



North Carolina
State Health Plan
FOR TEACHERS AND STATE EMPLOYEES

A Division of the Department of State Treasurer

North Carolina State Health Plan 2026 Custom Formulary

Effective 07/01/2026

Please talk to your provider about prescribing formulary medications, which may help reduce your out-of-pocket costs. This list can help guide you and your doctor in selecting an appropriate medication.

The comprehensive formulary document is regularly updated. Please visit the [Plan's website](#) for the most up-to-date information. This guide was current at the time of printing and is subject to change.

To search for a medication name within this PDF document, use the **Control** and **F** keys on your keyboard, or go to **Edit** in the drop-down menu and select **Find/Search**. Type in the word or phrase you are looking for and click on Search.

USE CAUTION BEFORE PRINTING; LARGE CONTENT DOCUMENT!

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MEMBER GUIDE TO COVERED MEDICATIONS ON THE FORMULARY

This guide lists the approved brand name, generic, and biosimilar prescription medications that have been reviewed by the North Carolina State Health Plan (Plan). Please refer to this formulary guide for information about medications covered by this formulary and present this guide to your provider if you require a prescription.

The prescription medications listed in the formulary, or their tier placement may change from time to time due to a change in the cost of the medication and/or in the classification of the medication by the U.S. Food and Drug Administration (FDA) or nationally recognized medication databases (e.g., Medi-Span). For a more complete listing of medication coverage and costs, you may use the Plan's Drug [Lookup tools](#). You may also call CVS Caremark® Customer Service at 1-888-321-3124 to verify prescription medication benefits.

A formulary is a list of prescription medications covered by a health plan. The Plan's Pharmacy & Therapeutics (P&T) Committee reviews medications quarterly. This includes ongoing reviews of clinical information about new medications and reviews of new safety and efficacy information about older medications. The Plan's P&T Committee is composed of licensed physicians and pharmacists in North Carolina independent of the Plan. Committee members represent a variety of specialties and a broad spectrum of primary care providers. Tier placement of prescription medications in the formulary may be determined by the effectiveness and safety of the medication, the cost of the medication, and/or the classification of the medications by the FDA or nationally recognized medication databases (e.g., Medi-Span).

Please refer to www.shpnc.gov for detailed information regarding your pharmacy benefits, including out-of-pocket costs, prior authorization and step therapy medication requests, and applicable exclusions.

FORMULARY TIERS

The Formulary covers most medications approved by the FDA, within existing benefits. The plan design determines the member's payment obligation.

Definitions for the Tiers are as follows:

Tier 0: Made up of zero-cost medications including Affordable Care Act (ACA) preventive medications, insulin, and preferred Blood Glucose Meters (BGMs).

Tier 1: Typically includes the most cost-effective of non-specialty prescription medications; most are generic though there are a few instances in which the branded product is more cost-effective. Also includes some specialty generic oral antiretroviral and anti-rejection immunosuppressant medications.

Tier 2: Typically includes preferred brand non-specialty medications and some high-cost generics. Also includes some specialty brand oral antiretroviral and anti-rejection

immunosuppressant medications and preferred Continuous Glucose Monitors (CGMs) and associated supplies.

Tier 3: Typically includes non-preferred brands, including branded generics (also known as single source generics), non-specialty medications and compounds. Also includes some non-preferred specialty brand oral antiretroviral medications. Excluded, non-specialty medications that are approved via the exceptions process also take a Tier 3 copay.

Tier 4: Typically includes the most cost-effective specialty medications including generics and some biosimilars.

Tier 5: Typically includes preferred brand specialty medications and some biosimilar medications. Also includes some high-cost non-specialty medications.

Tier 6: Typically includes non-preferred brand specialty prescription medications. Excluded, specialty medications that are approved via the exceptions process also take a Tier 6 copay.

Tier 7: Preferred diabetic supplies and preferred Blood Glucose Meter (BGM) supplies.

PHARMACY BENEFIT COST-SHARE COMPARE BY PLAN

The grid below provides a summary of the 2026 Plan Year cost-share and unique copays for each of the Plans. Additional description for unique copays and reference to other resources is found in following pages within the guide.

Formulary Tier or Unique Copay	Plus PPO Plan	70/30 PPO Plan	High Deductible Health Plan (Does not apply to Med Prime Retirees)
Tier 0	\$0	\$0	\$0
Tier 1	\$15 copay per 30-day supply	\$25 copay per 30-day supply	50% after deductible
Tier 2	\$55 copay per 30-day supply	\$75 copay per 30-day supply	50% after deductible
Tier 3	Deductible/coinsurance	Deductible/coinsurance	50% after deductible

Tier 4	\$100 copay per 30-day supply	\$200 copay per 30-day supply	50% after deductible
Tier 5	\$500 copay per 30-day supply	\$600 copay per 30-day supply	50% after deductible
Tier 6	Deductible/coinsurance	Deductible/coinsurance	50% after deductible
Tier 7	\$5 copay per 30-day supply	\$10 copay per 30-day supply	50% after deductible
Preventive Medications (PV)	not applicable	not applicable	50% bypass deductible

GENERIC MEDICATIONS

In most cases, choosing a generic medication equivalent, when available, may mean significant savings to you. We encourage you to discuss with your provider whether a generic alternative is an available treatment option. Especially for medications that are taken daily and refilled frequently, you will experience the long-term savings of a lower medication payment month after month. **If you choose a brand name prescription medication and a generic equivalent is available, you may be subject to a higher out-of-pocket expense.**

COMPOUNDED PRESCRIPTIONS

Compounded prescriptions contain two or more medications mixed together. Compounded prescriptions are processed according to member benefits. To be eligible for coverage, compounded medications must contain at least one ingredient that is defined as a prescription medication and must not be a copy of a commercially available product. Compounded medications may be subject to prior authorization and benefit exclusion.

UTILIZATION MANAGEMENT: PRIOR AUTHORIZATION, QUANTITY LIMITATIONS AND STEP THERAPY MEDICATIONS

Certain medications may be subject to prior authorization, quantity limitations, or step therapy programs. The Plan’s P&T Committee reviews and approves the clinical criteria for these programs.

- Medications that have prior authorization requirements must be reviewed by CVS Caremark for coverage determination before coverage can be authorized.

- Certain medications may also have limitations on the quantity and days' supply for coverage. Quantities in excess of the coverage limit must be reviewed and approved by CVS Caremark coverage determination before coverage can be authorized for amounts in excess of the limits.
- For coverage of step therapy medications, the Plan requires that the member has tried non-restricted formulary alternatives medications first. Coverage for step therapy medications may be provided without the use of a non-step therapy medication if the prescriber certifies in writing that the member has previously used non-restricted medications and the non-restricted medications have been detrimental to the member's health or have been ineffective in treating the same condition and, in the opinion of the prescriber, are likely to be detrimental to the member's health or ineffective in treating the condition in the future. Clinical rationale and documentation for exception requests may be required.

The FDA is responsible for approving medications for use based on clinical data proving the medication is safe and effective for that specific use. The Plan's utilization management programs follow FDA-approved uses for these medications. However, the Plan recognizes that in many cases, "off-label" (i.e., non-FDA approved) uses of prescription medications may be acceptable. In determining the acceptability of off label uses, the Plan utilizes several sources of clinical information including but not limited to:

1. Nationally recognized clinical references including American Hospital Formulary Service Medication Information
2. The results of at least two randomized, controlled clinical studies that support a specific off-label use, and that are published in peer-reviewed professional medical journals
3. Consultations with internal and external physician experts regarding community standards. Additional searches for current supporting medical literature may be performed utilizing standard electronic databases.

SPECIALTY MEDICATIONS

These medications, as classified by the Plan, have unique uses, treat complex medical conditions, require special dosing or monitoring, are typically prescribed by a specialist provider and/or require special patient education, training, or coordination of care. Most specialty medications can be found on Tier 6, but some may be found on lower specialty Tiers 4 or 5.

Specialty medications will need to be filled with CVS Specialty[®] pharmacy. These medications are identified in the specialty column of the formulary guide. Call the CVS Specialty customer service number at 1-800-237-2767 to determine the steps required to fill your specialty medication prescription.

BIOSIMILAR MEDICATIONS

In most cases, choosing a biosimilar medication, when available, may mean significant savings to you. A biosimilar medication is a biologic product that is highly similar to and has no clinically meaningful differences from an existing, FDA-approved brand product. We encourage you to discuss with your provider whether a biosimilar medication is an available treatment option. Especially for medications that are taken routinely and refilled frequently, you will experience the long-term savings of a lower medication payment month after month. **If you choose a brand name specialty medication when a biosimilar medication is available, you may be subject to a higher out-of-pocket expense.**

AFFORDABLE CARE ACT

Please note, some medications may have \$0 cost-sharing under the Affordable Care Act (ACA) for members enrolled in the 70/30 PPO, Plus PPO or HDHP plans. These medications take Tier 0. Examples of categories of medications that may be subject to \$0 cost share include aspirin, breast cancer preventive, fluoride supplements, folic acid supplements, gonorrhea prophylaxis (newborn), iron supplements, tobacco cessation, vaccines, vitamin D supplements, and some contraceptive medications and devices. You may find additional information about these medications on the [ACA Preventive List](#). These medications are identified by the notation of “**ACA**” next to qualifying medications within the formulary guide. If you do not find the medication you are searching for, consult or contact CVS Caremark customer service at 1-888-321-3124 to find out if the medication is available over the counter or is covered under your medical and/or pharmacy benefit.

HIGH DEDUCTIBLE HEALTH PLAN (HDHP) PREVENTIVE MEDICATIONS

For the High Deductible Health Plan some preventive medications used to prevent or manage certain health conditions are covered without meeting a deductible. Coinsurance will still apply. These medications are identified in the guide with a “**PV**” notation. Additional information about these medications can be found on the [HDHP Preventive Medication List](#). **This does not apply to Med Prime Retirees.**

INSULIN

The Plan will cover the full cost of insulin. This means that any covered insulin or insulin approved through the formulary exceptions (medical necessity) process will take Tier 0 and have a \$0 copay/coinsurance for members. Preferred insulin products are identified in the guide with a notation of “**\$0 copay per 30-day supply**”.

NON-COVERED MEDICATIONS

The Plan has a custom closed formulary. In a “closed” formulary, certain drugs are not covered. This comprehensive formulary document notes drugs that are not covered by the Plan. This is applicable to the Traditional Pharmacy Benefit (which includes the 70/30 and Plus PPO Plans). Non-covered medications are designated in the formulary guide with an

"NC." A formulary exception process is available to support Plan members who, per their prescriber, have a medical necessity to remain on a non-covered drug. The exception process is administered by CVS Caremark, the Plan's Pharmacy Benefit Manager.

MEDICAL BENEFIT SPECIALTY MEDICATIONS

Some specialty medications are covered under the medical benefit and are subject to office charges. These medications are usually administered by intramuscular injection or intravenous injection or infusion under provider supervision in an office, outpatient setting or through home infusion. Medical benefit specialty medications are designated in the formulary guide with an "M." Members may obtain prior authorization, and providers may contact Aetna Customer Service at 1-833-690-1037.

PREFERRED BLOOD GLUCOSE MONITORING AND DIABETIC SUPPLIES

Diabetic testing supplies associated with the Plan's preferred Blood Glucose Monitoring (BGM) systems take Tier 7 and will have a unique copay of \$5 per 30-day supply for the Plus PPO Plan or \$10 per 30-day supply for the 70/30 PPO Plan. This unique copay also applies to preferred insulin pens and syringes and lancets. It does not apply to Continuous Glucose Monitoring (CGM) products.

An Accu-Chek or True Metrix blood glucose meter will be provided at no charge by the manufacturer to those individuals currently using a meter other than Accu-Chek or True Metrix. For more information on how to obtain a blood glucose meter, call toll-free: 1-800-588-4456. Members must have CVS Caremark Mail Service Pharmacy benefits to qualify.

USING THE MEMBER GUIDE TO THE BASIC FORMULARY

The Medication List is organized into broad categories (e.g., ANALGESICS AND ANESTHETICS). The graphic below shows the information that is provided in each column of the medication list and is an example only. Please use the medication search function to find current information for medications on the medication list.

Drug Name	Drug Tier	Requirements/Limits
QELBREE CAP 150MG ER	2	PA, QL
QELBREE CAP 200MG ER	2	PA, QL
DOPAMINE AND NOREPINEPHRINE REUPTAKE INHIBITORS (DNRIS)		
SUNOSI TAB 75MG	2	PA, QL
SUNOSI TAB 150MG	2	PA, QL
HISTAMINE H3-RECEPTOR ANTAGONIST/INVERSE AGONISTS		
WAKIX TAB 4.45MG	5	SP, PA, QL
WAKIX TAB 17.8MG	5	SP, PA, QL
STIMULANTS - MISC.		
ADHANSIA XR CAP 25MG	NC	
ADHANSIA XR CAP 35MG	NC	

DOCUMENT LAYOUT KEY

Column	Description
Drug Name	Lists the medication name. Generic medications are listed in lowercase, <i>italicized</i> letters. Brand name medications are CAPITALIZED. Separate medication entries are required for some dosage forms such as extended-release and delayed-release.
Drug Tier	Indicates the tier level.
Requirements/Limits	Indicates how the medication is classified or whether any Utilization Management program(s) apply. For instance, SP indicates that the medication is classified as specialty, PV indicates that the medication is considered preventive, and ST notates that step therapy applies for this medication. A full list of abbreviations can be found under the LEGEND section of this document.

LEGEND

Abbreviation/Acronym

cap
 chew
 conc
 cr
 dr
 ec
 effer
 equiv
 er
 inhal
 inj
 liq
 lot
 nebu

Definition

capsule
 chewable
 concentrate
 controlled-release
 delayed-release
 enteric coated
 effervescent
 equivalent
 extended-release
 inhalation
 injection
 liquid
 lotion
 nebulizer

Abbreviation/Acronym**Definition**

odt	orally disintegrating tablet
oint	ointment
ophth	ophthalmic
powd	powder
sl	sublingual
sol/soln	solution
sr	sustained-release
suppos	suppository
susp	suspension
tab	tablet
td	transdermal
ACA	Affordable Care Act Copay
NC	Not Covered
OTC	Over the counter
PA	Prior Authorization
PV	Preventive (HDHP)
QL	Quantity Limit
SP	Specialty
ST	Step Therapy

NOTICE

This document contains references to brand-name prescription drugs that are trademarks or registered trademarks of pharmaceutical manufacturers not affiliated with North Carolina State Health Plan or CVS Caremark.

When viewing the formulary via the Internet, please be advised that this document is updated periodically, and changes may appear prior to their effective date to allow for client notification.

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

AMPHETAMINES

ADDERALL TAB 5MG	NC	
ADDERALL TAB 7.5MG	NC	
ADDERALL TAB 10MG	NC	
ADDERALL TAB 12.5MG	NC	
ADDERALL TAB 15MG	NC	
ADDERALL TAB 20MG	NC	
ADDERALL TAB 30MG	NC	
ADDERALL XR CAP 5MG	NC	
ADDERALL XR CAP 10MG	NC	
ADDERALL XR CAP 15MG	NC	
ADDERALL XR CAP 20MG	NC	
ADDERALL XR CAP 25MG	NC	
ADDERALL XR CAP 30MG	NC	
ADZENYS XR-ODT TBED 3.1MG, 6.3MG, 9.4MG, 12.5MG, 15.7MG, 18.8MG	NC	
<i>amphetamine tbed 3.1mg, 6.3mg, 9.4mg, 12.5mg, 15.7mg, 18.8mg</i>	1	PA, QL
<i>amphetamine sulfate tabs 5mg, 10mg</i>	1	PA, QL
<i>amphetamine-dextroamphetamine 3-bead cap er 24hr 12.5 mg</i>	2	PA, QL
<i>amphetamine-dextroamphetamine 3-bead cap er 24hr 25 mg</i>	2	PA, QL
<i>amphetamine-dextroamphetamine 3-bead cap er 24hr 37.5 mg</i>	2	PA, QL
<i>amphetamine-dextroamphetamine 3-bead cap er 24hr 50 mg</i>	2	PA, QL
<i>amphetamine-dextroamphetamine cap er 24hr 5 mg</i>	1	PA, QL
<i>amphetamine-dextroamphetamine cap er 24hr 10 mg</i>	1	PA, QL
<i>amphetamine-dextroamphetamine cap er 24hr 15 mg</i>	1	PA, QL
<i>amphetamine-dextroamphetamine cap er 24hr 20 mg</i>	1	PA, QL
<i>amphetamine-dextroamphetamine cap er 24hr 25 mg</i>	1	PA, QL
<i>amphetamine-dextroamphetamine cap er 24hr 30 mg</i>	1	PA, QL
<i>amphetamine-dextroamphetamine tab 5 mg</i>	1	PA, QL
<i>amphetamine-dextroamphetamine tab 7.5 mg</i>	1	PA, QL
<i>amphetamine-dextroamphetamine tab 10 mg</i>	1	PA, QL

Drug Name	Drug Tier	Requirements/Limits
<i>amphetamine-dextroamphetamine tab 12.5 mg</i>	1	PA, QL
<i>amphetamine-dextroamphetamine tab 15 mg</i>	1	PA, QL
<i>amphetamine-dextroamphetamine tab 20 mg</i>	1	PA, QL
<i>amphetamine-dextroamphetamine tab 30 mg</i>	1	PA, QL
DEXEDRINE CP24 10MG, 15MG	3	PA, QL
<i>dextroamphetamine sulfate cp24 5mg, 10mg, 15mg; tabs 5mg, 10mg</i>	1	PA, QL
<i>dextroamphetamine sulfate soln 5mg/5ml; tabs 2.5mg, 7.5mg, 15mg, 20mg, 30mg</i>	2	PA, QL
DYANAVEL XR SUER 2.5MG/ML; TBCR 5MG, 10MG, 15MG, 20MG	NC	
EVEKEO TABS 5MG, 10MG	NC	
<i>lisdexamfetamine dimesylate caps 10mg, 20mg, 30mg, 40mg, 50mg, 60mg, 70mg; chew 10mg, 20mg, 30mg, 40mg, 50mg, 60mg</i>	2	PA, QL
<i>methamphetamine hcl tabs 5mg</i>	2	PA, QL
MYDAYIS CAP 12.5MG	NC	
MYDAYIS CAP 25MG	NC	
MYDAYIS CAP 37.5MG	NC	
MYDAYIS CAP 50MG	NC	
<i>Procentra Soln 5mg/5ml</i>	2	PA, QL
VYVANSE CAPS 10MG, 20MG, 30MG, 40MG, 50MG, 60MG, 70MG; CHEW 10MG, 20MG, 30MG, 40MG, 50MG, 60MG	NC	
XELSTRYM PTCH 9MG/9HR, 13.5MG/9HR, 18MG/9HR	NC	
<i>Zenzedi Tabs 2.5mg, 7.5mg, 15mg, 20mg, 30mg</i>	2	PA, QL
<i>Zenzedi Tabs 5mg, 10mg</i>	1	PA, QL
ANALEPTICS		
<i>caffeine citrate soln 20mg/ml, 60mg/3ml</i>	1	
DOPRAM SOLN 20MG/ML	3	
ANOREXIANTS NON-AMPHETAMINE		
<i>benzphetamine hcl tabs 50mg</i>	1	PA; PV
<i>diethylpropion hcl tabs 25mg; tb24 75mg</i>	1	PA; PV
<i>Lomaira Tabs 8mg</i>	1	PA; PV
<i>phendimetrazine tartrate tabs 35mg</i>	1	PA; PV
<i>phentermine hcl caps 15mg, 30mg, 37.5mg; tabs 8mg, 37.5mg</i>	1	PA; PV
<i>phentermine hcl-topiramate cap er 24hr 3.75-23 mg</i>	1	PA; PV
<i>phentermine hcl-topiramate cap er 24hr 7.5-46 mg</i>	1	PA; PV

Drug Name	Drug Tier	Requirements/Limits
<i>phentermine hcl-topiramate cap er 24hr 11.25-69 mg</i>	1	PA; PV
<i>phentermine hcl-topiramate cap er 24hr 15-92 mg</i>	1	PA; PV
PLENITY CAP	NC	
QSYMIA CAP 3.75-23	2	PA; PV
QSYMIA CAP 7.5-46MG	2	PA; PV
QSYMIA CAP 11.25-69	2	PA; PV
QSYMIA CAP 15-92MG	2	PA; PV
ANTI-OBESITY AGENTS		
CONTRAVE TAB 8-90MG	NC	
IMCIVREE SOLN 10MG/ML	NC	
<i>orlistat caps 120mg</i>	2	PA; PV
ATTENTION-DEFICIT/HYPERACTIVITY DISORDER (ADHD) AGENTS		
<i>atomoxetine hcl caps 10mg, 18mg, 25mg, 40mg, 60mg, 80mg, 100mg</i>	1	PA, QL
<i>clonidine hcl (adhd) tb12 .1mg</i>	1	
<i>guanfacine hcl (adhd) tb24 1mg, 2mg, 3mg, 4mg</i>	1	
INTUNIV TB24 1MG, 2MG, 3MG, 4MG	NC	
QELBREE CP24 100MG, 150MG, 200MG	NC	
DOPAMINE AND NOREPINEPHRINE REUPTAKE INHIBITORS (DNRIS)		
SUNOSI TABS 75MG, 150MG	2	PA, QL
HISTAMINE H3-RECEPTOR ANTAGONIST/INVERSE AGONISTS		
WAKIX TABS 4.45MG, 17.8MG	5	SP, PA, QL
STIMULANTS - MISC.		
APTENSIO XR CP24 10MG, 15MG, 20MG, 30MG, 40MG, 50MG, 60MG	NC	
<i>armodafinil tabs 50mg, 150mg, 200mg, 250mg</i>	1	PA, QL
AZSTARYS CAP 26.1-5.2	NC	
AZSTARYS CAP 39.2-7.8	NC	
AZSTARYS CAP 52.3-10.	NC	
CONCERTA TBCR 18MG, 27MG, 36MG, 54MG	NC	
COTEMPLA XR-ODT TBED 8.6MG, 17.3MG, 25.9MG	NC	
DAYTRANA PTCH 10MG/9HR, 15MG/9HR, 20MG/9HR, 30MG/9HR	NC	
<i>dexmethylphenidate hcl cp24 5mg, 10mg, 15mg, 20mg, 25mg, 30mg, 35mg, 40mg; tabs 2.5mg, 5mg, 10mg</i>	1	PA, QL
FOCALIN TABS 2.5MG, 5MG, 10MG	3	PA, QL
FOCALIN XR CP24 5MG, 10MG, 15MG, 20MG, 25MG, 30MG, 35MG, 40MG	NC	

Drug Name	Drug Tier	Requirements/Limits
JORNAY PM CP24 20MG, 40MG, 60MG, 80MG, 100MG	NC	
METADATE CD CPCR 10MG, 20MG, 30MG, 40MG, 50MG, 60MG	NC	
METHYLIN SOLN 5MG/5ML, 10MG/5ML	3	PA, QL
<i>methylphenidate ptch 10mg/9hr, 15mg/9hr, 20mg/9hr, 30mg/9hr</i>	2	PA, QL
<i>methylphenidate hcl chew 2.5mg, 5mg; cp24 10mg, 15mg, 20mg, 30mg, 40mg, 50mg, 60mg; cpcr 10mg, 20mg, 30mg, 40mg, 50mg, 60mg; soln 5mg/5ml, 10mg/5ml; tabs 5mg, 10mg, 20mg; tb24 18mg, 27mg, 36mg, 54mg; tbcr 10mg, 18mg, 20mg, 27mg, 36mg, 54mg</i>	1	PA, QL
<i>methylphenidate hcl chew 10mg; cp24 60mg; tbcr 72mg</i>	2	PA, QL
<i>modafinil tabs 100mg, 200mg</i>	1	PA, QL
NUVIGIL TABS 50MG, 150MG, 200MG, 250MG	NC	
PROVIGIL TABS 100MG, 200MG	NC	
QUILLICHEW ER CHER 20MG, 30MG, 40MG	NC	
QUILLIVANT XR SRER 25MG/5ML	NC	
RELEXXII TBCR 72MG	NC	
RITALIN TABS 5MG, 10MG, 20MG	3	PA, QL

ALLERGENIC EXTRACTS/BIOLOGICALS MISC

ALLERGENIC EXTRACTS

GRASTEK SUBL 2800BAU	2	PA; PV
ODACTRA SUB	3	PA; PV
ORALAIR SUB 300 IR	2	PA; PV
PALFORZIA CAP ESCALAT	NC	
PALFORZIA CAP LEVEL 3	NC	
PALFORZIA CAP LEVEL 7	NC	
PALFORZIA CAP LEVEL 8	NC	
PALFORZIA CAP LEVEL 10	NC	
PALFORZIA LEVEL 1 CSPK 1MG	NC	
PALFORZIA LEVEL 2 CSPK 1MG	NC	
PALFORZIA LEVEL 4 CSPK 20MG	NC	
PALFORZIA LEVEL 5 CSPK 20MG	NC	
PALFORZIA LEVEL 6 CSPK 20MG	NC	
PALFORZIA LEVEL 9 CSPK 100MG	NC	
PALFORZIA LEVEL 11 (MAINT PACK 300MG)	NC	
RAGWITEK SUBL 12AMBA1-U	2	PA; PV

ALTERNATIVE MEDICINES

ALTERNATIVE MEDICINE - A'S

ALPHA-LIPOIC ACID SOLN 25MG/ML	3	
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Drug Name	Drug Tier	Requirements/Limits
AMINOGLYCOSIDES		
AMINOGLYCOSIDES		
<i>amikacin sulfate soln 1gm/4ml, 500mg/2ml</i>	1	
ARIKAYCE SUSP 590MG/8.4ML	6	SP, PA
BETHKIS NEBU 300MG/4ML	NC	SP
<i>gentamicin in saline inj 0.8 mg/ml</i>	1	
<i>gentamicin in saline inj 1 mg/ml</i>	1	
<i>gentamicin in saline inj 1.2 mg/ml</i>	1	
<i>gentamicin in saline inj 1.6 mg/ml</i>	1	
<i>gentamicin in saline inj 2 mg/ml</i>	1	
<i>gentamicin sulfate soln 10mg/ml, 40mg/ml, 80mg/2ml</i>	1	
HUMATIN CAPS 250MG	NC	
KITABIS PAK NEBU 300MG/5ML	NC	SP
<i>neomycin sulfate tabs 500mg</i>	1	
<i>streptomycin sulfate solr 1gm</i>	1	
TOBI NEBU 300MG/5ML	NC	SP
TOBI PODHALER CAPS 28MG	NC	SP
<i>tobramycin nebu 300mg/4ml, 300mg/5ml</i>	4	SP, PA, QL
<i>tobramycin sulfate soln 1.2gm/30ml, 10mg/ml, 80mg/2ml</i>	1	
<i>tobramycin sulfate solr 1.2gm</i>	2	
ZEMDRI SOLN 500MG/10ML	3	
ANALGESICS - ANTI-INFLAMMATORY		
ANTI-TNF-ALPHA - MONOCLONAL ANTIBODIES		
ABRILADA PSKT 20MG/0.4ML, 40MG/0.8ML	NC	SP
ABRILADA 1-PEN KIT AJKT 40MG/0.8ML	NC	SP
ADALIMUMAB-AATY 1-PEN KIT AJKT 40MG/0.4ML	NC	SP
ADALIMUMAB-AATY 2-SYRINGE PSKT 20MG/0.2ML	NC	SP
ADALIMUMAB-ADAZ SOAJ 40MG/0.4ML; SOSY 10MG/0.1ML, 20MG/0.2ML, 40MG/0.4ML	5	SP, PA, QL; Preferred for Ankylosing Spondylitis, Crohn's Disease, Hidradenitis Suppurativa, Psoriasis, Psoriatic Arthritis, Rheumatoid Arthritis, Ulcerative Colitis, All Other Conditions

Drug Name	Drug Tier	Requirements/Limits
ADALIMUMAB-ADAZ SOAJ 80MG/0.8ML	5	SP, PA, QL; Preferred for Crohn's Disease, Hidradenitis Suppurativa, Psoriasis, Rheumatoid Arthritis, Ulcerative Colitis, All Other Conditions
ADALIMUMAB-FKJP PSKT 20MG/0.4ML	NC	SP
AMJEVITA SOAJ 40MG/0.4ML, 80MG/0.8ML; SOSY 10MG/0.2ML, 20MG/0.2ML, 20MG/0.4ML, 40MG/0.8ML	NC	SP
CYLTEZO AJKT 40MG/0.8ML; PSKT 10MG/0.2ML, 20MG/0.4ML, 40MG/0.8ML	NC	SP
HADLIMA SOSY 40MG/0.4ML, 40MG/0.8ML	NC	SP
HADLIMA PUSH TOUCH SOAJ 40MG/0.4ML, 40MG/0.8ML	NC	SP
HULIO PSKT 20MG/0.4ML, 40MG/0.8ML	NC	SP
HUMIRA PSKT 10MG/0.1ML, 20MG/0.2ML, 40MG/0.4ML, 40MG/0.8ML	NC	SP
HUMIRA PEDIATRIC CROHNS D PSKT 80MG/0.8ML	NC	SP
HUMIRA PEN AJKT 40MG/0.4ML, 40MG/0.8ML, 80MG/0.8ML	NC	SP
HUMIRA PEN KIT PS/UV	NC	SP
HYRIMOZ SOAJ 40MG/0.4ML; SOSY 20MG/0.2ML, 40MG/0.4ML	5	SP, PA, QL; Except NDCs 61314-XXXX-XX; Preferred for Ankylosing Spondylitis, Crohn's Disease, Hidradenitis Suppurativa, Psoriasis, Psoriatic Arthritis, Rheumatoid Arthritis, Ulcerative Colitis, All Other Conditions
HYRIMOZ SOSY 10MG/0.1ML	NC	SP
HYRIMOZ PEDIATRIC CROHNS SOSY 80MG/0.8ML	NC	SP
HYRIMOZ SENSOREADY CD/UC/ SOAJ 80MG/0.8ML	5	SP, PA, QL; Except NDCs 61314-XXXX-XX; Preferred for Crohn's Disease, Hidradenitis Suppurativa, Psoriasis, Rheumatoid Arthritis, Ulcerative Colitis, All Other Conditions

Drug Name	Drug Tier	Requirements/Limits
HYRIMOZ SENSOREADY PENS SOAJ 80MG/0.8ML	5	SP, PA, QL; Except NDCs 61314-XXXX-XX; Preferred for Crohn's Disease, Hidradenitis Suppurativa, Psoriasis, Rheumatoid Arthritis, Ulcerative Colitis, All Other Conditions
HYRIMOZ-PED INJ CROHNS	NC	SP
HYRIMOZ-PLAQ INJ PSOR/UVE	NC	SP
HYRIMOZ-PLAQ INJ PSORIASI	5	SP, PA, QL; Except NDCs 61314-XXXX-XX; Preferred for Crohn's Disease, Hidradenitis Suppurativa, Psoriasis, Rheumatoid Arthritis, Ulcerative Colitis, All Other Conditions
IDACIO (2 PEN) AJKT 40MG/0.8ML	NC	SP
IDACIO (2 SYRINGE) PSKT 40MG/0.8ML	NC	SP
SIMLANDI PSKT 20MG/0.2ML, 80MG/0.8ML	NC	SP
SIMLANDI 1-PEN KIT AJKT 40MG/0.4ML, 80MG/0.8ML	NC	SP
SIMLANDI 2-PEN KIT AJKT 40MG/0.4ML	NC	SP
SIMPONI SOAJ 50MG/0.5ML, 100MG/ML; SOSY 50MG/0.5ML, 100MG/ML	NC	SP
SIMPONI ARIA SOLN 50MG/4ML	5	SP, PA, QL
YUFLYMA 1-PEN KIT AJKT 80MG/0.8ML	NC	SP
YUSIMRY SOAJ 40MG/0.8ML	NC	SP
ANTIRHEUMATIC - ENZYME INHIBITORS		
OLUMIANT TABS 2MG	NC	SP
RINVOQ TB24 15MG	5	SP, PA, QL; Preferred for Ankylosing Spondylitis, Crohn's Disease, Non- Radiographic Axial Spondyloarthritis, Psoriatic Arthritis, Rheumatoid Arthritis, Ulcerative Colitis
RINVOQ TB24 30MG, 45MG	5	SP, PA, QL; Preferred for Crohn's Disease, Ulcerative Colitis
RINVOQ LQ SOLN 1MG/ML	5	SP, PA, QL; Preferred for Psoriatic Arthritis
XELJANZ SOLN 1MG/ML; TABS 10MG	5	SP, PA, QL
XELJANZ TABS 5MG	5	SP, PA, QL; Preferred for Rheumatoid Arthritis

Drug Name	Drug Tier	Requirements/Limits
XELJANZ XR TB24 11MG	5	SP, PA, QL; Preferred for Rheumatoid Arthritis
XELJANZ XR TB24 22MG	5	SP, PA, QL
ANTIRHEUMATIC ANTIMETABOLITES		
OTREXUP SOAJ 10MG/0.4ML, 12.5MG/0.4ML, 15MG/0.4ML, 17.5MG/0.4ML, 20MG/0.4ML, 22.5MG/0.4ML, 25MG/0.4ML	6	SP, PA, QL
INTERLEUKIN-1 BLOCKERS		
ARCALYST SOLR 220MG	NC	SP
INTERLEUKIN-1 RECEPTOR ANTAGONIST (IL-1RA)		
KINERET SOSY 100MG/0.67ML	NC	SP
INTERLEUKIN-1BETA BLOCKERS		
ILARIS SOLN 150MG/ML	6	SP, PA
INTERLEUKIN-6 RECEPTOR INHIBITORS		
ACTEMRA SOLN 80MG/4ML, 200MG/10ML, 400MG/20ML; SOSY 162MG/0.9ML	NC	SP
KEVZARA SOAJ 150MG/1.14ML, 200MG/1.14ML; SOSY 200MG/1.14ML	5	SP, PA, QL; Preferred for Rheumatoid Arthritis
TYENNE SOLN 80MG/4ML, 200MG/10ML	NC	SP
NONSTEROIDAL ANTI-INFLAMMATORY AGENTS (NSAIDS)		
ARTHROTEC 50 TAB	NC	
ARTHROTEC 75 TAB	NC	
CALDOLOR SOLN 800MG/200ML, 800MG/8ML	3	
CELEBREX CAPS 50MG, 100MG, 200MG, 400MG	NC	
<i>celecoxib caps 50mg, 100mg, 200mg, 400mg</i>	1	
COMBOGESIC INJ 300-1000	NC	
<i>diclofenac potassium tabs 25mg</i>	NC	
<i>diclofenac potassium tabs 50mg</i>	1	
<i>diclofenac sodium tb24 100mg; tbec 25mg, 50mg, 75mg</i>	1	
<i>diclofenac w/ misoprostol tab delayed release 50-0.2 mg</i>	1	
<i>diclofenac w/ misoprostol tab delayed release 75-0.2 mg</i>	1	
DUEXIS TAB 800-26.6	NC	
<i>etodolac caps 200mg, 300mg; tabs 400mg, 500mg; tb24 400mg, 500mg, 600mg</i>	1	
<i>fenoprofen calcium caps 400mg</i>	NC	
<i>flurbiprofen tabs 50mg, 100mg</i>	1	
<i>Ibu Tabs 400mg, 600mg, 800mg</i>	1	

Drug Name	Drug Tier	Requirements/Limits
<i>ibuprofen susp 100mg/5ml, 200mg/10ml; tabs 400mg, 600mg, 800mg</i>	1	
<i>ibuprofen lysine soln 10mg/ml</i>	1	
<i>ibuprofen-famotidine tab 800-26.6 mg</i>	NC	
<i>indomethacin caps 25mg, 50mg; cpcr 75mg; supp 50mg; susp 25mg/5ml</i>	1	
<i>ketoprofen caps 25mg; cp24 200mg</i>	NC	
<i>ketoprofen caps 75mg</i>	1	
<i>ketorolac tromethamine soln 15mg/ml, 30mg/ml, 60mg/2ml; tabs 10mg</i>	1	
<i>meclofenamate sodium caps 50mg</i>	1	
<i>meclofenamate sodium caps 100mg</i>	2	
<i>mefenamic acid caps 250mg</i>	1	
<i>meloxicam caps 5mg, 10mg</i>	NC	
<i>meloxicam susp 7.5mg/5ml; tabs 7.5mg, 15mg</i>	1	
<i>nabumetone tabs 500mg, 750mg</i>	1	
<i>Nabumetone Tabs 500mg, 750mg</i>	NC	
<i>NAPRELAN TB24 375MG, 500MG, 750MG</i>	NC	
<i>naproxen susp 125mg/5ml</i>	NC	
<i>naproxen tabs 250mg, 375mg, 500mg; tbec 375mg, 500mg</i>	1	
<i>naproxen sodium tabs 275mg, 550mg</i>	1	
<i>naproxen sodium tb24 375mg, 500mg</i>	NC	
<i>naproxen-esomeprazole magnesium tab dr 375-20 mg</i>	NC	
<i>naproxen-esomeprazole magnesium tab dr 500-20 mg</i>	NC	
<i>NEOPROFEN SOLN 10MG/ML</i>	3	
<i>NUDROXIPAK KIT I-800</i>	NC	
<i>ORUDIS CAPS 75MG</i>	3	
<i>oxaprozin caps 300mg; tabs 600mg</i>	1	
<i>piroxicam caps 10mg, 20mg</i>	1	
<i>PREVIDOLRX PAK ANALGESI</i>	NC	
<i>RELAFEN DS TABS 1000MG</i>	NC	
<i>SPRIX SOLN 15.75MG/SPRAY</i>	NC	
<i>sulindac tabs 150mg, 200mg</i>	1	
<i>Tolectin 600 Tabs 600mg</i>	1	
<i>TOLECTIN DS CAPS 400MG</i>	3	
<i>tolmetin sodium caps 400mg; tabs 600mg</i>	1	
<i>VIMOVO TAB 500-20MG</i>	NC	
<i>ZIPSOR CAPS 25MG</i>	NC	

Drug Name	Drug Tier	Requirements/Limits
PHOSPHODIESTERASE 4 (PDE4) INHIBITORS		
OTEZLA TABS 20MG, 30MG	5	SP, PA, QL; Preferred for Psoriasis, Psoriatic Arthritis
OTEZLA TAB 10/20	5	SP, PA, QL; Preferred for Psoriasis, Psoriatic Arthritis
OTEZLA TAB 10/20/30	5	SP, PA, QL; Preferred for Psoriasis, Psoriatic Arthritis
PYRIMIDINE SYNTHESIS INHIBITORS		
ARAVA TABS 10MG, 20MG	3	
<i>leflunomide tabs 10mg, 20mg</i>	1	
SELECTIVE COSTIMULATION MODULATORS		
ORENCIA SOSY 50MG/0.4ML, 87.5MG/0.7ML	5	SP, PA, QL
ORENCIA SOSY 125MG/ML	5	SP, PA, QL; Preferred for Rheumatoid Arthritis
ORENCIA CLICKJECT SOAJ 125MG/ML	5	SP, PA, QL; Preferred for Rheumatoid Arthritis
SOLUBLE TUMOR NECROSIS FACTOR RECEPTOR AGENTS		
ENBREL SOLN 25MG/0.5ML; SOSY 25MG/0.5ML, 50MG/ML	5	SP, PA, QL; Preferred for Ankylosing Spondylitis, Psoriatic Arthritis, Rheumatoid Arthritis, All Other Conditions
ENBREL MINI SOCT 50MG/ML	5	SP, PA, QL; Preferred for Ankylosing Spondylitis, Psoriatic Arthritis, Rheumatoid Arthritis, All Other Conditions
ENBREL SURECLICK SOAJ 50MG/ML	5	SP, PA, QL; Preferred for Ankylosing Spondylitis, Psoriatic Arthritis, Rheumatoid Arthritis, All Other Conditions
ANALGESICS - NONNARCOTIC ANALGESIC COMBINATIONS		
<i>Bac Tab</i>	1	QL
<i>But/apap/caf Cap</i>	NC	
<i>butalbital-acetaminophen cap 50-300 mg</i>	NC	
<i>butalbital-acetaminophen tab 50-325 mg</i>	1	QL
<i>butalbital-acetaminophen-caffeine cap 50-300-40 mg</i>	NC	
<i>butalbital-acetaminophen-caffeine cap 50-325-40 mg</i>	NC	

Drug Name	Drug Tier	Requirements/Limits
<i>butalbital-acetaminophen-caffeine tab 50-325-40 mg</i>	1	QL
<i>butalbital-aspirin-caffeine cap 50-325-40 mg</i>	1	QL
FIORICET CAP	NC	
<i>Tencon Tab 50-325mg</i>	1	QL
ANALGESICS - SODIUM CHANNEL PAIN SIGNAL INHIBITORS		
JOURNAVX TABS 50MG	NC	
ANALGESICS OTHER		
<i>acetaminophen soln 10mg/ml</i>	1	
<i>acetaminophen soln 10mg/ml, 1000mg/100ml</i>	2	
<i>clonidine hcl (analgesia) soln 100mcg/ml, 500mcg/ml</i>	1	
DURACLON SOLN 100MCG/ML	3	
LOTREXONE CAPS 1.5MG, 4.5MG	NC	
ANALGESICS-PEPTIDE CHANNEL BLOCKERS		
PRIALT SOLN 100MCG/ML, 500MCG/20ML, 500MCG/5ML	6	SP
SALICYLATES		
<i>aspirin chew 81mg; tbec 81mg</i>	0	OTC; ACA, PV
<i>Aspirin 81 Tbec 81mg</i>	0	OTC; ACA, PV
<i>Aspirin 81 Low Dose Chew 81mg</i>	0	OTC; ACA, PV
<i>Aspirin Adult Low Dose Tbec 81mg</i>	0	OTC; ACA, PV
<i>Aspirin Childrens Chew 81mg</i>	0	OTC; ACA, PV
<i>Aspirin Ec Adult Low Dose Tbec 81mg</i>	0	OTC; ACA, PV
<i>Aspirin Low Dose Chew 81mg; Tbec 81mg</i>	0	OTC; ACA, PV
<i>Aspirin Regimen Tbec 81mg</i>	0	OTC; ACA, PV
<i>Bayer Aspirin Ec Low Dose Tbec 81mg</i>	0	OTC; ACA, PV
<i>Bayer Childrens Aspirin Chew 81mg</i>	0	OTC; ACA, PV
<i>Bayer Low Dose Tbec 81mg</i>	0	OTC; ACA, PV
<i>Childrens Aspirin Chew 81mg</i>	0	OTC; ACA, PV
<i>Cvs Aspirin Low Strength Tbec 81mg</i>	0	OTC; ACA, PV
<i>diflunisal tabs 500mg</i>	1	
<i>Ecotrin Low Strength Tbec 81mg</i>	0	OTC; ACA, PV
<i>Eq Aspirin Low Dose Chew 81mg</i>	0	OTC; ACA, PV
<i>Eql Aspirin Low Dose Chew 81mg</i>	0	OTC; ACA, PV
<i>Ft Aspirin Chew 81mg</i>	0	OTC; ACA, PV
<i>Ft Aspirin Low Dose Tbec 81mg</i>	0	OTC; ACA, PV
<i>Gnp Adult Aspirin Low Str Chew 81mg</i>	0	OTC; ACA, PV
<i>Gnp Aspirin Tbec 81mg</i>	0	OTC; ACA, PV
<i>Goodsense Aspirin Tbec 81mg</i>	0	OTC; ACA, PV
<i>Kls Aspirin Low Dose Tbec 81mg</i>	0	OTC; ACA, PV
<i>Kp Aspirin Tbec 81mg</i>	0	OTC; ACA, PV

Drug Name	Drug Tier	Requirements/Limits
<i>Mm Aspirin Tbec 81mg</i>	0	OTC; ACA, PV
<i>Qc Aspirin Low Dose Chew 81mg; Tbec 81mg</i>	0	OTC; ACA, PV
<i>Qc Childrens Aspirin Chew 81mg</i>	0	OTC; ACA, PV
<i>salsalate tabs 750mg</i>	1	
<i>Sb Childrens Aspirin Chew 81mg</i>	0	OTC; ACA, PV
<i>St Joseph Low Dose Aspiri Chew 81mg; Tbec 81mg</i>	0	OTC; ACA, PV

ANALGESICS - OPIOID

OPIOID AGONISTS

CODEINE SULFATE TABS 15MG, 60MG	3	PA, QL
<i>codeine sulfate tabs 30mg</i>	1	PA, QL
CONZIP CP24 100MG, 200MG, 300MG	3	ST, PA, QL
DEMEROL SOLN 25MG/ML, 50MG/ML, 75MG/ML	3	
DILAUDID LIQD 1MG/ML; TABS 2MG, 4MG, 8MG	3	PA, QL
DILAUDID SOLN 1MG/ML, 2MG/ML	NC	
DILAUDID SOLN .2MG/ML	3	
DISKETS TBSO 40MG	3	ST, PA, QL
DSUVIA SUBL 30MCG	M	
<i>fentanyl pt72 12mcg/hr, 25mcg/hr, 50mcg/hr, 75mcg/hr</i>	1	ST, PA, QL
<i>fentanyl pt72 37.5mcg/hr, 62.5mcg/hr, 87.5mcg/hr, 100mcg/hr</i>	2	ST, PA, QL
FENTANYL CIT SOL 10MCG/ML	NC	
FENTANYL CITRATE SOLN 50MCG/ML	3	
<i>fentanyl citrate soln 50mcg/ml, 100mcg/2ml, 250mcg/5ml, 500mcg/10ml, 1000mcg/20ml, 2500mcg/50ml; sosy 50mcg/ml</i>	1	
FENTANYL CITRATE SOLN 5000MCG/100ML	NC	
FENTANYL/NACL INJ 1000/50	3	
HYDRO/NACL INJ 20/100ML	3	
HYDRO/NACL INJ 25/25	3	
<i>hydrocodone bitartrate cp12 10mg, 15mg, 20mg, 30mg, 40mg, 50mg; t24a 20mg, 30mg, 40mg, 60mg, 80mg</i>	2	ST, PA, QL
<i>hydrocodone bitartrate t24a 100mg, 120mg</i>	1	ST, PA, QL
HYDROMO/NACL INJ 2MG/ML	NC	
HYDROMO/NACL INJ 20/100ML	3	
<i>hydromorphone hcl liqd 1mg/ml; tabs 2mg, 4mg, 8mg</i>	1	PA, QL
<i>hydromorphone hcl soln .2mg/ml, 1mg/ml, 2mg/ml, 10mg/ml, 50mg/5ml, 500mg/50ml</i>	1	

Drug Name	Drug Tier	Requirements/Limits
<i>hydromorphone hcl tb24 8mg, 12mg, 16mg, 32mg</i>	2	ST, PA, QL
HYDROMORPHONE HYDROCHLORI SOLN .2MG/ML, 1MG/ML, 2MG/ML, 4MG/ML, 10MG/ML	3	
HYSINGLA ER T24A 20MG, 30MG, 40MG, 60MG, 80MG, 100MG, 120MG	NC	
INFUMORPH 200 SOLN 10MG/ML	3	
INFUMORPH 500 SOLN 25MG/ML	3	
<i>levorphanol tartrate tabs 2mg</i>	NC	
<i>meperidine hcl soln 25mg/ml, 50mg/ml, 100mg/ml</i>	1	
<i>meperidine hcl soln 50mg/5ml</i>	1	PA, QL
<i>meperidine hcl tabs 50mg</i>	2	PA, QL
METHADO/NACL INJ 1MG/ML	3	
METHADO/NACL INJ 5MG/5ML	3	
METHADO/NACL INJ 10MG/ML	3	
<i>methadone hcl conc 10mg/ml; soln 5mg/5ml, 10mg/5ml, 10mg/ml; tabs 5mg, 10mg; tbso 40mg</i>	1	ST, PA, QL
METHADONE HCL SOLN 10MG/ML	3	ST, PA, QL
METHADONE HYDROCHLORIDE SOSY 10MG/ML	3	ST, PA, QL
<i>Methadone Hydrochloride I Conc 10mg/ml</i>	1	ST, PA, QL
METHADOSE CONC 10MG/ML	3	ST, PA, QL
<i>Methadose Tbso 40mg</i>	1	ST, PA, QL
METHADOSE SUGAR-FREE CONC 10MG/ML	3	ST, PA, QL
<i>Mitigo Soln 10mg/ml, 25mg/ml</i>	1	
MORPHIN/NACL INJ 1MG/ML	3	
MORPHIN/NACL INJ 2MG-0.9%	NC	
MORPHIN/NACL INJ 4MG-0.9%	NC	
MORPHIN/NACL INJ 100/100	3	
MORPHINE SUL INJ 250/50ML	3	
MORPHINE SUL INJ NACL	3	
MORPHINE SULFATE SOLN 1MG/ML, 2MG/ML, 4MG/ML, 10MG/ML, 50MG/ML	3	
MORPHINE SULFATE SOLN 2MG/ML	NC	
<i>morphine sulfate soln 10mg/5ml, 20mg/5ml, 100mg/5ml; tabs 15mg, 30mg</i>	1	PA, QL
<i>morphine sulfate soln .5mg/ml, 1mg/ml, 4mg/ml, 8mg/ml, 10mg/ml</i>	1	
<i>morphine sulfate tbc 15mg, 30mg, 60mg, 100mg</i>	1	ST, PA, QL

Drug Name	Drug Tier	Requirements/Limits
<i>morphine sulfate tbc</i> 200mg	2	ST, PA, QL
<i>morphine sulfate beads cp24</i> 30mg, 45mg, 90mg	2	ST, PA, QL
<i>morphine sulfate beads cp24</i> 60mg, 75mg, 120mg	1	ST, PA, QL
MS CONTIN TBCR 15MG, 30MG, 60MG	3	ST, PA, QL
NUCYNTA TABS 50MG, 75MG, 100MG	NC	
NUCYNTA ER TB12 50MG, 100MG, 150MG, 200MG, 250MG	NC	
<i>oxycodone hcl caps 5mg; soln 5mg/5ml; tabs 5mg, 10mg, 15mg, 20mg, 30mg</i>	1	PA, QL
<i>oxycodone hcl conc 20mg/ml</i>	2	PA, QL
OXYCONTIN T12A 10MG, 15MG, 20MG, 30MG, 40MG, 60MG, 80MG	NC	
<i>oxymorphone hcl tabs 5mg, 10mg</i>	1	PA, QL
<i>oxymorphone hcl tb12 5mg, 7.5mg, 10mg, 15mg, 20mg, 30mg, 40mg</i>	NC	
<i>remifentanil hcl solr 1mg, 2mg, 5mg</i>	1	
ROXICODONE TABS 15MG, 30MG	3	PA, QL
ROXYBOND TABA 5MG, 15MG, 30MG	NC	
<i>sufentanil citrate soln 50mcg/ml</i>	1	
<i>tapentadol hcl tabs 50mg, 75mg, 100mg</i>	1	PA
<i>tramadol hcl cp24 100mg, 200mg, 300mg; tabs 100mg</i>	NC	
<i>tramadol hcl soln 5mg/ml</i>	2	PA
<i>tramadol hcl tabs 25mg</i>	2	PA, QL
<i>tramadol hcl tabs 50mg</i>	1	PA, QL
<i>tramadol hcl tb24 100mg, 200mg, 300mg</i>	1	ST, PA, QL
ULTIVA SOLR 1MG, 2MG, 5MG	3	
XTAMPZA ER C12A 9MG, 13.5MG, 18MG, 27MG, 36MG	NC	

OPIOID COMBINATIONS

<i>acetaminophen w/ codeine soln 120-12 mg/5ml</i>	1	QL
<i>acetaminophen w/ codeine tab 300-15 mg</i>	1	QL
<i>acetaminophen w/ codeine tab 300-30 mg</i>	1	QL
<i>acetaminophen w/ codeine tab 300-60 mg</i>	1	QL
<i>acetaminophen-caffeine-dihydrocodeine cap 320.5-30-16 mg</i>	1	QL
<i>Ascomp/cod Cap 30mg</i>	1	QL
<i>butalbital-acetaminophen-caff w/ cod cap 50-300-40-30 mg</i>	2	QL
<i>butalbital-acetaminophen-caff w/ cod cap 50-325-40-30 mg</i>	1	QL

Drug Name	Drug Tier	Requirements/Limits
<i>butalbital-aspirin-caff w/ codeine cap 50-325-40-30 mg</i>	1	QL
<i>Endocet Tab 2.5-325</i>	1	PA, QL
<i>Endocet Tab 5-325mg</i>	1	PA, QL
<i>Endocet Tab 7.5-325</i>	1	PA, QL
<i>Endocet Tab 10-325mg</i>	1	PA, QL
FENT/ROPIVAC INJ 0.4/200	NC	
FENT/ROPIVAC INJ NAACL	NC	
<i>hydrocodone-acetaminophen soln 7.5-325 mg/15ml</i>	1	PA, QL
<i>hydrocodone-acetaminophen soln 10-300 mg/15ml</i>	1	PA, QL
<i>hydrocodone-acetaminophen tab 2.5-325 mg</i>	1	PA, QL
<i>hydrocodone-acetaminophen tab 5-300 mg</i>	1	PA, QL
<i>hydrocodone-acetaminophen tab 5-325 mg</i>	1	PA, QL
<i>hydrocodone-acetaminophen tab 7.5-300 mg</i>	1	PA, QL
<i>hydrocodone-acetaminophen tab 7.5-325 mg</i>	1	PA, QL
<i>hydrocodone-acetaminophen tab 10-300 mg</i>	1	PA, QL
<i>hydrocodone-acetaminophen tab 10-325 mg</i>	1	PA, QL
<i>hydrocodone-ibuprofen tab 5-200 mg</i>	1	PA, QL
<i>hydrocodone-ibuprofen tab 7.5-200 mg</i>	1	PA, QL
<i>hydrocodone-ibuprofen tab 10-200 mg</i>	2	PA, QL
NALOCET TAB 2.5-300	NC	
<i>oxycodone w/ acetaminophen tab 2.5-325 mg</i>	1	PA, QL
<i>oxycodone w/ acetaminophen tab 5-325 mg</i>	1	PA, QL
<i>oxycodone w/ acetaminophen tab 7.5-325 mg</i>	1	PA, QL
<i>oxycodone w/ acetaminophen tab 10-325 mg</i>	1	PA, QL
PERCOCET TAB 2.5-325	NC	
PERCOCET TAB 5-325MG	NC	
PERCOCET TAB 7.5-325	NC	
PERCOCET TAB 10-325MG	NC	
SEGLENTIS TAB 56-44MG	NC	
<i>tramadol-acetaminophen tab 37.5-325 mg</i>	1	PA, QL
<i>Trezix Cap</i>	1	PA, QL
OPIOID PARTIAL AGONISTS		
BELBUCA FILM 75MCG, 150MCG, 300MCG, 450MCG, 600MCG, 750MCG, 900MCG	2	ST, PA, QL
BRIXADI SOSY 8MG/0.16ML, 16MG/0.32ML, 24MG/0.48ML, 32MG/0.64ML, 64MG/0.18ML, 96MG/0.27ML, 128MG/0.36ML	3	PV
<i>buprenorphine ptwk 5mcg/hr, 7.5mcg/hr, 10mcg/hr</i>	1	ST, PA, QL
<i>buprenorphine ptwk 15mcg/hr, 20mcg/hr</i>	2	ST, PA, QL

Drug Name	Drug Tier	Requirements/Limits
<i>buprenorphine hcl soln .3mg/ml</i>	1	
<i>buprenorphine hcl subl 2mg, 8mg</i>	1	PA; PV
<i>buprenorphine hcl-naloxone hcl sl film 2-0.5 mg (base equiv)</i>	1	PV
<i>buprenorphine hcl-naloxone hcl sl film 4-1 mg (base equiv)</i>	1	PV
<i>buprenorphine hcl-naloxone hcl sl film 8-2 mg (base equiv)</i>	1	PV
<i>buprenorphine hcl-naloxone hcl sl film 12-3 mg (base equiv)</i>	2	PV
<i>buprenorphine hcl-naloxone hcl sl tab 2-0.5 mg (base equiv)</i>	1	PV
<i>buprenorphine hcl-naloxone hcl sl tab 8-2 mg (base equiv)</i>	1	PV
<i>butorphanol tartrate soln 1mg/ml, 2mg/ml</i>	1	
<i>butorphanol tartrate soln 10mg/ml</i>	1	PA, QL
BUTRANS PTWK 5MCG/HR, 7.5MCG/HR, 10MCG/HR, 15MCG/HR, 20MCG/HR	NC	
<i>nalbuphine hcl soln 10mg/ml</i>	1	
<i>nalbuphine hcl soln 20mg/ml</i>	2	
<i>pentazocine w/ naloxone hcl tab 50-0.5 mg</i>	1	PA
SUBLOCADE SOSY 100MG/0.5ML, 300MG/1.5ML	3	PV
SUBOXONE MIS 2-0.5MG	NC	
SUBOXONE MIS 4-1MG	NC	
SUBOXONE MIS 8-2MG	NC	
SUBOXONE MIS 12-3MG	NC	
ZUBSOLV SUB 0.7-0.18	2	PV
ZUBSOLV SUB 1.4-0.36	2	PV
ZUBSOLV SUB 2.9-0.71	2	PV
ZUBSOLV SUB 5.7-1.4	2	PV
ZUBSOLV SUB 8.6-2.1	2	PV
ZUBSOLV SUB 11.4-2.9	2	PV

ANDROGENS-ANABOLIC

ANDROGENS

ANDROGEL PUMP GEL 1.62%	NC	
AVEED SOLN 750MG/3ML	6	SP, PA
<i>danazol caps 50mg, 100mg</i>	1	
<i>danazol caps 200mg</i>	2	
<i>Depo-Testosterone Soln 100mg/ml, 200mg/ml</i>	1	PA
KYZATREX CAPS 100MG, 150MG, 200MG	NC	
<i>Methitest Tabs 10mg</i>	1	PA
<i>methyltestosterone caps 10mg</i>	2	PA

Drug Name	Drug Tier	Requirements/Limits
NATESTO GEL 5.5MG/ACT	2	PA
TESTIM GEL 1%	NC	
TESTOPEL PLLT 75MG	3	PA
<i>testosterone gel 1%</i>	2	PA; Authorized generics for Testim and Vogelxo are not covered
<i>testosterone gel 1%</i>	NC	Authorized generics for Testim and Vogelxo are not covered
<i>testosterone gel 1.62%, 25mg/2.5gm</i>	1	PA
<i>testosterone gel 20.25mg/1.25gm, 40.5mg/2.5gm; soln 30mg/act</i>	2	PA
<i>testosterone gel 50mg/5gm</i>	1	PA; Authorized generics for Testim and Vogelxo are not covered
TESTOSTERONE PLLT 25MG, 50MG, 100MG, 200MG	3	PA
<i>testosterone cypionate soln 100mg/ml, 200mg/ml</i>	1	PA
<i>testosterone enanthate soln 200mg/ml</i>	1	PA
TLANDO CAPS 112.5MG	NC	
VOGELXO GEL 50MG/5GM	NC	
VOGELXO PUMP GEL 1%	NC	

ANORECTAL AND RELATED PRODUCTS

INTRARECTAL STEROIDS

<i>budesonide (intrarectal) foam 2mg/act</i>	2	
CORTENEMA ENEM 100MG/60ML	3	
CORTIFOAM FOAM 10%	2	
<i>hydrocortisone (intrarectal) enem 100mg/60ml</i>	2	
UCERIS FOAM 2MG/ACT	3	

RECTAL COMBINATIONS

ANALPRAM HC CRE 1-1%	3	
ANALPRAM HC CRE 2.5-1%	3	
ANALPRAM HC LOT 2.5%	3	
<i>hydrocortisone acetate w/ pramoxine perianal cream 1-1%</i>	1	
PROCORT CRE	3	
PROCTOFOAM AER HC 1%	2	

RECTAL STEROIDS

ANUCORT-HC SUPP 25MG	3	
ANUSOL-HC CREA 2.5%	3	
<i>hydrocortisone (rectal) crea 1%, 2.5%</i>	1	
<i>Procto-Med Hc Crea 2.5%</i>	1	

Drug Name	Drug Tier	Requirements/Limits
<i>Proctocort Crea 1%</i>	1	
PROCTOCORT SUPP 30MG	3	
<i>Proctosol Hc Crea 2.5%</i>	1	
<i>Proctozone-Hc Crea 2.5%</i>	1	

VASODILATING AGENTS

<i>nitroglycerin (intra-anal) oint .4%</i>	2	
RECTIV OINT .4%	3	

ANTHELMINTICS

ANTHELMINTICS

<i>albendazole tabs 200mg</i>	2	PA, QL
BENZNIDAZOLE TABS 12.5MG, 100MG	3	
BILTRICIDE TABS 600MG	3	PA, QL
EMVERM CHEW 100MG	2	PA, QL
<i>ivermectin tabs 3mg, 6mg</i>	1	
<i>praziquantel tabs 600mg</i>	2	QL
STROMECTOL TABS 3MG	3	

ANTI-INFECTIVE AGENTS - MISC.

ANTI-INFECTIVE AGENTS - MISC.

