Centra Group Health Plan

2021 List of Covered Drugs

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

Members should use in-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 brand-name drug will be removed. However, some generic drugs do not cost less than brand-name drugs and may not be added to the formulary.

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

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

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

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

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

What if my drug is not on the Drug List?

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

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

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

How do I request an exception to the 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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Piedmont CENTRA 21 eff 03/01/2021

Drug Name	Drug Tier	Requirements/Limits
ADHD/ANTI-NARCOLEPSY/ANTI-OBESITY/ANOREXIANTS		
AMPHETAMINES		
ADDERALL	3	PA, QL (180 tabs / 75 days); AGE
ADDERALL	3	PA, QL (270 tabs / 75 days); AGE
ADDERALL	3	PA, QL (90 tabs / 75 days); AGE
ADDERALL XR	1	PA, QL (30 caps / 25 days); AGE
ADDERALL XR	1	PA, QL (90 caps / 25 days); AGE
amphetamine	1	QL (1350 mL / 75 days); AGE
amphetamine sulfate	1	PA, QL (360 tabs / 75 days); AGE
amphetamine-dextroamphetamine	1	PA, QL (180 tabs / 75 days); AGE
amphetamine-dextroamphetamine	1	PA, QL (270 tabs / 75 days); AGE
DESOXYN	3	PA, QL (450 tabs / 75 days); AGE
DEXEDRINE 5mg, 10mg	3	PA, QL (360 caps / 75 days); AGE
DEXEDRINE 15mg	3	PA, QL (180 caps / 75 days); AGE
dextroamphetamine sulfate CP24 5mg, 10mg	1	PA, QL (360 caps / 75 days); AGE
dextroamphetamine sulfate CP24 15mg	1	PA, QL (180 caps / 75 days); AGE
dextroamphetamine sulfate SOLN	1	PA, QL (3600 mL / 75 days); AGE
dextroamphetamine sulfate TABS	1	PA, QL (360 tabs / 75 days); AGE
DYANAVEL XR	3	QL (720 mL / 75 days); AGE
methamphetamine hcl	1	PA, QL (450 tabs / 75 days); AGE
MYDAYIS	2	PA, QL (180 caps / 75 days); AGE
MYDAYIS	2	PA, QL (90 caps / 75 days); AGE
procentra	1	PA, QL (3600 mL / 75 days); AGE
VYVANSE CAPS 10mg, 20mg, 30mg	2	PA, QL (180 caps / 75 days); AGE

Drug Name	Drug Tier	Requirements/Limits
VYVANSE CAPS 40mg, 50mg, 60mg, 70mg	2	PA, QL (90 caps / 75 days); AGE
VYVANSE CHEW 10mg, 20mg, 30mg	2	PA, QL (180 tabs / 75 days); AGE
VYVANSE CHEW 40mg, 50mg, 60mg	2	PA, QL (90 tabs / 75 days); AGE
zenzedi 2.5mg, 5mg, 7.5mg, 10mg	1	PA, QL (360 tabs / 75 days); AGE
zenzedi 15mg, 20mg	1	PA, QL (180 tabs / 75 days); AGE
zenzedi 30mg	1	PA, QL (90 tabs / 75 days); AGE
ANALEPTICS		
CAFFEINE ANHYDROUS	3	
caffeine citrate	1	
CAFFEINE CITRATED	3	
ANOREXIANTS NON-AMPHETAMINE		
ADIPEX-P	3	PA
benzphetamine hcl	1	PA
diethylpropion hcl	1	PA
phendimetrazine tartrate	1	PA
phentermine hcl	1	PA
ANTI-OBESITY AGENTS		
BELVIQ	3	
BELVIQ XR	3	
SAXENDA	2	PA
ATTENTION-DEFICIT/HYPERACTIVITY DISORDER (ADHD) AGENTS		
atomoxetine hcl 10mg, 18mg, 25mg	1	PA, QL (360 caps / 75 days); AGE
atomoxetine hcl 40mg	1	PA, QL (180 caps / 75 days); AGE
atomoxetine hcl 60mg, 80mg, 100mg	1	PA, QL (90 caps / 75 days); AGE
clonidine hcl (adhd)	1	
guanfacine hcl (adhd)	1	
STRATTERA 10mg, 18mg, 25mg	3	PA, QL (360 caps / 75 days); AGE
STRATTERA 40mg	3	PA, QL (180 caps / 75 days); AGE
STRATTERA 60mg, 80mg, 100mg	3	PA, QL (90 caps / 75 days); AGE
DOPAMINE AND NOREPINEPHRINE REUPTAKE INHIBITORS (DNRIS)		
SUNOSI	2	

Drug Name	Drug Tier	Requirements/Limits
STIMULANTS - MISC.		
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
dexmethylphenidate hcl CP24 5mg, 10mg, 15mg, 20mg	1	PA, QL (180 caps / 75 days); AGE
dexmethylphenidate hcl CP24 25mg, 30mg, 35mg, 40mg	1	PA, QL (90 caps / 75 days); AGE
dexmethylphenidate hcl TABS 2.5mg, 5mg	1	PA, QL (360 tabs / 75 days); AGE
dexmethylphenidate hcl TABS 10mg	1	PA, QL (180 tabs / 75 days); AGE
FOCALIN 2.5mg, 5mg	3	PA, QL (360 tabs / 75 days); AGE
FOCALIN 10mg	3	PA, QL (180 tabs / 75 days); AGE
FOCALIN XR 5mg, 10mg, 15mg, 20mg	3	PA, QL (180 caps / 75 days); AGE
FOCALIN XR 25mg, 30mg, 35mg, 40mg	3	PA, QL (90 caps / 75 days); AGE
metadate er	1	PA, QL (270 tabs / 75 days); AGE
METHYLIN 5mg/5ml	3	PA, QL (5400 mL / 75 days); AGE
METHYLIN 10mg/5ml	3	PA, QL (2700 mL / 75 days); AGE
methylphenidate hcl CHEW	1	PA, QL (540 tabs / 75 days); AGE
methylphenidate hcl CP24 10mg, 15mg, 20mg, 30mg	1	QL (180 caps / 75 days); AGE
methylphenidate hcl CP24 10mg, 20mg, 30mg	1	PA, QL (180 caps / 75 days); AGE
methylphenidate hcl CP24 40mg, 50mg, 60mg	1	QL (90 caps / 75 days); AGE
methylphenidate hcl CP24 40mg, 60mg	1	PA, QL (90 caps / 75 days); AGE
methylphenidate hcl CPCR 10mg, 20mg, 30mg	1	PA, QL (180 caps / 75 days); AGE
methylphenidate hcl CPCR 40mg, 50mg, 60mg	1	PA, QL (90 caps / 75 days); AGE
methylphenidate hcl SOLN 5mg/5ml	1	PA, QL (5400 mL / 75 days); AGE
methylphenidate hcl SOLN 10mg/5ml	1	PA, QL (2700 mL / 75 days); AGE

Drug Name	Drug Tier	Requirements/Limits
methylphenidate hcl TABS 5mg, 10mg	1	PA, QL (540 tabs / 75 days); AGE
methylphenidate hcl TABS 20mg	1	PA, QL (270 tabs / 75 days); AGE
methylphenidate hcl TB24 18mg, 27mg, 36mg	1	PA, QL (180 tabs / 75 days); AGE
methylphenidate hcl TB24 54mg	1	PA, QL (90 tabs / 75 days); AGE
methylphenidate hcl TBCR	1	PA, QL (270 tabs / 75 days); AGE
METHYLPHENIDATE HYDROCHLO	3	PA, QL (90 tabs / 75 days); AGE
modafinil	1	PA
QUILLICHEW ER 20mg, 30mg	3	QL (180 tabs / 75 days); AGE
QUILLICHEW ER 40mg	3	QL (90 tabs / 75 days); AGE
QUILLIVANT XR	3	QL (1080 mL / 75 days); AGE
RITALIN 5mg, 10mg	3	PA, QL (540 tabs / 75 days); AGE
RITALIN 20mg	3	PA, QL (270 tabs / 75 days); AGE
RITALIN LA 10mg, 20mg, 30mg	3	PA, QL (180 caps / 75 days); AGE
RITALIN LA 40mg	3	PA, QL (90 caps / 75 days); AGE

ALLERGENIC EXTRACTS/BIOLOGICALS MISC

ALLERGENIC EXTRACTS

GRASTEK	2	
ODACTRA	3	
ORALAIR	4	
RAGWITEK	2	

BIOLOGICALS MISC

ADAGEN	4	PA

AMEBICIDES

AMEBICIDES

IODOQUINOL	3	

AMINOGLYCOSIDES

AMINOGLYCOSIDES

AMIKACIN SULFATE	3	
ARIKAYCE	4	PA
BETHKIS	4	PA, QL (56 AMPULES PER 28 DAYS)
KITABIS PAK	4	PA, QL (56 AMPULES PER 28 DAYS)

Drug Name	Drug Tier	Requirements/Limits
neomycin sulfate TABS	1	
paromomycin sulfate	1	
STREPTOMYCIN SULFATE POWD	3	
streptomycin sulfate SOLR	1	
tobramycin	4	PA, QL (56 AMPULES PER 28 DAYS)
TOBRAMYCIN SULFATE	3	

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, 40mg/0.8ml	4	PA, QL (4 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 40mg/0.4ml	4	PA, QL (4 PEN PER 28 DAYS)
HUMIRA PEN 40mg/0.8ml	4	PA, QL (6 PEN PER 28 DAYS)
HUMIRA PEN 80mg/0.8ml	4	PA, QL (3 PEN PER 28 DAYS)
HUMIRA PEN-CD/UC/HS START 40mg/0.8ml	4	PA, QL (6 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 SOLN	3	PA
XELJANZ TABS	4	PA, QL (60 tabs / 30 days); Preferred for Rheumatoid Arthritis)
XELJANZ XR 11mg	4	PA, QL (30 tabs / 30 days); Preferred for Rheumatoid Arthritis)

Drug Name	Drug Tier	Requirements/Limits
XELJANZ XR 22mg	4	PA, QL (30 TABLETS PER 30 DAYS)
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	4	PA, QL (2 PENS PER 4 WEEKS)
KEVZARA SOSY	4	PA, QL (2 SYRINGES PER 4 WEEKS)
NONSTEROIDAL ANTI-INFLAMMATORY AGENTS (NSAIDS)		
BASE FIVE COMPONENT NAPRO	3	
cataflam	1	
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	
FENOPROFEN CALCIUM	3	
flexipak	1	
FLURBIPROFEN POWD	3	
flurbiprofen TABS	1	
ibu	1	
IBUPROFEN POWD	3	
ibuprofen SUSP; TABS	1	
indomethacin CAPS; CPCR	1	
INDOMETHACIN POWD	3	
ketoprofen	1	
ketorolac tromethamine	1	
meclofenamate sodium CAPS	1	
MECLOFENAMATE SODIUM POWD	3	
mefenamic acid CAPS	1	

Drug Name	Drug Tier	Requirements/Limits
MEFENAMIC ACID POWD	3	
meloxicam	1	
MOBIC	3	
nabumetone	1	
NALFON	3	
NAPROSYN	3	
NAPROXEN POWD	3	
naproxen TABS; TBEC	1	
NAPROXEN COMFORT PAC	3	
NAPROXEN SODIUM POWD	3	
naproxen sodium TABS	1	
oxaprozin	1	
PHENYLBUTAZONE	3	
piroxicam CAPS	1	
PIROXICAM POWD	3	
previdolrx plus analgesic	1	
SULINDAC POWD	3	
sulindac TABS	1	
tolmetin sodium	1	
VIMOVO	3	
xenaflamm	1	
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 SOLN	4	PA, QL (8 INJ PER 28 DAYS)
ENBREL SOLR; SOSY	4	PA; Preferred agent for Ankylosing Spondylitis, Psoriatic Arthritis, and Rheumatoid Arthritis
ENBREL MINI	4	PA; Preferred agent for Ankylosing Spondylitis, Psoriatic Arthritis, and Rheumatoid Arthritis

Drug Name	Drug Tier	Requirements/Limits
ENBREL SURECLICK	4	PA; Preferred agent for Ankylosing Spondylitis, Psoriatic Arthritis, and Rheumatoid Arthritis
ANALGESICS - NONNARCOTIC		
ANALGESIC COMBINATIONS		
bac	1	
butalbital-acetaminophen	1	
butalbital-acetaminophen-caffeine	1	
butalbital-aspirin-caffeine	1	
duraxin	1	
ESGIC	3	
FIORINAL	3	
tencon	1	
vtol lq	1	
ANALGESICS OTHER		
clonidine hcl (analgesia)	1	
DURACLON	3	
ANALGESICS-PEPTIDE CHANNEL BLOCKERS		
PRIALT	4	
SALICYLATES		
ACETYL SALICYLIC ACID	3	
aspir-low	0	$0 copay for members age 50-59 or members at risk for preeclampsia, otherwise not covered
ASPIRIN POWD	3	
aspirin TBEC	0	$0 copay for members age 50-59 or members at risk for preeclampsia, otherwise not covered
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

Drug Name	Drug Tier	Requirements/Limits
aspirin low dose	0	$0 copay for members age 50-59 or members at risk for preeclampsia, otherwise not covered
bayer aspirin ec low dose	0	$0 copay for members age 50-59 or members at risk for preeclampsia, otherwise not covered
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 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 POWD	3	
diflunisal TABS	1	
ecotrin low strength	0	$0 copay for members age 50-59 or members at risk for preeclampsia, otherwise not covered
eq childrens aspirin	0	$0 copay for members age 50-59 or members at risk for preeclampsia, otherwise not covered
eql aspirin low dose	0	$0 copay for members age 50-59 or members at risk for preeclampsia, otherwise not covered

Drug Name	Drug Tier	Requirements/Limits
gnp adult aspirin low str	0	$0 copay for members age 50-59 or members at risk for preeclampsia, otherwise not covered
gnp aspirin	0	$0 copay for members age 50-59 or members at risk for preeclampsia, otherwise not covered
goodsense aspirin adult l	0	$0 copay for members age 50-59 or members at risk for preeclampsia, otherwise not covered
hm aspirin	0	$0 copay for members age 50-59 or members at risk for preeclampsia, otherwise not covered
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
miniprin low dose	0	$0 copay for members age 50-59 or members at risk for preeclampsia, otherwise not covered
px aspirin	0	$0 copay for members age 50-59 or members at risk for preeclampsia, otherwise not covered
px enteric aspirin	0	$0 copay for members age 50-59 or members at risk for preeclampsia, otherwise not covered
qc childrens aspirin	0	$0 copay for members age 50-59 or members at risk for preeclampsia, otherwise not covered
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	0	$0 copay for members age 50-59 or members at risk for preeclampsia, otherwise not covered

Drug Name	Drug Tier	Requirements/Limits
salsalate	1	
sb childrens aspirin	0	$0 copay for members age 50-59 or members at risk for preeclampsia, otherwise not covered
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 childrens aspirin	0	$0 copay for members age 50-59 or members at risk for preeclampsia, otherwise not covered
SODIUM SALICYLATE	3	
st joseph low dose aspiri	0	$0 copay for members age 50-59 or members at risk for preeclampsia, otherwise not covered
tgt aspirin	0	$0 copay for members age 50-59 or members at risk for preeclampsia, otherwise not covered
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 PHOSPHATE	3	
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	3	QL (42 tabs / 25 days); Subject to initial 7-day limit

Drug Name	Drug Tier	Requirements/Limits
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**
DOLOPHINE 10mg	3	ST, QL (60 tabs / 25 days); 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**
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 LPOP; TABS	1	PA
FENTANYL CITRATE POWD	3	
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 POWD	3	
HYDROMORPHONE HCL SUPP	3	QL (120 supp / 25 days); Subject to initial 7-day limit

Drug Name	Drug Tier	Requirements/Limits
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
MEPERIDINE HCL	3	
METHADONE HCL POWD	3	
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	
methadone hcl intensol	1	ST, QL (60 mL / 25 days); PA**
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 POWD	3	
morphine sulfate SOLN 10mg/5ml	1	QL (900 mL / 25 days); Subject to initial 7-day limit
morphine sulfate SOLN 20mg/5ml	1	QL (675 mL / 25 days); Subject to initial 7-day limit

Drug Name	Drug Tier	Requirements/Limits
morphine sulfate SOLN 20mg/ml, 100mg/5ml	1	QL (135 mL / 25 days); Subject to initial 7-day limit
morphine sulfate SUPP 5mg, 10mg	1	QL (180 supp / 25 days); Subject to initial 7-day limit
morphine sulfate SUPP 20mg	1	QL (120 supp / 25 days); Subject to initial 7-day limit
morphine sulfate SUPP 30mg	1	QL (90 supp / 25 days); Subject to initial 7-day limit
morphine sulfate TABS 15mg	1	QL (180 tabs / 25 days); Subject to initial 7-day limit
morphine sulfate TABS 30mg	1	QL (90 tabs / 25 days); Subject to initial 7-day limit
morphine sulfate TBCR 15mg, 30mg	1	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

Drug Name	Drug Tier	Requirements/Limits
OPANA 10mg	3	QL (90 tabs / 25 days); Subject to initial 7-day limit
oxycodone hcl CAPS	1	QL (180 caps / 25 days); Subject to initial 7-day limit
oxycodone hcl CONC	1	QL (90 mL / 25 days); Subject to initial 7-day limit
OXYCODONE HCL POWD	3	
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 5mg	1	QL (180 tabs / 25 days); Subject to initial 7-day limit
oxymorphone hcl 10mg	1	QL (90 tabs / 25 days); Subject to initial 7-day limit
ROXICODONE 5mg	3	QL (180 tabs / 25 days); Subject to initial 7-day limit
ROXICODONE 15mg	3	QL (120 tabs / 25 days); Subject to initial 7-day limit
ROXICODONE 30mg	3	QL (60 tabs / 25 days); Subject to initial 7-day limit
SUBSYS	2	PA
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 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 SOLN	1	PA, QL (2700 mL / 75 days)
oxycodone w/ acetaminophen TABS	1	QL (180 tabs / 25 days); Subject to initial 7-day limit

Drug Name	Drug Tier	Requirements/Limits
oxycodone w/ acetaminophen TABS	1	QL (240 tabs / 25 days); Subject to initial 7-day limit
oxycodone w/ acetaminophen TABS	1	QL (360 tabs / 25 days); Subject to initial 7-day limit
oxycodone-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
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
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 (180 films / 75 days)
buprenorphine hcl-naloxone hcl dihydrate FILM	1	QL (270 films / 75 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

Drug Name	Drug Tier	Requirements/Limits
SUBLOCADE	4	
ZUBSOLV	2	QL (180 tabs / 75 days)
ZUBSOLV	2	QL (270 tabs / 75 days)
ZUBSOLV	2	QL (90 tabs / 75 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 CAPS	1	
DANAZOL POWD	3	
DEPO-TESTOSTERONE	3	PA
METHITEST	3	PA
methyltestosterone CAPS	1	PA
METHYLTESTOSTERONE POWD	3	
STRIANT	3	PA
TESTOPEL	4	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	
RECTAL COMBINATIONS		
ana-lex	1	
ANALPRAM-HC	3	
hydrocortisone acetate w/ pramoxine	1	
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	
proctosol hc	1	

Drug Name	Drug Tier	Requirements/Limits
proctozone-hc	1	
VASODILATING AGENTS		
RECTIV	3	
ANTACIDS		
ANTACIDS - BICARBONATE		
SODIUM BICARBONATE	3	
ANTACIDS - MAGNESIUM SALTS		
MAGNESIUM OXIDE HEAVY	3	
MAGNESIUM OXIDE LIGHT	3	
MAGNESIUM TRISILICATE	3	
ANTHELMINTICS		
ANTHELMINTICS		
albendazole	1	
ALBENZA	3	
BENZNIDAZOLE	3	
BILTRICIDE	3	
EMVERM	3	
ivermectin TABS	1	
MEBENDAZOLE	3	
praziquantel	1	
STROMECTOL	3	
THIABENDAZOLE	3	
ANTI-INFECTIVE AGENTS - MISC.		
ANTI-INFECTIVE AGENTS - MISC.		
AEMCOLO	3	
baciim	1	
bacitracin SOLR	1	
FLAGYL	3	
IMPAVIDO	3	
metronidazole	1	
NEBUPENT	3	
pentamidine isethionate	1	
PRIMSOL	3	
tinidazole	1	
TRIMETHOPRIM POWD	3	
trimethoprim TABS	1	
XIFAXAN	2	
ANTI-INFECTIVE MISC. - COMBINATIONS		
BACTRIM	3	
BACTRIM DS	3	
hyophen	1	
me/naphos/mb/hyo 1	1	
phosphasal	1	
sulfamethoxazole-trimethoprim	1	

Drug Name	Drug Tier	Requirements/Limits
sulfatrim pediatric	1	
urelle	1	
uretron d/s	1	
uribel	1	
urimar-t	1	
urin d/s	1	
uro-458	1	
uro-mp	1	
UROGESIC-BLUE	3	
uryl	1	
ustell	1	
uticap	1	
utira-c	1	
utrona-c	1	
vilamit mb	1	
vilevev mb	1	
ANTIPROTOZOAL AGENTS		
ALINIA	3	
atovaquone	1	
LAMPIT	3	
MEPRON	2	
nitazoxanide	1	
GLYCOPEPTIDES		
FIRST-VANCOMYCIN 25	3	
FIRST-VANCOMYCIN 50	3	
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	
PLEUROMUTILINS		
XENLETA	4	

Drug Name	Drug Tier	Requirements/Limits
POLYMYXINS		
POLYMYXIN B SULFATE	3	
URINARY ANTI-INFECTIVES		
fosfomycin tromethamine	1	
FURADANTIN	3	
HIPREX	3	
MACROBID	3	
methenamine hippurate	1	
methenamine mandelate	1	
MONUROL	3	
NALIDIXIC ACID	3	
nitrofurantoin	1	
NITROFURANTOIN MACROCRYST	3	
nitrofurantoin macrocrystal	1	
nitrofurantoin monohyd macro	1	
ANTIANGINAL AGENTS		
ANTIANGINALS-OTHER		
RANEXA	3	
ranolazine	1	
NITRATES		
DILATRATE SR	3	
isosorbide dinitrate	1	
isosorbide mononitrate	1	
minitran	1	
NITRO-BID	3	
NITRO-DUR	3	
nitroglycerin	1	
NITROLINGUAL PUMPSPRAY	3	
NITROSTAT	3	
ANTIANXIETY AGENTS		
ANTIANXIETY AGENTS - MISC.		
buspirone hcl	1	
DROPERIDOL	3	
hydroxyzine hcl	1	
hydroxyzine pamoate CAPS	1	
HYDROXYZINE PAMOATE POWD	3	
meprobamate	1	
VISTARIL	3	
BENZODIAZEPINES		
alprazolam	1	
ALPRAZOLAM INTENSOL	3	
alprazolam xr	1	
chlordiazepoxide hcl	1	
clorazepate dipotassium	1	

