

# **FEP Blue Basic™ Formulary**

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## INTRODUCTION

FEP is pleased to provide the 2025 *FEP Blue Basic Formulary* as a useful reference for drug product selection. The drugs on the *FEP Blue Basic Formulary* have been reviewed by the FEP Pharmacy and Medical Policy Committee and FEP physicians and pharmacists and found appropriate for preferred status.

All the information in the *FEP Blue Basic Formulary* is provided as a reference for drug therapy selection. Specific drug selection for an individual patient rests solely with the prescriber.

## PREFACE

The formulary is organized by sections, which refer to either a drug class or disease state. Unless exceptions are noted, all dosage forms and strengths of the drug cited are included in the formulary.

The *FEP Blue Basic Formulary* is an open formulary, but FEP may impose restrictions or not reimburse for specific drug products or types of products. For example, certain drugs and supplies for hair removal and hair growth are excluded from the pharmacy benefit. In addition, over-the-counter (**OTC**) products, with the exception of insulin and diabetes monitoring products, are generally not included in the pharmacy benefit. Some OTC products are listed in the formulary for informational purposes only.

The formulary is separated by Tiers in the following manner:

TIER	DEFINITION
Tier 1	Generic Drugs
Tier 2	Preferred Brand Drugs
Tier 3	Non-Preferred Drugs and All Compounded Medications
Tier 4	Preferred Specialty Drugs
Tier 5	Non-Preferred Specialty Drugs

**The formulary is separated by Tiers in the following manner:**

	<b>Tier 1</b>	<b>Tier 2</b>	<b>Tier 3</b>	<b>Tier 4</b>	<b>Tier 5</b>
	generic drugs	preferred brand-name drugs	non-preferred brand-name drugs and all compounded medications	preferred specialty drugs	non-preferred specialty drugs
Blue Basic Preferred Retail Pharmacy	\$15 copayment for a 0 to 30-day supply (\$40 copayment	\$75 copayment for a 0 to 30-day supply (\$200 copayment for a 31 to 90-day	60% coinsurance*	\$120 copay Limit***: one 30-day supply fill at retail	\$200 copay Limit***: one 30-day supply fill at retail

	for a 31 to 90-day supply)	supply)			
<i>Medicare Part B Primary</i>	\$10 copayment for a 0 to 30-day supply  (\$30 copayment for a 31 to 90-day supply)	\$50 copayment for a 0 to 30-day supply  (\$150 copayment for a 31 to 90-day supply)	50% coinsurance**	\$80 copay Limit***: one 30-day supply fill at retail	\$100 copay Limit***: one 30-day supply fill at retail
Blue Basic Mail Pharmacy		\$100 copay	\$125 copay		
<i>Medicare Part B</i>					
Blue Basic Specialty Drug Pharmacy Program				\$120 for a 0 to 30-day supply  \$350 for 31 to 90-day supply	\$200 for a 0 to 30-day supply  \$500 for 31 to 90-day supply
<i>Medicare Part B Primary</i>				\$80 for a 0 to 30-day supply  \$210 for 31 to 90-day supply	\$100 for a 0 to 30-day supply  \$255 for 31 to 90-day supply

\*With a minimum payment of \$90 for a 0 to 30-day supply (\$250 for a 31 to 90-day supply)

\*\*With a minimum payment of \$60 for a 0 to 30-day supply (\$175 for a 31 to 90-day supply)

\*\*\* First fill of specialty medications is limited to a 30-day supply at retail. All subsequent fills must be through the Specialty Drug Pharmacy Program. A 90-day supply fill of a specialty medication may only be obtained through the Specialty Drug Pharmacy Program once a member has received three 30-day supply fills of that medication.

All drugs that are preferred are noted in their respective tiers of the drug lists throughout this formulary. Drugs may be reviewed by the FEP Pharmacy and Medical Policy Committee and designated non-preferred. FEP may designate certain drugs as non-preferred, typically if the cost-effectiveness is less than other similar drugs.

## **EXCLUDED DRUGS**

Select medications are covered on the *FEP Blue Basic* drug benefit plan. These excluded medications have available covered options in the same therapeutic class. For a full listing of these excluded medications please see the EXCLUDED DRUG LIST BLUE BASIC CHART located before the INDEX in this document.

Patients taking an excluded medication should expect to pay the **full cost** of the prescription.

## **PRIOR APPROVAL**

Prior approval (**PA**) is required for certain drugs before FEP will cover them. The prescribing physician may request PA by calling toll-free 1-877-727-3784. The list of prior approval medications is subject to change. For a current list of medications that require prior approval please see our **Prior Approval** web page.

## **QUANTITY LIMITATIONS**

Quantity limitations (**QL**) have been established for some of the medications covered by FEP. Requests for quantities greater than allowed can be submitted to the Prior Approval program by the prescribing physician by calling toll-free 1-877-727-3784. The list of medications that have quantity limitations is subject to change. For a current list of medications with quantity limitations please see our Prior Approval web page.

## **PHARMACY AND MEDICAL POLICY COMMITTEE**

The role of the FEP Pharmacy and Medical Policy Committee includes evaluating new medications and making recommendations for the designation of preferred or non-preferred status on the *FEP Blue Basic Formulary*. The FEP Pharmacy and Medical Policy Committee is made up of physicians and pharmacists who are not employees or agents of, nor have financial interest in FEP.

## **PRODUCT SELECTION CRITERIA**

The FEP Pharmacy and Medical Policy Committee will consider U.S. Food and Drug Administration (FDA) approved drugs for preferred status designation. The evaluation includes a literature review; expert opinion may also be sought. Formal reviews are prepared that typically address the following information:

- Safety
- Efficacy
- Comparison studies
- Drug interactions
- Approved indications
- Formulation and administration
- Adverse effects
- Contraindications

- Pharmacokinetics
- Patient compliance considerations
- Medical outcome and pharmaco-economic studies

When a new drug is considered for preferred status, an attempt will be made to examine the drug relative to similar drugs currently preferred. In addition, entire therapeutic classes are periodically reviewed. The class review process may result in a designation of non-preferred status to drug(s) in a particular therapeutic class, in an effort to continually promote the most clinically useful and cost-effective agents.

Drugs evaluated by the Pharmacy and Medical Policy Committee and not classified as preferred to receive a non-preferred designation in the *FEP Blue Basic Formulary*. This designation indicates the Pharmacy and Medical Policy Committee's belief that the drug offers no important clinical or cost advantage over comparable preferred drugs, or that there is currently insufficient information to determine its appropriate clinical role, or that questions remain regarding safety and effectiveness. In an open formulary environment, non-preferred drugs are covered under FEP's pharmacy benefit. However, there may be additional costs incurred by the patient to receive a non-preferred medication. Physicians are encouraged to prescribe preferred drugs.

All the information in the *FEP Blue Basic Formulary* is provided as a reference for drug therapy selection. The final choice of a specific drug selection for an individual patient rests solely with the prescriber.

## GENERIC SUBSTITUTION

One way to reduce out-of-pocket cost is by requesting a generic drug. Generic drugs are usually priced lower than their brand-name equivalents. Prescription generic drugs are:

- Approved by the FDA for safety and effectiveness and are manufactured under the same strict standards that apply to brand-name drugs.
- Tested in humans to assure the generic is absorbed into the bloodstream in a similar rate and to the same extent as the brand-name drug. Generics may be different from the brand in size, color, and inactive ingredients, but this does not alter their effectiveness or ability to be absorbed just like the brand-name drug.
- Manufactured in the same strength and dosage form as the brand-name drugs.

When a generic drug is substituted for a brand-name drug, you can expect the generic to produce the same clinical effect and safety profile as the brand-name drug.

## EDITOR

Your comments and suggestions regarding this *FEP Blue Basic Formulary* are encouraged. Your input is vital to this formulary's continued success. All responses will be reviewed and considered. Please send your comments to:

FEP Rx Drug Formulary - MC 145  
P.O. Box 52115  
Phoenix, AZ 85072-2115

## **NOTICE**

The information contained in this *FEP Blue Basic Formulary* and its appendices is provided by FEP, solely for the convenience of medical providers. FEP does not warrant or assure accuracy of such information nor is it intended to be comprehensive in nature. The *FEP Blue Basic Formulary* is not a complete list of all covered medications. This *FEP Blue Basic Formulary* is not intended to be a substitute for the knowledge, expertise, skill and judgment of the medical provider in his or her choice of prescription drugs. FEP assumes no responsibility for the actions or omissions of any medical provider based upon reliance, in whole or in part, on the information contained herein. The medical provider should consult the drug manufacturer's product literature or standard references for more detailed information.

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This document contains references to brand-name prescription drugs that are trademarks or registered trademarks of pharmaceutical manufacturers not affiliated with FEP.

If viewing this formulary via Internet, please be advised that the formulary is updated periodically, and changes may appear prior to their effective date.

## **LEGEND**

TERM	DEFINITION
OTC	Over the counter
PA	Prior Authorization (approval): you must have approval from the plan before you can get this drug
PA/ST	Prior Approval with Step Therapy
QL	Quantity Limit: there is a limit to how much of the medicine we will cover
ST	Step Therapy: you must try another drug before you can get this one
NCTM	No charge to qualifying members

Drug Name	Drug Tier	Requirements/Limits
<b>ADHD/ANTI-NARCOLEPSY/ANTI-OBESITY/ANOREXIANTS</b>		
<b>AMPHETAMINES</b>		
ADDERALL TAB 5MG	3	PA
ADDERALL TAB 7.5MG	3	PA
ADDERALL TAB 10MG	3	PA
ADDERALL TAB 15MG	3	PA
ADDERALL TAB 20MG	3	PA
ADDERALL TAB 30MG	3	PA
ADDERALL XR CAP 5MG	3	PA
ADDERALL XR CAP 10MG	3	PA
ADDERALL XR CAP 15MG	3	PA
ADDERALL XR CAP 20MG	3	PA
ADDERALL XR CAP 25MG	3	PA
ADDERALL XR CAP 30MG	3	PA
<i>amphetamine sulfate tabs 5mg, 10mg</i>	1	PA
<i>amphetamine-dextroamphetamine 3-bead cap er 24hr 12.5 mg</i>	1	PA
<i>amphetamine-dextroamphetamine 3-bead cap er 24hr 25 mg</i>	1	PA
<i>amphetamine-dextroamphetamine 3-bead cap er 24hr 37.5 mg</i>	1	PA
<i>amphetamine-dextroamphetamine 3-bead cap er 24hr 50 mg</i>	1	PA
<i>amphetamine-dextroamphetamine cap er 24hr 5 mg</i>	1	PA
<i>amphetamine-dextroamphetamine cap er 24hr 10 mg</i>	1	PA
<i>amphetamine-dextroamphetamine cap er 24hr 15 mg</i>	1	PA
<i>amphetamine-dextroamphetamine cap er 24hr 20 mg</i>	1	PA
<i>amphetamine-dextroamphetamine cap er 24hr 25 mg</i>	1	PA
<i>amphetamine-dextroamphetamine cap er 24hr 30 mg</i>	1	PA
<i>amphetamine-dextroamphetamine tab 5 mg</i>	1	PA
<i>amphetamine-dextroamphetamine tab 7.5 mg</i>	1	PA
<i>amphetamine-dextroamphetamine tab 10 mg</i>	1	PA
<i>amphetamine-dextroamphetamine tab 12.5 mg</i>	1	PA
<i>amphetamine-dextroamphetamine tab 15 mg</i>	1	PA
<i>amphetamine-dextroamphetamine tab 20 mg</i>	1	PA
<i>amphetamine-dextroamphetamine tab 30 mg</i>	1	PA
DEXEDRINE CP24 10MG	3	PA

<b>Drug Name</b>	<b>Drug Tier</b>	<b>Requirements/Limits</b>
<i>dextroamphetamine sulfate cp24 5mg, 10mg, 15mg; soln 5mg/5ml; tabs 2.5mg, 5mg, 7.5mg, 10mg, 15mg, 20mg, 30mg</i>	1	PA
<b>EVEKEO TABS 5MG, 10MG</b>	3	PA
<i>lisdexamfetamine dimesylate caps 10mg, 20mg, 30mg, 40mg, 50mg, 60mg, 70mg; chew 10mg, 20mg, 30mg, 40mg, 50mg, 60mg</i>	1	PA
<i>methamphetamine hcl tabs 5mg</i>	1	PA
<b>MYDAYIS CAP 12.5MG</b>	3	PA
<b>MYDAYIS CAP 25MG</b>	3	PA
<b>MYDAYIS CAP 37.5MG</b>	3	PA
<b>MYDAYIS CAP 50MG</b>	3	PA
<i>procenutra soln 5mg/5ml</i>	1	PA
<i>VYVANSE CAPS 10MG, 20MG, 30MG, 40MG, 50MG, 60MG, 70MG; CHEW 10MG, 20MG, 30MG, 40MG, 50MG, 60MG</i>	3	PA
<i>zenzedi tabs 2.5mg, 7.5mg, 10mg, 15mg, 20mg, 30mg</i>	1	PA
<b>ANOREXIANTS NON-AMPHETAMINE</b>		
<i>benzphetamine hcl tabs 50mg</i>	1	PA
<i>diethylpropion hcl tabs 25mg; tb24 75mg</i>	1	PA
<b>LOMAIRA TABS 8MG</b>	3	PA
<b>PHENDIMETRAZINE TARTRATE CP24 105MG</b>	3	PA
<i>phendimetrazine tartrate tabs 35mg</i>	1	PA
<i>phentermine hcl caps 15mg, 30mg, 37.5mg; tabs 37.5mg</i>	1	PA
<b>QSYMIA CAP 3.75-23</b>	2	PA
<b>QSYMIA CAP 7.5-46MG</b>	2	PA
<b>QSYMIA CAP 11.25-69</b>	2	PA
<b>QSYMIA CAP 15-92MG</b>	2	PA
<b>ANTI-OBESITY AGENTS</b>		
<b>CONTRAVE TAB 8-90MG</b>	3	PA
<b>IMCIVREE SOLN 10MG/ML</b>	5	PA
<i>orlistat caps 120mg</i>	1	PA
<b>SAXENDA SOPN 18MG/3ML</b>	3	PA
<i>WEGOVY SOAJ .25MG/0.5ML, .5MG/0.5ML, 1MG/0.5ML, 1.7MG/0.75ML, 2.4MG/0.75ML</i>	3	PA
<b>XENICAL CAPS 120MG</b>	3	PA
<b>ATTENTION-DEFICIT/HYPERACTIVITY DISORDER (ADHD) AGENTS</b>		
<i>atomoxetine hcl caps 10mg, 18mg, 25mg, 40mg, 60mg, 80mg, 100mg</i>	1	
<i>clonidine hcl (adhd) tb12 .1mg</i>	1	
<i>guanfacine hcl (adhd) tb24 1mg, 2mg, 3mg, 4mg</i>	1	

<b>Drug Name</b>	<b>Drug Tier</b>	<b>Requirements/Limits</b>
INTUNIV TB24 1MG, 2MG, 3MG, 4MG	3	
QELBREE CP24 100MG, 150MG, 200MG	3	PA
STRATTERA CAPS 10MG, 18MG, 25MG, 40MG, 60MG, 80MG, 100MG	3	
<b>DOPAMINE AND NOREPINEPHRINE REUPTAKE INHIBITORS (DNRIS)</b>		
SUNOSI TABS 75MG, 150MG	3	PA
<b>HISTAMINE H3-RECEPTOR ANTAGONIST/INVERSE AGONISTS</b>		
WAKIX TABS 4.45MG, 17.8MG	5	PA
<b>STIMULANTS - MISC.</b>		
APTENSIO XR CP24 10MG, 15MG, 20MG, 30MG, 40MG, 50MG, 60MG	3	PA
<i>armodafinil tabs 50mg, 150mg, 200mg, 250mg</i>	1	PA
AZSTARYS CAP 26.1-5.2	3	PA
AZSTARYS CAP 39.2-7.8	3	PA
AZSTARYS CAP 52.3-10.	3	PA
CONCERTA TBCR 18MG, 27MG, 36MG, 54MG	3	PA
DAYTRANA PTCH 10MG/9HR, 15MG/9HR, 20MG/9HR, 30MG/9HR	3	PA
<i>dexamethylphenidate hcl cp24 5mg, 10mg, 15mg, 20mg, 25mg, 30mg, 35mg, 40mg; tabs 2.5mg, 5mg, 10mg</i>	1	PA
FOCALIN TABS 2.5MG, 5MG, 10MG	3	PA
FOCALIN XR CP24 5MG, 10MG, 15MG, 20MG, 25MG, 30MG, 35MG, 40MG	3	PA
JORNAY PM CP24 20MG, 40MG, 60MG, 80MG, 100MG	3	PA
METHYLIN SOLN 5MG/5ML, 10MG/5ML	3	PA
<i>methylphenidate ptch 10mg/9hr, 15mg/9hr, 20mg/9hr, 30mg/9hr</i>	1	PA
<i>methylphenidate hcl chew 2.5mg, 5mg, 10mg; cp24 10mg, 15mg, 20mg, 30mg, 40mg, 50mg, 60mg; cpcr 10mg, 20mg, 30mg, 40mg, 50mg, 60mg; soln 5mg/5ml, 10mg/5ml; tabs 5mg, 10mg, 20mg; tb24 18mg, 27mg, 36mg, 54mg; tbcr 10mg, 18mg, 20mg, 27mg, 36mg, 45mg, 54mg, 63mg, 72mg</i>	1	PA
<i>modafinil tabs 100mg, 200mg</i>	1	PA
NUVIGIL TABS 50MG, 150MG, 200MG, 250MG	3	PA
PROVIGIL TABS 100MG, 200MG	3	PA
QUILLICHEW ER CHER 20MG, 30MG, 40MG	3	PA
QUILLIVANT XR SRER 25MG/5ML	3	PA
RELEXXII TBCR 18MG, 27MG, 36MG, 54MG	3	PA
RITALIN TABS 5MG, 10MG, 20MG	3	PA

<b>Drug Name</b>	<b>Drug Tier</b>	<b>Requirements/Limits</b>
RITALIN LA CP24 10MG, 20MG, 30MG, 40MG	3	PA
<b>ALLERGENIC EXTRACTS/BIOLOGICALS MISC</b>		
<b>ALLERGENIC EXTRACTS</b>		
ORALAIR SUB 300 IR	5	PA
PALFORZIA CAP ESCALAT	5	PA
PALFORZIA CAP LEVEL 3	5	PA
PALFORZIA CAP LEVEL 7	5	PA
PALFORZIA CAP LEVEL 8	5	PA
PALFORZIA CAP LEVEL 10	5	PA
PALFORZIA LEVEL 1 CSPK 1MG	5	PA
PALFORZIA LEVEL 2 CSPK 1MG	5	PA
PALFORZIA LEVEL 4 CSPK 20MG	5	PA
PALFORZIA LEVEL 5 CSPK 20MG	5	PA
PALFORZIA LEVEL 6 CSPK 20MG	5	PA
PALFORZIA LEVEL 9 CSPK 100MG	5	PA
PALFORZIA LEVEL 11 (MAINT PACK 300MG	5	PA
PALFORZIA LEVEL 11 (TITRA PACK 300MG	5	PA
<b>AMEBICIDES</b>		
<b>AMEBICIDES</b>		
SOLOSEC PACK 2GM	3	
<b>AMINOGLYCOSIDES</b>		
<b>AMINOGLYCOSIDES</b>		
ARIKAYCE SUSP 590MG/8.4ML	5	PA
BETHKIS NEBU 300MG/4ML	5	
<i>gentamicin sulfate soln 40mg/ml</i>	1	
HUMATIN CAPS 250MG	3	
KITABIS PAK NEBU 300MG/5ML	5	
<i>neomycin sulfate tabs 500mg</i>	1	
TOBI NEBU 300MG/5ML	5	
TOBI PODHALER CAPS 28MG	4	
<i>tobramycin nebu 300mg/4ml, 300mg/5ml</i>	4	
<b>ANALGESICS - ANTI-INFLAMMATORY</b>		
<b>ANTI-TNF-ALPHA - MONOCLONAL ANTIBODIES</b>		
ADALIMUMAB-ADAZ SOAJ 40MG/0.4ML; SOSY 40MG/0.4ML	4	PA
ADALIMUMAB-FKJP AJKT 40MG/0.8ML; PSKT 20MG/0.4ML, 40MG/0.8ML	4	PA
HUMIRA PSKT 10MG/0.1ML, 20MG/0.2ML, 40MG/0.4ML, 40MG/0.8ML	4	PA
HUMIRA PEN AJKT 40MG/0.4ML, 40MG/0.8ML, 80MG/0.8ML	4	PA
HUMIRA PEN KIT PS/UV	4	PA

<b>Drug Name</b>		<b>Drug Tier</b>	<b>Requirements/Limits</b>
HUMIRA PEN-CD/UC/HS START AJKT 80MG/0.8ML		4	PA
HYRIMOZ SOAJ 40MG/0.4ML, 40MG/0.8ML; SOSY 10MG/0.1ML, 20MG/0.2ML, 40MG/0.4ML, 40MG/0.8ML		4	PA
HYRIMOZ CROHN'S DISEASE A SOAJ 80MG/0.8ML		4	PA
HYRIMOZ SENSOREADY PENS SOAJ 80MG/0.8ML		4	PA
HYRIMOZ-PED INJ CROHNS		4	PA
HYRIMOZ-PLAQ INJ PSOR/UVE		4	PA
SIMPONI SOAJ 50MG/0.5ML; SOSY 50MG/0.5ML		5	PA
SIMPONI SOAJ 100MG/ML; SOSY 100MG/ML		4	PA
SIMPONI ARIA SOLN 50MG/4ML		5	PA
<b>ANTIRHEUMATIC - ENZYME INHIBITORS</b>			
OLUMIANT TABS 1MG, 2MG		5	PA
RINVOQ TB24 15MG, 30MG, 45MG		4	PA
RINVOQ LQ SOLN 1MG/ML		4	PA
XELJANZ SOLN 1MG/ML; TABS 5MG, 10MG		4	PA
XELJANZ XR TB24 11MG, 22MG		4	PA
<b>ANTIRHEUMATIC ANTIMETABOLITES</b>			
OTREXUP SOAJ 10MG/0.4ML, 12.5MG/0.4ML, 15MG/0.4ML, 17.5MG/0.4ML, 20MG/0.4ML, 22.5MG/0.4ML, 25MG/0.4ML		3	PA
RASUVO SOAJ 7.5MG/0.15ML, 10MG/0.2ML, 12.5MG/0.25ML, 15MG/0.3ML, 17.5MG/0.35ML, 20MG/0.4ML, 22.5MG/0.45ML, 25MG/0.5ML, 30MG/0.6ML		3	PA
<b>INTERLEUKIN-1 BLOCKERS</b>			
ARCALYST SOLR 220MG		4	PA
<b>INTERLEUKIN-1 RECEPTOR ANTAGONIST (IL-1RA)</b>			
KINERET SOSY 100MG/0.67ML		5	PA
<b>INTERLEUKIN-1BETA BLOCKERS</b>			
ILARIS SOLN 150MG/ML		4	PA
<b>INTERLEUKIN-6 RECEPTOR INHIBITORS</b>			
ACTEMRA SOLN 80MG/4ML, 200MG/10ML, 400MG/20ML; SOSY 162MG/0.9ML		4	PA
ACTEMRA ACTPEN SOAJ 162MG/0.9ML		4	PA
KEVZARA SOAJ 150MG/1.14ML, 200MG/1.14ML; SOSY 150MG/1.14ML, 200MG/1.14ML		5	PA

Drug Name	Drug Tier	Requirements/Limits
<b>NONSTEROIDAL ANTI-INFLAMMATORY AGENTS (NSAIDS)</b>		
CELEBREX CAPS 100MG, 200MG, 400MG	3	QL
<i>celecoxib caps 50mg, 100mg, 200mg, 400mg</i>	1	QL
DAYPRO TABS 600MG	3	
<i>diclofenac potassium tabs 50mg</i>	1	
<i>diclofenac sodium tb24 100mg; tbec 25mg, 50mg, 75mg</i>	1	
<i>diclofenac w/ misoprostol tab delayed release 50-0.2 mg</i>	1	
<i>diclofenac w/ misoprostol tab delayed release 75-0.2 mg</i>	1	
<i>etodolac caps 200mg, 300mg; tabs 400mg, 500mg; tb24 400mg, 500mg, 600mg</i>	1	
<i>fenoprofen calcium caps 400mg; tabs 600mg</i>	1	
<i>flurbiprofen tabs 100mg</i>	1	
<i>ibuprofen susp 100mg/5ml; tabs 400mg, 600mg, 800mg</i>	1	
<i>indomethacin caps 25mg, 50mg; cpcr 75mg</i>	1	
<i>ketoprofen caps 25mg, 50mg; cp24 200mg</i>	1	
<i>ketorolac tromethamine tabs 10mg</i>	1	
<i>meclofenamate sodium caps 50mg, 100mg</i>	1	
<i>mefenamic acid caps 250mg</i>	1	
<i>meloxicam tabs 7.5mg, 15mg</i>	1	
<i>nabumetone tabs 500mg, 750mg</i>	1	
NALFON TABS 600MG	3	
<i>naproxen susp 125mg/5ml; tabs 250mg, 375mg, 500mg; tbec 375mg, 500mg</i>	1	
<i>naproxen sodium tabs 275mg, 550mg</i>	1	
<i>oxaprozin tabs 600mg</i>	1	
<i>piroxicam caps 10mg, 20mg</i>	1	
SPRIX SOLN 15.75MG/SPRAY	3	PA
<i>sulindac tabs 150mg, 200mg</i>	1	
TOLECTIN 600 TABS 600MG	3	
<i>tolmetin sodium caps 400mg</i>	1	
<b>PHOSPHODIESTERASE 4 (PDE4) INHIBITORS</b>		
OTEZLA TABS 20MG, 30MG	4	PA
OTEZLA TAB 10/20	4	PA
OTEZLA TAB 10/20/30	4	PA
<b>PYRIMIDINE SYNTHESIS INHIBITORS</b>		
ARAVA TABS 10MG, 20MG	3	
<i>leflunomide tabs 10mg, 20mg</i>	1	
<b>SELECTIVE COSTIMULATION MODULATORS</b>		
ORENCIA SOLR 250MG; SOSY 50MG/0.4ML, 87.5MG/0.7ML, 125MG/ML	5	PA

<b>Drug Name</b>	<b>Drug Tier</b>	<b>Requirements/Limits</b>
ORENCIA CLICKJECT SOAJ 125MG/ML	5	PA
<b>SOLUBLE TUMOR NECROSIS FACTOR RECEPTOR AGENTS</b>		
ENBREL SOLN 25MG/0.5ML; SOSY 25MG/0.5ML, 50MG/ML	4	PA
ENBREL MINI SOCT 50MG/ML	4	PA
ENBREL SURECLICK SOAJ 50MG/ML	4	PA
<b>ANALGESICS - NONNARCOTIC</b>		
<b>ANALGESIC COMBINATIONS</b>		
butalbital-acetaminophen cap 50-300 mg	1	QL
butalbital-acetaminophen tab 50-300 mg	1	QL
butalbital-acetaminophen tab 50-325 mg	1	QL
butalbital-acetaminophen-caffeine cap 50-300-40 mg	1	QL
butalbital-acetaminophen-caffeine cap 50-325-40 mg	1	QL
butalbital-acetaminophen-caffeine tab 50-325-40 mg	1	QL
butalbital-aspirin-caffeine cap 50-325-40 mg	1	QL
FIORICET CAP	3	QL
<b>SALICYLATES</b>		
DOLOBID TABS 250MG	3	
<b>ANALGESICS - OPIOID</b>		
<b>OPIOID AGONISTS</b>		
ACTIQ LPOP 400MCG, 600MCG, 1200MCG	3	PA
CODEINE SULFATE TABS 15MG, 60MG	3	QL
codeine sulfate tabs 30mg	1	QL
DILAUDID TABS 2MG, 4MG, 8MG	3	QL
fentanyl pt72 12mcg/hr, 25mcg/hr, 37.5mcg/hr, 50mcg/hr, 62.5mcg/hr, 75mcg/hr, 87.5mcg/hr, 100mcg/hr	1	QL
fentanyl citrate tabs 200mcg, 400mcg, 600mcg, 800mcg	1	PA
hydrocodone bitartrate cp12 10mg, 15mg, 20mg, 30mg, 40mg, 50mg; t24a 20mg, 30mg, 40mg, 60mg, 80mg, 100mg, 120mg	1	PA
hydromorphone hcl liqd 1mg/ml; tabs 2mg, 4mg, 8mg; tb24 8mg, 12mg, 16mg	1	QL
HYDROMORPHONE HCL SUPP 3MG	3	PA
hydromorphone hcl tb24 32mg	1	PA
meperidine hcl tabs 50mg	1	QL
methadone hcl conc 10mg/ml; soln 5mg/5ml, 10mg/5ml; tabs 5mg, 10mg; tbso 40mg	1	QL
methadose tbso 40mg	1	PA, QL

<b>Drug Name</b>	<b>Drug Tier</b>	<b>Requirements/Limits</b>
<i>morphine sulfate cp24 10mg, 20mg, 30mg, 50mg, 60mg, 80mg; soln 10mg/5ml, 20mg/5ml, 100mg/5ml; supp 5mg; tabs 15mg, 30mg; tbcr 15mg, 30mg</i>	1	QL
<i>morphine sulfate cp24 100mg; supp 10mg, 20mg, 30mg; tbcr 60mg, 100mg, 200mg</i>	1	PA
<i>morphine sulfate beads cp24 30mg, 45mg, 60mg, 90mg</i>	1	QL
<i>morphine sulfate beads cp24 75mg, 120mg</i>	1	PA
<i>MS CONTIN TBCR 15MG, 30MG, 60MG</i>	3	QL
<i>MS CONTIN TBCR 100MG, 200MG</i>	3	PA
<i>NUCYNTA TABS 50MG, 75MG, 100MG</i>	2	QL
<i>NUCYNTA ER TB12 50MG, 100MG</i>	2	QL
<i>NUCYNTA ER TB12 150MG, 200MG, 250MG</i>	2	PA
<i>OXYAYDO TABS 7.5MG</i>	3	PA
<i>oxycodone hcl caps 5mg; conc 100mg/5ml; soln 5mg/5ml; tabs 5mg, 10mg, 15mg, 20mg, 30mg</i>	1	QL
<i>oxymorphone hcl tabs 5mg, 10mg; tb12 5mg, 7.5mg, 10mg, 15mg</i>	1	QL
<i>oxymorphone hcl tb12 20mg, 30mg, 40mg</i>	1	PA
<i>ROXYBOND TABA 5MG, 15MG, 30MG</i>	3	QL
<i>SUBSYS LIQD 100MCG, 200MCG, 400MCG, 600MCG, 800MCG, 1200MCG, 1600MCG</i>	3	PA
<i>tramadol hcl cp24 100mg, 200mg, 300mg; tabs 50mg; tb24 100mg, 200mg, 300mg</i>	1	QL
<i>XTAMPZA ER C12A 9MG, 13.5MG, 18MG, 27MG</i>	2	QL
<i>XTAMPZA ER C12A 36MG</i>	2	PA
<b>OPIOID COMBINATIONS</b>		
<i>acetaminophen w/ codeine soln 120-12 mg/5ml</i>	1	QL
<i>acetaminophen w/ codeine tab 300-15 mg</i>	1	QL
<i>acetaminophen w/ codeine tab 300-30 mg</i>	1	QL
<i>acetaminophen w/ codeine tab 300-60 mg</i>	1	QL
<i>acetaminophen-caffeine-dihydrocodeine cap 320.5-30-16 mg</i>	1	QL
<i>ascomp/cod cap 30mg</i>	1	QL
<i>butalbital-acetaminophen-caff w/ cod cap 50-300-40-30 mg</i>	1	QL
<i>butalbital-acetaminophen-caff w/ cod cap 50-325-40-30 mg</i>	1	QL
<i>butalbital-aspirin-caff w/ codeine cap 50-325-40-30 mg</i>	1	QL
<i>endocet tab 2.5-325</i>	1	QL

<b>Drug Name</b>	<b>Drug Tier</b>	<b>Requirements/Limits</b>
<i>endocet tab 5-325mg</i>	1	QL
<i>endocet tab 7.5-325</i>	1	QL
<i>endocet tab 10-325mg</i>	1	QL
<b>FIORICET CAP CODEINE</b>	3	QL
<i>hydrocodone-acetaminophen soln 7.5-325 mg/15ml</i>	1	QL
<i>hydrocodone-acetaminophen tab 5-300 mg</i>	1	QL
<i>hydrocodone-acetaminophen tab 5-325 mg</i>	1	QL
<i>hydrocodone-acetaminophen tab 7.5-300 mg</i>	1	QL
<i>hydrocodone-acetaminophen tab 7.5-325 mg</i>	1	QL
<i>hydrocodone-acetaminophen tab 10-300 mg</i>	1	QL
<i>hydrocodone-acetaminophen tab 10-325 mg</i>	1	QL
<i>hydrocodone-ibuprofen tab 5-200 mg</i>	1	QL
<i>hydrocodone-ibuprofen tab 7.5-200 mg</i>	1	QL
<i>hydrocodone-ibuprofen tab 10-200 mg</i>	1	QL
<b>LORTAB ELX 10-300MG</b>	3	PA
<i>oxycodone w/ acetaminophen soln 5-325 mg/5ml</i>	1	QL
<i>oxycodone w/ acetaminophen tab 2.5-325 mg</i>	1	QL
<i>oxycodone w/ acetaminophen tab 5-325 mg</i>	1	QL
<i>oxycodone w/ acetaminophen tab 7.5-325 mg</i>	1	QL
<i>oxycodone w/ acetaminophen tab 10-325 mg</i>	1	QL
<b>PERCOCET TAB 5-325MG</b>	3	QL
<b>PERCOCET TAB 7.5-325</b>	3	QL
<b>PERCOCET TAB 10-325MG</b>	3	QL
<i>tramadol-acetaminophen tab 37.5-325 mg</i>	1	QL

#### **OPIOID PARTIAL AGONISTS**

BELBUCA FILM 75MCG, 150MCG, 300MCG, 450MCG	3	QL
BELBUCA FILM 600MCG, 750MCG, 900MCG	3	PA
BRIXADI SOSY 8MG/0.16ML, 16MG/0.32ML, 24MG/0.48ML, 32MG/0.64ML, 64MG/0.18ML, 96MG/0.27ML, 128MG/0.36ML	5	QL
<i>buprenorphine ptwk 5mcg/hr, 7.5mcg/hr, 10mcg/hr, 15mcg/hr, 20mcg/hr</i>	1	QL
<i>buprenorphine hcl subl 2mg, 8mg</i>	1	QL
<i>buprenorphine hcl-naloxone hcl sl film 2-0.5 mg (base equiv)</i>	1	QL
<i>buprenorphine hcl-naloxone hcl sl film 4-1 mg (base equiv)</i>	1	QL
<i>buprenorphine hcl-naloxone hcl sl film 8-2 mg (base equiv)</i>	1	QL
<i>buprenorphine hcl-naloxone hcl sl film 12-3 mg (base equiv)</i>	1	QL

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

## **ANDROGENS-ANABOLIC**

### **ANABOLIC STEROIDS**

oxandrolone tabs 2.5mg, 10mg	1	PA
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### **ANDROGENS**

AVEED SOLN 750MG/3ML	4	PA
danazol caps 50mg, 100mg, 200mg	1	
depo-testosterone soln 100mg/ml, 200mg/ml	1	PA
JATENZO CAPS 158MG, 198MG, 237MG	3	PA
KYZATREX CAPS 100MG, 150MG, 200MG	3	PA
methitest tabs 10mg	1	PA
methyltestosterone caps 10mg	1	PA
TESTOPEL PLLT 75MG	3	PA
testosterone gel 1%, 1.62%, 10mg/act, 20.25mg/1.25gm, 25mg/2.5gm, 40.5mg/2.5gm, 50mg/5gm; soln 30mg/act	1	PA
testosterone cypionate soln 100mg/ml, 200mg/ml	1	PA
testosterone enanthate soln 200mg/ml	1	PA
UNDECATREX CAPS 200MG	3	PA
XYOSTED SOAJ 50MG/0.5ML, 75MG/0.5ML, 100MG/0.5ML	3	PA

Drug Name	Drug Tier	Requirements/Limits
<b>ANORECTAL AND RELATED PRODUCTS</b>		
<b>INTRARECTAL STEROIDS</b>		
budesonide (intrarectal) foam 2mg, 2mg/act	1	
CORTENEMA ENEM 100MG/60ML	3	
CORTIFOAM FOAM 10%	2	
hydrocortisone (intrarectal) enem 100mg/60ml	1	
UCERIS FOAM 2MG/ACT	3	
<b>RECTAL COMBINATIONS</b>		
ANALPRAM HC CRE 2.5-1%	3	
ANALPRAM-HC CRE 1-1%	3	
ANALPRAM-HC LOT 2.5%	3	
hydrocortisone acetate w/ pramoxine perianal cream 1-1%	1	
hydrocortisone acetate w/ pramoxine perianal cream 2.5-1%	1	
LIDO-HYDRO GEL 2.8-0.55	3	
PROCORT CRE	3	
PROCTOFOAM AER HC 1%	2	
<b>RECTAL STEROIDS</b>		
anucort-hc supp 25mg	1	
ANUSOL-HC CREA 2.5%	3	
anusol-hc supp 25mg	1	
hemmorex-hc supp 25mg, 30mg	1	
hydrocortisone (rectal) crea 1%	1	QL
hydrocortisone (rectal) crea 2.5%	1	
hydrocortisone acetate (rectal) supp 25mg, 30mg	1	
procto-med hc crea 2.5%	1	
proctocort crea 1%	1	QL
proctosol hc crea 2.5%	1	
proctozone-hc crea 2.5%	1	
<b>VASODILATING AGENTS</b>		
nitroglycerin (intra-anal) oint .4%	1	
RECTIV OINT .4%	3	
<b>ANTHELMINTICS</b>		
<b>ANTHELMINTICS</b>		
albendazole tabs 200mg	1	PA
EMVERM CHEW 100MG	2	PA
ivermectin tabs 3mg	1	
praziquantel tabs 600mg	1	
STROMECTOL TABS 3MG	3	

