



Avera Choice Plus Formulary - 2025

Discrimination is Against the Law

Avera Health Plans complies with applicable Federal civil rights laws and does not discriminate on the basis of race, color, national origin, age, disability, or sex. Avera Health Plans does not exclude people or treat them differently because of race, color, national origin, age, disability, or sex.

Avera Health Plans:

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

If you need these services, contact the Avera Health Plans Service Center at 1-888-322-2115, (TTY 711), 8 a.m. to 5 p.m. CST, Monday through Friday.

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

Complaint and Appeals Coordinator
Avera Health Plans
3816 S. Elmwood, Suite 100,
Sioux Falls, SD 57105-6538
Fax 1-800-269-8561

Email ComplaintAppeals@AveraHealthPlans.com

You can file a grievance in person or by mail, fax, or email. You may also contact the Complaint and Appeals Coordinator if you need assistance with filing a complaint.

You can also file a civil rights complaint with the U.S. Department of Health and Human Services, Office for Civil Rights, electronically through the Office for Civil Rights Complaint Portal, available at <https://ocrportal.hhs.gov/ocr/portal/lobby.jsf>, or call 1-800-368-1019 or 1-800-537-7697 (TDD). Or mail:

US Department of Health and Human Services,
200 Independence Avenue SW Room 509F, HHH Building,
Washington, D.C. 20201

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

Getting Help in other Languages

Language assistance services are available free of charge. Our Service Center is available 8 a.m. to 5 p.m. CST, Monday – Friday, toll-free at 1-888-322-2115 (TTY: 1-800-877-1113).

- ATENCIÓN: si habla español, tiene a su disposición servicios gratuitos de asistencia lingüística. Llame al 1-888-322-2115 (TTY: 1-800-877-1113).
- US CEEV: Yog tias koj hais lus Hmoob, cov kev pab txog lus, muaj kev pab dawb rau koj. Hu rau 1-888-322-2115 (TTY: 1-800-877-1113).
- CHÚ Ý: Nếu bạn nói Tiếng Việt, có các dịch vụ hỗ trợ ngôn ngữ miễn phí dành cho bạn. Gọi số 1-888-322-2115 (TTY: 1-800-877-1113).
- XIYYEEFFANNAA: Afaan dubbattu Oroomiffa, tajaajila gargaarsa afaanii, kanfaltiidhaan ala, ni argama. Bilbilaa 1-888-322-2115 (TTY: 1-800-877-1113).

- 注意：如果您使用繁體中文，您可以免費獲得語言援助服務。請致電 1-888-322-2115 (TTY: 1-800-877-1113)。

- ACHTUNG: Wenn Sie Deutsch sprechen, stehen Ihnen kostenlos sprachliche Hilfsdienstleistungen zur Verfügung. Rufnummer: 1-888-322-2115 (TTY: 1-800-877-1113).

- ВНИМАНИЕ: Если вы говорите на русском языке, то вам доступны бесплатные услуги перевода. Звоните 1-888-322-2115 (телетайп: (TTY: 1-800-877-1113).

- 1 برقم اتصل. بالمجان لك تتوافر اللغوية المساعدة خدمات فإن، اللغة انكر تتحدث كنت إذا: ملحوظة -322-2115- 1: واليكم الصم هاتف رقم (888-877-1113-800).

- ໂປດຊາບ: ຖ້າວ່າທ່ານເວົ້າພາສາລາວ, ການບໍລິການຊ່ວຍເຫຼືອດ້ານພາສາ, ໂດຍບໍ່ເສັຽຄ່າ,

ແມ່ນມີພ້ອມໃຫ້ທ່ານ. ໂທ 1-888-322-2115 (TTY: 1-800-877-1113).

- ATTENTION : Si vous parlez français, des services d'aide linguistique vous sont proposés gratuitement. Appelez le 1-888-322-2115 (TTY: 1-800-877-1113).

- 주의: 한국어를 사용하시는 경우, 언어 지원 서비스를 무료로 이용하실 수 있습니다. 1-888-322-2115 (TTY: 1-800-877-1113) 번으로 전화해 주십시오.

- ວິໄນ: ຖ້າທ່ານເວົ້າພາສາຝຣັ່ງ, ການບໍລິການຊ່ວຍເຫຼືອດ້ານພາສາ ຈະຖືກສະໜອງໃຫ້ທ່ານຢ່າງເປັນເປົ້າໝາຍ. ໂທ 1-888-322-2115 (TTY: 1-800-877-1113).

- OBAVJEŠTENJE: Ako govorite srpsko-hrvatski, usluge jezičke pomoći dostupne su vam besplatno. Nazovite 1-888-322-2115 (TTY- Telefon za osobe sa oštećenim govorom ili sluhom: 1-800-877-1113)

- ບ្រយ័ត្ន: បរើសិនជាអ្នកនិយាយ ភាសាខ្មែរ, បេសកជំនួយខ្លួនកភាសា ដោយមិនគិត គឺអាចមានសំរាប់អ្នក ឥត ថ្លៃ រស្មី 1-888-322-2115 (TTY: 1-800-877-1113)។

FORM 0017-30 PS (02/17)

Avera Health Plans

2025 Avera Choice Plus Formulary

PLEASE READ: THIS DOCUMENT HAS INFORMATION ABOUT THE DRUGS WE COVER IN THIS PLAN.

Please refer to your Certificate of Coverage, Master Contract, Plan Document or other plan materials to determine if your drug is covered. The Drug Formulary does not guarantee coverage and is subject to change. The Drug Formulary is subject to change without notice. Members must use participating pharmacies to fill their prescription drugs.

What is the Avera Health Plans Drug Formulary?

The Drug Formulary is a list of covered prescription drugs, which are approved for use for specific treatments and dispensed through participating pharmacies. Avera Health Plans works with a team of health care providers to choose drugs that provide quality treatment. Avera Health Plans covers drugs on the Drug Formulary that are:

- Medically necessary
- Approved by the United States Food and Drug Administration (FDA)
- Filled at a participating pharmacy

For more information on how to fill your prescriptions and determine if your drug is covered, please review your Certificate of Coverage, Master Contract, Plan Document or other plan materials.

Can the Drug Formulary change?

The Drug Formulary may change from time to time as described in the Certificate of Coverage, Master Contract, Plan Document or other plan materials. The enclosed Drug Formulary is the most current Drug Formulary covered by Avera Health Plans. To get updated information about the drugs covered by Avera Health Plans, please visit us online at AveraHealthPlans.com or call our Service Center at 605-322-4545 or toll-free at 1-888-322-2115, 8 a.m. to 5 p.m. CT, Monday through Friday.

How do I use the Drug Formulary?

There are two ways to find your drug on the drug list:

1. Drug Therapeutic Classification

The Drug Formulary starts on page 7. The drugs on this Drug Formulary are grouped by the type of therapeutic class the drugs fall into.

2. Alphabetical Listing

If you are not sure what category to look under, look for your drug in the Index that starts near the end of the formulary document after the drug therapeutic classes have been presented. The Index is an alphabetical list of all the drugs in this document. Both brand-name drugs and generic drugs are in the Index.

- Look in the Index and find your drug
- Next to your drug, see the page number where you can find coverage information
- Turn to the page listed in the Index and find the name of your drug in the first column of the list

For more information about your Avera Health Plans prescription drug coverage, please look at your Certificate of Coverage, Master Contract, Plan Document or other plan materials. If you have questions about this Drug Formulary, please call our Service Center at 605-322-4545 or toll-free at 1-888-322-2115, 8 a.m. to 5 p.m. CT, Monday through Friday. You may also visit us online at AveraHealthPlans.com

Avera Health Plans Drug Formulary

The Drug Formulary that starts on page 7 gives you information about the drugs covered by Avera Health Plans. A generic drug is a drug that has the same active ingredients as its brand-name counterpart, and has been approved by the FDA as being interchangeable with the brand-name drug as approved by your provider. Upon release of a generic drug to the market, the generic drug will **generally** be added to the formulary and the associated brand drug will be considered non-preferred or not covered. However, some generic drugs do not cost less than brand-name drugs and may not be added to your formulary.

The first column of the chart lists the drug name. Brand-name drugs are capitalized. Generic drugs are generally in lowercase.

The second column (labeled Drug Tier) will list what tier the drug is placed on in the Drug Formulary. Refer to your Summary of Benefits and Coverage to find the associated co-pay for that drug tier.

The information in the Requirements/Limits column tells you if Avera Health Plans has any special requirements for coverage of your drug. These requirements and limits may include:

- **Preauthorization (PA):** Avera Health Plans needs your healthcare provider to get preauthorization for certain drugs. This means that approval from Avera Health Plans must be obtained before you fill your drug. If you don't get approval, Avera Health Plans will not cover the cost of the drug. Additional information can be found online at AveraHealthPlans.com.
- **Quantity Limits (QL):** For certain drugs, Avera Health Plans limits the amount of the drug that it will cover. For example, Avera Health Plans only covers 18 tablets of *sumatriptan* 50mg per 30 days.
- **Step Therapy (ST):** Avera Health Plans utilizes step therapy to provide the most cost-effective and safest drugs available for a specific medical condition. Step therapy programs require your healthcare provider to prescribe a step-one drug before a step-two drug will be covered. If the step-one drugs do not work for you, Avera Health Plans will cover the step-two drugs. Visit us online at AveraHealthPlans.com to review a list of Step Therapy Programs.
- **Age Limits(AL):** Certain drugs approved by the FDA or other prescribing guidelines are not appropriate based on age. In some instances Avera Health Plans may restrict use of certain FDA approved drugs to people within a certain age range.
- **Provider Restriction (PR):** For certain drugs, Avera Health Plans limits the prescribing to certain provider specialties.

What if my drug is not on the Drug Formulary?

If your drug is not on this Drug Formulary, you have two choices:

- Your healthcare provider can prescribe a drug that is similar that is covered on the Drug Formulary. Similar drugs that are preferred and covered on the Drug Formulary may be easier to obtain and lower cost to you.
- You can request a formulary exception if you believe the drug you take should be covered because other treatment options on the Drug Formulary do not work for you. To request a formulary exception, you or your healthcare provider must provide written documentation to include the following:
 - Why no other prescription on the Drug Formulary will work as well as the requested drug,
 - A list of other drugs that have been tried and how you responded to these drugs
 - Medical documentation to support the medical necessity

How likely is it that I will get the formulary exception?

We will review the information and when a decision has been made, you and your healthcare provider will receive a letter that states the decision. If a formulary exception is approved, the non-preferred co-pay (for the applicable drug type) will be applied. The prescription must be a covered benefit on your plan. Formulary exceptions do not include reductions on prescription co-pays.

What do the tiers mean on the Drug Formulary?

Tier	Type of Drugs Included
Tier 1	Preventive drugs (covered at no cost to you)
Tier 2	Generic drugs (may include some brands)
Tier 3	Preferred brand drugs
Tier 4	Non-preferred brand drugs
Tier 5	Value specialty drugs (brand & generic)
Tier 6	Specialty drugs (brand and generic)

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Drug Name	Drug Tier	Requirements / Limits
ADHD/ANTI-NARCOLEPSY/ANTI-OBESITY/ANOREXIANTS		
ADHD AGENT - SELECTIVE ALPHA ADRENERGIC AGONISTS		
<i>clonidine hcl er</i>	2	QL
<i>guanfacine hcl er</i>	2	AL
ADHD AGENT - SELECTIVE NOREPINEPHRINE REUPTAKE INHIBITOR		
<i>atomoxetine hcl</i>	2	QL
AMPHETAMINE MIXTURES		
<i>amphet-dextroamphet 3-bead er</i>	2	
<i>amphetamine-dextroamphet er</i>	2	
<i>amphetamine-dextroamphetamine</i>	2	
AMPHETAMINES		
ADZENYS XR-ODT	4	AL
<i>amphetamine sulfate</i>	2	
<i>dextroamphetamine sulfate (2.5 mg tab, 5 mg tab, 5 mg/5ml solution, 7.5 mg tab, 10 mg tab, 15 mg tab, 20 mg tab, 30 mg tab)</i>	2	
<i>dextroamphetamine sulfate er</i>	2	
DYANAVEL XR 2.5 MG/ML SUSP	4	QL
<i>lisdexamfetamine dimesylate</i>	2	QL
<i>procentra</i>	2	
<i>zenzedi</i>	2	
ANALEPTICS		
<i>caffeine citrate</i>	2	
ANOREXIANT COMBINATIONS		
<i>phentermine-topiramate er</i>	2	PA
<i>phentermine-topiramate erxdnu</i>	2	PA
ANOREXIANTS NON-AMPHETAMINE		
<i>phentermine hcl</i>	2	PA

Drug Name	Drug Tier	Requirements / Limits
ANTI-OBESITY - GIP & GLP-1 RECEPTOR AGONISTS		
ZEPBOUND (2.5 MG/0.5ML SOLN A-INJ, 5 MG/0.5ML SOLN A-INJ, 7.5 MG/0.5ML SOLN A-INJ, 10 MG/0.5ML SOLN A-INJ, 12.5 MG/0.5ML SOLN A-INJ, 15 MG/0.5ML SOLN A-INJ)	3	PA
ANTI-OBESITY AGENT COMBINATIONS		
CONTRACE	3	PA
DOPAMINE AND NOREPINEPHRINE REUPTAKE INHIBITORS (DNRIS)		
SUNOSI	4	PA, QL
HISTAMINE H3-RECEPTOR ANTAGONIST/INVERSE AGONISTS		
WAKIX	6	PA
STIMULANTS - MISC.		
<i>armodafinil (150 mg tab, 200 mg tab, 250 mg tab)</i>	2	QL
<i>armodafinil 50 mg tab</i>	2	
<i>dexmethylphenidate hcl</i>	2	
<i>dexmethylphenidate hcl er</i>	2	
<i>methylphenidate</i>	2	
<i>methylphenidate hcl (2.5 mg chew tab, 5 mg chew tab, 5 mg tab, 5 mg/5ml solution, 10 mg chew tab, 10 mg tab, 10 mg/5ml solution, 20 mg tab)</i>	2	
METHYLPHENIDATE HCL ER (10 MG TAB ER, 18 MG TAB ER, 18 MG TAB ER 24H, 20 MG TAB ER, 27 MG TAB ER, 27 MG TAB ER 24H, 36 MG TAB ER, 36 MG TAB ER 24H, 54 MG TAB ER, 54 MG TAB ER 24H)	2	
<i>methylphenidate hcl er (cd)</i>	2	
<i>methylphenidate hcl er (la)</i>	2	
<i>methylphenidate hcl er (osm) (18 mg tab er, 27 mg tab er, 36 mg tab er, 45 mg tab er, 54 mg tab er, 63 mg tab er)</i>	2	
<i>methylphenidate hcl er (osm) 72 mg tab er</i>	2	QL

Drug Name	Drug Tier	Requirements / Limits
<i>methylphenidate hcl er (xr)</i>	2	
<i>modafinil</i>	2	QL
QUILLICHEW ER	4	
QUILLIVANT XR	4	
ALLERGENIC EXTRACTS/BIOLOGICALS MISC		
ALLERGENIC EXTRACTS		
GRASTEK	4	AL, QL, PR (ALLERGISTS)
PALFORZIA (1 MG DAILY DOSE)	6	AL
PALFORZIA (12 MG DAILY DOSE)	6	AL
PALFORZIA (120 MG DAILY DOSE)	6	AL
PALFORZIA (160 MG DAILY DOSE)	6	AL
PALFORZIA (20 MG DAILY DOSE)	6	AL
PALFORZIA (200 MG DAILY DOSE)	6	AL
PALFORZIA (240 MG DAILY DOSE)	6	AL
PALFORZIA (3 MG DAILY DOSE)	6	AL
PALFORZIA (300 MG MAINTENANCE)	6	AL
PALFORZIA (300 MG TITRATION)	6	AL
PALFORZIA (40 MG DAILY DOSE)	6	AL
PALFORZIA (6 MG DAILY DOSE)	6	AL
PALFORZIA (80 MG DAILY DOSE)	6	AL
PALFORZIA INITIAL DOSE 1-3YRS	6	AL
PALFORZIA INITIAL DOSE 4-17YRS	6	AL
PALFORZIA INITIAL ESCALATION	6	AL
RAGWITEK	4	AL, QL, PR (ALLERGISTS)
MIXED ALLERGENIC EXTRACTS		
ODACTRA	4	AL, QL, PR (ALLERGISTS)
ORALAIR	4	AL, QL, PR (ALLERGISTS)
ORALAIR ADULT STARTER PACK	4	AL, QL, PR (ALLERGISTS)

Drug Name	Drug Tier	Requirements / Limits
AMINOGLYCOSIDES		
ARIKAYCE	6	QL
KITABIS PAK	6	QL
<i>neomycin sulfate</i>	2	
TOBI PODHALER	6	QL
<i>tobramycin (300 mg/4ml nebu soln, 300 mg/5ml nebu soln)</i>	6	QL
ANALGESICS - ANTI-INFLAMMATORY		
ANTI-TNF-ALPHA - MONOCLONAL ANTIBODIES		
ADALIMUMAB-ADAZ (20 MG/0.2ML SOLN PRSYR, 80 MG/0.8ML SOLN A-INJ)	5	PA, QL
ADALIMUMAB-ADAZ (40 MG/0.4ML SOLN A-INJ, 40 MG/0.4ML SOLN PRSYR)	5	PA, QL
ADALIMUMAB-ADAZ 10 MG/0.1ML SOLN PRSYR	5	PA, QL
AMJEVITA (20 MG/0.2ML SOLN PRSYR, 40 MG/0.4ML SOLN A-INJ, 40 MG/0.4ML SOLN PRSYR, 80 MG/0.8ML SOLN A-INJ)	5	PA, QL
AMJEVITA 10 MG/0.2ML SOLN PRSYR	5	PA, QL
SIMPONI	6	PA, QL
ANTIRHEUMATIC - JANUS KINASE (JAK) INHIBITORS		
OLUMIANT	6	PA, QL
RINVOQ	6	PA, QL
RINVOQ LQ	6	PA, QL
XELJANZ (1 MG/ML SOLUTION, 5 MG TAB, 10 MG TAB)	6	PA, QL
XELJANZ XR	6	PA, QL
ANTIRHEUMATIC ANTIMETABOLITES		
OTREXUP	4	
RASUVO	4	
CYCLOOXYGENASE 2 (COX-2) INHIBITORS		
<i>celecoxib</i>	2	

Drug Name	Drug Tier	Requirements / Limits
GOLD COMPOUNDS		
AURANOFIN	3	
RIDAURA	3	
INTERLEUKIN-1 BLOCKERS		
ARCALYST	6	PA, QL
INTERLEUKIN-1 RECEPTOR ANTAGONIST (IL-1RA)		
KINERET	6	PA, QL
INTERLEUKIN-6 RECEPTOR INHIBITORS		
KEVZARA	6	PA
TYENNE (162 MG/0.9ML SOLN A-INJ, 162 MG/0.9ML SOLN PRSYR)	5	PA, QL
NONSTEROIDAL ANTI-INFLAMMATORY AGENT COMBINATIONS		
<i>diclofenac-misoprostol</i>	2	
<i>naproxen-esomeprazole mg</i>	2	QL
NONSTEROIDAL ANTI-INFLAMMATORY AGENTS (NSAIDS)		
<i>diclofenac potassium (25 mg cap, 50 mg tab)</i>	2	
<i>diclofenac sodium (25 mg tab dr, 50 mg tab dr, 75 mg tab dr)</i>	2	
<i>diclofenac sodium er</i>	2	
<i>ec-naproxen</i>	2	
<i>etodolac</i>	2	
<i>etodolac er</i>	2	
FENOPROFEN CALCIUM 600 MG TAB	2	
<i>flurbiprofen (50 mg tab, 100 mg tab)</i>	2	
<i>ibu</i>	2	
<i>ibuprofen (400 mg tab, 600 mg tab, 800 mg tab)</i>	2	
<i>indomethacin (25 mg cap, 25 mg/5ml suspension, 50 mg cap)</i>	2	
<i>indomethacin er</i>	2	

Drug Name	Drug Tier	Requirements / Limits
KETOPROFEN ER	2	
<i>ketorolac tromethamine 10 mg tab</i>	2	
MECLOFENAMATE SODIUM	2	
<i>mefenamic acid</i>	2	
MELOXICAM (7.5 MG TAB, 7.5 MG/5ML SUSPENSION, 15 MG TAB)	2	
<i>nabumetone</i>	2	
<i>naproxen (125 mg/5ml suspension, 250 mg tab, 375 mg tab, 375 mg tab dr, 500 mg tab, 500 mg tab dr)</i>	2	
<i>naproxen dr</i>	2	
<i>naproxen sodium (275 mg tab, 550 mg tab)</i>	2	
<i>naproxen sodium er</i>	2	
<i>oxaprozin 600 mg tab</i>	2	
<i>piroxicam</i>	2	
<i>relafen</i>	2	
SPRIX	4	QL
<i>sulindac</i>	2	
PHOSPHODIESTERASE 4 (PDE4) INHIBITORS		
OTEZLA (10 & 20 & 30 MG TAB THPK, 30 MG TAB)	6	PA, QL
OTEZLA (4 X 10 & 51 X20 MG TAB THPK, 20 MG TAB)	6	PA, QL
PYRIMIDINE SYNTHESIS INHIBITORS		
<i>leflunomide</i>	2	
SELECTIVE COSTIMULATION MODULATORS		
ORENCIA (50 MG/0.4ML SOLN PRSYR, 87.5 MG/0.7ML SOLN PRSYR, 125 MG/ML SOLN PRSYR)	6	PA, QL
ORENCIA CLICKJECT	6	PA, QL
SOLUBLE TUMOR NECROSIS FACTOR RECEPTOR AGENTS		
ENBREL (25 MG/0.5ML SOLN PRSYR, 25 MG/0.5ML SOLUTION, 50 MG/ML SOLN PRSYR)	6	PA, QL

Drug Name	Drug Tier	Requirements / Limits
ENBREL MINI	6	PA, QL
ENBREL SURECLICK	6	PA, QL
ANALGESICS - NONNARCOTIC		
ANALGESICS-SEDATIVES		
ALLZITAL	4	QL
<i>bac (butalbital-acetamin-caff)</i>	2	QL
<i>bupap</i>	2	QL
<i>butalbital-acetaminophen (50-300 mg tab, 50-325 mg tab)</i>	2	QL
<i>butalbital-apap-caffeine (50-300-40 mg cap, 50-325-40 mg cap, 50-325-40 mg tab)</i>	2	QL
<i>butalbital-aspirin-caffeine</i>	2	
<i>esgic 50-325-40 mg cap</i>	2	QL
TENCON	2	QL
SALICYLATES		
<i>adult aspirin regimen</i>	1	AL
<i>aspirin (81 mg chew tab, 81 mg tab dr)</i>	1	AL
<i>aspirin 81</i>	1	AL
<i>aspirin adult low dose</i>	1	AL
<i>aspirin adult low strength</i>	1	AL
<i>aspirin childrens</i>	1	AL
<i>aspirin ec adult low dose</i>	1	AL
<i>aspirin ec low dose</i>	1	AL
<i>aspirin ec low strength</i>	1	AL
<i>aspirin low dose</i>	1	AL
<i>aspirin regimen</i>	1	AL
<i>bayer aspirin ec low dose</i>	1	AL
<i>bayer low dose</i>	1	AL
<i>childrens aspirin</i>	1	AL

Drug Name	Drug Tier	Requirements / Limits
<i>cvs aspirin adult low dose</i>	1	AL
<i>cvs aspirin adult low strength</i>	1	AL
<i>cvs aspirin ec 81 mg tab dr</i>	1	AL
<i>cvs aspirin low dose</i>	1	AL
<i>cvs aspirin low strength</i>	1	AL
<i>diflunisal</i>	2	
<i>ecotrin low strength</i>	1	AL
<i>eq aspirin adult low dose</i>	1	AL
<i>eq aspirin low dose</i>	1	AL
<i>eql aspirin low dose</i>	1	AL
<i>ft aspirin 81 mg chew tab</i>	1	AL
<i>ft aspirin low dose</i>	1	AL
<i>gnp adult aspirin low strength</i>	1	AL
<i>gnp aspirin 81 mg tab dr</i>	1	AL
<i>gnp aspirin low dose</i>	1	AL
<i>goodsense aspirin 81 mg chew tab</i>	1	AL
<i>goodsense aspirin adult low st</i>	1	AL
<i>goodsense aspirin low dose</i>	1	AL
<i>h-e-b aspirin</i>	1	AL
<i>hm aspirin 81 mg chew tab</i>	1	AL
<i>hm aspirin ec low dose</i>	1	AL
<i>kls aspirin low dose</i>	1	AL
<i>kp aspirin</i>	1	AL
<i>mm aspirin</i>	1	AL
<i>px aspirin 81 mg chew tab</i>	1	AL
<i>px enteric aspirin 81 mg tab dr</i>	1	AL
<i>qc aspirin low dose</i>	1	AL
<i>qc childrens aspirin</i>	1	AL

Drug Name	Drug Tier	Requirements / Limits
<i>ra aspirin adult low dose</i>	1	AL
<i>ra aspirin adult low strength</i>	1	AL
<i>ra aspirin childrens</i>	1	AL
<i>ra aspirin ec 81 mg tab dr</i>	1	AL
<i>ra aspirin ec adult low st</i>	1	AL
<i>salsalate</i>	2	
<i>sb aspirin 81 mg tab dr</i>	1	AL
<i>sb aspirin adult low strength</i>	1	AL
<i>sb childrens aspirin</i>	1	AL
<i>sb low dose asa ec</i>	1	AL
<i>sm aspirin adult low strength</i>	1	AL
<i>sm aspirin ec low strength</i>	1	AL
<i>sm aspirin low dose</i>	1	AL
<i>sm childrens aspirin</i>	1	AL
<i>st joseph aspirin</i>	1	AL
<i>st joseph low dose</i>	1	AL
ANALGESICS - OPIOID		
CODEINE COMBINATIONS		
<i>acetaminophen-codeine (120-12 mg/5ml solution, 300-15 mg tab, 300-30 mg tab, 300-30 mg/12.5ml solution, 300-60 mg tab)</i>	2	AL, QL
<i>ascomp-codeine</i>	2	AL, QL
<i>butalbital-apap-caff-cod</i>	2	QL
<i>butalbital-asa-caff-codeine</i>	2	AL, QL
DIHYDROCODEINE COMBINATIONS		
APAP-CAFF-DIHYDROCODEINE 320.5-30-16 MG CAP	2	AL, QL
TREZIX	2	AL, QL
HYDROCODONE COMBINATIONS		
<i>hydrocodone-acetaminophen (2.5-108 mg/5ml solution, 5-217 mg/10ml solution, 5-300 mg tab, 5-325 mg tab, 7.5-300 mg tab, 7.5-325 mg tab, 7.5-325 mg/15ml solution, 10-300 mg tab, 10-325 mg tab)</i>	2	QL

Drug Name	Drug Tier	Requirements / Limits
HYDROCODONE-IBUPROFEN (5-200 MG TAB, 7.5-200 MG TAB, 10-200 MG TAB)	2	QL
OPIOID AGONISTS		
<i>codeine sulfate (15 mg tab, 30 mg tab, 60 mg tab)</i>	2	AL, QL
<i>fentanyl</i>	2	QL
FENTANYL CITRATE (100 MCG TAB, 200 MCG LOZ HANDLE, 200 MCG TAB, 400 MCG LOZ HANDLE, 400 MCG TAB, 600 MCG LOZ HANDLE, 600 MCG TAB, 800 MCG LOZ HANDLE, 800 MCG TAB, 1200 MCG LOZ HANDLE, 1600 MCG LOZ HANDLE)	2	QL
HYDROCODONE BITARTRATE ER (10 MG CAP ER 12H, 15 MG CAP ER 12H, 20 MG CAP ER 12H, 30 MG CAP ER 12H, 40 MG CAP ER 12H, 50 MG CAP ER 12H)	2	QL
HYDROMORPHONE HCL (1 MG/ML LIQUID, 2 MG TAB, 3 MG SUPPOS, 4 MG TAB, 8 MG TAB)	2	QL
<i>hydromorphone hcl er</i>	2	QL
<i>levorphanol tartrate 2 mg tab</i>	2	QL
MEPERIDINE HCL (50 MG TAB, 50 MG/5ML SOLUTION)	2	QL
<i>methadone hcl (5 mg tab, 5 mg/5ml solution, 10 mg tab, 10 mg/5ml solution, 10 mg/ml conc, 40 mg tab sol)</i>	2	QL
<i>methadone hcl intensol</i>	2	QL
<i>methadose 40 mg tab sol</i>	2	QL
<i>morphine sulfate (5 mg suppos, 10 mg suppos, 10 mg/5ml solution, 15 mg tab, 20 mg suppos, 20 mg/5ml solution, 30 mg suppos, 30 mg tab)</i>	2	QL
MORPHINE SULFATE (CONCENTRATE) (100 MG/5ML SOLUTION)	2	QL
<i>morphine sulfate er (10 mg cap er 24h, 15 mg tab er, 20 mg cap er 24h, 30 mg cap er 24h, 30 mg tab er, 50 mg cap er 24h, 60 mg cap er 24h, 60 mg tab er, 80 mg cap er 24h, 100 mg cap er 24h, 100 mg tab er, 200 mg tab er)</i>	2	QL
MORPHINE SULFATE ER BEADS	2	

Drug Name	Drug Tier	Requirements / Limits
NUCYNTA	4	QL
NUCYNTA ER	4	ST, QL
<i>oxycodone hcl (5 mg cap, 5 mg tab, 5 mg/5ml solution, 10 mg tab, 15 mg tab, 20 mg tab, 30 mg tab, 100 mg/5ml conc)</i>	2	QL
OXYCODONE HCL ER (10 MG TB12 DETER, 20 MG TB12 DETER, 40 MG TB12 DETER, 80 MG TB12 DETER)	2	QL
OXYCONTIN	3	QL
<i>oxymorphone hcl</i>	2	QL
<i>tramadol hcl (50 mg tab, 100 mg tab)</i>	2	AL, QL
TRAMADOL HCL (ER BIPHASIC)	2	AL, QL
TRAMADOL HCL ER (100 MG CAP ER 24H, 100 MG TAB ER 24H, 200 MG CAP ER 24H, 200 MG TAB ER 24H, 300 MG CAP ER 24H, 300 MG TAB ER 24H)	2	AL, QL
XTAMPZA ER	4	ST
OPIOID COMBINATIONS		
<i>endocet</i>	2	QL
<i>oxycodone-acetaminophen (2.5-325 mg tab, 5-325 mg tab, 7.5-325 mg tab, 10-325 mg tab)</i>	2	QL
OPIOID PARTIAL AGONISTS		
BELBUCA	4	QL
BRIXADI	6	
BRIXADI (WEEKLY)	6	
<i>buprenorphine</i>	2	QL
<i>buprenorphine hcl (2 mg sl tab, 8 mg sl tab)</i>	2	
<i>buprenorphine hcl-naloxone hcl</i>	2	
<i>butorphanol tartrate 10 mg/ml solution</i>	2	QL
<i>pentazocine-naloxone hcl</i>	2	QL
SUBLOCADE	6	
ZUBSOLV	4	

Drug Name	Drug Tier	Requirements / Limits
TRAMADOL COMBINATIONS		
<i>tramadol-acetaminophen</i>	2	AL, QL
ANDROGENS-ANABOLIC		
ANDROGENS		
ANDRODERM	3	QL
<i>danazol</i>	2	
<i>depo-testosterone</i>	2	
JATENZO	4	
KYZATREX	4	
METHITEST	2	
<i>methyltestosterone</i>	2	
<i>testosterone (1.62 % gel, 10 mg/act (2%) gel, 12.5 mg/act (1%) gel, 20.25 mg/1.25gm (1.62%) gel, 20.25 mg/act (1.62%) gel, 25 mg/2.5gm (1%) gel, 30 mg/act solution, 40.5 mg/2.5gm (1.62%) gel, 50 mg/5gm (1%) gel)</i>	2	QL
<i>testosterone cypionate</i>	2	
TESTOSTERONE ENANTHATE	2	
TLANDO	4	
UNDECATREX	4	
ANORECTAL AND RELATED PRODUCTS		
INTRARECTAL STEROIDS		
<i>budesonide (2 mg foam, 2 mg/act foam)</i>	2	
<i>hydrocortisone 100 mg/60ml enema</i>	2	
NITRATE VASODILATING AGENTS		
<i>nitroglycerin 0.4 % ointment</i>	2	
RECTAL ANESTHETIC/STEROIDS		
<i>hydrocort-pramoxine (perianal)</i>	2	
HYDROCORTISONE ACE-PRAMOXINE 1-1 % CREAM	2	

Drug Name	Drug Tier	Requirements / Limits
PROCORT	4	
PROCTOFOAM HC	2	
RECTAL STEROIDS		
<i>anucort-hc</i>	2	
<i>anusol-hc 25 mg suppos</i>	2	
<i>hemmorex-hc</i>	2	
<i>hydrocortisone (perianal) 2.5 % cream</i>	2	
<i>hydrocortisone acetate (25 mg suppos, 30 mg suppos)</i>	2	
<i>procto-med hc</i>	2	
<i>proctosol hc</i>	2	
<i>proctozone-hc</i>	2	
ANTHELMINTICS		
<i>albendazole</i>	2	
BENZNIDAZOLE	4	
EMVERM	4	
<i>ivermectin 3 mg tab</i>	2	QL
<i>praziquantel</i>	2	
ANTI-INFECTIVE AGENTS - MISC.		
AEMCOLO	4	
IMPAVIDO	6	QL
LIKMEZ	4	AL
<i>metronidazole (250 mg tab, 375 mg cap, 500 mg tab)</i>	2	
<i>tinidazole</i>	2	
<i>trimethoprim</i>	2	
XIFAXAN	3	
ANTI-INFECTIVE MISC. - COMBINATIONS		
<i>sulfamethoxazole-trimethoprim (200-40 mg/5ml suspension, 400-80 mg tab, 800-160 mg tab, 800-160 mg/20ml suspension)</i>	2	

Drug Name	Drug Tier	Requirements / Limits
<i>sulfatrim pediatric</i>	2	
ANTIPROTOZOAL AGENTS		
ALINIA 100 MG/5ML RECON SUSP	3	
<i>atovaquone</i>	2	
LAMPIT	4	
<i>nitazoxanide</i>	2	
GLYCOPEPTIDES		
<i>vancomycin hcl (1 gm recon soln, 5 gm recon soln, 10 gm recon soln, 25 mg/ml recon soln, 50 mg/ml recon soln, 125 mg cap, 250 mg cap, 250 mg/5ml recon soln, 500 mg recon soln, 750 mg recon soln)</i>	2	
LEPROSTATICS		
<i>dapsone (25 mg tab, 100 mg tab)</i>	2	
LINCOSAMIDES		
<i>clindamycin hcl</i>	2	
<i>clindamycin palmitate hcl</i>	2	
MONOBACTAMS		
CAYSTON	6	PR (Pulmonology or Infectious Disease)
OXAZOLIDINONES		
<i>linezolid (100 mg/5ml recon susp, 600 mg tab)</i>	2	QL
SIVEXTRO 200 MG TAB	3	QL
URINARY ANTI-INFECTIVES		
<i>fosfomycin tromethamine</i>	2	
<i>methenamine hippurate</i>	2	
<i>methenamine mandelate</i>	2	
<i>nitrofurantoin (25 mg/5ml suspension, 50 mg/10ml suspension)</i>	2	
<i>nitrofurantoin macrocrystal</i>	2	

Drug Name	Drug Tier	Requirements / Limits
<i>nitrofurantoin monohyd macro</i>	2	
URINARY ANTISEPTIC-ANTISPASMODIC &/OR ANALGESICS		
HYOPHEN	2	
<i>mb caps</i>	2	
<i>me/naphos/mb/hyo1</i>	2	
<i>phosphasal</i>	2	
<i>urelle</i>	2	
URETRON D/S	2	
<i>uribel (81.6 mg tab, 118 mg cap)</i>	2	
<i>urimar-t 120 mg cap</i>	2	
<i>urin ds</i>	2	
<i>urneva</i>	2	
<i>uro-458</i>	2	
<i>uro-mp</i>	2	
<i>uro-sp</i>	2	
<i>ustell</i>	2	
<i>utira-c</i>	2	
<i>vilamit mb</i>	2	
<i>vilelev mb</i>	2	
ANTIANGINAL AGENTS		
ANTIANGINALS-OTHER		
ASPRUZYO SPRINKLE	4	QL
<i>ranolazine er</i>	2	QL
NITRATES		
<i>isosorbide dinitrate</i>	2	
<i>isosorbide mononitrate</i>	2	
<i>isosorbide mononitrate er</i>	2	
<i>minitran</i>	2	

