



2021 High Performance Formulary (List of Covered Drugs)

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

This formulary was updated on 12/1/2021. For more recent information or other questions, please contact The Health Plan Pharmacy Services at 1.800.624.6961 extension 7914, or visit www.healthplan.org.

Pharmacy Benefit Programs

Prescription drugs are an integral component of a comprehensive health maintenance plan. Pharmacy benefit programs at The Health Plan are developed through recommendations of participating physicians and pharmacists. This group of professional health care providers, known as the Pharmacy and Therapeutics Committee, evaluates therapeutic classes of drugs and recommends coverage guidelines for our pharmacy benefit programs. The committee uses current medical and pharmaceutical literature along with recommendations of experts in various clinical specialties in its evaluation of our pharmacy benefit programs. The result is a list of drugs (formulary) to allow for the availability of appropriate medications for our members' needs. Also, the formulary and coverage guidelines allow prescription costs and your premium to be maintained at affordable levels.

Definitions

Prescription – Drugs which can only be dispensed upon order (prescription) by a qualified provider of care. Additionally, only drugs which are labeled “Caution: Federal law prohibits dispensing without prescription” will be considered eligible.

Generic Drug – A drug available as a chemically and therapeutically equivalent copy of a brand-name drug. It is usually available from several manufacturers.

Brand Drug – A prescription item only available from a single-source supplier.

Multi-Source Brand Drugs – Brand-name drugs which are manufactured by more than one producer. These agents are usually available as generic equivalents.

How to Use Your Prescription Benefit

Please present The Health Plan ID card to the pharmacist with your prescription. You will be required to pay a copayment (“copay”) at the time of service based on the prescription plan in which you are enrolled. Your copayment levels are found under the pharmacy benefit section Pharmacy Benefit of your Summary of Benefits. Your ID card also contains important information to allow the pharmacy to correctly submit your claim. Please take it with you to the pharmacy.

Specialty Pharmacy Program

Specialty drugs are high-cost medications including drugs manufactured by biotechnology. Specialty drugs may be administered by injection, oral, transdermal, or inhaled. Specialty drugs are used to treat very specific diseases and require extensive management for safety and effectiveness. Dosages need to be monitored for effect and adjustments might be needed for adequate response to effectively treat the disease.

Specialty drug require prior authorization to assure appropriate candidate for the drug. Additionally, oversight is an integral part of the prior authorization process. Dispensing might be limited to pharmacies with specific skills and distribution programs to assure proper delivery of these medications. Diseases targeted to receive therapy are, but not limited to, rheumatoid arthritis, severe chronic psoriasis, multiple sclerosis, hepatitis C, hemophilia, certain cancers, growth deficiency, cystic fibrosis, Crohn’s disease and organ transplant.

Coverage for these agents are provided under your Specialty Pharmacy Benefit. The list of specialty drugs is available at www.healthplan.org/personal/products-and-services.

Drugs Requiring Prior Authorization

Certain medications are eligible for coverage only after a patient-specific approval has been authorized. Patient-specific criteria may include age, gender, and clinical conditions determined by the physician for authorization to be granted for a specific drug. A coverage determination request can be made by the member, member's representative or physician. To request a coverage determination please contact pharmacy services at 1.800.624.6961, ext. 7914. Standard requests for coverage determinations will be processed within 72 hours. Requests for non-urgent coverage determinations received after 5pm will be processed the next business day. Urgent requests for coverage determinations will be processed within 24 hours.

Quantity per Dispensing Event (QPC rules)

Generally, The Health Plan allows dispensing of approved medications up to a 34-day supply per co-pay at the retail pharmacy network. Quantity per dispensing event rules (QPC) set thresholds that reduce exposure to unnecessary cost, without creating obstacles to access for most members. Drugs that are subject to QPC rules usually have specific limitations for use approved by the FDA. Examples include drugs to treat migraine headaches. These drugs, known as "triptans," are to be used in specific doses up to a defined number of headaches per month. The QPC rules allow this specific number of triptan medications to be dispensed per 34-day benefit period. To inquire about QPC limits to request an exemption, have your provider contact pharmacy services at 1.800.624.6961, ext. 7914.

Non-Formulary Coverage Review

Certain non-formulary medications are eligible for coverage only after a patient-specific approval has been authorized. Patient-specific criteria may include age, gender, and clinical conditions determined by the physician for authorization to be granted for a specific drug. A non-formulary exception request can be made by the member, member's representative or physician. To request an exception please contact pharmacy services at 1.800.624.6961, ext. 7914. Standard requests for exceptions will be processed within 15 calendar days of receipt of the request. Requests for non-urgent coverage determinations received after 5pm will be processed the next business day. Urgent requests for coverage determinations will be processed within 24 hours or receipt.

Generic Difference Policy

(copayment policy for multi-source drugs)
If a prescription order specifies that a brand-name drug must be dispensed when the generic equivalent is available, or the prescription order allows for generic substitution and the member elects to have the prescription filled with a brand-name drug instead, the member must pay the brand copayment plus the difference between The Health Plan cost of a brand-name and its generic equivalent (i.e., The Health Plan only pays for the generic cost). Please note: Non-formulary brand versions of generic drugs require coverage review as outlined above.

Out-of-Area Emergencies

In situations of emergency need for a prescription outside The Health Plan service area, please contact The Health Plan for the location of a participating pharmacy in that area. Present The Health Plan ID card with the emergency prescription and pay your copayment. If no pharmacy in the area participates with The Health Plan, purchase

the emergency prescription and send your receipt to The Health Plan. You will be reimbursed in full, less your applicable copayment, for the prescription provided the prescription meets the guidelines specified in this document.

Exclusions and Limitations

The following will not be covered or paid for by The Health Plan:

- The charge for any prescription refill other than the number set by the prescriber. Additionally, no refills dispensed more than one year from the date of the original prescription.
- The charge for any prescription, oral or topical, that is prescribed for cosmetic purposes.
- Nutritional and/or dietary supplements, except as covered in the Evidence of Coverage or required under Preventive Care Services or other laws. This includes, but not limited to, nutritional formulas and dietary supplements that can be purchased over the counter, which by law do not require either a written prescription or dispensing by a licensed pharmacist.
- The charge for any medications not FDA-approved for use in the general population.
- Off label use of a drug which is not medically accepted. The Health Plan uses the same guidelines as CMS for determining whether a proposed use is medically accepted.
- The charge for a drug not prescribed by a Health Plan qualified provider except in an emergency situation.
- The charge for any medication covered by any Worker's Compensation or occupational disease laws, any other group policy, or government program which is not The Health Plan's program.
- Dental-related prescriptions such as, but not limited to, oral fluorides, dental mouth washes, devices used in dental therapy. Certain oral fluoride products may be covered as a preventative medication.
- The charge for prescription drugs or devices used to promote weight loss.
- Treatment of hyperhidrosis (excessive sweating).
- Prescriptions used to treat sexual dysfunction, either oral or topical, or devices used for impotence.
- Appliances and therapeutic devices which may require a prescription are not covered. These include, but are not limited to, garments, splints, bandages, braces or nebulizers regardless of intended use.
- Prescriptions dispensed by any other delivery service other than Express Scripts.
- Certain legend drugs when any version or strength becomes available over the counter.
- Drugs in quantity which exceed the limits established by The Health Plan, or which exceed any age limits established.
- Charges for administration of any drug.
- Drugs consumed at the time and place where they were dispensed or where the prescription order was issued including but not limited to samples provided from the physician.
- Drugs or devices not requiring a prescription by Federal Law, except for injectable insulin.
- Charges for lost, stolen or damaged medication.
- Oral immunizations and biologicals.
- Drugs for the treatment of infertility.
- Compounded drugs, unless there is at least one ingredient that requires a prescription.
- Drugs to promote hair growth.
- Drugs to enhance athletic performance.
- Drugs to shorten the duration of the common cold.

- Allergenic Extracts
- Excipients, except when used in a covered compounded prescription.
- The cost of packaging, other than standard pharmacy packaging.
- Prescriptions filled at a Non Plan Pharmacy, except for an emergency.
- Herbal or homeopathic products.
- Outpatient drugs for which the manufacturer seeks to require that associated tests or monitoring services be purchased exclusively from the manufacturer.

*Always check your Summary Plan Description for your exact plan details. Exclusions and limitations can vary by plan. If you have questions regarding pharmacy coverage, please call 740.695.7914.

A pharmacist will review the case to evaluate that the opioid is being utilized safely and appropriately. Additionally, the member can be limited to one prescriber and one pharmacy, if needed.

Formulary medications will be preferred over non-formulary medications. Step therapy rules will be applied when reviewing a request for non-formulary medications. Also, dosing and quantities may be limited.

Pain Management Program and Opiate/Opioid Management

Pain Management Program will apply to plans within the value program.

The acute use of opioid medications for moderate to severe pain from acute injury, medical treatment or surgical procedure will be limited. The first fill of an opioid medication will be limited to a 5 day supply. This limit is for the first fill of an opioid medication for a member who has no history of opioid usage in the past 130 days.

For those members needing further management of their pain, a prior authorization will be required if:

- The opioid exceeds 80 morphine milligram equivalents per day
- Is taken for greater than 90 consecutive days
- Is a long acting opioid
- Is being taken with a medication that could cause respiratory depression.

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List of Abbreviations

ACA: Affordable Care Act.

LA: Limited Availability. This prescription may be available only at certain pharmacies. For more information, please call Customer Service.

OTC: Over the Counter. An OTC drug is a non-prescription drug.

PA: Prior Authorization. The Plan requires you or your physician to get prior authorization for certain drugs. This means that you will need to get approval before you fill your prescriptions. If you don't get approval, we may not cover the drug.

QL: Quantity Limit. For certain drugs, the Plan limits the amount of the drug that we will cover.

ST: Step Therapy. In some cases, the Plan requires you to first try certain drugs to treat your medical condition before we will cover another drug for that condition. For example, if Drug A and Drug B both treat your medical condition, we may not cover Drug B unless you try Drug A first. If Drug A does not work for you, we will then cover Drug B.

Drug Name	Drug Tier	Requirements / Limits
ANTI - INFECTIVES		
ANTIFUNGAL AGENTS		
<i>clotrimazole</i>	1	
CRESEMBA	2	
<i>fluconazole</i>	1	
<i>flucytosine</i>	1	
<i>griseofulvin microsize</i>	1	
<i>griseofulvin ultramicrosize</i>	1	
<i>itraconazole</i>	1	
<i>ketoconazole</i>	1	
NOXAFIL	2	
<i>nystatin</i>	1	
ORAVIG	3	
<i>posaconazole</i>	1	
<i>terbinafine hcl</i>	1	
<i>voriconazole</i>	1	
ANTIVIRALS		
<i>abacavir</i>	1	
<i>abacavir-lamivudine</i>	1	
<i>abacavir-lamivudine-zidovudine</i>	1	
<i>acyclovir</i>	1	
<i>adefovir</i>	1	
<i>amantadine hcl</i>	1	
APTIVUS	2	
<i>atazanavir</i>	1	
BARACLUDE	2	
BIKTARVY	2	
CIMDUO	2	

Drug Name	Drug Tier	Requirements / Limits
DESCOVY	2	
<i>didanosine</i>	1	
DOVATO	2	
EDURANT	2	
<i>efavirenz</i>	1	
<i>efavirenz-emtricitabin-tenofov</i>	1	
<i>efavirenz-lamivudine-tenofov disop</i>	1	
<i>emtricitabine</i>	1	
<i>emtricitabine-tenofovir (tdf) oral tablet 100-150 mg, 133-200 mg, 167-250 mg</i>	1	
<i>emtricitabine-tenofovir (tdf) oral tablet 200-300 mg</i>	6	ACA
EMTRIVA	2	
<i>entecavir</i>	1	
EPCLUSA	4	PA
EPIVIR HBV	2	
<i>etravirine</i>	1	
<i>famciclovir</i>	1	QL
<i>fosamprenavir</i>	1	
<i>foscarnet</i>	3	PA
FUZEON	2	PA
GENVOYA	2	
HARVONI	4	PA
INTELENCE	2	
INVIRASE	2	
ISENTRESS	2	
ISENTRESS HD	2	

You can find information on what the symbols and abbreviations on this table mean by going to the beginning of this table.

Drug Name	Drug Tier	Requirements / Limits
JULUCA	2	
<i>lamivudine</i>	1	
<i>lamivudine-zidovudine</i>	1	
LEXIVA	2	
<i>lopinavir-ritonavir</i>	1	
<i>nevirapine</i>	1	
NORVIR	2	
ODEFSEY	2	
<i>oseltamivir</i>	1	QL
PREVYMIS	2	QL
PREZISTA	2	
RELENZA DISKHALER	3	QL
REYATAZ	2	
<i>ribavirin</i>	1	PA
<i>rimantadine</i>	1	
<i>ritonavir</i>	1	
SELZENTRY	2	
<i>stavudine</i>	1	
SYNAGIS	4	PA; LA
TEMIXYS	2	
<i>tenofovir disoproxil fumarate</i>	1	
TIVICAY	2	
TIVICAY PD	2	
TRIUMEQ	2	
TROGARZO	4	PA
<i>valacyclovir</i>	1	QL
<i>valganciclovir</i>	1	
VEMLIDY	2	
VIRACEPT	2	
VIREAD	2	

Drug Name	Drug Tier	Requirements / Limits
ZEPATIER	4	PA
<i>zidovudine</i>	1	
CEPHALOSPORINS		
<i>cefaclor</i>	1	
<i>cefadroxil</i>	1	
<i>cefdinir</i>	1	
<i>cefditoren pivoxil</i>	1	
<i>cefixime</i>	1	
<i>cefpodoxime</i>	1	
<i>cefprozil</i>	1	
<i>cefuroxime axetil</i>	1	
<i>cephalexin</i>	1	
ERYTHROMYCINS & OTHER MACROLIDES		
<i>azithromycin</i>	1	
<i>clarithromycin</i>	1	
DIFICID	3	QL
<i>e.e.s. 400</i>	1	
<i>ery-tab</i>	1	
<i>erythrocin (as stearate)</i>	1	
<i>erythromycin</i>	1	
<i>erythromycin ethylsuccinate</i>	1	
MISCELLANEOUS ANTIINFECTIVES		
<i>albendazole</i>	1	QL
ALINIA	2	QL
ARIKAYCE	4	PA; LA
<i>atovaquone</i>	1	
<i>atovaquone-proguanil</i>	1	QL
BENZNIDAZOLE	2	QL

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Drug Name	Drug Tier	Requirements / Limits
CAYSTON	4	PA; LA
<i>chloroquine phosphate</i>	1	
<i>clindamycin hcl</i>	1	
<i>clindamycin pediatric</i>	1	
COARTEM	2	QL
CYCLOSERINE	3	
<i>dapsone</i>	1	
EMVERM	2	QL
<i>ethambutol</i>	1	
<i>hydroxychloroquine</i>	1	
IMPAVIDO	2	QL
<i>isoniazid</i>	1	
<i>ivermectin</i>	1	QL
KITABIS PAK	4	PA
<i>linezolid</i>	1	PA
<i>mefloquine</i>	1	QL
<i>metronidazole</i>	1	
<i>neomycin</i>	1	
<i>nitazoxanide</i>	1	QL
<i>paromomycin</i>	1	
<i>pentamidine</i>	1	QL
<i>praziquantel</i>	1	
PRIFTIN	2	
<i>pyrazinamide</i>	1	
<i>pyrimethamine</i>	4	
<i>quinine sulfate</i>	1	QL
<i>rifabutin</i>	1	
<i>rifampin</i>	1	
SIRTURO	2	LA
SIVEXTRO	3	PA