Drug Name	Drug Tier	Requirements/Limits
DIAZEPAM SOAJ	3	
diazepam SOLN; TABS	1	
diazepam intensol	1	
lorazepam	1	
lorazepam intensol	1	
oxazepam	1	
TRANXENE T	3	
VALIUM	3	
ANTIARRHYTHMICS		
ANTIARRHYTHMICS TYPE I-A		
disopyramide phosphate	1	
NORPACE	3	
NORPACE CR	3	
PROCAINAMIDE HCL	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 NEBU	1	QL (720 mL / 75 days)
CROMOLYN SODIUM POWD	3	
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)

Drug Name	Drug Tier	Requirements/Limits
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		
IPRATROPIUM BROMIDE POWD	3	
ipratropium bromide SOLN	1	QL (5 boxes / 25 days)
SPIRIVA HANDIHALER	2	QL (90 caps / 75 days)
SPIRIVA RESPIMAT	2	QL (1 package / 25 days)
YUPELRI	2	QL (270 mL / 75 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 (3 inhalers / 75 days)
ARNUITY ELLIPTA 100mcg/act, 200mcg/act	2	QL (90 blisters / 75 days)
budesonide (inhalation) 1mg/2ml	1	QL (180 mL / 75 days)
budesonide (inhalation) .5mg/2ml	1	QL (360 mL / 75 days)
budesonide (inhalation) .25mg/2ml	1	QL (540 mL / 75 days)
FLOVENT DISKUS 50mcg/blist	2	QL (540 inhalations / 75 days)
FLOVENT DISKUS 100mcg/blist, 250mcg/blist	2	QL (720 inhalations / 75 days)
FLOVENT HFA	2	QL (2 inhalers / 25 days)
FLUNISOLIDE ANHYDROUS	3	
PULMICORT FLEXHALER 90mcg/act	2	QL (9 inhalers / 75 days)
PULMICORT FLEXHALER 180mcg/act	2	QL (6 inhalers / 75 days)
QVAR REDIHALER	2	QL (64 gm / 75 days)

Drug Name	Drug Tier	Requirements/Limits
SYMPATHOMIMETICS		
ADVAIR DISKUS	2	QL (180 inhalations / 75 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 (360 ea / 75 days)
albuterol sulfate NEBU .5%	1	QL (180 mL / 75 days)
albuterol sulfate NEBU .083%, .63mg/3ml, 1.25mg/3ml	1	QL (1125 mL / 75 days)
ALBUTEROL SULFATE POWD	3	
albuterol sulfate SYRP	1	
albuterol sulfate TABS	1	
albuterol sulfate TB12	1	
ANORO ELLIPTA	2	QL (180 blisters / 75 days)
BREO ELLIPTA	2	QL (180 blisters / 75 days)
BREZTRI AEROSPHERE	2	QL (2.991 inhalers / 75 days)
COMBIVENT RESPIMAT	3	QL (2 inhalers / 25 days)
EPHEDRINE HCL	3	
EPHEDRINE SULFATE	3	
ipratropium-albuterol	1	QL (1620 mL / 75 days)
levalbuterol hcl 1.25mg/0.5ml	1	QL (270 ea / 75 days)
levalbuterol hcl .31mg/3ml, .63mg/3ml, 1.25mg/3ml	1	QL (900 mL / 75 days)
levalbuterol tartrate	1	QL (2 inhalers / 25 days)
METAPROTERENOL SULFATE POWD	3	
metaproterenol sulfate TABS	1	
PERFOROMIST	2	QL (360 mL / 75 days)
STIOLTO RESPIMAT	2	QL (3 inhalers / 75 days)
STRIVERDI RESPIMAT	2	QL (1 package / 25 days)
SYMBICORT	2	QL (3.039 inhalers / 75 days)
TERBUTALINE SULFATE POWD	3	
terbutaline sulfate TABS	1	
TRELEGY ELLIPTA	2	QL (3 inhalers / 75 days)
XOPENEX	3	QL (900 mL / 75 days)
XOPENEX CONCENTRATE	3	QL (270 ea / 75 days)

Drug Name	Drug Tier	Requirements/Limits
XANTHINES		
AMINOPHYLLINE	3	
AMINOPHYLLINE ANHYDROUS	3	
ELIXOPHYLLIN	3	
THEO-24	3	
theophylline	1	
THEOPHYLLINE ETHYLENEDIAM	3	
ANTICOAGULANTS		
COUMARIN ANTICOAGULANTS		
jantoven	1	
warfarin sodium	1	
WARFARIN SODIUM CLATHRATE	3	
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	
LOVENOX	3	
IN VITRO/LOCK ANTICOAGULANTS		
ACD FORMULA A	3	
ACD-A NOCLOT-50	3	
ANTICOAGULANT CITRATE DEX	3	
ANTICOAGULANT SODIUM CITR	3	
TRICITRASOL	3	
ANTICONVULSANTS		
AMPA GLUTAMATE RECEPTOR ANTAGONISTS		
FYCOMPA	2	
ANTICONVULSANTS - BENZODIAZEPINES		
clobazam	1	
clonazepam	1	
diazepam (anticonvulsant)	1	
KLONOPIN	3	
NAYZILAM	2	
VALTOCO	4	
ANTICONVULSANTS - MISC.		
BANZEL	3	
BRIVIACT	3	
carbamazepine CHEW	1	
carbamazepine CP12 100mg, 300mg	1	

Drug Name	Drug Tier	Requirements/Limits
carbamazepine CP12 200mg	3	
CARBAMAZEPINE POWD	3	
carbamazepine SUSP	1	
carbamazepine TABS	1	
carbamazepine TB12	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 (800 ML PER 30 DAYS)
epitol	1	
FINTEPLA	4	PA, QL (360ML PER 30 DAYS)
gabapentin	1	
LAMICTAL	3	
LAMICTAL CHEWABLE DISPERS	3	
LAMICTAL ODT	3	
LAMICTAL STARTER/NOT TAKI	3	
LAMICTAL STARTER/TAKING C	3	
LAMICTAL STARTER/TAKING V	3	
LAMICTAL XR	3	
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	
rufinamide	1	
subvenite	1	
subvenite starter kit/blu	1	
subvenite starter kit/gre	1	
subvenite starter kit/ora	1	
TEGRETOL	3	
TEGRETOL-XR	3	

Drug Name	Drug Tier	Requirements/Limits
TOPAMAX	3	
TOPAMAX SPRINKLE	3	
topiramate	1	
TRILEPTAL	3	
TROKENDI XR	2	
VIMPAT	2	
zonisamide	1	
CARBAMATES		
felbamate	1	
FELBATOL	3	
XCOPRI	2	
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		
PEGANONE	3	
PHENYTEK	3	
phenytoin	1	
PHENYTOIN SODIUM	3	
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	

Drug Name	Drug Tier	Requirements/Limits
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	4	PA
SPRAVATO 84MG DOSE	4	PA
SELECTIVE SEROTONIN REUPTAKE INHIBITORS (SSRIS)		
CELEXA	3	
citalopram hydrobromide	1	
escitalopram oxalate	1	
fluoxetine hcl	1	
fluvoxamine maleate	1	
paroxetine hcl	1	
sertraline hcl	1	
ZOLOFT	3	
SEROTONIN MODULATORS		
nefazodone hcl	1	
TRAZODONE HCL POWD	3	
trazodone hcl TABS	1	
TRINTELLIX	2	
SEROTONIN-NOREPINEPHRINE REUPTAKE INHIBITORS (SNRIS)		
desvenlafaxine	1	
desvenlafaxine succinate	1	
duloxetine hcl	1	
KHEDEZLA	3	
venlafaxine hcl	1	
TRICYCLIC AGENTS		
amitriptyline hcl	1	
amoxapine	1	
ANAFRANIL	3	
clomipramine hcl	1	
DESIPRAMINE HCL POWD	3	
desipramine hcl TABS	1	
doxepin hcl	1	

Drug Name	Drug Tier	Requirements/Limits
IMIPRAMINE HCL POWD	3	
imipramine hcl TABS	1	
imipramine pamoate	1	
NORPRAMIN	3	
nortriptyline hcl CAPS; SOLN	1	
NORTRIPTYLINE HCL POWD	3	
PAMELOR	3	
protriptyline hcl	1	
SURMONTIL	3	
TOFRANIL	3	
trimipramine maleate CAPS	1	
TRIMIPRAMINE MALEATE POWD	3	
ANTIDIABETICS		
ALPHA-GLUCOSIDASE INHIBITORS		
acarbose	1	
GLYSET	3	
miglitol	1	
PRECOSE	3	
ANTIDIABETIC - AMYLIN ANALOGS		
SYMLINPEN 60	2	
SYMLINPEN 120	2	
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		
metformin hcl	1	
DIABETIC OTHER		
BAQSIMI ONE PACK	2	
BAQSIMI TWO PACK	2	

Drug Name	Drug Tier	Requirements/Limits
CVS GLUCOSE CHEW	3	
cvs glucose GEL	3	
cvs glucose liquid shot	3	
cvs glucose shot	3	
DEX4	3	
DEX4 FAST ACTING GLUCOSE	3	
DEX4 NATURALS	3	
DEX4 POUCH PACK	3	
dextrose (diabetic use)	3	
diazoxide	1	
GLUCAGEN HYPOKIT	2	
glucagon (rdna)	1	
GLUCAGON EMERGENCY KIT	2	
gluco burst	3	
GLUCOSE	3	
glutose 5	3	
glutose 15	3	
glutose 45	3	
GNP GLUCOSE	3	
GVOKE HYPOPEN 1-PACK	2	
GVOKE HYPOPEN 2-PACK	2	
GVOKE PFS	2	
HM GLUCOSE	3	
KORLYM	4	PA, QL (120 TABLETS PER 30 DAYS)
KROGER GLUCOSE	3	
PREFERRED PLUS GLUCOSE	3	
PROGLYCEM	3	
PX GLUCOSE	3	
RA GLUCOSE	3	
RELION GLUCOSE CHEW	3	
relion glucose GEL	3	
relion glucose drink	3	
SM GLUCOSE	3	
SMART SENSE GLUCOSE	3	
SMART SENSE GLUCOSE TABLE	3	
TGT GLUCOSE	3	
UP & UP GLUCOSE	3	
VALUE PLUS GLUCOSE	3	
DIPEPTIDYL PEPTIDASE-4 (DPP-4) INHIBITORS		
JANUVIA	2	
INCRETIN MIMETIC AGENTS (GLP-1 RECEPTOR AGONISTS)		
OZEMPIC	2	
RYBELSUS	2	
TRULICITY	2	

Drug Name	Drug Tier	Requirements/Limits
VICTOZA	2	
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	
TOUJEO MAX SOLOSTAR	2	
TOUJEO SOLOSTAR	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 POWD	3	
glipizide TABS; TB24	1	
glipizide xl	1	
GLUCOTROL	3	

Drug Name	Drug Tier	Requirements/Limits
GLUCOTROL XL	3	
GLYBURIDE POWD	3	
glyburide TABS	1	
glyburide micronized	1	
GLYNASE	3	
tolazamide	1	
tolbutamide	1	
ANTIDIARRHEAL/PROBIOTIC AGENTS		
ANTIDIARRHEAL/PROBIOTIC AGENTS - MISC.		
BISMUTH SUBGALLATE	3	
lactojen	1	
VISBIOME	3	
VSL#3 DS	3	
ANTIPERISTALTIC AGENTS		
diphenoxylate w/ atropine	1	
LOMOTIL	3	
LOPERAMIDE HCL	3	
opium tincture	1	
paregoric	1	
GASTROINTESTINAL ADSORBENTS		
KAOLIN	3	
PECTIN	3	
ANTIDOTES AND SPECIFIC ANTAGONISTS		
ANTIDOTE COMBINATIONS		
DUODOTE	3	
ANTIDOTES - CHELATING AGENTS		
CHEMET	3	
deferasirox	4	PA
deferiprone	1	PA
EXJADE	4	PA
FERRIPROX	4	PA
FERRIPROX TWICE-A-DAY	4	PA
JADENU	4	PA
JADENU SPRINKLE	4	PA
ANTIDOTES AND SPECIFIC ANTAGONISTS		
BAL IN OIL	3	
CHARCOAL ACTIVATED	3	
deferoxamine mesylate	4	PA
DESFERAL	4	PA
EDETATE CALCIUM DISODIUM	3	
PRALIDOXIME CHLORIDE	3	
RADIOGARDASE	3	
VISTOGARD	4	QL (20 PACKETS PER 5 DAYS)

Drug Name	Drug Tier	Requirements/Limits
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)
granisetron hcl SOLN 1mg/ml	1	QL (2 vials / 21 days)
granisetron hcl SOLN 4mg/4ml	1	QL (2 mL / 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	3	QL (18 tabs / 21 days)
ANTIEMETICS - ANTICHOLINERGIC		
MECLIZINE HCL POWD	3	
meclizine hcl TABS	1	
MECLIZINE HCL MONOHYDRATE	3	
scopolamine	1	
TIGAN	3	
trimethobenzamide hcl	1	
ANTIEMETICS - MISCELLANEOUS		
BONJESTA	3	
CESAMET	3	QL (18 caps / 21 days)
DICLEGIS	3	
doxylamine-pyridoxine	1	
dronabinol	1	QL (180 caps / 75 days)
MARINOL	3	QL (180 caps / 75 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)
fosaprepitant dimeglumine	1	QL (2 vials / 21 days)
ANTIFUNGALS		
ANTIFUNGALS		
ANCOBON	3	
BIO-STATIN CAPS	3	

Drug Name	Drug Tier	Requirements/Limits
bio-statin POWD	1	
flucytosine	1	
griseofulvin microsize	1	
griseofulvin ultramicrosize	1	
nystatin	1	
terbinafine hcl	1	
IMIDAZOLE-RELATED ANTIFUNGALS		
CRESEMBA	3	
DIFLUCAN	3	
fluconazole	1	
itraconazole	1	PA
ketoconazole	1	
MICONAZOLE	3	
VFEND	3	
voriconazole	1	
ANTIHISTAMINES		
ANTIHISTAMINES - ALKYLAMINES		
BROMPHENIRAMINE MALEATE	3	
CHLORPHENIRAMINE MALEATE	3	
ANTIHISTAMINES - ETHANOLAMINES		
carbinoxamine maleate	1	
CLEMASTINE FUMARATE POWD	3	
clemastine fumarate TABS	1	
diphenhydramine hcl ELIX	1	
DIPHENHYDRAMINE HCL POWD	3	
DOXYLAMINE SUCCINATE	3	
KARBINAL ER	3	
ANTIHISTAMINES - ETHYLENEDIAMINES		
PYRILAMINE MALEATE	3	
TRIPELENNAMINE HCL	3	
ANTIHISTAMINES - NON-SEDATING		
all-day allergy childrens	3	
ALLEGRA ALLERGY CHILDRENS	3	
aller-ease	3	
allergy 24-hr	3	
allergy 24hour indoor/out	3	
allergy childrens	3	
allergy non-drowsy	3	
allergy relief	3	
allergy relief 24hr/indoo	3	
allergy relief childrens	3	
allergy relief loratadine	3	
cetirizine hcl allergy ch	3	
cetirizine hydrochloride	3	

Drug Name	Drug Tier	Requirements/Limits
claritin allergy children	3	
cvs allergy relief	3	
cvs indoor/outdoor allerg	3	
desloratadine	1	
eq allergy childrens	3	
eql all day allergy	3	
gnp all day allergy	3	
gnp allergy relief	3	
goodsense all day allergy	3	
goodsense aller-ease	3	
24hr allergy relief	3	
kls aller-fex	3	
kls aller-tec	3	
kls aller-tec childrens	3	
kls allerclear	3	
kp cetirizine hydrochlori	3	
kp fexofenadine hcl	3	
kp loratadine	3	
levocetirizine dihydrochloride	1	
loradamed	3	
loratadine	3	
loratadine childrens	3	
mm fexofenadine hydrochlo	3	
mucinex allergy	3	
px allergy relief	3	
qc all day allergy	3	
qc allergy relief	3	
qc allergy relief childre	3	
qc childrens allergy	3	
ra allergy relief	3	
ra allergy relief childre	3	
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	3	
wal-fex	3	
wal-fex allergy	3	
wal-fex allergy 12 hour	3	
wal-itin	3	
wal-itin childrens	3	
wal-zyr	3	
wal-zyr all day allergy c	3	

Drug Name	Drug Tier	Requirements/Limits
wal-zyr childrens	3	
ANTIHISTAMINES - PHENOTHIAZINES		
phenadoz	1	
promethazine hcl	1	
promethegan	1	
ANTIHISTAMINES - PIPERIDINES		
cyproheptadine hcl	1	
ANTIHYPERLIPIDEMICS		
ADENOSINE TRIPHOSPHATE-CITRATE LYASE (ACL) INHIBITORS		
NEXLETOL	2	
ANTIHYPERLIPIDEMICS - COMBINATIONS		
ezetimibe-simvastatin	1	$0 copay for members age 40 through 75
NEXLIZET	2	
VYTORIN	3	
ANTIHYPERLIPIDEMICS - MISC.		
icosapent ethyl	1	
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 POWD	3	
gemfibrozil TABS	1	
LIPOFEN	3	
LOPID	3	
TRIGLIDE	3	

Drug Name	Drug Tier	Requirements/Limits
TRILIPIX	3	
HMG COA REDUCTASE INHIBITORS		
atorvastatin calcium 10mg, 20mg	1	AGE; $0 copay for members age 40 through 75
atorvastatin calcium 40mg, 80mg	1	$0 copay for members age 40 through 75
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	

Drug Name	Drug Tier	Requirements/Limits
enalapril maleate	1	
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	
CLONIDINE HYDROCHLORIDE	3	
doxazosin mesylate	1	
guanfacine hcl	1	
methyldopa	1	
MINIPRESS	3	
prazosin hcl	1	

Drug Name	Drug Tier	Requirements/Limits
PRAZOSIN HYDROCHLORIDE	3	
RESERPINE	3	
terazosin hcl	1	
ANTIHYPERTENSIVE COMBINATIONS		
ACCURETIC	3	
amlodipine besylate-benazepril hcl	1	
amlodipine besylate-olmesartan medoxomil	1	
amlodipine besylate-valsartan	1	
amlodipine-valsartan-hydrochlorothiazide	1	
atenolol & chlorthalidone	1	
AVALIDE	3	
AZOR	3	
benazepril & hydrochlorothiazide	1	
bisoprolol & hydrochlorothiazide	1	
candesartan cilexetil-hydrochlorothiazide	1	
captopril & hydrochlorothiazide	1	
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	
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	

Drug Name	Drug Tier	Requirements/Limits
ZESTORETIC	3	
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		
atovaquone-proguanil hcl	1	
COARTEM	3	
MALARONE	3	
ANTIMALARIALS		
CHLOROQUINE PHOSPHATE POWD	3	
chloroquine phosphate TABS	1	
hydroxychloroquine sulfate	1	
mefloquine hcl	1	
PLAQUENIL	3	
primaquine phosphate 26.3mg	1	
PRIMAQUINE PHOSPHATE 26.3mg	3	
pyrimethamine	1	
QUALAQUIN	3	
QUINACRINE HCL	3	
quinine sulfate CAPS	1	
QUININE SULFATE POWD	3	
QUININE SULFATE DIHYDRATE	3	
ANTIMYASTHENIC/CHOLINERGIC AGENTS		
ANTIMYASTHENIC/CHOLINERGIC AGENTS		
FIRDAPSE	4	PA, QL (240 TABLETS PER 30 DAYS)
GUANIDINE HCL	3	
MESTINON TIMESPAN	3	
pyridostigmine bromide	1	
RUZURGI	4	PA, QL (300 TABLETS PER 30 DAYS)
ANTIMYCOBACTERIAL AGENTS		
ANTI TB COMBINATIONS		
RIFAMATE	3	

Drug Name	Drug Tier	Requirements/Limits
RIFATER	3	
ANTIMYCOBACTERIAL AGENTS		
AMINOSALICYLIC ACID	3	
cycloserine	1	
ETHAMBUTOL HCL POWD	3	
ethambutol hcl TABS	1	
ISONIAZID POWD	3	
isoniazid SYRP; TABS	1	
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	
GLIADEL WAFER	4	
LEUKERAN	2	
melphalan	1	
MYLERAN	2	
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	3	
methotrexate sodium	1	

Drug Name	Drug Tier	Requirements/Limits
PURIXAN	4	PA
TABLOID	2	
TREXALL	2	
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)
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	4	PA
LIBTAYO	4	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)

Drug Name	Drug Tier	Requirements/Limits
VENCLEXTA STARTING PACK	4	PA, QL (1 PACK EVERY 28 DAYS)
ANTINEOPLASTIC - HEDGEHOG PATHWAY INHIBITORS		
ERIVEDGE	4	PA, QL (30 CAPSULES PER 30 DAYS)
ODOMZO	4	PA, QL (30 CAPSULES PER 30 DAYS)
ANTINEOPLASTIC - HORMONAL AND RELATED AGENTS		
abiraterone acetate 250mg	4	PA, QL (120 TABLETS PER 30 DAYS)
abiraterone acetate 500mg	4	PA, QL (60 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	4	PA
FEMARA	3	
FIRMAGON	4	PA
flutamide	1	
fulvestrant	4	PA
hydroxyprogesterone caproate (antineoplastic)	1	
letrozole	1	
leuprolide acetate	4	PA
LUPRON DEPOT (1-MONTH)	4	PA
LUPRON DEPOT (3-MONTH)	4	PA
LYSODREN	2	
MEGESTROL ACETATE POWD	3	
megestrol acetate SUSP; TABS	1	
nilutamide	1	
NUBEQA	4	PA, QL (120 TABLETS PER 30 DAYS)
SOLTAMOX	3	

Drug Name	Drug Tier	Requirements/Limits
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
ANTINEOPLASTIC - IMMUNOMODULATORS		
LEVAMISOLE HCL	3	
POMALYST	4	PA, QL (21 CAPSULES PER 28 DAYS)
ANTINEOPLASTIC ANTIBIOTICS		
MITOMYCIN	3	
mitoxantrone hcl	4	PA
valrubicin	4	
VALSTAR	4	
ANTINEOPLASTIC COMBINATIONS		
KISQALI FEMARA 200 DOSE	4	PA, QL (49 TABLETS PER 28 DAYS)
KISQALI FEMARA 400 DOSE	4	PA, QL (70 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)
PHESGO	4	PA
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)