Drug Name	Drug Tier	Requirements / Limits
NITRO-BID	2	
NITRO-DUR (0.3 MG/HR PATCH 24HR, 0.8 MG/HR PATCH 24HR)	4	
NITRO-TIME	2	
<i>nitroglycerin (0.1 mg/hr patch 24hr, 0.2 mg/hr patch 24hr, 0.4 mg/hr patch 24hr, 0.4 mg/spray solution, 0.6 mg/hr patch 24hr)</i>	2	
<i>nitroglycerin (0.3 mg sl tab, 0.4 mg sl tab, 0.6 mg sl tab)</i>	2	
ANTIANXIETY AGENTS		
ANTIANXIETY AGENTS - MISC.		
<i>buspirone hcl</i>	2	
<i>hydroxyzine hcl (10 mg tab, 10 mg/5ml syrup, 25 mg tab, 50 mg tab)</i>	2	
HYDROXYZINE PAMOATE (25 MG CAP, 50 MG CAP, 100 MG CAP)	2	
<i>meprobamate</i>	2	
BENZODIAZEPINES		
<i>alprazolam</i>	2	
<i>alprazolam er</i>	2	
ALPRAZOLAM INTENSOL	2	
<i>alprazolam xr</i>	2	
<i>chlordiazepoxide hcl</i>	2	
<i>clorazepate dipotassium</i>	2	
<i>diazepam (2 mg tab, 5 mg tab, 5 mg/5ml solution, 5 mg/ml conc, 10 mg tab)</i>	2	
<i>diazepam intensol</i>	2	
<i>lorazepam (0.5 mg tab, 1 mg tab, 2 mg tab, 2 mg/ml conc)</i>	2	
<i>lorazepam intensol</i>	2	
<i>oxazepam</i>	2	

Drug Name	Drug Tier	Requirements / Limits
ANTIARRHYTHMICS		
ANTIARRHYTHMICS TYPE I-A		
<i>disopyramide phosphate</i>	2	
NORPACE CR	4	
<i>quinidine gluconate er</i>	2	
QUINIDINE SULFATE	2	
ANTIARRHYTHMICS TYPE I-B		
<i>mexiletine hcl</i>	2	
ANTIARRHYTHMICS TYPE I-C		
<i>flecainide acetate</i>	2	
<i>propafenone hcl</i>	2	
<i>propafenone hcl er</i>	2	
ANTIARRHYTHMICS TYPE III		
<i>amiodarone hcl (100 mg tab, 200 mg tab, 400 mg tab)</i>	2	
<i>dofetilide</i>	2	
MULTAQ	4	QL
<i>pacerone</i>	2	
ANTIASTHMATIC AND BRONCHODILATOR AGENTS		
5-LIPOXYGENASE INHIBITORS		
<i>zileuton er</i>	2	QL
ZYFLO	4	QL
ADRENERGIC COMBINATIONS		
ANORO ELLIPTA	3	QL
BEVESPI AEROSPHERE	4	QL
BREO ELLIPTA 50-25 MCG/INH AER POW BA	3	QL
<i>breynga</i>	2	QL

Drug Name	Drug Tier	Requirements / Limits
BREZTRI AEROSPHERE	3	QL
<i>budesonide-formoterol fumarate</i>	2	QL
COMBIVENT RESPIMAT	3	QL
DULERA	3	QL
FLUTICASONE FUROATE-VILANTEROL	2	QL
<i>fluticasone-salmeterol (45-21 mcg/act aerosol, 55-14 mcg/act aer pow ba, 100-50 mcg/act aer pow ba, 113-14 mcg/act aer pow ba, 115-21 mcg/act aerosol, 230-21 mcg/act aerosol, 232-14 mcg/act aer pow ba, 250-50 mcg/act aer pow ba, 500-50 mcg/act aer pow ba)</i>	2	QL
<i>ipratropium-albuterol</i>	2	
STIOLTO RESPIMAT	3	QL
TRELEGY ELLIPTA	3	QL
<i>wixela inhub</i>	2	QL
ANTI-IGE MONOCLONAL ANTIBODIES		
XOLAIR (75 MG/0.5ML SOLN A-INJ, 150 MG/ML SOLN A-INJ, 300 MG/2ML SOLN A-INJ)	6	PA, QL, MED (Medical Drug)
XOLAIR (75 MG/0.5ML SOLN PRSYR, 150 MG/ML SOLN PRSYR, 300 MG/2ML SOLN PRSYR)	6	PA, QL, MED (Medical Drug)
ANTI-INFLAMMATORY AGENTS		
<i>cromolyn sodium 20 mg/2ml nebu soln</i>	2	
BETA ADRENERGICS		
<i>albuterol sulfate (0.63 mg/3ml nebu soln, 1.25 mg/3ml nebu soln, 2 mg tab, 2 mg/5ml syrup, (2.5 mg/3ml) 0.083% nebu soln, 2.5 mg/0.5ml nebu soln, 4 mg tab, (5 mg/ml) 0.5% nebu soln, 8 mg/20ml syrup)</i>	2	
<i>albuterol sulfate hfa</i>	2	QL
<i>arformoterol tartrate</i>	2	QL
<i>formoterol fumarate</i>	2	QL
<i>levalbuterol hcl (0.31 mg/3ml nebu soln, 0.63 mg/3ml nebu soln, 1.25 mg/0.5ml nebu soln, 1.25 mg/3ml nebu soln)</i>	2	

Drug Name	Drug Tier	Requirements / Limits
LEVALBUTEROL TARTRATE	2	QL
PROAIR RESPICLICK	3	QL
SEREVENT DISKUS	3	QL
STRIVERDI RESPIMAT	4	QL
<i>terbutaline sulfate (2.5 mg tab, 5 mg tab)</i>	2	
VENTOLIN HFA	3	QL
BRONCHODILATORS - ANTICHOLINERGICS		
ATROVENT HFA	3	QL
INCRUSE ELLIPTA	3	QL
<i>ipratropium bromide 0.02 % solution</i>	2	
SPIRIVA RESPIMAT	3	QL
<i>tiotropium bromide monohydrate</i>	2	QL
TUDORZA PRESSAIR	4	QL
INTERLEUKIN-5 ANTAGONISTS (IGG1 KAPPA)		
FASENRA 10 MG/0.5ML SOLN PRSYR	6	PA, MED (Medical Drug)
FASENRA PEN	6	PA, MED (Medical Drug)
NUCALA (100 MG/ML SOLN A-INJ, 100 MG/ML SOLN PRSYR)	6	PA, MED (Medical Drug)
NUCALA 40 MG/0.4ML SOLN PRSYR	6	PA, QL, MED (Medical Drug)
LEUKOTRIENE RECEPTOR ANTAGONISTS		
<i>montelukast sodium (4 mg chew tab, 5 mg chew tab)</i>	2	
<i>montelukast sodium 10 mg tab</i>	2	QL
<i>montelukast sodium 4 mg packet</i>	2	AL, QL
<i>zafirlukast</i>	2	QL
SELECTIVE PHOSPHODIESTERASE 4 (PDE4) INHIBITORS		
<i>roflumilast 250 mcg tab</i>	2	QL
<i>roflumilast 500 mcg tab</i>	2	QL

Drug Name	Drug Tier	Requirements / Limits
STEROID INHALANTS		
ARNUITY ELLIPTA (100 MCG/ACT AER POW BA, 200 MCG/ACT AER POW BA)	3	QL
ARNUITY ELLIPTA 50 MCG/ACT AER POW BA	3	AL, QL
ASMANEX (120 METERED DOSES)	3	
ASMANEX (14 METERED DOSES)	3	
ASMANEX (30 METERED DOSES)	3	
ASMANEX (60 METERED DOSES)	3	
ASMANEX HFA	3	QL
<i>budesonide (0.25 mg/2ml suspension, 0.5 mg/2ml suspension, 1 mg/2ml suspension)</i>	2	QL
FLUTICASONE PROPIONATE DISKUS	2	QL
FLUTICASONE PROPIONATE HFA	2	QL
PULMICORT FLEXHALER	3	QL
QVAR REDHALER	3	QL
THYMIC STROMAL LYMPHOPOIETIN (TSLP) ANTAGONISTS		
TEZSPIRE	6	PA, MED (Medical Drug)
XANTHINES		
<i>elixophyllin</i>	2	
THEO-24	4	
<i>theophylline</i>	2	
<i>theophylline er (100 mg tab er 12h, 200 mg tab er 12h, 300 mg tab er 12h, 400 mg tab er 24h, 450 mg tab er 12h, 600 mg tab er 24h)</i>	2	
ANTICOAGULANTS		
COUMARIN ANTICOAGULANTS		
<i>jantoven</i>	2	
<i>warfarin sodium</i>	2	
DIRECT FACTOR XA INHIBITORS		
ELIQUIS	3	

Drug Name	Drug Tier	Requirements / Limits
ELIQUIS DVT/PE STARTER PACK	3	
XARELTO (2.5 MG TAB, 10 MG TAB, 15 MG TAB, 20 MG TAB)	3	
XARELTO 1 MG/ML RECON SUSP	3	AL, QL
XARELTO STARTER PACK	3	
LOW MOLECULAR WEIGHT HEPARINS		
<i>enoxaparin sodium (30 mg/0.3ml soln prsyr, 40 mg/0.4ml soln prsyr, 60 mg/0.6ml soln prsyr, 80 mg/0.8ml soln prsyr, 100 mg/ml soln prsyr, 120 mg/0.8ml soln prsyr, 150 mg/ml soln prsyr)</i>	2	QL
FRAGMIN	4	
SYNTHETIC HEPARINOID-LIKE AGENTS		
<i>fondaparinux sodium</i>	2	
THROMBIN INHIBITORS - SELECTIVE DIRECT & REVERSIBLE		
<i>dabigatran etexilate mesylate</i>	2	
ANTICONVULSANTS		
AMPA GLUTAMATE RECEPTOR ANTAGONISTS		
FYCOMPA (0.5 MG/ML SUSPENSION, 2 MG TAB, 4 MG TAB, 6 MG TAB, 8 MG TAB, 10 MG TAB, 12 MG TAB)	4	AL, QL
<i>perampanel</i>	2	AL, QL
ANTICONVULSANTS - BENZODIAZEPINES		
<i>clobazam (2.5 mg/ml suspension, 10 mg tab, 20 mg tab)</i>	2	
<i>clonazepam</i>	2	
DIAZEPAM (2.5 MG GEL, 10 MG GEL, 20 MG GEL)	2	
LIBERVANT	4	AL
NAYZILAM	4	
SYMPAZAN	4	
VALTOCO 10 MG DOSE	4	

Drug Name	Drug Tier	Requirements / Limits
VALTOCO 15 MG DOSE	4	
VALTOCO 20 MG DOSE	4	
VALTOCO 5 MG DOSE	4	
ANTICONVULSANTS - MISC.		
BRIVIACT (10 MG TAB, 10 MG/ML SOLUTION, 25 MG TAB, 50 MG TAB, 75 MG TAB, 100 MG TAB)	4	
<i>carbamazepine (100 mg chew tab, 100 mg/5ml suspension, 200 mg tab, 200 mg/10ml suspension)</i>	2	
<i>carbamazepine er</i>	2	
CARBATROL	4	
DIACOMIT	4	PA
EPIDIOLEX	4	PA
<i>epitol</i>	2	
<i>eslicarbazepine acetate</i>	2	QL
FINTEPLA	4	PA, QL
<i>gabapentin (100 mg cap, 250 mg/5ml solution, 300 mg cap, 300 mg/6ml solution, 400 mg cap, 600 mg tab, 800 mg tab)</i>	2	
<i>lacosamide (10 mg/ml solution, 50 mg tab, 50 mg/5ml solution, 100 mg tab, 100 mg/10ml solution, 150 mg tab, 200 mg tab)</i>	2	QL
LAMICTAL	4	
LAMICTAL ODT (21 X 25 MG & 7 X 50 MG KIT, 25 & 50 & 100 MG KIT, 42 X 50 MG & 14X100 MG KIT)	4	QL
LAMICTAL ODT (25 MG TAB DISP, 50 MG TAB DISP, 100 MG TAB DISP, 200 MG TAB DISP)	4	
LAMICTAL STARTER	4	QL
LAMICTAL XR (21 X 25 MG & 7 X 50 MG KIT, 25 & 50 & 100 MG KIT, 50 & 100 & 200 MG KIT)	4	QL
LAMICTAL XR (25 MG TAB ER 24H, 50 MG TAB ER 24H, 100 MG TAB ER 24H, 200 MG TAB ER 24H, 250 MG TAB ER 24H, 300 MG TAB ER 24H)	4	QL
<i>lamotrigine (21 x 25 mg & 7 x 50 mg kit, 25 & 50 & 100 mg kit, 42 x 50 mg & 14x100 mg kit)</i>	2	QL

Drug Name	Drug Tier	Requirements / Limits
<i>lamotrigine (5 mg chew tab, 25 mg chew tab, 25 mg tab, 25 mg tab disp, 50 mg tab disp, 100 mg tab, 100 mg tab disp, 150 mg tab, 200 mg tab, 200 mg tab disp)</i>	2	
<i>lamotrigine er</i>	2	QL
<i>lamotrigine starter kit-blue</i>	2	QL
<i>lamotrigine starter kit-green</i>	2	QL
<i>lamotrigine starter kit-orange</i>	2	QL
<i>levetiracetam (100 mg/ml solution, 250 mg tab, 500 mg tab, 500 mg/5ml solution, 750 mg tab, 1000 mg tab)</i>	2	
<i>levetiracetam er</i>	2	QL
<i>oxcarbazepine (150 mg tab, 300 mg tab, 300 mg/5ml suspension, 600 mg tab)</i>	2	
<i>oxcarbazepine er</i>	2	
OXTELLAR XR	4	
<i>pregabalin (20 mg/ml solution, 225 mg cap)</i>	2	QL
<i>pregabalin (25 mg cap, 50 mg cap, 75 mg cap, 100 mg cap, 150 mg cap, 200 mg cap, 300 mg cap)</i>	2	
PRIMIDONE (50 MG TAB, 125 MG TAB, 250 MG TAB)	2	
<i>roweepra</i>	2	
<i>rufinamide (200 mg tab, 400 mg tab)</i>	2	QL
<i>rufinamide 40 mg/ml suspension</i>	2	AL, QL
SPRITAM	4	
<i>subvenite</i>	2	
<i>subvenite starter kit-blue</i>	2	QL
<i>subvenite starter kit-green</i>	2	QL
<i>subvenite starter kit-orange</i>	2	QL
TEGRETOL (100 MG/5ML SUSPENSION, 200 MG TAB)	4	
TEGRETOL-XR	4	

Drug Name	Drug Tier	Requirements / Limits
TOPAMAX	4	
TOPAMAX SPRINKLE	4	
<i>topiramate (15 mg cap sprink, 25 mg cap sprink, 25 mg tab, 50 mg tab, 100 mg tab, 200 mg tab)</i>	2	
<i>topiramate 25 mg/ml solution</i>	2	AL, QL
<i>topiramate er</i>	2	QL
<i>zonisamide</i>	2	
ZTALMY	6	PA, QL
CARBAMATES		
<i>felbamate (400 mg tab, 600 mg tab, 600 mg/5ml suspension)</i>	2	
XCOPRI	4	QL
XCOPRI (250 MG DAILY DOSE)	4	QL
XCOPRI (350 MG DAILY DOSE)	4	QL
GABA MODULATORS		
<i>tiagabine hcl</i>	2	
<i>vigabatrin</i>	6	
<i>vigadrone</i>	6	
<i>vigpoder</i>	6	
HYDANTOINS		
DILANTIN (30 MG CAP, 100 MG CAP)	4	
DILANTIN INFATABS	4	
<i>phenytek</i>	2	
<i>phenytoin (50 mg chew tab, 100 mg/4ml suspension, 125 mg/5ml suspension)</i>	2	
<i>phenytoin infatabs</i>	2	
<i>phenytoin sodium extended (100 mg cap, 200 mg cap, 300 mg cap)</i>	2	
SUCCINIMIDES		
<i>ethosuximide (250 mg cap, 250 mg/5ml solution)</i>	2	

Drug Name	Drug Tier	Requirements / Limits
<i>methsuximide</i>	2	
VALPROIC ACID		
DEPAKOTE	4	
DEPAKOTE ER	4	
DEPAKOTE SPRINKLES	4	
<i>divalproex sodium</i>	2	
<i>divalproex sodium er</i>	2	
<i>valproic acid (250 mg cap, 250 mg/5ml solution, 500 mg/10ml solution)</i>	2	
ANTIDEPRESSANTS		
ALPHA-2 RECEPTOR ANTAGONISTS (TETRACYCLICS)		
<i>mirtazapine (15 mg tab disp, 30 mg tab disp, 45 mg tab disp)</i>	2	QL
<i>mirtazapine (7.5 mg tab, 15 mg tab, 30 mg tab, 45 mg tab)</i>	2	
ANTIDEPRESSANTS - MISC.		
APLENZIN	4	QL
<i>bupropion hcl</i>	2	
<i>bupropion hcl er (sr)</i>	2	
<i>bupropion hcl er (xl) (150 mg tab er 24h, 300 mg tab er 24h)</i>	2	
MONOAMINE OXIDASE INHIBITORS (MAOIS)		
EMSAM	4	QL
MARPLAN	4	
PHENELZINE SULFATE	2	
<i>tranylcypromine sulfate</i>	2	
SELECTIVE SEROTONIN REUPTAKE INHIBITORS (SSRIS)		
<i>citalopram hydrobromide (10 mg tab, 10 mg/5ml solution, 20 mg tab, 20 mg/10ml solution, 40 mg tab)</i>	2	

Drug Name	Drug Tier	Requirements / Limits
<i>escitalopram oxalate (5 mg tab, 5 mg/5ml solution, 10 mg tab, 10 mg/10ml solution, 20 mg tab)</i>	2	
<i>fluoxetine hcl (10 mg cap, 20 mg cap, 20 mg/5ml solution, 40 mg cap, 90 mg cap dr)</i>	2	
<i>fluvoxamine maleate</i>	2	
<i>fluvoxamine maleate er</i>	2	QL
<i>paroxetine hcl (10 mg tab, 20 mg tab, 30 mg tab, 40 mg tab)</i>	2	
PAROXETINE HCL 10 MG/5ML SUSPENSION	2	
<i>paroxetine hcl er</i>	2	
<i>sertraline hcl (20 mg/ml conc, 25 mg tab, 50 mg tab, 100 mg tab)</i>	2	
SEROTONIN MODULATORS		
NEFAZODONE HCL	2	
<i>trazodone hcl</i>	2	
TRINTELLIX	3	QL
<i>vilazodone hcl</i>	2	QL
SEROTONIN-NOREPINEPHRINE REUPTAKE INHIBITORS (SNRIS)		
DESVENLAFAXINE ER	4	QL
<i>desvenlafaxine succinate er (50 mg tab er 24h, 100 mg tab er 24h)</i>	2	
<i>desvenlafaxine succinate er 25 mg tab er 24h</i>	2	QL
<i>duloxetine hcl (20 mg cp dr part, 30 mg cp dr part, 60 mg cp dr part)</i>	2	
FETZIMA	4	QL
FETZIMA TITRATION	4	QL
<i>venlafaxine hcl</i>	2	
<i>venlafaxine hcl er (37.5 mg cap er 24h, 75 mg cap er 24h, 150 mg cap er 24h)</i>	2	
TRICYCLIC AGENTS		
<i>amitriptyline hcl</i>	2	

Drug Name	Drug Tier	Requirements / Limits
<i>amoxapine</i>	2	
<i>clomipramine hcl</i>	2	
<i>desipramine hcl</i>	2	
<i>doxepin hcl (10 mg cap, 10 mg/ml conc, 25 mg cap, 50 mg cap, 75 mg cap, 100 mg cap, 150 mg cap)</i>	2	
<i>imipramine hcl</i>	2	
<i>imipramine pamoate</i>	2	
<i>nortriptyline hcl (10 mg cap, 10 mg/5ml solution, 25 mg cap, 50 mg cap, 75 mg cap)</i>	2	
<i>protriptyline hcl</i>	2	
<i>trimipramine maleate</i>	2	
ANTIDIABETICS		
ALPHA-GLUCOSIDASE INHIBITORS		
<i>acarbose</i>	2	
MIGLITOL	2	
ANTIDIABETIC - AMYLIN ANALOGS		
SYMLINPEN 120	4	QL
SYMLINPEN 60	4	QL
BIGUANIDES		
<i>metformin hcl (500 mg tab, 500 mg/5ml solution, 1000 mg tab)</i>	2	
<i>metformin hcl 850 mg tab</i>	2	AL
<i>metformin hcl er</i>	2	
DIABETIC OTHER		
BAQSIMI ONE PACK	4	
BAQSIMI TWO PACK	4	
<i>diazoxide</i>	2	
<i>glucagon emergency (1 mg kit, 1 mg/ml recon soln)</i>	2	

Drug Name	Drug Tier	Requirements / Limits
GVOKE HYPOPEN 1-PACK	4	
GVOKE HYPOPEN 2-PACK	4	
GVOKE KIT	4	
GVOKE PFS 1 MG/0.2ML SOLN PRSYR	4	
DIPEPTIDYL PEPTIDASE-4 (DPP-4) INHIBITORS		
ALOGLIPTIN BENZOATE	2	QL
<i>saxagliptin hcl</i>	2	QL
DIPEPTIDYL PEPTIDASE-4 INHIBITOR-BIGUANIDE COMBINATIONS		
ALOGLIPTIN-METFORMIN HCL	2	QL
<i>saxagliptin-metformin er</i>	2	QL
DOPAMINE RECEPTOR AGONISTS - ERGOT DERIVATIVES		
CYCLOSET	4	
DPP-4 INHIBITOR-THIAZOLIDINEDIONE COMBINATIONS		
ALOGLIPTIN-PIOGLITAZONE (12.5-30 MG TAB, 25-15 MG TAB, 25-30 MG TAB, 25-45 MG TAB)	2	
HUMAN INSULIN		
FIASP	3	
FIASP FLEXTOUCH	3	
FIASP PENFILL	3	
FIASP PUMPCART	3	
HUMULIN R U-500 (CONCENTRATED)	3	
HUMULIN R U-500 KWIKPEN	3	
LANTUS	3	
LANTUS SOLOSTAR	3	
NOVOLIN 70/30	3	
NOVOLIN 70/30 FLEXPEN	3	
NOVOLIN N	3	
NOVOLIN N FLEXPEN	3	

Drug Name	Drug Tier	Requirements / Limits
NOVOLIN R	3	
NOVOLIN R FLEXPEN	3	
NOVOLIN R FLEXPEN RELION	3	
NOVOLIN R RELION	3	
NOVOLOG	3	
NOVOLOG FLEXPEN	3	
NOVOLOG MIX 70/30	3	
NOVOLOG MIX 70/30 FLEXPEN	3	
NOVOLOG PENFILL	3	
TOUJEO MAX SOLOSTAR	3	
TOUJEO SOLOSTAR	3	
INCRETIN MIMETIC AGENTS (GIP & GLP-1 RECEPTOR AGONISTS)		
MOUNJARO (2.5 MG/0.5ML SOLN A-INJ, 5 MG/0.5ML SOLN A-INJ)	3	PA, QL
MOUNJARO (7.5 MG/0.5ML SOLN A-INJ, 10 MG/0.5ML SOLN A-INJ, 12.5 MG/0.5ML SOLN A-INJ, 15 MG/0.5ML SOLN A-INJ)	3	PA, QL
INCRETIN MIMETIC AGENTS (GLP-1 RECEPTOR AGONISTS)		
TRULICITY (0.75 MG/0.5ML SOLN A-INJ, 1.5 MG/0.5ML SOLN A-INJ)	3	PA, QL
TRULICITY (3 MG/0.5ML SOLN A-INJ, 4.5 MG/0.5ML SOLN A-INJ)	3	PA, QL
INSULIN-INCRETIN MIMETIC COMBINATIONS		
SOLIQUA	3	ST, QL
XULTOPHY	3	ST, QL
MEGLITINIDE ANALOGUES		
<i>nateglinide</i>	2	
<i>repaglinide</i>	2	
PROGESTERONE RECEPTOR ANTAGONISTS		
<i>mifepristone 300 mg tab</i>	6	PA, AL

Drug Name	Drug Tier	Requirements / Limits
SGLT2 INHIBITOR - DPP-4 INHIBITOR COMBINATIONS		
QTERN	3	QL
SODIUM-GLUCOSE CO-TRANSPORTER 2 (SGLT2) INHIBITORS		
BEXAGLIFLOZIN	2	QL
BRENZAVVY	3	QL
FARXIGA	3	QL
SODIUM-GLUCOSE CO-TRANSPORTER 2 INHIBITOR-BIGUANIDE COMB		
XIGDUO XR	3	QL
SULFONYLUREA-BIGUANIDE COMBINATIONS		
<i>glipizide-metformin hcl</i>	2	
<i>glyburide-metformin</i>	2	
SULFONYLUREA-THIAZOLIDINEDIONE COMBINATIONS		
<i>pioglitazone hcl-glimepiride</i>	2	QL
SULFONYLUREAS		
<i>glimepiride (1 mg tab, 2 mg tab, 4 mg tab)</i>	2	
GLIPIZIDE (2.5 MG TAB, 5 MG TAB, 10 MG TAB)	2	
<i>glipizide er</i>	2	
<i>glipizide xl</i>	2	
<i>glyburide</i>	2	
GLYBURIDE MICRONIZED	2	
THIAZOLIDINEDIONE-BIGUANIDE COMBINATIONS		
<i>pioglitazone hcl-metformin hcl</i>	2	
THIAZOLIDINEDIONES		
<i>pioglitazone hcl</i>	2	
ANTIDIARRHEAL/PROBIOTIC AGENTS		
ANTIDIARRHEAL - CHLORIDE CHANNEL ANTAGONISTS		
MYTESI	4	PA, QL

Drug Name	Drug Tier	Requirements / Limits
ANTIDIARRHEAL/PROBIOTIC COMBINATIONS		
RESTORA RX	4	
ANTIPERISTALTIC AGENTS		
<i>diphenoxylate-atropine (2.5-0.025 mg tab, 2.5-0.025 mg/5ml liquid)</i>	2	
MOTOFEN	4	
<i>opium</i>	2	
ANTIDOTES AND SPECIFIC ANTAGONISTS		
ANTIDOTES - CHELATING AGENTS		
CHEMET	4	
<i>deferasirox (125 mg tab sol, 250 mg tab sol, 500 mg tab sol)</i>	6	PA
<i>deferasirox (90 mg packet, 180 mg packet, 360 mg packet)</i>	6	PA
<i>deferasirox (90 mg tab, 180 mg tab, 360 mg tab)</i>	6	PA
<i>deferasirox granules</i>	6	PA
<i>deferiprone</i>	6	PA
FERRIPROX 100 MG/ML SOLUTION	6	PA
FERRIPROX TWICE-A-DAY	6	PA
PENTETATE CALCIUM TRISODIUM	4	
PENTETATE ZINC TRISODIUM	4	
VISTOGARD	6	QL
OPIOID ANTAGONISTS		
KLOXXADO	4	
<i>naloxone hcl 4 mg/0.1ml liquid</i>	2	
<i>naltrexone hcl</i>	2	
OPVEE	4	
REXTOVY	4	
ZIMHI	4	

Drug Name	Drug Tier	Requirements / Limits
ANTIEMETICS		
5-HT3 RECEPTOR ANTAGONISTS		
<i>granisetron hcl 1 mg tab</i>	2	
<i>ondansetron (4 mg tab disp, 8 mg tab disp)</i>	2	
<i>ondansetron hcl (4 mg tab, 8 mg tab, 24 mg tab)</i>	2	
<i>ondansetron hcl 4 mg/5ml solution</i>	2	
SANCUSO	4	QL
ANTIEMETIC COMBINATIONS		
AKYNZEO 300-0.5 MG CAP	4	
ANTIEMETICS - ANTICHOLINERGIC		
<i>meclizine hcl 25 mg tab</i>	2	
<i>scopolamine</i>	2	QL
<i>trimethobenzamide hcl</i>	2	
ANTIEMETICS - MISCELLANEOUS		
<i>dronabinol</i>	2	
SYNDROS	4	
SUBSTANCE P/NEUROKININ 1 (NK1) RECEPTOR ANTAGONISTS		
<i>aprepitant (40 mg cap, 80 mg cap, 125 mg cap)</i>	2	
<i>aprepitant (80 & 125 mg cap, 80 & 125 mg misc)</i>	2	
EMEND 125 MG/5ML RECON SUSP	3	
ANTIFUNGALS		
<i>flucytosine</i>	2	
<i>griseofulvin microsize (125 mg/5ml suspension, 500 mg tab)</i>	2	
<i>griseofulvin ultramicrosize (125 mg tab, 250 mg tab)</i>	2	
<i>nystatin 500000 unit tab</i>	2	
<i>terbinafine hcl 250 mg tab</i>	2	

Drug Name	Drug Tier	Requirements / Limits
IMIDAZOLES		
<i>ketoconazole 200 mg tab</i>	2	
TRIAZOLES		
CRESEMBA (74.5 MG CAP, 186 MG CAP)	4	QL, PR (Oncology or Infectious Disease)
<i>fluconazole (10 mg/ml recon susp, 40 mg/ml recon susp, 50 mg tab, 100 mg tab, 150 mg tab, 200 mg tab)</i>	2	
<i>itraconazole (10 mg/ml solution, 100 mg cap)</i>	2	
NOXAFIL 300 MG PACKET	3	AL, PR (Oncology or Infectious Disease)
<i>posaconazole (40 mg/ml suspension, 100 mg tab dr)</i>	2	PR (Oncology or Infectious Disease)
<i>voriconazole (40 mg/ml recon susp, 50 mg tab, 200 mg tab)</i>	2	QL, PR (Oncology or Infectious Disease)
ANTI HISTAMINES		
ANTI HISTAMINES - ALKYLAMINES		
RYCLORA	2	
ANTI HISTAMINES - ETHANOLAMINES		
CARBINOXAMINE MALEATE (4 MG TAB, 4 MG/5ML SOLUTION)	2	
CARBINOXAMINE MALEATE ER	2	
CLEMASTINE FUMARATE (0.67 MG/5ML SYRUP, 2.68 MG TAB)	2	
ANTI HISTAMINES - NON-SEDATING		
<i>desloratadine (2.5 mg tab disp, 5 mg tab, 5 mg tab disp)</i>	2	AL
<i>levocetirizine dihydrochloride (2.5 mg/5ml solution, 5 mg tab)</i>	2	
ANTI HISTAMINES - PHENOTHIAZINES		
<i>promethazine hcl (6.25 mg/5ml solution, 6.25 mg/5ml syrup, 12.5 mg suppos, 12.5 mg tab, 12.5 mg/10ml solution, 25 mg suppos, 25 mg tab, 50 mg tab)</i>	2	

Drug Name	Drug Tier	Requirements / Limits
PROMETHEGAN (12.5 MG SUPPOS, 25 MG SUPPOS, 50 MG SUPPOS)	2	
ANTI HISTAMINES - PIPERIDINES		
<i>ciproheptadine hcl (2 mg/5ml syrup, 4 mg tab)</i>	2	
ANTIHYPERLIPIDEMICS		
ACL INHIB-INTESTINAL CHOLESTEROL ABSORPTION INHIB COMB		
NEXLIZET	3	PA, QL
ADENOSINE TRIPHOSPHATE-CITRATE LYASE (ACL) INHIBITORS		
NEXLETOL	3	PA, QL
ANTIHYPERLIPIDEMICS - MISC.		
<i>icosapent ethyl</i>	2	QL
<i>omega-3-acid ethyl esters</i>	2	QL
BILE ACID SEQUESTRANTS		
<i>cholestyramine (4 gm packet, 4 gm/dose powder)</i>	2	
<i>cholestyramine light (4 gm packet, 4 gm/dose powder)</i>	2	
<i>colesevelam hcl</i>	2	
<i>colestipol hcl (1 gm tab, 5 gm granules, 5 gm packet)</i>	2	
<i>prevalite (4 gm packet, 4 gm/dose powder)</i>	2	
FIBRIC ACID DERIVATIVES		
<i>fenofibrate (48 mg tab, 50 mg cap, 54 mg tab, 67 mg cap, 134 mg cap, 145 mg tab, 160 mg tab, 200 mg cap)</i>	2	
<i>fenofibrate micronized (43 mg cap, 67 mg cap, 130 mg cap, 134 mg cap, 200 mg cap)</i>	2	
FENOFIBRIC ACID (35 MG TAB, 45 MG CAP DR, 105 MG TAB, 135 MG CAP DR)	2	
<i>gemfibrozil</i>	2	
HMG COA REDUCTASE INHIBITORS		
ALTOPREV	4	QL

Drug Name	Drug Tier	Requirements / Limits
ATORVALIQ	4	AL
<i>atorvastatin calcium</i>	2	AL
FLOLIPID	4	
<i>fluvastatin sodium</i>	2	AL
<i>fluvastatin sodium er</i>	2	AL
<i>lovastatin</i>	2	AL
<i>pitavastatin calcium</i>	2	AL, QL
<i>pravastatin sodium</i>	2	AL
<i>rosuvastatin calcium</i>	2	AL
<i>simvastatin</i>	2	AL
INTEST CHOLEST ABSORP INHIB-HMG COA REDUCTASE INHIB COMB		
<i>ezetimibe-simvastatin</i>	2	
INTESTINAL CHOLESTEROL ABSORPTION INHIBITORS		
<i>ezetimibe</i>	2	
NICOTINIC ACID DERIVATIVES		
NIACIN (ANTIHYPERLIPIDEMIC)	2	
<i>niacin er (antihyperlipidemic)</i>	2	QL
NIACOR	2	
PCSK9 INHIBITORS		
REPATHA	3	PA, QL
REPATHA PUSHTRONEX SYSTEM	3	PA, QL
REPATHA SURECLICK	3	PA, QL
ANTIHYPERTENSIVES		
ACE INHIBITOR & CALCIUM CHANNEL BLOCKER COMBINATIONS		
<i>amlodipine besy-benazepril hcl</i>	2	
PRESTALIA	4	
TRANDOLAPRIL-VERAPAMIL HCL ER	2	

Drug Name	Drug Tier	Requirements / Limits
ACE INHIBITORS		
<i>benazepril hcl</i>	2	
<i>captopril</i>	2	
<i>enalapril maleate (1 mg/ml solution, 2.5 mg tab, 5 mg tab, 10 mg tab, 20 mg tab)</i>	2	
<i>fosinopril sodium</i>	2	
<i>lisinopril</i>	2	
<i>moexipril hcl</i>	2	
PERINDOPRIL ERBUMINE (2 MG TAB, 4 MG TAB, 8 MG TAB)	2	
QBRELIS	4	
<i>quinapril hcl</i>	2	
<i>ramipril</i>	2	
<i>trandolapril</i>	2	
ACE INHIBITORS & THIAZIDE/THIAZIDE-LIKE		
<i>benazepril-hydrochlorothiazide</i>	2	
CAPTOPRIL-HYDROCHLOROTHIAZIDE	2	
<i>enalapril-hydrochlorothiazide</i>	2	
<i>fosinopril sodium-hctz</i>	2	
<i>lisinopril-hydrochlorothiazide</i>	2	
<i>quinapril-hydrochlorothiazide (10-12.5 mg tab, 20-12.5 mg tab, 20-25 mg tab)</i>	2	
AGENTS FOR PHEOCHROMOCYTOMA		
<i>metirosine</i>	2	
<i>phenoxybenzamine hcl</i>	2	
ANGIOTENSIN II RECEPTOR ANT-CA CHANNEL BLOCKER-THIAZIDES		
<i>amlodipine-valsartan-hctz</i>	2	
<i>olmesartan-amlodipine-hctz</i>	2	
ANGIOTENSIN II RECEPTOR ANTAG & CA CHANNEL BLOCKER COMB		
<i>amlodipine besylate-valsartan</i>	2	

Drug Name	Drug Tier	Requirements / Limits
<i>amlodipine-olmesartan</i>	2	
TELMISARTAN-AMLODIPINE	2	
ANGIOTENSIN II RECEPTOR ANTAG & THIAZIDE/THIAZIDE-LIKE		
<i>candesartan cilexetil-hctz</i>	2	
EDARBYCLOR	4	
<i>irbesartan-hydrochlorothiazide</i>	2	
<i>losartan potassium-hctz</i>	2	
<i>olmesartan medoxomil-hctz</i>	2	
<i>telmisartan-hctz</i>	2	
<i>valsartan-hydrochlorothiazide</i>	2	
ANGIOTENSIN II RECEPTOR ANTAGONISTS		
<i>candesartan cilexetil</i>	2	
EDARBI	4	
<i>irbesartan</i>	2	
<i>losartan potassium</i>	2	
<i>olmesartan medoxomil</i>	2	
<i>telmisartan</i>	2	
<i>valsartan (40 mg tab, 80 mg tab, 160 mg tab, 320 mg tab)</i>	2	
<i>valsartan 4 mg/ml solution</i>	2	AL, QL
ANTIADRENERGICS - CENTRALLY ACTING		
<i>clonidine</i>	2	QL
<i>clonidine hcl</i>	2	
<i>guanfacine hcl</i>	2	
METHYLDOPA (250 MG TAB, 500 MG TAB)	2	
ANTIADRENERGICS - PERIPHERALLY ACTING		
<i>doxazosin mesylate</i>	2	
<i>prazosin hcl</i>	2	

