



# AON Health Experience

**Geisinger**  
HEALTH PLAN

**2025**

**List of covered drugs**

## General Formulary Information

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

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

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

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

## Pharmacy Customer Service Team Contact Information

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

Fax: 570-300-2122

Mailing address:

Geisinger Health Plan

Pharmacy Department

Internal Mail Code 24-10

100 North Academy Avenue

Danville, PA 17822

## AON Benefit Experience

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

- Tier 1 - Includes most generic medications and has the lowest copayment. Prior authorization is usually not necessary for medications in this tier.
- Tier 2 - Includes certain formulary brand name medications with no generic equivalent and select generic medications. Prior authorization may be necessary for medications in this tier.
- Tier 3 - Includes certain formulary brand name medications, brand name medications with a generic equivalent (unless higher cost-sharing applies), and specialty medications. Non-formulary brand name medications, if approved, will apply tier 3 cost sharing. Prior authorization may be necessary for medications in this tier.

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

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

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

### **Specialty Vendor Medication Program**

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

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

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

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

### Using this formulary

- Medications are listed by therapeutic class within the table of contents. An alphabetical index of all medications can be found at the back of the formulary.
- The medication Tier is listed in the Drug Tier Column.
- Medication names with AL in the Requirements/Limits column have age limits.
- Medication names with QL in the Requirements/Limits column have quantity limits.
- Medication names followed by PA in the Requirements/Limits column require prior authorization.
- Medication names followed by PA NSO in the Requirements/Limits column require prior authorization for new starts only.
- Medication names followed by ST in the Requirements/Limits column have step therapy requirements.
- Medication names followed by SP in the Requirements/Limits column must be obtained from a network specialty vendor.
- This formulary is accurate as of January 1, 2025 and is subject to change. Any additions or deletions to the formulary throughout the year may be found in the following publications: “Member Update” for members and “Healthcare Provider Update” for providers. The most up-to-date source for formulary information is the online formulary search available at [www.geisinger.org/health-plan](http://www.geisinger.org/health-plan).
- **Restrictions in medication availability may result from use of a formulary.**

Certain prescription medications listed in this formulary may not be covered for everyone. Your prescription medication benefits are dependent upon the coverage selected by you or your employer. Please be aware that if you choose to obtain a non-formulary medication, you may be required to pay the full price of that medication. For information about your specific prescription medication benefits, please contact the Pharmacy Customer Service Team at (800) 988-4861.

### Quantity Limits

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

## **Step Therapy**

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

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

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

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

## **Formulary exclusions**

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

Some examples of excluded medications include those that are:

- Available over-the-counter
- Used for experimental, investigational, or unproven therapies
- Used for cosmetic purposes

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

## Health Care Reform

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

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

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

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

## **Formulary development**

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

## **What are generics?**

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

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

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## Notes for providers

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

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

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

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

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



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

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

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

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

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

#### **Sources:**

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

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

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

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

# Discrimination is against the law

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

## Geisinger Health Plan:

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

If you need reasonable modifications, appropriate auxiliary aids and services or language assistance services, call Geisinger Health Plan at 800-447-4000 or TTY: 711.

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

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

You can file a grievance in person or by mail, fax or email. If you need help filing a grievance, the civil rights grievance coordinator is available to help you.

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

ប្រយ័ត្ន: បើសិនជាអ្នកនិយាយភាសាខ្មែរ, យើងផ្តល់ជូនសេវាភាសាដោយឥតគិតថ្លៃសម្រាប់អ្នកដែលមានការបំប្រែស្តីពីស្តីប្រា ចូរ ទូរស័ព្ទ 800-447-4000 (TTY: 711)។

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

## LEGEND

1 Preventative

2 Generics

3 Preferred Brands

4 Non-Preferred Brands

QL Quantity Limit

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

PA Prior Authorization

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

PA-NSO Prior Authorization - New Starts Only

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

ST Step Therapy

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

AL Age Limit

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

PN Note

This drug has unique restrictions.

PN Note

This drug has unique PA restrictions

SP Specialty Drug

Specialty Vendor Medication Program

PN Note

This drug has unique restrictions

LA Limited Access

Drugs that are only available at certain pharmacies

PN Note

This drug has unique restrictions

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Drug Name	Drug Tier	Requirements/Limits
<b>ADHD/ANTI-NARCOLEPSY/ANTI-OBESITY/ANOREXIANTS (CONTINUED)</b>		
<b>AMPHETAMINES</b>		
<i>amphetamine-dextroamphetamine er</i>	2	
<i>amphetamine-dextroamphetamine</i>	2	
<i>dextroamphetamine sulfate (5 mg tab, 10 mg tab)</i>	2	
<i>dextroamphetamine sulfate er</i>	2	
<i>lisdexamfetamine dimesylate (10 mg cap, 20 mg cap, 30 mg cap, 40 mg cap, 50 mg cap, 60 mg cap, 70 mg cap)</i>	2	PA, QL (1 ea per 1 day(s))
<i>methamphetamine hcl</i>	2	
<b>ANALECTICS</b>		
<i>caffeine citrate</i>	2	
<b>ANOREXIANTS NON-AMPHETAMINE</b>		
BENZPHETAMINE HCL (25 MG TAB, 50 MG TAB)	2	
<i>diethylpropion hcl</i>	2	
DIETHYLPROPION HCL ER	2	
LOMAIRA	2	
<i>phendimetrazine tartrate</i>	2	
PHENDIMETRAZINE TARTRATE ER	2	
<i>phentermine hcl</i>	2	
PLENITY	4	
PLENITY WELCOME KIT	4	
QSYMIA	4	QL (1 ea per 1 day(s)), PA-NSO
<b>ANTI-OBESITY AGENTS</b>		
CONTRAVE	4	QL (4 ea per 1 day(s)), PA-NSO
IMCIVREE	4	LA, QL (0.3 ml per 1 day(s)), SP
ORLISTAT	4	QL (3 ea per 1 day(s)), PA-NSO
SAXENDA	4	QL (0.5 per 1 days), PA-NSO
WEGOVY (0.5 MG/0.5ML SOLN A-INJ, 1 MG/0.5ML SOLN A-INJ, 1.7 MG/0.75ML SOLN A-INJ, 2.4 MG/0.75ML SOLN A-INJ)	4	PA, QL (3 ml per 28 days)
WEGOVY 0.25 MG/0.5ML SOLN A-INJ	4	PA, QL (3 ml per 28 day(s))
XENICAL	4	QL (3 ea per 1 day(s)), PA-NSO

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

Drug Name	Drug Tier	Requirements/Limits
ZEPBOUND	4	PA, QL (2 ml per 28 day(s))
<b>ATTENTION-DEFICIT/HYPERACTIVITY DISORDER (ADHD) AGENTS</b>		
<i>atomoxetine hcl</i>	2	
<i>guanfacine hcl er</i>	2	
QELBREE 100 MG CAP ER 24H	4	PA, QL (1 ea per 1 days)
QELBREE 150 MG CAP ER 24H	4	PA, QL (2 ea per 1 days)
QELBREE 200 MG CAP ER 24H	4	PA, QL (3 ea per 1 days)
<b>STIMULANTS - MISC.</b>		
<i>armodafinil</i>	2	PA
<i>dexmethylphenidate hcl</i>	2	
<i>dexmethylphenidate hcl er</i>	2	
<i>methylphenidate</i>	2	PA
<i>methylphenidate hcl (5 mg tab, 5 mg/5ml solution, 10 mg tab, 10 mg/5ml solution, 20 mg tab)</i>	2	
METHYLPHENIDATE HCL ER (10 MG TAB ER, 18 MG TAB ER, 18 MG TAB ER 24H, 20 MG TAB ER, 27 MG TAB ER, 27 MG TAB ER 24H, 36 MG TAB ER, 36 MG TAB ER 24H, 54 MG TAB ER, 54 MG TAB ER 24H)	2	
<i>methylphenidate hcl er (cd)</i>	2	
<i>methylphenidate hcl er (la) (10 mg cap er 24h, 20 mg cap er 24h, 30 mg cap er 24h, 40 mg cap er 24h)</i>	2	
<i>methylphenidate hcl er (la) 60 mg cap er 24h</i>	2	PA
<i>methylphenidate hcl er (osm) (18 mg tab er, 27 mg tab er, 36 mg tab er, 54 mg tab er)</i>	2	
<i>modafinil</i>	2	PA
<b>AMINOGLYCOSIDES (CONTINUED)</b>		
<b>AMINOGLYCOSIDES</b>		
<i>neomycin sulfate</i>	2	
<i>paromomycin sulfate</i>	2	
<i>tobramycin 300 mg/4ml nebu soln</i>	2	PA, QL (224 ml per 56 days), SP, PN (MIN 56 DAY SUPPLY; MAX 60 DAY SUPPLY)
<i>tobramycin 300 mg/5ml nebu soln</i>	2	PA, QL (280 ml per 56 days), SP
<b>ANALGESICS - ANTI-INFLAMMATORY (CONTINUED)</b>		
<b>ANTI-TNF-ALPHA - MONOCLONAL ANTIBODIES</b>		
ADALIMUMAB-FKJP (2 PEN)	4	QL (2 ea per 28 day(s)), PA-NSO, SP, PN (28 DAYS SUPPLY PER FILL)

<b>Drug Name</b>	<b>Drug Tier</b>	<b>Requirements/Limits</b>
ADALIMUMAB-FKJP (2 SYRINGE)	4	QL (2 ea per 28 day(s)), PA-NSO, SP, PN (28 DAYS SUPPLY PER FILL)
AMJEVITA (40 MG/0.4ML SOLN A-INJ, 40 MG/0.4ML SOLN PRSYR)	4	QL (0.8 ml per 28 day(s)), PA-NSO, SP, PN (28 DAYS SUPPLY PER FILL)
AMJEVITA 20 MG/0.2ML SOLN PRSYR	4	QL (0.4 ml per 28 day(s)), PA-NSO, SP, PN (28 DAYS SUPPLY PER FILL)
AMJEVITA 80 MG/0.8ML SOLN A-INJ	4	QL (2.4 ml per 28 day(s)), PA-NSO, SP, PN (28 DAYS SUPPLY PER FILL)
HADLIMA 40 MG/0.4ML SOLN PRSYR	4	QL (0.8 ml per 28 days), PA-NSO, SP, PN (28 DAYS SUPPLY PER FILL)
HADLIMA 40 MG/0.8ML SOLN PRSYR	4	QL (1.6 ml per 28 days), PA-NSO, SP, PN (28 DAYS SUPPLY PER FILL)
HADLIMA PUSHTOUCH 40 MG/0.4ML SOLN A-INJ	4	QL (0.8 ml per 28 days), PA-NSO, SP, PN (28 DAYS SUPPLY PER FILL)
HADLIMA PUSHTOUCH 40 MG/0.8ML SOLN A-INJ	4	QL (1.6 ml per 28 days), PA-NSO, SP, PN (28 DAYS SUPPLY PER FILL)
SIMPONI 100 MG/ML SOLN A-INJ	4	QL (1 ml per 28 days), PA-NSO, SP, PN (MIN 28 DAY SUPPLY; MAX 34 DAY SUPPLY)
SIMPONI 100 MG/ML SOLN PRSYR	4	QL (1 ml per 28 days), PA-NSO, SP, PN (MIN 28 DAY SUPPLY; MAX 34 DAY SUPPLY)
SIMPONI 50 MG/0.5ML SOLN A-INJ	4	QL (0.5 ml per 28 days), PA-NSO, SP, PN (MIN 28 DAY SUPPLY; MAX 34 DAY SUPPLY)
SIMPONI 50 MG/0.5ML SOLN PRSYR	4	QL (0.5 ml per 28 days), PA-NSO, SP, PN (MIN 28 DAY SUPPLY; MAX 34 DAY SUPPLY)
SIMPONI ARIA	4	PA, SP, PN (MIN 56 DAY SUPPLY; MAX 60 DAY SUPPLY)
YUSIMRY	4	QL (1.6 ml per 28 day(s)), PA-NSO, SP, PN (28 DAYS SUPPLY PER FILL)
<b>ANTIRHEUMATIC - ENZYME INHIBITORS</b>		
RINVOQ (15 MG TAB ER 24H, 30 MG TAB ER 24H)	4	QL (30 ea per 30 days), PA-NSO, SP, PN (30 DAYS SUPPLY PER FILL)
RINVOQ 45 MG TAB ER 24H	4	QL (28 ea per 28 days), PA-NSO, SP, PN (84 DAYS SUPPLY IN 180 DAYS)
RINVOQ LQ	4	QL (360 ml per 30 day(s)), PA-NSO, SP, PN (30 DAYS SUPPLY PER FILL)
XELJANZ (5 MG TAB, 10 MG TAB)	4	QL (60 ea per 30 days), PA-NSO, SP, PN (30 DAYS SUPPLY PER FILL)



<b>Drug Name</b>	<b>Drug Tier</b>	<b>Requirements/Limits</b>
XELJANZ 1 MG/ML SOLUTION	4	QL (300 ml per 30 days), PA-NSO, SP, PN (30 DAYS SUPPLY PER FILL)
XELJANZ XR	4	QL (30 ea per 30 days), PA-NSO, SP, PN (30 DAYS SUPPLY PER FILL)
<b>INTERLEUKIN-1 BLOCKERS</b>		
ARCALYST	4	PA, SP, PN (34 DAYS SUPPLY PER FILL)
<b>INTERLEUKIN-1BETA BLOCKERS</b>		
ILARIS	4	PA, SP, PN (MIN 28 DAY SUPPLY; MAX 90 DAY SUPPLY)
<b>INTERLEUKIN-6 RECEPTOR INHIBITORS</b>		
ACTEMRA (80 MG/4ML SOLUTION, 200 MG/10ML SOLUTION, 400 MG/20ML SOLUTION)	4	PA, SP, PN (MIN 21 DAY SUPPLY; MAX 34 DAY SUPPLY)
ACTEMRA 162 MG/0.9ML SOLN PRSYR	4	QL (3.6 ml per 28 days), PA-NSO, SP, PN (MIN 21 DAY SUPPLY; MAX 34 DAY SUPPLY)
ACTEMRA ACTPEN	4	QL (3.6 ml per 28 days), PA-NSO, SP, PN (MIN 21 DAY SUPPLY; MAX 34 DAY SUPPLY)
TOFIDENCE	4	PA, SP, PN (MIN 21 DAY SUPPLY; MAX 34 DAY SUPPLY)
TYENNE (162 MG/0.9ML SOLN A-INJ, 162 MG/0.9ML SOLN PRSYR)	4	QL (3.6 ml per 28 day(s)), PA-NSO, SP, PN (MIN 21 DAY SUPPLY; MAX 34 DAY SUPPLY)
TYENNE (80 MG/4ML SOLUTION, 200 MG/10ML SOLUTION, 400 MG/20ML SOLUTION)	4	PA, SP, PN (MIN 21 DAY SUPPLY; MAX 34 DAY SUPPLY)
<b>NONSTEROIDAL ANTI-INFLAMMATORY AGENTS (NSAIDS)</b>		
<i>cataflam</i>	2	
<i>celecoxib</i>	2	
<i>diclofenac potassium 50 mg tab</i>	2	
<i>diclofenac sodium (25 mg tab dr, 50 mg tab dr, 75 mg tab dr)</i>	2	
<i>diclofenac sodium er</i>	2	
<i>diclofenac-misoprostol</i>	2	
<i>ec-naproxen</i>	2	
<i>etodolac</i>	2	
<i>etodolac er</i>	2	
FENOPROFEN CALCIUM (200 MG CAP, 400 MG CAP, 600 MG TAB)	2	

Drug Name	Drug Tier	Requirements/Limits
<i>flurbiprofen 100 mg tab</i>	2	
<i>ibu</i>	2	
<i>ibuprofen (100 mg/5ml suspension, 400 mg tab, 600 mg tab, 800 mg tab)</i>	2	
<i>indomethacin (25 mg cap, 25 mg/5ml suspension, 50 mg cap)</i>	2	
<i>indomethacin er</i>	2	
<i>ketorolac tromethamine 10 mg tab</i>	2	QL (20 ea per fill)
MECLOFENAMATE SODIUM	2	
<i>mefenamic acid</i>	2	
<i>meloxicam (7.5 mg tab, 15 mg tab)</i>	2	
<i>nabumetone</i>	2	
NALFON 400 MG CAP	2	
<i>naproxen (125 mg/5ml suspension, 250 mg tab, 375 mg tab, 375 mg tab dr, 500 mg tab, 500 mg tab dr)</i>	2	
<i>naproxen dr</i>	2	
<i>naproxen sodium (275 mg tab, 550 mg tab)</i>	2	
<i>oxaprozin 600 mg tab</i>	2	
<i>piroxicam</i>	2	
<i>sulindac</i>	2	
<b>PHOSPHODIESTERASE 4 (PDE4) INHIBITORS</b>		
OTEZLA 10 & 20 & 30 MG TAB THPK	4	QL (55 ea per 28 days), PA-NSO, SP, PN (28 DAYS SUPPLY PER FILL)
OTEZLA 30 MG TAB	4	QL (60 ea per 30 days), PA-NSO, SP, PN (30 DAYS SUPPLY PER FILL)
<b>PYRIMIDINE SYNTHESIS INHIBITORS</b>		
<i>leflunomide</i>	2	
<b>SOLUBLE TUMOR NECROSIS FACTOR RECEPTOR AGENTS</b>		
ENBREL (25 MG/0.5ML SOLN PRSYR, 50 MG/ML SOLN PRSYR)	4	QL (4 ml per 28 days), PA-NSO, SP, PN (MIN 28 DAY SUPPLY; MAX 34 DAY SUPPLY)
ENBREL 25 MG RECON SOLN	4	QL (8 ea per 28 days), PA-NSO, PN (MIN 28 DAY SUPPLY; MAX 34 DAY SUPPLY)
ENBREL 25 MG/0.5ML SOLUTION	4	QL (8 ml per 28 days), PA-NSO, SP, PN (MIN 28 DAY SUPPLY; MAX 34 DAY SUPPLY)

Drug Name	Drug Tier	Requirements/Limits
ENBREL MINI	4	QL (4 ml per 28 days), PA-NSO, SP, PN (MIN 28 DAY SUPPLY; MAX 34 DAY SUPPLY)
ENBREL SURECLICK	4	QL (4 ml per 28 days), PA-NSO, SP, PN (MIN 28 DAY SUPPLY; MAX 34 DAY SUPPLY)

## ANALGESICS - NONNARCOTIC (CONTINUED)

### ANALGESIC COMBINATIONS

<i>bac</i>	2	
<i>butalbital-acetaminophen 50-325 mg tab</i>	2	
<i>butalbital-apap-caffeine (50-300-40 mg cap, 50-325-40 mg tab)</i>	2	
<i>butalbital-aspirin-caffeine 50-325-40 mg cap</i>	2	

### ANALGESICS-PEPTIDE CHANNEL BLOCKERS

PRIALT	4	PA, LA, SP, PN (34 DAYS SUPPLY PER FILL)
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### SALICYLATES

<i>adult aspirin regimen</i>	1	
<i>aspirin (81 mg chew tab, 81 mg tab dr)</i>	1	
<i>aspirin 81</i>	1	
<i>aspirin adult low dose</i>	1	
<i>aspirin adult low strength</i>	1	
<i>aspirin childrens</i>	1	
<i>aspirin ec adult low dose</i>	1	
<i>aspirin ec low dose</i>	1	
<i>aspirin ec low strength</i>	1	
<i>aspirin low dose</i>	1	
<i>aspirin regimen</i>	1	
<i>bayer aspirin ec low dose</i>	1	
<i>bayer low dose</i>	1	
<i>childrens aspirin</i>	1	
<i>childrens aspirin low strength</i>	1	
<i>cvs aspirin adult low dose</i>	1	
<i>cvs aspirin adult low strength</i>	1	

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

Drug Name	Drug Tier	Requirements/Limits
<i>ra aspirin ec adult low st</i>	1	
<i>salsalate</i>	2	
<i>sb aspirin 81 mg tab dr</i>	1	
<i>sb aspirin adult low strength</i>	1	
<i>sb childrens aspirin</i>	1	
<i>sb low dose asa ec</i>	1	
<i>sm aspirin adult low strength</i>	1	
<i>sm aspirin ec low strength</i>	1	
<i>sm aspirin low dose</i>	1	
<i>sm childrens aspirin</i>	1	
<i>st joseph aspirin</i>	1	
<i>st joseph low dose</i>	1	

## ANALGESICS - OPIOID (CONTINUED)

### OPIOID AGONISTS

<i>codeine sulfate (15 mg tab, 30 mg tab, 60 mg tab)</i>	2	
<i>fentanyl</i>	2	PA, PN (34 DAYS SUPPLY PER FILL)
FENTANYL CITRATE (100 MCG TAB, 200 MCG TAB, 400 MCG TAB, 600 MCG TAB, 800 MCG TAB)	2	PA, QL (120 ea per 30 day(s)), PN (30 DAYS SUPPLY PER FILL)
<i>fentanyl citrate (200 mcg loz handle, 400 mcg loz handle, 600 mcg loz handle, 800 mcg loz handle, 1200 mcg loz handle, 1600 mcg loz handle)</i>	2	PA, QL (120 ea per 30 days), PN (30 DAYS SUPPLY PER FILL)
FENTANYL CITRATE (200 MCG LOZ HANDLE, 400 MCG LOZ HANDLE, 600 MCG LOZ HANDLE, 800 MCG LOZ HANDLE, 1200 MCG LOZ HANDLE, 1600 MCG LOZ HANDLE)	2	PA, QL (120 ea per 30 day(s)), PN (30 DAYS SUPPLY PER FILL)
<i>hydromorphone hcl (1 mg/ml liquid, 2 mg tab, 4 mg tab, 8 mg tab)</i>	2	
<i>levorphanol tartrate 2 mg tab</i>	2	
MEPERIDINE HCL (50 MG TAB, 50 MG/5ML SOLUTION)	2	
<i>methadone hcl (5 mg tab, 5 mg/5ml solution, 10 mg tab, 10 mg/5ml solution, 10 mg/ml conc, 40 mg tab sol)</i>	2	PA
<i>methadone hcl intensol</i>	2	PA
<i>methadose 40 mg tab sol</i>	2	PA
<i>morphine sulfate (5 mg suppos, 10 mg suppos, 10 mg/5ml solution, 15 mg tab, 20 mg suppos, 20 mg/5ml solution, 30 mg suppos, 30 mg tab)</i>	2	

<b>Drug Name</b>	<b>Drug Tier</b>	<b>Requirements/Limits</b>
MORPHINE SULFATE (CONCENTRATE) (100 MG/5ML SOLUTION)	2	
<i>morphine sulfate er (10 mg cap er 24h, 15 mg tab er, 20 mg cap er 24h, 30 mg cap er 24h, 30 mg tab er, 50 mg cap er 24h, 60 mg cap er 24h, 60 mg tab er, 80 mg cap er 24h, 100 mg cap er 24h, 100 mg tab er, 200 mg tab er)</i>	2	PA
MORPHINE SULFATE ER BEADS	2	PA
NUCYNTA	4	PA
NUCYNTA ER	4	PA
<i>oxycodone hcl (5 mg cap, 5 mg tab, 5 mg/5ml solution, 10 mg tab, 15 mg tab, 20 mg tab, 30 mg tab, 100 mg/5ml conc)</i>	2	
OXYCODONE HCL ER (10 MG TB12 DETER, 20 MG TB12 DETER, 40 MG TB12 DETER, 80 MG TB12 DETER)	2	PA
OXYCONTIN	4	PA
<i>oxymorphone hcl</i>	2	
SUBSYS	4	PA, QL (120 ea per 30 days), PN (30 DAYS SUPPLY PER FILL)
<i>tramadol hcl (50 mg tab, 100 mg tab)</i>	2	
TRAMADOL HCL (ER BIPHASIC)	2	PA
<i>tramadol hcl er (100 mg cap er 24h, 100 mg tab er 24h, 200 mg cap er 24h, 200 mg tab er 24h, 300 mg tab er 24h)</i>	2	PA
<b>OPIOID COMBINATIONS</b>		
ACETAMINOPHEN-CODEINE (120-12 MG/5ML SOLUTION, 300-15 MG TAB, 300-30 MG TAB, 300-30 MG/12.5ML SOLUTION, 300-60 MG TAB)	2	
<i>ascomp-codeine</i>	2	
<i>butalbital-apap-caff-cod 50-325-40-30 mg cap</i>	2	
<i>butalbital-asa-caff-codeine</i>	2	
<i>endocet</i>	2	
<i>hydrocodone-acetaminophen (2.5-108 mg/5ml solution, 5-217 mg/10ml solution, 5-300 mg tab, 5-325 mg tab, 7.5-300 mg tab, 7.5-325 mg tab, 7.5-325 mg/15ml solution, 10-300 mg tab, 10-325 mg tab)</i>	2	
HYDROCODONE-IBUPROFEN (5-200 MG TAB, 7.5-200 MG TAB, 10-200 MG TAB)	2	
NALOCET	2	
<i>oxycodone-acetaminophen (2.5-300 mg tab, 2.5-325 mg tab, 5-325 mg tab, 5-325 mg/5ml solution, 7.5-300 mg tab, 7.5-325 mg tab, 10-325 mg tab)</i>	2	

Drug Name	Drug Tier	Requirements/Limits
<i>tramadol-acetaminophen</i>	2	
<b>OPIOID PARTIAL AGONISTS</b>		
BRIXADI (WEEKLY) 16 MG/0.32ML SOLN PRSYR	4	QL (1.28 ml per 28 days), SP, PN (MAX 28 DAY SUPPLY)
BRIXADI (WEEKLY) 24 MG/0.48ML SOLN PRSYR	4	QL (1.92 ml per 28 days), SP, PN (MAX 28 DAY SUPPLY)
BRIXADI (WEEKLY) 32 MG/0.64ML SOLN PRSYR	4	QL (2.56 ml per 28 days), SP, PN (MAX 28 DAY SUPPLY)
BRIXADI (WEEKLY) 8 MG/0.16ML SOLN PRSYR	4	QL (0.64 ml per 28 days), SP, PN (MAX 28 DAY SUPPLY)
BRIXADI 128 MG/0.36ML SOLN PRSYR	4	QL (0.36 ml per 28 days), SP, PN (MAX 28 DAY SUPPLY)
BRIXADI 64 MG/0.18ML SOLN PRSYR	4	QL (0.18 ml per 28 days), SP, PN (MAX 28 DAY SUPPLY)
BRIXADI 96 MG/0.27ML SOLN PRSYR	4	QL (0.27 ml per 28 days), SP, PN (MAX 28 DAY SUPPLY)
<i>buprenorphine</i>	2	PA, QL (0.143 ea per 1 days)
<i>buprenorphine hcl (2 mg sl tab, 8 mg sl tab)</i>	2	PN (34 DAYS SUPPLY PER FILL)
<i>buprenorphine hcl-naloxone hcl</i>	2	PN (34 DAYS SUPPLY PER FILL)
<i>butorphanol tartrate 10 mg/ml solution</i>	2	
<i>pentazocine-naloxone hcl</i>	2	
SUBLOCADE	4	SP, PN (MIN 26 DAY SUPPLY; MAX 34 DAY SUPPLY)
<b>ANDROGENS-ANABOLIC (CONTINUED)</b>		
<b>ANDROGENS</b>		
AVEED	4	PA, SP, PN (34 DAYS SUPPLY PER FILL)
<i>danazol</i>	2	
<i>depo-testosterone</i>	2	
<i>testosterone (1.62 % gel, 10 mg/act (2%) gel, 12.5 mg/act (1%) gel, 20.25 mg/1.25gm (1.62%) gel, 20.25 mg/act (1.62%) gel, 25 mg/2.5gm (1%) gel, 30 mg/act solution, 40.5 mg/2.5gm (1.62%) gel, 50 mg/5gm (1%) gel)</i>	2	
TESTOSTERONE CYPIONATE (200 MG/ML SOLUTION)	2	
TESTOSTERONE ENANTHATE	2	
<b>ANORECTAL AND RELATED PRODUCTS (CONTINUED)</b>		
<b>INTRARECTAL STEROIDS</b>		
<i>hydrocortisone 100 mg/60ml enema</i>	2	

Drug Name	Drug Tier	Requirements/Limits
<b>RECTAL COMBINATIONS</b>		
<i>hydrocort-pramoxine (perianal)</i>	2	
HYDROCORTISONE ACE-PRAMOXINE 1-1 % CREAM	2	
<i>lidocaine-hydrocort (perianal)</i>	2	
LIDOCAINE-HYDROCORTISONE ACE (2.8-0.55 % GEL, 3-0.5 % KIT, 3-1 % KIT, 3-2.5 % KIT)	2	
<i>lidocort</i>	2	
PROCTOFOAM HC	3	
<b>RECTAL STEROIDS</b>		
<i>anucort-hc</i>	2	
<i>anusol-hc 25 mg suppos</i>	2	
<i>hemmorex-hc 25 mg suppos</i>	2	
<i>hydrocortisone (perianal)</i>	2	
<i>hydrocortisone acetate 25 mg suppos</i>	2	
<i>procto-med hc</i>	2	
<i>procto-pak</i>	2	
<i>proctosol hc</i>	2	
<i>proctozone-hc</i>	2	
<b>ANTHELMINTICS (CONTINUED)</b>		
<b>ANTHELMINTICS</b>		
<i>albendazole</i>	2	QL (4 ea per day(s))
EMVERM	4	PA, QL (6 ea per fill(s))
<i>ivermectin 3 mg tab</i>	2	PA, PN (PA REQUIRED FOR UNAPPROVED INDICATIONS)
<b>ANTI-INFECTIVE AGENTS - MISC. (CONTINUED)</b>		
<b>ANTI-INFECTIVE AGENTS - MISC.</b>		
AEMCOLO	4	PA, QL (12 ea per 3 days), PN (3 DAYS SUPPLY PER FILL)
<i>metronidazole (250 mg tab, 500 mg tab)</i>	2	
<i>pentamidine isethionate</i>	2	
<i>tinidazole</i>	2	
<i>trimethoprim</i>	2	



Drug Name	Drug Tier	Requirements/Limits
XIFAXAN 550 MG TAB	4	PA
<b>ANTI-INFECTIVE MISC. - COMBINATIONS</b>		
<i>phosphasal</i>	3	
<i>sulfamethoxazole-trimethoprim (200-40 mg/5ml suspension, 400-80 mg tab, 800-160 mg tab, 800-160 mg/20ml suspension)</i>	2	
<i>sulfatrim pediatric</i>	2	
<i>uretron d/s</i>	3	
<i>urin ds</i>	3	
<i>utira-c</i>	3	
XACDURO	4	PA, QL (168 ea per 14 days), PN (14 DAYS SUPPLY PER FILL)
<b>ANTIPROTOZOAL AGENTS</b>		
ALINIA 100 MG/5ML RECON SUSP	3	
<i>atovaquone</i>	2	
NITAZOXANIDE	2	
<b>CYCLIC LIPOPEPTIDES</b>		
<i>daptomycin 350 mg recon soln</i>	2	PN (34 DAYS SUPPLY PER FILL)
<i>daptomycin 500 mg recon soln</i>	2	PN (34 DAYS SUPPLY PER FILL)
<b>GLYCOPEPTIDES</b>		
KIMYRSA	4	PA, QL (1 ea per fill)
<i>vancomycin hcl (1 gm recon soln, 1.25 gm recon soln, 1.5 gm recon soln, 5 gm recon soln, 10 gm recon soln, 25 mg/ml recon soln, 50 mg/ml recon soln, 125 mg cap, 250 mg cap, 250 mg/5ml recon soln, 500 mg recon soln, 750 mg recon soln)</i>	2	
<b>LEPROSTATICS</b>		
<i>dapsone (25 mg tab, 100 mg tab)</i>	2	
<b>LINCOSAMIDES</b>		
<i>clindamycin hcl</i>	2	
<i>clindamycin palmitate hcl</i>	2	
<b>OXAZOLIDINONES</b>		
<i>linezolid 100 mg/5ml recon susp</i>	2	PA

<b>Drug Name</b>	<b>Drug Tier</b>	<b>Requirements/Limits</b>
<i>linezolid 600 mg tab</i>	2	QL (2 ea per 1 days), PN (56 DAYS SUPPLY IN 180 DAYS)
SIVEXTRO 200 MG TAB	4	PA, QL (6 ea per 6 day(s)), PN (6 DAYS SUPPLY IN 365 DAYS)
<b>PLEUROMUTILINS</b>		
XENLETA 600 MG TAB	4	PA, QL (10 ea per 5 days), PN (5 DAYS SUPPLY PER FILL)
<b>URINARY ANTI-INFECTIVES</b>		
<i>methenamine hippurate</i>	2	
<i>methenamine mandelate</i>	2	
<i>nitrofurantoin (25 mg/5ml suspension, 50 mg/10ml suspension)</i>	2	
<i>nitrofurantoin macrocrystal</i>	2	
<i>nitrofurantoin monohyd macro</i>	2	
<b>ANTIANGINAL AGENTS (CONTINUED)</b>		
<b>ANTIANGINALS-OTHER</b>		
<i>ranolazine er</i>	2	PA
<b>NITRATES</b>		
<i>isosorbide dinitrate (5 mg tab, 10 mg tab, 20 mg tab, 30 mg tab)</i>	2	
<i>isosorbide mononitrate</i>	2	
<i>isosorbide mononitrate er</i>	2	
<i>minitran</i>	2	
NITRO-BID	3	
NITRO-TIME	2	
<i>nitroglycerin (0.1 mg/hr patch 24hr, 0.2 mg/hr patch 24hr, 0.3 mg sl tab, 0.4 mg sl tab, 0.4 mg/hr patch 24hr, 0.4 mg/spray solution, 0.6 mg sl tab, 0.6 mg/hr patch 24hr)</i>	2	
<b>ANTIANSXIETY AGENTS (CONTINUED)</b>		
<b>ANTIANSXIETY AGENTS - MISC.</b>		
<i>bupirone hcl</i>	2	
<i>hydroxyzine hcl (10 mg tab, 10 mg/5ml syrup, 25 mg tab, 50 mg tab)</i>	2	
<i>hydroxyzine pamoate (25 mg cap, 50 mg cap)</i>	2	

Drug Name	Drug Tier	Requirements/Limits
HYDROXYZINE PAMOATE 100 MG CAP	3	
<i>meprobamate</i>	2	
<b>BENZODIAZEPINES</b>		
<i>alprazolam</i>	2	
<i>alprazolam er</i>	2	
ALPRAZOLAM INTENSOL	3	
<i>alprazolam xr</i>	2	
<i>chlordiazepoxide hcl</i>	2	
<i>clorazepate dipotassium</i>	2	
<i>diazepam (2 mg tab, 5 mg tab, 5 mg/5ml solution, 5 mg/ml conc, 10 mg tab)</i>	2	
<i>diazepam intensol</i>	2	
<i>lorazepam (0.5 mg tab, 1 mg tab, 2 mg tab, 2 mg/ml conc)</i>	2	
<i>lorazepam intensol</i>	2	
<i>oxazepam</i>	2	
<b>ANTIARRHYTHMICS (CONTINUED)</b>		
<b>ANTIARRHYTHMICS TYPE I-A</b>		
<i>disopyramide phosphate</i>	2	
NORPACE CR 100 MG CAP ER 12H	3	QL (8 ea per 1 days)
NORPACE CR 150 MG CAP ER 12H	3	QL (5 ea per 1 days)
<i>quinidine gluconate er</i>	2	
QUINIDINE SULFATE	2	
<b>ANTIARRHYTHMICS TYPE I-B</b>		
<i>mexiletine hcl</i>	2	
<b>ANTIARRHYTHMICS TYPE I-C</b>		
<i>flecainide acetate</i>	2	
<i>propafenone hcl</i>	2	
<i>propafenone hcl er</i>	2	
<b>ANTIARRHYTHMICS TYPE III</b>		
<i>amiodarone hcl (100 mg tab, 200 mg tab, 400 mg tab)</i>	2	
<i>dofetilide</i>	2	

Drug Name	Drug Tier	Requirements/Limits
<i>pacerone</i>	2	
<b>ANTIASTHMATIC AND BRONCHODILATOR AGENTS (CONTINUED)</b>		
<b>ANTI-INFLAMMATORY AGENTS</b>		
<i>cromolyn sodium 20 mg/2ml nebu soln</i>	2	
<b>ANTIASTHMATIC - MONOCLONAL ANTIBODIES</b>		
CINQAIR	4	PA, SP, PN (MIN 28 DAY SUPPLY; MAX 34 DAY SUPPLY)
FASENRA 10 MG/0.5ML SOLN PRSYR	4	PA, QL (0.5 ml per 56 day(s)), SP, PN (MIN 56 DAY SUPPLY; MAX 60 DAY SUPPLY)
FASENRA 30 MG/ML SOLN PRSYR	4	PA, QL (1 ml per 56 days), SP, PN (MIN 56 DAY SUPPLY; MAX 60 DAY SUPPLY)
FASENRA PEN	4	PA, QL (1 ml per 56 days), SP, PN (MIN 56 DAY SUPPLY; MAX 60 DAY SUPPLY)
NUCALA (100 MG RECON SOLN, 100 MG/ML SOLN A-INJ, 100 MG/ML SOLN PRSYR)	4	PA, SP, PN (MIN 28 DAY SUPPLY; MAX 34 DAY SUPPLY)
NUCALA 40 MG/0.4ML SOLN PRSYR	4	PA, QL (1 ml per 28 days), SP, PN (28 DAYS SUPPLY PER FILL)
TEZSPIRE	4	PA, QL (1.91 ml per 28 days), SP, PN (28 DAYS SUPPLY PER FILL)
XOLAIR (150 MG/ML SOLN A-INJ, 300 MG/2ML SOLN A-INJ, 300 MG/2ML SOLN PRSYR)	4	PA, QL (4 ml per 28 day(s)), SP, PN (28 DAYS SUPPLY PER FILL)
XOLAIR 150 MG RECON SOLN	4	PA, SP, PN (28 DAYS SUPPLY PER FILL)
XOLAIR 150 MG/ML SOLN PRSYR	4	PA, QL (4 ml per 28 days), SP, PN (28 DAYS SUPPLY PER FILL)
XOLAIR 75 MG/0.5ML SOLN A-INJ	4	PA, QL (5 ml per 28 day(s)), SP, PN (28 DAYS SUPPLY PER FILL)
XOLAIR 75 MG/0.5ML SOLN PRSYR	4	PA, QL (5 ml per 28 days), SP, PN (28 DAYS SUPPLY PER FILL)
<b>BRONCHODILATORS - ANTICHOLINERGICS</b>		
ATROVENT HFA	3	
INCRUSE ELLIPTA	3	
<i>ipratropium bromide 0.02 % solution</i>	2	
SPIRIVA HANDIHALER	3	
SPIRIVA RESPIMAT	3	
<b>LEUKOTRIENE MODULATORS</b>		
<i>montelukast sodium</i>	2	

Drug Name	Drug Tier	Requirements/Limits
<i>zafirlukast</i>	2	
<b>SELECTIVE PHOSPHODIESTERASE 4 (PDE4) INHIBITORS</b>		
<i>roflumilast</i>	2	PA
<b>STEROID INHALANTS</b>		
ARNUITY ELLIPTA	3	
<i>budesonide (0.25 mg/2ml suspension, 0.5 mg/2ml suspension, 1 mg/2ml suspension)</i>	2	
FLUTICASONE PROPIONATE DISKUS	3	
FLUTICASONE PROPIONATE HFA	3	
PULMICORT FLEXHALER	3	
QVAR REDIHALER	3	
<b>SYMPATHOMIMETICS</b>		
ADVAIR HFA	3	
<i>albuterol sulfate (0.63 mg/3ml nebu soln, 1.25 mg/3ml nebu soln, 2 mg tab, 2 mg/5ml syrup, (2.5 mg/3ml) 0.083% nebu soln, 2.5 mg/0.5ml nebu soln, 4 mg tab, (5 mg/ml) 0.5% nebu soln)</i>	2	
<i>albuterol sulfate hfa</i>	2	
ANORO ELLIPTA	3	
<i>arformoterol tartrate</i>	2	PA
BREO ELLIPTA	3	QL (2 ea per 1 days)
BREZTRI AEROSPHERE	3	QL (10.7 gm per 28 days)
<i>budesonide-formoterol fumarate</i>	2	QL (1.02 gm per 1 day(s))
COMBIVENT RESPIMAT	3	
DULERA	3	
<i>fluticasone-salmeterol (100-50 mcg/act aer pow ba, 250-50 mcg/act aer pow ba, 500-50 mcg/act aer pow ba)</i>	2	QL (2 ea per 1 days)
FLUTICASONE-SALMETEROL (55-14 MCG/ACT AER POW BA, 113-14 MCG/ACT AER POW BA, 232-14 MCG/ACT AER POW BA)	3	QL (1 ea per 30 days)
<i>formoterol fumarate</i>	2	PA
<i>ipratropium-albuterol</i>	2	
<i>levalbuterol hcl (0.31 mg/3ml nebu soln, 0.63 mg/3ml nebu soln, 1.25 mg/0.5ml nebu soln, 1.25 mg/3ml nebu soln)</i>	2	

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

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

<b>Drug Name</b>	<b>Drug Tier</b>	<b>Requirements/Limits</b>
EPIDIOLEX	4	PA, SP
<i>epitol</i>	2	
EPRONTIA	4	PA, QL (16 ml per 1 days)
FINTEPLA	4	PA, LA, QL (360 ml per 30 days), SP, PN (30 DAYS SUPPLY PER FILL)
<i>gabapentin (100 mg cap, 250 mg/5ml solution, 300 mg cap, 300 mg/6ml solution, 400 mg cap, 600 mg tab, 800 mg tab)</i>	2	
<i>lacosamide (10 mg/ml solution, 50 mg tab, 50 mg/5ml solution, 100 mg tab, 100 mg/10ml solution, 150 mg tab, 200 mg tab)</i>	2	PA
<i>lamotrigine (5 mg chew tab, 25 mg chew tab, 25 mg tab, 100 mg tab, 150 mg tab, 200 mg tab)</i>	2	
<i>lamotrigine er</i>	2	
<i>lamotrigine starter kit-blue</i>	2	
<i>levetiracetam (100 mg/ml solution, 250 mg tab, 500 mg tab, 500 mg/5ml solution, 750 mg tab, 1000 mg tab)</i>	2	
<i>levetiracetam er</i>	2	
<i>oxcarbazepine (150 mg tab, 300 mg tab, 300 mg/5ml suspension, 600 mg tab)</i>	2	
<i>oxcarbazepine er</i>	2	PA
OXTELLAR XR	4	PA
<i>pregabalin (20 mg/ml solution, 25 mg cap, 50 mg cap, 75 mg cap, 100 mg cap, 150 mg cap, 200 mg cap, 225 mg cap, 300 mg cap)</i>	2	
<i>primidone (50 mg tab, 250 mg tab)</i>	2	
<i>roweepra</i>	2	
<i>roweepra xr</i>	2	
<i>rufinamide (40 mg/ml suspension, 200 mg tab, 400 mg tab)</i>	2	PA
<i>subvenite</i>	2	
<i>subvenite starter kit-blue</i>	2	
TEGRETOL (100 MG/5ML SUSPENSION, 200 MG TAB)	4	
TEGRETOL-XR	4	
<i>topiramate</i>	2	
<i>topiramate er (25 mg cap er 24h, 25 mg cp24 sprnk, 50 mg cap er 24h, 50 mg cp24 sprnk, 100 mg cap er 24h, 100 mg cp24 sprnk, 150 mg cp24 sprnk, 200 mg cap er 24h, 200 mg cp24 sprnk)</i>	2	PA



