin	1	
neomycin-polymyxin-gramicidin	1	
NEOSPORIN	3	
OCUFLOX	3	
ofloxacin (ophth)	1	
polycin	1	
polymyxin b-trimethoprim	1	
POLYTRIM	3	
POVIDONE IODINE	3	
sulfacetamide sodium (ophth)	1	
tobramycin (ophth)	1	
TOBREX	3	
trifluridine	1	
VIGAMOX	3	
VIROPTIC	3	
ZIRGAN	3	
ZYMAXID	3	
OPHTHALMIC GENE THERAPY		
LUXTURNA	3	PA
OPHTHALMIC IMMUNOMODULATORS		
RESTASIS	2	
RESTASIS MULTIDOSE	2	
OPHTHALMIC INTEGRIN ANTAGONISTS		
XIIDRA	2	
OPHTHALMIC KINASE INHIBITORS		
RHOPRESSA	2	
ROCKLATAN	2	
OPHTHALMIC LOCAL ANESTHETICS		
AKTEN	3	
ALCAINE	3	
altacaine	1	
proparacaine hcl	1	
tetcaine	1	
tetracaine hcl (ophth)	1	

Drug Name	Drug Tier	Requirements/Limits
OPHTHALMIC NERVE GROWTH FACTORS		
OXERVATE	3	PA
OPHTHALMIC STEROIDS		
bacitracin-poly-neomycin-hc	1	
BLEPHAMIDE	3	
BLEPHAMIDE S.O.P.	3	
dexamethasone sodium phosphate (ophth)	1	
DUREZOL	2	
FML	2	
FML FORTE	2	
ILUVIEN	4	
INVELTYS	3	
loteprednol etabonate	1	
MAXIDEX	2	
MAXITROL	3	
neo-polycin hc	1	
neomycin-polymy-dexameth	1	
neomycin-polymyxin-hc (ophth)	1	
OMNIPRED	3	
OZURDEX	4	
PRED MILD	2	
PRED-G	3	
PRED-G S.O.P.	3	
prednisolone acetate (ophth)	1	
PREDNISOLONE ACETATE P-F	3	
PREDNISOLONE SODIUM PHOSP	3	
RETISERT	4	
sulfacetamide sod-prednisolone	1	
TOBRADEX OINT	2	
TOBRADEX SUSP	3	
TOBRADEX ST	2	
tobramycin-dexamethasone	1	
OPHTHALMIC SURGICAL AIDS		
GELFILM OP	3	
OPHTHALMICS - MISC.		
ACULAR	3	
ACULAR LS	3	
ACUVAIL	2	
ALOCRIL	3	
ALOMIDE	3	
altafluor	1	
altafluor benox	1	
azelastine hcl (ophth)	1	
AZOPT	2	
BEPREVE	3	

Drug Name	Drug Tier	Requirements/Limits
bromfenac sodium (ophth)	1	
BROMSITE	3	
cromolyn sodium (ophth)	1	
CYSTARAN	3	PA
diclofenac sodium (ophth)	1	
dorzolamide hcl 2%	1	
DORZOLAMIDE HCL 2%	3	
ELESTAT	3	
EMADINE	3	
epinastine hcl (ophth)	1	
fluor-i-strips a.t.	1	
fluorescein w/ benoxinate	1	
fluorescein w/ proparacaine	1	
FLURA-SAFE	3	
flurbiprofen sodium	1	
ILEVRO	2	
JETREA	3	
ketorolac tromethamine (ophth)	1	
LASTACAFT	2	
lissamine green	1	
NEVANAC	2	
olopatadine hcl	1	
PAREMYD	3	
PATADAY	3	
PATANOL	3	
PAZEO	2	
PROLENSA	3	
ROSE GLO	3	
TRUSOPT	3	
PROSTAGLANDINS - OPHTHALMIC		
bimatoprost	1	
latanoprost	1	
LUMIGAN	2	
RESCULA	3	
TRAVATAN Z	2	
travoprost	1	
VYZULTA	3	
XALATAN	3	
ZIOPTAN	3	
OTIC AGENTS		
OTIC AGENTS - MISCELLANEOUS		
acetic acid (otic)	1	
OTIC ANTI-INFECTIVES		
CETRAXAL	3	
ciprofloxacin hcl (otic)	1	

