



2022 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 4/1/2022. For more recent information or other questions, please contact The Health Plan Pharmacy Services at 1.800.624.6961 extension 7914, or visit www.heathplan.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 of 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 or the original prescription.
- The charge for any prescription, oral or topical, that is prescribed for cosmetic purposes.
- 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.
- 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, or braces regardless of intended use.

•Charges for lost or stolen prescription drugs unless noted within your Summary of Benefits. Please contact The Health plan for details.

- Certain legend drugs when any version or strength become available over the counter.

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
- Is taken for greater than 90 consecutive days
- Is a long acting opioid
- Is being taken with a medication that could cause respiratory depression.

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.

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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.

1: Preferred Generic

2: Preferred Brand

3: Non-preferred Drug

4: Specialty Drug

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	
<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	
DESCOVY	2	

Drug Name	Drug Tier	Requirements / Limits
<i>didanosine</i>	1	
DOVATO	2	
EDURANT	2	
<i>efavirenz</i>	1	
<i>efavirenz-emtricitabin-tenofov</i>	1	
<i>efavirenz-lamivu-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	
EVOTAZ	3	
<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	
JULUCA	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
<i>lamivudine</i>	1	
<i>lamivudine-zidovudine</i>	1	
LEXIVA	2	
<i>lopinavir-ritonavir</i>	1	
<i>maraviroc</i>	1	
MOLNUIRAVIR	2	QL
<i>nevirapine</i>	1	
NORVIR	2	
ODEFSEY	2	
<i>oseltamivir</i>	1	QL
PAXLOVID (EUA)	2	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	

Drug Name	Drug Tier	Requirements / Limits
VIRACEPT	2	
VIREAD	2	
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	

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Drug Name	Drug Tier	Requirements / Limits
<i>atovaquone-proguanil</i>	1	QL
BENZNIDAZOLE	2	QL
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>quinine sulfate</i>	1	QL
<i>rifabutin</i>	1	
<i>rifampin</i>	1	
SIRTURO	2	LA

Drug Name	Drug Tier	Requirements / Limits
SIVEXTRO	3	PA
<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	

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Drug Name	Drug Tier	Requirements / Limits
<i>doxycycline monohydrate</i>	1	
<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
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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

Drug Name	Drug Tier	Requirements / Limits
ADAKVEO	4	
ADCETRIS	4	PA
ALECENSA	4	PA
ALIQOPA	4	PA; LA
ALUNBRIG	4	PA
<i>anastrozole</i>	1	
<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
DROXIA	2	
ELIGARD	4	PA
ELIGARD (3 MONTH)	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
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
<i>hydroxyurea</i>	1	
IBRANCE	4	PA
ICLUSIG	4	PA
IDHIFA	4	PA; LA
<i>imatinib</i>	4	PA

Drug Name	Drug Tier	Requirements / Limits
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
LYSODREN	4	
MARQIBO	4	PA
MATULANE	4	PA
<i>megestrol</i>	1	
MEKINIST	4	PA

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Drug Name	Drug Tier	Requirements / Limits
<i>melphalan</i>	1	
<i>mercaptopurine</i>	1	
<i>methotrexate sodium</i>	1	
<i>methotrexate sodium (pf)</i>	1	
<i>mitoxantrone</i>	4	PA
<i>mycophenolate mofetil</i>	1	
<i>mycophenolate sodium</i>	1	
MYLERAN	2	
MYLOTARG	4	PA; LA
<i>nelarabine</i>	4	PA
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
RUBRACA	4	PA; LA
RUXIENCE	4	
RYDAPT	4	PA
SANDIMMUNE	2	
SIGNIFOR	4	PA

Drug Name	Drug Tier	Requirements / Limits
<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
TAGRISSO	4	PA; LA
TALZENNA	4	PA
<i>tamoxifen</i>	1	
TARGRETIN	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
<i>tretinoin (antineoplastic)</i>	1	
TRIPTODUR	4	PA
UNITUXIN	4	PA
VANTAS	4	PA
VECTIBIX	4	PA
VELCADE	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
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
ZYDELIG	4	PA
ZYKADIA	4	PA

