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AvMed Miami Dade Advantage Medication Formulary2023

2023 List of Covered Drugs

Effective 07/01/2023

**PLEASE READ: THIS DOCUMENT HAS INFORMATION ABOUT THE
DRUGS WE COVER IN THIS PLAN.**

Members must use network pharmacies to fill their prescription drugs.
Your benefits, drug list, pharmacy network, premium and/or
copayments/coinsurance may sometimes change.

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INTRODUCTION

The ***AvMed Miami Dade Advantage Medication Formulary*** was developed to serve as a guide for prescribers, pharmacists, health care professionals and members in the selection of cost-effective medication therapy. AvMed recognizes that medication therapy is an integral part of effective health management. Due to the vast availability of medication options, a reasonable program for medication selection and use is warranted.

The drugs represented have been reviewed by a National Pharmacy and Therapeutics (P&T) Committee and are approved for inclusion. The ***AvMed Miami Dade Advantage Medication Formulary*** is reflective of current medical practice as of the date of review.

The information contained in this ***AvMed Miami Dade Advantage Medication Formulary*** and its appendices is provided solely for the convenience of medical providers. We do not warrant or assure accuracy of such information nor is it intended to be comprehensive in nature. This ***AvMed Miami Dade Advantage Medication Formulary*** is not intended to be a substitute for the knowledge, expertise, skill, and judgment of the medical provider in his or her choice of prescription drugs. All the information in the ***AvMed Miami Dade Advantage Medication Formulary*** is provided as a reference for drug therapy selection. Specific drug selection for an individual patient rests solely with the prescriber. The document is subject to state-specific regulations and rules, including, but not limited to, those regarding generic substitution, controlled substance schedules, preference for brands and mandatory generics whenever applicable.

We assume no responsibility for the actions or omissions of any medical provider based upon reliance, in whole or in part, on the information contained herein. The medical provider should consult the drug manufacturer's product literature or standard references for more detailed information.

National guidelines can be found on the National Guideline Clearinghouse site at www.ahrq.gov/gam/index.html on the websites listed under each therapeutic class and on the sites listed in the WEBSITES section of this publication.

The ***AvMed Miami Dade Advantage Medication Formulary*** is a fluid document, which is continually reviewed and modified. This dynamic process does not allow this document to be completely accurate at all times. To accommodate regular changes, an updated electronic version of this formulary is available online at www.avmed.org/prescriptions. AvMed welcomes your input and feedback on the information provided in this document.

PHARMACY AND THERAPEUTICS (P&T) COMMITTEE

The services of an independent National Pharmacy and Therapeutics Committee ("P&T Committee") are utilized to approve safe and clinically effective drug therapies. The P&T Committee is an external advisory body of clinical professionals from across the United States. The P&T Committee's voting members include physicians, pharmacists, a pharmacoeconomist and a medical ethicist, all of whom have a broad background of clinical and academic expertise regarding prescription drugs. Employees with significant clinical expertise are invited to meet with the P&T Committee, but no employee may vote on issues before the P&T Committee. Voting members of the P&T Committee must disclose any financial relationship or conflicts of interest with any pharmaceutical manufacturers.

DEFINITIONS

Brand Medication - A prescription medication that is usually manufactured and sold under a name or trademark by a pharmaceutical manufacturer, or a medication that is identified as a Brand medication by AvMed's Pharmacy Benefits Manager (PBM).

Brand Additional Charge - The additional charge that must be paid if you or your prescriber choose a brand medication when a generic equivalent is available. The charge is the difference between the cost of the brand medication and the generic medication. This charge must be paid in addition to the applicable copayment.

Cost-sharing Medications - Medications, as designated by AvMed, designed to improve the quality of life by treating relatively minor, non-life threatening conditions. Such medications are subject to coinsurance and coverage is limited.

Generic Medication - A prescription medication that has the same active ingredient as a brand medication or is identified as a generic medication by AvMed's Pharmacy Benefits Manager. Generic products approved by the United States Food and Drug Administration (FDA) are just as effective and safe as the brand-name products. Generic medications contain identical active ingredients, have the same indication for use, meet the same manufacturing standards, and are identical in strength and dosage form as brand-name medications.

Maintenance Medication - A medication that has been approved by the FDA, for which the duration of therapy can reasonably be expected to exceed one year.

Participating Pharmacy - A pharmacy (retail, mail service, or specialty pharmacy) that has entered into an agreement with AvMed to provide prescription drugs to AvMed members and has been designated by AvMed as a participating pharmacy

Preferred Medication List - The listing of preferred medications based on clinical efficacy, relative safety and cost in comparison to similar medications within a therapeutic class. This multi-tiered list establishes different levels of copay for medications within therapeutic classes. As new medications become available, they may be considered excluded until they have been reviewed by the P&T Committee.

Prescription Medication - A medication that has been approved by the FDA and that can only be dispensed pursuant to a prescription according to state and federal law.

Prior Authorization - The process of obtaining approval for certain prescription drugs (prior to dispensing) according to AvMed's guidelines. The ordering prescriber must obtain approval from AvMed. The list of prescription drugs requiring prior authorization is subject to periodic review and modification by AvMed. To initiate a prior authorization, please visit our website at www.avmed.org/media/xziiyi1u/medication-exception-request-form.pdf to obtain a Medication Exception Request Form (MER).

Progressive Medication Program (Step Therapy) - Medications included in this program require trial of a first-line medication in order for a second-line medication to be covered under your pharmacy benefit. (Coverage for a third-line medication requires trial of one or more first-line **AND** second-line medications.) If for medical reasons you cannot use the first-line medication and require a second-line or third-line medication, your prescriber may request a prior authorization for you to have this medication covered. Certain medications may be grandfathered in for members who are controlled on a second-line or third-line medication.

Self-Administered Injectable Medication - A medication that has been approved by the FDA for self-injection and is administered by subcutaneous injection. Prior authorization is required for most self-administered injectable medications, except Insulin.

Specialty Medication - A self-injectable or high-cost oral medication approved by the FDA. These medications must be prescribed by a physician and dispensed by either a retail or participating specialty pharmacy, depending on the medication. The Copayment levels for Specialty Medications apply regardless of provider. This means that you may be responsible for the appropriate Copayment whether you receive your Specialty Medication from the pharmacy, at the physician's office or during home health visits. Specialty Medications are limited to a 30-day supply.

Quantity Limit - Medications included in this program allow a maximum quantity per prescription and/or time period for one copay or coinsurance. Quantity limits are developed based upon FDA approved medication labeling and nationally recognized therapeutic clinical guidelines. If your prescription exceeds the quantity limit, a prior authorization will be required.

BENEFIT COVERAGE AND LIMITATIONS

This medication formulary is for reference purposes only and does not guarantee nor define benefit coverage and limitations. Many members have specific benefits, which are not reflected in the **AvMed Miami Dade Advantage Medication Formulary**. You may contact AvMed's Member Engagement Department regarding any coverage questions by calling the number listed on the back of your card. Please note that the formulary process is dynamic and generally changes throughout the year. These changes typically occur due to, but not limited to, the following reasons: approval of new medications, availability of newly approved generics, changes in clinical data, and medication safety concerns. AvMed is not held responsible for payment in the event that either a medication was omitted or included in error, or that a medication was placed at an incorrect tier on this formulary. The following topics may or may not be applicable to individual members depending on member-specific benefit parameters.

Coverage

Your prescription medication coverage includes medications that require a prescription, are filled by an AvMed network pharmacy, and are prescribed by your provider in accordance with AvMed's coverage criteria. AvMed reserves the right to make changes in coverage criteria for covered products and services. Coverage criteria are medical and pharmaceutical protocols used to determine payment of products and services and are based on independent clinical practice guidelines and standards of care established by government agencies and medical/pharmaceutical societies.

Your retail prescription medication coverage includes up to a 30-day supply of a medication for the listed copay. In most cases, your prescription may be refilled after 75% of your previous fill has been used and is subject to a maximum of 13 refills per year. Many plans have the opportunity to obtain a 90-day supply of a medication at a retail or mail pharmacy for a reduced amount. Please refer to your specific pharmacy benefits.

Your mail-service prescription medication coverage includes up to a 90-day supply of most medications for the listed copay per your prescription benefits. If the amount of medication is less than a 90-day supply, such as a 75-day supply, you will still be charged the listed mail-service copay per your prescription benefits.

Your specialty medication coverage extends to many self-injectable and high-cost oral medications approved by the FDA. These medications must be ordered by a prescriber and dispensed by a retail or specialty pharmacy, depending on the type of medication. The copayment levels for specialty medications apply regardless of provider. This means that you may be responsible for the appropriate copayment whether you receive your Specialty Medication from the pharmacy, at the physician's office or during home health visits. Specialty Medications are limited to a 30-day supply.

Quantity limits are set in accordance with FDA approved prescribing limitations, general practice guidelines supported by medical specialty organizations, and/or evidence-based, statistically valid, clinical studies. This means that a medication-specific quantity limit may apply for medications that have an increased potential for over-utilization or an increased potential for a member to experience an adverse event at higher doses.

Prior Authorization Process

The prior authorization process requires the practitioner to provide information to support a requested exception request. These authorization requests must be submitted to AvMed by fax to 877-535-1391 using the Medication Exception Request Form. The Medication Exception Request Form is available at: www.avmed.org/media/xziiyi1u/medication-exception-request-form.pdf

Information needed to make coverage determinations of medications requiring prior authorization may include lab values, prescription history, a statement of medical necessity and any other pertinent information to satisfy the established coverage guideline for the requested medication. In most cases, coverage determinations will be made within 1-2 business days if authorization is deemed urgent and within 3-5 business days if identified as standard or routine.

Member Initiated Prior Authorization Process

Members may request a prior authorization by directly contacting the AvMed Member Engagement Department at the number on their membership card. The member should have the prescriber information (phone number) and any pertinent information related to the request to provide to the Member Engagement Department. Members may also initiate the prior authorization process (Medication Exception) by logging into www.avmed.org and then clicking the link "Prescriptions".

Quantity Limit Exception

Certain medications allow for a maximum quantity per prescription and/or time period for one copay or coinsurance. Medications with applicable quantity limits are noted on the formulary by "QL". Quantity limits are developed based upon FDA-approved medication labeling and nationally recognized therapeutic clinical guidelines. If a prescription exceeds the quantity limit, the prescriber should provide a statement of medical necessity and request a prior authorization as described above.

Progressive Medication Program (Step Therapy)

Medications that require Step Therapy are noted on the formulary by "ST". For a current list of products requiring this prior approval please see our Progressive Medication Program web page at www.avmed.org/prescriptions. Medications included in this program require a trial of one or more first and/or

second-line medications in order for the requested medication to be covered under the pharmacy benefit. If for medical reasons, the member cannot use the first and/or second-line medication, the prescriber should request a prior authorization as described above.

Non-Formulary Medication Requests

A request for a non-formulary medication requires documentation from the member's medical records and/or prescription claims history verifying the following: statement of medical necessity; contraindications to ALL other formulary alternatives; or therapeutic failure of adequate trials of one to three months of each and ALL other formulary alternatives. Non-formulary requests may be requested by the PRESCRIBER through the prior authorization process as described above.

Tier Description

Each copay tier is assigned an established copayment, which is the amount you pay when you fill a prescription. Consult your benefit documents to determine your specific copayments, coinsurance, and/or deductibles that are part of your plan. You and your doctor decide which medication is most appropriate for you.

Tier	Definition
1	(Generics) - These are preferred generic medications and are in the low to mid-range for out-of-pocket expense. You should always consider Tier 1 medications if you and your doctor decide they are appropriate to treat your condition.
2	(Preferred Brands) - These are preferred brand- or high-cost generic medications and are in the mid to higher range for out-of-pocket expense. Sometimes there are alternatives available in Tier 1 that may be appropriate to treat your condition. If you are currently taking a Tier 2 medication, ask your doctor whether there are lower copayment alternatives that may be right for your treatment
3	(Non-Preferred Brands) - These are non-preferred brand medications and are typically the higher range for out of pocket expense.
4	(Specialty Medications) - These are brand- or generic-name specialty medications or high-cost medications and are typically the highest out-of-pocket expense. Distribution of specialty medications is limited to our specialty pharmacy.

Common Medical Exclusions

Due to benefit design parameters, there could be certain medication classes that are excluded from your pharmacy benefit coverage. Prior authorization is generally not available for medications that are specifically excluded by benefit design. Commonly excluded products may include, but are not limited to:

- Over-the-counter (OTC) medications or their equivalents unless otherwise specified in the medication formulary listing
- Experimental medication products, or any medication product used in an experimental manner
- Foreign medications or medications not approved by the United States Food and Drug Administration (FDA)
- Replacement prescription drug products resulting from a lost, stolen, expired, broken, or destroyed prescription order or refill
- Fertility drugs
- Medications or devices for the diagnosis or treatment of sexual dysfunction
- Dental-specific medications, including fluoride medications for adults
- Prescription and non-prescription vitamins and minerals, except prenatal vitamins
- Nutritional supplements and Medical Foods
- Cosmetic products, including, but not limited to, hair growth, skin bleaching, sun damage and anti-wrinkle medications
- Prescription and non-prescription appetite suppressants and products for the purpose of weight loss
- Compounded prescriptions, except pediatric preparations
- Pharmaceuticals that would be covered under the medical benefit. These may include, but are not limited to, immunizations; allergy serums; medical supplies, including therapeutic devices, dressings, appliances, and support garments; medications administered by the attending physician to treat an acute phase of an illness; and chemotherapy for cancer patients. Such benefits are covered in accordance with the Group Medical and Hospital Service Contract and may be subject to copay or coinsurance and prior authorization requirements, as outlined on the Schedule of Benefits.

Mandated Generic Substitution

AvMed advocates the use of cost-effective generic medications where FDA-labeled brand-equivalent medications are available. A generic medication is approved by the FDA once the manufacturer has proven that it has the same active ingredient(s) as the brand-name medication. Generally, generic medications cost less than brand-name medications. If a member or a prescriber requests a brand-name product in lieu of an approved generic, the member, based upon his/her coverage, will typically be required to pay the Non-Preferred Brand Copay plus the Brand Additional Charge.

Health Care Reform – Preventive Medications

The Patient Protection and Affordable Care Act of 2010 allows members to receive some preventive, evidence-based items and services at no cost to the member with certain stipulations. These items and services include, but are not limited to, certain medications including: fluoride products for members 5 years of age and under, aspirin for men 50 years of age and older, aspirin for females 12 years of age and older, folic acid for women of childbearing age, iron products for infants age 6 months to 11 months, vitamin D (over-the-counter) products for members 65 years of age or older, certain contraceptives and contraceptive devices for women (see chart below), and tobacco cessation medications (see chart below).

Some of the limitations for receiving these medications at no cost to the member require that: (1) the medication is covered as part of the prescription benefits, (2) a prescription is required, and (3) this coverage will only apply in a retail pharmacy. As new guidance continues to be released for coverage of preventive medications, the list and/or restrictions will be updated accordingly.

Contraceptive Coverage and Cost Share Policy:

Contraceptive Type	Examples	Cost Share
Oral Generics	(multiple)	No cost share
Non-Oral and OTC	etonogestrel/EE ring, norelgestromin/EE, condoms, diaphragms, etc.	No cost share. OTCs require a prescription for coverage.
Other Contraceptive Methods	IUDs, Depo-Provera	No cost share - these are covered under the Medical Benefit because they are administered by a health care professional.
Oral Brands with Generics	Loestrin Fe, Estrostep Fe, Ortho-Novum 7/7/7	Tier 3 Copay plus brand additional charge - can request no cost share if Prior Authorization submitted and medical necessity is established.

Tobacco Cessation Coverage and Cost Share Policy:

Medication Type	Examples	Cost Share
Oral, prescription only	Bupropion SR, Chantix	No cost share. Limit of 168 days' supply per year.
Non-prescription / OTC	Nicotrol inhalers or nasal spray;	No cost share. Limit of 168 days' supply per year. Prescription from

Medication Type	Examples	Cost Share
	generic nicotine patches, gums, lozenges	doctor required.
Brands with Generics	Nicorette, Nicoderm CQ	Not covered. Only the generic equivalents are covered.

Opioid Medication Management

To combat the national opioid crisis, the Centers for Disease Control and Prevention's (CDC) *Guideline for Prescribing Opioids for Chronic Pain* updated how health care providers can better manage pain, including safer ways to use opioids. AvMed is taking action based on the CDC guideline to help prevent opioid abuse with our members' utmost safety in mind.

How we help members safely use opioid medication

- Set a coverage limit for up to seven days if you are new to therapy
- Limit opioid medication amounts for new or ongoing therapy covered by your plan
- Ensuring the use of short-acting opioids before using long-acting ones

Balancing risks and benefits

Prescription opioids can manage short-term pain like after a surgery or injury. But they may not work as well long-term to manage chronic pain. Plus, you're more likely to overdose or become addicted from using opioids for a long time. And overdose can cause serious health problems or even death. Other treatments like exercise or non-opioid pain relievers with less serious risks may be an option. Members should work with their doctor to find the safest ways to best manage their condition.

TRANSITION OF CARE

The Transition-of-Care Form has been developed for newly enrolled members with AvMed who require assistance with transition of care from their previous insurance carrier and their providers. The information provided on this form will help allow for a smooth transition of your medical care to AvMed providers. If any of the medications listed on the Transition-of-Care Form are within our Progressive Medication Program or Prior Authorization Program, AvMed will reach out to your provider/pharmacy to obtain the necessary information. If you have fulfilled the requirements of these programs, an authorization will be placed in the system to allow you to continue to get these medications. If established criteria has not been met, an authorization will be required.

HOW CAN I SAVE MONEY ON PRESCRIPTIONS?

Always ask your doctor to consider choosing an appropriate medication from the formulary that is on the lower tier selections, such as Tier 1 or Tier 2. Medications within these tiers have the lowest out-of-pocket cost for you. If you are currently taking a Tier 3 medication, you should consult with your physician to see if there are other medication alternatives that are on a lower tier.

HOW CAN I ORDER A FREE DIABETIC METER SYSTEM?

AvMed members with Diabetes can call CVS Caremark® at 1-877-418-4746 to order a new diabetic meter for free. Meters will be sent directly to the Member. Members may also visit the website info.caremark.com/dig/managingdiabetes to submit a request electronically or you may review the diabetic meter information located on the AvMed website at www.avmed.org/prescriptions.

AvMed covers the following meters and accompanying test strips:

OneTouch Verio Reflect® and OneTouch Verio Flex®

Members are limited to one meter system per 365 days. A prescription is REQUIRED to receive a new meter. If you do not have a prescription, you may ask CVS Caremark to obtain one for you when you submit your request.

MAIL-SERVICE PRESCRIPTIONS

Some members can order their prescriptions from a mail-service pharmacy. These members can receive up to a 90-day supply of certain medications through the mail for a specified copayment as outlined in their group benefits plan. Receiving a 90-day supply of medication by mail may prove to be more economical for you. The convenience of mail service may also help you stay compliant with your medications. Simply ask your prescriber to write the prescription(s) for a 90-day supply and submit it with your mail-service request forms to the address listed on the form. You can print the request forms from our website at www.avmed.org/media/i25lqb1a/rx_mail_order_form_eg.pdf. Medications ordered and processed through mail service are typically mailed to the member via U.S. regular mail. You should allow up to 14 days for delivery from the time mail service receives the request. (Note: Per federal and/or state law, some controlled substance medications are not available through mail service, with the exception of some Schedule III, IV and V medications.) Prescriptions submitted to mail service for less than a 90-day supply may be returned to the member.

We also offer a program called FastStart®, a streamlined process that encourages members to set up mail service delivery. At the member's request, a CVS Caremark pharmacist will fax or call your office to get a prescription for your patient. It's that easy. The member can call 888-963-

7290 to initiate mail service through FastStart or register online at www.caremark.com.

MEDICATIONS PRE-PACKAGED AS A 90-DAY SUPPLY

Our pharmacy benefit covers some medications that are pre-packaged, dispensed and sold as a 90-day supply. Members who are prescribed these medications will be charged the applicable tier copayment for a 90-day supply whether the prescription is filled at retail or through the mail-service option. Examples of medications packaged as 90-day supplies include: Estring, Femring, and Seasonique. Please consult our website for an up-to-date list of medications or call Member Engagement at the number on the back of your ID card for more information on coverage.

CONTACT INFORMATION

The ***AvMed Miami Dade Advantage Medication Formulary*** is designed to assist prescribers, members, and other health care professionals in the selection of cost-effective medications. AvMed encourages your input and feedback on how we can assist in improving this document and the formulary management process. You may contact AvMed's Member Engagement Department by calling the number listed on the back of your card.

For additional information, please visit our website at: www.avmed.org/prescriptions.

LEGEND

Term	Definition
OTC	Over the counter
PA	Prior Authorization
PF	Preferred
QL	Quantity Limit
SP	Specialty drug
ST	Step Therapy (Progressive Medication Program)
Brand	Brand products are listed in capitals
Generic	Generic products are listed in lowercase italics

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When viewing the AvMed Miami Dade Advantage Medication Formulary via the Internet, please be advised that the AvMed Miami Dade Advantage Medication Formulary is updated periodically, and changes may appear prior to their effective date to allow for client notification.

AvMed Miami Dade Advantage Formulary Effective 07/01/2023

Drug Name Drug Tier Requirements/Limits ADHD/ANTI-NARCOLEPSY/ANTI-OBESITY/ANOREXIANTS

AMPHETAMINES

<i>amphetamine sulfate tabs 5mg, 10mg</i>	1	QL (120 tabs every 30 days)
<i>amphetamine-dextroamphetamine cap er 24hr 5 mg</i>	1	QL (90 caps every 30 days)
<i>amphetamine-dextroamphetamine cap er 24hr 10 mg</i>	1	QL (90 caps every 30 days)
<i>amphetamine-dextroamphetamine cap er 24hr 15 mg</i>	1	QL (30 caps every 30 days)
<i>amphetamine-dextroamphetamine cap er 24hr 20 mg</i>	1	QL (30 caps every 30 days)
<i>amphetamine-dextroamphetamine cap er 24hr 25 mg</i>	1	QL (30 caps every 30 days)
<i>amphetamine-dextroamphetamine cap er 24hr 30 mg</i>	1	QL (30 caps every 30 days)
<i>amphetamine-dextroamphetamine tab 5 mg</i>	1	QL (90 tabs every 30 days)
<i>amphetamine-dextroamphetamine tab 7.5 mg</i>	1	QL (90 tabs every 30 days)
<i>amphetamine-dextroamphetamine tab 10 mg</i>	1	QL (90 tabs every 30 days)
<i>amphetamine-dextroamphetamine tab 12.5 mg</i>	1	QL (90 tabs every 30 days)
<i>amphetamine-dextroamphetamine tab 15 mg</i>	1	QL (60 tabs every 30 days)
<i>amphetamine-dextroamphetamine tab 20 mg</i>	1	QL (60 tabs every 30 days)
<i>amphetamine-dextroamphetamine tab 30 mg</i>	1	QL (60 tabs every 30 days)
<i>dextroamphetamine sulfate cp24 5mg, 10mg</i>	1	QL (120 caps every 30 days)
<i>dextroamphetamine sulfate cp24 15mg</i>	1	QL (60 caps every 30 days)
<i>dextroamphetamine sulfate soln 5mg/5ml</i>	1	QL (1200 mL every 30 days)
<i>dextroamphetamine sulfate tabs 5mg, 10mg</i>	1	QL (120 tabs every 30 days)
<i>dextroamphetamine sulfate tabs 15mg, 20mg, 30mg</i>	1	QL (60 tabs every 30 days)
<i>methamphetamine hcl tabs 5mg</i>	1	QL (150 tabs every 30 days)
<i>procentra soln 5mg/5ml</i>	1	QL (1200 mL every 30 days)
VYVANSE CAPS 10mg, 20mg, 30mg	2	QL (60 caps every 30 days)

Drug Name	Drug Tier	Requirements/Limits
VYVANSE CAPS 40mg, 50mg, 60mg, 70mg	2	QL (30 caps every 30 days)
VYVANSE CHEW 10mg, 20mg, 30mg	2	QL (60 tabs every 30 days)
VYVANSE CHEW 40mg, 50mg, 60mg	2	QL (30 tabs every 30 days)
zenzedi tabs 2.5mg, 5mg, 7.5mg, 10mg	1	QL (120 tabs every 30 days)
zenzedi tabs 15mg, 20mg, 30mg	1	QL (60 tabs every 30 days)

ANALEPTICS

caffeine citrate soln 20mg/ml, 60mg/3ml	1	
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ATTENTION-DEFICIT/HYPERACTIVITY DISORDER (ADHD) AGENTS

atomoxetine hcl caps 10mg, 18mg, 25mg	1	QL (120 caps every 30 days)
atomoxetine hcl caps 40mg	1	QL (60 caps every 30 days)
atomoxetine hcl caps 60mg, 80mg, 100mg	1	QL (30 caps every 30 days)
clonidine hcl (adhd) tb12 .1mg	1	
guanfacine hcl (adhd) tb24 1mg, 2mg	1	QL (1 tab every 1 day)
guanfacine hcl (adhd) tb24 3mg, 4mg	1	
QELBREE CP24 100mg, 150mg, 200mg	2	QL (90 caps every 30 days)

DOPAMINE AND NOREPINEPHRINE REUPTAKE INHIBITORS (DNRIS)

SUNOSI TABS 75mg, 150mg	2	PA
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HISTAMINE H3-RECEPTOR ANTAGONIST/INVERSE AGONISTS

WAKIX TABS 4.45mg, 17.8mg	4	SP, PA, QL (60 tabs every 30 days)
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STIMULANTS - MISC.

armodafinil tabs 50mg, 150mg, 200mg, 250mg	1	
AZSTARYS CAP 26.1-5.2	2	QL (60 caps every 30 days)
AZSTARYS CAP 39.2-7.8	2	QL (60 caps every 30 days)
AZSTARYS CAP 52.3-10.	2	QL (60 caps every 30 days)
dexmethylphenidate hcl cp24 5mg, 10mg, 15mg, 20mg	1	QL (60 caps every 30 days)
dexmethylphenidate hcl cp24 25mg, 30mg, 35mg, 40mg	1	QL (30 caps every 30 days)
dexmethylphenidate hcl tabs 2.5mg, 5mg	1	QL (120 tabs every 30 days)

Drug Name	Drug Tier	Requirements/Limits
<i>dexmethylphenidate hcl tabs 10mg</i>	1	QL (60 tabs every 30 days)
<i>methylphenidate ptch 10mg/9hr, 15mg/9hr, 20mg/9hr, 30mg/9hr</i>	1	QL (30 ea every 30 days)
<i>methylphenidate hcl chew 2.5mg, 5mg, 10mg; tabs 5mg, 10mg</i>	1	QL (180 tabs every 30 days)
<i>methylphenidate hcl cp24 10mg, 15mg, 20mg, 30mg, 40mg, 50mg; cpcr 10mg, 20mg, 30mg</i>	1	QL (60 caps every 30 days)
<i>methylphenidate hcl cp24 40mg, 60mg; cpcr 40mg, 50mg, 60mg</i>	1	QL (30 caps every 30 days)
<i>methylphenidate hcl soln 5mg/5ml</i>	1	QL (1800 mL every 30 days)
<i>methylphenidate hcl soln 10mg/5ml</i>	1	QL (900 mL every 30 days)
<i>methylphenidate hcl tabs 20mg; tbcrr 10mg, 20mg</i>	1	QL (90 tabs every 30 days)
<i>methylphenidate hcl tbcrr 18mg, 27mg, 36mg</i>	1	QL (60 tabs every 30 days)
<i>methylphenidate hcl tbcrr 54mg</i>	1	QL (30 tabs every 30 days)
<i>modafinil tabs 100mg, 200mg</i>	1	

ALLERGENIC EXTRACTS/BIOLOGICALS MISC

ALLERGENIC EXTRACTS

<i>GRASTEK SUBL 2800bau</i>	2	QL (1 ea every 1 day)
<i>ORALAIR SUB 300 IR</i>	2	QL (1 tab every 1 day)
<i>RAGWITEK SUBL 12amba1-u</i>	2	QL (1 ea every 1 day)

AMINOGLYCOSIDES

AMINOGLYCOSIDES

<i>neomycin sulfate tabs 500mg</i>	1	
<i>paromomycin sulfate caps 250mg</i>	1	
<i>tobramycin nebu 300mg/4ml, 300mg/5ml</i>	4	SP, PA, QL (56 ampules every 28 days)

ANALGESICS - ANTI-INFLAMMATORY

ANTI-TNF-ALPHA - MONOCLONAL ANTIBODIES

<i>HUMIRA PSKT 10mg/0.1ml</i>	4	SP, PA, QL (2 syringes every 28 days); Preferred for Ankylosing Spondylitis, Crohn's Disease, Psoriasis, Psoriatic Arthritis, Rheumatoid Arthritis and Ulcerative Colitis
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Drug Name	Drug Tier	Requirements/Limits
HUMIRA PSKT 20mg/0.2ml, 40mg/0.4ml, 40mg/0.8ml	4	SP, PA, QL (4 syringes every 28 days); Preferred for Ankylosing Spondylitis, Crohn's Disease, Psoriasis, Psoriatic Arthritis, Rheumatoid Arthritis and Ulcerative Colitis
HUMIRA PEDIA INJ CROHNS	4	SP, PA, QL (2 syringes every 28 days-one time fill); Preferred for Ankylosing Spondylitis, Crohn's Disease, Psoriasis, Psoriatic Arthritis, Rheumatoid Arthritis and Ulcerative Colitis
HUMIRA PEDIATRIC CROHNS D PSKT 80mg/0.8ml	4	SP, PA, QL (3 syringes every 28 days- one time fill); Preferred for Ankylosing Spondylitis, Crohn's Disease, Psoriasis, Psoriatic Arthritis, Rheumatoid Arthritis and Ulcerative Colitis
HUMIRA PEN PNKT 40mg/0.4ml, 40mg/0.8ml	4	SP, PA, QL (4 pens every 28 days); Preferred for Ankylosing Spondylitis, Crohn's Disease, Psoriasis, Psoriatic Arthritis, Rheumatoid Arthritis and Ulcerative Colitis
HUMIRA PEN PNKT 80mg/0.8ml	4	SP, PA, QL (2 pens every 28 days); Preferred for Ankylosing Spondylitis, Crohn's Disease, Psoriasis, Psoriatic Arthritis, Rheumatoid Arthritis and Ulcerative Colitis

