

Medica Drug List

PLEASE READ: THIS DOCUMENT CONTAINS INFORMATION ABOUT THE DRUGS WE COVER IN YOUR PLAN. PLEASE NOTE, HOWEVER, THAT CERTAIN DRUGS ON THIS LIST MAY BE EXCLUDED UNDER YOUR SPECIFIC PLAN DESIGN. PLEASE REFER TO YOUR COVERAGE DOCUMENTS TO DETERMINE SPECIFIC BENEFIT LEVELS.

PLEASE NOTE: This list is subject to change and is not all-inclusive. Please review this document and contact Medica Customer Service with questions.

The coverage level for prescription drugs is generally higher when a member receives them at an in-network pharmacy, and, for some plans, members must use network pharmacies to receive prescription drug benefits. Plan terms vary and members should consult their benefit plan documents for specific coverage information.

Prior authorization may be required to obtain coverage for certain drugs on this list. Brand name drugs are listed in CAPITAL letters. Generic drugs are listed in *italicized* lower case letters. The coverage level of brand name drugs may change when a generic equivalent or interchangeable biosimilar product becomes available.

If you have questions, please call the Medica Customer Service number listed on the back of your ID card.

What is a Drug List?

The Medica Drug List is comprised of drugs that meet the medical needs of our members and have proven safety and effectiveness. It includes both brand name and generic drugs. The drugs on this list have been approved by the Food and Drug Administration (FDA). A team of physicians and pharmacists meets regularly to review and update the list. Your doctor can use this list to select medications for your health care needs, while helping you maximize your prescription drug benefit.

Are both brand name and generic drugs on the list?

Yes. The Drug List includes brand name and generic drugs from most therapeutic classifications.

The terms “generic” and “brand name” are used in the health care industry in different ways. To better understand your coverage, please review the following:

Generic: A drug: (1) that contains the same active ingredient as a brand name drug and is chemically equivalent to a brand name drug in strength, concentration, dosage form and route of administration; or (2) that Medica identifies as a generic product. Medica uses industry standard resources to determine a drug’s classification as either brand name or generic. Not all products identified as “generic” by the manufacturer, pharmacy or your provider may be classified by Medica as generic.

Brand: A drug: (1) that is manufactured and marketed under a trademark or name by a specific drug manufacturer; or (2) that Medica identifies as a brand name product. Medica uses industry standard resources to determine a drug’s classification as either brand name or generic. Not all products identified as “brand name” by the manufacturer, pharmacy or your provider may be classified by Medica as brand name.

Preferred brand drugs on the Drug List have a higher copayment or coinsurance. You may consider a preferred brand covered drug to treat your condition if you and your provider decide it is appropriate.

Non-preferred brand drugs have the highest copayment or coinsurance. The covered non-preferred brand drugs are usually more costly.

If you have questions about Medica’s Drug List or whether a specific drug is covered (and/or whether the drug is a generic, preferred brand, or non-preferred brand), or if you would like to request a copy of the Medica Drug List at no charge, call Customer Service at one of the telephone numbers listed inside the front cover of your benefit plan document.

Does the Drug List ever change?

The Medica Drug List can change during the course of a calendar year. Medica strives to limit these changes. Examples of when changes may occur include when a new generic drug or interchangeable biosimilar becomes available or when new adverse information about the safety or effectiveness of a drug is released.

Certain drugs on the Drug List may be excluded under your specific plan design. Please refer to your benefit plan document to determine specific benefit levels.

How do I use the Drug List?

There are two ways to find your drug within the Drug List:

Drug Category

The Drug List begins on Page 8. The drugs in this Drug List are grouped into categories depending on their clinical classification. For example, drugs that are considered “anti-infectives” will be listed under the “anti-infectives” category. If you know how your drug is classified, look for the category name in the list. Then look under the category name for your drug.

Alphabetical Listing

The Drug List Index provides an alphabetical list of all of the drugs included in this document. Both brand name drugs and generic drugs are listed in the Index. Look in the Index and find your drug. Next to your drug, you will see the page number where you can find coverage information. Turn to the page listed in the Index and find the name of your drug in the first column of the list.

Preventive Drug and Supply Medications (ACA)

Medications displayed as “Tier 6” in the Drug Tier column are defined as preventive health services under the Affordable Care Act (ACA) and are provided without member cost sharing. If your benefit includes mail order, please note that some preventive drugs and supplies may not be available through this service.

Medication-Assisted Treatment (MAT)

Medications displayed with a “MAT” in the Requirements/Limits column are defined as Medication-Assisted Treatment drugs. You should refer to your benefit plan document for further information. **Please Note:** Your benefit plan defines the level of coverage.

Remember, just because a drug that you take is listed on the Drug List does not mean that your benefit plan covers that medication. If you have questions, please refer to your benefit plan document or call the Medica Customer Service phone number listed on the back of your ID card to determine what level of coverage you have.

Note: To Search the Drug List, use *ctrl + F* on your keyboard and type in the search term.

Are there any restrictions on my coverage?

For some prescriptions there are special requirements that must be met in order to receive coverage. These include:

Prior authorization (PA)

Certain drugs require prior authorization (approval in advance) from Medica in order to be covered. These medications are shown on the Medica Drug List with the abbreviation "PA." The Drug List is available to providers, including pharmacies. Your network provider who prescribes the drug should initiate the prior authorization process. You will pay the entire cost of the drug received if you do not meet Medica's authorization criteria.

Step therapy (ST)

Step therapy is a process that involves trying an alternative covered drug first (typically a generic drug) before moving to a preferred brand or non-preferred brand covered drug for treatment of the same medical condition. The medications subject to step therapy are shown on the Medica Drug List with the abbreviation "ST." You must meet applicable step therapy requirements before Medica will cover these preferred brand or non-preferred brand drugs.

Quantity limits (QL)

Certain covered drugs have limits on the maximum quantity allowed per prescription over a specific time period. The medications subject to quantity limits are shown on the Medica Drug List with the abbreviation "QL." Some quantity limits are based on the manufacturer's packaging, FDA labeling or clinical guidelines.

Medical Benefit

Certain drugs fall under the medical benefits rather than pharmacy benefits. These drugs require administration by healthcare professionals in a physician's office, outpatient hospital or home infusion setting. You can find information on Medical Drug Policies on Medica's website.

Long Term Maintenance Medications (LT)

Medications that are considered long term (LT) maintenance medications are shown on the Medica Drug List with the abbreviation "LT" and may need to be filled through mail order. You should refer to your benefit plan document for further information.

Pharmacy requirement

Certain self-administered and cancer treatment medications must be obtained from a Medica-designated specialty pharmacy in order to be covered.

Can I request an exception to the coverage restrictions?

Yes. Your doctor can find the information they need to make a request on your behalf on Medica's website. To facilitate a thorough review, Medica asks that all information requested in the form be provided, including documentation of which medications have been tried and failed, including the dosages used, and the identified reason for failure (e.g. side effects, lack of efficacy).

Specialty Program (SP)

Certain drugs are available only through your Specialty Pharmacy benefit. Specialty medications are shown on the Medica Drug List with the abbreviation “SP”. Specialty medications are high-technology, high cost, oral or injectable drugs used for the treatment of certain diseases that require complex therapies. Many specialty medications require special handling and in most cases are prescribed by a specialist.

In order to receive a specialty medication, you must utilize Accredo Specialty Pharmacy (Medica’s designated specialty pharmacy).

Limited Availability Drugs (LA)

In certain circumstances, select medications may only be available at certain pharmacies. Limited availability (LA) or limited distribution drugs (LDD) are medications that may have special dosing or lab monitoring requirements that need to be followed very closely. Because of this, the manufacturer sometimes chooses to limit the distribution of its drug to only a few pharmacies, or as part of the drug approval process the FDA may recommend this type of distribution in order for the drug to be approved. This type of restricted distribution helps the manufacturer keep track of drug inventory, properly educate dispensing pharmacists about any necessary monitoring, and ensure that any risks that are associated with the LA drugs are minimized. These drugs are shown on the Medica Drug List with the abbreviation “LA”.

Your provider typically knows where to send prescriptions for limited availability drugs, but if you have any questions, reach out to Accredo Specialty Pharmacy and they will assist you in which specialty pharmacies can dispense the drug you need.

Oral Oncology Medications

Oral drugs for the treatment of cancer are restricted to the Specialty Pharmacy Network (or LDD designated pharmacy), but are not subject to the specialty prescription drug copay. Oral oncology specialty medications are subject to the applicable outpatient prescription drug copay as outlined in your benefit plan document.

PLEASE NOTE: Reference the Specialty Drug List on Medica’s website for further information.

Coverage Limitations

Proton Pump Inhibitors (PPI): Coverage limitations may apply to these medications. **Inclusion in the Medica Drug List does not imply coverage.** You should refer to your benefit plan document for further information.

Human Growth Hormones (GH): Coverage limitations may apply to these medications. **Inclusion in the Medica Drug List does not imply coverage.** You should refer to your benefit plan document for further information.

Non-Sedating Antihistamines (NSA): Coverage limitations may apply to these medications. **Inclusion in the Medica Drug List does not imply coverage.** You should refer to your benefit plan document for further information.

Erectile Dysfunction Drugs (ED): Coverage limitations may apply to these medications. **Inclusion in the Medica Drug List does not imply coverage.** You should refer to your benefit plan document for further information.

Infertility Drugs (INF): Coverage limitations may apply to these medications. **Inclusion in the Medica Drug List does not imply coverage.** You should refer to your benefit plan document for further information.

Weight Loss Drugs (Wt. Loss): Coverage limitations may apply to these medications. **Inclusion in the Medica Drug List does not imply coverage.** You should refer to your benefit plan document for further information.

Abbreviations

Coverage Notes and Restrictions Abbreviations		
Abbreviation/Note	Description	Explanation
PA	Prior Authorization Restriction	Your healthcare provider is required to get prior authorization from Medica before you fill your prescription for this drug. Without prior approval, Medica may not cover this drug.
QL	Quantity Limit Restriction	Medica limits the amount of this drug that is covered per prescription, or within a specific time frame.
ST	Step Therapy Restriction	Before Medica will provide coverage for this drug, you must first try another drug(s) to treat your medical condition. This drug may only be covered if the other drug(s) does not work for you.
LT	Long Term Maintenance Medication	These drugs are taken on a regular, on-going basis to treat some chronic diseases and may need to be filled through mail order.
SG	Small Group Coverage	These drugs are included in coverage for small group plan members only. Small group members are covered by an employer with between 2 and 49 employees. For questions if this applies to you, call the customer services number on the back of your ID card.
DS	Diabetic Supplies	These products are covered under the diabetic supply benefit in your plan document.
Other Special Requirements for Coverage		
Tier 1 = Generics	This prescription is available at your Generic benefit.	
Tier 2 = Preferred Brands	This prescription is available at your Preferred Brand benefit.	
Tier 3 = Non-Preferred Brands	This prescription is available at your Non-Preferred Brand benefit.	
Tier 4 = Preferred Specialty Prescription Drugs	This prescription is available at your preferred specialty benefit.	
Tier 5 = Non-Preferred Specialty Prescription Drugs	This prescription is available at your non-preferred specialty benefit.	
Tier 6 = ACA Preventive Drugs	This prescription is available at your Preventive Health Service benefit.	

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Drug Name	Tier	Requirements / Limits
ANTI INFECTIVES		
ANTIFUNGAL AGENTS		
ANCOBON	3	
<i>clotrimazole mucous membrane</i>	1	
CRESEMBA ORAL	2	PA
DIFLUCAN ORAL SUSPENSION FOR RECONSTITUTION	3	
DIFLUCAN ORAL TABLET 100 MG, 200 MG, 50 MG	3	
DIFLUCAN ORAL TABLET 150 MG	3	QL
<i>fluconazole oral suspension for reconstitution</i>	1	
<i>fluconazole oral tablet 100 mg, 200 mg, 50 mg</i>	1	
<i>fluconazole oral tablet 150 mg</i>	1	QL
<i>flucytosine</i>	1	
<i>griseofulvin microsize</i>	1	
<i>griseofulvin ultramicrosize</i>	1	
<i>itraconazole oral capsule</i>	1	QL
<i>itraconazole oral solution</i>	1	
<i>ketoconazole oral</i>	1	
NOXAFIL ORAL SUSPENSION	2	PA

Drug Name	Tier	Requirements / Limits
<i>nystatin oral</i>	1	
ORAVIG	3	
<i>posaconazole</i>	1	PA
SPORANOX ORAL SOLUTION	3	
SPORANOX PULSEPAK	3	QL
<i>terbinafine hcl oral</i>	1	
VFEND	3	PA
<i>voriconazole oral</i>	1	PA
ANTIVIRALS		
<i>abacavir</i>	1	
<i>abacavir-lamivudine</i>	1	
<i>acyclovir oral capsule</i>	1	
<i>acyclovir oral suspension 200 mg/5 ml</i>	1	
<i>acyclovir oral tablet</i>	1	
<i>adefovir</i>	1	
<i>amantadine hcl</i>	1	
APTIVUS	2	
<i>atazanavir</i>	1	
BARACLUDE ORAL SOLUTION	2	
BIKTARVY	2	
CIMDUO	2	
COMBIVIR	3	
DESCOVY	2	
<i>didanosine oral capsule, delayed release(dr/ec) 250 mg, 400 mg</i>	1	

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You can find information on what the symbols and abbreviations on this table mean by going to the beginning of this table.

Drug Name	Tier	Requirements / Limits
DOVATO	2	
EDURANT	2	
<i>efavirenz</i>	1	
<i>efavirenz-emtricitabin-tenofov</i>	1	
<i>efavirenz-lamivu-tenofov disop</i>	1	
<i>emtricitabine</i>	1	
<i>emtricitabine-tenofov (tdf) oral tablet 100-150 mg, 133-200 mg, 167-250 mg</i>	1	
<i>emtricitabine-tenofov (tdf) oral tablet 200-300 mg</i>	6	ACA
EMTRIVA	2	
<i>entecavir</i>	1	
EPCLUSA	4	PA; SP; QL
EPIVIR	3	
EPIVIR HBV ORAL SOLUTION	2	
EPIVIR HBV ORAL TABLET	3	
EPZICOM	3	
<i>etravirine</i>	1	
EVOTAZ	3	
<i>famciclovir</i>	1	QL
FLUMADINE ORAL TABLET	3	
<i>fosamprenavir</i>	1	
FUZEON SUBCUTANEOUS RECON SOLN	2	
GENVOYA	2	

Drug Name	Tier	Requirements / Limits
HARVONI	4	PA; SP; QL
HEPSERA	3	
INTELENCE ORAL TABLET 100 MG, 200 MG	3	
INTELENCE ORAL TABLET 25 MG	2	
INVIRASE ORAL TABLET	2	
ISENTRESS	2	
ISENTRESS HD	2	
JULUCA	2	
KALETRA	3	
LAGEVRIO (EUA)	2	QL
<i>lamivudine</i>	1	
<i>lamivudine-zidovudine</i>	1	
LEXIVA ORAL SUSPENSION	2	
LEXIVA ORAL TABLET	3	
LIVTENCITY	3	PA; QL
<i>lopinavir-ritonavir</i>	1	
<i>maraviroc</i>	1	
<i>nevirapine</i>	1	
NORVIR ORAL POWDER IN PACKET	2	
NORVIR ORAL SOLUTION	2	
NORVIR ORAL TABLET	3	
ODEFSEY	2	
<i>oseltamivir</i>	1	QL
PAXLOVID (EUA)	2	QL

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Drug Name	Tier	Requirements / Limits
PREVYMIS ORAL	2	QL
PREZISTA ORAL SUSPENSION	2	
PREZISTA ORAL TABLET 150 MG, 600 MG, 75 MG, 800 MG	2	
RELENZA DISKHALER	3	QL
RETROVIR ORAL CAPSULE	3	
RETROVIR ORAL SYRUP	3	
REYATAZ ORAL CAPSULE 200 MG, 300 MG	3	
REYATAZ ORAL POWDER IN PACKET	2	
<i>ribavirin inhalation</i>	1	PA
<i>rimantadine</i>	1	
<i>ritonavir</i>	1	
SELZENTRY	2	
<i>stavudine oral capsule 15 mg, 20 mg, 40 mg</i>	1	
SUSTIVA	3	
SYMFI	2	
SYMFI LO	2	
SYMTUZA	2	
TAMIFLU	3	QL
TEMIXYS	2	
<i>tenofovir disoproxil fumarate</i>	1	
TIVICAY	2	
TIVICAY PD	2	

Drug Name	Tier	Requirements / Limits
TRIUMEQ	2	
TRIUMEQ PD	2	
TRIZIVIR	3	
TYBOST	3	
<i>valacyclovir</i>	1	QL
VALCYTE	3	
<i>valganciclovir</i>	1	
VEMLIDY	2	
VIEKIRA PAK	5	PA; SP; QL
VIRACEPT ORAL TABLET	2	
VIRAZOLE	3	
VIREAD ORAL POWDER	2	
VIREAD ORAL TABLET 150 MG, 200 MG, 250 MG	2	
VIREAD ORAL TABLET 300 MG	3	
VOSEVI	4	PA; SP; QL
XOFLUZA	3	QL
ZEPATIER	4	PA; SP; QL
ZIAGEN	3	
<i>zidovudine</i>	1	
ZOVIRAX ORAL SUSPENSION	3	
CEPHALOSPORINS		
<i>cefaclor oral capsule</i>	1	
<i>cefaclor oral suspension for reconstitution 125 mg/5 ml, 250 mg/5 ml, 375 mg/5 ml</i>	1	

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Drug Name	Tier	Requirements / Limits
<i>cefaclor oral tablet extended release 12 hr</i>	1	
<i>cefadroxil oral capsule</i>	1	
<i>cefadroxil oral suspension for reconstitution 250 mg/5 ml, 500 mg/5 ml</i>	1	
<i>cefadroxil oral tablet</i>	1	
<i>cefdinir</i>	1	
<i>cefditoren pivoxil</i>	1	
<i>cefixime</i>	1	
<i>cefpodoxime</i>	1	
<i>cefprozil</i>	1	
<i>cefuroxime axetil oral tablet</i>	1	
<i>cephalexin</i>	1	
SPECTRACEF ORAL TABLET 400 MG	3	
SUPRAX ORAL CAPSULE	3	
SUPRAX ORAL SUSPENSION FOR RECONSTITUTION	3	
SUPRAX ORAL TABLET,CHEWABLE	3	
ERYTHROMYCINS & OTHER MACROLIDES		
<i>azithromycin oral</i>	1	
<i>clarithromycin</i>	1	
DIFICID	3	QL

Drug Name	Tier	Requirements / Limits
<i>e.e.s. 400 oral tablet</i>	1	
E.E.S. GRANULES	3	
ERYPED 200	3	
ERYPED 400	3	
<i>ery-tab oral tablet,delayed release (dr/ec) 250 mg, 333 mg</i>	1	
ERY-TAB ORAL TABLET,DELAYED RELEASE (DR/EC) 500 MG	3	
<i>erythrocin (as stearate) oral tablet 250 mg</i>	1	
<i>erythromycin ethylsuccinate oral suspension for reconstitution</i>	1	
<i>erythromycin ethylsuccinate oral tablet</i>	1	
<i>erythromycin oral</i>	1	
ZITHROMAX ORAL PACKET	3	
ZITHROMAX ORAL SUSPENSION FOR RECONSTITUTION	3	
ZITHROMAX ORAL TABLET 250 MG, 500 MG	3	
ZITHROMAX TRI-PAK	3	
ZITHROMAX Z-PAK	3	

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Drug Name	Tier	Requirements / Limits
MISCELLANEOUS ANTIINFECTIVES		
AEMCOLO	3	QL
<i>albendazole</i>	1	QL
ALINIA ORAL SUSPENSION FOR RECONSTITUTION	2	QL
ARAKODA	3	QL
ARIKAYCE	4	PA; SP; LA
<i>atovaquone</i>	1	
<i>atovaquone-proguanil</i>	1	QL
BENZNIDAZOLE	2	QL
BETHKIS	5	PA; SP; QL
BILTRICIDE	3	
CAYSTON	4	PA; SP; LA; QL
<i>chloroquine phosphate</i>	1	
CLEOCIN HCL	3	
CLEOCIN PEDIATRIC	3	
<i>clindamycin hcl</i>	1	
<i>clindamycin pediatric</i>	1	
COARTEM	2	QL
CYCLOSERINE	3	
<i>dapsone oral</i>	1	
DARAPRIM	5	PA; SP
EMVERM	2	QL
<i>ethambutol</i>	1	
FLAGYL ORAL CAPSULE	3	

Drug Name	Tier	Requirements / Limits
HUMATIN	5	SP
HYDROXYCHLOROQUINE ORAL TABLET 100 MG, 300 MG, 400 MG	3	
<i>hydroxychloroquine oral tablet 200 mg</i>	1	
IMPAVIDO	2	PA; QL
<i>isoniazid oral</i>	1	
<i>ivermectin oral</i>	1	PA; QL
KITABIS PAK	4	PA; SP; QL
KRINTAFEL	3	QL
<i>linezolid</i>	1	PA
MALARONE	3	QL
MALARONE PEDIATRIC	3	QL
<i>mefloquine</i>	1	QL
MEPRON	3	
<i>metronidazole oral</i>	1	
MYAMBUTOL ORAL TABLET 400 MG	3	
MYCOBUTIN	3	
NEBUPENT	2	QL
<i>neomycin</i>	1	
<i>nitazoxanide</i>	1	QL
<i>paromomycin</i>	1	
PASER	3	
<i>pentamidine inhalation</i>	1	QL
<i>praziquantel</i>	1	
PRETOMANID	3	PA
PRIFTIN	2	
<i>primaquine</i>	1	QL

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Drug Name	Tier	Requirements / Limits
<i>pyrazinamide</i>	1	
<i>pyrimethamine</i>	4	PA; SP
QUALAQUIN	3	QL
<i>quinine sulfate</i>	1	QL
<i>rifabutin</i>	1	
<i>rifampin oral</i>	1	
SIRTURO	2	PA; LA
SIVEXTRO ORAL	3	PA
SOLOSEC	2	QL
STROMEKTOL	3	PA; QL
<i>tinidazole</i>	1	QL
TOBI PODHALER INHALATION CAPSULE, W/INHALATION DEVICE	4	PA; SP; QL
<i>tobramycin in 0.225 % nacl</i>	4	PA; SP; QL
<i>tobramycin inhalation</i>	4	PA; SP; QL
TOBRAMYCIN WITH NEBULIZER	5	PA; SP; QL
TRECATOR	3	
XENLETA ORAL	3	
XIFAXAN	2	PA; QL
ZYVOX ORAL	3	PA
PENICILLINS		
<i>amoxicillin oral capsule</i>	1	
<i>amoxicillin oral suspension for reconstitution</i>	1	
<i>amoxicillin oral tablet</i>	1	

Drug Name	Tier	Requirements / Limits
<i>amoxicillin oral tablet, chewable 125 mg, 250 mg</i>	1	
<i>amoxicillin-pot clavulanate</i>	1	
<i>ampicillin oral capsule 500 mg</i>	1	
AUGMENTIN ORAL SUSPENSION FOR RECONSTITUTION 125-31.25 MG/5 ML	2	
AUGMENTIN ORAL SUSPENSION FOR RECONSTITUTION 250-62.5 MG/5 ML	3	
AUGMENTIN XR	3	
<i>dicloxacillin</i>	1	
MOXATAG	3	
<i>penicillin v potassium</i>	1	
QUINOLONES		
BAXDELA ORAL	2	QL
CIPRO ORAL SUSPENSION, MICROCAPSULE RECON	3	
CIPRO ORAL TABLET 250 MG, 500 MG	3	
<i>ciprofloxacin</i>	1	
<i>ciprofloxacin hcl oral</i>	1	
FACTIVE	3	
<i>levofloxacin oral</i>	1	

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Drug Name	Tier	Requirements / Limits
<i>moxifloxacin oral</i>	1	
<i>ofloxacin oral tablet 300 mg, 400 mg</i>	1	
SULFA'S & RELATED AGENTS		
BACTRIM	3	
BACTRIM DS	3	
<i>sulfadiazine</i>	1	
<i>sulfamethoxazole-trimethoprim oral</i>	1	
<i>sulfatrim</i>	1	
TETRACYCLINES		
ACTICLATE	3	ST
<i>avidoxy</i>	1	
AVIDOXY DK	3	ST
<i>coremino</i>	1	ST
<i>demeclocycline</i>	1	
<i>doxycycline hyclate oral capsule</i>	1	
<i>doxycycline hyclate oral tablet 100 mg, 20 mg</i>	1	
<i>doxycycline hyclate oral tablet 150 mg, 50 mg, 75 mg</i>	1	ST
<i>doxycycline hyclate oral tablet, delayed release (dr/ec) 100 mg, 150 mg, 200 mg, 50 mg, 75 mg</i>	1	ST
<i>doxycycline monohydrate oral capsule 100 mg, 50 mg, 75 mg</i>	1	
<i>doxycycline monohydrate oral capsule 150 mg</i>	1	ST

Drug Name	Tier	Requirements / Limits
<i>doxycycline monohydrate oral suspension for reconstitution</i>	1	
<i>doxycycline monohydrate oral tablet</i>	1	
LYMEPAK	3	
<i>minocycline oral capsule</i>	1	
<i>minocycline oral tablet</i>	1	
<i>minocycline oral tablet extended release 24 hr</i>	1	ST
MINOLIRA ER	3	ST
<i>mondoxyne nl</i>	1	
MONODOX	3	ST
MORGIDOX 1X 50	3	ST
MORGIDOX 2X100	3	ST
<i>morgidox oral capsule 100 mg</i>	1	
NUZYRA ORAL	3	QL
SEYSARA	3	ST
SOLODYN ORAL TABLET EXTENDED RELEASE 24 HR 105 MG, 115 MG, 55 MG, 65 MG, 80 MG	3	ST
TARGADOX	3	ST
<i>tetracycline</i>	1	
VIBRAMYCIN (CALCIUM)	3	ST
VIBRAMYCIN (MONO)	3	ST

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Drug Name	Tier	Requirements / Limits
VIBRAMYCIN ORAL CAPSULE 100 MG	3	ST
URINARY TRACT AGENTS		
<i>fosfomycin tromethamine</i>	1	
FURADANTIN	3	
HIPREX	3	
MACROBID	3	
MACRODANTIN	3	
<i>methenamine hippurate</i>	1	
<i>methenamine mandelate</i>	1	
MONUROL	3	
<i>nitrofurantoin</i>	1	
<i>nitrofurantoin macrocrystal</i>	1	
<i>nitrofurantoin monohyd/m-cryst</i>	1	
PRIMSOL	3	
<i>trimethoprim</i>	1	
VANCOMYCIN		
VANCOCIN	3	QL
<i>vancomycin oral</i>	1	QL
ANTINEOPLASTIC & IMMUNOSUPPRESSANT DRUGS		
ADJUNCTIVE AGENTS		
<i>leucovorin calcium oral</i>	1	
MESNEX ORAL	2	
VISTOGARD	4	PA; SP; QL
XGEVA	4	PA; SP

