

2022 Express Scripts National Preferred Formulary List

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The following list includes medications that are covered by plans with the National Preferred Formulary (NPF), which is available through Express Scripts, Inc.®, an independent company that administers your pharmacy benefits on behalf of Blue Cross Blue Shield of Massachusetts.

This isn't a complete list of covered medications, and inclusion on the list doesn't guarantee coverage.¹ You must have a valid prescription from a licensed health provider, and in some instances, Prior Authorization from Blue Cross to receive coverage for these medications. Some medications may also be subject to other pharmacy management programs, such as Step Therapy or Quantity Limitations, or be considered specialty medications.

1. Not all medications listed are covered by all prescription plans. Check your benefit materials for details.

KEY

lowercase italics = Generic drugs

UPPERCASE = Brand name drugs

ACA: Medication may be covered at no cost to you under the Affordable Care Act when prescribed by a doctor. For some medications, you must meet eligibility criteria in order to qualify for the zero cost.

HDE: Home Delivery Exclusion-Medication is not available through the Express Scripts Mail Pharmacy. It is only available through a participating retail pharmacy.

LM: Long Term Medication (LM) - This maintenance medication is intended for long-term use. Please check your benefit materials to learn what your options are to obtain a 90-day (3 month) supply of the medication. In some cases, you may not be able to obtain a 30-day supply of the medication at a retail pharmacy.

NC: Non-Covered-Medication is not covered as there are equally safe, effective covered alternatives for treating the same medical condition. Your doctor may request a formulary exception for coverage.

OC: Oral Chemotherapy Parity Law-This medication is covered at zero cost share under the Massachusetts Oral Chemotherapy Parity Law.

PA: Your doctor must submit a prior authorization to request coverage for this medication.

QCD: Medication is subject to Quality Care Dosing guidelines.

SP: Specialty Pharmacy-Medication is required to be filled through one of our retail pharmacies in the Specialty Pharmacy Network.

ST: Step Therapy - Certain "first step" medications may be required before coverage is allowed for "second step" medications. Some medications may have multiple steps.

Drug Name	Drug 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	QCD
<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	QCD
<i>flucytosine</i>	1	
<i>griseofulvin microsize</i>	1	
<i>griseofulvin ultramicrosize</i>	1	
<i>itraconazole oral capsule</i>	1	QCD
<i>itraconazole oral solution</i>	1	
<i>ketoconazole oral</i>	1	
NOXAFIL ORAL SUSPENSION	2	PA
<i>nystatin oral</i>	1	
ORAVIG	3	
<i>posaconazole oral tablet, delayed release (dr/ec)</i>	1	PA
SPORANOX ORAL SOLUTION	3	
SPORANOX PULSEPAK	3	QCD
<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>abacavir-lamivudine-zidovudine</i>	1	
<i>acyclovir oral capsule</i>	1	
<i>acyclovir oral suspension 200 mg/5 ml</i>	1	
<i>acyclovir oral tablet</i>	1	

Drug Name	Drug Tier	Requirements / Limits
<i>adefovir</i>	1	
<i>amantadine hcl</i>	1	LM
APTIVUS	2	
<i>atazanavir</i>	1	
BARACLUDE ORAL SOLUTION	2	
BIKTARVY	2	
CIMDUO	2	
COMBIVIR	3	
DESCOVY ORAL TABLET 200-25 MG	2	
<i>didanosine oral capsule,delayed release(dr/ec) 250 mg, 400 mg</i>	1	
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>	\$0	ACA
EMTRIVA ORAL CAPSULE	3	
EMTRIVA ORAL SOLUTION	2	
<i>entecavir</i>	1	
EPCLUSA ORAL PELLETS IN PACKET	2	ST; SP; QCD
EPCLUSA ORAL TABLET	2	PA; SP; QCD
EPIVIR	3	
EPIVIR HBV ORAL SOLUTION	2	
EPIVIR HBV ORAL TABLET	3	
EPZICOM	3	
<i>etravirine</i>	1	
EVOTAZ	3	
<i>famciclovir</i>	1	QCD
FLUMADINE ORAL TABLET	3	
<i>fosamprenavir</i>	1	
FUZEON SUBCUTANEOUS RECON SOLN	2	SP

Drug Name	Drug Tier	Requirements / Limits
GENVOYA	2	
HARVONI	2	PA; SP; QCD
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	
<i>lamivudine</i>	1	
<i>lamivudine-zidovudine</i>	1	
LEXIVA ORAL SUSPENSION	2	
LEXIVA ORAL TABLET	3	
LIVTENCITY	3	PA
<i>lopinavir-ritonavir</i>	1	
<i>maraviroc</i>	1	
MOLNUPIRAVIR	2	QCD
<i>nevirapine</i>	1	
NORVIR ORAL POWDER IN PACKET	2	
NORVIR ORAL SOLUTION	2	
NORVIR ORAL TABLET	3	
ODEFSEY	2	
<i>oseltamivir</i>	1	HDE; QCD
PAXLOVID (EUA)	2	QCD
PREVYMIS ORAL	2	QCD
PREZISTA ORAL SUSPENSION	2	
PREZISTA ORAL TABLET 150 MG, 600 MG, 75 MG, 800 MG	2	
RELENZA DISKHALER	3	HDE; QCD
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	

Drug Name	Drug Tier	Requirements / Limits
<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	
SYNAGIS	2	SP
TAMIFLU	3	HDE; QCD
TEMIXYS	2	
<i>tenofovir disoproxil fumarate</i>	1	
TIVICAY	2	
TIVICAY PD	2	
TRIUMEQ	2	
TRIZIVIR	3	
TYBOST	3	
<i>valacyclovir</i>	1	QCD
VALCYTE	3	
<i>valganciclovir</i>	1	
VEMLIDY	2	
VIEKIRA PAK	3	PA; SP; QCD
VIRACEPT ORAL TABLET	2	
VIRAMUNE XR	3	
VIRAZOLE	3	
VIREAD ORAL POWDER	2	
VIREAD ORAL TABLET 150 MG, 200 MG, 250 MG	2	
VIREAD ORAL TABLET 300 MG	3	
VOSEVI	2	PA; SP; QCD
XOFLUZA	3	HDE; QCD
ZEPATIER	2	PA; SP; QCD
ZIAGEN	3	
<i>zidovudine</i>	1	
ZOVIRAX ORAL SUSPENSION	3	

Drug Name	Drug Tier	Requirements / Limits
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	
<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>ceftazidime</i>	1	
CEFTAZIDIME IN D5W	2	
<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	
<i>tazicef</i>	1	
ERYTHROMYCINS & OTHER MACROLIDES		
<i>azithromycin oral</i>	1	
<i>clarithromycin</i>	1	
DIFICID	3	QCD
<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	

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

Drug Name	Drug Tier	Requirements / Limits
<i>ethambutol</i>	1	
FLAGYL ORAL CAPSULE	3	
HUMATIN	3	
HYDROXYCHLOROQUINE ORAL TABLET 100 MG, 300 MG, 400 MG	3	LM
<i>hydroxychloroquine oral tablet 200 mg</i>	1	LM
IMPAVIDO	2	QCD
<i>isoniazid oral</i>	1	
<i>ivermectin oral</i>	1	PA; QCD
KITABIS PAK	2	PA; SP; QCD
KRINTAFEL	3	QCD
<i>linezolid</i>	1	
MALARONE	3	QCD
MALARONE PEDIATRIC	3	QCD
<i>mefloquine</i>	1	QCD
MEPRON	3	
<i>metronidazole oral</i>	1	
MYAMBUTOL ORAL TABLET 400 MG	3	
MYCOBUTIN	3	
NEBUPENT	3	QCD
<i>neomycin</i>	1	
<i>nitazoxanide</i>	1	QCD
<i>paromomycin</i>	1	
PASER	3	
<i>pentamidine inhalation</i>	1	QCD
<i>praziquantel</i>	1	
PRETOMANID	3	PA
PRIFTIN	2	
<i>primaquine</i>	1	LM; QCD
<i>pyrazinamide</i>	1	
<i>pyrimethamine</i>	1	PA; SP
QUALAQUIN	3	QCD
<i>quinine sulfate</i>	1	QCD
<i>rifabutin</i>	1	
<i>rifampin oral</i>	1	

Drug Name	Drug Tier	Requirements / Limits
SIRTURO	2	PA
SIVEXTRO ORAL	3	
SOLOSEC	2	QCD
STROMECTOL	3	PA; QCD
<i>tinidazole</i>	1	QCD
TOBI PODHALER INHALATION CAPSULE, W/INHALATION DEVICE	2	PA; SP; QCD
<i>tobramycin in 0.225 % nacl</i>	1	PA; SP; QCD
<i>tobramycin inhalation</i>	1	PA; SP; QCD
TOBRAMYCIN WITH NEBULIZER	3	PA; SP; QCD
TRECTOR	3	
XENLETA ORAL	3	
XIFAXAN	2	QCD
ZYVOX ORAL	3	
PENICILLINS		
<i>amoxicillin oral capsule</i>	1	
<i>amoxicillin oral suspension for reconstitution</i>	1	
<i>amoxicillin oral tablet</i>	1	
<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	
BICILLIN L-A	2	
<i>dicloxacillin</i>	1	
MOXATAG	3	
<i>penicillin v potassium</i>	1	
QUINOLONES		
BAXDELA ORAL	2	QCD
CIPRO ORAL SUSPENSION,MICROCAPSULE RECON	3	
CIPRO ORAL TABLET 250 MG, 500 MG	3	
<i>ciprofloxacin</i>	1	

Drug Name	Drug Tier	Requirements / Limits
<i>ciprofloxacin hcl oral</i>	1	
FACTIVE	3	
<i>levofloxacin oral</i>	1	
<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
<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>mondoxylene nl</i>	1	
MONODOX	3	ST