<b>Drug Name</b>	<b>Drug Tier</b>	<b>Requirements/Limits</b>
<b>ANTI-INFECTIVE AGENTS - MISC.</b>		
<b>ANTI-INFECTIVE AGENTS - MISC.</b>		
FLAGYL CAPS 375MG	3	
<i>metronidazole caps 375mg; soln 500mg/100ml; tabs 250mg, 500mg</i>	1	
NEBUPENT SOLR 300MG	3	
<i>pentamidine isethionate solr 300mg tinidazole tabs 250mg, 500mg trimethoprim tabs 100mg</i>	1	
XIFAXAN TABS 200MG, 550MG	3	QL
<b>ANTI-INFECTIVE MISC. - COMBINATIONS</b>		
BACTRIM DS TAB 800-160	3	
<i>sulfamethoxazole-trimethoprim iv soln 400-80 mg/5ml sulfamethoxazole-trimethoprim susp 200-40 mg/5ml sulfamethoxazole-trimethoprim tab 400-80 mg sulfamethoxazole-trimethoprim tab 800-160 mg</i>	1	
atovaquone susp 750mg/5ml	1	
<i>nitazoxanide tabs 500mg</i>	1	
<b>CARBAPENEMS</b>		
<i>ertapenem sodium solr 1gm</i>	1	
<b>GLYCOPEPTIDES</b>		
FIRVANQ SOLR 25MG/ML, 50MG/ML	3	
<i>vancomycin hcl caps 125mg, 250mg; solr 25mg/ml, 50mg/ml, 250mg/5ml</i>	1	
VIBATIV SOLR 750MG	3	
<b>LEPROSTATICs</b>		
<i>dapsone tabs 25mg, 100mg</i>	1	
<b>LINCOSAMIDES</b>		
CLEOCIN CAPS 150MG, 300MG	3	
<i>CLEOCIN PEDIATRIC GRANULE SOLR 75MG/5ML clindamycin hcl caps 75mg, 150mg, 300mg clindamycin palmitate hydrochloride solr 75mg/5ml clindamycin phosphate in d5w iv soln 300 mg/50ml clindamycin phosphate in d5w iv soln 600 mg/50ml</i>	1	

<b>Drug Name</b>	<b>Drug Tier</b>	<b>Requirements/Limits</b>	
<i>clindamycin phosphate in d5w iv soln 900 mg/50ml</i>	1		
<b>MONOBACTAMS</b>			
CAYSTON SOLR 75MG	4		
<b>OXAZOLIDINONES</b>			
<i>linezolid susr 100mg/5ml; tabs 600mg</i>	1	QL	
SIVEXTRO TABS 200MG	3	QL	
<b>POLYMYXINS</b>			
<i>colistimethate sodium solr 150mg</i>	1		
<b>URINARY ANTI-INFECTIVES</b>			
<i>fosfomycin tromethamine pack 3gm</i>	1		
MACROBID CAPS 100MG	3		
MACRODANTIN CAPS 50MG	3		
<i>methenamine hippurate tabs 1gm</i>	1		
<i>methenamine mandelate tabs .5gm, 1gm</i>	1		
<i>nitrofurantoin susp 25mg/5ml, 50mg/10ml</i>	1		
<i>nitrofurantoin macrocrystal caps 25mg, 50mg, 100mg</i>	1		
<i>nitrofurantoin monohyd macro caps 100mg</i>	1		
<b>ANTIANGINAL AGENTS</b>			
<b>ANTIANGINALS-OTHER</b>			
<i>ranolazine tb12 500mg, 1000mg</i>	1		
<b>NITRATES</b>			
<i>isosorbide dinitrate tabs 5mg, 10mg, 20mg, 30mg, 40mg</i>	1		
<i>isosorbide mononitrate tabs 10mg, 20mg; tb24 30mg, 60mg, 120mg</i>	1		
<i>NITRO-BID OINT 2%</i>	3		
<i>NITRO-DUR PT24 .1MG/HR, .3MG/HR, .4MG/HR</i>	3		
<i>nitro-time cpcr 2.5mg, 6.5mg</i>	1		
<i>nitroglycerin pt24 .1mg/hr, .2mg/hr, .4mg/hr, .6mg/hr; soln .4mg/spray; subl .3mg, .4mg, .6mg</i>	1		
<i>NITROLINGUAL SOLN .4MG/SPRAY</i>	3		
<i>NITROSTAT SUBL .3MG, .4MG</i>	3		
<b>ANTIANXIETY AGENTS</b>			
<b>ANTIANXIETY AGENTS - MISC.</b>			
<i>buspirone hcl tabs 5mg, 7.5mg, 10mg, 15mg, 30mg</i>	1		
<i>hydroxyzine hcl soln 25mg/ml; syrup 10mg/5ml; tabs 10mg, 25mg, 50mg</i>	1		

<b>Drug Name</b>	<b>Drug Tier</b>	<b>Requirements/Limits</b>
hydroxyzine pamoate caps 25mg, 50mg, 100mg	1	
meprobamate tabs 200mg, 400mg	1	
<b>BENZODIAZEPINES</b>		
alprazolam tabs .25mg, .5mg, 1mg, 2mg; tb24 .5mg, 1mg, 2mg, 3mg; tbdp .25mg, .5mg, 1mg, 2mg	1	
ALPRAZOLAM INTENSOL CONC 1MG/ML	3	
alprazolam xr tb24 .5mg, 1mg, 2mg, 3mg	1	
ATIVAN TABS .5MG, 1MG, 2MG	3	
chlordiazepoxide hcl caps 5mg, 10mg, 25mg	1	
clorazepate dipotassium tabs 3.75mg, 7.5mg, 15mg	1	
diazepam conc 5mg/ml; soln 5mg/5ml; tabs 2mg, 5mg, 10mg	1	
diazepam intensol conc 5mg/ml	1	
lorazepam conc 2mg/ml; soln 2mg/ml, 4mg/ml, 20mg/10ml; tabs .5mg, 1mg, 2mg	1	
oxazepam caps 10mg, 15mg, 30mg	1	
VALIUM TABS 2MG, 5MG, 10MG	3	
XANAX TABS .25MG, .5MG, 1MG, 2MG	3	
XANAX XR TB24 .5MG, 1MG, 2MG, 3MG	3	
<b>ANTIARRHYTHMICS</b>		
<b>ANTIARRHYTHMICS TYPE I-A</b>		
disopyramide phosphate caps 100mg, 150mg	1	
NORPACE CR CP12 100MG, 150MG	2	
quinidine gluconate tbcr 324mg	1	
quinidine sulfate tabs 200mg, 300mg	1	
<b>ANTIARRHYTHMICS TYPE I-B</b>		
mexiletine hcl caps 150mg, 200mg, 250mg	1	
<b>ANTIARRHYTHMICS TYPE I-C</b>		
flecainide acetate tabs 50mg, 100mg, 150mg	1	
propafenone hcl cp12 225mg, 325mg, 425mg; tabs 150mg, 225mg, 300mg	1	
<b>ANTIARRHYTHMICS TYPE III</b>		
amiodarone hcl tabs 100mg, 200mg, 400mg	1	
dofetilide caps 125mcg, 250mcg, 500mcg	4	
MULTAQ TABS 400MG	2	
pacerone tabs 100mg, 200mg, 400mg	1	
<b>ANTIASTHMATIC AND BRONCHODILATOR AGENTS</b>		
<b>ANTI-INFLAMMATORY AGENTS</b>		
cromolyn sodium nebu 20mg/2ml	1	

<b>Drug Name</b>	<b>Drug Tier</b>	<b>Requirements/Limits</b>
<b>ANTIASTHMATIC - MONOCLONAL ANTIBODIES</b>		
FASENRA SOSY 10MG/0.5ML, 30MG/ML	5	PA
FASENRA PEN SOAJ 30MG/ML	5	PA
NUCALA SOAJ 100MG/ML; SOLR 100MG; SOSY 40MG/0.4ML, 100MG/ML	5	PA
TEZSPIRE SOAJ 210MG/1.91ML; SOSY 210MG/1.91ML	5	PA
XOLAIR SOAJ 75MG/0.5ML, 150MG/ML, 300MG/2ML; SOLR 150MG; SOSY 75MG/0.5ML, 150MG/ML, 300MG/2ML	4	PA
<b>BRONCHODILATORS - ANTICHOLINERGICS</b>		
ATROVENT HFA AERS 17MCG/ACT	3	
<i>ipratropium bromide soln .02%</i>	1	
SPIRIVA HANDIHALER CAPS 18MCG	3	
SPIRIVA RESPIMAT AERS 1.25MCG/ACT, 2.5MCG/ACT	2	
<i>tiotropium bromide monohydrate caps 18mcg</i>	1	
YUPELRI SOLN 175MCG/3ML	3	
<b>LEUKOTRIENE MODULATORS</b>		
<i>montelukast sodium chew 4mg, 5mg; pack 4mg; tabs 10mg</i>	1	
SINGULAIR CHEW 5MG; TABS 10MG	3	
<i>zafirlukast tabs 10mg, 20mg</i>	1	
ZYFLO TABS 600MG	3	
<b>SELECTIVE PHOSPHODIESTERASE 4 (PDE4) INHIBITORS</b>		
DALIRESP TABS 250MCG, 500MCG	3	
<i>roflumilast tabs 250mcg, 500mcg</i>	1	
<b>STEROID INHALANTS</b>		
ARNUITY ELLIPTA AEPB 50MCG/ACT, 100MCG/ACT, 200MCG/ACT	2	
ASMANEX HFA AERO 50MCG/ACT, 100MCG/ACT, 200MCG/ACT	3	
ASMANEX TWISTHALER 14 MET AEPB 220MCG/INH	3	
ASMANEX TWISTHALER 30 MET AEPB 110MCG/INH, 220MCG/INH	3	
ASMANEX TWISTHALER 60 MET AEPB 220MCG/INH	3	
ASMANEX TWISTHALER 120 ME AEPB 220MCG/INH	3	
<i>budesonide (inhalation) susp .25mg/2ml, .5mg/2ml, 1mg/2ml</i>	1	
<i>fluticasone propionate (inhalation) aepb 50mcg/act, 100mcg/act, 250mcg/act</i>	1	

<b>Drug Name</b>	<b>Drug Tier</b>	<b>Requirements/Limits</b>
<i>fluticasone propionate hfa aero 44mcg/act, 110mcg/act, 220mcg/act</i>	1	
PULMICORT SUSP .25MG/2ML, .5MG/2ML, 1MG/2ML	3	
PULMICORT FLEXHALER AEPB 90MCG/ACT, 180MCG/ACT	2	
QVAR REDIHALER AERB 40MCG/ACT, 80MCG/ACT	2	
<b>SYMPATHOMIMETICS</b>		
ADVAIR DISKU AER 100/50	3	
ADVAIR DISKU AER 250/50	3	
ADVAIR DISKU AER 500/50	3	
ADVAIR HFA AER 45/21	3	
ADVAIR HFA AER 115/21	3	
ADVAIR HFA AER 230/21	3	
AIRDUO RESPI INH 113-14	3	
AIRDUO RESPI INH 232-14	3	
AIRSUPRA AER 90-80MCG	3	
<i>albuterol sulfate aers 108mcg/act; nebu .083%, .63mg/3ml, 1.25mg/3ml, 2.5mg/0.5ml; syrp 2mg/5ml; tabs 2mg, 4mg</i>	1	
ALBUTEROL SULFATE NEBU .5%	3	
ANORO ELLIPT AER 62.5-25	2	
<i>arformoterol tartrate nebu 15mcg/2ml</i>	1	
BEVESPI AER 9-4.8MCG	3	
BREO ELLIPTA INH 50-25MCG	3	
BREO ELLIPTA INH 100-25	3	
BREO ELLIPTA INH 200-25	3	
<i>breyna aer 80/4.5</i>	1	
<i>breyna aer 160/4.5</i>	1	
BREZTRI AERO AER SPHERE	3	
BROVANA NEBU 15MCG/2ML	3	
<i>budesonide-formoterol fumarate dihyd aerosol 80-4.5 mcg/act</i>	1	
<i>budesonide-formoterol fumarate dihyd aerosol 160-4.5 mcg/act</i>	1	
COMBIVENT AER 20-100	3	
DULERA AER 50-5MCG	2	
DULERA AER 100-5MCG	2	
DULERA AER 200-5MCG	2	
<i>fluticasone furoate-vilanterol aero powd ba 100-25 mcg/act</i>	1	
<i>fluticasone furoate-vilanterol aero powd ba 200-25 mcg/act</i>	1	

<b>Drug Name</b>	<b>Drug Tier</b>	<b>Requirements/Limits</b>
<i>fluticasone-salmeterol aer powder ba 55-14 mcg/act</i>	1	
<i>fluticasone-salmeterol aer powder ba 100-50 mcg/act</i>	1	
<i>fluticasone-salmeterol aer powder ba 113-14 mcg/act</i>	1	
<i>fluticasone-salmeterol aer powder ba 232-14 mcg/act</i>	1	
<i>fluticasone-salmeterol aer powder ba 250-50 mcg/act</i>	1	
<i>fluticasone-salmeterol aer powder ba 500-50 mcg/act</i>	1	
<i>fluticasone-salmeterol inhal aerosol 45-21 mcg/act</i>	1	
<i>fluticasone-salmeterol inhal aerosol 115-21 mcg/act</i>	1	
<i>fluticasone-salmeterol inhal aerosol 230-21 mcg/act</i>	1	
<i>formoterol fumarate nebu 20mcg/2ml</i>	1	
<i>ipratropium-albuterol nebu soln 0.5-2.5(3) mg/3ml</i>	1	
<i>levalbuterol hcl nebu .31mg/3ml, .63mg/3ml, 1.25mg/0.5ml, 1.25mg/3ml</i>	1	
<i>levalbuterol tartrate aero 45mcg/act</i>	1	
<i>PERFOROMIST NEBU 20MCG/2ML</i>	3	
<i>PROAIR RESPICLICK AEPB 108MCG/ACT</i>	2	
<i>SEREVENT DISKUS AEPB 50MCG/DOSE</i>	2	
<i>STIOLTO AER 2.5-2.5</i>	2	
<i>STRIVERDI RESPIMAT AERS 2.5MCG/ACT</i>	3	
<i>SYMBICORT AER 80-4.5</i>	3	
<i>SYMBICORT AER 160-4.5</i>	3	
<i>terbutaline sulfate tabs 2.5mg, 5mg</i>	1	PA
<i>TRELEGY AER 100MCG</i>	2	
<i>TRELEGY AER 200MCG</i>	2	
<i>wixela inhub aer 100/50</i>	1	
<i>wixela inhub aer 250/50</i>	1	
<i>wixela inhub aer 500/50</i>	1	
<b>XANTHINES</b>		
<i>THEO-24 CP24 100MG, 200MG, 300MG, 400MG</i>	2	
<i>theophylline elix 80mg/15ml; soln 80mg/15ml; tb12 100mg, 200mg, 300mg, 450mg; tb24 400mg, 600mg</i>	1	

Drug Name	Drug Tier	Requirements/Limits
<b>ANTICOAGULANTS</b>		
<b>COUMARIN ANTICOAGULANTS</b>		
jantoven tabs 1mg, 2mg, 2.5mg, 3mg, 4mg, 5mg, 6mg, 7.5mg, 10mg	1	
warfarin sodium tabs 1mg, 2mg, 2.5mg, 3mg, 4mg, 5mg, 6mg, 7.5mg, 10mg	1	
<b>DIRECT FACTOR XA INHIBITORS</b>		
ELIQUIS TABS 2.5MG, 5MG	2	
ELIQUIS STARTER PACK TBPK 5MG	2	
XARELTO SUSR 1MG/ML; TABS 2.5MG, 10MG, 15MG, 20MG	2	
XARELTO STAR TAB 15/20MG	2	
<b>HEPARINS AND HEPARINOID-LIKE AGENTS</b>		
ARIXTRA SOLN 2.5MG/0.5ML, 10MG/0.8ML	3	
enoxaparin sodium soln 300mg/3ml; sosy 30mg/0.3ml, 40mg/0.4ml, 60mg/0.6ml, 80mg/0.8ml, 100mg/ml, 120mg/0.8ml, 150mg/ml	1	
fondaparinux sodium soln 2.5mg/0.5ml, 5mg/0.4ml, 7.5mg/0.6ml, 10mg/0.8ml	1	
FRAGMIN SOSY 5000UNIT/0.2ML, 10000UNIT/ML, 15000UNIT/0.6ML, 18000UNT/0.72ML	2	
LOVENOX SOSY 30MG/0.3ML, 40MG/0.4ML, 60MG/0.6ML, 80MG/0.8ML, 100MG/ML, 120MG/0.8ML, 150MG/ML	3	
<b>THROMBIN INHIBITORS</b>		
dabigatran etexilate mesylate caps 75mg, 110mg, 150mg	1	
<b>ANTICONVULSANTS</b>		
<b>AMPA GLUTAMATE RECEPTOR ANTAGONISTS</b>		
FYCOMPA SUSP .5MG/ML; TABS 2MG, 4MG, 6MG, 8MG, 10MG, 12MG	3	
<b>ANTICONVULSANTS - BENZODIAZEPINES</b>		
clobazam susp 2.5mg/ml; tabs 10mg, 20mg	1	
clonazepam tabs .5mg, 1mg, 2mg; tbdp .125mg, .25mg, .5mg, 1mg, 2mg	1	
diazepam (anticonvulsant) gel 2.5mg, 10mg, 20mg	1	
KLONOPIN TABS .5MG, 1MG, 2MG	3	
LIBERVANT FILM 5MG, 7.5MG, 10MG, 12.5MG, 15MG	3	PA
NAYZILAM SOLN 5MG/0.1ML	3	PA
ONFI SUSP 2.5MG/ML; TABS 10MG, 20MG	3	

<b>Drug Name</b>	<b>Drug Tier</b>	<b>Requirements/Limits</b>
VALTOCO 5 MG DOSE LIQD 5MG/0.1ML	3	PA
VALTOCO 10 MG DOSE LIQD 10MG/0.1ML	3	PA
VALTOCO 15 MG DOSE LQPK 7.5MG/0.1ML	3	PA
VALTOCO 20 MG DOSE LQPK 10MG/0.1ML	3	PA
<b>ANTICONVULSANTS - MISC.</b>		
APTIOM TABS 200MG, 400MG, 600MG, 800MG	3	
BANZEL SUSP 40MG/ML; TABS 200MG, 400MG	3	
BRIVIACT SOLN 10MG/ML; TABS 10MG, 25MG, 50MG, 75MG, 100MG	3	
<i>carbamazepine chew 100mg; cp12 100mg, 200mg, 300mg; susp 100mg/5ml, 200mg/10ml; tabs 200mg; tb12 100mg, 200mg, 400mg</i>	1	
CARBATROL CP12 100MG, 200MG, 300MG	3	
DIACOMIT CAPS 250MG, 500MG; PACK 250MG, 500MG	5	PA
ELEPSIA XR TB24 1500MG	3	
EPIDIOLEX SOLN 100MG/ML	5	PA
<i>epitol tabs 200mg</i>	1	
EPRONTIA SOLN 25MG/ML	3	
FINTEPLA SOLN 2.2MG/ML	5	PA
<i>gabapentin caps 100mg, 300mg, 400mg; soln 250mg/5ml, 300mg/6ml; tabs 600mg, 800mg</i>	1	QL
KEPPRA SOLN 100MG/ML; TABS 250MG, 500MG, 750MG, 1000MG	3	
KEPPRA XR TB24 500MG, 750MG	3	
<i>lacosamide soln 10mg/ml, 50mg/5ml, 100mg/10ml, 200mg/20ml; tabs 50mg, 100mg, 150mg, 200mg</i>	1	
<i>lacosamide tab 50 mg</i>	1	
LAMICTAL TABS 25MG, 100MG, 150MG, 200MG	3	
LAMICTAL CHEWABLE DISPERS CHEW 5MG, 25MG	3	
LAMICTAL ODT TBDP 25MG, 50MG, 100MG, 200MG	3	
LAMICTAL XR TB24 25MG, 50MG, 100MG, 200MG, 250MG, 300MG	3	
<i>lamotrigine chew 5mg, 25mg; kit 25mg; tabs 25mg, 100mg, 150mg, 200mg; tb24 25mg, 50mg, 100mg, 200mg, 250mg, 300mg; tbdp 25mg, 50mg, 100mg, 200mg</i>	1	

<b>Drug Name</b>	<b>Drug Tier</b>	<b>Requirements/Limits</b>
<i>lamotrigine tab 25 mg (42) &amp; 100 mg (7) starter kit</i>	1	
<i>lamotrigine tab 84 x 25 mg &amp; 14 x 100 mg starter kit</i>	1	
<i>lamotrigine tab disint 21 x 25 mg &amp; 7 x 50 mg titration kit</i>	1	
<i>lamotrigine tab disint 25 (14) &amp; 50 mg (14) &amp; 100 mg (7) kit</i>	1	
<i>levetiracetam soln 100mg/ml, 500mg/5ml; tabs 250mg, 500mg, 750mg, 1000mg; tb24 500mg, 750mg</i>	1	
MYSOLINE TABS 50MG, 250MG	3	
NEURONTIN CAPS 100MG, 300MG, 400MG; TABS 600MG, 800MG	3	QL
<i>oxcarbazepine susp 60mg/ml, 300mg/5ml; tabs 150mg, 300mg, 600mg; tb24 150mg, 300mg, 600mg</i>	1	
OXTELLAR XR TB24 150MG, 300MG, 600MG	3	
<i>pregabalin caps 25mg, 50mg, 75mg, 100mg, 150mg, 200mg, 225mg, 300mg; soln 20mg/ml</i>	1	QL
<i>primidone tabs 50mg, 125mg, 250mg</i>	1	
QUDEXY XR CS24 25MG, 50MG, 100MG	3	
<i>rufinamide susp 40mg/ml; tabs 200mg, 400mg</i>	1	
SPRITAM TB3D 250MG, 500MG, 750MG, 1000MG	3	
TEGRETOL SUSP 100MG/5ML; TABS 200MG	3	
TEGRETOL-XR TB12 100MG, 200MG, 400MG	3	
TOPAMAX TABS 25MG, 50MG, 100MG, 200MG	3	
TOPAMAX SPRINKLE CPSP 15MG, 25MG	3	
<i>topiramate cp24 25mg, 50mg, 100mg, 200mg; cpsp 15mg, 25mg; cs24 25mg, 50mg, 100mg, 150mg, 200mg; tabs 25mg, 50mg, 100mg, 200mg</i>	1	
TRILEPTAL SUSP 300MG/5ML; TABS 150MG, 300MG, 600MG	3	
TROKENDI XR CP24 25MG, 50MG, 100MG, 200MG	3	
VIMPAT SOLN 10MG/ML; TABS 50MG, 100MG, 150MG, 200MG	3	
ZONEGRAN CAPS 25MG, 100MG	3	
ZONISADE SUSP 100MG/5ML	3	
<i>zonisamide caps 25mg, 50mg, 100mg</i>	1	
ZTALMY SUSP 50MG/ML	5	PA

<b>Drug Name</b>	<b>Drug Tier</b>	<b>Requirements/Limits</b>
<b>CARBAMATES</b>		
<i>felbamate susp 600mg/5ml; tabs 400mg, 600mg</i>	1	
<b>FELBATOL TABS 400MG, 600MG</b>	3	
<b>XCOPRI TABS 25MG, 50MG, 100MG, 150MG, 200MG</b>	3	PA
<b>XCOPRI PAK 12.5-25</b>	3	PA
<b>XCOPRI PAK 50-100MG</b>	3	PA
<b>XCOPRI PAK 100-150</b>	3	PA
<b>XCOPRI PAK 150-200</b>	3	PA
<b>GABA MODULATORS</b>		
<i>tiagabine hcl tabs 2mg, 4mg, 12mg, 16mg</i>	1	
<i>vigabatrin pack 500mg; tabs 500mg</i>	4	PA
<i>vigadronе pack 500mg</i>	4	PA
<b>HYDANTOINS</b>		
<b>DILANTIN CAPS 30MG, 100MG</b>	3	
<b>DILANTIN INFATABS CHEW 50MG</b>	3	
<b>DILANTIN-125 SUSP 125MG/5ML</b>	3	
<i>phenytek caps 200mg, 300mg</i>	1	
<i>phenytoin chew 50mg; susp 125mg/5ml</i>	1	
<i>phenytoin sodium extended caps 100mg, 200mg, 300mg</i>	1	
<b>SUCCINIMIDES</b>		
<b>CELONTIN CAPS 300MG</b>	3	
<i>ethosuximide caps 250mg; soln 250mg/5ml</i>	1	
<i>methsuximide caps 300mg</i>	1	
<b>ZARONTIN CAPS 250MG</b>	3	
<b>VALPROIC ACID</b>		
<b>DEPAKOTE TBEC 125MG, 250MG, 500MG</b>	3	
<b>DEPAKOTE ER TB24 250MG, 500MG</b>	3	
<b>DEPAKOTE SPRINKLES CSDR 125MG</b>	3	
<i>divalproex sodium csdr 125mg; tb24 250mg, 500mg; tbec 125mg, 250mg, 500mg</i>	1	
<i>valproate sodium soln 250mg/5ml, 500mg/10ml</i>	1	
<i>valproic acid caps 250mg</i>	1	
<b>ANTIDEPRESSANTS</b>		
<b>ALPHA-2 RECEPTOR ANTAGONISTS (TETRACYCLICS)</b>		
<i>mirtazapine tabs 7.5mg, 15mg, 30mg, 45mg; tbdp 15mg, 30mg, 45mg</i>	1	
<b>REMERON TABS 15MG, 30MG</b>	3	
<b>REMERON SOLTAB TBDP 15MG, 30MG, 45MG</b>	3	

Drug Name	Drug Tier	Requirements/Limits
<b>ANTIDEPRESSANT COMBINATIONS</b>		
AUVELITY TAB 45-105MG	3	PA
<b>ANTIDEPRESSANTS - MISC.</b>		
APLENZIN TB24 174MG, 348MG, 522MG	3	
bupropion hcl tabs 75mg, 100mg; tb12 100mg, 150mg, 200mg; tb24 150mg, 300mg, 450mg	1	
FORFIVO XL TB24 450MG	3	
WELLBUTRIN SR TB12 100MG, 150MG, 200MG	3	
<b>GABA RECEPTOR MODULATOR - NEUROACTIVE STEROID</b>		
ZURZUVAE CAPS 20MG, 25MG, 30MG	5	
<b>MONOAMINE OXIDASE INHIBITORS (MAOIS)</b>		
EMSAM PT24 6MG/24HR, 9MG/24HR, 12MG/24HR	3	
MARPLAN TABS 10MG	3	
NARDIL TABS 15MG	3	
PARNATE TABS 10MG	3	
<i>phenelzine sulfate tabs 15mg</i>	1	
<i>tranylcypromine sulfate tabs 10mg</i>	1	
<b>N-METHYL-D-ASPARTIC ACID (NMDA) RECEPTOR ANTAGONISTS</b>		
SPRAVATO SOL 56MG DOS	3	PA
SPRAVATO SOL 84MG DOS	3	PA
<b>SELECTIVE SEROTONIN REUPTAKE INHIBITORS (SSRIS)</b>		
CELEXA TABS 10MG, 20MG, 40MG	3	
CITALOPRAM HYDROBROMIDE CAPS 30MG	3	
<i>citalopram hydrobromide soln 10mg/5ml; tabs 10mg, 20mg, 40mg</i>	1	
<i>escitalopram oxalate soln 5mg/5ml; tabs 5mg, 10mg, 20mg</i>	1	
<i>fluoxetine hcl caps 10mg, 20mg, 40mg; cpdr 90mg; soln 20mg/5ml; tabs 10mg, 20mg, 60mg</i>	1	
<i>fluvoxamine maleate cp24 100mg, 150mg; tabs 25mg, 50mg, 100mg</i>	1	
LEXAPRO TABS 5MG, 10MG, 20MG	3	
<i>paroxetine hcl susp 10mg/5ml; tabs 10mg, 20mg, 30mg, 40mg; tb24 12.5mg, 25mg, 37.5mg</i>	1	
PAXIL TABS 10MG, 20MG, 30MG, 40MG	3	
PAXIL CR TB24 12.5MG, 25MG, 37.5MG	3	
PROZAC CAPS 10MG, 20MG, 40MG	3	
<i>sertraline hcl conc 20mg/ml; tabs 25mg, 50mg, 100mg</i>	1	
SERTRALINE HYDROCHLORIDE CAPS 150MG, 200MG	3	

<b>Drug Name</b>	<b>Drug Tier</b>	<b>Requirements/Limits</b>
ZOLOFT TABS 25MG, 50MG, 100MG	3	
<b>SEROTONIN MODULATORS</b>		
<i>nefazodone hcl tabs 50mg, 100mg, 150mg, 200mg, 250mg</i>	1	
<i>trazodone hcl tabs 50mg, 100mg, 150mg, 300mg</i>	1	
TRINTELLIX TABS 5MG, 10MG, 20MG	3	
VIBRYD TABS 10MG, 20MG, 40MG	3	
<i>vilazodone hcl tabs 10mg, 20mg, 40mg</i>	1	
<b>SEROTONIN-NOREPINEPHRINE REUPTAKE INHIBITORS (SNRIS)</b>		
CYMBALTA CPEP 20MG, 30MG, 60MG	3	
DESVENLAFAKINE ER TB24 50MG, 100MG	3	
<i>desvenlafaxine succinate tb24 25mg, 50mg, 100mg</i>	1	
DRIZALMA SPRINKLE CSDR 20MG, 30MG, 40MG, 60MG	3	
<i>duloxetine hcl cpep 20mg, 30mg, 40mg, 60mg</i>	1	
EFFEXOR XR CP24 37.5MG, 75MG, 150MG	3	
FETZIMA CP24 20MG, 40MG, 80MG, 120MG	3	
FETZIMA CAP TITRATIO	3	
PRISTIQ TB24 25MG, 50MG, 100MG	3	
VENLAFAKINE BESYLATE ER TB24 112.5MG	3	
<i>venlafaxine hcl cp24 37.5mg, 75mg, 150mg; tabs 25mg, 37.5mg, 50mg, 75mg, 100mg; tb24 37.5mg, 75mg, 150mg, 225mg</i>	1	
<b>TRICYCLIC AGENTS</b>		
<i>amitriptyline hcl tabs 10mg, 25mg, 50mg, 75mg, 100mg, 150mg</i>	1	
<i>amoxapine tabs 25mg, 50mg, 100mg</i>	1	
<i>clomipramine hcl caps 25mg, 50mg, 75mg</i>	1	
<i>desipramine hcl tabs 10mg, 25mg, 50mg, 75mg, 100mg, 150mg</i>	1	
<i>doxepin hcl caps 10mg, 25mg, 50mg, 75mg, 100mg, 150mg; conc 10mg/ml</i>	1	
<i>imipramine hcl tabs 10mg, 25mg, 50mg</i>	1	
<i>imipramine pamoate caps 75mg, 100mg, 125mg, 150mg</i>	1	
<i>nortriptyline hcl caps 10mg, 25mg, 50mg, 75mg; soln 10mg/5ml</i>	1	
PAMELOR CAPS 10MG, 25MG, 50MG	3	
<i>protriptyline hcl tabs 5mg, 10mg</i>	1	
<i>trimipramine maleate caps 25mg, 50mg, 100mg</i>	1	

Drug Name	Drug Tier	Requirements/Limits
<b>ANTIDIABETICS</b>		
<b>ALPHA-GLUCOSIDASE INHIBITORS</b>		
acarbose tabs 25mg, 50mg, 100mg		
	1	
miglitol tabs 25mg, 50mg, 100mg		
	1	
<b>ANTIDIABETIC - AMYLIN ANALOGS</b>		
SYMLINPEN 60 SOPN 1500MCG/1.5ML		
	2	
SYMLINPEN 120 SOPN 2700MCG/2.7ML		
	2	
<b>ANTIDIABETIC COMBINATIONS</b>		
ACTOPLUS MET TAB 15-850MG		
	3	
alogliptin-metformin hcl tab 12.5-500 mg		
	1	
alogliptin-metformin hcl tab 12.5-1000 mg		
	1	
alogliptin-pioglitazone tab 12.5-30 mg		
	1	
alogliptin-pioglitazone tab 25-15 mg		
	1	
alogliptin-pioglitazone tab 25-30 mg		
	1	
alogliptin-pioglitazone tab 25-45 mg		
	1	
dapagliflozin prop-metformin hcl tab er 24hr 5-	2	ST
1000 mg		
dapagliflozin prop-metformin hcl tab er 24hr	2	ST
10-1000 mg		
glipizide-metformin hcl tab 2.5-250 mg	1	
glipizide-metformin hcl tab 2.5-500 mg	1	
glipizide-metformin hcl tab 5-500 mg	1	
glyburide-metformin tab 1.25-250 mg	1	
glyburide-metformin tab 2.5-500 mg	1	
glyburide-metformin tab 5-500 mg	1	
GLYXAMBI TAB 10-5 MG	2	ST
GLYXAMBI TAB 25-5 MG	2	ST
JANUMET TAB 50-500MG	2	
JANUMET TAB 50-1000	2	
JANUMET XR TAB 50-500MG	2	
JANUMET XR TAB 50-1000	2	
JANUMET XR TAB 100-1000	2	
pioglitazone hcl-glimepiride tab 30-2 mg	1	
pioglitazone hcl-glimepiride tab 30-4 mg	1	
pioglitazone hcl-metformin hcl tab 15-500 mg	1	
pioglitazone hcl-metformin hcl tab 15-850 mg	1	
QTERN TAB 5-5MG	2	ST
QTERN TAB 10-5MG	2	ST
saxagliptin-metformin hcl tab er 24hr 2.5-1000	1	
mg		
saxagliptin-metformin hcl tab er 24hr 5-500 mg	1	
saxagliptin-metformin hcl tab er 24hr 5-1000	1	
mg		

<b>Drug Name</b>	<b>Drug Tier</b>	<b>Requirements/Limits</b>
SYNJARDY TAB	2	ST
SYNJARDY TAB 5-500MG	2	ST
SYNJARDY TAB 5-1000MG	2	ST
SYNJARDY TAB 12.5-500	2	ST
SYNJARDY XR TAB	2	ST
SYNJARDY XR TAB 5-1000MG	2	ST
SYNJARDY XR TAB 10-1000	2	ST
SYNJARDY XR TAB 25-1000	2	ST
TRIJARDY XR TAB	3	ST, PA
XIGDUO XR TAB 2.5-1000	2	ST
XIGDUO XR TAB 5-500MG	2	ST
XIGDUO XR TAB 5-1000MG	2	ST
XIGDUO XR TAB 10-500MG	2	ST
XIGDUO XR TAB 10-1000	2	ST
XULTOPHY INJ 100/3.6	3	PA
<b>BIGUANIDES</b>		
metformin hcl soln 500mg/5ml; tb24 500mg, 1000mg	1	PA; generic Riomet IR, Fortamet, and Glumetza
metformin hcl tabs 500mg, 850mg, 1000mg; tb24 500mg, 750mg	1	
<b>DIABETIC OTHER</b>		
BAQSIMI ONE PACK POWD 3MG/DOSE	2	
BAQSIMI TWO PACK POWD 3MG/DOSE	2	
diazoxide susp 50mg/ml	1	
glucagon (rdna) kit 1mg	1	
GLUCAGON EMERGENCY KIT FO SOLR 1MG/ML	2	
GVOKE HYPOOPEN 1-PACK SOAJ 1MG/0.2ML	2	
GVOKE HYPOOPEN 2-PACK SOAJ .5MG/0.1ML, 1MG/0.2ML	2	
GVOKE KIT SOLN 1MG/0.2ML	2	
GVOKE PFS SOSY 1MG/0.2ML	2	
KORLYM TABS 300MG	5	PA
mifepristone (hyperglycemia) tabs 300mg	4	PA
PROGLYCEM SUSP 50MG/ML	3	
ZEGALOGUE SOAJ .6MG/0.6ML	3	
<b>Dipeptidyl Peptidase-4 (DPP-4) Inhibitors</b>		
alogliptin benzoate tabs 6.25mg, 12.5mg, 25mg	1	
JANUVIA TABS 25MG, 50MG, 100MG	2	
saxagliptin hcl tabs 2.5mg, 5mg	1	
<b>Incretin Mimetic Agents</b>		
liraglutide sopen 18mg/3ml	2	PA

<b>Drug Name</b>	<b>Drug Tier</b>	<b>Requirements/Limits</b>
MOUNJARO SOAJ 2.5MG/0.5ML, 5MG/0.5ML, 7.5MG/0.5ML, 10MG/0.5ML, 12.5MG/0.5ML, 15MG/0.5ML	2	PA
OZEMPI C SOPN 2MG/3ML, 4MG/3ML, 8MG/3ML	2	PA
RYBELSUS TABS 3MG, 7MG, 14MG	2	PA
TRULICITY SOAJ .75MG/0.5ML, 1.5MG/0.5ML, 3MG/0.5ML, 4.5MG/0.5ML	2	PA
VICTOZA SOPN 18MG/3ML	3	PA
<b>INSULIN</b>		
AFREZZA POWD 4UNIT, 8UNIT, 12UNIT	3	PA
AFREZZA POW 4-8 UNIT	3	PA
AFREZZA POW 4-8-12	3	PA
AFREZZA POW 8-12UNIT	3	PA
BASAGLAR KWIKPEN SOPN 100UNIT/ML	2	
BASAGLAR TEMPO PEN SOPN 100UNIT/ML	3	
FIASP SOLN 100UNIT/ML	2	
FIASP FLEXTOUCH SOPN 100UNIT/ML	2	
FIASP PENFILL SOCT 100UNIT/ML	2	
FIASP PUMPCART SOCT 100UNIT/ML	2	
HUMULIN R U-500 (CONCENTR SOLN 500UNIT/ML	2	
HUMULIN R U-500 KWIKPEN SOPN 500UNIT/ML	2	
INS ASP PROT INJ FLEXPEN	2	
INSULIN ASPA INJ 70/30	2	
INSULIN ASPART SOLN 100UNIT/ML	2	
INSULIN ASPART FLEXPEN SOPN 100UNIT/ML	2	
INSULIN ASPART PENFILL SOCT 100UNIT/ML	2	
INSULIN DEGLUDEC SOLN 100UNIT/ML	3	
INSULIN DEGLUDEC FLEXTOU C SOPN 100UNIT/ML, 200UNIT/ML	3	
INSULIN GLARGINE-YFGN SOLN 100UNIT/ML; SOPN 100UNIT/ML	2	
LEVEMIR SOLN 100UNIT/ML	2	
NOVOLIN INJ 70/30	2	OTC
NOVOLIN N SUSP 100UNIT/ML	2	OTC
NOVOLIN R SOLN 100UNIT/ML	2	OTC
NOVOLOG SOLN 100UNIT/ML	2	
NOVOLOG FLEXPEN SOPN 100UNIT/ML	2	
NOVOLOG MIX INJ 70/30	2	
NOVOLOG MIX INJ FLEX REL	3	
NOVOLOG MIX INJ FLEXPEN	2	

