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AvMed Miami-Dade County HMO/POS

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 County 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 County Medication Formulary*** is reflective of current medical practice as of the date of review.

The information contained in this ***AvMed Miami Dade County 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 County 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 County 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 County 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.

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 County 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. 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 decided 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-

Tier	Definition
	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 and Specialty Medications) - These are non-preferred brand- or non-preferred generic medications or specialty medications and are in the higher range for out-of-pocket expense. Sometimes there are alternatives available in Tier 1 or Tier 2 that may be appropriate to treat your condition. If you are currently taking a Tier 3 medication, ask your doctor whether there are lower copayment alternatives that may be right for your treatment. Distribution of specialty medications is limited to our specialty pharmacy.

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; generic nicotine patches, gums, lozenges	No cost share. Limit of 168 days' supply per year. Prescription from doctor required.
Brands with Generics	Nicorette, Nicoderm CQ	Not covered. Only the generic equivalents are covered.

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: Estrin, 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 County 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
MN-PA	Medical Necessity – Prior Authorization
OTC	Over the counter
PA	Prior Authorization
PF	Preferred

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

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

<i>amphetamine-dextroamphetamine cap er 24hr 5 mg</i>	1	QL (3 caps every 1 day)
<i>amphetamine-dextroamphetamine cap er 24hr 10 mg</i>	1	QL (3 caps every 1 day)
<i>amphetamine-dextroamphetamine cap er 24hr 15 mg</i>	1	QL (3 caps every 1 day)
<i>amphetamine-dextroamphetamine cap er 24hr 20 mg</i>	1	QL (3 caps every 1 day)
<i>amphetamine-dextroamphetamine cap er 24hr 25 mg</i>	1	QL (3 caps every 1 day)
<i>amphetamine-dextroamphetamine cap er 24hr 30 mg</i>	1	QL (3 caps every 1 day)
<i>amphetamine-dextroamphetamine tab 5 mg</i>	1	QL (3 tabs every 1 day)
<i>amphetamine-dextroamphetamine tab 7.5 mg</i>	1	QL (3 tabs every 1 day)
<i>amphetamine-dextroamphetamine tab 10 mg</i>	1	QL (3 tabs every 1 day)
<i>amphetamine-dextroamphetamine tab 12.5 mg</i>	1	QL (3 tabs every 1 day)
<i>amphetamine-dextroamphetamine tab 15 mg</i>	1	QL (3 tabs every 1 day)
<i>amphetamine-dextroamphetamine tab 20 mg</i>	1	QL (3 tabs every 1 day)
<i>amphetamine-dextroamphetamine tab 30 mg</i>	1	QL (3 tabs every 1 day)
<i>dextroamphetamine sulfate cp24 5mg, 10mg, 15mg</i>	1	QL (4 caps every 1 day)
<i>dextroamphetamine sulfate soln 5mg/5ml</i>	1	QL (20 mL every 1 day)
<i>dextroamphetamine sulfate tabs 5mg, 10mg</i>	1	QL (6 tabs every 1 day)
<i>procentra soln 5mg/5ml</i>	1	QL (20 mL every 1 day)
<i>VYVANSE CAPS 10mg, 20mg, 30mg, 40mg, 50mg, 60mg, 70mg</i>	2	QL (30 caps every 30 days)
<i>VYVANSE CHEW 10mg, 20mg, 30mg, 40mg, 50mg, 60mg</i>	2	QL (30 tabs every 30 days)
<i>zenzedi tabs 5mg, 10mg</i>	1	QL (6 tabs every 1 day)

ATTENTION-DEFICIT/HYPERACTIVITY DISORDER (ADHD) AGENTS

<i>atomoxetine hcl caps 10mg, 18mg, 25mg, 40mg, 60mg, 80mg, 100mg</i>	1	QL (1 cap every 1 day)
<i>clonidine hcl (adhd) tb12 .1mg</i>	1	
<i>guanfacine hcl (adhd) tb24 1mg, 2mg, 3mg, 4mg</i>	1	QL (1 tab every 1 day)
<i>QELBREE CP24 100mg, 150mg, 200mg</i>	2	QL (2 caps every 1 day)

Drug Name	Drug Tier	Requirements/Limits
STIMULANTS - MISC.		
<i>armodafinil tabs 50mg, 150mg, 200mg, 250mg</i>	1	QL (1 tab every 1 day)
AZSTARYS CAP 26.1-5.2	2	QL (1 cap every 1 day)
AZSTARYS CAP 39.2-7.8	2	QL (1 cap every 1 day)
AZSTARYS CAP 52.3-10.	2	QL (1 cap every 1 day)
<i>dexmethylphenidate hcl cp24 5mg, 10mg, 15mg, 20mg, 25mg, 30mg, 35mg, 40mg</i>	1	QL (1 cap every 1 day)
<i>dexmethylphenidate hcl tabs 2.5mg, 5mg, 10mg</i>	1	QL (2 tabs every 1 day)
JORNAY PM CP24 20mg, 40mg	3	QL (2 caps every 1 day)
JORNAY PM CP24 60mg, 80mg, 100mg	3	QL (1 cap every 1 day)
<i>methylphenidate ptch 10mg/9hr, 15mg/9hr, 20mg/9hr, 30mg/9hr</i>	1	QL (1 ea every 1 day)
<i>methylphenidate hcl chew 2.5mg, 5mg, 10mg</i>	1	QL (90 tabs every 1 day)
<i>methylphenidate hcl cp24 10mg, 20mg, 30mg, 40mg; cpcr 10mg, 20mg, 30mg, 40mg, 50mg, 60mg</i>	1	QL (1 cap every 1 day)
<i>methylphenidate hcl soln 5mg/5ml, 10mg/5ml</i>	1	QL (15 mL every 1 day)
<i>methylphenidate hcl tabs 5mg, 10mg, 20mg</i>	1	QL (3 tabs every 1 day)
<i>methylphenidate hcl tb24 18mg, 27mg, 54mg; tbcr 18mg, 27mg, 54mg</i>	1	QL (1 tab every 1 day)
<i>methylphenidate hcl tb24 36mg; tbcr 10mg, 20mg, 36mg</i>	1	QL (2 tabs every 1 day)
<i>modafinil tabs 100mg, 200mg</i>	1	QL (2 tabs every 1 day)
QUILLIVANT XR SRER 25mg/5ml	3	QL (12 mL every 1 day)
AMINOGLYCOSIDES		
AMINOGLYCOSIDES		
<i>neomycin sulfate tabs 500mg</i>	1	
<i>paromomycin sulfate caps 250mg</i>	1	
TOBI PODHALER CAPS 28mg	2	SP, QL (224 caps every 28 days)
<i>tobramycin nebu 300mg/5ml</i>	1	SP, QL (56 AMPULES PER 28 DAYS)
ANALGESICS - ANTI-INFLAMMATORY		
ANTI-TNF-ALPHA - MONOCLONAL ANTIBODIES		
AMJEVITA SOAJ 40mg/0.8ml	3	SP, PA, QL (4 pens every 28 days)
AMJEVITA SOSY 20mg/0.4ml, 40mg/0.8ml	3	SP, PA, QL (4 syringes every 28 days)
HUMIRA PSKT 10mg/0.1ml	3	SP, PA, QL (2 syringes every 28 days)

Drug Name	Drug Tier	Requirements/Limits
HUMIRA PSKT 20mg/0.2ml, 40mg/0.4ml, 40mg/0.8ml	3	SP, PA, QL (4 syringes every 28 days)
HUMIRA PEDIA INJ CROHNS	3	SP, PA, QL (2 syringes every 28 days-one time fill)
HUMIRA PEDIATRIC CROHNS D PSKT 80mg/0.8ml	3	SP, PA, QL (3 syringes every 28 days- one time fill)
HUMIRA PEN PNKT 40mg/0.4ml, 40mg/0.8ml	3	SP, PA, QL (4 pens every 28 days)
HUMIRA PEN PNKT 80mg/0.8ml	3	SP, PA, QL (2 pens every 28 days)
HUMIRA PEN KIT PS/UV	3	SP, PA, QL (3 pens every 28 days- one time fill)
HUMIRA PEN-CD/UC/HS START PNKT 40mg/0.8ml	3	SP, PA, QL (4 pens every 28 days- one time fill)
HUMIRA PEN-CD/UC/HS START PNKT 80mg/0.8ml	3	SP, PA, QL (3 pens every 28 days- one time fill)
HUMIRA PEN-PEDIATRIC UC S PNKT 80mg/0.8ml	3	SP, PA, QL (4 pens every 28 days- one time fill)
HUMIRA PEN-PS/UV STARTER PNKT 40mg/0.8ml	3	SP, PA, QL (4 pens every 28 days- one time fill)
ANTIRHEUMATIC - ENZYME INHIBITORS		
RINVOQ TB24 15mg, 30mg	3	SP, PA, QL (30 tabs every 30 days)
RINVOQ TB24 45mg	3	SP, PA, QL (56 tabs every 56 days- Not For daily use)
XELJANZ SOLN 1mg/ml	3	SP, PA, QL (240 mL every 24 days)
XELJANZ TABS 10mg	3	SP, PA, QL (60 tabs every 30 days)
XELJANZ XR TB24 11mg, 22mg	3	SP, PA, QL (30 tabs every 30 days)
INTERLEUKIN-6 RECEPTOR INHIBITORS		
KEVZARA SOAJ 150mg/1.14ml, 200mg/1.14ml; SOSY 150mg/1.14ml, 200mg/1.14ml	3	SP, PA, QL (2 syringes every 28 days)
NONSTEROIDAL ANTI-INFLAMMATORY AGENTS (NSAIDS)		
celecoxib caps 50mg, 100mg, 200mg, 400mg	1	QL (2 caps every 1 day)
diclofenac potassium tabs 50mg	1	QL (4 tabs every 1 day)

Drug Name	Drug Tier	Requirements/Limits
<i>diclofenac sodium tb24 100mg</i>	1	QL (2 tabs every 1 day)
<i>diclofenac sodium tbec 25mg, 50mg, 75mg</i>	1	QL (4 tabs every 1 day)
<i>diclofenac w/ misoprostol tab delayed release 50-0.2 mg</i>	1	QL (120 tabs every 30 days)
<i>diclofenac w/ misoprostol tab delayed release 75-0.2 mg</i>	1	QL (90 tabs every 30 days)
<i>ec-naproxen tbec 375mg, 500mg</i>	1	QL (2 tabs every 1 day)
<i>etodolac caps 200mg</i>	1	QL (4 caps every 1 day)
<i>etodolac caps 300mg</i>	1	QL (3 caps every 1 day)
<i>etodolac tabs 400mg, 500mg; tb24 400mg, 500mg, 600mg</i>	1	QL (2 tabs every 1 day)
<i>fenoprofen calcium caps 400mg</i>	1	
<i>fenoprofen calcium tabs 600mg</i>	1	QL (5 tabs every 1 day)
<i>flurbiprofen tabs 50mg, 100mg</i>	1	QL (3 tabs every 1 day)
<i>ibu tabs 400mg, 600mg, 800mg</i>	1	QL (4 tabs every 1 day)
<i>ibuprofen tabs 400mg, 600mg, 800mg</i>	1	QL (4 tabs every 1 day)
<i>INDOCIN SUPP 50mg</i>	2	QL (4 supp every 1 day)
<i>indomethacin caps 25mg, 50mg; cpcr 75mg</i>	1	QL (4 caps every 1 day)
<i>ketoprofen caps 50mg</i>	1	
<i>ketoprofen cp24 200mg</i>	1	QL (1 cap every 1 day)
<i>ketorolac tromethamine tabs 10mg</i>	1	QL (20 tabs every 30 days)
<i>meclofenamate sodium caps 50mg, 100mg</i>	3	
<i>mefenamic acid caps 250mg</i>	1	QL (1 cap every 1 day)
<i>meloxicam susp 7.5mg/5ml</i>	1	QL (10 mL every 1 day)
<i>meloxicam tabs 7.5mg</i>	1	QL (2 tabs every 1 day)
<i>meloxicam tabs 15mg</i>	1	QL (1 tab every 1 day)
<i>nabumetone tabs 500mg</i>	1	QL (4 tabs every 1 day)
<i>nabumetone tabs 750mg</i>	1	QL (3 tabs every 1 day)
<i>naproxen susp 125mg/5ml</i>	1	QL (16 mL every 1 day)
<i>naproxen tabs 250mg, 375mg, 500mg</i>	1	QL (3 tabs every 1 day)
<i>naproxen tabs 250mg, 375mg, 500mg</i>	1	QL (90 tabs every 30 days)
<i>naproxen tbec 375mg, 500mg</i>	1	QL (2 tabs every 1 day)
<i>naproxen sodium tabs 275mg, 550mg</i>	1	QL (3 tabs every 1 day)
<i>naproxen sodium tb24 375mg, 500mg</i>	1	QL (2 tabs every 1 day)
<i>naproxen sodium tb24 750mg</i>	1	
<i>oxaprozin tabs 600mg</i>	1	QL (3 tabs every 1 day)
<i>piroxicam caps 10mg, 20mg</i>	1	
<i>sulindac tabs 150mg, 200mg</i>	1	
<i>tolmetin sodium tabs 600mg</i>	1	

Drug Name	Drug Tier	Requirements/Limits
PHOSPHODIESTERASE 4 (PDE4) INHIBITORS		
OTEZLA TABS 30mg	3	SP, PA, QL (60 tabs every 30 days)
OTEZLA TAB 10/20/30	3	SP, PA, QL (55 tabs every 28 days)

PYRIMIDINE SYNTHESIS INHIBITORS

<i>leflunomide tabs 10mg, 20mg</i>	1
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SOLUBLE TUMOR NECROSIS FACTOR RECEPTOR AGENTS

ENBREL SOLN 25mg/0.5ml	3	SP, PA, QL (8 vials every 28 days)
ENBREL SOSY 25mg/0.5ml	3	SP, PA, QL (8 syringes every 28 days)
ENBREL SOSY 50mg/ml	3	SP, PA, QL (4 syringes every 28 days)
ENBREL MINI SOCT 50mg/ml	3	SP, PA, QL (4 cartridges every 28 days)
ENBREL SURECLICK SOAJ 50mg/ml	3	SP, PA, QL (4 injections every 28 days)

ANALGESICS - NONNARCOTIC

ANALGESIC COMBINATIONS

<i>bac</i>	1	QL (6 tabs every 1 day)
<i>butalbital-acetaminophen tab 50-325 mg</i>	1	QL (8 tabs every 1 day)
<i>butalbital-acetaminophen-cafeine cap 50-300-40 mg</i>	1	QL (6 caps every 1 day)
<i>butalbital-acetaminophen-cafeine cap 50-325-40 mg</i>	1	QL (6 caps every 1 day)
<i>butalbital-acetaminophen-cafeine tab 50-325-40 mg</i>	1	QL (6 tabs every 1 day)
<i>butalbital-aspirin-cafeine cap 50-325-40 mg</i>	1	QL (6 caps every 1 day)
<i>esgic</i>	3	QL (6 caps every 1 day)
<i>tencon</i>	1	QL (8 tabs every 1 day)
<i>zebutal</i>	1	QL (6 caps every 1 day)

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	QL (3 tabs every 1 day)
<i>salsalate tabs 500mg, 750mg</i>	1	

ANALGESICS - OPIOID

OPIOID AGONISTS

<i>codeine sulfate tabs 30mg</i>	3
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Drug Name	Drug Tier	Requirements/Limits
<i>fentanyl pt72 12mcg/hr, 25mcg/hr, 50mcg/hr, 75mcg/hr, 100mcg/hr</i>	1	QL (0.333 patches every 1 day)
<i>fentanyl citrate lpop 200mcg, 400mcg, 600mcg, 800mcg, 1200mcg, 1600mcg; tabs 100mcg, 200mcg, 400mcg, 600mcg, 800mcg</i>	1	PA, QL (4 ea every 1 day)
<i>hydromorphone hcl liqd 1mg/ml</i>	1	QL (16 mL every 1 day)
<i>HYDROMORPHONE HCL SUPP 3mg</i>	3	
<i>hydromorphone hcl tabs 2mg, 4mg, 8mg</i>	1	
<i>hydromorphone hcl tb24 8mg</i>	1	QL (8 tabs every 1 day)
<i>hydromorphone hcl tb24 12mg, 16mg</i>	1	QL (4 tabs every 1 day)
<i>hydromorphone hcl tb24 32mg</i>	1	QL (2 tabs every 1 day)
<i>meperidine hcl soln 50mg/5ml; tabs 50mg</i>	1	
<i>methadone hcl conc 10mg/ml; soln 5mg/5ml, 10mg/5ml; tabs 5mg, 10mg; tbso 40mg</i>	1	
<i>methadose tbso 40mg</i>	1	
<i>morphine sulfate cp24 10mg, 20mg, 30mg, 50mg, 60mg, 80mg, 100mg</i>	1	QL (2 caps every 1 day)
<i>morphine sulfate soln 10mg/0.5ml, 20mg/5ml, 20mg/ml, 100mg/5ml; supp 30mg; tabs 15mg, 30mg; tbcr 15mg, 30mg, 60mg, 100mg, 200mg</i>	1	
<i>morphine sulfate soln 10mg/5ml</i>	1	QL (16 mL every 1 day)
<i>morphine sulfate supp 5mg, 10mg, 20mg</i>	3	
<i>morphine sulfate beads cp24 30mg, 45mg, 60mg, 75mg, 90mg, 120mg</i>	1	QL (1 cap every 1 day)
<i>OXAYDO TABS 5mg</i>	3	
<i>oxycodone hcl caps 5mg; soln 5mg/5ml; tabs 5mg, 10mg, 15mg, 20mg, 30mg</i>	1	
<i>oxycodone hcl conc 100mg/5ml</i>	1	QL (2 mL every 1 day)
<i>oxycodone hcl t12a 10mg, 20mg, 40mg, 80mg</i>	1	QL (2 tabs every 1 day)
<i>OXYCONTIN T12A 10mg, 15mg, 20mg, 30mg, 40mg, 60mg, 80mg</i>	2	QL (2 tabs every 1 day)
<i>oxymorphone hcl tabs 5mg, 10mg</i>	1	
<i>oxymorphone hcl tb12 5mg, 7.5mg, 10mg, 15mg, 20mg, 30mg, 40mg</i>	1	QL (2 tabs every 1 day)
<i>tramadol hcl tabs 50mg</i>	1	QL (8 tabs every 1 day)
<i>tramadol hcl tb24 100mg, 200mg, 300mg</i>	1	QL (1 tab every 1 day)
OPIOID COMBINATIONS		
<i>acetaminophen w/ codeine soln 120-12 mg/5ml</i>	1	QL (16 mL every 1 day)
<i>acetaminophen w/ codeine tab 300-15 mg</i>	1	QL (12 tabs every 1 day)
<i>acetaminophen w/ codeine tab 300-30 mg</i>	1	QL (12 tabs every 1 day)

Drug Name	Drug Tier	Requirements/Limits
<i>acetaminophen w/ codeine tab 300-60 mg</i>	1	QL (12 tabs every 1 day)
<i>ascomp/codeine</i>	1	QL (6 caps every 1 day)
<i>butalbital-acetaminophen-caff w/ cod cap 50-300-40-30 mg</i>	1	QL (6 caps every 1 day)
<i>butalbital-acetaminophen-caff w/ cod cap 50-325-40-30 mg</i>	1	QL (6 caps every 1 day)
<i>butalbital-aspirin-caff w/ codeine cap 50-325-40-30 mg</i>	1	QL (6 caps every 1 day)
<i>endocet</i>	1	
<i>endocet</i>	1	QL (7.143 tabs every 1 day)
<i>hydrocodone-acetaminophen soln 7.5-325 mg/15ml</i>	1	QL (18 mL every 1 day)
<i>hydrocodone-acetaminophen tab 5-300 mg</i>	1	QL (7.143 tabs every 1 day)
<i>hydrocodone-acetaminophen tab 5-325 mg</i>	1	QL (7.143 tabs every 1 day)
<i>hydrocodone-acetaminophen tab 7.5-300 mg</i>	1	QL (7.143 tabs every 1 day)
<i>hydrocodone-acetaminophen tab 7.5-325 mg</i>	1	QL (7.143 tabs every 1 day)
<i>hydrocodone-acetaminophen tab 10-300 mg</i>	1	QL (7.143 tabs every 1 day)
<i>hydrocodone-acetaminophen tab 10-325 mg</i>	1	QL (6.67 tabs every 1 day)
<i>hydrocodone-ibuprofen tab 5-200 mg</i>	1	QL (6 tabs every 1 day)
<i>hydrocodone-ibuprofen tab 7.5-200 mg</i>	1	QL (6 tabs every 1 day)
<i>hydrocodone-ibuprofen tab 10-200 mg</i>	1	QL (6 tabs every 1 day)
<i>oxycodone w/ acetaminophen soln 5-325 mg/5ml</i>	1	QL (32 mL every 1 day)
<i>oxycodone w/ acetaminophen tab 2.5-325 mg</i>	1	
<i>oxycodone w/ acetaminophen tab 5-325 mg</i>	1	QL (7.143 tabs every 1 day)
<i>oxycodone w/ acetaminophen tab 7.5-325 mg</i>	1	QL (7.143 tabs every 1 day)
<i>oxycodone w/ acetaminophen tab 10-325 mg</i>	1	QL (7.143 tabs every 1 day)
<i>tramadol-acetaminophen tab 37.5-325 mg</i>	1	QL (8 tabs every 1 day)

OPIOID PARTIAL AGONISTS

<i>buprenorphine ptwk 5mcg/hr, 10mcg/hr, 15mcg/hr, 20mcg/hr</i>	1	PA, QL (4 patches every 30 days)
<i>buprenorphine ptwk 7.5mcg/hr</i>	1	PA, QL (4 ea every 21 days)
<i>buprenorphine hcl subl 2mg</i>	1	QL (6 tabs every 1 day)
<i>buprenorphine hcl subl 8mg</i>	1	QL (3 tabs every 1 day)

Drug Name	Drug Tier	Requirements/Limits
<i>buprenorphine hcl-naloxone hcl sl film 2-0.5 mg (base equiv)</i>	1	QL (6 films every 1 day)
<i>buprenorphine hcl-naloxone hcl sl film 4-1 mg (base equiv)</i>	1	QL (2 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 (6 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	PA, QL (0.067 bottles every 1 day)
ZUBSOLV SUB 0.7-0.18	3	QL (6 tabs every 1 day)
ZUBSOLV SUB 1.4-0.36	3	QL (6 tabs every 1 day)
ZUBSOLV SUB 2.9-0.71	3	QL (2 tabs every 1 day)
ZUBSOLV SUB 5.7-1.4	3	QL (3 tabs every 1 day)
ZUBSOLV SUB 8.6-2.1	3	
ZUBSOLV SUB 11.4-2.9	3	QL (4 tabs every 1 day)

ANDROGENS-ANABOLIC ANABOLIC STEROIDS

<i>oxandrolone tabs 2.5mg, 10mg</i>	1	QL (60 tabs every 1 day)
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ANDROGENS

ANDRODERM PT24 2mg/24hr	2	QL (1 patch every 1 day)
ANDRODERM PT24 4mg/24hr	2	QL (1 ea every 1 day)
<i>danazol caps 50mg, 100mg, 200mg</i>	1	
<i>testosterone gel 1%, 1.62%, 25mg/2.5gm, 40.5mg/2.5gm</i>	1	QL (5 gm every 1 day)
<i>testosterone gel 10mg/act</i>	1	QL (4 gm every 1 day)
<i>testosterone gel 20.25mg/1.25gm</i>	1	QL (2.5 gm every 1 day)
<i>testosterone gel 50mg/5gm</i>	1	QL (10 gm every 1 day)
<i>testosterone soln 30mg/act</i>	1	QL (6 mL every 1 day)
<i>testosterone cypionate soln 100mg/ml, 200mg/ml</i>	1	
<i>testosterone enanthate soln 200mg/ml</i>	1	

ANORECTAL AND RELATED PRODUCTS

INTRARECTAL STEROIDS

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

RECTAL COMBINATIONS

ANALPRAM-HC LOT 2.5%	3	
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Drug Name	Drug Tier	Requirements/Limits
<i>hydrocortisone acetate w/ pramoxine perianal cream 1-1%</i>	1	
<i>hydrocortisone acetate w/ pramoxine perianal cream 2.5-1%</i>	1	
<i>lidocaine-hydrocortisone acetate perianal cream 3-0.5%</i>	1	QL (3.267 gm every 1 day)
<i>lidocaine-hydrocortisone acetate rectal cream kit 3-0.5%</i>	1	
<i>lidocaine-hydrocortisone acetate rectal cream kit 3-1%</i>	1	
<i>lidocort</i>	1	QL (3.267 gm every 1 day)
PROCORT CRE	3	
PROCTOFOAM AER HC 1%	2	

RECTAL STEROIDS

<i>anucort-hc supp 25mg</i>	1	QL (1 ea every 1 day)
<i>anusol-hc supp 25mg</i>	1	QL (1 supp every 1 day)
<i>hemmorex-hc supp 25mg</i>	1	QL (1 supp every 1 day)
<i>hemmorex-hc supp 30mg</i>	1	QL (0.4 supp every 1 day)
<i>hydrocortisone (rectal) crea 2.5%</i>	1	QL (1 gm every 1 day)
<i>hydrocortisone acetate (rectal) supp 25mg</i>	1	QL (1 supp every 1 day)
<i>hydrocortisone acetate (rectal) supp 30mg</i>	1	QL (0.4 supp every 1 day)
<i>procto-med hc crea 2.5%</i>	1	QL (1 gm every 1 day)
<i>proctosol hc crea 2.5%</i>	1	QL (1 gm every 1 day)
<i>proctozone-hc crea 2.5%</i>	1	QL (1 gm every 1 day)

ANTHELMINTICS

ANTHELMINTICS

<i>albendazole tabs 200mg</i>	1	
BENZNIDAZOLE TABS 12.5mg, 100mg	3	
<i>ivermectin tabs 3mg</i>	1	PA
<i>praziquantel tabs 600mg</i>	1	

ANTI-INFECTIVE AGENTS - MISC.

ANTI-INFECTIVE AGENTS - MISC.

IMPAVIDO CAPS 50mg	3	PA
<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 200mg	3	QL (9 tabs every 30 days)
XIFAXAN TABS 550mg	2	PA, QL (60 tabs every 30 days)

Drug Name	Drug Tier	Requirements/Limits
ANTI-INFECTIVE MISC. - COMBINATIONS		
<i>hyophen</i>	1	
<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	
<i>urelle</i>	1	
<i>uro-458</i>	1	
<i>vilevev mb</i>	1	
ANTIPROTOZOAL AGENTS		
ALINIA SUSR 100mg/5ml	2	QL (180 mL every 30 days)
<i>atovaquone susp 750mg/5ml</i>	1	
LAMPIT TABS 30mg, 120mg	3	
<i>nitazoxanide tabs 500mg</i>	1	QL (6 tabs every 30 days)
GLYCOPEPTIDES		
<i>vancomycin hcl caps 125mg, 250mg</i>	1	QL (40 caps every 30 days)
LEPROSTATICS		
<i>dapsone tabs 25mg, 100mg</i>	2	
LINCOSAMIDES		
<i>clindamycin hcl caps 75mg, 150mg, 300mg</i>	1	
<i>clindamycin palmitate hydrochloride solr 75mg/5ml</i>	1	
MONOBACTAMS		
CAYSTON SOLR 75mg	2	SP, QL (84 vials every 30 days)
OXAZOLIDINONES		
<i>linezolid susr 100mg/5ml</i>	1	PA, QL (60 mL every 1 day)
<i>linezolid tabs 600mg</i>	1	PA, QL (2 tabs every 1 day)
PLEUROMUTILINS		
XENLETA TABS 600mg	3	PA
URINARY ANTI-INFECTIVES		
<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	

Drug Name	Drug Tier	Requirements/Limits
<i>nitrofurantoin monohyd macro caps 100mg</i>	1	
ANTIANGINAL AGENTS		
ANTIANGINALS-OTHER		
<i>ranolazine tb12 500mg, 1000mg</i>	1	QL (2 tabs every 1 day)
NITRATES		
<i>isosorbide dinitrate tabs 5mg, 10mg, 20mg, 30mg, 40mg</i>	1	
<i>isosorbide mononitrate tabs 10mg, 20mg; tb24 30mg, 60mg, 120mg</i>	1	
<i>NITRO-BID OINT 2%</i>	2	QL (4 gm every 1 day)
<i>NITRO-DUR PT24 .3mg/hr, .8mg/hr</i>	2	QL (1 ea every 1 day)
<i>nitro-time cpcr 2.5mg, 6.5mg, 9mg</i>	1	
<i>nitroglycerin pt24 .1mg/hr, .2mg/hr, .4mg/hr, .6mg/hr</i>	1	QL (1 patch every 1 day)
<i>nitroglycerin 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</i>	1	
<i>alprazolam tb24 .5mg, 1mg, 2mg, 3mg</i>	1	QL (1 tab every 1 day)
<i>alprazolam xr tb24 .5mg, 1mg, 2mg, 3mg</i>	1	QL (1 tab every 1 day)
<i>chlordiazepoxide hcl caps 5mg, 10mg, 25mg</i>	1	
<i>clorazepate dipotassium tabs 3.75mg, 7.5mg, 15mg</i>	1	
<i>diazepam soln 5mg/5ml</i>	3	
<i>diazepam tabs 2mg, 5mg, 10mg</i>	1	
<i>lorazepam conc 2mg/ml</i>	1	QL (2 mL every 1 day)
<i>lorazepam tabs .5mg, 1mg, 2mg</i>	1	
<i>oxazepam caps 10mg, 15mg, 30mg</i>	1	
ANTIARRHYTHMICS		
ANTIARRHYTHMICS TYPE I-A		
<i>disopyramide phosphate caps 100mg, 150mg</i>	1	
<i>NORPACE CR CP12 100mg, 150mg</i>	3	

