

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. It is sometimes called a formulary. 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 and the associated

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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.

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 Drug List?

- 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

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 11/01/2020

Drug Name	Drug Tier	Requirements/Limits
ADHD/ANTI-NARCOLEPSY/ANTI-OBESITY/ANOREXIANTS		
AMPHETAMINES		
ADDERALL	3	PA, QL (30 tabs / 25 days); AGE
ADDERALL	3	PA, QL (60 tabs / 25 days); AGE
ADDERALL	3	PA, QL (90 tabs / 25 days); AGE
ADDERALL XR	1	PA, QL (30 caps / 25 days); AGE
ADDERALL XR	1	PA, QL (90 caps / 25 days); 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	PA, QL (120 tabs / 25 days); AGE
amphetamine-dextroamphetamine	1	PA, QL (60 tabs / 25 days); AGE
amphetamine-dextroamphetamine	1	PA, QL (90 tabs / 25 days); AGE
DESOXYN	3	PA, QL (150 tabs / 25 days); AGE
DEXEDRINE 5mg, 10mg	3	PA, QL (120 caps / 25 days); AGE
DEXEDRINE 15mg	3	PA, QL (60 caps / 25 days); AGE
dextroamphetamine sulfate CP24 5mg, 10mg	1	PA, QL (120 caps / 25 days); AGE
dextroamphetamine sulfate CP24 15mg	1	PA, QL (60 caps / 25 days); AGE
dextroamphetamine sulfate SOLN	1	PA, QL (1200 mL / 25 days); AGE
dextroamphetamine sulfate TABS	1	PA, QL (120 tabs / 25 days); AGE
DYANAVEL XR	3	QL (240 mL / 25 days); AGE
methamphetamine hcl	1	PA, QL (150 tabs / 25 days); AGE
MYDAYIS	2	PA, QL (30 caps / 25 days); AGE

Drug Name	Drug Tier	Requirements/Limits
MYDAYIS	2	PA, QL (60 caps / 25 days); AGE
PROCENTRA	1	PA, QL (1200 mL / 25 days); AGE
VYVANSE CAPS 10mg, 20mg, 30mg	2	PA, QL (60 caps / 25 days); AGE
VYVANSE CAPS 40mg, 50mg, 60mg, 70mg	2	PA, QL (30 caps / 25 days); AGE
VYVANSE CHEW 10mg, 20mg, 30mg	2	PA, QL (60 tabs / 25 days); AGE
VYVANSE CHEW 40mg, 50mg, 60mg	2	PA, QL (30 tabs / 25 days); AGE
zenzedi 2.5mg, 5mg, 7.5mg, 10mg	1	PA, QL (120 tabs / 25 days); AGE
zenzedi 15mg, 20mg	1	PA, QL (60 tabs / 25 days); AGE
zenzedi 30mg	1	PA, QL (30 tabs / 25 days); 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	3	PA
BELVIQ XR	3	PA
SAXENDA	2	PA
XENICAL	3	PA
ATTENTION-DEFICIT/HYPERACTIVITY DISORDER (ADHD) AGENTS		
atomoxetine hcl 10mg, 18mg, 25mg	1	PA, QL (120 caps / 25 days); AGE
atomoxetine hcl 40mg	1	PA, QL (60 caps / 25 days); AGE
atomoxetine hcl 60mg, 80mg, 100mg	1	PA, QL (30 caps / 25 days); AGE
clonidine hcl (adhd)	1	
guanfacine hcl (adhd)	1	
KAPVAY	3	
STRATTERA 10mg, 18mg, 25mg	3	PA, QL (120 caps / 25 days); AGE
STRATTERA 40mg	3	PA, QL (60 caps / 25 days); AGE

Drug Name	Drug Tier	Requirements/Limits
STRATTERA 60mg, 80mg, 100mg	3	PA, QL (30 caps / 25 days); 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	PA, QL (60 tabs / 25 days); AGE
CONCERTA 54mg	1	PA, QL (30 tabs / 25 days); AGE
DAYTRANA	3	QL (30 patches / 25 days); AGE
dexmethylphenidate hcl CP24 5mg, 10mg, 15mg, 20mg	1	PA, QL (60 caps / 25 days); AGE
dexmethylphenidate hcl CP24 25mg, 30mg, 35mg, 40mg	1	PA, QL (30 caps / 25 days); AGE
dexmethylphenidate hcl TABS 2.5mg, 5mg	1	PA, QL (120 tabs / 25 days); AGE
dexmethylphenidate hcl TABS 10mg	1	PA, QL (60 tabs / 25 days); AGE
FOCALIN 2.5mg, 5mg	3	PA, QL (120 tabs / 25 days); AGE
FOCALIN 10mg	3	PA, QL (60 tabs / 25 days); AGE
FOCALIN XR 5mg, 10mg, 15mg, 20mg	3	PA, QL (60 caps / 25 days); AGE
FOCALIN XR 25mg, 30mg, 35mg, 40mg	3	PA, QL (30 caps / 25 days); AGE
metadate er	1	PA, QL (90 tabs / 25 days); AGE
METHYLIN 5mg/5ml	3	PA, QL (1800 mL / 25 days); AGE
METHYLIN 10mg/5ml	3	PA, QL (900 mL / 25 days); AGE
methylphenidate hcl CHEW	1	PA, QL (180 tabs / 25 days); AGE
methylphenidate hcl CP24 10mg, 15mg, 20mg, 30mg	1	QL (60 caps / 25 days); AGE
methylphenidate hcl CP24 10mg, 20mg, 30mg	1	PA, QL (60 caps / 25 days); AGE
methylphenidate hcl CP24 40mg, 50mg, 60mg	1	QL (30 caps / 25 days); AGE

Drug Name	Drug Tier	Requirements/Limits
methylphenidate hcl CP24 40mg, 60mg	1	PA, QL (30 caps / 25 days); AGE
methylphenidate hcl CPCR 10mg, 20mg, 30mg	1	PA, QL (60 caps / 25 days); AGE
methylphenidate hcl CPCR 40mg, 50mg, 60mg	1	PA, QL (30 caps / 25 days); AGE
methylphenidate hcl SOLN 5mg/5ml	1	PA, QL (1800 mL / 25 days); AGE
methylphenidate hcl SOLN 10mg/5ml	1	PA, QL (900 mL / 25 days); AGE
methylphenidate hcl TABS 5mg, 10mg	1	PA, QL (180 tabs / 25 days); AGE
methylphenidate hcl TABS 20mg	1	PA, QL (90 tabs / 25 days); AGE
methylphenidate hcl TB24 18mg, 27mg, 36mg	1	PA, QL (60 tabs / 25 days); AGE
methylphenidate hcl TB24 54mg	1	PA, QL (30 tabs / 25 days); AGE
methylphenidate hcl TBCR	1	PA, QL (90 tabs / 25 days); AGE
METHYLPHENIDATE HYDROCHLO	3	PA, QL (30 tabs / 25 days); 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	PA, QL (180 tabs / 25 days); AGE
RITALIN 20mg	3	PA, QL (90 tabs / 25 days); AGE
RITALIN LA 10mg, 20mg, 30mg	3	PA, QL (60 caps / 25 days); AGE
RITALIN LA 40mg	3	PA, QL (30 caps / 25 days); AGE

ALLERGENIC EXTRACTS/BIOLOGICALS MISC

ALLERGENIC EXTRACTS

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

BIOLOGICALS MISC

ADAGEN	3	PA

Drug Name	Drug Tier	Requirements/Limits
AMINOGLYCOSIDES		
AMINOGLYCOSIDES		
ARIKAYCE	3	PA
BETHKIS	4	PA, QL (56 AMPULES PER 28 DAYS)
KITABIS PAK	4	PA, QL (56 AMPULES PER 28 DAYS)
neomycin sulfate	1	
paromomycin sulfate	1	
streptomycin sulfate	1	
tobramycin	4	PA, QL (56 AMPULES PER 28 DAYS)
ANALGESICS - ANTI-INFLAMMATORY		
ANTI-TNF-ALPHA - MONOCLONAL ANTIBODIES		
HUMIRA 10mg/0.1ml, 20mg/0.2ml	4	PA, QL (2 PFS PER 28 DAYS)
HUMIRA 10mg/0.2ml, 20mg/0.4ml	4	PA, QL (2 INJ PER 28 DAYS)
HUMIRA 40mg/0.4ml	4	PA, QL (4 PFS PER 28 DAYS)
HUMIRA 40mg/0.8ml	4	PA, QL (6 PFS PER 28 DAYS)
HUMIRA PEDIATRIC CROHNS D	4	PA, QL (2 PFS PER 28 DAYS)
HUMIRA PEDIATRIC CROHNS D 40mg/0.8ml	4	PA, QL (6 PFS PER 28 DAYS)
HUMIRA PEDIATRIC CROHNS D 80mg/0.8ml	4	PA, QL (3 PFS PER 28 DAYS)
HUMIRA PEN	4	PA, QL (4 PEN PER 28 DAYS)
HUMIRA PEN-CD/UC/HS START 40mg/0.8ml	4	PA, QL (4 PEN PER 28 DAYS)
HUMIRA PEN-CD/UC/HS START 80mg/0.8ml	4	PA, QL (3 PEN PER 28 DAYS)
HUMIRA PEN-PS/UV STARTER	4	PA, QL (3 PEN PER 28 DAYS)
HUMIRA PEN-PS/UV STARTER 40mg/0.8ml	4	PA, QL (4 PEN PER 28 DAYS)
SIMPONI ARIA	4	PA, QL (4 VIALS PER 8 WEEKS)
ANTIRHEUMATIC - ENZYME INHIBITORS		
RINVOQ	4	PA, QL (30 TABLETS PER 30 DAYS)
XELJANZ XR	4	PA, QL (30 TABLETS PER 30 DAYS)

Drug Name	Drug Tier	Requirements/Limits
ANTIRHEUMATIC ANTIMETABOLITES		
RASUVO	4	PA, QL (4 inj per 28 days)
GOLD COMPOUNDS		
RIDAURA	3	
INTERLEUKIN-1 BLOCKERS		
ARCALYST	4	PA, QL (4 VIALS PER 28 DAYS)
INTERLEUKIN-1BETA BLOCKERS		
ILARIS	4	PA
INTERLEUKIN-6 RECEPTOR INHIBITORS		
KEVZARA SOAJ 150mg/1.14ml	4	PA, QL (1 pack per 4 weeks)
KEVZARA SOAJ 200mg/1.14ml	4	PA, QL (2 pack per 4 weeks)
KEVZARA SOSY	4	PA, QL (2 SYRINGES PER 4 WEEKS)
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	1	
etodolac	1	
FELDENE	3	
flexipak	1	PA
flurbiprofen	1	
ibu	1	
ibuprofen	1	
IBUPROFEN COMFORT PAC	3	PA
indomethacin	1	
ketoprofen	1	
ketorolac tromethamine	1	
meclofenamate sodium	1	
mefenamic acid	1	
meloxicam	1	
MOBIC	3	
nabumetone	1	

Drug Name	Drug Tier	Requirements/Limits
NALFON	3	
NAPROSYN	3	
naproxen	1	
NAPROXEN COMFORT PAC	3	PA
naproxen dr	1	
naproxen sodium	1	
oxaprozin	1	
piroxicam	1	
previdolrx plus analgesic	1	PA
sulindac	1	
tolmetin sodium	1	
VIMOVO	3	
xenaflamm	1	PA
ZIPSOR	3	
PHOSPHODIESTERASE 4 (PDE4) INHIBITORS		
OTEZLA TABS	4	PA, QL (60 TABLETS PER 30 DAYS)
OTEZLA TBPK	4	PA, QL (55 TABLETS PER 28 DAYS)
PYRIMIDINE SYNTHESIS INHIBITORS		
ARAVA	3	
leflunomide	1	
SELECTIVE COSTIMULATION MODULATORS		
ORENCIA	4	PA, QL (4 PFS PER 28 DAYS)
ORENCIA CLICKJECT	4	PA, QL (4 INJ PER 28 DAYS)
SOLUBLE TUMOR NECROSIS FACTOR RECEPTOR AGENTS		
ENBREL	4	PA, QL (8 INJ PER 28 DAYS)
ANALGESICS - NONNARCOTIC		
ANALGESIC COMBINATIONS		
butalbital-acetaminophen	1	
butalbital-acetaminophen-caffeine	1	
butalbital-aspirin-caffeine	1	
duraxin	1	
ESGIC	3	
FIORINAL	3	
tencon	1	
vtol lq	1	
SALICYLATES		
aspir-low	0	$0 copay for members age 50-59 or members at risk for preeclampsia, otherwise not covered

Drug Name	Drug Tier	Requirements/Limits
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
childrens aspirin low str	0	$0 copay for members age 50-59 or members at risk for preeclampsia, otherwise not covered
cvs aspirin	3	QL (100 tabs / 1 day); AGE

Drug Name	Drug Tier	Requirements/Limits
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
gnp aspirin TBEC 325mg	3	QL (100 tabs / 1 day); AGE
goodsense aspirin	3	QL (100 tabs / 1 day); AGE

Drug Name	Drug Tier	Requirements/Limits
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
qc 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
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
st joseph low dose aspiri	0	$0 copay for members age 50-59 or members at risk for preeclampsia, otherwise not covered

Drug Name	Drug Tier	Requirements/Limits
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	PA, QL (42 tabs / 25 days)
CODEINE SULFATE 30mg	1	QL (42 tabs / 25 days); Subject to initial 7-day limit
codeine sulfate 60mg	1	QL (42 tabs / 25 days); Subject to initial 7-day limit
CODEINE SULFATE 60mg	3	QL (42 tabs / 25 days); Subject to initial 7-day limit
CONZIP 100mg	3	ST, QL (30 caps / 25 days); PA**
CONZIP 200mg, 300mg	3	ST, PA; High Strength Requires PA
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
DILAUDID TABS 8mg	3	QL (60 tabs / 25 days); Subject to initial 7-day limit
DOLOPHINE 5mg	3	ST, QL (90 tabs / 25 days); PA**