<b>Drug Name</b>	<b>Drug Tier</b>	<b>Requirements/Limits</b>
NOVOLOG PENFILL SOCT 100UNIT/ML	2	
TRESIBA SOLN 100UNIT/ML	3	
TRESIBA FLEXTOUCH SOPN 100UNIT/ML, 200UNIT/ML	3	
<b>INSULIN SENSITIZING AGENTS</b>		
ACTOS TABS 15MG, 30MG	3	
<i>pioglitazone hcl tabs 15mg, 30mg, 45mg</i>	1	
<b>MEGLITINIDE ANALOGUES</b>		
<i>nateglinide tabs 60mg, 120mg</i>	1	
<i>repaglinide tabs .5mg, 1mg, 2mg</i>	1	
<b>SODIUM-GLUCOSE CO-TRANSPORTER 2 (SGLT2) INHIBITORS</b>		
<i>dapagliflozin propanediol tabs 5mg, 10mg</i>	2	ST
FARXIGA TABS 5MG, 10MG	2	ST
JARDIANCE TABS 10MG, 25MG	2	ST
<b>SULFONYLUREAS</b>		
<i>glimepiride tabs 1mg, 2mg, 3mg, 4mg</i>	1	
<i>glipizide tabs 2.5mg, 5mg, 10mg; tb24 2.5mg, 5mg, 10mg</i>	1	
<i>glipizide xl tb24 2.5mg, 5mg, 10mg</i>	1	
GLUCOTROL XL TB24 5MG, 10MG	3	
<i>glyburide tabs 1.25mg, 2.5mg, 5mg</i>	1	
<i>glyburide micronized tabs 1.5mg, 3mg, 6mg</i>	1	
<b>ANTIDIARRHEAL/PROBIOTIC AGENTS</b>		
<b>ANTIDIARRHEAL - CHLORIDE CHANNEL ANTAGONISTS</b>		
MYTESI TBEC 125MG	3	PA
<b>ANTIDIARRHEAL/PROBIOTIC AGENTS - MISC.</b>		
VISBIOME PAK	3	
<b>ANTIDIARRHEAL/PROBIOTIC COMBINATIONS</b>		
RESTORA RX CAP 60-1.25	3	
<b>ANTIPERISTALTIC AGENTS</b>		
<i>diphenoxylate w/ atropine liq 2.5-0.025 mg/5ml</i>	1	
<i>diphenoxylate w/ atropine tab 2.5-0.025 mg</i>	1	
LOMOTIL TAB 2.5MG	3	
<i>loperamide hcl caps 2mg</i>	1	
MOTOFEN TAB 1-0.025	3	
<b>ANTIDOTES AND SPECIFIC ANTAGONISTS</b>		
<b>ANTIDOTES - CHELATING AGENTS</b>		
CHEMET CAPS 100MG	3	
deferasirox pack 90mg, 180mg, 360mg; tabs 90mg, 180mg, 360mg; tbs 125mg, 250mg, 500mg	4	PA
<i>deferiprone tabs 500mg, 1000mg</i>	4	PA

<b>Drug Name</b>	<b>Drug Tier</b>	<b>Requirements/Limits</b>
FERRIPROX SOLN 100MG/ML; TABS 1000MG	4	PA
FERRIPROX TWICE-A-DAY TABS 1000MG	4	PA
<b>OPIOID ANTAGONISTS</b>		
KLOXXADO LIQD 8MG/0.1ML	3	
naloxone hcl liqd 4mg/0.1ml; soct .4mg/ml; soln .4mg/ml; sosy 2mg/2ml	1	
naltrexone hcl tabs 50mg	1	
NARCAN LIQD 4MG/0.1ML	3	
OPVEE SOLN 2.7MG/0.1ML	3	
REXTOVY LIQD 4MG/0.25ML	3	
VIVITROL SUSR 380MG	4	
ZIMHI SOSY 5MG/0.5ML	3	
<b>ANTIEMETICS</b>		
<b>5-HT3 RECEPTOR ANTAGONISTS</b>		
granisetron hcl tabs 1mg	1	QL
ondansetron tbdp 4mg, 8mg	1	QL
ondansetron hcl soln 4mg/2ml; sosy 4mg/2ml; tabs 24mg	1	PA
ondansetron hcl soln 4mg/5ml; tabs 4mg, 8mg	1	QL
palonosetron hcl soln .25mg/5ml	1	PA
POSFREA SOLN .25MG/5ML	3	PA
SANCUSO PTCH 3.1MG/24HR	2	QL
SUSTOL PRSY 10MG/0.4ML	3	ST, PA
<b>ANTIEMETICS - ANTICHOLINERGIC</b>		
meclizine hcl tabs 12.5mg, 25mg	1	
scopolamine pt72 1mg/3days, 1.5mg	1	
TIGAN SOLN 100MG/ML	3	
TRANSDERM-SCOP PT72 1MG/3DAYS	3	
trimethobenzamide hcl caps 300mg	1	
<b>ANTIEMETICS - MISCELLANEOUS</b>		
AKYNZEO CAP 300-0.5	3	QL
AKYNZEO INJ	3	QL
DICLEGIS TAB 10-10MG	3	PA
doxylamine-pyridoxine tab delayed release 10-10 mg	1	PA
dronabinol caps 2.5mg, 5mg, 10mg	1	QL
MARINOL CAPS 2.5MG	3	QL
MARINOL CAPS 5MG, 10MG	3	ST, QL
SYNDROS SOLN 5MG/ML	3	QL
<b>SUBSTANCE P/NEUROKININ 1 (NK1) RECEPTOR ANTAGONISTS</b>		
aprepitant caps 40mg, 80mg, 125mg	1	QL
aprepitant capsule therapy pack 80 & 125 mg	1	QL
EMEND CAPS 80MG; SUSR 125MG/5ML	3	QL

<b>Drug Name</b>	<b>Drug Tier</b>	<b>Requirements/Limits</b>
<i>fosaprepitant dimeglumine solr 150mg</i>	1	QL
VARUBI TBPK 90MG	2	QL
<b>ANTIFUNGALS</b>		
<b><i>ANTIFUNGAL - GLUCAN SYNTHESIS INHIBITORS</i></b>		
BREXAFEMME TABS 150MG	3	PA
ERAXIS SOLR 100MG	2	
<b>ANTIFUNGALS</b>		
AMBISOME SUSR 50MG	3	
<i>amphotericin b solr 50mg</i>	1	
<i>amphotericin b liposome susr 50mg</i>	1	
<i>flucytosine caps 250mg, 500mg</i>	1	
<i>griseofulvin microsize susp 125mg/5ml; tabs 500mg</i>	1	
<i>griseofulvin ultramicrosize tabs 125mg, 250mg</i>	1	
<i>nystatin tabs 500000unit</i>	1	
<i>terbinafine hcl tabs 250mg</i>	1	
<b>IMIDAZOLE-RELATED ANTIFUNGALS</b>		
CRESEMBA CAPS 74.5MG, 186MG	3	PA
DIFLUCAN SUSR 40MG/ML; TABS 100MG, 200MG	3	
<i>fluconazole susr 10mg/ml, 40mg/ml; tabs 50mg, 100mg, 150mg, 200mg</i>	1	
<i>itraconazole caps 100mg; soln 10mg/ml</i>	1	PA
<i>ketoconazole tabs 200mg</i>	1	PA
NOXAFL PACK 300MG; SUSP 40MG/ML; TBEC 100MG	3	PA
<i>posaconazole soln 300mg/16.7ml</i>	1	
<i>posaconazole susp 40mg/ml; tbec 100mg</i>	1	PA
SPORANOX CAPS 100MG; SOLN 10MG/ML	3	PA
VIVJOA CPPK 150MG	3	PA
<i>voriconazole susr 40mg/ml; tabs 50mg, 200mg</i>	1	QL
<b>ANTIHISTAMINES</b>		
<b><i>ANTIHISTAMINES - ETHANOLAMINES</i></b>		
<i>carboxoxamine maleate soln 4mg/5ml; suer 4mg/5ml; tabs 4mg</i>	1	
<i>clemastine fumarate tabs 2.68mg</i>	1	
<i>diphenhydramine hcl soln 50mg/ml</i>	1	
KARBINAL ER SUER 4MG/5ML	3	
<b><i>ANTIHISTAMINES - PHENOTHIAZINES</i></b>		
PHENERGAN SOLN 25MG/ML	3	

<b>Drug Name</b>	<b>Drug Tier</b>	<b>Requirements/Limits</b>
<i>promethazine hcl soln 6.25mg/5ml, 25mg/ml, 50mg/ml; supp 12.5mg, 25mg; tabs 12.5mg, 25mg, 50mg</i>	1	
<i>promethegan supp 12.5mg, 25mg, 50mg</i>	1	
<b>ANTIHISTAMINES - PIPERIDINES</b>		
<i>cypreheptadine hcl syrup 2mg/5ml; tabs 4mg</i>	1	
<b>ANTIHYPOLIPIDEMICS</b>		
<b>ADENOSINE TRIPHOSPHATE-CITRATE LYASE (ACL) INHIBITORS</b>		
<i>NEXLETOL TABS 180MG</i>	3	PA
<b>ANTIHYPOLIPIDEMICS - COMBINATIONS</b>		
<i>ezetimibe-simvastatin tab 10-10 mg</i>	1	
<i>ezetimibe-simvastatin tab 10-20 mg</i>	1	
<i>ezetimibe-simvastatin tab 10-40 mg</i>	1	
<i>ezetimibe-simvastatin tab 10-80 mg</i>	1	
<i>NEXLIZET TAB 180/10MG</i>	3	PA
<b>ANTIHYPOLIPIDEMICS - MISC.</b>		
<i>icosapent ethyl caps .5gm, 1gm</i>	1	
<i>LOVAZA CAP 1GM</i>	3	
<i>omega-3-acid ethyl esters cap 1 gm</i>	1	
<b>BILE ACID SEQUESTRANTS</b>		
<i>cholestyramine pack 4gm; powd 4gm/dose</i>	1	
<i>cholestyramine light pack 4gm; powd 4gm/dose</i>	1	
<i>colesevelam hcl pack 3.75gm; tabs 625mg</i>	1	
<i>COLESTID GRAN 5GM; TABS 1GM</i>	3	
<i>colestipol hcl gran 5gm; pack 5gm; tabs 1gm</i>	1	
<i>prevalite pack 4gm; powd 4gm/dose</i>	1	
<i>WELCHOL PACK 3.75GM; TABS 625MG</i>	3	
<b>FIBRIC ACID DERIVATIVES</b>		
<i>choline fenofibrate cpdr 45mg, 135mg</i>	1	
<i>fenofibrate caps 50mg, 150mg; tabs 40mg, 48mg, 54mg, 120mg, 145mg, 160mg</i>	1	
<i>fenofibrate micronized caps 43mg, 67mg, 130mg, 134mg, 200mg</i>	1	
<i>gemfibrozil tabs 600mg</i>	1	
<i>LIPOFEN CAPS 50MG, 150MG</i>	3	
<i>TRICOR TABS 48MG, 145MG</i>	3	
<i>TRILIPIX CPDR 135MG</i>	3	
<b>HMG COA REDUCTASE INHIBITORS</b>		
<i>atorvastatin calcium tabs 10mg, 20mg, 40mg, 80mg</i>	1	NCTM
<i>fluvastatin sodium caps 20mg, 40mg; tb24 80mg</i>	1	NCTM

<b>Drug Name</b>	<b>Drug Tier</b>	<b>Requirements/Limits</b>
<i>lovastatin tabs 10mg, 20mg, 40mg</i>	1	NCTM
<i>pitavastatin calcium tabs 1mg, 2mg, 4mg</i>	1	NCTM
<i>pravastatin sodium tabs 10mg, 20mg, 40mg, 80mg</i>	1	NCTM
<i>rosuvastatin calcium tabs 5mg, 10mg, 20mg, 40mg</i>	1	NCTM
<i>simvastatin tabs 5mg, 10mg, 20mg, 40mg, 80mg</i>	1	NCTM
<b>INTESTINAL CHOLESTEROL ABSORPTION INHIBITORS</b>		
<i>ezetimibe tabs 10mg</i>	1	
<i>ZETIA TABS 10MG</i>	3	
<b>MICROSOMAL TRIGLYCERIDE TRANSFER PROTEIN (MTP) INHIBITORS</b>		
<i>JUXTAPID CAPS 5MG, 10MG, 20MG, 30MG</i>	4	PA
<b>NICOTINIC ACID DERIVATIVES</b>		
<i>niacin (antihyperlipidemic) tabs 500mg; tbcr 500mg, 750mg, 1000mg</i>	1	
<i>niacor tabs 500mg</i>	1	
<b>PROPROTEIN CONVERTASE SUBTILISIN/KEXIN TYPE 9 INHIBITORS</b>		
<i>REPATHA SOSY 140MG/ML</i>	2	PA
<i>REPATHA PUSHTRONEX SYSTEM SOCT 420MG/3.5ML</i>	2	PA
<i>REPATHA SURECLICK SOAJ 140MG/ML</i>	2	PA
<b>ANTIHYPERTENSIVES</b>		
<b>ACE INHIBITORS</b>		
<i>ALTACE CAPS 2.5MG, 10MG</i>	3	
<i>benazepril hcl tabs 5mg, 10mg, 20mg, 40mg</i>	1	
<i>captopril tabs 12.5mg, 25mg, 50mg, 100mg</i>	1	
<i>enalapril maleate soln 1mg/ml; tabs 2.5mg, 5mg, 10mg, 20mg</i>	1	
<i>EPANED SOLN 1MG/ML</i>	3	
<i>fosinopril sodium tabs 10mg, 20mg, 40mg</i>	1	
<i>lisinopril tabs 2.5mg, 5mg, 10mg, 20mg, 30mg, 40mg</i>	1	
<i>moexipril hcl tabs 7.5mg, 15mg</i>	1	
<i>perindopril erbumine tabs 2mg, 4mg, 8mg</i>	1	
<i>QBRELIS SOLN 1MG/ML</i>	3	
<i>quinapril hcl tabs 20mg</i>	1	
<i>ramipril caps 1.25mg, 2.5mg, 5mg, 10mg</i>	1	
<i>trandolapril tabs 1mg, 2mg, 4mg</i>	1	
<i>VASOTEC TABS 2.5MG, 5MG, 10MG, 20MG</i>	3	
<i>ZESTRIL TABS 2.5MG, 5MG, 10MG, 20MG, 30MG, 40MG</i>	3	

<b>Drug Name</b>	<b>Drug Tier</b>	<b>Requirements/Limits</b>
<b>AGENTS FOR PHEOCHROMOCYTOMA</b>		
DEMSER CAPS 250MG	5	PA
<i>metyrosine caps 250mg</i>	4	PA
<i>phenoxybenzamine hcl caps 10mg</i>	1	
<i>phentolamine mesylate solr 5mg</i>	1	
<b>ANGIOTENSIN II RECEPTOR ANTAGONISTS</b>		
BENICAR TABS 5MG, 20MG, 40MG	3	
<i>candesartan cilexetil tabs 4mg, 8mg, 16mg, 32mg</i>	1	
<i>irbesartan tabs 75mg, 150mg, 300mg</i>	1	
<i>losartan potassium tabs 25mg, 50mg, 100mg</i>	1	
<i>olmesartan medoxomil tabs 5mg, 20mg, 40mg</i>	1	
<i>telmisartan tabs 20mg, 40mg, 80mg</i>	1	
<i>valsartan tabs 40mg, 80mg, 160mg, 320mg</i>	1	
<b>ANTIADRENERGIC ANTIHYPERTENSIVES</b>		
CARDURA TABS 1MG, 2MG, 4MG, 8MG	3	
CATAPRES-TTS-1 PTWK .1MG/24HR	3	
CATAPRES-TTS-2 PTWK .2MG/24HR	3	
CATAPRES-TTS-3 PTWK .3MG/24HR	3	
<i>clonidine ptwk .1mg/24hr, .2mg/24hr, .3mg/24hr; tb24 .17mg</i>	1	
<i>clonidine hcl tabs .1mg, .2mg, .3mg</i>	1	
<i>doxazosin mesylate tabs 1mg, 2mg, 4mg, 8mg</i>	1	
<i>guanfacine hcl tabs 1mg, 2mg</i>	1	
<i>methyldopa tabs 250mg, 500mg</i>	1	
<i>prazosin hcl caps 1mg, 2mg, 5mg</i>	1	
<i>terazosin hcl caps 1mg, 2mg, 5mg, 10mg</i>	1	
<b>ANTIHYPERTENSIVE COMBINATIONS</b>		
<i>amlodipine besylate-benazepril hcl cap 2.5-10 mg</i>	1	
<i>amlodipine besylate-benazepril hcl cap 5-10 mg</i>	1	
<i>amlodipine besylate-benazepril hcl cap 5-20 mg</i>	1	
<i>amlodipine besylate-benazepril hcl cap 5-40 mg</i>	1	
<i>amlodipine besylate-benazepril hcl cap 10-20 mg</i>	1	
<i>amlodipine besylate-benazepril hcl cap 10-40 mg</i>	1	
<i>amlodipine besylate-olmesartan medoxomil tab 5-20 mg</i>	1	
<i>amlodipine besylate-olmesartan medoxomil tab 5-40 mg</i>	1	

<b>Drug Name</b>	<b>Drug Tier</b>	<b>Requirements/Limits</b>
<i>amlodipine besylate-olmesartan medoxomil tab 10-20 mg</i>	1	
<i>amlodipine besylate-olmesartan medoxomil tab 10-40 mg</i>	1	
<i>amlodipine besylate-valsartan tab 5-160 mg</i>	1	
<i>amlodipine besylate-valsartan tab 5-320 mg</i>	1	
<i>amlodipine besylate-valsartan tab 10-160 mg</i>	1	
<i>amlodipine besylate-valsartan tab 10-320 mg</i>	1	
<i>amlodipine-valsartan-hydrochlorothiazide tab 5-160-12.5 mg</i>	1	
<i>amlodipine-valsartan-hydrochlorothiazide tab 5-160-25 mg</i>	1	
<i>amlodipine-valsartan-hydrochlorothiazide tab 10-160-12.5 mg</i>	1	
<i>amlodipine-valsartan-hydrochlorothiazide tab 10-160-25 mg</i>	1	
<i>amlodipine-valsartan-hydrochlorothiazide tab 10-320-25 mg</i>	1	
<i>atenolol &amp; chlorthalidone tab 50-25 mg</i>	1	
<i>atenolol &amp; chlorthalidone tab 100-25 mg</i>	1	
<i>AZOR TAB 5-20MG</i>	3	
<i>AZOR TAB 5-40MG</i>	3	
<i>AZOR TAB 10-20MG</i>	3	
<i>AZOR TAB 10-40MG</i>	3	
<i>benazepril &amp; hydrochlorothiazide tab 5-6.25 mg</i>	1	
<i>benazepril &amp; hydrochlorothiazide tab 10-12.5 mg</i>	1	
<i>benazepril &amp; hydrochlorothiazide tab 20-12.5 mg</i>	1	
<i>benazepril &amp; hydrochlorothiazide tab 20-25 mg</i>	1	
<i>BENICAR HCT TAB 20-12.5</i>	3	
<i>BENICAR HCT TAB 40-12.5</i>	3	
<i>BENICAR HCT TAB 40-25MG</i>	3	
<i>bisoprolol &amp; hydrochlorothiazide tab 2.5-6.25 mg</i>	1	
<i>bisoprolol &amp; hydrochlorothiazide tab 5-6.25 mg</i>	1	
<i>bisoprolol &amp; hydrochlorothiazide tab 10-6.25 mg</i>	1	
<i>candesartan cilexetil-hydrochlorothiazide tab 16-12.5 mg</i>	1	
<i>candesartan cilexetil-hydrochlorothiazide tab 32-12.5 mg</i>	1	

<b>Drug Name</b>	<b>Drug Tier</b>	<b>Requirements/Limits</b>
candesartan cilexetil-hydrochlorothiazide tab 32-25 mg	1	
captopril & hydrochlorothiazide tab 50-25 mg	1	
enalapril maleate & hydrochlorothiazide tab 5- 12.5 mg	1	
enalapril maleate & hydrochlorothiazide tab 10- 25 mg	1	
EXFORGE TAB 5-160MG	3	
EXFORGE TAB 5-320MG	3	
EXFORGE TAB 10-160MG	3	
EXFORGE TAB 10-320MG	3	
EXFORGEH/5- TAB 160-12.5	3	
EXFORGEH/5- TAB 160-25	3	
EXFORGEH/10- TAB 160-12.5	3	
EXFORGEH/10- TAB 160-25	3	
EXFORGEH/10- TAB 320-25	3	
fosinopril sodium & hydrochlorothiazide tab 10- 12.5 mg	1	
fosinopril sodium & hydrochlorothiazide tab 20- 12.5 mg	1	
irbesartan-hydrochlorothiazide tab 150-12.5 mg	1	
irbesartan-hydrochlorothiazide tab 300-12.5 mg	1	
lisinopril & hydrochlorothiazide tab 10-12.5 mg	1	
lisinopril & hydrochlorothiazide tab 20-12.5 mg	1	
lisinopril & hydrochlorothiazide tab 20-25 mg	1	
losartan potassium & hydrochlorothiazide tab 50-12.5 mg	1	
losartan potassium & hydrochlorothiazide tab 100-12.5 mg	1	
losartan potassium & hydrochlorothiazide tab 100-25 mg	1	
LOTREL CAP 5-10MG	3	
LOTREL CAP 5-20MG	3	
LOTREL CAP 10-20MG	3	
LOTREL CAP 10-40MG	3	
metoprolol & hydrochlorothiazide tab 50-25 mg	1	
metoprolol & hydrochlorothiazide tab 100-25 mg	1	
metoprolol & hydrochlorothiazide tab 100-50 mg	1	
olmesartan medoxomil-hydrochlorothiazide tab 20-12.5 mg	1	

<b>Drug Name</b>	<b>Drug Tier</b>	<b>Requirements/Limits</b>
<i>olmesartan medoxomil-hydrochlorothiazide</i>	1	
<i>tab 40-12.5 mg</i>		
<i>olmesartan medoxomil-hydrochlorothiazide</i>	1	
<i>tab 40-25 mg</i>		
<i>olmesartan-amlodipine-hydrochlorothiazide</i>	1	
<i>tab 20-5-12.5 mg</i>		
<i>olmesartan-amlodipine-hydrochlorothiazide</i>	1	
<i>tab 40-5-12.5 mg</i>		
<i>olmesartan-amlodipine-hydrochlorothiazide</i>	1	
<i>tab 40-5-25 mg</i>		
<i>olmesartan-amlodipine-hydrochlorothiazide</i>	1	
<i>tab 40-10-12.5 mg</i>		
<i>olmesartan-amlodipine-hydrochlorothiazide</i>	1	
<i>tab 40-10-25 mg</i>		
<b>PRESTALIA TAB 14-10MG</b>	3	
<i>telmisartan-amlodipine tab 40-5 mg</i>	1	
<i>telmisartan-amlodipine tab 40-10 mg</i>	1	
<i>telmisartan-amlodipine tab 80-5 mg</i>	1	
<i>telmisartan-amlodipine tab 80-10 mg</i>	1	
<i>telmisartan-hydrochlorothiazide tab 40-12.5 mg</i>	1	
<i>telmisartan-hydrochlorothiazide tab 80-12.5 mg</i>	1	
<i>telmisartan-hydrochlorothiazide tab 80-25 mg</i>	1	
<b>TENORETIC TAB 50</b>	3	
<b>TENORETIC TAB 100</b>	3	
<i>trandolapril-verapamil hcl tab er 2-180 mg</i>	1	
<i>trandolapril-verapamil hcl tab er 2-240 mg</i>	1	
<i>trandolapril-verapamil hcl tab er 4-240 mg</i>	1	
<b>TRIBENZOR20- TAB 5-12.5MG</b>	3	
<b>TRIBENZOR40- TAB 5-12.5MG</b>	3	
<b>TRIBENZOR40- TAB 5-25MG</b>	3	
<b>TRIBENZOR40- TAB 10-12.5</b>	3	
<b>TRIBENZOR40- TAB 10-25MG</b>	3	
<i>valsartan-hydrochlorothiazide tab 80-12.5 mg</i>	1	
<i>valsartan-hydrochlorothiazide tab 160-12.5 mg</i>	1	
<i>valsartan-hydrochlorothiazide tab 160-25 mg</i>	1	
<i>valsartan-hydrochlorothiazide tab 320-12.5 mg</i>	1	
<i>valsartan-hydrochlorothiazide tab 320-25 mg</i>	1	
<b>VASERETIC TAB 10-25MG</b>	3	
<b>ZESTORETIC TAB 10-12.5</b>	3	
<b>ZESTORETIC TAB 20-12.5</b>	3	
<b>ZESTORETIC TAB 20-25MG</b>	3	

Drug Name	Drug Tier	Requirements/Limits
<b>DIRECT RENIN INHIBITORS</b>		
aliskiren fumarate tabs 150mg, 300mg	1	
TEKTURN TABS 150MG, 300MG	3	
<b>SELECTIVE ALDOSTERONE RECEPTOR ANTAGONISTS (SARAS)</b>		
eplerenone tabs 25mg, 50mg	1	
INSPRA TABS 25MG, 50MG	3	
<b>VASODILATORS</b>		
hydralazine hcl soln 20mg/ml; tabs 10mg, 25mg, 50mg, 100mg	1	
minoxidil tabs 2.5mg, 10mg	1	
<b>ANTIMALARIALS</b>		
<b>ANTIMALARIAL COMBINATIONS</b>		
atovaquone-proguanil hcl tab 62.5-25 mg	1	
atovaquone-proguanil hcl tab 250-100 mg	1	
COARTEM TAB 20-120MG	2	
MALARONE TAB 250-100	3	
<b>ANTIMALARIALS</b>		
ARAKODA TABS 100MG	3	
chloroquine phosphate tabs 250mg, 500mg	1	
hydroxychloroquine sulfate tabs 100mg, 200mg, 300mg, 400mg	1	
mefloquine hcl tabs 250mg	1	
PLAQUENIL TABS 200MG	3	
pyrimethamine tabs 25mg	1	PA
quinine sulfate caps 324mg	1	
<b>ANTIMYASTHENIC/CHOLINERGIC AGENTS</b>		
<b>ANTIMYASTHENIC/CHOLINERGIC AGENTS</b>		
FIRDAPSE TABS 10MG	4	PA
MESTINON SOLN 60MG/5ML; TABS 60MG	3	
MESTINON TIMESPAN TBCR 180MG	3	
pyridostigmine bromide soln 60mg/5ml; tabs 60mg; tbcr 180mg	1	
<b>ANTIMYCOBACTERIAL AGENTS</b>		
<b>ANTIMYCOBACTERIAL AGENTS</b>		
cycloserine caps 250mg	1	
ethambutol hcl tabs 100mg, 400mg	1	
isoniazid syrup 50mg/5ml; tabs 100mg, 300mg	1	
PRETOMANID TABS 200MG	2	
PRIFTIN TABS 150MG	2	
pyrazinamide tabs 500mg	1	
rifabutin caps 150mg	1	
rifampin caps 150mg, 300mg	1	
SIRTURO TABS 100MG	3	

Drug Name	Drug Tier	Requirements/Limits
<b>ANTINEOPLASTICS AND ADJUNCTIVE THERAPIES</b>		
<b>ALKYLATING AGENTS</b>		
cyclophosphamide caps 25mg, 50mg; solr 1gm, 2gm, 500mg		
	4	
CYCLOPHOSPHAMIDE TABS 50MG		
	4	
GLEOSTINE CAPS 10MG, 40MG, 100MG		
	4	
LEUKERAN TABS 2MG		
	2	
temozolomide caps 5mg, 20mg, 100mg, 140mg, 180mg, 250mg		
	4	
TREANDA SOLR 100MG	5	PA
<b>ANTIMETABOLITES</b>		
capecitabine tabs 150mg, 500mg		
	4	
cytarabine soln 20mg/ml, 100mg/ml		
	4	
decitabine solr 50mg		
	4	
fluorouracil soln 1gm/20ml, 2.5gm/50ml, 5gm/100ml, 500mg/10ml		
	4	
mercaptopurine tabs 50mg		
	1	
methotrexate sodium soln 1gm/40ml, 50mg/2ml, 250mg/10ml; solr 1gm; tabs 2.5mg		
	1	
ONUREG TABS 200MG, 300MG	5	PA
PURIXAN SUSP 2000MG/100ML	5	
TABLOID TABS 40MG	2	
TREXALL TABS 5MG, 7.5MG, 10MG, 15MG	3	
XATMEP SOLN 2.5MG/ML	3	
<b>ANTINEOPLASTIC - ANGIOGENESIS INHIBITORS</b>		
AVASTIN SOLN 100MG/4ML	5	PA
FRUZAQLA CAPS 1MG, 5MG	5	PA
INLYTA TABS 1MG, 5MG	4	PA
LENVIMA 4 MG DAILY DOSE CPPK 4MG	4	PA
LENVIMA 8 MG DAILY DOSE CPPK 4MG	4	PA
LENVIMA 10 MG DAILY DOSE CPPK 10MG	4	PA
LENVIMA 12MG DAILY DOSE CPPK 4MG	4	PA
LENVIMA 20 MG DAILY DOSE CPPK 10MG	4	PA
LENVIMA CAP 14 MG	4	PA
LENVIMA CAP 18 MG	4	PA
LENVIMA CAP 24 MG	4	PA
MVASI SOLN 100MG/4ML, 400MG/16ML	4	PA
ZIRABEV SOLN 100MG/4ML, 400MG/16ML	4	PA
<b>ANTINEOPLASTIC - ANTI-HER2 AGENTS</b>		
HERCEPTIN SOLR 150MG	5	PA
OGIVRI SOLR 420MG	4	PA
ONTRUZANT SOLR 150MG, 420MG	4	PA
PERJETA SOLN 420MG/14ML	4	PA

<b>Drug Name</b>	<b>Drug Tier</b>	<b>Requirements/Limits</b>
TRAZIMERA SOLR 420MG	5	PA
TUKYSA TABS 50MG, 150MG	5	PA
<b>ANTINEOPLASTIC - ANTIBODIES</b>		
ADCETRIS SOLR 50MG	4	PA
BLINCYTO SOLR 35MCG	4	PA
ENHERTU SOLR 100MG	5	PA
IMFINZI SOLN 120MG/2.4ML, 500MG/10ML	5	PA
KADCYLA SOLR 100MG	4	PA
KEYTRUDA SOLN 100MG/4ML	4	PA
OPDIVO SOLN 120MG/12ML, 240MG/24ML	4	PA
RITUXAN SOLN 100MG/10ML, 500MG/50ML	4	PA
RUXIENCE SOLN 100MG/10ML, 500MG/50ML	5	PA
SARCLISA SOLN 100MG/5ML	5	PA
TECENTRIQ SOLN 1200MG/20ML	4	PA
TRUXIMA SOLN 100MG/10ML, 500MG/50ML	5	PA
YERVOY SOLN 50MG/10ML	4	PA
<b>ANTINEOPLASTIC - BCL-2 INHIBITORS</b>		
VENCLEXTA TABS 10MG, 50MG, 100MG	4	PA
VENCLEXTA TAB START PK	4	PA
<b>ANTINEOPLASTIC - EGFR INHIBITORS</b>		
<i>erlotinib hcl tabs 25mg, 100mg, 150mg</i>	4	PA
<i>gefitinib tabs 250mg</i>	4	PA
GILOTrif TABS 20MG, 30MG, 40MG	4	PA
TAGRISSO TABS 40MG, 80MG	4	PA
VIZIMPRO TABS 15MG, 30MG, 45MG	5	PA
<b>ANTINEOPLASTIC - HEDGEHOG PATHWAY INHIBITORS</b>		
DAURISMO TABS 25MG, 100MG	5	PA
ERIVEDGE CAPS 150MG	4	PA
ODOMZO CAPS 200MG	5	PA
<b>ANTINEOPLASTIC - HORMONAL AND RELATED AGENTS</b>		
<i>abiraterone acetate tabs 250mg, 500mg</i>	4	PA
AKEEGA TAB 50/500MG	5	PA
AKEEGA TAB 100/500	5	PA
<i>anastrozole tabs 1mg</i>	1	
ARIMIDEX TABS 1MG	3	
AROMASIN TABS 25MG	3	
<i>bicalutamide tabs 50mg</i>	1	
CAMCEVI PRSY 42MG	5	PA
ELIGARD KIT 7.5MG, 22.5MG, 30MG, 45MG	4	PA
ERLEADA TABS 60MG, 240MG	4	PA
<i>exemestane tabs 25mg</i>	1	
FEMARA TABS 2.5MG	3	
FIRMAGON SOLR 80MG, 120MG/VIAL	4	PA

<b>Drug Name</b>	<b>Drug Tier</b>	<b>Requirements/Limits</b>
<i>letrozole tabs 2.5mg</i>	1	
LEUPROLIDE ACETATE INJ 22.5MG	4	PA
<i>leuprolide acetate kit 1mg/0.2ml</i>	4	PA
LUPRON DEPOT (1-MONTH) KIT 3.75MG, 7.5MG	4	PA
LUPRON DEPOT (3-MONTH) KIT 11.25MG, 22.5MG	4	PA
LUPRON DEPOT (4-MONTH) KIT 30MG	4	PA
LUPRON DEPOT (6-MONTH) KIT 45MG	4	PA
LYSODREN TABS 500MG	2	PA
<i>megestrol acetate susp 40mg/ml, 400mg/10ml; tabs 20mg, 40mg</i>	1	
NILANDRON TABS 150MG	3	PA
<i>nilutamide tabs 150mg</i>	1	
NUBEQA TABS 300MG	4	PA
ORGOVYX TABS 120MG	5	PA
ORSERDU TABS 86MG, 345MG	5	PA
SOLTAMOX SOLN 10MG/5ML	3	
<i>tamoxifen citrate tabs 10mg, 20mg</i>	1	
<i>toremifene citrate tabs 60mg</i>	1	
TRELSTAR MIXJECT SUSR 3.75MG, 11.25MG, 22.5MG	4	PA
XTANDI CAPS 40MG; TABS 40MG, 80MG	4	PA
YONSA TABS 125MG	4	PA
ZOLADEX IMPL 3.6MG	4	PA
ZOLADEX IMPL 10.8MG	4	PA
ZYTIGA TABS 500MG	5	PA
<b>ANTINEOPLASTIC - HYPOXIA-INDUCIBLE FACTOR INHIBITORS</b>		
WELIREG TABS 40MG	5	PA
<b>ANTINEOPLASTIC - IMMUNOMODULATORS</b>		
POMALYST CAPS 1MG, 2MG, 3MG, 4MG	5	PA
<b>ANTINEOPLASTIC - PDGFR-ALPHA INHIBITORS</b>		
AYVAKIT TABS 25MG, 50MG, 100MG, 200MG, 300MG	5	PA
<b>ANTINEOPLASTIC - XPO1INHIBITORS</b>		
XPOVIO TBPK 40MG, 50MG, 60MG	5	PA
XPOVIO 80 MG TWICE WEEKLY TBPK 20MG	5	PA
<b>ANTINEOPLASTIC ANTIBIOTICS</b>		
<i>bleomycin sulfate solr 15unit</i>	4	
<i>doxorubicin hcl liposomal susp 2mg/ml</i>	4	
<i>mitomycin solr 40mg</i>	4	
<b>ANTINEOPLASTIC COMBINATIONS</b>		
DARZALEX SOL FASPRO	5	PA

<b>Drug Name</b>	<b>Drug Tier</b>	<b>Requirements/Limits</b>
HERCEP HYLEC SOL 60-10000	5	PA
INQOVI TAB 35-100MG	4	PA
LONSURF TAB 15-6.14	5	PA
LONSURF TAB 20-8.19	5	PA
OPDUALAG SOL	5	PA
PHESGO SOL	4	PA
RITUXAN INJ HYCELA	4	PA
<b>ANTINEOPLASTIC ENZYME INHIBITORS</b>		
ALECENSA CAPS 150MG	4	PA
ALUNBRIG TABS 30MG, 90MG, 180MG	4	PA
ALUNBRIG PAK	4	PA
AUGTYRO CAPS 40MG	5	PA
BALVERSA TABS 3MG, 4MG, 5MG	4	PA
BOSULIF CAPS 50MG, 100MG; TABS 100MG, 400MG, 500MG	4	PA
BRAFTOVI CAPS 75MG	5	PA
BRUKINSA CAPS 80MG	5	PA
CABOMETYX TABS 20MG, 40MG, 60MG	4	PA
CALQUENCE CAPS 100MG; TABS 100MG	4	PA
CAPRELSA TABS 100MG, 300MG	4	PA
COMETRIQ KIT 20MG	4	PA
COMETRIQ KIT 100MG	4	PA
COMETRIQ KIT 140MG	4	PA
COPIKTRA CAPS 15MG, 25MG	5	PA
COTELLIC TABS 20MG	4	PA
<i>dasatinib tabs 20mg, 50mg, 70mg, 80mg, 100mg, 140mg</i>	4	PA
<i>everolimus tabs 2.5mg, 5mg, 7.5mg, 10mg; tbso 2mg, 3mg, 5mg</i>	4	PA
FARYDAK CAPS 10MG, 15MG, 20MG	5	PA
FOTIVDA CAPS .89MG, 1.34MG	5	PA
GAVRETO CAPS 100MG	5	PA
IBRANCE CAPS 75MG, 100MG, 125MG; TABS 75MG, 100MG, 125MG	4	PA
ICLUSIG TABS 10MG, 15MG, 30MG, 45MG	4	PA
IDHIFA TABS 50MG, 100MG	5	PA
<i>imatinib mesylate tabs 100mg, 400mg</i>	4	PA
IMBRUVICA CAPS 70MG, 140MG; SUSP 70MG/ML; TABS 140MG, 280MG, 420MG, 560MG	4	PA
INREBIC CAPS 100MG	5	PA
JAKAFI TABS 5MG, 10MG, 15MG, 20MG, 25MG	4	PA
JAYPIRCA TABS 50MG, 100MG	5	PA