Drug Name	Drug Tier	Requirements / Limits
MORGIDOX 1X 50	3	ST
MORGIDOX 2X100	3	ST
<i>morgidox oral capsule 100 mg</i>	1	
NUZYRA ORAL	3	QCD
ORACEA	3	ST
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 ORAL CAPSULE 100 MG	3	ST
VIBRAMYCIN ORAL SUSPENSION FOR RECONSTITUTION	3	ST
VIBRAMYCIN ORAL SYRUP	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	QCD
<i>vancomycin oral</i>	1	QCD
ANTINEOPLASTIC & IMMUNOSUPPRESSANT DRUGS		
ADJUNCTIVE AGENTS		
<i>dexrazoxane hcl</i>	1	SP

Drug Name	Drug Tier	Requirements / Limits
ETHYOL	3	SP
<i>leucovorin calcium injection</i>	1	SP
<i>leucovorin calcium oral</i>	\$0	OC
<i>levoleucovorin calcium intravenous recon soln 50 mg</i>	1	PA; SP
<i>levoleucovorin calcium intravenous solution</i>	1	PA; SP
<i>mesna</i>	1	SP
MESNEX INTRAVENOUS	3	SP
MESNEX ORAL	\$0	SP; OC
TOTECT	3	SP
VISTOGARD	2	PA
XGEVA	2	PA; SP
ANTINEOPLASTIC & IMMUNOSUPPRESSANT DRUGS		
<i>abiraterone</i>	\$0	PA; SP; OC; QCD
ADAKVEO	2	PA; SP
ADCETRIS	2	PA
ADRIAMYCIN INTRAVENOUS RECON SOLN 50 MG	3	SP
<i>adrucil intravenous solution 2.5 gram/50 ml</i>	1	SP
AFINITOR	\$0	ST; SP; OC; QCD
AFINITOR DISPERZ	\$0	ST; SP; OC; QCD
ALECENSA	\$0	PA; SP; OC; QCD
ALKERAN	\$0	SP; OC
ALKERAN (AS HCL)	3	SP
ALUNBRIG	\$0	PA; SP; OC; QCD
<i>anastrozole</i>	\$0	OC; ACA
AROMASIN	\$0	OC
ASPARLAS	3	PA
ASTAGRAF XL	3	PA
AYVAKIT	\$0	PA; OC; QCD
AZASAN	3	
<i>azathioprine</i>	1	
BALVERSA	\$0	PA; OC
BELEODAQ	3	PA; SP
BESPONSA	2	PA; SP

Drug Name	Drug Tier	Requirements / Limits
BEVACIZUMAB INTRAVITREAL SYRINGE 1.25 MG/0.05 ML	3	
<i>bexarotene</i>	\$0	PA; OC
<i>bicalutamide</i>	\$0	OC
BICNU	3	PA; SP
<i>bleomycin</i>	1	SP
BLINCYTO INTRAVENOUS KIT	2	PA; SP
BORTEZOMIB	3	PA; SP
BOSULIF	\$0	PA; SP; OC; QCD
BRAFTOVI	\$0	PA; OC; QCD
BRUKINSA	\$0	PA; OC
BUSULFEX	3	SP
CABOMETYX	\$0	PA; SP; OC; QCD
CALQUENCE	\$0	PA; OC; QCD
CAMPTOSAR	3	SP
<i>capecitabine</i>	\$0	PA; SP; OC
CAPRELSA	\$0	PA; OC; QCD
<i>carboplatin intravenous solution</i>	1	SP
<i>carmustine</i>	1	PA; SP
CASODEX	\$0	OC
CELLCEPT	3	
CISPLATIN INTRAVENOUS RECON SOLN	3	SP
<i>cisplatin intravenous solution</i>	1	SP
<i>cladribine</i>	1	SP
COMETRIQ	\$0	PA; OC
COPIKTRA	\$0	PA; OC; QCD
COSMEGEN	3	SP
COTELLIC	\$0	PA; SP; OC; QCD
<i>cyclophosphamide intravenous recon soln</i>	1	SP
CYCLOPHOSPHAMIDE INTRAVENOUS SOLUTION	3	SP
<i>cyclophosphamide oral capsule</i>	\$0	SP; OC
CYCLOPHOSPHAMIDE ORAL TABLET	\$0	SP; OC
<i>cyclosporine modified</i>	1	
<i>cyclosporine oral capsule</i>	1	

Drug Name	Drug Tier	Requirements / Limits
<i>cytarabine</i>	1	SP
<i>cytarabine (pf)</i>	1	SP
<i>dacarbazine</i>	1	SP
<i>dactinomycin</i>	1	SP
<i>daunorubicin intravenous solution</i>	1	SP
DAURISMO	\$0	PA; SP; OC; QCD
DOCEFREZ	2	SP
<i>docetaxel intravenous solution 160 mg/16 ml (10 mg/ml), 160 mg/8 ml (20 mg/ml), 20 mg/2 ml (10 mg/ml), 20 mg/ml (1 ml), 80 mg/4 ml (20 mg/ml), 80 mg/8 ml (10 mg/ml)</i>	1	SP
DROXIA	2	
ELIGARD	2	PA; SP
ELIGARD (3 MONTH)	2	PA; SP
ELIGARD (4 MONTH)	2	PA; SP
ELIGARD (6 MONTH)	2	PA; SP
ELLEENCE	3	SP
EMCYT	\$0	OC
ENSPRYNG	2	PA; SP
<i>epirubicin intravenous recon soln 200 mg</i>	1	SP
<i>epirubicin intravenous solution</i>	1	SP
ERIVEDGE	\$0	PA; SP; OC; QCD
ERLEADA	\$0	PA; SP; OC; QCD
<i>erlotinib</i>	\$0	PA; SP; OC; QCD
ETOPOPHOS	2	SP
<i>etoposide intravenous</i>	1	SP
<i>etoposide oral</i>	\$0	SP; OC
<i>everolimus (antineoplastic) oral tablet 10 mg</i>	\$0	PA; SP; OC; QCD
<i>everolimus (antineoplastic) oral tablet 2.5 mg, 5 mg, 7.5 mg</i>	\$0	ST; SP; OC; QCD
<i>everolimus (antineoplastic) oral tablet for suspension</i>	\$0	ST; SP; OC; QCD
<i>everolimus (immunosuppressive)</i>	1	SP
EVOMELA	3	
<i>exemestane</i>	\$0	OC; ACA
EXKIVITY	\$0	PA; OC

Drug Name	Drug Tier	Requirements / Limits
FARESTON	\$0	OC
FARYDAK	\$0	PA; SP; OC; QCD
FASLODEX	3	PA; SP
FEMARA	\$0	OC
FIRMAGON KIT W DILUENT SYRINGE	2	PA; SP
<i>floxuridine</i>	1	SP
<i>fludarabine</i>	1	SP
<i>fluorouracil intravenous</i>	1	SP
<i>flutamide</i>	\$0	OC
<i>fulvestrant</i>	1	PA; SP
GAMIFANT	2	PA
GAVRETO	\$0	PA; OC; QCD
<i>gemcitabine intravenous recon soln</i>	1	SP
<i>gemcitabine intravenous solution 1 gram/26.3 ml (38 mg/ml), 2 gram/52.6 ml (38 mg/ml), 200 mg/5.26 ml (38 mg/ml)</i>	1	SP
GEMCITABINE INTRAVENOUS SOLUTION 100 MG/ML	3	SP
<i>gengraf</i>	1	
GILOTRIF	\$0	PA; SP; OC; QCD
GLEOSTINE	\$0	OC
HYCANTIN INTRAVENOUS	3	PA; SP
HYCANTIN ORAL	\$0	PA; SP; OC
HYDREA	\$0	OC
<i>hydroxyurea</i>	\$0	OC
IBRANCE	\$0	PA; SP; OC; QCD
ICLUSIG	\$0	PA; SP; OC; QCD
IDAMYCIN PFS	3	SP
<i>idarubicin</i>	1	SP
IDHIFA	\$0	PA; SP; OC; QCD
IFEX	3	SP
<i>ifosfamide</i>	1	SP
<i>imatinib</i>	\$0	ST; SP; OC; QCD
IMBRUVICA	\$0	PA; OC; QCD
IMURAN	3	
INLYTA	\$0	PA; SP; OC; QCD

Drug Name	Drug Tier	Requirements / Limits
IRESSA	\$0	PA; SP; OC; QCD
<i>irinotecan</i>	1	SP
ISTODAX	2	PA; SP
JAKAFI	\$0	PA; SP; OC; QCD
JELMYTO	3	PA
KOSELUGO	\$0	PA; OC
<i>lapatinib</i>	\$0	PA; SP; OC; QCD
LENVIMA	\$0	PA; SP; OC
<i>letrozole</i>	\$0	OC
LEUKERAN	\$0	OC
<i>leuprolide subcutaneous kit</i>	1	PA; SP
LIBTAYO	2	PA
LONSURF	\$0	PA; SP; OC
LORBRENA	\$0	PA; SP; OC; QCD
LUMAKRAS	\$0	PA; SP; OC
LUMOXITI	3	PA; SP
LUPRON DEPOT (3 MONTH) INTRAMUSCULAR SYRINGE KIT 11.25 MG	2	SP
LUPRON DEPOT (3 MONTH) INTRAMUSCULAR SYRINGE KIT 22.5 MG	3	PA; SP
LUPRON DEPOT (4 MONTH)	3	PA; SP
LUPRON DEPOT (6 MONTH)	3	PA; SP
LUPRON DEPOT INTRAMUSCULAR SYRINGE KIT 3.75 MG	2	SP
LUPRON DEPOT INTRAMUSCULAR SYRINGE KIT 7.5 MG	3	PA; SP
LUPRON DEPOT-PED	2	SP
LUPRON DEPOT-PED (3 MONTH)	2	SP
LYNPARZA	\$0	PA; OC; QCD
LYSODREN	\$0	OC
MARQIBO	2	
MATULANE	\$0	OC
<i>megestrol oral suspension 400 mg/10 ml (40 mg/ml), 625 mg/5 ml (125 mg/ml)</i>	\$0	OC
<i>megestrol oral tablet</i>	\$0	OC
MEKINIST	\$0	PA; SP; OC; QCD