Drug Name	Drug Tier	Requirements / Limits
<i>terazosin hcl</i>	2	
ANTIHYPERTENSIVES - MISC.		
VECAMEYL	3	
BETA BLOCKER & DIURETIC COMBINATIONS		
<i>atenolol-chlorthalidone</i>	2	
<i>bisoprolol-hydrochlorothiazide</i>	2	
<i>metoprolol-hydrochlorothiazide</i>	2	
DIRECT RENIN INHIBITORS		
<i>aliskiren fumarate</i>	2	QL
SELECTIVE ALDOSTERONE RECEPTOR ANTAGONISTS (SARAS)		
<i>eplerenone</i>	2	QL
VASODILATORS		
<i>hydralazine hcl (10 mg tab, 25 mg tab, 50 mg tab, 100 mg tab)</i>	2	
<i>minoxidil</i>	2	
ANTIMALARIALS		
ANTIMALARIAL COMBINATIONS		
<i>atovaquone-proguanil hcl</i>	2	
COARTEM	3	QL
CHLOROQUINE PHOSPHATE (250 MG TAB, 500 MG TAB)	2	
<i>hydroxychloroquine sulfate 200 mg tab</i>	2	
<i>mefloquine hcl</i>	2	
<i>primaquine phosphate</i>	2	
<i>pyrimethamine</i>	2	
<i>quinine sulfate</i>	2	QL
ANTIMYASTHENIC/CHOLINERGIC AGENTS		
FIRDAPSE	6	PA

Drug Name	Drug Tier	Requirements / Limits
<i>pyridostigmine bromide (30 mg tab, 60 mg tab)</i>	2	QL
<i>pyridostigmine bromide 60 mg/5ml solution</i>	2	
<i>pyridostigmine bromide er 180 mg tab er</i>	2	
ANTIMYCOBACTERIAL AGENTS		
CYCLOSERINE	2	
<i>ethambutol hcl</i>	2	
<i>isoniazid (50 mg/5ml syrup, 100 mg tab, 300 mg tab)</i>	2	
PRETOMANID	4	PR (Pulmonology or Infectious Disease)
PRIFTIN	4	
<i>pyrazinamide</i>	2	
<i>rifabutin</i>	2	
<i>rifampin (150 mg cap, 300 mg cap)</i>	2	
SIRTURO	6	
TRECTOR	4	
ANTINEOPLASTICS AND ADJUNCTIVE THERAPIES		
ALKYLATING AGENTS		
MYLERAN	4	
ANDROGEN BIOSYNTHESIS INHIBITORS		
<i>abiraterone acetate 250 mg tab</i>	5	PA, QL
<i>abiraterone acetate 500 mg tab</i>	5	PA, QL
<i>abirtega</i>	5	PA, QL
YONSA	6	PA, QL
ANTIADRENALS		
LYSODREN	6	
ANTIANDROGENS		
<i>bicalutamide</i>	2	QL

Drug Name	Drug Tier	Requirements / Limits
ERLEADA	6	PA, QL
<i>nilutamide</i>	6	
NUBEQA	6	PA, QL
XTANDI	6	PA, QL
ANTIESTROGENS		
SOLTAMOX	4	
<i>tamoxifen citrate</i>	2	AL
<i>toremifene citrate</i>	2	PA
ANTIMETABOLITES		
<i>capecitabine</i>	5	
JYLAMVO	4	
<i>mercaptopurine (50 mg tab, 2000 mg/100ml suspension)</i>	2	
METHOTREXATE SODIUM (2.5 MG TAB, 50 MG/2ML SOLUTION, 250 MG/10ML SOLUTION)	2	
<i>methotrexate sodium (pf) (1 gm/40ml solution, 50 mg/2ml solution, 250 mg/10ml solution, 1000 mg/40ml solution)</i>	2	
ONUREG	6	PA
TABLOID	4	PA
TREXALL	3	
XATMEP	4	
ANTINEOPLASTIC - AKT INHIBITORS		
TRUQAP (160 MG TAB THPK, 200 MG TAB THPK)	6	PA, QL
TRUQAP (160 MG TAB, 200 MG TAB)	6	PA, QL
ANTINEOPLASTIC - ALK INHIBITORS		
ALECENSA	6	PA, QL
ALUNBRIG (30 MG TAB, 90 MG TAB, 180 MG TAB)	6	PA, QL
ALUNBRIG 90 & 180 MG TAB THPK	6	PA, QL

Drug Name	Drug Tier	Requirements / Limits
LORBRENA	6	PA, QL
XALKORI (20 MG CAP SPRINK, 50 MG CAP SPRINK, 150 MG CAP SPRINK)	6	PA, AL, QL
XALKORI (200 MG CAP, 250 MG CAP)	6	PA, QL
ZYKADIA	6	PA, QL
ANTINEOPLASTIC - ANTI-HER2 AGENTS		
TUKYSA	6	PA, QL
ANTINEOPLASTIC - BCL-2 INHIBITORS		
VENCLEXTA	6	QL
VENCLEXTA STARTING PACK	6	PA, QL
ANTINEOPLASTIC - BCR-ABL KINASE INHIBITORS		
BOSULIF (100 MG TAB, 400 MG TAB, 500 MG TAB)	6	PA, QL
BOSULIF (50 MG CAP, 100 MG CAP)	6	PA, QL
<i>dasatinib</i>	6	PA
ICLUSIG (15 MG TAB, 30 MG TAB, 45 MG TAB)	6	PA, QL
ICLUSIG 10 MG TAB	6	PA, QL
<i>imatinib mesylate</i>	6	PA, QL
NILOTINIB D-TARTRATE	6	PA, QL
<i>nilotinib hcl</i>	6	PA, QL
SCEMBLIX	6	PA, QL
ANTINEOPLASTIC - BRAF KINASE INHIBITORS		
BRAFTOVI 75 MG CAP	6	PA, QL
OJEMDA (25 MG/ML RECON SUSP, 100 MG TAB)	6	
TAFINLAR (50 MG CAP, 75 MG CAP)	6	PA, QL
TAFINLAR 10 MG TAB SOL	6	PA
ZELBORAF	6	PA, QL
ANTINEOPLASTIC - BTK INHIBITORS		
BRUKINSA	6	PA

Drug Name	Drug Tier	Requirements / Limits
CALQUENCE 100 MG TAB	6	PA
IMBRUVICA (280 MG TAB, 420 MG TAB)	6	PA, QL
IMBRUVICA (70 MG CAP, 70 MG/ML SUSPENSION)	6	PA, QL
IMBRUVICA 140 MG CAP	6	PA, QL
IMBRUVICA 140 MG TAB	6	PA, QL
JAYPIRCA	6	PA, QL
ANTINEOPLASTIC - CSF1R KINASE INHIBITORS		
ROMVIMZA	6	PA, QL
ANTINEOPLASTIC - EGFR INHIBITORS		
<i>erlotinib hcl</i>	6	PA, QL
<i>gefitinib</i>	6	PA, QL
GILOTRIF	6	PA, QL
LAZCLUZE	6	PA
TAGRISSE	6	PA, QL
VIZIMPRO	6	PA, QL
ANTINEOPLASTIC - FGFR KINASE INHIBITORS		
BALVERSA	6	PA
LYTGABI (12 MG DAILY DOSE)	6	PA, QL
LYTGABI (16 MG DAILY DOSE)	6	PA, QL
LYTGABI (20 MG DAILY DOSE)	6	PA, QL
PEMAZYRE	6	PA
ANTINEOPLASTIC - GAMMA SECRETASE INHIBITORS		
OGSIVEO	6	PA
ANTINEOPLASTIC - HEDGEHOG PATHWAY INHIBITORS		
DAURISMO	6	PA
ERIVEDGE	6	PA, QL
ODOMZO	6	PA, QL

Drug Name	Drug Tier	Requirements / Limits
ANTINEOPLASTIC - HIF-2-ALPHA INHIBITORS		
WELIREG	6	PA, QL
ANTINEOPLASTIC - HISTONE DEACETYLASE INHIBITORS		
ZOLINZA	6	PA, QL
ANTINEOPLASTIC - HORMONAL AND RELATED AGENT COMBINATIONS		
AKEEGA	6	PA, QL
ANTINEOPLASTIC - IMMUNOMODULATORS		
POMALYST	6	PA, QL
ANTINEOPLASTIC - KRAS INHIBITORS		
KRAZATI	6	PA, QL
LUMAKRAS	6	PA
ANTINEOPLASTIC - MEK INHIBITORS		
COTELLIC	6	PA, QL
GOMEKLI	6	PA
KOSELUGO	6	PA
MEKINIST 0.05 MG/ML RECON SOLN	6	PA
MEKINIST 0.5 MG TAB	6	PA, QL
MEKINIST 2 MG TAB	6	PA, QL
MEKTOVI	6	PA, QL
ANTINEOPLASTIC - MENIN INHIBITORS		
REVUFORJ (110 MG TAB, 160 MG TAB)	6	PA
REVUFORJ 25 MG TAB	6	PA
ANTINEOPLASTIC - MET INHIBITORS		
TABRECTA	6	PA
TEPMETKO	6	PA, QL
ANTINEOPLASTIC - METHYLTRANSFERASE INHIBITORS		
TAZVERIK	6	PA

Drug Name	Drug Tier	Requirements / Limits
ANTINEOPLASTIC - MTOR KINASE INHIBITORS		
<i>everolimus (2 mg tab sol, 3 mg tab sol, 5 mg tab sol)</i>	5	PA, QL
<i>everolimus (2.5 mg tab, 5 mg tab, 7.5 mg tab, 10 mg tab)</i>	5	PA, QL
<i>torpenz</i>	5	PA, QL
ANTINEOPLASTIC - MULTIKINASE INHIBITORS		
CABOMETYX	6	PA
CAPRELSA	6	PA, QL
COMETRIQ (100 MG DAILY DOSE)	6	PA, QL
COMETRIQ (140 MG DAILY DOSE)	6	PA, QL
COMETRIQ (60 MG DAILY DOSE)	6	PA, QL
<i>lapatinib ditosylate</i>	6	PA, QL
NERLYNX	6	PA
<i>pazopanib hcl</i>	6	PA, QL
QINLOCK	6	PA
RYDAPT	6	PA
<i>sorafenib tosylate</i>	6	PA, QL
STIVARGA	6	PA, QL
<i>sunitinib malate</i>	5	PA
TURALIO 125 MG CAP	6	PA, QL
VANFLYTA	6	PA, QL
XOSPATA	6	PA
ANTINEOPLASTIC - PDGFR-ALPHA INHIBITORS		
AYVAKIT	6	PA, QL
ANTINEOPLASTIC - PROTEASOME INHIBITORS		
NINLARO	6	PA, QL
ANTINEOPLASTIC - RET INHIBITORS		
GAVRETO	6	PA, QL

Drug Name	Drug Tier	Requirements / Limits
RETEVMO (40 MG CAP, 80 MG CAP)	6	PA, QL
RETEVMO (40 MG TAB, 80 MG TAB, 120 MG TAB, 160 MG TAB)	6	PA, QL
ANTINEOPLASTIC - TROPOMYOSIN RECEPTOR KINASE INHIBITORS		
AUGTYRO	6	PA
ROZLYTREK (100 MG CAP, 200 MG CAP)	6	PA, QL
ROZLYTREK 50 MG PACKET	6	PA, AL, QL
VITRAKVI (20 MG/ML SOLUTION, 25 MG CAP, 100 MG CAP)	6	PA
ANTINEOPLASTIC - XPO1 INHIBITORS		
XPOVIO (100 MG ONCE WEEKLY) 50 MG TAB THPK	6	PA
XPOVIO (40 MG ONCE WEEKLY) 10 MG TAB THPK	6	PA
XPOVIO (40 MG ONCE WEEKLY) 40 MG TAB THPK	6	PA
XPOVIO (40 MG TWICE WEEKLY) 40 MG TAB THPK	6	PA
XPOVIO (60 MG ONCE WEEKLY) 60 MG TAB THPK	6	PA
XPOVIO (60 MG TWICE WEEKLY)	6	PA
XPOVIO (80 MG ONCE WEEKLY) 40 MG TAB THPK	6	PA
XPOVIO (80 MG TWICE WEEKLY)	6	PA
ANTINEOPLASTIC COMBINATIONS		
INQOVI	6	PA
LONSURF	6	PA, QL
ANTINEOPLASTICS MISC.		
ACTIMMUNE	6	PA
BESREMI	6	PA
<i>hydroxyurea</i>	2	
MATULANE	6	PA
AROMATASE INHIBITORS		
<i>anastrozole</i>	2	AL

Drug Name	Drug Tier	Requirements / Limits
<i>exemestane</i>	2	AL
<i>letrozole</i>	2	
CYCLIN-DEPENDENT KINASES (CDK) INHIBITORS		
IBRANCE	6	PA, QL
KISQALI (200 MG DOSE)	6	PA, QL
KISQALI (400 MG DOSE)	6	PA, QL
KISQALI (600 MG DOSE)	6	PA, QL
VERZENIO	6	PA
ESTROGENS-ANTINEOPLASTIC		
EMCYT	6	PA
FOLIC ACID ANTAGONISTS RESCUE AGENTS		
<i>leucovorin calcium (5 mg tab, 10 mg tab, 15 mg tab, 25 mg tab)</i>	2	
GONADOTROPIN RELEASING HORMONE (GNRH) ANTAGONISTS		
ORGOVYX	6	PA
IMIDAZOTETRAZINES		
<i>temozolomide (20 mg cap, 100 mg cap, 140 mg cap, 180 mg cap, 250 mg cap)</i>	6	PA
<i>temozolomide 5 mg cap</i>	2	PA
ISOCITRATE DEHYDROGENASE 1 & 2 (IDH1 & IDH2) INHIBITORS		
VORANIGO	6	PA
ISOCITRATE DEHYDROGENASE-1 (IDH1) INHIBITORS		
REZLIDHIA	6	PA, QL
TIBSOVO	6	PA
ISOCITRATE DEHYDROGENASE-2 (IDH2) INHIBITORS		
IDHIFA	6	PA, QL
JANUS ASSOCIATED KINASE (JAK) INHIBITORS		
INREBIC	6	PA, QL

Drug Name	Drug Tier	Requirements / Limits
JAKAFI	6	PA, QL
OJJAARA	6	PA, QL
VONJO	6	PA, QL
LHRH ANALOGS		
<i>leuprolide acetate</i>	6	PA
MITOTIC INHIBITORS		
ETOPOSIDE 50 MG CAP	6	
NITROGEN MUSTARDS AND RELATED ANALOGUES		
CYCLOPHOSPHAMIDE (25 MG CAP, 50 MG CAP)	2	
LEUKERAN	3	
NITROSOUREAS		
GLEOSTINE	6	
ORNITHINE DECARBOXYLASE (ODC) INHIBITORS		
IWILFIN	6	PA
PHOSPHATIDYLINOSITOL 3-KINASE (PI3K) INHIBITORS		
COPIKTRA	6	PA, QL
ITOVEBI	6	PA, QL
PIQRAY (200 MG DAILY DOSE)	6	PA
PIQRAY (250 MG DAILY DOSE)	6	PA
PIQRAY (300 MG DAILY DOSE)	6	PA
ZYDELIG	6	PA, QL
POLY (ADP-RIBOSE) POLYMERASE (PARP) INHIBITORS		
LYNPARZA	6	PA, QL
RUBRACA	6	PA, QL
TALZENNA	6	PA, QL
ZEJULA (100 MG TAB, 200 MG TAB, 300 MG TAB)	6	PA, QL
PROGESTINS-ANTINEOPLASTIC		
<i>megestrol acetate (20 mg tab, 40 mg tab, 40 mg/ml suspension, 400 mg/10ml suspension, 800 mg/20ml suspension)</i>	2	

Drug Name	Drug Tier	Requirements / Limits
RETINOIDS		
<i>tretinoin 10 mg cap</i>	6	
SELECTIVE ESTROGEN RECEPTOR DEGRADERS		
ORSERDU	6	PA, QL
SELECTIVE RETINOID X RECEPTOR AGONISTS		
<i>bexarotene 75 mg cap</i>	6	PA
TOPOISOMERASE I INHIBITORS		
HYCAMTIN (0.25 MG CAP, 1 MG CAP)	6	PA
URINARY TRACT PROTECTIVE AGENTS		
<i>mesna 400 mg tab</i>	5	
VASCULAR ENDOTHELIAL GROWTH FACTOR (VEGF) INHIBITORS		
FRUZAQLA	6	PA, QL
INLYTA	6	PA, QL
LENVIMA (10 MG DAILY DOSE)	6	PA, QL
LENVIMA (12 MG DAILY DOSE)	6	PA, QL
LENVIMA (14 MG DAILY DOSE)	6	PA, QL
LENVIMA (18 MG DAILY DOSE)	6	PA, QL
LENVIMA (20 MG DAILY DOSE)	6	PA, QL
LENVIMA (24 MG DAILY DOSE)	6	PA, QL
LENVIMA (4 MG DAILY DOSE)	6	PA, QL
LENVIMA (8 MG DAILY DOSE)	6	PA, QL
ANTIPARKINSON AND RELATED THERAPY AGENTS		
ADENOSINE RECEPTOR ANTAGONIST		
NOURIANZ	4	QL
ANTIPARKINSON ANTICHOLINERGICS		
<i>benztropine mesylate (0.5 mg tab, 1 mg tab, 2 mg tab)</i>	2	

Drug Name	Drug Tier	Requirements / Limits
<i>trihexyphenidyl hcl (0.4 mg/ml solution, 2 mg tab, 5 mg tab)</i>	2	
ANTIPARKINSON DOPAMINERGICS		
<i>amantadine hcl (50 mg/5ml solution, 100 mg cap, 100 mg tab)</i>	2	
<i>bromocriptine mesylate</i>	2	
INBRIJA	4	QL
OSMOLEX ER 129 MG TAB ER 24H	4	QL
ANTIPARKINSON MONOAMINE OXIDASE INHIBITORS		
<i>rasagiline mesylate</i>	2	QL
<i>selegiline hcl</i>	2	
XADAGO	4	QL
ZELAPAR	4	
CENTRAL/PERIPHERAL COMT INHIBITORS		
<i>tolcapone</i>	2	QL
DECARBOXYLASE INHIBITORS		
<i>carbidopa</i>	2	
LEVODOPA COMBINATIONS		
<i>carbidopa-levodopa (10-100 mg tab, 10-100 mg tab disp, 25-100 mg tab, 25-100 mg tab disp, 25-250 mg tab, 25-250 mg tab disp)</i>	2	
<i>carbidopa-levodopa er</i>	2	
<i>carbidopa-levodopa-entacapone</i>	2	
CREXONT	4	
DHIVY	4	
RYTARY	4	
NONERGOLINE DOPAMINE RECEPTOR AGONISTS		
NEUPRO	4	
<i>pramipexole dihydrochloride</i>	2	

Drug Name	Drug Tier	Requirements / Limits
<i>pramipexole dihydrochloride er</i>	2	QL
<i>ropinirole hcl</i>	2	
<i>ropinirole hcl er</i>	2	QL
PERIPHERAL COMT INHIBITORS		
<i>entacapone</i>	2	
ONGENTYS	4	QL
ANTIPSYCHOTICS/ANTIMANIC AGENTS		
ANTIMANIC AGENTS		
<i>lithium</i>	2	AL
<i>lithium carbonate (150 mg cap, 300 mg cap, 300 mg tab, 600 mg cap)</i>	2	AL
<i>lithium carbonate er (300 mg tab er, 450 mg tab er)</i>	2	AL
LITHOBID	4	AL
ANTIPSYCHOTICS - MISC.		
EQUETRO	4	AL
<i>lurasidone hcl</i>	2	QL
NUPLAZID	4	AL, QL
VRAYLAR (1.5 MG CAP, 3 MG CAP, 4.5 MG CAP, 6 MG CAP)	4	ST, AL, QL
<i>ziprasidone hcl</i>	2	AL, QL
BENZISOXAZOLES		
<i>paliperidone er</i>	2	AL, QL
<i>risperidone (0.25 mg tab disp, 0.5 mg tab disp, 1 mg tab disp, 1 mg/ml solution, 2 mg tab disp, 3 mg tab disp, 4 mg tab, 4 mg tab disp)</i>	2	AL, QL
<i>risperidone (0.25 mg tab, 0.5 mg tab, 1 mg tab, 2 mg tab, 3 mg tab)</i>	2	AL
BUTYROPHENONES		
<i>haloperidol</i>	2	AL

Drug Name	Drug Tier	Requirements / Limits
<i>haloperidol lactate 2 mg/ml conc</i>	2	AL
DIBENZO-OXEPINO PYRROLES		
<i>asenapine maleate</i>	2	AL, QL
DIBENZODIAZEPINES		
<i>clozapine (12.5 mg tab disp, 25 mg tab, 25 mg tab disp, 50 mg tab, 100 mg tab, 100 mg tab disp, 150 mg tab disp, 200 mg tab, 200 mg tab disp)</i>	2	AL, QL
DIBENZOTHIAZEPINES		
<i>quetiapine fumarate (25 mg tab, 50 mg tab, 100 mg tab, 150 mg tab, 200 mg tab, 300 mg tab, 400 mg tab)</i>	2	AL
<i>quetiapine fumarate er</i>	2	AL, QL
DIBENZOXAZEPINES		
<i>loxapine succinate</i>	2	AL
PHENOTHIAZINES		
<i>chlorpromazine hcl (10 mg tab, 25 mg tab, 50 mg tab, 100 mg tab, 200 mg tab)</i>	2	AL
<i>compro</i>	2	AL
<i>fluphenazine hcl (1 mg tab, 2.5 mg tab, 2.5 mg/5ml elixir, 5 mg tab, 5 mg/ml conc, 10 mg tab)</i>	2	AL
<i>perphenazine</i>	2	AL
<i>prochlorperazine</i>	2	AL
<i>prochlorperazine maleate</i>	2	AL
<i>thioridazine hcl</i>	2	AL
<i>trifluoperazine hcl</i>	2	AL
QUINOLINONE DERIVATIVES		
<i>aripiprazole (1 mg/ml solution, 2 mg tab, 10 mg tab disp, 15 mg tab disp)</i>	2	AL, QL
<i>aripiprazole (5 mg tab, 10 mg tab, 15 mg tab, 20 mg tab, 30 mg tab)</i>	2	AL
REXULTI	4	ST, AL, QL

Drug Name	Drug Tier	Requirements / Limits
THIENBENZODIAZEPINES		
<i>olanzapine (2.5 mg tab, 5 mg tab, 7.5 mg tab, 10 mg tab, 15 mg tab, 20 mg tab)</i>	2	AL
<i>olanzapine (5 mg tab disp, 10 mg tab disp, 15 mg tab disp, 20 mg tab disp)</i>	2	AL, QL
THIOXANTHENES		
<i>thiothixene</i>	2	AL
ANTIVIRALS		
ANTIRETROVIRAL COMBINATIONS		
<i>abacavir sulfate-lamivudine</i>	6	
BIKTARVY	6	
CIMDUO	6	
DELSTRIGO	6	
DESCOVY	6	
DOVATO	6	
<i>efavirenz-emtricitab-tenofo df</i>	2	
EFAVIRENZ-LAMIVUDINE-TENOFOVIR (400-300-300 MG TAB, 600-300-300 MG TAB)	6	
<i>emtricitab-rilpivir-tenofov df</i>	6	
<i>emtricitabine-tenofovir df (100-150 mg tab, 133-200 mg tab, 167-250 mg tab)</i>	5	
<i>emtricitabine-tenofovir df 200-300 mg tab</i>	1	
EVOTAZ	6	
GENVOYA	6	
JULUCA	6	
<i>lamivudine-zidovudine</i>	6	
<i>lopinavir-ritonavir (100-25 mg tab, 200-50 mg tab, 400-100 mg/5ml solution)</i>	5	
ODEFSEY	6	
PREZCOBIX 800-150 MG TAB	6	

Drug Name	Drug Tier	Requirements / Limits
STRIBILD	6	
SYMTUZA	6	
TRIUMEQ	6	
TRIUMEQ PD	6	AL
ANTIRETROVIRALS - CAPSID INHIBITORS		
SUNLENCA (4 X 300 MG TAB THPK, 5 X 300 MG TAB THPK)	6	
SUNLENCA 300 MG TAB	6	
YEZTUGO 300 MG TAB	6	
ANTIRETROVIRALS - CCR5 ANTAGONISTS (ENTRY INHIBITOR)		
<i>maraviroc</i>	6	
SELZENTRY 20 MG/ML SOLUTION	6	
ANTIRETROVIRALS - FUSION INHIBITORS		
FUZEON	6	
ANTIRETROVIRALS - GP120-DIRECTED ATTACHMENT INHIBITOR		
RUKOBIA	6	
ANTIRETROVIRALS - INTEGRASE INHIBITORS		
ISENTRESS	6	
ISENTRESS HD	6	
TIVICAY 50 MG TAB	6	
TIVICAY PD	6	
VOCABRIA	4	
ANTIRETROVIRALS - PROTEASE INHIBITORS		
APTIVUS	6	
<i>atazanavir sulfate</i>	5	
<i>darunavir</i>	6	
<i>fosamprenavir calcium</i>	6	
NORVIR 100 MG PACKET	6	

Drug Name	Drug Tier	Requirements / Limits
PREZISTA (75 MG TAB, 150 MG TAB)	6	
PREZISTA 100 MG/ML SUSPENSION	6	
REYATAZ 50 MG PACKET	6	
<i>ritonavir</i>	6	
VIRACEPT	6	
ANTIRETROVIRALS - RTI-NON-NUCLEOSIDE ANALOGUES		
EDURANT	6	
EDURANT PED	6	AL, QL
EFAVIRENZ (50 MG CAP, 200 MG CAP)	6	
<i>efavirenz 600 mg tab</i>	6	
<i>etravirine</i>	5	
INTELENCE 25 MG TAB	6	
<i>nevirapine 200 mg tab</i>	6	
NEVIRAPINE 50 MG/5ML SUSPENSION	6	
<i>nevirapine er 400 mg tab er 24h</i>	6	
PIFELTRO	6	
ANTIRETROVIRALS - RTI-NUCLEOSIDE ANALOGUES-PURINES		
<i>abacavir sulfate (20 mg/ml solution, 300 mg tab)</i>	6	
ANTIRETROVIRALS - RTI-NUCLEOSIDE ANALOGUES-PYRIMIDINES		
<i>emtricitabine</i>	6	
EMTRIVA 10 MG/ML SOLUTION	6	
<i>lamivudine (10 mg/ml solution, 300 mg/30ml solution)</i>	6	
<i>lamivudine (150 mg tab, 300 mg tab)</i>	6	
ANTIRETROVIRALS - RTI-NUCLEOSIDE ANALOGUES-THYMIDINES		
<i>zidovudine (50 mg/5ml syrup, 100 mg cap, 300 mg tab)</i>	6	
ANTIRETROVIRALS - RTI-NUCLEOTIDE ANALOGUES		
<i>tenofovir disoproxil fumarate</i>	6	

Drug Name	Drug Tier	Requirements / Limits
VIREAD (40 MG/GM POWDER, 150 MG TAB, 200 MG TAB, 250 MG TAB)	6	
ANTIRETROVIRALS ADJUVANTS		
TYBOST	4	
ANTIVIRAL COMBINATIONS		
PAXLOVID	4	
PAXLOVID (150/100)	4	
PAXLOVID (300/100)	4	
CMV AGENTS		
LIVTENCITY	6	QL, PR (infectious Disease Spec.)
PREVYMIS (20 MG PACKET, 120 MG PACKET)	6	AL, QL
PREVYMIS (240 MG TAB, 480 MG TAB)	6	QL
<i>valganciclovir hcl 450 mg tab</i>	6	
<i>valganciclovir hcl 50 mg/ml recon soln</i>	6	
HEPATITIS B AGENTS		
<i>adefovir dipivoxil</i>	6	
BARACLUDE 0.05 MG/ML SOLUTION	6	
<i>entecavir</i>	6	
<i>lamivudine 100 mg tab</i>	6	
VEMLIDY	6	
HEPATITIS C AGENT - COMBINATIONS		
EPCLUSA	6	PA, QL
HARVONI (33.75-150 MG PACKET, 45-200 MG PACKET)	6	PA, QL
HARVONI (45-200 MG TAB, 90-400 MG TAB)	6	PA, QL
LEDIPASVIR-SOFOSBUVIR	2	PA, QL
MAVYRET 100-40 MG TAB	6	PA, QL
MAVYRET 50-20 MG PACKET	6	PA, QL

Drug Name	Drug Tier	Requirements / Limits
SOFOSBUVIR-VELPATASVIR	6	PA, QL
VOSEVI	6	PA, QL
HEPATITIS C AGENTS		
PEGASYS 180 MCG/0.5ML SOLN PRSYR	6	QL
PEGASYS 180 MCG/ML SOLUTION	6	QL
RIBAVIRIN (200 MG CAP, 200 MG TAB)	6	
HERPES AGENTS - PURINE ANALOGUES		
<i>acyclovir (200 mg cap, 200 mg/5ml suspension, 400 mg tab, 800 mg tab, 800 mg/20ml suspension)</i>	2	
SITAVIG	4	
<i>valacyclovir hcl</i>	2	
HERPES AGENTS - THYMIDINE ANALOGUES		
<i>famciclovir</i>	2	
INFLUENZA AGENTS		
RIMANTADINE HCL	2	
MISC. ANTIVIRALS		
TEMBEXA (10 MG/ML SUSPENSION, 100 MG TAB)	4	
TPOXX 200 MG CAP	4	
NEURAMINIDASE INHIBITORS		
<i>oseltamivir phosphate (6 mg/ml recon susp, 30 mg cap, 45 mg cap, 75 mg cap)</i>	2	QL
RELENZA DISKHALER	4	QL
PA ENDONUCLEASE INHIBITORS		
XOFLUZA (40 MG DOSE)	4	QL
XOFLUZA (80 MG DOSE)	4	QL
BETA BLOCKERS		
ALPHA-BETA BLOCKERS		
<i>carvedilol</i>	2	

Drug Name	Drug Tier	Requirements / Limits
<i>carvedilol phosphate er</i>	2	QL
<i>labetalol hcl (100 mg tab, 200 mg tab, 300 mg tab)</i>	2	
BETA BLOCKERS CARDIO-SELECTIVE		
<i>acebutolol hcl</i>	2	
<i>atenolol</i>	2	
<i>betaxolol hcl (10 mg tab, 20 mg tab)</i>	2	
<i>bisoprolol fumarate (5 mg tab, 10 mg tab)</i>	2	
<i>metoprolol succinate er</i>	2	
<i>metoprolol tartrate (25 mg tab, 50 mg tab, 100 mg tab)</i>	2	
<i>metoprolol tartrate (37.5 mg tab, 75 mg tab)</i>	2	
<i>nebivolol hcl</i>	2	QL
BETA BLOCKERS NON-SELECTIVE		
HEMANGEOL	4	
<i>nadolol</i>	2	
<i>pindolol</i>	2	
<i>propranolol hcl (10 mg tab, 20 mg tab, 20 mg/5ml solution, 40 mg tab, 40 mg/5ml solution, 60 mg tab, 80 mg tab)</i>	2	
<i>propranolol hcl er</i>	2	
<i>sotalol hcl (80 mg tab, 120 mg tab, 160 mg tab, 240 mg tab)</i>	2	
<i>sotalol hcl (af)</i>	2	
SOTYLIZE	4	
<i>timolol maleate (5 mg tab, 10 mg tab, 20 mg tab)</i>	2	
CALCIUM CHANNEL BLOCKERS		
<i>amlodipine besylate</i>	2	
<i>cartia xt</i>	2	
<i>dilt-xr</i>	2	

Drug Name	Drug Tier	Requirements / Limits
<i>diltiazem hcl (30 mg tab, 60 mg tab, 90 mg tab, 120 mg tab)</i>	2	
<i>diltiazem hcl er</i>	2	
<i>diltiazem hcl er beads</i>	2	
<i>diltiazem hcl er coated beads</i>	2	
<i>felodipine er</i>	2	
<i>isradipine</i>	2	
KATERZIA	4	AL
<i>matzim la</i>	2	
<i>nicardipine hcl (20 mg cap, 30 mg cap)</i>	2	
<i>nifedipine</i>	2	
<i>nifedipine er</i>	2	
<i>nifedipine er osmotic release</i>	2	
<i>nimodipine 30 mg cap</i>	2	
<i>nisoldipine er (8.5 mg tab er 24h, 17 mg tab er 24h, 20 mg tab er 24h, 25.5 mg tab er 24h, 30 mg tab er 24h, 34 mg tab er 24h, 40 mg tab er 24h)</i>	2	
NORLIQVA	4	AL, QL
NYMALIZE	4	
<i>taztia xt</i>	2	
<i>tiadylt er</i>	2	
<i>verapamil hcl (40 mg tab, 80 mg tab, 120 mg tab)</i>	2	
<i>verapamil hcl er (100 mg cap er 24h, 120 mg cap er 24h, 120 mg tab er, 180 mg cap er 24h, 180 mg tab er, 200 mg cap er 24h, 240 mg cap er 24h, 240 mg tab er, 300 mg cap er 24h, 360 mg cap er 24h)</i>	2	
CARDIOTONICS		
CARDIAC GLYCOSIDES		
<i>digox 250 mcg tab</i>	2	
<i>digoxin (0.05 mg/ml solution, 62.5 mcg tab, 125 mcg tab, 250 mcg tab)</i>	2	

Drug Name	Drug Tier	Requirements / Limits
LANOXIN (62.5 MCG TAB, 125 MCG TAB, 250 MCG TAB)	4	
CARDIOVASCULAR AGENTS - MISC.		
CALCIUM CHANNEL BLOCKER & HMG COA REDUCTASE INHIBIT COMB		
<i>amlodipine-atorvastatin</i>	2	
CARDIAC MYOSIN INHIBITORS		
CAMZYOS	6	QL
NEPRILYSIN INHIB (ARNI)-ANGIOTENSIN II RECEPT ANTAG COMB		
ENTRESTO (6-6 MG CAP SPRINK, 15-16 MG CAP SPRINK)	3	AL
<i>sacubitril-valsartan</i>	2	
NITRATE & VASODILATOR COMBINATIONS		
<i>isosorb dinitrate-hydralazine</i>	2	
PROSTAGLANDIN - IMPOTENCE AGENTS		
CAVERJECT	4	QL
CAVERJECT IMPULSE	4	QL
EDEX	4	QL
PROSTAGLANDIN VASODILATORS		
ORENITRAM	6	PA, QL
ORENITRAM MONTH 1	6	PA, QL
ORENITRAM MONTH 2	6	PA, QL
ORENITRAM MONTH 3	6	PA, QL
TYVASO DPI INSTITUTIONAL KIT	6	PA, QL
TYVASO DPI MAINTENANCE KIT (16 MCG POWDER, 32 MCG POWDER, 48 MCG POWDER, 64 MCG POWDER)	6	PA, QL
TYVASO DPI TITRATION KIT 16 & 32 & 48 MCG POWDER	6	PA, QL
VENTAVIS	6	PA

Drug Name	Drug Tier	Requirements / Limits
PULM HYPERTEN-SOLUBLE GUANYLATE CYCLASE STIMULATOR (SGC)		
ADEMPAS	6	PA, QL
PULMONARY HYPERTENSION - ACTIVIN SIGNALING INHIBITOR		
WINREVAIR	6	PA
PULMONARY HYPERTENSION - ENDOTHELIN RECEPTOR ANTAGONISTS		
<i>ambrisentan</i>	5	PA, QL
<i>bosentan</i>	5	PA, QL
OPSUMIT	6	PA, QL
TRACLEER 32 MG TAB SOL	6	PA, QL
PULMONARY HYPERTENSION - PHOSPHODIESTERASE INHIBITORS		
<i>alyq</i>	5	PA, QL
LIQREV	6	PR (Pulmonology or Cardiology)
<i>sildenafil citrate 10 mg/ml recon susp</i>	6	AL, PR (Pulmonology or Cardiology)
<i>sildenafil citrate 20 mg tab</i>	2	QL, PR (Pulmonology or Cardiology)
<i>tadalafil (pah)</i>	5	PA, QL
PULMONARY HYPERTENSION - PROSTACYCLIN RECEPTOR AGONIST		
UPTRAVI (200 MCG TAB, 400 MCG TAB, 600 MCG TAB, 800 MCG TAB, 1000 MCG TAB, 1200 MCG TAB, 1400 MCG TAB, 1600 MCG TAB)	6	PA, QL
UPTRAVI 200 & 800 MCG TAB THPK	6	PA, QL
SELECTIVE CGMP PHOSPHODIESTERASE TYPE 5 INHIBITORS		
<i>avanafil</i>	2	QL
<i>sildenafil citrate (25 mg tab, 50 mg tab, 100 mg tab)</i>	2	QL
<i>tadalafil</i>	2	QL
<i>varденаfil hcl</i>	2	QL
SINUS NODE INHIBITORS		
CORLANOR 5 MG/5ML SOLUTION	4	AL