Drug Name	Drug Tier	Requirements/Limits
HUMIRA PEN KIT PS/UV	4	SP, PA, QL (3 pens every 28 days- one time fill); Preferred for Ankylosing Spondylitis, Crohn's Disease, Psoriasis, Psoriatic Arthritis, Rheumatoid Arthritis and Ulcerative Colitis
HUMIRA PEN-CD/UC/HS START PNKT 40mg/0.8ml	4	SP, PA, QL (4 pens every 28 days- one time fill); Preferred for Ankylosing Spondylitis, Crohn's Disease, Psoriasis, Psoriatic Arthritis, Rheumatoid Arthritis and Ulcerative Colitis
HUMIRA PEN-CD/UC/HS START PNKT 80mg/0.8ml	4	SP, PA, QL (3 pens every 28 days- one time fill); Preferred for Ankylosing Spondylitis, Crohn's Disease, Psoriasis, Psoriatic Arthritis, Rheumatoid Arthritis and Ulcerative Colitis
HUMIRA PEN-PEDIATRIC UC S PNKT 80mg/0.8ml	4	SP, PA, QL (4 pens every 28 days- one time fill); Preferred for Ankylosing Spondylitis, Crohn's Disease, Psoriasis, Psoriatic Arthritis, Rheumatoid Arthritis and Ulcerative Colitis
HUMIRA PEN-PS/UV STARTER PNKT 40mg/0.8ml	4	SP, PA, QL (4 pens every 28 days- one time fill); Preferred for Ankylosing Spondylitis, Crohn's Disease, Psoriasis, Psoriatic Arthritis, Rheumatoid Arthritis and Ulcerative Colitis

Drug Name	Drug Tier	Requirements/Limits
ANTIRHEUMATIC - ENZYME INHIBITORS		
RINVOQ TB24 15mg, 30mg	4	SP, PA, QL (30 tabs every 30 days); Preferred for Rheumatoid Arthritis, Ankylosing Spondylitis, Psoriatic Arthritis, and Ulcerative Colitis
RINVOQ TB24 45mg	4	SP, PA, QL (56 tabs every 56 days- Not For daily use); Preferred for Rheumatoid Arthritis, Ankylosing Spondylitis, Psoriatic Arthritis, and Ulcerative Colitis
XELJANZ SOLN 1mg/ml	4	SP, PA, QL (240 mL every 24 days); Preferred for Rheumatoid Arthritis and Ulcerative Colitis
XELJANZ TABS 5mg, 10mg	4	SP, PA, QL (60 tabs every 30 days); Preferred for Rheumatoid Arthritis and Ulcerative Colitis
XELJANZ XR TB24 11mg, 22mg	4	SP, PA, QL (30 tabs every 30 days); Preferred for Rheumatoid Arthritis and Ulcerative Colitis
ANTIRHEUMATIC ANTIMETABOLITES		
RASUVO SOAJ 7.5mg/0.15ml, 10mg/0.2ml, 12.5mg/0.25ml, 15mg/0.3ml, 17.5mg/0.35ml, 22.5mg/0.45ml, 25mg/0.5ml, 30mg/0.6ml	4	SP, PA, QL (4 injections every 28 days)
RASUVO SOAJ 20mg/0.4ml	4	SP, PA, QL (4 pens every 28 days)
INTERLEUKIN-6 RECEPTOR INHIBITORS		
KEVZARA SOAJ 150mg/1.14ml, 200mg/1.14ml; SOSY 150mg/1.14ml, 200mg/1.14ml	4	SP, PA, QL (2 syringes every 28 days); Preferred for Rheumatoid Arthritis
NONSTEROIDAL ANTI-INFLAMMATORY AGENTS (NSAIDS)		
celecoxib caps 50mg, 100mg, 200mg, 400mg	1	
diclofenac potassium tabs 50mg	1	

Drug Name	Drug Tier	Requirements/Limits
<i>diclofenac sodium tb24 100mg; tbec 25mg, 50mg, 75mg</i>	1	
<i>diclofenac w/ misoprostol tab delayed release 50-0.2 mg</i>	1	
<i>diclofenac w/ misoprostol tab delayed release 75-0.2 mg</i>	1	
<i>ec-naproxen tbec 375mg, 500mg</i>	1	
<i>etodolac caps 200mg, 300mg; tabs 400mg, 500mg; tb24 400mg, 500mg, 600mg</i>	1	
<i>flurbiprofen tabs 50mg, 100mg</i>	1	
<i>ibu tabs 400mg, 600mg, 800mg</i>	1	
<i>ibuprofen susp 100mg/5ml; tabs 400mg, 600mg, 800mg</i>	1	
<i>indomethacin caps 25mg, 50mg; cpcr 75mg</i>	1	
<i>ketorolac tromethamine tabs 10mg</i>	1	
<i>meclofenamate sodium caps 50mg, 100mg</i>	1	
<i>mefenamic acid caps 250mg</i>	1	
<i>meloxicam susp 7.5mg/5ml; tabs 15mg</i>	1	
<i>meloxicam tabs 7.5mg</i>	1	QL (1 tab every 1 day)
<i>nabumetone tabs 500mg, 750mg</i>	1	
<i>naproxen tabs 250mg, 375mg, 500mg; tbec 375mg, 500mg</i>	1	
<i>naproxen sodium tabs 275mg, 550mg</i>	1	
<i>oxaprozin tabs 600mg</i>	1	
<i>piroxicam caps 10mg, 20mg</i>	1	
<i>sulindac tabs 150mg, 200mg</i>	1	
<i>tolmetin sodium tabs 600mg</i>	1	
PHOSPHODIESTERASE 4 (PDE4) INHIBITORS		
OTEZLA TABS 30mg	4	SP, PA, QL (60 tabs every 30 days); Preferred for Psoriasis, Psoriatic Arthritis
OTEZLA TAB 10/20/30	4	SP, PA, QL (55 tabs every 28 days); Preferred for Psoriasis, Psoriatic Arthritis
PYRIMIDINE SYNTHESIS INHIBITORS		
<i>leflunomide tabs 10mg</i>	1	QL (1 tab every 1 day)
<i>leflunomide tabs 20mg</i>	1	

Drug Name	Drug Tier	Requirements/Limits
SELECTIVE COSTIMULATION MODULATORS		
ORENCIA SOSY 50mg/0.4ml, 87.5mg/0.7ml, 125mg/ml	4	SP, PA, QL (4 syringes every 28 days); Preferred for Rheumatoid Arthritis
ORENCIA CLICKJECT SOAJ 125mg/ml	4	SP, PA, QL (4 syringes every 28 days); Preferred for Rheumatoid Arthritis

SOLUBLE TUMOR NECROSIS FACTOR RECEPTOR AGENTS

ENBREL SOLN 25mg/0.5ml	4	SP, PA, QL (8 vials every 28 days); Preferred for Ankylosing Spondylitis, Psoriatic Arthritis and Rheumatoid Arthritis
ENBREL SOSY 25mg/0.5ml	4	SP, PA, QL (8 syringes every 28 days); Preferred for Ankylosing Spondylitis, Psoriatic Arthritis and Rheumatoid Arthritis
ENBREL SOSY 50mg/ml	4	SP, PA, QL (4 syringes every 28 days); Preferred for Ankylosing Spondylitis, Psoriatic Arthritis and Rheumatoid Arthritis
ENBREL MINI SOCT 50mg/ml	4	SP, PA, QL (4 cartridges every 28 days); Preferred for Ankylosing Spondylitis, Psoriatic Arthritis and Rheumatoid Arthritis
ENBREL SURECLICK SOAJ 50mg/ml	4	SP, PA, QL (4 injections every 28 days); Preferred for Ankylosing Spondylitis, Psoriatic Arthritis and Rheumatoid Arthritis

**ANALGESICS - NONNARCOTIC
ANALGESIC COMBINATIONS**

<i>bac</i>	1	QL (48 tabs every 30 days)
<i>butalbital-acetaminophen tab 50-325 mg</i>	1	QL (48 tabs every 30 days)
<i>butalbital-acetaminophen-caffeine tab 50-325-40 mg</i>	1	QL (48 tabs every 30 days)

Drug Name	Drug Tier	Requirements/Limits
<i>butalbital-aspirin-caffeine cap 50-325-40 mg</i>	1	QL (48 caps every 30 days)
<i>tencon</i>	1	QL (48 tabs every 30 days)

SALICYLATES

<i>aspirin chew 81mg; tbec 81mg</i>	1	QL (100 tablets every 100 days), OTC; \$0 copay for members age 50-59 or members at risk for preeclampsia, otherwise not covered
<i>diflunisal tabs 500mg</i>	1	
<i>salsalate tabs 750mg</i>	1	

ANALGESICS - OPIOID

OPIOID AGONISTS

<i>codeine sulfate tabs 30mg</i>	1	PA, QL (6 tabs every 1 day); Subject to initial 7-day limit
<i>fentanyl pt72 12mcg/hr, 25mcg/hr, 37.5mcg/hr</i>	1	PA, QL (10 patches every 30 days)
<i>fentanyl pt72 50mcg/hr, 62.5mcg/hr, 75mcg/hr, 87.5mcg/hr, 100mcg/hr</i>	1	PA; High Strength Requires PA
<i>fentanyl citrate lpop 200mcg, 400mcg, 600mcg, 800mcg, 1200mcg, 1600mcg</i>	1	PA, QL (4 Lozenges every 1 day)
<i>fentanyl citrate tabs 100mcg, 200mcg, 400mcg, 600mcg, 800mcg</i>	1	PA, QL (4 tabs every 1 day)
<i>hydrocodone bitartrate cp12 10mg, 15mg, 20mg, 30mg, 40mg</i>	1	PA, QL (2 caps every 1 day)
<i>hydrocodone bitartrate cp12 50mg; t24a 100mg, 120mg</i>	1	PA; High Strength Requires PA
<i>hydrocodone bitartrate t24a 20mg, 30mg, 40mg, 60mg, 80mg</i>	1	PA, QL (1 tab every 1 day)
<i>hydromorphone hcl liqd 1mg/ml</i>	1	PA, QL (20 ml every 1 day); Subject to initial 7-day limit
<i>hydromorphone hcl tabs 2mg</i>	1	PA, QL (6 tabs every 1 day); Subject to initial 7-day limit
<i>hydromorphone hcl tabs 4mg</i>	1	PA, QL (5 tabs every 1 day); Subject to initial 7-day limit
<i>hydromorphone hcl tabs 8mg</i>	1	PA, QL (2 tabs every 1 day); Subject to initial 7-day limit
<i>hydromorphone hcl tb24 8mg, 12mg, 16mg</i>	1	PA, QL (1 tab every 1 day)

Drug Name	Drug Tier	Requirements/Limits
<i>hydromorphone hcl tb24 32mg</i>	1	PA; High Strength Requires PA
<i>meperidine hcl soln 50mg/5ml</i>	1	PA, QL (30 ml every 1 day); Subject to initial 7-day limit
<i>meperidine hcl tabs 50mg</i>	1	PA, QL (6 tabs every 1 day); Subject to initial 7-day limit
<i>methadone hcl conc 10mg/ml</i>	1	QL (1 ml every 1 day)
<i>methadone hcl soln 5mg/5ml</i>	1	PA, QL (15 ml every 1 day)
<i>methadone hcl soln 10mg/5ml</i>	1	PA, QL (10 ml every 1 day)
<i>methadone hcl tabs 5mg</i>	1	PA, QL (3 tabs every 1 day)
<i>methadone hcl tabs 10mg</i>	1	PA, QL (2 tabs every 1 day)
<i>methadone hcl tbso 40mg</i>	1	QL (9 tabs every 30 days)
<i>methadone hydrochloride i conc 10mg/ml</i>	1	PA, QL (1 ml every 1 day)
<i>methadose tbso 40mg</i>	1	QL (9 tabs every 30 days)
<i>morphine sulfate cp24 10mg, 20mg, 30mg</i>	1	PA, QL (2 caps every 1 day)
<i>morphine sulfate cp24 50mg, 60mg, 80mg</i>	1	PA, QL (1 cap every 1 day)
<i>morphine sulfate cp24 100mg; tbc 60mg, 100mg, 200mg</i>	1	PA; High Strength Requires PA
<i>morphine sulfate soln 10mg/0.5ml, 20mg/ml, 100mg/5ml</i>	1	PA, QL (4.5ml every 1 day); Subject to initial 7-day limit
<i>morphine sulfate soln 10mg/5ml</i>	1	PA, QL (30 ml every 1 day); Subject to initial 7-day limit
<i>morphine sulfate soln 20mg/5ml</i>	1	PA, QL (22.5 ml every 1 day)
<i>morphine sulfate tabs 15mg</i>	1	PA, QL (6 tabs every 1 day); Subject to initial 7-day limit
<i>morphine sulfate tabs 30mg</i>	1	PA, QL (3 tabs every 1 day); Subject to initial 7-day limit
<i>morphine sulfate tbc 15mg, 30mg</i>	1	PA, QL (3 tabs every 1 day)
<i>morphine sulfate beads cp24 30mg, 45mg, 60mg, 75mg, 90mg</i>	1	PA, QL (1 cap every 1 day)

Drug Name	Drug Tier	Requirements/Limits
<i>morphine sulfate beads cp24 120mg</i>	1	PA; High Strength Requires PA
<i>oxycodone hcl caps 5mg</i>	1	PA, QL (6 caps every 1 day); Subject to initial 7-day limit
<i>oxycodone hcl conc 100mg/5ml</i>	1	PA, QL (3 ml every 1 day); Subject to initial 7-day limit
<i>oxycodone hcl soln 5mg/5ml</i>	1	PA, QL (30 ml every 1 day); Subject to initial 7-day limit
<i>oxycodone hcl t12a 10mg, 20mg</i>	1	PA, QL (2 tabs every 1 day)
<i>oxycodone hcl t12a 40mg</i>	1	PA; High Strength Requires PA
<i>oxycodone hcl t12a 80mg</i>	1	PA
<i>oxycodone hcl tabs 5mg, 10mg</i>	1	PA, QL (6 tabs every 1 day); Subject to initial 7-day limit
<i>oxycodone hcl tabs 15mg</i>	1	PA, QL (4 tabs every 1 day); Subject to initial 7-day limit
<i>oxycodone hcl tabs 20mg</i>	1	PA, QL (3 tabs every 1 day); Subject to initial 7-day limit
<i>oxycodone hcl tabs 30mg</i>	1	PA, QL (2 tabs every 1 day); Subject to initial 7-day limit
<i>oxymorphone hcl tabs 5mg</i>	1	PA, QL (6 tabs every 1 day); Subject to initial 7-day limit
<i>oxymorphone hcl tabs 10mg</i>	1	PA, QL (3 tabs every 1 day); Subject to initial 7-day limit
<i>tramadol hcl soln 5mg/ml</i>	1	QL (60 ml every 1 day); Subject to initial 7-day limit
<i>tramadol hcl tabs 50mg</i>	1	PA, QL (6 tabs every 1 day); Subject to initial 7-day limit
<i>tramadol hcl tb24 100mg</i>	1	PA, QL (1 tab every 1 day)
<i>tramadol hcl tb24 200mg, 300mg</i>	1	PA; High Strength Requires PA
<i>tramadol hcl tb24 300mg</i>	1	PA
<i>XTAMPZA ER C12A 9mg, 13.5mg, 18mg, 27mg</i>	2	PA, QL (2 caps every 1 day)

Drug Name	Drug Tier	Requirements/Limits
XTAMPZA ER C12A 36mg	2	PA; High Strength Requires PA

OPIOID COMBINATIONS

<i>acetaminophen w/ codeine soln 120-12 mg/5ml</i>	1	QL (90 ml every 1 day); Subject to initial 7-day limit
<i>acetaminophen w/ codeine tab 300-15 mg</i>	1	QL (13 tabs every 1 day); Subject to initial 7-day limit
<i>acetaminophen w/ codeine tab 300-30 mg</i>	1	QL (12 tabs every 1 day); Subject to initial 7-day limit
<i>acetaminophen w/ codeine tab 300-60 mg</i>	1	QL (6 tabs every 1 day); Subject to initial 7-day limit
<i>acetaminophen-caffeine-dihydrocodeine cap 320.5-30-16 mg</i>	1	QL (10 caps every 1 day); Subject to initial 7-day limit
<i>ascomp/codeine</i>	1	QL (48 caps every 30 days)
<i>butalbital-acetaminophen-caff w/ cod cap 50-300-40-30 mg</i>	1	QL (48 caps every 30 days)
<i>butalbital-acetaminophen-caff w/ cod cap 50-325-40-30 mg</i>	1	QL (48 caps every 30 days)
<i>butalbital-aspirin-caff w/ codeine cap 50-325-40-30 mg</i>	1	QL (48 caps every 30 days)
<i>endocet</i>	1	PA, QL (12 tabs every 1 day); Subject to initial 7-day limit
<i>endocet</i>	1	PA, QL (6 tabs every 1 day); Subject to initial 7-day limit
<i>endocet</i>	1	PA, QL (8 tabs every 1 day); Subject to initial 7-day limit
<i>hydrocodone-acetaminophen soln 7.5-325 mg/15ml</i>	1	PA, QL (90 ml every 1 day); Subject to initial 7-day limit
<i>hydrocodone-acetaminophen tab 5-300 mg</i>	1	PA, QL (8 tabs every 1 day); Subject to initial 7-day limit
<i>hydrocodone-acetaminophen tab 5-325 mg</i>	1	PA, QL (8 tabs every 1 day); Subject to initial 7-day limit
<i>hydrocodone-acetaminophen tab 7.5-300 mg</i>	1	PA, QL (6 tabs every 1 day); Subject to initial 7-day limit

Drug Name	Drug Tier	Requirements/Limits
<i>hydrocodone-acetaminophen tab 7.5-325 mg</i>	1	PA, QL (6 tabs every 1 day); Subject to initial 7-day limit
<i>hydrocodone-acetaminophen tab 10-300 mg</i>	1	PA, QL (6 tabs every 1 day); Subject to initial 7-day limit
<i>hydrocodone-acetaminophen tab 10-325 mg</i>	1	PA, QL (6 tabs every 1 day); Subject to initial 7-day limit
<i>hydrocodone-ibuprofen tab 5-200 mg</i>	1	PA, QL (5 tabs every 1 day); Subject to initial 7-day limit
<i>hydrocodone-ibuprofen tab 7.5-200 mg</i>	1	PA, QL (5 tabs every 1 day); Subject to initial 7-day limit
<i>hydrocodone-ibuprofen tab 10-200 mg</i>	1	PA, QL (5 tabs every 1 day); Subject to initial 7-day limit
<i>oxycodone w/ acetaminophen tab 2.5-325 mg</i>	1	PA, QL (12 tabs every 1 day); Subject to initial 7-day limit
<i>oxycodone w/ acetaminophen tab 5-325 mg</i>	1	PA, QL (12 tabs every 1 day); Subject to initial 7-day limit
<i>oxycodone w/ acetaminophen tab 7.5-325 mg</i>	1	PA, QL (8 tabs every 1 day); Subject to initial 7-day limit
<i>oxycodone w/ acetaminophen tab 10-325 mg</i>	1	PA, QL (6 tabs every 1 day); Subject to initial 7-day limit
<i>tramadol-acetaminophen tab 37.5-325 mg</i>	1	QL (8 tabs every 1 day); Subject to initial 7-day limit
<i>trezix</i>	1	QL (10 caps every 1 day); Subject to initial 7-day limit

OPIOID PARTIAL AGONISTS

<i>BELBUCA FILM 75mcg, 150mcg, 300mcg, 450mcg</i>	2	PA, QL (2 films every 1 day)
<i>BELBUCA FILM 600mcg, 750mcg, 900mcg</i>	2	PA; High Strength Requires PA
<i>buprenorphine ptwk 5mcg/hr, 7.5mcg/hr, 10mcg/hr</i>	1	PA, QL (4 patches every 30 days)
<i>buprenorphine ptwk 15mcg/hr, 20mcg/hr</i>	1	PA; High Strength Requires PA
<i>buprenorphine hcl subl 2mg, 8mg</i>	1	QL (3 tabs every 1 day)
<i>buprenorphine hcl-naloxone hcl sl film 2-0.5 mg (base equiv)</i>	1	QL (3 films every 1 day)

Drug Name	Drug Tier	Requirements/Limits
<i>buprenorphine hcl-naloxone hcl sl film 4-1 mg (base equiv)</i>	1	QL (3 films every 1 day)
<i>buprenorphine hcl-naloxone hcl sl film 8-2 mg (base equiv)</i>	1	QL (3 films every 1 day)
<i>buprenorphine hcl-naloxone hcl sl film 12-3 mg (base equiv)</i>	1	QL (2 films every 1 day)
<i>buprenorphine hcl-naloxone hcl sl tab 2-0.5 mg (base equiv)</i>	1	QL (3 tabs every 1 day)
<i>buprenorphine hcl-naloxone hcl sl tab 8-2 mg (base equiv)</i>	1	QL (3 tabs every 1 day)
<i>butorphanol tartrate soln 10mg/ml</i>	1	QL (2 bottles every 30 days)
<i>pentazocine w/ naloxone hcl tab 50-0.5 mg</i>	1	PA, QL (4 tabs every 1 day); Subject to initial 7-day limit
ZUBSOLV SUB 0.7-0.18	2	QL (3 tabs every 1 day)
ZUBSOLV SUB 1.4-0.36	2	QL (3 tabs every 1 day)
ZUBSOLV SUB 2.9-0.71	2	QL (3 tabs every 1 day)
ZUBSOLV SUB 5.7-1.4	2	QL (3 tabs every 1 day)
ZUBSOLV SUB 8.6-2.1	2	QL (2 tabs every 1 day)
ZUBSOLV SUB 11.4-2.9	2	QL (1 tab every 1 day)

ANDROGENS-ANABOLIC

ANABOLIC STEROIDS

<i>oxandrolone tabs 2.5mg, 10mg</i>	1	PA
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ANDROGENS

ANDRODERM PT24 2mg/24hr, 4mg/24hr	3	PA
<i>danazol caps 50mg, 100mg, 200mg</i>	1	
<i>depo-testosterone soln 100mg/ml, 200mg/ml</i>	1	PA
<i>methyld testosterone caps 10mg</i>	1	
NATESTO GEL 5.5mg/act	2	PA
<i>testosterone gel 1%, 1.62%, 10mg/act, 20.25mg/1.25gm, 25mg/2.5gm, 40.5mg/2.5gm, 50mg/5gm; soln 30mg/act</i>	1	PA
<i>testosterone cypionate soln 100mg/ml, 200mg/ml</i>	1	PA
<i>testosterone enanthate soln 200mg/ml</i>	1	PA

ANORECTAL AND RELATED PRODUCTS

INTRARECTAL STEROIDS

<i>budesonide (intrarectal) foam 2mg</i>	1	
CORTIFOAM FOAM 10%	2	
<i>hydrocortisone (intrarectal) enem 100mg/60ml</i>	1	

RECTAL COMBINATIONS

<i>hydrocortisone acetate w/ pramoxine perianal cream 1-1%</i>	1	
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Drug Name	Drug Tier	Requirements/Limits
PROCTOFOAM AER HC 1%	2	
RECTAL STEROIDS		
<i>anucort-hc supp 25mg</i>	1	
<i>hemmorex-hc supp 30mg</i>	1	
<i>hydrocortisone (rectal) crea 1%, 2.5%</i>	1	
<i>procto-med hc crea 2.5%</i>	1	
<i>procto-pak crea 1%</i>	1	
<i>proctosol hc crea 2.5%</i>	1	
<i>proctozone-hc crea 2.5%</i>	1	
ANTHELMINTICS		
ANTHELMINTICS		
<i>albendazole tabs 200mg</i>	1	
EMVERM CHEW 100mg	2	
<i>ivermectin tabs 3mg</i>	1	PA
<i>praziquantel tabs 600mg</i>	1	
ANTI-INFECTIVE AGENTS - MISC.		
ANTI-INFECTIVE AGENTS - MISC.		
<i>metronidazole caps 375mg; tabs 250mg, 500mg</i>	1	
<i>pentamidine isethionate solr 300mg</i>	1	
<i>tinidazole tabs 250mg, 500mg</i>	1	
<i>trimethoprim tabs 100mg</i>	1	
XIFAXAN TABS 550mg	2	
ANTI-INFECTIVE MISC. - COMBINATIONS		
<i>sulfamethoxazole-trimethoprim susp 200-40 mg/5ml</i>	1	
<i>sulfamethoxazole-trimethoprim tab 400-80 mg</i>	1	
<i>sulfamethoxazole-trimethoprim tab 800-160 mg</i>	1	
<i>sulfatrim pediatric</i>	1	
ANTIPROTOZOAL AGENTS		
<i>atovaquone susp 750mg/5ml</i>	1	
<i>nitazoxanide tabs 500mg</i>	1	
GLYCOPEPTIDES		
<i>vancomycin hcl caps 125mg, 250mg; solr 25mg/ml, 50mg/ml</i>	1	
LEPROSTATICS		
<i>dapsone tabs 25mg, 100mg</i>	1	
LINCOSAMIDES		
<i>clindamycin hcl caps 75mg, 150mg, 300mg</i>	1	
<i>clindamycin palmitate hydrochloride solr 75mg/5ml</i>	1	

Drug Name	Drug Tier	Requirements/Limits
OXAZOLIDINONES		
<i>linezolid susr 100mg/5ml; tabs 600mg</i>	1	
URINARY ANTI-INFECTIVES		
<i>fosfomycin tromethamine pack 3gm</i>	1	
<i>methenamine hippurate tabs 1gm</i>	1	
<i>methenamine mandelate tabs .5gm, 1gm</i>	1	
<i>nitrofurantoin susp 25mg/5ml</i>	1	
<i>nitrofurantoin macrocrystal caps 25mg, 50mg, 100mg</i>	1	
<i>nitrofurantoin monohyd macro caps 100mg</i>	1	
ANTIANGINAL AGENTS		
ANTIANGINALS-OTHER		
<i>ranolazine tb12 500mg, 1000mg</i>	1	
NITRATES		
<i>isosorbide dinitrate tabs 5mg, 10mg, 20mg, 30mg</i>	1	
<i>isosorbide mononitrate tabs 10mg, 20mg; tb24 30mg, 60mg, 120mg</i>	1	
<i>NITRO-DUR PT24 .3mg/hr, .8mg/hr</i>	2	
<i>nitroglycerin pt24 .1mg/hr, .2mg/hr, .4mg/hr, .6mg/hr; soln .4mg/spray; subl .3mg, .4mg, .6mg</i>	1	
ANTIANXIETY AGENTS		
ANTIANXIETY AGENTS - MISC.		
<i>buspirone hcl tabs 5mg, 7.5mg, 10mg, 15mg, 30mg</i>	1	
<i>hydroxyzine hcl syrp 10mg/5ml; tabs 10mg, 25mg, 50mg</i>	1	
<i>hydroxyzine pamoate caps 25mg, 50mg, 100mg</i>	1	
<i>meprobamate tabs 200mg, 400mg</i>	1	
BENZODIAZEPINES		
<i>alprazolam tabs .25mg, .5mg, 1mg, 2mg; tb24 .5mg, 1mg, 2mg, 3mg; tbdp .25mg, .5mg, 1mg, 2mg</i>	1	
<i>alprazolam xr tb24 .5mg, 1mg, 2mg, 3mg</i>	1	
<i>chlordiazepoxide hcl caps 5mg, 10mg, 25mg</i>	1	
<i>clorazepate dipotassium tabs 3.75mg, 7.5mg, 15mg</i>	1	
<i>diazepam conc 5mg/ml; soln 5mg/5ml; tabs 2mg, 5mg, 10mg</i>	1	
<i>lorazepam conc 2mg/ml; tabs .5mg, 1mg, 2mg</i>	1	

Drug Name	Drug Tier	Requirements/Limits
oxazepam caps 10mg, 15mg, 30mg	1	
ANTIARRHYTHMICS		
ANTIARRHYTHMICS TYPE I-A		
disopyramide phosphate caps 100mg, 150mg	1	
NORPACE CR CP12 100mg, 150mg	2	
quinidine gluconate tbc 324mg	1	
ANTIARRHYTHMICS TYPE I-B		
mexiletine hcl caps 150mg, 200mg, 250mg	1	
ANTIARRHYTHMICS TYPE I-C		
flecainide acetate tabs 50mg, 100mg, 150mg	1	
propafenone hcl cp12 225mg, 325mg, 425mg; tabs 150mg, 225mg, 300mg	1	
ANTIARRHYTHMICS TYPE III		
amiodarone hcl tabs 100mg, 200mg, 400mg	1	
dofetilide caps 125mcg, 250mcg, 500mcg	4	SP, PA
pacorone tabs 100mg, 200mg, 400mg	1	
ANTIASTHMATIC AND BRONCHODILATOR AGENTS		
ANTI-INFLAMMATORY AGENTS		
cromolyn sodium nebu 20mg/2ml	1	QL (240 mL every 30 days)
ANTIASTHMATIC - MONOCLONAL ANTIBODIES		
FASENRA PEN SOAJ 30mg/ml	4	SP, PA, QL (1 pen every 56 days)
NUCALA SOAJ 100mg/ml	4	SP, PA, QL (3 injections every 28 days)
NUCALA SOSY 40mg/0.4ml	4	SP, PA, QL (1 syringe every 28 days)
NUCALA SOSY 100mg/ml	4	SP, PA, QL (3 syringes every 28 days)
TEZSPIRE SOAJ 210mg/1.91ml	4	SP, PA, QL (1 pen every 28 days)
BRONCHODILATORS - ANTICHOLINERGICS		
ipratropium bromide soln .02%	1	QL (312 mL every 30 days)
SPIRIVA HANDIHALER CAPS 18mcg	2	QL (30 caps every 30 days)
SPIRIVA RESPIMAT AERS 1.25mcg/act, 2.5mcg/act	2	QL (1 package every 30 days)
YUPELRI SOLN 175mcg/3ml	2	QL (90 mL every 30 days)

Drug Name	Drug Tier	Requirements/Limits
LEUKOTRIENE MODULATORS		
<i>montelukast sodium chew 4mg, 5mg; pack 4mg; tabs 10mg</i>	1	
<i>zafirlukast tabs 10mg, 20mg</i>	1	
SELECTIVE PHOSPHODIESTERASE 4 (PDE4) INHIBITORS		
<i>roflumilast tabs 250mcg, 500mcg</i>	1	
STEROID INHALANTS		
<i>budesonide (inhalation) susp 1mg/2ml</i>	1	QL (60 ml every 30 days)
<i>budesonide (inhalation) susp .5mg/2ml</i>	1	QL (120 ml every 30 days)
<i>budesonide (inhalation) susp .25mg/2ml</i>	1	QL (180 ml every 30 days)
PULMICORT FLEXHALER AEPB 90mcg/act	2	QL (3 inhalers every 30 days)
PULMICORT FLEXHALER AEPB 180mcg/act	2	QL (2 inhalers every 30 days)
SYMPATHOMIMETICS		
ADVAIR DISKU AER 100/50	2	QL (60 inhalations every 30 days); Tier 1 with DAW 9
ADVAIR DISKU AER 250/50	2	QL (60 inhalations every 30 days); Tier 1 with DAW 9
ADVAIR DISKU AER 500/50	2	QL (60 inhalations every 30 days); Tier 1 with DAW 9
ADVAIR HFA AER 45/21	2	QL (1 inhaler every 30 days)
ADVAIR HFA AER 115/21	2	QL (1 inhaler every 30 days)
ADVAIR HFA AER 230/21	2	QL (1 inhaler every 30 days)
<i>albuterol sulfate aers 108mcg/act</i>	1	QL (2 inhalers every 30 days)
<i>albuterol sulfate nebu 2.5mg/0.5ml</i>	1	QL (120 mL every 30 days)
<i>albuterol sulfate nebu .083%, .63mg/3ml, 1.25mg/3ml</i>	1	QL (375 mL every 30 days)
<i>albuterol sulfate syrp 2mg/5ml; tabs 2mg, 4mg</i>	1	
ANORO ELLIPT AER 62.5-25	2	QL (60 blisters every 30 days)
<i>arformoterol tartrate nebu 15mcg/2ml</i>	1	QL (120 mL every 30 days)
BREO ELLIPTA INH 100-25	2	QL (60 blisters every 30 days)