Drug Name	Tier	Requirements / Limits
ANTINEOPLASTIC & IMMUNOSUPPRESSANT DRUGS		
<i>abiraterone</i>	4	PA; SP; QL
ALECENSA	4	PA; SP; QL
ALKERAN	3	
ALUNBRIG	4	PA; SP; QL
<i>anastrozole</i>	6	ACA
AROMASIN	3	
ASTAGRAF XL	3	ST
AYVAKIT	5	PA; SP; LA; QL
AZASAN	3	
<i>azathioprine</i>	1	
BALVERSA	4	PA; SP; LA
BEVACIZUMAB INTRAVITREAL SYRINGE 1.25 MG/0.05 ML	3	
<i>bexarotene</i>	4	PA; SP
<i>bicalutamide</i>	1	
BOSULIF	4	PA; SP; QL
BRAFTOVI	5	PA; SP; LA; QL
BRUKINSA	5	PA; SP; LA
CABOMETYX ORAL TABLET 20 MG	4	PA; SP; LA; QL
CABOMETYX ORAL TABLET 40 MG, 60 MG	4	PA; SP; LA
CALQUENCE	4	PA; SP; LA; QL
CALQUENCE (ACALABRUTINIB MAL)	4	LA

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Drug Name	Tier	Requirements / Limits
<i>capecitabine</i>	4	PA; SP; QL
CAPRELSA	4	PA; SP; LA; QL
CASODEX	3	
CELLCEPT	3	
COMETRIQ	4	PA; SP; QL
COPIKTRA	5	PA; SP; LA; QL
COTELLIC	4	PA; SP; LA; QL
<i>cyclophosphamide oral capsule</i>	1	
CYCLOPHOSPHAMIDE ORAL TABLET	3	
<i>cyclosporine modified</i>	1	
<i>cyclosporine oral capsule</i>	1	
DAURISMO	5	PA; SP; QL
DROXIA	2	
ELIGARD	4	PA; SP
ELIGARD (3 MONTH)	4	PA; SP
ELIGARD (4 MONTH)	4	PA; SP
ELIGARD (6 MONTH)	4	PA; SP
EMCYT	2	
ENSPRYNG	4	PA; SP
ERIVEDGE	4	PA; SP; QL
ERLEADA	4	PA; SP; QL
<i>erlotinib</i>	4	PA; SP; QL
<i>etoposide oral</i>	1	
EULEXIN	3	PA

Drug Name	Tier	Requirements / Limits
<i>everolimus (antineoplastic)</i>	4	PA; SP; QL
<i>everolimus (immunosuppressive)</i>	1	
<i>exemestane</i>	6	ACA
EXKIVITY	5	PA; SP; QL
FARESTON	3	
FARYDAK	3	PA; QL
FEMARA	3	
FIRMAGON KIT W DILUENT SYRINGE	4	PA; SP
<i>flutamide</i>	1	
GAVRETO	4	PA; SP; LA; QL
<i>gengraf</i>	1	
GILOTRIF	4	PA; SP; QL
GLEOSTINE	2	
HYCAMTIN ORAL	4	PA; SP
HYDREA	3	
<i>hydroxyurea</i>	1	
IBRANCE	4	PA; SP; QL
ICLUSIG	4	PA; SP; QL
IDHIFA	4	PA; SP; LA; QL
<i>imatinib</i>	4	PA; SP; QL
IMBRUVICA ORAL CAPSULE	4	PA; SP; QL
IMBRUVICA ORAL TABLET	4	PA; SP; QL
IMURAN	3	
INLYTA	4	PA; SP; QL
IRESSA	4	PA; SP; QL

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Drug Name	Tier	Requirements / Limits
JAKAFI	4	PA; SP; QL
KOSELUGO	5	PA; SP
<i>lapatinib</i>	4	PA; SP; QL
LENVIMA	4	PA; SP; QL
<i>letrozole</i>	1	
LEUKERAN	2	
<i>leuprolide subcutaneous kit</i>	4	PA; SP
LONSURF	4	PA; SP
LORBRENA	4	PA; SP; QL
LUMAKRAS	5	PA; SP
LUPRON DEPOT (3 MONTH) INTRAMUSCULAR SYRINGE KIT 11.25 MG	4	PA; SP
LUPRON DEPOT (3 MONTH) INTRAMUSCULAR SYRINGE KIT 22.5 MG	5	PA; SP
LUPRON DEPOT (4 MONTH)	5	PA; SP
LUPRON DEPOT (6 MONTH)	5	PA; SP
LUPRON DEPOT INTRAMUSCULAR SYRINGE KIT 3.75 MG	4	PA; SP
LUPRON DEPOT INTRAMUSCULAR SYRINGE KIT 7.5 MG	5	PA; SP
LUPRON DEPOT-PED	4	PA; SP
LUPRON DEPOT-PED (3 MONTH)	4	PA; SP

Drug Name	Tier	Requirements / Limits
LYNPARZA	4	PA; SP; QL
LYSODREN	4	SP
MATULANE	4	SP
<i>megestrol oral suspension 400 mg/10 ml (40 mg/ml), 625 mg/5 ml (125 mg/ml)</i>	1	
<i>megestrol oral tablet</i>	1	
MEKINIST	4	PA; SP; QL
MEKTOVI	5	PA; SP; LA; QL
<i>melphalan</i>	1	
<i>mercaptopurine</i>	1	
<i>methotrexate sodium</i>	1	
<i>methotrexate sodium (pf)</i>	1	
<i>mycophenolate mofetil</i>	1	
<i>mycophenolate sodium</i>	1	
MYFORTIC	3	
MYLERAN	2	
NEORAL	3	
NERLYNX	4	PA; SP; LA
NEXAVAR	4	PA; SP; LA; QL
NILANDRON	3	PA
<i>nilutamide</i>	1	PA
NINLARO	4	PA; SP; QL
NUBEQA	4	PA; SP; LA; QL
<i>octreotide acetate</i>	4	PA; SP
ODOMZO	4	PA; SP; LA; QL

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Drug Name	Tier	Requirements / Limits
ORGOVYX	5	PA; SP; LA; QL
PEMAZYRE	4	PA; SP; LA; QL
PROGRAF ORAL CAPSULE	3	
PROGRAF ORAL GRANULES IN PACKET	2	
PURIXAN	4	SP
RAPAMUNE	3	
RETEVMO	5	PA; SP; LA; QL
REZUROCK	3	PA; QL
ROZLYTREK	4	PA; SP; LA; QL
RUBRACA	4	PA; SP; LA; QL
RYDAPT	4	PA; SP; QL
SANDIMMUNE ORAL CAPSULE	3	
SANDIMMUNE ORAL SOLUTION	2	
SANDOSTATIN INJECTION SOLUTION 100 MCG/ML, 50 MCG/ML, 500 MCG/ML	5	PA; SP
SIGNIFOR	4	PA; SP
<i>sirolimus</i>	1	
SOLTAMOX	6	ACA
SOMATULINE DEPOT	4	PA; SP
<i>sorafenib</i>	4	PA; SP; QL
SPRYCEL	4	PA; SP; QL

Drug Name	Tier	Requirements / Limits
STIVARGA	4	PA; SP; QL
<i>sunitinib</i>	4	PA; SP; QL
SUTENT	5	PA; SP; QL
SYNRIBO	4	PA; SP
TABLOID	3	
TABRECTA	4	PA; SP
<i>tacrolimus oral</i>	1	
TAFINLAR	4	PA; SP; QL
TAGRISSO	4	PA; SP; LA; QL
TALZENNA ORAL CAPSULE 0.25 MG, 1 MG	4	PA; SP; QL
TALZENNA ORAL CAPSULE 0.5 MG, 0.75 MG	4	PA; SP
<i>tamoxifen</i>	6	ACA
TARCEVA	5	PA; SP; QL
TARGRETIN TOPICAL	5	PA; SP
TASIGNA	4	PA; SP; QL
TAZVERIK	5	PA; SP; LA
TEMODAR ORAL CAPSULE 250 MG	5	PA; SP
<i>temozolomide</i>	4	PA; SP
THALOMID	4	PA; SP; QL
TIBSOVO	4	PA; SP
<i>toremifene</i>	1	
<i>tretinoin (antineoplastic)</i>	1	
TREXALL	3	
TRIPTODUR	4	PA; SP
TUKYSA	5	PA; SP; LA; QL

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Drug Name	Tier	Requirements / Limits
TURALIO	5	PA; SP; LA; QL
TYKERB	5	PA; SP; LA; QL
VENCLEXTA	4	PA; SP; LA; QL
VENCLEXTA STARTING PACK	4	PA; SP; QL
VERZENIO	4	PA; SP; LA; QL
VIJOICE	4	PA; SP
VITRAKVI	4	PA; SP; LA; QL
VIZIMPRO	4	PA; SP; QL
VONJO	4	PA; SP
VOTRIENT	4	PA; SP; QL
WELIREG	5	PA; SP; LA
XALKORI	4	PA; SP; QL
XELODA	5	PA; SP; QL
XERMELO	4	PA; SP; LA; QL
XOSPATA	4	PA; SP; LA; QL
XTANDI	4	PA; SP; QL
YONSA	4	PA; SP; QL
ZEJULA	4	PA; SP; LA; QL
ZELBORAF	4	PA; SP; QL
ZOLINZA	4	PA; SP; QL
ZORTRESS	3	
ZYDELIG	4	PA; SP; QL
ZYKADIA ORAL TABLET	4	PA; SP; QL

Drug Name	Tier	Requirements / Limits
AUTONOMIC & CNS DRUGS, NEUROLOGY & PSYCH		
ANTICONVULSANTS		
BRIVIACT ORAL	3	ST
<i>carbamazepine oral capsule, er multiphase 12 hr</i>	1	
<i>carbamazepine oral suspension 100 mg/5 ml, 200 mg/10 ml</i>	1	
<i>carbamazepine oral tablet</i>	1	
<i>carbamazepine oral tablet extended release 12 hr</i>	1	
<i>carbamazepine oral tablet, chewable</i>	1	
CARBATROL	3	
CELONTIN ORAL CAPSULE 300 MG	2	
<i>clobazam</i>	1	PA
<i>clonazepam</i>	1	QL
DEPAKOTE	3	ST
DEPAKOTE ER	3	ST
DEPAKOTE SPRINKLES	3	ST
DIACOMIT	4	PA; SP
DIASTAT	3	
DIASTAT ACUDIAL	3	
<i>diazepam rectal</i>	1	
DILANTIN	2	
DILANTIN EXTENDED	3	

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Drug Name	Tier	Requirements / Limits
DILANTIN INFATABS	3	
DILANTIN-125	3	
<i>divalproex</i>	1	
ELEPSIA XR	3	ST
EPIDIOLEX	4	PA; SP; LA
<i>epitol</i>	1	
EQUETRO	3	
<i>ethosuximide</i>	1	
<i>felbamate</i>	1	
FELBATOL	3	
FYCOMPA	2	
<i>gabapentin oral capsule</i>	1	QL
<i>gabapentin oral solution 250 mg/5 ml</i>	1	QL
<i>gabapentin oral solution 300 mg/6 ml (6 ml)</i>	1	
<i>gabapentin oral tablet 600 mg, 800 mg</i>	1	QL
GABITRIL	3	
GRALISE ORAL TABLET EXTENDED RELEASE 24 HR	3	ST; QL
<i>lacosamide oral</i>	1	
LAMICTAL XR STARTER (BLUE)	3	ST
LAMICTAL XR STARTER (GREEN)	3	ST
LAMICTAL XR STARTER (ORANGE)	3	ST

Drug Name	Tier	Requirements / Limits
<i>lamotrigine</i>	1	
<i>levetiracetam oral</i>	1	
MYSOLINE	3	
NAYZILAM	2	PA; QL
<i>oxcarbazepine</i>	1	
OXTELLAR XR	3	ST
<i>phenobarbital</i>	1	
PHENYTEK	3	
<i>phenytoin oral suspension</i>	1	
<i>phenytoin oral tablet, chewable</i>	1	
<i>phenytoin sodium extended</i>	1	
<i>pregabalin oral capsule</i>	1	
<i>pregabalin oral solution</i>	1	
<i>pregabalin oral tablet extended release 24 hr</i>	1	PA
<i>primidone</i>	1	
QUDEXY XR	3	ST
<i>roweepra</i>	1	
<i>rufinamide</i>	1	PA
SPRITAM	3	ST
<i>subvenite</i>	1	
<i>subvenite starter (blue) kit</i>	1	
<i>subvenite starter (green) kit</i>	1	
<i>subvenite starter (orange) kit</i>	1	
SYMPAZAN	3	PA

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Drug Name	Tier	Requirements / Limits
TEGRETOL ORAL SUSPENSION	3	
TEGRETOL ORAL TABLET	3	
TEGRETOL XR	3	
<i>tiagabine</i>	1	
<i>topiramate oral capsule, sprinkle</i>	1	
<i>topiramate oral capsule, sprinkle, er 24hr</i>	1	ST
<i>topiramate oral tablet</i>	1	
TROKENDI XR	3	ST
<i>valproic acid</i>	1	
<i>valproic acid (as sodium salt) oral solution 250 mg/5 ml, 500 mg/10 ml (10 ml)</i>	1	
VALTOCO	3	PA; QL
<i>vigabatrin</i>	4	PA; SP; LA
<i>vigadrone</i>	4	PA; SP
XCOPRI	3	QL
XCOPRI MAINTENANCE PACK ORAL TABLET 250MG/DAY(150 MG X1-100MG X1), 350 MG/DAY (200 MG X1-150MG X1)	3	QL
XCOPRI TITRATION PACK	3	QL
ZARONTIN	3	
<i>zonisamide</i>	1	

Drug Name	Tier	Requirements / Limits
ZTALMY	5	SP
ANTIPARKINSONISM AGENTS		
<i>apomorphine</i>	4	PA; SP; QL
AZILECT	3	ST
<i>benztropine oral</i>	1	
<i>bromocriptine</i>	1	
<i>carbidopa</i>	1	PA
<i>carbidopa-levodopa</i>	1	
<i>carbidopa-levodopa-entacapone</i>	1	
COMTAN	3	
<i>entacapone</i>	1	
INBRIJA INHALATION CAPSULE, W/INHALATION DEVICE	4	PA; SP; QL
KYNMOBI SUBLINGUAL FILM 10 MG, 15 MG, 20 MG, 25 MG, 30 MG	2	PA; QL
LODOSYN	3	PA
MIRAPEX ER	3	
NEUPRO	3	
NOURIANZ	5	PA; SP; LA; QL
OSMOLEX ER ORAL TABLET, IR - ER, BIPHASIC 24HR 129 MG, 193 MG	5	PA; SP; QL

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Drug Name	Tier	Requirements / Limits
OSMOLEX ER ORAL TABLET, IR - ER, BIPHASIC 24HR 322 MG/DAY(129 MG X1-193MG X1)	5	PA; SP
PARLODEL	3	
<i>pramipexole</i>	1	
<i>rasagiline</i>	1	
<i>ropinirole</i>	1	
RYTARY	3	
<i>selegiline hcl</i>	1	
SINEMET ORAL TABLET 10-100 MG, 25-100 MG	3	
STALEVO 100	3	
STALEVO 125	3	
STALEVO 150	3	
STALEVO 200	3	
STALEVO 50	3	
STALEVO 75	3	
TASMAR ORAL TABLET 100 MG	3	PA
<i>tolcapone</i>	1	PA
<i>trihexyphenidyl</i>	1	
MIGRAINE & CLUSTER HEADACHE THERAPY		
AIMOVIG AUTOINJECTOR	2	PA; QL
AJOVY AUTOINJECTOR	2	PA; QL
AJOVY SYRINGE	2	PA; QL
<i>almotriptan malate</i>	1	QL
<i>dihydroergotamine injection</i>	1	

Drug Name	Tier	Requirements / Limits
<i>dihydroergotamine nasal</i>	1	ST; QL
<i>eletriptan</i>	1	QL
EMGALITY PEN	2	PA; QL
EMGALITY SYRINGE	2	PA; QL
ERGOMAR	3	
<i>ergotamine-caffeine</i>	1	
FROVA	3	ST; QL
<i>frovatriptan</i>	1	QL
<i>migergot</i>	1	
MIGRANAL	3	ST; QL
<i>naratriptan</i>	1	QL
NURTEC ODT	2	PA; QL
QULIPTA	2	PA; QL
REYVOW	3	PA; QL
<i>rizatriptan</i>	1	QL
<i>sumatriptan</i>	1	QL
<i>sumatriptan succinate oral</i>	1	QL
<i>sumatriptan succinate subcutaneous cartridge</i>	1	QL
<i>sumatriptan succinate subcutaneous pen injector</i>	1	QL
<i>sumatriptan succinate subcutaneous solution</i>	1	QL
<i>sumatriptan- naproxen</i>	1	ST; QL
TOSYMRA	3	ST; QL

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Drug Name	Tier	Requirements / Limits
TRUDHESA	3	ST; QL
UBRELVY	2	PA; QL
ZEMBRACE SYMTOUCH	3	ST; QL
<i>zolmitriptan nasal spray,non-aerosol 5 mg</i>	1	ST; QL
<i>zolmitriptan oral</i>	1	QL
ZOMIG NASAL	2	ST; QL
MISCELLANEOUS NEUROLOGICAL THERAPY		
ADLARITY	3	PA
ARICEPT	3	ST
AUSTEDO	4	PA; SP; LA; QL
<i>dalfampridine</i>	4	PA; SP; QL
<i>donepezil oral tablet 10 mg, 5 mg</i>	1	
<i>donepezil oral tablet 23 mg</i>	1	ST
<i>donepezil oral tablet,disintegrating</i>	1	
EVRYSDI	5	PA; SP; LA; QL
EXELON PATCH	3	ST
FIRDAPSE	4	PA; SP; LA
<i>galantamine</i>	1	
HORIZANT	3	ST; QL
INGREZZA	5	PA; SP; LA; QL
INGREZZA INITIATION PACK	5	PA; SP; QL
KEVEYIS	5	PA; SP

Drug Name	Tier	Requirements / Limits
<i>memantine oral capsule,sprinkle,er 24hr</i>	1	
<i>memantine oral solution</i>	1	
<i>memantine oral tablet</i>	1	
MEMANTINE ORAL TABLETS,DOSE PACK	3	
NAMENDA ORAL TABLET	3	ST
NAMENDA TITRATION PAK	3	
NAMENDA XR ORAL CAP,SPRINKLE,ER 24HR DOSE PACK	3	
NAMZARIC	2	ST
NUEDEXTA	2	PA
RADICAVA ORS STARTER KIT SUSP	4	PA; SP
RAZADYNE ER	3	ST
<i>rivastigmine</i>	1	
<i>rivastigmine tartrate</i>	1	
TEGSEDI	4	PA; SP; LA
<i>tetrabenazine</i>	4	PA; SP; QL
ZEPOSIA	4	PA; SP; QL
ZEPOSIA STARTER KIT	4	PA; SP; QL
ZEPOSIA STARTER PACK	4	PA; SP; QL

MUSCLE RELAXANTS & ANTISPASMODIC THERAPY

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Drug Name	Tier	Requirements / Limits
<i>baclofen oral tablet</i>	1	
<i>carisoprodol</i>	1	QL
<i>carisoprodol-aspirin</i>	1	QL
<i>carisoprodol-aspirin-codeine</i>	1	QL
<i>chlorzoxazone</i>	1	
<i>cyclobenzaprine oral capsule, extended release 24hr</i>	1	PA
<i>cyclobenzaprine oral tablet</i>	1	
DANTRIUM ORAL CAPSULE 25 MG	3	
<i>dantrolene oral</i>	1	
FEXMID	3	ST
LORZONE	3	ST
<i>meprobamate</i>	1	
<i>metaxalone</i>	1	
<i>methocarbamol oral</i>	1	
NORGESIC	3	
NORGESIC FORTE	3	
<i>orphenadrine citrate oral</i>	1	
<i>orphenadrine-asa-caffeine</i>	1	
<i>orphengesic forte</i>	1	
<i>pyridostigmine bromide oral syrup</i>	1	
PYRIDOSTIGMINE BROMIDE ORAL TABLET 30 MG	3	
<i>pyridostigmine bromide oral tablet 60 mg</i>	1	

Drug Name	Tier	Requirements / Limits
<i>pyridostigmine bromide oral tablet extended release</i>	1	
SOMA	3	QL
<i>tizanidine</i>	1	
<i>vanadom</i>	1	QL
ZANAFLEX	3	
NARCOTIC ANALGESICS		
<i>acetaminophen-caff-dihydrocod</i>	1	QL
<i>acetaminophen-codeine oral solution 120-12 mg/5 ml, 300 mg-30 mg /12.5 ml</i>	1	QL
<i>acetaminophen-codeine oral tablet</i>	1	QL
ACTIQ	3	PA; QL
ALLZITAL	3	PA
<i>ascomp with codeine</i>	1	QL
BELBUCA	2	ST; QL
<i>buprenorphine</i>	1	ST
<i>buprenorphine hcl sublingual</i>	1	
<i>butalbital compound w/codeine</i>	1	QL
<i>butalbital-acetaminop-caf-cod</i>	1	QL
<i>butalbital-acetaminophen</i>	1	
<i>butalbital-acetaminophen-caff</i>	1	
<i>butalbital-aspirin-caffeine</i>	1	
<i>codeine sulfate</i>	1	QL

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You can find information on what the symbols and abbreviations on this table mean by going to the beginning of this table.

Drug Name	Tier	Requirements / Limits
<i>codeine-butalbital-asa-caff</i>	1	QL
DILAUDID	3	QL
<i>diskets</i>	1	ST
DSUVIA	3	
<i>endocet</i>	1	QL
ESGIC	3	ST
<i>fentanyl</i>	1	ST; QL
<i>fentanyl citrate buccal lozenge on a handle</i>	1	PA; QL
FIORICET	3	ST
FIORICET WITH CODEINE	3	QL
<i>hydrocodone bitartrate</i>	1	ST; QL
<i>hydrocodone-acetaminophen oral solution</i>	1	QL
<i>hydrocodone-acetaminophen oral tablet 10-300 mg, 10-325 mg, 5-300 mg, 5-325 mg, 7.5-300 mg, 7.5-325 mg</i>	1	QL
<i>hydrocodone-ibuprofen</i>	1	QL
<i>hydromorphone oral liquid</i>	1	QL
<i>hydromorphone oral tablet</i>	1	QL
<i>hydromorphone oral tablet extended release 24 hr</i>	1	ST; QL
<i>hydromorphone rectal</i>	1	QL
HYSINGLA ER	2	ST; QL

Drug Name	Tier	Requirements / Limits
<i>levorphanol tartrate</i>	1	QL
LORTAB ELIXIR	3	QL
<i>meperidine oral solution</i>	1	QL
<i>meperidine oral tablet 50 mg</i>	1	QL
<i>methadone oral concentrate</i>	1	ST
<i>methadone oral solution</i>	1	ST
<i>methadone oral tablet</i>	1	ST
<i>methadone oral tablet, soluble</i>	1	ST
<i>methadose oral concentrate</i>	1	ST
<i>methadose oral tablet, soluble</i>	1	ST
<i>morphine concentrate oral solution</i>	1	QL
<i>morphine oral capsule, er multiphase 24 hr</i>	1	ST; QL
<i>morphine oral capsule, extend. release pellets 10 mg, 100 mg, 20 mg, 30 mg, 50 mg, 60 mg, 80 mg</i>	1	ST; QL
<i>morphine oral solution</i>	1	QL
<i>morphine oral tablet</i>	1	QL
<i>morphine oral tablet extended release</i>	1	ST; QL
<i>morphine rectal</i>	1	QL
MS CONTIN	3	ST; QL
NALOCET	3	QL

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You can find information on what the symbols and abbreviations on this table mean by going to the beginning of this table.

Drug Name	Tier	Requirements / Limits
OXAYDO	3	QL
oxycodone oral capsule	1	QL
oxycodone oral concentrate	1	QL
oxycodone oral solution	1	QL
oxycodone oral tablet	1	QL
oxycodone-acetaminophen	1	QL
OXYCONTIN ORAL TABLET, ORAL ONLY, EXT. REL. 12 HR	2	ST; QL
oxymorphone oral tablet	1	QL
oxymorphone oral tablet extended release 12 hr	1	ST; QL
prolate oral tablet	1	QL
ROXICODONE	3	QL
tencon	1	
TREZIX	3	QL
vtol lq	1	
zebutal	1	
NON-NARCOTIC ANALGESICS		
adult aspirin regimen	6	ACA; OTC
ANAPROX DS	3	ST
ARTHROTEC 50	3	ST
ARTHROTEC 75	3	ST
aspirin oral tablet	6	ACA; OTC

Drug Name	Tier	Requirements / Limits
aspirin oral tablet, chewable	6	ACA; OTC
aspirin oral tablet, delayed release (dr/ec) 325 mg, 81 mg	6	ACA; OTC
aspir-trin	6	ACA; OTC
bayer aspirin	6	ACA; OTC
bayer low dose aspirin	6	ACA; OTC
buprenorphine-naloxone sublingual film 12-3 mg	1	
buprenorphine-naloxone sublingual film 2-0.5 mg, 4-1 mg, 8-2 mg	1	QL
buprenorphine-naloxone sublingual tablet 2-0.5 mg	1	QL
buprenorphine-naloxone sublingual tablet 8-2 mg	1	
butorphanol	1	QL
CAMBIA	3	ST; QL
cataflam	1	
celecoxib	1	ST
children's aspirin	6	ACA; OTC
choline, magnesium salicylate	1	
DAYPRO	3	ST
diclofenac potassium oral capsule	1	
diclofenac potassium oral tablet 50 mg	1	
diclofenac sodium oral	1	

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You can find information on what the symbols and abbreviations on this table mean by going to the beginning of this table.