Drug Name	Drug Tier	Requirements/Limits
ofloxacin (otic)	1	
OTIC COMBINATIONS		
CIPRO HC	3	
CIPRODEX	2	
ciprofloxacin-fluocinolone acetonide	1	
COLY-MYCIN S	3	
CORTANE-B AQUEOUS	3	PA
CORTANE-B-OTIC	3	PA
cortic-nd	1	PA
CORTISPORIN-TC	3	
exotic-hc	1	PA
neomycin-polymyxin-hc (otic)	1	
OTICIN HC NR	3	PA
PRAMOTIC	3	PA
OTIC STEROIDS		
acetasol hc	1	
DERMOTIC	3	
flac	1	
fluocinolone acetonide (otic)	1	
hydrocortisone w/acetic acid	1	
OXYTOCICS		
ABORTIFACIENTS/AGENTS FOR CERVICAL RIPENING		
carboprost tromethamine	1	
CERVIDIL	3	
HEMABATE	3	
PREPIDIL	3	
PROSTIN E2	3	
OXYTOCICS		
methergine	1	
methylergonovine maleate	1	
PASSIVE IMMUNIZING AND TREATMENT AGENTS		
IMMUNE SERUMS		
BIVIGAM	4	PA
CARIMUNE NANOFILTERED	4	PA
FLEBOGAMMA DIF	4	PA
GAMASTAN	4	PA
GAMASTAN S/D	4	PA
GAMMAGARD LIQUID	4	PA
GAMMAGARD S/D IGA LESS TH	4	PA
GAMMAKED	4	PA
GAMMAPLEX	4	PA
GAMUNEX-C	4	PA
HIZENTRA	4	PA
HYPERHEP B S/D	4	
HYPERRHO S/D	4	

Drug Name	Drug Tier	Requirements/Limits
HYPERRHO S/D MINI-DOSE	4	
HYPERTET S/D	3	
MICRHOGAM ULTRA-FILTERED	4	
NABI-HB	4	
OCTAGAM 1gm/20ml, 2gm/20ml, 2.5gm/50ml, 5gm/100ml, 5gm/50ml, 10gm/100ml, 10gm/200ml, 20gm/200ml, 25gm/500ml	4	PA
OCTAGAM 30gm/300ml	3	PA
PRIVIGEN	4	PA
RHOGAM ULTRA-FILTERED PLU	4	
VARIZIG	4	
MONOCLONAL ANTIBODIES		
SYNAGIS	4	PA
PENICILLINS		
AMINOPENICILLINS		
amoxicillin	1	
ampicillin	1	
MOXATAG	3	
NATURAL PENICILLINS		
BICILLIN L-A	3	
PENICILLIN G PROCAINE	3	
penicillin v potassium	1	
PENICILLIN COMBINATIONS		
amoxicillin & pot clavulanate	1	
AUGMENTIN	3	
AUGMENTIN ES-600	3	
AUGMENTIN XR	3	
BICILLIN C-R	3	
PENICILLINASE-RESISTANT PENICILLINS		
dicloxacillin sodium	1	
PHARMACEUTICAL ADJUVANTS		
ANTIMICROBIAL AGENTS		
BENZYL ALCOHOL	3	
LIQUID VEHICLES		
bacteriostatic sodium chloride	1	
glycine diluent	4	
SALINE/PHENOL	3	
water for inject, bacteriostatic benzyl alcohol	1	
water for injection, sterile	1	
PROGESTINS		
PROGESTINS		
AYGESTIN	3	

Drug Name	Drug Tier	Requirements/Limits
hydroxyprogesterone caproate	4	QL (21 vials per 365 days), PA
MAKENA OIL 250mg/ml	4	QL (21 vials per 365 days), PA
MAKENA OIL 250mg/ml	4	QL (5 vials per 365 days), PA
MAKENA SOAJ	4	QL (21 syringes per 365 days), PA
medroxyprogesterone acetate	1	
MEGACE ES	3	
megestrol acetate (appetite)	1	
norethindrone acetate	1	
progesterone	1	
progesterone micronized	1	
PROMETRIUM	3	
PROVERA	3	

PSYCHOTHERAPEUTIC AND NEUROLOGICAL AGENTS - MISC.

