

GEISINGER HEALTH PLAN

2024

# Geisinger 4th Tier



Geisinger

**List of covered drugs**

## General Formulary Information

**This formulary is applicable to the 4 Tier Prescription Medication Benefit plans offered by Geisinger Health Plan, Geisinger Choice PPO and Geisinger Health Options.**

We encourage you to contact our Pharmacy Customer Service Team if you have any questions about this information or the type of benefit in which you are enrolled. Also, please refer to your benefit documents, as formulary exclusions may differ based on the specific benefit.

This formulary represents the 4 Tier Prescription Medication benefit. This formulary was designed to be a useful tool if you have prescription medication coverage. It lists the medications covered by your plan. Medications are listed in this formulary by medication category; individual medications can be looked up by using the index at the back.

Please note that you can also view the formulary online at [www.geisinger.org/health-plan](http://www.geisinger.org/health-plan).

## Pharmacy Customer Service Team Contact Information

Telephone: (800) 988-4861 or (570)-271-5673; TDD/TTY 711

Fax: 570-300-2122

Mailing address:

Geisinger Health Plan

Pharmacy Department

Internal Mail Code 24-10

100 North Academy Avenue

Danville, PA 17822

## 4 Tier Benefit

The 4 Tier benefit assigns each prescription medication to one of four different tiers, each representing a set copay amount. The copay amount will depend on your prescription medication rider. Additional medications, other than those included in this formulary, may be covered under the 4 Tier benefit. The definitions of the copay levels are listed below:

- Tier 1 - Includes most generic medications and has the lowest copayment. Prior authorization is usually not necessary for medications in this tier.
- Tier 2 - Includes certain formulary brand name medications with no generic equivalent and select generic medications. Prior authorization may be necessary for medications in this tier.
- Tier 3 - Includes certain formulary brand name medications and brand name medications with a generic equivalent (unless higher cost-sharing applies). Non-formulary brand name medications, if approved, will apply tier 3 cost sharing. Prior authorization may be necessary for medications in this tier.
- Tier 4 - Includes high-cost medications, often used to treat rare conditions, and may require special handling or training for use. A maximum of a 34-day supply may be dispensed for medications in this tier unless a shorter duration is specified in the formulary or in your specific benefit documents.

The Plan maintains sole discretion of assigning medications to tiers and moving medications from one tier to another. Several factors are considered when assigning medications to tiers. These factors include but are not limited to:

- Availability of a generic equivalent
- Absolute cost of a medication
- Cost of the medication relative to other medications in the same therapeutic class
- Availability of over-the-counter alternatives
- Clinical and economic factors

Please note: A medication may change in tier status without notice due to immediate generic availability or changes in medication availability in the marketplace.

### **Specialty Vendor Medication Program**

Certain medications require the use of a contracted specialty pharmacy vendor for purchase. Please contact the Pharmacy Service Team for additional information on the program and a complete list of the medications included. Note that a maximum of a 34-day supply may be dispensed for specialty vendor medications unless a shorter duration is specified in the formulary or in your specific benefit documents. Medications included in the Specialty Vendor Medication Program are designated in the formulary with SP in the Requirements/Limits column.

### **A few things you should remember when using this formulary and your prescription benefit:**

- All prescriptions must be filled at a participating pharmacy.
- You will pay the applicable copay, coinsurance, or deductible when you receive the prescription.
- Except for those medications classified as being narrow therapeutic index, a brand name medication with a generic equivalent requires prior authorization. If approved, it will be covered at the tier 3 copay.
- Some medications on the formulary require prior authorization or step therapy which your provider may request through our Pharmacy Customer Service Team.
- If you require medications not listed on this formulary, your provider may request an exception through our Pharmacy Customer Service Team. Those items listed as specific exclusions are not available through the exceptions process. Non-formulary medications will be available at the tier 3 copay level, if approved.
- Some medications and diabetic supplies may be restricted to a specific manufacturer, vendor or supplier and may be subject to quantity limits.
- Quantity limits may apply to certain medications.
- Brand and generic Triptan medications for migraines have a quantity limit of 16 units per 28 days across all products and dosage forms (sumatriptan, rizatriptan, naratriptan, almotriptan, frovatriptan, eletriptan, zolmitriptan, and sumatriptan/naproxen).
- Insulin syringes and lancets are covered at Tier 2.
- Non-prescription (over-the-counter) medications are not covered unless required by health care reform legislation.
- Note that if certain conditions are met, some medications may be covered with no copay/coinsurance due to health care reform legislation. Please contact the Pharmacy Customer Service Team for more information.

- Many compounded prescriptions require prior authorization review, which your provider may request through our Pharmacy Customer Service Team. If an exception is approved, you will be charged at the Tier 1 copay level if the primary ingredient is generic or the Tier 3 copay level if the primary ingredient is brand. If your request is denied, the medication will be excluded from coverage under your prescription medication benefits.
- Medications listed on Tier 0 are covered at \$0 copay.
- All prescriptions for a total morphine equivalent dose (MED) of 50 or greater will require prior authorization. Short acting opioid prescriptions will require prior authorization for opioid naïve members if more than a 10-day supply is required for an adult or more than a 5-day supply for a member under 18 years of age.

### Using this formulary

- Medications are listed by therapeutic class within the table of contents. An alphabetical index of all medications can be found at the back of the formulary.
- The medication Tier is listed in the Drug Tier Column.
- Medication names with AL in the Requirements/Limits column have age limits.
- Medication names with QL in the Requirements/Limits column have quantity limits
- Medication names followed by PA in the Requirements/Limits column require prior authorization.
- Medication names followed by PA NSO in the Requirements/Limits column require prior authorization for new starts only.
- Medication names followed by ST in the Requirements/Limits column have step therapy requirements.
- Medication names followed by SP in the Requirements/Limits column must be obtained from a network specialty vendor.
- This formulary is accurate as of May 1, 2024 and is subject to change. Any additions or deletions to the formulary throughout the year may be found in the following publications: “Member Update” for members and “Healthcare Provider Update” for providers. The most up-to-date source for formulary information is the online formulary search available at [www.geisinger.org/health-plan](http://www.geisinger.org/health-plan).
- **Restrictions in medication availability may result from use of a formulary.**

Certain prescription medications listed in this formulary may not be covered for everyone. Your prescription medication benefits are dependent upon the coverage selected by you or your employer. Please be aware that if you choose to obtain a non-formulary medication, you may be required to pay the full price of that medication. For information about your specific prescription medication benefits, please contact the Pharmacy Customer Service Team.

### Quantity Limits

- Quantity limits are listed in the Requirements/Limits Column
- Note that non-formulary medications in the same class/category as formulary drugs with quantity limits will have the same quantity limits applied.
- If not listed above, the maximum day supply for specialty vendor medications is 34 days or as otherwise defined in the prescription medication benefit documents.

## **Step Therapy**

For details regarding step therapy requirements please contact the Pharmacy Customer Service Team at (800) 988-4861 or (570) 271-5673.

## **What is a medication formulary?**

A medication formulary is a continually updated list of prescription medications. It represents the medications currently covered based upon the clinical judgment of the Pharmacy and Therapeutics Committee, which is made up of pharmacists and physicians. (The formulary is continually updated due to the high number of medications currently on the market, as well as the continuous introduction of new medications.) This committee thoroughly reviews medical literature to first determine which medications are likely to produce the best results for patients. Then, if two or more medications produce the same clinical results, elements like cost and ease of use are considered. A well-developed formulary enhances quality of patient care by encouraging physicians to prescribe medications that are safe, effective, and likely to achieve the best possible outcome for the patient. When you use a formulary medication, it is considered a “covered” medication and you pay your particular co-pay or coinsurance for that medication.

The Plan recognizes that, in some situations, you may not respond well to a given formulary medication or may have an allergy or other condition that warrants the use of a non-formulary medication. An exception process exists for these special instances. Your physician may initiate a request for a formulary exception by contacting our Pharmacy Service Team. Your request will be reviewed, including review of pertinent medical records, treatment and laboratory data. If an exception is approved under the 4 Tier benefit, you will be charged at the tier 3 copay level. If your request is denied, the medication will be excluded from coverage under your prescription medication benefits.

## **Formulary exclusions**

There are certain medications that your plan will not cover under any circumstance. These are called exclusions.

Some examples of excluded medications include those that are:

- Available over-the-counter
- Used for experimental, investigational, or unproven therapies
- Used for weight loss and weight management
- Used for cosmetic purposes
- Used for sexual dysfunction

Other exclusions may apply and are subject to change so you should contact the Pharmacy Customer Service Team when you are unsure whether a medication is covered.

## Health Care Reform

The Affordable Care Act (ACA) was signed into law on March 23, 2010. Under the ACA, the government created “provisions,” or laws, that health insurers must adapt to, which change health benefits for consumers. These changes include the expansion of preventive services, including vaccinations, prescription drugs, and more. In accordance with the ACA requirements, and subject to any applicable limitations of your pharmacy plan, the following preventive medications will be covered with no cost-sharing under the prescription drug benefit:

- Aspirin Products - Low dose (81 mg) aspirin products
  - As preventive medication after 12 weeks of gestation in women who are at high risk for preeclampsia.
- Contraceptives - For females
- Bowel Preparations for Colonoscopy - Brands with no generic and generic products
  - In preparation of a screening colonoscopy for members 45-75 years of age.
- Breast Cancer Prevention - Generic anastrozole, exemestane, letrozole, raloxifene and tamoxifen
  - For women who are at increased risk of breast cancer and at low risk for adverse medication effects, clinicians should offer to prescribe risk-reducing medications, such as anastrozole, exemestane, letrozole, raloxifene or tamoxifen.
- Folic Acid Supplements - Generic folic acid 0.4 mg and 0.8 mg tablets
  - All women who are planning or capable of pregnancy.
- Fluoride Supplements - Fluoride drops and chewable tablets
  - Oral fluoride supplementation starting at 6 months for children whose water supply is fluoride sufficient up to age 16 years for the prevention of dental caries.
- HIV Pre-Exposure Prophylaxis - Apretude 600 mg/3 mL injection, Descovy 200-25 mg tablet, emtricitabine/tenofovir 200-300 mg tablet, and Vocabria 30 mg tablet
- Smoking Cessation Products - Brands with no generic and generic products
  - Two, 90-day treatment courses per benefit year.
- Statin Preventive Medication - generic products
  - For adults aged 40 to 75 years who have 1 or more cardiovascular risk factors (i.e., dyslipidemia, diabetes, hypertension, or smoking) and an estimated 10-year risk of a cardiovascular event of 10% or greater.
- Vaccinations - Preventive vaccines are covered for \$0 cost sharing based on appropriate age and Food and Drug Administration (FDA) approved uses.

Depending on your specific benefits and in which state you reside, oral chemotherapy agents may have no cost sharing.

Please note: For details about how these medications may be covered under your specific plan please contact the Pharmacy Customer Service Team. A prescription is required to process any claim for preventive care medications or products under the pharmacy plan, including over-the-counter medications.

## **Formulary development**

When deciding whether or not a medication should be included in the formulary, the Health Plan's Pharmacy and Therapeutics Committee carefully considers each medication for coverage or non-coverage in order to ensure safety and effectiveness in the medications being prescribed. This information is then shared with participating providers for review and feedback. Based upon the gathered information and provider feedback, the Pharmacy and Therapeutics Committee will determine a medication's inclusion or exclusion in the formulary. For the specific criteria used to determine a medication's inclusion or exclusion in this formulary, please contact the Pharmacy Customer Service Team.

## **What are generics?**

When a company develops a new medication, it receives a patent that protects the medication company's right to be the only manufacturer of that medication for a certain period of time. This means that no generic can be manufactured during that time. After that patent expires, other companies can then make the same medication and sell it in its generic form. The generic form of a medication has the same active ingredients, the same strength, and the same dosage as the brand name medication. The inactive ingredients (which provide texture, shape and color) may be different, which is why a generic typically looks different than its brand name counterpart. Generic medications are usually less expensive than brand name medications, but are just as safe and effective. This is because generic manufacturers have lower advertising costs and greater competition from other generic manufacturers. Additionally, the U.S. Food and Drug Administration regulates all pharmaceuticals, including generics, to assure quality, strength, purity and potency.

**Your prescription plan is based on coverage of generic medications. Whenever possible, you should use a cost-effective generic medication.**

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## Notes for providers

Formulary review process: Medications selected for inclusion in the formulary are chosen in consideration of effectiveness, safety and overall value. Evaluation for formulary inclusion is based on formalized selection criteria to determine the most optimal benefit to members. These criteria include but are not limited to:

- Medication name/dosage form
- Medication class/pharmacology
- FDA-approved indications
- Adverse reactions
- Clinical evidence of safety and efficacy
- Recommendations of national agencies and organizations
- Therapeutic equivalence
- Cost analysis

The criteria are reviewed by the Health Plan Pharmacy and Therapeutics Committee, which is comprised of pharmacists and participating physicians in active clinical practice from various specialties. The medication is then reviewed and evaluated by clinicians in particular specialties for additional feedback. The feedback is discussed by the Pharmacy and Therapeutics Committee prior to finalizing a decision on formulary status. To be included, the medication must offer a distinct advantage over existing formulary medications in the same therapeutic class. Specifically, the medication must demonstrate such attributes as:

- A distinct or unique therapeutic feature
- Greater efficacy, proven in clinical trials, over other medications in the same therapeutic category
- An improved dosing schedule, safety profile or cost-effectiveness over existing formulary medications
- If there are comparable therapeutic agents, additional analysis may be considered. These factors include:
  - Member satisfaction
  - Cost analysis
  - Contract terms and conditions
  - Market share analysis
  - Patent life assessment
  - Utilization management
  - Consumer advertising
  - Per member per month costs

**Generic substitution policy:** The Health Plan prescription benefits are generically based. Generic substitution will occur for those medications included in the “Approved Medication Products with Therapeutic Equivalence Evaluations,” also known as “The Orange Book,” published by the U.S. Department of Health and Human Services. Generic medications, which have an equivalent rating by these standards, are generally provided under the member’s prescription medication benefit. The Health Plan may also elect to include only one brand-name medication in the formulary even if the medication is marketed by more than one company, or if the brand name medication does not significantly differ from the generic medication.



**Prior authorization:** To promote the most appropriate utilization, select medications may require prior authorization by the Health Plan to be eligible for coverage under the member's prescription benefit. The Pharmacy and Therapeutics Committee determines prior authorization criteria. In order for a member to receive coverage for a medication requiring prior authorization, the prescribing physician must obtain prior authorization by contacting the Health Plan Pharmacy Department. Submission of medical documentation is required. Prior authorization can be requested:

- Online at [ghp.promptpa.com](http://ghp.promptpa.com)
- By faxing a completed prior authorization form to 570-300-2122
- By mailing a completed prior authorization form to:
  - Attention Pharmacy Department 24-10  
100 North Academy Avenue  
Danville, PA 17822
- Prior authorization for certain medications can be initiated via phone by calling 800-988-4861

**Step Therapy:** Some medications may require that other medications be tried prior to or concomitantly with the requested medication. The pharmacy claims system looks for a record of the required medications and if they are not found, medical documentation must be submitted showing use of these medications or rationale for skipping the step therapy medications.

**Non-formulary medications:** The formulary is designed to meet most therapeutic needs of the population served by the Health Plan. Occasionally, because of allergy, therapeutic failure, or a specific diagnostic-related need, formulary medications may not meet the special needs of an individual member. In these special instances, the prescribing physician may make requests to the Health Plan Pharmacy Department for non-formulary or restricted medications. The prescribing physician will receive written documentation and/or a verbal response from the Health Plan Pharmacy Department regarding the request.

**Formulary addition requests:** Requests for changes or additions, comments, and suggestions for the formulary are welcome and can be made by written request to the Health Plan Pharmacy Department.

#### **Sources:**

Academy of Managed Care Pharmacy (AMCP), "Formulary Management," "Formularies," [www.amcp.org](http://www.amcp.org), November 2001.

Health Insurance Association of America (HIAA), "Guide to Managed Care: Choosing and Using a Health Plan." [www.hiaa.org](http://www.hiaa.org), November 2001.

National Consumers League (NCL), "Consumer Guide to Generic Medications," [www.nclnet.org](http://www.nclnet.org), November 2001.

"From the Pharmacist," [www.cvs.com](http://www.cvs.com), November 2001.

# Discrimination is against the law

Geisinger Health Plan, Geisinger Quality Options, Inc., and Geisinger Indemnity Insurance Company (the "Health Plan") comply with applicable federal civil rights laws and do not discriminate on the basis of race, color, national origin, age, disability, sex, gender identity, or sexual orientation. The Health Plan does not exclude people or treat them differently because of race, color, national origin, age, disability, sex, gender identity, or sexual orientation.

The Health Plan:

- Provides free aids and services to people with disabilities to communicate effectively with us, such as:
  - Qualified sign language interpreters
  - Written information in other formats (large print, audio, accessible electronic formats, other formats)
- Provides free language services to people whose primary language is not English, such as:
  - Qualified interpreters
  - Information written in other languages

If you need these services, call the Health Plan at 800-447-4000 or TTY: 711.

If you believe that the Health Plan has failed to provide these services or discriminated in another way on the basis of race, color, national origin, age, disability, sex, gender identity, or sexual orientation, you can file a grievance with:

Civil Rights Grievance Coordinator  
Geisinger Health Plan Appeals Department  
100 North Academy Avenue, Danville, PA 17822-3220  
Phone: 866-577-7733, TTY: 711  
Fax: 570-271-7225  
GHPCivilRights@thehealthplan.com

You can file a grievance in person or by mail, fax, or email. If you need help filing a grievance, the Civil Rights Grievance Coordinator is available to help you.

You can also file a civil rights complaint with the U.S. Department of Health and Human Services, Office for Civil Rights electronically through the Office for Civil Rights Complaint Portal, available at <https://ocrportal.hhs.gov/ocr/portal/lobby.jsf>, or by mail or phone at:

U.S. Department of Health and Human Services  
200 Independence Avenue SW., Room 509F  
HHH Building, Washington, DC 20201  
Phone: 800-368-1019, 800-537-7697 (TDD)

Complaint forms are available at <http://www.hhs.gov/ocr/office/file/index.html>.

ATTENTION: If you speak a language other than English, language assistance services, free of charge, are available to you. Call 800-447-4000 or TTY: 711.

ATENCIÓN: si habla español, tiene a su disposición servicios gratuitos de asistencia lingüística. Llame al 800-447-4000 (TTY: 711).

注意：如果您使用繁體中文，您可以免費獲得語言援助服務。請致電 800-447-4000 (TTY : 711)。

CHÚ Ý: Nếu bạn nói Tiếng Việt, có các dịch vụ hỗ trợ ngôn ngữ miễn phí dành cho bạn. Gọi số 800-447-4000 (TTY: 711).

ВНИМАНИЕ: Если вы говорите на русском языке, то вам доступны бесплатные услуги перевода. Звоните 800-447-4000 (телетайп: 711).

ACHTUNG: Wenn Sie Deutsch sprechen, stehen Ihnen kostenlos sprachliche Hilfsdienstleistungen zur Verfügung. Rufnummer: 800-447-4000 (TTY: 711).

주의: 한국어를 사용하시는 경우, 언어 지원 서비스를 무료로 이용하실 수 있습니다. 800-447-4000 (TTY: 711) 번으로 전화해 주십시오.

ATTENZIONE: In caso la lingua parlata sia l'italiano, sono disponibili servizi di assistenza linguistica gratuiti. Chiamare il numero 800-447-4000 (TTY: 711).

ملحوظة: إذا كنت تتحدث اذكر اللغة، فإن خدمات المساعدة اللغوية تتوافر لك بالمجان. اتصل برقم 800-447-4000 (رقم هاتف الصم والبكم: 711).

ATTENTION : Si vous parlez français, des services d'aide linguistique vous sont proposés gratuitement. Appelez le 800-447-4000 (ATS : 711).

ACHTUNG: Wenn Sie Deutsch sprechen, stehen Ihnen kostenlos sprachliche Hilfsdienstleistungen zur Verfügung. Rufnummer: 800-447-4000 (TTY: 711).

સુચના: જો તમે ગુજરાતી બોલતા હો, તો નિ:શુલ્ક ભાષા સહાય સેવાઓ તમારા માટે ઉપલબ્ધ છે. ફોન કરો 800-447-4000 (TTY: 711).

UWAGA: Jeżeli mówisz po polsku, możesz skorzystać z bezpłatnej pomocy językowej. Zadzwoń pod numer 800-447-4000 (TTY: 711).

ATANSYON: Si w pale Kreyòl Ayisyen, gen sèvis èd pou lang ki disponib gratis pou ou. Rele 800-447-4000 (TTY: 711).

ប្រយ័ត្ន: បើសិនជាអ្នកនិយាយភាសាខ្មែរ, សេវាជំនួយផ្នែកភាសា ដោយមិនគិតលុយ គឺអាចមានសំរាប់អ្នក។ ចូរ ទូរស័ព្ទ 800-447-4000 (TTY: 711)។

ATENÇÃO: Se fala português, encontram-se disponíveis serviços linguísticos, grátis. Ligue para 800-447-4000 (TTY: 711).

## LEGEND

1 ACA Preventative

2 Generics

3 Preferred Brands

4 Non-Preferred Brands

5 Specialty

QL Quantity Limit

Our plan limits the amount of this drug that is covered per prescription, or within a specific time frame. This could include a: per fill, daily, monthly, or yearly limitation.

PA Prior Authorization

Our plan requires you (or your physician) to get prior authorization for certain drugs. This means that you will need to get approval from our plan before you fill your prescriptions. If you don't get approval, our plan may not cover the drug.

PA-NSO Prior Authorization - New Starts Only

If this drug is new to you, you (or your physician) are required to get prior authorization from our plan before you fill your prescription for this drug. Without prior approval, our plan may not cover this drug.

ST Step Therapy

In some cases, our plan requires you to first try certain drugs to treat your medical condition before we will cover another drug for that condition.

AL Age Limit

Our plan limits certain medications to members who meet minimum or maximum age requirements.

PN Note

This drug has unique restrictions.

SP Specialty Drug

Specialty Vendor Medication Program

LA Limited Access

Drugs that are only available at certain pharmacies

PN Note

This drug has unique restrictions

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Drug Name	Drug Tier	Requirements/Limits
<b>ADHD/ANTI-NARCOLEPSY/ANTI-OBESITY/ANOREXIANTS (CONTINUED)</b>		
<b>AMPHETAMINES</b>		
<i>amphetamine-dextroamphet er</i>	2	
<i>amphetamine-dextroamphetamine</i>	2	
<i>dextroamphetamine sulfate (5 mg tab, 10 mg tab)</i>	2	
<i>dextroamphetamine sulfate er</i>	2	
<i>lisdexamfetamine dimesylate (10 mg cap, 20 mg cap, 30 mg cap, 40 mg cap, 50 mg cap, 60 mg cap, 70 mg cap)</i>	2	PA, QL (1 ea per 1 day(s))
<i>methamphetamine hcl</i>	2	
VYVANSE (10 MG CHEW TAB, 20 MG CHEW TAB, 30 MG CHEW TAB, 40 MG CHEW TAB, 50 MG CHEW TAB, 60 MG CHEW TAB)	4	PA, QL (1 ea per 1 days)
<b>ANALEPTICS</b>		
<i>caffeine citrate</i>	2	
<b>ATTENTION-DEFICIT/HYPERACTIVITY DISORDER (ADHD) AGENTS</b>		
<i>atomoxetine hcl</i>	2	
<i>guanfacine hcl er</i>	2	
QELBREE 100 MG CAP ER 24H	4	PA, QL (1 ea per 1 days)
QELBREE 150 MG CAP ER 24H	4	PA, QL (2 ea per 1 days)
QELBREE 200 MG CAP ER 24H	4	PA, QL (3 ea per 1 days)
<b>STIMULANTS - MISC.</b>		
<i>armodafinil</i>	2	PA
<i>dexmethylphenidate hcl</i>	2	
<i>dexmethylphenidate hcl er</i>	2	PA
<i>methylphenidate</i>	2	PA
<i>methylphenidate hcl (5 mg tab, 5 mg/5ml solution, 10 mg tab, 10 mg/5ml solution, 20 mg tab)</i>	2	
METHYLPHENIDATE HCL ER (10 MG TAB ER, 18 MG TAB ER, 18 MG TAB ER 24H, 20 MG TAB ER, 27 MG TAB ER, 27 MG TAB ER 24H, 36 MG TAB ER, 36 MG TAB ER 24H, 54 MG TAB ER, 54 MG TAB ER 24H)	2	
<i>methylphenidate hcl er (cd)</i>	2	
<i>methylphenidate hcl er (la) (10 mg cap er 24h, 20 mg cap er 24h, 30 mg cap er 24h, 40 mg cap er 24h)</i>	2	

You can find information on what the symbols and abbreviations mean by going to the introduction pages of this document

Drug Name	Drug Tier	Requirements/Limits
<i>methylphenidate hcl er (la) 60 mg cap er 24h</i>	2	PA
<i>methylphenidate hcl er (osm) (18 mg tab er, 27 mg tab er, 36 mg tab er, 54 mg tab er)</i>	2	
<i>modafinil</i>	2	PA
<b>AMINOGLYCOSIDES (CONTINUED)</b>		
<b>AMINOGLYCOSIDES</b>		
<i>neomycin sulfate</i>	2	
<i>paromomycin sulfate</i>	2	
TOBI PODHALER	5	PA, QL (224 ea per 56 days), SP
<i>tobramycin 300 mg/4ml nebu soln</i>	2	PA, QL (224 ml per 56 days), SP
<i>tobramycin 300 mg/5ml nebu soln</i>	2	PA, QL (280 ml per 56 days), SP
TOBRAMYCIN 300 MG/5ML NEBU SOLN	2	PA, QL (280 ml per 56 day(s)), SP
<b>ANALGESICS - ANTI-INFLAMMATORY (CONTINUED)</b>		
<b>ANTI-TNF-ALPHA - MONOCLONAL ANTIBODIES</b>		
ADALIMUMAB-FKJP	5	QL (2 ea per 28 day(s)), PA-NSO, SP, PN (28 DAYS SUPPLY PER FILL)
HADLIMA 40 MG/0.4ML SOLN PRSYR	5	QL (0.8 ml per 28 days), PA-NSO, SP, PN (28 DAYS SUPPLY PER FILL)
HADLIMA 40 MG/0.8ML SOLN PRSYR	5	QL (1.6 ml per 28 days), PA-NSO, SP, PN (28 DAYS SUPPLY PER FILL)
HADLIMA PUSHTOUCH 40 MG/0.4ML SOLN A-INJ	5	QL (0.8 ml per 28 days), PA-NSO, SP, PN (28 DAYS SUPPLY PER FILL)
HADLIMA PUSHTOUCH 40 MG/0.8ML SOLN A-INJ	5	QL (1.6 ml per 28 days), PA-NSO, SP, PN (28 DAYS SUPPLY PER FILL)
HUMIRA (2 PEN) 40 MG/0.4ML PEN KIT	5	QL (2 ea per 28 days), PA-NSO, SP
HUMIRA (2 PEN) 40 MG/0.8ML PEN KIT	5	QL (2 ea per 28 days), PA-NSO, SP
HUMIRA (2 SYRINGE) 40 MG/0.8ML PREF SY KT	5	QL (2 ea per 28 days), PA-NSO, SP
HUMIRA 20 MG/0.2ML PREF SY KT	5	QL (2 ea per 28 day(s)), PA-NSO, SP
HUMIRA 40 MG/0.4ML PREF SY KT	5	QL (2 ea per 28 days), PA-NSO, SP
HUMIRA PEDIATRIC CROHNS START 80 MG/0.8ML & 40MG/0.4ML PREF SY KT	5	QL (2 ea per 28 days), PA-NSO, SP
HUMIRA PEDIATRIC CROHNS START 80 MG/0.8ML PREF SY KT	5	QL (3 ea per 28 days), PA-NSO, SP
HUMIRA PEN	5	QL (3 ea per 28 days), PA-NSO, SP

<b>Drug Name</b>	<b>Drug Tier</b>	<b>Requirements/Limits</b>
HUMIRA PEN-CD/UC/HS STARTER	5	QL (3 ea per 28 days), PA-NSO, SP
HUMIRA PEN-PEDIATRIC UC START	5	QL (4 ea per 28 day(s)), PA-NSO, SP
HUMIRA PEN-PSOR/UEVIT STARTER	5	QL (3 ea per 28 days), PA-NSO, SP
HUMIRA-CD/UC/HS STARTER	5	QL (6 ea per 28 day(s)), PA-NSO, SP
HUMIRA-PS/UV/ADOL HS STARTER	5	QL (4 ea per 28 day(s)), PA-NSO, SP
SIMPONI 100 MG/ML SOLN A-INJ	5	QL (1 ml per 28 days), PA-NSO, SP
SIMPONI 100 MG/ML SOLN PRSYR	5	QL (1 ml per 28 days), PA-NSO, SP
SIMPONI 50 MG/0.5ML SOLN A-INJ	5	QL (0.5 ml per 28 days), PA-NSO, SP
SIMPONI 50 MG/0.5ML SOLN PRSYR	5	QL (0.5 ml per 28 days), PA-NSO, SP
SIMPONI ARIA	5	PA, SP
YUSIMRY	5	QL (1.6 ml per 28 days), PA-NSO, SP, PN (28 DAYS SUPPLY PER FILL)
<b>ANTIRHEUMATIC - ENZYME INHIBITORS</b>		
RINVOQ (15 MG TAB ER 24H, 30 MG TAB ER 24H)	5	QL (30 ea per 30 days), PA-NSO, SP, PN (30 DAYS SUPPLY PER FILL)
RINVOQ 45 MG TAB ER 24H	5	QL (28 ea per 28 days), PA-NSO, SP, PN (84 DAYS SUPPLY IN 180 DAYS)
XELJANZ (5 MG TAB, 10 MG TAB)	5	QL (60 ea per 30 days), PA-NSO, SP, PN (30 DAYS SUPPLY PER FILL)
XELJANZ 1 MG/ML SOLUTION	5	QL (300 ml per 30 days), PA-NSO, SP, PN (30 DAYS SUPPLY PER FILL)
XELJANZ XR	5	QL (30 ea per 30 days), PA-NSO, SP, PN (30 DAYS SUPPLY PER FILL)
<b>GOLD COMPOUNDS</b>		
RIDAURA	3	
<b>INTERLEUKIN-1 BLOCKERS</b>		
ARCALYST	5	PA, SP, PN (34 DAYS SUPPLY PER FILL)
<b>INTERLEUKIN-1BETA BLOCKERS</b>		
ILARIS	5	PA, SP
<b>INTERLEUKIN-6 RECEPTOR INHIBITORS</b>		
ACTEMRA (80 MG/4ML SOLUTION, 200 MG/10ML SOLUTION, 400 MG/20ML SOLUTION)	5	PA, SP
ACTEMRA 162 MG/0.9ML SOLN PRSYR	5	QL (3.6 ml per 28 days), PA-NSO, SP
ACTEMRA ACTPEN	5	QL (3.6 ml per 28 days), PA-NSO, SP



Drug Name	Drug Tier	Requirements/Limits
<b>NONSTEROIDAL ANTI-INFLAMMATORY AGENTS (NSAIDS)</b>		
<i>cataflam</i>	2	
<i>celecoxib</i>	2	
<i>diclofenac potassium 50 mg tab</i>	2	
<i>diclofenac sodium (25 mg tab dr, 50 mg tab dr, 75 mg tab dr)</i>	2	
<i>diclofenac sodium er</i>	2	
<i>diclofenac-misoprostol</i>	2	
<i>ec-naproxen</i>	2	
<i>etodolac</i>	2	
<i>etodolac er</i>	2	
FENOPROFEN CALCIUM (200 MG CAP, 400 MG CAP, 600 MG TAB)	2	
<i>flurbiprofen 100 mg tab</i>	2	
<i>ibu</i>	2	
<i>ibuprofen (100 mg/5ml suspension, 400 mg tab, 600 mg tab, 800 mg tab)</i>	2	
INDOCIN 25 MG/5ML SUSPENSION	3	
<i>indomethacin (25 mg cap, 25 mg/5ml suspension, 50 mg cap)</i>	2	
<i>indomethacin er</i>	2	
<i>ketorolac tromethamine 10 mg tab</i>	2	QL (20 ea per fill)
MECLOFENAMATE SODIUM	2	
<i>mefenamic acid</i>	2	
<i>meloxicam (7.5 mg tab, 15 mg tab)</i>	2	
<i>nabumetone</i>	2	
NALFON 400 MG CAP	2	
<i>naproxen (125 mg/5ml suspension, 250 mg tab, 375 mg tab, 375 mg tab dr, 500 mg tab, 500 mg tab dr)</i>	2	
<i>naproxen dr</i>	2	
<i>naproxen sodium (275 mg tab, 550 mg tab)</i>	2	
<i>naproxen-esomeprazole mg</i>	2	PA, QL (2 ea per 1 days)
<i>oxaprozin 600 mg tab</i>	2	
<i>piroxicam</i>	2	

Drug Name	Drug Tier	Requirements/Limits
<i>sulindac</i>	2	
<b>PHOSPHODIESTERASE 4 (PDE4) INHIBITORS</b>		
OTEZLA 10 & 20 & 30 MG TAB THPK	5	QL (55 ea per 28 days), PA-NSO, SP, PN (28 DAYS SUPPLY PER FILL)
OTEZLA 30 MG TAB	5	QL (60 ea per 30 days), PA-NSO, SP, PN (30 DAYS SUPPLY PER FILL)
<b>PYRIMIDINE SYNTHESIS INHIBITORS</b>		
<i>leflunomide</i>	2	
<b>SOLUBLE TUMOR NECROSIS FACTOR RECEPTOR AGENTS</b>		
ENBREL (25 MG/0.5ML SOLN PRSYR, 50 MG/ML SOLN PRSYR)	5	QL (4 ml per 28 days), PA-NSO, SP
ENBREL 25 MG RECON SOLN	5	QL (8 ea per 28 days), PA-NSO
ENBREL 25 MG/0.5ML SOLUTION	5	QL (8 ml per 28 days), PA-NSO, SP
ENBREL MINI	5	QL (4 ml per 28 days), PA-NSO, SP
ENBREL SURECLICK	5	QL (4 ml per 28 days), PA-NSO, SP
<b>ANALGESICS - NONNARCOTIC (CONTINUED)</b>		
<b>ANALGESIC COMBINATIONS</b>		
<i>bac</i>	2	
<i>bupap</i>	2	
<i>butalbital-acetaminophen (50-300 mg cap, 50-300 mg tab, 50-325 mg tab)</i>	2	
<i>butalbital-apap-caffeine</i>	2	
<i>butalbital-aspirin-caffeine 50-325-40 mg cap</i>	2	
<i>esgic 50-325-40 mg cap</i>	2	
TENCON	2	
<i>zebutal</i>	2	
<b>ANALGESICS-PEPTIDE CHANNEL BLOCKERS</b>		
PRIALT	5	PA, SP, PN (34 DAYS SUPPLY PER FILL)
<b>SALICYLATES</b>		
<i>diflunisal</i>	2	
<i>salsalate</i>	2	
<b>ANALGESICS - OPIOID (CONTINUED)</b>		
<b>OPIOID AGONISTS</b>		
<i>codeine sulfate (15 mg tab, 30 mg tab, 60 mg tab)</i>	2	

Drug Name	Drug Tier	Requirements/Limits
<i>fentanyl</i>	2	PA, PN (34 DAYS SUPPLY PER FILL)
FENTANYL CITRATE (100 MCG TAB, 200 MCG TAB, 400 MCG TAB, 600 MCG TAB, 800 MCG TAB)	2	PA
<i>fentanyl citrate (200 mcg loz handle, 400 mcg loz handle, 600 mcg loz handle, 800 mcg loz handle, 1200 mcg loz handle, 1600 mcg loz handle)</i>	5	PA, QL (120 ea per 30 days), PN (30 DAYS SUPPLY PER FILL)
FENTORA	4	PA
<i>hydromorphone hcl (1 mg/ml liquid, 2 mg tab, 4 mg tab, 8 mg tab)</i>	2	
LEVORPHANOL TARTRATE (2 MG TAB, 3 MG TAB)	2	
MEPERIDINE HCL (50 MG TAB, 50 MG/5ML SOLUTION)	2	
<i>methadone hcl (5 mg tab, 5 mg/5ml solution, 10 mg tab, 10 mg/5ml solution, 10 mg/ml conc, 40 mg tab sol)</i>	2	PA
<i>methadone hcl intensol</i>	2	PA
<i>methadose 40 mg tab sol</i>	2	PA
<i>morphine sulfate (5 mg suppos, 10 mg suppos, 10 mg/5ml solution, 15 mg tab, 20 mg suppos, 20 mg/5ml solution, 30 mg suppos, 30 mg tab)</i>	2	
<i>morphine sulfate (concentrate) (10 mg/0.5ml solution, 20 mg/ml solution, 100 mg/5ml solution)</i>	2	
<i>morphine sulfate er (10 mg cap er 24h, 15 mg tab er, 20 mg cap er 24h, 30 mg cap er 24h, 30 mg tab er, 40 mg cap er 24h, 50 mg cap er 24h, 60 mg cap er 24h, 60 mg tab er, 80 mg cap er 24h, 100 mg cap er 24h, 100 mg tab er, 200 mg tab er)</i>	2	PA
MORPHINE SULFATE ER BEADS	2	PA
NUCYNTA	4	PA
NUCYNTA ER	4	PA
<i>oxycodone hcl (5 mg cap, 5 mg tab, 5 mg/5ml solution, 10 mg tab, 15 mg tab, 20 mg tab, 30 mg tab, 100 mg/5ml conc)</i>	2	
OXYCODONE HCL ER	2	PA
OXYCONTIN	4	PA
<i>oxymorphone hcl</i>	2	
SUBSYS	5	PA, QL (120 ea per 30 days), PN (30 DAYS SUPPLY PER FILL)
<i>tramadol hcl (50 mg tab, 100 mg tab)</i>	2	
TRAMADOL HCL (ER BIPHASIC)	2	PA
<i>tramadol hcl er (100 mg cap er 24h, 100 mg tab er 24h, 200 mg cap er 24h, 200 mg tab er 24h, 300 mg tab er 24h)</i>	2	PA

Drug Name	Drug Tier	Requirements/Limits
<i>tramadol hcl er (biphasic)</i>	2	PA
<b>OPIOID COMBINATIONS</b>		
ACETAMINOPHEN-CODEINE (120-12 MG/5ML SOLUTION, 300-15 MG TAB, 300-30 MG TAB, 300-60 MG TAB)	2	
APAP-CAFF-DIHYDROCODEINE 325-30-16 MG TAB	2	
<i>ascomp-codeine</i>	2	
<i>butalbital-apap-caff-cod</i>	2	
<i>butalbital-asa-caff-codeine</i>	2	
<i>dvorah</i>	2	
<i>endocet</i>	2	
<i>hydrocodone-acetaminophen (2.5-108 mg/5ml solution, 5-217 mg/10ml solution, 5-300 mg tab, 5-325 mg tab, 7.5-300 mg tab, 7.5-325 mg tab, 7.5-325 mg/15ml solution, 10-300 mg tab, 10-325 mg tab, 10-325 mg/15ml solution)</i>	2	
HYDROCODONE-IBUPROFEN (5-200 MG TAB, 7.5-200 MG TAB, 10-200 MG TAB)	2	
NALOCET	2	
<i>oxycodone-acetaminophen (2.5-300 mg tab, 2.5-325 mg tab, 5-325 mg tab, 5-325 mg/5ml solution, 7.5-300 mg tab, 7.5-325 mg tab, 10-325 mg tab)</i>	2	
<i>tramadol-acetaminophen</i>	2	
<b>OPIOID PARTIAL AGONISTS</b>		
BRIXADI (WEEKLY) 16 MG/0.32ML SOLN PRSYR	5	QL (1.28 ml per 28 days), SP
BRIXADI (WEEKLY) 24 MG/0.48ML SOLN PRSYR	5	QL (1.92 ml per 28 days), SP
BRIXADI (WEEKLY) 32 MG/0.64ML SOLN PRSYR	5	QL (2.56 ml per 28 days), SP
BRIXADI (WEEKLY) 8 MG/0.16ML SOLN PRSYR	5	QL (0.64 ml per 28 days), SP
BRIXADI 128 MG/0.36ML SOLN PRSYR	5	QL (0.36 ml per 28 days), SP
BRIXADI 64 MG/0.18ML SOLN PRSYR	5	QL (0.18 ml per 28 days), SP
BRIXADI 96 MG/0.27ML SOLN PRSYR	5	QL (0.27 ml per 28 days), SP
<i>buprenorphine</i>	2	PA, QL (0.143 ea per 1 days)
<i>buprenorphine hcl (2 mg sl tab, 8 mg sl tab)</i>	2	PN (34 DAYS SUPPLY PER FILL)
<i>buprenorphine hcl-naloxone hcl</i>	2	PN (34 DAYS SUPPLY PER FILL)
<i>butorphanol tartrate 10 mg/ml solution</i>	2	
<i>pentazocine-naloxone hcl</i>	2	

Drug Name	Drug Tier	Requirements/Limits
SUBLOCADE	4	SP
<b>ANDROGENS-ANABOLIC (CONTINUED)</b>		
<b>ANABOLIC STEROIDS</b>		
OXANDROLONE	2	
<b>ANDROGENS</b>		
AVEED	5	PA, SP, PN (34 DAYS SUPPLY PER FILL)
<i>danazol</i>	2	
<i>depo-testosterone</i>	2	
JATENZO (158 MG CAP, 198 MG CAP)	4	PA, QL (4 ea per 1 days)
JATENZO 237 MG CAP	4	PA, QL (2 ea per 1 days)
KYZATREX (150 MG CAP, 200 MG CAP)	4	PA, QL (4 ea per 1 days)
KYZATREX 100 MG CAP	4	PA, QL (2 ea per 1 days)
<i>testosterone (1.62 % gel, 10 mg/act (2%) gel, 12.5 mg/act (1%) gel, 20.25 mg/1.25gm (1.62%) gel, 20.25 mg/act (1.62%) gel, 25 mg/2.5gm (1%) gel, 30 mg/act solution, 40.5 mg/2.5gm (1.62%) gel, 50 mg/5gm (1%) gel)</i>	2	
TESTOSTERONE CYPIONATE (200 MG/ML SOLUTION)	2	
TESTOSTERONE ENANTHATE	2	
TLANDO	4	PA, QL (2 ea per 1 days)
<b>ANORECTAL AND RELATED PRODUCTS (CONTINUED)</b>		
<b>INTRARECTAL STEROIDS</b>		
<i>colocort</i>	2	
<i>hydrocortisone 100 mg/60ml enema</i>	2	
<b>RECTAL COMBINATIONS</b>		
<i>hydrocort-pramoxine (perianal)</i>	2	
HYDROCORTISONE ACE-PRAMOXINE 1-1 % CREAM	2	
<i>lidocaine-hydrocort (perianal)</i>	2	
LIDOCAINE-HYDROCORTISONE ACE (2.8-0.55 % GEL, 3-0.5 % KIT, 3-1 % KIT, 3-2.5 % KIT)	2	
<i>lidocort</i>	2	
PROCTOFOAM HC	3	
<b>RECTAL STEROIDS</b>		
<i>anucort-hc</i>	2	