Drug Name	Drug Tier	Requirements/Limits
ANTIARRHYTHMICS TYPE I-C		
<i>flecainide acetate tabs 50mg, 100mg, 150mg</i>	1	
<i>propafenone hcl cp12 225mg, 325mg, 425mg; tabs 150mg, 225mg, 300mg</i>	1	
ANTIARRHYTHMICS TYPE III		
<i>amiodarone hcl tabs 100mg, 200mg, 400mg</i>	1	QL (2 tabs every 1 day)
<i>dofetilide caps 125mcg, 250mcg, 500mcg</i>	1	SP, QL (2 caps every 1 day)
<i>pacerone tabs 100mg, 200mg</i>	1	QL (2 ea every 1 day)
<i>pacerone tabs 400mg</i>	1	QL (2 tabs every 1 day)
ANTIASTHMATIC AND BRONCHODILATOR AGENTS		
ANTI-INFLAMMATORY AGENTS		
<i>cromolyn sodium nebu 20mg/2ml</i>	1	QL (8 mL every 1 day)
ANTIASTHMATIC - MONOCLONAL ANTIBODIES		
NUCALA SOAJ 100mg/ml	3	SP, PA, QL (3 injections every 28 day)
NUCALA SOLR 100mg	3	SP, PA, QL (3 vials every 28 days)
NUCALA SOSY 40mg/0.4ml	3	SP, PA, QL (1 syringe every 28 days)
NUCALA SOSY 100mg/ml	3	SP, PA, QL (3 syringes every 28 day)
BRONCHODILATORS - ANTICHOLINERGICS		
ATROVENT HFA AERS 17mcg/act	2	QL (0.101 inhalers every 1 day)
INCRUSE ELLIPTA AEPB 62.5mcg/inh	2	QL (30 blisters every 30 days)
<i>ipratropium bromide soln .02%</i>	1	QL (12 mL every 1 day)
SPIRIVA HANDIHALER CAPS 18mcg	2	QL (1 cap every 1 day)
SPIRIVA RESPIMAT AERS 1.25mcg/act, 2.5mcg/act	2	QL (1 inhaler every 30 days)
YUPELRI SOLN 175mcg/3ml	2	QL (90 mL every 30 days)
LEUKOTRIENE MODULATORS		
<i>montelukast sodium chew 4mg, 5mg; tabs 10mg</i>	1	QL (1 tab every 1 day)
<i>montelukast sodium pack 4mg</i>	1	QL (1 packet every 1 day)
<i>zafirlukast tabs 10mg, 20mg</i>	1	QL (2 tabs every 1 day)
SELECTIVE PHOSPHODIESTERASE 4 (PDE4) INHIBITORS		
DALIRESP TABS 500mcg	3	PA, QL (1 tab every 1 day)
<i>roflumilast tabs 250mcg</i>	1	PA, QL (1 ea every 1 day)

Drug Name	Drug Tier	Requirements/Limits
<i>roflumilast tabs 250mcg, 500mcg</i>	1	PA, QL (1 tab every 1 day)
STERIOD INHALANTS		
ARNUITY ELLIPTA AEPB 50mcg/act	2	QL (0.033 inhalers every 1 day)
ARNUITY ELLIPTA AEPB 100mcg/act, 200mcg/act	2	QL (30 blisters every 30 days)
<i>budesonide (inhalation) susp 1mg/2ml</i>	1	QL (2 mL every 1 day)
<i>budesonide (inhalation) susp .5mg/2ml</i>	1	QL (4 mL every 1 day)
<i>budesonide (inhalation) susp .25mg/2ml</i>	1	QL (6 mL every 1 day)
FLOVENT DISKUS AEPB 50mcg/blist, 100mcg/blist	2	QL (2 inhalations every 1 day)
FLOVENT DISKUS AEPB 250mcg/blist	2	
FLOVENT HFA AERO 44mcg/act, 110mcg/act, 220mcg/act	2	QL (0.067 inhalers every 1 day)
<i>fluticasone propionate hfa aero 44mcg/act, 110mcg/act, 220mcg/act</i>	1	QL (0.067 inhalers every 1 day)
PULMICORT FLEXHALER AEPB 90mcg/act, 180mcg/act	2	QL (0.067 inhalers every 1 day)
SYMPATHOMIMETICS		
ADVAIR DISKU AER 100/50	1	QL (2 inhalations every 1 day)
ADVAIR DISKU AER 250/50	1	QL (2 inhalations every 1 day)
ADVAIR DISKU AER 500/50	1	QL (2 inhalations every 1 day)
ADVAIR HFA AER 45/21	2	QL (0.033 inhalers every 1 day)
ADVAIR HFA AER 45/21	2	QL (0.05 inhalers every 1 day)
ADVAIR HFA AER 115/21	2	QL (0.033 inhalers every 1 day)
ADVAIR HFA AER 115/21	2	QL (0.05 inhalers every 1 day)
ADVAIR HFA AER 230/21	2	QL (0.033 inhalers every 1 day)
ADVAIR HFA AER 230/21	2	QL (0.05 inhalers every 1 day)
<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 (12.5 ea every 1 day)
<i>albuterol sulfate nebu .083%, .63mg/3ml, 1.25mg/3ml</i>	1	QL (12.5 mL every 1 day)
<i>albuterol sulfate syrp 2mg/5ml</i>	1	QL (16 mL every 1 day)
<i>albuterol sulfate tabs 2mg, 4mg</i>	1	

Drug Name	Drug Tier	Requirements/Limits
ANORO ELLIPT AER 62.5-25	2	QL (2 blisters every 1 day)
<i>arformoterol tartrate nebu 15mcg/2ml</i>	1	PA, QL (2 mL every 1 day)
BREO ELLIPTA INH 100-25	2	QL (2 blisters every 1 day)
BREO ELLIPTA INH 200-25	2	
BREZTRI AERO AER SPHERE	2	QL (1 inhaler every 30 days)
<i>budesonide-formoterol fumarate dihyd aerosol 80-4.5 mcg/act</i>	1	QL (1 inhaler every 30 days)
<i>budesonide-formoterol fumarate dihyd aerosol 160-4.5 mcg/act</i>	1	QL (0.033 inhalers every 1 day)
COMBIVENT AER 20-100	2	QL (0.067 inhalers every 1 day)
<i>fluticasone furoate-vilanterol aero powd ba 200-25 mcg/act</i>	1	
<i>fluticasone-salmeterol inhal aerosol 45-21 mcg/act</i>	1	QL (0.033 inhalers every 1 day)
<i>fluticasone-salmeterol inhal aerosol 115-21 mcg/act</i>	1	QL (0.033 inhalers every 1 day)
<i>fluticasone-salmeterol inhal aerosol 230-21 mcg/act</i>	1	QL (0.033 inhalers every 1 day)
<i>formoterol fumarate nebu 20mcg/2ml</i>	1	PA, QL (60 mL every 1 day)
<i>ipratropium-albuterol nebu soln 0.5-2.5(3) mg/3ml</i>	1	QL (18 mL every 1 day)
<i>levalbuterol hcl nebu 1.25mg/0.5ml</i>	1	QL (96 ea every 30 days)
<i>levalbuterol hcl nebu .31mg/3ml, .63mg/3ml, 1.25mg/3ml</i>	1	QL (288 mL every 30 days)
<i>levalbuterol tartrate aero 45mcg/act</i>	1	QL (0.067 inhalers every 1 day)
PROAIR RESPICLICK AEPB 108mcg/act	2	QL (2 inhalers every 30 days)
SEREVENT DISKUS AEPB 50mcg/dose	2	QL (2 inhalations every 1 day)
STIOLTO AER 2.5-2.5	2	QL (1 inhaler every 30 days)
STRIVERDI RESPIMAT AERS 2.5mcg/act	3	QL (1 inhaler every 30 days)
SYMBICORT AER 80-4.5	2	QL (1 inhaler every 30 days)
SYMBICORT AER 160-4.5	2	QL (0.033 inhalers every 1 day)
SYMBICORT AER 160-4.5	2	QL (0.057 inhalers every 1 day)

Drug Name	Drug Tier	Requirements/Limits
<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	QL (480 mL every 1 day)
THEO-24 CP24 100mg, 200mg, 300mg, 400mg	2	
<i>theophylline elix 80mg/15ml</i>	1	QL (480 mL every 1 day)
<i>theophylline 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	QL (2 tabs every 1 day)
ELIQUIS STARTER PACK TBPK 5mg	2	QL (2 tabs every 1 day)
XARELTO SUSR 1mg/ml	2	
XARELTO TABS 2.5mg	2	QL (2 ea every 1 day)
XARELTO TABS 10mg, 20mg	2	QL (1 tab every 1 day)
XARELTO TABS 15mg	2	QL (2 tabs every 1 day)
XARELTO STAR TAB 15/20MG	2	QL (51 tabs every 21 days)

HEPARINS AND HEPARINOID-LIKE AGENTS

<i>enoxaparin sodium soln 300mg/3ml</i>	1	QL (0.667 vials every 1 day)
<i>enoxaparin sodium sosy 30mg/0.3ml</i>	1	QL (6.667 syringes every 1 day)
<i>enoxaparin sodium sosy 40mg/0.4ml</i>	1	QL (5 syringes every 1 day)
<i>enoxaparin sodium sosy 60mg/0.6ml</i>	1	QL (3.333 syringes every 1 day)
<i>enoxaparin sodium sosy 80mg/0.8ml, 120mg/0.8ml</i>	1	QL (2.5 syringes every 1 day)
<i>enoxaparin sodium sosy 100mg/ml, 150mg/ml</i>	1	QL (2 syringes every 1 day)
<i>fondaparinux sodium soln 2.5mg/0.5ml, 5mg/0.4ml, 7.5mg/0.6ml, 10mg/0.8ml</i>	1	QL (2 mL every 1 day)
FRAGMIN SOLN 95000unit/3.8ml	3	QL (0.263 vials every 1 day)

Drug Name	Drug Tier	Requirements/Limits
FRAGMIN SOSY 2500unit/0.2ml, 5000unit/0.2ml	3	QL (10 syringes every 1 day)
FRAGMIN SOSY 7500unit/0.3ml	3	QL (6.667 syringes every 1 day)
FRAGMIN SOSY 10000unit/ml	3	QL (2 syringes every 1 day)
FRAGMIN SOSY 12500unit/0.5ml	3	QL (4 syringes every 1 day)
FRAGMIN SOSY 15000unit/0.6ml	3	QL (3.333 syringes every 1 day)
FRAGMIN SOSY 18000unt/0.72ml	3	QL (2.778 syringes every 1 day)
<i>heparin sodium (porcine) soln 1000unit/ml, 5000unit/0.5ml, 5000unit/ml, 10000unit/ml, 20000unit/ml</i>	1	

IN VITRO/LOCK ANTICOAGULANTS

ACD FORMULA SOL A	2	
NOCLOT-50 SOL ACD-A	2	

ANTICONVULSANTS

AMPA GLUTAMATE RECEPTOR ANTAGONISTS

FYCOMPA SUSP .5mg/ml	3	PA, QL (24 mL every 1 day)
FYCOMPA TABS 2mg, 4mg, 6mg, 8mg, 10mg, 12mg	3	PA, QL (1 tab every 1 day)

ANTICONVULSANTS - BENZODIAZEPINES

<i>clonazepam tabs .5mg, 1mg, 2mg; tbdp .125mg, .25mg, .5mg, 1mg, 2mg</i>	1	
<i>diazepam (anticonvulsant) gel 2.5mg, 10mg, 20mg</i>	3	QL (10 ea every 30 days)
NAYZILAM SOLN 5mg/0.1ml	3	PA
VALTOCO LIQD 5mg/0.1ml, 10mg/0.1ml; LQPK 7.5mg/0.1ml, 10mg/0.1ml	3	PA

ANTICONVULSANTS - MISC.

APTiom TABS 200mg, 400mg, 600mg, 800mg	2	PA, QL (1 tab every 1 day)
<i>carbamazepine chew 100mg; cp12 100mg, 200mg, 300mg; susp 100mg/5ml; tabs 200mg; tb12 100mg, 200mg, 400mg</i>	1	
<i>epitol tabs 200mg</i>	1	
<i>gabapentin caps 100mg, 300mg, 400mg; tabs 600mg, 800mg</i>	1	
<i>gabapentin soln 250mg/5ml, 300mg/6ml</i>	1	QL (36 mL every 1 day)
<i>lacosamide soln 10mg/ml</i>	1	QL (1200 mL every 30 days)
<i>lacosamide tabs 50mg, 100mg, 150mg, 200mg</i>	1	QL (2 tabs every 1 day)

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>levetiracetam soln 100mg/ml</i>	1	
<i>levetiracetam tabs 250mg, 750mg, 1000mg</i>	1	QL (3 tabs every 1 day)
<i>levetiracetam tabs 500mg</i>	1	QL (180 tabs every 30 days)
<i>levetiracetam tabs 500mg; tb24 500mg</i>	1	QL (6 tabs every 1 day)
<i>levetiracetam tabs 1000mg</i>	1	QL (90 tabs every 30 days)
<i>levetiracetam tb24 750mg</i>	1	QL (4 tabs every 1 day)
<i>oxcarbazepine susp 300mg/5ml</i>	1	QL (40 mL every 1 day)
<i>oxcarbazepine tabs 150mg, 300mg, 600mg</i>	1	
<i>pregabalin caps 25mg, 50mg, 75mg, 100mg, 150mg, 200mg</i>	1	QL (3 caps every 1 day)
<i>pregabalin caps 225mg, 300mg</i>	1	QL (2 caps every 1 day)
<i>pregabalin soln 20mg/ml</i>	1	QL (30 mL every 1 day)
<i>primidone tabs 50mg, 250mg</i>	1	
<i>roweepra tabs 500mg</i>	1	QL (6 tabs every 1 day)
<i>rufinamide susp 40mg/ml</i>	1	QL (80 mL every 1 day)
<i>rufinamide tabs 200mg, 400mg</i>	1	QL (8 tabs every 1 day)
<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 cpsp 15mg, 25mg; tabs 25mg, 50mg, 100mg</i>	1	
<i>topiramate tabs 200mg</i>	1	QL (240 tabs every 30 days)
<i>topiramate tabs 200mg</i>	1	QL (8 tabs every 1 day)
<i>zonisamide caps 25mg, 50mg, 100mg</i>	1	
CARBAMATES		
<i>felbamate susp 600mg/5ml</i>	1	QL (30 mL every 1 day)
<i>felbamate tabs 400mg</i>	1	QL (9 tabs every 1 day)
<i>felbamate tabs 600mg</i>	1	QL (6 tabs every 1 day)
<i>XCOPRI TABS 50mg, 100mg, 150mg, 200mg</i>	3	PA
<i>XCOPRI PAK 12.5-25</i>	3	PA

Drug Name	Drug Tier	Requirements/Limits
XCOPRI PAK 50-100MG	3	PA
XCOPRI PAK 100-150	3	PA
XCOPRI PAK 150-200	3	PA
GABA MODULATORS		
tiagabine hcl tabs 2mg, 4mg, 12mg, 16mg	1	
vigabatrin pack 500mg; tabs 500mg	1	SP, PA, QL (180 tabs every 30 days)
vigadrone pack 500mg	1	SP, PA, QL (180 tabs every 30 days)
HYDANTOINS		
DILANTIN CAPS 30mg	2	
phenytoin chew 50mg; susp 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, 250mg, 500mg	1	
valproate sodium soln 250mg/5ml	1	
valproic acid caps 250mg	1	
ANTIDEPRESSANTS		
ALPHA-2 RECEPTOR ANTAGONISTS (TETRACYCLICS)		
mirtazapine tabs 7.5mg, 15mg, 30mg, 45mg; tbdp 15mg, 30mg, 45mg	1	QL (1 tab every 1 day)
ANTIDEPRESSANTS - MISC.		
bupropion hcl tabs 75mg, 100mg	1	
bupropion hcl tb12 100mg, 200mg	1	QL (2 tabs every 1 day)
bupropion hcl tb12 150mg	1	QL (3 ea every 1 day)
bupropion hcl tb24 150mg	1	QL (3 tabs every 1 day)
bupropion hcl tb24 300mg	1	QL (1 tab every 1 day)
MONOAMINE OXIDASE INHIBITORS (MAOIS)		
EMSAM PT24 6mg/24hr, 12mg/24hr	3	PA, QL (1 ea every 1 day)
EMSAM PT24 9mg/24hr	3	PA, QL (1 patch every 1 day)
MARPLAN TABS 10mg	3	
phenelzine sulfate tabs 15mg	1	
tranylcypromine sulfate tabs 10mg	1	
SELECTIVE SEROTONIN REUPTAKE INHIBITORS (SSRIS)		
citalopram hydrobromide soln 10mg/5ml	1	QL (1200 mL every 1 day)

Drug Name	Drug Tier	Requirements/Limits
<i>citalopram hydrobromide tabs 10mg, 20mg, 40mg</i>	1	QL (60 tabs every 1 day)
<i>escitalopram oxalate soln 5mg/5ml</i>	1	QL (10 mL every 1 day)
<i>escitalopram oxalate tabs 5mg, 10mg, 20mg</i>	1	QL (2 tabs every 1 day)
<i>fluoxetine hcl caps 10mg, 20mg, 40mg; soln 20mg/5ml</i>	1	
<i>fluoxetine hcl cpdr 90mg</i>	1	QL (0.133 caps every 1 day)
<i>fluvoxamine maleate cp24 100mg, 150mg; tabs 25mg, 50mg, 100mg</i>	1	
<i>paroxetine hcl susp 10mg/5ml</i>	1	QL (20 mL every 1 day)
<i>paroxetine hcl tabs 10mg, 20mg, 30mg, 40mg</i>	1	
<i>paroxetine hcl tb24 12.5mg, 25mg, 37.5mg</i>	1	QL (1 tab every 1 day)
PEXEVA TABS 10mg, 20mg, 30mg	3	
<i>sertraline hcl conc 20mg/ml; tabs 25mg, 50mg, 100mg</i>	1	
SEROTONIN MODULATORS		
<i>nefazodone hcl tabs 50mg, 100mg, 150mg, 200mg, 250mg</i>	1	QL (2 tabs every 1 day)
<i>trazodone hcl tabs 50mg, 100mg, 150mg, 300mg</i>	1	
TRINTELLIX TABS 5mg, 10mg, 20mg	2	QL (1 tab every 1 day)
VIIBRYD KIT STARTER	2	
<i>vilazodone hcl tabs 10mg, 20mg, 40mg</i>	1	QL (1 tab every 1 day)
SEROTONIN-NOREPINEPHRINE REUPTAKE INHIBITORS (SNRIS)		
<i>desvenlafaxine succinate tb24 25mg, 50mg, 100mg</i>	1	QL (1 tab every 1 day)
<i>duloxetine hcl cpep 20mg, 30mg</i>	1	QL (1 cap every 1 day)
<i>duloxetine hcl cpep 60mg</i>	1	QL (2 caps every 1 day)
FETZIMA CP24 20mg, 40mg, 80mg, 120mg	3	QL (1 cap every 1 day)
FETZIMA CAP TITRATIO	3	QL (1 cap every 1 day)
<i>venlafaxine hcl cp24 37.5mg</i>	1	QL (1 cap every 1 day)
<i>venlafaxine hcl cp24 75mg</i>	1	QL (3 caps every 1 day)
<i>venlafaxine hcl cp24 150mg</i>	1	QL (2 caps every 1 day)
<i>venlafaxine hcl tabs 25mg, 37.5mg, 50mg, 75mg, 100mg</i>	1	
<i>venlafaxine hcl tb24 37.5mg, 75mg, 150mg</i>	1	QL (1 tab every 1 day)
<i>venlafaxine hcl tb24 225mg</i>	2	QL (1 tab every 1 day)
TRICYCLIC AGENTS		
<i>amitriptyline hcl tabs 10mg, 25mg, 50mg, 75mg, 100mg, 150mg</i>	1	

Drug Name	Drug Tier	Requirements/Limits
<i>amoxapine tabs 25mg, 50mg, 150mg</i>	2	
<i>amoxapine tabs 100mg</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	
<i>trimipramine maleate caps 25mg, 50mg, 100mg</i>	1	

ANTIDIABETICS

ALPHA-GLUCOSIDASE INHIBITORS

<i>acarbose tabs 25mg, 50mg, 100mg</i>	1	QL (3 tabs every 1 day)
<i>miglitol tabs 25mg, 50mg, 100mg</i>	1	QL (3 tabs every 1 day)

ANTIDIABETIC - AMYLIN ANALOGS

SYMLINPEN 60 SOPN 1500mcg/1.5ml	2	ST, QL (4 pens every 30 days)
SYMLINPEN 120 SOPN 2700mcg/2.7ml	2	ST, QL (4 pens every 30 days)

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	QL (1 tab every 1 day)
GLYXAMBI TAB 25-5 MG	2	QL (1 tab every 1 day)
JANUMET TAB 50-500MG	2	QL (2 tabs every 1 day)
JANUMET TAB 50-1000	2	QL (2 tabs every 1 day)
JANUMET XR TAB 50-500MG	2	QL (2 tabs every 1 day)
JANUMET XR TAB 50-1000	2	QL (2 tabs every 1 day)
JANUMET XR TAB 100-1000	2	QL (1 tab every 1 day)
<i>pioglitazone hcl-glimepiride tab 30-2 mg</i>	1	QL (1 tab every 1 day)
<i>pioglitazone hcl-glimepiride tab 30-4 mg</i>	1	QL (1 tab every 1 day)
<i>pioglitazone hcl-metformin hcl tab 15-500 mg</i>	1	QL (2.8 tabs every 1 day)
<i>pioglitazone hcl-metformin hcl tab 15-850 mg</i>	1	QL (3 tabs every 1 day)
SOLIQUA INJ 100/33	2	

Drug Name	Drug Tier	Requirements/Limits
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	QL (2 tabs every 1 day)
SYNJARDY XR TAB 5-1000MG	2	QL (2 tabs every 1 day)
SYNJARDY XR TAB 10-1000	2	QL (2 tabs every 1 day)
SYNJARDY XR TAB 25-1000	2	QL (2 tabs every 1 day)
TRIJARDY XR TAB	2	QL (1 tab every 1 day)
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	
BIGUANIDES		
<i>metformin hcl soln 500mg/5ml</i>	1	
<i>metformin hcl tabs 500mg</i>	1	QL (4 tabs every 1 day)
<i>metformin hcl tabs 850mg</i>	1	QL (2.5 tabs every 1 day); \$0 copay for ages 35 to 70 for prediabetes and type 2 diabetes
<i>metformin hcl tabs 1000mg</i>	1	QL (2.5 tabs every 1 day)
<i>metformin hcl tb24 500mg</i>	1	QL (4 tabs every 1 day); (generic GLUCOPHAGE XR)
<i>metformin hcl tb24 750mg</i>	1	QL (3 tabs every 1 day); (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)
<i>diazoxide susp 50mg/ml</i>	1	
GLUCAGEN HYPOKIT SOLR 1mg	2	QL (2 syringes every 365 day)
<i>glucagon (rdna) kit 1mg</i>	1	QL (2 kits every 365 days)
DIPEPTIDYL PEPTIDASE-4 (DPP-4) INHIBITORS		
JANUVIA TABS 25mg, 50mg, 100mg	2	QL (1 ea every 1 day)
INCRETIN MIMETIC AGENTS		
OZEMPIC SOPN 2mg/3ml, 4mg/3ml	2	PA, QL (2 pens every 30 days)

Drug Name	Drug Tier	Requirements/Limits
OZEMPIC INJ 8MG/3ML	2	PA, QL (2 pens every 30 days)
RYBELSUS TABS 3mg, 7mg, 14mg	2	PA, QL (30 tabs every 30 days)
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, QL (3 pens every 30 days)

INSULIN

BASAGLAR KWIKPEN SOPN 100unit/ml	2	QL (15 pens every 30 days)
BASAGLAR TEMPO PEN SOPN 100unit/ml	2	QL (15 pens every 30 days)
FIASP FLEX INJ TOUCH	2	QL (15 pens every 30 days)
FIASP INJ 100/ML	2	QL (4.5 vials every 30 days)
FIASP PENFIL INJ U-100	2	QL (15 injections every 30 days)
INSULIN DEGLUDEC SOLN 100unit/ml	2	QL (4.5 vials every 30 days)
INSULIN DEGLUDEC FLEXTouc SOPN 100unit/ml	2	QL (15 pens every 30 days)
INSULIN DEGLUDEC FLEXTouc SOPN 200unit/ml	2	QL (9 pens every 30 days)
LEVEMIR SOLN 100unit/ml	2	QL (4.5 vials every 30 days)
LEVEMIR FLEXPEN SOPN 100unit/ml	2	QL (15 pens every 30 days)
NOVOLIN INJ 70/30	2	QL (4.5 vials every 30 days), OTC
NOVOLIN INJ 70/30 FP	2	QL (15 pens every 30 days), OTC
NOVOLIN N SUSP 100unit/ml	2	QL (4.5 vials every 30 days), OTC
NOVOLIN N FLEXPEN SUPN 100unit/ml	2	QL (15 pens every 30 days), OTC
NOVOLIN R SOLN 100unit/ml	2	QL (4.5 vials every 30 days), OTC
NOVOLIN R FLEXPEN SOPN 100unit/ml	2	QL (15 pens every 30 days), OTC
NOVOLOG SOLN 100unit/ml	2	QL (4.5 vials every 30 days)
NOVOLOG FLEXPEN SOPN 100unit/ml	2	QL (15 pens every 30 days)
NOVOLOG MIX INJ 70/30	2	QL (4.5 vials every 30 days)

Drug Name	Drug Tier	Requirements/Limits
NOVOLOG MIX INJ FLEXPEN	2	QL (15 pens every 30 days)
NOVOLOG PENFILL SOCT 100unit/ml	2	QL (15 cartridges every 30 days)
TOUJEO MAX SOLOSTAR SOPN 300unit/ml	2	QL (3 pens every 30 days)
TOUJEO SOLOSTAR SOPN 300unit/ml	2	QL (6 pens every 30 days)
TRESIBA SOLN 100unit/ml	2	QL (4.5 vials every 30 days)
TRESIBA FLEXTOUCH SOPN 100unit/ml	2	QL (15 pens every 30 days)
TRESIBA FLEXTOUCH SOPN 200unit/ml	2	QL (9 pens every 30 days)

INSULIN SENSITIZING AGENTS

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

<i>nateglinide tabs 60mg, 120mg</i>	1	QL (3 tabs every 1 day)
<i>repaglinide tabs .5mg, 1mg, 2mg</i>	1	QL (4 tabs every 1 day)

SODIUM-GLUCOSE CO-TRANSPORTER 2 (SGLT2) INHIBITORS

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

SULFONYLUREAS

<i>glimepiride tabs 1mg, 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

ANTIDIARRHEAL - CHLORIDE CHANNEL ANTAGONISTS

MYTESI TBEC 125mg	3	PA, QL (60 tabs every 1 day)
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ANTIPERISTALTIC AGENTS

<i>diphenoxylate w/ atropine liq 2.5-0.025 mg/5ml</i>	1	
<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

CHEMET CAPS 100mg	2	
deferasirox tabs 90mg, 180mg, 360mg	1	SP

Drug Name	Drug Tier	Requirements/Limits
<i>deferiasirox tbso 125mg, 250mg, 500mg</i>	1	SP, QL (6 tabs every 1 day)
<i>deferiprone tabs 500mg, 1000mg</i>	1	SP, PA
FERRIPROX SOLN 100mg/ml	3	SP, PA
ANTIDOTES AND SPECIFIC ANTAGONISTS		
VISTOGARD PACK 10gm	3	SP, PA, QL (20 packets every 5 days)
OPIOID ANTAGONISTS		
<i>naloxone hcl liqd 4mg/0.1ml</i>	1	QL (2 ea every 30 days)
<i>naloxone hcl soct .4mg/ml; soln .4mg/ml, 4mg/10ml</i>	1	
<i>naltrexone hcl tabs 50mg</i>	1	
VIVITROL SUSR 380mg	3	QL (1 vial every 28 days)
ANTIEMETICS		
5-HT3 RECEPTOR ANTAGONISTS		
ANZEMET TABS 50mg	2	QL (8 tabs every 23 days)
<i>granisetron hcl tabs 1mg</i>	1	QL (2 tabs every 23 days)
<i>ondansetron tbdp 4mg, 8mg</i>	1	
<i>ondansetron hcl soln 4mg/5ml; tabs 4mg, 8mg, 24mg</i>	1	
SANCUSO PTCH 3.1mg/24hr	3	PA, QL (4 patches every 23 days)
ANTIEMETICS - ANTICHOLINERGIC		
<i>meclizine hcl tabs 25mg</i>	1	
<i>scopolamine pt72 1mg/3days</i>	1	QL (4 patches every 30 days)
<i>trimethobenzamide hcl caps 300mg</i>	1	
ANTIEMETICS - MISCELLANEOUS		
AKYNZEO CAP 300-0.5	3	PA
<i>dronabinol caps 2.5mg, 5mg, 10mg</i>	1	PA, QL (2 caps every 1 day)
SUBSTANCE P/NEUROKININ 1 (NK1) RECEPTOR ANTAGONISTS		
<i>aprepitant caps 40mg</i>	1	PA, QL (6 caps every 23 days)
<i>aprepitant caps 80mg</i>	1	PA, QL (4 ea every 23 days)
<i>aprepitant caps 125mg</i>	1	PA, QL (2 caps every 23 days)
<i>aprepitant capsule therapy pack 80 & 125 mg</i>	1	PA, QL (6 tabs every 23 days)
EMEND SUSR 125mg/5ml	2	PA, QL (3 kits every 23 days)

Drug Name	Drug Tier	Requirements/Limits
ANTIFUNGALS		
ANTIFUNGALS		
<i>griseofulvin microsize susp 125mg/5ml; tabs 500mg</i>	1	
<i>griseofulvin ultramicrosize tabs 125mg, 250mg</i>	1	
<i>nystatin tabs 500000unit</i>	1	
<i>terbinafine hcl tabs 250mg</i>	1	QL (30 tabs every 1 day)
IMIDAZOLE-RELATED ANTIFUNGALS		
<i>CRESEMBA CAPS 186mg; SOLR 372mg</i>	3	PA
<i>fluconazole susr 10mg/ml, 40mg/ml</i>	1	
<i>fluconazole tabs 50mg, 100mg, 200mg</i>	1	QL (1 tab every 1 day)
<i>fluconazole tabs 150mg</i>	1	QL (4 tabs every 67 days)
<i>itraconazole caps 100mg</i>	1	PA, QL (30 caps every 1 day)
<i>itraconazole soln 10mg/ml</i>	1	PA, QL (30 mL every 1 day)
<i>ketoconazole tabs 200mg</i>	1	PA, QL (2 tabs every 1 day)
<i>NOXAFIL SUSP 40mg/ml</i>	3	PA
<i>posaconazole susp 40mg/ml; tbec 100mg</i>	1	PA
<i>voriconazole susr 40mg/ml</i>	1	QL (5 mL every 1 day)
<i>voriconazole tabs 50mg</i>	1	QL (4 tabs every 1 day)
<i>voriconazole tabs 200mg</i>	1	QL (2 tabs every 1 day)
ANTIHIISTAMINES		
ANTIHIISTAMINES - ALKYLAMINES		
<i>ryclora soln 2mg/5ml</i>	1	
ANTIHIISTAMINES - ETHANOLAMINES		
<i>carbinoxamine maleate tabs 4mg</i>	1	
ANTIHIISTAMINES - NON-SEDATING		
<i>alavert tbdp 10mg</i>	1	OTC
<i>all day allergy tabs 10mg</i>	1	OTC
<i>all day allergy childrens soln 5mg/5ml</i>	1	OTC
<i>all-day allergy childrens soln 5mg/5ml</i>	1	OTC
<i>alleggra hives 24hr tabs 180mg</i>	1	QL (1 tab every 1 day), OTC
<i>allergy tabs 10mg</i>	1	OTC
<i>allergy 24-hr tabs 180mg</i>	1	QL (1 tab every 1 day), OTC
<i>allergy 24hour indoor/out tabs 10mg</i>	1	OTC
<i>allergy childrens soln 5mg/5ml</i>	1	OTC
<i>allergy relief tabs 5mg, 10mg</i>	1	OTC