Drug Name	Drug Tier	Requirements/Limits
DOLOPHINE 10mg	3	ST, QL (60 tabs / 25 days); PA**
DSUVIA	3	PA
DURAGESIC 12mcg/hr, 25mcg/hr	3	ST, QL (10 patches / 25 days); PA**
DURAGESIC 50mcg/hr, 75mcg/hr, 100mcg/hr	3	ST, PA; High Strength Requires PA
EMBEDA	2	ST, PA; High Strength Requires PA
EMBEDA	2	ST, QL (30 caps / 25 days); PA**
EMBEDA	2	ST, QL (60 caps / 25 days); PA**
EXALGO	3	PA
fentanyl 12mcg/hr, 25mcg/hr, 37.5mcg/hr	1	ST, QL (10 patches / 25 days); PA**
fentanyl 50mcg/hr, 62.5mcg/hr, 75mcg/hr, 87.5mcg/hr, 100mcg/hr	1	ST, PA; High Strength Requires PA
fentanyl citrate	1	PA
FENTORA	3	PA
hydrocodone bitartrate 10mg, 15mg, 20mg, 30mg	1	PA, QL (60 caps / 25 days)
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 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
hydromorphone hcl TABS 8mg	1	QL (60 tabs / 25 days); Subject to initial 7-day limit
hydromorphone hcl TB24	1	PA
KADIAN 10mg, 20mg, 30mg, 40mg	3	ST, QL (60 caps / 25 days); PA**
KADIAN 50mg, 60mg, 80mg	3	ST, QL (30 caps / 25 days); PA**
KADIAN 100mg, 200mg	3	ST, PA; High Strength Requires PA

Drug Name	Drug Tier	Requirements/Limits
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	ST, QL (450 mL / 25 days); PA**
methadone hcl SOLN 10mg/5ml	1	ST, QL (300 mL / 25 days); PA**
methadone hcl SOLN 10mg/ml	1	ST, QL (20 ml / 25 days); PA**
METHADONE HCL SOLN 10mg/ml	3	ST, QL (1 vial / 25 days); PA**
methadone hcl TABS 5mg	1	ST, QL (90 tabs / 25 days); PA**
methadone hcl TABS 10mg	1	ST, QL (60 tabs / 25 days); PA**
methadone hcl TBSO	1	
METHADOSE CONC	3	ST, QL (60 mL / 25 days); PA**
methadose TBSO	1	
METHADOSE SUGAR-FREE	3	ST, QL (60 mL / 25 days); PA**
morphine sulfate CP24 10mg, 20mg, 30mg, 40mg	1	ST, QL (60 caps / 25 days); PA**
morphine sulfate CP24 50mg, 60mg, 80mg	1	ST, QL (30 caps / 25 days); PA**
morphine sulfate CP24 100mg	1	ST, PA; 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
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

Drug Name	Drug Tier	Requirements/Limits
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	ST, QL (90 tabs / 25 days); PA**
morphine sulfate TBCR 60mg, 100mg, 200mg	1	ST, PA; High Strength Requires PA
morphine sulfate beads 30mg, 45mg, 60mg, 75mg, 90mg	1	ST, QL (30 caps / 25 days); PA**
morphine sulfate beads 120mg	1	ST, PA; High Strength Requires PA
MS CONTIN 15mg, 30mg	3	ST, QL (90 tabs / 25 days); PA**
MS CONTIN 60mg, 100mg, 200mg	3	ST, PA; 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	ST, QL (60 tabs / 25 days); PA**
NUCYNTA ER 150mg, 200mg, 250mg	2	ST, PA; 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
OXAYDO	3	QL (180 tabs / 25 days); Subject to initial 7-day limit
oxycodone hcl CAPS	1	QL (180 caps / 25 days); Subject to initial 7-day limit

Drug Name	Drug Tier	Requirements/Limits
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	ST, QL (60 tabs / 25 days); PA**
oxycodone hcl T12A 40mg, 60mg, 80mg	1	ST, PA; 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	ST, QL (60 tabs / 25 days); PA**
oxymorphone hcl TB12 20mg, 30mg, 40mg	1	ST, PA; 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
ROXYBOND	3	QL (180 ea / 25 days); Subject to initial 7-day limit
SUBSYS	2	PA
tramadol hcl CP24 100mg	1	ST, QL (30 caps / 25 days); PA**

Drug Name	Drug Tier	Requirements/Limits
tramadol hcl CP24 150mg	1	PA, QL (30 caps / 25 days)
tramadol hcl CP24 200mg, 300mg	1	ST, PA; High Strength Requires PA
tramadol hcl TABS	1	QL (180 tabs / 25 days); Subject to initial 7-day limit
tramadol hcl TB24 100mg	1	ST, QL (30 tabs / 25 days); PA**
tramadol hcl TB24 200mg, 300mg	1	ST, PA; 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	PA, QL (60 caps / 25 days)
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
endocet	1	QL (180 tabs / 25 days); Subject to initial 7-day limit

Drug Name	Drug Tier	Requirements/Limits
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-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	PA, QL (2025 mL / 25 days)
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	1	QL (180 tabs / 25 days); Subject to initial 7-day limit
oxycodone w/ acetaminophen	1	QL (240 tabs / 25 days); Subject to initial 7-day limit
oxycodone w/ acetaminophen	1	QL (360 tabs / 25 days); Subject to initial 7-day limit

Drug Name	Drug Tier	Requirements/Limits
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
OPIOID PARTIAL AGONISTS		
BELBUCA 75mcg, 150mcg, 300mcg, 450mcg	2	ST, QL (60 films / 25 days); PA**
BELBUCA 600mcg, 750mcg, 900mcg	2	ST, PA; 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	ST, QL (4 patches / 25 days); PA**
buprenorphine 15mcg/hr, 20mcg/hr	1	ST, PA; 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
SUBLOCADE	3	

Drug Name	Drug Tier	Requirements/Limits
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
oxandrolone	1	PA
ANDROGENS		
ANDRODERM	2	PA
ANDROGEL	3	PA
ANDROGEL PUMP	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
XYOSTED	3	PA
ANORECTAL AND RELATED PRODUCTS		
INTRARECTAL STEROIDS		
colocort	1	
CORTENEMA	3	
CORTIFOAM	2	
hydrocortisone (intrarectal)	1	
UCERIS FOAM	3	
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	

Drug Name	Drug Tier	Requirements/Limits
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 TABS	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	
trimethoprim	1	
TRIMPEX	3	
XIFAXAN 200mg	3	
XIFAXAN 550mg	2	
ANTI-INFECTIVE MISC. - COMBINATIONS		
BACTRIM	3	
BACTRIM DS	3	
hyophen	1	
me/naphos/mb/hyo 1	1	
phosphasal	1	
sulfamethoxazole-trimethoprim	1	
sulfatrim pediatric	1	
urelle	1	
uretron d/s	1	
uribel	1	

Drug Name	Drug Tier	Requirements/Limits
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	
vilevev mb	1	
ANTIPROTOZOAL AGENTS		
ALINIA	3	
LAMPIT	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	PA, QL (84 VIALS PER 28 DAYS)
OXAZOLIDINONES		
linezolid	1	
SIVEXTRO	3	
ZYVOX	3	
PLEUROMUTILINS		
XENLETA	3	
URINARY ANTI-INFECTIVES		
fosfomycin tromethamine	1	
FURADANTIN	3	
HIPREX	3	
MACROBID	3	
methenamine hippurate	1	
methenamine mandelate	1	

Drug Name	Drug Tier	Requirements/Limits
MONUROL	3	
nitrofurantoin	1	
nitrofurantoin macrocrystal	1	
nitrofurantoin monohyd macro	1	
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	
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	

Drug Name	Drug Tier	Requirements/Limits
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	
TIKOSYN	4	PA
ANTIASTHMATIC AND BRONCHODILATOR AGENTS		
ANTI-INFLAMMATORY AGENTS		
cromolyn sodium	1	QL (240 mL / 25 days)
ANTIASTHMATIC - MONOCLONAL ANTIBODIES		
FASENRA	4	PA, QL (1 PFS PER 56 DAYS)
FASENRA PEN	4	PA, QL (1 PEN PER 56 DAYS)
NUCALA SOAJ	4	PA, QL (3 INJ PER 28 DAYS)
NUCALA SOLR	4	PA, QL (3 VIAL PER 28 DAYS)
NUCALA SOSY	4	PA, QL (3 PFS PER 28 DAYS)
XOLAIR SOLR	4	PA, QL (6 VIALS PER 28 DAYS)
XOLAIR SOSY 75mg/0.5ml	4	PA, QL (2 per 28 days)
XOLAIR SOSY 150mg/ml	4	PA, QL (4 PFS PER 28 DAYS)
ASTHMA AND BRONCHODILATOR AGENT COMBINATIONS		
difil-g forte	1	
BRONCHODILATORS - ANTICHOLINERGICS		
ATROVENT HFA	3	QL (2.016 inhalers / 25 days)

Drug Name	Drug Tier	Requirements/Limits
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)
YUPELRI	2	QL (90 mL / 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)
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 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)

Drug Name	Drug Tier	Requirements/Limits
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)
BREZTRI AEROSPHERE	2	QL (1.028 inhalers / 25 days)
BROVANA	3	QL (120 mL / 25 days)
COMBIVENT RESPIMAT	3	QL (2 inhalers / 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)
STRIVERDI RESPIMAT	2	QL (1 package / 25 days)
SYMBICORT	2	QL (1.078 inhalers / 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	

Drug Name	Drug Tier	Requirements/Limits
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	
ANTICONVULSANTS		
AMPA GLUTAMATE RECEPTOR ANTAGONISTS		
FYCOMPA	2	
ANTICONVULSANTS - BENZODIAZEPINES		
clobazam	1	
clonazepam	1	
DIASTAT ACUDIAL	3	
DIASTAT PEDIATRIC	3	
diazepam (anticonvulsant)	1	
KLONOPIN	3	
NAYZILAM	3	
VALTOCO	3	
ANTICONVULSANTS - MISC.		
APTIOM	3	
BANZEL	3	
BRIVIACT	3	
carbamazepine	1	
CARBATROL	3	
DIACOMIT CAPS 250mg	4	QL (360 CAPSULES PER 30 DAYS)
DIACOMIT CAPS 500mg	4	QL (180 CAPSULES PER 30 DAYS)
DIACOMIT PACK 250mg	4	QL (360 PACKETS PER 30 DAYS)
DIACOMIT PACK 500mg	4	QL (180 PACKETS PER 30 DAYS)
EPIDIOLEX	4	PA, QL (600 ML PER 30 DAYS)
epitol	1	
FINTEPLA	4	PA, QL (360ML PER 30 DAYS)
gabapentin	1	
KEPPRA	3	
KEPPRA XR	3	

Drug Name	Drug Tier	Requirements/Limits
lamotrigine	1	
levetiracetam	1	
LYRICA	3	
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	
XCOPRI	3	
GABA MODULATORS		
GABITRIL	3	
tiagabine hcl	1	
vigabatrin PACK	4	PA, QL (180 PACKETS PER 30 DAYS)
vigabatrin TABS	4	PA, QL (180 TABLETS PER 30 DAYS)
vigadrone	4	PA, QL (180 PACKETS PER 30 DAYS)
HYDANTOINS		
DILANTIN	3	
DILANTIN INFATABS	3	
DILANTIN-125	3	
PEGANONE	3	
PHENYTEK	3	
phenytoin	1	

Drug Name	Drug Tier	Requirements/Limits
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.		
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	
citalopram hydrobromide	1	
escitalopram oxalate	1	
fluoxetine hcl	1	
FLUOXETINE HYDROCHLORIDE	3	
fluvoxamine maleate	1	
paroxetine hcl	1	
PAXIL	3	
PAXIL CR	3	

Drug Name	Drug Tier	Requirements/Limits
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	
GLYSET	3	
miglitol	1	
PRECOSE	3	
ANTIDIABETIC - AMYLIN ANALOGS		
SYMLINPEN 60	2	PA
SYMLINPEN 120	2	PA

Drug Name	Drug Tier	Requirements/Limits
ANTIDIABETIC COMBINATIONS		
ACTOPLUS MET	3	
ACTOPLUS MET XR	3	
DUETACT	3	
glipizide-metformin hcl	1	
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	
TRIJARDY XR	2	
XIGDUO XR	2	
XULTOPHY 100/3.6	2	
BIGUANIDES		
GLUCOPHAGE	3	
GLUCOPHAGE XR	3	
metformin hcl	1	
DIABETIC OTHER		
BAQSIMI ONE PACK	2	
BAQSIMI TWO PACK	2	
diazoxide	1	
GLUCAGEN HYPOKIT	2	
GLUCAGON EMERGENCY KIT	2	
GVOKE HYPOPEN 1-PACK	2	
GVOKE HYPOPEN 2-PACK	2	
GVOKE PFS	2	
KORLYM	4	PA, QL (120 TABLETS PER 30 DAYS)
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	
RYBELSUS	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	

Drug Name	Drug Tier	Requirements/Limits
tolazamide	1	
tolbutamide	1	
ANTIDIARRHEAL/PROBIOTIC AGENTS		
ANTIDIARRHEAL/PROBIOTIC AGENTS - MISC.		
lactojen	1	
VISBIOME	3	
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
deferiprone	1	PA
EXJADE	4	PA
FERRIPROX	3	PA
FERRIPROX TWICE-A-DAY	4	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	4	QL (20 PACKETS PER 5 DAYS)
OPIOID ANTAGONISTS		
naltrexone hcl	1	$0 copay
NARCAN	2	
VIVITROL	4	PA, QL (1 VIAL EVERY 28 DAYS)
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)