Drug Name	Drug Tier	Requirements/Limits
<i>anusol-hc 25 mg suppos</i>	2	
<i>hemmorex-hc</i>	2	
<i>hydrocortisone (perianal)</i>	2	
<i>hydrocortisone acetate (25 mg suppos, 30 mg suppos)</i>	2	
<i>procto-med hc</i>	2	
<i>procto-pak</i>	2	
<i>proctosol hc</i>	2	
<i>proctozone-hc</i>	2	
<b>ANTHELMINTICS (CONTINUED)</b>		
<b>ANTHELMINTICS</b>		
<i>albendazole</i>	2	QL (4 ea per day(s))
EMVERM	3	PA
<i>ivermectin 3 mg tab</i>	2	PA
<b>ANTI-INFECTIVE AGENTS - MISC. (CONTINUED)</b>		
<b>ANTI-INFECTIVE AGENTS - MISC.</b>		
AEMCOLO	4	PA, QL (12 ea per 3 days), PN (3 DAYS SUPPLY PER FILL)
<i>metronidazole (250 mg tab, 375 mg cap, 500 mg tab)</i>	2	
<i>pentamidine isethionate</i>	2	
<i>tinidazole</i>	2	
<i>trimethoprim</i>	2	
XIFAXAN	4	PA
<b>ANTI-INFECTIVE MISC. - COMBINATIONS</b>		
<i>phosphasal</i>	3	
<i>sulfamethoxazole-trimethoprim (200-40 mg/5ml suspension, 400-80 mg tab, 800-160 mg tab)</i>	2	
<i>sulfatrim pediatric</i>	2	
<i>uretron d/s</i>	3	
<i>urin ds</i>	3	
<i>utira-c</i>	3	
XACDURO	5	PA, QL (168 ea per 14 days), PN (14 DAYS SUPPLY PER FILL)

Drug Name	Drug Tier	Requirements/Limits
<b>ANTIPROTOZOAL AGENTS</b>		
ALINIA 100 MG/5ML RECON SUSP	3	
<i>atovaquone</i>	2	
<i>nitazoxanide</i>	2	
<b>CYCLIC LIPOPEPTIDES</b>		
<i>daptomycin (350 mg recon soln, 500 mg recon soln)</i>	2	PN (34 DAYS SUPPLY PER FILL)
<i>daptomycin (350 mg recon soln, 500 mg recon soln)</i>	2	
<b>GLYCOPEPTIDES</b>		
DALVANCE	5	PA, PN (34 DAYS SUPPLY PER FILL)
FIRVANQ	3	
KIMYRSA	5	PA, QL (1 ea per fill)
<i>vancomycin hcl (1 gm recon soln, 1.25 gm recon soln, 1.5 gm recon soln, 5 gm recon soln, 10 gm recon soln, 25 mg/ml recon soln, 50 mg/ml recon soln, 125 mg cap, 250 mg cap, 250 mg/5ml recon soln, 500 mg recon soln, 750 mg recon soln)</i>	2	
VANCOMYCIN HCL IN NAACL 1.5-0.9 GM/500ML-% SOLUTION	2	
<b>LEPROSTATICS</b>		
<i>dapsone (25 mg tab, 100 mg tab)</i>	2	
<b>LINCOSAMIDES</b>		
<i>clindamycin hcl</i>	2	
<i>clindamycin palmitate hcl</i>	2	
<b>OXAZOLIDINONES</b>		
<i>linezolid 100 mg/5ml recon susp</i>	2	PA
<i>linezolid 600 mg tab</i>	2	QL (2 ea per 1 days), PN (56 DAYS SUPPLY IN 180 DAYS)
SIVEXTRO 200 MG TAB	5	PA, QL (6 ea per 6 day(s)), PN (6 DAY SUPPLY IN 365 DAYS)
<b>PLEUROMUTILINS</b>		
XENLETA 600 MG TAB	5	PA, QL (10 ea per 5 days), PN (5 DAYS SUPPLY PER FILL)
<b>URINARY ANTI-INFECTIVES</b>		
<i>methenamine hippurate</i>	2	

Drug Name	Drug Tier	Requirements/Limits
<i>methenamine mandelate</i>	2	
<i>nitrofurantoin 25 mg/5ml suspension</i>	2	
<i>nitrofurantoin macrocrystal</i>	2	
<i>nitrofurantoin monohyd macro</i>	2	
<b>ANTIANGINAL AGENTS (CONTINUED)</b>		
<b>ANTIANGINALS-OTHER</b>		
<i>ranolazine er</i>	2	PA
<b>NITRATES</b>		
<i>isosorbide dinitrate</i>	2	
<i>isosorbide mononitrate</i>	2	
<i>isosorbide mononitrate er</i>	2	
<i>minitran</i>	2	
NITRO-BID	3	
NITRO-DUR (0.3 MG/HR PATCH 24HR, 0.8 MG/HR PATCH 24HR)	3	
NITRO-TIME	2	
<i>nitroglycerin (0.1 mg/hr patch 24hr, 0.2 mg/hr patch 24hr, 0.4 mg/hr patch 24hr, 0.6 mg/hr patch 24hr)</i>	2	
<i>nitroglycerin (0.3 mg sl tab, 0.4 mg sl tab, 0.4 mg/spray solution, 0.6 mg sl tab)</i>	2	
<b>ANTIANKXIETY AGENTS (CONTINUED)</b>		
<b>ANTIANKXIETY AGENTS - MISC.</b>		
<i>buspirone hcl</i>	2	
<i>hydroxyzine hcl (10 mg tab, 10 mg/5ml syrup, 25 mg tab, 50 mg tab)</i>	2	
HYDROXYZINE PAMOATE (25 MG CAP, 50 MG CAP, 100 MG CAP)	2	
<i>meprobamate</i>	2	
<b>BENZODIAZEPINES</b>		
<i>alprazolam</i>	2	
<i>alprazolam er</i>	2	
ALPRAZOLAM INTENSOL	3	
<i>alprazolam xr</i>	2	



Drug Name	Drug Tier	Requirements/Limits
<i>chlordiazepoxide hcl</i>	2	
<i>clorazepate dipotassium</i>	2	
<i>diazepam (2 mg tab, 5 mg tab, 5 mg/5ml solution, 5 mg/ml conc, 10 mg tab)</i>	2	
<i>diazepam intensol</i>	2	
<i>lorazepam (0.5 mg tab, 1 mg tab, 2 mg tab, 2 mg/ml conc)</i>	2	
<i>lorazepam intensol</i>	2	
<i>oxazepam</i>	2	
<b>ANTIARRHYTHMICS (CONTINUED)</b>		
<b>ANTIARRHYTHMICS TYPE I-A</b>		
<i>disopyramide phosphate</i>	2	
NORPACE CR 100 MG CAP ER 12H	3	QL (8 ea per 1 days)
NORPACE CR 150 MG CAP ER 12H	3	QL (5 ea per 1 days)
<i>quinidine gluconate er</i>	2	
<i>quinidine sulfate</i>	2	
<b>ANTIARRHYTHMICS TYPE I-B</b>		
<i>mexiletine hcl</i>	2	
<b>ANTIARRHYTHMICS TYPE I-C</b>		
<i>flecainide acetate</i>	2	
<i>propafenone hcl</i>	2	
<i>propafenone hcl er</i>	2	
<b>ANTIARRHYTHMICS TYPE III</b>		
<i>amiodarone hcl (100 mg tab, 200 mg tab, 400 mg tab)</i>	2	
<i>dofetilide</i>	2	
MULTAQ	3	
<i>pacerone</i>	2	
<b>ANTIASTHMATIC AND BRONCHODILATOR AGENTS (CONTINUED)</b>		
<b>ANTI-INFLAMMATORY AGENTS</b>		
<i>cromolyn sodium 20 mg/2ml nebu soln</i>	2	
<b>ANTIASTHMATIC - MONOCLONAL ANTIBODIES</b>		
CINQAIR	5	PA, SP

Drug Name	Drug Tier	Requirements/Limits
FASENRA	5	PA, QL (1 ml per 56 days), SP
FASENRA PEN	5	PA, QL (1 ml per 56 days), SP
NUCALA (100 MG RECON SOLN, 100 MG/ML SOLN A-INJ, 100 MG/ML SOLN PRSYR)	5	PA, SP
NUCALA 40 MG/0.4ML SOLN PRSYR	5	PA, QL (1 ml per 28 days), SP, PN (28 DAYS SUPPLY PER FILL)
TEZSPIRE	5	PA, QL (1.91 ml per 28 days), SP, PN (28 DAYS SUPPLY PER FILL)
XOLAIR 150 MG RECON SOLN	5	PA, SP, PN (28 DAYS SUPPLY PER FILL)
XOLAIR 150 MG/ML SOLN A-INJ	5	PA, QL (4 ml per 28 day(s)), SP, PN (28 DAYS SUPPLY PER FILL)
XOLAIR 150 MG/ML SOLN PRSYR	5	PA, QL (4 ml per 28 days), SP, PN (28 DAYS SUPPLY PER FILL)
XOLAIR 75 MG/0.5ML SOLN A-INJ	5	PA, QL (5 ml per 28 day(s)), SP, PN (28 DAYS SUPPLY PER FILL)
XOLAIR 75 MG/0.5ML SOLN PRSYR	5	PA, QL (5 ml per 28 days), SP, PN (28 DAYS SUPPLY PER FILL)
<b>BRONCHODILATORS - ANTICHOLINERGICS</b>		
ATROVENT HFA	3	
INCRUSE ELLIPTA	3	
<i>ipratropium bromide 0.02 % solution</i>	2	
SPIRIVA HANDIHALER	3	
SPIRIVA RESPIMAT	3	
TUDORZA PRESSAIR	4	ST
<b>LEUKOTRIENE MODULATORS</b>		
<i>montelukast sodium (4 mg chew tab, 5 mg chew tab, 10 mg tab)</i>	2	
<i>montelukast sodium 4 mg packet</i>	2	
<i>zafirlukast</i>	2	
<b>SELECTIVE PHOSPHODIESTERASE 4 (PDE4) INHIBITORS</b>		
<i>roflumilast</i>	2	PA
<b>STEROID INHALANTS</b>		
ARNUITY ELLIPTA	3	
ASMANEX (120 METERED DOSES)	3	ST

Drug Name	Drug Tier	Requirements/Limits
ASMANEX (14 METERED DOSES)	3	ST
ASMANEX (30 METERED DOSES)	3	ST
ASMANEX (60 METERED DOSES)	3	ST
ASMANEX (7 METERED DOSES)	3	ST
ASMANEX HFA	3	ST
<i>budesonide (0.25 mg/2ml suspension, 0.5 mg/2ml suspension, 1 mg/2ml suspension)</i>	2	
FLOVENT DISKUS	3	
FLOVENT HFA	3	
FLUTICASONE PROPIONATE DISKUS	3	
FLUTICASONE PROPIONATE HFA	3	
PULMICORT FLEXHALER	3	
QVAR REDHALER	3	
<b>SYMPATHOMIMETICS</b>		
ADVAIR HFA	3	
<i>albuterol sulfate (0.63 mg/3ml nebu soln, 1.25 mg/3ml nebu soln, 2 mg tab, 2 mg/5ml syrup, (2.5 mg/3ml) 0.083% nebu soln, 2.5 mg/0.5ml nebu soln, 4 mg tab, (5 mg/ml) 0.5% nebu soln)</i>	2	
<i>albuterol sulfate hfa</i>	2	
ANORO ELLIPTA	3	
<i>arformoterol tartrate</i>	2	PA
BREO ELLIPTA (100-25 MCG/ACT AER POW BA, 200-25 MCG/ACT AER POW BA)	3	QL (2 ea per 1 days)
BREO ELLIPTA 50-25 MCG/INH AER POW BA	3	QL (2 ea per 1 days)
BREZTRI AEROSPHERE	3	QL (10.7 gm per 28 days)
<i>budesonide-formoterol fumarate</i>	2	QL (1.02 gm per 1 day(s))
COMBIVENT RESPIMAT	3	
DULERA	3	
<i>fluticasone-salmeterol (100-50 mcg/act aer pow ba, 250-50 mcg/act aer pow ba, 500-50 mcg/act aer pow ba)</i>	2	QL (2 ea per 1 days)
FLUTICASONE-SALMETEROL (55-14 MCG/ACT AER POW BA, 113-14 MCG/ACT AER POW BA, 232-14 MCG/ACT AER POW BA)	2	QL (1 ea per 30 days)
<i>formoterol fumarate</i>	2	PA

Drug Name	Drug Tier	Requirements/Limits
<i>ipratropium-albuterol</i>	2	
<i>levalbuterol hcl (0.31 mg/3ml nebu soln, 0.63 mg/3ml nebu soln, 1.25 mg/0.5ml nebu soln, 1.25 mg/3ml nebu soln)</i>	2	
LEVALBUTEROL TARTRATE	2	
SEREVENT DISKUS	3	
STIOLTO RESPIMAT	3	
STRIVERDI RESPIMAT	3	
<i>terbutaline sulfate (2.5 mg tab, 5 mg tab)</i>	2	
TRELEGY ELLIPTA	3	QL (2 ea per 1 days)
VENTOLIN HFA	2	
<i>wixela inhub</i>	2	QL (2 ea per 1 days)
<b>XANTHINES</b>		
<i>elixophyllin</i>	2	
THEO-24	4	
<i>theophylline</i>	2	
<i>theophylline er (100 mg tab er 12h, 200 mg tab er 12h, 300 mg tab er 12h, 400 mg tab er 24h, 450 mg tab er 12h, 600 mg tab er 24h)</i>	2	
<b>ANTICOAGULANTS (CONTINUED)</b>		
<b>COUMARIN ANTICOAGULANTS</b>		
<i>jantoven</i>	2	
<i>warfarin sodium</i>	2	
<b>DIRECT FACTOR XA INHIBITORS</b>		
ELIQUIS 2.5 MG TAB	3	QL (2 ea per 1 days)
ELIQUIS 5 MG TAB	3	QL (4 ea per 1 days)
ELIQUIS DVT/PE STARTER PACK	3	QL (74 ea per 30 days), PN (30 DAYS SUPPLY PER FILL)
XARELTO (10 MG TAB, 20 MG TAB)	3	QL (1 ea per 1 days)
XARELTO (2.5 MG TAB, 15 MG TAB)	3	QL (2 ea per 1 days)
XARELTO 1 MG/ML RECON SUSP	3	QL (20 ml per 1 days)
XARELTO STARTER PACK	3	QL (51 ea per 30 days), PN (30 DAYS SUPPLY PER FILL)
<b>HEPARINS AND HEPARINOID-LIKE AGENTS</b>		
<i>enoxaparin sodium (30 mg/0.3ml soln prsyr, 40 mg/0.4ml soln prsyr, 60 mg/0.6ml soln prsyr, 80 mg/0.8ml soln prsyr, 100 mg/ml soln prsyr, 120 mg/0.8ml soln prsyr, 150 mg/ml soln prsyr)</i>	2	

<b>Drug Name</b>	<b>Drug Tier</b>	<b>Requirements/Limits</b>
<i>enoxaparin sodium 300 mg/3ml solution</i>	2	PN (30 DAYS SUPPLY PER FILL)
<i>fondaparinux sodium</i>	2	PN (34 DAYS SUPPLY PER FILL)
HEPARIN SODIUM (PORCINE) (1000 UNIT/ML SOLUTION, 5000 UNIT/0.5ML SOLN PRSYR, 5000 UNIT/ML SOLUTION, 10000 UNIT/ML SOLUTION, 20000 UNIT/ML SOLUTION)	2	
<i>heparin sodium (porcine) pf (1000 unit/ml solution, 5000 unit/0.5ml solution, 5000 unit/ml solution)</i>	2	
<b>ANTICONVULSANTS (CONTINUED)</b>		
<b>AMPA GLUTAMATE RECEPTOR ANTAGONISTS</b>		
FYCOMPA (2 MG TAB, 4 MG TAB, 6 MG TAB, 8 MG TAB, 10 MG TAB, 12 MG TAB)	4	PA, QL (1 ea per 1 days)
FYCOMPA 0.5 MG/ML SUSPENSION	4	PA, QL (24 ml per 1 days)
<b>ANTICONVULSANTS - BENZODIAZEPINES</b>		
<i>clobazam (10 mg tab, 20 mg tab)</i>	2	
<i>clobazam 2.5 mg/ml suspension</i>	2	
<i>clonazepam</i>	2	
DIASTAT ACUDIAL	3	
DIAZEPAM (2.5 MG GEL, 10 MG GEL, 20 MG GEL)	2	
NAYZILAM	3	QL (10 ea per 30 days), AL (12 to 999 yrs old), PN (30 DAYS SUPPLY PER FILL)
SYMPAZAN	4	PA, QL (2 ea per 1 days)
VALTOCO 10 MG DOSE	3	QL (10 ea per 30 days), AL (6 to 999 yrs old)
VALTOCO 15 MG DOSE	3	QL (10 ea per 30 days), AL (6 to 999 yrs old)
VALTOCO 20 MG DOSE	3	QL (10 ea per 30 days), AL (6 to 999 yrs old)
VALTOCO 5 MG DOSE	3	QL (10 ea per 30 days), AL (6 to 999 yrs old)
<b>ANTICONVULSANTS - MISC.</b>		
APTIOM (200 MG TAB, 400 MG TAB)	4	PA, QL (1 ea per 1 days)
APTIOM (600 MG TAB, 800 MG TAB)	4	PA, QL (2 ea per 1 days)
<i>carbamazepine (100 mg chew tab, 100 mg/5ml suspension)</i>	2	
<i>carbamazepine 200 mg tab</i>	2	
<i>carbamazepine er</i>	2	

<b>Drug Name</b>	<b>Drug Tier</b>	<b>Requirements/Limits</b>
CARBATROL	4	
DIACOMIT	5	PA, LA, SP, PN (34 DAYS SUPPLY PER FILL)
EPIDIOLEX	4	PA, SP
<i>epitol</i>	2	
EPRONTIA	4	PA, QL (16 ml per 1 days)
FINTEPLA	5	PA, LA, QL (360 ml per 30 days), SP, PN (30 DAYS SUPPLY PER FILL)
<i>gabapentin (100 mg cap, 250 mg/5ml solution, 300 mg cap, 300 mg/6ml solution, 400 mg cap, 600 mg tab, 800 mg tab)</i>	2	
<i>lacosamide (10 mg/ml solution, 50 mg tab, 100 mg tab, 150 mg tab, 200 mg tab)</i>	2	PA
<i>lamotrigine (25 mg tab, 100 mg tab, 150 mg tab, 200 mg tab)</i>	2	
<i>lamotrigine (5 mg chew tab, 25 mg chew tab)</i>	2	
<i>lamotrigine er</i>	2	
<i>lamotrigine starter kit-blue</i>	2	
<i>levetiracetam (250 mg tab, 500 mg tab, 750 mg tab, 1000 mg tab)</i>	2	
<i>levetiracetam 100 mg/ml solution</i>	2	
<i>levetiracetam er</i>	2	
<i>oxcarbazepine (150 mg tab, 300 mg tab, 600 mg tab)</i>	2	
<i>oxcarbazepine 300 mg/5ml suspension</i>	2	
OXTELLAR XR	4	PA
<i>pregabalin (20 mg/ml solution, 25 mg cap, 50 mg cap, 75 mg cap, 100 mg cap, 150 mg cap, 200 mg cap, 225 mg cap, 300 mg cap)</i>	2	
<i>primidone (50 mg tab, 250 mg tab)</i>	2	
<i>roweepra</i>	2	
<i>roweepra xr</i>	2	
<i>rufinamide (40 mg/ml suspension, 200 mg tab, 400 mg tab)</i>	2	PA
<i>subvenite</i>	2	
<i>subvenite starter kit-blue</i>	2	
TEGRETOL 100 MG/5ML SUSPENSION	4	
TEGRETOL 200 MG TAB	4	

Drug Name	Drug Tier	Requirements/Limits
TEGRETOL-XR	4	
<i>topiramate</i>	2	
<i>topiramate er (25 mg cap er 24h, 25 mg cp24 sprnk, 50 mg cap er 24h, 50 mg cp24 sprnk, 100 mg cap er 24h, 100 mg cp24 sprnk, 150 mg cp24 sprnk, 200 mg cp24 sprnk)</i>	2	PA
<i>topiramate er 200 mg cap er 24h</i>	2	PA
TRILEPTAL (150 MG TAB, 300 MG TAB, 600 MG TAB)	4	
TRILEPTAL 300 MG/5ML SUSPENSION	4	
TROKENDI XR (50 MG CAP ER 24H, 100 MG CAP ER 24H)	4	PA
TROKENDI XR 200 MG CAP ER 24H	4	PA
<i>zonisamide</i>	2	
ZTALMY	5	PA, LA, QL (1100 ml per 30 days), SP, PN (30 DAYS SUPPLY PER FILL)
<b>CARBAMATES</b>		
<i>felbamate (400 mg tab, 600 mg tab)</i>	2	
<i>felbamate 600 mg/5ml suspension</i>	2	
XCOPRI (14 X 12.5 MG & 14 X 25 MG TAB THPK, 14 X 150 MG & 14 X200 MG TAB THPK, 14 X 50 MG & 14 X100 MG TAB THPK)	4	PA, QL (28 ea per 28 day(s)), PN (28 DAY SUPPLY IN 180 DAYS)
XCOPRI (250 MG DAILY DOSE) 100 & 150 MG TAB THPK	4	PA, QL (2 ea per 1 days)
XCOPRI (350 MG DAILY DOSE)	4	PA, QL (2 ea per 1 days)
XCOPRI (50 MG TAB, 100 MG TAB, 150 MG TAB)	4	PA, QL (1 ea per 1 days)
XCOPRI 200 MG TAB	4	PA, QL (2 ea per 1 days)
<b>GABA MODULATORS</b>		
<i>tiagabine hcl</i>	2	
<i>vigabatrin</i>	2	PA, SP
<i>vigadrone</i>	2	PA, SP
<i>vigpoder</i>	2	PA, SP
<b>HYDANTOINS</b>		
DILANTIN 100 MG CAP	4	
DILANTIN 125 MG/5ML SUSPENSION	4	
DILANTIN 30 MG CAP	3	
DILANTIN INFATABS	3	

<b>Drug Name</b>	<b>Drug Tier</b>	<b>Requirements/Limits</b>
<i>phenytek</i>	3	
<i>phenytoin (50 mg chew tab, 100 mg/4ml suspension, 125 mg/5ml suspension)</i>	2	
<i>phenytoin infatabs</i>	2	
<i>phenytoin sodium extended (100 mg cap, 200 mg cap, 300 mg cap)</i>	2	
<b>SUCCINIMIDES</b>		
<i>ethosuximide 250 mg cap</i>	2	
<i>ethosuximide 250 mg/5ml solution</i>	2	
<b>VALPROIC ACID</b>		
DEPAKOTE	4	
DEPAKOTE ER	4	
DEPAKOTE SPRINKLES	4	
<i>divalproex sodium</i>	2	
<i>divalproex sodium er</i>	2	
<i>valproic acid 250 mg cap</i>	2	
<i>valproic acid 250 mg/5ml solution</i>	2	
<b>ANTIDEPRESSANTS (CONTINUED)</b>		
<b>ALPHA-2 RECEPTOR ANTAGONISTS (TETRACYCLICS)</b>		
<i>mirtazapine</i>	2	
<b>ANTIDEPRESSANT COMBINATIONS</b>		
AUVELITY	4	PA, QL (2 ea per 1 days)
<b>ANTIDEPRESSANTS - MISC.</b>		
APLENZIN	4	PA
<i>bupropion hcl</i>	2	
<i>bupropion hcl er (smoking det)</i>	1	
<i>bupropion hcl er (sr)</i>	2	
<i>bupropion hcl er (xl) (150 mg tab er 24h, 300 mg tab er 24h)</i>	2	
BUPROPION HCL ER (XL) 450 MG TAB ER 24H	2	PA, QL (1 ea per 1 days)
<b>GABA RECEPTOR MODULATOR - NEUROACTIVE STEROID</b>		
ZULRESSO	5	PA, SP, PN (34 DAYS SUPPLY PER FILL)



Drug Name	Drug Tier	Requirements/Limits
ZURZUVAE (20 MG CAP, 25 MG CAP)	5	PA, QL (28 ea per 14 days), SP, PN (14 DAYS SUPPLY PER FILL)
ZURZUVAE 30 MG CAP	5	PA, QL (14 ea per 14 days), SP, PN (14 DAYS SUPPLY PER FILL)
<b>MONOAMINE OXIDASE INHIBITORS (MAOIS)</b>		
PHENELZINE SULFATE	2	
<i>tranylcypromine sulfate</i>	2	
<b>N-METHYL-D-ASPARTIC ACID (NMDA) RECEPTOR ANTAGONISTS</b>		
SPRAVATO (56 MG DOSE)	5	PA, SP, PN (28 DAYS SUPPLY PER FILL)
SPRAVATO (84 MG DOSE)	5	PA, SP, PN (28 DAYS SUPPLY PER FILL)
<b>SELECTIVE SEROTONIN REUPTAKE INHIBITORS (SSRIS)</b>		
<i>citalopram hydrobromide (10 mg tab, 10 mg/5ml solution, 20 mg tab, 40 mg tab)</i>	2	
<i>escitalopram oxalate (5 mg tab, 5 mg/5ml solution, 10 mg tab, 20 mg tab)</i>	2	
<i>fluoxetine hcl (10 mg cap, 10 mg tab, 20 mg cap, 20 mg tab, 20 mg/5ml solution, 40 mg cap, 60 mg tab, 90 mg cap dr)</i>	2	
<i>fluvoxamine maleate</i>	2	
<i>paroxetine hcl (10 mg tab, 10 mg/5ml suspension, 20 mg tab, 30 mg tab, 40 mg tab)</i>	2	
<i>paroxetine hcl er</i>	2	
<i>sertraline hcl (20 mg/ml conc, 25 mg tab, 50 mg tab, 100 mg tab)</i>	2	
<b>SEROTONIN MODULATORS</b>		
NEFAZODONE HCL	2	
<i>trazodone hcl</i>	2	
TRINTELLIX	4	PA
<i>vilazodone hcl</i>	2	PA, QL (1 ea per 1 days)
<b>SEROTONIN-NOREPINEPHRINE REUPTAKE INHIBITORS (SNRIS)</b>		
<i>desvenlafaxine succinate er</i>	2	QL (1 ea per 1 days)
<i>duloxetine hcl (20 mg cp dr part, 30 mg cp dr part, 60 mg cp dr part)</i>	2	
FETZIMA	4	PA
FETZIMA TITRATION	4	PA

<b>Drug Name</b>	<b>Drug Tier</b>	<b>Requirements/Limits</b>
<i>venlafaxine hcl</i>	2	
<i>venlafaxine hcl er</i>	2	
<b>TRICYCLIC AGENTS</b>		
<i>amitriptyline hcl</i>	2	
<i>amoxapine</i>	2	
<i>clomipramine hcl</i>	2	
<i>desipramine hcl</i>	2	
<i>doxepin hcl (10 mg cap, 25 mg cap, 50 mg cap, 75 mg cap, 100 mg cap, 150 mg cap)</i>	2	
<i>doxepin hcl 10 mg/ml conc</i>	2	
<i>imipramine hcl</i>	2	
<i>imipramine pamoate</i>	2	
<i>nortriptyline hcl (10 mg cap, 25 mg cap, 50 mg cap, 75 mg cap)</i>	2	
<i>nortriptyline hcl 10 mg/5ml solution</i>	2	
<i>protriptyline hcl</i>	2	
<i>trimipramine maleate</i>	2	
<b>ANTIDIABETICS (CONTINUED)</b>		
<b>ALPHA-GLUCOSIDASE INHIBITORS</b>		
<i>acarbose</i>	2	
<i>miglitol (25 mg tab, 50 mg tab, 100 mg tab)</i>	2	
<i>miglitol (25 mg tab, 50 mg tab, 100 mg tab)</i>	2	
<b>ANTIDIABETIC - AMYLIN ANALOGS</b>		
SYMLINPEN 120	4	PA
SYMLINPEN 60	4	PA
<b>ANTIDIABETIC COMBINATIONS</b>		
<i>glipizide-metformin hcl</i>	2	
<i>glyburide-metformin</i>	2	
GLYXAMBI	3	QL (1 ea per 1 days)
JENTADUETO	3	QL (2 ea per 1 days)
JENTADUETO XR 2.5-1000 MG TAB ER 24H	3	QL (2 ea per 1 days)

<b>Drug Name</b>	<b>Drug Tier</b>	<b>Requirements/Limits</b>
JENTADUETO XR 5-1000 MG TAB ER 24H	3	QL (1 ea per 1 days)
<i>pioglitazone hcl-glimepiride 30-2 mg tab</i>	2	
<i>pioglitazone hcl-glimepiride 30-4 mg tab</i>	2	
<i>pioglitazone hcl-metformin hcl</i>	2	
<i>saxagliptin-metformin er (5-1000 mg tab er 24h, 5-500 mg tab er 24h)</i>	2	PA, QL (1 ea per 1 day(s))
<i>saxagliptin-metformin er 2.5-1000 mg tab er 24h</i>	2	PA, QL (2 ea per 1 day(s))
SYNJARDY	3	QL (2 ea per 1 days)
SYNJARDY XR (10-1000 MG TAB ER 24H, 25-1000 MG TAB ER 24H)	3	QL (1 ea per 1 days)
SYNJARDY XR (5-1000 MG TAB ER 24H, 12.5-1000 MG TAB ER 24H)	3	QL (2 ea per 1 days)
TRIJARDY XR (10-5-1000 MG TAB ER 24H, 25-5-1000 MG TAB ER 24H)	3	QL (1 ea per 1 days)
TRIJARDY XR (5-2.5-1000 MG TAB ER 24H, 12.5-2.5-1000 MG TAB ER 24H)	3	QL (2 ea per 1 days)
XIGDUO XR (5-1000 MG TAB ER 24H, 10-1000 MG TAB ER 24H)	3	QL (1 ea per 1 day(s))
XIGDUO XR (5-500 MG TAB ER 24H, 10-500 MG TAB ER 24H)	3	QL (1 ea per 1 days)
XIGDUO XR 2.5-1000 MG TAB ER 24H	3	QL (1 ea per 1 days)
XULTOPHY	3	ST, QL (0.5 ml per 1 days)
<b>ANTIDIABETIC-ANTIBODIES</b>		
TZIELD	5	PA, LA, SP, PN (14 DAYS SUPPLY PER FILL)
<b>BIGUANIDES</b>		
<i>metformin hcl (500 mg tab, 850 mg tab, 1000 mg tab)</i>	2	
<i>metformin hcl er</i>	2	
<b>DIABETIC OTHER</b>		
BAQSIMI ONE PACK	3	QL (2 ea per fill)
BAQSIMI TWO PACK	3	QL (2 ea per fill)
GLUCAGEN HYPOKIT	3	QL (2 ea per fill), PN (1 DAY SUPPLY PER FILL)
GLUCAGON EMERGENCY 1 MG KIT	3	QL (2 ea per fill(s)), PN (1 DAY SUPPLY PER FILL)
GLUCAGON EMERGENCY 1 MG/ML RECON SOLN	3	QL (2 ea per fill), PN (1 DAY SUPPLY PER FILL)

Drug Name	Drug Tier	Requirements/Limits
GVOKE HYPOPEN 1-PACK 0.5 MG/0.1ML SOLN A-INJ	3	QL (0.2 ml per fill), PN (1 DAY SUPPLY PER FILL)
GVOKE HYPOPEN 1-PACK 1 MG/0.2ML SOLN A-INJ	3	QL (0.4 ml per fill), PN (1 DAY SUPPLY PER FILL)
GVOKE HYPOPEN 2-PACK 0.5 MG/0.1ML SOLN A-INJ	3	QL (0.2 ml per fill), PN (1 DAY SUPPLY PER FILL)
GVOKE HYPOPEN 2-PACK 1 MG/0.2ML SOLN A-INJ	3	QL (0.4 ml per fill), PN (1 DAY SUPPLY PER FILL)
GVOKE KIT	3	QL (0.4 ml per fill)
GVOKE PFS 0.5 MG/0.1ML SOLN PRSYR	3	QL (0.2 ml per fill), PN (1 DAY SUPPLY PER FILL)
GVOKE PFS 1 MG/0.2ML SOLN PRSYR	3	QL (0.4 ml per fill), PN (1 DAY SUPPLY PER FILL)
KORLYM	5	PA, QL (112 ea per 28 day(s)), SP, PN (28 DAYS SUPPLY PER FILL)
<i>mifepristone 300 mg tab</i>	5	PA, QL (112 ea per 28 day(s)), SP, PN (28 DAYS SUPPLY PER FILL)
ZEGALOGUE 0.6 MG/0.6ML SOLN A-INJ	4	ST, QL (1.2 ml per fill)
ZEGALOGUE 0.6 MG/0.6ML SOLN PRSYR	4	ST, QL (1.2 ml per fill)
<b>DIPEPTIDYL PEPTIDASE-4 (DPP-4) INHIBITORS</b>		
<i>saxagliptin hcl</i>	2	PA, QL (1 ea per 1 day(s))
TRADJENTA	3	QL (1 ea per 1 days)
<b>INCRETIN MIMETIC AGENTS</b>		
MOUNJARO (5 MG/0.5ML SOLN PEN, 7.5 MG/0.5ML SOLN PEN, 10 MG/0.5ML SOLN PEN, 12.5 MG/0.5ML SOLN PEN, 15 MG/0.5ML SOLN PEN)	3	PA, QL (2 ml per 28 days)
MOUNJARO 2.5 MG/0.5ML SOLN PEN	3	PA, QL (2 ml per 28 day(s)), PN (28 DAYS SUPPLY PER FILL)
OZEMPIC (0.25 OR 0.5 MG/DOSE) 2 MG/1.5ML SOLN PEN	3	PA, QL (0.06 ml per 1 days)
OZEMPIC (0.25 OR 0.5 MG/DOSE) 2 MG/3ML SOLN PEN	3	PA, QL (0.11 ml per 1 days)
OZEMPIC (1 MG/DOSE)	3	PA, QL (0.11 ml per 1 days)
OZEMPIC (2 MG/DOSE)	3	PA, QL (0.11 ml per 1 days)
RYBELSUS (7 MG TAB, 14 MG TAB)	3	PA, QL (1 ea per 1 days)
RYBELSUS 3 MG TAB	3	PA, QL (30 ea per 30 day(s)), PN (30 DAY SUPPLY IN 180 DAYS)
TRULICITY	3	PA, QL (0.072 ml per 1 days)

<b>Drug Name</b>	<b>Drug Tier</b>	<b>Requirements/Limits</b>
VICTOZA	3	PA, QL (0.3 ml per 1 days)
<b>INSULIN</b>		
INSULIN ASP PROT & ASP FLEXPEN	2	
INSULIN ASPART	2	
INSULIN ASPART FLEXPEN	2	
INSULIN ASPART PENFILL	2	
INSULIN ASPART PROT & ASPART	2	
LANTUS	3	
LANTUS SOLOSTAR	3	
LEVEMIR	3	
LEVEMIR FLEXPEN	3	
LEVEMIR FLEXTOUCH	3	
NOVOLOG	3	
NOVOLOG 70/30 FLEXPEN RELION	3	
NOVOLOG FLEXPEN	3	
NOVOLOG FLEXPEN RELION	3	
NOVOLOG MIX 70/30	3	
NOVOLOG MIX 70/30 FLEXPEN	3	
NOVOLOG MIX 70/30 RELION	3	
NOVOLOG PENFILL	3	
NOVOLOG RELION	3	
TOUJEO MAX SOLOSTAR	3	
TOUJEO SOLOSTAR	3	
TRESIBA	3	
TRESIBA FLEXTOUCH 100 UNIT/ML SOLN PEN	3	
TRESIBA FLEXTOUCH 200 UNIT/ML SOLN PEN	3	
<b>INSULIN SENSITIZING AGENTS</b>		
<i>pioglitazone hcl</i>	2	
<b>MEGLITINIDE ANALOGUES</b>		
<i>nateglinide</i>	2	
<i>repaglinide</i>	2	

Drug Name	Drug Tier	Requirements/Limits
<b>SODIUM-GLUCOSE CO-TRANSPORTER 2 (SGLT2) INHIBITORS</b>		
FARXIGA	3	QL (1 ea per 1 day(s))
JARDIANCE	3	QL (1 ea per 1 days)
<b>SULFONYLUREAS</b>		
<i>glimepiride</i>	2	
<i>glipizide (5 mg tab, 10 mg tab)</i>	2	
<i>glipizide er</i>	2	
<i>glipizide xl (2.5 mg tab er 24h, 10 mg tab er 24h)</i>	2	
<i>glipizide xl 5 mg tab er 24h</i>	2	
<i>glyburide</i>	2	
GLYBURIDE MICRONIZED (1.5 MG TAB, 6 MG TAB)	2	
GLYBURIDE MICRONIZED 3 MG TAB	2	
GLYNASE 3 MG TAB	2	
<b>ANTIDIARRHEAL/PROBIOTIC AGENTS (CONTINUED)</b>		
<b>ANTIDIARRHEAL - CHLORIDE CHANNEL ANTAGONISTS</b>		
MYTESI	4	PA
<b>ANTIPERISTALTIC AGENTS</b>		
<i>diphenoxylate-atropine (2.5-0.025 mg tab, 2.5-0.025 mg/5ml liquid)</i>	2	
<i>loperamide hcl 2 mg cap</i>	2	
<i>opium</i>	2	
<b>ANTIDOTES AND SPECIFIC ANTAGONISTS (CONTINUED)</b>		
<b>ANTIDOTES - CHELATING AGENTS</b>		
<i>deferasirox</i>	5	PA, SP, PN (30 DAYS SUPPLY PER FILL)
<i>deferasirox granules</i>	5	PA, SP, PN (30 DAYS SUPPLY PER FILL)
<i>deferiprone 500 mg tab</i>	5	PA, SP, PN (34 DAYS SUPPLY PER FILL)
FERRIPROX 100 MG/ML SOLUTION	5	PA, LA, SP, PN (34 DAYS SUPPLY PER FILL)
<b>ANTIDOTES AND SPECIFIC ANTAGONISTS</b>		
ANDEXXA	5	PA, SP, PN (34 DAYS SUPPLY PER FILL)
PRAXBIND	5	PA, SP, PN (34 DAYS SUPPLY PER FILL)

Drug Name	Drug Tier	Requirements/Limits
<b>OPIOID ANTAGONISTS</b>		
KLOXXADO	3	
<i>naloxone hcl (0.4 mg/ml soln cart, 2 mg/2ml soln prsyr, 4 mg/0.1ml liquid)</i>	2	
<i>naltrexone hcl</i>	2	
OPVEE	3	
VIVITROL	5	SP
ZIMHI	3	
<b>ANTIEMETICS (CONTINUED)</b>		
<b>5-HT3 RECEPTOR ANTAGONISTS</b>		
<i>granisetron hcl 1 mg tab</i>	2	QL (2 ea per fill), PN (1 DAY SUPPLY PER FILL)
<i>ondansetron</i>	2	
<i>ondansetron hcl (4 mg tab, 4 mg/5ml solution, 8 mg tab, 24 mg tab)</i>	2	
SANCUSO	4	PA, QL (4 ea per 28 days), PN (28 DAYS SUPPLY PER FILL)
SUSTOL	5	PA, SP, PN (34 DAYS SUPPLY PER FILL)
<b>ANTIEMETICS - ANTICHOLINERGIC</b>		
<i>meclizine hcl (12.5 mg tab, 25 mg tab)</i>	2	
<i>scopolamine</i>	2	
TRANSDERM SCOP (1.5 MG)	3	
TRANSDERM-SCOP	3	
<i>trimethobenzamide hcl</i>	2	
<b>ANTIEMETICS - MISCELLANEOUS</b>		
AKYNZEO 300-0.5 MG CAP	4	QL (2 ea per 28 days), PN (28 DAYS SUPPLY PER FILL)
BONJESTA	3	QL (2 ea per 1 days)
<i>doxylamine-pyridoxine</i>	2	QL (4 ea per 1 days)
<i>dronabinol</i>	2	
<b>SUBSTANCE P/NEUROKININ 1 (NK1) RECEPTOR ANTAGONISTS</b>		
<i>aprepitant</i>	2	
CINVANTI	4	PA, SP

Drug Name	Drug Tier	Requirements/Limits
EMEND 125 MG/5ML RECON SUSP	4	
VARUBI (180 MG DOSE)	4	QL (2 ea per 14 days), PN (14 DAYS SUPPLY PER FILL)
<b>ANTIFUNGALS (CONTINUED)</b>		
<b>ANTIFUNGALS</b>		
<i>flucytosine</i>	2	PN (34 DAYS SUPPLY PER FILL)
<i>griseofulvin microsize (125 mg/5ml suspension, 500 mg tab)</i>	2	
<i>griseofulvin ultramicrosize</i>	2	
<i>nystatin 500000 unit tab</i>	2	
<i>terbinafine hcl 250 mg tab</i>	2	
<b>IMIDAZOLE-RELATED ANTIFUNGALS</b>		
CRESEMBA 372 MG RECON SOLN	5	PA, PN (34 DAYS SUPPLY PER FILL)
<i>fluconazole (10 mg/ml recon susp, 40 mg/ml recon susp, 50 mg tab, 100 mg tab, 150 mg tab, 200 mg tab)</i>	2	
<i>itraconazole (10 mg/ml solution, 100 mg cap)</i>	2	PA
<i>ketoconazole 200 mg tab</i>	2	
NOXAFIL 300 MG PACKET	5	PA, QL (30 ea per 30 day(s)), PN (MAX 30 DAYS SUPPLY PER FILL)
<i>posaconazole 100 mg tab dr</i>	5	PA, QL (90 ea per 30 days), PN (34 DAYS SUPPLY PER FILL)
<i>posaconazole 40 mg/ml suspension</i>	5	PA, QL (20 ml per 1 days), PN (30 DAYS SUPPLY PER FILL)
VIVJOA	4	PA, QL (18 ea per 84 days), PN (84 DAYS SUPPLY PER FILL)
<i>voriconazole (40 mg/ml recon susp, 50 mg tab, 200 mg tab)</i>	2	PA, PN (34 DAYS SUPPLY PER FILL)
<b>ANTIHISTAMINES (CONTINUED)</b>		
<b>ANTIHISTAMINES - ALKYLAMINES</b>		
DEXCHLORPHENIRAMINE MALEATE	2	
<b>ANTIHISTAMINES - ETHANOLAMINES</b>		
CARBINOXAMINE MALEATE (4 MG TAB, 4 MG/5ML SOLUTION, 6 MG TAB)	2	
CLEMASTINE FUMARATE 2.68 MG TAB	2	
<i>di-phen</i>	2	
<i>diphen 12.5 mg/5ml elixir</i>	2	