AGENTS FOR CHEMICAL DEPENDENCY

acamprosate calcium	1	
ANTABUSE	3	
disulfiram	1	

ANTI-CATAPLECTIC AGENTS

XYREM	3	PA

ANTIDEMENTIA AGENTS

ARICEPT	3	
donepezil hydrochloride	1	
EXELON	3	
galantamine hydrobromide	1	
memantine hcl	1	
NAMENDA	3	
NAMENDA TITRATION PAK	3	
NAMENDA XR	3	
NAMENDA XR TITRATION PACK	3	
NAMZARIC	2	
RAZADYNE	3	
RAZADYNE ER	3	
rivastigmine	1	
rivastigmine tartrate	1	

COMBINATION PSYCHOTHERAPEUTICS

chlordiazepoxide-amitriptyline	1	
olanzapine-fluoxetine hcl	1	
perphenazine-amitriptyline	1	
SYMBYAX	3	

FIBROMYALGIA AGENTS

SAVELLA	3	

Drug Name	Drug Tier	Requirements/Limits
SAVELLA TITRATION PACK	3	
MOVEMENT DISORDER DRUG THERAPY		
AUSTEDO 6mg	4	QL (60 per 30 days), PA
AUSTEDO 9mg, 12mg	4	QL (120 per 30 days), PA
INGREZZA CAPS	4	QL (30 per 30 days), PA
INGREZZA CPPK	2	PA
tetrabenazine 12.5mg	4	QL (240 per 30 days), PA
tetrabenazine 25mg	4	QL (120 per 30 days), PA
MULTIPLE SCLEROSIS AGENTS		
AMPYRA	4	QL (60 per 30 days), PA
AUBAGIO	4	QL (30 per 30 days), PA
BETASERON	4	QL (14 per 28 days), PA
COPAXONE 20mg/ml	4	QL (30 per 30 days), PA
COPAXONE 40mg/ml	4	QL (12 per 28 days), PA
dalfampridine	4	QL (60 per 30 days), PA
GILENYA	4	QL (30 per 30 days), PA
glatiramer acetate 20mg/ml	4	QL (30 per 30 days), PA
glatiramer acetate 40mg/ml	4	QL (12 per 28 days), PA
glatopa 20mg/ml	4	QL (30 per 30 days), PA
glatopa 40mg/ml	4	QL (12 per 28 days), PA
MAVENCLAD	4	QL (20 tablets per 9 months), PA
MAYZENT 2mg	4	QL (30 per 30 days), PA
MAYZENT .25mg	4	QL (112 per 28 days), PA
OCREVUS	4	QL (600 mg per 24 weeks), PA
REBIF	4	QL (12 per 28 days), PA
REBIF REBIDOSE	4	QL (12 per 28 days), PA
REBIF REBIDOSE TITRATION	4	QL (12 per 28 days), PA
REBIF TITRATION PACK	4	QL (12 per 28 days), PA
TECFIDERA 120mg	4	QL (14 per 28 days), PA
TECFIDERA 240mg	4	QL (60 per 30 days), PA
TECFIDERA STARTER PACK	4	QL (1 kit / 30 days), PA
TYSABRI	4	QL (1 vial / 28 days), PA
POSTHERPETIC NEURALGIA (PHN)/NEUROPATHIC PAIN AGENTS		
ACTIVE-PAC/GABAPENTIN	3	PA
GRALISE	2	
GRALISE STARTER	2	
PREMENSTRUAL DYSPHORIC DISORDER (PMDD) AGENTS		
fluoxetine hcl (pmdd)	1	
SARAFEM	3	

Drug Name	Drug Tier	Requirements/Limits
PSEUDOBULBAR AFFECT (PBA) AGENTS		
NUEDEXTA	2	
PSYCHOTHERAPEUTIC AND NEUROLOGICAL AGENTS - MISC.		
ergoloid mesylates	1	
ORAP	3	
pimozide	1	
SMOKING DETERRENTS		
bupropion hcl (smoking deterrent)	0	
CHANTIX	0	
CHANTIX CONTINUING MONTH	0	
CHANTIX STARTING MONTH PA	0	
cvs nicotine polacrilex	0	$0 limited to 2 treatment cycles/year
cvs nicotine transdermal	0	$0 limited to 2 treatment cycles/year
eq nicotine	0	$0 limited to 2 treatment cycles/year
eq nicotine gum refill	0	$0 limited to 2 treatment cycles/year
eq nicotine gum starter	0	$0 limited to 2 treatment cycles/year
eq nicotine lozenges	0	$0 limited to 2 treatment cycles/year
eq nicotine polacrilex	0	$0 limited to 2 treatment cycles/year
eql nicotine polacrilex	0	$0 limited to 2 treatment cycles/year
gnp nicotine mini lozenge	0	$0 limited to 2 treatment cycles/year
gnp nicotine polacrilex	0	$0 limited to 2 treatment cycles/year
gnp nicotine transdermal	0	$0 limited to 2 treatment cycles/year
goodsense nicotine	0	$0 limited to 2 treatment cycles/year
goodsense nicotine gum	0	$0 limited to 2 treatment cycles/year
goodsense nicotine polacr	0	$0 limited to 2 treatment cycles/year
hm nicotine polacrilex	0	$0 limited to 2 treatment cycles/year
hm nicotine transdermal s	0	$0 limited to 2 treatment cycles/year
kls quit2	0	$0 limited to 2 treatment cycles/year
kls quit4	0	$0 limited to 2 treatment cycles/year