AUTONOMIC & CNS DRUGS, NEUROLOGY & PSYCH

ANTICONVULSANTS

APTIOM	3	
<i>carbamazepine</i>	1	
CELONTIN	2	
<i>clobazam</i>	1	
<i>clonazepam</i>	1	
DIACOMIT	4	PA
<i>diazepam</i>	1	

Drug Name	Drug Tier	Requirements / Limits
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	
<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	

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>zonisamide</i>	1	
ANTIPARKINSONISM AGENTS		
<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
NEUPRO	3	
<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
<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

Drug Name	Drug Tier	Requirements / Limits
<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	
FIRDAPSE	4	PA; LA
<i>galantamine</i>	1	
<i>memantine</i>	1	
NUEDEXTA	2	
RADICAVA	4	PA
<i>rivastigmine</i>	1	
<i>rivastigmine tartrate</i>	1	
TEGSEDI	4	PA; LA
<i>tetrabenazine</i>	4	PA; QL
TYSABRI	4	PA; LA
ZEPOSIA	4	PA
ZEPOSIA STARTER KIT	4	PA
ZEPOSIA STARTER PACK	4	PA
ZOLGENSMA	4	PA
MUSCLE RELAXANTS & ANTISPASMODIC THERAPY		
<i>baclofen</i>	1	
<i>carisoprodol</i>	3	
<i>chlorzoxazone</i>	1	
<i>cyclobenzaprine</i>	1	

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Drug Name	Drug Tier	Requirements / Limits
<i>dantrolene</i>	1	
<i>meprobamate</i>	3	
<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	
<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

Drug Name	Drug Tier	Requirements / Limits
<i>fentanyl</i>	1	QL
<i>fentanyl citrate</i>	1	PA; 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
<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

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>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>prolactin</i>	1	ST; QL
SUBLOCADE	4	PA
<i>tenoxicam</i>	1	
<i>tramadol</i>	1	
<i>tramadol</i>	1	
NON-NARCOTIC ANALGESICS		
<i>aspirin</i>	6	ACA; OTC
<i>aspirin low dose</i>	6	ACA; OTC
<i>aspirin-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
<i>buprenorphine-naloxone sublingual tablet 8-2 mg</i>	1	
<i>butorphanol</i>	1	PA; QL
<i>cataflam</i>	1	
<i>celecoxib</i>	1	
<i>children's aspirin</i>	6	ACA; OTC

Drug Name	Drug Tier	Requirements / Limits
<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>lofena</i>	1	
<i>meclofenamate</i>	1	
<i>mefenamic acid</i>	1	
<i>meloxicam</i>	1	
<i>meloxicam submicronized</i>	1	
<i>nabumetone</i>	1	
<i>naloxone injection</i>	1	PA
<i>naloxone nasal</i>	1	QL
<i>naltrexone</i>	1	
<i>naproxen</i>	1	
<i>naproxen sodium</i>	1	
NUCYNTA	3	ST; QL

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Drug Name	Drug Tier	Requirements / Limits
NUCYNTA ER	3	PA; QL
<i>oxaprozin</i>	1	
<i>pentazocine-naloxone</i>	3	ST; QL
<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	
<i>amitriptyline-chlordiazepoxide</i>	1	
<i>amoxapine</i>	1	
<i>amphetamine sulfate</i>	1	
<i>aripiprazole oral solution</i>	1	

Drug Name	Drug Tier	Requirements / Limits
<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	
<i>diazepam intensol</i>	1	
DORAL	2	
<i>doxepin</i>	1	
<i>duloxetine</i>	1	
<i>ergoloid</i>	1	
<i>escitalopram oxalate</i>	1	