Drug Name	Drug Tier	Requirements/Limits
DIPHENHYDRAMINE HCL 12.5 MG/5ML ELIXIR	2	
<b>ANTIHISTAMINES - PHENOTHIAZINES</b>		
<i>phenadoz</i>	2	
<i>promethazine hcl (6.25 mg/5ml solution, 12.5 mg suppos, 12.5 mg tab, 25 mg suppos, 25 mg tab, 50 mg tab)</i>	2	
PROMETHEGAN (12.5 MG SUPPOS, 25 MG SUPPOS, 50 MG SUPPOS)	2	
<b>ANTIHISTAMINES - PIPERIDINES</b>		
<i>ciproheptadine hcl (2 mg/5ml syrup, 4 mg tab)</i>	2	
<b>ANTHYPERLIPIDEMICS (CONTINUED)</b>		
<b>ADENOSINE TRIPHOSPHATE-CITRATE LYASE (ACL) INHIBITORS</b>		
NEXLETOL	3	PA, QL (1 ea per 1 days)
<b>ANGIOPHOTIN-LIKE PROTEIN INHIBITORS</b>		
EVKEEZA	5	PA, LA, SP, PN (28 DAYS SUPPLY PER FILL)
<b>ANTHYPERLIPIDEMICS - COMBINATIONS</b>		
<i>ezetimibe-simvastatin</i>	2	PA
NEXLIZET	3	PA, QL (1 ea per 1 days)
<b>ANTHYPERLIPIDEMICS - MISC.</b>		
<i>icosapent ethyl 0.5 gm cap</i>	2	QL (8 ea per 1 days)
<i>icosapent ethyl 1 gm cap</i>	2	QL (4 ea per 1 days)
<i>omega-3-acid ethyl esters</i>	2	
VASCEPA 0.5 GM CAP	4	QL (8 ea per 1 days)
<b>BILE ACID SEQUESTRANTS</b>		
<i>cholestyramine (4 gm packet, 4 gm/dose powder)</i>	2	
<i>cholestyramine light (4 gm packet, 4 gm/dose powder)</i>	2	
<i>colesevelam hcl</i>	2	
<i>colestipol hcl (1 gm tab, 5 gm granules, 5 gm packet)</i>	2	
<i>prevalite (4 gm packet, 4 gm/dose powder)</i>	2	
<b>FIBRIC ACID DERIVATIVES</b>		
<i>fenofibrate (48 mg tab, 54 mg tab, 134 mg cap, 145 mg tab, 160 mg tab)</i>	2	

Drug Name	Drug Tier	Requirements/Limits
<i>fenofibrate (67 mg cap, 200 mg cap)</i>	2	
FENOFIBRATE MICRONIZED (30 MG CAP, 90 MG CAP)	2	PA
<i>fenofibrate micronized (43 mg cap, 67 mg cap, 130 mg cap, 134 mg cap, 200 mg cap)</i>	2	
<i>fenofibric acid (45 mg cap dr, 135 mg cap dr)</i>	2	
<i>gemfibrozil</i>	2	
<b>HMG COA REDUCTASE INHIBITORS</b>		
<i>atorvastatin calcium (20 mg tab, 40 mg tab, 80 mg tab)</i>	2	QL (1 ea per 1 days), PN (\$0 copay for members age 40-75)
<i>atorvastatin calcium 10 mg tab</i>	2	QL (2 ea per 1 days), PN (\$0 copay for members age 40-75)
<i>fluvastatin sodium 20 mg cap</i>	2	QL (4 ea per 1 days), PN (\$0 copay for members age 40-75)
<i>fluvastatin sodium 40 mg cap</i>	2	QL (2 ea per 1 days), PN (\$0 copay for members age 40-75)
<i>fluvastatin sodium er</i>	2	PA, QL (1 ea per 1 days), PN (\$0 copay for members age 40-75)
LIVALO 1 MG TAB	4	PA, QL (4 ea per 1 day(s)), PN (\$0 copay for members age 40-75)
LIVALO 2 MG TAB	4	PA, QL (2 ea per 1 day(s)), PN (\$0 copay for members age 40-75)
LIVALO 4 MG TAB	4	PA, QL (1 ea per 1 day(s)), PN (\$0 copay for members age 40-75)
<i>lovastatin 10 mg tab</i>	2	QL (4 ea per 1 days), PN (\$0 copay for members age 40-75)
<i>lovastatin 20 mg tab</i>	2	QL (2 ea per 1 days), PN (\$0 copay for members age 40-75)
<i>lovastatin 40 mg tab</i>	2	QL (1 ea per 1 days), PN (\$0 copay for members age 40-75)
<i>pravastatin sodium 10 mg tab</i>	2	QL (8 ea per 1 days), PN (\$0 copay for members age 40-75)
<i>pravastatin sodium 20 mg tab</i>	2	QL (4 ea per 1 days), PN (\$0 copay for members age 40-75)
<i>pravastatin sodium 40 mg tab</i>	2	QL (2 ea per 1 days), PN (\$0 copay for members age 40-75)
<i>pravastatin sodium 80 mg tab</i>	2	QL (1 ea per 1 days), PN (\$0 copay for members age 40-75)
<i>rosuvastatin calcium (10 mg tab, 20 mg tab, 40 mg tab)</i>	2	QL (1 ea per 1 days), PN (\$0 copay for members age 40-75)

<b>Drug Name</b>	<b>Drug Tier</b>	<b>Requirements/Limits</b>
<i>rosuvastatin calcium 5 mg tab</i>	2	QL (2 ea per 1 days), PN (\$0 copay for members age 40-75)
<i>simvastatin (40 mg tab, 80 mg tab)</i>	2	QL (1 ea per 1 days), PN (\$0 copay for members age 40-75)
<i>simvastatin 10 mg tab</i>	2	QL (4 ea per 1 days), PN (\$0 copay for members age 40-75)
<i>simvastatin 20 mg tab</i>	2	QL (2 ea per 1 days), PN (\$0 copay for members age 40-75)
<i>simvastatin 5 mg tab</i>	2	QL (8 ea per 1 days), PN (\$0 copay for members age 40-75)
ZYPITAMAG (2 MG TAB, 4 MG TAB)	4	PA, QL (1 ea per 1 days)
<b>INTESTINAL CHOLESTEROL ABSORPTION INHIBITORS</b>		
<i>ezetimibe</i>	2	
<b>MICROSOMAL TRIGLYCERIDE TRANSFER PROTEIN (MTP) INHIBITORS</b>		
JUXTAPID (20 MG CAP, 30 MG CAP)	5	PA, LA, QL (56 ea per 28 days), SP, PN (28 DAYS SUPPLY PER FILL)
JUXTAPID (5 MG CAP, 10 MG CAP)	5	PA, LA, QL (28 ea per 28 days), SP, PN (28 DAYS SUPPLY PER FILL)
<b>NICOTINIC ACID DERIVATIVES</b>		
<i>niacin er (antihyperlipidemic)</i>	2	
<b>PROPROTEIN CONVERTASE SUBTILISIN/KEXIN TYPE 9 INHIBITORS</b>		
LEQVIO	5	PA, SP, PN (34 DAYS SUPPLY PER FILL)
PRALUENT	3	PA, QL (0.072 ml per 1 days)
REPATHA	3	PA, QL (0.072 ml per 1 days)
REPATHA PUSHTRONEX SYSTEM	3	PA, QL (0.125 ml per 1 days)
REPATHA SURECLICK	3	PA, QL (0.072 ml per 1 days)
<b>ANTIHYPERTENSIVES (CONTINUED)</b>		
<b>ACE INHIBITORS</b>		
<i>benazepril hcl</i>	2	
<i>captopril</i>	2	
<i>enalapril maleate (2.5 mg tab, 5 mg tab, 10 mg tab, 20 mg tab)</i>	2	
<i>fosinopril sodium</i>	2	
<i>lisinopril</i>	2	

Drug Name	Drug Tier	Requirements/Limits
<i>moexipril hcl</i>	2	
PERINDOPRIL ERBUMINE (2 MG TAB, 4 MG TAB, 8 MG TAB)	2	
<i>quinapril hcl</i>	2	
<i>ramipril</i>	2	
<i>trandolapril</i>	2	
<b>AGENTS FOR PHEOCHROMOCYTOMA</b>		
<i>phenoxybenzamine hcl</i>	2	SP
<b>ANGIOTENSIN II RECEPTOR ANTAGONISTS</b>		
<i>candesartan cilexetil</i>	2	
EDARBI	4	PA, QL (1 ea per 1 days)
<i>irbesartan</i>	2	
<i>losartan potassium</i>	2	
<i>olmesartan medoxomil</i>	2	
<i>telmisartan</i>	2	
<i>valsartan (40 mg tab, 80 mg tab, 160 mg tab, 320 mg tab)</i>	2	
<b>ANTIADRENERGIC ANTIHYPERTENSIVES</b>		
<i>clonidine</i>	2	
<i>clonidine hcl</i>	2	
<i>doxazosin mesylate</i>	2	
<i>guanfacine hcl</i>	2	
METHYLDOPA	2	
<i>prazosin hcl</i>	2	
<i>terazosin hcl</i>	2	
<b>ANTIHYPERTENSIVE COMBINATIONS</b>		
<i>amlodipine besy-benazepril hcl</i>	2	
<i>amlodipine besylate-valsartan</i>	2	PA
<i>amlodipine-olmesartan</i>	2	PA
<i>amlodipine-valsartan-hctz</i>	2	PA
<i>atenolol-chlorthalidone</i>	2	
<i>benazepril-hydrochlorothiazide</i>	2	

<b>Drug Name</b>	<b>Drug Tier</b>	<b>Requirements/Limits</b>
<i>bisoprolol-hydrochlorothiazide</i>	2	
<i>candesartan cilexetil-hctz</i>	2	
CAPTOPRIL-HYDROCHLOROTHIAZIDE	2	
EDARBYCLOR	4	PA, QL (1 ea per 1 days)
<i>enalapril-hydrochlorothiazide</i>	2	
<i>fosinopril sodium-hctz</i>	2	
<i>irbesartan-hydrochlorothiazide</i>	2	
<i>lisinopril-hydrochlorothiazide</i>	2	
<i>losartan potassium-hctz</i>	2	
<i>metoprolol-hydrochlorothiazide</i>	2	
<i>olmesartan medoxomil-hctz</i>	2	
<i>olmesartan-amlodipine-hctz</i>	2	PA
<i>quinapril-hydrochlorothiazide</i>	2	
TEKTURNA HCT	4	PA
<i>telmisartan-hctz</i>	2	
<i>trandolapril-verapamil hcl er (1-240 mg tab er, 2-180 mg tab er, 2-240 mg tab er, 4-240 mg tab er)</i>	2	
<i>valsartan-hydrochlorothiazide</i>	2	
<b>DIRECT RENIN INHIBITORS</b>		
<i>aliskiren fumarate</i>	2	PA
<b>SELECTIVE ALDOSTERONE RECEPTOR ANTAGONISTS (SARAS)</b>		
<i>epplerenone</i>	2	
<b>VASODILATORS</b>		
<i>hydralazine hcl (10 mg tab, 25 mg tab, 50 mg tab, 100 mg tab)</i>	2	
<i>minoxidil</i>	2	
<b>ANTIMALARIALS (CONTINUED)</b>		
<b>ANTIMALARIAL COMBINATIONS</b>		
<i>atovaquone-proguanil hcl</i>	2	
<b>ANTIMALARIALS</b>		
ARTESUNATE	5	SP, PN (34 DAYS SUPPLY PER FILL)

Drug Name	Drug Tier	Requirements/Limits
<i>chloroquine phosphate</i>	2	
<i>hydroxychloroquine sulfate 200 mg tab</i>	2	
KRINTAFEL	4	QL (2 ea per 1 day(s)), PN (1 DAY SUPPLY IN 180 DAYS)
<i>mefloquine hcl</i>	2	
<i>primaquine phosphate</i>	4	QL (14 ea per 14 day(s)), PN (14 DAY SUPPLY IN 180 DAYS)
<i>pyrimethamine</i>	5	PA, SP, PN (34 DAYS SUPPLY PER FILL)
<i>quinine sulfate</i>	2	PA

### ANTIMYASTHENIC/CHOLINERGIC AGENTS (CONTINUED)

#### ANTIMYASTHENIC/CHOLINERGIC AGENTS

FIRDAPSE	5	PA, LA, QL (240 ea per 30 days), SP, PN (30 DAYS SUPPLY PER FILL)
<i>pyridostigmine bromide (30 mg tab, 60 mg tab, 60 mg/5ml solution)</i>	2	
<i>pyridostigmine bromide er</i>	2	

### ANTIMYCOBACTERIAL AGENTS (CONTINUED)

#### ANTIMYCOBACTERIAL AGENTS

<i>ethambutol hcl</i>	2	
ISONIAZID (50 MG/5ML SYRUP, 100 MG TAB, 300 MG TAB)	2	
PRETOMANID	3	PA, QL (1 ea per 1 days)
<i>pyrazinamide</i>	2	
<i>rifabutin</i>	2	
<i>rifampin (150 mg cap, 300 mg cap)</i>	2	
SIRTURO	5	PA, LA, SP

### ANTINEOPLASTICS AND ADJUNCTIVE THERAPIES (CONTINUED)

#### ALKYLATING AGENTS

BELRAPZO	5	SP, PN (34 DAYS SUPPLY PER FILL)
<i>bendamustine hcl (25 mg recon soln, 100 mg recon soln)</i>	5	SP, PN (34 DAYS SUPPLY PER FILL)
BENDAMUSTINE HCL 100 MG/4ML SOLUTION	5	SP, PN (34 DAYS SUPPLY PER FILL)
BENDEKA	5	SP, PN (34 DAYS SUPPLY PER FILL)
CYCLOPHOSPHAMIDE (25 MG CAP, 50 MG CAP)	2	SP

Drug Name	Drug Tier	Requirements/Limits
GLEOSTINE	3	SP
LEUKERAN	3	SP
MELPHALAN	2	
MYLERAN	3	SP
OXALIPLATIN (50 MG RECON SOLN, 50 MG/10ML SOLUTION, 100 MG RECON SOLN, 100 MG/20ML SOLUTION, 200 MG/40ML SOLUTION)	2	SP, PN (34 DAYS SUPPLY PER FILL)
<i>temozolomide</i>	2	SP, PN (34 DAYS SUPPLY PER FILL)
<i>thiotepa</i>	5	PA, SP, PN (34 DAYS SUPPLY PER FILL)
VIVIMUSTA	5	SP, PN (34 DAYS SUPPLY PER FILL)
YONDELIS	5	PA, SP, PN (34 DAYS SUPPLY PER FILL)
ZEPZELCA	5	PA, SP, PN (34 DAYS SUPPLY PER FILL)
<b>ANTIMETABOLITES</b>		
<i>capecitabine</i>	2	SP, PN (34 DAYS SUPPLY PER FILL)
<i>clofarabine</i>	5	PA, SP, PN (34 DAYS SUPPLY PER FILL)
<i>decitabine</i>	5	SP, PN (34 DAYS SUPPLY PER FILL)
FOLOTYN	5	SP, PN (34 DAYS SUPPLY PER FILL)
<i>mercaptopurine</i>	2	
METHOTREXATE SODIUM (2.5 MG TAB, 50 MG/2ML SOLUTION, 250 MG/10ML SOLUTION, 1000 MG/40ML SOLUTION)	2	
<i>methotrexate sodium (pf)</i>	2	
<i>nelarabine</i>	5	PA, SP, PN (34 DAYS SUPPLY PER FILL)
ONUREG	4	QL (14 ea per 28 days), PA-NSO, SP
PEMETREXED	5	SP, PN (34 DAYS SUPPLY PER FILL)
PEMETREXED DISODIUM (1 GM/40ML SOLUTION, 100 MG RECON SOLN, 100 MG/4ML SOLUTION, 500 MG RECON SOLN, 500 MG/20ML SOLUTION, 750 MG RECON SOLN, 850 MG/34ML SOLUTION, 1000 MG RECON SOLN)	5	SP, PN (34 DAYS SUPPLY PER FILL)
PEMETREXED DITROMETHAMINE	5	SP, PN (34 DAYS SUPPLY PER FILL)
PEMFEXY	5	SP, PN (34 DAYS SUPPLY PER FILL)
PRALATREXATE	5	SP, PN (34 DAYS SUPPLY PER FILL)
XATMEP	4	PA, SP
<b>ANTINEOPLASTIC - ANGIOGENESIS INHIBITORS</b>		
AVASTIN	5	SP, PN (34 DAYS SUPPLY PER FILL)

<b>Drug Name</b>	<b>Drug Tier</b>	<b>Requirements/Limits</b>
CYRAMZA	5	PA, SP, PN (34 DAYS SUPPLY PER FILL)
FRUZAQLA 1 MG CAP	4	PA, QL (84 ea per 28 days), SP, PN (28 DAYS SUPPLY PER FILL)
FRUZAQLA 5 MG CAP	4	PA, QL (21 ea per 28 days), SP, PN (28 DAYS SUPPLY PER FILL)
INLYTA 1 MG TAB	4	QL (180 ea per 30 days), PA-NSO, SP, PN (30 DAYS SUPPLY PER FILL)
INLYTA 5 MG TAB	4	QL (120 ea per 30 days), PA-NSO, SP, PN (30 DAYS SUPPLY PER FILL)
LENVIMA (10 MG DAILY DOSE)	4	QL (30 ea per 30 days), PA-NSO, SP, PN (30 DAYS SUPPLY PER FILL)
LENVIMA (12 MG DAILY DOSE)	4	QL (90 ea per 30 days), PA-NSO, SP, PN (30 DAYS SUPPLY PER FILL)
LENVIMA (14 MG DAILY DOSE)	4	QL (60 ea per 30 days), PA-NSO, SP, PN (30 DAYS SUPPLY PER FILL)
LENVIMA (18 MG DAILY DOSE)	4	QL (90 ea per 30 days), PA-NSO, SP, PN (30 DAYS SUPPLY PER FILL)
LENVIMA (20 MG DAILY DOSE)	4	QL (60 ea per 30 days), PA-NSO, SP, PN (30 DAYS SUPPLY PER FILL)
LENVIMA (24 MG DAILY DOSE)	4	QL (90 ea per 30 days), PA-NSO, SP, PN (30 DAYS SUPPLY PER FILL)
LENVIMA (4 MG DAILY DOSE)	4	QL (30 ea per 30 days), PA-NSO, SP, PN (30 DAYS SUPPLY PER FILL)
LENVIMA (8 MG DAILY DOSE)	4	QL (60 ea per 30 days), PA-NSO, SP, PN (30 DAYS SUPPLY PER FILL)
MVASI	5	SP, PN (34 DAYS SUPPLY PER FILL)
ZALTRAP	5	PA, SP, PN (34 DAYS SUPPLY PER FILL)
<b>ANTINEOPLASTIC - ANTI-HER2 AGENTS</b>		
HERCEPTIN	5	PA, SP, PN (MAX 34 DAYS SUPPLY PER FILL)
HERZUMA	5	SP, PN (34 DAYS SUPPLY PER FILL)
KANJINTI	5	SP, PN (34 DAYS SUPPLY PER FILL)
MARGENZA	5	PA, SP, PN (34 DAYS SUPPLY PER FILL)
OGIVRI	5	SP, PN (34 DAYS SUPPLY PER FILL)
ONTRUZANT	5	SP, PN (34 DAYS SUPPLY PER FILL)
PERJETA	5	SP, PN (34 DAYS SUPPLY PER FILL)
TRAZIMERA	5	SP, PN (34 DAYS SUPPLY PER FILL)



<b>Drug Name</b>	<b>Drug Tier</b>	<b>Requirements/Limits</b>
TUKYSA	4	QL (120 ea per 30 days), PA-NSO, SP, PN (30 DAYS SUPPLY PER FILL)
<b>ANTINEOPLASTIC - ANTIBODIES</b>		
ADCETRIS	5	PA, SP, PN (34 DAYS SUPPLY PER FILL)
ARZERRA	5	PA, SP, PN (34 DAYS SUPPLY PER FILL)
BAVENCIO	5	PA, SP, PN (34 DAYS SUPPLY PER FILL)
BESPONSA	5	PA, SP, PN (34 DAYS SUPPLY PER FILL)
BLENREP	5	PA, PN (34 DAYS SUPPLY PER FILL)
BLINCYTO	5	PA, SP, PN (34 DAYS SUPPLY PER FILL)
COLUMVI 2.5 MG/2.5ML SOLUTION	5	PA, QL (30 ml per 21 day(s)), SP, PN (21 DAYS SUPPLY PER FILL)
DANYELZA	5	PA, SP, PN (34 DAYS SUPPLY PER FILL)
DARZALEX	5	PA, SP, PN (34 DAYS SUPPLY PER FILL)
ELAHERE	5	PA, LA, SP, PN (34 DAYS SUPPLY PER FILL)
ELREXFIO	5	PA, LA, SP, PN (34 DAY SUPPLY PER FILL)
EMPLICITI	5	PA, SP, PN (34 DAYS SUPPLY PER FILL)
ENHERTU	5	PA, SP, PN (34 DAYS SUPPLY PER FILL)
EPKINLY	5	PA, SP, PN (MAX 28 DAYS SUPPLY PER FILL)
GAZYVA	5	PA, SP, PN (34 DAYS SUPPLY PER FILL)
IMFINZI	5	PA, SP, PN (34 DAYS SUPPLY PER FILL)
IMJUDO 25 MG/1.25ML SOLUTION	5	PA, QL (375 ml per 180 days), SP, PN (180 DAYS SUPPLY PER FILL)
IMJUDO 300 MG/15ML SOLUTION	5	PA, QL (15 ml per 180 days), SP, PN (180 DAYS SUPPLY PER FILL)
JEMPERLI	5	PA, SP, PN (34 DAYS SUPPLY PER FILL)
KADCYLA	5	PA, SP, PN (34 DAYS SUPPLY PER FILL)
KEYTRUDA	5	PA, SP
KIMMTRAK	5	PA, SP, PN (34 DAYS SUPPLY PER FILL)
LIBTAYO	5	PA, LA, SP, PN (34 DAYS SUPPLY PER FILL)
LOQTORZI	5	PA, SP, PN (28 DAYS SUPPLY PER FILL)
LUMOXITI	5	PA, SP, PN (34 DAYS SUPPLY PER FILL)
LUNSUMIO	5	PA, SP, PN (34 DAYS SUPPLY PER FILL)

<b>Drug Name</b>	<b>Drug Tier</b>	<b>Requirements/Limits</b>
MONJUVI	5	PA, SP, PN (34 DAYS SUPPLY PER FILL)
MYLOTARG	5	PA, SP, PN (34 DAYS SUPPLY PER FILL)
OPDIVO	5	PA, SP, PN (34 DAYS SUPPLY PER FILL)
PADCEV	5	PA, SP, PN (34 DAYS SUPPLY PER FILL)
POLIVY	5	PA, SP, PN (34 DAYS SUPPLY PER FILL)
POTELIGEO	5	PA, LA, SP, PN (34 DAYS SUPPLY PER FILL)
RIABNI	5	PA, SP, PN (34 DAYS SUPPLY PER FILL)
RITUXAN	5	PA, SP, PN (34 DAYS SUPPLY PER FILL)
RUXIENCE	5	PA, SP, PN (34 DAYS SUPPLY PER FILL)
RYBREVAANT	5	PA, SP, PN (34 DAYS SUPPLY PER FILL)
SARCLISA	5	PA, SP, PN (34 DAYS SUPPLY PER FILL)
TALVEY	5	PA, SP, PN (34 DAY SUPPLY PER FILL)
TECENTRIQ	5	PA, SP, PN (34 DAYS SUPPLY PER FILL)
TECVAYLI	5	PA, PN (34 DAYS SUPPLY PER FILL)
TIVDAK	5	PA, SP, PN (34 DAYS SUPPLY PER FILL)
UNITUXIN	5	PA, SP, PN (34 DAYS SUPPLY PER FILL)
YERVOY	5	PA, SP, PN (34 DAYS SUPPLY PER FILL)
ZEVALIN Y-90	5	PA, SP, PN (34 DAYS SUPPLY PER FILL)
ZYNLONTA	5	PA, LA, SP, PN (34 DAYS SUPPLY PER FILL)
ZYNYZ	5	PA, QL (20 ml per 28 days), SP, PN (28 DAYS SUPPLY PER FILL)
<b>ANTINEOPLASTIC - BCL-2 INHIBITORS</b>		
VENCLEXTA 10 MG TAB	4	QL (56 ea per 28 day(s)), PA-NSO, SP, PN (30 DAYS SUPPLY PER FILL)
VENCLEXTA 100 MG TAB	4	QL (180 ea per 30 days), PA-NSO, SP, PN (30 DAYS SUPPLY PER FILL)
VENCLEXTA 50 MG TAB	4	QL (28 ea per 28 day(s)), PA-NSO, SP, PN (30 DAYS SUPPLY PER FILL)
VENCLEXTA STARTING PACK	4	QL (42 ea per 28 days), PA-NSO, SP, PN (28 DAYS SUPPLY PER FILL)
<b>ANTINEOPLASTIC - EGFR INHIBITORS</b>		
ERBITUX	5	SP, PN (34 DAYS SUPPLY PER FILL)
<i>erlotinib hcl (100 mg tab, 150 mg tab)</i>	2	QL (30 ea per 30 days), PA-NSO, SP, PN (30 DAYS SUPPLY PER FILL)

<b>Drug Name</b>	<b>Drug Tier</b>	<b>Requirements/Limits</b>
<i>erlotinib hcl 25 mg tab</i>	2	QL (90 ea per 30 days), PA-NSO, SP, PN (30 DAYS SUPPLY PER FILL)
EXKIVITY	5	QL (120 ea per 30 days), PA-NSO, SP, PN (30 DAYS SUPPLY PER FILL)
<i>gefitinib</i>	3	QL (30 ea per 30 days), PA-NSO, SP, PN (30 DAYS SUPPLY PER FILL)
GILOTRIF	4	LA, QL (30 ea per 30 days), PA-NSO, SP, PN (30 DAYS SUPPLY PER FILL)
PORTRAZZA	5	PA, SP, PN (34 DAYS SUPPLY PER FILL)
TAGRISSO	4	QL (30 ea per 30 days), PA-NSO, SP, PN (30 DAYS SUPPLY PER FILL)
VECTIBIX	5	PA, SP, PN (34 DAYS SUPPLY PER FILL)
VIZIMPRO	4	QL (30 ea per 30 days), PA-NSO, SP, PN (30 DAYS SUPPLY PER FILL)
<b>ANTINEOPLASTIC - HEDGEHOG PATHWAY INHIBITORS</b>		
DAURISMO 100 MG TAB	4	QL (30 ea per 30 days), PA-NSO, SP, PN (30 DAYS SUPPLY PER FILL)
DAURISMO 25 MG TAB	4	QL (60 ea per 30 days), PA-NSO, SP, PN (30 DAYS SUPPLY PER FILL)
ERIVEDGE	4	QL (28 ea per 28 day(s)), PA-NSO, SP, PN (30 DAYS SUPPLY PER FILL)
ODOMZO	4	QL (30 ea per 30 days), PA-NSO, SP, PN (30 DAYS SUPPLY PER FILL)
<b>ANTINEOPLASTIC - HORMONAL AND RELATED AGENTS</b>		
<i>abiraterone acetate 250 mg tab</i>	2	QL (120 ea per 30 days), PA-NSO, SP, PN (30 DAYS SUPPLY PER FILL)
<i>abiraterone acetate 500 mg tab</i>	2	QL (60 ea per 30 days), PA-NSO, SP, PN (30 DAYS SUPPLY PER FILL)
AKEEGA 100-500 MG TAB	4	QL (60 ea per 30 days), PA-NSO, SP, PN (30 DAYS SUPPLY PER FILL)
AKEEGA 50-500 MG TAB	4	LA, QL (60 ea per 30 days), PA-NSO, SP, PN (30 DAYS SUPPLY PER FILL)
<i>anastrozole</i>	1	
<i>bicalutamide</i>	2	
CAMCEVI	5	SP, PN (168 DAYS SUPPLY PER FILL)
ELIGARD 22.5 MG KIT	5	SP
ELIGARD 30 MG KIT	5	SP

<b>Drug Name</b>	<b>Drug Tier</b>	<b>Requirements/Limits</b>
ELIGARD 45 MG KIT	5	SP
ELIGARD 7.5 MG KIT	5	SP
EMCYT	3	SP
ERLEADA 240 MG TAB	5	QL (30 ea per 30 days), PA-NSO, SP, PN (30 DAYS SUPPLY PER FILL)
ERLEADA 60 MG TAB	4	QL (120 ea per 30 days), PA-NSO, SP, PN (30 DAYS SUPPLY PER FILL)
<i>exemestane</i>	1	
FIRMAGON	5	SP
FIRMAGON (240 MG DOSE)	5	SP
<i>flutamide</i>	2	
FLUTAMIDE	2	
<i>fulvestrant</i>	5	SP, PN (34 DAYS SUPPLY PER FILL)
FULVESTRANT	5	SP, PN (34 DAYS SUPPLY PER FILL)
<i>letrozole</i>	1	
<i>leuprolide acetate</i>	2	
LUPRON DEPOT (1-MONTH)	5	SP
LUPRON DEPOT (3-MONTH)	5	SP
LUPRON DEPOT (4-MONTH)	5	SP
LUPRON DEPOT (6-MONTH)	5	SP
LYSODREN	3	LA, SP, PN (34 DAYS SUPPLY PER FILL)
<i>megestrol acetate (20 mg tab, 40 mg tab)</i>	2	
<i>megestrol acetate (40 mg/ml suspension, 400 mg/10ml suspension, 800 mg/20ml suspension)</i>	2	
<i>nilutamide</i>	2	SP
NUBEQA	4	QL (120 ea per 30 days), PA-NSO, SP, PN (30 DAYS SUPPLY PER FILL)
ORGOVYX	4	PA, QL (64 ea per 30 days), SP, PN (30 DAYS SUPPLY PER FILL)
ORSERDU 345 MG TAB	4	LA, QL (30 ea per 30 days), PA-NSO, SP, PN (30 DAYS SUPPLY PER FILL)
ORSERDU 86 MG TAB	4	LA, QL (90 ea per 30 days), PA-NSO, SP, PN (30 DAYS SUPPLY PER FILL)
<i>tamoxifen citrate 10 mg tab</i>	1	

<b>Drug Name</b>	<b>Drug Tier</b>	<b>Requirements/Limits</b>
<i>tamoxifen citrate 20 mg tab</i>	1	PN (\$0 copay for women)
<i>toremifene citrate</i>	2	SP
TRELSTAR MIXJECT 11.25 MG RECON SUSP	5	SP
TRELSTAR MIXJECT 22.5 MG RECON SUSP	5	SP
TRELSTAR MIXJECT 3.75 MG RECON SUSP	5	SP
XTANDI 40 MG CAP	4	QL (120 ea per 30 days), PA-NSO, SP, PN (30 DAYS SUPPLY PER FILL)
XTANDI 40 MG TAB	5	QL (120 ea per 30 days), PA-NSO, SP, PN (30 DAYS SUPPLY PER FILL)
XTANDI 80 MG TAB	5	QL (60 ea per 30 days), PA-NSO, SP, PN (30 DAYS SUPPLY PER FILL)
YONSA	4	QL (120 ea per 30 days), PA-NSO, SP, PN (30 DAYS SUPPLY PER FILL)
ZOLADEX 10.8 MG IMPLANT	5	SP, PN (84 DAYS SUPPLY PER FILL)
ZOLADEX 3.6 MG IMPLANT	5	SP, PN (28 DAYS SUPPLY PER FILL)
<b>ANTINEOPLASTIC - HYPOXIA-INDUCIBLE FACTOR INHIBITORS</b>		
WELIREG	5	LA, QL (90 ea per 30 days), PA-NSO, SP, PN (34 DAYS SUPPLY PER FILL)
<b>ANTINEOPLASTIC - IMMUNOMODULATORS</b>		
POMALYST	4	QL (21 ea per 28 days), PA-NSO, SP, PN (28 DAYS SUPPLY PER FILL)
<b>ANTINEOPLASTIC - PDGFR-ALPHA INHIBITORS</b>		
AYVAKIT (100 MG TAB, 200 MG TAB, 300 MG TAB)	4	QL (30 ea per 30 days), PA-NSO, SP, PN (30 DAYS SUPPLY PER FILL)
AYVAKIT (25 MG TAB, 50 MG TAB)	5	QL (30 ea per 30 days), PA-NSO, SP, PN (30 DAYS SUPPLY PER FILL)
<b>ANTINEOPLASTIC - XPO1 INHIBITORS</b>		
XPOVIO (100 MG ONCE WEEKLY) 50 MG TAB THPK	4	QL (8 ea per 28 days), PA-NSO, SP, PN (28 DAYS SUPPLY PER FILL)
XPOVIO (40 MG ONCE WEEKLY) 40 MG TAB THPK	4	QL (4 ea per 28 days), PA-NSO, SP, PN (28 DAYS SUPPLY PER FILL)
XPOVIO (40 MG TWICE WEEKLY) 40 MG TAB THPK	4	QL (8 ea per 28 days), PA-NSO, SP, PN (28 DAYS SUPPLY PER FILL)
XPOVIO (60 MG ONCE WEEKLY) 60 MG TAB THPK	4	QL (4 ea per 28 days), PA-NSO, SP, PN (28 DAYS SUPPLY PER FILL)
XPOVIO (60 MG TWICE WEEKLY)	4	QL (24 ea per 28 days), PA-NSO, SP, PN (28 DAYS SUPPLY PER FILL)

Drug Name	Drug Tier	Requirements/Limits
XPOVIO (80 MG ONCE WEEKLY) 40 MG TAB THPK	4	QL (8 ea per 28 days), PA-NSO, SP, PN (28 DAYS SUPPLY PER FILL)
XPOVIO (80 MG TWICE WEEKLY)	4	QL (32 ea per 28 day(s)), PA-NSO, SP, PN (28 DAYS SUPPLY PER FILL)
<b>ANTINEOPLASTIC ANTIBIOTICS</b>		
JELMYTO	5	PA, LA, QL (17 ea per lifetime), SP
<i>mitomycin (5 mg recon soln, 20 mg recon soln, 40 mg recon soln)</i>	2	SP, PN (34 DAYS SUPPLY PER FILL)
<i>mutamycin</i>	2	SP, PN (34 DAYS SUPPLY PER FILL)
<b>ANTINEOPLASTIC COMBINATIONS</b>		
DARZALEX FASPRO	5	PA, QL (15 ml per 1 day(s)), SP, PN (28 DAYS SUPPLY PER FILL)
HERCEPTIN HYLECTA	5	SP, PN (34 DAYS SUPPLY PER FILL)
INQOVI	4	QL (5 ea per 28 days), PA-NSO, SP
KISQALI FEMARA (400 MG DOSE)	4	QL (70 ea per 28 days), PA-NSO, SP
KISQALI FEMARA (600 MG DOSE)	4	QL (91 ea per 28 days), PA-NSO, SP
KISQALI FEMARA(200 MG DOSE)	4	QL (49 ea per 28 days), PA-NSO, SP
LONSURF 15-6.14 MG TAB	4	QL (100 ea per 28 days), PA-NSO, SP
LONSURF 20-8.19 MG TAB	4	QL (80 ea per 28 days), PA-NSO, SP
OPDUALAG	5	PA, QL (40 ml per 28 days), SP, PN (28 DAYS SUPPLY PER FILL)
PHESGO	5	SP, PN (34 DAYS SUPPLY PER FILL)
RITUXAN HYCELA	5	PA, SP, PN (34 DAYS SUPPLY PER FILL)
VYXEOS	5	PA, LA, SP, PN (34 DAYS SUPPLY PER FILL)
<b>ANTINEOPLASTIC ENZYME INHIBITORS</b>		
ALECENSA	4	QL (240 ea per 30 days), PA-NSO, SP
ALIQOPA	5	PA, SP, PN (34 DAYS SUPPLY PER FILL)
ALUNBRIG (90 & 180 MG TAB THPK, 90 MG TAB, 180 MG TAB)	4	QL (30 ea per 30 days), PA-NSO, SP, PN (30 DAYS SUPPLY PER FILL)
ALUNBRIG 30 MG TAB	4	QL (60 ea per 30 days), PA-NSO, SP, PN (30 DAYS SUPPLY PER FILL)
AUGTYRO	5	PA, QL (240 ea per 30 day(s)), SP, PN (30 DAYS SUPPLY PER FILL)
BALVERSA 3 MG TAB	4	LA, QL (84 ea per 28 days), PA-NSO, SP, PN (28 DAYS SUPPLY PER FILL)

<b>Drug Name</b>	<b>Drug Tier</b>	<b>Requirements/Limits</b>
BALVERSA 4 MG TAB	4	LA, QL (56 ea per 28 days), PA-NSO, SP, PN (28 DAYS SUPPLY PER FILL)
BALVERSA 5 MG TAB	4	LA, QL (28 ea per 28 days), PA-NSO, SP, PN (28 DAYS SUPPLY PER FILL)
BELEODAQ	5	PA, SP, PN (34 DAYS SUPPLY PER FILL)
BORTEZOMIB (1 MG RECON SOLN, 2.5 MG RECON SOLN, 3.5 MG RECON SOLN, 3.5 MG/1.4ML SOLUTION)	5	PA, SP, PN (34 DAYS SUPPLY PER FILL)
BOSULIF (400 MG TAB, 500 MG TAB)	4	QL (30 ea per 30 days), PA-NSO, SP, PN (30 DAYS SUPPLY PER FILL)
BOSULIF 100 MG TAB	4	QL (90 ea per 30 days), PA-NSO, SP, PN (30 DAYS SUPPLY PER FILL)
BRAFTOVI	4	QL (180 ea per 30 days), PA-NSO, SP, PN (30 DAYS SUPPLY PER FILL)
BRUKINSA	4	QL (120 ea per 30 days), PA-NSO, SP, PN (30 DAYS SUPPLY PER FILL)
CABOMETYX	4	QL (30 ea per 30 days), PA-NSO, SP, PN (30 DAYS SUPPLY PER FILL)
CALQUENCE 100 MG CAP	4	QL (60 ea per 30 days), PA-NSO, PN (30 DAYS SUPPLY PER FILL)
CALQUENCE 100 MG TAB	5	QL (60 ea per 30 days), PA-NSO, SP, PN (30 DAYS SUPPLY PER FILL)
CAPRELSA 100 MG TAB	4	LA, QL (60 ea per 30 days), PA-NSO, SP, PN (30 DAYS SUPPLY PER FILL)
CAPRELSA 300 MG TAB	4	LA, QL (30 ea per 30 days), PA-NSO, SP, PN (30 DAYS SUPPLY PER FILL)
COMETRIQ (100 MG DAILY DOSE)	4	QL (56 ea per 28 days), PA-NSO, SP, PN (28 DAYS SUPPLY PER FILL)
COMETRIQ (140 MG DAILY DOSE)	4	QL (112 ea per 28 days), PA-NSO, SP, PN (28 DAYS SUPPLY PER FILL)
COMETRIQ (60 MG DAILY DOSE)	4	QL (84 ea per 28 days), PA-NSO, SP, PN (28 DAYS SUPPLY PER FILL)
COPIKTRA	4	QL (60 ea per 30 days), PA-NSO, SP, PN (30 DAYS SUPPLY PER FILL)
COTELLIC	4	QL (90 ea per 30 days), PA-NSO, SP
<i>everolimus (2 mg tab sol, 2.5 mg tab, 3 mg tab sol, 5 mg tab, 5 mg tab sol, 7.5 mg tab, 10 mg tab)</i>	2	QL (28 ea per 28 days), PA-NSO, SP, PN (28 DAYS SUPPLY PER FILL)
FOTIVDA	4	QL (21 ea per 28 days), PA-NSO, SP, PN (30 DAYS SUPPLY PER FILL)
FYARRO	5	PA, SP, PN (34 DAYS SUPPLY PER FILL)
GAVRETO	4	QL (120 ea per 30 days), PA-NSO, SP, PN (30 DAYS SUPPLY PER FILL)

<b>Drug Name</b>	<b>Drug Tier</b>	<b>Requirements/Limits</b>
GLEEVEC 100 MG TAB	4	QL (90 ea per 30 days), SP, PN (30 DAYS SUPPLY PER FILL)
GLEEVEC 400 MG TAB	4	QL (60 ea per 30 days), SP, PN (30 DAYS SUPPLY PER FILL)
IBRANCE	4	QL (21 ea per 28 days), PA-NSO, SP
ICLUSIG (10 MG TAB, 30 MG TAB)	4	LA, QL (30 ea per 30 days), PA-NSO, SP, PN (30 DAYS SUPPLY PER FILL)
ICLUSIG (15 MG TAB, 45 MG TAB)	4	LA, QL (30 ea per 30 days), PA-NSO, SP, PN (30 DAYS SUPPLY PER FILL)
IDHIFA	4	QL (30 ea per 30 days), PA-NSO, SP, PN (30 DAYS SUPPLY PER FILL)
<i>imatinib mesylate 100 mg tab</i>	2	QL (90 ea per 30 days), SP, PN (30 DAYS SUPPLY PER FILL)
<i>imatinib mesylate 400 mg tab</i>	2	QL (60 ea per 30 days), SP, PN (30 DAYS SUPPLY PER FILL)
IMBRUVICA (70 MG CAP, 140 MG TAB, 280 MG TAB, 420 MG TAB)	4	QL (28 ea per 28 days), PA-NSO, SP, PN (28 DAYS SUPPLY PER FILL)
IMBRUVICA 140 MG CAP	4	QL (120 ea per 30 days), PA-NSO, SP, PN (30 DAYS SUPPLY PER FILL)
IMBRUVICA 560 MG TAB	4	QL (28 ea per 28 days), PA-NSO, PN (28 DAYS SUPPLY PER FILL)
IMBRUVICA 70 MG/ML SUSPENSION	4	QL (216 ml per 36 days), PA-NSO, SP, PN (36 DAYS SUPPLY PER FILL)
INREBIC	4	PA, QL (120 ea per 30 days), SP, PN (30 DAYS SUPPLY PER FILL)
JAKAFI	4	PA, QL (60 ea per 30 days), SP, PN (30 DAYS SUPPLY PER FILL)
JAYPIRCA 100 MG TAB	4	QL (60 ea per 30 days), PA-NSO, SP, PN (30 DAYS SUPPLY PER FILL)
JAYPIRCA 50 MG TAB	4	QL (30 ea per 30 days), PA-NSO, SP, PN (30 DAYS SUPPLY PER FILL)
KISQALI (200 MG DOSE)	4	QL (21 ea per 28 days), PA-NSO, SP
KISQALI (400 MG DOSE)	4	QL (42 ea per 28 days), PA-NSO, SP
KISQALI (600 MG DOSE)	4	QL (63 ea per 28 days), PA-NSO, SP
KOSELUGO 10 MG CAP	4	QL (240 ea per 30 days), PA-NSO, SP, PN (30 DAYS SUPPLY PER FILL)
KOSELUGO 25 MG CAP	4	QL (120 ea per 30 days), PA-NSO, SP, PN (30 DAYS SUPPLY PER FILL)
KRAZATI	5	QL (180 ea per 30 days), PA-NSO, SP, PN (30 DAYS SUPPLY PER FILL)