Drug Name	Drug Tier	Requirements/Limits
ALUNBRIG TABS 90mg, 180mg	4	PA, QL (30 TABLETS PER 30 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
BOSULIF 100mg	4	PA, QL (90 TABLETS PER 30 DAYS)
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 2.5mg	1	PA, QL (30 TABLETS PER 30 DAYS)
everolimus 5mg, 7.5mg	4	PA, QL (30 TABLETS PER 30 DAYS)

Drug Name	Drug Tier	Requirements/Limits
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 10mg, 30mg	3	PA
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)
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)
lapatinib ditosylate	4	PA, QL (180 TABLETS PER 30 DAYS)
LENVIMA 4 MG DAILY DOSE	4	PA, QL (30 CAPSULES PER 30 DAYS)

Drug Name	Drug Tier	Requirements/Limits
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)
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)
PIQRAY 200MG DAILY DOSE	4	PA, QL (28 TABLETS PER 28 DAYS)
PIQRAY 250MG DAILY DOSE	4	PA, QL (56 TABLETS PER 28 DAYS)
PIQRAY 300MG DAILY DOSE	4	PA, QL (56 TABLETS 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)

Drug Name	Drug Tier	Requirements/Limits
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
TEPMETKO	3	PA
TIBSOVO	4	PA, QL (60 TABLETS PER 30 DAYS)
TORISEL	4	PA
TUKYSA	4	PA, QL (120 TABLETS PER 30 DAYS)
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)
XOSPATA	4	PA, QL (90 TABLETS 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)

Drug Name	Drug Tier	Requirements/Limits
ZYKADIA CAPS	4	PA, QL (90 caps / 30 days)
ZYKADIA TABS	4	PA, QL (90 TABLETS PER 30 DAYS)
ANTINEOPLASTIC ENZYMES		
ASPARLAS	4	PA
ERWINAZE	4	PA
ONCASPAR	4	PA
ANTINEOPLASTICS MISC.		
ACTIMMUNE	4	PA
bexarotene	4	PA
HYDREA	3	
hydroxyurea	1	
INTRON A	4	PA
MATULANE	2	
PROLEUKIN	4	PA
SYLATRON	4	PA, QL (4 VIALS PER 28 DAYS)
SYNRIBO	4	PA
TARGRETIN CAPS	4	PA
TICE BCG	4	
tretinoin (chemotherapy)	1	
CHEMOTHERAPY RESCUE/ANTIDOTE AGENTS		
FUSILEV	4	PA
leucovorin calcium	1	
levoleucovorin calcium	4	PA
MESNEX	3	
MITOTIC INHIBITORS		
etoposide	4	
HALAVEN	4	PA
IXEMPRA KIT	4	PA
JEVTANA	4	PA
ONCOLYTIC VIRAL AGENTS		
IMLYGIC	4	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	

Drug Name	Drug Tier	Requirements/Limits
ANTIPARKINSON COMT INHIBITORS		
COMTAN	3	
entacapone	1	
TASMAR	3	
tolcapone	1	
ANTIPARKINSON DOPAMINERGICS		
amantadine hcl	1	
bromocriptine mesylate CAPS; TABS	1	
BROMOCRIPTINE MESYLATE POWD	3	
carbidopa-levodopa	1	
carbidopa-levodopa-entacapone	1	
DUOPA	4	PA
INBRIJA	4	PA, QL (300 CAPSULES PER 30 DAYS)
LEVODOPA	3	
MIRAPEX	3	
MIRAPEX ER	3	
NEUPRO	2	
PARLODEL	3	
pramipexole dihydrochloride	1	
REQUIP	3	
REQUIP XL	3	
ropinirole hydrochloride	1	
RYTARY	3	
SINEMET	3	
SINEMET CR	3	
STALEVO 50	3	
STALEVO 75	3	
STALEVO 100	3	
STALEVO 125	3	
STALEVO 150	3	
STALEVO 200	3	
ANTIPARKINSON MONOAMINE OXIDASE INHIBITORS		
AZILECT	3	
rasagiline mesylate	1	
selegiline hcl CAPS; TABS	1	
SELEGILINE HCL POWD	3	
ANTIPSYCHOTICS/ANTIMANIC AGENTS		
ANTIMANIC AGENTS		
LITHIUM	3	
lithium carbonate CAPS; TABS; TBCR	1	
LITHIUM CARBONATE POWD	3	
LITHOBID	3	

Drug Name	Drug Tier	Requirements/Limits
ANTIPSYCHOTICS - MISC.		
EQUETRO	3	
LATUDA	2	
NUPLAZID	4	PA
VRAYLAR	2	
ziprasidone hcl	1	
ziprasidone mesylate	1	
BENZISOXAZOLES		
INVEGA	3	
INVEGA SUSTENNA	3	
paliperidone	1	
PERSERIS	2	
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	
asenapine maleate	1	
clozapine	1	
CLOZARIL	3	
loxapine succinate	1	
olanzapine	1	
quetiapine fumarate	1	
SAPHRIS	2	
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 POWD	3	

Drug Name	Drug Tier	Requirements/Limits
prochlorperazine maleate TABS	1	
thioridazine hcl	1	
trifluoperazine hcl	1	
QUINOLINONE DERIVATIVES		
ABILIFY MAINTENA	2	
aripiprazole	1	
ARISTADA	3	
ARISTADA INITIO	3	
REXULTI	3	
THIOXANTHENES		
thiothixene	1	
ANTISEPTICS & DISINFECTANTS		
ANTISEPTICS & DISINFECTANTS		
CETYLCIDE-G	3	
formaldehyde 10%	1	
FORMALDEHYDE 37%	3	
GLUTARALDEHYDE	3	
hydrogen peroxide	1	
PHENOL	3	
CHLORINE ANTISEPTICS		
BENZALKONIUM CHLORIDE	3	
CHLORHEXIDINE GLUCONATE	3	
IODINE ANTISEPTICS		
IODINE TINCTURE	3	
LUGOLS STRONG IODINE	3	
MERCURY ANTISEPTICS		
THIMEROSAL	3	
SILVER ANTISEPTICS		
SILVER PROTEIN MILD	3	
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)

Drug Name	Drug Tier	Requirements/Limits
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)
emtricitabine	4	QL (30 CAPSULES PER 30 DAYS)
emtricitabine-tenofovir disoproxil fumarate	1	QL (30 TABLETS 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)

Drug Name	Drug Tier	Requirements/Limits
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	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)
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 ML DAYS)

Drug Name	Drug Tier	Requirements/Limits
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	4	
RETROVIR CAPS	4	QL (180 CAPSULES PER 30 DAYS)
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)

Drug Name	Drug Tier	Requirements/Limits
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)
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 ML DAYS)
VIRAMUNE TABS	4	QL (60 TABLETS PER 30 DAYS)
VIRAMUNE XR	4	QL (30 TABLETS PER 30 DAYS)
VIREAD POWD	4	QL (240 GM PER 30 DAYS)

Drug Name	Drug Tier	Requirements/Limits
VIREAD TABS	4	QL (30 TABLETS 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	1	QL (1000 ML PER 30 DAYS)
valganciclovir hcl TABS	1	QL (102 TABLETS PER 30 DAYS)
HEPATITIS AGENTS		
adefovir dipivoxil	4	
BARACLUDE	4	
entecavir	4	
EPCLUSA	4	PA, QL (28 TABLETS PER 28 DAYS)
EPCLUSA	4	ST, PA, QL (28 TABLETS PER 28 DAYS)
HARVONI PACK	4	ST, PA, QL (28 PELLETS PER 28 DAYS)
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)

Drug Name	Drug Tier	Requirements/Limits
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	
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	
BETA BLOCKERS		
ALPHA-BETA BLOCKERS		
carvedilol	1	
carvedilol phosphate	1	
COREG	3	
labetalol hcl	1	
BETA BLOCKERS CARDIO-SELECTIVE		
acebutolol hcl CAPS	1	
ACEBUTOLOL HCL POWD	3	
ATENOLOL POWD	3	
atenolol TABS	1	
betaxolol hcl	1	
bisoprolol fumarate	1	
LOPRESSOR	3	
metoprolol succinate	1	
METOPROLOL TARTRATE POWD	3	
metoprolol tartrate TABS	1	
TENORMIN	3	

Drug Name	Drug Tier	Requirements/Limits
BETA BLOCKERS NON-SELECTIVE		
CORGARD	3	
HEMANGEOL	3	
NADOLOL POWD	3	
nadolol TABS	1	
pindolol	1	
propranolol hcl CP24; SOLN; TABS	1	
PROPRANOLOL HCL POWD	3	
sorine	1	
sotalol hcl	1	
sotalol hcl (afib/afl)	1	
SOTYLIZE	3	
TIMOLOL MALEATE POWD	3	
timolol maleate TABS	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	
nisoldipine	1	
NYMALIZE	3	
PROCARDIA	3	
PROCARDIA XL	3	
SULAR	3	
taztia xt	1	
tiadylt er	1	
TIAZAC	3	
verapamil hcl CP24; TABS; TBCR	1	
VERAPAMIL HCL POWD	3	
VERELAN	3	
VERELAN PM	3	

Drug Name	Drug Tier	Requirements/Limits
CARDIOTONICS		
CARDIAC GLYCOSIDES		
digitek	1	
digox	1	
digoxin	1	
LANOXIN	3	
CARDIOVASCULAR AGENTS - MISC.		
CARDIOPLEGIC SOLUTIONS		
CARDIOPLEGIA DEL NIDO FOR	3	
CARDIOPLEGIA INDUCTION HI	3	
CARDIOPLEGIA INDUCTION PL	3	
CARDIOPLEGIA MAINTENANCE	3	
CARDIOPLEGIA REPERFUSATE/	3	
CARDIOPLEGIC	3	
cardioplegic soln	1	
MICROPLEGIA MSA/MSG	3	
PLEGISOL	3	
CARDIOVASCULAR AGENTS MISC. - COMBINATIONS		
amlodipine besylate-atorvastatin calcium	1	
BIDIL	2	
CADUET	3	
ENTRESTO	2	
IMPOTENCE AGENTS		
CAVERJECT	3	QL (18 vials / 75 days)
CAVERJECT IMPULSE 10mcg	3	QL (18 each / 75 days)
CAVERJECT IMPULSE 20mcg	3	QL (18 kits / 75 days)
EDEX 10mcg	3	QL (3 each / 75 days)
EDEX 10mcg	3	QL (9 each / 75 days)
EDEX 20mcg, 40mcg	3	QL (3 kits / 75 days)
EDEX 20mcg, 40mcg	3	QL (9 kits / 75 days)
MUSE	2	QL (18 sup / 75 days)
sildenafil citrate	1	QL (18 tabs / 75 days)
tadalafil 2.5mg, 5mg	1	ST, PA, QL (30 tabs / 25 days)
tadalafil 10mg, 20mg	1	QL (18 tabs / 75 days)
vardenafil hcl	1	QL (18 tabs / 75 days)
PERIPHERAL VASODILATORS		
NYLIDRIN HYDROCHLORIDE	3	
PAPAVERINE HYDROCHLORIDE	3	
PROSTAGLANDIN VASODILATORS		
epoprostenol sodium	4	PA
FLOLAN	4	PA
ORENITRAM	4	PA
REMODULIN	4	PA

Drug Name	Drug Tier	Requirements/Limits
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)
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)
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	

Drug Name	Drug Tier	Requirements/Limits
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	
SUPRAX	2	
CHEMICALS		
ACIDS, BASES, & BUFFERS		
AMMONIUM HYDROXIDE	3	
NITRIC ACID	3	
PHOSPHORIC ACID	3	
POTASSIUM HYDROXIDE	3	
SODIUM BORATE DECAHYDRATE	3	
SODIUM CARBONATE ANHYDROU	3	
SODIUM CARBONATE MONOHYDR	3	
SODIUM HYDROXIDE	3	
SULFURIC ACID	3	
TARTARIC ACID	3	
LIQUIDS		
ACETONE	3	
ALCOHOL	3	
AMMONIUM LACTATE	3	
BAY OIL	3	
CHLOROFORM	3	
CITRONELLA OIL	3	
CLOVE OIL	3	
ETHER	3	
ETHYL ALCOHOL 95%	3	
EUCALYPTUS OIL	3	
GERANIUM NATURAL	3	

Drug Name	Drug Tier	Requirements/Limits
GUAIACOL	3	
ISOPROPANOL	3	
ISOPROPYL ALCOHOL 70%, 100%	3	
isopropyl alcohol 99%	1	
ISOPROPYL PALMITATE	3	
JUNIPER TAR	3	
LIME OIL	3	
METHANOL	3	
PINE OIL	3	
POLYSORBATE 20	3	
POLYSORBATE 40	3	
POLYSORBATE 60	3	
POLYSORBATE 80	3	
ROSE OIL	3	
ROSEMARY OIL	3	
SASSAFRAS OIL	3	
SEMI-SOLIDS		
COAL TAR	3	
PERUVIAN BALSAM	3	
SOLIDS		
ALLANTOIN	3	
ALUMINUM POTASSIUM SULFAT	3	
ALUMINUM SULFATE HYDRATE	3	
AMMONIUM BROMIDE	3	
AMMONIUM BROMIDE ACS	3	
AMMONIUM SULFATE	3	
BHT	3	
BISMUTH SUBNITRATE	3	
BUTYLATED HYDROXYTOLUENE	3	
CALCIUM HYDROXIDE	3	
CALCIUM SULFATE ANHYDROUS	3	
CALCIUM SULFATE HEMIHYDRA	3	
CITRIC ACID	3	
CITRIC ACID ANHYDROUS	3	
CITRIC ACID MONOHYDRATE	3	
COENZYME Q-10	3	
CORN STARCH	3	
DEHYDROEPIANDROSTERONE	3	
DEHYDROEPIANDROSTERONE MI	3	
DHEA MICRONIZED	3	
DINITROCHLOROBENZENE	3	
DOCUSATE SODIUM/SODIUM BE	3	
EDETATE ACID	3	
FLUORESCEIN SODIUM	3	
FULLERS EARTH	3	

Drug Name	Drug Tier	Requirements/Limits
GERMANIUM SESQUIOXIDE	3	
GINGER ROOT	3	
5-HYDROXY-L-TRYPTOPHAN	3	
HYDROXYTRYPTOPHAN	3	
IODOFORM	3	
KOJIC ACID	3	
LEAD ACETATE TRIHYDRATE	3	
LICORICE ROOT	3	
METHENAMINE	3	
OXYBENZONE	3	
PHENYLMERCURIC ACETATE	3	
PILOCARPINE HCL POWD	3	
POTASH SULFURATED LUMP	3	
POTASSIUM BITARTRATE	3	
POTASSIUM BROMIDE	3	
POTASSIUM CARBONATE	3	
POTASSIUM NITRATE	3	
PREGNENOLONE	3	
PREGNENOLONE MICRONIZED	3	
PUMICE (FLOUR)	3	
PYROGALLOL	3	
PYRUVIC ACID	3	
RESORCINOL	3	
ROSIN LUMP	3	
SODIUM BROMIDE	3	
SODIUM BUTYRATE	3	
SODIUM CACODYLATE	3	
SODIUM CHLORIDE/SODIUM BI	3	
SODIUM PERBORATE TETRAHYD	3	
SODIUM SULFITE ANHYDROUS	3	
SORBITOL POWD	3	
STARCH	3	
SUCROSE CONFECTIONERS	3	
SUCROSE POWDERED CONFECTI	3	
SULFANILAMIDE	3	
THYMOL	3	
THYMOL IODIDE	3	
UBIDECARENONE	3	

CONTRACEPTIVES

COMBINATION CONTRACEPTIVES - ORAL

afirmelle	0	
altavera	0	
alyacen 1/35	0	
alyacen 7/7/7	0	
amethia	0	

Drug Name	Drug Tier	Requirements/Limits
amethia lo	0	
amethyst	0	
apri	0	
aranelle	0	
ashlyna	0	
aubra	0	
aubra eq	0	
aurovela 1.5/30	0	
aurovela 1/20	0	
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	

Drug Name	Drug Tier	Requirements/Limits
enskyce	0	
estarylla	0	
ESTROSTEP FE	3	
ethynodiol diacet & eth estrad	0	
falmina	0	
fayosim	0	
femynor	0	
gemmily	1	
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	
iclevia	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	

Drug Name	Drug Tier	Requirements/Limits
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	0	
loestrin 1/20-21	0	
loestrin fe 1.5/30	0	
loestrin fe 1/20	0	
lojaimiess	0	
loryna	0	
LOSEASONIQUE	3	
low-ogestrel	0	
lutera	0	
marlissa	0	
melodetta 24 fe	0	
merzee	1	
mibelas 24 fe	0	
microgestin 1.5/30	0	
microgestin 1/20	0	
microgestin 24 fe	0	
microgestin fe 1.5/30	0	
microgestin fe 1/20	0	
mili	0	
MIRCETTE	3	
mono-linyah	0	
mononessa	0	
myzilra	0	
necon 0.5/35-28	0	
nikki	0	
norethin acet & estrad-fe CAPS	1	
norethin acet & estrad-fe CHEW; TABS	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	
nylia 7/7/7	0	
nymyo	0	
ocella	0	
ogestrel	0	
orsythia	0	

Drug Name	Drug Tier	Requirements/Limits
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	
reclipsen	0	
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-nymyo	0	
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	

Drug Name	Drug Tier	Requirements/Limits
wera	0	
wymzya fe	0	
YASMIN 28	3	
zarah	0	
zovia 1/35	0	
zovia 1/35e	0	
zumandimine	0	
COMBINATION CONTRACEPTIVES - TRANSDERMAL		
xulane	0	
COMBINATION CONTRACEPTIVES - VAGINAL		
ANNOVERA	2	QL (1 ring / 300 days)
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	
PLAN B ONE-STEP	3	
preventeza	0	
react	0	
take action	0	
PROGESTIN CONTRACEPTIVES - IMPLANTS		
NEXPLANON	4	
PROGESTIN CONTRACEPTIVES - INJECTABLE		
DEPO-PROVERA CONTRACEPTIV	3	PA
medroxyprogesterone acetate (contraceptive)	0	
PROGESTIN CONTRACEPTIVES - IUD		
KYLEENA	4	
MIRENA	4	
SKYLA	4	
PROGESTIN CONTRACEPTIVES - ORAL		
camila	0	
deblitane	0	
errin	0	

Drug Name	Drug Tier	Requirements/Limits
heather	0	
incassia	0	
jencycla	0	
jolivette	0	
lyleq	0	
lyza	0	
nora-be	0	
norethindrone (contraceptive)	0	
norlyda	0	
norlyroc	0	
ORTHO MICRONOR	3	
sharobel	0	
tulana	0	
CORTICOSTEROIDS		
GLUCOCORTICOSTEROIDS		
ACTIVE INJECTION KIT KL-3	3	
BETAMETHASONE SODIUM PHOS	3	
budesonide	1	
CORTEF	3	
CORTISONE ACETATE POWD	3	
cortisone acetate TABS	1	
decadron	1	
dexamethasone	1	
DEXAMETHASONE INTENSOL	3	
ENTOCORT EC	3	
hidex 6-day	1	
hydrocortisone TABS	1	
JTT PHYSICIANS KIT	3	
MEDROL	3	
MEDROL DOSEPAK	3	
METHYLPREDNISOLONE POWD	3	
methylprednisolone TABS; TBPK	1	
METHYLPREDNISOLONE ACETAT	3	
ORAPRED ODT	3	
P-CARE K40G	3	
P-CARE K80G	3	
PEDIAPRED	3	
POD-CARE 100CG	3	
POD-CARE 100KG	3	
PREDNISOLONE POWD	3	
prednisolone SOLN	1	
PREDNISOLONE ACETATE	3	
PREDNISOLONE ANHYDROUS	3	
PREDNISOLONE SODIUM PHOSP POWD	3	
prednisolone sodium phosphate	1	

Drug Name	Drug Tier	Requirements/Limits
PREDNISOLONE USP, MICRONI	3	
PREDNISONE POWD	3	
prednisone SOLN; TABS; TBPK	1	
PREDNISONE INTENSOL	3	
TRIAMCINOLONE DIACETATE	3	
VERIPRED 20	3	
MINERALOCORTICOIDS		
FLUDROCORTISONE ACETATE POWD	3	
fludrocortisone acetate TABS	1	
COUGH/COLD/ALLERGY		
ANTITUSSIVES		
benzonatate	1	
DEXTROMETHORPHAN HBR	3	
DEXTROMETHORPHAN HBR MONO	3	
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	
bromfed dm	1	
cetirizine-pseudoephedrine	3	
cheratussin ac	3	
cvs allergy relief-d	3	
cvs allergy relief-d12	3	
eq allergy relief d 24 ho	3	
eql allergy/congestion re	3	
fexofenadine-pseudoephedrine	3	
g tussin ac	3	
GILPHEX TR	3	
GILTUSS	3	
giltuss pediatric	1	
GILTUSS TR	3	
gnp allergy & congestion	3	
guaiatussin ac	3	
guaifenesin dac	3	

Drug Name	Drug Tier	Requirements/Limits
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	
NEOTUSS PLUS	3	
promethazine & phenylephrine	1	
promethazine w/codeine	1	
promethazine-dm	1	
promethazine-phenylephrine-codeine	1	
pseudoephed-bromphen-dm	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	
virtussin a/c	3	
virtussin ac/alc	3	
wal-fex d 24 hour allergy	3	
wal-itin d	3	
wal-itin d 24 hour	3	
wal-zyr d	3	
EXPECTORANTS		
BROMHEXINE HCL	3	
GUAIFENESIN	3	
SSKI	3	
TERPIN HYDRATE	3	

Drug Name	Drug Tier	Requirements/Limits
TERPIN HYDRATE MONOHYDRAT	3	
MISC. RESPIRATORY INHALANTS		
HYPER-SAL	3	
HYPERSAL	3	
nebusal 3%	1	
NEBUSAL 6%	3	
pulmosal	1	
sodium chloride (inhalant)	1	
MUCOLYTICS		
ACETYLCYSTEINE POWD	3	
acetylcysteine SOLN	1	
N-ACETYL-L-CYSTEINE	3	
DERMATOLOGICALS		
ACNE PRODUCTS		
ABSORICA	3	PA
accutane	1	PA
ACZONE	3	
adapalene	1	PA; AGE
adapalene-benzoyl peroxide	1	
amnesteem	1	PA
ARAZLO	3	
AVAR	3	
AVAR LS	3	
avita	1	PA; AGE
BENZAC AC WASH	3	
BENZAMYCIN	3	
BENZEFOAM	3	
BENZEFOAM ULTRA	3	
benzepro	1	
benzepro short contact	1	
benzoyl peroxide FOAM; GEL	1	
BENZOYL PEROXIDE POWD	3	
BENZOYL PEROXIDE HYDROUS	3	
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	
clindacin etz pledgets	1	
CLINDACIN PAC	3	
clindacin-p	1	

