



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 11/1/2022. 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 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 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.

List of Abbreviations

1: Preferred Generic

2: Preferred Brand

3: Non-preferred Drug

4: Specialty Preferred Generic

5: Specialty Preferred Brand

6: Specialty Non-preferred Drug

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.

DME: Durable Medical Equipment. Will pull the DME benefit.

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.

SP: Specialty Drug

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.

*Note: Some plans may have one specialty drug copay structure for specialty preferred generic, preferred brands and non-preferred brands. Please refer to your plan document.

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List of Abbreviations

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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	
CRESEMDA	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	
NOXAFL	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>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	
<i>didanosine</i>	1	
DOVATO	2	
EDURANT	2	

Drug Name	Drug Tier	Requirements / Limits
<i>efavirenz</i>	1	
<i>efavirenz-emtricitabin-tenofovir</i>	1	
<i>efavirenz-lamivu-tenofovir 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>	1	PA
FUZEON	2	PA
GENVOYA	2	
HARVONI	4	PA
INTELENCE	2	
INVIRASE	2	
ISENTRESS	2	
ISENTRESS HD	2	
JULUCA	2	
LAGEVRIO (EUA)	2	QL
<i>lamivudine</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>lamivudine-zidovudine</i>	1	
LEXIVA	2	
<i>lopinavir-ritonavir</i>	1	
<i>maraviroc</i>	1	
<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	
TRIUMEQ PD	2	
TROGARZO	4	PA
<i>valacyclovir</i>	1	QL
<i>valganciclovir</i>	1	
VEMLIDY	2	
VIRACEPT	2	

Drug Name	Drug Tier	Requirements / Limits
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	
<i>atovaquone-proguanil</i>	1	QL

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Drug Name	Drug Tier	Requirements / Limits
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	PA; 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>primaquine</i>	1	QL
<i>pyrazinamide</i>	1	
<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
TRECATOR	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>monodoxine nl</i>	1	
<i>morgidox</i>	1	
<i>tetracycline</i>	1	

URINARY TRACT AGENTS

<i>fosfomycin</i>	1	
<i>tromethamine</i>		
<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

<i>KEPIVANCE</i>	4	PA
<i>leucovorin calcium</i>	1	
<i>MESNEX</i>	2	
<i>VISTOGARD</i>	4	PA
<i>XGEVA</i>	4	PA

ANTINEOPLASTIC & IMMUNOSUPPRESSANT DRUGS

<i>abiraterone</i>	4	PA
<i>ABRAXANE</i>	4	PA
<i>ADAKVEO</i>	4	
<i>ADCETRIS</i>	4	PA

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Drug Name	Drug Tier	Requirements / Limits
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
BORTEZOMIB INJECTION RECON SOLN 1 MG, 2.5 MG	4	PA
<i>bortezomib injection recon soln 3.5 mg</i>	4	PA
BOSULIF	4	PA
CABOMETYX	4	PA; LA
CALQUENCE	4	PA; LA
CALQUENCE (ACALABRUTINIB MAL)	4	LA
<i>capecitabine</i>	4	PA
CAPRELSA	4	PA; LA
CARVYKTI	4	
COMETRIQ	4	PA
COTELLIC	4	PA; LA
<i>cyclophosphamide</i>	1	
<i>cyclosporine</i>	1	
<i>cyclosporine modified</i>	1	

Drug Name	Drug Tier	Requirements / Limits
CYRAMZA	4	PA
DARZALEX	4	PA; LA
<i>decitabine</i>	4	PA
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	

Drug Name	Drug Tier	Requirements / Limits
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
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
KIMMTRAK	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

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
LUPRON DEPOT-PED (3 MONTH)	4	PA
LYNPARZA	4	PA
LYSODREN	4	
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	
mitoxantrone	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
<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
OPDUALAG	4	PA
PACLITAXEL PROTEIN-BOUND	4	PA
PEMAZYRE	4	PA; LA
PERJETA	4	PA
POTELIGEO	4	PA

Drug Name	Drug Tier	Requirements / Limits
PROGRAF	2	
PURIXAN	4	PA
<i>romidepsin</i>	4	PA
ROZLYTREK	4	PA; LA
RUBRACA	4	PA; LA
RUXIENCE	4	
RYDAPT	4	PA
SANDIMMUNE	2	
SIGNIFOR	4	PA
<i>sirolimus</i>	1	
SOLTAMOX	3	
SOMATULINE DEPOT	4	PA
<i>sorafenib</i>	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	
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