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Drug Name	Drug Tier	Requirements / Limits
<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	
<i>olanzapine</i>	1	QL
<i>olanzapine-fluoxetine</i>	1	
<i>oxazepam</i>	3	
<i>paliperidone</i>	1	QL
<i>paroxetine hcl</i>	1	

Drug Name	Drug Tier	Requirements / Limits
<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	
QUAZEPAM	3	
<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>sertraline</i>	1	
SUNOSI	2	
<i>temazepam</i>	3	
<i>thioridazine</i>	1	
<i>thiothixene</i>	1	
<i>tranlycypromine</i>	1	
<i>trazodone</i>	1	
<i>triazolam</i>	1	
<i>trifluoperazine</i>	1	
<i>trimipramine</i>	1	
TRINTELLIX	3	PA
<i>venlafaxine</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
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	
<i>aliskiren</i>	3	
<i>amiloride</i>	1	
<i>amiloride-hydrochlorothiazide</i>	1	

Drug Name	Drug Tier	Requirements / Limits
<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	
<i>clonidine hcl</i>	1	
<i>diltiazem</i>	1	
<i>dilt-xr</i>	1	
<i>doxazosin</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>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	
<i>losartan</i>	1	
<i>losartan-hydrochlorothiazide</i>	1	
<i>matzim la</i>	1	
<i>methyldopa</i>	1	
<i>methyldopa-hydrochlorothiazide</i>	1	

Drug Name	Drug Tier	Requirements / Limits
<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>nebivolol</i>	1	
<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	
<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	

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>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>tiadylt 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	
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

Drug Name	Drug Tier	Requirements / Limits
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
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

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>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)</i>	1	PA
HUMATE-P	4	PA
IXINITY	4	PA
<i>jantoven</i>	1	
JIVI	4	PA
KOGENATE FS	4	PA
KOVALTRY	4	PA
NOVOEIGHT	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

Drug Name	Drug Tier	Requirements / Limits
<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	
<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

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>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
<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>	1	
VERQUVO	2	
VYNDAMAX	4	PA
VYNDAQEL	4	PA
NITRATES		
<i>isosorbide dinitrate</i>	1	
<i>isosorbide mononitrate</i>	1	
<i>nitro-bid</i>	1	

Drug Name	Drug Tier	Requirements / Limits
<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	
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		

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>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	
<i>methoxsalen</i>	1	
<i>methyl salicylate</i>	1	
<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>amnesteem</i>	1	
<i>avar</i>	1	
<i>avita</i>	1	
<i>benzepro</i>	1	
<i>benzoyl peroxide</i>	1	
<i>bp 10-1</i>	1	
<i>claravis</i>	1	
<i>clindacin etz</i>	1	

Drug Name	Drug Tier	Requirements / Limits
<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
<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	

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Drug Name	Drug Tier	Requirements / Limits
<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	
<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

Drug Name	Drug Tier	Requirements / Limits
<i>lidocaine-prilocaine topical kit</i>	1	
<i>lidocort</i>	1	
<i>lta pre-attached</i>	1	
ZTLIDO	2	
TOPICAL ANTIBACTERIALS		
<i>gentamicin</i>	1	QL
<i>lugols</i>	1	
<i>mafenide acetate</i>	1	
<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>ketoconazole</i>	1	
<i>ketodan</i>	1	
<i>ketodan kit</i>	1	
LULICONAZOLE	3	
LUZU	2	
MENTAX	3	
<i>naftifine</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>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
XERESE	3	
TOPICAL CORTICOSTEROIDS		
<i>ala-cort</i>	1	
<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>clocortolone pivalate</i>	1	
<i>clodan</i>	1	
<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	

Drug Name	Drug Tier	Requirements / Limits
<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	
<i>hydrocortisone</i>	1	
<i>hydrocortisone butyrate</i>	1	
<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	
TOPICAL SCABICIDES / PEDICULICIDES		
<i>crotan</i>	1	
<i>ivermectin</i>	1	
<i>lindane</i>	1	
<i>malathion</i>	1	
<i>permethrin</i>	1	