Drug Name	Drug Tier	Requirements/Limits
TRILEPTAL (150 MG TAB, 300 MG TAB, 300 MG/5ML SUSPENSION, 600 MG TAB)	4	
TROKENDI XR (50 MG CAP ER 24H, 100 MG CAP ER 24H, 200 MG CAP ER 24H)	4	PA
<i>zonisamide</i>	2	
ZTALMY	4	PA, LA, QL (1100 ml per 30 days), SP, PN (30 DAYS SUPPLY PER FILL)
<b>CARBAMATES</b>		
<i>felbamate (400 mg tab, 600 mg tab, 600 mg/5ml suspension)</i>	2	
XCOPRI (14 X 12.5 MG & 14 X 25 MG TAB THPK, 14 X 150 MG & 14 X200 MG TAB THPK, 14 X 50 MG & 14 X100 MG TAB THPK)	4	PA, QL (28 ea per 28 day(s)), PN (28 DAY SUPPLY IN 180 DAYS)
XCOPRI (250 MG DAILY DOSE) 100 & 150 MG TAB THPK	4	PA, QL (2 ea per 1 days)
XCOPRI (350 MG DAILY DOSE)	4	PA, QL (2 ea per 1 days)
XCOPRI (50 MG TAB, 100 MG TAB, 150 MG TAB)	4	PA, QL (1 ea per 1 days)
XCOPRI 200 MG TAB	4	PA, QL (2 ea per 1 days)
XCOPRI 25 MG TAB	4	PA, QL (1 ea per 1 day(s))
<b>GABA MODULATORS</b>		
<i>tiagabine hcl</i>	2	
<i>vigabatrin</i>	2	PA, SP
<i>vigadrone 500 mg packet</i>	2	PA, LA, SP
<i>vigadrone 500 mg tab</i>	2	PA, SP
<i>vigpoder</i>	2	PA, SP
<b>HYDANTOINS</b>		
DILANTIN (100 MG CAP, 125 MG/5ML SUSPENSION)	4	
DILANTIN 30 MG CAP	3	
DILANTIN INFATABS	3	
DILANTIN-125	4	
<i>phenytek</i>	3	
<i>phenytoin (50 mg chew tab, 100 mg/4ml suspension, 125 mg/5ml suspension)</i>	2	
<i>phenytoin infatabs</i>	2	
<i>phenytoin sodium extended (100 mg cap, 200 mg cap, 300 mg cap)</i>	2	

Drug Name	Drug Tier	Requirements/Limits
<b>SUCCINIMIDES</b>		
<i>ethosuximide (250 mg cap, 250 mg/5ml solution)</i>	2	
<b>VALPROIC ACID</b>		
DEPAKOTE	4	
DEPAKOTE ER	4	
DEPAKOTE SPRINKLES	4	
<i>divalproex sodium</i>	2	
<i>divalproex sodium er</i>	2	
<i>valproic acid (250 mg cap, 250 mg/5ml solution, 500 mg/10ml solution)</i>	2	
<b>ANTIDEPRESSANTS (CONTINUED)</b>		
<b>ALPHA-2 RECEPTOR ANTAGONISTS (TETRACYCLICS)</b>		
<i>mirtazapine</i>	2	
<b>ANTIDEPRESSANT COMBINATIONS</b>		
AUVELITY	4	PA, QL (2 ea per 1 days)
<b>ANTIDEPRESSANTS - MISC.</b>		
<i>bupropion hcl</i>	2	
<i>bupropion hcl er (smoking det)</i>	1	
<i>bupropion hcl er (sr)</i>	2	
<i>bupropion hcl er (xl) (150 mg tab er 24h, 300 mg tab er 24h)</i>	2	
BUPROPION HCL ER (XL) 450 MG TAB ER 24H	2	PA, QL (1 ea per 1 days)
<b>GABA RECEPTOR MODULATOR - NEUROACTIVE STEROID</b>		
ZULRESSO	4	PA, SP, PN (34 DAYS SUPPLY PER FILL)
ZURZUVAE (20 MG CAP, 25 MG CAP)	4	PA, QL (28 ea per 14 days), SP, PN (14 DAYS SUPPLY PER FILL)
ZURZUVAE 30 MG CAP	4	PA, QL (14 ea per 14 days), SP, PN (14 DAYS SUPPLY PER FILL)
<b>MONOAMINE OXIDASE INHIBITORS (MAOIS)</b>		
PHENELZINE SULFATE	2	
<i>tranylcypromine sulfate</i>	2	
<b>N-METHYL-D-ASPARTIC ACID (NMDA) RECEPTOR ANTAGONISTS</b>		
SPRAVATO (56 MG DOSE)	4	PA, SP, PN (28 DAYS SUPPLY PER FILL)

Drug Name	Drug Tier	Requirements/Limits
SPRAVATO (84 MG DOSE)	4	PA, SP, PN (28 DAYS SUPPLY PER FILL)
<b>SELECTIVE SEROTONIN REUPTAKE INHIBITORS (SSRIS)</b>		
<i>citalopram hydrobromide (10 mg tab, 10 mg/5ml solution, 20 mg tab, 40 mg tab)</i>	2	
<i>escitalopram oxalate (5 mg tab, 5 mg/5ml solution, 10 mg tab, 20 mg tab)</i>	2	
<i>fluoxetine hcl (10 mg cap, 10 mg tab, 20 mg cap, 20 mg tab, 20 mg/5ml solution, 40 mg cap, 60 mg tab)</i>	2	
<i>fluvoxamine maleate</i>	2	
<i>paroxetine hcl (10 mg tab, 10 mg/5ml suspension, 20 mg tab, 30 mg tab, 40 mg tab)</i>	2	
<i>paroxetine hcl er</i>	2	
<i>sertraline hcl (20 mg/ml conc, 25 mg tab, 50 mg tab, 100 mg tab)</i>	2	
<b>SEROTONIN MODULATORS</b>		
NEFAZODONE HCL	2	
<i>trazodone hcl</i>	2	
TRINTELLIX	4	PA
<i>vilazodone hcl</i>	2	PA, QL (1 ea per 1 days)
<b>SEROTONIN-NOREPINEPHRINE REUPTAKE INHIBITORS (SNRIS)</b>		
<i>desvenlafaxine succinate er</i>	2	QL (1 ea per 1 days)
<i>duloxetine hcl (20 mg cp dr part, 30 mg cp dr part, 60 mg cp dr part)</i>	2	
FETZIMA	4	PA
FETZIMA TITRATION	4	PA
<i>venlafaxine hcl</i>	2	
<i>venlafaxine hcl er</i>	2	
<b>TRICYCLIC AGENTS</b>		
<i>amitriptyline hcl</i>	2	
<i>amoxapine</i>	2	
<i>clomipramine hcl</i>	2	
<i>desipramine hcl</i>	2	
<i>doxepin hcl (10 mg cap, 10 mg/ml conc, 25 mg cap, 50 mg cap, 75 mg cap, 100 mg cap, 150 mg cap)</i>	2	

Drug Name	Drug Tier	Requirements/Limits
<i>imipramine hcl</i>	2	
<i>imipramine pamoate</i>	2	
<i>nortriptyline hcl (10 mg cap, 10 mg/5ml solution, 25 mg cap, 50 mg cap, 75 mg cap)</i>	2	
<i>protriptyline hcl</i>	2	
<i>trimipramine maleate</i>	2	
<b>ANTIDIABETICS (CONTINUED)</b>		
<b>ALPHA-GLUCOSIDASE INHIBITORS</b>		
<i>acarbose</i>	2	
MIGLITOL	3	
<b>ANTIDIABETIC - AMYLIN ANALOGS</b>		
SYMLINPEN 120	4	PA
SYMLINPEN 60	4	PA
<b>ANTIDIABETIC COMBINATIONS</b>		
<i>glipizide-metformin hcl</i>	2	
<i>glyburide-metformin</i>	2	
GLYXAMBI	3	QL (1 ea per 1 days)
JENTADUETO	3	QL (2 ea per 1 days)
JENTADUETO XR 2.5-1000 MG TAB ER 24H	3	QL (2 ea per 1 days)
JENTADUETO XR 5-1000 MG TAB ER 24H	3	QL (1 ea per 1 days)
<i>pioglitazone hcl-glimepiride</i>	2	
<i>pioglitazone hcl-metformin hcl</i>	2	
<i>saxagliptin-metformin er (5-1000 mg tab er 24h, 5-500 mg tab er 24h)</i>	2	PA, QL (1 ea per 1 day(s))
<i>saxagliptin-metformin er 2.5-1000 mg tab er 24h</i>	2	PA, QL (2 ea per 1 day(s))
SYNJARDY	3	QL (2 ea per 1 days)
SYNJARDY XR (10-1000 MG TAB ER 24H, 25-1000 MG TAB ER 24H)	3	QL (1 ea per 1 days)
SYNJARDY XR (5-1000 MG TAB ER 24H, 12.5-1000 MG TAB ER 24H)	3	QL (2 ea per 1 days)
TRIJARDY XR (10-5-1000 MG TAB ER 24H, 25-5-1000 MG TAB ER 24H)	3	QL (1 ea per 1 days)
TRIJARDY XR (5-2.5-1000 MG TAB ER 24H, 12.5-2.5-1000 MG TAB ER 24H)	3	QL (2 ea per 1 days)

Drug Name	Drug Tier	Requirements/Limits
XULTOPHY	3	ST, QL (0.5 ml per 1 days)
<b>ANTIDIABETIC-ANTIBODIES</b>		
TZIELD	4	PA, LA, SP, PN (14 DAYS SUPPLY PER FILL)
<b>BIGUANIDES</b>		
<i>metformin hcl (500 mg tab, 850 mg tab, 1000 mg tab)</i>	2	
<i>metformin hcl er</i>	2	
<b>DIABETIC OTHER</b>		
BAQSIMI ONE PACK	3	QL (2 ea per fill)
BAQSIMI TWO PACK	3	QL (2 ea per fill)
CVS GLUCOSE (4 GM CHEW TAB, 4-6 GM-MG CHEW TAB)	3	
CVS SOFT GLUCOSE	3	
DEX4	3	
DEX4 GLUCOSE 4-6 GM-MG CHEW TAB	3	
DEX4 NATURALS	3	
DEX4 POUCH PACK	3	
DEX4 QUICK DISSOLVE GLUCOSE	3	
GLUCAGEN HYPOKIT	3	QL (2 ea per fill), PN (1 DAY SUPPLY PER FILL)
GLUCAGON EMERGENCY 1 MG/ML RECON SOLN	3	QL (2 ea per fill), PN (1 DAY SUPPLY PER FILL)
GLUCO TO GO	3	
GLUCOSE (4 GM CHEW TAB, 4-6 GM-MG CHEW TAB)	3	
GLUCOSE INSTANT ENERGY	3	
GNP GLUCOSE	3	
GNP QUICK DISSOLVE GLUCOSE	3	
GOODSENSE GLUCOSE	3	
GVOKE HYPOPEN 1-PACK 0.5 MG/0.1ML SOLN A-INJ	3	QL (0.2 ml per fill), PN (1 DAY SUPPLY PER FILL)
GVOKE HYPOPEN 1-PACK 1 MG/0.2ML SOLN A-INJ	3	QL (0.4 ml per fill), PN (1 DAY SUPPLY PER FILL)
GVOKE HYPOPEN 2-PACK 0.5 MG/0.1ML SOLN A-INJ	3	QL (0.2 ml per fill), PN (1 DAY SUPPLY PER FILL)
GVOKE HYPOPEN 2-PACK 1 MG/0.2ML SOLN A-INJ	3	QL (0.4 ml per fill), PN (1 DAY SUPPLY PER FILL)

<b>Drug Name</b>	<b>Drug Tier</b>	<b>Requirements/Limits</b>
GVOKE KIT	3	QL (0.4 ml per fill)
GVOKE PFS 1 MG/0.2ML SOLN PRSYR	3	QL (0.4 ml per fill), PN (1 DAY SUPPLY PER FILL)
HY-VEE GLUCOSE	3	
KROGER GLUCOSE	3	
LEADER GLUCOSE	3	
LEADER QUICK DISSOLVE GLUCOSE	3	
LONGS GLUCOSE	3	
MEIJER GLUCOSE	3	
<i>mifepristone 300 mg tab</i>	2	PA, QL (112 ea per 28 day(s)), SP, PN (28 DAYS SUPPLY PER FILL)
PREFERRED PLUS GLUCOSE	3	
PX GLUCOSE	3	
RA GLUCOSE	3	
RELION GLUCOSE 4-6 GM-MG CHEW TAB	3	
SM GLUCOSE	3	
SMART SENSE GLUCOSE	3	
TGT GLUCOSE	3	
TRUEPLUS GLUCOSE 4 GM CHEW TAB	3	
TRUEPLUS GLUCOSE ON THE GO	3	
UP & UP GLUCOSE	3	
VALUE PLUS GLUCOSE 4-6 GM-MG CHEW TAB	3	
WALGREENS GLUCOSE	3	
<b>DIPEPTIDYL PEPTIDASE-4 (DPP-4) INHIBITORS</b>		
<i>saxagliptin hcl</i>	2	PA, QL (1 ea per 1 day(s))
TRADJENTA	3	QL (1 ea per 1 days)
<b>INCRETIN MIMETIC AGENTS</b>		
MOUNJARO (5 MG/0.5ML SOLN A-INJ, 7.5 MG/0.5ML SOLN A-INJ, 10 MG/0.5ML SOLN A-INJ, 12.5 MG/0.5ML SOLN A-INJ, 15 MG/0.5ML SOLN A-INJ)	3	PA, QL (2 ml per 28 day(s))
MOUNJARO 2.5 MG/0.5ML SOLN A-INJ	3	PA, QL (2 ml per 28 day(s)), PN (28 DAYS SUPPLY PER FILL)
OZEMPIC (0.25 OR 0.5 MG/DOSE) 2 MG/3ML SOLN PEN	3	PA, QL (0.11 ml per 1 days)

<b>Drug Name</b>	<b>Drug Tier</b>	<b>Requirements/Limits</b>
OZEMPIC (1 MG/DOSE) 4 MG/3ML SOLN PEN	3	PA, QL (0.11 ml per 1 days)
OZEMPIC (2 MG/DOSE)	3	PA, QL (0.11 ml per 1 days)
RYBELSUS (7 MG TAB, 14 MG TAB)	3	PA, QL (1 ea per 1 days)
RYBELSUS 3 MG TAB	3	PA, QL (30 ea per 30 day(s)), PN (30 DAYS SUPPLY IN 180 DAYS)
TRULICITY	3	PA, QL (0.072 ml per 1 day(s))
<b>INSULIN</b>		
INSULIN ASP PROT & ASP FLEXPEN	2	
INSULIN ASPART	2	
INSULIN ASPART FLEXPEN	2	
INSULIN ASPART PENFILL	2	
INSULIN ASPART PROT & ASPART	2	
INSULIN DEGLUDEC	3	
INSULIN DEGLUDEC FLEXTOUCH	3	
INSULIN GLARGINE MAX SOLOSTAR	3	
INSULIN GLARGINE SOLOSTAR 300 UNIT/ML SOLN PEN	3	
LANTUS	3	
LANTUS SOLOSTAR	3	
NOVOLIN 70/30	3	
NOVOLIN 70/30 FLEXPEN	3	
NOVOLIN 70/30 FLEXPEN RELION	3	
NOVOLIN 70/30 RELION	3	
NOVOLIN N	3	
NOVOLIN N FLEXPEN	3	
NOVOLIN N FLEXPEN RELION	3	
NOVOLIN N RELION	3	
NOVOLIN R	3	
NOVOLIN R FLEXPEN	3	
NOVOLIN R FLEXPEN RELION	3	
NOVOLIN R RELION	3	
NOVOLOG	3	

<b>Drug Name</b>	<b>Drug Tier</b>	<b>Requirements/Limits</b>
NOVOLOG 70/30 FLEXPEN RELION	3	
NOVOLOG FLEXPEN	3	
NOVOLOG FLEXPEN RELION	3	
NOVOLOG MIX 70/30	3	
NOVOLOG MIX 70/30 FLEXPEN	3	
NOVOLOG MIX 70/30 RELION	3	
NOVOLOG PENFILL	3	
NOVOLOG RELION	3	
SEMGLEE	3	
<b>INSULIN SENSITIZING AGENTS</b>		
<i>pioglitazone hcl</i>	2	
<b>MEGLITINIDE ANALOGUES</b>		
<i>nateglinide</i>	2	
<i>repaglinide</i>	2	
<b>SODIUM-GLUCOSE CO-TRANSPORTER 2 (SGLT2) INHIBITORS</b>		
JARDIANCE	3	QL (1 ea per 1 days)
<b>SULFONYLUREAS</b>		
<i>glimepiride (1 mg tab, 2 mg tab, 4 mg tab)</i>	2	
<i>glipizide (5 mg tab, 10 mg tab)</i>	2	
<i>glipizide er</i>	2	
<i>glipizide xl</i>	2	
<i>glyburide</i>	2	
GLYBURIDE MICRONIZED	2	
GLYNASE 3 MG TAB	2	
<b>ANTIDIARRHEAL/PROBIOTIC AGENTS (CONTINUED)</b>		
<b>ANTIDIARRHEAL - CHLORIDE CHANNEL ANTAGONISTS</b>		
MYTESI	4	PA
<b>ANTIPERISTALTIC AGENTS</b>		
<i>diphenoxylate-atropine 2.5-0.025 mg tab</i>	2	
<i>loperamide hcl 2 mg cap</i>	2	



Drug Name	Drug Tier	Requirements/Limits
<i>opium</i>	2	
<b>ANTIDOTES AND SPECIFIC ANTAGONISTS (CONTINUED)</b>		
<b>ANTIDOTES - CHELATING AGENTS</b>		
<i>deferasirox</i>	2	PA, SP, PN (30 DAYS SUPPLY PER FILL)
<i>deferasirox granules</i>	2	PA, SP, PN (30 DAYS SUPPLY PER FILL)
<i>deferiprone 500 mg tab</i>	2	PA, SP, PN (34 DAYS SUPPLY PER FILL)
FERRIPROX 100 MG/ML SOLUTION	4	PA, LA, SP, PN (34 DAYS SUPPLY PER FILL)
<b>ANTIDOTES AND SPECIFIC ANTAGONISTS</b>		
ANDEXXA	4	PA, SP, PN (34 DAYS SUPPLY PER FILL)
PRAXBIND	4	PA, SP, PN (34 DAYS SUPPLY PER FILL)
<b>OPIOID ANTAGONISTS</b>		
<i>naloxone hcl (0.4 mg/ml soln cart, 2 mg/2ml soln prsyr)</i>	2	
NALOXONE HCL 0.4 MG/ML SOLN PRSYR	3	
<i>naloxone hcl 4 mg/0.1ml liquid</i>	1	
<i>naltrexone hcl</i>	2	
REXTOVY	3	
VIVITROL	4	SP, PN (MIN 28 DAY SUPPLY; MAX 34 DAY SUPPLY)
<b>ANTIEMETICS (CONTINUED)</b>		
<b>5-HT3 RECEPTOR ANTAGONISTS</b>		
<i>granisetron hcl 1 mg tab</i>	2	QL (2 ea per fill), PN (1 DAY SUPPLY PER FILL)
<i>ondansetron (4 mg tab disp, 8 mg tab disp)</i>	2	
<i>ondansetron hcl (4 mg tab, 4 mg/5ml solution, 8 mg tab, 24 mg tab)</i>	2	
SANCUSO	4	PA, QL (4 ea per 28 days), PN (28 DAYS SUPPLY PER FILL)
SUSTOL	4	PA, SP, PN (34 DAYS SUPPLY PER FILL)
<b>ANTIEMETICS - ANTICHOLINERGIC</b>		
<i>meclizine hcl (12.5 mg tab, 25 mg tab)</i>	2	
<i>scopolamine</i>	2	
TRANSDERM SCOP (1.5 MG)	3	

Drug Name	Drug Tier	Requirements/Limits
TRANSDERM-SCOP	3	
<i>trimethobenzamide hcl</i>	2	
<b>ANTIEMETICS - MISCELLANEOUS</b>		
AKYNZEO 300-0.5 MG CAP	4	QL (2 ea per 28 days), PN (28 DAYS SUPPLY PER FILL)
<i>doxylamine-pyridoxine</i>	2	QL (4 ea per 1 days)
<i>dronabinol</i>	2	
<b>SUBSTANCE P/NEUROKININ 1 (NK1) RECEPTOR ANTAGONISTS</b>		
<i>aprepitant</i>	2	
CINVANTI	4	PA, SP
EMEND 125 MG/5ML RECON SUSP	4	
<b>ANTIFUNGALS (CONTINUED)</b>		
<b>ANTIFUNGALS</b>		
<i>flucytosine</i>	2	PN (34 DAYS SUPPLY PER FILL)
<i>griseofulvin microsize (125 mg/5ml suspension, 500 mg tab)</i>	2	
<i>griseofulvin ultramicrosize</i>	2	
<i>nystatin 500000 unit tab</i>	2	
<i>terbinafine hcl 250 mg tab</i>	2	
<b>IMIDAZOLE-RELATED ANTIFUNGALS</b>		
CRESEMBA 372 MG RECON SOLN	4	PA, PN (34 DAYS SUPPLY PER FILL)
<i>fluconazole (40 mg/ml recon susp, 50 mg tab, 100 mg tab, 150 mg tab, 200 mg tab)</i>	2	
<i>itraconazole (10 mg/ml solution, 100 mg cap)</i>	2	PA
<i>ketoconazole 200 mg tab</i>	2	
<i>posaconazole 100 mg tab dr</i>	2	PA, QL (90 ea per 30 days), PN (34 DAYS SUPPLY PER FILL)
<i>posaconazole 40 mg/ml suspension</i>	2	PA, QL (20 ml per 1 days), PN (30 DAYS SUPPLY PER FILL)
<i>voriconazole (50 mg tab, 200 mg tab)</i>	2	PA, PN (34 DAYS SUPPLY PER FILL)
<b>ANTIHISTAMINES (CONTINUED)</b>		
<b>ANTIHISTAMINES - ALKYLAMINES</b>		
DEXCHLORPHENIRAMINE MALEATE	2	

Drug Name	Drug Tier	Requirements/Limits
<b>ANTIHISTAMINES - ETHANOLAMINES</b>		
CARBINOXAMINE MALEATE 4 MG/5ML SOLUTION	2	
CLEMASTINE FUMARATE 2.68 MG TAB	2	
<i>di-phen</i>	2	
<i>diphen 12.5 mg/5ml elixir</i>	2	
DIPHENHYDRAMINE HCL 12.5 MG/5ML ELIXIR	2	
<b>ANTIHISTAMINES - PHENOTHIAZINES</b>		
<i>promethazine hcl (6.25 mg/5ml solution, 12.5 mg suppos, 12.5 mg tab, 25 mg suppos, 25 mg tab, 50 mg tab)</i>	2	
<i>promethegan (12.5 mg suppos, 25 mg suppos)</i>	2	
<b>ANTIHISTAMINES - PIPERIDINES</b>		
<i>cyproheptadine hcl (2 mg/5ml syrup, 4 mg tab)</i>	2	
<b>ANTIHYPERLIPIDEMICS (CONTINUED)</b>		
<b>ADENOSINE TRIPHOSPHATE-CITRATE LYASE (ACL) INHIBITORS</b>		
NEXLETOL	3	PA, QL (1 ea per 1 days)
<b>ANGIPOIETIN-LIKE PROTEIN INHIBITORS</b>		
EVKEEZA	4	PA, LA, SP, PN (28 DAYS SUPPLY PER FILL)
<b>ANTIHYPERLIPIDEMICS - COMBINATIONS</b>		
<i>ezetimibe-simvastatin</i>	2	PA
NEXLIZET	3	PA, QL (1 ea per 1 days)
<b>ANTIHYPERLIPIDEMICS - MISC.</b>		
<i>icosapent ethyl 0.5 gm cap</i>	2	QL (8 ea per 1 days)
<i>icosapent ethyl 1 gm cap</i>	2	QL (4 ea per 1 days)
<i>omega-3-acid ethyl esters</i>	2	
<b>BILE ACID SEQUESTRANTS</b>		
<i>cholestyramine (4 gm packet, 4 gm/dose powder)</i>	2	
<i>cholestyramine light (4 gm packet, 4 gm/dose powder)</i>	2	
<i>colesevelam hcl</i>	2	
<i>colestipol hcl (1 gm tab, 5 gm granules, 5 gm packet)</i>	2	
<i>prevalite (4 gm packet, 4 gm/dose powder)</i>	2	

Drug Name	Drug Tier	Requirements/Limits
<b>FIBRIC ACID DERIVATIVES</b>		
<i>fenofibrate (48 mg tab, 54 mg tab, 67 mg cap, 134 mg cap, 145 mg tab, 160 mg tab, 200 mg cap)</i>	2	
FENOFIBRATE MICRONIZED (30 MG CAP, 90 MG CAP)	2	PA
<i>fenofibrate micronized (43 mg cap, 67 mg cap, 130 mg cap, 134 mg cap, 200 mg cap)</i>	2	
<i>fenofibric acid (45 mg cap dr, 135 mg cap dr)</i>	2	
<i>gemfibrozil</i>	2	
<b>HMG COA REDUCTASE INHIBITORS</b>		
<i>atorvastatin calcium (20 mg tab, 40 mg tab, 80 mg tab)</i>	2	QL (1 ea per 1 days), PN (\$0 copay for members age 40-75)
<i>atorvastatin calcium 10 mg tab</i>	2	QL (2 ea per 1 days), PN (\$0 copay for members age 40-75)
<i>lovastatin 10 mg tab</i>	2	QL (4 ea per 1 days), PN (\$0 copay for members age 40-75)
<i>lovastatin 20 mg tab</i>	2	QL (2 ea per 1 days), PN (\$0 copay for members age 40-75)
<i>lovastatin 40 mg tab</i>	2	QL (1 ea per 1 days), PN (\$0 copay for members age 40-75)
<i>pravastatin sodium 10 mg tab</i>	2	QL (8 ea per 1 days), PN (\$0 copay for members age 40-75)
<i>pravastatin sodium 20 mg tab</i>	2	QL (4 ea per 1 days), PN (\$0 copay for members age 40-75)
<i>pravastatin sodium 40 mg tab</i>	2	QL (2 ea per 1 days), PN (\$0 copay for members age 40-75)
<i>pravastatin sodium 80 mg tab</i>	2	QL (1 ea per 1 days), PN (\$0 copay for members age 40-75)
<i>rosuvastatin calcium (10 mg tab, 20 mg tab, 40 mg tab)</i>	2	QL (1 ea per 1 days), PN (\$0 copay for members age 40-75)
<i>rosuvastatin calcium 5 mg tab</i>	2	QL (2 ea per 1 days), PN (\$0 copay for members age 40-75)
<i>simvastatin (40 mg tab, 80 mg tab)</i>	2	QL (1 ea per 1 days), PN (\$0 copay for members age 40-75)
<i>simvastatin 10 mg tab</i>	2	QL (4 ea per 1 days), PN (\$0 copay for members age 40-75)
<i>simvastatin 20 mg tab</i>	2	QL (2 ea per 1 days), PN (\$0 copay for members age 40-75)
<i>simvastatin 5 mg tab</i>	2	QL (8 ea per 1 days), PN (\$0 copay for members age 40-75)

<b>Drug Name</b>	<b>Drug Tier</b>	<b>Requirements/Limits</b>
ZYPITAMAG (2 MG TAB, 4 MG TAB)	4	PA, QL (1 ea per 1 days), PN (\$0 copay for members age 40-75)
ZYPITAMAG 1 MG TAB	4	PA, QL (1 ea per 1 day(s)), PN (\$0 copay for members age 40-75)
<b>INTESTINAL CHOLESTEROL ABSORPTION INHIBITORS</b>		
<i>ezetimibe</i>	2	
<b>NICOTINIC ACID DERIVATIVES</b>		
<i>niacin er (antihyperlipidemic)</i>	2	
<b>PROTEIN CONVERTASE SUBTILISIN/KEXIN TYPE 9 INHIBITORS</b>		
LEQVIO	4	PA, SP, PN (34 DAYS SUPPLY PER FILL)
PRALUENT	3	PA, QL (0.072 ml per 1 days)
REPATHA	3	PA, QL (0.072 ml per 1 days)
REPATHA PUSHTRONEX SYSTEM	3	PA, QL (0.125 ml per 1 days)
REPATHA SURECLICK	3	PA, QL (0.072 ml per 1 days)
<b>ANTIHYPERTENSIVES (CONTINUED)</b>		
<b>ACE INHIBITORS</b>		
<i>benazepril hcl</i>	2	
<i>captopril</i>	2	
<i>enalapril maleate (2.5 mg tab, 5 mg tab, 10 mg tab, 20 mg tab)</i>	2	
<i>fosinopril sodium</i>	2	
<i>lisinopril</i>	2	
<i>moexipril hcl</i>	2	
PERINDOPRIL ERBUMINE (2 MG TAB, 8 MG TAB)	3	
<i>perindopril erbumine 4 mg tab</i>	2	
<i>quinapril hcl</i>	2	
<i>ramipril</i>	2	
<i>trandolapril</i>	2	
<b>AGENTS FOR PHEOCHROMOCYTOMA</b>		
<i>phenoxybenzamine hcl</i>	2	SP
<b>ANGIOTENSIN II RECEPTOR ANTAGONISTS</b>		
<i>candesartan cilexetil</i>	2	

<b>Drug Name</b>	<b>Drug Tier</b>	<b>Requirements/Limits</b>
<i>irbesartan</i>	2	
<i>losartan potassium</i>	2	
<i>olmesartan medoxomil</i>	2	
<i>telmisartan</i>	2	
<i>valsartan (40 mg tab, 80 mg tab, 160 mg tab, 320 mg tab)</i>	2	
<b>ANTIADRENERGIC ANTIHYPERTENSIVES</b>		
<i>clonidine</i>	2	
<i>clonidine hcl</i>	2	
<i>doxazosin mesylate</i>	2	
<i>guanfacine hcl</i>	2	
METHYLDOPA	2	
<i>prazosin hcl</i>	2	
<i>terazosin hcl</i>	2	
<b>ANTIHYPERTENSIVE COMBINATIONS</b>		
<i>amlodipine besy-benazepril hcl</i>	2	
<i>amlodipine besylate-valsartan</i>	2	PA
<i>amlodipine-olmesartan</i>	2	PA
<i>atenolol-chlorthalidone</i>	2	
<i>benazepril-hydrochlorothiazide</i>	2	
<i>bisoprolol-hydrochlorothiazide</i>	2	
<i>candesartan cilexetil-hctz</i>	2	
CAPTOPRIL-HYDROCHLOROTHIAZIDE	2	
<i>enalapril-hydrochlorothiazide</i>	2	
<i>fosinopril sodium-hctz</i>	2	
<i>irbesartan-hydrochlorothiazide</i>	2	
<i>lisinopril-hydrochlorothiazide</i>	2	
<i>losartan potassium-hctz</i>	2	
<i>metoprolol-hydrochlorothiazide</i>	2	
<i>olmesartan medoxomil-hctz</i>	2	
<i>olmesartan-amlodipine-hctz</i>	2	PA
<i>quinapril-hydrochlorothiazide (10-12.5 mg tab, 20-12.5 mg tab, 20-25 mg tab)</i>	2	

<b>Drug Name</b>	<b>Drug Tier</b>	<b>Requirements/Limits</b>
TEKTURNA HCT	4	PA
<i>telmisartan-hctz</i>	2	
TRANDOLAPRIL-VERAPAMIL HCL ER	2	
<i>valsartan-hydrochlorothiazide</i>	2	
<b>DIRECT RENIN INHIBITORS</b>		
<i>aliskiren fumarate</i>	2	PA
<b>SELECTIVE ALDOSTERONE RECEPTOR ANTAGONISTS (SARAS)</b>		
<i>eplerenone</i>	2	
<b>VASODILATORS</b>		
<i>hydralazine hcl (10 mg tab, 25 mg tab, 50 mg tab, 100 mg tab)</i>	2	
<i>minoxidil</i>	2	
<b>ANTIMALARIALS (CONTINUED)</b>		
<b>ANTIMALARIAL COMBINATIONS</b>		
<i>atovaquone-proguanil hcl</i>	2	
<b>ANTIMALARIALS</b>		
ARTESUNATE	4	SP, PN (34 DAYS SUPPLY PER FILL)
<i>chloroquine phosphate</i>	2	
<i>hydroxychloroquine sulfate 200 mg tab</i>	2	
<i>mefloquine hcl</i>	2	
<i>primaquine phosphate</i>	4	QL (14 ea per 14 day(s)), PN (14 DAYS SUPPLY PER FILL)
<i>pyrimethamine</i>	2	PA, SP, PN (34 DAYS SUPPLY PER FILL)
<i>quinine sulfate</i>	2	PA
<b>ANTIMYASTHENIC/CHOLINERGIC AGENTS (CONTINUED)</b>		
<b>ANTIMYASTHENIC/CHOLINERGIC AGENTS</b>		
FIRDAPSE	4	PA, LA, QL (240 ea per 30 days), SP, PN (30 DAYS SUPPLY PER FILL)
<i>pyridostigmine bromide (30 mg tab, 60 mg tab, 60 mg/5ml solution)</i>	2	
<i>pyridostigmine bromide er</i>	2	
<b>ANTIMYCOBACTERIAL AGENTS (CONTINUED)</b>		
<b>ANTIMYCOBACTERIAL AGENTS</b>		
<i>ethambutol hcl</i>	2	

Drug Name	Drug Tier	Requirements/Limits
<i>isoniazid (50 mg/5ml syrup, 100 mg tab, 300 mg tab)</i>	2	
PRETOMANID	4	PA, QL (1 ea per 1 days)
<i>pyrazinamide</i>	2	
<i>rifabutin</i>	2	
<i>rifampin (150 mg cap, 300 mg cap)</i>	2	
SIRTURO	4	PA, LA, SP
<b>ANTINEOPLASTICS AND ADJUNCTIVE THERAPIES (CONTINUED)</b>		
<b>ALKYLATING AGENTS</b>		
BELRAPZO	4	SP, PN (34 DAYS SUPPLY PER FILL)
<i>bendamustine hcl (25 mg recon soln, 100 mg recon soln)</i>	4	SP, PN (34 DAYS SUPPLY PER FILL)
BENDAMUSTINE HCL 100 MG/4ML SOLUTION	4	SP, PN (34 DAYS SUPPLY PER FILL)
BENDEKA	4	SP, PN (34 DAYS SUPPLY PER FILL)
<i>cyclophosphamide (25 mg cap, 50 mg cap)</i>	2	SP
GLEOSTINE	3	SP, PN (MIN 42 DAY SUPPLY; MAX 42 DAY SUPPLY)
LEUKERAN	3	SP
MELPHALAN	2	
MYLERAN	3	SP
OXALIPLATIN (50 MG RECON SOLN, 100 MG RECON SOLN, 200 MG/40ML SOLUTION)	2	SP, PN (34 DAYS SUPPLY PER FILL)
<i>oxaliplatin (50 mg/10ml solution, 100 mg/20ml solution)</i>	2	SP, PN (34 DAYS SUPPLY PER FILL)
<i>temozolomide</i>	2	SP, PN (34 DAYS SUPPLY PER FILL)
<i>thiotepa 100 mg recon soln</i>	4	PA, SP, PN (34 DAYS SUPPLY PER FILL)
<i>thiotepa 15 mg recon soln</i>	4	PA, SP, PN (34 DAYS SUPPLY PER FILL)
VIVIMUSTA	4	SP, PN (34 DAYS SUPPLY PER FILL)
YONDELIS	4	PA, SP, PN (34 DAYS SUPPLY PER FILL)
ZEPZELCA	4	PA, SP, PN (34 DAYS SUPPLY PER FILL)
<b>ANTIMETABOLITES</b>		
<i>capecitabine</i>	2	SP, PN (34 DAYS SUPPLY PER FILL)
<i>clofarabine</i>	4	PA, SP, PN (34 DAYS SUPPLY PER FILL)
<i>decitabine</i>	4	SP, PN (34 DAYS SUPPLY PER FILL)
FOLOTYN 20 MG/ML SOLUTION	4	SP, PN (34 DAYS SUPPLY PER FILL)



Drug Name	Drug Tier	Requirements/Limits
FOLOTYN 40 MG/2ML SOLUTION	4	SP, PN (34 DAYS SUPPLY PER FILL)
<i>mercaptopurine</i>	2	
METHOTREXATE SODIUM (2.5 MG TAB, 50 MG/2ML SOLUTION, 250 MG/10ML SOLUTION, 1000 MG/40ML SOLUTION)	2	
<i>methotrexate sodium (pf)</i>	2	
<i>nelarabine</i>	4	PA, SP, PN (34 DAYS SUPPLY PER FILL)
ONUREG	4	QL (14 ea per 28 days), PA-NSO, SP, PN (MIN 28 DAY SUPPLY; MAX 34 DAY SUPPLY)
PEMETREXED	4	SP, PN (34 DAYS SUPPLY PER FILL)
PEMETREXED DISODIUM (1 GM/40ML SOLUTION, 100 MG RECON SOLN, 100 MG/4ML SOLUTION, 500 MG RECON SOLN, 500 MG/20ML SOLUTION)	4	SP, PN (34 DAYS SUPPLY PER FILL)
PEMETREXED DISODIUM (750 MG RECON SOLN, 850 MG/34ML SOLUTION, 1000 MG RECON SOLN)	4	SP, PN (34 DAYS SUPPLY PER FILL)
PEMETREXED DITROMETHAMINE	4	SP, PN (34 DAYS SUPPLY PER FILL)
PEMFEXY	4	SP, PN (34 DAYS SUPPLY PER FILL)
PRALATREXATE 20 MG/ML SOLUTION	4	SP, PN (34 DAYS SUPPLY PER FILL)
PRALATREXATE 40 MG/2ML SOLUTION	4	SP, PN (34 DAYS SUPPLY PER FILL)
XATMEP	4	PA, SP
<b>ANTINEOPLASTIC - ANGIOGENESIS INHIBITORS</b>		
AVASTIN 100 MG/4ML SOLUTION	4	PA, SP, PN (34 DAYS SUPPLY PER FILL)
AVASTIN 400 MG/16ML SOLUTION	4	PA, SP, PN (34 DAYS SUPPLY PER FILL)
CYRAMZA	4	PA, SP, PN (34 DAYS SUPPLY PER FILL)
FRUZAQLA 1 MG CAP	4	PA, QL (84 ea per 28 days), SP, PN (28 DAYS SUPPLY PER FILL)
FRUZAQLA 5 MG CAP	4	PA, QL (21 ea per 28 days), SP, PN (28 DAYS SUPPLY PER FILL)
INLYTA 1 MG TAB	4	QL (180 ea per 30 days), PA-NSO, SP, PN (30 DAYS SUPPLY PER FILL)
INLYTA 5 MG TAB	4	QL (120 ea per 30 days), PA-NSO, SP, PN (30 DAYS SUPPLY PER FILL)
LENVIMA (10 MG DAILY DOSE)	4	QL (30 ea per 30 days), PA-NSO, SP, PN (30 DAYS SUPPLY PER FILL)
LENVIMA (12 MG DAILY DOSE)	4	QL (90 ea per 30 days), PA-NSO, SP, PN (30 DAYS SUPPLY PER FILL)

<b>Drug Name</b>	<b>Drug Tier</b>	<b>Requirements/Limits</b>
LENVIMA (14 MG DAILY DOSE)	4	QL (60 ea per 30 days), PA-NSO, SP, PN (30 DAYS SUPPLY PER FILL)
LENVIMA (18 MG DAILY DOSE)	4	QL (90 ea per 30 days), PA-NSO, SP, PN (30 DAYS SUPPLY PER FILL)
LENVIMA (20 MG DAILY DOSE)	4	QL (60 ea per 30 days), PA-NSO, SP, PN (30 DAYS SUPPLY PER FILL)
LENVIMA (24 MG DAILY DOSE)	4	QL (90 ea per 30 days), PA-NSO, SP, PN (30 DAYS SUPPLY PER FILL)
LENVIMA (4 MG DAILY DOSE)	4	QL (30 ea per 30 days), PA-NSO, SP, PN (30 DAYS SUPPLY PER FILL)
LENVIMA (8 MG DAILY DOSE)	4	QL (60 ea per 30 days), PA-NSO, SP, PN (30 DAYS SUPPLY PER FILL)
MVASI	4	SP, PN (34 DAYS SUPPLY PER FILL)
ZALTRAP	4	PA, SP, PN (34 DAYS SUPPLY PER FILL)
<b>ANTINEOPLASTIC - ANTI-HER2 AGENTS</b>		
HERCEPTIN	4	PA, SP, PN (34 DAYS SUPPLY PER FILL)
HERZUMA	4	SP, PN (34 DAYS SUPPLY PER FILL)
KANJINTI	4	SP, PN (34 DAYS SUPPLY PER FILL)
MARGENZA	4	PA, SP, PN (34 DAYS SUPPLY PER FILL)
OGIVRI	4	SP, PN (34 DAYS SUPPLY PER FILL)
ONTRUZANT	4	SP, PN (34 DAYS SUPPLY PER FILL)
PERJETA	4	SP, PN (34 DAYS SUPPLY PER FILL)
TRAZIMERA	4	SP, PN (34 DAYS SUPPLY PER FILL)
TUKYSA	4	QL (120 ea per 30 days), PA-NSO, SP, PN (30 DAYS SUPPLY PER FILL)
<b>ANTINEOPLASTIC - ANTIBODIES</b>		
ADCETRIS	4	PA, SP, PN (34 DAYS SUPPLY PER FILL)
ARZERRA	4	PA, SP, PN (34 DAYS SUPPLY PER FILL)
BAVENCIO	4	PA, SP, PN (34 DAYS SUPPLY PER FILL)
BESPONSA	4	PA, SP, PN (34 DAYS SUPPLY PER FILL)
BLENREP	4	PA, PN (34 DAYS SUPPLY PER FILL)
BLINCYTO	4	PA, SP, PN (34 DAYS SUPPLY PER FILL)
COLUMVI	4	PA, QL (30 ml per 21 day(s)), SP, PN (21 DAYS SUPPLY PER FILL)
DANYELZA	4	PA, SP, PN (34 DAYS SUPPLY PER FILL)