Drug Name	Tier	Requirements / Limits
<i>diclofenac sodium topical drops</i>	1	QL
<i>diclofenac sodium topical gel 1 %</i>	1	ST; QL
<i>diclofenac sodium topical solution in metered-dose pump</i>	1	QL
<i>diclofenac-misoprostol</i>	1	
<i>diflunisal</i>	1	
DISALCID	3	
DUEXIS	3	ST
EC-NAPROSYN	3	ST
<i>ecotrin</i>	6	ACA; OTC
<i>ecotrin low strength</i>	6	ACA; OTC
<i>etodolac</i>	1	
FELDENE	3	ST
<i>fenoprofen oral capsule 400 mg</i>	1	ST
<i>fenoprofen oral tablet</i>	1	ST
FLECTOR	2	ST; QL
<i>flurbiprofen oral tablet 100 mg</i>	1	
<i>ibu</i>	1	
<i>ibuprofen oral suspension</i>	1	
<i>ibuprofen oral tablet 400 mg, 600 mg, 800 mg</i>	1	
<i>ibuprofen-famotidine</i>	1	ST
<i>indomethacin oral</i>	1	
<i>ketoprofen oral capsule 25 mg</i>	1	ST

Drug Name	Tier	Requirements / Limits
<i>ketoprofen oral capsule 50 mg, 75 mg</i>	1	
<i>ketoprofen oral capsule,ext rel. pellets 24 hr 200 mg</i>	1	ST
<i>ketorolac oral</i>	1	QL
KLOXXADO	2	
LICART	2	ST; QL
LODINE ORAL TABLET	3	ST
<i>lofena</i>	1	ST
<i>meclofenamate</i>	1	
<i>mefenamic acid</i>	1	
MELOXICAM ORAL SUSPENSION	3	
<i>meloxicam oral tablet 15 mg</i>	1	
<i>meloxicam oral tablet 7.5 mg</i>	1	QL
<i>meloxicam submicronized oral capsule 10 mg</i>	1	ST
<i>meloxicam submicronized oral capsule 5 mg</i>	1	ST; QL
<i>nabumetone</i>	1	
NALFON ORAL TABLET	3	ST
<i>naloxone injection solution</i>	1	
<i>naloxone injection syringe</i>	1	
<i>naloxone nasal</i>	1	QL
<i>naltrexone</i>	1	

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You can find information on what the symbols and abbreviations on this table mean by going to the beginning of this table.

Drug Name	Tier	Requirements / Limits
NAPRELAN CR	3	ST
NAPROSYN ORAL SUSPENSION	3	ST
NAPROSYN ORAL TABLET 500 MG	3	ST
<i>naproxen oral suspension</i>	1	ST
<i>naproxen oral tablet</i>	1	
<i>naproxen oral tablet, delayed release (dr/ec)</i>	1	
<i>naproxen sodium oral tablet 275 mg, 550 mg</i>	1	
<i>naproxen sodium oral tablet, er multiphase 24 hr 375 mg, 500 mg</i>	1	ST
NAPROXEN SODIUM ORAL TABLET, ER MULTIPHASE 24 HR 750 MG	3	ST
<i>naproxen-esomeprazole</i>	1	ST
NARCAN	2	QL
<i>oxaprozin</i>	1	
<i>pentazocine-naloxone</i>	1	QL
<i>piroxicam</i>	1	
RELAFEN	3	ST
<i>salsalate</i>	1	
SPRIX	5	ST; SP; QL
<i>st joseph aspirin</i>	6	ACA; OTC
<i>st. joseph aspirin</i>	6	ACA; OTC
<i>sulindac</i>	1	

Drug Name	Tier	Requirements / Limits
<i>tolmetin oral tablet 200 mg</i>	1	
<i>tramadol oral tablet 50 mg</i>	1	QL
<i>tramadol oral tablet extended release 24 hr</i>	1	ST; QL
<i>tramadol oral tablet, er multiphase 24 hr</i>	1	PA; QL
<i>tramadol-acetaminophen</i>	1	QL
ULTRACET	3	QL
ULTRAM	3	QL
VIVITROL	4	SP
ZUBSOLV SUBLINGUAL TABLET 0.7-0.18 MG, 1.4-0.36 MG, 2.9-0.71 MG, 5.7-1.4 MG, 8.6-2.1 MG	2	QL
ZUBSOLV SUBLINGUAL TABLET 11.4-2.9 MG	2	
PSYCHOTHERAPEUTIC DRUGS		
ABILIFY MAINTENA	2	
ABILIFY MYCITE MAINTENANCE KIT	3	QL
ABILIFY MYCITE STARTER KIT	3	QL
ADHANSIA XR	3	ST
ADZENYS XR-ODT	3	ST
<i>alprazolam</i>	1	QL
<i>alprazolam intensol</i>	1	

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Drug Name	Tier	Requirements / Limits
<i>amitriptyline</i>	1	
<i>amitriptyline-chlordiazepoxide</i>	1	
<i>amoxapine</i>	1	
<i>amphetamine sulfate</i>	1	
ANAFRANIL	3	
APLENZIN	3	ST; QL
APTENSIO XR	3	ST
<i>aripiprazole oral solution</i>	1	
<i>aripiprazole oral tablet</i>	1	QL
<i>aripiprazole oral tablet, disintegrating</i>	1	QL
ARISTADA	2	
ARISTADA INITIO	2	
<i>armodafinil</i>	1	ST; QL
<i>asenapine maleate</i>	1	QL
ATIVAN ORAL	3	QL
<i>atomoxetine</i>	1	
AZSTARYS	3	ST
BELSOMRA	3	ST; QL
<i>bupropion hcl oral tablet</i>	1	
<i>bupropion hcl oral tablet extended release 24 hr 150 mg, 300 mg</i>	1	QL
<i>bupropion hcl oral tablet sustained-release 12 hr</i>	1	QL
<i>buspirone</i>	1	
CAPLYTA ORAL CAPSULE 10.5 MG, 21 MG	3	

Drug Name	Tier	Requirements / Limits
CAPLYTA ORAL CAPSULE 42 MG	3	QL
<i>chlordiazepoxide hcl</i>	1	
<i>chlorpromazine</i>	1	
<i>citalopram oral solution</i>	1	
<i>citalopram oral tablet</i>	1	QL
<i>clomipramine</i>	1	
<i>clonidine hcl oral tablet extended release 12 hr</i>	1	
<i>clorazepate dipotassium</i>	1	
<i>clozapine</i>	1	
CLOZARIL	3	
COTEMPLA XR-ODT	3	ST
DAYTRANA	2	ST
DAYVIGO	3	ST; QL
<i>desipramine</i>	1	
DESOXYN	3	
DESVENLAFAXIN E	3	ST; QL
<i>desvenlafaxine succinate</i>	1	ST; QL
DEXEDRINE SPANSULE ORAL CAPSULE, EXTENDED RELEASE 10 MG, 15 MG	3	ST
<i>dexmethylphenidate</i>	1	
<i>dextroamphetamine sulfate</i>	1	

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You can find information on what the symbols and abbreviations on this table mean by going to the beginning of this table.

Drug Name	Tier	Requirements / Limits
<i>dextroamphetamine-amphetamine</i>	1	
<i>diazepam intensol</i>	1	QL
<i>diazepam oral solution 5 mg/5 ml (1 mg/ml)</i>	1	QL
<i>diazepam oral tablet</i>	1	QL
<i>doxepin oral capsule</i>	1	
<i>doxepin oral concentrate</i>	1	
<i>doxepin oral tablet</i>	1	PA; QL
<i>duloxetine oral capsule, delayed release(dr/ec) 20 mg, 30 mg, 60 mg</i>	1	QL
<i>duloxetine oral capsule, delayed release(dr/ec) 40 mg</i>	1	ST; QL
DYANAVEL XR ORAL SUSPEN, IR - ER, BIPHASIC 24HR	2	ST
EDLUAR	3	ST; QL
EMSAM	3	
<i>ergoloid</i>	1	
<i>escitalopram oxalate oral solution</i>	1	
<i>escitalopram oxalate oral tablet</i>	1	QL
<i>estazolam</i>	1	QL
<i>eszopiclone</i>	1	QL
EVEKEO ODT	3	
FANAPT	3	QL
FETZIMA	2	ST; QL

Drug Name	Tier	Requirements / Limits
<i>fluoxetine oral capsule 10 mg, 40 mg</i>	1	QL
<i>fluoxetine oral capsule 20 mg</i>	1	
<i>fluoxetine oral capsule, delayed release(dr/ec)</i>	1	QL
<i>fluoxetine oral solution</i>	1	
<i>fluoxetine oral tablet 10 mg</i>	1	ST; QL
<i>fluoxetine oral tablet 20 mg, 60 mg</i>	1	ST
<i>fluphenazine decanoate</i>	1	
<i>fluphenazine hcl</i>	1	
<i>flurazepam</i>	1	QL
<i>fluvoxamine oral capsule, extended release 24hr</i>	1	ST; QL
<i>fluvoxamine oral tablet</i>	1	QL
GEODON INTRAMUSCULAR	3	
GEODON ORAL	3	QL
<i>guanfacine oral tablet extended release 24 hr</i>	1	
HALCION ORAL TABLET 0.25 MG	3	QL
HALDOL DECANOATE	3	
<i>haloperidol</i>	1	
<i>haloperidol decanoate</i>	1	

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Drug Name	Tier	Requirements / Limits
<i>haloperidol lactate</i>	1	
HETLIOZ	5	PA; SP; QL
HETLIOZ LQ	5	PA; SP; QL
IGALMI	3	QL
<i>imipramine hcl</i>	1	
<i>imipramine pamoate</i>	1	
INVEGA	3	QL
INVEGA SUSTENNA	3	
INVEGA TRINZA	3	
JORNAY PM	3	ST
KAPVAY	3	ST
KETAMINE SUBLINGUAL	3	
LATUDA	2	QL
<i>lithium carbonate</i>	1	
LITHOBID	3	
<i>lorazepam intensol</i>	1	QL
<i>lorazepam oral concentrate</i>	1	QL
<i>lorazepam oral tablet</i>	1	QL
<i>loxapine succinate</i>	1	
MARPLAN	3	
<i>methamphetamine</i>	1	
METHYLIN ORAL SOLUTION	3	
<i>methylphenidate</i>	1	
<i>methylphenidate hcl oral cap,er sprinkle,biphasic 40-60</i>	1	ST

Drug Name	Tier	Requirements / Limits
<i>methylphenidate hcl oral capsule, er biphasic 30-70</i>	1	
<i>methylphenidate hcl oral capsule,er biphasic 50-50</i>	1	
<i>methylphenidate hcl oral solution</i>	1	
<i>methylphenidate hcl oral tablet</i>	1	
<i>methylphenidate hcl oral tablet extended release</i>	1	
<i>methylphenidate hcl oral tablet extended release 24hr 18 mg, 27 mg, 36 mg, 54 mg</i>	1	
METHYLPHENIDATE HCL ORAL TABLET EXTENDED RELEASE 24HR 72 MG	3	ST
<i>methylphenidate hcl oral tablet,chewable</i>	1	
MIDAZOLAM ORAL SYRUP 10 MG/5 ML (2 MG/ML)	3	
<i>midazolam oral syrup 2 mg/ml</i>	1	
<i>mirtazapine</i>	1	
MKO (MIDAZOLAM-KETAMINE-ONDAN)	3	
<i>modafinil</i>	1	ST; QL
<i>molindone</i>	1	
MYDAYIS	2	ST

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Drug Name	Tier	Requirements / Limits
NARDIL	3	
nefazodone	1	
NORPRAMIN ORAL TABLET 10 MG, 25 MG	3	
nortriptyline	1	
NUPLAZID	5	PA; SP; QL
olanzapine intramuscular	1	
olanzapine oral	1	QL
olanzapine- fluoxetine	1	
oxazepam	1	
paliperidone	1	QL
PAMELOR	3	
PARNATE	3	
paroxetine hcl oral suspension	1	
paroxetine hcl oral tablet	1	QL
paroxetine hcl oral tablet extended release 24 hr	1	ST; QL
paroxetine mesylate(menop.sym)	1	ST; QL
PAXIL CR	3	ST; QL
PAXIL ORAL SUSPENSION	3	ST
PAXIL ORAL TABLET	3	ST; QL
perphenazine	1	
perphenazine- amitriptyline	1	
PERSERIS	3	

Drug Name	Tier	Requirements / Limits
phenelzine	1	
pimozide	1	
procentra	1	
protriptyline	1	
quetiapine oral tablet 100 mg, 200 mg, 25 mg, 300 mg, 400 mg, 50 mg	1	QL
quetiapine oral tablet extended release 24 hr	1	QL
QUILLICHEW ER	2	ST
QUILLIVANT XR	2	ST
ramelteon	1	QL
RELEXXII	3	ST
REMERON ORAL TABLET 15 MG, 30 MG	3	
REMERON SOLTAB	3	
RESTORIL	3	QL
REXULTI	3	QL
RISPERDAL CONSTA	2	
RISPERDAL ORAL SOLUTION	3	
RISPERDAL ORAL TABLET 0.5 MG, 1 MG, 2 MG, 3 MG, 4 MG	3	QL
risperidone oral solution	1	
risperidone oral tablet	1	QL
risperidone oral tablet,disintegrating	1	QL

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Drug Name	Tier	Requirements / Limits
SECUADO	3	QL
<i>sertraline oral concentrate</i>	1	
<i>sertraline oral tablet</i>	1	QL
SILENOR	3	ST; QL
SUNOSI	2	ST; QL
SYMBYAX ORAL CAPSULE 3-25 MG, 6-25 MG	3	PA
<i>temazepam</i>	1	QL
<i>thioridazine</i>	1	
<i>thiothixene</i>	1	
TRANXENE T-TAB	3	
<i>tranylcypromine</i>	1	
<i>trazodone</i>	1	
<i>triazolam</i>	1	QL
<i>trifluoperazine</i>	1	
<i>trimipramine</i>	1	
TRINTELLIX	3	ST; QL
VENLAFAXINE BESYLATE	3	
<i>venlafaxine oral capsule, extended release 24hr</i>	1	QL
<i>venlafaxine oral tablet</i>	1	QL
<i>venlafaxine oral tablet extended release 24hr</i>	1	ST; QL
VERSACLOZ	3	
<i>vilazodone</i>	1	QL
VRAYLAR	3	QL
VYVANSE	2	ST

Drug Name	Tier	Requirements / Limits
WAKIX	5	ST; SP; LA; QL
XYREM	4	PA; SP; LA; QL
XYWAV	4	PA; SP; LA; QL
<i>zaleplon</i>	1	QL
<i>zenzedi oral tablet 10 mg, 5 mg</i>	1	
ZENZEDI ORAL TABLET 15 MG, 2.5 MG, 20 MG, 30 MG, 7.5 MG	3	
<i>ziprasidone hcl</i>	1	QL
<i>ziprasidone mesylate</i>	1	
<i>zolpidem</i>	1	QL
ZOLPIMIST	3	ST; QL
ZYPREXA INTRAMUSCULAR	3	
ZYPREXA ORAL	3	QL
ZYPREXA RELPREVV	3	
ZYPREXA ZYDIS	3	QL

CARDIOVASCULAR, HYPERTENSION & LIPIDS

ANTIARRHYTHMIC AGENTS

<i>amiodarone oral</i>	1	
BETAPACE	3	ST
BETAPACE AF	3	ST
<i>disopyramide phosphate oral capsule</i>	1	
<i>dofetilide</i>	1	
<i>flecainide</i>	1	

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You can find information on what the symbols and abbreviations on this table mean by going to the beginning of this table.

Drug Name	Tier	Requirements / Limits
<i>mexiletine</i>	1	
MULTAQ	3	
<i>pacerone oral tablet</i> 100 mg, 200 mg, 400 mg	1	
<i>propafenone</i>	1	
<i>quinidine gluconate oral</i>	1	
<i>quinidine sulfate oral tablet</i>	1	
RYTHMOL SR	3	
<i>sorine</i>	1	
<i>sotalol af</i>	1	
<i>sotalol oral</i>	1	
SOTYLIZE	2	
ANTIHYPERTENSIVE THERAPY		
ACCUPRIL	3	
ACCURETIC	3	
<i>acebutolol</i>	1	
ALDACTAZIDE	3	
ALDACTONE	3	
<i>aliskiren</i>	1	
ALTACE	3	
<i>amiloride</i>	1	
<i>amiloride-hydrochlorothiazide</i>	1	
<i>amlodipine</i>	1	
<i>amlodipine-benazepril</i>	1	
<i>amlodipine-olmesartan</i>	1	
<i>amlodipine-valsartan</i>	1	

Drug Name	Tier	Requirements / Limits
<i>amlodipine-valsartan-hcthiiazid</i>	1	
<i>atenolol</i>	1	
<i>atenolol-chlorthalidone</i>	1	
<i>benazepril</i>	1	
<i>benazepril-hydrochlorothiazide</i>	1	
<i>betaxolol oral</i>	1	
BIDIL	3	
<i>bisoprolol fumarate</i>	1	
<i>bisoprolol-hydrochlorothiazide</i>	1	
<i>bumetanide oral</i>	1	
CALAN SR	3	ST
<i>candesartan</i>	1	
<i>candesartan-hydrochlorothiazid</i>	1	
<i>captopril</i>	1	
<i>captopril-hydrochlorothiazide</i>	1	
CARDIZEM CD	3	
CARDIZEM LA	3	
CARDIZEM ORAL TABLET 120 MG, 30 MG, 60 MG	3	
CARDURA	3	ST; QL
CARDURA XL	3	ST; QL
<i>cartia xt</i>	1	
<i>carvedilol</i>	1	
<i>carvedilol phosphate</i>	1	
CATAPRES-TTS-1	3	QL
CATAPRES-TTS-2	3	QL
CATAPRES-TTS-3	3	QL

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Drug Name	Tier	Requirements / Limits
<i>chlorthalidone oral tablet 25 mg, 50 mg</i>	1	
<i>clonidine</i>	1	QL
<i>clonidine hcl oral tablet</i>	1	
CONSENSI	3	
COREG CR	3	ST
CORGARD	3	ST
DEMSER	2	PA
DIBENZYLINE	3	PA
<i>diltiazem hcl oral capsule,ext.rel 24h degradable</i>	1	
<i>diltiazem hcl oral capsule,extended release 12 hr</i>	1	
<i>diltiazem hcl oral capsule,extended release 24 hr 180 mg, 240 mg, 300 mg, 360 mg, 420 mg</i>	1	
<i>diltiazem hcl oral capsule,extended release 24hr</i>	1	
<i>diltiazem hcl oral tablet</i>	1	
<i>diltiazem hcl oral tablet extended release 24 hr</i>	1	
<i>dilt-xr</i>	1	
DIURIL	3	
<i>doxazosin</i>	1	QL
DYRENIUM	3	
EDECIN	3	
<i>enalapril maleate</i>	1	

Drug Name	Tier	Requirements / Limits
<i>enalapril-hydrochlorothiazide</i>	1	
<i>eplerenone</i>	1	
<i>eprosartan</i>	1	
<i>ethacrynic acid</i>	1	
<i>felodipine</i>	1	
<i>fosinopril</i>	1	
<i>fosinopril-hydrochlorothiazide</i>	1	
<i>furosemide oral solution 10 mg/ml, 40 mg/5 ml (8 mg/ml)</i>	1	
<i>furosemide oral tablet</i>	1	
<i>guanfacine oral tablet</i>	1	
<i>hydralazine oral</i>	1	
<i>hydrochlorothiazide</i>	1	
<i>indapamide</i>	1	
INSPRA	3	
<i>irbesartan</i>	1	
<i>irbesartan-hydrochlorothiazide</i>	1	
<i>isosorbide-hydralazine</i>	1	
<i>isradipine</i>	1	
KERENDIA	2	PA; QL
<i>labetalol oral</i>	1	
LASIX	3	
<i>lisinopril</i>	1	
<i>lisinopril-hydrochlorothiazide</i>	1	
LOPRESSOR ORAL	3	ST

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You can find information on what the symbols and abbreviations on this table mean by going to the beginning of this table.

Drug Name	Tier	Requirements / Limits
<i>losartan</i>	1	
<i>losartan-hydrochlorothiazide</i>	1	
LOTENSIN HCT	3	
LOTENSIN ORAL TABLET 10 MG, 20 MG, 40 MG	3	
<i>matzim la</i>	1	
MAXZIDE	3	
MAXZIDE-25MG	3	
<i>methyldopa</i>	1	
<i>methyldopa-hydrochlorothiazide</i>	1	
<i>metolazone</i>	1	
<i>metoprolol succinate</i>	1	
<i>metoprolol ta-hydrochlorothiaz</i>	1	
<i>metoprolol tartrate oral</i>	1	
<i>metirosine</i>	1	PA
MINIPRESS	3	
<i>minoxidil oral</i>	1	
<i>moexipril</i>	1	
<i>nadolol</i>	1	
<i>nebivolol</i>	1	
<i>nicardipine oral</i>	1	
<i>nifedipine</i>	1	
<i>nimodipine</i>	1	
<i>nisoldipine</i>	1	
NYMALIZE ORAL SOLUTION 60 MG/10 ML	3	
NYMALIZE ORAL SYRINGE	3	

Drug Name	Tier	Requirements / Limits
<i>olmesartan</i>	1	
<i>olmesartan-amlodipin-hcthiazid</i>	1	
<i>olmesartan-hydrochlorothiazide</i>	1	
ORENITRAM	5	PA; SP
<i>perindopril erbumine</i>	1	
<i>phenoxybenzamine</i>	1	PA
<i>pindolol</i>	1	
<i>prazosin</i>	1	
PRESTALIA	3	ST
PROCARDIA XL	3	ST
<i>propranolol oral</i>	1	
<i>propranolol-hydrochlorothiazid</i>	1	
<i>quinapril</i>	1	
<i>quinapril-hydrochlorothiazide</i>	1	
<i>ramipril</i>	1	
<i>spironolactone</i>	1	
<i>spironolacton-hydrochlorothiaz</i>	1	
SULAR ORAL TABLET EXTENDED RELEASE 24 HR 17 MG, 34 MG, 8.5 MG	3	ST
<i>taztia xt</i>	1	
TEKTURNA HCT	2	
<i>telmisartan</i>	1	
<i>telmisartan-amlodipine</i>	1	

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Drug Name	Tier	Requirements / Limits
<i>telmisartan-hydrochlorothiazid</i>	1	
TENORETIC 100	3	ST
TENORETIC 50	3	ST
TENORMIN	3	ST
<i>terazosin</i>	1	QL
<i>tiadylt er</i>	1	
TIAZAC	3	
<i>timolol maleate oral</i>	1	
<i>torse mide oral</i>	1	
<i>trandolapril</i>	1	
<i>trandolapril-verapamil</i>	1	
<i>triamterene</i>	1	
<i>triamterene-hydrochlorothiazid</i>	1	
UPTRAVI ORAL	4	PA; SP; LA
<i>valsartan oral tablet</i>	1	
<i>valsartan-hydrochlorothiazide</i>	1	
VASERETIC	3	
VASOTEC	3	
<i>verapamil oral</i>	1	
VERELAN	3	ST
VERELAN PM	3	ST
ZESTORETIC	3	
ZESTRIL	3	
ZIAC	3	ST
CARDIAC GLYCOSIDES		
<i>digitek</i>	1	
<i>digox</i>	1	
<i>digoxin oral</i>	1	

Drug Name	Tier	Requirements / Limits
LANOXIN ORAL TABLET 125 MCG (0.125 MG), 250 MCG (0.25 MG), 62.5 MCG (0.0625 MG)	3	
COAGULATION THERAPY		
AMICAR	3	
<i>aminocaproic acid oral</i>	1	
ARIXTRA	3	
<i>aspirin-dipyridamole</i>	1	
BRILINTA	2	
CABLIVI INJECTION KIT	4	PA; SP; LA
<i>cilostazol</i>	1	
<i>clopidogrel</i>	1	
<i>dabigatran etexilate</i>	1	
<i>dipyridamole oral</i>	1	
DOPTELET (15 TAB PACK)	4	PA; SP; LA; QL
EFFIENT	3	
ELIQUIS	2	
ELIQUIS DVT-PE TREAT 30D START	2	
<i>enoxaparin</i>	1	
<i>fondaparinux</i>	1	
FRAGMIN SUBCUTANEOUS SOLUTION	2	
FRAGMIN SUBCUTANEOUS SYRINGE	2	
<i>hep flush-10 (pf)</i>	1	

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You can find information on what the symbols and abbreviations on this table mean by going to the beginning of this table.