Drug Name	Drug Tier	Requirements/Limits
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)
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)
ANTIEMETICS - ANTICHOLINERGIC		
meclizine hcl	1	
scopolamine	1	
TIGAN	3	
trimethobenzamide hcl	1	
ANTIEMETICS - MISCELLANEOUS		
AKYNZEO CAPS	3	QL (2 caps / 21 days)
AKYNZEO SOLN	3	QL (0.1 vials / 21 days)
AKYNZEO SOLR	3	QL (2 vials / 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	

Drug Name	Drug Tier	Requirements/Limits
flucytosine	1	
griseofulvin microsize	1	
griseofulvin ultramicrosize	1	
nystatin	1	
terbinafine hcl	1	PA
IMIDAZOLE-RELATED ANTIFUNGALS		
CRESEMBA	3	
DIFLUCAN	3	
fluconazole	1	
itraconazole	1	PA
ketoconazole	1	
NOXAFIL	3	
POSACONAZOLE	3	
SPORANOX	3	PA
SPORANOX PULSEPAK	3	PA
VFEND	3	
voriconazole	1	
ANTIHISTAMINES		
ANTIHISTAMINES - ETHANOLAMINES		
carbinoxamine maleate	1	
clemastine fumarate	1	
di-phen	1	
diphenhydramine hcl	1	
KARBINAL ER	3	
ANTIHISTAMINES - NON-SEDATING		
all-day allergy childrens	3	
ALLEGRA ALLERGY CHILDRENS	3	
aller-ease	1	
allergy 24-hr	1	
allergy 24hour indoor/out	3	
allergy childrens	3	
allergy non-drowsy	3	
allergy relief 10mg	3	
allergy relief 60mg	1	
allergy relief 24hr/indoo	1	
allergy relief childrens	3	
allergy relief loratadine	3	
cetirizine hydrochloride	3	
claritin allergy children	3	
cvs allergy relief 10mg	3	
cvs allergy relief 180mg	1	
cvs indoor/outdoor allerg	3	
desloratadine	1	
eq allergy childrens	3	

Drug Name	Drug Tier	Requirements/Limits
eql all day allergy	3	
gnp all day allergy	3	
gnp allergy relief	1	
goodsense all day allergy	3	
goodsense aller-ease	1	
24hr allergy relief	1	
kls aller-fex	1	
kls aller-tec	3	
kls aller-tec childrens	3	
kls allerclear	3	
kp cetirizine hydrochlori	3	
kp fexofenadine hcl	1	
kp loratadine	3	
levocetirizine dihydrochloride	1	
loradamed	3	
loratadine	3	
loratadine childrens	3	
mm fexofenadine hydrochlo	1	
mucinex allergy	1	
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 all day allergy childr	3	
sm allergy childrens	3	
sm childrens loratadine	3	
sm loratadine	3	
tgt allergy relief	1	
wal-fex	1	
wal-fex allergy	1	
wal-fex allergy 12 hour	1	
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	

Drug Name	Drug Tier	Requirements/Limits
ANTIHISTAMINES - PHENOTHIAZINES		
phenadoz	1	
promethazine hcl	1	
promethegan	1	
ANTIHISTAMINES - PIPERIDINES		
cyproheptadine hcl	1	
ANTIHYPERLIPIDEMICS		
ADENOSINE TRIPHOSPHATE-CITRATE LYASE (ACL) INHIBITORS		
NEXLETOL	3	
ANTIHYPERLIPIDEMICS - COMBINATIONS		
ezetimibe-simvastatin	1	$0 copay for members age 40 through 75
NEXLIZET	3	
VYTORIN	3	
ANTIHYPERLIPIDEMICS - MISC.		
LOVAZA	3	
omega-3-acid ethyl esters	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	

Drug Name	Drug Tier	Requirements/Limits
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
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	PA, QL (28 CAPSULES PER 28 DAYS)
NICOTINIC ACID DERIVATIVES		
niacin (antihyperlipidemic)	1	
NIASPAN	3	
PROPROTEIN CONVERTASE SUBTILISIN/KEXIN TYPE 9 INHIBITORS		
PRALUENT	4	PA
ANTIHYPERTENSIVES		
ACE INHIBITORS		
ACCUPRIL	3	
ALTACE	3	
benazepril hcl	1	
captopril	1	
enalapril maleate	1	

Drug Name	Drug Tier	Requirements/Limits
EPANED	3	
fosinopril sodium	1	
lisinopril	1	
LOTENSIN	3	
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	
metyrosine	1	
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	

Drug Name	Drug Tier	Requirements/Limits
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	
AVALIDE	3	
AZOR	3	
benazepril & hydrochlorothiazide	1	
bisoprolol & hydrochlorothiazide	1	
candesartan cilexetil-hydrochlorothiazide	1	
captopril & hydrochlorothiazide	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	

Drug Name	Drug Tier	Requirements/Limits
ZIAC	3	
ANTIHYPERTENSIVES - MISC.		
VECAMYL	3	
DIRECT RENIN INHIBITORS		
aliskiren fumarate	1	
TEKTURNA	3	
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	
pyrimethamine	1	
QUALAQUIN	3	
quinine sulfate	1	
ANTIMYASTHENIC/CHOLINERGIC AGENTS		
ANTIMYASTHENIC/CHOLINERGIC AGENTS		
FIRDAPSE	4	PA, QL (240 TABLETS PER 30 DAYS)
GUANIDINE HCL	3	
MESTINON	3	
MESTINON TIMESPAN	3	
pyridostigmine bromide	1	
RUZURGI	4	PA, QL (300 TABLETS PER 30 DAYS)
ANTIMYCOBACTERIAL AGENTS		
ANTI TB COMBINATIONS		
RIFAMATE	3	
RIFATER	3	
ANTIMYCOBACTERIAL AGENTS		
cycloserine	1	
ethambutol hcl	1	
isoniazid	1	

Drug Name	Drug Tier	Requirements/Limits
MYAMBUTOL	3	
MYCOBUTIN	3	
PASER	3	
PRETOMANID	3	
PRIFTIN	3	
pyrazinamide	1	
rifabutin	1	
RIFADIN	3	
rifampin	1	
SIRTURO	3	
TRECATOR	3	
ANTINEOPLASTICS AND ADJUNCTIVE THERAPIES		
ALKYLATING AGENTS		
ALKERAN	3	
BENDAMUSTINE HYDROCHLORID	4	PA
BENDEKA	4	PA
cyclophosphamide	1	
GLEOSTINE	3	
LEUKERAN	3	
melphalan	1	
MYLERAN	3	
TEMODAR	4	PA
temozolomide	4	PA
TREANDA	4	PA
ANTIMETABOLITES		
azacitidine	4	PA
capecitabine 150mg	4	PA, QL (120 TABLETS PER 30 DAYS)
capecitabine 500mg	4	PA, QL (300 TABLETS PER 30 DAYS)
DACOGEN	4	PA
decitabine	4	PA
FOLOTYN	4	PA
mercaptopurine	1	
methotrexate sodium	1	
PURIXAN	4	PA
TABLOID	3	
TREXALL	3	
VIDAZA	4	PA
XATMEP	3	
XELODA 150mg	4	PA, QL (120 TABLETS PER 30 DAYS)
XELODA 500mg	4	PA, QL (300 TABLETS PER 30 DAYS)

Drug Name	Drug Tier	Requirements/Limits
ANTINEOPLASTIC - ANGIOGENESIS INHIBITORS		
AVASTIN	4	PA
CYRAMZA	4	PA
ZALTRAP	4	PA
ANTINEOPLASTIC - ANTIBODIES		
ADCETRIS	4	PA
ARZERRA	4	PA
BAVENCIO	4	PA
BESPONSA	4	PA
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	4	PA
OPDIVO	4	PA
PERJETA	4	PA
PORTRAZZA	4	PA
POTELIGEO	4	PA
RITUXAN	4	PA
TECENTRIQ	4	PA
TRODELVY	4	PA
VECTIBIX	4	PA
YERVOY	4	PA
ANTINEOPLASTIC - BCL-2 INHIBITORS		
VENCLEXTA 10mg, 50mg	4	PA, QL (120 TABLETS PER 30 DAYS)
VENCLEXTA 100mg	4	PA, QL (180 TABLETS PER 30 DAYS)
VENCLEXTA STARTING PACK	4	PA, QL (1 PACK EVERY 28 DAYS)
ANTINEOPLASTIC - CELLULAR IMMUNOTHERAPY		
KYMRIAH	3	PA
TECARTUS	4	PA
YESCARTA	3	PA
ANTINEOPLASTIC - HEDGEHOG PATHWAY INHIBITORS		
ERIVEDGE	4	PA, QL (30 CAPSULES PER 30 DAYS)

Drug Name	Drug Tier	Requirements/Limits
ODOMZO	4	PA, QL (30 CAPSULES PER 30 DAYS)
ANTINEOPLASTIC - HORMONAL AND RELATED AGENTS		
abiraterone acetate	4	PA, QL (120 TABLETS PER 30 DAYS)
anastrozole	1	AGE
ARIMIDEX	3	
AROMASIN	3	
bicalutamide	1	
CASODEX	3	
DEPO-PROVERA	3	
ELIGARD	4	PA
EMCYT	3	
ERLEADA	4	PA, QL (120 TABLETS PER 30 DAYS)
exemestane	1	AGE
FARESTON	3	
FASLODEX	3	PA
FEMARA	3	
FIRMAGON	4	PA
flutamide	1	
fulvestrant	1	PA
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	4	PA, QL (120 TABLETS PER 30 DAYS)
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	PA, QL (120 CAPSULES PER 30 DAYS)
YONSA	4	PA, QL (120 TABLETS PER 30 DAYS)
ZOLADEX	4	PA

Drug Name	Drug Tier	Requirements/Limits
ANTINEOPLASTIC - IMMUNOMODULATORS		
POMALYST	4	PA, QL (21 CAPSULES PER 28 DAYS)
ANTINEOPLASTIC ANTIBIOTICS		
JELMYTO	4	PA
mitoxantrone hcl	4	PA
ANTINEOPLASTIC COMBINATIONS		
KISQALI FEMARA 200 DOSE	4	PA, QL (91 TABLETS PER 28 DAYS)
KISQALI FEMARA 400 DOSE	4	PA, QL (91 TABLETS PER 28 DAYS)
KISQALI FEMARA 600 DOSE	4	PA, QL (91 TABLETS PER 28 DAYS)
LONSURF	4	PA, QL (100 TABLETS 28 DAYS)
LONSURF	4	PA, QL (80 TABLETS 28 DAYS)
RITUXAN HYCELA	4	PA
ANTINEOPLASTIC ENZYME INHIBITORS		
AFINITOR	4	PA, QL (30 TABLETS PER 30 DAYS)
AFINITOR DISPERZ 2mg, 5mg	4	PA, QL (60 TABLETS PER 30 DAYS)
AFINITOR DISPERZ 3mg	4	PA, QL (90 TABLETS PER 30 DAYS)
ALECENSA	4	PA, QL (240 CAPSULES PER 30 DAYS)
ALUNBRIG TABS 30mg	4	PA, QL (120 TABLETS PER 30 DAYS)
ALUNBRIG TABS 90mg	4	PA, QL (30 TABLETS PER 30 DAYS)
ALUNBRIG TABS 180mg	4	PA, QL (30 TABLETS PER 39 DAYS)
ALUNBRIG TBPK	4	PA, QL (30 TABLETS PER 30 DAYS)
BALVERSA 3mg	4	PA, QL (84 TABLETS PER 28 DAYS)
BALVERSA 4mg	4	PA, QL (56 TABLETS PER 28 DAYS)
BALVERSA 5mg	4	PA, QL (28 TABLETS PER 28 DAYS)
BELEODAQ	4	PA
BORTEZOMIB	4	PA
BOSULIF 100mg	4	PA, QL (90 TABLETS PER 30 DAYS)

Drug Name	Drug Tier	Requirements/Limits
BOSULIF 400mg, 500mg	4	PA, QL (30 TABLETS PER 30 DAYS)
BRAFTOVI 50mg	4	PA
BRAFTOVI 75mg	4	PA, QL (180 CAPSULES PER 30 DAYS)
BRUKINSA	4	PA, QL (120 CAPSULES PER 30 DAYS)
CABOMETYX	4	PA, QL (30 TABLETS PER 30 DAYS)
CALQUENCE	4	PA, QL (60 CAPSULES PER 30 DAYS)
CAPRELSA 100mg	4	PA, QL (60 TABLETS PER 30 DAYS)
CAPRELSA 300mg	4	PA, QL (30 TABLETS PER 30 DAYS)
COMETRIQ	4	PA, QL (112 CAPSULES PER 28 DAYS)
COMETRIQ	4	PA, QL (56 CAPSULES PER 28 DAYS)
COMETRIQ 20mg	4	PA, QL (84 CAPSULES PER 28 DAYS)
COPIKTRA	4	PA, QL (56 CAPSULES PER 28 days)
COTELLIC	4	PA, QL (63 TABLETS 28 DAYS)
erlotinib hcl 25mg	4	PA, QL (60 TABLETS PER 30 DAYS)
erlotinib hcl 100mg, 150mg	4	PA, QL (30 TABLETS PER 30 DAYS)
everolimus	4	PA, QL (30 TABLETS PER 30 DAYS)
GILOTRIF	4	PA, QL (30 TABLETS PER 30 DAYS)
IBRANCE CAPS	4	PA, QL (21 CAPSULES PER 28 DAYS)
IBRANCE TABS	4	PA, QL (21 TABLETS PER 28 DAYS)
ICLUSIG 15mg	4	PA, QL (60 TABLETS PER 30 DAYS)
ICLUSIG 45mg	4	PA, QL (30 TABLETS PER 30 DAYS)
IDHIFA	4	PA, QL (30 TABLETS PER 30 DAYS)
imatinib mesylate 100mg	4	PA, QL (90 TABLETS PER 30 DAYS)
imatinib mesylate 400mg	4	PA, QL (60 TABLETS PER 30 DAYS)