Drug Name	Drug Tier	Requirements/Limits
BREO ELLIPTA INH 200-25	2	QL (60 blisters every 30 days)
BREZTRI AERO AER SPHERE	2	QL (1 inhaler every 30 days)
<i>formoterol fumarate nebu 20mcg/2ml</i>	1	QL (120 mL every 30 days)
<i>ipratropium-albuterol nebu soln 0.5-2.5(3) mg/3ml</i>	1	QL (6 boxes every 30 days)
<i>levalbuterol hcl nebu 1.25mg/0.5ml</i>	1	QL (90 mL every 30days)
<i>levalbuterol hcl nebu .31mg/3ml, .63mg/3ml, 1.25mg/3ml</i>	1	QL (300 mL every 30 days)
<i>levalbuterol tartrate aero 45mcg/act</i>	1	QL (2 inhalers every 30 days)
SEREVENT DISKUS AEPB 50mcg/dose	2	QL (60 inhalations every 30 days)
STIOLTO AER 2.5-2.5	2	QL (1 inhaler every 30 days)
STRIVERDI RESPIMAT AERS 2.5mcg/act	2	QL (1 inhaler every 30 days)
SYMBICORT AER 80-4.5	2	QL (3 packages every 30 days); Tier 2 with DAW 9
SYMBICORT AER 160-4.5	2	QL (3 packages every 30 days); Tier 2 with DAW 9
<i>terbutaline sulfate tabs 2.5mg, 5mg</i>	1	
TRELEGY AER 100MCG	2	QL (1 inhaler every 30 days)
TRELEGY AER 200MCG	2	QL (1 inhaler every 30 days)

XANTHINES

<i>elixophyllin elix 80mg/15ml</i>	1	
<i>theophylline elix 80mg/15ml; soln 80mg/15ml; tb12 300mg, 450mg; tb24 400mg, 600mg</i>	1	

ANTICOAGULANTS

COUMARIN ANTICOAGULANTS

<i>jantoven tabs 1mg, 2mg, 2.5mg, 3mg, 4mg, 5mg, 6mg, 7.5mg, 10mg</i>	1	
<i>warfarin sodium tabs 1mg, 2mg, 2.5mg, 3mg, 4mg, 5mg, 6mg, 7.5mg, 10mg</i>	1	

DIRECT FACTOR XA INHIBITORS

ELIQUIS TABS 2.5mg, 5mg	2	
ELIQUIS STARTER PACK TBPK 5mg	2	
XARELTO SUSR 1mg/ml; TABS 2.5mg, 10mg, 15mg, 20mg	2	

Drug Name	Drug Tier	Requirements/Limits
XARELTO STAR TAB 15/20MG	2	
HEPARINS AND HEPARINOID-LIKE AGENTS		
enoxaparin sodium soln 300mg/3ml; sosy 30mg/0.3ml, 40mg/0.4ml, 60mg/0.6ml, 80mg/0.8ml, 100mg/ml, 120mg/0.8ml, 150mg/ml	1	
fondaparinux sodium soln 2.5mg/0.5ml, 5mg/0.4ml, 7.5mg/0.6ml, 10mg/0.8ml	1	
FRAGMIN SOLN 95000unit/3.8ml; SOSY 2500unit/0.2ml, 5000unit/0.2ml, 7500unit/0.3ml, 10000unit/ml, 12500unit/0.5ml, 15000unit/0.6ml, 18000unt/0.72ml	2	
heparin sodium (porcine) soln 1000unit/ml, 5000unit/0.5ml, 5000unit/ml, 10000unit/ml, 20000unit/ml	1	
THROMBIN INHIBITORS		
dabigatran etexilate mesylate caps 75mg, 150mg	1	
ANTICONVULSANTS		
AMPA GLUTAMATE RECEPTOR ANTAGONISTS		
FYCOMPA SUSP .5mg/ml; TABS 2mg, 4mg, 6mg, 8mg, 10mg, 12mg	2	
ANTICONVULSANTS - BENZODIAZEPINES		
clobazam susp 2.5mg/ml; tabs 10mg, 20mg	1	
clonazepam tabs .5mg, 1mg, 2mg; tbdp .125mg, .25mg, .5mg, 1mg, 2mg	1	
diazepam (anticonvulsant) gel 2.5mg, 10mg, 20mg	1	
NAYZILAM SOLN 5mg/0.1ml	2	PA
VALTOCO LIQD 5mg/0.1ml, 10mg/0.1ml; LQPK 7.5mg/0.1ml, 10mg/0.1ml	2	PA
ANTICONVULSANTS - MISC.		
APTiom TABS 200mg, 400mg, 600mg, 800mg	2	
carbamazepine chew 100mg; cp12 100mg, 200mg, 300mg; susp 100mg/5ml; tabs 200mg; tb12 100mg, 200mg, 400mg	1	
epitol tabs 200mg	1	
gabapentin caps 100mg, 300mg, 400mg; soln 250mg/5ml, 300mg/6ml; tabs 600mg, 800mg	1	
lacosamide soln 10mg/ml; tabs 50mg, 100mg, 150mg, 200mg	1	

Drug Name	Drug Tier	Requirements/Limits
<i>lamotrigine chew 5mg, 25mg; kit 25mg; tabs 25mg, 100mg, 150mg, 200mg; tb24 25mg, 50mg, 100mg, 200mg, 250mg, 300mg; tbdp 25mg, 50mg, 100mg, 200mg</i>	1	
<i>lamotrigine tab 25 mg (42) & 100 mg (7) starter kit</i>	1	
<i>lamotrigine tab 84 x 25 mg & 14 x 100 mg starter kit</i>	1	
<i>lamotrigine tab disint 21 x 25 mg & 7 x 50 mg titration kit</i>	1	
<i>lamotrigine tab disint 25 (14) & 50 mg (14) & 100 mg (7) kit</i>	1	
<i>lamotrigine tab disint 42 x 50mg & 14 x 100mg titration kit</i>	1	
<i>levetiracetam soln 100mg/ml; tabs 250mg, 500mg, 750mg, 1000mg; tb24 500mg, 750mg</i>	1	
<i>oxcarbazepine susp 300mg/5ml; tabs 150mg, 300mg, 600mg</i>	1	
<i>OXTELLAR XR TB24 150mg, 300mg, 600mg</i>	2	
<i>pregabalin caps 25mg, 50mg, 75mg, 100mg, 150mg, 200mg, 225mg, 300mg; soln 20mg/ml</i>	1	
<i>primidone tabs 50mg, 250mg</i>	1	
<i>roweepra tabs 500mg</i>	1	
<i>rufinamide susp 40mg/ml; tabs 200mg, 400mg</i>	1	
<i>subvenite tabs 25mg, 100mg, 150mg, 200mg</i>	1	
<i>subvenite starter kit/blu kit 25mg</i>	1	
<i>subvenite starter kit/gre</i>	1	
<i>subvenite starter kit/ora</i>	1	
<i>topiramate cp24 25mg, 50mg, 100mg, 200mg; cpsp 15mg, 25mg; tabs 25mg, 50mg, 100mg, 200mg</i>	1	
<i>TROKENDI XR CP24 25mg, 50mg, 100mg, 200mg</i>	2	
<i>zonisamide caps 25mg, 50mg, 100mg</i>	1	
CARBAMATES		
<i>felbamate susp 600mg/5ml; tabs 400mg, 600mg</i>	1	
<i>XCOPRI TABS 50mg, 100mg, 150mg, 200mg</i>	2	PA
<i>XCOPRI PAK 12.5-25</i>	2	PA
<i>XCOPRI PAK 50-100MG</i>	2	PA
<i>XCOPRI PAK 100-150</i>	2	PA

Drug Name	Drug Tier	Requirements/Limits
XCOPRI PAK 150-200	2	PA
GABA MODULATORS		
tiagabine hcl tabs 2mg, 4mg, 12mg, 16mg	1	
vigabatrin pack 500mg	4	SP, PA, QL (180 packets every 30 days)
vigabatrin tabs 500mg	4	SP, PA, QL (180 tabs every 30 days)
vigadrone pack 500mg	4	SP, PA, QL (180 packets every 30 days)
HYDANTOINS		
phenytoin chew 50mg; susp 100mg/4ml, 125mg/5ml	1	
phenytoin sodium extended caps 100mg, 200mg, 300mg	1	
SUCCINIMIDES		
ethosuximide caps 250mg; soln 250mg/5ml	1	
methsuximide caps 300mg	1	
VALPROIC ACID		
divalproex sodium csdr 125mg; tb24 250mg, 500mg; tbec 125mg, 500mg	1	
divalproex sodium tbec 250mg	1	QL (1 tab every 1 day)
valproate sodium soln 250mg/5ml	1	
valproic acid caps 250mg	1	
ANTIDEPRESSANTS		
ALPHA-2 RECEPTOR ANTAGONISTS (TETRACYCLICS)		
mirtazapine tabs 7.5mg, 15mg; tbdp 15mg	1	QL (1 tab every 1 day)
mirtazapine tabs 30mg, 45mg; tbdp 30mg, 45mg	1	
ANTIDEPRESSANTS - MISC.		
bupropion hcl tabs 75mg, 100mg; tb12 100mg, 150mg, 200mg; tb24 150mg, 300mg	1	
MONOAMINE OXIDASE INHIBITORS (MAOIS)		
phenelzine sulfate tabs 15mg	1	
tranylcypromine sulfate tabs 10mg	1	
SELECTIVE SEROTONIN REUPTAKE INHIBITORS (SSRIS)		
citalopram hydrobromide soln 10mg/5ml; tabs 40mg	1	
citalopram hydrobromide tabs 10mg, 20mg	1	QL (1 tab every 1 day)
escitalopram oxalate soln 5mg/5ml; tabs 20mg	1	
escitalopram oxalate tabs 5mg, 10mg	1	QL (1 tab every 1 day)

Drug Name	Drug Tier	Requirements/Limits
<i>fluoxetine hcl caps 10mg, 20mg, 40mg; cpdr 90mg; soln 20mg/5ml; tabs 10mg, 20mg</i>	1	
<i>fluvoxamine maleate cp24 100mg, 150mg; tabs 100mg</i>	1	
<i>fluvoxamine maleate tabs 25mg, 50mg</i>	1	QL (1 tab every 1 day)
<i>paroxetine hcl susp 10mg/5ml; tabs 30mg, 40mg; tb24 25mg, 37.5mg</i>	1	
<i>paroxetine hcl tabs 10mg, 20mg; tb24 12.5mg</i>	1	QL (1 tab every 1 day)
<i>sertraline hcl conc 20mg/ml; tabs 100mg</i>	1	
<i>sertraline hcl tabs 25mg, 50mg</i>	1	QL (1 tab every 1 day)
SEROTONIN MODULATORS		
<i>nefazodone hcl tabs 50mg, 100mg, 150mg, 200mg, 250mg</i>	1	
<i>trazodone hcl tabs 50mg, 100mg, 150mg, 300mg</i>	1	
TRINTELLIX TABS 5mg, 10mg	2	QL (1 tab every 1 day)
TRINTELLIX TABS 20mg	2	
<i>vilazodone hcl tabs 10mg, 20mg, 40mg</i>	1	
SEROTONIN-NOREPINEPHRINE REUPTAKE INHIBITORS (SNRIS)		
<i>desvenlafaxine succinate tb24 25mg, 50mg</i>	1	QL (1 tab every 1 day)
<i>desvenlafaxine succinate tb24 100mg</i>	1	
<i>duloxetine hcl cpep 20mg, 30mg, 40mg, 60mg</i>	1	
<i>venlafaxine hcl cp24 37.5mg, 75mg</i>	1	QL (1 cap every 1 day)
<i>venlafaxine hcl cp24 150mg; tabs 25mg, 50mg, 100mg; tb24 225mg</i>	1	
<i>venlafaxine hcl tabs 37.5mg, 75mg</i>	1	QL (1 tab every 1 day)
TRICYCLIC AGENTS		
<i>amitriptyline hcl tabs 10mg, 25mg, 50mg, 75mg, 100mg, 150mg</i>	1	
<i>amoxapine tabs 25mg, 50mg, 100mg, 150mg</i>	1	
<i>clomipramine hcl caps 25mg, 50mg, 75mg</i>	1	
<i>desipramine hcl tabs 10mg, 25mg, 50mg, 75mg, 100mg, 150mg</i>	1	
<i>doxepin hcl caps 10mg, 25mg, 50mg, 75mg, 100mg, 150mg; conc 10mg/ml</i>	1	
<i>imipramine hcl tabs 10mg, 25mg, 50mg</i>	1	
<i>imipramine pamoate caps 75mg, 100mg, 125mg, 150mg</i>	1	
<i>nortriptyline hcl caps 10mg, 25mg, 50mg, 75mg; soln 10mg/5ml</i>	1	
<i>protriptyline hcl tabs 5mg, 10mg</i>	1	

Drug Name	Drug Tier	Requirements/Limits
<i>trimipramine maleate caps 25mg, 50mg, 100mg</i>	1	
ANTIDIABETICS		
ALPHA-GLUCOSIDASE INHIBITORS		
<i>acarbose tabs 25mg, 50mg, 100mg</i>	1	
<i>miglitol tabs 25mg, 50mg, 100mg</i>	1	
ANTIDIABETIC - AMYLIN ANALOGS		
SYMLINPEN 60 SOPN 1500mcg/1.5ml	2	
SYMLINPEN 120 SOPN 2700mcg/2.7ml	2	
ANTIDIABETIC COMBINATIONS		
<i>glipizide-metformin hcl tab 2.5-250 mg</i>	1	
<i>glipizide-metformin hcl tab 2.5-500 mg</i>	1	
<i>glipizide-metformin hcl tab 5-500 mg</i>	1	
<i>glyburide-metformin tab 1.25-250 mg</i>	1	
<i>glyburide-metformin tab 2.5-500 mg</i>	1	
<i>glyburide-metformin tab 5-500 mg</i>	1	
GLYXAMBI TAB 10-5 MG	2	
GLYXAMBI TAB 25-5 MG	2	
JANUMET TAB 50-500MG	2	
JANUMET TAB 50-1000	2	
JANUMET XR TAB 50-500MG	2	
JANUMET XR TAB 50-1000	2	
JANUMET XR TAB 100-1000	2	
<i>pioglitazone hcl-glimepiride tab 30-2 mg</i>	1	
<i>pioglitazone hcl-glimepiride tab 30-4 mg</i>	1	
<i>pioglitazone hcl-metformin hcl tab 15-500 mg</i>	1	
<i>pioglitazone hcl-metformin hcl tab 15-850 mg</i>	1	
SOLIQUA INJ 100/33	2	
SYNJARDY TAB	2	QL (2 tabs every 1 day)
SYNJARDY TAB 5-500MG	2	QL (2 tabs every 1 day)
SYNJARDY TAB 5-1000MG	2	QL (2 tabs every 1 day)
SYNJARDY TAB 12.5-500	2	QL (2 tabs every 1 day)
SYNJARDY XR TAB	2	
SYNJARDY XR TAB 5-1000MG	2	
SYNJARDY XR TAB 10-1000	2	
SYNJARDY XR TAB 25-1000	2	
TRIJARDY XR TAB	2	
XIGDUO XR TAB 2.5-1000	2	QL (2 tabs every 1 day)
XIGDUO XR TAB 5-500MG	2	QL (2 tabs every 1 day)
XIGDUO XR TAB 5-1000MG	2	QL (2 tabs every 1 day)
XIGDUO XR TAB 10-500MG	2	QL (1 tab every 1 day)
XIGDUO XR TAB 10-1000	2	QL (1 tab every 1 day)
XULTOPHY INJ 100/3.6	2	

Drug Name	Drug Tier	Requirements/Limits
BIGUANIDES		
metformin hcl soln 500mg/5ml; tabs 500mg, 1000mg	1	
metformin hcl tabs 850mg	1	\$0 copay for ages 35 to 70 for prediabetes and type 2 diabetes
metformin hcl tb24 500mg, 750mg	1	(generic GLUCOPHAGE XR)
DIABETIC OTHER		
BAQSIMI ONE PACK POWD 3mg/dose	2	PA, QL (4 ea every 90 days)
BAQSIMI TWO PACK POWD 3mg/dose	2	PA, QL (4 ea every 90 days)
diazoxide susp 50mg/ml	1	
glucagon (rdna) kit 1mg	1	
GVOKE HYPOPEN 1-PACK SOAJ .5mg/0.1ml, 1mg/0.2ml	2	
GVOKE HYPOPEN 2-PACK SOAJ .5mg/0.1ml, 1mg/0.2ml	2	
GVOKE KIT SOLN 1mg/0.2ml	2	
GVOKE PFS SOSY .5mg/0.1ml, 1mg/0.2ml	2	
ZEGALOGUE SOAJ .6mg/0.6ml; SOSY .6mg/0.6ml	2	
DIPEPTIDYL PEPTIDASE-4 (DPP-4) INHIBITORS		
JANUVIA TABS 25mg, 50mg	2	QL (1 tab every 1 day)
JANUVIA TABS 100mg	2	
INCRETIN MIMETIC AGENTS		
OZEMPIC SOPN 2mg/3ml, 4mg/3ml	2	PA, QL (1 pen every 30 days)
OZEMPIC INJ 8MG/3ML	2	PA, QL (1 pen every 30 days)
RYBELSUS TABS 3mg, 7mg, 14mg	2	PA, QL (1 tab every 1 day)
TRULICITY SOPN .75mg/0.5ml, 1.5mg/0.5ml, 3mg/0.5ml, 4.5mg/0.5ml	2	PA, QL (4 pens every 30 days)
VICTOZA SOPN 18mg/3ml	2	PA
INSULIN		
BASAGLAR KWIKPEN SOPN 100unit/ml	2	
FIASP FLEX INJ TOUCH	2	
FIASP INJ 100/ML	2	
FIASP PENFIL INJ U-100	2	
HUMULIN R U-500 (CONCENTR SOLN 500unit/ml	2	
HUMULIN R U-500 KWIKPEN SOPN 500unit/ml	2	
LEVEMIR SOLN 100unit/ml	2	

Drug Name	Drug Tier	Requirements/Limits
LEVEMIR FLEXPEN SOPN 100unit/ml	2	
NOVOLIN INJ 70/30	2	OTC; RELION not covered
NOVOLIN INJ 70/30 FP	2	OTC
NOVOLIN N SUSP 100unit/ml	2	OTC; RELION not covered
NOVOLIN N FLEXPEN SUPN 100unit/ml	2	OTC; RELION not covered
NOVOLIN R SOLN 100unit/ml	2	OTC
NOVOLIN R FLEXPEN SOPN 100unit/ml	2	OTC; RELION not covered
NOVOLOG SOLN 100unit/ml	2	
NOVOLOG FLEXPEN SOPN 100unit/ml	2	
NOVOLOG MIX INJ 70/30	2	
NOVOLOG MIX INJ FLEXPEN	2	
NOVOLOG PENFILL SOCT 100unit/ml	2	
TOUJEO MAX SOLOSTAR SOPN 300unit/ml	2	
TOUJEO SOLOSTAR SOPN 300unit/ml	2	
TRESIBA SOLN 100unit/ml	2	
TRESIBA FLEXTOUCH SOPN 100unit/ml, 200unit/ml	2	

INSULIN SENSITIZING AGENTS

<i>pioglitazone hcl tabs 15mg</i>	1	QL (1 tab every 1 day)
<i>pioglitazone hcl tabs 30mg, 45mg</i>	1	

MEGLITINIDE ANALOGUES

<i>nateglinide tabs 60mg, 120mg</i>	1	
<i>repaglinide tabs .5mg, 1mg, 2mg</i>	1	

SODIUM-GLUCOSE CO-TRANSPORTER 2 (SGLT2) INHIBITORS

FARXIGA TABS 5mg	2	QL (1 tab every 1 day)
FARXIGA TABS 10mg	2	
JARDIANCE TABS 10mg, 25mg	2	QL (1 tab every 1 day)

SULFONYLUREAS

<i>glimepiride tabs 1mg</i>	1	QL (1 tab every 1 day)
<i>glimepiride tabs 2mg, 4mg</i>	1	
<i>glipizide tabs 5mg, 10mg; tb24 2.5mg, 5mg, 10mg</i>	1	
<i>glipizide xl tb24 2.5mg, 5mg, 10mg</i>	1	
<i>glyburide tabs 1.25mg, 2.5mg, 5mg</i>	1	
<i>glyburide micronized tabs 1.5mg, 3mg, 6mg</i>	1	

ANTIDIARRHEAL/PROBIOTIC AGENTS

ANTIPERISTALTIC AGENTS

<i>diphenoxylate w/ atropine liq 2.5-0.025 mg/5ml</i>	1	
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Drug Name	Drug Tier	Requirements/Limits
<i>diphenoxylate w/ atropine tab 2.5-0.025 mg</i>	1	
<i>loperamide hcl caps 2mg</i>	1	
ANTIDOTES AND SPECIFIC ANTAGONISTS		
ANTIDOTES - CHELATING AGENTS		
<i>deferasirox pack 90mg, 180mg, 360mg; tabs 90mg, 180mg, 360mg; tbso 125mg, 250mg, 500mg</i>	4	SP, PA
<i>deferiprone tabs 500mg, 1000mg</i>	4	SP, PA
ANTIDOTES AND SPECIFIC ANTAGONISTS		
<i>VISTOGARD PACK 10gm</i>	4	SP, QL (20 packets every 5 days)
OPIOID ANTAGONISTS		
<i>naloxone hcl liqd 4mg/0.1ml</i>	1	QL (4 sprays every 180 days)
<i>naloxone hcl soct .4mg/ml; soln .4mg/ml, 4mg/10ml; sosy 2mg/2ml</i>	1	
<i>naltrexone hcl tabs 50mg</i>	1	
ANTIEMETICS		
5-HT3 RECEPTOR ANTAGONISTS		
<i>granisetron hcl tabs 1mg</i>	1	QL (12 tabs every 21 days)
<i>ondansetron tbdp 4mg, 8mg</i>	1	
<i>ondansetron hcl soln 4mg/5ml; tabs 4mg, 8mg, 24mg</i>	1	
<i>SANCUSO PTCH 3.1mg/24hr</i>	2	QL (2 patches every 21 days)
ANTIEMETICS - ANTICHOLINERGIC		
<i>meclizine hcl tabs 12.5mg, 25mg</i>	1	
<i>scopolamine pt72 1mg/3days</i>	1	
<i>trimethobenzamide hcl caps 300mg</i>	1	
ANTIEMETICS - MISCELLANEOUS		
<i>doxylamine-pyridoxine tab delayed release 10-10 mg</i>	1	PA
<i>dronabinol caps 2.5mg, 5mg, 10mg</i>	1	QL (60 caps every 30 days)
SUBSTANCE P/NEUROKININ 1 (NK1) RECEPTOR ANTAGONISTS		
<i>aprepitant caps 40mg</i>	1	QL (3 caps every 180 days)
<i>aprepitant caps 80mg</i>	1	QL (4 ea every 21 days)
<i>aprepitant caps 125mg</i>	1	QL (2 caps every 21 days)
<i>aprepitant capsule therapy pack 80 & 125 mg</i>	1	QL (6 tabs every 21 days)

Drug Name	Drug Tier	Requirements/Limits
ANTIFUNGALS		
ANTIFUNGALS		
flucytosine caps 250mg	1	
griseofulvin microsize susp 125mg/5ml; tabs 500mg	1	
griseofulvin ultramicrosize tabs 125mg, 250mg	1	
nystatin tabs 500000unit	1	
terbinafine hcl tabs 250mg	1	
IMIDAZOLE-RELATED ANTIFUNGALS		
fluconazole susr 10mg/ml, 40mg/ml; tabs 50mg, 150mg, 200mg	1	
fluconazole tabs 100mg	1	QL (1 tab every 1 day)
itraconazole caps 100mg; soln 10mg/ml	1	PA
ketoconazole tabs 200mg	1	
posaconazole susp 40mg/ml	1	
voriconazole susr 40mg/ml; tabs 50mg, 200mg	1	
ANTIHIISTAMINES		
ANTIHIISTAMINES - ETHANOLAMINES		
carbinoxamine maleate soln 4mg/5ml; tabs 4mg	1	
clemastine fumarate tabs 2.68mg	1	
diphenhydramine hcl elix 12.5mg/5ml	1	
ANTIHIISTAMINES - NON-SEDATING		
cetirizine hcl soln 1mg/ml	1	
desloratadine tabs 5mg; tbdp 2.5mg, 5mg	1	
levocetirizine dihydrochloride soln 2.5mg/5ml; tabs 5mg	1	
ANTIHIISTAMINES - PHENOTHIAZINES		
promethazine hcl supp 12.5mg, 25mg; syrp 6.25mg/5ml; tabs 12.5mg, 25mg, 50mg	1	
promethegan supp 12.5mg, 25mg, 50mg	1	
ANTIHIISTAMINES - PIPERIDINES		
ciproheptadine hcl syrp 2mg/5ml; tabs 4mg	1	
ANTIHYPERLIPIDEMICS		
ADENOSINE TRIPHOSPHATE-CITRATE LYASE (ACL) INHIBITORS		
NEXLETOL TABS 180mg	2	PA
ANTIHYPERLIPIDEMICS - COMBINATIONS		
ezetimibe-simvastatin tab 10-10 mg	1	
ezetimibe-simvastatin tab 10-20 mg	1	
ezetimibe-simvastatin tab 10-40 mg	1	

Drug Name	Drug Tier	Requirements/Limits
<i>ezetimibe-simvastatin tab 10-80 mg</i>	1	
NEXLIZET TAB 180/10MG	2	PA
ANTIHYPERLIPIDEMICS - MISC.		
<i>omega-3-acid ethyl esters cap 1 gm</i>	1	
VASCEPA CAPS .5gm, 1gm	2	Tier 1 with DAW 9
BILE ACID SEQUESTRANTS		
<i>cholestyramine pack 4gm; powd 4gm/dose</i>	1	
<i>cholestyramine light pack 4gm; powd 4gm/dose</i>	1	
<i>colesevelam hcl pack 3.75gm; tabs 625mg</i>	1	
<i>colestipol hcl gran 5gm; pack 5gm; tabs 1gm</i>	1	
<i>prevalite pack 4gm; powd 4gm/dose</i>	1	
FIBRIC ACID DERIVATIVES		
<i>choline fenofibrate cpdr 45mg, 135mg</i>	1	
<i>fenofibrate caps 150mg; tabs 48mg, 54mg, 145mg, 160mg</i>	1	
<i>fenofibrate micronized caps 43mg, 67mg, 134mg, 200mg</i>	1	
<i>fenofibric acid tabs 35mg, 105mg</i>	1	
<i>gemfibrozil tabs 600mg</i>	1	
HMG COA REDUCTASE INHIBITORS		
<i>atorvastatin calcium tabs 10mg, 20mg</i>	1	QL (1 tab every 1 day); \$0 copay for members age 40 through 75
<i>atorvastatin calcium tabs 40mg</i>	1	QL (1 tab every 1 day)
<i>atorvastatin calcium tabs 80mg</i>	1	
<i>fluvastatin sodium caps 20mg, 40mg; tb24 80mg</i>	1	\$0 copay for members age 40 through 75
<i>lovastatin tabs 10mg, 20mg, 40mg</i>	1	\$0 copay for members age 40 through 75
<i>pravastatin sodium tabs 10mg, 20mg, 40mg</i>	1	QL (1 tab every 1 day); \$0 copay for members age 40 through 75
<i>pravastatin sodium tabs 80mg</i>	1	\$0 copay for members age 40 through 75
<i>rosuvastatin calcium tabs 5mg, 10mg</i>	1	QL (1 tab every 1 day); \$0 copay for members age 40 through 75
<i>rosuvastatin calcium tabs 20mg</i>	1	QL (1 tab every 1 day)
<i>rosuvastatin calcium tabs 40mg</i>	1	
<i>simvastatin tabs 5mg, 10mg, 20mg</i>	1	QL (1 tab every 1 day); \$0 copay for members age 40 through 75

Drug Name	Drug Tier	Requirements/Limits
<i>simvastatin tabs 40mg</i>	1	\$0 copay for members age 40 through 75
<i>simvastatin tabs 80mg</i>	1	
INTESTINAL CHOLESTEROL ABSORPTION INHIBITORS		
<i>ezetimibe tabs 10mg</i>	1	
NICOTINIC ACID DERIVATIVES		
<i>niacin (antihyperlipidemic) tbc 500mg</i>	1	QL (1 tab every 1 day)
<i>niacin (antihyperlipidemic) tbc 750mg, 1000mg</i>	1	
PROTEIN CONVERTASE SUBTILISIN/KEXIN TYPE 9 INHIBITORS		
REPATHA SOSY 140mg/ml	2	PA, QL (3 syringes every 28 days)
REPATHA PUSHTRONEX SYSTEM SOCT 420mg/3.5ml	2	PA, QL (1 cartridge every 28 days)
REPATHA SURECLICK SOAJ 140mg/ml	2	PA, QL (3 pens every 28 days)
ANTIHYPERTENSIVES		
ACE INHIBITORS		
<i>benazepril hcl tabs 5mg, 10mg, 20mg, 40mg</i>	1	
<i>captopril tabs 12.5mg, 25mg, 50mg, 100mg</i>	1	
<i>enalapril maleate soln 1mg/ml; tabs 2.5mg, 5mg, 10mg, 20mg</i>	1	
<i>fosinopril sodium tabs 10mg, 20mg, 40mg</i>	1	
<i>lisinopril tabs 2.5mg, 5mg, 10mg, 20mg</i>	1	QL (1 tab every 1 day)
<i>lisinopril tabs 30mg, 40mg</i>	1	
<i>moexipril hcl tabs 7.5mg, 15mg</i>	1	
<i>perindopril erbumine tabs 2mg, 4mg, 8mg</i>	1	
<i>quinapril hcl tabs 5mg, 10mg, 20mg, 40mg</i>	1	
<i>ramipril caps 1.25mg, 2.5mg, 5mg, 10mg</i>	1	
<i>trandolapril tabs 1mg, 2mg, 4mg</i>	1	
AGENTS FOR PHEOCHROMOCYTOMA		
<i>metyrosine caps 250mg</i>	1	
<i>phenoxybenzamine hcl caps 10mg</i>	1	
ANGIOTENSIN II RECEPTOR ANTAGONISTS		
<i>candesartan cilexetil tabs 4mg, 8mg, 16mg, 32mg</i>	1	
<i>irbesartan tabs 75mg, 150mg</i>	1	QL (1 tab every 1 day)
<i>irbesartan tabs 300mg</i>	1	
<i>losartan potassium tabs 25mg, 50mg, 100mg</i>	1	
<i>olmesartan medoxomil tabs 5mg, 20mg</i>	1	QL (1 tab every 1 day)
<i>olmesartan medoxomil tabs 40mg</i>	1	