Drug Name	Drug Tier	Requirements/Limits
<i>allergy relief tabs 10mg</i>	1	QL (30 tabs every 1 day), OTC
<i>allergy relief 24hr/indoo tabs 180mg</i>	1	QL (1 tab every 1 day), OTC
<i>allergy relief childrens soln 1mg/ml, 5mg/5ml</i>	1	OTC
<i>cetirizine hcl chew 5mg; tabs 5mg, 10mg</i>	1	OTC
<i>cetirizine hcl soln 1mg/ml</i>	1	
<i>cetirizine hcl allergy ch soln 5mg/5ml</i>	1	OTC
<i>cetirizine hydrochloride soln 1mg/ml</i>	1	OTC
<i>childrens 24 hour allergy soln 1mg/ml</i>	1	OTC
<i>cvs allergy childrens soln 5mg/5ml</i>	1	OTC
<i>cvs allergy relief tabs 10mg; tbdp 10mg</i>	1	OTC
<i>cvs allergy relief tabs 180mg</i>	1	QL (1 tab every 1 day), OTC
<i>cvs allergy relief childr soln 5mg/5ml</i>	1	OTC
<i>cvs indoor/outdoor allerg tabs 10mg</i>	1	OTC
<i>eq allergy childrens soln 5mg/5ml</i>	1	OTC
<i>eq allergy relief soln 1mg/ml; tabs 10mg</i>	1	OTC
<i>eq allergy relief childre soln 5mg/5ml</i>	1	OTC
<i>eq cetirizine hydrochlori chew 10mg</i>	1	OTC
<i>eq loratadine tbdp 10mg</i>	1	OTC
<i>eql all day allergy tabs 10mg</i>	1	OTC
<i>eql allergy relief tabs 180mg</i>	1	QL (1 tab every 1 day), OTC
<i>fexofenadine hcl tabs 60mg</i>	1	OTC
<i>fexofenadine hcl tabs 180mg</i>	1	QL (1 tab every 1 day), OTC
<i>gnp all day allergy tabs 10mg</i>	1	OTC
<i>goodsense aller-ease tabs 180mg</i>	1	QL (1 tab every 1 day), OTC
<i>hm allergy relief tabs 10mg, 60mg</i>	1	OTC
<i>hm allergy relief tabs 180mg</i>	1	QL (1 tab every 1 day), OTC
<i>12hr allergy relief tabs 60mg</i>	1	OTC
<i>24hr allergy relief tabs 180mg</i>	1	QL (1 tab every 1 day), OTC
<i>kls aller-fex tabs 180mg</i>	1	QL (1 tab every 1 day), OTC
<i>kls aller-tec tabs 10mg</i>	1	OTC
<i>kls aller-tec childrens soln 5mg/5ml</i>	1	OTC
<i>kls allerclear tabs 10mg</i>	1	QL (30 tabs every 1 day), OTC
<i>levocetirizine dihydrochloride soln 2.5mg/5ml</i>	1	QL (150 mL every 1 day)

Drug Name	Drug Tier	Requirements/Limits
<i>levocetirizine dihydrochloride tabs 5mg</i>	1	QL (30 tabs every 1 day)
<i>loradamed tabs 10mg</i>	1	QL (30 tabs every 1 day), OTC
<i>loratadine tabs 10mg</i>	1	QL (30 tabs every 1 day), OTC
<i>loratadine tbdp 10mg</i>	1	OTC
<i>loratadine childrens soln 5mg/5ml</i>	1	OTC
<i>mm fexofenadine hydrochlo tabs 180mg</i>	1	QL (1 tab every 1 day), OTC
<i>qc all day allergy tabs 10mg</i>	1	OTC
<i>qc allergy relief tabs 10mg</i>	1	QL (30 tabs every 1 day), OTC
<i>qc allergy relief tabs 10mg, 60mg</i>	1	OTC
<i>qc childrens allergy soln 5mg/5ml</i>	1	OTC
<i>qc loratadine allergy rel tabs 10mg</i>	1	QL (30 tabs every 1 day), OTC
<i>sb allergy tabs 10mg</i>	1	OTC
<i>sm all day allergy tabs 10mg</i>	1	OTC
<i>sm all day allergy child soln 1mg/ml</i>	1	OTC
<i>sm all day allergy relief tabs 10mg</i>	1	QL (30 tabs every 1 day), OTC
<i>sm allergy childrens soln 5mg/5ml</i>	1	OTC
<i>sm allergy relief tabs 60mg</i>	1	OTC
<i>sm loratadine tabs 10mg</i>	1	QL (30 tabs every 1 day), OTC
<i>triaminic allerchews tbdp 10mg</i>	1	OTC
<i>wal-fex tabs 180mg</i>	1	QL (1 tab every 1 day), OTC
<i>wal-fex 24 hour allergy tabs 180mg</i>	1	QL (1 tab every 1 day), OTC
<i>wal-fex allergy 12 hour tabs 60mg</i>	1	OTC
<i>wal-itin soln 5mg/5ml; tbdp 10mg</i>	1	OTC
<i>wal-itin tabs 10mg</i>	1	QL (30 tabs every 1 day), OTC
<i>wal-itin childrens soln 5mg/5ml</i>	1	OTC
<i>wal-vert tbdp 10mg</i>	1	OTC
<i>wal-zyr soln 5mg/5ml; tabs 10mg</i>	1	OTC
<i>wal-zyr all day allergy c soln 5mg/5ml</i>	1	OTC
<i>wal-zyr allergy dye-free soln 1mg/ml</i>	1	OTC
<i>wal-zyr childrens chew 5mg, 10mg; soln 5mg/5ml</i>	1	OTC
<i>zyrtec chew 10mg</i>	1	OTC
<i>zyrtec childrens allergy chew 10mg</i>	1	OTC

Drug Name	Drug Tier	Requirements/Limits
ANTI HISTAMINES - PHENOTHIAZINES		
<i>promethazine hcl soln 25mg/ml, 50mg/ml; syrp 6.25mg/5ml; tabs 12.5mg, 25mg, 50mg</i>	1	
<i>promethazine hcl supp 12.5mg, 25mg</i>	1	QL (0.4 supp every 1 day)
<i>promethegan supp 12.5mg, 25mg, 50mg</i>	1	QL (0.4 supp every 1 day)
ANTI HISTAMINES - PIPERIDINES		
<i>ciproheptadine hcl syrp 2mg/5ml; tabs 4mg</i>	1	
ANTIHYPERLIPIDEMICS		
ADENOSINE TRIPHOSPHATE-CITRATE LYASE (ACL) INHIBITORS		
<i>NEXLETOL TABS 180mg</i>	3	PA
ANTIHYPERLIPIDEMICS - COMBINATIONS		
<i>ezetimibe-simvastatin tab 10-10 mg</i>	1	QL (1 tab every 1 day)
<i>ezetimibe-simvastatin tab 10-20 mg</i>	1	QL (1 tab every 1 day)
<i>ezetimibe-simvastatin tab 10-40 mg</i>	1	QL (1 tab every 1 day)
<i>ezetimibe-simvastatin tab 10-80 mg</i>	1	QL (1 tab every 1 day)
<i>NEXLIZET TAB 180/10MG</i>	3	PA
ANTIHYPERLIPIDEMICS - MISC.		
<i>icosapent ethyl caps .5gm, 1gm</i>	1	QL (4 caps every 1 day)
<i>omega-3-acid ethyl esters cap 1 gm</i>	1	QL (4 caps every 1 day)
<i>VASCEPA CAPS .5gm, 1gm</i>	2	QL (4 caps every 1 day)
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</i>	1	QL (1 packet every 1 day)
<i>colesevelam hcl tabs 625mg</i>	1	QL (7 tabs every 1 day)
<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	QL (1 cap every 1 day)
<i>fenofibrate caps 50mg</i>	1	QL (2 caps every 1 day)
<i>fenofibrate caps 150mg</i>	1	QL (1 cap every 1 day)
<i>fenofibrate tabs 48mg, 54mg, 145mg, 160mg</i>	1	QL (1 tab every 1 day)
<i>fenofibrate micronized caps 43mg, 67mg, 130mg, 134mg, 200mg</i>	1	QL (1 cap every 1 day)
<i>fenofibrate micronized caps 90mg</i>	1	
<i>gemfibrozil tabs 600mg</i>	1	QL (2 tabs every 1 day)

Drug Name	Drug Tier	Requirements/Limits
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, 80mg</i>	1	QL (1 tab every 1 day)
<i>fluvastatin sodium caps 20mg, 40mg</i>	1	QL (1 cap every 1 day); \$0 copay for members age 40 through 75
<i>fluvastatin sodium tb24 80mg</i>	1	QL (30 tabs every 1 day); \$0 copay for members age 40 through 75
<i>lovastatin tabs 10mg, 20mg, 40mg</i>	1	QL (1 tab every 1 day); \$0 copay for members age 40 through 75
<i>pravastatin sodium tabs 10mg, 20mg, 40mg, 80mg</i>	1	QL (1 tab every 1 day); \$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, 40mg</i>	1	QL (1 tab every 1 day)
<i>simvastatin tabs 5mg, 10mg, 20mg, 40mg</i>	1	QL (1 tab every 1 day); \$0 copay for members age 40 through 75
<i>simvastatin tabs 80mg</i>	1	QL (1 tab every 1 day)
INTESTINAL CHOLESTEROL ABSORPTION INHIBITORS		
<i>ezetimibe tabs 10mg</i>	1	QL (1 tab every 1 day)
NICOTINIC ACID DERIVATIVES		
<i>niacin (antihyperlipidemic) tabs 500mg; tbc 500mg, 750mg, 1000mg</i>	1	QL (2 tabs every 1 day)
<i>niacor tabs 500mg</i>	1	QL (2 tabs every 1 day)
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</i>	1	QL (5 mL every 1 day)

Drug Name	Drug Tier	Requirements/Limits
<i>enalapril maleate 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, 30mg, 40mg</i>	1	
<i>moexipril hcl tabs 7.5mg, 15mg</i>	1	
<i>perindopril erbumine tabs 2mg, 4mg, 8mg</i>	1	QL (1 tab every 1 day)
<i>quinapril hcl tabs 5mg, 10mg, 20mg, 40mg</i>	1	
<i>ramipril caps 1.25mg, 2.5mg, 5mg, 10mg</i>	1	QL (2 caps every 1 day)
<i>trandolapril tabs 1mg, 2mg, 4mg</i>	1	
AGENTS FOR PHEOCHROMOCYTOMA		
<i>phenoxybenzamine hcl caps 10mg</i>	1	
ANGIOTENSIN II RECEPTOR ANTAGONISTS		
<i>candesartan cilexetil tabs 4mg, 8mg, 16mg, 32mg</i>	1	QL (1 tab every 1 day)
<i>EDARBI TABS 40mg, 80mg</i>	3	QL (1 tab every 1 day)
<i>irbesartan tabs 75mg, 150mg, 300mg</i>	1	QL (1 tab every 1 day)
<i>losartan potassium tabs 25mg, 50mg, 100mg</i>	1	QL (2 tabs every 1 day)
<i>olmesartan medoxomil tabs 5mg</i>	1	QL (2 tabs every 1 day)
<i>olmesartan medoxomil tabs 20mg, 40mg</i>	1	QL (1 tab every 1 day)
<i>telmisartan tabs 20mg, 40mg, 80mg</i>	1	QL (1 tab every 1 day)
<i>valsartan tabs 40mg, 80mg, 160mg, 320mg</i>	1	QL (1 tab every 1 day)
ANTIADRENERGIC ANTIHYPERTENSIVES		
<i>clonidine ptwk .1mg/24hr</i>	1	QL (4 patches every 28 days)
<i>clonidine ptwk .2mg/24hr</i>	1	QL (4 ea every 28 days)
<i>clonidine ptwk .3mg/24hr</i>	1	QL (8 ea every 28 days)
<i>clonidine hcl tabs .1mg, .2mg, .3mg</i>	1	
<i>doxazosin mesylate tabs 1mg, 2mg, 4mg, 8mg</i>	1	
<i>guanfacine hcl tabs 1mg, 2mg</i>	1	
<i>methyldopa tabs 250mg, 500mg</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	QL (1 cap every 1 day)

Drug Name	Drug Tier	Requirements/Limits
<i>amlodipine besylate-benazepril hcl cap 10-20 mg</i>	1	QL (1 cap every 1 day)
<i>amlodipine besylate-benazepril hcl cap 10-40 mg</i>	1	QL (1 cap every 1 day)
<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	QL (1 tab every 1 day)
<i>amlodipine besylate-olmesartan medoxomil tab 10-20 mg</i>	1	QL (1 tab every 1 day)
<i>amlodipine besylate-olmesartan medoxomil tab 10-40 mg</i>	1	QL (1 tab every 1 day)
<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	QL (1 tab every 1 day)
<i>amlodipine besylate-valsartan tab 10-160 mg</i>	1	QL (1 tab every 1 day)
<i>amlodipine besylate-valsartan tab 10-320 mg</i>	1	QL (1 tab every 1 day)
<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	QL (1 tab every 1 day)
<i>amlodipine-valsartan-hydrochlorothiazide tab 10-160-12.5 mg</i>	1	QL (1 tab every 1 day)
<i>amlodipine-valsartan-hydrochlorothiazide tab 10-160-25 mg</i>	1	QL (1 tab every 1 day)
<i>amlodipine-valsartan-hydrochlorothiazide tab 10-320-25 mg</i>	1	QL (1 tab every 1 day)
<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	

Drug Name	Drug Tier	Requirements/Limits
<i>candesartan cilexetil-hydrochlorothiazide tab 16-12.5 mg</i>	1	QL (2 tabs every 1 day)
<i>candesartan cilexetil-hydrochlorothiazide tab 32-12.5 mg</i>	1	QL (1 tab every 1 day)
<i>candesartan cilexetil-hydrochlorothiazide tab 32-25 mg</i>	1	QL (1 tab every 1 day)
<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	
EDARBYCLOR TAB 40-12.5	3	QL (1 tab every 1 day)
EDARBYCLOR TAB 40-25MG	3	QL (1 tab every 1 day)
<i>enalapril maleate & hydrochlorothiazide tab 5-12.5 mg</i>	1	
<i>enalapril maleate & hydrochlorothiazide tab 10-25 mg</i>	1	
EXFORGEH/5- TAB 160-25	3	QL (1 tab every 1 day)
EXFORGEH/10- TAB 320-25	3	QL (1 tab every 1 day)
<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	QL (1 tab every 1 day)
<i>irbesartan-hydrochlorothiazide tab 300-12.5 mg</i>	1	QL (1 tab every 1 day)
<i>lisinopril & hydrochlorothiazide tab 10-12.5 mg</i>	1	
<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	QL (2 tabs every 1 day)
<i>losartan potassium & hydrochlorothiazide tab 100-12.5 mg</i>	1	QL (1 tab every 1 day)
<i>losartan potassium & hydrochlorothiazide tab 100-25 mg</i>	1	QL (1 tab every 1 day)
<i>metoprolol & hydrochlorothiazide tab 50-25 mg</i>	1	
<i>metoprolol & hydrochlorothiazide tab 100-25 mg</i>	1	

Drug Name	Drug Tier	Requirements/Limits
<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	QL (1 tab every 1 day)
<i>olmesartan medoxomil-hydrochlorothiazide tab 40-25 mg</i>	1	QL (1 tab every 1 day)
<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	QL (1 tab every 1 day)
<i>olmesartan-amlodipine-hydrochlorothiazide tab 40-5-25 mg</i>	1	QL (1 tab every 1 day)
<i>olmesartan-amlodipine-hydrochlorothiazide tab 40-10-12.5 mg</i>	1	QL (1 tab every 1 day)
<i>olmesartan-amlodipine-hydrochlorothiazide tab 40-10-25 mg</i>	1	QL (1 tab every 1 day)
<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	QL (1 tab every 1 day)
TEKTURNA HCT TAB 300-25MG	2	QL (1 tab every 1 day)
<i>telmisartan-amlodipine tab 40-5 mg</i>	1	QL (1 tab every 1 day)
<i>telmisartan-amlodipine tab 40-10 mg</i>	1	QL (1 tab every 1 day)
<i>telmisartan-amlodipine tab 80-5 mg</i>	1	QL (1 tab every 1 day)
<i>telmisartan-amlodipine tab 80-10 mg</i>	1	QL (1 tab every 1 day)
<i>telmisartan-hydrochlorothiazide tab 40-12.5 mg</i>	1	QL (1 ea every 1 day)
<i>telmisartan-hydrochlorothiazide tab 80-12.5 mg</i>	1	QL (1 ea every 1 day)
<i>telmisartan-hydrochlorothiazide tab 80-25 mg</i>	1	QL (1 ea every 1 day)
<i>trandolapril-verapamil hcl tab er 1-240 mg</i>	1	QL (1 tab every 1 day)
<i>trandolapril-verapamil hcl tab er 2-180 mg</i>	1	QL (1 tab every 1 day)
<i>trandolapril-verapamil hcl tab er 2-240 mg</i>	1	QL (1 tab every 1 day)
<i>trandolapril-verapamil hcl tab er 4-240 mg</i>	1	QL (1 tab every 1 day)
<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	QL (1 tab every 1 day)
<i>valsartan-hydrochlorothiazide tab 320-12.5 mg</i>	1	QL (1 tab every 1 day)
<i>valsartan-hydrochlorothiazide tab 320-25 mg</i>	1	QL (1 tab every 1 day)

Drug Name	Drug Tier	Requirements/Limits
DIRECT RENIN INHIBITORS		
<i>aliskiren fumarate tabs 150mg, 300mg</i>	1	QL (1 tab every 1 day)
SELECTIVE ALDOSTERONE RECEPTOR ANTAGONISTS (SARAS)		
<i>eplerenone tabs 25mg, 50mg</i>	1	QL (2 tabs every 1 day)
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	QL (12 tabs every 274 days)
<i>atovaquone-proguanil hcl tab 250-100 mg</i>	1	QL (12 tabs every 274 days)
COARTEM TAB 20-120MG	2	QL (24 tabs every 30 days)
ANTIMALARIALS		
<i>chloroquine phosphate tabs 250mg, 500mg</i>	1	QL (5 tabs every year)
<i>hydroxychloroquine sulfate tabs 200mg</i>	1	
<i>mefloquine hcl tabs 250mg</i>	1	QL (4 tabs every 274 days)
<i>pyrimethamine tabs 25mg</i>	1	PA
<i>quinine sulfate caps 324mg</i>	1	PA
ANTIMYASTHENIC/CHOLINERGIC AGENTS		
ANTIMYASTHENIC/CHOLINERGIC AGENTS		
FIRDAPSE TABS 10mg	3	SP, PA, QL (240 tabs every 30 days)
<i>pyridostigmine bromide soln 60mg/5ml; tabs 60mg; tbc 180mg</i>	1	
ANTIMYCOBACTERIAL AGENTS		
ANTIMYCOBACTERIAL AGENTS		
<i>cycloserine caps 250mg</i>	3	
<i>ethambutol hcl tabs 100mg, 400mg</i>	1	
<i>isoniazid soln 100mg/ml; syrp 50mg/5ml</i>	3	
<i>isoniazid tabs 100mg, 300mg</i>	1	
PRETOMANID TABS 200mg	3	PA
PRIFTIN TABS 150mg	2	
<i>pyrazinamide tabs 500mg</i>	1	
<i>rifabutin caps 150mg</i>	1	
<i>rifampin caps 150mg, 300mg</i>	1	
SIRTURO TABS 20mg	2	PA, QL (940 tabs every 135 days)
SIRTURO TABS 100mg	2	PA, QL (1.045 tabs every 1 day)

Drug Name	Drug Tier	Requirements/Limits
TRECATOR TABS 250mg	2	
ANTINEOPLASTICS AND ADJUNCTIVE THERAPIES		
ALKYLATING AGENTS		
<i>cyclophosphamide caps 25mg, 50mg</i>	1	
GLEOSTINE CAPS 10mg, 40mg, 100mg	2	SP, QL (3 caps every 30 days)
LEUKERAN TABS 2mg	2	
<i>melphalan tabs 2mg</i>	1	
MYLERAN TABS 2mg	2	
<i>temozolomide caps 5mg, 20mg, 100mg, 140mg, 180mg, 250mg</i>	1	SP
ANTIMETABOLITES		
<i>capecitabine tabs 150mg, 500mg</i>	1	SP
<i>mercaptapurine tabs 50mg</i>	1	
<i>methotrexate sodium soln 1gm/40ml, 50mg/2ml, 250mg/10ml, 1000mg/40ml</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	3	SP, PA, QL (240 tabs every 30 days)
INLYTA TABS 5mg	3	SP, PA, QL (120 tablets every 30 days)
LENVIMA 8 MG DAILY DOSE CPPK 4mg	3	SP, PA, QL (120 tablets every 30 days)
LENVIMA 10 MG DAILY DOSE CPPK 10mg	3	SP, PA, QL (60 caps every 30 days)
LENVIMA 20 MG DAILY DOSE CPPK 10mg	3	SP, PA, QL (30 caps every 30 days)
LENVIMA CAP 14 MG	3	SP, PA, QL (60 caps every 30 days)
LENVIMA CAP 18 MG	3	SP, PA, QL (60 caps every 30 days)
LENVIMA CAP 24 MG	3	SP, PA, QL (90 caps every 30 days)
ANTINEOPLASTIC - ANTI-HER2 AGENTS		
TUKYSA TABS 50mg, 150mg	3	SP, PA, QL (120 tabs every 30 days)
ANTINEOPLASTIC - BCL-2 INHIBITORS		
VENCLEXTA TABS 10mg, 50mg	3	SP, PA, QL (120 tabs every 30 days)
VENCLEXTA TAB START PK	3	SP, PA, QL (1 pack every 28 days)

Drug Name	Drug Tier	Requirements/Limits
ANTINEOPLASTIC - EGFR INHIBITORS		
<i>erlotinib hcl tabs 25mg</i>	1	SP, PA, QL (60 tabs every 30 days)
<i>erlotinib hcl tabs 100mg, 150mg</i>	1	SP, PA, QL (30 tabs every 30 days)
GILOTRIF TABS 20mg	3	SP, QL (90 caps every 30 days)
GILOTRIF TABS 30mg, 40mg	3	SP, QL (30 tabs every 30 days)
TAGRISSO TABS 40mg, 80mg	3	SP, PA, QL (30 tabs every 30 days)
ANTINEOPLASTIC - HEDGEHOG PATHWAY INHIBITORS		
ERIVEDGE CAPS 150mg	3	SP, PA, QL (30 caps every 30 days)
ODOMZO CAPS 200mg	3	SP, PA, QL (30 caps every 30 days)
ANTINEOPLASTIC - HORMONAL AND RELATED AGENTS		
<i>abiraterone acetate tabs 250mg</i>	1	SP, PA, QL (120 tablets every 30 days)
<i>abiraterone acetate tabs 500mg</i>	1	SP, PA, QL (60 tabs every 30 days)
<i>anastrozole tabs 1mg</i>	1	QL (1 tab every 1 day); \$0 copay for women ages 35 and older for the primary prevention of breast cancer
<i>bicalutamide tabs 50mg</i>	1	QL (1 tab every 1 day)
EMCYT CAPS 140mg	2	
ERLEADA TABS 60mg	3	SP, PA, QL (120 tablets every 30 days)
ERLEADA TABS 240mg	3	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>letrozole tabs 2.5mg</i>	1	QL (1 tab every 1 day)
LYSODREN TABS 500mg	2	SP
<i>megestrol acetate susp 40mg/ml</i>	1	QL (480 mL every 30 days)
<i>megestrol acetate susp 40mg/ml, 400mg/10ml, 800mg/20ml</i>	1	QL (16 mL every 1 day)
<i>megestrol acetate tabs 20mg, 40mg</i>	1	
<i>nilutamide tabs 150mg</i>	1	
NUBEQA TABS 300mg	3	SP, PA, QL (120 tablets every 30 days)
SOLTAMOX SOLN 10mg/5ml	2	

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	QL (1 tab every 1 day)
XTANDI CAPS 40mg	3	SP, PA, QL (120 caps every 30 days)
XTANDI TABS 40mg	3	SP, PA, QL (120 tablets every 30 days)
XTANDI TABS 80mg	3	SP, PA, QL (60 tabs every 30 days)

ANTINEOPLASTIC - IMMUNOMODULATORS

POMALYST CAPS 1mg, 2mg, 3mg, 4mg	3	SP, PA, QL (21 caps every 28 days)
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ANTINEOPLASTIC - XPO1 INHIBITORS

XPOVIO TBPK 40mg, 50mg	3	SP, PA, QL (8 tabs every 28 days)
XPOVIO TBPK 40mg, 60mg	3	SP, PA, QL (4 tabs every 28 days)
XPOVIO 60 MG TWICE WEEKLY TBPK 20mg	3	SP, PA, QL (24 tabs every 28 days)
XPOVIO 80 MG TWICE WEEKLY TBPK 20mg	3	SP, PA, QL (32 tabs every 28 days)

ANTINEOPLASTIC COMBINATIONS

INQOVI TAB 35-100MG	3	SP, PA, QL (5 tabs every 28 days)
LONSURF TAB 15-6.14	3	SP, PA, QL (100 tabs every 28 days)
LONSURF TAB 20-8.19	3	SP, PA, QL (80 tabs every 28 days)

ANTINEOPLASTIC ENZYME INHIBITORS

ALECENSA CAPS 150mg	3	SP, PA, QL (240 caps every 30 days)
BALVERSA TABS 3mg	3	SP, PA, QL (84 tabs every 28 days)
BALVERSA TABS 4mg	3	SP, PA, QL (56 tabs every 28 days)
BALVERSA TABS 5mg	3	SP, PA, QL (28 tabs every 28 days)
BOSULIF TABS 100mg	3	SP, PA, QL (90 tabs every 30 days)
BOSULIF TABS 500mg	3	SP, PA, QL (30 tabs every 30 days)
BRUKINSA CAPS 80mg	3	SP, PA, QL (120 caps every 30 days)
CABOMETYX TABS 20mg, 40mg, 60mg	3	SP, PA, QL (30 tabs every 30 days)

Drug Name	Drug Tier	Requirements/Limits
CALQUENCE TABS 100mg	3	SP, PA, QL (60 tabs every 30 days)
CAPRELSA TABS 100mg	2	SP, PA, QL (60 tabs every 30 days)
CAPRELSA TABS 300mg	2	SP, PA, QL (30 tabs every 30 days)
COMETRIQ KIT 20mg	3	SP, PA, QL (84 caps every 28 days)
COMETRIQ KIT 100MG	3	SP, PA, QL (56 caps every 28 days)
COMETRIQ KIT 140MG	3	SP, PA, QL (112 caps every 28 days)
COTELLIC TABS 20mg	3	SP, PA, QL (63 tabs every 28 days)
<i>everolimus tabs 2.5mg, 5mg, 7.5mg, 10mg</i>	1	SP, PA, QL (30 tabs every 30 days)
<i>everolimus tbso 2mg, 5mg</i>	1	SP, PA, QL (60 tabs every 30 days)
<i>everolimus tbso 3mg</i>	1	SP, PA, QL (90 tabs every 30 days)
IBRANCE CAPS 75mg, 100mg, 125mg	3	SP, PA, QL (21 caps every 28 days)
IBRANCE TABS 75mg, 100mg, 125mg	3	SP, PA, QL (21 tablets every 28 days)
IDHIFA TABS 50mg, 100mg	3	SP, PA, QL (30 tabs every 30 days)
<i>imatinib mesylate tabs 100mg</i>	1	SP, PA, QL (120 tabs every 30 days)
<i>imatinib mesylate tabs 400mg</i>	1	SP, PA, QL (60 tabs every 30 days)
IMBRUVICA CAPS 70mg	3	SP, PA, QL (30 caps every 30 days)
IMBRUVICA CAPS 140mg	3	SP, PA, QL (90 caps every 30 days)
IMBRUVICA SUSP 70mg/ml	3	SP, PA, QL (216 ml every 36 days)
IMBRUVICA TABS 140mg, 280mg, 420mg, 560mg	3	SP, PA, QL (30 tabs every 30 days)
JAKAFI TABS 5mg, 10mg, 15mg, 20mg, 25mg	3	SP, PA, QL (60 tabs every 30 days)
KOSELUGO CAPS 10mg	3	SP, PA, QL (240 caps every 30 days)
KOSELUGO CAPS 25mg	3	SP, PA, QL (120 caps every 30 days)
<i>lapatinib ditosylate tabs 250mg</i>	1	SP, PA, QL (180 tabs every 30 days)
LYNPARZA TABS 100mg, 150mg	3	SP, PA, QL (120 tablets every 30 days)

Drug Name	Drug Tier	Requirements/Limits
MEKINIST SOLR .05mg/ml	3	SP, PA
MEKINIST TABS 2mg	3	SP, PA, QL (30 tabs every 30 days)
MEKINIST TABS .5mg	3	SP, PA, QL (90 tabs every 30 days)
MEKTOVI TABS 15mg	3	SP, PA, QL (180 tabs every 30 days)
NINLARO CAPS 2.3mg, 3mg, 4mg	3	SP, PA, QL (3 caps every 28 days)
PIQRAY 200MG DAILY DOSE TBPk 200mg	3	SP, PA, QL (28 tabs every 28 days)
PIQRAY 250MG TAB DOSE	3	SP, PA, QL (56 tabs every 28 days)
PIQRAY 300MG DAILY DOSE TBPk 150mg	3	SP, PA, QL (56 tabs every 28 days)
ROZLYTREK CAPS 100mg	3	SP, PA, QL (30 caps every 30 days)
ROZLYTREK CAPS 200mg	3	SP, PA, QL (90 caps every 30 days)
RUBRACA TABS 200mg, 250mg, 300mg	3	SP, PA, QL (120 tabs every 30 days)
RYDAPT CAPS 25mg	3	SP, PA, QL (224 caps every 28 days)
<i>sorafenib tosylate tabs 200mg</i>	1	SP, PA, QL (120 tabs every 30 days)
SPRYCEL TABS 20mg	2	SP, PA, QL (90 tabs every 30 days)
SPRYCEL TABS 50mg, 70mg, 80mg, 100mg, 140mg	2	SP, PA, QL (30 tabs every 30 days)
STIVARGA TABS 40mg	3	SP, PA, QL (84 tabs every 28 days)
<i>sunitinib malate caps 12.5mg, 25mg, 50mg</i>	1	SP, PA, QL (30 caps every 30 days)
<i>sunitinib malate caps 37.5mg</i>	1	SP, QL (30 caps every 30 days)
TAFINLAR CAPS 50mg, 75mg	3	SP, PA, QL (120 caps every 30 days)
TAFINLAR TBSO 10mg	3	SP, PA
TASIGNA CAPS 50mg, 150mg, 200mg	2	SP, PA, QL (120 caps every 30 days)
TIBSOVO TABS 250mg	3	SP, PA, QL (60 tabs every 30 days)
VERZENIO TABS 50mg, 100mg, 150mg, 200mg	3	SP, PA, QL (56 tabs every 28 days)
VITRAKVI CAPS 25mg	3	SP, PA, QL (180 caps every 30 days)

Drug Name	Drug Tier	Requirements/Limits
VITRAKVI CAPS 100mg	3	SP, PA, QL (60 caps every 30 days)
VITRAKVI SOLN 20mg/ml	3	SP, PA, QL (300 mL every 30 days)
VOTRIENT TABS 200mg	2	SP, PA, QL (120 tabs every 30 days)
XALKORI CAPS 200mg, 250mg	3	SP, PA, QL (120 caps every 30days)
XOSPATA TABS 40mg	3	SP, PA, QL (90 tabs every 30 days)
ZEJULA CAPS 100mg	3	SP, PA, QL (90 caps every 30 days)
ZELBORAF TABS 240mg	3	SP, PA, QL (240 tabs every 30 days)
ZOLINZA CAPS 100mg	2	SP, QL (120 caps every 30 days)
ZYKADIA TABS 150mg	3	SP, PA, QL (90 tabs every 30 days)

ANTINEOPLASTICS MISC.