Drug Name	Drug Tier	Requirements/Limits
nicorelief	0	$0 limited to 2 treatment cycles/year
nicotine	0	$0 limited to 2 treatment cycles/year
nicotine mini lozenge	0	$0 limited to 2 treatment cycles/year
nicotine polacrilex	0	$0 limited to 2 treatment cycles/year
nicotine step 1	0	$0 limited to 2 treatment cycles/year
nicotine step 2	0	$0 limited to 2 treatment cycles/year
nicotine step 3	0	$0 limited to 2 treatment cycles/year
NICOTROL INHALER	0	$0 limited to 2 treatment cycles/year
NICOTROL NS	0	$0 limited to 2 treatment cycles/year
px stop smoking aid	0	$0 limited to 2 treatment cycles/year
ra nicotine	0	$0 limited to 2 treatment cycles/year
ra nicotine gum	0	$0 limited to 2 treatment cycles/year
ra nicotine polacrilex	0	$0 limited to 2 treatment cycles/year
ra nicotine transdermal s	0	$0 limited to 2 treatment cycles/year
sm nicotine	0	$0 limited to 2 treatment cycles/year
sm nicotine polacrilex	0	$0 limited to 2 treatment cycles/year
sm nicotine transdermal s	0	$0 limited to 2 treatment cycles/year
sr nicotine gum	0	$0 limited to 2 treatment cycles/year
tgt nicotine gum	0	$0 limited to 2 treatment cycles/year
tgt nicotine polacrilex	0	$0 limited to 2 treatment cycles/year
tgt nicotine step one	0	$0 limited to 2 treatment cycles/year
tgt nicotine step three	0	$0 limited to 2 treatment cycles/year
tgt nicotine step two	0	$0 limited to 2 treatment cycles/year
thrive	0	$0 limited to 2 treatment cycles/year

Drug Name	Drug Tier	Requirements/Limits
TRANSTHYRETIN AMYLOIDOSIS AGENTS		
ONPATTRO	4	QL (3 vials per 21 days), PA
VASOMOTOR SYMPTOM AGENTS		
BRISDELLE	3	
paroxetine mesylate (vasomotor)	1	
RESPIRATORY AGENTS - MISC.		
ALPHA-PROTEINASE INHIBITOR (HUMAN)		
ARALAST NP	4	PA
GLASSIA	4	PA
PROLASTIN-C SOLN	2	PA
PROLASTIN-C SOLR	4	PA
ZEMAIRA	4	PA
CYSTIC FIBROSIS AGENTS		
KALYDECO PACK 25mg	4	QL (56 packets / 28 days), PA
KALYDECO PACK 50mg, 75mg	4	QL (56 per 28 days), PA
KALYDECO TABS	4	QL (56 per 28 days), PA
ORKAMBI PACK	4	QL (56 packets per 28 days), PA
ORKAMBI TABS	4	QL (112 per 28 days), PA
PULMOZYME	4	QL (150 ml per 30 days), PA
SYMDEKO	4	QL (56 per 28 days), PA
SYMDEKO	4	QL (56 tabs / 28 days), PA
TRIKAFTA	3	PA
PLEURAL SCLEROSING AGENTS		
SCLEROSOL INTRAPLEURAL	3	
STERITALC	3	
PULMONARY FIBROSIS AGENTS		
ESBRIET CAPS	4	QL (270 per 30 days), PA
ESBRIET TABS 267mg	4	QL (270 per 30 days), PA
ESBRIET TABS 801mg	4	QL (90 per 30 days), PA
OFEV	4	QL (60 per 30 days), PA
RESPIRATORY AGENTS - MISC.		
CUROSURF	3	
INFASURF	3	
SURVANTA INTRATRACHEAL	3	
SULFONAMIDES		
SULFONAMIDES		
SULFADIAZINE	3	