IMPAVIDO CAPS 50MG	3	
LIKMEZ SUSP 500MG/5ML	NC	
<i>metronidazole caps 375mg</i>	2	
METRONIDAZOLE SOLN 500MG/100ML	3	
<i>metronidazole soln 500mg/100ml; tabs 250mg, 500mg</i>	1	
NEBUPENT SOLR 300MG	3	
PENTAM 300 SOLR 300MG	3	
<i>pentamidine isethionate solr 300mg</i>	1	
<i>tinidazole tabs 250mg</i>	1	
<i>tinidazole tabs 500mg</i>	2	
<i>trimethoprim tabs 100mg</i>	1	
XIFAXAN TABS 200MG	3	
XIFAXAN TABS 550MG	2	

ANTI-INFECTIVE MISC. - COMBINATIONS

BACTRIM DS TAB 800-160	3	
BACTRIM TAB 400-80MG	3	
<i>sulfamethoxazole-trimethoprim iv soln 400-80 mg/5ml</i>	1	
<i>sulfamethoxazole-trimethoprim susp 200-40 mg/5ml</i>	1	
<i>sulfamethoxazole-trimethoprim tab 400-80 mg</i>	1	
<i>sulfamethoxazole-trimethoprim tab 800-160 mg</i>	1	

Drug Name	Drug Tier	Requirements/Limits
<i>Sulfatrim Pd Sus 200-40/5</i>	1	
XACDURO INJ 1-1GM	3	
ANTIPROTOZOAL AGENTS		
<i>atovaquone susp 750mg/5ml</i>	2	
LAMPIT TABS 30MG, 120MG	3	
MEPRON SUSP 750MG/5ML	3	
<i>nitazoxanide tabs 500mg</i>	2	
CARBAPENEMS		
<i>ertapenem sodium solr 1gm</i>	2	
<i>imipenem-cilastatin intravenous for soln 250 mg</i>	1	
<i>imipenem-cilastatin intravenous for soln 500 mg</i>	2	
<i>meropenem solr 1gm</i>	2	
<i>meropenem solr 2gm, 500mg</i>	1	
PRIMAXIN IV INJ 500MG	3	
RECARBRIO INJ 1.25GM	3	
VABOMERE INJ 2GM(1-1)	3	
CHLORAMPHENICOLS		
<i>chloramphenicol sodium succinate solr 1gm</i>	1	
CYCLIC LIPOPEPTIDES		
<i>daptomycin solr 350mg, 500mg</i>	2	
DAPTOMYCIN SOLR 350MG, 500MG	3	
GLYCOPEPTIDES		
<i>dalbavancin hcl solr 500mg</i>	1	
DALVANCE SOLR 500MG	3	
FIRVANQ SOLR 25MG/ML, 50MG/ML	NC	
KIMYRSA SOLR 1200MG	NC	
ORBACTIV SOLR 400MG	3	
TYZAVAN SOLN 500MG/100ML, 750MG/150ML, 1000MG/200ML, 1250MG/250ML, 1500MG/300ML, 1750MG/350ML, 2000MG/400ML	3	
VANCOGIN CAPS 125MG, 250MG	3	
VANCOMY/NAACL INJ 1.5/250	3	
VANCOMY/NAACL INJ 1.5/500	3	
VANCOMY/NAACL INJ 1.5GM	3	
VANCOMY/NAACL INJ 1.25/250	3	
VANCOMY/NAACL INJ 1.75/250	3	
VANCOMY/NAACL INJ 1.75/500	3	
VANCOMY/NAACL INJ 1/250ML	3	
VANCOMY/NAACL INJ 1G/250ML	3	

Drug Name	Drug Tier	Requirements/Limits
VANCOMY/NAACL INJ 2/500ML	3	
VANCOMY/NAACL INJ 750/150	3	
VANCOMYC/D5W INJ 1.5/250	3	
VANCOMYC/D5W INJ 1.5/300	3	
VANCOMYC/D5W INJ 1.25/250	3	
VANCOMYC/D5W INJ 1GM	3	
VANCOMYC/D5W INJ 500MG	3	
VANCOMYC/D5W INJ 750MG	3	
<i>vancomycin hcl caps 125mg, 250mg; soln 750mg/150ml, 1000mg/200ml, 1250mg/250ml, 1500mg/300ml, 1750mg/350ml, 2000mg/400ml; solr 1gm, 1.25gm, 1.5gm, 50mg/ml, 100gm, 500mg, 750mg</i>	1	
<i>vancomycin hcl solr 5gm, 10gm, 25mg/ml</i>	2	
VANCOMYCIN HYDROCHLORIDE SOLN 500MG/100ML; SOLR 1GM, 1.25GM, 1.5GM, 1.75GM, 2GM, 5GM, 10GM, 500MG, 750MG	3	
VANCOMYCIN INJ 1 GM	3	
VANCOMYCIN INJ 1.25/250	3	
VANCOMYCIN INJ 500MG	3	
VANCOMYCIN INJ 750/250	3	
VANCOMYCIN INJ 750MG	3	
VIBATIV SOLR 750MG	3	
LEPROSTATICS		
<i>dapsone tabs 25mg, 100mg</i>	1	
LINCOSAMIDES		
CLEOCIN CAPS 75MG, 150MG, 300MG	3	
CLEOCIN PEDIATRIC GRANULE SOLR 75MG/5ML	3	
CLEOCIN PHOSPHATE SOLN 9GM/60ML, 300MG/2ML, 600MG/4ML, 900MG/6ML	3	
<i>clindamycin hcl caps 75mg, 150mg, 300mg</i>	1	
<i>clindamycin palmitate hydrochloride solr 75mg/5ml</i>	1	
<i>clindamycin phosphate soln 300mg/2ml, 600mg/4ml, 900mg/6ml</i>	1	
<i>clindamycin phosphate in d5w iv soln 300 mg/50ml</i>	1	
<i>clindamycin phosphate in d5w iv soln 600 mg/50ml</i>	1	
<i>clindamycin phosphate in d5w iv soln 900 mg/50ml</i>	1	
LINCOCIN SOLN 300MG/ML	3	

Drug Name	Drug Tier	Requirements/Limits
<i>lincomycin hcl soln 300mg/ml</i>	1	
MONOBACTAMS		
<i>aztreonam solr 1gm, 2gm</i>	1	
CAYSTON SOLR 75MG	NC	
EMBLAVEO INJ 2GM	3	PA
OXAZOLIDINONES		
<i>linezolid soln 600mg/300ml; tabs 600mg</i>	1	
<i>linezolid susr 100mg/5ml</i>	2	
SIVEXTRO SOLR 200MG; TABS 200MG	3	PA
ZYVOX SOLN 600MG/300ML; SUSR 100MG/5ML	3	
POLYMYXINS		
<i>colistimethate sodium solr 150mg</i>	1	
COLY-MYCIN M SOLR 150MG	3	
<i>polymyxin b sulfate solr 500000unit</i>	1	
URINARY ANTI-INFECTIVES		
BLUJEP A TABS 750MG	3	PA
<i>fosfomycin tromethamine pack 3gm</i>	2	
HIPREX TABS 1GM	3	
MACROBID CAPS 100MG	3	
MACRODANTIN CAPS 25MG, 50MG, 100MG	NC	
<i>methenamine hippurate tabs 1gm</i>	1	
<i>methenamine mandelate tabs .5gm, 1gm</i>	1	
<i>nitrofurantoin susp 25mg/5ml</i>	2	(NDC 16571074024 and 70954049610 are excluded)
<i>nitrofurantoin susp 25mg/5ml</i>	NC	
<i>nitrofurantoin susp 25mg/5ml</i>	NC	(applies to NDC 16571074024 and 70954049610 only)
<i>nitrofurantoin macrocrystal caps 25mg, 50mg, 100mg</i>	1	
<i>nitrofurantoin monohyd macro caps 100mg</i>	1	
ANTIANGINAL AGENTS		
ANTIANGINALS-OTHER		
<i>ranolazine tb12 500mg, 1000mg</i>	1	
NITRATES		
<i>isosorbide dinitrate tabs 5mg, 10mg, 20mg, 30mg</i>	1	PV
<i>isosorbide dinitrate tabs 40mg</i>	NC	
<i>isosorbide mononitrate tabs 10mg, 20mg</i>	1	

Drug Name	Drug Tier	Requirements/Limits
<i>isosorbide mononitrate tb24 30mg, 60mg, 120mg</i>	1	PV
<i>Nitro-Bid Oint 2%</i>	1	PV
NITRO-DUR PT24 .1MG/HR, .2MG/HR, .3MG/HR, .4MG/HR, .6MG/HR, .8MG/HR	3	PV
NITROGLY/D5W INJ 25MG	3	
NITROGLY/D5W INJ 50MG	3	
NITROGLY/D5W INJ 100MG	3	
<i>nitroglycerin oint 2%; soln .4mg/spray; subl .3mg, .4mg, .6mg</i>	1	
<i>nitroglycerin pt24 .1mg/hr, .2mg/hr, .4mg/hr, .6mg/hr</i>	1	PV
NITROGLYCERIN SOLN 5MG/ML	3	
NITROLINGUAL SOLN .4MG/SPRAY	3	
NITROSTAT SUBL .3MG, .4MG, .6MG	3	

ANTIANSXIETY AGENTS

ANTIANSXIETY AGENTS - MISC.

<i>buspirone hcl tabs 5mg, 7.5mg, 10mg, 15mg, 30mg</i>	1	
<i>droperidol soln 2.5mg/ml</i>	1	
<i>hydroxyzine hcl soln 25mg/ml, 50mg/ml</i>	2	
<i>hydroxyzine hcl syrp 10mg/5ml; tabs 10mg, 25mg, 50mg</i>	1	
<i>hydroxyzine pamoate caps 25mg, 50mg, 100mg</i>	1	
<i>meprobamate tabs 200mg, 400mg</i>	2	

BENZODIAZEPINES

<i>alprazolam tabs .25mg, .5mg, 1mg, 2mg; tb24 .5mg, 1mg, 2mg, 3mg; tbdp .25mg, .5mg, 1mg, 2mg</i>	1	
ALPRAZOLAM INTENSOL CONC 1MG/ML	3	
<i>Alprazolam Xr Tb24 .5mg, 1mg, 2mg, 3mg</i>	1	
ATIVAN SOLN 2MG/ML, 4MG/ML; TABS .5MG, 1MG, 2MG	NC	
<i>chlordiazepoxide hcl caps 5mg, 10mg, 25mg</i>	1	
<i>clorazepate dipotassium tabs 3.75mg, 7.5mg, 15mg</i>	1	
<i>diazepam conc 5mg/ml; soln 5mg/5ml, 5mg/ml, 10mg/2ml; tabs 2mg, 5mg, 10mg</i>	1	
DIAZEPAM SOLN 5MG/ML	3	
<i>Diazepam Intensol Conc 5mg/ml</i>	1	
<i>lorazepam conc 2mg/ml; soln 2mg/ml, 4mg/ml; tabs .5mg, 1mg, 2mg</i>	1	

Drug Name	Drug Tier	Requirements/Limits
LOREEV XR CS24 1MG, 1.5MG, 2MG, 3MG	NC	
<i>oxazepam caps 10mg, 15mg, 30mg</i>	1	
VALIUM TABS 2MG, 5MG, 10MG	3	
XANAX TABS .25MG, .5MG, 1MG, 2MG	NC	
XANAX XR TB24 .5MG, 1MG, 2MG, 3MG	NC	

ANTIARRHYTHMICS

ANTIARRHYTHMICS - MISC.

<i>adenosine soln 6mg/2ml, 12mg/4ml</i>	1	
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ANTIARRHYTHMICS TYPE I-A

<i>disopyramide phosphate caps 100mg, 150mg</i>	1	PV
NORPACE CAPS 100MG, 150MG	NC	
NORPACE CR CP12 100MG, 150MG	3	PV
<i>procainamide hcl soln 100mg/ml, 500mg/ml</i>	1	
<i>quinidine gluconate tbc 324mg</i>	2	

ANTIARRHYTHMICS TYPE I-B

LIDOCAINE HCL SOLN 100MG/5ML	3	
<i>lidocaine hcl (cardiac) sosy 50mg/5ml, 100mg/5ml</i>	1	
<i>lidocaine iv infusion in d5w inj 4 mg/ml</i>	1	
<i>lidocaine iv infusion in d5w inj 8 mg/ml</i>	1	
<i>mexiletine hcl caps 150mg, 200mg, 250mg</i>	1	

ANTIARRHYTHMICS TYPE I-C

<i>flecainide acetate tabs 50mg, 100mg, 150mg</i>	1	PV
<i>propafenone hcl cp12 225mg, 325mg, 425mg; tabs 150mg, 225mg, 300mg</i>	1	PV

ANTIARRHYTHMICS TYPE III

<i>amiodarone hcl soln 150mg/3ml, 450mg/9ml, 900mg/18ml</i>	1	
<i>amiodarone hcl tabs 100mg, 200mg, 400mg</i>	1	PV
CORVERT SOLN 1MG/10ML	3	
<i>dofetilide caps 125mcg, 250mcg, 500mcg</i>	4	SP; PV
<i>ibutilide fumarate soln 1mg/10ml</i>	1	
MULTAQ TABS 400MG	2	
NEXTERONE INJ	NC	
<i>Pacerone Tabs 100mg, 200mg</i>	1	PV
TIKOSYN CAPS 125MCG, 250MCG, 500MCG	6	SP; PV

ANTIASTHMATIC AND BRONCHODILATOR AGENTS

ANTI-INFLAMMATORY AGENTS

<i>cromolyn sodium nebu 20mg/2ml</i>	2	PV
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ANTIASTHMATIC - MONOCLONAL ANTIBODIES

CINQAIR SOLN 100MG/10ML	NC	
FASENRA SOSY 10MG/0.5ML, 30MG/ML	5	SP, PA, QL; PV

Drug Name	Drug Tier	Requirements/Limits
FASENRA PEN SOAJ 30MG/ML	5	SP, PA, QL; PV
NUCALA SOAJ 100MG/ML; SOSY 40MG/0.4ML, 100MG/ML	5	SP, PA, QL; PV
NUCALA SOLR 100MG	NC	
TEZSPIRE SOAJ 210MG/1.91ML; SOSY 210MG/1.91ML	5	SP, PA, QL
XOLAIR SOAJ 75MG/0.5ML, 150MG/ML, 300MG/2ML; SOLR 150MG; SOSY 75MG/0.5ML, 150MG/ML, 300MG/2ML	5	SP, PA, QL; PV
BRONCHODILATORS - ANTICHOLINERGICS		
ATROVENT HFA AERS 17MCG/ACT	3	
INCRUSE ELLIPTA AEPB 62.5MCG/INH	NC	
<i>ipratropium bromide soln .02%</i>	1	
<i>ipratropium bromide hfa aers 17mcg/act</i>	1	
SPIRIVA HANDIHALER CAPS 18MCG	1	
SPIRIVA RESPIMAT AERS 1.25MCG/ACT, 2.5MCG/ACT	2	PV
<i>tiotropium bromide caps 18mcg</i>	NC	
TUDORZA PRESSAIR AEPB 400MCG/ACT	NC	
<i>umeclidinium bromide aepb 62.5mcg/inh</i>	1	
YUPELRI NEBU 175MCG/3ML	2	
LEUKOTRIENE MODULATORS		
<i>montelukast sodium chew 4mg, 5mg; pack 4mg; tabs 10mg</i>	1	PV
SINGULAIR CHEW 4MG, 5MG; PACK 4MG; TABS 10MG	NC	
<i>zafirlukast tabs 10mg, 20mg</i>	1	PV
<i>zileuton tb12 600mg</i>	NC	
ZYFLO TABS 600MG	NC	
SELECTIVE PHOSPHODIESTERASE 4 (PDE4) INHIBITORS		
DALIRESP TABS 250MCG, 500MCG	NC	
<i>roflumilast tabs 250mcg, 500mcg</i>	1	
STEROID INHALANTS		
ALVESCO AERS 80MCG/ACT, 160MCG/ACT	NC	
ARNUITY ELLIPTA AEPB 50MCG/ACT, 100MCG/ACT, 200MCG/ACT	NC	
ASMANEX HFA AERO 50MCG/ACT, 100MCG/ACT, 200MCG/ACT	2	QL
ASMANEX TWISTHALER 14 MET AEPB 220MCG/INH	NC	
<i>beclomethasone dipropionate aers 40mcg/act, 80mcg/act</i>	1	QL
<i>budesonide (inhalation) susp 1mg/2ml</i>	2	PA, QL; PV

Drug Name	Drug Tier	Requirements/Limits
<i>budesonide (inhalation) susp .25mg/2ml, .5mg/2ml</i>	1	PA, QL; PV
<i>fluticasone furoate (inhalation) aepb 50mcg/act, 100mcg/act, 200mcg/act</i>	1	QL
<i>fluticasone propionate (inhalation) aepb 50mcg/act, 100mcg/act, 250mcg/act</i>	1	QL
<i>fluticasone propionate hfa aero 44mcg/act</i>	1	QL
<i>fluticasone propionate hfa aero 110mcg/act, 220mcg/act</i>	NC	
PULMICORT SUSP .25MG/2ML, .5MG/2ML, 1MG/2ML	3	PA, QL; PV
PULMICORT FLEXHALER AEPB 90MCG/ACT, 180MCG/ACT	2	QL; PV
QVAR REDHALER AERB 40MCG/ACT, 80MCG/ACT	NC	

SYMPATHOMIMETICS

ADVAIR DISKU AER 100/50	NC	
ADVAIR DISKU AER 250/50	NC	
ADVAIR DISKU AER 500/50	NC	
ADVAIR HFA AER 45/21	NC	
ADVAIR HFA AER 115/21	NC	
ADVAIR HFA AER 230/21	NC	
AIRDUO RESPI INH 55-14	NC	
AIRDUO RESPI INH 113-14	NC	
AIRDUO RESPI INH 232-14	NC	
AIRSUPRA AER 90-80MCG	2	QL
<i>albuterol sulfate aers 108mcg/act; nebu .083%, .5%, .63mg/3ml, 1.25mg/3ml, 2.5mg/0.5ml</i>	1	QL
<i>albuterol sulfate syrp 2mg/5ml, 8mg/20ml; tabs 2mg, 4mg</i>	1	
ANORO ELLIPTA AER 62.5-25	2	QL
<i>arformoterol tartrate nebu 15mcg/2ml</i>	2	QL; PV
BEVESPI AER 9-4.8MCG	NC	
BREO ELLIPTA INH 50-25MCG	2	QL; PV
BREO ELLIPTA INH 100-25	2	QL; PV
BREO ELLIPTA INH 200-25	2	QL; PV
<i>Breyna Aer 80/4.5</i>	1	QL; PV
<i>Breyna Aer 160/4.5</i>	1	QL; PV
BREZTRI AERO AER SPHERE	2	QL
<i>budesonide-formoterol fumarate dihyd aerosol 80-4.5 mcg/act</i>	1	QL; PV

Drug Name	Drug Tier	Requirements/Limits
<i>budesonide-formoterol fumarate dihyd aerosol 160-4.5 mcg/act</i>	1	QL; PV
COMBIVENT AER 20-100	3	
DUAKLIR AER 400/12	NC	
DULERA AER 50-5MCG	NC	
DULERA AER 100-5MCG	NC	
DULERA AER 200-5MCG	NC	
<i>fluticasone-salmeterol aer powder ba 100-50 mcg/act</i>	1	QL; PV
<i>fluticasone-salmeterol aer powder ba 250-50 mcg/act</i>	1	QL; PV
<i>fluticasone-salmeterol aer powder ba 500-50 mcg/act</i>	1	QL; PV; (except NDC 66993058697 is NC)
<i>fluticasone-salmeterol inhal aerosol 45-21 mcg/act</i>	1	QL; PV; (except NDCs 66993-xxxx-xx are NC)
<i>fluticasone-salmeterol inhal aerosol 115-21 mcg/act</i>	2	QL; PV; (except NDCs 66993-xxxx-xx are is NC)
<i>fluticasone-salmeterol inhal aerosol 230-21 mcg/act</i>	2	QL; PV; (except NDCs 66993-xxxx-xx are is NC)
<i>formoterol fumarate nebu 20mcg/2ml</i>	2	QL
<i>ipratropium-albuterol nebu soln 0.5-2.5(3) mg/3ml</i>	1	
<i>isoproterenol hcl soln .2mg/ml</i>	1	
<i>levalbuterol hcl nebu .31mg/3ml, .63mg/3ml, 1.25mg/0.5ml, 1.25mg/3ml</i>	1	QL
<i>levalbuterol tartrate aero 45mcg/act</i>	1	QL
PERFOROMIST NEBU 20MCG/2ML	3	QL
PROAIR RESPICLICK AEPB 108MCG/ACT	NC	
SEREVENT DISKUS AEPB 50MCG/DOSE	2	QL
STIOLTO AER 2.5-2.5	2	QL
STRIVERDI RESPIMAT AERS 2.5MCG/ACT	2	QL
SYMBICORT AER 80-4.5	NC	
SYMBICORT AER 160-4.5	NC	
<i>terbutaline sulfate soln 1mg/ml; tabs 2.5mg, 5mg</i>	1	
TRELEGY AER 100MCG	2	QL; PV
TRELEGY AER 200MCG	2	QL; PV
<i>umeclidinium-vilanterol aero powd ba 62.5-25 mcg/act</i>	2	QL
VENTOLIN HFA AERS 108MCG/ACT	NC	
<i>Wixela Inhub Aer 100/50</i>	1	QL; PV
<i>Wixela Inhub Aer 250/50</i>	1	QL; PV
<i>Wixela Inhub Aer 500/50</i>	1	QL; PV

Drug Name	Drug Tier	Requirements/Limits
XOPENEX HFA AERO 45MCG/ACT	NC	
XANTHINES		
AMINOPHYLLINE SOLN 25MG/ML	3	
<i>Elixophyllin Elix 80mg/15ml</i>	1	
THEO-24 CP24 100MG, 200MG, 300MG, 400MG	NC	
<i>theophylline elix 80mg/15ml; soln 80mg/15ml; tb12 100mg, 200mg, 300mg; tb24 400mg, 600mg</i>	1	
<i>theophylline tb12 450mg</i>	2	
ANTICOAGULANTS		
COUMARIN ANTICOAGULANTS		
<i>warfarin sodium tabs 1mg, 2mg, 2.5mg, 3mg, 4mg, 5mg, 6mg, 7.5mg, 10mg</i>	1	PV
DIRECT FACTOR XA INHIBITORS		
ELIQUIS CPSP .15MG; TABS 2.5MG, 5MG; TBSO .5MG	2	PV
ELIQUIS STARTER PACK TBPK 5MG	2	PV
<i>rivaroxaban susr 1mg/ml; tabs 2.5mg</i>	2	
SAVAYSA TABS 15MG, 30MG, 60MG	NC	
XARELTO SUSR 1MG/ML	3	PV
XARELTO TABS 2.5MG, 10MG, 15MG, 20MG	2	PV
XARELTO STAR TAB 15/20MG	2	PV
HEPARINS AND HEPARINOID-LIKE AGENTS		
ARIXTRA SOLN 2.5MG/0.5ML, 5MG/0.4ML, 7.5MG/0.6ML, 10MG/0.8ML	3	PV
<i>enoxaparin sodium soln 300mg/3ml; sosy 30mg/0.3ml, 40mg/0.4ml</i>	1	PV
<i>enoxaparin sodium sosy 60mg/0.6ml, 80mg/0.8ml, 100mg/ml, 120mg/0.8ml, 150mg/ml</i>	2	PV
<i>fondaparinux sodium soln 2.5mg/0.5ml, 5mg/0.4ml, 7.5mg/0.6ml, 10mg/0.8ml</i>	2	PV
FRAGMIN SOLN 10000UNIT/4ML, 95000UNIT/3.8ML; SOSY 2500UNIT/0.2ML, 5000UNIT/0.2ML, 7500UNIT/0.3ML, 10000UNIT/ML, 12500UNIT/0.5ML, 15000UNIT/0.6ML, 18000UNT/0.72ML	3	PV
HEP SOD/D5W INJ 20000UNT	NC	
HEP SOD/D5W INJ 25000UNT	NC	
HEP SOD/DEXT INJ 25000UNT	NC	
HEP SOD/NAACL INJ 1000UNIT	3	
HEP SOD/NAACL INJ 2000UNIT	3	

Drug Name	Drug Tier	Requirements/Limits
HEP SOD/NAACL INJ 12500UNT	3	
HEP SOD/NAACL INJ 25000UNT	NC	
<i>heparin sod (porcine)-nacl iv soln 1000 unit/500ml-0.9%</i>	1	
<i>heparin sod (porcine)-nacl iv soln 2000 unit/l-0.9%</i>	1	
<i>heparin sodium (porcine) soln 1000unit/ml, 5000unit/ml, 20000unit/ml</i>	1	
<i>heparin sodium (porcine) soln 5000unit/0.5ml, 10000unit/ml</i>	2	
LOVENOX SOLN 300MG/3ML; SOSY 30MG/0.3ML, 40MG/0.4ML, 60MG/0.6ML, 80MG/0.8ML, 100MG/ML, 120MG/0.8ML, 150MG/ML	3	PV
IN VITRO/LOCK ANTICOAGULANTS		
ACD FORMULA SOL A	3	
ANTICOAGULANT SODIUM CITR SOLN 4GM/100ML	3	
NOCLOT-50 SOL ACD-A	3	
TRICITRASOL CONC 46.7%	3	
THROMBIN INHIBITORS		
<i>argatroban soln 50mg/50ml, 250mg/2.5ml</i>	1	
ARGATROBAN SOLN 50MG/50ML, 250MG/2.5ML	3	
<i>bivalirudin trifluoroacetate soln 250mg/50ml; solr 250mg</i>	1	
<i>dabigatran etexilate mesylate caps 75mg, 110mg, 150mg</i>	1	PV
PRADAXA CAPS 110MG	NC	
ANTICONVULSANTS		
AMPA GLUTAMATE RECEPTOR ANTAGONISTS		
FYCOMPA SUSP .5MG/ML; TABS 2MG, 4MG, 6MG, 8MG, 10MG, 12MG	3	PV
<i>perampanel susp .5mg/ml</i>	1	PV
<i>perampanel tabs 2mg, 4mg, 6mg, 8mg, 10mg, 12mg</i>	2	PV
ANTICONVULSANTS - BENZODIAZEPINES		
<i>clobazam susp 2.5mg/ml; tabs 10mg, 20mg</i>	1	PA; PV
<i>clonazepam tabs .5mg, 1mg, 2mg; tbdp .125mg, .25mg, .5mg, 1mg, 2mg</i>	1	PV
<i>diazepam (anticonvulsant) gel 2.5mg, 10mg, 20mg</i>	2	
KLONOPIN TABS .5MG, 1MG, 2MG	3	PV

Drug Name	Drug Tier	Requirements/Limits
LIBERVANT FILM 5MG, 7.5MG, 10MG, 12.5MG, 15MG	2	
NAYZILAM SOLN 5MG/0.1ML	2	
ONFI SUSP 2.5MG/ML; TABS 10MG, 20MG	NC	
VALTOCO 5 MG DOSE LIQD 5MG/0.1ML	2	
VALTOCO 10 MG DOSE LIQD 10MG/0.1ML	2	
VALTOCO 15 MG DOSE LQPK 7.5MG/0.1ML	2	
VALTOCO 20 MG DOSE LQPK 10MG/0.1ML	2	
ANTICONVULSANTS - MISC.		
APTIOM TABS 200MG, 400MG, 600MG, 800MG	3	PV
BANZEL SUSP 40MG/ML; TABS 200MG, 400MG	NC	
<i>brivaracetam soln 10mg/ml, 50mg/5ml; tabs 10mg, 25mg, 50mg, 75mg, 100mg</i>	1	PV
BRIVIACT SOLN 10MG/ML, 50MG/5ML; TABS 10MG, 25MG, 50MG, 75MG, 100MG	2	PV
<i>carbamazepine chew 100mg; cp12 100mg, 200mg, 300mg; susp 100mg/5ml, 200mg/10ml; tabs 200mg; tb12 100mg, 200mg, 400mg</i>	1	PV
CARBATROL CP12 100MG, 200MG, 300MG	3	PV
DIACOMIT CAPS 250MG, 500MG; PACK 250MG, 500MG	NC	SP
ELEPSIA XR TB24 1000MG, 1500MG	NC	
EPIDIOLEX SOLN 100MG/ML	6	SP, PA, QL; PV
<i>eslicarbazepine acetate tabs 200mg, 400mg, 600mg, 800mg</i>	2	
FINTEPLA SOLN 2.2MG/ML	NC	
<i>gabapentin caps 100mg, 300mg, 400mg; soln 250mg/5ml, 300mg/6ml; tabs 600mg, 800mg</i>	1	
GABARONE TABS 100MG, 400MG	NC	
KEPPRA SOLN 100MG/ML, 500MG/5ML; TABS 250MG, 500MG, 750MG, 1000MG	NC	
KEPPRA XR TB24 500MG, 750MG	NC	
<i>lacosamide soln 10mg/ml, 50mg/5ml, 100mg/10ml</i>	2	PV
<i>lacosamide soln 200mg/20ml; tabs 50mg, 100mg, 150mg, 200mg</i>	1	PV
LAMICTAL TABS 25MG, 100MG, 150MG, 200MG	NC	
LAMICTAL CHEWABLE DISPERS CHEW 5MG, 25MG	NC	

Drug Name	Drug Tier	Requirements/Limits
LAMICTAL KIT START 49	NC	
LAMICTAL KIT START 98	NC	
LAMICTAL ODT TBDP 25MG, 50MG, 100MG, 200MG	NC	
LAMICTAL ODT KIT	NC	
LAMICTAL STARTER/TAKING V KIT 25MG	NC	
LAMICTAL XR KIT	NC	
<i>lamotrigine chew 5mg, 25mg; tabs 25mg, 100mg, 150mg, 200mg; tb24 25mg, 50mg, 100mg, 200mg, 300mg; tbdp 50mg, 100mg, 200mg</i>	1	PV
<i>lamotrigine kit 25mg; tb24 250mg; tbdp 25mg</i>	2	PV
<i>lamotrigine tb24 25mg</i>	NC	(applies to NDC 31722024030 only)
<i>lamotrigine tb24 50mg</i>	NC	(applies to NDC 31722024130 only)
<i>lamotrigine tb24 100mg</i>	NC	(applies to NDC 31722024230 only)
<i>lamotrigine tb24 200mg</i>	NC	(applies to NDC 31722024330 only)
<i>lamotrigine tb24 250mg</i>	NC	(applies to NDC 31722024430 only)
<i>lamotrigine tb24 300mg</i>	NC	(applies to NDC 31722024530 only)
<i>lamotrigine tab 25 mg (42) & 100 mg (7) starter kit</i>	2	PV
<i>lamotrigine tab 84 x 25 mg & 14 x 100 mg starter kit</i>	2	PV
<i>lamotrigine tab disint 21 x 25 mg & 7 x 50 mg titration kit</i>	2	PV
<i>lamotrigine tab disint 25 (14) & 50 mg (14) & 100 mg (7) kit</i>	2	PV
<i>lamotrigine tab disint 42 x 50mg & 14 x 100mg titration kit</i>	2	PV
LEVETIR/NACL INJ 5MG/ML	3	
LEVETIR/NACL INJ 10MG/ML	3	
LEVETIR/NACL INJ 15MG/ML	3	
<i>levetiracetam soln 100mg/ml, 500mg/5ml; tabs 250mg, 500mg, 750mg, 1000mg; tb24 500mg, 750mg</i>	1	PV
<i>levetiracetam soln 500mg/5ml</i>	1	
<i>levetiracetam in sodium chloride iv soln 500 mg/100ml</i>	1	

Drug Name	Drug Tier	Requirements/Limits
<i>levetiracetam in sodium chloride iv soln 1000 mg/100ml</i>	1	
<i>levetiracetam in sodium chloride iv soln 1500 mg/100ml</i>	1	
LYRICA CAPS 25MG, 50MG, 75MG, 100MG, 150MG, 200MG, 225MG, 300MG; SOLN 20MG/ML	NC	
MOTPOLY XR CP24 100MG, 150MG, 200MG	NC	
MYSOLINE TABS 50MG, 250MG	3	PV
NEURONTIN CAPS 100MG, 300MG, 400MG; SOLN 250MG/5ML; TABS 600MG, 800MG	3	
<i>oxcarbazepine susp 300mg/5ml; tb24 150mg, 300mg, 600mg</i>	2	PV
<i>oxcarbazepine tabs 150mg, 300mg, 600mg</i>	1	PV
OXTELLAR XR TB24 150MG, 300MG, 600MG	2	PV
<i>pregabalin caps 25mg, 50mg, 75mg, 100mg, 150mg, 200mg, 225mg, 300mg; soln 20mg/ml</i>	1	
<i>primidone tabs 50mg, 250mg</i>	1	PV
Relgaabi Caps 300mg, 400mg	NC	
Roweepra Tabs 500mg	1	PV
<i>rufinamide susp 40mg/ml; tabs 200mg, 400mg</i>	2	PV
<i>Subvenite Tabs 25mg, 100mg, 150mg, 200mg</i>	1	PV
<i>Subvenite Kit Start 49</i>	2	PV
<i>Subvenite Kit Start 98</i>	2	PV
<i>Subvenite Starter Kit/blu Kit 25mg</i>	2	PV
TEGRETOL SUSP 100MG/5ML; TABS 200MG	NC	
TEGRETOL-XR TB12 100MG, 200MG, 400MG	NC	
TOPAMAX TABS 25MG, 50MG, 100MG, 200MG	3	PV
TOPAMAX SPRINKLE CPSP 15MG, 25MG	3	PV
<i>topiramate cp24 25mg, 50mg, 100mg, 200mg</i>	2	
<i>topiramate cpsp 15mg, 25mg; soln 25mg/ml; tabs 25mg, 50mg, 100mg, 200mg</i>	1	PV
<i>topiramate cpsp 50mg</i>	2	PV
<i>topiramate cs24 25mg, 50mg, 100mg, 150mg, 200mg</i>	NC	
TRILEPTAL SUSP 300MG/5ML; TABS 150MG, 300MG, 600MG	NC	
TROKENDI XR CP24 25MG, 50MG, 100MG, 200MG	3	PV
VIMPAT SOLN 10MG/ML, 200MG/20ML; TABS 50MG, 100MG, 150MG, 200MG	NC	

Drug Name	Drug Tier	Requirements/Limits
ZONEGRAN CAPS 25MG, 100MG	NC	
<i>zonisamide caps 25mg, 50mg, 100mg</i>	1	PV
CARBAMATES		
<i>felbamate susp 600mg/5ml; tabs 400mg</i>	1	PV
<i>felbamate tabs 600mg</i>	2	PV
FELBATOL TABS 400MG, 600MG	3	PV
XCOPRI TABS 25MG, 50MG, 100MG, 150MG, 200MG	2	PV
XCOPRI PAK 12.5-25	2	PV
XCOPRI PAK 50-100MG	2	PV
XCOPRI PAK 100-150	2	PV
XCOPRI PAK 150-200	2	PV
GABA MODULATORS		
SABRIL PACK 500MG; TABS 500MG	NC	SP
<i>tiagabine hcl tabs 2mg, 4mg, 12mg</i>	2	PV
<i>tiagabine hcl tabs 16mg</i>	1	PV
<i>vigabatrin pack 500mg; tabs 500mg</i>	4	SP, PA, QL; PV
<i>Vigadrone Pack 500mg</i>	4	SP, PA, QL; PV
VIGAFYDE SOLN 100MG/ML	NC	SP
HYDANTOINS		
CEREBYX SOLN 100MGPE/2ML, 500MGPE/10ML	3	
DILANTIN CAPS 30MG, 100MG	NC	
DILANTIN INFATABS CHEW 50MG	NC	
DILANTIN-125 SUSP 125MG/5ML	NC	
<i>fosphenytoin sodium soln 100mgpe/2ml, 500mgpe/10ml</i>	1	
<i>Phenytek Caps 200mg, 300mg</i>	1	PV
<i>phenytoin chew 50mg; susp 125mg/5ml</i>	1	PV
<i>phenytoin sodium soln 50mg/ml</i>	1	
<i>phenytoin sodium extended caps 100mg, 200mg, 300mg</i>	1	PV
SUCCINIMIDES		
CELONTIN CAPS 300MG	3	PV
<i>ethosuximide caps 250mg; soln 250mg/5ml</i>	1	PV
<i>methsuximide caps 300mg</i>	2	PV
ZARONTIN CAPS 250MG; SOLN 250MG/5ML	3	PV
VALPROIC ACID		
DEPAKOTE TBEC 125MG, 250MG, 500MG	NC	
DEPAKOTE ER TB24 250MG, 500MG	NC	
DEPAKOTE SPRINKLES CSDR 125MG	NC	

Drug Name	Drug Tier	Requirements/Limits
<i>divalproex sodium csdr 125mg; tb24 250mg, 500mg; tbec 125mg, 250mg, 500mg</i>	1	PV
<i>valproate sodium soln 100mg/ml, 500mg/5ml</i>	1	
<i>valproate sodium soln 250mg/5ml, 500mg/10ml</i>	1	PV
<i>valproic acid caps 250mg</i>	1	PV

ANTIDEPRESSANTS

ALPHA-2 RECEPTOR ANTAGONISTS (TETRACYCLICS)

<i>mirtazapine tabs 7.5mg, 15mg, 30mg, 45mg; tbdp 15mg, 30mg, 45mg</i>	1	PV
REMERON TABS 15MG, 30MG	3	PV
REMERON SOLTAB TBDP 15MG, 30MG, 45MG	3	PV

ANTIDEPRESSANT COMBINATIONS

AUVELITY TAB 45-105MG	NC	
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ANTIDEPRESSANTS - MISC.

APLENZIN TB24 174MG, 348MG, 522MG	NC	
<i>bupropion hcl tabs 75mg, 100mg; tb12 100mg, 150mg, 200mg; tb24 150mg, 300mg</i>	1	PV
<i>bupropion hcl tb24 450mg</i>	NC	
WELLBUTRIN SR TB12 100MG, 150MG, 200MG	NC	
WELLBUTRIN XL TB24 150MG, 300MG	NC	

GABA RECEPTOR MODULATOR - NEUROACTIVE STEROID

ZURZUVAE CAPS 20MG, 25MG, 30MG	6	SP, PA
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MONOAMINE OXIDASE INHIBITORS (MAOIS)

EMSAM PT24 6MG/24HR, 9MG/24HR, 12MG/24HR	3	PV
MARPLAN TABS 10MG	3	PV
NARDIL TABS 15MG	3	PV
PARNATE TABS 10MG	3	PV
<i>phenelzine sulfate tabs 15mg</i>	1	PV
<i>tranylcypromine sulfate tabs 10mg</i>	2	PV

N-METHYL-D-ASPARTIC ACID (NMDA) RECEPTOR ANTAGONISTS

SPRAVATO SOL 56MG DOS	3	PA
SPRAVATO SOL 84MG DOS	3	PA

SELECTIVE SEROTONIN REUPTAKE INHIBITORS (SSRIS)

CELEXA TABS 10MG, 20MG, 40MG	3	PV
CITALOPRAM HYDROBROMIDE CAPS 30MG	3	PV
<i>citalopram hydrobromide caps 30mg; soln 10mg/5ml, 20mg/10ml; tabs 10mg, 20mg, 40mg</i>	1	PV
<i>escitalopram oxalate soln 5mg/5ml; tabs 5mg, 10mg, 20mg</i>	1	PV

Drug Name	Drug Tier	Requirements/Limits
<i>fluoxetine hcl caps 10mg, 20mg, 40mg; cpdr 90mg; soln 20mg/5ml; tabs 10mg, 20mg</i>	1	PV
<i>fluoxetine hcl tabs 60mg</i>	NC	
FLUOXETINE HYDROCHLORIDE TABS 60MG	NC	
<i>fluvoxamine maleate cp24 100mg, 150mg</i>	2	PV
<i>fluvoxamine maleate tabs 25mg, 50mg, 100mg</i>	1	PV
LEXAPRO TABS 5MG, 10MG, 20MG	NC	
<i>paroxetine hcl susp 10mg/5ml</i>	2	PV
<i>paroxetine hcl tabs 10mg, 20mg, 30mg, 40mg; tb24 12.5mg, 25mg, 37.5mg</i>	1	PV
<i>paroxetine hcl tb24 37.5mg</i>	NC	(applies to NDC 60505367503 only)
PAXIL SUSP 10MG/5ML; TABS 10MG, 20MG, 30MG, 40MG	NC	
PAXIL CR TB24 12.5MG, 25MG, 37.5MG	NC	
PROZAC CAPS 10MG, 20MG, 40MG	NC	
<i>sertraline hcl caps 150mg, 200mg; conc 20mg/ml; tabs 25mg, 50mg, 100mg</i>	1	PV
ZOLOFT CONC 20MG/ML; TABS 25MG, 50MG, 100MG	NC	
SEROTONIN MODULATORS		
EXXUA TB24 36.3MG	NC	
<i>nefazodone hcl tabs 50mg, 150mg, 200mg, 250mg</i>	1	PV
<i>nefazodone hcl tabs 100mg</i>	2	PV
RALDESY SOLN 10MG/ML	NC	
<i>trazodone hcl tabs 50mg, 100mg, 150mg, 300mg</i>	1	PV
TRINTELLIX TABS 5MG, 10MG, 20MG	2	PV
VIIBRYD TABS 10MG, 20MG, 40MG	NC	
<i>vilazodone hcl tabs 10mg, 20mg, 40mg</i>	1	PV
SEROTONIN-NOREPINEPHRINE REUPTAKE INHIBITORS (SNRIS)		
CYMBALTA CPEP 20MG, 30MG, 60MG	NC	
DESVENLAFAXINE ER TB24 50MG, 100MG	3	PV
<i>desvenlafaxine succinate tb24 25mg, 50mg, 100mg</i>	1	PV
DRIZALMA SPRINKLE CSDR 20MG, 30MG, 40MG, 60MG	NC	
<i>duloxetine hcl cpep 20mg, 30mg, 40mg, 60mg</i>	1	PV
EFFEXOR XR CP24 37.5MG, 75MG, 150MG	NC	
FETZIMA CP24 20MG, 40MG, 80MG, 120MG	3	PV
FETZIMA CAP TITRATIO	3	PV
PRISTIQ TB24 25MG, 50MG, 100MG	NC	

Drug Name	Drug Tier	Requirements/Limits
VENLAFAXINE BESYLATE ER TB24 112.5MG	NC	
<i>venlafaxine hcl cp24 37.5mg, 75mg, 150mg; tabs 25mg, 37.5mg, 50mg, 75mg, 100mg; tb24 225mg</i>	1	PV

TRICYCLIC AGENTS

<i>amitriptyline hcl tabs 10mg, 25mg, 50mg, 75mg, 100mg, 150mg</i>	1	PV
<i>amoxapine tabs 25mg, 50mg, 100mg, 150mg</i>	1	PV
ANAFRANIL CAPS 25MG, 50MG, 75MG	3	PV
<i>clomipramine hcl caps 25mg, 50mg, 75mg</i>	1	PV
<i>desipramine hcl tabs 10mg, 25mg, 50mg, 75mg, 100mg, 150mg</i>	1	PV
<i>doxepin hcl caps 10mg, 25mg, 50mg, 75mg, 100mg, 150mg; conc 10mg/ml</i>	1	PV
<i>imipramine hcl tabs 10mg, 25mg, 50mg</i>	1	PV
<i>imipramine pamoate caps 75mg, 100mg, 125mg, 150mg</i>	2	PV
NORPRAMIN TABS 10MG, 25MG	3	PV
<i>nortriptyline hcl caps 10mg, 25mg, 50mg, 75mg; soln 10mg/5ml</i>	1	PV
PAMELOR CAPS 10MG, 25MG, 50MG, 75MG	3	PV
<i>protriptyline hcl tabs 5mg</i>	1	PV
<i>protriptyline hcl tabs 10mg</i>	2	PV
<i>trimipramine maleate caps 25mg, 50mg, 100mg</i>	1	PV

ANTIDIABETICS

ALPHA-GLUCOSIDASE INHIBITORS

<i>acarbose tabs 25mg, 50mg, 100mg</i>	1	PV
<i>miglitol tabs 25mg, 50mg, 100mg</i>	1	PV

ANTIDIABETIC - CELLULAR THERAPY

LANTIDRA INJ	M	
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ANTIDIABETIC COMBINATIONS

ACTOPLUS MET TAB 15-850MG	3	PV
<i>alogliptin-metformin hcl tab 12.5-500 mg</i>	NC	
<i>alogliptin-metformin hcl tab 12.5-1000 mg</i>	NC	
<i>alogliptin-pioglitazone tab 12.5-30 mg</i>	NC	
<i>alogliptin-pioglitazone tab 25-15 mg</i>	NC	
<i>alogliptin-pioglitazone tab 25-30 mg</i>	NC	
<i>alogliptin-pioglitazone tab 25-45 mg</i>	NC	
<i>dapagliflozin-metformin hcl tab er 24hr 5-1000 mg</i>	1	PV
<i>dapagliflozin-metformin hcl tab er 24hr 10-1000 mg</i>	1	PV

Drug Name	Drug Tier	Requirements/Limits
<i>dapagliflozin-saxagliptin tab 10-5 mg</i>	1	
DUETACT TAB 30-2MG	3	PV
DUETACT TAB 30-4MG	3	PV
<i>glipizide-metformin hcl tab 2.5-250 mg</i>	1	PV
<i>glipizide-metformin hcl tab 2.5-500 mg</i>	1	PV
<i>glipizide-metformin hcl tab 5-500 mg</i>	1	PV
<i>glyburide-metformin tab 1.25-250 mg</i>	1	PV
<i>glyburide-metformin tab 2.5-500 mg</i>	1	PV
<i>glyburide-metformin tab 5-500 mg</i>	1	PV
GLYXAMBI TAB 10-5 MG	2	PV
GLYXAMBI TAB 25-5 MG	2	PV
INVOKAMET TAB 50-500MG	NC	
INVOKAMET TAB 50-1000	NC	
INVOKAMET TAB 150-500	NC	
INVOKAMET TAB 150-1000	NC	
INVOKAMET XR TAB 50-500MG	NC	
INVOKAMET XR TAB 50-1000	NC	
INVOKAMET XR TAB 150-500	NC	
INVOKAMET XR TAB 150-1000	NC	
JANUMET TAB 50-500MG	2	PV
JANUMET TAB 50-1000	2	PV
JANUMET XR TAB 50-500MG	2	PV
JANUMET XR TAB 50-1000	2	PV
JANUMET XR TAB 100-1000	2	PV
JENTADUETO TAB 2.5-500	NC	
JENTADUETO TAB 2.5-850	NC	
JENTADUETO TAB 2.5-1000	NC	
JENTADUETO TAB XR	NC	
<i>pioglitazone hcl-glimepiride tab 30-2 mg</i>	2	PV
<i>pioglitazone hcl-glimepiride tab 30-4 mg</i>	2	PV
<i>pioglitazone hcl-metformin hcl tab 15-500 mg</i>	1	PV
<i>pioglitazone hcl-metformin hcl tab 15-850 mg</i>	1	PV
QTERN TAB 5-5MG	NC	
QTERN TAB 10-5MG	NC	
<i>saxagliptin-metformin hcl tab er 24hr 2.5-1000 mg</i>	2	
<i>saxagliptin-metformin hcl tab er 24hr 5-500 mg</i>	2	
<i>saxagliptin-metformin hcl tab er 24hr 5-1000 mg</i>	2	
SEGLUROMET TAB 2.5-500	NC	
SEGLUROMET TAB 2.5-1000	NC	
SEGLUROMET TAB 7.5-500	NC	
SEGLUROMET TAB 7.5-1000	NC	

Drug Name	Drug Tier	Requirements/Limits
<i>sitagliptin-metformin hcl tab 50-500 mg</i>	NC	
<i>sitagliptin-metformin hcl tab 50-1000 mg</i>	NC	
<i>sitagliptin-metformin hcl tab er 24hr 50-500 mg</i>	NC	
<i>sitagliptin-metformin hcl tab er 24hr 50-1000 mg</i>	NC	
<i>sitagliptin-metformin hcl tab er 24hr 100-1000 mg</i>	NC	
SOLIQUA INJ 100/33	0	\$0 Copay per 30-day supply
STEGLUJAN TAB 5-100MG	NC	
STEGLUJAN TAB 15-100MG	NC	
SYNJARDY TAB	NC	
SYNJARDY TAB 5-500MG	NC	
SYNJARDY TAB 5-1000MG	NC	
SYNJARDY TAB 12.5-500	NC	
SYNJARDY XR TAB	NC	
SYNJARDY XR TAB 5-1000MG	NC	
SYNJARDY XR TAB 10-1000	NC	
SYNJARDY XR TAB 25-1000	NC	
TRIJARDY XR TAB	2	PV
XIGDUO XR TAB 2.5-1000	NC	
XIGDUO XR TAB 5-500MG	NC	
XIGDUO XR TAB 5-1000MG	NC	
XIGDUO XR TAB 10-500MG	NC	
XIGDUO XR TAB 10-1000	NC	
XULTOPHY INJ 100/3.6	0	\$0 Copay per 30-day supply
ZITUVIMET TAB 50-500MG	2	PV
ZITUVIMET TAB 50-1000	2	PV
ZITUVIMET XR TAB 50-500MG	2	PV
ZITUVIMET XR TAB 50-1000	2	PV
ZITUVIMET XR TAB 100-1000	2	PV
BIGUANIDES		
GLUMETZA TB24 1000MG	NC	
<i>metformin hcl soln 500mg/5ml</i>	2	PV
<i>metformin hcl tabs 500mg, 1000mg; tb24 500mg, 750mg</i>	1	PV
<i>metformin hcl tabs 625mg</i>	NC	
<i>metformin hcl tabs 850mg</i>	0	ACA, PV
<i>metformin hcl tb24 500mg, 1000mg</i>	NC	(generic for FORTAMET)
<i>metformin hcl tb24 500mg, 1000mg</i>	NC	(generic for GLUMTEZA)
RIOMET SOLN 500MG/5ML	NC	

Drug Name	Drug Tier	Requirements/Limits
DIABETIC OTHER		
BAQSIMI ONE PACK POWD 3MG/DOSE	2	
BAQSIMI TWO PACK POWD 3MG/DOSE	2	
<i>diazoxide susp 50mg/ml</i>	2	
<i>glucagon solr 1mg</i>	2	
GVOKE HYPOPEN 1-PACK SOAJ .5MG/0.1ML, 1MG/0.2ML	2	
GVOKE HYPOPEN 2-PACK SOAJ .5MG/0.1ML, 1MG/0.2ML	2	
GVOKE KIT SOLN 1MG/0.2ML	2	
GVOKE PFS SOSY 1MG/0.2ML	2	
KORLYM TABS 300MG	NC	
<i>mifepristone (hyperglycemia) tabs 300mg</i>	4	PA
PROGLYCEM SUSP 50MG/ML	3	
DIPEPTIDYL PEPTIDASE-4 (DPP-4) INHIBITORS		
<i>alogliptin benzoate tabs 6.25mg, 12.5mg, 25mg</i>	NC	
JANUVIA TABS 25MG, 50MG, 100MG	2	PV
ONGLYZA TABS 5MG	NC	
<i>saxagliptin hcl tabs 2.5mg</i>	2	PV
<i>saxagliptin hcl tabs 5mg</i>	1	PV
<i>sitagliptin tabs 25mg, 50mg, 100mg</i>	1	PV
TRADJENTA TABS 5MG	NC	
ZITUVIO TABS 25MG, 50MG, 100MG	2	PV
DOPAMINE RECEPTOR AGONISTS - ANTIDIABETIC		
CYCLOSET TABS .8MG	3	
INCRETIN MIMETIC AGENTS		
BYETTA SOPN 5MCG/0.02ML, 10MCG/0.04ML	NC	
<i>liraglutide sopn 6mg/ml</i>	1	PA, QL; PV
MOUNJARO SOAJ 2.5MG/0.5ML, 5MG/0.5ML, 7.5MG/0.5ML, 10MG/0.5ML, 12.5MG/0.5ML, 15MG/0.5ML	2	PA, QL; PV
OZEMPIC SOPN 2MG/3ML, 4MG/3ML, 8MG/3ML; TABS 1.5MG, 4MG, 9MG	2	PA, QL; PV
RYBELSUS TABS 3MG, 7MG, 14MG	2	PA, QL; PV
TRULICITY SOAJ .75MG/0.5ML, 1.5MG/0.5ML, 3MG/0.5ML, 4.5MG/0.5ML	2	PA, QL; PV
VICTOZA SOPN 18MG/3ML	NC	
INSULIN		
AFREZZA POWD 4UNIT	NC	
AFREZZA POW 4-8 UNIT	NC	
AFREZZA POW 4-8-12	NC	

Drug Name	Drug Tier	Requirements/Limits
APIDRA SOLN 100UNIT/ML	NC	
APIDRA SOLOSTAR SOPN 100UNIT/ML	NC	
BASAGLAR KWIKPEN SOPN 100UNIT/ML	NC	
FIASP SOLN 100UNIT/ML	0	\$0 Copay per 30-day supply
FIASP FLEXTOUCH SOPN 100UNIT/ML	0	\$0 Copay per 30-day supply
FIASP PENFILL SOCT 100UNIT/ML	0	\$0 Copay per 30-day supply
HUMALOG SOCT 100UNIT/ML; SOLN 100UNIT/ML	NC	
HUMALOG KWIKPEN SOPN 100UNIT/ML, 200UNIT/ML	NC	
HUMALOG MIX INJ 50/50	NC	
HUMALOG MIX INJ 50/50KWP	NC	
HUMALOG MIX INJ 75/25KWP	NC	
HUMALOG MIX SUS 75/25	NC	
HUMULIN INJ 70/30	NC	OTC
HUMULIN INJ 70/30KWP	NC	OTC
HUMULIN N SUSP 100UNIT/ML	NC	OTC
HUMULIN N KWIKPEN SUPN 100UNIT/ML	NC	OTC
HUMULIN R SOLN 100UNIT/ML	NC	OTC
HUMULIN R U-500 KWIKPEN SOPN 500UNIT/ML	0	\$0 Copay per 30-day supply
INSULIN DEGLUDEC SOLN 100UNIT/ML	NC	
INSULIN DEGLUDEC FLEXTOUC SOPN 100UNIT/ML	NC	
INSULIN GLARGINE-YFGN SOLN 100UNIT/ML; SOPN 100UNIT/ML	0	\$0 Copay per 30-day supply
LANTUS SOLN 100UNIT/ML	0	\$0 Copay per 30-day supply
LANTUS SOLOSTAR SOPN 100UNIT/ML	0	\$0 Copay per 30-day supply
LEVEMIR SOLN 100UNIT/ML	NC	
LYUMJEV SOLN 100UNIT/ML	NC	
LYUMJEV KWIKPEN SOPN 100UNIT/ML, 200UNIT/ML	NC	
LYUMJEV TEMPO PEN SOPN 100UNIT/ML	NC	
NOVOLIN INJ 70/30	0	OTC; \$0 Copay per 30-day supply
NOVOLIN INJ 70/30 FP	0	OTC; \$0 Copay per 30-day supply

Drug Name	Drug Tier	Requirements/Limits
NOVOLIN N SUSP 100UNIT/ML	0	OTC; \$0 Copay per 30-day supply
NOVOLIN N FLEXPEN SUPN 100UNIT/ML	0	OTC; \$0 Copay per 30-day supply
NOVOLIN R SOLN 100UNIT/ML	0	OTC; \$0 Copay per 30-day supply
NOVOLIN R FLEXPEN SOPN 100UNIT/ML	0	OTC; \$0 Copay per 30-day supply
NOVOLOG SOLN 100UNIT/ML	0	\$0 Copay per 30-day supply
NOVOLOG FLEXPEN SOPN 100UNIT/ML	0	\$0 Copay per 30-day supply
NOVOLOG MIX INJ 70/30	0	\$0 Copay per 30-day supply
NOVOLOG MIX INJ FLEXPEN	0	\$0 Copay per 30-day supply
NOVOLOG PENFILL SOCT 100UNIT/ML	0	\$0 Copay per 30-day supply
REZVOGLAR KWIKPEN SOPN 100UNIT/ML	NC	
SEMGLEE SOLN 100UNIT/ML	NC	
TOUJEO MAX SOLOSTAR SOPN 300UNIT/ML	0	\$0 Copay per 30-day supply
TOUJEO SOLOSTAR SOPN 300UNIT/ML	0	\$0 Copay per 30-day supply
TRESIBA SOLN 100UNIT/ML	0	\$0 Copay per 30-day supply
TRESIBA FLEXTOUCH SOPN 100UNIT/ML, 200UNIT/ML	0	\$0 Copay per 30-day supply
INSULIN SENSITIZING AGENTS		
ACTOS TABS 15MG, 30MG, 45MG	NC	
<i>pioglitazone hcl tabs 15mg, 30mg, 45mg</i>	1	PV
MEGLITINIDE ANALOGUES		
<i>nateglinide tabs 60mg, 120mg</i>	1	PV
<i>repaglinide tabs .5mg, 1mg, 2mg</i>	1	PV
SODIUM-GLUCOSE CO-TRANSPORTER 2 (SGLT2) INHIBITORS		
BRENZAVVY TABS 20MG	NC	
<i>dapagliflozin tabs 5mg, 10mg</i>	1	PV
FARXIGA TABS 5MG, 10MG	NC	
INVOKANA TABS 100MG, 300MG	NC	
JARDIANCE TABS 10MG, 25MG	NC	
STEGLATRO TABS 5MG, 15MG	NC	
SULFONYLUREAS		
<i>glimepiride tabs 1mg, 2mg, 3mg, 4mg</i>	1	PV

Drug Name	Drug Tier	Requirements/Limits
<i>glipizide tabs 2.5mg, 5mg, 10mg; tb24 2.5mg, 5mg, 10mg</i>	1	PV
GLUCOTROL XL TB24 5MG	3	PV
<i>glyburide tabs 1.25mg, 2.5mg, 5mg</i>	1	PV

ANTIDIARRHEAL/PROBIOTIC AGENTS

ANTIDIARRHEAL - CHLORIDE CHANNEL ANTAGONISTS

MYTESI TBEC 125MG	NC	
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ANTIDIARRHEAL/PROBIOTIC COMBINATIONS

RESTORA RX CAP 60-1.25	3	
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ANTIPERISTALTIC AGENTS

<i>diphenoxylate w/ atropine liq 2.5-0.025 mg/5ml</i>	1	
<i>diphenoxylate w/ atropine tab 2.5-0.025 mg</i>	1	
LOMOTIL TAB 2.5MG	3	
MOTOFEN TAB 1-0.025	3	

ANTIDOTES AND SPECIFIC ANTAGONISTS

ANTIDOTES - CHELATING AGENTS

CHEMET CAPS 100MG	3	
<i>deferasirox pack 90mg, 180mg, 360mg</i>	4	SP, PA
<i>deferasirox tabs 90mg, 180mg, 360mg; tbso 125mg, 250mg, 500mg</i>	4	SP, PA
<i>deferiprone tabs 500mg, 1000mg</i>	4	SP, PA
EXJADE TBSO 125MG, 250MG, 500MG	NC	SP
FERRIPROX SOLN 100MG/ML; TABS 1000MG	NC	SP
FERRIPROX TWICE-A-DAY TABS 1000MG	NC	
JADENU TABS 90MG, 180MG, 360MG	NC	SP
JADENU SPRINKLE PACK 90MG, 180MG, 360MG	NC	SP
PENTETATE CALCIUM TRISODI SOLN 200MG/ML	3	
PENTETATE ZINC TRISODIUM SOLN 200MG/ML	3	

ANTIDOTES AND SPECIFIC ANTAGONISTS

ACETADOTE SOLN 200MG/ML	3	
<i>acetylcysteine (antidote) soln 200mg/ml</i>	1	
BRIDION SOLN 200MG/2ML, 500MG/5ML	NC	
CYANOKIT SOLR 5GM	3	
<i>deferoxamine mesylate solr 2gm, 500mg</i>	4	SP, PA
DEFERAL SOLR 500MG	NC	
DIGIFAB SOLR 40MG	3	
<i>fomepizole soln 1.5gm/1.5ml</i>	1	
<i>methylene blue (antidote) soln 1%</i>	1	
PRAXBIND SOLN 2.5GM/50ML	3	

Drug Name	Drug Tier	Requirements/Limits
PROTOPAM CHLORIDE SOLR 1GM	3	
PROVAYBLUE SOLN 50MG/10ML	NC	
RADIOGARDASE CAPS .5GM	3	
SODIUM NITRITE SOLN 30MG/ML	3	
SODIUM THIOSULFATE SOLN 25%	3	
VISTOGARD PACK 10GM	2	SP, QL

BENZODIAZEPINE ANTAGONISTS

<i>flumazenil soln .5mg/5ml, 1mg/10ml</i>	1	
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OPIOID ANTAGONISTS

KLOXXADO LIQD 8MG/0.1ML	3	
NALMEFENE HYDROCHLORIDE SOLN 1MG/ML	3	
<i>naloxone hcl soct .4mg/ml; soln .4mg/ml, 4mg/10ml; sosy .4mg/ml, 2mg/2ml</i>	1	
<i>naltrexone hcl tabs 50mg</i>	1	PV
OPVEE SOLN 2.7MG/0.1ML	NC	
REXTOVY LIQD 4MG/0.25ML	NC	
VIVITROL SUSR 380MG	3	PA, QL; PV
ZIMHI SOSY 5MG/0.5ML	NC	

ANTIEMETICS

5-HT3 RECEPTOR ANTAGONISTS

ANZEMET TABS 50MG	3	
<i>granisetron hcl soln 1mg/ml; tabs 1mg</i>	1	
GRANISOL SOLN 2MG/10ML	3	QL
<i>ondansetron tbdp 4mg, 8mg</i>	1	
<i>ondansetron hcl soln 4mg/2ml, 4mg/5ml, 40mg/20ml; sosy 4mg/2ml; tabs 4mg, 8mg, 24mg</i>	1	
<i>palonosetron hcl soln .25mg/5ml</i>	1	
POSFREA SOLN .25MG/5ML	3	
SANCUSO PTCH 3.1MG/24HR	2	
SUSTOL PRSY 10MG/0.4ML	NC	

ANTIEMETICS - ANTICHOLINERGIC

DIMENHYDRINATE SOLN 50MG/ML	3	
<i>meclizine hcl tabs 50mg</i>	1	
<i>scopolamine pt72 1mg/3days</i>	1	
TIGAN SOLN 100MG/ML	3	
TRANSDERM-SCOP PT72 1MG/3DAYS	NC	
<i>trimethobenzamide hcl caps 300mg</i>	1	

ANTIEMETICS - ANTIDOPAMINERGIC

BARHEMSYS SOLN 10MG/4ML	NC	
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Drug Name	Drug Tier	Requirements/Limits
ANTIEMETICS - MISCELLANEOUS		
AKYNZEO CAP 300-0.5	3	PA, QL
AKYNZEO INJ	3	PA, QL
AKYNZEO INJ 235-0.25	3	PA, QL
BONJESTA TAB 20-20MG	3	
DICLEGIS TAB 10-10MG	3	
<i>doxylamine-pyridoxine tab delayed release 10-10 mg</i>	1	
<i>dronabinol caps 2.5mg, 5mg</i>	1	PA, QL
<i>dronabinol caps 10mg</i>	2	PA, QL
MARINOL CAPS 2.5MG	3	PA, QL
SYNDROS SOLN 5MG/ML	NC	
SUBSTANCE P/NEUROKININ 1 (NK1) RECEPTOR ANTAGONISTS		
APONVIE EMUL 32MG/4.4ML	NC	
<i>aprepitant caps 40mg, 80mg</i>	2	PA, QL
<i>aprepitant caps 125mg</i>	2	QL
<i>aprepitant capsule therapy pack 80 & 125 mg</i>	2	PA, QL
EMEND SOLR 150MG; SUSR 125MG/5ML	3	PA, QL
EMEND BIPACK CAPS 80MG	3	PA, QL
EMEND TRIPAC CAP 125 & 80	3	PA, QL
<i>fosaprepitant dimeglumine solr 150mg</i>	2	PA, QL
VARUBI TBPK 90MG	3	PA, QL
ANTIFUNGALS		
ANTIFUNGAL - GLUCAN SYNTHESIS INHIBITORS		
<i>caspofungin acetate solr 50mg, 70mg</i>	1	
CASPOFUNGIN ACETATE SOLR 50MG, 70MG	3	
ERAXIS SOLR 50MG, 100MG	3	
MICAFUNGIN SOLR 50MG, 100MG	3	
<i>micafungin sodium solr 50mg</i>	1	
<i>micafungin sodium solr 100mg</i>	2	
REZZAYO SOLR 200MG	3	
ANTIFUNGALS		
AMBISOME SUSR 50MG	3	
<i>amphotericin b solr 50mg</i>	1	
<i>amphotericin b liposome susr 50mg</i>	1	
ANCOBON CAPS 250MG, 500MG	3	
<i>flucytosine caps 250mg</i>	2	
<i>flucytosine caps 500mg</i>	NC	
<i>griseofulvin microsize susp 125mg/5ml</i>	1	
<i>griseofulvin microsize tabs 500mg</i>	2	
<i>griseofulvin ultramicrosize tabs 125mg</i>	2	
<i>griseofulvin ultramicrosize tabs 165mg, 250mg</i>	1	