Drug Name	Drug Tier	Requirements/Limits
IMBRUVICA CAPS 70mg	4	PA, QL (30 CAPSULES PER 30 DAYS)
IMBRUVICA CAPS 140mg	4	PA, QL (90 CAPSULES PER 30 DAYS)
IMBRUVICA TABS	4	PA, QL (30 TABLETS PER 30 DAYS)
INLYTA 1mg	4	PA, QL (240 TABLETS PER 30 DAYS)
INLYTA 5mg	4	PA, QL (120 TABLETS PER 30 DAYS)
IRESSA	4	PA, QL (30 TABLETS PER 30 DAYS)
ISTODAX (OVERFILL)	4	PA
JAKAFI	4	PA, QL (60 TABLETS PER 30 DAYS)
KISQALI 200mg	4	PA, QL (21 TABLETS PER 28 DAYS)
KISQALI 200mg	4	PA, QL (42 TABLETS 28 DAYS)
KISQALI 200mg	4	PA, QL (63 TABLETS 28 DAYS)
KOSELUGO 10mg	4	PA, QL (240 CAPSULES PER 30 DAYS)
KOSELUGO 25mg	4	PA, QL (120 CAPSULES PER 30 DAYS)
KYPROLIS	4	PA
lapatinib ditosylate	4	PA, QL (180 TABLETS PER 30 DAYS)
LENVIMA 4 MG DAILY DOSE	4	PA, QL (30 CAPSULES PER 30 DAYS)
LENVIMA 8 MG DAILY DOSE	4	PA, QL (60 CAPSULES PER 30 DAYS)
LENVIMA 10 MG DAILY DOSE	4	PA, QL (30 CAPSULES PER 30 DAYS)
LENVIMA 12MG DAILY DOSE	4	PA, QL (90 CAPSULES PER 30 DAYS)
LENVIMA 14 MG DAILY DOSE	4	PA, QL (60 CAPSULES PER 30 DAYS)
LENVIMA 18 MG DAILY DOSE	4	PA, QL (90 CAPSULES PER 30 DAYS)
LENVIMA 20 MG DAILY DOSE	4	PA, QL (60 CAPSULES PER 30 DAYS)
LENVIMA 24 MG DAILY DOSE	4	PA, QL (90 CAPSULES PER 30 DAYS)
LORBRENA 25mg	4	PA, QL (90 TABLETS PER 30 DAYS)

Drug Name	Drug Tier	Requirements/Limits
LORBRENA 100mg	4	PA, QL (30 TABLETS PER 30 DAYS)
LYNPARZA	4	PA, QL (120 TABLETS PER 30 DAYS)
MEKINIST 2mg	4	PA, QL (30 TABLETS PER 30 DAYS)
MEKINIST .5mg	4	PA, QL (90 TABLETS PER 30 DAYS)
MEKTOVI	4	PA, QL (180 TABLETS PER 30 DAYS)
NERLYNX	4	PA, QL (180 TABLETS PER 30 DAYS)
NEXAVAR	4	PA, QL (120 TABLETS PER 30 DAYS)
NINLARO	4	PA, QL (3 CAPSULES PER 28 DAYS)
ROMIDEPSIN	4	PA
ROZLYTREK 100mg	4	PA, QL (30 CAPSULES PER 30 DAYS)
ROZLYTREK 200mg	4	PA, QL (90 CAPSULES PER 30 DAYS)
RUBRACA	4	PA, QL (120 TABLETS PER 30 DAYS)
RYDAPT	4	PA, QL (224 CAPSULES PER 28 DAYS)
SPRYCEL 20mg	4	PA, QL (90 TABLETS PER 30 DAYS)
SPRYCEL 50mg, 70mg, 80mg, 100mg, 140mg	4	PA, QL (30 TABLETS PER 30 DAYS)
STIVARGA	4	PA, QL (84 TABLETS PER 28 DAYS)
SUTENT	4	PA, QL (30 CAPSULES PER 30 DAYS)
TAFINLAR	4	PA, QL (120 CAPSULES PER 30 DAYS)
TAGRISSO	4	PA, QL (30 TABLETS PER 30 DAYS)
TARCEVA 25mg	4	PA, QL (60 TABLETS PER 30 DAYS)
TARCEVA 100mg, 150mg	4	PA, QL (30 TABLETS PER 30 DAYS)
temsirolimus	4	PA
TIBSOVO	4	PA, QL (60 TABLETS PER 30 DAYS)
TORISEL	4	PA
TUKYSA	4	PA, QL (120 TABLETS PER 30 DAYS)

Drug Name	Drug Tier	Requirements/Limits
TYKERB	4	PA, QL (180 TABLETS PER 30 DAYS)
VELCADE	4	PA
VERZENIO	4	PA, QL (56 TABLETS PER 28 DAYS)
VITRAKVI CAPS 25mg	4	PA, QL (180 CAPSULES PER 30 DAYS)
VITRAKVI CAPS 100mg	4	PA, QL (60 CAPSULES PER 30 DAYS)
VITRAKVI SOLN	4	PA, QL (300 ML PER 30 DAYS)
VOTRIENT	4	PA, QL (120 TABLETS PER 30 DAYS)
XALKORI	4	PA, QL (60 CAPSULES PER 30 DAYS)
ZEJULA	4	PA, QL (90 CAPSULES PER 30 DAYS)
ZELBORAF	4	PA, QL (240 TABLETS PER 30 DAYS)
ZOLINZA	4	PA, QL (120 CAPSULES PER 30 DAYS)
ZYKADIA CAPS	4	PA, QL (90 per 30 days)
ZYKADIA TABS	4	PA, QL (90 TABLETS PER 30 DAYS)
ANTINEOPLASTIC ENZYMES		
ASPARLAS	4	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	PA, QL (4 VIALS PER 28 DAYS)
SYNRIBO	3	PA
TARGRETIN CAPS	4	PA
tretinoin (chemotherapy)	1	

Drug Name	Drug Tier	Requirements/Limits
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
TOPOISOMERASE I INHIBITORS		
HYCAMTIN	4	PA
ANTIPARKINSON AND RELATED THERAPY AGENTS		
ANTIPARKINSON ADJUNCTIVE THERAPY		
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	PA
INBRIJA	4	PA, QL (300 CAPSULES PER 30 DAYS)
MIRAPEX	3	
MIRAPEX ER	3	
NEUPRO	2	
PARLODEL	3	
pramipexole dihydrochloride	1	
REQUIP	3	
REQUIP XL	3	
ropinirole hydrochloride	1	
RYTARY	3	

Drug Name	Drug Tier	Requirements/Limits
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	
rasagiline mesylate	1	
selegiline hcl	1	
ZELAPAR	3	
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	
ziprasidone mesylate	1	
BENZISOXAZOLES		
INVEGA	3	
INVEGA SUSTENNA	3	
paliperidone	1	
RISPERDAL	3	
RISPERDAL CONSTA	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	

Drug Name	Drug Tier	Requirements/Limits
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	
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	3	
GLUTARALDEHYDE	3	
hydrogen peroxide	1	
CHLORINE ANTISEPTICS		
BENZALKONIUM CHLORIDE	3	
IODINE ANTISEPTICS		
IODINE TINCTURE	3	
IODOFLEX	3	
IODOSORB	3	

Drug Name	Drug Tier	Requirements/Limits
ANTIVIRALS		
ANTIRETROVIRALS		
abacavir sulfate SOLN	4	QL (900 ML PER 30 DAYS)
abacavir sulfate TABS	4	QL (60 TABLETS PER 30 DAYS)
abacavir sulfate-lamivudine	4	QL (30 TABLETS PER 30 DAYS)
abacavir sulfate-lamivudine-zidovudine	4	QL (60 TABLETS PER 30 DAYS)
APTIVUS CAPS	4	QL (120 CAPSULES PER 30 DAYS)
APTIVUS SOLN	4	QL (285 ML PER 28 DAYS)
atazanavir sulfate 150mg, 300mg	4	QL (30 CAPSULES PER 30 DAYS)
atazanavir sulfate 200mg	4	QL (60 CAPSULES PER 30 DAYS)
ATRIPLA	4	QL (30 TABLETS PER 30 DAYS)
BIKTARVY	4	QL (30 TABLETS PER 30 DAYS)
CIMDUO	4	QL (30 TABLETS PER 30 DAYS)
COMBIVIR	4	QL (60 TABLETS PER 30 DAYS)
CRIXIVAN 200mg	4	QL (450 CAPSULES PER 30 DAYS)
CRIXIVAN 400mg	4	QL (180 CAPSULES PER 30 DAYS)
DESCOVY	4	QL (30 TABLETS PER 30 DAYS)
didanosine	4	QL (30 CAPSULES PER 30 DAYS)
DOVATO	4	QL (30 TABLETS PER 30 DAYS)
EDURANT	4	QL (60 TABLETS PER 30 DAYS)
efavirenz CAPS	4	QL (90 CAPSULES PER 30 DAYS)
efavirenz TABS	4	QL (30 TABLETS PER 30 DAYS)
efavirenz-emtricitabine-tenofovir disoproxil fumarate	4	QL (30 TABLETS PER 30 DAYS)
efavirenz-lamivudine-tenofovir disoproxil fumarate	4	QL (30 TABLETS PER 30 DAYS)

Drug Name	Drug Tier	Requirements/Limits
emtricitabine	4	QL (30 CAPSULES PER 30 DAYS)
emtricitabine-tenofovir disoproxil fumarate	4	QL (30 TABLETS PER 30 DAYS)
EMTRIVA CAPS	4	QL (30 CAPSULES 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 TABLETS PER 30 DAYS)
EPIVIR TABS 300mg	4	QL (30 TABLETS PER 30 DAYS)
EPZICOM	4	QL (30 TABLETS PER 30 DAYS)
EVOTAZ	4	QL (30 TABLETS PER 30 DAYS)
fosamprenavir calcium	4	QL (120 TABLETS PER 30 DAYS)
FUZEON	4	PA, QL (60 VIALS PER 30 DAYS)
GENVOYA	4	QL (30 TABLETS PER 30 DAYS)
INTELENCE 25mg, 100mg	4	QL (120 TABLETS PER 30 DAYS)
INTELENCE 200mg	4	QL (60 TABLETS PER 30 DAYS)
INVIRASE CAPS	4	
INVIRASE TABS	4	QL (120 TABLETS PER 30 DAYS)
ISENTRESS CHEW	4	QL (180 TABLETS PER 30 DAYS)
ISENTRESS PACK	4	QL (60 PACKETS PER 30 DAYS)
ISENTRESS TABS	4	QL (120 TABLETS PER 30 DAYS)
ISENTRESS HD	4	QL (60 TABLETS PER 30 DAYS)
JULUCA	4	QL (30 TABLETS PER 30 DAYS)
KALETRA SOLN	4	QL (1575 ML PER 28 DAYS)
KALETRA TABS	4	QL (120 TABLETS PER 30 DAYS)
KALETRA TABS	4	QL (240 TABLETS PER 30 DAYS)

Drug Name	Drug Tier	Requirements/Limits
lamivudine SOLN	4	QL (900 ML PER 30 DAYS)
lamivudine TABS 150mg	4	QL (60 TABLETS PER 30 DAYS)
lamivudine TABS 300mg	4	QL (30 TABLETS PER 30 DAYS)
lamivudine-zidovudine	4	QL (60 TABLETS PER 30 DAYS)
LEXIVA SUSP	4	QL (1575 ML PER 28 DAYS)
LEXIVA TABS	4	QL (120 TABLETS PER 30 DAYS)
lopinavir-ritonavir	4	QL (1575 ML PER 28 DAYS)
nevirapine SUSP	4	QL (1200 ML PER 30 DAYS)
nevirapine TABS	4	QL (60 TABLETS PER 30 DAYS)
nevirapine TB24 100mg	4	QL (90 TABLETS PER 30 DAYS)
nevirapine TB24 400mg	4	QL (30 TABLETS PER 30 DAYS)
NORVIR PACK	4	QL (360 PACKETS PER 30 DAYS)
NORVIR SOLN	4	QL (480 ML PER 30 DAYS)
NORVIR TABS	4	QL (360 TABLETS PER 30 DAYS)
ODEFSEY	4	QL (30 TABLETS PER 30 DAYS)
PREZCOBIX	4	QL (30 TABLETS PER 30 DAYS)
PREZISTA SUSP	4	QL (400 ML PER 30 DAYS)
PREZISTA TABS 75mg	4	QL (300 TABLETS PER 30 DAYS)
PREZISTA TABS 150mg	4	QL (180 TABLETS PER 30 DAYS)
PREZISTA TABS 600mg	4	QL (60 TABLETS PER 30 DAYS)
PREZISTA TABS 800mg	4	QL (30 TABLETS PER 30 DAYS)
RESCRIPTOR 100mg	4	QL (900 per 30 days)
RESCRIPTOR 200mg	4	
RETROVIR CAPS	4	QL (180 CAPSULES PER 30 DAYS)