Drug Name	Drug Tier	Requirements/Limits
clindamycin phosphate (topical)	1	
clindamycin phosphate-benzoyl peroxide	1	
clindamycin phosphate-benzoyl peroxide (refrigerate)	1	
clindamycin phosphate-tretinoin	1	PA; AGE
dapsone (topical)	1	
DIFFERIN	3	PA; AGE
DUAC	3	
EPIDUO	2	
EPIDUO FORTE	2	
ery	1	
ERYGEL	3	
erythromycin (acne aid)	1	
EVOCLIN	3	
INOVA	3	
INOVA 4/1 ACNE CONTROL TH	3	
INOVA 8/2 ACNE CONTROL TH	3	
isotretinoin	1	PA
KLARON	3	
myorisan	1	PA
neuac	1	
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
RETINOIC ACID	3	AGE
RETINOIC ACID-ALL TRANS	3	AGE
RIAX	3	
sulfacetamide sodium (acne)	1	
sulfacetamide sodium w/ sulfur	1	
sulfacetamide sodium-sulfur-sunscreen	1	
sulfamez wash	1	
tretinoin CREA; GEL	1	PA; AGE
TRETINOIN POWD	3	AGE
tretinoin microsphere	1	PA; AGE
ZACARE 4% KIT	3	
ZACARE 8% KIT	3	
ZACLIR CLEANSING	3	
zenatane	1	PA
ANALGESICS - TOPICAL		
ACTIVE-TRAMADOL KIT	3	
BACLOFEN CREA	3	
ENOVARX-BACLOFEN	3	

Drug Name	Drug Tier	Requirements/Limits
ENOVARX-TRAMADOL	3	
ANTI-INFLAMMATORY AGENTS - TOPICAL		
ACTIVE-KETOPROFEN KIT	3	
AIF #2 DRUG PREPARATION K	3	
AIF #3 DRUG PREPARATION K	3	
capsfenac pak	1	
diclofenac epolamine	1	
diclofenac sodium (topical)	1	
diclofex dc	1	
diclopak	1	
ENOVARX-IBUPROFEN	3	
ENOVARX-NAPROXEN	3	
FBL KIT	3	
K.B.G.L. IN TERODERM CREA	3	
klofensaid ii	1	
NAPRO 15% COMPOUNDING KIT	3	
NP #2 DRUG PREPARATION KI	3	
sure result dss premium p	1	
VOLTAREN	3	
ANTIBIOTICS - TOPICAL		
ALTABAX	3	
BACITRACIN POWD	3	
BACITRACIN ZINC	3	
CENTANY	3	
CENTANY AT	3	
CORTISPORIN	3	
GENTAMICIN SULFATE	3	
gentamicin sulfate (topical)	1	
mupirocin	1	
NEOMYCIN SULFATE POWD	3	
TETRACYCLINE HCL POWD	3	
TETRACYCLINE HYDROCHLORID	3	
XEPI	3	
ANTIFUNGALS - TOPICAL		
BENZOIC ACID	3	
ciclodan	1	
CICLODAN SOLUTION KIT	3	
ciclopirox	1	
ciclopirox olamine CREA; SUSP	1	
CICLOPIROX OLAMINE POWD	3	
CLIOQUINOL	3	
CLOTRIMAZOLE CRYS; POWD	3	
clotrimazole (topical)	1	
clotrimazole w/ betamethasone	1	

Drug Name	Drug Tier	Requirements/Limits
dermazene	1	
econazole nitrate	1	
EXELDERM	3	
EXODERM	3	
EXTINA	3	
GENTIAN VIOLET	3	
iodoquimez-hc	1	
iodoquinol-hc	1	
iodoquinol-hydrocortisone-aloe polysaccharide	1	
ketoconazole (topical)	1	
KETODAN KIT	3	
LOPROX	3	
LOPROX SHAMPOO	3	
LOTRISONE	3	
luliconazole	1	
MENTAX	3	
MICONAZOLE NITRATE	3	
miconazole-zinc oxide-white petrolatum	1	
naftifine hcl	1	
NIZORAL	3	
nyamyc	1	
nystatin (topical)	1	
nystatin-triamcinolone	1	
nystop	1	
oxiconazole nitrate	1	
PENLAC NAIL LACQUER	3	
sulconazole nitrate	1	
tavaborole	1	
TOLNAFTATE	3	
ANTINEOPLASTIC OR PREMALIGNANT LESION AGENTS - TOPICAL		
diclofenac sodium (actinic keratoses)	1	
EFUDEX	3	
fluorouracil (topical)	1	
LEVULAN KERASTICK	3	
PANRETIN	3	
TARGRETIN GEL	4	PA
TOLAK	2	
VALCHLOR	4	PA, QL (2 TUBES PER 30 DAYS)
ANTIPRURITICS - TOPICAL		
CAMPHOR	3	
PRUDOXIN	3	
ZONALON	3	

Drug Name	Drug Tier	Requirements/Limits
ANTIPSORIATICS		
acitretin	1	
ANTHRALIN	3	
calcipotriene	1	
calcitrene	1	
COSENTYX 150mg/ml	4	PA, QL (1 SYRINGE PER 28 DAYS)
COSENTYX 150mg/ml	4	PA, QL (300 mg (2 ml) per 28 days)
COSENTYX SENSOREADY PEN 150mg/ml	4	PA, QL (1 PEN PER 28 DAYS)
COSENTYX SENSOREADY PEN 150mg/ml	4	PA, QL (300 mg (2 ml) per 28 days)
DOVONEX	3	
methoxsalen rapid	1	
SKYRIZI	4	PA, QL (2 SYRINGES PER 12 WEEKS)
SORIATANE	3	
STELARA SOLN 45mg/0.5ml	4	PA; Preferred for Crohn's (after failure of Humira), Psoriasis
STELARA SOSY	4	PA; Preferred for Crohn's (after failure of Humira), Psoriasis
TALTZ SOAJ	4	PA, QL (1 INJ PER 28 DAYS)
TALTZ SOSY	4	PA, QL (1 PFS PER 28 DAYS)
tazarotene	1	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 WASH	3	
PROMISEB	3	
PROMISEB COMPLETE	3	
selenium sulfide	1	
SODIUM SULFACETAMIDE WASH	3	
SULFACETAMIDE SODIUM	3	
ANTIVIRALS - TOPICAL		
acyclovir topical	1	
BURN PRODUCTS		
mafenide acetate	1	

Drug Name	Drug Tier	Requirements/Limits
NITROFURAZONE	3	
SILVADENE	3	
silver sulfadiazine	1	
ssd	1	
SULFAMYLON	3	
CAUTERIZING AGENTS		
CHLOROACETIC ACID	3	
grafco silver nitrate app	1	
SILVER NITRATE	3	
CORTICOSTEROIDS - TOPICAL		
ALA SCALP	3	
ala-cort	1	
ALA-SCALP	3	
alclometasone dipropionate	1	
amcinonide CREA; LOTN	1	
AMCINONIDE OINT	3	
beser	1	
BETAMETHASONE DIPROPIONAT	3	
betamethasone dipropionate (topical)	1	
betamethasone dipropionate augmented	1	
betamethasone valerate CREA; FOAM; LOTN; OINT	1	
BETAMETHASONE VALERATE POWD	3	
BRYHALI	2	
CLOBETASOL 17 PROPIONATE	3	
clobetasol propionate	1	
clobetasol propionate emo	1	
clobetasol propionate emulsion	1	
CLOBEX	3	
clocortolone pivalate	1	
clodan	1	
CLODERM	3	
CLODERM PUMP	3	
CORDRAN	3	
CUTIVATE	3	
DERMA-SMOOTHE/FS BODY	3	
DERMA-SMOOTHE/FS SCALP	3	
DESONATE	3	
desonide CREA; LOTN; OINT	1	
DESONIDE POWD	3	
DESOWEN	3	
desoximetasone	1	
DIPROLENE	3	
DIPROLENE AF	3	
DUOBRII	2	

Drug Name	Drug Tier	Requirements/Limits
ELOCON	3	
ENSTILAR	2	
EPIFOAM	3	
fluocinolone acetonide CREA; OIL; OINT; SOLN	1	
FLUOCINOLONE ACETONIDE POWD	3	
fluocinonide CREA; GEL; OINT; SOLN	1	
FLUOCINONIDE POWD	3	
fluocinonide emulsified base	1	
flurandrenolide	1	
fluticasone propionate	1	
halcinonide	1	
halobetasol propionate	1	
HYDROCORTISONE POWD	3	
hydrocortisone (topical)	1	
HYDROCORTISONE ACETATE	3	
hydrocortisone butyrate	1	
HYDROCORTISONE MICRONIZED	3	
hydrocortisone valerate	1	
lidocaine-hydrocortisone acetate	1	
LOCOID	3	
LOCOID LIPOCREAM	3	
mometasone furoate	1	
nolix	1	
nutriarx creampak	1	
OLUX	3	
PANDEL	3	
PRAMOSONE	3	
pramoxine-hc	1	
prednicarbate	1	
sanadermrx skin repair so	1	
SCALACORT DK	3	
SERNIVO	3	
SYNALAR	3	
SYNALAR CREAM KIT	3	
SYNALAR OINTMENT KIT	3	
SYNALAR TS	3	
TACLONEX OINT	2	
TACLONEX SUSP	2	
TACLONEX SUSP	3	
TEMOVATE	3	
TEXACORT	3	
TOPICORT	3	
tovet	1	
TRIAMCINOLONE ACETONIDE	3	

Drug Name	Drug Tier	Requirements/Limits
triamcinolone acetonide (topical)	1	
triderm	1	
TRIDESILON	3	
ULTRAVATE	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	
HYDRO 35	3	
HYDRO 40 FOAM	3	
salrix	1	
URAMAXIN	3	
urea	1	
urea nail	1	
urea-c40	1	
uredeb	1	
EMOLLIENTS		
HPR PLUS/MB HYDROGEL	3	
hyaluronate sodium (emollient)	1	
LAC-HYDRIN	3	
lactic acid (ammonium lactate)	1	
lactic acid w/ vitamin e	1	
ENZYMES - TOPICAL		
COLLAGENASE	3	
SANTYL	3	
IMMUNOMODULATING AGENTS - TOPICAL		
imiquimod	1	
IMMUNOSUPPRESSIVE AGENTS - TOPICAL		
pimecrolimus	1	PA
PROTOPIC	3	ST, PA
tacrolimus (topical)	1	ST, PA
KERATOLYTIC/ANTIMITOTIC AGENTS		
CANTHARIDIN	3	
CONDYLOX	3	
GORDOFILM	3	
podofilox	1	
PODOPHYLLUM RESIN	3	
PYROGALLIC ACID	3	
salicylic acid	1	
salicylic acid w/ cleanser	1	
salimez	1	

Drug Name	Drug Tier	Requirements/Limits
SALIMEZ FORTE	3	
salisol forte	1	
salitech forte	1	
SALVAX DUO PLUS	3	
LINIMENTS		
MEDROX-RX	3	
TURPENTINE SPIRITS	3	
LOCAL ANESTHETICS - TOPICAL		
ANACAINE	3	
anodyne lpt	1	
c-topical	1	
CAPSAICIN	3	
COCAINE HCL	3	
ENOVARX-LIDOCAINE HCL	3	
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)
lido-prilo caine pack	1	
lidocaine OINT	1	QL (50 gm / 25 days)
lidocaine PTCH	1	
lidocaine hcl CREA	1	
lidocaine hcl GEL	1	QL (60 mL / 25 days)
lidocaine hcl LOTN	1	
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-prilocaine CREA	1	QL (30 gm / 25 days)
lidocaine-prilocaine KIT	1	
LIDODERM	3	
lidopril	1	
lidopril xr	1	
lidozion	1	
LIDTOPIC MAX	3	
port-prep	1	
PRAMOXINE HCL	3	
prikaan	1	
prikaan lite	1	
prilolid	1	
priloxx lp	1	

Drug Name	Drug Tier	Requirements/Limits
QUTENZA	4	
regenecare ha	3	QL (30 gm / 25 days)
relador pak	1	
relador pak plus	1	
soluline	1	
solupicc	1	
SYNERA	3	QL (2 patches / 25 days)
7t lido gel	1	QL (30 gm / 25 days)
vexatrol	1	
MISC. DERMATOLOGICAL PRODUCTS		
ALEVAMAX	3	
ATOPICLAIR	3	
DEXERYL	3	
ELETONE	3	
ELETONE TWINPACK	3	
EMULSION SB	3	
GENADUR	3	
GENADUR KIT	3	
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	
XERALUX	3	
MISC. TOPICAL		
ALUMINUM CHLORIDE ANHYDRO	3	
ALUMINUM CHLORIDE HEXAHYD	3	
ARNICA FLOWER	3	
benzoin compound	1	
BENZOIN TINCTURE	3	
CALAMINE	3	
DRYSOL	3	

Drug Name	Drug Tier	Requirements/Limits
ICHTHAMMOL	3	
QBREXZA	3	
TANNIC ACID	3	
XERAC AC	3	
PHOSPHODIESTERASE 4 (PDE4) INHIBITORS - TOPICAL		
EUCRISA	2	
PIGMENTING-DEPIGMENTING AGENTS		
HYDROQUINONE	3	
METHOXSALEN	3	
ROSACEA AGENTS		
azelaic acid	1	
FINACEA	2	
IVERMECTIN CREA	3	
ivermectin (rosacea)	1	
METROCREAM	3	
METROLOTION	3	
metronidazole (topical)	1	
ORACEA	2	
rosadan	1	
ROSADAN KIT	3	
SCABICIDES & PEDICULICIDES		
crotan	1	
ELIMITE	3	
EURAX	3	
ivermectin (pediculicide)	1	
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	
TAR PRODUCTS		
coal tar extract	1	
WOUND CARE PRODUCTS		
ACTICOAT FLEX 3 BARRIER D	3	
ALLEVYN GENTLE	3	
CARRASYN HYDROGEL WOUND D	3	

Drug Name	Drug Tier	Requirements/Limits
CURITY HYPERTONIC SODIUM	3	
CURITY SODIUM CHLORIDE DR	3	
DIAB	3	
DIAB F.D.G. FREEZE-DRIED	3	
HYDROFERA BLUE FOAM DRESS	3	
HYDROFERA BLUE READY FOAM	3	
KENDALL AMORPHOUS HYDROGE	3	
KENDALL HYDROGEL IMPREGNA	3	
KENDALL HYDROGEL WOUND DR	3	
KENDALL ZINC CALCIUM ALGI	3	
KERAGEL	3	
KERAGELT	3	
KERAMATRIX REPLICINE 5CMX	3	
KERAMATRIX REPLICINE 10CM	3	
LAVARE WOUND WASH	3	
LUXAMEND	3	
MICROCYN	3	
MICROCYN SKIN AND WOUND H	3	
PICO SINGLE USE NEGATIVE	3	
RADIAGEL	3	
RADIAPLEXRX	3	
REGENECARE	3	QL (30 gm / 25 days)
REGRANEX	3	
RTD WOUND CARE DRESSING 2	3	
RTD WOUND CARE DRESSING 4	3	
scarcare gel-pad kit/larg	1	
THERAHONEY	3	
VACUSTIM BLACK	3	
VACUSTIM SILVER	3	
VENELEX	3	
WOUND DEBRIDEMENT	3	
XEROFORM NON-OCCLUSIVE OI	3	
XEROFORM NON-OCCLUSIVE RO	3	
XEROFORM OCCLUSIVE PETROL	3	
ZANABIN ANTIPRURITIC HYDR	3	

DIAGNOSTIC PRODUCTS

DIAGNOSTIC BIOLOGICALS

APLISOL	3	
candida albicans skin test antigen	1	
CANDIN	3	
TUBERSOL	3	

DIAGNOSTIC DRUGS

CYSVIEW	3	
D-XYLOSE	3	

Drug Name	Drug Tier	Requirements/Limits
HISTATROL	3	
isosulfan blue	1	
METOPIRONE	3	
PRE-PEN	3	
PROVOCHOLINE	3	
THYROGEN	4	
DIAGNOSTIC RADIOPHARMACEUTICALS		
INDIUM IN 111 DTPA	3	
DIAGNOSTIC TESTS		
ONETOUCH ULTRA	2	
ONETOUCH VERIO TEST STRIP	2	
RADIOGRAPHIC CONTRAST MEDIA		
BARIUM SULFATE	3	
CYSTO-CONRAY II	3	
CYSTOGRAFIN	3	
CYSTOGRAFIN-DILUTE	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	
READI-CAT 2	3	
READI-CAT 2 BANANA SMOOTH	3	
READI-CAT 2 BERRY SMOOTHI	3	
READI-CAT 2 CREAMY VANILL	3	
READI-CAT 2 MOCHACCINO SM	3	
SITZMARKS	3	
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		
ASPARTAME	3	
SACCHARIN	3	
SACCHARIN SODIUM	3	
NUTRITIONAL SUPPLEMENTS		
AMINO PM RMS	3	
APP SLIM RMS	3	

Drug Name	Drug Tier	Requirements/Limits
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	
PEPSIN	3	
SUCRAID	4	
VIOKACE	2	
ZENPEP	2	
GASTRIC ACIDIFIERS		
L-GLUTAMIC ACID HCL	3	
DIURETICS		
CARBONIC ANHYDRASE INHIBITORS		
acetazolamide	1	
KEVEYIS	4	PA, QL (120 TABLETS PER 30 DAYS)
METHAZOLAMIDE POWD	3	
methazolamide TABS	1	
DIURETIC COMBINATIONS		
ALDACTAZIDE	3	
amiloride & hydrochlorothiazide	1	
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 POWD	3	
furosemide SOLN; TABS	1	
LASIX	3	

Drug Name	Drug Tier	Requirements/Limits
torsemide	1	
POTASSIUM SPARING DIURETICS		
ALDACTONE	3	
amiloride hcl	1	
SPIRONOLACTONE POWD	3	
spironolactone TABS	1	
triamterene CAPS	1	
TRIAMTERENE POWD	3	
THIAZIDES AND THIAZIDE-LIKE DIURETICS		
chlorothiazide	1	
chlorthalidone	1	
DIURIL	3	
hydrochlorothiazide CAPS; TABS	1	
HYDROCHLOROTHIAZIDE POWD	3	
indapamide	1	
methyclothiazide	1	
metolazone	1	
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)
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

Drug Name	Drug Tier	Requirements/Limits
CORTICOTROPIN		
ACTHAR	4	PA, QL (35ML PER 21 DAYS)
FERTILITY REGULATORS		
CLOMIPHENE CITRATE POWD	3	
clomiphene citrate TABS	1	
GONAL-F 450unit	4	PA, QL (10 VIALS PER 28 DAYS)
GONAL-F 1050unit	4	PA, QL (6 VIALS PER 28 DAYS)
GONAL-F RFF	4	PA, QL (60 VIALS PER 28 days)
GONAL-F RFF REDIJECT 300unit/0.5ml	4	PA, QL (15 CARTRIDGES PER 28 DAYS)
GONAL-F RFF REDIJECT 450unt/0.75ml	4	PA, QL (10 CARTRIDGES PER 28 DAYS)
GONAL-F RFF REDIJECT 900unit/1.5ml	4	PA, QL (7 CARTRIDGE PER 28 DAYS)
MENOPUR	4	PA
OVIDREL	4	PA
GNRH/LHRH ANTAGONISTS		
CETROTIDE	4	PA
ganirelix acetate 250mcg/0.5ml	4	PA
GANIRELIX ACETATE 250mcg/0.5ml	4	PA
ORILISSA	2	
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)
GROWTH HORMONES		
NORDITROPIN FLEXPRO	4	PA
SEROSTIM	4	PA
ZORBTIVE	4	PA
HORMONE RECEPTOR MODULATORS		
EVISTA	3	
raloxifene hcl	1	AGE
INSULIN-LIKE GROWTH FACTOR RECEPTOR INHIBITORS		
TEPEZZA	4	PA
INSULIN-LIKE GROWTH FACTORS (SOMATOMEDINS)		
INCRELEX	4	PA
LHRH/GNRH AGONIST ANALOG PITUITARY SUPPRESSANTS		
FENSOLVI	4	PA

Drug Name	Drug Tier	Requirements/Limits
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
calcitriol	1	
CARBAGLU	4	PA
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	4	PA
doxercalciferol	1	
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	4	PA
MYALEPT	4	PA, QL (30 VIALS PER 30 DATA)
NAGLAZYME	4	PA
nitisinone	4	PA
NITYR	4	PA
ORFADIN	4	PA
paricalcitol	1	
RAYALDEE	3	
REVCOVI	4	
ROCALTROL	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)

Drug Name	Drug Tier	Requirements/Limits
sodium phenylbutyrate POWD	4	PA, QL (600 GRAMS PER 30 DATS)
sodium phenylbutyrate TABS	4	PA, QL (1200 TABLETS PER 30 DAYS)
STRENSIQ	4	PA
VIMIZIM	4	PA
XURIDEN	4	QL (4 PACKETS PER DAY)
ZEMPLAR	3	
POSTERIOR PITUITARY HORMONES		
DDAVP	3	
desmopressin acetate	1	
desmopressin acetate spray	1	
desmopressin acetate spray refrigerated	1	
NOCDURNA	3	
STIMATE	4	PA
PROGESTERONE RECEPTOR ANTAGONISTS		
MIFEPREX	3	
mifepristone	1	
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)
SOMATULINE DEPOT	4	PA, QL (1 SYRINGE PER 28 DAYS)
VASOPRESSIN RECEPTOR ANTAGONISTS		
JYNARQUE TABS 15mg	4	PA, QL (60 TABLETS PER 30 DAYS)
JYNARQUE TABS 30mg	4	PA, QL (30 TABLETS PER 30 DAYS)
JYNARQUE TBPK	4	PA, QL (56 TABLETS PER 28 DAYS)
SAMSCA	4	PA
tolvaptan	4	PA