Drug Name	Drug Tier	Requirements/Limits
<i>nystatin tabs 500000unit</i>	1	
<i>terbinafine hcl tabs 250mg</i>	1	
IMIDAZOLE-RELATED ANTIFUNGALS		
CRESEMBA CAPS 186MG	NC	
CRESEMBA SOLR 372MG	3	
DIFLUCAN SUSR 40MG/ML	3	
<i>fluconazole susr 10mg/ml, 40mg/ml; tabs 50mg, 100mg, 150mg, 200mg</i>	1	
<i>fluconazole in nacl 0.9% inj 200 mg/100ml</i>	1	
<i>fluconazole in nacl 0.9% inj 400 mg/200ml</i>	1	
<i>itraconazole caps 100mg</i>	1	
<i>itraconazole soln 10mg/ml</i>	2	
<i>ketoconazole tabs 200mg</i>	1	
NOXAFIL SOLN 300MG/16.7ML; SUSP 40MG/ML; TBEC 100MG	NC	
<i>posaconazole soln 300mg/16.7ml</i>	1	QL
<i>posaconazole susp 40mg/ml</i>	2	QL
<i>posaconazole tbec 100mg</i>	NC	
SPORANOX CAPS 100MG	3	
VFEND SUSR 40MG/ML	3	PA
VFEND IV SOLR 200MG	3	PA
VIVJOA CPPK 150MG	3	PA, QL
VORICONAZOLE SOLR 200MG	3	PA
<i>voriconazole solr 200mg; susr 40mg/ml; tabs 50mg, 200mg</i>	2	PA
ANTI-HISTAMINES		
ANTI-HISTAMINES - ETHANOLAMINES		
<i>diphenhydramine hcl soln 50mg/ml</i>	1	
ANTI-HISTAMINES - PHENOTHIAZINES		
PHENERGAN SOLN 25MG/ML, 50MG/ML	3	
<i>promethazine hcl soln 6.25mg/5ml, 12.5mg/10ml, 25mg/ml, 50mg/ml; tabs 12.5mg, 25mg, 50mg</i>	1	
<i>promethazine hcl supp 12.5mg, 25mg</i>	2	
<i>Promethegan Supp 12.5mg, 25mg, 50mg</i>	2	
ANTI-HISTAMINES - PIPERIDINES		
<i>cyproheptadine hcl syrp 2mg/5ml; tabs 4mg</i>	1	
ANTIHYPERLIPIDEMICS		
ADENOSINE TRIPHOSPHATE-CITRATE LYASE (ACL) INHIBITORS		
NEXLETOL TABS 180MG	2	ST, PA
ANGIOPOIETIN-LIKE PROTEIN INHIBITORS		
EVKEEZA SOLN 345MG/2.3ML, 1200MG/8ML	6	SP, PA, QL

Drug Name	Drug Tier	Requirements/Limits
ANTIHYPERTENSIVES - COMBINATIONS		
<i>ezetimibe-simvastatin tab 10-10 mg</i>	1	PV
<i>ezetimibe-simvastatin tab 10-20 mg</i>	1	PV
<i>ezetimibe-simvastatin tab 10-40 mg</i>	1	PV
<i>ezetimibe-simvastatin tab 10-80 mg</i>	1	PV
NEXLIZET TAB 180/10MG	NC	
SURE RESULT KIT O3D3 SYS	NC	
VYTORIN TAB 10-10MG	3	PV
VYTORIN TAB 10-20MG	3	PV
VYTORIN TAB 10-40MG	3	PV
VYTORIN TAB 10-80MG	3	PV
ANTIHYPERTENSIVES - MISC.		
<i>icosapent ethyl caps .5gm, 1gm</i>	NC	
LOVAZA CAP 1GM	NC	
<i>omega-3-acid ethyl esters cap 1 gm</i>	1	PA; PV
VASCEPA CAPS .5GM, 1GM	1	PA; PV
BILE ACID SEQUESTRANTS		
<i>cholestyramine pack 4gm; powd 4gm/dose</i>	1	PV
<i>cholestyramine light pack 4gm; powd 4gm/dose</i>	1	PV
<i>colesevelam hcl pack 3.75gm</i>	2	PV
<i>colesevelam hcl tabs 625mg</i>	1	PV
COLESTID GRAN 5GM; TABS 1GM	3	PV
<i>colestipol hcl gran 5gm; pack 5gm; tabs 1gm</i>	1	PV
<i>Prevalite Pack 4gm; Powd 4gm/dose</i>	1	PV
QUESTRAN PACK 4GM; POWD 4GM/DOSE	3	PV
QUESTRAN LIGHT POWD 4GM/DOSE	3	PV
WELCHOL PACK 3.75GM; TABS 625MG	3	PV
FIBRIC ACID DERIVATIVES		
<i>choline fenofibrate cpdr 45mg, 135mg</i>	1	PV
<i>fenofibrate caps 50mg; tabs 40mg, 120mg</i>	NC	
<i>fenofibrate caps 150mg; tabs 48mg, 54mg, 145mg, 160mg</i>	1	PV
<i>fenofibrate micronized caps 43mg, 67mg, 134mg, 200mg</i>	1	PV
<i>fenofibrate micronized caps 130mg</i>	NC	
<i>fenofibric acid tabs 35mg</i>	1	PV
FENOGLIDE TABS 120MG	NC	
<i>gemfibrozil tabs 600mg</i>	1	PV
LIPOFEN CAPS 50MG, 150MG	3	PV
LOPID TABS 600MG	3	PV
TRICOR TABS 48MG, 145MG	NC	

Drug Name	Drug Tier	Requirements/Limits
HMG COA REDUCTASE INHIBITORS		
ALTOPREV TB24 20MG, 40MG, 60MG	NC	
<i>atorvastatin calcium tabs 10mg, 20mg</i>	0	ACA, PV
<i>atorvastatin calcium tabs 40mg, 80mg</i>	1	PV
CRESTOR TABS 5MG, 10MG, 20MG, 40MG	NC	
EZALLOR SPRINKLE CPSP 5MG, 10MG, 20MG, 40MG	NC	
FLOLIPID SUSP 20MG/5ML, 40MG/5ML	NC	
<i>fluvastatin sodium caps 20mg, 40mg; tb24 80mg</i>	0	ACA, PV
LESCOL XL TB24 80MG	NC	
LIPITOR TABS 10MG, 20MG, 40MG, 80MG	NC	
LIVALO TABS 1MG, 2MG, 4MG	NC	
<i>lovastatin tabs 10mg, 20mg, 40mg</i>	0	ACA, PV
<i>pitavastatin calcium tabs 1mg, 2mg, 4mg</i>	0	ACA, PV
<i>pravastatin sodium tabs 10mg, 20mg, 40mg, 80mg</i>	0	ACA, PV
<i>rosuvastatin calcium tabs 5mg, 10mg</i>	0	ACA, PV
<i>rosuvastatin calcium tabs 20mg, 40mg</i>	1	PV
<i>simvastatin tabs 5mg, 10mg, 20mg, 40mg</i>	0	ACA, PV
<i>simvastatin tabs 80mg</i>	1	PV
ZOCOR TABS 10MG, 20MG, 40MG	3	PV
ZYPITAMAG TABS 2MG, 4MG	NC	
INTESTINAL CHOLESTEROL ABSORPTION INHIBITORS		
<i>ezetimibe tabs 10mg</i>	1	PV
ZETIA TABS 10MG	NC	
MICROSOMAL TRIGLYCERIDE TRANSFER PROTEIN (MTP) INHIBITORS		
JUXTAPID CAPS 5MG, 10MG, 20MG, 30MG	NC	
NICOTINIC ACID DERIVATIVES		
<i>niacin (antihyperlipidemic) tbc 500mg</i>	NC	
<i>niacin (antihyperlipidemic) tbc 500mg, 750mg, 1000mg</i>	1	PV
<i>Niacor Tabs 500mg</i>	NC	
PROPROTEIN CONVERTASE SUBTILISIN/KEXIN TYPE 9 INHIBITORS		
LEQVIO SOSY 284MG/1.5ML	NC	
PRALUENT SOAJ 75MG/ML, 150MG/ML	NC	
REPATHA SOSY 140MG/ML	2	PA, QL; PV
REPATHA SURECLICK SOAJ 140MG/ML	2	PA, QL; PV
ANTIHYPERTENSIVES		
ACE INHIBITORS		
<i>benazepril hcl tabs 5mg, 10mg, 20mg, 40mg</i>	1	PV
<i>captopril tabs 12.5mg, 25mg, 50mg, 100mg</i>	1	PV

Drug Name	Drug Tier	Requirements/Limits
<i>enalapril maleate soln 1mg/ml</i>	2	PV
<i>enalapril maleate tabs 2.5mg, 5mg, 10mg, 20mg</i>	1	PV
<i>enalaprilat soln 1.25mg/ml</i>	1	
EPANED SOLN 1MG/ML	NC	
<i>fosinopril sodium tabs 10mg, 20mg, 40mg</i>	1	PV
<i>lisinopril tabs 2.5mg, 5mg, 10mg, 20mg, 30mg, 40mg</i>	1	PV
LOTENSIN TABS 10MG, 20MG, 40MG	3	PV
<i>moexipril hcl tabs 7.5mg, 15mg</i>	1	PV
<i>perindopril erbumine tabs 2mg, 4mg, 8mg</i>	1	PV
QBRELIS SOLN 1MG/ML	3	PV
<i>quinapril hcl tabs 5mg, 10mg, 20mg, 40mg</i>	1	PV
<i>ramipril caps 1.25mg, 2.5mg, 5mg, 10mg</i>	1	PV
<i>trandolapril tabs 1mg, 2mg, 4mg</i>	1	PV
VASOTEC TABS 2.5MG, 5MG, 10MG, 20MG	3	PV
ZESTRIL TABS 2.5MG, 5MG, 10MG, 20MG, 30MG, 40MG	3	PV

AGENTS FOR PHEOCHROMOCYTOMA

<i>metyrosine caps 250mg</i>	1	PA
<i>phenoxybenzamine hcl caps 10mg</i>	2	
<i>phentolamine mesylate solr 5mg</i>	1	

ANGIOTENSIN II RECEPTOR ANTAGONISTS

ATACAND TABS 4MG, 8MG, 16MG, 32MG	NC	
AVAPRO TABS 75MG, 150MG, 300MG	3	PV
BENICAR TABS 5MG, 20MG, 40MG	NC	
<i>candesartan cilexetil tabs 4mg, 8mg, 16mg, 32mg</i>	1	PV
COZAAR TABS 25MG, 50MG, 100MG	NC	
DIOVAN TABS 40MG, 80MG, 160MG, 320MG	NC	
EDARBI TABS 40MG, 80MG	NC	
<i>irbesartan tabs 75mg, 150mg, 300mg</i>	1	PV
<i>losartan potassium tabs 25mg, 50mg, 100mg</i>	1	PV
MICARDIS TABS 40MG, 80MG	NC	
<i>olmesartan medoxomil tabs 5mg, 20mg, 40mg</i>	1	PV
<i>telmisartan tabs 20mg, 40mg, 80mg</i>	1	PV
<i>valsartan soln 4mg/ml</i>	NC	
<i>valsartan tabs 40mg, 80mg, 160mg, 320mg</i>	1	PV

ANTIADRENERGIC ANTIHYPERTENSIVES

CARDURA TABS 1MG, 2MG, 4MG, 8MG	3	
CATAPRES-TTS-1 PTWK .1MG/24HR	3	PV
CATAPRES-TTS-2 PTWK .2MG/24HR	3	PV
CATAPRES-TTS-3 PTWK .3MG/24HR	3	PV

Drug Name	Drug Tier	Requirements/Limits
clonidine ptwk .1mg/24hr, .2mg/24hr, .3mg/24hr	1	PV
clonidine tb24 .17mg	2	
clonidine hcl tabs .05mg, .1mg, .2mg, .3mg	1	PV
doxazosin mesylate tabs 1mg, 2mg, 4mg, 8mg	1	
guanfacine hcl tabs 1mg, 2mg	1	PV
NEXICLON XR TB24 .17MG	NC	
prazosin hcl caps 1mg, 2mg, 5mg	1	
terazosin hcl caps 1mg, 2mg, 5mg, 10mg	1	

ANTIHYPERTENSIVE COMBINATIONS

amlodipine besylate-benazepril hcl cap 2.5-10 mg	1	PV
amlodipine besylate-benazepril hcl cap 5-10 mg	1	PV
amlodipine besylate-benazepril hcl cap 5-20 mg	1	PV
amlodipine besylate-benazepril hcl cap 5-40 mg	1	PV
amlodipine besylate-benazepril hcl cap 10-20 mg	1	PV
amlodipine besylate-benazepril hcl cap 10-40 mg	1	PV
amlodipine besylate-olmesartan medoxomil tab 5-20 mg	1	PV
amlodipine besylate-olmesartan medoxomil tab 5-40 mg	1	PV
amlodipine besylate-olmesartan medoxomil tab 10-20 mg	1	PV
amlodipine besylate-olmesartan medoxomil tab 10-40 mg	1	PV
amlodipine besylate-valsartan tab 5-160 mg	1	PV
amlodipine besylate-valsartan tab 5-320 mg	1	PV
amlodipine besylate-valsartan tab 10-160 mg	1	PV
amlodipine besylate-valsartan tab 10-320 mg	1	PV
amlodipine-valsartan-hydrochlorothiazide tab 5-160-12.5 mg	2	PV
amlodipine-valsartan-hydrochlorothiazide tab 5-160-25 mg	2	PV
amlodipine-valsartan-hydrochlorothiazide tab 10-160-12.5 mg	2	PV
amlodipine-valsartan-hydrochlorothiazide tab 10-160-25 mg	2	PV
amlodipine-valsartan-hydrochlorothiazide tab 10-320-25 mg	2	PV

Drug Name	Drug Tier	Requirements/Limits
ATACAND HCT TAB 16-12.5	NC	
ATACAND HCT TAB 32-12.5	NC	
ATACAND HCT TAB 32-25MG	NC	
<i>atenolol & chlorthalidone tab 50-25 mg</i>	1	PV
<i>atenolol & chlorthalidone tab 100-25 mg</i>	1	PV
AVALIDE TAB 150-12.5	3	PV
AVALIDE TAB 300-12.5	3	PV
AZOR TAB 5-20MG	NC	
AZOR TAB 5-40MG	NC	
AZOR TAB 10-20MG	NC	
AZOR TAB 10-40MG	NC	
<i>benazepril & hydrochlorothiazide tab 5-6.25 mg</i>	1	PV
<i>benazepril & hydrochlorothiazide tab 10-12.5 mg</i>	1	PV
<i>benazepril & hydrochlorothiazide tab 20-12.5 mg</i>	1	PV
<i>benazepril & hydrochlorothiazide tab 20-25 mg</i>	1	PV
BENICAR HCT TAB 20-12.5	NC	
BENICAR HCT TAB 40-12.5	NC	
BENICAR HCT TAB 40-25MG	NC	
<i>bisoprolol & hydrochlorothiazide tab 2.5-6.25 mg</i>	1	PV
<i>bisoprolol & hydrochlorothiazide tab 5-6.25 mg</i>	1	PV
<i>bisoprolol & hydrochlorothiazide tab 10-6.25 mg</i>	1	PV
<i>candesartan cilexetil-hydrochlorothiazide tab 16-12.5 mg</i>	1	PV
<i>candesartan cilexetil-hydrochlorothiazide tab 32-12.5 mg</i>	1	PV
<i>candesartan cilexetil-hydrochlorothiazide tab 32-25 mg</i>	1	PV
<i>captopril & hydrochlorothiazide tab 25-15 mg</i>	1	PV
<i>captopril & hydrochlorothiazide tab 25-25 mg</i>	1	PV
<i>captopril & hydrochlorothiazide tab 50-15 mg</i>	1	PV
<i>captopril & hydrochlorothiazide tab 50-25 mg</i>	1	PV
DIOVAN HCT TAB 80-12.5	NC	
DIOVAN HCT TAB 160-12.5	NC	
DIOVAN HCT TAB 160-25MG	NC	
DIOVAN HCT TAB 320-12.5	NC	
DIOVAN HCT TAB 320-25MG	NC	
EDARBYCLOR TAB 40-12.5	NC	
EDARBYCLOR TAB 40-25MG	NC	

Drug Name	Drug Tier	Requirements/Limits
<i>enalapril maleate & hydrochlorothiazide tab 5-12.5 mg</i>	1	PV
<i>enalapril maleate & hydrochlorothiazide tab 10-25 mg</i>	1	PV
EXFORGE TAB 5-160MG	NC	
EXFORGE TAB 5-320MG	NC	
EXFORGE TAB 10-160MG	NC	
EXFORGE TAB 10-320MG	NC	
EXFORGEH/5- TAB 160-12.5	NC	
EXFORGEH/5- TAB 160-25	NC	
EXFORGEH/10- TAB 160-12.5	NC	
EXFORGEH/10- TAB 160-25	NC	
EXFORGEH/10- TAB 320-25	NC	
<i>fosinopril sodium & hydrochlorothiazide tab 10-12.5 mg</i>	1	PV
<i>fosinopril sodium & hydrochlorothiazide tab 20-12.5 mg</i>	1	PV
HYZAAR TAB 50-12.5	NC	
HYZAAR TAB 100-12.5	NC	
HYZAAR TAB 100-25	NC	
<i>irbesartan-hydrochlorothiazide tab 150-12.5 mg</i>	1	PV
<i>irbesartan-hydrochlorothiazide tab 300-12.5 mg</i>	1	PV
<i>lisinopril & hydrochlorothiazide tab 10-12.5 mg</i>	1	PV
<i>lisinopril & hydrochlorothiazide tab 20-12.5 mg</i>	1	PV
<i>lisinopril & hydrochlorothiazide tab 20-25 mg</i>	1	PV
<i>losartan potassium & hydrochlorothiazide tab 50-12.5 mg</i>	1	PV
<i>losartan potassium & hydrochlorothiazide tab 100-12.5 mg</i>	1	PV
<i>losartan potassium & hydrochlorothiazide tab 100-25 mg</i>	1	PV
LOTENSIN HCT TAB 10-12.5	3	PV
LOTENSIN HCT TAB 20-12.5	3	PV
LOTENSIN HCT TAB 20-25MG	3	PV
LOTREL CAP 5-10MG	3	PV
LOTREL CAP 10-40MG	3	PV
<i>metoprolol & hydrochlorothiazide tab 50-25 mg</i>	1	PV
<i>metoprolol & hydrochlorothiazide tab 100-25 mg</i>	1	PV
<i>metoprolol & hydrochlorothiazide tab 100-50 mg</i>	1	PV
MICARDIS HCT TAB 40/12.5	NC	
MICARDIS HCT TAB 80-25MG	NC	

Drug Name	Drug Tier	Requirements/Limits
MICARDIS HCT TAB 80/12.5	NC	
<i>olmesartan medoxomil-hydrochlorothiazide tab 20-12.5 mg</i>	1	PV
<i>olmesartan medoxomil-hydrochlorothiazide tab 40-12.5 mg</i>	1	PV
<i>olmesartan medoxomil-hydrochlorothiazide tab 40-25 mg</i>	1	PV
<i>olmesartan-amlodipine-hydrochlorothiazide tab 20-5-12.5 mg</i>	1	PV
<i>olmesartan-amlodipine-hydrochlorothiazide tab 40-5-12.5 mg</i>	1	PV
<i>olmesartan-amlodipine-hydrochlorothiazide tab 40-5-25 mg</i>	1	PV
<i>olmesartan-amlodipine-hydrochlorothiazide tab 40-10-12.5 mg</i>	1	PV
<i>olmesartan-amlodipine-hydrochlorothiazide tab 40-10-25 mg</i>	1	PV
PRESTALIA TAB 3.5-2.5	NC	
PRESTALIA TAB 7-5MG	NC	
PRESTALIA TAB 14-10MG	NC	
<i>quinapril-hydrochlorothiazide tab 10-12.5 mg</i>	1	PV
<i>quinapril-hydrochlorothiazide tab 20-12.5 mg</i>	1	PV
<i>quinapril-hydrochlorothiazide tab 20-25 mg</i>	1	PV
<i>telmisartan-amlodipine tab 40-5 mg</i>	1	PV
<i>telmisartan-amlodipine tab 40-10 mg</i>	1	PV
<i>telmisartan-amlodipine tab 80-5 mg</i>	1	PV
<i>telmisartan-amlodipine tab 80-10 mg</i>	1	PV
<i>telmisartan-hydrochlorothiazide tab 40-12.5 mg</i>	1	PV
<i>telmisartan-hydrochlorothiazide tab 80-12.5 mg</i>	1	PV
<i>telmisartan-hydrochlorothiazide tab 80-25 mg</i>	1	PV
<i>trandolapril-verapamil hcl tab er 1-240 mg</i>	1	PV
<i>trandolapril-verapamil hcl tab er 2-180 mg</i>	1	PV
<i>trandolapril-verapamil hcl tab er 2-240 mg</i>	1	PV
<i>trandolapril-verapamil hcl tab er 4-240 mg</i>	1	PV
TRIBENZOR TAB	3	PV
<i>valsartan-hydrochlorothiazide tab 80-12.5 mg</i>	1	PV
<i>valsartan-hydrochlorothiazide tab 160-12.5 mg</i>	1	PV
<i>valsartan-hydrochlorothiazide tab 160-25 mg</i>	1	PV
<i>valsartan-hydrochlorothiazide tab 320-12.5 mg</i>	1	PV
<i>valsartan-hydrochlorothiazide tab 320-25 mg</i>	1	PV
VASERETIC TAB 10-25MG	3	PV
ZESTORETIC TAB 10-12.5	NC	
ZESTORETIC TAB 20-12.5	NC	

Drug Name	Drug Tier	Requirements/Limits
ZESTORETIC TAB 20-25MG	NC	
ANTIHYPERTENSIVES - MISC.		
VECAMYL TABS 2.5MG	3	PV
DIRECT RENIN INHIBITORS		
<i>aliskiren fumarate tabs 150mg, 300mg</i>	1	PV
TEKTURN TABS 150MG, 300MG	3	PV
SELECTIVE ALDOSTERONE RECEPTOR ANTAGONISTS (SARAS)		
<i>eplerenone tabs 25mg, 50mg</i>	1	
VASODILATORS		
<i>hydralazine hcl soln 20mg/ml</i>	1	
<i>hydralazine hcl tabs 10mg, 25mg, 50mg, 100mg</i>	1	PV
<i>minoxidil tabs 2.5mg, 10mg</i>	1	PV
NIPRIDE RTU INJ 20/100ML	NC	
NIPRIDE RTU INJ 50/100ML	NC	
<i>nitroprusside sodium soln 25mg/ml, 50mg/2ml</i>	1	
ANTIMALARIALS		
ANTIMALARIAL COMBINATIONS		
<i>atovaquone-proguanil hcl tab 62.5-25 mg</i>	1	PV
<i>atovaquone-proguanil hcl tab 250-100 mg</i>	1	PV
COARTEM TAB 20-120MG	3	
MALARONE TAB 62.5-25	3	PV
MALARONE TAB 250-100	3	PV
ANTIMALARIALS		
ARAKODA TABS 100MG	NC	
ARTESUNATE SOLR 110MG	3	
<i>chloroquine phosphate tabs 250mg, 500mg</i>	1	PV
DARAPRIM TABS 25MG	NC	
<i>hydroxychloroquine sulfate tabs 200mg</i>	1	
KRINTAFEL TABS 150MG	NC	
<i>mefloquine hcl tabs 250mg</i>	1	PV
PLAQUENIL TABS 200MG	3	
<i>primaquine phosphate tabs 26.3mg</i>	1	PV
PRIMAQUINE PHOSPHATE TABS 26.3MG	3	PV
<i>pyrimethamine tabs 25mg</i>	2	
<i>quinine sulfate caps 324mg</i>	1	
SOVUNA TABS 200MG, 300MG	NC	
ANTIMYASTHENIC/CHOLINERGIC AGENTS		
ANTIMYASTHENIC/CHOLINERGIC AGENTS		
BLOXIVERZ SOLN 10MG/10ML	3	
FIRDAPSE TABS 10MG	6	SP, PA, QL
MESTINON SOLN 60MG/5ML; TABS 60MG	3	

Drug Name	Drug Tier	Requirements/Limits
MESTINON TIMESPAN TBCR 180MG	3	
<i>neostigmine methylsulfate soln 5mg/10ml, 10mg/10ml</i>	1	
NEOSTIGMINE METHYLSULFATE SOLN 5MG/10ML, 10MG/10ML	3	
<i>pyridostigmine bromide soln 60mg/5ml; tbc</i>	2	
<i>pyridostigmine bromide tabs 60mg</i>	1	
REGONOL SOLN 10MG/2ML	3	

ANTIMYCOBACTERIAL AGENTS

ANTIMYCOBACTERIAL AGENTS

<i>cycloserine caps 250mg</i>	1	
<i>ethambutol hcl tabs 100mg, 400mg</i>	1	
<i>isoniazid soln 100mg/ml; syr 50mg/5ml; tabs 100mg, 300mg</i>	1	
PRETOMANID TABS 200MG	3	
PRIFTIN TABS 150MG	3	
<i>pyrazinamide tabs 500mg</i>	2	
<i>rifabutin caps 150mg</i>	2	
RIFADIN SOLR 600MG	3	
<i>rifampin caps 150mg, 300mg; solr 600mg</i>	1	
SIRTURO TABS 20MG, 100MG	3	

ANTINEOPLASTICS AND ADJUNCTIVE THERAPIES

ALKYLATING AGENTS

BELRAPZO SOLN 100MG/4ML	NC	SP
<i>bendamustine hcl solr 25mg, 100mg</i>	4	SP, PA
BENDEKA SOLN 100MG/4ML	6	SP, PA
<i>busulfan soln 6mg/ml</i>	1	
BUSULFEX SOLN 6MG/ML	3	
<i>carboplatin soln 50mg/5ml, 150mg/15ml, 450mg/45ml, 600mg/60ml</i>	1	
<i>carmustine solr 100mg</i>	1	
<i>cisplatin soln 50mg/50ml, 100mg/100ml, 200mg/200ml</i>	1	
CISPLATIN SOLN 200MG/200ML; SOLR 50MG	3	
<i>cyclophosphamide caps 25mg, 50mg</i>	2	
CYCLOPHOSPHAMIDE SOLN 1GM/2ML, 2GM/10ML, 2GM/4ML, 500MG/5ML, 500MG/ML, 1000MG/10ML, 2000MG/20ML; TABS 50MG	3	
<i>cyclophosphamide solr 1gm, 2gm, 500mg</i>	1	
EVOMELA SOLR 50MG	NC	SP

Drug Name	Drug Tier	Requirements/Limits
FRINDOVYX SOLN 1GM/2ML, 2GM/4ML, 500MG/ML	3	
GLEOSTINE CAPS 10MG, 40MG, 100MG	5	SP
GLIADEL WAF 7.7MG	3	
GRAFAPEX SOLR 1GM, 5GM	NC	SP
HEPZATO/62MM DOUBLE BALLO SOLR 50MG	M	
IFEX SOLR 1GM, 3GM	3	
<i>ifosfamide soln 1gm/20ml, 3gm/60ml; solr 1gm</i>	1	
IFOSFAMIDE SOLR 3GM	3	
IVRA SOLN 90MG/ML	NC	
LEUKERAN TABS 2MG	3	
<i>lomustine caps 10mg, 40mg, 100mg</i>	4	SP
<i>melphalan hcl solr 50mg</i>	1	
MYLERAN TABS 2MG	3	
<i>oxaliplatin soln 50mg/10ml, 100mg/20ml, 200mg/40ml; solr 50mg, 100mg</i>	1	
TEMODAR SOLR 100MG	6	SP, ST, PA
<i>temozolomide caps 5mg, 20mg, 100mg, 140mg, 180mg, 250mg</i>	4	SP, PA
TEPADINA SOLR 15MG, 100MG	6	SP, PA
TEPADINA INJ	6	SP, PA
TEPYLUTE SOLN 15MG/1.5ML, 100MG/10ML	NC	SP
<i>thiotepa solr 15mg, 100mg</i>	4	SP, PA
TREANDA SOLR 25MG, 100MG	6	SP, PA
VIVIMUSTA SOLN 100MG/4ML	NC	SP
YONDELIS SOLR 1MG	6	SP
ANTIMETABOLITES		
ALIMTA SOLR 100MG, 500MG	NC	SP
ARRANON SOLN 5MG/ML	3	
AVGEMSI SOLN 1GM/26.3ML, 2GM/52.6ML	NC	SP
<i>azacitidine susr 100mg</i>	4	SP, PA
<i>capecitabine tabs 150mg, 500mg</i>	4	SP, PA, QL
<i>cladribine soln 10mg/10ml</i>	1	SP
<i>clofarabine soln 1mg/ml</i>	1	
<i>cytarabine soln 20mg/ml, 100mg/ml</i>	1	
<i>decitabine solr 50mg</i>	4	SP, PA, QL
<i>floxuridine solr .5gm</i>	1	
<i>fludarabine phosphate soln 50mg/2ml; solr 50mg</i>	1	
<i>fluorouracil soln 1gm/20ml, 2.5gm/50ml, 5gm/100ml, 500mg/10ml</i>	1	
FOLOTYN SOLN 20MG/ML, 40MG/2ML	6	SP, PA

Drug Name	Drug Tier	Requirements/Limits
<i>gemcitabine hcl soln 1gm/26.3ml, 2gm/52.6ml, 200mg/5.26ml; solr 1gm, 2gm, 200mg</i>	1	
GEMCITABINE HYDROCHLORIDE SOLN 1GM/26.3ML, 2GM/52.6ML, 200MG/5.26ML	3	
JYLAMVO SOLN 2MG/ML	3	
<i>mercaptapurine susp 2000mg/100ml</i>	4	SP, PA
<i>mercaptapurine tabs 50mg</i>	1	
<i>methotrexate sodium soln 1gm/40ml, 50mg/2ml, 250mg/10ml, 1000mg/40ml; solr 1gm; tabs 2.5mg</i>	1	
<i>nelarabine soln 5mg/ml</i>	1	
ONUREG TABS 200MG, 300MG	6	SP, PA, QL
PEMETREXED SOLN 1GM/40ML, 100MG/4ML, 500MG/20ML, 850MG/34ML	NC	
<i>pemetrexed disodium solr 100mg, 500mg, 750mg, 1000mg</i>	1	
PEMFEXY SOLN 500MG/20ML	NC	
<i>pralatrexate soln 20mg/ml, 40mg/2ml</i>	4	SP, PA
PURIXAN SUSP 2000MG/100ML	6	SP, PA
TABLOID TABS 40MG	3	
TREXALL TABS 5MG, 7.5MG, 10MG, 15MG	2	
VIDAZA SUSR 100MG	6	SP, PA
XATMEP SOLN 2.5MG/ML	3	
ANTINEOPLASTIC - ANGIOGENESIS INHIBITORS		
ALYMSYS SOLN 100MG/4ML, 400MG/16ML	NC	SP
AVASTIN SOLN 100MG/4ML, 400MG/16ML	NC	SP
CYRAMZA SOLN 100MG/10ML, 500MG/50ML	6	SP, PA
FRUZAQLA CAPS 1MG, 5MG	6	SP, PA
INLYTA TABS 1MG, 5MG	5	SP, PA, QL
LENVIMA 4 MG DAILY DOSE CPPK 4MG	5	SP, PA, QL
LENVIMA 8 MG DAILY DOSE CPPK 4MG	5	SP, PA, QL
LENVIMA 10 MG DAILY DOSE CPPK 10MG	5	SP, PA, QL
LENVIMA 12MG DAILY DOSE CPPK 4MG	5	SP, PA, QL
LENVIMA 20 MG DAILY DOSE CPPK 10MG	5	SP, PA, QL
LENVIMA CAP 14 MG	5	SP, PA, QL
LENVIMA CAP 18 MG	5	SP, PA, QL
LENVIMA CAP 24 MG	5	SP, PA, QL
MVASI SOLN 100MG/4ML, 400MG/16ML	NC	SP
VEGZELMA SOLN 100MG/4ML, 400MG/16ML	NC	SP
ZALTRAP SOLN 100MG/4ML, 200MG/8ML	6	SP, PA
ZIRABEV SOLN 100MG/4ML, 400MG/16ML	4	SP, PA
ANTINEOPLASTIC - ANTI-HER2 AGENTS		
HERCEPTIN SOLR 150MG	NC	SP

Drug Name	Drug Tier	Requirements/Limits
HERNEXEOS TABS 60MG	NC	SP
HERZUMA SOLR 150MG, 420MG	NC	SP
KANJINTI SOLR 150MG, 420MG	5	SP, PA
OGIVRI SOLR 150MG, 420MG	5	SP, PA
ONTRUZANT SOLR 150MG, 420MG	NC	SP
PERJETA SOLN 420MG/14ML	NC	SP
TRAZIMERA SOLR 150MG, 420MG	5	SP, PA
TUKYSA TABS 50MG, 150MG	6	SP, PA, QL

ANTINEOPLASTIC - ANTIBODIES

ADCETRIS SOLR 50MG	6	SP, PA
BAVENCIO SOLN 200MG/10ML	6	SP, PA
BESPOLSA SOLR .9MG	6	SP, PA
BIZENGRI SOPK 375MG/18.75ML	NC	SP
BLINCYTO SOLR 35MCG	6	SP, PA
COLUMVI SOLN 2.5MG/2.5ML, 10MG/10ML	NC	SP
DARZALEX SOLN 100MG/5ML, 400MG/20ML	6	SP, PA
ELAHERE SOLN 100MG/20ML	6	SP, PA
ELREXFIO SOLN 44MG/1.1ML, 76MG/1.9ML	NC	SP
EMPLICITI SOLR 300MG, 400MG	6	SP, PA
EMRELIS SOLR 20MG, 100MG	NC	SP
ENHERTU SOLR 100MG	6	SP, PA
GAZYVA SOLN 1000MG/40ML	6	SP, PA
IMDELLTRA SOLR 1MG, 10MG	6	SP, PA
IMFINZI SOLN 120MG/2.4ML, 500MG/10ML	6	SP, PA
IMJUDO SOLN 25MG/1.25ML, 300MG/15ML	6	SP, PA
JEMPERLI SOLN 500MG/10ML	NC	SP
KADCYLA SOLR 100MG, 160MG	6	SP, PA
KEYTRUDA SOLN 100MG/4ML	6	SP, PA
KIMMTRAK SOLN 100MCG/0.5ML	6	SP, PA, QL
LIBTAYO SOLN 350MG/7ML	6	SP, PA, QL
LUNSUMIO SOLN 1MG/ML, 30MG/30ML	NC	SP
LYNOZYFIC SOLN 5MG/2.5ML, 200MG/10ML	NC	SP
MONJUVI SOLR 200MG	NC	SP
MYLOTARG SOLR 4.5MG	6	SP, PA
OPDIVO SOLN 40MG/4ML, 100MG/10ML, 120MG/12ML, 240MG/24ML	6	SP, PA
PADCEV SOLR 20MG, 30MG	6	SP, PA, QL
POLIVY SOLR 30MG, 140MG	6	SP, PA
POTELIGEO SOLN 20MG/5ML	6	SP, PA
RITUXAN SOLN 100MG/10ML, 500MG/50ML	NC	SP
RUXIENCE SOLN 100MG/10ML, 500MG/50ML	4	SP, PA
RYBREVANT SOLN 350MG/7ML	NC	SP
SARCLISA SOLN 100MG/5ML, 500MG/25ML	6	SP, PA

Drug Name	Drug Tier	Requirements/Limits
TALVEY SOLN 3MG/1.5ML, 40MG/ML	NC	SP
TECENTRIQ SOLN 840MG/14ML, 1200MG/20ML	6	SP, PA
TEVIMBRA SOLN 100MG/10ML	NC	SP
TIVDAK SOLR 40MG	6	SP, PA, QL
TRUXIMA SOLN 100MG/10ML, 500MG/50ML	NC	SP
UNITUXIN SOLN 17.5MG/5ML	6	SP
UNLOXCYT SOLN 300MG/5ML	NC	SP
YERVOY SOLN 50MG/10ML, 200MG/40ML	6	SP, PA
ZEVALIN Y-90 KIT 3.2MG/2ML	6	SP, PA
ZYNLONTA SOLR 10MG	NC	SP
ANTINEOPLASTIC - BCL-2 INHIBITORS		
VENCLEXTA TABS 10MG, 50MG, 100MG	6	SP, PA, QL
VENCLEXTA TAB START PK	6	SP, PA, QL
ANTINEOPLASTIC - CELLULAR IMMUNOTHERAPY		
ABECMA INJ	M	
AUCATZYL INJ	M	
BREYANZI SUSP 70000000CELLS	M	
CARVYKTI INJ	M	
KYMRIAH SUS	M	
OMISIRGE SUS	M	
PROVENGE SUSP 50000000CELLS	NC	
TECARTUS SUS	M	
TECELRA SUS	M	
YESCARTA INJ	M	
ANTINEOPLASTIC - EGFR INHIBITORS		
ERBITUX SOLN 100MG/50ML, 200MG/100ML	6	SP, PA
<i>erlotinib hcl tabs 25mg, 100mg, 150mg</i>	4	SP, PA, QL
<i>gefitinib tabs 250mg</i>	4	SP, PA, QL
GILOTRIF TABS 20MG, 30MG, 40MG	6	SP, PA, QL
IRESSA TABS 250MG	NC	SP
PORTRAZZA SOLN 800MG/50ML	6	SP, PA
TAGRISSO TABS 40MG, 80MG	5	SP, PA, QL
VECTIBIX SOLN 100MG/5ML, 400MG/20ML	6	SP, PA
VIZIMPRO TABS 15MG, 30MG, 45MG	NC	SP
ANTINEOPLASTIC - GENE THERAPY AGENTS		
ADSTILADRIN SUS	M	
ANTINEOPLASTIC - HEDGEHOG PATHWAY INHIBITORS		
DAURISMO TABS 25MG, 100MG	NC	SP
ERIVEDGE CAPS 150MG	5	SP, PA, QL
ODOMZO CAPS 200MG	5	SP, PA, QL

Drug Name	Drug Tier	Requirements/Limits
ANTINEOPLASTIC - HORMONAL AND RELATED AGENTS		
<i>abiraterone acetate tabs 250mg, 500mg</i>	4	SP, PA, QL
<i>Abirtega Tabs 250mg</i>	4	SP, PA, QL
<i>anastrozole tabs 1mg</i>	0	ACA, PV
ARIMIDEX TABS 1MG	3	PV
AROMASIN TABS 25MG	3	PV
<i>bicalutamide tabs 50mg</i>	1	
CAMCEVI PRSY 42MG	NC	SP
CASODEX TABS 50MG	3	
ELIGARD KIT 7.5MG, 22.5MG, 30MG, 45MG	5	SP, PA
ERLEADA TABS 60MG, 240MG	5	SP, PA, QL
<i>exemestane tabs 25mg</i>	0	ACA, PV
FARESTON TABS 60MG	3	
FASLODEX SOSY 250MG/5ML	6	SP, PA
FEMARA TABS 2.5MG	3	PV
FIRMAGON SOLR 80MG, 120MG/VIAL	NC	SP
<i>fulvestrant sosy 250mg/5ml</i>	4	SP, PA
INLURIYO TABS 200MG	NC	
<i>letrozole tabs 2.5mg</i>	1	PV
<i>leuprolide acetate kit 1mg/0.2ml, 14mg/2.8ml</i>	4	SP, PA
LUPRON DEPOT (1-MONTH) KIT 3.75MG	6	SP, PA, QL
LUPRON DEPOT (1-MONTH) KIT 7.5MG	NC	SP
LUPRON DEPOT (3-MONTH) KIT 11.25MG	6	SP, PA, QL
LUPRON DEPOT (3-MONTH) KIT 22.5MG	NC	SP
LUPRON DEPOT (4-MONTH) KIT 30MG	NC	SP
LUPRON DEPOT (6-MONTH) KIT 45MG	NC	SP
LYSODREN TABS 500MG	5	SP
<i>megestrol acetate susp 40mg/ml, 400mg/10ml, 800mg/20ml; tabs 20mg, 40mg</i>	1	
NILANDRON TABS 150MG	NC	SP
<i>nilutamide tabs 150mg</i>	1	
NUBEQA TABS 300MG	5	SP, PA, QL
ORGOVYX TABS 120MG	6	SP, PA, QL
ORSERDU TABS 86MG, 345MG	NC	SP
SOLTAMOX SOLN 10MG/5ML	3	PV
<i>tamoxifen citrate tabs 10mg, 20mg</i>	0	ACA, PV
<i>toremifene citrate tabs 60mg</i>	2	
TRELSTAR MIXJECT SUSR 3.75MG, 11.25MG, 22.5MG	NC	SP
VABRINTY KIT 7.5MG, 22.5MG, 30MG, 45MG	NC	SP
XTANDI CAPS 40MG; TABS 40MG, 80MG	5	SP, PA, QL
YONSA TABS 125MG	5	SP, PA, QL
ZOLADEX IMPL 3.6MG, 10.8MG	NC	SP

Drug Name	Drug Tier	Requirements/Limits
ZYTIGA TABS 250MG, 500MG	NC	SP
ANTINEOPLASTIC - IMMUNOMODULATORS		
<i>pomalidomide caps 1mg, 2mg, 3mg, 4mg</i>	4	SP, PA
POMALYST CAPS 1MG, 2MG, 3MG, 4MG	6	SP, PA, QL
ANTINEOPLASTIC - MENIN INHIBITORS		
REVUFORJ TABS 25MG	NC	SP
ANTINEOPLASTIC - PROTEASE ACTIVATORS		
MODEYSO CAPS 125MG	NC	SP
ANTINEOPLASTIC - XPO1 INHIBITORS		
XPOVIO TBPK 10MG, 40MG, 50MG, 60MG, 80MG	6	SP, PA, QL
XPOVIO 60 MG TWICE WEEKLY TBPK 20MG	6	SP, PA, QL
XPOVIO 80 MG TWICE WEEKLY TBPK 20MG	6	SP, PA, QL
ANTINEOPLASTIC ANTIBIOTICS		
<i>Adriamycin Solr 50mg</i>	1	
<i>bleomycin sulfate solr 15unit, 30unit</i>	1	
<i>dactinomycin solr .5mg</i>	1	
<i>daunorubicin hcl soln 20mg/4ml, 50mg/10ml</i>	1	
DAUNORUBICIN HYDROCHLORID SOLN 20MG/4ML, 50MG/10ML	3	
DOXIL SUSP 2MG/ML	3	
<i>doxorubicin hcl soln 2mg/ml; solr 10mg, 50mg</i>	1	
<i>doxorubicin hcl liposomal susp 2mg/ml</i>	1	
ELLENCES SOLN 50MG/25ML, 200MG/100ML	3	
IDAMYCIN PFS SOLN 5MG/5ML, 10MG/10ML, 20MG/20ML	3	
<i>idarubicin hcl soln 5mg/5ml, 10mg/10ml, 20mg/20ml</i>	1	
JELMYTO KIT 40MG	M	
<i>mitomycin solr 5mg, 20mg, 40mg</i>	1	
MITOMYCIN SOSY 20MG/40ML	NC	
<i>mitoxantrone hcl conc 2mg/ml</i>	4	SP, PA
<i>Mutamycin Solr 5mg, 40mg</i>	1	
<i>valrubicin soln 40mg/ml</i>	4	SP
VALSTAR SOLN 40MG/ML	6	SP
ZUSDURI KIT 40MG	M	
ANTINEOPLASTIC COMBINATIONS		
HERCEP HYLEC SOL 60-10000	NC	SP
INQOVI TAB 35-100MG	6	SP, PA, QL
LONSURF TAB 15-6.14	5	SP, PA, QL
LONSURF TAB 20-8.19	5	SP, PA, QL
OPDIVO INJ QVANTIG	NC	SP

Drug Name	Drug Tier	Requirements/Limits
OPDUALAG SOL	NC	SP
PHESGO SOL	5	SP, PA
RITUXAN INJ HYCELA	6	SP, PA
RYBREVAANT INJ FASPRO	NC	SP
VYXEOS INJ 44-100MG	6	SP, PA

ANTINEOPLASTIC ENZYME INHIBITORS

AFINITOR TABS 2.5MG, 5MG, 7.5MG, 10MG	NC	SP
AFINITOR DISPERZ TBSO 2MG, 3MG, 5MG	NC	SP
ALECENSA CAPS 150MG	5	SP, PA, QL
ALIQOPA SOLR 60MG	NC	SP
ALUNBRIG TABS 30MG, 90MG, 180MG	5	SP, PA, QL
ALUNBRIG PAK	5	SP, PA, QL
AUGTYRO CAPS 40MG, 160MG	5	SP, PA, QL
BALVERSA TABS 3MG, 4MG, 5MG	6	SP, PA, QL
BELEODAQ SOLR 500MG	6	SP, PA
BORTEZOMIB SOLN 3.5MG/1.4ML	NC	SP
<i>bortezomib solr 3.5mg</i>	4	SP, PA
BOSULIF CAPS 50MG, 100MG; TABS 100MG, 400MG, 500MG	5	SP, PA, QL
BRAFTOVI CAPS 75MG	5	SP, PA, QL
BRUKINSA CAPS 80MG; TABS 160MG	5	SP, PA, QL
CABOMETYX TABS 20MG, 40MG, 60MG	5	SP, PA, QL
CALQUENCE TABS 100MG	6	SP, PA, QL
CAPRELSA TABS 100MG, 300MG	6	SP, PA, QL
COMETRIQ KIT 20MG	6	SP, PA, QL
COMETRIQ KIT 100MG	6	SP, PA, QL
COMETRIQ KIT 140MG	6	SP, PA, QL
COPIKTRA CAPS 15MG, 25MG	NC	SP
COTELLIC TABS 20MG	NC	SP
<i>everolimus tabs 2.5mg, 5mg, 7.5mg, 10mg; tbso 2mg, 3mg, 5mg</i>	4	SP, PA, QL
FOTIVDA CAPS .89MG, 1.34MG	NC	SP
FYARRO SUSR 100MG	6	SP, PA
GAVRETO CAPS 100MG	5	SP, PA, QL
GLEEVEC TABS 100MG, 400MG	NC	SP
GOMEKLI CAPS 1MG, 2MG; TBSO 1MG	5	SP, PA, QL
IBRANCE CAPS 75MG, 100MG, 125MG; TABS 75MG, 100MG, 125MG	5	SP, PA, QL
IBTROZI CAPS 200MG	5	SP, PA, QL
ICLUSIG TABS 10MG, 15MG, 30MG	NC	SP
IDHIFA TABS 50MG, 100MG	6	SP, PA, QL
<i>imatinib mesylate tabs 100mg, 400mg</i>	4	SP, PA, QL

Drug Name	Drug Tier	Requirements/Limits
IMBRUVICA CAPS 70MG, 140MG; SUSP 70MG/ML; TABS 140MG, 280MG, 420MG	NC	SP
INREBIC CAPS 100MG	NC	SP
ISTODAX SOLR 10MG	6	SP, PA
ITOVEBI TABS 3MG, 9MG	6	SP, PA, QL
JAKAFI TABS 5MG, 10MG, 15MG, 20MG, 25MG	5	SP, PA, QL
JAYPIRCA TABS 50MG, 100MG	NC	SP
KISQALI TBPK 200MG	5	SP, PA, QL
KOSELUGO CAPS 10MG, 25MG	6	SP, PA, QL
KOSELUGO CPSP 7.5MG	NC	SP
KRAZATI TABS 200MG	5	SP, PA, QL
KYPROLIS SOLR 10MG, 30MG, 60MG	NC	SP
<i>lapatinib ditosylate tabs 250mg</i>	4	SP, PA, QL
LORBRENA TABS 25MG, 100MG	6	SP, PA, QL
LUMAKRAS TABS 120MG, 240MG, 320MG	5	SP, PA, QL
LYNPARZA TABS 100MG, 150MG	5	SP, PA, QL
LYTGOBI TBPK 4MG	NC	SP
MEKINIST SOLR .05MG/ML; TABS .5MG, 2MG	5	SP, PA, QL
MEKTOVI TABS 15MG	5	SP, PA, QL
NERLYNX TABS 40MG	6	SP, PA, QL
NEXAVAR TABS 200MG	NC	SP
NINLARO CAPS 2.3MG, 3MG, 4MG	5	SP, PA, QL
OGSIVEO TABS 100MG	NC	SP
OJJAARA TABS 100MG, 150MG, 200MG	6	SP, PA
<i>pazopanib hcl tabs 200mg</i>	4	SP, PA, QL
PEMAZYRE TABS 4.5MG, 9MG, 13.5MG	NC	SP
PIQRAY 200MG DAILY DOSE TBPK 200MG	5	SP, PA, QL
PIQRAY 250MG TAB DOSE	5	SP, PA, QL
PIQRAY 300MG DAILY DOSE TBPK 150MG	5	SP, PA, QL
QINLOCK TABS 50MG	NC	SP
RETEVMO TABS 40MG, 80MG, 120MG, 160MG	5	SP, PA, QL
<i>romidepsin solr 10mg</i>	4	SP, PA
ROMVIMZA CAPS 14MG, 20MG, 30MG	NC	SP
ROZLYTREK CAPS 100MG, 200MG; PACK 50MG	5	SP, PA, QL
RUBRACA TABS 200MG, 250MG, 300MG	NC	SP
RYDAPT CAPS 25MG	5	SP, PA, QL
SCEMBLIX TABS 20MG, 40MG, 100MG	5	SP, PA, QL
<i>sorafenib tosylate tabs 200mg</i>	4	SP, PA, QL
SPRYCEL TABS 20MG, 50MG, 70MG, 80MG, 100MG, 140MG	NC	SP
STIVARGA TABS 40MG	5	SP, PA, QL

Drug Name	Drug Tier	Requirements/Limits
<i>sunitinib malate caps 12.5mg, 25mg, 37.5mg, 50mg</i>	4	SP, PA, QL
SUTENT CAPS 12.5MG, 25MG, 37.5MG, 50MG	NC	SP
TABRECTA TABS 150MG, 200MG	NC	SP
TAFINLAR CAPS 50MG, 75MG; TBSO 10MG	5	SP, PA, QL
TALZENNA CAPS .1MG, .25MG, .35MG, .5MG, .75MG, 1MG	NC	SP
TASIGNA CAPS 50MG, 150MG, 200MG	NC	SP
TAZVERIK TABS 200MG	NC	SP
<i>temsirolimus soln 25mg/ml</i>	4	SP, PA, QL
TEPMETKO TABS 225MG	NC	SP
TIBSOVO TABS 250MG	6	SP, PA, QL
TORISEL SOLN 25MG/ML	6	SP, ST, PA, QL
<i>Torpenz Tabs 2.5mg, 5mg, 7.5mg, 10mg</i>	4	SP, PA, QL
TRUQAP TABS 200MG; TBPK 160MG, 200MG	5	SP, PA, QL
TURALIO CAPS 125MG	5	SP, PA, QL
TYKERB TABS 250MG	6	SP, PA, QL
VANFLYTA TABS 17.7MG, 26.5MG	6	SP, PA, QL
VELCADE SOLR 3.5MG	6	SP, PA
VERZENIO TABS 50MG, 100MG, 150MG, 200MG	6	SP, PA, QL
VITRAKVI CAPS 25MG, 100MG; SOLN 20MG/ML	5	SP, PA, QL
VONJO CAPS 100MG	6	SP, PA, QL
VORANIGO TABS 10MG, 40MG	6	SP, PA, QL
VOTRIENT TABS 200MG	NC	SP
XALKORI CAPS 200MG, 250MG	NC	SP
XALKORI CPSP 20MG, 50MG, 150MG	6	SP, PA, QL
XOSPATA TABS 40MG	5	SP, PA, QL
ZEJULA TABS 100MG, 200MG, 300MG	5	SP, PA, QL
ZELBORAF TABS 240MG	NC	SP
ZOLINZA CAPS 100MG	6	SP, PA, QL
ZYDELIG TABS 100MG, 150MG	NC	SP
ZYKADIA TABS 150MG	5	SP, PA, QL
ANTINEOPLASTIC ENZYMES		
ASPARLAS SOLN 3750UNIT/5ML	6	SP, PA
ONCASPASOLN 750UNIT/ML	6	SP, PA
RYLAZE SOLN 10MG/0.5ML	6	SP, PA, QL
ANTINEOPLASTIC RADIOPHARMACEUTICALS		
LUTATHERA SOLN 370MBQ/ML	M	
PLUVICTO SOLN 1000MBQ/ML	M	
XOFIGO SOLN 30MCCI/ML	NC	SP

Drug Name	Drug Tier	Requirements/Limits
ANTINEOPLASTICS MISC.		
ACTIMMUNE SOLN 100MCG/0.5ML	6	SP, PA
ANKTIVA SOLN 400MCG/0.4ML	M	
<i>arsenic trioxide soln 10mg/10ml</i>	1	
<i>arsenic trioxide soln 12mg/6ml</i>	4	
BESREMI SOSY 500MCG/ML	5	SP, PA, QL
<i>bexarotene caps 75mg</i>	4	SP, PA
<i>dacarbazine solr 100mg, 200mg</i>	1	
ELZONRIS SOLN 1000MCG/ML	M	
HYDREA CAPS 500MG	3	
<i>hydroxyurea caps 500mg</i>	1	
MATULANE CAPS 50MG	3	
NIPENT SOLR 10MG	3	
PHOTOFRIN SOLR 75MG	3	
PROLEUKIN SOLR 22000000UNIT	6	SP, PA
TARGRETIN CAPS 75MG	NC	SP
TICE BCG SUSR 50MG	3	
<i>tretinoin (chemotherapy) caps 10mg</i>	2	
TRISENOX SOLN 12MG/6ML	6	
UVADEX SOLN 20MCG/ML	3	
CHEMOTHERAPY ADJUNCTS		
ELITEK SOLR 1.5MG, 7.5MG	3	
KEPIVANCE SOLR 5.16MG	NC	
CHEMOTHERAPY RESCUE/ANTIDOTE/PROTECTIVE AGENTS		
COSELA SOLR 300MG	NC	SP
<i>dexrazoxane hcl solr 250mg, 500mg</i>	1	
ETHYOL SOLR 500MG	3	
IWILFIN TABS 192MG	6	SP, PA, QL
KHAPZORY SOLR 175MG	NC	SP
<i>Lederle Leucovorin Tabs 5mg</i>	1	
<i>leucovorin calcium soln 100mg/10ml, 500mg/50ml; solr 50mg, 100mg, 200mg, 350mg, 500mg; tabs 5mg, 10mg, 15mg</i>	1	
<i>leucovorin calcium tabs 25mg</i>	2	
<i>levoleucovorin calcium soln 175mg/17.5ml, 250mg/25ml; solr 50mg</i>	4	SP, PA
<i>mesna soln 100mg/ml</i>	1	
<i>mesna tabs 400mg</i>	2	
MESNEX SOLN 100MG/ML; TABS 400MG	3	
PEDMARK SOLN 12.5%	6	SP, PA
VORAXAZE SOLR 1000UNIT	6	SP
VYKOURA SOLN 50MG/5ML, 350MG/35ML, 500MG/50ML	NC	SP

Drug Name	Drug Tier	Requirements/Limits
MITOTIC INHIBITORS		
ABRAXANE INJ 100MG	6	SP
AVOPEF SOLN 100MG/5ML	3	
BEIZRAY CONC 20MG/ML	3	
BEIZRAY INJ 80MG/4ML	NC	SP
BEIZRAY INJ 160/8ML	NC	SP
<i>docetaxel conc 20mg/ml, 80mg/4ml, 160mg/8ml; soln 20mg/2ml, 80mg/8ml, 160mg/16ml</i>	1	
DOCETAXEL CONC 20MG/ML, 80MG/4ML, 160MG/8ML; SOLN 20MG/2ML, 80MG/8ML, 160MG/16ML	3	
<i>eribulin mesylate soln 1mg/2ml</i>	4	SP, PA
ETOPOPHOS SOLR 100MG	3	
<i>etoposide caps 50mg</i>	2	
<i>etoposide soln 1gm/50ml, 100mg/5ml, 500mg/25ml</i>	1	
HALAVEN SOLN 1MG/2ML	6	SP, PA
IXEMPRA KIT SOLR 15MG, 45MG	6	SP, PA
JEVTANA SOLN 60MG/1.5ML	6	SP, PA
<i>paclitaxel conc 6mg/ml, 30mg/5ml, 150mg/25ml</i>	1	
<i>paclitaxel protein-bound particles for iv susp 100 mg</i>	1	
<i>vinblastine sulfate soln 1mg/ml</i>	1	
<i>vincristine sulfate soln 1mg/ml, 2mg/2ml</i>	1	
<i>vinorelbine tartrate soln 10mg/ml, 50mg/5ml</i>	1	
ONCOLYTIC VIRAL AGENTS		
IMLYGIC INJ	6	SP, PA
TOPOISOMERASE I INHIBITORS		
CAMPTOSAR SOLN 40MG/2ML, 100MG/5ML, 300MG/15ML	3	
DATROWAY SOLR 100MG	NC	SP
HYCAMTIN CAPS .25MG, 1MG	6	SP, PA
HYCAMTIN SOLR 4MG	3	
<i>irinotecan hcl soln 40mg/2ml, 100mg/5ml, 300mg/15ml, 500mg/25ml</i>	1	
ONIVYDE SUSP 43MG/10ML	6	SP
TOPOTECAN HCL SOLN 4MG/4ML	3	
<i>topotecan hcl soln 4mg/4ml; solr 4mg</i>	1	
TRODELVY SOLR 180MG	6	SP, PA

ANTIPARKINSON AND RELATED THERAPY AGENTS

Drug Name	Drug Tier	Requirements/Limits
ANTIPARKINSON ADJUNCTIVE THERAPY		
<i>carbidopa tabs 25mg</i>	2	
LODOSYN TABS 25MG	3	
NOURIANZ TABS 20MG, 40MG	NC	SP
ANTIPARKINSON ANTICHOLINERGICS		
<i>benztropine mesylate soln 1mg/ml; tabs .5mg, 1mg, 2mg</i>	1	
<i>trihexyphenidyl hcl soln .4mg/ml; tabs 2mg, 5mg</i>	1	
ANTIPARKINSON COMT INHIBITORS		
<i>entacapone tabs 200mg</i>	1	
ONGENTYS CAPS 25MG	NC	
TASMAR TABS 100MG	3	
<i>tolcapone tabs 100mg</i>	1	
ANTIPARKINSON DOPAMINERGICS		
<i>amantadine hcl caps 100mg; soln 50mg/5ml; tabs 100mg</i>	1	
APOKYN SOCT 30MG/3ML	NC	SP
<i>apomorphine hydrochloride soct 30mg/3ml</i>	4	PA, QL
<i>bromocriptine mesylate caps 5mg; tabs 2.5mg</i>	1	
<i>carbidopa & levodopa cap er 23.75-95 mg</i>	1	
<i>carbidopa & levodopa cap er 36.25-145 mg</i>	1	
<i>carbidopa & levodopa cap er 48.75-195 mg</i>	1	
<i>carbidopa & levodopa cap er 61.25-245 mg</i>	1	
<i>carbidopa & levodopa orally disintegrating tab 10-100 mg</i>	1	
<i>carbidopa & levodopa orally disintegrating tab 25-100 mg</i>	1	
<i>carbidopa & levodopa orally disintegrating tab 25-250 mg</i>	1	
<i>carbidopa & levodopa tab 10-100 mg</i>	1	
<i>carbidopa & levodopa tab 25-100 mg</i>	1	
<i>carbidopa & levodopa tab 25-250 mg</i>	1	
<i>carbidopa & levodopa tab er 25-100 mg</i>	1	
<i>carbidopa & levodopa tab er 50-200 mg</i>	1	
<i>carbidopa-levodopa-entacapone tabs 12.5-50-200 mg</i>	1	
<i>carbidopa-levodopa-entacapone tabs 18.75-75-200 mg</i>	1	
<i>carbidopa-levodopa-entacapone tabs 25-100-200 mg</i>	1	
<i>carbidopa-levodopa-entacapone tabs 31.25-125-200 mg</i>	1	

Drug Name	Drug Tier	Requirements/Limits
<i>carbidopa-levodopa-entacapone tabs 37.5-150-200 mg</i>	1	
<i>carbidopa-levodopa-entacapone tabs 50-200-200 mg</i>	1	
CREXONT CAP 35-140MG	2	
CREXONT CAP 52.5-210	2	
CREXONT CAP 70-280MG	2	
CREXONT CAP 87.5-350	2	
DHIVY TAB 25-100MG	3	
DUOPA SUS 4.63-20	6	SP, PA
GOCOVRI CP24 68.5MG, 137MG	NC	
INBRIJA CAPS 42MG	5	SP, PA, QL
NEUPRO PT24 1MG/24HR, 2MG/24HR, 3MG/24HR, 4MG/24HR, 6MG/24HR, 8MG/24HR	2	
ONAPGO SOCT 98MG/20ML	NC	SP
PARLODEL CAPS 5MG; TABS 2.5MG	3	
<i>pramipexole dihydrochloride tabs .125mg, .25mg, .5mg, .75mg, 1mg, 1.5mg; tb24 .375mg, .75mg, 1.5mg, 2.25mg, 3mg, 3.75mg</i>	1	
<i>pramipexole dihydrochloride tb24 4.5mg</i>	2	
<i>ropinirole hydrochloride tabs .25mg, .5mg, 1mg, 2mg, 3mg, 4mg, 5mg; tb24 2mg, 4mg, 6mg, 8mg, 12mg</i>	1	
RYTARY CAP 95MG	2	
RYTARY CAP 145MG	2	
RYTARY CAP 195MG	2	
RYTARY CAP 245MG	2	
SINEMET TAB 10-100MG	3	
SINEMET TAB 25-100MG	3	
ANTIPARKINSON MONOAMINE OXIDASE INHIBITORS		
AZILECT TABS .5MG, 1MG	3	
<i>rasagiline mesylate tabs 1mg</i>	1	
<i>rasagiline mesylate tabs .5mg</i>	2	
<i>selegiline hcl caps 5mg; tabs 5mg</i>	1	
XADAGO TABS 50MG, 100MG	NC	
ZELAPAR TBDP 1.25MG	3	
ANTIPSYCHOTICS/ANTIMANIC AGENTS		
ANTIMANIC AGENTS		
<i>lithium soln 8meq/5ml</i>	1	
<i>lithium carbonate caps 150mg, 300mg, 600mg; tabs 300mg; tbc 300mg, 450mg</i>	1	
LITHOBID TBCR 300MG	3	