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Drug Name	Drug Tier	Requirements / Limits
<i>toremifene</i>	1	
TRAZIMERA	4	PA
TREANDA	4	PA
<i>tretinoin (antineoplastic)</i>	1	
TRIPTODUR	4	PA
UNITUXIN	4	PA
VECTIBIX	4	PA
VENCLEXTA	4	PA; LA
VENCLEXTA STARTING PACK	4	PA
VERZENIO	4	PA; LA
VIJOICE	4	PA
VITRAKVI	4	PA; LA
VIZIMPRO	4	PA
VONJO	4	
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

Drug Name	Drug Tier	Requirements / Limits
AUTONOMIC & CNS DRUGS, NEUROLOGY & PSYCH		
ANTICONVULSANTS		
<i>APTIOM</i>	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>lacosamide</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	

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 (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>vigadron</i>	4	PA
<i>zonisamide</i>	1	
ZTALMY	4	PA
ANTIPARKINSONISM AGENTS		
<i>apomorphine</i>	4	PA; QL
<i>benztropine</i>	1	
<i>bromocriptine</i>	1	
<i>carbidopa</i>	1	PA
<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	PA
<i>trihexyphenidyl</i>	1	
MIGRAINE & CLUSTER HEADACHE THERAPY		

Drug Name	Drug Tier	Requirements / Limits
<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
<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
RADICAVA ORS STARTER KIT SUSP	4	PA
<i>rivastigmine</i>	1	
<i>rivastigmine tartrate</i>	1	
TEGSEDI	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
tetrabenazine	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

baclofen	1	
carisoprodol	1	
chlorzoxazone	1	
cyclobenzaprine	1	
dantrolene	1	
meprobamate	1	
metaxalone	1	
methocarbamol	1	
orphenadrine citrate	1	
orphenadrine-asa-caffeine	1	
orphengesic forte	1	
pyridostigmine bromide	1	
tizanidine	1	

NARCOTIC ANALGESICS

acetaminophen-caff-dihydrocod	1	ST; QL
acetaminophen-codeine	1	ST; QL
ascomp with codeine	1	
buprenorphine	1	
buprenorphine hcl	1	

Drug Name	Drug Tier	Requirements / Limits
<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>endocet</i>	1	ST; QL
<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

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 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
<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>prolate</i>	1	ST; QL
SUBLOCADE	4	
<i>tencon</i>	1	
<i>vtol lq</i>	1	
<i>zebutal</i>	1	
NON-NARCOTIC ANALGESICS		
<i>aspirin</i>	6	ACA; OTC
<i>aspir-trin</i>	6	ACA; OTC
<i>bayer aspirin</i>	6	ACA; OTC
<i>bayer low dose aspirin</i>	6	ACA; OTC
<i>buprenorphine-naloxone</i>	1	

Drug Name	Drug Tier	Requirements / Limits
<i>butorphanol</i>	1	PA; 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>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

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>naltrexone</i>	1	
<i>naproxen</i>	1	
<i>naproxen sodium</i>	1	
NUCYNTA	3	ST; QL
NUCYNTA ER	3	PA; QL
<i>oxaprozin</i>	1	
<i>pentazocine-naloxone</i>	1	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	2	

PSYCHOTHERAPEUTIC DRUGS

ABILIFY	2	
MAINTENA		
<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	
<i>ariPIPRAZOLE oral tablet</i>	1	QL

Drug Name	Drug Tier	Requirements / Limits
<i>ariPIPRAZOLE oral tablet,disintegrating</i>	1	QL
ARISTADA	2	
ARISTADA INITIO	2	
<i>armodafinil</i>	1	PA
<i>asenapine maleate</i>	1	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 sulfate</i>	1	
<i>dextroamphetamine-amphetamine</i>	1	
<i>diazepam</i>	1	
<i>diazepam intensol</i>	1	
<i>doxepin</i>	1	
<i>duloxetine</i>	1	
<i>ergoloid</i>	1	
<i>escitalopram oxalate</i>	1	
<i>estazolam</i>	1	
<i>eszopiclone</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
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	
MARPLAN	3	
<i>methamphetamine</i>	1	
<i>methylphenidate</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>	1	
<i>paliperidone</i>	1	QL
<i>paroxetine hcl</i>	1	
<i>paroxetine mesylate(menop.sym)</i>	1	

Drug Name	Drug Tier	Requirements / Limits
<i>perphenazine</i>	1	
<i>perphenazine-amitriptyline</i>	1	
<i>phenelzine</i>	1	
<i>pimozide</i>	1	
<i>procenta</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>	1	
<i>thioridazine</i>	1	
<i>thiothixene</i>	1	
<i>tranylcypromine</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	
VIBRYD	3	PA
<i>vilazodone</i>	1	PA
XYREM	4	PA; LA; 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
XYWAV	4	PA; LA; QL
zaleplon	1	
zenzedi	1	
ziprasidone hcl	1	QL
zolpidem	1	
ZULRESSO	4	PA