Drug Name	Drug Tier	Requirements / Limits
MEKTOVI	\$0	PA; OC; QCD
<i>melphalan</i>	\$0	OC
<i>mercaptopurine</i>	\$0	OC
<i>methotrexate sodium (pf)</i>	1	SP
<i>methotrexate sodium injection</i>	1	SP
<i>methotrexate sodium oral</i>	\$0	OC
<i>mitomycin intravenous</i>	1	SP
<i>mitoxantrone</i>	1	SP
<i>mycophenolate mofetil</i>	1	
<i>mycophenolate sodium</i>	1	
MYFORTIC	3	
MYLERAN	\$0	OC
MYLOTARG	2	PA; SP
NEORAL	3	
NERLYNX	\$0	PA; SP; OC
NEXAVAR	\$0	PA; SP; OC; QCD
NILANDRON	\$0	PA; OC
<i>nilutamide</i>	\$0	PA; OC
NINLARO	\$0	PA; SP; OC; QCD
NIPENT	3	SP
NUBEQA	\$0	PA; SP; OC; QCD
<i>octreotide acetate</i>	1	ST; SP
ODOMZO	\$0	PA; SP; OC; QCD
ONCASPAR	2	PA; SP
ORGOVYX	\$0	PA; OC; QCD
<i>oxaliplatin</i>	1	SP
<i>paclitaxel</i>	1	SP
PEMAZYRE	\$0	PA; OC; QCD
PHOTOFRIN	2	SP
PORTRAZZA	3	PA
PROGRAF ORAL CAPSULE	3	
PROGRAF ORAL GRANULES IN PACKET	2	
PURIXAN	\$0	OC
RAPAMUNE	3	
RETEVMO	\$0	PA; SP; OC; QCD

Drug Name	Drug Tier	Requirements / Limits
REZUROCK	3	PA; QCD
ROMIDEPSIN INTRAVENOUS SOLUTION	3	PA
ROZLYTREK	\$0	PA; SP; OC; QCD
RUBRACA	\$0	PA; SP; OC; QCD
RUXIENCE	2	ST; SP
RYDAPT	\$0	PA; SP; OC
SANDIMMUNE INTRAVENOUS	3	
SANDIMMUNE ORAL CAPSULE	3	
SANDIMMUNE ORAL SOLUTION	2	
SANDOSTATIN INJECTION SOLUTION 100 MCG/ML, 50 MCG/ML, 500 MCG/ML	3	ST; SP
SAPHNELO	3	PA
SIGNIFOR	2	PA; SP
<i>sirolimus</i>	1	
SOLTAMOX	\$0	OC; ACA
SOMATULINE DEPOT	2	PA; SP
SPRYCEL	\$0	PA; SP; OC; QCD
STIVARGA	\$0	PA; SP; OC; QCD
<i>sunitinib</i>	\$0	PA; SP; OC; QCD
SUPPRELIN LA	3	
SUTENT	\$0	PA; SP; OC; QCD
SYLVANT	2	PA; SP
SYNRIBO	2	PA
TABLOID	\$0	OC
TABRECTA	\$0	PA; SP; OC
<i>tacrolimus oral</i>	1	
TAFINLAR	\$0	PA; SP; OC; QCD
TAGRISSO	\$0	PA; SP; OC; QCD
TALZENNA ORAL CAPSULE 0.25 MG, 1 MG	\$0	PA; SP; OC; QCD
<i>tamoxifen</i>	\$0	OC; ACA
TARCEVA	\$0	PA; SP; OC; QCD
TARGRETIN TOPICAL	2	PA
TASIGNA	\$0	PA; SP; OC; QCD
TAZVERIK	\$0	PA; OC
TEMODAR INTRAVENOUS	2	SP

Drug Name	Drug Tier	Requirements / Limits
TEMODAR ORAL CAPSULE 100 MG, 140 MG, 180 MG, 250 MG	\$0	PA; SP; OC
<i>temozolomide</i>	\$0	PA; SP; OC
TENIPOSIDE	2	SP
TEPADINA	3	PA; SP
THALOMID	\$0	PA; SP; OC; QCD
<i>thiotepa</i>	1	PA; SP
TIBSOVO	\$0	PA; OC
<i>toposar</i>	1	SP
<i>toremifene</i>	\$0	OC
<i>tretinoin (antineoplastic)</i>	\$0	OC
TREXALL	\$0	OC
TRIPTODUR	2	
TUKYSA	\$0	PA; OC; QCD
TURALIO	3	PA; QCD
TYKERB	\$0	PA; SP; OC; QCD
UKONIQ	\$0	PA; OC; QCD
UNITUXIN	2	PA
VANTAS	2	
VELCADE	2	PA; SP
VENCLEXTA	\$0	PA; OC
VENCLEXTA STARTING PACK	\$0	PA; OC; QCD
VERZENIO	\$0	PA; SP; OC; QCD
<i>vinblastine</i>	1	SP
<i>vincasar pfs</i>	1	
<i>vincristine</i>	1	SP
<i>vinorelbine</i>	1	SP
VITRAKVI	\$0	PA; SP; OC; QCD
VIZIMPRO	\$0	PA; SP; OC; QCD
VOTRIENT	\$0	PA; SP; OC; QCD
VYXEOS	2	PA
WELIREG	\$0	PA; OC
XALKORI	\$0	PA; SP; OC; QCD
XELODA	\$0	PA; SP; OC
XERMELO	2	PA; QCD

Drug Name	Drug Tier	Requirements / Limits
XOSPATA	\$0	PA; OC
XTANDI	\$0	PA; SP; OC; QCD
YONDELIS	2	
YONSA	\$0	PA; OC; QCD
ZALTRAP	2	PA; SP
ZANOSAR	2	SP
ZEJULA	\$0	PA; OC; QCD
ZELBORAF	\$0	PA; SP; OC; QCD
ZOLADEX	2	SP
ZOLINZA	\$0	PA; SP; OC
ZORTRESS	3	
ZYDELIG	2	PA; QCD
ZYKADIA ORAL TABLET	\$0	PA; SP; OC; QCD

AUTONOMIC & CNS DRUGS, NEUROLOGY & PSYCH

ANTICONVULSANTS

BANZEL	3	PA
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	
DEPAKOTE	3	ST
DEPAKOTE ER	3	ST
DEPAKOTE SPRINKLES	3	ST
DIACOMIT	2	PA
DIASTAT	3	
DIASTAT ACUDIAL	3	
<i>diazepam rectal</i>	1	
DILANTIN	2	

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

Drug Name	Drug Tier	Requirements / Limits
<i>pregabalin oral capsule</i>	1	
<i>pregabalin oral solution</i>	1	
<i>pregabalin oral tablet extended release 24 hr</i>	1	ST
<i>primidone</i>	1	
QUDEXY XR	2	ST
<i>roweepra</i>	1	
<i>rufinamide</i>	1	PA
SABRIL	3	PA; SP
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
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; QCD
<i>vigabatrin</i>	1	PA; SP
<i>vigadrone</i>	1	PA
VIMPAT ORAL SOLUTION	2	
VIMPAT ORAL TABLET	2	
XCOPRI	3	QCD
XCOPRI MAINTENANCE PACK ORAL TABLET 250MG/DAY(150 MG X1-100MG X1), 350 MG/DAY (200 MG X1-150MG X1)	3	QCD
XCOPRI TITRATION PACK	3	QCD
ZARONTIN	3	

Drug Name	Drug Tier	Requirements / Limits
<i>zonisamide</i>	1	
ANTIPARKINSONISM AGENTS		
AZILECT	3	ST; LM
<i>benztropine oral</i>	1	
<i>bromocriptine</i>	1	
<i>carbidopa</i>	1	LM
<i>carbidopa-levodopa</i>	1	LM
<i>carbidopa-levodopa-entacapone</i>	1	LM
COMTAN	3	LM
DUOPA	3	SP
<i>entacapone</i>	1	LM
INBRIJA INHALATION CAPSULE, W/INHALATION DEVICE	2	PA; QCD
KYNMOBI SUBLINGUAL FILM 10 MG, 15 MG, 20 MG, 25 MG, 30 MG	2	PA; QCD
LODOSYN	3	LM
MIRAPEX ER	3	LM
NEUPRO	3	LM
NOURIANZ	3	PA; LM; SP; QCD
OSMOLEX ER ORAL TABLET, IR - ER, BIPHASIC 24HR 129 MG, 193 MG, 322 MG/DAY(129 MG X1-193MG X1)	3	PA; LM; QCD
PARLODEL	3	
<i>pramipexole</i>	1	LM
<i>rasagiline</i>	1	LM
<i>ropinirole</i>	1	LM
RYTARY	3	LM
<i>selegiline hcl</i>	1	LM
SINEMET ORAL TABLET 10-100 MG, 25-100 MG	3	LM
STALEVO 100	3	LM
STALEVO 125	3	LM
STALEVO 150	3	LM
STALEVO 200	3	LM
STALEVO 50	3	LM
STALEVO 75	3	LM