ACTIMMUNE SOLN 2000000unit/0.5ml	3	SP
ALFERON N SOLN 5000000unit/ml	3	SP, PA
<i>bexarotene caps 75mg</i>	1	SP
<i>hydroxyurea caps 500mg</i>	1	
MATULANE CAPS 50mg	2	SP
<i>tretinoin (chemotherapy) caps 10mg</i>	1	

CHEMOTHERAPY RESCUE/ANTIDOTE/PROTECTIVE AGENTS

<i>leucovorin calcium tabs 5mg, 10mg, 15mg, 25mg</i>	1	
MESNEX TABS 400mg	3	

MITOTIC INHIBITORS

<i>etoposide caps 50mg</i>	3	SP
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ANTIPARKINSON AND RELATED THERAPY AGENTS

ANTIPARKINSON ADJUNCTIVE THERAPY

<i>carbidopa tabs 25mg</i>	1	
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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	
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ANTIPARKINSON DOPAMINERGICS

<i>amantadine hcl caps 100mg; soln 50mg/5ml</i>	1	
<i>amantadine hcl tabs 100mg</i>	2	

Drug Name	Drug Tier	Requirements/Limits
APOKYN SOCT 30mg/3ml	3	SP, QL (20 cartridges every 30 days)
<i>apomorphine hydrochloride soct 30mg/3ml</i>	1	SP, 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	QL (8 tabs every 1 day)
<i>carbidopa & levodopa orally disintegrating tab 25-100 mg</i>	1	QL (8 tabs every 1 day)
<i>carbidopa & levodopa orally disintegrating tab 25-250 mg</i>	1	QL (8 tabs every 1 day)
<i>carbidopa & levodopa tab 10-100 mg</i>	1	QL (8 tabs every 1 day)
<i>carbidopa & levodopa tab 25-100 mg</i>	1	QL (8 tabs every 1 day)
<i>carbidopa & levodopa tab 25-250 mg</i>	1	QL (8 tabs every 1 day)
<i>carbidopa & levodopa tab er 25-100 mg</i>	1	QL (8 tabs every 1 day)
<i>carbidopa & levodopa tab er 50-200 mg</i>	1	QL (8 tabs every 1 day)
<i>carbidopa-levodopa-entacapone tabs 12.5-50-200 mg</i>	1	QL (8 tabs every 1 day)
<i>carbidopa-levodopa-entacapone tabs 18.75-75-200 mg</i>	1	QL (8 tabs every 1 day)
<i>carbidopa-levodopa-entacapone tabs 25-100-200 mg</i>	1	QL (8 tabs every 1 day)
<i>carbidopa-levodopa-entacapone tabs 31.25-125-200 mg</i>	1	QL (8 tabs every 1 day)
<i>carbidopa-levodopa-entacapone tabs 37.5-150-200 mg</i>	1	QL (8 tabs every 1 day)
<i>carbidopa-levodopa-entacapone tabs 50-200-200 mg</i>	1	QL (6 tabs every 1 day)
DHIVY TAB 25-100MG	3	QL (8 tabs every 1 day)
INBRIJA CAPS 42mg	3	SP, PA, QL (300 caps every 30 days)
NEUPRO PT24 1mg/24hr, 2mg/24hr, 3mg/24hr, 4mg/24hr, 6mg/24hr, 8mg/24hr	2	QL (1 patch every 1 day)
<i>pramipexole dihydrochloride tabs .125mg, .25mg, .5mg, .75mg, 1mg, 1.5mg</i>	1	
<i>pramipexole dihydrochloride tb24 .375mg, .75mg, 1.5mg, 2.25mg, 3mg, 3.75mg, 4.5mg</i>	1	QL (1 tab every 1 day)
<i>ropinirole hydrochloride tabs .25mg, .5mg, 1mg, 2mg, 3mg, 4mg, 5mg; tb24 2mg, 4mg, 6mg, 8mg, 12mg</i>	1	
RYTARY CAP 95MG	2	QL (25 caps every 1 day)
RYTARY CAP 145MG	2	QL (15 caps every 1 day)

Drug Name	Drug Tier	Requirements/Limits
RYTARY CAP 195MG	2	QL (12 caps every 1 day)
RYTARY CAP 245MG	2	QL (10 caps every 1 day)
ANTIPARKINSON MONOAMINE OXIDASE INHIBITORS		
<i>rasagiline mesylate tabs .5mg, 1mg</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	
ANTIPSYCHOTICS - MISC.		
EQUETRO CP12 100mg, 200mg, 300mg	2	
<i>lurasidone hcl tabs 20mg, 40mg, 60mg, 80mg, 120mg</i>	1	QL (1 tab every 1 day)
VRAYLAR CAPS 1.5mg, 3mg, 4.5mg, 6mg	2	QL (1 cap every 1 day)
VRAYLAR CAP 1.5-3MG	2	QL (1 cap every 1 day)
<i>ziprasidone hcl caps 20mg, 40mg, 60mg, 80mg</i>	1	QL (2 caps every 1 day)
BENZISOXAZOLES		
INVEGA HAFYERA SUSY 1092mg/3.5ml	3	QL (3.5 injections every 150 days)
INVEGA HAFYERA SUSY 1560mg/5ml	3	QL (5 injections every 150 days)
INVEGA SUSTENNA SUSY 39mg/0.25ml, 78mg/0.5ml, 117mg/0.75ml, 156mg/ml	3	QL (1 injection every 30 days)
INVEGA SUSTENNA SUSY 234mg/1.5ml	3	QL (1.5 injections every 30 days)
INVEGA TRINZA SUSY 273mg/0.88ml, 410mg/1.32ml, 546mg/1.75ml, 819mg/2.63ml	3	QL (1 injection every 67 days)
<i>paliperidone tb24 1.5mg, 3mg, 6mg, 9mg</i>	3	QL (1 tab every 1 day)
RISPERDAL CONSTA SRER 12.5mg, 25mg, 37.5mg, 50mg	2	
<i>risperidone soln 1mg/ml</i>	1	QL (8 mL every 1 day)
<i>risperidone tabs .25mg, .5mg, 1mg, 2mg, 3mg, 4mg; tbdp .5mg, 1mg, 2mg, 3mg, 4mg</i>	1	QL (2 tabs every 1 day)
<i>risperidone tbdp .25mg</i>	1	QL (8 ea every 1 day)
BUTYROPHENONES		
<i>haloperidol tabs .5mg, 1mg, 2mg, 5mg, 10mg, 20mg</i>	1	
<i>haloperidol lactate conc 2mg/ml</i>	1	
DIBENZAPINES		
<i>asenapine maleate subl 2.5mg, 5mg, 10mg</i>	1	QL (60 tabs every 30 days)

Drug Name	Drug Tier	Requirements/Limits
<i>clozapine tabs 25mg, 50mg, 100mg, 200mg</i>	1	
<i>clozapine tbdp 12.5mg</i>	1	QL (3 tabs every 1 day)
<i>clozapine tbdp 25mg, 100mg, 200mg</i>	1	QL (4 tabs every 1 day)
<i>clozapine tbdp 150mg</i>	1	QL (6 ea every 1 day)
<i>loxapine succinate caps 5mg, 10mg, 25mg, 50mg</i>	1	
<i>olanzapine tabs 2.5mg, 5mg, 7.5mg, 10mg, 15mg, 20mg; tbdp 5mg, 10mg, 15mg, 20mg</i>	1	QL (1 tab every 1 day)
<i>quetiapine fumarate tabs 25mg, 50mg, 100mg, 200mg</i>	1	QL (3 tabs every 1 day)
<i>quetiapine fumarate tabs 150mg</i>	1	
<i>quetiapine fumarate tabs 300mg, 400mg; tb24 50mg, 150mg, 400mg</i>	1	QL (2 tabs every 1 day)
<i>quetiapine fumarate tb24 200mg, 300mg</i>	1	QL (1 tab every 1 day)
<i>ZYPREXA RELPREVV SUSR 210mg, 300mg, 405mg</i>	3	

PHENOTHIAZINES

<i>chlorpromazine hcl tabs 10mg, 25mg, 50mg, 100mg, 200mg</i>	1	
<i>compro supp 25mg</i>	1	
<i>fluphenazine decanoate soln 25mg/ml</i>	1	
<i>fluphenazine hcl conc 5mg/ml; elix 2.5mg/5ml; tabs 1mg, 2.5mg, 5mg, 10mg</i>	1	
<i>perphenazine tabs 2mg, 4mg, 8mg, 16mg</i>	1	
<i>prochlorperazine supp 25mg</i>	1	
<i>prochlorperazine maleate tabs 5mg, 10mg</i>	1	
<i>thioridazine hcl tabs 10mg, 25mg, 50mg, 100mg</i>	1	
<i>trifluoperazine hcl tabs 1mg, 2mg, 5mg, 10mg</i>	1	

QUINOLINONE DERIVATIVES

<i>ABILIFY MAINTENA PRSY 300mg, 400mg; SRER 300mg, 400mg</i>	3	PA
<i>aripiprazole soln 1mg/ml</i>	1	QL (10 mL every 1 day)
<i>aripiprazole tabs 2mg, 5mg, 10mg, 15mg, 20mg, 30mg; tbdp 10mg, 15mg</i>	1	QL (1 tab every 1 day)
<i>ARISTADA PRSY 441mg/1.6ml, 662mg/2.4ml, 882mg/3.2ml, 1064mg/3.9ml</i>	3	PA, QL (1 injection every 30 days)
<i>ARISTADA INITIO PRSY 675mg/2.4ml</i>	3	PA
<i>REXULTI TABS .25mg, .5mg, 1mg, 2mg, 3mg, 4mg</i>	2	QL (1 tab every 1 day)

THIOXANTHENES

<i>thiothixene caps 1mg, 2mg, 5mg, 10mg</i>	1	
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Drug Name	Drug Tier	Requirements/Limits
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)
APTIVUS CAPS 250mg	2	SP, QL (120 caps 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	2	SP, QL (30 tabs every 30 days)
CIMDUO TAB 300-300	2	SP, QL (30 tabs every 30 days)
COMPLERA TAB	2	SP, QL (30 tabs every 30 days)
DELSTRIGO TAB	2	SP, QL (30 tabs every 30 days)
DESCOVY TAB 120-15MG	2	SP, QL (30 tabs every 30 days)
DESCOVY TAB 200/25MG	2	SP, QL (30 tabs every 30 days); Exception process available for \$0 copay when medically necessary for pre-exposure prophylaxis
DOVATO TAB 50-300MG	2	SP, QL (30 tabs every 30 days)
EDURANT TABS 25mg	3	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)

Drug Name	Drug Tier	Requirements/Limits
<i>emtricitabine-tenofovir disoproxil fumarate tab 100-150 mg</i>	1	SP, QL (30 tabs every 30 days)
<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 SOLN 10mg/ml	2	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	2	SP, QL (30 tabs every 30 days)
<i>fosamprenavir calcium tabs 700mg</i>	1	SP, QL (120 tablets every 30 days)
FUZEON SOLR 90mg	2	SP, QL (60 vials every 30 days)
GENVOYA TAB	2	SP, QL (30 tabs every 30 days)
INTELENCE TABS 25mg, 100mg	2	SP, QL (120 tablets every 30 days)
INTELENCE TABS 200mg	2	SP, QL (60 tabs every 30 days)
ISENTRESS CHEW 25mg, 100mg	2	SP, QL (180 tabs every 30 days)
ISENTRESS PACK 100mg	2	SP, QL (60 packets every 30 days)
ISENTRESS TABS 400mg	2	SP, QL (120 tablets every 30 days)
ISENTRESS HD TABS 600mg	2	SP, QL (60 tabs every 30 days)
JULUCA TAB 50-25MG	2	SP, QL (30 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)
LEXIVA SUSP 50mg/ml	2	SP, QL (1575 ml every 28 days)

Drug Name	Drug Tier	Requirements/Limits
<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)
<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	2	SP, QL (360 packets every 30 days)
ODEFSEY TAB	2	SP, QL (30 tabs every 30 days)
PIFELTRO TABS 100mg	2	SP, QL (60 tabs every 30 days)
PREZCOBIX TAB 800-150	2	SP, QL (30 tabs every 30 days)
PREZISTA SUSP 100mg/ml	2	SP, QL (400 ml every 30 days)
PREZISTA TABS 75mg	2	SP, QL (300 tabs every 30 days)
PREZISTA TABS 150mg	2	SP, QL (180 tabs every 30 days)
PREZISTA TABS 600mg	2	SP, QL (30 tabs every 30 days)
PREZISTA TABS 800mg	2	SP, QL (60 tabs every 30 days)
REYATAZ PACK 50mg	2	SP, QL (180 packets every 30 days)
<i>ritonavir tabs 100mg</i>	1	SP, QL (360 tabs every 30 days)
SELZENTRY SOLN 20mg/ml	2	SP, QL (1840 ml every 30 days)
SELZENTRY TABS 25mg	2	SP, QL (240 tabs every 30 days)
SELZENTRY TABS 75mg	2	SP, QL (60 tabs every 30 days)
<i>stavudine caps 15mg, 20mg, 30mg, 40mg</i>	1	SP, QL (60 caps every 30 days)

Drug Name	Drug Tier	Requirements/Limits
STRIBILD TAB	2	SP, QL (30 tabs every 30 days)
SYMTUZA TAB	2	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	2	SP, QL (240 tabs every 30 days)
TIVICAY TABS 25mg, 50mg	2	SP, QL (60 tabs every 30 days)
TIVICAY PD TBSO 5mg	2	SP, QL (360 tabs every 30 days)
TRIUMEQ PD TAB	2	SP, QL (180 tabs every 30 days)
TRIUMEQ TAB	2	SP, QL (30 tabs every 30 days)
TRIZIVIR TAB	3	SP, QL (60 tabs every 30 days)
TYBOST TABS 150mg	2	SP, QL (30 tabs every 30 days)
VIRACEPT TABS 250mg	2	SP, QL (300 tabs every 30 day)
VIRACEPT TABS 625mg	2	SP, QL (120 tabs every 30 days)
VIREAD POWD 40mg/gm	2	SP, QL (240 gms every 30 days)
VIREAD TABS 150mg, 200mg, 250mg	2	SP, QL (30 tabs every 30 days)
<i>zidovudine caps 100mg</i>	1	SP, QL (180 caps every 30 days)
<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
PAXLOVID TAB 300-100	3	QL (2 treatment courses every 30 days); Limited to age 12 and older

CMV AGENTS

PREVYMIS TABS 240mg, 480mg	3	
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Drug Name	Drug Tier	Requirements/Limits
<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, QL (30 tabs every 30 days)
BARACLUDE SOLN .05mg/ml	2	SP, QL (630 ml every 30 days)
<i>entecavir tabs .5mg, 1mg</i>	1	SP, QL (30 tabs every 30 days)
EPCLUSA PAK 150-37.5	3	SP, PA, QL (28 tabs every 28 days); For genotypes 1, 2, 3, 4, 5, 6
EPCLUSA PAK 200-50MG	3	SP, PA, QL (28 tabs every 28 days); For genotypes 1, 2, 3, 4, 5, 6
EPCLUSA TAB 200-50MG	3	SP, PA, QL (28 tabs every 28 days); For genotypes 1, 2, 3, 4, 5, 6
EPCLUSA TAB 400-100	3	SP, PA, QL (28 tabs every 28 days); For genotypes 1, 2, 3, 4, 5, 6
HARVONI PAK	3	SP, PA, QL (28 pellets every 28 days); For genotypes 1, 4, 5, and 6
HARVONI PAK 45-200MG	3	SP, PA, QL (28 pellets every 28 days); For genotypes 1, 4, 5, and 6
HARVONI TAB 45-200MG	3	SP, PA, QL (28 tabs every 28 days); For genotypes 1, 4, 5, and 6
HARVONI TAB 90-400MG	3	SP, PA, QL (28 tabs every 28 days); For genotypes 1, 4, 5, and 6
<i>lamivudine (hbv) tabs 100mg</i>	1	SP, QL (90 tabs every 30 days)
PEGASYS SOLN 180mcg/ml; SOSY 180mcg/0.5ml	3	SP, PA
<i>ribavirin (hepatitis c) tabs 200mg</i>	1	SP, PA
SOVALDI PACK 150mg, 200mg	3	SP, PA, QL (28 pellets every 28 days)
SOVALDI TABS 200mg, 400mg	3	SP, PA, QL (28 tabs every 28 days)

Drug Name	Drug Tier	Requirements/Limits
VEMLIDY TABS 25mg	3	SP, QL (30 tabs every 30 days)
VOSEVI TAB	3	SP, PA, QL (28 tabs every 28 days); For use in patients previously treated with an HCV regimen containing an NS5A inhibitor (for genotypes 1-6) or sofosbuvir without an NS5A inhibitor (for genotypes 1a or 3)

HERPES AGENTS

<i>acyclovir caps 200mg; susp 200mg/5ml; tabs 400mg, 800mg</i>	1	
<i>famciclovir tabs 125mg, 250mg</i>	1	QL (3 tabs every 1 day)
<i>famciclovir tabs 500mg</i>	1	QL (2 tabs every 1 day)
<i>valacyclovir hcl tabs 1gm</i>	1	QL (3 tabs every 1 day)
<i>valacyclovir hcl tabs 1gm</i>	1	QL (60 tabs every 30 days)
<i>valacyclovir hcl tabs 500mg</i>	1	QL (2 tabs every 1 day)

INFLUENZA AGENTS

<i>oseltamivir phosphate caps 30mg, 45mg, 75mg</i>	1	QL (20 ea every 180 days)
<i>oseltamivir phosphate susr 6mg/ml</i>	1	QL (150 mL every 180 days)
RELENZA DISKHALER AEPB 5mg/blister	3	QL (0.005 inhalers every 1 day)
<i>rimantadine hydrochloride tabs 100mg</i>	1	QL (0.5 tabs every 1 day)

MISC. ANTIVIRALS

LAGEVRIO CAPS 200mg	3	QL (2 treatment courses every 30 days); Limited to age 18 and older
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RESPIRATORY SYNCYTIAL VIRUS (RSV) AGENTS

<i>ribavirin solr 6gm</i>	3	PA
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BETA BLOCKERS

ALPHA-BETA BLOCKERS

<i>carvedilol tabs 3.125mg, 6.25mg, 12.5mg, 25mg</i>	1	QL (2 tabs every 1 day)
<i>carvedilol phosphate cp24 10mg, 20mg, 40mg, 80mg</i>	1	QL (1 cap every 1 day)
<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	

Drug Name	Drug Tier	Requirements/Limits
<i>betaxolol hcl tabs 10mg, 20mg</i>	1	QL (1 tab every 1 day)
<i>bisoprolol fumarate tabs 5mg, 10mg</i>	1	
<i>metoprolol succinate tb24 25mg, 50mg, 100mg, 200mg</i>	1	
<i>metoprolol tartrate tabs 25mg, 50mg, 100mg</i>	1	
<i>nebivolol hcl tabs 2.5mg, 5mg</i>	1	
<i>nebivolol hcl tabs 10mg</i>	1	QL (4 tabs every 1 day)
<i>nebivolol hcl tabs 20mg</i>	1	QL (2 tabs every 1 day)

BETA BLOCKERS NON-SELECTIVE

<i>nadolol tabs 20mg, 40mg, 80mg</i>	1	
<i>pindolol tabs 5mg, 10mg</i>	2	
<i>propranolol hcl cp24 60mg, 80mg, 120mg, 160mg</i>	1	QL (1 cap every 1 day)
<i>propranolol hcl 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, 10mg</i>	1	QL (2 tabs every 1 day)
<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 tb24 120mg, 180mg, 240mg, 300mg, 360mg, 420mg</i>	1	QL (1 tab every 1 day)
<i>diltiazem hcl coated beads cp24 120mg, 180mg, 240mg, 300mg</i>	1	
<i>diltiazem hcl coated beads cp24 360mg</i>	1	QL (1 cap every 1 day)
<i>diltiazem hcl extended release beads cp24 120mg, 180mg, 240mg, 300mg, 360mg, 420mg</i>	1	
<i>felodipine tb24 2.5mg, 5mg, 10mg</i>	1	
<i>isradipine caps 2.5mg, 5mg</i>	1	QL (4 caps every 1 day)
<i>matzim la tb24 180mg, 240mg, 300mg, 360mg, 420mg</i>	1	QL (1 tab every 1 day)
<i>nicardipine hcl caps 20mg, 30mg</i>	1	

Drug Name	Drug Tier	Requirements/Limits
<i>nifedipine caps 10mg, 20mg; tb24 30mg, 60mg, 90mg</i>	1	
<i>nimodipine caps 30mg</i>	1	QL (8.4 caps every 1 day)
<i>nisoldipine tb24 8.5mg, 17mg, 20mg, 25.5mg, 30mg, 34mg, 40mg</i>	1	QL (1 tab every 1 day)
<i>NYMALIZE SOLN 6mg/ml</i>	3	
<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, 180mg, 200mg, 240mg, 300mg, 360mg; tabs 40mg, 80mg, 120mg; tbc 120mg, 180mg, 240mg</i>	1	

CARDIOTONICS

CARDIAC GLYCOSIDES

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

CARDIAC MYOSIN INHIBITORS

<i>CAMZYOS CAPS 2.5mg, 5mg, 10mg, 15mg</i>	3	SP, PA, QL (30 caps every 30 days)
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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	QL (1 tab every 1 day)
<i>amlodipine besylate-atorvastatin calcium tab 10-20 mg</i>	1	QL (1 tab every 1 day)
<i>amlodipine besylate-atorvastatin calcium tab 10-40 mg</i>	1	QL (1 tab every 1 day)
<i>amlodipine besylate-atorvastatin calcium tab 10-80 mg</i>	1	QL (1 tab every 1 day)
<i>ENTRESTO TAB 24-26MG</i>	2	QL (2 tabs every 1 day)

Drug Name	Drug Tier	Requirements/Limits
ENTRESTO TAB 49-51MG	2	QL (2 tabs every 1 day)
ENTRESTO TAB 97-103MG	2	QL (2 tabs every 1 day)
<i>isosorbide dinitrate-hydralazine hcl tab 20-37.5 mg</i>	1	QL (6 tabs every 1 day)

IMPOTENCE AGENTS

CAVERJECT SOLR 20mcg, 40mcg	3	PA, QL (6 vials every 30 days)
CAVERJECT IMPULSE KIT 10mcg	3	PA, QL (6 each every 30 days)
CAVERJECT IMPULSE KIT 20mcg	3	PA, QL (6 kits every 30 days)
EDEX KIT 10mcg	3	PA, QL (6 each every 30 days)
EDEX KIT 20mcg, 40mcg	3	PA, QL (6 kits every 30 days)
MUSE PLLT 250mcg, 500mcg, 1000mcg	3	PA, QL (6 sup every 30 days)
<i>sildenafil citrate tabs 25mg, 50mg, 100mg</i>	1	PA, QL (6 tabs every 30 days)
<i>tadalafil tabs 2.5mg, 5mg</i>	1	QL (1 tab every 1 day)
<i>tadalafil tabs 10mg, 20mg</i>	1	PA, QL (6 tabs every 30 days)
<i>vardeafil hcl tabs 2.5mg, 5mg, 10mg, 20mg</i>	1	PA, QL (6 tabs every 30 days)

PROSTAGLANDIN VASODILATORS

ORENITRAM TBCR 1mg	3	SP, PA, QL (8 tabs every 1 day)
ORENITRAM TBCR 5mg	3	SP, PA
ORENITRAM TBCR .125mg, .25mg, 2.5mg	3	SP, PA, QL (4 tabs every 1 day)
ORENITRAM TAB MONTH 1	3	SP, PA
ORENITRAM TAB MONTH 2	3	SP, PA
ORENITRAM TAB MONTH 3	3	SP, PA
TYVASO SOLN .6mg/ml	3	SP, PA, QL (28 ampules every 28 days)
TYVASO DPI MAINTENANCE KI POWD 16mcg, 32mcg, 48mcg, 64mcg	3	SP, PA, QL (112 cartridges every 28 days)
TYVASO DPI POW 16-32-48	3	SP, PA, QL (252 cartridges every 28 days)
TYVASO DPI POW 16-32MCG	3	SP, PA, QL (196 cartridges every 28 days)
TYVASO DPI POW 32-48MCG	3	SP, PA, QL (224 cartridges every 28 days)

Drug Name	Drug Tier	Requirements/Limits
TYVASO REFILL SOLN .6mg/ml	3	SP, PA, QL (28 ampules every 28 days)
TYVASO STARTER SOLN .6mg/ml	3	SP, PA, QL (28 ampules every 28 days)
VENTAVIS SOLN 10mcg/ml, 20mcg/ml	3	SP, PA, QL (270 ampules every 30 days)
PULMONARY HYPERTENSION - ENDOTHELIN RECEPTOR ANTAGONISTS		
<i>ambrisentan tabs 5mg, 10mg</i>	1	SP, PA, QL (30 tabs every 30 days)
<i>bosentan tabs 62.5mg, 125mg</i>	1	SP, PA, QL (60 tabs every 30 days)
PULMONARY HYPERTENSION - PHOSPHODIESTERASE INHIBITORS		
<i>alyq tabs 20mg</i>	3	SP, PA, QL (60 tabs every 30 days)
<i>sildenafil citrate (pulmonary hypertension) susr 10mg/ml</i>	1	SP, PA, QL (784 ml every 30 days)
<i>sildenafil citrate (pulmonary hypertension) tabs 20mg</i>	1	SP, PA, QL (360 tabs every 30 days)
<i>tadalafil (pulmonary hypertension) tabs 20mg</i>	3	SP, PA, QL (60 tabs every 30 days)
PULMONARY HYPERTENSION - PROSTACYCLIN RECEPTOR AGONIST		
UPTRAVI TABS 200mcg	3	SP, PA, QL (140 tabs every 28 days)
UPTRAVI TABS 400mcg, 600mcg, 800mcg, 1000mcg, 1200mcg, 1400mcg, 1600mcg	3	SP, PA, QL (60 tabs every 30 days)
UPTRAVI PACK TAB 200/800	3	SP, PA, QL (1 pack every 28 days)
PULMONARY HYPERTENSION - SOL GUANYLATE CYCLASE STIMULATOR		
ADEMPAS TABS .5mg, 1mg, 1.5mg, 2mg, 2.5mg	3	SP, PA, QL (90 tabs every 30 days)
SINUS NODE INHIBITORS		
CORLANOR SOLN 5mg/5ml	2	QL (15 ml every 1 day)
CORLANOR TABS 5mg, 7.5mg	2	QL (1 tab every 1 day)
TRANSTHYRETIN STABILIZERS		
VYNDAMAX CAPS 61mg	3	SP, PA, QL (30 caps every 30 days)
VYNDAQEL CAPS 20mg	3	SP, PA, QL (120 caps every 30 days)
VASOACTIVE SOLUBLE GUANYLATE CYCLASE STIMULATOR (SGC)		
VERQUVO TABS 2.5mg, 5mg, 10mg	2	QL (1 tab every 1 day)

Drug Name	Drug Tier	Requirements/Limits
CEPHALOSPORINS		
CEPHALOSPORINS - 1ST GENERATION		
<i>cefadroxil caps 500mg; susr 250mg/5ml, 500mg/5ml; tabs 1gm</i>	1	
<i>cephalexin caps 250mg, 500mg; susr 125mg/5ml, 250mg/5ml; tabs 250mg, 500mg</i>	1	
CEPHALOSPORINS - 2ND GENERATION		
<i>cefaclor caps 250mg, 500mg; susr 125mg/5ml, 250mg/5ml, 375mg/5ml</i>	1	
<i>CEFACLOR ER TB12 500mg</i>	2	
<i>cefprozil susr 125mg/5ml, 250mg/5ml; tabs 250mg, 500mg</i>	1	
<i>cefuroxime axetil tabs 250mg, 500mg</i>	1	
CEPHALOSPORINS - 3RD GENERATION		
<i>cefdinir caps 300mg; susr 125mg/5ml, 250mg/5ml</i>	1	
<i>cefixime caps 400mg; susr 100mg/5ml, 200mg/5ml</i>	1	
<i>cefpodoxime proxetil susr 50mg/5ml, 100mg/5ml; tabs 100mg, 200mg</i>	1	
<i>SUPRAX CHEW 100mg, 200mg; SUSR 500mg/5ml</i>	2	
CONTRACEPTIVES		
COMBINATION CONTRACEPTIVES - ORAL		
<i>afirmelle</i>	1	\$0 copay
<i>altavera</i>	1	\$0 copay
<i>alyacen 1/35</i>	1	\$0 copay
<i>alyacen 7/7/7</i>	1	\$0 copay
<i>amethia</i>	1	\$0 copay
<i>amethyst</i>	1	\$0 copay
<i>apri</i>	1	\$0 copay
<i>aranelle</i>	1	\$0 copay
<i>ashlyna</i>	1	\$0 copay
<i>aubra eq</i>	1	\$0 copay
<i>aurovela 1.5/30</i>	1	\$0 copay
<i>aurovela 1/20</i>	1	\$0 copay
<i>aurovela fe 1.5/30</i>	1	\$0 copay
<i>aurovela fe 1/20</i>	1	\$0 copay
<i>aviane</i>	1	\$0 copay
<i>ayuna</i>	1	\$0 copay
<i>balziva</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

Drug Name	Drug Tier	Requirements/Limits
<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>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 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
<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

Drug Name	Drug Tier	Requirements/Limits
<i>kaitlib fe</i>	1	\$0 copay
<i>kalliga</i>	1	\$0 copay
<i>kelnor 1/35</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 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
LO LOESTRIN TAB 1-10-10	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
<i>lojaimiess</i>	1	\$0 copay
<i>loryna</i>	1	\$0 copay
<i>low-ogestrel</i>	1	\$0 copay
<i>lutra</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 fe 1.5/30</i>	1	\$0 copay

Drug Name	Drug Tier	Requirements/Limits
<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 ac-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
<i>ocella</i>	1	\$0 copay
<i>philith</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>simpesse</i>	1	\$0 copay
<i>sprintec 28</i>	1	\$0 copay