<b>Drug Name</b>	<b>Drug Tier</b>	<b>Requirements/Limits</b>
DARZALEX	4	PA, SP, PN (34 DAYS SUPPLY PER FILL)
ELAHERE	4	PA, LA, SP, PN (34 DAYS SUPPLY PER FILL)
ELREXFIO	4	PA, LA, SP, PN (34 DAYS SUPPLY PER FILL)
EMPLICITI	4	PA, SP, PN (34 DAYS SUPPLY PER FILL)
ENHERTU	4	PA, SP, PN (34 DAYS SUPPLY PER FILL)
EPKINLY	4	PA, SP, PN (28 DAYS SUPPLY PER FILL)
GAZYVA	4	PA, SP, PN (34 DAYS SUPPLY PER FILL)
IMDELLTRA	4	PA, SP, PN (28 DAY SUPPLY PER FILL)
IMFINZI	4	PA, SP, PN (34 DAYS SUPPLY PER FILL)
IMJUDO 25 MG/1.25ML SOLUTION	4	PA, QL (375 ml per 180 days), SP, PN (180 DAYS SUPPLY PER FILL)
IMJUDO 300 MG/15ML SOLUTION	4	PA, QL (15 ml per 180 days), SP, PN (180 DAYS SUPPLY PER FILL)
JEMPERLI	4	PA, SP, PN (34 DAYS SUPPLY PER FILL)
KADCYLA	4	PA, SP, PN (34 DAYS SUPPLY PER FILL)
KEYTRUDA	4	PA, SP, PN (MIN 21 DAY SUPPLY; MAX 42 DAY SUPPLY)
KIMMTRAK	4	PA, SP, PN (34 DAYS SUPPLY PER FILL)
LIBTAYO	4	PA, SP, PN (34 DAYS SUPPLY PER FILL)
LOQTORZI	4	PA, SP, PN (28 DAYS SUPPLY PER FILL)
LUNSUMIO	4	PA, SP, PN (34 DAYS SUPPLY PER FILL)
MONJUVI	4	PA, SP, PN (34 DAYS SUPPLY PER FILL)
MYLOTARG	4	PA, SP, PN (34 DAYS SUPPLY PER FILL)
OPDIVO	4	PA, SP, PN (34 DAYS SUPPLY PER FILL)
PADCEV	4	PA, SP, PN (34 DAYS SUPPLY PER FILL)
POLIVY	4	PA, SP, PN (34 DAYS SUPPLY PER FILL)
POTELIGEO	4	PA, SP, PN (34 DAYS SUPPLY PER FILL)
RIABNI	4	PA, SP, PN (34 DAYS SUPPLY PER FILL)
RITUXAN	4	PA, SP, PN (34 DAYS SUPPLY PER FILL)
RUXIENCE	4	PA, SP, PN (34 DAYS SUPPLY PER FILL)
RYBREVAANT	4	PA, SP, PN (34 DAYS SUPPLY PER FILL)
SARCLISA	4	PA, SP, PN (34 DAYS SUPPLY PER FILL)

Drug Name	Drug Tier	Requirements/Limits
TALVEY	4	PA, SP, PN (34 DAYS SUPPLY PER FILL)
TECENTRIQ	4	PA, SP, PN (34 DAYS SUPPLY PER FILL)
TECVAYLI	4	PA, SP, PN (34 DAYS SUPPLY PER FILL)
TEVIMBRA	4	PA, SP, PN (34 DAYS SUPPLY PER FILL)
TIVDAK	4	PA, SP, PN (34 DAYS SUPPLY PER FILL)
UNITUXIN	4	PA, SP, PN (34 DAYS SUPPLY PER FILL)
YERVOY	4	PA, SP, PN (34 DAYS SUPPLY PER FILL)
ZEVALIN Y-90	4	PA, SP, PN (34 DAYS SUPPLY PER FILL)
ZYNLONTA	4	PA, LA, SP, PN (34 DAYS SUPPLY PER FILL)
ZYNYZ	4	PA, QL (20 ml per 28 days), SP, PN (28 DAYS SUPPLY PER FILL)
<b>ANTINEOPLASTIC - BCL-2 INHIBITORS</b>		
VENCLEXTA 10 MG TAB	4	QL (56 ea per 28 day(s)), PA-NSO, SP, PN (30 DAYS SUPPLY PER FILL)
VENCLEXTA 100 MG TAB	4	QL (180 ea per 30 days), PA-NSO, SP, PN (30 DAYS SUPPLY PER FILL)
VENCLEXTA 50 MG TAB	4	QL (28 ea per 28 day(s)), PA-NSO, SP, PN (30 DAYS SUPPLY PER FILL)
VENCLEXTA STARTING PACK	4	QL (42 ea per 28 days), PA-NSO, SP, PN (28 DAYS SUPPLY PER FILL)
<b>ANTINEOPLASTIC - EGFR INHIBITORS</b>		
ERBITUX	4	SP, PN (34 DAYS SUPPLY PER FILL)
<i>erlotinib hcl (100 mg tab, 150 mg tab)</i>	2	QL (30 ea per 30 days), PA-NSO, SP, PN (30 DAYS SUPPLY PER FILL)
<i>erlotinib hcl 25 mg tab</i>	2	QL (90 ea per 30 days), PA-NSO, SP, PN (30 DAYS SUPPLY PER FILL)
EXKIVITY	4	QL (120 ea per 30 days), PA-NSO, SP, PN (30 DAYS SUPPLY PER FILL)
<i>gefitinib</i>	3	QL (30 ea per 30 days), PA-NSO, SP, PN (30 DAYS SUPPLY PER FILL)
GILOTRIF	4	LA, QL (30 ea per 30 days), PA-NSO, SP, PN (30 DAYS SUPPLY PER FILL)
LAZCLUZE	4	PA, QL (30 ea per 30 day(s)), PN (30 DAYS SUPPLY PER FILL)
PORTRAZZA	4	PA, SP, PN (34 DAYS SUPPLY PER FILL)
TAGRISSO	4	QL (30 ea per 30 days), PA-NSO, SP, PN (30 DAYS SUPPLY PER FILL)

Drug Name	Drug Tier	Requirements/Limits
VECTIBIX	4	PA, SP, PN (34 DAYS SUPPLY PER FILL)
VIZIMPRO	4	QL (30 ea per 30 days), PA-NSO, SP, PN (30 DAYS SUPPLY PER FILL)
<b>ANTINEOPLASTIC - HEDGEHOG PATHWAY INHIBITORS</b>		
DAURISMO 100 MG TAB	4	QL (30 ea per 30 days), PA-NSO, SP, PN (30 DAYS SUPPLY PER FILL)
DAURISMO 25 MG TAB	4	QL (60 ea per 30 days), PA-NSO, SP, PN (30 DAYS SUPPLY PER FILL)
ERIVEDGE	4	QL (28 ea per 28 day(s)), PA-NSO, SP, PN (30 DAYS SUPPLY PER FILL)
ODOMZO	4	QL (30 ea per 30 days), PA-NSO, SP, PN (30 DAYS SUPPLY PER FILL)
<b>ANTINEOPLASTIC - HORMONAL AND RELATED AGENTS</b>		
<i>abiraterone acetate 250 mg tab</i>	2	QL (120 ea per 30 days), PA-NSO, SP, PN (30 DAYS SUPPLY PER FILL)
AKEEGA 100-500 MG TAB	4	QL (60 ea per 30 days), PA-NSO, SP, PN (30 DAYS SUPPLY PER FILL)
AKEEGA 50-500 MG TAB	4	LA, QL (60 ea per 30 days), PA-NSO, SP, PN (30 DAYS SUPPLY PER FILL)
<i>anastrozole</i>	1	
<i>bicalutamide</i>	2	
CAMCEVI	4	SP, PN (168 DAYS SUPPLY PER FILL)
ELIGARD 22.5 MG KIT	4	SP, PN (MIN 84 DAY SUPPLY; MAX 90 DAY SUPPLY)
ELIGARD 30 MG KIT	4	SP, PN (MIN 112 DAY SUPPLY; MAX 120 DAY SUPPLY)
ELIGARD 45 MG KIT	4	SP, PN (MIN 168 DAY SUPPLY; MAX 180 DAY SUPPLY)
ELIGARD 7.5 MG KIT	4	SP, PN (MIN 28 DAY SUPPLY; MAX 34 DAY SUPPLY)
EMCYT	3	SP
ERLEADA 240 MG TAB	4	QL (30 ea per 30 days), PA-NSO, SP, PN (30 DAYS SUPPLY PER FILL)
ERLEADA 60 MG TAB	4	QL (120 ea per 30 days), PA-NSO, SP, PN (30 DAYS SUPPLY PER FILL)
<i>exemestane</i>	1	
FIRMAGON	4	SP, PN (MIN 28 DAY SUPPLY; MAX 34 DAY SUPPLY)

<b>Drug Name</b>	<b>Drug Tier</b>	<b>Requirements/Limits</b>
FIRMAGON (240 MG DOSE)	4	SP, PN (MIN 28 DAY SUPPLY; MAX 34 DAY SUPPLY)
FULVESTRANT	4	SP, PN (34 DAYS SUPPLY PER FILL)
<i>letrozole</i>	1	
<i>leuprolide acetate</i>	2	
LUPRON DEPOT (1-MONTH)	4	SP, PN (MIN 28 DAY SUPPLY; MAX 34 DAY SUPPLY)
LUPRON DEPOT (3-MONTH)	4	SP, PN (MIN 84 DAY SUPPLY; MAX 90 DAY SUPPLY)
LUPRON DEPOT (4-MONTH)	4	SP, PN (MIN 112 DAY SUPPLY; MAX 120 DAY SUPPLY)
LUPRON DEPOT (6-MONTH)	4	SP, PN (MIN 168 DAY SUPPLY; MAX 180 DAY SUPPLY)
LYSODREN	3	LA, SP, PN (34 DAYS SUPPLY PER FILL)
<i>megestrol acetate (20 mg tab, 40 mg tab)</i>	2	
<i>megestrol acetate (40 mg/ml suspension, 400 mg/10ml suspension, 800 mg/20ml suspension)</i>	2	
<i>nilutamide</i>	2	SP
NUBEQA	4	QL (120 ea per 30 days), PA-NSO, SP, PN (30 DAYS SUPPLY PER FILL)
ORGOVYX	4	PA, QL (64 ea per 30 days), SP, PN (30 DAYS SUPPLY PER FILL)
ORSERDU 345 MG TAB	4	LA, QL (30 ea per 30 days), PA-NSO, SP, PN (30 DAYS SUPPLY PER FILL)
ORSERDU 86 MG TAB	4	LA, QL (90 ea per 30 days), PA-NSO, SP, PN (30 DAYS SUPPLY PER FILL)
<i>tamoxifen citrate 10 mg tab</i>	1	
<i>tamoxifen citrate 20 mg tab</i>	1	
<i>toremifene citrate</i>	2	SP
TRELSTAR MIXJECT 11.25 MG RECON SUSP	4	SP, PN (MIN 84 DAY SUPPLY; MAX 90 DAY SUPPLY)
TRELSTAR MIXJECT 22.5 MG RECON SUSP	4	SP, PN (MIN 168 DAY SUPPLY; MAX 180 DAY SUPPLY)
TRELSTAR MIXJECT 3.75 MG RECON SUSP	4	SP, PN (MIN 28 DAY SUPPLY; MAX 34 DAY SUPPLY)
XTANDI (40 MG CAP, 40 MG TAB)	4	QL (120 ea per 30 days), PA-NSO, SP, PN (30 DAYS SUPPLY PER FILL)
XTANDI 80 MG TAB	4	QL (60 ea per 30 days), PA-NSO, SP, PN (30 DAYS SUPPLY PER FILL)

Drug Name	Drug Tier	Requirements/Limits
ZOLADEX 10.8 MG IMPLANT	4	SP, PN (84 DAYS SUPPLY PER FILL)
ZOLADEX 3.6 MG IMPLANT	4	SP, PN (28 DAYS SUPPLY PER FILL)
<b>ANTINEOPLASTIC - HYPOXIA-INDUCIBLE FACTOR INHIBITORS</b>		
WELIREG	4	LA, QL (90 ea per 30 days), PA-NSO, SP, PN (34 DAYS SUPPLY PER FILL)
<b>ANTINEOPLASTIC - IMMUNOMODULATORS</b>		
POMALYST	4	QL (21 ea per 28 days), PA-NSO, SP, PN (28 DAYS SUPPLY PER FILL)
<b>ANTINEOPLASTIC - PDGFR-ALPHA INHIBITORS</b>		
AYVAKIT	4	QL (30 ea per 30 days), PA-NSO, SP, PN (30 DAYS SUPPLY PER FILL)
<b>ANTINEOPLASTIC - XPO1 INHIBITORS</b>		
XPOVIO (100 MG ONCE WEEKLY) 50 MG TAB THPK	4	QL (8 ea per 28 days), PA-NSO, SP, PN (28 DAYS SUPPLY PER FILL)
XPOVIO (40 MG ONCE WEEKLY) 40 MG TAB THPK	4	QL (4 ea per 28 days), PA-NSO, SP, PN (28 DAYS SUPPLY PER FILL)
XPOVIO (40 MG TWICE WEEKLY) 40 MG TAB THPK	4	QL (8 ea per 28 days), PA-NSO, SP, PN (28 DAYS SUPPLY PER FILL)
XPOVIO (60 MG ONCE WEEKLY) 60 MG TAB THPK	4	QL (4 ea per 28 days), PA-NSO, SP, PN (28 DAYS SUPPLY PER FILL)
XPOVIO (60 MG TWICE WEEKLY)	4	QL (24 ea per 28 days), PA-NSO, SP, PN (28 DAYS SUPPLY PER FILL)
XPOVIO (80 MG ONCE WEEKLY) 40 MG TAB THPK	4	QL (8 ea per 28 days), PA-NSO, SP, PN (28 DAYS SUPPLY PER FILL)
XPOVIO (80 MG TWICE WEEKLY)	4	QL (32 ea per 28 day(s)), PA-NSO, SP, PN (28 DAYS SUPPLY PER FILL)
<b>ANTINEOPLASTIC ANTIBIOTICS</b>		
JELMYTO	4	PA, LA, QL (17 ea per lifetime), SP
<i>mitomycin (20 mg recon soln, 40 mg recon soln)</i>	2	SP, PN (34 DAYS SUPPLY PER FILL)
<i>mitomycin 5 mg recon soln</i>	2	SP, PN (34 DAYS SUPPLY PER FILL)
<i>mutamycin (20 mg recon soln, 40 mg recon soln)</i>	2	SP, PN (34 DAYS SUPPLY PER FILL)
<i>mutamycin 5 mg recon soln</i>	2	SP, PN (34 DAYS SUPPLY PER FILL)
<b>ANTINEOPLASTIC COMBINATIONS</b>		
DARZALEX FASPRO	4	PA, QL (15 ml per 1 day(s)), SP, PN (28 DAYS SUPPLY PER FILL)

<b>Drug Name</b>	<b>Drug Tier</b>	<b>Requirements/Limits</b>
HERCEPTIN HYLECTA	4	SP, PN (34 DAYS SUPPLY PER FILL)
INQOVI	4	QL (5 ea per 28 days), PA-NSO, SP, PN (MIN 28 DAY SUPPLY; MAX 34 DAY SUPPLY)
KISQALI FEMARA (200 MG DOSE)	4	QL (49 ea per 28 days), PA-NSO, SP, PN (MIN 28 DAY SUPPLY; MAX 34 DAY SUPPLY)
KISQALI FEMARA (400 MG DOSE)	4	QL (70 ea per 28 days), PA-NSO, SP, PN (MIN 28 DAY SUPPLY; MAX 34 DAY SUPPLY)
KISQALI FEMARA (600 MG DOSE)	4	QL (91 ea per 28 days), PA-NSO, SP, PN (MIN 28 DAY SUPPLY; MAX 34 DAY SUPPLY)
LONSURF 15-6.14 MG TAB	4	QL (100 ea per 28 days), PA-NSO, SP, PN (MIN 28 DAY SUPPLY; MAX 34 DAY SUPPLY)
LONSURF 20-8.19 MG TAB	4	QL (80 ea per 28 days), PA-NSO, SP, PN (MIN 28 DAY SUPPLY; MAX 34 DAY SUPPLY)
OPDUALAG	4	PA, QL (40 ml per 28 days), SP, PN (28 DAYS SUPPLY PER FILL)
PHESGO	4	SP, PN (34 DAYS SUPPLY PER FILL)
RITUXAN HYCELA	4	PA, SP, PN (34 DAYS SUPPLY PER FILL)
VYXEOS	4	PA, LA, SP, PN (34 DAYS SUPPLY PER FILL)
<b>ANTINEOPLASTIC ENZYME INHIBITORS</b>		
ALECENSA	4	QL (240 ea per 30 days), PA-NSO, SP, PN (MIN 30 DAY SUPPLY; MAX 60 DAY SUPPLY)
ALIQOPA	4	PA, SP, PN (34 DAYS SUPPLY PER FILL)
ALUNBRIG (90 & 180 MG TAB THPK, 90 MG TAB, 180 MG TAB)	4	QL (30 ea per 30 days), PA-NSO, SP, PN (30 DAYS SUPPLY PER FILL)
ALUNBRIG 30 MG TAB	4	QL (60 ea per 30 days), PA-NSO, SP, PN (30 DAYS SUPPLY PER FILL)
AUGTYRO 40 MG CAP	4	PA, QL (240 ea per 30 day(s)), SP, PN (30 DAYS SUPPLY PER FILL)
BALVERSA 3 MG TAB	4	LA, QL (84 ea per 28 days), PA-NSO, SP, PN (28 DAYS SUPPLY PER FILL)
BALVERSA 4 MG TAB	4	LA, QL (56 ea per 28 days), PA-NSO, SP, PN (28 DAYS SUPPLY PER FILL)
BALVERSA 5 MG TAB	4	LA, QL (28 ea per 28 days), PA-NSO, SP, PN (28 DAYS SUPPLY PER FILL)



<b>Drug Name</b>	<b>Drug Tier</b>	<b>Requirements/Limits</b>
BELEODAQ	4	PA, SP, PN (34 DAYS SUPPLY PER FILL)
BORTEZOMIB (1 MG RECON SOLN, 2.5 MG RECON SOLN, 3.5 MG RECON SOLN)	4	PA, SP, PN (34 DAYS SUPPLY PER FILL)
BORTEZOMIB (3.5 MG RECON SOLN, 3.5 MG/1.4ML SOLUTION)	4	PA, SP, PN (34 DAYS SUPPLY PER FILL)
BOSULIF (400 MG TAB, 500 MG TAB)	4	QL (30 ea per 30 days), PA-NSO, SP, PN (30 DAYS SUPPLY PER FILL)
BOSULIF 100 MG TAB	4	QL (90 ea per 30 days), PA-NSO, SP, PN (30 DAYS SUPPLY PER FILL)
BRAFTOVI	4	QL (180 ea per 30 days), PA-NSO, SP, PN (30 DAYS SUPPLY PER FILL)
BRUKINSA	4	QL (120 ea per 30 days), PA-NSO, SP, PN (30 DAYS SUPPLY PER FILL)
CABOMETYX	4	QL (30 ea per 30 days), PA-NSO, SP, PN (30 DAYS SUPPLY PER FILL)
CALQUENCE 100 MG TAB	4	QL (60 ea per 30 days), PA-NSO, SP, PN (30 DAYS SUPPLY PER FILL)
CAPRELSA 100 MG TAB	4	LA, QL (60 ea per 30 days), PA-NSO, SP, PN (30 DAYS SUPPLY PER FILL)
CAPRELSA 300 MG TAB	4	LA, QL (30 ea per 30 days), PA-NSO, SP, PN (30 DAYS SUPPLY PER FILL)
COMETRIQ (100 MG DAILY DOSE)	4	QL (56 ea per 28 days), PA-NSO, SP, PN (28 DAYS SUPPLY PER FILL)
COMETRIQ (140 MG DAILY DOSE)	4	QL (112 ea per 28 days), PA-NSO, SP, PN (28 DAYS SUPPLY PER FILL)
COMETRIQ (60 MG DAILY DOSE)	4	QL (84 ea per 28 days), PA-NSO, SP, PN (28 DAYS SUPPLY PER FILL)
COPIKTRA	4	QL (60 ea per 30 days), PA-NSO, SP, PN (30 DAYS SUPPLY PER FILL)
COTELLIC	4	QL (90 ea per 30 days), PA-NSO, SP, PN (MIN 28 DAY SUPPLY; MAX 34 DAY SUPPLY)
<i>dasatinib (50 mg tab, 70 mg tab, 80 mg tab, 100 mg tab, 140 mg tab)</i>	4	QL (30 ea per 30 day(s)), PA-NSO, SP, PN (30 DAYS SUPPLY PER FILL)
<i>dasatinib 20 mg tab</i>	4	QL (90 ea per 30 day(s)), PA-NSO, SP, PN (30 DAYS SUPPLY PER FILL)
<i>everolimus (2.5 mg tab, 3 mg tab sol, 5 mg tab, 5 mg tab sol, 7.5 mg tab, 10 mg tab)</i>	2	QL (28 ea per 28 days), PA-NSO, SP, PN (28 DAYS SUPPLY PER FILL)
<i>everolimus 2 mg tab sol</i>	2	QL (28 ea per 28 days), PA-NSO, SP, PN (28 DAYS SUPPLY PER FILL)

<b>Drug Name</b>	<b>Drug Tier</b>	<b>Requirements/Limits</b>
FOTIVDA	4	QL (21 ea per 28 days), PA-NSO, SP, PN (30 DAYS SUPPLY PER FILL)
FYARRO	4	PA, SP, PN (34 DAYS SUPPLY PER FILL)
GAVRETO	4	QL (120 ea per 30 day(s)), PA-NSO, SP, PN (30 DAYS SUPPLY PER FILL)
GLEEVEC 100 MG TAB	4	QL (90 ea per 30 days), SP, PN (30 DAYS SUPPLY PER FILL)
GLEEVEC 400 MG TAB	4	QL (60 ea per 30 days), SP, PN (30 DAYS SUPPLY PER FILL)
IBRANCE	4	QL (21 ea per 28 days), PA-NSO, SP, PN (MIN 28 DAY SUPPLY; MAX 34 DAY SUPPLY)
ICLUSIG (10 MG TAB, 30 MG TAB)	4	LA, QL (30 ea per 30 days), PA-NSO, SP, PN (30 DAYS SUPPLY PER FILL)
ICLUSIG (15 MG TAB, 45 MG TAB)	4	LA, QL (30 ea per 30 days), PA-NSO, SP, PN (30 DAYS SUPPLY PER FILL)
IDHIFA	4	QL (30 ea per 30 days), PA-NSO, SP, PN (30 DAYS SUPPLY PER FILL)
<i>imatinib mesylate 100 mg tab</i>	2	QL (90 ea per 30 days), SP, PN (30 DAYS SUPPLY PER FILL)
<i>imatinib mesylate 400 mg tab</i>	2	QL (60 ea per 30 days), SP, PN (30 DAYS SUPPLY PER FILL)
IMBRUVICA (70 MG CAP, 420 MG TAB)	4	QL (28 ea per 28 days), PA-NSO, SP, PN (28 DAYS SUPPLY PER FILL)
IMBRUVICA 140 MG CAP	4	QL (120 ea per 30 days), PA-NSO, SP, PN (30 DAYS SUPPLY PER FILL)
IMBRUVICA 70 MG/ML SUSPENSION	4	QL (216 ml per 36 days), PA-NSO, SP, PN (36 DAYS SUPPLY PER FILL)
INREBIC	4	PA, QL (120 ea per 30 days), SP, PN (30 DAYS SUPPLY PER FILL)
JAKAFI	4	PA, QL (60 ea per 30 days), SP, PN (30 DAYS SUPPLY PER FILL)
JAYPIRCA 100 MG TAB	4	QL (60 ea per 30 days), PA-NSO, SP, PN (30 DAYS SUPPLY PER FILL)
JAYPIRCA 50 MG TAB	4	QL (30 ea per 30 days), PA-NSO, SP, PN (30 DAYS SUPPLY PER FILL)
KISQALI (200 MG DOSE)	4	QL (21 ea per 28 days), PA-NSO, SP, PN (MIN 28 DAY SUPPLY; MAX 34 DAY SUPPLY)
KISQALI (400 MG DOSE)	4	QL (42 ea per 28 days), PA-NSO, SP, PN (MIN 28 DAY SUPPLY; MAX 34 DAY SUPPLY)

<b>Drug Name</b>	<b>Drug Tier</b>	<b>Requirements/Limits</b>
KISQALI (600 MG DOSE)	4	QL (63 ea per 28 days), PA-NSO, SP, PN (MIN 28 DAY SUPPLY; MAX 34 DAY SUPPLY)
KOSELUGO 10 MG CAP	4	QL (240 ea per 30 days), PA-NSO, SP, PN (30 DAYS SUPPLY PER FILL)
KOSELUGO 25 MG CAP	4	QL (120 ea per 30 days), PA-NSO, SP, PN (30 DAYS SUPPLY PER FILL)
KRAZATI	4	QL (180 ea per 30 days), PA-NSO, SP, PN (30 DAYS SUPPLY PER FILL)
KYPROLIS	4	PA, SP, PN (34 DAYS SUPPLY PER FILL)
<i>lapatinib ditosylate</i>	2	QL (180 ea per 30 days), PA-NSO, SP, PN (30 DAYS SUPPLY PER FILL)
LORBRENA 100 MG TAB	4	QL (30 ea per 30 days), PA-NSO, SP, PN (30 DAYS SUPPLY PER FILL)
LORBRENA 25 MG TAB	4	QL (90 ea per 30 days), PA-NSO, SP, PN (30 DAYS SUPPLY PER FILL)
LUMAKRAS 120 MG TAB	4	QL (240 ea per 30 days), PA-NSO, SP, PN (30 DAYS SUPPLY PER FILL)
LUMAKRAS 320 MG TAB	4	QL (90 ea per 30 days), PA-NSO, SP, PN (30 DAYS SUPPLY PER FILL)
LYNPARZA	4	PA, QL (120 ea per 30 days), SP, PN (30 DAYS SUPPLY PER FILL)
LYTGOBI (12 MG DAILY DOSE)	4	QL (84 ea per 28 days), PA-NSO, SP, PN (28 DAYS SUPPLY PER FILL)
LYTGOBI (16 MG DAILY DOSE)	4	QL (112 ea per 28 days), PA-NSO, SP, PN (28 DAYS SUPPLY PER FILL)
LYTGOBI (20 MG DAILY DOSE)	4	QL (140 ea per 28 days), PA-NSO, SP, PN (28 DAYS SUPPLY PER FILL)
MEKINIST 0.05 MG/ML RECON SOLN	4	PA, QL (1200 ml per 30 days), SP, PN (30 DAYS SUPPLY PER FILL)
MEKINIST 0.5 MG TAB	4	PA, QL (90 ea per 30 days), SP, PN (30 DAYS SUPPLY PER FILL)
MEKINIST 2 MG TAB	4	PA, QL (30 ea per 30 days), SP, PN (30 DAYS SUPPLY PER FILL)
MEKTOVI	4	QL (180 ea per 30 days), PA-NSO, SP, PN (30 DAYS SUPPLY PER FILL)
NERLYNX	4	PA, QL (180 ea per 30 days), SP, PN (30 DAYS SUPPLY PER FILL)
NINLARO	4	QL (3 ea per 28 days), PA-NSO, SP, PN (MIN 28 DAY SUPPLY; MAX 34 DAY SUPPLY)

<b>Drug Name</b>	<b>Drug Tier</b>	<b>Requirements/Limits</b>
OGSIVEO 50 MG TAB	4	PA, QL (60 ea per 30 day(s)), SP, PN (30 DAYS SUPPLY PER FILL)
OJEMDA 100 MG TAB	4	PA, LA, QL (24 ea per 28 day(s)), SP, PN (28 DAYS SUPPLY PER FILL)
OJEMDA 25 MG/ML RECON SUSP	4	PA, LA, QL (96 ml per 28 day(s)), SP, PN (28 DAYS SUPPLY PER FILL)
OJJAARA	4	PA, LA, QL (30 ea per 30 days), SP, PN (30 DAYS SUPPLY PER FILL)
<i>pazopanib hcl</i>	2	QL (120 ea per 30 days), PA-NSO, SP, PN (30 DAYS SUPPLY PER FILL)
PEMAZYRE	4	LA, QL (14 ea per 21 days), PA-NSO, SP, PN (21 DAYS SUPPLY PER FILL)
PIQRAY (200 MG DAILY DOSE)	4	QL (28 ea per 28 days), PA-NSO, SP, PN (28 DAYS SUPPLY PER FILL)
PIQRAY (250 MG DAILY DOSE)	4	QL (56 ea per 28 days), PA-NSO, SP, PN (28 DAYS SUPPLY PER FILL)
PIQRAY (300 MG DAILY DOSE)	4	QL (56 ea per 28 days), PA-NSO, SP, PN (28 DAYS SUPPLY PER FILL)
QINLOCK	4	LA, QL (90 ea per 30 days), PA-NSO, SP, PN (30 DAYS SUPPLY PER FILL)
RETEVMO (40 MG CAP, 40 MG TAB)	4	QL (90 ea per 30 day(s)), PA-NSO, SP, PN (30 DAYS SUPPLY PER FILL)
RETEVMO (80 MG TAB, 120 MG TAB, 160 MG TAB)	4	QL (60 ea per 30 day(s)), PA-NSO, SP, PN (30 DAYS SUPPLY PER FILL)
RETEVMO 80 MG CAP	4	QL (120 ea per 30 days), PA-NSO, SP, PN (30 DAYS SUPPLY PER FILL)
REZLIDHIA	4	QL (30 ea per 30 days), PA-NSO, SP, PN (30 DAYS SUPPLY PER FILL)
<i>romidepsin 10 mg recon soln</i>	4	PA, SP, PN (34 DAYS SUPPLY PER FILL)
ROMIDEPSIN 27.5 MG/5.5ML SOLUTION	4	PA, SP, PN (34 DAYS SUPPLY PER FILL)
ROZLYTREK 100 MG CAP	4	QL (30 ea per 30 days), PA-NSO, SP, PN (30 DAYS SUPPLY PER FILL)
ROZLYTREK 200 MG CAP	4	QL (90 ea per 30 days), PA-NSO, SP, PN (30 DAYS SUPPLY PER FILL)
ROZLYTREK 50 MG PACKET	4	PA, QL (336 ea per 28 days), SP, PN (28 DAYS SUPPLY PER FILL)
RUBRACA	4	QL (120 ea per 30 days), PA-NSO, SP, PN (30 DAYS SUPPLY PER FILL)
RYDAPT	4	QL (224 ea per 28 days), PA-NSO, SP, PN (28 DAYS SUPPLY PER FILL)

<b>Drug Name</b>	<b>Drug Tier</b>	<b>Requirements/Limits</b>
SCEMBLIX (20 MG TAB, 40 MG TAB)	4	QL (60 ea per 30 days), PA-NSO, SP, PN (30 DAYS SUPPLY PER FILL)
SCEMBLIX 100 MG TAB	4	QL (120 ea per 30 day(s)), PA-NSO, SP, PN (30 DAYS SUPPLY PER FILL)
<i>sorafenib tosylate</i>	2	QL (120 ea per 30 days), PA-NSO, SP, PN (30 DAYS SUPPLY PER FILL)
SPRYCEL (50 MG TAB, 70 MG TAB, 80 MG TAB, 100 MG TAB, 140 MG TAB)	4	QL (30 ea per 30 day(s)), PA-NSO, SP, PN (30 DAYS SUPPLY PER FILL)
SPRYCEL 20 MG TAB	4	QL (90 ea per 30 day(s)), PA-NSO, SP, PN (30 DAYS SUPPLY PER FILL)
STIVARGA	4	QL (84 ea per 28 days), PA-NSO, SP, PN (MIN 28 DAY SUPPLY; MAX 34 DAY SUPPLY)
<i>sunitinib malate</i>	2	QL (28 ea per 28 days), PA-NSO, SP, PN (MIN 28 DAY SUPPLY; MAX 42 DAY SUPPLY)
TABRECTA	4	QL (120 ea per 30 days), PA-NSO, SP, PN (30 DAYS SUPPLY PER FILL)
TAFINLAR (50 MG CAP, 75 MG CAP)	4	PA, QL (120 ea per 30 days), SP, PN (30 DAYS SUPPLY PER FILL)
TAFINLAR 10 MG TAB SOL	4	PA, QL (900 ml per 30 days), SP, PN (30 DAYS SUPPLY PER FILL)
TALZENNA (0.25 MG CAP, 0.5 MG CAP, 0.75 MG CAP, 1 MG CAP)	4	QL (30 ea per 30 days), PA-NSO, SP, PN (30 DAYS SUPPLY PER FILL)
TASIGNA (150 MG CAP, 200 MG CAP)	4	QL (112 ea per 28 days), PA-NSO, SP, PN (28 DAYS SUPPLY PER FILL)
TASIGNA 50 MG CAP	4	QL (120 ea per 30 days), PA-NSO, SP, PN (30 DAYS SUPPLY PER FILL)
TAZVERIK	4	LA, QL (240 ea per 30 days), PA-NSO, SP, PN (30 DAYS SUPPLY PER FILL)
<i>temsirolimus</i>	4	PA, SP, PN (34 DAYS SUPPLY PER FILL)
TEPMETKO	4	LA, QL (60 ea per 30 days), PA-NSO, SP, PN (30 DAYS SUPPLY PER FILL)
TIBSOVO	4	QL (60 ea per 30 days), PA-NSO, SP, PN (30 DAYS SUPPLY PER FILL)
<i>torpenz</i>	2	QL (28 ea per 28 days), PA-NSO, SP, PN (28 DAYS SUPPLY PER FILL)
TRUQAP (160 MG TAB THPK, 200 MG TAB THPK)	4	QL (64 ea per 28 day(s)), PA-NSO, SP, PN (28 DAYS SUPPLY PER FILL)
TRUQAP (160 MG TAB, 200 MG TAB)	4	QL (64 ea per 28 days), PA-NSO, SP, PN (28 DAYS SUPPLY PER FILL)

<b>Drug Name</b>	<b>Drug Tier</b>	<b>Requirements/Limits</b>
TURALIO 125 MG CAP	4	LA, QL (120 ea per 30 days), PA-NSO, SP, PN (30 DAYS SUPPLY PER FILL)
VANFLYTA	4	PA, LA, QL (56 ea per 28 days), SP, PN (28 DAYS SUPPLY PER FILL)
VERZENIO	4	QL (56 ea per 28 days), PA-NSO, SP, PN (28 DAYS SUPPLY PER FILL)
VITRAKVI 100 MG CAP	4	QL (60 ea per 30 days), PA-NSO, SP, PN (30 DAYS SUPPLY PER FILL)
VITRAKVI 20 MG/ML SOLUTION	4	QL (300 ml per 30 days), PA-NSO, SP, PN (30 DAYS SUPPLY PER FILL)
VITRAKVI 25 MG CAP	4	QL (180 ea per 30 days), PA-NSO, SP, PN (30 DAYS SUPPLY PER FILL)
VONJO	4	PA, QL (120 ea per 30 days), SP, PN (30 DAYS SUPPLY PER FILL)
VORANIGO 10 MG TAB	4	LA, QL (60 ea per 30 day(s)), PA-NSO, SP, PN (30 DAYS SUPPLY PER FILL)
VORANIGO 40 MG TAB	4	LA, QL (30 ea per 30 day(s)), PA-NSO, SP, PN (30 DAYS SUPPLY PER FILL)
XALKORI (20 MG CAP SPRINK, 50 MG CAP SPRINK)	4	QL (120 ea per 30 day(s)), PA-NSO, SP, PN (30 DAYS SUPPLY PER FILL)
XALKORI (200 MG CAP, 250 MG CAP)	4	QL (120 ea per 30 days), PA-NSO, SP, PN (30 DAYS SUPPLY PER FILL)
XALKORI 150 MG CAP SPRINK	4	QL (180 ea per 30 day(s)), PA-NSO, SP, PN (30 DAYS SUPPLY PER FILL)
XOSPATA	4	PA-NSO, SP, PN (34 DAYS SUPPLY PER FILL)
ZEJULA (100 MG TAB, 200 MG TAB, 300 MG TAB)	4	QL (30 ea per 30 days), PA-NSO, SP, PN (30 DAYS SUPPLY PER FILL)
ZELBORAF	4	QL (240 ea per 30 days), PA-NSO, SP, PN (30 DAYS SUPPLY PER FILL)
ZOLINZA	4	QL (120 ea per 30 days), PA-NSO, SP, PN (30 DAYS SUPPLY PER FILL)
ZYDELIG	4	QL (60 ea per 30 days), PA-NSO, SP, PN (30 DAYS SUPPLY PER FILL)
ZYKADIA	4	QL (84 ea per 28 days), PA-NSO, SP, PN (28 DAYS SUPPLY PER FILL)
<b>ANTINEOPLASTIC ENZYMES</b>		
ASPARLAS	4	SP, PN (34 DAYS SUPPLY PER FILL)
ONCASPAR	4	LA, SP, PN (34 DAYS SUPPLY PER FILL)

Drug Name	Drug Tier	Requirements/Limits
RYLAZE	4	PA, SP, PN (34 DAYS SUPPLY PER FILL)
<b>ANTINEOPLASTIC RADIOPHARMACEUTICALS</b>		
AZEDRA DOSIMETRIC	4	PA, SP, PN (34 DAYS SUPPLY PER FILL)
AZEDRA THERAPEUTIC	4	PA, SP, PN (34 DAYS SUPPLY PER FILL)
LUTATHERA	4	PA, SP, PN (34 DAYS SUPPLY PER FILL)
PLUVICTO	4	PA, SP, PN (42 DAYS SUPPLY PER FILL)
XOFIGO	4	PA, SP, PN (34 DAYS SUPPLY PER FILL)
<b>ANTINEOPLASTICS MISC.</b>		
ACTIMMUNE	4	PA, SP, PN (28 DAYS SUPPLY PER FILL)
BESREMI	4	LA, QL (2 ml per 28 days), PA-NSO, SP, PN (28 DAYS SUPPLY PER FILL)
<i>bexarotene 75 mg cap</i>	2	PA, SP, PN (34 DAYS SUPPLY PER FILL)
<i>hydroxyurea</i>	2	
MATULANE	3	LA, SP, PN (34 DAYS SUPPLY PER FILL)
<i>tretinoin 10 mg cap</i>	2	SP
TRISENOX	4	PA, SP, PN (34 DAYS SUPPLY PER FILL)
<b>CHEMOTHERAPY ADJUNCTS</b>		
ELITEK	4	PA, SP, PN (34 DAYS SUPPLY PER FILL)
KEPIVANCE 5.16 MG RECON SOLN	4	PA, LA, SP, PN (34 DAYS SUPPLY PER FILL)
<b>CHEMOTHERAPY RESCUE/ANTIDOTE/PROTECTIVE AGENTS</b>		
COSELA	4	PA, SP, PN (34 DAYS SUPPLY PER FILL)
IWILFIN	4	LA, QL (240 ea per 30 day(s)), PA-NSO, SP, PN (30 DAYS SUPPLY PER FILL)
KHAPZORY	4	PA, SP, PN (34 DAYS SUPPLY PER FILL)
<i>leucovorin calcium (5 mg tab, 10 mg tab, 15 mg tab, 25 mg tab)</i>	2	
MESNEX 400 MG TAB	4	SP, PN (34 DAYS SUPPLY PER FILL)
PEDMARK	4	PA, SP, PN (34 DAYS SUPPLY PER FILL)
VORAXAZE	4	PA, SP, PN (34 DAYS SUPPLY PER FILL)
<b>MITOTIC INHIBITORS</b>		
ABRAXANE	4	PA, SP, PN (34 DAYS SUPPLY PER FILL)
<i>eribulin mesylate</i>	4	PA, SP, PN (34 DAYS SUPPLY PER FILL)

<b>Drug Name</b>	<b>Drug Tier</b>	<b>Requirements/Limits</b>
ETOPOSIDE 50 MG CAP	2	SP
HALAVEN	4	PA, SP, PN (34 DAYS SUPPLY PER FILL)
IXEMPRA KIT	4	PA, SP, PN (34 DAYS SUPPLY PER FILL)
JEVTANA	4	PA, SP, PN (34 DAYS SUPPLY PER FILL)
MARQIBO	4	PA, PN (34 DAYS SUPPLY PER FILL)
PACLITAXEL PROTEIN-BOUND PART	4	PA, SP, PN (34 DAYS SUPPLY PER FILL)
<i>paclitaxel protein-bound part</i>	4	PA, SP, PN (34 DAYS SUPPLY PER FILL)
<b>ONCOLYTIC VIRAL AGENTS</b>		
IMLYGIC	4	PA, SP, PN (34 DAYS SUPPLY PER FILL)
<b>TOPOISOMERASE I INHIBITORS</b>		
HYCAMTIN (0.25 MG CAP, 1 MG CAP)	4	SP, PN (34 DAYS SUPPLY PER FILL)
ONIVYDE	4	PA, SP, PN (34 DAYS SUPPLY PER FILL)
TRODELVY	4	PA, SP, PN (34 DAYS SUPPLY PER FILL)
<b>ANTIPARKINSON AND RELATED THERAPY AGENTS (CONTINUED)</b>		
<b>ANTIPARKINSON ANTICHOLINERGICS</b>		
<i>benztropine mesylate (0.5 mg tab, 1 mg tab, 2 mg tab)</i>	2	
<i>trihexyphenidyl hcl (0.4 mg/ml solution, 2 mg tab, 5 mg tab)</i>	2	
<b>ANTIPARKINSON COMT INHIBITORS</b>		
<i>entacapone</i>	2	
ONGENTYS (25 MG CAP, 50 MG CAP)	4	ST, QL (1 ea per 1 days)
<i>tolcapone</i>	2	ST
<b>ANTIPARKINSON DOPAMINERGICS</b>		
<i>amantadine hcl (50 mg/5ml solution, 100 mg cap, 100 mg tab)</i>	2	
<i>apomorphine hcl</i>	2	ST, SP, PN (34 DAYS SUPPLY PER FILL)
<i>bromocriptine mesylate</i>	2	
CARBIDOPA-LEVODOPA (10-100 MG TAB DISP, 25-100 MG TAB DISP, 25-250 MG TAB DISP)	3	
<i>carbidopa-levodopa (10-100 mg tab, 25-100 mg tab, 25-250 mg tab)</i>	2	
<i>carbidopa-levodopa er</i>	2	
<i>carbidopa-levodopa-entacapone</i>	2	



Drug Name	Drug Tier	Requirements/Limits
INBRIJA	4	QL (300 ml per 30 days), SP, PN (30 DAYS SUPPLY PER FILL)
KYNMOBI	4	QL (150 ea per 30 days), PN (30 DAYS SUPPLY PER FILL)
KYNMOBI TITRATION KIT	4	QL (150 ea per 30 days), PN (30 DAYS SUPPLY PER FILL)
<i>pramipexole dihydrochloride</i>	2	
<i>pramipexole dihydrochloride er</i>	2	PA
<i>ropinirole hcl</i>	2	
<i>ropinirole hcl er</i>	2	
<b>ANTIPARKINSON MONOAMINE OXIDASE INHIBITORS</b>		
<i>rasagiline mesylate</i>	2	
<i>selegiline hcl</i>	2	
<b>ANTIPSYCHOTICS/ANTIMANIC AGENTS (CONTINUED)</b>		
<b>ANTIMANIC AGENTS</b>		
<i>lithium</i>	2	
<i>lithium carbonate</i>	2	
<i>lithium carbonate er (300 mg tab er, 450 mg tab er)</i>	2	
LITHOBID	4	
<b>ANTIPSYCHOTICS - MISC.</b>		
CAPLYTA	4	PA, QL (1 ea per 1 days)
<i>lurasidone hcl</i>	2	PA
NUPLAZID	4	PA, QL (30 ea per 30 days), SP, PN (30 DAYS SUPPLY PER FILL)
VRAYLAR	4	PA, QL (1 ea per 1 days)
<i>ziprasidone hcl</i>	2	
<b>BENZISOXAZOLES</b>		
FANAPT	4	PA
FANAPT TITRATION PACK	4	PA
INVEGA HAFYERA 1092 MG/3.5ML SUSP PRSYR	4	PA, QL (3.5 ml per 168 days), SP, PN (MIN 168 DAY SUPPLY; MAX 180 DAY SUPPLY)
INVEGA HAFYERA 1560 MG/5ML SUSP PRSYR	4	PA, QL (5 ml per 168 days), SP, PN (MIN 168 DAY SUPPLY; MAX 180 DAY SUPPLY)