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Drug Name	Drug Tier	Requirements / Limits
<i>spinosad</i>	1	
ULESFIA	3	
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		
<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>carglumic acid</i>	4	PA
<i>cevimeline</i>	1	
CHEMET	2	
<i>deferasirox</i>	4	PA
<i>deferiprone oral tablet 1,000 mg</i>	1	
<i>deferiprone oral tablet 500 mg</i>	4	
<i>disulfiram</i>	1	
EMPAVELI	4	PA
FERRIPROX	4	PA
GLASSIA	4	PA; LA

Drug Name	Drug Tier	Requirements / Limits
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	
<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

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Drug Name	Drug Tier	Requirements / Limits
<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

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	

Drug Name	Drug Tier	Requirements / Limits
<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	

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>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	

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
BLOOD GLUCOSE MONITORING DEVICES & SUPPLIES		
ONETOUCH ULTRA TEST	2	
ONETOUCH VERIO TEST STRIPS	2	
DIABETES, SUPPLIES, & DURABLE MEDICAL EQUIPMENT		
ACE AEROSOL CLOUD ENHANCER	2	
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	

Drug Name	Drug Tier	Requirements / Limits
OPTICHAMBER DIAMOND VHC	2	
POCKET CHAMBER	2	
PRIMEAIRE	2	
PROCHAMBER	2	
RITEFLO AEROCHAMBER	2	
SPACE CHAMBER	2	
TRIJARDY XR	2	ST
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	2	
GVOKE HYPOPEN 2-PACK	2	
GVOKE PFS 2-PACK SYRINGE	2	
INSULIN SYRINGES/MISCELLANEOUS DURABLE MEDICAL EQU		
BD INTEGRA NEEDLE	2	
BD MICROTAINER LANCET	2	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
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
MEDISENSE GLUCOSE KETONE	2	OTC
OMNIPOD DASH INSULIN 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	

Drug Name	Drug Tier	Requirements / Limits
V-GO 40	2	
INSULIN THERAPY		
APIDRA SOLOSTAR U-100 INSULIN	3	
APIDRA U-100 INSULIN	3	
BASAGLAR KWIKPEN U-100 INSULIN	2	
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	

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
HUMULIN R REGULAR U-100 INSULN	2	
HUMULIN R U-500 (CONC) INSULIN	2	
HUMULIN R U-500 (CONC) KWIKPEN	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	

Drug Name	Drug Tier	Requirements / Limits
RELION NOVOLIN R	3	
SEMGLEE(INSULIN GLARGINE-YFGN)	2	
SEMGLEE(INSULIN GLARG-YFGN)PEN	2	
TOUJEO MAX U-300 SOLOSTAR	2	
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
<i>clomiphene citrate</i>	3	
CRYSVITA	4	PA
<i>danazol</i>	1	
<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

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
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
ORILISSA	2	PA
<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
FARXIGA	2	ST

Drug Name	Drug Tier	Requirements / Limits
<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	
GLYXAMBI	2	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		

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
ARMOUR THYROID	2	
<i>euthyrox</i>	1	
<i>levo-t</i>	1	
<i>levothyroxine</i>	1	
<i>levoxyl</i>	1	
<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>phenobarb-hyoscy-atropine-scop</i>	1	
<i>phenohydro</i>	1	
<i>symax fastabs</i>	1	

Drug Name	Drug Tier	Requirements / Limits
<i>symax-sl</i>	1	
<i>symax-sr</i>	1	

MISCELLANEOUS GASTROINTESTINAL AGENTS

<i>alosetron</i>	1	
<i>alvimopan</i>	1	
<i>anucort-hc</i>	1	
<i>aprepitant</i>	1	
<i>balsalazide</i>	1	
<i>betaine</i>	4	PA
<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</i>	6	ACA; 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>gavilyte-c</i>	6	ACA
<i>gavilyte-g</i>	6	ACA
<i>gavilyte-n</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>generlac</i>	1	
<i>granisetron hcl</i>	1	
<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>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
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	