Drug Name	Drug Tier	Requirements / Limits
<i>tinidazole</i>	1	QL
<i>tobramycin</i>	4	PA
<i>tobramycin in 0.225 % nacl</i>	4	PA
TRECTOR	3	
XIFAXAN	2	QL
PENICILLINS		
<i>amoxicillin</i>	1	
<i>amoxicillin-pot clavulanate</i>	1	
<i>ampicillin</i>	1	
AUGMENTIN	2	
<i>dicloxacillin</i>	1	
<i>penicillin v potassium</i>	1	
QUINOLONES		
<i>ciprofloxacin</i>	1	
<i>ciprofloxacin hcl</i>	1	
FACTIVE	3	
<i>levofloxacin</i>	1	
<i>moxifloxacin</i>	1	
<i>ofloxacin</i>	1	
SULFA'S & RELATED AGENTS		
<i>sulfadiazine</i>	1	
<i>sulfamethoxazole-trimethoprim</i>	1	
<i>sulfatrim</i>	1	
TETRACYCLINES		
<i>avidoxy</i>	1	
<i>demeclocycline</i>	1	
<i>doxycycline hyclate</i>	1	
<i>doxycycline monohydrate</i>	1	

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Drug Name	Drug Tier	Requirements / Limits
<i>minocycline</i>	1	
<i>mondoxyne nl</i>	1	
<i>morgidox</i>	1	
<i>tetracycline</i>	1	
URINARY TRACT AGENTS		
<i>fosfomycin tromethamine</i>	1	
<i>methenamine hippurate</i>	1	
<i>methenamine mandelate</i>	1	
<i>nitrofurantoin</i>	1	
<i>nitrofurantoin macrocrystal</i>	1	
<i>nitrofurantoin monohyd/m-cryst</i>	1	
<i>trimethoprim</i>	1	
VANCOMYCIN		
<i>vancomycin</i>	1	QL
ANTINEOPLASTIC & IMMUNOSUPPRESSANT DRUGS		
ADJUNCTIVE AGENTS		
KEPIVANCE	4	PA
<i>leucovorin calcium</i>	1	
MESNEX	2	
VISTOGARD	4	PA
XGEVA	4	PA
ANTINEOPLASTIC & IMMUNOSUPPRESSANT DRUGS		
<i>abiraterone</i>	4	PA
ABRAXANE	4	PA
ADAKVEO	4	

Drug Name	Drug Tier	Requirements / Limits
ADCETRIS	4	PA
AFINITOR	4	PA
AFINITOR DISPERZ	4	PA
ALECENSA	4	PA
ALIQOPA	4	PA; LA
ALUNBRIG	4	PA
<i>anastrozole</i>	1	
ARRANON	4	PA
<i>azacitidine</i>	4	PA
<i>azathioprine</i>	1	
BALVERSA	4	PA; LA
BAVENCIO	4	PA; LA
BENDEKA	4	PA
BESPONSA	4	PA
<i>bexarotene</i>	4	PA
<i>bicalutamide</i>	1	
BLINCYTO	4	PA
BOSULIF	4	PA
CABOMETYX	4	PA; LA
CALQUENCE	4	PA; LA
<i>capecitabine</i>	4	PA
CAPRELSA	4	PA; LA
COMETRIQ	4	PA
COTELLIC	4	PA; LA
<i>cyclophosphamide</i>	1	
<i>cyclosporine</i>	1	
<i>cyclosporine modified</i>	1	
CYRAMZA	4	PA
DARZALEX	4	PA; LA
<i>decitabine</i>	4	PA

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Drug Name	Drug Tier	Requirements / Limits
DROXIA	2	
ELIGARD	4	PA
ELIGARD (3 MONTH)	4	PA
ELIGARD (4 MONTH)	4	PA
ELIGARD (6 MONTH)	4	PA
ELZONRIS	4	PA
EMCYT	2	
ENSPRYNG	4	PA
ERBITUX	4	PA
ERIVEDGE	4	PA
ERLEADA	4	PA
<i>erlotinib</i>	4	PA
<i>etoposide</i>	1	
<i>everolimus (antineoplastic)</i>	4	PA
<i>everolimus (immunosuppressive)</i>	1	
<i>exemestane</i>	1	
<i>fludarabine</i>	1	
<i>flutamide</i>	1	
FOLOTYN	4	PA
GAMIFANT	4	PA
GAVRETO	4	LA
GAZYVA	4	PA
<i>gengraf</i>	1	
GILOTRIF	4	PA
GLEOSTINE	2	
HALAVEN	4	PA
HYCAMTIN	4	PA

Drug Name	Drug Tier	Requirements / Limits
<i>hydroxyurea</i>	1	
IBRANCE	4	PA
ICLUSIG	4	PA
IDHIFA	4	PA; LA
<i>imatinib</i>	4	PA
IMBRUVICA	4	PA
IMFINZI	4	PA; LA
INLYTA	4	PA
IRESSA	4	PA
ISTODAX	4	PA
IXEMPRA	4	PA
JAKAFI	4	PA
KADCYLA	4	PA
KANJINTI	4	PA
KEYTRUDA	4	PA
KYMRIAH	4	PA
KYPROLIS	4	PA
<i>lapatinib</i>	4	PA
LENVIMA	4	PA
<i>letrozole</i>	1	
LEUKERAN	2	
<i>leuprolide</i>	4	PA
LIBTAYO	4	PA
LONSURF	4	PA
LORBRENA	4	PA
LUPRON DEPOT	4	PA
LUPRON DEPOT (3 MONTH)	4	PA
LUPRON DEPOT-PED	4	PA
LUPRON DEPOT-PED (3 MONTH)	4	PA
LYNPARZA	4	PA

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Drug Name	Drug Tier	Requirements / Limits
LYSODREN	4	
MARQIBO	4	PA
MATULANE	4	PA
<i>megestrol</i>	1	
MEKINIST	4	PA
<i>melphalan</i>	1	
<i>mercaptopurine</i>	1	
<i>methotrexate sodium</i>	1	
<i>methotrexate sodium (pf)</i>	1	
<i>mitoxantrone</i>	4	PA
MVASI	4	PA
<i>mycophenolate mofetil</i>	1	
<i>mycophenolate sodium</i>	1	
MYLERAN	2	
MYLOTARG	4	PA; LA
NERLYNX	4	PA; LA
NEXAVAR	4	PA; LA
<i>nilutamide</i>	1	
NINLARO	4	PA
NUBEQA	4	PA; LA
<i>octreotide acetate</i>	4	PA
ODOMZO	4	PA; LA
ONIVYDE	4	PA
OPDIVO	4	PA
PEMAZYRE	4	PA; LA
PERJETA	4	PA
POTELIGEO	4	PA
PROGRAF	2	
PURIXAN	4	PA
ROZLYTREK	4	PA; LA

Drug Name	Drug Tier	Requirements / Limits
RUBRACA	4	PA; LA
RUXIENCE	4	
RYDAPT	4	PA
SANDIMMUNE	2	
SIGNIFOR	4	PA
<i>sirolimus</i>	1	
SOLTAMOX	3	
SOMATULINE DEPOT	4	PA
SPRYCEL	4	PA
STIVARGA	4	PA
<i>sunitinib</i>	4	PA
SYLVANT	4	PA
TABRECTA	4	PA
<i>tacrolimus</i>	1	
TAFINLAR	4	PA
TAGRISSE	4	PA; LA
TALZENNA	4	PA
<i>tamoxifen</i>	1	
TARGETIN	4	PA
TASIGNA	4	PA
TECENTRIQ	4	PA; LA
TEMODAR	4	PA
<i>temozolomide</i>	4	PA
<i>temsirolimus</i>	4	PA
THALOMID	4	PA
TIBSOVO	4	PA
<i>topotecan</i>	4	PA
<i>toremifene</i>	1	
TRAZIMERA	4	PA
TREANDA	4	PA

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Drug Name	Drug Tier	Requirements / Limits
<i>tretinoin</i> (antineoplastic)	1	
TRIPTODUR	4	PA
UNITUXIN	4	PA
VANTAS	4	PA
VECTIBIX	4	PA
VELCADE	4	PA
VENCLEXTA	4	PA; LA
VENCLEXTA STARTING PACK	4	PA
VERZENIO	4	PA; LA
VITRAKVI	4	PA; LA
VIZIMPRO	4	PA
VOTRIENT	4	PA
VYXEOS	4	PA
XALKORI	4	PA
XERMELO	4	PA; LA
XOSPATA	4	PA; LA
YERVOY	4	PA
YESCARTA	4	PA
YONDELIS	4	PA
YONSA	4	PA
ZEJULA	4	PA; LA
ZELBORAF	4	PA
ZIRABEV	4	PA
ZOLADEX	4	PA
ZOLINZA	4	PA
ZORTRESS	2	
ZYDELIG	4	PA
ZYKADIA	4	PA

AUTONOMIC & CNS DRUGS, NEUROLOGY & PSYCH

Drug Name	Drug Tier	Requirements / Limits
ANTICONVULSANTS		
APTIOM	3	
<i>carbamazepine</i>	1	
CELONTIN	2	
<i>clobazam</i>	1	
<i>clonazepam</i>	1	
DIACOMIT	4	PA
<i>diazepam</i>	1	
DILANTIN	2	
<i>divalproex</i>	1	
EPIDIOLEX	4	PA; LA
<i>epitol</i>	1	
<i>ethosuximide</i>	1	
<i>felbamate</i>	1	
<i>gabapentin</i>	1	
<i>lamotrigine</i>	1	
<i>levetiracetam</i>	1	
NAYZILAM	2	QL
<i>oxcarbazepine</i>	1	
<i>phenobarbital</i>	1	
<i>phenytoin</i>	1	
<i>phenytoin sodium extended</i>	1	
<i>pregabalin</i>	1	
<i>primidone</i>	1	
<i>roweepra</i>	1	
<i>rufinamide</i>	1	
<i>subvenite</i>	1	
<i>subvenite starter (blue) kit</i>	1	
<i>subvenite starter (green) kit</i>	1	

You can find information on what the symbols and abbreviations on this table mean by going to the beginning of this table.

Drug Name	Drug Tier	Requirements / Limits
<i>subvenite starter (orange) kit</i>	1	
<i>tiagabine</i>	1	
<i>topiramate</i>	1	
<i>valproic acid</i>	1	
<i>valproic acid (as sodium salt)</i>	1	
<i>vigabatrin</i>	4	PA; LA
<i>vigadrone</i>	4	PA
VIMPAT	2	
<i>zonisamide</i>	1	
ANTIPARKINSONISM AGENTS		
APOKYN	4	PA; LA; QL
<i>benztropine</i>	1	
<i>bromocriptine</i>	1	
<i>carbidopa</i>	1	
<i>carbidopa-levodopa</i>	1	
<i>carbidopa-levodopa-entacapone</i>	1	
<i>entacapone</i>	1	
INBRIJA	4	PA; QL
KYNMOBI	2	PA; QL
<i>pramipexole</i>	1	
<i>rasagiline</i>	1	
<i>ropinirole</i>	1	
<i>selegiline hcl</i>	1	
<i>tolcapone</i>	1	
<i>trihexyphenidyl</i>	1	
MIGRAINE & CLUSTER HEADACHE THERAPY		
<i>almotriptan malate</i>	1	QL
<i>dihydroergotamine injection</i>	1	PA

Drug Name	Drug Tier	Requirements / Limits
<i>dihydroergotamine nasal</i>	1	QL
<i>eletriptan</i>	1	QL
<i>ergotamine-caffeine</i>	1	
<i>frovatriptan</i>	1	QL
<i>migergot</i>	1	
<i>naratriptan</i>	1	QL
<i>rizatriptan</i>	1	QL
<i>sumatriptan</i>	1	QL
<i>sumatriptan succinate oral</i>	1	QL
<i>sumatriptan succinate subcutaneous</i>	1	PA; QL
<i>sumatriptan-naproxen</i>	1	QL
<i>zolmitriptan</i>	1	QL
MISCELLANEOUS NEUROLOGICAL THERAPY		
<i>dalfampridine</i>	4	PA
<i>donepezil</i>	1	
<i>galantamine</i>	1	
<i>memantine</i>	1	
NUEDEXTA	2	
RADICAVA	4	PA
<i>rivastigmine</i>	1	
<i>rivastigmine tartrate</i>	1	
RUZURGI	4	PA
TEGSEDI	4	PA; LA
<i>tetrabenazine</i>	4	PA; QL
TYSABRI	4	PA; LA
ZOLGENSMA	4	PA

You can find information on what the symbols and abbreviations on this table mean by going to the beginning of this table.

Drug Name	Drug Tier	Requirements / Limits
MUSCLE RELAXANTS & ANTISPASMODIC THERAPY		
<i>baclofen</i>	1	
<i>carisoprodol</i>	3	
<i>chlorzoxazone</i>	1	
<i>cyclobenzaprine</i>	1	
<i>dantrolene</i>	1	
<i>metaxalone</i>	1	
<i>methocarbamol</i>	1	
<i>orphenadrine citrate</i>	1	
<i>orphenadrine-asa-caffeine</i>	1	
<i>orphengesic forte</i>	1	
<i>pyridostigmine bromide</i>	1	
<i>tizanidine</i>	1	
NARCOTIC ANALGESICS		
<i>acetaminophen-caff-dihydrocod</i>	1	ST; QL
<i>acetaminophen-codeine</i>	1	ST; QL
<i>ascomp with codeine</i>	1	
<i>buprenorphine</i>	1	
<i>buprenorphine hcl</i>	1	
<i>butalbital compound w/codeine</i>	1	
<i>butalbital-acetaminop-caf-cod</i>	1	
<i>butalbital-acetaminophen</i>	1	
<i>butalbital-acetaminophen-caff</i>	1	
<i>butalbital-aspirin-caffeine</i>	1	

Drug Name	Drug Tier	Requirements / Limits
<i>codeine sulfate</i>	1	ST; QL
<i>codeine-butalbital-asa-caff</i>	1	
<i>diskets</i>	1	PA
<i>dvorah</i>	1	ST; QL
<i>endocet</i>	1	ST; QL
<i>fentanyl</i>	1	QL
<i>fentanyl citrate</i>	1	PA; ST; QL
<i>hydrocodone bitartrate</i>	1	QL
<i>hydrocodone-acetaminophen</i>	1	ST; QL
<i>hydrocodone-ibuprofen</i>	1	ST; QL
<i>hydromorphone oral liquid</i>	1	ST; QL
<i>hydromorphone oral tablet</i>	1	ST; QL
<i>hydromorphone oral tablet extended release 24 hr</i>	1	PA; QL
<i>hydromorphone rectal</i>	1	ST; QL
<i>levorphanol tartrate</i>	1	ST; QL
<i>methadone injection</i>	1	
<i>methadone oral</i>	1	PA
<i>methadose</i>	1	PA
<i>morphine concentrate</i>	1	ST; QL
<i>morphine oral capsule, er multiphase 24 hr</i>	1	PA; QL
<i>morphine oral capsule, extend. release pellets</i>	1	PA; QL

You can find information on what the symbols and abbreviations on this table mean by going to the beginning of this table.