Drug Name	Drug Tier	Requirements/Limits
RETROVIR SYRP	4	QL (1800 ML PER 30 DAYS)
REYATAZ CAPS 150mg, 300mg	4	QL (30 CAPSULES PER 30 DAYS)
REYATAZ CAPS 200mg	4	QL (60 CAPSULES PER 30 DAYS)
REYATAZ PACK	4	QL (180 PACKETS PER 30 DAYS)
ritonavir	4	QL (360 TABLETS PER 30 DAYS)
SELZENTRY SOLN	4	QL (1840 ML PER 30 days)
SELZENTRY TABS 25mg	4	QL (240 TABLETS PER 30 DAYS)
SELZENTRY TABS 75mg, 150mg	4	QL (60 TABLETS PER 30 DAYS)
SELZENTRY TABS 300mg	4	QL (120 TABLETS PER 30 DAYS)
stavudine	4	QL (60 CAPSULES PER 30 DAYS)
SUSTIVA CAPS	4	QL (90 CAPSULES PER 30 DAYS)
SUSTIVA TABS	4	QL (30 TABLETS PER 30 DAYS)
SYMFI	4	QL (30 TABLETS PER 30 DAYS)
SYMFI LO	4	QL (30 TABLETS PER 30 DAYS)
SYMTUZA	4	QL (30 TABLETS PER 30 DAYS)
TEMIXYS	4	QL (30 TABLETS PER 30 DAYS)
tenofovir disoproxil fumarate	4	QL (30 TABLETS PER 30 DAYS)
TIVICAY 10mg	4	QL (240 TABLETS PER 30 DAYS)
TIVICAY 25mg, 50mg	4	QL (60 TABLETS PER 30 DAYS)
TIVICAY PD	4	QL (360 TABLETS PER 30 DAYS)
TRIUMEQ	4	QL (30 TABLETS PER 30 DAYS)
TRIZIVIR	4	QL (60 TABLETS PER 30 DAYS)
TRUVADA	4	QL (30 TABLETS PER 30 DAYS)
TYBOST	4	QL (30 TABLETS PER 30 DAYS)

Drug Name	Drug Tier	Requirements/Limits
VIDEX EC 125mg	4	
VIDEX EC 200mg, 250mg, 400mg	4	QL (30 CAPSULES PER 30 DAYS)
VIDEX PEDIATRIC	4	
VIRACEPT 250mg	4	QL (300 TABLETS PER 30 DAYS)
VIRACEPT 625mg	4	QL (120 TABLETS PER 30 DAYS)
VIRAMUNE SUSP	4	QL (1200 ML PER 30 DAYS)
VIRAMUNE TABS	4	QL (60 TABLETS PER 30 DAYS)
VIRAMUNE XR 100mg	4	QL (90 TABLETS PER 30 DAYS)
VIRAMUNE XR 400mg	4	QL (30 TABLETS PER 30 DAYS)
VIREAD POWD	4	QL (240 GM PER 30 DAYS)
VIREAD TABS	4	QL (30 TABLETS PER 30 DAYS)
ZERIT	4	QL (60 CAPSULES PER 30 DAYS)
ZIAGEN SOLN	4	QL (900 ML PER 30 DAYS)
ZIAGEN TABS	4	QL (60 TABLETS PER 30 DAYS)
zidovudine CAPS	4	QL (180 CAPSULES PER 30 DAYS)
zidovudine SYRP	4	QL (1800 ML PER 30 DAYS)
zidovudine TABS	4	QL (60 TABLETS PER 30 DAYS)
CMV AGENTS		
PREVYMIS	3	
valganciclovir hcl SOLR	4	QL (1000 ML PER 30 DAYS)
valganciclovir hcl TABS	4	QL (102 TABLETS PER 30 DAYS)
HEPATITIS AGENTS		
adefovir dipivoxil	4	
BARACLUDE	4	
entecavir	4	
EPCLUSA	4	PA, QL (28 TABLETS PER 28 DAYS)
HARVONI PACK	4	ST, PA, QL (28 PELLETS PER 28 DAYS)

Drug Name	Drug Tier	Requirements/Limits
HARVONI TABS	4	PA, QL (28 TABLETS PER 28 DAYS)
HARVONI TABS	4	ST, PA, QL (28 TABLETS PER 28 DAYS)
lamivudine (hbv)	4	
moderiba	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 PACK	4	ST, PA, QL (28 PELLETS PER 28 DAYS)
SOVALDI TABS 200mg	4	ST, PA, QL (28 TABLETS PER 28 DAYS)
SOVALDI TABS 400mg	4	PA, QL (28 TABLETS PER 28 DAYS)
VEMLIDY	4	QL (30 TABLETS PER 30 DAYS)
VOSEVI	4	PA, QL (28 TABLETS PER 28 DAYS)
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)
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)
MISC. ANTIVIRALS		
FAVIPIRAVIR	3	
RESPIRATORY SYNCYTIAL VIRUS (RSV) AGENTS		
ribavirin	1	
VIRAZOLE	3	

Drug Name	Drug Tier	Requirements/Limits
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	
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	
amlodipine besylate	1	
CALAN	3	
CALAN SR	3	
cartia xt	1	
dilt-xr	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	

Drug Name	Drug Tier	Requirements/Limits
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	PA, QL (6 vials / 25 days)
CAVERJECT IMPULSE 10mcg	3	PA, QL (6 each / 25 days)
CAVERJECT IMPULSE 20mcg	3	PA, QL (6 kits / 25 days)
EDEX 10mcg	3	PA, QL (1 each / 25 days)
EDEX 10mcg	3	PA, QL (3 each / 25 days)
EDEX 20mcg, 40mcg	3	PA, QL (1 kit / 25 days)
EDEX 20mcg, 40mcg	3	PA, QL (3 kits / 25 days)
LEVITRA	3	PA, QL (6 tabs / 25 days)
MUSE	2	PA, QL (6 sup / 25 days)
sildenafil citrate	1	PA, QL (6 tabs / 25 days)
STAXYN	3	PA, QL (6 tabs / 25 days)
tadalafil 2.5mg, 5mg	1	PA, QL (30 tabs / 25 days)

Drug Name	Drug Tier	Requirements/Limits
tadalafil 10mg, 20mg	1	PA, QL (6 tabs / 25 days)
vardenafil hcl	1	PA, QL (6 tabs / 25 days)
PROSTAGLANDIN VASODILATORS		
epoprostenol sodium	4	PA
FLOLAN	4	PA
ORENITRAM	4	PA
REMODULIN	4	PA
treprostinil	4	PA
TYVASO	4	PA, QL (28 AMPULES PER 28 DAYS)
TYVASO REFILL	4	PA, QL (28 AMPULES PER 28 DAYS)
TYVASO STARTER	4	PA, QL (28 AMPULES PER 28 DAYS)
VELETRI	4	PA
VENTAVIS	4	PA, QL (270 AMPULES PER 30 DAYS)
PULMONARY HYPERTENSION - ENDOTHELIN RECEPTOR ANTAGONISTS		
ambrisentan	4	PA, QL (30 TABLETS PER 30 DAYS)
bosentan	4	PA, QL (60 TABLETS PER 30 DAYS)
OPSUMIT	4	PA, QL (30 TABLETS PER 30 DAYS)
TRACLEER TABS	4	PA, QL (60 TABLETS PER 30 DAYS)
TRACLEER TBSO	4	PA, QL (112 TABLETS PER 28 DAYS)
PULMONARY HYPERTENSION - PHOSPHODIESTERASE INHIBITORS		
alyq	4	PA, QL (60 TABLETS PER 30 DAYS)
sildenafil citrate (pulmonary hypertension) SOLN	4	PA
sildenafil citrate (pulmonary hypertension) SUSR	4	PA, QL (224 ML PER 30 DAYS)
sildenafil citrate (pulmonary hypertension) TABS	4	PA, QL (90 TABLETS PER 30 DAYS)
tadalafil (pulmonary hypertension)	4	PA, QL (60 TABLETS PER 30 DAYS)
PULMONARY HYPERTENSION - PROSTACYCLIN RECEPTOR AGONIST		
UPTRAVI TABS 200mcg	4	PA, QL (140 TABLETS PER 28 DAYS)

Drug Name	Drug Tier	Requirements/Limits
UPTRAVI TABS 400mcg, 600mcg, 800mcg, 1000mcg, 1200mcg, 1400mcg, 1600mcg	4	PA, QL (60 TABLETS PER 30 DAYS)
UPTRAVI TBPK	4	PA, QL (1 PACK EVERY 28 DAYS)
PULMONARY HYPERTENSION - SOL GUANYLATE CYCLASE STIMULATOR		
ADEMPAS	4	PA, QL (90 TABLETS PER 30 DAYS)
SINUS NODE INHIBITORS		
CORLANOR SOLN	3	
CORLANOR TABS	2	
TRANSTHYRETIN STABILIZERS		
VYNDAMAX	4	PA, QL (30 CAPSULES PER 30 DAYS)
CEPHALOSPORINS		
CEPHALOSPORINS - 1ST GENERATION		
cefadroxil	1	
cephalexin	1	
KEFLEX	3	
CEPHALOSPORINS - 2ND GENERATION		
cefaclor	1	
CEFACLOR ER	3	
cefprozil	1	
cefuroxime axetil	1	
CEPHALOSPORINS - 3RD GENERATION		
cefdinir	1	
cefditoren pivoxil	1	
cefixime	1	
cefpodoxime proxetil	1	
CEFTRI-IM	3	PA
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	

Drug Name	Drug Tier	Requirements/Limits
aubra	0	
aubra eq	0	
aurovela 1.5/30	0	
aurovela 1/20	0	
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	
charlotte 24 fe	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	
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	

Drug Name	Drug Tier	Requirements/Limits
fayosim	0	
femynor	0	
GENERESS FE	3	
gianvi	0	
hailey 1.5/30	0	
hailey 24 fe	0	
hailey fe 1.5/30	0	
hailey fe 1/20	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	
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 LOESTRIN FE	0	
lo-zumandimine	0	
LOESTRIN 1.5/30-21	3	

Drug Name	Drug Tier	Requirements/Limits
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	
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	
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-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	

Drug Name	Drug Tier	Requirements/Limits
rivelsa	0	
SAFYRAL	3	
SEASONIQUE	3	
setlakin	0	
simliya	0	
simpesse	0	
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	
trivora-28	0	
tydemy	0	
velivet	0	
vienva	0	
viorele	0	
volnea	0	
vyfemla	0	
vylibra	0	
wera	0	
wymzya fe	0	
YASMIN 28	3	
zarah	0	
zovia 1/35e	0	
zumandimine	0	
COMBINATION CONTRACEPTIVES - TRANSDERMAL		
xulane	0	
COMBINATION CONTRACEPTIVES - VAGINAL		
ANNOVERA	3	QL (1 ring / 300 days)

Drug Name	Drug Tier	Requirements/Limits
eluryng	0	QL (13 rings / 300 days)
etonogestrel-ethinyl estradiol	0	QL (13 rings / 300 days)
COPPER CONTRACEPTIVES - IUD		
PARAGARD INTRAUTERINE COP	0	
EMERGENCY CONTRACEPTIVES		
aftera	0	
econtra ez	0	
econtra one-step	0	
ELLA	3	
levonorgestrel (emergency oc)	0	
my choice	0	
my way	0	
new day	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	

Drug Name	Drug Tier	Requirements/Limits
CORTICOSTEROIDS		
GLUCOCORTICOSTEROIDS		
ACTIVE INJECTION KIT BLM-	3	PA
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

Drug Name	Drug Tier	Requirements/Limits
POINT OF CARE LM DEP 2	3	PA
prednisolone	1	
prednisolone sodium phosphate	1	
prednisone	1	
PREDNISONE INTENSOL	3	
PRO-C-DURE 5 KIT	3	PA
READYSHARP ANESTHETICS +	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	
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-12	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	
eq allergy relief d 24 ho	3	
eql allergy/congestion re	3	
fexofenadine-pseudoephedrine	3	

Drug Name	Drug Tier	Requirements/Limits
g tussin ac	3	
gnp allergy & congestion	3	
guaiatussin ac	3	
guaifenesin-codeine	3	
hm allergy complete-d	3	
hm allergy relief & nasal	3	
hydrocodone polistirex-chlorpheniramine polistirex	1	
kls aller-tec d	3	
kls allerclear d-12hr	3	
kls allerclear d-24hr	3	
loratadine-d 12hr	3	
loratadine-d 24hr	3	
maxi-tuss ac	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 allergy relief & nasal	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	

Drug Name	Drug Tier	Requirements/Limits
EXPECTORANTS		
SSKI	3	
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
ARAZLO	3	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	
benzoyl peroxide	1	
benzoyl peroxide-erythromycin	1	
benzoyl peroxide-hydrocortisone	1	
bp foam	1	
bp wash	1	
BPO	3	
claravis	1	PA
CLEOCIN-T	3	
CLINDACIN ETZ	3	PA
clindacin etz pledgets	1	
CLINDACIN PAC	3	PA
clindacin-p	1	
CLINDAGEL	3	
clindamycin phosphate (topical)	1	

Drug Name	Drug Tier	Requirements/Limits
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
ONEXTON	2	
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	
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
ANALGESICS - TOPICAL		
ARTHRITIS WONDER	3	PA
DR GREENES GOOD STUFF PAI	3	PA
TWO OLD GOATS ARTHRITIS F	3	PA
ANTI-INFLAMMATORY AGENTS - TOPICAL		
capsfenac pak	1	PA

Drug Name	Drug Tier	Requirements/Limits
diclofenac epolamine	1	
diclofenac sodium (topical)	1	
diclofex dc	1	PA
diclopak	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	1	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	
iodoquimez-hc	1	
iodoquinol-hc	1	
iodoquinol-hydrocortisone-aloe polysaccharide	1	PA
JUBLIA	3	PA
KERYDIN	3	PA
ketoconazole (topical)	1	
KETODAN KIT	3	PA
LOPROX	3	PA
LOPROX SHAMPOO	3	
LOTRISONE	3	

Drug Name	Drug Tier	Requirements/Limits
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	1	
tavaborole	1	PA
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	4	PA, QL (2 TUBES PER 30 DAYS)
ANTIPRURITICS - TOPICAL		
PRUDOXIN	3	
ZONALON	3	
ANTIPSORIATICS		
acitretin	1	
calcipotriene	1	
calcitrene	1	
COSENTYX	4	PA, QL (1 SYRINGE PER 28 DAYS)
COSENTYX SENSOREADY PEN	4	PA, QL (1 PEN PER 28 DAYS)
DOVONEX	3	