Drug Name	Drug Tier	Requirements/Limits
<i>sronyx</i>	1	\$0 copay
<i>syeda</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>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
<i>zafemy</i>	1	\$0 copay

COMBINATION CONTRACEPTIVES - VAGINAL

<i>eluryng</i>	1	QL (13 rings every 300 days); \$0 copay
<i>etonogestrel-ethinyl estradiol va ring 0.120-0.015 mg/24hr</i>	1	QL (13 rings every 300 days); \$0 copay
<i>haloette</i>	1	QL (13 rings every 300 days); \$0 copay

EMERGENCY CONTRACEPTIVES

<i>aftera tabs 1.5mg</i>	1	OTC; \$0 copay
<i>afterpill tabs 1.5mg</i>	1	OTC; \$0 copay
<i>econtra one-step tabs 1.5mg</i>	1	OTC; \$0 copay
<i>ELLA TABS 30mg</i>	3	\$0 copay
<i>her style tabs 1.5mg</i>	1	OTC; \$0 copay
<i>levonorgestrel (emergency oc) tabs 1.5mg</i>	1	OTC; \$0 copay

Drug Name	Drug Tier	Requirements/Limits
<i>my choice tabs 1.5mg</i>	1	OTC; \$0 copay
<i>my way tabs 1.5mg</i>	1	OTC; \$0 copay
<i>new day tabs 1.5mg</i>	1	OTC; \$0 copay
<i>opcicon one-step tabs 1.5mg</i>	1	OTC; \$0 copay
<i>option 2 tabs 1.5mg</i>	1	OTC; \$0 copay
<i>react tabs 1.5mg</i>	1	OTC; \$0 copay
<i>take action tabs 1.5mg</i>	1	OTC; \$0 copay

PROGESTIN CONTRACEPTIVES - INJECTABLE

DEPO-SUBQ PROVERA 104 SUSY 104mg/0.65ml	3	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	QL (3 caps every 1 day)
<i>budesonide tb24 9mg</i>	1	QL (1 tab every 1 day)
<i>dexamethasone elix .5mg/5ml; tabs .5mg, .75mg, 1mg, 1.5mg, 2mg, 4mg, 6mg; tbpk 1.5mg</i>	1	
<i>dexamethasone soln .5mg/5ml</i>	2	
<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>millipred tabs 5mg</i>	1	
<i>prednisolone soln 15mg/5ml; tabs 5mg</i>	1	
<i>prednisolone sodium phosphate soln 6.7mg/5ml, 15mg/5ml; tbdp 10mg, 15mg, 30mg</i>	1	

Drug Name	Drug Tier	Requirements/Limits
<i>prednisolone sodium phosphate soln 25mg/5ml</i>	3	
<i>prednisone soln 5mg/5ml; tabs 1mg, 2.5mg, 5mg, 10mg, 20mg, 50mg; tbpk 5mg, 10mg</i>	1	
PREDNISONE INTENSOL CONC 5mg/ml	2	
<i>taperdex 6-day tbpk 1.5mg</i>	1	
MINERALOCORTICIDS		
<i>fludrocortisone acetate tabs .1mg</i>	1	
COUGH/COLD/ALLERGY		
ANTITUSSIVES		
<i>benzonatate caps 100mg</i>	1	QL (3 caps every 1 day)
<i>benzonatate caps 150mg</i>	1	
<i>benzonatate caps 200mg</i>	1	QL (90 caps every 30 days)
DEXTROMETHOR POW HBR	3	
DEXTROMETHOR POW HBR MONO	3	
<i>hydrocodone bitart-homatropine methylbrom soln 5-1.5 mg/5ml</i>	1	QL (16 mL every 1 day); 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	QL (16 mL every 1 day); Excludes children under 6 years
COUGH/COLD/ALLERGY COMBINATIONS		
<i>alavert allergy/sinus</i>	1	QL (60 ea every 1 day), OTC
<i>alavert d-12 hour allergy</i>	1	QL (60 ea every 1 day), OTC
<i>allergy & congestion reli</i>	1	QL (60 ea every 1 day), OTC
<i>allergy relief d</i>	1	QL (60 ea every 1 day), OTC
<i>allergy relief d12</i>	1	QL (60 ea every 1 day), OTC
<i>allergy relief d-12</i>	1	QL (60 ea every 1 day), OTC
<i>allergy relief d-24</i>	1	QL (30 tabs every 1 day), OTC
<i>allergy relief-d</i>	1	QL (60 ea every 1 day), OTC
<i>allergy relief/nasal deco</i>	1	QL (30 tabs every 1 day), OTC
<i>allergy-relief-d</i>	1	QL (30 tabs every 1 day), OTC

Drug Name	Drug Tier	Requirements/Limits
<i>cetirizine-pseudoephedrine tab er 12hr 5-120 mg</i>	1	QL (60 ea every 1 day), OTC
<i>cvs allergy relief d</i>	1	QL (60 ea every 1 day), OTC
<i>cvs allergy relief-d</i>	1	QL (30 tabs every 1 day), OTC
<i>cvs allergy relief-d</i>	1	QL (60 ea every 1 day), OTC
<i>cvs allergy relief-d12</i>	1	QL (60 ea every 1 day), OTC
<i>eq allergy & congestion r</i>	1	QL (60 ea every 1 day), OTC
<i>eq allergy relief nasal d</i>	1	QL (60 ea every 1 day), OTC
<i>eq allergy relief/nasal d</i>	1	QL (30 tabs every 1 day), OTC
<i>eq allergy/congestion re</i>	1	QL (30 tabs every 1 day), OTC
<i>g tussin ac</i>	1	OTC; Excludes children under 12 years; OTC
GILPHEX TR TAB 10-388MG	3	
<i>goodsense all day allergy</i>	1	QL (60 ea every 1 day), OTC
<i>guaifenesin ac</i>	1	OTC; Excludes children under 12 years; OTC
<i>guaifenesin-codeine soln 100-10 mg/5ml</i>	1	OTC; Excludes children under 12 years; OTC
<i>hm allergy relief & nasal</i>	1	QL (30 tabs every 1 day), OTC
<i>hydrocod polst-chlorphen polst er susp 10-8 mg/5ml</i>	1	QL (4 mL every 1 day); Excludes children under 6 years
<i>kls aller-tec d</i>	1	QL (60 ea every 1 day), OTC
<i>kls allerclear d-12 hr</i>	1	QL (60 ea every 1 day), OTC
<i>kls allerclear d-24hr</i>	1	QL (30 tabs every 1 day), OTC
<i>loratadine-d 12hr</i>	1	QL (60 ea every 1 day), OTC
<i>loratadine-d 24hr</i>	1	QL (30 tabs every 1 day), OTC
<i>maxi-tuss ac</i>	1	OTC; Excludes children under 12 years; OTC
<i>promethazine vc</i>	1	
<i>promethazine vc/codeine</i>	1	Excludes children under 12 years

Drug Name	Drug Tier	Requirements/Limits
<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	
<i>px allergy relief d</i>	1	QL (30 tabs every 1 day), OTC
<i>px allergy relief d</i>	1	QL (60 ea every 1 day), OTC
<i>ra allergy & congestion r</i>	1	QL (60 ea every 1 day), OTC
<i>ra allergy relief & nasal</i>	1	QL (30 tabs every 1 day), OTC
<i>ra allergy relief/nasal d</i>	1	QL (30 tabs every 1 day), OTC
<i>ra cetiri-d</i>	1	QL (60 ea every 1 day), OTC
<i>ra lorata-d</i>	1	QL (30 tabs every 1 day), OTC
<i>sb allergy relief/nasal d</i>	1	QL (30 tabs every 1 day), OTC
<i>sm all day allergy-d</i>	1	QL (60 ea every 1 day), OTC
<i>sm lorata-dine d</i>	1	QL (30 tabs every 1 day), OTC
<i>sm loratadine d 12hr</i>	1	QL (60 tabs every 1 day), OTC
<i>wal-itin d</i>	1	QL (60 ea every 1 day), OTC
<i>wal-itin d 24 hour</i>	1	QL (30 tabs every 1 day), OTC
<i>wal-zyr d</i>	1	QL (60 ea every 1 day), OTC

EXPECTORANTS

BROMHEXINE POW HCL	3	
GUAIFENESIN POW	1	

MISC. RESPIRATORY INHALANTS

<i>nebusal nebu 3%</i>	1	
NEBUSAL NEBU 6%	3	
<i>sodium chloride (inhalant) nebu .9%, 3%, 10%</i>	1	

MUCOLYTICS

ACETYLCYST POW	1	
<i>acetylcysteine soln 10%, 20%</i>	1	
N-ACETYL-L- POW CYSTEINE	1	

Drug Name	Drug Tier	Requirements/Limits
DERMATOLOGICALS		
ACNE PRODUCTS		
<i>accutane caps 10mg, 20mg, 40mg</i>	1	QL (2 caps every 1 day)
<i>accutane caps 30mg</i>	3	QL (2 caps every 1 day)
<i>adapalene crea .1%; gel .1%, .3%</i>	1	QL (45 gm every 30 days)
AKLIEF CREA .005%	2	QL (45 gm every 30 days); Prior authorization applies for age 26 and older
<i>amnesteem caps 10mg, 20mg, 40mg</i>	1	QL (2 caps every 1 day)
ARAZLO LOTN .045%	2	QL (45 gm every 30 days); Prior authorization applies for age 26 and older
<i>avar cleanser</i>	1	
<i>avar-e emollient</i>	1	
<i>avar-e green</i>	1	
<i>avita crea .025%; gel .025%</i>	1	QL (45 gm every 30 days); Prior authorization applies for age 26 and older
AZELEX CREA 20%	2	
<i>benzoyl peroxide-erythromycin gel 5-3%</i>	1	QL (46.6 gm every 30 days)
<i>bp cleansing wash</i>	1	
<i>claravis caps 10mg, 20mg, 40mg</i>	1	QL (2 caps every 1 day)
<i>claravis caps 30mg</i>	3	QL (2 ea every 1 day)
<i>clindacin foam 1%</i>	1	QL (3.333 gm every 1 day)
<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%</i>	1	QL (3.333 gm every 1 day)
<i>clindamycin phosphate (topical) gel 1%; lotn 1%; soln 1%; swab 1%</i>	1	
<i>clindamycin phosphate-benzoyl peroxide gel 1-5%</i>	1	QL (50 gm every 30 days)
DIFFERIN LOTN .1%	2	QL (59 mL every 30 days)
<i>ery pads 2%</i>	1	
<i>erythromycin (acne aid) gel 2%; soln 2%</i>	1	

Drug Name	Drug Tier	Requirements/Limits
FABIOR FOAM .1%	2	QL (50 gm every 30 days); Prior authorization applies for age 26 and older
<i>isotretinoin caps 10mg, 20mg, 25mg, 35mg</i>	1	QL (2 caps every 1 day)
<i>isotretinoin caps 30mg</i>	3	QL (2 caps every 1 day)
<i>isotretinoin caps 40mg</i>	1	QL (2 ea every 1 day)
<i>neuc</i>	1	
SOD SUL/SULF EMU 10-5%	1	QL (11.833 mL every 1 day)
SOD SUL/SULF SUS 10-5%	1	QL (11.367 gm every 1 day)
<i>sss 10%-5%</i>	1	
<i>sulfacetamide sodium (acne) lotn 10%</i>	1	QL (11.2 mL every 1 day)
<i>sulfacetamide sodium w/ sulfur cleanser 10-5%</i>	1	
<i>sulfacetamide sodium w/ sulfur cream 10-5%</i>	1	
<i>sulfacetamide sodium w/ sulfur lotion 10-5%</i>	1	
TAZAROTENE FOAM .1%	2	QL (50 gm every 30 days); Prior authorization applies for age 26 and older
<i>tretinoin crea .025%, .05%, .1%; gel .01%, .025%</i>	1	QL (45 gm every 30 days); Prior authorization applies for age 26 and older
<i>tretinoin microsphere gel .04%, .1%</i>	1	QL (50 gm every 30 days); Prior authorization applies for age 26 and older
WINLEVI CREA 1%	2	QL (60 gm every 30days); Prior authorization applies for age 26 and older
<i>zenatane caps 10mg, 20mg, 40mg</i>	1	QL (2 caps every 1 day)
<i>zenatane caps 30mg</i>	3	QL (2 caps every 1 day)
ANTI-INFLAMMATORY AGENTS - TOPICAL		
<i>diclofenac epolamine ptch 1.3%</i>	1	QL (2 ea every 1 day)
<i>diclofenac sodium (topical) gel 1%</i>	1	QL (3.333 gm every 1 day)
<i>diclofenac sodium (topical) soln 1.5%</i>	1	QL (10 mL every 1 day)

Drug Name	Drug Tier	Requirements/Limits
ANTIBIOTICS - TOPICAL		
ALTABAX OINT 1%	3	QL (15 gm every 30 days)
gentamicin sulfate (topical) crea .1%; oint .1%	1	
mupirocin oint 2%	1	QL (44 gm every 30 days)
mupirocin calcium (topical) crea 2%	1	QL (30 gm every 30 days)
ANTIFUNGALS - TOPICAL		
ciclodan soln 8%	1	
ciclopirox gel .77%; soln 8%	1	
ciclopirox sham 1%	1	QL (8 mL every 1 day)
ciclopirox olamine crea .77%; susp .77%	1	
clotrimazole w/ betamethasone cream 1-0.05%	1	
clotrimazole w/ betamethasone lotion 1-0.05%	1	
corti-sav	1	QL (0.967 gm every 1 day)
dermazene	1	QL (0.967 gm every 1 day)
econazole nitrate crea 1%	1	
ERTACZO CREA 2%	3	QL (2 gm every 1 day)
iodoquinol-hc cream 1-1%	1	QL (0.967 gm every 1 day)
ketoconazole (topical) crea 2%	1	QL (4 gm every 1 day)
ketoconazole (topical) sham 2%	1	QL (8 mL every 1 day)
naftifine hcl crea 1%, 2%; gel 2%	1	
NAFTIN GEL 1%	3	
NAFTIN GEL 2%	2	
nyamyc powd 100000unit/gm	1	
nystatin (topical) crea 100000unit/gm; oint 100000unit/gm; powd 100000unit/gm	1	
nystatin-triamcinolone cream 100000-0.1 unit/gm-%	1	
nystatin-triamcinolone oint 100000-0.1 unit/gm-%	1	
nystop powd 100000unit/gm	1	
oxiconazole nitrate crea 1%	1	QL (2 gm every 1 day)
OXISTAT LOTN 1%	2	QL (2 mL every 1 day)
sulconazole nitrate crea 1%; soln 1%	1	
ANTINEOPLASTIC OR PREMALIGNANT LESION AGENTS - TOPICAL		
bexarotene (topical) gel 1%	1	SP
diclofenac sodium (actinic keratoses) gel 3%	1	PA, QL (3.333 gm every 1 day)

Drug Name	Drug Tier	Requirements/Limits
<i>fluorouracil (topical) crea 5%</i>	1	QL (40 gm every 30 days)
<i>fluorouracil (topical) crea .5%</i>	1	QL (30 gm every 30 days)
<i>fluorouracil (topical) soln 2%, 5%</i>	1	QL (10 mL every 30 days)
PANRETIN GEL .1%	2	QL (2 gm every 1 day)
VALCHLOR GEL .016%	3	SP, PA, QL (2 tubes every 30 days)

ANTIPRURITICS - TOPICAL

<i>doxepin hcl (antipruritic) crea 5%</i>	1	PA, QL (1.5 gm every 1 day)
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ANTIPSORIATICS

<i>acitretin caps 10mg, 17.5mg</i>	1	QL (1 cap every 1 day)
<i>acitretin caps 25mg</i>	1	QL (30 caps every 1 day)
<i>calcipotriene crea .005%</i>	1	QL (4 gm every 1 day)
<i>calcipotriene oint .005%</i>	1	QL (2 gm every 1 day)
<i>calcipotriene soln .005%</i>	1	QL (2 mL every 1 day)
<i>calcitrene oint .005%</i>	1	QL (2 gm every 1 day)
COSENTYX SOSY 75mg/0.5ml, 150mg/ml	3	SP, PA, QL (1 syringe every 28 days)
COSENTYX SOSY 150mg/ml	3	SP, PA, QL (300 mg (2ml) every 28 days)
COSENTYX SENSOREADY PEN SOAJ 150mg/ml	3	SP, PA, QL (1 pen every 28 days)
COSENTYX SENSOREADY PEN SOAJ 150mg/ml	3	SP, PA, QL (300 mg (2ml) every 28 days); For pediatric patients less than 50kg
<i>methoxsalen rapid caps 10mg</i>	1	
SKYRIZI SOSY 150mg/ml	3	SP, PA, QL (1 syringe every 84 days)
SKYRIZI PEN SOAJ 150mg/ml	3	SP, PA, QL (1 pen every 84 days)
STELARA SOLN 45mg/0.5ml	3	SP, PA, QL (1 vials every 84 days)
STELARA SOSY 45mg/0.5ml	3	SP, PA, QL (1 syringe every 84 days)
STELARA SOSY 90mg/ml	3	SP, PA, QL (1 syringe every 56 days)
<i>tazarotene crea .1%; gel .05%, .1%</i>	1	QL (1 gm every 1 day)
TAZORAC CREA .05%	3	QL (1 gm every 1 day)
TAZORAC GEL .05%, .1%	2	QL (1 gm every 1 day)
TREMFYA SOPN 100mg/ml	3	SP, PA, QL (1 pens every 56 days)

Drug Name	Drug Tier	Requirements/Limits
TREMFYA SOSY 100mg/ml	3	SP, PA, QL (1 syringe every 56 days)
ZITHRANOL SHAM 1%	3	QL (2.833 gm every 1 day)
ANTISEBORRHEIC PRODUCTS		
<i>selenium sulfide lotn 2.5%</i>	1	QL (0.15 ml every 1 day)
<i>selenium sulfide sham 2.25%</i>	1	QL (6 mL every 1 day)
<i>sulfacetamide sodium liqd 10%</i>	1	QL (12 gm every 1 day)
<i>sulfacetamide sodium sham 10%</i>	1	QL (237 mL every 1 day)
ANTIVIRALS - TOPICAL		
<i>acyclovir topical crea 5%</i>	1	QL (5 gm every 30 days)
<i>acyclovir topical oint 5%</i>	1	QL (15 gm every 30 days)
DENAVIR CREA 1%	3	QL (5 gm every 30 days)
<i>penciclovir crea 1%</i>	1	QL (5 gm every 30 days)
XERESE CRE 5-1%	3	QL (5 gm every 30 days)
BURN PRODUCTS		
<i>silver sulfadiazine crea 1%</i>	1	
<i>ssd crea 1%</i>	1	
SULFAMYLLON CREA 85mg/gm	2	
CORTICOSTEROIDS - TOPICAL		
ALA-SCALP LOTN 2%	3	
<i>alclometasone dipropionate crea .05%; oint .05%</i>	1	
<i>amcinonide lotn .1%</i>	1	
APEXICON E CREA .05%	3	QL (2 gm every 1 day)
<i>betamethasone dipropionate (topical) crea .05%; lotn .05%; oint .05%</i>	1	
<i>betamethasone dipropionate augmented crea .05%; gel .05%; lotn .05%; oint .05%</i>	1	
<i>betamethasone valerate crea .1%; lotn .1%; oint .1%</i>	1	
<i>betamethasone valerate foam .12%</i>	1	QL (3.333 gm every 1 day)
<i>calcipotriene-betamethasone dipropionate oint 0.005-0.064%</i>	1	QL (3.333 gm every 1 day)
<i>calcipotriene-betamethasone dipropionate susp 0.005-0.064%</i>	1	QL (8 gm every 1 day)
CAPEX SHAM .01%	2	

Drug Name	Drug Tier	Requirements/Limits
<i>clobetasol propionate crea .05%; gel .05%; oint .05%; soln .05%</i>	1	
<i>clobetasol propionate foam .05%</i>	1	QL (100 gm every 30 days)
<i>clobetasol propionate liqd .05%</i>	1	QL (59 mL every 30 days)
<i>clobetasol propionate lotn .05%; sham .05%</i>	1	QL (7.867 mL every 1 day)
<i>clobetasol propionate emollient base crea .05%</i>	1	
<i>clobetasol propionate emulsion foam .05%</i>	1	QL (3.333 gm every 1 day)
<i>clocortolone pivalate crea .1%</i>	1	
<i>clodan sham .05%</i>	1	QL (7.867 mL every 1 day)
CLODERM CREA .1%	3	
CORDRAN TAPE 4mcg/sqcm	2	
<i>desonide crea .05%; lotn .05%; oint .05%</i>	1	
<i>desoximetasone crea .05%, .25%; gel .05%; liqd .25%; oint .05%, .25%</i>	1	
<i>diflorasone diacetate crea .05%; oint .05%</i>	1	
EPIFOAM AER 1%	2	
<i>fluocinolone acetonide crea .01%, .025%; oil .01%; oint .025%; soln .01%</i>	1	
<i>fluocinonide crea .05%, .1%</i>	1	QL (4 gm every 1 day)
<i>fluocinonide gel .05%; oint .05%; soln .05%</i>	1	
<i>fluocinonide emulsified base crea .05%</i>	1	
<i>flurandrenolide crea .05%; lotn .05%</i>	1	
<i>fluticasone propionate crea .05%; lotn .05%; oint .005%</i>	1	
<i>halcinonide crea .1%</i>	1	QL (4 gm every 1 day)
<i>halobetasol propionate crea .05%; oint .05%</i>	1	
HALOG OINT .1%	2	
<i>hydrocortisone (topical) crea 2.5%; lotn 2.5%; oint 2.5%</i>	1	
<i>hydrocortisone butyrate crea .1%; lotn .1%; oint .1%; soln .1%</i>	1	
<i>hydrocortisone butyrate hydrophilic lipo base crea .1%</i>	1	
<i>hydrocortisone valerate crea .2%; oint .2%</i>	1	
<i>mometasone furoate crea .1%; oint .1%; soln .1%</i>	1	

Drug Name	Drug Tier	Requirements/Limits
PANDEL CREA .1%	3	QL (2.667 gm every 1 day)
PRAMOSONE CRE 1-1%	3	
PRAMOSONE OIN 2.5%	3	
<i>pramoxine-hc cream 1-2.5%</i>	1	
TEXACORT SOLN 2.5%	3	
<i>tovet foam .05%</i>	1	QL (3.333 gm every 1 day)
<i>triamcinolone acetonide (topical) aers .147mg/gm; crea .025%, .1%, .5%; lotn .025%, .1%; oint .025%, .05%, .1%, .5%</i>	1	
<i>trianex oint .05%</i>	1	
<i>triderm crea .5%</i>	1	
<i>tritocin oint .05%</i>	1	
VERDESO FOAM .05%	3	QL (100 gm every 30 days)
ECZEMA AGENTS		
ADBRY SOSY 150mg/ml	3	SP, PA, QL (4 syringes every 28 days)
DUPIXENT SOPN 200mg/1.14ml	3	SP, PA, QL (2 pens every 28 days)
DUPIXENT SOPN 300mg/2ml	3	SP, PA, QL (4 pens every 28 days)
DUPIXENT SOSY 100mg/0.67ml, 200mg/1.14ml	3	SP, PA, QL (2 syringes every 28 days)
DUPIXENT SOSY 300mg/2ml	3	SP, PA, QL (4 syringes every 28 days)
ENZYMES - TOPICAL		
SANTYL OINT 250unit/gm	2	
HAIR GROWTH AGENTS		
<i>bimatoprost (topical) soln .03%</i>	1	QL (5 mL every 30 days)
<i>finasteride (alopecia) tabs 1mg</i>	1	PA, QL (10 tabs every 1 day)
IMMUNOMODULATING AGENTS - TOPICAL		
<i>imiquimod crea 5%</i>	1	QL (24 ea every 46 days)
IMMUNOSUPPRESSIVE AGENTS - TOPICAL		
<i>pimecrolimus crea 1%</i>	1	QL (4 gm every 1 day)
<i>tacrolimus (topical) oint .03%, .1%</i>	1	QL (4 gm every 1 day)
KERATOLYTIC/ANTIMITOTIC AGENTS		
CONDYLOX GEL .5%	3	QL (0.117 gm every 1 day)
<i>keralyt sham 6%</i>	1	QL (177 mL every 1 day)
<i>podofilox soln .5%</i>	1	QL (3.5 mL every 1 day)

Drug Name	Drug Tier	Requirements/Limits
<i>salicylic acid sham 6%</i>	1	QL (177 mL every 1 day)
LOCAL ANESTHETICS - TOPICAL		
<i>glydo prsy 2%</i>	1	
<i>lido-sorb lotn 3%</i>	1	QL (5.9 mL every 1 day)
<i>lidocaine oint 5%</i>	1	PA, QL (50 gm every 25 days)
<i>lidocaine ptch 5%</i>	1	QL (2 patches every 1 day)
<i>lidocaine hcl crea 3%; prsy 2%</i>	1	
<i>lidocaine hcl lotn 3%</i>	1	QL (5.9 mL every 1 day)
<i>lidocaine-prilocaine cream 2.5-2.5%</i>	1	
<i>lidopin crea 3%</i>	1	
PLIAGLIS CRE 7-7%	3	
<i>proxivol gel 2%</i>	1	
SYNERA DIS 70-70MG	2	QL (0.067 patches every 1 day)
<i>7t lido gel gel 2%</i>	1	
<i>zionodil lotn 3%</i>	1	QL (5.9 mL every 1 day)
<i>zionodil 100 lotn 3%</i>	1	QL (5.9 mL every 1 day)
MISC. DERMATOLOGICAL PRODUCTS		
ATOPICLAIR CRE	2	QL (200 gm every 30 days)
MISC. TOPICAL		
DRYSOL SOLN 20%	3	
XERAC AC SOLN 6.25%	2	QL (2 mL every 1 day)
ROSACEA AGENTS		
<i>azelaic acid gel 15%</i>	1	QL (50 gm every 30 days)
<i>brimonidine tartrate (topical) gel .33%</i>	1	PA, QL (30 gm every 30 days)
FINACEA FOAM 15%	2	QL (50 gm every 30 days)
<i>metronidazole (topical) crea .75%; gel .75%</i>	1	QL (45 gm every 30 days)
<i>metronidazole (topical) gel 1%</i>	1	QL (60 gm every 30 days)
<i>metronidazole (topical) lotn .75%</i>	1	QL (60 mL every 30 days)
MIRVASO GEL .33%	3	PA, QL (30 gm every 30 days)
SCABICIDES & PEDICULICIDES		
<i>crotan lotn 10%</i>	1	
<i>lindane sham 1%</i>	1	
<i>malathion lotn .5%</i>	1	

Drug Name	Drug Tier	Requirements/Limits
<i>permethrin crea 5%</i>	1	
<i>ra lice treatment lotn 1%</i>	1	OTC
<i>sm lice treatment lotn 1%</i>	1	OTC
WOUND CARE PRODUCTS		
REGRANEX GEL .01%	3	PA
DIETARY PRODUCTS/DIETARY MANAGEMENT PRODUCTS		
DIETARY MANAGEMENT PRODUCTS		
<i>westab max</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	
SUCRAID SOLN 8500unit/ml	2	SP
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	
DIURETICS		
CARBONIC ANHYDRASE INHIBITORS		
<i>acetazolamide cp12 500mg; tabs 125mg, 250mg</i>	1	
<i>methazolamide tabs 25mg, 50mg</i>	1	
DIURETIC COMBINATIONS		
<i>amiloride & hydrochlorothiazide tab 5-50 mg</i>	1	
<i>spironolactone & hydrochlorothiazide tab 25-25 mg</i>	1	
<i>triamterene & hydrochlorothiazide cap 37.5-25 mg</i>	1	
<i>triamterene & hydrochlorothiazide tab 37.5-25 mg</i>	1	
<i>triamterene & hydrochlorothiazide tab 75-50 mg</i>	1	
LOOP DIURETICS		
<i>bumetanide tabs .5mg, 1mg, 2mg</i>	1	
<i>ethacrynic acid tabs 25mg</i>	1	

Drug Name	Drug Tier	Requirements/Limits
<i>furosemide soln 10mg/ml, 40mg/5ml; tabs 20mg, 40mg, 80mg</i>	1	
SOAANZ TABS 20mg	3	
<i>torsemide tabs 5mg, 10mg, 20mg, 100mg</i>	1	
POTASSIUM SPARING DIURETICS		
<i>amiloride hcl tabs 5mg</i>	1	
<i>spironolactone tabs 25mg, 50mg, 100mg</i>	1	
<i>triamterene caps 50mg, 100mg</i>	1	
THIAZIDES AND THIAZIDE-LIKE DIURETICS		
<i>chlorthalidone tabs 25mg, 50mg</i>	1	
DIURIL SUSP 250mg/5ml	3	
<i>hydrochlorothiazide caps 12.5mg; tabs 12.5mg, 25mg, 50mg</i>	1	
<i>indapamide tabs 1.25mg, 2.5mg</i>	1	
<i>metolazone tabs 2.5mg, 5mg, 10mg</i>	1	
ENDOCRINE AND METABOLIC AGENTS - MISC.		
BONE DENSITY REGULATORS		
<i>alendronate sodium soln 70mg/75ml</i>	1	QL (300 mL every 30 days)
<i>alendronate sodium tabs 5mg, 10mg</i>	1	QL (30 tabs every 30 days)
<i>alendronate sodium tabs 35mg, 70mg</i>	1	QL (0.15 tabs every 1 day)
<i>calcitonin (salmon) soln 200unit/act</i>	1	QL (3.7 mL every 30 days)
<i>calcitonin (salmon) soln 200unit/ml</i>	1	PA, QL (15 vials every 30 days)
FORTEO SOPN 600mcg/2.4ml	3	SP, QL (1 pen every 28 days)
FOSAMAX + D TAB 70-2800	2	QL (4 tabs every 30 days)
FOSAMAX + D TAB 70-5600	2	QL (4 tabs every 30 days)
<i>ibandronate sodium tabs 150mg</i>	1	QL (1 tab every 30 days)
<i>risedronate sodium tabs 5mg, 30mg</i>	1	QL (30 tabs every 30 days)
<i>risedronate sodium tabs 35mg</i>	1	QL (4 tabs every 30 days)
<i>risedronate sodium tabs 150mg</i>	1	QL (1 tab every 30 days)
<i>risedronate sodium tbec 35mg</i>	1	QL (4 ea every 30 days)
TYMLOS SOPN 3120mcg/1.56ml	3	SP, QL (1 pen every 30 days)
GNRH/LHRH ANTAGONISTS		
ORLISSA TABS 150mg, 200mg	2	PA