Drug Name	Drug Tier	Requirements / Limits
<i>morphine oral solution</i>	1	ST; QL
<i>morphine oral tablet</i>	1	ST; QL
<i>morphine oral tablet extended release</i>	1	PA; QL
<i>morphine rectal</i>	1	ST; QL
<i>oxycodone</i>	1	ST; QL
<i>oxycodone-acetaminophen</i>	1	ST; QL
OXYCONTIN	3	PA; QL
<i>oxymorphone oral tablet</i>	1	ST; QL
<i>oxymorphone oral tablet extended release 12 hr</i>	1	PA; QL
<i>prolata</i>	1	ST; QL
SUBLOCADE	4	PA
<i>tencon</i>	1	
<i>vtol lq</i>	1	
<i>zebutal</i>	1	
NON-NARCOTIC ANALGESICS		
<i>aspirin</i>	6	ACA; OTC
<i>aspirin low dose</i>	6	ACA; OTC
<i>aspir-trin</i>	6	ACA; OTC
<i>bayer aspirin</i>	6	ACA; OTC
<i>buprenorphine-naloxone sublingual film 12-3 mg</i>	1	
<i>buprenorphine-naloxone sublingual film 2-0.5 mg, 4-1 mg, 8-2 mg</i>	1	QL
<i>buprenorphine-naloxone sublingual tablet 2-0.5 mg</i>	1	QL

Drug Name	Drug Tier	Requirements / Limits
<i>buprenorphine-naloxone sublingual tablet 8-2 mg</i>	1	
<i>butorphanol</i>	1	PA; ST; QL
<i>cataflam</i>	1	
<i>celecoxib</i>	1	
<i>children's aspirin</i>	6	ACA; OTC
<i>choline,magnesium salicylate</i>	1	
<i>diclofenac potassium</i>	1	
<i>diclofenac sodium oral</i>	1	
<i>diclofenac sodium topical</i>	1	QL
<i>diclofenac-misoprostol</i>	1	
<i>diflunisal</i>	1	
<i>ecotrin</i>	6	ACA; OTC
<i>ecotrin low strength</i>	6	ACA; OTC
<i>etodolac</i>	1	
<i>fenoprofen</i>	1	
<i>flurbiprofen</i>	1	
<i>ibu</i>	1	
<i>ibuprofen</i>	1	
<i>indomethacin</i>	1	
<i>ketoprofen</i>	1	
<i>ketorolac</i>	1	
KLOXXADO	2	QL
<i>meclofenamate</i>	1	
<i>mefenamic acid</i>	1	
<i>meloxicam</i>	1	
<i>meloxicam submicronized</i>	1	
<i>nabumetone</i>	1	

You can find information on what the symbols and abbreviations on this table mean by going to the beginning of this table.

Drug Name	Drug Tier	Requirements / Limits
<i>naloxone</i>	1	PA
<i>naltrexone</i>	1	
<i>naproxen</i>	1	
<i>naproxen sodium</i>	1	
NARCAN	2	QL
NUCYNTA	3	ST; QL
NUCYNTA ER	3	PA; QL
<i>oxaprozin</i>	1	
<i>piroxicam</i>	1	
<i>salsalate</i>	1	
<i>st joseph aspirin</i>	6	ACA; OTC
<i>sulindac</i>	1	
<i>tolmetin</i>	1	
<i>tramadol</i>	1	ST; QL
<i>tramadol-acetaminophen</i>	1	ST; QL
VISCO-3	4	PA
VIVITROL	4	
ZUBSOLV SUBLINGUAL TABLET 0.7-0.18 MG, 1.4-0.36 MG, 2.9-0.71 MG, 5.7- 1.4 MG, 8.6-2.1 MG	2	QL
ZUBSOLV SUBLINGUAL TABLET 11.4-2.9 MG	2	
PSYCHOTHERAPEUTIC DRUGS		
ABILIFY MAINTENA	2	
<i>alprazolam</i>	1	
<i>alprazolam intensol</i>	1	
<i>amitriptyline</i>	1	

Drug Name	Drug Tier	Requirements / Limits
<i>amitriptyline-chlordiazepoxide</i>	1	
<i>amoxapine</i>	1	
<i>amphetamine sulfate</i>	1	
<i>aripiprazole oral solution</i>	1	
<i>aripiprazole oral tablet</i>	1	QL
<i>aripiprazole oral tablet, disintegrating</i>	1	QL
ARISTADA	2	
ARISTADA INITIO	2	
<i>armodafinil</i>	1	PA
<i>asenapine maleate</i>	3	QL
<i>atomoxetine</i>	1	
BELSOMRA	3	
<i>bupropion hcl</i>	1	
<i>buspirone</i>	1	
<i>chlordiazepoxide hcl</i>	1	
<i>chlorpromazine</i>	1	
<i>citalopram</i>	1	
<i>clomipramine</i>	1	
<i>clonidine hcl</i>	1	
<i>clorazepate dipotassium</i>	1	
<i>clozapine</i>	1	
<i>desipramine</i>	1	
<i>desvenlafaxine succinate</i>	1	
<i>dexmethylphenidate</i>	1	
<i>dextroamphetamine</i>	1	
<i>dextroamphetamine-amphetamine</i>	1	
<i>diazepam</i>	1	

You can find information on what the symbols and abbreviations on this table mean by going to the beginning of this table.

Drug Name	Drug Tier	Requirements / Limits
<i>diazepam intensol</i>	1	
<i>doxepin</i>	1	
<i>duloxetine</i>	1	
EMSAM	3	
<i>ergoloid</i>	1	
<i>escitalopram oxalate</i>	1	
<i>estazolam</i>	1	
<i>eszopiclone</i>	1	
FETZIMA	3	
<i>fluoxetine</i>	1	
<i>fluphenazine hcl</i>	1	
<i>flurazepam</i>	1	
<i>fluvoxamine</i>	1	
<i>guanfacine</i>	1	
<i>haloperidol</i>	1	
<i>haloperidol lactate</i>	1	
<i>imipramine hcl</i>	1	
<i>imipramine pamoate</i>	1	
LATUDA	3	QL
<i>lithium carbonate</i>	1	
<i>lorazepam</i>	1	
<i>lorazepam intensol</i>	1	
<i>loxapine succinate</i>	1	
<i>maprotiline</i>	1	
MARPLAN	3	
<i>methamphetamine</i>	1	
<i>methylphenidate hcl</i>	1	
<i>midazolam</i>	1	
<i>mirtazapine</i>	1	
<i>modafinil</i>	1	PA
<i>molindone</i>	1	
<i>nortriptyline</i>	1	

Drug Name	Drug Tier	Requirements / Limits
<i>olanzapine</i>	1	QL
<i>olanzapine-fluoxetine</i>	1	
<i>paliperidone</i>	1	QL
<i>paroxetine hcl</i>	1	
<i>paroxetine mesylate(menop.sym)</i>	1	
<i>perphenazine</i>	1	
<i>perphenazine-amitriptyline</i>	1	
<i>phenelzine</i>	1	
<i>pimozide</i>	1	
<i>procentra</i>	1	
<i>protriptyline</i>	1	
<i>quetiapine</i>	1	QL
<i>ramelteon</i>	1	
REXULTI	3	QL
RISPERDAL CONSTA	2	
<i>risperidone oral solution</i>	1	
<i>risperidone oral tablet</i>	1	QL
<i>risperidone oral tablet,disintegrating</i>	1	QL
<i>seconal sodium</i>	1	
<i>sertraline</i>	1	
SUNOSI	2	
<i>thioridazine</i>	1	
<i>thiothixene</i>	1	
<i>tranylcypromine</i>	1	
<i>trazodone</i>	1	
<i>triazolam</i>	1	

You can find information on what the symbols and abbreviations on this table mean by going to the beginning of this table.

Drug Name	Drug Tier	Requirements / Limits
<i>trifluoperazine</i>	1	
<i>trimipramine</i>	1	
TRINTELLIX	3	PA
<i>venlafaxine</i>	1	
VIIBRYD	3	PA
XYREM	4	PA; LA; QL
XYWAV	4	PA; LA; QL
<i>zaleplon</i>	1	
<i>zenzedi</i>	1	
<i>ziprasidone hcl</i>	1	QL
<i>zolpidem</i>	1	
ZULRESSO	4	PA

CARDIOVASCULAR, HYPERTENSION & LIPIDS

ANTIARRHYTHMIC AGENTS

<i>amiodarone</i>	1	
<i>disopyramide phosphate</i>	3	
<i>dofetilide</i>	1	
<i>flecainide</i>	1	
<i>mexiletine</i>	1	
MULTAQ	3	
<i>pacerone</i>	1	
<i>propafenone</i>	1	
<i>quinidine gluconate</i>	1	
<i>quinidine sulfate</i>	1	
<i>sorine</i>	1	
<i>sotalol</i>	1	
<i>sotalol af</i>	1	
SOTYLIZE	2	

ANTIHYPERTENSIVE THERAPY

<i>acebutolol</i>	1	
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Drug Name	Drug Tier	Requirements / Limits
<i>aliskiren</i>	3	
<i>amiloride</i>	1	
<i>amiloride-hydrochlorothiazide</i>	1	
<i>amlodipine</i>	1	
<i>amlodipine-benazepril</i>	1	
<i>amlodipine-olmesartan</i>	1	
<i>amlodipine-valsartan</i>	1	
<i>amlodipine-valsartan-hcthiazid</i>	1	
<i>atenolol</i>	1	
<i>atenolol-chlorthalidone</i>	1	
<i>benazepril</i>	1	
<i>benazepril-hydrochlorothiazide</i>	1	
<i>betaxolol</i>	1	
<i>bisoprolol fumarate</i>	1	
<i>bisoprolol-hydrochlorothiazide</i>	1	
<i>bumetanide</i>	1	
<i>candesartan</i>	1	
<i>candesartan-hydrochlorothiazid</i>	1	
<i>captopril</i>	1	
<i>captopril-hydrochlorothiazide</i>	1	
<i>cartia xt</i>	1	
<i>carvedilol</i>	1	
<i>carvedilol phosphate</i>	1	
<i>chlorthalidone</i>	1	
<i>clonidine</i>	1	

You can find information on what the symbols and abbreviations on this table mean by going to the beginning of this table.

Drug Name	Drug Tier	Requirements / Limits
<i>clonidine hcl</i>	1	
<i>diltiazem</i>	1	
<i>dilt-xr</i>	1	
<i>doxazosin</i>	1	
EDARBI	3	
EDARBYCLOR	3	
<i>enalapril maleate</i>	1	
<i>enalapril-hydrochlorothiazide</i>	1	
<i>eplerenone</i>	1	
<i>epoprostenol</i>	4	PA
<i>epoprostenol (glycine)</i>	4	PA
<i>eprosartan</i>	1	
<i>ethacrynic acid</i>	1	
<i>felodipine</i>	1	
<i>fosinopril</i>	1	
<i>fosinopril-hydrochlorothiazide</i>	1	
<i>furosemide</i>	1	
<i>guanfacine</i>	1	
<i>hydralazine</i>	1	
<i>hydrochlorothiazide</i>	1	
<i>indapamide</i>	1	
<i>irbesartan</i>	1	
<i>irbesartan-hydrochlorothiazide</i>	1	
<i>isradipine</i>	1	
KERENDIA	2	
<i>labetalol</i>	1	
<i>lisinopril</i>	1	
<i>lisinopril-hydrochlorothiazide</i>	1	

Drug Name	Drug Tier	Requirements / Limits
<i>losartan</i>	1	
<i>losartan-hydrochlorothiazide</i>	1	
<i>matzim la</i>	1	
<i>methyldopa</i>	1	
<i>methyldopa-hydrochlorothiazide</i>	1	
<i>metolazone</i>	1	
<i>metoprolol succinate</i>	1	
<i>metoprolol ta-hydrochlorothiaz</i>	1	
<i>metoprolol tartrate</i>	1	
<i>metyrosine</i>	1	
<i>minoxidil</i>	1	
<i>moexipril</i>	1	
<i>nadolol</i>	1	
<i>nadolol-bendroflumethiazide</i>	1	
<i>nebivolol</i>	3	
<i>nicardipine</i>	1	
<i>nifedipine</i>	1	
<i>nimodipine</i>	1	
<i>nisoldipine</i>	1	
<i>olmesartan</i>	1	
<i>olmesartan-amlodipin-hcthiazid</i>	1	
<i>olmesartan-hydrochlorothiazide</i>	1	
ORENITRAM	4	PA
<i>perindopril erbumine</i>	1	
<i>phenoxybenzamine</i>	1	
<i>pindolol</i>	1	
<i>prazosin</i>	1	

You can find information on what the symbols and abbreviations on this table mean by going to the beginning of this table.

Drug Name	Drug Tier	Requirements / Limits
<i>propranolol</i>	1	
<i>propranolol-hydrochlorothiazid</i>	1	
<i>quinapril</i>	1	
<i>quinapril-hydrochlorothiazide</i>	1	
<i>ramipril</i>	1	
<i>spironolactone</i>	1	
<i>spironolacton-hydrochlorothiaz</i>	1	
<i>taztia xt</i>	1	
TEKTURNA HCT	3	
<i>telmisartan</i>	1	
<i>telmisartan-amlodipine</i>	1	
<i>telmisartan-hydrochlorothiazid</i>	1	
<i>terazosin</i>	1	
<i>tiadyt er</i>	1	
<i>timolol maleate</i>	1	
<i>torse mide</i>	1	
<i>trandolapril</i>	1	
<i>trandolapril-verapamil</i>	1	
<i>treprostinil sodium</i>	4	PA
<i>triamterene</i>	1	
<i>triamterene-hydrochlorothiazid</i>	1	
UPTRAVI	4	PA; LA
<i>valsartan</i>	1	
<i>valsartan-hydrochlorothiazide</i>	1	
<i>veletri</i>	4	PA
<i>verapamil</i>	1	

Drug Name	Drug Tier	Requirements / Limits
CARDIAC GLYCOSIDES		
<i>digitek</i>	1	
<i>digox</i>	1	
<i>digoxin</i>	1	
COAGULATION THERAPY		
ADVATE	4	PA
ADYNOVATE	4	PA
AFSTYLA	4	PA
ALPHANATE	4	PA
ALPROLIX	4	PA
<i>aminocaproic acid</i>	1	
<i>aspirin-dipyridamole</i>	1	
BENEFIX	4	PA
BRILINTA	2	
CABLIVI	4	PA; LA
CEPROTIN (BLUE BAR)	4	PA
CEPROTIN (GREEN BAR)	4	PA
<i>cilostazol</i>	1	
<i>clopidogrel</i>	1	
COAGADEX	4	PA
CORIFACT	4	PA
<i>dipyridamole</i>	1	
DOPTELET (15 TAB PACK)	4	PA; LA
ELIQUIS	2	
ELIQUIS DVT-PE TREAT 30D START	2	
ELOCTATE	4	PA
<i>enoxaparin</i>	4	PA
ESPEROCT	4	PA

You can find information on what the symbols and abbreviations on this table mean by going to the beginning of this table.