<b>Drug Name</b>	<b>Drug Tier</b>	<b>Requirements/Limits</b>
KYPROLIS	5	PA, SP, PN (34 DAYS SUPPLY PER FILL)
<i>lapatinib ditosylate</i>	2	QL (180 ea per 30 days), PA-NSO, SP, PN (30 DAYS SUPPLY PER FILL)
LORBRENA 100 MG TAB	4	QL (30 ea per 30 days), PA-NSO, SP, PN (30 DAYS SUPPLY PER FILL)
LORBRENA 25 MG TAB	4	QL (90 ea per 30 days), PA-NSO, SP, PN (30 DAYS SUPPLY PER FILL)
LUMAKRAS 120 MG TAB	4	QL (240 ea per 30 days), PA-NSO, SP, PN (30 DAYS SUPPLY PER FILL)
LUMAKRAS 320 MG TAB	5	QL (90 ea per 30 days), PA-NSO, SP, PN (30 DAYS SUPPLY PER FILL)
LYNPARZA	4	PA, QL (120 ea per 30 days), SP, PN (30 DAYS SUPPLY PER FILL)
LYTGOBI (12 MG DAILY DOSE)	5	QL (84 ea per 28 days), PA-NSO, SP, PN (28 DAYS SUPPLY PER FILL)
LYTGOBI (16 MG DAILY DOSE)	5	QL (112 ea per 28 days), PA-NSO, SP, PN (28 DAYS SUPPLY PER FILL)
LYTGOBI (20 MG DAILY DOSE)	5	QL (140 ea per 28 days), PA-NSO, SP, PN (28 DAYS SUPPLY PER FILL)
MEKINIST 0.05 MG/ML RECON SOLN	4	PA, QL (1200 ml per 30 days), SP, PN (MAX 30 DAYS SUPPLY PER FILL)
MEKINIST 0.5 MG TAB	4	PA, QL (90 ea per 30 days), SP, PN (30 DAYS SUPPLY PER FILL)
MEKINIST 2 MG TAB	4	PA, QL (30 ea per 30 days), SP, PN (30 DAYS SUPPLY PER FILL)
MEKTOVI	4	QL (180 ea per 30 days), PA-NSO, SP, PN (30 DAYS SUPPLY PER FILL)
NERLYNX	4	PA, QL (180 ea per 30 days), SP, PN (30 DAYS SUPPLY PER FILL)
NINLARO	4	QL (3 ea per 28 days), PA-NSO, SP
OGSIVEO 50 MG TAB	5	PA, QL (180 ea per 30 day(s)), SP, PN (30 DAYS SUPPLY PER FILL)
OJJAARA	4	PA, LA, QL (30 ea per 30 days), SP, PN (30 DAYS SUPPLY PER FILL)
<i>pazopanib hcl</i>	2	QL (120 ea per 30 days), PA-NSO, SP, PN (30 DAYS SUPPLY PER FILL)
PEMAZYRE	4	LA, QL (14 ea per 21 days), PA-NSO, SP, PN (21 DAYS SUPPLY PER FILL)
PIQRAY (200 MG DAILY DOSE)	4	QL (28 ea per 28 days), PA-NSO, SP, PN (28 DAYS SUPPLY PER FILL)

<b>Drug Name</b>	<b>Drug Tier</b>	<b>Requirements/Limits</b>
PIQRAY (250 MG DAILY DOSE)	4	QL (56 ea per 28 days), PA-NSO, SP, PN (28 DAYS SUPPLY PER FILL)
PIQRAY (300 MG DAILY DOSE)	4	QL (56 ea per 28 days), PA-NSO, SP, PN (28 DAYS SUPPLY PER FILL)
QINLOCK	4	LA, QL (90 ea per 30 days), PA-NSO, SP, PN (30 DAYS SUPPLY PER FILL)
RETEVMO 40 MG CAP	4	QL (60 ea per 30 days), PA-NSO, SP, PN (30 DAYS SUPPLY PER FILL)
RETEVMO 80 MG CAP	4	QL (120 ea per 30 days), PA-NSO, SP, PN (30 DAYS SUPPLY PER FILL)
REZLIDHIA	4	QL (30 ea per 30 days), PA-NSO, SP, PN (30 DAYS SUPPLY PER FILL)
ROMIDEPSIN (10 MG RECON SOLN, 27.5 MG/5.5ML SOLUTION)	5	PA, SP, PN (34 DAYS SUPPLY PER FILL)
ROZLYTREK 100 MG CAP	4	QL (30 ea per 30 days), PA-NSO, SP, PN (30 DAYS SUPPLY PER FILL)
ROZLYTREK 200 MG CAP	4	QL (90 ea per 30 days), PA-NSO, SP, PN (30 DAYS SUPPLY PER FILL)
ROZLYTREK 50 MG PACKET	4	PA, QL (336 ea per 28 days), SP, PN (28 DAYS SUPPLY PER FILL)
RUBRACA	4	QL (120 ea per 30 days), PA-NSO, SP, PN (30 DAYS SUPPLY PER FILL)
RYDAPT	4	QL (224 ea per 28 days), PA-NSO, SP, PN (28 DAYS SUPPLY PER FILL)
SCSEMBLIX	5	QL (60 ea per 30 days), PA-NSO, SP, PN (30 DAYS SUPPLY PER FILL)
<i>sorafenib tosylate</i>	2	QL (120 ea per 30 days), PA-NSO, SP, PN (30 DAYS SUPPLY PER FILL)
SPRYCEL (50 MG TAB, 70 MG TAB, 80 MG TAB, 100 MG TAB, 140 MG TAB)	4	QL (30 ea per 30 days), PA-NSO, SP, PN (30 DAYS SUPPLY PER FILL)
SPRYCEL 20 MG TAB	4	QL (90 ea per 30 days), PA-NSO, SP, PN (30 DAYS SUPPLY PER FILL)
STIVARGA	4	QL (84 ea per 28 days), PA-NSO, SP
<i>sunitinib malate</i>	2	QL (28 ea per 28 days), PA-NSO, SP
TABRECTA	4	QL (120 ea per 30 days), PA-NSO, SP, PN (30 DAYS SUPPLY PER FILL)
TAFINLAR (50 MG CAP, 75 MG CAP)	4	PA, QL (120 ea per 30 days), SP, PN (30 DAYS SUPPLY PER FILL)
TAFINLAR 10 MG TAB SOL	4	PA, QL (900 ml per 30 days), SP, PN (MAX 30 DAYS SUPPLY PER FILL)

<b>Drug Name</b>	<b>Drug Tier</b>	<b>Requirements/Limits</b>
TALZENNA (0.25 MG CAP, 0.5 MG CAP, 0.75 MG CAP, 1 MG CAP)	4	QL (30 ea per 30 days), PA-NSO, SP, PN (30 DAYS SUPPLY PER FILL)
TASIGNA (150 MG CAP, 200 MG CAP)	4	QL (112 ea per 28 days), PA-NSO, SP, PN (28 DAYS SUPPLY PER FILL)
TASIGNA 50 MG CAP	4	QL (120 ea per 30 days), PA-NSO, SP, PN (30 DAYS SUPPLY PER FILL)
TAZVERIK	4	LA, QL (240 ea per 30 days), PA-NSO, SP, PN (30 DAYS SUPPLY PER FILL)
<i>temsirolimus</i>	5	PA, SP, PN (34 DAYS SUPPLY PER FILL)
TEPMETKO	4	LA, QL (60 ea per 30 days), PA-NSO, SP, PN (30 DAYS SUPPLY PER FILL)
TIBSOVO	4	QL (60 ea per 30 days), PA-NSO, SP, PN (30 DAYS SUPPLY PER FILL)
TRUQAP	4	QL (64 ea per 28 days), PA-NSO, SP, PN (28 DAYS SUPPLY PER FILL)
TRUSELTIQ (100MG DAILY DOSE)	5	QL (21 ea per 28 days), PA-NSO, PN (28 DAYS SUPPLY PER FILL)
TRUSELTIQ (125MG DAILY DOSE)	5	QL (42 ea per 28 days), PA-NSO, PN (28 DAYS SUPPLY PER FILL)
TRUSELTIQ (50MG DAILY DOSE)	5	QL (42 ea per 28 days), PA-NSO, PN (28 DAYS SUPPLY PER FILL)
TRUSELTIQ (75MG DAILY DOSE)	5	QL (63 ea per 28 days), PA-NSO, PN (28 DAYS SUPPLY PER FILL)
TURALIO 125 MG CAP	4	LA, QL (120 ea per 30 days), PA-NSO, SP, PN (30 DAYS SUPPLY PER FILL)
TURALIO 200 MG CAP	4	QL (120 ea per 30 days), PA-NSO, PN (30 DAYS SUPPLY PER FILL)
VANFLYTA	4	PA, LA, QL (56 ea per 28 days), SP, PN (28 DAYS SUPPLY PER FILL)
VERZENIO	4	QL (56 ea per 28 days), PA-NSO, SP, PN (28 DAYS SUPPLY PER FILL)
VITRAKVI 100 MG CAP	4	QL (60 ea per 30 days), PA-NSO, SP, PN (30 DAYS SUPPLY PER FILL)
VITRAKVI 20 MG/ML SOLUTION	4	QL (300 ml per 30 days), PA-NSO, SP, PN (30 DAYS SUPPLY PER FILL)
VITRAKVI 25 MG CAP	4	QL (180 ea per 30 days), PA-NSO, SP, PN (30 DAYS SUPPLY PER FILL)
VONJO	5	PA, QL (120 ea per 30 days), SP, PN (30 DAYS SUPPLY PER FILL)
VOTRIENT	4	QL (120 ea per 30 day(s)), PA-NSO, SP, PN (30 DAYS SUPPLY PER FILL)

Drug Name	Drug Tier	Requirements/Limits
XALKORI (200 MG CAP, 250 MG CAP)	4	QL (120 ea per 30 days), PA-NSO, SP, PN (30 DAYS SUPPLY PER FILL)
XOSPATA	4	PA-NSO, SP, PN (34 DAYS SUPPLY PER FILL)
ZEJULA (100 MG TAB, 200 MG TAB, 300 MG TAB)	4	QL (30 ea per 30 days), PA-NSO, SP, PN (MAX 30 DAYS SUPPLY PER FILL)
ZEJULA 100 MG CAP	4	QL (90 ea per 30 days), PA-NSO, PN (30 DAYS SUPPLY PER FILL)
ZELBORAF	4	QL (240 ea per 30 days), PA-NSO, SP, PN (30 DAYS SUPPLY PER FILL)
ZOLINZA	4	QL (120 ea per 30 days), PA-NSO, SP, PN (30 DAYS SUPPLY PER FILL)
ZYDELIG	4	QL (60 ea per 30 days), PA-NSO, SP, PN (30 DAYS SUPPLY PER FILL)
ZYKADIA	4	QL (84 ea per 28 days), PA-NSO, SP, PN (28 DAYS SUPPLY PER FILL)
<b>ANTINEOPLASTIC ENZYMES</b>		
ASPARLAS	5	SP, PN (34 DAYS SUPPLY PER FILL)
ONCASPAR	5	PA, LA, SP, PN (34 DAYS SUPPLY PER FILL)
RYLAZE	5	PA, SP, PN (34 DAYS SUPPLY PER FILL)
<b>ANTINEOPLASTIC RADIOPHARMACEUTICALS</b>		
AZEDRA DOSIMETRIC	5	PA, SP, PN (34 DAYS SUPPLY PER FILL)
AZEDRA THERAPEUTIC	5	PA, SP, PN (34 DAYS SUPPLY PER FILL)
LUTATHERA	5	PA, SP, PN (34 DAYS SUPPLY PER FILL)
PLUVICTO	5	PA, SP, PN (42 DAYS SUPPLY PER FILL)
XOFIGO	5	PA, SP, PN (34 DAYS SUPPLY PER FILL)
<b>ANTINEOPLASTICS MISC.</b>		
ACTIMMUNE	5	PA, SP, PN (28 DAYS SUPPLY PER FILL)
BESREMI	5	LA, QL (2 ml per 28 days), PA-NSO, SP, PN (28 DAYS SUPPLY PER FILL)
<i>bexarotene 75 mg cap</i>	2	PA, SP, PN (34 DAYS SUPPLY PER FILL)
<i>hydroxyurea</i>	2	
INTRON A (10000000 RECON SOLN, 18000000 RECON SOLN, 50000000 RECON SOLN)	3	PN (34 DAYS SUPPLY PER FILL)
MATULANE	3	LA, SP, PN (34 DAYS SUPPLY PER FILL)

Drug Name	Drug Tier	Requirements/Limits
SYNRIBO	5	PA, SP, PN (34 DAYS SUPPLY PER FILL)
<i>tretinoin 10 mg cap</i>	2	SP
TRISENOX	5	PA, SP, PN (34 DAYS SUPPLY PER FILL)
<b>CHEMOTHERAPY ADJUNCTS</b>		
ELITEK	5	PA, SP, PN (34 DAYS SUPPLY PER FILL)
KEPIVANCE 5.16 MG RECON SOLN	5	PA, LA, SP, PN (34 DAY SUPPLY PER FILL)
KEPIVANCE 6.25 MG RECON SOLN	5	PN (34 DAYS SUPPLY PER FILL)
<b>CHEMOTHERAPY RESCUE/ANTIDOTE/PROTECTIVE AGENTS</b>		
COSELA	5	PA, SP, PN (34 DAYS SUPPLY PER FILL)
IWILFIN	5	QL (240 ea per 30 day(s)), PA-NSO, SP, PN (30 DAYS SUPPLY PER FILL)
KHAPZORY	5	PA, SP, PN (34 DAYS SUPPLY PER FILL)
<i>leucovorin calcium (5 mg tab, 10 mg tab, 15 mg tab, 25 mg tab)</i>	2	
MESNEX 400 MG TAB	5	SP, PN (34 DAYS SUPPLY PER FILL)
PEDMARK	5	PA, SP, PN (34 DAYS SUPPLY PER FILL)
VORAXAZE	5	PA, SP, PN (34 DAYS SUPPLY PER FILL)
<b>MITOTIC INHIBITORS</b>		
ABRAXANE	5	PA, SP, PN (34 DAYS SUPPLY PER FILL)
ETOPOSIDE 50 MG CAP	2	SP
HALAVEN	5	PA, SP, PN (34 DAYS SUPPLY PER FILL)
IXEMPRA KIT	5	PA, SP, PN (34 DAYS SUPPLY PER FILL)
JEVTANA	5	PA, SP, PN (34 DAYS SUPPLY PER FILL)
MARQIBO	5	PA, PN (34 DAYS SUPPLY PER FILL)
PACLITAXEL PROTEIN-BOUND PART	5	PA, SP, PN (34 DAYS SUPPLY PER FILL)
<b>ONCOLYTIC VIRAL AGENTS</b>		
IMLYGIC	5	PA, SP, PN (34 DAYS SUPPLY PER FILL)
<b>TOPOISOMERASE I INHIBITORS</b>		
HYCAMTIN (0.25 MG CAP, 1 MG CAP)	4	SP, PN (34 DAYS SUPPLY PER FILL)
ONIVYDE	5	PA, SP, PN (34 DAYS SUPPLY PER FILL)
TRODELVY	5	PA, SP, PN (34 DAYS SUPPLY PER FILL)

Drug Name	Drug Tier	Requirements/Limits
<b>ANTIPARKINSON AND RELATED THERAPY AGENTS (CONTINUED)</b>		
<b>ANTIPARKINSON ANTICHOLINERGICS</b>		
<i>benztropine mesylate (0.5 mg tab, 1 mg tab, 2 mg tab)</i>	2	
<i>trihexyphenidyl hcl (0.4 mg/ml solution, 2 mg tab, 5 mg tab)</i>	2	
<b>ANTIPARKINSON COMT INHIBITORS</b>		
<i>entacapone</i>	2	
ONGENTYS	4	ST, QL (1 ea per 1 days)
<i>tolcapone</i>	2	ST
<b>ANTIPARKINSON DOPAMINERGICS</b>		
<i>amantadine hcl (50 mg/5ml solution, 100 mg cap, 100 mg tab)</i>	2	
<i>apomorphine hcl</i>	2	ST, SP, PN (34 DAYS SUPPLY PER FILL)
<i>bromocriptine mesylate</i>	2	
<i>carbidopa-levodopa (10-100 mg tab, 10-100 mg tab disp, 25-100 mg tab, 25-100 mg tab disp, 25-250 mg tab, 25-250 mg tab disp)</i>	2	
<i>carbidopa-levodopa er</i>	2	
<i>carbidopa-levodopa-entacapone (12.5-50-200 mg tab, 18.75-75-200 mg tab, 25-100-200 mg tab, 31.25-125-200 mg tab, 37.5-150-200 mg tab, 50-200-200 mg tab)</i>	2	
INBRIJA	5	QL (300 ml per 30 days), SP, PN (30 DAYS SUPPLY PER FILL)
KYNMOBI	5	QL (150 ea per 30 days), PN (30 DAYS SUPPLY PER FILL)
KYNMOBI TITRATION KIT	5	QL (150 ea per 30 days), PN (30 DAYS SUPPLY PER FILL)
<i>pramipexole dihydrochloride</i>	2	
<i>pramipexole dihydrochloride er</i>	2	PA
<i>ropinirole hcl</i>	2	
<i>ropinirole hcl er</i>	2	
<b>ANTIPARKINSON MONOAMINE OXIDASE INHIBITORS</b>		
<i>rasagiline mesylate</i>	2	
<i>selegiline hcl</i>	2	
<b>ANTIPSYCHOTICS/ANTIMANIC AGENTS (CONTINUED)</b>		
<b>ANTIMANIC AGENTS</b>		
<i>lithium</i>	2	

Drug Name	Drug Tier	Requirements/Limits
<i>lithium carbonate (150 mg cap, 300 mg cap, 300 mg tab, 600 mg cap)</i>	2	
<i>lithium carbonate er (300 mg tab er, 450 mg tab er)</i>	2	
LITHOBID	4	
<b>ANTIPSYCHOTICS - MISC.</b>		
CAPLYTA	4	PA, QL (1 ea per 1 days)
<i>lurasidone hcl</i>	2	PA
NUPLAZID	5	PA, QL (30 ea per 30 days), SP, PN (30 DAYS SUPPLY PER FILL)
VRAYLAR	4	PA, QL (1 ea per 1 days)
<i>ziprasidone hcl</i>	2	
<b>BENZISOXAZOLES</b>		
FANAPT	4	PA
FANAPT TITRATION PACK	4	PA
INVEGA HAFYERA 1092 MG/3.5ML SUSP PRSYR	5	PA, QL (3.5 ml per 168 days), SP
INVEGA HAFYERA 1560 MG/5ML SUSP PRSYR	5	PA, QL (5 ml per 168 days), SP
INVEGA SUSTENNA 117 MG/0.75ML SUSP PRSYR	5	PA, QL (0.75 ml per 28 days), SP
INVEGA SUSTENNA 156 MG/ML SUSP PRSYR	5	PA, QL (1 ml per 28 days), SP
INVEGA SUSTENNA 234 MG/1.5ML SUSP PRSYR	5	PA, QL (1.5 ml per 28 days), SP
INVEGA SUSTENNA 39 MG/0.25ML SUSP PRSYR	5	PA, QL (0.25 ml per 28 days), SP
INVEGA SUSTENNA 78 MG/0.5ML SUSP PRSYR	5	PA, QL (0.5 ml per 28 days), SP
INVEGA TRINZA 273 MG/0.88ML SUSP PRSYR	5	PA, QL (0.88 ml per 84 day(s)), SP
INVEGA TRINZA 410 MG/1.32ML SUSP PRSYR	5	PA, QL (1.32 ml per 84 day(s)), SP
INVEGA TRINZA 546 MG/1.75ML SUSP PRSYR	5	PA, QL (1.75 ml per 84 days), SP
INVEGA TRINZA 819 MG/2.63ML SUSP PRSYR	5	PA, QL (2.63 ml per 84 day(s)), SP
<i>paliperidone er</i>	2	PA
PERSERIS	5	PA, QL (1 ea per 28 days), SP
RISPERDAL CONSTA	5	PA, QL (2 ea per 28 day(s)), SP
<i>risperidone (0.25 mg tab, 0.25 mg tab disp, 0.5 mg tab disp, 1 mg tab disp, 1 mg/ml solution, 2 mg tab disp, 3 mg tab disp, 4 mg tab disp)</i>	2	
<i>risperidone (0.5 mg tab, 1 mg tab, 2 mg tab, 3 mg tab, 4 mg tab)</i>	2	

Drug Name	Drug Tier	Requirements/Limits
<i>risperidone microspheres er</i>	5	PA, QL (2 ea per 28 day(s)), SP
RYKINDO	5	PA, QL (2 ea per 28 day(s)), SP, PN (28 DAYS SUPPLY PER FILL)
UZEDY 100 MG/0.28ML SUSP PRSYR	5	PA, QL (0.28 ml per 28 days), SP, PN (MAX 28 DAYS SUPPLY PER FILL)
UZEDY 125 MG/0.35ML SUSP PRSYR	5	PA, QL (0.35 ml per 28 days), SP, PN (MAX 28 DAYS SUPPLY PER FILL)
UZEDY 150 MG/0.42ML SUSP PRSYR	5	PA, QL (0.42 ml per 56 days), SP, PN (MAX 56 DAYS SUPPLY PER FILL)
UZEDY 200 MG/0.56ML SUSP PRSYR	5	PA, QL (0.56 ml per 56 days), SP, PN (MAX 56 DAYS SUPPLY PER FILL)
UZEDY 250 MG/0.7ML SUSP PRSYR	5	PA, QL (0.7 ml per 56 days), SP, PN (MAX 56 DAYS SUPPLY PER FILL)
UZEDY 50 MG/0.14ML SUSP PRSYR	5	PA, QL (0.14 ml per 28 days), SP, PN (MAX 28 DAYS SUPPLY PER FILL)
UZEDY 75 MG/0.21ML SUSP PRSYR	5	PA, QL (0.21 ml per 28 days), SP, PN (MAX 28 DAYS SUPPLY PER FILL)
<b>BUTYROPHENONES</b>		
<i>haloperidol</i>	2	
<i>haloperidol decanoate 100 mg/ml solution</i>	2	
<i>haloperidol decanoate 50 mg/ml solution</i>	2	
<i>haloperidol lactate</i>	2	
<b>DIBENZAPINES</b>		
<i>asenapine maleate</i>	2	PA
CLOZAPINE (12.5 MG TAB DISP, 25 MG TAB DISP, 100 MG TAB DISP, 150 MG TAB DISP, 200 MG TAB DISP)	2	
<i>clozapine (25 mg tab, 50 mg tab, 100 mg tab, 200 mg tab)</i>	2	
<i>loxapine succinate</i>	2	
<i>olanzapine (2.5 mg tab, 5 mg tab, 7.5 mg tab, 10 mg tab, 15 mg tab, 20 mg tab)</i>	2	
<i>olanzapine (5 mg tab disp, 10 mg recon soln, 10 mg tab disp, 15 mg tab disp, 20 mg tab disp)</i>	2	
<i>quetiapine fumarate (25 mg tab, 50 mg tab, 100 mg tab, 200 mg tab, 300 mg tab, 400 mg tab)</i>	2	
<i>quetiapine fumarate er</i>	2	
SECUADO	4	PA, QL (1 ea per 1 days)



Drug Name	Drug Tier	Requirements/Limits
ZYPREXA RELPREVV	5	PA, QL (2 ea per 28 days), SP
<b>PHENOTHIAZINES</b>		
<i>chlorpromazine hcl (10 mg tab, 25 mg tab, 50 mg tab, 100 mg tab, 200 mg tab)</i>	2	
<i>compro</i>	2	
<i>fluphenazine decanoate</i>	2	
<i>fluphenazine hcl (1 mg tab, 2.5 mg tab, 5 mg tab, 10 mg tab)</i>	2	
FLUPHENAZINE HCL (2.5 MG/5ML ELIXIR, 5 MG/ML CONC)	2	
<i>perphenazine</i>	2	
<i>prochlorperazine</i>	2	
<i>prochlorperazine maleate</i>	2	
<i>thioridazine hcl</i>	2	
<i>trifluoperazine hcl</i>	2	
<b>QUINOLINONE DERIVATIVES</b>		
ABILIFY ASIMTUFII 720 MG/2.4ML PRSYR	5	PA, QL (2.4 ml per 56 days), SP
ABILIFY ASIMTUFII 960 MG/3.2ML PRSYR	5	PA, QL (3.2 ml per 56 days), SP
ABILIFY MAINTENA	5	PA, QL (1 ea per 28 days), SP
<i>aripiprazole (1 mg/ml solution, 10 mg tab disp, 15 mg tab disp)</i>	2	
<i>aripiprazole (2 mg tab, 5 mg tab, 10 mg tab, 15 mg tab, 20 mg tab, 30 mg tab)</i>	2	
ARISTADA 1064 MG/3.9ML PRSYR	5	PA, QL (3.9 ml per 56 days), SP
ARISTADA 441 MG/1.6ML PRSYR	5	PA, QL (1.6 ml per 28 days), SP
ARISTADA 662 MG/2.4ML PRSYR	5	PA, QL (2.4 ml per 28 days), SP
ARISTADA 882 MG/3.2ML PRSYR	5	PA, QL (3.2 ml per 28 days), SP
ARISTADA INITIO	5	PA, QL (2.4 ml per 28 days), SP, PN (28 DAYS SUPPLY PER FILL)
<b>THIOXANTHENES</b>		
<i>thiothixene</i>	2	
<b>ANTIVIRALS (CONTINUED)</b>		
<b>ANTIRETROVIRALS</b>		
<i>abacavir sulfate 20 mg/ml solution</i>	2	QL (30 ml per 1 days)

<b>Drug Name</b>	<b>Drug Tier</b>	<b>Requirements/Limits</b>
<i>abacavir sulfate 300 mg tab</i>	2	QL (2 ea per 1 days)
<i>abacavir sulfate-lamivudine</i>	2	QL (1 ea per 1 days)
<i>abacavir-lamivudine-zidovudine</i>	2	QL (2 ea per 1 days)
APRETUDE	1	QL (3 ml per fill), PN (HIV PREP: Drug covered at \$0 unless member has a hx of HIV Treatment drug in last 120 days. REF: HIV Supplemental List)
APTIVUS 250 MG CAP	3	QL (4 ea per 1 days)
<i>atazanavir sulfate (150 mg cap, 200 mg cap)</i>	2	QL (2 ea per 1 days)
<i>atazanavir sulfate 300 mg cap</i>	2	QL (1 ea per 1 days)
BIKTARVY	3	QL (1 ea per 1 days)
CABENUVA 400 & 600 MG/2ML SUSP	3	QL (1 ml per 180 days), PN (180 DAYS SUPPLY PER FILL)
CABENUVA 600 & 900 MG/3ML SUSP	3	QL (6 ml per 28 days), PN (28 DAYS SUPPLY PER FILL)
CIMDUO	3	QL (1 ea per 1 day(s))
COMPLERA	3	QL (1 ea per 1 days)
<i>darunavir 600 mg tab</i>	2	QL (2 ea per 1 day(s))
<i>darunavir 800 mg tab</i>	2	QL (1 ea per 1 day(s))
DELSTRIGO	3	QL (1 ea per 1 days)
DESCOVY 120-15 MG TAB	3	QL (1 ea per 1 days)
DESCOVY 200-25 MG TAB	3	QL (1 ea per 1 days), PN (\$0 copay for pre-exposure prophylaxis)
DOVATO	3	QL (1 ea per 1 days)
EDURANT	3	QL (2 ea per 1 days)
EFAVIRENZ 200 MG CAP	2	QL (2 ea per 1 days)
EFAVIRENZ 50 MG CAP	2	QL (3 ea per 1 days)
<i>efavirenz 600 mg tab</i>	2	QL (1 ea per 1 days)
<i>efavirenz-emtricitab-tenofo df</i>	2	QL (1 ea per 1 days)
<i>efavirenz-lamivudine-tenofovir</i>	2	QL (1 ea per 1 days)
<i>emtricitabine</i>	2	QL (1 ea per 1 days)
<i>emtricitabine-tenofovir df (100-150 mg tab, 133-200 mg tab, 167-250 mg tab)</i>	2	QL (1 ea per 1 days)
<i>emtricitabine-tenofovir df 200-300 mg tab</i>	2	QL (1 ea per 1 days)

<b>Drug Name</b>	<b>Drug Tier</b>	<b>Requirements/Limits</b>
EMTRIVA 10 MG/ML SOLUTION	3	QL (24 ml per 1 days)
<i>etravirine</i>	2	QL (2 ea per 1 days)
EVOTAZ	3	QL (1 ea per 1 days)
<i>fosamprenavir calcium</i>	2	QL (4 ea per 1 days)
FUZEON	3	QL (2 ea per 1 days), SP
GENVOYA	3	QL (1 ea per 1 days)
INTELENCE 25 MG TAB	3	QL (4 ea per 1 days)
ISENTRESS (25 MG CHEW TAB, 100 MG CHEW TAB)	3	QL (6 ea per 1 days)
ISENTRESS 100 MG PACKET	3	QL (2 ea per 1 days)
ISENTRESS 400 MG TAB	3	QL (4 ea per 1 days)
ISENTRESS HD	3	QL (2 ea per 1 days)
JULUCA	3	QL (1 ea per 1 days)
<i>lamivudine 10 mg/ml solution</i>	2	QL (30 ml per 1 days)
<i>lamivudine 150 mg tab</i>	2	QL (2 ea per 1 days)
<i>lamivudine 300 mg tab</i>	2	QL (1 ea per 1 days)
<i>lamivudine-zidovudine</i>	2	QL (2 ea per 1 days)
LEXIVA 50 MG/ML SUSPENSION	3	QL (56 ml per 1 days)
<i>lopinavir-ritonavir 100-25 mg tab</i>	2	QL (8 ea per 1 days)
<i>lopinavir-ritonavir 200-50 mg tab</i>	2	QL (4 ea per 1 days)
<i>lopinavir-ritonavir 400-100 mg/5ml solution</i>	2	QL (14 ml per 1 days)
<i>maraviroc 150 mg tab</i>	2	QL (2 ea per 1 days)
<i>maraviroc 300 mg tab</i>	2	QL (4 ea per 1 days)
<i>nevirapine 200 mg tab</i>	2	QL (2 ea per 1 days)
NEVIRAPINE 50 MG/5ML SUSPENSION	2	QL (40 ml per 1 days)
NEVIRAPINE ER 100 MG TAB ER 24H	2	QL (3 ea per 1 days)
<i>nevirapine er 400 mg tab er 24h</i>	2	QL (1 ea per 1 days)
NORVIR 100 MG PACKET	3	QL (12 ea per 1 days)
NORVIR 80 MG/ML SOLUTION	3	QL (16 ml per 1 days)
ODEFSEY	3	QL (1 ea per 1 days)
PIFELTRO	3	QL (2 ea per 1 days)
PREZCOBIX	3	QL (1 ea per 1 days)

<b>Drug Name</b>	<b>Drug Tier</b>	<b>Requirements/Limits</b>
PREZISTA 100 MG/ML SUSPENSION	3	QL (13.34 ml per 1 days)
PREZISTA 150 MG TAB	3	QL (6 ea per 1 days)
PREZISTA 75 MG TAB	3	QL (2 ea per 1 days)
REYATAZ 50 MG PACKET	3	QL (6 ea per 1 days)
<i>ritonavir</i>	2	QL (12 ea per 1 day(s))
RUKOBIA	3	QL (2 ea per 1 days)
SELZENTRY 20 MG/ML SOLUTION	3	QL (60 ml per 1 days)
SELZENTRY 25 MG TAB	3	QL (8 ea per 1 days)
SELZENTRY 75 MG TAB	3	QL (2 ea per 1 days)
STAVUDINE	2	QL (2 ea per 1 days)
STRIBILD	3	QL (1 ea per 1 days)
SUNLENCA 4 X 300 MG TAB THPK	3	QL (4 ea per 2 day(s)), PN (2 DAY SUPPLY IN 180 DAYS)
SUNLENCA 463.5 MG/1.5ML SOLUTION	5	QL (3 ml per 180 days), PN (180 DAYS SUPPLY PER FILL)
SUNLENCA 5 X 300 MG TAB THPK	3	QL (5 ea per 8 day(s)), PN (8 DAY SUPPLY IN 180 DAYS)
SYMTUZA	3	QL (1 ea per 1 days)
<i>tenofovir disoproxil fumarate</i>	2	QL (1 ea per 1 days)
TIVICAY (25 MG TAB, 50 MG TAB)	3	QL (2 ea per 1 days)
TIVICAY 10 MG TAB	3	QL (8 ea per 1 days)
TIVICAY PD	3	QL (12 ea per 1 days)
TRIUMEQ	3	QL (1 ea per 1 days)
TRIUMEQ PD	3	QL (6 ea per 1 days)
TRIZIVIR	3	QL (2 ea per 1 days)
TYBOST	3	QL (1 ea per 1 days)
VIRACEPT 250 MG TAB	3	QL (9 ea per 1 days)
VIRACEPT 625 MG TAB	3	QL (4 ea per 1 days)
VIREAD (150 MG TAB, 200 MG TAB, 250 MG TAB)	3	QL (1 ea per 1 days)
VIREAD 40 MG/GM POWDER	3	QL (8 gm per 1 days)
VOCABRIA	3	QL (1 ea per 1 days), PN (\$0 copay for pre-exposure prophylaxis)
<i>zidovudine 100 mg cap</i>	2	QL (6 ea per 1 days)

Drug Name	Drug Tier	Requirements/Limits
<i>zidovudine 300 mg tab</i>	2	QL (2 ea per 1 days)
<i>zidovudine 50 mg/5ml syrup</i>	2	QL (6 ml per 1 days)
<b>ANTIVIRAL COMBINATIONS</b>		
PAXLOVID (150/100)	1	QL (20 ea per fill(s))
PAXLOVID (300/100)	1	QL (30 ea per fill(s))
<b>CMV AGENTS</b>		
LIVTENCITY	5	PA, LA, QL (112 ea per 28 days), SP, PN (28 DAYS SUPPLY PER FILL)
PREVYMIS (240 MG TAB, 480 MG TAB)	5	PA, QL (1 ea per 1 days)
<i>valganciclovir hcl (50 mg/ml recon soln, 450 mg tab)</i>	5	PN (34 DAYS SUPPLY PER FILL)
<b>HEPATITIS AGENTS</b>		
<i>adefovir dipivoxil</i>	5	SP, PN (34 DAYS SUPPLY PER FILL)
BARACLUDE 0.05 MG/ML SOLUTION	3	SP
<i>entecavir</i>	2	
EPIVIR HBV 5 MG/ML SOLUTION	3	QL (20 ml per 1 days)
<i>lamivudine 100 mg tab</i>	2	QL (1 ea per 1 days)
MAVYRET 100-40 MG TAB	5	PA, QL (84 ea per 28 days), SP
MAVYRET 50-20 MG PACKET	5	PA, QL (168 ea per 28 days), SP
PEGASYS 180 MCG/0.5ML SOLN PRSYR	5	QL (2 ml per 28 days), SP, PN (28 DAYS SUPPLY PER FILL)
PEGASYS 180 MCG/ML SOLUTION	5	QL (4 ml per 28 days), SP, PN (28 DAYS SUPPLY PER FILL)
RIBAVIRIN (200 MG CAP, 200 MG TAB)	2	SP
<i>ribavirin 200 mg cap</i>	2	
<i>ribavirin 200 mg tab</i>	2	
VEMLIDY	3	QL (1 ea per 1 days)
<b>HERPES AGENTS</b>		
<i>acyclovir (200 mg cap, 200 mg/5ml suspension, 400 mg tab, 800 mg tab)</i>	2	
<i>famciclovir</i>	2	
<i>valacyclovir hcl</i>	2	
<b>INFLUENZA AGENTS</b>		
<i>oseltamivir phosphate 30 mg cap</i>	2	QL (84 ea per 180 days), PN (2 fills of Tamiflu, Relenza, or Xofluza per season; TWO 14 DAY SUPPLIES IN 180 DAYS)

<b>Drug Name</b>	<b>Drug Tier</b>	<b>Requirements/Limits</b>
<i>oseltamivir phosphate 45 mg cap</i>	2	QL (48 ea per 180 days), PN (2 fills of Tamiflu, Relenza, or Xofluza per season; TWO 14 DAY SUPPLIES IN 180 DAYS)
<i>oseltamivir phosphate 6 mg/ml recon susp</i>	2	QL (540 ml per 180 days), PN (2 fills of Tamiflu, Relenza, or Xofluza per season; TWO 14 DAY SUPPLIES IN 180 DAYS)
<i>oseltamivir phosphate 75 mg cap</i>	2	QL (42 ea per 180 days), PN (2 fills of Tamiflu, Relenza, or Xofluza per season; TWO 14 DAY SUPPLIES IN 180 DAYS)
RELENZA DISKHALER	3	QL (60 ea per 180 days), PN (2 fills of Tamiflu, Relenza, or Xofluza per season; TWO 14 DAY SUPPLIES IN 180 DAYS)
RIMANTADINE HCL	2	
XOFLUZA (40 MG DOSE) 1 X 40 MG TAB THPK	4	QL (2 ea per 180 days), PN (2 fills of Tamiflu, Relenza, or Xofluza per season; TWO 1 DAY FILLS IN 180 DAYS)
XOFLUZA (40 MG DOSE) 2 X 20 MG TAB THPK	4	QL (4 ea per 180 days), PN (2 fills of Tamiflu, Relenza, or Xofluza per season; TWO 1 DAY FILLS IN 180 DAYS)
XOFLUZA (80 MG DOSE) 1 X 80 MG TAB THPK	4	QL (2 ea per 180 days), PN (2 fills of Tamiflu, Relenza, or Xofluza per season; TWO 1 DAY FILLS IN 180 DAYS)
XOFLUZA (80 MG DOSE) 2 X 40 MG TAB THPK	4	QL (4 ea per 180 days), PN (2 fills of Tamiflu, Relenza, or Xofluza per season; TWO 1 DAY FILLS IN 180 DAYS)
<b>MISC. ANTIVIRALS</b>		
LAGEVRIO	1	QL (40 ea per fill(s))
TPOXX 200 MG CAP	1	QL (9 ea per 14 days), PN (14 DAYS SUPPLY PER 365 DAYS)
TPOXX 200 MG/20ML SOLUTION	1	QL (80 ml per 14 days), PN (14 DAYS SUPPLY PER 365 DAYS)
<b>RESPIRATORY SYNCYTIAL VIRUS (RSV) AGENTS</b>		
<i>ribavirin 6 gm recon soln</i>	2	SP
<b>BETA BLOCKERS (CONTINUED)</b>		
<b>ALPHA-BETA BLOCKERS</b>		
<i>carvedilol</i>	2	
<i>carvedilol phosphate er (10 mg cap er 24h, 40 mg cap er 24h, 80 mg cap er 24h)</i>	2	PA
<i>carvedilol phosphate er 20 mg cap er 24h</i>	2	PA

Drug Name	Drug Tier	Requirements/Limits
<i>labetalol hcl (100 mg tab, 200 mg tab, 300 mg tab)</i>	2	
<b>BETA BLOCKERS CARDIO-SELECTIVE</b>		
<i>acebutolol hcl</i>	2	
<i>atenolol</i>	2	
<i>betaxolol hcl (10 mg tab, 20 mg tab)</i>	2	
<i>bisoprolol fumarate</i>	2	
<i>metoprolol succinate er</i>	2	
<i>metoprolol tartrate (25 mg tab, 50 mg tab, 100 mg tab)</i>	2	
<i>metoprolol tartrate (37.5 mg tab, 75 mg tab)</i>	2	
<i>nebivolol hcl</i>	2	ST
<b>BETA BLOCKERS NON-SELECTIVE</b>		
INNOPRAN XL	3	
<i>nadolol</i>	2	
<i>pindolol</i>	2	
<i>propranolol hcl (10 mg tab, 20 mg tab, 20 mg/5ml solution, 40 mg tab, 40 mg/5ml solution, 60 mg tab, 80 mg tab)</i>	2	
<i>propranolol hcl er</i>	2	
<i>sorine</i>	2	
<i>sotalol hcl (80 mg tab, 120 mg tab, 160 mg tab, 240 mg tab)</i>	2	
<i>sotalol hcl (af)</i>	2	
<i>timolol maleate (5 mg tab, 10 mg tab)</i>	2	
<b>CALCIUM CHANNEL BLOCKERS (CONTINUED)</b>		
<b>CALCIUM CHANNEL BLOCKERS</b>		
<i>amlodipine besylate</i>	2	
<i>cartia xt</i>	2	
<i>dilt-xr (120 mg cap er 24h, 240 mg cap er 24h)</i>	2	
<i>dilt-xr 180 mg cap er 24h</i>	2	
<i>diltiazem hcl (30 mg tab, 60 mg tab, 90 mg tab, 120 mg tab)</i>	2	
<i>diltiazem hcl er (120 mg cap er 24h, 240 mg cap er 24h)</i>	2	
<i>diltiazem hcl er (60 mg cap er 12h, 90 mg cap er 12h, 120 mg cap er 12h, 180 mg cap er 24h, 180 mg tab er 24h, 240 mg tab er 24h, 300 mg tab er 24h, 360 mg tab er 24h, 420 mg tab er 24h)</i>	2	

Drug Name	Drug Tier	Requirements/Limits
<i>diltiazem hcl er beads</i>	2	
<i>diltiazem hcl er coated beads</i>	2	
<i>felodipine er</i>	2	
<i>isradipine</i>	2	
<i>matzim la</i>	2	
<i>nicardipine hcl (20 mg cap, 30 mg cap)</i>	2	
<i>nifedipine</i>	2	
<i>nifedipine er</i>	2	
<i>nifedipine er osmotic release</i>	2	
<i>nimodipine</i>	2	
<i>taztia xt</i>	2	
<i>tiadylt er (120 mg cap er 24h, 240 mg cap er 24h, 300 mg cap er 24h, 360 mg cap er 24h)</i>	2	
<i>tiadylt er (180 mg cap er 24h, 420 mg cap er 24h)</i>	2	
<i>verapamil hcl (40 mg tab, 80 mg tab, 120 mg tab)</i>	2	
<i>verapamil hcl er (100 mg cap er 24h, 120 mg cap er 24h, 120 mg tab er, 180 mg cap er 24h, 180 mg tab er, 200 mg cap er 24h, 240 mg cap er 24h, 240 mg tab er, 300 mg cap er 24h, 360 mg cap er 24h)</i>	2	
<b>CARDIOTONICS (CONTINUED)</b>		
<b>CARDIAC GLYCOSIDES</b>		
<i>digitek</i>	2	
<i>digox</i>	2	
<i>digoxin (125 mcg tab, 250 mcg tab)</i>	2	
DIGOXIN 0.05 MG/ML SOLUTION	2	
LANOXIN (125 MCG TAB, 250 MCG TAB)	4	
<b>CARDIOVASCULAR AGENTS - MISC. (CONTINUED)</b>		
<b>CARDIAC MYOSIN INHIBITORS</b>		
CAMZYOS	5	PA, QL (30 ea per 30 days), SP, PN (30 DAYS SUPPLY PER FILL)
<b>CARDIOVASCULAR AGENTS MISC. - COMBINATIONS</b>		
<i>amlodipine-atorvastatin</i>	2	
ENTRESTO 24-26 MG TAB	3	QL (6 ea per 1 days)