Drug Name	Drug Tier	Requirements / Limits
<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>powderlax</i>	6	ACA; 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	
RECTIV	2	
RELISTOR	2	PA
<i>scopolamine base</i>	1	
<i>sevelamer carbonate</i>	1	
<i>sevelamer hcl</i>	1	
<i>sodium polystyrene sulfonate</i>	1	
<i>sps (with sorbitol)</i>	1	
SUCRAID	4	PA
<i>sulfasalazine</i>	1	
SUPREP BOWEL PREP KIT	6	ACA
<i>trimethobenzamide</i>	1	
TRULANCE	2	
UCERIS	2	
<i>ursodiol</i>	1	
VARUBI	2	
VELPHORO	3	

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
VIBERZI	2	
VIOKACE	2	
women's gentle laxative(bisac)	6	ACA; OTC
ULCER THERAPY		
amoxicil-clarithromy-lansopraz	1	QL
cimetidine	1	
cimetidine hcl	1	
DEXILANT ORAL CAPSULE,BIPHAS E DELAYED RELEAS 30 MG	3	PA; QL
DEXILANT ORAL CAPSULE,BIPHAS E DELAYED RELEAS 60 MG	3	PA
esomeprazole magnesium oral capsule,delayed release(dr/ec) 20 mg	1	QL
esomeprazole magnesium oral capsule,delayed release(dr/ec) 40 mg	1	
esomeprazole magnesium oral granules dr for susp in packet 10 mg, 20 mg	1	PA; QL
esomeprazole magnesium oral granules dr for susp in packet 40 mg	1	PA
famotidine	1	
lansoprazole oral capsule,delayed release(dr/ec) 15 mg	1	QL

Drug Name	Drug Tier	Requirements / Limits
lansoprazole oral capsule,delayed release(dr/ec) 30 mg	1	
lansoprazole oral tablet,disintegrat, delay rel 15 mg	1	QL
lansoprazole oral tablet,disintegrat, delay rel 30 mg	1	
misoprostol	1	
nizatidine	1	
omeprazole oral capsule,delayed release(dr/ec) 10 mg	1	QL
omeprazole oral capsule,delayed release(dr/ec) 20 mg, 40 mg	1	
pantoprazole oral granules dr for susp in packet	1	
pantoprazole oral tablet,delayed release (dr/ec) 20 mg	1	QL
pantoprazole oral tablet,delayed release (dr/ec) 40 mg	1	
rabeprazole	1	
sucralfate	1	
IMMUNOLOGY, VACCINES & BIOTECHNOLOGY		
BIOTECHNOLOGY DRUGS		
FULPHILA	4	PA
LEUKINE	4	PA
MOZOBIL	4	PA
NIVESTYM	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
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
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

Drug Name	Drug Tier	Requirements / Limits
<i>ribavirin</i>	4	PA
VUMERITY	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		
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
DENGVAXIA (PF)	2	
ENGERIX-B (PF)	6	ACA
ENGERIX-B PEDIATRIC (PF)	6	ACA
FLUAD QUAD 2021-22(65Y UP)(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
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
FLUMIST QUAD 2021-2022	6	ACA
FLUZONE HIGHDOSE QUAD 21-22 PF	6	ACA
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

Drug Name	Drug Tier	Requirements / Limits
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 TRIS VACCN(PF)	6	ACA
PFIZER COVID-19 VACCINE (EUA)	6	ACA
PNEUMOVAX-23	6	ACA
PREVNAR 13 (PF)	6	ACA
PREVNAR 20 (PF)	2	
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
TICOVAC	2	
TRUMENBA	6	ACA