Drug Name	Drug Tier	Requirements / Limits
<i>ivabradine hcl</i>	2	QL
TRANSTHYRETIN STABILIZERS		
VYNDAMAX	6	PA
VYNDAQEL	6	PA
VASOACTIVE SOLUBLE GUANYLATE CYCLASE STIMULATOR (SGC)		
VERQUVO	4	QL
CEPHALOSPORINS		
CEPHALOSPORINS - 1ST GENERATION		
<i>cefadroxil (1 gm tab, 250 mg/5ml recon susp, 500 mg cap, 500 mg/5ml recon susp)</i>	2	
<i>cephalexin (125 mg/5ml recon susp, 250 mg cap, 250 mg/5ml recon susp, 500 mg cap, 750 mg cap)</i>	2	
CEPHALOSPORINS - 2ND GENERATION		
CEFACLOR (250 MG CAP, 250 MG/5ML RECON SUSP, 500 MG CAP)	2	
<i>cefprozil (125 mg/5ml recon susp, 250 mg tab, 250 mg/5ml recon susp, 500 mg tab)</i>	2	
<i>cefuroxime axetil</i>	2	
CEPHALOSPORINS - 3RD GENERATION		
<i>cefdinir (125 mg/5ml recon susp, 250 mg/5ml recon susp, 300 mg cap)</i>	2	
<i>cefixime (100 mg/5ml recon susp, 200 mg/5ml recon susp, 400 mg cap)</i>	2	
<i>cefpodoxime proxetil (50 mg/5ml recon susp, 100 mg tab, 100 mg/5ml recon susp, 200 mg tab)</i>	2	
CONTRACEPTIVES		
BIPHASIC CONTRACEPTIVES - ORAL		
<i>azurette</i>	1	
<i>desogestrel-ethinyl estradiol 0.15-0.02/0.01 mg (21/5) tab</i>	1	

Drug Name	Drug Tier	Requirements / Limits
<i>kariva</i>	1	
LO LOESTRIN FE	1	
<i>pimtreea</i>	1	
<i>simliya</i>	1	
<i>viorele</i>	1	
<i>volnea</i>	1	
COMBINATION CONTRACEPTIVES - ORAL		
<i>afirmelle</i>	1	
<i>altavera</i>	1	
<i>alyacen 1/35</i>	1	
<i>apri</i>	1	
<i>aubra</i>	1	
<i>aubra eq</i>	1	
<i>aurovela 1.5/30</i>	1	
<i>aurovela 1/20</i>	1	
<i>aurovela 24 fe</i>	1	
<i>aurovela fe 1.5/30</i>	1	
<i>aurovela fe 1/20</i>	1	
AVERI	1	
<i>aviane</i>	1	
<i>ayuna</i>	1	
<i>balziva</i>	1	
<i>blisovi 24 fe</i>	1	
<i>blisovi fe 1.5/30</i>	1	
<i>blisovi fe 1/20</i>	1	
<i>briellyn</i>	1	
<i>charlotte 24 fe</i>	1	
<i>chateal</i>	1	

Drug Name	Drug Tier	Requirements / Limits
<i>chateal eq</i>	1	
<i>cryselle-28</i>	1	
<i>cyclafem 1/35</i>	1	
<i>cyred</i>	1	
<i>cyred eq</i>	1	
<i>dasetta 1/35</i>	1	
<i>delyla</i>	1	
<i>desogestrel-ethinyl estradiol 0.15-30 mg-mcg tab</i>	1	
<i>drospiren-eth estrad-levomefol</i>	1	
<i>drospirenone-ethinyl estradiol</i>	1	
<i>elinest</i>	1	
<i>emoquette</i>	1	
<i>enskyce</i>	1	
<i>estarylla</i>	1	
<i>ethynodiol diac-eth estradiol</i>	1	
<i>falmina</i>	1	
<i>feirza 1.5/30</i>	1	
<i>feirza 1/20</i>	1	
FEMLYV	4	
<i>finzala</i>	1	
<i>galbriela</i>	1	
<i>gemmily</i>	1	
<i>hailey 1.5/30</i>	1	
<i>hailey 24 fe</i>	1	
<i>hailey fe 1.5/30</i>	1	
<i>hailey fe 1/20</i>	1	
<i>isibloom</i>	1	
<i>jasmiel</i>	1	

Drug Name	Drug Tier	Requirements / Limits
<i>joyeaux</i>	1	
<i>juleber</i>	1	
<i>junel 1.5/30</i>	1	
<i>junel 1/20</i>	1	
<i>junel fe 1.5/30</i>	1	
<i>junel fe 1/20</i>	1	
<i>junel fe 24</i>	1	
<i>kaitlib fe</i>	1	
<i>kalliga</i>	1	
<i>kelnor 1/35</i>	1	
<i>kelnor 1/50</i>	1	
<i>kurvelo</i>	1	
<i>larin 1.5/30</i>	1	
<i>larin 1/20</i>	1	
<i>larin 24 fe</i>	1	
<i>larin fe 1.5/30</i>	1	
<i>larin fe 1/20</i>	1	
<i>layolis fe</i>	1	
<i>lessina</i>	1	
<i>levonorgest-eth estradiol-iron</i>	1	
<i>levonorgestrel-ethinyl estrad (0.1-20 tab, 0.15-30 tab)</i>	1	
<i>levora 0.15/30 (28)</i>	1	
<i>lo-zumandimine</i>	1	
<i>loestrin 1.5/30 (21)</i>	1	
<i>loestrin 1/20 (21)</i>	1	
<i>loestrin fe 1.5/30</i>	1	
<i>loestrin fe 1/20</i>	1	
<i>loryna</i>	1	

Drug Name	Drug Tier	Requirements / Limits
<i>low-ogestrel</i>	1	
<i>luta</i>	1	
<i>marlissa</i>	1	
<i>merzee</i>	1	
<i>mibelas 24 fe</i>	1	
<i>microgestin 1.5/30</i>	1	
<i>microgestin 1/20</i>	1	
<i>microgestin 24 fe</i>	1	
<i>microgestin fe 1.5/30</i>	1	
<i>microgestin fe 1/20</i>	1	
<i>mili</i>	1	
<i>minzoya</i>	1	
<i>mono-lynyah</i>	1	
<i>necon 0.5/35 (28)</i>	1	
NEXTSTELLIS	1	
<i>nikki</i>	1	
<i>norethin ace-eth estrad-fe</i>	1	
<i>norethin-eth estradiol-fe</i>	1	
<i>norethindrone acet-ethinyl est</i>	1	
<i>norgestimate-eth estradiol</i>	1	
<i>nortrel 0.5/35 (28)</i>	1	
<i>nortrel 1/35 (21)</i>	1	
<i>nortrel 1/35 (28)</i>	1	
<i>nylia 1/35</i>	1	
<i>nymyo</i>	1	
<i>ocella</i>	1	
<i>philith</i>	1	
<i>portia-28</i>	1	

Drug Name	Drug Tier	Requirements / Limits
<i>reclipsen</i>	1	
<i>sprintec 28</i>	1	
<i>sronyx</i>	1	
<i>syeda</i>	1	
<i>tarina 24 fe</i>	1	
<i>tarina fe 1/20</i>	1	
<i>tarina fe 1/20 eq</i>	1	
<i>taysofy</i>	1	
<i>turqoz</i>	1	
TYBLUME	1	
<i>tydemy</i>	1	
<i>valtya 1/50</i>	1	
<i>vestura</i>	1	
<i>vienva</i>	1	
<i>vyfemla</i>	1	
<i>vylibra</i>	1	
<i>wera</i>	1	
<i>wymzya fe</i>	1	
<i>xelria fe</i>	1	
<i>zovia 1/35 (28)</i>	1	
<i>zovia 1/35e (28)</i>	1	
<i>zumandimine</i>	1	
COMBINATION CONTRACEPTIVES - TRANSDERMAL		
<i>norelgestromin-eth estradiol</i>	1	
TWIRLA	1	
<i>xulane</i>	1	
<i>zafemy</i>	1	
COMBINATION CONTRACEPTIVES - VAGINAL		
ANNOVERA	1	QL

Drug Name	Drug Tier	Requirements / Limits
<i>eluryng</i>	1	QL
<i>enilloring</i>	1	QL
<i>etonogestrel-ethinyl estradiol</i>	1	QL
<i>haloette</i>	1	QL
CONTINUOUS CONTRACEPTIVES - ORAL		
<i>amethyst</i>	1	
<i>dolishale</i>	1	
<i>levonorgestrel-ethinyl estrad 90-20 mcg tab</i>	1	
EMERGENCY CONTRACEPTIVES		
<i>aftera</i>	1	
<i>afterpill</i>	1	
<i>curae</i>	1	
<i>econtra ez</i>	1	
<i>econtra one-step</i>	1	
ELLA	1	
<i>her style</i>	1	
<i>levonorgestrel</i>	1	
<i>my choice</i>	1	
<i>my way</i>	1	
<i>new day</i>	1	
<i>opcicon one-step</i>	1	
<i>option 2</i>	1	
<i>react</i>	1	
<i>take action</i>	1	
EXTENDED-CYCLE CONTRACEPTIVES - ORAL		
<i>ashlyna</i>	1	
<i>camrese</i>	1	
<i>camrese lo</i>	1	

Drug Name	Drug Tier	Requirements / Limits
<i>daysee</i>	1	
<i>iclevia</i>	1	
<i>introvale</i>	1	
<i>jaimiess</i>	1	
<i>jolessa</i>	1	
<i>levonorgest-eth est & eth est</i>	1	
<i>levonorgest-eth estrad 91-day</i>	1	
<i>lojaimiess</i>	1	
<i>rivelsa</i>	1	
<i>rosyrah</i>	1	
<i>setlakin</i>	1	
<i>simpesse</i>	1	
FOUR PHASE CONTRACEPTIVES - ORAL		
NATAZIA	1	
PROGESTIN CONTRACEPTIVES - ORAL		
<i>camila</i>	1	
<i>deblitane</i>	1	
<i>emzahh</i>	1	
<i>errin</i>	1	
<i>heather</i>	1	
<i>incassia</i>	1	
<i>jencycla</i>	1	
<i>lyleq</i>	1	
<i>lyza</i>	1	
<i>meleya</i>	1	
<i>nora-be</i>	1	
<i>norethindrone</i>	1	
<i>norlyroc</i>	1	

Drug Name	Drug Tier	Requirements / Limits
OPILL	1	
<i>orquidea</i>	1	
<i>sharobel</i>	1	
SLYND	1	
TRIPHASIC CONTRACEPTIVES - ORAL		
<i>alyacen 7/7/7</i>	1	
<i>aranelle</i>	1	
<i>cyclafem 7/7/7</i>	1	
<i>dasetta 7/7/7</i>	1	
<i>enpresse-28</i>	1	
<i>leena</i>	1	
<i>levonest</i>	1	
<i>levonorg-eth estrad triphasic</i>	1	
<i>norethindron-ethinyl estrad-fe</i>	1	
<i>norgestim-eth estrad triphasic</i>	1	
<i>nortrel 7/7/7</i>	1	
<i>nylia 7/7/7</i>	1	
<i>tilia fe</i>	1	
<i>tri-estarylla</i>	1	
<i>tri-legest fe</i>	1	
<i>tri-linyah</i>	1	
<i>tri-lo-estarylla</i>	1	
<i>tri-lo-marzia</i>	1	
<i>tri-lo-mili</i>	1	
<i>tri-lo-sprintec</i>	1	
<i>tri-mili</i>	1	
<i>tri-nymyo</i>	1	
<i>tri-previfem</i>	1	

Drug Name	Drug Tier	Requirements / Limits
<i>tri-sprintec</i>	1	
<i>tri-vylibra</i>	1	
<i>tri-vylibra lo</i>	1	
<i>trivora (28)</i>	1	
VELIVET	1	
<i>xarah fe</i>	1	
CORTICOSTEROIDS		
GLUCOCORTICOSTEROIDS		
ALKINDI SPRINKLE	4	AL
<i>budesonide 3 mg cp dr part</i>	2	
<i>budesonide er</i>	2	
<i>dexamethasone (0.5 mg tab, 0.5 mg/5ml elixir, 0.5 mg/5ml solution, 0.75 mg tab, 1 mg tab, 1.5 mg tab, 2 mg tab, 4 mg tab, 6 mg tab)</i>	2	
DEXAMETHASONE INTENSOL	2	
EOHILIA	6	PA, QL
<i>hydrocortisone (5 mg tab, 10 mg tab, 20 mg tab)</i>	2	
<i>hydrocortisone sod suc (pf)</i>	2	
MEDROL 2 MG TAB	4	
<i>methylprednisolone</i>	2	
<i>prednisolone (5 mg tab, 15 mg/5ml solution)</i>	2	
<i>prednisolone sodium phosphate (6.7 (5 base) mg/5ml solution, 10 mg tab disp, 10 mg/5ml solution, 15 mg tab disp, 15 mg/5ml solution, 20 mg/5ml solution, 25 mg/5ml solution, 30 mg tab disp)</i>	2	
PREDNISONE (1 MG TAB, 2.5 MG TAB, 5 MG (21) TAB THPK, 5 MG (48) TAB THPK, 5 MG TAB, 5 MG/5ML SOLUTION, 10 MG (21) TAB THPK, 10 MG (48) TAB THPK, 10 MG TAB, 20 MG TAB, 50 MG TAB)	2	
PREDNISONE INTENSOL	2	

Drug Name	Drug Tier	Requirements / Limits
RAYOS	4	
SOLU-CORTEF 250 MG RECON SOLN	3	
TARPEYO	6	PA
MINERALOCORTICOIDS		
<i>fludrocortisone acetate</i>	2	
COUGH/COLD/ALLERGY		
ANTITUSSIVE - NONNARCOTIC		
BENZONATATE (100 MG CAP, 150 MG CAP, 200 MG CAP)	2	
ANTITUSSIVE - OPIOID		
<i>hydrocodone bit-homatrop mbr (5-1.5 mg tab, 5-1.5 mg/5ml solution)</i>	2	
<i>hydromet</i>	2	
ANTITUSSIVE-EXPECTORANT		
<i>g tussin ac</i>	2	AL
<i>guaiaitussin ac</i>	2	AL
<i>guaifenesin ac</i>	2	AL
<i>guaifenesin-codeine</i>	2	AL
<i>maxi-tuss ac</i>	2	AL
<i>virtussin a/c</i>	2	AL
<i>virtussin ac w/alc</i>	2	AL
ANTITUSSIVE-EXPECTORANTS-DECONGESTANT		
TUSNEL C	2	
DECONGESTANT & ANTIHISTAMINE		
CLARINEX-D 12 HOUR	4	AL
PROMETHAZINE-PHENYLEPHRINE	2	
IODINE EXPECTORANTS		
<i>potassium iodide (expectorant)</i>	2	

Drug Name	Drug Tier	Requirements / Limits
MISC. RESPIRATORY INHALANTS		
HYPERSAL 3.5 % NEBU SOLN	4	
<i>nebusal 3 % nebu soln</i>	2	
<i>pulmosal</i>	2	
<i>sodium chloride (0.9 % nebu soln, 3 % nebu soln, 7 % nebu soln, 10 % nebu soln)</i>	2	
MUCOLYTICS		
<i>acetylcysteine (10 % solution, 20 % solution)</i>	2	
NON-NARC ANTITUSSIVE-ANTIHISTAMINE		
<i>promethazine-dm</i>	2	
OPIOID ANTITUSSIVE-ANTIHISTAMINE		
HYDROCOD POLI-CHLORPHE POLI ER	2	
<i>promethazine-codeine</i>	2	AL
OPIOID ANTITUSSIVE-DECONGESTANT-ANTIHISTAMINE		
PRO-RED AC	4	AL
DERMATOLOGICALS		
ACNE ANTIBIOTICS		
AMZEEQ	4	
<i>clindacin</i>	2	
<i>clindacin etz 1 % swab</i>	2	
<i>clindacin-p</i>	2	
<i>clindamycin phos (once-daily)</i>	2	
<i>clindamycin phos (twice-daily)</i>	2	
<i>clindamycin phosphate (1 % foam, 1 % lotion, 1 % solution, 1 % swab)</i>	2	
<i>dapsone (5 % gel, 7.5 % gel)</i>	2	
ERY	2	
<i>erythromycin (2 % gel, 2 % solution)</i>	2	

Drug Name	Drug Tier	Requirements / Limits
<i>sulfacetamide sodium (acne)</i>	2	
ACNE COMBINATIONS		
<i>adapalene-benzoyl peroxide (0.1-2.5 % gel, 0.3-2.5 % gel)</i>	2	QL
<i>avar cleanser</i>	2	
<i>avar-e emollient</i>	2	
<i>avar-e green</i>	2	
<i>benzoyl perox-hydrocortisone</i>	2	
<i>benzoyl peroxide-erythromycin</i>	2	
<i>bp 10-1</i>	2	
<i>clindamycin phos-benzoyl perox</i>	2	
<i>clindamycin-tretinoin</i>	2	QL
<i>neuac 1.2-5 % gel</i>	2	
PLEXION CLEANSING CLOTH	4	
<i>sss 10-5 (10-5 % cream, 10-5 % foam)</i>	2	
<i>sulfacetamide sod-sulfur wash (9-4 % liquid, 9-4.5 % liquid)</i>	2	
SULFACETAMIDE SODIUM-SULFUR (8-4 % SUSPENSION, 9-4 % LIQUID, 9-4.5 % LIQUID, 9.8-4.8 % CREAM, 9.8-4.8 % LIQUID, 9.8-4.8 % LOTION, 10-2 % CREAM, 10-2 % LIQUID, 10-5 % CREAM, 10-5 % LIQUID, 10-5 % LOTION, 10-5 % SUSPENSION)	2	
SULFACETAMIDE SODIUM-SULFUR 9.8-4.8 % PAD	4	
SULFACETAMIDE-SULFUR IN UREA	2	
<i>sulfacleanse 8/4</i>	2	
<i>sulfamez wash</i>	2	
<i>vanoxide-hc</i>	2	
ACNE PRODUCTS		
ABSORICA LD	4	
<i>accutane</i>	2	

Drug Name	Drug Tier	Requirements / Limits
<i>adapalene (0.1 % cream, 0.1 % gel, 0.3 % gel)</i>	2	
AKLIEF	4	
ALTRENO	4	
<i>amnesteam</i>	2	
AZELEX	4	
BENZEPRO (5.2 % FOAM, 5.3 % FOAM, 9.7 % FOAM)	4	
BENZEPRO (5.8 % MISC, 6.8 % LIQUID)	2	
BENZEPRO CREAMY WASH	2	
<i>benzepro foaming cloths</i>	2	
BENZOYL PEROXIDE (8 % GEL, 9.8 % FOAM)	2	
<i>claravis</i>	2	
FABIOR	4	
<i>isotretinoin</i>	2	
PR BENZOYL PEROXIDE	2	
PR BENZOYL PEROXIDE WASH	2	
RETIN-A MICRO PUMP 0.06 % GEL	4	
TAZAROTENE 0.1 % FOAM	4	
<i>tretinoin (0.01 % gel, 0.025 % cream, 0.025 % gel, 0.05 % cream, 0.05 % gel, 0.1 % cream)</i>	2	
TRETINOIN MICROSPHERE (0.04 % GEL, 0.08 % GEL, 0.1 % GEL)	2	
TRETINOIN MICROSPHERE PUMP (0.04 % GEL, 0.08 % GEL, 0.1 % GEL)	2	
WINLEVI	4	
<i>zenatane</i>	2	
AGENTS FOR EXTERNAL GENITAL AND PERIANAL WARTS		
VEREGEN	4	QL
ALOPECIA AGENTS - JANUS KINUS (JAK) INHIBITORS		
LITFULO	6	PA

Drug Name	Drug Tier	Requirements / Limits
ANTI-INFLAMMATORY AGENTS - TOPICAL		
DICLOFENAC EPOLAMINE	2	QL
<i>diclofenac sodium 1.5 % solution</i>	2	QL
ANTIBIOTIC STEROID COMBINATIONS - TOPICAL		
NEO-SYNALAR 0.5-0.025 % CREAM	4	
ANTIBIOTICS - TOPICAL		
<i>gentamicin sulfate (0.1 % cream, 0.1 % ointment)</i>	2	
<i>mupirocin</i>	2	
ANTIFUNGALS - TOPICAL		
<i>ciclodan</i>	2	
<i>ciclopirox (0.77 % gel, 1 % shampoo, 8 % solution)</i>	2	
<i>ciclopirox olamine (0.77 % cream, 0.77 % suspension)</i>	2	
<i>klayesta</i>	2	
NAFTIFINE HCL (1 % CREAM, 2 % CREAM, 2 % GEL)	2	
<i>nyamyc</i>	2	
<i>nystatin (100000 unit/gm cream, 100000 unit/gm ointment, 100000 unit/gm powder)</i>	2	
<i>nystop</i>	2	
ANTIFUNGALS - TOPICAL COMBINATIONS		
CLOTRIMAZOLE-BETAMETHASONE (1-0.05 % CREAM, 1-0.05 % LOTION)	2	
<i>corti-sav</i>	2	
<i>hydrocortisone-iodoquinol</i>	2	
<i>iodoquimez-hc</i>	2	
<i>iodoquinol-hc-aloe polysacch</i>	2	
<i>iodoquinol-hydrocortisone-aloe</i>	2	
<i>nystatin-triamcinolone</i>	2	
ANTINEOPLASTIC ALKYLATING AGENTS - TOPICAL		
VALCHLOR	6	

Drug Name	Drug Tier	Requirements / Limits
ANTINEOPLASTIC ANTIMETABOLITES - TOPICAL		
FLUOROURACIL (0.5 % CREAM, 2 % SOLUTION, 5 % CREAM, 5 % SOLUTION)	2	
ANTINEOPLASTIC OR PREMALIGNANT LESIONS - TOPICAL NSAID'S		
<i>diclofenac sodium 3 % gel</i>	2	QL
ANTINEOPLASTIC RETINOIDS - TOPICAL		
PANRETIN	6	
ANTIPRURITICS - TOPICAL		
<i>doxepin hcl 5 % cream</i>	2	
ANTIPSORIATICS		
CALCIPOTRIENE (0.005 % CREAM, 0.005 % OINTMENT, 0.005 % SOLUTION)	2	QL
<i>calcitrene</i>	2	QL
CALCITRIOL 3 MCG/GM OINTMENT	2	
<i>tazarotene (0.05 % cream, 0.05 % gel, 0.1 % cream, 0.1 % gel)</i>	2	
VTAMA	6	PA, QL
ZITHRANOL	4	
ANTIPSORIATICS - SYSTEMIC		
<i>acitretin</i>	6	QL
BIMZELX (160 MG/ML SOLN A-INJ, 160 MG/ML SOLN PRSYR)	6	PA, QL
BIMZELX (320 MG/2ML SOLN A-INJ, 320 MG/2ML SOLN PRSYR)	6	PA, QL
COSENTYX (300 MG DOSE)	6	PA, QL
COSENTYX (75 MG/0.5ML SOLN PRSYR, 150 MG/ML SOLN PRSYR)	6	PA, QL
COSENTYX SENSOREADY (300 MG)	6	PA, QL
COSENTYX SENSOREADY PEN	6	PA, QL
COSENTYX UNOREADY	6	PA, QL

Drug Name	Drug Tier	Requirements / Limits
METHOXSALEN RAPID	6	
PYZCHIVA (45 MG/0.5ML SOLN PRSYR, 90 MG/ML SOLN PRSYR)	5	PA, QL
PYZCHIVA 45 MG/0.5ML SOLUTION	5	PA, QL
SELARSDI (45 MG/0.5ML SOLN PRSYR, 90 MG/ML SOLN PRSYR)	5	PA, QL
SILIQ	6	PA
SKYRIZI 150 MG/ML SOLN PRSYR	6	PA, QL
SKYRIZI PEN	6	PA, QL
SOTYKTU	6	PA, QL
SPEVIGO 150 MG/ML SOLN PRSYR	6	PA
SPEVIGO 300 MG/2ML SOLN PRSYR	6	PA, QL
TALTZ (20 MG/0.25ML SOLN PRSYR, 40 MG/0.5ML SOLN PRSYR, 80 MG/ML SOLN PRSYR)	6	PA, QL
TALTZ 80 MG/ML SOLN A-INJ	6	PA, QL
TREMFYA 100 MG/ML SOLN PRSYR	6	PA, QL
TREMFYA ONE-PRESS	6	PA, QL
TREMFYA PEN 100 MG/ML SOLN A-INJ	6	PA, QL
ANTISEBORRHEIC PRODUCTS		
OVACE PLUS (9.8 % LOTION, 10 % CREAM)	4	
<i>plexion ns</i>	2	
<i>selenium sulfide</i>	2	
<i>sodium sulfacetamide</i>	2	
<i>sodium sulfacetamide wash</i>	2	
<i>sulfacetamide sodium (10 % (cleans) gel, 10 % liquid)</i>	2	
<i>sulfacetamide sodium (cleans)</i>	2	
ANTIVIRAL TOPICAL COMBINATIONS		
XERESE	4	QL
ANTIVIRALS - TOPICAL		
<i>acyclovir (5 % cream, 5 % ointment)</i>	2	

Drug Name	Drug Tier	Requirements / Limits
<i>penciclovir</i>	2	
ZELSUVMI	6	PA, QL
ATOPIC DERMATITIS - JANUS KINASE (JAK) INHIBITORS		
OPZELURA	6	PA, AL, QL
ATOPIC DERMATITIS - MONOCLONAL ANTIBODIES		
ADBRY 150 MG/ML SOLN PRSYR	6	PA, QL
ADBRY 300 MG/2ML SOLN A-INJ	6	PA, QL
DUPIXENT (200 MG/1.14ML SOLN A-INJ, 200 MG/1.14ML SOLN PRSYR, 300 MG/2ML SOLN A-INJ, 300 MG/2ML SOLN PRSYR)	6	PA, QL
EBGLYSS	6	PA, QL
BURN PRODUCTS		
MAFENIDE ACETATE	2	
<i>silver sulfadiazine</i>	2	
<i>ssd</i>	2	
SULFAMYLON 85 MG/GM CREAM	4	
CAUTERIZING AGENT COMBINATIONS		
ARZOL SILVER NIT APPLICATORS	2	
GRAFCO SILVER NIT APPLICATOR	2	
CAUTERIZING AGENTS		
SILVER NITRATE 0.5 % SOLUTION	2	
CORTICOSTEROIDS - TOPICAL		
ALA SCALP	4	
<i>alclometasone dipropionate (0.05 % cream, 0.05 % ointment)</i>	2	
AMCINONIDE 0.1 % OINTMENT	2	
APEXICON E	2	
<i>betamethasone dipropionate (0.05 % cream, 0.05 % lotion, 0.05 % ointment)</i>	2	

Drug Name	Drug Tier	Requirements / Limits
<i>betamethasone dipropionate aug (0.05 % cream, 0.05 % gel, 0.05 % lotion, 0.05 % ointment)</i>	2	
<i>betamethasone valerate (0.1 % cream, 0.1 % lotion, 0.1 % ointment, 0.12 % foam)</i>	2	
BRYHALI	4	
<i>clobetasol prop emollient base</i>	2	
<i>clobetasol propionate (0.05 % cream, 0.05 % foam, 0.05 % gel, 0.05 % liquid, 0.05 % lotion, 0.05 % ointment, 0.05 % shampoo, 0.05 % solution)</i>	2	
<i>clobetasol propionate e</i>	2	
<i>clobetasol propionate emulsion</i>	2	
<i>clocortolone pivalate</i>	2	
<i>clodan 0.05 % shampoo</i>	2	
CORDRAN 4 MCG/SQCM TAPE	4	
<i>desonide (0.05 % cream, 0.05 % gel, 0.05 % lotion, 0.05 % ointment)</i>	2	
<i>desoximetasone (0.05 % cream, 0.05 % gel, 0.05 % ointment, 0.25 % cream, 0.25 % liquid, 0.25 % ointment)</i>	2	
<i>diflorasone diacetate (0.05 % cream, 0.05 % ointment)</i>	2	
<i>fluocinolone acetonide (0.01 % cream, 0.01 % solution, 0.025 % cream, 0.025 % ointment)</i>	2	
<i>fluocinolone acetonide body</i>	2	
<i>fluocinolone acetonide scalp</i>	2	
<i>fluocinonide (0.05 % cream, 0.05 % gel, 0.05 % ointment, 0.05 % solution, 0.1 % cream)</i>	2	
<i>fluocinonide emulsified base</i>	2	
FLURANDRENOLIDE (0.05 % CREAM, 0.05 % LOTION)	2	
FLUTICASONE PROPIONATE (0.005 % OINTMENT, 0.05 % CREAM, 0.05 % LOTION)	2	
<i>halcinonide 0.1 % cream</i>	2	

Drug Name	Drug Tier	Requirements / Limits
<i>halobetasol propionate (0.05 % cream, 0.05 % ointment)</i>	2	
HALOG 0.1 % OINTMENT	4	
<i>hydrocortisone (2 % lotion, 2.5 % cream, 2.5 % lotion, 2.5 % ointment, 2.5 % solution)</i>	2	
HYDROCORTISONE BUTYRATE (0.1 % CREAM, 0.1 % LOTION, 0.1 % OINTMENT, 0.1 % SOLUTION)	2	
<i>hydrocortisone valerate</i>	2	
<i>mometasone furoate (0.1 % cream, 0.1 % ointment, 0.1 % solution)</i>	2	
NUCORT	4	
PANDEL	3	
SERNIVO	4	
TEXACORT	4	
<i>tovet 0.05 % foam</i>	2	
<i>triamcinolone acetonide (0.025 % cream, 0.025 % lotion, 0.025 % ointment, 0.05 % ointment, 0.1 % cream, 0.1 % lotion, 0.1 % ointment, 0.147 mg/gm aero soln, 0.5 % cream, 0.5 % ointment)</i>	2	
<i>triamcinolone in absorbase</i>	2	
<i>triderm 0.5 % cream</i>	2	
ULTRAVATE	4	
EMOLLIENT/KERATOLYTIC AGENTS		
UREA 45 % CREAM	2	
EMOLLIENTS		
<i>ammonium lactate 12 % lotion</i>	2	
ENZYMES - TOPICAL		
SANTYL	4	
IMIDAZOLE-RELATED ANTIFUNGALS - TOPICAL		
<i>econazole nitrate</i>	2	
ECOZA	4	ST, AL, QL

Drug Name	Drug Tier	Requirements / Limits
ERTACZO	4	ST
JUBLIA	4	ST, QL
<i>ketconazole (2 % cream, 2 % foam, 2 % shampoo)</i>	2	
<i>ketodan 2 % foam</i>	2	
<i>oxiconazole nitrate</i>	2	
OXISTAT 1 % LOTION	4	ST
SULCONAZOLE NITRATE (1 % CREAM, 1 % SOLUTION)	2	
IMMUNOMODULATORS IMIDAZOQUINOLINAMINES - TOPICAL		
<i>imiquimod 3.75 % cream</i>	2	AL, QL
<i>imiquimod 5 % cream</i>	2	
<i>imiquimod pump</i>	2	AL, QL
ZYCLARA PUMP 2.5 % CREAM	3	AL, QL
INTERLEUKIN-31 RECEPTOR ANTAGONISTS - SYSTEMIC		
NEMLUVIO	6	PA, QL
KERATOLYTIC/ANTIMITOTIC/VESICANT AGENTS		
BENSAL HP	4	
<i>keralyt 6 % shampoo</i>	2	
PODOCON-25	4	
<i>podofilox (0.5 % gel, 0.5 % solution)</i>	2	
<i>salicylic acid (6 % foam, 6 % gel, 6 % shampoo, 26 % solution)</i>	2	
SALICYLIC ACID 3 % OINTMENT	4	
<i>salicylic acid er</i>	2	
<i>salicylic acid wart remover</i>	2	
<i>salynta</i>	2	
KERATOLYTIC/ANTIMITOTIC/VESICANT COMBINATIONS		
PYROGALLIC ACID	4	

Drug Name	Drug Tier	Requirements / Limits
LOCAL ANESTHETICS - TOPICAL		
ASTERO	4	
<i>glydo</i>	2	
LDO PLUS	4	
<i>lidocaine 5 % ointment</i>	2	
<i>lidocaine 5 % patch</i>	2	QL
<i>lidocaine hcl (3 % cream, 4 % solution)</i>	2	
<i>lidocaine hcl urethral/mucosal 2 % prsyr</i>	2	
<i>lidocan</i>	2	QL
<i>lidopin 3 % cream</i>	2	
<i>premium lidocaine</i>	2	
<i>tridacaine ii</i>	2	QL
<i>tridacaine iii</i>	2	QL
MACROLIDE IMMUNOSUPPRESSANTS - TOPICAL		
HYFTOR	6	PA, QL
<i>pimecrolimus</i>	2	
<i>tacrolimus (0.03 % ointment, 0.1 % ointment)</i>	2	
MICROTUBULE INHIBITORS - TOPICAL		
KLISYRI (250 MG)	4	QL
KLISYRI (350 MG)	4	QL
MISC. TOPICAL		
DRYSOL	4	
QBREXZA	4	
OXABOROLE-RELATED ANTIFUNGALS - TOPICAL		
<i>tavaborole</i>	2	
PHOSPHODIESTERASE 4 (PDE4) INHIBITORS - TOPICAL		
EUCRISA	4	

Drug Name	Drug Tier	Requirements / Limits
ZORYVE	4	AL, QL, PR (Dermatologist)
PHOTODYNAMIC THERAPY AGENTS - TOPICAL		
AMELUZ	4	
LEVULAN KERASTICK	4	
ROSACEA AGENTS		
<i>azelaic acid</i>	2	
<i>brimonidine tartrate 0.33 % gel</i>	2	QL, PR (Dermatologist)
<i>doxycycline</i>	2	
FINACEA 15 % FOAM	4	
<i>ivermectin 1 % cream</i>	2	
<i>metronidazole (0.75 % cream, 0.75 % gel, 0.75 % lotion, 1 % gel)</i>	2	
NORITATE	4	
RHOFADE	4	QL, PR (Dermatologist)
<i>rosadan (0.75 % cream, 0.75 % gel)</i>	2	
ZILXI	4	PR (Dermatologist)
SCABICIDES & PEDICULICIDES		
CROTAN	4	
<i>cvs ivermectin lice treatment</i>	2	QL
<i>eq ivermectin</i>	2	QL
<i>ivermectin 0.5 % lotion</i>	2	QL
<i>malathion</i>	2	
<i>permethrin</i>	2	
PRURADIK	4	
SPINOSAD	2	
SKIN CLEANSERS		
<i>alcohol wipes</i>	1	
<i>cvs isopropyl alcohol wipes</i>	1	

Drug Name	Drug Tier	Requirements / Limits
HYCLODEX	4	
HYPOCYN 0.012 % SOLUTION	4	
<i>isopropyl alcohol 70 % misc</i>	1	
<i>isopropyl alcohol wipes</i>	1	
<i>medpura alcohol pads</i>	1	
<i>qc alcohol</i>	1	
<i>ra isopropyl alcohol wipes</i>	1	
STEROID-LOCAL ANESTHETIC COMBINATIONS		
CORTANE-B	3	
EPIFOAM	4	
HYDROCORTISONE ACE-PRAMOXINE 2.5-1 % CREAM	2	
PRAMOSONE (1-1 % CREAM, 1-1 % LOTION, 1-2.5 % LOTION)	2	
PRAMOSONE (1-1 % OINTMENT, 1-2.5 % OINTMENT)	4	
TAR PRODUCTS		
COAL TAR	2	
TOPICAL ANESTHETIC COMBINATIONS		
CETACAINE 2-2-14 % AEROSOL	4	
<i>lidocaine-prilocaine 2.5-2.5 % cream</i>	2	
TOPICAL SELECTIVE RETINOID X RECEPTOR AGONISTS		
<i>bexarotene 1 % gel</i>	6	
TOPICAL STEROID COMBINATIONS		
<i>calcipotriene-betameth diprop 0.005-0.064 % ointment</i>	2	
DUOBRII	4	
ENSTILAR	4	
WOUND CARE - GROWTH FACTOR AGENTS		
REGRANEX	3	