<b>Drug Name</b>	<b>Drug Tier</b>	<b>Requirements/Limits</b>
ENTRESTO 49-51 MG TAB	3	QL (3 ea per 1 days)
ENTRESTO 97-103 MG TAB	3	QL (2 ea per 1 days)
<b>CARDIOVASCULAR ANTI-INFLAMMATORY/IMMUNE MODULATORS</b>		
LODOCO	5	PA, QL (1 ea per 1 day(s))
<b>PROSTAGLANDIN VASODILATORS</b>		
<i>epoprostenol sodium</i>	5	PA, SP, PN (34 DAYS SUPPLY PER FILL)
<i>treprostinil</i>	5	PA, SP, PN (34 DAYS SUPPLY PER FILL)
TYVASO	5	PA, QL (81.2 ml per 28 days), SP
TYVASO DPI INSTITUTIONAL KIT	5	PA, QL (112 ea per 28 days), SP, PN (28 DAYS SUPPLY PER FILL)
TYVASO DPI MAINTENANCE KIT (16 MCG POWDER, 32 MCG POWDER, 48 MCG POWDER, 64 MCG POWDER)	5	PA, QL (112 ea per 28 days), SP, PN (28 DAYS SUPPLY PER FILL)
TYVASO DPI MAINTENANCE KIT 112 X 32MCG & 112 X48MCG POWDER	5	PA, QL (224 ea per 28 days), PN (28 DAYS SUPPLY PER FILL)
TYVASO DPI TITRATION KIT 112 X 16MCG & 84 X 32MCG POWDER	5	PA, QL (196 ea per 28 days), SP, PN (28 DAYS SUPPLY PER FILL)
TYVASO DPI TITRATION KIT 16 & 32 & 48 MCG POWDER	5	PA, QL (252 ea per 28 days), SP, PN (28 DAYS SUPPLY PER FILL)
TYVASO REFILL	5	PA, QL (81.2 ml per 28 days), SP
TYVASO STARTER	5	PA, QL (81.2 ml per 28 days), SP
VENTAVIS	5	PA, SP, PN (34 DAYS SUPPLY PER FILL)
<b>PULMONARY HYPERTENSION - ENDOTHELIN RECEPTOR ANTAGONISTS</b>		
<i>ambrisentan</i>	5	PA, QL (30 ea per 30 days), SP, PN (30 DAYS SUPPLY PER FILL)
<i>bosentan</i>	5	PA, QL (60 ea per 30 days), SP, PN (30 DAYS SUPPLY PER FILL)
OPSUMIT	5	PA, QL (30 ea per 30 days), SP, PN (30 DAYS SUPPLY PER FILL)
TRACLEER 32 MG TAB SOL	5	PA, QL (112 ea per 28 days), SP, PN (28 DAYS SUPPLY PER FILL)
<b>PULMONARY HYPERTENSION - PHOSPHODIESTERASE INHIBITORS</b>		
<i>alyq</i>	2	PA, QL (60 ea per 30 days), SP, PN (30 DAYS SUPPLY PER FILL)
LIQREV	4	PA, PN (34 DAYS SUPPLY PER FILL)
<i>sildenafil citrate 10 mg/ml recon susp</i>	5	PA, SP, PN (34 DAYS SUPPLY PER FILL)

Drug Name	Drug Tier	Requirements/Limits
<i>sildenafil citrate 20 mg tab</i>	5	PA, PN (34 DAYS SUPPLY PER FILL)
<i>tadalafil (pah)</i>	2	PA, QL (60 ea per 30 days), SP, PN (30 DAYS SUPPLY PER FILL)
<b>PULMONARY HYPERTENSION - PROSTACYCLIN RECEPTOR AGONIST</b>		
UPTRAVI (400 MCG TAB, 600 MCG TAB, 800 MCG TAB, 1000 MCG TAB, 1200 MCG TAB, 1400 MCG TAB, 1600 MCG TAB)	5	PA, QL (60 ea per 30 days), SP, PN (30 DAYS SUPPLY PER FILL)
UPTRAVI 1800 MCG RECON SOLN	5	PA, QL (60 ea per 30 day(s)), SP, PN (30 DAYS SUPPLY PER FILL)
UPTRAVI 200 & 800 MCG TAB THPK	5	PA, QL (200 ea per 180 days), SP, PN (28 DAYS SUPPLY PER FILL)
UPTRAVI 200 MCG TAB	5	PA, QL (140 ea per 28 days), SP, PN (28 DAYS SUPPLY PER FILL)
<b>PULMONARY HYPERTENSION - SOL GUANYLATE CYCLASE STIMULATOR</b>		
ADEMPAS	5	PA, QL (90 ea per 30 days), SP, PN (30 DAYS SUPPLY PER FILL)
<b>SINUS NODE INHIBITORS</b>		
CORLANOR (5 MG TAB, 7.5 MG TAB)	4	PA, QL (2 ea per 1 days)
CORLANOR 5 MG/5ML SOLUTION	4	PA, QL (20 ml per 1 days)
<b>TRANSTHYRETIN STABILIZERS</b>		
VYNDAMAX	5	PA, QL (30 ea per 30 days), SP, PN (30 DAYS SUPPLY PER FILL)
VYNDAQEL	5	PA, QL (120 ea per 30 days), SP, PN (30 DAYS SUPPLY PER FILL)
<b>VASOACTIVE SOLUBLE GUANYLATE CYCLASE STIMULATOR (SGC)</b>		
VERQUVO	4	PA, QL (1 ea per 1 days)
<b>CEPHALOSPORINS (CONTINUED)</b>		
<b>CEPHALOSPORIN COMBINATIONS</b>		
AVYCAZ	5	PA, PN (34 DAYS SUPPLY PER FILL)
<b>CEPHALOSPORINS - 1ST GENERATION</b>		
<i>cefadroxil (1 gm tab, 250 mg/5ml recon susp, 500 mg cap, 500 mg/5ml recon susp)</i>	2	
<i>cephalexin (125 mg/5ml recon susp, 250 mg cap, 250 mg tab, 250 mg/5ml recon susp, 500 mg cap, 500 mg tab)</i>	2	
<b>CEPHALOSPORINS - 2ND GENERATION</b>		
CEFACLOR (250 MG CAP, 500 MG CAP)	2	

<b>Drug Name</b>	<b>Drug Tier</b>	<b>Requirements/Limits</b>
CEFACLOR ER	2	
<i>cefprozil (125 mg/5ml recon susp, 250 mg tab, 250 mg/5ml recon susp, 500 mg tab)</i>	2	
<i>cefuroxime axetil</i>	2	
<b>CEPHALOSPORINS - 3RD GENERATION</b>		
<i>cefdinir (125 mg/5ml recon susp, 250 mg/5ml recon susp, 300 mg cap)</i>	2	
<i>cefixime (100 mg/5ml recon susp, 200 mg/5ml recon susp, 400 mg cap)</i>	2	
<i>cefepodoxime proxetil (50 mg/5ml recon susp, 100 mg tab, 100 mg/5ml recon susp, 200 mg tab)</i>	2	
SUPRAX (100 MG CHEW TAB, 200 MG CHEW TAB, 500 MG/5ML RECON SUSP)	3	
<b>CEPHALOSPORINS - SIDEROPHORES</b>		
FETROJA	5	PA, PN (34 DAYS SUPPLY PER FILL)
<b>CONTRACEPTIVES (CONTINUED)</b>		
<b>COMBINATION CONTRACEPTIVES - ORAL</b>		
<i>afirmelle</i>	1	
<i>altavera</i>	1	
<i>alyacen 1/35</i>	1	
<i>alyacen 7/7/7</i>	1	
<i>amethia</i>	1	
<i>amethia lo</i>	1	
<i>amethyst</i>	1	
<i>apri</i>	1	
<i>aranelle</i>	1	
<i>ashlyna</i>	1	
<i>aubra</i>	1	
<i>aubra eq</i>	1	
<i>aurovela 1.5/30</i>	1	
<i>aurovela 1/20</i>	1	
<i>aurovela 24 fe</i>	1	
<i>aurovela fe 1.5/30</i>	1	

<b>Drug Name</b>	<b>Drug Tier</b>	<b>Requirements/Limits</b>
<i>aurovela fe 1/20</i>	1	
<i>aviane</i>	1	
<i>ayuna</i>	1	
<i>azurette</i>	1	
BALCOLTRA	1	
<i>balziva</i>	1	
<i>bekyree</i>	1	
BEYAZ	1	
<i>blisovi 24 fe</i>	1	
<i>blisovi fe 1.5/30</i>	1	
<i>blisovi fe 1/20</i>	1	
<i>briellyn</i>	1	
<i>camrese</i>	1	
<i>camrese lo</i>	1	
<i>caziant</i>	1	
<i>charlotte 24 fe</i>	1	
<i>chateal</i>	1	
<i>chateal eq</i>	1	
<i>cryselle-28</i>	1	
<i>cyclafem 1/35</i>	1	
<i>cyclafem 7/7/7</i>	1	
<i>cyred</i>	1	
<i>cyred eq</i>	1	
<i>dasetta 1/35</i>	1	
<i>dasetta 7/7/7</i>	1	
<i>daysee</i>	1	
<i>delyla</i>	1	
<i>desogestrel-ethinyl estradiol (0.15-0.02/0.01 mg (21/5) tab, 0.15-30 mg-mcg tab)</i>	1	
<i>dolishale</i>	1	
<i>drospiren-eth estrad-levomefol</i>	1	

<b>Drug Name</b>	<b>Drug Tier</b>	<b>Requirements/Limits</b>
<i>drospirenone-ethinyl estradiol</i>	1	
<i>elinest</i>	1	
<i>emoquette</i>	1	
<i>enpresse-28</i>	1	
<i>enskyce</i>	1	
<i>estarylla</i>	1	
ESTROSTEP FE	1	
<i>ethynodiol diac-eth estradiol</i>	1	
<i>falmina</i>	1	
<i>fayosim</i>	1	
<i>femynor</i>	1	
<i>finzala</i>	1	
<i>gemmily</i>	1	
GENERESS FE	1	
<i>gianvi</i>	1	
<i>hailey 1.5/30</i>	1	
<i>hailey 24 fe</i>	1	
<i>hailey fe 1.5/30</i>	1	
<i>hailey fe 1/20</i>	1	
<i>iclevia</i>	1	
<i>introvale</i>	1	
<i>isibloom</i>	1	
<i>jaimiess</i>	1	
<i>jasmiel</i>	1	
<i>jolessa</i>	1	
<i>joyeaux</i>	1	
<i>juleber</i>	1	
<i>junel 1.5/30</i>	1	
<i>junel 1/20</i>	1	
<i>junel fe 1.5/30</i>	1	
<i>junel fe 1/20</i>	1	

<b>Drug Name</b>	<b>Drug Tier</b>	<b>Requirements/Limits</b>
<i>june/fe 24</i>	1	
<i>kaitlib fe</i>	1	
<i>kalliga</i>	1	
<i>kariva</i>	1	
<i>kelnor 1/35</i>	1	
<i>kelnor 1/50</i>	1	
<i>kurvelo</i>	1	
<i>larin 1.5/30</i>	1	
<i>larin 1/20</i>	1	
<i>larin 24 fe</i>	1	
<i>larin fe 1.5/30</i>	1	
<i>larin fe 1/20</i>	1	
<i>larissia</i>	1	
<i>layolis fe</i>	1	
<i>leena</i>	1	
<i>lessina</i>	1	
<i>levonest</i>	1	
<i>levonorg-eth estrad triphasic</i>	1	
<i>levonorgest-eth est &amp; eth est</i>	1	
<i>levonorgest-eth estrad 91-day (0.1-0.02 &amp; 0.01 mg tab, 0.15-0.03 &amp; 0.01 mg tab, 0.15-0.03 mg tab)</i>	1	
<i>levonorgest-eth estradiol-iron</i>	1	
<i>levonorgestrel-ethinyl estrad</i>	1	
<i>levora 0.15/30 (28)</i>	1	
<i>lillow</i>	1	
LO LOESTRIN FE	1	
<i>lo-zumandimine</i>	1	
<i>loestrin 1.5/30 (21)</i>	1	
<i>loestrin 1/20 (21)</i>	1	
<i>loestrin fe 1.5/30</i>	1	
<i>loestrin fe 1/20</i>	1	

<b>Drug Name</b>	<b>Drug Tier</b>	<b>Requirements/Limits</b>
<i>lojaimiess</i>	1	
<i>loryna</i>	1	
LOSEASONIQUE	1	
<i>low-ogestrel</i>	1	
<i>lutra</i>	1	
<i>marlissa</i>	1	
<i>melodetta 24 fe</i>	1	
<i>merzee</i>	1	
<i>mibelas 24 fe</i>	1	
<i>microgestin 1.5/30</i>	1	
<i>microgestin 1/20</i>	1	
<i>microgestin 24 fe</i>	1	
<i>microgestin fe 1.5/30</i>	1	
<i>microgestin fe 1/20</i>	1	
<i>mili</i>	1	
MINASTRIN 24 FE	1	
MIRCETTE	1	
<i>mono-lynyah</i>	1	
NATAZIA	1	
<i>necon 0.5/35 (28)</i>	1	
NEXTSTELLIS	1	
<i>nikki</i>	1	
<i>norethin ace-eth estrad-fe (1-20 mg-mcg tab, 1-20 mg-mcg(24) cap, 1-20 mg-mcg(24) chew tab, 1-20 mg-mcg(24) tab, 1.5-30 mg-mcg tab)</i>	1	
<i>norethin-eth estradiol-fe (0.4-35 chew tab, 0.8-25 chew tab)</i>	1	
<i>norethindron-ethinyl estrad-fe</i>	1	
<i>norethindrone acet-ethinyl est</i>	1	
<i>norgestim-eth estrad triphasic (0.18/0.215/0.25 mg-25 mcg tab, 0.18/0.215/0.25 mg-35 mcg tab)</i>	1	
<i>norgestimate-eth estradiol</i>	1	
<i>nortrel 0.5/35 (28)</i>	1	

<b>Drug Name</b>	<b>Drug Tier</b>	<b>Requirements/Limits</b>
<i>nortrel 1/35 (21)</i>	1	
<i>nortrel 1/35 (28)</i>	1	
<i>nortrel 7/7/7</i>	1	
<i>nylia 1/35</i>	1	
<i>nylia 7/7/7</i>	1	
<i>nymyo</i>	1	
<i>ocella</i>	1	
<i>orsythia</i>	1	
ORTHO TRI-CYCLEN LO	1	
<i>philith</i>	1	
<i>pimtrea</i>	1	
<i>pirmella 1/35</i>	1	
<i>pirmella 7/7/7</i>	1	
<i>portia-28</i>	1	
<i>previfem</i>	1	
QUARTETTE	1	
<i>reclipsen</i>	1	
<i>rivelsa</i>	1	
SAFYRAL	1	
SEASONIQUE	1	
<i>setlakin</i>	1	
<i>simliya</i>	1	
<i>simpesse</i>	1	
<i>sprintec 28</i>	1	
<i>sronyx</i>	1	
<i>syeda</i>	1	
<i>tarina 24 fe</i>	1	
<i>tarina fe 1/20</i>	1	
<i>tarina fe 1/20 eq</i>	1	
<i>taysofy</i>	1	
TAYTULLA	1	



<b>Drug Name</b>	<b>Drug Tier</b>	<b>Requirements/Limits</b>
<i>tilia fe</i>	1	
<i>tri femynor</i>	1	
<i>tri-estarylla</i>	1	
<i>tri-legest fe</i>	1	
<i>tri-lynyah</i>	1	
<i>tri-lo-estarylla</i>	1	
<i>tri-lo-marzia</i>	1	
<i>tri-lo-mili</i>	1	
<i>tri-lo-sprintec</i>	1	
<i>tri-mili</i>	1	
<i>tri-nymyo</i>	1	
<i>tri-previfem</i>	1	
<i>tri-sprintec</i>	1	
<i>tri-vylibra</i>	1	
<i>tri-vylibra lo</i>	1	
<i>trivora (28)</i>	1	
<i>turqoz</i>	1	
TYBLUME	1	
<i>tydemy</i>	1	
VELIVET	1	
<i>vestura</i>	1	
<i>vienva</i>	1	
<i>viorele</i>	1	
<i>volnea</i>	1	
<i>vyfemla</i>	1	
<i>vylibra</i>	1	
<i>wera</i>	1	
<i>wymzya fe</i>	1	
YASMIN 28	1	
YAZ	1	
<i>zarah</i>	1	

Drug Name	Drug Tier	Requirements/Limits
<i>zovia 1/35 (28)</i>	1	
<i>zovia 1/35e (28)</i>	1	
<i>zumandimine</i>	1	
<b>COMBINATION CONTRACEPTIVES - TRANSDERMAL</b>		
<i>norelgestromin-eth estradiol</i>	1	
TWIRLA	1	
<i>xulane</i>	1	
<i>zafemy</i>	1	
<b>COMBINATION CONTRACEPTIVES - VAGINAL</b>		
ANNOVERA	1	
<i>eluryng</i>	1	
<i>enilloring</i>	1	
<i>etonogestrel-ethinyl estradiol</i>	1	
<i>haloette</i>	1	
NUVARING	1	
<b>COPPER CONTRACEPTIVES - IUD</b>		
PARAGARD INTRAUTERINE COPPER	1	SP
<b>EMERGENCY CONTRACEPTIVES</b>		
ELLA	1	
<b>PROGESTIN CONTRACEPTIVES - INJECTABLE</b>		
DEPO-PROVERA (150 MG/ML SUSP PRSYR, 150 MG/ML SUSPENSION)	1	
DEPO-SUBQ PROVERA 104	1	PN (84 DAYS SUPPLY PER FILL)
<i>medroxyprogesterone acetate (150 mg/ml susp prsy, 150 mg/ml suspension)</i>	1	PN (84 DAYS SUPPLY PER FILL)
<b>PROGESTIN CONTRACEPTIVES - IUD</b>		
KYLEENA	1	SP
LILETTA (52 MG)	1	SP
MIRENA (52 MG)	1	SP
SKYLA	1	SP
<b>PROGESTIN CONTRACEPTIVES - ORAL</b>		
<i>camila</i>	1	

Drug Name	Drug Tier	Requirements/Limits
<i>deblitane</i>	1	
<i>emzahh</i>	1	
<i>errin</i>	1	
<i>heather</i>	1	
<i>incassia</i>	1	
<i>jencycla</i>	1	
<i>lyleq</i>	1	
<i>lyza</i>	1	
<i>nora-be</i>	1	
<i>norethindrone</i>	1	
<i>norlyda</i>	1	
<i>norlyroc</i>	1	
ORTHO MICRONOR	1	
<i>sharobel</i>	1	
SLYND	1	
<i>tulana</i>	1	

## CORTICOSTEROIDS (CONTINUED)

### GLUCOCORTICOSTEROIDS

ALKINDI SPRINKLE	5	PA, LA, SP, PN (34 DAYS SUPPLY PER FILL)
<i>budesonide 3 mg cp dr part</i>	2	
<i>decadron</i>	2	
<i>dexamethasone (0.5 mg tab, 0.5 mg/5ml elixir, 0.5 mg/5ml solution, 0.75 mg tab, 1 mg tab, 1.5 mg tab, 2 mg tab, 4 mg tab, 6 mg tab)</i>	2	
<i>hydrocortisone (5 mg tab, 10 mg tab, 20 mg tab)</i>	2	
<i>methylprednisolone</i>	2	
<i>methylprednisolone sodium succ</i>	2	
<i>prednisolone 15 mg/5ml solution</i>	2	
<i>prednisolone sodium phosphate (6.7 (5 base) mg/5ml solution, 10 mg/5ml solution, 15 mg/5ml solution, 20 mg/5ml solution, 25 mg/5ml solution)</i>	2	
PREDNISONE (1 MG TAB, 2.5 MG TAB, 5 MG (21) TAB THPK, 5 MG (48) TAB THPK, 5 MG TAB, 5 MG/5ML SOLUTION, 10 MG (21) TAB THPK, 10 MG (48) TAB THPK, 10 MG TAB, 20 MG TAB, 50 MG TAB)	2	

Drug Name	Drug Tier	Requirements/Limits
SOLU-CORTEF	3	PN (34 DAYS SUPPLY PER FILL)
SOLU-MEDROL (PF)	3	PN (34 DAYS SUPPLY PER FILL)
TARPEYO	5	PA, LA, QL (120 ea per 30 days), SP, PN (30 DAYS SUPPLY PER FILL)
<b>MINERALOCORTICOIDS</b>		
<i>fludrocortisone acetate</i>	2	
<b>COUGH/COLD/ALLERGY (CONTINUED)</b>		
<b>ANTITUSSIVES</b>		
<i>benzonatate</i>	2	
<i>hydrocodone bit-homatrop mbr (5-1.5 mg tab, 5-1.5 mg/5ml solution)</i>	2	
<i>hydromet</i>	2	
<b>COUGH/COLD/ALLERGY COMBINATIONS</b>		
<i>hydrocod poli-chlorphe poli er</i>	2	
PROMETHAZINE VC	2	
PROMETHAZINE VC/CODEINE	2	
<i>promethazine-codeine</i>	2	
<i>promethazine-dm</i>	2	
<i>promethazine-phenyleph-codeine</i>	2	
<i>promethazine-phenylephrine</i>	2	
<i>pseudoeph-bromphen-dm</i>	2	
<b>MISC. RESPIRATORY INHALANTS</b>		
HYPERSAL 3.5 % NEBU SOLN	4	
<i>nebusal 3 % nebu soln</i>	2	
NEBUSAL 6 % NEBU SOLN	4	
<i>pulmosal</i>	2	
<i>sodium chloride (0.9 % nebu soln, 3 % nebu soln, 7 % nebu soln, 10 % nebu soln)</i>	2	
<b>MUCOLYTICS</b>		
<i>acetylcysteine (10 % solution, 20 % solution)</i>	2	
<b>DERMATOLOGICALS (CONTINUED)</b>		
<b>ACNE PRODUCTS</b>		
<i>adapalene (0.1 % cream, 0.1 % gel, 0.3 % gel)</i>	2	

<b>Drug Name</b>	<b>Drug Tier</b>	<b>Requirements/Limits</b>
<i>adapalene-benzoyl peroxide 0.1-2.5 % gel</i>	2	
<i>amnesteam</i>	5	PN (30 DAYS SUPPLY PER FILL)
ARAZLO	4	PA
<i>avar-e emollient</i>	2	
<i>avar-e green</i>	2	
<i>avita</i>	2	AL (Up to 30 yrs old)
BENZOYL PEROXIDE 9.8 % FOAM	2	
<i>benzoyl peroxide-erythromycin</i>	2	
<i>claravis</i>	5	PN (30 DAYS SUPPLY PER FILL)
<i>clindacin etz 1 % swab</i>	2	
<i>clindacin-p</i>	2	
<i>clindamycin phos-benzoyl perox (1-5 % gel, 1.2-5 % gel)</i>	2	
<i>clindamycin phosphate (1 % gel, 1 % lotion, 1 % solution, 1 % swab)</i>	2	
<i>enzoclear</i>	2	
ERY	2	
<i>erythromycin (2 % gel, 2 % solution)</i>	2	
FABIOR	4	PA
<i>isotretinoin (10 mg cap, 20 mg cap, 30 mg cap, 40 mg cap)</i>	5	PN (30 DAYS SUPPLY PER FILL)
<i>isotretinoin (25 mg cap, 35 mg cap)</i>	2	PN (30 DAYS SUPPLY PER FILL)
<i>myorisan</i>	5	PN (30 DAYS SUPPLY PER FILL)
<i>sss 10-5 10-5 % cream</i>	2	
<i>sulfacetamide sod-sulfur wash (9-4 % liquid, 9-4.5 % kit, 9-4.5 % liquid)</i>	2	
<i>sulfacetamide sodium (acne)</i>	2	
<i>sulfacetamide sodium-sulfur (8-4 % suspension, 9-4 % liquid, 9-4.5 % liquid, 9.8-4.8 % cream, 9.8-4.8 % liquid, 9.8-4.8 % lotion, 10-2 % cream, 10-2 % liquid, 10-4 % pad, 10-5 % cream, 10-5 % lotion, 10-5 % suspension)</i>	2	
SULFACETAMIDE-SULFUR IN UREA	2	
<i>sulfacleanse 8/4</i>	2	
TAZAROTENE 0.1 % FOAM	2	PA
<i>tretinoin (0.01 % gel, 0.025 % cream, 0.025 % gel, 0.05 % cream, 0.05 % gel, 0.1 % cream)</i>	2	AL (Up to 30 yrs old)

Drug Name	Drug Tier	Requirements/Limits
<i>zenatane</i>	5	PN (30 DAYS SUPPLY PER FILL)
<b>AGENTS FOR EXTERNAL GENITAL AND PERIANAL WARTS</b>		
VEREGEN	4	PA
<b>ANTI-INFLAMMATORY AGENTS - TOPICAL</b>		
DICLOFENAC EPOLAMINE	2	PA, QL (30 ea per 15 days), PN (15 DAYS SUPPLY PER FILL)
<i>diclofenac sodium 1 % gel</i>	2	QL (10 gm per 1 days)
<i>diclofenac sodium 1.5 % solution</i>	2	PA
<b>ANTIBIOTICS - TOPICAL</b>		
ALTABAX	4	PA
<i>gentamicin sulfate (0.1 % cream, 0.1 % ointment)</i>	2	
<i>mupirocin</i>	2	
<i>mupirocin calcium</i>	2	
XEPI	4	PA
<b>ANTIFUNGALS - TOPICAL</b>		
<i>ciclopirox (0.77 % gel, 1 % shampoo)</i>	2	
<i>ciclopirox olamine (0.77 % cream, 0.77 % suspension)</i>	2	
<i>clotrimazole (1 % cream, 1 % solution)</i>	2	
<i>clotrimazole-betamethasone (1-0.05 % cream, 1-0.05 % lotion)</i>	2	
<i>econazole nitrate</i>	2	
<i>ketconazole (2 % cream, 2 % foam, 2 % shampoo)</i>	2	
<i>ketodan (2 % foam, 2 % kit)</i>	2	
<i>klayesta</i>	2	
NAFTIFINE HCL (1 % CREAM, 2 % CREAM)	2	
<i>nyamyc</i>	2	
<i>nystatin (100000 unit/gm cream, 100000 unit/gm ointment, 100000 unit/gm powder)</i>	2	
<i>nystatin-triamcinolone</i>	2	
<i>nystop</i>	2	
<b>ANTINEOPLASTIC OR PREMALIGNANT LESION AGENTS - TOPICAL</b>		
<i>bexarotene 1 % gel</i>	2	PA, SP, PN (34 DAYS SUPPLY PER FILL)

Drug Name	Drug Tier	Requirements/Limits
FLUOROURACIL (0.5 % CREAM, 2 % SOLUTION, 5 % CREAM, 5 % SOLUTION)	2	
KLISYRI	4	PA, QL (5 ea per fill)
VALCHLOR	5	PA, LA, SP, PN (34 DAYS SUPPLY PER FILL)
<b>ANTIPSORIATICS</b>		
<i>acitretin</i>	5	PA, SP, PN (34 DAYS SUPPLY PER FILL)
<i>calcipotriene (0.005 % cream, 0.005 % ointment, 0.005 % solution)</i>	2	
<i>calcitrene</i>	2	
CALCITRIOL 3 MCG/GM OINTMENT	2	
COSENTYX (300 MG DOSE)	5	QL (2 ml per 28 days), PA-NSO, SP
COSENTYX (75 MG/0.5ML SOLN PRSYR, 150 MG/ML SOLN PRSYR)	5	QL (1 ml per 28 days), PA-NSO, SP, PN (28 DAYS SUPPLY PER FILL)
COSENTYX SENSOREADY (300 MG)	5	QL (2 ml per 28 days), PA-NSO, SP
COSENTYX SENSOREADY PEN	5	QL (1 ml per 28 days), PA-NSO, SP, PN (28 DAYS SUPPLY PER FILL)
COSENTYX UNOREADY	5	QL (2 ml per 28 day(s)), PA-NSO, SP, PN (28 DAYS SUPPLY PER FILL)
METHOXSALEN RAPID	2	PA, PN (34 DAYS SUPPLY PER FILL)
SKYRIZI (150 MG DOSE)	5	QL (1 ea per 84 days), PA-NSO, PN (84 DAYS SUPPLY PER FILL)
SKYRIZI 150 MG/ML SOLN PRSYR	5	QL (1 ml per 84 days), PA-NSO, SP, PN (84 DAYS SUPPLY PER FILL)
SKYRIZI PEN	5	QL (1 ml per 84 days), PA-NSO, SP, PN (84 DAYS SUPPLY PER FILL)
SPEVIGO 450 MG/7.5ML SOLUTION	5	PA, LA, QL (15 ml per fill), SP
STELARA 45 MG/0.5ML SOLN PRSYR	5	QL (0.5 ml per 84 days), PA-NSO, SP, PN (84 DAYS SUPPLY PER FILL)
STELARA 45 MG/0.5ML SOLUTION	5	QL (0.5 ml per 84 days), PA-NSO, SP
STELARA 90 MG/ML SOLN PRSYR	5	QL (1 ml per 56 days), PA-NSO, SP
<i>tazarotene (0.05 % gel, 0.1 % cream, 0.1 % gel)</i>	2	
TAZORAC (0.05 % GEL, 0.1 % GEL)	4	PA
TREMFYA	5	QL (1 ml per 56 days), PA-NSO, SP
ZORYVE 0.3 % CREAM	5	PA, QL (60 gm per 30 days), PN (30 DAYS SUPPLY PER FILL)
<b>ANTISEBORRHEIC PRODUCTS</b>		
<i>selenium sulfide 2.5 % lotion</i>	2	

<b>Drug Name</b>	<b>Drug Tier</b>	<b>Requirements/Limits</b>
<i>sodium sulfacetamide wash</i>	2	
SODIUM SULFACETAMIDE-BAKUCHIOL	2	
<i>sulfacetamide sodium (10 % (cleans) gel, 10 % liquid)</i>	2	
<i>sulfacetamide sodium (cleans)</i>	2	
<b>ANTIVIRALS - TOPICAL</b>		
<i>acyclovir 5 % cream</i>	2	PA, QL (5 gm per fill(s))
<i>acyclovir 5 % ointment</i>	2	
<i>penciclovir</i>	2	PA, QL (5 gm per fill), PN (1 DAY SUPPLY PER FILL)
XERESE	4	PA
<b>BURN PRODUCTS</b>		
<i>silver sulfadiazine</i>	2	
<i>ssd</i>	2	
<b>CAUTERIZING AGENTS</b>		
SILVER NITRATE 0.5 % SOLUTION	2	
<b>CORTICOSTEROIDS - TOPICAL</b>		
ALA SCALP	2	
<i>ala-cort</i>	2	
<i>alclometasone dipropionate</i>	2	
AMCINONIDE (0.1 % CREAM, 0.1 % LOTION, 0.1 % OINTMENT)	2	
<i>baser 0.05 % lotion</i>	2	
<i>betamethasone dipropionate (0.05 % cream, 0.05 % lotion, 0.05 % ointment)</i>	2	
<i>betamethasone dipropionate aug (0.05 % cream, 0.05 % gel, 0.05 % lotion, 0.05 % ointment)</i>	2	
<i>betamethasone valerate (0.1 % cream, 0.1 % lotion, 0.1 % ointment, 0.12 % foam)</i>	2	
<i>clobetasol prop emollient base</i>	2	
<i>clobetasol propionate (0.05 % cream, 0.05 % foam, 0.05 % gel, 0.05 % lotion, 0.05 % ointment, 0.05 % shampoo, 0.05 % solution)</i>	2	
<i>clobetasol propionate e</i>	2	
<i>clobetasol propionate emulsion</i>	2	



<b>Drug Name</b>	<b>Drug Tier</b>	<b>Requirements/Limits</b>
CLOBETAVIX	2	
<i>clodan 0.05 % shampoo</i>	2	
CORDRAN 4 MCG/SQCM TAPE	4	
<i>desonide (0.05 % cream, 0.05 % lotion, 0.05 % ointment)</i>	2	
<i>desoximetasone (0.05 % cream, 0.05 % gel, 0.05 % ointment, 0.25 % cream, 0.25 % ointment)</i>	2	
<i>diflorasone diacetate 0.05 % ointment</i>	2	
<i>fluocinolone acetonide (0.01 % cream, 0.01 % solution, 0.025 % cream, 0.025 % ointment)</i>	2	
<i>fluocinolone acetonide body</i>	2	
<i>fluocinolone acetonide scalp</i>	2	
<i>fluocinonide (0.05 % cream, 0.05 % gel, 0.05 % ointment, 0.05 % solution, 0.1 % cream)</i>	2	
<i>fluocinonide emulsified base</i>	2	
FLUOVIX	2	
FLUOVIX PLUS	2	
<i>flurandrenolide (0.05 % cream, 0.05 % lotion, 0.05 % ointment)</i>	2	
FLUTICASONE PROPIONATE (0.005 % OINTMENT, 0.05 % CREAM, 0.05 % LOTION)	2	
<i>halobetasol propionate (0.05 % cream, 0.05 % ointment)</i>	2	
<i>hydrocortisone (1 % cream, 1 % ointment, 2.5 % cream, 2.5 % lotion, 2.5 % ointment)</i>	2	
<i>hydrocortisone ace-pramoxine 2.5-1 % cream</i>	2	
<i>hydrocortisone butyr lipo base</i>	2	
HYDROCORTISONE BUTYRATE (0.1 % CREAM, 0.1 % OINTMENT, 0.1 % SOLUTION)	2	
<i>hydrocortisone valerate</i>	2	
<i>mometasone furoate (0.1 % cream, 0.1 % ointment, 0.1 % solution)</i>	2	
<i>nolix (0.05 % cream, 0.05 % lotion)</i>	2	
PREDNICARBATE 0.1 % OINTMENT	2	
<i>triamcinolone acetonide (0.025 % cream, 0.025 % lotion, 0.025 % ointment, 0.05 % ointment, 0.1 % cream, 0.1 % lotion, 0.1 % ointment, 0.147 mg/gm aero soln, 0.5 % cream, 0.5 % ointment)</i>	2	

Drug Name	Drug Tier	Requirements/Limits
<i>triamcinolone in absorbase</i>	2	
<i>trianex</i>	2	
<i>triderm</i>	2	
<i>tritocin</i>	2	
VERDESO	4	PA
<b>ECZEMA AGENTS</b>		
ADBRY	5	PA, QL (4 ml per 28 days), SP, PN (28 DAYS SUPPLY PER FILL)
CIBINQO	5	PA, QL (30 ea per 30 days), SP, PN (30 DAYS SUPPLY PER FILL)
DUPIXENT (200 MG/1.14ML SOLN PEN, 200 MG/1.14ML SOLN PRSYR)	5	PA, QL (2.28 ml per 28 days), SP, PN (28 DAYS SUPPLY PER FILL)
DUPIXENT (300 MG/2ML SOLN PEN, 300 MG/2ML SOLN PRSYR)	5	PA, QL (4 ml per 28 days), SP, PN (28 DAYS SUPPLY PER FILL)
DUPIXENT 100 MG/0.67ML SOLN PRSYR	5	PA, QL (1.34 ml per 28 days), PN (28 DAYS SUPPLY PER FILL)
OPZELURA	4	PA, QL (240 gm per 28 days)
<b>ENZYMES - TOPICAL</b>		
SANTYL	3	PA
<b>GLABELLAR LINES (FROWN LINES) AGENTS</b>		
DAXXIFY	5	PA, QL (3 ea per 84 day(s)), SP, PN (84 DAYS SUPPLY PER FILL)
<b>IMMUNOMODULATING AGENTS - TOPICAL</b>		
<i>imiquimod 5 % cream</i>	2	
<b>IMMUNOSUPPRESSIVE AGENTS - TOPICAL</b>		
HYFTOR	5	PA, QL (30 gm per 30 days), SP, PN (30 DAYS SUPPLY PER FILL)
<i>pimecrolimus</i>	2	PA
<i>tacrolimus (0.03 % ointment, 0.1 % ointment)</i>	2	
<b>KERATOLYTIC/ANTIMITOTIC AGENTS</b>		
CANTHARIDIN	5	PA, LA, QL (2 ea per 21 days), SP, PN (21 DAYS SUPPLY PER FILL)
CONDYLOX	3	
<i>podofilox (0.5 % gel, 0.5 % solution)</i>	2	

Drug Name	Drug Tier	Requirements/Limits
SALIMEZ	2	
SALYCIM	2	
YCANTH	5	PA, LA, QL (2 ea per 21 days), SP, PN (21 DAYS SUPPLY PER FILL)
<b>LOCAL ANESTHETICS - TOPICAL</b>		
<i>anodyne lpt</i>	2	
APRIZIO PAK II	2	
EMPRICAINE-II	2	
<i>glydo</i>	2	
<i>lidocaine 5 % patch</i>	5	PA, PN (34 DAYS SUPPLY PER FILL)
<i>lidocaine hcl (3 % cream, 4 % solution)</i>	2	
LIDOCAINE HCL URETHRAL/MUCOSAL (2 % GEL, 2 % PRSYR)	2	
<i>lidocaine-prilocaine (2.5-2.5 % cream, 2.5-2.5 % kit)</i>	2	
<i>lidocan</i>	5	PA, PN (34 DAYS SUPPLY PER FILL)
<i>lidopin 3 % cream</i>	2	
<i>lidopril</i>	2	
<i>lidopril xr</i>	2	
NUVAKAAN-II	2	
<i>prilolid</i>	2	
PRIZOPAK II	2	
QUTENZA	5	PA, QL (4 ea per 90 days), SP
QUTENZA (2 PATCH)	5	PA, QL (4 ea per 90 days), SP
QUTENZA (4 PATCH)	5	PA, QL (4 ea per 90 days), SP
<i>relador pak</i>	2	
<i>relador pak plus</i>	2	
<i>tridacaine</i>	5	PA, PN (34 DAYS SUPPLY PER FILL)
<b>MISC. TOPICAL</b>		
DRYSOL	2	
QBREXZA	3	PA, QL (1 ea per 1 days)
XERAC AC	2	
<b>PHOSPHODIESTERASE 4 (PDE4) INHIBITORS - TOPICAL</b>		
EUCRISA	4	PA

Drug Name	Drug Tier	Requirements/Limits
<b>PROTECTIVES AGAINST UV RADIATION</b>		
SCENESSE	5	PA, SP
<b>ROSACEA AGENTS</b>		
<i>azelaic acid</i>	2	
<i>brimonidine tartrate 0.33 % gel</i>	2	PA, QL (30 gm per fill)
FINACEA 15 % FOAM	4	PA
IVERMECTIN 1 % CREAM	2	
<i>metronidazole (0.75 % cream, 0.75 % gel, 0.75 % lotion, 1 % gel)</i>	2	
<i>rosadan (0.75 % cream, 0.75 % cream kit, 0.75 % gel)</i>	2	
<b>SCABICIDES PEDICULICIDES</b>		
IVERMECTIN 0.5 % LOTION	2	
LINDANE	2	
<i>malathion</i>	2	
<i>permethrin</i>	2	
SPINOSAD	2	
<b>WOUND CARE PRODUCTS</b>		
VYJUVEK	5	PA, LA, QL (10 ml per 8 days), SP, PN (28 DAYS SUPPLY PER FILL)
<b>DIAGNOSTIC PRODUCTS (CONTINUED)</b>		
<b>DIAGNOSTIC DRUGS</b>		
MACRILEN	5	PN (34 DAYS SUPPLY PER FILL)
THYROGEN	5	SP, PN (34 DAYS SUPPLY PER FILL)
<b>DIGESTIVE AIDS (CONTINUED)</b>		
<b>DIGESTIVE ENZYMES</b>		
CREON	3	
PERTZYE	4	PA
SUCRAID	5	PA, LA, QL (236 ml per fill(s)), SP
VIOKACE	4	PA
ZENPEP	4	PA
<b>DIURETICS (CONTINUED)</b>		
<b>CARBONIC ANHYDRASE INHIBITORS</b>		
<i>acetazolamide</i>	2	

Drug Name	Drug Tier	Requirements/Limits
<i>acetazolamide er</i>	2	
<i>methazolamide</i>	2	
<b>DIURETIC COMBINATIONS</b>		
AMILORIDE-HYDROCHLOROTHIAZIDE	2	
<i>spironolactone-hctz</i>	2	
<i>triamterene-hctz</i>	2	
<b>LOOP DIURETICS</b>		
<i>bumetanide (0.5 mg tab, 1 mg tab, 2 mg tab)</i>	2	
<i>furosemide (8 mg/ml solution, 10 mg/ml solution, 20 mg tab, 40 mg tab, 80 mg tab)</i>	2	
<i>toremide</i>	2	
<b>POTASSIUM SPARING DIURETICS</b>		
<i>amiloride hcl</i>	2	
<i>spironolactone (25 mg tab, 50 mg tab, 100 mg tab)</i>	2	
<b>THIAZIDES AND THIAZIDE-LIKE DIURETICS</b>		
<i>chlorthalidone</i>	2	
DIURIL	3	
<i>hydrochlorothiazide</i>	2	
<i>indapamide</i>	2	
<i>metolazone</i>	2	
<b>ENDOCRINE AND METABOLIC AGENTS - MISC. (CONTINUED)</b>		
<b>BONE DENSITY REGULATORS</b>		
<i>alendronate sodium (5 mg tab, 10 mg tab, 35 mg tab, 70 mg tab)</i>	2	
<i>alendronate sodium 70 mg/75ml solution</i>	2	
BINOSTO	4	PA
<i>calcitonin (salmon) 200 unit/act solution</i>	2	
EVENITY	5	PA, SP, PN (34 DAYS SUPPLY PER FILL)
FOSAMAX PLUS D	3	
<i>ibandronate sodium 150 mg tab</i>	2	QL (1 ea per 30 days)
PROLIA	5	PA, SP