Drug Name	Drug Tier	Requirements/Limits
TETRACYCLINES		
AMINOMETHYLCYCLINES		
NUZYRA	3	
TETRACYCLINE COMBINATIONS		
AVIDOXY DK	3	PA
TETRACYCLINES		
avidoxy	1	
coremino	1	
demeclocycline hcl	1	
doxycycline (monohydrate)	1	
doxycycline hyclate	1	
minocycline hcl	1	
mondoxyne nl	1	
morgidox 1x50mg	1	
morgidox 1x100mg CAPS	1	
MORGIDOX 1X100MG KIT	3	PA
morgidox 2x100mg CAPS	1	
MORGIDOX 2X100MG KIT	3	PA
NUTRIDOX	3	PA
okebo	1	
SOLODYN	3	
tetracycline hcl	1	
VIBRAMYCIN	3	
THYROID AGENTS		
ANTITHYROID AGENTS		
methimazole	1	
propylthiouracil	1	
TAPAZOLE	3	
THYROID HORMONES		
ARMOUR THYROID	3	
CYTOMEL	3	
euthyrox	1	
levo-t	1	
levothyroxine sodium	1	
levoxyl	1	
liothyronine sodium	1	
NATURE-THROID	3	
NATURE-THROID NT-2.5	3	
np thyroid 15	1	
np thyroid 30	1	
np thyroid 60	1	
np thyroid 90	1	
np thyroid 120	1	
SYNTHROID	2	
thyroid	1	

Drug Name	Drug Tier	Requirements/Limits
THYROLAR-1	3	
THYROLAR-1/2	3	
THYROLAR-1/4	3	
THYROLAR-2	3	
THYROLAR-3	3	
unithroid	1	
WESTHROID	3	
WP THYROID	3	

TOXOIDS

TOXOID COMBINATIONS

ADACEL	0	
BOOSTRIX	0	
DAPTACEL	0	$0 copay for members age 18 and younger, otherwise not covered
DIPHTHERIA/TETANUS TOXOID	0	$0 copay for members age 18 and younger, otherwise not covered
INFANRIX	0	$0 copay for members age 18 and younger, otherwise not covered
KINRIX	0	$0 copay for members age 18 and younger, otherwise not covered
PEDIARIX	0	$0 copay for members age 18 and younger, otherwise not covered
PENTACEL	0	$0 copay for members age 18 and younger, otherwise not covered
QUADRACEL	0	$0 copay for members age 18 and younger, otherwise not covered
TDVAX	0	$0 copay for members age 19 and older, otherwise not covered
TENIVAC	0	$0 copay for members age 19 and older, otherwise not covered

ULCER DRUGS/ANTISPASMODICS/ANTICHOLINERGICS

ANTISPASMODICS

ANASPAZ	3	
ATROPEN	3	
BELLADONNA/OPIUM	3	
BENTYL	3	
chlordiazepoxide hcl-clidinium bromide	1	
CUVPOSA	3	

Drug Name	Drug Tier	Requirements/Limits
dicyclomine hcl	1	
ed-spaz	1	
glycopyrrolate	1	
hyoscyamine sulfate	1	
hyosyne	1	
LEVBID	3	
LEVSIN	3	
LEVSIN/SL	3	
LIBRAX	3	
methscopolamine bromide	1	
nulev	1	
oscimin	1	
oscimin sr	1	
phenobarbital-hyoscyamine-atropine-scopolamine	1	
propantheline bromide	1	
ROBINUL	3	
ROBINUL FORTE	3	
SYMAX DUOTAB	3	
symax-sl	1	
symax-sr	1	
H-2 ANTAGONISTS		
cimetidine	1	
cimetidine hcl	1	
famotidine	1	
nizatidine	1	
PEPCID	3	
ranitidine hcl	1	
ZANTAC	3	
MISC. ANTI-ULCER		
sucralfate	1	
PROTON PUMP INHIBITORS		
ACIPHEX	3	QL (90 tabs / year)
ACIPHEX SPRINKLE	3	QL (90 caps / year)
DEXILANT	2	QL (90 caps / year)
eq omeprazole	3	QL (90 tabs / year)
esomeprazole magnesium	1	QL (90 caps / year)
esomeprazole sodium	1	QL (90 vials / year)
ESOMEPRAZOLE STRONTIUM	3	QL (90 caps / year)
FIRST-LANSOPRAZOLE	3	QL (90 mL / year)
FIRST-OMEPRAZOLE	3	QL (90 mL / year)
heartburn treatment 24 ho	3	QL (90 caps / year)
lansoprazole CPDR	1	QL (90 caps / year)
lansoprazole TBDD	1	QL (90 ea / year)
NEXIUM I.V.	3	QL (90 vials / year)