Drug Name	Drug Tier	Requirements / Limits
WOUND CARE COMBINATIONS		
B & C	4	
BALSAM PERU-CASTOR OIL	4	
BPCO	4	
VERNELEX	4	
WOUND DRESSINGS		
FILSUEZ	6	PA, QL
DIAGNOSTIC PRODUCTS		
DIAGNOSTIC TESTS		
CHEMSTRIP K	2	
KETONE TEST	2	
KETOSTIX	2	
ONETOUCH ULTRA	2	QL
ONETOUCH ULTRA BLUE TEST	2	QL
ONETOUCH ULTRA TEST	2	QL
ONETOUCH VERIO STRIP	2	QL
RELION KETONE TEST	2	
MULTIPLE URINE TESTS		
CHEMSTRIP UGK	4	
CVS KETONE CARE	4	
KETO-DIASTIX	4	
DIETARY PRODUCTS/DIETARY MANAGEMENT PRODUCTS		
DIETARY MANAGEMENT PRODUCTS		
URE-NA	4	
DIGESTIVE AIDS		
DIGESTIVE ENZYMES		
CREON (24000-76000 CP DR PART, 36000-114000 CP DR PART)	3	

Drug Name	Drug Tier	Requirements / Limits
CREON (3000-9500 CP DR PART, 6000-19000 CP DR PART, 12000-38000 CP DR PART)	3	
PANCREAZE	4	
PERTZYE	4	
SUCRAID	6	PA
VIOKACE	4	
ZENPEP	4	
DIURETICS		
CARBONIC ANHYDRASE INHIBITORS		
<i>acetazolamide</i>	2	
<i>acetazolamide er</i>	2	
<i>dichlorphenamide</i>	6	PA, QL
<i>methazolamide</i>	2	
<i>ormalvi</i>	6	PA, QL
DIURETIC COMBINATIONS		
AMILORIDE-HYDROCHLOROTHIAZIDE	2	
<i>spironolactone-hctz</i>	2	
<i>triamterene-hctz</i>	2	
LOOP DIURETICS		
<i>bumetanide (0.5 mg tab, 1 mg tab, 2 mg tab)</i>	2	
<i>ethacrynic acid</i>	2	
FUROSCIX	4	QL
<i>furosemide (8 mg/ml solution, 10 mg/ml solution, 20 mg tab, 40 mg tab, 80 mg tab)</i>	2	
<i>torseamide</i>	2	
POTASSIUM SPARING DIURETICS		
<i>amiloride hcl</i>	2	
<i>spironolactone (25 mg tab, 50 mg tab, 100 mg tab)</i>	2	

Drug Name	Drug Tier	Requirements / Limits
<i>spironolactone 25 mg/5ml suspension</i>	2	AL
<i>triamterene</i>	2	
THIAZIDES AND THIAZIDE-LIKE DIURETICS		
<i>chlorthalidone</i>	2	
DIURIL	4	
<i>hydrochlorothiazide</i>	2	
<i>indapamide</i>	2	
<i>metolazone</i>	2	
THALITONE	4	
ENDOCRINE AND METABOLIC AGENTS - MISC.		
BISPHOSPHONATES		
<i>alendronate sodium (5 mg tab, 10 mg tab, 35 mg tab, 70 mg tab)</i>	2	QL
<i>alendronate sodium 70 mg/75ml solution</i>	2	
BINOSTO	4	
FOSAMAX PLUS D	4	
<i>ibandronate sodium 150 mg tab</i>	2	QL
<i>risedronate sodium</i>	2	QL
CALCIMIMETIC AGENTS		
<i>cinacalcet hcl</i>	6	
CALCITONINS		
<i>calcitonin (salmon)</i>	2	
CARNITINE REPLENISHER - AGENTS		
<i>levocarnitine (1 gm/10ml solution, 330 mg tab)</i>	2	
<i>levocarnitine sf</i>	2	
CORTICOTROPIN		
ACTHAR GEL 40 UNIT/0.5ML PEN	6	
ACTHAR GEL 80 UNIT/ML PEN	6	

Drug Name	Drug Tier	Requirements / Limits
CORTROPHIN GEL	6	PA, MED (Medical Drug)
CORTICOTROPIN-RELEASING FACTOR (CRF) RECEPTOR TYPE 1 ANTAG		
CRENESSITY (25 MG CAP, 50 MG CAP, 50 MG/ML SOLUTION, 100 MG CAP)	6	PA, QL
CORTISOL SYNTHESIS INHIBITORS		
ISTURISA (1 MG TAB, 5 MG TAB)	6	PA
DOPAMINE RECEPTOR AGONISTS		
<i>cabergoline</i>	2	
FABRY DISEASE - AGENTS		
GALAFOLD	6	PA, QL
GAA DEFICIENCY TREATMENT - AGENTS		
OPFOLDA	6	PA
GNRH/LHRH ANTAGONISTS		
ORILISSA	4	QL
GROWTH HORMONE RECEPTOR ANTAGONISTS		
SOMAVERT	6	PA, QL
GROWTH HORMONES		
GENOTROPIN	6	PA
GENOTROPIN MINIQUEL	6	PA
HUMATROPE	6	PA
NGENLA	6	PA
NORDITROPIN FLEXP	6	PA
NUTROPIN AQ NUSPIN 10	6	PA
NUTROPIN AQ NUSPIN 20	6	PA
NUTROPIN AQ NUSPIN 5	6	PA
OMNITROPE (5 MG/1.5ML SOLN CART, 10 MG/1.5ML SOLN CART)	6	PA
OMNITROPE 5.8 MG RECON SOLN	6	PA

Drug Name	Drug Tier	Requirements / Limits
SAIZEN 5 MG RECON SOLN	6	PA
SEROSTIM	6	PA
SKYTROFA	6	PA, QL
SOGROYA	6	PA
ZOMACTON	6	PA
ZOMACTON (FOR ZOMA-JET 10)	6	PA
HEREDITARY OROTIC ACIDURIA TREATMENT - AGENTS		
XURIDEN	6	PA
HEREDITARY TYROSINEMIA TYPE 1 (HT-1) TREATMENT - AGENTS		
<i>nitisinone</i>	6	PA
NITYR	6	PA
ORFADIN 4 MG/ML SUSPENSION	6	PA
HOMOCYSTINURIA TREATMENT - AGENTS		
<i>betaine</i>	6	
HYPERAMMONEMIA TREATMENT - AGENTS		
<i>carglumic acid</i>	6	PA
HYPERPARATHYROID TREATMENT - VITAMIN D ANALOGS		
<i>calcitriol (0.25 mcg cap, 0.5 mcg cap, 1 mcg/ml solution)</i>	2	
DOXERCALCIFEROL (0.5 MCG CAP, 1 MCG CAP, 2.5 MCG CAP)	2	
<i>paricalcitol (1 mcg cap, 2 mcg cap, 4 mcg cap)</i>	2	
RAYALDEE	6	
HYPOPARATHYROID TREATMENT - PARATHYROID HORMONE ANALOGS		
YORVIPATH	6	PA, QL
HYPOPHOSPHATASIA (HPP) AGENTS		
STRENSIQ	6	PA
INSULIN-LIKE GROWTH FACTORS (SOMATOMEDINS)		
INCRELEX	6	PA

Drug Name	Drug Tier	Requirements / Limits
NATRIURETIC PEPTIDES		
VOXZOGO	6	PA
NEUROKININ 3 (NK3) RECEPTOR ANTAGONISTS		
VEOZAH	4	QL
NON-STEROIDAL MINERALOCORTICOID RECEPTOR ANTAGONISTS		
KERENDIA	4	QL
PARATHYROID HORMONE AND DERIVATIVES		
<i>teriparatide</i>	6	PA
TYMLOS	6	PA
PHENYLKETONURIA TREATMENT - AGENTS		
<i>javygtor (100 mg packet, 500 mg packet)</i>	6	PA
<i>javygtor 100 mg tab</i>	6	PA
PALYNZIQ	6	PA
<i>sapropterin dihydrochloride (100 mg packet, 500 mg packet)</i>	6	PA
<i>sapropterin dihydrochloride 100 mg tab</i>	6	PA
SELECTIVE ESTROGEN RECEPTOR MODULATORS (SERMS)		
OSPHENA	4	QL
<i>raloxifene hcl</i>	2	AL
SELECTIVE VASOPRESSIN V2-RECEPTOR ANTAGONISTS		
<i>tolvaptan (15 mg tab thpk, 30 & 15 mg tab thpk, 45 & 15 mg tab thpk, 60 & 30 mg tab thpk, 90 & 30 mg tab thpk)</i>	6	PA, QL
<i>tolvaptan (15 mg tab, 30 mg tab)</i>	5	PA, QL
SOMATOSTATIC AGENTS		
MYCAPSSA	6	PA, QL
<i>octreotide acetate (50 mcg/ml soln prsy, 50 mcg/ml solution, 100 mcg/ml soln prsy, 100 mcg/ml solution, 200 mcg/ml solution, 500 mcg/ml soln prsy, 500 mcg/ml solution, 1000 mcg/ml solution)</i>	6	

Drug Name	Drug Tier	Requirements / Limits
SIGNIFOR	6	PA
UREA CYCLE DISORDER - AGENTS		
OLPRUVA (2 GM DOSE)	6	PA
OLPRUVA (3 GM DOSE)	6	PA
OLPRUVA (4 GM DOSE)	6	PA
OLPRUVA (5 GM DOSE)	6	PA
OLPRUVA (6 GM DOSE)	6	PA
OLPRUVA (6.67 GM DOSE)	6	PA
PHEBURANE	6	
RAVICTI	6	PA, QL
<i>sodium phenylbutyrate 3 gm/tsp powder</i>	6	
<i>sodium phenylbutyrate 500 mg tab</i>	6	
VASOPRESSIN		
<i>desmopressin ace spray refrig</i>	2	
<i>desmopressin acetate (0.1 mg tab, 0.2 mg tab)</i>	2	
DESMOPRESSIN ACETATE 1.5 MG/ML SOLUTION	4	
<i>desmopressin acetate spray</i>	2	
STIMATE	4	
ESTROGENS		
ESTROGEN & ANDROGEN		
<i>covaryx</i>	2	
<i>covaryx hs</i>	2	
<i>eemt</i>	2	
<i>eemt hs</i>	2	
<i>est estrogens-methyltest</i>	2	
<i>est estrogens-methyltest ds</i>	2	
<i>est estrogens-methyltest hs</i>	2	
<i>estratest f.s.</i>	2	

Drug Name	Drug Tier	Requirements / Limits
<i>estratest h.s.</i>	2	
ESTROGEN & PROGESTIN		
<i>abigale</i>	2	
<i>abigale lo</i>	2	
<i>amabelz</i>	2	
ANGELIQ	3	
BIJUVA	4	
CLIMARA PRO	3	QL
COMBIPATCH	4	QL
<i>estradiol-norethindrone acet</i>	2	
<i>fyavolv</i>	1	
<i>jinteli</i>	1	
<i>mimvey</i>	2	
<i>norethindrone-eth estradiol</i>	1	
PREMPHASE	3	
PREMPRO	3	
ESTROGEN-PROGESTIN-GNRH ANTAGONIST		
MYFEMBREE	4	
ORIAHNN	4	
ESTROGEN-SELECTIVE ESTROGEN RECEPTOR MODULATOR COMB		
DUAVEE	4	AL, QL
ALORA (0.025 MG/24HR PATCH TW, 0.075 MG/24HR PATCH TW, 0.1 MG/24HR PATCH TW)	4	QL
DEPO-ESTRADIOL	4	
<i>dotti (0.025 mg/24hr patch tw, 0.0375 mg/24hr patch tw, 0.05 mg/24hr patch tw, 0.075 mg/24hr patch tw, 0.1 mg/24hr patch tw)</i>	2	QL
ELESTRIN	4	QL
<i>estradiol (0.025 mg/24hr patch tw, 0.025 mg/24hr patch wk, 0.0375 mg/24hr patch tw, 0.0375 mg/24hr patch wk, 0.05 mg/24hr patch tw, 0.05 mg/24hr patch wk, 0.06 mg/24hr patch wk, 0.075 mg/24hr patch tw, 0.075 mg/24hr patch wk, 0.1 mg/24hr patch tw, 0.1 mg/24hr patch wk, 0.25 mg/0.25gm gel, 0.5 mg/0.5gm gel, 0.75 mg/0.75gm gel, 0.75 mg/1.25 gm (0.06%) gel, 1 mg/gm gel, 1.25 mg/1.25gm gel)</i>	2	QL

Drug Name	Drug Tier	Requirements / Limits
<i>estradiol (0.5 mg tab, 1 mg tab, 2 mg tab)</i>	2	
<i>estradiol valerate</i>	2	
EVAMIST	4	QL
<i>lyllana (0.025 mg/24hr patch tw, 0.0375 mg/24hr patch tw, 0.05 mg/24hr patch tw, 0.075 mg/24hr patch tw, 0.1 mg/24hr patch tw)</i>	2	QL
MENEST (0.3 MG TAB, 0.625 MG TAB, 1.25 MG TAB)	2	
MENOSTAR	4	QL
PREMARIN (0.3 MG TAB, 0.45 MG TAB, 0.625 MG TAB, 0.9 MG TAB, 1.25 MG TAB)	3	
FLUOROQUINOLONES		
BAXDELA 450 MG TAB	4	
CIPRO (250 MG/5ML (5%) RECON SUSP, 500 MG/5ML (10%) RECON SUSP)	4	
<i>ciprofloxacin hcl (250 mg tab, 500 mg tab, 750 mg tab)</i>	2	
<i>levofloxacin (25 mg/ml solution, 250 mg tab, 500 mg tab, 750 mg tab)</i>	2	
<i>moxifloxacin hcl 400 mg tab</i>	2	
OFLOXACIN (300 MG TAB, 400 MG TAB)	2	
GASTROINTESTINAL AGENTS - MISC.		
5-HT4 RECEPTOR AGONISTS		
<i>prucalopride succinate</i>	2	QL
BILE ACID SYNTHESIS DISORDER AGENTS		
CHOLBAM	6	PA
CIC AGENTS - GUANYLATE CYCLASE-C (GC-C) AGONISTS		
TRULANCE	4	ST, QL
FARNESOID X RECEPTOR (FXR) AGONISTS		
OICALIVA	6	ST, QL

Drug Name	Drug Tier	Requirements / Limits
GALLSTONE SOLUBILIZING AGENTS		
<i>ursodiol (250 mg tab, 300 mg cap, 500 mg tab)</i>	2	
GASTROINTESTINAL ANTIALLERGY AGENTS		
<i>cromolyn sodium 100 mg/5ml conc</i>	2	
GASTROINTESTINAL CHLORIDE CHANNEL ACTIVATORS		
<i>lubiprostone</i>	2	AL, QL
GASTROINTESTINAL STIMULANTS		
<i>metoclopramide hcl (5 mg tab, 5 mg tab disp, 5 mg/5ml solution, 10 mg tab, 10 mg/10ml solution)</i>	2	
GLUCAGON-LIKE PEPTIDE-2 (GLP-2) ANALOGS		
GATTEX	6	PA
HEPATOTROPICS - THYROID HORMONE RECEPTOR-BETA AGONISTS		
REZDIFFRA	6	PA, QL
IBS AGENT - GUANYLATE CYCLASE-C (GC-C) AGONISTS		
LINZESS	3	AL, QL
IBS AGENT - MU-OPIOID RECEPTOR AGONISTS		
VIBERZI	3	QL
IBS AGENT - SELECTIVE 5-HT3 RECEPTOR ANTAGONISTS		
<i>alosetron hcl</i>	2	AL
ILEAL BILE ACID TRANSPORTER (IBAT) INHIBITORS		
BYLVAY	6	PA
BYLVAY (PELLETS)	6	PA
LIVMARLI (10 MG TAB, 15 MG TAB, 20 MG TAB, 30 MG TAB)	6	PA, QL
LIVMARLI (9.5 MG/ML SOLUTION, 19 MG/ML SOLUTION)	6	QL
INFLAMMATORY BOWEL AGENTS		
<i>balsalazide disodium</i>	2	

Drug Name	Drug Tier	Requirements / Limits
DIPENTUM	4	
<i>mesalamine (1.2 gm tab dr, 400 mg cap dr, 800 mg tab dr)</i>	2	QL
<i>mesalamine (4 gm enema, 1000 mg suppos)</i>	2	
<i>mesalamine er</i>	2	QL
<i>mesalamine-cleanser</i>	2	
PENTASA 250 MG CAP ER	3	QL
SFROWASA	4	
<i>sulfasalazine</i>	2	
INTEGRIN RECEPTOR ANTAGONISTS		
ENTYVIO PEN	6	PA, QL
INTERLEUKIN ANTAGONISTS		
OMVOH (300 MG DOSE) 100 MG/ML & 200 MG/2ML SOLN A-INJ	6	PA, QL
OMVOH (300 MG DOSE) 100 MG/ML & 200 MG/2ML SOLN PRSYR	6	PA, QL
OMVOH 100 MG/ML SOLN A-INJ	6	PA, QL
OMVOH 100 MG/ML SOLN PRSYR	6	PA, QL
SKYRIZI (180 MG/1.2ML SOLN CART, 360 MG/2.4ML SOLN CART)	6	PA, QL
TREMFYA 200 MG/2ML SOLN PRSYR	6	PA, QL
TREMFYA CROHNS INDUCTION	6	PA, QL
TREMFYA PEN 200 MG/2ML SOLN A-INJ	6	PA, QL
INTESTINAL ACIDIFIERS		
<i>enulose</i>	2	
<i>generlac</i>	2	
<i>lactulose encephalopathy</i>	2	
LIVE FECAL MICROBIOTA (HUMAN)		
VOWST	6	PA

Drug Name	Drug Tier	Requirements / Limits
PERIPHERAL OPIOID RECEPTOR ANTAGONISTS		
<i>alvimopan</i>	2	
MOVANTIK	3	QL
RELISTOR 12 MG/0.6ML SOLUTION	4	
RELISTOR 150 MG TAB	4	QL
RELISTOR 8 MG/0.4ML SOLUTION	4	
SYMPROIC	4	
PEROXISOME PROLIFERATOR-ACTIVATED RECEPTOR AGONISTS		
IQIRVO	6	PA, QL
LIVDELZI	6	PA, QL
PHOSPHATE BINDER AGENTS		
AURYXIA	4	
<i>calcium acetate (phos binder)</i>	2	
<i>calcium acetate 667 mg tab</i>	2	
FERRIC CITRATE	2	
FOSRENOL (750 MG PACKET, 1000 MG PACKET)	3	
<i>lanthanum carbonate</i>	2	
<i>sevelamer carbonate</i>	2	
<i>sevelamer hcl</i>	2	
VELPHORO	4	QL
SPHINGOSINE 1-PHOSPHATE (S1P) RECEPTOR MODULATORS (GI)		
VELSIPITY	6	PA, QL
TRYPTOPHAN HYDROXYLASE INHIBITORS		
XERMELO	6	PA, QL
TUMOR NECROSIS FACTOR ALPHA BLOCKERS		
CIMZIA	6	PA, QL
CIMZIA (2 SYRINGE)	6	PA, QL

Drug Name	Drug Tier	Requirements / Limits
CIMZIA-STARTER	6	PA, QL
ZYMFENTRA (1 PEN)	6	PA, QL
ZYMFENTRA (2 PEN)	6	PA, QL
ZYMFENTRA (2 SYRINGE)	6	PA, QL
GENITOURINARY AGENTS - MISCELLANEOUS		
5-ALPHA REDUCTASE INHIBITORS		
<i>dutasteride</i>	2	QL
<i>finasteride 5 mg tab</i>	2	QL
ALPHA 1-ADRENOCEPTOR ANTAGONISTS		
<i>alfuzosin hcl er</i>	2	QL
CARDURA XL	4	
<i>silodosin</i>	2	QL
<i>tamsulosin hcl</i>	2	
CITRATES		
CYTRA K CRYSTALS	2	
ORACIT	4	
ORAL CITRATE	4	
<i>pot & sod cit-cit ac</i>	2	
<i>potassium citrate er</i>	2	
<i>potassium citrate-citric acid</i>	2	
<i>sod citrate-citric acid</i>	2	
<i>tricitrates</i>	2	
CYSTINOSIS AGENTS		
CYSTAGON	6	
PROCYSBI	6	PA
IGAN AGENTS - ENDOTHELIN & ANGIOTENSIN II RECEPTOR ANTAG		
FILSPARI	6	PA, QL

Drug Name	Drug Tier	Requirements / Limits
INTERSTITIAL CYSTITIS AGENTS		
ELMIRON	3	
PHOSPHATES		
K-PHOS NO 2	4	
PROSTATIC HYPERTROPHY AGENT COMBINATIONS		
<i>dutasteride-tamsulosin hcl</i>	2	
SMALL INTERFERING RIBONUCLEIC ACID AGENTS (SIRNA)		
RIVFLOZA (128 MG/0.8ML SOLN PRSYR, 160 MG/ML SOLN PRSYR)	6	PA
RIVFLOZA 80 MG/0.5ML SOLUTION	6	PA
URINARY ANALGESICS		
<i>phenazo 200 mg tab</i>	2	
<i>phenazopyridine hcl (100 mg tab, 200 mg tab)</i>	2	
URINARY STONE AGENTS		
LITHOSTAT	4	
<i>tiopronin (100 mg tab dr, 300 mg tab dr)</i>	6	
<i>tiopronin 100 mg tab</i>	6	
<i>venxxiva</i>	6	
GOUT AGENTS		
GOUT AGENT COMBINATIONS		
<i>colchicine-probenecid</i>	2	
<i>allopurinol (100 mg tab, 300 mg tab)</i>	2	
<i>colchicine</i>	2	QL
<i>febuxostat</i>	2	QL
GLOPERBA	4	
URICOSURICS		
<i>probenecid</i>	2	

Drug Name	Drug Tier	Requirements / Limits
HEMATOLOGICAL AGENTS - MISC.		
ANTIHEMOPHILIC PRODUCTS - MONOCLONAL ANTIBODIES		
ALHEMO	6	PA
HYMPAVZI	6	PA, QL
BRADYKININ B2 RECEPTOR ANTAGONISTS		
<i>icatibant acetate</i>	6	PA, QL
<i>sajazir</i>	6	PA, QL
COMPLEMENT C5 INHIBITORS		
ZILBRYSQ	6	PA, QL
COMPLEMENT C5A RECEPTOR INHIBITORS		
TAVNEOS	6	PA
COMPLEMENT FACTOR B INHIBITORS		
FABHALTA	6	PA, QL
COMPLEMENT FACTOR D INHIBITORS		
VOYDEYA	6	PA, QL
DIRECT-ACTING P2Y12 INHIBITORS		
<i>ticagrelor</i>	2	QL
HEMATORHEOLOGIC AGENTS		
<i>pentoxifylline er</i>	2	
PHOSPHODIESTERASE III INHIBITORS		
<i>cilostazol</i>	2	
PLASMA KALLIKREIN INHIBITORS		
ORLADEYO	6	PA
PLASMA KALLIKREIN INHIBITORS - MONOCLONAL ANTIBODIES		
TAKHZYRO (150 MG/ML SOLN PRSYR, 300 MG/2ML SOLN PRSYR)	6	PA, QL
TAKHZYRO 300 MG/2ML SOLUTION	6	PA, QL

Drug Name	Drug Tier	Requirements / Limits
PLATELET AGGREGATION INHIBITOR COMBINATIONS		
<i>aspirin-dipyridamole er</i>	2	
PLATELET AGGREGATION INHIBITORS		
<i>dipyridamole (25 mg tab, 50 mg tab, 75 mg tab)</i>	2	
PROTEASE-ACTIVATED RECEPTOR-1 (PAR-1) ANTAGONISTS		
ZONTIVITY	4	QL
PYRUVATE KINASE ACTIVATORS		
PYRUKYND	6	PA, QL
PYRUKYND TAPER PACK	6	PA, QL
QUINAZOLINE AGENTS		
<i>anagrelide hcl</i>	2	
SPLEEN TYROSINE KINASE (SYK) INHIBITORS		
TAVALISSE	6	PA
THIENOPYRIDINE DERIVATIVES		
<i>clopidogrel bisulfate</i>	2	
<i>prasugrel hcl</i>	2	QL
HEMATOPOIETIC AGENTS		
AGENTS FOR GAUCHER DISEASE		
CERDELGA	6	PA, QL
<i>miglustat</i>	6	PA, QL
<i>yargesa</i>	6	PA, QL
COBALAMINS		
<i>cyanocobalamin 1000 mcg/ml solution</i>	2	
<i>dodex</i>	2	
CXCR4 RECEPTOR ANTAGONIST		
XOLREMDI	6	PA, QL
CYTOTOXIC AGENTS		
DROXIA	4	

Drug Name	Drug Tier	Requirements / Limits
XROMI	4	AL
FOLIC ACID/FOLATES		
<i>cvs folic acid</i>	1	AL
<i>fa-8</i>	1	AL
<i>folate</i>	1	AL
<i>folic acid (0.8 mg cap, 400 mcg tab, 800 mcg tab)</i>	1	AL
<i>folic acid 1 mg tab</i>	2	
<i>ft folic acid</i>	1	AL
<i>gnp folic acid</i>	1	AL
<i>hm folic acid</i>	1	AL
<i>kp folic acid 800 mcg tab</i>	1	AL
<i>px folic acid</i>	1	AL
<i>qc folic acid</i>	1	AL
<i>ra folic acid</i>	1	AL
<i>sm folic acid</i>	1	AL
<i>true folic acid 400 mcg tab</i>	1	AL
<i>yl folic acid</i>	1	AL
HYPOXIA-INDUCIBLE FACTOR PROLYL HYDROXYLASE INHIBITORS		
JESDUVROQ	6	PA
THROMBOPOIETIN (TPO) RECEPTOR AGONISTS		
ALVAIZ	6	PA, QL
DOPTELET	6	PA
<i>eltrombopag olamine (12.5 mg packet, 25 mg packet)</i>	6	PA
<i>eltrombopag olamine (12.5 mg tab, 25 mg tab, 50 mg tab, 75 mg tab)</i>	6	PA, QL
MULPLETA	6	PA
HEMOSTATICS		
HEMOSTATICS - SYSTEMIC		
<i>aminocaproic acid (0.25 gm/ml solution, 500 mg tab, 1000 mg tab)</i>	2	

Drug Name	Drug Tier	Requirements / Limits
<i>tranexamic acid 650 mg tab</i>	2	QL
HYPNOTICS/SEDATIVES/SLEEP DISORDER AGENTS		
BARBITURATE HYPNOTICS		
<i>phenobarbital (15 mg tab, 16.2 mg tab, 20 mg/5ml elixir, 30 mg tab, 30 mg/7.5ml elixir, 32.4 mg tab, 60 mg tab, 60 mg/15ml elixir, 64.8 mg tab, 97.2 mg tab, 100 mg tab)</i>	2	
BENZODIAZEPINE HYPNOTICS		
<i>estazolam</i>	2	
FLURAZEPAM HCL	2	
QUAZEPAM	2	
<i>temazepam</i>	2	QL
<i>triazolam</i>	2	
HYPNOTICS - TRICYCLIC AGENTS		
<i>doxepin hcl (3 mg tab, 6 mg tab)</i>	2	QL
NON-BENZODIAZEPINE - GABA-RECEPTOR MODULATORS		
EDLUAR	4	QL
<i>eszopiclone</i>	2	QL
<i>zaleplon</i>	2	QL
ZOLPIDEM TARTRATE (1.75 MG SL TAB, 3.5 MG SL TAB)	2	QL
<i>zolpidem tartrate (5 mg tab, 10 mg tab)</i>	2	
<i>zolpidem tartrate er</i>	2	
OREXIN RECEPTOR ANTAGONISTS		
BELSOMRA	4	QL
DAYVIGO	4	QL
SELECTIVE MELATONIN RECEPTOR AGONISTS		
HETLIOZ LQ	6	PA, QL
<i>ramelteon</i>	2	QL

Drug Name	Drug Tier	Requirements / Limits
<i>tasimelteon</i>	6	PA, QL
LAXATIVES		
BOWEL EVACUANT COMBINATIONS		
CLENPIQ 10-3.5-12 MG-GM -GM/175ML SOLUTION	4	AL
GAVILYTE-C	2	AL
<i>gavilyte-g</i>	2	AL
<i>gavilyte-n with flavor pack</i>	2	AL
<i>na sulfate-k sulfate-mg sulf</i>	2	AL
<i>peg 3350-kcl-na bicarb-nacl</i>	2	AL
<i>peg-3350/electrolytes</i>	2	AL
<i>peg-3350/electrolytes/ascorbat</i>	2	AL
<i>peg-kcl-nacl-nasulf-na asc-c</i>	2	AL
PEG-PREP	4	AL
PLENVU	4	AL
SUFLAVE	4	AL
SUTAB	4	AL
LAXATIVES - MISCELLANEOUS		
<i>constulose</i>	2	
<i>kristalose</i>	2	
<i>lactulose (10 gm packet, 10 gm/15ml solution, 20 gm packet, 20 gm/30ml solution)</i>	2	
MACROLIDES		
AZITHROMYCIN		
<i>azithromycin (1 gm packet, 100 mg/5ml recon susp, 200 mg/5ml recon susp, 250 mg tab, 500 mg tab, 600 mg tab)</i>	2	
CLARITHROMYCIN		
CLARITHROMYCIN (125 MG/5ML RECON SUSP, 250 MG TAB, 250 MG/5ML RECON SUSP, 500 MG TAB)	2	

Drug Name	Drug Tier	Requirements / Limits
<i>clarithromycin er</i>	2	
ERYTHROMYCINS		
E.E.S. 400	2	
<i>ery-tab</i>	2	
ERYTHROCIN STEARATE	2	
<i>erythromycin (250 mg tab dr, 333 mg tab dr, 500 mg tab dr)</i>	2	
<i>erythromycin base (250 mg cp dr part, 250 mg tab, 250 mg tab dr, 333 mg tab dr, 500 mg tab, 500 mg tab dr)</i>	2	
<i>erythromycin ethylsuccinate (200 mg/5ml recon susp, 400 mg tab, 400 mg/5ml recon susp)</i>	2	
FIDAXOMICIN		
DIFICID 40 MG/ML RECON SUSP	3	
<i>fidaxomicin</i>	2	
MEDICAL DEVICES AND SUPPLIES		
APPLICATORS,COTTON BALLS,ETC		
ADVOCATE ALCOHOL PREP PADS	1	
ALCOH-GLOVE CONTOURED WIPE	1	
ALCOHOL PADS	1	
ALCOHOL PREP	1	
ALCOHOL PREP PADS	1	
ALCOHOL SWABS	1	
ALCOHOL SWABSTICK	1	
AUM ALCOHOL PREP PADS	1	
BD SWAB SINGLE USE REGULAR	1	
BD SWABS SINGLE USE BUTTERFLY	1	
CARETOUCH ALCOHOL PREP	1	
COMFORT TOUCH ALCOHOL PREP	1	

Drug Name	Drug Tier	Requirements / Limits
CURITY ALCOHOL PREPS	1	
CVS ALCOHOL PREP PADS	1	
CVS PREP	1	
DROPSAFE ALCOHOL PREP	1	
EASY COMFORT ALCOHOL PADS	1	
EASY TOUCH ALCOHOL PREP MEDIUM	1	
EQL ALCOHOL SWABS	1	
FIFTY50 ALCOHOL PREP	1	
GLOBAL ALCOHOL PREP EASE	1	
GNP ALCOHOL SWABS	1	
GOODSENSE ALCOHOL SWABS	1	
H-E-B INCONTROL ALCOHOL	1	
HM STERILE ALCOHOL PREP	1	
MEIJER ALCOHOL SWABS	1	
PHARMACIST CHOICE ALCOHOL	1	
PRO COMFORT ALCOHOL	1	
PURE COMFORT ALCOHOL PREP	1	
QC ALCOHOL SWABS	1	
RA ALCOHOL SWABS	1	
REALITY SWABS	1	
RELION ALCOHOL SWABS	1	
SAPS CARE ALCOHOL PREP	1	
SAPS HEALTH ALCOHOL PREP	1	
SAPS HEALTH CARE ALCOHOL PREP	1	
SB ALCOHOL PREP	1	
SM ALCOHOL PREP (70 % PAD, PAD)	1	
SURE COMFORT ALCOHOL PREP	1	
SURE-PREP ALCOHOL PREP	1	

Drug Name	Drug Tier	Requirements / Limits
TRUE COMFORT ALCOHOL PREP PADS	1	
TRUE COMFORT PRO ALCOHOL PREP	1	
ULTICARE ALCOHOL SWABS	1	
ULTILET ALCOHOL SWABS	1	
ULTRA-CARE ALCOHOL PREP PADS	1	
WEBCOL ALCOHOL PREP LARGE	1	
WEBCOL ALCOHOL PREP MEDIUM	1	
ZEVRX STERILE ALCOHOL PREP PAD	1	
CONDOMS - FEMALE		
FC2 FEMALE CONDOM	1	
CONDOMS - MALE		
AIMSCO LUBRICATED	1	
CONDOMS	1	
DUREX EXTRA SENSITIVE THIN	1	
DUREX REALFEEL	1	
DUREX TROPICAL	1	
FANTASY LUBRICATED	1	
FANTASY LUBRICATED/SPERMICIDE	1	
K-Y ME & YOU EXTRA LUBRICATED	1	
K-Y ME & YOU INTENSE	1	
KAMELEON LUBRICATED	1	
KIMONO	1	
KIMONO COLORS	1	
KIMONO MAXX-LARGE FLARE	1	
KIMONO MICRO THIN	1	
KIMONO MICRO THIN PLUS	1	
KIMONO PLUS	1	
KIMONO PS	1	

Drug Name	Drug Tier	Requirements / Limits
KIMONO PS PLUS	1	
KIMONO SENSATION	1	
KIMONO SENSATION PLUS	1	
KIMONO SPECIAL	1	
MAXX	1	
MAXX PLUS	1	
PREMIUM CONDOMS LUBRICATED	1	
REALITY LATEX CONDOMS	1	
REALITY LATEX/ULTRA TEXTURED	1	
REALITY LATEX/ULTRA THIN	1	
TROJAN ENZ	1	
TROJAN MAGNUM	1	
TROJAN ULTRA RIBBED LUBRICATED	1	
TROJAN ULTRA THIN	1	
TROJAN ULTRA THIN/SPERMICIDAL	1	
TROJAN-ENZ LUBRICATED	1	
TROJAN-ENZ/SPERMICIDAL	1	
TRUE COVER	1	
TRUSTEX COLOR CONDOMS + LUBE	1	
TRUSTEX LUB/RIBBED/STUDDERED	1	
TRUSTEX LUB/SPERMICIDE EX ST	1	
TRUSTEX LUB/SPERMICIDE XL	1	
TRUSTEX LUBRICATED	1	
TRUSTEX LUBRICATED EX LARGE	1	
TRUSTEX LUBRICATED EXTRA ST	1	
TRUSTEX LUBRICATED/SPERMICIDE	1	
TRUSTEX NATURAL CONDOMS + LUBE	1	
TRUSTEX NON-LUBRICATED	1	

Drug Name	Drug Tier	Requirements / Limits
TRUSTEX RIA LUB/SPERMICIDE	1	
TRUSTEX RIA LUBRICATED	1	
TRUSTEX RIA NON-LUBRICATED	1	
TRUSTEX-NONOXYNOL-9/RIB/STUD	1	
GLUCOSE MONITORING TEST SUPPLIES		
1ST TIER UNILET COMFORTOUCH	1	
ACCU-CHEK AVIVA	3	QL
ACCU-CHEK FASTCLIX LANCET	1	
ACCU-CHEK FASTCLIX LANCETS	1	
ACCU-CHEK GUIDE CONTROL	3	QL
ACCU-CHEK SAFE-T PRO LANCETS	1	
ACCU-CHEK SMARTVIEW CONTROL	3	QL
ACCU-CHEK SOFTCLIX LANCET DEV	1	
ACCU-CHEK SOFTCLIX LANCETS	1	
ACCUTREND GLUCOSE CONTROL	3	QL
ACTI-LANCE 28G	1	
ACTI-LANCE LITE LANCETS 28G	1	
ACTI-LANCE SPECIAL LANCETS 17G	1	
ACTI-LANCE UNIVERSAL 23G	1	
ADJUSTABLE LANCING DEVICE	1	
ADVANCE INTUITION CONTROL	3	QL
ADVANCE MICRO-DRAW CONTROL	3	QL
ADVANCE MICRO-DRAW NORMAL	3	QL
ADVANCED MOBILE LANCET	1	
ADVOCATE CONTROL SOLUTION	3	QL
ADVOCATE LANCETS	1	
ADVOCATE LANCETS 30G	1	
ADVOCATE LANCING DEVICE	1	