Drug Name	Drug Tier	Requirements/Limits
<i>risedronate sodium (5 mg tab, 30 mg tab, 35 mg tab, 150 mg tab)</i>	2	
TERIPARATIDE (RECOMBINANT) 620 MCG/2.48ML SOLN PEN	5	PA, QL (2.48 ml per 28 days), SP
TYMLOS	5	PA, QL (1.56 ml per 30 days), SP
XGEVA	5	PA, SP
ZOLEDRONIC ACID (4 MG/100ML SOLUTION, 4 MG/5ML CONC)	2	SP, PN (34 DAYS SUPPLY PER FILL)
<i>zoledronic acid 5 mg/100ml solution</i>	2	SP
<b>FERTILITY REGULATORS</b>		
CHORIONIC GONADOTROPIN	3	PA
FOLLISTIM AQ	5	PA, PN (34 DAYS SUPPLY PER FILL)
GONAL-F	4	PN (34 DAYS SUPPLY PER FILL)
GONAL-F RFF	4	PN (34 DAYS SUPPLY PER FILL)
GONAL-F RFF REDIJECT	4	PN (34 DAYS SUPPLY PER FILL)
MENOPUR	5	PN (34 DAYS SUPPLY PER FILL)
NOVAREL	4	
OVIDREL	4	PN (34 DAYS SUPPLY PER FILL)
PREGNYL	4	
<b>GNRH/LHRH ANTAGONISTS</b>		
<i>cetrotelix acetate</i>	2	PN (34 DAYS SUPPLY PER FILL)
CETROTIDE	4	PN (34 DAYS SUPPLY PER FILL)
GANIRELIX ACETATE	3	
ORILISSA 150 MG TAB	5	PA, QL (30 ea per 30 days), PN (30 DAYS SUPPLY PER FILL)
ORILISSA 200 MG TAB	5	PA, QL (60 ea per 30 days), PN (30 DAYS SUPPLY PER FILL)
<b>GROWTH HORMONE RECEPTOR ANTAGONISTS</b>		
SOMAVERT	4	PA, SP, PN (34 DAYS SUPPLY PER FILL)
<b>GROWTH HORMONES</b>		
GENOTROPIN	5	PA, SP, PN (34 DAYS SUPPLY PER FILL)
GENOTROPIN MINIQUICK	5	PA, SP, PN (34 DAYS SUPPLY PER FILL)
HUMATROPE (6 MG CARTRIDGE, 12 MG CARTRIDGE, 24 MG CARTRIDGE)	5	PA, SP, PN (34 DAYS SUPPLY PER FILL)

<b>Drug Name</b>	<b>Drug Tier</b>	<b>Requirements/Limits</b>
NGENLA	5	PA, SP, PN (28 DAYS SUPPLY PER FILL)
NORDITROPIN FLEXPRO	5	PA, SP, PN (34 DAYS SUPPLY PER FILL)
NUTROPIN AQ NUSPIN 10	5	PA, SP, PN (34 DAYS SUPPLY PER FILL)
NUTROPIN AQ NUSPIN 20	5	PA, SP, PN (34 DAYS SUPPLY PER FILL)
NUTROPIN AQ NUSPIN 5	5	PA, SP, PN (34 DAYS SUPPLY PER FILL)
OMNITROPE (5 MG/1.5ML SOLN CART, 5.8 MG RECON SOLN, 10 MG/1.5ML SOLN CART)	5	PA, SP, PN (34 DAYS SUPPLY PER FILL)
SAIZEN	5	PA, SP, PN (34 DAYS SUPPLY PER FILL)
SAIZENPREP	5	PA, SP, PN (34 DAYS SUPPLY PER FILL)
SEROSTIM	5	PA, SP, PN (34 DAYS SUPPLY PER FILL)
SKYTROFA	5	PA, SP, PN (34 DAYS SUPPLY PER FILL)
SOGROYA	5	PA, SP, PN (34 DAY SUPPLY PER FILL)
ZOMACTON	5	PA, SP, PN (34 DAYS SUPPLY PER FILL)
ZOMACTON (FOR ZOMA-JET 10)	5	PA, SP, PN (34 DAYS SUPPLY PER FILL)
ZORBTIVE	5	PA, SP, PN (34 DAYS SUPPLY PER FILL)
<b>HORMONE RECEPTOR MODULATORS</b>		
OSPHENA	4	PA, QL (1 ea per 1 days)
<i>raloxifene hcl</i>	1	
<b>INSULIN-LIKE GROWTH FACTOR RECEPTOR INHIBITORS</b>		
TEPEZZA	5	PA, LA, SP, PN (34 DAYS SUPPLY PER FILL)
<b>LHRH/GNRH AGONIST ANALOG PITUITARY SUPPRESSANTS</b>		
FENSOLVI (6 MONTH)	5	PA, QL (1 ea per 168 days), SP
LUPRON DEPOT-PED (1-MONTH)	5	SP
LUPRON DEPOT-PED (3-MONTH)	5	SP
LUPRON DEPOT-PED (6-MONTH)	5	SP
SUPPRELIN LA	5	PA, SP
SYNAREL	3	SP
TRIPTODUR	5	PA, SP
<b>METABOLIC MODIFIERS</b>		
ALDURAZYME	5	PA, SP, PN (34 DAYS SUPPLY PER FILL)
BRINEURA	5	PA, SP, PN (34 DAYS SUPPLY PER FILL)

<b>Drug Name</b>	<b>Drug Tier</b>	<b>Requirements/Limits</b>
<i>calcitriol (0.25 mcg cap, 0.5 mcg cap, 1 mcg/ml solution)</i>	2	
<i>cinacalcet hcl</i>	2	
CRYSVITA	5	PA, SP, PN (34 DAYS SUPPLY PER FILL)
<i>doxercalciferol (0.5 mcg cap, 1 mcg cap, 2.5 mcg cap)</i>	2	
ELAPRASE	5	PA, SP, PN (34 DAYS SUPPLY PER FILL)
ELFABRIO	5	PA, LA, SP, PN (MAX 28 DAYS SUPPLY PER FILL)
FABRAZYME	5	PA, SP, PN (34 DAYS SUPPLY PER FILL)
GALAFOLD	5	PA, LA, QL (14 ea per 28 days), SP
<i>javygtor (100 mg tab, 500 mg packet)</i>	5	PA, SP, PN (30 DAYS SUPPLY PER FILL)
<i>javygtor 100 mg packet</i>	5	PA, SP, PN (34 DAYS SUPPLY PER FILL)
KANUMA	5	PA, SP, PN (34 DAYS SUPPLY PER FILL)
LAMZEDE	5	PA, LA, SP, PN (MAX 28 DAYS SUPPLY PER FILL)
<i>levocarnitine (1 gm/10ml solution, 330 mg tab)</i>	2	
<i>levocarnitine sf</i>	2	
LUMIZYME	5	PA, SP, PN (34 DAYS SUPPLY PER FILL)
MEPSEVII	5	PA, LA, SP, PN (34 DAYS SUPPLY PER FILL)
NAGLAZYME	5	PA, SP, PN (34 DAYS SUPPLY PER FILL)
NEXVIAZYME	5	PA, SP, PN (28 DAYS SUPPLY PER FILL)
NITYR	5	PA, LA, SP, PN (34 DAYS SUPPLY PER FILL)
NULIBRY	5	PA, LA, SP, PN (34 DAYS SUPPLY PER FILL)
PALYNZIQ 10 MG/0.5ML SOLN PRSYR	5	PA, QL (14 ml per 28 days), SP, PN (28 DAYS SUPPLY PER FILL)
PALYNZIQ 2.5 MG/0.5ML SOLN PRSYR	5	PA, QL (4 ml per 28 days), SP, PN (28 DAYS SUPPLY PER FILL)
PALYNZIQ 20 MG/ML SOLN PRSYR	5	PA, QL (84 ea per 28 days), SP, PN (28 DAYS SUPPLY PER FILL)
<i>paricalcitol (1 mcg cap, 2 mcg cap, 4 mcg cap)</i>	2	
PARSABIV	5	PA, SP, PN (34 DAYS SUPPLY PER FILL)
REVCОВI	5	PA, LA, SP, PN (34 DAYS SUPPLY PER FILL)
<i>sapropterin dihydrochloride (100 mg tab, 500 mg packet)</i>	5	PA, SP, PN (30 DAYS SUPPLY PER FILL)
<i>sapropterin dihydrochloride 100 mg packet</i>	5	PA, SP, PN (34 DAYS SUPPLY PER FILL)



Drug Name	Drug Tier	Requirements/Limits
STRENSIQ	5	PA, LA, SP, PN (30 DAYS SUPPLY PER FILL)
VIMIZIM	5	PA, SP, PN (34 DAYS SUPPLY PER FILL)
XENPOZYME 20 MG RECON SOLN	5	PA, SP, PN (34 DAYS SUPPLY PER FILL)
XENPOZYME 4 MG RECON SOLN	5	PA, SP, PN (34 DAYS SUPPLY PER FILL)
XPHOZAH	5	PA, LA, QL (60 ea per 30 day(s)), SP, PN (30 DAYS SUPPLY PER FILL)
<b>NATRIURETIC PEPTIDES</b>		
VOXZOGO	5	PA, QL (30 ea per 30 days), SP, PN (30 DAYS SUPPLY PER FILL)
<b>POSTERIOR PITUITARY HORMONES</b>		
<i>desmopressin ace spray refrig</i>	2	
<i>desmopressin acetate (0.1 mg tab, 0.2 mg tab, 1.5 mg/ml solution)</i>	2	
<i>desmopressin acetate spray</i>	2	
TERLIVAZ	5	PA, SP, PN (14 DAYS SUPPLY PER FILL)
<b>PROGESTERONE RECEPTOR ANTAGONISTS</b>		
<i>mifepristone 200 mg tab</i>	2	
<b>PROLACTIN INHIBITORS</b>		
<i>cabergoline</i>	2	
<b>SOMATOSTATIC AGENTS</b>		
LANREOTIDE ACETATE	5	PA, SP
<i>octreotide acetate (50 mcg/ml soln prsyr, 50 mcg/ml solution, 100 mcg/ml soln prsyr, 100 mcg/ml solution, 200 mcg/ml solution, 500 mcg/ml soln prsyr, 500 mcg/ml solution, 1000 mcg/ml solution)</i>	5	SP, PN (34 DAYS SUPPLY PER FILL)
SANDOSTATIN LAR DEPOT	5	PA, SP
SIGNIFOR	5	PA, LA, QL (60 ml per 30 days), SP, PN (30 DAYS SUPPLY PER FILL)
SIGNIFOR LAR	5	PA, LA, SP
SOMATULINE DEPOT	5	PA, SP
<b>VASOPRESSIN RECEPTOR ANTAGONISTS</b>		
JYNARQUE (30 & 15 MG TAB THPK, 45 & 15 MG TAB THPK, 60 & 30 MG TAB THPK, 90 & 30 MG TAB THPK)	5	PA, QL (56 ea per 28 days), SP, PN (28 DAYS SUPPLY PER FILL)
<i>tolvaptan (15 mg tab, 30 mg tab)</i>	2	PA, QL (60 ea per 30 days), SP, PN (30 DAYS SUPPLY PER FILL)

Drug Name	Drug Tier	Requirements/Limits
TOLVAPTAN 15 MG TAB	2	PA, QL (60 ea per 30 days), PN (30 DAYS SUPPLY PER FILL)
<b>ESTROGENS (CONTINUED)</b>		
<b>ESTROGEN COMBINATIONS</b>		
<i>amabelz</i>	2	
COMBIPATCH	3	
<i>covaryx</i>	2	
<i>covaryx hs</i>	2	
DUAVEE	4	PA
<i>eemt</i>	2	
<i>eemt hs</i>	2	
<i>est estrogens-methyltest</i>	2	
<i>est estrogens-methyltest ds</i>	2	
<i>est estrogens-methyltest hs</i>	2	
<i>estradiol-norethindrone acet</i>	2	
<i>fyavolv</i>	2	
<i>jinteli</i>	2	
<i>lopreeza</i>	2	
<i>mimvey</i>	2	
MYFEMBREE	5	PA, QL (28 ea per 28 days), PN (28 DAYS SUPPLY PER FILL)
<i>norethindrone-eth estradiol</i>	2	
ORIAHNN	5	PA, QL (56 ea per 28 days), PN (28 DAYS SUPPLY PER FILL)
PREMPHASE	3	
PREMPRO	3	
<b>ESTROGENS</b>		
DELESTROGEN 10 MG/ML OIL	4	
<i>dotti</i>	2	
ELESTRIN	4	
<i>estradiol (0.025 mg/24hr patch tw, 0.025 mg/24hr patch wk, 0.0375 mg/24hr patch tw, 0.0375 mg/24hr patch wk, 0.05 mg/24hr patch tw, 0.05 mg/24hr patch wk, 0.06 mg/24hr patch wk, 0.075 mg/24hr patch tw, 0.075 mg/24hr patch wk, 0.1 mg/24hr patch tw, 0.1 mg/24hr patch wk, 0.25 mg/0.25gm gel, 0.5 mg tab, 0.5 mg/0.5gm gel, 0.75 mg/0.75gm gel, 1 mg tab, 1 mg/gm gel, 1.25 mg/1.25gm gel, 2 mg tab)</i>	2	

Drug Name	Drug Tier	Requirements/Limits
<i>estradiol valerate (10 mg/ml oil, 20 mg/ml oil, 40 mg/ml oil)</i>	2	
<i>lyllana</i>	2	
PREMARIN (0.3 MG TAB, 0.45 MG TAB, 0.625 MG TAB, 0.9 MG TAB, 1.25 MG TAB)	3	
<b>FLUOROQUINOLONES (CONTINUED)</b>		
<b>FLUOROQUINOLONES</b>		
BAXDELA 450 MG TAB	5	PA, QL (28 ea per 14 days), PN (14 DAYS SUPPLY PER FILL)
CIPRO (250 MG/5ML (5%) RECON SUSP, 500 MG/5ML (10%) RECON SUSP)	3	
<i>ciprofloxacin</i>	2	
<i>ciprofloxacin hcl (100 mg tab, 250 mg tab, 500 mg tab, 750 mg tab)</i>	2	
<i>levofloxacin (25 mg/ml solution, 250 mg tab, 500 mg tab, 750 mg tab)</i>	2	
<i>moxifloxacin hcl 400 mg tab</i>	2	
OFLOXACIN (300 MG TAB, 400 MG TAB)	2	
<b>GASTROINTESTINAL AGENTS - MISC. (CONTINUED)</b>		
<b>BILE ACID SYNTHESIS DISORDER AGENTS</b>		
CHOLBAM	5	PA, LA, SP, PN (30 DAYS SUPPLY PER FILL)
<b>GALLSTONE SOLUBILIZING AGENTS</b>		
<i>ursodiol (250 mg tab, 300 mg cap, 500 mg tab)</i>	2	
<b>GASTROINTESTINAL ANTIALLERGY AGENTS</b>		
<i>cromolyn sodium 100 mg/5ml conc</i>	2	
<b>GASTROINTESTINAL CHLORIDE CHANNEL ACTIVATORS</b>		
<i>lubiprostone</i>	2	QL (2 ea per 1 days)
<b>GASTROINTESTINAL STIMULANTS</b>		
<i>metoclopramide hcl (5 mg tab, 5 mg/5ml solution, 10 mg tab, 10 mg/10ml solution)</i>	2	
<b>ILEAL BILE ACID TRANSPORTER (IBAT) INHIBITORS</b>		
BYLVAY (PELLETS) 200 MCG CAP SPRINK	5	PA, LA, QL (36 ea per 1 days), SP, PN (34 DAYS SUPPLY PER FILL)
BYLVAY (PELLETS) 600 MCG CAP SPRINK	5	PA, LA, QL (12 ea per 1 days), SP, PN (34 DAYS SUPPLY PER FILL)

Drug Name	Drug Tier	Requirements/Limits
BYLVAY 1200 MCG CAP	5	PA, LA, QL (6 ea per 1 days), SP, PN (34 DAYS SUPPLY PER FILL)
BYLVAY 400 MCG CAP	5	PA, LA, QL (18 ea per 1 days), SP, PN (34 DAYS SUPPLY PER FILL)
LIVMARLI	5	PA, LA, QL (90 ml per 30 days), SP, PN (30 DAYS SUPPLY PER FILL)
<b>INFLAMMATORY BOWEL AGENTS</b>		
AVSOLA	5	PA, SP
<i>balsalazide disodium</i>	2	
CIMZIA	5	QL (1 ea per 28 days), PA-NSO, SP, PN (28 DAYS SUPPLY PER FILL)
CIMZIA (2 SYRINGE)	5	QL (1 ea per 28 days), PA-NSO, SP
CIMZIA STARTER KIT	5	QL (3 ea per 28 days), PA-NSO, SP
DIPENTUM	3	
ENTYVIO 300 MG RECON SOLN	5	PA, SP
INFLECTRA	5	PA, SP
<i>mesalamine (1.2 gm tab dr, 4 gm enema, 400 mg cap dr, 800 mg tab dr, 1000 mg suppos)</i>	2	
<i>mesalamine er</i>	2	
<i>mesalamine-cleanser</i>	2	
PENTASA 250 MG CAP ER	3	
REMICADE	5	PA, SP
RENFLEXIS	5	PA, SP
SKYRIZI (180 MG/1.2ML SOLN CART, 360 MG/2.4ML SOLN CART)	5	QL (2.4 ml per 56 days), PA-NSO, SP
SKYRIZI 600 MG/10ML SOLUTION	5	PA, SP
STELARA 130 MG/26ML SOLUTION	5	PA, SP, PN (56 DAYS SUPPLY PER FILL)
<i>sulfasalazine</i>	2	
<b>INTESTINAL ACIDIFIERS</b>		
<i>enulose</i>	2	
<i>generlac</i>	2	
<i>lactulose encephalopathy</i>	2	
<b>IRRITABLE BOWEL SYNDROME (IBS) AGENTS</b>		
<i>alosetron hcl</i>	2	

Drug Name	Drug Tier	Requirements/Limits
LINZESS	3	QL (1 ea per 1 days)
<b>LIVE FECAL MICROBIOTA</b>		
REBYOTA	5	PA, SP, PN (34 DAYS SUPPLY PER FILL)
VOWST	5	PA, LA, QL (12 ea per 30 day(s)), SP, PN (30 DAYS SUPPLY PER FILL)
<b>PERIPHERAL OPIOID RECEPTOR ANTAGONISTS</b>		
MOVANTIK	3	QL (1 ea per 1 days)
RELISTOR 12 MG/0.6ML SOLUTION	4	PA, QL (18 ml per 30 days), SP, PN (30 DAYS SUPPLY PER FILL)
RELISTOR 8 MG/0.4ML SOLUTION	4	PA, QL (6 ml per 30 days), SP, PN (30 DAYS SUPPLY PER FILL)
<b>PHOSPHATE BINDER AGENTS</b>		
AURYXIA	5	PA, QL (408 ea per 34 days), PN (34 DAYS SUPPLY PER FILL)
<i>calcium acetate (phos binder)</i>	2	
<i>calcium acetate 667 mg tab</i>	2	
FOSRENOL (750 MG PACKET, 1000 MG PACKET)	3	
<i>lanthanum carbonate</i>	2	
<i>sevelamer carbonate</i>	2	
<i>sevelamer hcl</i>	2	PA
VELPHORO	5	PA, PN (34 DAYS SUPPLY PER FILL)
<b>SHORT BOWEL SYNDROME (SBS) AGENTS</b>		
GATTEX	5	PA, QL (1 ea per 30 days), SP, PN (30 DAYS SUPPLY PER FILL)
<b>TRYPTOPHAN HYDROXYLASE INHIBITORS</b>		
XERMELO	5	PA, QL (84 ea per 28 days), SP, PN (28 DAYS SUPPLY PER FILL)
<b>GENITOURINARY AGENTS - MISCELLANEOUS (CONTINUED)</b>		
<b>ALKALINIZERS</b>		
CYTRA K CRYSTALS	2	
<i>pot &amp; sod cit-cit ac</i>	2	
<i>potassium citrate er</i>	2	
<i>potassium citrate-citric acid</i>	2	

<b>Drug Name</b>	<b>Drug Tier</b>	<b>Requirements/Limits</b>
<i>sod citrate-citric acid</i>	2	
<i>tricitrates</i>	2	
<b>CYSTINOSIS AGENTS</b>		
CYSTAGON	3	LA, SP, PN (34 DAYS SUPPLY PER FILL)
PROCYSBI	5	PA, LA, SP, PN (34 DAYS SUPPLY PER FILL)
<b>IGA NEPHROPATHY (IGAN) AGENTS</b>		
FILSPARI	5	PA, QL (30 ea per 30 days), SP, PN (30 DAYS SUPPLY PER FILL)
<b>INTERSTITIAL CYSTITIS AGENTS</b>		
ELMIRON	4	PA
<b>PROSTATIC HYPERTROPHY AGENTS</b>		
<i>alfuzosin hcl er</i>	2	
<i>dutasteride</i>	2	
<i>dutasteride-tamsulosin hcl</i>	2	PA
<i>finasteride 5 mg tab</i>	2	
<i>silodosin</i>	2	PA
<i>tamsulosin hcl</i>	2	
<b>URINARY STONE AGENTS</b>		
LITHOSTAT	3	
<b>GOUT AGENTS (CONTINUED)</b>		
<b>GOUT AGENT COMBINATIONS</b>		
<i>colchicine-probenecid</i>	2	
<b>GOUT AGENTS</b>		
<i>allopurinol (100 mg tab, 300 mg tab)</i>	2	
<i>colchicine 0.6 mg tab</i>	2	
<i>febuxostat</i>	2	PA, QL (1 ea per 1 days)
KRYSTEXXA	5	PA, QL (2 ml per 28 days), SP, PN (28 DAYS SUPPLY PER FILL)
<b>URICOSURICS</b>		
<i>probenecid</i>	2	
<b>HEMATOLOGICAL AGENTS - MISC. (CONTINUED)</b>		
<b>AMINOLEVULINATE SYNTHASE 1-DIRECTED SIRNA</b>		
GIVLAARI	5	PA, LA, SP, PN (34 DAYS SUPPLY PER FILL)

Drug Name	Drug Tier	Requirements/Limits
<b>ANTIHEMOPHILIC PRODUCTS</b>		
ADVATE (500 RECON SOLN, 1000 RECON SOLN, 1500 RECON SOLN, 2000 RECON SOLN, 3000 RECON SOLN, 4000 RECON SOLN)	5	PA, SP, PN (34 DAYS SUPPLY PER FILL)
AFSTYLA	5	PA, SP, PN (34 DAYS SUPPLY PER FILL)
ALPHANATE	5	PA, SP, PN (34 DAYS SUPPLY PER FILL)
ALPHANATE/VWF COMPLEX/HUMAN	5	PA, SP, PN (34 DAYS SUPPLY PER FILL)
ALTUVIIIIO	5	PA, SP, PN (34 DAYS SUPPLY PER FILL)
ELOCTATE	5	PA, SP, PN (34 DAYS SUPPLY PER FILL)
ESPEROCT	5	PA, SP, PN (34 DAYS SUPPLY PER FILL)
FEIBA	5	PA, SP
HEMGENIX	5	PA, LA, QL (1 ea per lifetime), SP, PN (1 DOSE PER LIFETIME BY GPI-12)
HEMLIBRA (12 MG/0.4ML SOLUTION, 30 MG/ML SOLUTION, 60 MG/0.4ML SOLUTION, 105 MG/0.7ML SOLUTION, 150 MG/ML SOLUTION)	5	PA, SP, PN (34 DAYS SUPPLY PER FILL)
HEMLIBRA 300 MG/2ML SOLUTION	5	PA, PN (34 DAYS SUPPLY PER FILL)
HEMOFIL M	5	PA, SP, PN (34 DAYS SUPPLY PER FILL)
HUMATE-P	5	PA, SP, PN (34 DAYS SUPPLY PER FILL)
JIVI	5	PA, SP, PN (34 DAYS SUPPLY PER FILL)
KCENTRA	5	SP, PN (34 DAYS SUPPLY PER FILL)
KOATE	5	PA, SP, PN (34 DAYS SUPPLY PER FILL)
KOATE-DVI	5	PA, SP, PN (34 DAYS SUPPLY PER FILL)
KOGENATE FS	5	PA, SP, PN (34 DAYS SUPPLY PER FILL)
NOVOEIGHT	5	PA, SP, PN (34 DAYS SUPPLY PER FILL)
OBIZUR	5	PA, SP, PN (34 DAYS SUPPLY PER FILL)
RECOMBINATE	5	PA, SP, PN (34 DAYS SUPPLY PER FILL)
WILATE	5	PA, SP, PN (34 DAYS SUPPLY PER FILL)
XYNTHA	5	PA, SP, PN (34 DAYS SUPPLY PER FILL)
XYNTHA SOLOFUSE	5	PA, SP, PN (34 DAYS SUPPLY PER FILL)
<b>BRADYKININ B2 RECEPTOR ANTAGONISTS</b>		
<i>icatibant acetate</i>	5	PA, QL (9 ml per 30 days), SP, PN (30 DAYS SUPPLY PER FILL)
<i>sajazir</i>	5	PA, QL (9 ml per 30 days), SP, PN (30 DAYS SUPPLY PER FILL)

Drug Name	Drug Tier	Requirements/Limits
<b>COMPLEMENT INHIBITORS</b>		
BERINERT	5	PA, LA, SP, PN (34 DAYS SUPPLY PER FILL)
CINRYZE	5	PA, SP, PN (34 DAYS SUPPLY PER FILL)
EMPAVELI	5	PA, LA, SP, PN (28 DAYS SUPPLY PER FILL)
ENJAYMO	5	PA, SP, PN (34 DAYS SUPPLY PER FILL)
HAEGARDA	5	PA, SP, PN (8 WEIGHT BASED DOSES / FILL; 28 DAYS SUPPLY PER FILL)
RUCONEST	5	PA, SP, PN (34 DAYS SUPPLY PER FILL)
SOLIRIS	5	PA, SP, PN (28 DAYS SUPPLY PER FILL)
ULTOMIRIS (300 MG/3ML SOLUTION, 1100 MG/11ML SOLUTION)	5	PA, SP, PN (34 DAYS SUPPLY PER FILL)
VEOPOZ	5	PA, LA, SP, PN (28 DAYS SUPPLY PER FILL)
<b>HEMATAOLOGIC - TYROSINE KINASE INHIBITORS</b>		
TAVALISSE	5	PA, QL (60 ea per 30 days), SP, PN (30 DAYS SUPPLY PER FILL)
<b>HEMATORHEOLOGIC AGENTS</b>		
<i>pentoxifylline er</i>	2	
<b>PLASMA KALLIKREIN INHIBITORS</b>		
KALBITOR	5	PA, SP, PN (34 DAYS SUPPLY PER FILL)
TAKHZYRO (300 MG/2ML SOLN PRSYR, 300 MG/2ML SOLUTION)	5	PA, QL (4 ml per 28 days), SP
TAKHZYRO 150 MG/ML SOLN PRSYR	5	PA, QL (2 ml per 28 days), SP
<b>PLASMA PROTEINS</b>		
RYPLAZIM	5	PA, LA, SP, PN (34 DAYS SUPPLY PER FILL)
<b>PLATELET AGGREGATION INHIBITORS</b>		
<i>anagrelide hcl</i>	2	SP
<i>aspirin-dipyridamole er</i>	2	
BRILINTA	4	
CABLIVI	5	PA, QL (30 ea per 30 days), SP, PN (30 DAYS SUPPLY PER FILL)
<i>cilostazol</i>	2	
<i>clopidogrel bisulfate 300 mg tab</i>	2	
<i>clopidogrel bisulfate 75 mg tab</i>	2	



Drug Name	Drug Tier	Requirements/Limits
<i>dipyridamole (25 mg tab, 50 mg tab, 75 mg tab)</i>	2	
<i>prasugrel hcl</i>	2	
ZONTIVITY	4	PA
<b>PYRUVATE KINASE ACTIVATORS</b>		
PYRUKYND	5	PA, LA, QL (56 ea per 28 days), SP, PN (28 DAYS SUPPLY PER FILL)
PYRUKYND TAPER PACK	5	PA, LA, QL (56 ea per 28 days), SP, PN (28 DAYS SUPPLY PER FILL)
<b>HEMATOPOIETIC AGENTS (CONTINUED)</b>		
<b>AGENTS FOR GAUCHER DISEASE</b>		
CEREZYME	5	PA, SP, PN (34 DAYS SUPPLY PER FILL)
ELELYSO	5	PA, SP, PN (34 DAYS SUPPLY PER FILL)
<i>miglustat</i>	5	PA, QL (90 ea per 30 days), SP, PN (30 DAYS SUPPLY PER FILL)
VPRIV	5	PA, SP, PN (34 DAYS SUPPLY PER FILL)
<i>yargesa</i>	5	PA, QL (90 ea per 30 days), SP, PN (30 DAYS SUPPLY PER FILL)
<b>AGENTS FOR SICKLE CELL DISEASE</b>		
ADAKVEO	5	PA, SP, PN (34 DAYS SUPPLY PER FILL)
ENDARI	5	PA, QL (180 ea per 30 days), SP, PN (30 DAYS SUPPLY PER FILL)
SIKLOS	4	PA, SP, PN (34 DAYS SUPPLY PER FILL)
<b>FOLIC ACID/FOLATES</b>		
<i>folic acid 1 mg tab</i>	2	
<b>HEMATOPOIETIC GROWTH FACTORS</b>		
ARANESP (ALBUMIN FREE)	5	PA, SP, PN (34 DAYS SUPPLY PER FILL)
DOPTELET	5	PA, QL (60 ea per 30 days), SP, PN (30 DAYS SUPPLY PER FILL)
EPOGEN	5	PA, SP, PN (34 DAYS SUPPLY PER FILL)
FULPHILA	5	PA, QL (0.043 ml per 1 days), SP
FYLNETRA	5	PA, QL (0.043 ml per 1 day(s)), SP, PN (14 DAYS SUPPLY PER FILL)
LEUKINE	5	PA, SP, PN (34 DAYS SUPPLY PER FILL)
MIRCERA (30 MCG/0.3ML SOLN PRSYR, 50 MCG/0.3ML SOLN PRSYR, 75 MCG/0.3ML SOLN PRSYR, 100 MCG/0.3ML SOLN PRSYR, 150 MCG/0.3ML SOLN PRSYR, 200 MCG/0.3ML SOLN PRSYR)	5	PA, LA, SP, PN (30 DAYS SUPPLY PER FILL)

<b>Drug Name</b>	<b>Drug Tier</b>	<b>Requirements/Limits</b>
MIRCERA 120 MCG/0.3ML SOLN PRSYR	5	PA, LA, SP, PN (34 DAYS SUPPLY PER FILL)
MULPLETA	5	PA, QL (7 ea per fill), SP
NEULASTA	5	PA, QL (0.043 ml per 1 days), SP
NEULASTA ONPRO	5	PA, QL (0.043 ml per 1 days), SP
NEUPOGEN	5	PA, SP, PN (34 DAYS SUPPLY PER FILL)
NIVESTYM	5	PA, SP, PN (34 DAYS SUPPLY PER FILL)
NPLATE	5	PA, SP, PN (30 DAYS SUPPLY PER FILL)
NYVEPRIA	5	PA, QL (0.043 ml per 1 days), SP
PROCRIT (2000 UNIT/ML SOLUTION, 3000 UNIT/ML SOLUTION, 4000 UNIT/ML SOLUTION, 10000 UNIT/ML SOLUTION, 20000 UNIT/ML SOLUTION)	5	PA, SP, PN (34 DAYS SUPPLY PER FILL)
PROCRIT 40000 UNIT/ML SOLUTION	5	PA, SP, PN (34 DAYS SUPPLY PER FILL)
PROMACTA	5	PA, SP, PN (30 DAYS SUPPLY PER FILL)
REBLOZYL	5	PA, SP, PN (30 DAYS SUPPLY PER FILL)
RELEUKO	5	PA, SP, PN (34 DAYS SUPPLY PER FILL)
RETACRIT (2000 UNIT/ML SOLUTION, 3000 UNIT/ML SOLUTION, 4000 UNIT/ML SOLUTION, 10000 UNIT/ML SOLUTION, 20000 UNIT/ML SOLUTION)	5	PA, SP, PN (34 DAYS SUPPLY PER FILL)
RETACRIT 40000 UNIT/ML SOLUTION	5	PA, SP, PN (34 DAYS SUPPLY PER FILL)
ROLVEDON	5	PA, QL (0.043 ml per 1 day(s)), SP, PN (14 DAYS SUPPLY PER FILL)
STIMUFEND	5	PA, QL (0.043 ml per 1 day(s)), SP, PN (14 DAYS SUPPLY PER FILL)
UDENYCA 6 MG/0.6ML SOLN A-INJ	5	PA, QL (0.043 ml per 1 day), SP
UDENYCA 6 MG/0.6ML SOLN PRSYR	5	PA, QL (0.043 ml per 1 days), SP
UDENYCA ONBODY	5	PA, QL (0.043 ml per 1 day(s)), SP
ZIEXTENZO	5	PA, QL (0.043 ml per 1 days), SP
<b>IRON</b>		
<i>ferumoxytol</i>	5	LA, SP, PN (34 DAYS SUPPLY PER FILL)
INJECTAFER	5	SP, PN (34 DAYS SUPPLY PER FILL)
<b>STEM CELL MOBILIZERS</b>		
APHEXDA	5	PA, SP, PN (30 DAYS SUPPLY PER FILL)
MOZOBIL	5	SP
<b>HEMOSTATICS (CONTINUED)</b>		
<b>HEMOSTATICS - SYSTEMIC</b>		
<i>tranexamic acid 650 mg tab</i>	2	

Drug Name	Drug Tier	Requirements/Limits
<b>HYPNOTICS/SEDATIVES/SLEEP DISORDER AGENTS (CONTINUED)</b>		
<b>BARBITURATE HYPNOTICS</b>		
<i>phenobarbital (15 mg tab, 16.2 mg tab, 30 mg tab, 32.4 mg tab, 60 mg tab, 64.8 mg tab, 97.2 mg tab, 100 mg tab)</i>	2	
<i>phenobarbital (20 mg/5ml elixir, 20 mg/5ml solution)</i>	2	
SEZABY	5	PN (5 DAYS SUPPLY PER FILL)
<b>NON-BARBITURATE HYPNOTICS</b>		
<i>estazolam</i>	2	
<i>eszopiclone</i>	2	
<i>midazolam hcl 2 mg/ml syrup</i>	2	
MIDAZOLAM-SODIUM CHLORIDE (PF)	5	PA, QL (30 ml per 21 day(s)), PN (21 DAYS SUPPLY PER FILL)
QUAZEPAM	2	
<i>temazepam</i>	2	
<i>triazolam</i>	2	
<i>zaleplon</i>	2	
<i>zolpidem tartrate (1.75 mg sl tab, 3.5 mg sl tab)</i>	2	PA
<i>zolpidem tartrate (5 mg tab, 10 mg tab)</i>	2	
<i>zolpidem tartrate er</i>	2	
<b>SELECTIVE MELATONIN RECEPTOR AGONISTS</b>		
<i>ramelteon</i>	2	ST
<b>LAXATIVES (CONTINUED)</b>		
<b>LAXATIVE COMBINATIONS</b>		
CLENPIQ 10-3.5-12 MG-GM -GM/160ML SOLUTION	4	PN (\$0 copay for members age 45-75 years)
CLENPIQ 10-3.5-12 MG-GM -GM/175ML SOLUTION	4	PN (\$0 copay for members age 45-75 years)
GAVILYTE-C	2	PN (\$0 copay for members age 45-75 years)
<i>gavilyte-g</i>	2	PN (\$0 copay for members age 45-75 years)
<i>gavilyte-n with flavor pack</i>	2	PN (\$0 copay for members age 45-75 years)
<i>na sulfate-k sulfate-mg sulf</i>	2	PN (\$0 copay for members age 45-75 years)

Drug Name	Drug Tier	Requirements/Limits
<i>peg 3350-kcl-na bicarb-nacl</i>	2	PN (\$0 copay for members age 45-75 years)
<i>peg-3350/electrolytes</i>	2	PN (\$0 copay for members age 45-75 years)
<i>peg-3350/electrolytes/ascorbat</i>	2	PN (\$0 copay for members age 45-75 years)
<i>peg-kcl-nacl-nasulf-na asc-c</i>	2	PN (\$0 copay for members age 45-75 years)
PLENVU	4	PN (\$0 copay for members age 45-75 years)
<i>trilyte</i>	2	PN (\$0 copay for members age 45-75 years)
<b>LAXATIVES - MISCELLANEOUS</b>		
<i>constulose</i>	2	
KRISTALOSE	3	PA
<i>lactulose (10 gm packet, 10 gm/15ml solution, 20 gm/30ml solution)</i>	2	
<b>MACROLIDES (CONTINUED)</b>		
<b>AZITHROMYCIN</b>		
<i>azithromycin (1 gm packet, 100 mg/5ml recon susp, 200 mg/5ml recon susp, 250 mg tab, 500 mg tab, 600 mg tab)</i>	2	
<b>CLARITHROMYCIN</b>		
CLARITHROMYCIN (125 MG/5ML RECON SUSP, 250 MG TAB, 250 MG/5ML RECON SUSP, 500 MG TAB)	2	
<i>clarithromycin er</i>	2	
<b>ERYTHROMYCINS</b>		
E.E.S. 400	2	
<i>ery-tab</i>	2	
ERYTHROCIN STEARATE	2	
<i>erythromycin (250 mg tab dr, 333 mg tab dr, 500 mg tab dr)</i>	2	
<i>erythromycin base (250 mg cp dr part, 250 mg tab, 250 mg tab dr, 333 mg tab dr, 500 mg tab, 500 mg tab dr)</i>	2	
<i>erythromycin ethylsuccinate (200 mg/5ml recon susp, 400 mg tab, 400 mg/5ml recon susp)</i>	2	
<b>FIDAXOMICIN</b>		
DIFICID 200 MG TAB	4	PA, QL (20 ea per fill)

Drug Name	Drug Tier	Requirements/Limits
DIFICID 40 MG/ML RECON SUSP	4	PA, QL (150 ml per fill)
<b>MEDICAL DEVICES AND SUPPLIES (CONTINUED)</b>		
<b>CONTRACEPTIVES</b>		
CAYA	1	
FEMCAP	1	
OMNIFLEX DIAPHRAGM	1	
WIDE-SEAL DIAPHRAGM 60	1	
WIDE-SEAL DIAPHRAGM 65	1	
WIDE-SEAL DIAPHRAGM 70	1	
WIDE-SEAL DIAPHRAGM 75	1	
WIDE-SEAL DIAPHRAGM 80	1	
WIDE-SEAL DIAPHRAGM 85	1	
WIDE-SEAL DIAPHRAGM 90	1	
WIDE-SEAL DIAPHRAGM 95	1	
<b>DIABETIC SUPPLIES</b>		
BD MICROTAINER LANCETS	3	
DEXCOM G6 RECEIVER	3	QL (1 ea per 730 days)
DEXCOM G6 SENSOR	3	QL (0.1 ea per 1 day(s))
DEXCOM G6 TRANSMITTER	3	QL (1 ea per 90 days), PN (90 DAYS SUPPLY PER FILL)
DEXCOM G7 RECEIVER	3	QL (1 ea per 730 days)
DEXCOM G7 SENSOR	3	QL (0.1 ea per 1 day(s))
FREESTYLE LIBRE 14 DAY READER	3	QL (1 ea per 730 days)
FREESTYLE LIBRE 14 DAY SENSOR	3	QL (0.072 ea per 1 day(s))
FREESTYLE LIBRE 2 READER	3	QL (1 ea per 730 days)
FREESTYLE LIBRE 2 SENSOR	3	QL (0.072 ea per 1 day(s))
FREESTYLE LIBRE 3 SENSOR	3	QL (0.072 ea per 1 day(s))
FREESTYLE LIBRE READER	3	QL (1 ea per 730 days)
FREESTYLE LIBRE SENSOR SYSTEM	3	QL (1 ea per 10 days)
OMNIPOD 5 G6 INTRO (GEN 5)	3	
OMNIPOD 5 G6 PODS (GEN 5)	3	

<b>Drug Name</b>	<b>Drug Tier</b>	<b>Requirements/Limits</b>
OMNIPOD 5 G7 INTRO (GEN 5)	3	
OMNIPOD 5 G7 PODS (GEN 5)	3	
OMNIPOD 5 PACK	3	
OMNIPOD CLASSIC PDM (GEN 3)	3	
OMNIPOD DASH INTRO (GEN 4)	3	
OMNIPOD DASH PDM (GEN 4)	3	
OMNIPOD DASH PODS (GEN 4)	3	
V-GO 20	3	QL (1 ea per 1 days)
V-GO 30	3	QL (1 ea per 1 days)
V-GO 40	3	QL (1 ea per 1 days)
<b>MISC. DEVICES</b>		
ALCOH-GLOVE CONTOURED WIPE	3	
ALCOH-WIPE	3	
ESSENTRA WIPES 9X9"	3	
<b>OPTICAL AND OPHTHALMIC SUPPLIES</b>		
SUSVIMO OCULAR IMPLANT	5	PA, QL (2 ea per lifetime), SP
<b>PARENTERAL THERAPY SUPPLIES</b>		
AQ INSULIN SYRINGE	3	
AQINJECT PEN NEEDLE	3	
ASSURE ID INSULIN SAFETY SYR (X 1/2" 0.5 ML MISC, X 1/2" 1 ML MISC)	3	
BD INSULIN SYRINGE U-500	3	
BD PEN NEEDLE NANO U/F	3	
BD SAFETYGLIDE INSULIN SYRINGE 31G X 15/64" 0.3 ML MISC	3	
CEQR SIMPLICITY 2U	3	QL (10 ea per 30 days), AL (21 to 999 yrs old)
DROPSAFE SAFETY SYRINGE/NEEDLE	3	
INSULIN SYRINGE-NEEDLE U-100 (27G X 1/2" 0.5 ML MISC, 27G X 1/2" 1 ML MISC, 28G X 1/2" 0.5 ML MISC, 28G X 1/2" 1 ML MISC, 29G X 1/2" 0.5 ML MISC, 29G X 1/2" 1 ML MISC, 30G X 1/2" 1 ML MISC, 30G X 5/16" 0.5 ML MISC, 31G X 5/16" 0.5 ML MISC, 31G X 5/16" 1 ML MISC)	3	
MAGELLAN INSULIN SAFETY SYR	3	