Drug Name	Drug Tier	Requirements / Limits
FEIBA NF	4	PA
<i>fondaparinux</i>	4	PA
HEMLIBRA	4	PA
HEMOFIL M HIGH	4	PA
HEMOFIL M LOW	4	PA
HEMOFIL M MID	4	PA
HEMOFIL M SUPER HIGH	4	PA
<i>hep flush-10 (pf)</i>	1	PA
<i>heparin (porcine)</i>	1	PA
<i>heparin (porcine) in 5 % dex</i>	1	PA
<i>heparin (porcine) in nacl (pf)</i>	1	PA
<i>heparin flush(porcine)-0.9nacl</i>	1	PA
<i>heparin lock flush (porcine)</i>	1	PA
<i>heparin lockflush(porcine)(pf)</i>	1	PA
<i>heparin(porcine) in 0.45% nacl</i>	1	PA
<i>heparin, porcine (pf) injection solution 1,000 unit/ml</i>	1	PA
HEPARIN, PORCINE (PF) INJECTION SOLUTION 5,000 UNIT/0.5 ML	2	PA
<i>heparin, porcine (pf) injection syringe</i>	1	PA
<i>heparin, porcine (pf) intravenous</i>	1	PA
HUMATE-P	4	PA

Drug Name	Drug Tier	Requirements / Limits
IXINITY	4	PA
<i>jantoven</i>	1	
JIVI	4	PA
KOGENATE FS	4	PA
KOVALTRY	4	PA
MONONINE	4	PA
NOVOEIGHT	4	PA
NOVOSEVEN RT	4	PA
NPLATE	4	PA
OBIZUR	4	PA
<i>pentoxifylline</i>	1	
<i>phytonadione (vitamin k1)</i>	1	PA
<i>prasugrel</i>	1	
PROFILNINE	4	PA
PROMACTA	4	PA; LA
RIASTAP	4	PA
SEVENFACT	4	
TAVALISSE	4	PA; LA
TRETTEN	4	PA
<i>vitamin k</i>	1	PA
<i>vitamin k1</i>	1	PA
VONVENDI	4	PA
<i>warfarin</i>	1	
XARELTO	2	
XARELTO DVT-PE TREAT 30D START	2	
ZONTIVITY	3	
LIPID/CHOLESTEROL LOWERING AGENTS		
<i>amlodipine-atorvastatin</i>	1	

You can find information on what the symbols and abbreviations on this table mean by going to the beginning of this table.

Drug Name	Drug Tier	Requirements / Limits
<i>atorvastatin oral tablet 10 mg, 20 mg</i>	6	ACA
<i>atorvastatin oral tablet 40 mg, 80 mg</i>	1	
<i>cholestyramine (with sugar)</i>	1	
<i>cholestyramine light</i>	1	
<i>colesevelam</i>	1	
<i>colestipol</i>	1	
<i>ezetimibe</i>	1	
<i>ezetimibe-simvastatin</i>	1	
<i>fenofibrate</i>	1	
<i>fenofibrate micronized</i>	1	
<i>fenofibrate nanocrystallized</i>	1	
<i>fenofibric acid</i>	1	
<i>fluvastatin</i>	6	ACA
<i>gemfibrozil</i>	1	
<i>icosapent ethyl</i>	1	PA
JUXTAPID	4	PA; LA
LIVALO	3	
<i>lovastatin</i>	6	ACA
<i>niacin</i>	1	
<i>omega-3 acid ethyl esters</i>	1	PA
<i>pravastatin</i>	6	ACA
<i>prevalite</i>	1	
REPATHA PUSHTRONEX	2	PA
REPATHA SURECLICK	2	PA
REPATHA SYRINGE	2	PA

Drug Name	Drug Tier	Requirements / Limits
<i>rosuvastatin oral tablet 10 mg, 5 mg</i>	6	ACA
<i>rosuvastatin oral tablet 20 mg, 40 mg</i>	1	
<i>simvastatin oral tablet 10 mg, 20 mg, 40 mg, 5 mg</i>	6	ACA
<i>simvastatin oral tablet 80 mg</i>	1	
VASCEPA	2	PA
MISCELLANEOUS CARDIOVASCULAR AGENTS		
CORLANOR	2	
ENTRESTO	2	
<i>ranolazine</i>	3	
VERQUVO	2	
VYNDAMAX	4	PA
VYNDAQEL	4	PA
NITRATES		
<i>isosorbide dinitrate</i>	1	
<i>isosorbide mononitrate</i>	1	
<i>nitro-bid</i>	1	
<i>nitroglycerin</i>	1	
<i>nitro-time</i>	1	
DERMATOLOGICALS/TOPICAL THERAPY		
ANTIPSORIATIC / ANTISEBORRHEIC		
<i>acitretin</i>	1	
<i>calcipotriene</i>	1	
<i>calcipotriene-betamethasone</i>	1	
<i>calcitriol</i>	1	

You can find information on what the symbols and abbreviations on this table mean by going to the beginning of this table.

Drug Name	Drug Tier	Requirements / Limits
COSENTYX	4	PA
COSENTYX (2 SYRINGES)	4	PA
COSENTYX PEN	4	PA
COSENTYX PEN (2 PENS)	4	PA
<i>hydrocortisone-pramoxine</i>	1	
<i>selenium sulfide</i>	1	
SKYRIZI	4	PA
STELARA	4	PA
<i>sulfacetamide sodium</i>	1	
TALTZ AUTOINJECTOR	4	PA
TALTZ AUTOINJECTOR (2 PACK)	4	PA
TALTZ AUTOINJECTOR (3 PACK)	4	PA
TALTZ SYRINGE	4	PA
TREMFYA	4	PA
BURN THERAPY		
<i>silver sulfadiazine</i>	1	
<i>ssd</i>	1	
MISCELLANEOUS DERMATOLOGICALS		
<i>ammonium lactate</i>	1	
<i>doxepin</i>	1	
DUPIXENT PEN	4	PA
DUPIXENT SYRINGE	4	PA
<i>fluorouracil</i>	1	
<i>iodine-sodium iodide</i>	1	

Drug Name	Drug Tier	Requirements / Limits
<i>methoxsalen</i>	1	
<i>methyl salicylate</i>	1	
PICATO	3	
<i>pimecrolimus</i>	3	
<i>podofilox</i>	1	
<i>prudoxin</i>	1	
REGRANEX	2	
<i>tacrolimus</i>	1	
VALCHLOR	4	PA
VEREGEN	3	
<i>wintergreen oil</i>	1	
THERAPY FOR ACNE		
<i>acutane</i>	1	
<i>adapalene-benzoyl peroxide</i>	1	
<i>amnesteam</i>	1	
<i>avar</i>	1	
<i>avita</i>	1	
AZELEX	3	
<i>benzepro</i>	1	
<i>benzoyl peroxide</i>	1	
<i>bp 10-1</i>	1	
<i>claravis</i>	1	
<i>clindacin p</i>	1	
<i>clindamycin phosphate topical foam</i>	1	QL
<i>clindamycin phosphate topical gel</i>	1	QL
<i>clindamycin phosphate topical gel, once daily</i>	1	QL

You can find information on what the symbols and abbreviations on this table mean by going to the beginning of this table.

Drug Name	Drug Tier	Requirements / Limits
<i>clindamycin phosphate topical lotion</i>	1	QL
<i>clindamycin phosphate topical solution</i>	1	QL
<i>clindamycin phosphate topical swab</i>	1	
<i>clindamycin-benzoyl peroxide</i>	1	
<i>clindamycin-tretinoin</i>	1	
<i>dapsone</i>	1	
<i>ery pads</i>	1	
<i>erygel</i>	1	
<i>erythromycin with ethanol</i>	1	
<i>erythromycin-benzoyl peroxide</i>	1	
<i>isotretinoin</i>	1	
<i>ivermectin</i>	1	
<i>metronidazole</i>	1	
<i>myorisan</i>	1	
<i>neuac</i>	1	
<i>rosadan</i>	1	
<i>rosula cleansing cloths</i>	1	
<i>sss 10-5</i>	1	
<i>sulfacetamide sodium-sulfur</i>	1	
<i>sulfacetamide-sulfur-cleansr23</i>	1	
<i>sulfacleanse 8-4</i>	1	
<i>tazarotene</i>	1	
TAZORAC	2	

Drug Name	Drug Tier	Requirements / Limits
<i>tretinoin</i>	1	
<i>tretinoin microspheres</i>	1	
<i>zenatane</i>	1	
TOPICAL ANESTHETICS		
<i>glydo</i>	1	QL
<i>lidocaine hcl laryngotracheal</i>	1	
<i>lidocaine hcl mucous membrane jelly</i>	1	QL
<i>lidocaine hcl mucous membrane jelly in applicator</i>	1	QL
<i>lidocaine hcl mucous membrane solution</i>	1	
<i>lidocaine hcl-hydrocortison ac</i>	1	
<i>lidocaine topical adhesive patch,medicated</i>	1	
<i>lidocaine topical ointment</i>	1	QL
<i>lidocaine viscous</i>	1	
<i>lidocaine-prilocaine topical cream</i>	1	QL
<i>lidocaine-prilocaine topical kit</i>	1	
<i>lidocort</i>	1	
<i>lta pre-attached</i>	1	
ZTLIDO	2	
TOPICAL ANTIBACTERIALS		
ALTABAX	3	QL
<i>gentamicin</i>	1	QL
<i>lugols</i>	1	
<i>mafenide acetate</i>	1	

You can find information on what the symbols and abbreviations on this table mean by going to the beginning of this table.

Drug Name	Drug Tier	Requirements / Limits
<i>mupirocin</i>	1	QL
<i>strong iodine</i>	1	
<i>sulfacetamide sodium (acne)</i>	1	
SULFAMYLON	2	
TOPICAL ANTIFUNGALS		
<i>ciclodan</i>	1	
<i>ciclopirox</i>	1	
<i>ciclopirox-ure-camph-menth-euc</i>	1	
<i>clotrimazole</i>	1	
<i>clotrimazole-betamethasone</i>	1	
<i>econazole</i>	1	
ERTACZO	3	
EXELDERM	3	
JUBLIA	3	
<i>ketconazole</i>	1	
<i>ketodan</i>	1	
<i>ketodan kit</i>	1	
MENTAX	3	
<i>naftifine</i>	1	
<i>nyamyc</i>	1	
<i>nystatin</i>	1	
<i>nystatin-triamcinolone</i>	1	
<i>nystop</i>	1	
<i>oxiconazole</i>	1	
<i>tavaborole</i>	1	
TOPICAL ANTIVIRALS		
<i>acyclovir</i>	1	QL
TOPICAL CORTICOSTEROIDS		
<i>ala-cort</i>	1	

Drug Name	Drug Tier	Requirements / Limits
<i>alclometasone</i>	1	
<i>amcinonide</i>	1	
<i>apexicon e</i>	1	
<i>beser</i>	1	
<i>betamethasone dipropionate</i>	1	
<i>betamethasone valerate</i>	1	
<i>betamethasone, augmented</i>	1	
<i>clobetasol</i>	1	
<i>clobetasol-emollient</i>	1	
<i>clodan</i>	1	
CLODERM	3	
<i>desonide</i>	1	
<i>desoximetasone</i>	1	
<i>desrx</i>	1	
<i>diflorasone</i>	1	
<i>fluocinolone</i>	1	
<i>fluocinolone and shower cap</i>	1	
<i>fluocinonide</i>	1	
<i>fluocinonide-e</i>	1	
<i>flurandrenolide</i>	1	
<i>fluticasone propionate</i>	1	
<i>halcinonide</i>	3	
<i>halobetasol propionate</i>	1	
HALOG	3	
<i>hydrocortisone</i>	1	
<i>hydrocortisone butyrate</i>	1	

You can find information on what the symbols and abbreviations on this table mean by going to the beginning of this table.

Drug Name	Drug Tier	Requirements / Limits
<i>hydrocortisone butyr-emollient</i>	1	
<i>hydrocortisone valerate</i>	1	
<i>mometasone</i>	1	
<i>nolix</i>	1	
<i>prednicarbate</i>	1	
<i>scalacort</i>	1	
<i>tovet emollient</i>	1	
<i>triamcinolone acetonide</i>	1	
<i>trianex</i>	1	
<i>triderm</i>	1	
<i>tritocin</i>	1	

TOPICAL ENZYMES

SANTYL	2	
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TOPICAL SCABICIDES / PEDICULICIDES

<i>crotan</i>	1	
<i>ivermectin</i>	1	
<i>lindane</i>	1	
<i>malathion</i>	1	
<i>permethrin</i>	1	
<i>spinosad</i>	1	

DIAGNOSTICS & MISCELLANEOUS AGENTS

IRRIGATING SOLUTIONS

<i>lactated ringers</i>	1	
<i>neomycin-polymyxin b gu</i>	1	
<i>ringer's</i>	1	
<i>tis-u-sol pentalyte</i>	1	

MISCELLANEOUS AGENTS

Drug Name	Drug Tier	Requirements / Limits
<i>acamprosate</i>	1	
<i>acetic acid</i>	1	
<i>anagrelide</i>	1	
<i>aqua care sodium chloride</i>	1	
<i>aqua care sterile water</i>	1	
ARALAST NP	4	PA; LA
<i>caffeine citrate</i>	1	
CARBAGLU	4	PA; LA
<i>cevimeline</i>	1	
CHEMET	2	
<i>deferasirox</i>	4	PA
<i>deferiprone</i>	4	
<i>disulfiram</i>	1	
<i>droxidopa</i>	4	PA
EMPAVELI	4	PA
FERRIPROX	4	PA
GLASSIA	4	PA; LA
INCRELEX	4	PA; LA
<i>levocarnitine</i>	1	
<i>levocarnitine (with sugar)</i>	1	
<i>midodrine</i>	1	
<i>nitisinone</i>	4	PA; LA
NITYR	4	PA; LA
<i>pilocarpine hcl</i>	1	
PROLASTIN-C	4	PA; LA
RAVICTI	4	PA
REVCOVI	4	PA
<i>riluzole</i>	1	PA
<i>risedronate</i>	1	

You can find information on what the symbols and abbreviations on this table mean by going to the beginning of this table.