CARDIOVASCULAR, HYPERTENSION & LIPIDS

ANTIARRHYTHMIC AGENTS

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

ANTIHYPERTENSIVE THERAPY

acebutolol	1	
aliskiren	1	
amiloride	1	
amiloride-hydrochlorothiazide	1	
amlodipine	1	
amlodipine-benazepril	1	

Drug Name	Drug Tier	Requirements / Limits
amlodipine-olmesartan	1	
amlodipine-valsartan	1	
amlodipine-valsartan-hcthiazid	1	
atenolol	1	
atenolol-chlorthalidone	1	
benazepril	1	
benazepril-hydrochlorothiazide	1	
betaxolol	1	
bisoprolol fumarate	1	
bisoprolol-hydrochlorothiazide	1	
bumetanide	1	
BYSTOLIC	3	
candesartan	1	
candesartan-hydrochlorothiazid	1	
captopril	1	
captopril-hydrochlorothiazide	1	
cartia xt	1	
carvedilol	1	
carvedilol phosphate	1	
chlorthalidone	1	
clonidine	1	
clonidine hcl	1	
diltiazem	1	
dilt-xr	1	
doxazosin	1	
enalapril maleate	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-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>isosorbide-hydralazine</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	

Drug Name	Drug Tier	Requirements / Limits
<i>methyldopa-hydrochlorothiazide</i>	1	
<i>metolazone</i>	1	
<i>metoprolol succinate</i>	1	
<i>metoprolol ta-hydrochlorothiazide</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>olmesartanamlodipin-hcthiazid</i>	1	
<i>olmesartan-hydrochlorothiazide</i>	1	
<i>perindopril erbumine</i>	1	
<i>phenoxybenzamine</i>	1	
<i>pindolol</i>	1	
<i>prazosin</i>	1	
<i>propranolol</i>	1	
<i>propranolol-hydrochlorothiazide</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-amldipine</i>	1	
<i>telmisartan-hydrochlorothiazid</i>	1	
<i>terazosin</i>	1	
<i>tiadylt er</i>	1	
<i>timolol maleate</i>	1	
<i>torsemide</i>	1	
<i>trandolapril</i>	1	
<i>trandolapril-verapamil</i>	1	
<i>treprostnil 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>dabigatran etexilate</i>	1	
<i>dipyridamole</i>	1	
DOPOLET (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

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>hep flush-10 (pf)</i>	1	PA
<i>heparin (porcine)</i>	1	PA
<i>heparin (porcine) in 5 % nacl</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

Drug Name	Drug Tier	Requirements / Limits
TRETEN	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	
<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

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
JUXTAPID	4	PA; LA
<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	

MISCELLANEOUS CARDIOVASCULAR AGENTS

CAMZYOS	4	PA
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	

Drug Name	Drug Tier	Requirements / Limits
<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	
<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
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TALTZ AUTOINJECTOR (3 PACK)	4	PA
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TALTZ SYRINGE	4	PA
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TREMFYA	4	PA
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BURN THERAPY

<i>silver sulfadiazine</i>	1	
<i>ssd</i>	1	

MISCELLANEOUS DERMATOLOGICALS

ADBRY	4	PA
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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>ammonium lactate</i>	1	
CIBINQO	4	PA
<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>	1	
<i>podofilox</i>	1	
<i>prodoxin</i>	1	
REGRANEX	2	
<i>tacrolimus</i>	1	
VALCHLOR	4	PA
VEREGEN	3	
<i>wintergreen oil</i>	1	

THERAPY FOR ACNE

<i>accutane</i>	1	
<i>adapalene-benzoyl peroxide</i>	1	
<i>amnesteem</i>	1	
<i>avar</i>	1	
<i>avita</i>	1	
<i>azelaic acid</i>	1	
<i>benzapro</i>	1	
<i>benzoyl peroxide</i>	1	
<i>bp 10-1</i>	1	
<i>claravis</i>	1	
<i>clindacin etz</i>	1	
<i>clindacin p</i>	1	

Drug Name	Drug Tier	Requirements / Limits
<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	
<i>rosula cleansing cloths</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>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
<i>lidocaine-prilocaine topical kit</i>	1	
<i>lidocort</i>	1	

Drug Name	Drug Tier	Requirements / Limits
<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	
SULFAMYLYON	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	
MENTAX	3	
<i>naftifine</i>	1	
<i>nyamyc</i>	1	
<i>nystatin</i>	1	
<i>nystatin-triamcinolone</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>nystop</i>	1	
<i>oxiconazole</i>	1	
<i>tavaborole</i>	1	
TOPICAL ANTIVIRALS		
<i>acyclovir</i>	1	QL
<i>XERESE</i>	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	
<i>fluocinonide</i>	1	
<i>fluocinonide-e</i>	1	
<i>flurandrenolide</i>	1	