<b>Drug Name</b>	<b>Drug Tier</b>	<b>Requirements/Limits</b>
INVEGA SUSTENNA 117 MG/0.75ML SUSP PRSYR	4	PA, QL (0.75 ml per 28 days), SP, PN (MIN 28 DAY SUPPLY; MAX 34 DAY SUPPLY)
INVEGA SUSTENNA 156 MG/ML SUSP PRSYR	4	PA, QL (1 ml per 28 days), SP, PN (MIN 28 DAY SUPPLY; MAX 34 DAY SUPPLY)
INVEGA SUSTENNA 234 MG/1.5ML SUSP PRSYR	4	PA, QL (1.5 ml per 28 days), SP, PN (MIN 28 DAY SUPPLY; MAX 34 DAY SUPPLY)
INVEGA SUSTENNA 39 MG/0.25ML SUSP PRSYR	4	PA, QL (0.25 ml per 28 days), SP, PN (MIN 28 DAY SUPPLY; MAX 34 DAY SUPPLY)
INVEGA SUSTENNA 78 MG/0.5ML SUSP PRSYR	4	PA, QL (0.5 ml per 28 days), SP, PN (MIN 28 DAY SUPPLY; MAX 34 DAY SUPPLY)
INVEGA TRINZA 273 MG/0.88ML SUSP PRSYR	4	PA, QL (0.88 ml per 84 day(s)), SP, PN (MIN 84 DAY SUPPLY; MAX 90 DAY SUPPLY)
INVEGA TRINZA 410 MG/1.32ML SUSP PRSYR	4	PA, QL (1.32 ml per 84 day(s)), SP, PN (MIN 84 DAY SUPPLY; MAX 90 DAY SUPPLY)
INVEGA TRINZA 546 MG/1.75ML SUSP PRSYR	4	PA, QL (1.75 ml per 84 days), SP, PN (MIN 84 DAY SUPPLY; MAX 90 DAY SUPPLY)
INVEGA TRINZA 819 MG/2.63ML SUSP PRSYR	4	PA, QL (2.63 ml per 84 day(s)), SP, PN (MIN 84 DAY SUPPLY; MAX 90 DAY SUPPLY)
<i>paliperidone er</i>	2	PA
PERSERIS	4	PA, QL (1 ea per 28 days), SP, PN (MIN 28 DAY SUPPLY; MAX 34 DAY SUPPLY)
RISPERDAL CONSTA	4	PA, QL (2 ea per 28 day(s)), SP, PN (MIN 28 DAY SUPPLY; MAX 34 DAY SUPPLY)
<i>risperidone (0.25 mg tab, 0.25 mg tab disp, 0.5 mg tab, 0.5 mg tab disp, 1 mg tab, 1 mg tab disp, 1 mg/ml solution, 2 mg tab, 2 mg tab disp, 3 mg tab, 3 mg tab disp, 4 mg tab, 4 mg tab disp)</i>	2	
<i>risperidone microspheres er</i>	4	PA, QL (2 ea per 28 day(s)), SP, PN (MIN 28 DAY SUPPLY; MAX 34 DAY SUPPLY)
RYKINDO	4	PA, QL (2 ea per 28 day(s)), SP, PN (28 DAYS SUPPLY PER FILL)
UZEDY 100 MG/0.28ML SUSP PRSYR	4	PA, QL (0.28 ml per 28 days), SP, PN (28 DAYS SUPPLY PER FILL)
UZEDY 125 MG/0.35ML SUSP PRSYR	4	PA, QL (0.35 ml per 28 days), SP, PN (28 DAYS SUPPLY PER FILL)
UZEDY 150 MG/0.42ML SUSP PRSYR	4	PA, QL (0.42 ml per 56 days), SP, PN (56 DAYS SUPPLY PER FILL)
UZEDY 200 MG/0.56ML SUSP PRSYR	4	PA, QL (0.56 ml per 56 days), SP, PN (56 DAYS SUPPLY PER FILL)

<b>Drug Name</b>	<b>Drug Tier</b>	<b>Requirements/Limits</b>
UZEDY 250 MG/0.7ML SUSP PRSYR	4	PA, QL (0.7 ml per 56 days), SP, PN (56 DAYS SUPPLY PER FILL)
UZEDY 50 MG/0.14ML SUSP PRSYR	4	PA, QL (0.14 ml per 28 days), SP, PN (28 DAYS SUPPLY PER FILL)
UZEDY 75 MG/0.21ML SUSP PRSYR	4	PA, QL (0.21 ml per 28 days), SP, PN (28 DAYS SUPPLY PER FILL)
<b>BUTYROPHENONES</b>		
<i>haloperidol</i>	2	
<i>haloperidol decanoate</i>	2	
<i>haloperidol lactate</i>	2	
<b>DIBENZAPINES</b>		
<i>asenapine maleate</i>	2	PA
<i>clozapine (12.5 mg tab disp, 25 mg tab, 25 mg tab disp, 50 mg tab, 100 mg tab, 100 mg tab disp, 150 mg tab disp, 200 mg tab, 200 mg tab disp)</i>	2	
<i>loxapine succinate</i>	2	
<i>olanzapine</i>	2	
<i>quetiapine fumarate (25 mg tab, 50 mg tab, 100 mg tab, 200 mg tab, 300 mg tab, 400 mg tab)</i>	2	
<i>quetiapine fumarate er</i>	2	
SECUADO	4	PA, QL (1 ea per 1 days)
ZYPREXA RELPREVV	4	PA, QL (2 ea per 28 days), SP, PN (MIN 28 DAY SUPPLY; MAX 34 DAY SUPPLY)
<b>PHENOTHIAZINES</b>		
<i>chlorpromazine hcl (10 mg tab, 25 mg tab, 50 mg tab, 100 mg tab, 200 mg tab)</i>	2	
<i>compro</i>	2	
<i>fluphenazine decanoate</i>	2	
<i>fluphenazine hcl (1 mg tab, 2.5 mg tab, 2.5 mg/5ml elixir, 5 mg tab, 5 mg/ml conc, 10 mg tab)</i>	2	
<i>perphenazine</i>	2	
<i>prochlorperazine</i>	2	
<i>prochlorperazine maleate</i>	2	
<i>thioridazine hcl</i>	2	
<i>trifluoperazine hcl</i>	2	

Drug Name	Drug Tier	Requirements/Limits
<b>QUINOLINONE DERIVATIVES</b>		
ABILIFY ASIMTUFII 720 MG/2.4ML PRSYR	4	PA, QL (2.4 ml per 56 days), SP, PN (MIN 56 DAY SUPPLY; MAX 60 DAY SUPPLY)
ABILIFY ASIMTUFII 960 MG/3.2ML PRSYR	4	PA, QL (3.2 ml per 56 days), SP, PN (MIN 56 DAY SUPPLY; MAX 60 DAY SUPPLY)
ABILIFY MAINTENA	4	PA, QL (1 ea per 28 days), SP, PN (MIN 28 DAY SUPPLY; MAX 34 DAY SUPPLY)
<i>aripiprazole (1 mg/ml solution, 2 mg tab, 5 mg tab, 10 mg tab, 15 mg tab, 20 mg tab, 30 mg tab)</i>	2	
ARISTADA 1064 MG/3.9ML PRSYR	4	PA, QL (3.9 ml per 56 days), SP, PN (MIN 56 DAY SUPPLY; MAX 60 DAY SUPPLY)
ARISTADA 441 MG/1.6ML PRSYR	4	PA, QL (1.6 ml per 28 days), SP, PN (MIN 28 DAY SUPPLY; MAX 34 DAY SUPPLY)
ARISTADA 662 MG/2.4ML PRSYR	4	PA, QL (2.4 ml per 28 days), SP, PN (MIN 28 DAY SUPPLY; MAX 34 DAY SUPPLY)
ARISTADA 882 MG/3.2ML PRSYR	4	PA, QL (3.2 ml per 28 days), SP, PN (MIN 28 DAY SUPPLY; MAX 42 DAY SUPPLY)
ARISTADA INITIO	4	PA, QL (2.4 ml per 28 days), SP, PN (28 DAYS SUPPLY PER FILL)
<b>THIOXANTHENES</b>		
<i>thiothixene</i>	2	
<b>ANTIVIRALS (CONTINUED)</b>		
<b>ANTIRETROVIRALS</b>		
<i>abacavir sulfate 20 mg/ml solution</i>	2	QL (30 ml per 1 days)
<i>abacavir sulfate 300 mg tab</i>	2	QL (2 ea per 1 days)
<i>abacavir sulfate-lamivudine</i>	2	QL (1 ea per 1 days)
APRETUDE	1	QL (3 ml per fill), PN (HIV PREP: Drug covered at \$0 unless member has a hx of HIV Treatment drug in last 120 days. REF: HIV Supplemental List)
APTIVUS 250 MG CAP	3	QL (4 ea per 1 days)
<i>atazanavir sulfate (150 mg cap, 200 mg cap)</i>	2	QL (2 ea per 1 days)
<i>atazanavir sulfate 300 mg cap</i>	2	QL (1 ea per 1 days)
BIKTARVY	3	QL (1 ea per 1 days)
CABENUVA 400 & 600 MG/2ML SUSP	3	QL (1 ml per 180 days), PN (180 DAYS SUPPLY PER FILL)
CABENUVA 600 & 900 MG/3ML SUSP	3	QL (6 ml per 28 days), PN (28 DAYS SUPPLY PER FILL)

<b>Drug Name</b>	<b>Drug Tier</b>	<b>Requirements/Limits</b>
CIMDUO	3	QL (1 ea per 1 day(s))
COMPLERA	3	QL (1 ea per 1 days)
<i>darunavir 600 mg tab</i>	2	QL (2 ea per 1 day(s))
<i>darunavir 800 mg tab</i>	2	QL (1 ea per 1 day(s))
DELSTRIGO	3	QL (1 ea per 1 days)
DESCOVY 120-15 MG TAB	3	QL (1 ea per 1 days)
DESCOVY 200-25 MG TAB	3	QL (1 ea per 1 days), PN (\$0 copay for pre-exposure prophylaxis)
DOVATO	3	QL (1 ea per 1 days)
EDURANT	3	QL (2 ea per 1 days)
EFAVIRENZ 200 MG CAP	2	QL (2 ea per 1 days)
EFAVIRENZ 50 MG CAP	2	QL (3 ea per 1 days)
<i>efavirenz 600 mg tab</i>	2	QL (1 ea per 1 days)
<i>efavirenz-emtricitab-tenofo df</i>	2	QL (1 ea per 1 days)
<i>efavirenz-lamivudine-tenofovir</i>	2	QL (1 ea per 1 days)
<i>emtricitabine</i>	2	QL (1 ea per 1 days)
<i>emtricitabine-tenofovir df (100-150 mg tab, 133-200 mg tab, 167-250 mg tab)</i>	2	QL (1 ea per 1 days)
<i>emtricitabine-tenofovir df 200-300 mg tab</i>	2	QL (1 ea per 1 days)
EMTRIVA 10 MG/ML SOLUTION	3	QL (24 ml per 1 days)
<i>etravirine</i>	2	QL (2 ea per 1 days)
EVOTAZ	3	QL (1 ea per 1 days)
<i>fosamprenavir calcium</i>	2	QL (4 ea per 1 days)
FUZEON	3	QL (2 ea per 1 days), SP
GENVOYA	3	QL (1 ea per 1 days)
INTELENCE 25 MG TAB	3	QL (4 ea per 1 days)
ISENTRESS (25 MG CHEW TAB, 100 MG CHEW TAB)	3	QL (6 ea per 1 days)
ISENTRESS 100 MG PACKET	3	QL (2 ea per 1 days)
ISENTRESS 400 MG TAB	3	QL (4 ea per 1 days)
ISENTRESS HD	3	QL (2 ea per 1 days)
JULUCA	3	QL (1 ea per 1 days)
<i>lamivudine 10 mg/ml solution</i>	2	QL (30 ml per 1 days)

<b>Drug Name</b>	<b>Drug Tier</b>	<b>Requirements/Limits</b>
<i>lamivudine 150 mg tab</i>	2	QL (2 ea per 1 days)
<i>lamivudine 300 mg tab</i>	2	QL (1 ea per 1 days)
<i>lamivudine-zidovudine</i>	2	QL (2 ea per 1 days)
<i>lopinavir-ritonavir 100-25 mg tab</i>	2	QL (8 ea per 1 days)
<i>lopinavir-ritonavir 200-50 mg tab</i>	2	QL (4 ea per 1 days)
<i>lopinavir-ritonavir 400-100 mg/5ml solution</i>	2	QL (14 ml per 1 days)
<i>maraviroc 150 mg tab</i>	2	QL (2 ea per 1 days)
<i>maraviroc 300 mg tab</i>	2	QL (4 ea per 1 days)
<i>nevirapine 200 mg tab</i>	2	QL (2 ea per 1 days)
NEVIRAPINE 50 MG/5ML SUSPENSION	2	QL (40 ml per 1 days)
NEVIRAPINE ER 100 MG TAB ER 24H	2	QL (3 ea per 1 days)
<i>nevirapine er 400 mg tab er 24h</i>	2	QL (1 ea per 1 days)
NORVIR 100 MG PACKET	3	QL (12 ea per 1 days)
ODEFSEY	3	QL (1 ea per 1 days)
PIFELTRO	3	QL (2 ea per 1 days)
PREZCOBIX	3	QL (1 ea per 1 days)
PREZISTA 100 MG/ML SUSPENSION	3	QL (13.34 ml per 1 days)
PREZISTA 150 MG TAB	3	QL (6 ea per 1 days)
PREZISTA 75 MG TAB	3	QL (2 ea per 1 days)
REYATAZ 50 MG PACKET	3	QL (6 ea per 1 days)
<i>ritonavir</i>	2	QL (12 ea per 1 day(s))
RUKOBIA	3	QL (2 ea per 1 days)
SELZENTRY 20 MG/ML SOLUTION	3	QL (60 ml per 1 days)
STRIBILD	3	QL (1 ea per 1 days)
SUNLENCA 4 X 300 MG TAB THPK	3	QL (4 ea per 2 day(s)), PN (2 DAY SUPPLY IN 180 DAYS)
SUNLENCA 463.5 MG/1.5ML SOLUTION	4	QL (3 ml per 180 days), PN (180 DAYS SUPPLY PER FILL)
SUNLENCA 5 X 300 MG TAB THPK	3	QL (5 ea per 8 day(s)), PN (8 DAYS SUPPLY IN 180 DAYS)
SYMTUZA	3	QL (1 ea per 1 days)
<i>tenofovir disoproxil fumarate</i>	2	QL (1 ea per 1 days)

Drug Name	Drug Tier	Requirements/Limits
TIVICAY 50 MG TAB	3	QL (2 ea per 1 days)
TIVICAY PD	3	QL (12 ea per 1 days)
TRIUMEQ	3	QL (1 ea per 1 days)
TRIUMEQ PD	3	QL (6 ea per 1 days)
TYBOST	3	QL (1 ea per 1 days)
VIRACEPT 250 MG TAB	3	QL (9 ea per 1 days)
VIRACEPT 625 MG TAB	3	QL (4 ea per 1 days)
VIREAD (150 MG TAB, 200 MG TAB, 250 MG TAB)	3	QL (1 ea per 1 days)
VIREAD 40 MG/GM POWDER	3	QL (8 gm per 1 days)
VOCABRIA	3	QL (1 ea per 1 days), PN (\$0 copay for pre-exposure prophylaxis)
<i>zidovudine 100 mg cap</i>	2	QL (6 ea per 1 days)
<i>zidovudine 300 mg tab</i>	2	QL (2 ea per 1 days)
<i>zidovudine 50 mg/5ml syrup</i>	2	QL (6 ml per 1 days)
<b>ANTIVIRAL COMBINATIONS</b>		
PAXLOVID (150/100)	1	QL (20 ea per fill(s))
PAXLOVID (300/100)	1	QL (30 ea per fill(s))
<b>CMV AGENTS</b>		
LIVTENCITY	4	PA, LA, QL (112 ea per 28 days), SP, PN (28 DAYS SUPPLY PER FILL)
PREVYMIS (240 MG TAB, 480 MG TAB)	4	PA, QL (1 ea per 1 days)
<i>valganciclovir hcl (50 mg/ml recon soln, 450 mg tab)</i>	2	PN (34 DAYS SUPPLY PER FILL)
<b>HEPATITIS AGENTS</b>		
<i>adefovir dipivoxil</i>	2	SP, PN (34 DAYS SUPPLY PER FILL)
<i>entecavir</i>	2	
<i>lamivudine 100 mg tab</i>	2	QL (1 ea per 1 days)
MAVYRET 100-40 MG TAB	3	PA, QL (84 ea per 28 days), SP, PN (MIN 28 DAY SUPPLY; MAX 34 DAY SUPPLY)
MAVYRET 50-20 MG PACKET	3	PA, QL (168 ea per 28 days), SP, PN (MIN 28 DAY SUPPLY; MAX 34 DAY SUPPLY)
PEGASYS 180 MCG/0.5ML SOLN PRSYR	3	QL (2 ml per 28 days), SP, PN (28 DAYS SUPPLY PER FILL)
PEGASYS 180 MCG/ML SOLUTION	3	QL (4 ml per 28 days), SP, PN (28 DAYS SUPPLY PER FILL)

<b>Drug Name</b>	<b>Drug Tier</b>	<b>Requirements/Limits</b>
RIBAVIRIN (200 MG CAP, 200 MG TAB)	3	SP
VEMLIDY	3	QL (1 ea per 1 days)
<b>HERPES AGENTS</b>		
<i>acyclovir (200 mg cap, 200 mg/5ml suspension, 400 mg tab, 800 mg tab)</i>	2	
<i>famciclovir</i>	2	
<i>valacyclovir hcl</i>	2	
<b>INFLUENZA AGENTS</b>		
<i>oseltamivir phosphate 30 mg cap</i>	2	QL (84 ea per 180 days), PN (TWO 14 DAYS SUPPLIES IN 180 DAYS)
<i>oseltamivir phosphate 45 mg cap</i>	2	QL (48 ea per 180 days), PN (TWO 14 DAYS SUPPLIES IN 180 DAYS)
<i>oseltamivir phosphate 6 mg/ml recon susp</i>	2	QL (540 ml per 180 days), PN (TWO 14 DAYS SUPPLIES IN 180 DAYS)
<i>oseltamivir phosphate 75 mg cap</i>	2	QL (42 ea per 180 days), PN (TWO 14 DAYS SUPPLIES IN 180 DAYS)
RIMANTADINE HCL	2	
XOFLUZA (40 MG DOSE) 1 X 40 MG TAB THPK	4	QL (2 ea per 180 days), PN (2 fills of Tamiflu, Relenza, or Xofluza per season; TWO 1 DAY FILLS IN 180 DAYS)
XOFLUZA (40 MG DOSE) 2 X 20 MG TAB THPK	4	QL (4 ea per 180 days), PN (2 fills of Tamiflu, Relenza, or Xofluza per season; TWO 1 DAY FILLS IN 180 DAYS)
XOFLUZA (80 MG DOSE) 1 X 80 MG TAB THPK	4	QL (2 ea per 180 days), PN (2 fills of Tamiflu, Relenza, or Xofluza per season; TWO 1 DAY FILLS IN 180 DAYS)
XOFLUZA (80 MG DOSE) 2 X 40 MG TAB THPK	4	QL (4 ea per 180 days), PN (2 fills of Tamiflu, Relenza, or Xofluza per season; TWO 1 DAY FILLS IN 180 DAYS)
<b>MISC. ANTIVIRALS</b>		
LAGEVRIO	1	QL (40 ea per fill(s))
TPOXX 200 MG CAP	1	QL (9 ea per 14 days), PN (14 DAYS SUPPLY PER 365 DAYS)
TPOXX 200 MG/20ML SOLUTION	1	QL (80 ml per 14 days), PN (14 DAYS SUPPLY PER 365 DAYS)
<b>RESPIRATORY SYNCYTIAL VIRUS (RSV) AGENTS</b>		
<i>ribavirin 6 gm recon soln</i>	3	SP
<b>BETA BLOCKERS (CONTINUED)</b>		
<b>ALPHA-BETA BLOCKERS</b>		
<i>carvedilol</i>	2	



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

<b>Drug Name</b>	<b>Drug Tier</b>	<b>Requirements/Limits</b>
<i>felodipine er</i>	2	
<i>isradipine</i>	2	
<i>nicardipine hcl (20 mg cap, 30 mg cap)</i>	2	
<i>nifedipine</i>	2	
<i>nifedipine er</i>	2	
<i>nifedipine er osmotic release</i>	2	
<i>nimodipine</i>	2	
<i>taztia xt</i>	2	
<i>tiadylt er</i>	2	
<i>verapamil hcl (40 mg tab, 80 mg tab, 120 mg tab)</i>	2	
<i>verapamil hcl er (120 mg cap er 24h, 120 mg tab er, 180 mg cap er 24h, 180 mg tab er, 240 mg cap er 24h, 240 mg tab er)</i>	2	
<b>CARDIOTONICS (CONTINUED)</b>		
<b>CARDIAC GLYCOSIDES</b>		
<i>digitek</i>	2	
<i>digox</i>	2	
<i>digoxin (0.05 mg/ml solution, 125 mcg tab, 250 mcg tab)</i>	2	
LANOXIN (125 MCG TAB, 250 MCG TAB)	4	
<b>CARDIOVASCULAR AGENTS - MISC. (CONTINUED)</b>		
<b>CARDIAC MYOSIN INHIBITORS</b>		
CAMZYOS	4	PA, QL (30 ea per 30 days), SP, PN (30 DAYS SUPPLY PER FILL)
<b>CARDIOVASCULAR AGENTS MISC. - COMBINATIONS</b>		
ENTRESTO 24-26 MG TAB	3	QL (6 ea per 1 days)
ENTRESTO 49-51 MG TAB	3	QL (3 ea per 1 days)
ENTRESTO 97-103 MG TAB	3	QL (2 ea per 1 days)
<b>CARDIOVASCULAR ANTI-INFLAMMATORY/IMMUNE MODULATORS</b>		
LODOCO	4	PA, QL (1 ea per 1 day(s))
<b>IMPOTENCE AGENTS</b>		
<i>avanafil (50 mg tab, 100 mg tab, 200 mg tab)</i>	2	QL (8 ea per 30 day(s))

<b>Drug Name</b>	<b>Drug Tier</b>	<b>Requirements/Limits</b>
CAVERJECT	4	QL (8 ea per 30 day(s))
CAVERJECT IMPULSE	4	QL (8 ea per 30 day(s))
CIALIS (10 MG TAB, 20 MG TAB)	4	QL (8 ea per 30 day(s))
CIALIS (2.5 MG TAB, 5 MG TAB)	4	QL (1 ea per 1 day(s))
EDEX (10 MCG KIT, 20 MCG KIT)	4	QL (8 ea per 30 day(s))
LEVITRA	4	QL (8 ea per 30 day(s))
MUSE	4	QL (8 ea per 30 day(s))
<i>sildenafil citrate (25 mg tab, 50 mg tab, 100 mg tab)</i>	2	QL (8 ea per 30 day(s))
STAXYN	4	QL (8 ea per 30 day(s))
STENDRA (50 MG TAB, 100 MG TAB)	4	QL (8 ea per 30 day(s))
<i>tadalafil (10 mg tab, 20 mg tab)</i>	2	QL (8 ea per 30 day(s))
<i>tadalafil (2.5 mg tab, 5 mg tab)</i>	2	PA, QL (1 ea per 1 day(s))
TRI-MIX	4	QL (8 ea per 30 day(s))
<i>vardeafil hcl (2.5 mg tab, 5 mg tab, 10 mg tab, 10 mg tab disp, 20 mg tab)</i>	2	QL (8 ea per 30 day(s))
VIAGRA	4	QL (8 ea per 30 day(s))
<b>PROSTAGLANDIN VASODILATORS</b>		
<i>epoprostenol sodium</i>	4	PA, SP, PN (34 DAYS SUPPLY PER FILL)
<i>treprostinil</i>	4	PA, SP, PN (34 DAYS SUPPLY PER FILL)
TYVASO	4	PA, QL (81.2 ml per 28 days), SP, PN (MIN 28 DAY SUPPLY; MAX 34 DAY SUPPLY)
TYVASO DPI INSTITUTIONAL KIT	4	PA, QL (112 ea per 28 days), SP, PN (28 DAYS SUPPLY PER FILL)
TYVASO DPI MAINTENANCE KIT (16 MCG POWDER, 32 MCG POWDER, 48 MCG POWDER, 64 MCG POWDER)	4	PA, QL (112 ea per 28 days), SP, PN (28 DAYS SUPPLY PER FILL)
TYVASO DPI MAINTENANCE KIT 112 X 32MCG & 112 X48MCG POWDER	4	PA, QL (224 ea per 28 days), PN (28 DAYS SUPPLY PER FILL)
TYVASO DPI TITRATION KIT 112 X 16MCG & 84 X 32MCG POWDER	4	PA, QL (196 ea per 28 days), SP, PN (28 DAYS SUPPLY PER FILL)
TYVASO DPI TITRATION KIT 16 & 32 & 48 MCG POWDER	4	PA, QL (252 ea per 28 days), SP, PN (28 DAYS SUPPLY PER FILL)
TYVASO REFILL	4	PA, QL (81.2 ml per 28 days), SP, PN (MIN 28 DAY SUPPLY; MAX 34 DAY SUPPLY)
TYVASO STARTER	4	PA, QL (81.2 ml per 28 days), SP, PN (MIN 28 DAY SUPPLY; MAX 34 DAY SUPPLY)

Drug Name	Drug Tier	Requirements/Limits
VENTAVIS	4	PA, SP, PN (34 DAYS SUPPLY PER FILL)
<b>PULMONARY HYPERTENSION - ENDOTHELIN RECEPTOR ANTAGONISTS</b>		
<i>ambrisentan</i>	2	PA, QL (30 ea per 30 days), SP, PN (30 DAYS SUPPLY PER FILL)
<i>bosentan</i>	2	PA, QL (60 ea per 30 days), SP, PN (30 DAYS SUPPLY PER FILL)
OPSUMIT	4	PA, QL (30 ea per 30 days), SP, PN (30 DAYS SUPPLY PER FILL)
TRACLEER 32 MG TAB SOL	4	PA, QL (112 ea per 28 days), SP, PN (28 DAYS SUPPLY PER FILL)
<b>PULMONARY HYPERTENSION - PHOSPHODIESTERASE INHIBITORS</b>		
<i>alyq</i>	2	PA, QL (60 ea per 30 days), SP, PN (30 DAYS SUPPLY PER FILL)
<i>sildenafil citrate 10 mg/ml recon susp</i>	2	PA, SP, PN (34 DAYS SUPPLY PER FILL)
<i>sildenafil citrate 20 mg tab</i>	2	PA, PN (34 DAYS SUPPLY PER FILL)
<i>tadalafil (pah)</i>	2	PA, QL (60 ea per 30 days), SP, PN (30 DAYS SUPPLY PER FILL)
<b>PULMONARY HYPERTENSION - PROSTACYCLIN RECEPTOR AGONIST</b>		
UPTRAVI (400 MCG TAB, 600 MCG TAB, 800 MCG TAB, 1000 MCG TAB, 1200 MCG TAB, 1400 MCG TAB, 1600 MCG TAB)	4	PA, QL (60 ea per 30 days), SP, PN (30 DAYS SUPPLY PER FILL)
UPTRAVI 1800 MCG RECON SOLN	4	PA, QL (60 ea per 30 day(s)), SP, PN (30 DAYS SUPPLY PER FILL)
UPTRAVI 200 & 800 MCG TAB THPK	4	PA, QL (200 ea per 180 days), SP, PN (28 DAYS SUPPLY PER FILL)
UPTRAVI 200 MCG TAB	4	PA, QL (140 ea per 28 days), SP, PN (28 DAYS SUPPLY PER FILL)
<b>PULMONARY HYPERTENSION - SOL GUANYLATE CYCLASE STIMULATOR</b>		
ADEMPAS	4	PA, QL (90 ea per 30 days), SP, PN (30 DAYS SUPPLY PER FILL)
<b>SINUS NODE INHIBITORS</b>		
CORLANOR (5 MG TAB, 7.5 MG TAB)	4	PA, QL (2 ea per 1 day(s))
CORLANOR 5 MG/5ML SOLUTION	4	PA, QL (20 ml per 1 days)
<i>ivabradine hcl</i>	2	PA, QL (2 ea per 1 day(s))
<b>TRANSTHYRETIN STABILIZERS</b>		
VYNDAMAX	4	PA, QL (30 ea per 30 days), SP, PN (30 DAYS SUPPLY PER FILL)

<b>Drug Name</b>	<b>Drug Tier</b>	<b>Requirements/Limits</b>
VYNDAQEL	4	PA, QL (120 ea per 30 days), SP, PN (30 DAYS SUPPLY PER FILL)
<b>CEPHALOSPORINS (CONTINUED)</b>		
<b>CEPHALOSPORINS - 1ST GENERATION</b>		
<i>cefadroxil (1 gm tab, 250 mg/5ml recon susp, 500 mg cap, 500 mg/5ml recon susp)</i>	2	
<i>cephalexin (125 mg/5ml recon susp, 250 mg cap, 250 mg/5ml recon susp, 500 mg cap)</i>	2	
<b>CEPHALOSPORINS - 2ND GENERATION</b>		
CEFACLOR (250 MG CAP, 500 MG CAP)	2	
CEFACLOR ER	2	
<i>cefprozil (125 mg/5ml recon susp, 250 mg tab, 250 mg/5ml recon susp, 500 mg tab)</i>	2	
<i>cefuroxime axetil</i>	2	
<b>CEPHALOSPORINS - 3RD GENERATION</b>		
<i>cefdinir (125 mg/5ml recon susp, 250 mg/5ml recon susp, 300 mg cap)</i>	2	
<b>CEPHALOSPORINS - SIDEROPHORES</b>		
FETROJA	4	PA, PN (34 DAYS SUPPLY PER FILL)
<b>CONTRACEPTIVES (CONTINUED)</b>		
<b>COMBINATION CONTRACEPTIVES - ORAL</b>		
<i>afirmelle</i>	1	
<i>altavera</i>	1	
<i>alyacen 1/35</i>	1	
<i>alyacen 7/7/7</i>	1	
<i>amethia</i>	1	
<i>amethia lo</i>	1	
<i>amethyst</i>	1	
<i>apri</i>	1	
<i>aranelle</i>	1	
<i>ashlyna</i>	1	
<i>aubra</i>	1	

<b>Drug Name</b>	<b>Drug Tier</b>	<b>Requirements/Limits</b>
<i>aubra eq</i>	1	
<i>aurovela 1.5/30</i>	1	
<i>aurovela 1/20</i>	1	
<i>aurovela 24 fe</i>	1	
<i>aurovela fe 1.5/30</i>	1	
<i>aurovela fe 1/20</i>	1	
<i>aviane</i>	1	
<i>ayuna</i>	1	
<i>azurette</i>	1	
BALCOLTRA	1	
<i>balziva</i>	1	
<i>bekyree</i>	1	
BEYAZ	1	
<i>blisovi 24 fe</i>	1	
<i>blisovi fe 1.5/30</i>	1	
<i>blisovi fe 1/20</i>	1	
<i>brIELlyn</i>	1	
<i>camrese</i>	1	
<i>camrese lo</i>	1	
<i>charlotte 24 fe</i>	1	
<i>chateal</i>	1	
<i>chateal eq</i>	1	
<i>cryselle-28</i>	1	
<i>cyclafem 1/35</i>	1	
<i>cyclafem 7/7/7</i>	1	
<i>cyred</i>	1	
<i>cyred eq</i>	1	
<i>dasetta 1/35</i>	1	
<i>dasetta 7/7/7</i>	1	
<i>daysee</i>	1	
<i>delyla</i>	1	

<b>Drug Name</b>	<b>Drug Tier</b>	<b>Requirements/Limits</b>
<i>desogestrel-ethinyl estradiol</i>	1	
<i>dolishale</i>	1	
<i>drospiren-eth estrad-levomefol</i>	1	
<i>drospirenone-ethinyl estradiol</i>	1	
<i>elinest</i>	1	
<i>emoquette</i>	1	
<i>enpresse-28</i>	1	
<i>enskyce</i>	1	
<i>estarylla</i>	1	
<i>ethynodiol diac-eth estradiol</i>	1	
<i>falmina</i>	1	
<i>fayosim</i>	1	
FEMLYV	1	
<i>femynor</i>	1	
<i>finzala</i>	1	
<i>gemmily</i>	1	
<i>gianvi</i>	1	
<i>hailey 1.5/30</i>	1	
<i>hailey 24 fe</i>	1	
<i>hailey fe 1.5/30</i>	1	
<i>hailey fe 1/20</i>	1	
<i>iclevia</i>	1	
<i>introvale</i>	1	
<i>isibloom</i>	1	
<i>jaimiess</i>	1	
<i>jasmiel</i>	1	
<i>jolessa</i>	1	
<i>joyeaux</i>	1	
<i>juleber</i>	1	
<i>june1 1.5/30</i>	1	
<i>june1 1/20</i>	1	

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



<b>Drug Name</b>	<b>Drug Tier</b>	<b>Requirements/Limits</b>
<i>loestrin fe 1/20</i>	1	
<i>lojaimiess</i>	1	
<i>loryna</i>	1	
<i>low-ogestrel</i>	1	
<i>lutera</i>	1	
<i>marlissa</i>	1	
<i>melodetta 24 fe</i>	1	
<i>merzee</i>	1	
<i>mibelas 24 fe</i>	1	
<i>microgestin 1.5/30</i>	1	
<i>microgestin 1/20</i>	1	
<i>microgestin 24 fe</i>	1	
<i>microgestin fe 1.5/30</i>	1	
<i>microgestin fe 1/20</i>	1	
<i>mili</i>	1	
<i>mono-lynyah</i>	1	
NATAZIA	1	
<i>necon 0.5/35 (28)</i>	1	
NEXTSTELLIS	1	
<i>nikki</i>	1	
<i>norethin ace-eth estrad-fe (1-20 mg-mcg tab, 1-20 mg-mcg(24) cap, 1-20 mg-mcg(24) chew tab, 1-20 mg-mcg(24) tab, 1.5-30 mg-mcg tab)</i>	1	
<i>norethin-eth estradiol-fe</i>	1	
<i>norethindron-ethinyl estrad-fe</i>	1	
<i>norethindrone acet-ethinyl est</i>	1	
<i>norgestim-eth estrad triphasic</i>	1	
<i>norgestimate-eth estradiol</i>	1	
<i>nortrel 0.5/35 (28)</i>	1	
<i>nortrel 1/35 (21)</i>	1	
<i>nortrel 1/35 (28)</i>	1	
<i>nortrel 7/7/7</i>	1	

<b>Drug Name</b>	<b>Drug Tier</b>	<b>Requirements/Limits</b>
<i>nylia 1/35</i>	1	
<i>nylia 7/7/7</i>	1	
<i>nymyo</i>	1	
<i>ocella</i>	1	
<i>orsythia</i>	1	
<i>philith</i>	1	
<i>pimtrea</i>	1	
<i>pirmella 1/35</i>	1	
<i>pirmella 7/7/7</i>	1	
<i>portia-28</i>	1	
<i>previfem</i>	1	
<i>reclipsen</i>	1	
<i>rivelsa</i>	1	
SAFYRAL	1	
<i>setlakin</i>	1	
<i>simliya</i>	1	
<i>simpesse</i>	1	
<i>sprintec 28</i>	1	
<i>sronyx</i>	1	
<i>syeda</i>	1	
<i>tarina 24 fe</i>	1	
<i>tarina fe 1/20</i>	1	
<i>tarina fe 1/20 eq</i>	1	
<i>taysofy</i>	1	
TAYTULLA	1	
<i>tilia fe</i>	1	
<i>tri femynor</i>	1	
<i>tri-estarylla</i>	1	
<i>tri-legest fe</i>	1	
<i>tri-linyah</i>	1	
<i>tri-lo-estarylla</i>	1	

<b>Drug Name</b>	<b>Drug Tier</b>	<b>Requirements/Limits</b>
<i>tri-lo-marzia</i>	1	
<i>tri-lo-mili</i>	1	
<i>tri-lo-sprintec</i>	1	
<i>tri-mili</i>	1	
<i>tri-nymyo</i>	1	
<i>tri-previfem</i>	1	
<i>tri-sprintec</i>	1	
<i>tri-vylibra</i>	1	
<i>tri-vylibra lo</i>	1	
<i>trivora (28)</i>	1	
<i>turqoz</i>	1	
TYBLUME	1	
<i>tydemy</i>	1	
VELIVET	1	
<i>vestura</i>	1	
<i>vienva</i>	1	
<i>viorele</i>	1	
<i>volnea</i>	1	
<i>vyfemla</i>	1	
<i>vylibra</i>	1	
<i>wera</i>	1	
<i>wymzya fe</i>	1	
YASMIN 28	1	
YAZ	1	
<i>zarah</i>	1	
<i>zovia 1/35 (28)</i>	1	
<i>zovia 1/35e (28)</i>	1	
<i>zumandimine</i>	1	
<b>COMBINATION CONTRACEPTIVES - TRANSDERMAL</b>		
<i>norelgestromin-eth estradiol</i>	1	
TWIRLA	1	

<b>Drug Name</b>	<b>Drug Tier</b>	<b>Requirements/Limits</b>
<i>xulane</i>	1	
<i>zafemy</i>	1	
<b>COMBINATION CONTRACEPTIVES - VAGINAL</b>		
ANNOVERA	1	
<i>eluryng</i>	1	
<i>enilloring</i>	1	
<i>etonogestrel-ethinyl estradiol</i>	1	
<i>haloette</i>	1	
NUVARING	1	
<b>COPPER CONTRACEPTIVES - IUD</b>		
PARAGARD INTRAUTERINE COPPER	1	SP
<b>EMERGENCY CONTRACEPTIVES</b>		
<i>aftera</i>	1	
<i>afterpill</i>	1	
<i>curae</i>	1	
<i>econtra ez</i>	1	
<i>econtra one-step</i>	1	
ELLA	1	
<i>her style</i>	1	
<i>levonorgestrel</i>	1	
<i>my choice</i>	1	
<i>my way</i>	1	
<i>new day</i>	1	
<i>opcicon one-step</i>	1	
<i>option 2</i>	1	
PLAN B ONE-STEP	1	
<i>react</i>	1	
<i>take action</i>	1	
<b>PROGESTIN CONTRACEPTIVES - INJECTABLE</b>		
DEPO-PROVERA	1	PN (MIN 84 DAY SUPPLY; MAX 102 DAY SUPPLY)

<b>Drug Name</b>	<b>Drug Tier</b>	<b>Requirements/Limits</b>
DEPO-SUBQ PROVERA 104	1	PN (MIN 84 DAY SUPPLY; MAX 102 DAY SUPPLY)
<i>medroxyprogesterone acetate (150 mg/ml susp prsyr, 150 mg/ml suspension)</i>	1	PN (MIN 84 DAY SUPPLY; MAX 102 DAY SUPPLY)
<b>PROGESTIN CONTRACEPTIVES - IUD</b>		
KYLEENA	1	SP, PN (MIN 365 DAY SUPPLY; MAX 1825 DAY SUPPLY)
MIRENA (52 MG)	1	SP, PN (MIN 365 DAY SUPPLY; MAX 2920 DAY SUPPLY)
SKYLA	1	SP, PN (MIN 365 DAY SUPPLY; MAX 1095 DAY SUPPLY)
<b>PROGESTIN CONTRACEPTIVES - ORAL</b>		
<i>camila</i>	1	
<i>deblitane</i>	1	
<i>emzahh</i>	1	
<i>errin</i>	1	
<i>heather</i>	1	
<i>incassia</i>	1	
<i>jencycla</i>	1	
<i>lyleq</i>	1	
<i>lyza</i>	1	
<i>nora-be</i>	1	
<i>norethindrone</i>	1	
<i>norlyda</i>	1	
<i>norlyroc</i>	1	
OPILL	1	
<i>sharobel</i>	1	
SLYND	1	
<i>tulana</i>	1	
<b>CORTICOSTEROIDS (CONTINUED)</b>		
<b>GLUCOCORTICOSTEROIDS</b>		
<i>budesonide 3 mg cp dr part</i>	2	
<i>decadron</i>	2	

Drug Name	Drug Tier	Requirements/Limits
<i>dexamethasone (0.5 mg tab, 0.5 mg/5ml elixir, 0.5 mg/5ml solution, 0.75 mg tab, 1 mg tab, 1.5 mg tab, 2 mg tab, 4 mg tab, 6 mg tab)</i>	2	
<i>hydrocortisone (5 mg tab, 10 mg tab, 20 mg tab)</i>	2	
<i>hydrocortisone sod succ (pf)</i>	2	PN (34 DAYS SUPPLY PER FILL)
<i>methylprednisolone</i>	2	
<i>methylprednisolone sodium succ</i>	2	
<i>prednisolone 15 mg/5ml solution</i>	2	
<i>prednisolone sodium phosphate (6.7 (5 base) mg/5ml solution, 10 mg/5ml solution, 15 mg/5ml solution, 20 mg/5ml solution, 25 mg/5ml solution)</i>	2	
PREDNISONE (1 MG TAB, 2.5 MG TAB, 5 MG TAB, 5 MG/5ML SOLUTION, 10 MG TAB, 20 MG TAB, 50 MG TAB)	2	
SOLU-CORTEF (100 MG RECON SOLN, 250 MG RECON SOLN, 500 MG RECON SOLN, 1000 MG RECON SOLN)	3	PN (34 DAYS SUPPLY PER FILL)
SOLU-MEDROL (PF)	3	PN (34 DAYS SUPPLY PER FILL)
<b>MINERALOCORTICIDS</b>		
<i>fludrocortisone acetate</i>	2	
<b>COUGH/COLD/ALLERGY (CONTINUED)</b>		
<b>ANTITUSSIVES</b>		
<i>benzonatate (100 mg cap, 200 mg cap)</i>	2	
<i>hydrocodone bit-homatrop mbr (5-1.5 mg tab, 5-1.5 mg/5ml solution)</i>	2	
<i>hydromet</i>	2	
<b>COUGH/COLD/ALLERGY COMBINATIONS</b>		
<i>g tussin ac</i>	2	
<i>guaiaatussin ac</i>	2	
<i>guaifenesin ac</i>	2	
<i>guaifenesin-codeine</i>	2	
HYDROCOD POLI-CHLORPHE POLI ER	2	
<i>maxi-tuss ac</i>	2	
NINJACOF-XG	2	
<i>promethazine vc</i>	2	
PROMETHAZINE VC/CODEINE	2	

<b>Drug Name</b>	<b>Drug Tier</b>	<b>Requirements/Limits</b>
<i>promethazine-codeine</i>	2	
<i>promethazine-dm</i>	2	
<i>promethazine-phenyleph-codeine</i>	2	
<i>promethazine-phenylephrine</i>	2	
<i>pseudoeph-bromphen-dm</i>	2	
<i>virtussin a/c</i>	2	
<i>virtussin ac w/alc</i>	2	
<b>MISC. RESPIRATORY INHALANTS</b>		
HYPERSAL 3.5 % NEBU SOLN	4	
<i>nebusal 3 % nebu soln</i>	2	
NEBUSAL 6 % NEBU SOLN	4	
<i>pulmosal</i>	2	
<i>sodium chloride (0.9 % nebu soln, 3 % nebu soln, 7 % nebu soln, 10 % nebu soln)</i>	2	
<b>MUCOLYTICS</b>		
<i>acetylcysteine (10 % solution, 20 % solution)</i>	2	
<b>DERMATOLOGICALS (CONTINUED)</b>		
<b>ACNE PRODUCTS</b>		
<i>adapalene (0.1 % gel, 0.3 % gel)</i>	2	
<i>adapalene-benzoyl peroxide 0.1-2.5 % gel</i>	2	
<i>amnesteam</i>	2	PN (30 DAYS SUPPLY PER FILL)
<i>avar-e emollient</i>	2	
<i>avar-e green</i>	2	
<i>avita</i>	2	AL (Up to 30 yrs old)
BENZOYL PEROXIDE 9.8 % FOAM	2	
<i>benzoyl peroxide-erythromycin</i>	2	
<i>claravis</i>	2	PN (30 DAYS SUPPLY PER FILL)
<i>clindacin etz 1 % swab</i>	2	
<i>clindacin-p</i>	2	
<i>clindamycin phos-benzoyl perox (1-5 % gel, 1.2-5 % gel)</i>	2	
<i>clindamycin phosphate (1 % gel, 1 % lotion, 1 % solution, 1 % swab)</i>	2	