Drug Name	Drug Tier	Requirements/Limits
omeprazole CPDR	1	QL (90 caps / year)
omeprazole TBEC	3	QL (90 tabs / year)
OMEPRAZOLE + SYRSPEND SF	3	QL (90 mL / year)
pantoprazole sodium SOLR	1	QL (90 vials / year)
pantoprazole sodium TBEC	1	QL (90 tabs / year)
PREVACID SOLUTAB	3	QL (90 ea / year)
PRILOSEC	3	QL (90 packets / year)
PRILOSEC OTC	3	QL (90 tabs / year)
PROTONIX	3	QL (90 vials / year)
rabeprazole sodium	1	QL (90 tabs / year)
RABEPRAZOLE SODIUM DR SPR	3	QL (90 caps / year)
ULCER DRUGS - PROSTAGLANDINS		
CYTOTEC	3	
misoprostol	1	
ULCER THERAPY COMBINATIONS		
amoxicillin-clarithromycin w/ lansoprazole	1	
OMECLAMOX-PAK	3	
omeppi	3	QL (90 caps / year)
omeprazole-sodium bicarbonate CAPS	3	QL (90 caps / year)
omeprazole-sodium bicarbonate PACK	3	QL (90 packets / year)
PREVPAC	3	
PYLERA	2	
TALICIA	3	
URINARY ANTI-INFECTIVES		
URINARY ANTI-INFECTIVE COMBINATIONS		
hyophen	1	
indiomin mb	1	
me/naphos/mb/hyo 1	1	
phosphasal	1	
ur n-c	1	
urelle	1	
uretron d/s	1	
uribel	1	
urimar-t	1	
urin d/s	1	
uro-458	1	
uro-mp	1	
UROGESIC-BLUE	3	
uryl	1	
ustell	1	
uta	1	
uticap	1	
utira-c	1	
utrona-c	1	
vilamit mb	1	

Drug Name	Drug Tier	Requirements/Limits
vilevev mb	1	
URINARY ANTI-INFECTIVES		
FURADANTIN	3	
HIPREX	3	
MACROBID	3	
methenamine hippurate	1	
methenamine mandelate	1	
MONUROL	3	
nitrofurantoin	1	
nitrofurantoin macrocrystal	1	
nitrofurantoin monohyd macro	1	
URINARY ANTISPASMODICS		
URINARY ANTISPASMODIC - ANTIMUSCARINICS (ANTICHOLINERGIC)		
darifenacin hydrobromide	1	
DETROL	3	
DITROPAN XL	3	
GELNIQUE	3	
GELNIQUE PUMP	3	
oxybutynin chloride	1	
solifenacin succinate	1	
tolterodine tartrate	1	
TOVIAZ	2	
trospium chloride	1	
VESICARE	3	
URINARY ANTISPASMODICS - BETA-3 ADRENERGIC AGONISTS		
MYRBETRIQ	2	
URINARY ANTISPASMODICS - CHOLINERGIC AGONISTS		
bethanechol chloride	1	
URECHOLINE	3	
URINARY ANTISPASMODICS - DIRECT MUSCLE RELAXANTS		
flavoxate hcl	1	
VACCINES		
BACTERIAL VACCINES		
ACTHIB	0	$0 copay for members age 18 and younger, otherwise not covered
BEXSERO	0	
BIOTHRAX	3	
HIBERIX	0	$0 copay for members age 18 and younger, otherwise not covered
MENACTRA	0	
MENVEO	0	