Drug Name	Drug Tier	Requirements / Limits
<i>sodium chloride 0.9 %</i>	1	PA
<i>sodium chloride 0.9 % (flush)</i>	1	PA
<i>sodium chloride injection</i>	1	PA
<i>sodium chloride irrigation</i>	1	
<i>sodium phenylbutyrate</i>	1	
SOLIRIS	4	PA
<i>tiopronin</i>	4	PA
<i>trientine</i>	1	
<i>water for irrigation, sterile</i>	1	
XURIDEN	4	PA
ZEMAIRA	4	PA; LA
<i>zoledronic acid-mannitol-water</i>	4	PA
SMOKING DETERRENTS		
<i>bupropion hcl (smoking deter)</i>	6	ACA
<i>nicorette buccal gum</i>	6	ACA; OTC
NICORETTE BUCCAL LOZENGE	2	OTC
NICORETTE BUCCAL MINI LOZENGE	2	OTC
<i>nicotine</i>	6	ACA; OTC
<i>nicotine (polacrilex)</i>	6	ACA; OTC
<i>quit 2</i>	6	ACA; OTC
<i>quit 4</i>	6	ACA; OTC
<i>stop smoking aid</i>	6	ACA; OTC
<i>varenicline</i>	6	ACA

Drug Name	Drug Tier	Requirements / Limits
EAR, NOSE & THROAT MEDICATIONS		
MISCELLANEOUS AGENTS		
<i>azelastine nasal aerosol, spray</i>	1	QL
<i>azelastine nasal spray, non-aerosol</i>	1	
<i>chlorhexidine gluconate</i>	1	
<i>ipratropium bromide</i>	1	QL
<i>olopatadine</i>	1	QL
<i>oralone</i>	1	
<i>paroex oral rinse</i>	1	
<i>periogard</i>	1	
<i>pilocarpine hcl</i>	1	
<i>triamcinolone acetonide</i>	1	
MISCELLANEOUS OTIC PREPARATIONS		
<i>acetic acid</i>	1	
<i>ciprofloxacin hcl</i>	1	
<i>flac otic oil</i>	1	QL
<i>fluocinolone acetonide oil</i>	1	QL
<i>hydrocortisone-acetic acid</i>	1	QL
<i>ofloxacin</i>	1	QL
OTIC STEROID / ANTIBIOTIC		
CIPRO HC	3	
<i>ciprofloxacin-dexamethasone</i>	1	
CORTISPORIN-TC	3	
<i>neomycin-polymyxin-hc</i>	1	

You can find information on what the symbols and abbreviations on this table mean by going to the beginning of this table.

Drug Name	Drug Tier	Requirements / Limits
ENDOCRINE/DIABETES		
ADRENAL HORMONES		
<i>decadron</i>	1	
<i>dexabliss</i>	1	
<i>dexamethasone</i>	1	
<i>dexamethasone intensol</i>	1	
<i>fludrocortisone</i>	1	
<i>hidex</i>	1	
<i>hydrocortisone</i>	1	
<i>methylprednisolone</i>	1	
<i>millipred</i>	1	
<i>millipred dp</i>	1	
<i>prednisolone</i>	1	
<i>prednisolone sodium phosphate</i>	1	
<i>prednisone</i>	1	
<i>prednisone intensol</i>	1	
ANTITHYROID AGENTS		
<i>methimazole</i>	1	
<i>propylthiouracil</i>	1	
BLOOD GLUCOSE MONITORING DEVICES & SUPPLIES		
ONETOUCH ULTRA TEST	2	
ONETOUCH VERIO TEST STRIPS	2	
DIABETES, SUPPLIES, & DURABLE MEDICAL EQUIPMENT		
ACE AEROSOL CLOUD ENHANCER	2	

Drug Name	Drug Tier	Requirements / Limits
AEROCHAMBER MINI	2	
AEROCHAMBER PLUS FLOW-VU	2	
AEROCHAMBER PLUS Z STAT	2	
AEROTRACH PLUS	2	
AEROVENT PLUS	2	
BREATHERITE MDI SPACER	2	
COMPACT SPACE CHAMBER	2	
EASIVENT HOLDING CHAMBER	2	
FLEXICHAMBER	2	
GLUCAGEN DIAGNOSTIC KIT	2	
INSPIRACHAMBER	2	
LITEAIRE MDI CHAMBER	2	
MICROCHAMBER	2	
MICROSPACER	2	
OPTICHAMBER DIAMOND VHC	2	
POCKET CHAMBER	2	
PRIMEAIRE	2	
PROCHAMBER	2	
RITEFLO AEROCHAMBER	2	
SPACE CHAMBER	2	
TRIJARDY XR	2	ST

You can find information on what the symbols and abbreviations on this table mean by going to the beginning of this table.

Drug Name	Drug Tier	Requirements / Limits
VORTEX HOLDING CHAMBER	2	
GLUCOSE ELEVATING AGENTS		
BAQSIMI	2	
<i>diazoxide</i>	1	
GLUCAGEN HYPOKIT	2	
GLUCAGON (HCL) EMERGENCY KIT	2	
<i>glucagon emergency kit (human)</i>	1	
GVOKE HYOPEN 2-PACK	2	
GVOKE PFS 2-PACK SYRINGE	2	
INSULIN SYRINGES/MISCELLANEOUS DURABLE MEDICAL EQU		
BD INTEGRA NEEDLE	2	
BD MICROTAINER LANCET	2	OTC
BD SPECIALTY USE NEEDLES	2	
BD ULTRA FINE LANCETS	2	OTC
BD ULTRA-FINE NANO PEN NEEDLE	2	OTC
LANCETS	2	OTC
LANCING DEVICE	2	OTC
MEDISENSE	2	OTC

Drug Name	Drug Tier	Requirements / Limits
MEDISENSE GLUCOSE KETONE	2	OTC
OMNIPOD DASH 5 PACK POD	2	PA
OMNIPOD INSULIN MANAGEMENT	2	PA
ONETOUCH ULTRA CONTROL	2	
ONETOUCH ULTRA2 METER	2	QL
ONETOUCH ULTRAMINI	2	QL
ONETOUCH VERIO FLEX METER	2	QL
ONETOUCH VERIO IQ METER	2	QL
ONETOUCH VERIO METER	2	QL
PRECISION XTRA KETONE-GLUCOSE	2	OTC
SAFE-CLIP BY MAIL	2	OTC
V-GO 20	2	
V-GO 30	2	
V-GO 40	2	
INSULIN THERAPY		
APIDRA SOLOSTAR U-100 INSULIN	3	
APIDRA U-100 INSULIN	3	
BASAGLAR KWIKPEN U-100 INSULIN	2	

You can find information on what the symbols and abbreviations on this table mean by going to the beginning of this table.

Drug Name	Drug Tier	Requirements / Limits
HUMALOG JUNIOR KWIKPEN U-100	2	
HUMALOG KWIKPEN INSULIN	2	
HUMALOG MIX 50-50 INSULN U-100	2	
HUMALOG MIX 50-50 KWIKPEN	2	
HUMALOG MIX 75-25 KWIKPEN	2	
HUMALOG MIX 75-25(U-100)INSULN	2	
HUMALOG U-100 INSULIN	2	
HUMULIN 70/30 U-100 INSULIN	2	
HUMULIN 70/30 U-100 KWIKPEN	2	
HUMULIN N NPH INSULIN KWIKPEN	2	
HUMULIN N NPH U-100 INSULIN	2	
HUMULIN R REGULAR U-100 INSULN	2	
HUMULIN R U-500 (CONC) INSULIN	2	
HUMULIN R U-500 (CONC) KWIKPEN	2	
LANTUS SOLOSTAR U-100 INSULIN	2	

Drug Name	Drug Tier	Requirements / Limits
LANTUS U-100 INSULIN	2	
LEVEMIR FLEXTOUCH U-100 INSULN	3	
LEVEMIR U-100 INSULIN	3	
LYUMJEV KWIKPEN U-100 INSULIN	2	
LYUMJEV KWIKPEN U-200 INSULIN	2	
LYUMJEV U-100 INSULIN	2	
NOVOLOG FLEXPEN U-100 INSULIN	3	
NOVOLOG MIX 70-30 U-100 INSULN	3	
NOVOLOG MIX 70-30FLEXPEN U-100	3	
NOVOLOG PENFILL U-100 INSULIN	3	
NOVOLOG U-100 INSULIN ASPART	3	
RELION NOVOLIN 70/30	3	
RELION NOVOLIN N	3	
RELION NOVOLIN R	3	
TOUJEO MAX U-300 SOLOSTAR	2	

You can find information on what the symbols and abbreviations on this table mean by going to the beginning of this table.

Drug Name	Drug Tier	Requirements / Limits
TOUJEO SOLOSTAR U-300 INSULIN	2	
MISCELLANEOUS HORMONES		
ALDURAZYME	4	PA
BRINEURA	4	PA
<i>cabergoline</i>	1	
<i>calcitonin (salmon) injection</i>	1	PA
<i>calcitonin (salmon) nasal</i>	1	
<i>calcitriol</i>	1	PA
CERDELGA	4	PA
CEREZYME	4	PA
<i>cinacalcet</i>	1	PA
CRYSVITA	4	PA
<i>danazol</i>	1	
DDAVP	2	PA
<i>desmopressin nasal</i>	1	PA
<i>desmopressin oral</i>	1	
<i>doxercalciferol</i>	1	
ELAPRASE	4	PA
FABRAZYME	4	PA
KANUMA	4	PA
LUMIZYME	4	PA
MEPSEVII	4	PA
METHITEST	2	PA
<i>methyltestosterone</i>	1	PA
<i>miglustat</i>	4	PA; LA
MYALEPT	4	PA; LA
NAGLAZYME	4	PA; LA
NATPARA	4	PA; LA
ORLISSA	2	PA

Drug Name	Drug Tier	Requirements / Limits
<i>oxandrolone</i>	1	
PALYNZIQ	4	PA; LA
<i>paricalcitol intravenous</i>	1	PA
<i>paricalcitol oral</i>	1	
SAMSCA	4	PA
<i>sapropterin</i>	4	PA
SOMAVERT	4	PA
STRENSIQ	4	PA; LA
<i>testosterone</i>	1	PA
<i>testosterone cypionate</i>	1	PA
<i>testosterone enanthate</i>	1	PA
<i>tolvaptan</i>	4	PA; LA
VIMIZIM	4	PA
<i>zoledronic acid</i>	4	PA
<i>zoledronic acid-mannitol-water</i>	4	PA
NON-INSULIN HYPOGLYCEMIC AGENTS		
<i>acarbose</i>	1	
BYDUREON BCISE	2	PA
BYETTA	2	PA
CYCLOSET	3	
FARXIGA	2	ST
<i>glimepiride</i>	1	
<i>glipizide</i>	1	
<i>glipizide-metformin</i>	1	
<i>glyburide</i>	1	
<i>glyburide micronized</i>	1	
<i>glyburide-metformin</i>	1	

You can find information on what the symbols and abbreviations on this table mean by going to the beginning of this table.

Drug Name	Drug Tier	Requirements / Limits
GLYXAMBI	2	ST
INVOKAMET	3	ST
JANUMET	2	ST
JANUMET XR	2	ST
JANUVIA	2	ST
JARDIANCE	2	ST
<i>metformin</i>	1	
<i>miglitol</i>	1	
<i>nateglinide</i>	1	
<i>pioglitazone</i>	1	
<i>pioglitazone-glimepiride</i>	1	
<i>pioglitazone-metformin</i>	1	
<i>repaglinide</i>	1	
<i>repaglinide-metformin</i>	1	
SEGLUROMET	2	ST
STEGLATRO	2	ST
STEGLUJAN	2	ST
SYMLINPEN 120	2	PA
SYMLINPEN 60	2	PA
SYNJARDY	2	ST
SYNJARDY XR	2	ST
TRULICITY	2	PA
XIGDUO XR	2	ST
THYROID HORMONES		
ARMOUR THYROID	2	
<i>euthyrox</i>	1	
<i>levo-t</i>	1	
<i>levothyroxine</i>	1	
<i>levoxyl</i>	1	

Drug Name	Drug Tier	Requirements / Limits
<i>liothyronine</i>	1	
<i>np thyroid</i>	1	
<i>unithroid</i>	1	
<i>westhroid</i>	1	
GASTROENTEROLOGY		
ANTIDIARRHEALS & ANTISPASMODICS		
<i>anaspaz</i>	1	
<i>belladonna alkaloids-opium</i>	1	ST; QL
<i>chlordiazepoxide-clidinium</i>	1	
<i>dicyclomine</i>	1	
<i>diphenoxylate-atropine</i>	1	
<i>ed-spaz</i>	1	
<i>glycopyrrolate</i>	1	
<i>hyoscyamine sulfate</i>	1	
<i>hyosyne</i>	1	
<i>loperamide</i>	1	
<i>methscopolamine</i>	3	
<i>opium tincture</i>	1	
<i>oscimin</i>	1	
<i>oscimin sl</i>	1	
<i>oscimin sr</i>	1	
<i>phenobarb-hyoscy-atropine-scop</i>	1	
<i>phenohydro</i>	1	
<i>symax fastabs</i>	1	
<i>symax-sl</i>	1	
<i>symax-sr</i>	1	
MISCELLANEOUS GASTROINTESTINAL AGENTS		

You can find information on what the symbols and abbreviations on this table mean by going to the beginning of this table.

Drug Name	Drug Tier	Requirements / Limits
<i>alophen (bisacodyl)</i>	1	OTC
<i>alosetron</i>	1	
<i>alvimopan</i>	1	
<i>anucort-hc</i>	1	
<i>aprepitant</i>	1	
<i>balsalazide</i>	1	
<i>bisacodyl</i>	1	OTC
<i>bisa-lax (bisacodyl)</i>	1	OTC
<i>budesonide</i>	1	
<i>calcium acetate(phosphat bind)</i>	1	
CHENODAL	4	PA; LA
CHOLBAM	4	PA
<i>citrate of magnesia</i>	6	ACA; OTC
<i>citroma</i>	6	ACA; OTC
<i>clearlax oral powder</i>	6	ACA; OTC
<i>clearlax oral powder in packet</i>	1	OTC
<i>compro</i>	1	
CREON	2	
<i>cromolyn</i>	1	
CYSTADANE	4	PA
DIPENTUM	3	
<i>dronabinol</i>	1	
<i>dulcolax (magnesium hydroxide)</i>	6	ACA; OTC
ENTYVIO	4	PA
<i>enulose</i>	1	
<i>gavilax</i>	1	OTC
<i>gavilyte-c</i>	6	ACA
<i>gavilyte-g</i>	6	ACA

Drug Name	Drug Tier	Requirements / Limits
<i>gavilyte-n</i>	6	ACA
<i>generlac</i>	1	
<i>gentle laxative (bisacodyl)</i>	1	OTC
<i>gentlelax</i>	1	OTC
<i>granisetron hcl</i>	1	
<i>healthylax</i>	1	OTC
<i>hemmorex-hc</i>	1	
<i>hydrocortisone</i>	1	
<i>hydrocortisone acetate</i>	1	
<i>hydrocortisone-pramoxine</i>	1	
INFLECTRA	4	PA
<i>lactulose</i>	1	
<i>lanthanum</i>	1	
<i>laxaclear</i>	1	OTC
<i>laxative (bisacodyl)</i>	1	OTC
<i>laxative peg 3350</i>	6	ACA; OTC
<i>lidocaine hcl-hydrocortison ac</i>	1	
<i>lidocaine-hydrocortisone-aloe</i>	1	
LOKELMA	2	
<i>magnesium citrate</i>	6	ACA; OTC
<i>meclizine</i>	1	
<i>mesalamine</i>	1	
<i>mesalamine with cleansing wipe</i>	1	
<i>metoclopramide hcl</i>	1	
<i>milk of magnesia</i>	6	ACA; OTC
<i>milk of magnesia concentrated</i>	6	ACA; OTC
<i>miralax</i>	1	OTC

You can find information on what the symbols and abbreviations on this table mean by going to the beginning of this table.