Drug Name	Drug Tier	Requirements/Limits
methoxsalen rapid	1	
OXSORALEN ULTRA	3	
SKYRIZI	4	PA, QL (2 SYRINGES PER 12 WEEKS)
SORIATANE	3	
TALTZ SOAJ	4	PA, QL (1 INJ PER 28 DAYS)
TALTZ SOSY	4	PA, QL (1 PFS PER 28 DAYS)
tazarotene	1	PA
TAZORAC	2	PA
TREMFYA SOPN	4	PA, QL (1 PEN PER 8 WEEKS)
TREMFYA SOSY	4	PA, QL (1 PFS PER 8 WEEKS)
ANTISEBORRHEIC PRODUCTS		
GLYCOLIC ACID 70% HIGH PU	3	
NUTRASEB	3	
OVACE PLUS	3	
OVACE PLUS WASH	3	
OVACE WASH	3	
PROMISEB	3	
PROMISEB COMPLETE	3	
selenium sulfide	1	
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	
ssd	1	
SULFAMYLON	3	
CAUTERIZING AGENTS		
SILVER NITRATE	3	
CORTICOSTEROIDS - TOPICAL		
ALA SCALP	3	
ala-cort	1	
ALA-SCALP	3	
alclometasone dipropionate	1	
amcinonide CREA; LOTN	1	
AMCINONIDE OINT	3	

Drug Name	Drug Tier	Requirements/Limits
beser	1	
betamethasone dipropionate (topical)	1	
betamethasone dipropionate augmented	1	
betamethasone valerate	1	
BRYHALI	2	
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-SMOOTHE/FS BODY	3	
DERMA-SMOOTHE/FS SCALP	3	
DERMASORB HC	3	PA
DERMASORB TA	3	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	
fluocinonide	1	
fluocinonide emulsified base	1	
flurandrenolide	1	
fluticasone propionate	1	
halcinonide	1	
halobetasol propionate	1	
HALOG	3	
hydrocortisone (topical)	1	
hydrocortisone butyrate	1	
hydrocortisone valerate	1	
KENALOG	3	
lidocaine-hydrocortisone acetate	1	PA

Drug Name	Drug Tier	Requirements/Limits
LOCOID	3	
LOCOID LIPOCREAM	3	
LUXIQ	3	
mometasone furoate	1	
nolix	1	
nutriarx creampak	1	PA
OLUX	3	
PANDEL	3	
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	
triamcinolone acetonide (topical)	1	
TRIANEX .05%	1	
TRIANEX .05%	3	
triderm	1	
TRIDESILON	3	
ULTRAVATE	3	
VANOS	3	
VERDESO	3	
ECZEMA AGENTS		
DUPIXENT SOPN	4	PA, QL (2 PENS PER 28 DAYS)
DUPIXENT SOSY	4	PA, QL (2 PFS PER 28 DAYS)
EMOLLIENT/KERATOLYTIC AGENTS		
cerovel	1	PA
DERMASORB XM	3	PA
HYDRO 35	3	PA
HYDRO 40 FOAM	3	PA
LATRIX XM	3	PA
salrix	1	PA
URAMAXIN	3	PA

Drug Name	Drug Tier	Requirements/Limits
urea	1	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
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
QC RELIEF PATCH	3	PA
SALONPAS	3	PA
SALONPAS DEEP RELIEVING	3	PA
TIGER BALM RED EXTRA STRE	3	PA

Drug Name	Drug Tier	Requirements/Limits
TIGER BALM REGULAR STRENG	3	PA
TIGER BALM ULTRA STRENGTH	3	PA
LOCAL ANESTHETICS - TOPICAL		
ADAZIN	3	PA
ALOCANE EMERGENCY BURN MA	3	QL (30 mL / 25 days)
ANACAINE	3	
anodyne lpt	1	PA
c-topical	1	
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 (10 injections / 25 days)
K-Y DURATION SRAY FOR MEN	3	PA
lido-prilo caine pack	1	PA
lidocaine CREA	3	PA
lidocaine OINT	1	QL (50 gm / 25 days)
lidocaine PTCH	1	
lidocaine hcl CREA	1	PA
lidocaine hcl GEL	1	QL (60 mL / 25 days)
lidocaine hcl LOTN	1	PA
lidocaine hcl PRSY 2%	1	QL (12 injections / 25 days)
lidocaine hcl PRSY 2%	1	QL (3 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
LIDODERM	3	
lidopril	1	PA
lidopril xr	1	PA
lidozion	1	PA
LIDTOPIC MAX	3	PA
liprozonepak	1	PA
medolor pak	1	PA
MENTHOZEN HYDROGEL PATCH	3	PA
nuvakaan	1	PA
port-prep	1	PA
prikaan	1	PA
prikaan lite	1	PA

Drug Name	Drug Tier	Requirements/Limits
prilolid	1	PA
priloxx lp	1	PA
QUTENZA	3	
regenecare ha	3	QL (30 gm / 25 days)
relador pak	1	PA
relador pak plus	1	PA
SALONPAS GEL-PATCH HOT	3	PA
SALONPAS LIDOCAINE PLUS	3	PA
SALONPAS PAIN RELIEVING G	3	PA
SALONPAS-HOT	3	PA
soluline	1	PA
solupicc	1	PA
SUN BURNT PLUS PAIN RELIE	3	QL (30 gm / 25 days)
SYNERA	3	QL (2 patches / 25 days)
7t lido gel	1	QL (30 gm / 25 days)
vexatrol	1	PA
MISC. DERMATOLOGICAL PRODUCTS		
ALEVAMAX	3	
ATOPICLAIR	3	
CERACADE	3	
DEXERYL	3	
ELETONE	3	
ELETONE TWINPACK	3	
EMULSION SB	3	
ENTTY SPRAY	3	
GENADUR	3	
GENADUR KIT	3	PA
HPR	3	
HPR PLUS	3	
HYLATOPIC PLUS	3	
LOYON	3	
MIMYX	3	
NEOCERA	3	
NEOSALUS	3	
NEOSALUS CP	3	
NIVATOPIC PLUS	3	
NUVAIL	3	
PHLAG SPRAY	3	
PRESERA	3	
PRUCLAIR	3	
PRUMYX	3	
REMIGEN CREAM	3	
SEBUDERM	3	
TETRIX	3	

Drug Name	Drug Tier	Requirements/Limits
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 CREA	3	
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	
spinosad	1	
SULFURATED LIME	3	
ULESFIA	3	
SCAR TREATMENT PRODUCTS		
celacyn	1	
COPASIL	3	
SCARCIN GEL	3	

Drug Name	Drug Tier	Requirements/Limits
WOUND CARE PRODUCTS		
AVO CREAM	3	
BIAFINE	3	
BIONECT	3	
CELACYN POST-PROCEDURE PA	3	
CURITY HYPERTONIC SODIUM	3	
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	
VENELEX	3	
WOUND DEBRIDEMENT	3	
DIAGNOSTIC PRODUCTS		
DIAGNOSTIC BIOLOGICALS		
candida albicans skin test antigen	1	
CANDIN	3	
TRICOPHYTON MENTAGROPHYTE	3	
DIAGNOSTIC DRUGS		
D-XYLOSE	3	
GLEOLAN	3	
isosulfan blue	1	
METHACHOLINE CHLORIDE	3	
METOPIRONE	3	
PROVOCHOLINE	3	
THYROGEN	4	
DIAGNOSTIC RADIOPHARMACEUTICALS		
INDIUM IN 111 DTPA	3	
KIT FOR THE PREPARATION O	3	

Drug Name	Drug Tier	Requirements/Limits
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	
FORA 6 CONNECT	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	
QUICKVUE + STREP A TEST	3	
QUICKVUE DIPSTICK STREP A	3	
QUICKVUE IN-LINE STREP A	3	
QUICKVUE INFLUENZA A+B TE	3	
RELION KETONE	3	
RELION KETONE TEST STRIPS	3	
SOFIA2 SARS ANTIGEN FIA	3	
SOFIA INFLUENZA A+B FIA	3	
SOFIA SARS ANTIGEN FIA	3	
SOFIA STREP A FIA	3	
SOFIA STREP A+ FIA	3	
RADIOGRAPHIC CONTRAST MEDIA		
BARIUM SULFATE	3	
E-Z-CAT DRY	3	
E-Z-HD	3	
E-Z-PAQUE	3	
ENTERO VU	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	

Drug Name	Drug Tier	Requirements/Limits
READI-CAT 2 CREAMY VANILL	3	
READI-CAT 2 MOCHACCINO SM	3	
SITZMARKS	3	
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	PA, QL (120 TABLETS PER 30 DAYS)
methazolamide	1	
DIURETIC COMBINATIONS		
ALDACTAZIDE	3	
amiloride & hydrochlorothiazide	1	

Drug Name	Drug Tier	Requirements/Limits
DYAZIDE	3	
MAXZIDE	3	
MAXZIDE-25	3	
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	PA
FOSAMAX	3	
FOSAMAX PLUS D	3	
ibandronate sodium	1	
NATPARA	4	PA, QL (2 CARTRIDGES PER 28 DAYS)

Drug Name	Drug Tier	Requirements/Limits
PROLIA	4	PA, QL (1 SYRINGE PER 6 MONTHS)
RECLAST	4	PA
risedronate sodium	1	
TYMLOS	4	PA, QL (1PEN PER 30 DAYS)
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	PA, QL (35ML PER 21 DAYS)
GROWTH HORMONE RECEPTOR ANTAGONISTS		
SOMAVERT 10mg, 15mg	4	PA, QL (30 VIALS PER 30 DAYS)
SOMAVERT 20mg	4	PA, QL (30 VIALS PER 30 DAYS)
SOMAVERT 25mg, 30mg	4	PA, QL (30 PER 30 DAYS)
GROWTH HORMONE RELEASING HORMONES (GHRH)		
EGRIFTA 1mg	4	PA, QL (60 VIALS PER 30 DAYS)
EGRIFTA 2mg	4	PA, QL (30 VIALS PER 30 DAYS)
EGRIFTA SV	4	PA, QL (30 VIALS PER 30 DAYS)
HORMONE RECEPTOR MODULATORS		
EVISTA	3	
OSPHENA	2	
raloxifene hcl	1	AGE
INSULIN-LIKE GROWTH FACTOR RECEPTOR INHIBITORS		
TEPEZZA	4	PA
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

Drug Name	Drug Tier	Requirements/Limits
cinacalcet hcl 30mg, 60mg	4	PA, QL (60 TABLETS PER 30 DAYS)
cinacalcet hcl 90mg	4	PA, QL (120 TABLETS PER 30 DAYS)
CRYSVITA 10mg/ml	4	PA, QL (1 VIAL PER 14 DAYS)
CRYSVITA 20mg/ml	4	PA, QL (4 VIALS PER 14 DAYS)
CRYSVITA 30mg/ml	4	PA, QL (3 VIALS PER 14 DAYS)
CYSTADANE	3	PA
ELAPRASE	4	PA
FABRAZYME	4	PA
GALAFOLD	4	PA, QL (14 CAPSULES PER 28 DAYS)
KANUMA	4	PA
KUVAN	4	PA
levocarnitine (metabolic modifiers)	1	
LUMIZYME	4	PA
MEPSEVII	3	PA
MYALEPT	4	PA, QL (30 VIALS PER 30 DAYS)
NAGLAZYME	4	PA
nitisinone	1	PA
NITYR	3	PA
ORFADIN	2	PA
RAYALDEE	3	
REVCOVI	3	
sapropterin dihydrochloride	4	PA
SENSIPAR 30mg, 60mg	4	PA, QL (60 TABLETS PER 30 DAYS)
SENSIPAR 90mg	4	PA, QL (120 TABLETS PER 30 DAYS)
sodium phenylbutyrate POWD	4	PA, QL (600 GRAMS PER 30 DAYS)
sodium phenylbutyrate TABS	4	PA, QL (1200 TABLETS PER 30 DAYS)
STRENSIQ	3	PA
VIMIZIM	4	PA
XURIDEN	4	QL (4 PACKETS PER DAY)
POSTERIOR PITUITARY HORMONES		
DDAVP	3	
desmopressin acetate	1	
desmopressin acetate spray	1	
desmopressin acetate spray refrigerated	1	

Drug Name	Drug Tier	Requirements/Limits
NOCDURNA	3	
STIMATE	4	PA
PROLACTIN INHIBITORS		
cabergoline	1	
SOMATOSTATIC AGENTS		
octreotide acetate 50mcg/ml, 100mcg/ml, 500mcg/ml	4	PA, QL (90 ml / 30 days)
octreotide acetate 200mcg/ml, 1000mcg/5ml	4	PA, QL (225 ml / 30 days)
octreotide acetate 1000mcg/ml	4	PA, QL (45 ml / 30 days)
SANDOSTATIN	4	PA, QL (90 AMPULES PER 30 DAYS)
SIGNIFOR	4	PA, QL (60 AMPULES PER 30 DAYS)
SIGNIFOR LAR	4	PA, QL (1KIT PER 28 DAYS)
SOMATULINE DEPOT	4	PA, QL (1 SYRINGE PER 28 DAYS)
VASOPRESSIN RECEPTOR ANTAGONISTS		
JYNARQUE TABS 15mg	4	PA, QL (60 tabs / 30 days)
JYNARQUE TABS 30mg	4	PA, QL (30 tabs / 30 days)
JYNARQUE TBPK	4	PA, QL (56 TABLETS PER 28 DAYS)
SAMSCA	4	PA
tolvaptan	4	PA
ESTROGENS		
ESTROGEN COMBINATIONS		
ACTIVELLA	3	
amabelz	1	
ANGELIQ	3	
BIJUVA	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	