Drug Name	Drug Tier	Requirements/Limits
<i>enzoclear</i>	2	
<i>erythromycin (2 % gel, 2 % solution)</i>	2	
FABIOR	4	PA
<i>isotretinoin (10 mg cap, 20 mg cap, 30 mg cap, 40 mg cap)</i>	2	PN (30 DAYS SUPPLY PER FILL)
<i>myorisan</i>	2	PN (30 DAYS SUPPLY PER FILL)
<i>sss 10-5 10-5 % cream</i>	2	
<i>sulfacetamide sod-sulfur wash (9-4 % liquid, 9-4.5 % kit, 9-4.5 % liquid)</i>	2	
<i>sulfacetamide sodium (acne)</i>	2	
<i>sulfacetamide sodium-sulfur (8-4 % suspension, 9-4 % liquid, 9-4.5 % liquid, 9.8-4.8 % cream, 9.8-4.8 % liquid, 9.8-4.8 % lotion, 10-2 % cream, 10-2 % liquid, 10-4 % pad, 10-5 % cream, 10-5 % lotion, 10-5 % suspension)</i>	2	
SULFACETAMIDE-SULFUR IN UREA	2	
<i>sulfacleanse 8/4</i>	2	
TAZAROTENE 0.1 % FOAM	2	PA
<i>tretinoin (0.01 % gel, 0.025 % cream, 0.025 % gel, 0.05 % cream, 0.05 % gel, 0.1 % cream)</i>	2	AL (Up to 30 yrs old)
<i>zenatane</i>	2	PN (30 DAYS SUPPLY PER FILL)
<b>AGENTS FOR EXTERNAL GENITAL AND PERIANAL WARTS</b>		
VEREGEN	4	PA
<b>ANTI-INFLAMMATORY AGENTS - TOPICAL</b>		
DICLOFENAC EPOLAMINE	2	PA, QL (30 ea per 15 days), PN (15 DAYS SUPPLY PER FILL)
<i>diclofenac sodium 1 % gel</i>	2	QL (10 gm per 1 days)
<i>diclofenac sodium 1.5 % solution</i>	2	PA
<b>ANTIBIOTICS - TOPICAL</b>		
ALTABAX	4	PA
<i>gentamicin sulfate (0.1 % cream, 0.1 % ointment)</i>	2	
<i>mupirocin</i>	2	
<i>mupirocin calcium</i>	2	
XEPI	4	PA
<b>ANTIFUNGALS - TOPICAL</b>		
<i>ciclopirox (0.77 % gel, 1 % shampoo)</i>	2	



Drug Name	Drug Tier	Requirements/Limits
<i>ciclopirox olamine (0.77 % cream, 0.77 % suspension)</i>	2	
<i>clotrimazole (1 % cream, 1 % solution)</i>	2	
CLOTRIMAZOLE-BETAMETHASONE (1-0.05 % CREAM, 1-0.05 % LOTION)	2	
<i>econazole nitrate</i>	2	
<i>ketconazole (2 % cream, 2 % shampoo)</i>	2	
KETODAN 2 % KIT	2	
<i>klayesta</i>	2	
NAFTIFINE HCL (1 % CREAM, 2 % CREAM)	2	
<i>nyamyc</i>	2	
<i>nystatin (100000 unit/gm cream, 100000 unit/gm ointment, 100000 unit/gm powder)</i>	2	
<i>nystatin-triamcinolone</i>	2	
<i>nystop</i>	2	
<b>ANTINEOPLASTIC OR PREMALIGNANT LESION AGENTS - TOPICAL</b>		
<i>bexarotene 1 % gel</i>	2	PA, SP, PN (34 DAYS SUPPLY PER FILL)
<i>fluorouracil (5 % cream, 5 % solution)</i>	2	
FLUOROURACIL 2 % SOLUTION	3	
KLISYRI (250 MG)	4	PA, QL (5 ea per fill)
KLISYRI (350 MG)	4	PA, QL (5 ea per fill)
VALCHLOR	4	PA, LA, SP, PN (34 DAYS SUPPLY PER FILL)
<b>ANTIPSORIATICS</b>		
<i>acitretin</i>	2	PA, SP, PN (34 DAYS SUPPLY PER FILL)
CALCIPOTRIENE (0.005 % CREAM, 0.005 % OINTMENT, 0.005 % SOLUTION)	2	
<i>calcitrene</i>	2	
COSENTYX (300 MG DOSE)	4	QL (2 ml per 28 days), PA-NSO, SP, PN (MIN 28 DAY SUPPLY; MAX 60 DAY SUPPLY)
COSENTYX (75 MG/0.5ML SOLN PRSYR, 150 MG/ML SOLN PRSYR)	4	QL (1 ml per 28 days), PA-NSO, SP, PN (28 DAYS SUPPLY PER FILL)
COSENTYX SENSOREADY (300 MG)	4	QL (2 ml per 28 days), PA-NSO, SP, PN (MIN 28 DAY SUPPLY; MAX 60 DAY SUPPLY)
COSENTYX SENSOREADY PEN	4	QL (1 ml per 28 days), PA-NSO, SP, PN (28 DAYS SUPPLY PER FILL)

<b>Drug Name</b>	<b>Drug Tier</b>	<b>Requirements/Limits</b>
COSENTYX UNOREADY	4	QL (2 ml per 28 day(s)), PA-NSO, SP, PN (28 DAYS SUPPLY PER FILL)
METHOXSALLEN RAPID	2	PA, PN (34 DAYS SUPPLY PER FILL)
SKYRIZI (150 MG DOSE)	4	QL (1 ea per 84 days), PA-NSO, SP, PN (MIN 84 DAY SUPPLY; MAX 90 DAY SUPPLY)
SKYRIZI 150 MG/ML SOLN PRSYR	4	QL (1 ml per 84 days), PA-NSO, SP, PN (MIN 84 DAY SUPPLY; MAX 90 DAY SUPPLY)
SKYRIZI PEN	4	QL (1 ml per 84 days), PA-NSO, SP, PN (MIN 84 DAY SUPPLY; MAX 90 DAY SUPPLY)
SPEVIGO 450 MG/7.5ML SOLUTION	4	PA, LA, QL (15 ml per fill), SP
<i>tazarotene (0.05 % gel, 0.1 % cream, 0.1 % gel)</i>	2	
TREMFYA (200 MG/2ML SOLN A-INJ, 200 MG/2ML SOLN PRSYR)	4	QL (2 ml per 28 day(s)), PA-NSO, SP, PN (28 DAYS SUPPLY PER FILL)
TREMFYA 100 MG/ML SOLN A-INJ	4	QL (1 ml per 56 day(s)), PA-NSO, SP, PN (MIN 56 DAY SUPPLY; MAX 60 DAY SUPPLY)
TREMFYA 100 MG/ML SOLN PRSYR	4	QL (1 ml per 56 days), PA-NSO, SP, PN (MIN 56 DAY SUPPLY; MAX 60 DAY SUPPLY)
TREMFYA 200 MG/20ML SOLUTION	4	QL (20 ml per 28 day(s)), PA-NSO, SP, PN (28 DAYS SUPPLY PER FILL)
<b>ANTISEBORRHEIC PRODUCTS</b>		
<i>selenium sulfide 2.5 % lotion</i>	2	
<i>sodium sulfacetamide wash</i>	2	
<i>sulfacetamide sodium (10 % (cleans) gel, 10 % liquid)</i>	2	
<i>sulfacetamide sodium (cleans)</i>	2	
<b>ANTIVIRALS - TOPICAL</b>		
<i>acyclovir 5 % ointment</i>	2	
<i>penciclovir</i>	2	PA, QL (5 gm per fill), PN (1 DAY SUPPLY PER FILL)
XERESE	4	PA
<b>BURN PRODUCTS</b>		
<i>silver sulfadiazine</i>	2	
<i>ssd</i>	2	

Drug Name	Drug Tier	Requirements/Limits
<b>CAUTERIZING AGENTS</b>		
<i>silver nitrate 0.5 % solution</i>	2	
<b>CORTICOSTEROIDS - TOPICAL</b>		
ALA SCALP	2	
<i>ala-cort</i>	2	
<i>alclometasone dipropionate</i>	2	
AMCINONIDE (0.1 % CREAM, 0.1 % LOTION, 0.1 % OINTMENT)	2	
<i>betamethasone dipropionate (0.05 % cream, 0.05 % lotion, 0.05 % ointment)</i>	2	
<i>betamethasone dipropionate aug (0.05 % cream, 0.05 % gel, 0.05 % lotion, 0.05 % ointment)</i>	2	
<i>betamethasone valerate (0.1 % cream, 0.1 % lotion, 0.1 % ointment, 0.12 % foam)</i>	2	
<i>clobetasol prop emollient base</i>	2	
<i>clobetasol propionate (0.05 % cream, 0.05 % foam, 0.05 % gel, 0.05 % lotion, 0.05 % ointment, 0.05 % shampoo, 0.05 % solution)</i>	2	
<i>clobetasol propionate e</i>	2	
<i>clobetasol propionate emulsion</i>	2	
<i>clodan 0.05 % shampoo</i>	2	
CORDRAN 4 MCG/SQCM TAPE	4	
<i>desonide (0.05 % cream, 0.05 % lotion, 0.05 % ointment)</i>	2	
<i>desoximetasone (0.05 % cream, 0.05 % gel, 0.05 % ointment, 0.25 % cream, 0.25 % ointment)</i>	2	
<i>diflorasone diacetate 0.05 % ointment</i>	2	
<i>fluocinolone acetonide (0.01 % cream, 0.01 % solution, 0.025 % cream, 0.025 % ointment)</i>	2	
<i>fluocinolone acetonide body</i>	2	
<i>fluocinolone acetonide scalp</i>	2	
<i>fluocinonide (0.05 % cream, 0.05 % gel, 0.05 % ointment, 0.05 % solution, 0.1 % cream)</i>	2	
<i>fluocinonide emulsified base</i>	2	
FLURANDRENOLIDE (0.05 % CREAM, 0.05 % LOTION, 0.05 % OINTMENT)	2	

Drug Name	Drug Tier	Requirements/Limits
<i>fluticasone propionate (0.005 % ointment, 0.05 % cream)</i>	2	
<i>halobetasol propionate (0.05 % cream, 0.05 % ointment)</i>	2	
<i>hydrocortisone (1 % cream, 1 % ointment, 2 % lotion, 2.5 % cream, 2.5 % lotion, 2.5 % ointment)</i>	2	
HYDROCORTISONE ACE-PRAMOXINE 2.5-1 % CREAM	2	
HYDROCORTISONE BUTYRATE (0.1 % CREAM, 0.1 % OINTMENT, 0.1 % SOLUTION)	2	
<i>hydrocortisone valerate</i>	2	
<i>mometasone furoate (0.1 % cream, 0.1 % ointment, 0.1 % solution)</i>	2	
PRAMOSONE 1-2.5 % CREAM	2	
PREDNICARBATE 0.1 % OINTMENT	2	
<i>triamcinolone acetonide (0.025 % cream, 0.025 % lotion, 0.025 % ointment, 0.05 % ointment, 0.1 % cream, 0.1 % lotion, 0.1 % ointment, 0.147 mg/gm aero soln, 0.5 % cream, 0.5 % ointment)</i>	2	
<i>triamcinolone in absorbase</i>	2	
<i>trianex</i>	2	
<i>triderm</i>	2	
<i>tritocin</i>	2	
VERDESO	4	PA
<b>ECZEMA AGENTS</b>		
ADBRY 150 MG/ML SOLN PRSYR	4	PA, QL (4 ml per 28 days), SP, PN (28 DAYS SUPPLY PER FILL)
ADBRY 300 MG/2ML SOLN A-INJ	4	PA, QL (2 ml per 28 day(s)), SP, PN (28 DAYS SUPPLY PER FILL)
CIBINQO	4	PA, QL (30 ea per 30 days), SP, PN (30 DAYS SUPPLY PER FILL)
DUPIXENT 100 MG/0.67ML SOLN PRSYR	4	PA, QL (1.34 ml per 28 days), PN (28 DAYS SUPPLY PER FILL)
DUPIXENT 200 MG/1.14ML SOLN A-INJ	4	PA, QL (2.28 ml per 28 day(s)), SP, PN (28 DAYS SUPPLY PER FILL)
DUPIXENT 200 MG/1.14ML SOLN PRSYR	4	PA, QL (2.28 ml per 28 days), SP, PN (28 DAYS SUPPLY PER FILL)
DUPIXENT 300 MG/2ML SOLN A-INJ	4	PA, QL (4 ml per 28 day(s)), SP, PN (28 DAYS SUPPLY PER FILL)
DUPIXENT 300 MG/2ML SOLN PRSYR	4	PA, QL (4 ml per 28 days), SP, PN (28 DAYS SUPPLY PER FILL)

Drug Name	Drug Tier	Requirements/Limits
<b>ENZYMES - TOPICAL</b>		
SANTYL	3	PA
<b>GLABELLAR LINES (FROWN LINES) AGENTS</b>		
DAXXIFY	4	PA, QL (3 ea per 84 day(s)), SP, PN (84 DAYS SUPPLY PER FILL)
<b>IMMUNOMODULATING AGENTS - TOPICAL</b>		
<i>imiquimod 5 % cream</i>	2	
<b>IMMUNOSUPPRESSIVE AGENTS - TOPICAL</b>		
HYFTOR	4	PA, QL (30 gm per 30 days), SP, PN (30 DAYS SUPPLY PER FILL)
<i>pimecrolimus</i>	2	PA
<i>tacrolimus (0.03 % ointment, 0.1 % ointment)</i>	2	
<b>KERATOLYTIC/ANTIMITOTIC AGENTS</b>		
CANTHARIDIN	4	PA, LA, QL (2 ea per 21 days), SP, PN (21 DAYS SUPPLY PER FILL)
<i>podofilox (0.5 % gel, 0.5 % solution)</i>	2	
SALIMEZ	2	
SALYCIM	2	
YCANTH	4	PA, LA, QL (2 ea per 21 days), SP, PN (21 DAYS SUPPLY PER FILL)
<b>LOCAL ANESTHETICS - TOPICAL</b>		
<i>anodyne lpt</i>	2	
APRIZIO PAK II	2	
EMPRICAINE-II	2	
<i>glydo</i>	2	
<i>lidocaine 5 % patch</i>	2	PA, PN (34 DAYS SUPPLY PER FILL)
<i>lidocaine hcl (3 % cream, 4 % solution)</i>	2	
LIDOCAINE HCL URETHRAL/MUCOSAL (2 % GEL, 2 % PRSYR)	2	
<i>lidocaine-prilocaine (2.5-2.5 % cream, 2.5-2.5 % kit)</i>	2	
<i>lidocan</i>	2	PA, PN (34 DAYS SUPPLY PER FILL)
<i>lidopin 3 % cream</i>	2	
<i>lidopril xr</i>	2	

<b>Drug Name</b>	<b>Drug Tier</b>	<b>Requirements/Limits</b>
NUVAKAAN-II	2	
<i>prilolid</i>	2	
PRIZOPAK II	2	
QUTENZA	4	PA, QL (4 ea per 90 days), SP, PN (MIN 84 DAY SUPPLY; MAX 90 DAY SUPPLY)
QUTENZA (2 PATCH)	4	PA, QL (4 ea per 90 days), SP, PN (MIN 84 DAY SUPPLY; MAX 90 DAY SUPPLY)
QUTENZA (4 PATCH)	4	PA, QL (4 ea per 90 days), SP, PN (MIN 84 DAY SUPPLY; MAX 90 DAY SUPPLY)
<i>relador pak</i>	2	
<i>relador pak plus</i>	2	
<i>tridacaine ii</i>	2	PA, PN (34 DAYS SUPPLY PER FILL)
<i>tridacaine iii</i>	2	PA, PN (34 DAYS SUPPLY PER FILL)
<b>MISC. TOPICAL</b>		
<i>alcohol wipes</i>	3	
<i>cvs isopropyl alcohol wipes</i>	3	
DRYSOL	2	
<i>isopropyl alcohol 70 % misc</i>	3	
<i>isopropyl alcohol wipes</i>	3	
<i>medpura alcohol pads</i>	3	
QBREXZA	3	PA, QL (1 ea per 1 days)
<i>qc alcohol</i>	3	
<i>ra isopropyl alcohol wipes</i>	3	
XERAC AC	2	
<b>PROTECTIVES AGAINST UV RADIATION</b>		
SCENESSE	4	PA, SP, PN (MIN 56 DAY SUPPLY; MAX 60 DAY SUPPLY)
<b>ROSACEA AGENTS</b>		
<i>azelaic acid</i>	2	
<i>brimonidine tartrate 0.33 % gel</i>	2	PA, QL (30 gm per fill)
FINACEA 15 % FOAM	4	PA
<i>ivermectin 1 % cream</i>	2	

<b>Drug Name</b>	<b>Drug Tier</b>	<b>Requirements/Limits</b>
<i>metronidazole (0.75 % cream, 0.75 % gel, 0.75 % lotion, 1 % gel)</i>	2	
<i>rosadan (0.75 % cream, 0.75 % cream kit, 0.75 % gel)</i>	2	
<b>SCABICIDES PEDICULICIDES</b>		
IVERMECTIN 0.5 % LOTION	2	
LINDANE	2	
<i>malathion</i>	2	
NATROBA	3	PA
<i>permethrin</i>	2	
SPINOSAD	3	PA
<b>WOUND CARE PRODUCTS</b>		
VYJUVEK	4	PA, LA, QL (10 ml per 8 days), SP, PN (28 DAYS SUPPLY PER FILL)
<b>DIAGNOSTIC PRODUCTS (CONTINUED)</b>		
<b>DIAGNOSTIC DRUGS</b>		
MACRILEN	4	PN (34 DAYS SUPPLY PER FILL)
THYROGEN	4	SP, PN (34 DAYS SUPPLY PER FILL)
<b>DIAGNOSTIC TESTS</b>		
CHEMSTRIP K	4	QL (100 ea per fill)
CHEMSTRIP UGK	4	QL (100 ea per fill)
CVS KETONE CARE	4	QL (100 ea per fill)
KETO-DIASTIX	4	QL (100 ea per fill)
KETONE TEST	4	QL (100 ea per fill)
KETOSTIX	4	QL (100 ea per fill)
ONETOUCH ULTRA	3	QL (200 strips per 30 days)
ONETOUCH ULTRA BLUE TEST	3	QL (200 strips per 30 days)
ONETOUCH ULTRA TEST	3	QL (200 strips per 30 days)
ONETOUCH VERIO STRIP	3	QL (200 strips per 30 days)
RELION KETONE TEST	4	QL (100 ea per fill)
<b>DIGESTIVE AIDS (CONTINUED)</b>		
<b>DIGESTIVE ENZYMES</b>		
CREON	3	

<b>Drug Name</b>	<b>Drug Tier</b>	<b>Requirements/Limits</b>
PERTZYE	4	PA
SUCRAID	4	PA, LA, QL (236 ml per fill(s)), SP
VIOKACE	4	PA
ZENPEP	4	PA
<b>DIURETICS (CONTINUED)</b>		
<b>CARBONIC ANHYDRASE INHIBITORS</b>		
<i>acetazolamide</i>	2	
<i>acetazolamide er</i>	2	
<i>methazolamide</i>	2	
<b>DIURETIC COMBINATIONS</b>		
AMILORIDE-HYDROCHLOROTHIAZIDE	2	
<i>spironolactone-hctz</i>	2	
<i>triamterene-hctz</i>	2	
<b>LOOP DIURETICS</b>		
<i>bumetanide (0.5 mg tab, 1 mg tab, 2 mg tab)</i>	2	
<i>furosemide (8 mg/ml solution, 10 mg/ml solution, 20 mg tab, 40 mg tab, 80 mg tab)</i>	2	
<i>toremide</i>	2	
<b>POTASSIUM SPARING DIURETICS</b>		
<i>amiloride hcl</i>	2	
<i>spironolactone (25 mg tab, 50 mg tab, 100 mg tab)</i>	2	
<b>THIAZIDES AND THIAZIDE-LIKE DIURETICS</b>		
<i>chlorthalidone</i>	2	
DIURIL	3	
<i>hydrochlorothiazide</i>	2	
<i>indapamide</i>	2	
<i>metolazone</i>	2	
<b>ENDOCRINE AND METABOLIC AGENTS - MISC. (CONTINUED)</b>		
<b>BONE DENSITY REGULATORS</b>		
<i>alendronate sodium (10 mg tab, 35 mg tab, 70 mg tab, 70 mg/75ml solution)</i>	2	



Drug Name	Drug Tier	Requirements/Limits
BINOSTO	4	PA
<i>calcitonin (salmon) 200 unit/act solution</i>	2	
<i>ibandronate sodium 150 mg tab</i>	2	QL (1 ea per 30 days)
PROLIA	4	PA, SP, PN (MIN 180 DAY SUPPLY; MAX 180 DAY SUPPLY)
<i>risedronate sodium (5 mg tab, 30 mg tab, 35 mg tab, 150 mg tab)</i>	2	
TERIPARATIDE (RECOMBINANT) 620 MCG/2.48ML SOLN PEN	2	PA, QL (2.48 ml per 28 days), SP, PN (MIN 28 DAY SUPPLY; MAX 34 DAY SUPPLY)
TYMLOS	4	PA, QL (1.56 ml per 30 days), SP, PN (MIN 30 DAY SUPPLY; MAX 34 DAY SUPPLY)
XGEVA	4	PA, SP, PN (MIN 28 DAY SUPPLY; MAX 34 DAY SUPPLY)
ZOLEDRONIC ACID (4 MG/100ML SOLUTION, 4 MG/5ML CONC)	2	SP, PN (34 DAYS SUPPLY PER FILL)
<i>zoledronic acid 5 mg/100ml solution</i>	2	SP, PN (MIN 365 DAY SUPPLY; MAX 365 DAY SUPPLY)
<b>FERTILITY REGULATORS</b>		
CHORIONIC GONADOTROPIN	3	PA
MENOPUR	4	PN (34 DAYS SUPPLY PER FILL)
NOVAREL	4	
OVIDREL	4	PN (34 DAYS SUPPLY PER FILL)
PREGNYL	4	
<b>GNRH/LHRH ANTAGONISTS</b>		
<i>cetorelix acetate</i>	2	PN (34 DAYS SUPPLY PER FILL)
<i>ganirelix acetate</i>	3	
<b>GROWTH HORMONE RECEPTOR ANTAGONISTS</b>		
SOMAVERT	4	PA, SP, PN (34 DAYS SUPPLY PER FILL)
<b>GROWTH HORMONES</b>		
GENOTROPIN	4	PA, SP, PN (34 DAYS SUPPLY PER FILL)
GENOTROPIN MINIQUICK	4	PA, SP, PN (34 DAYS SUPPLY PER FILL)
HUMATROPE (6 MG CARTRIDGE, 12 MG CARTRIDGE, 24 MG CARTRIDGE)	4	PA, SP, PN (34 DAYS SUPPLY PER FILL)
NGENLA	4	PA, SP, PN (28 DAYS SUPPLY PER FILL)

<b>Drug Name</b>	<b>Drug Tier</b>	<b>Requirements/Limits</b>
NORDITROPIN FLEXPPO	4	PA, SP, PN (34 DAYS SUPPLY PER FILL)
NUTROPIN AQ NUSPIN 10	4	PA, SP, PN (34 DAYS SUPPLY PER FILL)
NUTROPIN AQ NUSPIN 20	4	PA, SP, PN (34 DAYS SUPPLY PER FILL)
NUTROPIN AQ NUSPIN 5	4	PA, SP, PN (34 DAYS SUPPLY PER FILL)
OMNITROPE (5 MG/1.5ML SOLN CART, 5.8 MG RECON SOLN, 10 MG/1.5ML SOLN CART)	4	PA, SP, PN (34 DAYS SUPPLY PER FILL)
SAIZEN 8.8 MG RECON SOLN	4	PA, SP, PN (34 DAYS SUPPLY PER FILL)
SAIZENPREP	4	PA, SP, PN (34 DAYS SUPPLY PER FILL)
SEROSTIM	4	PA, SP, PN (34 DAYS SUPPLY PER FILL)
SKYTROFA	4	PA, SP, PN (34 DAYS SUPPLY PER FILL)
SOGROYA	4	PA, SP, PN (34 DAYS SUPPLY PER FILL)
ZOMACTON	4	PA, SP, PN (34 DAYS SUPPLY PER FILL)
ZOMACTON (FOR ZOMA-JET 10)	4	PA, SP, PN (34 DAYS SUPPLY PER FILL)
<b>HORMONE RECEPTOR MODULATORS</b>		
<i>raloxifene hcl</i>	1	
<b>INSULIN-LIKE GROWTH FACTOR RECEPTOR INHIBITORS</b>		
TEPEZZA	4	PA, LA, SP, PN (34 DAYS SUPPLY PER FILL)
<b>LHRH/GNRH AGONIST ANALOG PITUITARY SUPPRESSANTS</b>		
FENSOLVI (6 MONTH)	4	PA, QL (1 ea per 168 days), SP, PN (MIN 168 DAY SUPPLY; MAX 180 DAY SUPPLY)
LUPRON DEPOT-PED (1-MONTH)	4	SP, PN (MIN 28 DAY SUPPLY; MAX 34 DAY SUPPLY)
LUPRON DEPOT-PED (3-MONTH)	4	SP, PN (MIN 84 DAY SUPPLY; MAX 90 DAY SUPPLY)
LUPRON DEPOT-PED (6-MONTH)	4	SP, PN (MIN 168 DAY SUPPLY; MAX 180 DAY SUPPLY)
SUPPRELIN LA	4	PA, SP, PN (MIN 365 DAY SUPPLY; MAX 365 DAY SUPPLY)
TRIPTODUR	4	PA, SP, PN (MIN 168 DAY SUPPLY; MAX 180 DAY SUPPLY)
<b>METABOLIC MODIFIERS</b>		
ALDURAZYME	4	PA, SP, PN (34 DAYS SUPPLY PER FILL)
BRINEURA	4	PA, SP, PN (34 DAYS SUPPLY PER FILL)
<i>calcitriol (0.25 mcg cap, 0.5 mcg cap, 1 mcg/ml solution)</i>	2	

Drug Name	Drug Tier	Requirements/Limits
<i>cinacalcet hcl</i>	2	
CRYSVITA	4	PA, SP, PN (34 DAYS SUPPLY PER FILL)
<i>doxercalciferol (0.5 mcg cap, 1 mcg cap, 2.5 mcg cap)</i>	2	
ELAPRASE	4	PA, SP, PN (34 DAYS SUPPLY PER FILL)
ELFABRIO	4	PA, LA, SP, PN (28 DAYS SUPPLY PER FILL)
FABRAZYME	4	PA, SP, PN (34 DAYS SUPPLY PER FILL)
<i>javygtor (100 mg tab, 500 mg packet)</i>	2	PA, SP, PN (30 DAYS SUPPLY PER FILL)
<i>javygtor 100 mg packet</i>	2	PA, SP, PN (34 DAYS SUPPLY PER FILL)
KANUMA	4	PA, SP, PN (34 DAYS SUPPLY PER FILL)
LAMZEDE	4	PA, LA, SP, PN (28 DAYS SUPPLY PER FILL)
<i>levocarnitine (1 gm/10ml solution, 330 mg tab)</i>	2	
<i>levocarnitine sf</i>	2	
LUMIZYME	4	PA, SP, PN (34 DAYS SUPPLY PER FILL)
MEPSEVII	4	PA, LA, SP, PN (34 DAYS SUPPLY PER FILL)
NAGLAZYME	4	PA, SP, PN (34 DAYS SUPPLY PER FILL)
NEXVIAZYME	4	PA, SP, PN (28 DAYS SUPPLY PER FILL)
NULIBRY	4	PA, LA, SP, PN (34 DAYS SUPPLY PER FILL)
<i>paricalcitol (1 mcg cap, 2 mcg cap, 4 mcg cap)</i>	2	
PARSABIV	4	PA, SP, PN (34 DAYS SUPPLY PER FILL)
<i>sapropterin dihydrochloride (100 mg tab, 500 mg packet)</i>	2	PA, SP, PN (30 DAYS SUPPLY PER FILL)
<i>sapropterin dihydrochloride 100 mg packet</i>	2	PA, SP, PN (34 DAYS SUPPLY PER FILL)
STRENSIQ	4	PA, LA, SP, PN (30 DAYS SUPPLY PER FILL)
VIMIZIM	4	PA, SP, PN (34 DAYS SUPPLY PER FILL)
XENPOZYME 20 MG RECON SOLN	4	PA, SP, PN (34 DAYS SUPPLY PER FILL)
XENPOZYME 4 MG RECON SOLN	4	PA, SP, PN (34 DAYS SUPPLY PER FILL)
XPHOZAH	4	PA, LA, QL (60 ea per 30 day(s)), SP, PN (30 DAYS SUPPLY PER FILL)
<b>NATRIURETIC PEPTIDES</b>		
VOXZOGO	4	PA, QL (30 ea per 30 days), SP, PN (30 DAYS SUPPLY PER FILL)
<b>POSTERIOR PITUITARY HORMONES</b>		
<i>desmopressin ace spray refrig</i>	2	

Drug Name	Drug Tier	Requirements/Limits
<i>desmopressin acetate (0.1 mg tab, 0.2 mg tab, 1.5 mg/ml solution)</i>	2	
<i>desmopressin acetate spray</i>	2	
TERLIVAZ	4	PA, SP, PN (14 DAYS SUPPLY PER FILL)
<b>PROGESTERONE RECEPTOR ANTAGONISTS</b>		
<i>mifepristone 200 mg tab</i>	2	
<b>PROLACTIN INHIBITORS</b>		
<i>cabergoline</i>	2	
<b>SOMATOSTATIC AGENTS</b>		
LANREOTIDE ACETATE	4	PA, SP, PN (MIN 28 DAY SUPPLY; MAX 60 DAY SUPPLY)
<i>lanreotide acetate</i>	4	SP, PN (MIN 28 DAY SUPPLY; MAX 60 DAY SUPPLY)
<i>octreotide acetate (20 mg kit, 30 mg kit)</i>	4	PA, SP, PN (MIN 28 DAY SUPPLY; MAX 34 DAY SUPPLY)
OCTREOTIDE ACETATE (50 MCG/ML SOLN PRSYR, 100 MCG/ML SOLN PRSYR, 500 MCG/ML SOLN PRSYR)	2	SP, PN (34 DAYS SUPPLY PER FILL)
<i>octreotide acetate (50 mcg/ml solution, 100 mcg/ml solution, 200 mcg/ml solution, 500 mcg/ml solution, 1000 mcg/ml solution)</i>	2	SP, PN (34 DAYS SUPPLY PER FILL)
SANDOSTATIN LAR DEPOT (20 MG KIT, 30 MG KIT)	4	PA, SP, PN (MIN 28 DAY SUPPLY; MAX 34 DAY SUPPLY)
SANDOSTATIN LAR DEPOT 10 MG KIT	4	PA, SP, PN (MIN 28 DAY SUPPLY; MAX 34 DAY SUPPLY)
SIGNIFOR LAR	4	PA, LA, SP, PN (MIN 28 DAY SUPPLY; MAX 34 DAY SUPPLY)
SOMATULINE DEPOT (60 MG/0.2ML SOLUTION, 90 MG/0.3ML SOLUTION)	4	SP, PN (MIN 28 DAY SUPPLY; MAX 60 DAY SUPPLY)
SOMATULINE DEPOT 120 MG/0.5ML SOLUTION	4	PA, SP, PN (MIN 28 DAY SUPPLY; MAX 60 DAY SUPPLY)
<b>VASOPRESSIN RECEPTOR ANTAGONISTS</b>		
<i>tolvaptan</i>	2	PA, QL (60 ea per 30 days), SP, PN (30 DAYS SUPPLY PER FILL)
<b>ESTROGENS (CONTINUED)</b>		
<b>ESTROGEN COMBINATIONS</b>		
<i>amabelz</i>	2	

Drug Name	Drug Tier	Requirements/Limits
COMBIPATCH	3	
<i>covaryx</i>	2	
<i>covaryx hs</i>	2	
<i>eemt</i>	2	
<i>eemt hs</i>	2	
<i>est estrogens-methyltest</i>	2	
<i>est estrogens-methyltest ds</i>	2	
<i>est estrogens-methyltest hs</i>	2	
<i>estradiol-norethindrone acet</i>	2	
<i>estratest f.s.</i>	2	
<i>estratest h.s.</i>	2	
<i>fyavolv</i>	2	
<i>jinteli</i>	2	
<i>lopreeza</i>	2	
<i>mimvey</i>	2	
<i>norethindrone-eth estradiol</i>	2	
PREMPHASE	3	
PREMPRO	3	
<b>ESTROGENS</b>		
<i>dotti</i>	2	
ELESTRIN	4	
<i>estradiol (0.025 mg/24hr patch tw, 0.025 mg/24hr patch wk, 0.0375 mg/24hr patch tw, 0.0375 mg/24hr patch wk, 0.05 mg/24hr patch tw, 0.05 mg/24hr patch wk, 0.06 mg/24hr patch wk, 0.075 mg/24hr patch tw, 0.075 mg/24hr patch wk, 0.1 mg/24hr patch tw, 0.1 mg/24hr patch wk, 0.25 mg/0.25gm gel, 0.5 mg tab, 0.5 mg/0.5gm gel, 0.75 mg/0.75gm gel, 1 mg tab, 1 mg/gm gel, 1.25 mg/1.25gm gel, 2 mg tab)</i>	2	
<i>estradiol valerate</i>	2	
<i>lyllana</i>	2	
PREMARIN (0.3 MG TAB, 0.45 MG TAB, 0.625 MG TAB, 0.9 MG TAB, 1.25 MG TAB)	3	
<b>FLUOROQUINOLONES (CONTINUED)</b>		
<b>FLUOROQUINOLONES</b>		
CIPRO (250 MG/5ML (5%) RECON SUSP, 500 MG/5ML (10%) RECON SUSP)	3	

Drug Name	Drug Tier	Requirements/Limits
<i>ciprofloxacin hcl (250 mg tab, 500 mg tab, 750 mg tab)</i>	2	
<i>levofloxacin (250 mg tab, 500 mg tab, 750 mg tab)</i>	2	
<i>moxifloxacin hcl 400 mg tab</i>	2	
OFLOXACIN (300 MG TAB, 400 MG TAB)	2	
<b>GASTROINTESTINAL AGENTS - MISC. (CONTINUED)</b>		
<b>BILE ACID SYNTHESIS DISORDER AGENTS</b>		
CHOLBAM	4	PA, LA, SP, PN (30 DAYS SUPPLY PER FILL)
<b>GALLSTONE SOLUBILIZING AGENTS</b>		
<i>ursodiol (250 mg tab, 300 mg cap, 500 mg tab)</i>	2	
<b>GASTROINTESTINAL ANTIALLERGY AGENTS</b>		
<i>cromolyn sodium 100 mg/5ml conc</i>	2	
<b>GASTROINTESTINAL CHLORIDE CHANNEL ACTIVATORS</b>		
<i>lubiprostone</i>	2	QL (2 ea per 1 days)
<b>GASTROINTESTINAL STIMULANTS</b>		
<i>metoclopramide hcl (5 mg tab, 5 mg/5ml solution, 10 mg tab, 10 mg/10ml solution)</i>	2	
<b>HEPATOTROPICS</b>		
REZDIFFRA	4	PA, QL (30 ea per 30 day(s)), SP, PN (30 DAYS SUPPLY PER FILL)
<b>INFLAMMATORY BOWEL AGENTS</b>		
AVSOLA	4	PA, SP, PN (MIN 28 DAY SUPPLY; MAX 60 DAY SUPPLY)
<i>balsalazide disodium</i>	2	
CIMZIA	4	QL (1 ea per 28 days), PA-NSO, SP, PN (28 DAYS SUPPLY PER FILL)
CIMZIA (2 SYRINGE)	4	QL (1 ea per 28 days), PA-NSO, SP, PN (MIN 28 DAY SUPPLY; MAX 34 DAY SUPPLY)
CIMZIA-STARTER	4	QL (3 ea per 28 days), PA-NSO, SP, PN (MIN 42 DAY SUPPLY; MAX 60 DAY SUPPLY)
DIPENTUM	4	PA, QL (4 ea per 1 day(s))
ENTYVIO 108 MG/0.68ML SOLN A-INJ	4	PA, QL (1.36 ml per 28 day(s)), SP, PN (28 DAYS SUPPLY PER FILL)

<b>Drug Name</b>	<b>Drug Tier</b>	<b>Requirements/Limits</b>
ENTYVIO 300 MG RECON SOLN	4	PA, SP, PN (MIN 56 DAY SUPPLY; MAX 60 DAY SUPPLY)
INFLECTRA	4	PA, SP, PN (MIN 28 DAY SUPPLY; MAX 60 DAY SUPPLY)
<i>mesalamine (1.2 gm tab dr, 4 gm enema, 400 mg cap dr, 1000 mg suppos)</i>	2	
<i>mesalamine er</i>	2	
<i>mesalamine-cleanser</i>	2	
OMVOH 100 MG/ML SOLN A-INJ	4	PA, QL (2 ml per 28 day(s)), SP, PN (28 DAYS SUPPLY PER FILL)
OMVOH 300 MG/15ML SOLUTION	4	PA, QL (45 ml per 56 day(s)), SP, PN (56 DAYS SUPPLY PER FILL)
REMICADE	4	PA, SP, PN (MIN 28 DAY SUPPLY; MAX 60 DAY SUPPLY)
RENFLXIS	4	PA, SP, PN (MIN 28 DAY SUPPLY; MAX 60 DAY SUPPLY)
SKYRIZI 180 MG/1.2ML SOLN CART	4	QL (1.2 ml per 56 day(s)), PA-NSO, SP, PN (MIN 56 DAY SUPPLY; MAX 60 DAY SUPPLY)
SKYRIZI 360 MG/2.4ML SOLN CART	4	QL (2.4 ml per 56 days), PA-NSO, SP, PN (MIN 56 DAY SUPPLY; MAX 60 DAY SUPPLY)
SKYRIZI 600 MG/10ML SOLUTION	4	PA, SP, PN (MIN 28 DAY SUPPLY; MAX 90 DAY SUPPLY)
STELARA 130 MG/26ML SOLUTION	4	PA, SP, PN (56 DAYS SUPPLY PER FILL)
<i>sulfasalazine</i>	2	
<b>INTESTINAL ACIDIFIERS</b>		
<i>enulose</i>	2	
<i>generlac</i>	2	
<i>lactulose encephalopathy</i>	2	
<b>IRRITABLE BOWEL SYNDROME (IBS) AGENTS</b>		
<i>alosetron hcl</i>	2	
LINZESS	3	QL (1 ea per 1 days)
<b>LIVE FECAL MICROBIOTA</b>		
REBYOTA	4	PA, SP, PN (34 DAYS SUPPLY PER FILL)
<b>PERIPHERAL OPIOID RECEPTOR ANTAGONISTS</b>		
MOVANTIK	3	QL (1 ea per 1 days)

Drug Name	Drug Tier	Requirements/Limits
<b>PHOSPHATE BINDER AGENTS</b>		
AURYXIA	4	PA, QL (408 ea per 34 days), PN (34 DAYS SUPPLY PER FILL)
<i>calcium acetate (phos binder)</i>	2	
<i>calcium acetate 667 mg tab</i>	2	
<i>calphron</i>	2	
FOSRENOL (750 MG PACKET, 1000 MG PACKET)	3	
<i>lanthanum carbonate</i>	2	
<i>sevelamer carbonate</i>	2	
<i>sevelamer hcl</i>	2	PA
VELPHORO	4	PA, PN (34 DAYS SUPPLY PER FILL)
<b>SHORT BOWEL SYNDROME (SBS) AGENTS</b>		
GATTEX	4	PA, QL (1 ea per 30 days), SP, PN (30 DAYS SUPPLY PER FILL)
<b>TRYPTOPHAN HYDROXYLASE INHIBITORS</b>		
XERMELO	4	PA, QL (84 ea per 28 days), SP, PN (28 DAYS SUPPLY PER FILL)
<b>GENITOURINARY AGENTS - MISCELLANEOUS (CONTINUED)</b>		
<b>ALKALINIZERS</b>		
CYTRA K CRYSTALS	2	
CYTRA-3	2	
<i>cytra-k</i>	2	
<i>pot &amp; sod cit-cit ac</i>	2	
<i>potassium citrate er</i>	2	
<i>potassium citrate-citric acid</i>	2	
<i>sod citrate-citric acid</i>	2	
<i>tricitrates</i>	2	
<b>CYSTINOSIS AGENTS</b>		
CYSTAGON	3	LA, SP, PN (34 DAYS SUPPLY PER FILL)
PROCYSBI (25 MG CAP DR, 75 MG CAP DR)	4	PA, LA, SP, PN (34 DAYS SUPPLY PER FILL)
<b>IGA NEPHROPATHY (IGAN) AGENTS</b>		
FILSPARI	4	PA, QL (30 ea per 30 days), SP, PN (30 DAYS SUPPLY PER FILL)



Drug Name	Drug Tier	Requirements/Limits
<b>INTERSTITIAL CYSTITIS AGENTS</b>		
ELMIRON	4	PA
<b>PROSTATIC HYPERTROPHY AGENTS</b>		
<i>alfuzosin hcl er</i>	2	
<i>dutasteride</i>	2	
<i>dutasteride-tamsulosin hcl</i>	2	PA
<i>finasteride 5 mg tab</i>	2	
<i>silodosin</i>	2	PA
<i>tamsulosin hcl</i>	2	
<b>URINARY STONE AGENTS</b>		
LITHOSTAT	3	
<b>GOUT AGENTS (CONTINUED)</b>		
<b>GOUT AGENT COMBINATIONS</b>		
<i>colchicine-probenecid</i>	2	
<b>GOUT AGENTS</b>		
<i>allopurinol (100 mg tab, 300 mg tab)</i>	2	
<i>colchicine 0.6 mg tab</i>	2	
<i>febuxostat</i>	2	PA, QL (1 ea per 1 days)
KRYSTEXXA	4	PA, LA, QL (2 ml per 28 days), SP, PN (28 DAYS SUPPLY PER FILL)
<b>URICOSURICS</b>		
<i>probenecid</i>	2	
<b>HEMATOLOGICAL AGENTS - MISC. (CONTINUED)</b>		
<b>AMINOLEVULINATE SYNTHASE 1-DIRECTED SIRNA</b>		
GIVLAARI	4	PA, LA, SP, PN (34 DAYS SUPPLY PER FILL)
<b>ANTIHEMOPHILIC PRODUCTS</b>		
ADVATE (1500 RECON SOLN, 4000 RECON SOLN)	4	PA, SP, PN (34 DAYS SUPPLY PER FILL)
ADVATE (500 RECON SOLN, 1000 RECON SOLN, 2000 RECON SOLN, 3000 RECON SOLN)	4	PA, SP, PN (34 DAYS SUPPLY PER FILL)
AFSTYLA	4	PA, SP, PN (34 DAYS SUPPLY PER FILL)
ALPHANATE	4	PA, SP, PN (34 DAYS SUPPLY PER FILL)