Drug Name	Drug Tier	Requirements / Limits
<i>fluticasone propionate</i>	1	
<i>halcinonide</i>	1	
<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		
<i>SANTYL</i>	2	
TOPICAL SCABICIDES / PEDICULICIDES		
<i>crotan</i>	1	
<i>lindane</i>	1	
<i>malathion</i>	1	
<i>permethrin</i>	1	
<i>spinosad</i>	1	
<i>ULESFIA</i>	3	
DIAGNOSTICS & MISCELLANEOUS 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
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</i>	4	
<i>disulfiram</i>	1	
EMPAVELI	4	PA
ENJAYMO	4	PA
FERRIPROX	4	PA
FERRIPROX (2 TIMES A DAY)	4	PA
GLASSIA	4	PA; LA
INCRELEX	4	PA; LA
<i>levocarnitine</i>	1	
<i>levocarnitine (with sugar)</i>	1	

Drug Name	Drug Tier	Requirements / Limits
<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	PA
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 deterrent)</i>	6	ACA
<i>nicorette buccal gum</i>	6	ACA; OTC
NICORETTE BUCCAL LOZENGE	2	OTC

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Drug Name	Drug Tier	Requirements / Limits
NICORETTE BUCCAL MINI LOZENGE	2	OTC
<i>nicotine</i>	6	ACA; OTC
<i>nicotine (polacrilex)</i>	6	ACA; OTC
NICOTROL	6	ACA
NICOTROL NS	6	ACA
<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	
<i>flac otic oil</i>	1	QL

Drug Name	Drug Tier	Requirements / Limits
<i>fluocinolone acetonide oil</i>	1	QL
<i>hydrocortisone-acetic acid</i>	1	QL

Drug Name	Drug Tier	Requirements / Limits
<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>dexabläss</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>potassium iodide</i>	1	
<i>propylthiouracil</i>	1	

BLOOD GLUCOSE MONITORING DEVICES & SUPPLIES

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
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	
INSPIRACHAMBE R	2	
LITEAIRE MDI CHAMBER	2	
MICROCHAMBER	2	
MICROSPACER	2	
MOUNJARO	2	PA