Drug Name	Drug Tier	Requirements/Limits
<i>telmisartan tabs 20mg, 40mg</i>	1	QL (1 tab every 1 day)
<i>telmisartan tabs 80mg</i>	1	
<i>valsartan tabs 40mg, 80mg, 160mg, 320mg</i>	1	
ANTIADRENERGIC ANTIHYPERTENSIVES		
<i>clonidine ptwk .1mg/24hr, .2mg/24hr, .3mg/24hr</i>	1	
<i>clonidine hcl tabs .1mg, .2mg, .3mg; tb24 .17mg</i>	1	
<i>doxazosin mesylate tabs 1mg, 2mg, 4mg</i>	1	QL (1 tab every 1 day)
<i>doxazosin mesylate tabs 8mg</i>	1	
<i>guanfacine hcl tabs 1mg, 2mg</i>	1	
<i>prazosin hcl caps 1mg, 2mg, 5mg</i>	1	
<i>terazosin hcl caps 1mg, 2mg, 5mg, 10mg</i>	1	
ANTIHYPERTENSIVE COMBINATIONS		
<i>amlodipine besylate-benazepril hcl cap 2.5-10 mg</i>	1	QL (1 cap every 1 day)
<i>amlodipine besylate-benazepril hcl cap 5-10 mg</i>	1	QL (1 cap every 1 day)
<i>amlodipine besylate-benazepril hcl cap 5-20 mg</i>	1	QL (1 cap every 1 day)
<i>amlodipine besylate-benazepril hcl cap 5-40 mg</i>	1	
<i>amlodipine besylate-benazepril hcl cap 10-20 mg</i>	1	
<i>amlodipine besylate-benazepril hcl cap 10-40 mg</i>	1	
<i>amlodipine besylate-olmesartan medoxomil tab 5-20 mg</i>	1	QL (1 tab every 1 day)
<i>amlodipine besylate-olmesartan medoxomil tab 5-40 mg</i>	1	
<i>amlodipine besylate-olmesartan medoxomil tab 10-20 mg</i>	1	
<i>amlodipine besylate-olmesartan medoxomil tab 10-40 mg</i>	1	
<i>amlodipine besylate-valsartan tab 5-160 mg</i>	1	QL (1 tab every 1 day)
<i>amlodipine besylate-valsartan tab 5-320 mg</i>	1	
<i>amlodipine besylate-valsartan tab 10-160 mg</i>	1	
<i>amlodipine besylate-valsartan tab 10-320 mg</i>	1	
<i>amlodipine-valsartan-hydrochlorothiazide tab 5-160-12.5 mg</i>	1	QL (1 tab every 1 day)
<i>amlodipine-valsartan-hydrochlorothiazide tab 5-160-25 mg</i>	1	

Drug Name	Drug Tier	Requirements/Limits
<i>amlodipine-valsartan-hydrochlorothiazide tab 10-160-12.5 mg</i>	1	
<i>amlodipine-valsartan-hydrochlorothiazide tab 10-160-25 mg</i>	1	
<i>amlodipine-valsartan-hydrochlorothiazide tab 10-320-25 mg</i>	1	
<i>atenolol & chlorthalidone tab 50-25 mg</i>	1	
<i>atenolol & chlorthalidone tab 100-25 mg</i>	1	
<i>benazepril & hydrochlorothiazide tab 5-6.25 mg</i>	1	
<i>benazepril & hydrochlorothiazide tab 10-12.5 mg</i>	1	
<i>benazepril & hydrochlorothiazide tab 20-12.5 mg</i>	1	
<i>benazepril & hydrochlorothiazide tab 20-25 mg</i>	1	
<i>bisoprolol & hydrochlorothiazide tab 2.5-6.25 mg</i>	1	
<i>bisoprolol & hydrochlorothiazide tab 5-6.25 mg</i>	1	
<i>bisoprolol & hydrochlorothiazide tab 10-6.25 mg</i>	1	
<i>candesartan cilexetil-hydrochlorothiazide tab 16-12.5 mg</i>	1	
<i>candesartan cilexetil-hydrochlorothiazide tab 32-12.5 mg</i>	1	
<i>candesartan cilexetil-hydrochlorothiazide tab 32-25 mg</i>	1	
<i>captopril & hydrochlorothiazide tab 25-15 mg</i>	1	
<i>captopril & hydrochlorothiazide tab 25-25 mg</i>	1	
<i>captopril & hydrochlorothiazide tab 50-15 mg</i>	1	
<i>captopril & hydrochlorothiazide tab 50-25 mg</i>	1	
<i>enalapril maleate & hydrochlorothiazide tab 5-12.5 mg</i>	1	QL (1 tab every 1 day)
<i>enalapril maleate & hydrochlorothiazide tab 10-25 mg</i>	1	
<i>fosinopril sodium & hydrochlorothiazide tab 10-12.5 mg</i>	1	
<i>fosinopril sodium & hydrochlorothiazide tab 20-12.5 mg</i>	1	
<i>irbesartan-hydrochlorothiazide tab 150-12.5 mg</i>	1	

Drug Name	Drug Tier	Requirements/Limits
<i>irbesartan-hydrochlorothiazide tab 300-12.5 mg</i>	1	
<i>lisinopril & hydrochlorothiazide tab 10-12.5 mg</i>	1	QL (1 tab every 1 day)
<i>lisinopril & hydrochlorothiazide tab 20-12.5 mg</i>	1	
<i>lisinopril & hydrochlorothiazide tab 20-25 mg</i>	1	
<i>losartan potassium & hydrochlorothiazide tab 50-12.5 mg</i>	1	
<i>losartan potassium & hydrochlorothiazide tab 100-12.5 mg</i>	1	
<i>losartan potassium & hydrochlorothiazide tab 100-25 mg</i>	1	
<i>metoprolol & hydrochlorothiazide tab 50-25 mg</i>	1	
<i>metoprolol & hydrochlorothiazide tab 100-25 mg</i>	1	
<i>metoprolol & hydrochlorothiazide tab 100-50 mg</i>	1	
<i>olmesartan medoxomil-hydrochlorothiazide tab 20-12.5 mg</i>	1	QL (1 tab every 1 day)
<i>olmesartan medoxomil-hydrochlorothiazide tab 40-12.5 mg</i>	1	
<i>olmesartan medoxomil-hydrochlorothiazide tab 40-25 mg</i>	1	
<i>olmesartan-amlodipine-hydrochlorothiazide tab 20-5-12.5 mg</i>	1	QL (1 tab every 1 day)
<i>olmesartan-amlodipine-hydrochlorothiazide tab 40-5-12.5 mg</i>	1	
<i>olmesartan-amlodipine-hydrochlorothiazide tab 40-5-25 mg</i>	1	
<i>olmesartan-amlodipine-hydrochlorothiazide tab 40-10-12.5 mg</i>	1	
<i>olmesartan-amlodipine-hydrochlorothiazide tab 40-10-25 mg</i>	1	
<i>quinapril-hydrochlorothiazide tab 20-12.5 mg</i>	1	
<i>quinapril-hydrochlorothiazide tab 20-25 mg</i>	1	
TEKTURNA HCT TAB 300-12.5	2	
TEKTURNA HCT TAB 300-25MG	2	
<i>telmisartan-amlodipine tab 40-5 mg</i>	1	QL (1 tab every 1 day)
<i>telmisartan-amlodipine tab 40-10 mg</i>	1	
<i>telmisartan-amlodipine tab 80-5 mg</i>	1	
<i>telmisartan-amlodipine tab 80-10 mg</i>	1	
<i>telmisartan-hydrochlorothiazide tab 40-12.5 mg</i>	1	QL (1 tab every 1 day)

Drug Name	Drug Tier	Requirements/Limits
<i>telmisartan-hydrochlorothiazide tab 80-12.5 mg</i>	1	
<i>telmisartan-hydrochlorothiazide tab 80-25 mg</i>	1	
<i>trandolapril-verapamil hcl tab er 1-240 mg</i>	1	
<i>trandolapril-verapamil hcl tab er 2-180 mg</i>	1	
<i>trandolapril-verapamil hcl tab er 2-240 mg</i>	1	
<i>trandolapril-verapamil hcl tab er 4-240 mg</i>	1	
<i>valsartan-hydrochlorothiazide tab 80-12.5 mg</i>	1	QL (1 tab every 1 day)
<i>valsartan-hydrochlorothiazide tab 160-12.5 mg</i>	1	QL (1 tab every 1 day)
<i>valsartan-hydrochlorothiazide tab 160-25 mg</i>	1	
<i>valsartan-hydrochlorothiazide tab 320-12.5 mg</i>	1	
<i>valsartan-hydrochlorothiazide tab 320-25 mg</i>	1	
DIRECT RENIN INHIBITORS		
<i>aliskiren fumarate tabs 150mg</i>	1	QL (1 tab every 1 day)
<i>aliskiren fumarate tabs 300mg</i>	1	
SELECTIVE ALDOSTERONE RECEPTOR ANTAGONISTS (SARAS)		
<i>eplerenone tabs 25mg, 50mg</i>	1	
VASODILATORS		
<i>hydralazine hcl tabs 10mg, 25mg, 50mg, 100mg</i>	1	
<i>minoxidil tabs 2.5mg, 10mg</i>	1	
ANTIMALARIALS		
ANTIMALARIAL COMBINATIONS		
<i>atovaquone-proguanil hcl tab 62.5-25 mg</i>	1	
<i>atovaquone-proguanil hcl tab 250-100 mg</i>	1	
ANTIMALARIALS		
<i>chloroquine phosphate tabs 250mg, 500mg</i>	1	
<i>hydroxychloroquine sulfate tabs 200mg</i>	1	
<i>mefloquine hcl tabs 250mg</i>	1	
<i>primaquine phosphate tabs 26.3mg</i>	1	
<i>pyrimethamine tabs 25mg</i>	1	
<i>quinine sulfate caps 324mg</i>	1	
ANTIMYASTHENIC/CHOLINERGIC AGENTS		
ANTIMYASTHENIC/CHOLINERGIC AGENTS		
<i>pyridostigmine bromide soln 60mg/5ml; tabs 60mg; tbc 180mg</i>	1	

Drug Name	Drug Tier	Requirements/Limits
ANTIMYCOBACTERIAL AGENTS		
ANTIMYCOBACTERIAL AGENTS		
<i>cycloserine caps 250mg</i>	1	
<i>ethambutol hcl tabs 100mg, 400mg</i>	1	
<i>isoniazid syrp 50mg/5ml; tabs 100mg, 300mg</i>	1	
<i>pyrazinamide tabs 500mg</i>	1	
<i>rifabutin caps 150mg</i>	1	
<i>rifampin caps 150mg, 300mg</i>	1	
ANTINEOPLASTICS AND ADJUNCTIVE THERAPIES		
ALKYLATING AGENTS		
<i>cyclophosphamide caps 25mg, 50mg</i>	1	
LEUKERAN TABS 2mg	2	
<i>melphalan tabs 2mg</i>	1	
MYLERAN TABS 2mg	2	
<i>temozolomide caps 5mg, 20mg, 100mg, 140mg, 180mg, 250mg</i>	4	SP, PA
ANTIMETABOLITES		
<i>capecitabine tabs 150mg, 500mg</i>	4	SP, PA
<i>mercaptopurine tabs 50mg</i>	1	
<i>methotrexate sodium soln 1gm/40ml, 50mg/2ml, 250mg/10ml, 1000mg/40ml; solr 1gm</i>	1	SP
<i>methotrexate sodium tabs 2.5mg</i>	1	
TABLOID TABS 40mg	2	
TREXALL TABS 5mg, 7.5mg, 10mg, 15mg	2	
ANTINEOPLASTIC - ANGIOGENESIS INHIBITORS		
INLYTA TABS 1mg	4	SP, PA, QL (240 tabs every 30 days)
INLYTA TABS 5mg	4	SP, PA, QL (120 tablets every 30 days)
LENVIMA 4 MG DAILY DOSE CPPK 4mg	4	SP, PA, QL (30 caps every 30 days)
LENVIMA 8 MG DAILY DOSE CPPK 4mg	4	SP, PA, QL (60 caps every 30 days)
LENVIMA 10 MG DAILY DOSE CPPK 10mg	4	SP, PA, QL (30 caps every 30 days)
LENVIMA 12MG DAILY DOSE CPPK 4mg	4	SP, PA, QL (90 caps every 30 days)
LENVIMA 20 MG DAILY DOSE CPPK 10mg	4	SP, PA, QL (60 caps every 30 days)
LENVIMA CAP 14 MG	4	SP, PA, QL (60 caps every 30 days)
LENVIMA CAP 18 MG	4	SP, PA, QL (90 caps every 30 days)

Drug Name	Drug Tier	Requirements/Limits
LENVIMA CAP 24 MG	4	SP, PA, QL (90 caps every 30 days)
ANTINEOPLASTIC - EGFR INHIBITORS		
<i>erlotinib hcl tabs 25mg</i>	4	SP, PA, QL (60 tabs every 30 days)
<i>erlotinib hcl tabs 100mg, 150mg</i>	4	SP, PA, QL (30 tabs every 30 days)
IRESSA TABS 250mg	4	SP, PA, QL (30 tabs every 30 days)
TAGRISSO TABS 40mg, 80mg	4	SP, PA, QL (30 tabs every 30 days)
ANTINEOPLASTIC - HEDGEHOG PATHWAY INHIBITORS		
ERIVEDGE CAPS 150mg	4	SP, PA, QL (30 caps every 30 days)
ODOMZO CAPS 200mg	4	SP, PA, QL (30 caps every 30 days)
ANTINEOPLASTIC - HORMONAL AND RELATED AGENTS		
<i>abiraterone acetate tabs 250mg</i>	4	SP, PA, QL (120 tablets every 30 days)
<i>abiraterone acetate tabs 500mg</i>	4	SP, PA, QL (60 tabs every 30 days)
<i>anastrozole tabs 1mg</i>	1	\$0 copay for women ages 35 and older for the primary prevention of breast cancer
<i>bicalutamide tabs 50mg</i>	1	
EMCYT CAPS 140mg	2	
ERLEADA TABS 60mg	4	SP, PA, QL (120 tablets every 30 days)
ERLEADA TABS 240mg	4	SP, PA, QL (30 tabs every 30 days)
<i>exemestane tabs 25mg</i>	1	\$0 copay for women ages 35 and older for the primary prevention of breast cancer
<i>hydroxyprogesterone caproate (antineoplastic) soln 1.25gm/5ml</i>	1	
<i>letrozole tabs 2.5mg</i>	1	
<i>leuprolide acetate kit 1mg/0.2ml</i>	4	SP, PA
LYSODREN TABS 500mg	4	SP
<i>megestrol acetate susp 40mg/ml, 400mg/10ml, 800mg/20ml; tabs 20mg, 40mg</i>	1	
<i>nilutamide tabs 150mg</i>	1	
NUBEQA TABS 300mg	4	SP, PA, QL (120 tablets every 30 days)

Drug Name	Drug Tier	Requirements/Limits
<i>tamoxifen citrate tabs 10mg, 20mg</i>	1	\$0 copay for women ages 35 and older for the primary prevention of breast cancer
<i>toremifene citrate tabs 60mg</i>	1	
XTANDI CAPS 40mg	4	SP, PA, QL (120 caps every 30 days)
XTANDI TABS 40mg	4	SP, PA, QL (120 tablets every 30 days)
XTANDI TABS 80mg	4	SP, PA, QL (60 tabs every 30 days)
YONSA TABS 125mg	4	SP, PA, QL (120 tabs every 30 days)

ANTINEOPLASTIC COMBINATIONS

KISQALI 200 PAK FEMARA	4	SP, PA, QL (45 tabs every 28 days)
KISQALI 400 PAK FEMARA	4	SP, PA, QL (70 tabs every 28 days)
KISQALI 600 PAK FEMARA	4	SP, PA, QL (91 tabs every 28 days)
LONSURF TAB 15-6.14	4	SP, PA, QL (100 tabs every 28 days)
LONSURF TAB 20-8.19	4	SP, PA, QL (80 tabs every 28 days)

ANTINEOPLASTIC ENZYME INHIBITORS

ALECENSA CAPS 150mg	4	SP, PA, QL (240 caps every 30 days)
ALUNBRIG TABS 30mg	4	SP, PA, QL (120 tablets every 30 days)
ALUNBRIG TABS 90mg, 180mg	4	SP, PA, QL (30 tabs every 30 days)
ALUNBRIG PAK	4	SP, PA, QL (30 tabs every 30 days)
BOSULIF TABS 100mg	4	SP, PA, QL (90 tabs every 30 days)
BOSULIF TABS 400mg, 500mg	4	SP, PA, QL (30 tabs every 30 days)
BRAFTOVI CAPS 75mg	4	SP, PA, QL (180 caps every 30 days)
BRUKINSA CAPS 80mg	4	SP, PA, QL (120 caps every 30 days)
CABOMETYX TABS 20mg, 40mg, 60mg	4	SP, PA, QL (30 tabs every 30 days)
CALQUENCE TABS 100mg	4	SP, PA, QL (60 tabs every 30 days)
COPIKTRA CAPS 15mg, 25mg	4	SP, PA, QL (56 caps every 28 days)

Drug Name	Drug Tier	Requirements/Limits
COTELLIC TABS 20mg	4	SP, PA, QL (63 tabs every 28 days)
<i>everolimus tabs 2.5mg, 5mg, 7.5mg, 10mg</i>	4	SP, PA, QL (30 tabs every 30 days)
<i>everolimus tbso 2mg, 5mg</i>	4	SP, PA, QL (60 tabs every 30 days)
<i>everolimus tbso 3mg</i>	4	SP, PA, QL (90 tabs every 30 days)
GAVRETO CAPS 100mg	4	SP, PA, QL (120 caps every 30 days)
IBRANCE CAPS 75mg, 100mg, 125mg	4	SP, PA, QL (21 capsules every 28 days)
IBRANCE TABS 75mg, 100mg, 125mg	4	SP, PA, QL (21 tablets every 28 days)
<i>imatinib mesylate tabs 100mg</i>	4	SP, PA, QL (120 tablets every 30 days)
<i>imatinib mesylate tabs 400mg</i>	4	SP, PA, QL (60 tabs every 30 days)
IMBRUVICA CAPS 70mg	4	SP, PA, QL (30 caps every 30 days)
IMBRUVICA CAPS 140mg	4	SP, PA, QL (90 caps every 30 days)
IMBRUVICA SUSP 70mg/ml	4	SP, PA, QL (216 ml every 36 days)
IMBRUVICA TABS 140mg, 280mg, 420mg, 560mg	4	SP, PA, QL (30 tabs every 30 days)
KISQALI TBPK 200mg	4	SP, PA, QL (21 tablets every 28 days)
KISQALI TBPK 200mg	4	SP, PA, QL (42 tabs every 28 days)
KISQALI TBPK 200mg	4	SP, PA, QL (63 tabs every 28 days)
KOSELUGO CAPS 10mg	4	SP, PA, QL (240 caps every 30 days)
KOSELUGO CAPS 25mg	4	SP, PA, QL (120 caps every 30 days)
<i>lapatinib ditosylate tabs 250mg</i>	4	SP, PA, QL (180 tabs every 30 days)
LYNPARZA TABS 100mg, 150mg	4	SP, PA, QL (120 tablets every 30 days)
MEKTOVI TABS 15mg	4	SP, PA, QL (180 tabs every 30 days)
NEXAVAR TABS 200mg	4	SP, PA, QL (120 tablets every 30 days)
NINLARO CAPS 2.3mg, 3mg, 4mg	4	SP, PA, QL (3 caps every 28 days)
RETEVMO CAPS 40mg	4	SP, PA, QL (60 tabs every 30 days)

Drug Name	Drug Tier	Requirements/Limits
RETEVMO CAPS 80mg	4	SP, PA, QL (120 tablets every 30 days)
ROZLYTREK CAPS 100mg	4	SP, PA, QL (30 caps every 30 days)
ROZLYTREK CAPS 200mg	4	SP, PA, QL (90 caps every 30 days)
RYDAPT CAPS 25mg	4	SP, PA, QL (224 caps every 28 days)
<i>sorafenib tosylate tabs 200mg</i>	4	SP, PA, QL (120 tablets every 30 days)
SPRYCEL TABS 20mg	4	SP, PA, QL (90 tabs every 30 days)
SPRYCEL TABS 50mg, 70mg, 80mg, 100mg, 140mg	4	SP, PA, QL (30 tabs every 30 days)
STIVARGA TABS 40mg	4	SP, PA, QL (84 tabs every 28 days)
<i>sunitinib malate caps 12.5mg, 25mg, 37.5mg, 50mg</i>	4	SP, PA, QL (30 caps every 30 days)
VITRAKVI CAPS 25mg	4	SP, PA, QL (180 caps every 30 days)
VITRAKVI CAPS 100mg	4	SP, PA, QL (60 caps every 30 days)
VITRAKVI SOLN 20mg/ml	4	SP, PA, QL (300 mL every 30 days)
XOSPATA TABS 40mg	4	SP, PA, QL (90 tabs every 30 days)
ZEJULA CAPS 100mg	4	SP, PA, QL (90 caps every 30 days)
ZELBORAF TABS 240mg	4	SP, PA, QL (240 tabs every 30 days)
ZOLINZA CAPS 100mg	4	SP, PA, QL (120 caps every 30 days)
ZYDELIG TABS 100mg, 150mg	4	SP, PA, QL (60 tabs every 30 days)
ZYKADIA TABS 150mg	4	SP, PA, QL (90 tabs every 30 days)
ANTINEOPLASTICS MISC.		
<i>bexarotene caps 75mg</i>	4	SP, PA
<i>hydroxyurea caps 500mg</i>	1	
MATULANE CAPS 50mg	4	SP
<i>tretinoin (chemotherapy) caps 10mg</i>	1	
CHEMOTHERAPY RESCUE/ANTIDOTE/PROTECTIVE AGENTS		
<i>leucovorin calcium tabs 5mg, 10mg, 15mg, 25mg</i>	1	
MITOTIC INHIBITORS		
<i>etoposide caps 50mg</i>	1	

Drug Name	Drug Tier	Requirements/Limits
ANTIPARKINSON AND RELATED THERAPY AGENTS		
ANTIPARKINSON ADJUNCTIVE THERAPY		
<i>carbidopa tabs 25mg</i>	1	
ANTIPARKINSON ANTICHOLINERGICS		
<i>benztropine mesylate tabs .5mg, 1mg, 2mg</i>	1	
<i>trihexyphenidyl hcl soln .4mg/ml; tabs 2mg, 5mg</i>	1	
ANTIPARKINSON COMT INHIBITORS		
<i>entacapone tabs 200mg</i>	1	
<i>tolcapone tabs 100mg</i>	1	
ANTIPARKINSON DOPAMINERGICS		
<i>amantadine hcl caps 100mg; soln 50mg/5ml; tabs 100mg</i>	1	
<i>apomorphine hydrochloride soct 30mg/3ml</i>	4	SP, PA, QL (20 cartridges every 30 days)
<i>bromocriptine mesylate caps 5mg; tabs 2.5mg</i>	1	
<i>carbidopa & levodopa orally disintegrating tab 10-100 mg</i>	1	
<i>carbidopa & levodopa orally disintegrating tab 25-100 mg</i>	1	
<i>carbidopa & levodopa orally disintegrating tab 25-250 mg</i>	1	
<i>carbidopa & levodopa tab 10-100 mg</i>	1	
<i>carbidopa & levodopa tab 25-100 mg</i>	1	
<i>carbidopa & levodopa tab 25-250 mg</i>	1	
<i>carbidopa & levodopa tab er 25-100 mg</i>	1	
<i>carbidopa & levodopa tab er 50-200 mg</i>	1	
<i>carbidopa-levodopa-entacapone tabs 12.5-50-200 mg</i>	1	
<i>carbidopa-levodopa-entacapone tabs 18.75-75-200 mg</i>	1	
<i>carbidopa-levodopa-entacapone tabs 25-100-200 mg</i>	1	
<i>carbidopa-levodopa-entacapone tabs 31.25-125-200 mg</i>	1	
<i>carbidopa-levodopa-entacapone tabs 37.5-150-200 mg</i>	1	
<i>carbidopa-levodopa-entacapone tabs 50-200-200 mg</i>	1	
<i>DHIVY TAB 25-100MG</i>	3	
<i>INBRIJA CAPS 42mg</i>	4	SP, PA, QL (300 caps every 30 days)

Drug Name	Drug Tier	Requirements/Limits
KYNMOBI FILM 10mg, 15mg, 20mg, 25mg, 30mg	4	SP, PA, QL (150 films every 30 day)
NEUPRO PT24 1mg/24hr, 2mg/24hr, 3mg/24hr, 4mg/24hr, 6mg/24hr, 8mg/24hr	2	
<i>pramipexole dihydrochloride tabs .125mg, .25mg, .5mg, .75mg, 1mg, 1.5mg; tb24 3mg, 3.75mg, 4.5mg</i>	1	
<i>pramipexole dihydrochloride tb24 .375mg, .75mg, 1.5mg, 2.25mg</i>	1	QL (1 tab every 1 day)
<i>ropinirole hydrochloride tabs .25mg, .5mg, 1mg, 2mg, 3mg, 4mg, 5mg; tb24 8mg, 12mg</i>	1	
<i>ropinirole hydrochloride tb24 2mg, 4mg, 6mg</i>	1	QL (1 tab every 1 day)
RYTARY CAP 95MG	2	
RYTARY CAP 145MG	2	
RYTARY CAP 195MG	2	
RYTARY CAP 245MG	2	

ANTIPARKINSON MONOAMINE OXIDASE INHIBITORS

<i>rasagiline mesylate tabs 1mg</i>	1	
<i>rasagiline mesylate tabs .5mg</i>	1	QL (1 tab every 1 day)
<i>selegiline hcl caps 5mg; tabs 5mg</i>	1	

ANTIPSYCHOTICS/ANTIMANIC AGENTS

ANTIMANIC AGENTS

<i>lithium carbonate caps 150mg, 300mg, 600mg; tabs 300mg; tbc 300mg, 450mg</i>	1	
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ANTIPSYCHOTICS - MISC.

CAPLYTA CAPS 10.5mg, 21mg, 42mg	3	
<i>lurasidone hcl tabs 20mg, 40mg, 60mg, 120mg</i>	1	QL (1 tab every 1 day)
<i>lurasidone hcl tabs 80mg</i>	1	QL (2 tabs every 1 day)
VRAYLAR CAPS 1.5mg, 3mg	2	QL (1 cap every 1 day)
VRAYLAR CAPS 4.5mg, 6mg	2	
VRAYLAR CAP 1.5-3MG	2	
<i>ziprasidone hcl caps 20mg, 40mg, 60mg, 80mg</i>	1	
<i>ziprasidone mesylate solr 20mg</i>	1	

BENZISOXAZOLES

<i>paliperidone tb24 1.5mg, 3mg</i>	1	QL (1 tab every 1 day)
<i>paliperidone tb24 6mg, 9mg</i>	1	
PERSERIS PRSY 90mg, 120mg	2	
<i>risperidone soln 1mg/ml; tabs .25mg, .5mg, 1mg, 2mg, 3mg, 4mg; tbdp .25mg, .5mg, 1mg, 2mg, 3mg, 4mg</i>	1	

Drug Name	Drug Tier	Requirements/Limits
BUTYROPHENONES		
haloperidol tabs .5mg, 1mg, 2mg, 5mg, 10mg, 20mg	1	
haloperidol decanoate soln 50mg/ml, 100mg/ml	1	
haloperidol lactate conc 2mg/ml	1	
DIBENZAPINES		
asenapine maleate subl 2.5mg, 5mg, 10mg	1	
clozapine tabs 25mg, 50mg, 100mg, 200mg; tbdp 12.5mg, 25mg, 100mg, 150mg, 200mg	1	
loxapine succinate caps 5mg, 10mg, 25mg, 50mg	1	
olanzapine solr 10mg; tabs 10mg, 15mg, 20mg; tbdp 15mg, 20mg	1	
olanzapine tabs 2.5mg, 5mg, 7.5mg; tbdp 5mg, 10mg	1	QL (1 tab every 1 day)
quetiapine fumarate tabs 25mg, 50mg, 100mg, 150mg, 200mg, 300mg, 400mg; tb24 300mg, 400mg	1	
quetiapine fumarate tb24 50mg, 150mg, 200mg	1	QL (1 tab every 1 day)
DIHYDROINDOLONES		
molindone hcl tabs 5mg, 10mg, 25mg	1	
PHENOTHIAZINES		
chlorpromazine hcl tabs 10mg, 25mg, 50mg, 100mg, 200mg	1	
compro supp 25mg	1	
fluphenazine hcl conc 5mg/ml; elix 2.5mg/5ml; tabs 1mg, 2.5mg, 5mg, 10mg	1	
perphenazine tabs 2mg, 4mg, 8mg, 16mg	1	
prochlorperazine supp 25mg	1	
prochlorperazine maleate tabs 5mg, 10mg	1	
thioridazine hcl tabs 10mg, 25mg, 50mg, 100mg	1	
trifluoperazine hcl tabs 1mg, 2mg, 5mg, 10mg	1	
QUINOLINONE DERIVATIVES		
ABILIFY MAINTENA PRSY 300mg, 400mg; SRER 300mg, 400mg	2	
aripiprazole soln 1mg/ml; tabs 2mg, 20mg, 30mg; tbdp 10mg, 15mg	1	
aripiprazole tabs 5mg, 10mg, 15mg	1	QL (1 tab every 1 day)
THIOXANTHENES		
thiothixene caps 1mg, 2mg, 5mg, 10mg	1	

Drug Name	Drug Tier	Requirements/Limits
ANTISEPTICS & DISINFECTANTS		
ANTISEPTICS & DISINFECTANTS		
<i>formaldehyde soln 10%</i>	1	
<i>hydrogen peroxide soln 30%</i>	1	
ANTIVIRALS		
ANTIRETROVIRALS		
<i>abacavir sulfate soln 20mg/ml</i>	1	SP, QL (900 mL every 30 days)
<i>abacavir sulfate tabs 300mg</i>	1	SP, QL (60 tabs every 30 days)
<i>abacavir sulfate-lamivudine tab 600-300 mg</i>	1	SP, QL (30 tabs every 30 days)
<i>atazanavir sulfate caps 150mg, 300mg</i>	1	SP, QL (30 caps every 30 days)
<i>atazanavir sulfate caps 200mg</i>	1	SP, QL (60 caps every 30 days)
BIKTARVY TAB	4	SP, QL (30 tabs every 30 days)
CIMDUO TAB 300-300	4	SP, QL (30 tabs every 30 days)
DESCOVY TAB 120-15MG	4	SP, QL (30 tabs every 30 days)
DESCOVY TAB 200/25MG	4	SP, QL (30 tabs every 30 days); Exception process available for \$0 copay when medically necessary for pre-exposure prophylaxis
DOVATO TAB 50-300MG	4	SP, QL (30 tabs every 30 days)
EDURANT TABS 25mg	4	SP, QL (60 tabs every 30 days)
<i>efavirenz caps 50mg, 200mg</i>	1	SP, QL (90 caps every 30 days)
<i>efavirenz tabs 600mg</i>	1	SP, QL (30 tabs every 30 days)
<i>efavirenz-emtricitabine-tenofovir df tab 600-200-300 mg</i>	1	SP, QL (30 tabs every 30 days)
<i>efavirenz-lamivudine-tenofovir df tab 400-300-300 mg</i>	1	SP, QL (30 tabs every 30 days)
<i>efavirenz-lamivudine-tenofovir df tab 600-300-300 mg</i>	1	SP, QL (30 tabs every 30 days)
<i>emtricitabine caps 200mg</i>	1	SP, QL (30 caps every 30 days)
<i>emtricitabine-tenofovir disoproxil fumarate tab 100-150 mg</i>	1	SP, QL (30 tabs every 30 days)