Drug Name	Drug Tier	Requirements / Limits
TASMAR ORAL TABLET 100 MG	3	LM
<i>tolcapone</i>	1	LM
<i>trihexyphenidyl</i>	1	
MIGRAINE & CLUSTER HEADACHE THERAPY		
AIMOVIG AUTOINJECTOR	2	PA; QCD
AJOVY AUTOINJECTOR	2	PA; QCD
AJOVY SYRINGE	2	PA; QCD
<i>almotriptan malate</i>	1	QCD
AMERGE	3	ST; QCD
D.H.E.45	3	
<i>dihydroergotamine injection</i>	1	
<i>dihydroergotamine nasal</i>	1	ST; QCD
<i>eletriptan</i>	1	QCD
EMGALITY PEN	2	PA; QCD
EMGALITY SYRINGE	2	PA; QCD
ERGOMAR	3	
<i>ergotamine-caffeine</i>	1	
FROVA	3	ST; QCD
<i>frovatriptan</i>	1	QCD
<i>migergot</i>	1	
MIGRANAL	3	ST; QCD
<i>naratriptan</i>	1	QCD
NURTEC ODT	3	PA; QCD
QULIPTA	3	PA
REYVOW	3	PA; QCD
<i>rizatriptan</i>	1	QCD
<i>sumatriptan</i>	1	QCD
<i>sumatriptan succinate oral</i>	1	QCD
<i>sumatriptan succinate subcutaneous cartridge</i>	1	QCD
<i>sumatriptan succinate subcutaneous pen injector</i>	1	QCD
<i>sumatriptan succinate subcutaneous solution</i>	1	QCD
<i>sumatriptan-naproxen</i>	1	ST; QCD
TOSYMRA	3	ST; QCD
TRUDHESA	3	ST
UBRELVY	3	PA; QCD

Drug Name	Drug Tier	Requirements / Limits
ZEMBRACE SYMTOUCH	3	ST; QCD
<i>zolmitriptan nasal spray,non-aerosol 5 mg</i>	1	ST; QCD
<i>zolmitriptan oral</i>	1	QCD
ZOMIG NASAL	2	ST; QCD
MISCELLANEOUS NEUROLOGICAL THERAPY		
ARICEPT	3	ST; LM
AUSTEDO	2	PA; QCD
<i>dalfampridine</i>	1	PA; SP; QCD
<i>donepezil oral tablet 10 mg, 5 mg</i>	1	LM
<i>donepezil oral tablet 23 mg</i>	1	ST; LM
<i>donepezil oral tablet,disintegrating</i>	1	LM
EVRYSDI	3	PA; SP; QCD
EXELON PATCH	3	ST; LM
FIRDAPSE	2	ST
<i>galantamine</i>	1	LM
HORIZANT	3	ST
INGREZZA	3	PA; QCD
INGREZZA INITIATION PACK	3	PA; QCD
KEVEYIS	3	PA
<i>memantine oral capsule,sprinkle,er 24hr</i>	1	LM
<i>memantine oral solution</i>	1	LM
<i>memantine oral tablet</i>	1	LM
MEMANTINE ORAL TABLETS,DOSE PACK	3	LM
NAMENDA ORAL TABLET	3	ST; LM
NAMENDA TITRATION PAK	3	LM
NAMENDA XR ORAL CAP,SPRINKLE,ER 24HR DOSE PACK	3	LM
NAMZARIC	2	ST
NUEDEXTA	2	
NULIBRY	3	PA
RADICAVA	2	SP
RAZADYNE ER	3	ST; LM
<i>rivastigmine</i>	1	LM
<i>rivastigmine tartrate</i>	1	LM
TEGSEDI	2	PA; SP

Drug Name	Drug Tier	Requirements / Limits
<i>tetrabenazine</i>	1	PA; SP; QCD
TYSABRI	2	PA; SP; QCD
ZEPOSIA	2	PA; SP; QCD
ZEPOSIA STARTER KIT	2	PA; SP; QCD
ZEPOSIA STARTER PACK	2	PA; SP; QCD
MUSCLE RELAXANTS & ANTISPASMODIC THERAPY		
<i>baclofen oral tablet</i>	1	LM
<i>carisoprodol</i>	1	
<i>carisoprodol-aspirin</i>	1	
<i>carisoprodol-aspirin-codeine</i>	1	
<i>chlorzoxazone</i>	1	
<i>cyclobenzaprine</i>	1	
DANTRIMUM ORAL CAPSULE 25 MG, 50 MG	3	LM
<i>dantrolene oral</i>	1	LM
FEXMID	3	PA
LORZONE	3	PA
<i>meprobamate</i>	1	
<i>metaxalone</i>	1	
<i>methocarbamol oral</i>	1	
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	LM
PYRIDOSTIGMINE BROMIDE ORAL TABLET 30 MG	3	LM
<i>pyridostigmine bromide oral tablet 60 mg</i>	1	LM
<i>pyridostigmine bromide oral tablet extended release</i>	1	LM
SKELAXIN	3	
SOMA	3	
<i>tizanidine</i>	1	
<i>vanadom</i>	1	
ZANAFLEX	3	
NARCOTIC ANALGESICS		

Drug Name	Drug Tier	Requirements / Limits
<i>acetaminophen-caff-dihydrocod</i>	1	HDE
<i>acetaminophen-codeine oral solution 120-12 mg/5 ml, 300 mg-30 mg /12.5 ml</i>	1	HDE
<i>acetaminophen-codeine oral tablet</i>	1	HDE
ACTIQ	3	ST; QCD
ALLZITAL	3	ST
<i>ascomp with codeine</i>	1	
BELBUCA	2	ST; HDE; QCD
<i>buprenorphine</i>	1	ST; HDE
<i>buprenorphine hcl sublingual</i>	1	HDE
<i>butalbital compound w/codeine</i>	1	
<i>butalbital-acetaminop-caf-cod</i>	1	
<i>butalbital-acetaminophen</i>	1	
<i>butalbital-acetaminophen-caff</i>	1	
<i>butalbital-aspirin-caffeine</i>	1	
<i>codeine sulfate</i>	1	HDE
<i>codeine-bitalbital-asa-caff</i>	1	
DILAUDID	3	HDE
<i>diskets</i>	1	ST; HDE
DSUVIA	3	
<i>dvorah</i>	1	HDE
<i>endocet</i>	1	HDE
ESGIC	3	ST
<i>fentanyl</i>	1	ST; HDE; QCD
<i>fentanyl citrate buccal lozenge on a handle</i>	1	ST; QCD
FIORICET	3	ST
FIORICET WITH CODEINE	3	
<i>hydrocodone bitartrate</i>	1	ST; HDE; QCD
<i>hydrocodone-acetaminophen oral solution</i>	1	HDE
<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	HDE
<i>hydrocodone-ibuprofen</i>	1	HDE
<i>hydromorphone oral liquid</i>	1	HDE
<i>hydromorphone oral tablet</i>	1	HDE
<i>hydromorphone oral tablet extended release 24 hr</i>	1	ST; HDE; QCD

Drug Name	Drug Tier	Requirements / Limits
<i>hydromorphone rectal</i>	1	HDE
HYSINGLA ER	2	ST; HDE; QCD
<i>levorphanol tartrate oral tablet 2 mg</i>	1	HDE
<i>levorphanol tartrate oral tablet 3 mg</i>	1	
LORTAB ELIXIR	3	HDE
<i>meperidine oral solution</i>	1	HDE
<i>meperidine oral tablet 50 mg</i>	1	HDE
<i>methadone oral concentrate</i>	1	ST; HDE
<i>methadone oral solution</i>	1	ST; HDE
<i>methadone oral tablet</i>	1	ST; HDE
<i>methadone oral tablet,soluble</i>	1	ST; HDE
<i>methadose oral concentrate</i>	1	ST; HDE
<i>methadose oral tablet,soluble</i>	1	ST; HDE
<i>morphine concentrate oral solution</i>	1	HDE
<i>morphine oral capsule, er multiphase 24 hr</i>	1	ST; HDE; QCD
<i>morphine oral capsule,extend.release pellets 10 mg, 100 mg, 20 mg, 30 mg, 50 mg, 60 mg, 80 mg</i>	1	ST; HDE; QCD
<i>morphine oral solution</i>	1	HDE
<i>morphine oral tablet</i>	1	HDE
<i>morphine oral tablet extended release</i>	1	ST; HDE; QCD
<i>morphine rectal</i>	1	HDE
MS CONTIN	3	ST; HDE; QCD
NALOCET	3	HDE
OXAYDO	3	HDE
<i>oxycodone oral capsule</i>	1	HDE
<i>oxycodone oral concentrate</i>	1	HDE
<i>oxycodone oral solution</i>	1	HDE
<i>oxycodone oral tablet</i>	1	HDE
<i>oxycodone-acetaminophen</i>	1	HDE
OXYCONTIN ORAL TABLET,ORAL ONLY,EXT.REL.12 HR	2	ST; HDE; QCD
<i>oxymorphone oral tablet</i>	1	HDE
<i>oxymorphone oral tablet extended release 12 hr</i>	1	ST; HDE; QCD
<i>prolate oral tablet</i>	1	HDE
ROXICODONE	3	HDE

Drug Name	Drug Tier	Requirements / Limits
SUBLOCADE	2	SP; HDE
<i>tencon</i>	1	
TREZIX	3	HDE
<i>vtol lq</i>	1	
<i>zebutal</i>	1	
NON-NARCOTIC ANALGESICS		
<i>adult aspirin regimen</i>	\$0	LM; ACA
ANAPROX DS	3	LM
ARTHROTEC 50	3	ST; LM
ARTHROTEC 75	3	ST; LM
<i>aspirin low dose</i>	\$0	LM; ACA
<i>aspirin oral tablet</i>	\$0	ACA
<i>aspirin oral tablet,chewable</i>	\$0	LM; ACA
<i>aspirin oral tablet,delayed release (dr/ec) 325 mg</i>	\$0	ACA
<i>aspirin oral tablet,delayed release (dr/ec) 81 mg</i>	\$0	LM; ACA
<i>aspir-trin</i>	\$0	ACA
<i>bayer aspirin</i>	\$0	ACA
<i>buprenorphine-naloxone sublingual film 12-3 mg</i>	1	HDE
<i>buprenorphine-naloxone sublingual film 2-0.5 mg, 4-1 mg, 8-2 mg</i>	1	HDE; QCD
<i>buprenorphine-naloxone sublingual tablet 2-0.5 mg</i>	1	HDE; QCD
<i>buprenorphine-naloxone sublingual tablet 8-2 mg</i>	1	HDE
<i>butorphanol injection</i>	1	
<i>butorphanol nasal</i>	1	QCD
CAMBIA	3	ST; QCD
<i>cataflam</i>	1	
<i>celecoxib</i>	1	ST; LM
<i>children's aspirin</i>	\$0	LM; ACA
<i>choline,magnesium salicylate</i>	1	
CONZIP	3	ST; HDE; QCD
DAYPRO	3	ST; LM
<i>diclofenac potassium oral tablet 50 mg</i>	1	
<i>diclofenac sodium oral</i>	1	LM
<i>diclofenac sodium topical drops</i>	1	LM; QCD