Drug Name	Drug Tier	Requirements / Limits
MOVANTIK	2	
<i>natura-lax</i>	6	ACA; OTC
OICALIVA	4	PA; LA
<i>ondansetron</i>	1	
<i>ondansetron hcl</i>	1	
<i>oral saline laxative</i>	6	ACA; OTC
PANCREAZE	2	
<i>peg 3350-electrolytes</i>	6	ACA
<i>peg3350-sod sul-nacl-kcl-asb-c</i>	6	ACA
<i>peg-electrolyte soln</i>	6	ACA
<i>peg-prep</i>	6	ACA
PENTASA	2	
<i>phosphate laxative</i>	6	ACA; OTC
<i>polyethylene glycol 3350</i>	1	OTC
<i>powderlax oral powder</i>	6	ACA; OTC
<i>powderlax oral powder in packet</i>	1	OTC
<i>prochlorperazine</i>	1	
<i>prochlorperazine maleate</i>	1	
<i>procto-med hc</i>	1	
<i>procto-pak</i>	1	
<i>proctosol hc</i>	1	
<i>proctozone-hc</i>	1	
<i>purelax</i>	1	OTC
RECTIV	2	
RELISTOR	2	PA
<i>scopolamine base</i>	1	
<i>sevelamer carbonate</i>	1	

Drug Name	Drug Tier	Requirements / Limits
<i>sevelamer hcl</i>	1	
<i>smoothlax</i>	1	OTC
<i>sodium polystyrene sulfonate</i>	1	
<i>sps (with sorbitol)</i>	1	
SUCRAID	4	PA
<i>sulfasalazine</i>	1	
<i>trimethobenzamide</i>	1	
TRULANCE	2	
UCERIS	2	
<i>ursodiol</i>	1	
VARUBI	2	
VIBERZI	2	
VIOKACE	2	
<i>women's gentle laxative(bisac)</i>	6	ACA; OTC
<i>women's laxative (bisacodyl)</i>	1	OTC
ULCER THERAPY		
<i>amoxicil-clarithromy-lansopraz</i>	1	QL
<i>cimetidine</i>	1	
<i>cimetidine hcl</i>	1	
DEXILANT ORAL CAPSULE,BIPHAS E DELAYED RELEAS 30 MG	3	PA; QL
DEXILANT ORAL CAPSULE,BIPHAS E DELAYED RELEAS 60 MG	3	PA
<i>esomeprazole magnesium oral capsule,delayed release(dr/ec) 20 mg</i>	1	QL

You can find information on what the symbols and abbreviations on this table mean by going to the beginning of this table.

Drug Name	Drug Tier	Requirements / Limits
<i>esomeprazole magnesium oral capsule, delayed release(dr/ec) 40 mg</i>	1	
<i>esomeprazole magnesium oral granules dr for susp in packet 10 mg, 20 mg</i>	1	PA; QL
<i>esomeprazole magnesium oral granules dr for susp in packet 40 mg</i>	1	PA
<i>famotidine</i>	1	
<i>lansoprazole oral capsule, delayed release(dr/ec) 15 mg</i>	1	QL
<i>lansoprazole oral capsule, delayed release(dr/ec) 30 mg</i>	1	
<i>lansoprazole oral tablet, disintegrat, delay rel 15 mg</i>	1	QL
<i>lansoprazole oral tablet, disintegrat, delay rel 30 mg</i>	1	
<i>misoprostol</i>	1	
<i>nizatidine</i>	1	
<i>omeprazole oral capsule, delayed release(dr/ec) 10 mg</i>	1	QL
<i>omeprazole oral capsule, delayed release(dr/ec) 20 mg, 40 mg</i>	1	
<i>pantoprazole oral granules dr for susp in packet</i>	1	

Drug Name	Drug Tier	Requirements / Limits
<i>pantoprazole oral tablet, delayed release (dr/ec) 20 mg</i>	1	QL
<i>pantoprazole oral tablet, delayed release (dr/ec) 40 mg</i>	1	
<i>rabeprazole</i>	1	
<i>sucralfate</i>	1	

IMMUNOLOGY, VACCINES & BIOTECHNOLOGY

BIOTECHNOLOGY DRUGS

FULPHILA	4	PA
LEUKINE	4	PA
MOZOBIL	4	PA
NIVESTYM	4	PA
NYVEPRIA	4	PA
PROCRIT	4	PA
RETACRIT	4	PA
ZARXIO	4	PA
ZIEXTENZO	4	PA

GROWTH HORMONES

EGRIFTA SV	4	PA
OMNITROPE	4	PA

INTERFERONS

AVONEX	4	PA
BAFIERTAM	4	
BETASERON	4	PA
<i>dimethyl fumarate</i>	4	PA
GILENYA	4	PA
<i>glatiramer</i>	4	PA
<i>glatopa</i>	4	PA

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Drug Name	Drug Tier	Requirements / Limits
KESIMPTA PEN	4	PA
MAYZENT	4	PA
MAYZENT STARTER PACK	4	PA
OCREVUS	4	PA
PEGASYS	4	PA
PLEGRIDY	4	PA
POMALYST	4	PA; LA
PONVORY	4	PA
PONVORY 14-DAY STARTER PACK	4	PA
REBIF (WITH ALBUMIN)	4	PA
REBIF REBIDOSE	4	PA
REBIF TITRATION PACK	4	PA
REVLIMID	4	PA; LA
<i>ribavirin</i>	4	PA
VUMERITY	4	PA
ZEPOSIA	4	PA
ZEPOSIA STARTER KIT	4	PA
ZEPOSIA STARTER PACK	4	PA
INTERLEUKINS		
ACTIMMUNE	4	PA
ALFERON N	2	PA
ILARIS (PF)	4	PA; LA
<i>imiquimod</i>	1	
INTRON A	4	PA
PROLEUKIN	4	PA
VACCINES & MISCELLANEOUS IMMUNOLOGICALS		

Drug Name	Drug Tier	Requirements / Limits
ADACEL(TDAP ADOLESN/ADULT)(PF)	6	ACA
AFLURIA QD 2021-22(3YR UP)(PF)	6	ACA
AFLURIA QD 2021-22(6-35MO)(PF)	6	ACA
AFLURIA QUAD 2021-2022(6MO UP)	6	ACA
BEXSERO	6	ACA
BIOTHRAX	2	
BOOSTRIX TDAP	6	ACA
BOTOX	4	PA
DAPTACEL (DTAP PEDIATRIC) (PF)	6	ACA
ENGERIX-B (PF)	6	ACA
ENGERIX-B PEDIATRIC (PF)	6	ACA
FLUAD QUAD 2021-22(65Y UP)(PF)	6	ACA
FLUARIX QUAD 2021-2022 (PF)	6	ACA
FLUBLOK QUAD 2021-2022 (PF)	6	ACA
FLUCELVAX QUAD 2021-2022	6	ACA
FLUCELVAX QUAD 2021-2022 (PF)	6	ACA
FLULAVAL QUAD 2021-2022 (PF)	6	ACA
FLUZONE HIGHDOSE QUAD 21-22 PF	6	ACA

You can find information on what the symbols and abbreviations on this table mean by going to the beginning of this table.

Drug Name	Drug Tier	Requirements / Limits
FLUZONE QUAD 2021-2022	6	ACA
FLUZONE QUAD 2021-2022 (PF)	6	ACA
GAMASTAN	4	PA
GAMASTAN S/D	4	PA
GAMMAGARD LIQUID	4	PA
GAMMAGARD S-D (IGA < 1 MCG/ML)	4	PA
GAMUNEX-C	4	PA
GARDASIL 9 (PF)	6	ACA
GRASTEK	2	
HAVRIX (PF)	6	ACA
HIBERIX (PF)	6	ACA
IMOVAX RABIES VACCINE (PF)	2	
INFANRIX (DTAP) (PF)	6	ACA
IPOL	6	ACA
IXIARO (PF)	2	
JANSSEN COVID-19 VACCINE (EUA)	6	ACA
MENACTRA (PF)	6	ACA
M-M-R II (PF)	6	ACA
MODERNA COVID-19 VACCINE (EUA)	6	ACA
ODACTRA	2	
PEDVAX HIB (PF)	6	ACA
PFIZER COVID-19 VACCINE (EUA)	6	ACA
PNEUMOVAX-23	6	ACA

Drug Name	Drug Tier	Requirements / Limits
PREVNAR 13 (PF)	6	ACA
PREVNAR 20 (PF)	6	ACA
PROQUAD (PF)	6	ACA
PROVENGE	4	PA
QUADRACEL (PF)	6	ACA
RABAVERT (PF)	2	
RAGWITEK	2	
RECOMBIVAX HB (PF)	6	ACA
ROTATEQ VACCINE	6	ACA
SHINGRIX (PF)	6	ACA
STAMARIL (PF)	2	
TDVAX	6	ACA
TETANUS,DIPHTHERIA TOX PED(PF)	6	ACA
TRUMENBA	6	ACA
TWINRIX (PF)	6	ACA
TYPHIM VI	2	
VARIVAX (PF)	6	ACA
VARIZIG	2	
XEMBIFY	4	PA
YF-VAX (PF)	2	
MUSCULOSKELETAL & RHEUMATOLOGY		
GOUT THERAPY		
<i>allopurinol</i>	1	
<i>colchicine</i>	1	
<i>febuxostat</i>	1	
KRYSTEXXA	4	PA
MITIGARE	2	
<i>probenecid</i>	1	

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Drug Name	Drug Tier	Requirements / Limits
<i>probenecid-colchicine</i>	1	
OSTEOPOROSIS THERAPY		
<i>alendronate</i>	1	
FOSAMAX PLUS D	3	
<i>ibandronate intravenous</i>	4	PA
<i>ibandronate oral</i>	1	
<i>raloxifene</i>	1	
<i>risedronate</i>	1	
TYMLOS	4	PA
OTHER RHEUMATOLOGICALS		
ACTEMRA	4	PA
ACTEMRA ACTPEN	4	PA
BENLYSTA	4	PA
ENBREL	4	PA
ENBREL MINI	4	PA
ENBREL SURECLICK	4	PA
HUMIRA	4	PA
HUMIRA PEN	4	PA
HUMIRA PEN CROHNS-UC-HS START	4	PA
HUMIRA PEN PSOR-UEVITS-ADOL HS	4	PA
HUMIRA(CF)	4	PA
HUMIRA(CF) PEDI CROHNS STARTER	4	PA
HUMIRA(CF) PEN	4	PA

Drug Name	Drug Tier	Requirements / Limits
HUMIRA(CF) PEN CROHNS-UC-HS	4	PA
HUMIRA(CF) PEN PEDIATRIC UC	4	PA
HUMIRA(CF) PEN PSOR-UV-ADOL HS	4	PA
<i>leflunomide</i>	1	
OTEZLA	4	PA
OTEZLA STARTER	4	PA
<i>penicillamine</i>	1	
RIDAURA	2	
RINVOQ	4	PA
SAVELLA	2	
XELJANZ	4	PA
XELJANZ XR	4	PA
OBSTETRICS & GYNECOLOGY		
DIAPHRAGMS AND OTHER NON-ORAL CONTRACEPTIVES		
CAYA CONTOURED	6	ACA
FC2 FEMALE CONDOM	6	ACA; OTC
FEMCAP	6	ACA
MIRENA	6	ACA
PARAGARD T 380A	6	ACA
ESTROGENS & PROGESTINS		
<i>amabelz</i>	1	
<i>camila</i>	6	ACA
<i>covaryx</i>	1	
<i>covaryx h.s.</i>	1	

You can find information on what the symbols and abbreviations on this table mean by going to the beginning of this table.

Drug Name	Drug Tier	Requirements / Limits
<i>deblitane</i>	6	ACA
<i>dotti</i>	1	
<i>eemt</i>	1	
<i>eemt hs</i>	1	
<i>errin</i>	6	ACA
<i>estradiol</i>	1	
<i>estradiol valerate</i>	1	PA
<i>estradiol-norethindrone acet</i>	1	
<i>estrogens-methyltestosterone</i>	1	
<i>fyavolv</i>	1	
<i>heather</i>	6	ACA
<i>hydroxyprogest(pf)(p reg presv)</i>	4	PA
<i>hydroxyprogesterone cap(ppres)</i>	4	PA
<i>incassia</i>	6	ACA
<i>jencycla</i>	6	ACA
<i>jinteli</i>	1	
<i>lyleq</i>	6	ACA
<i>lyllana</i>	1	
<i>lyza</i>	6	ACA
<i>medroxyprogesterone intramuscular</i>	6	ACA
<i>medroxyprogesterone oral</i>	1	
MENEST	2	
<i>mimvey</i>	1	
<i>nora-be</i>	6	ACA
<i>norethindrone (contraceptive)</i>	6	ACA
<i>norethindrone acetate</i>	1	

Drug Name	Drug Tier	Requirements / Limits
<i>norethindrone ac-eth estradiol</i>	1	
<i>norlyda</i>	6	ACA
PREMARIN	3	
<i>progesterone</i>	4	PA
<i>progesterone micronized</i>	1	
<i>sharobel</i>	6	ACA
<i>tulana</i>	6	ACA
<i>yuvafem</i>	1	
MISCELLANEOUS OB/GYN		
<i>clindamycin phosphate</i>	1	
<i>eluryng</i>	6	ACA
<i>etonogestrel-ethinyl estradiol</i>	6	ACA
<i>fem ph</i>	1	
<i>gynol ii</i>	6	ACA; OTC
<i>isoxsuprine</i>	1	
<i>metronidazole</i>	1	
<i>miconazole-3</i>	1	
MYFEMBREE	2	
NEXPLANON	6	ACA
ORIAHNN	2	
<i>terconazole</i>	1	
TODAY CONTRACEPTIVE SPONGE	6	ACA; OTC
<i>tranexamic acid</i>	1	
TRIMO-SAN JELLY	2	
<i>vandazole</i>	1	

You can find information on what the symbols and abbreviations on this table mean by going to the beginning of this table.