Drug Name	Drug Tier	Requirements/Limits
ANTIPSYCHOTICS - MISC.		
CAPLYTA CAPS 10.5MG, 21MG, 42MG	3	PA; PV
EQUETRO CP12 100MG, 200MG, 300MG	3	PV
GEODON CAPS 20MG, 40MG, 60MG, 80MG	3	PV
GEODON SOLR 20MG	3	
LATUDA TABS 20MG, 40MG, 60MG, 80MG, 120MG	NC	
<i>lurasidone hcl tabs 20mg, 40mg, 60mg, 80mg, 120mg</i>	1	PA; PV
NUPLAZID CAPS 34MG; TABS 10MG	6	SP, PA, QL
VRAYLAR CAPS .5MG, .75MG, 1.5MG, 3MG, 4.5MG, 6MG	2	PA; PV
<i>ziprasidone hcl caps 20mg, 40mg, 60mg, 80mg</i>	1	PV
<i>ziprasidone mesylate solr 20mg</i>	1	
BENZISOXAZOLES		
FANAPT TABS 1MG, 2MG, 4MG, 6MG, 8MG, 10MG, 12MG	NC	
FANAPT PAK PACK A	NC	
INVEGA TB24 3MG, 6MG, 9MG	3	PV
INVEGA HAFYERA SUSY 1092MG/3.5ML, 1560MG/5ML	3	
INVEGA SUSTENNA SUSY 39MG/0.25ML, 78MG/0.5ML, 117MG/0.75ML, 156MG/ML, 234MG/1.5ML	3	PV
INVEGA TRINZA SUSY 273MG/0.88ML, 410MG/1.32ML, 546MG/1.75ML, 819MG/2.63ML	NC	
<i>paliperidone tb24 1.5mg, 3mg, 6mg, 9mg</i>	1	PV
PERSERIS PRSY 90MG, 120MG	2	PV
RISPERDAL SOLN 1MG/ML; TABS .5MG, 1MG, 2MG, 3MG, 4MG	3	PV
RISPERDAL CONSTA SRER 12.5MG, 25MG, 37.5MG, 50MG	3	PV
<i>risperidone soln 1mg/ml; tabs .25mg, .5mg, 1mg, 2mg, 3mg, 4mg; tbdp .25mg, .5mg, 1mg, 2mg</i>	1	PV
<i>risperidone tbdp 3mg, 4mg</i>	2	PV
<i>risperidone microspheres srer 12.5mg, 25mg, 37.5mg</i>	1	PV
<i>risperidone microspheres srer 50mg</i>	2	PV
RYKINDO SRER 25MG, 37.5MG, 50MG	NC	

Drug Name	Drug Tier	Requirements/Limits
UZEDY SUSY 50MG/0.14ML, 75MG/0.21ML, 100MG/0.28ML, 125MG/0.35ML, 150MG/0.42ML, 200MG/0.56ML, 250MG/0.7ML	NC	
BUTYROPHENONES		
<i>haloperidol tabs .5mg, 1mg, 2mg, 5mg, 10mg, 20mg</i>	1	PV
<i>haloperidol decanoate soln 50mg/ml, 100mg/ml</i>	1	PV
<i>haloperidol lactate conc 2mg/ml</i>	1	PV
<i>haloperidol lactate soln 5mg/ml</i>	1	
DIBENZAPINES		
<i>asenapine maleate subl 2.5mg</i>	2	PA; PV
<i>asenapine maleate subl 5mg, 10mg</i>	1	PA; PV
<i>clozapine tabs 25mg, 50mg, 100mg, 200mg; tdbp 12.5mg, 25mg, 200mg</i>	1	PV
<i>clozapine tbdp 100mg, 150mg</i>	2	PV
CLOZARIL TABS 25MG, 100MG	3	PV
<i>loxapine succinate caps 5mg, 10mg, 25mg, 50mg</i>	1	PV
<i>olanzapine solr 10mg</i>	1	
<i>olanzapine tabs 2.5mg, 5mg, 7.5mg, 10mg, 15mg, 20mg; tbdp 5mg, 10mg, 15mg, 20mg</i>	1	PV
<i>quetiapine fumarate tabs 25mg, 50mg, 100mg, 150mg, 200mg, 300mg, 400mg; tb24 50mg, 150mg, 200mg, 300mg, 400mg</i>	1	PV
SAPHRIS SUBL 2.5MG, 5MG, 10MG	3	PA; PV
SECUADO PT24 3.8MG/24HR, 5.7MG/24HR, 7.6MG/24HR	NC	
SEROQUEL TABS 25MG, 50MG, 100MG, 200MG, 300MG, 400MG	3	PV
SEROQUEL XR TB24 50MG, 150MG, 200MG, 300MG, 400MG	NC	
VERSACLOZ SUSP 50MG/ML	3	PV
ZYPREXA SOLR 10MG	3	
ZYPREXA TABS 2.5MG, 5MG, 7.5MG, 10MG, 15MG, 20MG	3	PV
ZYPREXA RELPREVV SUSR 210MG, 300MG, 405MG	3	
ZYPREXA ZYDIS TBDP 5MG, 10MG, 15MG, 20MG	3	
DIHYDROINDOLONES		
<i>molindone hcl tabs 5mg, 10mg, 25mg</i>	1	PV

Drug Name	Drug Tier	Requirements/Limits
PHENOTHIAZINES		
<i>chlorpromazine hcl soln 25mg/ml, 50mg/2ml</i>	2	
<i>chlorpromazine hcl tabs 10mg, 25mg, 50mg, 100mg</i>	1	PV
<i>chlorpromazine hcl tabs 200mg</i>	2	PV
<i>Compro Supp 25mg</i>	2	
<i>fluphenazine decanoate soln 25mg/ml</i>	1	PV
<i>fluphenazine hcl conc 5mg/ml; elix 2.5mg/5ml; tabs 1mg, 2.5mg, 5mg, 10mg</i>	1	PV
<i>fluphenazine hcl soln 2.5mg/ml</i>	1	
<i>perphenazine tabs 2mg, 4mg, 8mg, 16mg</i>	1	PV
<i>prochlorperazine supp 25mg</i>	2	
<i>prochlorperazine edisylate soln 10mg/2ml</i>	1	
<i>prochlorperazine maleate tabs 5mg, 10mg</i>	1	
<i>thioridazine hcl tabs 10mg, 25mg, 50mg, 100mg</i>	1	PV
<i>trifluoperazine hcl tabs 1mg, 2mg, 5mg, 10mg</i>	1	PV
QUINOLINONE DERIVATIVES		
ABILIFY TABS 2MG, 5MG, 10MG, 15MG, 20MG, 30MG	NC	
ABILIFY ASIMTUFII PRSY 720MG/2.4ML, 960MG/3.2ML	2	PV
ABILIFY MAINTENA PRSY 300MG, 400MG; SRER 300MG, 400MG	2	PV
ABILIFY MYCITE MAINTENANC TBPK 2MG, 5MG, 10MG, 15MG, 20MG, 30MG	NC	
ABILIFY MYCITE STARTER KI TBPK 2MG, 5MG, 10MG, 15MG, 20MG, 30MG	NC	
<i>aripiprazole soln 1mg/ml; tabs 2mg, 5mg, 10mg, 15mg, 20mg, 30mg</i>	1	PV
<i>aripiprazole tbdp 10mg, 15mg</i>	2	PV
ARISTADA PRSY 441MG/1.6ML, 662MG/2.4ML, 882MG/3.2ML, 1064MG/3.9ML	3	PV
ARISTADA INITIO PRSY 675MG/2.4ML	3	PV
OPIPZA FILM 2MG, 5MG, 10MG	NC	
REXULTI TABS .25MG, .5MG, 1MG, 2MG, 3MG, 4MG	3	PA; PV
THIOXANTHENES		
<i>thiothixene caps 1mg, 2mg, 5mg, 10mg</i>	1	PV
ANTISEPTICS & DISINFECTANTS		
ANTISEPTICS & DISINFECTANTS		
FORMALDEHYDE SOLN 37%	3	
GLUTARALDEHYDE SOLN 25%	3	

Drug Name	Drug Tier	Requirements/Limits
HYDROGEN PEROXIDE SOLN 30%	3	
CHLORINE ANTISEPTICS		
ANASEPT LIQD .057%	NC	OTC
BENZALKONIUM CHLORIDE SOLN 50%	3	
BENZALKONIUM SOL NF	3	
CHLORHEXIDINE GLUCONATE SOLN 20%	3	
IODINE ANTISEPTICS		
IODINE TINCTURE TINC 2%	3	
LUGOLS SOL IODINE	3	
ANTIVIRALS		
ANTIRETROVIRALS		
<i>abacavir sulfate soln 20mg/ml; tabs 300mg</i>	1	SP, QL
<i>abacavir sulfate-lamivudine tab 600-300 mg</i>	1	SP, QL
APRETUDE SUER 600MG/3ML	0	SP, QL; ACA, PV
APTIVUS CAPS 250MG	NC	SP
<i>atazanavir sulfate caps 150mg, 200mg, 300mg</i>	1	SP, QL
BIKTARVY TAB	2	SP, QL
CABENUVA SUS 400-600	6	SP, PA, QL
CABENUVA SUS 600-900	6	SP, PA, QL
CIMDUO TAB 300-300	2	SP, PA, QL
COMPLERA TAB	NC	SP
<i>darunavir tabs 600mg, 800mg</i>	1	SP
DELSTRIGO TAB	NC	SP
DESCOVY TAB 120-15MG	2	SP, QL; PV
DESCOVY TAB 200/25MG	0	SP, QL; ACA, PV
DOVATO TAB 50-300MG	2	SP, QL
EDURANT TABS 25MG	NC	SP
EDURANT PED TBSO 2.5MG	NC	SP
<i>efavirenz tabs 600mg</i>	1	SP, QL
<i>efavirenz-emtricitabine-tenofovir df tab 600-200-300 mg</i>	1	SP, QL
<i>efavirenz-lamivudine-tenofovir df tab 400-300-300 mg</i>	1	SP, QL
<i>efavirenz-lamivudine-tenofovir df tab 600-300-300 mg</i>	1	SP, QL
<i>emtricitabine caps 200mg</i>	1	SP, QL
<i>emtricitabine-rilpivirine-tenofovir df tab 200-25-300 mg</i>	1	SP, QL
<i>emtricitabine-tenofovir disoproxil fumarate tab 100-150 mg</i>	1	SP, QL
<i>emtricitabine-tenofovir disoproxil fumarate tab 133-200 mg</i>	1	SP, QL

Drug Name	Drug Tier	Requirements/Limits
<i>emtricitabine-tenofovir disoproxil fumarate tab 167-250 mg</i>	1	SP, QL
<i>emtricitabine-tenofovir disoproxil fumarate tab 200-300 mg</i>	0	SP, QL; ACA, PV
EMTRIVA CAPS 200MG; SOLN 10MG/ML	2	SP, QL
EPIVIR SOLN 10MG/ML; TABS 150MG, 300MG	2	SP, QL
<i>etravirine tabs 100mg, 200mg</i>	1	SP, QL
EVOTAZ TAB 300-150	3	SP, QL
<i>fosamprenavir calcium tabs 700mg</i>	1	SP, QL
GENVOYA TAB	2	SP, QL
INTELENCE TABS 25MG, 100MG, 200MG	NC	SP
ISENTRESS CHEW 25MG, 100MG; PACK 100MG; TABS 400MG	2	SP, QL
ISENTRESS HD TABS 600MG	2	SP, QL
JULUCA TAB 50-25MG	3	SP, QL
KALETRA SOL	3	SP, QL
KALETRA TAB 100-25MG	NC	SP
KALETRA TAB 200-50MG	NC	SP
<i>lamivudine soln 10mg/ml, 300mg/30ml; tabs 150mg, 300mg</i>	1	SP, QL
<i>lamivudine-zidovudine tab 150-300 mg</i>	1	SP, QL
<i>lopinavir-ritonavir tab 100-25 mg</i>	1	SP, QL
<i>lopinavir-ritonavir tab 200-50 mg</i>	1	SP, QL
<i>maraviroc tabs 150mg, 300mg</i>	1	SP, QL
<i>nevirapine susp 50mg/5ml; tabs 200mg; tb24 400mg</i>	1	SP, QL
NORVIR PACK 100MG; TABS 100MG	NC	SP
ODEFSEY TAB	2	SP, QL
PIFELTRO TABS 100MG	NC	SP
PREZCOBIX TAB 675/150	3	SP, QL
PREZCOBIX TAB 800-150	3	SP, QL
PREZISTA SUSP 100MG/ML; TABS 75MG, 150MG, 600MG, 800MG	NC	SP
RETROVIR CAPS 100MG; SYRP 50MG/5ML	2	SP, QL
RETROVIR IV INFUSION SOLN 10MG/ML	2	SP, QL
REYATAZ CAPS 200MG, 300MG; PACK 50MG	NC	SP
<i>rilpivirine hcl tabs 25mg</i>	1	SP
<i>ritonavir tabs 100mg</i>	1	SP
RUKOBIA TB12 600MG	6	SP, QL
SELZENTRY SOLN 20MG/ML; TABS 150MG, 300MG	NC	SP
STRIBILD TAB	NC	SP

Drug Name	Drug Tier	Requirements/Limits
SUNLENCA SOLN 463.5MG/1.5ML; TBPK 300MG	NC	SP
SYMFI TAB	3	SP, QL
SYMTUZA TAB	2	SP, QL
<i>tenofovir disoproxil fumarate tabs 300mg</i>	1	SP, QL
TIVICAY TABS 50MG	2	SP, QL
TIVICAY PD TBSO 5MG	2	SP, QL
TRIUMEQ PD TAB	2	SP, QL
TRIUMEQ TAB	2	SP, QL
TROGARZO SOLN 200MG/1.33ML	6	SP
TRUVADA TAB 100-150	NC	SP
TRUVADA TAB 133-200	NC	SP
TRUVADA TAB 167-250	NC	SP
TRUVADA TAB 200-300	NC	SP
VIRACEPT TABS 250MG, 625MG	NC	SP
VIREAD POWD 40MG/GM; TABS 150MG, 200MG, 250MG, 300MG	3	SP, QL
ZIAGEN SOLN 20MG/ML	2	SP, QL
<i>zidovudine caps 100mg; syrp 50mg/5ml; tabs 300mg</i>	1	SP, QL
ANTIVIRAL COMBINATIONS		
PAXLOVID PAK	5	QL
PAXLOVID TAB 150-100	5	QL
PAXLOVID TAB 300-100	5	QL
CMV AGENTS		
<i>cidofovir soln 75mg/ml</i>	2	
<i>foscarnet sodium soln 6000mg/250ml</i>	1	
FOSCAVIR SOLN 6000MG/250ML	3	
<i>ganciclovir sodium solr 500mg</i>	1	
LIVTENCITY TABS 200MG	6	SP, QL
PREVYMIS PACK 20MG, 120MG; SOLN 240MG/12ML, 480MG/24ML; TABS 240MG, 480MG	3	
VALCYTE SOLR 50MG/ML; TABS 450MG	NC	
<i>valganciclovir hcl solr 50mg/ml; tabs 450mg</i>	2	QL
HEPATITIS AGENTS		
<i>adefovir dipivoxil tabs 10mg</i>	4	SP
BARACLUDE SOLN .05MG/ML	6	SP, QL
BARACLUDE TABS .5MG, 1MG	NC	SP
<i>entecavir tabs .5mg, 1mg</i>	4	SP, QL
EPCLUSA PAK 150-37.5	5	SP, PA, QL; For genotypes 1, 2, 3, 4, 5, 6

Drug Name	Drug Tier	Requirements/Limits
EPCLUSA PAK 200-50MG	5	SP, PA, QL; For genotypes 1, 2, 3, 4, 5, 6
EPCLUSA TAB 200-50MG	5	SP, PA, QL; For genotypes 1, 2, 3, 4, 5, 6
EPCLUSA TAB 400-100	5	SP, PA, QL; For genotypes 1, 2, 3, 4, 5, 6
HARVONI PAK	5	SP, PA, QL; For genotypes 1, 4, 5, 6
HARVONI PAK 45-200MG	5	SP, PA, QL; For genotypes 1, 4, 5, 6
HARVONI TAB 45-200MG	5	SP, PA, QL; For genotypes 1, 4, 5, 6
HARVONI TAB 90-400MG	5	SP, PA, QL; For genotypes 1, 4, 5, 6
<i>lamivudine (hbv) tabs 100mg</i>	4	SP
LEDIP-SOFOSB TAB 90-400MG	NC	SP
MAVYRET TAB 100-40MG	NC	SP
PEGASYS SOLN 180MCG/ML; SOSY 180MCG/0.5ML	NC	SP
<i>ribavirin (hepatitis c) caps 200mg; tabs 200mg</i>	4	SP, QL
SOFOS/VELPAT TAB 400-100	NC	SP
SOVALDI PACK 150MG, 200MG; TABS 200MG, 400MG	6	SP, PA, QL
VEMLIDY TABS 25MG	5	SP
VOSEVI TAB	5	SP, PA, QL; For use in patients previously treated with an HCV regimen containing an NS5A inhibitor (for genotypes 1-6) or sofosbuvir without an NS5A inhibitor (for genotypes 1a or 3)
ZEPATIER TAB 50-100MG	NC	SP
HERPES AGENTS		
<i>acyclovir caps 200mg; susp 200mg/5ml, 800mg/20ml; tabs 400mg, 800mg</i>	1	
<i>acyclovir sodium soln 50mg/ml</i>	1	
<i>famciclovir tabs 125mg, 250mg, 500mg</i>	1	
<i>valacyclovir hcl tabs 1gm, 500mg</i>	1	
VALTREX TABS 1GM, 500MG	NC	
HUMAN PAPILOMAVIRUS (HPV) AGENTS		
PAPZIMEOS INJ	M	

Drug Name	Drug Tier	Requirements/Limits
INFLUENZA AGENTS		
<i>oseltamivir phosphate caps 30mg, 75mg</i>	2	PA, QL
<i>oseltamivir phosphate caps 45mg; susr 6mg/ml</i>	1	PA, QL
RAPIVAB SOLN 200MG/20ML	3	
RELENZA DISKHALER AEPB 5MG/BLISTER	2	PA, QL
<i>rimantadine hydrochloride tabs 100mg</i>	1	
TAMIFLU CAPS 75MG; SUSR 6MG/ML	3	PA, QL
MISC. ANTIVIRALS		
LAGEVRIO CAPS 200MG	3	
TEMBEXA SUSP 10MG/ML; TABS 100MG	3	
TPOXX CAPS 200MG; SOLN 200MG/20ML	3	
VEKLURY SOLR 100MG	3	PA, QL
RESPIRATORY SYNCYTIAL VIRUS (RSV) AGENTS		
<i>ribavirin solr 6gm</i>	M	
VIRAZOLE SOLR 6GM	M	
BETA BLOCKERS		
ALPHA-BETA BLOCKERS		
<i>carvedilol tabs 3.125mg, 6.25mg, 12.5mg, 25mg</i>	1	PV
<i>carvedilol phosphate cp24 10mg, 20mg, 40mg, 80mg</i>	1	PV
COREG TABS 3.125MG, 6.25MG, 12.5MG, 25MG	3	PV
COREG CR CP24 10MG, 20MG, 40MG, 80MG	NC	
<i>labetalol hcl soln 5mg/ml</i>	1	
<i>labetalol hcl tabs 100mg, 200mg, 300mg, 400mg</i>	1	PV
BETA BLOCKERS CARDIO-SELECTIVE		
<i>acebutolol hcl caps 200mg, 400mg</i>	1	PV
<i>atenolol tabs 25mg, 50mg, 100mg</i>	1	PV
<i>betaxolol hcl tabs 10mg, 20mg</i>	1	PV
<i>bisoprolol fumarate tabs 5mg, 10mg</i>	1	PV
BREVIBLOC SOLN 100MG/10ML	3	
BREVIBLOC DS SOL 2000MG	3	
BREVIBLOC PM SOL 2500MG	3	
BREVIBLOC SOL	3	
BREVIBLOC SOL 10MG/ML	3	
BREVIBLOC SOL 2000MG	3	
BREVIBLOC SOL 2500MG	3	
BYSTOLIC TABS 2.5MG, 5MG, 10MG, 20MG	NC	
<i>esmolol hcl soln 100mg/10ml</i>	1	

Drug Name	Drug Tier	Requirements/Limits
<i>esmolol hcl-sodium chloride iv soln 2000 mg/100ml</i>	1	
<i>esmolol hcl-sodium chloride iv soln 2500 mg/250ml</i>	1	
ESMOLOL HYDROCHLORIDE IN SOLN 2000MG/100ML, 2500MG/250ML	3	
KAPSPARGO SPRINKLE CS24 25MG, 50MG, 100MG, 200MG	NC	
LOPRESSOR TABS 50MG, 100MG	3	PV
<i>metoprolol succinate tb24 25mg, 50mg, 100mg, 200mg</i>	1	PV
<i>metoprolol tartrate soln 5mg/5ml</i>	1	
<i>metoprolol tartrate tabs 25mg, 37.5mg, 50mg, 75mg, 100mg</i>	1	PV
<i>nebivolol hcl tabs 2.5mg, 5mg, 10mg, 20mg</i>	1	PV
RAPIBLYK SOLR 280MG	NC	
TENORMIN TABS 25MG, 50MG, 100MG	3	PV
TOPROL XL TB24 25MG, 50MG, 100MG, 200MG	NC	

BETA BLOCKERS NON-SELECTIVE

BETAPACE TABS 80MG, 120MG, 160MG	NC	
BETAPACE AF TABS 80MG, 120MG, 160MG	NC	
HEMANGEOL SOLN 4.28MG/ML	3	
INDERAL LA CP24 60MG, 80MG, 120MG, 160MG	NC	
INDERAL XL CP24 80MG, 120MG	NC	
INNOPRAN XL CP24 80MG, 120MG	NC	
<i>nadolol tabs 20mg, 40mg, 80mg</i>	1	PV
<i>pindolol tabs 5mg, 10mg</i>	1	PV
<i>propranolol hcl cp24 60mg, 80mg, 120mg, 160mg; soln 20mg/5ml, 40mg/5ml; tabs 10mg, 20mg, 40mg, 60mg, 80mg</i>	1	PV
<i>propranolol hcl soln 1mg/ml</i>	1	
<i>sotalol hcl tabs 80mg, 120mg, 160mg, 240mg</i>	1	PV
<i>sotalol hcl (afib/afI) tabs 80mg, 120mg, 160mg</i>	1	PV
SOTALOL HYDROCHLORIDE SOLN 150MG/10ML	3	
SOTYLIZE SOLN 5MG/ML	3	PV
<i>timolol maleate tabs 5mg, 10mg, 20mg</i>	1	PV

CALCIUM CHANNEL BLOCKERS

CALCIUM CHANNEL BLOCKERS

<i>amlodipine besylate tabs 2.5mg, 5mg, 10mg</i>	1	PV
CARDENE I.V. SOLN 2.5MG/ML	3	

Drug Name	Drug Tier	Requirements/Limits
CARDENE IV INJ 20/200ML	3	
CARDENE IV INJ 40/200ML	3	
CARDIZEM TABS 30MG, 60MG, 120MG	NC	
CARDIZEM CD CP24 120MG, 180MG, 240MG, 360MG	NC	
CARDIZEM LA TB24 120MG, 180MG, 240MG, 300MG, 360MG, 420MG	NC	
<i>Cartia Xt Cp24 120mg, 180mg, 240mg, 300mg</i>	1	PV
CLEVIPREX EMUL 25MG/50ML, 50MG/100ML	3	
CONJUPRI TABS 2.5MG	NC	
<i>Dilt-Xr Cp24 120mg, 180mg, 240mg</i>	1	PV
<i>diltiazem hcl cp12 60mg, 90mg, 120mg; cp24 120mg, 180mg, 240mg; tabs 30mg, 60mg, 90mg, 120mg</i>	1	PV
<i>diltiazem hcl soln 25mg/5ml, 50mg/10ml, 125mg/25ml</i>	1	
<i>diltiazem hcl tb24 180mg, 240mg, 300mg, 360mg, 420mg</i>	NC	
<i>diltiazem hcl coated beads cp24 120mg, 180mg, 240mg, 300mg, 360mg</i>	1	PV
<i>diltiazem hcl extended release beads cp24 120mg, 180mg, 240mg, 300mg, 360mg, 420mg</i>	1	PV
<i>felodipine tb24 2.5mg, 5mg, 10mg</i>	1	PV
<i>isradipine caps 2.5mg, 5mg</i>	1	PV
KATERZIA SUSP 1MG/ML	NC	
<i>levamlodipine maleate tabs 2.5mg, 5mg</i>	1	
<i>Matzim La Tb24 180mg, 240mg, 300mg, 360mg, 420mg</i>	NC	
<i>nicardipine hcl caps 20mg</i>	2	PV; (except NDCs 35573045785, 62559020590 and 68462012090 are not covered)
<i>nicardipine hcl caps 30mg</i>	2	PV
<i>nicardipine hcl soln 2.5mg/ml</i>	1	
<i>nicardipine hcl iv soln 20 mg/200ml in sodium chloride 0.86%</i>	1	
<i>nicardipine hcl iv soln 40 mg/200ml in sodium chloride 0.83%</i>	1	
NICARDIPINE HYDROCHLORIDE SOLN 2.5MG/ML	3	
<i>nifedipine caps 10mg, 20mg; tb24 30mg, 60mg, 90mg</i>	1	PV
<i>nimodipine caps 30mg</i>	2	

Drug Name	Drug Tier	Requirements/Limits
<i>nimodipine soln 60mg/20ml</i>	1	
<i>nisoldipine tb24 8.5mg</i>	1	PV
<i>nisoldipine tb24 17mg, 34mg</i>	2	PV
NORLIQVA SOLN 1MG/ML	NC	
NORVASC TABS 2.5MG, 5MG, 10MG	NC	
NYMALIZE SOLN 6MG/ML	3	
PROCARDIA XL TB24 30MG, 60MG	3	PV
SDAMLO SOLR 2.5MG, 5MG, 10MG	NC	
SULAR TB24 8.5MG, 17MG, 34MG	3	PV
<i>Tiadytl Er Cp24 120mg, 180mg, 240mg, 300mg, 360mg, 420mg</i>	1	PV
TIAZAC CP24 120MG, 180MG, 240MG, 300MG, 360MG, 420MG	3	PV
<i>verapamil hcl cp24 100mg, 120mg, 180mg, 200mg, 240mg; tabs 40mg, 80mg, 120mg; tbc 120mg, 180mg, 240mg</i>	1	PV
<i>verapamil hcl cp24 300mg, 360mg</i>	2	PV
<i>verapamil hcl soln 2.5mg/ml</i>	1	

CARDIOTONICS

CARDIAC GLYCOSIDES

<i>digoxin soln .05mg/ml, .25mg/ml; tabs 125mcg, 250mcg</i>	1	
<i>digoxin tabs .062mg</i>	2	
LANOXIN SOLN .25MG/ML; TABS 62.5MCG	3	
LANOXIN TABS 125MCG, 250MCG	NC	
LANOXIN PEDIATRIC SOLN .1MG/ML	3	

INOTROPES

<i>dobutamine hcl soln 12.5mg/ml</i>	1	
<i>dopamine hcl soln 40mg/ml</i>	1	
<i>milrinone lactate soln 10mg/10ml, 20mg/20ml, 50mg/50ml</i>	1	
<i>milrinone lactate in dextrose 5% iv soln 20 mg/100ml</i>	1	
<i>milrinone lactate in dextrose 5% iv soln 40 mg/200ml</i>	1	

CARDIOVASCULAR AGENTS - MISC.

CARDIAC MYOSIN INHIBITORS

CAMZYOS CAPS 2.5MG, 5MG, 10MG, 15MG	6	SP, PA, QL
MYQORZO TABS 10MG, 20MG	NC	SP

CARDIOPLEGIC SOLUTIONS

CARDIOPL IND SOL 4:1	3	
CARDIOPL IND SOL PLASMA 4	3	

Drug Name	Drug Tier	Requirements/Limits
CARDIOPL IND SOL PLS/TROM	3	
CARDIOPL MN SOL PLS/TROM	3	
CARDIOPL REP SOL 4:1	3	
CARDIOPLE MN SOL LOW TROM	3	
CARDIOPLEGI INJ DEL NIDO	3	
CARDIOPLEGI SOL DEL NIDO	3	
CARDIOPLEGIA SOL MAIN 4:1	3	
CARDIOPLEGIC SOL	3	
<i>cardioplegic soln</i>	1	
DEL NIDO INJ CARDIOPL	3	
MICROPLEGIA INJ MSA/MSG	3	
PLEGISOL SOL	3	

CARDIOVASCULAR AGENTS MISC. - COMBINATIONS

<i>amlodipine besylate-atorvastatin calcium tab 2.5-10 mg</i>	1	PV
<i>amlodipine besylate-atorvastatin calcium tab 2.5-20 mg</i>	2	PV
<i>amlodipine besylate-atorvastatin calcium tab 2.5-40 mg</i>	1	PV
<i>amlodipine besylate-atorvastatin calcium tab 5-10 mg</i>	1	PV
<i>amlodipine besylate-atorvastatin calcium tab 5-20 mg</i>	1	PV
<i>amlodipine besylate-atorvastatin calcium tab 5-40 mg</i>	1	PV
<i>amlodipine besylate-atorvastatin calcium tab 5-80 mg</i>	1	PV
<i>amlodipine besylate-atorvastatin calcium tab 10-10 mg</i>	1	PV
<i>amlodipine besylate-atorvastatin calcium tab 10-20 mg</i>	1	PV
<i>amlodipine besylate-atorvastatin calcium tab 10-40 mg</i>	1	PV
<i>amlodipine besylate-atorvastatin calcium tab 10-80 mg</i>	1	PV
BIDIL TAB	3	
CADUET TAB 5-10MG	3	PV
CADUET TAB 5-20MG	3	PV
CADUET TAB 5-40MG	3	PV
CADUET TAB 5-80MG	3	PV
CADUET TAB 10-10MG	3	PV
CADUET TAB 10-20MG	3	PV
CADUET TAB 10-40MG	3	PV

Drug Name	Drug Tier	Requirements/Limits
CADUET TAB 10-80MG	3	PV
ENTRESTO CAP 6-6MG	2	PA; PV
ENTRESTO CAP 15-16MG	2	PA; PV
ENTRESTO TAB 24-26MG	NC	
ENTRESTO TAB 49-51MG	NC	
ENTRESTO TAB 97-103MG	NC	
<i>isosorbide dinitrate-hydralazine hcl tab 20-37.5 mg</i>	1	
OPSYNVI TAB 10-20MG	NC	
OPSYNVI TAB 10-40MG	NC	
<i>sacubitril-valsartan tab 24-26 mg</i>	1	PA
<i>sacubitril-valsartan tab 49-51 mg</i>	1	PA
<i>sacubitril-valsartan tab 97-103 mg</i>	1	PA
CARDIOVASCULAR SODIUM-GLUCOSE CO-TRANSPORTER 2 INHIBITORS		
INPEFA TABS 400MG	NC	
PROSTAGLANDIN VASODILATORS		
<i>alprostadil soln 500mcg/ml</i>	1	
<i>epoprostenol sodium solr .5mg, 1.5mg</i>	4	SP, PA
FLOLAN SOLR 1.5MG	6	SP, PA
ORENITRAM TBCR .125MG, .25MG, 1MG, 2.5MG, 5MG	5	SP, PA
ORENITRAM TAB MONTH 1	5	SP, PA
ORENITRAM TAB MONTH 2	5	SP, PA
ORENITRAM TAB MONTH 3	5	SP, PA
PROSTIN VR PEDIATRIC SOLN 500MCG/ML	3	
REMODULIN SOLN 20MG/20ML, 50MG/20ML, 100MG/20ML, 200MG/20ML	NC	
<i>treprostinil soln 20mg/20ml, 50mg/20ml, 100mg/20ml, 200mg/20ml</i>	4	SP, PA
TYVASO SOLN .6MG/ML	6	SP, PA, QL
TYVASO DPI INSTITUTIONAL POWD 16MCG, 32MCG, 48MCG, 64MCG	6	SP, PA, QL
TYVASO DPI MAINTENANCE KI POWD 80MCG	6	SP, PA, QL
TYVASO DPI POW 16-32-48	6	SP, PA, QL
TYVASO DPI POW MAIN KIT	6	SP, PA, QL
TYVASO REFILL KIT SOLN .6MG/ML	6	SP, PA, QL
TYVASO STARTER KIT SOLN .6MG/ML	6	SP, PA, QL
VELETRI SOLR .5MG, 1.5MG	6	SP, PA
YUTREPIA CAPS 26.5MCG, 53MCG, 79.5MCG, 106MCG	5	SP, PA
PULMONARY HYPERTENSION - ACTIVIN SIGNALING INHIBITOR		
WINREVAIR KIT 45MG, 60MG	6	SP, PA
WINREVAIR INJ 45MG	6	SP, PA

Drug Name	Drug Tier	Requirements/Limits
WINREVAIR INJ 60MG	6	SP, PA
PULMONARY HYPERTENSION - ENDOTHELIN RECEPTOR ANTAGONISTS		
<i>ambrisentan tabs 5mg, 10mg</i>	4	SP, PA, QL
<i>bosentan tabs 62.5mg, 125mg; tbs0 32mg</i>	4	SP, PA, QL
LETAIRIS TABS 5MG, 10MG	NC	SP
OPSUMIT TABS 10MG	5	SP, PA, QL
TRACLEER TABS 62.5MG, 125MG; TBSO 32MG	NC	SP
PULMONARY HYPERTENSION - PHOSPHODIESTERASE INHIBITORS		
ADCIRCA TABS 20MG	NC	SP
<i>Alyq Tabs 20mg</i>	4	SP, PA, QL
LIQREV SUSP 10MG/ML	NC	SP
REVATIO SOLN 10MG/12.5ML; SUSR 10MG/ML; TABS 20MG	NC	SP
<i>sildenafil citrate (pulmonary hypertension) soln 10mg/12.5ml</i>	4	SP, PA
<i>sildenafil citrate (pulmonary hypertension) susr 10mg/ml; tabs 20mg</i>	4	SP, PA, QL
<i>tadalafil (pulmonary hypertension) tabs 20mg</i>	4	SP, PA, QL
TADLIQ SUSP 20MG/5ML	5	SP, PA, QL
PULMONARY HYPERTENSION - PROSTACYCLIN RECEPTOR AGONIST		
UPTRAVI SOLR 1800MCG; TABS 200MCG, 400MCG, 600MCG, 800MCG, 1000MCG, 1200MCG, 1400MCG, 1600MCG	5	SP, PA, QL
UPTRAVI PACK TAB 200/800	5	SP, PA, QL
PULMONARY HYPERTENSION - SOL GUANYLATE CYCLASE STIMULATOR		
ADEMPAS TABS .5MG, 1MG, 1.5MG, 2MG, 2.5MG	5	SP, PA, QL
SINUS NODE INHIBITORS		
CORLANOR SOLN 5MG/5ML; TABS 5MG, 7.5MG	3	PA
<i>ivabradine hcl tabs 5mg, 7.5mg</i>	2	PA
TRANSTHYRETIN STABILIZERS		
VYNDAMAX CAPS 61MG	5	SP, PA, QL
VYNDAQEL CAPS 20MG	NC	
VASOACTIVE SOLUBLE GUANYLATE CYCLASE STIMULATOR (SGC)		
VERQUVO TABS 2.5MG, 5MG, 10MG	2	PA
CEPHALOSPORINS		
CEPHALOSPORIN COMBINATIONS		
AVYCAZ INJ 2-0.5GM	3	
ZERBAXA INJ 1.5GM	3	

Drug Name	Drug Tier	Requirements/Limits
CEPHALOSPORINS - 1ST GENERATION		
<i>cefadroxil caps 500mg; susr 250mg/5ml, 500mg/5ml</i>	1	
<i>cefadroxil tabs 1gm</i>	2	
CEFAZOL/DEX SOL 1GM	3	
CEFAZOL/DEX SOL 2GM	3	
CEFAZOLIN INJ 1GM/50ML	3	
<i>cefazolin sodium solr 1gm, 2gm, 3gm, 500mg</i>	1	
CEFAZOLIN SODIUM SOLR 2GM, 3GM, 100GM, 300GM	3	
<i>cefazolin sodium solr 10gm</i>	2	
CEFAZOLIN SOL	NC	
<i>cephalexin caps 250mg, 500mg; susr 125mg/5ml, 250mg/5ml; tabs 250mg</i>	1	
<i>cephalexin caps 750mg; tabs 500mg</i>	2	
CEPHALOSPORINS - 2ND GENERATION		
<i>cefaclor caps 250mg; susr 250mg/5ml</i>	1	
<i>cefaclor caps 500mg</i>	2	
CEFACTOR ER TB12 500MG	3	
<i>cefotetan disodium solr 1gm, 2gm</i>	1	
CEFOXITIN INJ 1GM	3	
CEFOXITIN INJ 2GM	3	
<i>cefoxitin sodium solr 1gm, 2gm, 10gm</i>	1	
<i>cefprozil susr 125mg/5ml, 250mg/5ml; tabs 250mg, 500mg</i>	1	
<i>cefuroxime axetil tabs 250mg, 500mg</i>	1	
<i>cefuroxime sodium solr 1.5gm, 750mg</i>	1	
CEPHALOSPORINS - 3RD GENERATION		
<i>cefdinir caps 300mg; susr 125mg/5ml, 250mg/5ml</i>	1	
<i>cefixime caps 400mg; susr 100mg/5ml, 200mg/5ml</i>	2	
<i>cefixime tabs 400mg</i>	1	
<i>cefpodoxime proxetil susr 50mg/5ml; tabs 100mg, 200mg</i>	1	
<i>cefpodoxime proxetil susr 100mg/5ml</i>	2	
<i>ceftazidime solr 1gm, 2gm</i>	1	
<i>ceftazidime solr 6gm</i>	2	
CEFTRIAX/DEX INJ 1GM	3	
CEFTRIAX/DEX INJ 2GM	3	
<i>ceftriaxone sodium solr 1gm, 2gm, 250mg, 500mg</i>	1	
<i>ceftriaxone sodium solr 2gm, 10gm</i>	2	

Drug Name	Drug Tier	Requirements/Limits
CEFTRIAXONE SODIUM SOLR 100GM	3	
<i>ceftriaxone sodium in dextrose inj 20 mg/ml</i>	1	
<i>ceftriaxone sodium in dextrose inj 40 mg/ml</i>	1	
<i>Tazicef Solr 1gm, 2gm, 6gm</i>	1	
TAZICEF INJ 1GM/50ML	3	
CEPHALOSPORINS - 4TH GENERATION		
CEFEPIME SOLN 1GM/50ML, 2GM/100ML	3	
<i>cefepime hcl solr 1gm</i>	1	
<i>cefepime hcl solr 2gm</i>	2	
CEFEPIME/DEX INJ 1GM	3	
CEFEPIME/DEX INJ 2GM	3	
CEPHALOSPORINS - 5TH GENERATION		
<i>ceftaroline fosamil solr 400mg, 600mg</i>	1	
TEFLARO SOLR 400MG, 600MG	3	
ZEVTERA SOLR 667MG	3	
CEPHALOSPORINS - SIDEROPHORES		
FETROJA SOLR 1GM	3	
CONTRACEPTIVES		
COMBINATION CONTRACEPTIVES - ORAL		
<i>Afirmelle Tab 0.1-0.02</i>	0	ACA, PV
<i>Altavera Tab</i>	0	ACA, PV
<i>Alyacen Tab 1/35</i>	0	ACA, PV
<i>Alyacen Tab 7/7/7</i>	0	ACA, PV
<i>Amethyst Tab 90-20mcg</i>	0	ACA, PV
<i>Apri Tab</i>	0	ACA, PV
<i>Aranelle Tab</i>	0	ACA, PV
<i>Ashlyna Tab</i>	0	ACA, PV
<i>Aubra Eq Tab 0.1-0.02</i>	0	ACA, PV
<i>Aurovela 24 Tab Fe 1/20</i>	0	ACA, PV
<i>Aurovela Fe Tab 1.5/30</i>	0	ACA, PV
<i>Aurovela Fe Tab 1/20</i>	0	ACA, PV
<i>Aurovela Tab 1.5/30</i>	0	ACA, PV
<i>Aurovela Tab 1/20</i>	0	ACA, PV
<i>Aviane Tab</i>	0	ACA, PV
<i>Ayuna Tab</i>	0	ACA, PV
<i>Azurette Tab</i>	0	ACA, PV
BALCOLTRA TAB 0.1-20	NC	
<i>Balziva Tab</i>	0	ACA, PV
BEYAZ TAB	NC	
<i>Blisovi 24 Tab Fe 1/20</i>	0	ACA, PV
<i>Blisovi Fe Tab 1.5/30</i>	0	ACA, PV
<i>Blisovi Fe Tab 1/20</i>	0	ACA, PV

Drug Name	Drug Tier	Requirements/Limits
<i>Briellyn Tab</i>	0	ACA, PV
<i>Camrese Lo Tab</i>	0	ACA, PV
<i>Camrese Tab</i>	0	ACA, PV
<i>Charlotte 24 Chw Fe 1/20</i>	0	ACA, PV
<i>Chateal Eq Tab 0.15/30</i>	0	ACA, PV
<i>Cryselle Tab</i>	0	ACA, PV
<i>Cyred Eq Tab</i>	0	ACA, PV
<i>Dasetta Tab 1/35</i>	0	ACA, PV
<i>Dasetta Tab 7/7/7</i>	0	ACA, PV
<i>Daysee Tab</i>	0	ACA, PV
<i>Delyla Tab 0.1-0.02</i>	0	ACA, PV
<i>Dolishale Tab 90-20mcg</i>	0	ACA, PV
<i>drospirenone-ethinyl estrad-levomefolate tab 3-0.02-0.451 mg</i>	0	ACA, PV
<i>drospirenone-ethinyl estrad-levomefolate tab 3-0.03-0.451 mg</i>	0	ACA, PV
<i>drospirenone-ethinyl estradiol tab 3-0.02 mg</i>	0	ACA, PV
<i>drospirenone-ethinyl estradiol tab 3-0.03 mg</i>	0	ACA, PV
<i>Elinest Tab</i>	0	ACA, PV
<i>Enskyce Tab</i>	0	ACA, PV
<i>Estarylla Tab 0.25-35</i>	0	ACA, PV
<i>Falmina Tab</i>	0	ACA, PV
<i>Feirza Tab 1.5/30</i>	0	ACA, PV
<i>Feirza Tab 1/20</i>	0	ACA, PV
<i>FEMLYV TAB 1/0.02MG</i>	0	ACA, PV
<i>Finzala Chw Fe 1/20</i>	0	ACA, PV
<i>Galbriela Chw</i>	0	ACA, PV
<i>Gemmily Cap 1/20</i>	0	ACA, PV
<i>Hailey 24 Tab Fe</i>	0	ACA, PV
<i>Hailey Fe Tab 1.5/30</i>	0	ACA, PV
<i>Hailey Fe Tab 1/20</i>	0	ACA, PV
<i>Hailey Tab 1.5/30</i>	0	ACA, PV
<i>Iclevia Tab</i>	0	ACA, PV
<i>Introvale Tab</i>	0	ACA, PV
<i>Isibloom Tab</i>	0	ACA, PV
<i>Jaimiess Tab</i>	0	ACA, PV
<i>Jasmiel Tab 3-0.02mg</i>	0	ACA, PV
<i>Jolessa Tab</i>	0	ACA, PV
<i>Joyeaux Tab 0.1-20</i>	0	ACA, PV
<i>Juleber Tab</i>	0	ACA, PV
<i>Junel 1.5/30 Tab</i>	0	ACA, PV
<i>Junel 1/20 Tab</i>	0	ACA, PV
<i>Junel Fe 24 Tab 1/20</i>	0	ACA, PV

Drug Name	Drug Tier	Requirements/Limits
<i>Junel Fe Tab 1.5/30</i>	0	ACA, PV
<i>Junel Fe Tab 1/20</i>	0	ACA, PV
<i>Kaitlib Fe Chw</i>	0	ACA, PV
<i>Kalliga Tab</i>	0	ACA, PV
<i>Kariva Tab 28 Day</i>	0	ACA, PV
<i>Kelnor Tab 1/35</i>	0	ACA, PV
<i>Kurvelo Tab 0.15/30</i>	0	ACA, PV
<i>Larin 24 Tab Fe 1/20</i>	0	ACA, PV
<i>Larin Fe Tab 1.5/30</i>	0	ACA, PV
<i>Larin Fe Tab 1/20</i>	0	ACA, PV
<i>Larin Tab 1.5/30</i>	0	ACA, PV
<i>Larin Tab 1/20</i>	0	ACA, PV
<i>Lessina Tab</i>	0	ACA, PV
<i>Levonest Tab</i>	0	ACA, PV
<i>levonorg-eth est tab 0.1-0.02mg(84) & eth est tab 0.01mg(7)</i>	0	ACA, PV
<i>levonorgestrel & ethinyl estradiol (91-day) tab 0.15-0.03 mg</i>	0	ACA, PV
<i>levonorgestrel & ethinyl estradiol tab 0.1 mg-20 mcg</i>	0	ACA, PV
<i>levonorgestrel-eth estra tab 0.05-30/0.075-40/0.125-30mg-mcg</i>	0	ACA, PV
<i>levonorgestrel-ethinyl estradiol (continuous) tab 90-20 mcg</i>	0	ACA, PV
<i>levonorgestrel-ethinyl estradiol-fe tab 0.1 mg-20 mcg (21)</i>	0	ACA, PV
<i>LO LOESTRIN TAB 1-10-10</i>	0	ACA, PV
<i>Lo-Zumandimi Tab 3-0.02mg</i>	0	ACA, PV
<i>Loestrin 21 Tab 1.5/30</i>	0	ACA, PV
<i>Loestrin Fe Tab 1.5/30</i>	0	ACA, PV
<i>Loestrin Fe Tab 1/20</i>	0	ACA, PV
<i>Loestrin Tab 1/20-21</i>	0	ACA, PV
<i>Lojaimiess Tab</i>	0	ACA, PV
<i>Loryna Tab 3-0.02mg</i>	0	ACA, PV
<i>Low-Ogestrel Tab</i>	0	ACA, PV
<i>Luizza 1/20 Tab</i>	0	ACA, PV
<i>Luizza Tab 1.5/30</i>	0	ACA, PV
<i>Marlissa Tab 0.15/30</i>	0	ACA, PV
<i>Mibelas 24 Chw Fe</i>	0	ACA, PV
<i>Microgestin Tab 1.5/30</i>	0	ACA, PV
<i>Microgestin Tab 1/20</i>	0	ACA, PV
<i>Microgestin Tab Fe1.5/30</i>	0	ACA, PV
<i>Microgestin Tab Fe 1/20</i>	0	ACA, PV

Drug Name	Drug Tier	Requirements/Limits
<i>Mili Tab 0.25/35</i>	0	ACA, PV
<i>Minzoya Tab 0.1-20</i>	0	ACA, PV
<i>Mono-Linyah Tab 0.25-35</i>	0	ACA, PV
NATAZIA TAB	0	ACA, PV
<i>Necon Tab 0.5/35</i>	0	ACA, PV
NEXTSTELLIS TAB 3-14.2MG	0	ACA, PV
<i>Nikki Tab 3-0.02mg</i>	0	ACA, PV
<i>norethindrone ace & ethinyl estradiol tab 1 mg-20 mcg</i>	0	ACA, PV
<i>norethindrone ace-eth estradiol-fe chew tab 1 mg-20 mcg (24)</i>	0	ACA, PV
<i>norethindrone ace-ethinyl estradiol-fe cap 1 mg-20 mcg (24)</i>	0	ACA, PV
<i>norgestimate & ethinyl estradiol tab 0.25 mg-35 mcg</i>	0	ACA, PV
<i>norgestimate-eth estrad tab 0.18-25/0.215-25/0.25-25 mg-mcg</i>	0	ACA, PV
<i>norgestimate-eth estrad tab 0.18-35/0.215-35/0.25-35 mg-mcg</i>	0	ACA, PV
<i>Nortrel Tab 0.5/35</i>	0	ACA, PV
<i>Nortrel Tab 1/35</i>	0	ACA, PV
<i>Nortrel Tab 7/7/7</i>	0	ACA, PV
<i>Nylia Tab 1/35</i>	0	ACA, PV
<i>Nylia Tab 7/7/7</i>	0	ACA, PV
<i>Philith Tab 0.4-35</i>	0	ACA, PV
<i>Pimtrea Tab</i>	0	ACA, PV
<i>Portia-28 Tab</i>	0	ACA, PV
<i>Reclipsen Tab</i>	0	ACA, PV
<i>Rivelsa Tab</i>	0	ACA, PV
<i>Rosyrah Tab</i>	0	ACA, PV
SAFYRAL TAB	3	ACA, PV
<i>Setlakin Tab</i>	0	ACA, PV
<i>Simliya Tab 28 Day</i>	0	ACA, PV
<i>Simpesse Tab</i>	0	ACA, PV
<i>Sprintec 28 Tab 28 Day</i>	0	ACA, PV
<i>Syeda Tab 3-0.03mg</i>	0	ACA, PV
<i>Tarina 24 Fe Tab</i>	0	ACA, PV
<i>Tarina Fe Tab 1/20 Eq</i>	0	ACA, PV
<i>Taysofy Cap 1/20</i>	0	ACA, PV
TAYTULLA CAP 1MG/20MC	NC	
<i>Tilia Fe Tab</i>	0	ACA, PV
<i>Tri-Estaryll Tab</i>	0	ACA, PV
<i>Tri-Legest Tab Fe</i>	0	ACA, PV

Drug Name	Drug Tier	Requirements/Limits
<i>Tri-Linyah Tab</i>	0	ACA, PV
<i>Tri-Lo Tab Estaryll</i>	0	ACA, PV
<i>Tri-Lo- Tab Marzia</i>	0	ACA, PV
<i>Tri-Lo- Tab Sprintec</i>	0	ACA, PV
<i>Tri-Lo-Mili Tab</i>	0	ACA, PV
<i>Tri-Mili Tab</i>	0	ACA, PV
<i>Tri-Sprintec Tab</i>	0	ACA, PV
<i>Tri-Vylibra Tab</i>	0	ACA, PV
<i>Tri-Vylibra Tab Lo</i>	0	ACA, PV
<i>Turqoz Tab</i>	0	ACA, PV
TYBLUME CHW 0.1-0.02	NC	
<i>Tydemy Tab</i>	0	ACA, PV
<i>Valtya 1/35 Tab</i>	0	ACA, PV
<i>Valtya 1/50 Tab</i>	0	ACA, PV
<i>Velivet Pak</i>	0	ACA, PV
<i>Vestura Tab 3-0.02mg</i>	0	ACA, PV
<i>Vienva Tab 0.1-20</i>	0	ACA, PV
<i>Viorele Tab</i>	0	ACA, PV
<i>Volnea Tab</i>	0	ACA, PV
<i>Vyfemla Tab 0.4-35</i>	0	ACA, PV
<i>Vylibra Tab 0.25-35</i>	0	ACA, PV
<i>Wera Tab 0.5/35</i>	0	ACA, PV
<i>Wymzya Fe Chw 0.4mg-35</i>	0	ACA, PV
<i>Xarah Fe Tab</i>	0	ACA, PV
<i>Xelria Fe Chw 0.4mg-35</i>	0	ACA, PV
YASMIN 28 TAB 3-0.03MG	NC	
YAZ TAB 3-0.02MG	NC	
<i>Zovia 1/35 Tab</i>	0	ACA, PV
<i>Zumandimine Tab 3-0.03mg</i>	0	ACA, PV
COMBINATION CONTRACEPTIVES - TRANSDERMAL		
<i>norelgestromin-ethinyl estradiol td ptwk 150-35 mcg/24hr</i>	0	ACA, PV
TWIRLA DIS 120-30	NC	
<i>Xulane Dis 150-35</i>	0	ACA, PV
<i>Zafemy Dis 150/35</i>	0	ACA, PV
COMBINATION CONTRACEPTIVES - VAGINAL		
ANNOVERA MIS	0	QL; ACA
<i>Eluryng Mis</i>	0	ACA, PV
<i>Eluryng Mis</i>	0	ACA, PV
<i>Enilloring Mis</i>	0	QL; ACA, PV
<i>etonogestrel-ethinyl estradiol va ring 0.12-0.015 mg/24hr</i>	0	ACA, PV

Drug Name	Drug Tier	Requirements/Limits
etonogestrel-ethinyl estradiol va ring 0.12-0.015 mg/24hr	0	ACA, PV
NUVARING MIS	NC	
COPPER CONTRACEPTIVES - IUD		
PARAGARD IUD T380A	0	ACA, PV
EMERGENCY CONTRACEPTIVES		
Aftera Tabs 1.5mg	0	OTC; ACA, PV
Afterpill Tabs 1.5mg	0	OTC; ACA, PV
Econtra One-Step Tabs 1.5mg	0	OTC; ACA, PV
ELLA TABS 30MG	0	ACA, PV
Her Style Tabs 1.5mg	0	OTC; ACA, PV
levonorgestrel (emergency oc) tabs 1.5mg	0	OTC; ACA, PV
My Choice Tabs 1.5mg	0	OTC; ACA, PV
My Way Tabs 1.5mg	0	OTC; ACA, PV
New Day Tabs 1.5mg	0	OTC; ACA, PV
Opcicon One-Step Tabs 1.5mg	0	OTC; ACA, PV
Option 2 Tabs 1.5mg	0	OTC; ACA, PV
Plan B One-Step Tabs 1.5mg	0	OTC; ACA, PV
Shewise Tabs 1.5mg	0	OTC; ACA, PV
Take Action Tabs 1.5mg	0	OTC; ACA, PV
PROGESTIN CONTRACEPTIVES - IMPLANTS		
NEXPLANON IMPL 68MG	0	ACA, PV
PROGESTIN CONTRACEPTIVES - INJECTABLE		
DEPO-PROVERA CONTRACEPTIV SUSP 150MG/ML; SUSY 150MG/ML	3	ACA, PV
DEPO-SUBQ PROVERA 104 SUSY 104MG/0.65ML	0	QL; ACA, PV
medroxyprogesterone acetate (contraceptive) susp 150mg/ml; susy 150mg/ml	0	QL; ACA, PV
PROGESTIN CONTRACEPTIVES - IUD		
KYLEENA IUD 19.5MG	0	ACA, PV
LILETTA IUD 20.1MCG/DAY	0	ACA, PV
MIRENA IUD 21MCG/DAY	0	ACA, PV
SKYLA IUD 13.5MG	0	ACA, PV
PROGESTIN CONTRACEPTIVES - ORAL		
Camila Tabs .35mg	0	ACA, PV
Deblitane Tabs .35mg	0	ACA, PV
Emzahh Tabs .35mg	0	ACA, PV
Errin Tabs .35mg	0	ACA, PV
Heather Tabs .35mg	0	ACA, PV
Incassia Tabs .35mg	0	ACA, PV
Jencycla Tabs .35mg	0	ACA, PV

Drug Name	Drug Tier	Requirements/Limits
<i>Lyleq Tabs .35mg</i>	0	ACA, PV
<i>Lyza Tabs .35mg</i>	0	ACA, PV
<i>Meleya Tabs .35mg</i>	0	ACA, PV
<i>Nora-Be Tabs .35mg</i>	0	ACA, PV
<i>norethindrone (contraceptive) tabs .35mg</i>	0	ACA, PV
<i>Norlyroc Tabs .35mg</i>	0	ACA, PV
OPILL TABS .075MG	0	OTC; ACA, PV
<i>Orquidea Tabs .35mg</i>	0	ACA, PV
<i>Sharobel Tabs .35mg</i>	0	ACA, PV
SLYND TABS 4MG	NC	

CORTICOSTEROIDS

GLUCOCORTICOSTEROIDS

AGAMREE SUSP 40MG/ML	NC	
BETA-PHOS/AC INJ 3-3MG/ML	NC	
BETAMETH COM INJ 7MG/ML	NC	
<i>betamethasone sod phosphate & acetate inj susp 6 (3-3) mg/ml</i>	1	(applies to NDC 71283062002 only)
BETAMETHASONE SODIUM PHOS SOLN 6MG/ML, 12MG/2ML	3	
<i>budesonide cpep 3mg</i>	1	
<i>budesonide tb24 9mg</i>	NC	
CELESTONE INJ SOLUSPAN	NC	
CORTEF TABS 5MG, 10MG, 20MG	3	
<i>deflazacort susp 22.75mg/ml; tabs 6mg, 18mg, 30mg, 36mg</i>	4	SP, PA
DEPO-MEDROL SUSP 20MG/ML, 40MG/ML, 80MG/ML	3	
DEXAMETHASON SUS 8-4MG/ML	3	
<i>dexamethasone elix .5mg/5ml; soln .5mg/5ml; tabs .5mg, .75mg, 1mg, 1.5mg, 2mg, 4mg, 6mg; tbpk 1.5mg</i>	1	
<i>dexamethasone tbpk 1.5mg</i>	2	
DEXAMETHASONE (LA) SUSP 8MG/ML, 16MG/ML	3	
DEXAMETHASONE ACETATE SUSP 8MG/ML	3	
DEXAMETHASONE INTENSOL CONC 1MG/ML	3	
DEXAMETHASONE SODIUM PHOS SOLN 4MG/ML, 10MG/ML	3	
<i>dexamethasone sodium phosphate soln 4mg/ml, 10mg/ml, 20mg/5ml, 100mg/10ml, 120mg/30ml; sosy 4mg/ml</i>	1	
DEXONTO 0.4% SOLN 20MG/5ML	NC	
EOHILIA SUSP 2MG/10ML	NC	

Drug Name	Drug Tier	Requirements/Limits
<i>Hidex 6-Day Tbpk 1.5mg</i>	2	
<i>hydrocortisone tabs 5mg, 10mg, 20mg</i>	1	
<i>hydrocortisone sod succinate solr 100mg</i>	1	
<i>Jaythari Susp 22.75mg/ml; Tabs 6mg, 18mg, 30mg, 36mg</i>	4	SP, PA
KENALOG-10 SUSP 10MG/ML	3	
KENALOG-40 SUSP 40MG/ML	3	
KENALOG-80 SUSP 80MG/ML	3	
<i>Kymbee Tabs 6mg, 18mg, 30mg, 36mg</i>	4	SP, PA
MEDROL TABS 2MG, 4MG, 8MG, 16MG	3	
MEDROL DOSEPAK TBPK 4MG	3	
METHY-BUPIVA SUS 8-5MG/ML	NC	
METHYL-BUPIV SUS 40-5MG	NC	
<i>methylprednisolone tabs 4mg, 8mg, 16mg, 32mg; tbpk 4mg</i>	1	
METHYLPREDNISOLONE ACETAT SUSP 40MG/ML, 80MG/ML	3	
METHYLPREDNISOLONE ACETAT SUSP 50MG/ML	NC	
<i>methylprednisolone acetate susp 40mg/ml, 80mg/ml</i>	1	
<i>methylprednisolone sod succ solr 40mg, 125mg, 500mg</i>	1	
<i>methylprednisolone sod succ solr 1000mg</i>	2	
ORAPRED ODT TBDP 10MG, 15MG, 30MG	3	
<i>prednisolone soln 15mg/5ml</i>	1	
<i>prednisolone tabs 5mg</i>	2	
PREDNISOLONE SODIUM PHOSP TBDP 10MG, 15MG, 30MG	3	
<i>prednisolone sodium phosphate soln 10mg/5ml, 20mg/5ml</i>	NC	
<i>prednisolone sodium phosphate soln 15mg/5ml</i>	1	
<i>prednisolone sodium phosphate soln 25mg/5ml</i>	2	
<i>prednisone soln 5mg/5ml</i>	2	
<i>prednisone tabs 1mg, 2.5mg, 5mg, 10mg, 20mg, 50mg; tbec 1mg, 2mg; tbpk 5mg, 10mg</i>	1	
PREDNISONE INTENSOL CONC 5MG/ML	3	
<i>Pyquvi Susp 22.75mg/ml</i>	4	SP, PA
RAYOS TBEC 1MG, 2MG, 5MG	NC	
SOLU-CORTEF SOLR 100MG, 250MG, 500MG, 1000MG	3	

Drug Name	Drug Tier	Requirements/Limits
SOLU-MEDROL SOLR 2GM, 40MG, 125MG, 500MG, 1000MG	3	
<i>Taperdex 6-Day Tbpk 1.5mg</i>	NC	
TARPEYO CPDR 4MG	NC	
TRIAM-BUPIVA SUS 40-5MG	NC	
TRIAMCINOLONE SUSP 40MG/ML	3	
<i>triamcinolone acetonide susp 10mg/ml, 40mg/ml, 400mg/10ml</i>	1	
TRIAMCINOLONE ACETONIDE SUSP 40MG/ML	3	
TRIAMCINOLONE DIACETATE SUSP 40MG/ML, 80MG/ML	3	
UCERIS TB24 9MG	1	
ZILRETTA SRER 32MG	NC	

MINERALOCORTICIDS

<i>fludrocortisone acetate tabs .1mg</i>	1	
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COUGH/COLD/ALLERGY

ANTITUSSIVES

<i>benzonatate caps 100mg, 200mg</i>	1	
<i>hydrocodone bitart-homatropine methylbrom soln 5-1.5 mg/5ml</i>	1	PA
<i>hydrocodone bitart-homatropine methylbromide tab 5-1.5 mg</i>	1	PA

COUGH/COLD/ALLERGY COMBINATIONS

CLARINEX-D TAB 2.5-120	3	
<i>G Tussin Ac Liq 100-10/5</i>	1	PA, OTC
<i>guaifenesin-codeine soln 100-10 mg/5ml</i>	1	PA, OTC
<i>hydrocod polst-chlorphen polst er susp 10-8 mg/5ml</i>	1	PA
MAR-COF CG LIQ 225-7.5	3	PA, OTC
<i>Maxi-Tuss Ac Sol</i>	1	PA, OTC
<i>promethazine & phenylephrine syrup 6.25-5 mg/5ml</i>	1	
<i>promethazine w/ codeine syrup 6.25-10 mg/5ml</i>	1	PA
<i>promethazine-dm syrup 6.25-15 mg/5ml</i>	1	
<i>pseudoephed-bromphen-dm syrup 30-2-10 mg/5ml</i>	NC	(applies to NDCs 62135030247 and 62135030248 only)

EXPECTORANTS

<i>potassium iodide (expectorant) soln 1gm/ml</i>	1	
SSKI SOLN 1GM/ML	3	

Drug Name	Drug Tier	Requirements/Limits
MISC. RESPIRATORY INHALANTS		
HYPERSAL NEBU 3.5%, 7%	3	
NEBUSAL NEBU 3%, 6%	3	
PULMOSAL NEBU 7%	3	
sodium chloride (inhalant) nebu .9%, 3%, 7%, 10%	1	
MUCOLYTICS		
acetylcysteine soln 10%	1	
acetylcysteine soln 20%	2	
DERMATOLOGICALS		
ACNE PRODUCTS		
ABSORICA CAPS 10MG, 20MG, 25MG, 30MG, 35MG, 40MG	NC	
ABSORICA LD CAPS 8MG, 16MG, 24MG, 32MG	NC	
ACANYA GEL 1.2-2.5%	NC	
Accutane Caps 10mg, 20mg, 40mg	1	PA
Accutane Caps 30mg	2	PA
ACZONE GEL 7.5%	NC	
AKLIEF CREA .005%	2	PA
ALTRENO LOTN .05%	NC	
Amnesteem Caps 10mg, 20mg, 40mg	1	PA
Amnesteem Caps 30mg	2	PA
AMZEEQ FOAM 4%	NC	
ARAZLO LOTN .045%	NC	
ATRALIN GEL .05%	3	PA
AZELEX CREA 20%	NC	
BENZAMYCIN GEL 5-3%	3	
benzoyl peroxide-erythromycin gel 5-3%	1	
Claravis Caps 10mg, 20mg, 40mg	1	PA
Claravis Caps 30mg	2	PA
CLEOCIN-T LOTN 1%	3	ST, PA
Clindacin Foam 1%	1	
Clindacin Etz Pledgets Swab 1%	2	
Clindacin-P Swab 1%	2	
CLINDAGEL GEL 1%	3	ST, PA
clindamycin phosph-benzoyl peroxide (refrig) gel 1.2 (1)-5%	1	
clindamycin phosphate (topical) foam 1%; lotn 1%; soln 1%	1	
clindamycin phosphate (topical) gel 1%	3	
clindamycin phosphate (topical) gel 1%	NC	
clindamycin phosphate (topical) swab 1%	2	