Drug Name	Drug Tier	Requirements / Limits
<i>diclofenac sodium topical gel 1 %</i>	1	ST; LM; QCD
<i>diclofenac-misoprostol</i>	1	LM
<i>diflunisal</i>	1	LM
DISALCID	3	
DUEXIS	3	ST; LM
EC-NAPROSYN	3	ST; LM
<i>ecotrin</i>	\$0	ACA
<i>ecotrin low strength</i>	\$0	LM; ACA
<i>etodolac</i>	1	LM
EUFLEXXA	2	PA
FELDENE	3	ST; LM
<i>fenoprofen oral tablet</i>	1	ST; LM
FLECTOR	2	ST; QCD
<i>flurbiprofen oral tablet 100 mg</i>	1	LM
<i>ibu</i>	1	LM
<i>ibuprofen oral suspension</i>	1	LM
<i>ibuprofen oral tablet 400 mg, 600 mg, 800 mg</i>	1	LM
<i>ibuprofen-famotidine</i>	1	ST; LM
INDOCIN ORAL	3	ST
INDOCIN RECTAL	3	
<i>indomethacin oral</i>	1	
<i>ketoprofen oral capsule 25 mg</i>	1	ST; LM
<i>ketoprofen oral capsule 50 mg, 75 mg</i>	1	LM
<i>ketoprofen oral capsule,ext rel. pellets 24 hr 200 mg</i>	1	ST; LM
<i>ketorolac oral</i>	1	QCD
KLOXXADO	2	QCD
LICART	2	ST; QCD
LODINE ORAL TABLET	3	ST; LM
<i>lofena</i>	1	
<i>meclofenamate</i>	1	LM
<i>mefenamic acid</i>	1	
<i>meloxicam oral tablet 15 mg</i>	1	LM
<i>meloxicam oral tablet 7.5 mg</i>	1	LM; QCD
<i>meloxicam submicronized oral capsule 10 mg</i>	1	ST; LM

Drug Name	Drug Tier	Requirements / Limits
<i>meloxicam submicronized oral capsule 5 mg</i>	1	ST; LM; QCD
MOBIC ORAL TABLET 15 MG	3	ST; LM
MOBIC ORAL TABLET 7.5 MG	3	ST; LM; QCD
MONOVISC	2	PA
<i>nabumetone</i>	1	LM
NALFON ORAL TABLET	3	ST; LM
<i>naloxone injection solution</i>	1	
<i>naloxone injection syringe</i>	1	
<i>naloxone nasal</i>	1	QCD
<i>naltrexone</i>	1	
NAPRELAN CR	3	ST; LM
NAPROSYN ORAL SUSPENSION	3	ST; LM
NAPROSYN ORAL TABLET 500 MG	3	ST; LM
<i>naproxen oral suspension</i>	1	ST; LM
<i>naproxen oral tablet</i>	1	LM
<i>naproxen oral tablet, delayed release (dr/ec)</i>	1	LM
<i>naproxen sodium oral tablet 275 mg, 550 mg</i>	1	LM
<i>naproxen sodium oral tablet, er multiphase 24 hr 375 mg, 500 mg</i>	1	ST; LM
NAPROXEN SODIUM ORAL TABLET, ER MULTIPHASE 24 HR 750 MG	3	ST; LM
<i>naproxen-esomeprazole</i>	1	ST; LM
NARCAN	2	QCD
ORTHOVISC	2	PA
<i>oxaprozin</i>	1	LM
<i>pentazocine-naloxone</i>	1	
<i>piroxicam</i>	1	LM
RELAFEN	3	ST; LM
<i>salsalate</i>	1	
SPRIX	3	ST; QCD
<i>st joseph aspirin</i>	\$0	LM; ACA
<i>st. joseph aspirin</i>	\$0	LM; ACA
<i>sulindac</i>	1	LM
<i>tolmetin oral capsule</i>	1	ST; LM
<i>tolmetin oral tablet 200 mg</i>	1	LM

Drug Name	Drug Tier	Requirements / Limits
<i>tolmetin oral tablet 600 mg</i>	1	ST; LM
TRAMADOL ORAL CAPSULE,ER BIPHASE 24 HR 17-83	3	ST; HDE; QCD
TRAMADOL ORAL CAPSULE,ER BIPHASE 24 HR 25-75 100 MG, 200 MG	3	ST; HDE; QCD
TRAMADOL ORAL TABLET 100 MG	3	HDE
<i>tramadol oral tablet 50 mg</i>	1	HDE; QCD
<i>tramadol oral tablet extended release 24 hr</i>	1	ST; HDE; QCD
<i>tramadol oral tablet, er multiphase 24 hr</i>	1	ST; HDE; QCD
<i>tramadol-acetaminophen</i>	1	HDE; QCD
ULTRACET	3	HDE; QCD
ULTRAM	3	HDE; QCD
VIVITROL	2	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	HDE; QCD
ZUBSOLV SUBLINGUAL TABLET 11.4-2.9 MG	2	HDE
PSYCHOTHERAPEUTIC DRUGS		
ABILIFY MYCITE MAINTENANCE KIT	3	QCD
ABILIFY MYCITE STARTER KIT	3	QCD
ADHANSIA XR	3	ST
ADZENYS XR-ODT	3	ST
<i>alprazolam</i>	1	
<i>alprazolam intensol</i>	1	
<i>amitriptyline</i>	1	
<i>amitriptyline-chlordiazepoxide</i>	1	
<i>amoxapine</i>	1	
<i>amphetamine sulfate</i>	1	
ANAFRANIL	3	
APLENZIN	3	ST; LM; QCD
APTENSIO XR	3	ST
<i>aripiprazole oral solution</i>	1	
<i>aripiprazole oral tablet</i>	1	QCD
<i>aripiprazole oral tablet,disintegrating</i>	1	QCD
<i>armodafinil</i>	1	PA; QCD

Drug Name	Drug Tier	Requirements / Limits
<i>asenapine maleate</i>	1	QCD
ATIVAN ORAL	3	
<i>atomoxetine</i>	1	
AZSTARYS	3	ST
BELSOMRA	3	ST; QCD
<i>bupropion hcl oral tablet</i>	1	LM
<i>bupropion hcl oral tablet extended release 24 hr 150 mg, 300 mg</i>	1	LM; QCD
BUPROPION HCL ORAL TABLET EXTENDED RELEASE 24 HR 450 MG	3	ST; LM; QCD
<i>bupropion hcl oral tablet sustained-release 12 hr</i>	1	LM; QCD
<i>buspirone</i>	1	LM
CAPLYTA	3	QCD
<i>chlordiazepoxide hcl</i>	1	
<i>chlorpromazine oral</i>	1	
<i>citalopram oral solution</i>	1	LM
<i>citalopram oral tablet</i>	1	LM; QCD
<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
<i>desipramine</i>	1	
DESOXYN	3	
DESVENLAFAXINE	3	ST; LM; QCD
<i>desvenlafaxine succinate</i>	1	ST; LM; QCD
DEXEDRINE SPANSULE	3	ST
<i>dexmethylphenidate</i>	1	
<i>dextroamphetamine</i>	1	
<i>dextroamphetamine-amphetamine</i>	1	
<i>diazepam intensol</i>	1	
<i>diazepam oral solution 5 mg/5 ml (1 mg/ml)</i>	1	

Drug Name	Drug Tier	Requirements / Limits
<i>diazepam oral tablet</i>	1	
<i>doxepin oral capsule</i>	1	
<i>doxepin oral concentrate</i>	1	
<i>doxepin oral tablet</i>	1	ST; QCD
<i>duloxetine oral capsule, delayed release(dr/ec) 20 mg, 30 mg, 60 mg</i>	1	LM; QCD
<i>duloxetine oral capsule, delayed release(dr/ec) 40 mg</i>	1	ST; LM; QCD
DYANAVEL XR	2	ST
EDLUAR	3	ST; QCD
EMSAM	3	LM
<i>ergoloid</i>	1	LM
<i>escitalopram oxalate oral solution</i>	1	LM
<i>escitalopram oxalate oral tablet</i>	1	LM; QCD
<i>estazolam</i>	1	
<i>eszopiclone</i>	1	QCD
EVEKEO	3	
EVEKEO ODT	3	
FANAPT	3	QCD
FETZIMA	2	ST; LM; QCD
<i>fluoxetine oral capsule 10 mg, 40 mg</i>	1	LM; QCD
<i>fluoxetine oral capsule 20 mg</i>	1	LM
<i>fluoxetine oral capsule, delayed release(dr/ec)</i>	1	LM; QCD
<i>fluoxetine oral solution</i>	1	LM
<i>fluoxetine oral tablet 10 mg</i>	1	ST; LM; QCD
<i>fluoxetine oral tablet 20 mg</i>	1	ST; LM
<i>fluoxetine oral tablet 60 mg</i>	1	ST
<i>fluphenazine hcl oral</i>	1	
<i>flurazepam</i>	1	
<i>fluvoxamine oral capsule, extended release 24hr</i>	1	ST; LM; QCD
<i>fluvoxamine oral tablet</i>	1	LM; QCD
FORFIVO XL	3	ST; LM; QCD
GEODON ORAL	3	QCD
<i>guanfacine oral tablet extended release 24 hr</i>	1	
HALCION ORAL TABLET 0.25 MG	3	