<b>Drug Name</b>	<b>Drug Tier</b>	<b>Requirements/Limits</b>
KISQALI TBPK 200MG	4	PA
KOSELUGO CAPS 10MG, 25MG	4	PA
KRAZATI TABS 200MG	5	PA
<i>lapatinib ditosylate tabs 250mg</i>	4	PA
LORBRENA TABS 25MG, 100MG	5	PA
LUMAKRAS TABS 120MG, 320MG	5	PA
LYNPARZA TABS 100MG, 150MG	4	PA
LYTGOBI TBPK 4MG	5	PA
MEKINIST SOLR .05MG/ML; TABS .5MG, 2MG	4	PA
MEKTOVI TABS 15MG	5	PA
NERLYNX TABS 40MG	5	PA
NEXAVAR TABS 200MG	5	PA
NINLARO CAPS 2.3MG, 3MG, 4MG	4	PA
OGSIVEO TABS 50MG, 100MG, 150MG	4	PA
OJEMDA SUSR 25MG/ML; TABS 100MG	5	PA
OJJAARA TABS 100MG, 150MG, 200MG	5	PA
<i>pazopanib hcl tabs 200mg</i>	4	PA
PEMAZYRE TABS 4.5MG, 9MG, 13.5MG	5	PA
PIQRAY 200MG DAILY DOSE TBPK 200MG	4	PA
PIQRAY 250MG TAB DOSE	4	PA
PIQRAY 300MG DAILY DOSE TBPK 150MG	4	PA
QINLOCK TABS 50MG	5	PA
RETEVMO TABS 40MG, 80MG, 120MG, 160MG	4	PA
REZLIDHIA CAPS 150MG	5	PA
ROZLYTREK CAPS 100MG, 200MG; PACK 50MG	4	PA
RUBRACA TABS 200MG, 250MG, 300MG	4	PA
RYDAPT CAPS 25MG	4	PA
SCEMBLIX TABS 20MG, 40MG, 100MG	5	PA
<i>sorafenib tosylate tabs 200mg</i>	4	PA
SPRYCEL TABS 20MG, 50MG, 70MG, 80MG, 100MG, 140MG	5	PA
STIVARGA TABS 40MG	4	PA
<i>sunitinib malate caps 12.5mg, 25mg, 37.5mg, 50mg</i>	4	PA
SUTENT CAPS 37.5MG	5	PA
TABRECTA TABS 150MG, 200MG	4	PA
TAFINLAR CAPS 50MG, 75MG; TBSO 10MG	4	PA
TALZENNA CAPS .1MG, .25MG, .35MG, .5MG, .75MG, 1MG	4	PA
TASIGNA CAPS 50MG, 150MG, 200MG	5	PA
TAZVERIK TABS 200MG	5	PA
TEPMETKO TABS 225MG	5	PA
TIBSOVO TABS 250MG	5	PA

<b>Drug Name</b>	<b>Drug Tier</b>	<b>Requirements/Limits</b>
<i>torpenz tabs 2.5mg, 5mg, 7.5mg, 10mg</i>	4	PA
TRUQAP TABS 160MG, 200MG	5	PA
TRUSELTIQ CPPK 25MG, 100MG	5	PA
TRUSELTIQ CAP 125MG	5	PA
TURALIO CAPS 125MG, 200MG	4	PA
VANFLYTA TABS 17.7MG, 26.5MG	5	PA
VELCADE SOLR 3.5MG	5	PA
VERZENIO TABS 50MG, 100MG, 150MG, 200MG	5	PA
VITRAKVI CAPS 25MG, 100MG; SOLN 20MG/ML	4	PA
VONJO CAPS 100MG	5	PA
VOTRIENT TABS 200MG	5	PA
XALKORI CAPS 200MG, 250MG; CPSP 20MG, 50MG, 150MG	4	PA
XOSPATA TABS 40MG	5	PA
ZEJULA CAPS 100MG; TABS 100MG, 200MG, 300MG	4	PA
ZELBORAF TABS 240MG	4	PA
ZOLINZA CAPS 100MG	4	PA
ZYDELIG TABS 100MG, 150MG	4	PA
ZYKADIA TABS 150MG	4	PA
<b>ANTINEOPLASTICS MISC.</b>		
ACTIMMUNE SOLN 100MCG/0.5ML	4	PA
BESREMI SOSY 500MCG/ML	5	PA
<i>bexarotene caps 75mg</i>	4	PA
HYDREA CAPS 500MG	3	
<i>hydroxyurea caps 500mg</i>	1	
MATULANE CAPS 50MG	4	
SYNRIBO SOLR 3.5MG	4	PA
TICE BCG SUSR 50MG	4	
<i>tretinoin (chemotherapy) caps 10mg</i>	1	
<b>CHEMOTHERAPY RESCUE/ANTIDOTE/PROTECTIVE AGENTS</b>		
IWLFIN TABS 192MG	5	PA
<i>leucovorin calcium solr 50mg, 100mg, 200mg, 350mg; tabs 5mg, 10mg, 15mg, 25mg</i>	1	
MESNEX TABS 400MG	4	
<b>MITOTIC INHIBITORS</b>		
<i>eribulin mesylate soln 1mg/2ml</i>	4	PA
<i>etoposide caps 50mg; soln 100mg/5ml</i>	4	
HALAVEN SOLN 1MG/2ML	5	PA
JEVTANA SOLN 60MG/1.5ML	4	PA
<i>vincristine sulfate soln 2mg/2ml</i>	4	

Drug Name	Drug Tier	Requirements/Limits
<b>TOPOISOMERASE I INHIBITORS</b>		
CAMPTOSAR SOLN 300MG/15ML	5	
HYCAMTIN CAPS 1MG	4	
<i>irinotecan hcl soln 100mg/5ml</i>	4	
TRODELVY SOLR 180MG	5	PA
<b>ANTIPARKINSON AND RELATED THERAPY AGENTS</b>		
<b>ANTIPARKINSON ADJUNCTIVE THERAPY</b>		
carbidopa tabs 25mg	1	
NOURIANZ TABS 20MG, 40MG	5	PA
<b>ANTIPARKINSON ANTICHOLINERGICS</b>		
benztropine mesylate soln 1mg/ml; tabs .5mg, 1mg, 2mg	1	
trihexyphenidyl hcl soln .4mg/ml; tabs 2mg, 5mg	1	
<b>ANTIPARKINSON COMT INHIBITORS</b>		
entacapone tabs 200mg	1	
ONGENTYS CAPS 25MG, 50MG	3	
tolcapone tabs 100mg	1	PA
<b>ANTIPARKINSON DOPAMINERGICS</b>		
amantadine hcl caps 100mg; soln 50mg/5ml; tabs 100mg	1	
bromocriptine mesylate caps 5mg; tabs 2.5mg	1	
carbidopa & levodopa orally disintegrating tab 10-100 mg	1	
carbidopa & levodopa orally disintegrating tab 25-100 mg	1	
carbidopa & levodopa tab 10-100 mg	1	
carbidopa & levodopa tab 25-100 mg	1	
carbidopa & levodopa tab 25-250 mg	1	
carbidopa & levodopa tab er 25-100 mg	1	
carbidopa & levodopa tab er 50-200 mg	1	
carbidopa-levodopa-entacapone tabs 12.5-50- 200 mg	1	
carbidopa-levodopa-entacapone tabs 18.75- 75-200 mg	1	
carbidopa-levodopa-entacapone tabs 25-100- 200 mg	1	
carbidopa-levodopa-entacapone tabs 31.25- 125-200 mg	1	
carbidopa-levodopa-entacapone tabs 37.5- 150-200 mg	1	
carbidopa-levodopa-entacapone tabs 50-200- 200 mg	1	
DHIVY TAB 25-100MG	3	

<b>Drug Name</b>	<b>Drug Tier</b>	<b>Requirements/Limits</b>
DUOPA SUS 4.63-20	3	
GOCOVRI CP24 68.5MG, 137MG	3	PA
INBRIJA CAPS 42MG	5	PA
KYNMOBI FILM 10MG, 15MG, 20MG, 25MG, 30MG	3	PA
MIRAPEX ER TB24 .375MG, .75MG, 2.25MG, 3MG, 3.75MG	3	
NEUPRO PT24 1MG/24HR, 2MG/24HR, 3MG/24HR, 4MG/24HR, 6MG/24HR, 8MG/24HR	2	
PARLODEL CAPS 5MG; TABS 2.5MG <i>pramipexole dihydrochloride tabs .125mg, .25mg, .5mg, .75mg, 1mg, 1.5mg; tb24 .375mg, .75mg, 1.5mg, 2.25mg, 3mg, 3.75mg, 4.5mg</i>	3	1
<i>ropinirole hydrochloride tabs .25mg, .5mg, 1mg, 2mg, 3mg, 4mg, 5mg; tb24 2mg, 4mg, 6mg, 8mg, 12mg</i>	1	
RYTARY CAP 95MG	3	
RYTARY CAP 145MG	3	
RYTARY CAP 195MG	3	
RYTARY CAP 245MG	3	
SINEMET TAB 10-100MG	3	
SINEMET TAB 25-100MG	3	
<b>ANTIPARKINSON MONOAMINE OXIDASE INHIBITORS</b>		
AZILECT TABS .5MG, 1MG	3	
<i>rasagiline mesylate tabs .5mg, 1mg</i>	1	
<i>selegiline hcl caps 5mg; tabs 5mg</i>	1	
XADAGO TABS 50MG, 100MG	3	
ZELAPAR TBDP 1.25MG	2	
<b>ANTIPSYCHOTICS/ANTIMANIC AGENTS</b>		
<b>ANTIMANIC AGENTS</b>		
<i>lithium soln 8meq/5ml</i>	1	
<i>lithium carbonate caps 150mg, 300mg, 600mg; tabs 300mg; tbcr 300mg, 450mg</i>	1	
LITHOBID TBCR 300MG	3	
<b>ANTIPSYCHOTICS - MISC.</b>		
CAPLYTA CAPS 10.5MG, 21MG, 42MG	3	
EQUETRO CP12 100MG, 200MG, 300MG	3	
GEODON CAPS 20MG, 40MG, 60MG, 80MG;	3	
SOLR 20MG		
LATUDA TABS 20MG, 40MG, 60MG, 80MG, 120MG	3	
<i>lurasidone hcl tabs 20mg, 40mg, 60mg, 80mg, 120mg</i>	1	

<b>Drug Name</b>	<b>Drug Tier</b>	<b>Requirements/Limits</b>
NUPLAZID CAPS 34MG; TABS 10MG	5	PA
VRAYLAR CAPS 1.5MG, 3MG, 4.5MG, 6MG	3	
<i>ziprasidone hcl caps 20mg, 40mg, 60mg, 80mg</i>	1	
<i>ziprasidone mesylate solr 20mg</i>	1	
<b>BENZISOXAZOLES</b>		
FANAPT TABS 1MG, 2MG, 4MG, 6MG, 8MG, 10MG, 12MG	3	
INVEGA TB24 3MG, 6MG, 9MG	3	
INVEGA HAFYERA SUSY 1092MG/3.5ML, 1560MG/5ML	3	
INVEGA SUSTENNA SUSY 39MG/0.25ML, 78MG/0.5ML, 117MG/0.75ML, 156MG/ML, 234MG/1.5ML	2	
INVEGA TRINZA SUSY 273MG/0.88ML, 410MG/1.32ML, 546MG/1.75ML, 819MG/2.63ML	3	
<i>paliperidone tb24 1.5mg, 3mg, 6mg, 9mg</i>	1	
PERSERIS PRSY 90MG, 120MG	3	
RISPERDAL SOLN 1MG/ML; TABS .5MG, 1MG, 2MG, 3MG, 4MG	3	
RISPERDAL CONSTA SRER 12.5MG, 25MG, 37.5MG, 50MG	3	
<i>risperidone soln 1mg/ml; tabs .25mg, .5mg, 1mg, 2mg, 3mg, 4mg; tbdp .25mg, .5mg, 1mg, 2mg, 3mg, 4mg</i>	1	
<i>risperidone microspheres srer 12.5mg, 25mg, 37.5mg, 50mg</i>	1	
UZEDY SUSY 75MG/0.21ML, 100MG/0.28ML, 125MG/0.35ML, 150MG/0.42ML, 200MG/0.56ML, 250MG/0.7ML	3	
<b>BUTYROPHENONES</b>		
<i>haloperidol tabs .5mg, 1mg, 2mg, 5mg, 10mg, 20mg</i>	1	
<i>haloperidol decanoate soln 50mg/ml, 100mg/ml</i>	1	
<i>haloperidol lactate conc 2mg/ml; soln 5mg/ml</i>	1	
<b>DIBENZAPINES</b>		
<i>asenapine maleate subl 2.5mg, 5mg, 10mg</i>	1	
<i>clozapine tabs 25mg, 50mg, 100mg, 200mg; tbdp 25mg, 100mg, 150mg, 200mg</i>	1	
CLOZARIL TABS 25MG, 100MG	3	
<i>loxpiprazole succinate caps 5mg, 10mg, 25mg, 50mg</i>	1	

<b>Drug Name</b>	<b>Drug Tier</b>	<b>Requirements/Limits</b>
olanzapine solr 10mg; tabs 2.5mg, 5mg, 7.5mg, 10mg, 15mg, 20mg; tbdp 5mg, 10mg, 15mg, 20mg	1	
quetiapine fumarate tabs 25mg, 50mg, 100mg, 150mg, 200mg, 300mg, 400mg; tb24 50mg, 150mg, 200mg, 300mg, 400mg	1	
SAPHRIS SUBL 2.5MG, 5MG, 10MG	3	
SECUADO PT24 3.8MG/24HR, 5.7MG/24HR, 7.6MG/24HR	3	
SEROQUEL TABS 25MG, 50MG, 100MG, 200MG, 300MG, 400MG	3	
SEROQUEL XR TB24 50MG, 150MG, 200MG, 300MG, 400MG	3	
ZYPREXA TABS 2.5MG, 5MG, 10MG, 15MG, 20MG	3	
ZYPREXA RELPREVV SUSR 210MG, 300MG, 405MG	3	PA
ZYPREXA ZYDIS TBDP 5MG, 10MG	3	
<b>PHENOTHIAZINES</b>		
chlorpromazine hcl conc 30mg/ml; soln 25mg/ml, 50mg/2ml; tabs 10mg, 25mg, 50mg, 100mg, 200mg	1	
compro supp 25mg	1	
fluphenazine decanoate soln 25mg/ml	1	
fluphenazine hcl conc 5mg/ml; tabs 1mg, 2.5mg, 5mg, 10mg	1	
perphenazine tabs 2mg, 4mg, 8mg, 16mg	1	
prochlorperazine supp 25mg	1	
prochlorperazine edisylate soln 10mg/2ml	1	
prochlorperazine maleate tabs 5mg, 10mg	1	
thioridazine hcl tabs 10mg, 25mg, 50mg, 100mg	1	
trifluoperazine hcl tabs 1mg, 2mg, 5mg, 10mg	1	
<b>QUINOLINONE DERIVATIVES</b>		
ABILIFY TABS 2MG, 5MG, 10MG, 15MG, 20MG, 30MG	3	
ABILIFY ASIMTUFII PRSY 720MG/2.4ML, 960MG/3.2ML	3	
ABILIFY MAINTENA PRSY 300MG, 400MG; SRER 300MG, 400MG	3	
ABILIFY MYCITE TABS 2MG, 5MG, 10MG, 15MG, 20MG, 30MG	3	PA
ABILIFY MYCITE MAINTENANC TBPK 2MG, 5MG, 10MG, 15MG, 20MG, 30MG	3	PA

<b>Drug Name</b>	<b>Drug Tier</b>	<b>Requirements/Limits</b>
ABILIFY MYCITE STARTER KI TBPK 2MG, 5MG, 10MG, 15MG, 20MG, 30MG	3	PA
aripiprazole soln 1mg/ml; tabs 2mg, 5mg, 10mg, 15mg, 20mg, 30mg; tbdp 10mg, 15mg	1	
ARISTADA PRSY 441MG/1.6ML, 662MG/2.4ML, 882MG/3.2ML, 1064MG/3.9ML	3	
ARISTADA INITIO PRSY 675MG/2.4ML	3	
REXULTI TABS .25MG, .5MG, 1MG, 2MG, 3MG, 4MG	3	
<b>THioxanthenes</b>		
thiothixene caps 1mg, 2mg, 5mg, 10mg	1	
<b>ANTIVIRALS</b>		
<b>ANTIRETROVIRALS</b>		
abacavir sulfate soln 20mg/ml; tabs 300mg	1	
abacavir sulfate-lamivudine tab 600-300 mg	1	
APRETUDE SUER 600MG/3ML	2	PA
APTVUS CAPS 250MG	2	
atazanavir sulfate caps 150mg, 200mg, 300mg	1	
BIKTARVY TAB	2	
CABENUVA SUS 400-600	3	PA
CABENUVA SUS 600-900	3	PA
CIMDUO TAB 300-300	3	
COMBIVIR TAB 150-300	3	
COMPLERA TAB	2	
darunavir tabs 600mg, 800mg	1	
DELSTRIGO TAB	2	
DESCOVY TAB 120-15MG	2	
DESCOVY TAB 200/25MG	2	
DOVATO TAB 50-300MG	2	
EDURANT TABS 25MG	2	
efavirenz caps 50mg, 200mg; tabs 600mg	1	
efavirenz-emtricitabine-tenofovir df tab 600-200-300 mg	1	
efavirenz-lamivudine-tenofovir df tab 400-300-300 mg	1	
efavirenz-lamivudine-tenofovir df tab 600-300-300 mg	1	
emtricitabine caps 200mg	1	
emtricitabine-tenofovir disoproxil fumarate tab 100-150 mg	1	
emtricitabine-tenofovir disoproxil fumarate tab 133-200 mg	1	
emtricitabine-tenofovir disoproxil fumarate tab 167-250 mg	1	

<b>Drug Name</b>	<b>Drug Tier</b>	<b>Requirements/Limits</b>
<i>emtricitabine-tenofovir disoproxil fumarate tab 200-300 mg</i>	1	
EMTRIVA CAPS 200MG; SOLN 10MG/ML	2	
EPIVIR SOLN 10MG/ML; TABS 150MG, 300MG	3	
EPZICOM TAB 600-300	3	
<i>etravirine tabs 100mg, 200mg</i>	1	
EVOTAZ TAB 300-150	2	
<i>fosamprenavir calcium tabs 700mg</i>	1	
GENVOYA TAB	2	
INTELENCE TABS 25MG	2	
INTELENCE TABS 100MG, 200MG	3	
<i>ISENTRESS CHEW 25MG, 100MG; PACK 100MG; TABS 400MG</i>	2	
ISENTRESS HD TABS 600MG	2	
JULUCA TAB 50-25MG	3	
KALETRA TAB 100-25MG	3	
KALETRA TAB 200-50MG	3	
<i>lamivudine soln 10mg/ml; tabs 150mg, 300mg</i>	1	
<i>lamivudine-zidovudine tab 150-300 mg</i>	1	
LEXIVA SUSP 50MG/ML	2	
LEXIVA TABS 700MG	3	
<i>lopinavir-ritonavir soln 400-100 mg/5ml (80-20 mg/ml)</i>	1	
<i>lopinavir-ritonavir tab 100-25 mg</i>	1	
<i>lopinavir-ritonavir tab 200-50 mg</i>	1	
<i>maraviroc tabs 150mg, 300mg</i>	1	
<i>nevirapine susp 50mg/5ml; tabs 200mg; tb24 100mg, 400mg</i>	1	
NORVIR PACK 100MG; SOLN 80MG/ML; TABS 100MG	2	
ODEFSEY TAB	2	
PIFELTRO TABS 100MG	3	
PREZCOBIX TAB 800-150	2	
PREZISTA SUSP 100MG/ML; TABS 75MG, 150MG, 600MG, 800MG	2	
RETROVIR CAPS 100MG; SYRP 50MG/5ML	3	
REYATAZ CAPS 200MG, 300MG	3	
<i>ritonavir tabs 100mg</i>	1	
RUKOBIA TB12 600MG	2	
SELZENTRY TABS 25MG, 75MG, 150MG, 300MG	2	
<i>stavudine caps 15mg, 20mg, 30mg, 40mg</i>	1	
STRIBILD TAB	2	

<b>Drug Name</b>	<b>Drug Tier</b>	<b>Requirements/Limits</b>
SUNLENCA SOLN 463.5MG/1.5ML; TBPK 300MG	5	PA
SUSTIVA CAPS 50MG, 200MG; TABS 600MG	3	
SYMTUZA TAB	2	
<i>tenofovir disoproxil fumarate tabs 300mg</i>	1	
TIVICAY TABS 10MG, 25MG, 50MG	2	
TIVICAY PD TBSO 5MG	2	
TRIUMEQ PD TAB	2	
TRIUMEQ TAB	2	
TROGARZO SOLN 200MG/1.33ML	4	PA
TRUVADA TAB 100-150	3	
TRUVADA TAB 133-200	3	
TRUVADA TAB 167-250	3	
TRUVADA TAB 200-300	3	
TYBOST TABS 150MG	2	
VIRACEPT TABS 250MG, 625MG	2	
VIRAMUNE XR TB24 400MG	3	
VIREAD POWD 40MG/GM; TABS 150MG, 200MG, 250MG, 300MG	2	
ZIAGEN SOLN 20MG/ML; TABS 300MG	3	
<i>zidovudine caps 100mg; syrup 50mg/5ml; tabs 300mg</i>	1	

#### **ANTIVIRAL COMBINATIONS**

PAXLOVID TAB 150-100	2	QL
PAXLOVID TAB 300-100	2	QL

#### **CMV AGENTS**

<i>ganciclovir sodium solr 500mg</i>	4	
LIVTENCITY TABS 200MG	3	PA
PREVYMIS TABS 240MG, 480MG	2	PA
VALCYTE TABS 450MG	3	PA
<i>valganciclovir hcl solr 50mg/ml; tabs 450mg</i>	1	PA

#### **HEPATITIS AGENTS**

<i>adefovir dipivoxil tabs 10mg</i>	4	
BARACLUDE SOLN .05MG/ML	4	
<i>entecavir tabs .5mg, 1mg</i>	4	
EPCLUSA PAK 150-37.5	4	PA
EPCLUSA PAK 200-50MG	4	PA
EPCLUSA TAB 200-50MG	4	PA
EPCLUSA TAB 400-100	4	PA
HARVONI PAK	4	PA
HARVONI PAK 45-200MG	4	PA
HARVONI TAB 45-200MG	4	PA
HARVONI TAB 90-400MG	4	PA

<b>Drug Name</b>	<b>Drug Tier</b>	<b>Requirements/Limits</b>
<i>lamivudine (hbv) tabs 100mg</i>	1	
LEDIP-SOFOSB TAB 90-400MG	4	PA
MAVYRET PAK 50-20MG	4	PA
MAVYRET TAB 100-40MG	4	PA
PEGASYS SOLN 180MCG/ML; SOSY 180MCG/0.5ML	4	PA
<i>ribavirin (hepatitis c) caps 200mg; tabs 200mg</i>	4	PA
SOFOS/VELPAT TAB 400-100	4	PA
SOVALDI PACK 150MG, 200MG; TABS 200MG, 400MG	4	PA
VEMLIDY TABS 25MG	4	
VOSEVI TAB	4	PA

#### **HERPES AGENTS**

<i>acyclovir caps 200mg; susp 200mg/5ml; tabs 400mg, 800mg</i>	1	
<i>acyclovir sodium soln 50mg/ml</i>	1	
<i>famciclovir tabs 125mg, 250mg, 500mg</i>	1	
<i>valacyclovir hcl tabs 1gm, 500mg, 1000mg</i>	1	
<i>VALTREX TABS 1GM, 500MG</i>	3	

#### **INFLUENZA AGENTS**

<i>oseltamivir phosphate caps 30mg, 45mg, 75mg; susr 6mg/ml</i>	1	QL
<i>RELENZA DISKHALER AEPB 5MG/BLISTER</i>	2	QL
<i>rimantadine hydrochloride tabs 100mg</i>	1	
<i>TAMIFLU CAPS 30MG, 45MG, 75MG; SUSR 6MG/ML</i>	3	QL
<i>XOFLUZA TBPK 40MG, 80MG</i>	3	

#### **BETA BLOCKERS**

##### **ALPHA-BETA BLOCKERS**

<i>carvedilol tabs 3.125mg, 6.25mg, 12.5mg, 25mg</i>	1	
<i>carvedilol phosphate cp24 10mg, 20mg, 40mg, 80mg</i>	1	
<i>COREG TABS 6.25MG</i>	3	
<i>COREG CR CP24 10MG, 20MG, 40MG, 80MG</i>	3	
<i>labetalol hcl tabs 100mg, 200mg, 300mg</i>	1	

##### **BETA BLOCKERS CARDIO-SELECTIVE**

<i>acebutolol hcl caps 200mg, 400mg</i>	1	
<i>atenolol tabs 25mg, 50mg, 100mg</i>	1	
<i>betaxolol hcl tabs 10mg, 20mg</i>	1	
<i>bisoprolol fumarate tabs 5mg, 10mg</i>	1	
<i>KAPSPARGO SPRINKLE CS24 25MG, 50MG, 100MG, 200MG</i>	3	

<b>Drug Name</b>	<b>Drug Tier</b>	<b>Requirements/Limits</b>
LOPRESSOR TABS 50MG, 100MG	3	
<i>metoprolol succinate tb24 25mg, 50mg, 100mg, 200mg</i>	1	
<i>metoprolol tartrate tabs 25mg, 37.5mg, 50mg, 75mg, 100mg</i>	1	
<i>nebivolol hcl tabs 2.5mg, 5mg, 10mg, 20mg</i>	1	
TENORMIN TABS 25MG, 50MG, 100MG	3	
TOPROL XL TB24 25MG, 50MG, 100MG, 200MG	3	

#### **BETA BLOCKERS NON-SELECTIVE**

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

#### **CALCIUM CHANNEL BLOCKERS**

##### **CALCIUM CHANNEL BLOCKERS**

<i>amlodipine besylate tabs 2.5mg, 5mg, 10mg</i>	1
CARDIZEM TABS 30MG, 60MG	3
CARDIZEM CD CP24 120MG, 180MG, 240MG	3
CARDIZEM LA TB24 120MG, 180MG, 240MG, 300MG, 360MG	3
<i>cartia xt cp24 120mg, 180mg, 240mg, 300mg</i>	1
<i>dilt-xr cp24 120mg, 180mg, 240mg</i>	1
<i>diltiazem hcl cp12 60mg, 90mg, 120mg; cp24 120mg, 180mg, 240mg; tabs 30mg, 60mg, 90mg, 120mg; tb24 120mg, 180mg, 180mg/24hr, 240mg, 240mg/24hr, 300mg, 300mg/24hr, 360mg, 420mg</i>	1
<i>diltiazem hcl coated beads cp24 120mg, 180mg, 240mg, 300mg, 360mg</i>	1
<i>diltiazem hcl extended release beads cp24 120mg, 180mg, 240mg, 300mg, 360mg, 420mg</i>	1
<i>felodipine tb24 2.5mg, 5mg, 10mg</i>	1
<i>isradipine caps 2.5mg, 5mg</i>	1

<b>Drug Name</b>	<b>Drug Tier</b>	<b>Requirements/Limits</b>
<i>matzim la tb24 180mg, 240mg, 300mg, 360mg, 420mg</i>	1	
<i>nicardipine hcl caps 20mg, 30mg</i>	1	
<i>nifedipine caps 10mg, 20mg; tb24 30mg, 60mg, 90mg</i>	1	
<i>nimodipine caps 30mg</i>	1	
<i>nisoldipine tb24 8.5mg, 17mg, 20mg, 25.5mg, 30mg, 34mg, 40mg</i>	1	
<b>NORVASC TABS 2.5MG, 5MG, 10MG</b>	<b>3</b>	
<b>NYMALIZE SOLN 6MG/ML</b>	<b>3</b>	
<b>PROCARDIA XL TB24 30MG, 60MG, 90MG</b>	<b>3</b>	
<i>tiadylt er cp24 120mg, 180mg, 240mg, 300mg, 360mg, 420mg</i>	1	
<b>TIAZAC CP24 120MG, 240MG, 360MG, 420MG</b>	<b>3</b>	
<i>verapamil hcl cp24 100mg, 120mg, 180mg, 200mg, 240mg, 300mg, 360mg; tabs 40mg, 80mg, 120mg; tbcr 120mg, 180mg, 240mg</i>	1	
<b>VERELAN PM CP24 200MG, 300MG</b>	<b>3</b>	

## **CARDIOTONICS**

### **CARDIAC GLYCOSIDES**

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

## **CARDIOVASCULAR AGENTS - MISC.**

### **CARDIAC MYOSIN INHIBITORS**

<b>CAMZYOS CAPS 2.5MG, 5MG, 10MG, 15MG</b>	<b>5</b>	<b>PA</b>
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### **CARDIOVASCULAR AGENTS MISC. - COMBINATIONS**

<i>amlodipine besylate-atorvastatin calcium tab 2.5-10 mg</i>	1	
<i>amlodipine besylate-atorvastatin calcium tab 2.5-20 mg</i>	1	
<i>amlodipine besylate-atorvastatin calcium tab 2.5-40 mg</i>	1	
<i>amlodipine besylate-atorvastatin calcium tab 5-10 mg</i>	1	
<i>amlodipine besylate-atorvastatin calcium tab 5-20 mg</i>	1	
<i>amlodipine besylate-atorvastatin calcium tab 5-40 mg</i>	1	
<i>amlodipine besylate-atorvastatin calcium tab 5-80 mg</i>	1	

<b>Drug Name</b>	<b>Drug Tier</b>	<b>Requirements/Limits</b>
amlodipine besylate-atorvastatin calcium tab 10-10 mg	1	
amlodipine besylate-atorvastatin calcium tab 10-20 mg	1	
amlodipine besylate-atorvastatin calcium tab 10-40 mg	1	
amlodipine besylate-atorvastatin calcium tab 10-80 mg	1	
BIDIL TAB	3	
ENTRESTO CAP 6-6MG	3	
ENTRESTO CAP 15-16MG	3	
ENTRESTO TAB 24-26MG	3	
ENTRESTO TAB 49-51MG	3	
ENTRESTO TAB 97-103MG	3	
isosorbide dinitrate-hydralazine hcl tab 20-37.5 mg	1	
<b>PROSTAGLANDIN VASODILATORS</b>		
epoprostenol sodium solr .5mg, 1.5mg	4	PA
ORENITRAM TBCR .125MG, .25MG, 1MG, 2.5MG, 5MG	4	PA
ORENITRAM TAB MONTH 1	4	PA
ORENITRAM TAB MONTH 2	4	PA
ORENITRAM TAB MONTH 3	4	PA
REMODULIN SOLN 20MG/20ML, 50MG/20ML, 100MG/20ML, 200MG/20ML	5	PA
TYVASO DPI INSTITUTIONAL POWD 16MCG, 32MCG, 48MCG, 64MCG	5	PA
TYVASO DPI MAINTENANCE KI POWD 16MCG, 32MCG, 48MCG, 64MCG	5	PA
TYVASO DPI POW 16-32-48	5	PA
TYVASO DPI POW 16-32MCG	5	PA
TYVASO DPI POW 32-48MCG	5	PA
TYVASO REFILL KIT SOLN .6MG/ML	5	PA
TYVASO STARTER KIT SOLN .6MG/ML	5	PA
VELETRI SOLR 1.5MG	5	PA
VENTAVIS SOLN 10MCG/ML, 20MCG/ML	4	PA
<b>PULMONARY HYPERTENSION - ENDOTHELIN RECEPTOR ANTAGONISTS</b>		
ambrisentan tabs 5mg, 10mg	4	PA
bosentan tabs 62.5mg, 125mg	4	PA
OPSUMIT TABS 10MG	4	PA
TRACLEER TBSO 32MG	5	PA
<b>PULMONARY HYPERTENSION - PHOSPHODIESTERASE INHIBITORS</b>		
sildenafil citrate (pulmonary hypertension) susr 10mg/ml; tabs 20mg	4	PA

<b>Drug Name</b>	<b>Drug Tier</b>	<b>Requirements/Limits</b>
tadalafil (pulmonary hypertension) tabs 20mg	4	PA
TADLIQ SUSP 20MG/5ML	5	PA
<b>PULMONARY HYPERTENSION - PROSTACYCLIN RECEPTOR AGONIST</b>		
UPTRAVI TABS 200MCG, 400MCG, 600MCG, 800MCG, 1000MCG, 1200MCG, 1400MCG, 1600MCG	4	PA
UPTRAVI PACK TAB 200/800	4	PA
<b>PULMONARY HYPERTENSION - SOLUBLE GUANYLATE CYCLASE STIMULATOR</b>		
ADEMPAS TABS .5MG, 1MG, 1.5MG, 2MG, 2.5MG	5	PA
<b>SINUS NODE INHIBITORS</b>		
CORLANOR SOLN 5MG/5ML; TABS 5MG, 7.5MG	3	PA
ivabradine hcl tabs 5mg, 7.5mg	1	PA
<b>TRANSTHYRETIN STABILIZERS</b>		
VYNDAMAX CAPS 61MG	4	PA
VYNDAQEL CAPS 20MG	4	PA
<b>VASOACTIVE SOLUBLE GUANYLATE CYCLASE STIMULATOR (SGC)</b>		
VERQUVO TABS 2.5MG, 5MG, 10MG	3	PA
<b>CEPHALOSPORINS</b>		
<b>CEPHALOSPORIN COMBINATIONS</b>		
ZERBAXA INJ 1.5GM	3	
<b>CEPHALOSPORINS - 1ST GENERATION</b>		
cefadroxil caps 500mg; susr 250mg/5ml, 500mg/5ml; tabs 1gm	1	
cephalexin caps 250mg, 500mg, 750mg; susr 125mg/5ml, 250mg/5ml; tabs 250mg, 500mg	1	
<b>CEPHALOSPORINS - 2ND GENERATION</b>		
cefaclor caps 250mg, 500mg	1	
CEFACLOR ER TB12 500MG	3	
cefprozil susr 125mg/5ml, 250mg/5ml; tabs 250mg, 500mg	1	
cefuroxime axetil tabs 250mg, 500mg	1	
<b>CEPHALOSPORINS - 3RD GENERATION</b>		
cefdinir caps 300mg; susr 125mg/5ml, 250mg/5ml	1	
cefixime caps 400mg; susr 100mg/5ml, 200mg/5ml	1	
cefpodoxime proxetil susr 50mg/5ml, 100mg/5ml; tabs 100mg, 200mg	1	
ceftazidime solr 1gm, 2gm	1	
tazicef solr 1gm	1	

Drug Name	Drug Tier	Requirements/Limits
<b>CEPHALOSPORINS - 5TH GENERATION</b>		
TEFLARO SOLR 400MG	2	
<b>CONTRACEPTIVES</b>		
<b>COMBINATION CONTRACEPTIVES - ORAL</b>		
<i>altavera tab</i>	1	NCTM
<i>alyacen tab 1/35</i>	1	NCTM
<i>alyacen tab 7/7/7</i>	1	NCTM
<i>amethyst tab 90-20mcg</i>	1	NCTM
<i>apri tab</i>	1	NCTM
<i>aranelle tab</i>	1	NCTM
<i>ashlyna tab</i>	1	NCTM
<i>aubra eq tab 0.1-0.02</i>	1	NCTM
<i>aurovela 24 tab fe 1/20</i>	1	NCTM
<i>aurovela fe tab 1.5/30</i>	1	NCTM
<i>aurovela fe tab 1/20</i>	1	NCTM
<i>aurovela tab 1.5/30</i>	1	NCTM
<i>aviane tab</i>	1	NCTM
<i>ayuna tab</i>	1	NCTM
<i>azurette tab</i>	1	NCTM
<b>BALCOLTRA TAB 0.1-20</b>	3	
<i>balziva tab</i>	1	NCTM
<b>BEYAZ TAB</b>	3	
<i>blisovi 24 tab fe 1/20</i>	1	NCTM
<i>blisovi fe tab 1.5/30</i>	1	NCTM
<i>blisovi fe tab 1/20</i>	1	NCTM
<i>briellyn tab</i>	1	NCTM
<i>camrese lo tab</i>	1	NCTM
<i>camrese tab</i>	1	NCTM
<i>charlotte 24 chw fe 1/20</i>	1	NCTM
<i>chateal eq tab 0.15/30</i>	1	NCTM
<i>cryselle-28 tab 28 tabs</i>	1	NCTM
<i>cyred eq tab</i>	1	NCTM
<i>dasetta tab 1/35</i>	1	NCTM
<i>dasetta tab 7/7/7</i>	1	NCTM
<i>daysee tab</i>	1	NCTM
<i>desogest-eth estrad &amp; eth estrad tab 0.15-0.02/0.01 mg(21/5)</i>	1	NCTM
<i>dolishale tab 90-20mcg</i>	1	NCTM
<i>drospirenone-ethinyl estrad-levomefolate tab 3-0.02-0.451 mg</i>	1	NCTM
<i>drospirenone-ethinyl estrad-levomefolate tab 3-0.03-0.451 mg</i>	1	NCTM
<i>drospirenone-ethinyl estradiol tab 3-0.02 mg</i>	1	NCTM