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Drug Name	Drug Tier	Requirements / Limits
TWINRIX (PF)	6	ACA
TYPHIM VI	2	
VARIVAX (PF)	6	ACA
VARIZIG	2	
VAXNEUVANCE	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	
<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

Drug Name	Drug Tier	Requirements / Limits
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
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

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
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	
<i>deblitane</i>	6	ACA
<i>dotti</i>	1	
DUAVEE	3	
<i>eemt</i>	1	
<i>eemt hs</i>	1	
<i>errin</i>	6	ACA
<i>estradiol</i>	1	
<i>estradiol valerate</i>	1	
<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

Drug Name	Drug Tier	Requirements / Limits
<i>jencycla</i>	6	ACA
<i>jinteli</i>	1	
<i>lyleq</i>	6	ACA
<i>lyllana</i>	1	
<i>lyza</i>	6	ACA
<i>medroxyprogesteron e intramuscular</i>	6	ACA
<i>medroxyprogesteron e oral</i>	1	
<i>mimvey</i>	1	
<i>nora-be</i>	6	ACA
<i>norethindrone (contraceptive)</i>	6	ACA
<i>norethindrone acetate</i>	1	
<i>norethindrone ac-eth estradiol</i>	1	
<i>norlyda</i>	6	ACA
<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	
GYNAZOLE-1	3	
<i>gynol ii</i>	6	ACA; OTC
<i>isoxsuprine</i>	1	

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Drug Name	Drug Tier	Requirements / Limits
<i>metronidazole</i>	1	
<i>miconazole-3</i>	1	
MYFEMBREE	2	
NEXPLANON	6	ACA
ORIAHNN	2	
OSPHENA	3	PA
<i>terconazole</i>	1	
TODAY CONTRACEPTIVE SPONGE	6	ACA; OTC
<i>tranexamic acid</i>	1	
TRIMO-SAN JELLY	2	
<i>vandazole</i>	1	
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

Drug Name	Drug Tier	Requirements / Limits
<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
<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

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>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>elinest</i>	6	ACA
ELLA	6	ACA
<i>enpresse</i>	6	ACA
<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

Drug Name	Drug Tier	Requirements / Limits
<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
<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 estradiol</i>	6	ACA
<i>levonorg-eth estradiol 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>lutra (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>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
<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 1/35 (28)</i>	6	ACA
<i>nylia 7/7/7 (28)</i>	6	ACA
<i>nymyo</i>	6	ACA
<i>ocella</i>	6	ACA

Drug Name	Drug Tier	Requirements / Limits
<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
<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

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>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
<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	

Drug Name	Drug Tier	Requirements / Limits
<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
<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
ZIRGAN	3	
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	

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>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		
ALOCRIAL	3	
ALOMIDE	3	
<i>altacaine</i>	1	
<i>azelastine</i>	1	QL
<i>bepotastine besilate</i>	3	QL
<i>cromolyn</i>	1	QL
<i>cyclosporine</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

Drug Name	Drug Tier	Requirements / Limits
<i>proparacaine</i>	1	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	
OTHER GLAUCOMA DRUGS		
<i>bimatoprost</i>	1	QL
<i>brimonidine-timolol</i>	3	QL
<i>brinzolamide</i>	1	
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	
<i>travoprost</i>	3	QL
VYZULTA	3	QL
STEROID-ANTIBIOTIC COMBINATIONS		
<i>neomycin-bacitracin-poly-hc</i>	1	
<i>neomycin-polymyxin b-dexameth</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>neomycin-polymyxin-hc</i>	1	
<i>neo-polycin hc</i>	1	
PRED-G	3	
PRED-G S.O.P.	3	
<i>tobramycin-dexamethasone</i>	1	
ZYLET	3	

STEROIDS

<i>dexamethasone sodium phosphate</i>	1	QL
<i>difluprednate</i>	1	QL
<i>fluorometholone</i>	1	
<i>loteprednol etabonate</i>	1	
OZURDEX	4	PA
<i>prednisolone acetate</i>	1	
<i>prednisolone sodium phosphate</i>	1	QL