Drug Name	Drug Tier	Requirements/Limits
<i>emtricitabine-tenofovir disoproxil fumarate tab 133-200 mg</i>	1	SP, QL (30 tabs every 30 days)
<i>emtricitabine-tenofovir disoproxil fumarate tab 167-250 mg</i>	1	SP, QL (30 tabs every 30 days)
<i>emtricitabine-tenofovir disoproxil fumarate tab 200-300 mg</i>	1	SP, QL (30 tabs every 30 days); \$0 copay for pre-exposure prophylaxis
EMTRIVA CAPS 200mg	4	SP, QL (30 caps every 30 days)
EMTRIVA SOLN 10mg/ml	4	SP, QL (680 ml every 28 days)
<i>etravirine tabs 100mg</i>	1	SP, QL (120 tablets every 30 days)
<i>etravirine tabs 200mg</i>	1	SP, QL (60 tabs every 30 days)
EVOTAZ TAB 300-150	4	SP, QL (30 tabs every 30 days)
<i>fosamprenavir calcium tabs 700mg</i>	1	SP, QL (120 tablets every 30 days)
GENVOYA TAB	4	SP, QL (30 tabs every 30 days)
INTELENCE TABS 25mg, 100mg	4	SP, QL (120 tablets every 30 days)
INTELENCE TABS 200mg	4	SP, QL (60 tabs every 30 days)
ISENTRESS CHEW 25mg, 100mg	4	SP, QL (180 tabs every 30 days)
ISENTRESS PACK 100mg	4	SP, QL (60 packets every 30 days)
ISENTRESS TABS 400mg	4	SP, QL (120 tablets every 30 days)
ISENTRESS HD TABS 600mg	4	SP, QL (60 tabs every 30 days)
<i>lamivudine soln 10mg/ml</i>	1	SP, QL (960 ml every 30 days)
<i>lamivudine tabs 150mg</i>	1	SP, QL (60 tabs every 30 days)
<i>lamivudine tabs 300mg</i>	1	SP, QL (30 tabs every 30 days)
<i>lamivudine-zidovudine tab 150-300 mg</i>	1	SP, QL (60 tabs every 30 days)
<i>lopinavir-ritonavir soln 400-100 mg/5ml (80-20 mg/ml)</i>	1	SP, QL (480 ml every 30 days)
<i>lopinavir-ritonavir tab 100-25 mg</i>	1	SP, QL (300 tabs every 30 days)
<i>lopinavir-ritonavir tab 200-50 mg</i>	1	SP, QL (120 tablets every 30 days)

Drug Name	Drug Tier	Requirements/Limits
<i>maraviroc tabs 150mg</i>	1	SP, QL (60 tabs every 30 days)
<i>maraviroc tabs 300mg</i>	1	SP, QL (120 tablets every 30 days)
<i>nevirapine susp 50mg/5ml</i>	1	SP, QL (1200 mL every 30 days)
<i>nevirapine tabs 200mg</i>	1	SP, QL (60 tabs every 30 days)
<i>nevirapine tb24 100mg</i>	1	SP, QL (90 tabs every 30 days)
<i>nevirapine tb24 400mg</i>	1	SP, QL (30 tabs every 30 days)
NORVIR PACK 100mg	4	SP, QL (360 packets every 30 days)
ODEFSEY TAB	4	SP, QL (30 tabs every 30 days)
PREZCOBIX TAB 800-150	4	SP, QL (30 tabs every 30 days)
PREZISTA SUSP 100mg/ml	4	SP, QL (400 ml every 30 days)
PREZISTA TABS 75mg	4	SP, QL (300 tabs every 30 days)
PREZISTA TABS 150mg	4	SP, QL (180 tabs every 30 days)
PREZISTA TABS 600mg	4	SP, QL (30 tabs every 30 days)
PREZISTA TABS 800mg	4	SP, QL (60 tabs every 30 days)
<i>ritonavir tabs 100mg</i>	1	SP, QL (360 tabs every 30 days)
<i>stavudine caps 15mg, 20mg, 30mg, 40mg</i>	1	SP, QL (60 caps every 30 days)
SYMTUZA TAB	4	SP, QL (30 tabs every 30 days)
<i>tenofovir disoproxil fumarate tabs 300mg</i>	1	SP, QL (30 tabs every 30 days)
TIVICAY TABS 10mg	4	SP, QL (240 tabs every 30 days)
TIVICAY TABS 25mg, 50mg	4	SP, QL (60 tabs every 30 days)
TIVICAY PD TBSO 5mg	4	SP, QL (360 tabs every 30 days)
TRIUMEQ PD TAB	4	SP, QL (180 tabs every 30 days)
TRIUMEQ TAB	4	SP, QL (30 tabs every 30 days)
<i>zidovudine caps 100mg</i>	1	SP, QL (180 caps every 30 days)

Drug Name	Drug Tier	Requirements/Limits
<i>zidovudine syrp 50mg/5ml</i>	1	SP, QL (1920 ml every 30 days)
<i>zidovudine tabs 300mg</i>	1	SP, QL (60 tabs every 30 days)
ANTIVIRAL COMBINATIONS		
PAXLOVID TAB 150-100	3	QL (2 treatment courses every 30 days); Limited to age 12 and older
PAXLOVID TAB 300-100	3	QL (2 treatment courses every 30 days); Limited to age 12 and older
CMV AGENTS		
<i>valganciclovir hcl solr 50mg/ml</i>	1	QL (1000 ml every 30 days)
<i>valganciclovir hcl tabs 450mg</i>	1	QL (120 tablets every 30 days)
HEPATITIS AGENTS		
<i>adefovir dipivoxil tabs 10mg</i>	1	SP
BARACLUDE SOLN .05mg/ml	4	SP, QL (630 ml every 30 days)
<i>entecavir tabs .5mg, 1mg</i>	4	SP, QL (30 tabs every 30 days)
EPCLUSA PAK 150-37.5	4	SP, PA, QL (28 tabs every 28 days); Preferred only for genotypes 1, 2, 3, 4, 5 and 6
EPCLUSA PAK 200-50MG	4	SP, PA, QL (28 tabs every 28 days); Preferred only for genotypes 1, 2, 3, 4, 5 and 6
EPCLUSA TAB 200-50MG	4	SP, PA, QL (28 tabs every 28 days); Preferred only for genotypes 1, 2, 3, 4, 5 and 6
EPCLUSA TAB 400-100	4	SP, PA, QL (28 tabs every 28 days); Preferred only for genotypes 1, 2, 3, 4, 5 and 6
HARVONI PAK	4	SP, PA, QL (28 pellets every 28 days); Preferred only for genotypes 1, 4, 5 and 6

Drug Name	Drug Tier	Requirements/Limits
HARVONI PAK 45-200MG	4	SP, PA, QL (28 pellets every 28 days); Preferred only for genotypes 1, 4, 5 and 6
HARVONI TAB 45-200MG	4	SP, PA, QL (28 tabs every 28 days); Preferred only for genotypes 1, 4, 5 and 6
HARVONI TAB 90-400MG	4	SP, PA, QL (28 tabs every 28 days); Preferred only for genotypes 1, 4, 5 and 6
<i>lamivudine (hbv) tabs 100mg</i>	1	SP
<i>ribavirin (hepatitis c) caps 200mg; tabs 200mg</i>	4	SP, PA
VOSEVI TAB	4	SP, PA, QL (28 tabs every 28 days); Preferred for those who failed prior treatment with an HCV NS5A inhibitor-containing regimen

HERPES AGENTS

<i>acyclovir caps 200mg; susp 200mg/5ml; tabs 400mg, 800mg</i>	1	
<i>famciclovir tabs 125mg, 250mg, 500mg</i>	1	
<i>valacyclovir hcl tabs 1gm, 500mg</i>	1	

INFLUENZA AGENTS

<i>oseltamivir phosphate caps 30mg</i>	1	QL (40 ea every 90 days)
<i>oseltamivir phosphate caps 45mg, 75mg</i>	1	QL (20 ea every 90 days)
<i>oseltamivir phosphate susr 6mg/ml</i>	1	QL (360 mL every 90 days)
RELENZA DISKHALER AEPB 5mg/blister	2	QL (2 inhalers every 90 days)
<i>rimantadine hydrochloride tabs 100mg</i>	1	

MISC. ANTIVIRALS

LAGEVRIO CAPS 200mg	3	QL (2 treatment courses every 30 days); Limited to age 18 and older
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BETA BLOCKERS

ALPHA-BETA BLOCKERS

<i>carvedilol tabs 3.125mg, 6.25mg, 12.5mg, 25mg</i>	1	
<i>carvedilol phosphate cp24 10mg, 20mg, 40mg</i>	1	QL (1 cap every 1 day)

Drug Name	Drug Tier	Requirements/Limits
<i>carvedilol phosphate cp24 80mg</i>	1	
<i>labetalol hcl tabs 100mg, 200mg, 300mg</i>	1	

BETA BLOCKERS CARDIO-SELECTIVE

<i>acebutolol hcl caps 200mg, 400mg</i>	1	
<i>atenolol tabs 25mg, 50mg, 100mg</i>	1	
<i>betaxolol hcl tabs 10mg</i>	1	QL (1 tab every 1 day)
<i>betaxolol hcl tabs 20mg</i>	1	
<i>bisoprolol fumarate tabs 5mg</i>	1	QL (1 tab every 1 day)
<i>bisoprolol fumarate tabs 10mg</i>	1	
<i>metoprolol succinate tb24 25mg, 50mg, 100mg</i>	1	QL (1 tab every 1 day)
<i>metoprolol succinate tb24 200mg</i>	1	
<i>metoprolol tartrate tabs 25mg, 37.5mg, 50mg, 75mg, 100mg</i>	1	
<i>nebivolol hcl tabs 2.5mg, 5mg, 10mg</i>	1	QL (1 tab every 1 day)
<i>nebivolol hcl tabs 20mg</i>	1	

BETA BLOCKERS NON-SELECTIVE

<i>nadolol tabs 20mg, 40mg</i>	1	QL (1 tab every 1 day)
<i>nadolol tabs 80mg</i>	1	
<i>pindolol tabs 5mg, 10mg</i>	1	
<i>propranolol hcl cp24 60mg, 80mg</i>	1	QL (1 cap every 1 day)
<i>propranolol hcl cp24 120mg, 160mg; soln 20mg/5ml, 40mg/5ml; tabs 10mg, 20mg, 40mg, 60mg, 80mg</i>	1	
<i>sorine tabs 80mg, 120mg, 160mg, 240mg</i>	1	
<i>sotalol hcl tabs 80mg, 120mg, 160mg, 240mg</i>	1	
<i>sotalol hcl (afib/afl) tabs 80mg, 120mg, 160mg</i>	1	
<i>timolol maleate tabs 5mg, 10mg, 20mg</i>	1	

CALCIUM CHANNEL BLOCKERS

CALCIUM CHANNEL BLOCKERS

<i>amlodipine besylate tabs 2.5mg, 5mg</i>	1	QL (1 tab every 1 day)
<i>amlodipine besylate tabs 10mg</i>	1	
<i>cartia xt cp24 120mg, 180mg, 240mg, 300mg</i>	1	
<i>dilt-xr cp24 120mg, 180mg, 240mg</i>	1	
<i>diltiazem hcl cp12 60mg, 90mg, 120mg; cp24 120mg, 180mg, 240mg; tabs 30mg, 60mg, 90mg, 120mg</i>	1	
<i>diltiazem hcl coated beads cp24 120mg, 180mg, 240mg, 300mg, 360mg</i>	1	
<i>diltiazem hcl extended release beads cp24 120mg, 180mg, 240mg, 300mg, 360mg, 420mg</i>	1	
<i>felodipine tb24 2.5mg, 5mg</i>	1	QL (1 tab every 1 day)

Drug Name	Drug Tier	Requirements/Limits
<i>felodipine tb24 10mg</i>	1	
<i>isradipine caps 2.5mg, 5mg</i>	1	
<i>levamlodipine maleate tabs 2.5mg, 5mg</i>	1	
<i>nicardipine hcl caps 20mg, 30mg</i>	1	
<i>nifedipine caps 10mg, 20mg; tb24 30mg, 60mg, 90mg</i>	1	
<i>nifedipine tb24 30mg</i>	1	QL (1 tab every 1 day)
<i>nimodipine caps 30mg</i>	1	
<i>nisoldipine tb24 8.5mg, 17mg, 20mg</i>	1	QL (1 tab every 1 day)
<i>nisoldipine tb24 25.5mg, 30mg, 34mg, 40mg</i>	1	
<i>taztia xt cp24 120mg, 180mg, 240mg, 300mg, 360mg</i>	1	
<i>tiadylt er cp24 120mg, 180mg, 240mg, 300mg, 360mg, 420mg</i>	1	
<i>verapamil hcl cp24 100mg, 120mg</i>	1	QL (1 cap every 1 day)
<i>verapamil hcl cp24 180mg, 200mg, 240mg, 300mg, 360mg; tabs 40mg, 80mg, 120mg; tbc 120mg, 180mg, 240mg</i>	1	

CARDIOTONICS

CARDIAC GLYCOSIDES

<i>digoxin soln .05mg/ml; tabs .062mg, .125mg, .25mg</i>	1
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CARDIOVASCULAR AGENTS - MISC.

CARDIOVASCULAR AGENTS MISC. - COMBINATIONS

<i>amlodipine besylate-atorvastatin calcium tab 2.5-10 mg</i>	1	QL (1 tab every 1 day)
<i>amlodipine besylate-atorvastatin calcium tab 2.5-20 mg</i>	1	QL (1 tab every 1 day)
<i>amlodipine besylate-atorvastatin calcium tab 2.5-40 mg</i>	1	QL (1 tab every 1 day)
<i>amlodipine besylate-atorvastatin calcium tab 5-10 mg</i>	1	QL (1 tab every 1 day)
<i>amlodipine besylate-atorvastatin calcium tab 5-20 mg</i>	1	QL (1 tab every 1 day)
<i>amlodipine besylate-atorvastatin calcium tab 5-40 mg</i>	1	QL (1 tab every 1 day)
<i>amlodipine besylate-atorvastatin calcium tab 5-80 mg</i>	1	QL (1 tab every 1 day)
<i>amlodipine besylate-atorvastatin calcium tab 10-10 mg</i>	1	
<i>amlodipine besylate-atorvastatin calcium tab 10-20 mg</i>	1	
<i>amlodipine besylate-atorvastatin calcium tab 10-40 mg</i>	1	

Drug Name	Drug Tier	Requirements/Limits
<i>amlodipine besylate-atorvastatin calcium tab 10-80 mg</i>	1	
BIDIL TAB	2	
ENTRESTO TAB 24-26MG	2	
ENTRESTO TAB 49-51MG	2	
ENTRESTO TAB 97-103MG	2	
<i>isosorbide dinitrate-hydralazine hcl tab 20-37.5 mg</i>	1	
PROSTAGLANDIN VASODILATORS		
ORENITRAM TBCR .125mg, .25mg, 1mg, 2.5mg, 5mg	4	SP, PA
ORENITRAM TAB MONTH 1	4	SP, PA
ORENITRAM TAB MONTH 2	4	SP, PA
ORENITRAM TAB MONTH 3	4	SP, PA
PULMONARY HYPERTENSION - ENDOTHELIN RECEPTOR ANTAGONISTS		
<i>ambrisentan tabs 5mg, 10mg</i>	4	SP, PA, QL (30 tabs every 30 days)
<i>bosentan tabs 62.5mg, 125mg</i>	4	SP, PA, QL (60 tabs every 30 days)
OPSUMIT TABS 10mg	4	SP, PA, QL (30 tabs every 30 days)
PULMONARY HYPERTENSION - PHOSPHODIESTERASE INHIBITORS		
<i>alyq tabs 20mg</i>	4	SP, PA, QL (60 tabs every 30 days)
<i>sildenafil citrate (pulmonary hypertension) susr 10mg/ml</i>	4	SP, PA, QL (784 ml every 30 days)
<i>sildenafil citrate (pulmonary hypertension) tabs 20mg</i>	4	SP, PA, QL (360 tabs every 30 days)
<i>tadalafil (pulmonary hypertension) tabs 20mg</i>	4	SP, PA, QL (60 tabs every 30 days)
PULMONARY HYPERTENSION - PROSTACYCLIN RECEPTOR AGONIST		
UPTRAVI TABS 200mcg	4	SP, PA, QL (140 tabs every 28 days)
UPTRAVI TABS 400mcg, 600mcg, 800mcg, 1000mcg, 1200mcg, 1400mcg, 1600mcg	4	SP, PA, QL (60 tabs every 30 days)
UPTRAVI PACK TAB 200/800	4	SP, PA, QL (1 pack every 28 days)
PULMONARY HYPERTENSION - SOL GUANYLATE CYCLASE STIMULATOR		
ADEMPAS TABS .5mg, 1mg, 1.5mg, 2mg, 2.5mg	4	SP, PA, QL (90 tabs every 30 days)
SINUS NODE INHIBITORS		
CORLANOR TABS 5mg, 7.5mg	2	

Drug Name	Drug Tier	Requirements/Limits
VASOACTIVE SOLUBLE GUANYLATE CYCLASE STIMULATOR (SGC)		
VERQUVO TABS 2.5mg, 5mg, 10mg	2	QL (1 tab every 1 day)
CEPHALOSPORINS		
CEPHALOSPORINS - 1ST GENERATION		
cefadroxil caps 500mg; susr 250mg/5ml, 500mg/5ml; tabs 1gm	1	
cephalexin caps 250mg, 500mg, 750mg; susr 125mg/5ml, 250mg/5ml; tabs 250mg, 500mg	1	
CEPHALOSPORINS - 2ND GENERATION		
cefaclor caps 250mg, 500mg; susr 125mg/5ml, 250mg/5ml, 375mg/5ml	1	
cefprozil susr 125mg/5ml, 250mg/5ml; tabs 250mg, 500mg	1	
cefuroxime axetil tabs 250mg, 500mg	1	
CEPHALOSPORINS - 3RD GENERATION		
cefdinir caps 300mg; susr 125mg/5ml, 250mg/5ml	1	
cefixime caps 400mg; susr 100mg/5ml, 200mg/5ml	1	
cefpodoxime proxetil susr 50mg/5ml, 100mg/5ml; tabs 100mg, 200mg	1	
SUPRAX CAPS 400mg; CHEW 100mg, 200mg; SUSR 200mg/5ml, 500mg/5ml	2	
CONTRACEPTIVES		
COMBINATION CONTRACEPTIVES - ORAL		
afirmelle	1	\$0 copay
altavera	1	\$0 copay
alyacen 1/35	1	\$0 copay
alyacen 7/7/7	1	\$0 copay
amethia	1	\$0 copay
amethyst	1	\$0 copay
apri	1	\$0 copay
aranelle	1	\$0 copay
ashlyna	1	\$0 copay
aubra eq	1	\$0 copay
aurovela 1.5/30	1	\$0 copay
aurovela 1/20	1	\$0 copay
aurovela 24 fe	1	\$0 copay
aurovela fe 1.5/30	1	\$0 copay
aurovela fe 1/20	1	\$0 copay
aviane	1	\$0 copay
ayuna	1	\$0 copay
azurette	1	\$0 copay
balziva	1	\$0 copay

Drug Name	Drug Tier	Requirements/Limits
<i>blisovi 24 fe</i>	1	\$0 copay
<i>blisovi fe 1.5/30</i>	1	\$0 copay
<i>blisovi fe 1/20</i>	1	\$0 copay
<i>briellyn</i>	1	\$0 copay
<i>camrese</i>	1	\$0 copay
<i>camrese lo</i>	1	\$0 copay
<i>charlotte 24 fe</i>	1	\$0 copay
<i>chateal eq</i>	1	\$0 copay
<i>cryselle-28</i>	1	\$0 copay
<i>cyred</i>	1	\$0 copay
<i>cyred eq</i>	1	\$0 copay
<i>dasetta 1/35</i>	1	\$0 copay
<i>dasetta 7/7/7</i>	1	\$0 copay
<i>daysee</i>	1	\$0 copay
<i>delyla</i>	1	\$0 copay
<i>desogest-eth estrad & eth estrad tab 0.15-0.02/0.01 mg(21/5)</i>	1	\$0 copay
<i>dolishale</i>	1	\$0 copay
<i>drospirenone-ethinyl estrad-levomefolate tab 3-0.02-0.451 mg</i>	1	\$0 copay
<i>drospirenone-ethinyl estrad-levomefolate tab 3-0.03-0.451 mg</i>	1	\$0 copay
<i>drospirenone-ethinyl estradiol tab 3-0.02 mg</i>	1	\$0 copay
<i>drospirenone-ethinyl estradiol tab 3-0.03 mg</i>	1	\$0 copay
<i>elinest</i>	1	\$0 copay
<i>enpresse-28</i>	1	\$0 copay
<i>enskyce</i>	1	\$0 copay
<i>estarylla</i>	1	\$0 copay
<i>ethynodiol diacetate & ethinyl estradiol tab 1 mg-35 mcg</i>	1	\$0 copay
<i>ethynodiol diacetate & ethinyl estradiol tab 1 mg-50 mcg</i>	1	\$0 copay
<i>falmina</i>	1	\$0 copay
<i>fayosim</i>	1	\$0 copay
<i>finzala</i>	1	\$0 copay
<i>gemmily</i>	1	\$0 copay
<i>hailey 1.5/30</i>	1	\$0 copay
<i>hailey 24 fe</i>	1	\$0 copay
<i>hailey fe 1.5/30</i>	1	\$0 copay
<i>hailey fe 1/20</i>	1	\$0 copay
<i>iclevia</i>	1	\$0 copay
<i>introvale</i>	1	\$0 copay
<i>isibloom</i>	1	\$0 copay
<i>jaimiess</i>	1	\$0 copay

Drug Name	Drug Tier	Requirements/Limits
<i>jasmiel</i>	1	\$0 copay
<i>jolessa</i>	1	\$0 copay
<i>juleber</i>	1	\$0 copay
<i>junel 1.5/30</i>	1	\$0 copay
<i>junel 1/20</i>	1	\$0 copay
<i>junel fe 1.5/30</i>	1	\$0 copay
<i>junel fe 1/20</i>	1	\$0 copay
<i>junel fe 24</i>	1	\$0 copay
<i>kaitlib fe</i>	1	\$0 copay
<i>kalliga</i>	1	\$0 copay
<i>kariva</i>	1	\$0 copay
<i>kelnor 1/35</i>	1	\$0 copay
<i>kelnor 1/50</i>	1	\$0 copay
<i>kurvelo</i>	1	\$0 copay
<i>larin 1.5/30</i>	1	\$0 copay
<i>larin 1/20</i>	1	\$0 copay
<i>larin 24 fe</i>	1	\$0 copay
<i>larin fe 1.5/30</i>	1	\$0 copay
<i>larin fe 1/20</i>	1	\$0 copay
<i>layolis fe</i>	1	\$0 copay
<i>leena</i>	1	\$0 copay
<i>lessina</i>	1	\$0 copay
<i>levonest</i>	1	\$0 copay
<i>levonor-eth est tab 0.15-0.02/0.025/0.03 mg & eth est 0.01 mg</i>	1	\$0 copay
<i>levonorg-eth est tab 0.1-0.02mg(84) & eth est tab 0.01mg(7)</i>	1	\$0 copay
<i>levonorg-eth est tab 0.15-0.03mg(84) & eth est tab 0.01mg(7)</i>	1	\$0 copay
<i>levonorgestrel & ethinyl estradiol (91-day) tab 0.15-0.03 mg</i>	1	\$0 copay
<i>levonorgestrel & ethinyl estradiol tab 0.1 mg-20 mcg</i>	1	\$0 copay
<i>levonorgestrel & ethinyl estradiol tab 0.15 mg-30 mcg</i>	1	\$0 copay
<i>levonorgestrel-eth estra tab 0.05-30/0.075-40/0.125-30mg-mcg</i>	1	\$0 copay
<i>levonorgestrel-ethinyl estradiol (continuous) tab 90-20 mcg</i>	1	\$0 copay
<i>levora 0.15/30-28</i>	1	\$0 copay
<i>LO LOESTRIN TAB 1-10-10</i>	2	\$0 copay
<i>lo-zumandimine</i>	1	\$0 copay
<i>loestrin 1.5/30-21</i>	1	\$0 copay
<i>loestrin 1/20-21</i>	1	\$0 copay
<i>loestrin fe 1.5/30</i>	1	\$0 copay
<i>loestrin fe 1/20</i>	1	\$0 copay

Drug Name	Drug Tier	Requirements/Limits
<i>lojaimiess</i>	1	\$0 copay
<i>loryna</i>	1	\$0 copay
<i>low-ogestrel</i>	1	\$0 copay
<i>luteru</i>	1	\$0 copay
<i>marlissa</i>	1	\$0 copay
<i>merzee</i>	1	\$0 copay
<i>microgestin 1.5/30</i>	1	\$0 copay
<i>microgestin 1/20</i>	1	\$0 copay
<i>microgestin 24 fe</i>	1	\$0 copay
<i>microgestin fe 1.5/30</i>	1	\$0 copay
<i>microgestin fe 1/20</i>	1	\$0 copay
<i>mili</i>	1	\$0 copay
<i>mono-lynyah</i>	1	\$0 copay
NATAZIA TAB	2	\$0 copay
<i>necon 0.5/35-28</i>	1	\$0 copay
<i>nikki</i>	1	\$0 copay
<i>norethindrone & ethinyl estradiol-fe chew tab 0.4 mg-35 mcg</i>	1	\$0 copay
<i>norethindrone & ethinyl estradiol-fe chew tab 0.8 mg-25 mcg</i>	1	\$0 copay
<i>norethindrone ace-ethinyl estrad-fe tab 1- 20/1-30/1-35 mg-mcg</i>	1	\$0 copay
<i>norethindrone ace & ethinyl estradiol tab 1 mg-20 mcg</i>	1	\$0 copay
<i>norethindrone ace & ethinyl estradiol tab 1.5 mg-30 mcg</i>	1	\$0 copay
<i>norethindrone ace & ethinyl estradiol-fe tab 1 mg-20 mcg</i>	1	\$0 copay
<i>norethindrone ace & ethinyl estradiol-fe tab 1.5 mg-30 mcg</i>	1	\$0 copay
<i>norethindrone ace-eth estradiol-fe chew tab 1 mg-20 mcg (24)</i>	1	\$0 copay
<i>norethindrone ace-ethinyl estradiol-fe cap 1 mg-20 mcg (24)</i>	1	\$0 copay
<i>norgestimate & ethinyl estradiol tab 0.25 mg-35 mcg</i>	1	\$0 copay
<i>norgestimate-eth estrad tab 0.18- 25/0.215-25/0.25-25 mg-mcg</i>	1	\$0 copay
<i>norgestimate-eth estrad tab 0.18- 35/0.215-35/0.25-35 mg-mcg</i>	1	\$0 copay
<i>nortrel 0.5/35 (28)</i>	1	\$0 copay
<i>nortrel 1/35</i>	1	\$0 copay
<i>nortrel 7/7/7</i>	1	\$0 copay
<i>nylia 1/35</i>	1	\$0 copay
<i>nylia 7/7/7</i>	1	\$0 copay
<i>nymyo</i>	1	\$0 copay

Drug Name	Drug Tier	Requirements/Limits
<i>ocella</i>	1	\$0 copay
<i>philith</i>	1	\$0 copay
<i>pimtrea</i>	1	\$0 copay
<i>pirmella 1/35</i>	1	\$0 copay
<i>pirmella 7/7/7</i>	1	\$0 copay
<i>portia-28</i>	1	\$0 copay
<i>reclipsen</i>	1	\$0 copay
<i>rivelsa</i>	1	\$0 copay
<i>setlakin</i>	1	\$0 copay
<i>simliya</i>	1	\$0 copay
<i>simpesse</i>	1	\$0 copay
<i>sprintec 28</i>	1	\$0 copay
<i>sronyx</i>	1	\$0 copay
<i>syeda</i>	1	\$0 copay
<i>tarina 24 fe</i>	1	\$0 copay
<i>tarina fe 1/20 eq</i>	1	\$0 copay
<i>taysofy</i>	1	\$0 copay
<i>tilia fe</i>	1	\$0 copay
<i>tri-estarylla</i>	1	\$0 copay
<i>tri-legest fe</i>	1	\$0 copay
<i>tri-linyah</i>	1	\$0 copay
<i>tri-lo-estarylla</i>	1	\$0 copay
<i>tri-lo-marzia</i>	1	\$0 copay
<i>tri-lo-mili</i>	1	\$0 copay
<i>tri-lo-sprintec</i>	1	\$0 copay
<i>tri-mili</i>	1	\$0 copay
<i>tri-nymyo</i>	1	\$0 copay
<i>tri-sprintec</i>	1	\$0 copay
<i>tri-vylibra</i>	1	\$0 copay
<i>tri-vylibra lo</i>	1	\$0 copay
<i>trivora-28</i>	1	\$0 copay
<i>tydemy</i>	1	\$0 copay
<i>velivet</i>	1	\$0 copay
<i>vestura</i>	1	\$0 copay
<i>vienva</i>	1	\$0 copay
<i>violele</i>	1	\$0 copay
<i>volnea</i>	1	\$0 copay
<i>vyfemla</i>	1	\$0 copay
<i>vylibra</i>	1	\$0 copay
<i>wera</i>	1	\$0 copay
<i>wymzya fe</i>	1	\$0 copay
<i>zovia 1/35</i>	1	\$0 copay
<i>zumandimine</i>	1	\$0 copay