<b>Drug Name</b>	<b>Drug Tier</b>	<b>Requirements/Limits</b>
<i>drosipренон-этил эстрадиол таб 3-0.03 мг</i>	1	NCTM
<i>elinest tab</i>	1	NCTM
<i>enpresse-28 tab</i>	1	NCTM
<i>enskyce tab</i>	1	NCTM
<i>estarrylla tab 0.25-35</i>	1	NCTM
<i>ethynodiol diacetate &amp; ethinyl estradiol tab 1 mg-35 mcg</i>	1	NCTM
<i>ethynodiol diacetate &amp; ethinyl estradiol tab 1 mg-50 mcg</i>	1	NCTM
<i>falmina tab</i>	1	NCTM
<i>finzala chw fe 1/20</i>	1	NCTM
<i>gemmily cap 1/20</i>	1	NCTM
<i>hailey 24 tab fe</i>	1	NCTM
<i>hailey fe tab 1.5/30</i>	1	NCTM
<i>hailey fe tab 1/20</i>	1	NCTM
<i>hailey tab 1.5/30</i>	1	NCTM
<i>isibloom tab</i>	1	NCTM
<i>jaimiess tab</i>	1	NCTM
<i>jasmiel tab 3-0.02mg</i>	1	NCTM
<i>jolessa tab</i>	1	NCTM
<i>joyeaux tab 0.1-20</i>	1	NCTM
<i>juleber tab</i>	1	NCTM
<i>junel 1.5/30 tab</i>	1	NCTM
<i>junel 1/20 tab</i>	1	NCTM
<i>junel fe 24 tab 1/20</i>	1	NCTM
<i>junel fe tab 1.5/30</i>	1	NCTM
<i>junel fe tab 1/20</i>	1	NCTM
<i>kaitlib fe chw</i>	1	NCTM
<i>kariva tab 28 day</i>	1	NCTM
<i>kelnor 1/50 tab</i>	1	NCTM
<i>kelnor tab 1/35</i>	1	NCTM
<i>kurvelo tab 0.15/30</i>	1	NCTM
<i>larin 24 tab fe 1/20</i>	1	NCTM
<i>larin fe tab 1.5/30</i>	1	NCTM
<i>larin fe tab 1/20</i>	1	NCTM
<i>larin tab 1.5/30</i>	1	NCTM
<i>larin tab 1/20</i>	1	NCTM
<i>layolis fe chw</i>	1	NCTM
<i>leena tab</i>	1	NCTM
<i>lessina tab</i>	1	NCTM
<i>levonest tab</i>	1	NCTM
<i>levonor-eth est tab 0.15-0.02/0.025/0.03 mg &amp;eth est 0.01 mg</i>	1	NCTM

<b>Drug Name</b>	<b>Drug Tier</b>	<b>Requirements/Limits</b>
<i>levonorg-eth est tab 0.1-0.02mg(84) &amp; eth est tab 0.01mg(7)</i>	1	NCTM
<i>levonorg-eth est tab 0.15-0.03mg(84) &amp; eth est tab 0.01mg(7)</i>	1	NCTM
<i>levonorgestrel &amp; ethinyl estradiol (91-day) tab 0.15-0.03 mg</i>	1	NCTM
<i>levonorgestrel &amp; ethinyl estradiol tab 0.1 mg-20 mcg</i>	1	NCTM
<i>levonorgestrel &amp; ethinyl estradiol tab 0.15 mg-30 mcg</i>	1	NCTM
<i>levonorgestrel-eth estra tab 0.05-30/0.075-40/0.125-30mg-mcg</i>	1	NCTM
<i>levonorgestrel-ethinyl estradiol (continuous) tab 90-20 mcg</i>	1	NCTM
<i>levonorgestrel-ethinyl estradiol-fe tab 0.1 mg-20 mcg (21)</i>	1	NCTM
<i>levora-28 tab 0.15/30</i>	1	NCTM
<i>LO LOESTRIN TAB 1-10-10</i>	2	NCTM
<i>lo-zumandimi tab 3-0.02mg</i>	1	NCTM
<i>loestrin 21 tab 1.5/30</i>	1	NCTM
<i>loestrin fe tab 1.5/30</i>	1	NCTM
<i>loestrin fe tab 1/20</i>	1	NCTM
<i>loestrin tab 1/20-21</i>	1	NCTM
<i>lojaimiess tab</i>	1	NCTM
<i>loryna tab 3-0.02mg</i>	1	NCTM
<i>low-ogestrel tab</i>	1	NCTM
<i>lutera tab</i>	1	NCTM
<i>marlissa tab 0.15/30</i>	1	NCTM
<i>merzee cap 1/20</i>	1	NCTM
<i>mibelas 24 chw fe</i>	1	NCTM
<i>microgestin tab 1.5/30</i>	1	NCTM
<i>microgestin tab 1/20</i>	1	NCTM
<i>microgestin tab fe1.5/30</i>	1	NCTM
<i>microgestin tab fe 1/20</i>	1	NCTM
<i>mili tab 0.25/35</i>	1	NCTM
<i>mono-linyah tab 0.25-35</i>	1	NCTM
<i>NATAZIA TAB</i>	2	NCTM
<i>necon tab 0.5/35</i>	1	NCTM
<i>NEXTSTELLIS TAB 3-14.2MG</i>	2	NCTM
<i>nikki tab 3-0.02mg</i>	1	NCTM
<i>norethindrone &amp; ethinyl estradiol-fe chew tab 0.4 mg-35 mcg</i>	1	NCTM
<i>norethindrone &amp; ethinyl estradiol-fe chew tab 0.8 mg-25 mcg</i>	1	NCTM

<b>Drug Name</b>	<b>Drug Tier</b>	<b>Requirements/Limits</b>
<i>norethindrone ac-ethinyl estrad-fe tab 1-20/1-30/1-35 mg-mcg</i>	1	NCTM
<i>norethindrone ace &amp; ethinyl estradiol tab 1 mg-20 mcg</i>	1	NCTM
<i>norethindrone ace &amp; ethinyl estradiol tab 1.5 mg-30 mcg</i>	1	NCTM
<i>norethindrone ace &amp; ethinyl estradiol-fe tab 1 mg-20 mcg</i>	1	NCTM
<i>norethindrone ace &amp; ethinyl estradiol-fe tab 1.5 mg-30 mcg</i>	1	NCTM
<i>norethindrone ace-eth estradiol-fe chew tab 1 mg-20 mcg (24)</i>	1	NCTM
<i>norethindrone ace-ethinyl estradiol-fe cap 1 mg-20 mcg (24)</i>	1	NCTM
<i>norgestimate &amp; ethinyl estradiol tab 0.25 mg-35 mcg</i>	1	NCTM
<i>norgestimate-eth estrad tab 0.18-25/0.215-25/0.25-25 mg-mcg</i>	1	NCTM
<i>norgestimate-eth estrad tab 0.18-35/0.215-35/0.25-35 mg-mcg</i>	1	NCTM
<i>nortrel tab 0.5/35</i>	1	NCTM
<i>nortrel tab 1/35</i>	1	NCTM
<i>nortrel tab 7/7/7</i>	1	NCTM
<i>nylia tab 1/35</i>	1	NCTM
<i>nylia tab 7/7/7</i>	1	NCTM
<i>ocella tab 3-0.03mg</i>	1	NCTM
<i>philith tab 0.4-35</i>	1	NCTM
<i>pimtrea tab</i>	1	NCTM
<i>portia-28 tab</i>	1	NCTM
<i>reclipsen tab</i>	1	NCTM
<i>rivelsa tab</i>	1	NCTM
<i>SAFYRAL TAB</i>	3	
<i>setlakin tab</i>	1	NCTM
<i>simpesse tab</i>	1	NCTM
<i>sprintec 28 tab 28 day</i>	1	NCTM
<i>sronyx tab</i>	1	NCTM
<i>syeda tab 3-0.03mg</i>	1	NCTM
<i>tarina 24 fe tab</i>	1	NCTM
<i>tarina fe tab 1/20 eq</i>	1	NCTM
<i>taysofy cap 1/20</i>	1	NCTM
<i>TAYTULLA CAP 1MG/20MC</i>	3	
<i>tilia fe tab</i>	1	NCTM
<i>tri-estarryll tab</i>	1	NCTM
<i>tri-legest tab fe</i>	1	NCTM

<b>Drug Name</b>	<b>Drug Tier</b>	<b>Requirements/Limits</b>
<i>tri-linyah tab</i>	1	NCTM
<i>tri-lo tab estarryll</i>	1	NCTM
<i>tri-lo- tab marzia</i>	1	NCTM
<i>tri-lo- tab sprintec</i>	1	NCTM
<i>tri-lo-mili tab</i>	1	NCTM
<i>tri-mili tab</i>	1	NCTM
<i>tri-sprintec tab</i>	1	NCTM
<i>tri-vylibra tab</i>	1	NCTM
<i>tri-vylibra tab lo</i>	1	NCTM
<i>trivora-28 tab</i>	1	NCTM
<i>turqoz tab</i>	1	NCTM
<i>TYBLUME CHW 0.1-0.02</i>	2	NCTM
<i>tydemy tab</i>	1	NCTM
<i>velivet pak</i>	1	NCTM
<i>vestura tab 3-0.02mg</i>	1	NCTM
<i>vienna tab 0.1-20</i>	1	NCTM
<i>viorele tab</i>	1	NCTM
<i>volnea tab</i>	1	NCTM
<i>vyfemla tab 0.4-35</i>	1	NCTM
<i>vylibra tab 0.25-35</i>	1	NCTM
<i>wera tab 0.5/35</i>	1	NCTM
<i>wymzya fe chw 0.4mg-35</i>	1	NCTM
<i>YASMIN 28 TAB 3-0.03MG</i>	3	
<i>YAZ TAB 3-0.02MG</i>	3	
<i>zovia 1/35 tab</i>	1	NCTM
<i>zumandimine tab 3-0.03mg</i>	1	NCTM

#### **COMBINATION CONTRACEPTIVES - TRANSDERMAL**

<i>norelgestromin-ethynodiol dihydrogen phosphate 150-35 mcg/24hr</i>	1	NCTM
<i>TWIRLA DIS 120-30</i>	2	NCTM
<i>xulane dis 150-35</i>	1	NCTM
<i>zafemy dis 150/35</i>	1	NCTM

#### **COMBINATION CONTRACEPTIVES - VAGINAL**

<i>ANNOVERA MIS</i>	2	NCTM
<i>eluryng mis</i>	1	NCTM
<i>enilloring mis</i>	1	NCTM
<i>etonogestrel-ethynodiol dihydrogen phosphate 0.12-0.015 mg/24hr</i>	1	NCTM
<i>haloette mis</i>	1	NCTM
<i>NUVARING MIS</i>	3	

#### **COPPER CONTRACEPTIVES - IUD**

<i>PARAGARD IUD T380A</i>	2	NCTM
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<b>Drug Name</b>	<b>Drug Tier</b>	<b>Requirements/Limits</b>
<b>EMERGENCY CONTRACEPTIVES</b>		
ELLA TABS 30MG	2	NCTM
<b>PROGESTIN CONTRACEPTIVES - IMPLANTS</b>		
NEXPLANON IMPL 68MG	4	NCTM
<b>PROGESTIN CONTRACEPTIVES - INJECTABLE</b>		
DEPO-PROVERA CONTRACEPTIV SUSP 150MG/ML; SUSY 150MG/ML	3	NCTM
DEPO-SUBQ PROVERA 104 SUSY 104MG/0.65ML	2	NCTM
<i>medroxyprogesterone acetate (contraceptive) susp 150mg/ml; susy 150mg/ml</i>	1	NCTM
<b>PROGESTIN CONTRACEPTIVES - IUD</b>		
KYLEENA IUD 19.5MG	4	NCTM
LILETTA IUD 20.1MCG/DAY	4	NCTM
MIRENA IUD 20MCG/DAY	4	NCTM
SKYLA IUD 13.5MG	4	NCTM
<b>PROGESTIN CONTRACEPTIVES - ORAL</b>		
<i>camila tabs .35mg</i>	1	NCTM
<i>deblitane tabs .35mg</i>	1	NCTM
<i>emzahh tabs .35mg</i>	1	NCTM
<i>errin tabs .35mg</i>	1	NCTM
<i>heather tabs .35mg</i>	1	NCTM
<i>incassia tabs .35mg</i>	1	NCTM
<i>jencycla tabs .35mg</i>	1	NCTM
<i>lyleq tabs .35mg</i>	1	NCTM
<i>nora-be tabs .35mg</i>	1	NCTM
<i>norethindrone (contraceptive) tabs .35mg</i>	1	NCTM
<i>sharobel tabs .35mg</i>	1	NCTM
SLYND TABS 4MG	2	NCTM
<b>CORTICOSTEROIDS</b>		
<b>GLUCOCORTICOSTEROIDS</b>		
AGAMREE SUSP 40MG/ML	5	PA
BETAMETH INJ 12MG/2ML	3	
<i>betamethasone sod phosphate &amp; acetate inj susp 6 (3-3) mg/ml</i>	1	
<i>budesonide cprep 3mg; tb24 9mg</i>	1	
CELESTONE INJ SOLUSPAN	3	
<i>deflazacort susp 22.75mg/ml; tabs 18mg, 30mg</i>	4	PA
DEPO-MEDROL SUSP 20MG/ML, 40MG/ML, 80MG/ML	3	

<b>Drug Name</b>	<b>Drug Tier</b>	<b>Requirements/Limits</b>
dexamethasone elix .5mg/5ml; soln .5mg/5ml; tabs .5mg, .75mg, 1mg, 1.5mg, 2mg, 4mg, 6mg; tbpk 1.5mg	1	
DEXAMETHASONE INTENSOL CONC 1MG/ML	2	
dexamethasone sodium phosphate soln 10mg/ml, 20mg/5ml, 100mg/10ml, 120mg/30ml	1	
EMFLAZA SUSP 22.75MG/ML; TABS 6MG, 18MG, 30MG, 36MG	5	PA
EOHILIA SUSP 2MG/10ML	3	PA
HEMADY TABS 20MG	3	PA
hydrocortisone tabs 5mg, 10mg, 20mg	1	
hydrocortisone sod succinate solr 100mg	1	
KENALOG-10 SUSP 10MG/ML	3	
KENALOG-40 SUSP 40MG/ML	3	
KENALOG-80 SUSP 80MG/ML	3	
methylprednisolone tabs 4mg, 8mg, 16mg, 32mg; tbpk 4mg	1	
methylprednisolone acetate susp 40mg/ml, 80mg/ml	1	
methylprednisolone sod succ solr 40mg, 125mg, 1000mg	1	
prednisolone soln 15mg/5ml; tabs 5mg	1	
prednisolone sodium phosphate soln 5mg/5ml, 10mg/5ml, 15mg/5ml, 20mg/5ml, 25mg/5ml; tbdp 10mg, 15mg, 30mg	1	
prednisone soln 5mg/5ml; tabs 1mg, 2.5mg, 5mg, 10mg, 20mg, 50mg; tbpk 5mg, 10mg	1	
PREDNISONE INTENSOL CONC 5MG/ML	2	
SOLU-CORTEF SOLR 100MG, 250MG, 1000MG	3	
SOLU-MEDROL SOLR 40MG, 125MG, 500MG, 1000MG	3	
TARPEYO CPDR 4MG	5	PA
triamcinolone acetonide susp 40mg/ml, 400mg/10ml	1	
UCERIS TB24 9MG	3	
<b>MINERALOCORTICOIDS</b>		
fludrocortisone acetate tabs .1mg	1	
<b>COUGH/COLD/ALLERGY</b>		
<b>ANTITUSSIVES</b>		
benzonatate caps 100mg, 150mg, 200mg	1	
HYCODAN SYP 5-1.5/5	3	QL

<b>Drug Name</b>	<b>Drug Tier</b>	<b>Requirements/Limits</b>
<i>hydrocodone bitart-homatropine methylbrom soln 5-1.5 mg/5ml</i>	1	QL
<i>hydrocodone bitart-homatropine methylbrom soln 5-1.5 mg/5ml</i>	1	PA, QL
<i>hydrocodone bitart-homatropine methylbromide tab 5-1.5 mg</i>	1	QL
<i>hydromet syp 5-1.5/5</i>	1	QL
<b>COUGH/COLD/ALLERGY COMBINATIONS</b>		
<i>hydrocod polst-chlorphen polst er susp 10-8 mg/5ml</i>	1	QL
<i>prometh vc syp 6.25-5/5</i>	1	
<i>promethazine &amp; phenylephrine syrup 6.25-5 mg/5ml</i>	1	
<i>promethazine w/ codeine syrup 6.25-10 mg/5ml</i>	1	QL
<i>promethazine-dm syrup 6.25-15 mg/5ml</i>	1	
<i>promethazine-phenylephrine-codeine syrup 6.25-5-10 mg/5ml</i>	1	QL
<i>TUXARIN ER TAB 54.3-8MG</i>	3	PA, QL
<i>TUZISTRA XR SUS</i>	3	PA, QL
<b>MUCOLYTICS</b>		
<i>acetylcysteine soln 10%, 20%</i>	1	
<b>DERMATOLOGICALS</b>		
<b>ACNE PRODUCTS</b>		
<i>ABSORICA CAPS 20MG, 25MG, 30MG, 35MG, 40MG</i>	3	PA
<i>ACANYA GEL 1.2-2.5%</i>	3	
<i>accutane caps 10mg, 20mg, 30mg, 40mg</i>	1	
<i>ACZONE GEL 7.5%</i>	3	PA
<i>adapalene crea .1%; gel .3%</i>	1	PA
<i>adapalene-benzoyl peroxide gel 0.1-2.5%</i>	1	PA
<i>adapalene-benzoyl peroxide gel 0.3-2.5%</i>	1	PA
<i>AKLIEF CREA .005%</i>	3	PA
<i>ALTRENO LOTN .05%</i>	3	PA
<i>amnesteem caps 10mg, 20mg, 40mg</i>	1	
<i>AMZEEQ FOAM 4%</i>	3	QL
<i>ARAZLO LOTN .045%</i>	3	PA
<i>AZELEX CREA 20%</i>	3	
<i>BENZAMYCIN GEL 5-3%</i>	3	
<i>benzoyl peroxide-erythromycin gel 5-3%</i>	1	
<i>claravis caps 10mg, 20mg, 30mg, 40mg</i>	1	
<i>CLEOCIN-T LOTN 1%</i>	3	QL
<i>clindacin foam 1%</i>	1	QL
<i>clindacin etz pledges swab 1%</i>	1	

<b>Drug Name</b>	<b>Drug Tier</b>	<b>Requirements/Limits</b>
<i>clindacin-p swab 1%</i>	1	
<i>clindamycin phosph-benzoyl peroxide (refrig) gel 1.2 (1)-5%</i>	1	
<i>clindamycin phosphate (topical) foam 1%; gel 1%; lotn 1%; soln 1%</i>	1	QL
<i>clindamycin phosphate (topical) swab 1%</i>	1	
<i>clindamycin phosphate-benzoyl peroxide gel 1-5%</i>	1	
<i>clindamycin phosphate-benzoyl peroxide gel 1.2-2.5%</i>	1	
<i>clindamycin phosphate-benzoyl peroxide gel 1.2-3.75%</i>	1	
<i>clindamycin phosphate-tretinoin gel 1.2-0.025%</i>	1	PA
<i>dapsone (topical) gel 5%, 7.5%</i>	1	PA
<i>DIFFERIN CREA .1%; GEL .3%; LOTN .1%</i>	3	PA
<i>EPIDUO FORTE GEL 0.3-2.5%</i>	3	PA
<i>EPIDUO GEL 0.1-2.5%</i>	3	PA
<i>erythromycin (acne aid) gel 2%; soln 2%</i>	1	QL
<i>FABIOR FOAM .1%</i>	3	PA
<i>isotretinoin caps 10mg, 20mg, 25mg, 30mg, 35mg, 40mg</i>	1	
<i>KLARON LOTN 10%</i>	3	
<i>neuac gel 1.2-5%</i>	1	
<i>ONEXTON GEL 1.2-3.75</i>	3	
<i>RETIN-A CREA .025%, .05%, .1%; GEL .01%, .025%</i>	3	PA
<i>RETIN-A MICRO GEL .06%, .1%</i>	3	PA
<i>RETIN-A MICRO PUMP GEL .08%</i>	3	PA
<i>sulfacetamide sodium (acne) lotn 10%</i>	1	
<i>TAZAROTENE FOAM .1%</i>	3	PA
<i>tretinoin crea .025%, .05%, .1%; gel .01%, .025%, .05%</i>	1	PA
<i>tretinoin microsphere gel .04%, .08%, .1%</i>	1	PA
<i>WINLEVI CREA 1%</i>	3	PA
<i>zenatane caps 10mg, 20mg, 30mg, 40mg</i>	1	

#### **ANTI-INFLAMMATORY AGENTS - TOPICAL**

<i>diclofenac epolamine ptch 1.3%</i>	1	
<i>diclofenac sodium (topical) gel 1%; soln 1.5%</i>	1	QL
<i>FLECTOR PTCH 1.3%</i>	3	

#### **ANTIBIOTICS - TOPICAL**

<i>gentamicin sulfate (topical) crea .1%; oint .1%</i>	1	QL
<i>mupirocin oint 2%</i>	1	QL
<i>mupirocin calcium (topical) crea 2%</i>	1	QL

<b>Drug Name</b>	<b>Drug Tier</b>	<b>Requirements/Limits</b>
NEO-SYNALAR CRE	3	QL
<b>ANTIFUNGALS - TOPICAL</b>		
ciclodan soln 8%	1	QL
ciclopirox gel .77%; soln 8%	1	QL
ciclopirox sham 1%	1	
ciclopirox olamine crea .77%; susp .77%	1	QL
clotrimazole (topical) crea 1%	1	QL
clotrimazole (topical) soln 1%	1	
clotrimazole w/ betamethasone cream 1-0.05%	1	QL
clotrimazole w/ betamethasone lotion 1-0.05%	1	QL
econazole nitrate crea 1%	1	QL
ECOZA FOAM 1%	3	PA
EXELDERM CREA 1%; SOLN 1%	3	PA
iodoquinol-hc cream 1-1%	1	
iodoquinol-hydrocortisone in aloe vehicle cream 1-1.9%	1	
ketoconazole (topical) crea 2%; foam 2%; sham 2%	1	QL
ketodan foam 2%	1	QL
klayesta powd 100000unit/gm	1	QL
luliconazole crea 1%	1	PA
miconazole-zinc oxide-white petrolatum oint 0.25-15-81.35%	1	QL
naftifine hcl crea 1%, 2%; gel 2%	1	QL
nyamyc powd 100000unit/gm	1	QL
nystatin (topical) crea 100000unit/gm; oint 100000unit/gm; powd 100000unit/gm	1	QL
nystatin-triamcinolone cream 100000-0.1 unit/gm-%	1	QL
nystatin-triamcinolone oint 100000-0.1 unit/gm-%	1	QL
nystop powd 100000unit/gm	1	QL
oxiconazole nitrate crea 1%	1	PA
sulconazole nitrate crea 1%; soln 1%	1	PA
tavaborole soln 5%	1	PA
<b>ANTINEOPLASTIC OR PREMALIGNANT LESION AGENTS - TOPICAL</b>		
bexarotene (topical) gel 1%	4	PA
diclofenac sodium (actinic keratoses) gel 3%	1	PA
EFUDEX CREA 5%	3	
fluorouracil (topical) crea 5%; soln 2%, 5%	1	
LEVULAN KERASTICK SOLR 20%	3	PA
VALCHLOR GEL .016%	4	PA

Drug Name	Drug Tier	Requirements/Limits
<b>ANTIPRURITICS - TOPICAL</b>		
<i>doxepin hcl (antipruritic) crea 5%</i>	1	QL
<b>ANTIPSORIATICS</b>		
<i>acitretin caps 10mg, 17.5mg, 25mg</i>	1	
<b>BIMZELX SOAJ 160MG/ML; SOSY 160MG/ML</b>	5	PA
<i>calcipotriene crea .005%</i>	1	QL
<i>calcipotriene oint .005%; soln .005%</i>	1	
<i>calcitriol (topical) oint 3mcg/gm</i>	1	
<b>COSENTYX SOSY 75MG/0.5ML, 150MG/ML</b>	5	PA
<b>COSENTYX SENSOREADY PEN SOAJ 150MG/ML</b>	5	PA
<b>COSENTYX UNOREADY SOAJ 300MG/2ML</b>	5	PA
<b>ILUMYA SOSY 100MG/ML</b>	5	PA
<i>methoxsalen rapid caps 10mg</i>	1	
<b>SILIQ SOSY 210MG/1.5ML</b>	5	PA
<b>SKYRIZI PSKT 75MG/0.83ML; SOSY 150MG/ML</b>	4	PA
<b>SKYRIZI PEN SOAJ 150MG/ML</b>	4	PA
<b>SORILUX FOAM .005%</b>	3	QL
<b>SOTYKTU TABS 6MG</b>	5	PA
<b>STELARA SOLN 45MG/0.5ML; SOSY 45MG/0.5ML, 90MG/ML</b>	4	PA
<b>TALTZ SOAJ 80MG/ML; SOSY 20MG/0.25ML, 40MG/0.5ML, 80MG/ML</b>	4	PA
<i>tazarotene crea .1%; gel .05%, .1%</i>	1	PA
<i>tazarotene crea .05%</i>	1	
<b>TAZORAC CREA .05%, .1%; GEL .05%, .1%</b>	3	PA
<b>TREMFYA SOAJ 100MG/ML; SOSY 100MG/ML</b>	4	PA
<b>VECTICAL OINT 3MCG/GM</b>	3	
<b>VTAMA CREA 1%</b>	3	PA
<b>ZORYVE CREA .3%</b>	3	PA
<b>ANTISEBORRHEIC PRODUCTS</b>		
<i>sulfacetamide sodium liqd 10%</i>	1	QL
<b>ZORYVE FOAM .3%</b>	3	PA
<b>ANTIVIRALS - TOPICAL</b>		
<i>acyclovir topical crea 5%; oint 5%</i>	1	
<b>DENAVIR CREA 1%</b>	3	
<i>penciclovir crea 1%</i>	1	
<b>ZOVIRAX CREA 5%; OINT 5%</b>	3	
<b>BURN PRODUCTS</b>		
<b>SILVADENE CREA 1%</b>	3	
<i>silver sulfadiazine crea 1%</i>	1	
<i>ssd crea 1%</i>	1	

<b>Drug Name</b>	<b>Drug Tier</b>	<b>Requirements/Limits</b>
SULFAMYLYON CREA 85MG/GM	3	
<b>CORTICOSTEROIDS - TOPICAL</b>		
ala-cort crea 1%	1	QL
alclometasone dipropionate crea .05%; oint .05%	1	QL
amcinonide crea .1%	1	QL
betamethasone dipropionate (topical) crea .05%; lotn .05%; oint .05%	1	QL
betamethasone dipropionate augmented crea .05%; gel .05%; lotn .05%; oint .05%	1	QL
betamethasone valerate crea .1%; foam .12%; lotn .1%; oint .1%	1	QL
calcipotriene-betamethasone dipropionate oint 0.005-0.064%	1	QL
calcipotriene-betamethasone dipropionate susp 0.005-0.064%	1	QL
clobetasol propionate crea .05%; foam .05%; gel .05%; liqd .05%; lotn .05%; oint .05%; sham .05%; soln .05%	1	QL
clobetasol propionate e crea .05%	1	QL
clobetasol propionate emo crea .05%	1	QL
clobetasol propionate emulsion foam .05%	1	QL
CLOBEX SHAM .05%	3	QL
clocortolone pivalate crea .1%	1	QL
clodan sham .05%	1	QL
CLODERM CREA .1%	3	QL
CORDRAN TAPE 4MCG/SQCM	2	QL
DERMA-SMOOTH/FS BODY OIL .01%	3	QL
DERMA-SMOOTH/FS SCALP OIL .01%	3	QL
desonide crea .05%; gel .05%; lotn .05%; oint .05%	1	QL
desoximetasone crea .05%, .25%; gel .05%; liqd .25%; oint .05%, .25%	1	QL
diflorasone diacetate crea .05%; oint .05%	1	QL
DIPROLENE OINT .05%	3	QL
DUOBRII LOT	3	PA
ENSTILAR AER	3	QL
EPIFOAM AER 1%	2	
fluocinolone acetonide crea .01%, .025%; oil .01%; oint .025%; soln .01%	1	QL
fluocinonide crea .05%, .1%; gel .05%; oint .05%; soln .05%	1	QL
fluocinonide emulsified base crea .05%	1	QL
flurandrenolide crea .05%; lotn .05%	1	QL

<b>Drug Name</b>	<b>Drug Tier</b>	<b>Requirements/Limits</b>
<i>fluticasone propionate crea .05%; lotn .05%; oint .005%</i>	1	QL
<i>halcinonide crea .1%</i>	1	QL
<i>halobetasol propionate crea .05%; oint .05%</i>	1	QL
<i>halobetasol propionate foam .05%</i>	1	
<i>hydrocortisone (topical) crea 1%, 2.5%; lotn 2%, 2.5%; oint 1%, 2.5%</i>	1	QL
<i>hydrocortisone butyrate crea .1%; lotn .1%; oint .1%; soln .1%</i>	1	QL
<i>hydrocortisone valerate crea .2%; oint .2%</i>	1	QL
<i>mometasone furoate crea .1%; oint .1%; soln .1%</i>	1	QL
PANDEL CREA .1%	3	QL
PRAMOSONE CRE 1-1%	3	
PRAMOSONE LOT 1%	3	
PRAMOSONE LOT 2.5%	3	
PRAMOSONE OIN 1%	3	
PRAMOSONE OIN 2.5%	3	
<i>pramoxine-hc cream 1-2.5%</i>	1	
SERNIVO EMUL .05%	3	QL
SYNALAR CREA .025%	3	QL
TEXACORT SOLN 2.5%	3	QL
TOPICORT CREA .25%	3	QL
<i>tovet foam .05%</i>	1	QL
<i>triamcinolone acetonide (topical) aers .147mg/gm; crea .025%, .1%, .5%; lotn .025%, .1%; oint .025%, .1%, .5%</i>	1	QL
<i>triderm crea .5%</i>	1	QL
<b>ECZEMA AGENTS</b>		
ADBRY SOAJ 300MG/2ML; SOSY 150MG/ML	4	PA
CIBINQO TABS 50MG, 100MG, 200MG	5	PA
DUPIXENT SOAJ 200MG/1.14ML, 300MG/2ML; SOSY 100MG/0.67ML, 200MG/1.14ML, 300MG/2ML	5	PA
OPZELURA CREA 1.5%	3	PA
<b>EMOLLIENTS</b>		
<i>lactic acid (ammonium lactate) crea 12%; lotn 12%</i>	1	
<b>IMMUNOMODULATING AGENTS - TOPICAL</b>		
<i>imiquimod crea 3.75%, 5%</i>	1	
ZYCLARA CREA 3.75%	3	PA
ZYCLARA PUMP CREA 3.75%	3	PA
<b>IMMUNOSUPPRESSIVE AGENTS - TOPICAL</b>		
ELIDEL CREA 1%	3	

<b>Drug Name</b>	<b>Drug Tier</b>	<b>Requirements/Limits</b>
HYFTOR GEL .2%	5	PA
pimecrolimus crea 1%	1	
tacrolimus (topical) oint .03%, .1%	1	
<b>KERATOLYTIC/ANTIMITOTIC/VESICANT AGENTS</b>		
CONDYLOX GEL .5%	3	
podofilox gel .5%; soln .5%	1	
<b>LOCAL ANESTHETICS - TOPICAL</b>		
DYCLOPRO SOLN .5%	3	
lidocaine oint 5%; ptch 5%	1	QL
lidocaine hcl soln 4%	1	
lidocaine-prilocaine cream 2.5-2.5%	1	QL
lidocan ptch 5%	1	QL
LIDODERM PTCH 5%	3	QL
QUTENZA KIT 8% 1-PCH	3	PA
QUTENZA KIT 8% 2-PCH	3	PA
QUTENZA KIT 8% 4-PCH	3	PA
tridacaine ii ptch 5%	1	QL
tridacaine iii ptch 5%	1	QL
<b>MISC. TOPICAL</b>		
QBREXZA PADS 2.4%	3	PA
<b>PHOSPHODIESTERASE 4 (PDE4) INHIBITORS - TOPICAL</b>		
EUCRISA OINT 2%	3	PA
<b>ROSACEA AGENTS</b>		
azelaic acid gel 15%	1	PA
brimonidine tartrate (topical) gel .33%	1	PA
doxycycline (rosacea) cpdr 40mg	1	
FINACEA FOAM 15%	3	PA
ivermectin (rosacea) crea 1%	1	PA
METROGEL GEL 1%	3	
metronidazole (topical) crea .75%; gel .75%	1	QL
metronidazole (topical) gel 1%; lotn .75%	1	
MIRVASO GEL .33%	3	PA
ORACEA CPDR 40MG	3	
RHOFADE CREA 1%	3	PA
SOOLANTRA CREA 1%	3	PA
ZILXI FOAM 1.5%	3	QL
<b>SCABICIDES &amp; PEDICULICIDES</b>		
NATROBA SUSP .9%	3	
permethrin crea 5%	1	
spinosad susp .9%	1	
<b>WOUND CARE PRODUCTS</b>		
FILSUEZ GEL 10%	5	PA

Drug Name	Drug Tier	Requirements/Limits
<b>DIAGNOSTIC PRODUCTS</b>		
<b>DIAGNOSTIC TESTS</b>		
BLOOD GLUCOSE TEST STRIPS: ACCU-CHEK	2	QL, OTC
BLOOD GLUCOSE TEST STRIPS: ONETOUCH	2	QL, OTC
CHEMSTRIP K TES	2	OTC
CHEMSTRIP TES UGK	2	OTC
<b>DIGESTIVE AIDS</b>		
<b>DIGESTIVE ENZYMES</b>		
CREON CAP 3000UNIT	2	
CREON CAP 6000UNIT	2	
CREON CAP 12000UNT	2	
CREON CAP 24000UNT	2	
CREON CAP 36000UNT	2	
PANCREAZE CAP 2600UNIT	3	
PANCREAZE CAP 4200UNIT	3	
PANCREAZE CAP 10500UNT	3	
PANCREAZE CAP 16800UNT	3	
PANCREAZE CAP 21000UNT	3	
PANCREAZE CAP 37000	3	
VIOKACE TAB 10440	2	
VIOKACE TAB 20880	2	
<b>DIURETICS</b>		
<b>CARBONIC ANHYDRASE INHIBITORS</b>		
acetazolamide cp12 500mg; tabs 125mg, 250mg	1	
KEVEYIS TABS 50MG	5	PA
methazolamide tabs 25mg, 50mg	1	
ormalvi tabs 50mg	4	PA
<b>DIURETIC COMBINATIONS</b>		
amiloride & hydrochlorothiazide tab 5-50 mg	1	
spironolactone & hydrochlorothiazide tab 25- 25 mg	1	
triamterene & hydrochlorothiazide cap 37.5-25 mg	1	
triamterene & hydrochlorothiazide tab 37.5-25 mg	1	
triamterene & hydrochlorothiazide tab 75-50 mg	1	
<b>LOOP DIURETICS</b>		
bumetanide soln .25mg/ml; tabs .5mg, 1mg, 2mg	1	
EDECRIN TABS 25MG	3	
ethacrynic acid tabs 25mg	1	

<b>Drug Name</b>	<b>Drug Tier</b>	<b>Requirements/Limits</b>
furosemide soln 10mg/ml, 40mg/5ml; tabs 20mg, 40mg, 80mg	1	
furosemide tab 80 mg	1	
LASIX TABS 20MG, 40MG, 80MG	3	
torsemide tabs 5mg, 10mg, 20mg, 100mg	1	
<b>POTASSIUM SPARING DIURETICS</b>		
ALDACTONE TABS 25MG, 50MG, 100MG	3	
amiloride hcl tabs 5mg	1	
CAROSPIR SUSP 25MG/5ML	3	
DYRENium CAPS 100MG	3	
spironolactone susp 25mg/5ml; tabs 25mg, 50mg, 100mg	1	
triamterene caps 50mg, 100mg	1	
<b>THIAZIDES AND THIAZIDE-LIKE DIURETICS</b>		
chlorthalidone tabs 25mg, 50mg	1	
DIURIL SUSP 250MG/5ML	3	
hydrochlorothiazide caps 12.5mg; tabs 12.5mg, 25mg, 50mg	1	
indapamide tabs 1.25mg, 2.5mg	1	
metolazone tabs 2.5mg, 5mg, 10mg	1	
THALITONE TABS 15MG	3	
<b>ENDOCRINE AND METABOLIC AGENTS - MISC.</b>		
<b>ADRENAL STEROID INHIBITORS</b>		
ISTURISA TABS 1MG, 5MG, 10MG	5	PA
RECORLEV TABS 150MG	5	PA
<b>BONE DENSITY REGULATORS</b>		
ACTONEL TABS 35MG, 150MG	3	
alendronate sodium soln 70mg/75ml; tabs 10mg, 35mg, 70mg	1	
ATELVIA TBEC 35MG	3	
BINOSTO TBEF 70MG	3	
calcitonin (salmon) soln 200unit/act, 200unit/ml	1	
EVENITY SOSY 105MG/1.17ML	5	PA
FOSAMAX TABS 70MG	3	
FOSAMAX + D TAB 70-2800	3	
FOSAMAX + D TAB 70-5600	3	
ibandronate sodium soln 3mg/3ml; tabs 150mg	1	
PROLIA SOSY 60MG/ML	4	PA
risedronate sodium tabs 5mg, 30mg, 35mg, 150mg; tbec 35mg	1	
teriparatide sopen 600mcg/2.4ml	4	PA

<b>Drug Name</b>	<b>Drug Tier</b>	<b>Requirements/Limits</b>
TYMLOS SOPN 3120MCG/1.56ML	4	PA
XGEVA SOLN 120MG/1.7ML	4	PA
zoledronic acid conc 4mg/5ml; soln 5mg/100ml	4	
ZOLEDRONIC ACID SOLN 4MG/100ML	4	
<b>CORTICOTROPIN</b>		
ACTHAR GEL 80UNIT/ML	5	PA
CORTROPHIN GEL 80UNIT/ML	4	PA
<b>FERTILITY REGULATORS</b>		
CHORIONIC GONADOTROPIN SOLR 10000UNIT	4	PA
clomid tabs 50mg	1	PA
FOLLISTIM AQ SOLN 300UNT/0.36ML, 600UNT/0.72ML, 900UNT/1.08ML	4	PA
GONAL-F SOLR 450UNIT, 1050UNIT	5	PA
GONAL-F RFF SOLR 75UNIT	5	PA
GONAL-F RFF REDIRECT SOPN 300UNIT/0.5ML, 450UNT/0.75ML, 900UNIT/1.5ML	5	PA
MENOPUR SOLR 75UNIT	4	PA
NOVAREL SOLR 5000UNIT	4	PA
OVIDREL SOSY 250MCG/0.5ML	4	PA
PREGNYL SOLR 10000UNIT	4	PA
PREGNYL W/DILUENT BENZYL SOLR 10000UNIT	4	PA
<b>GNRH/LHRH ANTAGONISTS</b>		
cetrorelix acetate kit .25mg	4	PA
CETROTIDE KIT .25MG	5	PA
ganirelix acetate sosy 250mcg/0.5ml	4	PA
GANIRELIX ACETATE SOSY 250MCG/0.5ML	4	PA
ORLISSA TABS 150MG, 200MG	3	PA
<b>GROWTH HORMONE RECEPTOR ANTAGONISTS</b>		
SOMAVERT SOLR 10MG, 15MG, 20MG, 25MG, 30MG	4	
<b>GROWTH HORMONE RELEASING HORMONES (GHRH)</b>		
EGRIFTA SV SOLR 2MG	4	PA
<b>GROWTH HORMONES</b>		
NORDITROPIN FLEXPRO SOPN 5MG/1.5ML, 10MG/1.5ML, 15MG/1.5ML, 30MG/3ML	4	PA
SEROSTIM SOLR 4MG, 5MG, 6MG	4	PA
SKYTROFA CART 3MG, 3.6MG, 4.3MG, 5.2MG, 6.3MG, 7.6MG, 9.1MG, 11MG, 13.3MG	5	PA