Drug Name	Tier	Requirements / Limits
HEPARIN (PORCINE) IN 0.9% NACL INTRAVENOUS PARENTERAL SOLUTION 2,500 UNIT/500 ML (5 UNIT/ML), 30,000 UNIT/1,000 ML, 5,000 UNIT/1,000 ML, 5,000 UNIT/500 ML (10 UNIT/ML)	3	
<i>heparin (porcine) in 5 % dex</i>	1	
<i>heparin (porcine) in nacl (pf)</i>	1	
<i>heparin (porcine) injection cartridge</i>	1	
<i>heparin (porcine) injection solution</i>	1	
<i>heparin (porcine) injection syringe 5,000 unit/ml</i>	1	
<i>heparin flush(porcine)-0.9nacl</i>	1	
<i>heparin lock flush (porcine)</i>	1	
<i>heparin lockflush(porcine)(pf)</i>	1	
HEPARIN(PORCINE) IN 0.45% NACL INTRAVENOUS PARENTERAL SOLUTION 12,500 UNIT/250 ML	3	

Drug Name	Tier	Requirements / Limits
<i>heparin(porcine) in 0.45% nacl intravenous parenteral solution 25,000 unit/250 ml, 25,000 unit/500 ml</i>	1	
<i>heparin, porcine (pf) injection solution</i>	1	
<i>heparin, porcine (pf) injection syringe 5,000 unit/0.5 ml</i>	1	
HEPARIN, PORCINE (PF) INJECTION SYRINGE 5,000 UNIT/ML	3	
<i>heparin, porcine (pf) intravenous solution 100 unit/ml (1 ml)</i>	1	
<i>heparin, porcine (pf) intravenous syringe 1 unit/ml, 100 unit/ml</i>	1	
HEPARIN, PORCINE (PF) SUBCUTANEOUS	3	
<i>jantoven</i>	1	
MEPHYTON	3	QL
<i>pentoxifylline</i>	1	
PHYTONADIONE (VITAMIN K1) INJECTION SOLUTION 1 MG/0.5 ML	2	
<i>phytonadione (vitamin k1) injection solution 10 mg/ml</i>	1	

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Drug Name	Tier	Requirements / Limits
PHYTONADIONE (VITAMIN K1) INJECTION SYRINGE	2	
<i>phytonadione (vitamin k1) oral tablet 5 mg</i>	1	QL
<i>prasugrel</i>	1	
PROMACTA	4	PA; SP; LA
TAVALISSE	4	PA; SP; LA; QL
<i>vitamin k</i>	1	
<i>vitamin k1 injection</i>	1	
<i>warfarin</i>	1	
XARELTO	2	
XARELTO DVT-PE TREAT 30D START	2	
ZONTIVITY	3	PA
LIPID/CHOLESTEROL LOWERING AGENTS		
<i>amlodipine-atorvastatin</i>	1	QL
<i>atorvastatin oral tablet 10 mg, 20 mg</i>	6	ACA; QL
<i>atorvastatin oral tablet 40 mg, 80 mg</i>	1	QL
CADUET	3	ST; QL
<i>cholestyramine (with sugar)</i>	1	
<i>cholestyramine light</i>	1	
<i>colesevelam</i>	1	
COLESTID	3	PA
COLESTID FLAVORED ORAL PACKET	3	PA

Drug Name	Tier	Requirements / Limits
<i>colestipol</i>	1	
<i>ezetimibe</i>	1	ST
<i>ezetimibe-simvastatin</i>	1	QL
<i>fenofibrate micronized oral capsule 130 mg, 134 mg, 200 mg, 43 mg, 67 mg</i>	1	
<i>fenofibrate nanocrystallized</i>	1	
<i>fenofibrate oral tablet 120 mg, 40 mg</i>	1	ST
<i>fenofibrate oral tablet 160 mg, 54 mg</i>	1	
<i>fenofibric acid</i>	1	
<i>fenofibric acid (choline)</i>	1	
FENOGLIDE	3	ST
FIBRICOR	3	ST
FLOLIPID	3	ST; QL
<i>fluvastatin</i>	6	ACA; QL
<i>gemfibrozil</i>	1	
<i>icosapent ethyl oral capsule 1 gram</i>	1	PA
JUXTAPID	4	PA; SP; LA
LESCOL XL	3	ST; QL
LIVALO	2	ST; QL
LOPID	3	
<i>lovastatin</i>	6	ACA; QL
NEXLETOL	2	PA
NEXLIZET	2	PA
<i>niacin oral tablet 500 mg</i>	1	

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Drug Name	Tier	Requirements / Limits
<i>niacin oral tablet extended release 24 hr</i>	1	
NIACOR	3	
NIASPAN EXTENDED- RELEASE ORAL TABLET EXTENDED RELEASE 24 HR 1,000 MG	3	
<i>omega-3 acid ethyl esters</i>	1	PA
<i>pravastatin</i>	6	ACA; QL
<i>prevalite</i>	1	
QUESTRAN	3	ST
QUESTRAN LIGHT	3	ST
REPATHA PUSHTRONEX	2	PA; QL
REPATHA SURECLICK	2	PA; QL
REPATHA SYRINGE	2	PA; QL
<i>rosuvastatin oral tablet 10 mg, 5 mg</i>	6	ACA; QL
<i>rosuvastatin oral tablet 20 mg, 40 mg</i>	1	QL
ROSZET	3	ST; QL
<i>simvastatin oral tablet 10 mg, 20 mg, 40 mg, 5 mg</i>	6	ACA; QL
<i>simvastatin oral tablet 80 mg</i>	1	QL
TRILIPIX	3	ST
VASCEPA	2	PA

Drug Name	Tier	Requirements / Limits
ZYPITAMAG ORAL TABLET 2 MG, 4 MG	3	ST; QL
MISCELLANEOUS CARDIOVASCULAR AGENTS		
CAMZYOS	4	PA; SP
ENTRESTO	2	QL
<i>ranolazine</i>	1	
VECAMYL	3	PA
VERQUVO	2	QL
VYNDAMAX	4	PA; SP
VYNDAQEL	4	PA; SP
NITRATES		
GONITRO	3	
ISORDIL	3	
ISORDIL TITRADOSE ORAL TABLET 5 MG	3	
<i>isosorbide dinitrate oral tablet</i>	1	
<i>isosorbide mononitrate</i>	1	
<i>nitro-bid</i>	1	
NITRO-DUR	3	
<i>nitroglycerin sublingual</i>	1	
<i>nitroglycerin transdermal patch 24 hour</i>	1	
<i>nitroglycerin translingual</i>	1	
NITROLINGUAL	3	
NITROMIST	3	
NITROSTAT	3	

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Drug Name	Tier	Requirements / Limits
<i>nitro-time</i>	1	
DERMATOLOGICALS/TOPICAL THERAPY		
ANTIPSORIATIC / ANTISEBORRHEIC		
<i>acitretin</i>	1	
ANALPRAM-HC TOPICAL	3	ST
<i>calcipotriene scalp</i>	1	QL
<i>calcipotriene topical cream</i>	1	QL
<i>calcipotriene topical ointment</i>	1	QL
<i>calcipotriene-betamethasone topical ointment</i>	1	ST; QL
<i>calcipotriene-betamethasone topical suspension</i>	1	QL
<i>calcitriol topical</i>	1	
DOVONEX TOPICAL	3	ST; QL
ENSTILAR	2	ST; QL
EPIFOAM	3	ST
<i>hydrocortisone-pramoxine topical cream 2.5-1 %</i>	1	ST
OVACE	3	
OVACE PLUS	3	
OVACE PLUS SHAMPOO	3	
OVACE PLUS WASH	3	
PLEXION NS	3	
PRAMOSONE	3	ST

Drug Name	Tier	Requirements / Limits
<i>selenium sulfide topical lotion</i>	1	
<i>selenium sulfide topical shampoo 2.25 %, 2.3 %</i>	1	
SELRX	3	
SKYRIZI SUBCUTANEOUS PEN INJECTOR	4	PA; SP; QL
SKYRIZI SUBCUTANEOUS SYRINGE 150 MG/ML	4	PA; SP; QL
SKYRIZI SUBCUTANEOUS SYRINGE KIT	4	PA; SP; QL
STELARA SUBCUTANEOUS	4	PA; SP; QL
<i>sulfacetamide sodium topical</i>	1	
TACLONEX TOPICAL OINTMENT	3	ST; QL
TACLONEX TOPICAL SUSPENSION	3	QL
TALTZ AUTOINJECTOR	4	PA; SP; QL
TALTZ AUTOINJECTOR (2 PACK)	4	PA; SP; QL
TALTZ AUTOINJECTOR (3 PACK)	4	PA; SP; QL
TALTZ SYRINGE	4	PA; SP; QL
TERSI FOAM	3	
TREMFYA	4	PA; SP; QL
VECTICAL	3	

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Drug Name	Tier	Requirements / Limits
WYNZORA	3	ST; QL
BURN THERAPY		
SILVADENE	3	
<i>silver sulfadiazine</i>	1	
<i>ssd</i>	1	
KERATOLYTICS		
INOVA 4-1	3	ST
INOVA 8-2	3	ST
MISCELLANEOUS DERMATOLOGICALS		
ADBRY	4	SP; QL
AMELUZ	3	
CANTHARIDIN IN ACETONE	3	
CIBINQO	4	PA; SP; QL
CORTANE-B	3	
<i>diclofenac sodium topical gel 3 %</i>	1	PA; QL
<i>doxepin topical</i>	1	ST; QL
DUPIXENT PEN	4	PA; SP; QL
DUPIXENT SYRINGE	4	PA; SP; QL
EFUDEX TOPICAL CREAM	3	
EUCRISA	3	ST; QL
FLUOROPLEX	3	
<i>fluorouracil topical cream 5 %</i>	1	
<i>fluorouracil topical solution</i>	1	
HYFTOR	3	
<i>iodine-sodium iodide topical tincture 2 %</i>	1	

Drug Name	Tier	Requirements / Limits
IODOFLEX	3	
IODOSORB	3	
LEVULAN	3	
<i>methoxsalen</i>	1	
<i>methyl salicylate</i>	1	
<i>methyl salicylate topical liquid</i>	1	
OPZELURA	3	PA; QL
PANRETIN	3	
<i>pimecrolimus</i>	1	ST; QL
<i>podofilox</i>	1	
PROTOPIC	3	ST; QL
<i>prudoxin</i>	1	ST; QL
REGRANEX	2	QL
<i>tacrolimus topical</i>	1	ST; QL
TOLAK	3	
VALCHLOR	4	PA; SP
<i>wintergreen oil</i>	1	
ZONALON	3	ST; QL
THERAPY FOR ACNE		
ABSORICA	3	ST
<i>acutane</i>	1	
ACZONE	3	ST
<i>adapalene topical cream</i>	1	
<i>adapalene topical gel 0.3 %</i>	1	
<i>adapalene topical gel with pump</i>	1	
ADAPALENE TOPICAL LOTION	3	ST
<i>adapalene topical solution</i>	1	

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Drug Name	Tier	Requirements / Limits
<i>adapalene topical swab</i>	1	ST
<i>adapalene-benzoyl peroxide</i>	1	
AKLIEF	3	ST
ALTRENO	3	PA
<i>amnesteem</i>	1	
AMZEEQ	3	ST
ARAZLO	3	PA
AVAR LS	3	ST
<i>avar topical cleanser</i>	1	
AVAR TOPICAL PADS, MEDICATED	3	ST
AVAR-E GREEN	3	ST
AVAR-E LS	3	ST
<i>avita topical cream</i>	1	PA
AVITA TOPICAL GEL	3	PA
<i>azelaic acid</i>	1	
AZELEX	3	ST
BENZAMYCIN	3	ST
BENZEPRO (MICROSPHERES)	3	ST
<i>benzepro topical towelette</i>	1	
<i>benzoyl peroxide topical cleanser 7 %</i>	1	
<i>benzoyl peroxide topical foam</i>	1	
<i>bp 10-1</i>	1	ST
<i>claravis</i>	1	
CLEOCIN T TOPICAL LOTION	3	ST; QL

Drug Name	Tier	Requirements / Limits
CLINDACIN ETZ TOPICAL KIT	3	ST
<i>clindacin etz topical swab</i>	1	
<i>clindacin p</i>	1	
CLINDACIN PAC	3	ST
<i>clindamycin phosphate topical foam</i>	1	QL
<i>clindamycin phosphate topical gel</i>	1	QL
<i>clindamycin phosphate topical gel, once daily</i>	1	QL
<i>clindamycin phosphate topical lotion</i>	1	QL
<i>clindamycin phosphate topical solution</i>	1	QL
<i>clindamycin phosphate topical swab</i>	1	
<i>clindamycin-benzoyl peroxide</i>	1	
<i>clindamycin-tretinoin</i>	1	PA
<i>dapsone topical</i>	1	
DIFFERIN TOPICAL CREAM	3	ST
DIFFERIN TOPICAL GEL WITH PUMP	3	ST
DIFFERIN TOPICAL LOTION	3	ST
ENZOCLEAR	3	ST

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Drug Name	Tier	Requirements / Limits
EPIDUO FORTE	3	ST
EPSOLAY	3	
<i>ery pads</i>	1	
<i>erygel</i>	1	
<i>erythromycin with ethanol topical gel</i>	1	
<i>erythromycin with ethanol topical solution</i>	1	
<i>erythromycin-benzoyl peroxide</i>	1	
EVOCLIN	3	ST; QL
FINACEA TOPICAL FOAM	2	ST
FINACEA TOPICAL GEL	3	ST
INOVA	3	ST
<i>isotretinoin</i>	1	
<i>ivermectin topical cream</i>	1	QL
METROCREAM	3	ST
METROGEL TOPICAL GEL 1 %	3	ST
<i>metronidazole topical</i>	1	
MIRVASO TOPICAL GEL WITH PUMP	2	PA
<i>myorisan</i>	1	
<i>neuac</i>	1	
NEUAC KIT	3	ST
ONEXTON TOPICAL GEL WITH PUMP	2	ST
PACNEX	3	ST

Drug Name	Tier	Requirements / Limits
PLEXION	3	ST
PLEXION CLEANSING CLOTHS	3	ST
PR BENZOYL PEROXIDE	3	ST
RETIN-A	3	PA
RETIN-A MICRO PUMP TOPICAL GEL WITH PUMP 0.06 %, 0.08 %	3	PA
RHOFADE	3	PA
<i>rosadan topical cream</i>	1	
<i>rosadan topical gel</i>	1	
ROSADAN TOPICAL KIT, CLEANSER AND GEL	3	ST
ROSADAN TOPICAL KIT, CLEANSER AND CREAM	3	ST
ROSULA	3	ST
<i>rosula cleansing cloths</i>	1	
SOOLANTRA	3	ST; QL
<i>sss 10-5</i>	1	
<i>sulfacetamide sodium-sulfur topical cleanser</i>	1	
<i>sulfacetamide sodium-sulfur topical cream</i>	1	
<i>sulfacetamide sodium-sulfur topical lotion</i>	1	

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You can find information on what the symbols and abbreviations on this table mean by going to the beginning of this table.

Drug Name	Tier	Requirements / Limits
<i>sulfacetamide sodium-sulfur topical pads, medicated</i>	1	
<i>sulfacetamide sodium-sulfur topical suspension 10-5 %, 8-4 %</i>	1	
SULFACETAMIDE SODIUM-SULFUR TOPICAL SUSPENSION 9-4.25 %	3	ST
<i>sulfacetamide-sulfur-cleansr23</i>	1	
<i>sulfacleanse 8-4</i>	1	ST
SUMADAN	3	ST
SUMADAN XLT	3	ST
SUMAXIN	3	ST
SUMAXIN CP	3	ST
SUMAXIN TS	3	ST
<i>tazarotene topical cream</i>	1	PA
<i>tretinoin</i>	1	PA
<i>tretinoin microspheres</i>	1	PA
TWYNEO	3	PA; ST
VANOXIDE-HC	3	ST
<i>zenatane</i>	1	
ZIANA	3	PA; ST
TOPICAL ANESTHETICS		
COCAINE	3	
<i>glydo</i>	1	QL
GOPRELTO	3	

Drug Name	Tier	Requirements / Limits
<i>lidocaine hcl laryngotracheal</i>	1	
<i>lidocaine hcl mucous membrane jelly</i>	1	QL
<i>lidocaine hcl mucous membrane jelly in applicator</i>	1	QL
<i>lidocaine hcl mucous membrane solution 4 % (40 mg/ml)</i>	1	
<i>lidocaine hcl-hydrocortison ac topical</i>	1	
<i>lidocaine topical adhesive patch,medicated 5 %</i>	1	PA
<i>lidocaine topical ointment</i>	1	QL
<i>lidocaine viscous</i>	1	
<i>lidocaine-prilocaine topical cream</i>	1	QL
<i>lidocaine-prilocaine topical kit</i>	1	
<i>lidocort</i>	1	
<i>lta pre-attached</i>	1	
NUMBRINO	3	
SYNERA	3	PA
ZTLIDO	2	PA
TOPICAL ANTIBACTERIALS		
ALTABAX	3	ST; QL
CENTANY	3	ST; QL
CENTANY AT	3	ST; QL
<i>gentamicin topical</i>	1	QL
KLARON	3	ST
<i>lugols topical</i>	1	

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Drug Name	Tier	Requirements / Limits
<i>mafenide acetate</i>	1	
<i>mupirocin</i>	1	QL
<i>mupirocin calcium</i>	1	ST; QL
NEO-SYNALAR	3	
NEO-SYNALAR KIT	3	
<i>strong iodine topical</i>	1	
<i>sulfacetamide sodium (acne)</i>	1	
SULFAMYLON TOPICAL CREAM	2	
SULFAMYLON TOPICAL PACKET	3	
XEPI	3	ST; QL
TOPICAL ANTIFUNGALS		
CICLODAN KIT TOPICAL COMBO PACK	3	
CICLODAN KIT TOPICAL SOLUTION	3	ST
<i>ciclodan topical cream</i>	1	QL
<i>ciclodan topical solution</i>	1	
<i>ciclopirox topical cream</i>	1	QL
<i>ciclopirox topical gel</i>	1	QL
<i>ciclopirox topical shampoo</i>	1	QL
<i>ciclopirox topical solution</i>	1	
<i>ciclopirox topical suspension</i>	1	QL

Drug Name	Tier	Requirements / Limits
<i>ciclopirox-urea-camph-menth-euc</i>	1	
<i>clotrimazole-betamethasone</i>	1	QL
<i>econazole</i>	1	QL
EXELDERM	3	QL
EXTINA	3	QL
JUBLIA	3	ST
<i>ketoconazole topical</i>	1	QL
<i>ketodan</i>	1	QL
<i>ketodan kit</i>	1	
LOPROX (AS OLAMINE)	3	QL
LOPROX KIT	3	QL
LOPROX TOPICAL SHAMPOO	3	QL
LUZU	3	QL
<i>naftifine topical cream</i>	1	QL
NAFTIN TOPICAL GEL	3	QL
<i>nyamyc</i>	1	
<i>nystatin topical cream</i>	1	QL
<i>nystatin topical ointment</i>	1	QL
<i>nystatin topical powder</i>	1	
<i>nystatin-triamcinolone</i>	1	QL
<i>nystop</i>	1	
<i>oxiconazole</i>	1	QL
<i>tavaborole</i>	1	ST
TOPICAL ANTIVIRALS		

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You can find information on what the symbols and abbreviations on this table mean by going to the beginning of this table.

Drug Name	Tier	Requirements / Limits
<i>acyclovir topical</i>	1	PA; QL
DENAVIR	3	
ZOVIRAX TOPICAL CREAM	3	PA; QL
TOPICAL CORTICOSTEROIDS		
ALA-SCALP	3	ST
<i>alclometasone</i>	1	
<i>amcinonide topical cream</i>	1	ST
<i>apexicon e</i>	1	ST
<i>besser</i>	1	ST
<i>betamethasone dipropionate</i>	1	
<i>betamethasone valerate topical cream</i>	1	
<i>betamethasone valerate topical foam</i>	1	ST
<i>betamethasone valerate topical lotion</i>	1	
<i>betamethasone valerate topical ointment</i>	1	
<i>betamethasone, augmented</i>	1	
BRYHALI	3	ST
CAPEX	3	ST
<i>clobetasol scalp</i>	1	QL
<i>clobetasol topical cream</i>	1	QL
<i>clobetasol topical foam</i>	1	ST; QL
<i>clobetasol topical gel</i>	1	QL

Drug Name	Tier	Requirements / Limits
<i>clobetasol topical lotion</i>	1	ST; QL
<i>clobetasol topical ointment</i>	1	QL
<i>clobetasol topical shampoo</i>	1	ST; QL
<i>clobetasol topical spray, non-aerosol</i>	1	ST; QL
<i>clobetasol-emollient topical cream</i>	1	QL
<i>clobetasol-emollient topical foam</i>	1	ST; QL
CLOBEX TOPICAL SHAMPOO	3	ST; QL
CLOBEX TOPICAL SPRAY, NON-AEROSOL	3	ST; QL
<i>clocortolone pivalate</i>	1	
<i>clodan</i>	1	ST; QL
CLODAN KIT	3	ST; QL
CLODERM	3	ST
CORDRAN TAPE LARGE ROLL	3	ST
CORDRAN TOPICAL CREAM	3	ST; QL
CORDRAN TOPICAL LOTION	3	ST; QL
CORDRAN TOPICAL OINTMENT	3	ST; QL
DERMA-SMOOTHIE/FS BODY OIL	3	ST
DERMA-SMOOTHIE/FS SCALP OIL	3	ST

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You can find information on what the symbols and abbreviations on this table mean by going to the beginning of this table.

Drug Name	Tier	Requirements / Limits
<i>desonide topical cream</i>	1	
<i>desonide topical gel</i>	1	ST
<i>desonide topical lotion</i>	1	ST
<i>desonide topical ointment</i>	1	
<i>desoximetasone</i>	1	ST
<i>desrx</i>	1	ST
<i>diflorasone</i>	1	ST; QL
DIPROLENE (AUGMENTED) TOPICAL OINTMENT	3	ST
DUOBRII	3	ST; QL
<i>fluocinolone</i>	1	
<i>fluocinolone and shower cap</i>	1	
<i>fluocinonide topical cream 0.05 %</i>	1	QL
<i>fluocinonide topical cream 0.1 %</i>	1	ST; QL
<i>fluocinonide topical gel</i>	1	QL
<i>fluocinonide topical ointment</i>	1	QL
<i>fluocinonide topical solution</i>	1	QL
<i>fluocinonide-e</i>	1	QL
<i>flurandrenolide</i>	1	ST; QL
<i>fluticasone propionate topical cream</i>	1	
<i>fluticasone propionate topical lotion</i>	1	ST

Drug Name	Tier	Requirements / Limits
<i>fluticasone propionate topical ointment</i>	1	
<i>halcinonide</i>	1	ST
<i>halobetasol propionate topical cream</i>	1	
<i>halobetasol propionate topical ointment</i>	1	
HALOG	3	ST
<i>hydrocortisone butyrate topical cream</i>	1	QL
<i>hydrocortisone butyrate topical lotion</i>	1	ST; QL
<i>hydrocortisone butyrate topical ointment</i>	1	ST
<i>hydrocortisone butyrate topical solution</i>	1	ST; QL
<i>hydrocortisone butyr-emollient</i>	1	QL
<i>hydrocortisone topical cream 2.5 %</i>	1	
<i>hydrocortisone topical lotion 2.5 %</i>	1	
<i>hydrocortisone topical ointment 2.5 %</i>	1	
<i>hydrocortisone valerate</i>	1	
KENALOG TOPICAL	3	ST; QL
LUXIQ	3	ST
<i>mometasone topical</i>	1	

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You can find information on what the symbols and abbreviations on this table mean by going to the beginning of this table.

Drug Name	Tier	Requirements / Limits
<i>nolix</i>	1	ST; QL
NUCORT	3	ST
OLUX	3	ST; QL
OLUX-E	3	ST; QL
PANDEL	3	ST
<i>prednicarbate</i>	1	
<i>scalacort</i>	1	
SCALACORT DK	3	ST
SYNALAR	3	ST
SYNALAR CREAM KIT	3	ST
SYNALAR OINTMENT KIT	3	ST
SYNALAR TS	3	ST
TEMOVATE TOPICAL OINTMENT	3	ST; QL
TEXACORT	3	ST
TOPICORT TOPICAL CREAM	3	ST
TOPICORT TOPICAL GEL	3	ST
TOPICORT TOPICAL OINTMENT	3	ST
<i>tovet emollient</i>	1	ST; QL
<i>triamcinolone acetonide topical aerosol</i>	1	ST; QL
<i>triamcinolone acetonide topical cream</i>	1	
<i>triamcinolone acetonide topical lotion</i>	1	

Drug Name	Tier	Requirements / Limits
<i>triamcinolone acetonide topical ointment 0.025 %, 0.1 %, 0.5 %</i>	1	
<i>triamcinolone acetonide topical ointment 0.05 %</i>	1	ST
<i>trianex</i>	1	ST
<i>triderm topical cream 0.1 %</i>	1	
<i>triderm topical cream 0.5 %</i>	1	ST
TRIDESILON	3	ST
<i>tritocin</i>	1	ST
TOPICAL ENZYMES		
SANTYL	2	QL
TOPICAL SCABICIDES / PEDICULICIDES		
<i>crotan</i>	1	
ELIMITE	3	
EURAX	3	
<i>lindane topical shampoo</i>	1	
<i>malathion</i>	1	
OVIDE	3	
<i>permethrin</i>	1	
SKLICE	3	
<i>spinosad</i>	1	
ULESFIA	3	
DIAGNOSTICS & MISCELLANEOUS AGENTS		
ANOREXIANTS		

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You can find information on what the symbols and abbreviations on this table mean by going to the beginning of this table.

Drug Name	Tier	Requirements / Limits
ADIPEX-P	3	PA; (Wt Loss: Coverage Limitation May Apply); QL
<i>benzphetamine</i>	1	PA; (Wt Loss: Coverage Limitation May Apply); QL
CONTRACE	3	PA; (Wt Loss: Coverage Limitation May Apply); QL
<i>diethylpropion</i>	1	PA; (Wt Loss: Coverage Limitation May Apply); QL
IMCIVREE	5	PA; (Wt Loss: Coverage Limitation May Apply); SP; QL
LOMAIRA	3	PA; (Wt Loss: Coverage Limitation May Apply); QL
<i>phendimetrazine tartrate</i>	1	PA; (Wt Loss: Coverage Limitation May Apply); QL
<i>phentermine</i>	1	PA; (Wt Loss: Coverage Limitation May Apply); QL

Drug Name	Tier	Requirements / Limits
QSYMIA	3	PA; (Wt Loss: Coverage Limitation May Apply); QL
SAXENDA	3	PA; (Wt Loss: Coverage Limitation May Apply); QL
WEGOVY	2	PA; (Wt Loss: Coverage Limitation May Apply); QL
XENICAL	3	PA; (Wt Loss: Coverage Limitation May Apply); QL

IRRIGATING SOLUTIONS

<i>lactated ringers irrigation</i>	1	
<i>neomycin-polymyxin b gu</i>	1	
PHYSIOLYTE	3	
PHYSIOSOL IRRIGATION	3	
<i>ringer's irrigation</i>	1	
SORBITOL IRRIGATION SOLUTION 3 %	3	
SORBITOL-MANNITOL	3	
<i>tis-u-sol pentalyte</i>	1	
MISCELLANEOUS AGENTS		
<i>acamprosate</i>	1	
<i>acetic acid irrigation</i>	1	

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You can find information on what the symbols and abbreviations on this table mean by going to the beginning of this table.