Drug Name	Drug Tier	Requirements / Limits
OPTICHAMBER DIAMOND VHC	2	
POCKET CHAMBER	2	
PRIMEAIRE	2	
PROCHAMBER	2	
RITEFLO AEROCHAMBER	2	
SPACE CHAMBER	2	
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 HYPOOPEN 2-PACK	2	
GVOKE PFS 2- PACK SYRINGE	2	
INSULIN SYRINGES/MISCELLANEOUS DURABLE MEDICAL EQUIPMENT		
BD INTEGRA NEEDLE	2	
BD MICROTAINER LANCET	2	OTC
BD SPECIALTY USE NEEDLES	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	Drug Name	Drug Tier	Requirements / Limits
BD ULTRA FINE LANCETS	2	OTC	OMNIPOD DASH INTRO KIT (GEN 4)	2	
BD ULTRA-FINE NANO PEN NEEDLE	2	OTC	OMNIPOD DASH PODS (GEN 4)	2	PA
CEQUR SIMPLICITY	2		ONETOUCH ULTRA CONTROL	2	
FREESTYLE CONTROL	2	OTC	ONETOUCH ULTRA2 METER	2	QL
FREESTYLE LIBRE 14 DAY READER	DME		ONETOUCH ULTRAMINI	2	QL
FREESTYLE LIBRE 14 DAY SENSOR	DME		ONETOUCH VERIO FLEX METER	2	QL
FREESTYLE LIBRE 2 READER	DME		ONETOUCH VERIO IQ METER	2	QL
FREESTYLE LIBRE 2 SENSOR	DME		ONETOUCH VERIO METER	2	QL
FREESTYLE LIBRE 3 SENSOR	DME		PRECISION XTRA KETONE-GLUCOSE	2	OTC
LANCETS	2	OTC	SAFE-CLIP NEEDLE STORAGE DEV	2	OTC
LANCING DEVICE	2	OTC	V-GO 20	2	
MEDISENSE	2	OTC	V-GO 30	2	
MEDISENSE GLUCOSE KETONE	2	OTC	V-GO 40	2	
OMNIPOD 5 G6 INTRO KIT (GEN 5)	2		INSULIN THERAPY		
OMNIPOD 5 G6 PODS (GEN 5)	2		APIDRA SOLOSTAR U-100 INSULIN	3	
OMNIPOD CLASSIC PDM KIT(GEN 3)	2	PA	APIDRA U-100 INSULIN	3	
OMNIPOD CLASSIC PODS (GEN 3)	2	PA	HUMALOG JUNIOR KWIKPEN U-100	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	Drug Name	Drug Tier	Requirements / Limits
HUMALOG KWIKPEN INSULIN	2		LYUMJEV KWIKPEN U-200 INSULIN	2	
HUMALOG MIX 50-50 INSULN U- 100	2		LYUMJEV U-100 INSULIN	2	
HUMALOG MIX 50-50 KWIKPEN	2		NOVOLOG FLEXPEN U-100 INSULIN	3	
HUMALOG MIX 75-25 KWIKPEN	2		NOVOLOG MIX 70-30 U-100 INSULIN	3	
HUMALOG MIX 75-25(U- 100)INSULN	2		NOVOLOG MIX 70-30FLEXPEN U- 100	3	
HUMALOG U-100 INSULIN	2		NOVOLOG PENFILL U-100 INSULIN	3	
HUMULIN 70/30 U-100 INSULIN	2		NOVOLOG U-100 INSULIN ASPART	3	
HUMULIN 70/30 U-100 KWIKPEN	2		RELION NOVOLIN 70/30	3	
HUMULIN N NPH INSULIN KWIKPEN	2		RELION NOVOLIN N	3	
HUMULIN N NPH U-100 INSULIN	2		RELION NOVOLIN R	3	
HUMULIN R REGULAR U-100 INSULN	2		SEMGLEE(INSULI N GLARGINE- YFGN)	2	
HUMULIN R U-500 (CONC) INSULIN	2		SEMGLEE(INSULI N GLARG- YFGN)PEN	2	
HUMULIN R U-500 (CONC) KWIKPEN	2		TOUJEO MAX U- 300 SOLOSTAR	2	
LEVEMIR FLEXTOUCH U- 100 INSULN	3		TOUJEO SOLOSTAR U-300 INSULIN	2	
LEVEMIR U-100 INSULIN	3		MISCELLANEOUS HORMONES		
LYUMJEV KWIKPEN U-100 INSULIN	2		ALDURAZYME	4	PA
			BRINEURA	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>cabergoline</i>	1	
<i>calcitonin (salmon) injection</i>	1	PA
<i>calcitonin (salmon) nasal</i>	1	
CERDELGA	4	PA
CEREZYME	4	PA
<i>cinacalcet</i>	1	PA
<i>clomiphene citrate</i>	1	
CRYSVITA	4	PA
<i>danazol</i>	1	
<i>desmopressin nasal spray, non-aerosol 10 mcg/spray (0.1 ml)</i>	1	PA
DESMOPRESSIN NASAL SPRAY, NON-AEROSOL 150 MCG/SPRAY (0.1 ML)	2	PA
<i>desmopressin oral</i>	1	
<i>doxercalciferol</i>	1	
ELAPRASE	4	PA
FABRAZYME	4	PA
<i>javygtor</i>	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

Drug Name	Drug Tier	Requirements / Limits
ORILISSA	2	PA
<i>oxandrolone</i>	1	
PALYNZIQ	4	PA; LA
<i>paricalcitol intravenous</i>	1	PA
<i>paricalcitol oral</i>	1	
<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 oral tablet 15 mg</i>	1	PA; LA
<i>tolvaptan oral tablet 30 mg</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
<i>glimepiride</i>	1	
<i>glipizide</i>	1	
<i>glipizide-metformin</i>	1	
<i>glyburide</i>	1	
<i>glyburide micronized</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>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
TRIJARDY 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	

Drug Name	Drug Tier	Requirements / Limits
<i>levoxyl</i>	1	
<i>liothyronine</i>	1	
<i>np thyroid</i>	1	
<i>unithroid</i>	1	
GASTROENTEROLOGY		
ANTIDIARRHEALS & ANTISPASMODICS		
<i>anaspaz</i>	1	
<i>belladonna</i>	1	ST; QL
<i>alkalooids-opium</i>		
<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>	1	
<i>opium tincture</i>	1	
<i>oscimin</i>	1	
<i>oscimin sl</i>	1	
<i>phenobarb-hyoscy-atropine-scop</i>	1	
<i>phenohytro</i>	1	
<i>symax fastabs</i>	1	
<i>symax-sl</i>	1	
<i>symax-sr</i>	1	
MISCELLANEOUS GASTROINTESTINAL AGENTS		
<i>alosetron</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>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	
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>generlac</i>	1	
<i>gransetron hcl</i>	1	
<i>hemmorex-hc</i>	1	
<i>hydrocortisone</i>	1	
<i>hydrocortisone acetate</i>	1	
<i>hydrocortisone-pramoxine</i>	1	