<b>Drug Name</b>	<b>Drug Tier</b>	<b>Requirements/Limits</b>
ALTUVIII	4	PA, SP, PN (34 DAYS SUPPLY PER FILL)
ELOCTATE	4	PA, SP, PN (34 DAYS SUPPLY PER FILL)
ESPEROCT	4	PA, SP, PN (34 DAYS SUPPLY PER FILL)
FEIBA	4	PA, SP
HEMGENIX	4	PA, LA, QL (1 ea per lifetime), SP, PN (1 DOSE PER LIFETIME BY GPI-12)
HEMLIBRA (12 MG/0.4ML SOLUTION, 30 MG/ML SOLUTION, 60 MG/0.4ML SOLUTION, 105 MG/0.7ML SOLUTION, 150 MG/ML SOLUTION)	4	PA, SP, PN (34 DAYS SUPPLY PER FILL)
HEMLIBRA 300 MG/2ML SOLUTION	4	PA, PN (34 DAYS SUPPLY PER FILL)
HEMOFIL M	4	PA, SP, PN (34 DAYS SUPPLY PER FILL)
HUMATE-P	4	PA, SP, PN (34 DAYS SUPPLY PER FILL)
JIVI	4	PA, SP, PN (34 DAYS SUPPLY PER FILL)
KCENTRA	4	SP, PN (34 DAYS SUPPLY PER FILL)
KOATE	4	PA, SP, PN (34 DAYS SUPPLY PER FILL)
KOATE-DVI	4	PA, SP, PN (34 DAYS SUPPLY PER FILL)
KOGENATE FS	4	PA, SP, PN (34 DAYS SUPPLY PER FILL)
NOVOEIGHT	4	PA, SP, PN (34 DAYS SUPPLY PER FILL)
OBIZUR	4	PA, SP, PN (34 DAYS SUPPLY PER FILL)
RECOMBINATE	4	PA, SP, PN (34 DAYS SUPPLY PER FILL)
WILATE	4	PA, SP, PN (34 DAYS SUPPLY PER FILL)
XYNTHA	4	PA, SP, PN (34 DAYS SUPPLY PER FILL)
XYNTHA SOLOFUSE	4	PA, SP, PN (34 DAYS SUPPLY PER FILL)
<b>BRADYKININ B2 RECEPTOR ANTAGONISTS</b>		
<i>icatibant acetate</i>	2	PA, QL (9 ml per 30 days), SP, PN (30 DAYS SUPPLY PER FILL)
<i>sajazir</i>	2	PA, LA, QL (9 ml per 30 days), SP, PN (30 DAYS SUPPLY PER FILL)
<b>COMPLEMENT INHIBITORS</b>		
BERINERT	4	PA, LA, SP, PN (34 DAYS SUPPLY PER FILL)
CINRYZE	4	PA, SP, PN (34 DAYS SUPPLY PER FILL)
EMPAVELI	4	PA, LA, SP, PN (28 DAYS SUPPLY PER FILL)
ENJAYMO	4	PA, SP, PN (34 DAYS SUPPLY PER FILL)

<b>Drug Name</b>	<b>Drug Tier</b>	<b>Requirements/Limits</b>
FABHALTA	4	PA, LA, QL (60 ea per 30 day(s)), SP, PN (30 DAYS SUPPLY PER FILL)
HAEGARDA	4	PA, SP, PN (28 DAYS SUPPLY PER FILL)
RUCONEST	4	PA, SP, PN (34 DAYS SUPPLY PER FILL)
SOLIRIS	4	PA, SP, PN (28 DAYS SUPPLY PER FILL)
ULTOMIRIS (300 MG/3ML SOLUTION, 1100 MG/11ML SOLUTION)	4	PA, SP, PN (34 DAYS SUPPLY PER FILL)
VEOPOZ	4	PA, LA, SP, PN (28 DAYS SUPPLY PER FILL)
<b>HEMATAOLOGIC - TYROSINE KINASE INHIBITORS</b>		
TAVALISSE	4	PA, QL (60 ea per 30 days), SP, PN (30 DAYS SUPPLY PER FILL)
<b>HEMATOLOGICAL ENZYMES - MISC</b>		
ADZYNMA	4	PA, LA, SP, PN (28 DAYS SUPPLY PER FILL)
<b>HEMATORHEOLOGIC AGENTS</b>		
<i>pentoxifylline er</i>	2	
<b>PLASMA KALLIKREIN INHIBITORS</b>		
KALBITOR	4	PA, SP, PN (34 DAYS SUPPLY PER FILL)
TAKHZYRO (300 MG/2ML SOLN PRSYR, 300 MG/2ML SOLUTION)	4	PA, QL (4 ml per 28 days), SP, PN (MIN 28 DAY SUPPLY; MAX 34 DAY SUPPLY)
TAKHZYRO 150 MG/ML SOLN PRSYR	4	PA, QL (2 ml per 28 days), SP, PN (MIN 28 DAY SUPPLY; MAX 34 DAY SUPPLY)
<b>PLASMA PROTEINS</b>		
RYPLAZIM	4	PA, LA, SP, PN (34 DAYS SUPPLY PER FILL)
<b>PLATELET AGGREGATION INHIBITORS</b>		
<i>anagrelide hcl</i>	2	SP
<i>aspirin-dipyridamole er</i>	2	
BRILINTA	4	
CABLIVI	4	PA, QL (30 ea per 30 days), SP, PN (30 DAYS SUPPLY PER FILL)
<i>cilostazol</i>	2	
<i>clopidogrel bisulfate</i>	2	
<i>dipyridamole (25 mg tab, 50 mg tab, 75 mg tab)</i>	2	
<i>prasugrel hcl</i>	2	

Drug Name	Drug Tier	Requirements/Limits
<b>PYRUVATE KINASE ACTIVATORS</b>		
PYRUKYND	4	PA, LA, QL (56 ea per 28 days), SP, PN (28 DAYS SUPPLY PER FILL)
PYRUKYND TAPER PACK	4	PA, LA, QL (56 ea per 28 days), SP, PN (28 DAYS SUPPLY PER FILL)
<b>HEMATOPOIETIC AGENTS (CONTINUED)</b>		
<b>AGENTS FOR GAUCHER DISEASE</b>		
CEREZYME	4	PA, SP, PN (34 DAYS SUPPLY PER FILL)
ELELYSO	4	PA, SP, PN (34 DAYS SUPPLY PER FILL)
<i>miglustat</i>	2	PA, QL (90 ea per 30 days), SP, PN (30 DAYS SUPPLY PER FILL)
VPRIV	4	PA, SP, PN (34 DAYS SUPPLY PER FILL)
<i>yargesa</i>	2	PA, LA, QL (90 ea per 30 days), SP, PN (30 DAYS SUPPLY PER FILL)
<b>AGENTS FOR SICKLE CELL DISEASE</b>		
ADAKVEO	4	PA, SP, PN (34 DAYS SUPPLY PER FILL)
ENDARI	4	PA, QL (180 ea per 30 day(s)), SP, PN (30 DAYS SUPPLY PER FILL)
<i>l-glutamine 5 gm packet</i>	4	PA, QL (180 ea per 30 day(s)), SP, PN (30 DAYS SUPPLY PER FILL)
<b>FOLIC ACID/FOLATES</b>		
<i>cvs folic acid</i>	1	
<i>folate</i>	1	
<i>folic acid (0.8 mg cap, 400 mcg tab, 800 mcg tab)</i>	1	
<i>folic acid 1 mg tab</i>	2	
<i>ft folic acid</i>	1	
<i>gnp folic acid</i>	1	
<i>hm folic acid</i>	1	
<i>kp folic acid 800 mcg tab</i>	1	
<i>px folic acid</i>	1	
<i>qc folic acid</i>	1	
<i>ra folic acid</i>	1	
<i>sm folic acid</i>	1	

<b>Drug Name</b>	<b>Drug Tier</b>	<b>Requirements/Limits</b>
<i>true folic acid 400 mcg tab</i>	1	
<i>yl folic acid</i>	1	
<b>HEMATOPOIETIC GROWTH FACTORS</b>		
ARANESP (ALBUMIN FREE)	3	PA, SP, PN (34 DAYS SUPPLY PER FILL)
DOPTELET	4	PA, QL (60 ea per 30 days), SP, PN (30 DAYS SUPPLY PER FILL)
EPOGEN	3	PA, SP, PN (34 DAYS SUPPLY PER FILL)
FULPHILA	3	PA, QL (0.043 ml per 1 days), SP
FYLNETRA	4	PA, QL (0.043 ml per 1 day(s)), SP, PN (14 DAYS SUPPLY PER FILL)
LEUKINE	3	PA, SP, PN (34 DAYS SUPPLY PER FILL)
MIRCERA (30 MCG/0.3ML SOLN PRSYR, 50 MCG/0.3ML SOLN PRSYR, 75 MCG/0.3ML SOLN PRSYR, 100 MCG/0.3ML SOLN PRSYR, 150 MCG/0.3ML SOLN PRSYR, 200 MCG/0.3ML SOLN PRSYR)	4	PA, LA, SP, PN (30 DAYS SUPPLY PER FILL)
MIRCERA 120 MCG/0.3ML SOLN PRSYR	4	PA, LA, SP, PN (34 DAYS SUPPLY PER FILL)
NEULASTA	3	PA, QL (0.043 ml per 1 days), SP
NEULASTA ONPRO	3	PA, QL (0.043 ml per 1 days), SP
NEUPOGEN	3	PA, SP, PN (34 DAYS SUPPLY PER FILL)
NIVESTYM	4	PA, SP, PN (34 DAYS SUPPLY PER FILL)
NPLATE	4	PA, SP, PN (30 DAYS SUPPLY PER FILL)
NYVEPRIA	4	PA, QL (0.043 ml per 1 days), SP
PROCRIT (2000 UNIT/ML SOLUTION, 3000 UNIT/ML SOLUTION, 4000 UNIT/ML SOLUTION, 10000 UNIT/ML SOLUTION, 20000 UNIT/ML SOLUTION)	3	PA, SP, PN (34 DAYS SUPPLY PER FILL)
PROCRIT 40000 UNIT/ML SOLUTION	3	PA, SP, PN (34 DAYS SUPPLY PER FILL)
PROMACTA	4	PA, SP, PN (30 DAYS SUPPLY PER FILL)
REBLOZYL	4	PA, SP, PN (30 DAYS SUPPLY PER FILL)
RELEUKO	4	PA, SP, PN (34 DAYS SUPPLY PER FILL)
RETACRIT (2000 UNIT/ML SOLUTION, 3000 UNIT/ML SOLUTION, 4000 UNIT/ML SOLUTION, 10000 UNIT/ML SOLUTION, 20000 UNIT/ML SOLUTION)	3	PA, SP, PN (34 DAYS SUPPLY PER FILL)
RETACRIT 40000 UNIT/ML SOLUTION	3	PA, SP, PN (34 DAYS SUPPLY PER FILL)
ROLVEDON	4	PA, QL (0.043 ml per 1 day(s)), SP, PN (14 DAYS SUPPLY PER FILL)
STIMUFEND	4	PA, QL (0.043 ml per 1 day(s)), SP, PN (14 DAYS SUPPLY PER FILL)

Drug Name	Drug Tier	Requirements/Limits
UDENYCA 6 MG/0.6ML SOLN A-INJ	3	PA, QL (0.043 ml per 1 day), SP
UDENYCA 6 MG/0.6ML SOLN PRSYR	3	PA, QL (0.043 ml per 1 days), SP
UDENYCA ONBODY	3	PA, QL (0.043 ml per 1 day(s)), SP
ZIEXTENZO	3	PA, QL (0.043 ml per 1 days), SP
<b>IRON</b>		
<i>ferumoxytol</i>	4	LA, SP, PN (34 DAYS SUPPLY PER FILL)
INJECTAFER	4	SP, PN (34 DAYS SUPPLY PER FILL)
<b>STEM CELL MOBILIZERS</b>		
APHEXDA	4	PA, SP, PN (30 DAYS SUPPLY PER FILL)
MOZOBIL	4	SP
XOLREMDI	4	PA, LA, QL (120 ea per 30 day(s)), SP, PN (30 DAYS SUPPLY PER FILL)
<b>HEMOSTATICS (CONTINUED)</b>		
<b>HEMOSTATICS - SYSTEMIC</b>		
<i>tranexamic acid 650 mg tab</i>	2	
<b>HYPNOTICS/SEDATIVES/SLEEP DISORDER AGENTS (CONTINUED)</b>		
<b>BARBITURATE HYPNOTICS</b>		
<i>phenobarbital (15 mg tab, 16.2 mg tab, 20 mg/5ml elixir, 30 mg tab, 32.4 mg tab, 60 mg tab, 64.8 mg tab, 97.2 mg tab, 100 mg tab)</i>	2	
SEZABY	4	PN (5 DAYS SUPPLY PER FILL)
<b>NON-BARBITURATE HYPNOTICS</b>		
<i>estazolam</i>	2	
<i>eszopiclone</i>	2	
<i>midazolam hcl 2 mg/ml syrup</i>	2	
MIDAZOLAM-SODIUM CHLORIDE (PF)	4	PA, QL (30 ml per 21 day(s)), PN (21 DAYS SUPPLY PER FILL)
QUAZEPAM	2	
<i>temazepam</i>	2	
<i>triazolam</i>	2	
<i>zaleplon</i>	2	
ZOLPIDEM TARTRATE (1.75 MG SL TAB, 3.5 MG SL TAB)	2	PA

Drug Name	Drug Tier	Requirements/Limits
<i>zolpidem tartrate (5 mg tab, 10 mg tab)</i>	2	
<i>zolpidem tartrate er</i>	2	
<b>SELECTIVE MELATONIN RECEPTOR AGONISTS</b>		
<i>ramelteon</i>	2	ST
<b>LAXATIVES (CONTINUED)</b>		
<b>LAXATIVE COMBINATIONS</b>		
CLENPIQ 10-3.5-12 MG-GM -GM/160ML SOLUTION	4	PN (\$0 copay for members age 45-75 years)
CLENPIQ 10-3.5-12 MG-GM -GM/175ML SOLUTION	4	PN (\$0 copay for members age 45-75 years)
GAVILYTE-C	2	PN (\$0 copay for members age 45-75 years)
<i>gavilyte-g</i>	2	PN (\$0 copay for members age 45-75 years)
<i>gavilyte-n with flavor pack</i>	2	PN (\$0 copay for members age 45-75 years)
<i>na sulfate-k sulfate-mg sulf</i>	2	PN (\$0 copay for members age 45-75 years)
<i>peg 3350-kcl-na bicarb-nacl</i>	2	PN (\$0 copay for members age 45-75 years)
<i>peg-3350/electrolytes</i>	2	PN (\$0 copay for members age 45-75 years)
<i>peg-3350/electrolytes/ascorbat</i>	2	PN (\$0 copay for members age 45-75 years)
<i>peg-kcl-nacl-nasulf-na asc-c</i>	2	PN (\$0 copay for members age 45-75 years)
<i>trilyte</i>	2	PN (\$0 copay for members age 45-75 years)
<b>LAXATIVES - MISCELLANEOUS</b>		
<i>constulose</i>	2	
KRISTALOSE	3	PA
<i>lactulose (10 gm packet, 10 gm/15ml solution, 20 gm/30ml solution)</i>	2	
<b>MACROLIDES (CONTINUED)</b>		
<b>AZITHROMYCIN</b>		
<i>azithromycin (100 mg/5ml recon susp, 200 mg/5ml recon susp, 250 mg tab, 500 mg tab, 600 mg tab)</i>	2	

Drug Name	Drug Tier	Requirements/Limits
<b>CLARITHROMYCIN</b>		
CLARITHROMYCIN (125 MG/5ML RECON SUSP, 250 MG TAB, 250 MG/5ML RECON SUSP, 500 MG TAB)	2	
<b>ERYTHROMYCINS</b>		
E.E.S. 400	2	
<i>ery-tab</i>	2	
ERYTHROCIN STEARATE	2	
<i>erythromycin (250 mg tab dr, 333 mg tab dr, 500 mg tab dr)</i>	2	
<i>erythromycin base (250 mg cp dr part, 250 mg tab, 250 mg tab dr, 333 mg tab dr, 500 mg tab, 500 mg tab dr)</i>	2	
<i>erythromycin ethylsuccinate (200 mg/5ml recon susp, 400 mg tab, 400 mg/5ml recon susp)</i>	2	
<b>FIDAXOMICIN</b>		
DIFICID 200 MG TAB	4	PA, QL (20 ea per fill)
DIFICID 40 MG/ML RECON SUSP	4	PA, QL (150 ml per fill)
<b>MEDICAL DEVICES AND SUPPLIES (CONTINUED)</b>		
<b>CONTRACEPTIVES</b>		
CAYA	1	
FC2 FEMALE CONDOM	1	
FEMCAP	1	
OMNIFLEX DIAPHRAGM	1	
WIDE-SEAL DIAPHRAGM 60	1	
WIDE-SEAL DIAPHRAGM 65	1	
WIDE-SEAL DIAPHRAGM 70	1	
WIDE-SEAL DIAPHRAGM 75	1	
WIDE-SEAL DIAPHRAGM 80	1	
WIDE-SEAL DIAPHRAGM 85	1	
WIDE-SEAL DIAPHRAGM 90	1	
WIDE-SEAL DIAPHRAGM 95	1	
<b>DIABETIC SUPPLIES</b>		
1ST TIER UNILET COMFORTOUCH	3	
ACCU-CHEK FASTCLIX LANCET	3	



<b>Drug Name</b>	<b>Drug Tier</b>	<b>Requirements/Limits</b>
ACCU-CHEK FASTCLIX LANCETS	3	
ACCU-CHEK SAFE-T PRO LANCETS	3	
ACCU-CHEK SOFTCLIX LANCET DEV	3	
ACCU-CHEK SOFTCLIX LANCETS	3	
ACTI-LANCE 28G	3	
ACTI-LANCE LITE LANCETS 28G	3	
ACTI-LANCE SPECIAL LANCETS 17G	3	
ACTI-LANCE UNIVERSAL 23G	3	
ADJUSTABLE LANCING DEVICE	3	
ADVANCED MOBILE LANCET	3	
ADVOCATE LANCETS	3	
ADVOCATE LANCETS 30G	3	
ADVOCATE LANCING DEVICE	3	
ADVOCATE RAPID-SAFE LANCING	3	
ADVOCATE SAFETY LANCETS	3	
ADVOCATE SAFETY LANCETS 26G	3	
AGAMATRIX ULTRA-THIN LANCETS	3	
AIMSCO TWIST LANCETS 32G	3	
AIMSCO TWIST LANCETS 33G	3	
ALTERNATE SITE LANCING DEVICE	3	
AQUA LANCE ADJUSTABLE LANCING	3	
AQUALANCE LANCETS 30G	3	
ASSURE COMFORT LANCETS 28G	3	
ASSURE HAEMOLANCE PLUS HIGH	3	
ASSURE HAEMOLANCE PLUS LOW	3	
ASSURE HAEMOLANCE PLUS MICRO	3	
ASSURE HAEMOLANCE PLUS NORMAL	3	
ASSURE HAEMOLANCE PLUS PED	3	
ASSURE LANCE LANCETS	3	
ASSURE LANCE LANCETS 21G	3	
ASSURE LANCE PLUS SAFETY 25G	3	

<b>Drug Name</b>	<b>Drug Tier</b>	<b>Requirements/Limits</b>
ASSURE LANCE PLUS SAFETY 30G	3	
ASSURE LANCE SAFETY LANCET 28G	3	
ASSURE LANCETS	3	
AURORA LANCET SUPER THIN 30G	3	
AURORA LANCET THIN 23G	3	
AUTO-LANCET	3	
AUTO-LANCET MINI	3	
AUTOLET II CLINISAFE	3	
AUTOLET LANCING DEVICE	3	
AUTOLET LITE CLINISAFE	3	
AUTOLET LITE STARTER PACK	3	
AUTOLET MINI	3	
AUTOLET PLATFORMS	3	
AUTOLET PLUS	3	
BD LANCET ULTRAFINE 30G	3	
BD LANCET ULTRAFINE 33G	3	
BD MICROTAINER LANCETS	3	
BULLSEYE MINI SAFETY LANCETS	3	
BULLSEYE SAFETY LANCETS	3	
CARDIOCOM LANCING DEVICE	3	
CAREONE ADVANCED LANCING DEV	3	
CAREONE LANCET SUPER THIN 30G	3	
CAREONE LANCET THIN 23G	3	
CARESENS LANCETS	3	
CARESENS LANCETS 30G	3	
CARETOUCH LANCING/EJECTOR	3	
CARETOUCH SAFETY LANCETS	3	
CARETOUCH SAFETY LANCETS 26G	3	
CARETOUCH TWIST LANCETS 28G	3	
CARETOUCH TWIST LANCETS 30G	3	
CARETOUCH TWIST LANCETS 33G	3	

<b>Drug Name</b>	<b>Drug Tier</b>	<b>Requirements/Limits</b>
CARETOUCH TWIST MC LANCETS 30G	3	
CHOSEN LANCETS 30G	3	
CHOSEN LANCING DEVICE	3	
CHOSEN SAFETY LANCETS 28G	3	
CLEANLET LANCETS 28G	3	
CLEVER CHEK LANCETS	3	
CLEVER CHOICE COMFORT EZ MISC	3	
CLEVER CHOICE LANCETS 21G	3	
CLEVER CHOICE LANCETS 23G	3	
CLEVER CHOICE LANCETS 28G	3	
COAGUCHEK LANCETS	3	
COMFORT ASSURED LANCETS 28G	3	
COMFORT ASSURED LANCETS 33G	3	
COMFORT LANCETS	3	
COMFORT TOUCH LANCETS 31G	3	
COMFORT TOUCH PLUS LANCETS 28G	3	
COMFORT TOUCH PLUS LANCETS 30G	3	
COMFORT TOUCH TWIST LANCET 30G	3	
CVS LANCETS 21G	3	
CVS LANCETS MICRO THIN 33G	3	
CVS LANCETS ORIGINAL	3	
CVS LANCETS THIN 26G	3	
CVS LANCETS ULTRA THIN 30G	3	
CVS LANCETS ULTRA-THIN 30G	3	
CVS LANCING DEVICE	3	
CVS ULTRA THIN LANCETS	3	
DEXCOM G6 RECEIVER	3	QL (1 ea per 730 days)
DEXCOM G6 SENSOR	3	QL (0.1 ea per 1 day(s))
DEXCOM G6 TRANSMITTER	3	QL (1 ea per 90 days), PN (90 DAYS SUPPLY PER FILL)
DEXCOM G7 RECEIVER	3	QL (1 ea per 730 days)

<b>Drug Name</b>	<b>Drug Tier</b>	<b>Requirements/Limits</b>
DEXCOM G7 SENSOR	3	QL (0.1 ea per 1 day(s))
DIATHRIVE LANCET ULTRA THIN 30	3	
DIATHRIVE LANCETS	3	
DIATHRIVE LANCING DEVICE	3	
DROPLET GENTEEL LANCING DEVICE	3	
DROPLET LANCETS ULTRA THIN 30G	3	
DROPLET LANCING DEVICE	3	
DROPLET PERSONAL LANCETS 30G	3	
DRUG MART LANCETS THIN 26G	3	
DRUG MART LANCING DEVICE	3	
DRUG MART ON-THE-GO LANCET 30G	3	
DRUG MART UNILET LANCETS 28G	3	
DRUG MART UNILET LANCETS 30G	3	
DRUG MART UNILET LANCETS 33G	3	
E-Z JECT LANCET MICRO-THIN 33G	3	
E-Z JECT LANCET SUPER THIN 30G	3	
E-Z JECT LANCETS	3	
E-Z JECT LANCETS 21G	3	
E-Z JECT LANCETS THIN 26G	3	
EASY COMFORT LANCETS	3	
EASY COMFORT LANCETS TWIST TOP	3	
EASY MINI EJECT LANCING DEVICE	3	
EASY MINI LANCING DEVICE	3	
EASY TOUCH LANCETS 21G	3	
EASY TOUCH LANCETS 23G	3	
EASY TOUCH LANCETS 26G	3	
EASY TOUCH LANCETS 28G	3	
EASY TOUCH LANCETS 28G/TWIST	3	
EASY TOUCH LANCETS 30G	3	
EASY TOUCH LANCETS 30G/TWIST	3	
EASY TOUCH LANCETS 32G	3	

<b>Drug Name</b>	<b>Drug Tier</b>	<b>Requirements/Limits</b>
EASY TOUCH LANCETS 32G/TWIST	3	
EASY TOUCH LANCETS 33G/TWIST	3	
EASY TOUCH LANCING DEVICE	3	
EASY TOUCH SAFETY LANCETS 21G	3	
EASY TOUCH SAFETY LANCETS 23G	3	
EASY TOUCH SAFETY LANCETS 26G	3	
EASY TOUCH SAFETY LANCETS 28G	3	
EASY TWIST & CAP LANCETS	3	
EMBRACE LANCETS ULTRA THIN 30G	3	
EMBRACE LANCING DEVICE/EJECTOR	3	
EMBRACE PRESSURE ACTIVATED 21G	3	
EMBRACE PRESSURE ACTIVATED 28G	3	
EQL COLOR LANCETS 21G	3	
EQL COLOR LANCETS MICRO 33G	3	
EQL SUPER THIN LANCETS 30G	3	
EQL THIN LANCETS 26G	3	
EZ-LETS LANCETS 21G	3	
EZ-LETS LANCETS 26G	3	
EZ-LETS LANCETS 28G	3	
EZ-LETS LANCETS 30G	3	
FIFTY50 SAFETY SEAL LANCETS	3	
FIFTY50 UNILET LANCETS 33G	3	
FINE 30	3	
FINGERSTIX LANCETS	3	
FORA LANCETS	3	
FORA LANCING DEVICE	3	
FREDS PHARMACY AUTOLET LANCING	3	
FREDS PHARMACY UNILET LANC 28G	3	
FREDS PHARMACY UNILET LANC 30G	3	
FREESTYLE LANCETS	3	
FREESTYLE LIBRE 14 DAY READER	3	QL (1 ea per 730 days)

<b>Drug Name</b>	<b>Drug Tier</b>	<b>Requirements/Limits</b>
FREESTYLE LIBRE 14 DAY SENSOR	3	QL (0.072 ea per 1 day(s))
FREESTYLE LIBRE 2 PLUS SENSOR	3	QL (0.067 ea per 1 day(s))
FREESTYLE LIBRE 2 READER	3	QL (1 ea per 730 days)
FREESTYLE LIBRE 2 SENSOR	3	QL (0.072 ea per 1 day(s))
FREESTYLE LIBRE 3 PLUS SENSOR	3	QL (0.067 ea per 1 day(s))
FREESTYLE LIBRE 3 READER	3	QL (1 ea per 730 day(s))
FREESTYLE LIBRE 3 SENSOR	3	QL (0.072 ea per 1 day(s))
FREESTYLE LIBRE READER	3	QL (1 ea per 730 days)
FREESTYLE LIBRE SENSOR SYSTEM	3	QL (0.072 ea per 1 day(s))
FREESTYLE UNISTICK II LANCETS	3	
GENTEEL BUTTERFLY TOUCH LANCET	3	
GENTEEL CONTACT TIPS (BLUE)	3	
GENTEEL CONTACT TIPS (CLEAR)	3	
GENTEEL CONTACT TIPS (GREEN)	3	
GENTEEL CONTACT TIPS (ORANGE)	3	
GENTEEL CONTACT TIPS (RAINBOW)	3	
GENTEEL CONTACT TIPS (VIOLET)	3	
GENTEEL CONTACT TIPS (YELLOW)	3	
GENTEEL LANCING KIT (BLUE)	3	
GENTEEL NOZZLES	3	
GENTEEL PLUS LANCING (BLACK)	3	
GENTEEL PLUS LANCING (PURPLE)	3	
GENTEEL PLUS LANCING (WHITE)	3	
GENTEEL PLUS LANCING DEV(BLUE)	3	
GENTEEL PLUS LANCING DEV(PINK)	3	
GENTLE-LET GP LANCETS	3	
GENTLE-LET LANCETS	3	
GENTLE-LET PLATFORMS	3	
GLOBAL INJECT EASE LANCETS 28G	3	
GLOBAL INJECT EASE LANCETS 30G	3	
GLOBAL LANCING DEVICE	3	

<b>Drug Name</b>	<b>Drug Tier</b>	<b>Requirements/Limits</b>
GLUCOCOM LANCETS 28G	3	
GLUCOCOM LANCETS 30G	3	
GLUCOCOM LANCETS 33G	3	
GNP LANCETS 21G	3	
GNP LANCETS THIN	3	
GNP LANCETS THIN 26G	3	
GNP LANCING SYSTEM DEVICE	3	
GNP STERILE LANCETS 28G	3	
GNP STERILE LANCETS 30G	3	
GNP STERILE LANCETS 33G	3	
GOJJI LANCING DEVICE/CLEAR CAP	3	
GOJJI STERILE LANCETS	3	
GOODSENSE COLOR LANCETS 33G	3	
GOODSENSE LANCETS 26G UNIV	3	
GOODSENSE LANCETS 30G	3	
GOODSENSE LANCETS 30G UNIV	3	
GOODSENSE LANCETS 33G	3	
GOODSENSE LANCETS 33G UNIV	3	
GOODSENSE LANCING DEVICE	3	
H-E-B INCONTROL ADV LANCING	3	
H-E-B INCONTROL LANCETS 28G	3	
H-E-B INCONTROL LANCETS 30G	3	
H-E-B INCONTROL LANCETS 33G	3	
HAEMOLANCE	3	
HAEMOLANCE LOW FLOW LANCETS	3	
HAEMOLANCE PLUS	3	
HAEMOLANCE PLUS HIGH FLOW	3	
HAEMOLANCE PLUS LOW FLOW	3	
HAEMOLANCE PLUS MAX FLOW	3	
HAEMOLANCE PLUS PEDIATRIC FLOW	3	
HEALTH CARE LANCING DEVICE	3	

<b>Drug Name</b>	<b>Drug Tier</b>	<b>Requirements/Limits</b>
HEALTHY ACCENTS LANCING DEVICE	3	
HEALTHY ACCENTS UNILET LANCETS	3	
HY-VEE LANCETS	3	
HY-VEE THIN LANCETS	3	
HYPOLANCE AST LANCING	3	
IHEALTH LANCING DEVICE	3	
IN TOUCH LANCING DEVICE	3	
IN TOUCH STERILE LANCETS 30G	3	
KINNEY LANCETS	3	
KINNEY THIN LANCETS	3	
KROGER AUTOLET LANCING DEVICE	3	
KROGER HEALTHPRO LANCET 26G	3	
KROGER LANCETS	3	
KROGER LANCETS 21G	3	
KROGER LANCETS MICRO THIN 33G	3	
KROGER LANCETS SUPER THIN	3	
KROGER LANCETS THIN	3	
KROGER LANCETS THIN 26G	3	
KROGER LANCETS ULTRATHIN 30G	3	
KROGER LANCING DEVICE	3	
LANCET DEVICE	3	
LANCET DEVICE WITH EJECTOR	3	
LANCET TRANSPORTER CASE	3	
LANCETS	3	
LANCETS 28G	3	
LANCETS 30G	3	
LANCETS 33G	3	
LANCETS MICRO THIN 33G	3	
LANCETS SUPER THIN	3	
LANCETS SUPER THIN 28G	3	
LANCETS THIN	3	



<b>Drug Name</b>	<b>Drug Tier</b>	<b>Requirements/Limits</b>
LANCETS ULTRA FINE	3	
LANCETS ULTRA THIN	3	
LANCETS ULTRA THIN 30G	3	
LANCING DEVICE	3	
LANZO	3	
LEADER ADVANCED LANCING DEVICE	3	
LIBERTY MEDICAL LANCETS	3	
LIBERTY MINI LANCING DEVICE	3	
LIFESCAN UNISTIK 2	3	
LIFESCAN UNISTIK II LANCETS	3	
LITE TOUCH LANCETS	3	
LITE TOUCH LANCING PEN	3	
LITETOUCH LANCETS	3	
LIVE BETTER ADV LANCING DEVICE	3	
LIVE BETTER LANCET SUPER THIN	3	
LIVE BETTER LANCET ULTRA THIN	3	
LONGS LANCETS STANDARD	3	
LONGS LANCETS THIN	3	
LONGS LANCETS ULTRA THIN	3	
MEDICHOICE SAFETY LANCET	3	
MEDICHOICE SAFETY LANCET EXTRA	3	
MEDICHOICE SAFETY LANCET NORM	3	
MEDISENSE THIN LANCETS	3	
MEDLANCE EXTRA 21G	3	
MEDLANCE LITE 25G	3	
MEDLANCE PLUS EXTRA 21G	3	
MEDLANCE PLUS LANCETS	3	
MEDLANCE PLUS LITE 25G	3	
MEDLANCE PLUS SPECIAL 0.8MM	3	
MEDLANCE PLUS SUPERLITE 30G	3	
MEDLANCE PLUS UNIVERSAL 21G	3	

<b>Drug Name</b>	<b>Drug Tier</b>	<b>Requirements/Limits</b>
MEDLANCE UNIVERSAL 21G	3	
MEIJER LANCETS	3	
MEIJER LANCETS THIN	3	
MEIJER LANCETS UNIVERSAL 21G	3	
MEIJER LANCETS UNIVERSAL 30G	3	
MEIJER LANCETS UNIVERSAL 33G	3	
MEIJER SUPER THIN LANCETS	3	
MICROLET LANCETS	3	
MICROLET NEXT LANCING DEVICE	3	
MINI LANCING DEVICE	3	
MM LANCING DEVICE	3	
MM TWIST LANCETS	3	
MONOLET LANCETS	3	
MONOLET OPD LANCETS	3	
MONOLETTOR SAFETY LANCETS	3	
MPD SAFETY LANCET 21G	3	
MPD SAFETY LANCET 23G	3	
MPD SAFETY LANCET 28G	3	
MPD SAFETY LANCET 30G	3	
MULTI-LANCET DEVICE	3	
MULTI-LANCET DEVICE 2	3	
MYGLUCOHEALTH LANCETS 30G	3	
NOVA SAFETY LANCETS 23G	3	
NOVA SAFETY LANCETS 28G	3	
NOVA SUREFLEX LANCETS	3	
NOVA SUREFLEX LANCING DEVICE	3	
OMNIPOD 5 DEXG7G6 PODS GEN 5	3	
OMNIPOD 5 G6 INTRO (GEN 5)	3	
OMNIPOD 5 G6 PODS (GEN 5)	3	
OMNIPOD 5 G7 INTRO (GEN 5)	3	
OMNIPOD 5 G7 PODS (GEN 5)	3	

<b>Drug Name</b>	<b>Drug Tier</b>	<b>Requirements/Limits</b>
OMNIPOD 5 LIBRE2 PLUS G6	3	
OMNIPOD 5 LIBRE2 PLUS G6 PODS	3	
OMNIPOD 5 PACK	3	
OMNIPOD CLASSIC PDM (GEN 3)	3	
OMNIPOD DASH INTRO (GEN 4)	3	
OMNIPOD DASH PDM (GEN 4)	3	
OMNIPOD DASH PODS (GEN 4)	3	
ONETOUCH CLUB LANCETS FINE PT	3	
ONETOUCH DELICA LANCETS 30G	3	
ONETOUCH DELICA LANCETS 33G	3	
ONETOUCH DELICA LANCING DEV	3	
ONETOUCH DELICA PLUS LANCET30G	3	
ONETOUCH DELICA PLUS LANCET33G	3	
ONETOUCH DELICA PLUS LANCING	3	
ONETOUCH DELICA SAFETY LANCING	3	
ONETOUCH FINEPOINT LANCETS	3	
ONETOUCH SURESOFT LANCING DEV	3	
ONETOUCH ULTRA 2	1	QL (1 meter per 2 years)
ONETOUCH ULTRA CONTROL	3	
ONETOUCH ULTRA MINI	1	QL (1 meter per 2 years)
ONETOUCH ULTRASOFT 2 LANCETS	3	
ONETOUCH ULTRASOFT LANCETS	3	
ONETOUCH VERIO (HIGH LIQUID, LIQUID)	3	
ONETOUCH VERIO FLEX SYSTEM	1	QL (1 meter per 2 years)
ONETOUCH VERIO REFLECT	1	QL (1 meter per 2 years)
ONETOUCH VERIO W/DEVICE KIT	1	QL (1 meter per 2 years)
PC LANCETS SUPER THIN 30G	3	
PENLET II BLOOD SAMPLER	3	
PENLET II REPLACEMENT CAP	3	
PERFECT LANCETS 28G	3	
PERFECT LANCETS 30G	3	

<b>Drug Name</b>	<b>Drug Tier</b>	<b>Requirements/Limits</b>
PERFECT POINT SAFETY LANCETS	3	
PHARMACIST CHOICE LANCETS	3	
PHARMACY COUNTER LANCETS	3	
PIP LANCETS 28G	3	
PIP LANCETS 30G	3	
PRECISION THINS GP LANCETS	3	
PREFERRED PLUS LANCETS COLORED	3	
PREFERRED PLUS LANCETS THIN	3	
PRESSURE ACTIVAT SAFETY LANCET	3	
PRO COMFORT LANCETS 30G	3	
PRO COMFORT LANCETS 31G	3	
PRO COMFORT SAFETY LANCETS 30G	3	
PRODIGY LANCETS 28G	3	
PRODIGY LANCING DEVICE	3	
PRODIGY SAFETY LANCETS 26G	3	
PRODIGY TWIST TOP LANCETS 28G	3	
PSS SELECT GP LANCETS	3	
PSS SELECT PLATFORMS	3	
PSS SELECT SAFETY LANCETS	3	
PURE COMFORT LANCETS 30G	3	
PUSH BUTTON SAFETY LANCETS	3	
PUSH BUTTON SAFETY LANCETS 28G	3	
PX ADVANCED LANCING DEVICE	3	
PX LANCET AUTO INJECTOR	3	
PX LANCETS MICROTHIN 33G	3	
PX LANCETS ULTRA THIN	3	
PX LANCETS ULTRA THIN 28G	3	
QC ADVANCED LANCING DEVICE	3	
QC LANCETS SUPER THIN 30G	3	
QC LANCETS ULTRA THIN	3	
QC UNILET LANCETS 28G	3	

<b>Drug Name</b>	<b>Drug Tier</b>	<b>Requirements/Limits</b>
QC UNILET LANCETS MICRO THIN	3	
RA E-ZJECT LANCETS 28G	3	
RA E-ZJECT LANCETS THIN 26G	3	
RA E-ZJECT LANCETS THIN 28G	3	
RA E-ZJECT LANCETS ULTRA THIN	3	
READYLANCE SAFETY LANCETS	3	
REALITY LANCETS	3	
REALITY TRIGGER LANCETS	3	
RELION LANCET DEVICES 30G	3	
RELION LANCETS	3	
RELION LANCETS MICRO-THIN 33G	3	
RELION LANCETS THIN 26G	3	
RELION LANCETS ULTRA-THIN 30G	3	
RELION LANCING DEVICE	3	
RELION ULTRA THIN LANCETS 30G	3	
RELION ULTRA THIN PLUS LANCETS	3	
REXALL LANCETS ULTRA THIN 30G	3	
RIGHTEST ALTERNATE SITE ADAPT	3	
RIGHTEST GD500 LANCING DEVICE	3	
RIGHTEST GL300 LANCETS	3	
SAFE-T-LANCE	3	
SAFE-T-LANCE PLUS	3	
SAFETY LANCET 21G/PRESSURE ACT	3	
SAFETY LANCET 23G/PRESSURE ACT	3	
SAFETY LANCET 28G/PRESSURE ACT	3	
SAFETY LANCET 30G/PRESSURE ACT	3	
SAFETY LANCETS	3	
SAFETY LANCETS 21G	3	
SAFETY LANCETS 23G	3	
SAFETY LANCETS 28G	3	
SAFETY LET LANCETS	3	

<b>Drug Name</b>	<b>Drug Tier</b>	<b>Requirements/Limits</b>
SAFETY SEAL LANCETS	3	
SAPS HEALTH PLUS LANCETS	3	
SAPS HEALTH TWIST TOP LANCETS	3	
SAPS TWIST TOP LANCETS	3	
SAPSCARE TWIST TOP LANCETS	3	
SB LANCETS THIN	3	
SB LANCETS ULTRA THIN	3	
SELECT-LITE DEVICE/LANCETS	3	
SELECT-LITE LANCING DEVICE	3	
SHOPKO AUTOLET LANCING DEVICE	3	
SHOPKO ON-THE-GO LANCETS 30G	3	
SHOPKO UNILET LANCETS 28G	3	
SHOPKO UNILET LANCETS 30G	3	
SIDE BUTTON SAFETY LANCET	3	
SIMPLE DIAGNOSTICS LANCING DEV	3	
SINGLE-LET	3	
SM LANCETS 33G	3	
SM TRUEDRAW LANCING DEVICE	3	
SMART DIABETES VANTAGE LANCING	3	
SMART SENSE COLOR LANCETS 33G	3	
SMART SENSE STANDARD LANCETS	3	
SMART SENSE SUPER THIN LANCETS	3	
SMART SENSE THIN LANCETS 26G	3	
SMARTTEST LANCETS 28G	3	
SOLUS V2 LANCETS 28G	3	
SOLUS V2 LANCING DEVICE	3	
SOLUS V2 TWIST LANCETS 30G	3	
STERILANCE PA	3	
STERILANCE TL	3	
SUPER THIN LANCETS	3	
SURE COMFORT LANCETS 18G	3	

<b>Drug Name</b>	<b>Drug Tier</b>	<b>Requirements/Limits</b>
SURE COMFORT LANCETS 21G	3	
SURE COMFORT LANCETS 23G	3	
SURE COMFORT LANCETS 28G	3	
SURE COMFORT LANCETS 30G	3	
SURE COMFORT LANCING PEN	3	
SURE-LANCE FLAT LANCETS	3	
SURE-LANCE LANCETS 26G	3	
SURE-LANCE THIN LANCETS 28G	3	
SURE-LANCE ULTRA THIN LANCETS	3	
SURE-PEN	3	
SURE-TOUCH LANCETS UNIVERSAL	3	
SURELITE LANCETS	3	
TECHLITE AST LANCETS	3	
TECHLITE LANCETS	3	
TECHLITE LANCETS 26G	3	
TECHLITE LANCETS 30G	3	
TGT LANCET MICRO THIN 33G	3	
TGT LANCET THIN 26G	3	
TGT LANCET ULTRA THIN 30G	3	
TGT LANCING DEVICE	3	
THINLETS GP LANCETS	3	
TODAYS HEALTH LANCING DEVICE	3	
TODAYS HEALTH THIN LANCETS 28G	3	
TODAYS HEALTH THIN LANCETS 30G	3	
TOPCARE LANCETS MICRO-THIN 33G	3	
TRAVEL LANCETS	3	
TRAVEL LANCETS ADVANCED 28G	3	
TRUE COMFORT SAFETY LANCETS	3	
TRUE COMFORT TWIST TOP LANCETS	3	
TRUEDRAW LANCING DEVICE	3	
TRUEPLUS LANCETS 26G	3	