Drug Name	Drug Tier	Requirements/Limits
ESTROGENS		
ESTROGEN COMBINATIONS		
ACTIVELLA	3	
amabelz	1	
BIJUVA	2	
CLIMARA PRO	2	
estradiol & norethindrone acetate	1	
fyavolv	1	
jinteli	1	
lopreeza	1	
mimvey	1	
mimvey lo	1	
norethindrone acetate-ethinyl estradiol	1	
ORIAHNN	2	
ESTROGENS		
CLIMARA	3	
DELESTROGEN	3	
DEPO-ESTRADIOL	3	
DIVIGEL	2	
dotti	1	
ESTRACE TABS	3	
estradiol	1	
estradiol valerate	1	
ETHINYL ESTRADIOL	3	
EVAMIST	2	
lyllana	1	
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.		
ANTIFLATULENTS		
SIMETHICONE	3	
BILE ACID SYNTHESIS DISORDER AGENTS		
CHOLBAM	4	PA

Drug Name	Drug Tier	Requirements/Limits
FARNESOID X RECEPTOR (FXR) AGONISTS		
OCALIVA	4	PA, QL (30 TABLETS PER 30 DAYS)
GALLSTONE SOLUBILIZING AGENTS		
ACTIGALL	3	
CHENODAL	3	
URSO 250	3	
URSO FORTE	3	
ursodiol	1	
GASTROINTESTINAL ANTIALLERGY AGENTS		
cromolyn sodium (mastocytosis)	1	
GASTROCROM	3	
GASTROINTESTINAL CHLORIDE CHANNEL ACTIVATORS		
lubiprostone	1	
GASTROINTESTINAL STIMULANTS		
METOCLOPRAMIDE HCL POWD	3	
metoclopramide hcl SOLN; TABS; TBDP	1	
METOCLOPRAMIDE HCL MONOHY	3	
METOCLOPRAMIDE HYDROCHLOR	3	
METOCLOPRAMIDE ODT	3	
REGLAN	3	
INFLAMMATORY BOWEL AGENTS		
5-AMINOSALICYLIC ACID	3	
APRISO	3	
AZULFIDINE	3	
AZULFIDINE EN-TABS	3	
balsalazide disodium	1	
DIPENTUM	3	
mesalamine CP24; CPDR; ENEM; SUPP; TBEC	1	
MESALAMINE POWD	3	
mesalamine w/ cleanser	1	
PENTASA	2	
REMICADE	4	PA, QL (10 VIALS PER 28 DAYS)
STELARA SOLN 130mg/26ml	4	PA, QL (4 VIALS FOR 1 DOSE PER 56 DAYS)
SULFASALAZINE POWD	3	
sulfasalazine TABS; TBEC	1	
INTESTINAL ACIDIFIERS		
enulose	1	
generlac	1	
lactulose (encephalopathy)	1	

Drug Name	Drug Tier	Requirements/Limits
IRRITABLE BOWEL SYNDROME (IBS) AGENTS		
alosetron hcl	1	
LINZESS	2	
LOTRONEX	3	
VIBERZI	2	
PERIPHERAL OPIOID RECEPTOR ANTAGONISTS		
alvimopan	1	
ENTEREG	3	
MOVANTIK	2	
SYMPROIC	2	
PHOSPHATE BINDER AGENTS		
AURYXIA	3	
calcium acetate (phosphate binder)	1	
PHOSLYRA	2	
RENAGEL	3	
RENVELA	3	
sevelamer carbonate	1	
sevelamer hcl	1	
VELPHORO	2	
SHORT BOWEL SYNDROME (SBS) AGENTS		
GATTEX	4	PA, QL (ONE 30-VIAL KIT PER 30 DAYS)
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	3	
potassium citrate (alkalinizer)	1	
POTASSIUM CITRATE MONOHYD	3	
potassium citrate-citric acid	1	
SODIUM CITRATE	3	
sodium citrate & citric acid	1	

Drug Name	Drug Tier	Requirements/Limits
SODIUM CITRATE ANHYDROUS	3	
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	
argyle sterile saline 100	1	
curity sterile saline	1	
GLYCINE	3	
glycine (gu irrigant)	1	
GLYCINE (L)	3	
neomycin/polymyxin b gu	1	
RENACIDIN	3	
RESECTISOL	3	
sodium chloride (gu irrigant)	1	
SORBITOL SOLN	3	
SORBITOL-MANNITOL	3	
INTERSTITIAL CYSTITIS AGENTS		
ELMIRON	3	
PROSTATIC HYPERTROPHY AGENTS		
alfuzosin hcl	1	
AVODART	3	
CARDURA XL	3	
dutasteride	1	
dutasteride-tamsulosin hcl	1	
finasteride	1	
FLOMAX	3	
PROSCAR	3	
silodosin	1	
tamsulosin hcl	1	
URINARY ANALGESICS		
phenazo	1	
PHENAZOPYRIDINE HCL	3	
URINARY STONE AGENTS		
LITHOSTAT	3	
THIOLA	3	
THIOLA EC	3	
GOUT AGENTS		
GOUT AGENT COMBINATIONS		
colchicine w/ probenecid	1	

Drug Name	Drug Tier	Requirements/Limits
GOUT AGENTS		
allopurinol	1	
colchicine CAPS; TABS	1	
COLCHICINE POWD	3	
febuxostat	1	
KRYSTEXXA	4	PA
MITIGARE	3	
ZYLOPRIM	3	
URICOSURICS		
probenecid	1	
HEMATOLOGICAL AGENTS - MISC.		
ANTIHEMOPHILIC PRODUCTS		
ADVATE	4	PA
ADYNOVATE	4	PA
AFSTYLA	4	PA
ALPHANATE	4	PA
ALPHANATE/VON WILLEBRAND	4	PA
ALPHANINE SD	4	PA
BENEFIX	4	PA
COAGADEX	4	PA
CORIFACT	4	PA
FEIBA	4	PA
FIBRYGA	4	PA
HEMLIBRA	4	PA
HEMOFIL M	4	PA
HUMATE-P	4	PA
IDELVION	4	PA
IXINITY	4	PA
JIVI	4	PA
KOATE	4	PA
KOATE-DVI	4	PA
KOGENATE FS	4	PA
KOVALTRY	4	PA
MONOCLATE-P	4	PA
MONONINE	4	PA
NOVOEIGHT	4	PA
NOVOSEVEN RT	4	PA
NUWIQ	4	PA
PROFILNINE	4	PA
REBINYN	4	PA
RECOMBINATE	4	PA
RIASTAP	4	PA
RIXUBIS	4	PA
TRETTEN	4	PA

Drug Name	Drug Tier	Requirements/Limits
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 (20 VIALS PER 30 DAYS)
HAEGARDA	4	PA, QL (20 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)
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)

Drug Name	Drug Tier	Requirements/Limits
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 100mg	4	
SIKLOS 1000mg	3	
COBALAMINS		
B-12 COMPLIANCE INJECTION	3	
cyanocobalamin	1	
hydroxocobalamin acetate	1	
NASCOBAL	3	
VITAMIN DEFICIENCY INJECT	3	
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 POWD	3	
folic acid SOLN	1	
folic acid TABS 1mg	1	
folic acid TABS 400mcg	0	$0 copay for women ages 55 and under, otherwise not covered
kp folic acid	0	$0 copay for women ages 55 and under, otherwise not covered
sm folic acid	0	$0 copay for women ages 55 and under, otherwise not covered
yl folic acid	0	$0 copay for women ages 55 and under, otherwise not covered
HEMATOPOIETIC GROWTH FACTORS		
ARANESP ALBUMIN FREE	4	PA
DOPTELET 20mg	4	PA, QL (10 TABLETS PER 5 DAYS)
DOPTELET 20mg	4	PA, QL (15 TABLETS FOR 5 DAYS)

Drug Name	Drug Tier	Requirements/Limits
LEUKINE	4	ST, PA
MULPLETA	4	PA, QL (7 TABLETS PER 14 DAYS)
NIVESTYM	4	ST, 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
ZIEXTENZO	4	PA, QL (2 SYRINGES PER 28 DAYS)
HEMATOPOIETIC MIXTURES		
abaneu-sl	1	
ACTIVE FE	3	
airavite	1	
B-6 FOLIC ACID	3	
BP VIT 3	3	
CENFOL	3	
corvita 150	1	
CORVITE 150	3	
CORVITE FE	3	
fabb	1	
ferocon	1	
ferotrinsic	1	
FERRAPLUS 90	3	
FERRO-PLEX HEMATINIC	3	
ferrocite plus	1	
FERROTRIN	3	
folbee	1	
FOLGARD RX	3	
folic acid-vitamin b6-vitamin b12	1	
FOLIVANE-F	3	
FOLIVANE-PLUS	3	
FOLIXAPURE	3	
folplex 2.2	1	
foltrin	1	
FUSION PLUS	3	
hematinic plus vitamins/m	1	
hematinic/folic acid	1	
HEMATRON-AF	3	

Drug Name	Drug Tier	Requirements/Limits
HEMOCYTE PLUS	3	
hemocyte-f	1	
hemocyte-plus	1	
iferex 150 forte	1	
INTEGRA F	3	
INTEGRA PLUS	3	
k-tan plus	1	
MAXFE	3	
MULTIGEN	3	
MULTIGEN FOLIC	3	
MULTIGEN PLUS	3	
NEURIN-SL	3	
NUFERA	3	
nufol	1	
poly-iron 150 forte	1	
polysaccharide iron forte	1	
PUREFE PLUS	3	
TARON FORTE	3	
tl gard rx	1	
tl icon	1	
tl-hem 150	1	
tricon	1	
trigels-f forte	1	
virt-gard	1	
VITAMEZ	3	
westab mini	1	
westab one	1	
IRON		
FERROUS SULFATE ANHYDROUS	3	
FERROUS SULFATE HEPTAHYDR	3	
STEM CELL MOBILIZERS		
MOZOBIL	4	PA
HEMOSTATICS		
HEMOSTATICS - SYSTEMIC		
AMICAR	3	
aminocaproic acid	1	
LYSTEDA	3	
tranexamic acid	1	
HEMOSTATICS - TOPICAL		
ARTISS	3	
RECOTHROM	3	
TACHOSIL	3	
THROMBIN-JMI DILUENT	3	
THROMBIN-JMI EPISTAXIS	3	

Drug Name	Drug Tier	Requirements/Limits
THROMBIN-JMI SYRINGE SPRA	3	
THROMBIN-JMI W/DIL SPRAY	3	
THROMBOGEN	3	
TISSEEL	3	

HYPNOTICS/SEDATIVES/SLEEP DISORDER AGENTS

BARBITURATE HYPNOTICS

BUTISOL SODIUM	3	
PENTOBARBITAL SODIUM	3	
phenobarbital ELIX; SOLN; TABS	1	
PHENOBARBITAL POWD	3	
SECONAL SODIUM	3	

HYPNOTICS - TRICYCLIC AGENTS

doxepin hcl (sleep)	1	

NON-BARBITURATE HYPNOTICS

AMBIEN	3	QL (45 tabs / 75 days)
AMBIEN CR	3	QL (45 tabs / 75 days)
CHLORAL HYDRATE	3	
DORAL	3	QL (45 tabs / 75 days)
estazolam	1	QL (45 tabs / 75 days)
eszopiclone	1	QL (45 tabs / 75 days)
flurazepam hcl	1	QL (45 caps / 75 days)
HALCION	3	QL (30 tabs / 75 days)
midazolam hcl	1	
RESTORIL	3	QL (45 caps / 75 days)
temazepam	1	QL (45 caps / 75 days)
triazolam	1	QL (30 tabs / 75 days)
zaleplon	1	QL (45 caps / 75 days)
zolpidem tartrate SUBL	1	
zolpidem tartrate TABS; TBCR	1	QL (45 tabs / 75 days)

SELECTIVE MELATONIN RECEPTOR AGONISTS

HETLIOZ	4	PA, QL (30 CAPSULES PER 30 DAYS)
ramelteon	1	QL (45 tabs / 75 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	
NULYTELY	3	

Drug Name	Drug Tier	Requirements/Limits
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
trilyte	1	
LAXATIVES - MISCELLANEOUS		
constulose	1	
KRISTALOSE	3	
lactulose	1	
LUBRICANT LAXATIVES		
mineral oil	1	
MINERAL OIL	3	
MINERAL OIL HEAVY	3	
MINERAL OIL LIGHT	3	
MURI-LUBE	3	
SALINE LAXATIVES		
MAGNESIUM SULFATE	3	
MAGNESIUM SULFATE HEPTAHY	3	
STIMULANT LAXATIVES		
BISACODYL	3	
CASCARA SAGRADA	3	
SURFACTANT LAXATIVES		
DOCUSATE SODIUM	3	
LOCAL ANESTHETICS-PARENTERAL		
LOCAL ANESTHETIC COMBINATIONS		
LETS KIT	3	
P-CARE MG	3	
LOCAL ANESTHETICS - AMIDES		
BUPIVACAINE HCL MONOHYDRA	3	
bupivacaine in dextrose	1	
bupivacaine spinal	1	
lidocaine hcl (local anesth.)	1	
LIDOCAINE HCL/DEXTROSE	3	
MARCAINE SPINAL	3	
MEPIVACAINE HCL	3	
LOCAL ANESTHETICS - ESTERS		
PROCAINE HCL	3	
MACROLIDES		
AZITHROMYCIN		
azithromycin	1	
ZITHROMAX	3	
ZITHROMAX TRI-PAK	3	

Drug Name	Drug Tier	Requirements/Limits
ZITHROMAX Z-PAK	3	
CLARITHROMYCIN		
clarithromycin	1	
ERYTHROMYCINS		
e.e.s. 400	1	
ery-tab	1	
erythrocin stearate	1	
ERYTHROMYCIN	3	
erythromycin base	1	
ERYTHROMYCIN ETHYLSUCCINA	3	
erythromycin ethylsuccinate	1	
FIDAXOMICIN		
DIFICID	2	
MEDICAL DEVICES AND SUPPLIES		
BANDAGES-DRESSINGS-TAPE		
AMD ANTIMICROBIAL FENESTR	3	
AMD FOAM DRESSING 4"X4"	3	
AMD FOAM DRESSING 6"X6"	3	
BIOGUARD GAUZE SPONGE 2"X	3	
BIOGUARD GAUZE SPONGES 4"	3	
BIOGUARD ISLAND DRESSINGS	3	
CURITY ADHESIVE WOUND CLO	3	
CURITY AMD ANTIMICROBIAL	3	
CURITY IODOFORM PACKING S	3	
EXCILON AMD ANTIMICROBIAL	3	
KERLIX AMD ANTIMICROBIAL	3	
TELFA AMD ANTIMICROBIAL I	3	
CONTRACEPTIVES		
CAYA	0	
FC2 FEMALE CONDOM	0	
FC FEMALE CONDOM	0	
FEMCAP	0	
OMNIFLEX DIAPHRAGM	0	
WIDE-SEAL SILICONE DIAPHR	0	
DIABETIC SUPPLIES		
ACCU-CHEK FASTCLIX LANCET	3	
ACCU-CHEK MULTICLIX LANC	3	
ACCU-CHEK MULTICLIX LANCE	3	
ACCU-CHEK SAFE-T-PRO LANC	3	
ACCU-CHEK SAFE-T-PRO PLUS	3	
ACCU-CHEK SOFTCLIX LANCET	3	
ACTI-LANCE LANCETS 28G	3	
ACTI-LANCE LITE SAFETY LA	3	
ACTI-LANCE SPECIAL SAFETY	3	

Drug Name	Drug Tier	Requirements/Limits
ACTI-LANCE UNIVERSAL SAFE	3	
ADVANCED MOBILE LANCET 30	3	
ADVOCATE LANCETS	3	
ADVOCATE LANCETS 30G	3	
ADVOCATE LANCING DEVICE	3	
ADVOCATE RAPID-SAFE LANCI	3	
ADVOCATE SAFETY LANCETS 2	3	
AGAMATRIX ULTRA-THIN LANC	3	
AIMSCO TWIST LANCETS 32G	3	
AIMSCO TWIST LANCETS 33G	3	
ALTERNATE SITE LANCING DE	3	
AQUA LANCE ADJUSTABLE LAN	3	
AQUALANCE LANCETS UL TRA	3	
ASSURE COMFORT LANCETS UL	3	
ASSURE HAEMOLANCE PLUS HI	3	
ASSURE HAEMOLANCE PLUS LO	3	
ASSURE HAEMOLANCE PLUS MI	3	
ASSURE HAEMOLANCE PLUS NO	3	
ASSURE HAEMOLANCE PLUS PE	3	
ASSURE LANCE LANCETS	3	
ASSURE LANCE LANCETS 21G	3	
ASSURE LANCE PLUS SAFETY	3	
ASSURE LANCE SAFETY LANCE	3	
ASSURE LANCETS	3	
AURORA LANCET SUPER THIN	3	
AURORA LANCET THIN 23G	3	
AUTO-LANCET	3	
AUTO-LANCET MINI	3	
AUTOLET IMPRESSION LANCIN	3	
AUTOLET MINI	3	
AUTOLET PLATFORMS	3	
AUTOLET PLUS	3	
BD LANCET ULTRAFINE 30G	3	
BD MICROTAINER LANCETS	3	
BULLSEYE MINI SAFETY LANC	3	
BULLSEYE SAFETY LANCETS	3	
CARDIOCOM LANCING DEVICE	3	
CAREONE ADVANCED LANCING	3	
CAREONE LANCET SUPER THIN	3	
CAREONE LANCET THIN	3	
CARESENS LANCETS	3	
CARETOUCH LANCING DEVICE	3	
CARETOUCH SAFETY LANCETS/	3	
CARETOUCH TWIST LANCETS 2	3	
CARETOUCH TWIST LANCETS 3	3	

Drug Name	Drug Tier	Requirements/Limits
CGMS REPLACEMENT CABLE	3	PA
CGMS SOFTWARE	3	PA
CLEANLET LANCETS 28G	3	
CLEVER CHEK LANCETS ULTRA	3	
CLEVER CHOICE COMFORT EZ	3	
COAGUCHEK LANCETS	3	
COMFORT ASSURED LANCETS M	3	
COMFORT ASSURED LANCETS S	3	
COMFORT LANCETS	3	
CVS LANCETS 21G	3	
CVS LANCETS MICRO THIN 33	3	
CVS LANCETS ORIGINAL	3	
CVS LANCETS THIN 26G	3	
CVS LANCETS ULTRA THIN 30	3	
CVS LANCING DEVICE	3	
DEXCOM G4 PLATINUM PEDIAT	2	PA
DEXCOM G4 PLATINUM RECEIV	2	PA
DEXCOM G4 PLATINUM TRANSM	2	PA
DEXCOM G4 SENSOR KIT	2	PA
DEXCOM G5 MOBILE RECEIVER	2	PA
DEXCOM G5 MOBILE TRANSMIT	2	PA
DEXCOM G5 MOBILE/G4 PLATI	2	PA
DEXCOM G6 RECEIVER	2	PA
DEXCOM G6 SENSOR	2	PA
DEXCOM G6 TRANSMITTER	2	PA
DIATHRIVE LANCETS	3	
DIATHRIVE LANCETS ULTRA T	3	
DIATHRIVE LANCING DEVICE	3	
DROPLET LANCETS ULTRA THI	3	
DROPLET LANCING DEVICE	3	
DROPLET PERSONAL LANCETS	3	
DRUG MART ADJUSTABLE LANC	3	
DRUG MART ON-THE-GO LANCE	3	
DRUG MART UNILET LANCETS	3	
DRUG MART UNILET MICRO TH	3	
E-Z JECT LANCETS	3	
E-Z JECT LANCETS 21G	3	
E-Z JECT LANCETS COLOR	3	
E-Z JECT LANCETS SUPER TH	3	
E-Z JECT LANCETS THIN 26G	3	
E-ZJECT LANCETS MICRO-THI	3	
EASY COMFORT LANCETS	3	
EASY COMFORT LANCETS 30G/	3	
EASY COMFORT LANCETS TWIS	3	
EASY MINI EJECT LANCING D	3	

Drug Name	Drug Tier	Requirements/Limits
EASY MINI LANCING DEVICE	3	
EASY TOUCH LANCETS 26G/PR	3	
EASY TOUCH LANCETS 28G/PR	3	
EASY TOUCH LANCETS 30G/PR	3	
EASY TOUCH LANCETS 32G/PR	3	
EASY TOUCH LANCETS 33G/TW	3	
EASY TOUCH LANCING DEVICE	3	
EASY TOUCH SAFETY LANCETS	3	
EMBRACE LANCETS ULTRA THI	3	
EMBRACE LANCING DEVICE WI	3	
ENLITE GLUCOSE SENSOR	3	PA
EQL COLOR LANCETS 21G	3	
EQL COLOR LANCETS MICRO T	3	
EQL SUPER THIN LANCETS 30	3	
EQL THIN LANCETS 26G	3	
EVERSENSE SENSOR/HOLDER	3	PA
EVERSENSE SMART TRANSMITT	3	PA
EZ-LETS LANCETS 21G	3	
EZ-LETS LANCETS 26G SUPER	3	
EZ-LETS LANCETS 28G ULTRA	3	
EZ-LETS LANCETS 30G	3	
FIFTY50 SAFETY SEAL LANCE	3	
FIFTY50 UNILET LANCETS 33	3	
FINE 30	3	
FINGERSTIX LANCETS	3	
FORA LANCETS	3	
FORA LANCING DEVICE/CLEAR	3	
FREESTYLE LIBRE 2/READER/	3	PA
FREESTYLE LIBRE 2/SENSOR/	3	PA
FREESTYLE UNISTICK II LAN	3	
GENTEEL BUTTERFLY TOUCH L	3	
GENTEEL CONTACT TIPS/BLUE	3	
GENTEEL CONTACT TIPS/CLEA	3	
GENTEEL CONTACT TIPS/GREE	3	
GENTEEL CONTACT TIPS/ORAN	3	
GENTEEL CONTACT TIPS/RAIN	3	
GENTEEL CONTACT TIPS/VIOL	3	
GENTEEL CONTACT TIPS/YELL	3	
GENTEEL LANCING DEVICE/GL	3	
GENTEEL LANCING DEVICE/PR	3	
GENTEEL LANCING DEVICE/ST	3	
GENTEEL NOZZLES	3	
GENTEEL PLUS LANCING DEVI	3	
GENTLE-LET GP LANCETS	3	
GENTLE-LET LANCETS GENERA	3	