Drug Name	Drug Tier	Requirements / Limits
<i>INFLECTRA</i>	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
OCALIVA	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>powderlax</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>prochlorperazine</i>	1	
<i>prochlorperazine maleate</i>	1	
<i>proto-med hc</i>	1	
<i>proto-pak</i>	1	
<i>proctosol hc</i>	1	
<i>protozone-hc</i>	1	
RECTIV	2	
RELISTOR	2	PA
<i>scopolamine base</i>	1	
<i>sevelamer carbonate</i>	1	
<i>sevelamer hcl</i>	1	
SKYRIZI	4	PA
<i>sodium polystyrene sulfonate</i>	1	
<i>sodium,potassium,mag sulfates</i>	6	ACA
<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	
VELPHORO	3	
VIBERZI	2	
VIOKACE	2	
<i>women's gentle laxative(bisac)</i>	6	ACA; OTC
ZENPEP	2	
ULCER THERAPY		

Drug Name	Drug Tier	Requirements / Limits
<i>amoxicil-clarithromy-lansopraz</i>	1	QL
<i>cimetidine</i>	1	
<i>cimetidine hcl</i>	1	
DEXILANT ORAL CAPSULE,BIPHASE DELAYED RELEASE 30 MG	3	PA; QL
DEXILANT ORAL CAPSULE,BIPHASE DELAYED RELEASE 60 MG	3	PA
DEXLANSOPRAZOLE ORAL CAPSULE,BIPHASE DELAYED RELEASE 60 MG	3	PA; QL
DEXLANSOPRAZOLE ORAL CAPSULE,BIPHASE DELAYED RELEASE 30 MG	3	PA
DEXLANSOPRAZOLE ORAL CAPSULE,BIPHASE DELAYED RELEASE 60 MG	3	PA
<i>esomeprazole magnesium oral capsule,delayed release(dr/ec) 20 mg</i>	1	QL
<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	

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>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, 20 mg</i>	1	QL
<i>omeprazole oral capsule, delayed release(dr/ec) 40 mg</i>	1	
<i>pantoprazole oral granules dr for susp in packet</i>	1	
<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

Drug Name	Drug Tier	Requirements / Limits
LEUKINE	4	PA
MOZOBIL	4	PA
NIVESTYM	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
KESIMPTA PEN	4	PA
<i>lenalidomide</i>	4	PA
MAYZENT	4	PA
MAYZENT STARTER(FOR 1MG MAINT)	4	PA
MAYZENT STARTER(FOR 2MG MAINT)	4	PA
OCREVUS	4	PA
PEGASYS	4	PA
PLEGRIDY	4	PA
POMALYST	4	PA; LA
PONVORY	4	PA

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Drug Name	Drug Tier	Requirements / Limits	Drug Name	Drug Tier	Requirements / Limits
PONVORY 14-DAY STARTER PACK	4	PA	DAPTACEL (DTAP PEDIATRIC) (PF)	6	ACA
REBIF (WITH ALBUMIN)	4	PA	DENGVAXIA (PF)	6	ACA
REBIF REBIDOSE	4	PA	ENGERIX-B (PF)	6	ACA
REBIF TITRATION PACK	4	PA	ENGERIX-B PEDIATRIC (PF)	6	ACA
REVLIMID	4	PA; LA	FLUAD QUAD 2022-23(65Y UP)(PF)	6	ACA
<i>ribavirin</i>	4	PA	FLUARIX QUAD 2022-2023 (PF)	6	ACA
VUMERTY	4	PA	FLUBLOK QUAD 2022-2023 (PF)	6	ACA
INTERLEUKINS			FLUCELVAX QUAD 2022-2023	6	ACA
ACTIMMUNE	4	PA	FLUCELVAX QUAD 2022-2023 (PF)	6	ACA
ALFERON N	2	PA	FLULAVAL QUAD 2022-2023 (PF)	6	ACA
ILARIS (PF)	4	PA; LA	FLUMIST QUAD 2022-2023	6	ACA
<i>imiquimod</i>	1		FLUZONE HIGHDOSE QUAD 22-23 PF	6	ACA
INTRON A	4	PA	FLUZONE QUAD 2022-2023	6	ACA
PROLEUKIN	4	PA	FLUZONE QUAD 2022-2023 (PF)	6	ACA
VACCINES & MISCELLANEOUS IMMUNOLOGICALS			GAMASTAN	4	PA
ADACEL(TDAP ADOLESN/ADULT)(PF)	6	ACA	GAMASTAN S/D	4	PA
AFLURIA QD 2022-23(3YR UP)(PF)	6	ACA	GAMMAGARD LIQUID	4	PA
AFLURIA QUAD 2022-2023(6MO UP)	6	ACA	GAMMAGARD S-D (IGA < 1 MCG/ML)	4	PA
BEXSERO	6	ACA	GAMUNEX-C	4	PA
BIOTHRAX	2				
BOOSTRIX TDAP	6	ACA			
BOTOX	4	PA			
COMIRNATY TRIS VACCINE(PF)	6	ACA			