<b>Drug Name</b>	<b>Drug Tier</b>	<b>Requirements/Limits</b>
TRUEPLUS LANCETS 28G	3	
TRUEPLUS LANCETS 30G	3	
TRUEPLUS LANCETS 33G	3	
TRUEPLUS SAFETY LANCETS 28G	3	
TWIST TOP LANCETS 30G	3	
ULTI-LANCE AUTOMATIC	3	
ULTILET CLASSIC LANCETS	3	
ULTILET LANCETS	3	
ULTILET SAFETY LANCETS	3	
ULTILET SAFETY LANCETS 23G	3	
ULTRA THIN LANCETS 31G	3	
ULTRA-CARE LANCETS 30G	3	
ULTRA-THIN II AUTO LANCET	3	
ULTRA-THIN II LANCETS	3	
ULTRALANCE	3	
UNILET COMFORTOUCH LANCET	3	
UNILET EXCELITE	3	
UNILET EXCELITE II	3	
UNILET G.P. LANCET	3	
UNILET G.P. SUPERLITE LANCET	3	
UNILET GP 28 ULTRA THIN	3	
UNILET LANCET	3	
UNILET MICRO-THIN 33G	3	
UNILET SUPER-THIN 30G	3	
UNILET SUPERLITE LANCET	3	
UNILET ULTRA-THIN 28G	3	
UNISTIK 1	3	
UNISTIK 2	3	
UNISTIK 2 COMFORT	3	
UNISTIK 2 EXTRA	3	
UNISTIK 2 NEONATAL	3	



<b>Drug Name</b>	<b>Drug Tier</b>	<b>Requirements/Limits</b>
UNISTIK 2 NORMAL	3	
UNISTIK 2 SUPER	3	
UNISTIK 3	3	
UNISTIK 3 COMFORT	3	
UNISTIK 3 EXTRA	3	
UNISTIK 3 GENTLE	3	
UNISTIK 3 NEONATAL	3	
UNISTIK 3 NORMAL	3	
UNISTIK CZT COMFORT	3	
UNISTIK CZT NORMAL	3	
UNISTIK NORMAL	3	
UNISTIK PRO SAFETY LANCET	3	
UNISTIK SAFETY LANCETS 28G	3	
UNISTIK SAFETY LANCETS 30G	3	
UNISTIK TOUCH SAFETY LANC 21G	3	
UNISTIK TOUCH SAFETY LANC 23G	3	
UNISTIK TOUCH SAFETY LANC 28G	3	
UNISTIK TOUCH SAFETY LANC 30G	3	
UNIVERSAL 1 LANCETS THIN 26G	3	
UNIVERSAL 1 LANCETS THIN 33G	3	
UNIVERSAL 1 LANCETS ULTRA THIN	3	
V-GO 20	3	QL (1 ea per 1 days)
V-GO 30	3	QL (1 ea per 1 days)
V-GO 40	3	QL (1 ea per 1 days)
VALUE PLUS LANCET STANDARD 21G	3	
VALUE PLUS LANCETS SUPER THIN	3	
VALUE PLUS LANCETS THIN 26G	3	
VALUE PLUS LANCING DEVICE	3	
VALUMARK LANCET SUPER THIN 30G	3	
VALUMARK LANCET ULTRA THIN 28G	3	
VERIFINE SAFE LANCET MINI 21G	3	

<b>Drug Name</b>	<b>Drug Tier</b>	<b>Requirements/Limits</b>
VERIFINE SAFE LANCET MINI 23G	3	
VERIFINE SAFE LANCET MINI 28G	3	
VERIFINE SAFE LANCET MINI 30G	3	
VERIFINE UNIVERSAL LANCETS 28G	3	
VERIFINE UNIVERSAL LANCETS 30G	3	
VERIFINE UNIVERSAL LANCETS 33G	3	
VIDA MIA AUTOLET LANCING DEV	3	
VIDA MIA UNILET LANCETS 28G	3	
VIDA MIA UNILET LANCETS 30G	3	
VIVAGUARD LANCETS	3	
VIVAGUARD LANCETS 30G	3	
VIVAGUARD LANCING DEVICE	3	
VIVAGUARD SAFETY LANCETS 28G	3	
WALGREENS ADV TRAVEL LANCETS	3	
WALGREENS LANCETS	3	
WALGREENS LANCETS MICRO THIN	3	
WALGREENS LANCETS SUPER THIN	3	
WALGREENS THIN LANCETS	3	
WALGREENS ULTRA THIN LANCETS	3	
ZEV RX TWIST TOP LANCETS 30G	3	
<b>MISC. DEVICES</b>		
ADVOCATE ALCOHOL PREP PADS	3	
ALCOH-GLOVE CONTOURED WIPE	3	
ALCOH-WIPE	3	
ALCOHOL PADS	3	
ALCOHOL PREP	3	
ALCOHOL PREP PADS	3	
ALCOHOL PREPS	3	
ALCOHOL SWABS	3	
ALCOHOL SWABSTICK	3	
APLICARE ALCOHOL SWABSTICK	3	

<b>Drug Name</b>	<b>Drug Tier</b>	<b>Requirements/Limits</b>
AUM ALCOHOL PREP PADS	3	
BD SWAB SINGLE USE REGULAR	3	
BD SWABS SINGLE USE BUTTERFLY	3	
CARETOUCH ALCOHOL PREP	3	
COMFORT TOUCH ALCOHOL PREP	3	
CURITY ALCOHOL PREPS	3	
CVS ALCOHOL PREP PADS	3	
CVS PREP	3	
DROPSAFE ALCOHOL PREP	3	
EASY COMFORT ALCOHOL PADS	3	
EASY TOUCH ALCOHOL PREP MEDIUM	3	
EQL ALCOHOL SWABS	3	
ESSENTRA WIPES 9X9"	3	
FIFTY50 ALCOHOL PREP	3	
GLOBAL ALCOHOL PREP EASE	3	
GNP ALCOHOL SWABS	3	
H-E-B INCONTROL ALCOHOL	3	
HM STERILE ALCOHOL PREP	3	
MEIJER ALCOHOL SWABS	3	
PHARMACIST CHOICE ALCOHOL	3	
PRO COMFORT ALCOHOL	3	
PURE COMFORT ALCOHOL PREP	3	
QC ALCOHOL SWABS	3	
RA ALCOHOL SWABS	3	
REALITY SWABS	3	
RELION ALCOHOL SWABS	3	
SAPS CARE ALCOHOL PREP	3	
SAPS HEALTH ALCOHOL PREP	3	
SAPS HEALTH CARE ALCOHOL PREP	3	
SB ALCOHOL PREP	3	
SM ALCOHOL PREP (70 % PAD, PAD)	3	

<b>Drug Name</b>	<b>Drug Tier</b>	<b>Requirements/Limits</b>
SURE COMFORT ALCOHOL PREP	3	
SURE-PREP ALCOHOL PREP	3	
TRUE COMFORT ALCOHOL PREP PADS	3	
TRUE COMFORT PRO ALCOHOL PREP	3	
ULTICARE ALCOHOL SWABS	3	
ULTILET ALCOHOL SWABS	3	
ULTRA-CARE ALCOHOL PREP PADS	3	
WEBCOL ALCOHOL PREP LARGE	3	
WEBCOL ALCOHOL PREP MEDIUM	3	
ZEVX STERILE ALCOHOL PREP PAD	3	
<b>OPTICAL AND OPHTHALMIC SUPPLIES</b>		
SUSVIMO OCULAR IMPLANT	4	PA, QL (2 ea per lifetime), SP
<b>PARENTERAL THERAPY SUPPLIES</b>		
1ST TIER UNIFINE PENTIPS	3	
1ST TIER UNIFINE PENTIPS PLUS	3	
ABOUTTIME PEN NEEDLE	3	
ADVOCATE INSULIN PEN NEEDLE	3	
ADVOCATE INSULIN PEN NEEDLES	3	
ADVOCATE INSULIN SYRINGE	3	
AQ INSULIN SYRINGE	3	
AQINJECT PEN NEEDLE	3	
ASSURE ID DUO PRO PEN NEEDLES	3	
ASSURE ID INSULIN SAFETY SYR	3	
ASSURE ID PRO PEN NEEDLES	3	
ASSURE ID SAFETY PEN NEEDLES	3	
AUM INSULIN SAFETY PEN NEEDLE	3	
AUM MINI INSULIN PEN NEEDLE	3	
AUM PEN NEEDLE	3	
AUM READYGARD DUO PEN NEEDLE	3	
AUM SAFETY PEN NEEDLE	3	
AURORA PEN NEEDLES	3	

<b>Drug Name</b>	<b>Drug Tier</b>	<b>Requirements/Limits</b>
AURORA UNIFINE PENTIPS	3	
AUTOPEN	3	
BD AUTOSHIELD	3	
BD AUTOSHIELD DUO	3	
BD INSULIN SYR ULTRAFINE II	3	
BD INSULIN SYRINGE	3	
BD INSULIN SYRINGE HALF-UNIT	3	
BD INSULIN SYRINGE MICROFINE	3	
BD INSULIN SYRINGE U-500	3	
BD INSULIN SYRINGE U/F	3	
BD INSULIN SYRINGE U/F 1/2UNIT	3	
BD INSULIN SYRINGE ULTRAFINE	3	
BD PEN	3	
BD PEN MINI	3	
BD PEN NEEDLE MICRO U/F	3	
BD PEN NEEDLE MINI U/F	3	
BD PEN NEEDLE NANO 2ND GEN	3	
BD PEN NEEDLE NANO U/F	3	
BD PEN NEEDLE ORIGINAL U/F	3	
BD PEN NEEDLE SHORT U/F	3	
BD SAFETY-LOK INSULIN SYRINGE	3	
BD SAFETYGLIDE INSULIN SYRINGE	3	
BD VEO INSULIN SYR U/F 1/2UNIT	3	
BD VEO INSULIN SYRINGE U/F	3	
CAREFINE PEN NEEDLES	3	
CAREONE INSULIN SYRINGE	3	
CAREONE UNIFINE PENTIPS	3	
CAREONE UNIFINE PENTIPS PLUS	3	
CARETOUCH INSULIN SYRINGE	3	
CARETOUCH PEN NEEDLES	3	
CEQR SIMPLICITY 2U	3	QL (10 ea per 30 days), AL (21 to 999 yrs old)

<b>Drug Name</b>	<b>Drug Tier</b>	<b>Requirements/Limits</b>
CLEVER CHOICE COMFORT EZ (29G X 12MM MISC, 33G X 4 MM MISC)	3	
CLICKFINE PEN NEEDLES	3	
COMFORT ASSIST INSULIN SYRINGE	3	
COMFORT EZ INSULIN SYRINGE	3	
COMFORT EZ MICRO PEN NEEDLES	3	
COMFORT EZ PEN NEEDLES	3	
COMFORT EZ PRO PEN NEEDLES	3	
COMFORT EZ SHORT PEN NEEDLES	3	
COMFORT TOUCH INSULIN PEN NEED	3	
DIATHRIVE PEN NEEDLE	3	
DROPLET INSULIN SYRINGE	3	
DROPLET MICRON	3	
DROPLET PEN NEEDLES	3	
DROPSAFE SAFETY PEN NEEDLES	3	
DROPSAFE SAFETY SYRINGE/NEEDLE	3	
DRUG MART UNIFINE PENTIPS	3	
DRUG MART UNIFINE PENTIPS PLUS	3	
EASY COMFORT INSULIN SYRINGE	3	
EASY COMFORT PEN NEEDLES	3	
EASY GLIDE PEN NEEDLES	3	
EASY TOUCH FLIPLOCK INSULIN SY	3	
EASY TOUCH INSULIN SAFETY SYR	3	
EASY TOUCH INSULIN SYRINGE	3	
EASY TOUCH PEN NEEDLES	3	
EASY TOUCH SAFETY PEN NEEDLES	3	
EASY TOUCH SHEATHLOCK SYRINGE (29G X 1/2" 1 ML MISC, 30G X 1/2" 1 ML MISC, 30G X 5/16" 1 ML MISC, 31G X 5/16" 1 ML MISC)	3	
EMBRACE PEN NEEDLES	3	
EQL INSULIN SYRINGE	3	
EXEL COMFORT POINT INSULIN SYR	3	

<b>Drug Name</b>	<b>Drug Tier</b>	<b>Requirements/Limits</b>
EXEL COMFORT POINT PEN NEEDLE	3	
FIFTY50 PEN NEEDLES	3	
FIFTY50 SUPERIOR COMFORT SYR	3	
FREDS PHARMACY UNIFINE PENTIP+	3	
FREDS PHARMACY UNIFINE PENTIPS	3	
FREESTYLE PRECISION INS SYR	3	
GLOBAL EASE INJECT PEN NEEDLES	3	
GLOBAL EASY GLIDE INSULIN SYR	3	
GLOBAL EASY GLIDE PEN NEEDLES	3	
GLOBAL INJECT EASE INSULIN SYR	3	
GLOBAL INSULIN SYRINGES	3	
GLUCOPRO INSULIN SYRINGE	3	
GNP CLICKFINE PEN NEEDLES	3	
GNP INSULIN SYRINGE	3	
GNP INSULIN SYRINGES	3	
GNP INSULIN SYRINGES 28GX1/2"	3	
GNP INSULIN SYRINGES 29GX1/2"	3	
GNP INSULIN SYRINGES 30GX5/16"	3	
GNP INSULIN SYRINGES 31GX5/16"	3	
GNP ULTICARE PEN NEEDLES	3	
GNP ULTIGUARD SAFEPACK NEEDLE	3	
GNP ULTRA COM INSULIN SYRINGE	3	
GOODSENSE CLICKFINE PEN NEEDLE	3	
GOODSENSE PEN NEEDLE PENFINE	3	
H-E-B INCONTROL PEN NEEDLES	3	
H-E-B INCONTROL UNIFINE PENTIP	3	
HEALTHWISE INSULIN SYR/NEEDLE	3	
HEALTHWISE MICRON PEN NEEDLES	3	
HEALTHWISE MINI PEN NEEDLES	3	
HEALTHWISE PEN NEEDLES	3	
HEALTHWISE SHORT PEN NEEDLES	3	

<b>Drug Name</b>	<b>Drug Tier</b>	<b>Requirements/Limits</b>
HEALTHWISE UNIFINE PENTIPS	3	
HEALTHY ACCENTS UNIFINE PENTIP	3	
HM ULTICARE INSULIN SYRINGE	3	
HM ULTICARE MINI PEN NEEDLES	3	
HM ULTICARE SHORT PEN NEEDLES	3	
INCONTROL ULTICARE PEN NEEDLES	3	
INSULIN SYRINGE	3	
INSULIN SYRINGE-NEEDLE U-100	3	
INSULIN SYRINGE/NEEDLE	3	
INSUPEN PEN NEEDLES	3	
INSUPEN SENSITIVE	3	
INSUPEN ULTRAFIN	3	
KINRAY INSULIN SYRINGE	3	
KMART VALU INSULIN SYRINGE 29G	3	
KMART VALU INSULIN SYRINGE 30G	3	
KROGER INSULIN SYRINGE	3	
KROGER PEN NEEDLES	3	
LEADER INSULIN SYRINGE	3	
LEADER UNIFINE PENTIPS	3	
LEADER UNIFINE PENTIPS PLUS	3	
LITETOUCH INSULIN SYRINGE	3	
LITETOUCH PEN NEEDLES	3	
LONGS INSULIN SYRINGE	3	
MAGELLAN INSULIN SAFETY SYR	3	
MARATHON MEDICAL PENTIPS	3	
MAXI-COMFORT INSULIN SYRINGE	3	
MAXI-COMFORT SAFETY PEN NEEDLE	3	
MAXICOMFORT II PEN NEEDLE	3	
MAXICOMFORT SYR 27G X 1/2"	3	
MEDIC INSULIN SYRINGE	3	
MEDICINE SHOPPE PEN NEEDLES	3	



<b>Drug Name</b>	<b>Drug Tier</b>	<b>Requirements/Limits</b>
MEIJER PEN NEEDLES	3	
MICRODOT PEN NEEDLE	3	
MM INSULIN SYRINGE/NEEDLE	3	
MM PEN NEEDLES	3	
MONOJECT INSULIN SYRINGE	3	
MONOJECT ULTRA COMFORT SYRINGE	3	
MS INSULIN SYRINGE	3	
NOVOFINE AUTOCOVER PEN NEEDLE	3	
NOVOFINE PEN NEEDLE	3	
NOVOFINE PLUS PEN NEEDLE	3	
NOVOPEN ECHO	3	
NOVOTWIST PEN NEEDLE	3	
PC UNIFINE PENTIPS	3	
PEN NEEDLE/5-BEVEL TIP	3	
PEN NEEDLES	3	
PEN NEEDLES 3/16"	3	
PEN NEEDLES 5/16"	3	
PENTIPS	3	
PENTIPS GENERIC PEN NEEDLES	3	
PIP PEN NEEDLES 31G X 5MM	3	
PIP PEN NEEDLES 32G X 4MM	3	
PRECISION SURE-DOSE SYRINGE	3	
PRECISION SUREDOSE PLUS SYR	3	
PREFERRED PLUS INSULIN SYRINGE	3	
PREFERRED PLUS UNIFINE PENTIPS	3	
PREVENT DROPSAFE PEN NEEDLES	3	
PREVENT SAFETY PEN NEEDLES	3	
PRO COMFORT INSULIN SYRINGE	3	
PRO COMFORT PEN NEEDLES	3	
PRODIGY INSULIN SYRINGE	3	
PURE COMFORT PEN NEEDLE	3	

<b>Drug Name</b>	<b>Drug Tier</b>	<b>Requirements/Limits</b>
PURE COMFORT SAFETY PEN NEEDLE	3	
PX EXTRA SHORT PEN NEEDLES	3	
PX INSULIN SYRINGE	3	
PX MINI PEN NEEDLES	3	
PX PEN NEEDLE	3	
PX SHORTLENGTH PEN NEEDLES	3	
QC PEN NEEDLES	3	
QC UNIFINE PENTIPS	3	
RA INSULIN SYRINGE	3	
RA PEN NEEDLES	3	
RAYA SURE PEN NEEDLE	3	
REALITY INSULIN SYRINGE	3	
RELION INSULIN SYRINGE	3	
RELION MINI PEN NEEDLES	3	
RELION PEN NEEDLES	3	
RELION SHORT PEN NEEDLES	3	
SAFETY INSULIN SYRINGES	3	
SAFETY PEN NEEDLES	3	
SB INSULIN SYRINGE	3	
SECURESAFE INSULIN SYRINGE	3	
SECURESAFE SAFETY PEN NEEDLES	3	
SHOPKO UNIFINE PENTIPS	3	
SHOPKO UNIFINE PENTIPS PLUS	3	
SURE COMFORT INSULIN SYRINGE	3	
SURE COMFORT PEN NEEDLES	3	
SURE-FINE PEN NEEDLES	3	
SURE-JECT INSULIN SYRINGE	3	
TECHLITE INSULIN SYRINGE	3	
TECHLITE PEN NEEDLES	3	
TECHLITE PLUS PEN NEEDLES	3	
TODAYS HEALTH MINI PEN NEEDLES	3	

<b>Drug Name</b>	<b>Drug Tier</b>	<b>Requirements/Limits</b>
TODAYS HEALTH PEN NEEDLES	3	
TODAYS HEALTH SHORT PEN NEEDLE	3	
TOPCARE CLICKFINE PEN NEEDLES	3	
TOPCARE ULTRA COMFORT INS SYR	3	
TRUE COMFORT INSULIN SYRINGE	3	
TRUE COMFORT PEN NEEDLES	3	
TRUE COMFORT PRO INSULIN SYR	3	
TRUE COMFORT PRO PEN NEEDLES	3	
TRUEPLUS 5-BEVEL PEN NEEDLES	3	
TRUEPLUS INSULIN SYRINGE	3	
TRUEPLUS PEN NEEDLES	3	
ULTICARE INSULIN SAFETY SYR	3	
ULTICARE INSULIN SYR 1/2 UNIT	3	
ULTICARE INSULIN SYRINGE	3	
ULTICARE MICRO PEN NEEDLES	3	
ULTICARE MINI PEN NEEDLES	3	
ULTICARE PEN NEEDLES	3	
ULTICARE SHORT PEN NEEDLES	3	
ULTIGUARD SAFEPACK PEN NEEDLE	3	
ULTIGUARD SAFEPACK SYR/NEEDLE	3	
ULTILET INSULIN SYRINGE	3	
ULTILET INSULIN SYRINGE SHORT	3	
ULTILET PEN NEEDLE	3	
ULTRA COMFORT INSULIN SYRINGE	3	
ULTRA FLO INSULIN PEN NEEDLES	3	
ULTRA FLO INSULIN SYR 1/2 UNIT	3	
ULTRA FLO INSULIN SYRINGE	3	
ULTRA THIN PEN NEEDLES	3	
ULTRA-THIN II INS SYR SHORT	3	
ULTRA-THIN II INSULIN SYRINGE	3	
ULTRA-THIN II MINI PEN NEEDLE	3	

<b>Drug Name</b>	<b>Drug Tier</b>	<b>Requirements/Limits</b>
ULTRA-THIN II PEN NEEDLE SHORT	3	
ULTRA-THIN II PEN NEEDLES	3	
ULTRACARE INSULIN SYRINGE	3	
ULTRACARE PEN NEEDLES	3	
UNIFINE PEN NEEDLES	3	
UNIFINE PENTIPS	3	
UNIFINE PENTIPS PLUS	3	
UNIFINE PROTECT PEN NEEDLE	3	
UNIFINE SAFECONTROL PEN NEEDLE	3	
UNIFINE ULTRA PEN NEEDLE	3	
VALUE HEALTH INSULIN SYRINGE	3	
VALUMARK PEN NEEDLES	3	
VANISHPOINT INSULIN SYRINGE	3	
VERIFINE INSULIN PEN NEEDLE	3	
VERIFINE INSULIN SYRINGE	3	
VERIFINE PLUS PEN NEEDLE	3	
VIDA MIA UNIFINE PENTIPS	3	
VP INSULIN SYRINGE	3	
WEGMANS UNIFINE PENTIPS PLUS	3	
ZEV RX INSULIN SYRINGE	3	
ZEV RX PEN NEEDLES	3	
<b>RESPIRATORY THERAPY SUPPLIES</b>		
ADULT MASK LARGE	3	
OPTICHAMBER DIAMOND MISC	3	
OPTICHAMBER DIAMOND-LG MASK	3	
OPTICHAMBER DIAMOND-MD MASK	3	
OPTICHAMBER DIAMOND-SM MASK	3	
<b>MIGRAINE PRODUCTS (CONTINUED)</b>		
<b>CALCITONIN GENE-RELATED PEPTIDE (CGRP) RECEPTOR ANTAG</b>		
AIMOVIG	3	PA, QL (1 ml per 28 days)
EMGALITY	3	PA, QL (1 ml per 28 days)

Drug Name	Drug Tier	Requirements/Limits
EMGALITY (300 MG DOSE)	3	PA, QL (3 ml per 28 days)
NURTEC	3	PA, QL (18 ea per 30 days)
QULIPTA (30 MG TAB, 60 MG TAB)	3	PA, QL (60 ea per 30 days)
QULIPTA 10 MG TAB	3	PA, QL (30 ea per 30 days)
UBRELVY	3	PA, QL (16 ea per 30 days), PN (30 DAYS SUPPLY PER FILL)
<b>MIGRAINE COMBINATIONS</b>		
ERGOTAMINE-CAFFEINE	2	
MIGERGOT	2	
<i>sumatriptan-naproxen sodium</i>	2	PA, QL (16 ea per 28 days)
<b>MIGRAINE PRODUCTS</b>		
<i>dihydroergotamine mesylate</i>	2	
<b>SEROTONIN AGONISTS</b>		
<i>almotriptan malate</i>	2	PA, QL (16 ea per 28 days)
<i>eletriptan hydrobromide</i>	2	PA, QL (16 ea per 28 days)
<i>frovatriptan succinate</i>	2	PA, QL (16 ea per 28 days)
<i>naratriptan hcl</i>	2	QL (16 ea per 28 days)
<i>rizatriptan benzoate</i>	2	QL (16 ea per 28 days)
<i>sumatriptan</i>	2	QL (16 ea per 28 days)
<i>sumatriptan succinate (25 mg tab, 50 mg tab, 100 mg tab)</i>	2	QL (16 ea per 28 days)
<i>sumatriptan succinate (4 mg/0.5ml soln a-inj, 6 mg/0.5ml soln a-inj, 6 mg/0.5ml solution)</i>	2	QL (8 ml per 28 days)
SUMATRIPTAN SUCCINATE REFILL	2	QL (8 ml per 28 days)
ZEMBRACE SYMTOUCH	4	PA, QL (8 ml per 28 days), PN (28 DAYS SUPPLY PER FILL)
<i>zolmitriptan (2.5 mg tab, 2.5 mg tab disp, 5 mg tab, 5 mg tab disp)</i>	2	QL (16 ea per 28 days)
<i>zolmitriptan 5 mg solution</i>	2	PA, QL (16 ea per 28 days)
<i>zomig (2.5 mg tab, 5 mg tab)</i>	2	QL (16 ea per 28 days)
<b>MINERALS ELECTROLYTES (CONTINUED)</b>		
<b>FLUORIDE</b>		
<i>nafrinse</i>	2	PN (\$0 Copay for 6 months through 16 years of age)

Drug Name	Drug Tier	Requirements/Limits
SODIUM FLUORIDE (0.5 MG/ML SOLUTION, 1.1 (0.5 F) MG/ML SOLUTION)	2	PN (\$0 Copay for 6 months through 16 years of age)
<i>sodium fluoride (0.55 (0.25 f) mg chew tab, 1.1 (0.5 f) mg chew tab, 2.2 (1 f) mg chew tab)</i>	2	PN (\$0 Copay for 6 months through 16 years of age)
<b>PHOSPHATE</b>		
<i>phospho-trin k500</i>	3	
<b>POTASSIUM</b>		
<i>effer-k 25 meq effer tab</i>	2	
<i>k-prime</i>	2	
<i>klor-con</i>	2	
<i>klor-con 10</i>	2	
<i>klor-con m10</i>	2	
<i>klor-con m15</i>	2	
<i>klor-con m20</i>	2	
<i>klor-con sprinkle</i>	2	
<i>klor-con/ef</i>	2	
<i>potassium chloride (10 % solution, 20 meq packet, 20 meq/15ml (10%) solution, 40 meq/15ml (20%) solution)</i>	2	
<i>potassium chloride crys er</i>	2	
<i>potassium chloride er (8 cap er, 8 tab er, 10 cap er, 10 tab er, 20 tab er)</i>	2	
<b>MISCELLANEOUS THERAPEUTIC CLASSES (CONTINUED)</b>		
<b>CHELATING AGENTS</b>		
<i>penicillamine</i>	2	SP
<i>trientine hcl 250 mg cap</i>	2	SP
<b>ENZYMES</b>		
XIAFLEX	4	PA, SP, PN (34 DAYS SUPPLY PER FILL)
<b>IMMUNOMODULATORS</b>		
JOENJA	4	PA, LA, QL (60 ea per 30 day(s)), SP, PN (30 DAYS SUPPLY PER FILL)
<i>lenalidomide (15 mg cap, 20 mg cap, 25 mg cap)</i>	2	QL (21 ea per 28 days), PA-NSO, SP, PN (MIN 21 DAY SUPPLY; MAX 34 DAY SUPPLY)
<i>lenalidomide (2.5 mg cap, 5 mg cap, 10 mg cap)</i>	2	QL (28 ea per 28 days), PA-NSO, SP, PN (MIN 21 DAY SUPPLY; MAX 34 DAY SUPPLY)

Drug Name	Drug Tier	Requirements/Limits
THALOMID	3	SP, PN (34 DAYS SUPPLY PER FILL)
VYVGART	4	PA, SP, PN (34 DAYS SUPPLY PER FILL)
VYVGART HYTRULO	4	PA, QL (22.4 ml per 50 days), SP, PN (50 DAYS SUPPLY PER FILL)
<b>IMMUNOSUPPRESSIVE AGENTS</b>		
<i>azathioprine 50 mg tab</i>	2	
<i>cyclosporine (25 mg cap, 100 mg cap)</i>	2	
<i>cyclosporine modified (25 mg cap, 50 mg cap, 100 mg cap, 100 mg/ml solution)</i>	2	
ENSPRYNG	4	PA, QL (1 ml per 28 days), SP, PN (28 DAYS SUPPLY PER FILL)
ENVARUSUS XR	4	
<i>everolimus (0.25 mg tab, 0.5 mg tab, 0.75 mg tab, 1 mg tab)</i>	2	PA
GAMIFANT	4	PA, LA, SP, PN (34 DAYS SUPPLY PER FILL)
<i>gengraf (25 mg cap, 100 mg cap, 100 mg/ml solution)</i>	2	
<i>mycophenolate mofetil (200 mg/ml recon susp, 250 mg cap, 500 mg tab)</i>	2	
<i>mycophenolate sodium</i>	2	
<i>mycophenolic acid</i>	2	
NEORAL (25 MG CAP, 100 MG CAP, 100 MG/ML SOLUTION)	4	
NULOJIX	4	PA, PN (34 DAYS SUPPLY PER FILL)
PROGRAF (0.2 MG PACKET, 0.5 MG CAP, 1 MG CAP, 1 MG PACKET, 5 MG CAP)	4	
SANDIMMUNE (25 MG CAP, 100 MG CAP, 100 MG/ML SOLUTION)	4	
<i>sirolimus (0.5 mg tab, 1 mg tab, 2 mg tab)</i>	2	
<i>sirolimus 1 mg/ml solution</i>	2	PA
<i>tacrolimus (0.5 mg cap, 1 mg cap, 5 mg cap)</i>	2	
UPLIZNA	4	PA, QL (30 ml per 180 days), SP, PN (MIN 168 DAY SUPPLY; MAX 180 DAY SUPPLY)
<b>LYMPHATIC AGENTS</b>		
SYLVANT	4	PA, SP, PN (34 DAYS SUPPLY PER FILL)
<b>PIK3CA-RELATED OVERGROWTH SPECTRUM (PROS) AGENTS</b>		
VIJOICE (125 MG TAB THPK, 200 & 50 MG TAB THPK)	4	PA, QL (56 ea per 28 days), SP, PN (28 DAYS SUPPLY PER FILL)

Drug Name	Drug Tier	Requirements/Limits
VIJOICE 50 MG PACKET	4	PA, QL (28 ea per 28 day(s)), SP, PN (28 DAYS SUPPLY PER FILL)
VIJOICE 50 MG TAB THPK	4	PA, QL (28 ea per 28 days), SP, PN (28 DAYS SUPPLY PER FILL)
<b>POTASSIUM REMOVING AGENTS</b>		
<i>kionex</i>	2	
LOKELMA 10 GM PACKET	4	PA, QL (1.14 ea per 1 days)
LOKELMA 5 GM PACKET	4	PA, QL (1 ea per 1 days)
<i>sodium polystyrene sulfonate powder</i>	2	
<i>sps (sodium polystyrene sulf) (15 gm/60ml suspension, 30 gm/120ml suspension)</i>	2	
<b>PROGERIA TREATMENT AGENTS</b>		
ZOKINVY	4	PA, LA, SP, PN (34 DAYS SUPPLY PER FILL)
<b>SYSTEMIC LUPUS ERYTHEMATOSUS AGENTS</b>		
BENLYSTA (120 MG RECON SOLN, 400 MG RECON SOLN)	4	PA, SP, PN (34 DAYS SUPPLY PER FILL)
BENLYSTA 200 MG/ML SOLN A-INJ	4	PA, QL (4 ml per 28 days), SP, PN (MIN 28 DAY SUPPLY; MAX 34 DAY SUPPLY)
BENLYSTA 200 MG/ML SOLN PRSYR	4	PA, QL (4 ml per 28 days), SP, PN (28 DAYS SUPPLY PER FILL)
SAPHNELO	4	PA, QL (2 ml per 28 days), SP, PN (28 DAYS SUPPLY PER FILL)
<b>UREMIC PRURITUS AGENTS</b>		
KORSUVA	4	PA, PN (34 DAYS SUPPLY PER FILL)
<b>MOUTH/THROAT/DENTAL AGENTS (CONTINUED)</b>		
<b>ANESTHETICS TOPICAL ORAL</b>		
FIRST-MOUTHWASH BLM	4	
LIDOCAINE HCL 4 % SOLUTION	2	
<i>lidocaine viscous hcl</i>	2	
<b>ANTI-INFECTIVES - THROAT</b>		
<i>clotrimazole 10 mg troche</i>	2	
<i>nystatin 100000 unit/ml suspension</i>	2	
<b>ANTISEPTICS - MOUTH/THROAT</b>		
<i>chlorhexidine gluconate 0.12 % solution</i>	2	



<b>Drug Name</b>	<b>Drug Tier</b>	<b>Requirements/Limits</b>
<i>paroex</i>	2	
<i>periogard</i>	2	
<b>DENTAL PRODUCTS</b>		
<i>cavarest</i>	2	PN (\$0 Copay for 6 months through 16 years of age)
<i>denta 5000 plus</i>	2	PN (\$0 Copay for 6 months through 16 years of age)
DENTA 5000 PLUS SENSITIVE	2	PN (\$0 Copay for 6 months through 16 years of age)
<i>dentagel</i>	2	PN (\$0 Copay for 6 months through 16 years of age)
FLUORIDEX SENSITIVITY RELIEF	2	PN (\$0 Copay for 6 months through 16 years of age)
FLUORIMAX 5000 SENSITIVE	2	PN (\$0 Copay for 6 months through 16 years of age)
<i>fraiche 5000 dental</i>	2	PN (\$0 Copay for 6 months through 16 years of age)
<i>just right 5000 1.1 % gel</i>	2	PN (\$0 Copay for 6 months through 16 years of age)
<i>sf</i>	2	PN (\$0 Copay for 6 months through 16 years of age)
<i>sf 5000 plus</i>	2	PN (\$0 Copay for 6 months through 16 years of age)
SOD FLUORIDE-POTASSIUM NITRATE	2	PN (\$0 Copay for 6 months through 16 years of age)
<i>sodium fluoride (1.1 % cream, 1.1 % gel)</i>	2	PN (\$0 Copay for 6 months through 16 years of age)
SODIUM FLUORIDE 5000 ENAMEL	2	PN (\$0 Copay for 6 months through 16 years of age)
<i>sodium fluoride 5000 plus</i>	2	PN (\$0 Copay for 6 months through 16 years of age)
<i>sodium fluoride 5000 ppm (1.1 % cream, 1.1 % gel)</i>	2	PN (\$0 Copay for 6 months through 16 years of age)
<i>sodium fluoride 5000 ppm 1.1 % paste</i>	2	PN (\$0 Copay for 6 months through 16 years of age)
SODIUM FLUORIDE 5000 SENSITIVE	2	PN (\$0 Copay for 6 months through 16 years of age)
<b>STERIODS - MOUTH/THROAT/DENTAL</b>		
<i>kourzeq</i>	2	

Drug Name	Drug Tier	Requirements/Limits
<i>oralone</i>	2	
<i>triamcinolone acetonide 0.1 % paste</i>	2	
<b>THROAT PRODUCTS - MISC.</b>		
<i>pilocarpine hcl (5 mg tab, 7.5 mg tab)</i>	2	
<b>MULTIVITAMINS (CONTINUED)</b>		
<b>PED MULTI VITAMINS W/FL &amp; FE</b>		
<i>multi-vit/iron/fluoride</i>	2	
<i>multi-vitamin/fluoride/iron</i>	2	
<i>multivitamin/fluoride/iron</i>	2	
POLY-VI-FLOR/IRON (POLY-VI-FLOR/IRON 0.25-7 MG/ML SUSPENSION, POLY-VI-FLOR/IRON 0.5-10 MG CHEW TAB)	2	
<b>PED MV W/ FLUORIDE</b>		
MULTI-VITAMIN/FLUORIDE	2	
MULTIVITAMIN + FLUORIDE (0.25 MG CHEW TAB, 0.5 MG CHEW TAB, 1 MG CHEW TAB)	2	
<i>multivitamin select/fluoride</i>	2	
MULTIVITAMIN W/FLUORIDE (0.25 MG CHEW TAB, 0.5 MG CHEW TAB, 1 MG CHEW TAB)	2	
MULTIVITAMIN/FLUORIDE (MULTIVITAMIN/FLUORIDE 0.25 MG CHEW TAB, MULTIVITAMIN/FLUORIDE 0.25 MG/ML SOLUTION, MULTIVITAMIN/FLUORIDE 0.5 MG CHEW TAB, MULTIVITAMIN/FLUORIDE 0.5 MG/ML SOLUTION, MULTIVITAMIN/FLUORIDE 1 MG CHEW TAB)	2	
<i>multivitamins/fluoride</i>	2	
POLY-VI-FLOR (0.25 MG/ML SUSPENSION, 0.5 MG CHEW TAB)	2	
TRI-VI-FLOR	2	
TRI-VI-FLORO	2	
TRI-VITE/FLUORIDE 0.25 MG/ML SOLUTION	2	
VITAMINS ACD-FLUORIDE 0.25 MG/ML SOLUTION	2	
<b>PRENATAL VITAMINS</b>		
ATABEX EC	2	
ATABEX OB	2	
AZESCO	2	

<b>Drug Name</b>	<b>Drug Tier</b>	<b>Requirements/Limits</b>
C-NATE DHA	2	
CITRANATAL 90 DHA	2	
CITRANATAL ASSURE	2	
CITRANATAL B-CALM	2	
CITRANATAL BLOOM	2	
CITRANATAL BLOOM DHA	2	
CITRANATAL DHA	2	
CITRANATAL HARMONY	2	
CITRANATAL RX	2	
COMPLETE NATAL DHA	2	
COMPLETENATE	2	
CONCEPT DHA	2	
CONCEPT OB	2	
DUET DHA 400	2	
DUET DHA BALANCED	2	
ELITE-OB	2	
ENBRACE HR	2	
FOLIVANE-OB	2	
KOSHER PRENATAL PLUS IRON	2	
M-NATAL PLUS	2	
MULTI-MAC	2	
NATACHEW	2	
NEEVO DHA	2	
NEONATAL COMPLETE 27-1 MG TAB	2	
NEONATAL PLUS	2	
NESTABS	2	
NESTABS DHA	2	
NESTABS ONE	2	
NIVA-PLUS	2	
OB COMPLETE	2	
OB COMPLETE ONE	2	

<b>Drug Name</b>	<b>Drug Tier</b>	<b>Requirements/Limits</b>
OB COMPLETE PETITE	2	
OB COMPLETE PREMIER	2	
OB COMPLETE/DHA	2	
OBSTETRIX EC (WITH DOCUSATE)	2	
OBSTETRIX ONE (WITH DOCUSATE)	2	
ONE VITE WOMENS PLUS	2	
PNV-DHA	2	
PNV-DHA+DOCUSATE	2	
PNV-OMEGA	2	
PNV-SELECT	2	
PREGEN DHA	2	
PREMESISRX	2	
PRENA 1 TRUE	2	
PRENA1	2	
PRENA1 PEARL	2	
PRENAISSANCE	2	
PRENAISSANCE PLUS	2	
PRENATAL 19	2	
PRENATAL 27-1 MG TAB	2	
PRENATAL PLUS	2	
PRENATAL PLUS VITAMIN/MINERAL	2	
PRENATAL VITAMIN PLUS LOW IRON	2	
PRENATAL-U	2	
PRENATE	2	
PRENATE AM	2	
PRENATE DHA	2	
PRENATE ELITE	2	
PRENATE ENHANCE	2	
PRENATE ESSENTIAL	2	
PRENATE MINI	2	
PRENATE PIXIE	2	

<b>Drug Name</b>	<b>Drug Tier</b>	<b>Requirements/Limits</b>
PRENATE RESTORE	2	
PRENATRIX	2	
PRENATRYL	2	
PREPLUS	2	
PRIMACARE	2	
PROVIDA OB	2	
RELNATE DHA	2	
SE-NATAL 19	2	
SELECT-OB	2	
SELECT-OB+DHA	2	
TARON-C DHA	2	
TARON-PREX	2	
TRI-TABS DHA	2	
TRICARE	2	
TRICARE PRENATAL DHA ONE	2	
TRINATAL RX 1	2	
TRINATE	2	
TRISTART DHA	2	
TRIVEEN-DUO DHA	2	
VINATE DHA RF	2	
VINATE II	2	
VINATE ONE	2	
VIRT-C DHA	2	
VIRT-NATE DHA	2	
VIRT-PN DHA	2	
VIRT-PN PLUS	2	
VITAFOL GUMMIES	2	
VITAFOL ULTRA	2	
VITAFOL-NANO	2	
VITAFOL-OB	2	
VITAFOL-OB+DHA	2	

Drug Name	Drug Tier	Requirements/Limits
VITAFOL-ONE	2	
VITAMEDMD ONE RX/QUATREFOLIC	2	
VITAMEDMD REDICHEW RX	2	
VITAPEARL	2	
VITATHELY WITH GINGER	2	
VITATRUE	2	
VIVA DHA	2	
VOL-PLUS	2	
VP-PNV-DHA	2	
WESCAP-C DHA	2	
WESCAP-PN DHA	2	
WESNATAL DHA COMPLETE	2	
WESNATE DHA	2	
WESTAB PLUS	2	
WESTGEL DHA	2	
ZALVIT	2	
ZATEAN-PN DHA	2	
ZATEAN-PN PLUS	2	
ZIPHEX	2	

## MUSCULOSKELETAL THERAPY AGENTS (CONTINUED)

### CENTRAL MUSCLE RELAXANTS

<i>baclofen (5 mg tab, 10 mg tab, 20 mg tab)</i>	2	
BACLOFEN 5 MG/5ML SOLUTION	2	PA, QL (16 ml per 1 day(s)), SP
<i>carisoprodol</i>	2	
<i>cyclobenzaprine hcl</i>	2	
<i>metaxalone</i>	2	
<i>methocarbamol (500 mg tab, 750 mg tab)</i>	2	
<i>orphenadrine citrate er</i>	2	
<i>tizanidine hcl (2 mg tab, 4 mg tab)</i>	2	
<i>vanadom</i>	2	

### DIRECT MUSCLE RELAXANTS

<i>dantrolene sodium (25 mg cap, 50 mg cap, 100 mg cap)</i>	2	
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Drug Name	Drug Tier	Requirements/Limits
<b>FIBRODYSPLASIA OSSIFICANS PROGRESSIVA (FOP) AGENTS</b>		
SOHONOS (1.5 MG CAP, 10 MG CAP)	4	PA, LA, QL (2 ea per 30 days), SP, PN (30 DAYS SUPPLY PER FILL)
SOHONOS 1 MG CAP	4	PA, LA, QL (4 ea per 30 days), SP, PN (30 DAYS SUPPLY PER FILL)
SOHONOS 2.5 MG CAP	4	PA, LA, QL (3 ea per 30 days), SP, PN (30 DAYS SUPPLY PER FILL)
SOHONOS 5 MG CAP	4	PA, LA, QL (1 ea per 30 days), SP, PN (30 DAYS SUPPLY PER FILL)
<b>MUSCLE RELAXANT COMBINATIONS</b>		
CARISOPRODOL-ASPIRIN-CODEINE	2	
<b>VISCOSUPPLEMENTS</b>		
DUROLANE	4	QL (6 ml per 180 day(s)), SP, PN (180 DAYS SUPPLY PER FILL)
EUFLEXXA	4	QL (12 ml per 180 day(s)), SP, PN (180 DAYS SUPPLY PER FILL)
GEL-ONE	4	PA, QL (6 ml per 180 day(s)), SP, PN (180 DAYS SUPPLY PER FILL)
GELSYN-3	4	QL (12 ml per 180 day(s)), SP, PN (180 DAYS SUPPLY PER FILL)
GENVISC 850	4	PA, QL (25 ml per 180 day(s)), SP, PN (180 DAYS SUPPLY PER FILL)
HYALGAN 20 MG/2ML SOLN PRSYR	4	PA, QL (20 ml per 180 day(s)), SP, PN (180 DAYS SUPPLY PER FILL)
HYALGAN 20 MG/2ML SOLUTION	4	PA, SP, PN (34 DAYS SUPPLY PER FILL)
HYMOVIS	4	PA, QL (12 ml per 180 day(s)), SP, PN (180 DAYS SUPPLY PER FILL)
MONOVISC	4	PA, QL (8 ml per 180 day(s)), SP, PN (180 DAY SUPPLY PER FILL)
ORTHOVISC	4	PA, QL (12 ml per 180 day(s)), SP, PN (180 DAYS SUPPLY PER FILL)
SODIUM HYALURONATE	4	PA, QL (12 ml per 180 day(s)), SP, PN (180 DAYS SUPPLY PER FILL)
SUPARTZ FX	4	QL (25 ml per 180 day(s)), SP, PN (180 DAYS SUPPLY PER FILL)
SYNOJOYNT	4	PA, QL (12 ml per 180 day(s)), SP, PN (180 DAYS SUPPLY PER FILL)
SYNVISC	4	QL (12 ml per 180 day(s)), SP, PN (180 DAYS SUPPLY PER FILL)