<b>Drug Name</b>	<b>Drug Tier</b>	<b>Requirements/Limits</b>
MARATHON MEDICAL PENTIPS	3	
MONOJECT INSULIN SYRINGE (27G X 1/2" 1 ML MISC, 28G X 1/2" 0.5 ML MISC, 28G X 1/2" 1 ML MISC, 29G X 1/2" 0.3 ML MISC, 29G X 1/2" 0.5 ML MISC, 29G X 1/2" 1 ML MISC, 30G X 5/16" 0.3 ML MISC, 30G X 5/16" 0.5 ML MISC, 30G X 5/16" 1 ML MISC, U-100 1 ML MISC)	3	
MONOJECT ULTRA COMFORT SYRINGE (28G X 1/2" 0.5 ML MISC, 28G X 1/2" 1 ML MISC, 30G X 5/16" 0.3 ML MISC, 30G X 5/16" 0.5 ML MISC)	3	
NOVOPEN ECHO	3	
PEN NEEDLES (30G X 5 MISC, 31G X 5 MISC, 31G X 8 MISC, 32G X 4 MISC)	3	
PENTIPS (29G X 12MM MISC, 31G X 5 MM MISC, 31G X 8 MM MISC, 32G X 4 MM MISC)	3	
PRO COMFORT PEN NEEDLES (31G X 8 MISC, 32G X 4 MISC, 32G X 5 MISC)	3	
SURE COMFORT INSULIN SYRINGE (28G X 1/2" 0.5 ML MISC, 28G X 1/2" 1 ML MISC, 29G X 1/2" 0.5 ML MISC, 29G X 1/2" 1 ML MISC, 30G X 1/2" 0.5 ML MISC, 30G X 5/16" 0.3 ML MISC, 30G X 5/16" 0.5 ML MISC, 30G X 5/16" 1 ML MISC, 31G X 1/4" 0.3 ML MISC, 31G X 1/4" 0.5 ML MISC, 31G X 1/4" 1 ML MISC, 31G X 5/16" 0.3 ML MISC)	3	
SURE COMFORT PEN NEEDLES (31G X 6 MISC, 32G X 4 MISC)	3	
ULTICARE INSULIN SAFETY SYR	3	
ULTILET INSULIN SYRINGE 31G X 15/64" 0.3 ML MISC	3	
<b>RESPIRATORY THERAPY SUPPLIES</b>		
ADULT MASK LARGE	3	
OPTICHAMBER DIAMOND MISC	3	
OPTICHAMBER DIAMOND-LG MASK	3	
OPTICHAMBER DIAMOND-MD MASK	3	
OPTICHAMBER DIAMOND-SM MASK	3	
<b>MIGRAINE PRODUCTS (CONTINUED)</b>		
<b>CALCITONIN GENE-RELATED PEPTIDE (CGRP) RECEPTOR ANTAG</b>		
AIMOVIG	3	PA, QL (1 ml per 28 days)
AJOVY	5	PA, QL (1.5 ml per 28 days)
EMGALITY	3	PA, QL (1 ml per 28 days)
EMGALITY (300 MG DOSE)	3	PA, QL (3 ml per 28 days)

Drug Name	Drug Tier	Requirements/Limits
NURTEC	3	PA, QL (18 ea per 30 days)
QULIPTA (30 MG TAB, 60 MG TAB)	3	PA, QL (60 ea per 30 days)
QULIPTA 10 MG TAB	3	PA, QL (30 ea per 30 days)
UBRELVY	3	PA, QL (16 ea per 30 days), PN (30 DAYS SUPPLY PER FILL)
<b>MIGRAINE COMBINATIONS</b>		
ERGOTAMINE-CAFFEINE	2	
MIGERGOT	2	
<i>sumatriptan-naproxen sodium</i>	2	PA, QL (16 ea per 28 days)
<b>MIGRAINE PRODUCTS</b>		
<i>dihydroergotamine mesylate</i>	2	
<b>SEROTONIN AGONISTS</b>		
<i>almotriptan malate</i>	2	PA, QL (16 ea per 28 days)
<i>eletriptan hydrobromide</i>	2	PA, QL (16 ea per 28 days)
<i>frovatriptan succinate</i>	2	PA, QL (16 ea per 28 days)
<i>naratriptan hcl</i>	2	QL (16 ea per 28 days)
<i>rizatriptan benzoate</i>	2	QL (16 ea per 28 days)
<i>sumatriptan</i>	2	QL (16 ea per 28 days)
<i>sumatriptan succinate (25 mg tab, 50 mg tab, 100 mg tab)</i>	2	QL (16 ea per 28 days)
<i>sumatriptan succinate (4 mg/0.5ml soln a-inj, 6 mg/0.5ml soln a-inj, 6 mg/0.5ml solution)</i>	2	QL (8 ml per 28 days)
<i>sumatriptan succinate refill</i>	2	QL (8 ml per 28 days)
ZEMBRACE SYMTOUCH	4	PA, QL (8 ml per 28 days), PN (28 DAYS SUPPLY PER FILL)
ZOLMITRIPTAN (2.5 MG SOLUTION, 5 MG SOLUTION)	2	PA, QL (16 ea per 28 days)
<i>zolmitriptan (2.5 mg tab, 2.5 mg tab disp, 5 mg tab, 5 mg tab disp)</i>	2	QL (16 ea per 28 days)
<b>MINERALS ELECTROLYTES (CONTINUED)</b>		
<b>FLUORIDE</b>		
<i>nafrinse</i>	2	PN (\$0 Copay for 6 months through 16 years of age)
<i>sodium fluoride (0.55 (0.25 f) mg chew tab, 1.1 (0.5 f) mg chew tab, 1.1 (0.5 f) mg/ml solution, 2.2 (1 f) mg chew tab)</i>	2	PN (\$0 Copay for 6 months through 16 years of age)



Drug Name	Drug Tier	Requirements/Limits
<b>PHOSPHATE</b>		
K-PHOS	3	
<i>phospho-trin k500</i>	3	
<b>POTASSIUM</b>		
<i>effer-k 25 meq effer tab</i>	2	
<i>k-prime</i>	2	
<i>klor-con (8 tab er, 20 packet)</i>	2	
<i>klor-con 10</i>	2	
<i>klor-con m10</i>	2	
<i>klor-con m15</i>	2	
<i>klor-con m20</i>	2	
<i>klor-con sprinkle</i>	2	
<i>klor-con/ef</i>	2	
<i>potassium chloride (10 % solution, 20 meq packet, 20 meq/15ml (10%) solution, 40 meq/15ml (20%) solution)</i>	2	
<i>potassium chloride crys er</i>	2	
<i>potassium chloride er (8 cap er, 8 tab er, 10 cap er, 10 tab er, 15 tab er, 20 tab er)</i>	2	
<b>MISCELLANEOUS THERAPEUTIC CLASSES (CONTINUED)</b>		
<b>CHELATING AGENTS</b>		
<i>penicillamine</i>	2	SP
<i>trientine hcl 250 mg cap</i>	2	SP
<b>ENZYMES</b>		
XIAFLEX	5	PA, SP, PN (34 DAYS SUPPLY PER FILL)
<b>IMMUNOMODULATORS</b>		
JOENJA	5	PA, LA, QL (60 ea per 30 day(s)), SP, PN (30 DAYS SUPPLY PER FILL)
<i>lenalidomide (15 mg cap, 20 mg cap, 25 mg cap)</i>	2	QL (21 ea per 28 days), PA-NSO, SP
<i>lenalidomide (2.5 mg cap, 5 mg cap, 10 mg cap)</i>	2	QL (28 ea per 28 days), PA-NSO, SP
REVLIMID (15 MG CAP, 20 MG CAP, 25 MG CAP)	4	QL (21 ea per 28 days), PA-NSO, SP
REVLIMID (2.5 MG CAP, 5 MG CAP, 10 MG CAP)	4	QL (28 ea per 28 days), PA-NSO, SP
REZUROCK	5	PA, QL (30 ea per 30 days), SP, PN (30 DAYS SUPPLY PER FILL)

<b>Drug Name</b>	<b>Drug Tier</b>	<b>Requirements/Limits</b>
THALOMID	5	SP, PN (34 DAYS SUPPLY PER FILL)
VYVGART	5	PA, SP, PN (34 DAYS SUPPLY PER FILL)
VYVGART HYTRULO	5	PA, QL (22.4 ml per 50 days), SP, PN (50 DAYS SUPPLY PER FILL)
<b>IMMUNOSUPPRESSIVE AGENTS</b>		
<i>azathioprine 50 mg tab</i>	2	
<i>cyclosporine (25 mg cap, 100 mg cap)</i>	2	
<i>cyclosporine modified (25 mg cap, 50 mg cap, 100 mg cap, 100 mg/ml solution)</i>	2	
ENSPRYNG	5	PA, QL (1 ml per 28 days), SP, PN (28 DAYS SUPPLY PER FILL)
ENVARUSUS XR	4	
<i>everolimus (0.25 mg tab, 0.5 mg tab, 0.75 mg tab)</i>	5	PA
<i>everolimus 1 mg tab</i>	2	PA
GAMIFANT	5	PA, LA, SP, PN (34 DAYS SUPPLY PER FILL)
<i>gengraf (25 mg cap, 100 mg cap, 100 mg/ml solution)</i>	2	
LUPKYNIS	5	PA, LA, QL (180 ea per 30 days), SP, PN (30 DAYS SUPPLY PER FILL)
<i>mycophenolate mofetil (200 mg/ml recon susp, 250 mg cap, 500 mg tab)</i>	2	
<i>mycophenolate sodium</i>	2	
<i>mycophenolic acid</i>	2	
NEORAL (25 MG CAP, 100 MG CAP, 100 MG/ML SOLUTION)	4	
NULOJIX	5	PA, PN (34 DAYS SUPPLY PER FILL)
PROGRAF (0.2 MG PACKET, 0.5 MG CAP, 1 MG CAP, 1 MG PACKET, 5 MG CAP)	4	
SANDIMMUNE (25 MG CAP, 100 MG CAP, 100 MG/ML SOLUTION)	4	
<i>sirolimus (0.5 mg tab, 1 mg tab, 1 mg/ml solution, 2 mg tab)</i>	2	PA
<i>tacrolimus (0.5 mg cap, 1 mg cap, 5 mg cap)</i>	2	
UPLIZNA	5	PA, QL (30 ml per 180 days), SP
<b>LYMPHATIC AGENTS</b>		
SYLVANT	5	PA, SP, PN (34 DAYS SUPPLY PER FILL)
<b>PIK3CA-RELATED OVERGROWTH SPECTRUM (PROS) AGENTS</b>		
VIJOICE (125 MG TAB THPK, 200 & 50 MG TAB THPK)	5	PA, QL (56 ea per 28 days), SP, PN (28 DAYS SUPPLY PER FILL)

Drug Name	Drug Tier	Requirements/Limits
VIJOICE 50 MG TAB THPK	5	PA, QL (28 ea per 28 days), SP, PN (28 DAYS SUPPLY PER FILL)
<b>POTASSIUM REMOVING AGENTS</b>		
<i>kionex</i>	2	
LOKELMA 10 GM PACKET	4	PA, QL (1.14 ea per 1 days)
LOKELMA 5 GM PACKET	4	PA, QL (1 ea per 1 days)
<i>sodium polystyrene sulfonate (15 gm/60ml suspension, powder)</i>	2	
SPS	2	
VELTASSA	4	PA, QL (1 ea per 1 days)
<b>PROGERIA TREATMENT AGENTS</b>		
ZOKINVY	5	PA, LA, SP, PN (34 DAYS SUPPLY PER FILL)
<b>SYSTEMIC LUPUS ERYTHEMATOSUS AGENTS</b>		
BENLYSTA (120 MG RECON SOLN, 400 MG RECON SOLN)	5	PA, SP, PN (34 DAYS SUPPLY PER FILL)
BENLYSTA 200 MG/ML SOLN A-INJ	5	PA, QL (4 ml per 28 days), SP
BENLYSTA 200 MG/ML SOLN PRSYR	5	PA, QL (4 ml per 28 days), SP, PN (28 DAYS SUPPLY PER FILL)
SAPHNELO	5	PA, QL (2 ml per 28 days), SP, PN (28 DAYS SUPPLY PER FILL)
<b>UREMIC PRURITUS AGENTS</b>		
KORSUVA	5	PA, PN (34 DAYS SUPPLY PER FILL)
<b>MOUTH/THROAT/DENTAL AGENTS (CONTINUED)</b>		
<b>ANESTHETICS TOPICAL ORAL</b>		
FIRST-MOUTHWASH BLM	4	
LIDOCAINE HCL 4 % SOLUTION	2	
<i>lidocaine viscous hcl</i>	2	
<b>ANTI-INFECTIVES - THROAT</b>		
<i>clotrimazole 10 mg troche</i>	2	
<i>nystatin 100000 unit/ml suspension</i>	2	
<b>ANTISEPTICS - MOUTH/THROAT</b>		
<i>chlorhexidine gluconate 0.12 % solution</i>	2	
<i>paroex</i>	2	

<b>Drug Name</b>	<b>Drug Tier</b>	<b>Requirements/Limits</b>
<i>periogard</i>	2	
<b>DENTAL PRODUCTS</b>		
<i>cavarest</i>	2	PN (\$0 Copay for 6 months through 16 years of age)
<i>denta 5000 plus</i>	2	PN (\$0 Copay for 6 months through 16 years of age)
<i>dentagel</i>	2	PN (\$0 Copay for 6 months through 16 years of age)
<i>just right 5000 1.1 % gel</i>	2	PN (\$0 Copay for 6 months through 16 years of age)
<i>sf</i>	2	PN (\$0 Copay for 6 months through 16 years of age)
<i>sf 5000 plus</i>	2	PN (\$0 Copay for 6 months through 16 years of age)
<i>sodium fluoride (0.2 % solution, 1.1 % cream, 1.1 % gel)</i>	2	PN (\$0 Copay for 6 months through 16 years of age)
<i>sodium fluoride 5000 enamel</i>	2	
<i>sodium fluoride 5000 plus</i>	2	PN (\$0 Copay for 6 months through 16 years of age)
<i>sodium fluoride 5000 ppm (1.1 % cream, 1.1 % gel)</i>	2	PN (\$0 Copay for 6 months through 16 years of age)
<i>sodium fluoride 5000 ppm 1.1 % paste</i>	2	
<i>sodium fluoride 5000 sensitive</i>	2	
<b>STERIODS - MOUTH/THROAT/DENTAL</b>		
<i>kourzeq</i>	2	
<i>oralone</i>	2	
<i>triamcinolone acetonide 0.1 % paste</i>	2	
<b>THROAT PRODUCTS - MISC.</b>		
<i>pilocarpine hcl (5 mg tab, 7.5 mg tab)</i>	2	
<b>MULTIVITAMINS (CONTINUED)</b>		
<b>MULTIPLE VITAMINS W/ MINERALS</b>		
ONEVITE	2	
THRIVITE 19	2	
<b>PED MULTI VITAMINS W/FL &amp; FE</b>		
<i>multi-vitamin/fluoride/iron</i>	2	

Drug Name	Drug Tier	Requirements/Limits
POLY-VI-FLOR/IRON (POLY-VI-FLOR/IRON 0.25-7 MG/ML SUSPENSION, POLY-VI-FLOR/IRON 0.5-10 MG CHEW TAB)	2	
<b>PED MV W/ FLUORIDE</b>		
<i>multi-vitamin/fluoride</i>	2	
MULTIVITAMIN W/FLUORIDE (0.25 MG CHEW TAB, 0.5 MG CHEW TAB, 1 MG CHEW TAB)	2	
MULTIVITAMIN/FLUORIDE (MULTIVITAMIN/FLUORIDE 0.25 MG CHEW TAB, MULTIVITAMIN/FLUORIDE 0.5 MG CHEW TAB, MULTIVITAMIN/FLUORIDE 1 MG CHEW TAB)	2	
<i>multivitamins/fluoride</i>	2	
POLY-VI-FLOR (0.25 MG/ML SUSPENSION, 0.5 MG CHEW TAB)	2	
TRI-VI-FLOR	2	
TRI-VI-FLORO	2	
<i>tri-vite/fluoride 0.25 mg/ml solution</i>	2	
<i>vitamins acd-fluoride</i>	2	
<b>PRENATAL VITAMINS</b>		
ATABEX EC	2	
ATABEX OB	2	
AZESCO	2	
BAL-CARE DHA	2	
C-NATE DHA	2	
CITRANATAL 90 DHA	2	
CITRANATAL ASSURE	2	
CITRANATAL B-CALM	2	
CITRANATAL BLOOM	2	
CITRANATAL BLOOM DHA	2	
CITRANATAL DHA	2	
CITRANATAL HARMONY	2	
CITRANATAL RX	2	
COMPLETE NATAL DHA	2	
COMPLETENATE	2	
CONCEPT DHA	2	

<b>Drug Name</b>	<b>Drug Tier</b>	<b>Requirements/Limits</b>
CONCEPT OB	2	
DUET DHA 400	2	
DUET DHA BALANCED	2	
ELITE-OB	2	
ENBRACE HR	2	
FOLIVANE-OB	2	
KOSHER PRENATAL PLUS IRON	2	
M-NATAL PLUS	2	
MULTI-MAC	2	
NATACHEW	2	
NEEVO DHA	2	
NEONATAL COMPLETE 27-1 MG TAB	2	
NEONATAL PLUS	2	
NESTABS	2	
NESTABS DHA	2	
NESTABS ONE	2	
NIVA-PLUS	2	
O-CAL PRENATAL	2	
OB COMPLETE	2	
OB COMPLETE ONE	2	
OB COMPLETE PETITE	2	
OB COMPLETE PREMIER	2	
OB COMPLETE/DHA	2	
OBSTETRIX EC (WITH DOCUSATE)	2	
OBSTETRIX ONE (WITH DOCUSATE)	2	
ONE VITE WOMENS PLUS	2	
PNV-DHA	2	
PNV-DHA+DOCUSATE	2	
PNV-OMEGA	2	
PNV-SELECT	2	
PR NATAL 400	2	

<b>Drug Name</b>	<b>Drug Tier</b>	<b>Requirements/Limits</b>
PR NATAL 400 EC	2	
PR NATAL 430	2	
PR NATAL 430 EC	2	
PREGEN DHA	2	
PREMESISRX	2	
PRENA 1 TRUE	2	
PRENA1	2	
PRENA1 PEARL	2	
PRENAISSANCE	2	
PRENAISSANCE PLUS	2	
PRENATAL 19 (29-1 MG CHEW TAB, 29-1 MG TAB, CHEW TAB)	2	
PRENATAL 27-1 MG TAB	2	
PRENATAL PLUS	2	
PRENATAL PLUS VITAMIN/MINERAL	2	
PRENATAL VITAMIN PLUS LOW IRON	2	
PRENATAL-U	2	
PRENATE	2	
PRENATE AM	2	
PRENATE DHA	2	
PRENATE ELITE	2	
PRENATE ENHANCE	2	
PRENATE ESSENTIAL	2	
PRENATE MINI	2	
PRENATE PIXIE	2	
PRENATE RESTORE	2	
PRENATRIX	2	
PRENATRYL	2	
PREPLUS	2	
PRIMACARE	2	
PROVIDA OB	2	

<b>Drug Name</b>	<b>Drug Tier</b>	<b>Requirements/Limits</b>
R-NATAL OB	2	
RELNATE DHA	2	
SE-NATAL 19	2	
SELECT-OB	2	
SELECT-OB+DHA	2	
TARON-C DHA	2	
TARON-PREX	2	
TRI-TABS DHA	2	
TRICARE	2	
TRICARE PRENATAL DHA ONE	2	
TRINATAL RX 1	2	
TRINATE	2	
TRISTART DHA	2	
TRIVEEN-DUO DHA	2	
VINATE DHA RF	2	
VINATE II	2	
VINATE ONE	2	
VIRT-C DHA	2	
VIRT-NATE DHA	2	
VIRT-PN DHA	2	
VIRT-PN PLUS	2	
VITAFOL GUMMIES	2	
VITAFOL ULTRA	2	
VITAFOL-NANO	2	
VITAFOL-OB	2	
VITAFOL-OB+DHA	2	
VITAFOL-ONE	2	
VITAMEDMD ONE RX/QUATREFOLIC	2	
VITAMEDMD REDICHEW RX	2	
VITAPEARL	2	
VITATHELY WITH GINGER	2	



Drug Name	Drug Tier	Requirements/Limits
VITATRUE	2	
VIVA DHA	2	
VOL-PLUS	2	
VP-PNV-DHA	2	
WESCAP-C DHA	2	
WESCAP-PN DHA	2	
WESNATAL DHA COMPLETE	2	
WESNATE DHA	2	
WESTAB PLUS	2	
WESTGEL DHA	2	
ZALVIT	2	
ZATEAN-PN DHA	2	
ZATEAN-PN PLUS	2	
ZIPHEX	2	
<b>MUSCULOSKELETAL THERAPY AGENTS (CONTINUED)</b>		
<b>CENTRAL MUSCLE RELAXANTS</b>		
<i>baclofen (5 mg tab, 10 mg tab, 20 mg tab)</i>	2	
BACLOFEN 5 MG/5ML SOLUTION	2	PA, QL (16 ml per 1 day(s)), SP
<i>carisoprodol</i>	2	
<i>chlorzoxazone</i>	2	
<i>cyclobenzaprine hcl</i>	2	
<i>metaxalone</i>	2	
<i>methocarbamol (500 mg tab, 750 mg tab)</i>	2	
<i>orphenadrine citrate er</i>	2	
<i>tizanidine hcl</i>	2	
<i>vanadom</i>	2	
<b>DIRECT MUSCLE RELAXANTS</b>		
<i>dantrolene sodium (25 mg cap, 50 mg cap, 100 mg cap)</i>	2	
<b>FIBRODYSPLASIA OSSIFICANS PROGRESSIVA (FOP) AGENTS</b>		
SOHONOS (1.5 MG CAP, 10 MG CAP)	5	PA, LA, QL (2 ea per 30 days), SP, PN (30 DAYS SUPPLY PER FILL)

<b>Drug Name</b>	<b>Drug Tier</b>	<b>Requirements/Limits</b>
SOHONOS 1 MG CAP	5	PA, LA, QL (4 ea per 30 days), SP, PN (30 DAYS SUPPLY PER FILL)
SOHONOS 2.5 MG CAP	5	PA, LA, QL (3 ea per 30 days), SP, PN (30 DAYS SUPPLY PER FILL)
SOHONOS 5 MG CAP	5	PA, LA, QL (1 ea per 30 days), SP, PN (30 DAYS SUPPLY PER FILL)
<b>MUSCLE RELAXANT COMBINATIONS</b>		
CARISOPRODOL-ASPIRIN-CODEINE	2	
<b>VISCOSUPPLEMENTS</b>		
DUROLANE	5	QL (3 ml per 180 day(s)), SP, PN (180 DAYS SUPPLY PER FILL)
EUFLEXXA	5	QL (6 ml per 180 day(s)), SP, PN (180 DAYS SUPPLY PER FILL)
GEL-ONE	5	PA, QL (3 ml per 180 day(s)), SP, PN (180 DAYS SUPPLY PER FILL)
GELSYN-3	5	PA, SP, PN (180 DAYS SUPPLY PER FILL)
GENVISC 850	5	PA, QL (6 ml per 180 day(s)), SP, PN (180 DAYS SUPPLY PER FILL)
HYALGAN 20 MG/2ML SOLN PRSYR	5	PA, QL (10 ml per 180 day(s)), SP, PN (180 DAYS SUPPLY PER FILL)
HYALGAN 20 MG/2ML SOLUTION	5	PA, SP, PN (34 DAYS SUPPLY PER FILL)
HYMOVIS	5	PA, QL (6 ml per 180 day(s)), SP, PN (180 DAY SUPPLY PER FILL)
MONOVISC	5	PA, QL (4 ml per 180 day(s)), SP, PN (180 DAY SUPPLY PER FILL)
ORTHOVISC	5	PA, QL (8 ml per 180 day(s)), SP, PN (180 DAYS SUPPLY PER FILL)
SODIUM HYALURONATE	5	PA, QL (6 ml per 180 day(s)), SP, PN (180 DAYS SUPPLY PER FILL)
SUPARTZ FX	5	PA, QL (12.5 ml per 180 day(s)), SP, PN (180 DAYS SUPPLY PER FILL)
SYNOJOYNT	5	PA, QL (6 ml per 180 day(s)), SP, PN (180 DAYS SUPPLY PER FILL)
SYNVISC	5	QL (6 ml per 180 day(s)), SP, PN (180 DAYS SUPPLY PER FILL)
SYNVISC ONE	5	QL (6 ml per 180 day(s)), SP, PN (180 DAYS SUPPLY PER FILL)
TRILURON	5	PA, QL (6 ml per 180 day(s)), SP, PN (180 DAYS SUPPLY PER FILL)

<b>Drug Name</b>	<b>Drug Tier</b>	<b>Requirements/Limits</b>
TRIVISC	5	PA, QL (7.5 ml per 180 days), SP, PN (180 DAYS SUPPLY PER FILL)
VISCO-3	5	PA, QL (7.5 ml per 180 day(s)), SP, PN (180 DAYS SUPPLY PER FILL)
<b>NASAL AGENTS - SYSTEMIC AND TOPICAL (CONTINUED)</b>		
<b>NASAL AGENT COMBINATIONS</b>		
<i>azelastine-fluticasone</i>	2	
<b>NASAL ANTIALLERGY</b>		
<i>azelastine hcl (0.1 % solution, 0.15 % solution, 137 mcg/spray solution)</i>	2	
<i>olopatadine hcl 0.6 % solution</i>	2	
<b>NASAL ANTICHOLINERGICS</b>		
<i>ipratropium bromide (0.03 % solution, 0.06 % solution)</i>	2	
<b>NASAL STEROIDS</b>		
BECONASE AQ	4	PA
<i>flunisolide</i>	2	
<i>fluticasone propionate 50 mcg/act suspension</i>	2	
<i>mometasone furoate 50 mcg/act suspension</i>	2	
OMNARIS	4	PA
QNASL	4	PA
QNASL CHILDRENS	4	PA
ZETONNA	4	PA
<b>NEUROMUSCULAR AGENTS (CONTINUED)</b>		
<b>ALS AGENTS</b>		
EXSERVAN	5	PA, LA, QL (60 ea per 30 days), SP, PN (30 DAYS SUPPLY PER FILL)
QALSODY	5	PA, LA, SP, PN (MAX 28 DAYS SUPPLY PER FILL)
RADICAVA	5	PA, LA, SP, PN (34 DAYS SUPPLY PER FILL)
RADICAVA ORS	5	PA, QL (50 ml per 28 day(s)), SP, PN (180 DAYS SUPPLY PER FILL)
RADICAVA ORS STARTER KIT	5	PA, QL (70 ml per 28 day(s)), SP, PN (28 DAY SUPPLY IN 180 DAYS)

Drug Name	Drug Tier	Requirements/Limits
RELYVRIO	5	PA, QL (56 ea per 28 days), SP, PN (28 DAYS SUPPLY PER FILL)
<i>riluzole</i>	2	PN (34 DAYS SUPPLY PER FILL)
TEGLUTIK	5	PA, LA, QL (600 ml per 30 days), SP, PN (30 DAYS SUPPLY PER FILL)
TIGLUTIK	5	PA, LA, QL (600 ml per 30 days), SP, PN (30 DAYS SUPPLY PER FILL)
<b>FRIEDRICHS ATAXIA AGENTS</b>		
SKYCLARYS	5	PA, LA, QL (90 ea per 30 days), SP, PN (MAX 30 DAYS SUPPLY PER FILL)
<b>MUSCULAR DYSTROPHY AGENTS</b>		
AMONDYS 45	5	PA, LA, SP, PN (28 DAYS SUPPLY PER FILL)
EXONDYS 51	5	PA, LA, SP, PN (34 DAYS SUPPLY PER FILL)
VILTEPSO	5	PA, LA, SP, PN (34 DAYS SUPPLY PER FILL)
VYONDYS 53	5	PA, LA, SP, PN (34 DAYS SUPPLY PER FILL)
<b>NEUROMUSCULAR BLOCKING AGENT - NEUROTOXINS</b>		
BOTOX	5	PA, SP, PN (90 DAYS SUPPLY PER FILL)
DYSPORE	5	PA, SP, PN (90 DAYS SUPPLY PER FILL)
MYOBLOC	5	PA, SP, PN (90 DAYS SUPPLY PER FILL)
XEOMIN	5	PA, SP, PN (90 DAYS SUPPLY PER FILL)
<b>SPINAL MUSCULAR ATROPHY AGENTS (SMA)</b>		
EVRYSDI	5	PA, LA, QL (6.67 ml per 1 days), SP
SPINRAZA	5	PA, LA, SP
<b>NUTRIENTS (CONTINUED)</b>		
<b>LIPIDS</b>		
DOJOLVI	5	PA, SP, PN (34 DAYS SUPPLY PER FILL)
<b>OPHTHALMIC AGENTS (CONTINUED)</b>		
<b>BETA-BLOCKERS - OPHTHALMIC</b>		
BETAXOLOL HCL 0.5 % SOLUTION	2	
BETOPTIC-S	3	
CARTEOLOL HCL	2	
<i>dorzolamide hcl-timolol mal</i>	2	

Drug Name	Drug Tier	Requirements/Limits
<i>dorzolamide hcl-timolol mal pf</i>	2	
LEVOBUNOLOL HCL	2	
<i>timolol maleate (0.25 % gel f soln, 0.25 % solution, 0.5 % (daily) solution, 0.5 % gel f soln, 0.5 % solution)</i>	2	
<b>CYCLOPLEGIC MYDRIATICS</b>		
<i>altafrin 10 % solution</i>	2	
<i>atropine sulfate (1 % ointment, 1 % solution)</i>	2	
<i>cyclopentolate hcl</i>	2	
ISOPTO ATROPINE	2	
<i>phenylephrine hcl 10 % solution</i>	2	
<i>tropicamide</i>	2	
<b>MIOTICS</b>		
PHOSPHOLINE IODIDE	3	
<i>pilocarpine hcl (1 % solution, 2 % solution, 4 % solution)</i>	2	
VUITY	4	PA, QL (2.5 ml per 30 days)
<b>OPHTHALMIC - ANGIOGENESIS INHIBITORS</b>		
BEOVU 6 MG/0.05ML SOLN PRSYR	5	PA, QL (0.1 ml per 25 days), SP, PN (25 DAYS SUPPLY PER FILL)
BEOVU 6 MG/0.05ML SOLUTION	5	PA, QL (0.1 ml per 25 days), PN (25 DAYS SUPPLY PER FILL)
CIMERLI	5	PA, QL (0.1 ml per 28 days), SP, PN (28 DAYS SUPPLY PER FILL)
EYLEA	5	PA, QL (0.1 ml per 25 days), SP
EYLEA HD	5	PA, QL (0.14 ml per 21 days), SP
LUCENTIS (0.3 MG/0.05ML SOLN PRSYR, 0.5 MG/0.05ML SOLN PRSYR)	5	PA, QL (0.1 ml per 28 days), SP
LUCENTIS (0.3 MG/0.05ML SOLUTION, 0.5 MG/0.05ML SOLUTION)	5	PA, QL (0.1 ml per 28 days)
SUSVIMO (IMPLANT 1ST FILL)	5	PA, QL (0.2 ml per 168 days), SP
SUSVIMO (IMPLANT REFILL)	5	PA, QL (0.2 ml per 168 days), SP
VABYSMO	5	PA, QL (0.1 ml per 21 days), SP, PN (21 DAYS SUPPLY PER FILL)
<b>OPHTHALMIC ADRENERGIC AGENTS</b>		
ALPHAGAN P 0.1 % SOLUTION	3	

Drug Name	Drug Tier	Requirements/Limits
<i>apraclonidine hcl</i>	2	
<i>brimonidine tartrate (0.1 % solution, 0.15 % solution, 0.2 % solution)</i>	2	
SIMBRINZA	4	
<b>OPHTHALMIC ANTI-INFECTIVES</b>		
<i>ak-poly-bac</i>	2	
AZASITE	4	
BACITRACIN 500 UNIT/GM OINTMENT	2	
<i>bacitracin-polymyxin b</i>	2	
BESIVANCE	4	
CILOXAN 0.3 % OINTMENT	3	
<i>ciprofloxacin hcl 0.3 % solution</i>	2	
<i>erythromycin 5 mg/gm ointment</i>	2	
GENTAK	2	
<i>gentamicin sulfate 0.3 % solution</i>	2	
<i>levofloxacin 0.5 % solution</i>	2	
MOXIFLOXACIN HCL (2X DAY)	2	
<i>moxifloxacin hcl 0.5 % solution</i>	2	
NATACYN	3	
<i>neo-polycin</i>	2	
<i>neomycin-bacitracin zn-polymyx</i>	2	
NEOMYCIN-POLYMYXIN-GRAMICIDIN	2	
<i>ofloxacin 0.3 % solution</i>	2	
<i>polycin</i>	2	
<i>polymyxin b-trimethoprim</i>	2	
<i>sulfacetamide sodium (10 % ointment, 10 % solution)</i>	2	
<i>tobramycin 0.3 % solution</i>	2	
TRIFLURIDINE	2	
XDEMVY	5	PA, QL (10 ml per 42 days), SP, PN (42 DAYS SUPPLY PER FILL)
<b>OPHTHALMIC COMPLEMENT INHIBITORS</b>		
IZERVAY	5	PA, QL (0.2 ml per 28 days), SP, PN (28 DAYS SUPPLY PER FILL)

Drug Name	Drug Tier	Requirements/Limits
SYFOVRE	5	PA, QL (0.2 ml per 25 days), SP, PN (25 DAYS SUPPLY PER FILL)
<b>OPHTHALMIC IMMUNOMODULATORS</b>		
<i>cyclosporine 0.05 % emulsion</i>	2	
<b>OPHTHALMIC INTEGRIN ANTAGONISTS</b>		
XIIDRA	4	
<b>OPHTHALMIC NERVE GROWTH FACTORS</b>		
OXERVATE	5	PA, LA, QL (56 ml per 28 days), SP, PN (28 DAYS SUPPLY PER FILL)
<b>OPHTHALMIC PHOTODYNAMIC THERAPY AGENTS</b>		
VISUDYNE	5	SP, PN (34 DAYS SUPPLY PER FILL)
<b>OPHTHALMIC STEROIDS</b>		
<i>bacitra-neomycin-polymyxin-hc</i>	2	
BLEPHAMIDE	3	
BLEPHAMIDE S.O.P.	3	
DEXAMETHASONE SODIUM PHOSPHATE 0.1 % SOLUTION	2	
FLAREX	3	
<i>fluorometholone</i>	2	
FML FORTE	3	
ILUVIEN	5	PA, SP
MAXIDEX	3	
<i>neo-polycin hc</i>	2	
<i>neomycin-polymyxin-dexameth (3.5-10000-0.1 ointment, 3.5-10000-0.1 suspension)</i>	2	
NEOMYCIN-POLYMYXIN-HC 3.5-10000-1 SUSPENSION	2	
PRED-G	3	
PREDNISOLONE ACETATE	2	
PREDNISOLONE ACETATE P-F	2	
PREDNISOLONE SODIUM PHOSPHATE 1 % SOLUTION	2	
SULFACETAMIDE-PREDNISOLONE	2	
TOBRADEX 0.3-0.1 % OINTMENT	3	
<i>tobramycin-dexamethasone</i>	2	

Drug Name	Drug Tier	Requirements/Limits
XIPERE	5	LA, SP, PN (34 DAYS SUPPLY PER FILL)
<b>OPHTHALMICS - MISC.</b>		
ALOMIDE	4	PA
<i>azelastine hcl 0.05 % solution</i>	2	
<i>balanced salt</i>	2	
<i>brinzolamide</i>	2	
<i>bromfenac sodium (once-daily)</i>	2	
CROMOLYN SODIUM 4 % SOLUTION	2	
<i>diclofenac sodium 0.1 % solution</i>	2	
DORZOLAMIDE HCL	2	
<i>epinastine hcl</i>	2	
FLURBIPROFEN SODIUM	2	
<i>ketorolac tromethamine (0.4 % solution, 0.5 % solution)</i>	2	
<i>olopatadine hcl (0.1 % solution, 0.2 % solution)</i>	2	
<b>PROSTAGLANDINS - OPTHALMIC</b>		
<i>bimatoprost</i>	2	ST
DURYSTA	5	PA, QL (2 ea per lifetime), SP
LATANOPROST	2	
LUMIGAN	4	ST
<i>tafluprost (pf)</i>	2	PA
<i>travoprost (bak free)</i>	2	
VYZULTA	4	ST
XELPROS	3	ST
<b>OTIC AGENTS (CONTINUED)</b>		
<b>OTIC AGENTS - MISCELLANEOUS</b>		
<i>acetic acid 2 % solution</i>	2	
<b>OTIC ANTI-INFECTIVES</b>		
CIPROFLOXACIN HCL 0.2 % SOLUTION	2	
<b>OTIC COMBINATIONS</b>		
CIPRO HC	3	



<b>Drug Name</b>	<b>Drug Tier</b>	<b>Requirements/Limits</b>
<i>ciprofloxacin-dexamethasone</i>	2	
<i>neomycin-polymyxin-hc</i>	2	
<b>OTIC STEROIDS</b>		
<i>flac</i>	2	
<i>fluocinolone acetonide 0.01 % oil</i>	2	
<i>hydrocortisone-acetic acid</i>	2	
<b>OXYTOCICS (CONTINUED)</b>		
<b>OXYTOCICS</b>		
<i>methergine</i>	2	
<i>methylergonovine maleate 0.2 mg tab</i>	2	
<b>PASSIVE IMMUNIZING AND TREATMENT AGENTS (CONTINUED)</b>		
<b>IMMUNE SERUMS</b>		
ASCENIV	5	PA, SP, PN (34 DAYS SUPPLY PER FILL)
BIVIGAM	5	PA, SP, PN (34 DAYS SUPPLY PER FILL)
CUTAQUIG	5	PA, SP, PN (34 DAYS SUPPLY PER FILL)
CUVITRU	5	PA, SP, PN (34 DAYS SUPPLY PER FILL)
CYTOGAM	5	PA, SP, PN (34 DAYS SUPPLY PER FILL)
FLEBOGAMMA DIF	5	PA, SP, PN (34 DAYS SUPPLY PER FILL)
GAMASTAN	5	SP, PN (34 DAYS SUPPLY PER FILL)
GAMMAGARD	5	PA, SP, PN (34 DAYS SUPPLY PER FILL)
GAMMAGARD S/D LESS IGA	5	PA, SP, PN (34 DAYS SUPPLY PER FILL)
GAMMAKED	5	PA, SP, PN (34 DAYS SUPPLY PER FILL)
GAMMAPLEX	5	PA, SP, PN (34 DAYS SUPPLY PER FILL)
GAMUNEX-C	5	PA, SP, PN (34 DAYS SUPPLY PER FILL)
HIZENTRA	5	PA, SP, PN (34 DAYS SUPPLY PER FILL)
OCTAGAM (1 GM/20ML SOLUTION, 2 GM/20ML SOLUTION, 2.5 GM/50ML SOLUTION, 5 GM/100ML SOLUTION, 5 GM/50ML SOLUTION, 10 GM/100ML SOLUTION, 10 GM/200ML SOLUTION, 20 GM/200ML SOLUTION, 30 GM/300ML SOLUTION)	5	PA, SP, PN (34 DAYS SUPPLY PER FILL)
OCTAGAM 25 GM/500ML SOLUTION	5	PA, PN (34 DAYS SUPPLY PER FILL)
PANZYGA	5	PA, SP, PN (34 DAYS SUPPLY PER FILL)

Drug Name	Drug Tier	Requirements/Limits
PRIVIGEN	5	PA, SP, PN (34 DAYS SUPPLY PER FILL)
RHOGAM ULTRA-FILTERED PLUS	3	SP, PN (34 DAYS SUPPLY PER FILL-override)
RHOPHYLAC	3	SP, PN (34 DAYS SUPPLY PER FILL)
WINRHO SDF	5	SP, PN (34 DAYS SUPPLY PER FILL)
XEMBIFY	5	PA, SP, PN (34 DAYS SUPPLY PER FILL)
<b>MONOCLONAL ANTIBODIES</b>		
SYNAGIS	5	PA, SP
ZINPLAVA	5	PA, SP, PN (34 DAYS SUPPLY PER FILL)
<b>PASSIVE IMMUNIZING AGENTS - COMBINATIONS</b>		
HYQVIA	5	PA, SP, PN (34 DAYS SUPPLY PER FILL)
<b>PENICILLINS (CONTINUED)</b>		
<b>AMINOPENICILLINS</b>		
<i>amoxicillin (125 mg chew tab, 125 mg/5ml recon susp, 200 mg/5ml recon susp, 250 mg cap, 250 mg chew tab, 250 mg/5ml recon susp, 400 mg/5ml recon susp, 500 mg cap, 500 mg tab, 875 mg tab)</i>	2	
<i>ampicillin</i>	2	
<b>NATURAL PENICILLINS</b>		
PENICILLIN V POTASSIUM (125 MG/5ML RECON SOLN, 250 MG TAB, 250 MG/5ML RECON SOLN, 500 MG TAB)	2	
<b>PENICILLIN COMBINATIONS</b>		
AMOXICILLIN-POT CLAVULANATE (200-28.5 MG CHEW TAB, 200-28.5 MG/5ML RECON SUSP, 250-125 MG TAB, 250-62.5 MG/5ML RECON SUSP, 400-57 MG CHEW TAB, 400-57 MG/5ML RECON SUSP, 500-125 MG TAB, 600-42.9 MG/5ML RECON SUSP, 875-125 MG TAB)	2	
AMOXICILLIN-POT CLAVULANATE ER	2	
AUGMENTIN 125-31.25 MG/5ML RECON SUSP	3	
<b>PENICILLINASE-RESISTANT PENICILLINS</b>		
<i>dicloxacillin sodium</i>	2	
<b>PROGESTINS (CONTINUED)</b>		
<b>PROGESTINS</b>		
<i>hydroxyprogesterone caproate 250 mg/ml oil</i>	5	PA, PN (34 DAYS SUPPLY PER FILL)

Drug Name	Drug Tier	Requirements/Limits
MAKENA 275 MG/1.1ML SOLN A-INJ	5	PA
<i>medroxyprogesterone acetate (2.5 mg tab, 5 mg tab, 10 mg tab)</i>	2	
<i>norethindrone acetate</i>	2	
<i>progesterone (50 mg/ml oil, 100 mg cap, 200 mg cap)</i>	2	
<b>PSYCHOTHERAPEUTIC AND NEUROLOGICAL AGENTS - MISC. (CONTINUED)</b>		
<b>AGENTS FOR CHEMICAL DEPENDENCY</b>		
<i>disulfiram (250 mg tab, 500 mg tab)</i>	2	
LUCEMYRA	5	PA, QL (112 ea per 7 days), PN (7 DAYS SUPPLY PER FILL)
<b>ANTI-CATAPLECTIC AGENTS</b>		
LUMRYZ	5	PA, QL (270 ea per 30 day(s)), SP, PN (30 DAYS SUPPLY PER FILL)
SODIUM OXYBATE	5	PA, LA, QL (540 ml per 30 days), SP, PN (30 DAYS SUPPLY PER FILL)
XYREM	5	PA, LA, QL (540 ml per 30 days), SP, PN (30 DAYS SUPPLY PER FILL)
XYWAV	5	PA, LA, QL (540 ml per 30 days), SP, PN (30 DAYS SUPPLY PER FILL)
<b>ANTIDEMENTIA AGENTS</b>		
<i>donepezil hcl</i>	2	
<i>galantamine hydrobromide (4 mg tab, 4 mg/ml solution, 8 mg tab, 12 mg tab)</i>	2	
<i>galantamine hydrobromide er</i>	2	
<i>memantine hcl (2 mg/ml solution, 5 mg tab, 10 mg tab, 10 mg/5ml solution)</i>	2	
<i>memantine hcl er</i>	2	PA
<i>rivastigmine tartrate</i>	2	
<b>COMBINATION PSYCHOTHERAPEUTICS</b>		
CHLORDIAZEPOXIDE-AMITRIPTYLINE	2	
<i>olanzapine-fluoxetine hcl</i>	2	
PERPHENAZINE-AMITRIPTYLINE	2	
<b>FIBROMYALGIA AGENTS</b>		
SAVELLA	3	