<b>Drug Name</b>	<b>Drug Tier</b>	<b>Requirements/Limits</b>
SOGROYA SOPN 5MG/1.5ML, 10MG/1.5ML, 15MG/1.5ML	5	PA
<b>HORMONE RECEPTOR MODULATORS</b>		
EVISTA TABS 60MG	3	
OSPHENA TABS 60MG	3	
raloxifene hcl tabs 60mg	1	
<b>INSULIN-LIKE GROWTH FACTOR RECEPTOR INHIBITORS</b>		
TEPEZZA SOLR 500MG	5	PA
<b>INSULIN-LIKE GROWTH FACTORS (SOMATOMEDINS)</b>		
INCRELEX SOLN 40MG/4ML	4	PA
<b>LHRH/GNRH AGONIST ANALOG PITUITARY SUPPRESSANTS</b>		
FENSOLVI KIT 45MG	5	PA
LUPRON DEPOT-PED (1-MONTH KIT 7.5MG, 11.25MG, 15MG	4	PA
LUPRON DEPOT-PED (3-MONTH KIT 11.25MG, 30MG	4	PA
LUPRON DEPOT-PED (6-MONTH KIT 45MG	4	PA
SUPPRELIN LA KIT 50MG	4	PA
TRIPTODUR SRER 22.5MG	5	PA
<b>MENOPAUSAL SYMPTOMS SUPPRESSANTS</b>		
VEOZAH TABS 45MG	3	
<b>METABOLIC MODIFIERS</b>		
ALDURAZYME SOLN 2.9MG/5ML	4	PA
BUPHENYL POWD 3GM/TSP; TABS 500MG	5	PA
calcitriol caps .25mcg, .5mcg; soln 1mcg/ml	1	
CARBAGLU TBSO 200MG	5	PA
CARNITOR SOLN 1GM/10ML; TABS 330MG	3	
CARNITOR SF SOLN 1GM/10ML	3	
cinacalcet hcl tabs 30mg, 60mg, 90mg	4	PA
CRYSVITA SOLN 10MG/ML, 20MG/ML, 30MG/ML	4	PA
CYSTADANE POW	5	
doxercalciferol caps .5mcg, 1mcg, 2.5mcg	1	
ELAPRASE SOLN 6MG/3ML	4	PA
ELFABRIO SOLN 5MG/2.5ML, 20MG/10ML	5	PA
FABRAZYME SOLR 5MG, 35MG	4	PA
GALAFOLD CAPS 123MG	5	PA
javygtor pack 100mg, 500mg; tabs 100mg	4	PA
KUVAN PACK 100MG, 500MG; TABS 100MG	5	PA
levocarnitine (metabolic modifiers) soln 1gm/10ml; tabs 330mg	1	
LUMIZYME SOLR 50MG	4	PA
MYALEPT SOLR 11.3MG	5	PA

<b>Drug Name</b>	<b>Drug Tier</b>	<b>Requirements/Limits</b>
NAGLAZYME SOLN 1MG/ML	4	PA
NEXVIAZYME SOLR 100MG	5	PA
NITYR TABS 10MG	5	
OLPRUVA THPK 2GM, 3GM, 4GM, 5GM, 6GM, 6.67GM	5	PA
OPFOLDA CAPS 65MG	5	PA
ORFADIN CAPS 2MG, 5MG, 10MG; SUSP 4MG/ML	4	
PALYNZIQ SOSY 2.5MG/0.5ML, 10MG/0.5ML, 20MG/ML	5	PA
<i>paricalcitol caps 1mcg, 2mcg, 4mcg</i>	1	
PHEBURANE PLLT 483MG/GM	5	PA
POMBILITI SOLR 105MG	5	PA
RAVICTI LIQD 1.1GM/ML	4	PA
RAYALDEE CPCR 30MCG	3	
REVCovi SOLN 2.4MG/1.5ML	5	PA
ROCALTROL CAPS .25MCG; SOLN 1MCG/ML	3	
<i>sapropterin dihydrochloride pack 100mg, 500mg; tabs 100mg</i>	4	PA
<i>sodium phenylbutyrate tabs 500mg</i>	4	PA
STRENSIQ SOLN 18MG/0.45ML, 28MG/0.7ML, 40MG/ML, 80MG/0.8ML	4	PA
VIMIZIM SOLN 5MG/5ML	4	PA
XPHOZAH TABS 20MG, 30MG	3	
<b>MINERALOCORTICOID RECEPTOR ANTAGONISTS</b>		
KERENDIA TABS 10MG, 20MG	3	PA
<b>NATRIURETIC PEPTIDES</b>		
VOXZOGO SOLR .4MG, .56MG, 1.2MG	4	PA
<b>POSTERIOR PITUITARY HORMONES</b>		
DDAVP SOLN 4MCG/ML; TABS .1MG, .2MG	3	
DESMOPRESSIN ACETATE SOLN 1.5MG/ML	4	
<i>desmopressin acetate soln 4mcg/ml; tabs .1mg, .2mg</i>	1	
<i>desmopressin acetate spray soln .01%</i>	1	
<i>desmopressin acetate spray refrigerated soln .01%</i>	1	
NOCDURNA SUBL 27.7MCG, 55.3MCG	3	PA
<b>PROLACTIN INHIBITORS</b>		
<i>cabergoline tabs .5mg</i>	1	
<b>SOMATOSTATIC AGENTS</b>		
<i>lanreotide acetate soln 120mg/0.5ml</i>	4	PA
LANREOTIDE ACETATE SOLN 120MG/0.5ML	4	PA
MYCAPSSA CPDR 20MG	5	PA

<b>Drug Name</b>	<b>Drug Tier</b>	<b>Requirements/Limits</b>
octreotide acetate kit 20mg, 30mg	4	PA
octreotide acetate soln 50mcg/ml, 100mcg/ml, 200mcg/ml, 500mcg/ml, 1000mcg/5ml, 1000mcg/ml; sosy 50mcg/ml, 100mcg/ml	4	
SANDOSTATIN LAR DEPOT KIT 10MG, 20MG, 30MG	4	PA
SIGNIFOR SOLN .3MG/ML, .6MG/ML, .9MG/ML	4	PA
SIGNIFOR LAR SRER 10MG, 20MG, 30MG, 40MG, 60MG	4	PA
SOMATULINE DEPOT SOLN 60MG/0.2ML, 90MG/0.3ML, 120MG/0.5ML	4	PA
<b>VASOPRESSIN RECEPTOR ANTAGONISTS</b>		
JYNARQUE TABS 15MG, 30MG; TBPK 15MG	4	PA
JYNARQUE PAK 30-15MG	4	PA
JYNARQUE PAK 45-15MG	4	PA
JYNARQUE PAK 60-30MG	4	PA
JYNARQUE PAK 90-30MG	4	PA
SAMSCA TABS 15MG	5	PA
tolvaptan tabs 15mg, 30mg	4	PA
<b>ESTROGENS</b>		
<b>ESTROGEN COMBINATIONS</b>		
ACTIVELLA TAB 1-0.5MG	3	
ANGELIQ TAB 0.5-1MG	3	
ANGELIQ TAB 0.25-0.5	3	
BIJUVA CAP 0.5-100	3	
BIJUVA CAP 1-100MG	3	
CLIMARA PRO DIS WEEKLY	2	
COMBIPATCH DIS	3	
covaryx tab 1.25-2.5	1	
DUAVEE TAB 0.45-20	3	
est estrogen tab mtest hs	1	
esterified estrogens & methyltestosterone tab 1.25-2.5 mg	1	
estradiol & norethindrone acetate tab 0.5-0.1 mg	1	
estradiol & norethindrone acetate tab 1-0.5 mg	1	
estratest fs tab 1.25-2.5	1	
estratest hs tab	1	
fyavolv tab 0.5-2.5	1	
fyavolv tab 1-5	1	
jinteli tab 1mg-5mcg	1	
mimvey tab 1-0.5mg	1	

<b>Drug Name</b>	<b>Drug Tier</b>	<b>Requirements/Limits</b>
MYFEMBREE TAB	3	PA
norethindrone acetate-ethinyl estradiol tab 0.5 mg-2.5 mcg	1	
norethindrone acetate-ethinyl estradiol tab 1 mg-5 mcg	1	
ORIAHNN CAP	3	PA
PREMPHASE TAB	2	
PREMPRO TAB	2	
PREMPRO TAB 0.3-1.5	2	
PREMPRO TAB 0.45-1.5	2	
PREMPRO TAB 0.625-5	2	
<b>ESTROGENS</b>		
CLIMARA PTWK .025MG/24HR, .05MG/24HR, .06MG/24HR, .075MG/24HR, .1MG/24HR, 37.5MCG/24HR	3	
DELESTROGEN OIL 10MG/ML, 20MG/ML	3	
DEPO-ESTRADIOL OIL 5MG/ML	3	
DIVIGEL GEL .25MG/0.25GM, .5MG/0.5GM, .75MG/0.75GM, 1MG/GM, 1.25MG/1.25GM	3	
dotti pttw .025mg/24hr, .037mg/24hr, .05mg/24hr, .075mg/24hr, .1mg/24hr	1	
ELESTRIN GEL .06%	3	
ESTRACE TABS .5MG, 1MG, 2MG	3	
estradiol gel .06%, .25mg/0.25gm, .5mg/0.5gm, .75mg/0.75gm, 1mg/gm, 1.25mg/1.25gm; pttw .025mg/24hr, .037mg/24hr, .05mg/24hr, .075mg/24hr, .1mg/24hr; ptwk .025mg/24hr, .05mg/24hr, .06mg/24hr, .075mg/24hr, .1mg/24hr, 37.5mcg/24hr; tabs .5mg, 1mg, 2mg	1	
estradiol valerate oil 10mg/ml, 20mg/ml, 40mg/ml	1	
ESTROGEL GEL .06%	3	
EVAMIST SOLN 1.53MG/SPRAY	2	
lyllana pttw .025mg/24hr, .037mg/24hr, .05mg/24hr, .075mg/24hr, .1mg/24hr	1	
MENEST TABS .3MG, .625MG, 1.25MG	3	
MENOSTAR PTWK 14MCG/24HR	2	
MINIVELLE PTTW .025MG/24HR, .037MG/24HR, .05MG/24HR, .075MG/24HR, .1MG/24HR	3	
PREMARIN SOLR 25MG; TABS .3MG, .45MG, .625MG, .9MG, 1.25MG	2	

<b>Drug Name</b>	<b>Drug Tier</b>	<b>Requirements/Limits</b>
VIVELLE-DOT PTTW .025MG/24HR, .037MG/24HR, .05MG/24HR, .075MG/24HR, .1MG/24HR	3	
<b>FLUOROQUINOLONES</b>		
<b>FLUOROQUINOLONES</b>		
BAXDELA TABS 450MG	3	QL
CIPRO SUSR 5GM/100ML, 500MG/5ML; TABS 250MG, 500MG	3	
<i>ciprofloxacin 400 mg/200ml in d5w</i>	1	
<i>ciprofloxacin hcl tabs 250mg, 500mg, 750mg</i>	1	
<i>levofloxacin soln 25mg/ml; tabs 250mg, 500mg, 750mg</i>	1	
<i>levofloxacin in d5w iv soln 250 mg/50ml</i>	1	
<i>levofloxacin in d5w iv soln 500 mg/100ml</i>	1	
<i>levofloxacin in d5w iv soln 750 mg/150ml</i>	1	
<i>moxifloxacin hcl tabs 400mg</i>	1	
<i>ofloxacin tabs 300mg, 400mg</i>	1	
<b>GASTROINTESTINAL AGENTS - MISC.</b>		
<b>5-HT4 RECEPTOR AGONISTS</b>		
MOTEGRITY TABS 1MG, 2MG	3	PA
<b>AGENTS FOR CHRONIC IDIOPATHIC CONSTIPATION (CIC)</b>		
TRULANCE TABS 3MG	3	PA
<b>BILE ACID SYNTHESIS DISORDER AGENTS</b>		
CHOLBAM CAPS 50MG, 250MG	5	PA
<b>FARNESOID X RECEPTOR (FXR) AGONISTS</b>		
OCALIVA TABS 5MG, 10MG	5	PA
<b>GALLSTONE SOLUBILIZING AGENTS</b>		
CHENODAL TABS 250MG	3	PA
URSO FORTE TABS 500MG	3	
<i>ursodiol caps 300mg; tabs 250mg, 500mg</i>	1	
<b>GASTROINTESTINAL ANTIALLERGY AGENTS</b>		
<i>cromolyn sodium (mastocytosis) conc 100mg/5ml</i>	1	
GASTROCROM CONC 100MG/5ML	3	
<b>GASTROINTESTINAL CHLORIDE CHANNEL ACTIVATORS</b>		
<i>lubiprostone caps 8mcg, 24mcg</i>	1	PA
<b>GASTROINTESTINAL STIMULANTS</b>		
<i>metoclopramide hcl soln 5mg/5ml, 5mg/ml, 10mg/10ml; tabs 5mg, 10mg; tbdp 5mg</i>	1	
<b>ILEAL BILE ACID TRANSPORTER (IBAT) INHIBITORS</b>		
BYLVAY CAPS 400MCG, 1200MCG	5	PA
BYLVAY (PELLETS) CPSP 200MCG, 600MCG	5	PA
LIVMARLI SOLN 9.5MG/ML, 19MG/ML	5	PA

<b>Drug Name</b>	<b>Drug Tier</b>	<b>Requirements/Limits</b>
<b>INFLAMMATORY BOWEL AGENTS</b>		
APRISO CP24 .375GM	3	
AZULFIDINE TABS 500MG	3	
AZULFIDINE EN-TABS TBEC 500MG	3	
<i>balsalazide disodium caps 750mg</i>	1	
CANASA SUPP 1000MG	3	
CIMZIA KIT 200MG; PSKT 200MG/ML	5	PA
CIMZIA STARTER KIT PSKT 200MG/ML	5	PA
DIPENTUM CAPS 250MG	3	
ENTYVIO SOLR 300MG	5	PA
ENTYVIO PEN SOAJ 108MG/0.68ML	5	PA
LIALDA TBEC 1.2GM	3	
<i>mesalamine cp24 .375gm; cpcr 500mg; cpdr 400mg; enem 4gm; supp 1000mg; tbec 1.2gm, 800mg</i>	1	
<i>mesalamine w/ cleanser kit 4gm</i>	1	
OMVOH SOAJ 100MG/ML; SOLN 300MG/15ML; SOSY 100MG/ML	5	PA
SKYRIZI SOCT 180MG/1.2ML, 360MG/2.4ML; SOLN 600MG/10ML	4	PA
STELARA SOLN 130MG/26ML	4	PA
<i>sulfasalazine tabs 500mg; tbec 500mg</i>	1	
VELSIPITY TABS 2MG	5	PA
<b>IRRITABLE BOWEL SYNDROME (IBS) AGENTS</b>		
<i>alosetron hcl tabs .5mg, 1mg</i>	1	
IBSRELA TABS 50MG	3	PA
LINZESS CAPS 72MCG, 145MCG, 290MCG	2	PA
LOTRONEX TABS 1MG	3	
VIBERZI TABS 75MG, 100MG	2	PA
<b>LIVE FECAL MICROBIOTA</b>		
VOWST CAP	5	PA
<b>PERIPHERAL OPIOID RECEPTOR ANTAGONISTS</b>		
<i>alvimopan caps 12mg</i>	1	
MOVANTIK TABS 12.5MG, 25MG	2	PA
RELISTOR SOLN 8MG/0.4ML, 12MG/0.6ML; TABS 150MG	3	PA
SYMPROIC TABS .2MG	3	PA
<b>PHOSPHATE BINDER AGENTS</b>		
AURYXIA TABS 210MG	2	
<i>calcium acetate (phosphate binder) caps 667mg; tabs 667mg</i>	1	
<i>lanthanum carbonate chew 500mg, 750mg, 1000mg</i>	1	

<b>Drug Name</b>	<b>Drug Tier</b>	<b>Requirements/Limits</b>
RENVELA TABS 800MG	3	
sevelamer carbonate pack .8gm, 2.4gm; tabs 800mg	1	
sevelamer hcl tabs 400mg, 800mg	1	
VELPHORO CHEW 500MG	3	
<b>SHORT BOWEL SYNDROME (SBS) AGENTS</b>		
GATTEX KIT 5MG	4	PA
<b>TRYPTOPHAN HYDROXYLASE INHIBITORS</b>		
XERMELO TABS 250MG	5	PA
<b>GENITOURINARY AGENTS - MISCELLANEOUS</b>		
<b>ACIDIFIERS</b>		
K-PHOS TAB NO 2	3	
<b>ALKALINIZERS</b>		
ORACIT SOL	3	
pot & sod citrates w/ cit ac soln 550-500-334 mg/5ml	1	
potassium citrate & citric acid soln 1100-334 mg/5ml	1	
potassium citrate (alkalinizer) tbcr 10meq, 15meq, 540mg, 1080mg, 1620mg	1	
sodium citrate & citric acid soln 500-334 mg/5ml	1	
UROCIT-K 10 TBCR 1080MG	3	
<b>CYSTINOSIS AGENTS</b>		
CYSTAGON CAPS 50MG	4	
PROCYSB1 CPDR 25MG, 75MG; PACK 75MG, 300MG	4	PA
<b>HYPEROXALURIA AGENTS</b>		
RIVFLOZA SOLN 80MG/0.5ML; SOSY 128MG/0.8ML, 160MG/ML	5	PA
<b>IGA NEPHROPATHY (IGAN) AGENTS</b>		
FILSPARI TABS 200MG, 400MG	5	PA
<b>INTERSTITIAL CYSTITIS AGENTS</b>		
ELMIRON CAPS 100MG	2	
<b>PROSTATIC HYPERTROPHY AGENTS</b>		
alfuzosin hcl tb24 10mg	1	
AVODART CAPS .5MG	3	
CARDURA XL TB24 4MG, 8MG	3	
dutasteride caps .5mg	1	
dutasteride-tamsulosin hcl cap 0.5-0.4 mg	1	
finasteride tabs 5mg	1	
FLOMAX CAPS .4MG	3	
PROSCAR TABS 5MG	3	

<b>Drug Name</b>	<b>Drug Tier</b>	<b>Requirements/Limits</b>	
RAPAFLO CAPS 8MG	3		
<i>silodosin caps 4mg, 8mg</i>	1		
<i>tamsulosin hcl caps .4mg</i>	1		
<b>URINARY STONE AGENTS</b>			
LITHOSTAT TABS 250MG	3		
THIOLA EC TBEC 100MG, 300MG	5	PA	
<i>tiopronin tabs 100mg; tbec 100mg, 300mg</i>	4	PA	
<b>GOUT AGENTS</b>			
<b>GOUT AGENT COMBINATIONS</b>			
<i>colchicine w/ probenecid tab 0.5-500 mg</i>	1		
<b>GOUT AGENTS</b>			
<i>allopurinol tabs 100mg, 300mg</i>	1		
<i>colchicine caps .6mg; tabs .6mg</i>	1		
<i>febuxostat tabs 40mg, 80mg</i>	1	PA	
GLOPERBA SOLN .6MG/5ML	3	PA	
KRYSTEXXA SOLN 8MG/ML	5	PA	
MITIGARE CAPS .6MG	3		
ULORIC TABS 40MG, 80MG	3	PA	
<b>URICOSURICS</b>			
<i>probenecid tabs 500mg</i>	1		
<b>HEMATOLOGICAL AGENTS - MISC.</b>			
<b>AMINOLEVULINATE SYNTHASE 1-DIRECTED SIRNA</b>			
GIVLAARI SOLN 189MG/ML	5	PA	
<b>ANTIHEMOPHILIC PRODUCTS</b>			
ADVATE SOLR 250UNIT, 500UNIT, 1000UNIT, 1500UNIT, 2000UNIT, 3000UNIT, 4000UNIT	4		
ADYNOVATE SOLR 250UNIT, 750UNIT, 1500UNIT, 2000UNIT, 3000UNIT	5		
ALPHANATE SOLR 250UNIT, 500UNIT, 1000UNIT, 2000UNIT	4		
ALPHANINE SD SOLR 500UNIT, 1000UNIT, 1500UNIT	4		
ALPROLIX SOLR 250UNIT, 500UNIT, 1000UNIT, 2000UNIT, 3000UNIT, 4000UNIT	4		
ALTUVIPIO SOLR 250UNIT, 500UNIT, 1000UNIT, 2000UNIT, 3000UNIT, 4000UNIT	5		
BENEFIX KIT 250UNIT, 1000UNIT, 2000UNIT, 3000UNIT	4		
CORIFACT KIT 1000-1600UNIT	4		
ELOCTATE SOLR 250UNIT, 500UNIT, 750UNIT, 1000UNIT, 1500UNIT, 2000UNIT, 3000UNIT	4		

<b>Drug Name</b>	<b>Drug Tier</b>	<b>Requirements/Limits</b>
ESPEROCT SOLR 500UNIT, 1000UNIT, 1500UNIT, 2000UNIT, 3000UNIT	5	
HELIBRA SOLN 12MG/0.4ML, 30MG/ML, 60MG/0.4ML, 105MG/0.7ML, 150MG/ML, 300MG/2ML	4	
HEMOFIL M SOLR 500UNIT, 1700UNIT	4	
HUMATE-P SOL 250-600	4	
HUMATE-P SOL 500-1200	4	
HUMATE-P SOL 2400UNIT	4	
IDEVION SOLR 250UNIT, 500UNIT, 1000UNIT, 2000UNIT, 3500UNIT	4	
IXINITY SOLR 1000UNIT, 1500UNIT, 3000UNIT	4	
JIVI SOLR 500UNIT, 1000UNIT, 2000UNIT, 3000UNIT	5	
KOGENATE FS KIT 250UNIT, 500UNIT, 1000UNIT, 2000UNIT, 3000UNIT	4	
KOVALTRY SOLR 250UNIT, 500UNIT, 1000UNIT, 2000UNIT, 3000UNIT	4	
NOVOEIGHT SOLR 500UNIT, 1000UNIT, 1500UNIT, 2000UNIT, 3000UNIT	4	
NOVOSEVEN RT SOLR 2MG, 5MG	4	
NUWIQ KIT 250UNIT, 500UNIT, 1000UNIT, 1500UNIT, 2000UNIT, 2500UNIT, 3000UNIT, 4000UNIT; SOLR 3000UNIT	4	
REBINYN SOLR 500UNIT, 1000UNIT, 2000UNIT, 3000UNIT	4	
RECOMBINATE SOLR 220-400UNIT, 401- 800UNIT, 801-1240UNIT, 1241-1800UNIT, 1801- 2400UNIT	4	
RIASTAP SOL 1GM	4	
RIXUBIS SOLR 1000UNIT	4	
SEVENFACT SOLR 1MG, 5MG	5	
TRETTEN SOLR 2500UNIT	4	
VONVENDI SOLR 650UNIT	4	
WILATE INJ	4	
<b>BRADYKININ B2 RECEPTOR ANTAGONISTS</b>		
icatibant acetate sosy 30mg/3ml	4	PA
sajazir sosy 30mg/3ml	4	PA
<b>COMPLEMENT INHIBITORS</b>		
BERINERT KIT 500UNIT	4	PA
CINRYZE SOLR 500UNIT	4	PA
EMPAVELI SOLN 1080MG/20ML	5	PA
ENJAYMO SOLN 1100MG/22ML	5	PA
FABHALTA CAPS 200MG	5	PA

<b>Drug Name</b>	<b>Drug Tier</b>	<b>Requirements/Limits</b>
HAEGARDA SOLR 2000UNIT, 3000UNIT	5	PA
RUCONEST SOLR 2100UNIT	5	PA
SOLIRIS SOLN 300MG/30ML	4	PA
TAVNEOS CAPS 10MG	5	PA
ULTOMIRIS SOLN 1100MG/11ML	5	PA
ZILBRYSQ SOSY 16.6MG/0.416ML, 23MG/0.574ML, 32.4MG/0.81ML	5	PA
<b>HEMATOLOGIC - TYROSINE KINASE INHIBITORS</b>		
TAVALISSE TABS 100MG, 150MG	5	PA
<b>HEMATORHEOLOGIC AGENTS</b>		
<i>pentoxifylline tbcr 400mg</i>	1	
<b>PLASMA KALLIKREIN INHIBITORS</b>		
KALBITOR SOLN 10MG/ML	4	PA
ORLADEYO CAPS 110MG, 150MG	5	PA
TAKHYRO SOSY 150MG/ML, 300MG/2ML	5	PA
<b>PLATELET AGGREGATION INHIBITORS</b>		
AGRYLIN CAPS .5MG	3	
<i>anagrelide hcl caps .5mg, 1mg</i>	1	
<i>aspirin-dipyridamole cap er 12hr 25-200 mg</i>	1	
BRILINTA TABS 60MG, 90MG	3	
<i>cilostazol tabs 50mg, 100mg</i>	1	
<i>clopidogrel bisulfate tabs 75mg, 300mg</i>	1	
<i>dipyridamole tabs 25mg, 50mg, 75mg</i>	1	
EFFIENT TABS 5MG, 10MG	3	
PLAVIX TABS 75MG	3	
<i>prasugrel hcl tabs 5mg, 10mg</i>	1	
ZONTIVITY TABS 2.08MG	3	
<b>PYRUVATE KINASE ACTIVATORS</b>		
PYRUKYND TABS 5MG, 20MG, 50MG	5	PA
PYRUKYND TAB 20MGX5MG	5	PA
PYRUKYND TAB 50MGX20M	5	PA
PYRUKYND TAPER PACK TBPK 5MG	5	PA
<b>HEMATOPOIETIC AGENTS</b>		
<b>AGENTS FOR GAUCHER DISEASE</b>		
CERDELGA CAPS 84MG	4	PA
CEREZYME SOLR 400UNIT	4	PA
ELELYSO SOLR 200UNIT	5	PA
<i>miglustat caps 100mg</i>	4	PA
VPRIV SOLR 400UNIT	5	PA
<b>AGENTS FOR SICKLE CELL DISEASE</b>		
ADAKVEO SOLN 100MG/10ML	4	PA
DROXIA CAPS 200MG, 300MG, 400MG	3	
ENDARI PACK 5GM	5	PA

<b>Drug Name</b>	<b>Drug Tier</b>	<b>Requirements/Limits</b>
glutamine (sickle cell) pack 5gm	5	PA
SIKLOS TABS 100MG, 1000MG	3	PA
<b>COBALAMINS</b>		
cyanocobalamin soln 500mcg/0.1ml	1	PA
cyanocobalamin soln 1000mcg/ml	1	
dodex soln 1000mcg/ml	1	
hydroxocobalamin acetate soln 1000mcg/ml	1	
NASCOBAL SOLN 500MCG/0.1ML	3	PA
<b>FOLIC ACID/FOLATES</b>		
folic acid soln 5mg/ml; tabs 1mg	1	
<b>HEMATOPOIETIC GROWTH FACTORS</b>		
ARANESP ALBUMIN FREE SOLN 40MCG/ML, 100MCG/ML, 200MCG/ML; SOSY 10MCG/0.4ML, 25MCG/0.42ML, 40MCG/0.4ML, 60MCG/0.3ML, 100MCG/0.5ML, 150MCG/0.3ML, 200MCG/0.4ML, 300MCG/0.6ML, 500MCG/ML	4	PA
DOPTELET TABS 20MG	5	PA
EPOGEN SOLN 2000UNIT/ML, 4000UNIT/ML, 10000UNIT/ML, 20000UNIT/ML	5	PA
FULPHILA SOSY 6MG/0.6ML	4	PA
FYLNTRA SOSY 6MG/0.6ML	5	PA
GRANIX SOLN 300MCG/ML, 480MCG/1.6ML; SOSY 300MCG/0.5ML, 480MCG/0.8ML	5	PA
LEUKINE SOLR 250MCG	5	PA
NEULASTA SOSY 6MG/0.6ML	5	PA
NEULASTA ONPRO KIT PSKT 6MG/0.6ML	5	PA
NIVESTYM SOLN 300MCG/ML, 480MCG/1.6ML; SOSY 300MCG/0.5ML, 480MCG/0.8ML	4	PA
NPLATE SOLR 125MCG, 250MCG, 500MCG	4	PA
NYVEPRIA SOSY 6MG/0.6ML	5	PA
PROMACTA PACK 12.5MG, 25MG; TABS 12.5MG, 25MG, 50MG, 75MG	4	PA
REBLOZYL SOLR 25MG, 75MG	4	PA
RELEUKO SOSY 300MCG/0.5ML, 480MCG/0.8ML	5	PA
RETACRIT SOLN 4000UNIT/ML, 10000UNIT/ML, 20000UNIT/2ML, 20000UNIT/ML, 40000UNIT/ML	4	PA
ROLVEDON SOSY 13.2MG/0.6ML	5	PA
STIMUFEND SOSY 6MG/0.6ML	5	PA

<b>Drug Name</b>	<b>Drug Tier</b>	<b>Requirements/Limits</b>
UDENYCA SOAJ 6MG/0.6ML; SOSY 6MG/0.6ML	4	PA
UDENYCA ONBODY SOSY 6MG/0.6ML	4	PA
ZARXIO SOSY 300MCG/0.5ML, 480MCG/0.8ML	4	PA
ZIEXTENZO SOSY 6MG/0.6ML	5	PA
<b>IRON</b>		
FERAHEME SOLN 510MG/17ML	3	
<i>ferumoxytol soln 510mg/17ml</i>	1	
INFED SOLN 50MG/ML	3	
INJECTAFER SOLN 750MG/15ML	3	
<i>sodium ferric gluconate complex in sucrose soln 12.5mg/ml</i>	1	
VENOFER SOLN 20MG/ML	2	
<b>STEM CELL MOBILIZERS</b>		
<i>plerixafor soln 24mg/1.2ml</i>	4	PA
XOLREMDI CAPS 100MG	5	PA
<b>HEMOSTATICS</b>		
<b>HEMOSTATICS - SYSTEMIC</b>		
<i>aminocaproic acid soln .25gm/ml; tabs 500mg, 1000mg</i>	1	
<i>tranexamic acid soln 1000mg/10ml; tabs 650mg</i>	1	
<b>HYPNOTICS/SEDATIVES/SLEEP DISORDER AGENTS</b>		
<b>BARBITURATE HYPNOTICS</b>		
<i>phenobarbital elix 20mg/5ml; tabs 15mg, 16.2mg, 30mg, 32.4mg, 60mg, 64.8mg, 97.2mg, 100mg</i>	1	
<b>HYPNOTICS - TRICYCLIC AGENTS</b>		
<i>doxepin hcl (sleep) tabs 3mg, 6mg</i>	1	
SILENOR TABS 3MG, 6MG	3	
<b>NON-BARBITURATE HYPNOTICS</b>		
<i>estazolam tabs 1mg, 2mg</i>	1	QL
<i>eszopiclone tabs 1mg, 2mg, 3mg</i>	1	QL
<i>flurazepam hcl caps 15mg, 30mg</i>	1	QL
HALCION TABS .25MG	3	QL
IGALMI FILM 120MCG	3	
RESTORIL CAPS 30MG	3	QL
<i>temazepam caps 7.5mg, 15mg, 22.5mg, 30mg</i>	1	QL
<i>triazolam tabs .125mg, .25mg</i>	1	QL
<i>zaleplon caps 5mg, 10mg</i>	1	QL
<i>zolpidem tartrate subl 1.75mg, 3.5mg; tabs 5mg, 10mg; tbcr 6.25mg, 12.5mg</i>	1	QL

Drug Name	Drug Tier	Requirements/Limits
<b>OREXIN RECEPTOR ANTAGONISTS</b>		
BELSOMRA TABS 5MG, 10MG, 15MG, 20MG	3	QL
DAYVIGO TABS 5MG, 10MG	3	QL
<b>SELECTIVE MELATONIN RECEPTOR AGONISTS</b>		
HETLIOZ CAPS 20MG	5	PA
HETLIOZ LQ SUSP 4MG/ML	4	PA
ramelteon tabs 8mg	1	QL
tasimelteon caps 20mg	4	PA
<b>LAXATIVES</b>		
<b>LAXATIVE COMBINATIONS</b>		
CLENPIQ SOL	3	
gavilyte-c sol	1	
gavilyte-g sol	1	
gavilyte-n sol flav pk	1	
GOLYTELY SOL	3	
MOVIPREP SOL	3	
peg 3350-kcl-na bicarb-nacl-na sulfate for soln 236 gm	1	
peg 3350-kcl-sod bicarb-nacl for soln 420 gm	1	
peg/nasul/c/ sol nacl/pot	1	
PLENUV SOL	3	
sod sulfate-pot sulf-mg sulf oral sol 17.5-3.13- 1.6 gm/177ml	1	
SUPREP BOWEL SOL PREP KIT	3	
<b>LAXATIVES - MISCELLANEOUS</b>		
constulose soln 10gm/15ml	1	
KRISTALOSE PACK 10GM, 20GM	3	
lactulose soln 10gm/15ml, 20gm/30ml	1	
<b>MACROLIDES</b>		
<b>AZITHROMYCIN</b>		
azithromycin pack 1gm; solr 500mg; susr 100mg/5ml, 200mg/5ml; tabs 250mg, 500mg, 600mg	1	
ZITHROMAX SOLR 500MG; SUSR 200MG/5ML; TABS 250MG, 500MG	3	
ZITHROMAX Z-PAK TABS 250MG	3	
<b>CLARITHROMYCIN</b>		
clarithromycin susr 125mg/5ml, 250mg/5ml; tabs 250mg, 500mg; tb24 500mg	1	
<b>ERYTHROMYCINS</b>		
e.e.s. 400 tabs 400mg	1	
E.E.S. GRANULES SUSR 200MG/5ML	3	
ery-tab tbec 250mg	1	

<b>Drug Name</b>	<b>Drug Tier</b>	<b>Requirements/Limits</b>
ERYPED 200 SUSR 200MG/5ML	3	
ERYPED 400 SUSR 400MG/5ML	3	
erythromycin base cpep 250mg; tabs 250mg, 500mg; tbec 250mg, 333mg, 500mg	1	
erythromycin ethylsuccinate susr 200mg/5ml, 400mg/5ml; tabs 400mg	1	

### **FIDAXOMICIN**

DIFICID TABS 200MG	2
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## **MEDICAL DEVICES AND SUPPLIES**

### **DIABETIC SUPPLIES**

BLOOD GLUCOSE METERS: ACCU-CHEK	2	OTC
BLOOD GLUCOSE METERS: ONETOUCH	2	OTC
DEXCOM G6 MIS RECEIVER	3	PA
DEXCOM G6 MIS SENSOR	3	PA
DEXCOM G6 MIS TRANSMIT	3	PA
DEXCOM G7 MIS RECEIVER	3	PA
DEXCOM G7 MIS SENSOR	3	PA
FREE LIBRE2 KIT PLUS/SEN	2	PA
FREE LIBRE3 KIT PLUS/SEN	2	PA
FREESTY LIBR KIT 2 SENSOR	2	PA
FREESTY LIBR KIT 3 SENSOR	2	PA
FREESTY LIBR KIT SENSOR	2	PA
FREESTY LIBR MIS 2 READER	2	PA
FREESTY LIBR MIS 3 READER	2	PA
FREESTY LIBR MIS READER	2	PA
LANCETS/LANCING DEVICES: ACCU-CHEK	2	OTC
LANCETS/LANCING DEVICES: ONETOUCH	2	OTC
OMNIPOD 5 DX KIT INT G7G6	3	PA
OMNIPOD 5 DX MIS POD G7G6	3	PA
OMNIPOD 5 LB KIT INTRO G6	3	PA
OMNIPOD 5 LB MIS PODS G6	3	PA
OMNIPOD DASH MIS PODS	3	PA
V-GO 20 KIT	2	PA
V-GO 30 KIT	2	PA
V-GO 40 KIT	2	PA

### **PARENTERAL THERAPY SUPPLIES**

CEQUR SIMPL KIT PATCH 2U	2	PA
CEQUR SIMPL KIT STARTER	2	PA
INSULIN PEN NEEDLES: BD/NOVO	2	
INSULIN PEN NEEDLES: BD/NOVO	2	OTC
INSULIN SYRINGES: BD	2	
INSULIN SYRINGES: BD	2	OTC

Drug Name	Drug Tier	Requirements/Limits
<b>MIGRAINE PRODUCTS</b>		
<b>CALCITONIN GENE-RELATED PEPTIDE (CGRP) RECEPTOR ANTAG</b>		
AIMOVIG SOAJ 70MG/ML, 140MG/ML	2	PA
EMGALITY SOAJ 120MG/ML; SOSY 100MG/ML, 120MG/ML	2	PA
NURTEC TBDP 75MG	2	PA
QULIPTA TABS 10MG, 30MG, 60MG	3	PA
VYEPTI SOLN 100MG/ML	5	PA
ZAVZPRET SOLN 10MG/ACT	3	PA
<b>MIGRAINE COMBINATIONS</b>		
ergotamine w/ caffeine tab 1-100 mg	1	
migergot sup 2/100	1	
sumatriptan-naproxen sodium tab 85-500 mg	1	QL
TREXIMET TAB 85-500MG	3	QL
<b>MIGRAINE PRODUCTS</b>		
dihydroergotamine mesylate soln 4mg/ml	1	PA
<b>MIGRAINE PRODUCTS - NSAIDS</b>		
diclofenac potassium (migraine) pack 50mg	1	
<b>SEROTONIN AGONISTS</b>		
almotriptan malate tabs 6.25mg, 12.5mg	1	QL
eletriptan hydrobromide tabs 20mg, 40mg	1	QL
FROVA TABS 2.5MG	3	QL
frovatriptan succinate tabs 2.5mg	1	QL
IMITREX TABS 25MG, 50MG, 100MG	3	QL
IMITREX STATDOSE REFILL SOCT 6MG/0.5ML	3	QL
IMITREX STATDOSE SYSTEM SOAJ 6MG/0.5ML	3	QL
MAXALT TABS 10MG	3	QL
MAXALT-MLT TBDP 10MG	3	QL
naratriptan hcl tabs 1mg, 2.5mg	1	QL
ONZETRA XSAIL EXHP 11MG/NOSEPC	3	QL
RELPAX TABS 20MG, 40MG	3	QL
rizatriptan benzoate tabs 5mg, 10mg; tbdp 5mg, 10mg	1	QL
sumatriptan soln 5mg/act, 20mg/act	1	QL
sumatriptan succinate soaj 4mg/0.5ml, 6mg/0.5ml; soct 4mg/0.5ml, 6mg/0.5ml; soln 6mg/0.5ml; tabs 25mg, 50mg, 100mg	1	QL
ZEMBRACE SYMTOUCH SOAJ 3MG/0.5ML	3	QL
zolmitriptan soln 2.5mg, 5mg; tabs 2.5mg, 5mg; tbdp 2.5mg, 5mg	1	QL
ZOMIG SOLN 2.5MG, 5MG	3	QL