Drug Name	Drug Tier	Requirements/Limits
GENTLE-LET PLATFORMS 2.4M	3	
GLOBAL INJECT EASE LANCET	3	
GLOBAL LANCING DEVICE	3	
GLUCOCOM LANCETS 28G	3	
GLUCOCOM LANCETS 30G	3	
GLUCOCOM LANCETS 33G	3	
GNP LANCETS	3	
GNP LANCETS 21G	3	
GNP LANCETS THIN	3	
GNP LANCETS THIN 26G	3	
GNP MICRO THIN LANCETS 33	3	
GNP SUPER THIN LANCETS/30	3	
GOJJI LANCING DEVICE/CLEA	3	
GOJJI STERILE LANCETS 30G	3	
GOODSENSE LANCETS MICRO-T	3	
GOODSENSE LANCETS ULTRA-T	3	
GOODSENSE LANCING DEVICE	3	
GUARDIAN CONNECT TRANSMIT	3	PA
GUARDIAN LINK 3 TRANSMITT	3	PA
GUARDIAN REAL-TIME CHARGE	3	PA
GUARDIAN REAL-TIME REPLAC	3	PA
GUARDIAN REAL-TIME STARTE	3	PA
GUARDIAN REAL-TIME SYSTEM	3	PA
GUARDIAN REAL-TIME TEST P	3	PA
GUARDIAN RT SOFTWARE	3	PA
GUARDIAN RT STARTER KIT	3	PA
GUARDIAN SENSOR 3	3	PA
GUARDIAN TRANSMITTER	3	PA
H-E-B INCONTROL ADVANCED	3	
H-E-B INCONTROL LANCETS M	3	
H-E-B INCONTROL LANCETS S	3	
H-E-B INCONTROL LANCETS U	3	
HAEMOLANCE	3	
HAEMOLANCE LOW FLOW LANCE	3	
HAEMOLANCE PLUS	3	
HAEMOLANCE PLUS HIGH FLOW	3	
HAEMOLANCE PLUS LOW FLOW	3	
HAEMOLANCE PLUS MAX FLOW	3	
HAEMOLANCE PLUS PEDIATRIC	3	
HEALTH CARE LANCING DEVIC	3	
HEALTHY ACCENTS AUTOLET I	3	
HEALTHY ACCENTS UNILET LA	3	
HY-VEE LANCETS	3	
HY-VEE THIN LANCETS	3	
IN TOUCH LANCING DEVICE	3	

Drug Name	Drug Tier	Requirements/Limits
KINNEY LANCETS	3	
KINNEY THIN LANCETS	3	
KROGER HEALTHPRO TWIST LA	3	
KROGER LANCETS	3	
KROGER LANCETS 21G	3	
KROGER LANCETS MICRO THIN	3	
KROGER LANCETS SUPER THIN	3	
KROGER LANCETS THIN	3	
KROGER LANCETS THIN 26G	3	
LANCET DEVICE ADJUSTABLE	3	
LANCET DEVICE WITH EJECTO	3	
LANCET TRANSPORTER CASE	3	
LANCETS	3	
LANCETS 26G TWIST TOP	3	
LANCETS 31G TWIST TOP	3	
LANCETS MICRO THIN 33G	3	
LANCETS SUPER THIN 28G	3	
LANCETS THIN	3	
LANCETS ULTRA FINE	3	
LANCETS ULTRA THIN	3	
LANCETS ULTRA THIN 30G	3	
LANCING DEVICE	3	
LANCING DEVICE ADJUSTABLE	3	
LANZO	3	
LIBERTY MEDICAL LANCETS 3	3	
LIBERTY MINI LANCING DEVI	3	
LIFESCAN UNISTIK 2 DEEP P	3	
LIFESCAN UNISTIK II LANCE	3	
LITE TOUCH LANCETS	3	
LITE TOUCH LANCING PEN	3	
LITETOUCH LANCETS MICRO T	3	
LIVE BETTER ADVANCED LANC	3	
LIVE BETTER LANCET SUPER	3	
LIVE BETTER LANCET ULTRA	3	
LONGS LANCETS STANDARD	3	
LONGS LANCETS THIN	3	
LONGS LANCETS ULTRA THIN	3	
MEDICHOICE SAFETY LANCET	3	
MEDISENSE THIN LANCETS	3	
MEDLANCE PLUS EXTRA LANCE	3	
MEDLANCE PLUS LANCETS	3	
MEDLANCE PLUS LITE LANCET	3	
MEDLANCE PLUS SPECIAL LAN	3	
MEDLANCE PLUS SUPERLITE 3	3	
MEDLANCE PLUS UNIVERSAL L	3	

Drug Name	Drug Tier	Requirements/Limits
MEDLANCE/EXTRA	3	
MEDLANCE/LITE	3	
MEDLANCE/UNIVERSAL	3	
MEIJER COLOR LANCETS UNIV	3	
MEIJER LANCETS THIN	3	
MEIJER LANCETS UNIVERSAL	3	
MICROLET LANCETS	3	
MICROLET NEXT	3	
MICROTAINER SAFETY FLOW L	3	
MM LANCING DEVICE	3	
MM TWIST LANCETS	3	
MONOLET LANCETS	3	
MONOLET OPD LANCETS	3	
MONOLETTOR SAFETY LANCETS	3	
MPD SAFETY LANCET 21G/1.8	3	
MPD SAFETY LANCET 28G/1.8	3	
MPD SAFETY LANCET 30G/1.8	3	
MPD SAFETY LANCETS 23G/1.	3	
MULTI-LANCET DEVICE	3	
MYGLUCOHEALTH MGH SOFTLAN	3	
NOVA SAFETY LANCETS 23G	3	
NOVA SAFETY LANCETS 28G	3	
NOVA SUREFLEX LANCETS	3	
NOVA SUREFLEX LANCING DEV	3	
ON CALL LANCETS	3	
ON CALL LANCING DEVICE	3	
ON CALL PLUS LANCETS	3	
ON CALL PLUS LANCING DEVI	3	
ONETOUCH CLUB LANCETS FIN	2	
ONETOUCH DELICA LANCETS F	2	
ONETOUCH DELICA LANCING D	2	
ONETOUCH DELICA PLUS LANC	2	
ONETOUCH FINEPOINT LANCET	2	
ONETOUCH SURESOFT LANCING	2	
ONETOUCH ULTRASOFT LANCET	2	
OVAL TAPE	3	PA
PARADIGM REAL-TIME STARTE	3	PA
PC LANCETS SUPER THIN 30G	3	
PENLET II REPLACEMENT CAP	3	
PERFECT LANCETS 30G	3	
PERFECT PRESSURE ACTIVATE	3	
PHARMACIST CHOICE ULTRA T	3	
PHARMACY COUNTER LANCETS	3	
PIP LANCETS/28G	3	
PIP LANCETS/30G	3	

Drug Name	Drug Tier	Requirements/Limits
PREFERRED PLUS LANCETS CO	3	
PREFERRED PLUS LANCETS SU	3	
PREFERRED PLUS LANCETS TH	3	
PRESSURE ACTIVATED SAFETY	3	
PRODIGY LANCING DEVICE	3	
PRODIGY TWIST TOP LANCETS	3	
PSS SELECT GP LANCETS	3	
PSS SELECT PLATFORMS	3	
PSS SELECT SAFETY LANCETS	3	
PX ADVANCED LANCING DEVIC	3	
PX LANCET AUTO INJECTOR	3	
PX LANCETS ULTRA THIN	3	
PX LANCETS ULTRA THIN 28G	3	
QC ADVANCED LANCING DEVIC	3	
QC LANCETS SUPER THIN	3	
QC LANCETS ULTRA THIN	3	
QC UNILET LANCETS 28G/ULT	3	
QC UNILET LANCETS 33G/MIC	3	
RA E-ZJECT LANCETS 28G	3	
RA E-ZJECT LANCETS THIN 2	3	
RA E-ZJECT LANCETS ULTRA	3	
READYLANCE SAFETY LANCETS	3	
REALITY LANCETS	3	
REALITY TRIGGER LANCETS	3	
RELION 2-IN-1 LANCET DEV	3	
RELION 2-IN-1 LANCING DEV	3	
RELION LANCETS MICRO-THIN	3	
RELION LANCETS STANDARD 2	3	
RELION LANCETS THIN 26G	3	
RELION LANCETS ULTRA-THIN	3	
RELION LANCING DEVICE	3	
RELION ULTRA THIN LANCETS	3	
RELION ULTRA THIN PLUS LA	3	
RIGHTEST GD500 LANCING DE	3	
RIGHTEST GD-L500 ALTERNAT	3	
RIGHTEST GL300 LANCETS	3	
SAFE-T-LANCE LOW FLOW 25G	3	
SAFE-T-LANCE NORMAL FLOW	3	
SAFE-T-LANCE PLUS SAFETY	3	
SAFETY LANCET 23G/PRESSUR	3	
SAFETY LANCET 30G/PRESSUR	3	
SAFETY LANCETS	3	
SAFETY LANCETS 21G	3	
SAFETY LANCETS 28G	3	
SAFETY LET LANCETS	3	

Drug Name	Drug Tier	Requirements/Limits
SAFETY SEAL LANCETS 28G	3	
SAFETY SEAL LANCETS 30G	3	
SAPS HEALTH CARE TWIST TO	3	
SB LANCETS THIN	3	
SB LANCETS ULTRA THIN	3	
SELECT-LITE LANCING DEVIC	3	
SHOPKO AUTOLET LANCING DE	3	
SIDE BUTTON SAFETY LANCET	3	
SIMPLE DIAGNOSTICS LANCIN	3	
SINGLE-LET	3	
SM MICRO THIN LANCETS 33G	3	
SM TRUEDRAW LANCING DEVIC	3	
SMART DIABETES VANTAGE LA	3	
SMART SENSE COLOR LANCETS	3	
SMART SENSE STANDARD LANC	3	
SMART SENSE SUPER THIN LA	3	
SMART SENSE THIN LANCETS	3	
SMARTEST LANCETS 28G	3	
SOF-SENSOR	3	PA
SOLUS V2 LANCING DEVICE	3	
SOLUS V2 PRESSURE ACTIVAT	3	
SOLUS V2 TWIST LANCETS 30	3	
STERILANCE PA	3	
STERILANCE TL	3	
SURE COMFORT LANCETS 18G	3	
SURE COMFORT LANCETS 21G	3	
SURE COMFORT LANCETS 23G	3	
SURE COMFORT LANCETS 28G	3	
SURE COMFORT LANCETS 30G	3	
SURE COMFORT LANCING PEN	3	
SURE-LANCE LANCETS 26G	3	
SURE-LANCE THIN LANCETS 2	3	
SURE-PEN	3	
SURE-TOUCH LANCETS UNIVER	3	
SURELITE LANCETS	3	
TECHLITE AST LANCETS	3	
TECHLITE LANCETS	3	
TECHLITE LANCETS 30G	3	
TEST PLUG	3	PA
TGT LANCET MICRO THIN 33G	3	
TGT LANCET THIN 26G	3	
TGT LANCET ULTRA THIN 30G	3	
TGT LANCING DEVICE	3	
THINLETS GP LANCETS	3	
1ST TIER UNILET COMFORTOU	3	

Drug Name	Drug Tier	Requirements/Limits
TODAYS HEALTH SUPER THIN	3	
TODAYS HEALTH ULTRA THIN	3	
TOPCARE LANCETS MICRO-THI	3	
TRANSMITTER TAPE	3	PA
TRAVEL LANCETS 30G	3	
TRAVEL LANCETS ADVANCED 2	3	
TRUE COMFORT TWIST TOP LA	3	
TRUEDRAW LANCING DEVICE	3	
TRUEPLUS LANCETS 26G	3	
TRUEPLUS LANCETS 28G	3	
TRUEPLUS LANCETS 28G SUPE	3	
TRUEPLUS LANCETS 30G	3	
TRUEPLUS LANCETS 33G	3	
TRUEPLUS LANCETS 33G MICR	3	
ULTI-LANCE AUTOMATIC/ CLE	3	
ULTILET CLASSIC LANCETS	3	
ULTILET LANCETS	3	
ULTILET LANCETS 33G	3	
ULTILET SAFETY LANCETS 21	3	
ULTILET SAFETY LANCETS 23	3	
ULTRA THIN LANCETS 31G	3	
ULTRA-THIN II AUTO LANCET	3	
ULTRA-THIN II LANCETS 28G	3	
ULTRA-THIN II LANCETS 30G	3	
ULTRALANCE	3	
UNILET COMFORTOUCH LANCET	3	
UNILET EXCELITE	3	
UNILET EXCELITE II	3	
UNILET G.P. LANCET	3	
UNILET G.P. SUPERLITE LAN	3	
UNILET GP 28 ULTRA THIN	3	
UNILET LANCET	3	
UNILET LANCETS MICRO-THIN	3	
UNILET LANCETS SUPER-THIN	3	
UNILET SUPERLITE LANCET	3	
UNISTIK 1	3	
UNISTIK 2	3	
UNISTIK 2 COMFORT	3	
UNISTIK 2 EXTRA	3	
UNISTIK 2 NEONATAL	3	
UNISTIK 2 NORMAL	3	
UNISTIK 2 SUPER	3	
UNISTIK 3	3	
UNISTIK 3 COMFORT	3	
UNISTIK 3 EXTRA	3	

Drug Name	Drug Tier	Requirements/Limits
UNISTIK 3 EXTRA SINGLE US	3	
UNISTIK 3 GENTLE	3	
UNISTIK 3 NEONATAL	3	
UNISTIK 3 NORMAL	3	
UNISTIK CZT COMFORT	3	
UNISTIK CZT NORMAL	3	
UNISTIK PRO SAFETY LANCET	3	
UNISTIK SAFETY LANCETS 28	3	
UNISTIK SAFETY LANCETS 30	3	
UNISTIK TOUCH SAFETY LANC	3	
UNIVERSAL 1 LANCETS THIN	3	
UNIVERSAL 1 LANCETS ULTRA	3	
UNIVERSAL 1 LANCETS/33G/M	3	
VALUE PLUS LANCETS STANDA	3	
VALUMARK LANCET ULTRA THI	3	
VITALET PRO LANCETS	3	
VITALET PRO PLUS LANCETS	3	
VIVAGUARD LANCETS	3	
VIVAGUARD LANCING DEVICE	3	
WALGREENS ADVANCED TRAVEL	3	
WALGREENS COMFORT ASSURED	3	
WALGREENS THIN LANCETS	3	
WALGREENS ULTRA THIN LANC	3	
IMPOTENCE AIDS		
EROS-CTD	3	
RAPPORT RING LOADING SYST	3	
RAPPORT VACUUM THERAPY DE	3	
MISC. DEVICES		
ALCOH-WIPE 12" X 12"	3	
ORAL HYGIENE PRODUCTS		
MI PASTE	3	
MI PASTE PLUS	3	
REMESENSE	3	
PARENTERAL THERAPY SUPPLIES		
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/DETACH	2	
BD INSULIN SYRINGE/U-100/	2	
BD INSULIN SYRINGE/U-500/	2	

Drug Name	Drug Tier	Requirements/Limits
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 SAFETY-GLIDE INSULIN S	2	
BD SAFETYGLIDE INSULIN SY	2	
BD VEO INSULIN SYRINGE UL	2	
CARPUJECT HOLDER	3	
RESPIRATORY THERAPY SUPPLIES		
AEROCHAMBER MINI AEROSOL	3	
AEROCHAMBER MV	3	
AEROCHAMBER PLUS FLOW-VU	3	
AEROCHAMBER PLUS FLOW-VU/	3	
AEROCHAMBER Z-STAT PLUS/M	3	
AEROCHAMBER/FLOWSIGNAL	3	
AEROVENT PLUS HOLDING CHA	3	
BREATHE EASE/LARGE MASK	3	
BREATHE EASE/MEDIUM MASK	3	
BREATHE EASE/SMALL MASK	3	
BREATHERITE	3	
BREATHERITE COLLAPSIBLE S	3	
BREATHERITE RIGID SPACER	3	
BREATHERITE W/LARGE MASK	3	
BREATHERITE W/MEDIUM MASK	3	
BREATHERITE W/SMALL MASK	3	
CLEVER CHOICE ANTI-STATIC	3	
COMPACT SPACE CHAMBER/ANT	3	
EASIVENT	3	
EASIVENT/MASK-LARGE	3	
EASIVENT/MASK-MEDIUM	3	
EASIVENT/MASK-SMALL	3	
FLEXICHAMBER	3	
INSPIRACHAMBER/ANTI-STATI	3	
INSPIRACHAMBER/LARGE	3	
INSPIRACHAMBER/SOOTHERMAS	3	
INSPIREASE DRUG DELIVERY	3	
INSPIREASE RESERVOIR BAGS	3	
LITEAIRE	3	
MICROCHAMBER	3	
MICROSPACER	3	
OPTICHAMBER ADVANTAGE/LAR	3	
OPTICHAMBER ADVANTAGE/MED	3	
OPTICHAMBER ADVANTAGE/SMA	3	

Drug Name	Drug Tier	Requirements/Limits
OPTICHAMBER DIAMOND	3	
OPTICHAMBER DIAMOND/LARGE	3	
OPTICHAMBER DIAMOND/MEDIU	3	
OPTICHAMBER DIAMOND/SMALL	3	
OPTIHALER MDI DRUG DELIVE	3	
POCKET CHAMBER	3	
POCKET SPACER	3	
RITEFLO	3	
VALVED HOLDING CHAMBER	3	
VORTEX VALVED HOLDING CHA	3	
WATCHHALER	3	

MIGRAINE PRODUCTS

CALCITONIN GENE-RELATED PEPTIDE (CGRP) RECEPTOR ANTAG

AIMOVIG 70mg/ml	4	ST, PA, QL (6 pens / 75 days)
AIMOVIG 140mg/ml	4	ST, PA, QL (3 pens / 75 days)
AJOVY SOAJ	4	ST, PA, QL (2.667 pens / 75 days)
AJOVY SOSY	4	ST, PA, QL (2.667 syringes / 75 days)
EMGALITY SOAJ	4	ST, PA, QL (4 pens / 75 days)
EMGALITY SOSY 100mg/ml	4	ST, PA, QL (9 syringes / 75 days)
EMGALITY SOSY 120mg/ml	4	ST, PA, QL (4 syringes / 75 days)
NURTEC	2	
UBRELVY	2	

MIGRAINE PRODUCTS

D.H.E. 45	3	
DIHYDROERGOTAMINE MESYLAT	3	
dihydroergotamine mesylate	1	
ERGOMAR	3	
ERGOTAMINE TARTRATE	3	

SEROTONIN AGONISTS

almotriptan malate 6.25mg, 12.5mg	1	QL (36 ea / 75 days)
almotriptan malate 6.25mg, 12.5mg	1	QL (36 tabs / 75 days)
AMERGE	3	QL (36 tabs / 75 days)
eletriptan hydrobromide	1	QL (36 tabs / 75 days)
FROVA	3	QL (54 tabs / 75 days)
frovatriptan succinate	1	QL (54 ea / 75 days)
IMITREX SOLN 5mg/act	3	QL (24 sprays / 25 days)
IMITREX SOLN 6mg/0.5ml	3	QL (12 vials / 25 days)

Drug Name	Drug Tier	Requirements/Limits
IMITREX SOLN 20mg/act	3	QL (12 sprays / 25 days)
IMITREX TABS	3	QL (36 tabs / 75 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 (54 tabs / 75 days)
MAXALT-MLT	3	QL (54 tabs / 75 days)
naratriptan hcl	1	QL (36 tabs / 75 days)
ONZETRA XSAIL	3	QL (64 nosepieces / 75 days)
RELPAX	3	QL (36 tabs / 75 days)
REYVOW	2	
rizatriptan benzoate TABS	1	QL (54 ea / 75 days)
rizatriptan benzoate TBDP	1	QL (54 tabs / 75 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 (36 tabs / 75 days)
ZEMBRACE SYMTOUCH	3	QL (24 injections / 25 days)
zolmitriptan SOLN 2.5mg	1	QL (36 inhalers / 75 days)
zolmitriptan SOLN 5mg	1	QL (36 bottles / 75 days)
zolmitriptan TABS	1	QL (36 tabs / 75 days)
zolmitriptan TBDP	1	QL (36 tabs / 75 days)
ZOMIG SOLN 2.5mg	2	QL (36 inhalers / 75 days)
ZOMIG SOLN 5mg	2	QL (36 bottles / 75 days)
ZOMIG TABS	3	QL (36 tabs / 75 days)
ZOMIG ZMT	3	QL (36 tabs / 75 days)

Drug Name	Drug Tier	Requirements/Limits
MINERALS & ELECTROLYTES		
BICARBONATES		
SODIUM ACETATE ANHYDROUS	3	
CALCIUM		
CALCIFOL	3	
CALCIUM CARBONATE	3	
CALCIUM CARBONATE HEAVY	3	
CALCIUM CARBONATE LIGHT	3	
CALCIUM CHLORIDE DIHYDRAT	3	
CALCIUM GLUCONATE ANHYDRO	3	
CALCIUM GLUCONATE MONOHYD	3	
CALCIUM LACTATE PENTAHYDR	3	
CALCIUM PHOSPHATE DIBASIC	3	
CALCIUM PHOSPHATE TRIBASI	3	
ELECTROLYTE MIXTURES		
ELLIOTTS B	3	
FLUORIDE		
FLUORABON	0	$0 applies for ages 5 and under, otherwise not covered
fluoritab CHEW 1mg	1	
fluoritab CHEW .25mg, .5mg	0	AGE
fluoritab SOLN	0	AGE
flura-drops	0	AGE
nafrinse	1	
nafrinse drops	0	AGE
sodium fluoride CHEW 1mg	1	
sodium fluoride CHEW .25mg, .5mg	0	AGE
sodium fluoride SOLN	0	AGE
sodium fluoride TABS 1mg	1	
sodium fluoride TABS .5mg	0	AGE
MAGNESIUM		
MAGNESIUM CARBONATE HEAVY	3	
MAGNESIUM CARBONATE LIGHT	3	
MAGNESIUM CHLORIDE	3	
MAGNESIUM CHLORIDE HEXAHY	3	
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	
k-prime	1	
K-TAB	3	
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 BICARBONATE	3	
potassium chloride CPCR; PACK; SOLN; TBCR	1	
POTASSIUM CHLORIDE GRAN; POWD	3	
potassium chloride microencapsulated crystals er	1	
SODIUM		
SODIUM CHLORIDE	3	
TRACE MINERALS		
CUPRIC SULFATE	3	
ZINC		
GALZIN	3	
ZINC SULFATE	3	
ZINC SULFATE HEPTAHYDRATE	3	
ZINC SULFATE MONOHYDRATE	3	
MISCELLANEOUS THERAPEUTIC CLASSES		
CHELATING AGENTS		
clovique	1	
D-PENAMINE	3	
DEPEN TITRATABS	3	
penicillamine	1	
trientine hcl	1	
ENZYMES		
BROMELAIN	3	
CHYMOTRYPSIN ALPHA	3	
XIAFLEX	4	PA
HOMEOPATHIC PRODUCTS		
WELLMIND VERTIGO	3	
IMMUNOMODULATORS		
REVLIMID 2.5mg, 5mg, 10mg, 15mg	4	PA, QL (28 CAPSULES PER 28 DAYS)