<b>Drug Name</b>	<b>Drug Tier</b>	<b>Requirements/Limits</b>
SAVELLA TITRATION PACK	3	
<b>MOVEMENT DISORDER DRUG THERAPY</b>		
<i>tetrabenazine 12.5 mg tab</i>	2	PA, QL (102 ea per 34 days), SP, PN (34 DAYS SUPPLY PER FILL)
<i>tetrabenazine 25 mg tab</i>	2	PA, QL (136 ea per 34 days), SP, PN (34 DAYS SUPPLY PER FILL)
<b>MULTIPLE SCLEROSIS AGENTS</b>		
AVONEX PEN	5	QL (1 ea per 28 days), SP, PN (28 DAYS SUPPLY PER FILL)
AVONEX PREFILLED	5	QL (1 ea per 28 days), SP, PN (28 DAYS SUPPLY PER FILL)
BAFIERTAM	5	ST, QL (120 ea per 30 days), SP, PN (30 DAYS SUPPLY PER FILL)
BETASERON	5	QL (14 ea per 28 days), SP, PN (28 DAYS SUPPLY PER FILL)
BRIUMVI	5	PA, SP, PN (MAX 34 DAYS SUPPLY PER FILL)
<i>dalfampridine er</i>	2	QL (60 ea per 30 days), SP, PN (30 DAYS SUPPLY PER FILL)
<i>dimethyl fumarate 120 mg cap dr</i>	2	QL (14 ea per 7 days), SP, PN (7 DAYS SUPPLY PER FILL)
<i>dimethyl fumarate 240 mg cap dr</i>	2	QL (60 ea per 30 days), SP, PN (30 DAYS SUPPLY PER FILL)
<i>dimethyl fumarate starter pack</i>	5	QL (60 ea per 30 day(s)), SP
EXTAVIA	5	QL (15 ea per 30 day(s)), SP, PN (28 DAYS SUPPLY PER FILL)
<i>fingolimod hcl</i>	5	QL (30 ea per 30 days), SP, PN (30 DAYS SUPPLY PER FILL)
GILENYA 0.25 MG CAP	5	QL (30 ea per 30 days), SP, PN (30 DAYS SUPPLY PER FILL)
<i>glatiramer acetate 20 mg/ml soln prsyr</i>	5	QL (30 ml per 30 days), SP, PN (34 DAYS SUPPLY PER FILL)
<i>glatiramer acetate 40 mg/ml soln prsyr</i>	5	QL (12 ml per 28 days), SP, PN (28 DAYS SUPPLY PER FILL)
KESIMPTA	5	QL (0.4 ml per 28 days), SP, PN (28 DAYS SUPPLY PER FILL)
LEMTRADA	5	PA, QL (6 ml per 365 days), SP
MAVENCLAD (10 TABS)	5	PA, LA, QL (10 ea per 28 days), SP, PN (28 DAYS SUPPLY PER FILL)

<b>Drug Name</b>	<b>Drug Tier</b>	<b>Requirements/Limits</b>
MAVENCLAD (4 TABS)	5	PA, LA, QL (4 ea per 27 days), SP, PN (27 DAYS SUPPLY PER FILL)
MAVENCLAD (5 TABS)	5	PA, LA, QL (5 ea per 28 days), SP, PN (28 DAYS SUPPLY PER FILL)
MAVENCLAD (6 TABS)	5	PA, LA, QL (6 ea per 28 days), SP, PN (28 DAYS SUPPLY PER FILL)
MAVENCLAD (7 TABS)	5	PA, LA, QL (7 ea per 28 days), SP, PN (28 DAYS SUPPLY PER FILL)
MAVENCLAD (8 TABS)	5	PA, LA, QL (8 ea per 28 days), SP, PN (28 DAYS SUPPLY PER FILL)
MAVENCLAD (9 TABS)	5	PA, LA, QL (9 ea per 28 days), SP, PN (28 DAYS SUPPLY PER FILL)
MAYZENT (1 MG TAB, 2 MG TAB)	5	QL (30 ea per 30 days), SP, PN (30 DAYS SUPPLY PER FILL)
MAYZENT 0.25 MG TAB	5	QL (140 ea per 28 days), SP, PN (28 DAYS SUPPLY PER FILL)
MAYZENT STARTER PACK 0.25 MG TAB THPK	5	QL (7 ea per 4 day(s)), SP, PN (4 DAY SUPPLY IN 180 DAYS)
MAYZENT STARTER PACK 12 X 0.25 MG TAB THPK	5	QL (12 ea per 5 day(s)), SP, PN (5 DAY SUPPLY IN 180 DAYS)
OCREVUS	5	PA, QL (20 ea per 180 day(s)), SP, PN (TWO 180 DAY SUPPLIES IN 365 DAYS)
PLEGRIDY	5	QL (1 ml per 28 days), SP, PN (28 DAYS SUPPLY PER FILL)
PLEGRIDY STARTER PACK	5	QL (1 ml per 28 days), SP, PN (28 DAYS SUPPLY PER FILL)
PONVORY	5	QL (30 ea per 30 days), SP, PN (30 DAYS SUPPLY PER FILL)
PONVORY STARTER PACK	5	QL (14 ea per 14 day(s)), SP, PN (14 DAY SUPPLY IN 180 DAYS)
REBIF	5	QL (6 ml per 28 days), SP, PN (28 DAYS SUPPLY PER FILL)
REBIF REBIDOSE	5	QL (6 ml per 28 days), SP, PN (28 DAYS SUPPLY PER FILL)
REBIF REBIDOSE TITRATION PACK	5	QL (4.2 ml per 28 days), SP, PN (28 DAYS SUPPLY PER FILL)
REBIF TITRATION PACK	5	QL (4.2 ml per 28 days), SP, PN (28 DAYS SUPPLY PER FILL)
<i>teriflunomide 14 mg tab</i>	2	QL (30 ea per 30 days), SP, PN (30 DAYS SUPPLY PER FILL)

Drug Name	Drug Tier	Requirements/Limits
<i>teriflunomide 7 mg tab</i>	2	PA, QL (30 ea per 30 days), SP, PN (30 DAYS SUPPLY PER FILL)
TYSABRI	5	PA, SP
VUMERITY	5	ST, QL (120 ea per 30 days), SP, PN (30 DAYS SUPPLY PER FILL)
ZEPOSIA	3	PA, QL (30 ea per 30 days), SP, PN (30 DAYS SUPPLY PER FILL)
ZEPOSIA 7-DAY STARTER PACK	3	PA, QL (7 ea per 7 day(s)), SP, PN (7 DAY SUPPLY IN 180 DAYS)
ZEPOSIA STARTER KIT 0.23MG & 0.46MG & 0.92MG CAP THPK	3	PA, QL (37 ea per 37 day(s)), PN (37 DAY SUPPLY IN 180 DAYS)
ZEPOSIA STARTER KIT 0.23MG & 0.46MG 0.92MG(21) CAP THPK	3	PA, QL (28 ea per 28 days), SP, PN (MAX 28 DAYS SUPPLY PER FILL)
<b>PREMENSTRUAL DYPHORIC DISORDER (PMDD) AGENTS</b>		
FLUOXETINE HCL (PMDD)	2	
<b>PSYCHOTHERAPEUTIC AND NEUROLOGICAL AGENTS - MISC.</b>		
ERGOLOID MESYLATES	2	
PIMOZIDE	2	
<b>SMOKING DETERRENTS</b>		
APO-VARENICLINE	1	QL (2 ea per 1 days)
CHANTIX	1	QL (2 ea per 1 days)
CHANTIX CONTINUING MONTH PAK	1	QL (2 ea per 1 days)
CHANTIX STARTING MONTH PAK	1	QL (53 ea per 30 day(s)), PN (30 DAY SUPPLY IN 180 DAYS)
NICOTROL	1	
NICOTROL NS	1	
<i>varenicline tartrate</i>	1	QL (2 ea per 1 days)
<i>varenicline tartrate (starter)</i>	1	QL (53 ea per 30 day(s)), PN (30 DAY SUPPLY IN 180 DAYS)
<i>varenicline tartrate(continue)</i>	1	QL (2 ea per 1 days)
<b>TRANSTHYRETIN AMYLOIDOSIS AGENTS</b>		
AMVUTTRA	5	PA, LA, QL (0.5 ml per 84 days), SP
ONPATTRO	5	PA, SP, PN (21 DAY SUPPLY PER FILL)
TEGSEDI	5	PA, LA, QL (6 ml per 28 days), SP, PN (28 DAYS SUPPLY PER FILL)

Drug Name	Drug Tier	Requirements/Limits
<b>RESPIRATORY AGENTS - MISC. (CONTINUED)</b>		
<b>ALPHA-PROTEINASE INHIBITOR (HUMAN)</b>		
ARALAST NP	5	PA, SP, PN (34 DAYS SUPPLY PER FILL)
GLASSIA	5	PA, SP, PN (34 DAYS SUPPLY PER FILL)
PROLASTIN-C	5	PA, LA, SP, PN (34 DAYS SUPPLY PER FILL)
ZEMAIRA 1000 MG RECON SOLN	5	PA, SP, PN (34 DAYS SUPPLY PER FILL)
<b>CYSTIC FIBROSIS AGENTS</b>		
KALYDECO (5.8 MG PACKET, 25 MG PACKET, 50 MG PACKET, 75 MG PACKET)	5	PA, LA, QL (56 ea per 28 days), SP, PN (28 DAYS SUPPLY PER FILL)
KALYDECO 13.4 MG PACKET	5	PA, LA, QL (60 ea per 30 days), SP, PN (MAX 30 DAYS SUPPLY PER FILL)
KALYDECO 150 MG TAB	5	PA, LA, QL (60 ea per 30 days), SP, PN (30 DAYS SUPPLY PER FILL)
ORKAMBI (100-125 MG TAB, 200-125 MG TAB)	5	PA, LA, QL (112 ea per 28 days), SP, PN (28 DAYS SUPPLY PER FILL)
ORKAMBI (75-94 MG PACKET, 100-125 MG PACKET, 150-188 MG PACKET)	5	PA, LA, QL (56 ea per 28 days), SP, PN (28 DAYS SUPPLY PER FILL)
PULMOZYME	5	PA, SP, PN (30 DAYS SUPPLY PER FILL)
SYMDEKO	5	PA, LA, QL (56 ea per 28 days), SP, PN (28 DAYS SUPPLY PER FILL)
TRIKAFTA (50-25-37.5 & 75 MG TAB THPK, 100-50-75 & 150 MG TAB THPK)	5	PA, LA, QL (84 ea per 28 days), SP, PN (28 DAYS SUPPLY PER FILL)
TRIKAFTA (80-40-60 & 59.5 MG THER PACK, 100-50-75 & 75 MG THER PACK)	5	PA, LA, QL (56 ea per 28 days), SP, PN (MAX 28 DAYS SUPPLY PER FILL)
<b>SULFONAMIDES (CONTINUED)</b>		
<b>SULFONAMIDES</b>		
SULFADIAZINE	2	
<b>TETRACYCLINES (CONTINUED)</b>		
<b>AMINOMETHYLCYCLINES</b>		
NUZYRA 150 MG TAB	5	PA, SP
<b>TETRACYCLINES</b>		
<i>avidoxy</i>	2	
<i>coremino</i>	2	
<i>demeclocycline hcl</i>	2	

<b>Drug Name</b>	<b>Drug Tier</b>	<b>Requirements/Limits</b>
<i>doxycycline hyclate (20 mg tab, 50 mg cap, 100 mg cap, 100 mg tab)</i>	2	
<i>doxycycline monohydrate (25 mg/5ml recon susp, 50 mg cap, 50 mg tab, 75 mg tab, 100 mg cap, 100 mg tab, 150 mg tab)</i>	2	
<i>minocycline hcl</i>	2	
<i>minocycline hcl er (45 mg tab er 24h, 90 mg tab er 24h, 135 mg tab er 24h)</i>	2	
<i>minocycline hcl er (55 mg tab er 24h, 65 mg tab er 24h, 80 mg tab er 24h, 105 mg tab er 24h, 115 mg tab er 24h)</i>	2	PA
<i>mondoxylene nl 100 mg cap</i>	2	
<i>morgidox 100 mg cap</i>	2	
<i>tetracycline hcl (250 mg cap, 500 mg cap)</i>	2	
<b>THYROID AGENTS (CONTINUED)</b>		
<b>ANTITHYROID AGENTS</b>		
<i>methimazole</i>	2	
<i>propylthiouracil</i>	2	
<b>THYROID HORMONES</b>		
ARMOUR THYROID (15 MG TAB, 30 MG TAB, 60 MG TAB, 90 MG TAB, 120 MG TAB, 180 MG TAB, 240 MG TAB, 300 MG TAB)	4	
<i>euthyrox</i>	2	
<i>levo-t</i>	4	
<i>levothyroxine sodium (25 mcg tab, 50 mcg tab, 75 mcg tab, 88 mcg tab, 100 mcg tab, 112 mcg tab, 125 mcg tab, 137 mcg tab, 150 mcg tab, 175 mcg tab, 200 mcg tab, 300 mcg tab)</i>	2	
<i>levoxyl</i>	4	
<i>liothyronine sodium (5 mcg tab, 25 mcg tab, 50 mcg tab)</i>	2	
NP THYROID	2	
SYNTHROID	4	
THYROID (90 MG TAB)	2	
<i>unithroid</i>	4	
<b>TOXOIDS (CONTINUED)</b>		
<b>TOXOID COMBINATIONS</b>		
ADACEL	1	AL (Up to 64 yrs old)



Drug Name	Drug Tier	Requirements/Limits
BOOSTRIX	1	
DAPTACEL	1	AL (Up to 6 yrs old)
DIPHTHERIA-TETANUS TOXOIDS DT	1	AL (Up to 6 yrs old)
INFANRIX	1	AL (Up to 6 yrs old)
KINRIX	1	AL (Up to 6 yrs old)
PEDIARIX	1	AL (Up to 6 yrs old)
PENTACEL	1	AL (Up to 4 yrs old)
QUADRACEL	1	AL (Up to 6 yrs old)
TDVAX	1	AL (7 to 999 yrs old)
TENIVAC	1	
TETANUS-DIPHTHERIA TOXOIDS TD	1	AL (7 to 999 yrs old)

## ULCER DRUGS/ANTISPASMODICS/ANTICHOLINERGICS (CONTINUED)

### ANTISPASMODICS

<i>chlordiazepoxide-clidinium</i>	2	
<i>dicyclomine hcl (10 mg cap, 10 mg/5ml solution, 20 mg tab)</i>	2	
<i>ed-spaz</i>	2	
<i>glycopyrrolate (1 mg tab, 1.5 mg tab, 2 mg tab)</i>	2	
<i>hyoscyamine sulfate (0.125 mg sl tab, 0.125 mg tab, 0.125 mg tab disp, 0.125 mg/5ml elixir, 0.125 mg/ml solution)</i>	2	
<i>hyoscyamine sulfate er</i>	2	
<i>hyosyne</i>	2	
<i>methscopolamine bromide</i>	2	
<i>nulev</i>	2	
<i>oscimin 0.125 mg tab</i>	2	
<i>phenobarbital-belladonna alk (16.2 mg tab, 16.2 mg/5ml elixir)</i>	2	

### H-2 ANTAGONISTS

<i>cimetidine</i>	2	
CIMETIDINE HCL (300 MG/5ML SOLUTION)	2	
<i>famotidine (20 mg tab, 40 mg tab, 40 mg/5ml recon susp)</i>	2	
NIZATIDINE (15 MG/ML SOLUTION, 150 MG CAP, 300 MG CAP)	2	

Drug Name	Drug Tier	Requirements/Limits
<b>MISC. ANTI-ULCER</b>		
<i>sucralfate (1 gm tab, 1 gm/10ml suspension)</i>	2	
<b>PROTON PUMP INHIBITORS</b>		
<i>dexlansoprazole</i>	2	ST, QL (1 ea per 1 day(s))
<i>esomeprazole magnesium (10 mg packet, 20 mg packet, 40 mg packet)</i>	2	PA
<i>esomeprazole magnesium (20 mg cap dr, 40 mg cap dr)</i>	2	
<i>lansoprazole</i>	2	
NEXIUM (2.5 MG PACKET, 5 MG PACKET)	4	PA
<i>omeprazole (10 mg cap dr, 20 mg cap dr, 40 mg cap dr)</i>	2	
<i>pantoprazole sodium (20 mg tab dr, 40 mg tab dr)</i>	2	
RABEPRAZOLE SODIUM 10 MG CAP SPRINK	2	PA
<i>rabeprazole sodium 20 mg tab dr</i>	2	
<b>ULCER DRUGS - PROSTAGLANDINS</b>		
<i>misoprostol</i>	2	
<b>ULCER THERAPY COMBINATIONS</b>		
<i>omeprazole-sodium bicarbonate</i>	2	ST
<b>URINARY ANTISPASMODICS (CONTINUED)</b>		
<b>URINARY ANTISPASMODIC - ANTIMUSCARINICS (ANTICHOLINERGIC)</b>		
<i>darifenacin hydrobromide er</i>	2	ST
<i>fesoterodine fumarate er</i>	2	ST
GELNIQUE	4	PA
<i>oxybutynin chloride (5 mg tab, 5 mg/5ml solution)</i>	2	
<i>oxybutynin chloride er</i>	2	
OXYTROL	4	ST
<i>solifenacin succinate</i>	2	
<i>tolterodine tartrate</i>	2	
<i>tolterodine tartrate er</i>	2	ST
<i>trospium chloride</i>	2	
<i>trospium chloride er</i>	2	ST
<b>URINARY ANTISPASMODICS - BETA-3 ADRENERGIC AGONISTS</b>		
MYRBETRIQ (25 MG TAB ER 24H, 50 MG TAB ER 24H)	3	QL (1 ea per 1 days)

Drug Name	Drug Tier	Requirements/Limits
MYRBETRIQ 8 MG/ML SRER	3	QL (10 ml per 1 days), AL (3 to 18 yrs old)
<b>URINARY ANTISPASMODICS - CHOLINERGIC AGONISTS</b>		
<i>bethanechol chloride</i>	2	
<b>URINARY ANTISPASMODICS - DIRECT MUSCLE RELAXANTS</b>		
<i>flavoxate hcl</i>	2	
<b>VACCINES (CONTINUED)</b>		
<b>BACTERIAL VACCINES</b>		
ACTHIB	1	AL (Up to 5 yrs old)
BEXSERO	1	AL (Up to 25 yrs old)
HIBERIX	1	AL (Up to 4 yrs old)
MENACTRA	1	AL (Up to 55 yrs old)
MENVEO (RECON SOLN, SOLUTION)	1	AL (Up to 55 yrs old)
PEDVAX HIB	1	AL (Up to 6 yrs old)
PENBRAYA	1	QL (2 ea per lifetime), AL (10 to 25 yrs old)
PNEUMOVAX 23	1	
PREVNAR 13	1	
PREVNAR 20	1	QL (0.5 ml per lifetime)
TRUMENBA	1	AL (Up to 25 yrs old)
VAXNEUVANCE	1	QL (0.5 ml per lifetime), AL (19 to 999 yrs old)
VIVOTIF	4	QL (4 ea per fill)
<b>VIRAL VACCINES</b>		
ABRYSVO	1	AL (60 to 999 yrs old)
ACAM2000	1	
AFLURIA QUADRIVALENT (0.5 ML SUSP PRSYR, SUSPENSION)	1	
AREXVY	1	QL (1 ea per lifetime), AL (60 to 999 yrs old)
COMIRNATY	1	
ENGERIX-B (20 MCG/ML SUSP PRSYR, 20 MCG/ML SUSPENSION)	1	AL (20 to 99 yrs old)
ENGERIX-B 10 MCG/0.5ML SUSP PRSYR	1	AL (Up to 19 yrs old)

<b>Drug Name</b>	<b>Drug Tier</b>	<b>Requirements/Limits</b>
FLUAD QUADRIVALENT	1	
FLUARIX QUADRIVALENT	1	
FLUBLOK QUADRIVALENT	1	
FLUCELVAX QUADRIVALENT	1	
FLULAVAL QUADRIVALENT	1	
FLUMIST QUADRIVALENT	1	
FLUZONE HIGH-DOSE QUADRIVALENT	1	
FLUZONE QUADRIVALENT (0.5 ML SUSP PRSYR, 0.5 ML SUSPENSION, SUSPENSION)	1	
GARDASIL 9	1	AL (Up to 45 yrs old)
HAVRIX 1440 EL U/ML SUSPENSION	1	AL (19 to 99 yrs old)
HAVRIX 720 EL U/0.5ML SUSPENSION	1	AL (Up to 18 yrs old)
HEPLISAV-B	1	AL (18 to 99 yrs old)
IPOL	1	AL (Up to 18 yrs old)
JANSSEN COVID-19 VACCINE	1	
JYNNEOS	1	AL (18 to 999 yrs old)
M-M-R II	1	
MODERNA COVID-19 BIVAL 6M-5Y	1	
MODERNA COVID-19 BIVAL BOOSTER	1	
MODERNA COVID-19 BIVALENT	1	
MODERNA COVID-19 VAC (BOOSTER)	1	
MODERNA COVID-19 VAC 6M-11Y	1	
MODERNA COVID-19 VACCINE	1	
NOVAVAX COVID-19 VACCINE	1	
PFIZER COVID-19 BIVAL 6MO-4YR	1	
PFIZER COVID-19 VAC BIVAL 5-11	1	
PFIZER COVID-19 VAC-TRIS 5-11Y 10 MCG/0.3ML SUSPENSION	1	
PFIZER COVID-19 VAC-TRIS 6M-4Y 3 MCG/0.3ML SUSPENSION	1	
PFIZER-BIONT COVID-19 VAC-TRIS	1	
PFIZER-BIONTECH COVID-19 VACC	1	

Drug Name	Drug Tier	Requirements/Limits
PREHEVBRIO	1	AL (18 to 999 yrs old)
PRIORIX	1	
PROQUAD	1	AL (Up to 12 yrs old)
RECOMBIVAX HB (10 MCG/ML SUSP PRSYR, 10 MCG/ML SUSPENSION)	1	AL (11 to 999 yrs old)
RECOMBIVAX HB (5 MCG/0.5ML SUSP PRSYR, 5 MCG/0.5ML SUSPENSION)	1	AL (Up to 19 yrs old)
RECOMBIVAX HB 40 MCG/ML SUSPENSION	1	AL (18 to 99 yrs old)
SHINGRIX	1	QL (2 ea per lifetime), AL (18 to 99 yrs old)
SPIKEVAX	1	
SPIKEVAX COVID-19 VACCINE	1	
TWINRIX	1	AL (18 to 99 yrs old)
VAQTA 25 UNIT/0.5ML SUSPENSION	1	AL (Up to 18 yrs old)
VAQTA 50 UNIT/ML SUSPENSION	1	AL (19 to 99 yrs old)
VARIVAX	1	
<b>VAGINAL AND RELATED PRODUCTS (CONTINUED)</b>		
<b>VAGINAL ANTI-INFECTIVES</b>		
CLEOCIN 100 MG SUPPOS	3	
<i>clindamycin phosphate 2 % cream</i>	2	
CLINDESSE	3	
MICONAZOLE 3 200 MG SUPPOS	2	
<i>terconazole (0.4 % cream, 0.8 % cream, 80 mg suppos)</i>	2	
<b>VAGINAL CONTRACEPTIVE - PH MODULATORS</b>		
PHEXXI	1	
<b>VAGINAL ESTROGENS</b>		
<i>estradiol (0.1 mg/gm cream, 10 mcg tab)</i>	2	
ESTRING	3	
PREMARIN 0.625 MG/GM CREAM	3	
<i>yuvafem</i>	2	
<b>VAGINAL PROGESTINS</b>		
CRINONE	4	PA

Drug Name	Drug Tier	Requirements/Limits
ENDOMETRIN	3	
<b>VASOPRESSORS (CONTINUED)</b>		
<b>ANAPHYLAXIS THERAPY AGENTS</b>		
AUVI-Q 0.1 MG/0.1ML SOLN A-INJ	3	QL (2 ea per fill), AL (Up to 3 yrs old)
<i>epinephrine (0.15 mg/0.3ml soln a-inj, 0.3 mg/0.3ml soln a-inj)</i>	2	QL (2 ea per fill)
<i>midodrine hcl</i>	2	
<b>VITAMINS (CONTINUED)</b>		
<b>OIL SOLUBLE VITAMINS</b>		
<i>ergocalciferol 1.25 mg (50000 ut) cap</i>	2	
<i>phytonadione 5 mg tab</i>	2	
<i>vitamin d (ergocalciferol) (1.25 mg (50000 ut) cap, 50000 unit cap)</i>	2	

# Appendix

## A

abacavir sulfate . . . . .	63,64	AJOVY . . . . .	109
abacavir sulfate-lamivudine . . . . .	64	ak-poly-bac . . . . .	124
abacavir-lamivudine-zidovudine . . . . .	64	AKEEGA . . . . .	49
ABILIFY ASIMTUFII . . . . .	63	AKYNZEO . . . . .	37
ABILIFY MAINTENA . . . . .	63	ALA SCALP . . . . .	86
abiraterone acetate . . . . .	49	ala-cort . . . . .	86
ABRAXANE . . . . .	59	albendazole . . . . .	20
ABRYSVO . . . . .	137	albuterol sulfate . . . . .	25
ACAM2000 . . . . .	137	albuterol sulfate hfa . . . . .	25
acarbose . . . . .	32	alclometasone dipropionate . . . . .	86
acebutolol hcl . . . . .	69	ALCOH-GLOVE CONTOURED WIPE . . . . .	108
ACETAMINOPHEN-CODEINE . . . . .	18	ALCOH-WIPE . . . . .	108
acetazolamide . . . . .	90	ALDURAZYME . . . . .	93
acetazolamide er . . . . .	91	ALECENSA . . . . .	52
acetic acid . . . . .	126	alendronate sodium . . . . .	91
acetylcysteine . . . . .	82	alfuzosin hcl er . . . . .	100
acitretin . . . . .	85	ALINIA . . . . .	21
ACTEMRA . . . . .	14	ALIQOPA . . . . .	52
ACTEMRA ACTPEN . . . . .	14	aliskiren fumarate . . . . .	43
ACTHIB . . . . .	137	ALKINDI SPRINKLE . . . . .	81
ACTIMMUNE . . . . .	58	allopurinol . . . . .	100
acyclovir . . . . .	67,86	almotriptan malate . . . . .	110
ADACEL . . . . .	134	ALOMIDE . . . . .	126
ADAKVEO . . . . .	103	alose tron hcl . . . . .	98
ADALIMUMAB-FKJP . . . . .	13	ALPHAGAN P . . . . .	123
adapalene . . . . .	82	ALPHANATE . . . . .	101
adapalene-benzoyl peroxide . . . . .	83	ALPHANATE/VWF COMPLEX/HUMAN . . . . .	101
ADBRY . . . . .	88	alprazolam . . . . .	22
ADCETRIS . . . . .	47	alprazolam er . . . . .	22
adefovir dipivoxil . . . . .	67	ALPRAZOLAM INTENSOL . . . . .	22
ADEMPAS . . . . .	72	alprazolam xr . . . . .	22
ADULT MASK LARGE . . . . .	109	ALTABAX . . . . .	84
ADVAIR HFA . . . . .	25	altafrin . . . . .	123
ADVATE . . . . .	101	altavera . . . . .	73
AEMCOLO . . . . .	20	ALTUVIIIIO . . . . .	101
afirmelle . . . . .	73	ALUNBRIG . . . . .	52
AFLURIA QUADRIVALENT . . . . .	137	alyacen 1/35 . . . . .	73
AFSTYLA . . . . .	101	alyacen 7/7/7 . . . . .	73
AIMOVIG . . . . .	109	alyq . . . . .	71
		amabelz . . . . .	96
		amantadine hcl . . . . .	60

ambrisentan . . . . .	71	apri . . . . .	73
AMCINONIDE . . . . .	86	APRIZIO PAK II . . . . .	89
amethia . . . . .	73	APTIOM . . . . .	27
amethia lo . . . . .	73	APTIVUS . . . . .	64
amethyst . . . . .	73	AQ INSULIN SYRINGE . . . . .	108
amiloride hcl . . . . .	91	AQINJECT PEN NEEDLE . . . . .	108
AMILORIDE-HYDROCHLOROTHIAZIDE . . . . .	91	ARALAST NP . . . . .	133
amiodarone hcl . . . . .	23	aranelle . . . . .	73
amitriptyline hcl . . . . .	32	ARANESP (ALBUMIN FREE) . . . . .	103
amlodipine besy-benazepril hcl . . . . .	42	ARAZLO . . . . .	83
amlodipine besylate . . . . .	69	ARCALYST . . . . .	14
amlodipine besylate-valsartan . . . . .	42	AREXVY . . . . .	137
amlodipine-atorvastatin . . . . .	70	arformoterol tartrate . . . . .	25
amlodipine-olmesartan . . . . .	42	aripiprazole . . . . .	63
amlodipine-valsartan-hctz . . . . .	42	ARISTADA . . . . .	63
amnesteem . . . . .	83	ARISTADA INITIO . . . . .	63
AMONDYS 45 . . . . .	122	armodafinil . . . . .	12
amoxapine . . . . .	32	ARMOUR THYROID . . . . .	134
amoxicillin . . . . .	128	ARNUITY ELLIPTA . . . . .	24
AMOXICILLIN-POT CLAVULANATE . . . . .	128	ARTESUNATE . . . . .	43
AMOXICILLIN-POT CLAVULANATE ER . . . . .	128	ARZERRA . . . . .	47
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amphetamine-dextroamphetamine . . . . .	12	ascomp-codeine . . . . .	18
ampicillin . . . . .	128	asenapine maleate . . . . .	62
AMVUTTRA . . . . .	132	ashlyna . . . . .	73
anagrelide hcl . . . . .	102	ASMANEX (120 METERED DOSES) . . . . .	24
anastrozole . . . . .	49	ASMANEX (14 METERED DOSES) . . . . .	25
ANDEXXA . . . . .	36	ASMANEX (30 METERED DOSES) . . . . .	25
ANNOVERA . . . . .	80	ASMANEX (60 METERED DOSES) . . . . .	25
anodyne lpt . . . . .	89	ASMANEX (7 METERED DOSES) . . . . .	25
ANORO ELLIPTA . . . . .	25	ASMANEX HFA . . . . .	25
anucort-hc . . . . .	19	ASPARLAS . . . . .	58
anusol-hc . . . . .	20	aspirin-dipyridamole er . . . . .	102
APAP-CAFF-DIHYDROCODEINE . . . . .	18	ASSURE ID INSULIN SAFETY SYR . . . . .	108
APHEXDA . . . . .	104	ATABEX EC . . . . .	115
APLENZIN . . . . .	30	ATABEX OB . . . . .	115
APO-VARENICLINE . . . . .	132	atazanavir sulfate . . . . .	64
apomorphine hcl . . . . .	60	atenolol . . . . .	69
apraclonidine hcl . . . . .	124	atenolol-chlorthalidone . . . . .	42
aprepitant . . . . .	37	atomoxetine hcl . . . . .	12
APRETUDE . . . . .	64	atorvastatin calcium . . . . .	40



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atovaquone-proguanil hcl . . . . .	43
atropine sulfate . . . . .	123
ATROVENT HFA . . . . .	24
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AUGMENTIN . . . . .	128
AUGTYRO . . . . .	52
aurovela 1.5/30 . . . . .	73
aurovela 1/20 . . . . .	73
aurovela 24 fe . . . . .	73
aurovela fe 1.5/30 . . . . .	73
aurovela fe 1/20 . . . . .	74
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AUVELITY . . . . .	30
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avar-e emollient . . . . .	83
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AVASTIN . . . . .	45
AVEED . . . . .	19
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avidoxy . . . . .	133
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AVONEX PEN . . . . .	130
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azelastine hcl . . . . .	121,126
azelastine-fluticasone . . . . .	121
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## B

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BACITRACIN . . . . .	124
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BACLOFEN . . . . .	119
BAFIERTAM . . . . .	130
BAL-CARE DHA . . . . .	115
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BALCOLTRA . . . . .	74
balsalazide disodium . . . . .	98
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BAQSIMI ONE PACK . . . . .	33
BAQSIMI TWO PACK . . . . .	33
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BAVENCIO . . . . .	47
BAXDELA . . . . .	97
BD INSULIN SYRINGE U-500 . . . . .	108
BD MICROTAINER LANCETS . . . . .	107
BD PEN NEEDLE NANO U/F . . . . .	108
BD SAFETYGLIDE INSULIN SYRINGE . . . . .	108
BECONASE AQ . . . . .	121
bekyree . . . . .	74
BELEODAQ . . . . .	53
BELRAPZO . . . . .	44
benazepril hcl . . . . .	41
benazepril-hydrochlorothiazide . . . . .	42
bendamustine hcl . . . . .	44
BENDAMUSTINE HCL . . . . .	44
BENDEKA . . . . .	44
BENLYSTA . . . . .	113
benzonatate . . . . .	82
BENZOYL PEROXIDE . . . . .	83
benzoyl peroxide-erythromycin . . . . .	83
benztropine mesylate . . . . .	60
BEOVU . . . . .	123
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beser . . . . .	86

BESIVANCE . . . . .	124	brinzolamide . . . . .	126
BESPONSA . . . . .	47	BRIUMVI . . . . .	130
BESREMI . . . . .	58	BRIXADI . . . . .	18
betamethasone dipropionate . . . . .	86	BRIXADI (WEEKLY) . . . . .	18
betamethasone dipropionate aug . . . . .	86	bromfenac sodium (once-daily) . . . . .	126
betamethasone valerate . . . . .	86	bromocriptine mesylate . . . . .	60
BETASERON . . . . .	130	BRUKINSA . . . . .	53
betaxolol hcl . . . . .	69	budesonide . . . . .	25,81
BETAXOLOL HCL . . . . .	122	budesonide-formoterol fumarate . . . . .	25
bethanechol chloride . . . . .	137	bumetanide . . . . .	91
BETOPTIC-S . . . . .	122	bupap . . . . .	16
bexarotene . . . . .	58,84	buprenorphine . . . . .	18
BEXSERO . . . . .	137	buprenorphine hcl . . . . .	18
BEYAZ . . . . .	74	buprenorphine hcl-naloxone hcl . . . . .	18
bicalutamide . . . . .	49	bupropion hcl . . . . .	30
BIKTARVY . . . . .	64	bupropion hcl er (smoking det) . . . . .	30
bimatoprost . . . . .	126	bupropion hcl er (sr) . . . . .	30
BINOSTO . . . . .	91	bupropion hcl er (xl) . . . . .	30
bisoprolol fumarate . . . . .	69	BUPROPION HCL ER (XL) . . . . .	30
bisoprolol-hydrochlorothiazide . . . . .	43	bupirone hcl . . . . .	22
BIVIGAM . . . . .	127	butalbital-acetaminophen . . . . .	16
BLENREP . . . . .	47	butalbital-apap-caff-cod . . . . .	18
BLEPHAMIDE . . . . .	125	butalbital-apap-caffeine . . . . .	16
BLEPHAMIDE S.O.P. . . . .	125	butalbital-asa-caff-codeine . . . . .	18
BLINCYTO . . . . .	47	butalbital-aspirin-caffeine . . . . .	16
blisovi 24 fe . . . . .	74	butorphanol tartrate . . . . .	18
blisovi fe 1.5/30 . . . . .	74	BYLVAY . . . . .	98
blisovi fe 1/20 . . . . .	74	BYLVAY (PELLETS) . . . . .	97
BONJESTA . . . . .	37		
BOOSTRIX . . . . .	135	<b>C</b>	
BORTEZOMIB . . . . .	53	C-NATE DHA . . . . .	115
bosentan . . . . .	71	CABENUVA . . . . .	64
BOSULIF . . . . .	53	cabergoline . . . . .	95
BOTOX . . . . .	122	CABLIVI . . . . .	102
BRAFTOVI . . . . .	53	CABOMETYX . . . . .	53
BREO ELLIPTA . . . . .	25	caffeine citrate . . . . .	12
BREZTRI AEROSPHERE . . . . .	25	calcipotriene . . . . .	85
briellyn . . . . .	74	calcitonin (salmon) . . . . .	91
BRILINTA . . . . .	102	calcitrene . . . . .	85
brimonidine tartrate . . . . .	90,124	CALCITRIOL . . . . .	85
BRINEURA . . . . .	93	calcitriol . . . . .	94

calcium acetate . . . . .	99	celecoxib . . . . .	15
calcium acetate (phos binder) . . . . .	99	cephalexin . . . . .	72
CALQUENCE . . . . .	53	CEQUR SIMPLICITY 2U . . . . .	108
CAMCEVI . . . . .	49	CEREZYME . . . . .	103
camila . . . . .	80	cetorelix acetate . . . . .	92
camrese . . . . .	74	CETROTIDE . . . . .	92
camrese lo . . . . .	74	CHANTIX . . . . .	132
CAMZYOS . . . . .	70	CHANTIX CONTINUING MONTH PAK . . . . .	132
candesartan cilexetil . . . . .	42	CHANTIX STARTING MONTH PAK . . . . .	132
candesartan cilexetil-hctz . . . . .	43	charlotte 24 fe . . . . .	74
CANTHARIDIN . . . . .	88	chateal . . . . .	74
capecitabine . . . . .	45	chateal eq . . . . .	74
CAPLYTA . . . . .	61	chlordiazepoxide hcl . . . . .	23
CAPRELSA . . . . .	53	CHLORDIAZEPOXIDE-AMITRIPTYLINE . . . . .	129
captopril . . . . .	41	chlordiazepoxide-clidinium . . . . .	135
CAPTOPRIL-HYDROCHLOROTHIAZIDE . . . . .	43	chlorhexidine gluconate . . . . .	113
carbamazepine . . . . .	27	chloroquine phosphate . . . . .	44
carbamazepine er . . . . .	27	chlorpromazine hcl . . . . .	63
CARBATROL . . . . .	28	chlorthalidone . . . . .	91
carbidopa-levodopa . . . . .	60	chlorzoxazone . . . . .	119
carbidopa-levodopa er . . . . .	60	CHOLBAM . . . . .	97
carbidopa-levodopa-entacapone . . . . .	60	cholestyramine . . . . .	39
CARBINOXAMINE MALEATE . . . . .	38	cholestyramine light . . . . .	39
carisoprodol . . . . .	119	CHORIONIC GONADOTROPIN . . . . .	92
CARISOPRODOL-ASPIRIN-CODEINE . . . . .	120	CIBINQO . . . . .	88
CARTEOLOL HCL . . . . .	122	ciclopirox . . . . .	84
cartia xt . . . . .	69	ciclopirox olamine . . . . .	84
carvedilol . . . . .	68	cilostazol . . . . .	102
carvedilol phosphate er . . . . .	68	CILOXAN . . . . .	124
cataflam . . . . .	15	CIMDUO . . . . .	64
cavarest . . . . .	114	CIMERLI . . . . .	123
CAYA . . . . .	107	cimetidine . . . . .	135
caziant . . . . .	74	CIMETIDINE HCL . . . . .	135
CEFACLOR . . . . .	72	CIMZIA . . . . .	98
CEFACLOR ER . . . . .	73	CIMZIA (2 SYRINGE) . . . . .	98
cefadroxil . . . . .	72	CIMZIA STARTER KIT . . . . .	98
cefdinir . . . . .	73	cinacalcet hcl . . . . .	94
cefixime . . . . .	73	CINQAIR . . . . .	23
cefepodoxime proxetil . . . . .	73	CINRYZE . . . . .	102
cefprozil . . . . .	73	CINVANTI . . . . .	37
cefuroxime axetil . . . . .	73	CIPRO . . . . .	97

CIPRO HC . . . . .	126	clotrimazole . . . . .	84,113
ciprofloxacin . . . . .	97	clotrimazole-betamethasone . . . . .	84
ciprofloxacin hcl . . . . .	97,124	CLOZAPINE . . . . .	62
CIPROFLOXACIN HCL . . . . .	126	clozapine . . . . .	62
ciprofloxacin-dexamethasone . . . . .	127	codeine sulfate . . . . .	16
citalopram hydrobromide . . . . .	31	colchicine . . . . .	100
CITRANATAL 90 DHA . . . . .	115	colchicine-probenecid . . . . .	100
CITRANATAL ASSURE . . . . .	115	colesevelam hcl . . . . .	39
CITRANATAL B-CALM . . . . .	115	colestipol hcl . . . . .	39
CITRANATAL BLOOM . . . . .	115	colocort . . . . .	19
CITRANATAL BLOOM DHA . . . . .	115	COLUMVI . . . . .	47
CITRANATAL DHA . . . . .	115	COMBIPATCH . . . . .	96
CITRANATAL HARMONY . . . . .	115	COMBIVENT RESPIMAT . . . . .	25
CITRANATAL RX . . . . .	115	COMETRIQ (100 MG DAILY DOSE) . . . . .	53
claravis . . . . .	83	COMETRIQ (140 MG DAILY DOSE) . . . . .	53
CLARITHROMYCIN . . . . .	106	COMETRIQ (60 MG DAILY DOSE) . . . . .	53
clarithromycin er . . . . .	106	COMIRNATY . . . . .	137
CLEMASTINE FUMARATE . . . . .	38	COMPLERA . . . . .	64
CLENPIQ . . . . .	105	COMPLETE NATAL DHA . . . . .	115
CLEOCIN . . . . .	139	COMPLETENATE . . . . .	115
clindacin etz . . . . .	83	compro . . . . .	63
clindacin-p . . . . .	83	CONCEPT DHA . . . . .	115
clindamycin hcl . . . . .	21	CONCEPT OB . . . . .	116
clindamycin palmitate hcl . . . . .	21	CONDYLOX . . . . .	88
clindamycin phos-benzoyl perox . . . . .	83	constulose . . . . .	106
clindamycin phosphate . . . . .	83,139	COPIKTRA . . . . .	53
CLINDESSE . . . . .	139	CORDRAN . . . . .	87
clobazam . . . . .	27	coremino . . . . .	133
clobetasol prop emollient base . . . . .	86	CORLANOR . . . . .	72
clobetasol propionate . . . . .	86	COSELA . . . . .	59
clobetasol propionate e . . . . .	86	COSENTYX . . . . .	85
clobetasol propionate emulsion . . . . .	86	COSENTYX (300 MG DOSE) . . . . .	85
CLOBETAVIX . . . . .	87	COSENTYX SENSOREADY (300 MG) . . . . .	85
clodan . . . . .	87	COSENTYX SENSOREADY PEN . . . . .	85
clofarabine . . . . .	45	COSENTYX UNOREADY . . . . .	85
clomipramine hcl . . . . .	32	COTELLIC . . . . .	53
clonazepam . . . . .	27	covaryx . . . . .	96
clonidine . . . . .	42	covaryx hs . . . . .	96
clonidine hcl . . . . .	42	CREON . . . . .	90
clopidogrel bisulfate . . . . .	102	CRESEMBA . . . . .	38
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