Drug Name	Drug Tier	Requirements / Limits
ADVOCATE RAPID-SAFE LANCING	1	
ADVOCATE REDI-CODE+ CONTROL	3	QL
ADVOCATE SAFETY LANCETS	1	
ADVOCATE SAFETY LANCETS 21G	1	
ADVOCATE SAFETY LANCETS 23G	1	
ADVOCATE SAFETY LANCETS 26G	1	
ADVOCATE SAFETY LANCETS 28G	1	
AGAMATRIX CONTROL	3	QL
AGAMATRIX CONTROL LEVEL 2	3	QL
AGAMATRIX CONTROL LEVEL 4	3	QL
AGAMATRIX CONTROL NORMAL/HIGH	3	QL
AGAMATRIX ULTRA-THIN LANCETS	1	
AIMSCO TWIST LANCETS 32G	1	
AIMSCO TWIST LANCETS 33G	1	
AQUALANCE LANCETS 30G	1	
ASSURE 3 CONTROL	3	QL
ASSURE 4 CONTROL LEVEL 1 & 2	3	QL
ASSURE COMFORT LANCETS 28G	1	
ASSURE DOSE CONTROL	3	QL
ASSURE DOSE NORM/HIGH CONTROL	3	QL
ASSURE HAEMOLANCE PLUS HIGH	1	
ASSURE HAEMOLANCE PLUS LOW	1	
ASSURE HAEMOLANCE PLUS MICRO	1	
ASSURE HAEMOLANCE PLUS NORMAL	1	
ASSURE HAEMOLANCE PLUS PED	1	
ASSURE II CONTROL	3	QL
ASSURE II CONTROL LEVEL 1 & 2	3	QL
ASSURE LANCE LANCETS	1	

Drug Name	Drug Tier	Requirements / Limits
ASSURE LANCE LANCETS 21G	1	
ASSURE LANCE PLUS SAFETY 25G	1	
ASSURE LANCE PLUS SAFETY 30G	1	
ASSURE LANCE SAFETY LANCET 28G	1	
ASSURE PRISM CONTROL LEVEL 1&2	3	QL
ASSURE PRO CONTROL LEVEL 1 & 2	3	QL
AURORA LANCET SUPER THIN 30G	1	
AURORA LANCET THIN 23G	1	
AUTO-LANCET	1	
AUTO-LANCET MINI	1	
AUTOLET II CLINISAFE	1	
AUTOLET LANCING DEVICE	1	
AUTOLET LITE CLINISAFE	1	
AUTOLET LITE LANCING DEVICE	1	
AUTOLET LITE STARTER PACK	1	
AUTOLET MINI	1	
AUTOLET PLATFORMS	1	
AUTOLET PLUS	1	
BD LANCET ULTRAFINE 30G	1	
BD LANCET ULTRAFINE 33G	1	
BD MICROTAINER LANCETS	1	
BLULINK CONTROL HIGH & LOW	3	QL
CARDIOCOM LANCING DEVICE	1	
CAREONE ADVANCED LANCING DEV	1	
CAREONE LANCET SUPER THIN 30G	1	
CAREONE LANCET THIN 23G	1	
CARESENS CONTROL A	3	QL
CARESENS CONTROL SOLUTION A/B	3	QL

Drug Name	Drug Tier	Requirements / Limits
CARESENS LANCETS	1	
CARESENS LANCETS 30G	1	
CARETOUCH CONTROL SOL LEVEL 2	3	QL
CARETOUCH LANCING/EJECTOR	1	
CARETOUCH SAFETY LANCETS	1	
CARETOUCH SAFETY LANCETS 26G	1	
CARETOUCH TWIST LANCETS 28G	1	
CARETOUCH TWIST LANCETS 30G	1	
CARETOUCH TWIST LANCETS 33G	1	
CARETOUCH TWIST MC LANCETS 30G	1	
CHOSEN LANCETS 30G	1	
CHOSEN LANCING DEVICE	1	
CHOSEN SAFETY LANCETS 28G	1	
CLEANLET LANCETS 28G	1	
CLEVER CHEK LANCETS	1	
CLEVER CHOICE COMFORT EZ MISC	1	
CLEVER CHOICE GLUCOSE CONTROL	3	QL
CLEVER CHOICE LANCETS 21G	1	
CLEVER CHOICE LANCETS 23G	1	
CLEVER CHOICE LANCETS 28G	1	
COAGUCHEK LANCETS	1	
COMFORT ASSURED LANCETS 28G	1	
COMFORT ASSURED LANCETS 33G	1	
COMFORT LANCETS	1	
COMFORT TOUCH LANCETS 31G	1	
COMFORT TOUCH PLUS LANCETS 28G	1	
COMFORT TOUCH PLUS LANCETS 30G	1	
COMFORT TOUCH TWIST LANCET 30G	1	

Drug Name	Drug Tier	Requirements / Limits
CONTOUR CONTROL	3	QL
CONTOUR NEXT CONTROL	3	QL
CONTROL	3	QL
COOL CONTROL A	3	QL
COOL CONTROL B	3	QL
CVS LANCETS 21G	1	
CVS LANCETS MICRO THIN 33G	1	
CVS LANCETS ORIGINAL	1	
CVS LANCETS THIN 26G	1	
CVS LANCETS ULTRA THIN 30G	1	
CVS LANCETS ULTRA-THIN 30G	1	
CVS LANCING DEVICE	1	
CVS ULTRA THIN LANCETS	1	
DEXCOM G6 RECEIVER	3	
DEXCOM G6 SENSOR	3	
DEXCOM G6 TRANSMITTER	3	
DEXCOM G7 RECEIVER	3	
DEXCOM G7 SENSOR	3	
DIASCREEN 10	4	
DIASCREEN 1B	4	
DIASCREEN 1G	4	
DIASCREEN 1K	4	
DIASCREEN 2GK	4	
DIASCREEN 2GP	4	
DIASCREEN 3	4	
DIASCREEN 4NL	4	
DIASCREEN 4OBL	4	
DIASCREEN 4PH	4	

Drug Name	Drug Tier	Requirements / Limits
DIASCREEN 5	4	
DIASCREEN 6	4	
DIASCREEN 7	4	
DIASCREEN 8	4	
DIASCREEN 9	4	
DIASCREEN LIQUID URINE CONTROL	4	
DIATHRIVE GLUCOSE CONTROL SOLN	3	QL
DIATHRIVE LANCET ULTRA THIN 30	1	
DIATHRIVE LANCETS	1	
DIATHRIVE LANCING DEVICE	1	
DIATRUE CONTROL LEVEL 1	3	QL
DIATRUE CONTROL LEVEL 2	3	QL
DIATRUE CONTROL LEVEL 3	3	QL
DROPLET GENTEEL LANCING DEVICE	1	
DROPLET LANCETS ULTRA THIN 30G	1	
DROPLET LANCING DEVICE	1	
DROPLET PERSONAL LANCETS 30G	1	
DROPSAFE ACTI-LANCE 23G	1	
DRUG MART LANCETS THIN 26G	1	
DRUG MART LANCING DEVICE	1	
DRUG MART ON-THE-GO LANCET 30G	1	
DRUG MART UNILET LANCETS 28G	1	
DRUG MART UNILET LANCETS 30G	1	
DRUG MART UNILET LANCETS 33G	1	
DUO-CARE CONTROL SOLUTION	3	QL
E-Z JECT LANCET MICRO-THIN 33G	1	
E-Z JECT LANCET SUPER THIN 30G	1	
E-Z JECT LANCETS	1	

Drug Name	Drug Tier	Requirements / Limits
E-Z JECT LANCETS 21G	1	
E-Z JECT LANCETS THIN 26G	1	
EASY COMFORT LANCETS	1	
EASY COMFORT LANCETS TWIST TOP	1	
EASY MINI EJECT LANCING DEVICE	1	
EASY MINI LANCING DEVICE	1	
EASY PLUS II CONTROL	3	QL
EASY STEP CONTROL	3	QL
EASY TALK CONTROL	3	QL
EASY TALK PLUS II CONTROL	3	QL
EASY TOUCH CONTROL HIGH & LOW	3	QL
EASY TOUCH HEALTHPRO HIGH/LOW	3	QL
EASY TOUCH LANCETS 21G	1	
EASY TOUCH LANCETS 23G	1	
EASY TOUCH LANCETS 26G	1	
EASY TOUCH LANCETS 28G	1	
EASY TOUCH LANCETS 28G/TWIST	1	
EASY TOUCH LANCETS 30G	1	
EASY TOUCH LANCETS 30G/TWIST	1	
EASY TOUCH LANCETS 32G	1	
EASY TOUCH LANCETS 32G/TWIST	1	
EASY TOUCH LANCETS 33G/TWIST	1	
EASY TOUCH LANCING DEVICE	1	
EASY TOUCH SAFETY LANCETS 21G	1	
EASY TOUCH SAFETY LANCETS 23G	1	
EASY TOUCH SAFETY LANCETS 26G	1	
EASY TOUCH SAFETY LANCETS 28G	1	
EASY TRAK CONTROL	3	QL

Drug Name	Drug Tier	Requirements / Limits
EASY TRAK II CONTROL	3	QL
EASYMAX 15 LEVEL 2 CONTROL	3	QL
EASYMAX 15 LEVEL 2-3 CONTROL	3	QL
EASYMAX CONTROL	3	QL
EASYMAX CONTROL NORMAL/HIGH	3	QL
ELEMENT COMPACT CONTROL 2	3	QL
ELEMENT COMPACT CONTROL 3	3	QL
ELEMENT CONTROL	3	QL
EMBRACE CONTROL	3	QL
EMBRACE EVO CONTROL LEVEL 1	3	QL
EMBRACE GLUCOSE CONTROL	3	QL
EMBRACE LANCETS ULTRA THIN 30G	1	
EMBRACE LANCING DEVICE/EJECTOR	1	
EMBRACE PRESSURE ACTIVATED 21G	1	
EMBRACE PRESSURE ACTIVATED 28G	1	
EMBRACE PRO GLUCOSE CONTROL	3	QL
EMBRACE TALK GLUCOSE CONTROL	3	QL
EQL COLOR LANCETS 21G	1	
EQL COLOR LANCETS MICRO 33G	1	
EQL SUPER THIN LANCETS 30G	1	
EQL THIN LANCETS 26G	1	
EVOLUTION CONTROL	3	QL
EZ-LETS LANCETS 21G	1	
EZ-LETS LANCETS 26G	1	
EZ-LETS LANCETS 28G	1	
EZ-LETS LANCETS 30G	1	
FIFTY50 SAFETY SEAL LANCETS	1	
FIFTY50 UNILET LANCETS 33G	1	

Drug Name	Drug Tier	Requirements / Limits
FINE 30	1	
FINGERSTIX LANCETS	1	
FORA CONTROL	3	QL
FORA LANCETS	1	
FORA LANCING DEVICE	1	
FORACARE GDH CONTROL	3	QL
FORTISCARE CONTROL	3	QL
FREDS PHARMACY AUTOLET LANCING	1	
FREDS PHARMACY UNILET LANC 28G	1	
FREDS PHARMACY UNILET LANC 30G	1	
FREESTYLE CONTROL SOLUTION	3	QL
FREESTYLE LANCETS	1	
FREESTYLE LIBRE 14 DAY READER	3	
FREESTYLE LIBRE 14 DAY SENSOR	3	
FREESTYLE LIBRE 2 PLUS SENSOR	3	
FREESTYLE LIBRE 2 READER	3	
FREESTYLE LIBRE 2 SENSOR	3	
FREESTYLE LIBRE 3 PLUS SENSOR	3	
FREESTYLE LIBRE 3 READER	3	
FREESTYLE LIBRE 3 SENSOR	3	
FREESTYLE LIBRE READER	3	
FREESTYLE UNISTICK II LANCETS	1	
GE100 CONTROL	3	QL
GENTEEL BUTTERFLY TOUCH LANCET	1	
GENTEEL CONTACT TIPS (BLUE)	1	
GENTEEL CONTACT TIPS (CLEAR)	1	
GENTEEL CONTACT TIPS (GREEN)	1	
GENTEEL CONTACT TIPS (ORANGE)	1	

Drug Name	Drug Tier	Requirements / Limits
GENTEEL CONTACT TIPS (RAINBOW)	1	
GENTEEL CONTACT TIPS (VIOLET)	1	
GENTEEL CONTACT TIPS (YELLOW)	1	
GENTEEL LANCING KIT (BLUE)	1	
GENTEEL NOZZLES	1	
GENTEEL PLUS LANCING (BLACK)	1	
GENTEEL PLUS LANCING (PURPLE)	1	
GENTEEL PLUS LANCING (WHITE)	1	
GENTEEL PLUS LANCING DEV(BLUE)	1	
GENTEEL PLUS LANCING DEV(PINK)	1	
GENTLE-LET GP LANCETS	1	
GENTLE-LET LANCETS	1	
GENTLE-LET PLATFORMS	1	
GLOBAL INJECT EASE LANCETS 28G	1	
GLOBAL INJECT EASE LANCETS 30G	1	
GLOBAL LANCING DEVICE	1	
GLUCOCARD 01 CONTROL	3	QL
GLUCOCARD EXPRESSION CONTROL	3	QL
GLUCOCARD SHINE CONTROL	3	QL
GLUCOCARD X-SENSOR CONTROL	3	QL
GLUCOCOM CONTROL	3	QL
GLUCOCOM LANCETS 28G	1	
GLUCOCOM LANCETS 30G	1	
GLUCOCOM LANCETS 33G	1	
GLUCOSE CONTROL	3	QL
GNP EASY TOUCH CONT HIGH/LOW	3	QL
GNP LANCETS 21G	1	
GNP LANCETS THIN 26G	1	

Drug Name	Drug Tier	Requirements / Limits
GNP LANCING SYSTEM DEVICE	1	
GNP STERILE LANCETS 28G	1	
GNP STERILE LANCETS 30G	1	
GNP STERILE LANCETS 33G	1	
GOJJI CONTROL	3	QL
GOJJI LANCING DEVICE/CLEAR CAP	1	
GOJJI STERILE LANCETS	1	
GOODSENSE COLOR LANCETS 33G	1	
GOODSENSE LANCETS 26G UNIV	1	
GOODSENSE LANCETS 30G	1	
GOODSENSE LANCETS 30G UNIV	1	
GOODSENSE LANCETS 33G	1	
GOODSENSE LANCETS 33G UNIV	1	
GOODSENSE LANCING DEVICE	1	
H-E-B INCONTROL ADV LANCING	1	
H-E-B INCONTROL LANCETS 28G	1	
H-E-B INCONTROL LANCETS 30G	1	
H-E-B INCONTROL LANCETS 33G	1	
HAEMOLANCE	1	
HAEMOLANCE LOW FLOW LANCETS	1	
HAEMOLANCE PLUS	1	
HAEMOLANCE PLUS HIGH FLOW	1	
HAEMOLANCE PLUS LOW FLOW	1	
HAEMOLANCE PLUS MAX FLOW	1	
HAEMOLANCE PLUS PEDIATRIC FLOW	1	
HEALTH CARE LANCING DEVICE	1	
HEALTHY ACCENTS LANCING DEVICE	1	
HEALTHY ACCENTS UNILET LANCETS	1	

Drug Name	Drug Tier	Requirements / Limits
HY-VEE LANCETS	1	
HY-VEE THIN LANCETS	1	
HYPOLANCE AST LANCING	1	
IHEALTH CONTROL SOLUTION	3	QL
IHEALTH LANCING DEVICE	1	
IN TOUCH GLUCOSE CONTROL	3	QL
IN TOUCH LANCING DEVICE	1	
IN TOUCH STERILE LANCETS 30G	1	
INFINITY CONTROL	3	QL
INFINITY VOICE NORMAL LIQUID	3	QL
KINNEY LANCETS	1	
KINNEY THIN LANCETS	1	
KROGER AUTOLET LANCING DEVICE	1	
KROGER HEALTHPRO CONTROL HI/LO	3	QL
KROGER HEALTHPRO LANCET 26G	1	
KROGER LANCETS	1	
KROGER LANCETS 21G	1	
KROGER LANCETS MICRO THIN 33G	1	
KROGER LANCETS SUPER THIN	1	
KROGER LANCETS THIN	1	
KROGER LANCETS THIN 26G	1	
KROGER LANCETS ULTRATHIN 30G	1	
KROGER LANCING DEVICE	1	
LANCET DEVICE	1	
LANCET DEVICE WITH EJECTOR	1	
LANCET TRANSPORTER CASE	1	
LANCETS	1	
LANCETS 28G THIN	1	

Drug Name	Drug Tier	Requirements / Limits
LANCETS 30G	1	
LANCETS 33G	1	
LANCETS MICRO THIN 33G	1	
LANCETS SUPER THIN	1	
LANCETS SUPER THIN 28G	1	
LANCETS THIN	1	
LANCETS ULTRA THIN	1	
LANCETS ULTRA THIN 30G	1	
LANCING DEVICE	1	
LANZO	1	
LEADER ADVANCED LANCING DEVICE	1	
LIBERTY GLUCOSE CONTROL	3	QL
LIBERTY GLUCOSE CONTROL MID	3	QL
LIBERTY MEDICAL LANCETS	1	
LIBERTY MINI LANCING DEVICE	1	
LITE TOUCH LANCETS	1	
LITE TOUCH LANCING PEN	1	
LITETOUCH LANCETS	1	
LIVE BETTER ADV LANCING DEVICE	1	
LIVE BETTER LANCET SUPER THIN	1	
LIVE BETTER LANCET ULTRA THIN	1	
LONGS LANCETS STANDARD	1	
LONGS LANCETS THIN	1	
LONGS LANCETS ULTRA THIN	1	
MEDICHOICE SAFETY LANCET	1	
MEDICHOICE SAFETY LANCET EXTRA	1	
MEDICHOICE SAFETY LANCET NORM	1	
MEDISENSE GLUCOSE KETONE CONTR	3	QL

Drug Name	Drug Tier	Requirements / Limits
MEDISENSE HI/MID/LOW CONTROL	3	QL
MEDISENSE HIGH/LOW CONTROL	3	QL
MEDISENSE MID CONTROL	3	QL
MEDISENSE THIN LANCETS	1	
MEDLANCE EXTRA 21G	1	
MEDLANCE LITE 25G	1	
MEDLANCE PLUS EXTRA 21G	1	
MEDLANCE PLUS LANCETS	1	
MEDLANCE PLUS LITE 25G	1	
MEDLANCE PLUS SPECIAL 0.8MM	1	
MEDLANCE PLUS SUPERLITE 30G	1	
MEDLANCE PLUS UNIVERSAL 21G	1	
MEDLANCE UNIVERSAL 21G	1	
MEIJER LANCETS	1	
MEIJER LANCETS THIN	1	
MEIJER LANCETS UNIVERSAL 21G	1	
MEIJER LANCETS UNIVERSAL 30G	1	
MEIJER LANCETS UNIVERSAL 33G	1	
MEIJER SUPER THIN LANCETS	1	
MICRODOT CONTROL HIGH/LOW	3	QL
MICROLET LANCETS	1	
MICROLET NEXT LANCING DEVICE	1	
MINI LANCING DEVICE	1	
MM LANCING DEVICE	1	
MM TWIST LANCETS	1	
MOBILE LANCETS 30G	1	
MONOLET LANCETS	1	
MONOLET OPD LANCETS	1	

Drug Name	Drug Tier	Requirements / Limits
MONOLETTOR SAFETY LANCETS	1	
MPD SAFETY LANCET 21G	1	
MPD SAFETY LANCET 23G	1	
MPD SAFETY LANCET 28G	1	
MPD SAFETY LANCET 30G	1	
MULTI-LANCET DEVICE	1	
MULTI-LANCET DEVICE 2	1	
MYGLUCOHEALTH CONTROL	3	QL
MYGLUCOHEALTH LANCETS 30G	1	
NEUTEK 2TEK CONTROL	3	QL
NOVA MAX PLUS GLU/KET CONTROL	3	QL
NOVA SAFETY LANCETS 23G	1	
NOVA SAFETY LANCETS 28G	1	
NOVA SUREFLEX LANCETS	1	
NOVA SUREFLEX LANCING DEVICE	1	
ONETOUCH DELICA PLUS LANCET30G	1	
ONETOUCH DELICA PLUS LANCET33G	1	
ONETOUCH DELICA PLUS LANCING	1	
ONETOUCH DELICA SAFETY LANCING	1	
ONETOUCH SURESOFT LANCING DEV	1	
ONETOUCH ULTRA 2	3	
ONETOUCH ULTRA CONTROL	3	QL
ONETOUCH ULTRASOFT 2 LANCETS	1	
ONETOUCH ULTRASOFT LANCETS	1	
ONETOUCH VERIO (HIGH LIQUID, LIQUID)	3	QL
ONETOUCH VERIO FLEX SYSTEM W/DEVICE KIT	3	
ONETOUCH VERIO REFLECT	3	
PC LANCETS SUPER THIN 30G	1	

Drug Name	Drug Tier	Requirements / Limits
PERFECT LANCETS 28G	1	
PERFECT LANCETS 30G	1	
PERFECT POINT SAFETY LANCETS	1	
PHARMACIST CHOICE LANCETS	1	
PHARMACY COUNTER LANCETS	1	
PIP GLUCOSE CONTROL SOLUTION	3	QL
PIP LANCETS 28G	1	
PIP LANCETS 30G	1	
POCKETCHEM EZ CONTROL	3	QL
PRECISION GLUCOSE CONTROL	3	QL
PRECISION GLUCOSE CONTROL SOLN	3	QL
PRECISION GLUCOSE KETONE CONTR	3	QL
PRECISION GLUCOSE/KETONE CONTR	3	QL
PRECISION THINS GP LANCETS	1	
PREFERRED PLUS LANCETS COLORED	1	
PREFERRED PLUS LANCETS THIN	1	
PRO COMFORT LANCETS 30G	1	
PRO COMFORT LANCETS 31G	1	
PRO COMFORT SAFETY LANCETS 30G	1	
PRODIGY CONTROL SOLUTION	3	QL
PRODIGY LANCETS 28G	1	
PRODIGY LANCING DEVICE	1	
PRODIGY SAFETY LANCETS 26G	1	
PRODIGY TWIST TOP LANCETS 28G	1	
PSS SELECT GP LANCETS	1	
PSS SELECT PLATFORMS	1	
PSS SELECT SAFETY LANCETS	1	
PURE COMFORT LANCETS 30G	1	

Drug Name	Drug Tier	Requirements / Limits
PX ADVANCED LANCING DEVICE	1	
PX LANCET AUTO INJECTOR	1	
PX LANCETS MICROTHIN 33G	1	
PX LANCETS ULTRA THIN	1	
PX LANCETS ULTRA THIN 28G	1	
QC ADVANCED LANCING DEVICE	1	
QC LANCETS SUPER THIN 30G	1	
QC LANCETS ULTRA THIN	1	
QC UNILET LANCETS 28G	1	
QC UNILET LANCETS MICRO THIN	1	
QUICKTEK CONTROL SOLUTION	3	QL
QUINTET CONTROL HIGH/NORMAL	3	QL
RA E-ZJECT LANCETS 28G	1	
RA E-ZJECT LANCETS THIN 26G	1	
RA E-ZJECT LANCETS THIN 28G	1	
RA E-ZJECT LANCETS ULTRA THIN	1	
READYLANCE SAFETY LANCETS	1	
REALITY LANCETS	1	
REALITY TRIGGER LANCETS	1	
REFUAH PLUS GLUCOSE CONTROL	3	QL
RELION LANCET DEVICES 30G	1	
RELION LANCETS	1	
RELION LANCETS MICRO-THIN 33G	1	
RELION LANCETS THIN 26G	1	
RELION LANCETS ULTRA-THIN 30G	1	
RELION LANCING DEVICE	1	
RELION ULTRA THIN LANCETS 30G	1	
RELION ULTRA THIN PLUS LANCETS	1	

Drug Name	Drug Tier	Requirements / Limits
REXALL LANCETS ULTRA THIN 30G	1	
RIGHTEST ALTERNATE SITE ADAPT	1	
RIGHTEST GC300 CONTROL	3	QL
RIGHTEST GD500 LANCING DEVICE	1	
RIGHTEST GL300 LANCETS	1	
SAFE-T-LANCE	1	
SAFE-T-LANCE PLUS	1	
SAFETY LANCET 30G/PRESSURE ACT	1	
SAFETY LANCETS	1	
SAFETY LANCETS 21G	1	
SAFETY LANCETS 23G	1	
SAFETY LANCETS 28G	1	
SAPS HEALTH PLUS LANCETS	1	
SAPS HEALTH TWIST TOP LANCETS	1	
SAPS TWIST TOP LANCETS	1	
SAPSCARE TWIST TOP LANCETS	1	
SB LANCETS THIN	1	
SB LANCETS ULTRA THIN	1	
SELECT-LITE DEVICE/LANCETS	1	
SELECT-LITE LANCING DEVICE	1	
SHOPKO AUTOLET LANCING DEVICE	1	
SHOPKO ON-THE-GO LANCETS 30G	1	
SHOPKO UNILET LANCETS 28G	1	
SHOPKO UNILET LANCETS 30G	1	
SIMPLE DIAGNOSTICS LANCING DEV	1	
SINGLE-LET	1	
SM LANCETS 33G	1	
SM TRUEDRAW LANCING DEVICE	1	

Drug Name	Drug Tier	Requirements / Limits
SMART DIABETES VANTAGE LANCING	1	
SMART SENSE COLOR LANCETS 33G	1	
SMART SENSE STANDARD LANCETS	1	
SMART SENSE SUPER THIN LANCETS	1	
SMART SENSE THIN LANCETS 26G	1	
SMARTEST CONTROL MEDIUM	3	QL
SMARTEST LANCETS 28G	1	
SOLARTEK GLUCOSE CONTROL	3	QL
SOLUS V2 CONTROL	3	QL
SOLUS V2 LANCETS 28G	1	
SOLUS V2 LANCING DEVICE	1	
SOLUS V2 TWIST LANCETS 30G	1	
STERILANCE PA	1	
STERILANCE TL	1	
SUPER THIN LANCETS	1	
SUPREME II HIGH/LOW CONTROL	3	QL
SURE COMFORT LANCETS 18G	1	
SURE COMFORT LANCETS 21G	1	
SURE COMFORT LANCETS 23G	1	
SURE COMFORT LANCETS 28G	1	
SURE COMFORT LANCETS 30G	1	
SURE COMFORT LANCING PEN	1	
SURE-LANCE FLAT LANCETS	1	
SURE-LANCE LANCETS 26G	1	
SURE-LANCE THIN LANCETS 28G	1	
SURE-LANCE ULTRA THIN LANCETS	1	
SURE-PEN	1	
SURE-TOUCH LANCETS UNIVERSAL	1	

Drug Name	Drug Tier	Requirements / Limits
SURELITE LANCETS	1	
TAI DOC CONTROL	3	QL
TECHLITE AST LANCETS	1	
TECHLITE LANCETS	1	
TECHLITE LANCETS 26G	1	
TECHLITE LANCETS 30G	1	
TGT LANCET MICRO THIN 33G	1	
TGT LANCET THIN 26G	1	
TGT LANCET ULTRA THIN 30G	1	
TGT LANCING DEVICE	1	
THINLETS GP LANCETS	1	
TODAYS HEALTH LANCING DEVICE	1	
TODAYS HEALTH THIN LANCETS 28G	1	
TODAYS HEALTH THIN LANCETS 30G	1	
TOPCARE LANCETS MICRO-THIN 33G	1	
TRAVEL LANCETS	1	
TRAVEL LANCETS ADVANCED 28G	1	
TRUE COMFORT SAFETY LANCETS	1	
TRUE COMFORT TWIST TOP LANCETS	1	
TRUE METRIX LEVEL 1	3	QL
TRUE METRIX LEVEL 2	3	QL
TRUE METRIX LEVEL 3	3	QL
TRUECONTROL GLUCOSE CONT LEV 0	3	QL
TRUECONTROL GLUCOSE CONT LEV 1	3	QL
TRUEDRAW LANCING DEVICE	1	
TRUEPLUS LANCETS 26G	1	
TRUEPLUS LANCETS 28G	1	
TRUEPLUS LANCETS 30G	1	

Drug Name	Drug Tier	Requirements / Limits
TRUEPLUS LANCETS 33G	1	
TRUEPLUS SAFETY LANCETS 28G	1	
TWIST TOP LANCETS 30G	1	
ULTI-LANCE AUTOMATIC	1	
ULTILET CLASSIC LANCETS	1	
ULTILET LANCETS	1	
ULTILET SAFETY LANCETS	1	
ULTILET SAFETY LANCETS 23G	1	
ULTRA THIN LANCETS 31G	1	
ULTRA-CARE LANCETS 30G	1	
ULTRA-THIN II AUTO LANCET	1	
ULTRA-THIN II LANCETS	1	
UNILET COMFORTOUCH LANCET	1	
UNILET EXCELITE	1	
UNILET EXCELITE II	1	
UNILET G.P. LANCET	1	
UNILET G.P. SUPERLITE LANCET	1	
UNILET GP 28 ULTRA THIN	1	
UNILET LANCET	1	
UNILET MICRO-THIN 33G	1	
UNILET SUPER-THIN 30G	1	
UNILET SUPERLITE LANCET	1	
UNILET ULTRA-THIN 28G	1	
UNISTIK 1	1	
UNISTIK 2	1	
UNISTIK 2 COMFORT	1	
UNISTIK 2 EXTRA	1	
UNISTIK 2 NEONATAL	1	

Drug Name	Drug Tier	Requirements / Limits
UNISTIK 2 NORMAL	1	
UNISTIK 2 SUPER	1	
UNISTIK 3	1	
UNISTIK 3 COMFORT	1	
UNISTIK 3 EXTRA	1	
UNISTIK 3 GENTLE	1	
UNISTIK 3 NEONATAL	1	
UNISTIK 3 NORMAL	1	
UNISTIK CZT COMFORT	1	
UNISTIK CZT NORMAL	1	
UNISTIK NORMAL	1	
UNISTIK PRO SAFETY LANCET	1	
UNISTIK SAFETY LANCETS 28G	1	
UNISTIK SAFETY LANCETS 30G	1	
UNISTIK TOUCH SAFETY LANC 21G	1	
UNISTIK TOUCH SAFETY LANC 23G	1	
UNISTIK TOUCH SAFETY LANC 28G	1	
UNISTIK TOUCH SAFETY LANC 30G	1	
UNISTRIP CONTROL	3	QL
UNIVERSAL 1 LANCETS THIN 26G	1	
UNIVERSAL 1 LANCETS THIN 33G	1	
UNIVERSAL 1 LANCETS ULTRA THIN	1	
VALUE PLUS LANCET STANDARD 21G	1	
VALUE PLUS LANCETS SUPER THIN	1	
VALUE PLUS LANCETS THIN 26G	1	
VALUE PLUS LANCING DEVICE	1	
VALUMARK LANCET SUPER THIN 30G	1	
VALUMARK LANCET ULTRA THIN 28G	1	

Drug Name	Drug Tier	Requirements / Limits
VERASENS GLUCOSE CONTROL	3	QL
VERIFINE SAFE LANCET MINI 21G	1	
VERIFINE SAFE LANCET MINI 23G	1	
VERIFINE SAFE LANCET MINI 28G	1	
VERIFINE SAFE LANCET MINI 30G	1	
VERIFINE UNIVERSAL LANCETS 28G	1	
VERIFINE UNIVERSAL LANCETS 30G	1	
VERIFINE UNIVERSAL LANCETS 33G	1	
VIDA MIA AUTOLET LANCING DEV	1	
VIDA MIA UNILET LANCETS 28G	1	
VIDA MIA UNILET LANCETS 30G	1	
VIVAGUARD INO CONTROL SOLUTION	3	QL
VIVAGUARD LANCETS	1	
VIVAGUARD LANCETS 30G	1	
VIVAGUARD LANCING DEVICE	1	
VIVAGUARD SAFETY LANCETS 28G	1	
WALGREENS ADV TRAVEL LANCETS	1	
WALGREENS LANCETS	1	
WALGREENS LANCETS MICRO THIN	1	
WALGREENS LANCETS SUPER THIN	1	
WALGREENS THIN LANCETS	1	
WALGREENS ULTRA THIN LANCETS	1	
ZEVRX TWIST TOP LANCETS 30G	1	
INSULIN ADMINISTRATION SUPPLIES		
MODD1 PATIENT WELCOME KIT	3	QL
MODD1 SUPPLY KIT	3	
OMNIPOD 5 DEXG7G6 PODS GEN 5	3	
OMNIPOD 5 G6 INTRO (GEN 5)	3	QL

Drug Name	Drug Tier	Requirements / Limits
OMNIPOD 5 G6 PODS (GEN 5)	3	
OMNIPOD 5 G7 INTRO (GEN 5)	3	QL
OMNIPOD 5 G7 PODS (GEN 5)	3	
OMNIPOD 5 LIBRE2 G6 INTRO G5	3	QL
OMNIPOD 5 LIBRE2 PLUS G6 PODS	3	
OMNIPOD CLASSIC PDM (GEN 3)	3	QL
OMNIPOD CLASSIC PODS (GEN 3)	3	
OMNIPOD DASH INTRO (GEN 4)	3	QL
OMNIPOD DASH PDM (GEN 4)	3	QL
OMNIPOD DASH PODS (GEN 4)	3	
OMNIPOD GO	3	QL
TWIST REFILL KIT/INFUSION SET	3	
TWIST STARTER KIT	3	QL
V-GO 20	3	QL
V-GO 30	3	QL
V-GO 40	3	QL
NEEDLES & SYRINGES		
1ST TIER UNIFINE PENTIPS	1	
1ST TIER UNIFINE PENTIPS PLUS	1	
ABOUTTIME PEN NEEDLE	1	
ADVOCATE INSULIN PEN NEEDLE	1	
ADVOCATE INSULIN PEN NEEDLES	1	
ADVOCATE INSULIN SYRINGE	1	QL
AQ INSULIN SYRINGE	1	QL
AQINJECT PEN NEEDLE	1	
ASSURE ID DUO PRO PEN NEEDLES	1	
ASSURE ID INSULIN SAFETY SYR	1	QL
ASSURE ID PRO PEN NEEDLES	1	

Drug Name	Drug Tier	Requirements / Limits
ASSURE ID SAFETY PEN NEEDLES	1	
AUM INSULIN SAFETY PEN NEEDLE	1	
AUM MINI INSULIN PEN NEEDLE	1	
AUM PEN NEEDLE	1	
AUM READYGARD DUO PEN NEEDLE	1	
AUM SAFETY PEN NEEDLE	1	
AURORA PEN NEEDLES	1	
AURORA UNIFINE PENTIPS	1	
AUTOJECT 2	1	
AUTOPEN	1	
BD AUTOSHIELD	1	
BD AUTOSHIELD DUO	1	
BD INSULIN SYR ULTRAFINE II	1	QL
BD INSULIN SYRINGE (25G X 5/8" 1 ML MISC, 27G X 1/2" 1 ML MISC, 27.5G X 5/8" 2 ML MISC, 29G X 1/2" 0.3 ML MISC, 29G X 1/2" 0.5 ML MISC, 29G X 1/2" 1 ML MISC)	1	QL
BD INSULIN SYRINGE HALF-UNIT	1	QL
BD INSULIN SYRINGE MICROFINE	1	QL
BD INSULIN SYRINGE U-100 1 ML MISC	1	
BD INSULIN SYRINGE U-500	1	
BD INSULIN SYRINGE U/F	1	QL
BD INSULIN SYRINGE U/F 1/2UNIT	1	QL
BD INSULIN SYRINGE ULTRAFINE	1	QL
BD PEN	1	
BD PEN MINI	1	
BD PEN NEEDLE MICRO ULTRAFINE	1	
BD PEN NEEDLE MINI ULTRAFINE	1	
BD PEN NEEDLE NANO 2ND GEN	1	

Drug Name	Drug Tier	Requirements / Limits
BD PEN NEEDLE NANO U/F	1	
BD PEN NEEDLE NANO ULTRAFINE	1	
BD PEN NEEDLE ORIG ULTRAFINE	1	
BD PEN NEEDLE SHORT ULTRAFINE	1	
BD SAFETY-LOK INSULIN SYRINGE	1	QL
BD SAFETYGLIDE INSULIN SYRINGE	1	QL
BD VEO INSULIN SYR U/F 1/2UNIT	1	QL
BD VEO INSULIN SYR ULTRAFINE	1	QL
CAREFINE PEN NEEDLES	1	
CAREONE INSULIN SYRINGE	1	QL
CAREONE UNIFINE PENTIPS	1	
CAREONE UNIFINE PENTIPS PLUS	1	
CARETOUCH INSULIN SYRINGE	1	QL
CARETOUCH PEN NEEDLES	1	
CEQUR SIMPLICITY 2U	1	
CEQUR SIMPLICITY INSERTER	1	
CLEVER CHOICE COMFORT EZ (29G X 12MM MISC, 33G X 4 MM MISC)	1	
CLICKFINE PEN NEEDLES	1	
COMFORT ASSIST INSULIN SYRINGE	1	QL
COMFORT EZ INSULIN SYRINGE	1	QL
COMFORT EZ MICRO PEN NEEDLES	1	
COMFORT EZ PEN NEEDLES	1	
COMFORT EZ PRO PEN NEEDLES	1	
COMFORT EZ SHORT PEN NEEDLES	1	
COMFORT TOUCH INSULIN PEN NEED	1	
DIATHRIVE PEN NEEDLE	1	
DROPLET INSULIN SYRINGE	1	QL
DROPLET MICRON	1	