COMBINATION CONTRACEPTIVES - TRANSDERMAL

<i>xulane</i>	1	\$0 copay
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Drug Name	Drug Tier	Requirements/Limits
<i>zafemy</i>	1	\$0 copay
COMBINATION CONTRACEPTIVES - VAGINAL		
ANNOVERA MIS	2	QL (1 ring every 300 days); \$0 copay
NUVARING MIS	2	QL (1 ring every 300 days); Tier 1 with DAW 9
EMERGENCY CONTRACEPTIVES		
<i>afterpill tabs 1.5mg</i>	1	OTC; \$0 copay
ELLA TABS 30mg	3	\$0 copay
PROGESTIN CONTRACEPTIVES - INJECTABLE		
DEPO-SUBQ PROVERA 104 SUSY 104mg/0.65ml	2	QL (6.154 injections every 300 days); \$0 copay
<i>medroxyprogesterone acetate (contraceptive) susp 150mg/ml; susy 150mg/ml</i>	1	QL (4 injections every 300 days); \$0 copay
PROGESTIN CONTRACEPTIVES - ORAL		
<i>camila tabs .35mg</i>	1	\$0 copay
<i>deblitane tabs .35mg</i>	1	\$0 copay
<i>errin tabs .35mg</i>	1	\$0 copay
<i>heather tabs .35mg</i>	1	\$0 copay
<i>incassia tabs .35mg</i>	1	\$0 copay
<i>jencycla tabs .35mg</i>	1	\$0 copay
<i>lyleq tabs .35mg</i>	1	\$0 copay
<i>lyza tabs .35mg</i>	1	\$0 copay
<i>nora-be tabs .35mg</i>	1	\$0 copay
<i>norethindrone (contraceptive) tabs .35mg</i>	1	\$0 copay
<i>norlyroc tabs .35mg</i>	1	\$0 copay
<i>sharobel tabs .35mg</i>	1	\$0 copay
CORTICOSTEROIDS		
GLUCOCORTICOSTEROIDS		
<i>budesonide cpep 3mg</i>	1	
<i>dexamethasone elix .5mg/5ml; soln .5mg/5ml; tabs .5mg, .75mg, 1mg, 1.5mg, 2mg, 4mg, 6mg; tbpk 1.5mg</i>	1	
<i>hidex 6-day tbpk 1.5mg</i>	1	
<i>hydrocortisone tabs 5mg, 10mg, 20mg</i>	1	
MEDROL TABS 2mg	3	
<i>methylprednisolone tabs 4mg, 8mg, 16mg, 32mg; tbpk 4mg</i>	1	
<i>prednisolone soln 15mg/5ml; tabs 5mg</i>	1	
<i>prednisolone sodium phosphate soln 6.7mg/5ml, 15mg/5ml, 25mg/5ml; tbdp 10mg, 15mg, 30mg</i>	1	

Drug Name	Drug Tier	Requirements/Limits
<i>prednisone soln 5mg/5ml; tabs 1mg, 2.5mg, 5mg, 10mg, 20mg, 50mg; tbpk 5mg, 10mg</i>	1	
UCERIS TB24 9mg	2	Tier 1 with DAW 9
MINERALOCORTICIDS		
<i>fludrocortisone acetate tabs .1mg</i>	1	
COUGH/COLD/ALLERGY		
ANTITUSSIVES		
<i>benzonatate caps 100mg, 150mg, 200mg</i>	1	
<i>hydrocodone bitart-homatropine methylbrom soln 5-1.5 mg/5ml</i>	1	Excludes children under 6 years
<i>hydrocodone bitart-homatropine methylbromide tab 5-1.5 mg</i>	1	Excludes children under 6 years
<i>hydromet</i>	1	Excludes children under 6 years
COUGH/COLD/ALLERGY COMBINATIONS		
<i>hydrocod polst-chlorphen polst er susp 10-8 mg/5ml</i>	1	Excludes children under 6 years
<i>promethazine vc</i>	1	
<i>promethazine vc/codeine</i>	1	Excludes children under 12 years
<i>promethazine w/ codeine syrup 6.25-10 mg/5ml</i>	1	Excludes children under 12 years
<i>promethazine-dm syrup 6.25-15 mg/5ml</i>	1	
<i>pseudoephed-bromphen-dm syrup 30-2-10 mg/5ml</i>	1	
EXPECTORANTS		
<i>potassium iodide (expectorant) soln 1gm/ml</i>	1	
MISC. RESPIRATORY INHALANTS		
<i>nebusal nebu 3%</i>	1	
<i>pulmosal nebu 7%</i>	1	
<i>sodium chloride (inhalant) nebu .9%, 3%, 7%, 10%</i>	1	
MUCOLYTICS		
<i>acetylcysteine soln 10%, 20%</i>	1	
DERMATOLOGICALS		
ACNE PRODUCTS		
<i>accutane caps 10mg, 20mg, 30mg, 40mg</i>	1	QL (2 caps every 1 day)
<i>acne foaming wash liqd 10%</i>	1	PA, OTC
<i>acne medication 2.5 gel 2.5%</i>	1	PA, OTC
<i>acne medication 5 gel 5%</i>	1	PA, OTC
<i>acne medication 10 gel 10%</i>	1	PA, OTC
<i>acne-clear gel 10%</i>	1	PA, OTC

Drug Name	Drug Tier	Requirements/Limits
<i>adapalene crea .1%; gel .1%, .3%</i>	1	PA; Prior authorization applies for age 26 and older
<i>adapalene-benzoyl peroxide gel 0.1-2.5%</i>	1	PA
<i>adapalene-benzoyl peroxide gel 0.3-2.5%</i>	1	PA
<i>AKLIEF CREA .005%</i>	2	Prior authorization applies for age 26 and older
<i>amnesteem caps 10mg, 20mg, 40mg</i>	1	QL (2 caps every 1 day)
<i>ARAZLO LOTN .045%</i>	2	Prior authorization applies for age 26 and older
<i>avita crea .025%; gel .025%</i>	1	PA; Prior authorization applies for age 26 and older
<i>benzepro foam 5.3%</i>	1	PA
<i>benzoyl peroxide foam 9.8%; gel 8%</i>	1	PA
<i>benzoyl peroxide gel 2.5%</i>	1	PA, OTC
<i>benzoyl peroxide topical liqd 10%</i>	1	PA, OTC
<i>benzoyl peroxide wash liqd 5%</i>	1	PA, OTC
<i>benzoyl peroxide-erythromycin gel 5-3%</i>	1	
<i>benzoyl peroxide-hydrocortisone lotion 5-0.5%</i>	1	
<i>bp wash liqd 2.5%, 5%, 10%</i>	1	PA, OTC
<i>claravis caps 10mg, 20mg, 40mg</i>	1	QL (2 caps every 1 day)
<i>claravis caps 30mg</i>	1	QL (2 ea every 1 day)
<i>clean & clear persa-gel m gel 10%</i>	1	PA, OTC
<i>clindacin foam 1%</i>	1	
<i>clindacin etz pledgets swab 1%</i>	1	
<i>clindacin-p swab 1%</i>	1	
<i>clindamycin phosph-benzoyl peroxide (refrig) gel 1.2 (1)-5%</i>	1	
<i>clindamycin phosphate (topical) foam 1%; gel 1%; lotn 1%; soln 1%; swab 1%</i>	1	
<i>clindamycin phosphate-benzoyl peroxide gel 1-5%</i>	1	
<i>clindamycin phosphate-benzoyl peroxide gel 1.2-2.5%</i>	1	PA
<i>clindamycin phosphate-tretinoin gel 1.2-0.025%</i>	1	PA, QL (30 gm every 30 days); Prior authorization applies for age 26 and older
<i>cvs acne treatment/maximu gel 10%</i>	1	PA, OTC
<i>cvs advanced 3-in-1 exfol liqd 5%</i>	1	PA, OTC
<i>cvs foaming acne face was liqd 10%</i>	1	PA, OTC
<i>dapsone (topical) gel 5%, 7.5%</i>	1	PA

Drug Name	Drug Tier	Requirements/Limits
EPIDUO FORTE GEL 0.3-2.5%	2	PA
EPIDUO GEL 0.1-2.5%	2	PA
<i>ery pads 2%</i>	1	
<i>erythromycin (acne aid) gel 2%; soln 2%</i>	1	
<i>isotretinoin caps 10mg, 20mg, 25mg, 30mg, 35mg, 40mg</i>	1	QL (2 caps every 1 day)
<i>medpura benzoyl peroxide gel 5%, 10%; liqd 5%, 10%</i>	1	PA, OTC
<i>neuac</i>	1	
ONEXTON GEL 1.2-3.75	2	PA
<i>panoxyl foaming wash liqd 10%</i>	1	PA, OTC
<i>resorcinol-sulfur lotion 2-5%</i>	1	
<i>sulfacetamide sodium (acne) lotn 10%</i>	1	
<i>sulfacetamide sodium w/ sulfur cleansing pad 10-4%</i>	1	
<i>sulfamez wash</i>	1	
<i>tretinoin crea .1%</i>	1	PA, QL (45 gm every 30 days); Prior authorization applies for age 26 and older
<i>tretinoin crea .025%, .05%; gel .01%, .025%, .05%</i>	1	PA; Prior authorization applies for age 26 and older
<i>tretinoin microsphere gel .04%, .1%</i>	1	PA; Prior authorization applies for age 26 and older
TWYNEO CRE 0.1-3%	2	PA; Prior authorization applies for age 26 and older
WINLEVI CREA 1%	2	Prior authorization applies for age 26 and older
<i>zenatane caps 10mg, 20mg, 30mg, 40mg</i>	1	QL (2 caps every 1 day)
ANTI-INFLAMMATORY AGENTS - TOPICAL		
<i>diclofenac epolamine ptch 1.3%</i>	1	
<i>diclofenac sodium (topical) gel 1%</i>	1	QL (100 gm every 30 days)
<i>diclofenac sodium (topical) soln 1.5%</i>	1	QL (150 mL every 30 days)
ANTIBIOTICS - TOPICAL		
<i>gentamicin sulfate (topical) crea .1%; oint .1%</i>	1	
<i>mupirocin oint 2%</i>	1	
ANTIFUNGALS - TOPICAL		
<i>ciclodan soln 8%</i>	1	
<i>ciclopirox gel .77%; sham 1%; soln 8%</i>	1	

Drug Name	Drug Tier	Requirements/Limits
<i>ciclopirox olamine crea .77%; susp .77%</i>	1	
<i>clotrimazole (topical) crea 1%</i>	1	PA
<i>clotrimazole (topical) soln 1%</i>	1	
<i>clotrimazole w/ betamethasone cream 1-0.05%</i>	1	
<i>clotrimazole w/ betamethasone lotion 1-0.05%</i>	1	
<i>dermazene</i>	1	
<i>econazole nitrate crea 1%</i>	1	QL (30 gm every 30 days)
<i>iodoquimez-hc</i>	1	
<i>ketoconazole (topical) crea 2%; sham 2%</i>	1	
<i>miconazole-zinc oxide-white petrolatum oint 0.25-15-81.35%</i>	1	
<i>naftifine hcl crea 1%, 2%; gel 2%</i>	1	
NAFTIN GEL 1%, 2%	2	
<i>nyamyc powd 100000unit/gm</i>	1	QL (60 gm every 30 days)
<i>nystatin (topical) crea 100000unit/gm; oint 100000unit/gm</i>	1	
<i>nystatin (topical) powd 100000unit/gm</i>	1	QL (60 gm every 30 days)
<i>nystatin-triamcinolone cream 100000-0.1 unit/gm-%</i>	1	
<i>nystatin-triamcinolone oint 100000-0.1 unit/gm-%</i>	1	
<i>nystop powd 100000unit/gm</i>	1	QL (60 gm every 30 days)
<i>oxiconazole nitrate crea 1%</i>	1	PA, QL (30 gm every 30 days)
<i>sulconazole nitrate crea 1%; soln 1%</i>	1	PA
ANTINEOPLASTIC OR PREMALIGNANT LESION AGENTS - TOPICAL		
<i>bexarotene (topical) gel 1%</i>	4	SP, PA
<i>diclofenac sodium (actinic keratoses) gel 3%</i>	1	PA, QL (100 gm every 30 days)
<i>fluorouracil (topical) crea 5%; soln 2%, 5%</i>	1	
ANTIPSORIATICS		
<i>acitretin caps 10mg, 17.5mg, 25mg</i>	1	
<i>calcipotriene oint .005%; soln .005%</i>	1	
<i>calcitrene oint .005%</i>	1	

Drug Name	Drug Tier	Requirements/Limits
COSENTYX SOSY 75mg/0.5ml, 150mg/ml	4	SP, PA, QL (1 syringe every 28 days); Preferred for Ankylosing Spondylitis, Non-Radiographic Axial Spondyloarthritis, Psoriatic Arthritis
COSENTYX SOSY 150mg/ml	4	SP, PA, QL (300 mg (2ml) every 28 days); Preferred for Ankylosing Spondylitis, Non-Radiographic Axial Spondyloarthritis, Psoriatic Arthritis
COSENTYX SENSOREADY PEN SOAJ 150mg/ml	4	SP, PA, QL (1 pen every 28 days); Preferred for Ankylosing Spondylitis, Non-Radiographic Axial Spondyloarthritis, Psoriatic Arthritis
COSENTYX SENSOREADY PEN SOAJ 150mg/ml	4	SP, PA, QL (300 mg (2ml) every 28 days)
<i>methoxsalen rapid caps 10mg</i>	1	
SKYRIZI SOSY 150mg/ml	4	SP, PA, QL (1 syringe every 84 days); Preferred for Psoriasis, Psoriatic Arthritis and Crohn's Disease
SKYRIZI PEN SOAJ 150mg/ml	4	SP, PA, QL (1 syringe every 84 days); Preferred for Psoriasis, Psoriatic Arthritis and Crohn's Disease
STELARA SOSY 45mg/0.5ml	4	SP, PA, QL (1 syringe every 84 days); Preferred for Psoriasis, Psoriatic Arthritis, Crohn's Disease and Ulcerative Colitis
STELARA SOSY 90mg/ml	4	SP, PA, QL (1 syringe every 56 days); Preferred for Psoriasis, Psoriatic Arthritis, Crohn's Disease and Ulcerative Colitis
TALTZ SOAJ 80mg/ml; SOSY 80mg/ml	4	SP, PA, QL (1 syringe every 28 days); Preferred for Psoriasis

Drug Name	Drug Tier	Requirements/Limits
<i>tazarotene crea .1%; gel .05%, .1%</i>	1	PA, QL (30 gm every 30 days); Prior authorization applies for age 26 and older
TREMFYA SOPN 100mg/ml	4	SP, PA, QL (1 pen every 56 days); Preferred for Psoriasis, Psoriatic Arthritis
TREMFYA SOSY 100mg/ml	4	SP, PA, QL (1 syringe every 56 days); Preferred for Psoriasis, Psoriatic Arthritis

ANTISEBORRHEIC PRODUCTS

<i>selenium sulfide lotn 2.5%</i>	1	
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ANTIVIRALS - TOPICAL

<i>acyclovir topical oint 5%</i>	1	QL (15 gm every 30 days)
<i>penciclovir crea 1%</i>	1	

BURN PRODUCTS

<i>mafenide acetate pack 5%</i>	1	
<i>silver sulfadiazine crea 1%</i>	1	
<i>ssd crea 1%</i>	1	

CORTICOSTEROIDS - TOPICAL

<i>ala-cort crea 1%</i>	1	
<i>alclometasone dipropionate crea .05%; oint .05%</i>	1	
<i>amcinonide lotn .1%</i>	1	
<i>betamethasone dipropionate (topical) crea .05%; lotn .05%</i>	1	
<i>betamethasone dipropionate augmented crea .05%; gel .05%; lotn .05%; oint .05%</i>	1	
<i>betamethasone valerate crea .1%; foam .12%; lotn .1%; oint .1%</i>	1	
BRYHALI LOTN .01%	2	QL (180 gm every 30 days)
CAPEX SHAM .01%	2	
<i>clobetasol propionate crea .05%; gel .05%</i>	1	QL (60 gm every 30 days)
<i>clobetasol propionate foam .05%; lotn .05%; oint .05%; sham .05%</i>	1	
<i>clobetasol propionate soln .05%</i>	1	QL (50 mL every 30 days)
<i>clobetasol propionate emollient base crea .05%</i>	1	QL (60 gm every 30 days)
<i>clodan sham .05%</i>	1	

Drug Name	Drug Tier	Requirements/Limits
<i>desonide crea .05%; lotn .05%; oint .05%</i>	1	
<i>desoximetasone crea .05%, .25%; gel .05%; oint .25%</i>	1	
<i>desoximetasone liqd .25%</i>	1	PA
ENSTILAR AER	2	PA
<i>fluocinolone acetonide crea .01%, .025%; oil .01%; oint .025%; soln .01%</i>	1	
<i>fluocinonide crea .05%</i>	1	QL (150 gm every 30 days)
<i>fluocinonide gel .05%; oint .05%; soln .05%</i>	1	
<i>fluocinonide emulsified base crea .05%</i>	1	
<i>fluticasone propionate crea .05%; lotn .05%; oint .005%</i>	1	
<i>halobetasol propionate crea .05%; oint .05%</i>	1	
<i>hydrocortisone (topical) crea 1%, 2.5%; lotn 2.5%; oint 1%, 2.5%</i>	1	
<i>hydrocortisone butyrate crea .1%; oint .1%; soln .1%</i>	1	
<i>hydrocortisone valerate crea .2%; oint .2%</i>	1	
<i>mometasone furoate crea .1%; oint .1%; soln .1%</i>	1	
TEXACORT SOLN 2.5%	2	
<i>triamcinolone acetonide (topical) crea .025%, .1%, .5%; lotn .025%, .1%; oint .025%, .1%, .5%</i>	1	
<i>triderm crea .5%</i>	1	PA
ECZEMA AGENTS		
ADBRY SOSY 150mg/ml	4	SP, PA, QL (4 syringes every 28 days)
CIBINQO TABS 50mg, 100mg, 200mg	4	SP, PA, QL (30 tabs every 30 days)
DUPIXENT SOPN 200mg/1.14ml	4	SP, PA, QL (2 pens every 28 days)
DUPIXENT SOPN 300mg/2ml	4	SP, PA, QL (4 pens every 28 days)
DUPIXENT SOSY 100mg/0.67ml, 200mg/1.14ml	4	SP, PA, QL (2 syringes every 28 days)
DUPIXENT SOSY 300mg/2ml	4	SP, PA, QL (4 syringes every 28 days)
EMOLLIENT/KERATOLYTIC AGENTS		
<i>uredeb crea 39%</i>	1	PA

Drug Name	Drug Tier	Requirements/Limits
EMOLLIENTS		
<i>lactic acid (ammonium lactate) crea 12%; lotn 12%</i>	1	PA
HAIR GROWTH AGENTS		
<i>finasteride (alopecia) tabs 1mg</i>	1	PA
IMMUNOMODULATING AGENTS - TOPICAL		
<i>imiquimod crea 3.75%</i>	1	PA
<i>imiquimod crea 5%</i>	1	
ZYCLARA CREA 3.75%	2	PA
ZYCLARA PUMP CREA 2.5%, 3.75%	2	PA
IMMUNOSUPPRESSIVE AGENTS - TOPICAL		
<i>pimecrolimus crea 1%</i>	1	PA
<i>tacrolimus (topical) oint .1%</i>	1	QL (60 gm every 30 days)
<i>tacrolimus (topical) oint .03%</i>	1	
KERATOLYTIC/ANTIMITOTIC AGENTS		
CONDYLOX GEL .5%	2	
<i>podofilox soln .5%</i>	1	
LOCAL ANESTHETICS - TOPICAL		
<i>ethyl chloride aerosol spray</i>	1	PA
<i>glydo prsy 2%</i>	1	QL (60 mL every 30 days)
<i>lidocaine oint 5%</i>	1	PA, QL (50 gm every 30 days)
<i>lidocaine ptch 5%</i>	1	
<i>lidocaine hcl prsy 2%</i>	1	QL (60 mL every 30 days)
<i>lidocaine hcl soln 4%</i>	1	QL (50 mL every 30 days)
<i>lidocaine-prilocaine cream 2.5-2.5%</i>	1	QL (30 gm every 30 days)
<i>7t lido gel gel 2%</i>	1	QL (30 gm every 30 days)
PHOSPHODIESTERASE 4 (PDE4) INHIBITORS - TOPICAL		
EUCRISA OINT 2%	2	QL (60 gm every 30 days)
ROSACEA AGENTS		
<i>azelaic acid gel 15%</i>	1	
<i>brimonidine tartrate (topical) gel .33%</i>	1	
FINACEA FOAM 15%	2	
<i>metronidazole (topical) crea .75%; gel .75%, 1%; lotn .75%</i>	1	
ORACEA CPDR 40mg	2	PA; Tier 1 with DAW 9
RHOFADE CREA 1%	2	PA

Drug Name	Drug Tier	Requirements/Limits
SOOLANTRA CREA 1%	2	QL (45 gm every 30 days); Tier 1 with DAW 9
SCABICIDES & PEDICULICIDES		
<i>crotan lotn 10%</i>	1	
<i>lindane sham 1%</i>	1	
<i>malathion lotn .5%</i>	1	
<i>permethrin crea 5%</i>	1	
<i>spinosad susp .9%</i>	1	
TAR PRODUCTS		
<i>coal tar extract soln 20%</i>	1	
DIAGNOSTIC PRODUCTS		
DIAGNOSTIC TESTS		
ACCU-CHEK TES AVIVA PL	2	QL (200 strips every 30 days), OTC
ACCU-CHEK TES GUIDE	2	QL (200 strips every 30 days), OTC
ACCU-CHEK TES SMART	2	QL (200 strips every 30 days), OTC
ONETOUCH TES ULTRA	2	QL (200 strips every 30 days), OTC
ONETOUCH TES VERIO	2	QL (200 strips every 30 days), OTC
DIETARY PRODUCTS/DIETARY MANAGEMENT PRODUCTS		
NUTRITIONAL SUPPLEMENTS		
<i>asilnasal rms</i>	1	
DIGESTIVE AIDS		
DIGESTIVE ENZYMES		
CREON CAP 3000UNIT	2	
CREON CAP 6000UNIT	2	
CREON CAP 12000UNT	2	
CREON CAP 24000UNT	2	
CREON CAP 36000UNT	2	
VIOKACE TAB 10440	2	
VIOKACE TAB 20880	2	
ZENPEP CAP 3000UNIT	2	
ZENPEP CAP 5000UNIT	2	
ZENPEP CAP 10000UNT	2	
ZENPEP CAP 15000UNT	2	
ZENPEP CAP 20000UNT	2	
ZENPEP CAP 25000UNT	2	
ZENPEP CAP 40000UNT	2	

Drug Name	Drug Tier	Requirements/Limits
DIURETICS		
CARBONIC ANHYDRASE INHIBITORS		
acetazolamide cp12 500mg; tabs 125mg, 250mg	1	
dichlorphenamide tabs 50mg	4	SP, PA, QL (120 tabs every 30 days)
methazolamide tabs 25mg, 50mg	1	
DIURETIC COMBINATIONS		
amiloride & hydrochlorothiazide tab 5-50 mg	1	
spironolactone & hydrochlorothiazide tab 25-25 mg	1	
triamterene & hydrochlorothiazide cap 37.5-25 mg	1	
triamterene & hydrochlorothiazide tab 37.5-25 mg	1	
triamterene & hydrochlorothiazide tab 75-50 mg	1	
LOOP DIURETICS		
bumetanide tabs .5mg, 1mg, 2mg	1	
ethacrynic acid tabs 25mg	1	
furosemide soln 10mg/ml, 40mg/5ml; tabs 20mg, 40mg, 80mg	1	
torsemide tabs 5mg, 10mg, 20mg, 100mg	1	
POTASSIUM SPARING DIURETICS		
amiloride hcl tabs 5mg	1	
spironolactone tabs 25mg, 50mg, 100mg	1	
triamterene caps 50mg, 100mg	1	
THIAZIDES AND THIAZIDE-LIKE DIURETICS		
chlorthalidone tabs 25mg, 50mg	1	
hydrochlorothiazide caps 12.5mg; tabs 12.5mg, 25mg, 50mg	1	
indapamide tabs 1.25mg	1	QL (1 tab every 1 day)
indapamide tabs 2.5mg	1	
metolazone tabs 2.5mg, 5mg	1	QL (1 tab every 1 day)
metolazone tabs 10mg	1	
ENDOCRINE AND METABOLIC AGENTS - MISC.		
BONE DENSITY REGULATORS		
alendronate sodium soln 70mg/75ml; tabs 10mg, 35mg, 70mg	1	
alendronate sodium tabs 5mg	1	QL (1 tab every 1 day)
calcitonin (salmon) soln 200unit/act, 200unit/ml	1	

Drug Name	Drug Tier	Requirements/Limits
FORTEO SOPN 600mcg/2.4ml	4	SP, PA, QL (1 pen every 28 days); Consult medical benefit for coverage
<i>ibandronate sodium tabs 150mg</i>	1	
<i>risedronate sodium tabs 5mg, 30mg, 35mg, 150mg; tbec 35mg</i>	1	
TYMLOS SOPN 3120mcg/1.56ml	4	SP, PA, QL (1 pen every 30 days)
GNRH/LHRH ANTAGONISTS		
ORILISSA TABS 150mg, 200mg	2	PA
GROWTH HORMONES		
GENOTROPIN CART 5mg, 12mg	4	SP, PA
GENOTROPIN MINISQUICK PRSY .2mg, .4mg, .6mg, .8mg, 1mg, 1.2mg, 1.4mg, 1.6mg, 1.8mg, 2mg	4	SP, PA
NORDITROPIN FLEXPPO SOPN 5mg/1.5ml, 10mg/1.5ml, 15mg/1.5ml, 30mg/3ml	4	SP, PA
HORMONE RECEPTOR MODULATORS		
<i>raloxifene hcl tabs 60mg</i>	1	\$0 copay for women ages 35 and older for the primary prevention of breast cancer
METABOLIC MODIFIERS		
<i>*betaine powder for oral solution***</i>	1	SP, PA
<i>calcitriol caps .25mcg, .5mcg; soln 1mcg/ml</i>	1	
<i>carglumic acid tbso 200mg</i>	4	SP, PA
<i>cinacalcet hcl tabs 30mg, 60mg</i>	4	SP, PA, QL (60 tabs every 30 days)
<i>cinacalcet hcl tabs 90mg</i>	4	SP, PA, QL (120 tablets every 30 days)
<i>doxercalciferol caps .5mcg, 1mcg, 2.5mcg</i>	1	
<i>javygtor pack 100mg, 500mg; tabs 100mg</i>	4	SP, PA
<i>levocarnitine (metabolic modifiers) soln 1gm/10ml; tabs 330mg</i>	1	
<i>nitisinone caps 2mg, 5mg, 10mg</i>	4	SP, PA
ORFADIN CAPS 2mg, 5mg, 10mg, 20mg; SUSP 4mg/ml	4	SP, PA
<i>paricalcitol caps 1mcg, 2mcg, 4mcg</i>	1	
<i>sapropterin dihydrochloride pack 100mg, 500mg; tabs 100mg</i>	4	SP, PA
<i>sodium phenylbutyrate powd 3gm/tsp</i>	4	SP, PA, QL (750 grams every 30 days)

Drug Name	Drug Tier	Requirements/Limits
<i>sodium phenylbutyrate tabs 500mg</i>	4	SP, PA, QL (1200 tabs every 30 days)
MINERALOCORTICOID RECEPTOR ANTAGONISTS		
KERENDIA TABS 10mg, 20mg	2	PA, QL (1 tab every 1 day)
POSTERIOR PITUITARY HORMONES		
<i>desmopressin acetate tabs .1mg, .2mg</i>	1	
<i>desmopressin acetate spray soln .01%</i>	1	
<i>desmopressin acetate spray refrigerated soln .1mg/ml</i>	1	
PROGESTERONE RECEPTOR ANTAGONISTS		
<i>mifepristone tabs 200mg</i>	1	
PROLACTIN INHIBITORS		
<i>cabergoline tabs .5mg</i>	1	
SOMATOSTATIC AGENTS		
<i>octreotide acetate soln 50mcg/ml; soty 50mcg/ml, 100mcg/ml</i>	4	SP, PA, QL (90 syringes every 30 days)
<i>octreotide acetate soln 100mcg/ml; soty 500mcg/ml</i>	4	SP, PA, QL (90 vials every 30 days)
<i>octreotide acetate soln 200mcg/ml</i>	4	SP, PA, QL (45 vials (45,000 units) every 30 days)
<i>octreotide acetate soln 500mcg/ml</i>	4	SP, PA, QL (90 ampules every 30 days)
<i>octreotide acetate soln 1000mcg/ml</i>	4	SP, PA, QL (9 vials (45,000 units) every 30 days)
SOMATULINE DEPOT SOLN 120mg/0.5ml	4	SP, PA, QL (1 syringe every 28 days); Consult medical benefit for coverage
VASOPRESSIN RECEPTOR ANTAGONISTS		
<i>tolvaptan tabs 15mg, 30mg</i>	4	SP, PA
ESTROGENS		
ESTROGEN COMBINATIONS		
<i>amabelz</i>	1	QL (1 tab every 1 day)
CLIMARA PRO DIS WEEKLY	2	QL (4 patches every 28 days)
COMBIPATCH DIS	2	QL (8 patches every 28 days)
DUAVEE TAB 0.45-20	2	
<i>estradiol & norethindrone acetate tab 0.5-0.1 mg</i>	1	QL (1 tab every 1 day)
<i>estradiol & norethindrone acetate tab 1-0.5 mg</i>	1	QL (1 tab every 1 day)

Drug Name	Drug Tier	Requirements/Limits
<i>fyavolv</i>	1	
<i>fyavolv</i>	1	QL (1 tab every 1 day)
<i>jinteli</i>	1	QL (1 ea every 1 day)
<i>mimvey</i>	1	QL (1 tab every 1 day)
MYFEMBREE TAB	2	PA, QL (1 tab every 1 day)
<i>norethindrone acetate-ethinyl estradiol tab 0.5 mg-2.5 mcg</i>	1	
<i>norethindrone acetate-ethinyl estradiol tab 1 mg-5 mcg</i>	1	QL (1 tab every 1 day)
ORIAHNN CAP	2	
PREMPHASE TAB	2	QL (1 tab every 1 day)
PREMPRO TAB	2	QL (1 tab every 1 day)
PREMPRO TAB 0.3-1.5	2	QL (1 tab every 1 day)
PREMPRO TAB 0.45-1.5	2	QL (1 tab every 1 day)
PREMPRO TAB 0.625-5	2	QL (1 tab every 1 day)
ESTROGENS		
DIVIGEL GEL 1.25mg/1.25gm	2	QL (1.25 gm every 1 day)
DIVIGEL GEL 1mg/gm	2	QL (1 gm every 1 day)
DIVIGEL GEL .5mg/0.5gm	2	QL (1 packet every 1 day)
DIVIGEL GEL .25mg/0.25gm, .75mg/0.75gm	2	QL (1 ea every 1 day)
<i>dotti pttw .025mg/24hr, .037mg/24hr, .05mg/24hr, .075mg/24hr, .1mg/24hr</i>	1	QL (8 patches every 28 days)
<i>estradiol gel 1.25mg/1.25gm</i>	1	QL (1.25 gm every 1 day)
<i>estradiol gel 1mg/gm</i>	1	QL (1 gm every 1 day)
<i>estradiol gel .5mg/0.5gm</i>	1	QL (1 packet every 1 day)
<i>estradiol gel .25mg/0.25gm, .75mg/0.75gm</i>	1	QL (1 ea every 1 day)
<i>estradiol pttw .025mg/24hr, .037mg/24hr, .05mg/24hr, .075mg/24hr, .1mg/24hr</i>	1	QL (8 patches every 28 days)
<i>estradiol ptwk .025mg/24hr, .05mg/24hr, .06mg/24hr, .075mg/24hr, .1mg/24hr, 37.5mcg/24hr</i>	1	QL (4 patches every 28 days)
<i>estradiol tabs .5mg, 1mg, 2mg</i>	1	
<i>estradiol valerate oil 10mg/ml, 20mg/ml, 40mg/ml</i>	1	
EVAMIST SOLN 1.53mg/spray	2	QL (8.1 mL every 30 days)
<i>lyllana pttw .025mg/24hr, .037mg/24hr, .05mg/24hr, .075mg/24hr, .1mg/24hr</i>	1	QL (8 patches every 28 days)