Drug Name	Drug Tier	Requirements/Limits
GROWTH HORMONES		
GENOTROPIN CART 5mg, 12mg	3	SP, PA
GENOTROPIN MINIQUICK PRSY .2mg, .4mg, .6mg, .8mg, 1mg, 1.2mg, 1.4mg, 1.6mg, 1.8mg, 2mg	3	SP, PA
NORDITROPIN FLEXPPO SOPN 5mg/1.5ml, 10mg/1.5ml, 15mg/1.5ml, 30mg/3ml	3	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
INSULIN-LIKE GROWTH FACTORS (SOMATOMEDINS)		
INCRELEX SOLN 40mg/4ml	3	SP
METABOLIC MODIFIERS		
<i>*betaine powder for oral solution***</i>	1	SP
<i>calcitriol caps .25mcg, .5mcg; soln 1mcg/ml</i>	1	
<i>carglumic acid tbso 200mg</i>	1	SP
<i>cinacalcet hcl tabs 30mg, 60mg</i>	1	SP, QL (60 tabs every 30 days)
<i>cinacalcet hcl tabs 90mg</i>	1	SP, QL (120 tabs every 30 days)
<i>doxercalciferol caps .5mcg, 1mcg, 2.5mcg</i>	1	
<i>levocarnitine (metabolic modifiers) soln 1gm/10ml; tabs 330mg</i>	1	
<i>nitisinone caps 2mg, 5mg, 10mg</i>	1	SP
NITYR TABS 2mg, 5mg, 10mg	3	SP, PA
ORFADIN CAPS 20mg; SUSP 4mg/ml	2	SP
<i>paricalcitol caps 1mcg, 2mcg, 4mcg</i>	1	
RAVICTI LIQD 1.1gm/ml	3	SP, PA, QL (17.5 mL every 1 day)
<i>sodium phenylbutyrate tabs 500mg</i>	3	SP, PA, QL (1200 tabs every 30 days)
STRENSIQ SOLN 18mg/0.45ml, 28mg/0.7ml, 40mg/ml, 80mg/0.8ml	3	SP, PA
MINERALOCORTICOID RECEPTOR ANTAGONISTS		
KERENDIA TABS 10mg, 20mg	2	PA, QL (1 tab every 1 day)
POSTERIOR PITUITARY HORMONES		
DESMOPRESSIN ACETATE SOLN 1.5mg/ml	3	SP, PA
<i>desmopressin acetate soln 4mcg/ml; tabs .1mg, .2mg</i>	1	
<i>desmopressin acetate spray soln .01%</i>	1	

Drug Name	Drug Tier	Requirements/Limits
<i>desmopressin acetate spray refrigerated soln .1mg/ml</i>	1	
PROLACTIN INHIBITORS		
<i>cabergoline tabs .5mg</i>	1	
SOMATOSTATIC AGENTS		
LANREOTIDE ACETATE SOLN 120mg/0.5ml	3	SP, PA, QL (1 syringe every 28 days)
SIGNIFOR SOLN .3mg/ml, .6mg/ml, .9mg/ml	3	SP, PA, QL (60 ampules every 30 days)
SOMATULINE DEPOT SOLN 60mg/0.2ml, 90mg/0.3ml, 120mg/0.5ml	3	SP, PA, QL (1 syringe every 28 days)
VASOPRESSIN RECEPTOR ANTAGONISTS		
JYNARQUE TABS 15mg	3	SP, PA, QL (60 tabs every 30 days)
JYNARQUE TABS 30mg	3	SP, PA, QL (30 tabs every 30 days)
JYNARQUE TBPK 15mg	3	SP, PA, QL (56 tabs every 28 days)
JYNARQUE PAK 30-15MG	3	SP, PA, QL (56 tabs every 28 days)
JYNARQUE PAK 45-15MG	3	SP, PA, QL (56 tabs every 28 days)
JYNARQUE PAK 60-30MG	3	SP, PA, QL (56 tabs every 28 days)
JYNARQUE PAK 90-30MG	3	SP, PA, QL (56 tabs every 28 days)
<i>tolvaptan tabs 15mg</i>	1	SP, PA, QL (60 tabs every 30 days)
<i>tolvaptan tabs 30mg</i>	1	SP, PA, QL (30 tabs every 30 days)
ESTROGENS		
ESTROGEN COMBINATIONS		
<i>amabelz</i>	1	QL (1 tab every 1 day)
ANGELIQ TAB 0.5-1MG	3	QL (1 tab every 1 day)
ANGELIQ TAB 0.25-0.5	3	QL (1 tab every 1 day)
CLIMARA PRO DIS WEEKLY	2	QL (0.143 patches every 1 day)
COMBIPATCH DIS	2	QL (0.286 patches every 1 day)
<i>covaryx</i>	1	
<i>covaryx hs</i>	1	
DUAVEE TAB 0.45-20	3	QL (1 tab every 1 day)
<i>eemt</i>	1	
<i>eemt hs</i>	1	
<i>esterified estrogens & methyltestosterone tab 1.25-2.5 mg</i>	1	

Drug Name	Drug Tier	Requirements/Limits
<i>esterified estrogens/meth</i>	1	
<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)
<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	PA
PREFEST TAB	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		
ALORA PTTW .025mg/24hr	3	QL (8 ea every 30 days)
ALORA PTTW .075mg/24hr, .1mg/24hr	3	QL (8 patches every 30 days)
DIVIGEL GEL 1.25mg/1.25gm	3	QL (1.25 gm every 1 day)
DIVIGEL GEL 1mg/gm	3	QL (1 gm every 1 day)
DIVIGEL GEL .5mg/0.5gm	3	QL (1 packet every 1 day)
DIVIGEL GEL .25mg/0.25gm, .75mg/0.75gm	3	QL (1 ea every 1 day)
<i>dotti pttw .025mg/24hr, .037mg/24hr, .05mg/24hr, .075mg/24hr, .1mg/24hr</i>	1	QL (8 ea every 30 days)
ELESTRIN GEL .06%	3	QL (0.867 gm every 1 day)
<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)

Drug Name	Drug Tier	Requirements/Limits
<i>estradiol pttw .025mg/24hr, .037mg/24hr, .05mg/24hr, .075mg/24hr, .1mg/24hr</i>	1	QL (8 ea every 30 days)
<i>estradiol ptwk .025mg/24hr, .05mg/24hr, .06mg/24hr, .075mg/24hr, .1mg/24hr, 37.5mcg/24hr</i>	1	QL (0.143 patches every 1 day)
<i>estradiol tabs .5mg, 1mg, 2mg</i>	1	
<i>estradiol valerate oil 20mg/ml</i>	1	
ESTROGEL GEL .06%	3	QL (3.333 gm every 1 day)
EVAMIST SOLN 1.53mg/spray	3	QL (8.1 mL every 30 days)
<i>lyllana pttw .025mg/24hr, .037mg/24hr, .05mg/24hr, .075mg/24hr, .1mg/24hr</i>	1	QL (8 ea every 30 days)
MENEST TABS .3mg, .625mg, 1.25mg, 2.5mg	2	
MENOSTAR PTWK 14mcg/24hr	2	
PREMARIN TABS .3mg, .45mg, .625mg, .9mg, 1.25mg	2	
VIVELLE-DOT PTTW .025mg/24hr, .037mg/24hr, .05mg/24hr, .075mg/24hr, .1mg/24hr	3	QL (8 patches every 30 days)

FLUOROQUINOLONES

FLUOROQUINOLONES

BAXDELA TABS 450mg	3	QL (2 tabs every 1 day)
CIPRO SUSR 5gm/100ml	2	
CIPRO SUSR 500mg/5ml	3	
<i>ciprofloxacin hcl tabs 100mg, 250mg, 500mg, 750mg</i>	1	
<i>levofloxacin soln 25mg/ml</i>	1	
<i>levofloxacin tabs 250mg, 500mg</i>	1	QL (30 tabs every 30 days)
<i>levofloxacin tabs 750mg</i>	1	QL (14 tabs every 30 days)
<i>moxifloxacin hcl tabs 400mg</i>	1	QL (1 tab every 1 day)

GASTROINTESTINAL AGENTS - MISC.

5-HT4 RECEPTOR AGONISTS

MOTEGRITY TABS 1mg, 2mg	3	QL (1 tab every 1 day)
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BILE ACID SYNTHESIS DISORDER AGENTS

CHOLBAM CAPS 50mg, 250mg	3	SP, PA
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FARNESOID X RECEPTOR (FXR) AGONISTS

OICALIVA TABS 5mg, 10mg	3	SP, PA, QL (30 tabs every 30 days)
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GALLSTONE SOLUBILIZING AGENTS

<i>ursodiol caps 300mg; tabs 250mg, 500mg</i>	1	
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Drug Name	Drug Tier	Requirements/Limits
GASTROINTESTINAL ANTIALLERGY AGENTS		
<i>cromolyn sodium (mastocytosis) conc 100mg/5ml</i>	1	
GASTROINTESTINAL CHLORIDE CHANNEL ACTIVATORS		
<i>lubiprostone caps 8mcg</i>	1	
<i>lubiprostone caps 24mcg</i>	1	QL (2 caps every 1 day)
GASTROINTESTINAL STIMULANTS		
<i>metoclopramide hcl soln 5mg/5ml, 10mg/10ml; tabs 5mg, 10mg</i>	1	
ILEAL BILE ACID TRANSPORTER (IBAT) INHIBITORS		
LIVMARLI SOLN 9.5mg/ml	3	SP, PA, QL (90 mL every 30 days)
INFLAMMATORY BOWEL AGENTS		
<i>balsalazide disodium caps 750mg</i>	1	QL (9 caps every 1 day)
DIPENTUM CAPS 250mg	3	QL (4 caps every 1 day)
<i>mesalamine cp24 .375gm</i>	1	QL (4 caps every 1 day)
<i>mesalamine cpcr 500mg</i>	1	QL (8 caps every 1 day)
<i>mesalamine cpdr 400mg</i>	1	QL (12 caps every 1 day)
<i>mesalamine enem 4gm</i>	1	QL (120 mL every 1 day)
<i>mesalamine supp 1000mg</i>	1	QL (2 ea every 1 day)
<i>mesalamine tbec 1.2gm</i>	1	QL (4 tabs every 1 day)
<i>mesalamine tbec 800mg</i>	1	QL (6 tabs every 1 day)
<i>mesalamine w/ cleanser kit 4gm</i>	1	
PENTASA CPCR 250mg	2	QL (8 caps every 1 day)
SKYRIZI SOCT 180mg/1.2ml, 360mg/2.4ml	3	SP, PA, QL (1 cartridge every 56 days)
<i>sulfasalazine tabs 500mg; tbec 500mg</i>	1	
INTESTINAL ACIDIFIERS		
<i>enulose soln 10gm/15ml</i>	1	QL (96 mL every 1 day)
<i>generlac soln 10gm/15ml</i>	1	QL (96 mL every 1 day)
IRRITABLE BOWEL SYNDROME (IBS) AGENTS		
<i>alosectron hcl tabs .5mg, 1mg</i>	1	PA, QL (60 tabs every 1 day)
LINZESS CAPS 72mcg, 145mcg, 290mcg	2	QL (1 cap every 1 day)
VIBERZI TABS 75mg, 100mg	2	PA
PERIPHERAL OPIOID RECEPTOR ANTAGONISTS		
MOVANTIK TABS 12.5mg, 25mg	2	QL (1 tab every 1 day)
RELISTOR SOLN 8mg/0.4ml	3	QL (2.667 syringes every 1 day)
RELISTOR SOLN 12mg/0.6ml	3	QL (1.778 injections every 1 day)
RELISTOR SOLN 12mg/0.6ml	3	QL (1.778 syringes every 1 day)

Drug Name	Drug Tier	Requirements/Limits
RELISTOR TABS 150mg	3	QL (3 tabs every 1 day)
PHOSPHATE BINDER AGENTS		
AURYXIA TABS 210mg	2	ST, PA
calcium acetate (phosphate binder) caps 667mg; tabs 667mg	1	
calcium acetate (phosphate binder) tabs 667mg	1	OTC
calphron tabs 667mg	1	OTC
lanthanum carbonate chew 500mg, 1000mg	1	QL (4 tabs every 1 day)
lanthanum carbonate chew 750mg	1	QL (5 tabs every 1 day)
sevelamer carbonate pack .8gm, 2.4gm	1	
sevelamer carbonate tabs 800mg	1	QL (17.5 tabs every 1 day)
sevelamer hcl tabs 400mg, 800mg	1	QL (12 tabs every 1 day)
VELPHORO CHEW 500mg	3	ST, QL (6 tabs every 1 day)
SHORT BOWEL SYNDROME (SBS) AGENTS		
GATTEX KIT 5mg	3	SP, PA, QL (1 kit (30 vials) every 30 day)
TRYPTOPHAN HYDROXYLASE INHIBITORS		
XERMELO TABS 250mg	3	SP, PA, QL (90 tabs every 30 days)
GENITOURINARY AGENTS - MISCELLANEOUS		
ACIDIFIERS		
K-PHOS TAB NO 2	2	
ALKALINIZERS		
cytra k crystals	1	
ORACIT SOL	2	
potassium citrate (alkalinizer) tbc 10meq, 15meq, 540mg	1	
sodium citrate & citric acid soln 500-334 mg/5ml	1	
CYSTINOSIS AGENTS		
CYSTAGON CAPS 50mg, 150mg	2	SP
PROCYSBI CPDR 25mg	3	SP, PA, QL (240 caps every 30 days)
PROCYSBI CPDR 75mg	3	SP, PA, QL (750 caps every 30 days)
PROCYSBI PACK 75mg, 300mg	3	SP, PA, QL (180 packets every 30 days)
GENITOURINARY IRRIGANTS		
acetic acid soln .25%	1	

Drug Name	Drug Tier	Requirements/Limits
INTERSTITIAL CYSTITIS AGENTS		
ELMIRON CAPS 100mg	3	
RIMSO-50 SOLN 50%	2	
PROSTATIC HYPERTROPHY AGENTS		
alfuzosin hcl tb24 10mg	1	QL (1 tab every 1 day)
CARDURA XL TB24 4mg, 8mg	3	QL (1 tab every 1 day)
dutasteride caps .5mg	1	QL (1 cap every 1 day)
dutasteride-tamsulosin hcl cap 0.5-0.4 mg	1	QL (1 cap every 1 day)
finasteride tabs 5mg	1	QL (1 tab every 1 day)
tamsulosin hcl caps .4mg	1	QL (2 caps every 1 day)
URINARY ANALGESICS		
phenazo tabs 200mg	1	
phenazopyridine hcl tabs 100mg, 200mg	1	
URINARY STONE AGENTS		
LITHOSTAT TABS 250mg	2	
THIOLA EC TBEC 100mg, 300mg	2	SP, PA
tiopronin tabs 100mg	1	SP, PA
GOUT AGENTS		
GOUT AGENT COMBINATIONS		
colchicine w/ probenecid tab 0.5-500 mg	1	
GOUT AGENTS		
allopurinol tabs 100mg, 300mg	1	
colchicine caps .6mg	1	QL (2 caps every 1 day)
colchicine tabs .6mg	1	QL (2 tabs every 1 day)
febuxostat tabs 40mg, 80mg	1	QL (1 tab every 1 day)
URICOSURICS		
probenecid tabs 500mg	1	
HEMATOLOGICAL AGENTS - MISC.		
ANTIHEMOPHILIC PRODUCTS		
HEMLIBRA SOLN 30mg/ml, 60mg/0.4ml, 105mg/0.7ml, 150mg/ml	3	SP, PA
BRADYKININ B2 RECEPTOR ANTAGONISTS		
icatibant acetate sosy 30mg/3ml	1	SP, QL (45 syringes every 90 days)
sajazir sosy 30mg/3ml	1	SP, QL (45 syringes every 90 days)
COMPLEMENT INHIBITORS		
HAEGARDA SOLR 2000unit, 3000unit	3	SP, PA, QL (20 vials every 30 days)
HEMATORHEOLOGIC AGENTS		
pentoxifylline tbc 400mg	1	
PLATELET AGGREGATION INHIBITORS		
anagrelide hcl caps .5mg, 1mg	1	

Drug Name	Drug Tier	Requirements/Limits
<i>aspirin-dipyridamole cap er 12hr 25-200 mg</i>	1	QL (2 caps every 1 day)
BRILINTA TABS 60mg, 90mg	2	QL (2 tabs every 1 day)
<i>cilostazol tabs 50mg, 100mg</i>	1	QL (2 tabs every 1 day)
<i>clopidogrel bisulfate tabs 75mg</i>	1	QL (1.1 tabs every 1 day)
<i>clopidogrel bisulfate tabs 300mg</i>	1	QL (0.067 tabs every 1 day)
<i>dipyridamole tabs 25mg, 50mg, 75mg</i>	1	
<i>prasugrel hcl tabs 5mg, 10mg</i>	1	QL (1.167 tabs every 1 day)

HEMATOPOIETIC AGENTS

AGENTS FOR GAUCHER DISEASE

<i>miglustat caps 100mg</i>	1	SP, QL (90 caps every 30 days)
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AGENTS FOR SICKLE CELL DISEASE

DROXIA CAPS 200mg, 300mg, 400mg	2	
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COBALAMINS

<i>cyanocobalamin soln 1000mcg/ml</i>	1	
<i>dodex soln 1000mcg/ml</i>	1	
NASCOBAL SOLN 500mcg/0.1ml	3	PA, QL (4 ea every 25 days)

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	
<i>kp folic acid tabs 1mg</i>	1	OTC

HEMATOPOIETIC GROWTH FACTORS

ARANESP ALBUMIN FREE SOLN 25mcg/ml, 40mcg/ml, 60mcg/ml, 100mcg/ml, 200mcg/ml; SOSY 500mcg/ml	3	SP, ST, PA
ARANESP ALBUMIN FREE 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	3	SP, PA
GRANIX SOSY 300mcg/0.5ml, 480mcg/0.8ml	3	SP, PA
LEUKINE SOLR 250mcg	3	SP, PA
MULPLETA TABS 3mg	3	SP, PA, QL (7 tabs every 14 days)
NEULASTA SOSY 6mg/0.6ml	3	SP, QL (2 syringes every 28 days)

Drug Name	Drug Tier	Requirements/Limits
NEULASTA ONPRO KIT PSKT 6mg/0.6ml	3	SP, QL (2 syringes every 28 days)
NIVESTYM SOLN 300mcg/ml, 480mcg/1.6ml; SOSY 300mcg/0.5ml, 480mcg/0.8ml	3	SP, PA
PROMACTA PACK 25mg	3	SP, PA, QL (180 packets every 30 days)
PROMACTA TABS 12.5mg, 25mg	3	SP, PA, QL (30 tabs every 30 days)
PROMACTA TABS 50mg, 75mg	3	SP, PA, QL (60 tabs every 30 days)
RETACRIT SOLN 2000unit/ml, 3000unit/ml, 4000unit/ml, 10000unit/ml, 20000unit/2ml, 20000unit/ml, 40000unit/ml	3	SP, PA
UDENYCA SOSY 6mg/0.6ml	3	SP, PA, QL (2 syringes every 28 days)
ZARXIO SOSY 300mcg/0.5ml	3	SP, PA
ZARXIO SOSY 480mcg/0.8ml	3	SP, PA, QL (1.25 syringes every 1 day)

HEMOSTATICS

HEMOSTATICS - SYSTEMIC

<i>aminocaproic acid tabs 500mg, 1000mg</i>	1	
<i>tranexamic acid tabs 650mg</i>	1	QL (30 tabs every 30 days)

HYPNOTICS/SEDATIVES/SLEEP DISORDER AGENTS

BARBITURATE HYPNOTICS

<i>phenobarbital elix 20mg/5ml; tabs 15mg, 30mg, 32.4mg, 60mg, 64.8mg, 97.2mg, 100mg</i>	1	
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NON-BARBITURATE HYPNOTICS

AMBIEN TABS 5mg, 10mg	3	QL (1 tab every 1 day)
AMBIEN CR TBCR 6.25mg, 12.5mg	3	QL (1 tab every 1 day)
<i>estazolam tabs 1mg, 2mg</i>	1	
<i>eszopiclone tabs 1mg, 2mg, 3mg</i>	1	QL (1 tab every 1 day)
<i>temazepam caps 7.5mg, 15mg, 22.5mg, 30mg</i>	1	QL (1 cap every 1 day)
<i>triazolam tabs .125mg, .25mg</i>	1	
<i>zaleplon caps 5mg, 10mg</i>	1	QL (1 cap every 1 day)
<i>zolpidem tartrate tabs 5mg, 10mg; tbcr 6.25mg, 12.5mg</i>	1	QL (1 tab every 1 day)

SELECTIVE MELATONIN RECEPTOR AGONISTS

<i>ramelteon tabs 8mg</i>	1	QL (1 tab every 1 day)
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Drug Name	Drug Tier	Requirements/Limits
LAXATIVES		
LAXATIVE COMBINATIONS		
CLENPIQ SOL	2	\$0 copay for members age 50 through 74, Tier 3 for all others
<i>gavilyte-c</i>	1	
<i>gavilyte-g</i>	1	
<i>peg 3350-kcl-na bicarb-nacl-na sulfate for soln 236 gm</i>	1	
<i>peg 3350-kcl-sod bicarb-nacl for soln 420 gm</i>	1	
<i>peg-3350/electrolytes/asc</i>	1	\$0 copay for members age 45 through 75
<i>sod sulfate-pot sulf-mg sulf oral sol 17.5-3.13-1.6 gm/177ml</i>	1	\$0 copay for members age 45 through 75
SUPREP BOWEL SOL PREP KIT	2	
LAXATIVES - MISCELLANEOUS		
<i>constulose soln 10gm/15ml</i>	1	QL (96 mL every 1 day)
KRISTALOSE PACK 10gm	2	QL (2880 packets every 1 day)
KRISTALOSE PACK 20gm	2	QL (144 packets every 1 day)
LACTULOSE PACK 10gm	2	QL (2880 packets every 1 day)
<i>lactulose soln 10gm/15ml, 20gm/30ml</i>	1	QL (96 mL every 1 day)
SALINE LAXATIVES		
OSMOPREP TAB 1.5GM	2	
MACROLIDES		
AZITHROMYCIN		
<i>azithromycin pack 1gm</i>	3	QL (2 packets every 30 days)
<i>azithromycin susr 100mg/5ml, 200mg/5ml</i>	1	
<i>azithromycin tabs 250mg, 500mg</i>	1	QL (12 tabs every 30 days)
<i>azithromycin tabs 600mg</i>	1	QL (30 tabs every 30 days)
CLARITHROMYCIN		
<i>clarithromycin susr 125mg/5ml, 250mg/5ml; tabs 250mg, 500mg; tb24 500mg</i>	1	
ERYTHROMYCINS		
<i>e.e.s. 400 tabs 400mg</i>	1	
<i>ery-tab tbec 250mg, 333mg, 500mg</i>	2	
<i>erythrocin stearate tabs 250mg</i>	1	

Drug Name	Drug Tier	Requirements/Limits
<i>erythromycin base cpep 250mg</i>	1	
<i>erythromycin base tabs 250mg, 500mg; tbec 250mg, 333mg, 500mg</i>	2	
<i>erythromycin ethylsuccinate susr 200mg/5ml, 400mg/5ml; tabs 400mg</i>	1	

FIDAXOMICIN

DIFICID SUSR 40mg/ml	3	PA, QL (13.7 mL every 1 day)
DIFICID TABS 200mg	3	PA, QL (0.667 tabs every 1 day)

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-CHEK LIQ SMART	2	OTC
DEXCOM G6 MIS RECEIVER	2	
DEXCOM G6 MIS SENSOR	2	
DEXCOM G6 MIS TRANSMIT	2	
LANCETS	2	QL (204 lancets every 30 days), OTC
OMNIPOD 5 G6 KIT INTRO	2	QL (1 kit every 1 day)
OMNIPOD 5 G6 MIS PODS	2	
OMNIPOD DASH KIT INTRO	2	QL (1 kit every 1 day)
OMNIPOD DASH KIT PDM	2	QL (1 kit every 1 day)
OMNIPOD DASH MIS PODS	2	
OMNIPOD GO KIT 20UNT/DY	2	QL (0.2 kits every 1 day)
OMNIPOD GO KIT 30UNT/DY	2	QL (0.2 kits every 1 day)

Drug Name	Drug Tier	Requirements/Limits
OMNIPOD GO KIT 40UNT/DY	2	QL (0.2 kits every 1 day)
OMNIPOD MIS CLASSIC	2	
V-GO 20 KIT	3	QL (0.033 kits every 1 day)
V-GO 30 KIT	3	QL (0.033 kits every 1 day)
V-GO 40 KIT	3	QL (0.033 kits every 1 day)

PARENTERAL THERAPY SUPPLIES

ARGYLE EXTEN MIS TUBE 20"	2	
ASSEMBLY MIS FIXTURE	2	
AUTOJECT 2 MIS	2	OTC
AUTOPEN MIS 1 UNIT	2	OTC
AUTOPEN MIS 1-21UNIT	2	OTC
AUTOPEN MIS 2 UNIT	2	OTC
AUTOPEN MIS 2-42UNIT	2	OTC
BD FILTR NDL MIS 5 MICRON	2	OTC
BD LUER-LOK MIS ACCESS	2	OTC
BD NEXIVA MIS 22GX1"	2	
BD NEXIVA MIS 24GX0.75	2	
BD PEN MINI MIS	2	OTC
BD PEN MIS	2	OTC
BD PHLEBOTOM MIS 1.5QT	2	OTC
BD Q-STYLE MIS ACCESS	2	OTC
BD Q-STYLE MIS ADAPTER	2	OTC
BD Q-STYLE MIS EXTENSIO	2	OTC
BD SAF-T-INT KIT 18GX1"	2	OTC
BD SAF-T-INT KIT 24GX0.75	2	
BD SAFETY-LO MIS SET	2	OTC
BD SHARPS MIS 1.4QT	2	OTC
BD SHARPS MIS 3.3QT	2	OTC
BD SHARPS MIS 5.1L	2	OTC
BD VACUTAIN MIS SET	2	OTC
BLNT CANNULA MIS PLASTIC	2	OTC
BLOOD NEEDLE MIS HOLDER	2	OTC
BURETTE SET MIS 100ML	2	
CARPUJECT MIS HOLDER	2	OTC
CEQUR SIMPL KIT PATCH 2U	2	
CLEAR GLASS MIS VIAL 5ML	2	
COMPL NEEDLE MIS COLL SYS	2	OTC
CONNECTOR MIS LUER LOC	2	
CONNECTOR MIS Y-SITE	2	
FILTER ASPIR MIS 18GX3"	2	
FILTER NEEDL MIS 18GX1.5"	2	

Drug Name	Drug Tier	Requirements/Limits
FILTER NEEDL MIS 18GX1.5"	2	OTC
FILTER NEEDL MIS 20GX1.5"	2	
FLUID ADMINI MIS LG-BORE	2	OTC
HI-VOL PUMP MIS CHAM SET	2	OTC
I-PORT ADV MIS 6MM	2	
I-PORT ADV MIS 9MM	2	
INFUSION MIS ADAPTER	2	
INFUSION MIS CLAMP	2	
INJECT-EASE MIS	2	OTC
INJECTOR CAP MIS PHASEAL	2	
INJECTOR MIS LUER LOC	2	
INPEN 100EL MIS BLUE-HUM	2	
INPEN 100EL MIS GREY-HUM	2	
INPEN 100EL MIS PINK HUM	2	
INPEN 100NN MIS BLUE NOV	2	
INPEN 100NN MIS GREY NOV	2	
INPEN 100NN MIS PINK NOV	2	
INSUFロン MIS 25GX0.71	2	
INSULIN PEN NEEDLE	2	QL (4 needles every 1 day)
INSULIN PEN NEEDLE	2	QL (4 needles every 1 day), OTC
INSULIN SYRINGE	2	QL (4 syringes every 1 day)
INSULIN SYRINGE	2	QL (4 syringes every 1 day), OTC
INSYTE AUTOG MIS 20GX1"	2	OTC
INSYTE AUTOG MIS 20GX1.16	2	OTC
INSYTE AUTOG MIS 22GX1"	2	
INSYTE AUTOG MIS 22GX1"	2	OTC
INSYTE AUTOG MIS 24GX3/4"	2	OTC
INTRO NEEDLE MIS 18GX1.25	2	
IV ADMIN SET MIS 37"	2	
IV ADMIN SET MIS 73"	2	
IV ADMIN SET MIS 75"	2	
IV ADMIN SET MIS 78"	2	
IV ADMIN SET MIS 83"	2	
IV ADMIN SET MIS 84"	2	
IV ADMIN SET MIS 85"	2	
IV ADMIN SET MIS 89"	2	
IV ADMIN SET MIS 92"	2	
IV ADMIN SET MIS 100"	2	
IV ADMIN SET MIS 106"	2	
IV ADMIN SET MIS 112"	2	
IV BAG HANGR MIS PHASEAL	2	

Drug Name	Drug Tier	Requirements/Limits
IV EXTENSION MIS 6"	2	
IV EXTENSION MIS 7"	2	
IV EXTENSION MIS 8"	2	
IV EXTENSION MIS 18"	2	
IV EXTENSION MIS 36"	2	
IV POLE MIS	2	OTC
IV TRANSFER MIS SPIKE	2	OTC
J-TIP KIT KIT ADAPTERS	2	
J-TIP NEEDLE MIS 0.5ML	2	OTC
KOKO PEAK MIS ADAPTER	2	OTC
KOKO PEAK MIS PRO 6	2	OTC
KOKO PEAK PR MIS SOFTWARE	2	OTC
LTXF 3-PORT MIS ADAPTER	2	OTC
LTXF PRIM IV MIS SET/MICR	2	OTC
LTXF PRM CNV MIS 106INC	2	OTC
LTXF SECONDA MIS 19G NDL	2	OTC
MED PREP MIS CANNULA	2	
MONOJECT LS MIS CANN/BLN	2	
MONOJECT MIS TIP CAPS	2	OTC
MONOJECT SYR MIS BLUNTTIP	2	OTC
MONOJECT SYR MIS TIP CAPS	2	OTC
NEEDL COLLEC MIS DISPOSAL	2	OTC
NEEDLE	2	
NEEDLE	2	OTC
NEEDLE COLLE MIS DISPOSAL	2	OTC
NEEDLE TIP MIS 16GX1.5"	2	
NEEDLELESS MIS CONNECTO	2	
NEEDLELESS MIS PORT CON	2	
NERIA 29G MIS 6MM	2	OTC
NERIA 29G MIS 8MM	2	OTC
NERIA 29G MIS 10MM	2	OTC
NERIA MULTI MIS 2 X 10MM	2	OTC
NERIA MULTI MIS 3 X 10MM	2	OTC
NERIA MULTI MIS 4 X 12MM	2	OTC
NERIA SOFT MIS 25G-13MM	2	OTC
NERIA SOFT MIS 25G-17MM	2	OTC
NORDIPEN 5 MIS DEVICE	2	
NORDIPEN DEL MIS SYSTEM	2	OTC
NOVOPEN ECHO MIS	2	
OMNITROPE 5 MIS DEVICE	2	
OMNITROPE 5 MIS DEVICE	2	OTC
OMNITROPE 10 MIS DEVICE	2	OTC
PROTECTOR 14 MIS PHASEAL	2	
PROTECTOR 21 MIS PHASEAL	2	
PROTECTOR 28 MIS PHASEAL	2	