Drug Name	Drug Tier	Requirements / Limits
DROPLET PEN NEEDLES	1	
DROPSAFE SAFETY PEN NEEDLES	1	
DROPSAFE SAFETY SYRINGE/NEEDLE	1	QL
DRUG MART UNIFINE PENTIPS	1	
DRUG MART UNIFINE PENTIPS PLUS	1	
EASY COMFORT INSULIN SYRINGE	1	QL
EASY COMFORT PEN NEEDLES	1	
EASY GLIDE PEN NEEDLES	1	
EASY TOUCH FLIPLOCK INSULIN SY	1	QL
EASY TOUCH INSULIN BARRELS	1	
EASY TOUCH INSULIN SAFETY SYR	1	QL
EASY TOUCH INSULIN SYRINGE	1	QL
EASY TOUCH PEN NEEDLES	1	
EASY TOUCH SAFETY PEN NEEDLES	1	
EASY TOUCH SHEATHLOCK SYRINGE (29G X 1/2" 1 ML MISC, 30G X 1/2" 1 ML MISC, 30G X 5/16" 1 ML MISC, 31G X 5/16" 1 ML MISC)	1	QL
EMBECTA AUTOSHIELD DUO	1	
EMBECTA INS SYR U/F 1/2 UNIT	1	QL
EMBECTA INSULIN SYRINGE	1	QL
EMBECTA INSULIN SYRINGE U-100	1	QL
EMBECTA INSULIN SYRINGE U-500	1	
EMBECTA INSULIN SYRINGE U/F	1	QL
EMBECTA PEN NEEDLE NANO	1	
EMBECTA PEN NEEDLE NANO 2 GEN	1	
EMBECTA PEN NEEDLE U/F	1	
EMBRACE PEN NEEDLES	1	
EQL INSULIN SYRINGE	1	QL
EXEL COMFORT POINT INSULIN SYR	1	QL

Drug Name	Drug Tier	Requirements / Limits
EXEL COMFORT POINT PEN NEEDLE	1	
FIFTY50 PEN NEEDLES	1	
FIFTY50 SUPERIOR COMFORT SYR	1	QL
FREDS PHARMACY UNIFINE PENTIP+	1	
FREDS PHARMACY UNIFINE PENTIPS	1	
FREESTYLE PRECISION INS SYR	1	QL
GLOBAL EASE INJECT PEN NEEDLES	1	
GLOBAL EASY GLIDE INSULIN SYR 31G X 5/16" 0.3 ML MISC	1	QL
GLOBAL EASY GLIDE PEN NEEDLES	1	
GLOBAL INJECT EASE INSULIN SYR	1	QL
GLOBAL INSULIN SYRINGES	1	QL
GLUCOPRO INSULIN SYRINGE	1	QL
GNP CLICKFINE PEN NEEDLES	1	
GNP INSULIN SYRINGE	1	QL
GNP INSULIN SYRINGES	1	QL
GNP INSULIN SYRINGES 28GX1/2"	1	QL
GNP INSULIN SYRINGES 29GX1/2"	1	QL
GNP INSULIN SYRINGES 30GX5/16"	1	QL
GNP INSULIN SYRINGES 31GX5/16"	1	QL
GNP PEN NEEDLES	1	
GNP ULTICARE PEN NEEDLES	1	
GNP ULTIGUARD SAFEPAK NEEDLE	1	
GNP ULTRA COM INSULIN SYRINGE	1	QL
GOODSENSE CLICKFINE PEN NEEDLE	1	
GOODSENSE PEN NEEDLE PENFINE	1	
H-E-B INCONTROL PEN NEEDLES	1	
H-E-B INCONTROL UNIFINE PENTIP	1	
HEALTHWISE INSULIN SYR/NEEDLE	1	QL

Drug Name	Drug Tier	Requirements / Limits
HEALTHWISE MICRON PEN NEEDLES	1	
HEALTHWISE MINI PEN NEEDLES	1	
HEALTHWISE PEN NEEDLES	1	
HEALTHWISE SHORT PEN NEEDLES	1	
HEALTHWISE UNIFINE PENTIPS	1	
HEALTHY ACCENTS UNIFINE PENTIP	1	
HM ULTICARE INSULIN SYRINGE	1	QL
HM ULTICARE MINI PEN NEEDLES	1	
HM ULTICARE SHORT PEN NEEDLES	1	
HUMATROPEN FOR 12MG	1	
HUMATROPEN FOR 24MG	1	
HUMATROPEN FOR 6MG	1	
INCONTROL ULTICARE PEN NEEDLES	1	
INJECT-EASE	1	
INPEN 100-BLUE-LILLY-HUMALOG	1	
INPEN 100-BLUE-NOVOLOG-FIASP	1	
INPEN 100-GREY-LILLY-HUMALOG	1	
INPEN 100-GREY-NOVOLOG-FIASP	1	
INPEN 100-PINK-LILLY-HUMALOG	1	
INPEN 100-PINK-NOVOLOG-FIASP	1	
INSULIN SYRINGE	1	QL
INSULIN SYRINGE-NEEDLE U-100	1	QL
INSULIN SYRINGE/NEEDLE	1	QL
INSUPEN PEN NEEDLES	1	
INSUPEN SENSITIVE	1	
INSUPEN ULTRAFIN	1	
INSUPEN32G EXTR3ME	1	
J-TIP KIT W/VIAL ADAPTERS	1	

Drug Name	Drug Tier	Requirements / Limits
KINRAY INSULIN SYRINGE	1	QL
KMART VALU INSULIN SYRINGE 29G	1	
KMART VALU INSULIN SYRINGE 30G	1	
KROGER INSULIN SYRINGE	1	QL
KROGER PEN NEEDLES	1	
LEADER INSULIN SYRINGE	1	QL
LEADER UNIFINE PENTIPS	1	
LEADER UNIFINE PENTIPS PLUS	1	
LITETOUCH INSULIN SYRINGE	1	QL
LITETOUCH PEN NEEDLES	1	
LONGS INSULIN SYRINGE	1	QL
MAGELLAN INSULIN SAFETY SYR	1	QL
MARATHON MEDICAL PENTIPS	1	
MAXI-COMFORT INSULIN SYRINGE	1	QL
MAXI-COMFORT SAFETY PEN NEEDLE	1	
MAXICOMFORT II PEN NEEDLE	1	
MAXICOMFORT SYR 27G X 1/2"	1	QL
MEDIC INSULIN SYRINGE	1	QL
MEDICINE SHOPPE PEN NEEDLES	1	
MEIJER PEN NEEDLES	1	
MICRODOT PEN NEEDLE	1	
MM INSULIN SYRINGE/NEEDLE	1	QL
MM PEN NEEDLES	1	
MONOJECT INSULIN SYRINGE (25G X 5/8" 1 ML MISC, 27G X 1/2" 1 ML MISC, 28G X 1/2" 0.5 ML MISC, 28G X 1/2" 1 ML MISC, 29G X 1/2" 0.3 ML MISC, 29G X 1/2" 0.5 ML MISC, 29G X 1/2" 1 ML MISC, 30G X 5/16" 0.3 ML MISC, 30G X 5/16" 0.5 ML MISC, 30G X 5/16" 1 ML MISC, 31G X 5/16" 1 ML MISC)	1	QL
MONOJECT INSULIN SYRINGE U-100 1 ML MISC	1	

Drug Name	Drug Tier	Requirements / Limits
MONOJECT ULTRA COMFORT SYRINGE	1	QL
MS INSULIN SYRINGE	1	QL
NORDIPEN 5 INJECTION DEVICE	1	
NORDIPEN DELIVERY SYSTEM	1	
NOVOFINE AUTOCOVER PEN NEEDLE	1	
NOVOFINE PEN NEEDLE	1	
NOVOFINE PLUS PEN NEEDLE	1	
NOVOPEN ECHO	1	
NOVOTWIST PEN NEEDLE	1	
OMNITROPE PEN 10 INJ DEVICE	1	
OMNITROPE PEN 5 INJ DEVICE	1	
PC UNIFINE PENTIPS	1	
PEN NEEDLE/5-BEVEL TIP	1	
PEN NEEDLES	1	
PEN NEEDLES 5/16"	1	
PENTIPS	1	
PENTIPS GENERIC PEN NEEDLES	1	
PIP PEN NEEDLES 31G X 5MM	1	
PIP PEN NEEDLES 32G X 4MM	1	
PRECISION SURE-DOSE SYRINGE (28G X 1/2" 0.5 ML MISC, 28G X 1/2" 1 ML MISC, 29G X 1/2" 0.5 ML MISC, 30G X 5/16" 0.3 ML MISC)	1	QL
PRECISION SUREDOSE PLUS SYR	1	QL
PREFERRED PLUS INSULIN SYRINGE	1	QL
PREFERRED PLUS UNIFINE PENTIPS	1	
PREVENT DROPSAFE PEN NEEDLES	1	
PREVENT SAFETY PEN NEEDLES	1	
PRO COMFORT INSULIN SYRINGE	1	QL
PRO COMFORT PEN NEEDLES	1	

Drug Name	Drug Tier	Requirements / Limits
PRODIGY INSULIN SYRINGE	1	QL
PURE COMFORT PEN NEEDLE	1	
PURE COMFORT SAFETY PEN NEEDLE	1	
PX EXTRA SHORT PEN NEEDLES	1	
PX INSULIN SYRINGE	1	QL
PX MINI PEN NEEDLES	1	
PX PEN NEEDLE	1	
PX SHORTLENGTH PEN NEEDLES	1	
QC PEN NEEDLES	1	
QC UNIFINE PENTIPS	1	
QUICK TOUCH INSULIN PEN NEEDLE	1	
RA INSULIN SYRINGE	1	QL
RA PEN NEEDLES	1	
RAYA SURE PEN NEEDLE	1	
REALITY INSULIN SYRINGE	1	QL
RELION INSULIN SYRINGE	1	QL
RELION MINI PEN NEEDLES	1	
RELION PEN NEEDLES	1	
RELION SHORT PEN NEEDLES	1	
SAFETY INSULIN SYRINGES	1	QL
SAFETY PEN NEEDLES	1	
SB INSULIN SYRINGE	1	QL
SECURESAFE INSULIN SYRINGE	1	QL
SECURESAFE SAFETY PEN NEEDLES	1	
SHOPKO UNIFINE PENTIPS	1	
SHOPKO UNIFINE PENTIPS PLUS	1	
SURE COMFORT INSULIN SYRINGE	1	QL
SURE COMFORT PEN NEEDLES	1	

Drug Name	Drug Tier	Requirements / Limits
SURE-FINE PEN NEEDLES	1	
SURE-JECT INSULIN SYRINGE	1	QL
TECHLITE INSULIN SYRINGE (29G X 1/2" 0.3 ML MISC, 29G X 1/2" 0.5 ML MISC, 29G X 1/2" 1 ML MISC, 30G X 1/2" 0.5 ML MISC, 30G X 1/2" 1 ML MISC, 30G X 5/16" 0.3 ML MISC, 30G X 5/16" 0.5 ML MISC, 31G X 5/16" 0.3 ML MISC, 31G X 5/16" 0.5 ML MISC, 31G X 5/16" 1 ML MISC)	1	QL
TECHLITE PEN NEEDLES	1	
TECHLITE PLUS PEN NEEDLES	1	
TODAYS HEALTH MINI PEN NEEDLES	1	
TODAYS HEALTH PEN NEEDLES	1	
TODAYS HEALTH SHORT PEN NEEDLE	1	
TOPCARE CLICKFINE PEN NEEDLES	1	
TOPCARE ULTRA COMFORT INS SYR	1	QL
TRUE COMFORT INSULIN SYRINGE	1	QL
TRUE COMFORT PEN NEEDLES	1	
TRUE COMFORT PRO INSULIN SYR	1	QL
TRUE COMFORT PRO PEN NEEDLES	1	
TRUE COMFORT SAFETY PEN NEEDLE	1	
TRUEPLUS 5-BEVEL PEN NEEDLES	1	
TRUEPLUS INSULIN SYRINGE	1	QL
TRUEPLUS PEN NEEDLES	1	
ULTICARE INSULIN SAFETY SYR	1	QL
ULTICARE INSULIN SYR 1/2 UNIT	1	QL
ULTICARE INSULIN SYRINGE	1	QL
ULTICARE MICRO PEN NEEDLES	1	
ULTICARE MINI PEN NEEDLES	1	
ULTICARE PEN NEEDLES	1	
ULTICARE SHORT PEN NEEDLES	1	

Drug Name	Drug Tier	Requirements / Limits
ULTIGUARD SAFEPACK PEN NEEDLE	1	
ULTIGUARD SAFEPACK SYR/NEEDLE	1	QL
ULTILET INSULIN SYRINGE	1	QL
ULTILET INSULIN SYRINGE SHORT	1	QL
ULTILET PEN NEEDLE	1	
ULTRA COMFORT INSULIN SYRINGE	1	QL
ULTRA FLO INSULIN PEN NEEDLES	1	
ULTRA FLO INSULIN SYR 1/2 UNIT	1	QL
ULTRA FLO INSULIN SYRINGE	1	QL
ULTRA THIN PEN NEEDLES	1	
ULTRA-THIN II INS SYR SHORT	1	QL
ULTRA-THIN II INSULIN SYRINGE	1	QL
ULTRA-THIN II MINI PEN NEEDLE	1	
ULTRA-THIN II PEN NEEDLE SHORT	1	
ULTRA-THIN II PEN NEEDLES	1	
ULTRACARE INSULIN SYRINGE	1	QL
ULTRACARE PEN NEEDLES	1	
UNIFINE OTC PEN NEEDLES	1	
UNIFINE PEN NEEDLES	1	
UNIFINE PENTIPS	1	
UNIFINE PENTIPS PLUS	1	
UNIFINE PROTECT PEN NEEDLE	1	
UNIFINE SAFECONTROL PEN NEEDLE	1	
UNIFINE ULTRA PEN NEEDLE	1	
VALUE HEALTH INSULIN SYRINGE	1	QL
VALUMARK PEN NEEDLES	1	
VANISHPOINT INSULIN SYRINGE	1	QL
VERIFINE INSULIN PEN NEEDLE	1	

Drug Name	Drug Tier	Requirements / Limits
VERIFINE INSULIN SYRINGE	1	QL
VERIFINE PLUS PEN NEEDLE	1	
VIDA MIA UNIFINE PENTIPS	1	
VP INSULIN SYRINGE	1	QL
WEGMANS UNIFINE PENTIPS PLUS	1	
ZEVRX INSULIN SYRINGE	1	QL
ZEVRX PEN NEEDLES	1	
PEAK FLOW METERS		
AEROGear ACTION ASTHMA KIT	4	
AIRZONE PEAK FLOW METER	4	
ASSESS PEAK FLOW METER	4	
BREATHE EASE PEAK FLOW METER	4	
CLEVER CHOICE PEAK FLOW METER	4	
LUNG PERFORM PEAK FLOW METER	4	
MICROLIFE DIGITAL PEAK FLOW	4	
MINI WRIGHT PEAK FLOW METER	4	
PEAK A-I-R FLOW METER	4	
PEAK AIR PEAK FLOW METER	4	
PEAK FLOW METER UNIVERSAL RANG	4	
PERSONAL BEST FULL RANGE	4	
PIKO 1	4	
POCKET PEAK FLOW METER	4	
POCKETPEAK PEAK FLOW METER	4	
PURE COMFORT FLOW METER ADULT	4	
PURE COMFORT FLOW METER CHILD	4	
STRIVE DUAL ZONE PEAK FLOW MTR	4	
TRUZONE PEAK FLOW METER	4	
RESPIRATORY THERAPY SUPPLIES		
ACE AEROSOL CLOUD ENHANCER	3	

Drug Name	Drug Tier	Requirements / Limits
ACTIVITY POUCH	3	
ADULT MASK	3	
ADULT MASK LARGE	3	
AEROBIKA	3	
AEROECLIPSE EZ TWIST TUBING	3	
AEROTRACH PLUS	3	
AIRS PEDIATRIC AEROSOL MASK	3	
ALL FLOW 1000 PFT FILTER DEVICE	3	
ALL FLOW 1000 PFT FILTER MISC	3	
ALL FLOW 2000 PFT FILTER	3	
ALL FLOW 3000 PFT FILTER DEVICE	3	
ALL FLOW 4000 PFT FILTER DEVICE	3	
ALL FLOW 5000 PFT FILTER DEVICE	3	
ALL FLOW 6000 PFT FILTER DEVICE	3	
ALL FLOW 7000 PFT FILTER	3	
BREATHE EASE NEB MASK/CHILD	3	
BREATHE EASE NEB MASK/INFANT	3	
CARETOUCH 2 CPAP HOSE HANGER	3	
CARETOUCH CPAP & BIPAP HOSE	3	
CARETOUCH CPAP MASK WIPES	3	
CARETOUCH CPAP PRE-WASH SOLN	3	
CARETOUCH CPAP TUBE BRUSH	3	
CARETOUCH UNIVERSL CPAP FILTER	3	
CO MONITOR	3	
CO MONITOR REPLACEMENT PIECES	3	
DISPOSABLE FULL RANGE	3	
DISPOSABLE LOW RANGE	3	
DISPOSABLE LOW RANGE/PEDIATRIC	3	

Drug Name	Drug Tier	Requirements / Limits
DISPOSABLE UNIVERSAL RANGE	3	
EBASE CONTROLLER KIT	3	
FILTER AIR PP	3	
FULL KIT NEBULIZER SET	3	
IN-CHECK DIAL FLOW TRAINER	3	
IN-CHECK INSPIRATORY FLOW MTR	3	
INNOSPIRE REPLACEMENT FILTER	3	
LITETOUCH MASK LARGE	3	
LITETOUCH MASK MEDIUM	3	
LITETOUCH MASK SMALL	3	
NEBULIZER AIR TUBE/PLUGS	3	
NEBULIZER MASK ADULT	3	
NEBULIZER MASK CHILD	3	
OMBRA TABLE TOP COMPRESSOR	3	
ONE FLOW SPIROMETER DEVICE	3	
PARI ALTERA NEBULIZER HANDSET	3	
PARI BABY CONVERSION KIT	3	
PARI ERAPID NEBULIZER HANDSET	3	
PARI EXPIRATORY FILTER SET	3	
PARI MANUAL INTERRUPTER	3	
PARI MASK SET	3	
PARI SOFT PLASTIC ADULT MASK	3	
PARI SOFT PLASTIC PED MASK	3	
PARI TREK S COMBO PACK	3	
PFLEX	3	
PILLOW MASK/ADULT	3	
PILLOW MASK/CHILD	3	
PILLOW MASK/PEDIATRIC	3	

Drug Name	Drug Tier	Requirements / Limits
QUAKE	3	
REPLACEMENT AIR FILTER	3	
REUSABLE COMFORTSEAL MASK-LRG	3	
REUSABLE COMFORTSEAL MASK-MED	3	
REUSABLE COMFORTSEAL MASK-SML	3	
SIDESTREAM ADULT FACE MASK	3	
SIDESTREAM PEDIATRIC FACE MASK	3	
SILICONE MASK/ADULT	3	
SILICONE MASK/INFANT	3	
SILICONE MASK/PEDIATRIC	3	
SPIRO PD	3	
THRESHOLD IMT	3	
THRESHOLD PEP	3	
VERSAPAP	3	
VERSAPAP W/UNIVERSAL TUBING	3	
WINDMILL TRAINER	3	
SPACER/AEROSOL-HOLDING CHAMBERS & SUPPLIES		
AEROCHAMBER HOLDING CHAMBER	3	
AEROCHAMBER MINI CHAMBER	3	
AEROCHAMBER MV	3	
AEROCHAMBER PLS FLOVU MTHPIECE	3	
AEROCHAMBER PLUS FLO-VU	3	
AEROCHAMBER PLUS FLO-VU INTERM	3	
AEROCHAMBER PLUS FLO-VU LARGE	3	
AEROCHAMBER PLUS FLO-VU MEDIUM	3	
AEROCHAMBER PLUS FLO-VU SMALL	3	
AEROCHAMBER PLUS FLO-VU W/MASK	3	
AEROCHAMBER PLUS FLOW VU	3	

Drug Name	Drug Tier	Requirements / Limits
AEROCHAMBER W/FLOWSIGNAL	3	
AEROCHAMBER Z-STAT PLUS	3	
AEROCHAMBER Z-STAT PLUS CHAMBR	3	
AEROCHAMBER Z-STAT PLUS/LARGE	3	
AEROCHAMBER Z-STAT PLUS/MEDIUM	3	
AEROCHAMBER Z-STAT PLUS/SMALL	3	
AEROCHAMBER2GO ANTI-STATIC	3	
AEROVENT PLUS	3	
BREATHE COMFORT CHAMBER/ADULT	3	
BREATHE COMFORT CHAMBER/CHILD	3	
BREATHE EASE LARGE	3	
BREATHE EASE MEDIUM	3	
BREATHE EASE SMALL	3	
BREATHERITE VALVED MDI CHAMBER	3	
CLEVER CHOICE HOLDING CHAMBER	3	
COMPACT SPACE CHAMBER	3	
COMPACT SPACE CHAMBER/LG MASK	3	
COMPACT SPACE CHAMBER/MED MASK	3	
COMPACT SPACE CHAMBER/SM MASK	3	
EASIVENT	3	
EASIVENT MASK LARGE	3	
EASIVENT MASK MEDIUM	3	
EASIVENT MASK SMALL	3	
EQ SPACE CHAMBER ANTI-STATIC	3	
EQ SPACE CHAMBER ANTI-STATIC L	3	
EQ SPACE CHAMBER ANTI-STATIC M	3	
EQ SPACE CHAMBER ANTI-STATIC S	3	
FLEXICHAMBER	3	

Drug Name	Drug Tier	Requirements / Limits
FLEXICHAMBER ADULT MASK/SMALL	3	
FLEXICHAMBER CHILD MASK/LARGE	3	
FLEXICHAMBER CHILD MASK/SMALL	3	
INSPIRACHAMBER/LARGE	3	
INSPIRACHAMBER/MEDIUM	3	
INSPIRACHAMBER/MOUTHPIECE	3	
INSPIRACHAMBER/SMALL	3	
INSPIREASE	3	
MASK VORTEX/CHILD/FROG	3	
MASK VORTEX/TODDLER/LADYBUG	3	
MICROCHAMBER	3	
MICROSPACER	3	
OPTICHAMBER DIAMOND	3	
OPTICHAMBER DIAMOND-LG MASK	3	
OPTICHAMBER DIAMOND-MD MASK	3	
OPTICHAMBER DIAMOND-SM MASK	3	
PANDA MASK LARGE	3	
PANDA MASK MEDIUM	3	
PANDA MASK SMALL	3	
PARI VORTEX ADULT MASK	3	
PARI VORTEX PEDIATRIC MASK	3	
PEDIATRIC PANDA MASK	3	
POCKET CHAMBER	3	
POCKET SPACER	3	
PRO COMFORT SPACER ADULT	3	
PRO COMFORT SPACER CHILD	3	
PRO COMFORT SPACER INFANT	3	
PROCARE SPACER/ADULT MASK	3	

Drug Name	Drug Tier	Requirements / Limits
PROCARE SPACER/CHILD MASK	3	
PROCHAMBER VHC	3	
PURE COMFORT SPACER CHAMBER	3	
RITEFLO	3	
VORTEX HOLD CHMBR/MASK/CHILD	3	
VORTEX HOLD CHMBR/MASK/TODDLER	3	
VORTEX VALVE CHAMBER-PEDI MASK	3	
VORTEX VALVED HOLDING CHAMBER	3	
MIGRAINE PRODUCTS		
CALCITONIN GENE-RELATED PEPTIDE RECEPTOR ANTAG (CGRP)		
NURTEC	3	PA, QL
QULIPTA	4	PA, QL
UBRELVY	3	PA, QL
ZAVZPRET	4	PA, QL
CGRP RECEPTOR ANTAGONISTS - MONOCLONAL ANTIBODIES		
AIMOVIG	6	PA
AJOVY	6	PA
EMGALITY (300 MG DOSE)	6	PA
EMGALITY 120 MG/ML SOLN A-INJ	6	PA
EMGALITY 120 MG/ML SOLN PRSYR	6	PA
ERGOT COMBINATIONS		
ERGOTAMINE-CAFFEINE	2	
MIGERGOT	2	
<i>dihydroergotamine mesylate 1 mg/ml solution</i>	2	
<i>dihydroergotamine mesylate 4 mg/ml solution</i>	2	QL
ERGOMAR	4	
MIGRAINE PRODUCTS - NSAIDS		
<i>diclofenac potassium(migraine)</i>	2	QL

Drug Name	Drug Tier	Requirements / Limits
SELECTIVE SEROTONIN AGONISTS 5-HT(1)		
<i>almotriptan malate</i>	2	QL
<i>eletriptan hydrobromide</i>	2	QL
<i>frovatriptan succinate</i>	2	QL
<i>naratriptan hcl</i>	2	QL
ONZETRA XSAIL	4	
<i>rizatriptan benzoate</i>	2	QL
<i>sumatriptan</i>	2	QL
<i>sumatriptan succinate (4 mg/0.5ml soln a-inj, 6 mg/0.5ml soln a-inj, 6 mg/0.5ml solution, 25 mg tab, 50 mg tab, 100 mg tab)</i>	2	QL
SUMATRIPTAN SUCCINATE REFILL	2	QL
ZEMBRACE SYMTOUCH	4	QL
<i>zolmitriptan (2.5 mg solution, 2.5 mg tab, 2.5 mg tab disp, 5 mg solution, 5 mg tab, 5 mg tab disp)</i>	2	QL
MINERALS & ELECTROLYTES		
BICARBONATES		
SODIUM BICARBONATE 8.4 % SOLUTION	2	
FLUORIDE		
<i>nafrinse</i>	2	AL
SODIUM FLUORIDE (0.55 (0.25 F) MG CHEW TAB, 1.1 (0.5 F) MG CHEW TAB, 1.1 (0.5 F) MG TAB, 1.1 (0.5 F) MG/ML SOLUTION, 2.2 (1 F) MG CHEW TAB, 2.2 (1 F) MG TAB)	2	AL
FLUORIDE COMBINATIONS		
FLORIVA 0.25-400 MG-UNIT/ML LIQUID	4	
IODINE PRODUCTS		
IODINE STRONG	2	
PHOSPHATE		
<i>phospha 250 neutral</i>	2	

Drug Name	Drug Tier	Requirements / Limits
<i>phospho-trin 250 neutral</i>	2	
<i>phospho-trin k500</i>	2	
<i>phosphorous</i>	2	
<i>virt-phos 250 neutral</i>	2	
<i>wes-phos 250 neutral</i>	2	
POTASSIUM		
<i>effer-k 25 meq effer tab</i>	2	
<i>k-prime</i>	2	
<i>klor-con (8 tab er, 20 packet)</i>	2	
<i>klor-con 10</i>	2	
<i>klor-con m10</i>	2	
<i>klor-con m15</i>	2	
<i>klor-con m20</i>	2	
<i>klor-con/ef</i>	2	
<i>potassium chloride (10 % solution, 20 meq packet, 20 meq/15ml (10%) solution, 40 meq/15ml (20%) solution)</i>	2	
<i>potassium chloride crys er</i>	2	
<i>potassium chloride er (8 cap er, 8 tab er, 10 cap er, 10 tab er, 15 tab er, 20 tab er)</i>	2	
POTASSIUM COMBINATIONS		
EFFER-K (10 EFFER TAB, 20 EFFER TAB)	4	
ZINC		
GALZIN	4	
WILZIN	4	
MISCELLANEOUS THERAPEUTIC CLASSES		
ACTIVATED PHOSPHOINOSITIDE 3-KINASE DELTA SYNDROME AGENT		
JOENJA	6	PA, QL
ANTILEPROTICS		
THALOMID (50 MG CAP, 100 MG CAP)	6	PA, QL

Drug Name	Drug Tier	Requirements / Limits
B-LYMPHOCYTE STIMULATOR (BLYS)-SPECIFIC INHIBITORS		
BENLYSTA 200 MG/ML SOLN A-INJ	6	PA, QL
BENLYSTA 200 MG/ML SOLN PRSYR	6	PA, QL
CHELATING AGENTS		
<i>clovique</i>	6	
<i>penicillamine</i>	2	
<i>trientine hcl (250 mg cap, 500 mg cap)</i>	6	
CYCLOSPORINE ANALOGS		
<i>cyclosporine (25 mg cap, 100 mg cap)</i>	2	
<i>cyclosporine modified (25 mg cap, 50 mg cap, 100 mg cap, 100 mg/ml solution)</i>	2	
<i>engraf (25 mg cap, 100 mg cap, 100 mg/ml solution)</i>	2	
LUPKYNIS	6	PA
NEORAL (25 MG CAP, 100 MG CAP, 100 MG/ML SOLUTION)	4	
SANDIMMUNE (25 MG CAP, 100 MG CAP)	4	
FARNESYLTRANSFERASE INHIBITORS		
ZOKINVY	6	PA
IMMUNOMODULATORS FOR MYELOYDYSPLASTIC SYNDROMES		
<i>lenalidomide</i>	6	QL
REVLIMID	6	QL
INOSINE MONOPHOSPHATE DEHYDROGENASE INHIBITORS		
<i>mycophenolate mofetil (200 mg/ml recon susp, 250 mg cap, 500 mg tab)</i>	2	
<i>mycophenolate sodium</i>	2	
<i>mycophenolic acid</i>	2	
MACROLIDE IMMUNOSUPPRESSANTS		
ASTAGRAF XL	6	

Drug Name	Drug Tier	Requirements / Limits
ENVARUSUS XR	6	
<i>everolimus (0.25 mg tab, 0.5 mg tab, 0.75 mg tab, 1 mg tab)</i>	5	
PROGRAF (0.2 MG PACKET, 1 MG PACKET)	4	AL
PROGRAF (0.5 MG CAP, 1 MG CAP, 5 MG CAP)	4	
RAPAMUNE 1 MG/ML SOLUTION	4	
<i>sirolimus (0.5 mg tab, 1 mg tab, 1 mg/ml solution, 2 mg tab)</i>	2	
<i>tacrolimus (0.5 mg cap, 1 mg cap, 5 mg cap)</i>	2	
MONOCLONAL ANTIBODIES		
ENSPRYNG	6	PA
PIK3CA-RELATED OVERGROWTH SPECTRUM AGENTS - PI3K INHIB		
VIJOICE (50 MG TAB THPK, 125 MG TAB THPK, 200 & 50 MG TAB THPK)	6	PA, QL
VIJOICE 50 MG PACKET	6	PA, QL
POTASSIUM REMOVING AGENTS		
<i>kionex</i>	2	
LOKELMA	4	
<i>sodium polystyrene sulfonate</i>	2	
<i>sps (sodium polystyrene sulf) (15 gm/60ml suspension, 30 gm/120ml suspension)</i>	2	
VELTASSA	4	
PURINE ANALOGS		
<i>azasan</i>	2	
<i>azathioprine</i>	2	
ROCK INHIBITORS		
REZUROCK	6	PA
MOUTH/THROAT/DENTAL AGENTS		
ANESTHETICS TOPICAL ORAL		
LIDOCAINE HCL 4 % SOLUTION	2	

Drug Name	Drug Tier	Requirements / Limits
<i>lidocaine viscous hcl</i>	2	
ANTI-INFECTIVES - THROAT		
<i>clotrimazole 10 mg troche</i>	2	
<i>nystatin 100000 unit/ml suspension</i>	2	
ORAVIG	4	
ANTISEPTIC COMBINATIONS - MOUTH/THROAT		
DEBACTEROL	4	
ANTISEPTICS - MOUTH/THROAT		
<i>chlorhexidine gluconate 0.12 % solution</i>	2	
<i>periogard</i>	2	
PROTECTANTS - MOUTH/THROAT		
ORAFATE	4	
ORAMAGICRX	4	
PROTHELIAL	4	
SALIVA STIMULANTS		
<i>cevimeline hcl</i>	2	
<i>pilocarpine hcl (5 mg tab, 7.5 mg tab)</i>	2	
STEROIDS - MOUTH/THROAT/DENTAL		
<i>kourzeq</i>	2	
<i>oralone</i>	2	
<i>triamcinolone acetonide 0.1 % paste</i>	2	
MULTIVITAMINS		
PED MULTI VITAMINS W/FL & FE		
FLORAFOL FE PEDIATRIC	4	AL
<i>multi-vitamin/fluoride/iron</i>	2	
POLY-VI-FLOR/IRON 0.5-10 MG CHEW TAB	4	
PED MV W/ FLUORIDE		
DAVIMET-FLUORIDE	4	

Drug Name	Drug Tier	Requirements / Limits
FLORAFOL PEDIATRIC (0.5 MG CHEW TAB, 1 MG CHEW TAB)	4	
FLORAFOL PEDIATRIC 0.25 MG/ML SOLUTION	2	
FLORIVA PLUS	2	
FLOTREX (0.25 MG CHEW TAB, 0.5 MG CHEW TAB)	4	
MULTI-VIT-FLOR	4	
MULTI-VITAMIN/FLUORIDE	2	
MULTIVITAMIN W/FLUORIDE	2	
MULTIVITAMIN/FLUORIDE (MULTIVITAMIN/FLUORIDE 0.25 MG CHEW TAB, MULTIVITAMIN/FLUORIDE 0.5 MG CHEW TAB, MULTIVITAMIN/FLUORIDE 1 MG CHEW TAB)	4	
MULTIVITAMIN/FLUORIDE 0.25 MG/ML SUSPENSION	2	
POLY-VI-FLOR (0.25 MG CHEW TAB, 0.5 MG CHEW TAB, 1 MG CHEW TAB)	4	
QUFLORA PEDIATRIC (0.25 MG CHEW TAB, 0.5 MG CHEW TAB, 1 MG CHEW TAB)	4	
QUFLORA PEDIATRIC (0.25 MG/ML SOLUTION, 0.5 MG/ML SOLUTION)	2	
TRI-VITAMIN WITH FLUORIDE	2	
PRENATAL MV & MIN W/FE-FA		
ATABEX EC	4	
ATABEX OB	4	
C-NATE DHA	4	
CITRANATAL B-CALM	4	
CO-NATAL FA	4	
COMPLETENATE	2	
CONCEPT DHA	4	
CONCEPT OB	4	
ELITE-OB	2	

Drug Name	Drug Tier	Requirements / Limits
ENBRACE HR	4	
FOLIVANE-OB	4	
INATAL GT	2	
NATALVIT	4	
NEONATAL COMPLETE 29-1 MG TAB	4	
NESTABS	4	
NESTABS DHA	4	
OB COMPLETE	2	
OB COMPLETE ONE	4	
OB COMPLETE PETITE	4	
OB COMPLETE PREMIER	4	
OB COMPLETE/DHA	4	
OBSTETRIX EC	4	
PNV 27-CA/FE/FA	4	
PNV PRENATAL PLUS MULTIVIT+DHA	2	
PNV TABS 29-1	2	
PNV-OMEGA	4	
PNV-SELECT	2	
PRENA1 PEARL	4	
PRENATAL 19 (29-1 MG CHEW TAB, CHEW TAB)	2	
PRENATAL PLUS IRON	2	
PRENATAL-U	4	
PRENATE ELITE	4	
PRETAB	4	
PRIMACARE	4	
PROVIDA OB	4	
RELNATE DHA	4	
SE-NATAL 19 29-1 MG CHEW TAB	2	

Drug Name	Drug Tier	Requirements / Limits
SELECT-OB	4	
TARON-C DHA	4	
THRIVITE RX	2	
TRINATAL RX 1	4	
TRINATE	2	
VINATE CARE	2	
VINATE II	4	
VINATE ONE	4	
VIRT-C DHA	4	
VIRT-NATE DHA	4	
VIRT-PN PLUS	4	
VITAFOL-OB	4	
VITAPEARL	4	
VIVA DHA	4	
WESCAP-C DHA	4	
WESNATE DHA	4	
ZATEAN-PN PLUS	4	
PRENATAL MV & MIN W/FE-FA-CA-OMEGA 3 FISH OIL		
COMPLETE NATAL DHA	4	
WESNATAL DHA COMPLETE	4	
PRENATAL MV & MIN W/FE-FA-DHA		
CITRANATAL 90 DHA	4	
CITRANATAL ASSURE	4	
CITRANATAL BLOOM DHA	4	
CITRANATAL HARMONY	4	
NESTABS ONE	4	
OBSTETRIX ONE	4	
PNV-DHA	2	