Drug Name	Tier	Requirements / Limits
AGRYLIN	3	
<i>anagrelide</i>	1	
<i>aqua care sodium chloride</i>	1	
<i>aqua care sterile water</i>	1	
BUPHENYL	3	PA
<i>caffeine citrate oral</i>	1	
CARBAGLU	4	PA; SP; LA
<i>carglumic acid</i>	4	PA; SP
CARNITOR (SUGAR-FREE)	3	
CARNITOR ORAL	3	
<i>cevimeline</i>	1	
CHEMET	2	
<i>deferasirox</i>	4	PA; SP
<i>deferiprone</i>	4	PA; SP
<i>disulfiram</i>	1	
<i>droxidopa</i>	5	PA; SP
EMPAVELI	4	PA; SP
ENDARI	5	PA; SP
EVOXAC	3	
EXSERVAN	5	PA; SP
FERRIPROX (2 TIMES A DAY)	4	PA; SP
FERRIPROX ORAL SOLUTION	4	PA; SP
FERRIPROX ORAL TABLET 1,000 MG	4	PA; SP
FERRIPROX ORAL TABLET 500 MG	5	PA; SP

Drug Name	Tier	Requirements / Limits
INCRELEX	4	PA; SP; GH: Coverage Limitation May Apply; LA
<i>levocarnitine (with sugar)</i>	1	
<i>levocarnitine oral solution 100 mg/ml</i>	1	
<i>levocarnitine oral tablet</i>	1	
LITHOSTAT	3	
METOPIRONE	3	
<i>midodrine</i>	1	
<i>nitisinone</i>	4	PA; SP; LA
NITYR	4	PA; SP; LA
ORFADIN	5	PA; SP; LA
<i>pilocarpine hcl oral tablet 5 mg</i>	1	
PYRUKYND	5	PA; SP; LA
RADIOGARDASE	3	
RAVICTI	4	PA; SP
RILUTEK	3	PA
<i>riluzole</i>	1	PA
<i>risedronate oral tablet 30 mg</i>	1	QL
SALAGEN (PILOCARPINE) ORAL TABLET 5 MG	3	
<i>sodium chloride 0.9 %</i>	1	
<i>sodium chloride 0.9 % (flush) injection syringe</i>	1	

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Drug Name	Tier	Requirements / Limits
<i>sodium chloride injection</i>	1	
<i>sodium chloride irrigation</i>	1	
<i>sodium phenylbutyrate</i>	1	PA
SYPRINE	3	PA
THIOLA EC	5	PA; SP
TIGLUTIK	3	PA
<i>tiopronin</i>	4	PA; SP
<i>trientine</i>	1	PA
<i>water for irrigation, sterile</i>	1	
XURIDEN	4	PA; SP
ZOKINVY	5	PA; SP; QL
SMOKING DETERRENTS		
<i>bupropion hcl (smoking deter)</i>	6	ACA
CHANTIX CONTINUING MONTH BOX	6	ACA
CHANTIX ORAL TABLET 1 MG	6	ACA
CHANTIX STARTING MONTH BOX	6	ACA
NICODERM CQ	2	OTC
NICORETTE BUCCAL GUM 2 MG	2	OTC
<i>nicorette buccal gum 4 mg</i>	6	ACA; OTC
NICORETTE BUCCAL LOZENGE	2	OTC

Drug Name	Tier	Requirements / Limits
NICORETTE BUCCAL MINI LOZENGE	2	OTC
<i>nicotine</i>	6	ACA; OTC
<i>nicotine (polacrilex)</i>	6	ACA; OTC
NICOTROL	6	ACA
NICOTROL NS	6	ACA
<i>quit 2</i>	6	ACA; OTC
<i>quit 4</i>	6	ACA; OTC
<i>stop smoking aid</i>	6	ACA; OTC
<i>varenicline</i>	6	ACA

EAR, NOSE & THROAT MEDICATIONS

MISCELLANEOUS AGENTS

ARESTIN	5	SP
<i>azelastine nasal aerosol,spray</i>	1	QL
<i>azelastine nasal spray,non-aerosol</i>	1	
<i>chlorhexidine gluconate mucous membrane</i>	1	
CLINPRO 5000	3	
<i>denta 5000 plus</i>	1	
<i>dentagel</i>	1	
EPISIL	3	
<i>fluoride (sodium) dental</i>	1	
FLUORIDEX DAILY DEFENSE	3	
FLUORIDEX SENSITIVITY RELIEF	3	
GELCLAIR	3	

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Drug Name	Tier	Requirements / Limits
GELX	3	
ipratropium bromide nasal	1	QL
MUGARD	3	
olopatadine nasal	1	QL
oralone	1	
ORAMAGICRX	3	
paroex oral rinse	1	
PATANASE	3	QL
PERIDEX	3	
periogard	1	
pilocarpine hcl oral tablet 7.5 mg	1	
PREVIDENT	3	
PREVIDENT 5000 BOOSTER PLUS	3	
PREVIDENT 5000 ENAMEL PROTECT	3	
PREVIDENT 5000 ORTHO DEFENSE	3	
PREVIDENT 5000 PLUS	3	
PREVIDENT 5000 SENSITIVE	3	
PROTHELIAL	5	SP
SALAGEN (PILOCARPINE) ORAL TABLET 7.5 MG	3	
sf	1	
sf 5000 plus	1	
SILATRIX	3	
sodium fluoride 5000 plus	1	

Drug Name	Tier	Requirements / Limits
sodium fluoride-pot nitrate	1	
triamcinolone acetonide dental	1	
MISCELLANEOUS OTIC PREPARATIONS		
acetic acid otic (ear)	1	
ciprofloxacin hcl otic (ear)	1	
DERMOTIC OIL	3	
flac otic oil	1	
fluocinolone acetonide oil	1	
hydrocortisone-acetic acid	1	
ofloxacin otic (ear)	1	
OTIPRIO	3	QL
OTIC STEROID / ANTIBIOTIC		
CIPRODEX	2	
ciprofloxacin-dexamethasone	1	
CORTISPORIN-TC	3	
neomycin-polymyxin-hc otic (ear)	1	
OTOVEL	3	
ENDOCRINE/DIABETES		
ADRENAL HORMONES		
ACTHAR	5	PA; SP
CORTEF	3	
dexabliss	1	ST
dexamethasone intensol	1	

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You can find information on what the symbols and abbreviations on this table mean by going to the beginning of this table.

Drug Name	Tier	Requirements / Limits
<i>dexamethasone oral elixir</i>	1	
<i>dexamethasone oral solution</i>	1	
<i>dexamethasone oral tablet</i>	1	
<i>dexamethasone oral tablets, dose pack</i>	1	ST
DXEVO	3	ST
<i>fludrocortisone</i>	1	
<i>hydrocortisone oral</i>	1	
MEDROL	3	
MEDROL (PAK)	3	
<i>methylprednisolone</i>	1	
<i>millipred dp</i>	1	
<i>millipred oral tablet</i>	1	
ORAPRED ODT	3	
<i>prednisolone oral solution</i>	1	
<i>prednisolone sodium phosphate oral solution 10 mg/5 ml, 15 mg/5 ml (3 mg/ml), 20 mg/5 ml (4 mg/ml), 25 mg/5 ml (5 mg/ml), 5 mg base/5 ml (6.7 mg/5 ml)</i>	1	
<i>prednisolone sodium phosphate oral tablet, disintegrating</i>	1	
<i>prednisone</i>	1	
<i>prednisone intensol</i>	1	
RAYOS	3	ST
TAPERDEX	3	ST
TARPEYO	5	PA; SP; QL

Drug Name	Tier	Requirements / Limits
TRIESENCE (PF)	3	
ZCORT	3	ST
ANTITHYROID AGENTS		
<i>methimazole oral tablet 10 mg, 5 mg</i>	1	
<i>potassium iodide oral solution</i>	1	
<i>propylthiouracil</i>	1	
SSKI	3	
BLOOD GLUCOSE MONITORING DEVICES & SUPPLIES		
ACCU-CHEK AVIVA PLUS TEST STRP	2	(DS); OTC; QL
ACCU-CHEK GUIDE TEST STRIPS	2	(DS); OTC; QL
ACCU-CHEK SMARTVIEW TEST STRIP	2	(DS); OTC; QL
CONTOUR NEXT TEST STRIPS	2	(DS); OTC; QL
CONTOUR TEST STRIPS	2	(DS); OTC; QL
DIABETES, SUPPLIES, & DURABLE MEDICAL EQUIPMENT		
ACE AEROSOL CLOUD ENHANCER	2	
AEROCHAMBER MINI	2	
AEROCHAMBER PLUS FLOW-VU	2	
AEROCHAMBER PLUS Z STAT	2	

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Drug Name	Tier	Requirements / Limits
AEROTRACH PLUS	2	
AEROVENT PLUS	2	
BREATHERITE MDI SPACER	2	
COMPACT SPACE CHAMBER	2	
EASIVENT HOLDING CHAMBER	2	
FLEXICHAMBER	2	
GLUCAGEN DIAGNOSTIC KIT	2	
GLUCAGON HCL	3	
INSPIRACHAMBER	2	
LITEAIRE MDI CHAMBER	2	
MICROCHAMBER	2	
MICROSPACER	2	
MOUNJARO	2	PA; QL
OPTICHAMBER DIAMOND VHC	2	
POCKET CHAMBER	2	
PRIMEAIRE	2	
PROCHAMBER	2	
RITEFLO AEROCHAMBER	2	
SPACE CHAMBER	2	
VORTEX HOLDING CHAMBER	2	
GLUCOSE ELEVATING AGENTS		
BAQSIMI	2	QL

Drug Name	Tier	Requirements / Limits
<i>diazoxide</i>	1	
<i>glucagon emergency kit (human)</i>	1	QL
GVOKE	2	QL
GVOKE HYPOPEN 2-PACK	2	QL
GVOKE PFS 2-PACK SYRINGE	2	QL
PROGLYCEM	3	
INSULIN SYRINGES/MISCELLANEOUS DURABLE MEDICAL EQU		
ACCU-CHEK GUIDE GLUCOSE METER	2	(DS); OTC
ACCU-CHEK GUIDE L1-L2 CTRL SOL	2	(DS); OTC
ACCU-CHEK GUIDE ME GLUCOSE MTR	2	(DS); OTC
ACCU-CHEK SMARTVIEW CONTRL SOL	2	(DS); OTC
AT HOME A1C	3	(DS); OTC
AUTOJECT 2 INJECTION DEVICE	2	(DS); OTC
AUTOPEN 1 TO 21 UNITS	2	(DS); OTC
BD INTEGRA NEEDLE	2	(DS)
BD MICROTAINER LANCET 30 GAUGE	2	(DS); OTC

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You can find information on what the symbols and abbreviations on this table mean by going to the beginning of this table.

Drug Name	Tier	Requirements / Limits
BD SPECIALTY USE NEEDLES NEEDLE 30 GAUGE X 1/2"	2	(DS)
BD ULTRA FINE LANCETS	2	(DS); OTC
BD ULTRA-FINE NANO PEN NEEDLE	2	(DS); OTC
CEQR SIMPLICITY	3	(DS)
CONTOUR CONTROL SOLUTION, NML	2	(DS); OTC
CONTOUR NEXT EZ METER	2	(DS); OTC
CONTOUR NEXT LEV 2 CONTROL SOL	2	(DS); OTC
CONTOUR NEXT LINK	2	(DS); OTC
CONTOUR NEXT LINK 2.4	2	(DS); OTC
CONTOUR NEXT METER	2	(DS); OTC
CONTOUR NEXT ONE METER	2	(DS); OTC
DEXCOM G6 RECEIVER	2	(DS)
DEXCOM G6 SENSOR	2	(DS); QL
DEXCOM G6 TRANSMITTER	2	(DS); QL
EVERSENSE SENSOR-HOLDER	3	(DS)
FREESTYLE LIBRE 14 DAY READER	2	(DS)

Drug Name	Tier	Requirements / Limits
FREESTYLE LIBRE 14 DAY SENSOR	2	(DS); QL
FREESTYLE LIBRE 2 READER	2	(DS)
FREESTYLE LIBRE 2 SENSOR	2	(DS)
FREESTYLE LIBRE 3 SENSOR	2	(DS)
GENTEEL VACUUM LANCING DEVICE	3	(DS); OTC
INPEN (NOVOLOG OR FIASP) PINK	2	(DS)
LANCETS 33 GAUGE	2	(DS); OTC
LANCING DEVICE	2	(DS); OTC
NOVOPEN ECHO	3	(DS)
OMNIPOD 5 G6 INTRO KIT (GEN 5)	2	(DS); PA
OMNIPOD 5 G6 PODS (GEN 5)	2	(DS)
OMNIPOD CLASSIC PDM KIT(GEN 3)	2	(DS)
OMNIPOD CLASSIC PODS (GEN 3)	2	(DS)
OMNIPOD DASH INTRO KIT (GEN 4)	2	(DS); PA
OMNIPOD DASH PODS (GEN 4)	2	(DS)
SAFE-CLIP NEEDLE STORAGE DEV	2	(DS); OTC
V-GO 20	2	(DS)

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Drug Name	Tier	Requirements / Limits
V-GO 30	2	(DS)
V-GO 40	2	(DS)
INSULIN THERAPY		
BASAGLAR KWIKPEN U-100 INSULIN	3	
FIASP FLEXTOUCH U- 100 INSULIN	2	
FIASP PENFILL U- 100 INSULIN	2	
FIASP U-100 INSULIN	2	
HUMULIN R U-500 (CONC) INSULIN	2	
HUMULIN R U-500 (CONC) KWIKPEN	2	
LEVEMIR FLEXTOUCH U- 100 INSULIN	2	
LEVEMIR U-100 INSULIN	2	
NOVOLIN 70-30 FLEXPEN U-100	2	
NOVOLIN N FLEXPEN	2	
NOVOLIN R FLEXPEN	2	
NOVOLOG FLEXPEN U-100 INSULIN	2	
NOVOLOG MIX 70-30 U-100 INSULIN	2	
NOVOLOG MIX 70-30FLEXPEN U- 100	2	

Drug Name	Tier	Requirements / Limits
NOVOLOG PENFILL U-100 INSULIN	2	
NOVOLOG U-100 INSULIN ASPART	2	
NOVOLIN 70/30	2	
SEMGLEE (YFGN)	2	
SEMGLEE (YFGN) PEN	2	
SOLIQUA 100/33	2	QL
TOUJEO MAX U- 300 SOLOSTAR	2	
TOUJEO SOLOSTAR U-300 INSULIN	2	
TRESIBA FLEXTOUCH U- 100	2	
TRESIBA FLEXTOUCH U- 200	2	
TRESIBA U-100 INSULIN	2	
XULTOPHY 100/3.6	2	QL
MISCELLANEOUS HORMONES		
ANDRODERM	2	PA; QL
<i>cabergoline</i>	1	QL
<i>calcitonin (salmon)</i>	1	
<i>calcitriol intravenous solution 1 mcg/ml</i>	1	
<i>calcitriol oral</i>	1	
CERDELGA	4	PA; SP

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Drug Name	Tier	Requirements / Limits
CETROTIDE	4	(INF: Coverage Limitations May Apply); SP
CHORIONIC GONADOTROPIN, HUMAN INJECTION RECON SOLN 12,000 UNIT, 6,000 UNIT	3	PA; (INF: Coverage Limitations May Apply)
CHORIONIC GONADOTROPIN, HUMAN INTRAMUSCULAR	5	(INF: Coverage Limitations May Apply); SP; QL
<i>cinacalcet</i>	1	PA
<i>clomid</i>	1	(INF: Coverage Limitations May Apply)
<i>clomiphene citrate</i>	1	(INF: Coverage Limitations May Apply)
<i>danazol</i>	1	
DDAVP ORAL	3	
DEPO-TESTOSTERONE	3	PA
<i>desmopressin nasal spray, non-aerosol 10 mcg/spray (0.1 ml)</i>	1	
DESMOPRESSIN NASAL SPRAY, NON-AEROSOL 150 MCG/SPRAY (0.1 ML)	2	SP

Drug Name	Tier	Requirements / Limits
<i>desmopressin oral</i>	1	
<i>doxercalciferol oral</i>	1	ST
FORTESTA	3	PA; QL
<i>fyremadel</i>	4	(INF: Coverage Limitations May Apply); SP
GALAFOLD	5	PA; SP; LA; QL
<i>ganirelix</i>	4	(INF: Coverage Limitations May Apply); SP
GONAL-F	4	PA; (INF: Coverage Limitations May Apply); SP
GONAL-F RFF	4	PA; (INF: Coverage Limitations May Apply); SP
GONAL-F RFF REDI-JECT	4	PA; SG (INF: Coverage Limitations May Apply); SP
JATENZO	3	PA; QL
<i>javygtor oral powder in packet</i>	4	PA
JYNARQUE ORAL TABLET	5	PA; SP; LA; QL

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You can find information on what the symbols and abbreviations on this table mean by going to the beginning of this table.

Drug Name	Tier	Requirements / Limits
JYNARQUE ORAL TABLETS, SEQUENTIAL 15 MG (AM)/ 15 MG (PM), 30 MG (AM)/ 15 MG (PM)	5	PA; SP; LA
JYNARQUE ORAL TABLETS, SEQUENTIAL 45 MG (AM)/ 15 MG (PM), 60 MG (AM)/ 30 MG (PM), 90 MG (AM)/ 30 MG (PM)	5	PA; SP; LA; QL
KUVAN	5	PA; SP
MENOPUR	4	(INF: Coverage Limitations May Apply); SP
METHITEST	2	
<i>methyltestosterone oral capsule</i>	1	
MIACALCIN INJECTION	3	
<i>miglustat</i>	4	PA; SP; LA
MYALEPT	4	PA; SP; LA
NATESTO	2	PA; QL
NATPARA	4	PA; SP; LA
NOCDURNA (MEN)	3	PA; QL
NOCDURNA (WOMEN)	3	PA; QL
NOVAREL	4	(INF: Coverage Limitations May Apply); SP; QL
ORILISSA	2	PA; QL

Drug Name	Tier	Requirements / Limits
OVIDREL	4	(INF: Coverage Limitations May Apply); SP
<i>oxandrolone</i>	1	
PALYNZIQ	4	PA; SP; LA; QL
<i>paricalcitol intravenous</i>	1	
<i>paricalcitol oral</i>	1	ST
RAYALDEE	3	ST
ROCALTROL	3	ST
<i>sapropterin</i>	4	PA; SP
SOMAVERT	4	PA; SP
STRENSIQ	4	PA; SP; LA
SYNAREL	2	PA
TESTOPEL	5	PA; SP
<i>testosterone cypionate intramuscular oil 100 mg/ml, 200 mg/ml</i>	1	PA
<i>testosterone enanthate</i>	1	PA
<i>testosterone transdermal</i>	1	PA; QL
<i>tolvaptan</i>	4	PA; SP; LA; QL
VOGELXO	3	PA; QL
VOXZOGO	5	PA; SP
XYOSTED	3	PA; QL
ZEMPLAR INTRAVENOUS	3	

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Drug Name	Tier	Requirements / Limits
ZEMPLAR ORAL CAPSULE 1 MCG, 2 MCG	3	ST
NON-INSULIN HYPOGLYCEMIC AGENTS		
<i>acarbose</i>	1	
ACTOPLUS MET ORAL TABLET 15-850 MG	3	ST; QL
ACTOS	3	ST; QL
AMARYL	3	
CYCLOSET	3	
DUETACT	3	ST; QL
FARXIGA	2	ST; QL
<i>glimepiride</i>	1	
<i>glipizide</i>	1	
<i>glipizide-metformin</i>	1	
GLUCOTROL XL	3	
<i>glyburide</i>	1	
<i>glyburide micronized</i>	1	
<i>glyburide-metformin</i>	1	
GLYNASE	3	
GLYXAMBI	2	ST; QL
JANUMET	2	ST; QL
JANUMET XR	2	ST; QL
JANUVIA	2	ST; QL
JARDIANCE	2	ST; QL
<i>metformin oral solution</i>	1	ST
<i>metformin oral tablet 1,000 mg, 500 mg, 850 mg</i>	1	

Drug Name	Tier	Requirements / Limits
<i>metformin oral tablet extended release 24 hr</i>	1	QL
<i>metformin oral tablet extended release 24hr</i>	1	ST; QL
<i>metformin oral tablet,er gast.retention 24 hr</i>	1	ST; QL
<i>miglitol</i>	1	
<i>nateglinide</i>	1	
OSENI	3	ST; QL
OZEMPIC SUBCUTANEOUS PEN INJECTOR 0.25 MG OR 0.5 MG(2 MG/1.5 ML), 1 MG/DOSE (4 MG/3 ML)	2	PA; QL
OZEMPIC SUBCUTANEOUS PEN INJECTOR 2 MG/DOSE (8 MG/3 ML)	2	PA
<i>pioglitazone</i>	1	QL
<i>pioglitazone-glimepiride</i>	1	QL
<i>pioglitazone-metformin</i>	1	QL
PRECOSE	3	
<i>repaglinide</i>	1	
<i>repaglinide-metformin</i>	1	QL
RIOMET	3	ST
RIOMET ER	3	ST
RYBELSUS	2	PA; QL
SEGLUROMET	2	ST; QL

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You can find information on what the symbols and abbreviations on this table mean by going to the beginning of this table.

Drug Name	Tier	Requirements / Limits
STEGLATRO	2	ST; QL
STEGLUJAN	2	ST; QL
SYMLINPEN 120	2	QL
SYMLINPEN 60	2	QL
SYNJARDY	2	ST; QL
SYNJARDY XR	2	ST; QL
TRIJARDY XR	2	ST
TRULICITY	2	PA; QL
VICTOZA 2-PAK	2	PA; QL
VICTOZA 3-PAK	2	PA; QL
XIGDUO XR	2	ST; QL
THYROID HORMONES		
ARMOUR THYROID	2	
<i>euthyrox</i>	1	
<i>levo-t</i>	1	
<i>levothyroxine oral tablet</i>	1	
<i>levoxyl oral tablet 100 mcg, 112 mcg, 125 mcg, 137 mcg, 150 mcg, 175 mcg, 200 mcg, 25 mcg, 50 mcg, 75 mcg, 88 mcg</i>	1	
<i>liothyronine oral</i>	1	
<i>np thyroid</i>	1	
<i>unithroid</i>	1	
GASTROENTEROLOGY		
ANTIDIARRHEALS & ANTISPASMODICS		
<i>anaspaz</i>	1	
<i>belladonna alkaloids-opium</i>	1	QL

Drug Name	Tier	Requirements / Limits
<i>chlordiazepoxide-clidinium</i>	1	
<i>dicyclomine oral capsule</i>	1	
<i>dicyclomine oral solution</i>	1	
<i>dicyclomine oral tablet</i>	1	
<i>diphenoxylate-atropine</i>	1	
DONNATAL ORAL ELIXIR 16.2-0.1037 -0.0194 MG/5 ML	3	
DONNATAL ORAL TABLET	3	
<i>ed-spaz</i>	1	
GLYCATE	3	
<i>glycopyrrolate oral</i>	1	
<i>hyoscyamine sulfate oral</i>	1	
<i>hyoscyamine sulfate sublingual</i>	1	
<i>hyosyne</i>	1	
LEVBID	3	
LEVSIN ORAL	3	
LEVSIN/SL	3	
LOMOTIL	3	
<i>methscopolamine</i>	1	
MOTOFEN	3	
NULEV	3	
<i>opium tincture</i>	1	
<i>oscimin</i>	1	
<i>oscimin sl</i>	1	

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You can find information on what the symbols and abbreviations on this table mean by going to the beginning of this table.

Drug Name	Tier	Requirements / Limits
<i>phenobarb-hyoscy-atropine-scop oral elixir 16.2-0.1037 - 0.0194 mg/5 ml</i>	1	
<i>phenobarb-hyoscy-atropine-scop oral tablet</i>	1	
<i>phenohydro oral elixir 16.2-0.1037 - 0.0194 mg/5 ml</i>	1	
<i>phenohydro oral tablet</i>	1	
ROBINUL FORTE	3	
ROBINUL ORAL	3	
SYMAX DUOTAB	3	
<i>symax fastabs</i>	1	
<i>symax-sl</i>	1	
<i>symax-sr</i>	1	
MISCELLANEOUS GASTROINTESTINAL AGENTS		
<i>alosetron</i>	1	
<i>alvimopan</i>	1	
ANA-LEX KIT	3	
ANALPRAM-HC RECTAL CREAM 1-1 %	3	
ANALPRAM-HC RECTAL CREAM 2.5-1 %	3	ST
ANALPRAM-HC SINGLES	3	
<i>anucort-hc</i>	1	
<i>aprepitant</i>	1	QL
APRISO	3	ST
AURYXIA	3	

Drug Name	Tier	Requirements / Limits
AZULFIDINE	3	ST
AZULFIDINE EN-TABS	3	ST
<i>balsalazide</i>	1	
<i>betaine</i>	4	SP
<i>budesonide oral</i>	1	
BYLVAY	5	PA; SP; QL
<i>calcium acetate(phosphat bind)</i>	1	QL
CHENODAL	4	PA; SP; LA
CHOLBAM ORAL CAPSULE 250 MG	4	PA; SP
CHOLBAM ORAL CAPSULE 50 MG	4	PA; SP; QL
<i>citrate of magnesia</i>	6	ACA; OTC
<i>citroma</i>	6	ACA; OTC
<i>clearlax oral powder</i>	6	ACA; OTC
COLAZAL	3	ST
COMPAZINE	3	
<i>compro</i>	1	
<i>constulose</i>	1	
CORTENEMA	3	
CREON	2	
<i>cromolyn oral</i>	1	
DICLEGIS	3	QL
<i>doxylamine-pyridoxine (vit b6)</i>	1	QL
<i>dronabinol</i>	1	PA
<i>droperidol injection solution</i>	1	

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You can find information on what the symbols and abbreviations on this table mean by going to the beginning of this table.

Drug Name	Tier	Requirements / Limits
<i>dulcolax (magnesium hydroxide) oral suspension</i>	6	ACA; OTC
ENTEREG	3	
<i>enulose</i>	1	
GASTROCROM	3	
<i>gavilyte-c</i>	6	ACA
<i>gavilyte-g</i>	6	ACA
<i>generlac</i>	1	
GOLYTELY ORAL RECON SOLN	3	
<i>granisetron hcl oral</i>	1	QL
<i>hemmorex-hc</i>	1	
<i>hydrocortisone acetate rectal</i>	1	
<i>hydrocortisone rectal</i>	1	
<i>hydrocortisone topical cream with perineal applicator</i>	1	
<i>hydrocortisone-pramoxine rectal cream 1-1 %, 2.5-1 % (4g)</i>	1	
<i>hydrocortisone-pramoxine rectal cream 2.5-1 %</i>	1	ST
KRISTALOSE	3	
<i>lactulose oral packet</i>	1	
<i>lactulose oral solution 10 gram/15 ml, 20 gram/30 ml</i>	1	
<i>lanthanum</i>	1	QL
<i>laxative peg 3350</i>	6	ACA; OTC

Drug Name	Tier	Requirements / Limits
<i>lidocaine hcl-hydrocortison ac rectal cream</i>	1	
LIDOCAINE HCL-HYDROCORTISON AC RECTAL GEL	3	
<i>lidocaine hcl-hydrocortison ac rectal kit</i>	1	
<i>lidocaine-hydrocortisone-aloe</i>	1	
LINZESS	2	QL
LIVMARLI	5	PA; SP
LOKELMA	2	QL
<i>magnesium citrate oral solution</i>	6	ACA; OTC
MARINOL	3	PA
<i>mesalamine</i>	1	
<i>mesalamine with cleansing wipe</i>	1	
<i>metoclopramide hcl oral solution</i>	1	
<i>metoclopramide hcl oral tablet</i>	1	
<i>milk of magnesia</i>	6	ACA; OTC
<i>milk of magnesia concentrated</i>	6	ACA; OTC
MOVANTIK	2	QL
<i>natura-lax</i>	6	ACA; OTC
OICALIVA	4	PA; SP; LA; QL
<i>ondansetron</i>	1	QL
<i>ondansetron hcl oral solution</i>	1	QL

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Drug Name	Tier	Requirements / Limits
<i>ondansetron hcl oral tablet 4 mg, 8 mg</i>	1	QL
<i>oral saline laxative oral liquid</i>	6	ACA; OTC
ORTIKOS	3	
PANCREAZE ORAL CAPSULE, DELAYED RELEASE(DR/EC) 10,500-35,500-61,500 UNIT, 16,800-56,800-98,400 UNIT, 2,600-8,800- 15,200 UNIT, 21,000-54,700-83,900 UNIT, 37,000-97,300-149,900 UNIT, 4,200-14,200-24,600 UNIT	2	
<i>peg 3350-electrolytes oral recon soln 236-22.74-6.74 -5.86 gram</i>	6	ACA
<i>peg3350-sod sul-nacl-kcl-asb-c</i>	6	ACA
<i>peg-electrolyte soln</i>	6	ACA
<i>peg-prep</i>	6	ACA
PENTASA ORAL CAPSULE, EXTENDED RELEASE 250 MG	2	
PENTASA ORAL CAPSULE, EXTENDED RELEASE 500 MG	3	
PHOSLYRA	2	QL
<i>phosphate laxative</i>	6	ACA; OTC

Drug Name	Tier	Requirements / Limits
<i>powderlax oral powder</i>	6	ACA; OTC
<i>prochlorperazine</i>	1	
<i>prochlorperazine maleate</i>	1	
PROCORT	3	
PROCTOCORT RECTAL	3	ST
<i>procto-med hc</i>	1	
<i>procto-pak</i>	1	
<i>proctosol hc topical</i>	1	
<i>proctozone-hc</i>	1	
RECTIV	2	
REGLAN ORAL	3	
RELISTOR ORAL	2	ST
RELISTOR SUBCUTANEOUS SOLUTION	2	ST
RELISTOR SUBCUTANEOUS SYRINGE	2	ST
RENVELA	3	QL
ROWASA RECTAL ENEMA KIT	3	
SANCUSO	3	QL
<i>scopolamine base</i>	1	
<i>sevelamer carbonate</i>	1	QL
<i>sevelamer hcl</i>	1	QL
SFROWASA	3	
SKYRIZI SUBCUTANEOUS WEARABLE INJECTOR	4	PA; SP; QL

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Drug Name	Tier	Requirements / Limits
<i>sodium polystyrene sulfonate oral powder</i>	1	
<i>sps (with sorbitol)</i>	1	
SUCRAID	4	PA; SP
<i>sulfasalazine</i>	1	
SYMPROIC	2	
SYNDROS	3	PA
<i>trimethobenzamide oral</i>	1	
TRULANCE	2	
UCERIS ORAL	3	
UCERIS RECTAL	2	
URSO 250	3	
URSO FORTE	3	
<i>ursodiol</i>	1	
VARUBI	2	QL
VELPHORO	2	QL
VELTASSA	2	QL
VIBERZI	2	
VIOKACE	2	
<i>women's gentle laxative(bisac)</i>	6	ACA; OTC

Drug Name	Tier	Requirements / Limits
ZENPEP ORAL CAPSULE,DELAYED RELEASE(DR/EC) 10,000-32,000 - 42,000 UNIT, 15,000-47,000 - 63,000 UNIT, 20,000-63,000-84,000 UNIT, 25,000-79,000-105,000 UNIT, 3,000-10,000 - 14,000-UNIT, 40,000-126,000-168,000 UNIT, 5,000-17,000-24,000 UNIT	2	
ZUPLENZ	3	QL
ULCER THERAPY		
<i>amoxicil-clarithromy-lansopraz</i>	1	QL
CARAFATE	3	
<i>cimetidine hcl oral</i>	1	
<i>cimetidine oral tablet 300 mg, 400 mg, 800 mg</i>	1	
CYTOTEC	3	
<i>esomeprazole magnesium oral capsule,delayed release(dr/ec) 20 mg</i>	1	PPI: Coverage Limitation May Apply; QL
<i>esomeprazole magnesium oral capsule,delayed release(dr/ec) 40 mg</i>	1	PPI: Coverage Limitation May Apply

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You can find information on what the symbols and abbreviations on this table mean by going to the beginning of this table.