Drug Name	Drug Tier	Requirements/Limits
PROTECTOR 50 MIS PHASEAL	2	
PTS CAPILLAR MIS TUBE	2	OTC
SAF-T-INTIMA MIS 20GX1"	2	OTC
SAF-T-INTIMA MIS 22GX3/4"	2	OTC
SAF-T-INTIMA MIS 24GX3/4"	2	OTC
SEALS BOTTLE MIS /VIALS	2	OTC
SECONDARY MIS SET/DRIP	2	
SHARP CONTAI MIS	2	
SHARPS COLL MIS 0.05GAL	2	OTC
SHARPS COLL MIS 5.4QT	2	OTC
SHARPS COLL MIS 6.9QT	2	OTC
SHARPS COLL MIS 8.2QT	2	OTC
SHARPS CONT MIS 1QUART	2	OTC
SHARPS CONT MIS 2QUART	2	OTC
SHARPS CONT MIS 5GAL	2	OTC
SHARPS CONT MIS 14QT	2	
SHARPS CONT MIS HOME	2	OTC
SHARPS DISP MIS 1 GALLON	2	OTC
SHARPS DISP MIS 1 QUART	2	OTC
SHARPS DISP MIS 2 GALLON	2	OTC
SHARPS DISP MIS 3 GALLON	2	OTC
SIMPLICITY MIS INSERTER	2	
SMALL VIAL MIS ADAPTER	2	OTC
SMARTIP SYR MIS /CANNULA	2	
SOLUTION DEV MIS TRANSFER	2	OTC
STERI-TAMP MIS 13MM	2	OTC
STERI-TAMP MIS 20MM	2	OTC
STERI-TAMP MIS 28MM	2	OTC
STERI-TAMP MIS SEAL/BAG	2	OTC
STERI-TAMP MIS SEAL/SYG	2	OTC
STERIL EMPTY MIS VIAL10ML	2	OTC
STERIL EMPTY MIS VIAL30ML	2	OTC
STERILE VIAL MIS EMPTY	2	OTC
SYR FILTER MIS 65MM	2	
SYR FILTER MIS 90MM	2	
SYR/FILT/MEM MIS TITAN3	2	
SYRINGE	2	
SYRINGE	2	OTC
SYRINGE BARR MIS LUER10ML	2	OTC
SYRINGE BARR MIS LUER 1ML	2	OTC
SYRINGE BARR MIS LUER 3ML	2	OTC
SYRINGE BARR MIS LUER 5ML	2	OTC
SYRINGE BARR MIS UNI 3ML	2	OTC
SYRINGE BARR MIS UNI 5ML	2	OTC
SYRINGE BARR MIS UNI 10ML	2	OTC

Drug Name	Drug Tier	Requirements/Limits
SYRINGE FILT MIS 25MM	2	
SYRINGE FILT MIS 25MM	2	OTC
SYRINGE FILT MIS 32MM	2	
SYRINGE FILT MIS 33MM	2	
SYRINGE FLTR MIS 32MM	2	
SYRINGE TRAY MIS PHASEAL	2	
SYRINGE/NEEDLE	2	
SYRINGE/NEEDLE	2	OTC
TENDER 1 KIT INFUSION	2	
UNIV SYR TIP MIS ADAPTOR	2	OTC
UNIVERSAL MIS ADAPTER	2	OTC
VACUUM FILTR MIS 0.20UM	2	
VIAL ACCESS MIS CANN 6ML	2	
VIAL STOPPER MIS 13MM	2	

RESPIRATORY THERAPY SUPPLIES

AERCHMBR PLS MIS FLOW-VU	2	QL (1 box every year)
AERCHMBR PLS MIS LRG MASK	2	QL (1 box every year)
AERCHMBR PLS MIS MED MASK	2	QL (1 box every year)
AERCHMBR PLS MIS SM MASK	2	QL (1 box every year)
AERCHMBR Z- MIS STAT PLS	2	QL (1 box every year)
AEROCHAMBER MIS CHAMBER	2	QL (1 each every year)
AEROCHAMBER MIS FLOSIGNA	2	QL (1 box every year)
AEROCHAMBER MIS MV	2	QL (1 box every year)
AEROCHAMBER MIS PLUS	2	QL (1 box every year)
AEROVENT MIS PLUS	2	QL (1 each every year)
BREATHE EASE MIS LG MASK	2	QL (1 each every year)
BREATHE EASE MIS MED MASK	2	QL (1 each every year)
BREATHE EASE MIS SM MASK	2	QL (1 each every year)
BREATHERITE MIS MDI CHMB	2	QL (1 each every year)
COMPACT SPAC MIS CHAMBER	2	QL (1 each every year)
COMPACT SPAC MIS LG MASK	2	QL (1 each every year)
COMPACT SPAC MIS MD MASK	2	QL (1 each every year)
COMPACT SPAC MIS SM MASK	2	QL (1 each every year)
EASIVENT MIS	2	QL (1 box every year)
EASIVENT MIS MASK LG	2	QL (1 box every year)
EASIVENT MIS MASK MED	2	QL (1 box every year)
EASIVENT MIS MASK SM	2	QL (1 box every year)
FLEXICHAMBER MIS	2	QL (1 each every year)
HOLD CHAMBER MIS ADLT LG	2	QL (1 each every year)
HOLD CHAMBER MIS ADLT LG	2	QL (1 each every year), OTC
HOLD CHAMBER MIS MEDIUM	2	QL (1 each every year)
HOLD CHAMBER MIS MEDIUM	2	QL (1 each every year), OTC
HOLD CHAMBER MIS SMALL	2	QL (1 each every year)

Drug Name	Drug Tier	Requirements/Limits
HOLD CHAMBER MIS SMALL	2	QL (1 each every year), OTC
HOLDING CHAM MIS ADULT	2	QL (1 each every year), OTC
HOLDING CHAM MIS CHILD	2	QL (1 each every year), OTC
INSPIRACHAMB MIS LARGE	2	QL (1 each every year)
INSPIRACHAMB MIS MEDIUM	2	QL (1 each every year)
INSPIRACHAMB MIS MOUTH PCE	2	QL (1 each every year)
INSPIRACHAMB MIS SMALL	2	QL (1 each every year)
INSPIREASE MIS DD SYST	2	QL (1 box every year)
MICROCHAMBER MIS	2	QL (1 each every year)
MICROSPACER MIS	2	QL (1 box every year)
OPTICHAMBER MIS DIA LG	2	QL (1 each every year)
OPTICHAMBER MIS DIA MD	2	QL (1 box every year)
OPTICHAMBER MIS DIA SM	2	QL (1 box every year)
OPTICHAMBER MIS DIAMOND	2	QL (1 box every year)
POCKET CHAMB MIS	2	QL (1 each every year)
POCKET SPACE MIS	2	QL (1 each every year)
PROCARE MIS ADULT	2	QL (1 each every year), OTC
PROCARE MIS CHILD	2	QL (1 each every year), OTC
PURE COMFORT MIS SPACER	2	QL (1 each every year), OTC
RITEFLO MIS	2	QL (1 each every year)
SPACE CHAMBR MIS ANTI-STA	2	QL (1 each every year)
SPACE CHAMBR MIS LARGE	2	QL (1 each every year)
SPACE CHAMBR MIS MEDIUM	2	QL (1 each every year)
SPACE CHAMBR MIS SMALL	2	QL (1 each every year)
SPACER CHAMB MIS ADULT	2	QL (1 box every year), OTC
SPACER CHAMB MIS CHILD	2	QL (1 box every year), OTC
SPACER CHAMB MIS INFANT	2	QL (1 each every year), OTC
VORTEX VALVE MIS CHAMBER	2	QL (1 each every year)
VORTEX/MASK MIS CHILDS	2	QL (1 each every year)
VORTEX/MASK MIS TODDLER	2	QL (1 each every year)

MIGRAINE PRODUCTS

CALCITONIN GENE-RELATED PEPTIDE (CGRP) RECEPTOR ANTAG

AJOVY SOAJ 225mg/1.5ml; SOSY 225mg/1.5ml	3	PA
EMGALITY SOAJ 120mg/ml; SOSY 100mg/ml, 120mg/ml	3	PA

Drug Name	Drug Tier	Requirements/Limits
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)
UBRELVY TABS 50mg, 100mg	2	ST, PA, QL (16 tabs every 30 days)

MIGRAINE COMBINATIONS

<i>ergotamine w/ caffeine tab 1-100 mg</i>	1	
<i>migergot</i>	1	QL (0.667 supp every 1 day)

MIGRAINE PRODUCTS

<i>dihydroergotamine mesylate soln 1mg/ml</i>	1	PA, QL (6 ampules every 1 day)
ERGOMAR SUBL 2mg	2	

MIGRAINE PRODUCTS - NSAIDS

<i>diclofenac potassium (migraine) pack 50mg</i>	1	QL (9 packets every 23 days)
<i>diclofenac potassium (migraine) pack 50mg</i>	1	QL (9 packets every 30 days)

SEROTONIN AGONISTS

<i>almotriptan malate tabs 6.25mg, 12.5mg</i>	1	QL (0.2 ea every 1 day)
<i>almotriptan malate tabs 6.25mg, 12.5mg</i>	1	QL (0.2 tabs every 1 day)
<i>eletriptan hydrobromide tabs 20mg</i>	1	QL (6 ea every 30 days)
<i>eletriptan hydrobromide tabs 40mg</i>	1	QL (0.2 ea every 1 day)
<i>frovatriptan succinate tabs 2.5mg</i>	1	QL (0.3 tabs every 1 day)
<i>naratriptan hcl tabs 1mg</i>	1	QL (9 tabs every 30 days)
<i>naratriptan hcl tabs 2.5mg</i>	1	QL (0.3 tabs every 1 day)
REYVOW TABS 50mg	3	ST, QL (4 tabs every 30 days)
REYVOW TABS 100mg	3	ST, QL (8 tabs every 30 days)
<i>rizatriptan benzoate tabs 5mg, 10mg</i>	1	QL (0.4 ea every 1 day)
<i>rizatriptan benzoate tbdp 5mg, 10mg</i>	1	QL (0.4 tabs every 1 day)
<i>sumatriptan soln 5mg/act, 20mg/act</i>	2	QL (0.2 inhalers every 1 day)
<i>sumatriptan succinate soaj 4mg/0.5ml, 6mg/0.5ml; soct 4mg/0.5ml, 6mg/0.5ml; soln 6mg/0.5ml</i>	1	PA, QL (0.4 injections every 1 day)
<i>sumatriptan succinate tabs 25mg, 100mg</i>	1	QL (0.3 tabs every 1 day)
<i>sumatriptan succinate tabs 50mg</i>	1	QL (0.3 ea every 1 day)

Drug Name	Drug Tier	Requirements/Limits
<i>zolmitriptan soln 5mg</i>	1	QL (180 ea every 30 days)
<i>zolmitriptan tabs 2.5mg, 5mg; tbdp 2.5mg, 5mg</i>	1	QL (0.2 tabs every 1 day)

MINERALS & ELECTROLYTES

FLUORIDE

<i>fluoritab soln .125mg/drop</i>	1	\$0 applies for ages 5 and under, otherwise coverage is subject to your plan/benefits
<i>nafrinse drops soln .125mg/drop</i>	1	\$0 applies for ages 5 and under, otherwise coverage is subject to your plan/benefits
<i>sodium fluoride chew .25mg, .5mg; soln .5mg/ml; tabs .5mg</i>	1	\$0 applies for ages 5 and under, otherwise coverage is subject to your plan/benefits

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>EFFER-K TAB 10MEQ</i>	3	
<i>EFFER-K TAB 20MEQ</i>	3	
<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	

ZINC

<i>GALZIN CAPS 25mg, 50mg</i>	2	
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Drug Name	Drug Tier	Requirements/Limits
MISCELLANEOUS THERAPEUTIC CLASSES		
CHELATING AGENTS		
<i>trientine hcl caps 250mg</i>	1	SP, PA
IMMUNOMODULATORS		
<i>lenalidomide caps 2.5mg, 5mg, 10mg, 15mg</i>	1	SP, PA, QL (28 caps every 28 days)
<i>lenalidomide caps 20mg, 25mg</i>	1	SP, PA, QL (21 capsules every 28 days)
REVLIMID CAPS 2.5mg, 5mg, 10mg, 15mg	3	SP, PA, QL (28 caps every 28 days)
REVLIMID CAPS 20mg, 25mg	3	SP, PA, QL (21 capsules every 28 days)
THALOMID CAPS 50mg, 100mg	2	SP, QL (28 caps every 28 days)
THALOMID CAPS 150mg, 200mg	2	SP, QL (56 caps every 28 days)
IMMUNOSUPPRESSIVE AGENTS		
ASTAGRAF XL CP24 1mg	3	SP, QL (4 caps every 1 day)
ASTAGRAF XL CP24 .5mg, 5mg	3	SP, QL (3 caps every 1 day)
<i>azasan tabs 75mg, 100mg</i>	1	
<i>azathioprine tabs 50mg, 75mg, 100mg</i>	1	
<i>cyclosporine caps 25mg, 100mg</i>	1	SP
<i>cyclosporine modified (for microemulsion) caps 25mg, 50mg, 100mg; soln 100mg/ml</i>	1	SP
ENVARUSUS XR TB24 1mg	3	SP, QL (4 tabs every 1 day)
ENVARUSUS XR TB24 .75mg, 4mg	3	SP, QL (3 tabs every 1 day)
<i>everolimus (immunosuppressant) tabs .25mg, .5mg, .75mg</i>	1	SP, QL (2 tabs every 1 day)
<i>engraf caps 25mg, 100mg; soln 100mg/ml</i>	1	SP
<i>mycophenolate mofetil caps 250mg; susr 200mg/ml; tabs 500mg</i>	1	SP
<i>mycophenolate sodium tbec 180mg, 360mg</i>	1	SP
SANDIMMUNE SOLN 100mg/ml	3	SP
<i>sirolimus soln 1mg/ml; tabs .5mg, 1mg, 2mg</i>	1	SP
<i>tacrolimus caps .5mg, 1mg, 5mg</i>	1	SP
POTASSIUM REMOVING AGENTS		
LOKELMA PACK 5gm, 10gm	2	
<i>*sodium polystyrene sulfonate powder**</i>	1	QL (16 gm every 1 day)
<i>sps susp 15gm/60ml</i>	1	QL (16 mL every 1 day)

Drug Name	Drug Tier	Requirements/Limits
VELTASSA PACK 8.4gm, 16.8gm, 25.2gm	2	
MOUTH/THROAT/DENTAL AGENTS		
ANESTHETICS TOPICAL ORAL		
lidocaine hcl (mouth-throat) soln 2%	1	
ANTI-INFECTIVES - THROAT		
clotrimazole troc 10mg	1	
nystatin (mouth-throat) susp 100000unit/ml	1	
ANTISEPTICS - MOUTH/THROAT		
chlorhexidine gluconate (mouth-throat) soln .12%	1	QL (32 mL every 1 day)
periogard soln .12%	1	QL (32 mL every 1 day)
DENTAL PRODUCTS		
denta 5000 plus crea 1.1%	1	
sf 5000 plus crea 1.1%	1	
sodium fluoride 5000 plus crea 1.1%	1	
sodium fluoride 5000 ppm crea 1.1%	1	
sodium fluoride (dental) crea 1.1%	1	
STEROIDS - MOUTH/THROAT/DENTAL		
oralone dental paste pste .1%	1	
triamcinolone acetonide (mouth) pste .1%	1	
THROAT PRODUCTS - MISC.		
AQUORAL SPR	3	QL (4 mL every 1 day)
cevimeline hcl caps 30mg	1	QL (3 caps every 1 day)
EPISIL LIQ	3	PA, QL (1.333 mL every 1 day)
MUGARD LIQ	3	SP, PA, QL (4 mL every 1 day)
NUMOISYN LIQ	3	QL (4 mL every 1 day)
pilocarpine hcl (oral) tabs 5mg, 7.5mg	1	
MULTIVITAMINS		
PRENATAL VITAMINS		
ATABEX EC TAB 29-1MG	3	QL (1 tab every 1 day)
ATABEX OB TAB 29-1MG	3	QL (1 tab every 1 day)
C-NATE DHA CAP 28-1-200	3	QL (30 caps every 30 days)
CO-NATAL FA TAB 29-1MG	3	QL (1 tab every 1 day)
COMPLETE NAT PAK DHA	3	QL (2 boxes every 1 day)
COMPLETENATE CHW	3	QL (1 tab every 1 day)
CONCEPT DHA CAP	3	QL (1 cap every 1 day)
CONCEPT OB CAP	3	QL (1 cap every 1 day)
DUET DHA 400 MIS 25-1-400	3	QL (2 boxes every 1 day)

Drug Name	Drug Tier	Requirements/Limits
DUET DHA MIS BALANCED	3	QL (2 boxes every 1 day)
<i>elite-ob</i>	3	QL (1 tab every 1 day)
ENBRACE HR CAP	3	QL (30 caps every 30 days)
FOLIVANE-OB CAP	3	QL (1 cap every 1 day)
<i>inatal gt</i>	3	QL (1 tab every 1 day)
JENLIVA CAP	3	QL (1 cap every 1 day)
KOSHR PRENAT TAB 30-1MG	3	QL (1 tab every 1 day)
M-NATAL PLUS TAB	3	QL (1 tab every 1 day)
NATACHEW CHW	3	QL (1 tab every 1 day)
NATALVIT TAB 75-1MG	3	QL (1 tab every 1 day)
NEEVO DHA CAP 27-1.13	3	QL (1 cap every 1 day)
NEONATAL PLS TAB 27-1MG	3	QL (1 tab every 1 day)
NEONATAL TAB COMPLTE	3	QL (1 tab every 1 day)
NEONATAL TAB PLUS	3	QL (1 tab every 1 day)
NESTABS DHA PAK	3	QL (2 boxes every 1 day)
NESTABS TAB	3	QL (2 tabs every 1 day)
NIVA-PLUS TAB	3	QL (1 tab every 1 day)
OB COMPLETE CAP ONE	3	QL (1 cap every 1 day)
OB COMPLETE CAP PETITE	3	QL (1 cap every 1 day)
OB COMPLETE TAB	3	QL (1 tab every 1 day)
OB COMPLETE TAB PREMIER	3	QL (1 tab every 1 day)
OB COMPLETE/ CAP DHA	3	QL (1 cap every 1 day)
OBSTETRIX EC TAB	3	QL (1 tab every 1 day)
OBSTETRIX PAK DHA	3	QL (2 boxes every 1 day)
OBSTETRXX ONE CAP 38-1-225	3	QL (1 cap every 1 day)
ONE VITE TAB 1MG PLUS	3	QL (1 tab every 1 day)
<i>pnv-dha</i>	3	QL (1 cap every 1 day)
PNV-DHA CAP DOCUSATE	3	QL (30 caps every 30 days)
PNV-OMEGA CAP	3	QL (30 caps every 30 days)
<i>pnv-select</i>	3	QL (30 tabs every 30 days)
PREMESISRX TAB	3	QL (1 tab every 1 day)
PRENA1 CHW	3	QL (30 ea every 30 days)
PRENA1 PEARL CAP	3	QL (1 ea every 1 day)
PRENA 1 TRUE MIS	3	
PRENAISSANCE CAP	3	QL (30 caps every 30 days)
PRENAISSANCE CAP PLUS	3	QL (60 caps every 30 days)

Drug Name	Drug Tier	Requirements/Limits
<i>prenatal 19</i>	3	QL (1 tab every 1 day)
PRENATAL 19 CHW 29-1MG	3	QL (1 tab every 1 day)
PRENATAL 19 TAB 29-1MG	3	QL (1 tab every 1 day)
PRENATAL PLS MIS MV + DHA	3	QL (2 boxes every 1 day)
PRENATAL TAB 27-1MG	3	QL (1 tab every 1 day)
PRENATAL TAB PLUS	3	QL (1 tab every 1 day)
PRENATAL-U CAP 106.5-1	3	QL (1 cap every 1 day)
PRENATE AM TAB 1MG	3	QL (1 tab every 1 day)
PRENATE CAP ENHANCE	3	QL (1 cap every 1 day)
PRENATE CAP ESSENT	3	QL (1 cap every 1 day)
PRENATE CAP PIXIE	3	QL (1 cap every 1 day)
PRENATE CAP RESTORE	3	QL (1 cap every 1 day)
PRENATE CHW 0.6-0.4	3	QL (1 tab every 1 day)
PRENATE DHA CAP	3	QL (1 cap every 1 day)
PRENATE MINI CAP	3	QL (1 cap every 1 day)
PRENATE TAB ELITE	3	QL (1 tab every 1 day)
PRENATRIX TAB	3	QL (1 tab every 1 day)
PRENATRYL TAB	3	QL (1 tab every 1 day)
PRIMACARE CAP	3	QL (1 cap every 1 day)
PROVIDA OB CAP	3	QL (1 cap every 1 day)
REDICHEW RX CHW	3	QL (30 ea every 30 days)
RELNATE DHA CAP	3	QL (60 caps every 30 days)
SE-NATAL 19 CHW	3	QL (1 tab every 1 day)
SE-NATAL 19 TAB	3	QL (1 tab every 1 day)
SELECT-OB CHW	3	QL (30 tabs every 30 days)
SELECT-OB CHW	3	QL (60 tabs every 30 days)
SELECT-OB+ PAK DHA	3	QL (2 boxes every 1 day)
TARON-C DHA CAP	3	QL (1 cap every 1 day)
THRIVITE RX TAB 29-1MG	3	QL (1 tab every 1 day)
TRICARE TAB PRENATAL	3	QL (1 tab every 1 day)
TRINATAL RX TAB 1	3	QL (1 tab every 1 day)
<i>trinate</i>	3	QL (1 tab every 1 day)
TRISTART DHA CAP	3	QL (1 cap every 1 day)
VINATE II TAB	3	QL (1 tab every 1 day)
VINATE ONE TAB	3	QL (1 tab every 1 day)
VIRT-NATE CAP DHA	3	QL (1 cap every 1 day)
VIRT-PN DHA CAP	3	QL (1 cap every 1 day)
VITAFOL CAP ULTRA	3	QL (1 cap every 1 day)
VITAFOL CHW GUMMIES	3	QL (3 tabs every 1 day)
VITAFOL-NANO TAB	3	QL (1 tab every 1 day)

Drug Name	Drug Tier	Requirements/Limits
VITAFOL-OB PAK +DHA	3	QL (2 boxes every 1 day)
VITAFOL-OB TAB 65-1MG	3	QL (1 tab every 1 day)
VITAFOL-ONE CAP	3	QL (30 caps every 30 days)
VITAPEARL CAP	3	QL (1 ea every 1 day)
VITATHELY TAB	3	QL (1 tab every 1 day)
VITATRUE MIS	3	
VIVA DHA CAP	3	QL (60 caps every 30 days)
WESCAP-C DHA CAP	3	QL (1 cap every 1 day)
WESCAP-PN CAP DHA	3	QL (1 cap every 1 day)
WESNATAL DHA PAK COMPLETE	3	QL (2 boxes every 1 day)
WESNATE DHA CAP	3	QL (1 cap every 1 day)
WESTAB PLUS TAB 27-1MG	3	QL (1 tab every 1 day)
WESTGEL DHA CAP	3	QL (1 cap every 1 day)

MUSCULOSKELETAL THERAPY AGENTS

CENTRAL MUSCLE RELAXANTS

<i>baclofen tabs 5mg, 10mg, 20mg</i>	1	
<i>carisoprodol tabs 350mg</i>	1	QL (4 tabs every 1 day)
<i>chlorzoxazone tabs 500mg</i>	1	
<i>cyclobenzaprine hcl tabs 5mg, 7.5mg, 10mg</i>	1	QL (3 tabs every 1 day)
<i>fexmid tabs 7.5mg</i>	1	QL (3 tabs every 1 day)
<i>metaxalone tabs 800mg</i>	1	QL (4 tabs every 1 day)
<i>methocarbamol tabs 500mg, 750mg</i>	1	
<i>orphenadrine citrate tb12 100mg</i>	1	QL (2 tabs every 1 day)
<i>tizanidine hcl caps 2mg, 4mg, 6mg; tabs 2mg, 4mg</i>	1	
<i>vanadom tabs 350mg</i>	1	QL (4 tabs every 1 day)

DIRECT MUSCLE RELAXANTS

<i>dantrolene sodium caps 25mg, 50mg, 100mg</i>	1	
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MUSCLE RELAXANT COMBINATIONS

<i>norgesic</i>	1	QL (4 tabs every 1 day)
<i>orphenadrine w/ aspirin & caffeine tab 25-385-30 mg</i>	1	QL (4 tabs every 1 day)

NASAL AGENTS - SYSTEMIC AND TOPICAL

NASAL AGENT COMBINATIONS

<i>azelastine hcl-fluticasone prop nasal spray 137-50 mcg/act</i>	1	QL (0.043 bottles every 1 day)
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NASAL ANTIALLERGY

<i>azelastine hcl soln .15%, 137mcg/spray</i>	1	QL (0.033 bottles every 1 day)
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Drug Name	Drug Tier	Requirements/Limits
<i>cromolyn sodium (nasal) aers 5.2mg/act</i>	1	QL (0.867 mL every 1 day), OTC
<i>olopatadine hcl (nasal) soln .6%</i>	1	QL (0.033 bottles every 1 day)

NASAL ANTICHOLINERGICS

<i>ipratropium bromide (nasal) soln .03%</i>	1	QL (1 mL every 1 day)
<i>ipratropium bromide (nasal) soln .06%</i>	1	QL (0.5 mL every 1 day)

NASAL STEROIDS

BECONASE AQ SUSP 42mcg/spray	3	QL (0.033 inhalers every 1 day)
<i>flunisolide (nasal) soln .025%</i>	1	QL (0.033 bottles every 1 day)
<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 (1.133 gm every 1 day)
OMNARIS SUSP 50mcg/act	3	QL (0.033 inhalers every 1 day)
QNASL AERS 80mcg/act	3	QL (0.034 inhalers every 1 day)
QNASL CHILDRENS AERS 40mcg/act	3	ST, QL (1 inhaler every 30 days)
ZETONNA AERS 37mcg/act	3	QL (0.033 inhalers every 1 day)

NEUROMUSCULAR AGENTS

ALS AGENTS

RADICAVA ORS SUSP 105mg/5ml	3	SP, PA, QL (50 ml (1 bottle) every 28 days)
RADICAVA ORS STARTER KIT SUSP 105mg/5ml	3	SP, PA, QL (50 ml (1 bottle) every 28 days)
<i>riluzole tabs 50mg</i>	1	QL (2 tabs every 1 day)

SPINAL MUSCULAR ATROPHY AGENTS (SMA)

EVRYSDI SOLR .75mg/ml	3	SP, PA, QL (2 bottles (120mg) every 24 days)
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OPHTHALMIC AGENTS

BETA-BLOCKERS - OPHTHALMIC

<i>betaxolol hcl (ophth) soln .5%</i>	1	QL (10 mL every 30 days)
BETIMOL SOLN .25%, .5%	2	QL (10 mL every 30 days)
BETOPTIC-S SUSP .25%	2	QL (10 mL every 30 days)
<i>brimonidine tartrate-timolol maleate ophth soln 0.2-0.5%</i>	1	QL (0.34 mL every 1 day)
<i>carteolol hcl (ophth) soln 1%</i>	1	QL (10 mL every 30 days)

Drug Name	Drug Tier	Requirements/Limits
DORZOL/TIMOL SOL 22.3-6.8	3	QL (10 mL every 30 days)
<i>dorzolamide hcl-timolol maleate ophth sol 22.3-6.8 mg/ml pf</i>	1	QL (60 ea every 30 days)
<i>dorzolamide hcl-timolol maleate ophth soln 22.3-6.8 mg/ml</i>	1	QL (10 mL every 30 days)
<i>levobunolol hcl soln .5%</i>	1	QL (10 mL every 30 days)
<i>timolol maleate (ophth) solg .25%, .5%; soln .25%, .5%</i>	1	QL (10 mL every 30 days)
<i>timolol maleate (ophth) soln .25%, .5%</i>	1	QL (60 ea every 30 days)
TIMOPTIC OCUDOSE SOLN .25%, .5%	3	QL (60 ea every 30 days)

CYCLOPLEGIC MYDRIATICS

<i>altafrin soln 10%</i>	1	
ATROPINE SULFATE SOLN 1%	3	QL (15 mL every 30 days)
<i>atropine sulfate (ophthalmic) soln 1%</i>	1	QL (15 mL every 30 days)
CYCLOMYDRIL SOL OP	3	QL (2 mL every 30 days)
<i>homatropaire soln 5%</i>	1	QL (15 mL every 30 days)
ISOPTO ATROPINE SOLN 1%	3	QL (15 mL every 30 days)
<i>phenylephrine hcl (mydriatic) soln 10%</i>	1	

MIOTICS

PHOSPHOLINE IODIDE SOLR .125%	2	QL (15 mL every 30 days)
<i>pilocarpine hcl soln 1%, 2%, 4%</i>	1	QL (15 mL every 30 days)

OPHTHALMIC ADRENERGIC AGENTS

ALPHAGAN P SOLN .1%	2	QL (10 mL every 30 days)
<i>brimonidine tartrate soln .2%</i>	1	
<i>brimonidine tartrate soln .15%</i>	1	QL (10 mL every 30 days)
SIMBRINZA SUS 1-0.2%	2	QL (0.54 mL every 1 day)

OPHTHALMIC ANTI-INFECTIVES

<i>bacitracin (ophthalmic) oint 500unit/gm</i>	1	QL (4 gm every 30 days)
<i>bacitracin-polymyxin b ophth oint</i>	1	QL (4 gm every 30 days)

Drug Name	Drug Tier	Requirements/Limits
BESIVANCE SUSP .6%	3	QL (5 mL every 30 days)
CILOXAN OINT .3%	2	QL (4 gm every 30 days)
<i>ciprofloxacin hcl (ophth) soln .3%</i>	1	QL (5 mL every 30 days)
<i>erythromycin (ophth) oint 5mg/gm</i>	1	QL (4 gm every 30 days)
<i>gatifloxacin (ophth) soln .5%</i>	1	QL (3 mL every 30 days)
<i>gentamicin sulfate (ophth) soln .3%</i>	1	QL (15 mL every 30 days)
<i>levofloxacin (ophth) soln .5%</i>	1	QL (10 mL every 30 days)
<i>moxifloxacin hcl (ophth) soln .5%</i>	1	QL (3 mL every 30 days)
NATACYN SUSP 5%	3	QL (15 mL every 30 days)
<i>neo-polycin</i>	1	QL (4 gm every 30 days)
<i>neomycin-bacitrac zn-polymyx 5(3.5)mg-400unt-10000unt op oin</i>	1	QL (4 gm every 30 days)
<i>neomycin-polymy-gramicid op sol 1.75-10000-0.025mg-unt-mg/ml</i>	1	QL (10 mL every 30 days)
<i>ofloxacin (ophth) soln .3%</i>	1	QL (10 mL every 30 days)
<i>polycin</i>	1	QL (4 gm every 30 days)
<i>polymyxin b-trimethoprim ophth soln 10000 unit/ml-0.1%</i>	1	QL (10 mL every 30 days)
<i>sulfacetamide sodium (ophth) soln 10%</i>	1	
<i>tobramycin (ophth) soln .3%</i>	1	QL (10 mL every 30 days)
TOBREX OINT .3%	3	QL (4 gm every 30 days)
<i>trifluridine soln 1%</i>	1	QL (8 mL every 30 days)
ZIRGAN GEL .15%	3	QL (5 gm every 30 days)
OPHTHALMIC IMMUNOMODULATORS		
RESTASIS EMUL .05%	1	QL (2 single use vials every 1 day)
RESTASIS MULTIDOSE EMUL .05%	2	QL (0.184 mL every 1 day)
OPHTHALMIC LOCAL ANESTHETICS		
AKTEN GEL 3.5%	3	QL (5 mL every 30 days)