<b>Drug Name</b>	<b>Drug Tier</b>	<b>Requirements/Limits</b>
zomig tabs 2.5mg, 5mg	1	QL

## **MINERALS & ELECTROLYTES**

### **POTASSIUM**

effer-k tbef 25meq	1
EFFER-K TAB 10MEQ	3
EFFER-K TAB 20MEQ	3
klor-con pack 20meq	1
klor-con 8 tbcr 8meq	1
klor-con 10 tbcr 10meq	1
klor-con m10 tbcr 10meq	1
klor-con m15 tbcr 15meq	1
klor-con m20 tbcr 20meq	1
klor-con/ef tbef 25meq	1
potassium chloride cpcr 8meq, 10meq; pack 20meq; soln 10%, 20%; tbcr 8meq, 10meq, 15meq, 20meq	1
potassium chloride microencapsulated crystals er tbcr 10meq, 15meq, 20meq	1

## **MISCELLANEOUS THERAPEUTIC CLASSES**

### **CHELATING AGENTS**

CUVRIOR TABS 300MG	3
penicillamine tabs 250mg	1
SYPRINE CAPS 250MG	3
trientine hcl caps 250mg	1

### **ENZYMES**

XIAFLEX SOLR .9MG	4	PA
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### **FECAL INCONTINENCE BULKING AGENTS**

SOLESTA INJ 50-15ML	4
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### **IMMUNOMODULATORS**

JOENJA TABS 70MG	5	PA
lenalidomide caps 2.5mg, 5mg, 10mg, 15mg, 20mg, 25mg	4	PA
REVLIMID CAPS 2.5MG, 5MG, 10MG, 15MG, 20MG, 25MG	4	PA
REZUROCK TABS 200MG	5	PA
THALomid CAPS 50MG, 100MG, 150MG, 200MG	4	PA

### **IMMUNOSUPPRESSIVE AGENTS**

ASTAGRAF XL CP24 .5MG, 1MG, 5MG	2
azasan tabs 75mg, 100mg	1
azathioprine tabs 50mg, 75mg, 100mg	1
CELLCEPT CAPS 250MG; SUSR 200MG/ML; TABS 500MG	3

<b>Drug Name</b>	<b>Drug Tier</b>	<b>Requirements/Limits</b>
cyclosporine caps 25mg, 100mg	1	
cyclosporine modified (for microemulsion) caps 25mg, 50mg, 100mg; soln 100mg/ml	1	
ENSPRYNG SOSY 120MG/ML	5	PA
ENVARSUS XR TB24 .75MG, 1MG, 4MG	3	
everolimus (immunosuppressant) tabs .25mg, .5mg, .75mg, 1mg	4	
gengraf caps 25mg, 100mg; soln 100mg/ml	1	
IMURAN TABS 50MG	3	
LUPKYNIS CAPS 7.9MG	5	PA
mycophenolate mofetil caps 250mg; susr 200mg/ml; tabs 500mg	1	
mycophenolate sodium tbec 180mg, 360mg	1	
MYFORTIC TBEC 180MG, 360MG	3	
NEORAL CAPS 25MG, 100MG; SOLN 100MG/ML	3	
NULOJIX SOLR 250MG	4	
PROGRAF CAPS .5MG, 1MG, 5MG; PACK .2MG, 1MG	3	
RAPAMUNE SOLN 1MG/ML; TABS .5MG, 1MG, 2MG	3	
SANDIMMUNE CAPS 25MG, 100MG; SOLN 50MG/ML	3	
sirolimus soln 1mg/ml; tabs .5mg, 1mg, 2mg	1	
tacrolimus caps .5mg, 1mg, 5mg	1	
<b>PIK3CA-RELATED OVERGROWTH SPECTRUM (PROS) AGENTS</b>		
VIJOICE PACK 50MG; TBPK 50MG, 125MG	5	PA
VIJOICE TAB 250MG	5	PA
<b>POTASSIUM REMOVING AGENTS</b>		
kionex susp 15gm/60ml	1	
LOKELMA PACK 5GM, 10GM	3	PA
sodium polystyrene sulfonate powder	1	
sps susp 15gm/60ml	1	
VELTASSA PACK 8.4GM, 16.8GM, 25.2GM	3	PA
<b>PROGERIA TREATMENT AGENTS</b>		
ZOKINVY CAPS 50MG, 75MG	4	PA
<b>SYSTEMIC LUPUS ERYTHEMATOSUS AGENTS</b>		
BENLYSTA SOAJ 200MG/ML; SOLR 120MG, 400MG; SOSY 200MG/ML	4	PA
<b>MOUTH/THROAT/DENTAL AGENTS</b>		
<b>ANESTHETICS TOPICAL ORAL</b>		
lidocaine hcl (mouth-throat) soln 2%	1	

Drug Name	Drug Tier	Requirements/Limits
<b>ANTI-INFECTIVES - THROAT</b>		
clotrimazole troc 10mg	1	
nystatin (mouth-throat) susp 100000unit/ml	1	
<b>DENTAL PRODUCTS</b>		
clinpro 5000 pste 1.1%	1	
DENTA 5000 GEL PLUS SEN	3	
denta 5000 plus crea 1.1%	1	
dentagel gel 1.1%	1	
fluorimax 5000 pste 1.1%	1	
FLUORMX 5000 GEL SENSITIV	3	
fraiche 5000 dental gel 1.1%	1	
NA FL/K NITR GEL 1.1-5%	1	
PREVDNT 5000 GEL 1.1-5%	3	
PREVIDENT 5000 BOOSTER PL PSTE 1.1%	3	
PREVIDENT 5000 DRY MOUTH GEL 1.1%	3	
PREVIDENT 5000 KIDS PSTE 1.1%	3	
PREVIDENT 5000 ORTHO DEFE PSTE 1.1%	3	
PREVIDENT 5000 PLUS CREA 1.1%	3	
PREVIDENT FLUORIDE GEL 1.1%	3	
PREVIDENT RINSE SOLN .2%	3	
sf gel 1.1%	1	
sf 5000 plus crea 1.1%	1	
SOD FLUORIDE GEL 1.1-5%	1	
sodium fluoride 5000 plus crea 1.1%	1	
sodium fluoride 5000 ppm crea 1.1%; gel 1.1%; pste 1.1%	1	
sodium fluoride (dental) crea 1.1%; gel 1.1%; soln .2%	1	
<b>STEROIDS - MOUTH/THROAT/DENTAL</b>		
triamcinolone acetonide (mouth) pste .1%	1	
<b>THROAT PRODUCTS - MISC.</b>		
cevimeline hcl caps 30mg	1	
EVOXAC CAPS 30MG	3	
pilocarpine hcl (oral) tabs 5mg, 7.5mg	1	
SALAGEN TABS 5MG	3	
<b>MULTIVITAMINS</b>		
<b>PREGNATAL VITAMINS</b>		
PRENATE TAB ELITE	2	
VITAFOL-OB PAK +DHA	3	
VITAFOL-OB TAB 65-1MG	3	
<b>MUSCULOSKELETAL THERAPY AGENTS</b>		
<b>CENTRAL MUSCLE RELAXANTS</b>		
baclofen soln 5mg/5ml, 10mg/5ml	1	PA

<b>Drug Name</b>	<b>Drug Tier</b>	<b>Requirements/Limits</b>
<i>baclofen tabs 5mg, 10mg, 15mg, 20mg</i>	1	
<i>carisoprodol tabs 250mg, 350mg</i>	1	QL
<i>chlorzoxazone tabs 500mg</i>	1	
<i>cyclobenzaprine hcl tabs 5mg, 7.5mg, 10mg</i>	1	
<i>metaxalone tabs 400mg, 800mg</i>	1	
<i>methocarbamol tabs 500mg, 750mg</i>	1	
<i>orphenadrine citrate soln 30mg/ml; tb12 100mg</i>	1	
<b>SOMA TABS 350MG</b>	3	QL
<i>tizanidine hcl caps 2mg, 4mg, 6mg; tabs 2mg, 4mg</i>	1	
<b>ZANAFLEX CAPS 2MG, 4MG; TABS 4MG</b>	3	
<b>DIRECT MUSCLE RELAXANTS</b>		
<i>dantrolene sodium caps 25mg, 50mg, 100mg</i>	1	
<b>FIBRODYSPLASIA OSSIFICANS PROGRESSIVA (FOP) AGENTS</b>		
<i>SOHONOS CAPS 1MG, 1.5MG, 2.5MG, 5MG, 10MG</i>	5	PA
<b>VISCOSUPPLEMENTS</b>		
<i>DUROLANE PRSY 60MG/3ML</i>	5	PA
<i>EUFLEXXA SOSY 20MG/2ML</i>	5	PA
<i>GEL-ONE PRSY 30MG/3ML</i>	4	PA
<i>GELSYN-3 SOSY 16.8MG/2ML</i>	4	PA
<i>HYALGAN SOLN 20MG/2ML; SOSY 20MG/2ML</i>	4	PA
<i>HYMOVIS SOSY 24MG/3ML</i>	5	PA
<i>MONOVISC SOSY 88MG/4ML</i>	5	PA
<i>ORTHOVISC SOSY 30MG/2ML</i>	5	PA
<i>SUPARTZ FX SOSY 25MG/2.5ML</i>	4	PA
<i>SYNVISC SOSY 16MG/2ML</i>	5	PA
<i>SYNVISC ONE SOSY 48MG/6ML</i>	5	PA
<i>TRIVISC SOSY 25MG/2.5ML</i>	5	PA
<b>NASAL AGENTS - SYSTEMIC AND TOPICAL</b>		
<b>NASAL AGENT COMBINATIONS</b>		
<i>azelastine hcl-fluticasone prop nasal spray 137-50 mcg/act</i>	1	
<b>NASAL ANTIALLERGY</b>		
<i>azelastine hcl soln .1%, .15%, 137mcg/spray</i>	1	
<i>olopatadine hcl (nasal) soln .6%</i>	1	
<b>NASAL ANTICHOLINERGICS</b>		
<i>ipratropium bromide (nasal) soln .03%, .06%</i>	1	
<b>NASAL STEROIDS</b>		
<i>flunisolide (nasal) soln .025%</i>	1	
<i>fluticasone propionate (nasal) susp 50mcg/act</i>	1	

<b>Drug Name</b>	<b>Drug Tier</b>	<b>Requirements/Limits</b>
<i>mometasone furoate (nasal) susp 50mcg/act</i>	1	
XHANCE EXHU 93MCG/ACT	3	PA
<b>NEUROMUSCULAR AGENTS</b>		
<b>ALS AGENTS</b>		
<i>edaravone soln 30mg/100ml</i>	5	PA
RADICAVA SOLN 30MG/100ML	5	PA
RADICAVA ORS SUSP 105MG/5ML	5	PA
RADICAVA ORS STARTER KIT SUSP 105MG/5ML	5	PA
<i>riluzole tabs 50mg</i>	1	
TEGLUTIK SUSP 50MG/10ML	3	
<b>FRIEDRICH'S ATAXIA AGENTS</b>		
SKYCLARYS CAPS 50MG	5	PA
<b>MUSCULAR DYSTROPHY AGENTS</b>		
AMONDYS 45 SOLN 100MG/2ML	5	PA
EXONDYS 51 SOLN 100MG/2ML, 500MG/10ML	5	PA
VILTEPSO SOLN 250MG/5ML	5	PA
VYONDYS 53 SOLN 100MG/2ML	5	PA
<b>NEUROMUSCULAR BLOCKING AGENT - NEUROTOXINS</b>		
BOTOX SOLR 100UNIT, 200UNIT	4	PA
DYSPORT SOLR 300UNIT, 500UNIT	4	PA
MYOBLOC SOLN 2500UNIT/0.5ML, 5000UNIT/ML, 10000UNIT/2ML	4	PA
XEOMIN SOLR 50UNIT, 100UNIT, 200UNIT	4	PA
<b>RETT SYNDROME AGENTS</b>		
DAYBUE SOLN 200MG/ML	5	PA
<b>SPINAL MUSCULAR ATROPHY AGENTS (SMA)</b>		
EVRYSDI SOLR .75MG/ML	5	PA
<b>OPHTHALMIC AGENTS</b>		
<b>BETA-BLOCKERS - OPHTHALMIC</b>		
<i>betaxolol hcl (ophth) soln .5%</i>	1	
BETIMOL SOLN .25%, .5%	3	
BETOPTIC-S SUSP .25%	3	
<i>brimonidine tartrate-timolol maleate ophth soln 0.2-0.5%</i>	1	
<i>carteolol hcl (ophth) soln 1%</i>	1	
COMBIGAN SOL 0.2/0.5%	3	
COSOPT PF SOL 2%-0.5%	3	
COSOPT SOL 2-0.5%OP	3	
<i>dorzolamide hcl-timolol maleate ophth soln 2-0.5%</i>	1	

<b>Drug Name</b>	<b>Drug Tier</b>	<b>Requirements/Limits</b>
<i>dorzolamide hcl-timolol maleate pf ophth soln 2-0.5%</i>	1	
<b>ISTALOL SOLN .5%</b>	3	
<i>levobunolol hcl soln .5%</i>	1	
<i>timolol maleate (ophth) solg .25%, .5%; soln .25%, .5%</i>	1	
<b>TIMOPTIC OCUDOSE SOLN .25%, .5%</b>	3	
<b>CYCLOPLEGIC MYDRIATICS</b>		
<i>atropine sulfate (ophthalmic) soln 1%</i>	1	
<b>CYCLOGYL SOLN .5%, 1%, 2%</b>	3	
<b>CYCLOMYDRIL SOL OP</b>	3	
<i>cyclopentolate hcl soln 1%</i>	1	
<i>phenylephrine hcl (mydriatic) soln 2.5%, 10%</i>	1	
<i>tropicamide soln .5%, 1%</i>	1	
<b>MIOTICS</b>		
<i>pilocarpine hcl soln 1%, 2%, 4%</i>	1	
<b>OPHTHALMIC - ANGIOGENESIS INHIBITORS</b>		
<i>BEOVU SOLN 6MG/0.05ML; SOSY 6MG/0.05ML</i>	5	PA
<b>BYOOVIZ SOLN .5MG/0.05ML</b>	4	PA
<b>CIMERLI SOLN .3MG/0.05ML, .5MG/0.05ML</b>	4	PA
<i>EYLEA SOLN 2MG/0.05ML; SOSY 2MG/0.05ML</i>	4	PA
<b>EYLEA HD SOLN 8MG/0.07ML</b>	4	PA
<i>LUCENTIS SOLN .5MG/0.05ML; SOSY .3MG/0.05ML, .5MG/0.05ML</i>	5	PA
<b>VABYSMO SOLN 6MG/0.05ML</b>	5	PA
<b>OPHTHALMIC ADRENERGIC AGENTS</b>		
<i>ALPHAGAN P SOLN .1%, .15%</i>	3	
<i>apraclonidine hcl soln .5%</i>	1	
<i>brimonidine tartrate soln .1%, .15%, .2%</i>	1	
<b>IOPIDINE SOLN 1%</b>	3	
<i>SIMBRINZA SUS 1-0.2%</i>	2	
<b>OPHTHALMIC ANTI-INFECTIVES</b>		
<b>AZASITE SOLN 1%</b>	2	
<i>bacitracin (ophthalmic) oint 500unit/gm</i>	1	
<i>bacitracin-polymyxin b ophth oint</i>	1	
<b>BESIVANCE SUSP .6%</b>	2	
<b>BETADINE OPHTHALMIC PREP SOLN 5%</b>	3	
<b>CILOXAN OINT .3%</b>	3	
<i>ciprofloxacin hcl (ophth) soln .3%</i>	1	
<i>erythromycin (ophth) oint 5mg/gm</i>	1	
<i>gatifloxacin (ophth) soln .5%</i>	1	

<b>Drug Name</b>	<b>Drug Tier</b>	<b>Requirements/Limits</b>
<i>gentamicin sulfate (ophth) soln .3%</i>	1	
<i>moxifloxacin hcl (ophth) soln .5%</i>	1	
NATACYN SUSP 5%	2	
<i>neomycin-bacitrac zn-polymyx 5(3.5)mg-400unt-1000unt op oin</i>	1	
<i>neomycin-polomyx-gramicid op sol 1.75-10000-0.025mg-unt-mg/ml</i>	1	
<i>ofloxacin (ophth) soln .3%</i>	1	
<i>polymyxin b-trimethoprim ophth soln 10000 unit/ml-0.1%</i>	1	
<i>sulfacetamide sodium (ophth) oint 10%; soln 10%</i>	1	
<i>tobramycin (ophth) soln .3%</i>	1	
TOBREX OINT .3%	3	
<i>trifluridine soln 1%</i>	1	
VIGAMOX SOLN .5%	3	
XDEMVY SOLN .25%	5	PA
ZIRGAN GEL .15%	2	

#### **OPHTHALMIC IMMUNOMODULATORS**

CEQUA SOLN .09%	3	PA
<i>cyclosporine (ophth) emul .05%</i>	1	PA
RESTASIS EMUL .05%	3	PA
RESTASIS MULTIDOSE EMUL .05%	3	PA
VERKAZIA EMUL .1%	3	PA

#### **OPHTHALMIC INTEGRIN ANTAGONISTS**

XIIDRA SOLN 5%	2	PA
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#### **OPHTHALMIC KINASE INHIBITORS**

RHOPRESSA SOLN .02%	3	
ROCKLATAN DRO	3	

#### **OPHTHALMIC LOCAL ANESTHETICS**

AKTEN GEL 3.5%	3	
ALCAINE SOLN .5%	3	
<i>proparacaine hcl soln .5%</i>	1	
<i>tetracaine hcl (ophth) soln .5%</i>	1	

#### **OPHTHALMIC NERVE GROWTH FACTORS**

OXERVATE SOLN .002%	4	PA
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#### **OPHTHALMIC STEROIDS**

ALREX SUSP .2%	3	
<i>bacitracin-polymyxin-neomycin-hc ophth oint 1%</i>	1	
CLOBETASOL PROPIONATE SUSP .05%	3	
<i>dexamethasone sodium phosphate (ophth) soln .1%</i>	1	

<b>Drug Name</b>	<b>Drug Tier</b>	<b>Requirements/Limits</b>
<i>diluprednate emul .05%</i>	1	
DUREZOL EMUL .05%	3	
FLAREX SUSP .1%	3	
<i>fluorometholone (ophth) susp .1%</i>	1	
FML FORTE SUSP .25%	3	
FML LIQUIFILM SUSP .1%	3	
INVELTYS SUSP 1%	3	
LOTEMAX GEL .5%; SUSP .5%	3	
LOTEMAX OINT .5%	2	
LOTEMAX SM GEL .38%	2	
<i>loteprednol etabonate gel .5%; susp .2%, .5%</i>	1	
MAXIDEX SUSP .1%	3	
MAXITROL OIN 0.1% OP	3	
MAXITROL SUS 0.1% OP	3	
<i>neomycin-polymyxin-dexamethasone ophth oint 0.1%</i>	1	
<i>neomycin-polymyxin-dexamethasone ophth susp 0.1%</i>	1	
<i>neomycin-polymyxin-hc ophth susp</i>	1	
PRED FORTE SUSP 1%	3	
PRED MILD SUSP .12%	2	
<i>prednisolone acetate (ophth) susp 1%</i>	1	
PREDNISOLONE ACETATE P-F SUSP 1%	3	
PREDNISOLONE SODIUM PHOSP SOLN 1%	2	
<i>sulfacetamide sodium-prednisolone ophth soln 10-0.23(0.25)%</i>	1	
TOBRADEX OIN 0.3-0.1%	2	
TOBRADEX ST SUS 0.3-0.05	3	
<i>tobramycin-dexamethasone ophth susp 0.3-0.1%</i>	1	
ZYLET SUS 0.5-0.3%	2	
<b>OPHTHALMIC - MISC.</b>		
ACULAR SOLN .5%	3	
ACULAR LS SOLN .4%	3	
ACUVAIL SOLN .45%	3	
ALOMIDE SOLN .1%	3	
<i>azelastine hcl (ophth) soln .05%</i>	1	
AZOPT SUSP 1%	3	
<i>bepotastine besilate soln 1.5%</i>	1	
BEPREVE SOLN 1.5%	3	
<i>brinzolamide susp 1%</i>	1	
<i>bromfenac sodium (ophth) soln .07%, .075%, .09%</i>	1	
BROMSITE SOLN .075%	3	

<b>Drug Name</b>	<b>Drug Tier</b>	<b>Requirements/Limits</b>
cromolyn sodium (ophth) soln 4%	1	
CYSTADROPS SOLN .37%	5	
CYSTARAN SOLN .44%	4	
diclofenac sodium (ophth) soln .1%	1	
dorzolamide hcl soln 2%	1	
epinastine hcl (ophth) soln .05%	1	
flurbiprofen sodium soln .03%	1	
ILEVRO SUSP .3%	3	
ketorolac tromethamine (ophth) soln .4%, .5%	1	
NEVANAC SUSP .1%	3	
olopatadine hcl soln .2%	1	
PROLENSA SOLN .07%	3	
UPNEEQ SOLN .1%	3	PA
ZERVIADE SOLN .24%	3	

#### **PROSTAGLANDINS - OPHTHALMIC**

bimatoprost soln .03%	1
latanoprost soln .005%	1
tafluprost soln .015mg/ml	1
TRAVATAN Z SOLN .004%	3
travoprost soln .004%	1
VYZULTA SOLN .024%	3
XALATAN SOLN .005%	3
ZIOPTAN SOLN .015MG/ML	3

#### **OTIC AGENTS**

##### **OTIC AGENTS - MISCELLANEOUS**

acetic acid (otic) soln 2%	1
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##### **OTIC ANTI-INFECTIVES**

ciprofloxacin hcl (otic) soln .2%	1
ofloxacin (otic) soln .3%	1

##### **OTIC COMBINATIONS**

CIPRO HC SUS OTIC	2
ciprofloxacin-dexamethasone otic susp 0.3-0.1%	1
ciprofloxacin-fluocinolone aceton (pf) otic soln 0.3-0.025%	1
CORTISPORIN SUS -TC OTIC	3
neomycin-polymyxin-hc otic soln 1%	1
neomycin-polymyxin-hc otic susp 3.5 mg/ml-10000 unit/ml-1%	1

##### **OTIC STEROIDS**

DERMOTIC OIL .01%	3
fluocinolone acetonide (otic) oil .01%	1
hydrocortisone w/ acetic acid otic soln 1-2%	1

<b>Drug Name</b>	<b>Drug Tier</b>	<b>Requirements/Limits</b>
<b>PASSIVE IMMUNIZING AND TREATMENT AGENTS</b>		
<b>IMMUNE SERUMS</b>		
ASCENIV SOLN 5GM/50ML	5	PA
BIVIGAM SOLN 5GM/50ML	4	PA
CUTAQUIG SOLN 1GM/6ML, 1.65GM/10ML, 2GM/12ML, 3.3GM/20ML, 4GM/24ML, 8GM/48ML	5	PA
CUVITRU SOLN 1GM/5ML, 2GM/10ML, 4GM/20ML, 8GM/40ML, 10GM/50ML	5	PA
GAMASTAN INJ	4	PA
GAMMAGARD LIQUID SOLN 1GM/10ML, 2.5GM/25ML, 5GM/50ML, 10GM/100ML, 20GM/200ML, 30GM/300ML	4	PA
GAMMAGARD S/D IGA LESS TH SOLR 5GM, 10GM	4	PA
GAMMAKED SOLN 5GM/50ML, 10GM/100ML, 20GM/200ML	4	PA
GAMMAPLEX SOLN 10GM/100ML, 20GM/200ML	4	PA
GAMUNEX-C SOLN 1GM/10ML, 2.5GM/25ML, 5GM/50ML, 10GM/100ML, 20GM/200ML, 40GM/400ML	4	PA
HIZENTRA SOLN 1GM/5ML, 2GM/10ML, 4GM/20ML, 10GM/50ML; SOSY 1GM/5ML, 2GM/10ML, 4GM/20ML, 10GM/50ML	4	PA
HYPERRAB SOLN 1500UNIT/5ML	3	
HYPERRHO S/D SOSY 1500UNIT	4	
KEDRAB SOLN 300UNIT/2ML	3	
OCTAGAM SOLN 5GM/50ML, 10GM/100ML, 20GM/200ML, 30GM/300ML	4	PA
PANZYGA SOLN 5GM/50ML, 10GM/100ML, 20GM/200ML, 30GM/300ML	4	PA
PRIVIGEN SOLN 5GM/50ML, 10GM/100ML, 20GM/200ML, 40GM/400ML	4	PA
RHOGAM ULTRA-FILTERED PLU SOSY 1500UNIT	4	
RHOPHYLAC SOSY 1500UNIT/2ML	4	
VARIZIG SOLN 125UNIT/1.2ML	4	
XEMBIFY SOLN 1GM/5ML, 2GM/10ML, 4GM/20ML, 10GM/50ML	5	PA
<b>MONOCLONAL ANTIBODIES</b>		
BEYFORTUS SOSY 50MG/0.5ML, 100MG/ML	3	PA; NCTM
SYNAGIS SOLN 50MG/0.5ML, 100MG/ML	4	PA; NCTM

Drug Name	Drug Tier	Requirements/Limits
<b>PASSIVE IMMUNIZING AGENTS - COMBINATIONS</b>		
HYQVIA INJ 2.5-200	4	PA
HYQVIA INJ 5-400	4	PA
HYQVIA INJ 10-800	4	PA
HYQVIA INJ 20-1600	4	PA
HYQVIA INJ 30-2400	4	PA
<b>PENICILLINS</b>		
<b>AMINOPENICILLINS</b>		
amoxicillin caps 250mg, 500mg; chew 125mg, 250mg; susr 125mg/5ml, 200mg/5ml, 250mg/5ml, 400mg/5ml; tabs 500mg, 875mg	1	
ampicillin caps 500mg	1	
<b>NATURAL PENICILLINS</b>		
BICILLIN L-A SUSY 1200000UNIT/2ML, 2400000UNIT/4ML	3	
penicillin g sodium solr 5000000unit	1	
penicillin v potassium solr 125mg/5ml, 250mg/5ml; tabs 250mg, 500mg	1	
<b>PENICILLIN COMBINATIONS</b>		
amoxicillin & k clavulanate chew tab 400-57 mg	1	
amoxicillin & k clavulanate for susp 200-28.5 mg/5ml	1	
amoxicillin & k clavulanate for susp 250-62.5 mg/5ml	1	
amoxicillin & k clavulanate for susp 400-57 mg/5ml	1	
amoxicillin & k clavulanate for susp 600-42.9 mg/5ml	1	
amoxicillin & k clavulanate tab 250-125 mg	1	
amoxicillin & k clavulanate tab 500-125 mg	1	
amoxicillin & k clavulanate tab 875-125 mg	1	
amoxicillin & k clavulanate tab er 12hr 1000- 62.5 mg	1	
AUGMENTIN SUS 125/5ML	3	
AUGMENTIN SUS ES-600	3	
AUGMENTIN TAB 500MG	3	
<b>PENICILLINASE-RESISTANT PENICILLINS</b>		
dicloxacillin sodium caps 250mg, 500mg	1	
<b>PROGESTINS</b>		
<b>PROGESTINS</b>		
gallifrey tabs 5mg	1	

<b>Drug Name</b>	<b>Drug Tier</b>	<b>Requirements/Limits</b>
<i>medroxyprogesterone acetate tabs 2.5mg, 5mg, 10mg</i>	1	
<i>megestrol acetate (appetite) susp 625mg/5ml</i>	1	
<i>norethindrone acetate tabs 5mg</i>	1	
<i>progesterone caps 100mg, 200mg; oil 50mg/ml</i>	1	PA
PROMETRIUM CAPS 100MG, 200MG	3	PA
PROVERA TABS 2.5MG, 10MG	3	

#### **PSYCHOTHERAPEUTIC AND NEUROLOGICAL AGENTS - MISC.**

##### **AGENTS FOR CHEMICAL DEPENDENCY**

<i>acamprosate calcium tbec 333mg</i>	1	
<i>disulfiram tabs 250mg, 500mg</i>	1	
<i>lofexidine hcl tabs .18mg</i>	1	QL
LUCEMYRA TABS .18MG	3	QL

##### **ANTI-CATAPELCTIC AGENTS**

LUMRYZ PACK 4.5GM, 6GM, 7.5GM, 9GM	3	PA
SODIUM OXYBATE SOLN 500MG/ML	2	PA
XYREM SOLN 500MG/ML	3	PA
XYWAV SOL 0.5GM/ML	3	PA

##### **ANTIDEMENTIA AGENTS**

ADLARITY PTWK 5MG/DAY, 10MG/DAY	3	
ARICEPT TABS 5MG, 10MG, 23MG	3	
<i>donepezil hydrochloride tabs 5mg, 10mg, 23mg; tbdp 5mg, 10mg</i>	1	
EXELON PT24 4.6MG/24HR, 9.5MG/24HR, 13.3MG/24HR	3	
<i>galantamine hydrobromide cp24 8mg, 16mg, 24mg; soln 4mg/ml; tabs 4mg, 8mg, 12mg</i>	1	
<i>memantine hcl cp24 7mg, 14mg, 21mg, 28mg; soln 2mg/ml; tabs 5mg, 10mg</i>	1	
<i>memantine hcl tab 28 x 5 mg &amp; 21 x 10 mg titration pack</i>	1	
NAMENDA TAB 5-10MG	3	
NAMZARIC CAP 7-10MG	3	
NAMZARIC CAP 14-10MG	3	
NAMZARIC CAP 21-10MG	3	
NAMZARIC CAP 28-10MG	3	
<i>rivastigmine pt24 4.6mg/24hr, 9.5mg/24hr, 13.3mg/24hr</i>	1	
<i>rivastigmine tartrate caps 1.5mg, 3mg, 4.5mg, 6mg</i>	1	

##### **COMBINATION PSYCHOTHERAPEUTICS**

chlordiazepoxide-amitriptyline tab 5-12.5 mg	1	
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<b>Drug Name</b>	<b>Drug Tier</b>	<b>Requirements/Limits</b>
<i>chlordiazepoxide-amitriptyline tab 10-25 mg</i>	1	
LYBALVI TAB 5-10MG	3	PA
LYBALVI TAB 10-10MG	3	PA
LYBALVI TAB 15-10MG	3	PA
LYBALVI TAB 20-10MG	3	PA
<i>olanzapine-fluoxetine hcl cap 3-25 mg</i>	1	
<i>olanzapine-fluoxetine hcl cap 6-25 mg</i>	1	
<i>olanzapine-fluoxetine hcl cap 6-50 mg</i>	1	
<i>olanzapine-fluoxetine hcl cap 12-25 mg</i>	1	
<i>olanzapine-fluoxetine hcl cap 12-50 mg</i>	1	
<i>perphenazine-amitriptyline tab 2-10 mg</i>	1	
<i>perphenazine-amitriptyline tab 2-25 mg</i>	1	
<i>perphenazine-amitriptyline tab 4-25 mg</i>	1	
<b>FIBROMYALGIA AGENTS</b>		
SAVELLA TABS 12.5MG, 25MG, 50MG, 100MG	3	QL
SAVELLA MIS TITR PAK	3	QL
<b>MOVEMENT DISORDER DRUG THERAPY</b>		
AUSTEDO TABS 6MG, 9MG, 12MG	5	PA
AUSTEDO XR TB24 6MG, 12MG, 18MG, 24MG, 30MG, 36MG, 42MG, 48MG	5	PA
AUSTEDO XR TAB TITR KIT	5	PA
INGREZZA CAPS 40MG, 60MG, 80MG; CPSP 40MG, 60MG, 80MG	5	PA
INGREZZA CAP 40-80MG	5	PA
tetrabenazine tabs 12.5mg, 25mg	4	PA
<b>MULTIPLE SCLEROSIS AGENTS</b>		
AUBAGIO TABS 7MG, 14MG	5	PA
AVONEX PSKT 30MCG/0.5ML	4	PA
AVONEX PEN AJKT 30MCG/0.5ML	4	PA
BAFIERTAM CPDR 95MG	5	PA
BETASERON KIT .3MG	4	PA
BRIUMVI SOLN 150MG/6ML	5	PA
dalfampridine tb12 10mg	4	PA
dimethyl fumarate cpdr 120mg, 240mg	4	PA
dimethyl fumarate capsule dr starter pack 120 mg & 240 mg	4	PA
fingolimod hcl caps .5mg	4	PA
GILENYA CAPS .25MG, .5MG	5	PA
glatiramer acetate sosy 20mg/ml, 40mg/ml	4	PA
glatopa sosy 20mg/ml, 40mg/ml	4	PA
KESIMPTA SOAJ 20MG/0.4ML	4	PA
MAVENCLAD TBPK 10MG	5	PA
MAYZENT TABS .25MG, 1MG, 2MG	4	PA

<b>Drug Name</b>	<b>Drug Tier</b>	<b>Requirements/Limits</b>
MAYZENT STARTER PACK TBPK .25MG	4	PA
OCREVUS SOLN 300MG/10ML	4	PA
PLEGRIDY SOAJ 125MCG/0.5ML; SOSY 125MCG/0.5ML	4	PA
PLEGRIDY INJ STARTER	4	PA
PLEGRIDY PEN INJ STARTER	4	PA
PONVORY TABS 20MG	5	PA
PONVORY TAB STARTER	5	PA
REBIF SOSY 22MCG/0.5ML, 44MCG/0.5ML	4	PA
REBIF REBIDO INJ TITRATN	4	PA
REBIF REBIDOSE SOAJ 22MCG/0.5ML, 44MCG/0.5ML	4	PA
REBIF TITRTN INJ PACK	4	PA
TASCENO ODT TBDP .25MG, .5MG	5	PA
<i>teriflunomide tabs 7mg, 14mg</i>	4	PA
TYSABRI CONC 300MG/15ML	4	PA
VUMERTY CPDR 231MG	5	PA
ZEPOSIA CAPS .92MG	4	PA
ZEPOSIA 7DAY CAP STR PACK	4	PA
ZEPOSIA CAP STR KIT	4	PA
<b>PREMENSTRUAL DYSPHORIC DISORDER (PMDD) AGENTS</b>		
<i>fluoxetine hcl (pmdd) tabs 10mg, 20mg</i>	1	
<b>PSEUDOLOBULBAR AFFECT (PBA) AGENTS</b>		
NUEDEXTA CAP 20-10MG	2	PA
<b>PSYCHOTHERAPEUTIC AND NEUROLOGICAL AGENTS - MISC.</b>		
<i>pimozide tabs 1mg, 2mg</i>	1	
<b>SMOKING DETERRENTS</b>		
<i>bupropion hcl (smoking deterrent) tb12 150mg</i>	1	
NICOTROL INHALER INHA 10MG	3	
NICOTROL NS SOLN 10MG/ML	2	
<i>varenicline tartrate tabs .5mg, 1mg</i>	1	
<i>varenicline tartrate tab 11 x 0.5 mg &amp; 42 x 1 mg start pack</i>	1	
<b>VASOMOTOR SYMPTOM AGENTS</b>		
<i>paroxetine mesylate (vasomotor) caps 7.5mg</i>	1	
<b>RESPIRATORY AGENTS - MISC.</b>		
<b>ALPHA-PROTEINASE INHIBITOR (HUMAN)</b>		
ARALAST NP SOLR 1000MG	5	PA
GLASSIA SOLN 1000MG/50ML	5	PA
PROLASTIN-C SOLN 1000MG/20ML	4	PA
ZEMAIRA SOLR 1000MG	5	PA
<b>CYSTIC FIBROSIS AGENTS</b>		
BRONCHITOL CAPS 40MG	5	PA

<b>Drug Name</b>	<b>Drug Tier</b>	<b>Requirements/Limits</b>
KALYDECO PACK 5.8MG, 13.4MG, 25MG, 50MG, 75MG; TABS 150MG	4	PA
ORKAMBI GRA 75-94MG	4	PA
ORKAMBI GRA 100-125	4	PA
ORKAMBI GRA 150-188	4	PA
ORKAMBI TAB 100-125	4	PA
ORKAMBI TAB 200-125	4	PA
PULMOZYME SOLN 2.5MG/2.5ML	4	PA
SYMDEKO TAB 50-75MG	4	PA
SYMDEKO TAB 100-150	4	PA
TRIKAFTA PAK 59.5MG	4	PA
TRIKAFTA PAK 75MG	4	PA
TRIKAFTA TAB	4	PA
<b>PULMONARY FIBROSIS AGENTS</b>		
ESBRIET CAPS 267MG; TABS 267MG, 801MG	5	PA
OFEV CAPS 100MG, 150MG	4	PA
<i>pirfenidone caps 267mg; tabs 267mg, 534mg, 801mg</i>	4	PA
<b>SULFONAMIDES</b>		
<b>SULFONAMIDES</b>		
<i>sulfadiazine tabs 500mg</i>	1	
<b>TETRACYCLINES</b>		
<b>AMINOMETHYLCYCLINES</b>		
NUZYRA TABS 150MG	3	
<b>TETRACYCLINES</b>		
<i>demeclacycline hcl tabs 150mg, 300mg</i>	1	
DORYX MPC TBEC 60MG	3	
<i>doxycycline (monohydrate) caps 50mg, 75mg, 100mg, 150mg; susr 25mg/5ml; tabs 50mg, 75mg, 100mg, 150mg</i>	1	
<i>doxycycline hyclate caps 50mg, 100mg; tabs 50mg, 75mg, 100mg, 150mg; tbec 50mg, 75mg, 100mg, 150mg, 200mg</i>	1	
<i>minocycline hcl caps 50mg, 75mg, 100mg; tabs 50mg, 75mg, 100mg; tb24 45mg, 55mg, 65mg, 80mg, 90mg, 105mg, 115mg, 135mg</i>	1	
<i>targadox tabs 50mg</i>	1	
<i>tetracycline hcl caps 250mg, 500mg</i>	1	
<b>THYROID AGENTS</b>		
<b>ANTITHYROID AGENTS</b>		
<i>methimazole tabs 5mg, 10mg</i>	1	
<i>propylthiouracil tabs 50mg</i>	1	