Drug Name	Drug Tier	Requirements/Limits
<i>clindamycin phosphate-benzoyl peroxide gel 1-5%</i>	1	
<i>clindamycin phosphate-benzoyl peroxide gel 1.2-2.5%</i>	1	
<i>clindamycin phosphate-tretinoin gel 1.2-0.025%</i>	1	PA
<i>dapsone (topical) gel 5%, 7.5%</i>	1	
EPIDUO FORTE GEL 0.3-2.5%	2	ST, PA
EPIDUO GEL 0.1-2.5%	2	ST, PA
<i>Ery Pads 2%</i>	1	
<i>erythromycin (acne aid) gel 2%; soln 2%</i>	1	
FABIOR FOAM .1%	NC	
<i>isotretinoin caps 10mg, 20mg, 40mg</i>	1	PA
<i>isotretinoin caps 25mg, 35mg</i>	NC	
<i>isotretinoin caps 30mg</i>	2	PA
KLARON LOTN 10%	3	ST, PA
<i>Neuac Gel 1.2-5%</i>	1	
ONEXTON GEL 1.2-3.75	3	ST, PA
RETIN-A CREA .025%, .05%, .1%; GEL .01%, .025%	3	PA
RETIN-A MICRO GEL .04%, .06%, .1%	NC	
RETIN-A MICRO PUMP GEL .04%, .08%, .1%	NC	
<i>sulfacetamide sodium (acne) lotn 10%</i>	1	PA
<i>tretinoin crea .025%, .05%, .1%; gel .01%, .025%, .05%</i>	1	PA
<i>tretinoin microsphere gel .04%, .08%, .1%</i>	2	PA
TWYNEO CRE 0.1-3%	NC	
WINLEVI CREA 1%	2	ST, PA, QL
<i>Zenatane Caps 10mg, 20mg, 40mg</i>	1	PA
<i>Zenatane Caps 30mg</i>	2	PA
ZIANA GEL	NC	

AGENTS FOR EXTERNAL GENITAL AND PERIANAL WARTS

VEREGEN OINT 15%	NC	
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ANALGESICS - TOPICAL

MUSCUSOLICE CREA 2%	NC	
PRAKETAMIDE CREA 5%	NC	

ANTI-INFLAMMATORY AGENTS - TOPICAL

<i>diclofenac epolamine ptch 1.3%</i>	1	PA, QL
<i>diclofenac sodium (topical) soln 1.5%</i>	1	PA, QL
<i>diclofenac sodium (topical) soln 2%</i>	NC	
DICLOFONO GEL 1.6%	NC	
FLECTOR PTCH 1.3%	3	PA, QL
PENNSAID SOLN 2%	NC	

Drug Name	Drug Tier	Requirements/Limits
ANTIBIOTICS - TOPICAL		
<i>gentamicin sulfate (topical) crea .1%; oint .1%</i>	1	
<i>mupirocin oint 2%</i>	1	
<i>mupirocin calcium (topical) crea 2%</i>	NC	
NEO-SYNALAR CRE	NC	
XEPI CREA 1%	3	
ANTIFUNGALS - TOPICAL		
<i>Ciclodan Soln 8%</i>	1	
<i>ciclopirox gel .77%; sham 1%; soln 8%</i>	1	
<i>ciclopirox olamine crea .77%; susp .77%</i>	1	
<i>clotrimazole w/ betamethasone cream 1-0.05%</i>	1	
<i>clotrimazole w/ betamethasone lotion 1-0.05%</i>	1	
<i>econazole nitrate crea 1%</i>	1	
ECONAZOLE NITRATE FOAM 1%	3	
ECOZA FOAM 1%	3	
ERTACZO CREA 2%	3	
EXELDERM CREA 1%; SOLN 1%	3	
JUBLIA SOLN 10%	NC	
<i>ketoconazole (topical) crea 2%; sham 2%</i>	1	
<i>ketoconazole (topical) foam 2%</i>	NC	
<i>Ketodan Foam 2%</i>	NC	
<i>Klayesta Powd 100000unit/gm</i>	1	
<i>luliconazole crea 1%</i>	NC	
LUZU CREA 1%	3	
<i>miconazole-zinc oxide-white petrolatum oint 0.25-15-81.35%</i>	2	
<i>naftifine hcl crea 1%; gel 2%</i>	2	
<i>naftifine hcl crea 2%</i>	1	
NAFTIN GEL 2%	3	
<i>nystatin (topical) crea 100000unit/gm; oint 100000unit/gm; powd 100000unit/gm</i>	1	
<i>nystatin-triamcinolone cream 100000-0.1 unit/gm-%</i>	1	
<i>nystatin-triamcinolone oint 100000-0.1 unit/gm-%</i>	1	
<i>Nystop Powd 100000unit/gm</i>	1	
<i>oxiconazole nitrate crea 1%</i>	1	QL
OXISTAT LOTN 1%	3	PA, QL
<i>sulconazole nitrate crea 1%; soln 1%</i>	2	
<i>tavaborole soln 5%</i>	NC	
VUSION OIN	3	
ANTINEOPLASTIC OR PREMALIGNANT LESION AGENTS - TOPICAL		
AMELUZ GEL 10%	NC	SP

Drug Name	Drug Tier	Requirements/Limits
<i>bexarotene (topical) gel 1%</i>	4	SP, PA
CARAC CREA .5%	NC	
<i>diclofenac sodium (actinic keratoses) gel 3%</i>	1	PA
<i>fluorouracil (topical) crea 5%; soln 2%, 5%</i>	1	
<i>fluorouracil (topical) crea .5%</i>	NC	
KLISYRI OINT 1%	NC	
LEVULAN KERASTICK SOLR 20%	3	
PANRETIN GEL .1%	3	
TARGRETIN GEL 1%	NC	SP
VALCHLOR GEL .016%	6	SP, PA, QL
ANTIPRURITICS - TOPICAL		
<i>doxepin hcl (antipruritic) crea 5%</i>	NC	
PRUDOXIN CREA 5%	3	ST, PA, QL
ZONALON CREA 5%	3	ST, PA, QL
ANTIPSORIATICS		
<i>acitretin caps 10mg</i>	1	PA
<i>acitretin caps 17.5mg, 25mg</i>	2	PA
BIMZELX SOAJ 160MG/ML, 320MG/2ML; SOSY 160MG/ML, 320MG/2ML	5	SP, PA, QL; Preferred for Psoriasis
<i>calcipotriene crea .005%</i>	NC	
<i>calcipotriene oint .005%; soln .005%</i>	1	PA
<i>Calcitrene Oint .005%</i>	1	PA
<i>calcitriol (topical) oint 3mcg/gm</i>	NC	
COSENTYX SOSY 75MG/0.5ML	5	SP, PA, QL; Preferred for Ankylosing Spondylitis, Hidradenitis Suppurativa, Non-Radiographic Axial Spondyloarthritis, Psoriatic Arthritis; for pediatric patients less than 50 kg
COSENTYX SOSY 150MG/ML	5	SP, PA, QL; Preferred for Ankylosing Spondylitis, Hidradenitis Suppurativa, Non-Radiographic Axial Spondyloarthritis, Psoriatic Arthritis
COSENTYX SOSY 150MG/ML	5	SP, PA, QL; Preferred for Ankylosing Spondylitis, Hidradenitis Suppurativa, Psoriatic Arthritis

Drug Name	Drug Tier	Requirements/Limits
COSENTYX SENSOREADY PEN SOAJ 150MG/ML	5	SP, PA, QL; Preferred for Ankylosing Spondylitis, Hidradenitis Suppurativa, Non-Radiographic Axial Spondyloarthritis, Psoriatic Arthritis
COSENTYX SENSOREADY PEN SOAJ 150MG/ML	5	SP, PA, QL; Preferred for Ankylosing Spondylitis, Hidradenitis Suppurativa, Psoriatic Arthritis
COSENTYX UNOREADY SOAJ 300MG/2ML	5	SP, PA, QL; Preferred for Ankylosing Spondylitis, Hidradenitis Suppurativa, Psoriatic Arthritis
ILUMYA SOSY 100MG/ML	5	SP, PA, QL
<i>methoxsalen rapid caps 10mg</i>	1	
OTULFI SOSY 45MG/0.5ML, 90MG/ML	NC	SP
PYZCHIVA SOLN 45MG/0.5ML; SOSY 45MG/0.5ML, 90MG/ML	NC	SP
SELARSDI SOSY 45MG/0.5ML, 90MG/ML	NC	SP
SILIQ SOSY 210MG/1.5ML	NC	SP
SKYRIZI SOSY 150MG/ML	5	SP, PA, QL; Preferred for Crohn's Disease, Psoriasis, Psoriatic Arthritis, Ulcerative Colitis
SKYRIZI PEN SOAJ 150MG/ML	5	SP, PA, QL; Preferred for Crohn's Disease, Psoriasis, Psoriatic Arthritis, Ulcerative Colitis
SORILUX FOAM .005%	NC	
SOTYKTU TABS 6MG	5	SP, PA, QL; Preferred for Psoriasis
SPEVIGO SOLN 450MG/7.5ML; SOSY 150MG/ML, 300MG/2ML	6	SP, PA, QL
STARJEMZA SOSY 45MG/0.5ML, 90MG/ML	NC	SP
STELARA SOLN 45MG/0.5ML; SOSY 45MG/0.5ML, 90MG/ML	NC	SP
STEQEYMA SOSY 45MG/0.5ML, 90MG/ML	NC	SP
TALTZ SOAJ 80MG/ML; SOSY 20MG/0.25ML, 40MG/0.5ML	NC	SP
<i>tazarotene crea .1%; gel .05%, .1%</i>	1	PA
<i>tazarotene crea .05%</i>	2	PA
TAZORAC CREA .1%	NC	

Drug Name	Drug Tier	Requirements/Limits
TREMFYA SOPN 100MG/ML; SOSY 100MG/ML	5	SP, PA, QL; Preferred for Crohn's Disease, Psoriasis, Psoriatic Arthritis, Ulcerative Colitis
TREMFYA PEN SOAJ 100MG/ML	5	SP, PA, QL; Preferred for Crohn's Disease, Psoriasis, Psoriatic Arthritis, Ulcerative Colitis
USTEKINUMAB SOSY 45MG/0.5ML, 90MG/ML	NC	SP
USTEKINUMAB-AAUZ SOSY 45MG/0.5ML	NC	SP
USTEKINUMAB-AEKN SOSY 45MG/0.5ML, 90MG/ML	NC	SP
USTEKINUMAB-TTWE SOLN 45MG/0.5ML; SOSY 45MG/0.5ML, 90MG/ML	NC	SP
VECTICAL OINT 3MCG/GM	NC	SP
VTAMA CREA 1%	2	PA, QL
WEZLANA SOLN 45MG/0.5ML; SOSY 90MG/ML	NC	SP
YESINTEK SOLN 45MG/0.5ML; SOSY 45MG/0.5ML, 90MG/ML	4	SP, PA, QL; Preferred for Crohn's Disease, Psoriasis, Psoriatic Arthritis, Ulcerative Colitis

ANTISEBORRHEIC PRODUCTS

ESKATA SOLN 40%	NC	
NUTRASEB CRE	3	PA
PROMISEB CRE	3	PA
<i>selenium sulfide lotn 2.5%</i>	1	

ANTIVIRALS - TOPICAL

<i>acyclovir topical crea 5%</i>	NC	
<i>acyclovir topical oint 5%</i>	1	
DENAVIR CREA 1%	3	
<i>penciclovir crea 1%</i>	2	
XERESE CRE 5-1%	NC	
ZOVIRAX CREA 5%; OINT 5%	3	

BURN PRODUCTS

SILVADENE CREA 1%	3	
<i>silver sulfadiazine crea 1%</i>	1	
<i>Ssd Crea 1%</i>	1	
SULFAMYLON CREA 85MG/GM	3	

CORTICOSTEROIDS - TOPICAL

<i>alclometasone dipropionate crea .05%; oint .05%</i>	1	
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Drug Name	Drug Tier	Requirements/Limits
<i>amcinonide crea .1%</i>	1	
<i>betamethasone dipropionate (topical) crea .05%; lotn .05%</i>	1	
<i>betamethasone dipropionate (topical) oint .05%</i>	NC	
<i>betamethasone dipropionate augmented crea .05%; gel .05%; lotn .05%; oint .05%</i>	1	
<i>betamethasone valerate crea .1%; foam .12%; lotn .1%; oint .1%</i>	1	
BRYHALI LOTN .01%	2	PA
<i>calcipotriene-betamethasone dipropionate oint 0.005-0.064%</i>	NC	
<i>calcipotriene-betamethasone dipropionate susp 0.005-0.064%</i>	NC	
<i>clobetasol propionate crea .025%, .05%; foam .05%; gel .05%; lotn .05%; oint .05%; sham .05%; soln .05%</i>	1	
<i>clobetasol propionate liqd .05%</i>	NC	
<i>Clobetasol Propionate Emo Crea .05%</i>	1	
<i>clobetasol propionate emollient base crea .05%</i>	1	
<i>clobetasol propionate emulsion foam .05%</i>	NC	
CLOBEX LIQD .05%	NC	
CLOBEX LOTN .05%; SHAM .05%	3	PA
<i>clocortolone pivalate crea .1%</i>	NC	
<i>Clodan Sham .05%</i>	1	
CORDRAN TAPE 4MCG/SQCM	NC	
DERMA-SMOOTH/FS BODY OIL .01%	3	PA
DERMA-SMOOTH/FS SCALP OIL .01%	3	PA
<i>desonide crea .05%; lotn .05%; oint .05%</i>	1	
<i>desonide gel .05%</i>	NC	
<i>desoximetasone crea .05%, .25%; liqd .25%; oint .25%</i>	1	
<i>desoximetasone gel .05%</i>	2	
<i>desoximetasone oint .05%</i>	NC	
<i>diflorasone diacetate crea .05%; oint .05%</i>	NC	
DIPROLENE OINT .05%	3	PA
DUOBRII LOT	NC	
ENSTILAR AER	2	PA
EPIFOAM AER 1%	3	
<i>fluocinonide acetone crea .01%, .025%; oil .01%; oint .025%; soln .01%</i>	1	
<i>fluocinonide crea .1%</i>	NC	

Drug Name	Drug Tier	Requirements/Limits
<i>fluocinonide crea .05%; gel .05%; oint .05%; soln .05%</i>	1	
<i>fluocinonide emulsified base crea .05%</i>	1	
<i>flurandrenolide crea .05%; lotn .05%</i>	NC	
<i>fluticasone propionate crea .05%; lotn .05%; oint .005%</i>	1	
<i>halcinonide crea .1%</i>	NC	
<i>halcinonide soln .1%</i>	1	
<i>halobetasol propionate crea .05%; oint .05%</i>	1	
HALOG CREA .1%; OINT .1%; SOLN .1%	NC	
<i>hydrocortisone butyrate crea .1%; oint .1%; soln .1%</i>	1	
<i>hydrocortisone butyrate lotn .1%</i>	NC	
<i>hydrocortisone valerate crea .2%; oint .2%</i>	1	
<i>mometasone furoate crea .1%; oint .1%; soln .1%</i>	1	
PRAMOSONE CRE 1-1%	3	
PRAMOSONE LOT 1-1%	3	
PRAMOSONE LOT 2.5%	3	
SERNIVO EMUL .05%	NC	
SYNALAR CREA .025%; OINT .025%	3	PA
TACLONEX SUS	3	PA
TOPICORT LIQD .25%; OINT .05%, .25%	3	PA
Tovet Foam .05%	NC	
<i>triamcinolone acetonide (topical) aers .147mg/gm; oint .05%</i>	NC	
<i>triamcinolone acetonide (topical) crea .025%, .1%, .5%; lotn .025%, .1%; oint .025%, .1%, .5%</i>	1	
<i>Triamcinolone Acetonide I Oint .05%</i>	NC	
<i>Triderm Crea .5%</i>	1	
ULTRAVATE LOTN .05%	NC	
VANOS CREA .1%	3	PA
ECZEMA AGENTS		
ADBRY SOAJ 300MG/2ML; SOSY 150MG/ML	5	SP, PA, QL
CIBINQO TABS 50MG, 100MG, 200MG	5	SP, PA, QL
DUPIXENT SOAJ 200MG/1.14ML, 300MG/2ML; SOSY 200MG/1.14ML, 300MG/2ML	5	SP, PA, QL
EBGLYSS SOAJ 250MG/2ML	NC	SP
OPZELURA CREA 1.5%	2	PA, QL
EMOLLIENT/KERATOLYTIC AGENTS		
DERMACINRX UREA CREA 41%	NC	

Drug Name	Drug Tier	Requirements/Limits
EMOLLIENTS		
LACTIC ACID CRE E	3	
ENZYMES - TOPICAL		
SANTYL OINT 250UNIT/GM	3	
HAIR GROWTH AGENTS		
LEQSELVI TABS 8MG	NC	SP
LITFULO CAPS 50MG	5	SP, PA
IMMUNOMODULATING AGENTS - SYSTEMIC		
NEMLUVIO AUIJ 30MG	5	SP, PA
IMMUNOMODULATING AGENTS - TOPICAL		
<i>imiquimod crea 3.75%</i>	2	
<i>imiquimod crea 5%</i>	1	
ZYCLARA PUMP CREA 3.75%	3	
IMMUNOSUPPRESSIVE AGENTS - TOPICAL		
ELIDEL CREA 1%	NC	
HYFTOR GEL .2%	NC	
<i>pimecrolimus crea 1%</i>	1	PA
<i>tacrolimus (topical) oint .03%, .1%</i>	1	PA
KERATOLYTIC/ANTIMITOTIC/VESICANT AGENTS		
CONDYLOX GEL .5%	3	
GORDOFILM SOL	3	
<i>podofilox gel .5%</i>	2	
<i>podofilox soln .5%</i>	1	
PYROGALL ACD OIN	3	
LINIMENTS		
TURPENTINE SOL SPIRITS	3	
LOCAL ANESTHETICS - TOPICAL		
CRYODOSE AER TA	3	
ETHYL CHLOR AER FINE PIN	3	
ETHYL CHLOR AER FN STRM	3	
ETHYL CHLOR AER MED JET	3	
ETHYL CHLOR AER MED STRM	3	
ETHYL CHLOR AER MIST	3	
<i>ethyl chloride aerosol spray</i>	1	
GEBAUERS SPR AER /STRETCH	3	
<i>Glydo Prsy 2%</i>	1	PA, QL
<i>lidocaine oint 5%</i>	1	QL
<i>lidocaine ptch 5%</i>	1	PA
<i>lidocaine hcl gel 2%</i>	2	PA, QL
<i>lidocaine hcl prsy 2%</i>	1	PA, QL
<i>lidocaine hcl soln 4%</i>	1	QL
<i>lidocaine-prilocaine cream 2.5-2.5%</i>	1	PA, QL

Drug Name	Drug Tier	Requirements/Limits
LIDODERM PTCH 5%	3	PA
LYDEXA CREA 4.12%	NC	
PAIN EASE AER MD STRM	3	
PAIN EASE AER MIST	3	
PLIAGLIS CRE 7-7%	NC	
QUTENZA KIT 8% 1-PCH	6	SP
QUTENZA KIT 8% 2-PCH	6	SP
QUTENZA KIT 8% 4-PCH	6	SP
<i>Tridacaine li Ptch 5%</i>	1	PA
ZERUVIA PAD 4-1%	3	
ZTLIDO PTCH 1.8%	3	PA, QL

MISC. DERMATOLOGICAL PRODUCTS

ALADERM PLUS EMU	NC	
ALEVICYN SG GEL ANTIPRUR	NC	
CERACADE EMU	NC	
CERAMAX CRE	NC	
EMULSION SB EMU	3	PA
EPICERAM EMU	NC	
HPR PLUS AER	NC	
HPR PLUS CRE	3	PA
HPR PLUS KIT	NC	
KAMDOY EMU	NC	
LEVICYN GEL	3	PA
MIMYX CRE	3	PA
NEOSALUS AER	3	PA
NEOSALUS CRE	3	PA
NEOSALUS LOT	3	PA
PHLAG SPR	3	PA
PR CREAM KIT	3	PA
PRESERA AER	3	PA
PRUCLAIR CRE	3	PA
PRUMYX CRE	3	PA
SEBUDERM GEL	3	PA
STRATA MARK GEL	NC	
SYNERDERM EMU	NC	

MISC. TOPICAL

ACUICYN ANTIMICROBIAL EY SOLN .01%	NC	
ACUICYN SOL	NC	
ARNICA TIN FLOWER	3	
AVENOVA SOLN .01%	NC	
BENZOIN TIN NF	3	
BORIC ACID GRA	3	

Drug Name	Drug Tier	Requirements/Limits
DRYSOL SOLN 20%	3	
HYCLODEX SOLN .012%	NC	
HYPOCYN SOLN .012%	NC	
QBREXZA PADS 2.4%	3	
XERAC AC SOLN 6.25%	3	
PHOSPHODIESTERASE 4 (PDE4) INHIBITORS - TOPICAL		
EUCRISA OINT 2%	2	PA; ACA, PV
ZORYVE CREA .05%, .15%, .3%	2	PA, QL
ZORYVE FOAM .3%	3	PA, QL
PROTECTIVES AGAINST UV RADIATION		
SCENESSE IMPL 16MG	M	
ROSACEA AGENTS		
<i>azelaic acid gel 15%</i>	1	PA
<i>brimonidine tartrate (topical) gel .33%</i>	2	PA
FINACEA FOAM 15%	2	PA
<i>ivermectin (rosacea) crea 1%</i>	1	PA
METROCREAM CREA .75%	3	
METROGEL GEL 1%	3	
<i>metronidazole (topical) crea .75%; gel .75%, 1%; lotn .75%</i>	1	
MIRVASO GEL .33%	NC	
NORITATE CREA 1%	NC	
ORACEA CPDR 40MG	1	
REMYDA GEL .25%	NC	
RESTIMO GEL 1-1%	NC	
RHOFADE CREA 1%	NC	
SCABICIDES & PEDICULICIDES		
<i>Crotan Lotn 10%</i>	2	
EURAX CREA 10%	3	
<i>malathion lotn .5%</i>	2	
NATROBA SUSP .9%	3	
OVIDE LOTN .5%	3	
<i>permethrin crea 5%</i>	1	
<i>Pruradik Lotn 10%</i>	2	
<i>spinosad susp .9%</i>	2	
SULF LIME SOL	3	
SCAR TREATMENT PRODUCTS		
RECEDO GEL	NC	
TAR PRODUCTS		
COAL TAR SOLN 20%	3	
WOUND CARE PRODUCTS		
ACTCT FLEX 3 PAD 4"X4"	3	PA

Drug Name	Drug Tier	Requirements/Limits
ACTI ANTIMIC PAD 2"X2"	3	PA
ACTI ANTIMIC PAD 4"X4"	3	PA
ACTICOAT 7 PAD 2"X2"	3	PA
ACTICOAT 7 PAD 4"X5"	3	PA
ACTICOAT MIS 4"X4"	3	PA
ALEVICYN SOL DERMAL	NC	
ALLEVYN AG MIS 6-3/4"	3	PA
ALLEVYN AG MIS 9"X9"SAC	3	PA
ALLEVYN AG PAD 2"X2"	3	PA
ALLEVYN AG PAD 3"X3"	3	PA
ALLEVYN AG PAD 4"X4"	3	PA
ALLEVYN AG PAD 5"X5"	3	PA
ALLEVYN AG PAD 6"X6"	3	PA
ALLEVYN AG PAD 7"X7"	3	PA
ALLEVYN GENT PAD 4"X4	3	PA
ALLEVYN GENT PAD 8"X8"	3	PA
AMNIOCORE MIS 2CMX3CM	M	
AMNIOCORE MIS 2X12CM	M	
AMNIOCORE MIS 3CMX3CM	M	
AMNIOCORE MIS 3CMX4CM	M	
AMNIOCORE MIS 4CMX4CM	M	
AMNIOCORE MIS 4CMX6CM	M	
AMNIOCORE MIS 4CMX8CM	M	
AMNIOCORE MIS 6CMX9CM	M	
AMNIOCORE MIS 6X16CM	M	
AMNIOCORE MIS 9X20CM	M	
AMNIOTEXT MIS 1CMX1CM	M	
AMNIOTEXT MIS 2CMX3CM	M	
AMNIOTEXT MIS 3CMX4CM	M	
AMNIOTEXT MIS 4CMX8CM	M	
AMNIOTEXT MIS 8CMX8CM	M	
AMORPH WOUND GEL DRESSING	3	PA
AQUACEL AG PAD 5"X4"	3	PA
AQUACEL FOAM PAD 5"X5"	3	PA
AQUACEL FOAM PAD 7"X7"	3	PA
ARIDA GEL	3	PA
ATRAPRO GEL HYDROGEL	3	PA
BIOSTEP MIS 2"X2"	M	
BIOSTEP MIS 4"X4"	3	PA
CA ALGINATE MIS 12" ROPE	3	PA
CA ALGINATE PAD 2"X2"	3	PA
CA ALGINATE PAD 4"X4"	3	PA
CA ALGINATE PAD 4"X8"	3	PA

Drug Name	Drug Tier	Requirements/Limits
CURITY HYPER MIS 1/2"X15'	3	PA
CURITY NAACL PAD 6"X6-3/4	3	PA
CYGNUS DUAL MIS 2CMX3CM	M	
CYGNUS DUAL MIS 4CMX4CM	M	
CYGNUS DUAL MIS 4CMX6CM	M	
DURAFIBER AG PAD 2"X2"	3	PA
DURAFIBER AG PAD 4"X4"	3	PA
DURAFIBER AG PAD 6"X6"	3	PA
DYNAGINATE MIS 12" ROPE	3	PA
DYNAGINATE PAD 4"X5"	3	PA
DYNAGINATE PAD 4"X8"	3	PA
DYNAGINATE PAD AG 2"X2"	3	PA
ENDO DERMAL MIS 5X5 CM	3	PA
EPICORD MIS 1CMX2CM	M	
EPICORD MIS 2CMX3CM	M	
EPIFIX MIS 2CMX3CM	M	
EPIFIX MIS 3CMX3CM	M	
EPIFIX MIS 4CMX4CM	M	
FILSUVEZ GEL 10%	NC	
HYDRFRA BLUE PAD RDY 2.5"	3	PA
HYDRFRA BLUE PAD RDY 4X5"	3	PA
HYDRFRA BLUE PAD RDY 8X8"	3	PA
HYDRFRA MRF PAD 2"X2.75"	3	PA
HYDROFERA PAD BLUE 2X2	3	PA
HYDROFERA PAD BLUE 4X4	3	PA
HYDROFERA PAD BLUE 6X6	3	PA
HYDROFERA PAD BLUE 9MM	3	PA
HYDROFERA PAD MRF4"X4"	3	PA
HYDROFERA PAD MRF 2.5"	3	PA
HYDROFRA MRF PAD 2-1/4X8"	3	PA
HYDROG WOUND MIS 3" DISK	3	
HYDROG WOUND MIS 4-3/4"	3	
HYDROGEL DRE PAD 2"X3"	3	PA
HYDROGEL DRE PAD 4"X5"	3	PA
HYDROGEL GAU PAD 2"X2"	3	
HYDROGEL GAU PAD 4"X4"	3	
HYDROGEL GAU PAD 4"X8"	3	
INNOVAMATRIX MIS 2CMX2CM	M	
INNOVAMATRIX MIS 4CMX4CM	M	
INNOVAMATRIX MIS 4CMX6CM	M	
INNOVAMATRIX MIS 5CMX5CM	M	
INNOVAMATRIX MIS AC 15MM	M	
KARDIAMEMBRA MIS 4CMX8CM	M	

Drug Name	Drug Tier	Requirements/Limits
KARDIAMEMBRA MIS 8CMX8CM	M	
KERAGEL GEL WOUND	3	PA
KERAGELT GEL	3	PA
KERAMATRIX MIS 2X3CM	3	PA
KERAMATRIX MIS 5X5CM	3	PA
KERAMATRIX MIS 10X10CM	3	PA
KERASTAT GEL 5%	3	PA
KERASTAT CRE	3	PA
LEVICYN SOL DERMAL	NC	
LUXAMEND CRE	3	PA
MATRIX WOUND MIS BILAYER	3	PA
MICROCYN LIQD .023%	3	PA
MIRO3D FIBERS WOUND MATRI MISC 100MG, 250MG, 500MG, 700MG	3	PA
MIRO3D WOUND PAD 2X2X2CM	3	PA
MIRO3D WOUND PAD 3X3X2CM	3	PA
MIRO3D WOUND PAD 4X4X2CM	3	PA
MIRO3D WOUND PAD 5X2X2CM	3	PA
MIRO3D WOUND PAD 5X5X2CM	3	PA
MIRO3D WOUND PAD 6X5X2CM	3	PA
MIRO3D WOUND PAD 7X5X2CM	3	PA
MIRO3D WOUND PAD 8X5X2CM	3	PA
MIRO3D WOUND PAD 10X2X2CM	3	PA
MIRO3D WOUND PAD 10X5X2CM	3	PA
MIRODRY MIS 2X2CM	M	
MIRODRY MIS 3X3CM	3	PA
MIRODRY MIS 4X4CM	M	
MIRODRY MIS 5X2CM	3	PA
MIRODRY MIS 5X5CM	M	
MIRODRY MIS 6X5CM	3	PA
MIRODRY MIS 7X5CM	3	PA
MIRODRY MIS 8X5CM	3	PA
MIRODRY MIS 10X2CM	3	PA
MIRODRY MIS 10X5CM	3	PA
MIROTRACT MIS 3MMX5CM	3	PA
MIROTRACT MIS 3MMX9CM	3	PA
MIROTRACT MIS 5MMX5CM	3	PA
MIROTRACT MIS 5MMX9CM	3	PA
NEOX 100 MIS 2CMX2CM	M	
NEOX 100 MIS 3CMX3CM	M	
NEOX CORD 1K MIS 3CMX2CM	M	
NEOX CORD 1K MIS 3CMX3CM	M	
NEOX CORD 1K MIS 4CMX3CM	M	

Drug Name	Drug Tier	Requirements/Limits
NORMLGEL AG GEL	3	PA
NOVACHOR MIS 1.5X2.75	M	
NOVACHOR MIS 2.5X2.5	M	
NUSHIELD MIS 1.6CM	M	
NUSHIELD MIS 2CMX3CM	M	
NUSHIELD MIS 2CMX4CM	M	
NUSHIELD MIS 3.2CM	M	
NUSHIELD MIS 3CMX4CM	M	
NUSHIELD MIS 4CMX4CM	M	
NUSHIELD MIS 4CMX6CM	M	
NUSHIELD MIS 6CMX6CM	M	
OCM WOUND CARE MATRIX DEVI 1.6GM	3	PA
PALINGEN HYD MIS 2CMX2CM	M	
PALINGEN HYD MIS 4CMX8CM	M	
PALINGEN MEM MIS 4CMX4CM	M	
PALINGEN MEM MIS 8CMX8CM	M	
PALINGEN XHM MIS 1CMX1CM	M	
PALINGEN XHM MIS 2CMX3CM	M	
PALINGEN XHM MIS 4CMX6CM	M	
PALINGEN XHM MIS 4CMX8CM	M	
RADIAPLEXRX GEL	3	PA
RESTORE SILV PAD 2"X2"	3	PA
RESTORE SILV PAD 4"X4"	3	PA
RESTORE SILV PAD 4"X4.75"	3	PA
RESTORE SILV PAD 4"X5"	3	PA
RESTORE SILV PAD 6"X8"	3	PA
SAFRYCYN CREA .2%	3	PA
SILIGENTLE PAD 2"X2"	3	PA
SILIGENTLE PAD 6"X6"	3	PA
SILIGENTLE PAD AG 2"X2"	3	PA
SILVRSTAT GEL DRESSING	3	PA
SIMPLIGRAFT MIS 2CMX3CM	M	
SIMPLIGRAFT MIS 4CMX4CM	M	
SIMPLIGRAFT MIS 4CMX8CM	M	
SOLOX GEL	3	PA
SONAFINE EMU	3	PA
STRATA GRT GEL	NC	
STRAVIX MIS 2CMX4CM	M	
VASHE WOUND SOL	3	PA
VASHE WOUND SOL	NC	
VENELEX OIN	3	PA
VIA MATRIX MIS 2CMX3CM	M	
VIA MATRIX MIS 4CMX4CM	M	

Drug Name	Drug Tier	Requirements/Limits
VIA MATRIX MIS 10X11CM	M	
XEROFORM OCL MIS 5"X9"	3	PA
XEROFORM OCL PAD 1X8"	3	PA
XEROFORM OCL PAD 4"X4"	3	PA
XEROFORM OIL MIS 1"X8"	3	PA
XEROFORM OIL MIS ROLL 4X9	3	PA
XEROFORM OIL PAD 2"X2"	3	PA
XEROFORM PET PAD 4X4 DRES	3	PA
XEROFORM PET PAD 5X9 DRES	3	PA
XEROFRM GAUZ MIS 1"X8"	3	PA
XEROFRM GAUZ MIS 5"X9"	3	PA
XEROFRM PETR PAD 2"X2"	3	PA
XEROFRM PETR PAD 4"X4"	3	PA
XEROFRM ROLL MIS 4"X9"	3	PA
ZANABIN GEL HYDROGEL	3	PA
ZENIFIBER AG PAD 2"X2"	3	PA
ZENIFIBER AG PAD 4"X5"	3	PA
ZENIFIBER AG PAD 6"X6"	3	PA
ZENIFIBER AG PAD 8"X8"	3	PA
ZENIFOAM AG PAD 2"X2"	3	PA
ZENIFOAM AG PAD 4"X5"	3	PA
ZEVASKYN MIS	M	

DIAGNOSTIC PRODUCTS

DIAGNOSTIC BIOLOGICALS

ALFALFA INJ 1:20	3	
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DIAGNOSTIC DRUGS

BLUDIGO SOLN 40MG/5ML	3	
<i>dipyridamole (diagnostic) soln 5mg/ml</i>	1	

DIAGNOSTIC PRODUCTS, MISC.

BREEZA ORAL SOL ABD/PELV	3	
BREEZA ORAL SOL CONTRAST	3	

DIAGNOSTIC RADIOPHARMACEUTICALS

FLUDEOXYGLUCOSE F 18 SOLN 200MCI/ML	3	
GOZELLIX CONFIGURATION A KIT 25MCG	3	
GOZELLIX CONFIGURATION B KIT 25MCG	3	
LOCAMETZ KIT 25MCG	3	
PYLARIFY INJ TRUVU	3	

DIAGNOSTIC TESTS

ACCU-CHEK TES AVIVA PL	7	OTC; PV
ACCU-CHEK TES GUIDE	7	OTC; PV
ACCU-CHEK TES SMART	7	OTC; PV
ACCUTREND TES GLUCOSE	NC	OTC

Drug Name	Drug Tier	Requirements/Limits
ADVANCE TES INTUITIO	NC	OTC
ADVANCE TES MICRO-DW	NC	OTC
ADVOCATE TES	NC	OTC
ADVOCATE TES REDI-COD	NC	OTC
ADVOCATE TES REDICODE	NC	OTC
AGAMATRIX TES AMP	NC	OTC
AGAMATRIX TES JAZZ	NC	OTC
AGAMATRIX TES PRESTO	NC	OTC
ASSURE 3 TES	NC	OTC
ASSURE 4 TES	NC	OTC
ASSURE II TES	NC	OTC
ASSURE II TES CHECK	NC	OTC
ASSURE PRISM TES MULTI	NC	OTC
ASSURE PRO TES	NC	OTC
ASSURE TES PLATINUM	NC	OTC
ASSURE TITAN TES STRIPS	NC	
AUTOCODE TES BLD GLUC	NC	OTC
BIOTEL CARE TES STRIPS	NC	OTC
BLOOD GLUCOS MIS STRIPS	NC	OTC
BLOOD GLUCOS TES	NC	OTC
BLOOD GLUCOS TES PREMIUM	NC	OTC
BLOOD GLUCOS TES STRIPS	NC	OTC
CARESENS N TES	NC	OTC
CARESENS N TES GLUCOSE	NC	OTC
CARESENS S TES BLD GLUC	NC	OTC
CLEVER CHEK TES	NC	OTC
CLEVER CHEK TES AUTO CD	NC	OTC
CLEVER CHEK TES VOICE	NC	OTC
CLEVER CHOIC TES MICRO	NC	OTC
CLEVR CHOICE TES AUTO-CD	NC	OTC
CONFIRM/MICR TES GLUCOSE	NC	OTC
CONSULT INF KIT A&B TEST	NC	
CONTOUR TES BLD GLUC	NC	OTC
CONTOUR TES NEXT	NC	OTC
COOL BLOOD TES GLUCOSE	NC	OTC
CVS ADVANCED TES GLUCOSE	NC	OTC
CVS GLUCOSE TES STRIPS	NC	OTC
CVS TRUE MET TES GLUCOSE	NC	OTC
D-CARE BLOOD TES GLUCOSE	NC	
DIATRUE PLUS TES STRIPS	NC	OTC
DUO-CARE TES	NC	OTC
EASY PLUS II TES BLD GLUC	NC	OTC
EASY STEP TES	NC	OTC

Drug Name	Drug Tier	Requirements/Limits
EASY TALK TES BLD GLUC	NC	OTC
EASY TOUCH TES GLUCOSE	NC	OTC
EASY TOUCH TES STRIPS	NC	OTC
EASY TRAK TES BLD GLUC	NC	OTC
EASYGLUCO TES	NC	OTC
EASYMAX 15 TES	NC	OTC
EASYMAX TES	NC	OTC
EASYPRO PLUS TES	NC	OTC
EASYPRO TES BLD GLUC	NC	OTC
ELEMENT TES	NC	OTC
ELEMNT COMPA TES STRIPS	NC	OTC
EMBRACE EVO TES	NC	OTC
EMBRACE PRO TES	NC	OTC
EMBRACE TES BLD GLUC	NC	OTC
EVOLUTION TES AUTOCODE	NC	OTC
FIFTY50 GLUC TES 2.0	NC	OTC
FORA ADVANCE TES PRO	NC	OTC
FORA BLOOD TES GLUCOSE	NC	OTC
FORA D15G TES BLD GLUC	NC	OTC
FORA D20 TES BLD GLUC	NC	OTC
FORA D40/G31 TES GLUCOSE	NC	OTC
FORA G20 TES BLD GLUC	NC	OTC
FORA G30/V10 TES BLD GLUC	NC	OTC
FORA GD20 TES BLD GLUC	NC	OTC
FORA GD50 TES	NC	OTC
FORA TN'G TES TN'G VOI	NC	OTC
FORA V10 TES BLD GLUC	NC	OTC
FORA V12 TES BLD GLUC	NC	OTC
FORA V20 TES BLD GLUC	NC	OTC
FORA V30A TES BLD GLUC	NC	OTC
FORACARE TES GD40	NC	OTC
FORACARE TES PREM V10	NC	OTC
FORACARE TES TST N GO	NC	OTC
FREESTYLE TES	NC	OTC
FREESTYLE TES INSULINX	NC	OTC
FREESTYLE TES LITE	NC	OTC
FREESTYLE TES PREC NEO	NC	OTC
GE100 BLOOD TES GLUCOSE	NC	OTC
GENULTIMATE TES	NC	OTC
GHT TEST TES STRIPS	NC	OTC
GLUCO PERFEC TES 3	NC	OTC
GLUCOCARD 01 TES PLUS	NC	OTC
GLUCOCARD 01 TES SENSOR	NC	OTC

Drug Name	Drug Tier	Requirements/Limits
GLUCOCARD TES EXPRESSI	NC	OTC
GLUCOCARD TES SHINE	NC	OTC
GLUCOCARD TES VITAL	NC	OTC
GLUCOCARD TES X-SENSOR	NC	OTC
GLUCOCOM TES	NC	OTC
GLUCONAVII TES STRIPS	NC	OTC
GOJJI BLOOD TES GLUCOSE	NC	OTC
GOJJI STRIPS MIS W/LANCET	NC	OTC
IHEALTH BLOO TES GLUCOSE	NC	OTC
IN TOUCH TES BLOOD	NC	OTC
INFINITY TES BLD GLUC	NC	OTC
KROGER BLOOD TES GLUCOSE	NC	OTC
LIBERTY TES	NC	OTC
MEIJER BLOOD TES GLUCOSE	NC	OTC
MEIJER TES TRUETEST	NC	OTC
MEIJER TES TRUETRAC	NC	OTC
MICRODOT TES	NC	OTC
MYGLUCOHEALT TES BLD GLUC	NC	OTC
NEUTEK 2TEK TES STRIPS	NC	OTC
NO CODING TES BLD GLUC	NC	OTC
NOVA MAX TES GLUCOSE	NC	OTC
ON CALL TES EXPRESS	NC	OTC
OPTIUMEZ TES	NC	OTC
POCKETCHEM TES EZ	NC	OTC
PRECISION TES XTRA	NC	OTC
PRODIGY NO TES CODING	NC	OTC
QUICKTEK TES	NC	OTC
QUINTET AC TES BLD GLUC	NC	OTC
QUINTET TES BLD GLUC	NC	OTC
REFUAH PLUS TES BLD GLUC	NC	OTC
RELION PLATN TES GLUCOSE	NC	OTC
RELION PRIME TES	NC	OTC
RELION PRIME TES GLUCOSE	NC	OTC
RELION TES ULTIMA	NC	OTC
RELION TRUE TES METRIX	NC	OTC
RIGHTEST TES GS100	NC	OTC
RIGHTEST TES GS300	NC	OTC
RIGHTEST TES GS550	NC	OTC
SMART SENSE TES TEST	NC	OTC
SMARTEST TES BLD GLUC	NC	OTC
SOLUS V2 TES AUDIBLE	NC	OTC
SUPREME TES	NC	OTC
TRUE METRIX TES GLUCOSE	7	OTC; PV

Drug Name	Drug Tier	Requirements/Limits
TRUE METRIX TES PRO TEST	NC	OTC
TRUENESS TES STRIPS	NC	OTC
TRUETEST TES	NC	OTC
TRUETRACK TES	NC	OTC
UNISTRIP1 TES GENERIC	NC	OTC

DIGESTIVE AIDS

DIGESTIVE ENZYMES

CREON CAP 3000UNIT	2	
CREON CAP 6000UNIT	2	
CREON CAP 12000UNT	2	
CREON CAP 24000UNT	2	
CREON CAP 36000UNT	2	
PANCREAZE CAP 2600UNIT	3	
PANCREAZE CAP 4200UNIT	3	
PANCREAZE CAP 10500UNT	3	
PANCREAZE CAP 16800UNT	3	
PANCREAZE CAP 21000UNT	3	
PANCREAZE CAP 37000	3	
PERTZYE CAP 4000UNIT	3	
PERTZYE CAP 8000UNIT	3	
PERTZYE CAP 16000U	3	
PERTZYE CAP 24000U	3	
SUCRAID SOLN 8500UNIT/ML	6	
VIOKACE TAB 10440	2	
VIOKACE TAB 20880	2	
ZENPEP CAP 3000UNIT	2	
ZENPEP CAP 5000UNIT	2	
ZENPEP CAP 10000UNT	2	
ZENPEP CAP 15000UNT	2	
ZENPEP CAP 20000UNT	2	
ZENPEP CAP 25000UNT	2	
ZENPEP CAP 40000UNT	2	
ZENPEP CAP 60000UNT	2	

DIURETICS

CARBONIC ANHYDRASE INHIBITORS

<i>acetazolamide cp12 500mg; tabs 125mg, 250mg</i>	1	
<i>acetazolamide sodium solr 500mg</i>	1	
<i>dichlorphenamide tabs 50mg</i>	4	SP, PA, QL
KEVEYIS TABS 50MG	6	SP, PA, QL
<i>methazolamide tabs 25mg, 50mg</i>	1	
<i>Ormalvi Tabs 50mg</i>	4	SP, PA, QL

Drug Name	Drug Tier	Requirements/Limits
DIURETIC COMBINATIONS		
<i>amiloride & hydrochlorothiazide tab 5-50 mg</i>	1	PV
<i>spironolactone & hydrochlorothiazide tab 25-25 mg</i>	1	PV
<i>triamterene & hydrochlorothiazide cap 37.5-25 mg</i>	1	PV
<i>triamterene & hydrochlorothiazide tab 37.5-25 mg</i>	1	PV
<i>triamterene & hydrochlorothiazide tab 75-50 mg</i>	1	PV
LOOP DIURETICS		
<i>bumetanide soln .25mg/ml; tabs .5mg, 1mg, 2mg</i>	1	
BUMEX TABS .5MG	3	
EDECIN TABS 25MG	3	
<i>ethacrynate sodium solr 50mg</i>	1	
<i>ethacrynic acid tabs 25mg</i>	2	
FUROSEMIDE SOLN 10MG/ML	3	
<i>furosemide soln 10mg/ml, 40mg/5ml; tabs 20mg, 40mg</i>	1	
<i>furosemide tab 80 mg</i>	1	
LASIX TABS 20MG, 40MG, 80MG	3	
SOANZ TABS 20MG, 40MG, 60MG	NC	
<i>toremide tabs 5mg, 10mg, 20mg, 100mg</i>	1	
OSMOTIC DIURETICS		
MANNITOL SOLN 20%, 25%	3	
<i>mannitol soln 25%</i>	1	
OSMITROL VIAFLEX SOLN 10%, 20%	3	
POTASSIUM SPARING DIURETICS		
ALDACTONE TABS 25MG, 50MG, 100MG	3	
<i>amiloride hcl tabs 5mg</i>	1	
CAROSPIR SUSP 25MG/5ML	NC	
DYRENIUM CAPS 50MG, 100MG	NC	
<i>spironolactone susp 25mg/5ml</i>	2	
<i>spironolactone tabs 25mg, 50mg, 100mg</i>	1	
<i>triamterene caps 50mg, 100mg</i>	2	
THIAZIDES AND THIAZIDE-LIKE DIURETICS		
<i>chlorothiazide sodium solr 500mg</i>	1	
<i>chlorthalidone tabs 25mg, 50mg</i>	1	PV
<i>hydrochlorothiazide caps 12.5mg; tabs 12.5mg, 25mg, 50mg</i>	1	PV
<i>indapamide tabs 1.25mg, 2.5mg</i>	1	PV

Drug Name	Drug Tier	Requirements/Limits
INZIRQO SUSR 10MG/ML	NC	
<i>metolazone tabs 2.5mg, 5mg, 10mg</i>	1	
THALITONE TABS 15MG	3	PV

ENDOCRINE AND METABOLIC AGENTS - MISC.

ADRENAL STEROID INHIBITORS

ISTURISA TABS 1MG, 5MG	NC	
RECORLEV TABS 150MG	NC	

BONE DENSITY REGULATORS

ACTONEL TABS 35MG, 150MG	3	PV
<i>alendronate sodium soln 70mg/75ml</i>	2	PV
<i>alendronate sodium tabs 10mg, 35mg, 70mg</i>	1	PV
ATELVIA TBEC 35MG	3	PV
BINOSTO TBEF 70MG	3	PV
BOMYNTRA SOLN 120MG/1.7ML; SOSY 120MG/1.7ML	NC	SP
BONSITY SOPN 560MCG/2.24ML	NC	SP
<i>calcitonin (salmon) soln 200unit/act</i>	1	PV
<i>calcitonin (salmon) soln 200unit/ml</i>	1	
CONEXXENCE SOSY 60MG/ML	NC	SP
EVENITY SOSY 105MG/1.17ML	NC	
FORTEO SOPN 560MCG/2.24ML	NC	SP
FOSAMAX TABS 70MG	3	PV
FOSAMAX + D TAB 70-2800	3	PV
FOSAMAX + D TAB 70-5600	3	PV
<i>ibandronate sodium soln 3mg/3ml; tabs 150mg</i>	1	PV
JUBBONTI SOSY 60MG/ML	NC	SP
MIACALCIN SOLN 200UNIT/ML	NC	
OSEVELT SOLN 120MG/1.7ML	5	SP, PA, QL
OSPOMYV SOSY 60MG/ML	5	SP, PA, QL
PAMIDRONATE DISODIUM SOLN 6MG/ML	3	
<i>pamidronate disodium soln 30mg/10ml, 90mg/10ml</i>	1	
PROLIA SOSY 60MG/ML	NC	SP
RECLAST SOLN 5MG/100ML	6	SP, PA; PV
<i>risedronate sodium tabs 5mg, 30mg, 35mg, 150mg; tbec 35mg</i>	1	PV
STOBOCLO SOSY 60MG/ML	5	SP, PA, QL
<i>teriparatide sopn 560mcg/2.24ml</i>	4	SP, PA, QL; PV
TERIPARATIDE SOPN 560MCG/2.24ML	NC	
TYMLOS SOPN 3120MCG/1.56ML	5	SP, PA, QL; PV
XGEVA SOLN 120MG/1.7ML	NC	SP
XTRENBO SOLN 120MG/1.7ML	NC	SP
<i>zoledronic acid conc 4mg/5ml</i>	4	SP, PA

Drug Name	Drug Tier	Requirements/Limits
ZOLEDRONIC ACID SOLN 4MG/100ML	6	SP, PA
<i>zoledronic acid soln 5mg/100ml</i>	4	SP, PA; PV
CORTICOTROPIN		
ACTHAR GEL 80UNIT/ML	6	SP, PA, QL
ACTHAR GEL PEN 40UNIT/0.5ML, 80UNIT/ML	6	SP, PA, QL
CORTROPHIN GEL 80UNIT/ML	6	SP, PA, QL
CORTICOTROPIN-RELEASING FACTOR (CRF) RECEPTOR ANTAGONISTS		
CRENESSITY CAPS 25MG, 50MG, 100MG; SOLN 50MG/ML	6	SP, PA, QL
FERTILITY REGULATORS		
CHORIONIC GONADOTROPIN SOLR 10000UNIT	NC	SP
<i>Clomid Tabs 50mg</i>	1	PA
<i>clomiphene citrate tabs 50mg</i>	1	PA
FOLLISTIM AQ SOLN 300UNT/0.36ML, 600UNT/0.72ML, 900UNT/1.08ML	5	SP, PA, QL
GONAL-F SOLR 450UNIT, 1050UNIT	NC	SP
GONAL-F RFF SOLR 75UNIT	NC	SP
GONAL-F RFF REDIJECT SOPN 300UNT/0.48ML, 450UNT/0.72ML, 900UNT/1.44ML	NC	SP
MENOPUR SOLR 75UNIT	6	SP, PA
<i>Milophene Tabs 50mg</i>	1	PA
NOVAREL SOLR 5000UNIT	NC	SP
OVIDREL SOSY 250MCG/0.5ML	NC	SP
PREGNYL SOLR 10000UNIT	5	SP, PA, QL
GNRH/LHRH ANTAGONISTS		
<i>cetorelix acetate kit .25mg</i>	4	SP, PA
<i>Fyremadel Soty 250mcg/0.5ml</i>	NC	SP
GANIRELIX ACETATE SOSY 250MCG/0.5ML	4	SP, PA
<i>ganirelix acetate soty 250mcg/0.5ml</i>	NC	SP
ORILISSA TABS 150MG, 200MG	2	PA
GROWTH HORMONE RECEPTOR ANTAGONISTS		
SOMAVERT SOLR 10MG, 15MG, 20MG, 25MG, 30MG	NC	SP
GROWTH HORMONE RELEASING HORMONES (GHRH)		
EGRIFTA SV SOLR 2MG	6	SP, PA, QL
EGRIFTA WR KIT 11.6MG	6	SP, PA, QL
GROWTH HORMONES		
GENOTROPIN CART 5MG, 12MG	NC	SP

Drug Name	Drug Tier	Requirements/Limits
GENOTROPIN MINIQUICK PRSY .2MG, .4MG, .6MG, .8MG, 1MG, 1.2MG, 1.4MG, 1.6MG, 1.8MG, 2MG	NC	SP
HUMATROPE CART 6MG, 12MG, 24MG	5	SP, PA
NGENLA SOPN 24MG/1.2ML, 60MG/1.2ML	NC	SP
NORDITROPIN FLEXPPO SOPN 5MG/1.5ML, 10MG/1.5ML, 15MG/1.5ML	5	SP, PA
NUTROPIN AQ NUSPIN 5 SOPN 5MG/2ML	NC	SP
NUTROPIN AQ NUSPIN 10 SOPN 10MG/2ML	NC	SP
NUTROPIN AQ NUSPIN 20 SOPN 20MG/2ML	NC	SP
OMNITROPE SOCT 5MG/1.5ML, 10MG/1.5ML; SOLR 5.8MG	NC	SP
SAIZEN SOLR 5MG	NC	SP
SEROSTIM SOLR 4MG, 5MG, 6MG	6	SP, PA
SKYTROFA CART 3MG, 3.6MG, 4.3MG, 5.2MG, 6.3MG, 7.6MG, 9.1MG, 11MG, 13.3MG	NC	SP
SOGROYA SOPN 5MG/1.5ML, 10MG/1.5ML, 15MG/1.5ML	5	SP, PA
ZOMACTON SOLR 5MG, 10MG	NC	SP
HORMONE RECEPTOR MODULATORS		
EVISTA TABS 60MG	3	PV
OSPHENA TABS 60MG	NC	
<i>raloxifene hcl tabs 60mg</i>	0	ACA, PV
INSULIN-LIKE GROWTH FACTOR RECEPTOR INHIBITORS		
TEPEZZA SOLR 500MG	6	SP, PA
INSULIN-LIKE GROWTH FACTORS (SOMATOMEDINS)		
INCRELEX SOLN 40MG/4ML	6	SP, PA
LHRH/GNRH AGONIST ANALOG PITUITARY SUPPRESSANTS		
FENSOLVI KIT 45MG	5	SP, PA, QL
LUPRON DEPOT-PED (1-MONTH KIT 7.5MG, 11.25MG, 15MG)	5	SP, PA, QL
LUPRON DEPOT-PED (3-MONTH KIT 11.25MG, 30MG)	5	SP, PA, QL
LUPRON DEPOT-PED (6-MONTH KIT 45MG)	5	SP, PA, QL
SUPPRELIN LA KIT 50MG	5	SP, PA
SYNAREL SOLN 2MG/ML	3	PA
TRIPTODUR SRER 22.5MG	5	SP, PA
MENOPAUSAL SYMPTOMS SUPPRESSANTS		
LYNKUET CAPS 60MG	NC	
VEOZAH TABS 45MG	NC	SP
METABOLIC MODIFIERS		
ALDURAZYME SOLN 2.9MG/5ML	6	SP, PA

Drug Name	Drug Tier	Requirements/Limits
<i>betaine powder for oral solution</i>	4	SP, PA
BRINEURA KIT 150MG/5ML	M	
BUPHENYL POWD 3GM/TSP; TABS 500MG	NC	SP
<i>calcitriol caps .25mcg, .5mcg; soln 1mcg/ml</i>	1	
CARBAGLU TBSO 200MG	NC	SP
<i>carglumic acid tbsso 200mg</i>	4	SP, PA
CARNITOR SOLN 1GM/10ML; TABS 330MG	NC	SP
CARNITOR SOLN 200MG/ML	3	
CARNITOR SF SOLN 1GM/10ML	NC	SP
<i>cinacalcet hcl tabs 30mg, 60mg, 90mg</i>	4	SP, PA, QL
CRYSVITA SOLN 10MG/ML, 20MG/ML, 30MG/ML	6	SP, PA, QL
CYSTADANE POW	NC	SP
<i>doxercalciferol caps .5mcg, 1mcg, 2.5mcg; soln 4mcg/2ml</i>	1	
ELAPRASE SOLN 6MG/3ML	6	SP, PA
ELFABRIO SOLN 5MG/2.5ML, 20MG/10ML	5	SP, PA
FABRAZYME SOLR 5MG, 35MG	5	SP, PA
FORZINITY SOLN 280MG/3.5ML	NC	SP
GALAFOLD CAPS 123MG	5	SP, PA, QL
<i>glycerol phenylbutyrate liqd 1.1gm/ml</i>	4	SP, PA, QL
HARLIKU TABS 2MG	NC	SP
<i>Javygtor Pack 100mg, 500mg; Tabs 100mg</i>	4	SP, PA
KANUMA SOLN 20MG/10ML	6	SP, PA
KEBILIDI INJ	M	
KUVAN PACK 100MG, 500MG; TABS 100MG	NC	SP
LAMZEDE SOLR 10MG	6	SP, PA
<i>levocarnitine (metabolic modifiers) soln 1gm/10ml, 200mg/ml; tabs 330mg</i>	1	
LUMIZYME SOLR 50MG	6	SP, PA
MEPSEVII SOLN 10MG/5ML	6	SP, PA
MYALEPT SOLR 11.3MG	6	SP, PA, QL
NAGLAZYME SOLN 1MG/ML	6	SP, PA
NEXVIAZYME SOLR 100MG	5	SP, PA
<i>nitisinone caps 2mg, 5mg, 10mg, 20mg</i>	4	SP, PA
NITYR TABS 2MG, 5MG, 10MG	NC	SP
ORFADIN CAPS 2MG, 5MG, 10MG, 20MG; SUSP 4MG/ML	5	SP, PA
PALYNZIQ SOSY 2.5MG/0.5ML, 10MG/0.5ML, 20MG/ML	NC	SP
<i>paricalcitol caps 1mcg, 4mcg; soln 2mcg/ml, 5mcg/ml</i>	1	
<i>paricalcitol caps 2mcg</i>	2	

Drug Name	Drug Tier	Requirements/Limits
PARSABIV SOLN 2.5MG/0.5ML, 5MG/ML, 10MG/2ML	NC	SP
PHEBURANE PLLT 483MG/GM	5	SP, PA, QL
RAVICTI LIQD 1.1GM/ML	NC	SP
RAYALDEE CPCR 30MCG	3	
ROCALTROL CAPS .25MCG, .5MCG; SOLN 1MCG/ML	2	
<i>sapropterin dihydrochloride pack 100mg, 500mg; tabs 100mg</i>	4	SP, PA
SENSIPAR TABS 30MG, 60MG, 90MG	6	SP, PA, QL
SEPHIENCE PACK 250MG, 1000MG	NC	SP
<i>sodium benzoate & sodium phenylacetate iv soln 10-10%</i>	1	
<i>sodium phenylbutyrate powd 3gm/tsp; tabs 500mg</i>	4	SP, PA, QL
STRENSIQ SOLN 18MG/0.45ML, 28MG/0.7ML, 40MG/ML, 80MG/0.8ML	6	SP, PA
TRYNGOLZA SOAJ 80MG/0.8ML	NC	SP
VIMIZIM SOLN 5MG/5ML	6	SP, PA
VYKAT XR TB24 25MG, 75MG, 150MG	NC	SP
XENPOZYME SOLR 4MG, 20MG	6	SP, PA
XPHOZAH TABS 20MG, 30MG	NC	SP
XURIDEN PACK 2GM	6	SP, QL
<i>Zelvysia Pack 100mg, 500mg</i>	4	SP, PA
ZEMPLAR CAPS 1MCG, 2MCG; SOLN 2MCG/ML, 5MCG/ML	3	
MINERALOCORTICOID RECEPTOR ANTAGONISTS		
KERENDIA TABS 10MG, 20MG	2	PA
NATRIURETIC PEPTIDES		
VOXZOGO SOLR .4MG, .56MG, 1.2MG	6	SP, PA, QL
POSTERIOR PITUITARY HORMONES		
DDAVP SOLN 4MCG/ML; TABS .1MG, .2MG	3	
<i>desmopressin acetate soln 4mcg/ml</i>	2	
<i>desmopressin acetate tabs .1mg, .2mg</i>	1	
<i>desmopressin acetate spray soln .01%</i>	1	
<i>desmopressin acetate spray refrigerated soln .1mg/ml</i>	2	
<i>vasopressin soln 20unit/ml</i>	1	
VASOSTRICT SOLN 20UNIT/ML	3	
VASOSTRICT SOL 40UNIT	3	
PROLACTIN INHIBITORS		
<i>cabergoline tabs .5mg</i>	1	

Drug Name	Drug Tier	Requirements/Limits
SOMATOSTATIC AGENTS		
BYNFEZIA PEN SOPN 2500MCG/ML	NC	SP
<i>lanreotide acetate soln 120mg/0.5ml</i>	4	SP, PA, QL
LANREOTIDE ACETATE SOLN 120MG/0.5ML	6	SP, PA, QL
MYCAPSSA CPDR 20MG	NC	SP
<i>octreotide acetate kit 10mg, 20mg, 30mg; soln 50mcg/ml, 100mcg/ml, 200mcg/ml, 500mcg/ml, 1000mcg/5ml, 1000mcg/ml; sosy 50mcg/ml, 100mcg/ml, 500mcg/ml</i>	4	SP, PA, QL
SANDOSTATIN SOLN 50MCG/ML, 100MCG/ML, 500MCG/ML	6	SP, PA, QL
SANDOSTATIN LAR DEPOT KIT 20MG, 30MG	NC	SP
SIGNIFOR SOLN .3MG/ML, .6MG/ML, .9MG/ML	6	SP, PA, QL
SIGNIFOR LAR SRER 20MG, 40MG, 60MG	NC	SP
SOMATULINE DEPOT SOLN 60MG/0.2ML, 90MG/0.3ML, 120MG/0.5ML	5	SP, PA, QL
VASOPRESSIN RECEPTOR ANTAGONISTS		
JYNARQUE TABS 15MG, 30MG; TBPK 15MG	5	SP, PA, QL
JYNARQUE PAK 30-15MG	5	SP, PA, QL
JYNARQUE PAK 45-15MG	5	SP, PA, QL
JYNARQUE PAK 60-30MG	5	SP, PA, QL
JYNARQUE PAK 90-30MG	5	SP, PA, QL
SAMSCA TABS 15MG, 30MG	5	SP, PA
<i>tolvaptan tabs 15mg, 30mg; tbpk 15mg</i>	4	SP, PA, QL
<i>tolvaptan (hyponatremia) tabs 15mg, 30mg</i>	4	SP, PA, QL
<i>tolvaptan tab therapy pack 30 & 15 mg</i>	4	SP, PA, QL
<i>tolvaptan tab therapy pack 45 & 15 mg</i>	4	SP, PA, QL
<i>tolvaptan tab therapy pack 60 & 30 mg</i>	4	SP, PA, QL
<i>tolvaptan tab therapy pack 90 & 30 mg</i>	4	SP, PA, QL
ESTROGENS		
ESTROGEN COMBINATIONS		
<i>Abigale Lo Tab 0.5-0.1</i>	1	
<i>Abigale Tab 1-0.5mg</i>	1	
ACTIVELLA TAB 1-0.5MG	3	
ANGELIQ TAB 0.5-1MG	3	
ANGELIQ TAB 0.25-0.5	3	
BIJUVA CAP 1-100MG	3	
COMBIPATCH DIS	2	
DUAVEE TAB 0.45-20	2	
<i>estradiol & norethindrone acetate tab 0.5-0.1 mg</i>	1	
<i>estradiol & norethindrone acetate tab 1-0.5 mg</i>	1	

Drug Name	Drug Tier	Requirements/Limits
<i>Fyavolv Tab 0.5-2.5</i>	1	
<i>Fyavolv Tab 1-5</i>	1	
<i>Jinteli Tab 1mg-5mcg</i>	1	
<i>Mimvey Tab 1-0.5mg</i>	1	
MYFEMBREE TAB	2	PA
<i>norethindrone acetate-ethinyl estradiol tab 0.5 mg-2.5 mcg</i>	1	
<i>norethindrone acetate-ethinyl estradiol tab 1 mg-5 mcg</i>	1	
ORIAHNN CAP	2	PA
PREMPHASE TAB	2	
PREMPRO TAB	2	
PREMPRO TAB 0.3-1.5	2	
PREMPRO TAB 0.45-1.5	2	
PREMPRO TAB 0.625-5	2	
ESTROGENS		
ALORA PTTW .025MG/24HR, .075MG/24HR, .1MG/24HR	3	
CLIMARA PTWK .025MG/24HR, .05MG/24HR, .06MG/24HR, .075MG/24HR, .1MG/24HR, 37.5MCG/24HR	NC	
DELESTROGEN OIL 10MG/ML, 20MG/ML	3	
DEPO-ESTRADIOL OIL 5MG/ML	3	
<i>Dotti Pttw .025mg/24hr, .037mg/24hr, .05mg/24hr, .075mg/24hr, .1mg/24hr</i>	1	
<i>estradiol gel .06%, .25mg/0.25gm, .5mg/0.5gm, .75mg/0.75gm, 1mg/gm, 1.25mg/1.25gm; pttw .025mg/24hr, .037mg/24hr, .05mg/24hr, .075mg/24hr, .1mg/24hr; ptwk .025mg/24hr, .05mg/24hr, .06mg/24hr, .075mg/24hr, .1mg/24hr, 37.5mcg/24hr; tabs .5mg, 1mg, 2mg</i>	1	
<i>estradiol valerate oil 10mg/ml, 20mg/ml, 40mg/ml</i>	1	
ESTROGEL GEL .06%	3	
<i>estrogens, conjugated tabs .3mg, .45mg, .625mg, .9mg, 1.25mg</i>	1	
<i>Lyllana Pttw .025mg/24hr, .037mg/24hr, .05mg/24hr, .075mg/24hr, .1mg/24hr</i>	1	
MENEST TABS .3MG, .625MG, 1.25MG	NC	
MINIVELLE PTTW .025MG/24HR, .037MG/24HR, .05MG/24HR, .075MG/24HR, .1MG/24HR	NC	

Drug Name	Drug Tier	Requirements/Limits
PREMARIN SOLR 25MG	3	
PREMARIN TABS .3MG, .45MG, .625MG, .9MG, 1.25MG	NC	
VIVELLE-DOT PTTW .025MG/24HR, .037MG/24HR, .05MG/24HR, .075MG/24HR, .1MG/24HR	NC	

FLUOROQUINOLONES

FLUOROQUINOLONES

BAXDELA SOLR 300MG; TABS 450MG	3	
CIPRO SUSR 5GM/100ML, 500MG/5ML; TABS 250MG, 500MG	3	
<i>ciprofloxacin 200 mg/100ml in d5w</i>	1	
<i>ciprofloxacin 400 mg/200ml in d5w</i>	1	
<i>ciprofloxacin hcl tabs 250mg, 500mg, 750mg</i>	1	
<i>levofloxacin soln 25mg/ml</i>	2	
<i>levofloxacin soln 25mg/ml; tabs 250mg, 500mg, 750mg</i>	1	
<i>levofloxacin in d5w iv soln 250 mg/50ml</i>	1	
<i>levofloxacin in d5w iv soln 500 mg/100ml</i>	1	
<i>levofloxacin in d5w iv soln 750 mg/150ml</i>	1	
<i>moxifloxacin hcl tabs 400mg</i>	1	
<i>moxifloxacin hcl 400 mg/250ml in sodium chloride 0.8% inj</i>	1	
MOXIFLOXACIN HYDROCHLORID SOLN 400MG/250ML	NC	
<i>ofloxacin tabs 300mg</i>	2	
<i>ofloxacin tabs 400mg</i>	1	

GASTROINTESTINAL AGENTS - MISC.