Drug Name	Drug Tier	Requirements/Limits
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 POWD	3	
azathioprine TABS	1	
cyclosporine	4	
cyclosporine modified (for microemulsion)	4	
everolimus (immunosuppressant)	4	
gengraf	4	
IMURAN	3	
mycophenolate mofetil	4	
mycophenolate sodium	4	
NEORAL	4	
SANDIMMUNE	4	
sirolimus	4	
tacrolimus	4	
IRRIGATION SOLUTIONS		
argyle sterile water 100m	1	
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
MISCELLANEOUS THERAPEUTIC CLASSES		
ADENOSINE-5-MONOPHOSPHATE	3	
ADENOSINE-5-TRIPHOSPHATE	3	
PERITONEAL DIALYSIS SOLUTIONS		
DELFLEX-LC/1.5% DEXTROSE	3	
DELFLEX-LC/2.5% DEXTROSE	3	
DELFLEX-LC/4.25% DEXTROSE	3	
DELFLEX-SM/1.5% DEXTROSE	3	
DELFLEX-SM/2.5% DEXTROSE	3	
DIANEAL LOW CALCIUM/1.5%	3	
DIANEAL LOW CALCIUM/2.5%	3	
DIANEAL LOW CALCIUM/4.25%	3	
DIANEAL PD-2/1.5% DEXTROS	3	

Drug Name	Drug Tier	Requirements/Limits
DIANEAL PD-2/2.5% DEXTROS	3	
DIANEAL PD-2/4.25% DEXTRO	3	
EXTRANEAL	3	
ULTRABAG/DIANEAL LOW CALC	3	
ULTRABAG/DIANEAL PD-2/1.5	3	
ULTRABAG/DIANEAL PD-2/2.5	3	
ULTRABAG/DIANEAL PD-2/4.2	3	
POTASSIUM REMOVING AGENTS		
kionex	1	
LOKELMA	2	
sodium polystyrene sulfonate	1	
sps	1	
VELTASSA	4	
PROGERIA TREATMENT AGENTS		
ZOKINVY	3	PA
SYSTEMIC LUPUS ERYTHEMATOSUS AGENTS		
BENLYSTA SOAJ; SOSY	4	PA, QL (4 INJ PER 28 DAYS)
BENLYSTA SOLR	4	PA
MOUTH/THROAT/DENTAL AGENTS		
ANESTHETICS TOPICAL ORAL		
FIRST-MOUTHWASH BLM	3	
lidocaine hcl (mouth-throat)	1	
ANTI-INFECTIVES - THROAT		
AMPHOTERICIN B	3	
clotrimazole TROC	1	
nystatin (mouth-throat)	1	
ORAVIG	3	
ANTISEPTICS - MOUTH/THROAT		
chlorhexidine gluconate (mouth-throat)	1	
paroex	1	
PERIDEX	3	
periogard	1	
DENTAL PRODUCTS		
cavarest	1	
easygel	1	
fluoridex daily renewal	1	
NAFRINSE DAILY/ACIDULATED	3	
NAFRINSE DAILY/NEUTRAL	3	
NAFRINSE WEEKLY	3	
ZINC ACETATE	3	
STEROIDS - MOUTH/THROAT/DENTAL		
oralone dental paste	1	
triamcinolone acetonide (mouth)	1	

Drug Name	Drug Tier	Requirements/Limits
THROAT PRODUCTS - MISC.		
AQUORAL	3	
BOCASAL	3	
CAPHOSOL	3	
cevimeline hcl	1	
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		
b-plex	1	
folbee plus	1	
folbee plus cz	1	
NEPHRO-VITE RX	3	
NEPHROCAPS	3	
nephronex	1	
NUTRIVIT	3	
RENATABS	3	
RENATABS WITH IRON	3	
reno caps	1	
SUPERVITE	3	
triphrocaps	1	
virt-caps	1	
vol-care rx	1	
vp-vite rx	1	
BIOFLAVONOID PRODUCTS		
ADRENAL C FORMULA	3	
MULTIPLE VITAMINS W/ CALCIUM		
ADVANCED AM/PM	3	
MULTIPLE VITAMINS W/ MINERALS		
b-plex plus	1	
biocel	1	
corvita	1	
CORVITE	3	
corvite free	1	
FORTAVIT	3	

Drug Name	Drug Tier	Requirements/Limits
lysiplex plus	1	
NUTRICAP	3	
nutrifac zx	1	
ONEVITE	3	
REQ 49+	3	
SIDEROL	3	
STROVITE FORTE	3	
SUPPORT	3	
THRIVITE 19	3	
UDAMIN SP	3	
v-c forte	1	
vic-forte	1	
vita s forte	1	
vita-min	1	
vitacel	1	
VITAROCA PLUS	3	
MULTIPLE VITAMINS W/ MINERALS & CALCIUM-FOLIC ACID		
FOLGARD OS	3	
TL G-FOL OS	3	
MULTIVITAMINS		
INFUVITE ADULT	3	
M.V.I. ADULT	3	
PED MULTI VITAMINS W/FL & FE		
ESCAVITE	3	
ESCAVITE D	3	
escavite lq	1	
multi-vit/iron/fluoride	1	
multi-vitamin/fluoride/ir	1	
POLY-VI-FLOR/IRON	3	
TL-FLUORIVITE	3	
PED MULTIPLE VITAMINS W/ MINERALS		
vitamax pediatric	1	
PED MV W/ FLUORIDE		
multi-vitamin/fluoride dr	1	
multivitamin with fluorid	1	
multivitamin/fluoride	1	
pediatric vitamins acd w/ fluoride	1	
POLY-VI-FLOR	3	
POLY-VI-FLOR FS	3	
QUFLORA PEDIATRIC	3	
TRI-VI-FLOR	3	
TRI-VI-FLORO	3	
tri-vite/fluoride	1	
vitamins a/c/d/fluoride	1	

Drug Name	Drug Tier	Requirements/Limits
PEDIATRIC MULTIPLE VITAMINS		
INFUVITE PEDIATRIC	3	
M.V.I. PEDIATRIC	3	
PEDIATRIC MULTIPLE VITAMINS & MINERALS W/ FLUORIDE		
FLORIVA	3	
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 ONE	3	
FOLIVANE-OB	3	
HEMENATAL OB + DHA	3	
inatal gt	1	
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	

Drug Name	Drug Tier	Requirements/Limits
NESTABS	3	
NESTABS DHA	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-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	
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	
PROVIDA OB	3	
PUREFE OB PLUS	3	

Drug Name	Drug Tier	Requirements/Limits
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-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-NATE DHA	3	
VIRT-PN	3	
VIRT-PN DHA	3	
VIRT-PN PLUS	3	
VITAFOL FE+	3	
VITAFOL ULTRA	3	
VITAFOL-NANO	3	
VITAFOL-OB	3	
VITAFOL-OB+DHA	3	
VITAFOL-ONE	3	
VITAMEDMD ONE RX/QUATREFO	3	
VITAMEDMD REDICHEW RX	3	
VITAPEARL	3	
VITATRUE	3	
VIVA DHA	3	
VOL-NATE	3	
VOL-PLUS	3	
VOL-TAB RX	3	
VP-PNV-DHA	3	
ZATEAN-PN DHA	3	
ZATEAN-PN PLUS	3	

Drug Name	Drug Tier	Requirements/Limits
SPECIALTY VITAMINS PRODUCTS		
PRO HERS RX	3	
PRO HIS RX	3	
PRO PCOS RX	3	
SUPPORT-500	3	
urosex	1	
VITAMIN MIXTURES		
COD LIVER OIL	3	
MUSCULOSKELETAL THERAPY AGENTS		
ARTICULAR CARTILAGE REPAIR THERAPY		
CARTICEL	3	
CENTRAL MUSCLE RELAXANTS		
ACTIVE-CYCLOBENZAPRINE KI	3	
BACLOFEN POWD	3	
baclofen SOLN; TABS	1	
CARISOPRODOL POWD	3	
carisoprodol TABS	1	
chlorzoxazone	1	
cyclobenzaprine hcl	1	
ENOVARX-CYCLOBENZAPRINE H	3	
GABLOFEN	3	
LIORESAL INTRATHECAL	3	
metaxall	1	
metaxalone	1	
methocarbamol	1	
ORPHENADRINE CITRATE POWD	3	
orphenadrine citrate TB12	1	
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	
VISCOSUPPLEMENTS		
DUROLANE	4	PA
EUFLEXXA	4	PA
GELSYN-3	4	PA
SUPARTZ FX	4	PA

Drug Name	Drug Tier	Requirements/Limits
NASAL AGENTS - SYSTEMIC AND TOPICAL		
NASAL AGENT COMBINATIONS		
azelastine hcl-fluticasone propionate	1	QL (3 bottles / 75 days)
DYMISTA	2	QL (3 bottles / 75 days)
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 (102 gm / 75 days)
XHANCE	3	QL (96 mL / 75 days)
SYMPATHOMIMETIC DECONGESTANTS		
ADRENALIN .1%	3	
epinephrine hcl (nasal)	1	
PHENYLEPHRINE HCL	3	
PHENYLPROPANOLAMINE HYDRO	3	
PSEUDOEPHEDRINE HCL	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	4	PA, QL (120 vials (240 mL) per 28 days)
EXONDYS 51 500mg/10ml	4	PA, QL (24 vials (240 mL) per 28 days)
NEUROMUSCULAR BLOCKING AGENT - NEUROTOXINS		
BOTOX	4	PA
DYSPORT	4	PA
MYOBLOC	4	PA
XEOMIN	4	PA

Drug Name	Drug Tier	Requirements/Limits
SPINAL MUSCULAR ATROPHY AGENTS (SMA)		
EVRYSDI	4	PA, QL (2 bottles (120 mg) per 24 days)
NUTRIENTS		
CARBOHYDRATES		
DEXTROSE	3	
DEXTROSE ANHYDROUS	3	
FRUCTOSE	3	
LIPOTROPICS		
CHOLINE BITARTRATE	3	
LECITHIN	3	
MISC. NUTRITIONAL SUBSTANCES		
CARDIOVID PLUS	3	
PROTEINS		
acetylcysteine (nutrient)	1	
ALANINE	3	
aminoam rms	1	
aminorelief rms	1	
DL-ALANINE	3	
DL-LEUCINE	3	
DL-METHIONINE	3	
DL-PHENYLALANINE	3	
GLUTAMINE	3	
GLUTATHIONE-L	3	
GLUTATHIONE-L REDUCED	3	
L-ALANINE	3	
L-ARGININE	3	
L-CYSTINE	3	
L-GLUTAMINE	3	
L-HISTIDINE	3	
L-HISTIDINE MONOHYDROCHLO	3	
L-ISOLEUCINE	3	
L-LEUCINE	3	
L-METHIONINE	3	
L-PHENYLALANINE	3	
L-PROLINE	3	
L-TRYPTOPHAN	3	
L-TYROSINE	3	
L-VALINE	3	
METHIONINE	3	
TAURINE	3	
THREONINE	3	
TRYPTOPHAN	3	
VALINE	3	

Drug Name	Drug Tier	Requirements/Limits
OPHTHALMIC AGENTS		
BETA-BLOCKERS - OPHTHALMIC		
betaxolol hcl (ophth)	1	
BETIMOL	2	
carteolol hcl (ophth)	1	
COMBIGAN	2	
COSOPT	3	
dorzolamide hcl-timolol maleate	1	
levobunolol hcl	1	
timolol maleate (ophth)	1	
TIMOPTIC	3	
TIMOPTIC-XE	3	
CYCLOPLEGIC MYDRIATICS		
altafrin	1	
ATROPINE SULFATE SOLN	3	
CYCLOGYL	3	
CYCLOMYDRIL	3	
cyclopentolate hcl	1	
ISOPTO ATROPINE	3	
MYDRIACYL	3	
phenylephrine hcl (mydriatic)	1	
TROPICAMIDE POWD	3	
tropicamide SOLN	1	
MIOTICS		
ISOPTO CARPINE	3	
MIOCHOL-E	3	
MIOSTAT	3	
PHOSPHOLINE IODIDE	3	
pilocarpine hcl SOLN	1	
OPHTHALMIC - ANGIOGENESIS INHIBITORS		
EYLEA 2mg/0.05ml	4	PA
EYLEA 2mg/0.05ml	4	PA
LUCENTIS	4	PA
MACUGEN	4	PA
OPHTHALMIC ADRENERGIC AGENTS		
ALPHAGAN P	2	
apraclonidine hcl	1	
brimonidine tartrate	1	
IOPIDINE	3	
SIMBRINZA	2	
OPHTHALMIC ANTI-INFECTIVES		
ak-poly-bac	1	
bacitracin (ophthalmic)	1	
bacitracin-polymyxin b (ophth)	1	

Drug Name	Drug Tier	Requirements/Limits
BETADINE OPHTHALMIC PREP	3	
BLEPH-10	3	
ciprofloxacin hcl (ophth)	1	
erythromycin (ophth)	1	
gatifloxacin (ophth)	1	
gentak	1	
gentamicin sulfate (ophth)	1	
levofloxacin (ophth)	1	
MITOSOL	3	
MOXEZA	3	
moxifloxacin hcl (ophth)	1	
NATACYN	3	
neo-polycin	1	
neomycin-bacitracin zn-polymyxin	1	
neomycin-polymyxin-gramicidin	1	
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	
OPHTHALMIC INTEGRIN ANTAGONISTS		
XIIDRA	2	
OPHTHALMIC KINASE INHIBITORS		
RHOPRESSA	2	
ROCKLATAN	2	
OPHTHALMIC LOCAL ANESTHETICS		
AKTEN	3	
ALCAINE	3	
altacaine	1	
proparacaine hcl	1	
tetcaine	1	
tetracaine hcl (ophth)	1	
OPHTHALMIC NERVE GROWTH FACTORS		
OXERVATE	4	PA, QL (16 CARTONS PER 56 days - ONE TIME TREATMENT)

Drug Name	Drug Tier	Requirements/Limits
OPHTHALMIC PHOTODYNAMIC THERAPY AGENTS		
VISUDYNE	4	PA
OPHTHALMIC STEROIDS		
bacitracin-poly-neomycin-hc	1	
BLEPHAMIDE	3	
BLEPHAMIDE S.O.P.	3	
dexamethasone sodium phosphate (ophth)	1	
FLAREX	2	
fluorometholone (ophth)	1	
FML	2	
ILUVIEN	4	
INVELTYS	3	
loteprednol etabonate	1	
MAXITROL	3	
neo-polycin hc	1	
neomycin-polymy-dexameth	1	
neomycin-polymyxin-hc (ophth)	1	
OMNIPRED	3	
OZURDEX	4	
PRED-G	3	
PRED-G S.O.P.	3	
prednisolone acetate (ophth)	1	
PREDNISOLONE ACETATE P-F	3	
PREDNISOLONE SODIUM PHOSP SOLN	3	
RETISERT	4	
sulfacetamide sod-prednisolone	1	
tobramycin-dexamethasone	1	
TRIESENCE	3	
OPHTHALMIC SURGICAL AIDS		
AMVISC	3	
AMVISC PLUS	3	
BIOLON	3	
GELFILM OP	3	
HEALON	3	
HEALON5	3	
HEALON5 PRO	3	
HEALON GV	3	
HEALON PRO	3	
MEMBRANEBLUE	3	
OMIDRIA	3	
PROVISC	3	
VISIONBLUE	3	
OPHTHALMICS - MISC.		
ACULAR	3	

Drug Name	Drug Tier	Requirements/Limits
ACULAR LS	3	
ALOCRIL	3	
ALOMIDE	3	
altafluor	1	
altafluor benox	1	
azelastine hcl (ophth)	1	
balanced salt solution	1	
bromfenac sodium (ophth)	1	
BROMSITE	3	
BSS	3	
BSS PLUS	3	
cromolyn sodium (ophth)	1	
CYSTARAN	4	PA, QL (4 BOTTLES PER 28 DAYS)
diclofenac sodium (ophth)	1	
dorzolamide hcl	1	
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	
JETREA	4	PA
ketorolac tromethamine (ophth)	1	
lissamine green	1	
olopatadine hcl	1	
PAREMYD	3	
PATADAY	3	
PATANOL	3	
ROSE GLO	3	
TRUSOPT	3	
PROSTAGLANDINS - OPHTHALMIC		
latanoprost	1	
TRAVATAN Z	3	
travoprost	1	
XALATAN	3	
ZIOPTAN	2	
OTIC AGENTS		
OTIC AGENTS - MISCELLANEOUS		
acetic acid (otic)	1	
OTIC ANTI-INFECTIVES		
CETRAXAL	3	

Drug Name	Drug Tier	Requirements/Limits
ciprofloxacin hcl (otic)	1	
ofloxacin (otic)	1	
OTIC COMBINATIONS		
ciprofloxacin-dexamethasone	1	
COLY-MYCIN S	3	
CORTANE-B AQUEOUS	3	
CORTANE-B-OTIC	3	
cortic-nd	1	
CORTISPORIN-TC	3	
exotic-hc	1	
neomycin-polymyxin-hc (otic)	1	
OTICIN HC NR	3	
PRAMOTIC	3	
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
HYPERHEP B S/D	4	
HYPERRHO S/D	4	
HYPERRHO S/D MINI-DOSE	4	
HYPERTET S/D	3	

Drug Name	Drug Tier	Requirements/Limits
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	
AMOXICILLIN TRIHYDRATE	3	
ampicillin	1	
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	
BICILLIN C-R	3	
PENICILLINASE-RESISTANT PENICILLINS		
dicloxacillin sodium	1	
PHARMACEUTICAL ADJUVANTS		
ALKALIZING AGENTS		
TROLAMINE	3	
ANTIMICROBIAL AGENTS		
BENZYL ALCOHOL	3	
CHLOROBUTANOL	3	
CHLOROBUTANOL ANHYDROUS	3	
METHYLPARABEN	3	
POTASSIUM SORBATE	3	
PROPYLPARABEN	3	
SORBIC ACID	3	
COLORING AGENTS		
BRILLIANT BLUE G	3	
EVANS BLUE	3	
FD&C YELLOW #5	3	
FD&C YELLOW #6 ALUMINUM L	3	
FDC BLUE 1	3	
FDC BLUE 2	3	
FDC GREEN #3	3	

Drug Name	Drug Tier	Requirements/Limits
FDC RED 40	3	
FDC RED #3	3	
FDC YELLOW 6	3	
FOOD COLOR BLACK	3	
FOOD COLOR BLUE	3	
FOOD COLOR BROWN	3	
FOOD COLOR GREEN	3	
FOOD COLOR LIME GREEN	3	
FOOD COLOR ORANGE	3	
FOOD COLOR PINK	3	
FOOD COLOR RED	3	
FOOD COLOR VIOLET	3	
FOOD COLOR WHITE	3	
FOOD COLOR YELLOW	3	
LISSAMINE GREEN B	3	
QUINIZARIN GREEN SS	3	
DELIVERY DEVICES		
EXYDERM	3	
FLAVORING AGENTS		
ALFALFA FLAVOR	3	
ALMOND OIL BITTER FLAVOR	3	
ANISE EXTRACT	3	
ANISE FLAVOR	3	
APPLE FLAVOR	3	
APRICOT FLAVOR	3	
BACON FLAVOR	3	
BANANA CREAM FLAVOR	3	
BANANA CREME FLAVOR	3	
BANANA FLAVOR	3	
BEEF FLAVOR	3	
BEEF TYPE FLAVOR NATURAL	3	
BEEF TYPE FLAVOR OS	3	
BEEF-ADE	3	
BITTER STOP FLAVOR	3	
BITTERNESS MASK FLAVOR	3	
BITTERNESS REDUCING AGENT	3	
BITTERNESS SUPRESSOR FLAV	3	
BLACKBERRY FLAVOR	3	
BLUEBERRY FLAVOR	3	
BUBBLE GUM CONCENTRATE	3	
BUBBLE GUM FLAVOR	3	
BUTTER FLAVOR	3	
BUTTER RUM FLAVOR	3	
BUTTERSCOTCH FLAVOR	3	
CARAMEL FLAVOR	3	

Drug Name	Drug Tier	Requirements/Limits
CHEESE-ADE FLAVOR	3	
CHEESECAKE FLAVOR	3	
CHERRY FLAVOR	3	
CHERRY-ADE FLAVOR	3	
CHICKEN FLAVOR	3	
CHICKEN FLAVOR OIL SOLUBL	3	
CHICKEN FLAVOR WATER MISC	3	
CHOCOLATE FLAVOR	3	
CHOCOLATE HAZELNUT FLAVOR	3	
CHOCOLATE NATURAL & ARTIF	3	
CINNAMON FLAVOR	3	
COCONUT FLAVOR	3	
COFFEE FLAVOR	3	
COLA FLAVOR	3	
COTTON CANDY FLAVOR	3	
CRAN-RASPBERRY FLAVOR	3	
CREME DE MENTHE FLAVOR	3	
CREME DEMENTHE FLAVOR	3	
ENGLISH TOFFEE FLAVOR	3	
EUCALYPTUS FLAVOR	3	
EUGENOL FLAVOR	3	
FISH FLAVOR	3	
FLAVOR CONCENTRATE/CHLORH	3	
GRAPE FLAVOR	3	
GRAPEFRUIT FLAVOR PINK	3	
GUAVA FLAVOR	3	
HAM FLAVOR	3	
HONEY FLAVOR	3	
KAHLUA FLAVOR	3	
LEMON EXTRACT	3	
LEMON FLAVOR	3	
LEMONADE FLAVOR	3	
LICORICE FLAVOR	3	
LIME FLAVOR	3	
LIVER FLAVOR	3	
MANGO FLAVOR	3	
MANGO FLAVOR SWEETENED	3	
MAPLE FLAVOR	3	
MARSHMALLOW FLAVOR	3	
MINT CHOCOLATE CHIP FLAVO	3	
MOLASSES FLAVOR	3	
ORANGE CREAM FLAVOR	3	
ORANGE FLAVOR	3	
ORANGE OIL FLAVOR	3	
PASSION FRUIT FLAVOR	3	