Drug Name	Drug Tier	Requirements / Limits
VCF CONTRACEPTIVE FILM	2	OTC
VCF CONTRACEPTIVE GEL	2	OTC
<i>xulane</i>	6	ACA
<i>zafemy</i>	6	ACA

ORAL CONTRACEPTIVES & RELATED AGENTS

<i>afirmelle</i>	6	ACA
<i>after pill</i>	6	ACA; OTC
<i>altavera (28)</i>	6	ACA
<i>alyacen 1/35 (28)</i>	6	ACA
<i>alyacen 7/7/7 (28)</i>	6	ACA
<i>amethia</i>	6	ACA
<i>amethyst (28)</i>	6	ACA
<i>apri</i>	6	ACA
<i>aranelle (28)</i>	6	ACA
<i>ashlyna</i>	6	ACA
<i>aubra</i>	6	ACA
<i>aubra eq</i>	6	ACA
<i>aurovela 1.5/30 (21)</i>	6	ACA
<i>aurovela 1/20 (21)</i>	6	ACA
<i>aurovela 24 fe</i>	6	ACA
<i>aurovela fe 1.5/30 (28)</i>	6	ACA
<i>aurovela fe 1-20 (28)</i>	6	ACA
<i>aviane</i>	6	ACA
<i>ayuna</i>	6	ACA
<i>azurette (28)</i>	6	ACA
<i>balziva (28)</i>	6	ACA
<i>blisovi 24 fe</i>	6	ACA

Drug Name	Drug Tier	Requirements / Limits
<i>blisovi fe 1.5/30 (28)</i>	6	ACA
<i>blisovi fe 1/20 (28)</i>	6	ACA
<i>briellyn</i>	6	ACA
<i>camrese</i>	6	ACA
<i>camrese lo</i>	6	ACA
<i>caziant (28)</i>	6	ACA
<i>charlotte 24 fe</i>	6	ACA
<i>chateal (28)</i>	6	ACA
<i>chateal eq (28)</i>	6	ACA
<i>cryselle (28)</i>	6	ACA
<i>cyclafem 1/35 (28)</i>	6	ACA
<i>cyclafem 7/7/7 (28)</i>	6	ACA
<i>cyred</i>	6	ACA
<i>cyred eq</i>	6	ACA
<i>dasetta 1/35 (28)</i>	6	ACA
<i>dasetta 7/7/7 (28)</i>	6	ACA
<i>daysee</i>	6	ACA
<i>desog- e.estradiol/e.estradiol</i>	6	ACA
<i>desogestrel-ethinyl estradiol</i>	6	ACA
<i>dolishale</i>	6	ACA
<i>drospirenone- e.estradiol-lm.fa</i>	6	ACA
<i>drospirenone-ethinyl estradiol</i>	6	ACA
<i>econtra ez</i>	6	ACA; OTC
<i>econtra one-step</i>	6	ACA; OTC
<i>elimest</i>	6	ACA
ELLA	6	ACA
<i>emoquette</i>	6	ACA
<i>enpresse</i>	6	ACA

You can find information on what the symbols and abbreviations on this table mean by going to the beginning of this table.

Drug Name	Drug Tier	Requirements / Limits
<i>enskyce</i>	6	ACA
<i>estarylla</i>	6	ACA
<i>ethynodiol diac-eth estradiol</i>	6	ACA
<i>falmina (28)</i>	6	ACA
<i>femynor</i>	6	ACA
<i>gemmily</i>	6	ACA
<i>hailey</i>	6	ACA
<i>hailey 24 fe</i>	6	ACA
<i>hailey fe 1.5/30 (28)</i>	6	ACA
<i>hailey fe 1/20 (28)</i>	6	ACA
<i>iclevia</i>	6	ACA
<i>isibloom</i>	6	ACA
<i>jaimiess</i>	6	ACA
<i>jasmiel (28)</i>	6	ACA
<i>jolessa</i>	6	ACA
<i>juleber</i>	6	ACA
<i>junel 1.5/30 (21)</i>	6	ACA
<i>junel 1/20 (21)</i>	6	ACA
<i>junel fe 1.5/30 (28)</i>	6	ACA
<i>junel fe 1/20 (28)</i>	6	ACA
<i>junel fe 24</i>	6	ACA
<i>kaitlib fe</i>	6	ACA
<i>kalliga</i>	6	ACA
<i>kariva (28)</i>	6	ACA
<i>kelnor 1/35 (28)</i>	6	ACA
<i>kelnor 1-50 (28)</i>	6	ACA
<i>kurvelo (28)</i>	6	ACA
<i>l norgest/e.estradiol-e.estradiol</i>	6	ACA
<i>larin 1.5/30 (21)</i>	6	ACA
<i>larin 1/20 (21)</i>	6	ACA

Drug Name	Drug Tier	Requirements / Limits
<i>larin 24 fe</i>	6	ACA
<i>larin fe 1.5/30 (28)</i>	6	ACA
<i>larin fe 1/20 (28)</i>	6	ACA
<i>larissia</i>	6	ACA
<i>layolis fe</i>	6	ACA
<i>leena 28</i>	6	ACA
<i>lessina</i>	6	ACA
<i>levonest (28)</i>	6	ACA
<i>levonorgestrel</i>	6	ACA; OTC
<i>levonorgestrel-ethinyl estrad</i>	6	ACA
<i>levonorg-eth estrad triphasic</i>	6	ACA
<i>levora-28</i>	6	ACA
<i>lillow (28)</i>	6	ACA
<i>lojaimiess</i>	6	ACA
<i>loryna (28)</i>	6	ACA
<i>low-ogestrel (28)</i>	6	ACA
<i>lo-zumandimine (28)</i>	6	ACA
<i>lutera (28)</i>	6	ACA
<i>marlissa (28)</i>	6	ACA
<i>merzee</i>	6	ACA
<i>mibelas 24 fe</i>	6	ACA
<i>microgestin 1.5/30 (21)</i>	6	ACA
<i>microgestin 1/20 (21)</i>	6	ACA
<i>microgestin fe 1.5/30 (28)</i>	6	ACA
<i>microgestin fe 1/20 (28)</i>	6	ACA
<i>mili</i>	6	ACA
<i>mono-linyah</i>	6	ACA

You can find information on what the symbols and abbreviations on this table mean by going to the beginning of this table.

Drug Name	Drug Tier	Requirements / Limits
<i>my choice</i>	6	ACA; OTC
<i>my way</i>	6	ACA; OTC
<i>necon 0.5/35 (28)</i>	6	ACA
<i>new day</i>	6	ACA; OTC
<i>nikki (28)</i>	6	ACA
<i>noreth-ethinyl estradiol-iron</i>	6	ACA
<i>norethindrone ac-eth estradiol</i>	6	ACA
<i>norethindrone-e.estradiol-iron</i>	6	ACA
<i>norgestimate-ethinyl estradiol</i>	6	ACA
<i>nortrel 0.5/35 (28)</i>	6	ACA
<i>nortrel 1/35 (21)</i>	6	ACA
<i>nortrel 1/35 (28)</i>	6	ACA
<i>nortrel 7/7/7 (28)</i>	6	ACA
<i>nylia 7/7/7 (28)</i>	6	ACA
<i>nymyo</i>	6	ACA
<i>ocella</i>	6	ACA
<i>opcicon one-step</i>	6	ACA; OTC
<i>option-2</i>	6	ACA; OTC
<i>orsythia</i>	6	ACA
<i>philith</i>	6	ACA
<i>pimtrea (28)</i>	6	ACA
<i>pirmella</i>	6	ACA
<i>portia 28</i>	6	ACA
<i>previfem</i>	6	ACA
<i>reclipsen (28)</i>	6	ACA
<i>rivelsa</i>	6	ACA
<i>setlakin</i>	6	ACA
<i>simliya (28)</i>	6	ACA
<i>simpesse</i>	6	ACA

Drug Name	Drug Tier	Requirements / Limits
<i>sprintec (28)</i>	6	ACA
<i>sronyx</i>	6	ACA
<i>syeda</i>	6	ACA
<i>tarina 24 fe</i>	6	ACA
<i>tarina fe 1/20 (28)</i>	6	ACA
<i>taysofy</i>	6	ACA
<i>tilia fe</i>	6	ACA
<i>tri femynor</i>	6	ACA
<i>tri-estarylla</i>	6	ACA
<i>tri-legest fe</i>	6	ACA
<i>tri-linyah</i>	6	ACA
<i>tri-lo-estarylla</i>	6	ACA
<i>tri-lo-marzia</i>	6	ACA
<i>tri-lo-mili</i>	6	ACA
<i>tri-lo-sprintec</i>	6	ACA
<i>tri-mili</i>	6	ACA
<i>tri-nymyo</i>	6	ACA
<i>tri-previfem (28)</i>	6	ACA
<i>tri-sprintec (28)</i>	6	ACA
<i>trivora (28)</i>	6	ACA
<i>tri-vylibra</i>	6	ACA
<i>tri-vylibra lo</i>	6	ACA
<i>tydemy</i>	6	ACA
<i>velivet triphasic regimen (28)</i>	6	ACA
<i>vestura (28)</i>	6	ACA
<i>vienva</i>	6	ACA
<i>viorele (28)</i>	6	ACA
<i>volnea (28)</i>	6	ACA
<i>vyfemla (28)</i>	6	ACA
<i>vylibra</i>	6	ACA
<i>wera (28)</i>	6	ACA

You can find information on what the symbols and abbreviations on this table mean by going to the beginning of this table.

Drug Name	Drug Tier	Requirements / Limits
<i>wymzya fe</i>	6	ACA
<i>zarah</i>	6	ACA
<i>zovia 1/35e (28)</i>	6	ACA
<i>zumandimine (28)</i>	6	ACA
OXYTOCICS		
<i>methergine</i>	1	QL
<i>methylergonovine</i>	1	QL
OPHTHALMOLOGY		
ANTIBIOTICS		
<i>ak-poly-bac</i>	1	
AZASITE	3	QL
<i>bacitracin</i>	1	
<i>bacitracin-polymyxin b</i>	1	
BESIVANCE	3	
<i>ciprofloxacin hcl</i>	1	QL
<i>erythromycin</i>	1	
<i>gatifloxacin</i>	1	QL
<i>gentak</i>	1	
<i>gentamicin</i>	1	QL
<i>levofloxacin</i>	1	QL
<i>moxifloxacin ophthalmic (eye) drops</i>	1	QL
<i>moxifloxacin ophthalmic (eye) drops, viscous</i>	1	
NATACYN	2	
<i>neomycin-bacitracin-polymyxin</i>	1	
<i>neomycin-polymyxin-gramicidin</i>	1	QL

Drug Name	Drug Tier	Requirements / Limits
<i>neo-polycin</i>	1	
<i>ofloxacin</i>	1	QL
<i>polycin</i>	1	
<i>polymyxin b sulf-trimethoprim</i>	1	QL
<i>tobramycin</i>	1	QL
ANTIVIRALS		
<i>trifluridine</i>	1	QL
BETA-BLOCKERS		
<i>betaxolol</i>	1	QL
<i>carteolol</i>	1	QL
<i>levobunolol</i>	1	QL
<i>timolol maleate (pf)</i>	1	
<i>timolol maleate ophthalmic (eye) drops</i>	1	QL
<i>timolol maleate ophthalmic (eye) drops, once daily</i>	1	
<i>timolol maleate ophthalmic (eye) gel forming solution</i>	1	
CYCLOPLEGIC MYDRIATICS		
<i>atropine ophthalmic (eye) drops</i>	1	QL
<i>atropine ophthalmic (eye) ointment</i>	1	
<i>cyclopentolate</i>	1	QL
<i>homatropaire</i>	1	
<i>tropicamide</i>	1	QL
DIRECT ACTING MIOTICS		
<i>pilocarpine hcl</i>	1	QL
MISCELLANEOUS OPHTHALMOLOGICS		

You can find information on what the symbols and abbreviations on this table mean by going to the beginning of this table.

Drug Name	Drug Tier	Requirements / Limits
ALOCRIIL	3	
ALOMIDE	3	
<i>altacaine</i>	1	
<i>azelastine</i>	1	QL
<i>bepotastine besilate</i>	3	QL
<i>cromolyn</i>	1	QL
CYSTARAN	4	PA
<i>epinastine</i>	1	QL
EYLEA	4	PA
<i>fluorescein-proparacaine</i>	1	
LASTACAFT	3	
<i>lidocaine-phenylephrn in water</i>	1	
LUXTURNA	4	PA
<i>olopatadine</i>	1	QL
OXERVATE	4	PA; QL
<i>proparacaine</i>	1	QL
RESTASIS	2	QL
RESTASIS MULTIDOSE	2	QL
<i>tetracaine hcl</i>	1	
NON-STEROIDAL ANTI-INFLAMMATORY AGENTS		
<i>bromfenac</i>	1	QL
<i>diclofenac sodium</i>	1	QL
<i>flurbiprofen sodium</i>	1	QL
<i>ketorolac</i>	1	QL
NEVANAC	3	
ORAL DRUGS FOR GLAUCOMA		
<i>acetazolamide</i>	1	
<i>methazolamide</i>	1	

Drug Name	Drug Tier	Requirements / Limits
OTHER GLAUCOMA DRUGS		
<i>bimatoprost</i>	1	QL
<i>brinzolamide</i>	3	
COMBIGAN	3	QL
<i>dorzolamide</i>	1	QL
<i>dorzolamide-timolol</i>	1	QL
<i>dorzolamide-timolol (pf)</i>	1	
<i>latanoprost</i>	1	QL
<i>miostat</i>	1	
SIMBRINZA	3	
<i>travoprost</i>	3	QL
STEROID-ANTIBIOTIC COMBINATIONS		
<i>neomycin-bacitracin-poly-hc</i>	1	
<i>neomycin-polymyxin b-dexameth</i>	1	
<i>neomycin-polymyxin-hc</i>	1	
<i>neo-polycin hc</i>	1	
<i>tobramycin-dexamethasone</i>	1	
STEROIDS		
<i>dexamethasone sodium phosphate</i>	1	QL
<i>difluprednate</i>	3	QL
<i>fluorometholone</i>	1	
LOTEMAX	3	
<i>loteprednol etabonate</i>	1	
OZURDEX	4	PA
<i>prednisolone acetate</i>	1	

You can find information on what the symbols and abbreviations on this table mean by going to the beginning of this table.

Drug Name	Drug Tier	Requirements / Limits
<i>prednisolone sodium phosphate</i>	1	QL
STEROID-SULFONAMIDE COMBINATIONS		
<i>sulfacetamide-prednisolone</i>	1	
SULFONAMIDES		
<i>sulfacetamide sodium ophthalmic (eye) drops</i>	1	QL
<i>sulfacetamide sodium ophthalmic (eye) ointment</i>	1	
SYMPATHOMIMETICS		
<i>apraclonidine</i>	1	QL
<i>brimonidine</i>	1	QL
VASOCONSTRICTOR DECONGESTANTS		
<i>phenylephrine hcl</i>	1	
RESPIRATORY, ALLERGY, COUGH & COLD		
ANTI-HISTAMINE & ANTI-ALLERGENIC AGENTS		
<i>adrenalin</i>	1	
<i>carbinoxamine maleate</i>	1	
<i>cetirizine</i>	1	
<i>clemastine</i>	1	
<i>cyproheptadine</i>	1	
<i>desloratadine</i>	1	QL
<i>dexchlorpheniramine maleate</i>	1	
<i>epinephrine</i>	1	
<i>hydroxyzine hcl</i>	1	

Drug Name	Drug Tier	Requirements / Limits
<i>hydroxyzine pamoate</i>	1	
<i>levocetirizine oral solution</i>	1	
<i>levocetirizine oral tablet</i>	1	QL
<i>promethazine</i>	1	
<i>promethegan</i>	1	
COUGH & COLD THERAPY		
<i>benzonatate</i>	1	
<i>brompheniramine-pseudoeph-dm</i>	1	
<i>hydrocodone-chlorpheniramine</i>	1	
<i>hydrocodone-homatropine</i>	1	
<i>hydromet</i>	1	
<i>promethazine-codeine</i>	1	
<i>promethazine-dm</i>	1	
<i>promethazine-phenyleph-codeine</i>	1	
<i>promethazine-phenylephrine</i>	1	
PULMONARY AGENTS		
<i>acetylcysteine</i>	1	
ADEMPAS	4	PA; LA
<i>albuterol sulfate inhalation hfa aerosol inhaler</i>	1	QL
<i>albuterol sulfate inhalation solution for nebulization</i>	1	
<i>albuterol sulfate oral</i>	1	
<i>alyq</i>	4	PA

You can find information on what the symbols and abbreviations on this table mean by going to the beginning of this table.