Drug Name	Drug Tier	Requirements/Limits
FLUOROQUINOLONES		
FLUOROQUINOLONES		
CIPRO SUSR 5gm/100ml, 500mg/5ml	3	
ciprofloxacin hcl tabs 100mg, 250mg, 500mg, 750mg	1	
levofloxacin soln 25mg/ml; tabs 500mg, 750mg	1	
levofloxacin tabs 250mg	1	QL (1 tab every 1 day)
moxifloxacin hcl tabs 400mg	1	
ofloxacin tabs 300mg, 400mg	1	
GASTROINTESTINAL AGENTS - MISC.		
GALLSTONE SOLUBILIZING AGENTS		
ursodiol caps 300mg; tabs 250mg, 500mg	1	
GASTROINTESTINAL ANTIALLERGY AGENTS		
cromolyn sodium (mastocytosis) conc 100mg/5ml	1	
GASTROINTESTINAL CHLORIDE CHANNEL ACTIVATORS		
lubiprostone caps 8mcg, 24mcg	1	
GASTROINTESTINAL STIMULANTS		
metoclopramide hcl soln 5mg/5ml, 10mg/10ml; tabs 5mg, 10mg; tbdp 5mg	1	
INFLAMMATORY BOWEL AGENTS		
balsalazide disodium caps 750mg	1	
CIMZIA PSKT 200mg/ml	4	SP, PA, QL (2 kits every 28 days); Preferred for Non-Radiographic Axial Spondyloarthritis; 2 primary preferred products required first for Psoriasis, Ankylosing Spondylitis, Psoriatic Arthritis, Rheumatoid Arthritis, Crohn's Disease
CIMZIA STARTER KIT PSKT 200mg/ml	4	SP, PA, QL (1 kit every 28 days); Preferred for Non-Radiographic Axial Spondyloarthritis; 2 primary preferred products required first for Psoriasis, Ankylosing Spondylitis, Psoriatic Arthritis, Rheumatoid Arthritis, Crohn's Disease

Drug Name	Drug Tier	Requirements/Limits
<i>mesalamine cp24 .375gm; cpcr 500mg; cpdr 400mg; enem 4gm; supp 1000mg; tbec 1.2gm, 800mg</i>	1	
<i>mesalamine w/ cleanser kit 4gm</i>	1	
REMICADE SOLR 100mg	4	SP, PA, QL (5 vials every 42 days); Consult medical benefit for coverage
SKYRIZI SOCT 180mg/1.2ml, 360mg/2.4ml	4	SP, PA, QL (1 cartridge every 56 days); Preferred for Plaque Psoriasis, Psoriatic Arthritis, Crohn's Disease
<i>sulfasalazine tabs 500mg; tbec 500mg</i>	1	
INTESTINAL ACIDIFIERS		
<i>enulose soln 10gm/15ml</i>	1	
<i>generlac soln 10gm/15ml</i>	1	
IRRITABLE BOWEL SYNDROME (IBS) AGENTS		
<i>aloseptron hcl tabs .5mg, 1mg</i>	1	PA
LINZESS CAPS 72mcg, 290mcg	2	
LINZESS CAPS 145mcg	2	QL (1 cap every 1 day)
VIBERZI TABS 75mg, 100mg	2	PA
PERIPHERAL OPIOID RECEPTOR ANTAGONISTS		
<i>alvimopan caps 12mg</i>	1	
SYMPROIC TABS .2mg	2	
PHOSPHATE BINDER AGENTS		
AURYXIA TABS 210mg	2	PA
<i>calcium acetate (phosphate binder) caps 667mg; tabs 667mg</i>	1	
PHOSLYRA SOLN 667mg/5ml	3	
<i>sevelamer carbonate pack .8gm, 2.4gm; tabs 800mg</i>	1	
<i>sevelamer hcl tabs 400mg, 800mg</i>	1	
VELPHORO CHEW 500mg	2	QL (6 tabs every 1 day)
GENERAL ANESTHETICS		
VOLATILE ANESTHETICS		
<i>sevoflurane inhal soln</i>	1	
GENITOURINARY AGENTS - MISCELLANEOUS		
ALKALINIZERS		
<i>cytra k crystals</i>	1	
<i>pot & sod citrates w/ cit ac soln 550-500-334 mg/5ml</i>	1	
<i>potassium citrate & citric acid soln 1100-334 mg/5ml</i>	1	

Drug Name	Drug Tier	Requirements/Limits
<i>potassium citrate (alkalinizer) tbc 10meq, 15meq, 540mg</i>	1	
<i>sodium citrate & citric acid soln 500-334 mg/5ml</i>	1	
CYSTINOSIS AGENTS		
<i>CYSTAGON CAPS 50mg, 150mg</i>	4	SP, PA
GENITOURINARY IRRIGANTS		
<i>acetic acid soln .25%</i>	1	
<i>argyle sterile saline soln .9%</i>	1	
<i>curity sterile saline soln .9%</i>	1	
<i>glycine (gu irrigant) soln 1.5%</i>	1	
<i>neomycin-polymyxin b gu irrigation soln</i>	1	
<i>sodium chloride (gu irrigant) soln .9%</i>	1	
PROSTATIC HYPERTROPHY AGENTS		
<i>alfuzosin hcl tb24 10mg</i>	1	
<i>dutasteride caps .5mg</i>	1	
<i>dutasteride-tamsulosin hcl cap 0.5-0.4 mg</i>	1	
<i>finasteride tabs 5mg</i>	1	
<i>silodosin caps 4mg</i>	1	QL (1 cap every 1 day)
<i>silodosin caps 8mg</i>	1	
<i>tamsulosin hcl caps .4mg</i>	1	
URINARY ANALGESICS		
<i>phenazo tabs 200mg</i>	1	
URINARY STONE AGENTS		
<i>tiopronin tabs 100mg</i>	4	SP, PA
GOUT AGENTS		
GOUT AGENT COMBINATIONS		
<i>colchicine w/ probenecid tab 0.5-500 mg</i>	1	
GOUT AGENTS		
<i>allopurinol tabs 100mg, 300mg</i>	1	
<i>colchicine tabs .6mg</i>	1	
<i>febuxostat tabs 40mg, 80mg</i>	1	ST, PA
<i>MITIGARE CAPS .6mg</i>	2	Tier 1 with DAW 9
URICOSURICS		
<i>probenecid tabs 500mg</i>	1	
HEMATOLOGICAL AGENTS - MISC.		
ANTIHEMOPHILIC PRODUCTS		
<i>KOGENATE FS KIT 250unit, 500unit, 1000unit, 2000unit, 3000unit</i>	4	SP, PA; Consult medical benefit for coverage
BRADYKININ B2 RECEPTOR ANTAGONISTS		
<i>icatibant acetate sosy 30mg/3ml</i>	4	SP, PA
<i>sajazir sosy 30mg/3ml</i>	4	SP, PA, QL (45 syringes every 90 days)

Drug Name	Drug Tier	Requirements/Limits
COMPLEMENT INHIBITORS		
EMPAVELI SOLN 1080mg/20ml	4	SP, PA, QL (0.334 vials every 1 day)
HEMATAOLOGIC - TYROSINE KINASE INHIBITORS		
TAVALISSE TABS 100mg, 150mg	4	SP, PA, QL (60 tabs every 30 days)
HEMATORHEOLOGIC AGENTS		
<i>pentoxifylline tbc 400mg</i>	1	
PLASMA KALLIKREIN INHIBITORS		
ORLADEYO CAPS 110mg, 150mg	4	SP, PA, QL (28 caps every 28 days)
TAKHZYRO SOLN 300mg/2ml	4	SP, PA, QL (2 vials every 28 days)
TAKHZYRO SOSY 150mg/ml, 300mg/2ml	4	SP, PA, QL (2 syringes every 28 days)
PLATELET AGGREGATION INHIBITORS		
<i>anagrelide hcl caps .5mg, 1mg</i>	1	
<i>aspirin-dipyridamole cap er 12hr 25-200 mg</i>	1	
BRILINTA TABS 60mg, 90mg	2	
<i>cilostazol tabs 50mg, 100mg</i>	1	
<i>clopidogrel bisulfate tabs 75mg, 300mg</i>	1	
<i>dipyridamole tabs 25mg, 50mg, 75mg</i>	1	
<i>prasugrel hcl tabs 5mg, 10mg</i>	1	
HEMATOPOIETIC AGENTS		
AGENTS FOR GAUCHER DISEASE		
CERDELGA CAPS 84mg	4	SP, PA, QL (56 caps every 28 days)
<i>miglustat caps 100mg</i>	4	SP, PA, QL (90 caps every 30 days)
AGENTS FOR SICKLE CELL DISEASE		
ENDARI PACK 5gm	4	SP, PA, QL (180 packets every 30 days)
SIKLOS TABS 100mg, 1000mg	2	
COBALAMINS		
<i>cyanocobalamin soln 1000mcg/ml</i>	1	
<i>dodex soln 1000mcg/ml</i>	1	
FOLIC ACID/FOLATES		
<i>folic acid caps 800mcg; tabs 400mcg, 800mcg</i>	1	QL (100 tablets every 100 days), OTC; \$0 copay for members capable of pregnancy age 54 and younger
<i>folic acid tabs 1mg</i>	1	

Drug Name	Drug Tier	Requirements/Limits
HEMATOPOIETIC GROWTH FACTORS		
ARANESP ALBUMIN FREE SOLN 25mcg/ml, 40mcg/ml, 60mcg/ml, 100mcg/ml, 200mcg/ml; SOSY 10mcg/0.4ml, 25mcg/0.42ml, 40mcg/0.4ml, 60mcg/0.3ml, 100mcg/0.5ml, 150mcg/0.3ml, 200mcg/0.4ml, 300mcg/0.6ml, 500mcg/ml	4	SP, PA
DOPTelet TABS 20mg	4	SP, PA, QL (10 tabs every 5 days)
NIVESTYM SOSY 300mcg/0.5ml, 480mcg/0.8ml	4	SP, PA
PROCrit SOLN 2000unit/ml, 3000unit/ml, 4000unit/ml, 10000unit/ml, 20000unit/ml, 40000unit/ml	4	SP, PA
PROMACTA PACK 12.5mg	4	SP, PA, QL (120 packets every 30 days)
PROMACTA PACK 25mg	4	SP, PA, QL (180 packets every 30 days)
PROMACTA TABS 12.5mg, 25mg	4	SP, PA, QL (30 tabs every 30 days)
PROMACTA TABS 50mg, 75mg	4	SP, PA, QL (60 tabs every 30 days)
RETACrit SOLN 2000unit/ml, 3000unit/ml, 4000unit/ml, 10000unit/ml, 20000unit/2ml, 20000unit/ml, 40000unit/ml	4	SP, PA
ZIEXTENZO SOSY 6mg/0.6ml	4	SP, PA, QL (2 syringes every 28 days)

HEMOSTATICS

HEMOSTATICS - SYSTEMIC

aminocaproic acid soln .25gm/ml; tabs 500mg, 1000mg	1	
tranexamic acid tabs 650mg	1	

HYPNOTICS/SEDATIVES/SLEEP DISORDER AGENTS

BARBITURATE HYPNOTICS

phenobarbital elix 20mg/5ml; tabs 15mg, 16.2mg, 30mg, 32.4mg, 60mg, 64.8mg, 97.2mg, 100mg	1	
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HYPNOTICS - TRICYCLIC AGENTS

doxepin hcl (sleep) tabs 3mg	1	QL (1 tab every 1 day)
doxepin hcl (sleep) tabs 6mg	1	

NON-BARBITURATE HYPNOTICS

estazolam tabs 1mg, 2mg	1	
eszopiclone tabs 1mg, 2mg, 3mg	1	
midazolam hcl syrp 2mg/ml	1	

Drug Name	Drug Tier	Requirements/Limits
temazepam caps 7.5mg, 15mg, 22.5mg, 30mg	1	
triazolam tabs .125mg, .25mg	1	
zaleplon caps 5mg, 10mg	1	
zolpidem tartrate tabs 5mg, 10mg; tbc 6.25mg, 12.5mg	1	
OREXIN RECEPTOR ANTAGONISTS		
BELSOMRA TABS 5mg, 10mg, 15mg, 20mg	2	PA
DAYVIGO TABS 5mg, 10mg	2	PA
SELECTIVE MELATONIN RECEPTOR AGONISTS		
ramelteon tabs 8mg	1	
tasimelteon caps 20mg	4	SP, PA, QL (30 caps every 30 days)
LAXATIVES		
LAXATIVE COMBINATIONS		
CLENPIQ SOL	2	\$0 copay for members age 45 through 75
gavilyte-c	1	
gavilyte-g	1	
peg 3350-kcl-na bicarb-nacl-na sulfate for soln 236 gm	1	
peg 3350-kcl-sod bicarb-nacl for soln 420 gm	1	
sod sulfate-pot sulf-mg sulf oral sol 17.5-3.13-1.6 gm/177ml	1	\$0 copay for members age 45 through 75
LAXATIVES - MISCELLANEOUS		
constulose soln 10gm/15ml	1	
lactulose soln 10gm/15ml, 20gm/30ml	1	
LUBRICANT LAXATIVES		
mineral oil	1	
MACROLIDES		
AZITHROMYCIN		
azithromycin pack 1gm; susr 100mg/5ml, 200mg/5ml; tabs 250mg, 500mg, 600mg	1	
CLARITHROMYCIN		
clarithromycin susr 125mg/5ml, 250mg/5ml; tabs 250mg, 500mg; tb24 500mg	1	
ERYTHROMYCINS		
e.e.s. 400 tabs 400mg	1	
ery-tab tbec 250mg, 333mg, 500mg	1	
erythrocin stearate tabs 250mg	1	

Drug Name	Drug Tier	Requirements/Limits
<i>erythromycin base cpep 250mg; tabs 250mg, 500mg; tbec 250mg, 333mg, 500mg</i>	1	
<i>erythromycin ethylsuccinate susr 200mg/5ml, 400mg/5ml; tabs 400mg</i>	1	
FIDAXOMICIN		
DIFICID SUSR 40mg/ml; TABS 200mg	2	
MEDICAL DEVICES AND SUPPLIES		
CONTRACEPTIVES		
CAYA DPR	3	QL (1 each every 300 days); \$0 copay
FC2 FEMALE MIS CONDOM	3	OTC; \$0 copay for females or members capable of pregnancy
FEMCAP MIS 22MM	3	QL (1 each every 300 days); \$0 copay
FEMCAP MIS 26MM	3	QL (1 each every 300 days); \$0 copay
FEMCAP MIS 30MM	3	QL (1 each every 300 days); \$0 copay
MALE CONDOMS	3	OTC; \$0 copay for females or members capable of pregnancy.
OMNIFLEX DPR	3	QL (1 each every 300 days); \$0 copay
WIDE-SEAL SILICONE DIAPHR DPRH 2%	3	QL (1 each every 300 days); \$0 copay
DIABETIC SUPPLIES		
ACCU-CHECK KIT GUIDE ME	2	OTC
ACCU-CHEK KIT AVIVA PL	2	OTC
ACCU-CHEK KIT COMPACT	2	OTC
ACCU-CHEK KIT GUIDE	2	OTC
ACCU-CHEK KIT NANO	2	OTC
DEXCOM G6 MIS RECEIVER	2	
DEXCOM G6 MIS SENSOR	2	
DEXCOM G6 MIS TRANSMIT	2	
DEXCOM G7 MIS RECEIVER	2	
DEXCOM G7 MIS SENSOR	2	
LANCETS	2	OTC
OMNIPOD 5 G6 KIT INTRO	2	
OMNIPOD 5 G6 MIS PODS	2	
OMNIPOD DASH KIT INTRO	2	
OMNIPOD DASH KIT PDM	2	
OMNIPOD DASH MIS PODS	2	
OMNIPOD MIS CLASSIC	2	
ONE TOUCH KIT VERIO FL	2	OTC

Drug Name	Drug Tier	Requirements/Limits
ONETOUCH KIT ULTRA 2	2	OTC
ONETOUCH KIT VERIO RE	2	OTC
V-GO 20 KIT	2	
V-GO 30 KIT	2	
V-GO 40 KIT	2	

PARENTERAL THERAPY SUPPLIES

AUTOSHIELD MIS 29X3/16"	2	OTC
AUTOSHIELD MIS 29X5/16"	2	OTC
AUTOSHIELD MIS 30GX5MM	2	OTC
BD PEN NEEDL MIS 29GX12.7	2	OTC
BD PEN NEEDL MIS 31GX5MM	2	OTC
BD PEN NEEDL MIS 31GX8MM	2	OTC
BD PEN NEEDL MIS 32GX4MM	2	
BD PEN NEEDL MIS 32GX4MM	2	OTC
BD PEN NEEDL MIS 32GX6MM	2	OTC
BD U-500 MIS 31GX6MM	2	
INSULIN SYRG MIS 0.3/29G	2	OTC
INSULIN SYRG MIS 0.3/30G	2	OTC
INSULIN SYRG MIS 0.3/31G	2	
INSULIN SYRG MIS 0.3/31G	2	OTC
INSULIN SYRG MIS 0.5/28G	2	OTC
INSULIN SYRG MIS 0.5/29G	2	OTC
INSULIN SYRG MIS 0.5/30G	2	OTC
INSULIN SYRG MIS 0.5/31G	2	OTC
INSULIN SYRG MIS 1ML	2	OTC
INSULIN SYRG MIS 1ML/25G	2	OTC
INSULIN SYRG MIS 1ML/26G	2	OTC
INSULIN SYRG MIS 1ML/27G	2	OTC
INSULIN SYRG MIS 1ML/28G	2	OTC
INSULIN SYRG MIS 1ML/29G	2	OTC
INSULIN SYRG MIS 1ML/30G	2	OTC
INSULIN SYRG MIS 1ML/31G	2	OTC
INSULIN SYRG MIS 2/27.5G	2	OTC

MIGRAINE PRODUCTS

CALCITONIN GENE-RELATED PEPTIDE (CGRP) RECEPTOR ANTAG

AIMOVIG SOAJ 70mg/ml, 140mg/ml	2	PA
AJOVY SOAJ 225mg/1.5ml; SOSY 225mg/1.5ml	2	PA
EMGALITY SOAJ 120mg/ml; SOSY 100mg/ml, 120mg/ml	2	PA
NURTEC TBDP 75mg	2	ST, PA, QL (16 tabs every 30 days)
QULIPTA TABS 10mg, 30mg, 60mg	2	ST, PA, QL (30 tabs every 30 days)

Drug Name	Drug Tier	Requirements/Limits
UBRELVY TABS 50mg, 100mg	2	ST, PA, QL (16 tabs every 30 days)
MIGRAINE PRODUCTS		
<i>dihydroergotamine mesylate soln 1mg/ml</i>	1	
MIGRAINE PRODUCTS - NSAIDS		
<i>diclofenac potassium (migraine) pack 50mg</i>	1	PA
SEROTONIN AGONISTS		
<i>almotriptan malate tabs 6.25mg, 12.5mg</i>	1	QL (12 tabs every 30 days)
<i>eletriptan hydrobromide tabs 20mg, 40mg</i>	1	QL (12 tabs every 30 days)
<i>frovatriptan succinate tabs 2.5mg</i>	1	QL (18 tabs every 30 days)
<i>naratriptan hcl tabs 1mg, 2.5mg</i>	1	QL (12 tabs every 30 days)
ONZETRA XSAIL EXHP 11mg/nosepc	2	QL (16 nosepieces every 30 days)
<i>rizatriptan benzoate tabs 5mg, 10mg; tbdp 5mg, 10mg</i>	1	QL (18 tabs every 30 days)
<i>sumatriptan soln 5mg/act</i>	1	QL (24 sprays every 30 days)
<i>sumatriptan soln 20mg/act</i>	1	QL (12 sprays every 30 days)
<i>sumatriptan succinate soaj 4mg/0.5ml; soct 4mg/0.5ml</i>	1	QL (18 syringes every 30days)
<i>sumatriptan succinate soaj 6mg/0.5ml; soct 6mg/0.5ml</i>	1	QL (12 units every 30 days)
<i>sumatriptan succinate soln 6mg/0.5ml</i>	1	QL (12 vials every 30 days)
<i>sumatriptan succinate tabs 25mg, 50mg, 100mg</i>	1	QL (12 tabs every 30 days)
ZEMBRACE SYMTOUCH SOAJ 3mg/0.5ml	2	QL (24 injections every 30days)
<i>zolmitriptan soln 5mg</i>	1	QL (12 sprays every 30 days)
<i>zolmitriptan tabs 2.5mg, 5mg; tbdp 2.5mg, 5mg</i>	1	QL (12 tabs every 30 days)
MINERALS & ELECTROLYTES		
FLUORIDE		
<i>fluoritab soln .125mg/drop</i>	1	\$0 applies for ages 5 and under, otherwise not covered
<i>nafrinse chew 2.2mg</i>	1	

Drug Name	Drug Tier	Requirements/Limits
<i>nafrinse drops soln .125mg/drop</i>	1	\$0 applies for ages 5 and under, otherwise not covered
<i>sodium fluoride chew 1mg; tabs 1mg</i>	1	
<i>sodium fluoride chew .25mg, .5mg; soln .5mg/ml; tabs .5mg</i>	1	\$0 applies for ages 5 and under, otherwise not covered
IODINE PRODUCTS		
<i>iodine solution strong 5% (lugol's)</i>	1	
PHOSPHATE		
<i>phospha 250 neutral</i>	1	
<i>phospho-trin 250 neutral</i>	1	
<i>phospho-trin k500 tabs 500mg</i>	1	
<i>pot phos monobasic w/sod phos di & monobas tab 155-852-130mg</i>	1	
POTASSIUM		
<i>effer-k tbef 25meq</i>	1	
<i>k-prime tbef 25meq</i>	1	
<i>klor-con pack 20meq</i>	1	
<i>klor-con 8 tbcr 8meq</i>	1	
<i>klor-con 10 tbcr 10meq</i>	1	
<i>klor-con m10 tbcr 10meq</i>	1	
<i>klor-con m15 tbcr 15meq</i>	1	
<i>klor-con m20 tbcr 20meq</i>	1	
<i>klor-con/ef tbef 25meq</i>	1	
<i>potassium chloride cpcr 8meq, 10meq; pack 20meq; soln 10%, 20%; tbcr 8meq, 10meq, 20meq</i>	1	
<i>potassium chloride microencapsulated crystals er tbcr 10meq, 15meq, 20meq</i>	1	
SODIUM		
<i>sodium chloride soln .9%, 2.5meq/ml</i>	1	
MISCELLANEOUS THERAPEUTIC CLASSES		
CHELATING AGENTS		
<i>penicillamine caps 250mg; tabs 250mg</i>	4	SP, PA
<i>trientine hcl caps 250mg</i>	4	SP, PA
IMMUNOMODULATORS		
<i>lenalidomide caps 2.5mg, 5mg, 10mg, 15mg</i>	4	SP, PA, QL (28 caps every 28 days)
<i>lenalidomide caps 20mg, 25mg</i>	4	SP, PA, QL (21 capsules every 28 days)
<i>REVLIMID CAPS 2.5mg, 5mg, 10mg, 15mg</i>	4	SP, PA, QL (28 caps every 28 days)
<i>REVLIMID CAPS 20mg, 25mg</i>	4	SP, PA, QL (21 capsules every 28 days)

Drug Name	Drug Tier	Requirements/Limits
THALOMID CAPS 50mg, 100mg	4	SP, PA, QL (28 caps every 28 days)
THALOMID CAPS 150mg, 200mg	4	SP, PA, QL (56 caps every 28 days)

IMMUNOSUPPRESSIVE AGENTS

azasan tabs 75mg, 100mg	1	
azathioprine tabs 50mg, 75mg, 100mg	1	
cyclosporine caps 25mg, 100mg	1	SP
cyclosporine modified (for microemulsion) caps 25mg, 50mg, 100mg; soln 100mg/ml	1	SP
ENSPRYNG SOSY 120mg/ml	4	SP, PA, QL (1 syringe every 28 days)
everolimus (immunosuppressant) tabs 1mg	1	SP, PA
everolimus (immunosuppressant) tabs .25mg, .5mg, .75mg	1	SP
engraf caps 25mg, 100mg; soln 100mg/ml	1	SP
mycophenolate mofetil caps 250mg; susr 200mg/ml; tabs 500mg	1	SP
mycophenolate sodium tbec 180mg, 360mg	1	SP
sirolimus soln 1mg/ml; tabs .5mg, 1mg, 2mg	1	SP
tacrolimus caps .5mg, 1mg, 5mg	1	SP

IRRIGATION SOLUTIONS

argyle sterile water 100m	1	
lactated ringer's for irrigation	1	
physiolyte	1	
physiosol irrigation	1	
ringer's solution for irrigation	1	
tis-u-sol	1	
water for irrigation, sterile irrigation soln	1	

POTASSIUM REMOVING AGENTS

*sodium polystyrene sulfonate powder**	1	
sps susp 15gm/60ml	1	
VELTASSA PACK 8.4gm, 16.8gm, 25.2gm	2	

MOUTH/THROAT/DENTAL AGENTS

ANESTHETICS TOPICAL ORAL

lidocaine hcl (mouth-throat) soln 2%, 4%	1	
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ANTI-INFECTIVES - THROAT

clotrimazole troc 10mg	1	
nystatin (mouth-throat) susp 100000unit/ml	1	

Drug Name	Drug Tier	Requirements/Limits
ANTISEPTICS - MOUTH/THROAT		
chlorhexidine gluconate (mouth-throat) soln .12%	1	
periogard soln .12%	1	
STEROIDS - MOUTH/THROAT/DENTAL		
oralone dental paste pste .1%	1	
triamcinolone acetonide (mouth) pste .1%	1	
THROAT PRODUCTS - MISC.		
cevimeline hcl caps 30mg	1	PA
MUGARD LIQ	4	SP, PA
pilocarpine hcl (oral) tabs 5mg, 7.5mg	1	
MULTIVITAMINS		
PED MULTI VITAMINS W/FL & FE		
multi-vitamin/fluoride/ir	1	Benefit exclusions may apply
PED MV W/ FLUORIDE		
multi-vitamin/fluoride dr	1	Benefit exclusions may apply
multivitamin with fluorid	1	Benefit exclusions may apply
multivitamin/fluoride	1	
multivitamin/fluoride	1	Benefit exclusions may apply
*pediatric vitamins acd w/ fluoride soln 0.5 mg/ml***	1	Benefit exclusions may apply
tri-vite/fluoride	1	Benefit exclusions may apply
vitamins a/c/d/fluoride	1	Benefit exclusions may apply
PRENATAL VITAMINS		
elite-ob	1	
inatal gt	1	
pnv-dha	1	
pnv-select	1	
prenatal 19	1	
trinate	1	
MUSCULOSKELETAL THERAPY AGENTS		
CENTRAL MUSCLE RELAXANTS		
baclofen soln 5mg/5ml; susp 25mg/5ml; tabs 5mg, 10mg, 20mg	1	
carisoprodol tabs 350mg	1	
chlorzoxazone tabs 500mg	1	
cyclobenzaprine hcl tabs 5mg, 10mg	1	
metaxalone tabs 800mg	1	
methocarbamol tabs 500mg, 750mg	1	

Drug Name	Drug Tier	Requirements/Limits
<i>orphenadrine citrate tb12 100mg</i>	1	
<i>tizanidine hcl caps 2mg, 4mg, 6mg; tabs 2mg, 4mg</i>	1	
DIRECT MUSCLE RELAXANTS		
<i>dantrolene sodium caps 25mg, 50mg, 100mg</i>	1	
VISCOSUPPLEMENTS		
<i>EUFLEXXA SOSY 20mg/2ml</i>	4	SP, PA; Consult medical benefit for coverage
<i>SUPARTZ FX SOSY 25mg/2.5ml</i>	4	SP, PA; Consult medical benefit for coverage
NASAL AGENTS - SYSTEMIC AND TOPICAL		
NASAL AGENT COMBINATIONS		
<i>azelastine hcl-fluticasone prop nasal spray 137-50 mcg/act</i>	1	QL (1 bottle every 30 days)
NASAL ANTIALLERGY		
<i>azelastine hcl soln .15%, 137mcg/spray</i>	1	QL (2 bottles every 30 days)
<i>olopatadine hcl (nasal) soln .6%</i>	1	QL (1 bottle every 30 days)
NASAL ANTICHOLINERGICS		
<i>ipratropium bromide (nasal) soln .03%, .06%</i>	1	
NASAL STEROIDS		
<i>flunisolide (nasal) soln .025%</i>	1	QL (3 bottles every 30 days)
<i>fluticasone propionate (nasal) susp 50mcg/act</i>	1	QL (1 bottle every 30 days)
<i>mometasone furoate (nasal) susp 50mcg/act</i>	1	QL (2 bottles every 30 days)
SYMPATHOMIMETIC DECONGESTANTS		
<i>epinephrine hcl (nasal) soln .1%</i>	1	
NEUROMUSCULAR AGENTS		
ALS AGENTS		
<i>riluzole tabs 50mg</i>	1	
NUTRIENTS		
PROTEINS		
<i>aminoam rms</i>	1	
<i>aminorelief rms</i>	1	
OPHTHALMIC AGENTS		
BETA-BLOCKERS - OPHTHALMIC		
<i>betaxolol hcl (ophth) soln .5%</i>	1	
<i>BETOPTIC-S SUSP .25%</i>	2	