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Drug Name	Drug Tier	Requirements / Limits
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 BIVAL(18Y UP)-PF	6	ACA
MODERNA COVID(6M-5Y) VACC(EUA)	6	ACA
MODERNA COVID-19 (6-11YR)(EUA)	6	ACA
MODERNA COVID-19 VACCINE (EUA)	6	ACA
NOVAVAX COVID-19 VACC,ADJ(EUA)	6	ACA
ODACTRA	2	
PEDVAX HIB (PF)	6	ACA
PFIZER COVID BIVAL(12Y UP)(PF)	6	ACA
PFIZER COVID-19 TRIS VACCN(PF)	6	ACA

Drug Name	Drug Tier	Requirements / Limits
PFIZER COVID-19 VACCINE (EUA)	6	ACA
PNEUMOVAX-23	6	ACA
PREHEVBRIOS (PF)	6	ACA
PREVNAR 13 (PF)	6	ACA
PREVNAR 20 (PF)	6	ACA
PRIORIX (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
SPIKEVAX (PF)	6	ACA
STAMARIL (PF)	2	
TDVAX	6	ACA
TETANUS,DIPHTH ERIA TOX PED(PF)	6	ACA
TICOVAC	2	
TRUMENBA	6	ACA
TWINRIX (PF)	6	ACA
TYPHIM VI	2	
VARIVAX (PF)	6	ACA
VAXNEUVANCE	6	ACA
VIVOTIF	2	
XEMBIFY	4	PA
YF-VAX (PF)	2	

MUSCULOSKELETAL & RHEUMATOLOGY

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Drug Name	Drug Tier	Requirements / Limits
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
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

Drug Name	Drug Tier	Requirements / Limits
HUMIRA PEN PSOR-UVEITS-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	
SIMPONI	4	PA
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

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Drug Name	Drug Tier	Requirements / Limits
KYLEENA	4	
MIRENA	6	ACA
PARAGARD T 380A	6	ACA
SKYLA	4	
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>hydroxyprogesterone cap(ppres)</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

Drug Name	Drug Tier	Requirements / Limits
<i>medroxyprogesterone intramuscular</i>	6	ACA
<i>medroxyprogesterone 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>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-ethynodiol estradiol</i>	6	ACA
<i>fem ph</i>	1	
<i>GYZNAZOLE-1</i>	3	
<i>isoxsuprine</i>	1	
<i>metronidazole</i>	1	
<i>miconazole-3</i>	1	
<i>MYFEMBREE</i>	2	
<i>NEXPLANON</i>	6	ACA
<i>ORIAHNN</i>	2	
<i>OSPHENA</i>	3	PA
<i>terconazole</i>	1	

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Drug Name	Drug Tier	Requirements / Limits
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
<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

Drug Name	Drug Tier	Requirements / Limits
<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>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.estradio l</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

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Drug Name	Drug Tier	Requirements / Limits
<i>elinest</i>	6	ACA
<i>ELLA</i>	6	ACA
<i>enpresse</i>	6	ACA
<i>enskyce</i>	6	ACA
<i>estarrylla</i>	6	ACA
<i>ethynodiol diac-eth estradiol</i>	6	ACA
<i>falmina (28)</i>	6	ACA
<i>femynor</i>	6	ACA
<i>finzala</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

Drug Name	Drug Tier	Requirements / Limits
<i>l norgest/e.estriadiol-e.estrad</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>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>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

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>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.estriadiol-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
<i>opcicon one-step</i>	6	ACA; OTC
<i>option-2</i>	6	ACA; OTC
<i>philith</i>	6	ACA
<i>pimtrea (28)</i>	6	ACA
<i>pirmella</i>	6	ACA
<i>portia 28</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-estarrylla</i>	6	ACA
<i>tri-legestfe</i>	6	ACA
<i>tri-linyah</i>	6	ACA
<i>tri-lo-estarrylla</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-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>vienna</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

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>zarah</i>	6	ACA
<i>zovia 1-35 (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	
<i>AZASITE</i>	3	QL
<i>bacitracin</i>	1	
<i>bacitracin-polymyxin b</i>	1	
<i>BESIVANCE</i>	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	
<i>NATACYN</i>	2	
<i>neomycin-bacitracin-polymyxin</i>	1	
<i>neomycin-polymyxin-gramicidin</i>	1	QL
<i>neo-polycin</i>	1	

Drug Name	Drug Tier	Requirements / Limits
<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
<i>ZIRGAN</i>	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	
<i>timolol maleate ophthalmic (eye) gel forming solution</i>	1	
CHOLINESTERASE INHIBITOR MIOTICS		
<i>PHOSPHOLINE IODIDE</i>	4	
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		