Drug Name	Drug Tier	Requirements/Limits
norethindrone acetate-ethinyl estradiol	1	
ORIAHNN	2	
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	
EVAMIST	2	
MENEST	3	
MENOSTAR	3	
PREMARIN TABS	2	
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	PA, QL (30 TABLETS PER 30 DAYS)
GALLSTONE SOLUBILIZING AGENTS		
ACTIGALL	3	
CHENODAL	3	

Drug Name	Drug Tier	Requirements/Limits
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	3	
AZULFIDINE	3	
AZULFIDINE EN-TABS	3	
balsalazide disodium	1	
CANASA	3	
DIPENTUM	3	
mesalamine	1	
mesalamine w/ cleanser	1	
PENTASA	2	
REMICADE	4	PA, QL (10 VIALS PER 28 DAYS)
ROWASA	3	
SFROWASA	3	
STELARA	4	PA, QL (4 VIALS FOR 1 DOSE PER 56 DAYS)
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	

Drug Name	Drug Tier	Requirements/Limits
PHOSPHATE BINDER AGENTS		
AURYXIA	3	
PHOSLYRA	2	
RENAGEL	3	
RENVELA	3	
sevelamer carbonate	1	
sevelamer hcl	1	
VELPHORO	2	
SHORT BOWEL SYNDROME (SBS) AGENTS		
GATTEX	4	PA
TRYPTOPHAN HYDROXYLASE INHIBITORS		
XERMELO	4	PA, QL (90 TABLETS PER 30 DAYS)
GENERAL ANESTHETICS		
VOLATILE ANESTHETICS		
desflurane	1	
isoflurane	1	
sevoflurane	1	
terrell	1	
GENITOURINARY AGENTS - MISCELLANEOUS		
ACIDIFIERS		
K-PHOS NO 2	3	
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	

Drug Name	Drug Tier	Requirements/Limits
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	
URINARY STONE AGENTS		
LITHOSTAT	3	
THIOLA	3	
THIOLA EC	3	
GOUT AGENTS		
GOUT AGENT COMBINATIONS		
colchicine w/ probenecid	1	
GOUT AGENTS		
allopurinol	1	
colchicine	1	
febuxostat	1	
KRYSTEXXA	4	PA
MITIGARE	3	
ULORIC	3	
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
CORIFACT	3	PA

Drug Name	Drug Tier	Requirements/Limits
FEIBA	4	PA
FIBRYGA	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
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
RIASTAP	3	PA
RIXUBIS	4	PA
TRETTEN	3	PA
WILATE	4	PA
XYNTHA	4	PA
XYNTHA SOLOFUSE	4	PA
BRADYKININ B2 RECEPTOR ANTAGONISTS		
FIRAZYR	4	PA, QL (45 SYRINGES PER 90 DAYS)
icatibant acetate	4	PA, QL (45 SYRINGES PER 90 DAYS)
COMPLEMENT INHIBITORS		
CINRYZE	4	PA, QL (18 VIALS PER 30 DAYS)
HAEGARDA	4	PA, QL (18 VIALS PER 30 DAYS)
RUCONEST	4	PA, QL (60 VIALS PER 90 DAYS)
SOLIRIS	4	PA
HEMATORHEOLOGIC AGENTS		
pentoxifylline	1	
PLASMA KALLIKREIN INHIBITORS		
KALBITOR	4	PA, QL (30 CARTONS (900 MG) PER 90 DAYS)
TAKHZYRO	4	PA, QL (2 VIALS PER 28 DAYS)

Drug Name	Drug Tier	Requirements/Limits
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	
HEMATOPOIETIC AGENTS		
AGENTS FOR GAUCHER DISEASE		
CERDELGA	4	PA, QL (60 CAPSULES PER 30 DAYS)
CEREZYME	4	PA, QL (15 VIALS PER 14 DAYS)
miglustat	4	PA, QL (90 CAPSULES PER 30 DAYS)
VPRIV	4	PA, QL (15 VIALS PER 14 DAYS)
ZAVESCA	4	PA, QL (90 CAPSULES PER 30 DAYS)
AGENTS FOR SICKLE CELL DISEASE		
ADAKVEO	4	PA
DROXIA	3	
ENDARI	4	PA, QL (180 PACKETS PER 30 DAYS)
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	

Drug Name	Drug Tier	Requirements/Limits
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	PA, QL (7 TABLETS PER 14 DAYS)
NEULASTA	4	PA, QL (2 SYRINGES PER 28 DAYS)
NEULASTA ONPRO KIT	4	PA, QL (2 SYRINGES PER 28 DAYS)
NIVESTYM	4	PA
NPLATE	4	PA
PROMACTA PACK 12.5mg	4	PA, QL (120 PACKETS PER 30 DAYS)
PROMACTA PACK 25mg	4	PA, QL (180 PACKETS PER 30 DAYS)
PROMACTA TABS 12.5mg, 25mg	4	PA, QL (30 TABLETS PER 30 DAYS)
PROMACTA TABS 50mg, 75mg	4	PA, QL (60 TABLETS PER 30 DAYS)
RETACRIT	4	PA
UDENYCA	4	PA, QL (2 SYRINGES PER 28 DAYS)
HEMATOPOIETIC MIXTURES		
ACTIVE FE	3	
B-6 FOLIC ACID	3	
DIVISTA	3	
FERRO-PLEX HEMATINIC	3	
FERROTRIN	3	
FOLIXAPURE	3	
FUSION PLUS	3	
HEMOCYTE PLUS	3	
MAXFE	3	
PUREFE PLUS	3	

Drug Name	Drug Tier	Requirements/Limits
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	
GEL-FLOW NT	3	
GELFILM ENVELOPE	3	
GELFOAM	3	
GELFOAM DENTAL PACK	3	
GELFOAM SPONGE	3	
GELFOAM SPONGE COMPRESSED	3	
INSTAT 2.5 CM X 5.1 CM	3	
INSTAT 7.6 CM X 10.2 CM	3	
RECOTHROM	3	
SYRINGE AVITENE	3	
TACHOSIL	3	
THROMBIN-JMI DILUENT	3	
THROMBIN-JMI EPISTAXIS	3	
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	3	

Drug Name	Drug Tier	Requirements/Limits
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	
RESTORIL	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	PA, QL (30 CAPSULES PER 30 DAYS)
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	
gavilyte-h	0	AGE
gavilyte-n/flavor pack	1	
GOLYTELY	3	
NULYTELY	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	

Drug Name	Drug Tier	Requirements/Limits
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	
LIDOMARK 1/5	3	PA
MONOJECT BONE MARROW BIOP	3	PA
P-CARE X	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	
CLARITHROMYCIN		
clarithromycin	1	
ERYTHROMYCINS		
e.e.s. 400	1	
ery-tab	1	
erythrocin stearate	1	
erythromycin base	1	
erythromycin ethylsuccinate	1	
FIDAXOMICIN		
DIFICID	2	

Drug Name	Drug Tier	Requirements/Limits
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	
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	
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	
CEQUR SIMPLICITY STARTER	3	
INJECT-EASE	3	
INJECT-EASE AUTOMATIC INJ	3	
PEN NEEDLES 33G X 5/32"	3	
TRUEPLUS 5-BEVEL PEN NEED	3	

Drug Name	Drug Tier	Requirements/Limits
MIGRAINE PRODUCTS		
CALCITONIN GENE-RELATED PEPTIDE (CGRP) RECEPTOR ANTAG		
AIMOVIG 70mg/ml	2	ST, PA, QL (2 pens / 25 days)
AIMOVIG 140mg/ml	2	ST, PA, QL (1 pen / 25 days)
AJOVY SOAJ 225mg/1.5ml	2	ST, PA, QL (2.667 pens / 75 days)
AJOVY SOAJ 225mg/1.5ml	3	ST, PA, QL (2.667 pens / 75 days)
AJOVY SOSY	2	ST, PA, QL (2.667 syringes / 75 days)
EMGALITY SOAJ	2	ST, PA, QL (2 pens / 25 days)
EMGALITY SOSY 100mg/ml	2	ST, PA, QL (3 syringes / 25 days)
EMGALITY SOSY 120mg/ml	2	ST, PA, QL (2 syringes / 25 days)
NURTEC	2	
UBRELVY	2	
MIGRAINE PRODUCTS		
ERGOMAR	3	
MIGRANAL	3	QL (8 mL / 25 days)
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)
eletriptan hydrobromide	1	QL (12 tabs / 25 days)
FROVA	3	QL (18 tabs / 25 days)
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)

Drug Name	Drug Tier	Requirements/Limits
ONZETRA XSAIL	2	QL (16 nosepieces / 25 days)
RELPAX	3	QL (12 tabs / 25 days)
REYVOW	2	
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)

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
nafrinse drops	0	AGE
sodium fluoride	0	AGE

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	

Drug Name	Drug Tier	Requirements/Limits
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	
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	
ENZYMES		
XIAFLEX	3	PA
HOMEOPATHIC PRODUCTS		
WELLMIND VERTIGO	3	

Drug Name	Drug Tier	Requirements/Limits
IMMUNOMODULATORS		
REVLIMID 2.5mg, 5mg, 10mg, 15mg	4	PA, QL (28 CAPSULES PER 28 DAYS)
REVLIMID 20mg, 25mg	4	PA, QL (21 CAPSULES PER 28 DAYS)
THALOMID 50mg, 100mg	4	PA, QL (28 CAPSULES PER 28 DAYS)
THALOMID 150mg, 200mg	4	PA, QL (56 CAPSULES PER 28 DAYS)
IMMUNOSUPPRESSIVE AGENTS		
AZASAN	3	
azathioprine	1	
cyclosporine	4	
cyclosporine modified (for microemulsion)	4	
everolimus (immunosuppressant)	4	
GAMIFANT	4	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	
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 SOAJ; SOSY	4	PA, QL (4 INJ PER 28 DAYS)

Drug Name	Drug Tier	Requirements/Limits
BENLYSTA SOLR	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	
RENATABS WITH IRON	3	
BIOFLAVONOID PRODUCTS		
ADRENAL C FORMULA	3	
MULTIPLE VITAMINS W/ MINERALS		
SUPPORT	3	
PED MULTIPLE VITAMINS W/ MINERALS		
vitamax pediatric	1	
PEDIATRIC MULTIPLE VITAMINS & MINERALS W/ FLUORIDE		
FLORIVA CHEW	3	

Drug Name	Drug Tier	Requirements/Limits
PRENATAL VITAMINS		
ATABEX EC	3	
ATABEX OB	3	
BAL-CARE DHA	3	
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	
M-VIT	3	
MARNATAL-F	3	
MYNATAL	3	
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	

Drug Name	Drug Tier	Requirements/Limits
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 OB+DHA	3	
PNV TABS 29-1	3	
pnv-dha	1	
PNV-DHA+DOCUSATE	3	
PNV-OMEGA	3	
pnv-select	1	
PR NATAL 400	3	
PR NATAL 400 EC	3	
PR NATAL 430	3	
PR NATAL 430 EC	3	
PREMESISRX	3	
PRENA1 CHEW	3	
PRENA1 PEARL	3	
PRENA 1 TRUE	3	
PRENAISSANCE	3	
PRENAISSANCE PLUS	3	
prenatabs rx	1	
PRENATAL	3	
prenatal 19 CHEW	1	
PRENATAL 19 CHEW	3	
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	
PREPLUS	3	
PRETAB	3	

Drug Name	Drug Tier	Requirements/Limits
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 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	
ULTIMATECARE ONE	3	
VENA-BAL DHA	3	
VIL-RX	3	
VINATE DHA RF	3	
VINATE II	3	
VINATE M	3	
VINATE ONE	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	

Drug Name	Drug Tier	Requirements/Limits
VOL-TAB RX	3	
VP-HEME OB + DHA	3	
VP-PNV-DHA	3	
WESTAB PLUS	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	
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	
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		
azelastine hcl-fluticasone propionate	1	QL (1 bottle / 25 days)
DYMISTA	2	QL (1 bottle / 25 days)
NASAL ANTI-INFECTIVES		
BACTROBAN NASAL	3	

Drug Name	Drug Tier	Requirements/Limits
NASAL ANTIALLERGY		
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)
mometasone furoate (nasal)	1	QL (2 inhalers / 25 days)
NASONEX	3	QL (34 gm / 25 days)
XHANCE	3	QL (32 mL / 25 days)
SYMPATHOMIMETIC DECONGESTANTS		
ADRENALIN .1%	3	
NEUROMUSCULAR AGENTS		
ALS AGENTS		
RADICAVA	4	PA, QL (20 IV BAGS PER 28 DAYS)
RILUTEK	3	
riluzole	1	
MUSCULAR DYSTROPHY AGENTS		
EXONDYS 51 100mg/2ml	3	PA, QL (135 vials / 30 days)
EXONDYS 51 500mg/10ml	3	PA, QL (27 vials / 30 days)
NEUROMUSCULAR BLOCKING AGENT - NEUROTOXINS		
BOTOX	3	PA
DYSPORT	3	PA
MYOBLOC	3	PA
XEOMIN	3	PA
SPINAL MUSCULAR ATROPHY AGENTS (SMA)		
EVRYSDI	3	PA, QL (210 mL / 30 days)
SPINRAZA	3	PA
ZOLGENSMA 2.6-3.0 KG	4	PA
ZOLGENSMA 3.1-3.5 KG	4	PA
ZOLGENSMA 3.6-4.0 KG	4	PA
ZOLGENSMA 4.1-4.5 KG	4	PA
ZOLGENSMA 4.6-5.0 KG	4	PA
ZOLGENSMA 5.1-5.5 KG	4	PA