<b>Drug Name</b>	<b>Drug Tier</b>	<b>Requirements/Limits</b>
<b>THYROID HORMONES</b>		
ARMOUR THYROID TABS 15MG, 30MG, 60MG, 90MG, 120MG, 180MG, 240MG, 300MG	3	
CYTOMEL TABS 5MCG, 25MCG, 50MCG	3	
<i>levothyroxine sodium caps 13mcg, 25mcg, 50mcg, 75mcg, 88mcg, 100mcg, 112mcg, 125mcg, 137mcg, 150mcg, 175mcg, 200mcg; tabs 25mcg, 50mcg, 75mcg, 88mcg, 100mcg, 112mcg, 125mcg, 137mcg, 150mcg, 175mcg, 200mcg, 300mcg</i>	1	
<i>liothyronine sodium tabs 5mcg, 25mcg, 50mcg</i>	1	
SYNTHROID TABS 25MCG, 50MCG, 75MCG, 88MCG, 100MCG, 112MCG, 125MCG, 137MCG, 150MCG, 175MCG, 200MCG, 300MCG	2	
TIROSINT CAPS 13MCG, 25MCG, 37.5MCG, 44MCG, 50MCG, 62.5MCG, 75MCG, 88MCG, 100MCG, 112MCG, 125MCG, 137MCG, 150MCG, 175MCG, 200MCG	3	
TIROSINT-SOL SOLN 13MCG/ML, 25MCG/ML, 37.5MCG/ML, 44MCG/ML, 50MCG/ML, 62.5MCG/ML, 75MCG/ML, 88MCG/ML, 100MCG/ML, 112MCG/ML, 125MCG/ML, 137MCG/ML, 150MCG/ML, 175MCG/ML, 200MCG/ML	3	
<i>unithroid tabs 25mcg, 50mcg, 75mcg, 88mcg, 100mcg, 112mcg, 125mcg, 137mcg, 150mcg, 175mcg, 200mcg, 300mcg</i>	1	
<b>ULCER DRUGS/ANTISPASMODICS/ANTICHOLINERGICS</b>		
<b>ANTISPASMODICS</b>		
ANASPAZ TBDP .125MG	3	
<i>chlordiazepoxide hcl-clidinium bromide cap 5-2.5 mg</i>	1	
CUVPOSA SOLN 1MG/5ML	3	
<i>dicyclomine hcl caps 10mg; soln 10mg/5ml; tabs 20mg</i>	1	
GLYCATE TABS 1.5MG	3	
<i>glycopyrrolate soln 1mg/5ml; tabs 1mg, 2mg</i>	1	
<i>hyoscyamine sulfate elix .125mg/5ml; soln .125mg/ml; subl .125mg; tabs .125mg; tb12 .375mg; tbdp .125mg</i>	1	
<i>hyosyne elix .125mg/5ml; soln .125mg/ml</i>	1	
LEVIBID TB12 .375MG	3	
LEVSIN TABS .125MG	3	

<b>Drug Name</b>	<b>Drug Tier</b>	<b>Requirements/Limits</b>
LEVSIN/SL SUBL .125MG	3	
<i>methscopolamine bromide tabs 2.5mg, 5mg</i>	1	
<i>nulev tbdp .125mg</i>	1	
<i>oscimin subl .125mg; tabs .125mg</i>	1	
<i>pb-hyoscy-atrop-scopol elix 16.2-0.1037-0.0194-0.0065 mg/5ml</i>	1	
<i>pb-hyoscy-atrop-scopol tab 16.2-0.1037-0.0194-0.0065 mg</i>	1	
<i>phenoxytro elx</i>	1	
<i>phenoxytro tab</i>	1	
<b>H-2 ANTAGONISTS</b>		
<i>cimetidine tabs 200mg, 300mg, 400mg, 800mg</i>	1	
<i>cimetidine hcl soln 300mg/5ml</i>	1	
<i>famotidine susr 40mg/5ml; tabs 40mg</i>	1	
<i>nizatidine caps 150mg, 300mg</i>	1	
<b>MISC. ANTI-ULCER</b>		
<i>sucralfate susp 1gm/10ml; tabs 1gm</i>	1	
<b>PROTON PUMP INHIBITORS</b>		
<i>dexlansoprazole cpdr 30mg, 60mg</i>	1	QL
<i>dexlansoprazole cpdr 30mg, 60mg</i>	1	QL
<i>esomeprazole magnesium cpdr 20mg, 40mg</i>	1	QL
<i>esomeprazole magnesium cpdr 20mg, 40mg; pack 10mg, 20mg, 40mg</i>	1	QL
<i>lansoprazole cpdr 15mg; tbdd 15mg, 30mg</i>	1	QL
<i>lansoprazole cpdr 30mg</i>	1	QL
<i>omeprazole cpdr 10mg, 20mg, 40mg</i>	1	
<i>pantoprazole sodium pack 40mg; tbec 20mg, 40mg</i>	1	QL
<i>pantoprazole sodium tbec 20mg, 40mg</i>	1	QL
<i>rabeprazole sodium tbec 20mg</i>	1	QL
<i>VOQUEZNA TABS 10MG, 20MG</i>	3	PA
<b>ULCER DRUGS - PROSTAGLANDINS</b>		
<i>CYTOTEC TABS 100MCG, 200MCG</i>	3	
<i>misoprostol tabs 100mcg, 200mcg</i>	1	
<b>ULCER THERAPY COMBINATIONS</b>		
<i>amoxicil cap &amp; clarithro tab &amp;lansopraz cap dr 500 &amp;500 &amp;30mg</i>	1	QL
<i>bismuth subcit-metronidazole-tetracycline cap 140-125-125 mg</i>	1	QL
<i>PYLERA CAP</i>	3	QL
<i>TALICIA CAP</i>	3	QL
<i>VOQUEZNA PAK TRIP PK</i>	3	QL

Drug Name	Drug Tier	Requirements/Limits
<b>URINARY ANTISPASMODICS</b>		
<b>URINARY ANTISPASMODIC - ANTIMUSCARINICS (ANTICHOLINERGIC)</b>		
<i>darifenacin hydrobromide tb24 7.5mg, 15mg</i>	1	
<i>fesoterodine fumarate tb24 4mg, 8mg</i>	1	
<i>oxybutynin chloride soln 5mg/5ml; tabs 2.5mg, 5mg; tb24 5mg, 10mg, 15mg</i>	1	
<i>solifenacin succinate tabs 5mg, 10mg</i>	1	
<i>tolterodine tartrate cp24 2mg, 4mg; tabs 1mg, 2mg</i>	1	
<i>TOVIAZ TB24 4MG, 8MG</i>	3	
<i>trospium chloride cp24 60mg; tabs 20mg</i>	1	
<b>URINARY ANTISPASMODICS - BETA-3 ADRENERGIC AGONISTS</b>		
<i>mirabegron tb24 25mg, 50mg</i>	1	
<i>MYRBETRIQ SRER 8MG/ML</i>	2	
<i>MYRBETRIQ TB24 25MG, 50MG</i>	3	
<b>URINARY ANTISPASMODICS - CHOLINERGIC AGONISTS</b>		
<i>bethanechol chloride tabs 5mg, 10mg, 25mg, 50mg</i>	1	
<b>URINARY ANTISPASMODICS - DIRECT MUSCLE RELAXANTS</b>		
<i>flavoxate hcl tabs 100mg</i>	1	
<b>VAGINAL AND RELATED PRODUCTS</b>		
<b>MISCELLANEOUS VAGINAL PRODUCTS</b>		
<i>INTRAROSA INST 6.5MG</i>	3	
<b>VAGINAL ANTI-INFECTIVES</b>		
<i>CLEOCIN SUPP 100MG</i>	2	
<i>clindamycin phosphate vaginal crea 2%</i>	1	
<i>CLINDESSE CREA 2%</i>	2	
<i>GYNIAZOLE-1 CREA 2%</i>	3	
<i>metronidazole vaginal gel .75%</i>	1	
<i>miconazole 3 supp 200mg</i>	1	
<i>NUVESSA GEL 1.3%</i>	3	
<i>terconazole vaginal crea .4%, .8%; supp 80mg</i>	1	
<i>VANDAZOLE GEL .75%</i>	3	
<i>XACIATO GEL 2%</i>	3	
<b>VAGINAL ESTROGENS</b>		
<i>ESTRACE CREA .1MG/GM</i>	3	
<i>estradiol vaginal crea .1mg/gm; tabs 10mcg</i>	1	
<i>ESTRING RING 7.5MCG/24HR</i>	2	
<i>FEMRING RING .05MG/24HR, .1MG/24HR</i>	3	
<i>IMVEXXY MAINTENANCE PACK INST 4MCG, 10MCG</i>	3	
<i>IMVEXXY STARTER PACK INST 4MCG, 10MCG</i>	3	
<i>PREMARIN CREA .625MG/GM</i>	2	

<b>Drug Name</b>	<b>Drug Tier</b>	<b>Requirements/Limits</b>
VAGIFEM TABS 10MCG	3	
<i>yuvafem tabs 10mcg</i>	1	
<b>VAGINAL PROGESTINS</b>		
CRINONE GEL 4%, 8%	3	PA
ENDOMETRIN INST 100MG	2	PA
<b>VASOPRESSORS</b>		
<b>ANAPHYLAXIS THERAPY AGENTS</b>		
AUVI-Q SOAJ .1MG/0.1ML, .15MG/0.15ML, .3MG/0.3ML	3	
<i>epinephrine (anaphylaxis) soaj .15mg/0.15ml, .15mg/0.3ml, .3mg/0.3ml</i>	1	
EPIPEN 2-PAK SOAJ .3MG/0.3ML	3	
EPIPEN-JR 2-PAK SOAJ .15MG/0.3ML	3	
<b>NEUROGENIC ORTHOSTATIC HYPOTENSION (NOH) - AGENTS</b>		
<i>droxidopa caps 100mg, 200mg, 300mg</i>	4	PA
<b>VASOPRESSORS</b>		
<i>midodrine hcl tabs 2.5mg, 5mg, 10mg</i>	1	
<b>VITAMINS</b>		
<b>OIL SOLUBLE VITAMINS</b>		
<i>ergocalciferol caps 1.25mg, 50000unit</i>	1	
<i>phytonadione soln 1mg/0.5ml, 10mg/ml; tabs 5mg</i>	1	

## 2025 FEP MANAGED NOT COVERED DRUG LIST BLUE BASIC CHART

These listed drugs are not covered under Blue Basic. If you use any of these Managed Not Covered Drugs, you will need to pay the full cost of the drug(s).

If you are using one of these non-covered drugs, ask your doctor for one of the covered generic or brand name options.

DRUGS NOT COVERED IN 2025 FOR BLUE BASIC	COVERED OPTIONS**
MINOLIRA, SEYSARA	azithromycin, doxycycline (except 20 mg), minocycline, minocycline ext-rel, sulfamethoxazole/trimethoprim, MINOCIN, SOLODYN, VIBRAMYCIN, ZITHROMAX
ABSORICA LD	isotretinoin, ABSORICA
adapalene pad, adapalene soln 0.1%, CABTREO, TWYNEO	adapalene crm, gel (Rx only), adapalene/benzoyl peroxide, benzoyl peroxide, clindamycin gel, lotion, soln, swabs, clindamycin/benzoyl peroxide, clindamycin/tretinoin, erythromycin gel 2%, soln, erythromycin/benzoyl peroxide, sulfacetamide sodium, tazarotene crm 0.1%, gel 0.05%, 0.1%, tretinoin, ACANYA, AKLIEF, AMZEEQ, ARAZLO, ATRALIN, AZELEX, BENZAC AC, BENZAMYCIN, CLEOCIN T, DIFFERIN (Rx only), EPIDUO/FORTE, ERYGEL, FABIOR, ONEXTON, RETIN A, RETIN A MICRO/PUMP, TAZORAC, VELTIN, WINLEVI, ZIANA
carbinoxamine 6 mg, cetirizine solution, desloratadine, levocetirizine, CLARINEX, CLARINEX-D, RYVENT	montelukast, zafirlukast, ACCOLATE, SINGULAIR
BECONASE AQ, DYMISTA, NASONEX, OMNARIS, QNASL, RHINOCORT AQUA, RYALTRIS, VERAMYST, ZETONNA	azelastine spray, azelastine/fluticasone nasal spray, flunisolide spray, fluticasone spray, mometasone spray, olopatadine spray, PATANASE
PRADAXA, PRADAXA PAK, SAVAYSA	dabigatran caps, warfarin, ELIQUIS, XARELTO
opium tincture	diphenoxylate/atropine, loperamide
TOLSURA	fluconazole, itraconazole, ketoconazole, posaconazole, voriconazole, DIFLUCAN, NOXAFL, SPORANOX, VFEND
diclofenac potassium caps, diclofenac sodium sol 2%, fenoprofen caps 200 mg, indomethacin caps (20 mg, 40 mg), indomethacin supp (50 mg, 100 mg), indomethacin susp, meloxicam caps (5 mg, 10 mg), meloxicam susp 7.5 mg/5 ml, naproxen sodium ext-rel tabs, oxaprozin 300 mg caps, ANAPROX DS, CAMBIA, COXANTO, FELDENE, FENORTHO, INDOCIN susp/supp, NAPRELAN, NAPROSYN, PENNSAID 2%, RELAFEN DS, TIVORBEX, VIVLODEX, ZIPSOR, ZORVOLEX	diclofenac DR/ER (except diclofenac potassium caps), diclofenac gel/soln (except 2% soln), etodolac/ER, flurbiprofen, ibuprofen, indomethacin/ER (except indomethacin caps 20 mg, 40 mg and supp 50 mg, 100 mg, and suspension), ketoprofen/ER, meloxicam tabs, nabumetone, naproxen, oxaprozin (except 300 mg caps), piroxicam, sulindac
LICART	diclofenac epolamine patch 1.3%, diclofenac sodium gel 1%, diclofenac sodium solution (except 2% soln), FLECTOR

<b>DRUGS NOT COVERED IN 2025 FOR BLUE BASIC</b>	<b>COVERED OPTIONS**</b>
ELYXYB	celecoxib, CELEBREX
ibuprofen/famotidine tabs, naproxen/esomeprazole magnesium tabs DR, ARTHROTEC, DUEXIS, VIMOVO	diclofenac/misoprostol, esomeprazole magnesium delayed-rel, famotidine, ibuprofen, naproxen
CONSENSI	celecoxib, CELEBREX, AND amlodipine tabs, NORVASC
ZYTIGA	abiraterone
FASLODEX	fulvestrant
GLEEVEC	imatinib mesylate
AFINITOR, AFINITOR DISPERZ	everolimus, everolimus tabs for oral suspension
TYKERB	lapatinib
XELODA	capecitabine
TEMODAR	temozolomide
TARGRETIN CAPS/GEL	bexarotene caps/gel
ADIPEX-P, PLENITY	benzphetamine tabs, diethylpropion ext-rel tabs, diethylpropion tabs, orlistat (RX), phendimetrazine tabs, phentermine tabs/caps, CONTRAVE, LOMAIRA, PHENDIMETRAZINE TARTRATE EXT-REL CAP, QSYMIA, SAXENDA, WEGOVY, XENICAL (RX)
penicillamine caps, CUPRIMINE	azathioprine, hydroxychloroquine, leflunomide, methotrexate, penicillamine tabs, DEPEN
REDITREX	methotrexate, OTREXUP, RASUVO
LIBRAX	chlordiazepoxide/clidinium, dicyclomine, hyoscyamine
DONNATAL	atropine/hyoscyamine/scopolamine/phenobarbital
LOREEV XR	alprazolam/ext-rel, chlordiazepoxide, clonazepam, clorazepate, diazepam, lorazepam, oxazepam, ATIVAN, KLOONOPIN, VALIUM, XANAX/XR
PROVENTIL HFA, VENTOLIN HFA, XOPENEX HFA	albuterol solution, albuterol sulfate CFC-free aerosol, levalbuterol inhalation solution, levalbuterol nebulizer solution concentrate, levalbuterol tartrate CFC-free aerosol, PROAIR HFA, XOPENEX CONCENTRATE, XOPENEX SOLUTION
AEROSPAN, ALVESCO	budesonide inhalation suspension, fluticasone, CFC-free aerosol, ASMANEX, FLOVENT HFA, PULMICORT, QVAR, QVAR REDIHALER
zileuton ext-rel, ZYFLO CR	montelukast, zafirlukast, SINGULAIR, ACCOLATE, ZYFLO
adalimumab-aacf, adalimumab-aaty, adalimumab-adbm, adalimumab-ryvk, ABRILADA, AMJEVITA, CYLTEZO, HADLIMA, HULIO, IDACIO, SIMLANDI, YUFLYMA, YUSIMRY	adalimumab-adaz, adalimumab-fkjp, HUMIRA, HYRIMOZ

<b>DRUGS NOT COVERED IN 2025 FOR BLUE BASIC</b>	<b>COVERED OPTIONS**</b>
LITFULO	Members advised to discuss suitable therapeutic alternatives with prescriber.
ENTADFI, JALYN, UROXATRAL	alfuzosin ext-rel, dutasteride, dutasteride/tamsulosin, finasteride, silodosin, tadalafil (2.5mg, 5mg), tamsulosin, AVODART, CIALIS (2.5mg, 5mg), PROSCAR, RAPAFLO, FLOMAX
DETROL, DETROL LA, ENABLEX, GELNIQUE, GEMTESA, OXYTROL, VESICARE, VESICARE LS	darifenacin ext-rel, fesoterodine ext-rel, oxybutynin, oxybutynin ext-rel, solifenacina, tolterodine, tolterodine ext-rel, trospium, trospium ext-rel, MYRBETRIQ, TOVIAZ
aspirin/omeprazole delayed-rel tabs, YOSPRALA	aspirin*** and esomeprazole magnesium delayed-rel, lansoprazole, omeprazole, pantoprazole, rabeprazole (except rabeprazole capsule sprinkle delayed-rel)
INPEFA	Members advised to discuss suitable therapeutic alternatives with prescriber.
TIKOSYN	dofetilide
BETAPACE, BETAPACE AF	sotalol, sotalol AF
FUROSCIX, SOAANZ	bumetanide, ethacrynic acid, furosemide, torsemide, EDECRIN, LASIX
NORTHERA	droxidopa
LODOCOCO	Members advised to discuss suitable therapeutic alternatives with prescriber.
SABRIL	vigabatrin, vigadron
SYMBYAX	olanzapine/fluoxetine
WELLBUTRIN XL	amitriptyline/perphenazine, bupropion, bupropion ext-rel, mirtazapine, nefazodone, trazodone, APLENZIN, FORFIVO XL, REMERON, SPRAVATO, WELLBUTRIN SR
ADHANSIA XR, ADZENYS XR-ODT, COTEMPLA XR-ODT, DESOXYN, DYANAVEL XR, EVEKEO ODT, XELSTRYM	amphetamine sulfate, amphetamine/dextroamphetamine mixed salts/ER, dextroamphetamine/ER, dexmethylphenidate/ER, ADDERALL, ADDERALL XR, APTENSIO XR, AZSTARYS, CONCERTA, DAYTRANA, DEXEDRINE, EVEKEO, FOCALIN, FOCALIN XR, JORNAY PM, METHYLIN, MYDAYIS, PROCENTRA, QUILLCHEW ER, QUILLIVANT XR, RELEXXII, RITALIN, RITALIN LA, VYVANSE, ZENZEDI
INCRUSE ELLIPTA, TUDORZA PRESSAIR	ipratropium, tiotropium inhalation powder caps, ATROVENT HFA, SPIRIVA, SPIRIVA RESPIMAT
DUAKLIR PRESSAIR	ANORO ELLIPTA, BEVESPI AEROSPHERE, STIOLTO RESPIMAT,
ALKINDI SPRINKLE CAPS, CORTEF, DELTASONE, DEXABLISS, DXEVO 11-DAY, MEDROL, MILLIPRED, ORAPRED ODT, RAYOS, TAPERDEX	dexamethasone, fludrocortisone, hydrocortisone, methylprednisolone, prednisone

<b>DRUGS NOT COVERED IN 2025 FOR BLUE BASIC</b>	<b>COVERED OPTIONS**</b>
fluorouracil cream 0.5%, CARAC, KLISYRI	diclofenac sodium gel 3%, fluorouracil (except fluorouracil cream 0.5%), EFUDEX
ALCORTIN-A, ERTACZO, JUBLIA, KERYDIN*, LOPROX, LOTRISONE*, LUZU, MENTAX, NAFTIN*, OXISTAT, VUSION*, XOLEGEL*	ciclopirox, clotrimazole, clotrimazole/betamethasone, econazole, hydrocortisone/iodoquinol, hydrocortisone/iodoquinol/aloe, ketoconazole, luliconazole, miconazole nitrate/zinc oxide, naftifine, nystatin, oxiconazole crm, sulconazole, tavaborole sol 5%, terbinafine tablets, ECOZA, EXELDERM
halobetasol propionate topical foam, triamcinolone oint 0.05%, BRYHALI, IMPEKLO, IMPOYZ, LEXETTE, NOVACORT, OLUX, OLUX-E, TRIANEX, VANOS	betamethasone dipropionate (crm, lotion, oint), betamethasone dipropionate augmented (crm, lotion, gel, oint), clobetasol propionate, diflorasone diacetate, fluocinonide (crm, gel, oint, soln), halobetasol propionate crm, hydrocortisone/pramoxine, triamcinolone acetonide (except triamcinolone oint 0.05%), APEXICON E, CLOBEX, DIPROLENE, HALOG, KENALOG SPRAY, PRAMOSONE, SERNIVO, TOPICORT, ULTRAVATE
XEPI CREAM 1%	mupirocin cream 2%, mupirocin ointment 2%, ALTABAX OINTMENT 1%
XERESE	acyclovir, hydrocortisone
VEREGEN	imiquimod, ZYCLARA
EXTINA	ketoconazole foam 2%
OVACE, OVACE PLUS	sulfacetamide sodium
TACLONEX, WYNZORA	acitretin, betamethasone dipropionate/calcipotriene (oint, susp), calcipotriene, calcitriol, methoxsalen, DUOBRII, ENSTILAR, SORILUX, VECTICAL, VTAMA, ZORYVE
EPSOLAY, NORITATE	azelaic acid gel, brimonidine topical gel, doxycycline (except 20 mg), flurandrenolide, ivermectin crm 1%, metronidazole cream/gel/lotion, FINACEA, METROCREAM, METROGEL, METROLOTION, MIRVASO, ORACEA, SOOLANTRA, ZILXI
sitagliptin, JENTADUETO, JENTADUETO XR, KAZANO, KOMBIGLYZE XR, NESINA, ONGLYZA, OSINI, TRADJENTA, ZITUVIO	alogliptin, alogliptin/metformin, alogliptin/pioglitazone, saxagliptin, saxagliptin/metformin ext-rel, JANUMET, JANUMET XR, JANUVIA
ADLYXIN, BYDUREON, BYDUREON BCISE, BYETTA	liraglutide, MOUNJARO, OZEMPIC, RYBELSUS, TRULICITY, VICTOZA
SOLIQUA	XULTOPHY
insulin lispro, ADMELOG/SOLOSTAR, APIDRA/SOLOSTAR, HUMALOG, HUMALOG TEMPO, LYUMJEV, LYUMJEV KWIKPEN, LYUMJEV TEMPO	insulin aspart, FIASP/FLEXTOUCH, NOVOLOG
HUMALOG MIX 50/50	insulin aspart protamine 70%/insulin aspart 30%, NOVOLOG MIX 70/30
insulin lispro protamine/insulin lispro 75/25, HUMALOG MIX 75/25	insulin aspart protamine 70%/insulin aspart 30%, NOVOLOG MIX 70/30
HUMULIN 70/30	NOVOLIN 70/30

<b>DRUGS NOT COVERED IN 2025 FOR BLUE BASIC</b>	<b>COVERED OPTIONS**</b>
HUMULIN N	NOVOLIN N
HUMULIN R	NOVOLIN R
insulin glargine, LANTUS/SOLOSTAR, REZVOGLAR, SEMGLEE, TOUJEO/SOLOSTAR/MAX SOLOSTAR	BASAGLAR, BASAGLAR TEMPO, INSULIN DEGLUDEC/FLEXTOUCH, INSULIN GLARGINE - YFGN (interchangeable biosimilar), LEVEMIR, TRESIBA/FLEXTOUCH

NOTE: HUMULIN R U-500 concentrate will continue to be covered

metformin 625mg tab, FORTAMET, GLUMETZA, RIOMET ER, RIOMET IR	metformin (does not include 625mg tabs), metformin ext-rel, metformin oral soln
CYCLOSET	alogliptin, alogliptin/metformin, alogliptin/pioglitazone, bromocriptine mesylate, glimepiride, glipizide, glyburide, glyburide/metformin, pioglitazone, repaglinide
BRENZAVVY, INVOKAMET, INVOKAMET XR, INVOKANA, SEGLUROMET, STEGLATRO, STEGLUJAN	dapagliflozin, dapagliflozin/metformin ER, FARXIGA, JARDIANCE, SYNJARDY, SYNJARDY XR, XIGDUO XR
OMNIPOD GO	CEQUR SIMPLICITY, OMNIPOD 5 G6, OMNIPOD 5 G7, OMNIPOD DASH, V-GO
RECLAST	zoledronic acid
SANDOSTATIN	octreotide
SENSIPAR	cinacalcet
GIMOTI	metoclopramide, REGLAN
IFYUZEH, LUMIGAN	bimatoprost, brimonidine, brinzolamide, dorzolamide latanoprost, tafluprost, travoprost, ALPHAGAN P, TRAVATAN Z, VYZULTA, XALATAN, XELPROS, ZIOPTAN
allopurinol 200 mg tab	allopurinol (does not include 200 mg tab), colchicine, febuxostat, probencid, COLCRYS, KRYSTEXXA, MITIGARE, ULORIC, ZYLOPRIM
GENOTROPIN, HUMATROPE, NGENLA, NUTROPIN, NUTROPIN AQ, OMNITROPE, SAIZEN, ZOMACTON	NORDITROPIN
PEPCID	famotidine 40mg, cimetidine, nizatidine
NEUPOGEN	GRANIX, NIVESTYM, RELEUKO, ZARXIO
PROCIT	ARANESP, EPOGEN, RETACRIT
BARACLUDE TABLETS	entecavir tablets
HEPSERA	adefovir dipivoxil
ZEPATIER	ledipasvir/sofosbuvir, sofosbuvir/velpatasvir, EPCLUSIA, HARVONI, MAVYRET, SOVALDI, VOSEVI
FIRAZYR	icatibant

<b>DRUGS NOT COVERED IN 2025 FOR BLUE BASIC</b>	<b>COVERED OPTIONS**</b>
levamlodipine, valsartan oral soln 4 mg/mL, ATACAND, ATACAND HCT, AVALIDE, AVAPRO, COZAAR, DIOVAN, DIOVAN HCT, EDARBI, EDARBYCLOR, HYZAAR, MICARDIS, MICARDIS HCT	candesartan, candesartan/HCTZ, irbesartan, irbesartan/HCTZ, losartan, losartan/HCTZ, olmesartan, olmesartan/HCTZ, telmisartan, telmisartan/HCTZ, valsartan (does not include valsartan oral soln 4 mg/mL), valsartan/HCTZ, BENICAR, BENICAR HCT
BYSTOLIC	acebutolol, atenolol, carvedilol/ext-rel, metoprolol succinate ext-rel, metoprolol tartrate, nebivolol, pindolol, propranolol/ext-rel, COREG/CR, INDERAL LA, INNOPRAN XL, KAPSPARGO, LOPRESSOR, TENORMIN, TOPROL-XL
CONJUPRI, KATERZIA, NORLIQVA	amlodipine tabs, felodipine ext-rel, nicardipine, nifedipine ext-rel, nisoldipine ext-rel, NORVASC, PROCARDIA XL, SULAR
FENOGLIDE	fenofibrate, fenofibric acid del-rel, gemfibrozil, LIPOFEN, TRICOR, TRIPLEX, LOPID, ANTARA
PRALUENT	REPATHA
simvastatin susp, ALTOPREV, ATORVALIQ, CADUET, CRESTOR, EZALLOR SPRINKLE, EZETIMIBE/ROSUVASTATIN tabs, FLOLIPID, LESCOL/XL, LIPITOR, LIPTRUZET, LIVALO, MEVACOR, PRAVACHOL, VYTORIN, ZOCOR, ZYPITAMAG	amlodipine/atorvastatin, atorvastatin, ezetimibe/simvastatin, fluvastatin, lovastatin, pitavastatin, pravastatin, rosuvastatin, simvastatin (except susp)
ZORTRESS	everolimus
FLUMADINE	oseltamivir, rimantadine, RELENZA, TAMIFLU, XOFLUZA
RIMSO-50	Members advised to discuss suitable therapeutic alternatives with prescriber.
ACCRUFER	ferrous fumarate <sup>§</sup> , ferrous gluconate <sup>§</sup> , ferrous sulfate <sup>§</sup> , INJECTAFER, MONOFERRIC
EXJADE, JADENU	deferasirox
AMITIZA	lubiprostone (generic), IBSRELA, LINZESS, MOTEGRITY
LACTULOSE PAK 10MG, SUFLAVE, SUTAB	lactulose solution, PEG 3350/electrolytes, sodium sulfate/potassium sulfate/magnesium sulfate, CLENPIQ, GOLYTELY, KRISTALOSE, MOVIPREP, OSMOPREP, PLENNU, PREPOPIK, SUPREP
AJOVY	AIMOVIG, EMGALITY 120 mg/mL, QULIPTA, VYEPTI
UBRELVY	NURTEC ODT
CAFERGOT, MIGRAL, TRUDHESA	dihydroergotamine nasal spray/inj, ergotamine/caffeine tabs, D.H.E. 45
REYVOW, TOSYMRA	almotriptan, eletriptan, frovatriptan, naratriptan, rizatriptan, sumatriptan, zolmitriptan, FROVA, IMITREX, MAXALT, MAXALT-MLT, ONZETRA XSAIL, RELPAX, ZOMIG
APOKYN, OSMOLEX ER, TASMAR	amantadine IR, apomorphine, benztrapine, bromocriptine,

<b>DRUGS NOT COVERED IN 2025 FOR BLUE BASIC</b>	<b>COVERED OPTIONS**</b>
	carbidopa/levodopa, entacapone, pramipexole, rasagiline, ropinirole/ER, selegiline, tolcapone, AZILECT, COMTAN, DUOPA, GOCOVRI, KYNMOBI, MIRAPEX XR, NEUPRO, PARLODEL, RYTARY, SINEMET, STALEVO, XADAGO, ZELAPAR
XENAZINE	tetrabenazine
AMPYRA	dalfampridine ER
COPAXONE	glatiramer, GLATOPA
TECFIDERA	dimethyl fumarate delayed-rel
cyclobenzaprine ext-rel, AMRIX	baclofen, cyclobenzaprine
baclofen susp 25 mg/5ml, FLEQSUVY, LYVISPAH	baclofen (except baclofen susp 25 mg/5ml), cyclobenzaprine, dantrolene, DANTRIUM, LIORESAL INTRATHECAL, OZOBAX
chlorzoxazone tab (250mg, 375mg, 750mg), LORZONE	chlorzoxazone tab 500mg
orphenadrine/aspirin/caffeine tabs, ORPHENGESIC FORTE	aspirin***, caffeine <sup>§</sup> , baclofen, cyclobenzaprine
ondansetron 16mg ODT, ANZEMET, ZUPLENZ	gransetron, ondansetron (except 16mg ODT), palonosetron, promethazine, SANCUSO
BONJESTA	doxylamine <sup>§</sup> , doxylamine/pyridoxine delayed-rel, pyridoxine (vitamin B6) <sup>§</sup> , DICLEGIS, UNISOM <sup>§</sup>
VASCEPA	icosapent ethyl caps, omega-3 acid ethyl esters caps, LOVAZA
BACIGUENT	bacitracin ophthalmic
EYSUVIS, MIEBO, TYRVAYA, VEVYE	cyclosporine emulsion, CEQUA, RESTASIS, XIIDRA
atropine sulfate eye ointment	atropine ophthalmic solution, cyclopentolate ophthalmic solution
PHOSPHOLINE IODIDE	Members advised to discuss suitable therapeutic alternatives with prescriber.
VUITY	Members advised to discuss suitable therapeutic alternatives with prescriber.
gabapentin (once-daily) tabs, pregabalin ext-rel tabs, GRALISE, HORIZANT, LYRICA, LYRICA CR	gabapentin, pregabalin (does not include ext-rel tabs), NEURONTIN
ARYMO ER, HYSINGLA ER, OXYCONTIN	hydrocodone ext-rel, hydromorphone ext-rel, morphine ext-rel, tramadol ext-rel, EMBEDA, MORPHABOND, MS CONTIN, NUCYNTA ER, OPANA ER, XTAMPZA ER
benzhydrocodone/acetaminophen, hydrocodone/acetaminophen soln 10 mg - 325 mg/15 mL, oxycodone/acetaminophen sol 10 mg - 300 mg/5 mL, oxycodone/acetaminophen tab (2.5 mg - 300 mg, 5 mg - 300 mg, 10 mg - 300 mg), APADAZ, NALOCET, PRIMLEV, PROLATE	codeine/acetaminophen, hydrocodone/acetaminophen, oxycodone/acetaminophen (except oxycodone/acetaminophen sol 10 mg - 300 mg/5 mL, and 2.5 mg - 300 mg, 5 mg - 300 mg, 10 mg - 300 mg tabs), tramadol/acetaminophen, ENDOCET, PERCOSET

<b>DRUGS NOT COVERED IN 2025 FOR BLUE BASIC</b>	<b>COVERED OPTIONS**</b>
LAZANDA	fentanyl buccal, fentanyl sublingual, fentanyl transmucosal, FENTORA, SUBSYS
levorphanol	hydromorphone, morphine, oxycodone, tramadol (except 25 mg and 100 mg tabs, and 5 mg/mL oral soln), DILAUDID, NUCYNTA, OPANA, ROXICODONE
SEGLENTIS	celecoxib, tramadol (except 25 mg and 100 mg tabs, and 5 mg/mL oral soln), CELEBREX
tramadol 25 mg tabs, tramadol 100 mg tabs, tramadol 5 mg/mL oral, CONZIP, QDOLO	tramadol (except 25 mg and 100 mg tabs, and 5 mg/mL oral soln), tramadol ext-rel, tramadol/acetaminophen
ZTLIDO	lidocaine cream, lidocaine gel, lidocaine lotion, lidocaine ointment, lidocaine patch 5%, LIDODERM PATCH, QUTENZA PATCH
PERTZYE, ZENPEP	CREON, PANCREAZE, VIOKACE
esomeprazole strontium, omeprazole/sodium bicarbonate, rabeprazole capsule sprinkle delayed-rel, ACIPHEX, DEXILANT, FIRST-LANSOPRAZOLE, FIRST-OMEPRAZOLE, FIRST-PANTOPRAZOLE, KONVOMEP, NEXIUM, PREVACID, PREVACID SOLUTAB, PRILOSEC, PROTONIX, ZEGERID	dexlansoprazole delayed-rel, esomeprazole magnesium delayed-rel, lansoprazole delayed-rel, omeprazole delayed-rel, pantoprazole delayed-rel, rabeprazole (except rabeprazole capsule sprinkle delayed-rel)
LETAIRIS	ambrisentan
LIQREV, REVATIO	sildenafil (PAH)
ADCIRCA	tadalafil (PAH), Alyq
TRACLEER 62.5mg, 125mg tab	bosentan
zolpidem cap 7.5 mg, AMBIEN, AMBIEN CR, DORAL, EDLUAR, INTERMEZZO, LUNESTA, QUVIVIQ, ROZEREM, SECONAL, SONATA	doxepin, estazolam, eszopiclone, quazepam, ramelteon, temazepam, triazolam, zaleplon, zolpidem tab/ER tab, BELSOMRA, DAYVIGO, RESTORIL, SILENOR
ANDROGEL, NATESTO, TESTIM, VOGELXO	testosterone gel, ANDRODERM, FORTESTA
TLANDO	JATENZO, KYZATREX, STRIANT
ERMEZA, THYQUIDITY	levothyroxine, liothyronine, CYTOMEL, SYNTHROID, TIROSINT
CARAFATE	sucralfate
DARTISLA ODT	glycopyrrolate tabs (generic)
ASACOL HD, COLAZAL, DELZICOL, PENTASA	balsalazide, mesalamine delayed-rel (caps, tabs), mesalamine ext-rel caps, sulfasalazine, sulfasalazine delayed, rel, APRISO, AZULFIDINE, DIPENTIUM, LIALDA
POKONZA	klor-con, potassium chloride, EFFER-K
FORTEO, TERIPARATIDE 620mcg/2.48mL	teriparatide 600mcg/2.4mL, TYMLOS

DRUGS NOT COVERED IN 2025 FOR BLUE BASIC	COVERED OPTIONS**
ALVAIZ	DOPTELET, NPLATE, PROMACTA, TAVALISSE
JYLAMVO	methotrexate, XATMEP

\* This list shows uses for which the drug is prescribed. Some drugs are prescribed for more than one condition.

\*\* For more covered options, consult 2025 Blue Basic formulary.

\*\*\* Multiple strengths of aspirin are covered for men age 45 through 79 and women age 50 through 79. Low-dose aspirin (81 mg per day) for female members at risk for preeclampsia.

§ Denotes over-the-counter (OTC) availability only, and not covered through the prescription benefit.

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<i>clindamycin phosphate in d5w iv soln 600</i>	
<i>mg/50ml</i>	30
<i>clindamycin phosphate in d5w iv soln 900</i>	
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<i>gel 1.2-3.75%</i>	81
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