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

Drug Name	Drug Tier	Requirements / Limits
<i>mirtazapine</i>	1	
MKO (MIDAZOLAM-KETAMINE-ONDAN)	3	
<i>modafinil</i>	1	PA; QCD
<i>molindone</i>	1	
MYDAYIS	2	ST
NARDIL	3	LM
<i>nefazodone</i>	1	LM
NORPRAMIN ORAL TABLET 10 MG, 25 MG	3	
<i>nortriptyline</i>	1	
NUPLAZID	3	PA; SP; QCD
<i>olanzapine oral</i>	1	QCD
<i>olanzapine-fluoxetine</i>	1	
<i>oxazepam</i>	1	
<i>paliperidone</i>	1	QCD
PAMELOR	3	
PARNATE	3	LM
<i>paroxetine hcl oral suspension</i>	1	LM
<i>paroxetine hcl oral tablet</i>	1	LM; QCD
<i>paroxetine hcl oral tablet extended release 24 hr</i>	1	ST; LM; QCD
<i>paroxetine mesylate(menop.sym)</i>	1	ST; LM; QCD
PAXIL CR	3	ST; LM; QCD
PAXIL ORAL SUSPENSION	3	ST; LM
PAXIL ORAL TABLET	3	ST; LM; QCD
<i>perphenazine</i>	1	
<i>perphenazine-amitriptyline</i>	1	
<i>phenelzine</i>	1	LM
<i>pimozide</i>	1	
<i>procentra</i>	1	
<i>protriptyline</i>	1	
<i>quetiapine</i>	1	QCD
QUILLICHEW ER	2	ST
QUILLIVANT XR	2	ST
<i>ramelteon</i>	1	QCD
RELEXXII	3	ST
REMERON ORAL TABLET 15 MG, 30 MG	3	

Drug Name	Drug Tier	Requirements / Limits
REMERON SOLTAB	3	
RESTORIL	3	
REXULTI	3	QCD
RISPERDAL ORAL SOLUTION	3	
RISPERDAL ORAL TABLET 0.5 MG, 1 MG, 2 MG, 3 MG, 4 MG	3	QCD
<i>risperidone oral solution</i>	1	
<i>risperidone oral tablet</i>	1	QCD
<i>risperidone oral tablet,disintegrating</i>	1	QCD
RITALIN	3	
RITALIN LA	3	ST
SECUADO	3	QCD
<i>sertraline oral concentrate</i>	1	LM
<i>sertraline oral tablet</i>	1	LM; QCD
SILENOR	3	ST; QCD
SUNOSI	2	PA; QCD
SYMBYAX ORAL CAPSULE 3-25 MG, 6-25 MG	3	
<i>temazepam</i>	1	
<i>thioridazine</i>	1	
<i>thiothixene</i>	1	
TRANXENE T-TAB	3	
<i>tranylcypromine</i>	1	LM
<i>trazodone</i>	1	
<i>triazolam</i>	1	
<i>trifluoperazine</i>	1	
<i>trimipramine</i>	1	
TRINTELLIX	3	ST; QCD
<i>venlafaxine oral capsule,extended release 24hr</i>	1	LM; QCD
<i>venlafaxine oral tablet</i>	1	LM; QCD
<i>venlafaxine oral tablet extended release 24hr</i>	1	ST; LM; QCD
VERSACLOZ	3	
VRAYLAR	3	QCD
VYLEESI	3	PA; QCD
VYVANSE	2	ST

Drug Name	Drug Tier	Requirements / Limits
WAKIX	3	PA; SP; QCD
XYREM	2	SP; QCD
XYWAV	2	QCD
<i>zaleplon</i>	1	QCD
<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	QCD
<i>zolpidem</i>	1	QCD
ZOLPIMIST	3	ST; QCD
ZYPREXA ORAL	3	QCD
ZYPREXA ZYDIS	3	QCD

CARDIOVASCULAR, HYPERTENSION & LIPIDS

ANTIARRHYTHMIC AGENTS

<i>amiodarone oral</i>	1	LM
BETAPACE	3	LM
BETAPACE AF	3	LM
<i>disopyramide phosphate oral capsule</i>	1	LM
<i>dofetilide</i>	1	
<i>flecainide</i>	1	LM
<i>mexiletine</i>	1	LM
MULTAQ	3	LM
NORPACE	3	LM
NORPACE CR	3	LM
<i>pacerone oral tablet 100 mg, 200 mg, 400 mg</i>	1	LM
<i>propafenone</i>	1	LM
<i>quinidine gluconate oral</i>	1	LM
<i>quinidine sulfate oral tablet</i>	1	LM
RYTHMOL SR	3	LM
<i>sorine</i>	1	LM
<i>sotalol af</i>	1	LM
<i>sotalol oral</i>	1	LM
SOTYLIZE	2	LM

ANTIHYPERTENSIVE THERAPY

ACCUPRIL	3	LM
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Drug Name	Drug Tier	Requirements / Limits
ACCURETIC	3	LM
<i>acebutolol</i>	1	LM
ADALAT CC	3	LM
ALDACTAZIDE	3	LM
ALDACTONE	3	LM
<i>aliskiren</i>	1	LM
ALTACE	3	LM
<i>amiloride</i>	1	LM
<i>amiloride-hydrochlorothiazide</i>	1	LM
<i>amlodipine</i>	1	LM
<i>amlodipine-benazepril</i>	1	LM
<i>amlodipine-olmesartan</i>	1	LM
<i>amlodipine-valsartan</i>	1	LM
<i>amlodipine-valsartan-hcthiazid</i>	1	LM
<i>atenolol</i>	1	LM
<i>atenolol-chlorthalidone</i>	1	LM
<i>benazepril</i>	1	LM
<i>benazepril-hydrochlorothiazide</i>	1	LM
<i>betaxolol oral</i>	1	LM
BIDIL	3	LM
<i>bisoprolol fumarate</i>	1	LM
<i>bisoprolol-hydrochlorothiazide</i>	1	LM
<i>bumetanide oral</i>	1	LM
CALAN SR	3	LM
<i>candesartan oral tablet 16 mg</i>	1	
<i>candesartan oral tablet 32 mg, 4 mg, 8 mg</i>	1	LM
<i>candesartan-hydrochlorothiazid</i>	1	LM
<i>captopril</i>	1	LM
<i>captopril-hydrochlorothiazide</i>	1	LM
CARDIZEM CD	3	LM
CARDIZEM LA	3	LM
CARDIZEM ORAL TABLET 120 MG, 30 MG, 60 MG	3	LM
CARDURA	3	LM; QCD
CARDURA XL	3	LM; QCD

Drug Name	Drug Tier	Requirements / Limits
CAROSPIR	3	PA; LM
<i>cartia xt</i>	1	LM
<i>carvedilol</i>	1	LM
<i>carvedilol phosphate</i>	1	LM
CATAPRES-TTS-1	3	LM; QCD
CATAPRES-TTS-2	3	LM; QCD
CATAPRES-TTS-3	3	LM; QCD
<i>chlorthalidone oral tablet 25 mg, 50 mg</i>	1	LM
<i>clonidine</i>	1	LM; QCD
<i>clonidine hcl oral tablet</i>	1	LM
CONSENSI	3	LM
COREG CR	3	LM
CORGARD	3	LM
DEMSER	3	PA
DIBENZYLINE	3	PA
<i>diltiazem hcl oral capsule,ext.rel 24h degradable</i>	1	LM
<i>diltiazem hcl oral capsule,extended release 12 hr</i>	1	LM
<i>diltiazem hcl oral capsule,extended release 24 hr 180 mg, 240 mg, 300 mg, 360 mg, 420 mg</i>	1	LM
<i>diltiazem hcl oral capsule,extended release 24hr</i>	1	LM
<i>diltiazem hcl oral tablet</i>	1	LM
<i>diltiazem hcl oral tablet extended release 24 hr</i>	1	LM
<i>dilt-xr</i>	1	LM
DIURIL	3	LM
<i>doxazosin</i>	1	LM; QCD
DYRENIUM	3	LM
EDECRIN	3	LM
<i>enalapril maleate</i>	1	LM
<i>enalapril-hydrochlorothiazide</i>	1	LM
<i>eplerenone</i>	1	LM
<i>eprosartan</i>	1	LM
<i>ethacrynic acid</i>	1	LM
<i>felodipine</i>	1	LM
<i>fosinopril</i>	1	LM
<i>fosinopril-hydrochlorothiazide</i>	1	LM

Drug Name	Drug Tier	Requirements / Limits
<i>furosemide oral solution 10 mg/ml, 40 mg/5 ml (8 mg/ml)</i>	1	LM
<i>furosemide oral tablet</i>	1	LM
<i>guanfacine oral tablet</i>	1	LM
HEMANGEOL	3	
<i>hydralazine oral</i>	1	LM
<i>hydrochlorothiazide</i>	1	LM
<i>indapamide</i>	1	LM
INSPRA	3	LM
<i>irbesartan</i>	1	LM
<i>irbesartan-hydrochlorothiazide</i>	1	LM
<i>isradipine</i>	1	LM
KERENDIA	2	PA; LM; QCD
<i>labetalol oral</i>	1	LM
LASIX	3	LM
<i>lisinopril</i>	1	LM
<i>lisinopril-hydrochlorothiazide</i>	1	LM
LOPRESSOR ORAL	3	LM
<i>losartan</i>	1	LM
<i>losartan-hydrochlorothiazide</i>	1	LM
LOTENSIN HCT	3	LM
LOTENSIN ORAL TABLET 10 MG, 20 MG, 40 MG	3	LM
<i>matzim la</i>	1	LM
MAXZIDE	3	LM
MAXZIDE-25MG	3	LM
<i>methyldopa</i>	1	LM
<i>methyldopa-hydrochlorothiazide</i>	1	LM
<i>metolazone</i>	1	LM
<i>metoprolol succinate</i>	1	LM
<i>metoprolol ta-hydrochlorothiaz</i>	1	LM
<i>metoprolol tartrate oral</i>	1	LM
<i>metyrosine</i>	1	PA
MINIPRESS	3	LM
<i>minoxidil oral</i>	1	LM