Drug Name	Tier	Requirements / Limits
<i>esomeprazole magnesium oral granules dr for susp in packet 10 mg, 20 mg</i>	1	ST; PPI: Coverage Limitation May Apply; QL
<i>esomeprazole magnesium oral granules dr for susp in packet 40 mg</i>	1	ST; PPI: Coverage Limitation May Apply
<i>famotidine oral suspension</i>	1	
<i>famotidine oral tablet 40 mg</i>	1	
<i>lansoprazole oral capsule,delayed release(dr/ec) 15 mg</i>	1	PPI: Coverage Limitation May Apply; QL
<i>lansoprazole oral capsule,delayed release(dr/ec) 30 mg</i>	1	PPI: Coverage Limitation May Apply
<i>lansoprazole oral tablet,disintegrat, delay rel 15 mg</i>	1	ST; PPI: Coverage Limitation May Apply; QL
<i>lansoprazole oral tablet,disintegrat, delay rel 30 mg</i>	1	ST; PPI: Coverage Limitation May Apply
<i>misoprostol</i>	1	
<i>nizatidine oral capsule</i>	1	
OMECLAMOX-PAK	3	QL
<i>omeprazole oral capsule,delayed release(dr/ec) 10 mg</i>	1	PPI: Coverage Limitation May Apply; QL

Drug Name	Tier	Requirements / Limits
<i>omeprazole oral capsule,delayed release(dr/ec) 20 mg, 40 mg</i>	1	PPI: Coverage Limitation May Apply
<i>omeprazole-sodium bicarbonate oral capsule 20-1.1 mg-gram</i>	1	ST; (SG); PPI: Coverage Limitation May Apply; QL
<i>omeprazole-sodium bicarbonate oral capsule 40-1.1 mg-gram</i>	1	ST; (SG); PPI: Coverage Limitation May Apply
<i>omeprazole-sodium bicarbonate oral packet 20-1,680 mg</i>	1	ST; (SG); PPI: Coverage Limitation May Apply; QL
<i>omeprazole-sodium bicarbonate oral packet 40-1,680 mg</i>	1	ST; (SG); PPI: Coverage Limitation May Apply
<i>pantoprazole oral granules dr for susp in packet</i>	1	ST; PPI: Coverage Limitation May Apply
<i>pantoprazole oral tablet,delayed release (dr/ec) 20 mg</i>	1	PPI: Coverage Limitation May Apply; QL
<i>pantoprazole oral tablet,delayed release (dr/ec) 40 mg</i>	1	PPI: Coverage Limitation May Apply
PEPCID ORAL TABLET 40 MG	3	
<i>rabeprazole oral tablet,delayed release (dr/ec)</i>	1	PPI: Coverage Limitation May Apply
<i>sucralfate</i>	1	

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Drug Name	Tier	Requirements / Limits
TALICIA	2	QL
IMMUNOLOGY, VACCINES & BIOTECHNOLOGY		
BIOTECHNOLOGY DRUGS		
FULPHILA	4	PA; SP; QL
LEUKINE INJECTION RECON SOLN	4	PA; SP
MACRILEN	5	SP; QL
NIVESTYM	4	PA; SP
PROCRIT	4	PA; SP
RETACRIT	4	PA; SP
ZARXIO	4	PA; SP
ZIEXTENZO	4	PA; SP
GROWTH HORMONES		
EGRIFTA SV	4	PA; SP; GH: Coverage Limitation May Apply
GENOTROPIN	4	PA; SP; GH: Coverage Limitation May Apply
GENOTROPIN MINIQUICK	4	PA; SP; GH: Coverage Limitation May Apply
NORDITROPIN FLEXPRO	4	PA; SP; GH: Coverage Limitation May Apply
SEROSTIM SUBCUTANEOUS RECON SOLN 4 MG, 5 MG, 6 MG	4	PA; SP; GH: Coverage Limitation May Apply
INTERFERONS		

Drug Name	Tier	Requirements / Limits
AUBAGIO	4	PA; SP; QL
AVONEX INTRAMUSCULAR PEN INJECTOR KIT	4	PA; SP; QL
AVONEX INTRAMUSCULAR SYRINGE KIT	4	PA; SP; QL
BAFIERTAM	4	PA; SP; QL
BETASERON SUBCUTANEOUS KIT	4	PA; SP; QL
COPAXONE SUBCUTANEOUS SYRINGE	5	PA; SP; QL
<i>dimethyl fumarate</i>	4	PA; SP; QL
GILENYA ORAL CAPSULE 0.5 MG	4	PA; SP; QL
<i>glatiramer</i>	4	PA; SP; QL
<i>glatopa</i>	4	PA; SP; QL
KESIMPTA PEN	4	PA; SP; QL
<i>lenalidomide oral capsule 10 mg, 15 mg, 25 mg, 5 mg</i>	4	PA; SP; QL
MAVENCLAD (10 TABLET PACK)	5	PA; SP; LA; QL
MAVENCLAD (4 TABLET PACK)	5	PA; SP; LA; QL
MAVENCLAD (5 TABLET PACK)	5	PA; SP; LA; QL
MAVENCLAD (6 TABLET PACK)	5	PA; SP; LA; QL
MAVENCLAD (7 TABLET PACK)	5	PA; SP; LA; QL
MAVENCLAD (8 TABLET PACK)	5	PA; SP; LA; QL

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Drug Name	Tier	Requirements / Limits
MAVENCLAD (9 TABLET PACK)	5	PA; SP; LA; QL
MAYZENT ORAL TABLET 0.25 MG, 2 MG	4	PA; SP; QL
MAYZENT ORAL TABLET 1 MG	4	PA; SP
MAYZENT STARTER(FOR 1MG MAINT)	4	PA; SP
MAYZENT STARTER(FOR 2MG MAINT)	4	PA; SP
PEGASYS	4	SP; QL
PLEGRIDY	4	PA; SP; QL
POMALYST	4	PA; SP; LA
PONVORY	4	PA; SP; QL
PONVORY 14-DAY STARTER PACK	4	PA; SP; QL
REBIF (WITH ALBUMIN)	4	PA; SP; QL
REBIF REBIDOSE	4	PA; SP; QL
REBIF TITRATION PACK	4	PA; SP; QL
REVLIMID	4	PA; SP; LA; QL
<i>ribavirin oral capsule</i>	4	PA; SP
<i>ribavirin oral tablet 200 mg</i>	4	PA; SP
VUMERITY	4	PA; SP; QL
INTERLEUKINS		
ACTIMMUNE	4	PA; SP
ALFERON N	2	
ARCALYST	5	ST; SP; QL

Drug Name	Tier	Requirements / Limits
<i>imiquimod</i>	1	
VACCINES & MISCELLANEOUS IMMUNOLOGICALS		
ACTHIB (PF)	6	ACA
ADACEL(TDAP ADOLESN/ADULT)(PF)	6	ACA
AFLURIA QD 2022-23(3YR UP)(PF)	6	ACA
AFLURIA QUAD 2022-2023(6MO UP)	6	ACA
BCG VACCINE, LIVE (PF)	6	ACA
BEXSERO	6	ACA
BIOTHRAX	6	ACA
BOOSTRIX TDAP	6	ACA
COMIRNATY TRIS VACCINE(PF)	6	ACA
DAPTACEL (DTAP PEDIATRIC) (PF)	6	ACA
DENGVAIXIA (PF)	6	ACA
ENGERIX-B (PF)	6	ACA
ENGERIX-B PEDIATRIC (PF)	6	ACA
FLUAD QUAD 2022-23(65Y UP)(PF)	6	ACA
FLUARIX QUAD 2022-2023 (PF)	6	ACA
FLUBLOK QUAD 2022-2023 (PF)	6	ACA
FLUCELVAX QUAD 2022-2023	6	ACA

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Drug Name	Tier	Requirements / Limits
FLUCELVAX QUAD 2022-2023 (PF)	6	ACA
FLULAVAL QUAD 2022-2023 (PF)	6	ACA
FLUMIST QUAD 2022-2023	6	ACA
FLUZONE HIGHDOSE QUAD 22-23 PF	6	ACA
FLUZONE QUAD 2022-2023	6	ACA
FLUZONE QUAD 2022-2023 (PF)	6	ACA
GARDASIL 9 (PF)	6	ACA
GRASTEK	2	PA
HAVRIX (PF)	6	ACA
HEPLISAV-B (PF) INTRAMUSCULAR SYRINGE	6	ACA
HIBERIX (PF)	6	ACA
IMOVAX RABIES VACCINE (PF)	6	ACA
INFANRIX (DTAP) (PF) INTRAMUSCULAR SYRINGE	6	ACA
IPOL	6	ACA
IXIARO (PF)	6	ACA
JANSSEN COVID-19 VACCINE (EUA)	6	ACA
KINRIX (PF) INTRAMUSCULAR SYRINGE	6	ACA

Drug Name	Tier	Requirements / Limits
MENACTRA (PF) INTRAMUSCULAR SOLUTION	6	ACA
MENQUADFI (PF)	6	ACA
MENVEO A-C-Y-W-135-DIP (PF)	6	ACA
M-M-R II (PF)	6	ACA
MODERNA COVID(6M-5Y) VACC(EUA)	6	ACA
MODERNA COVID-19 BOOSTER (EUA)	6	ACA
MODERNA COVID-19 VACCINE (EUA)	6	ACA
NOVAVAX COVID-19 VACC,ADJ(EUA)	6	ACA
ODACTRA	2	PA
ORALAIR SUBLINGUAL TABLET 300 INDX REACTIVITY	4	PA; SP
PEDIARIX (PF)	6	ACA
PEDVAX HIB (PF)	6	ACA
PENTACEL (PF)	6	ACA
PENTACEL ACTHIB COMPONENT (PF)	6	ACA
PFIZER COVID-19 TRIS VACCN(PF)	6	ACA
PFIZER COVID-19 VACCINE (EUA)	6	ACA
PNEUMOVAX-23	6	ACA
PREHEVBRIO (PF)	6	ACA
PREVNAR 13 (PF)	6	ACA

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Drug Name	Tier	Requirements / Limits
PREVNAR 20 (PF)	6	ACA
PRIORIX (PF)	6	ACA
PROQUAD (PF)	6	ACA
QUADRACEL (PF)	6	ACA
RABAVERT (PF)	6	ACA
RAGWITEK	2	PA
RECOMBIVAX HB (PF)	6	ACA
ROTARIX	6	ACA
ROTATEQ VACCINE	6	ACA
SHINGRIX (PF)	6	ACA
SPIKEVAX (PF)	6	ACA
STAMARIL (PF)	6	ACA
TDVAX	6	ACA
TENIVAC (PF)	6	ACA
TETANUS,DIPHTH ERIA TOX PED(PF)	6	ACA
TICOVAC	6	ACA
TRUMENBA	6	ACA
TWINRIX (PF)	6	ACA
TYPHIM VI	6	ACA
VAQTA (PF)	6	ACA
VARIVAX (PF)	6	ACA
VAXELIS (PF)	6	ACA
VAXNEUVANCE	6	ACA
VIVOTIF	6	ACA
YF-VAX (PF)	6	ACA

MUSCULOSKELETAL & RHEUMATOLOGY

GOUT THERAPY

Drug Name	Tier	Requirements / Limits
<i>allopurinol</i>	1	
<i>colchicine oral tablet</i>	1	
<i>febuxostat</i>	1	ST
GLOPERBA	3	
MITIGARE	2	
<i>probenecid</i>	1	
<i>probenecid-colchicine</i>	1	
ZYLOPRIM ORAL TABLET 100 MG	3	
OSTEOPOROSIS THERAPY		
ACTONEL ORAL TABLET 150 MG, 35 MG	3	ST; QL
<i>alendronate oral solution</i>	1	QL
<i>alendronate oral tablet 10 mg, 35 mg, 5 mg, 70 mg</i>	1	QL
ATELVIA	3	ST; QL
BINOSTO	3	ST; QL
BONIVA ORAL	3	ST; QL
EVISTA	3	
FORTEO SUBCUTANEOUS PEN INJECTOR 20 MCG/DOSE (600MCG/2.4ML)	4	PA; SP; QL
FOSAMAX ORAL TABLET 70 MG	3	ST; QL
FOSAMAX PLUS D	3	ST; QL
<i>ibandronate oral</i>	1	QL
<i>raloxifene</i>	6	ACA

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You can find information on what the symbols and abbreviations on this table mean by going to the beginning of this table.

Drug Name	Tier	Requirements / Limits
<i>risedronate oral tablet 150 mg, 35 mg, 5 mg</i>	1	QL
<i>risedronate oral tablet, delayed release (dr/ec)</i>	1	QL
TERIPARATIDE	5	PA; SP; QL
TYMLOS	4	PA; SP; QL
OTHER RHEUMATOLOGICALS		
ACTEMRA ACTPEN	4	PA; SP; QL
ACTEMRA SUBCUTANEOUS	4	PA; SP; QL
ARAVA	3	QL
BENLYSTA SUBCUTANEOUS	4	PA; SP; QL
DEPEN TITRATABS	2	PA
ENBREL MINI	4	PA; SP; QL
ENBREL SUBCUTANEOUS RECON SOLN	4	PA; SP; QL
ENBREL SUBCUTANEOUS SOLUTION	4	PA; SP
ENBREL SUBCUTANEOUS SYRINGE	4	PA; SP; QL
ENBREL SURECLICK	4	PA; SP; QL
HUMIRA PEN	4	PA; SP; QL
HUMIRA PEN CROHNS-UC-HS START	4	PA; SP; QL
HUMIRA PEN PSOR-UEITS- ADOL HS	4	PA; SP; QL

Drug Name	Tier	Requirements / Limits
HUMIRA SUBCUTANEOUS SYRINGE KIT 40 MG/0.8 ML	4	PA; SP; QL
HUMIRA(CF)	4	PA; SP; QL
HUMIRA(CF) PEDI CROHNS STARTER	4	PA; SP; QL
HUMIRA(CF) PEN CROHNS-UC-HS	4	PA; SP; QL
HUMIRA(CF) PEN PEDIATRIC UC	4	PA; SP
HUMIRA(CF) PEN PSOR-UV-ADOL HS	4	PA; SP; QL
HUMIRA(CF) PEN SUBCUTANEOUS PEN INJECTOR KIT 40 MG/0.4 ML	4	PA; SP; QL
<i>leflunomide</i>	1	QL
OTEZLA	4	PA; SP; QL
OTEZLA STARTER ORAL TABLETS, DOSE PACK 10 MG (4)- 20 MG (4)-30 MG (47)	4	PA; SP; QL
<i>penicillamine oral capsule</i>	1	ST
<i>penicillamine oral tablet</i>	1	PA
RASUVO (PF)	2	ST
RIDAURA	2	
RINVOQ	4	PA; SP; QL
SAVELLA	2	ST; QL

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Drug Name	Tier	Requirements / Limits
SIMPONI SUBCUTANEOUS PEN INJECTOR 100 MG/ML	4	PA; SP; QL
SIMPONI SUBCUTANEOUS SYRINGE 100 MG/ML	4	PA; SP; QL
XELJANZ	4	PA; SP; QL
XELJANZ XR	4	PA; SP; QL

OBSTETRICS & GYNECOLOGY

DIAPHRAGMS AND OTHER NON-ORAL CONTRACEPTIVES

CAYA CONTOURED	6	ACA
FC2 FEMALE CONDOM	6	ACA; OTC
FEMCAP VAGINAL DEVICE 22 MM	6	ACA
KYLEENA	4	SP
LILETTA	5	SP
MIRENA	6	SP; ACA
PARAGARD T 380A	6	SP; ACA
SKYLA	4	SP
WIDE-SEAL DIAPHRAGM	6	ACA

ESTROGENS & PROGESTINS

ACTIVELLA ORAL TABLET 1-0.5 MG	3	
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Drug Name	Tier	Requirements / Limits
ALORA TRANSDERMAL PATCH SEMIWEEKLY 0.025 MG/24 HR, 0.075 MG/24 HR, 0.1 MG/24 HR	3	QL
<i>amabelz</i>	1	
ANGELIQ	3	
AYGESTIN	3	
<i>camila</i>	6	ACA
CLIMARA	3	QL
COMBIPATCH	2	
<i>covaryx</i>	1	
<i>covaryx h.s.</i>	1	
<i>deblitane</i>	6	ACA
DELESTROGEN	3	
DEPO-ESTRADIOL	2	
DEPO-SUBQ PROVERA 104	3	QL
<i>dotti</i>	1	QL
DUAVEE	2	
<i>eemt</i>	1	
<i>eemt hs</i>	1	
ENDOMETRIN	4	(INF: Coverage Limitations May Apply); SP
<i>errin</i>	6	ACA
ESTRACE ORAL	3	
<i>estradiol oral</i>	1	
<i>estradiol transdermal</i>	1	QL
<i>estradiol vaginal</i>	1	

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Drug Name	Tier	Requirements / Limits
<i>estradiol valerate intramuscular oil 20 mg/ml, 40 mg/ml</i>	1	
<i>estradiol-norethindrone acet</i>	1	
<i>estrogens-methyltestosterone</i>	1	
<i>fyavolv</i>	1	
<i>heather</i>	6	ACA
<i>incassia</i>	6	ACA
<i>jencycla</i>	6	ACA
<i>jinteli</i>	1	
<i>lyleq</i>	6	ACA
<i>lyllana</i>	1	QL
<i>lyza</i>	6	ACA
<i>medroxyprogesterone intramuscular</i>	6	ACA; QL
<i>medroxyprogesterone oral</i>	1	
MENOSTAR	3	QL
<i>mimvey</i>	1	
<i>nora-be</i>	6	ACA
<i>norethindrone (contraceptive)</i>	6	ACA
<i>norethindrone acetate</i>	1	
<i>norethindrone ac-eth estradiol oral tablet 0.5-2.5 mg-mcg, 1-5 mg-mcg</i>	1	
PREFEST	3	
PREMARIN VAGINAL	2	
<i>progesterone</i>	4	SP

Drug Name	Tier	Requirements / Limits
<i>progesterone micronized</i>	1	
PROMETRIUM	3	
PROVERA	3	
<i>sharobel</i>	6	ACA
<i>tulana</i>	6	ACA
<i>yuvaferm</i>	1	
MISCELLANEOUS OB/GYN		
CERVIDIL	3	
CLEOCIN VAGINAL	3	
<i>clindamycin phosphate vaginal</i>	1	
CLINDESSE	3	
<i>eluryng</i>	6	ACA
<i>etonogestrel-ethinyl estradiol</i>	6	ACA
<i>fem ph</i>	1	
GYNAZOLE-1	3	
<i>isoxsuprine</i>	1	
LYSTEDA	3	
<i>metronidazole vaginal</i>	1	
<i>miconazole-3 vaginal suppository</i>	1	
MYFEMBREE	2	PA
NEXPLANON	6	SP; ACA
NUVESSA	3	
ORIAHNN	2	PA
PREPIDIL	3	
RELAGARD	3	
<i>terconazole</i>	1	

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You can find information on what the symbols and abbreviations on this table mean by going to the beginning of this table.

Drug Name	Tier	Requirements / Limits
TODAY CONTRACEPTIVE SPONGE	6	ACA; OTC
<i>tranexamic acid oral</i>	1	
TRIMO-SAN JELLY	2	
<i>vandazole</i>	1	
VCF CONTRACEPTIVE FILM	2	OTC
VCF CONTRACEPTIVE GEL	2	OTC
<i>xulane</i>	6	ACA
<i>zafemy</i>	6	ACA
ORAL CONTRACEPTIVES & RELATED AGENTS		
<i>afirmelle</i>	6	ACA
<i>after pill</i>	6	ACA; OTC; QL
<i>altavera (28)</i>	6	ACA
<i>alyacen 1/35 (28)</i>	6	ACA
<i>alyacen 7/7/7 (28)</i>	6	ACA
<i>amethia</i>	6	ACA
<i>amethyst (28)</i>	6	ACA
<i>apri</i>	6	ACA
<i>aranella (28)</i>	6	ACA
<i>ashlyna</i>	6	ACA
<i>aubra</i>	6	ACA
<i>aubra eq</i>	6	ACA
<i>aurovela 1.5/30 (21)</i>	6	ACA
<i>aurovela 1/20 (21)</i>	6	ACA
<i>aurovela 24 fe</i>	6	ACA

Drug Name	Tier	Requirements / Limits
<i>aurovela fe 1.5/30 (28)</i>	6	ACA
<i>aurovela fe 1-20 (28)</i>	6	ACA
<i>aviane</i>	6	ACA
<i>ayuna</i>	6	ACA
<i>azurette (28)</i>	6	ACA
<i>balziva (28)</i>	6	ACA
<i>blisovi 24 fe</i>	6	ACA
<i>blisovi fe 1.5/30 (28)</i>	6	ACA
<i>blisovi fe 1/20 (28)</i>	6	ACA
<i>briellyn</i>	6	ACA
<i>camrese</i>	6	ACA
<i>camrese lo</i>	6	ACA
<i>caziant (28)</i>	6	ACA
<i>charlotte 24 fe</i>	6	ACA
<i>chateal (28)</i>	6	ACA
<i>chateal eq (28)</i>	6	ACA
<i>cryselle (28)</i>	6	ACA
<i>cyred</i>	6	ACA
<i>cyred eq</i>	6	ACA
<i>dasetta 1/35 (28)</i>	6	ACA
<i>dasetta 7/7/7 (28)</i>	6	ACA
<i>daysee</i>	6	ACA
<i>desog-e.estradiol/e.estradiol</i>	6	ACA
<i>desogestrel-ethinyl estradiol</i>	6	ACA
<i>dolishale</i>	6	ACA
<i>drospirenone-e.estradiol-lm.fa</i>	6	ACA

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Drug Name	Tier	Requirements / Limits
<i>drospirenone-ethinyl estradiol</i>	6	ACA
<i>econtra ez</i>	6	ACA; OTC; QL
<i>econtra one-step</i>	6	ACA; OTC; QL
<i>elinest</i>	6	ACA
<i>ELLA</i>	6	ACA; QL
<i>enpresse</i>	6	ACA
<i>enskyce</i>	6	ACA
<i>estarylla</i>	6	ACA
<i>ethynodiol diac-eth estradiol</i>	6	ACA
<i>falmina (28)</i>	6	ACA
<i>femynor</i>	6	ACA
<i>finzala</i>	6	ACA
<i>gemmily</i>	6	ACA
<i>hailey</i>	6	ACA
<i>hailey 24 fe</i>	6	ACA
<i>hailey fe 1.5/30 (28)</i>	6	ACA
<i>hailey fe 1/20 (28)</i>	6	ACA
<i>iclevia</i>	6	ACA
<i>isibloom</i>	6	ACA
<i>jaimiess</i>	6	ACA
<i>jasmiel (28)</i>	6	ACA
<i>jolessa</i>	6	ACA
<i>juleber</i>	6	ACA
<i>junel 1.5/30 (21)</i>	6	ACA
<i>junel 1/20 (21)</i>	6	ACA
<i>junel fe 1.5/30 (28)</i>	6	ACA
<i>junel fe 1/20 (28)</i>	6	ACA
<i>junel fe 24</i>	6	ACA
<i>kaitlib fe</i>	6	ACA

Drug Name	Tier	Requirements / Limits
<i>kalliga</i>	6	ACA
<i>kariva (28)</i>	6	ACA
<i>kelnor 1/35 (28)</i>	6	ACA
<i>kelnor 1-50 (28)</i>	6	ACA
<i>kurvelo (28)</i>	6	ACA
<i>l norgest/e.estradiol-e.estradiol</i>	6	ACA
<i>larin 1.5/30 (21)</i>	6	ACA
<i>larin 1/20 (21)</i>	6	ACA
<i>larin 24 fe</i>	6	ACA
<i>larin fe 1.5/30 (28)</i>	6	ACA
<i>larin fe 1/20 (28)</i>	6	ACA
<i>layolis fe</i>	6	ACA
<i>leena 28</i>	6	ACA
<i>lessina</i>	6	ACA
<i>levonest (28)</i>	6	ACA
<i>levonorgestrel</i>	6	ACA; OTC; QL
<i>levonorgestrel-ethinyl estradiol</i>	6	ACA
<i>levonorg-eth estradiol triphasic</i>	6	ACA
<i>levora-28</i>	6	ACA
<i>lojaimiess</i>	6	ACA
<i>loryna (28)</i>	6	ACA
<i>low-ogestrel (28)</i>	6	ACA
<i>lo-zumandimine (28)</i>	6	ACA
<i>luteria (28)</i>	6	ACA
<i>marlissa (28)</i>	6	ACA
<i>merzee</i>	6	ACA
<i>mibelas 24 fe</i>	6	ACA
<i>microgestin 1.5/30 (21)</i>	6	ACA