5-HT4 RECEPTOR AGONISTS

MOTEGRITY TABS 1MG, 2MG	NC	
<i>prucalopride succinate tabs 1mg, 2mg</i>	1	

AGENTS FOR CHRONIC IDIOPATHIC CONSTIPATION (CIC)

TRULANCE TABS 3MG	3	PA
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BILE ACID SYNTHESIS DISORDER AGENTS

CHOLBAM CAPS 50MG, 250MG	6	SP, PA
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GALLSTONE SOLUBILIZING AGENTS

CTEXLI TABS 250MG	NC	SP
URSO FORTE TABS 500MG	2	
<i>ursodiol caps 300mg; tabs 250mg, 500mg</i>	1	

GASTROINTESTINAL ANTIALLERGY AGENTS

<i>cromolyn sodium (mastocytosis) conc 100mg/5ml</i>	2	
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Drug Name	Drug Tier	Requirements/Limits
GASTROCROM CONC 100MG/5ML	3	
GASTROINTESTINAL CHLORIDE CHANNEL ACTIVATORS		
AMITIZA CAPS 8MCG, 24MCG	NC	
<i>lubiprostone caps 8mcg, 24mcg</i>	1	
GASTROINTESTINAL STIMULANTS		
DEXPANTHENOL SOLN 250MG/ML	3	
<i>metoclopramide hcl soln 5mg/5ml, 5mg/ml, 10mg/10ml; tabs 5mg, 10mg</i>	1	
REGLAN TABS 5MG, 10MG	3	
HEPATOTROPICS		
REZDIFFRA TABS 60MG, 80MG, 100MG	NC	
ILEAL BILE ACID TRANSPORTER (IBAT) INHIBITORS		
BYLVAY CAPS 400MCG, 1200MCG	NC	SP
BYLVAY (PELLETS) CPSP 200MCG, 600MCG	NC	SP
LIVMARLI SOLN 9.5MG/ML, 19MG/ML	6	SP, PA, QL
LIVMARLI TABS 10MG, 15MG, 30MG	NC	SP
INFLAMMATORY BOWEL AGENTS		
APRISO CP24 .375GM	3	
AVSOLA SOLR 100MG	5	SP, PA
AZULFIDINE TABS 500MG	3	
AZULFIDINE EN-TABS TBEC 500MG	3	
<i>balsalazide disodium caps 750mg</i>	1	
CANASA SUPP 1000MG	3	
CIMZIA KIT 200MG	NC	SP
CIMZIA PSKT 200MG/ML	6	SP, PA, QL; Preferred for Non-Radiographic Axial Spondyloarthritis
COLAZAL CAPS 750MG	NC	
DIPENTUM CAPS 250MG	3	
ENTYVIO SOLR 300MG	6	SP, PA, QL
ENTYVIO PEN SOAJ 108MG/0.68ML	5	SP, PA, QL; Preferred for Crohn's Disease, Ulcerative Colitis
INFLECTRA SOLR 100MG	NC	SP
LIALDA TBEC 1.2GM	NC	SP
<i>mesalamine cp24 .375gm; cpcr 500mg; cpdr 400mg; enem 4gm; supp 1000mg; tbec 1.2gm, 800mg</i>	2	
<i>mesalamine w/ cleanser kit 4gm</i>	2	
OMVOH SOAJ 100MG/ML; SOLN 300MG/15ML	NC	SP
OTULFI SOLN 130MG/26ML	NC	SP
PENTASA CPCR 250MG, 500MG	NC	

Drug Name	Drug Tier	Requirements/Limits
PYZCHIVA SOLN 130MG/26ML	NC	SP
REMICADE SOLR 100MG	5	SP, PA, QL
RENFLEXIS SOLR 100MG	NC	SP
ROWASA KIT 4GM	3	
SELARSDI SOLN 130MG/26ML	NC	SP
SKYRIZI SOCT 180MG/1.2ML, 360MG/2.4ML	5	SP, PA, QL; Preferred for Crohn's Disease, Ulcerative Colitis
SKYRIZI SOLN 600MG/10ML	5	SP, PA, QL
STARJEMZA SOLN 130MG/26ML	NC	SP
STELARA SOLN 130MG/26ML	NC	SP
STEQEYMA SOLN 130MG/26ML	NC	SP
<i>sulfasalazine tabs 500mg; tbec 500mg</i>	1	
TREMFYA SOAJ 200MG/2ML; SOSY 200MG/2ML	5	SP, PA, QL; Preferred for Crohn's Disease, Ulcerative Colitis
TREMFYA SOLN 200MG/20ML	5	SP, PA, QL
TREMFYA INDUCTION PACK FO SOAJ 200MG/2ML	5	SP, PA, QL; Preferred for Crohn's Disease, Ulcerative Colitis
USTEKINUMAB-TTWE SOLN 130MG/26ML	NC	SP
VELSIPITY TABS 2MG	5	SP, PA; Preferred for Ulcerative Colitis
WEZLANA SOLN 130MG/26ML	NC	SP
YESINTEK SOLN 130MG/26ML	4	SP, PA, QL
ZYMFENTRA 1-PEN AJKT 120MG/ML	NC	SP
INTESTINAL ACIDIFIERS		
<i>Enulose Soln 10gm/15ml</i>	1	
<i>Generlac Soln 10gm/15ml</i>	1	
<i>lactulose (encephalopathy) soln 10gm/15ml</i>	1	
IRRITABLE BOWEL SYNDROME (IBS) AGENTS		
<i>alosetron hcl tabs .5mg, 1mg</i>	2	
IBSRELA TABS 50MG	NC	SP
LINZESS CAPS 72MCG, 145MCG, 290MCG	2	
VIBERZI TABS 75MG, 100MG	2	
LIVE FECAL MICROBIOTA		
VOWST CAP	6	SP, PA
PERIPHERAL OPIOID RECEPTOR ANTAGONISTS		
<i>alvimopan caps 12mg</i>	1	
MOVANTIK TABS 12.5MG, 25MG	2	PA
RELISTOR SOLN 12MG/0.6ML; SOSY 8MG/0.4ML, 12MG/0.6ML; TABS 150MG	NC	
SYMPROIC TABS .2MG	2	PA

Drug Name	Drug Tier	Requirements/Limits
PEROXISOME PROLIFERATOR-ACTIVATED RECEPTOR(PPAR) AGONISTS		
IQIRVO TABS 80MG	5	SP, PA, QL
LIVDELZI CAPS 10MG	NC	SP
PHOSPHATE BINDER AGENTS		
AURYXIA TABS 210MG	3	
calcium acetate (phosphate binder) caps 667mg; tabs 667mg	1	
ferric citrate tabs 210mg	2	
FOSRENOL CHEW 500MG, 750MG, 1000MG; PACK 750MG, 1000MG	NC	
lanthanum carbonate chew 500mg, 750mg, 1000mg	NC	
REVELA PACK .8GM, 2.4GM; TABS 800MG	NC	SP
sevelamer carbonate pack .8gm, 2.4gm	2	
sevelamer carbonate tabs 800mg	1	
sevelamer hcl tabs 400mg	1	
sevelamer hcl tabs 800mg	2	
VELPHORO CHEW 500MG	NC	SP
SHORT BOWEL SYNDROME (SBS) AGENTS		
GATTEX KIT 5MG	6	SP, PA, QL
TRYPTOPHAN HYDROXYLASE INHIBITORS		
XERMELO TABS 250MG	6	SP, PA, QL
GENERAL ANESTHETICS		
ANESTHETICS - MISC.		
AMIDATE SOLN 2MG/ML	3	
DIPRIVAN EMUL 100MG/10ML, 500MG/50ML, 1000MG/100ML	3	
DIPRIVAN +RFID EMUL 200MG/20ML	3	
etomidate soln 2mg/ml	1	
KETALAR SOLN 10MG/ML, 50MG/ML, 100MG/ML	3	
ketamine hcl soln 10mg/ml, 50mg/ml, 100mg/ml	1	
KETAMINE HYDROCHLORIDE SOLN 10MG/ML	3	
propofol emul 200mg/20ml, 500mg/50ml, 1000mg/100ml	1	
BARBITURATE ANESTHETICS		
BREVITAL SODIUM SOLR 500MG	3	
methohexital sodium solr 500mg	1	
VOLATILE ANESTHETICS		
desflurane inhal soln	1	
FORANE SOL	3	

Drug Name	Drug Tier	Requirements/Limits
<i>isoflurane soln 99.9%</i>	1	
<i>sevoflurane inhal soln</i>	1	
SUPRANE INH	3	
SUPRANE SOL	3	
<i>Terrell Sol</i>	1	
ULTANE SOL	3	
GENITOURINARY AGENTS - MISCELLANEOUS		
ACIDIFIERS		
K-PHOS TAB NO 2	3	
ALKALINIZERS		
CYTRA K GRA CRYSTALS	3	
ORACIT SOL	3	
<i>pot & sod citrates w/ cit ac soln 550-500-334 mg/5ml</i>	2	
<i>potassium citrate & citric acid soln 1100-334 mg/5ml</i>	1	
<i>potassium citrate (alkalinizer) tbc 15meq, 540mg, 1080mg</i>	1	
<i>sodium citrate & citric acid soln 500-334 mg/5ml</i>	1	
TRICITRATES SOL	3	
UROCIT-K 10 TBCR 1080MG	2	
UROCIT-K 15 TBCR 15MEQ	2	
CYSTINOSIS AGENTS		
CYSTAGON CAPS 50MG, 150MG	5	SP, PA
PROCYSBI CPDR 25MG, 75MG	6	SP, PA, QL
GENITOURINARY IRRIGANTS		
<i>acetic acid soln .25%</i>	1	
<i>glycine (gu irrigant) soln 1.5%</i>	1	
<i>neomycin-polymyxin b gu irrigation soln</i>	1	
RENACIDIN SOL	3	
<i>sodium chloride (gu irrigant) soln .9%</i>	1	
SORBITOL SOLN 3%	3	
SORBITOL-MAN SOL	3	
HYPEROXALURIA AGENTS		
OXLUMO SOLN 94.5MG/0.5ML	NC	SP
RIVFLOZA SOLN 80MG/0.5ML; SOSY 128MG/0.8ML, 160MG/ML	NC	SP
IGA NEPHROPATHY (IGAN) AGENTS		
FILSPARI TABS 200MG, 400MG	5	SP, PA, QL
INTERSTITIAL CYSTITIS AGENTS		
ELMIRON CAPS 100MG	NC	

Drug Name	Drug Tier	Requirements/Limits
RIMSO-50 SOLN 50%	NC	
PROSTATIC HYPERTROPHY AGENTS		
<i>alfuzosin hcl tb24 10mg</i>	1	
AVODART CAPS .5MG	3	
CARDURA XL TB24 4MG, 8MG	3	
CIALIS TABS 5MG, 10MG, 20MG	NC	
<i>dutasteride caps .5mg</i>	1	
<i>dutasteride-tamsulosin hcl cap 0.5-0.4 mg</i>	1	
ENTADFI CAP 5-5MG	NC	
<i>finasteride tabs 5mg</i>	1	
PROSCAR TABS 5MG	3	
RAPAFLO CAPS 4MG, 8MG	NC	
<i>silodosin caps 4mg, 8mg</i>	1	
<i>tadalafil tabs 2.5mg, 5mg</i>	1	ST, QL
<i>tamsulosin hcl caps .4mg</i>	1	
UROXATRAL TB24 10MG	NC	
URINARY STONE AGENTS		
LITHOSTAT TABS 250MG	NC	
THIOLA TABS 100MG	NC	SP
THIOLA EC TBEC 100MG, 300MG	NC	SP
<i>tiopronin tabs 100mg; tbec 100mg, 300mg</i>	4	SP, PA
<i>Venxxiva Tbec 100mg, 300mg</i>	4	SP, PA
GOUT AGENTS		
GOUT AGENT COMBINATIONS		
<i>colchicine w/ probenecid tab 0.5-500 mg</i>	1	
GOUT AGENTS		
<i>allopurinol tabs 100mg, 300mg</i>	1	
<i>allopurinol sodium solr 500mg</i>	1	
ALOPRIM SOLR 500MG	3	
<i>colchicine caps .6mg; tabs .6mg</i>	1	
<i>febuxostat tabs 40mg, 80mg</i>	1	
KRYSTEXXA SOLN 8MG/50ML	6	SP, PA
KRYSTEXXA SOLN 8MG/ML	6	SP, PA
MITIGARE CAPS .6MG	NC	
ULORIC TABS 40MG, 80MG	NC	
URICOSURICS		
<i>probenecid tabs 500mg</i>	1	
HEMATOLOGICAL AGENTS - MISC.		
AMINOLEVULINATE SYNTHASE 1-DIRECTED SIRNA		
GIVLAARI SOLN 189MG/ML	NC	SP

Drug Name	Drug Tier	Requirements/Limits
ANTIHEMOPHILIC PRODUCTS		
ADVATE SOLR 250UNIT, 500UNIT, 1000UNIT, 1500UNIT, 2000UNIT, 3000UNIT, 4000UNIT	5	SP, PA; PV
ADYNOVATE SOLR 250UNIT, 500UNIT, 750UNIT, 1000UNIT, 1500UNIT, 2000UNIT, 3000UNIT	5	SP, PA; PV
AFSTYLA KIT 250UNIT, 500UNIT, 1000UNIT, 1500UNIT, 2000UNIT, 2500UNIT, 3000UNIT	5	SP, PA; PV
ALHEMO SOPN 60MG/1.5ML, 150MG/1.5ML, 300MG/3ML	NC	SP
ALPHANINE SD SOLR 500UNIT, 1000UNIT, 1500UNIT	6	SP, PA; PV
ALPROLIX SOLR 250UNIT, 500UNIT, 1000UNIT, 2000UNIT, 3000UNIT, 4000UNIT	NC	SP
ALTUVIIIIO SOLR 250UNIT, 500UNIT, 1000UNIT, 2000UNIT, 3000UNIT, 4000UNIT	5	SP, PA; PV
BENEFIX KIT 250UNIT, 500UNIT, 1000UNIT, 2000UNIT, 3000UNIT	5	SP, PA; PV
BEQVEZ INJ 4X1ML	M	
BEQVEZ INJ 5X1ML	M	
BEQVEZ INJ 6 X 1ML	M	
BEQVEZ INJ 7X1ML	M	
CORIFACT KIT 1000-1600UNIT	6	SP, PA; PV
ELOCTATE SOLR 250UNIT, 500UNIT, 750UNIT, 1000UNIT, 1500UNIT, 2000UNIT, 3000UNIT, 4000UNIT, 5000UNIT, 6000UNIT	5	SP, PA; PV
ESPEROCT SOLR 500UNIT, 1000UNIT, 1500UNIT, 2000UNIT, 3000UNIT, 4000UNIT	5	SP, PA; PV
FEIBA SOLR 500UNIT, 1000UNIT, 2500UNIT	NC	SP
FESILTY SOLR 1GM	NC	SP
FIBRYGA SOLR 2GM	6	SP, PA
FIBRYGA INJ 1GM	6	SP, PA
HEMGENIX INJ 46-50KG	M	
HEMGENIX INJ 51-55KG	M	
HEMGENIX INJ 56-60KG	M	
HEMGENIX INJ 61-65KG	M	
HEMGENIX INJ 66-70KG	M	
HEMGENIX INJ 71-75KG	M	
HEMGENIX INJ 76-80KG	M	
HEMGENIX INJ 81-85KG	M	
HEMGENIX INJ 86-90KG	M	
HEMGENIX INJ 91-95KG	M	
HEMGENIX INJ 96-100KG	M	

Drug Name	Drug Tier	Requirements/Limits
HEMGENIX INJ 101-105	M	
HEMGENIX INJ 106-110	M	
HEMGENIX INJ 111-115	M	
HEMGENIX INJ 116-120	M	
HEMGENIX INJ 121-125	M	
HEMGENIX INJ 126-130	M	
HEMGENIX INJ 131-135	M	
HEMGENIX INJ 136-140	M	
HEMGENIX INJ 141-145	M	
HEMGENIX INJ 146-150	M	
HEMGENIX INJ 151-155	M	
HEMGENIX INJ 156-160	M	
HEMGENIX INJ 161-165	M	
HEMGENIX INJ 166-170	M	
HEMGENIX INJ 171-175	M	
HEMGENIX INJ 176-180	M	
HEMGENIX INJ 181-185	M	
HEMGENIX INJ 186-190	M	
HEMGENIX INJ 191-195	M	
HEMGENIX INJ 196-200	M	
HEMGENIX INJ 201-205	M	
HEMGENIX INJ 206-210	M	
HEMGENIX INJ 211-215	M	
HEMGENIX INJ 216-220	M	
HEMGENIX INJ 221-225	M	
HEMGENIX INJ 226-230	M	
HEMGENIX INJ 231-235	M	
HEMGENIX INJ 236-240	M	
HEMLIBRA SOLN 12MG/0.4ML, 30MG/ML, 60MG/0.4ML, 105MG/0.7ML, 150MG/ML, 300MG/2ML	6	SP, PA
HEMOFIL M SOLR 250UNIT, 500UNIT, 1000UNIT, 1700UNIT	6	SP, PA; PV
HUMATE-P SOL 250-600	6	SP, PA; PV
HUMATE-P SOL 500-1200	6	SP, PA; PV
HUMATE-P SOL 2400UNIT	6	SP, PA; PV
IDELVION SOLR 250UNIT, 500UNIT, 1000UNIT, 2000UNIT, 3500UNIT	6	SP, PA; PV
IXINITY SOLR 500UNIT, 1000UNIT, 1500UNIT, 3000UNIT	NC	SP
JIVI SOLR 500UNIT, 1000UNIT, 2000UNIT, 3000UNIT, 4000UNIT	5	SP, PA; PV
KOATE SOLR 250UNIT, 500UNIT, 1000UNIT	6	SP, PA; PV

Drug Name	Drug Tier	Requirements/Limits
KOATE-DVI SOLR 1000UNIT	6	SP, PA; PV
KOVALTRY SOLR 250UNIT, 500UNIT, 1000UNIT, 2000UNIT, 3000UNIT	5	SP, PA; PV
NOVOEIGHT SOLR 250UNIT, 500UNIT, 1000UNIT, 1500UNIT, 2000UNIT, 3000UNIT	5	SP, PA; PV
NOVOSEVEN RT SOLR 1MG, 2MG, 5MG, 8MG	5	SP, PA; PV
NUWIQ KIT 250UNIT, 500UNIT, 1000UNIT, 2000UNIT; SOLR 250UNIT, 500UNIT, 1000UNIT, 2000UNIT	5	SP, PA; PV
NUWIQ KIT 1500UNIT, 2500UNIT, 3000UNIT, 4000UNIT; SOLR 1500UNIT, 2500UNIT, 3000UNIT, 4000UNIT	5	SP, PA; PV
OBIZUR SOLR 500UNIT	6	SP, PA
PROFILNINE SOLR 500UNIT, 1000UNIT, 1500UNIT	6	SP, PA; PV
QFITLIA SOAJ 50MG/0.5ML; SOLN 20MG/0.2ML	NC	SP
REBINYN SOLR 500UNIT, 1000UNIT, 2000UNIT, 3000UNIT	5	SP, PA
RECOMBINATE SOLR 220-400UNIT, 401-800UNIT, 801-1240UNIT, 1241-1800UNIT, 1801-2400UNIT	6	SP, PA; PV
RIASTAP SOL 1GM	6	SP, PA
RIXUBIS SOLR 250UNIT, 500UNIT, 1000UNIT, 2000UNIT, 3000UNIT	NC	SP
ROCTAVIAN INJ	M	
SEVENFACT SOLR 1MG, 2MG, 5MG	5	SP, PA; PV
TRETTEN SOLR 2500UNIT	6	SP, PA; PV
VONVENDI SOLR 650UNIT, 1300UNIT	NC	SP
WILATE INJ	5	SP, PA
XYNTHA KIT 250UNIT, 500UNIT, 1000UNIT, 2000UNIT	5	SP, PA; PV
XYNTHA SOLOFUSE KIT 250UNIT, 500UNIT, 1000UNIT, 2000UNIT, 3000UNIT	5	SP, PA; PV
BRADYKININ B2 RECEPTOR ANTAGONISTS		
FIRAZYR SOSY 30MG/3ML	NC	SP
<i>icatibant acetate sosy 30mg/3ml</i>	4	SP, PA, QL
<i>Sajazir Sosy 30mg/3ml</i>	4	SP, PA, QL
COMPLEMENT INHIBITORS		
BERINERT KIT 500UNIT	NC	SP
BKEMV SOLN 300MG/30ML	NC	SP
CINRYZE SOLR 500UNIT	NC	SP
EMPAVELI SOLN 1080MG/20ML	5	SP, PA, QL

Drug Name	Drug Tier	Requirements/Limits
ENJAYMO SOLN 1100MG/22ML	NC	SP
FABHALTA CAPS 200MG	6	SP, PA, QL
HAEGARDA SOLR 2000UNIT, 3000UNIT	6	SP, PA, QL; PV
PIASKY SOLN 340MG/2ML	NC	SP
RUCONEST SOLR 2100UNIT	5	SP, PA, QL
SOLIRIS SOLN 300MG/30ML	NC	SP
TAVNEOS CAPS 10MG	6	SP, PA, QL
ULTOMIRIS SOLN 300MG/3ML, 1100MG/11ML	NC	SP
VEOPOZ SOLN 400MG/2ML	6	SP, PA
VOYDEYA TABS 100MG	NC	SP
VOYDEYA TAB 50-100MG	NC	SP
ZILBRYSQ SOSY 16.6MG/0.416ML, 23MG/0.574ML, 32.4MG/0.81ML	NC	SP
HEMATAOLOGIC - TYROSINE KINASE INHIBITORS		
TAVALISSE TABS 100MG, 150MG	5	SP, PA, QL
HEMATORHEOLOGIC AGENTS		
<i>pentoxifylline tbcr 400mg</i>	1	
HUMAN PROTEIN C		
CEPROTIN SOLR 500UNIT, 1000UNIT	6	SP
PLASMA EXPANDERS		
<i>hetastarch (hes /0.7 or /0.75) 6% in nacl 0.9% iv soln</i>	1	
HEXTEND SOL 6%	3	
<i>Lmd 10%/d5w Inj</i>	1	
<i>Lmd 10%/nacl Inj 0.9%</i>	1	
PLASMA KALLIKREIN INHIBITORS		
EKTERLY TABS 300MG	NC	SP
KALBITOR SOLN 10MG/ML	6	SP, PA, QL
ORLADEYO CAPS 110MG, 150MG	5	SP, PA, QL; PV
TAKHZYRO SOSY 150MG/ML, 300MG/2ML	5	SP, PA, QL; PV
PLASMA PROTEINS		
RYPLAZIM SOLR 68.8MG	6	SP, PA
PLATELET AGGREGATION INHIBITORS		
AGGRASTAT CONC 3.75MG/15ML	NC	
AGGRASTAT INJ 5/100ML	3	
AGGRASTAT INJ 12.5/250	3	
AGRYLIN CAPS .5MG	3	
<i>anagrelide hcl caps 1mg</i>	2	
<i>anagrelide hcl caps .5mg</i>	1	
<i>aspirin-dipyridamole cap er 12hr 25-200 mg</i>	1	PV
BRILINTA TABS 60MG, 90MG	3	PV
<i>cilostazol tabs 50mg, 100mg</i>	1	

Drug Name	Drug Tier	Requirements/Limits
<i>clopidogrel bisulfate tabs 75mg</i>	1	PV
<i>clopidogrel bisulfate tabs 300mg</i>	2	PV
<i>dipyridamole tabs 25mg, 50mg, 75mg</i>	1	PV
EFFIENT TABS 5MG, 10MG	3	PV
<i>eptifibatide soln 20mg/10ml, 75mg/100ml, 200mg/100ml</i>	1	
KENGREAL SOLR 50MG	NC	
PLAVIX TABS 75MG	NC	
<i>prasugrel hcl tabs 5mg, 10mg</i>	1	PV
<i>ticagrelor tabs 60mg, 90mg</i>	2	PV
<i>tirofiban hcl in nacl 0.9% iv soln 5 mg/100ml (base equiv)</i>	1	
<i>tirofiban hcl in nacl 0.9% iv soln 12.5 mg/250ml (base eq)</i>	1	
YOSPRALA TAB 81-40MG	NC	SP
YOSPRALA TAB 325-40MG	NC	SP
ZONTIVITY TABS 2.08MG	NC	SP
PROTAMINE		
<i>protamine sulfate soln 10mg/ml</i>	1	
PYRUVATE KINASE ACTIVATORS		
AQVESME TABS 100MG	NC	SP
PYRUKYND TABS 5MG, 20MG, 50MG	NC	SP
PYRUKYND TAB 20MGX5MG	NC	SP
PYRUKYND TAB 50MGX20M	NC	SP
PYRUKYND TAPER PACK TBPk 5MG	NC	SP
THROMBOLYTIC AGENT - MISC		
DEFITELIO SOLN 200MG/2.5ML	NC	
THROMBOLYTIC ENZYMES		
ACTIVASE SOLR 50MG, 100MG	3	
CATHFLO ACTIVASE SOLR 2MG	3	
TNKASE KIT 25MG, 50MG	3	
HEMATOPOIETIC AGENTS		
AGENTS FOR GAUCHER DISEASE		
CERDELGA CAPS 84MG	5	SP, PA, QL
CEREZYME SOLR 400UNIT	5	SP, PA, QL
ELELYSO SOLR 200UNIT	NC	SP
<i>miglustat caps 100mg</i>	4	SP, PA, QL
<i>Yargesa Caps 100mg</i>	4	SP, PA
ZAVESCA CAPS 100MG	6	SP, PA, QL
AGENTS FOR SICKLE CELL DISEASE		
ADAKVEO SOLN 100MG/10ML	6	SP, PA
CASGEVY INJ	M	

Drug Name	Drug Tier	Requirements/Limits
DROXIA CAPS 200MG, 300MG, 400MG	3	
ENDARI PACK 5GM	5	SP, PA, QL
<i>glutamine (sickle cell) pack 5gm</i>	4	SP, PA, QL
LYFGENIA SUS	M	
OXBRYTA TABS 500MG	NC	SP
SIKLOS TABS 100MG, 1000MG	2	

COBALAMINS

<i>cyanocobalamin soln 500mcg/0.1ml</i>	2	
<i>cyanocobalamin soln 1000mcg/ml</i>	1	
<i>hydroxocobalamin acetate soln 1000mcg/ml</i>	1	
NASCOBAL SOLN 500MCG/0.1ML	NC	

FOLIC ACID/FOLATES

<i>Cvs Folic Acid Tabs 800mcg</i>	0	OTC; ACA, PV
<i>Fa-8 Caps .8mg</i>	0	OTC; ACA, PV
<i>Folate Tabs 400mcg</i>	0	OTC; ACA, PV
<i>folic acid caps 800mcg; tabs 400mcg</i>	0	OTC; ACA, PV
<i>folic acid soln 5mg/ml; tabs 1mg</i>	1	
<i>Ft Folic Acid Tabs 400mcg</i>	0	OTC; ACA, PV
<i>Yl Folic Acid Tabs 400mcg</i>	0	OTC; ACA, PV

HEMATOPOIETIC GENE THERAPY

ZYNTEGLO INJ	M	
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HEMATOPOIETIC GROWTH FACTORS

ALVAIZ TABS 9MG, 18MG, 36MG, 54MG	NC	SP
ARANESP ALBUMIN FREE SOLN 25MCG/ML, 40MCG/ML, 60MCG/ML, 100MCG/ML, 200MCG/ML; SOSY 10MCG/0.4ML, 25MCG/0.42ML, 40MCG/0.4ML, 60MCG/0.3ML, 100MCG/0.5ML, 150MCG/0.3ML, 200MCG/0.4ML, 300MCG/0.6ML, 500MCG/ML	5	SP, PA, QL
DOPTELET TABS 20MG	5	SP, PA, QL
DOPTELET SPRINKLE CPSP 10MG	5	SP, PA, QL
<i>eltrombopag olamine pack 12.5mg, 25mg; tabs 12.5mg, 25mg, 50mg, 75mg</i>	4	SP, PA, QL
EPOGEN SOLN 2000UNIT/ML, 3000UNIT/ML, 4000UNIT/ML, 10000UNIT/ML, 20000UNIT/ML	NC	SP
FULPHILA SOSY 6MG/0.6ML	5	SP, PA, QL
FYLNETHA SOSY 6MG/0.6ML	NC	SP
GRANIX SOLN 300MCG/ML; SOSY 300MCG/0.5ML, 480MCG/0.8ML	NC	SP
LEUKINE SOLR 250MCG	NC	SP

Drug Name	Drug Tier	Requirements/Limits
MIRCERA SOSY 30MCG/0.3ML, 50MCG/0.3ML, 75MCG/0.3ML, 100MCG/0.3ML, 150MCG/0.3ML, 200MCG/0.3ML	NC	SP
MULPLETA TABS 3MG	6	SP, PA, QL
NEULASTA SOSY 6MG/0.6ML	NC	SP
NEULASTA ONPRO KIT SOSY 6MG/0.6ML	NC	SP
NEUPOGEN SOLN 300MCG/ML, 480MCG/1.6ML; SOSY 300MCG/0.5ML, 480MCG/0.8ML	NC	SP
NIVESTYM SOLN 300MCG/ML, 480MCG/1.6ML; SOSY 300MCG/0.5ML, 480MCG/0.8ML	4	SP, PA
NPLATE SOLR 125MCG, 250MCG, 500MCG	NC	SP
NYPOZI SOSY 300MCG/0.5ML, 480MCG/0.8ML	NC	SP
NYVEPRIA SOSY 6MG/0.6ML	5	SP, PA, QL
PROCRIT SOLN 2000UNIT/ML, 3000UNIT/ML, 4000UNIT/ML, 10000UNIT/ML, 20000UNIT/ML, 40000UNIT/ML	5	SP, PA, QL
PROMACTA PACK 12.5MG, 25MG; TABS 12.5MG, 25MG, 50MG, 75MG	5	SP, PA, QL
REBLOZYL SOLR 25MG, 75MG	NC	SP
RELEUKO SOSY 300MCG/0.5ML, 480MCG/0.8ML	NC	SP
RETACRIT SOLN 2000UNIT/ML, 3000UNIT/ML, 4000UNIT/ML, 10000UNIT/ML, 20000UNIT/2ML, 20000UNIT/ML, 40000UNIT/ML	4	SP, PA
ROLVEDON SOSY 13.2MG/0.6ML	NC	SP
UDENYCA SOSY 6MG/0.6ML	NC	SP
UDENYCA ONBODY SOSY 6MG/0.6ML	NC	SP
VAFSEO TABS 150MG, 300MG	NC	SP
ZARXIO SOSY 300MCG/0.5ML, 480MCG/0.8ML	NC	SP
HEMATOPOIETIC MIXTURES		
ACTIVE FE TAB 75-1.25	3	
CORVITE 150 TAB	3	
CORVITE FE TAB	3	
FEROTRINSIC CAP	3	
FOLTRIN CAP	3	
FUSION PLUS CAP	3	
HEMATINIC/FA TAB	3	

Drug Name	Drug Tier	Requirements/Limits
ICAR-C PLUS TAB	3	
MULTIGEN PLS TAB	3	
MULTIGEN TAB	3	
MULTIGEN TAB FOLIC	3	
TARON FORTE CAP	3	
TRICON CAP	3	
<i>Trigels-F Cap Forte</i>	1	

IRON

FERAHEME SOLN 510MG/17ML	3	
FERRLECIT SOLN 12.5MG/ML	3	
<i>ferumoxytol soln 510mg/17ml</i>	2	
INFED SOLN 50MG/ML	3	
INJECTAFER SOLN 100MG/2ML, 750MG/15ML, 1000MG/20ML	3	
<i>iron sucrose soln 20mg/ml</i>	1	
<i>sodium ferric gluconate complex in sucrose soln 12.5mg/ml</i>	1	
VENOFER SOLN 20MG/ML	3	

STEM CELL MOBILIZERS

MOZOBIL SOLN 24MG/1.2ML	6	SP, PA
<i>plerixafor soln 24mg/1.2ml</i>	4	SP, PA
XOLREMDI CAPS 100MG	NC	SP

HEMOSTATICS

HEMOSTATICS - SYSTEMIC

<i>aminocaproic acid soln 250mg/ml</i>	1	
<i>aminocaproic acid soln .25gm/ml; tabs 500mg, 1000mg</i>	2	
CYKLOKAPRON SOLN 1000MG/10ML	3	
<i>tranexamic acid soln 1000mg/10ml; tabs 650mg</i>	1	

HEMOSTATICS - TOPICAL

RECOTHROM SOLR 5000UNIT	3	
RECOTHROM/SPRAY APPLICATO SOLR 20000UNIT	3	
THROMBIN-JMI DILUENT SOLR 5000UNIT, 20000UNIT	3	
THROMBIN-JMI EPISTAXIS KIT 5000UNIT	3	
THROMBIN-JMI SYRINGE SPRA KIT 5000UNIT	3	
THROMBIN-JMI W/DIL SPRAY KIT 20000UNIT	3	
THROMBOGEN KIT 10000UNIT; SOLR 1000UNIT, 10000UNIT	3	
TISSEEL KIT 2ML	3	
TISSEEL KIT 4ML	3	

Drug Name	Drug Tier	Requirements/Limits
TISSEEL KIT 10ML	3	
TISSEEL SOL 2ML	3	
TISSEEL SOL 4ML	3	
TISSEEL SOL 10ML	3	

HYPNOTICS/SEDATIVES/SLEEP DISORDER AGENTS

BARBITURATE HYPNOTICS

<i>pentobarbital sodium soln 50mg/ml</i>	1	
<i>phenobarbital elix 20mg/5ml, 30mg/7.5ml, 60mg/15ml; tabs 15mg, 16.2mg, 30mg, 32.4mg, 60mg, 64.8mg, 97.2mg, 100mg</i>	1	PV
<i>phenobarbital sodium soln 65mg/ml, 130mg/ml</i>	1	
SEZABY SOLR 100MG	3	

HYPNOTICS - TRICYCLIC AGENTS

<i>doxepin hcl (sleep) tabs 3mg, 6mg</i>	2	
SILENOR TABS 3MG, 6MG	NC	

NON-BARBITURATE HYPNOTICS

AMBIEN TABS 5MG, 10MG	3	PA, QL
AMBIEN CR TBCR 6.25MG, 12.5MG	3	PA, QL
DEXMEDE/NACL INJ 20/5ML	3	
<i>dexmedetomidine hcl soln 200mcg/2ml</i>	1	
<i>dexmedetomidine hcl in nacl 0.9% iv soln 80 mcg/20ml</i>	1	
<i>dexmedetomidine hcl in nacl 0.9% iv soln 200 mcg/50ml</i>	1	
<i>dexmedetomidine hcl in nacl 0.9% iv soln 400 mcg/100ml</i>	1	
<i>dexmedetomidine hcl in nacl 0.9% iv soln 1000 mcg/250ml</i>	1	
EDLUAR SUBL 5MG, 10MG	NC	
<i>estazolam tabs 1mg, 2mg</i>	1	PA, QL
<i>eszopiclone tabs 1mg, 2mg, 3mg</i>	1	PA, QL
HALCION TABS .25MG	3	PA, QL
IGALMI FILM 120MCG, 180MCG	NC	
LUNESTA TABS 1MG, 2MG, 3MG	NC	
MIDAZOL/NACL SOL 5MG/5ML	NC	
<i>midazolam 100 mg/100ml-sodium chloride 0.9% iv soln</i>	1	
<i>midazolam hcl soln 2mg/2ml, 5mg/5ml, 5mg/ml, 10mg/10ml, 10mg/2ml, 25mg/5ml, 50mg/10ml; syrp 2mg/ml</i>	1	
MIDAZOLAM HYDROCHLORIDE SOLN 2MG/2ML, 5MG/5ML	3	

Drug Name	Drug Tier	Requirements/Limits
PRECEDEX SOLN 200MCG/2ML	3	
PRECEDEX INJ 80/20ML	3	
PRECEDEX INJ 200/50ML	3	
PRECEDEX INJ 400/100	3	
PRECEDEX INJ 1000/250	3	
<i>quazepam tabs 15mg</i>	NC	
RESTORIL CAPS 7.5MG, 15MG, 22.5MG, 30MG	3	PA, QL
<i>temazepam caps 7.5mg, 15mg, 22.5mg, 30mg</i>	1	PA, QL
<i>triazolam tabs .125mg, .25mg</i>	1	PA, QL
<i>zaleplon caps 5mg, 10mg</i>	1	PA, QL
<i>zolpidem tartrate subl 1.75mg, 3.5mg</i>	NC	
<i>zolpidem tartrate tabs 5mg, 10mg; tbc 6.25mg, 12.5mg</i>	1	PA, QL
OREXIN RECEPTOR ANTAGONISTS		
BELSOMRA TABS 5MG, 10MG, 15MG, 20MG	2	PA, QL
QUVIVIQ TABS 25MG, 50MG	2	PA, QL
SELECTIVE MELATONIN RECEPTOR AGONISTS		
HETLIOZ CAPS 20MG	6	SP, PA, QL
HETLIOZ LQ SUSP 4MG/ML	6	SP, PA, QL
<i>ramelteon tabs 8mg</i>	1	QL
ROZEREM TABS 8MG	NC	
<i>tasimelteon caps 20mg</i>	4	SP, PA, QL
LAXATIVES		
LAXATIVE COMBINATIONS		
CLENPIQ SOL	0	ACA, PV
<i>Gavilyte-C Sol</i>	2	PV
<i>Gavilyte-G Sol</i>	2	PV
<i>Gavilyte-N Sol Flav Pk</i>	2	PV
GOLYTELY SOL	NC	
MOVIPREP SOL	NC	
<i>peg 3350-kcl-na bicarb-nacl-na sulfat for soln 236 gm</i>	2	PV
<i>peg 3350-kcl-sod bicarb-nacl for soln 420 gm</i>	2	PV
PEG-PREP KIT	0	ACA, PV
<i>Peg/nasul/c/ Sol Nacl/pot</i>	NC	
PLENVU SOL	NC	
<i>sod sulfate-pot sulf-mg sulf oral sol 17.5-3.13-1.6 gm/177ml</i>	0	ACA, PV
SUFLAVE SOL	NC	
SUPREP BOWEL SOL PREP KIT	NC	
SUTAB TAB	NC	

Drug Name	Drug Tier	Requirements/Limits
LAXATIVES - MISCELLANEOUS		
Constulose Soln 10gm/15ml	1	
Kristalose Pack 10gm, 20gm	1	
lactulose pack 20gm; soln 10gm/15ml, 20gm/30ml	1	
VIBRANT CAP	3	PA
VIBRANT KIT STARTER	3	PA
LOCAL ANESTHETICS-PARENTERAL		
LOCAL ANESTHETIC COMBINATIONS		
Articadent Inj Dental	1	
bupivacaine inj 0.5% w/ epinephrine 1:200000	1	
bupivacaine inj 0.5% w/ epinephrine 1:200000 (pf)	1	
bupivacaine inj 0.25% w/ epinephrine 1:200000	1	
bupivacaine inj 0.25% w/ epinephrine 1:200000 (pf)	1	
LIDO/TETRA INJ 0.4-0.2%	3	
lidocaine inj 0.5% w/ epinephrine-1:200000	1	
lidocaine inj 1% w/ epinephrine-1:100000	1	
lidocaine inj 1.5% w/ epinephrine-1:200000 (pf)	1	
lidocaine inj 2% w/ epinephrine-1:100000	1	
lidocaine inj 2% w/ epinephrine-1:200000 (pf)	1	
Marcaine/epi Inj 0.5%	1	
MARCAINE/EPI INJ 0.5%	3	
MARCAINE/EPI INJ 0.25%	3	
ORABLOC INJ	3	
Sensorcaine Inj -Mpf/epi	1	
SENSORCAINE INJ -MPF/EPI	3	
Sensorcaine/ Inj Epi 0.5%	1	
Sensorcaine/ Inj Epi 0.25	1	
XYLO-MPF/EPI INJ 1%	3	
XYLO-MPF/EPI INJ 1.5%	3	
XYLO-MPF/EPI INJ 2%	3	
XYLO/EPI 1%- INJ 1:100000	3	
XYLO/EPI INJ 0.5%	3	
XYLO/EPI INJ 2%	3	
LOCAL ANESTHETICS - AMIDES		
bupivacaine 0.75% in dextrose inj 8.25%	1	
BUPIVACAIN FISIOPHARMA SOLN .5%, 2.5MG/ML	3	
bupivacaine hcl soln .25%, .5%, .75%	1	
BUPIVACAIN HYDROCHLORIDE SOLN .125%, .25%, .5%	3	

Drug Name	Drug Tier	Requirements/Limits
<i>Bupivacaine Inj Spinal</i>	1	
EXPAREL SUSP 1.3%	3	
<i>lidocaine hcl (local anesth.) soln .5%, 1%, 1.5%, 2%, 4%; sosy 100mg/5ml</i>	1	
LIDOCAINE HYDROCHLORIDE SOLN 1%, 2%	3	
LIDOCAINE HYDROCHLORIDE SOSY 100MG/5ML	3	PA
LIDOCAINE HYDROCHLORIDE SOSY 200MG/10ML	NC	
MARCAINE SOLN .25%, .5%, .75%	3	
MARCAINE INJ SPINAL	3	
NAROPIN SOLN 2MG/ML, 5MG/ML, 7.5MG/ML, 10MG/ML	3	
<i>Polocaine Soln 1%, 2%</i>	1	
<i>Polocaine-Mpf Soln 1%, 1.5%, 2%</i>	1	
POSIMIR SOLN 660MG/5ML	NC	
<i>ropivacaine hcl soln 2mg/ml, 5mg/ml, 7.5mg/ml, 10mg/ml</i>	1	
<i>Sensorcaine Soln .25%, .5%</i>	1	
<i>Sensorcaine-Mpf Soln .25%, .5%, .75%</i>	1	
XYLOCAINE SOLN .5%, 1%, 2%	3	
XYLOCAINE-MPF SOLN .5%, 1%, 1.5%, 2%	3	
XYLOCAINE-MPF +RFID SOLN 1%, 2%	3	
LOCAL ANESTHETICS - ESTERS		
<i>chloroprocaine hcl soln 2%, 3%</i>	1	
CLOROTEKAL SOLN 50MG/5ML	M	
NESACAINE SOLN 2%, 10MG/ML	3	
NESACAINE-MPF SOLN 2%, 3%	3	
MACROLIDES		
AZITHROMYCIN		
<i>azithromycin pack 1gm; solr 500mg; susr 100mg/5ml, 200mg/5ml; tabs 250mg, 500mg, 600mg</i>	1	
ZITHROMAX SOLR 500MG; SUSR 200MG/5ML; TABS 250MG, 500MG	3	
ZITHROMAX TRI-PAK TABS 500MG	3	
ZITHROMAX Z-PAK TABS 250MG	3	
CLARITHROMYCIN		
<i>clarithromycin susr 125mg/5ml, 250mg/5ml; tb24 500mg</i>	2	
<i>clarithromycin tabs 250mg, 500mg</i>	1	
ERYTHROMYCINS		
<i>E.e.s. 400 Tabs 400mg</i>	2	

Drug Name	Drug Tier	Requirements/Limits
E.E.S. GRANULES SUSR 200MG/5ML	NC	
ERYPED 200 SUSR 200MG/5ML	NC	
ERYPED 400 SUSR 400MG/5ML	NC	
ERYTHROCIN LACTOBIONATE SOLR 500MG	3	
<i>erythromycin base cpep 250mg; tabs 250mg, 500mg; tbec 250mg, 333mg, 500mg</i>	2	
<i>erythromycin ethylsuccinate susr 200mg/5ml, 400mg/5ml</i>	2	

FIDAXOMICIN

DIFICID SUSR 40MG/ML	3	
DIFICID TABS 200MG	NC	
<i>fidaxomicin tabs 200mg</i>	2	

MEDICAL DEVICES AND SUPPLIES

CONTRACEPTIVES

AIMSCO MIS LUBRICAT	0	OTC; ACA
CAYA DPR	0	QL; ACA, PV
COLOR CONDOM MIS + LUBE	0	OTC; ACA
CONDOMS MIS	0	OTC; ACA
DUREX EXTRA MIS SENSITIV	0	OTC; ACA, PV
DUREX MIS REALFEEL	0	OTC; ACA, PV
DUREX MIS TROPICAL	0	OTC; ACA, PV
FANTASY LUBR MIS	0	OTC; ACA, PV
FANTASY LUBR MIS COLORS	0	OTC; ACA, PV
FANTASY LUBR MIS SPERMICI	0	OTC; ACA, PV
FANTASY MIS LUBRICAT	0	OTC; ACA, PV
FC2 FEMALE MIS CONDOM	0	OTC; ACA
FEMCAP MIS 22MM	0	QL; ACA
FEMCAP MIS 26MM	0	QL; ACA
FEMCAP MIS 30MM	0	QL; ACA
KAMELEON LUB MIS COLORS	0	OTC; ACA
KAMELEON MIS TRI-COLR	0	OTC; ACA
KIMONO COLOR MIS	0	OTC; ACA, PV
KIMONO MAXX MIS LG FLARE	0	OTC; ACA, PV
KIMONO MICRO MIS THIN	0	OTC; ACA, PV
KIMONO MICRO MIS THIN +	0	OTC; ACA, PV
KIMONO MICRO MIS THIN PLS	0	OTC; ACA, PV
KIMONO MIS LUBRICAT	0	OTC; ACA, PV
KIMONO MIS SENSATIO	0	OTC; ACA, PV
KIMONO PLUS MIS LUBRICAT	0	OTC; ACA, PV
KIMONO PLUS MIS SPERMICI	0	OTC; ACA, PV
KIMONO PS MIS LUBRICAT	0	OTC; ACA, PV
KIMONO PS MIS PLUS	0	OTC; ACA, PV

Drug Name	Drug Tier	Requirements/Limits
KIMONO SENA MIS PLUS	0	OTC; ACA, PV
KIMONO SPEC MIS	0	OTC; ACA, PV
MAXX MIS LUBRICAT	0	OTC; ACA, PV
MAXX PLUS MIS SPERMICI	0	OTC; ACA, PV
NATURAL COND MIS + LUBE	0	OTC; ACA
OMNIFLEX DPR	0	QL; ACA
REALITY MIS LUBRICAT	0	OTC; ACA
REALITY ULTR MIS TEXTURED	0	OTC; ACA
REALITY ULTR MIS THIN	0	OTC; ACA
TROJAN MAGN MIS	0	OTC; ACA
TROJAN MIS BARESKIN	0	OTC; ACA
TROJAN MIS ENZ	0	OTC; ACA
TROJAN ULTRA MIS RIBBED	0	OTC; ACA
TROJAN ULTRA MIS THIN	0	OTC; ACA
TROJAN-ENZ MIS LUBRICAT	0	OTC; ACA
TROJAN-ENZ MIS W/SPERMI	0	OTC; ACA
TRUE COVER MIS CONDOM	0	OTC; ACA, PV
TRUSTEX LUBR MIS ASSORTED	0	OTC; ACA
TRUSTEX LUBR MIS BANANA	0	OTC; ACA
TRUSTEX LUBR MIS CHOC	0	OTC; ACA
TRUSTEX LUBR MIS COLA	0	OTC; ACA
TRUSTEX LUBR MIS COLORS	0	OTC; ACA
TRUSTEX LUBR MIS EX LARGE	0	OTC; ACA
TRUSTEX LUBR MIS EX STR	0	OTC; ACA
TRUSTEX LUBR MIS GRAPE	0	OTC; ACA
TRUSTEX LUBR MIS MINT	0	OTC; ACA
TRUSTEX LUBR MIS RIB/STUD	0	OTC; ACA
TRUSTEX LUBR MIS SPERMICI	0	OTC; ACA
TRUSTEX LUBR MIS STRWBRY	0	OTC; ACA
TRUSTEX LUBR MIS VANILLA	0	OTC; ACA
TRUSTEX MIS BANANA	0	OTC; ACA
TRUSTEX MIS CHOCOLAT	0	OTC; ACA
TRUSTEX MIS FLAVORS	0	OTC; ACA
TRUSTEX MIS MINT	0	OTC; ACA
TRUSTEX MIS STRWBRY	0	OTC; ACA
TRUSTEX MIS VANILLA	0	OTC; ACA
TRUSTEX/RIA MIS LUBRICAT	0	OTC; ACA
TRUSTEX/RIA MIS NON-LUB	0	OTC; ACA
TRUSTEX/RIA MIS SPERMICI	0	OTC; ACA
TRUSTX NON-9 MIS RIB/STUD	0	OTC; ACA
WIDE-SEAL SILICONE DIAPHR DPRH 2%	0	QL; ACA
DIABETIC SUPPLIES		
ACCU-CHEK KIT FASTCLIX	7	OTC; PV

Drug Name	Drug Tier	Requirements/Limits
ACCU-CHEK KIT SOFTCLIX	7	OTC; PV
ACTI-LANCE MIS 28G	3	OTC; PV
ACTI-LANCE MIS LITE 28G	3	OTC; PV
ACTI-LANCE MIS SPEC 17G	3	OTC; PV
ACTI-LANCE MIS UNIV 23G	3	OTC; PV
ADVANTAGE MIS LANC 28G	NC	OTC
ADVCATE SAFE MIS LANC 26G	3	OTC; PV
ADVOCATE MIS LANC 30G	3	OTC; PV
ADVOCATE MIS LANCETS	3	OTC; PV
AGAMATRIX MIS 33G	3	OTC; PV
AIMSCO TWIST MIS 32G	3	OTC; PV
AIMSCO TWIST MIS 33G	3	OTC; PV
AQUALANCE MIS 30G	3	OTC; PV
ASSURE CMFRT MIS 28G	3	OTC; PV
ASSURE LANCE MIS 21G	3	OTC; PV
ASSURE LANCE MIS 28G	3	OTC; PV
ASSURE LANCE MIS LOW FLOW	3	OTC; PV
ASSURE LANCE MIS MICRO	3	OTC; PV
ASSURE LANCE MIS SAFE 25G	3	OTC; PV
ASSURE LANCE MIS SAFE 30G	3	OTC; PV
AURORA LANCE MIS 30G	3	OTC; PV
AURORA LANCE MIS THIN 23G	3	OTC; PV
AUTO LANCET MIS	3	OTC; PV
AUTOLET II KIT CLINISAF	3	OTC; PV
AUTOLET LITE KIT	3	OTC; PV
AUTOLET LITE KIT CLINISAF	3	OTC; PV
AUTOLET LITE KIT STARTER	3	OTC; PV
AUTOLET PLAT MIS 1.8MM	3	OTC; PV
AUTOLET PLAT MIS 2.4MM	3	OTC; PV
AUTOLET PLAT MIS 3.0MM	3	OTC; PV
BD MICROTAIN MIS LANCETS	3	PV
BD MICROTAIN MIS LANCETS	3	OTC; PV
CAREONE LANC MIS 30G	3	OTC; PV
CAREONE LANC MIS THIN 23G	3	OTC; PV
CARESENS 30G MIS LANCETS	3	OTC; PV
CARETOUCH MIS LANC 26G	3	OTC; PV
CARETOUCH MIS LANC 28G	3	OTC; PV
CARETOUCH MIS LANC 30G	3	OTC; PV
CARETOUCH MIS TWIST 28	3	OTC; PV
CARETOUCH MIS TWIST 30	3	OTC; PV
CARETOUCH MIS TWIST 33	3	OTC; PV
CLEANLET 28G MIS LANCETS	3	OTC; PV
CLEVER CHECK MIS	3	OTC; PV

Drug Name	Drug Tier	Requirements/Limits
CLEVER CHECK MIS 30G	3	OTC; PV
COAGUCHEK MIS LANCETS	3	OTC; PV
COMFORT ASSU MIS LANC 28G	3	OTC; PV
COMFORT ASSU MIS LANC 33G	3	OTC; PV
COMFORT EZ MIS 21G	3	OTC; PV
COMFORT EZ MIS 23G	3	OTC; PV
COMFORT EZ MIS 28G	3	OTC; PV
COMFORT TCH MIS LANC 28G	3	OTC; PV
COMFORT TCH MIS LANC 30G	3	OTC; PV
COMFORT TCH MIS LANC 31G	3	OTC; PV
COMFORTOUCH MIS LANCET	3	OTC; PV
CVS LANCETS MIS ORIGINAL	3	OTC; PV
CVS LANCETS MIS THIN 26G	3	OTC; PV
DEXCOM G6 MIS RECEIVER	2	PA
DEXCOM G6 MIS SENSOR	2	PA
DEXCOM G6 MIS TRANSMIT	2	PA
DEXCOM G7 MIS RECEIVER	2	PA
DEXCOM G7 MIS SENSOR	2	PA
DEXCOM G7 MIS SNSR 15D	2	PA
DIATHRIVE MIS LANCETS	3	OTC; PV
DIATHRIVE MIS UT 30G	3	OTC; PV
DROPLET LANC MIS 30G	3	OTC; PV
DROPLET PERS MIS LANC 30G	3	OTC; PV
EASY COMFORT MIS 30G	3	OTC; PV
EASY COMFORT MIS LANC 30G	3	OTC; PV
EASY COMFORT MIS LANC/30G	3	OTC; PV
EASY COMFORT MIS TWIST	3	OTC; PV
EASY TOUCH MIS LANC/21G	3	OTC; PV
EASY TOUCH MIS LANC/23G	3	OTC; PV
EASY TOUCH MIS LANC/26G	3	OTC; PV
EASY TOUCH MIS LANC/28G	3	OTC; PV
EASY TOUCH MIS LANC/30G	3	OTC; PV
EASY TOUCH MIS LANC/32G	3	OTC; PV
EASY TOUCH MIS P-AC/21G	3	OTC; PV
EASY TOUCH MIS P-AC/23G	3	OTC; PV
EASY TOUCH MIS P-AC/26G	3	OTC; PV
EASY TOUCH MIS P-AC/28G	3	OTC; PV
EASY TOUCH MIS P-AC/30G	3	OTC; PV
EASY TOUCH MIS TWST/28G	3	OTC; PV
EASY TOUCH MIS TWST/30G	3	OTC; PV
EASY TOUCH MIS TWST/32G	3	OTC; PV
EASY TOUCH MIS TWST/33G	3	OTC; PV
EMBRACE LANC MIS 21G	3	OTC; PV

Drug Name	Drug Tier	Requirements/Limits
EMBRACE LANC MIS 28G	3	OTC; PV
EMBRACE LANC MIS THIN 30G	3	OTC; PV
ENLITE GLUCO MIS SENSOR	NC	
ENLITE MIS SERTER	3	PV
EVERSENSE365 MIS SENSOR	NC	
EVERSENSE365 MIS TRANSMTR	NC	
EVERSENSE MIS SENSOR	NC	
EVERSENSE MIS TRANSMTR	NC	
FASTCLIX MIS LANCETS	7	OTC; PV
FIFTY50 SAFE MIS LANCETS	3	OTC; PV
FINGERSTIX MIS LANCETS	3	OTC; PV
FORA LANCETS MIS 30G	3	OTC; PV
FORA MIS LANCETS	3	OTC; PV
FREESTYLE LB KIT 2/SENSOR	NC	
FREESTYLE LB KIT 2PLS/SEN	NC	
FREESTYLE LB KIT 3/SENSOR	NC	
FREESTYLE LB KIT 14D/SEN	NC	
FREESTYLE LB MIS 2/READER	NC	
FREESTYLE LB MIS 3/READER	NC	
FREESTYLE LB MIS 14D/RDR	NC	
FREESTYLE MIS LANCETS	3	OTC; PV
FREESTYLE MIS READER	NC	
FREESTYLE MIS UNISTICK	3	OTC; PV
GENTEEL MIS LANCETS	3	OTC; PV
GLOBAL 28G MIS LANCETS	3	OTC; PV
GLOBAL 30G MIS LANCETS	3	OTC; PV
GLUCOCOM MIS 28G	3	OTC; PV
GLUCOCOM MIS 30G	3	OTC; PV
GLUCOCOM MIS 33G	3	OTC; PV
GNP LANCETS MIS 28G	3	OTC; PV
GNP LANCETS MIS 30G	3	OTC; PV
GNP LANCETS MIS 33G	3	OTC; PV
GOJJI LANCET MIS 30G	NC	OTC
GUARDIAN CON MIS TRANSMIT	NC	
GUARDIAN MIS LINK 3	NC	
GUARDIAN MIS SENSOR 3	NC	
GUARDIAN RT MIS CHARGER	NC	
GUARDIAN RT MIS TST PLUG	NC	
HAEMOLANCE MIS HIGH FLO	3	OTC; PV
HAEMOLANCE MIS LOW FLOW	3	OTC; PV
HAEMOLANCE MIS PLUS	3	OTC; PV
HAEMOLANCE MIS PLUS LOW	3	OTC; PV
HAEMOLANCE MIS PLUS MAX	3	OTC; PV

Drug Name	Drug Tier	Requirements/Limits
HAEMOLANCE MIS PLUS PED	3	OTC; PV
HAEMOLANCE MIS RETRACT	3	OTC; PV
IN TOUCH LAN MIS 30G	3	OTC; PV
INCONTROL MIS LANC 28G	3	OTC; PV
INCONTROL MIS LANC 30G	3	OTC; PV
INCONTROL MIS LANC 33G	3	OTC; PV
KINNEY MIS LANCETS	3	OTC; PV
KINNEY THIN MIS LANCETS	3	OTC; PV
KROGER LANCE MIS	3	OTC; PV
KROGER LANCE MIS 26G	3	OTC; PV
KROGER LANCE MIS THIN	3	OTC; PV
KROGER LANCE MIS THIN 30G	3	OTC; PV
LANCET DEVIC MIS 30G	3	OTC; PV
LANCET SUPER MIS THIN 30G	3	OTC; PV
LANCET ULTRA MIS THIN 30G	3	OTC; PV
LANCETS MICR MIS THIN 33G	3	OTC; PV
LANCETS MIS	3	OTC; PV
LANCETS MIS 21G	3	OTC; PV
LANCETS MIS 26G	3	OTC; PV
LANCETS MIS 28G	3	OTC; PV
LANCETS MIS 28G THIN	3	OTC; PV
LANCETS MIS 30G	3	OTC; PV
LANCETS MIS 33G	3	OTC; PV
LANCETS MIS ORIGINAL	3	OTC; PV
LANCETS MIS THIN	3	OTC; PV
LANCETS SUPR MIS THIN 28G	3	OTC; PV
LANCETS ULTR MIS THIN	3	OTC; PV
LANCETS ULTR MIS THIN 31G	3	OTC; PV
LITE TOUCH MIS LANCETS	3	OTC; PV
LITETOUCH MIS LANCETS	3	OTC; PV
MEDICHOICE MIS LANCET	3	OTC; PV
MEDLANCE MIS 30G PLUS	3	OTC; PV
MEDLANCE MIS PLUS 30G	3	OTC; PV
MEDLANCE PLS MIS 0.8MM	3	OTC; PV
MEDLANCE PLS MIS EXTR 21G	3	OTC; PV
MEDLANCE PLS MIS LITE 25G	3	OTC; PV
MEDLANCE PLS MIS UNIV 21G	3	OTC; PV
MEIJER LANCE MIS COLOR	3	OTC; PV
MEIJER LANCE MIS UNIV 21G	3	OTC; PV
MEIJER LANCE MIS UNIV 30G	3	OTC; PV
MEIJER MIS LANCETS	3	OTC; PV
MICROLET MIS LANCETS	3	OTC; PV
MM TWIST MIS LANCETS	3	OTC; PV