Drug Name	Drug Tier	Requirements / Limits
<i>moexipril</i>	1	LM
<i>nadolol</i>	1	LM
<i>nebivolol</i>	1	LM
<i>nicardipine oral</i>	1	LM
<i>nifedipine</i>	1	LM
<i>nimodipine</i>	1	
<i>nisoldipine</i>	1	LM
NYMALIZE ORAL SOLUTION 60 MG/10 ML	3	
NYMALIZE ORAL SYRINGE	3	
<i>olmesartan</i>	1	LM
<i>olmesartan-amlodipin-hcthiazyd</i>	1	LM
<i>olmesartan-hydrochlorothiazide</i>	1	LM
ORENITRAM	3	PA; SP
<i>perindopril erbumine</i>	1	LM
<i>phenoxybenzamine</i>	1	PA
<i>pindolol</i>	1	LM
<i>prazosin</i>	1	LM
PRESTALIA	3	LM
PROCARDIA XL	3	LM
<i>propranolol oral</i>	1	LM
<i>propranolol-hydrochlorothiazid</i>	1	LM
<i>quinapril</i>	1	LM
<i>quinapril-hydrochlorothiazide</i>	1	LM
<i>ramipril</i>	1	LM
<i>spironolactone</i>	1	LM
<i>spironolacton-hydrochlorothiaz</i>	1	LM
SULAR ORAL TABLET EXTENDED RELEASE 24 HR 17 MG, 34 MG, 8.5 MG	3	LM
<i>taztia xt</i>	1	LM
TEKTURNA HCT	2	LM
<i>telmisartan</i>	1	LM
<i>telmisartan-amlodipine</i>	1	LM
<i>telmisartan-hydrochlorothiazid</i>	1	LM
TENORETIC 100	3	LM
TENORETIC 50	3	LM

Drug Name	Drug Tier	Requirements / Limits
TENORMIN	3	LM
<i>terazosin</i>	1	LM; QCD
<i>tiadylt er</i>	1	LM
TIAZAC	3	LM
<i>timolol maleate oral</i>	1	LM
<i>torse mide oral</i>	1	LM
<i>trandolapril</i>	1	LM
<i>trandolapril-verapamil</i>	1	LM
<i>triamterene</i>	1	LM
<i>triamterene-hydrochlorothiazid oral capsule 37.5-25 mg</i>	1	LM
<i>triamterene-hydrochlorothiazid oral tablet</i>	1	LM
UPTRAVI INTRAVENOUS	3	
UPTRAVI ORAL	2	PA
<i>valsartan</i>	1	LM
<i>valsartan-hydrochlorothiazide</i>	1	LM
VASERETIC	3	LM
VASOTEC	3	LM
<i>verapamil oral</i>	1	LM
VERELAN	3	LM
VERELAN PM	3	LM
ZESTORETIC	3	LM
ZESTRIL	3	LM
ZIAC	3	LM
CARDIAC GLYCOSIDES		
<i>digitek</i>	1	LM
<i>digox</i>	1	LM
<i>digoxin oral solution</i>	1	LM
<i>digoxin oral tablet 125 mcg (0.125 mg), 250 mcg (0.25 mg)</i>	1	LM
LANOXIN ORAL TABLET 125 MCG (0.125 MG), 250 MCG (0.25 MG), 62.5 MCG (0.0625 MG)	3	LM
COAGULATION THERAPY		
AMICAR	3	
<i>aminocaproic acid oral</i>	1	

Drug Name	Drug Tier	Requirements / Limits
ARIXTRA	3	
<i>aspirin-dipyridamole</i>	1	LM
BRILINTA	2	LM
CABLIVI INJECTION KIT	2	PA
CEPROTIN (BLUE BAR)	2	
CEPROTIN (GREEN BAR)	2	
<i>cilostazol</i>	1	LM
<i>clopidogrel oral tablet 300 mg</i>	1	
<i>clopidogrel oral tablet 75 mg</i>	1	LM
COAGADEX	2	PA
CORIFACT	2	PA
<i>dipyridamole oral</i>	1	LM
DOPTELET (15 TAB PACK)	2	PA; SP; QCD
EFFIENT	3	LM
ELIQUIS	2	PA
ELIQUIS DVT-PE TREAT 30D START	2	PA
<i>enoxaparin</i>	1	
<i>fondaparinux</i>	1	
FRAGMIN SUBCUTANEOUS SOLUTION	2	
FRAGMIN SUBCUTANEOUS SYRINGE	2	
<i>hep flush-10 (pf)</i>	1	
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 intravenous parenteral solution 20,000 unit/500 ml (40 unit/ml), 25,000 unit/250 ml(100 unit/ml), 25,000 unit/500 ml (50 unit/ml)</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) intravenous solution 100 unit/ml</i>	1	

Drug Name	Drug Tier	Requirements / Limits
<i>heparin lockflush(porcine)(pf)</i>	1	
HEPARIN(PORCINE) IN 0.45% NACL INTRAVENOUS PARENTERAL SOLUTION 12,500 UNIT/250 ML	3	
<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	QCD
NPLATE	2	PA; SP
<i>pentoxifylline</i>	1	LM
<i>phytonadione (vitamin k1) injection solution</i>	1	
PHYTONADIONE (VITAMIN K1) INJECTION SYRINGE	2	
<i>phytonadione (vitamin k1) oral tablet 5 mg</i>	1	QCD
<i>prasugrel</i>	1	LM
PROMACTA	2	PA; SP
TAVALISSE	2	PA; QCD
TRETTEN	2	PA
<i>vitamin k</i>	1	
<i>vitamin k1 injection</i>	1	
VONVENDI	2	PA
<i>warfarin</i>	1	
XARELTO	2	PA
XARELTO DVT-PE TREAT 30D START	2	PA
ZONTIVITY	3	PA; LM
LIPID/CHOLESTEROL LOWERING AGENTS		

Drug Name	Drug Tier	Requirements / Limits
<i>amlodipine-atorvastatin</i>	1	LM; QCD
ANTARA ORAL CAPSULE 30 MG, 90 MG	3	ST; LM
<i>atorvastatin oral tablet 10 mg, 20 mg</i>	\$0	LM; ACA; QCD
<i>atorvastatin oral tablet 40 mg, 80 mg</i>	1	LM; QCD
CADUET	3	ST; LM; QCD
<i>cholestyramine (with sugar)</i>	1	LM
<i>cholestyramine light</i>	1	LM
<i>colesevelam</i>	1	LM
COLESTID	3	LM
COLESTID FLAVORED ORAL PACKET	3	LM
<i>colestipol</i>	1	LM
EVKEEZA	3	PA
<i>ezetimibe</i>	1	LM
<i>ezetimibe-simvastatin</i>	1	LM; QCD
<i>fenofibrate micronized oral capsule 130 mg, 134 mg, 200 mg, 43 mg, 67 mg</i>	1	LM
FENOFIBRATE MICRONIZED ORAL CAPSULE 30 MG, 90 MG	3	ST; LM
<i>fenofibrate nanocrystallized oral tablet 145 mg, 48 mg</i>	1	LM
FENOFIBRATE ORAL CAPSULE	3	ST; LM
<i>fenofibrate oral tablet 120 mg, 40 mg</i>	1	ST; LM
<i>fenofibrate oral tablet 160 mg, 54 mg</i>	1	LM
<i>fenofibric acid</i>	1	LM
<i>fenofibric acid (choline)</i>	1	LM
FENOGLIDE	3	ST; LM
FIBRICOR	3	ST; LM
FLOLIPID	3	ST; LM; QCD
<i>fluvastatin</i>	\$0	LM; ACA; QCD
<i>gemfibrozil</i>	1	LM
<i>icosapent ethyl</i>	1	PA; LM
JUXTAPID	2	SP
LESCOL XL	3	ST; LM; QCD
LIPOFEN	2	LM
LIVALO	2	ST; LM; QCD
LOPID	3	LM

Drug Name	Drug Tier	Requirements / Limits
<i>lovastatin</i>	\$0	LM; ACA; QCD
LOVAZA	3	PA; LM
NEXLETOL	2	PA; LM
NEXLIZET	2	PA; LM
<i>niacin oral tablet 500 mg</i>	1	LM
<i>niacin oral tablet extended release 24 hr</i>	1	LM
NIACOR	3	LM
NIASPAN EXTENDED-RELEASE	3	LM
<i>omega-3 acid ethyl esters</i>	1	PA; LM
<i>pravastatin</i>	\$0	LM; ACA; QCD
<i>prevalite</i>	1	LM
QUESTRAN	3	LM
QUESTRAN LIGHT	3	LM
REPATHA PUSHTRONEX	2	
REPATHA SURECLICK	2	
REPATHA SYRINGE	2	
<i>rosuvastatin oral tablet 10 mg, 5 mg</i>	\$0	LM; ACA; QCD
<i>rosuvastatin oral tablet 20 mg, 40 mg</i>	1	LM; QCD
ROSZET	3	ST; LM; QCD
<i>simvastatin oral tablet 10 mg, 20 mg, 40 mg, 5 mg</i>	\$0	LM; ACA; QCD
<i>simvastatin oral tablet 80 mg</i>	1	LM; QCD
TRILIPIX	3	ST; LM
VASCEPA	2	PA; LM
ZYPITAMAG ORAL TABLET 2 MG, 4 MG	3	ST; LM; QCD
MISCELLANEOUS CARDIOVASCULAR AGENTS		
ENTRESTO	2	LM; QCD
<i>ranolazine</i>	1	LM
VECAMYL	3	
VERQUVO	2	LM; QCD
VYNDAMAX	2	PA; SP
VYNDAQEL	2	PA; SP
NITRATES		
GONITRO	3	
ISORDIL	3	LM
ISORDIL TITRADOSE ORAL TABLET 5 MG	3	LM