Drug Name	Drug Tier	Requirements / Limits
<i>ambrisentan</i>	4	PA; LA
ANORO ELLIPTA	2	QL
<i>arformoterol</i>	1	QL
<i>azelastine-fluticasone</i>	1	QL
BEVESPI AEROSPHERE	2	QL
<i>bosentan</i>	4	PA
<i>budesonide</i>	1	QL
CINRYZE	4	PA
COMBIVENT RESPIMAT	2	QL
<i>cromolyn</i>	1	
DULERA	2	ST; QL
<i>epinephrine hcl</i>	1	
ESBRIET	4	PA
FASENRA	4	PA
FASENRA PEN	4	PA
<i>flunisolide</i>	1	QL
<i>fluticasone propionate</i>	1	QL
FLUTICASONE PROPION-SALMETEROL INHALATION AEROSOL POWDR BREATH ACTIVATED	2	ST; QL
<i>fluticasone propion-salmeterol inhalation blister with device</i>	1	ST; QL
<i>formoterol fumarate</i>	1	QL
<i>icatibant</i>	4	PA
INCRUSE ELLIPTA	2	QL

Drug Name	Drug Tier	Requirements / Limits
<i>ipratropium bromide</i>	1	
<i>ipratropium-albuterol</i>	1	QL
KALYDECO	4	PA
<i>levalbuterol hcl</i>	1	
<i>metaproterenol</i>	1	
<i>mometasone</i>	1	QL
<i>montelukast</i>	1	
<i>nebusal</i>	1	
NUCALA	4	PA; LA
OFEV	4	PA
OPSUMIT	4	PA; LA
ORKAMBI	4	PA
<i>pulmosal</i>	1	
PULMOZYME	4	PA
QVAR REDIHALER	2	QL
RUCONEST	4	PA
<i>sajazir</i>	4	PA
<i>sildenafil (pulm.hypertension)</i>	4	PA
<i>sodium chloride</i>	1	
STRIVERDI RESPIMAT	2	QL
SYMBICORT	2	ST; QL
SYMDEKO	4	PA
<i>tadalafil (pulm.hypertension)</i>	4	PA
TAKHZYRO	4	PA; LA
<i>terbutaline</i>	1	
<i>theophylline</i>	1	
TRACLEER	4	PA; LA

You can find information on what the symbols and abbreviations on this table mean by going to the beginning of this table.

Drug Name	Drug Tier	Requirements / Limits
TRELEGY ELLIPTA	2	QL
TRIKAFTA	4	PA
TYVASO	4	PA
TYVASO REFILL KIT	4	PA
TYVASO STARTER KIT	4	PA
<i>wixela inhub</i>	1	ST; QL
XOLAIR	4	PA; LA
<i>zafirlukast</i>	1	
<i>zileuton</i>	1	

UROLOGICALS

ANTICHOLINERGICS & ANTISPASMODICS

<i>darifenacin</i>	1	
<i>flavoxate</i>	1	
MYRBETRIQ	3	
<i>oxybutynin chloride</i>	1	
<i>solifenacin</i>	1	
<i>tolterodine</i>	1	
TOVIAZ	3	
<i>trospium</i>	1	

BENIGN PROSTATIC HYPERPLASIA (BPH) THERAPY

<i>alfuzosin</i>	1	
<i>dutasteride</i>	1	
<i>dutasteride-tamsulosin</i>	1	
<i>finasteride</i>	1	
<i>silodosin</i>	1	
<i>tadalafil</i>	1	
<i>tamsulosin</i>	1	

Drug Name	Drug Tier	Requirements / Limits
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CHOLINERGIC STIMULANTS

<i>bethanechol chloride</i>	1	
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MISCELLANEOUS UROLOGICALS

CYSTAGON	4	PA; LA
ELMIRON	2	
<i>hyophen</i>	1	
K-PHOS ORIGINAL	2	
<i>methen-sod phos-meth blue-hyos</i>	1	
<i>phosphasal</i>	1	
<i>potassium citrate</i>	1	
RENACIDIN	2	
<i>uretron d-s</i>	1	
<i>urimar-t</i>	1	
<i>uro-458</i>	1	
<i>urogesic-blue</i>	1	
<i>uro-mp</i>	1	
<i>uryl</i>	1	
<i>ustell</i>	1	
<i>utira-c</i>	1	

URINARY ANESTHETICS

<i>phenazopyridine</i>	1	
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VITAMINS, HEMATINICS & ELECTROLYTES

ELECTROLYTES

<i>effer-k</i>	1	
<i>klor-con</i>	1	
<i>klor-con 10</i>	1	
<i>klor-con 8</i>	1	
<i>klor-con m10</i>	1	
<i>klor-con m15</i>	1	

You can find information on what the symbols and abbreviations on this table mean by going to the beginning of this table.

Drug Name	Drug Tier	Requirements / Limits
<i>klor-con m20</i>	1	
<i>klor-con/ef</i>	1	
<i>k-tab</i>	1	
<i>lugols</i>	1	
<i>potassium chloride</i>	1	
<i>strong iodine</i>	1	
VITAMINS & HEMATINICS		
<i>b complex 1 (with folic acid)</i>	6	ACA; OTC
<i>b complex-vitamin b12</i>	6	ACA; OTC
<i>b complex-vitamin c-folic acid</i>	6	ACA; OTC
<i>balanced b-100</i>	6	ACA; OTC
<i>balanced b-100 complex</i>	6	ACA; OTC
<i>balanced b-50</i>	6	ACA; OTC
<i>bal-care dha</i>	1	
<i>b-complex with vitamin c</i>	6	ACA; OTC
<i>classic prenatal</i>	6	ACA; OTC
<i>c-nate dha</i>	1	
<i>complete natal dha</i>	1	
<i>complex b-100</i>	6	ACA; OTC
<i>dialyvite 800</i>	6	ACA; OTC
<i>ergocalciferol (vitamin d2)</i>	1	
<i>fluoride (sodium)</i>	6	ACA; OTC
<i>folic acid</i>	6	ACA; OTC
<i>foltabs 800</i>	6	ACA; OTC
<i>full spectrum b-vitamin c</i>	6	ACA; OTC
<i>hydroxocobalamin</i>	1	PA
<i>kobee</i>	6	ACA; OTC

Drug Name	Drug Tier	Requirements / Limits
<i>kpn</i>	6	ACA; OTC
<i>ludent fluoride</i>	6	ACA; OTC
<i>m-natal plus</i>	1	
<i>multi-vitamin with fluoride</i>	6	ACA; OTC
<i>multivitamins with fluoride</i>	6	ACA; OTC
<i>mvc-fluoride</i>	6	ACA; OTC
<i>mynatal</i>	1	
<i>mynatal plus</i>	1	
<i>mynatal-z</i>	1	
<i>natural b-100 complex</i>	6	ACA; OTC
<i>newgen</i>	1	
<i>one daily prenatal</i>	6	ACA; OTC
<i>perry prenatal</i>	6	ACA; OTC
<i>pnv 29-1</i>	1	
<i>pnv-select</i>	1	
<i>pr natal 400</i>	1	
<i>pr natal 400 ec</i>	1	
<i>pr natal 430</i>	1	
<i>pr natal 430 ec</i>	1	
<i>prenal chew</i>	1	
<i>prenal pearl</i>	1	
<i>prenal true</i>	1	
<i>prenatabs fa</i>	1	
<i>prenatabs rx</i>	1	
<i>prenatal</i>	6	ACA; OTC
<i>prenatal complete</i>	6	ACA; OTC
<i>prenatal multi-dha (algal oil)</i>	6	ACA; OTC
<i>prenatal multivitamins</i>	6	ACA; OTC

You can find information on what the symbols and abbreviations on this table mean by going to the beginning of this table.

Drug Name	Drug Tier	Requirements / Limits
<i>prenatal one daily</i>	6	ACA; OTC
<i>prenatal plus</i>	1	
<i>prenatal plus (calcium carb)</i>	1	
<i>prenatal vitamin</i>	6	ACA; OTC
<i>prenatal vitamin plus low iron</i>	1	
<i>prenatal vitamin with minerals</i>	6	ACA; OTC
<i>prenatal vits96-iron fum-folic</i>	6	ACA; OTC
<i>preplus</i>	1	
<i>pretab</i>	1	
<i>rena-vite</i>	6	ACA; OTC
<i>se-natal 19 chewable</i>	1	
<i>se-natal-19</i>	1	
<i>stress formula</i>	6	ACA; OTC
<i>stress formula with iron</i>	6	ACA; OTC
<i>stress formula with iron(sulf)</i>	6	ACA; OTC

Drug Name	Drug Tier	Requirements / Limits
<i>super b complex-vitamin c</i>	6	ACA; OTC
<i>super b maxi complex</i>	6	ACA; OTC
<i>super quintis</i>	6	ACA; OTC
<i>super quintis b-50</i>	6	ACA; OTC
<i>trinatal rx 1</i>	1	
<i>trinate</i>	1	
<i>tri-vitamin with fluoride</i>	6	ACA; OTC
VENOFER	2	PA
<i>virt-nate dha</i>	1	
<i>vitamin b complex</i>	6	ACA; OTC
<i>vitamin b complex-folic acid</i>	6	ACA; OTC
<i>vitamins a,c,d and fluoride</i>	6	ACA; OTC
<i>westab plus</i>	1	
<i>westgel dha</i>	1	

You can find information on what the symbols and abbreviations on this table mean by going to the beginning of this table.

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TETANUS, DIPHTHERIA		trazodone	14	TROGARZO	4
TOX PED(PF)	34	TREANDA	8	tropicamide	40
tetrabenazine	10	TRECATOR	5	tropium	43
tetracaine hcl	40	TRELEGY ELLIPTA	43	TRULANCE	31
tetracycline	6	TREMFYA	20	TRULICITY	29
THALOMID	8	treprostinil sodium	17	TRUMENBA	34
theophylline	43	tretinoin	21	tulana	36

TWINRIX (PF)	34	VENCLEXTA	9	W	
tydemy	39	VENCLEXTA STARTING		warfarin	18
TYMLOS	34	PACK	9	water for irrigation, sterile	23
TYPHIM VI	34	venlafaxine	14	wera (28)	39
TYSABRI	10	VENOFER	45	westab plus	46
TYVASO	43	verapamil	17	westgel dha	46
TYVASO REFILL KIT	43	VEREGEN	20	westroid	29
TYVASO STARTER KIT	43	VERQUVO	19	wintergreen oil	20
U		VERZENIO	9	wixela inhub	43
UCERIS	31	vestura (28)	39	women's gentle laxative(bisac)	
unithroid	29	V-GO 20	26	31
UNITUXIN	8	V-GO 30	26	women's laxative (bisacodyl)	31
UPTRAVI	17	V-GO 40	26	wymzya fe	39
uretron d-s	44	VIBERZI	31	X	
urimar-t	44	vienva	39	XALKORI	9
uro-458	44	vigabatrin	10	XARELTO	18
urogesic-blue	44	vigadrone	10	XARELTO DVT-PE TREAT	
uro-mp	44	VIIBRYD	14	30D START	18
ursodiol	31	VIMIZIM	28	XELJANZ	35
uryl	44	VIMPAT	10	XELJANZ XR	35
ustell	44	VIOKACE	31	XEMBIFY	34
utira-c	44	viorele (28)	39	XERMELO	9
V		VIRACEPT	4	XGEVA	6
valacyclovir	4	VIREAD	4	XIFAXAN	5
VALCHLOR	20	virt-nate dha	45	XIGDUO XR	29
valganciclovir	4	VISCO-3	13	XOLAIR	43
valproic acid	9	VISTOGARD	6	XOSPATA	9
valproic acid (as sodium salt)	9	vitamin b complex	45	xulane	36
valsartan	17	vitamin b complex-folic acid	45	XURIDEN	23
valsartan-hydrochlorothiazide		vitamin k	18	XYREM	14
.....	17	vitamin k1	18	XYWAV	14
vancomycin	6	vitamins a,c,d and fluoride	46	Y	
vandazole	36	VITRAKVI	9	YERVOY	9
VANTAS	8	VIVITROL	13	YESCARTA	9
varenicline	24	VIZIMPRO	9	YF-VAX (PF)	34
VARIVAX (PF)	34	volnea (28)	39	YONDELIS	9
VARIZIG	34	VONVENDI	18	YONSA	9
VARUBI	31	voriconazole	3	yuvafem	36
VASCEPA	19	VORTEX HOLDING		Z	
VCF CONTRACEPTIVE		CHAMBER	25	zafemy	36
FILM	36	VOTRIENT	9	zafirlukast	43
VCF CONTRACEPTIVE GEL		vtol lq	12	zaleplon	14
.....	36	VUMERITY	32	zarah	39
VECTIBIX	9	vyfemla (28)	39	ZARXIO	32
VELCADE	9	vylibra	39	zebutal	12
veletri	17	VYNDAMAX	19	ZEJULA	9
velivet triphasic regimen (28)		VYNDAAQEL	19	ZELBORAF	9
.....	39	VYXEOS	9	ZEMAIRA	23
VEMLIDY	4			zenatane	21

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ZEPATIER.....	4	ZOLADEX.....	9	ZORTRESS.....	9
ZEPOSIA.....	32	zoledronic acid.....	28	zovia 1/35e (28).....	39
ZEPOSIA STARTER KIT ...	32	zoledronic acid-mannitol-water		ZTLIDO.....	21
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.....	32	ZOLGENSMA.....	10	ZULRESSO.....	14
zidovudine.....	4	ZOLINZA.....	9	zumandimine (28).....	39
ZIEXTENZO.....	32	zolmitriptan.....	10	ZYDELIG.....	9
zileuton.....	43	zolpidem.....	14	ZYKADIA.....	9
ziprasidone hcl.....	14	zonisamide.....	10		



This formulary was updated on 12/1/2021. For more recent information or other questions, please contact The Health Plan Pharmacy Services at 1.800.624.6961 extension 7914, or visit www.healthplan.org.