Drug Name	Drug Tier	Requirements/Limits
MOBILE LANCE MIS 30G	3	OTC; PV
MONOLET MIS LANCETS	3	OTC; PV
MONOLET OPD MIS LANCETS	3	OTC; PV
MONOLETTOR MIS LANCETS	3	OTC; PV
MYGLUCOHEALT MIS LANC 30G	3	OTC; PV
NOVA SAFETY MIS LANC 23G	3	OTC; PV
NOVA SAFETY MIS LANC 28G	3	OTC; PV
NOVA SURE MIS LANCETS	3	OTC; PV
OMNIPOD 5 DX KIT INT G7G6	2	PV
OMNIPOD 5 DX MIS POD G7G6	2	PV
OMNIPOD 5 L2 KIT INTRO G6	2	PV
OMNIPOD 5 L2 MIS PODS G6	2	PV
OMNIPOD DASH KIT INTRO	2	PV
OMNIPOD DASH KIT PDM	2	PV
OMNIPOD DASH MIS PODS	2	PV
ON-THE-GO MIS LANC 30G	3	OTC; PV
PERFECT 28G MIS LANCETS	3	OTC; PV
PERFECT 30G MIS LANCETS	3	OTC; PV
PIP LANCETS MIS 28G	3	OTC; PV
PIP LANCETS MIS 30G	3	OTC; PV
PRO COMFORT MIS 31G	3	OTC; PV
PRO COMFORT MIS LANC 30G	3	OTC; PV
PRO COMFORT MIS LANCETS	3	OTC; PV
PRODIGY MIS 26G	3	OTC; PV
PRODIGY MIS 28G	3	OTC; PV
PURE COMFORT MIS 30G LAN	3	OTC; PV
PX LANCETS MIS 28G	3	OTC; PV
PX LANCETS MIS 33G	3	OTC; PV
QC LANCETS MIS 28G	3	OTC; PV
QC LANCETS MIS 30G	3	OTC; PV
READYLANCE MIS 21G	3	OTC; PV
READYLANCE MIS 23G	3	OTC; PV
READYLANCE MIS 26G	3	OTC; PV
READYLANCE MIS 28G	3	OTC; PV
READYLANCE MIS 30G	3	OTC; PV
REALITY MIS LANCETS	3	OTC; PV
REALITY TRIG MIS LANCETS	3	OTC; PV
RELION LANCE MIS THIN 26G	3	OTC; PV
RELION LANCE MIS THIN 30G	3	OTC; PV
RELION MICRO MIS THIN 33G	3	OTC; PV
RELION ULTRA MIS THIN 30G	3	OTC; PV
RIGHTEST ALT MIS ADAPTOR	3	OTC; PV
RIGHTEST MIS GL300	3	OTC; PV

Drug Name	Drug Tier	Requirements/Limits
SAFE-T-PRO MIS LANCETS	7	OTC; PV
SAFE-T-PRO MIS PLUS	7	OTC; PV
SAFETY 21G MIS LANCETS	3	OTC; PV
SAFETY 23G MIS LANCETS	3	OTC; PV
SAFETY 28G MIS LANCETS	3	OTC; PV
SAFETY 30G MIS LANCETS	3	OTC; PV
SAFETY MIS LANCETS	3	OTC; PV
SAPS HEALTH MIS TWIST	3	OTC; PV
SAPS TWIST MIS 30G	3	OTC; PV
SAPSCARE MIS TWIST	3	OTC; PV
SB LANCETS MIS THIN	3	OTC; PV
SB LANCETS MIS ULTR THN	3	OTC; PV
SENSILANCE MIS 21G	NC	OTC
SENSILANCE MIS 26G	NC	OTC
SENSILANCE MIS 28G	NC	OTC
SIMPLERA MIS SENSOR	NC	
SIMPLERA MIS SYNC SEN	NC	
SIMPLERA MIS SYSTEM	NC	
SINGLE-LET MIS 23G	3	OTC; PV
SMARTEST MIS LANCETS	3	OTC; PV
SOFTCLIX MIS LANCETS	7	OTC; PV
SOLUS V2 MIS LANC 28G	3	OTC; PV
SOLUS V2 MIS LANC 30G	3	OTC; PV
STERILANCE MIS TL 28G	3	OTC; PV
STERILANCE MIS TL 30G	3	OTC; PV
STERILANCE MIS TL 32G	3	OTC; PV
SUPER THIN MIS LANCETS	3	OTC; PV
SURE COMFORT MIS LANC 18G	3	OTC; PV
SURE COMFORT MIS LANC 21G	3	OTC; PV
SURE COMFORT MIS LANC 23G	3	OTC; PV
SURE COMFORT MIS LANC 30G	3	OTC; PV
SURE COMFORT MIS LANCETS	3	OTC; PV
SUREFLEX MIS LANCETS	3	OTC; PV
SURELITE MIS LANCETS	3	OTC; PV
TECHLITE AST MIS LANCETS	3	OTC; PV
TECHLITE MIS LANC 26G	3	OTC; PV
TECHLITE MIS LANCETS	3	OTC; PV
TRAVEL LANCE MIS ADV 28G	3	OTC; PV
TRUE COM LAN MIS SAFE 30G	NC	OTC
TRUE COM LAN MIS TWST 30G	3	OTC; PV
TRUPLUS LANC MIS 26G	7	OTC; PV
TRUPLUS LANC MIS 28G	7	OTC; PV
TRUPLUS LANC MIS 30G	7	OTC; PV

Drug Name	Drug Tier	Requirements/Limits
TRUPLUS LANC MIS 33G	7	OTC; PV
TWIIIST KIT REFILL	2	PV
TWIIIST KIT STARTER	2	PV
TWIIIST REFIL KIT INFUSION	2	PV
TWIST LANCET MIS 30G	3	OTC; PV
TWIST LANCET MIS 30G MULT	3	OTC; PV
ULTILET MIS 26G	3	OTC; PV
ULTILET MIS 28G	3	OTC; PV
ULTILET MIS 30G	3	OTC; PV
ULTILET MIS 33G	3	OTC; PV
ULTILET MIS LANCETS	3	OTC; PV
ULTILET MIS SAFETY	3	OTC; PV
ULTILET SAFE MIS 21G	3	OTC; PV
ULTRA THIN MIS 28G	3	OTC; PV
ULTRA THIN MIS 30G	3	OTC; PV
ULTRA THIN MIS 31G	3	OTC; PV
ULTRA THIN MIS 33G	3	OTC; PV
ULTRA THIN MIS LAN 31G	3	OTC; PV
ULTRA THIN MIS LANC 28G	3	OTC; PV
ULTRA THIN MIS LANC 30G	3	OTC; PV
ULTRA THIN MIS LANCETS	3	OTC; PV
ULTRA-CARE MIS LANC 30G	NC	OTC
UNILET EX II MIS 28G	3	OTC; PV
UNILET EXCEL MIS 23G	3	OTC; PV
UNILET G.P MIS SUPR 23G	3	OTC; PV
UNILET G.P. MIS 21G	3	OTC; PV
UNILET GP 28 MIS ULT THIN	3	OTC; PV
UNILET LANC MIS 33G	3	OTC; PV
UNILET LANCE MIS 21G	3	OTC; PV
UNILET LANCE MIS 28G	3	OTC; PV
UNILET LANCE MIS 33G	3	OTC; PV
UNILET LANCT MIS 28G	3	OTC; PV
UNILET LANCT MIS 30G	3	OTC; PV
UNILET LANCT MIS 33G	3	OTC; PV
UNILET MICRO MIS 33G	3	OTC; PV
UNILET MIS 21G	3	OTC; PV
UNILET SUPER MIS 23G	3	OTC; PV
UNILET SUPER MIS G.P. 23G	3	OTC; PV
UNISTIK 1 MIS 2.4MM	3	OTC; PV
UNISTIK 1 MIS 3.0MM	3	OTC; PV
UNISTIK 2 MIS	3	OTC; PV
UNISTIK 2 MIS 1.8MM	3	OTC; PV
UNISTIK 2 MIS 2.4MM	3	OTC; PV

Drug Name	Drug Tier	Requirements/Limits
UNISTIK 2 MIS COMFORT	3	OTC; PV
UNISTIK 2 MIS EXTRA	3	OTC; PV
UNISTIK 2 MIS NEONATAL	3	OTC; PV
UNISTIK 2 MIS NORMAL	3	OTC; PV
UNISTIK 2 MIS SUPER	3	OTC; PV
UNISTIK 3 MIS 1.8MM	3	OTC; PV
UNISTIK 3 MIS COMFORT	3	OTC; PV
UNISTIK 3 MIS EXTRA	3	OTC; PV
UNISTIK 3 MIS GENT 30G	3	OTC; PV
UNISTIK 3 MIS NEONATAL	3	OTC; PV
UNISTIK 3 MIS NORMAL	3	OTC; PV
UNISTIK 23G MIS NORMAL	3	OTC; PV
UNISTIK CZT MIS COMFORT	3	OTC; PV
UNISTIK CZT MIS NORMAL	3	OTC; PV
UNISTIK PRO MIS LANC 21G	3	OTC; PV
UNISTIK PRO MIS LANC 28G	3	OTC; PV
UNISTIK SAFE MIS LANC 28G	3	OTC; PV
UNISTIK SAFE MIS LANC 30G	3	OTC; PV
UNISTIK TOUC MIS LANC 21G	3	OTC; PV
UNISTIK TOUC MIS LANC 23G	3	OTC; PV
UNISTIK TOUC MIS LANC 28G	3	OTC; PV
UNISTIK TOUC MIS LANC 30G	3	OTC; PV
UNITSTIK PRO MIS LANC 25G	3	OTC; PV
V-GO 20 KIT	NC	
V-GO 30 KIT	NC	
V-GO 40 KIT	NC	
VERIFINE LAN MIS MINI 21G	3	OTC; PV
VERIFINE LAN MIS MINI 23G	3	OTC; PV
VERIFINE LAN MIS MINI 28G	3	OTC; PV
VERIFINE LAN MIS MINI 30G	3	OTC; PV
VERIFINE MIS UNIV 28G	3	OTC; PV
VERIFINE MIS UNIV 30G	3	OTC; PV
VERIFINE MIS UNIV 33G	3	OTC; PV
VIVAGUARD MIS 28G	3	OTC; PV
VIVAGUARD MIS 30G	3	OTC; PV
ZEV RX TWIST MIS LANC 30G	3	OTC; PV
MISC. DEVICES		
OPTUNE LUA MIS	M	
OPTUNE MIS	M	
PARENTERAL THERAPY SUPPLIES		
AUTOSHIELD MIS 30GX5MM	7	OTC; PV
BD PEN NEEDL MIS 29GX12.7	7	OTC; PV

Drug Name	Drug Tier	Requirements/Limits
BD PEN NEEDL MIS 31GX5MM	7	OTC; PV
BD PEN NEEDL MIS 31GX8MM	7	OTC; PV
BD PEN NEEDL MIS 32GX4MM	7	OTC; PV
BD PEN NEEDL MIS 32GX6MM	7	OTC; PV
EASY COMFORT MIS 29GX5MM	NC	OTC
EASY GLIDE MIS 1ML SYR	NC	OTC
EASY GLIDE MIS 3ML SYR	NC	OTC
EASY TOUCH MIS 29GX1/2"	NC	OTC
EMBECTA AUTO MIS DUO	2	OTC; PV
EMBECTA NANO MIS 32GX4MM	2	OTC; PV
EMBECTA UF MIS 29GX12.7	2	OTC; PV
EMBECTA UF MIS 31GX5MM	2	OTC; PV
EMBECTA UF MIS 31GX8MM	2	OTC; PV
EMBECTA UF MIS 32GX6MM	2	OTC; PV
INCONTROL MIS 29GX12MM	NC	OTC
INS SY 0.3ML MIS 31GX5/16	NC	OTC
INS SY 0.5ML MIS 30GX1/2"	NC	OTC
INS SY 1/2ML MIS 30GX1/2"	NC	OTC
INS SYR 1ML MIS 30GX1/2"	NC	OTC
INS SYR 1ML MIS 31GX5/16	NC	OTC
INS SYR U500 MIS 0.5/31G	7	PV
INS SYR U500 MIS 31GX6MM	7	PV
INSULIN SYR MIS BARR 1ML	NC	OTC
INSULIN SYRG MIS 0.3/29G	7	OTC; PV
INSULIN SYRG MIS 0.3/30G	7	OTC; PV
INSULIN SYRG MIS 0.3/31G	7	PV
INSULIN SYRG MIS 0.3/31G	7	OTC; PV
INSULIN SYRG MIS 0.5/28G	7	OTC; PV
INSULIN SYRG MIS 0.5/29G	7	OTC; PV
INSULIN SYRG MIS 0.5/30G	7	OTC; PV
INSULIN SYRG MIS 0.5/31G	7	OTC; PV
INSULIN SYRG MIS 0.5/32G	NC	OTC
INSULIN SYRG MIS 1ML	7	OTC; PV
INSULIN SYRG MIS 1ML/27G	7	OTC; PV
INSULIN SYRG MIS 1ML/28G	7	PV
INSULIN SYRG MIS 1ML/28G	7	OTC; PV
INSULIN SYRG MIS 1ML/29G	7	OTC; PV
INSULIN SYRG MIS 1ML/30G	7	OTC; PV
INSULIN SYRG MIS 1ML/31G	7	OTC; PV
INSULIN SYRG MIS 1ML/32G	NC	OTC
INSULIN SYRG MIS 2/27.5G	7	OTC; PV
INSULIN SYRG MIS 29GX12MM	NC	OTC
INSULIN SYRG MIS 30GX1/2"	NC	OTC

Drug Name	Drug Tier	Requirements/Limits
INSULIN SYRG MIS 31GX8MM	NC	OTC
INSUPEN32G MIS 32GX6MM	NC	OTC
INSUPEN MIS 29GX12MM	NC	OTC
LUER-LOK SYR MIS 1ML/20G	7	OTC; PV
MM PENTIPS MIS 29GX12MM	NC	
PEN NEEDLE MIS 31GX4MM	NC	OTC
PEN NEEDLE MIS 32GX5MM	NC	OTC
PEN NEEDLES MIS 29GX1/2"	NC	OTC
PEN NEEDLES MIS 29GX12MM	NC	OTC
PEN NEEDLES MIS 30GX5/16	NC	OTC
PEN NEEDLES MIS 31GX1/4"	NC	OTC
PEN NEEDLES MIS 33GX5/32	NC	OTC
PENTIPS MIS 29GX12MM	NC	
PENTIPS MIS 29GX12MM	NC	OTC
QUICK TOUCH MIS 29GX12.7	NC	OTC
QUICK TOUCH MIS 31GX6MM	NC	OTC
QUICK TOUCH MIS 31GX8MM	NC	OTC
SECURESAFE MIS 0.5/29G	NC	OTC
SECURESAFE MIS 29GX1/2"	NC	OTC
3ML SYRINGE MIS 20GX1"	NC	
3ML SYRINGE MIS 22GX1.5"	NC	
3ML SYRINGE MIS 23GX1.5"	NC	
3ML SYRINGE MIS 25GX1.5"	NC	
ULTIGUARD MIS 31GX6MM	NC	OTC
ULTIGUARD MIS 32GX4MM	NC	OTC
ULTIGUARD MIS 32GX6MM	NC	OTC
UNIFINE PNTF MIS 29GX12MM	NC	OTC
UNIFINE SAFE MIS 32GX4MM	NC	OTC
VERIFINE PEN MIS 32GX4MM	NC	OTC

MIGRAINE PRODUCTS

CALCITONIN GENE-RELATED PEPTIDE (CGRP) RECEPTOR ANTAG

AIMOVIG SOAJ 70MG/ML, 140MG/ML	NC	
AJOVY SOAJ 225MG/1.5ML	2	ST, PA, QL; (autoinjector)
AJOVY SOSY 225MG/1.5ML	2	ST, PA, QL; (prefilled syringe)
EMGALITY SOAJ 120MG/ML; SOSY 100MG/ML	2	ST, PA, QL
EMGALITY SOSY 120MG/ML	2	ST, PA, QL; (prefilled syringe)
NURTEC TBDP 75MG	2	ST, PA, QL
QULIPTA TABS 10MG, 30MG, 60MG	2	ST, PA, QL
UBRELVY TABS 50MG, 100MG	2	ST, PA, QL
VYEPTI SOLN 100MG/ML	NC	

Drug Name	Drug Tier	Requirements/Limits
MIGRAINE COMBINATIONS		
<i>ergotamine w/ caffeine tab 1-100 mg</i>	NC	
<i>Migergot Sup 2/100</i>	NC	
<i>sumatriptan-naproxen sodium tab 85-500 mg</i>	NC	
TREXIMET TAB 85-500MG	NC	
MIGRAINE PRODUCTS		
<i>dihydroergotamine mesylate soln 1mg/ml</i>	2	
<i>dihydroergotamine mesylate soln 4mg/ml</i>	NC	
ERGOMAR SUBL 2MG	3	
MIGRAINE PRODUCTS - NSAIDS		
CAMBIA PACK 50MG	NC	
<i>diclofenac potassium (migraine) pack 50mg</i>	NC	
SEROTONIN AGONISTS		
<i>almotriptan malate tabs 6.25mg, 12.5mg</i>	2	PA, QL
<i>eletriptan hydrobromide tabs 20mg, 40mg</i>	1	PA, QL
<i>frovatriptan succinate tabs 2.5mg</i>	2	PA, QL
IMITREX TABS 25MG, 50MG, 100MG	3	PA, QL
IMITREX STATDOSE REFILL SOCT 4MG/0.5ML, 6MG/0.5ML	3	PA, QL
IMITREX STATDOSE SYSTEM SOAJ 4MG/0.5ML, 6MG/0.5ML	3	PA, QL
MAXALT TABS 10MG	NC	
MAXALT-MLT TBDP 10MG	NC	
<i>naratriptan hcl tabs 1mg, 2.5mg</i>	1	PA, QL
ONZETRA XSAIL EXHP 11MG/NOSEPC	NC	
RELPAX TABS 20MG, 40MG	3	PA, QL
REYVOW TABS 50MG, 100MG	3	ST, PA, QL
<i>rizatriptan benzoate tabs 5mg, 10mg; tbdp 5mg, 10mg</i>	1	PA, QL
<i>sumatriptan soln 5mg/act</i>	2	PA, QL
<i>sumatriptan soln 20mg/act</i>	1	PA, QL
<i>sumatriptan succinate soaj 6mg/0.5ml</i>	2	PA, QL
<i>sumatriptan succinate soln 6mg/0.5ml; tabs 25mg, 50mg, 100mg</i>	1	PA, QL
TOSYMRA SOLN 10MG/ACT	NC	
ZEMBRACE SYMTOUCH SOAJ 3MG/0.5ML	NC	
<i>zolmitriptan soln 2.5mg, 5mg</i>	2	PA, QL
<i>zolmitriptan tabs 2.5mg, 5mg; tbdp 2.5mg, 5mg</i>	1	PA, QL
ZOMIG SOLN 2.5MG	3	PA, QL
ZOMIG SOLN 5MG	2	PA, QL
<i>Zomig Tabs 2.5mg, 5mg</i>	1	PA, QL

Drug Name	Drug Tier	Requirements/Limits
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MINERALS & ELECTROLYTES

BICARBONATES

SODIUM ACETATE SOLN 2MEQ/ML	3	
<i>sodium acetate soln 2meq/ml, 4meq/ml</i>	1	
<i>sodium bicarbonate soln 4.2%, 8.4%</i>	1	
SODIUM BICARBONATE SOLN 8.4%	3	
THAM SOLN 30MEQ/100ML	3	
<i>tromethamine soln 30meq/100ml</i>	1	

CALCIUM

CALCIFOL WAF	3	
CALCIUM CHLORIDE SOLN 10%	3	
<i>calcium chloride (dihydrate) soln 10%</i>	1	
<i>calcium gluconate soln 10%, 100mg/ml</i>	1	
CALCIUM GLUCONATE SOLN 10%, 100MG/ML	3	

ELECTROLYTE MIXTURES

D2.5W/NACL INJ 0.45%	3	
D5W/LYTES INJ #48	3	
D5W/NACL INJ 0.2%	3	
D5W/NACL INJ 0.3%	3	
D5W/NACL INJ 0.9%	3	
D5W/NACL INJ 0.33%	3	
D5W/NACL INJ 0.45%	3	
D10W/NACL INJ 0.2%	3	
D10W/NACL INJ 0.45%	3	
<i>dextrose 2.5% w/ sodium chloride 0.45%</i>	1	
<i>dextrose 5% in lactated ringers</i>	1	
<i>dextrose 5% w/ sodium chloride 0.3%</i>	1	
<i>dextrose 5% w/ sodium chloride 0.9%</i>	1	
<i>dextrose 5% w/ sodium chloride 0.45%</i>	1	
<i>dextrose 5% w/ sodium chloride 0.225%</i>	1	
DW5-NACL INJ 0.225%	3	
ELLIOTTS B INJ	3	
IONOSOL-MB INJ D5W	3	
ISOLYTE-P INJ /D5W	3	
ISOLYTE-S INJ	3	
ISOLYTE-S INJ PH 7.4	3	
<i>kcl 10 meq/l (0.075%) in dextrose 5% & nacl 0.45% inj</i>	1	
<i>kcl 20 meq/l (0.15%) in dextrose 5% & nacl 0.9% inj</i>	1	
<i>kcl 20 meq/l (0.15%) in dextrose 5% & nacl 0.45% inj</i>	1	

Drug Name	Drug Tier	Requirements/Limits
<i>kcl 20 meq/l (0.15%) in dextrose 5% & nacl 0.225% inj</i>	1	
<i>kcl 20 meq/l (0.15%) in nacl 0.9% inj</i>	1	
<i>kcl 20 meq/l (0.15%) in nacl 0.45% inj</i>	1	
<i>kcl 20 meq/l (0.149%) in nacl 0.9% inj</i>	1	
<i>kcl 20 meq/l (0.149%) in nacl 0.45% inj</i>	1	
<i>kcl 30 meq/l (0.224%) in dextrose 5% & nacl 0.45% inj</i>	1	
<i>kcl 40 meq/l (0.3%) in dextrose 5% & nacl 0.9% inj</i>	1	
<i>kcl 40 meq/l (0.3%) in dextrose 5% & nacl 0.45% inj</i>	1	
<i>kcl 40 meq/l (0.3%) in nacl 0.9% inj</i>	1	
<i>kcl 40 meq/l (0.298%) in nacl 0.9% inj</i>	1	
KCL/D5W/LACT INJ 20MEQ/L	3	
KCL/D5W/NACL INJ	3	
KCL/D5W/NACL INJ 0.3/0.9%	3	
KCL/D5W/NACL INJ 0.3/0.45	3	
KCL/D5W/NACL INJ 0.15/0.2	3	
KCL/D5W/NACL INJ 0.15/0.9	3	
LACTATED RIN INJ	3	
<i>lactated ringer's solution</i>	1	
<i>Mult Electro Inj Ph 5.5</i>	1	
<i>Mult Electro Inj Ph 7.4</i>	1	
NORMOSOL -M INJ /D5W	3	
NORMOSOL -R INJ	3	
NORMOSOL-R INJ PH 7.4	3	
NORMOSOL-R SOL /5% DSW	3	
PLASMA-LYTE INJ 148	3	
PLASMA-LYTE INJ -A	3	
POT CHL/D5W INJ 20MEQ/L	3	
POT CHL/NACL INJ 20MEQ/L	3	
POT CHL/NACL INJ 40MEQ/L	3	
<i>potassium chloride 20 meq/l (0.15%) in dextrose 5% inj</i>	1	
<i>ringer's solution</i>	1	
TPN ELECTROL INJ	3	
FLUORIDE		
FLORIVA DRO 0.25MG	3	PV
<i>sodium fluoride chew 1mg; tabs 1mg</i>	1	PV
<i>sodium fluoride chew .25mg, .5mg; soln .5mg/ml; tabs .5mg</i>	0	ACA, PV

Drug Name	Drug Tier	Requirements/Limits
MAGNESIUM		
<i>magnesium sulfate soln 2gm/50ml, 4gm/100ml, 4gm/50ml, 20gm/500ml, 40gm/1000ml, 50%</i>	1	
MAGNESIUM SULFATE SOLN 2GM/50ML, 4GM/100ML, 20GM/500ML, 40GM/1000ML, 50%	3	
<i>magnesium sulfate in dextrose 5% iv soln 1 gm/100ml</i>	1	
MG SO4/D5W INJ 10MG/ML	3	
MANGANESE		
<i>manganese chloride soln .1mg/ml</i>	1	
MANGANESE TRACE METAL SOLN .1MG/ML	3	
PHOSPHATE		
GLYCOPHOS SOLN 1MMOLE/ML	3	
K-PHOS TABS 500MG	3	
K-PHOS TAB NEUTRAL	3	
PHOSPHA 250 TAB NEUTRAL	3	
<i>Phospho-Trin K500 Tabs 500mg</i>	1	
<i>Phospho-Trin Tab 250 Neut</i>	1	
<i>pot phos monobasic w/sod phos di & monobas tab 155-852-130mg</i>	1	
POTASSIUM INJ PHOSPHAT	3	
<i>potassium phosphates inj 15 mm/5ml (phos) 22 meq/5ml (k)</i>	1	
<i>potassium phosphates inj 45 mm/15ml (phos) 66 meq/15ml (k)</i>	1	
<i>potassium phosphates inj 150 mm/50ml (phos) 220 meq/50ml (k)</i>	1	
SOD PHOSPHAT INJ 3MM/ML	3	
<i>sodium phosphates inj 15 mm/5ml (phos) 20 meq/5ml (na)</i>	1	
<i>sodium phosphates inj 45 mm/15ml (phos) 60 meq/15ml (na)</i>	1	
<i>sodium phosphates inj 150 mm/50ml (phos) 200 meq/50ml (na)</i>	1	
POTASSIUM		
EFFER-K TBEF 25MEQ	3	
EFFER-K TAB 10MEQ	3	
EFFER-K TAB 20MEQ	3	
<i>Klor-Con Pack 20meq</i>	1	
<i>Klor-Con 8 Tbcr 8meq</i>	1	
KLOR-CON 8 TBCR 8MEQ	3	

Drug Name	Drug Tier	Requirements/Limits
<i>Klor-Con 10 Tbc</i> 10meq	1	
<i>Klor-Con M10 Tbc</i> 10meq	1	
<i>Klor-Con M15 Tbc</i> 15meq	1	
<i>Klor-Con M20 Tbc</i> 20meq	1	
POKONZA PACK 15MEQ	3	
<i>potassium acetate soln</i> 2meq/ml	1	
<i>potassium chloride cpcr</i> 8meq, 10meq; pack 20meq; <i>soln</i> 2meq/ml, 10%, 10meq/100ml, 10meq/50ml, 20%, 20meq/100ml, 20meq/50ml, 40meq/100ml; <i>tbc</i> 8meq, 10meq, 15meq, 20meq	1	
POTASSIUM CHLORIDE SOLN 10MEQ/100ML, 10MEQ/50ML, 20MEQ/100ML, 20MEQ/50ML, 40MEQ/100ML; SOSY 100MEQ/50ML	3	
<i>potassium chloride microencapsulated crystals er tbc</i> 10meq, 15meq, 20meq	1	
SODIUM		
SODIUM CHLORIDE SOLN .9%	3	
<i>sodium chloride soln</i> .45%, .9%, 2.5meq/ml, 3%, 4meq/ml, 5%	1	
TRACE MINERALS		
<i>chromic chloride soln</i> 40mcg/10ml	1	
CHROMIUM CHLORIDE SOLN 40MCG/10ML	3	
COPPER SOLN .4MG/ML	3	
<i>cupric chloride soln</i> .4mg/ml	1	
MULTRYS INJ	3	
SELENIOS ACID SOLN 12MCG/2ML	3	
ZINC		
GALZIN CAPS 25MG, 50MG	3	
<i>zinc chloride soln</i> 1mg/ml	1	
ZINC CHLORIDE SOLN 1MG/ML	3	
<i>zinc sulfate soln</i> 1mg/ml, 3mg/ml, 5mg/ml	1	
ZINC SULFATE SOLN 1MG/ML, 3MG/ML, 5MG/ML	3	
MISCELLANEOUS THERAPEUTIC CLASSES		
ALLOGENEIC TISSUE		
RETHYMIC IMP	M	
CHELATING AGENTS		
CUPRIMINE CAPS 250MG	NC	SP
CUVRIOR TABS 300MG	NC	SP
DEPEN TITRATABS TABS 250MG	6	SP
EDETATE DISODIUM SOLN 150MG/ML	3	

Drug Name	Drug Tier	Requirements/Limits
<i>penicillamine caps 250mg; tabs 250mg</i>	4	SP
SYPRINE CAPS 250MG	NC	SP
<i>trientine hcl caps 250mg</i>	4	SP
CONTINUOUS RENAL REPLACEMENT THERAPY (CRRT) SOLUTIONS		
PRISMASOL SOL 0/0/1.2	3	
PRISMASOL SOL 0/2.5	3	
PRISMASOL SOL 2/0	3	
PRISMASOL SOL 2/3.5	3	
PRISMASOL SOL 4/0/1.2	3	
PRISMASOL SOL 4/2.5	3	
PRISMASOL SOL B22GK4/0	3	
TRISOD CITRA SOL 0.5%CRRT	3	
ENZYMES		
HYLENEX SOLN 150UNIT/ML	3	
XIAFLEX SOLR .9MG	3	SP, PA
IMMUNOMODULATORS		
IMAAVY SOLN 1200MG/6.5ML	NC	SP
JOENJA TABS 70MG	NC	SP
<i>lenalidomide caps 2.5mg, 5mg, 10mg, 15mg, 20mg, 25mg</i>	4	SP, PA, QL
NIKTIMVO SOLN 9MG/0.18ML, 22MG/0.44ML	NC	SP
REVLIMID CAPS 2.5MG, 5MG, 10MG, 15MG, 20MG, 25MG	NC	SP
REZUROCK TABS 200MG	NC	SP
RYONCIL KIT	M	
RYSTIGGO SOLN 280MG/2ML, 420MG/3ML, 560MG/4ML, 840MG/6ML	6	SP, PA, QL
THALOMID CAPS 50MG, 100MG	5	SP, PA, QL
VYVGART SOLN 400MG/20ML	5	SP, PA, QL
VYVGART INJ HYTRULO	5	SP, PA, QL
IMMUNOSUPPRESSIVE AGENTS		
ASTAGRAF XL CP24 .5MG, 1MG, 5MG	3	SP; PV
ATGAM SOLN 50MG/ML	2	
<i>Azasan Tabs 75mg</i>	2	
<i>Azasan Tabs 100mg</i>	1	
AZATHIOPRINE SOLR 100MG	NC	SP
<i>azathioprine tabs 50mg</i>	1	
<i>azathioprine tabs 75mg</i>	2	
<i>azathioprine tabs 100mg</i>	1	
CELLCEPT CAPS 250MG; SUSR 200MG/ML; TABS 500MG	3	SP; PV
CELLCEPT INTRAVENOUS SOLR 500MG	3	SP; PV

Drug Name	Drug Tier	Requirements/Limits
<i>cyclosporine caps 25mg, 100mg</i>	1	SP; PV
<i>cyclosporine modified (for microemulsion) caps 25mg, 50mg, 100mg; soln 100mg/ml</i>	1	SP; PV
ENSPRYNG SOSY 120MG/ML	5	SP, PA, QL
ENVARUSUS XR TB24 .75MG, 1MG, 4MG	3	SP; PV
<i>everolimus (immunosuppressant) tabs .25mg, .5mg, .75mg, 1mg</i>	1	SP; PV
GAMIFANT SOLN 10MG/2ML, 50MG/10ML, 100MG/20ML	M	
<i>Gengraf Caps 25mg, 100mg</i>	1	SP; PV
IMURAN TABS 50MG	3	
<i>mycophenolate mofetil caps 250mg; susr 200mg/ml; tabs 500mg</i>	1	SP; PV
<i>mycophenolate mofetil hcl solr 500mg</i>	1	SP; PV
<i>mycophenolate sodium tbec 180mg, 360mg</i>	1	SP; PV
MYFORTIC TBEC 180MG, 360MG	3	SP; PV
NEORAL CAPS 25MG, 100MG; SOLN 100MG/ML	2	SP; PV
NULOJIX SOLR 250MG	2	SP; PV
PROGRAF CAPS .5MG, 1MG, 5MG	3	SP; PV
PROGRAF PACK .2MG, 1MG; SOLN 5MG/ML	3	SP; PV
SANDIMMUNE CAPS 25MG, 100MG; SOLN 50MG/ML	2	SP; PV
SIMULECT SOLR 10MG, 20MG	2	
<i>sirolimus soln 1mg/ml; tabs .5mg, 1mg, 2mg</i>	1	SP; PV
<i>tacrolimus caps .5mg, 1mg, 5mg</i>	1	SP; PV
<i>tacrolimus cp24 .5mg, 1mg, 5mg; soln 5mg/ml</i>	1	SP; PV
THYMOGLOBULIN SOLR 25MG	2	
UPLIZNA SOLN 100MG/10ML	NC	SP
ZORTRESS TABS .25MG, .5MG, .75MG, 1MG	3	SP; PV
IRRIGATION SOLUTIONS		
ARGYL SALINE SOL 100ML	3	
<i>lactated ringer's for irrigation</i>	1	
PHYSIOLYTE SOL	3	
RINGERS IRR SOL	3	
<i>water for irrigation, sterile irrigation soln</i>	1	
LYMPHATIC AGENTS		
SYLVANT SOLR 100MG, 400MG	6	SP, PA
MISC NATURAL PRODUCTS		
IMUBOLIC CAP	NC	
MISCELLANEOUS THERAPEUTIC CLASSES		
NEXAVIR SOLN 25.5MG/ML	3	

Drug Name	Drug Tier	Requirements/Limits
PATIENT ASSESSMENT SERVICES		
EUA PATIENT MIS ASSESS	3	PA
PERITONEAL DIALYSIS SOLUTIONS		
DELFLX-LC SOL 1.5% DEX	3	
DELFLX-LC/ SOL 2.5% DEX	3	
DELFLX-LC/ SOL 4.25 DEX	3	
DIANEAL LOW SOL CALCIUM	3	
DIANEAL PD-2 SOL 1.5% DEX	3	
DIANEAL PD-2 SOL 2.5% DEX	3	
DIANEAL PD-2 SOL 4.25%DEX	3	
DIANEAL SOL LOW CALC	3	
EXTRANEAL SOL	3	
ULTRABAG/ SOL DIANEAL	3	
ULTRABAG/PD2 SOL DIANEAL	3	
PIK3CA-RELATED OVERGROWTH SPECTRUM (PROS) AGENTS		
VIJOICE TBPK 50MG, 125MG	NC	SP
VIJOICE TAB 250MG	NC	SP
POTASSIUM REMOVING AGENTS		
LOKELMA PACK 5GM, 10GM	NC	
<i>sodium polystyrene sulfonate susp 15gm/60ml</i>	2	
<i>sodium polystyrene sulfonate powder</i>	1	
<i>Sps Susp 15gm/60ml</i>	1	
<i>Sps Susp 15gm/60ml</i>	2	
VELTASSA PACK 1GM, 8.4GM, 16.8GM, 25.2GM	2	
PROGERIA TREATMENT AGENTS		
ZOKINVY CAPS 50MG, 75MG	6	SP, PA, QL
SCLEROSING AGENTS		
ASCLERA SOLN .5%, 1%	3	
ETHAMOLIN SOLN 5%	3	
<i>sodium tetradecyl sulfate soln 3%</i>	1	
<i>Sotradecol Soln 1%, 3%</i>	1	
VARITHENA FOAM 180MG/18ML	6	SP
SYSTEMIC LUPUS ERYTHEMATOSUS AGENTS		
BENLYSTA SOAJ 200MG/ML; SOLR 120MG, 400MG; SOSY 200MG/ML	6	SP, PA, QL
UREMIC PRURITUS AGENTS		
KORSUVA SOLN 65MCG/1.3ML	NC	
MOUTH/THROAT/DENTAL AGENTS		
ANESTHETICS TOPICAL ORAL		
<i>lidocaine hcl (mouth-throat) soln 2%, 4%</i>	1	

Drug Name	Drug Tier	Requirements/Limits
ANTI-INFECTIVES - THROAT		
<i>clotrimazole troc 10mg</i>	1	
<i>nystatin (mouth-throat) susp 100000unit/ml</i>	1	
ORAVIG TABS 50MG	3	
ANTISEPTICS - MOUTH/THROAT		
<i>chlorhexidine gluconate (mouth-throat) soln .12%</i>	1	
PERIDEX SOLN .12%	3	
<i>Periogard Soln .12%</i>	1	
PERIODONTAL PRODUCTS		
ARESTIN MISC 1MG	3	
STEROIDS - MOUTH/THROAT/DENTAL		
<i>Kourzeq Pste .1%</i>	1	
<i>Oralene Dental Paste Pste .1%</i>	1	
<i>triamcinolone acetonide (mouth) pste .1%</i>	1	
THROAT PRODUCTS - MISC.		
AQUORAL SPR	3	
BOCASAL POW	3	
<i>cevimeline hcl caps 30mg</i>	1	
EPISIL LIQ	2	
EVOXAC CAPS 30MG	3	
GELCLAIR GEL	3	PA
MUCOTROL WAF	3	PA
MUGARD LIQ	5	SP, PA
NUMOISYN LIQ	3	
NUMOISYN LOZ	3	
ORAFATE PST 10%	3	PA
ORAMAGICRX SUS	3	PA
ORAPEUTIC GEL	3	PA
<i>pilocarpine hcl (oral) tabs 5mg, 7.5mg</i>	1	
PROTHELIAL PST 10%	3	PA
SALAGEN TABS 5MG, 7.5MG	3	
SALIVAMAX POW	NC	
MULTIVITAMINS		
MULTIPLE VITAMINS W/ MINERALS		
BACMIN TAB	NC	
DAYAVITE TAB	NC	
DERMACINRX TAB RIBOT-E	NC	
DEXATRAN CAP	NC	
DIALYVITE TAB SUPREM D	NC	
FOLAMED DHA CAP	NC	
FOLITIN-Z TAB	NC	

Drug Name	Drug Tier	Requirements/Limits
HYLAZINC TAB	NC	
KEYFOLIC TAB	NC	
OCUVEL CAP 0.5MG	NC	
ONEVITE TAB	NC	
SIDEROL TAB	NC	
STROVITE ONE TAB	NC	
UDAMIN SP TAB	NC	
VENEXA FE TAB	NC	
VENEXA TAB	NC	
VENTRIXYL FE TAB	NC	
VENTRIXYL TAB	NC	
VITAROCA PLU TAB	NC	
VITRAMYN TAB	NC	
VITRANOL FE TAB	NC	
VITRANOL TAB	NC	
VITREXYL TAB	NC	
VITREXYL TAB IRON	NC	
ZINTREXYL-C TAB	NC	

MULTIPLE VITAMINS W/ MINERALS & FLUORIDE-IRON-FOLIC ACID

QUFLORA FE CHW	NC	
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PED MULTI VITAMINS W/FL & FE

<i>pediatric multiple vitamins w/ fl-fe drops 0.25-10 mg/ml</i>	1	PV
POLY-VI-FLOR CHW W/IRON	NC	
POLY-VI-FLOR SUS /IRON	NC	OTC

PED MV W/ FLUORIDE

FLORIVA DRO PLUS	NC	
<i>pediatric multiple vitamin w/ fluoride susp 0.25 mg/ml</i>	1	PV
<i>pediatric multiple vitamins w/ fluoride chew tab 0.5 mg</i>	1	PV
<i>pediatric multiple vitamins w/ fluoride chew tab 0.25 mg</i>	1	PV
<i>pediatric multiple vitamins w/ fluoride chew tab 1 mg</i>	1	PV
<i>pediatric multiple vitamins w/ fluoride susp 0.5 mg/ml</i>	1	PV
POLY-VI-FLOR CHW 0.5MG	NC	
POLY-VI-FLOR CHW 0.25MG	NC	
POLY-VI-FLOR CHW 1MG	NC	
POLY-VI-FLOR SUS 0.25/ML	NC	
QUFLORA PED DRO 0.5MG/ML	NC	
QUFLORA PED DRO 0.25MG	NC	

Drug Name	Drug Tier	Requirements/Limits
TRI-VI-FLOR SUS 0.25/ML	NC	
TRI-VI-FLORO SUS 0.5MG/ML	NC	
TRI-VI-FLORO SUS 0.25/ML	NC	
<i>Tri-Vit/flu Dro 0.5mg</i>	1	PV
<i>Tri-Vit/flu Dro 0.25mg</i>	1	PV
<i>PEDIATRIC MULTIPLE VITAMINS & MINERALS W/ FLUORIDE</i>		
FLORIVA CHW 0.5MG	NC	
FLORIVA CHW 0.25MG	NC	
FLORIVA CHW 1MG	NC	
<i>PRENATAL VITAMINS</i>		
C-NATE DHA CAP 28-1-200	NC	
CITRANATAL CAP HARMONY	NC	
CITRANATAL CAP MEDLEY	NC	
CITRANATAL MIS 90 DHA	NC	
CITRANATAL MIS B-CALM	NC	
CITRANATAL PAK ASSURE	NC	
CO-NATAL FA TAB 29-1MG	NC	
COMPLETE NAT PAK DHA	NC	
COMPLETENATE CHW	NC	
CONCEPT DHA CAP	NC	
CONCEPT OB CAP	NC	
<i>Elite-Ob Tab</i>	1	PV
ENBRACE HR CAP	NC	
FOLIVANE-OB CAP	NC	
KOSHR PRENAT TAB 30-1MG	NC	
NATACHEW CHW	NC	
NEEVO DHA CAP 27-1.13	NC	
NEONATAL TAB COMPLETE	NC	
NESTABS DHA PAK	NC	
NESTABS ONE CAP	NC	
NESTABS TAB	NC	
OB COMPLETE CAP ONE	NC	
OB COMPLETE CAP PETITE	NC	
OB COMPLETE TAB	NC	
OB COMPLETE TAB PREMIER	NC	
OB COMPLETE/ CAP DHA	NC	
OBSTETRIX EC TAB	NC	OTC
OBSTETRIX MIS DHA	NC	OTC
<i>Pnv-Dha Cap</i>	1	PV
PNV-DHA CAP DOCUSATE	NC	
PNV-OMEGA CAP	NC	
<i>Pnv-Select Tab</i>	1	PV

Drug Name	Drug Tier	Requirements/Limits
PREMESISRX TAB	NC	
PRENA1 CHW	NC	
PRENA1 PEARL CAP	NC	
PRENA 1 TRUE MIS	NC	
PRENAISSANCE CAP	NC	
PRENAISSANCE CAP PLUS	NC	
PRENATAL 19 CHW 29-1MG	NC	
PRENATAL 19 TAB 29-1MG	NC	
PRENATAL TAB 27-1MG	NC	
PRENATAL-U CAP 106.5-1	NC	
PRENATE AM TAB 1MG	NC	
PRENATE CAP ENHANCE	NC	
PRENATE CAP ESSENT	NC	
PRENATE CAP PIXIE	NC	
PRENATE CAP RESTORE	NC	
PRENATE CHW 0.6-0.4	NC	
PRENATE DHA CAP	NC	
PRENATE MINI CAP	NC	
PRENATE TAB ELITE	NC	
PRENATOL-M TAB 27-1.2MG	NC	
PRENATRIX TAB	NC	
PRIMACARE CAP	NC	
PROVIDA OB CAP	NC	
RELNATE DHA CAP	NC	
SE-NATAL 19 CHW	NC	
SE-NATAL 19 TAB	NC	
SELECT-OB CHW	NC	
SELECT-OB+ PAK DHA	NC	
TARON-C DHA CAP	NC	
THRIVITE RX TAB 29-1MG	NC	
TRICARE TAB PRENATAL	NC	
TRINATAL RX TAB 1	NC	
TRISTART DHA CAP	NC	
VINATE DHA CAP 27-1.13	NC	
VITAFOL CAP ULTRA	NC	
VITAFOL CHW GUMMIES	NC	
VITAFOL-OB PAK +DHA	NC	
VITAFOL-OB TAB 65-1MG	NC	
VITAFOL-ONE CAP	NC	
VITATRUE MIS	NC	

MUSCULOSKELETAL THERAPY AGENTS

ARTICULAR CARTILAGE REPAIR THERAPY

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Drug Name	Drug Tier	Requirements/Limits
CENTRAL MUSCLE RELAXANTS		
AMRIX CP24 15MG, 30MG	NC	
<i>baclofen soln 5mg/5ml, 10mg/5ml</i>	2	
<i>baclofen soln 500mcg/ml, 20000mcg/20ml, 40000mcg/20ml; tabs 5mg, 10mg, 15mg, 20mg</i>	1	
<i>carisoprodol tabs 250mg</i>	NC	
<i>carisoprodol tabs 350mg</i>	1	
<i>chlorzoxazone tabs 250mg, 500mg</i>	1	
<i>Chlorzoxazone Tabs 375mg, 750mg</i>	NC	
<i>cyclobenzaprine hcl cp24 15mg, 30mg; tabs 7.5mg</i>	NC	
<i>cyclobenzaprine hcl tabs 5mg, 10mg</i>	1	
<i>Fexmid Tabs 7.5mg</i>	NC	
FLEQSUVY SUSP 25MG/5ML	NC	
GABLOFEN SOLN 10000MCG/20ML, 20000MCG/20ML, 40000MCG/20ML; SOSY 50MCG/ML, 10000MCG/20ML, 20000MCG/20ML, 40000MCG/20ML	3	
LIORESAL INTRATHECAL SOLN .05MG/ML, 10MG/20ML, 10MG/5ML, 40MG/20ML	3	
<i>metaxalone tabs 400mg, 800mg</i>	NC	
<i>metaxalone tabs 800mg</i>	1	
<i>methocarbamol soln 1000mg/10ml; tabs 500mg, 750mg</i>	1	
<i>orphenadrine citrate soln 30mg/ml; tb12 100mg</i>	1	
ROBAXIN SOLN 1000MG/10ML	3	
SOMA TABS 250MG, 350MG	3	
<i>tizanidine hcl caps 2mg, 4mg, 6mg; tabs 2mg, 4mg</i>	1	
ZANAFLEX CAPS 2MG, 4MG, 6MG, 8MG; TABS 4MG	NC	
DIRECT MUSCLE RELAXANTS		
DANTRIUM CAPS 25MG	3	
DANTRIUM IV SOLR 20MG	3	
<i>dantrolene sodium caps 25mg, 50mg, 100mg; solr 20mg</i>	1	
<i>Revonto Solr 20mg</i>	1	
RYANODEX SUSR 250MG	3	
MUSCLE RELAXANT COMBINATIONS		
<i>Norgesic Tab</i>	NC	
<i>Norgesic Tab Forte</i>	NC	

Drug Name	Drug Tier	Requirements/Limits
<i>orphenadrine w/ aspirin & caffeine tab 25-385-30 mg</i>	NC	
<i>Orphengesic Tab Forte</i>	NC	
VISCOSUPPLEMENTS		
DUROLANE PRSY 60MG/3ML	2	PA
EUFLEXXA SOSY 20MG/2ML	2	PA
GEL-ONE PRSY 30MG/3ML	NC	
GELSYN-3 SOSY 16.8MG/2ML	2	PA
GENVISC 850 SOSY 25MG/2.5ML	3	PA
HYALGAN SOLN 20MG/2ML; SOSY 20MG/2ML	NC	
HYMOVIS SOSY 24MG/3ML	NC	
MONOVISC SOSY 88MG/4ML	NC	
ORTHOVISC SOSY 30MG/2ML	NC	
SUPARTZ FX SOSY 25MG/2.5ML	NC	
SYNVISC SOSY 16MG/2ML	NC	
SYNVISC ONE SOSY 48MG/6ML	NC	
VISCO-3 SOSY 25MG/2.5ML	NC	
NASAL AGENTS - SYSTEMIC AND TOPICAL		
NASAL AGENTS - MISC.		
NOZIN NASAL SANITIZER KIT 62%; SWAB 62%	3	OTC
NASAL ANESTHETICS		
COCAINE HYDROCHLORIDE SOLN 40MG/ML	NC	
GOPRELTO SOLN 40MG/ML	NC	
NASAL ANTICHOLINERGICS		
<i>ipratropium bromide (nasal) soln .03%, .06%</i>	1	
NASAL STEROIDS		
XHANCE EXHU 93MCG/ACT	3	
SYMPATHOMIMETIC DECONGESTANTS		
ADRENALIN SOLN .1%	3	
NEUROMUSCULAR AGENTS		
ALS AGENTS		
<i>edaravone soln 30mg/100ml</i>	4	SP, PA, QL
QALSODY SOLN 100MG/15ML	M	
RADICAVA ORS SUSP 105MG/5ML	5	SP, PA, QL
RADICAVA ORS STARTER KIT SUSP 105MG/5ML	5	SP, PA, QL
RELYVRIO PAK 3-1GM	NC	SP
<i>riluzole tabs 50mg</i>	1	
TEGLUTIK SUSP 50MG/10ML	NC	

Drug Name	Drug Tier	Requirements/Limits
DEPOLARIZING MUSCLE RELAXANTS		
ANECTINE SOLN 20MG/ML	3	
QUELICIN SOLN 20MG/ML	3	
<i>succinylcholine chloride soln 20mg/ml</i>	1	
SUCCINYLCHOLINE CHLORIDE SOLN 20MG/ML	3	
FRIEDRICH'S ATAXIA AGENTS		
SKYCLARYS CAPS 50MG	6	SP, PA
MUSCULAR DYSTROPHY AGENTS		
ELEVIDYS KIT	M	
EXONDYS 51 SOLN 100MG/2ML, 500MG/10ML	6	SP, PA, QL
VILTEPSO SOLN 250MG/5ML	NC	SP
VYONDYS 53 SOLN 100MG/2ML	NC	SP
NEUROMUSCULAR BLOCKING AGENT - NEUROTOXINS		
BOTOX SOLR 100UNIT, 200UNIT	NC	
DAXXIFY SOLR 100UNIT	2	PA
DYSPORE SOLR 300UNIT, 500UNIT	2	PA
MYOBLOC SOLN 2500UNIT/0.5ML, 5000UNIT/ML, 10000UNIT/2ML	NC	
XEOMIN SOLR 50UNIT, 100UNIT, 200UNIT	2	PA
NONDEPOLARIZING MUSCLE RELAXANTS		
<i>atracurium besylate soln 50mg/5ml, 100mg/10ml</i>	1	
<i>cisatracurium besylate soln 10mg/5ml, 20mg/10ml, 200mg/20ml</i>	1	
<i>rocuronium bromide soln 10mg/ml, 100mg/10ml</i>	1	
ROCURONIUM BROMIDE SOLN 50MG/5ML, 100MG/10ML	3	
<i>vecuronium bromide solr 10mg, 20mg</i>	1	
RETT SYNDROME AGENTS		
DAYBUE SOLN 200MG/ML	6	SP, PA, QL
DAYBUE STIX PACK 5000MG, 6000MG, 8000MG	6	SP, PA, QL
SPINAL MUSCULAR ATROPHY AGENTS (SMA)		
EVRYSDI SOLR .75MG/ML; TABS 5MG	6	SP, PA, QL
SPINRAZA SOLN 12MG/5ML	M	
ZOLGENSMA INJ	M	
NUTRIENTS		
CARBOHYDRATES		
<i>dextrose soln 5%, 10%, 50%</i>	1	

Drug Name	Drug Tier	Requirements/Limits
DEXTROSE SOLN 20%, 40%	3	
DEXTROSE 5% SOLN 5%	3	
DEXTROSE 10% SOLN 10%	3	
DEXTROSE 25% SOLN 250MG/ML	3	
DEXTROSE 30% SOLN 30%	3	
DEXTROSE 50% SOLN 50%	3	
LIPIDS		
CLINOLIPID EMU 20%	3	
INTRALIPID EMUL 20GM/100ML	NC	
INTRALIPID EMUL 20GM/100ML, 30GM/100ML	3	
NEOKE MCT70 POWD 70GM/100GM	NC	
NUTRILIPID EMUL 20GM/100ML	NC	
SMOFLIPID EMU	3	
LIPOTROPICS		
LECITHIN GRA	3	
PROTEIN-CARBOHYDRATE-LIPID COMBINATIONS		
PERIKABIVEN EMU	3	
PROTEINS		
AMINO ACID INJ 5%	3	
AMINO/DEXTRO SOL CAL/HEPA	3	
AMINOAM CAP RMS	3	
AMINORELIEF CAP RMS	3	
<i>Aminosyn li Sol 15%</i>	1	
AMINOSYN INJ 10%	3	
AMINOSYN-PF INJ 7%	3	
AMINOSYN-PF INJ 10%	3	
CLINIMIX E INJ 2.75/D5W	3	
CLINIMIX E INJ 4.25/D5W	3	
CLINIMIX E INJ 4.25/D10	3	
CLINIMIX E INJ 5%/D15W	3	
CLINIMIX E INJ 5%/D20W	3	
CLINIMIX INJ 4.25/D5W	3	
CLINIMIX INJ 4.25/D10	3	
CLINIMIX INJ 5%/D15W	3	
CLINIMIX INJ 5%/D20W	3	
CLINIMIX INJ 8/10	3	
CLINIMIX INJ 8/14	3	
<i>Clinisol Sf Inj 15%</i>	1	
ELCYS SOLN 50MG/ML	3	
<i>Plenamine Inj 15%</i>	1	
PREMASOL SOL 10%	3	

Drug Name	Drug Tier	Requirements/Limits
PROSOL INJ 20%	3	
TRAVASOL INJ 10%	3	
TROPHAMINE INJ 10%	3	

OPHTHALMIC AGENTS

ARTIFICIAL TEARS AND LUBRICANTS

LACRISERT INST 5MG	NC	
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BETA-BLOCKERS - OPHTHALMIC

<i>betaxolol hcl (ophth) soln .5%</i>	1	
BETIMOL SOLN .5%	NC	
BETOPTIC-S SUSP .25%	2	
<i>brimonidine tartrate-timolol maleate ophth soln 0.2-0.5%</i>	1	
<i>carteolol hcl (ophth) soln 1%</i>	1	
COMBIGAN SOL 0.2/0.5%	NC	
COSOPT PF SOL 2%-0.5%	3	
COSOPT SOL 2-0.5%OP	3	
DORZOL/TIMOL SOL 2-0.5%OP	NC	
<i>dorzolamide hcl-timolol maleate ophth soln 2-0.5%</i>	1	
<i>dorzolamide hcl-timolol maleate pf ophth soln 2-0.5%</i>	1	
ISTALOL SOLN .5%	3	
<i>levobunolol hcl soln .5%</i>	1	
TIM/BRIM/DOR SOL	NC	
TIM/BRIM/DOR SOL /BIMATOP	NC	
TIM/DORZ/LAT SOL	NC	
TIMOL/BRIM SOL DORZ/LAT	NC	
TIMOL/BRIMO/ SOL DORZOL	NC	
TIMOL/LATAN SOL	NC	
<i>timolol soln .5%</i>	1	
TIMOLOL MAL/ SOL BIMATOPR	NC	
<i>timolol maleate (ophth) solg .25%, .5%; soln .25%, .5%</i>	1	
<i>timolol maleate (ophth) soln .25%, .5%</i>	2	
TIMOPTIC OCUDOSE SOLN .25%	NC	

CYCLOPLEGIC MYDRIATICS

ATROPINE SULFATE SOLN 1%	3	
<i>atropine sulfate (ophthalmic) soln 1%</i>	1	
CYCLOGYL SOLN .5%, 1%, 2%	3	
CYCLOMYDRIL SOL OP	3	
<i>cyclopentolate hcl soln 1%</i>	1	
MYDRIACYL SOLN 1%	3	

Drug Name	Drug Tier	Requirements/Limits
<i>phenylephrine hcl (mydriatic) soln 2.5%, 10%</i>	1	
<i>tropicamide soln .5%, 1%</i>	1	
MIOTICS		
MIOCHOL-E SOLR 20MG	3	
MIOSTAT SOLN .01%	3	
PHOSPHOLINE IODIDE SOLR .125%	3	
<i>pilocarpine hcl soln 1%, 2%, 4%</i>	1	
QLOSI SOLN .4%	NC	
OPHTHALMIC - ANGIOGENESIS INHIBITORS		
BYOOVIZ SOLN .5MG/0.05ML	5	SP, PA
CIMERLI SOLN .3MG/0.05ML, .5MG/0.05ML	6	SP, PA
EYLEA SOLN 2MG/0.05ML; SOSY 2MG/0.05ML	NC	SP
LUCENTIS SOSY .3MG/0.05ML, .5MG/0.05ML	NC	SP
OPHTHALMIC ADRENERGIC AGENTS		
ALPHAGAN P SOLN .1%, .15%	2	
<i>apraclonidine hcl soln .5%</i>	1	
BRIMO/DORZO SOL 0.15-2%	NC	
<i>brimonidine tartrate soln .1%, .15%, .2%</i>	1	
IOPIDINE SOLN 1%	3	
SIMBRINZA SUS 1-0.2%	2	
OPHTHALMIC ANTI-INFECTIVES		
AZASITE SOLN 1%	NC	
<i>bacitracin-polymyxin b ophth oint</i>	1	
<i>besifloxacin hcl susp .6%</i>	1	
BESIVANCE SUSP .6%	2	
BETADINE OPHTHALMIC PREP SOLN 5%	3	
CILOXAN OINT .3%	NC	
<i>ciprofloxacin hcl (ophth) soln .3%</i>	1	
ERYTHROMYCIN OINT 5MG/GM	3	
<i>erythromycin (ophth) oint 5mg/gm</i>	1	
<i>gatifloxacin (ophth) soln .5%</i>	1	
<i>gentamicin sulfate (ophth) soln .3%</i>	1	
<i>levofloxacin (ophth) soln .5%, 1.5%</i>	1	
MITOSOL KIT .2MG	3	
<i>moxifloxacin hcl (ophth) soln .5%</i>	1	
<i>moxifloxacin hcl (ophth) soln .5%</i>	2	
MOXIFLOXACIN HYDROCHLORID SOLN 1MG/ML, 5MG/ML	NC	
NATACYN SUSP 5%	3	
<i>neomycin-bacitrac zn-polymyx 5(3.5)mg- 400unt-10000unt op oin</i>	1	

Drug Name	Drug Tier	Requirements/Limits
<i>neomycin-polymy-gramicid op sol 1.75-10000-0.025mg-unt-mg/ml</i>	1	
OCUFLOX SOLN .3%	3	
<i>ofloxacin (ophth) soln .3%</i>	1	
<i>polymyxin b-trimethoprim ophth soln 10000 unit/ml-0.1%</i>	1	
POVIDONE IODINE SOLN 5%	3	
<i>sulfacetamide sodium (ophth) soln 10%</i>	1	
TOBRA/VANCO DRO 1.5-5%	3	
<i>tobramycin (ophth) soln .3%</i>	1	
TOBEX OINT .3%	3	
<i>trifluridine soln 1%</i>	2	
VIGAMOX SOLN .5%	3	
XDEMYVY SOLN .25%	NC	
ZIRGAN GEL .15%	NC	
OPHTHALMIC COMPLEMENT INHIBITORS		
IZERVAY SOLN 2MG/0.1ML	NC	SP
SYFOVRE SOLN 15MG/0.1ML	6	SP, PA
OPHTHALMIC GENE THERAPY		
ENCELTO IMPL 200000CELLS	M	
LUXTURNA SUS	M	
OPHTHALMIC IMMUNOMODULATORS		
CEQUA SOLN .09%	NC	
<i>cyclosporine (ophth) emul .05%</i>	1	PA, QL
KLARITY-C DROPS EMUL .1%	NC	
RESTASIS EMUL .05%	NC	
RESTASIS MULTIDOSE EMUL .05%	NC	
VERKAZIA EMUL .1%	NC	
VEVYE SOLN .1%	NC	
OPHTHALMIC INTEGRIN ANTAGONISTS		
XIIDRA SOLN 5%	2	PA
OPHTHALMIC KINASE INHIBITORS		
RHOPRESSA SOLN .02%	NC	
ROCKLATAN DRO	NC	
OPHTHALMIC LOCAL ANESTHETICS		
AKTEN GEL 3.5%	3	
ALCAINE SOLN .5%	3	
ALTACAIN SOLN .5%	3	
<i>proparacaine hcl soln .5%</i>	1	
TETRACAIN HCL SOLN .5%	3	
<i>tetracaine hcl (ophth) soln .5%</i>	1	
TETRACAIN HYDROCHLORIDE SOLN .5%	3	

Drug Name	Drug Tier	Requirements/Limits
OPHTHALMIC NERVE GROWTH FACTORS		
OXERVATE SOLN .002%	6	SP, QL
OPHTHALMIC PHOTODYNAMIC THERAPY AGENTS		
VISUDYNE SOLR 15MG	6	SP, PA
OPHTHALMIC PHOTOENHANCERS		
PHOTREXA/PHO SOL VISC KIT	NC	
OPHTHALMIC STEROIDS		
ALREX SUSP .2%	NC	
<i>bacitracin-polymyxin-neomycin-hc ophth oint 1%</i>	1	
<i>dexamethasone sodium phosphate (ophth) soln .1%</i>	1	
DEXTENZA INST .4MG	NC	
DEXYCU SUSP 9%	NC	
<i>difluprednate emul .05%</i>	1	
DUREZOL EMUL .05%	3	
EYSUVIS SUSP .25%	3	PA, QL
FLAREX SUSP .1%	NC	
<i>fluorometholone (ophth) susp .1%</i>	1	
FML FORTE SUSP .25%	NC	
FML LIQUIFILM SUSP .1%	NC	
ILUVIEN IMPL .19MG	6	SP
INVELTYS SUSP 1%	NC	
LOTEMAX GEL .5%; OINT .5%; SUSP .5%	NC	
LOTEMAX SM GEL .38%	NC	
<i>loteprednol etabonate gel .5%; susp .5%</i>	1	
<i>loteprednol etabonate susp .2%</i>	2	
<i>loteprednol etabonate-tobramycin ophth susp 0.5-0.3%</i>	1	
MAXIDEX SUSP .1%	NC	
MAXITROL OIN 0.1% OP	3	
MAXITROL SUS 0.1% OP	3	
<i>neomycin-polymyxin-dexamethasone ophth oint 0.1%</i>	1	
<i>neomycin-polymyxin-dexamethasone ophth susp 0.1%</i>	1	
<i>neomycin-polymyxin-hc ophth susp</i>	1	
OZURDEX IMPL .7MG	6	SP
PRED FORTE SUSP 1%	NC	
PRED MILD SUSP .12%	NC	
<i>prednisolone acetate (ophth) susp 1%</i>	1	
PREDNISOLONE ACETATE P-F SUSP 1%	3	

Drug Name	Drug Tier	Requirements/Limits
PREDNISOLONE SODIUM PHOSP SOLN 1%	3	
<i>sulfacetamide sodium-prednisolone ophth soln 10-0.23(0.25)%</i>	1	
TOBRADEX OIN 0.3-0.1%	2	
TOBRADEX ST SUS 0.3-0.05	NC	
<i>tobramycin-dexamethasone ophth susp 0.3-0.1%</i>	1	
TRIESENCE SUSP 40MG/ML	3	
TRIMOXI+ INJ	NC	
XIPERE SUSP 40MG/ML	NC	SP
YUTIQ IMPL .18MG	NC	SP
ZYLET SUS 0.5-0.3%	NC	

OPHTHALMIC SURGICAL AIDS

AMVISC SOSY 9.6MG/0.8ML	3	
GELFILM MIS OP	3	
HEALON5 PRO SOSY 13.8MG/0.6ML	3	
HEALON DUET INJ PRO	3	
HEALON GV PRO SOSY 15.3MG/0.85ML	3	
HEALON PRO SOSY 5.5MG/0.55ML, 8.5MG/0.85ML	3	
OMIDRIA INJ 1-0.3%	3	
PROVISC SOSY 4MG/0.4ML, 5.5MG/0.55ML, 8.5MG/0.85ML	3	
VISIONBLUE SOSY .06%	3	

OPHTHALMICS - MISC.