Drug Name	Drug Tier	Requirements/Limits
<i>brimonidine tartrate-timolol maleate ophth soln 0.2-0.5%</i>	1	
<i>carteolol hcl (ophth) soln 1%</i>	1	
<i>dorzolamide hcl-timolol maleate ophth sol 22.3-6.8 mg/ml pf</i>	1	
<i>dorzolamide hcl-timolol maleate ophth soln 22.3-6.8 mg/ml</i>	1	
<i>levobunolol hcl soln .5%</i>	1	
<i>timolol maleate (ophth) solg .25%, .5%; soln .25%, .5%</i>	1	
CYCLOPLEGIC MYDRIATICS		
<i>altafrin soln 2.5%, 10%</i>	1	
<i>atropine sulfate (ophthalmic) soln 1%</i>	1	
<i>cyclopentolate hcl soln 1%</i>	1	
<i>phenylephrine hcl (mydriatic) soln 2.5%, 10%</i>	1	
<i>tropicamide soln .5%, 1%</i>	1	
MIOTICS		
<i>pilocarpine hcl soln 1%, 2%, 4%</i>	1	
OPHTHALMIC ADRENERGIC AGENTS		
<i>ALPHAGAN P SOLN .1%, .15%</i>	2	
<i>apraclonidine hcl soln .5%</i>	1	
<i>brimonidine tartrate soln .15%, .2%</i>	1	
<i>SIMBRINZA SUS 1-0.2%</i>	2	
OPHTHALMIC ANTI-INFECTIVES		
<i>bacitracin (ophthalmic) oint 500unit/gm</i>	1	
<i>bacitracin-polymyxin b ophth oint</i>	1	
<i>BESIVANCE SUSP .6%</i>	2	
<i>ciprofloxacin hcl (ophth) soln .3%</i>	1	
<i>erythromycin (ophth) oint 5mg/gm</i>	1	
<i>gatifloxacin (ophth) soln .5%</i>	1	
<i>gentamicin sulfate (ophth) soln .3%</i>	1	
<i>levofloxacin (ophth) soln .5%, 1.5%</i>	1	
<i>moxifloxacin hcl (ophth) soln .5%</i>	1	
<i>neo-polycin</i>	1	
<i>neomycin-bacitrac zn-polymyx 5(3.5)mg-400unt-10000unt op oin</i>	1	
<i>neomycin-polymy-gramicid op sol 1.75-10000-0.025mg-unt-mg/ml</i>	1	
<i>ofloxacin (ophth) soln .3%</i>	1	
<i>polycin</i>	1	
<i>polymyxin b-trimethoprim ophth soln 10000 unit/ml-0.1%</i>	1	
<i>sulfacetamide sodium (ophth) oint 10%; soln 10%</i>	1	

Drug Name	Drug Tier	Requirements/Limits
<i>tobramycin (ophth) soln .3%</i>	1	
TOBREX OINT .3%	3	
<i>trifluridine soln 1%</i>	1	
OPHTHALMIC IMMUNOMODULATORS		
RESTASIS EMUL .05%	2	Tier 1 with DAW 9
RESTASIS MULTIDOSE EMUL .05%	2	
OPHTHALMIC INTEGRIN ANTAGONISTS		
XIIDRA SOLN 5%	2	
OPHTHALMIC LOCAL ANESTHETICS		
<i>altacaine soln .5%</i>	1	
<i>proparacaine hcl soln .5%</i>	1	
<i>tetracaine hcl (ophth) soln .5%</i>	1	
OPHTHALMIC STEROIDS		
<i>bacitracin-polymyxin-neomycin-hc ophth oint 1%</i>	1	
<i>dexamethasone sodium phosphate (ophth) soln .1%</i>	1	
<i>difluprednate emul .05%</i>	1	
<i>fluorometholone (ophth) susp .1%</i>	1	
<i>loteprednol etabonate gel .5%; susp .5%</i>	1	
<i>neo-polycin hc</i>	1	
<i>neomycin-polymyxin-dexamethasone ophth oint 0.1%</i>	1	
<i>neomycin-polymyxin-dexamethasone ophth susp 0.1%</i>	1	
<i>neomycin-polymyxin-hc ophth susp</i>	1	
<i>prednisolone acetate (ophth) susp 1%</i>	1	
PREDNISOLONE SODIUM PHOSP SOLN 1%	3	
<i>sulfacetamide sodium-prednisolone ophth soln 10-0.23(0.25)%</i>	1	
TOBRADEX OIN 0.3-0.1%	2	
<i>tobramycin-dexamethasone ophth susp 0.3-0.1%</i>	1	
OPHTHALMICS - MISC.		
<i>altafluor benox</i>	1	
<i>azelastine hcl (ophth) soln .05%</i>	1	
<i>bepotastine besilate soln 1.5%</i>	1	
<i>brinzolamide susp 1%</i>	1	
<i>bromfenac sodium (ophth) soln .09%</i>	1	
<i>cromolyn sodium (ophth) soln 4%</i>	1	
<i>diclofenac sodium (ophth) soln .1%</i>	1	
<i>dorzolamide hcl soln 2%</i>	1	
<i>epinastine hcl (ophth) soln .05%</i>	1	
<i>fluorescein w/ benoxinate ophth soln 0.25-0.4%</i>	1	

Drug Name	Drug Tier	Requirements/Limits
<i>fluorescein w/ proparacaine ophth soln 0.25-0.5%</i>	1	
<i>flurbiprofen sodium soln .03%</i>	1	
ILEVRO SUSP .3%	2	
<i>ketorolac tromethamine (ophth) soln .4%, .5%</i>	1	
<i>olopatadine hcl soln .1%, .2%</i>	1	
PROLENSA SOLN .07%	2	
PROSTAGLANDINS - OPHTHALMIC		
<i>bimatoprost soln .03%</i>	1	
<i>latanoprost soln .005%</i>	1	
<i>tafluprost soln .015mg/ml</i>	1	
<i>travoprost soln .004%</i>	1	
ZIOPTAN SOLN .015mg/ml	2	
OTIC AGENTS		
OTIC AGENTS - MISCELLANEOUS		
<i>acetic acid (otic) soln 2%</i>	1	
OTIC ANTI-INFECTIVES		
<i>ciprofloxacin hcl (otic) soln .2%</i>	1	
<i>ofloxacin (otic) soln .3%</i>	1	
OTIC COMBINATIONS		
<i>ciprofloxacin-dexamethasone otic susp 0.3-0.1%</i>	1	
<i>neomycin-polymyxin-hc otic soln 1%</i>	1	
<i>neomycin-polymyxin-hc otic susp 3.5 mg/ml-10000 unit/ml-1%</i>	1	
OTIC STEROIDS		
<i>flac oil .01%</i>	1	
<i>fluocinolone acetonide (otic) oil .01%</i>	1	
<i>hydrocortisone w/ acetic acid otic soln 1-2%</i>	1	
OXYTOCICS		
OXYTOCICS		
<i>methergine tabs .2mg</i>	1	
<i>methylergonovine maleate tabs .2mg</i>	1	
PASSIVE IMMUNIZING AND TREATMENT AGENTS		
IMMUNE SERUMS		
CUTAQUIG SOLN 1gm/6ml, 1.65gm/10ml, 2gm/12ml, 3.3gm/20ml, 4gm/24ml, 8gm/48ml	4	SP, PA

Drug Name	Drug Tier	Requirements/Limits
PENICILLINS		
AMINOPENICILLINS		
amoxicillin caps 250mg, 500mg; chew 125mg, 250mg; susr 125mg/5ml, 200mg/5ml, 250mg/5ml, 400mg/5ml; tabs 500mg, 875mg	1	
ampicillin caps 500mg	1	
NATURAL PENICILLINS		
penicillin g potassium solr 5000000unit, 20000000unit	1	
penicillin g sodium solr 5000000unit	1	
penicillin v potassium solr 125mg/5ml, 250mg/5ml; tabs 250mg, 500mg	1	
pfizerpen solr 5000000unit, 20000000unit	1	
PENICILLIN COMBINATIONS		
amoxicillin & k clavulanate chew tab 200-28.5 mg	1	
amoxicillin & k clavulanate chew tab 400-57 mg	1	
amoxicillin & k clavulanate for susp 200-28.5 mg/5ml	1	
amoxicillin & k clavulanate for susp 250-62.5 mg/5ml	1	
amoxicillin & k clavulanate for susp 400-57 mg/5ml	1	
amoxicillin & k clavulanate for susp 600-42.9 mg/5ml	1	
amoxicillin & k clavulanate tab 250-125 mg	1	
amoxicillin & k clavulanate tab 500-125 mg	1	
amoxicillin & k clavulanate tab 875-125 mg	1	
amoxicillin & k clavulanate tab er 12hr 1000-62.5 mg	1	
AUGMENTIN SUS 125/5ML	3	
PENICILLINASE-RESISTANT PENICILLINS		
dicloxacillin sodium caps 250mg, 500mg	1	
PHARMACEUTICAL ADJUVANTS		
LIQUID VEHICLES		
water for injection	1	
PROGESTINS		
PROGESTINS		
medroxyprogesterone acetate tabs 2.5mg, 5mg	1	QL (1 tab every 1 day)
medroxyprogesterone acetate tabs 10mg	1	
megestrol acetate (appetite) susp 625mg/5ml	1	

Drug Name	Drug Tier	Requirements/Limits
<i>norethindrone acetate tabs 5mg</i>	1	
<i>progesterone caps 100mg, 200mg; oil 50mg/ml</i>	1	

PSYCHOTHERAPEUTIC AND NEUROLOGICAL AGENTS - MISC.

AGENTS FOR CHEMICAL DEPENDENCY

<i>acamprosate calcium tbec 333mg</i>	1	
<i>disulfiram tabs 250mg, 500mg</i>	1	

ANTI-CATAPLECTIC AGENTS

<i>XYWAV SOL 0.5GM/ML</i>	4	SP, PA, QL (540 ml (270gm) every 30 days)
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ANTIDEMENTIA AGENTS

<i>donepezil hydrochloride tabs 5mg; tbdp 5mg</i>	1	QL (1 tab every 1 day)
<i>donepezil hydrochloride tabs 10mg, 23mg; tbdp 10mg</i>	1	
<i>galantamine hydrobromide cp24 8mg, 24mg; soln 4mg/ml; tabs 4mg, 12mg</i>	1	
<i>galantamine hydrobromide cp24 16mg</i>	1	QL (1 cap every 1 day)
<i>galantamine hydrobromide tabs 8mg</i>	1	QL (1 tab every 1 day)
<i>memantine hcl cp24 7mg, 14mg</i>	1	QL (1 cap every 1 day)
<i>memantine hcl cp24 21mg, 28mg; soln 2mg/ml; tabs 5mg, 10mg</i>	1	
<i>memantine hcl tab 28 x 5 mg & 21 x 10 mg titration pack</i>	1	
<i>NAMZARIC CAP</i>	2	
<i>NAMZARIC CAP 7-10MG</i>	2	
<i>NAMZARIC CAP 14-10MG</i>	2	
<i>NAMZARIC CAP 21-10MG</i>	2	
<i>NAMZARIC CAP 28-10MG</i>	2	
<i>rivastigmine pt24 4.6mg/24hr, 9.5mg/24hr, 13.3mg/24hr</i>	1	
<i>rivastigmine tartrate caps 1.5mg, 3mg, 4.5mg, 6mg</i>	1	

COMBINATION PSYCHOTHERAPEUTICS

<i>chlordiazepoxide-amitriptyline tab 5-12.5 mg</i>	1	
<i>chlordiazepoxide-amitriptyline tab 10-25 mg</i>	1	
<i>olanzapine-fluoxetine hcl cap 3-25 mg</i>	1	QL (1 cap every 1 day)
<i>olanzapine-fluoxetine hcl cap 6-25 mg</i>	1	QL (1 cap every 1 day)
<i>olanzapine-fluoxetine hcl cap 6-50 mg</i>	1	
<i>olanzapine-fluoxetine hcl cap 12-25 mg</i>	1	
<i>olanzapine-fluoxetine hcl cap 12-50 mg</i>	1	
<i>perphenazine-amitriptyline tab 2-10 mg</i>	1	
<i>perphenazine-amitriptyline tab 2-25 mg</i>	1	

Drug Name	Drug Tier	Requirements/Limits
<i>perphenazine-amitriptyline tab 4-10 mg</i>	1	
<i>perphenazine-amitriptyline tab 4-25 mg</i>	1	
<i>perphenazine-amitriptyline tab 4-50 mg</i>	1	
MOVEMENT DISORDER DRUG THERAPY		
AUSTEDO TABS 6mg	4	SP, PA, QL (60 tabs every 30 days)
AUSTEDO TABS 9mg, 12mg	4	SP, PA, QL (120 tablets every 30 days)
AUSTEDO XR TB24 6mg	4	SP, PA, QL (90 tabs every 30 days)
AUSTEDO XR TB24 12mg	4	SP, PA, QL (120 tabs every 30 days)
AUSTEDO XR TB24 24mg	4	SP, PA, QL (60 tabs every 30 days)
INGREZZA CAPS 40mg, 60mg, 80mg	4	SP, PA, QL (30 caps every 30 days)
INGREZZA CAP 40-80MG	4	SP, PA
<i>tetrabenazine tabs 12.5mg</i>	4	SP, PA, QL (120 tablets every 30 days)
<i>tetrabenazine tabs 25mg</i>	4	SP, PA, QL (60 tabs every 30 days)
MULTIPLE SCLEROSIS AGENTS		
AVONEX PSKT 30mcg/0.5ml	4	SP, PA, QL (4 syringes every 28 days)
AVONEX PEN AJKT 30mcg/0.5ml	4	SP, PA, QL (4 pens every 28 days)
BETASERON KIT .3mg	4	SP, PA, QL (14 kits every 28 days)
COPAXONE SOSY 20mg/ml	4	SP, PA, QL (30 syringes every 30 days)
COPAXONE SOSY 40mg/ml	4	SP, PA, QL (12 syringes every 28 days)
<i>dalfampridine tb12 10mg</i>	4	SP, PA, QL (60 tabs every 30 days)
<i>dimethyl fumarate cpdr 120mg</i>	4	SP, PA, QL (14 caps every 28 days)
<i>dimethyl fumarate cpdr 240mg</i>	4	SP, PA, QL (60 caps every 30 days)
<i>dimethyl fumarate capsule dr starter pack 120 mg & 240 mg</i>	4	SP, PA, QL (60 caps every 30 days)
<i>fingolimod hcl caps .5mg</i>	4	SP, PA, QL (30 caps every 30 days)
<i>glatiramer acetate sosy 20mg/ml</i>	4	SP, PA, QL (30 syringes every 30 days)
<i>glatiramer acetate sosy 40mg/ml</i>	4	SP, PA, QL (12 syringes every 28 days)

Drug Name	Drug Tier	Requirements/Limits
<i>glatopa sosy 20mg/ml</i>	4	SP, PA, QL (30 syringes every 30 days)
<i>glatopa sosy 40mg/ml</i>	4	SP, PA, QL (12 syringes every 28 days)
KESIMPTA SOAJ 20mg/0.4ml	4	SP, PA, QL (1 pen every 28 days)
MAYZENT TABS 1mg, 2mg	4	SP, PA, QL (30 tabs every 30 days)
MAYZENT TABS .25mg	4	SP, PA, QL (12 tabs every 5 days)
MAYZENT STARTER PACK TBPK .25mg	4	SP, PA, QL (12 tabs every 5 days)
MAYZENT STARTER PACK TBPK .25mg	4	SP, PA, QL (7 tabs every 4 days)
REBIF SOSY 22mcg/0.5ml, 44mcg/0.5ml	4	SP, PA, QL (12 syringes every 28 days)
REBIF REBIDO INJ TITRATN	4	SP, PA, QL (12 injections every 28 days)
REBIF REBIDOSE SOAJ 22mcg/0.5ml	4	SP, PA, QL (12 injections every 28 days)
REBIF REBIDOSE SOAJ 44mcg/0.5ml	4	SP, PA, QL (12 syringes every 28 days)
REBIF TITRTN INJ PACK	4	SP, PA, QL (12 syringes every 28 days)
VUMERITY CPDR 231mg	4	SP, PA, QL (120 caps every 30 days)
ZEPOSIA CAPS .92mg	4	SP, PA, QL (30 tabs every 30 days); Preferred for Multiple Sclerosis and Ulcerative Colitis
ZEPOSIA 7DAY CAP STR PACK	4	SP, PA, QL (7 tabs every 7 days); Preferred for Multiple Sclerosis and Ulcerative Colitis
ZEPOSIA CAP STR KIT	4	SP, PA, QL (37 tabs every 37 days); Preferred for Multiple Sclerosis and Ulcerative Colitis

POSTHERPETIC NEURALGIA (PHN)/NEUROPATHIC PAIN AGENTS

GRALISE TABS 300mg, 600mg	2	
<i>pregabalin (once-daily) tb24 82.5mg, 165mg, 330mg</i>	1	

PSYCHOTHERAPEUTIC AND NEUROLOGICAL AGENTS - MISC.

<i>ergoloid mesylates tabs 1mg</i>	1	
<i>pimozide tabs 1mg, 2mg</i>	1	

Drug Name	Drug Tier	Requirements/Limits
SMOKING DETERRENTS		
<i>bupropion hcl (smoking deterrent) tb12 150mg</i>	1	\$0 limited to 2 treatment cycles/year
<i>nicotine gum 2mg, 4mg; lozg 2mg, 4mg; pt24 7mg/24hr, 14mg/24hr, 21mg/24hr</i>	1	OTC; \$0 limited to 2 treatment cycles/year
NICOTINE SYS KIT TRANSDER	3	OTC; \$0 limited to 2 treatment cycles/year
NICOTROL INHALER INHA 10mg	3	\$0 limited to 2 treatment cycles/year
NICOTROL NS SOLN 10mg/ml	3	\$0 limited to 2 treatment cycles/year
<i>varenicline tartrate tabs .5mg, 1mg</i>	1	\$0 limited to 2 treatment cycles/year
<i>varenicline tartrate tab 11 x 0.5 mg & 42 x 1 mg start pack</i>	1	\$0 limited to 2 treatment cycles/year
TRANSTHYRETIN AMYLOIDOSIS AGENTS		
TEGSEDI SOSY 284mg/1.5ml	4	SP, PA, QL (4 syringes every 28 days)
RESPIRATORY AGENTS - MISC.		
ALPHA-PROTEINASE INHIBITOR (HUMAN)		
PROLASTIN-C SOLR 1000mg	4	SP, PA; Consult medical benefit for coverage
PULMONARY FIBROSIS AGENTS		
OFEV CAPS 100mg, 150mg	4	SP, PA, QL (60 caps every 30 days)
<i>pirfenidone tabs 267mg</i>	4	SP, PA, QL (270 tabs every 30 days)
<i>pirfenidone tabs 801mg</i>	4	SP, PA, QL (90 tabs every 30 days)
TETRACYCLINES		
TETRACYCLINES		
<i>avidoxy tabs 100mg</i>	1	
<i>demeclocycline hcl tabs 150mg, 300mg</i>	1	
<i>doxycycline (monohydrate) caps 50mg, 100mg; susr 25mg/5ml; tabs 50mg, 75mg, 100mg, 150mg</i>	1	
<i>doxycycline hyclate caps 50mg, 100mg; tabs 20mg, 100mg</i>	1	
<i>minocycline hcl caps 50mg, 75mg, 100mg; tabs 50mg, 75mg, 100mg; tb24 105mg, 135mg</i>	1	
<i>mondoxylene nl caps 100mg</i>	1	
<i>tetracycline hcl caps 250mg, 500mg</i>	1	
THYROID AGENTS		
ANTITHYROID AGENTS		
<i>methimazole tabs 5mg, 10mg</i>	1	

Drug Name	Drug Tier	Requirements/Limits
<i>propylthiouracil tabs 50mg</i>	1	
THYROID HORMONES		
<i>euthyrox tabs 25mcg, 50mcg, 75mcg, 88mcg, 100mcg, 112mcg, 125mcg, 137mcg, 150mcg, 175mcg, 200mcg</i>	1	
<i>levo-t tabs 25mcg, 50mcg, 75mcg, 88mcg, 100mcg, 112mcg, 125mcg, 137mcg, 150mcg, 175mcg, 200mcg, 300mcg</i>	1	
<i>levothyroxine sodium tabs 25mcg, 50mcg, 75mcg, 88mcg, 100mcg, 112mcg, 125mcg, 137mcg, 150mcg, 175mcg, 200mcg, 300mcg</i>	1	
<i>levoxyl tabs 25mcg, 50mcg, 75mcg, 88mcg, 100mcg, 112mcg, 125mcg, 137mcg, 150mcg, 175mcg, 200mcg</i>	1	
<i>liothyronine sodium tabs 5mcg, 25mcg, 50mcg</i>	1	
<i>SYNTHROID TABS 25mcg, 50mcg, 75mcg, 88mcg, 100mcg, 112mcg, 125mcg, 137mcg, 150mcg, 175mcg, 200mcg, 300mcg</i>	2	
<i>unithroid tabs 25mcg, 50mcg, 75mcg, 88mcg, 100mcg, 112mcg, 125mcg, 137mcg, 150mcg, 175mcg, 200mcg, 300mcg</i>	1	
TOXOIDS		
TOXOID COMBINATIONS		
ADACEL INJ	3	\$0 copay
BOOSTRIX INJ	3	\$0 copay
DAPTACEL INJ	3	\$0 copay for members age 18 and younger, otherwise not covered
DIP/TET PED INJ 25-5LFU	3	\$0 copay for members age 18 and younger, otherwise not covered
INFANRIX INJ	3	\$0 copay for members age 18 and younger, otherwise not covered
KINRIX INJ	3	\$0 copay for members age 18 and younger, otherwise not covered
PEDIARIX INJ 0.5ML	3	\$0 copay for members age 18 and younger, otherwise not covered

Drug Name	Drug Tier	Requirements/Limits
PENTACEL INJ	3	\$0 copay for members age 18 and younger, otherwise not covered
QUADRACEL INJ	3	\$0 copay for members age 18 and younger, otherwise not covered
QUADRACEL INJ 0.5ML	3	\$0 copay for members age 18 and younger, otherwise not covered
TDVAX INJ 2-2 LF	3	\$0 copay for members age 19 and older, otherwise not covered
TENIVAC INJ 5-2LF	3	\$0 copay for members age 19 and older, otherwise not covered
TET/DIP TOX INJ 2-2 LF	3	\$0 copay for members age 19 and older, otherwise not covered
VAXELIS INJ	3	\$0 copay for members age 18 and younger, otherwise not covered

ULCER DRUGS/ANTISPASMODICS/ANTICHOLINERGICS

ANTISPASMODICS

<i>dicyclomine hcl caps 10mg; soln 10mg/5ml; tabs 20mg</i>	1
<i>glycopyrrolate soln 1mg/5ml; tabs 1mg, 2mg</i>	1
<i>hyoscyamine sulfate elix .125mg/5ml; soln .125mg/ml; subl .125mg; tabs .125mg; tbdp .125mg</i>	1
<i>hyosyne elix .125mg/5ml; soln .125mg/ml</i>	1
<i>methscopolamine bromide tabs 2.5mg, 5mg</i>	1
<i>nulev tbdp .125mg</i>	1
<i>oscimim subl .125mg; tabs .125mg</i>	1

H-2 ANTAGONISTS

<i>cimetidine tabs 200mg, 300mg, 400mg, 800mg</i>	1
<i>famotidine susr 40mg/5ml; tabs 20mg, 40mg</i>	1
<i>nizatidine caps 150mg, 300mg</i>	1

MISC. ANTI-ULCER

<i>sucralfate tabs 1gm</i>	1
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PROTON PUMP INHIBITORS

<i>esomeprazole magnesium cpdr 20mg, 40mg; pack 10mg, 20mg, 40mg</i>	1
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Drug Name	Drug Tier	Requirements/Limits
<i>lansoprazole cpdr 15mg, 30mg</i>	1	
<i>omeprazole cpdr 10mg, 20mg, 40mg</i>	1	
<i>pantoprazole sodium tbec 20mg, 40mg</i>	1	
<i>rabeprazole sodium tbec 20mg</i>	1	
ULCER DRUGS - PROSTAGLANDINS		
<i>misoprostol tabs 100mcg, 200mcg</i>	1	
ULCER THERAPY COMBINATIONS		
<i>amoxicil cap &clarithro tab &lansopraz cap dr 500 &500 &30mg</i>	1	
<i>bismuth subcit-metronidazole-tetracycline cap 140-125-125 mg</i>	1	
PYLERA CAP	2	
TALICIA CAP	2	
URINARY ANTISPASMODICS		
URINARY ANTISPASMODIC - ANTIMUSCARINICS (ANTICHOLINERGIC)		
<i>darifenacin hydrobromide tb24 7.5mg</i>	1	QL (1 tab every 1 day)
<i>darifenacin hydrobromide tb24 15mg</i>	1	
<i>fesoterodine fumarate tb24 4mg</i>	1	QL (1 tab every 1 day)
<i>fesoterodine fumarate tb24 8mg</i>	1	
<i>oxybutynin chloride syrp 5mg/5ml; tabs 5mg; tb24 10mg, 15mg</i>	1	
<i>oxybutynin chloride tb24 5mg</i>	1	QL (1 tab every 1 day)
<i>solifenacin succinate tabs 5mg</i>	1	QL (1 tab every 1 day)
<i>solifenacin succinate tabs 10mg</i>	1	
<i>tolterodine tartrate cp24 2mg</i>	1	QL (1 cap every 1 day)
<i>tolterodine tartrate cp24 4mg; tabs 1mg, 2mg</i>	1	
<i>trospium chloride cp24 60mg; tabs 20mg</i>	1	
URINARY ANTISPASMODICS - BETA-3 ADRENERGIC AGONISTS		
GEMTESA TABS 75mg	2	
URINARY ANTISPASMODICS - CHOLINERGIC AGONISTS		
<i>bethanechol chloride tabs 5mg, 10mg, 25mg, 50mg</i>	1	
URINARY ANTISPASMODICS - DIRECT MUSCLE RELAXANTS		
<i>flavoxate hcl tabs 100mg</i>	1	
VACCINES		
BACTERIAL VACCINES		
ACTHIB INJ	3	\$0 copay for members age 18 and younger, otherwise not covered
BEXSERO INJ	3	\$0 copay

Drug Name	Drug Tier	Requirements/Limits
HIBERIX SOLR 10mcg	3	\$0 copay for members age 18 and younger, otherwise not covered
MENACTRA INJ	3	\$0 copay
MENQUADFI INJ	3	\$0 copay
MENVEO INJ	3	\$0 copay
PEDVAX HIB SUSP 7.5mcg/0.5ml	3	\$0 copay for members age 18 and younger, otherwise not covered
PNEUMOVAX 23/1 DOSE INJ 25mcg/0.5ml	3	\$0 copay
PREVNAR 13 INJ	3	\$0 copay
PREVNAR 20 INJ	3	\$0 copay
TRUMENBA INJ	3	\$0 copay
VAXNEUVANCE INJ	3	\$0 copay
VIRAL VACCINES		
AFLURIA QUAD INJ 2022-23	3	\$0 copay
DENGIVAXIA SUS	3	\$0 copay for members age 18 and younger, otherwise not covered
ENGRIX-B SUSP 20mcg/ml; SUSY 10mcg/0.5ml, 20mcg/ml	3	\$0 copay
FLUAD QUADRI INJ 2022-23	3	\$0 copay
FLUARIX QUAD INJ 2022-23	3	\$0 copay
FLUBLOK QUAD INJ 2022-23	3	\$0 copay
FLUCLVX QUAD INJ 2022-23	3	\$0 copay
FLULAVAL QUA INJ 2022-23	3	\$0 copay
FLUMIST QUAD SUS 2022-23	3	\$0 copay
FLUZONE HD INJ 2022-23	3	\$0 copay
FLUZONE QUAD INJ 2022-23	3	\$0 copay
GARDASIL 9 INJ	3	\$0 copay
HAVRIX SUSP 720elu/0.5ml, 1440elu/ml	3	\$0 copay
IPOIN INJ INACTIVE	3	\$0 copay for members age 18 and younger, otherwise not covered
JANSSEN COVID-19 VACCINE SUSP .5ml	3	
M-M-R II INJ	3	\$0 copay
MODERNA COVID-19 VACCINE SUSP 25mcg/0.25ml, 50mcg/0.5ml, 100mcg/0.5ml	3	
MODERNA COVID-19 VACCINE/ SUSP 10mcg/0.2ml, 50mcg/0.5ml	3	
NOVAVAX COVID-19 VACCINE SUSP 5mcg/0.5ml	3	
PFIZER-BIONTECH COVID-19 SUSP 3mcg/0.2ml, 10mcg/0.2ml, 30mcg/0.3ml	3	
PREHEVBRIO SUSP 10mcg/ml	3	\$0 copay

Drug Name	Drug Tier	Requirements/Limits
PRIORIX INJ	3	\$0 copay
PROQUAD INJ	3	\$0 copay
RECOMBIVAX HB SUSP 5mcg/0.5ml, 10mcg/ml, 40mcg/ml; SUSY 5mcg/0.5ml, 10mcg/ml	3	\$0 copay
ROTARIX SUS	3	\$0 copay for members age 18 and younger, otherwise not covered
ROTATEQ SOL	3	\$0 copay for members age 18 and younger, otherwise not covered
SHINGRIX SUSR 50mcg/0.5ml	3	\$0 copay for members age 19 and older, otherwise not covered
TWINRIX INJ	3	\$0 copay for members age 19 and older, otherwise not covered
VAQTA SUSP 25unit/0.5ml, 50unit/ml	3	\$0 copay
VARIVAX INJ 1350pfu/0.5ml	3	\$0 copay

VAGINAL AND RELATED PRODUCTS

SPERMICIDES

ENCARE SUPP 100mg	3	OTC; \$0 copay
OPTIONS GYNOL II VAGINAL GEL 3%	3	OTC; \$0 copay
SHUR-SEAL GEL 2%	3	OTC; \$0 copay
TODAY SPONGE MISC 1000mg	3	OTC; \$0 copay
VCF VAGINAL CONTRACEPTIVE FILM 28%; FOAM 12.5%; GEL 4%	3	OTC; \$0 copay

VAGINAL ANTI-INFECTIVES

<i>clindamycin phosphate vaginal crea 2%</i>	1	
<i>metronidazole vaginal gel .75%</i>	1	
<i>miconazole 3 supp 200mg</i>	1	
<i>terconazole vaginal crea .4%, .8%; supp 80mg</i>	1	

VAGINAL CONTRACEPTIVE - PH MODULATORS

PHEXXI GEL	3	\$0 copay
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VAGINAL ESTROGENS

<i>estradiol vaginal crea .1mg/gm</i>	1	
IMVEXXY MAINTENANCE PACK INST 4mcg, 10mcg	2	
IMVEXXY STARTER PACK INST 4mcg, 10mcg	2	
VAGIFEM TABS 10mcg	2	Tier 1 with DAW 9

VAGINAL PROGESTINS

CRINONE GEL 4%, 8%	2	
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Drug Name	Drug Tier	Requirements/Limits
VASOPRESSORS		
<i>ANAPHYLAXIS THERAPY AGENTS</i>		
AUVI-Q SOAJ .1mg/0.1ml	2	
AUVI-Q SOAJ .15mg/0.15ml, .3mg/0.3ml	2	QL (5 pens every year)
epinephrine (anaphylaxis) soaj .15mg/0.15ml, .15mg/0.3ml, .3mg/0.3ml	1	QL (5 pens every year)
epinephrine (anaphylaxis) soln 1mg/ml, 30mg/30ml	1	
EPIPEN 2-PAK SOAJ .3mg/0.3ml	2	QL (5 pens every year)
EPIPEN-JR 2-PAK SOAJ .15mg/0.3ml	2	QL (5 pens every year)
<i>NEUROGENIC ORTHOSTATIC HYPOTENSION (NOH) - AGENTS</i>		
droxidopa caps 100mg	4	SP, PA, QL (90 caps every 30 days)
droxidopa caps 200mg, 300mg	4	SP, PA, QL (180 caps every 30 days)
VASOPRESSORS		
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INSULIN SYRG MIS 0.5/29G	100
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