Drug Name	Drug Tier	Requirements / Limits
PNV-DHA+DOCUSATE	4	
PRENA 1 TRUE	4	
PRENAISSANCE	4	
PRENAISSANCE PLUS	4	
PRENATE DHA	4	
PRENATE ENHANCE	4	
PRENATE ESSENTIAL	4	
PRENATE MINI	4	
PRENATE PIXIE	4	
PRENATE RESTORE	4	
SELECT-OB+DHA	4	
VIRT-PN DHA	2	
VITAFOL ULTRA	4	
VITAFOL-OB+DHA	4	
VITAFOL-ONE	4	
VITAMEDMD ONE RX/QUATREFOLIC	4	
VITATRUE	4	
WESCAP-PN DHA	2	
ZATEAN-PN DHA	2	
PRENATAL MV & MINERALS W/FA WITHOUT IRON		
PRENATE	4	
PRENATAL VITAMINS		
PRENA1	4	
VITAMEDMD REDICHEW RX	4	
MUSCULOSKELETAL THERAPY AGENTS		
CENTRAL MUSCLE RELAXANTS		
<i>baclofen (5 mg tab, 5 mg/5ml solution, 10 mg tab, 10 mg/5ml solution, 15 mg tab, 20 mg tab)</i>	2	

Drug Name	Drug Tier	Requirements / Limits
<i>baclofen 25 mg/5ml suspension</i>	2	QL
<i>carisoprodol</i>	2	QL
<i>chlorzoxazone (375 mg tab, 500 mg tab, 750 mg tab)</i>	2	
<i>cyclobenzaprine hcl</i>	2	
<i>cyclobenzaprine hcl er</i>	2	
<i>fexmid</i>	2	
<i>lorzone</i>	2	
<i>metaxalone (400 mg tab, 800 mg tab)</i>	2	
<i>methocarbamol (500 mg tab, 750 mg tab)</i>	2	
<i>orphenadrine citrate er</i>	2	
<i>tizanidine hcl</i>	2	
DIRECT MUSCLE RELAXANTS		
<i>dantrolene sodium (25 mg cap, 50 mg cap, 100 mg cap)</i>	2	
MUSCLE RELAXANT COMBINATIONS		
ORPHENADRINE-ASPIRIN-CAFFEINE	2	
RETINOIC ACID RECEPTOR GAMMA SELECTIVE AGONISTS		
SOHONOS	6	PA, QL
NASAL AGENTS - SYSTEMIC AND TOPICAL		
ANTI HISTAMINE-STEROID		
<i>azelastine-fluticasone</i>	2	AL, QL
NASAL ANTICHOLINERGICS		
<i>ipratropium bromide (0.03 % solution, 0.06 % solution)</i>	2	QL
NASAL ANTIHISTAMINES		
<i>azelastine hcl (0.1 % solution, 137 mcg/spray solution)</i>	2	QL
<i>olopatadine hcl 0.6 % solution</i>	2	

Drug Name	Drug Tier	Requirements / Limits
NASAL STEROIDS		
<i>flunisolide</i>	2	
<i>fluticasone propionate 50 mcg/act suspension</i>	2	
<i>mometasone furoate 50 mcg/act suspension</i>	2	QL
OMNARIS	4	QL
QNASL	4	QL
QNASL CHILDRENS	4	QL
ZETONNA	4	AL, QL
NEUROMUSCULAR AGENTS		
ALS AGENTS - MISCELLANEOUS		
RADICAVA ORS	6	QL
RADICAVA ORS STARTER KIT	6	QL
BENZATHIAZOLES		
<i>riluzole</i>	2	
TEGLUTIK	4	
TIGLUTIK	4	
FRIEDRICH'S ATAXIA AGENTS - NRF2 PATHWAY ACTIVATORS		
SKYCLARYS	6	PA, QL
RETT SYNDROME AGENTS - GLYCINE-PROLINE-GLUTAMATE ANALOGS		
DAYBUE	6	PA
SPINAL MUSCULAR ATROPHY-SMN2 SPLICING MODIFIERS		
EVRYSDI 0.75 MG/ML RECON SOLN	6	PA, QL
EVRYSDI 5 MG TAB	6	PA, QL
NUTRIENTS		
LIPIDS		
MCT OIL	4	
ORGANIC MCT OIL	4	

Drug Name	Drug Tier	Requirements / Limits
OPHTHALMIC AGENTS		
ALPHA ADRENERGIC AGONIST & CARBONIC ANHYDRASE INHIB COMB		
SIMBRINZA	4	
BETA-BLOCKERS - OPHTHALMIC		
BETAXOLOL HCL 0.5 % SOLUTION	2	
BETIMOL 0.25 % SOLUTION	4	
BETOPTIC-S	4	
CARTEOLOL HCL	2	
LEVOBUNOLOL HCL	2	
<i>timolol hemihydrate</i>	2	
<i>timolol maleate (0.25 % gel f soln, 0.25 % solution, 0.5 % (daily) solution, 0.5 % gel f soln, 0.5 % solution)</i>	2	
<i>timolol maleate (once-daily)</i>	2	
<i>timolol maleate ocudose</i>	2	
<i>timolol maleate pf</i>	2	
BETA-BLOCKERS - OPHTHALMIC COMBINATIONS		
<i>brimonidine tartrate-timolol</i>	2	
<i>dorzolamide hcl-timolol mal (22.3-6.8 mg/ml solution)</i>	2	
<i>dorzolamide hcl-timolol mal pf</i>	2	
CYCLOPLEGIC MYDRIATIC COMBINATIONS		
CYCLOMYDRIL	2	
CYCLOPLEGIC MYDRIATICS		
<i>altafrin (2.5 % solution, 10 % solution)</i>	2	
<i>atropine sulfate (1 % ointment, 1 % solution)</i>	2	
<i>cyclopentolate hcl 1 % solution</i>	2	
HOMATROPAIRE	2	
ISOPTO ATROPINE	2	

Drug Name	Drug Tier	Requirements / Limits
<i>phenylephrine hcl (2.5 % solution, 10 % solution)</i>	2	
<i>tropicamide</i>	2	
LYMPHOCYTE FUNCTION-ASSOCIATED ANTIGEN-1 (LFA-1) ANTAG		
XIIDRA	3	QL
MIOTICS - DIRECT ACTING		
<i>pilocarpine hcl (1 % solution, 1.25 % solution, 2 % solution, 4 % solution)</i>	2	
QLOSI	4	
OPHTHALMIC ANTI-INFECTIVE COMBINATIONS		
<i>ak-poly-bac</i>	2	
<i>bacitracin-polymyxin b</i>	2	
<i>neo-polycin</i>	2	
<i>neomycin-bacitracin zn-polymyx</i>	2	
NEOMYCIN-POLYMYXIN-GRAMICIDIN	2	
<i>polycin</i>	2	
<i>polymyxin b-trimethoprim</i>	2	
OPHTHALMIC ANTIALLERGIC		
ALOCRIL	3	
ALOMIDE	3	
<i>azelastine hcl 0.05 % solution</i>	2	
<i>bepotastine besilate</i>	2	
CROMOLYN SODIUM 4 % SOLUTION	2	
<i>epinastine hcl</i>	2	
<i>olopatadine hcl (0.1 % solution, 0.2 % solution)</i>	2	
ZERVIAE	4	
OPHTHALMIC ANTIBIOTICS		
AZASITE	4	
BACITRACIN 500 UNIT/GM OINTMENT	2	

Drug Name	Drug Tier	Requirements / Limits
BESIVANCE	4	
CILOXAN 0.3 % OINTMENT	4	
<i>ciprofloxacin hcl 0.3 % solution</i>	2	
ERYTHROMYCIN 5 MG/GM OINTMENT	2	
<i>gatifloxacin</i>	2	
<i>gentamicin sulfate 0.3 % solution</i>	2	
KLARITY-A	4	
MOXIFLOXACIN HCL (2X DAY)	2	
<i>moxifloxacin hcl 0.5 % solution</i>	2	
<i>ofloxacin 0.3 % solution</i>	2	
<i>tobramycin 0.3 % solution</i>	2	
TOBREX 0.3 % OINTMENT	4	
OPHTHALMIC ANTIFUNGAL		
NATACYN	4	
OPHTHALMIC ANTIVIRALS		
TRIFLURIDINE	2	
ZIRGAN	4	
OPHTHALMIC CARBONIC ANHYDRASE INHIBITORS		
<i>brinzolamide</i>	2	
DORZOLAMIDE HCL	2	
OPHTHALMIC IMMUNOMODULATORS		
<i>cyclosporine 0.05 % emulsion</i>	2	QL
OPHTHALMIC LOCAL ANESTHETICS		
AKTEN	4	
<i>altacaine</i>	2	
<i>proparacaine hcl</i>	2	
<i>tetracaine hcl 0.5 % solution</i>	2	

Drug Name	Drug Tier	Requirements / Limits
OPHTHALMIC NERVE GROWTH FACTORS		
OXERVATE	6	PA, QL
OPHTHALMIC NONSTEROIDAL ANTI-INFLAMMATORY AGENTS		
ACUVAIL	4	
<i>bromfenac sodium</i>	2	AL
<i>bromfenac sodium (once-daily)</i>	2	AL
<i>diclofenac sodium 0.1 % solution</i>	2	
FLURBIPROFEN SODIUM	2	
ILEVRO	4	AL
<i>ketorolac tromethamine (0.4 % solution, 0.5 % solution)</i>	2	
NEVANAC	4	AL
OPHTHALMIC SELECTIVE ALPHA ADRENERGIC AGONISTS		
APRACLONIDINE HCL	2	
<i>brimonidine tartrate (0.1 % solution, 0.15 % solution, 0.2 % solution)</i>	2	
IOPIDINE	4	
OPHTHALMIC STEROID COMBINATIONS		
<i>bacitra-neomycin-polymyxin-hc</i>	2	
<i>neo-polycin hc</i>	2	
<i>neomycin-polymyxin-dexameth (0.1 % suspension, 3.5-10000-0.1 ointment, 3.5-10000-0.1 suspension)</i>	2	
NEOMYCIN-POLYMYXIN-HC 3.5-10000-1 SUSPENSION	2	
SULFACETAMIDE-PREDNISOLONE	2	
TOBRADEX 0.3-0.1 % OINTMENT	3	
TOBRADEX ST	4	
<i>tobramycin-dexamethasone</i>	2	
ZYLET	4	

Drug Name	Drug Tier	Requirements / Limits
OPHTHALMIC STEROIDS		
DEXAMETHASONE SODIUM PHOSPHATE 0.1 % SOLUTION	2	
<i>difluprednate</i>	2	
FLAREX	3	
<i>fluorometholone</i>	2	
FML FORTE	3	
INVELTYS	4	
LOTEMAX 0.5 % OINTMENT	3	
LOTEMAX SM	3	
<i>loteprednol etabonate (0.2 % suspension, 0.5 % gel, 0.5 % suspension)</i>	2	
MAXIDEX	4	
PRED MILD	4	
<i>prednisolone acetate</i>	2	
PREDNISOLONE ACETATE P-F	4	
PREDNISOLONE SODIUM PHOSPHATE 1 % SOLUTION	2	
OPHTHALMIC SULFONAMIDES		
<i>sulfacetamide sodium (10 % ointment, 10 % solution)</i>	2	
OPHTHALMIC SURGICAL AIDS		
GELFILM	4	
OPHTHALMICS - BLEPHAROPTOSIS AGENTS		
UPNEEQ	4	AL
OPHTHALMICS - CYSTINOSIS AGENTS		
CYSTARAN	6	
PROSTAGLANDINS - OPHTHALMIC		
<i>bimatoprost</i>	2	

Drug Name	Drug Tier	Requirements / Limits
LATANOPROST	2	
LUMIGAN	3	ST
<i>tafluprost (pf)</i>	2	
<i>travoprost (bak free)</i>	2	
OTIC AGENTS		
OTIC AGENTS - MISCELLANEOUS		
<i>acetic acid 2 % solution</i>	2	
OTIC ANTI-INFECTIVES		
<i>ciprofloxacin hcl 0.2 % solution</i>	2	
OTIC STEROID-ANTI-INFECTIVE COMBINATIONS		
CIPRO HC	4	
<i>ciprofloxacin-dexamethasone</i>	2	
CIPROFLOXACIN-FLUOCINOLONE PF	2	
CORTISPORIN-TC	4	
<i>neomycin-polymyxin-hc</i>	2	
OTOVEL	3	
OTIC STEROIDS		
<i>flac</i>	2	
<i>fluocinolone acetonide 0.01 % oil</i>	2	
<i>hydrocortisone-acetic acid</i>	2	
OXYTOCICS		
CERVICAL RIPENING - PROSTAGLANDINS		
CERVIDIL	4	
PREPIDIL	4	
<i>methergine</i>	2	
<i>methylergonovine maleate 0.2 mg tab</i>	2	
PENICILLINS		
AMINOPENICILLINS		
<i>amoxicillin (125 mg chew tab, 125 mg/5ml recon susp, 200 mg/5ml recon susp, 250 mg cap, 250 mg chew tab, 250 mg/5ml recon susp, 400 mg/5ml recon susp, 500 mg cap, 500 mg tab, 875 mg tab)</i>	2	

Drug Name	Drug Tier	Requirements / Limits
<i>ampicillin</i>	2	
NATURAL PENICILLINS		
PENICILLIN V POTASSIUM (125 MG/5ML RECON SOLN, 250 MG TAB, 250 MG/5ML RECON SOLN, 500 MG TAB)	2	
PENICILLIN COMBINATIONS		
AMOXICILLIN-POT CLAVULANATE (200-28.5 MG CHEW TAB, 200-28.5 MG/5ML RECON SUSP, 250-125 MG TAB, 250-62.5 MG/5ML RECON SUSP, 400-57 MG CHEW TAB, 400-57 MG/5ML RECON SUSP, 500-125 MG TAB, 600-42.9 MG/5ML RECON SUSP, 875-125 MG TAB)	2	
AMOXICILLIN-POT CLAVULANATE ER	2	
PENICILLINASE-RESISTANT PENICILLINS		
<i>dicloxacillin sodium</i>	2	
PROGESTINS		
<i>gallifrey</i>	2	
<i>medroxyprogesterone acetate (2.5 mg tab, 5 mg tab, 10 mg tab)</i>	2	
MEGESTROL ACETATE 625 MG/5ML SUSPENSION	2	
<i>norethindrone acetate</i>	2	
<i>progesterone (50 mg/ml oil, 100 mg cap, 200 mg cap)</i>	2	
PSYCHOTHERAPEUTIC AND NEUROLOGICAL AGENTS - MISC.		
ALCOHOL DETERRENTS		
<i>acamprosate calcium</i>	2	
<i>disulfiram</i>	2	
ANTI-CATALECTIC AGENTS		
LUMRYZ	6	PA, QL
LUMRYZ STARTER PACK	6	PA, QL
SODIUM OXYBATE	6	PA, QL

Drug Name	Drug Tier	Requirements / Limits
XYREM	6	PA, QL
ANTIDEMENTIA AGENT COMBINATIONS		
<i>memantine hcl-donepezil hcl</i>	2	QL
NAMZARIC 7 & 14 & 21 & 28 -10 MG CP24 THPK	3	QL
NAMZARIC 7-10 MG CAP ER 24H	3	QL
ANTISENSE OLIGONUCLEOTIDE (ASO) INHIBITOR AGENTS		
TEGSEDI	6	PA
WAINUA	6	PA, QL
BENZODIAZEPINES & TRICYCLIC AGENTS		
CHLORDIAZEPOXIDE-AMITRIPTYLINE	2	
CHOLINOMIMETICS - ACHE INHIBITORS		
ADLARITY	4	QL
<i>donepezil hcl (5 mg tab, 5 mg tab disp, 10 mg tab, 10 mg tab disp)</i>	2	QL
<i>donepezil hcl 23 mg tab</i>	2	
<i>galantamine hydrobromide (4 mg tab, 4 mg/ml solution, 8 mg tab, 12 mg tab)</i>	2	
<i>galantamine hydrobromide er</i>	2	QL
<i>rivastigmine</i>	2	QL
<i>rivastigmine tartrate</i>	2	QL
FIBROMYALGIA AGENT - SNRIS		
SAVELLA	3	QL
SAVELLA TITRATION PACK	3	QL
MELANOCORTIN RECEPTOR AGONISTS		
VYLEESI	4	QL
MOVEMENT DISORDER DRUG THERAPY		
AUSTEDO	6	PA
AUSTEDO XR	6	PA

Drug Name	Drug Tier	Requirements / Limits
AUSTEDO XR PATIENT TITRATION 12 & 18 & 24 & 30 MG TBER THPK	6	PA
INGREZZA (60 MG CAP SPRINK, 80 MG CAP SPRINK)	6	PA
INGREZZA (60 MG CAP, 80 MG CAP)	6	PA, QL
INGREZZA 40 & 80 MG CAP THPK	6	PA, QL
INGREZZA 40 MG CAP	6	PA, QL
INGREZZA 40 MG CAP SPRINK	6	PA
<i>tetrabenazine</i>	6	PA
MS AGENTS - PYRIMIDINE SYNTHESIS INHIBITORS		
<i>teriflunomide</i>	5	PA, QL
MULTIPLE SCLEROSIS AGENTS		
<i>glatiramer acetate</i>	5	PA, QL
<i>glatopa</i>	5	PA, QL
MULTIPLE SCLEROSIS AGENTS - ANTIMETABOLITES		
MAVENCLAD (10 TABS)	6	PA, QL
MAVENCLAD (4 TABS)	6	PA, QL
MAVENCLAD (5 TABS)	6	PA, QL
MAVENCLAD (6 TABS)	6	PA, QL
MAVENCLAD (7 TABS)	6	PA, QL
MAVENCLAD (8 TABS)	6	PA, QL
MAVENCLAD (9 TABS)	6	PA, QL
MULTIPLE SCLEROSIS AGENTS - INTERFERONS		
AVONEX PEN	6	PA, QL
AVONEX PREFILLED	6	PA, QL
BETASERON	6	PA, QL
EXTAVIA	6	PA, QL
PLEGRIDY	6	PA, QL

Drug Name	Drug Tier	Requirements / Limits
PLEGRIDY STARTER PACK	6	PA, QL
REBIF	6	PA, QL
REBIF REBIDOSE	6	PA, QL
REBIF REBIDOSE TITRATION PACK	6	PA, QL
REBIF TITRATION PACK	6	PA, QL
MULTIPLE SCLEROSIS AGENTS - MONOCLONAL ANTIBODIES		
KESIMPTA	6	PA
MULTIPLE SCLEROSIS AGENTS - NRF2 PATHWAY ACTIVATORS		
BAFIERTAM	6	PA, QL
<i>dimethyl fumarate</i>	5	PA, QL
<i>dimethyl fumarate starter pack</i>	5	PA, QL
MULTIPLE SCLEROSIS AGENTS - POTASSIUM CHANNEL BLOCKERS		
<i>dalfampridine er</i>	5	PA, QL
N-METHYL-D-ASPARTATE (NMDA) RECEPTOR ANTAGONISTS		
<i>memantine hcl (2 mg/ml solution, 5 mg tab, 10 mg tab, 10 mg/5ml solution)</i>	2	
<i>memantine hcl 28 x 5 mg & 21 x 10 mg tab</i>	2	QL
<i>memantine hcl er</i>	2	QL
PHENOTHIAZINES & TRICYCLIC AGENTS		
PERPHENAZINE-AMITRIPTYLINE	2	AL
POSTHERPETIC NEURALGIA (PHN)/NEUROPATHIC PAIN AGENTS		
<i>gabapentin (once-daily)</i>	2	
<i>pregabalin er</i>	2	QL
PSEUDOBULBAR AFFECT AGENT COMBINATIONS		
NUEDEXTA	4	
AQNEURSA	6	PA, QL
ERGOLOID MESYLATES	2	
PIMOZIDE	2	

Drug Name	Drug Tier	Requirements / Limits
RESTLESS LEG SYNDROME (RLS) AGENTS		
HORIZANT	4	
SEROTONIN 1A RECEPT AGONIST/SEROTONIN 2A RECEPT ANTAG		
ADDYI	4	AL, QL
SMOKING DETERRENTS		
<i>bupropion hcl er (smoking det)</i>	1	
<i>cvs nicotine</i>	1	
<i>cvs nicotine polacrilex</i>	1	
<i>eq nicotine</i>	1	
<i>eq nicotine polacrilex</i>	1	
<i>eq nicotine step 3</i>	1	
<i>eq nicotine polacrilex</i>	1	
<i>ft nicotine</i>	1	
<i>ft nicotine mini</i>	1	
<i>gnp nicotine</i>	1	
<i>gnp nicotine mini</i>	1	
<i>gnp nicotine polacrilex</i>	1	
<i>goodsense nicotine</i>	1	
<i>habitrol</i>	1	
<i>hm nicotine</i>	1	
<i>hm nicotine polacrilex</i>	1	
<i>kls quit2</i>	1	
<i>kls quit4</i>	1	
NICOTINE (7 MG/24HR PATCH 24HR, 14 MG/24HR PATCH 24HR, 21 MG/24HR PATCH 24HR, 21-14-7 MG/24HR KIT)	1	
<i>nicotine mini</i>	1	
<i>nicotine polacrilex</i>	1	
<i>nicotine polacrilex mini</i>	1	

Drug Name	Drug Tier	Requirements / Limits
<i>nicotine step 1</i>	1	
<i>nicotine step 2</i>	1	
<i>nicotine step 3</i>	1	
NICOTROL	1	
NICOTROL NS	1	
<i>px stop smoking aid</i>	1	
<i>qc nicotine transdermal system</i>	1	
<i>ra mini nicotine</i>	1	
<i>ra nicotine</i>	1	
<i>ra nicotine gum</i>	1	
<i>ra nicotine polacrilex</i>	1	
<i>sm nicotine</i>	1	
<i>sm nicotine polacrilex</i>	1	
<i>thrive</i>	1	
<i>varenicline tartrate</i>	1	
<i>varenicline tartrate (starter)</i>	1	
<i>varenicline tartrate(continue)</i>	1	
SPHINGOSINE 1-PHOSPHATE (S1P) RECEPTOR MODULATORS		
<i>fingolimod hcl</i>	2	PA, QL
GILENYA 0.25 MG CAP	6	PA, QL
MAYZENT	6	PA, QL
MAYZENT STARTER PACK	6	PA, QL
PONVORY	6	PA, QL
PONVORY STARTER PACK	6	PA, QL
TASCENSO ODT	6	PA, QL
ZEPOSIA	6	PA, QL
ZEPOSIA 7-DAY STARTER PACK	6	PA, QL
ZEPOSIA STARTER KIT 0.23MG &0.46MG 0.92MG(21) CAP THPK	6	PA, QL

Drug Name	Drug Tier	Requirements / Limits
THIENBENZODIAZEPINES & SSRIS		
<i>olanzapine-fluoxetine hcl</i>	2	AL, QL
VASOMOTOR SYMPTOM AGENTS - SSRIS		
<i>paroxetine mesylate</i>	2	QL
RESPIRATORY AGENTS - MISC.		
CFTR POTENTIATORS		
KALYDECO (5.8 MG PACKET, 13.4 MG PACKET, 25 MG PACKET, 50 MG PACKET, 75 MG PACKET)	6	PA, QL
KALYDECO 150 MG TAB	6	PA, QL
CYSTIC FIBROSIS AGENT - COMBINATIONS		
ORKAMBI (100-125 MG TAB, 200-125 MG TAB)	6	PA, QL
ORKAMBI (75-94 MG PACKET, 100-125 MG PACKET, 150-188 MG PACKET)	6	PA, AL, QL
SYMDEKO	6	PA, QL
TRIKAFTA	6	PA
CYSTIC FIBROSIS AGENTS - MISCELLANEOUS		
BRONCHITOL	6	
BRONCHITOL TOLERANCE TEST	6	
HYDROLYTIC ENZYMES		
PULMOZYME	6	
PULMONARY FIBROSIS AGENTS		
<i>pirfenidone (267 mg cap, 267 mg tab, 801 mg tab)</i>	5	PA, QL
PIRFENIDONE 534 MG TAB	5	PA, QL
PULMONARY FIBROSIS AGENTS - KINASE INHIBITORS		
OFEV	6	PA, QL
SULFONAMIDES		
<i>sulfadiazine</i>	2	
TETRACYCLINES		
AMINOMETHYLCYCLINES		
NUZYRA 150 MG TAB	4	PR (infectious Disease Spec.)

Drug Name	Drug Tier	Requirements / Limits
<i>avidoxy</i>	2	
<i>demeclocycline hcl</i>	2	
<i>doxycycline hyclate (20 mg tab, 50 mg cap, 75 mg tab, 75 mg tab dr, 100 mg cap, 100 mg tab, 150 mg tab, 150 mg tab dr, 200 mg tab dr)</i>	2	
<i>doxycycline monohydrate (25 mg/5ml recon susp, 50 mg cap, 50 mg tab, 75 mg cap, 75 mg tab, 100 mg cap, 100 mg tab, 150 mg cap, 150 mg tab)</i>	2	
<i>minocycline hcl (50 mg cap, 75 mg cap, 100 mg cap)</i>	2	
<i>mondoxylene nl 100 mg cap</i>	2	
<i>morgidox 100 mg cap</i>	2	
<i>tetracycline hcl (250 mg cap, 500 mg cap)</i>	2	
THYROID AGENTS		
ANTITHYROID AGENTS		
<i>methimazole</i>	2	
<i>propylthiouracil</i>	2	
THYROID HORMONES		
ARMOUR THYROID	4	
CYTOMEL	4	
<i>euthyrox</i>	2	
<i>levo-t</i>	2	
LEVOTHYROXINE SODIUM (13 MCG CAP, 25 MCG CAP, 25 MCG TAB, 50 MCG CAP, 50 MCG TAB, 75 MCG CAP, 75 MCG TAB, 88 MCG CAP, 88 MCG TAB, 100 MCG CAP, 100 MCG TAB, 112 MCG CAP, 112 MCG TAB, 125 MCG CAP, 125 MCG TAB, 137 MCG CAP, 137 MCG TAB, 150 MCG CAP, 150 MCG TAB, 175 MCG CAP, 175 MCG TAB, 200 MCG CAP, 200 MCG TAB, 300 MCG TAB)	2	
<i>levoxyl</i>	2	
<i>liothyronine sodium (5 mcg tab, 25 mcg tab, 50 mcg tab)</i>	2	

Drug Name	Drug Tier	Requirements / Limits
NP THYROID	2	
RENTHYROID	4	
SYNTHROID	4	
THYQUIDITY	4	
THYROID	2	
TIROSINT	4	
TIROSINT-SOL	4	
<i>unithroid</i>	2	
TOXOIDS		
TOXOID COMBINATIONS		
ADACEL	1	
BOOSTRIX	1	
DAPTACEL	1	
INFANRIX	1	
KINRIX	1	
PEDIARIX	1	AL
PENTACEL	1	
QUADRACEL	1	
TDVAX	1	
TENIVAC	1	
TETANUS-DIPHTHERIA TOXOIDS TD	1	
VAXELIS	1	AL, QL
ULCER DRUGS/ANTISPASMODICS/ANTICHOLINERGICS		
ANTICHOLINERGIC COMBINATIONS		
BELLADONNA ALKALOIDS-OPIUM	4	
<i>chlordiazepoxide-clidinium</i>	2	
<i>pb-hyoscy-atropine-scopolamine (16.2 mg tab, 16.2 mg/5ml elixir)</i>	2	

Drug Name	Drug Tier	Requirements / Limits
<i>phenobarbital-belladonna alk (16.2 mg tab, 16.2 mg/5ml elixir)</i>	2	
<i>phenohydro (16.2 mg tab, 16.2 mg/5ml elixir)</i>	2	
ANTISPASMODICS		
<i>dicyclomine hcl (10 mg cap, 10 mg/5ml solution, 20 mg tab)</i>	2	
BELLADONNA ALKALOIDS		
<i>ed-spaz</i>	2	
<i>hyoscyamine sulfate (0.125 mg sl tab, 0.125 mg tab, 0.125 mg tab disp, 0.125 mg/5ml elixir, 0.125 mg/ml solution)</i>	2	
<i>hyoscyamine sulfate er</i>	2	
<i>hyoscyamine sulfate sl</i>	2	
<i>hyosyne</i>	2	
<i>nulev</i>	2	
<i>oscimin</i>	2	
<i>oscimin sr</i>	2	
<i>symax-sl</i>	2	
<i>symax-sr</i>	2	
H-2 ANTAGONISTS		
<i>cimetidine (300 mg tab, 400 mg tab)</i>	2	
<i>cimetidine hcl</i>	2	AL
<i>famotidine (20 mg tab, 40 mg/5ml recon susp)</i>	2	AL
MISC. ANTI-ULCER		
<i>sucralfate (1 gm tab, 1 gm/10ml suspension)</i>	2	
PROTON PUMP INHIBITORS		
<i>dexlansoprazole</i>	2	QL
<i>esomeprazole magnesium (2.5 mg packet, 5 mg packet, 10 mg packet, 20 mg packet, 40 mg packet)</i>	2	AL, QL

Drug Name	Drug Tier	Requirements / Limits
<i>esomeprazole magnesium (20 mg cap dr, 40 mg cap dr)</i>	2	QL
FIRST PANTOPRAZOLE	3	
FIRST-LANSOPRAZOLE	3	AL
FIRST-OMEPRAZOLE	3	AL
<i>lansoprazole (15 mg cap dr, 30 mg cap dr)</i>	2	QL
<i>lansoprazole (15 mg tab dr disp, 30 mg tab dr disp)</i>	2	AL, QL
<i>omeprazole (10 mg cap dr, 20 mg cap dr, 40 mg cap dr)</i>	2	QL
OMEPRAZOLE+SYRSPEND SF ALKA	3	AL
<i>pantoprazole sodium (20 mg tab dr, 40 mg tab dr)</i>	2	QL
<i>pantoprazole sodium 40 mg packet</i>	2	AL, QL
<i>rabeprazole sodium 20 mg tab dr</i>	2	QL
QUATERNARY ANTICHOLINERGICS		
<i>glycopyrrolate (1 mg tab, 2 mg tab)</i>	2	
<i>methscopolamine bromide</i>	2	
ULCER ANTI-INFECTIVE W/ PROTON PUMP INHIBITORS		
<i>amoxicill-clarithro-lansopraz</i>	2	
ULCER DRUGS - PROSTAGLANDINS		
<i>misoprostol</i>	2	
URINARY ANTISPASMODICS		
URINARY ANTISPASMODIC - ANTIMUSCARINIC (ANTICHOLINERGIC)		
<i>darifenacin hydrobromide er</i>	2	QL
<i>fesoterodine fumarate er</i>	2	QL
GELNIQUE	4	QL
<i>oxybutynin chloride 5 mg tab</i>	2	
<i>oxybutynin chloride 5 mg/5ml solution</i>	2	AL
<i>oxybutynin chloride er</i>	2	

Drug Name	Drug Tier	Requirements / Limits
<i>solifenacin succinate</i>	2	QL
<i>tolterodine tartrate</i>	2	
<i>tolterodine tartrate er</i>	2	
<i>trospium chloride</i>	2	
<i>trospium chloride er</i>	2	
VESICARE LS	4	AL
URINARY ANTISPASMODICS - BETA-3 ADRENERGIC AGONISTS		
GEMTESA	4	QL
<i>mirabegron er</i>	2	QL
MYRBETRIQ (25 MG TAB ER 24H, 50 MG TAB ER 24H)	3	QL
MYRBETRIQ 8 MG/ML SRER	3	AL, QL
URINARY ANTISPASMODICS - CHOLINERGIC AGONISTS		
<i>bethanechol chloride</i>	2	
URINARY ANTISPASMODICS - DIRECT MUSCLE RELAXANTS		
<i>flavoxate hcl</i>	2	
VACCINES		
BACTERIAL VACCINES		
ACTHIB	1	
BEXSERO	1	
CAPVAXIVE	1	
HIBERIX	1	
MENQUADFI	1	
MENVEO RECON SOLN	1	
MENVEO SOLUTION	1	
PEDVAX HIB	1	
PENBRAYA	1	AL
PENMENVY	1	AL

Drug Name	Drug Tier	Requirements / Limits
PNEUMOVAX 23	1	
PREVNAR 13	1	
PREVNAR 20	1	
TRUMENBA	1	
VAXNEUVANCE	1	
VIRAL VACCINE COMBINATIONS		
M-M-R II	1	
PRIORIX	1	
PROQUAD	1	
TWINRIX	1	
VIRAL VACCINES		
ABRYSVO	1	QL
ACAM2000	1	
AFLURIA	1	
AFLURIA PRESERVATIVE FREE	1	
AFLURIA QUADRIVALENT (0.5 ML SUSP PRSYR, SUSPENSION)	1	
AREXVY	1	
AUDENZ	1	
COMIRNATY	1	
ENGRIX-B (10 MCG/0.5ML SUSP PRSYR, 20 MCG/ML SUSP PRSYR)	1	
ENGRIX-B 20 MCG/ML SUSPENSION	1	
FLUAD	1	
FLUAD QUADRIVALENT	1	
FLUARIX	1	
FLUARIX QUADRIVALENT	1	
FLUBLOK	1	
FLUBLOK QUADRIVALENT	1	

Drug Name	Drug Tier	Requirements / Limits
FLUCELVAX	1	
FLUCELVAX QUADRIVALENT	1	
FLULAVAL	1	
FLULAVAL QUADRIVALENT	1	
FLUMIST	1	
FLUMIST QUADRIVALENT	1	
FLUZONE	1	
FLUZONE HIGH-DOSE	1	
FLUZONE HIGH-DOSE QUADRIVALENT	1	
FLUZONE QUADRIVALENT (0.5 ML SUSP PRSYR, SUSPENSION)	1	
GARDASIL 9	1	
HAVRIX	1	
HEPLISAV-B	1	QL
IPOL	1	
JYNNEOS	1	
MNEXSPIKE	1	
MODERNA COVID-19 VAC (BOOSTER)	1	
MODERNA COVID-19 VAC 6M-11Y	1	
MRESVIA	1	
NOVAVAX COVID-19 VACCINE	1	
PFIZER COVID-19 VAC-TRIS 5-11Y 10 MCG/0.3ML SUSPENSION	1	
PFIZER COVID-19 VAC-TRIS 6M-4Y 3 MCG/0.3ML SUSPENSION	1	
PFIZER-BIONT COVID-19 VAC-TRIS	1	
PREHEVBRIO	1	
RECOMBIVAX HB	1	
ROTARIX SUSPENSION	1	

Drug Name	Drug Tier	Requirements / Limits
ROTATEQ	1	
SHINGRIX	1	AL, QL
SPIKEVAX	1	
VAQTA	1	
VARIVAX	1	
VAGINAL AND RELATED PRODUCTS		
IMIDAZOLE-RELATED ANTIFUNGALS		
GYNAZOLE-1	4	
<i>terconazole 0.4 % cream</i>	2	
<i>terconazole 0.8 % cream</i>	2	
<i>terconazole 80 mg suppos</i>	2	
MISCELLANEOUS VAGINAL COMBINATIONS		
FEM PH	3	
MISCELLANEOUS VAGINAL PRODUCTS		
INTRAROSA	4	QL
SPERMICIDES		
ENCARE	1	
OPTIONS GYNOL II CONTRACEPTIVE	1	
TODAY SPONGE	1	
VCF VAGINAL CONTRACEPTIVE (4 % GEL, 28 % FILM)	1	
VAGINAL ANTI-INFECTIVES		
CLEOCIN 100 MG SUPPOS	4	
<i>clindamycin phosphate 2 % cream</i>	2	
CLINDESSE	4	
NUVESSA	4	
VANDAZOLE	4	
VAGINAL CONTRACEPTIVE PH MODULATOR - COMBINATIONS		
PHEXXI	1	

Drug Name	Drug Tier	Requirements / Limits
VAGINAL ESTROGENS		
<i>estradiol (0.1 mg/gm cream, 10 mcg tab)</i>	2	
ESTRING	3	QL
FEMRING	4	QL
IMVEXXY MAINTENANCE PACK	4	
IMVEXXY STARTER PACK	4	
PREMARIN 0.625 MG/GM CREAM	3	
<i>yuvafem</i>	2	
VAGINAL PROGESTINS		
CRINONE	6	
ENDOMETRIN	4	
FIRST-PROGESTERONE VGS 200 MG SUPPOS	3	
VASOPRESSORS		
ANAPHYLAXIS THERAPY AGENTS		
<i>epinephrine (0.15 mg/0.15ml soln a-inj, 0.15 mg/0.3ml soln a-inj, 0.3 mg/0.3ml soln a-inj, 0.3 mg/0.3ml soln prsyr)</i>	2	QL
NEFFY	4	QL
<i>midodrine hcl</i>	2	
VITAMINS		
VITAMIN D		
<i>d3-50</i>	2	
<i>decara 1.25 mg (50000 ut) cap</i>	2	
<i>ergocalciferol 1.25 mg (50000 ut) cap</i>	2	
<i>optimal d3</i>	2	
<i>true vitamin d3 1.25 mg (50000 ut) cap</i>	2	
<i>vitamin d (ergocalciferol) (1.25 mg (50000 ut) cap, 50000 unit cap)</i>	2	
<i>vitamin d 1.25 mg (50000 ut) cap</i>	2	

Drug Name	Drug Tier	Requirements / Limits
<i>vitamin d high potency 1.25 mg (50000 ut) cap</i>	2	
<i>vitamin d3 1.25 mg (50000 ut) cap</i>	2	
<i>weekly-d</i>	2	
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