ACULAR SOLN .5%	3	
ACULAR LS SOLN .4%	3	
<i>Ak-Fluor Soln 10%</i>	1	
ALTAFLUOR-BE SOL 0.25-0.4	3	
AZOPT SUSP 1%	3	
<i>brinzolamide susp 1%</i>	1	
<i>bromfenac sodium (ophth) soln .07%</i>	2	
<i>bromfenac sodium (ophth) soln .075%, .09%</i>	1	
BROMSITE SOLN .075%	NC	
BSS PLUS SOL OP	3	
BSS SOL OP	3	
CYSTARAN SOLN .44%	6	SP, PA, QL
<i>diclofenac sodium (ophth) soln .1%</i>	1	
<i>dorzolamide hcl soln 2%</i>	1	
DORZOLAMIDE HYDROCHLORIDE SOLN 2%	3	
FLUOR-I-STRIPS A.T. STRP 1MG	3	
FLUORE-BENOX SOL 0.25-0.4	3	
FLUORE/BENOX SOL 0.3-0.4%	3	

Drug Name	Drug Tier	Requirements/Limits
<i>fluorescein sodium injection soln 10%, 25%</i>	1	
<i>fluorescein w/ proparacaine ophth soln 0.25-0.5%</i>	1	
FLUORESCITE SOLN 10%	3	
FLURA-SAFE SOL	3	
<i>flurbiprofen sodium soln .03%</i>	1	
ILEVRO SUSP .3%	2	
<i>ketorolac tromethamine (ophth) soln .4%, .5%</i>	1	
MIEBO SOLN 1.338GM/ML	NC	
PROLENSA SOLN .07%	2	
UPNEEQ SOLN .1%	NC	

PROSTAGLANDINS - OPHTHALMIC

<i>bimatoprost soln .01%, .03%</i>	1	
<i>latanoprost soln .005%</i>	1	
LATANOPROST SOLN .005%	NC	
LUMIGAN SOLN .01%	NC	
<i>tafluprost soln .015mg/ml</i>	1	
TRAVATAN Z SOLN .004%	NC	
<i>travoprost soln .004%</i>	1	
VYZULTA SOLN .024%	NC	
XALATAN SOLN .005%	3	
ZIOPTAN SOLN .015MG/ML	3	ST

OTIC AGENTS

OTIC AGENTS - MISCELLANEOUS

<i>acetic acid (otic) soln 2%</i>	1	
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OTIC ANTI-INFECTIVES

CETRAXAL SOLN .2%	3	
<i>ciprofloxacin hcl (otic) soln .2%</i>	2	
<i>ofloxacin (otic) soln .3%</i>	1	

OTIC COMBINATIONS

<i>ciprofloxacin-dexamethasone otic susp 0.3-0.1%</i>	2	
<i>ciprofloxacin-fluocinolone acetone (pf) otic soln 0.3-0.025%</i>	NC	
<i>ciprofloxacin-hydrocortisone otic susp 0.2-1%</i>	1	
CORTISPORIN SUS -TC OTIC	3	
<i>neomycin-polymyxin-hc otic soln 1%</i>	1	
<i>neomycin-polymyxin-hc otic susp 3.5 mg/ml-10000 unit/ml-1%</i>	1	
OTOVEL DRO	NC	

OTIC STEROIDS

DERMOTIC OIL .01%	3	
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Drug Name	Drug Tier	Requirements/Limits
<i>fluocinolone acetonide (otic) oil .01%</i>	1	
OXYTOCICS		
ABORTIFACIENTS/AGENTS FOR CERVICAL RIPENING		
<i>carboprost tromethamine soln 250mcg/ml</i>	1	
CERVIDIL INST 10MG	3	
HEMABATE SOLN 250MCG/ML	3	
PREPIDIL GEL .5MG/3GM	3	
OXYTOCICS		
<i>Methergine Tabs .2mg</i>	2	
<i>methylergonovine maleate soln .2mg/ml</i>	1	
<i>methylergonovine maleate tabs .2mg</i>	2	
<i>oxytocin soln 10unit/ml</i>	1	
OXYTOCIN SOLN 10UNIT/ML	3	
PITOCIN SOLN 10UNIT/ML	3	
PASSIVE IMMUNIZING AND TREATMENT AGENTS		
ANTITOXINS-ANTIVENINS		
ANASCORP INJ	3	
ANAVIP INJ	3	
ANTIVENIN KIT LAT MACT	3	
ANTIVENIN NA INJ CORAL SN	3	
CROFAB INJ	3	
IMMUNE SERUMS		
ALYGLO SOLN 5GM/50ML, 10GM/100ML, 20GM/200ML	NC	
BIVIGAM SOLN 5GM/50ML	M	
CUTAQUIG SOLN 1GM/6ML, 1.65GM/10ML, 2GM/12ML, 3.3GM/20ML, 4GM/24ML, 8GM/48ML	5	SP, PA
CUVITRU SOLN 1GM/5ML, 2GM/10ML, 4GM/20ML, 8GM/40ML	M	
CYTOGAM SOLN 50MG/ML	6	PV
GAMMAGARD LIQUID SOLN 1GM/10ML, 2.5GM/25ML, 5GM/50ML, 10GM/100ML, 20GM/200ML	5	SP, PA
GAMMAGARD LIQUID SOLN 30GM/300ML	5	SP, PA
GAMMAGARD S/D IGA LESS TH SOLR 5GM, 10GM	5	SP, PA
GAMMAKED SOLN 1GM/10ML, 5GM/50ML, 10GM/100ML, 20GM/200ML	5	SP, PA
GAMUNEX-C SOLN 1GM/10ML, 2.5GM/25ML, 5GM/50ML, 10GM/100ML, 20GM/200ML, 40GM/400ML	5	SP, PA
HEPAGAM B SOLN 312UNIT/ML	M	

Drug Name	Drug Tier	Requirements/Limits
HIZENTRA SOLN 1GM/5ML, 2GM/10ML, 4GM/20ML, 10GM/50ML; SOSY 10GM/50ML	5	SP, PA
HIZENTRA SOSY 1GM/5ML, 2GM/10ML, 4GM/20ML	5	SP, PA
HYPERHEP B SOLN 220UNIT/ML; SOSY 110UNIT/0.5ML	M	
HYPERRAB SOLN 300UNIT/ML, 1500UNIT/5ML	3	PV
HYPERRHO SOSY 1500UNIT	M	
HYPERRHO MINI-DOSE SOSY 250UNIT	M	
HYPERTET SOSY 250UNIT/ML	3	PV
KEDRAB SOLN 300UNIT/2ML, 1500UNIT/10ML	3	PV
MICRHOGAM ULTRA-FILTERED SOSY 250UNIT	M	
NABI-HB SOLN 312UNIT/ML	M	
PANZYGA SOLN 1GM/10ML, 2.5GM/25ML, 5GM/50ML, 10GM/100ML, 20GM/200ML, 30GM/300ML	M	
RHOGAM ULTRA-FILTERED PLU SOSY 1500UNIT	M	
RHOPHYLAC SOSY 1500UNIT/2ML	M	
VARIZIG SOLN 125UNIT/1.2ML	M	
WINRHO SDF SOLN 1500UNIT/1.3ML, 2500UNIT/2.2ML, 15000UNIT/13ML	M	
XEMBIFY SOLN 1GM/5ML, 2GM/10ML, 4GM/20ML, 10GM/50ML	5	SP, PA
MONOCLONAL ANTIBODIES		
BEYFORTUS SOSY 50MG/0.5ML, 100MG/ML	3	ACA, PV
ENFLONSIA SOSY 105MG/0.7ML	3	ACA, PV
ZINPLAVA SOLN 1000MG/40ML	NC	SP
PASSIVE IMMUNIZING AGENTS - COMBINATIONS		
HYQVIA INJ 2.5-200	NC	SP
HYQVIA INJ 5-400	NC	SP
HYQVIA INJ 10-800	NC	SP
HYQVIA INJ 20-1600	NC	SP
HYQVIA INJ 30-2400	NC	SP
PENICILLINS		
AMIDINOPENICILLINS		
PIVYA TABS 185MG	3	

Drug Name	Drug Tier	Requirements/Limits
AMINOPENICILLINS		
<i>amoxicillin caps 250mg, 500mg; chew 125mg, 250mg; susr 125mg/5ml, 200mg/5ml, 250mg/5ml, 400mg/5ml; tabs 500mg, 875mg</i>	1	
<i>ampicillin caps 500mg</i>	1	
<i>ampicillin sodium solr 1gm, 2gm, 10gm, 250mg, 500mg</i>	1	
NATURAL PENICILLINS		
<i>BICILLIN L-A SUSY 600000UNIT/ML, 1200000UNIT/2ML, 2400000UNIT/4ML</i>	3	
<i>LENTOCILIN INJ 1200000</i>	3	
<i>PEN GK/DEXTR INJ 40000/ML</i>	3	
<i>PEN GK/DEXTR INJ 60000/ML</i>	3	
<i>penicillin g potassium solr 5000000unit, 20000000unit</i>	1	
<i>penicillin g sodium solr 5000000unit</i>	1	
<i>penicillin v potassium solr 125mg/5ml, 250mg/5ml; tabs 250mg, 500mg</i>	1	
<i>Pfizerpen Solr 5000000unit, 20000000unit</i>	1	
PENICILLIN COMBINATIONS		
<i>amoxicillin & k clavulanate for susp 200-28.5 mg/5ml</i>	1	
<i>amoxicillin & k clavulanate for susp 250-62.5 mg/5ml</i>	1	
<i>amoxicillin & k clavulanate for susp 400-57 mg/5ml</i>	1	
<i>amoxicillin & k clavulanate for susp 600-42.9 mg/5ml</i>	1	
<i>amoxicillin & k clavulanate tab 250-125 mg</i>	1	
<i>amoxicillin & k clavulanate tab 500-125 mg</i>	1	
<i>amoxicillin & k clavulanate tab 875-125 mg</i>	1	
<i>amoxicillin & k clavulanate tab er 12hr 1000-62.5 mg</i>	2	
<i>ampicillin & sulbactam sodium for inj 1.5 (1-0.5) gm</i>	1	
<i>ampicillin & sulbactam sodium for inj 3 (2-1) gm</i>	1	
<i>ampicillin & sulbactam sodium for inj 3 (2-1) gm</i>	2	
<i>ampicillin & sulbactam sodium for iv soln 15 (10-5) gm</i>	1	
<i>AUGMENTIN SUS 125/5ML</i>	3	
<i>AUGMENTIN SUS ES-600</i>	3	
<i>BICILLIN C-R INJ 900/300</i>	3	
<i>BICILLIN C-R INJ 1200000</i>	3	

Drug Name	Drug Tier	Requirements/Limits
<i>piperacillin sod-tazobactam na for inj 3.375 gm (3-0.375 gm)</i>	1	
<i>piperacillin sod-tazobactam sod for inj 2.25 gm (2-0.25 gm)</i>	1	
<i>piperacillin sod-tazobactam sod for inj 4.5 gm (4-0.5 gm)</i>	1	
<i>piperacillin sod-tazobactam sod for inj 13.5 gm (12-1.5 gm)</i>	1	
<i>piperacillin sod-tazobactam sod for inj 40.5 gm (36-4.5 gm)</i>	1	
UNASYN INJ 1.5GM	3	
UNASYN INJ 3GM	3	
UNASYN INJ 15GM	3	
ZOSYN SOL 2-0.25GM	3	
ZOSYN SOL 3-0.375G	3	
ZOSYN SOL 4-0.5GM	3	

PENICILLINASE-RESISTANT PENICILLINS

<i>dicloxacillin sodium caps 250mg, 500mg</i>	1	
NAFCILLIN INJ 2GM/100	3	
<i>nafcillin sodium solr 1gm, 2gm, 10gm</i>	1	
<i>nafcillin sodium solr 10gm</i>	NC	
OXACILLIN INJ 2GM	3	
<i>oxacillin sodium solr 1gm, 2gm, 10gm</i>	1	

PROGESTINS

PROGESTINS

<i>Gallifrey Tabs 5mg</i>	1	
<i>medroxyprogesterone acetate tabs 2.5mg, 5mg, 10mg</i>	1	
<i>megestrol acetate (appetite) susp 625mg/5ml</i>	1	
<i>norethindrone acetate tabs 5mg</i>	1	
<i>progesterone caps 100mg, 200mg</i>	1	
<i>progesterone oil 50mg/ml</i>	1	
PROMETRIUM CAPS 100MG, 200MG	NC	
PROVERA TABS 2.5MG, 5MG, 10MG	3	

PSYCHOTHERAPEUTIC AND NEUROLOGICAL AGENTS - MISC.

AGENTS FOR CHEMICAL DEPENDENCY

<i>acamprosate calcium tbec 333mg</i>	1	PV
<i>disulfiram tabs 250mg</i>	1	PV
<i>lofexidine hcl tabs .18mg</i>	NC	

ANTI-CATAPLECTIC AGENTS

LUMRYZ PACK 4.5GM, 6GM, 7.5GM, 9GM	5	SP, PA, QL
<i>sodium oxybate soln 500mg/ml</i>	NC	SP

Drug Name	Drug Tier	Requirements/Limits
XYREM SOLN 500MG/ML	NC	
XYWAV SOL 0.5GM/ML	5	SP, PA, QL
ANTIDEMENTIA AGENTS		
ADLARITY PTWK 5MG/DAY, 10MG/DAY	NC	
ADUHELM SOLN 170MG/1.7ML, 300MG/3ML	M	
ARICEPT TABS 5MG, 10MG, 23MG	3	
<i>donepezil hydrochloride tabs 5mg, 10mg, 23mg; tbdp 5mg, 10mg</i>	1	
EXELON PT24 4.6MG/24HR, 9.5MG/24HR, 13.3MG/24HR	3	
<i>galantamine hydrobromide cp24 8mg, 16mg, 24mg; tabs 4mg, 8mg, 12mg</i>	1	
<i>galantamine hydrobromide soln 4mg/ml</i>	2	
KISUNLA SOLN 350MG/20ML	M	
LEQEMBI SOLN 200MG/2ML, 500MG/5ML	M	
<i>memantine hcl cp24 7mg, 14mg, 28mg; soln 2mg/ml, 10mg/5ml; tabs 5mg, 10mg</i>	1	
<i>memantine hcl cp24 21mg</i>	2	
<i>memantine hcl tab 28 x 5 mg & 21 x 10 mg titration pack</i>	2	
<i>memantine hcl-donepezil hcl cap er 24hr 14-10 mg</i>	1	
<i>memantine hcl-donepezil hcl cap er 24hr 21-10 mg</i>	1	
<i>memantine hcl-donepezil hcl cap er 24hr 28-10 mg</i>	2	
NAMZARIC CAP 7-10MG	2	
NAMZARIC CAP 14-10MG	2	
NAMZARIC CAP 21-10MG	2	
NAMZARIC CAP 28-10MG	2	
<i>rivastigmine pt24 4.6mg/24hr, 9.5mg/24hr, 13.3mg/24hr</i>	1	
<i>rivastigmine tartrate caps 1.5mg, 3mg, 4.5mg, 6mg</i>	1	
ZUNVEYL TBEC 5MG, 10MG, 15MG	NC	
CEREBRAL ADRENOLEUKODYSTROPHY (CALD) AGENTS		
SKYSONA INJ	M	
COMBINATION PSYCHOTHERAPEUTICS		
<i>chlordiazepoxide-amitriptyline tab 5-12.5 mg</i>	1	
<i>chlordiazepoxide-amitriptyline tab 10-25 mg</i>	1	
LYBALVI TAB 5-10MG	NC	
LYBALVI TAB 10-10MG	NC	
LYBALVI TAB 15-10MG	NC	

Drug Name	Drug Tier	Requirements/Limits
LYBALVI TAB 20-10MG	NC	
<i>olanzapine-fluoxetine hcl cap 3-25 mg</i>	2	
<i>olanzapine-fluoxetine hcl cap 6-25 mg</i>	2	
<i>olanzapine-fluoxetine hcl cap 6-50 mg</i>	2	
<i>olanzapine-fluoxetine hcl cap 12-25 mg</i>	1	
<i>olanzapine-fluoxetine hcl cap 12-50 mg</i>	2	
<i>perphenazine-amitriptyline tab 2-10 mg</i>	1	
<i>perphenazine-amitriptyline tab 2-25 mg</i>	1	
<i>perphenazine-amitriptyline tab 4-10 mg</i>	1	
<i>perphenazine-amitriptyline tab 4-25 mg</i>	1	
<i>perphenazine-amitriptyline tab 4-50 mg</i>	1	
FIBROMYALGIA AGENTS		
<i>milnacipran hcl tabs 12.5mg, 25mg, 50mg, 100mg</i>	1	
<i>milnacipran hcl tab 12.5 mg (5) & 25 mg (8) & 50 mg (42) pak</i>	1	
SAVELLA TABS 12.5MG, 25MG, 50MG, 100MG	3	
SAVELLA MIS TITR PAK	3	
TONMYA SUBL 2.8MG	NC	
METACHROMATIC LEUKODYSTROPHY (MLD) AGENTS		
LENMELDY INJ	M	
MOVEMENT DISORDER DRUG THERAPY		
AUSTEDO TABS 6MG, 9MG, 12MG	5	SP, PA, QL
AUSTEDO XR TB24 6MG, 12MG, 18MG, 24MG, 30MG, 36MG, 42MG, 48MG	NC	SP
AUSTEDO XR TAB TITR KIT	NC	SP
INGREZZA CAPS 40MG, 60MG, 80MG; CPSP 40MG, 60MG, 80MG	5	SP, PA, QL
INGREZZA CAP 40-80MG	5	SP, PA, QL
<i>tetrabenazine tabs 12.5mg, 25mg</i>	4	SP, PA, QL
XENAZINE TABS 12.5MG, 25MG	NC	SP
MULTIPLE SCLEROSIS AGENTS		
AMPYRA TB12 10MG	6	SP, ST, PA, QL
AUBAGIO TABS 7MG, 14MG	NC	SP
AVONEX PSKT 30MCG/0.5ML	5	SP, PA, QL; PV
AVONEX PEN AJKT 30MCG/0.5ML	5	SP, PA, QL; PV
BETASERON KIT .3MG	5	SP, PA, QL; PV
<i>cladribine (multiple sclerosis) tbpk 10mg</i>	4	SP, PA, QL; PV
COPAXONE SOSY 20MG/ML, 40MG/ML	NC	SP
<i>dalfampridine tb12 10mg</i>	4	SP, PA, QL
<i>dimethyl fumarate cpdr 120mg, 240mg</i>	1	SP, PA, QL; PV

Drug Name	Drug Tier	Requirements/Limits
<i>dimethyl fumarate capsule dr starter pack 120 mg & 240 mg</i>	1	SP, PA, QL; PV
<i>fingolimod hcl caps .5mg</i>	4	SP, PA, QL; PV
GILENYA CAPS .5MG	NC	SP
<i>glatiramer acetate sosy 20mg/ml, 40mg/ml</i>	4	SP, PA, QL; PV
<i>Glatopa Sosy 20mg/ml, 40mg/ml</i>	NC	SP
KESIMPTA SOAJ 20MG/0.4ML	5	SP, PA, QL; PV
LEMTRADA SOLN 12MG/1.2ML	NC	SP
MAVENCLAD TBPK 10MG	6	SP, PA, QL; PV
MAYZENT TABS .25MG, 1MG, 2MG	5	SP, PA, QL; PV
MAYZENT STARTER PACK TBPK .25MG	5	SP, PA, QL; PV
OCREVUS SOLN 300MG/10ML	5	SP, PA, QL; PV
PLEGRIDY SOAJ 125MCG/0.5ML; SOSY 125MCG/0.5ML	6	SP, PA, QL; PV
PLEGRIDY INJ STARTER	6	SP, PA, QL; PV
PLEGRIDY PEN INJ STARTER	6	SP, PA, QL; PV
PONVORY TABS 20MG	6	SP, PA, QL; PV
PONVORY TAB STARTER	6	SP, PA, QL; PV
REBIF SOSY 22MCG/0.5ML, 44MCG/0.5ML	5	SP, PA, QL; PV
REBIF REBIDO INJ TITRATN	5	SP, PA, QL; PV
REBIF REBIDOSE SOAJ 22MCG/0.5ML, 44MCG/0.5ML	5	SP, PA, QL; PV
REBIF TITRATN INJ PACK	5	SP, PA, QL; PV
TASCENSO ODT TBDP .25MG	NC	SP
TECFIDERA CPDR 120MG, 240MG	NC	SP
TECFIDERA CAP STARTER	NC	SP
<i>teriflunomide tabs 7mg, 14mg</i>	4	SP, PA, QL; PV
TYSABRI CONC 300MG/15ML	5	SP, PA, QL; PV
VUMERITY CPDR 231MG	NC	SP
ZEPOSIA CAPS .92MG	5	SP, PA, QL; PV; Preferred for Ulcerative Colitis
ZEPOSIA 7DAY CAP STR PACK	5	SP, PA, QL; PV; Preferred for Ulcerative Colitis
POSTHERPETIC NEURALGIA (PHN)/NEUROPATHIC PAIN AGENTS		
<i>gabapentin (once-daily) tabs 300mg, 450mg, 750mg, 900mg</i>	1	
<i>gabapentin (once-daily) tabs 600mg</i>	2	
GRALISE TABS 300MG, 600MG	2	
GRALISE TABS 450MG, 750MG, 900MG	3	
<i>pregabalin (once-daily) tb24 82.5mg, 165mg, 330mg</i>	2	
PSEUDOBULBAR AFFECT (PBA) AGENTS		
NUEDEXTA CAP 20-10MG	2	PA

Drug Name	Drug Tier	Requirements/Limits
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PSYCHOTHERAPEUTIC AND NEUROLOGICAL AGENTS - MISC.

<i>pimozide tabs 1mg, 2mg</i>	1	
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RESTLESS LEG SYNDROME (RLS) AGENTS

HORIZANT TBCR 300MG, 600MG	2	
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SMOKING DETERRENTS

<i>bupropion hcl (smoking deterrent) tb12 150mg</i>	0	ACA, PV
CHANTIX TABS .5MG, 1MG	3	PV
CHANTIX CONTINUING MONTH TABS 1MG	3	PV
CHANTIX TAB 0.5& 1MG	3	PV
<i>Cvs Nicotine Gum 2mg, 4mg</i>	0	OTC; ACA, PV
<i>Cvs Nicotine Gum Gum 4mg</i>	0	OTC; ACA, PV
<i>Cvs Nicotine Lozenge Lozg 2mg, 4mg</i>	0	OTC; ACA, PV
<i>Cvs Nicotine Polacrilex Gum 2mg, 4mg; Lozg 2mg</i>	0	OTC; ACA, PV
<i>Cvs Nicotine Transdermal Pt24 7mg/24hr, 14mg/24hr, 21mg/24hr</i>	0	OTC; ACA, PV
<i>Eq Nicotine Pt24 14mg/24hr, 21mg/24hr</i>	0	OTC; ACA, PV
<i>Eq Nicotine Lozenges Lozg 4mg</i>	0	OTC; ACA, PV
<i>Eq Nicotine Polacrilex Gum 2mg, 4mg; Lozg 2mg</i>	0	OTC; ACA, PV
<i>Eq Nicotine Step 3 Pt24 7mg/24hr</i>	0	OTC; ACA, PV
<i>Ft Nicotine Gum 2mg, 4mg</i>	0	OTC; ACA, PV
<i>Ft Nicotine Mini Lozg 2mg, 4mg</i>	0	OTC; ACA, PV
<i>Ft Nicotine Transdermal S Pt24 7mg/24hr, 14mg/24hr, 21mg/24hr</i>	0	OTC; ACA, PV
<i>Gnp Nicotine Gum Gum 2mg, 4mg</i>	0	OTC; ACA, PV
<i>Gnp Nicotine Mini Lozenge Lozg 2mg, 4mg</i>	0	OTC; ACA, PV
<i>Gnp Nicotine Polacrilex Gum 2mg, 4mg; Lozg 2mg, 4mg</i>	0	OTC; ACA, PV
<i>Gnp Nicotine Transdermal Pt24 7mg/24hr, 14mg/24hr, 21mg/24hr</i>	0	OTC; ACA, PV
<i>Goodsense Nicotine Polacr Gum 2mg, 4mg</i>	0	OTC; ACA, PV
<i>Habitrol Pt24 21mg/24hr</i>	0	OTC; ACA, PV
<i>Kls Quit2 Gum 2mg; Lozg 2mg</i>	0	OTC; ACA, PV
<i>Kls Quit4 Gum 4mg; Lozg 4mg</i>	0	OTC; ACA, PV
<i>Nicoderm Cq Pt24 7mg/24hr, 14mg/24hr, 21mg/24hr</i>	0	OTC; ACA, PV
<i>Nicorette Gum 2mg, 4mg; Lozg 4mg</i>	0	OTC; ACA, PV
<i>Nicorette Mini Lozg 2mg, 4mg</i>	0	OTC; ACA, PV
<i>Nicorette Starter Kit Gum 2mg, 4mg</i>	0	OTC; ACA, PV
<i>nicotine pt24 14mg/24hr</i>	0	OTC; ACA, PV
<i>Nicotine Mini Lozenge Lozg 2mg, 4mg</i>	0	OTC; ACA, PV

Drug Name	Drug Tier	Requirements/Limits
<i>nicotine polacrilex gum 2mg, 4mg; lozg 2mg, 4mg</i>	0	OTC; ACA, PV
<i>Nicotine Polacrilex Mini Lozg 2mg</i>	0	OTC; ACA, PV
<i>Nicotine Step 3 Pt24 7mg/24hr</i>	0	OTC; ACA, PV
<i>Nicotine Transdermal Syst Pt24 7mg/24hr, 14mg/24hr, 21mg/24hr</i>	0	OTC; ACA, PV
NICOTROL NS SOLN 10MG/ML	3	ACA, PV
<i>Qc Nicotine Transdermal S Pt24 14mg/24hr, 21mg/24hr</i>	0	OTC; ACA, PV
<i>Thrive Gum 2mg</i>	0	OTC; ACA, PV
<i>varenicline tartrate tabs .5mg, 1mg</i>	0	ACA, PV
<i>varenicline tartrate tab 11 x 0.5 mg & 42 x 1 mg start pack</i>	0	ACA, PV

TRANSTHYRETIN AMYLOIDOSIS AGENTS

ONPATTRO SOLN 10MG/5ML	6	SP, PA, QL
TEGSEDI SOSY 284MG/1.5ML	6	SP, PA, QL
WAINUA SOAJ 45MG/0.8ML	NC	SP

VASOMOTOR SYMPTOM AGENTS

<i>paroxetine mesylate (vasomotor) caps 7.5mg</i>	NC	
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RESPIRATORY AGENTS - MISC.

ALPHA-PROTEINASE INHIBITOR (HUMAN)

ARALAST NP SOLR 500MG, 1000MG	5	SP, PA
GLASSIA SOLN 4GM/200ML, 5GM/250ML, 1000MG/50ML	5	SP, PA
GLASSIA SOLN 1000MG/50ML	5	SP, PA
ZEMAIRA SOLR 1000MG	5	SP, PA
ZEMAIRA SOLR 4000MG, 5000MG	5	SP, PA

CYSTIC FIBROSIS AGENTS

ALYFTREK TAB 4-20-50	NC	SP
BRONCHITOL CAPS 40MG	NC	SP
KALYDECO PACK 5.8MG, 13.4MG, 25MG, 50MG, 75MG; TABS 150MG	6	SP, PA, QL
ORKAMBI GRA 75-94MG	6	SP, PA, QL
ORKAMBI GRA 100-125	6	SP, PA, QL
ORKAMBI GRA 150-188	6	SP, PA, QL
ORKAMBI TAB 100-125	6	SP, PA, QL
ORKAMBI TAB 200-125	6	SP, PA, QL
PULMOZYME SOLN 2.5MG/2.5ML	6	SP, PA, QL
SYMDEKO TAB 50-75MG	6	SP, PA, QL
SYMDEKO TAB 100-150	6	SP, PA, QL
TRIKAFTA PAK 59.5MG	6	SP, PA, QL
TRIKAFTA PAK 75MG	6	SP, PA, QL

Drug Name	Drug Tier	Requirements/Limits
TRIKAFTA TAB	6	SP, PA, QL
PLEURAL SCLEROSING AGENTS		
STERITALC POWD 2GM, 3GM, 4GM	3	
PULMONARY FIBROSIS AGENTS		
ESBRIET CAPS 267MG; TABS 267MG, 801MG	NC	SP
JASCAYD TABS 9MG, 18MG	NC	SP
<i>nintedanib esylate caps 100mg, 150mg</i>	4	SP, PA, QL
OFEV CAPS 100MG, 150MG	5	SP, PA, QL
<i>pirfenidone caps 267mg; tabs 267mg, 534mg, 801mg</i>	4	SP, PA, QL
RESPIRATORY AGENTS - MISC.		
CUROSURF SUSP 120MG/1.5ML, 240MG/3ML	3	
INFASURF SUS 35MG/ML	3	
SURVANTA INH	3	
SULFONAMIDES		
SULFONAMIDES		
<i>sulfadiazine tabs 500mg</i>	2	
TETRACYCLINES		
AMINOMETHYLCYCLINES		
NUZYRA SOLR 100MG; TABS 150MG	3	PA
FLUOROCYCLINES		
XERAVA SOLR 50MG, 100MG	3	
GLYCYLCYCLINES		
<i>tigecycline solr 50mg</i>	1	
TYGACIL SOLR 50MG	NC	
TETRACYCLINES		
<i>Avidoxy Tabs 100mg</i>	1	
<i>demeclocycline hcl tabs 150mg, 300mg</i>	1	
<i>Doxy 100 Solr 100mg</i>	1	
<i>doxycycline (monohydrate) caps 50mg, 100mg; susr 25mg/5ml; tabs 50mg, 75mg, 100mg, 150mg</i>	1	
<i>doxycycline (monohydrate) caps 75mg, 150mg</i>	NC	
<i>doxycycline hyclate caps 50mg, 100mg; solr 100mg; tabs 20mg, 100mg</i>	1	
<i>doxycycline hyclate tabs 50mg, 75mg, 150mg; tbec 50mg, 75mg, 80mg, 100mg, 150mg, 200mg</i>	NC	
<i>Doxycycline Monohydrate Caps 75mg</i>	NC	
MINOCIN SOLR 100MG	3	
<i>minocycline hcl caps 50mg, 75mg, 100mg; tabs 50mg, 75mg, 100mg</i>	1	

Drug Name	Drug Tier	Requirements/Limits
<i>minocycline hcl tb24 45mg, 55mg, 65mg, 80mg, 90mg, 105mg, 115mg, 135mg</i>	NC	
<i>Minocycline Hydrochloride Tb24 45mg, 90mg, 135mg</i>	NC	
<i>Mondoxyne NI Caps 100mg</i>	1	
SEYSARA TABS 100MG, 150MG	NC	
<i>Targadox Tabs 50mg</i>	NC	
<i>tetracycline hcl caps 250mg, 500mg</i>	1	

THYROID AGENTS

ANTITHYROID AGENTS

<i>methimazole tabs 5mg, 10mg</i>	1	
<i>propylthiouracil tabs 50mg</i>	1	

THYROID HORMONES

ADTHYZA TABS 16.25MG, 30MG, 32.5MG, 60MG, 65MG, 90MG, 97.5MG, 120MG, 130MG	NC	
ARMOUR THYROID TABS 15MG, 30MG, 60MG, 90MG, 120MG, 180MG, 240MG, 300MG	3	
CYTOMEL TABS 5MCG, 25MCG, 50MCG	NC	
EVEXITHROID TABS 15MG, 30MG, 45MG, 60MG, 75MG, 90MG, 120MG, 180MG	NC	
<i>Levo-T Tabs 25mcg, 50mcg, 75mcg, 88mcg, 100mcg, 112mcg, 125mcg, 137mcg, 150mcg, 175mcg, 200mcg, 300mcg</i>	1	
<i>levothyroxine sodium caps 13mcg, 25mcg, 50mcg, 75mcg, 88mcg, 100mcg, 112mcg, 125mcg, 137mcg, 150mcg, 175mcg, 200mcg</i>	NC	
LEVOTHYROXINE SODIUM SOLR 100MCG, 200MCG, 500MCG	3	
<i>levothyroxine sodium solr 100mcg, 200mcg, 500mcg; tabs 25mcg, 50mcg, 75mcg, 88mcg, 100mcg, 112mcg, 125mcg, 137mcg, 150mcg, 175mcg, 200mcg, 300mcg</i>	1	
<i>Levoxyl Tabs 25mcg, 50mcg, 75mcg, 88mcg, 100mcg, 112mcg, 125mcg, 137mcg, 150mcg, 175mcg, 200mcg</i>	1	
<i>Liomny Tabs 5mcg, 25mcg, 50mcg</i>	1	
<i>liothyronine sodium soln 10mcg/ml; tabs 5mcg, 25mcg, 50mcg</i>	1	
NP THYROID 15 TABS 15MG	3	
NP THYROID 30 TABS 30MG	3	
NP THYROID 60 TABS 60MG	3	
NP THYROID 90 TABS 90MG	3	
NP THYROID 120 TABS 120MG	3	

Drug Name	Drug Tier	Requirements/Limits
RENTHYROID TABS 15MG, 30MG, 45MG, 60MG, 75MG, 90MG, 120MG	NC	
SYNTHROID TABS 25MCG, 50MCG, 75MCG, 88MCG, 100MCG, 112MCG, 125MCG, 137MCG, 150MCG, 175MCG, 200MCG, 300MCG	2	
THYQUIDITY SOLN 100MCG/5ML	NC	
THYROID TABS 15MG, 120MG	NC	
TIROSINT CAPS 175MCG, 200MCG	NC	
<i>Unithroid Tabs 25mcg, 50mcg, 75mcg, 88mcg, 100mcg, 112mcg, 125mcg, 137mcg, 150mcg, 175mcg, 200mcg, 300mcg</i>	1	

TOXOIDS

TOXOID COMBINATIONS

ADACEL INJ	3	ACA, PV
BOOSTRIX INJ	3	ACA, PV
DAPTACEL INJ	0	ACA, PV
INFANRIX INJ	0	ACA, PV
KINRIX INJ	0	ACA, PV
PEDIARIX INJ 0.5ML	0	ACA, PV
PENTACEL INJ	0	ACA, PV
QUADRACEL INJ 0.5ML	0	ACA, PV
TENIVAC INJ 5-2LF	3	ACA, PV
VAXELIS INJ	0	ACA, PV

ULCER DRUGS/ANTISPASMODICS/ANTICHOLINERGICS

ANTISPASMODICS

ATROPINE SULFATE SOAJ 2MG/0.7ML; SOLN 8MG/20ML	3	
<i>atropine sulfate soln .4mg/ml, 1mg/ml, 8mg/20ml; sosy .5mg/5ml, 1mg/10ml</i>	1	
ATROPINE SULFATE +RFID SOSY 1MG/2.5ML	NC	
BELLA/OPIUM SUP 16.2-30	3	
BELLA/OPIUM SUP 16.2-60	3	
<i>chlordiazepoxide hcl-clidinium bromide cap 5-2.5 mg</i>	1	
CUVPOSA SOLN 1MG/5ML	3	
<i>dicyclomine hcl caps 10mg; soln 10mg/5ml, 10mg/ml; tabs 20mg</i>	1	
<i>glycopyrrolate soln .2mg/ml, .4mg/2ml, 1mg/5ml, 4mg/20ml; tabs 1mg, 2mg</i>	1	
GLYCOPYRROLATE SOSY .6MG/3ML, 1MG/5ML	NC	
<i>glycopyrrolate tabs 1mg</i>	NC	(applies to NDC 62135073460)

Drug Name	Drug Tier	Requirements/Limits
<i>hyoscyamine sulfate elix .125mg/5ml; soln .125mg/ml; subl .125mg; tabs .125mg; tbdp .125mg</i>	1	
<i>hyoscyamine sulfate tb12 .375mg</i>	NC	
<i>Hyoscyamine Sulfate Er Tb12 .375mg</i>	NC	
<i>Hyosyne Elix .125mg/5ml; Soln .125mg/ml</i>	1	
LEVBIID TB12 .375MG	3	
LEVSIN TABS .125MG	3	
LEVSIN/SL SUBL .125MG	3	
LIBRAX CAP 5-2.5MG	NC	
<i>methscopolamine bromide tabs 2.5mg, 5mg</i>	1	
NULEV TBDP .125MG	3	
OSCIMIN SUBL .125MG; TABS .125MG	3	
ROBINUL TABS 1MG	NC	
ROBINUL FORTE TABS 2MG	NC	
H-2 ANTAGONISTS		
<i>famotidine soln 20mg/2ml, 40mg/4ml, 200mg/20ml</i>	1	
<i>famotidine in nacl 0.9% iv soln 20 mg/50ml</i>	1	
MISC. ANTI-ULCER		
<i>sucralfate susp 1gm/10ml</i>	NC	
<i>sucralfate tabs 1gm</i>	1	
<i>sucralfate tabs 1gm</i>	NC	(applies to NDCs 62135043601 and 62135043690)
PROTON PUMP INHIBITORS		
ACIPHEX TBEC 20MG	NC	
DEXILANT CPDR 30MG, 60MG	NC	
<i>dexlansoprazole cpdr 30mg, 60mg</i>	NC	
<i>esomeprazole magnesium cpdr 20mg, 40mg</i>	1	
<i>esomeprazole magnesium pack 2.5mg, 5mg, 10mg, 20mg, 40mg</i>	2	
<i>esomeprazole sodium solr 40mg</i>	1	
<i>lansoprazole cpdr 15mg, 30mg</i>	1	
<i>lansoprazole tbdd 15mg, 30mg</i>	NC	
NEXIUM CPDR 20MG, 40MG; PACK 2.5MG, 5MG, 10MG, 20MG, 40MG	NC	
<i>omeprazole cpdr 10mg, 20mg, 40mg</i>	1	
<i>pantoprazole sodium pack 40mg</i>	NC	
PANTOPRAZOLE SODIUM SOLR 40MG	3	
<i>pantoprazole sodium solr 40mg; tbec 20mg, 40mg</i>	1	
PREVACID CPDR 30MG	NC	

Drug Name	Drug Tier	Requirements/Limits
PREVACID SOLUTAB TBDD 15MG, 30MG	NC	
PRILOSEC PACK 2.5MG, 10MG	NC	
PROTONIX PACK 40MG; TBEC 20MG, 40MG	NC	
PROTONIX SOLR 40MG	3	
<i>rabeprazole sodium tbec 20mg</i>	1	
VOQUEZNA TABS 10MG, 20MG	NC	

ULCER DRUGS - PROSTAGLANDINS

CYTOTEC TABS 100MCG, 200MCG	3	
<i>misoprostol tabs 100mcg, 200mcg</i>	1	

ULCER THERAPY COMBINATIONS

<i>amoxicil cap & clarithro tab & lansopraz cap dr 500 & 500 & 30mg</i>	1	
<i>bismuth subcit-metronidazole-tetracycline cap 140-125-125 mg</i>	2	
KONVOMEPEP SUS 2-84/ML	NC	
<i>omeprazole-sodium bicarbonate cap 20-1100 mg</i>	NC	
<i>omeprazole-sodium bicarbonate cap 40-1100 mg</i>	NC	
<i>omeprazole-sodium bicarbonate powd pack for susp 20-1680 mg</i>	NC	
<i>omeprazole-sodium bicarbonate powd pack for susp 40-1680 mg</i>	NC	
PYLERA CAP	3	
TALICIA CAP	2	
VOQUEZNA PAK DUAL PAK	3	
VOQUEZNA PAK TRIP PK	3	
ZEGERID CAP 20-1100	NC	
ZEGERID CAP 40-1100	NC	
ZEGERID POW 20-1680	NC	
ZEGERID POW 40-1680	NC	

URINARY ANTISPASMODICS

URINARY ANTISPASMODIC - ANTIMUSCARINICS (ANTICHOLINERGIC)

<i>darifenacin hydrobromide tb24 7.5mg, 15mg</i>	1	
DETROL LA CP24 2MG	NC	
<i>fesoterodine fumarate tb24 4mg, 8mg</i>	1	
<i>oxybutynin chloride tabs 5mg; tb24 5mg, 10mg, 15mg</i>	1	
OXYTROL PTTW 3.9MG/24HR	NC	
<i>solifenacin succinate tabs 5mg, 10mg</i>	1	
<i>tolterodine tartrate cp24 2mg, 4mg; tabs 1mg, 2mg</i>	1	
TOVIAZ TB24 4MG, 8MG	NC	

Drug Name	Drug Tier	Requirements/Limits
<i>trospium chloride cp24 60mg; tabs 20mg</i>	1	
VESICARE TABS 5MG, 10MG	3	

URINARY ANTISPASMODICS - BETA-3 ADRENERGIC AGONISTS

GEMTESA TABS 75MG	2	ST
<i>mirabegron tb24 25mg, 50mg</i>	2	
MYRBETRIQ SRER 8MG/ML; TB24 25MG, 50MG	NC	

URINARY ANTISPASMODICS - CHOLINERGIC AGONISTS

<i>bethanechol chloride tabs 5mg, 10mg, 25mg, 50mg</i>	1	
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URINARY ANTISPASMODICS - DIRECT MUSCLE RELAXANTS

<i>flavoxate hcl tabs 100mg</i>	1	
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VACCINES

BACTERIAL VACCINES

ACTHIB INJ	0	ACA, PV
BCG VACCINE SOLR 50MG	3	PV
BEXSERO SUSY .5ML	0	ACA, PV
CAPVAXIVE SOSY .5ML	0	ACA, PV
HIBERIX SOLR 10MCG	0	ACA, PV
MENQUADFI SOLN .5ML	0	ACA, PV
MENVEO INJ	0	ACA, PV
MENVEO SOL	0	ACA, PV
PEDVAX HIB SUSP 7.5MCG/0.5ML	0	ACA, PV
PENBRAYA INJ	0	ACA, PV
PENMENVY INJ	3	PV
PNEUMOVAX 23 SOSY 25MCG/0.5ML	0	ACA, PV
PREVNAR 20 INJ	0	ACA, PV
TRUMENBA SUSY .5ML	0	ACA, PV
TYPHIM VI SOSY 25MCG/0.5ML	3	PV
VAXCHORA SUS	3	PV
VAXNEUVANCE INJ	0	ACA, PV
VIVOTIF CAP EC	3	PV

VIRAL VACCINES

ABRYSCO SOLR 120MCG/0.5ML	0	ACA, PV
AFLURIA INJ 2025-26	0	ACA, PV
AREXVY SUSR 120MCG/0.5ML	0	ACA, PV
AUDENZ INJ	0	ACA, PV
COMIRNATY 2025-26 SUSY 30MCG/0.3ML	0	ACA, PV
COMIRNATY/5-11Y/2025-26 SUSP 10MCG/0.3ML	0	ACA, PV
DENG VAXIA SUS	0	ACA, PV

Drug Name	Drug Tier	Requirements/Limits
ENGERIX-B SUSP 20MCG/ML; SUSY 10MCG/0.5ML, 20MCG/ML	0	ACA, PV
ERVEBO INJ	3	PV
FLUAD INJ 2025-26	0	ACA, PV
FLUARIX INJ 2025-26	0	ACA, PV
FLUBLOK INJ 2025-26	0	ACA, PV
FLUCELVAX INJ 2025-26	0	ACA, PV
FLULAVAL INJ 2025-26	0	ACA, PV
FLUMIST NASA LIQ 2025-26	0	ACA, PV
FLUZONE HD INJ 2025-26	0	ACA, PV
FLUZONE INJ 2025-26	0	ACA, PV
GARDASIL 9 SUSP .5ML; SUSY .5ML	0	ACA, PV
HAVRIX SUSY 720ELU/0.5ML, 1440UNIT/ML	0	ACA, PV
HEPLISAV-B SOSY 20MCG/0.5ML	0	ACA, PV
IMOVAX RABIES (H.D.C.V.) SUSR 2.5UNIT/ML	3	PV
IPOL INJ INACTIVE	0	ACA, PV
IXIARO INJ	3	PV
JYNNEOS SUSP .5ML	0	ACA, PV
M-M-R II INJ	0	ACA, PV
MNEXSPIKE COVID-19 VACCIN SUSY 10MCG/0.2ML	0	ACA, PV
MRESVIA SUSY 50MCG/0.5ML	0	ACA, PV
NUVAXOVID COVID-19 VACCIN SUSY 5MCG/0.5ML	0	ACA, PV
PRIORIX INJ	0	ACA, PV
PROQUAD INJ	0	ACA, PV
RABAVERT INJ	3	PV
RECOMBIVAX HB SUSP 5MCG/0.5ML, 10MCG/ML, 40MCG/ML; SUSY 5MCG/0.5ML, 10MCG/ML	0	ACA, PV
ROTARIX SUS	0	ACA, PV
ROTATEQ SOL	0	ACA, PV
SHINGRIX SUSR 50MCG/0.5ML	0	ACA, PV
SHINGRIX SUSY 50MCG/0.5ML	0	PA; ACA, PV
SPIKEVAX COVID-19 VACCINE SUSY 25MCG/0.25ML, 50MCG/0.5ML	0	ACA, PV
TICOVAC SUSY 1.2MCG/0.25ML, 2.4MCG/0.5ML	3	PV
TWINRIX INJ	0	ACA, PV
VAQTA SUSP 25UNIT/0.5ML, 50UNIT/ML; SUSY 25UNIT/0.5ML, 50UNIT/ML	0	ACA, PV
VARIVAX SUSR 1350PFU/0.5ML	0	ACA, PV
VIMKUNYA SUSY 40MCG/0.8ML	3	PV

Drug Name	Drug Tier	Requirements/Limits
YF-VAX INJ	3	PV
VAGINAL AND RELATED PRODUCTS		
MISCELLANEOUS VAGINAL PRODUCTS		
INTRAROSA INST 6.5MG	NC	
SPERMICIDES		
ENCARE SUPP 100MG	0	OTC; ACA
OPTIONS GYNOL II VAGINAL GEL 3%	0	OTC; ACA
TODAY SPONGE MISC 1000MG	0	OTC; ACA
VCF VAGINAL CONTRACEPTIVE FILM 28%; GEL 4%	0	OTC; ACA
VAGINAL ANTI-INFECTIVES		
CLEOCIN CREA 2%; SUPP 100MG	3	
<i>clindamycin phosphate vaginal crea 2%</i>	1	
CLINDESSE CREA 2%	3	
GYNAZOLE-1 CREA 2%	3	
<i>metronidazole vaginal gel .75%</i>	1	
<i>Miconazole 3 Supp 200mg</i>	2	
NUVESSA GEL 1.3%	NC	
<i>terconazole vaginal crea .4%, .8%</i>	1	
<i>terconazole vaginal supp 80mg</i>	2	
XACIATO GEL 2%	3	
VAGINAL CONTRACEPTIVE - PH MODULATORS		
PHEXX GEL	0	ACA
VAGINAL ESTROGENS		
ESTRACE CREA .1MG/GM	3	
<i>estradiol vaginal crea .1mg/gm; tabs 10mcg</i>	1	
FEMRING RING .05MG/24HR, .1MG/24HR	NC	
IMVEXXY MAINTENANCE PACK INST 4MCG, 10MCG	2	
IMVEXXY STARTER PACK INST 4MCG, 10MCG	2	
PREMARIN CREA .625MG/GM	NC	
VAGIFEM TABS 10MCG	NC	
<i>Yuvaferm Tabs 10mcg</i>	1	
VAGINAL PROGESTINS		
CRINONE GEL 4%, 8%	2	PA
<i>progesterone (vaginal) inst 100mg</i>	1	PA
VASOPRESSORS		
ANAPHYLAXIS THERAPY AGENTS		
ADRENALIN SOLN 1MG/ML	NC	
AUVI-Q SOAJ .1MG/0.1ML, .15MG/0.15ML, .3MG/0.3ML	2	
<i>epinephrine soln 1mg/ml</i>	2	

Drug Name	Drug Tier	Requirements/Limits
<i>epinephrine (anaphylaxis) soaj .15mg/0.3ml, .3mg/0.3ml</i>	1	(except NDCs 00093-xxxx-xx)
<i>epinephrine (anaphylaxis) soaj .15mg/0.15ml</i>	2	(NDCs 00093-xxxx-xx and 49502-xxxx-xx are not covered)
EPIPEN 2-PAK SOAJ .3MG/0.3ML	NC	
EPIPEN-JR 2-PAK SOAJ .15MG/0.3ML	NC	

NEUROGENIC ORTHOSTATIC HYPOTENSION (NOH) - AGENTS

<i>droxidopa caps 100mg, 200mg, 300mg</i>	4	SP, PA, QL
NORTHERA CAPS 100MG, 200MG, 300MG	NC	SP

VASOPRESSORS

AKOVAZ SOLN 50MG/ML	NC	
EPHEDRI/NAACL SOL 15MG/3ML	3	PA
EPHEDRINE SULFATE SOLN 50MG/ML	3	
<i>ephedrine sulfate (pressors) soln 50mg/ml</i>	1	
EPINEPH/NAACL SOL 2/250ML	NC	
EPINEPHR/D5W INJ 100/10ML	3	
EPINEPHR/D5W SOL 2/250-5%	NC	
EPINEPHRINE SOLN 1MG/10ML; SOSY .1MG/10ML, .2MG/0.2ML, 1MG/10ML	3	
<i>epinephrine soln 1mg/ml</i>	1	
<i>epinephrine soln 1mg/ml</i>	2	
EPINEPHRINE HCL SOLN 1MG/ML	3	
GIAPREZA SOLN 2.5MG/ML	NC	
IMMPHENTIV SOLN .5MG/5ML	NC	
LEVOPHED SOLN 1MG/ML	3	
<i>midodrine hcl tabs 2.5mg, 5mg, 10mg</i>	1	
NOREPIN/D5W INJ 16/250ML	3	
<i>norepinephrine bitartrate soln 1mg/ml</i>	1	
PHENYL/NAACL INJ 80/250ML	3	
<i>phenylephrine hcl (pressors) soln 10mg/ml</i>	1	
PHENYLEPHRINE HYDROCHLORI SOLN .8MG/10ML, 10MG/ML; SOSY .4MG/10ML, .8MG/10ML, 1MG/10ML	3	

VITAMINS

OIL SOLUBLE VITAMINS

AQUASOL A PARENTERAL SOLN 50000UNIT/ML	3	
DRISDOL CAPS 50000UNIT	3	
<i>ergocalciferol caps 1.25mg, 50000unit</i>	1	
<i>phytonadione soln 1mg/0.5ml, 10mg/ml</i>	1	
<i>phytonadione tabs 5mg</i>	2	

Drug Name	Drug Tier	Requirements/Limits
WATER SOLUBLE VITAMINS		
<i>pyridoxine hcl soln 100mg/ml</i>	1	
PYRIDOXINE HYDROCHLORIDE SOLN 100MG/ML	3	
<i>thiamine hcl soln 100mg/ml</i>	1	

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<i>amlodipine besylate-atorvastatin calcium</i>		<i>amlodipine besylate-valsartan tab 10-320</i>	
<i>tab 10-10 mg</i>	90	<i>mg</i>	60
<i>amlodipine besylate-atorvastatin calcium</i>		<i>amlodipine besylate-valsartan tab 5-160</i>	
<i>tab 10-20 mg</i>	90	<i>mg</i>	60
<i>amlodipine besylate-atorvastatin calcium</i>		<i>amlodipine besylate-valsartan tab 5-320</i>	
<i>tab 10-40 mg</i>	90	<i>mg</i>	60
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B		<i>12.5 mg</i>	61
<i>Bac Tab</i>	22	<i>benazepril & hydrochlorothiazide tab 20-25</i>	
<i>bacitracin-polymyxin b ophth oint</i>	178	<i>mg</i>	61
<i>bacitracin-polymyxin-neomycin-hc ophth</i>		<i>benazepril & hydrochlorothiazide tab 5-</i>	
<i>oint 1%</i>	180	<i>6.25 mg</i>	61
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<i>inj susp 6 (3-3) mg/ml</i>	100
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<i>betamethasone valerate</i>	109
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<i>6.25 mg</i>	61
<i>bisoprolol & hydrochlorothiazide tab 2.5-</i>	
<i>6.25 mg</i>	61
<i>bisoprolol & hydrochlorothiazide tab 5-6.25</i>	
<i>mg</i>	61
<i>bisoprolol fumarate</i>	86
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<i>Breyna Aer 80/4.5</i>	37	1:200000	147
BREZTRI AERO AER SPHERE	37	<i>bupivacaine inj 0.5% w/ epinephrine</i>	
BRIDION	53	1:200000 (pf)	147
<i>Briellyn Tab</i>	95	<i>Bupivacaine Inj Spinal</i>	148
BRILINTA	141	<i>buprenorphine</i>	27
BRIMO/DORZO SOL 0.15-2%	178	<i>buprenorphine hcl</i>	28
<i>brimonidine tartrate</i>	178	<i>buprenorphine hcl-naloxone hcl sl film 12-3</i>	
<i>brimonidine tartrate (topical)</i>	113	mg (base equiv)	28
<i>brimonidine tartrate-timolol maleate ophth</i>		<i>buprenorphine hcl-naloxone hcl sl film 2-</i>	
<i>soln 0.2-0.5%</i>	177	0.5 mg (base equiv)	28
BRINEURA	127	<i>buprenorphine hcl-naloxone hcl sl film 4-1</i>	
<i>brinzolamide</i>	181	mg (base equiv)	28
<i>brivaracetam</i>	41	<i>buprenorphine hcl-naloxone hcl sl film 8-2</i>	
BRIVIACT	41	mg (base equiv)	28
BRIXADI	27	<i>buprenorphine hcl-naloxone hcl sl tab 2-0.5</i>	
<i>bromfenac sodium (ophth)</i>	181	mg (base equiv)	28
<i>bromocriptine mesylate</i>	77	<i>buprenorphine hcl-naloxone hcl sl tab 8-2</i>	
BROMSITE	181	mg (base equiv)	28
BRONCHITOL	191	<i>bupropion hcl</i>	45
BRUKINSA	72	<i>bupropion hcl (smoking deterrent)</i>	190
BRYHALI	109	<i>buspirone hcl</i>	34
BSS PLUS SOL OP	181	<i>busulfan</i>	65
BSS SOL OP	181	BUSULFEX	65
<i>budesonide</i>	100	<i>But/apap/caf Cap</i>	22
<i>budesonide (inhalation)</i>	36, 37	<i>butalbital-acetaminophen cap 50-300 mg</i>	
<i>budesonide (intrarectal)</i>	29	22
<i>budesonide-formoterol fumarate dihyd</i>		<i>butalbital-acetaminophen tab 50-325 mg</i>	22
<i>aerosol 160-4.5 mcg/act</i>	38	<i>butalbital-acetaminophen-caff w/ cod cap</i>	
<i>budesonide-formoterol fumarate dihyd</i>		50-300-40-30 mg	26
<i>aerosol 80-4.5 mcg/act</i>	37	<i>butalbital-acetaminophen-caff w/ cod cap</i>	
<i>bumetanide</i>	123	50-325-40-30 mg	26
BUMEX	123	<i>butalbital-acetaminophen-caffeine cap 50-</i>	
BUPHENYL	127	300-40 mg	22
<i>bupivacaine 0.75% in dextrose inj 8.25%</i>		<i>butalbital-acetaminophen-caffeine cap 50-</i>	
.....	147	325-40 mg	22
BUPIVACAINE FISIOPHARMA	148	<i>butalbital-acetaminophen-caffeine tab 50-</i>	
<i>bupivacaine hcl</i>	148	325-40 mg	23
BUPIVACAINE HYDROCHLORIDE	148	<i>butalbital-aspirin-caff w/ codeine cap 50-</i>	
<i>bupivacaine inj 0.25% w/ epinephrine</i>		325-40-30 mg	27
1:200000	147	<i>butalbital-aspirin-caffeine cap 50-325-40</i>	
<i>bupivacaine inj 0.25% w/ epinephrine</i>		mg	23
1:200000 (pf)	147	<i>butorphanol tartrate</i>	28
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C		tab 16-12.5 mg.....	61
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CA ALGINATE PAD 2.....	114	tab 32-12.5 mg.....	61
CA ALGINATE PAD 4.....	115	candesartan cilexetil-hydrochlorothiazide	
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CADUET TAB 10-40MG.....	91	mg.....	61
CADUET TAB 10-80MG.....	91	captopril & hydrochlorothiazide tab 25-25	
CADUET TAB 5-10MG.....	90	mg.....	61
CADUET TAB 5-20MG.....	90	captopril & hydrochlorothiazide tab 50-15	
CADUET TAB 5-40MG.....	90	mg.....	61
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calcipotriene-betamethasone dipropionate		CARBATROL.....	41
susp 0.005-0.064%.....	109	carbidopa.....	77
calcitonin (salmon).....	124	carbidopa & levodopa cap er 23.75-95 mg	
Calcitrene.....	106	77
calcitriol.....	127	carbidopa & levodopa cap er 36.25-145 mg	
calcitriol (topical).....	106	77
calcium acetate (phosphate binder).....	134	carbidopa & levodopa cap er 48.75-195 mg	
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calcium chloride (dihydrate).....	162	carbidopa & levodopa cap er 61.25-245 mg	
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CALCIUM GLUCONATE.....	162	carbidopa & levodopa orally disintegrating	
CALDOLOR.....	20	tab 10-100 mg.....	77
CALQUENCE.....	72	carbidopa & levodopa orally disintegrating	
CAMBIA.....	161	tab 25-100 mg.....	77
CAMCEVI.....	70	carbidopa & levodopa orally disintegrating	
Camila.....	99	tab 25-250 mg.....	77
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<i>carbidopa-levodopa-entacapone tabs 18.75-75-200 mg</i>	77	<i>carglumic acid</i>	127
<i>carbidopa-levodopa-entacapone tabs 25-100-200 mg</i>	77	<i>carisoprodol</i>	173
<i>carbidopa-levodopa-entacapone tabs 31.25-125-200 mg</i>	78	<i>carmustine</i>	65
<i>carbidopa-levodopa-entacapone tabs 37.5-150-200 mg</i>	78	CARNITOR.....	127
<i>carbidopa-levodopa-entacapone tabs 50-200-200 mg</i>	78	CARNITOR SF.....	127
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CARDIOPL MN SOL PLS/TROM.....	90	<i>caspofungin acetate</i>	55
CARDIOPL REP SOL 4:1.....	90	CASPOFUNGIN ACETATE	55
CARDIOPLE MN SOL LOW TROM	90	CATAPRES-TTS-1	60
CARDIOPLEGI INJ DEL NIDO	90	CATAPRES-TTS-2	60
CARDIOPLEGI SOL DEL NIDO	90	CATAPRES-TTS-3	60
CARDIOPLEGIA SOL MAIN 4:1	90	CATHFLO ACTIVASE	141
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<i>cardioplegic soln</i>	90	CAYSTON	33
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		CEFEPIME/DEX INJ 1GM	94
		CEFEPIME/DEX INJ 2GM	94
		<i>cefixime</i>	93
		<i>cefotetan disodium</i>	93
		CEFOXITIN INJ 1GM	93
		CEFOXITIN INJ 2GM	93

<i>cefoxitin sodium</i>	93	<i>chlordiazepoxide hcl-clidinium bromide</i>	
<i>cefpodoxime proxetil</i>	93	<i>cap 5-2.5 mg</i>	194
<i>cefprozil</i>	93	<i>chlordiazepoxide-amitriptyline tab 10-25</i>	
<i>ceftaroline fosamil</i>	94	<i>mg</i>	187
<i>ceftazidime</i>	93	<i>chlordiazepoxide-amitriptyline tab 5-12.5</i>	
CEFTRIAX/DEX INJ 1GM	93	<i>mg</i>	187
CEFTRIAX/DEX INJ 2GM.....	93	CHLORHEXIDINE GLUCONATE	82
<i>ceftriaxone sodium</i>	94	<i>chlorhexidine gluconate (mouth-throat)</i>	169
CEFTRIAZONE SODIUM	94	<i>chloroprocaine hcl</i>	148
<i>ceftriaxone sodium in dextrose inj 20</i>		<i>chloroquine phosphate</i>	64
<i>mg/ml</i>	94	<i>chlorothiazide sodium</i>	123
<i>ceftriaxone sodium in dextrose inj 40</i>		<i>chlorpromazine hcl</i>	81
<i>mg/ml</i>	94	<i>chlorthalidone</i>	123
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<i>ciprofloxacin-hydrocortisone otic susp 0.2-1%</i>	182	<i>clindamycin phosphate in d5w iv soln 900 mg/50ml</i>	32
<i>cisatracurium besylate</i>	175	<i>clindamycin phosphate vaginal</i>	199
<i>cisplatin</i>	65	<i>clindamycin phosphate-benzoyl peroxide gel 1.2-2.5%</i>	104
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<i>deferiprone</i>	53	DEXAMETHASON SUS 8-4MG/ML	100
<i>deferoxamine mesylate</i>	53	<i>dexamethasone</i>	100
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