STEROID-SULFONAMIDE COMBINATIONS

<i>sulfacetamide-prednisolone</i>	1	
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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

Drug Name	Drug Tier	Requirements / Limits
<i>phenylephrine hcl</i>	1	

RESPIRATORY, ALLERGY, COUGH & COLD

ANTIHISTAMINE & ANTIALLERGENIC 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	
<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	

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>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	
ALVESCO	3	QL
<i>alyq</i>	4	PA
<i>ambrisentan</i>	4	PA; LA
ANORO ELLIPTA	2	QL
<i>arformoterol</i>	1	QL
ARNUITY ELLIPTA	3	QL
ASMANEX HFA	3	QL
<i>azelastine-fluticasone</i>	1	QL
BEVESPI AEROSPHERE	2	QL
<i>bosentan</i>	4	PA
BREO ELLIPTA	3	ST; QL
<i>budesonide</i>	1	QL
CINRYZE	4	PA
COMBIVENT RESPIMAT	2	QL
<i>cromolyn</i>	1	
DULERA	2	ST; QL

Drug Name	Drug Tier	Requirements / Limits
<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
<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	

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
PULMOZYME	4	PA
QVAR REDIHALER	2	QL
RUCONEST	4	PA
<i>sajazir</i>	4	PA
SEREVENT DISKUS	3	QL
<i>sildenafil</i> (<i>pulm.hypertension</i>)	4	PA
<i>sodium chloride</i>	1	
STIOLTO RESPIMAT	3	QL
STRIVERDI RESPIMAT	2	QL
SYMBICORT	2	ST; QL
SYMDEKO	4	PA
<i>tadalafil</i> (<i>pulm.</i> <i>hypertension</i>)	4	PA
TAKHZYRO	4	PA; LA
<i>terbutaline</i>	1	
<i>theophylline</i>	1	
TRACLEER	4	PA; LA
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

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
ANTICHOLINERGICS & ANTISPASMODICS		
<i>darifenacin</i>	1	
<i>flavoxate</i>	1	
<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-</i> <i>tamsulosin</i>	1	
<i>finasteride</i>	1	
<i>silodosin</i>	1	
<i>tadalafil</i>	1	
<i>tamsulosin</i>	1	
CHOLINERGIC STIMULANTS		
<i>bethanechol chloride</i>	1	
MISCELLANEOUS UROLOGICALS		
CYSTAGON	4	PA; LA
ELMIRON	2	
<i>hyophen</i>	1	
K-PHOS ORIGINAL	2	
<i>methen-sod phos-</i> <i>meth blue-hyos</i>	1	
<i>phosphasal</i>	1	
<i>potassium citrate</i>	1	
RENACIDIN	2	
<i>uretron d-s</i>	1	

Drug Name	Drug Tier	Requirements / Limits
<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	
<i>klor-con m20</i>	1	
<i>klor-con/ef</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 c-folic acid</i>	6	ACA; OTC
<i>balanced b-100</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

Drug Name	Drug Tier	Requirements / Limits
<i>c-nate dha</i>	1	
<i>complete natal dha</i>	1	
<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
<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>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	

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>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
<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	

Drug Name	Drug Tier	Requirements / Limits
<i>rena-vite</i>	6	ACA; OTC
<i>se-natal 19 chewable</i>	1	
<i>se-natal-19</i>	1	
<i>stress formula with iron</i>	6	ACA; OTC
<i>stress formula with iron(sulf)</i>	6	ACA; OTC
<i>super b maxi complex</i>	6	ACA; OTC
<i>super quintis</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-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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This formulary was updated on 4/1/2022. For more recent information or other questions, please contact The Health Plan Pharmacy Services at 1.800.624.6961 extension 7914, or visit www.heathplan.org.