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>pilocarpine hcl</i>	1	QL
MISCELLANEOUS OPHTHALMOLOGICS		
<i>alaway</i>	1	OTC; QL
<i>allergy eye (ketotifen)</i>	1	OTC; QL
<i>ALOCRIL</i>	3	
<i>ALOMIDE</i>	3	
<i>altacaine</i>	1	
<i>azelastine</i>	1	QL
<i>bepotastine besilate</i>	1	QL
<i>children's alaway</i>	1	OTC; QL
<i>cromolyn</i>	1	QL
<i>cyclosporine</i>	1	QL
<i>CYSTARAN</i>	4	PA
<i>epinastine</i>	1	QL
<i>eye allergy itch relief</i>	1	OTC; QL
<i>eye allergy itch-redness rlf</i>	1	OTC; QL
<i>eye itch relief</i>	1	OTC; QL
<i>EYLEA</i>	4	PA
<i>fluorescein-proparacaine</i>	1	
<i>ketotifen fumarate</i>	1	OTC; QL
<i>LASTACAFT</i>	3	
<i>lidocaine-phenylephrn in water</i>	1	
<i>LUXURNA</i>	4	PA
<i>olopatadine</i>	1	QL
<i>OXERVATE</i>	4	PA; QL
<i>proparacaine</i>	1	QL

Drug Name	Drug Tier	Requirements / Limits
<i>RESTASIS MULTIDOSE</i>	2	QL
tetracaine hcl		
<i>wal-zyr (ketotifen)</i>	1	OTC; QL
<i>ZADITOR</i>	2	OTC; QL
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
<i>NEVANAC</i>	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>	1	QL
<i>brinzolamide</i>	1	
<i>COMBIGAN</i>	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>	1	QL
<i>VYZULTA</i>	3	QL
STEROID-ANTIBIOTIC COMBINATIONS		
<i>neomycin-bacitracin-poly-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
<i>neomycin-polymyxin b-dexameth</i>	1	
<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>disfluprednate</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	
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

Drug Name	Drug Tier	Requirements / Limits
VASOCONSTRICTOR DECONGESTANTS		
<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>ciproheptadine</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	

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-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	
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	2	ST; QL
<i>budesonide</i>	1	QL
CINRYZE	4	PA
COMBIVENT RESPIMAT	2	QL

Drug Name	Drug Tier	Requirements / Limits
<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
<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	
NUCALA	4	PA; LA
OFEV	4	PA
OPSUMIT	4	PA; LA
ORKAMBI	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>pirfenidone</i>	4	PA
PULMOZYME	4	PA
QVAR REDIHALER	2	QL
RUCONEST	4	PA
<i>sajazir</i>	4	PA
SEREVENT DISKUS	3	QL
<i>sildenafil</i> (pulm.hypertension)	4	PA
STIOLTO RESPIMAT	3	QL
STRIVERDI RESPIMAT	2	QL
SYMBICORT	2	ST; QL
SYMDEKO	4	PA
<i>tadalafil</i> (pulm. hypertension)	4	PA
TAKHZYRO	4	PA; LA
<i>terbutaline</i>	1	
<i>theophylline</i>	1	
TRACLEER	4	PA; LA
TRELEGY ELLIPTA	2	QL
TRIKAFFTA	4	PA
TYVASO	4	PA
TYVASO DPI	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	

Drug Name	Drug Tier	Requirements / Limits
UROLOGICALS		
ANTICHOLINERGICS & ANTISPASMODICS		
<i>darifenacin</i>	1	
<i>fesoterodine</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-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>hyphen</i>	1	
K-PHOS ORIGINAL	2	
<i>methen-sod phos-meth blue-hyos</i>	1	
<i>phosphasal</i>	1	
<i>potassium citrate</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
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	
<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 I (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	

Drug Name	Drug Tier	Requirements / Limits
<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>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>folitab</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>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	

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>prena1 chew</i>	1	
<i>prena1 pearl</i>	1	
<i>prena1 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 vit no.179- iron-folic</i>	6	ACA; OTC
<i>prenatal vitamin</i>	6	ACA; OTC
<i>prenatal vitamin with minerals</i>	6	ACA; OTC
<i>prenatal vits96-iron fum-folic</i>	6	ACA; OTC
<i>rena-vite</i>	6	ACA; OTC

Drug Name	Drug Tier	Requirements / Limits
<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 quints</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>wesnate dha</i>	1	
<i>westab plus</i>	1	
<i>westgel dha</i>	1	

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This formulary was updated on 11/1/2022. For more recent information or other questions, please contact The Health Plan Pharmacy Services at 1.800.624.6961 extension 7914, or visit www.healthplan.org.