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Drug Name	Tier	Requirements / Limits
<i>microgestin 1/20 (21)</i>	6	ACA
<i>microgestin fe 1.5/30 (28)</i>	6	ACA
<i>microgestin fe 1/20 (28)</i>	6	ACA
<i>mili</i>	6	ACA
<i>mono-lynyah</i>	6	ACA
<i>my choice</i>	6	ACA; OTC; QL
<i>my way</i>	6	ACA; OTC; QL
<i>necon 0.5/35 (28)</i>	6	ACA
<i>new day</i>	6	ACA; OTC; QL
<i>nikki (28)</i>	6	ACA
<i>noreth-ethinyl estradiol-iron</i>	6	ACA
<i>norethindrone ac-eth estradiol oral tablet 1-20 mg-mcg, 1.5-30 mg-mcg</i>	6	ACA
<i>norethindrone-e.estradiol-iron</i>	6	ACA
<i>norgestimate-ethinyl estradiol</i>	6	ACA
<i>nortrel 0.5/35 (28)</i>	6	ACA
<i>nortrel 1/35 (21)</i>	6	ACA
<i>nortrel 1/35 (28)</i>	6	ACA
<i>nortrel 7/7/7 (28)</i>	6	ACA
<i>nylia 1/35 (28)</i>	6	ACA
<i>nylia 7/7/7 (28)</i>	6	ACA
<i>nymyo</i>	6	ACA
<i>ocella</i>	6	ACA

Drug Name	Tier	Requirements / Limits
<i>opcicon one-step</i>	6	ACA; OTC; QL
<i>option-2</i>	6	ACA; OTC; QL
<i>philith</i>	6	ACA
<i>pimtrea (28)</i>	6	ACA
<i>pirmella</i>	6	ACA
<i>portia 28</i>	6	ACA
<i>reclipsen (28)</i>	6	ACA
<i>rivelsa</i>	6	ACA
<i>setlakin</i>	6	ACA
<i>simliya (28)</i>	6	ACA
<i>simpesse</i>	6	ACA
<i>sprintec (28)</i>	6	ACA
<i>sronyx</i>	6	ACA
<i>syeda</i>	6	ACA
<i>tarina 24 fe</i>	6	ACA
<i>tarina fe 1/20 (28)</i>	6	ACA
<i>taysofy</i>	6	ACA
<i>tilia fe</i>	6	ACA
<i>tri femynor</i>	6	ACA
<i>tri-estarylla</i>	6	ACA
<i>tri-legest fe</i>	6	ACA
<i>tri-lynyah</i>	6	ACA
<i>tri-lo-estarylla</i>	6	ACA
<i>tri-lo-marzia</i>	6	ACA
<i>tri-lo-mili</i>	6	ACA
<i>tri-lo-sprintec</i>	6	ACA
<i>tri-mili</i>	6	ACA
<i>tri-nymyo</i>	6	ACA
<i>tri-sprintec (28)</i>	6	ACA
<i>trivora (28)</i>	6	ACA

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Drug Name	Tier	Requirements / Limits
<i>tri-vylibra</i>	6	ACA
<i>tri-vylibra lo</i>	6	ACA
<i>tydemy</i>	6	ACA
<i>velivet triphasic regimen (28)</i>	6	ACA
<i>vestura (28)</i>	6	ACA
<i>vienva</i>	6	ACA
<i>violele (28)</i>	6	ACA
<i>volnea (28)</i>	6	ACA
<i>vyfemla (28)</i>	6	ACA
<i>vylibra</i>	6	ACA
<i>wera (28)</i>	6	ACA
<i>wymzya fe</i>	6	ACA
<i>zarah</i>	6	ACA
<i>zovia 1-35 (28)</i>	6	ACA
<i>zumandimine (28)</i>	6	ACA
OXYTOCICS		
<i>methergine</i>	1	ST; QL
<i>methylergonovine oral</i>	1	ST; QL
OPHTHALMOLOGY		
ANTIBIOTICS		
<i>ak-poly-bac</i>	1	
AZASITE	2	
<i>bacitracin ophthalmic (eye)</i>	1	
<i>bacitracin-polymyxin b</i>	1	
BETADINE OPHTHALMIC PREP	3	

Drug Name	Tier	Requirements / Limits
CILOXAN OPHTHALMIC (EYE) DROPS	3	
<i>ciprofloxacin hcl ophthalmic (eye)</i>	1	
<i>erythromycin ophthalmic (eye)</i>	1	
<i>gatifloxacin</i>	1	
<i>gentak ophthalmic (eye) ointment</i>	1	
<i>gentamicin ophthalmic (eye) drops</i>	1	
<i>levofloxacin ophthalmic (eye) drops 0.5 %</i>	1	
MOXIFLOXACIN (PF)-BSS	3	
<i>moxifloxacin ophthalmic (eye)</i>	1	
MOXIFLOXACIN-SOD CHLOR,ISO(PF)	3	
NATACYN	2	
<i>neomycin-bacitracin-polymyxin</i>	1	
<i>neomycin-polymyxin-gramicidin</i>	1	
<i>neo-polycin</i>	1	
OCUFLOX	3	
<i>ofloxacin ophthalmic (eye)</i>	1	
<i>polycin</i>	1	
<i>polymyxin b sulf-trimethoprim</i>	1	

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Drug Name	Tier	Requirements / Limits
POLYTRIM	3	
tobramycin ophthalmic (eye)	1	
TOBREX	3	
VIGAMOX	3	
ZYMAXID	3	
ANTIVIRALS		
trifluridine	1	
ZIRGAN	3	
BETA-BLOCKERS		
betaxolol ophthalmic (eye)	1	
BETOPTIC S	3	
carteolol	1	
levobunolol ophthalmic (eye) drops 0.5 %	1	
timolol maleate (pf) ophthalmic (eye) dropperette 0.5 %	1	
timolol maleate ophthalmic (eye)	1	
TIMOPTIC	3	ST
TIMOPTIC-XE	3	ST
CHOLINESTERASE INHIBITOR MIOTICS		
PHOSPHOLINE IODIDE	4	SP
CYCLOPLEGIC MYDRIATICS		
atropine ophthalmic (eye) drops	1	
ATROPINE OPHTHALMIC (EYE) DROPS, EMULSION	3	

Drug Name	Tier	Requirements / Limits
atropine ophthalmic (eye) ointment	1	
CYCLOGYL	3	
cyclopentolate	1	
CYCLOPEN-TROPIC-PHENYLEPH-WATR	3	
CYCLOPENT-TROPIC-PHEN-KETR-WAT	3	
CYCLOP-TROP-PROPA-PHEN-KET-WAT	3	
homatropaire	1	
ISOPTO ATROPINE	3	
MYDRIACYL	3	
PAREMYD	3	
PHENYLEPH-TROPICAMIDE IN WATER	3	
tropicamide	1	
DIRECT ACTING MIOTICS		
ISOPTO CARPINE OPHTHALMIC (EYE) DROPS 2 %	3	
MIOCHOL-E	3	
pilocarpine hcl ophthalmic (eye) drops 1 %, 2 %, 4 %	1	
MISCELLANEOUS OPHTHALMOLOGICS		
AKTEN (PF)	3	
ALCAINE	3	
altacaine	1	

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You can find information on what the symbols and abbreviations on this table mean by going to the beginning of this table.

Drug Name	Tier	Requirements / Limits
ALTAFLUOR BENOX	3	
<i>azelastine ophthalmic (eye)</i>	1	
<i>bepotastine besilate</i>	1	
BEVACIZUMAB INTRAVITREAL SYRINGE 2.5 MG/0.1 ML, 3.25 MG/0.13 ML	3	
CEQUA	3	PA
<i>cromolyn ophthalmic (eye)</i>	1	
CYCLOSPORINE IN KLARITY	3	
<i>cyclosporine ophthalmic (eye)</i>	1	PA; QL
CYSTARAN	4	PA; SP
DEXAMET-MOXIFL-KETORO-NACL(PF)	3	
<i>epinastine</i>	1	
FLUORESCEIN-BENOXINATE	3	
<i>fluorescein-proparacaine</i>	1	
KLARITY-A (AZITHRO-CHONDR)(PF)	3	
KLARITY-L (LOTEPRED-CHOND)(PF) OPHTHALMIC (EYE) DROPS 0.5-0.25 %	3	
LACRISERT	3	PA; QL

Drug Name	Tier	Requirements / Limits
LIDOCAINE-PHENYLEPHRIN-BSS(PF)	3	
<i>lidocaine-phenylephrn in water</i>	1	
MYDRIATIC4(TRO P-PROP-PE-KTRLC)	3	
OMIDRIA	3	
OXERVATE	4	PA; SP
PHOTREXA CROSS-LINKING KIT	3	
PHOTREXA VISCOUS	3	
PREDNISOL ACE-GATIFLOX-BROMFEN	3	
PREDNISOLN SP-GATIFLOX-BROMFEN	3	
PREDNISOLN SP-MOXIFLOX-BROMFEN	3	
PREDNISOLONE ACETATE-NEPAFENAC	3	
PREDNISOLONE-MOXIFLO-NEPAFENAC	3	
PREDNISOLONE-MOXIFLOX-BROMFEN	3	
<i>proparacaine</i>	1	
RACEPINEPH-LIDOCAINE-BSS 7(PF)	3	

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Drug Name	Tier	Requirements / Limits
RESTASIS	2	PA; QL
RESTASIS MULTIDOSE	2	PA; QL
<i>tetracaine hcl</i>	1	
TETRACAINE HCL (PF) OPHTHALMIC (EYE)	3	
TYRVAYA	3	PA
XIIDRA	2	PA; QL
NON-STEROIDAL ANTI-INFLAMMATORY AGENTS		
ACULAR	3	ST
ACULAR LS	3	ST
<i>bromfenac</i>	1	
<i>diclofenac sodium ophthalmic (eye)</i>	1	
<i>flurbiprofen sodium</i>	1	
ILEVRO	3	
<i>ketorolac ophthalmic (eye)</i>	1	
PROLENSA	3	
ORAL DRUGS FOR GLAUCOMA		
<i>acetazolamide</i>	1	
<i>methazolamide</i>	1	
OTHER GLAUCOMA DRUGS		
<i>bimatoprost ophthalmic (eye)</i>	1	
BRIMONIDINE-DORZOLAMIDE (PF)	3	
<i>brimonidine-timolol</i>	1	
<i>brinzolamide</i>	1	
COMBIGAN	3	ST

Drug Name	Tier	Requirements / Limits
<i>dorzolamide</i>	1	
DORZOLAMIDE (PF)	3	
<i>dorzolamide-timolol</i>	1	
<i>dorzolamide-timolol (pf) ophthalmic (eye) dropperette</i>	1	
DORZOLAMIDE-TIMOLOL (PF) OPHTHALMIC (EYE) DROPS	3	
<i>latanoprost</i>	1	
LATANOPROST (PF)	3	
LUMIGAN OPHTHALMIC (EYE) DROPS 0.01 %	3	ST
<i>miostat</i>	1	
MITOSOL	3	
SIMBRINZA	3	
TIMOL-BRIMON-DORZO-LATANOP(PF)	3	
TIMOLOL-BRIMONIDI-DORZOLAM(PF)	3	
TIMOLOL-DORZOLAMID-LATANOP(PF)	3	
TIMOLOL-LATANOPROST(P F)	3	
<i>travoprost</i>	1	
TRUSOPT	3	ST
VYZULTA	3	ST

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You can find information on what the symbols and abbreviations on this table mean by going to the beginning of this table.

Drug Name	Tier	Requirements / Limits
STEROID-ANTIBIOTIC COMBINATIONS		
DEXAMETH-MOXIFLOX(PF)-NACL,ISO	3	
MAXITROL	3	
<i>neomycin-bacitracin-poly-hc</i>	1	
<i>neomycin-polymyxin b-dexameth</i>	1	
<i>neomycin-polymyxin-hc ophthalmic (eye)</i>	1	
<i>neo-polycin hc</i>	1	
PRED-G	3	
PRED-G S.O.P.	3	
PREDNISOLONE SOD PH-MOXIFLOX	3	
PREDNISOLONE-MOXIFLOXACIN HCL	3	
TOBRADEX	3	
<i>tobramycin-dexamethasone</i>	1	
TRIAMCINOLON-MOXIFLOX-WATR(PF)	3	
STEROIDS		
<i>dexamethasone sodium phosphate ophthalmic (eye)</i>	1	
DEXTENZA	3	
DEXYCU (PF)	3	
<i>difluprednate</i>	1	
EYSUVIS	3	PA; QL

Drug Name	Tier	Requirements / Limits
<i>fluorometholone</i>	1	
FML LIQUIFILM	3	ST
INVELTYS	3	ST
LOTEMAX OPHTHALMIC (EYE) DROPS,GEL	3	ST
LOTEMAX OPHTHALMIC (EYE) DROPS,SUSPENSION	3	
LOTEMAX OPHTHALMIC (EYE) OINTMENT	3	ST
LOTEMAX SM	3	ST
<i>loteprednol etabonate</i>	1	
PRED FORTE	3	
<i>prednisolone acetate</i>	1	
PREDNISOLONE ACETATE (PF)	3	
<i>prednisolone sodium phosphate ophthalmic (eye)</i>	1	
STEROID-SULFONAMIDE COMBINATIONS		
BLEPHAMIDE S.O.P.	3	
<i>sulfacetamide-prednisolone</i>	1	
SULFONAMIDES		
<i>sulfacetamide sodium ophthalmic (eye)</i>	1	
SYMPATHOMIMETICS		
ALPHAGAN P	3	ST

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You can find information on what the symbols and abbreviations on this table mean by going to the beginning of this table.

Drug Name	Tier	Requirements / Limits
<i>apraclonidine</i>	1	
<i>brimonidine</i>	1	
IOPIDINE OPHTHALMIC (EYE) DROPPERETTE	3	ST
VASOCONSTRICTOR DECONGESTANTS		
CYCLOMYDRIL	3	
<i>phenylephrine hcl ophthalmic (eye)</i>	1	
RESPIRATORY, ALLERGY, COUGH & COLD		
ANTI HISTAMINE & ANTIALLERGENIC AGENTS		
AUVI-Q	3	ST; QL
<i>carbinoxamine maleate oral liquid</i>	1	
<i>carbinoxamine maleate oral tablet 4 mg</i>	1	
<i>carbinoxamine maleate oral tablet 6 mg</i>	1	ST
<i>cetirizine oral solution 1 mg/ml</i>	1	NSA: Coverage Limitation May Apply
CLARINEX ORAL TABLET	3	NSA: Coverage Limitation May Apply; QL
<i>clemastine oral syrup</i>	1	
<i>clemastine oral tablet 2.68 mg</i>	1	

Drug Name	Tier	Requirements / Limits
<i>cypheptadine</i>	1	
<i>desloratadine</i>	1	NSA: Coverage Limitation May Apply; QL
<i>dexchlorpheniramin e maleate oral solution</i>	1	
<i>epinephrine injection auto- injector 0.15 mg/0.3 ml, 0.3 mg/0.3 ml</i>	1	QL
EPIPEN 2-PAK	2	ST; QL
EPIPEN JR 2-PAK	2	ST; QL
<i>hydroxyzine hcl oral solution 10 mg/5 ml</i>	1	
<i>hydroxyzine hcl oral tablet</i>	1	
<i>hydroxyzine pamoate</i>	1	
KARBINAL ER	3	ST
<i>levocetirizine oral solution</i>	1	NSA: Coverage Limitation May Apply
<i>levocetirizine oral tablet</i>	1	NSA: Coverage Limitation May Apply; QL
<i>promethazine oral</i>	1	
<i>promethazine rectal suppository 12.5 mg, 25 mg</i>	1	
<i>promethegan</i>	1	

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You can find information on what the symbols and abbreviations on this table mean by going to the beginning of this table.

Drug Name	Tier	Requirements / Limits
QUZYTIR	3	NSA: Coverage Limitation May Apply
RYCLORA	3	
RYVENT	3	ST
SYMJEPI	2	QL
VISTARIL	3	
COUGH & COLD THERAPY		
<i>benzonatate</i>	1	
BROMFED DM	3	
<i>brompheniramine- pseudoeph-dm</i>	1	
CAPCOF	3	
CLARINEX-D 12 HOUR	3	NSA: Coverage Limitation May Apply; QL
<i>codeine-guaifenesin</i>	1	
CODITUSSIN AC	3	
CODITUSSIN DAC	3	
<i>g tussin ac</i>	1	
<i>guaiaitussin ac</i>	1	
HISTEX-AC	3	
HYCODAN (WITH HOMATROPINE)	3	
<i>hydrocodone- chlorpheniramine</i>	1	
<i>hydrocodone- homatropine oral syrup 5-1.5 mg/5 ml</i>	1	
<i>hydrocodone- homatropine oral tablet</i>	1	

Drug Name	Tier	Requirements / Limits
<i>hydromet</i>	1	
MAR-COF CG	3	
<i>maxi-tuss ac</i>	1	
MAXI-TUSS CD	3	
<i>m-clear wc</i>	1	
M-END PE	3	
NINJACOF-XG	3	
OBREDON	3	ST
POLY-TUSSIN AC	3	
<i>promethazine- codeine</i>	1	
<i>promethazine-dm</i>	1	
<i>promethazine- phenyleph-codeine</i>	1	
<i>promethazine- phenylephrine</i>	1	
RESPA-AR	3	
TUXARIN ER	3	
TUZISTRA XR	3	ST
<i>virtussin ac</i>	1	
<i>virtussin dac</i>	1	
PULMONARY AGENTS		
ACCOLATE	3	
<i>acetylcysteine</i>	1	
ADEMPAS	4	PA; SP; LA
ADRENALIN NASAL	3	
ADVAIR DISKUS	3	QL
ADVAIR HFA	2	QL
AIRDUO DIGIHALER	3	QL

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You can find information on what the symbols and abbreviations on this table mean by going to the beginning of this table.

Drug Name	Tier	Requirements / Limits
<i>albuterol sulfate inhalation hfa aerosol inhaler</i>	1	QL
<i>albuterol sulfate inhalation solution for nebulization</i>	1	
<i>albuterol sulfate oral</i>	1	
ALVESCO	3	QL
<i>alyq</i>	4	PA; SP; QL
<i>ambrisentan</i>	4	PA; SP; LA
ANORO ELLIPTA	2	QL
<i>arformoterol</i>	1	QL
ARNUITY ELLIPTA	2	QL
ASMANEX HFA	2	QL
ASMANEX TWISTHALER INHALATION AEROSOL POWDR BREATH ACTIVATED 110 MCG/ ACTUATION (30), 220 MCG/ ACTUATION (120), 220 MCG/ ACTUATION (14), 220 MCG/ ACTUATION (30), 220 MCG/ ACTUATION (60)	2	QL
ATROVENT HFA	3	QL
<i>azelastine-fluticasone</i>	1	ST; QL
BEVESPI AEROSPHERE	2	QL
<i>bosentan</i>	4	PA; SP
BREO ELLIPTA	2	QL

Drug Name	Tier	Requirements / Limits
BREZTRI AEROSPHERE	2	QL
BRONCHITOL	5	PA; SP
BROVANA	3	QL
<i>budesonide inhalation</i>	1	QL
CINRYZE	4	PA; SP
COMBIVENT RESPIMAT	2	QL
<i>cromolyn inhalation</i>	1	
DULERA	2	QL
DYMISTA	3	ST; QL
ELIXOPHYLLIN	3	
<i>epinephrine hcl</i>	1	
FASENRA PEN	4	PA; SP
FLOVENT DISKUS	2	QL
FLOVENT HFA	2	QL
<i>flunisolide</i>	1	ST; QL
<i>fluticasone propionate nasal</i>	1	QL
<i>fluticasone propion-salmeterol inhalation blister with device</i>	1	QL
<i>formoterol fumarate</i>	1	QL
HAEGARDA	5	PA; SP; LA
<i>icatibant</i>	4	PA; SP
<i>ipratropium bromide inhalation</i>	1	
<i>ipratropium-albuterol</i>	1	QL
KALYDECO	4	PA; SP; QL
<i>levalbuterol hcl</i>	1	

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You can find information on what the symbols and abbreviations on this table mean by going to the beginning of this table.

Drug Name	Tier	Requirements / Limits
LONHALA MAGNAIR REFILL	3	QL
LONHALA MAGNAIR STARTER	3	QL
<i>metaproterenol oral syrup</i>	1	
<i>mometasone nasal</i>	1	ST; QL
<i>montelukast</i>	1	
NUCALA SUBCUTANEOUS AUTO-INJECTOR	4	PA; SP; LA; QL
NUCALA SUBCUTANEOUS SYRINGE	4	PA; SP; LA; QL
OFEV	4	PA; SP; QL
OPSUMIT	4	PA; SP; LA
ORKAMBI ORAL GRANULES IN PACKET 100-125 MG, 150-188 MG	4	PA; SP; QL
ORKAMBI ORAL TABLET	4	PA; SP; QL
ORLADEYO	5	PA; SP; LA
<i>pirfenidone oral tablet 267 mg</i>	4	PA; SP; QL
<i>pirfenidone oral tablet 801 mg</i>	4	PA; SP
PULMOZYME	4	PA; SP
QVAR REDIHALER	2	QL
REVATIO ORAL	5	PA; SP; QL
<i>sajazir</i>	4	PA; SP
SEREVENT DISKUS	2	QL

Drug Name	Tier	Requirements / Limits
<i>sildenafil (pulm.hypertension) oral</i>	4	PA; SP; QL
SPIRIVA RESPIMAT	2	QL
SPIRIVA WITH HANDIHALER	2	QL
STIOLTO RESPIMAT	2	QL
SYMBICORT	2	QL
SYMDEKO	4	PA; SP; QL
<i>tadalafil (pulm. hypertension)</i>	4	PA; SP; QL
TAKHZYRO	4	PA; SP; LA
<i>terbutaline oral</i>	1	
THEO-24	3	
<i>theophylline oral elixir</i>	1	
<i>theophylline oral solution</i>	1	
<i>theophylline oral tablet extended release 12 hr 300 mg, 450 mg</i>	1	
<i>theophylline oral tablet extended release 24 hr</i>	1	
TRACLEER ORAL TABLET	5	PA; SP; LA
TRACLEER ORAL TABLET FOR SUSPENSION	4	PA; SP; LA
TRELEGY ELLIPTA	2	QL
TRIKAFTA	4	PA; SP; QL
<i>wixela inhub</i>	1	QL

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You can find information on what the symbols and abbreviations on this table mean by going to the beginning of this table.

Drug Name	Tier	Requirements / Limits
XHANCE	3	ST; QL
XOLAIR	4	PA; SP; LA; QL
XOPENEX	3	
XOPENEX CONCENTRATE	3	
YUPELRI	2	QL
<i>zafirlukast</i>	1	
<i>zileuton</i>	1	ST
ZYFLO	3	ST

UROLOGICALS

ANTICHOLINERGICS & ANTISPASMODICS

<i>darifenacin</i>	1	
DITROPAN XL ORAL TABLET EXTENDED RELEASE 24HR 10 MG, 5 MG	3	ST
<i>fesoterodine</i>	1	
<i>flavoxate</i>	1	
GELNIQUE TRANSDERMAL GEL IN PACKET	2	ST; QL
GEMTESA	3	PA
MYRBETRIQ	2	PA
<i>oxybutynin chloride</i>	1	
OXYTROL	3	ST; QL
<i>solifenacin</i>	1	
<i>tolterodine</i>	1	
TOVIAZ	3	ST
<i>trospium</i>	1	

BENIGN PROSTATIC HYPERPLASIA (BPH) THERAPY

Drug Name	Tier	Requirements / Limits
<i>alfuzosin</i>	1	
<i>dutasteride</i>	1	ST
<i>dutasteride-tamsulosin</i>	1	ST
<i>finasteride oral tablet 5 mg</i>	1	
FLOMAX	3	ST
JALYN	3	ST
PROSCAR	3	ST
<i>silodosin</i>	1	
<i>tadalafil oral tablet 2.5 mg, 5 mg</i>	1	PA; ED: Coverage Limitation May Apply; QL
<i>tamsulosin</i>	1	

CHOLINERGIC STIMULANTS

bethanechol chloride 1

MISCELLANEOUS UROLOGICALS

CYSTAGON	4	PA; SP; LA
ELMIRON	2	
<i>hyophen</i>	1	
K-PHOS NO 2	3	
K-PHOS ORIGINAL	2	
<i>methen-sod phos-meth blue-hyos</i>	1	
ORACIT	3	
<i>phosphasal</i>	1	
<i>potassium citrate oral tablet extended release</i>	1	
RENACIDIN	2	
URELLE	3	

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You can find information on what the symbols and abbreviations on this table mean by going to the beginning of this table.

Drug Name	Tier	Requirements / Limits
<i>uretron d-s</i>	1	
URIBEL	3	
<i>urimar-t</i>	1	
<i>uro-458</i>	1	
UROCIT-K 10	3	
UROCIT-K 15	3	
UROCIT-K 5	3	
<i>urogesic-blue</i>	1	
<i>uro-mp</i>	1	
UROQID-ACID NO.2	3	
<i>uryl</i>	1	
<i>ustell</i>	1	
<i>utira-c</i>	1	
URINARY ANESTHETICS		
<i>phenazopyridine oral tablet 100 mg, 200 mg</i>	1	
VITAMINS, HEMATINICS & ELECTROLYTES		
ELECTROLYTES		
EFFER-K ORAL TABLET, EFFERVESCENT 10 MEQ, 20 MEQ	3	
<i>effer-k oral tablet, effervescent 25 meq</i>	1	
GALZIN	3	
<i>klor-con</i>	1	
<i>klor-con 10</i>	1	
<i>klor-con 8</i>	1	
<i>klor-con m10</i>	1	
<i>klor-con m15</i>	1	

Drug Name	Tier	Requirements / Limits
<i>klor-con m20</i>	1	
<i>klor-con/ef</i>	1	
K-TAB ORAL TABLET EXTENDED RELEASE 10 MEQ, 20 MEQ	3	
<i>lugols oral</i>	1	
POTABA	3	
<i>potassium chloride oral</i>	1	
<i>strong iodine oral</i>	1	
MISCELLANEOUS VITAMINS, HEMATINICS, & ELECTROLYTES		
DOJOLVI	5	PA; SP; LA
VITAMINS & HEMATINICS		
ACCRUFER	3	
<i>b complex 1 (with folic acid)</i>	6	ACA; OTC
<i>b complex-vitamin c-folic acid oral tablet</i>	6	ACA; OTC
<i>balanced b-100 oral tablet</i>	6	ACA; OTC
<i>bal-care dha</i>	1	
BAL-CARE DHA ESSENTIAL	3	
<i>b-complex with vitamin c oral tablet 400-500 mcg-mg</i>	6	ACA; OTC
CITRANATAL B-CALM (FE GLUC)	3	
<i>classic prenatal</i>	6	ACA; OTC
<i>c-nate dha</i>	1	
<i>complete natal dha</i>	1	
CONCEPT DHA	3	

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You can find information on what the symbols and abbreviations on this table mean by going to the beginning of this table.