Drug Name	Drug Tier	Requirements/Limits
ZOLGENSMA 5.6-6.0 KG	4	PA
ZOLGENSMA 6.1-6.5 KG	4	PA
ZOLGENSMA 6.6-7.0 KG	4	PA
ZOLGENSMA 7.1-7.5 KG	4	PA
ZOLGENSMA 7.6-8.0 KG	4	PA
ZOLGENSMA 8.1-8.5 KG	4	PA
ZOLGENSMA 8.6-9.0 KG	4	PA
ZOLGENSMA 9.1-9.5 KG	4	PA
ZOLGENSMA 9.6-10.0 KG	4	PA
ZOLGENSMA 10.1-10.5 KG	4	PA
ZOLGENSMA 10.6-11.0 KG	4	PA
ZOLGENSMA 11.1-11.5 KG	4	PA
ZOLGENSMA 11.6-12.0 KG	4	PA
ZOLGENSMA 12.1-12.5 KG	4	PA
ZOLGENSMA 12.6-13.0 KG	4	PA
ZOLGENSMA 13.1-13.5 KG	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	
COSOPT	3	
COSOPT PF	3	
dorzolamide hcl-timolol maleate	1	
ISTALOL	3	
levobunolol hcl	1	
metipranolol	1	
timolol maleate (ophth)	1	
TIMOPTIC	3	

Drug Name	Drug Tier	Requirements/Limits
TIMOPTIC-XE	3	
CYCLOPLEGIC MYDRIATICS		
altafrin	1	
ATROPINE SULFATE	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
MACUGEN	3	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	
erythromycin (ophth)	1	
gatifloxacin (ophth)	1	
gentak	1	
gentamicin sulfate (ophth)	1	
levofloxacin (ophth)	1	
MITOSOL	3	
MOXEZA	3	

Drug Name	Drug Tier	Requirements/Limits
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 5%	2	
XIIDRA 5%	3	
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	
OPHTHALMIC NERVE GROWTH FACTORS		
OXERVATE	4	PA, QL (16 CARTONS PER 56 days - ONE TIME TREATMENT)
OPHTHALMIC PHOTODYNAMIC THERAPY AGENTS		
VISUDYNE	3	PA

Drug Name	Drug Tier	Requirements/Limits
OPHTHALMIC STEROIDS		
bacitracin-poly-neomycin-hc	1	
BLEPHAMIDE	3	
BLEPHAMIDE S.O.P.	3	
dexamethasone sodium phosphate (ophth)	1	
DUREZOL	2	
fluorometholone (ophth)	1	
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	
MEMBRANEBLUE	3	
VISIONBLUE	3	
OPHTHALMICS - MISC.		
ACULAR	3	
ACULAR LS	3	
ACUVAIL	2	
ALOCRIL	3	
ALOMIDE	3	
altafluor	1	
altafluor benox	1	
azelastine hcl (ophth)	1	

Drug Name	Drug Tier	Requirements/Limits
AZOPT	2	
BEPREVE	3	
bromfenac sodium (ophth)	1	
BROMSITE	3	
cromolyn sodium (ophth)	1	
CYSTARAN	4	PA, QL (4 BOTTLES PER 28 DAYS)
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	PA
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	
ZERVIATE	3	
PROSTAGLANDINS - OPHTHALMIC		
latanoprost	1	
LUMIGAN	2	
TRAVATAN Z	3	
travoprost	1	
VYZULTA	3	
XALATAN	3	
ZIOPTAN	3	
OTIC AGENTS		
OTIC AGENTS - MISCELLANEOUS		
acetic acid (otic)	1	

Drug Name	Drug Tier	Requirements/Limits
OTIC ANTI-INFECTIVES		
CETRAXAL	3	
ciprofloxacin hcl (otic)	1	
ofloxacin (otic)	1	
OTIC COMBINATIONS		
CIPRO HC	3	
CIPRODEX	2	
ciprofloxacin-dexamethasone	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		
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
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

Drug Name	Drug Tier	Requirements/Limits
HYPERHEP B S/D	4	
HYPERRHO S/D	4	
HYPERRHO S/D MINI-DOSE	4	
HYPERTET S/D	3	
MICRHOGAM ULTRA-FILTERED	4	
NABI-HB	4	
OCTAGAM	4	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	
hydroxyprogesterone caproate 250mg/ml	4	PA, QL (21 VIALS PER 365 DAYS)

Drug Name	Drug Tier	Requirements/Limits
hydroxyprogesterone caproate 250mg/ml	4	PA, QL (5 VIALS PER 365 DAYS)
MAKENA OIL 250mg/ml	4	PA, QL (21 vials per 365 days)
MAKENA OIL 250mg/ml	4	PA, QL (5 vials per 365 days)
MAKENA SOAJ	4	PA, QL (21 SYRINGES PER 365 DAYS)
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	

Drug Name	Drug Tier	Requirements/Limits
FIBROMYALGIA AGENTS		
SAVELLA	3	
SAVELLA TITRATION PACK	3	
MOVEMENT DISORDER DRUG THERAPY		
AUSTEDO 6mg	4	PA, QL (60 TABLETS PER 30 DAYS)
AUSTEDO 9mg, 12mg	4	PA, QL (120 TABLETS PER 30 DAYS)
INGREZZA CAPS	4	PA, QL (30 CAPSULES PER 30 DAYS)
INGREZZA CPPK	2	PA
tetrabenazine 12.5mg	4	PA, QL (120 TABLETS PER 30 DAYS)
tetrabenazine 25mg	4	PA, QL (60 TABLETS PER 30 DAYS)
MULTIPLE SCLEROSIS AGENTS		
AMPYRA	4	PA, QL (60 TABLETS PER 30 DAYS)
AUBAGIO	4	PA, QL (30 TABLETS PER 30 DAYS)
BETASERON	4	PA, QL (14 KITS PER 28 DAYS)
COPAXONE 20mg/ml	4	PA, QL (30 SYRINGES PER 30 DAYS)
COPAXONE 40mg/ml	4	PA, QL (12 SYRINGES PER 28 DAYS)
dalfampridine	4	PA, QL (60 TABLETS PER 30 DAYS)
dimethyl fumarate CPDR 120mg	4	PA, QL (14 CAPSULES PER 28 DAYS)
dimethyl fumarate CPDR 240mg	4	PA, QL (60 CAPSULES PER 30 DAYS)
dimethyl fumarate MISC	4	PA, QL (60 CAPSULES PER 30 DAYS)
GILENYA	4	PA, QL (30 CAPSULES PER 30 DAYS)
glatiramer acetate 20mg/ml	4	PA, QL (30 SYRINGES PER 30 DAYS)
glatiramer acetate 40mg/ml	4	PA, QL (12 SYRINGES PER 28 DAYS)
glatopa 20mg/ml	4	PA, QL (30 SYRINGES PER 30 DAYS)
glatopa 40mg/ml	4	PA, QL (12 SYRINGES PER 28 DAYS)
KESIMPTA	4	PA
MAVENCLAD	4	PA, QL (20 TABLETS PER 9 MONTHS)

Drug Name	Drug Tier	Requirements/Limits
MAYZENT 2mg	4	PA, QL (30 TABLETS PER 30 DAYS)
MAYZENT .25mg	4	PA, QL (112 TABLETS PER 28 DAYS)
OCREVUS	4	PA, QL (2 VIALS PER 24 WEEKS)
REBIF	4	PA, QL (12 SYRINGES PER 28 DAYS)
REBIF REBIDOSE	4	PA, QL (12 INJ PER 28 DAYS)
REBIF REBIDOSE TITRATION	4	PA, QL (12 INJ PER 28 DAYS)
REBIF TITRATION PACK	4	PA, QL (12 SYRINGES PER 28 DAYS)
TECFIDERA 120mg	4	PA, QL (14 CAPSULES PER 28 DAYS)
TECFIDERA 240mg	4	PA, QL (60 CAPSULES PER 30 DAYS)
TECFIDERA STARTER PACK	4	PA, QL (60 CAPSULES PER 30 DAYS)
TYSABRI	4	PA, QL (1 vial / 28 days)
VUMERITY 231mg	4	PA, QL (106 CAPSULES PER 30 DAYS)
VUMERITY 231mg	4	PA, QL (120 CAPSULES PER 30 DAYS)
ZEPOSIA	4	PA, QL (30 TABLETS PER 30 DAYS)
ZEPOSIA 7-DAY STARTER PAC	4	PA, QL (7 TABLETS PER 7 DAYS)
ZEPOSIA STARTER KIT	4	PA, QL (37 TABLETS PER 37 DAYS)
POSTHERPETIC NEURALGIA (PHN)/NEUROPATHIC PAIN AGENTS		
ACTIVE-PAC/GABAPENTIN	3	PA
GRALISE	2	
PREMENSTRUAL DYSPHORIC DISORDER (PMDD) AGENTS		
fluoxetine hcl (pmdd)	1	
SARAFEM	3	
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	

Drug Name	Drug Tier	Requirements/Limits
CHANTIX CONTINUING MONTH	0	
CHANTIX STARTING MONTH PA	0	
cvs nicotine	0	$0 limited to 2 treatment cycles/year
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
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

Drug Name	Drug Tier	Requirements/Limits
nicotine polacrilex	0	$0 limited to 2 treatment cycles/year
nicotine step 1	0	$0 limited to 2 treatment cycles/year
nicotine step 3	0	$0 limited to 2 treatment cycles/year
nicotine transdermal syst	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
TRANSTHYRETIN AMYLOIDOSIS AGENTS		
ONPATTRO	4	PA, QL (3 VIALS PER 21 DAYS)
TEGSEDI	4	PA, QL (4 PFS PER 28 DAYS)

Drug Name	Drug Tier	Requirements/Limits
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
CYSTIC FIBROSIS AGENTS		
KALYDECO PACK	4	PA, QL (56 PACKETS PER 28 DAYS)
KALYDECO TABS	4	PA, QL (60 TABLETS PER 30 DAYS)
ORKAMBI PACK	4	PA, QL (56 PACKETS PER 28 DAYS)
ORKAMBI TABS	4	PA, QL (112 TABLETS PER 28 DAYS)
PULMOZYME	4	PA, QL (60 AMPULES PER 30 DAYS)
SYMDEKO	4	PA, QL (56 TABLETS PER 28 DAYS)
TRIKAFTA	4	PA, QL (84 TABLETS PER 28 DAYS)
PLEURAL SCLEROSING AGENTS		
SCLEROSOL INTRAPLEURAL	3	
STERITALC	3	
PULMONARY FIBROSIS AGENTS		
ESBRIET CAPS	4	PA, QL (270 CAPSULES PER 30 DAYS)
ESBRIET TABS 267mg	4	PA, QL (270 TABLETS PER 30 DAYS)
ESBRIET TABS 801mg	4	PA, QL (90 TABLETS PER 30 DAYS)
OFEV	4	PA, QL (60 CAPSULES PER 30 DAYS)
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	
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
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	
unithroid	1	

Drug Name	Drug Tier	Requirements/Limits
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
TETANUS/DIPHTHERIA TOXOID	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	
dicyclomine hcl	1	
ed-spaz	1	

Drug Name	Drug Tier	Requirements/Limits
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	
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	
MISC. ANTI-ULCER		
sucralfate	1	
PROTON PUMP INHIBITORS		
DEXILANT	2	QL (90 caps / year)
esomeprazole magnesium CPDR	1	QL (90 caps / year)
esomeprazole magnesium PACK	1	QL (90 packets / year)
esomeprazole sodium	1	QL (90 vials / year)
ESOMEPRAZOLE STRONTIUM	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)
omeprazole CPDR	1	QL (90 caps / year)
omeprazole TBEC	3	QL (90 tabs / year)
pantoprazole sodium PACK	1	QL (90 packets / year)
pantoprazole sodium SOLR	1	QL (90 vials / year)
pantoprazole sodium TBEC 20mg, 40mg	1	QL (90 tabs / year)
pantoprazole sodium TBEC 40mg	1	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)

Drug Name	Drug Tier	Requirements/Limits
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	
PYLERA	2	
TALICIA	3	
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 2018-2019	0	
AFLURIA PF 2018-2019	0	
AFLURIA QUADRIVALENT 2018	0	
AFLURIA QUADRIVALENT 2019	0	
AFLURIA QUADRIVALENT 2020	0	
ENGERIX-B	0	
FLUAD 2018-2019	0	
FLUAD 2019-2020	0	
FLUAD 2020-2021	0	
FLUAD QUADRIVALENT INFLUE	3	
FLUARIX QUADRIVALENT 2018	0	
FLUARIX QUADRIVALENT 2019	0	
FLUARIX QUADRIVALENT 2020	0	
FLUBLOK QUADRIVALENT 2018	0	
FLUBLOK QUADRIVALENT 2019	0	
FLUBLOK QUADRIVALENT 2020	0	
FLUCELVAX QUADRIVALENT 20	0	
FLULAVAL QUADRIVALENT 201	0	
FLULAVAL QUADRIVALENT 202	0	
FLUMIST QUADRIVALENT	0	
FLUZONE HIGH-DOSE PF 2018	0	
FLUZONE HIGH-DOSE PF 2019	0	
FLUZONE HIGH-DOSE PF 2020	3	
FLUZONE QUADRIVALENT 2018	0	
FLUZONE QUADRIVALENT 2019	0	
FLUZONE QUADRIVALENT 2020	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
IXIARO	3	
M-M-R II	3	
MEDICAL PROVIDER SINGLE U	0	

Drug Name	Drug Tier	Requirements/Limits
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	
terconazole vaginal	1	
vandazole	1	

Drug Name	Drug Tier	Requirements/Limits
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	
SYMJEPI .15mg/0.3ml, .3mg/0.3ml	2	
SYMJEPI .15mg/0.3ml, .3mg/0.3ml	3	
VASOPRESSORS		
midodrine hcl	1	
VITAMINS		
OIL SOLUBLE VITAMINS		
AQUASOL A PARENTERAL	3	
MEPHYTON	3	
phytonadione	1	
WHEAT GERM	3	

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