Drug Name	Drug Tier	Requirements/Limits
PEDVAX HIB	0	$0 copay for members age 18 and younger, otherwise not covered
PNEUMOVAX 23	0	
PREVNAR 13	0	
TRUMENBA	0	
TYPHIM VI	3	
VAXCHORA	3	
VIRAL VACCINES		
AFLURIA 2017-2018	0	
AFLURIA 2018-2019	0	
AFLURIA PF 2017-2018	0	
AFLURIA PF 2018-2019	0	
AFLURIA QUADRIVALENT 2017	0	
AFLURIA QUADRIVALENT 2018	0	
AFLURIA QUADRIVALENT 2019	0	
ENGERIX-B	0	
FLUAD 2017-2018	0	
FLUAD 2018-2019	0	
FLUAD 2019-2020	0	
FLUARIX QUADRIVALENT 2017	0	
FLUARIX QUADRIVALENT 2018	0	
FLUARIX QUADRIVALENT 2019	0	
FLUBLOK 2017-2018	3	
FLUBLOK QUADRIVALENT 2017	0	
FLUBLOK QUADRIVALENT 2018	0	
FLUBLOK QUADRIVALENT 2019	0	
FLUCELVAX QUADRIVALENT 20	0	
FLULAVAL QUADRIVALENT 201	0	
FLUMIST QUADRIVALENT	0	
FLUVIRIN 2015-2016	3	
FLUVIRIN 2017-2018	3	
FLUZONE HIGH-DOSE PF 2017	0	
FLUZONE HIGH-DOSE PF 2018	0	
FLUZONE HIGH-DOSE PF 2019	0	
FLUZONE INTRADERMAL QUADR	3	
FLUZONE QUADRIVALENT 2017	0	
FLUZONE QUADRIVALENT 2018	0	
FLUZONE QUADRIVALENT 2019	0	
GARDASIL 9	0	
HAVRIX	0	
HEPLISAV-B	0	
IMOVAX RABIES (H.D.C.V.)	3	
IPOL INACTIVATED IPV	0	$0 copay for members age 18 and younger, otherwise not covered

Drug Name	Drug Tier	Requirements/Limits
IXIARO	3	
M-M-R II	3	
MEDICAL PROVIDER SINGLE U	0	
PROQUAD	0	$0 copay for members age 18 and younger, otherwise not covered
RABAVERT	3	
RECOMBIVAX HB	0	
ROTARIX	0	$0 copay for members age 18 and younger, otherwise not covered
ROTATEQ	0	$0 copay for members age 18 and younger, otherwise not covered
SHINGRIX	0	$0 copay for members age 19 and older, otherwise not covered
TWINRIX	0	$0 copay for members age 19 and older, otherwise not covered
VAQTA	0	
VARIVAX	0	
YF-VAX	3	
ZOSTAVAX	0	$0 copay for members age 19 and older, otherwise not covered

VAGINAL AND RELATED PRODUCTS

MISCELLANEOUS VAGINAL PRODUCTS

INTRAROSA	3	

SPERMICIDES

ENCARE	0	
OPTIONS GYNOL II VAGINAL	0	
SHUR-SEAL	0	
TODAY SPONGE	0	
VCF VAGINAL CONTRACEPTIVE FILM; FOAM	0	
vcf vaginal contraceptive GEL	0	

VAGINAL ANTI-INFECTIVES

AVC	3	
CLEOCIN CREA; SUPP	3	
clindamycin phosphate vaginal	1	
CLINDESSE	3	
GYNAZOLE-1	3	
METROGEL-VAGINAL	3	
metronidazole vaginal	1	
miconazole 3	1	

Drug Name	Drug Tier	Requirements/Limits
TERAZOL 7	3	
terconazole vaginal	1	
vandazole	1	
VAGINAL ESTROGENS		
ESTRACE CREA	3	
estradiol vaginal	1	
ESTRING	2	
FEMRING	3	
IMVEXXY MAINTENANCE PACK	3	
IMVEXXY STARTER PACK	3	
PREMARIN CREA	2	
VAGIFEM	3	
yuvafem	1	
VASOPRESSORS		
ANAPHYLAXIS THERAPY AGENTS		
ADRENALIN 1mg/ml, 30mg/30ml	3	
epinephrine (anaphylaxis)	1	
EPIPEN 2-PAK	2	
EPIPEN-JR 2-PAK	2	
VASOPRESSORS		
midodrine hcl	1	
VITAMINS		
OIL SOLUBLE VITAMINS		
AQUASOL A PARENTERAL	3	
MEPHYTON	3	
phytonadione	1	
WHEAT GERM	3	

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