Drug Name	Drug Tier	Requirements/Limits
PCCA SWEETNESS ENHANCER	3	
PEACH FLAVOR	3	
PEANUT BUTTER FLAVOR	3	
PEPPERMINT FLAVOR	3	
PINA COLADA FLAVOR	3	
PINEAPPLE FLAVOR	3	
PRALINES AND CREAM FLAVOR	3	
PUMPKIN FLAVOR	3	
RASPBERRY CONCENTRATE	3	
RASPBERRY FLAVOR	3	
ROOT BEER FLAVOR	3	
SHRIMP FLAVOR	3	
SPEARMINT FLAVOR	3	
STEVIA GLYCERITE LIQUID E	3	
STRAWBERRY FLAVOR	3	
SUPER SYNERSWEET FLAVOR	3	
SWEET CORN FLAVOR CONCENT	3	
SWEETENING ENHANCER/FLAVO	3	
TANGERINE FLAVOR	3	
TANGERINE FLAVOR SWEETENE	3	
TEABERRY FLAVOR	3	
TROPICAL PUNCH FLAVOR	3	
TUNA FLAVOR	3	
TUTTI FRUTTI FLAVOR	3	
TUTTI-FRUTTI FLAVOR	3	
VANILLA BUTTERNUT FLAVOR	3	
VANILLA FLAVOR	3	
VANILLIN FLAVOR	3	
WATERMELON FLAVOR	3	
WILD CHERRY FLAVOR	3	
LIQUID VEHICLES		
ALCOHOL DEHYDRATED	3	
BASE GELATIN GUMMY TROCHE	3	
COLLODION	3	
COLLODION FLEXIBLE	3	
CUSTOM POLYGLYCOL TROCHE	3	
ETHYL ALCOHOL 100%	3	
FIXED OIL SUSPENSION	3	
FREEDOM PEG TROCHE BASE	3	
GUM BASE GELATIN	3	
PCCA ACACIA SYRUP BASE	3	
PCCA FIXED OIL BASE	3	
PCCA POLYGLYCOL TROCHE	3	
PCCA PRACAMAC BASE	3	
RASPBERRY SYRUP	3	

Drug Name	Drug Tier	Requirements/Limits
REGENT ALCOHOL	3	
TROCHE BASE	3	
TROCHE BASE NS	3	
PHARMACEUTICAL ADJUVANTS MISCELLANOUS		
METER BUFFER PH 4	3	
METER BUFFER PH 7	3	
METER BUFFER PH 10	3	
PH 4 BUFFER	3	
PH 7 BUFFER	3	
PH 10 BUFFER	3	
PHARMACEUTICAL EXCIPIENTS		
ACACIA	3	
ASTRAGALUS ROOT	3	
BEES WAX	3	
BEESWAX	3	
BENTONITE	3	
BITTER DRUG POWDER	3	
CAPSUBLEND-H	3	
CAPSUBLEND-P	3	
CAPSUBLEND-S	3	
CETYL ALCOHOL	3	
EMULGADE CM	3	
EMULSIFYING WAX	3	
EMULSION CONCENTRATE	3	
ETHYL ACETATE	3	
F-MELT	3	
FAGRON CAPFILL PRO	3	
FAGRON DISPERSAPRO	3	
FREEDOM LOLLIPOP BASE	3	
FREEDOM ODT BASE	3	
FREEDOM SIMPLECAP POWDER	3	
GUM ARABIC SPRAY-DRIED	3	
KARAYA GUM	3	
LACTOSE	3	
LACTOSE ANHYDROUS	3	
LACTOSE MONOHYDRATE	3	
LECITHIN ISOPROPYL PALMIT	3	
LIPMAX	3	
LIQUIGEL COMPLEX	3	
LOLLIPOP BASE	3	
LOXORAL BASE	3	
MAGNESIUM STEARATE	3	
MEDI-RDT BASE	3	
MEDI-RDT KIT	3	
MEDI-RDT KIT (MULTIDOSE)	3	

Drug Name	Drug Tier	Requirements/Limits
METHYLCELLULOSE	3	
OLEIC ACID	3	
PARAFFIN	3	
PCCA EMULSIFIX-205 BASE	3	
PCCA LECITHIN ISOPROPYL P	3	
PCCA LOXASPERSE BASE	3	
PCCA RAPID DISSOLVE TABLE	3	
PCCA SORBITOL LOLLIPOP BA	3	
PCCA XYLIFOS BASE	3	
SEPINEO P 600	3	
SHEA BUTTER	3	
SHEA BUTTER ORGANIC	3	
SODIUM BENZOATE	3	
SODIUM LAURYL SULFATE	3	
STEARIC ACID	3	
STEARYL ALCOHOL	3	
TRAGACANTH	3	
WHITE WAX	3	
XANTHAN GUM	3	
PLACEBOS		
PLACEBO #00	3	
SEMI SOLID VEHICLES		
ADVANCED BASE PLUS	3	
ALBA-DERM	3	
ALCOHOL BASE GEL	3	
ALPAWASH	3	
ALTADERM CREAM BASE	3	
ANHYDROUS BASE	3	
ANHYDROUS GEL BASE	3	
ATREVIS HYDROGEL	3	
AUXIPRO VANISHING CREAM	3	
1ST BASE	3	
BASE A POLYETHYLENE GLYCO	3	
BASE C POLYETHYLENE GLYCO	3	
BASE CREAM WITH LIPOSOME	3	
BASE D POLYETHYLENE GLYCO	3	
BASE W301	3	
BHRT BASE	3	
BRAVURA ALL-IN-ONE	3	
CARBOGEL 940	3	
CARBOHOL 940	3	
CARBOMER GEL AQUEOUS	3	
CARBOMER GEL HYDROALCOHOL	3	
CELA BASE	3	
CHEMSIL K-12	3	

Drug Name	Drug Tier	Requirements/Limits
CHEMSIL K-51	3	
CHEW-HESIVE	3	
CHRYSADERM DAY	3	
CHRYSADERM NIGHT	3	
CLOVAGEL	3	
CREAM BASE	3	
CREAM CONCENTRATE	3	
CUTIS PLUS	3	
DERMASHIELD HYDROGEL	3	
DURABASE	3	
DURABASE ADVANCED	3	
EMOLIVAN	3	
EMOLLIENT CREAM	3	
ESPUMIL	3	
EXQUISITE HRT	3	
FAGRON LS PLUS	3	
FAGRON NATURAL CREAM	3	
FAGRON SUPREME CREAM	3	
FITALITE	3	
FREEDOM ADAPTADERM	3	
FREEDOM CEPAPRO	3	
FREEDOM DERMA SERUM	3	
FREEDOM DERMA-D	3	
FREEDOM DERMA-N	3	
FREEDOM SILOMAC ANHYDROUS	3	
H20 GEL BASE	3	
HORMONE CREAM BASE	3	
HRT BASE FOR MEN	3	
HRT BOTANICAL	3	
HRT BOTANICAL BASE	3	
HRT CREAM BASE	3	
HRT CREAM BASE WOMEN	3	
HRT ESSENTIAL CREAM	3	
HRT HEAVY	3	
HRT NATURAL LOTION	3	
HYDROGEL	3	
KRIS-ESTER 236	3	
KRISGEL 100	3	
LANOLIN OIL	3	
lanolin OINT	1	
LANOLIN ALCOHOL	3	
LANOLIN ANHYDROUS	3	
LECITHIN ORGANOGEL	3	
LIPO CREAM BASE	3	
LIPOCREAM BASE	3	

Drug Name	Drug Tier	Requirements/Limits
LIPOFOAM RX	3	
LIPOGEL CR BASE	3	
LIPOLAYER	3	
LIPOPEN ABSORPTION ENHANC	3	
LIPOPEN ULTRA BASE	3	
LIPOSOMAL HEAVY	3	
LIPOSOMAL REGULAR	3	
LIPOZYME	3	
LUBRAJEL NP	3	
MEDIBASE C	3	
MEDIDERM	3	
MEDIHOL BASE	3	
MULTIBASE	3	
NOURILITE	3	
NOURIVAN ANTIOX CREAM BAS	3	
NOXI-K	3	
OINTMENT BASE EMULSIFYING	3	
OLEABASE PLASTICIZED	3	
OMNIBASE	3	
P-SILOXAN DS	3	
PCCA ALADERM BASE	3	
PCCA BIOPEPTIDE BASE	3	
PCCA COBASE #1	3	
PCCA COSMETIC HRT BASE	3	
PCCA CUSTOM LIPO-MAX	3	
PCCA ELLAGE	3	
PCCA GELATIN BASE	3	
PCCA LIPODERM BASE	3	
PCCA LIPODERM HMW	3	
PCCA LIPOSOMIC BASE FOR D	3	
PCCA LIPOSOMIC BASE FOR N	3	
PCCA LIPOSOMIC BASE FOR O	3	
PCCA LIPOSOMIC BASE FOR S	3	
PCCA MVC BASE	3	
PCCA NATACREAM	3	
PCCA OCCLUSADERM	3	
PCCA PLASTICIZED BASE	3	
PCCA PLURONIC F127 BASE	3	
PCCA POLOXAMER 407	3	
PCCA POLYPEG BASE	3	
PCCA PRACASIL TM-PLUS BAS	3	
PCCA SPIRA-WASH BASE	3	
PCCA VANISHING CREAM LIGH	3	
PCCA VANISHING CREAM/LOTI	3	
PCCA VANPEN BASE	3	

Drug Name	Drug Tier	Requirements/Limits
PEG OINTMENT BASE	3	
PENCREAM	3	
PENDERM	3	
PENSOMAL CREAM	3	
PENTAPHENE BASE	3	
PERFORMAX SALT SUPPORTIVE	3	
PHARMABASE COSMETIC	3	
PHARMABASE HEAVY	3	
PHYTOBASE	3	
PLASTIBASE	3	
PLASTICIZED BASE	3	
PLO20 BASE	3	
PLO20 FLOWABLE	3	
PLO20 NON-FLOWABLE	3	
PLO GEL - MEDIFLO KIT	3	
PLO GEL - MEDIFLO PRE-MIX	3	
PLO TRANSDERMAL CREAM	3	
PLURONIC F127	3	
POLYETHYLENE GLYCOL 300	3	
POLYETHYLENE GLYCOL 400	3	
POLYETHYLENE GLYCOL 1000	3	
POLYETHYLENE GLYCOL 1450	3	
POLYETHYLENE GLYCOL 4500	3	
POLYETHYLENE GLYCOL 8000	3	
POLYETHYLENE GLYCOL NF	3	
POLYMAC PROGEL	3	
RENEWCREAM HRT	3	
SA3 DERM	3	
SALT DURABLE CREAM	3	
SALT STABLE LS ADVANCED	3	
SALTSTABLE LO	3	
SANARE ADVANCED SCAR THER	3	
SANARE SCAR THERAPY	3	
SEDANARE	3	
SILOSOME TRANSDERMAL	3	
SILPROTEX PLUS	3	
SIMPLGEL 30	3	
SKYY DERM	3	
SOLU-K GEL	3	
STERA BASE	3	
TDC MAX CREAM	3	
TERODERM	3	
TERODERM-PLUS	3	
TIGHTENING BASE	3	
TOMMY GEL	3	

Drug Name	Drug Tier	Requirements/Limits
TRANSDERMAL PAIN BASE	3	
ULTRADERM	3	
UNIVERSAL WATER GEL	3	
VANISH-PEN	3	
VANISHING CREAM	3	
VANISHING CREAM BOTANICAL	3	
vaseline	1	
VERSABASE	3	
VERSABASE FOAM	3	
VERSAPRO	3	
VERSATILE CREAM BASE	3	
VERSATILE RICH CREAM BASE	3	
VP DERMABASE	3	
WATER BASE GEL	3	
white petrolatum GEL	1	
WHITE PETROLATUM OINT	3	
WILEY BASIC ELEMENTS BHRT	3	
WOUND WASH BASE	3	
XEMATOP BASE	3	
YELLOW PETROLATUM	3	
ZOE SCRIPTS IDEALBASE	3	
ZOSIL	3	
SURFACTANTS		
MYRJ 53	3	
POLYOXYL 40 STEARATE	3	
PROGESTINS		
PROGESTINS		
AYGESTIN	3	
hydroxyprogesterone caproate 250mg/ml	4	PA, QL (21 VIALS PER 365 DAYS)
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 POWD	3	
norethindrone acetate TABS	1	
progesterone	1	
progesterone micronized	1	

Drug Name	Drug Tier	Requirements/Limits
PROMETRIUM	3	
PROVERA	3	
PSYCHOTHERAPEUTIC AND NEUROLOGICAL AGENTS - MISC.		
AGENTS FOR CHEMICAL DEPENDENCY		
acamprosate calcium	1	
ANTABUSE	3	
disulfiram	1	
ANTI-CATAPLECTIC AGENTS		
XYREM	4	PA
ANTIDEMENTIA AGENTS		
ARICEPT	3	
donepezil hydrochloride	1	
EXELON	3	
galantamine hydrobromide	1	
memantine hcl	1	
NAMENDA	3	
NAMENDA TITRATION PAK	3	
NAMZARIC	2	
RAZADYNE	3	
RAZADYNE ER	3	
rivastigmine	1	
rivastigmine tartrate	1	
COMBINATION PSYCHOTHERAPEUTICS		
chlordiazepoxide-amitriptyline	1	
olanzapine-fluoxetine hcl	1	
perphenazine-amitriptyline	1	
SYMBYAX	3	
FIBROMYALGIA AGENTS		
SAVELLA	3	
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	4	PA
tetrabenazine 12.5mg	4	PA, QL (120 TABLETS PER 30 DAYS)
tetrabenazine 25mg	4	PA, QL (60 TABLETS PER 30 DAYS)

Drug Name	Drug Tier	Requirements/Limits
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 (15 VIALS PER 30 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)
MAYZENT 2mg	4	PA, QL (30 TABLETS PER 30 DAYS)
MAYZENT .25mg	4	PA, QL (112 TABLETS PER 28 DAYS)
MAYZENT STARTER PACK	4	PA, QL (12 TABLETS PER 5 DAYS)
OCREVUS	4	PA, QL (2 VIALS PER 24 WEEKS)
PLEGRIDY	3	PA
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)

Drug Name	Drug Tier	Requirements/Limits
REBIF TITRATION PACK	4	PA, QL (12 SYRINGES PER 28 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		
GRALISE	2	
PREMENSTRUAL DYSPHORIC DISORDER (PMDD) AGENTS		
fluoxetine hcl (pmdd)	1	
SARAFEM	3	
PSEUDOBULBAR AFFECT (PBA) AGENTS		
NUEDEXTA	3	
PSYCHOTHERAPEUTIC AND NEUROLOGICAL AGENTS - MISC.		
ergoloid mesylates	1	
pimozide	1	
SMOKING DETERRENTS		
bupropion hcl (smoking deterrent)	0	
CHANTIX	0	
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

Drug Name	Drug Tier	Requirements/Limits
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
habitrol	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
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

Drug Name	Drug Tier	Requirements/Limits
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
ZYBAN	3	
TRANSTHYRETIN AMYLOIDOSIS AGENTS		
ONPATTRO	4	PA, QL (3 VIALS PER 21 DAYS)
TEGSEDI	4	PA, QL (4 PFS PER 28 DAYS)
VASOMOTOR SYMPTOM AGENTS		
BRISDELLE	3	
paroxetine mesylate (vasomotor)	1	
RESPIRATORY AGENTS - MISC.		
ALPHA-PROTEINASE INHIBITOR (HUMAN)		
PROLASTIN-C	4	PA
CYSTIC FIBROSIS AGENTS		
BRONCHITOL	3	PA
BRONCHITOL TOLERANCE TEST	3	PA
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)

Drug Name	Drug Tier	Requirements/Limits
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	
STERILE TALC POWDER	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	
SULFADIAZINE SODIUM	3	
SULFAMETHOXAZOLE	3	
SULFAMETHOXAZOLE MICRO	3	
SULFAPYRIDINE	3	
SULFATHIAZOLE	3	
SULFISOXIZOLE	3	
TETRACYCLINES		
AMINOMETHYLCYCLINES		
NUZYRA	4	
TETRACYCLINE COMBINATIONS		
AVIDOXY DK	3	
TETRACYCLINES		
avidoxy	1	
demeclocycline hcl	1	
doxycycline (monohydrate)	1	
doxycycline hyclate CAPS; TABS; TBEC	1	
DOXYCYCLINE HYCLATE POWD	3	
minocycline hcl CAPS; TABS	1	

Drug Name	Drug Tier	Requirements/Limits
MINOCYCLINE HCL POWD	3	
mondoxyne nl	1	
morgidox 1x50mg	1	
morgidox 1x100mg CAPS	1	
MORGIDOX 1X100MG KIT	3	
morgidox 2x100mg CAPS	1	
MORGIDOX 2X100MG KIT	3	
NUTRIDOX	3	
OXYTETRACYCLINE HCL	3	
tetracycline hcl CAPS	1	
VIBRAMYCIN	3	
THYROID AGENTS		
ANTITHYROID AGENTS		
METHIMAZOLE POWD	3	
methimazole TABS	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	3	
THYROID POWD	3	
thyroid TABS	1	
THYROID PORCINE	3	
unithroid	1	
WESTHROID	3	
WP THYROID	3	
TOXOIDS		
TOXOID COMBINATIONS		
ADACEL	0	
BOOSTRIX	0	

Drug Name	Drug Tier	Requirements/Limits
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
VAXELIS	3	AGE

ULCER DRUGS/ANTISPASMODICS/ANTICHOLINERGICS

ANTISPASMODICS

ANASPAZ	3	
ATROPEN	3	
ATROPINE SULFATE POWD	3	
ATROPINE SULFATE MONOHYDR	3	
BELLADONNA/OPIUM	3	
BENTYL	3	
chlordiazepoxide hcl-clidinium bromide	1	
CUVPOSA	3	
dicyclomine hcl	1	
ed-spaz	1	
glycopyrrolate	1	
hyoscyamine sulfate ELIX; SOLN; SUBL; TABS; TB12; TBDP	1	
HYOSCYAMINE SULFATE POWD	3	

Drug Name	Drug Tier	Requirements/Limits
hyosyne	1	
ISOPROPAMIDE IODIDE	3	
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 POWD	3	
propantheline bromide TABS	1	
SCOPOLAMINE HBR	3	
SYMAX DUOTAB	3	
symax-sl	1	
symax-sr	1	
H-2 ANTAGONISTS		
CIMETIDINE POWD	3	
cimetidine TABS	1	
cimetidine hcl	1	
famotidine	1	
nizatidine	1	
PEPCID	3	
ranitidine hcl	1	
MISC. ANTI-ULCER		
SUCRALFATE POWD	3	
sucralfate TABS	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)
FIRST-LANSOPRAZOLE	3	QL (90 mL / year)
FIRST-OMEPRAZOLE	3	QL (90 mL / 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	
OMEPRAZOLE + SYRSPEND SF	3	QL (90 mL / year)
pantoprazole sodium PACK	1	QL (90 packets / year)
pantoprazole sodium SOLR	1	QL (90 vials / year)

Drug Name	Drug Tier	Requirements/Limits
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)
PROTONIX	3	QL (90 vials / year)
rabeprazole sodium	1	QL (90 tabs / year)
RABEPRAZOLE SODIUM DR SPR	3	QL (90 caps / year)
ULCER DRUGS - PROSTAGLANDINS		
CYTOTEC	3	
misoprostol	1	
ULCER THERAPY COMBINATIONS		
amoxicillin-clarithromycin w/ lansoprazole	1	
OMECLAMOX-PAK	3	
PYLERA	2	
TALICIA	3	
URINARY ANTISPASMODICS		
URINARY ANTISPASMODIC - ANTIMUSCARINICS (ANTICHOLINERGIC)		
darifenacin hydrobromide	1	
DETROL	3	
DITROPAN XL	3	
oxybutynin chloride	1	
solifenacin succinate	1	
tolterodine tartrate	1	
TOVIAZ	2	
trospium chloride	1	
VESICARE LS	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
BCG VACCINE	4	
BEXSERO	0	
BIOTHRAX	3	
HIBERIX	0	$0 copay for members age 18 and younger, otherwise not covered

Drug Name	Drug Tier	Requirements/Limits
MENACTRA	0	
MENQUADFI	0	
MENVEO	0	
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	
VIVOTIF	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	

Drug Name	Drug Tier	Requirements/Limits
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	
MODERNA COVID-19 VACCINE	3	
PFIZER-BIONTECH COVID-19	3	
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
STAMARIL	3	
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

SPERMICIDES

ENCARE	0	
OPTIONS GYNOL II VAGINAL	0	
SHUR-SEAL	0	
TODAY SPONGE	0	
VCF VAGINAL CONTRACEPTIVE FILM; FOAM	0	
vcf vaginal contraceptive GEL	3	

VAGINAL ANTI-INFECTIVES

AVC	3	
CLEOCIN CREA; SUPP	3	
clindamycin phosphate vaginal	1	
CLINDESSE	3	

Drug Name	Drug Tier	Requirements/Limits
GYNAZOLE-1	3	
METROGEL-VAGINAL	3	
metronidazole vaginal	1	
miconazole 3	1	
terconazole vaginal	1	
vandazole	1	
VAGINAL ESTROGENS		
ESTRACE CREA	3	
estradiol vaginal	1	
IMVEXXY MAINTENANCE PACK	2	
IMVEXXY STARTER PACK	2	
VAGIFEM	3	
yuvafem	1	
VAGINAL PROGESTINS		
ENDOMETRIN	2	
FIRST-PROGESTERONE VGS 10	3	
FIRST-PROGESTERONE VGS 20	3	
VASOPRESSORS		
ANAPHYLAXIS THERAPY AGENTS		
ADRENALIN 1mg/ml, 30mg/30ml	3	
epinephrine (anaphylaxis)	1	
EPIPEN 2-PAK	2	
EPIPEN-JR 2-PAK	2	
SYMJEPI	2	
VASOPRESSORS		
midodrine hcl	1	
VITAMINS		
OIL SOLUBLE VITAMINS		
AQUASOL A PARENTERAL	3	
DRISDOL	3	
ergocalciferol CAPS	1	
ERGOCALCIFEROL POWD	3	
MEPHYTON	3	
phytonadione	1	
VITAMIN E ACETATE	3	
WHEAT GERM	3	
WATER SOLUBLE VITAMINS		
AMINOBENZOIC ACID	3	
4-AMINOBENZOIC ACID POTAS	3	
ascorbic acid	1	
CALCIUM ASCORBATE DIHYDRA	3	
CALCIUM PANTOTHENATE	3	
NIACIN	3	
NIACINAMIDE	3	

Drug Name	Drug Tier	Requirements/Limits
NICOTINAMIDE	3	
PARA-AMINOBENZOIC ACID	3	
POTABA	3	
potassium aminobenzoate	1	
PYRIDOXINE HCL POWD	3	
pyridoxine hcl SOLN	1	
SODIUM ASCORBATE	3	
THIAMINE HCL POWD	3	
thiamine hcl SOLN	1	
THIAMINE MONONITRATE	3	

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