Drug Name	Tier	Requirements / Limits
CONCEPT OB	3	
<i>cyanocobalamin (vitamin b-12) injection</i>	1	
<i>dialyvite 800 oral tablet</i>	6	ACA; OTC
<i>dodex</i>	1	
DRISDOL	3	
DUET DHA BALANCED	3	
DUET DHA WITH OMEGA-3	3	
<i>elite-ob</i>	1	
ENBRACE HR	3	
<i>ergocalciferol (vitamin d2) oral capsule 1,250 mcg (50,000 unit)</i>	1	
FLORIVA (FLUORIDE-VITAMIN D3)	3	OTC
<i>fluoride (sodium) oral drops</i>	6	ACA; OTC
<i>fluoride (sodium) oral tablet, chewable</i>	6	ACA; OTC
<i>folic acid oral tablet 1 mg</i>	1	
<i>folic acid oral tablet 400 mcg, 800 mcg</i>	6	ACA; OTC
<i>folitab</i>	6	ACA; OTC
<i>folivane-ob</i>	1	
<i>foltabs 800</i>	6	ACA; OTC
<i>full spectrum b-vitamin c</i>	6	ACA; OTC
<i>hydroxocobalamin</i>	1	
<i>kobee</i>	6	ACA; OTC

Drug Name	Tier	Requirements / Limits
KOSHER PRENATAL PLUS IRON	3	
<i>kpn oral tablet</i>	6	ACA; OTC
<i>ludent fluoride</i>	6	ACA; OTC
MARNATAL-F	3	
MECOBALAMIN (VITAMIN B12) INJECTION	3	
<i>m-natal plus</i>	1	
<i>multi-vitamin with fluoride</i>	6	ACA; OTC
<i>multivitamins with fluoride oral tablet, chewable 0.25 mg, 1 mg</i>	6	ACA; OTC
<i>mvc-fluoride</i>	6	ACA; OTC
<i>mynatal</i>	1	
<i>mynatal plus</i>	1	
<i>mynatal-z</i>	1	
NASCOBAL	2	ST; QL
NATACHEW (FE BIS-GLYCINATE)	3	
NEEVODHA (WITH ALGAL OIL)	3	
NEONATAL COMPLETE	3	
NEONATAL FE	3	
NEONATAL PLUS VITAMIN	3	
NEONATAL-DHA	3	
NESTABS	3	
NESTABS ABC	3	
NESTABS DHA	3	

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You can find information on what the symbols and abbreviations on this table mean by going to the beginning of this table.

Drug Name	Tier	Requirements / Limits
NESTABS ONE	3	
<i>newgen</i>	1	
OB COMPLETE	3	
OB COMPLETE ONE	3	
OB COMPLETE PETITE	3	
OB COMPLETE PREMIER	3	
OB COMPLETE WITH DHA	3	
<i>one daily prenatal</i>	6	ACA; OTC
<i>perry prenatal</i>	6	ACA; OTC
<i>pnv-dha</i>	1	
<i>pnv-omega</i>	1	
<i>pnv-select</i>	1	
<i>pr natal 400</i>	1	
<i>pr natal 400 ec</i>	1	
<i>pr natal 430</i>	1	
<i>pr natal 430 ec</i>	1	
<i>prena1 chew</i>	1	
<i>prena1 pearl</i>	1	
<i>prena1 true</i>	1	
PRENATA	3	
<i>prenatabs fa</i>	1	
<i>prenatabs rx</i>	1	
<i>prenatal complete</i>	6	ACA; OTC
<i>prenatal multi-dha (algal oil)</i>	6	ACA; OTC
<i>prenatal multivitamins</i>	6	ACA; OTC
<i>prenatal one daily</i>	6	ACA; OTC

Drug Name	Tier	Requirements / Limits
<i>prenatal oral tablet 28 mg iron- 800 mcg</i>	6	ACA; OTC
<i>prenatal plus</i>	1	
<i>prenatal plus (calcium carb)</i>	1	
PRENATAL PLUS DHA ORAL COMBO PACK	3	
PRENATAL PLUS VITAMIN-MINERAL	3	
<i>prenatal vit no.179-iron-folic</i>	6	ACA; OTC
<i>prenatal vitamin oral tablet 27 mg iron- 0.8 mg</i>	6	ACA; OTC
<i>prenatal vitamin with minerals</i>	6	ACA; OTC
<i>prenatal vits96-iron fum-folic</i>	6	ACA; OTC
<i>prenatal-u</i>	1	
PRENATE AM	3	
PRENATE CHEWABLE	3	
PRENATE DHA (FERR ASP GLYCIN)	3	
PRENATE ELITE (IRON ASP GLYC)	3	
PRENATE ENHANCE	3	
PRENATE ESSENTIAL(IRON-ASP-GL)	3	
PRENATE MINI (FERR ASP GLYCIN)	3	

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You can find information on what the symbols and abbreviations on this table mean by going to the beginning of this table.

Drug Name	Tier	Requirements / Limits
PRENATE PIXIE	3	
PRENATE RESTORE	3	
PRENATE STAR	3	
PRIMACARE	3	
PROVIDA OB	3	
PUREFE OB PLUS	3	
<i>rena-vite</i>	6	ACA; OTC
R-NATAL OB	3	
SELECT-OB	3	
SELECT-OB (FOLIC ACID)	3	
SELECT-OB + DHA	3	
<i>se-natal 19 chewable</i>	1	
<i>se-natal-19</i>	1	
<i>stress formula with iron</i>	6	ACA; OTC
<i>stress formula with iron(sulf)</i>	6	ACA; OTC
<i>super b maxi complex</i>	6	ACA; OTC
<i>super quints</i>	6	ACA; OTC
<i>taron-c dha</i>	1	
THRIVITE RX	3	
TRICARE	3	
TRIFERIC	3	
<i>trinatal rx 1</i>	1	
<i>trinate</i>	1	
TRISTART DHA	3	

Drug Name	Tier	Requirements / Limits
<i>tri-vitamin with fluoride</i>	6	ACA; OTC
<i>virt-nate dha</i>	1	
<i>virt-pn dha</i>	1	
VITAFOL FE PLUS	3	
VITAFOL GUMMIES	3	
VITAFOL NANO	3	
VITAFOL ULTRA	3	
VITAFOL-OB	3	
VITAFOL-OB+DHA	3	
VITAFOL-ONE	3	
VITAMED MD ONE RX	3	
VITAMEDMD REDICHEW RX	3	
<i>vitamin b complex-folic acid oral tablet</i>	6	ACA; OTC
<i>vitamins a,c,d and fluoride</i>	6	ACA; OTC
VITAPEARL	3	
VITATRUE	3	
<i>wescap-c dha</i>	1	
<i>wescap-pn dha</i>	1	
<i>wesnate dha</i>	1	
<i>westab plus</i>	1	
<i>westgel dha</i>	1	
<i>zatean-pn dha</i>	1	
<i>zatean-pn plus</i>	1	
<i>zingiber</i>	1	

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ISORDIL	40	kelnor 1/35 (28).....	75	lactulose	63
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isosorbide dinitrate	40	KENALOG	48	LAMICTAL XR STARTER	
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isosorbide-hydralazine	35	KESIMPTA PEN	67	LAMICTAL XR STARTER	
isotretinoin.....	44	KETAMINE	31	(GREEN).....	20
isoxsuprine	73	ketoconazole	8, 46	LAMICTAL XR STARTER	
isradipine	35	ketodan	46	(ORANGE).....	20
itraconazole	8	ketodan kit	46	lamivudine	9
ivermectin.....	12, 44	ketoprofen.....	27	lamivudine-zidovudine	9
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JANUVIA.....	60	klor-con 10	87	larin fe 1.5/30 (28).....	75
JARDIANCE.....	60	klor-con 8	87	larin fe 1/20 (28).....	75
jasmiel (28).....	75	klor-con m10	87	LASIX	35
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javygtor.....	58	klor-con m20	87	LATANOPROST (PF)	80
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junel fe 1/20 (28).....	75	KRISTALOSE.....	63	leucovorin calcium	15
junel fe 24.....	75	K-TAB.....	87	LEUKERAN.....	17
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levocetirizine	82	LIVTENCITY	9	LUPRON DEPOT (6	
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levo-t.....	61	LONHALA MAGNAIR		lyleq	73
levothyroxine.....	61	REFILL	85	lyllana	73
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lidocaine	45	LOPROX	46	MACRILEN	67
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LINZESS	63	lo-zumandimine (28)	75	PACK)	67
liothyronine	61	lta pre-attached	45	MAVENCLAD (5 TABLET	
lisinopril	35	ludent fluoride	88	PACK)	67
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.....	35	LUMAKRAS.....	17	PACK)	67
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MAXI-TUSS CD.....	83	metformin	60	microgestin 1/20 (21)	76
MAXZIDE	36	methadone	25	microgestin fe 1.5/30 (28)	76
MAXZIDE-25MG.....	36	methadose.....	25	microgestin fe 1/20 (28)	76
MAYZENT	68	methamphetamine	31	MICROSPACER.....	55
MAYZENT STARTER(FOR 1MG MAINT).....	68	methazolamide.....	80	midazolam	31
MAYZENT STARTER(FOR 2MG MAINT).....	68	methenamine hippurate	15	MIDAZOLAM	31
m-clear wc	83	methenamine mandelate	15	midodrine.....	51
meclofenamate	27	methen-sod phos-meth blue- hyos	86	migergot.....	22
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MEDROL	54	methimazole	54	miglustat	59
MEDROL (PAK)	54	METHITEST.....	59	MIGRANAL.....	22
medroxyprogesterone	73	methocarbamol	24	mili.....	76
mefenamic acid	27	methotrexate sodium	17	milk of magnesia	63
mefloquine.....	12	methotrexate sodium (pf)	17	milk of magnesia concentrated	63
megestrol	17	methoxsalen.....	42	millipred	54
MEKINIST.....	17	methscopolamine.....	61	millipred dp	54
MEKTOVI	17	methyl salicylate.....	42	mimvey	73
meloxicam	27	methyldopa	36	MINIPRESS	36
MELOXICAM	27	methyldopa- hydrochlorothiazide.....	36	minocycline	14
meloxicam submicronized....	27	methylergonovine	77	MINOLIRA ER	14
melphalan	17	METHYLIN	31	minoxidil.....	36
memantine	23	methylphenidate	31	MIOCHOL-E.....	78
MEMANTINE	23	methylphenidate hcl	31	miostat	80
MENACTRA (PF)	69	METHYLPHENIDATE HCL	31	MIRAPEX ER.....	21
M-END PE	83	methylprednisolone	54	MIRENA	72
MENOPUR	59	methyltestosterone.....	59	mirtazapine	31
MENOSTAR.....	73	metoclopramide hcl	63	MIRVASO.....	44
MENQUADFI (PF).....	69	metolazone.....	36	misoprostol	66
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meperidine.....	25	metoprolol succinate.....	36	MITOSOL	80
MEPHYTON.....	38	metoprolol ta-hydrochlorothiaz	36	MKO (MIDAZOLAM- KETAMINE-ONDAN)	31
meprobamate	24	metoprolol tartrate	36	M-M-R II (PF).....	69
MEPRON	12	METROCREAM.....	44	m-natal plus	88
mercaptopurine.....	17	METROGEL	44	modafinil.....	31
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mono-lynyah	76	nadolol	36	NEONATAL FE.....	88
montelukast	85	naftifine	46	NEONATAL PLUS	
MONUROL.....	15	NAFTIN	46	VITAMIN.....	88
morgidox	14	NALFON.....	27	NEONATAL-DHA	88
MORGIDOX 1X 50.....	14	NALOCET	25	neo-polycin	77
MORGIDOX 2X100	14	naloxone	27	neo-polycin hc	81
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MS CONTIN	25	naproxen-esomeprazole.....	28	nevirapine	9
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MULTAQ.....	34	NARCAN	28	newgen.....	89
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mupirocin	46	NATACHEW (FE BIS-		NEXLIZET	39
mupirocin calcium.....	46	GLYCINATE).....	88	NEXPLANON.....	73
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my choice	76	nateglinide	60	NIACOR.....	40
my way	76	NATESTO.....	59	NIASPAN EXTENDED-	
MYALEPT	59	NATPARA	59	RELEASE.....	40
MYAMBUTOL.....	12	natura-lax.....	63	nicardipine	36
MYCOBUTIN.....	12	NAYZILAM.....	20	NICODERM CQ	52
mycophenolate mofetil.....	17	nebivolol	36	nicorette	52
mycophenolate sodium.....	17	NEBUPENT	12	NICORETTE.....	52
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MYDRIACYL.....	78	NEEVODHA (WITH ALGAL		nicotine (polacrilex).....	52
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MYFEMBREE	73	neomycin	12	nifedipine	36
MYFORTIC	17	neomycin-bacitracin-poly-hc	81	nikki (28)	76
MYLERAN	17	neomycin-bacitracin-		NILANDRON	17
mynatal	88	polymyxin.....	77	nilutamide	17
mynatal plus	88	neomycin-polymyxin b gu....	50	nimodipine.....	36
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nitisinone	51	NOVOLIN R FLEXPEN.....	57	ODOMZO.....	17
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NITRO-DUR.....	40	NOVOLOG MIX 70-30 U-100 INSULN	57	ofloxacin	14, 53, 77
nitrofurantoin.....	15	NOVOLOG MIX 70- 30FLEXPEN U-100	57	olanzapine.....	32
nitrofurantoin macrocrystal ..	15	NOVOLOG PENFILL U-100 INSULIN	57	olanzapine-fluoxetine	32
nitrofurantoin monohyd/m- cryst	15	NOVOLOG U-100 INSULIN ASPART.....	57	olmesartan.....	36
nitroglycerin	40	NOVOPEN ECHO	56	olmesartan-amlodipin- hcthiazid	36
NITROLINGUAL	40	NOXAFIL	8	olmesartan- hydrochlorothiazide.....	36
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NITROSTAT.....	40	NUBEQA	17	OLUX	49
nitro-time	41	NUCALA	85	OLUX-E	49
NITYR.....	51	NUCORT.....	49	OMECLAMOX-PAK.....	66
NIVESTYM	67	NUEDEXTA	23	omega-3 acid ethyl esters	40
nizatidine	66	NULEV	61	omeprazole	66
NOC DURNA (MEN).....	59	NUMBRINO	45	omeprazole-sodium bicarbonate	66
NOC DURNA (WOMEN)....	59	NUPLAZID	32	OMIDRIA.....	79
nolix.....	49	NURTEC ODT.....	22	OMNIPOD 5 G6 INTRO KIT (GEN 5)	56
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noreth-ethinyl estradiol-iron.	76	nyamyc	46	OMNIPOD CLASSIC PODS (GEN 3)	56
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PLEXION NS.....	41	PREDNISOLONE ACETATE (PF).....	81	PRENATE DHA (FERR ASP GLYCIN).....	89
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polycin.....	77	prednisone	54	PRENATE STAR.....	90
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potassium citrate.....	86	prenatabs rx	89	PREVNAR 13 (PF)	69
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PR BENZOYL PEROXIDE.	44	prenatal multi-dha (algal oil)	89	PREZISTA	10
pr natal 400.....	89	prenatal multivitamins.....	89	PRIFTIN	12
pr natal 400 ec	89	prenatal one daily	89	PRIMACARE.....	90
pr natal 430.....	89	prenatal plus	89	primaquine.....	12
pramipexole	22	prenatal plus (calcium carb) .	89	PRIMEAIRE.....	55
PRAMOSONE	41	PRENATAL PLUS DHA....	89	primidone.....	20
prasugrel.....	39	PRENATAL PLUS VITAMIN-MINERAL	89	PRIMSOL.....	15
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praziquantel	12	prenatal vitamin.....	89	probenecid	70
prazosin	36	prenatal vitamin with minerals	89	probenecid-colchicine.....	70
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PROCTOCORT	64	QUDEXY XR.....	20	RELENZA DISKHALER	10
procto-med hc.....	64	QUESTRAN.....	40	RELEXXII.....	32
procto-pak.....	64	QUESTRAN LIGHT.....	40	RELISTOR	64
proctosol hc	64	quetiapine	32	REMERON.....	32
proctozone-hc	64	QUILLICHEW ER.....	32	REMERON SOLTAB	32
progesterone	73	QUILLIVANT XR.....	32	RENACIDIN	86
progesterone micronized	73	quinapril.....	36	rena-vite.....	90
PROGLYCEM	55	quinapril-hydrochlorothiazide	36	RENVELA	64
PROGRAF	18	quinidine gluconate	34	repaglinide	60
prolate.....	26	quinidine sulfate	34	repaglinide-metformin	60
PROLENSA	80	quinine sulfate	13	REPATHA PUSHTRONEX	40
PROMACTA.....	39	quit 2.....	52	REPATHA SURECLICK	40
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propranolol	36	RADIOGARDASE	51	RETROVIR	10
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PROSCAR.....	86	ramipril	36	REYATAZ	10
PROTHELIAL	53	ranolazine	40	REYVOW.....	22
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PUREFE OB PLUS.....	90	RAZADYNE ER.....	23	RILUTEK	51
PURIXAN	18	REBIF (WITH ALBUMIN).68		riluzole	51
pyrazinamide	13	REBIF REBIDOSE	68	rimantadine	10
pyridostigmine bromide	24	REBIF TITRATION PACK.68		ringer's	50
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.....	55	scopolamine base.....	64	sodium chloride	52
ritonavir	10	SECUADO	33	sodium chloride 0.9 %.....	51
rivastigmine	23	SEGLUROMET	60	sodium chloride 0.9 % (flush)	
rivastigmine tartrate.....	23	SELECT-OB	90		51
rivelsa	76	SELECT-OB (FOLIC ACID)		sodium fluoride 5000 plus	53
rizatriptan	22		90	sodium fluoride-pot nitrate ...	53
R-NATAL OB.....	90	SELECT-OB + DHA	90	sodium phenylbutyrate	52
ROBINUL	62	selegiline hcl.....	22	sodium polystyrene sulfonate	
ROBINUL FORTE	62	selenium sulfide.....	41		65
ROCALTROL	59	SELRX	41	solifenacin.....	86
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ROSULA	44	se-natal 19 chewable	90	SOLTAMOX.....	18
rosula cleansing cloths	44	se-natal-19	90	SOMA.....	24
rosuvastatin.....	40	SEREVENT DISKUS	85	SOMATULINE DEPOT	18
ROSZET	40	SEROSTIM	67	SOMAVERT	59
ROTARIX	70	sertraline	33	SOOLANTRA.....	44
ROTATEQ VACCINE	70	setlakin.....	76	sorafenib	18
ROWASA.....	64	sevelamer carbonate	64	SORBITOL.....	50
roweepra	20	sevelamer hcl.....	64	SORBITOL-MANNITOL	50
ROXICODONE	26	SEYSARA.....	14	sorine	34
ROZLYTREK	18	sf 53		sotalol	34
RUBRACA.....	18	sf 5000 plus	53	sotalol af	34
rufinamide	20	SFROWASA	64	SOTYLIZE	34
RYBELSUS	60	sharobel	73	SPACE CHAMBER.....	55
RYCLORA.....	83	SHINGRIX (PF).....	70	SPECTRACEF	11
RYDAPT.....	18	SIGNIFOR.....	18	SPIKEVAX (PF)	70
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RYTHMOL SR	34	sildenafil (pulm.hypertension)		SPIRIVA RESPIMAT	85
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SAFE-CLIP NEEDLE		silodosin.....	86	spironolactone.....	36
STORAGE DEV	56	SILVADENE.....	42	spironolacton-hydrochlorothiaz	
sajazir	85	silver sulfadiazine.....	42		36
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SANCUSO	64	SIMPONI.....	72	SPRITAM.....	20
SANDIMMUNE	18	simvastatin.....	40	SPRIX.....	28
SANDOSTATIN	18	SINEMET	22	SPRYCEL.....	18
SANTYL	49	sirolimus	18	sps (with sorbitol).....	65
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st joseph aspirin.....	28	sumatriptan	22	tadalafil (pulm. hypertension)	
st. joseph aspirin.....	28	sumatriptan succinate	22		85
STALEVO 100.....	22	sumatriptan-naproxen	22	TAFINLAR	18
STALEVO 125.....	22	SUMAXIN	45	TAGRISSO.....	18
STALEVO 150.....	22	SUMAXIN CP	45	TAKHZYRO	85
STALEVO 200.....	22	SUMAXIN TS.....	45	TALICIA	67
STALEVO 50.....	22	sunitinib.....	18	TALTZ AUTOINJECTOR ..	41
STALEVO 75.....	22	SUNOSI.....	33	TALTZ AUTOINJECTOR (2	
STAMARIL (PF)	70	super b maxi complex.....	90	PACK)	41
stavudine.....	10	super quints.....	90	TALTZ AUTOINJECTOR (3	
STEGLATRO.....	61	SUPRAX	11	PACK)	41
STEGLUJAN	61	SUSTIVA	10	TALTZ SYRINGE	41
STELARA.....	41	SUTENT.....	18	TALZENNA.....	18
STIOLTO RESPIMAT	85	syeda.....	76	TAMIFLU	10
STIVARGA.....	18	SYMAX DUOTAB.....	62	tamoxifen	18
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SUCRAID	65	SYMLINPEN 60	61	TASMAR	22
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45		SYNALAR OINTMENT KIT		TAZVERIK	18
SULFACETAMIDE			49	TDVAX	70
SODIUM-SULFUR	45	SYNALAR TS	49	TEGRETOL	21
sulfacetamide-prednisolone..	81	SYNAREL.....	59	TEGRETOL XR.....	21
sulfacetamide-sulfur-cleansr23		SYNDROS	65	TEGSEDI	23
.....	45	SYNERA	45	TEKTURN HCT.....	36
sulfacleanse 8-4	45	SYNJARDY	61	telmisartan	36
sulfadiazine.....	14	SYNJARDY XR.....	61	telmisartan-amlodipine	36
sulfamethoxazole-trimethoprim		SYNRIBO	18	telmisartan-hydrochlorothiazid	
.....	14	SYPRINE	52		37
SULFAMYLON.....	46	T		temazepam	33
sulfasalazine	65	TABLOID	18	TEMIXYS	10
sulfatrim	14	TABRECTA.....	18	TEMODAR	18
sulindac.....	28	TACLONEX	41	TEMOVATE	49

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TRIPTODUR	18	UROCIT-K 5.....	87	VENCLEXTA	19
tri-sprintec (28).....	76	urogesic-blue	87	VENCLEXTA STARTING	
TRISTART DHA	90	uro-mp	87	PACK	19
tritocin	49	UROQID-ACID NO.2.....	87	venlafaxine	33
TRIUMEQ.....	10	URSO 250	65	VENLAFAXINE BESYLATE	
TRIUMEQ PD.....	10	URSO FORTE.....	65		33
tri-vitamin with fluoride.....	90	ursodiol.....	65	verapamil	37
trivora (28).....	76	uryl.....	87	VERELAN	37
tri-vylibra.....	77	ustell	87	VERELAN PM.....	37
tri-vylibra lo.....	77	utira-c.....	87	VERQUVO.....	40
TRIZIVIR.....	10	V		VERSACLOZ.....	33
TROKENDI XR.....	21	valacyclovir	10	VERZENIO	19
tropicamide.....	78	VALCHLOR	42	vestura (28).....	77
trospium.....	86	VALCYTE	10	VFEND.....	8
TRUDHESA.....	23	valganciclovir	10	V-GO 20	56
TRULANCE.....	65	valproic acid	21	V-GO 30	57
TRULICITY	61	valproic acid (as sodium salt)		V-GO 40	57
TRUMENBA	70		21	VIBERZI	65
TRUSOPT	80	valsartan.....	37	VIBRAMYCIN	15
TUKYSA.....	18	valsartan-hydrochlorothiazide		VIBRAMYCIN (CALCIUM)	
tulana	73		37		14
TURALIO	19	VALTOCO.....	21	VIBRAMYCIN (MONO)	14
TUXARIN ER.....	83	vanadom	24	VICTOZA 2-PAK	61
TUZISTRA XR.....	83	VANCOCIN.....	15	VICTOZA 3-PAK	61
TWINRIX (PF)	70	vancomycin	15	VIEKIRA PAK.....	10
TWYNEO.....	45	vandazole.....	74	vienna	77
TYBOST	10	VANOXIDE-HC	45	vigabatrin.....	21
tydemy	77	VAQTA (PF).....	70	vigadrone	21
TYKERB.....	19	varenicline	52	VIGAMOX.....	78
TYMLOS	71	VARIVAX (PF)	70	VIJOICE	19
TYPHIM VI	70	VARUBI.....	65	vilazodone.....	33
TYRVAYA	80	VASCEPA.....	40	VIOKACE	65
U		VASERETIC	37	viorele (28)	77
UBRELVY	23	VASOTEC.....	37	VIRACEPT.....	10
UCERIS.....	65	VAXELIS (PF).....	70	VIRAZOLE	10
ULESFIA	49	VAXNEUVANCE	70	VIREAD	10
ULTRACET	28	VCF CONTRACEPTIVE		virt-nate dha.....	90
ULTRAM	28	FILM	74	virt-pn dha	90
unithroid	61	VCF CONTRACEPTIVE GEL		virtussin ac.....	83
UPTRAVI.....	37		74	virtussin dac.....	83
URELLE.....	86	VECAMYL	40	VISTARIL	83
uretron d-s	87	VECTICAL	41	VISTOGARD	15
URIBEL	87	velivet triphasic regimen (28)		VITAFOL FE PLUS.....	90
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uro-458	87	VELPHORO.....	65	VITAFOL NANO	90

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VITAFOL-OB	90	wintergreen oil.....	42	Z	
VITAFOL-OB+DHA	90	wixela inhub	85	zafemy	74
VITAFOL-ONE	90	women's gentle laxative(bisac)	65	zafirlukast	86
VITAMED MD ONE RX	90	wymzya fe	77	zaleplon.....	33
VITAMEDMD REDICHEW RX	90	WYNZORA.....	42	ZANAFLEX	24
vitamin b complex-folic acid	90	X		zarah	77
vitamin k.....	39	XALKORI	19	ZARONTIN.....	21
vitamin k1.....	39	XARELTO	39	ZARXIO	67
vitamins a,c,d and fluoride ...	90	XARELTO DVT-PE TREAT 30D START	39	zatean-pn dha	90
VITAPEARL.....	90	XCOPRI	21	zatean-pn plus.....	90
VITATRUE	90	XCOPRI MAINTENANCE PACK	21	ZCORT	54
VITRAKVI.....	19	XCOPRI TITRATION PACK	21	zebutal.....	26
VIVITROL	28	XELJANZ	72	ZEJULA	19
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