Drug Name	Drug Tier	Requirements/Limits
<i>altacaine soln .5%</i>	1	
<i>proparacaine hcl soln .5%</i>	1	QL (15 mL every 30 days)
<i>tetracaine hcl (ophth) soln .5%</i>	1	
OPHTHALMIC NERVE GROWTH FACTORS		
OXERVATE SOLN .002%	3	SP, PA, QL (16 cartons every 56 days)
OPHTHALMIC STEROIDS		
ALREX SUSP .2%	3	QL (5 mL every 30 days)
<i>bacitracin-polymyxin-neomycin-hc ophth oint 1%</i>	1	QL (4 gm every 30 days)
<i>dexamethasone sodium phosphate (ophth) soln .1%</i>	1	
<i>difluprednate emul .05%</i>	1	QL (10 mL every 30 days)
FLAREX SUSP .1%	3	QL (0.34 mL every 1 day)
<i>fluorometholone (ophth) susp .1%</i>	1	QL (10 mL every 30 days)
FML FORTE SUSP .25%	3	QL (10 mL every 30 days)
LOTEMAX OINT .5%	3	QL (4 gm every 30 days)
<i>loteprednol etabonate susp .5%</i>	1	QL (5 mL every 30 days)
MAXIDEX SUSP .1%	3	
<i>neo-polycin hc</i>	1	QL (4 gm every 30 days)
<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	
PRED MILD SUSP .12%	2	QL (0.34 mL every 1 day)
<i>prednisolone acetate (ophth) susp 1%</i>	1	
PREDNISOLONE ACETATE P-F SUSP 1%	3	
PREDNISOLONE SODIUM PHOSP SOLN 1%	2	QL (15 mL every 30 days)
<i>sulfacetamide sodium-prednisolone ophth soln 10-0.23(0.25)%</i>	1	QL (15 mL every 30 days)
TOBRADEX OIN 0.3-0.1%	2	QL (4 gm every 30 days)
TOBRADEX SUS 0.3-0.1%	3	QL (10 mL every 30 days)

Drug Name	Drug Tier	Requirements/Limits
<i>tobramycin-dexamethasone ophth susp 0.3-0.1%</i>	1	QL (10 mL every 30 days)
OPHTHALMICS - MISC.		
<i>alaway soln .025%</i>	1	QL (10 mL every 30 days), OTC
<i>alaway childrens allergy soln .025%</i>	1	QL (10 mL every 30 days), OTC
ALOCRIL SOLN 2%	2	QL (15 mL every 30 days)
ALOMIDE SOLN .1%	2	QL (10 mL every 30 days)
<i>azelastine hcl (ophth) soln .05%</i>	1	QL (6 mL every 30 days)
<i>bepotastine besilate soln 1.5%</i>	1	QL (10 mL every 30 days)
<i>brinzolamide susp 1%</i>	1	QL (10 mL every 30 days)
<i>bromfenac sodium (ophth) soln .09%</i>	1	QL (5 mL every 30 days)
<i>claritin eye soln .025%</i>	1	QL (10 mL every 30 days), OTC
<i>cromolyn sodium (ophth) soln 4%</i>	1	QL (10 mL every 30 days)
<i>cvs allergy eye drops soln .025%</i>	1	QL (10 mL every 30 days), OTC
<i>cvs eye itch relief soln .025%</i>	1	QL (10 mL every 30 days), OTC
CYSTARAN SOLN .44%	2	SP, PA, QL (4 bottles every 28 days)
<i>diclofenac sodium (ophth) soln .1%</i>	1	QL (0.34 mL every 1 day)
<i>dorzolamide hcl soln 2%</i>	1	QL (10 mL every 30 days)
DORZOLAMIDE HCL SOLN 2%	3	QL (10 mL every 30 days)
<i>epinastine hcl (ophth) soln .05%</i>	1	QL (5 mL every 30 days)
<i>eye itch relief soln .025%</i>	1	QL (10 mL every 30 days), OTC
<i>flurbiprofen sodium soln .03%</i>	1	QL (3 mL every 30 days)
ILEVRO SUSP .3%	3	QL (2 mL every 30 days)
<i>ketorolac tromethamine (ophth) soln .4%, .5%</i>	1	QL (5 mL every 30 days)
<i>ketotifen fumarate (ophth) soln .025%</i>	1	QL (10 mL every 30 days), OTC

Drug Name	Drug Tier	Requirements/Limits
NEVANAC SUSP .1%	2	
olopatadine hcl soln .1%, .2%	1	QL (10 mL every 30 days)
PROLENSA SOLN .07%	3	QL (3 mL every 30 days)

PROSTAGLANDINS - OPHTHALMIC

bimatoprost soln .03%	1	QL (5 mL every 30 days)
latanoprost soln .005%	1	QL (2.5 mL every 30 days)
latanoprost soln .005%	1	QL (5 mL every 30 days)
LATANOPROST SOLN .005%	3	QL (2.5 mL every 30 days)
LUMIGAN SOLN .01%	2	QL (3 mL every 30 days)
travoprost soln .004%	1	QL (0.2 mL every 1 day)

OTIC AGENTS

OTIC AGENTS - MISCELLANEOUS

acetic acid (otic) soln 2%	1	
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OTIC ANTI-INFECTIVES

ciprofloxacin hcl (otic) soln .2%	1	QL (14 ea every 30 days)
ofloxacin (otic) soln .3%	1	QL (20 mL every 30 days)

OTIC COMBINATIONS

CIPRO HC SUS OTIC	2	QL (10 mL every 30 days)
ciprofloxacin-dexamethasone otic susp 0.3-0.1%	1	QL (8 mL every 30 days)
ciprofloxacin-fluocinolone acetone (pf) otic soln 0.3-0.025%	1	QL (14 ea every 30 days)
cortic-nd	1	
CORTISPORIN SUS -TC OTIC	2	
neomycin-polymyxin-hc otic soln 1%	1	
neomycin-polymyxin-hc otic susp 3.5 mg/ml-10000 unit/ml-1%	1	
OTOVEL DRO	3	QL (14 ea every 30 days)
PRAMOTIC DRO 1-0.1%	3	QL (10 mL every 30 days)

OTIC STEROIDS

flac oil .01%	1	
fluocinolone acetonide (otic) oil .01%	1	
hydrocortisone w/ acetic acid otic soln 1-2%	1	

Drug Name	Drug Tier	Requirements/Limits
OXYTOCICS		
OXYTOCICS		
<i>methergine tabs .2mg</i>	1	
<i>methylergonovine maleate tabs .2mg</i>	1	
PASSIVE IMMUNIZING AND TREATMENT AGENTS		
IMMUNE SERUMS		
CUVITRU SOLN 1gm/5ml, 2gm/10ml, 4gm/20ml, 10gm/50ml	3	SP, PA
GAMMAGARD LIQUID SOLN 1gm/10ml, 2.5gm/25ml, 5gm/50ml, 10gm/100ml, 20gm/200ml, 30gm/300ml	3	SP, PA
GAMMAKED SOLN 1gm/10ml, 5gm/50ml, 10gm/100ml, 20gm/200ml	3	SP, PA
GAMUNEX-C SOLN 1gm/10ml, 2.5gm/25ml, 5gm/50ml, 10gm/100ml, 20gm/200ml	3	SP, PA
HIZENTRA SOLN 1gm/5ml, 2gm/10ml, 4gm/20ml, 10gm/50ml; SOSY 1gm/5ml, 2gm/10ml, 4gm/20ml	3	SP, PA
PASSIVE IMMUNIZING AGENTS - COMBINATIONS		
HYQVIA INJ 2.5-200	3	SP, PA
HYQVIA INJ 5-400	3	SP, PA
HYQVIA INJ 10-800	3	SP, PA
HYQVIA INJ 20-1600	3	SP, PA
HYQVIA INJ 30-2400	3	SP, PA
PENICILLINS		
AMINOPENICILLINS		
<i>amoxicillin caps 250mg, 500mg; chew 125mg, 250mg; susr 125mg/5ml, 200mg/5ml, 250mg/5ml, 400mg/5ml; tabs 500mg, 875mg</i>	1	
<i>ampicillin caps 500mg</i>	1	
NATURAL PENICILLINS		
<i>penicillin v potassium solr 125mg/5ml, 250mg/5ml; tabs 250mg, 500mg</i>	1	
PENICILLIN COMBINATIONS		
<i>amoxicillin & k clavulanate chew tab 200-28.5 mg</i>	1	
<i>amoxicillin & k clavulanate chew tab 400-57 mg</i>	1	
<i>amoxicillin & k clavulanate for susp 200-28.5 mg/5ml</i>	1	
<i>amoxicillin & k clavulanate for susp 250-62.5 mg/5ml</i>	1	

Drug Name	Drug Tier	Requirements/Limits
<i>amoxicillin & k clavulanate for susp 400-57 mg/5ml</i>	1	
<i>amoxicillin & k clavulanate for susp 600-42.9 mg/5ml</i>	1	
<i>amoxicillin & k clavulanate tab 250-125 mg</i>	1	
<i>amoxicillin & k clavulanate tab 500-125 mg</i>	1	
<i>amoxicillin & k clavulanate tab 875-125 mg</i>	1	
<i>amoxicillin & k clavulanate tab er 12hr 1000-62.5 mg</i>	1	QL (42 tabs every 30 days)
AUGMENTIN SUS 125/5ML	2	

PENICILLINASE-RESISTANT PENICILLINS

<i>dicloxacillin sodium caps 250mg, 500mg</i>	1	
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PROGESTINS

PROGESTINS

<i>medroxyprogesterone acetate tabs 2.5mg, 5mg, 10mg</i>	1	
<i>megestrol acetate (appetite) susp 625mg/5ml</i>	1	QL (5 mL every 1 day)
<i>norethindrone acetate tabs 5mg</i>	1	
<i>progesterone caps 100mg, 200mg</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

SODIUM OXYBATE SOLN 500mg/ml	2	SP, PA, QL (540 ml every 30 days)
XYREM SOLN 500mg/ml	2	SP, PA, QL (540 ml every 30 days)

ANTIDEMENTIA AGENTS

<i>donepezil hydrochloride tabs 5mg, 10mg, 23mg; tbdp 5mg, 10mg</i>	1	QL (1 tab every 1 day)
<i>donepezil hydrochloride tbdp 5mg, 10mg</i>	1	QL (1 ea every 1 day)
<i>galantamine hydrobromide cp24 8mg, 16mg, 24mg</i>	1	QL (1 cap every 1 day)
<i>galantamine hydrobromide soln 4mg/ml</i>	1	QL (20 mL every 1 day)
<i>galantamine hydrobromide tabs 4mg, 8mg, 12mg</i>	1	QL (2 tabs every 1 day)
<i>memantine hcl cp24 7mg, 14mg, 21mg, 28mg</i>	1	QL (1 cap every 1 day)
<i>memantine hcl soln 2mg/ml</i>	1	QL (2 mL every 1 day)
<i>memantine hcl tabs 5mg, 10mg</i>	1	QL (2 tabs every 1 day)
<i>memantine hcl tab 28 x 5 mg & 21 x 10 mg titration pack</i>	1	QL (49 tabs every 28 days)

Drug Name	Drug Tier	Requirements/Limits
<i>rivastigmine pt24 4.6mg/24hr, 9.5mg/24hr, 13.3mg/24hr</i>	1	QL (1 patch every 1 day)
<i>rivastigmine tartrate caps 1.5mg, 3mg, 4.5mg, 6mg</i>	1	QL (2 caps every 1 day)
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	QL (1 cap every 1 day)
<i>olanzapine-fluoxetine hcl cap 12-25 mg</i>	1	QL (1 cap every 1 day)
<i>olanzapine-fluoxetine hcl cap 12-50 mg</i>	1	QL (1 cap every 1 day)
<i>perphenazine-amitriptyline tab 2-10 mg</i>	2	
<i>perphenazine-amitriptyline tab 2-25 mg</i>	2	
<i>perphenazine-amitriptyline tab 4-10 mg</i>	2	
<i>perphenazine-amitriptyline tab 4-25 mg</i>	2	
<i>perphenazine-amitriptyline tab 4-50 mg</i>	2	
FIBROMYALGIA AGENTS		
SAVELLA TABS 12.5mg, 25mg, 50mg, 100mg	2	QL (2 tabs every 1 day)
SAVELLA MIS TITR PAK	2	QL (55 tabs every 28 days)
MOVEMENT DISORDER DRUG THERAPY		
AUSTEDO TABS 6mg	3	SP, PA, QL (60 tabs every 30 days)
AUSTEDO TABS 9mg, 12mg	3	SP, PA, QL (120 tabs every 30 days)
AUSTEDO XR TB24 6mg	3	SP, PA, QL (90 tabs every 30 days)
AUSTEDO XR TB24 12mg	3	SP, PA, QL (120 tabs every 30 days)
AUSTEDO XR TB24 24mg	3	SP, PA, QL (60 tabs every 30 days)
<i>tetrabenazine tabs 12.5mg</i>	1	SP, PA, QL (120 tabs every 30 days)
<i>tetrabenazine tabs 25mg</i>	1	SP, PA, QL (60 tabs every 30 days)
MULTIPLE SCLEROSIS AGENTS		
AMPYRA TB12 10mg	3	SP, PA, QL (60 caps every 30 days)
AUBAGIO TABS 7mg, 14mg	3	SP, PA, QL (1 tab every 1 day)
BETASERON KIT .3mg	3	SP, PA, QL (14 kits every 28 days)

Drug Name	Drug Tier	Requirements/Limits
COPAXONE SOSY 20mg/ml	3	SP, QL (30 syringes every 30 days)
COPAXONE SOSY 40mg/ml	3	SP, QL (12 syringes every 28 days)
<i>dalfampridine tb12 10mg</i>	1	SP, PA, QL (60 caps every 30 days)
<i>dimethyl fumarate cpdr 120mg</i>	1	SP, PA, QL (14 caps every 28 days)
<i>dimethyl fumarate cpdr 240mg</i>	1	SP, PA, QL (60 caps every 30 days)
<i>dimethyl fumarate capsule dr starter pack 120 mg & 240 mg</i>	1	SP, PA, QL (60 caps every 30 days)
<i>fingolimod hcl caps .5mg</i>	1	SP, PA, QL (30 caps every 30 days)
KESIMPTA SOAJ 20mg/0.4ml	3	SP, PA, QL (1 pen every 28 days)
MAVENCLAD TBPK 10mg	3	SP, QL (20 tabs every 270 days)
MAYZENT TABS 1mg, 2mg	3	SP, PA, QL (30 tabs every 30 days)
MAYZENT TABS .25mg	3	SP, PA, QL (12 tabs every 5 days)
MAYZENT STARTER PACK TBPK .25mg	3	SP, PA, QL (12 tabs every 5 days)
MAYZENT STARTER PACK TBPK .25mg	3	SP, PA, QL (7 tabs every 4 days)
REBIF SOSY 22mcg/0.5ml, 44mcg/0.5ml	3	SP, PA, QL (12 syringes every 28 days)
REBIF REBIDO INJ TITRATN	3	SP, PA, QL (12 injections every 28 days)
REBIF REBIDOSE SOAJ 22mcg/0.5ml	3	SP, PA, QL (12 injections every 28 days)
REBIF REBIDOSE SOAJ 44mcg/0.5ml	3	SP, PA, QL (12 syringes every 28 days)
REBIF TITRTN INJ PACK	3	SP, PA, QL (12 syringes every 28 days)
TECFIDERA CPDR 120mg	3	SP, PA, QL (14 caps every 28 days)
TECFIDERA CPDR 240mg	3	SP, PA, QL (60 caps every 30 days)
TECFIDERA MIS STARTER	3	SP, PA, QL (60 caps every 30 days)
VUMERITY CPDR 231mg	3	SP, PA, QL (120 caps every 30 days)
ZEPOSIA CAPS .92mg	3	SP, PA, QL (30 tabs every 30 days)
ZEPOSIA 7DAY CAP STR PACK	3	SP, PA, QL (7 tabs every 7 days)

Drug Name	Drug Tier	Requirements/Limits
ZEPOSIA CAP STR KIT	3	SP, PA, QL (37 tabs every 37 days)
PSEUDOBULBAR AFFECT (PBA) AGENTS		
NUEDEXTA CAP 20-10MG	3	PA
PSYCHOTHERAPEUTIC AND NEUROLOGICAL AGENTS - MISC.		
<i>pimozide tabs 1mg, 2mg</i>	1	
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
RESPIRATORY AGENTS - MISC.		
CYSTIC FIBROSIS AGENTS		
KALYDECO PACK 13.4mg	3	SP, PA
KALYDECO PACK 25mg, 50mg, 75mg	3	SP, PA, QL (56 packets every 28 days)
KALYDECO TABS 150mg	3	SP, PA, QL (1 carton (56 tabs) every 28 days)
ORKAMBI GRA 75-94MG	3	SP, PA, QL (56 packets every 28 days)
ORKAMBI GRA 100-125	3	SP, PA, QL (56 packets every 28 days)
ORKAMBI GRA 150-188	3	SP, PA, QL (56 packets every 28 days)
ORKAMBI TAB 100-125	3	SP, PA, QL (112 tabs every 28 days)
ORKAMBI TAB 200-125	3	SP, PA, QL (112 tabs every 28 days)
PULMOZYME SOLN 2.5mg/2.5ml	2	SP, QL (60 ampules every 30 days)
SYMDEKO TAB 50-75MG	3	SP, PA, QL (56 tabs every 28 days)
SYMDEKO TAB 100-150	3	SP, PA, QL (56 tabs every 28 days)
TRIKAFTA PAK 59.5MG	3	SP, PA
TRIKAFTA PAK 75MG	3	SP, PA

Drug Name	Drug Tier	Requirements/Limits
TRIKAFTA TAB	3	SP, PA, QL (84 tabs every 28 days)
TRIKAFTA TAB	3	SP, QL (84 tabs every 28 days)
PULMONARY FIBROSIS AGENTS		
OFEV CAPS 100mg, 150mg	3	SP, PA, QL (60 caps every 30 days)
pirfenidone caps 267mg; tabs 267mg	3	SP, PA, QL (270 caps every 30 days)
pirfenidone tabs 801mg	3	SP, PA, QL (90 tabs every 30 days)
SULFONAMIDES		
SULFONAMIDES		
sulfadiazine tabs 500mg	1	
TETRACYCLINES		
AMINOMETHYLCYCLINES		
NUZYRA TABS 150mg	3	
TETRACYCLINES		
avidoxy tabs 100mg	1	
coremino tb24 45mg, 90mg, 135mg	1	
demeclocycline hcl tabs 150mg, 300mg	1	
doxycycline (monohydrate) caps 50mg, 150mg	1	QL (1 cap every 1 day)
doxycycline (monohydrate) caps 75mg, 100mg; susr 25mg/5ml; tabs 100mg	1	
doxycycline (monohydrate) tabs 50mg, 150mg	1	QL (1 tab every 1 day)
doxycycline (monohydrate) tabs 75mg	1	QL (2 tabs every 1 day)
doxycycline hyclate caps 50mg, 100mg; tabs 20mg, 100mg; tbec 75mg, 100mg, 150mg, 200mg	1	
lymepak tabs 100mg	1	
minocycline hcl caps 50mg, 75mg, 100mg	1	QL (2 caps every 1 day)
minocycline hcl tabs 50mg, 75mg, 100mg	1	QL (2 tabs every 1 day)
minocycline hcl tb24 45mg, 90mg, 135mg	1	
mondoxylene nl caps 100mg	1	
tetracycline hcl caps 250mg, 500mg	1	
THYROID AGENTS		
ANTITHYROID AGENTS		
methimazole tabs 5mg, 10mg	1	
propylthiouracil tabs 50mg	1	
THYROID HORMONES		
ARMOUR THYROID TABS 15mg, 30mg, 60mg, 90mg, 120mg, 180mg, 240mg, 300mg	2	

Drug Name	Drug Tier	Requirements/Limits
<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 caps 13mcg, 25mcg, 50mcg, 75mcg, 88mcg, 100mcg, 112mcg, 125mcg, 137mcg, 150mcg, 175mcg, 200mcg; 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	
NP THYROID 15 TABS 15mg	3	
NP THYROID 30 TABS 30mg	2	
NP THYROID 60 TABS 60mg	2	
NP THYROID 90 TABS 90mg	2	
NP THYROID 120 TABS 120mg	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>chlordiazepoxide hcl-clidinium bromide cap 5-2.5 mg</i>	1	
<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; subl .125mg; tabs .125mg; tb12 .375mg; tbdp .125mg</i>	1	
<i>hyosyne elix .125mg/5ml</i>	1	
<i>methscopolamine bromide tabs 2.5mg, 5mg</i>	1	
<i>nulev tbdp .125mg</i>	1	
<i>oscimin subl .125mg; tabs .125mg</i>	1	
<i>pb-hyoscy-atrop-scopol elix 16.2-0.1037-0.0194-0.0065 mg/5ml</i>	1	
<i>pb-hyoscy-atrop-scopol tab 16.2-0.1037-0.0194-0.0065 mg</i>	1	
<i>phenohydro</i>	1	

H-2 ANTAGONISTS

<i>acid reducer maximum stre tabs 20mg</i>	1	OTC
<i>cimetidine tabs 200mg, 300mg, 400mg, 800mg</i>	1	
<i>cvs acid controller maxim tabs 20mg</i>	1	OTC

Drug Name	Drug Tier	Requirements/Limits
<i>eq famotidine maximum str tabs 20mg</i>	1	OTC
<i>eq heartburn prevention/ tabs 20mg</i>	1	OTC
<i>famotidine susr 40mg/5ml</i>	1	QL (5 mL every 1 day)
<i>famotidine tabs 20mg</i>	1	OTC
<i>famotidine tabs 20mg, 40mg</i>	1	
<i>mm acid-pep maximum stren tabs 20mg</i>	1	OTC
<i>nizatidine caps 150mg</i>	1	QL (2 caps every 1 day)
<i>nizatidine caps 300mg</i>	1	QL (1 cap every 1 day)
<i>qc famotidine acid reduce tabs 20mg</i>	1	OTC
<i>zantac 360 maximum streng tabs 20mg</i>	1	OTC

MISC. ANTI-ULCER

<i>sucralfate susp 1gm/10ml</i>	1	QL (40 mL every 1 day)
<i>sucralfate tabs 1gm</i>	1	QL (4 tabs every 1 day)

PROTON PUMP INHIBITORS

<i>acid reducer tbec 20mg</i>	1	QL (2 tabs every 1 day), OTC
<i>cvs omeprazole tbec 20mg</i>	1	QL (2 tabs every 1 day), OTC
<i>dexlansoprazole cpdr 30mg, 60mg</i>	1	QL (1 cap every 1 day)
<i>eq esomeprazole magnesium cpdr 20mg</i>	1	QL (2 caps every 1 day), OTC
<i>esomeprazole magnesium cpdr 20mg</i>	1	QL (2 caps every 1 day), OTC
<i>esomeprazole magnesium cpdr 20mg, 40mg</i>	1	QL (2 caps every 1 day)
<i>esomeprazole magnesium pack 10mg, 20mg, 40mg</i>	1	QL (2 packets every 1 day)
<i>lansoprazole cpdr 15mg</i>	1	QL (2 caps every 1 day)
<i>lansoprazole cpdr 15mg</i>	1	QL (2 caps every 1 day), OTC
<i>lansoprazole cpdr 30mg</i>	1	QL (60 caps every 1 day)
<i>lansoprazole tbdd 15mg, 30mg</i>	1	QL (2 ea every 1 day)
<i>NEXIUM PACK 2.5mg, 5mg</i>	1	QL (2 packets every 1 day)
<i>omeprazole cpdr 10mg, 20mg, 40mg</i>	1	QL (2 caps every 1 day)
<i>omeprazole tbec 20mg</i>	1	QL (2 tabs every 1 day), OTC
<i>omeprazole magnesium tbec 20mg</i>	1	QL (2 tabs every 1 day), OTC
<i>pantoprazole sodium pack 40mg</i>	1	QL (2 packets every 1 day)
<i>pantoprazole sodium tbec 20mg, 40mg</i>	1	QL (2 tabs every 1 day)
<i>PRILOSEC PACK 2.5mg, 10mg</i>	3	QL (2 packets every 1 day)

Drug Name	Drug Tier	Requirements/Limits
<i>qc esomeprazole magnesium cpdr 20mg</i>	1	QL (2 caps every 1 day), OTC
<i>qc omeprazole tbec 20mg</i>	1	QL (2 tabs every 1 day), OTC
<i>rabeprazole sodium tbec 20mg</i>	1	QL (2 tabs every 1 day)
RABEPRAZOLE SODIUM DR SPR CPSP 10mg	3	
<i>sm omeprazole tbec 20mg</i>	1	QL (2 tabs every 1 day), OTC

ULCER DRUGS - PROSTAGLANDINS

<i>misoprostol tabs 100mcg, 200mcg</i>	1	QL (4 tabs every 1 day)
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ULCER THERAPY COMBINATIONS

<i>amoxicil cap & clarithro tab & lansopraz cap dr 500 & 500 & 30mg</i>	1	QL (14 ea every 30 days)
<i>bismuth subcit-metronidazole-tetracycline cap 140-125-125 mg</i>	1	QL (120 ea every 23 days)
<i>cvs omeprazole/sodium bic</i>	1	QL (2 caps every 1 day), OTC
PYLERA CAP	3	QL (120 caps every 30 days)
TALICIA CAP	2	

URINARY ANTISPASMODICS

URINARY ANTISPASMODIC - ANTIMUSCARINICS (ANTICHOLINERGIC)

<i>darifenacin hydrobromide tb24 7.5mg, 15mg</i>	1	QL (1 tab every 1 day)
<i>fesoterodine fumarate tb24 4mg, 8mg</i>	1	QL (1 tab every 1 day)
<i>oxybutynin chloride syrp 5mg/5ml</i>	1	QL (16 mL every 1 day)
<i>oxybutynin chloride tabs 5mg</i>	1	QL (16 tabs every 1 day)
<i>oxybutynin chloride tb24 5mg, 10mg, 15mg</i>	1	QL (1 tab every 1 day)
OXYTROL PTTW 3.9mg/24hr	3	
<i>solifenacin succinate tabs 5mg, 10mg</i>	1	QL (1 tab every 1 day)
<i>tolterodine tartrate cp24 2mg, 4mg</i>	1	QL (1 cap every 1 day)
<i>tolterodine tartrate tabs 1mg, 2mg</i>	1	QL (2 tabs every 1 day)
<i>tropium chloride cp24 60mg</i>	1	QL (1 cap every 1 day)
<i>tropium chloride tabs 20mg</i>	1	QL (2 tabs every 1 day)
VESICARE LS SUSP 5mg/5ml	3	

URINARY ANTISPASMODICS - BETA-3 ADRENERGIC AGONISTS

MYRBETRIQ SRER 8mg/ml	2	QL (10 mL every 1 day)
MYRBETRIQ TB24 25mg, 50mg	2	QL (1 tab every 1 day)

URINARY ANTISPASMODICS - CHOLINERGIC AGONISTS

<i>bethanechol chloride tabs 5mg, 10mg, 25mg, 50mg</i>	1	
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Drug Name	Drug Tier	Requirements/Limits
URINARY ANTISPASMODICS - DIRECT MUSCLE RELAXANTS		
<i>flavoxate hcl tabs 100mg</i>	1	QL (8 tabs every 1 day)

VACCINES

BACTERIAL VACCINES

ACTHIB INJ	3	\$0 copay for members age 18 and younger, otherwise not covered
BEXSERO INJ	3	\$0 copay
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
IPOLE 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

Drug Name	Drug Tier	Requirements/Limits
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
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

MISCELLANEOUS VAGINAL PRODUCTS

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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

CLEOCIN SUPP 100mg	3	QL (0.2 supp every 1 day)
<i>clindamycin phosphate vaginal crea 2%</i>	1	
GYNAZOLE-1 CREA 2%	2	
<i>metronidazole vaginal gel .75%</i>	1	QL (70 gm every 30 days)

Drug Name	Drug Tier	Requirements/Limits
NUVESSA GEL 1.3%	2	QL (2 gm every 30 days)
<i>terconazole vaginal crea .4%</i>	1	QL (3 gm every 1 day)
<i>terconazole vaginal crea .8%</i>	1	QL (40 gm every 30 days)
<i>terconazole vaginal supp 80mg</i>	1	QL (6 supp every 30 days)
VANDAZOLE GEL .75%	3	QL (70 gm every 30 days)

VAGINAL CONTRACEPTIVE - PH MODULATORS

PHEXXI GEL	3	\$0 copay
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VAGINAL ESTROGENS

<i>estradiol vaginal crea .1mg/gm</i>	1	
<i>estradiol vaginal tabs 10mcg</i>	1	QL (0.6 tabs every 1 day)
ESTRING RING 2mg	2	QL (0.012 rings every 1 day)
FEMRING RING .05mg/24hr, .1mg/24hr	3	QL (0.012 rings every 1 day)
PREMARIN CREA .625mg/gm	2	QL (3 gm every 1 day)
<i>yuvaferm tabs 10mcg</i>	1	QL (0.6 tabs every 1 day)

VAGINAL PROGESTINS

CRINONE GEL 4%, 8%	3	PA
ENDOMETRIN INST 100mg	3	PA, QL (2 ea every 1 day)

VASOPRESSORS

ANAPHYLAXIS THERAPY AGENTS

<i>epinephrine (anaphylaxis) soaj .15mg/0.15ml, .15mg/0.3ml, .3mg/0.3ml</i>	1	QL (5 pens every year)
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)

VASOPRESSORS

<i>midodrine hcl tabs 2.5mg, 5mg</i>	1	QL (6 tabs every 1 day)
<i>midodrine hcl tabs 10mg</i>	1	QL (3 tabs every 1 day)

VITAMINS

OIL SOLUBLE VITAMINS

<i>ergocalciferol caps 1.25mg, 50000unit</i>	1	
<i>phytonadione tabs 5mg</i>	1	

WATER SOLUBLE VITAMINS

<i>endur-acin tbc 250mg</i>	1	OTC
<i>niacin tbc 250mg</i>	1	OTC
<i>sm niacin cr tbc 250mg</i>	1	OTC

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