<b>Drug Name</b>	<b>Drug Tier</b>	<b>Requirements/Limits</b>
SYNVISC ONE	4	QL (12 ml per 180 day(s)), SP, PN (180 DAYS SUPPLY PER FILL)
TRILURON	4	PA, QL (12 ml per 180 day(s)), SP, PN (180 DAYS SUPPLY PER FILL)
TRIVISC	4	PA, QL (15 ml per 180 day(s)), SP, PN (180 DAYS SUPPLY PER FILL)
VISCO-3	4	PA, QL (15 ml per 180 day(s)), SP, PN (180 DAYS SUPPLY PER FILL)
<b>NASAL AGENTS - SYSTEMIC AND TOPICAL (CONTINUED)</b>		
<b>NASAL AGENT COMBINATIONS</b>		
<i>azelastine-fluticasone</i>	2	
<b>NASAL ANTIALLERGY</b>		
<i>azelastine hcl (0.1 % solution, 0.15 % solution, 137 mcg/spray solution)</i>	2	
<i>olopatadine hcl 0.6 % solution</i>	2	
<b>NASAL ANTICHOLINERGICS</b>		
<i>ipratropium bromide (0.03 % solution, 0.06 % solution)</i>	2	
<b>NASAL STEROIDS</b>		
<i>flunisolide</i>	2	
<i>fluticasone propionate 50 mcg/act suspension</i>	2	
<i>mometasone furoate 50 mcg/act suspension</i>	2	
OMNARIS	4	PA
QNASL	4	PA
QNASL CHILDRENS	4	PA
ZETONNA	4	PA
<b>NEUROMUSCULAR AGENTS (CONTINUED)</b>		
<b>ALS AGENTS</b>		
<i>edaravone 30 mg/100ml solution</i>	4	PA, SP, PN (34 DAYS SUPPLY PER FILL)
QALSODY	4	PA, LA, SP, PN (28 DAYS SUPPLY PER FILL)
RADICAVA	4	PA, SP, PN (34 DAYS SUPPLY PER FILL)
RADICAVA ORS	4	PA, QL (50 ml per 28 day(s)), SP, PN (180 DAYS SUPPLY PER FILL)
RADICAVA ORS STARTER KIT	4	PA, QL (70 ml per 28 day(s)), SP, PN (28 DAY SUPPLY IN 180 DAYS)



Drug Name	Drug Tier	Requirements/Limits
RELYVRIO	4	PA, QL (56 ea per 28 days), SP, PN (28 DAYS SUPPLY PER FILL)
<i>riluzole</i>	2	PN (34 DAYS SUPPLY PER FILL)
<b>FRIEDRICHS ATAXIA AGENTS</b>		
SKYCLARYS	4	PA, LA, QL (90 ea per 30 days), SP, PN (30 DAYS SUPPLY PER FILL)
<b>MUSCULAR DYSTROPHY AGENTS</b>		
AMONDYS 45	4	PA, LA, SP, PN (28 DAYS SUPPLY PER FILL)
EXONDYS 51	4	PA, LA, SP, PN (34 DAYS SUPPLY PER FILL)
VILTEPSO	4	PA, LA, SP, PN (34 DAYS SUPPLY PER FILL)
VYONDYS 53	4	PA, LA, SP, PN (34 DAYS SUPPLY PER FILL)
<b>NEUROMUSCULAR BLOCKING AGENT - NEUROTOXINS</b>		
BOTOX	4	PA, SP, PN (90 DAYS SUPPLY PER FILL)
DYSPOORT	4	PA, SP, PN (90 DAYS SUPPLY PER FILL)
MYOBLOC	4	PA, SP, PN (90 DAYS SUPPLY PER FILL)
XEOMIN	4	PA, SP, PN (90 DAYS SUPPLY PER FILL)
<b>SPINAL MUSCULAR ATROPHY AGENTS (SMA)</b>		
EVRYSDI	4	PA, LA, QL (6.67 ml per 1 days), SP
SPINRAZA	4	PA, LA, SP, PN (MIN 120 DAY SUPPLY; MAX 120 DAY SUPPLY)
<b>NUTRIENTS (CONTINUED)</b>		
<b>LIPIDS</b>		
DOJOLVI	4	PA, SP, PN (34 DAYS SUPPLY PER FILL)
<b>OPHTHALMIC AGENTS (CONTINUED)</b>		
<b>BETA-BLOCKERS - OPHTHALMIC</b>		
BETAXOLOL HCL 0.5 % SOLUTION	2	
BETOPTIC-S	3	
CARTEOLOL HCL	2	
<i>dorzolamide hcl-timolol mal</i>	2	
<i>dorzolamide hcl-timolol mal pf</i>	2	
LEVOBUNOLOL HCL	2	

Drug Name	Drug Tier	Requirements/Limits
<i>timolol hemihydrate</i>	2	PA
<i>timolol maleate (0.25 % gel f soln, 0.25 % solution, 0.5 % (daily) solution, 0.5 % gel f soln, 0.5 % solution)</i>	2	
<i>timolol maleate (once-daily)</i>	2	
<b>CYCLOPLEGIC MYDRIATICS</b>		
<i>altafrin 10 % solution</i>	2	
<i>atropine sulfate (1 % ointment, 1 % solution)</i>	2	
<i>cyclopentolate hcl</i>	2	
<i>phenylephrine hcl 10 % solution</i>	2	
<i>tropicamide</i>	2	
<b>MIOTICS</b>		
PHOSPHOLINE IODIDE	3	
<i>pilocarpine hcl (1 % solution, 2 % solution, 4 % solution)</i>	2	
VUITY	4	PA, QL (2.5 ml per 25 day(s))
<b>OPHTHALMIC - ANGIOGENESIS INHIBITORS</b>		
BEOVU 6 MG/0.05ML SOLN PRSYR	4	PA, QL (0.1 ml per 25 days), SP, PN (25 DAYS SUPPLY PER FILL)
BEOVU 6 MG/0.05ML SOLUTION	4	PA, QL (0.1 ml per 25 days), PN (25 DAYS SUPPLY PER FILL)
CIMERLI	4	PA, QL (0.1 ml per 28 days), SP, PN (28 DAYS SUPPLY PER FILL)
EYLEA	4	PA, QL (0.1 ml per 25 days), SP, PN (MIN 25 DAY SUPPLY; MAX 90 DAY SUPPLY)
EYLEA HD	4	PA, QL (0.14 ml per 21 days), SP, PN (MIN 25 DAY SUPPLY; MAX 90 DAY SUPPLY)
LUCENTIS (0.3 MG/0.05ML SOLN PRSYR, 0.5 MG/0.05ML SOLN PRSYR)	4	PA, QL (0.1 ml per 28 days), SP, PN (MIN 28 DAY SUPPLY; MAX 90 DAY SUPPLY)
LUCENTIS (0.3 MG/0.05ML SOLUTION, 0.5 MG/0.05ML SOLUTION)	4	PA, QL (0.1 ml per 28 days), PN (MIN 28 DAY SUPPLY; MAX 90 DAY SUPPLY)
SUSVIMO (IMPLANT 1ST FILL)	4	PA, QL (0.2 ml per 168 days), SP, PN (MIN 28 DAY SUPPLY; MAX 90 DAY SUPPLY)
SUSVIMO (IMPLANT REFILL)	4	PA, QL (0.2 ml per 168 days), SP, PN (MIN 28 DAY SUPPLY; MAX 90 DAY SUPPLY)
VABYSMO 6 MG/0.05ML SOLN PRSYR	4	PA, QL (0.1 ml per 21 day(s)), SP, PN (21 DAYS SUPPLY PER FILL)
VABYSMO 6 MG/0.05ML SOLUTION	4	PA, QL (0.1 ml per 21 days), SP, PN (21 DAYS SUPPLY PER FILL)

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

Drug Name	Drug Tier	Requirements/Limits
SYFOVRE	4	PA, QL (0.2 ml per 25 days), SP, PN (25 DAYS SUPPLY PER FILL)
<b>OPHTHALMIC IMMUNOMODULATORS</b>		
<i>cyclosporine 0.05 % emulsion</i>	2	
<b>OPHTHALMIC INTEGRIN ANTAGONISTS</b>		
XIIDRA	4	
<b>OPHTHALMIC NERVE GROWTH FACTORS</b>		
OXERVATE	4	PA, LA, QL (56 ml per 28 days), SP, PN (28 DAYS SUPPLY PER FILL)
<b>OPHTHALMIC PHOTODYNAMIC THERAPY AGENTS</b>		
VISUDYNE	4	SP, PN (34 DAYS SUPPLY PER FILL)
<b>OPHTHALMIC STEROIDS</b>		
<i>bacitra-neomycin-polymyxin-hc</i>	2	
BLEPHAMIDE	3	
BLEPHAMIDE S.O.P.	3	
DEXAMETHASONE SODIUM PHOSPHATE 0.1 % SOLUTION	2	
FLAREX	3	
<i>fluorometholone</i>	2	
FML FORTE	3	
ILUVIEN	4	PA, SP, PN (MIN 365 DAY SUPPLY; MAX 1095 DAY SUPPLY)
MAXIDEX	3	
<i>neo-polycin hc</i>	2	
<i>neomycin-polymyxin-dexameth (3.5-10000-0.1 ointment, 3.5-10000-0.1 suspension)</i>	2	
NEOMYCIN-POLYMYXIN-HC 3.5-10000-1 SUSPENSION	2	
PRED-G	3	
<i>prednisolone acetate</i>	2	
PREDNISOLONE ACETATE P-F	2	
PREDNISOLONE SODIUM PHOSPHATE 1 % SOLUTION	2	
SULFACETAMIDE-PREDNISOLONE	2	
TOBRADEX 0.3-0.1 % OINTMENT	3	

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

<b>Drug Name</b>	<b>Drug Tier</b>	<b>Requirements/Limits</b>
<i>ciprofloxacin-dexamethasone</i>	2	
<i>neomycin-polymyxin-hc</i>	2	
<b>OTIC STEROIDS</b>		
<i>flac</i>	2	
<i>fluocinolone acetonide 0.01 % oil</i>	2	
<i>hydrocortisone-acetic acid</i>	2	
<b>OXYTOCICS (CONTINUED)</b>		
<b>OXYTOCICS</b>		
<i>methergine</i>	2	
<i>methylergonovine maleate 0.2 mg tab</i>	2	
<b>PASSIVE IMMUNIZING AND TREATMENT AGENTS (CONTINUED)</b>		
<b>IMMUNE SERUMS</b>		
ALYGLO	4	PA, LA, SP, PN (34 DAYS SUPPLY PER FILL)
ASCENIV	4	PA, SP, PN (34 DAYS SUPPLY PER FILL)
BIVIGAM	4	PA, SP, PN (34 DAYS SUPPLY PER FILL)
CUTAQUIG (1 GM/6ML SOLUTION, 2 GM/12ML SOLUTION, 4 GM/24ML SOLUTION, 8 GM/48ML SOLUTION)	4	PA, SP, PN (34 DAYS SUPPLY PER FILL)
CUTAQUIG (1.65 GM/10ML SOLUTION, 3.3 GM/20ML SOLUTION)	4	PA, SP, PN (34 DAYS SUPPLY PER FILL)
CUVITRU	4	PA, SP, PN (34 DAYS SUPPLY PER FILL)
CYTOGAM	4	SP, PN (34 DAYS SUPPLY PER FILL)
FLEBOGAMMA DIF (0.5 GM/10ML SOLUTION, 20 GM/400ML SOLUTION)	4	PA, SP, PN (34 DAYS SUPPLY PER FILL)
FLEBOGAMMA DIF (2.5 GM/50ML SOLUTION, 5 GM/100ML SOLUTION, 5 GM/50ML SOLUTION, 10 GM/100ML SOLUTION, 10 GM/200ML SOLUTION, 20 GM/200ML SOLUTION)	4	PA, SP, PN (34 DAYS SUPPLY PER FILL)
GAMASTAN	4	SP, PN (34 DAYS SUPPLY PER FILL)
GAMMAGARD	4	PA, SP, PN (34 DAYS SUPPLY PER FILL)
GAMMAGARD S/D LESS IGA	4	PA, SP, PN (34 DAYS SUPPLY PER FILL)
GAMMAKED	4	PA, SP, PN (34 DAYS SUPPLY PER FILL)
GAMMAPLEX (5 GM/100ML SOLUTION, 5 GM/50ML SOLUTION, 10 GM/100ML SOLUTION, 10 GM/200ML SOLUTION, 20 GM/200ML SOLUTION)	4	PA, SP, PN (34 DAYS SUPPLY PER FILL)

<b>Drug Name</b>	<b>Drug Tier</b>	<b>Requirements/Limits</b>
GAMMAPLEX 20 GM/400ML SOLUTION	4	PA, SP, PN (34 DAYS SUPPLY PER FILL)
GAMUNEX-C	4	PA, SP, PN (34 DAYS SUPPLY PER FILL)
HIZENTRA (1 GM/5ML SOLN PRSYR, 1 GM/5ML SOLUTION, 2 GM/10ML SOLN PRSYR, 2 GM/10ML SOLUTION, 4 GM/20ML SOLN PRSYR, 4 GM/20ML SOLUTION, 10 GM/50ML SOLUTION)	4	PA, SP, PN (34 DAYS SUPPLY PER FILL)
HIZENTRA 10 GM/50ML SOLN PRSYR	4	PA, SP, PN (34 DAYS SUPPLY PER FILL)
OCTAGAM (1 GM/20ML SOLUTION, 2 GM/20ML SOLUTION, 2.5 GM/50ML SOLUTION, 5 GM/100ML SOLUTION, 5 GM/50ML SOLUTION, 10 GM/100ML SOLUTION, 10 GM/200ML SOLUTION, 20 GM/200ML SOLUTION, 30 GM/300ML SOLUTION)	4	PA, SP, PN (34 DAYS SUPPLY PER FILL)
OCTAGAM 25 GM/500ML SOLUTION	4	PA, PN (34 DAYS SUPPLY PER FILL)
PANZYGA	4	PA, SP, PN (34 DAYS SUPPLY PER FILL)
PRIVIGEN (5 GM/50ML SOLUTION, 10 GM/100ML SOLUTION, 20 GM/200ML SOLUTION)	4	PA, SP, PN (34 DAYS SUPPLY PER FILL)
PRIVIGEN 40 GM/400ML SOLUTION	4	PA, SP, PN (34 DAYS SUPPLY PER FILL)
RHOGAM ULTRA-FILTERED PLUS	3	SP, PN (34 DAYS SUPPLY PER FILL)
RHOPHYLAC	3	SP, PN (34 DAYS SUPPLY PER FILL)
WINRHO SDF	4	SP, PN (34 DAYS SUPPLY PER FILL)
XEMBIFY	4	PA, SP, PN (34 DAYS SUPPLY PER FILL)
<b>MONOCLONAL ANTIBODIES</b>		
SYNAGIS	4	PA, SP, PN (MIN 28 DAY SUPPLY; MAX 34 DAY SUPPLY)
ZINPLAVA	4	PA, SP, PN (34 DAYS SUPPLY PER FILL)
<b>PASSIVE IMMUNIZING AGENTS - COMBINATIONS</b>		
HYQVIA	4	PA, SP, PN (34 DAYS SUPPLY PER FILL)
<b>PENICILLINS (CONTINUED)</b>		
<b>AMINOPENICILLINS</b>		
<i>amoxicillin (125 mg chew tab, 125 mg/5ml recon susp, 200 mg/5ml recon susp, 250 mg cap, 250 mg chew tab, 250 mg/5ml recon susp, 400 mg/5ml recon susp, 500 mg cap, 500 mg tab, 875 mg tab)</i>	2	
<i>ampicillin</i>	2	
<b>NATURAL PENICILLINS</b>		
PENICILLIN V POTASSIUM (125 MG/5ML RECON SOLN, 250 MG TAB, 250 MG/5ML RECON SOLN, 500 MG TAB)	2	

Drug Name	Drug Tier	Requirements/Limits
<b>PENICILLIN COMBINATIONS</b>		
<i>amoxicillin-pot clavulanate (200-28.5 mg/5ml recon susp, 250-125 mg tab, 250-62.5 mg/5ml recon susp, 400-57 mg/5ml recon susp, 500-125 mg tab, 600-42.9 mg/5ml recon susp, 875-125 mg tab)</i>	2	
<b>PENICILLINASE-RESISTANT PENICILLINS</b>		
<i>dicloxacillin sodium</i>	2	
<b>PROGESTINS (CONTINUED)</b>		
<b>PROGESTINS</b>		
<i>gallifrey</i>	2	
LILETTA (52 MG)	1	SP, PN (MIN 365 DAY SUPPLY; MAX 2920 DAY SUPPLY)
MAKENA 275 MG/1.1ML SOLN A-INJ	4	PA
<i>medroxyprogesterone acetate (2.5 mg tab, 5 mg tab, 10 mg tab)</i>	2	
NEXPLANON	1	SP, PN (MIN 365 DAY SUPPLY; MAX 1095 DAY SUPPLY)
<i>norethindrone acetate</i>	2	
<i>progesterone (50 mg/ml oil, 100 mg cap, 200 mg cap)</i>	2	
<b>PSYCHOTHERAPEUTIC AND NEUROLOGICAL AGENTS - MISC. (CONTINUED)</b>		
<b>AGENTS FOR CHEMICAL DEPENDENCY</b>		
<i>disulfiram</i>	2	
<i>lofexidine hcl</i>	4	PA, QL (112 ea per 7 day(s)), PN (7 DAYS SUPPLY PER FILL)
LUCEMYRA	4	PA, QL (112 ea per 7 day(s)), PN (7 DAYS SUPPLY PER FILL)
<b>ANTI-CATAPLECTIC AGENTS</b>		
LUMRYZ	4	PA, QL (270 ea per 30 day(s)), SP, PN (30 DAYS SUPPLY PER FILL)
LUMRYZ STARTER PACK	4	PA, SP, PN (28 DAYS SUPPLY PER FILL)
SODIUM OXYBATE	4	PA, LA, QL (540 ml per 30 days), SP, PN (30 DAYS SUPPLY PER FILL)
XYWAV	4	PA, LA, QL (540 ml per 30 days), SP, PN (30 DAYS SUPPLY PER FILL)
<b>ANTIDEMENTIA AGENTS</b>		
<i>donepezil hcl</i>	2	



<b>Drug Name</b>	<b>Drug Tier</b>	<b>Requirements/Limits</b>
<i>galantamine hydrobromide (4 mg tab, 4 mg/ml solution, 8 mg tab, 12 mg tab)</i>	2	
<i>galantamine hydrobromide er</i>	2	
<i>memantine hcl (2 mg/ml solution, 5 mg tab, 10 mg tab, 10 mg/5ml solution)</i>	2	
<i>memantine hcl er</i>	2	PA
<i>rivastigmine tartrate</i>	2	
<b>COMBINATION PSYCHOTHERAPEUTICS</b>		
CHLORDIAZEPOXIDE-AMITRIPTYLINE	2	
PERPHENAZINE-AMITRIPTYLINE	2	
<b>FIBROMYALGIA AGENTS</b>		
SAVELLA	4	PA, QL (2 ea per 1 day(s))
SAVELLA TITRATION PACK	4	PA, QL (55 ea per 28 day(s))
<b>HYPOACTIVE SEXUAL DESIRE DISORDER (HSDD) AGENTS</b>		
ADDYI	4	QL (1 ea per 1 day(s))
VYLEESI	4	
<b>MOVEMENT DISORDER DRUG THERAPY</b>		
<i>tetrabenazine 12.5 mg tab</i>	2	PA, QL (102 ea per 34 days), SP, PN (34 DAYS SUPPLY PER FILL)
<i>tetrabenazine 25 mg tab</i>	2	PA, QL (136 ea per 34 days), SP, PN (34 DAYS SUPPLY PER FILL)
<b>MULTIPLE SCLEROSIS AGENTS</b>		
AVONEX PEN	3	QL (1 ea per 28 days), SP, PN (28 DAYS SUPPLY PER FILL)
AVONEX PREFILLED	3	QL (1 ea per 28 days), SP, PN (28 DAYS SUPPLY PER FILL)
BETASERON	3	QL (14 ea per 28 days), SP, PN (28 DAYS SUPPLY PER FILL)
BRIUMVI	4	PA, SP, PN (34 DAYS SUPPLY PER FILL)
<i>dalfampridine er</i>	2	QL (60 ea per 30 days), SP, PN (30 DAYS SUPPLY PER FILL)
<i>dimethyl fumarate 120 mg cap dr</i>	2	QL (14 ea per 7 days), SP, PN (7 DAYS SUPPLY PER FILL)
<i>dimethyl fumarate 240 mg cap dr</i>	2	QL (60 ea per 30 days), SP, PN (30 DAYS SUPPLY PER FILL)

<b>Drug Name</b>	<b>Drug Tier</b>	<b>Requirements/Limits</b>
<i>dimethyl fumarate starter pack</i>	2	QL (60 ea per 30 day(s)), SP
<i>fingolimod hcl</i>	2	QL (30 ea per 30 days), SP, PN (30 DAYS SUPPLY PER FILL)
<i>glatiramer acetate 20 mg/ml soln prsy</i>	2	QL (30 ml per 30 day(s)), SP, PN (30 DAYS SUPPLY PER FILL)
<i>glatiramer acetate 40 mg/ml soln prsy</i>	2	QL (12 ml per 28 days), SP, PN (28 DAYS SUPPLY PER FILL)
KESIMPTA	3	QL (0.4 ml per 28 days), SP, PN (28 DAYS SUPPLY PER FILL)
LEMTRADA	4	PA, QL (6 ml per 365 days), SP, PN (MIN 365 DAY SUPPLY; MAX 365 DAY SUPPLY)
MAYZENT (1 MG TAB, 2 MG TAB)	3	QL (30 ea per 30 days), SP, PN (30 DAYS SUPPLY PER FILL)
MAYZENT 0.25 MG TAB	3	QL (140 ea per 28 days), SP, PN (28 DAYS SUPPLY PER FILL)
MAYZENT STARTER PACK 0.25 MG TAB THPK	3	QL (7 ea per 4 day(s)), SP, PN (4 DAYS SUPPLY IN 180 DAYS)
MAYZENT STARTER PACK 12 X 0.25 MG TAB THPK	3	QL (12 ea per 5 day(s)), SP, PN (5 DAYS SUPPLY IN 180 DAYS)
OCREVUS	4	PA, QL (20 ea per 180 day(s)), SP, PN (MIN 168 DAY SUPPLY; MAX 180 DAY SUPPLY)
PLEGRIDY 125 MCG/0.5ML SOLN A-INJ	3	QL (1 ml per 28 day(s)), SP, PN (28 DAYS SUPPLY PER FILL)
PLEGRIDY 125 MCG/0.5ML SOLN PRSYR	3	QL (1 ml per 28 days), SP, PN (28 DAYS SUPPLY PER FILL)
PLEGRIDY STARTER PACK 63 & 94 MCG/0.5ML SOLN A-INJ	3	QL (1 ml per 28 day(s)), SP, PN (28 DAYS SUPPLY PER FILL)
PLEGRIDY STARTER PACK 63 & 94 MCG/0.5ML SOLN PRSYR	3	QL (1 ml per 28 days), SP, PN (28 DAYS SUPPLY PER FILL)
REBIF 44 MCG/0.5ML SOLN PRSYR	3	QL (6 ml per 28 days), SP, PN (28 DAYS SUPPLY PER FILL)
REBIF REBIDOSE 44 MCG/0.5ML SOLN A-INJ	3	QL (6 ml per 28 days), SP, PN (28 DAYS SUPPLY PER FILL)
REBIF REBIDOSE TITRATION PACK	3	QL (4.2 ml per 28 days), SP, PN (28 DAYS SUPPLY PER FILL)
REBIF TITRATION PACK	3	QL (4.2 ml per 28 days), SP, PN (28 DAYS SUPPLY PER FILL)
<i>teriflunomide 14 mg tab</i>	2	QL (30 ea per 30 days), SP, PN (30 DAYS SUPPLY PER FILL)

<b>Drug Name</b>	<b>Drug Tier</b>	<b>Requirements/Limits</b>
<i>teriflunomide 7 mg tab</i>	2	PA, QL (30 ea per 30 days), SP, PN (30 DAYS SUPPLY PER FILL)
TYSABRI	4	PA, SP, PN (MIN 28 DAY SUPPLY; MAX 60 DAY SUPPLY)
ZEPOSIA	3	PA, QL (30 ea per 30 days), SP, PN (30 DAYS SUPPLY PER FILL)
ZEPOSIA 7-DAY STARTER PACK	3	PA, QL (7 ea per 7 day(s)), SP, PN (7 DAY SUPPLY IN 180 DAYS)
ZEPOSIA STARTER KIT 0.23MG & 0.46MG & 0.92MG CAP THPK	3	PA, QL (37 ea per 37 day(s)), PN (37 DAY SUPPLY IN 180 DAYS)
ZEPOSIA STARTER KIT 0.23MG & 0.46MG 0.92MG(21) CAP THPK	3	PA, QL (28 ea per 28 days), SP, PN (MAX 28 DAYS SUPPLY PER FILL)
<b>PREMENSTRUAL DYSPHORIC DISORDER (PMDD) AGENTS</b>		
FLUOXETINE HCL (PMDD)	2	
<b>PSYCHOTHERAPEUTIC AND NEUROLOGICAL AGENTS - MISC.</b>		
ERGOLOID MESYLATES	2	
PIMOZIDE	2	
<b>SMOKING DETERRENTS</b>		
APO-VARENICLINE	1	QL (2 ea per 1 days)
CHANTIX	1	QL (2 ea per 1 days)
CHANTIX CONTINUING MONTH PAK	1	QL (2 ea per 1 days)
CHANTIX STARTING MONTH PAK	1	QL (53 ea per 30 day(s)), PN (30 DAYS SUPPLY IN 180 DAYS)
<i>cvs nicotine</i>	1	
<i>cvs nicotine polacrilex</i>	1	
<i>eq nicotine</i>	1	
<i>eq nicotine polacrilex</i>	1	
<i>eq nicotine step 3</i>	1	
<i>eql nicotine polacrilex</i>	1	
<i>ft nicotine</i>	1	
<i>ft nicotine mini</i>	1	
<i>gnp nicotine</i>	1	
<i>gnp nicotine mini</i>	1	
<i>gnp nicotine polacrilex</i>	1	

<b>Drug Name</b>	<b>Drug Tier</b>	<b>Requirements/Limits</b>
<i>goodsense nicotine</i>	1	
<i>habitrol</i>	1	
<i>hm nicotine</i>	1	
<i>hm nicotine polacrilex</i>	1	
<i>kls quit2</i>	1	
<i>kls quit4</i>	1	
NICODERM CQ	4	
NICORETTE	4	
NICORETTE MINI	4	
NICORETTE STARTER KIT	4	
NICOTINE (7 MG/24HR PATCH 24HR, 14 MG/24HR PATCH 24HR, 21 MG/24HR PATCH 24HR, 21-14-7 MG/24HR KIT)	1	
<i>nicotine mini</i>	1	
<i>nicotine polacrilex</i>	1	
<i>nicotine polacrilex mini</i>	1	
<i>nicotine step 1</i>	1	
<i>nicotine step 2</i>	1	
<i>nicotine step 3</i>	1	
NICOTROL	1	
NICOTROL NS	1	
<i>px stop smoking aid</i>	1	
<i>qc nicotine transdermal system</i>	1	
<i>ra mini nicotine</i>	1	
<i>ra nicotine</i>	1	
<i>ra nicotine gum</i>	1	
<i>ra nicotine polacrilex</i>	1	
<i>sm nicotine</i>	1	
<i>sm nicotine polacrilex</i>	1	
<i>thrive</i>	1	
<i>varenicline tartrate</i>	1	QL (2 ea per 1 days)
<i>varenicline tartrate (starter)</i>	1	QL (53 ea per 30 day(s)), PN (30 DAYS SUPPLY IN 180 DAYS)

Drug Name	Drug Tier	Requirements/Limits
<i>varenicline tartrate(continue)</i>	1	QL (2 ea per 1 days)
<b>TRANSTHYRETIN AMYLOIDOSIS AGENTS</b>		
AMVUTTRA	4	PA, QL (0.5 ml per 84 days), SP, PN (MIN 84 DAY SUPPLY; MAX 90 DAY SUPPLY)
ONPATTRO	4	PA, SP, PN (21 DAYS SUPPLY PER FILL)
TEGSEDI	4	PA, LA, QL (6 ml per 28 days), SP, PN (28 DAYS SUPPLY PER FILL)
<b>RESPIRATORY AGENTS - MISC. (CONTINUED)</b>		
<b>ALPHA-PROTEINASE INHIBITOR (HUMAN)</b>		
ARALAST NP 1000 MG RECON SOLN	4	PA, SP, PN (34 DAYS SUPPLY PER FILL)
ARALAST NP 500 MG RECON SOLN	4	PA, SP, PN (34 DAYS SUPPLY PER FILL)
GLASSIA	4	PA, SP, PN (34 DAYS SUPPLY PER FILL)
PROLASTIN-C 1000 MG RECON SOLN	4	PA, LA, SP, PN (34 DAYS SUPPLY PER FILL)
PROLASTIN-C 1000 MG/20ML SOLUTION	4	PA, LA, SP, PN (34 DAYS SUPPLY PER FILL)
ZEMAIRA 1000 MG RECON SOLN	4	PA, SP, PN (34 DAYS SUPPLY PER FILL)
<b>CYSTIC FIBROSIS AGENTS</b>		
KALYDECO (5.8 MG PACKET, 25 MG PACKET, 50 MG PACKET, 75 MG PACKET)	4	PA, LA, QL (56 ea per 28 days), SP, PN (28 DAYS SUPPLY PER FILL)
KALYDECO 13.4 MG PACKET	4	PA, LA, QL (60 ea per 30 days), SP, PN (30 DAYS SUPPLY PER FILL)
KALYDECO 150 MG TAB	4	PA, LA, QL (60 ea per 30 days), SP, PN (30 DAYS SUPPLY PER FILL)
ORKAMBI (100-125 MG TAB, 200-125 MG TAB)	4	PA, LA, QL (112 ea per 28 days), SP, PN (28 DAYS SUPPLY PER FILL)
ORKAMBI (75-94 MG PACKET, 100-125 MG PACKET, 150-188 MG PACKET)	4	PA, LA, QL (56 ea per 28 days), SP, PN (28 DAYS SUPPLY PER FILL)
PULMOZYME	4	PA, SP, PN (30 DAYS SUPPLY PER FILL)
SYMDEKO	4	PA, LA, QL (56 ea per 28 days), SP, PN (28 DAYS SUPPLY PER FILL)
TRIKAFTA (50-25-37.5 & 75 MG TAB THPK, 100-50-75 & 150 MG TAB THPK)	4	PA, LA, QL (84 ea per 28 days), SP, PN (28 DAYS SUPPLY PER FILL)
TRIKAFTA (80-40-60 & 59.5 MG THER PACK, 100-50-75 & 75 MG THER PACK)	4	PA, LA, QL (56 ea per 28 days), SP, PN (28 DAYS SUPPLY PER FILL)
<b>SULFONAMIDES (CONTINUED)</b>		
<b>SULFONAMIDES</b>		
<i>sulfadiazine</i>	2	

Drug Name	Drug Tier	Requirements/Limits
<b>TETRACYCLINES (CONTINUED)</b>		
<b>TETRACYCLINES</b>		
<i>avidoxy</i>	2	
<i>demeclocycline hcl</i>	2	
<i>doxycycline hyclate (20 mg tab, 50 mg cap, 100 mg cap, 100 mg tab)</i>	2	
<i>doxycycline monohydrate (25 mg/5ml recon susp, 50 mg cap, 50 mg tab, 75 mg tab, 100 mg cap, 100 mg tab, 150 mg tab)</i>	2	
<i>minocycline hcl (50 mg cap, 75 mg cap, 100 mg cap)</i>	2	
<i>mondoxyne nl 100 mg cap</i>	2	
<i>morgidox 100 mg cap</i>	2	
<i>tetracycline hcl (250 mg cap, 500 mg cap)</i>	2	
<b>THYROID AGENTS (CONTINUED)</b>		
<b>ANTITHYROID AGENTS</b>		
<i>methimazole</i>	2	
<i>propylthiouracil</i>	2	
<b>THYROID HORMONES</b>		
ARMOUR THYROID	4	
<i>euthyrox</i>	2	
<i>levo-t</i>	4	
<i>levothyroxine sodium (25 mcg tab, 50 mcg tab, 75 mcg tab, 88 mcg tab, 100 mcg tab, 112 mcg tab, 125 mcg tab, 137 mcg tab, 150 mcg tab, 175 mcg tab, 200 mcg tab, 300 mcg tab)</i>	2	
<i>levoxyl</i>	4	
<i>liothyronine sodium (5 mcg tab, 25 mcg tab, 50 mcg tab)</i>	2	
NP THYROID	2	
SYNTHROID	4	
THYROID 90 MG TAB	2	
<i>unithroid</i>	4	
<b>TOXOIDS (CONTINUED)</b>		
<b>TOXOID COMBINATIONS</b>		
ADACEL	1	

Drug Name	Drug Tier	Requirements/Limits
BOOSTRIX	1	
DAPTACEL	1	
INFANRIX	1	
KINRIX	1	
PEDIARIX	1	
PENTACEL	1	AL (Up to 4 yrs old)
QUADRACEL	1	
TDVAX	1	
TENIVAC	1	
TETANUS-DIPHThERIA TOXOIDS TD	1	
<b>ULCER DRUGS/ANTISPASMODICS/ANTICHOLINERGICS (CONTINUED)</b>		
<b>ANTISPASMODICS</b>		
<i>chlordiazepoxide-clidinium</i>	2	
<i>dicyclomine hcl (10 mg cap, 10 mg/5ml solution, 20 mg tab)</i>	2	
<i>ed-spaz</i>	2	
<i>glycopyrrolate (1 mg tab, 1.5 mg tab, 2 mg tab)</i>	2	
<i>hyoscyamine sulfate (0.125 mg sl tab, 0.125 mg tab, 0.125 mg tab disp, 0.125 mg/5ml elixir, 0.125 mg/ml solution)</i>	2	
<i>hyoscyamine sulfate er</i>	2	
<i>hyosyne</i>	2	
<i>methscopolamine bromide</i>	2	
<i>nulev</i>	2	
<i>oscimin 0.125 mg tab</i>	2	
<i>phenobarbital-belladonna alk (16.2 mg tab, 16.2 mg/5ml elixir)</i>	2	
<b>H-2 ANTAGONISTS</b>		
<i>cimetidine</i>	2	
<i>famotidine (20 mg tab, 40 mg tab, 40 mg/5ml recon susp)</i>	2	
NIZATIDINE 150 MG CAP	3	PA, QL (2 ea per 1 day(s))
NIZATIDINE 300 MG CAP	3	PA, QL (1 ea per 1 day(s))
<b>MISC. ANTI-ULCER</b>		
<i>sucralfate (1 gm tab, 1 gm/10ml suspension)</i>	2	

Drug Name	Drug Tier	Requirements/Limits
<b>PROTON PUMP INHIBITORS</b>		
<i>dexlansoprazole</i>	2	ST, QL (1 ea per 1 day(s))
<i>esomeprazole magnesium (10 mg packet, 20 mg packet, 40 mg packet)</i>	2	PA
<i>esomeprazole magnesium (20 mg cap dr, 40 mg cap dr)</i>	2	
<i>lansoprazole</i>	2	
NEXIUM (2.5 MG PACKET, 5 MG PACKET)	4	PA
<i>omeprazole (10 mg cap dr, 20 mg cap dr, 40 mg cap dr)</i>	2	
<i>pantoprazole sodium (20 mg tab dr, 40 mg tab dr)</i>	2	
RABEPRAZOLE SODIUM 10 MG CAP SPRINK	2	PA
<i>rabeprazole sodium 20 mg tab dr</i>	2	
<b>ULCER DRUGS - PROSTAGLANDINS</b>		
<i>misoprostol</i>	2	
<b>ULCER THERAPY COMBINATIONS</b>		
<i>omeprazole-sodium bicarbonate</i>	2	ST
<b>URINARY ANTISPASMODICS (CONTINUED)</b>		
<b>URINARY ANTISPASMODIC - ANTIMUSCARINICS (ANTICHOLINERGIC)</b>		
<i>darifenacin hydrobromide er</i>	2	ST
<i>fesoterodine fumarate er</i>	2	ST
GELNIQUE	4	PA
<i>oxybutynin chloride (5 mg tab, 5 mg/5ml solution)</i>	2	
<i>oxybutynin chloride er</i>	2	
OXYTROL	4	ST
<i>solifenacin succinate</i>	2	
<i>tolterodine tartrate</i>	2	
<i>tolterodine tartrate er</i>	2	ST
<i>trospium chloride</i>	2	
<i>trospium chloride er</i>	2	ST
<b>URINARY ANTISPASMODICS - BETA-3 ADRENERGIC AGONISTS</b>		
MYRBETRIQ (25 MG TAB ER 24H, 50 MG TAB ER 24H)	3	QL (1 ea per 1 day(s))
MYRBETRIQ 8 MG/ML SRER	3	QL (10 ml per 1 days), AL (3 to 18 yrs old)



Drug Name	Drug Tier	Requirements/Limits
<b>URINARY ANTISPASMODICS - CHOLINERGIC AGONISTS</b>		
<i>bethanechol chloride</i>	2	
<b>URINARY ANTISPASMODICS - DIRECT MUSCLE RELAXANTS</b>		
<i>flavoxate hcl</i>	2	
<b>VACCINES (CONTINUED)</b>		
<b>BACTERIAL VACCINES</b>		
ACTHIB	1	
BEXSERO	1	
CAPVAXIVE	1	QL (0.5 ml per lifetime), AL (19 to 999 yrs old)
HIBERIX	1	
MENVEO (RECON SOLN, SOLUTION)	1	
PEDVAX HIB	1	
PENBRAYA	1	QL (2 ea per lifetime)
PNEUMOVAX 23	1	
PREVNAR 20	1	QL (0.5 ml per lifetime)
TRUMENBA	1	
VAXNEUVANCE	1	QL (0.5 ml per lifetime), AL (19 to 999 yrs old)
VIVOTIF	4	QL (4 ea per fill)
<b>VIRAL VACCINES</b>		
ABRYVO	1	AL (60 to 999 yrs old)
ACAM2000	1	
AFLURIA	1	
AFLURIA PRESERVATIVE FREE	1	
AFLURIA QUADRIVALENT	1	
AREXVY	1	QL (1 ea per lifetime), AL (60 to 999 yrs old), PN (Note)
AUDENZ	1	
COMIRNATY	1	
ENGERIX-B	1	
FLUAD	1	

<b>Drug Name</b>	<b>Drug Tier</b>	<b>Requirements/Limits</b>
FLUAD QUADRIVALENT	1	
FLUARIX	1	
FLUARIX QUADRIVALENT	1	
FLUBLOK	1	
FLUBLOK QUADRIVALENT	1	
FLUCELVAX	1	
FLUCELVAX QUADRIVALENT	1	
FLULAVAL	1	
FLULAVAL QUADRIVALENT	1	
FLUMIST	1	
FLUMIST QUADRIVALENT	1	
FLUZONE	1	
FLUZONE HIGH-DOSE	1	
FLUZONE HIGH-DOSE QUADRIVALENT	1	
FLUZONE QUADRIVALENT	1	
GARDASIL 9	1	AL (Up to 45 yrs old)
HAVRIX 1440 EL U/ML SUSPENSION	1	AL (19 to 99 yrs old)
HAVRIX 720 EL U/0.5ML SUSPENSION	1	AL (Up to 18 yrs old)
HEPLISAV-B	1	
IPOL	1	
JYNNEOS	1	AL (18 to 999 yrs old)
M-M-R II	1	
MODERNA COVID-19 VAC (BOOSTER)	1	
MODERNA COVID-19 VAC 6M-11Y	1	
MRESVIA	1	QL (0.5 ml per lifetime), AL (60 to 999 yrs old)
NOVAVAX COVID-19 VACCINE	1	
PFIZER COVID-19 VAC-TRIS 5-11Y 10 MCG/0.3ML SUSPENSION	1	
PFIZER COVID-19 VAC-TRIS 6M-4Y 3 MCG/0.3ML SUSPENSION	1	
PFIZER-BIONT COVID-19 VAC-TRIS	1	

Drug Name	Drug Tier	Requirements/Limits
PREHEVBRIO	1	
PRIORIX	1	
PROQUAD	1	
RECOMBIVAX HB	1	
SHINGRIX	1	QL (2 ea per lifetime), AL (18 to 99 yrs old)
SPIKEVAX	1	
TWINRIX	1	AL (18 to 99 yrs old)
VAQTA 25 UNIT/0.5ML SUSPENSION	1	AL (Up to 18 yrs old)
VAQTA 50 UNIT/ML SUSPENSION	1	AL (19 to 99 yrs old)
VARIVAX	1	
<b>VAGINAL AND RELATED PRODUCTS (CONTINUED)</b>		
<b>MISCELLANEOUS VAGINAL PRODUCTS</b>		
INTRAROSA	4	QL (1 ea per 1 day(s))
<b>SPERMICIDES</b>		
OPTIONS GYNOL II CONTRACEPTIVE	1	
TODAY SPONGE	1	
VCF VAGINAL CONTRACEPTIVE (4 % GEL, 12.5 % FOAM, 28 % FILM)	1	
<b>VAGINAL ANTI-INFECTIVES</b>		
CLEOCIN 100 MG SUPPOS	3	
<i>clindamycin phosphate 2 % cream</i>	2	
<i>terconazole (0.4 % cream, 0.8 % cream, 80 mg suppos)</i>	2	
<b>VAGINAL CONTRACEPTIVE - PH MODULATORS</b>		
PHEXXI	1	
<b>VAGINAL ESTROGENS</b>		
<i>estradiol (0.1 mg/gm cream, 10 mcg tab)</i>	2	
ESTRING	3	
PREMARIN 0.625 MG/GM CREAM	3	
<i>yuvafem</i>	2	
<b>VAGINAL PROGESTINS</b>		
ENDOMETRIN	3	

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

# Appendix

## 1

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acetazolamide . . . . .	94
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acetic acid . . . . .	155
acetylcysteine . . . . .	85
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azelastine hcl . . . . .	150,155	BD PEN NEEDLE NANO U/F . . . . .	131
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BIKTARVY . . . . .	66	bupropion hcl er (smoking det) . . . . .	32
bimatoprost . . . . .	155	bupropion hcl er (sr) . . . . .	32
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bisoprolol fumarate . . . . .	71	BUPROPION HCL ER (XL) . . . . .	32
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