Drug Name	Drug Tier	Requirements / Limits
<i>isosorbide dinitrate oral tablet</i>	1	LM
<i>isosorbide mononitrate</i>	1	LM
<i>nitro-bid</i>	1	LM
NITRO-DUR	3	LM
<i>nitroglycerin sublingual</i>	1	
<i>nitroglycerin transdermal patch 24 hour</i>	1	LM
<i>nitroglycerin translingual</i>	1	
NITROLINGUAL	3	
NITROMIST	3	
NITROSTAT	3	
<i>nitro-time</i>	1	LM

DERMATOLOGICALS/TOPICAL THERAPY

ANTIPSORIATIC / ANTISEBORRHEIC

<i>acitretin</i>	1	
ANALPRAM-HC TOPICAL	3	ST
<i>calcipotriene scalp</i>	1	QCD
<i>calcipotriene topical cream</i>	1	QCD
<i>calcipotriene topical ointment</i>	1	QCD
<i>calcipotriene-betamethasone topical ointment</i>	1	ST; QCD
<i>calcipotriene-betamethasone topical suspension</i>	1	QCD
<i>calcitriol topical</i>	1	
DOVONEX TOPICAL	3	ST; QCD
ENSTILAR	2	QCD
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
<i>selenium sulfide topical lotion</i>	1	
<i>selenium sulfide topical shampoo 2.25 %, 2.3 %</i>	1	
SELRX	3	
SKYRIZI SUBCUTANEOUS PEN INJECTOR	2	PA; SP; QCD

Drug Name	Drug Tier	Requirements / Limits
SKYRIZI SUBCUTANEOUS SYRINGE 150 MG/ML	2	PA; SP; QCD
SKYRIZI SUBCUTANEOUS SYRINGE KIT	2	PA; SP; QCD
STELARA INTRAVENOUS	3	ST; SP
STELARA SUBCUTANEOUS	2	ST; SP; QCD
<i>sulfacetamide sodium topical</i>	1	
TACLONEX TOPICAL OINTMENT	3	ST; QCD
TACLONEX TOPICAL SUSPENSION	3	QCD
TALTZ AUTOINJECTOR	2	PA; SP; QCD
TALTZ AUTOINJECTOR (2 PACK)	2	PA; SP; QCD
TALTZ AUTOINJECTOR (3 PACK)	2	PA; SP; QCD
TALTZ SYRINGE	2	PA; SP; QCD
TERSI FOAM	3	
TREMFYA	2	PA; SP; QCD
VECTICAL	3	
WYNZORA	3	ST; QCD
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		
AMELUZ	3	
CANTHARIDIN IN ACETONE	3	
CONDYLOX TOPICAL GEL	3	ST; QCD
CORTANE-B	3	
<i>diclofenac sodium topical gel 3 %</i>	1	PA; QCD
<i>doxepin topical</i>	1	ST; QCD
DUPIXENT PEN	2	PA; SP; QCD
DUPIXENT SYRINGE SUBCUTANEOUS SYRINGE 100 MG/0.67 ML	2	PA; SP
DUPIXENT SYRINGE SUBCUTANEOUS SYRINGE 200 MG/1.14 ML, 300 MG/2 ML	2	PA; SP; QCD

Drug Name	Drug Tier	Requirements / Limits
EFUDEX TOPICAL CREAM	3	
EUCRISA	3	ST; QCD
FLUOROPLEX	3	
<i>fluorouracil topical cream 5 %</i>	1	
<i>fluorouracil topical solution</i>	1	
<i>iodine-sodium iodide topical tincture 2 %</i>	1	
IODOFLEX	3	
IODOSORB	3	
LEVULAN	3	
<i>methoxsalen</i>	1	
<i>methyl salicylate</i>	1	
<i>methyl salicylate topical liquid</i>	1	
PANRETIN	3	SP
<i>pimecrolimus</i>	1	ST; QCD
<i>podofilox</i>	1	
PROTOPIC	3	ST; QCD
<i>pradoxin</i>	1	ST; QCD
QBREXZA	3	PA
REGRANEX	2	QCD
<i>tacrolimus topical</i>	1	ST; QCD
TOLAK	3	
VALCHLOR	2	PA; SP
VEREGEN	3	PA; QCD
<i>wintergreen oil</i>	1	
ZONALON	3	ST; QCD
THERAPY FOR ACNE		
ABSORICA	3	HDE
ABSORICA LD	3	HDE
<i>acutane</i>	1	HDE
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	

Drug Name	Drug Tier	Requirements / Limits
<i>adapalene topical swab</i>	1	ST
<i>adapalene-benzoyl peroxide</i>	1	
AKLIEF	3	ST
ALTRENO	3	PA
<i>amnesteam</i>	1	HDE
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 9.8 %</i>	1	
<i>bp 10-1</i>	1	ST
<i>claravis</i>	1	HDE
CLEOCIN T TOPICAL LOTION	3	ST; QCD
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	QCD
<i>clindamycin phosphate topical gel</i>	1	QCD
<i>clindamycin phosphate topical gel, once daily</i>	1	QCD
<i>clindamycin phosphate topical lotion</i>	1	QCD
<i>clindamycin phosphate topical solution</i>	1	QCD
<i>clindamycin phosphate topical swab</i>	1	
<i>clindamycin-benzoyl peroxide</i>	1	

Drug Name	Drug Tier	Requirements / Limits
<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
EPIDUO FORTE	3	ST
<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; QCD
FABIOR	3	PA
FINACEA TOPICAL FOAM	2	ST
FINACEA TOPICAL GEL	3	ST
INOVA	3	ST
<i>isotretinoin</i>	1	HDE
<i>ivermectin topical cream</i>	1	QCD
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	HDE
<i>neuac</i>	1	
NEUAC KIT	3	ST
NORITATE	3	ST
ONEXTON TOPICAL GEL WITH PUMP	2	ST
PACNEX	3	ST
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

Drug Name	Drug Tier	Requirements / Limits
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
ROSANIL	3	ST
ROSULA	3	ST
<i>rosula cleansing cloths</i>	1	
SOOLANTRA	3	ST; QCD
<i>sss 10-5</i>	1	
<i>sulfacetamide sodium-sulfur</i>	1	
<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
TAZORAC TOPICAL CREAM 0.05 %	2	PA
TAZORAC TOPICAL GEL	2	PA
<i>tretinoin</i>	1	PA
<i>tretinoin microspheres</i>	1	PA
VANOXIDE-HC	3	ST
<i>zenatane</i>	1	HDE
ZIANA	3	PA; ST
TOPICAL ANESTHETICS		
COCAINE	3	
<i>glydo</i>	1	QCD
GOPRELTO	3	
<i>lidocaine hcl laryngotracheal</i>	1	
<i>lidocaine hcl mucous membrane jelly</i>	1	QCD
<i>lidocaine hcl mucous membrane jelly in applicator</i>	1	QCD

Drug Name	Drug Tier	Requirements / Limits
<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	QCD
<i>lidocaine viscous</i>	1	
<i>lidocaine-prilocaine topical cream</i>	1	QCD
<i>lidocaine-prilocaine topical kit</i>	1	
<i>lidocort</i>	1	
<i>lta pre-attached</i>	1	
NUMBRINO	3	
SYNERA	3	ST
ZTLIDO	2	PA
TOPICAL ANTIBACTERIALS		
ALTABAX	3	ST; QCD
CENTANY	3	ST; QCD
CENTANY AT	3	ST; QCD
<i>gentamicin topical</i>	1	QCD
KLARON	3	ST
<i>lugols topical</i>	1	
<i>mafenide acetate</i>	1	
<i>mupirocin</i>	1	QCD
<i>mupirocin calcium</i>	1	ST; QCD
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; QCD
TOPICAL ANTIFUNGALS		
CICLODAN KIT TOPICAL COMBO PACK	3	
CICLODAN KIT TOPICAL SOLUTION	3	ST
<i>ciclodan topical cream</i>	1	QCD
<i>ciclodan topical solution</i>	1	

Drug Name	Drug Tier	Requirements / Limits
<i>ciclopirox topical cream</i>	1	QCD
<i>ciclopirox topical gel</i>	1	QCD
<i>ciclopirox topical shampoo</i>	1	QCD
<i>ciclopirox topical solution</i>	1	
<i>ciclopirox topical suspension</i>	1	QCD
<i>ciclopirox-ure-camph-menth-euc</i>	1	
<i>clotrimazole-betamethasone</i>	1	QCD
<i>econazole</i>	1	QCD
ERTACZO	3	QCD
EXELDERM	3	QCD
EXTINA	3	QCD
JUBLIA	3	ST
<i>ketoconazole topical</i>	1	QCD
<i>ketodan</i>	1	QCD
<i>ketodan kit</i>	1	
LOPROX (AS OLAMINE)	3	QCD
LOPROX KIT	3	QCD
LOPROX TOPICAL SHAMPOO	3	QCD
LUZU	3	QCD
MICONAZOLE NITRATE-ZINC OX-PET	3	QCD
<i>naftifine topical cream</i>	1	QCD
NAFTIN TOPICAL GEL	3	QCD
<i>nyamyc</i>	1	QCD
<i>nystatin topical</i>	1	QCD
<i>nystatin-triamcinolone</i>	1	QCD
<i>nystop</i>	1	QCD
<i>oxiconazole</i>	1	QCD
OXISTAT	3	QCD
<i>tavaborole</i>	1	ST
VUSION	3	QCD
TOPICAL ANTIVIRALS		
<i>acyclovir topical</i>	1	PA; QCD
DENAVIR	3	
XERESE	3	
ZOVIRAX TOPICAL CREAM	3	PA; QCD

Drug Name	Drug Tier	Requirements / Limits
TOPICAL CORTICOSTEROIDS		
ALA-SCALP	3	ST
<i>alclometasone</i>	1	
<i>amcinonide topical cream</i>	1	ST
<i>amcinonide topical lotion</i>	1	ST
<i>apexicon e</i>	1	ST
<i>beser</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	QCD
<i>clobetasol topical cream</i>	1	QCD
<i>clobetasol topical foam</i>	1	ST; QCD
<i>clobetasol topical gel</i>	1	QCD
<i>clobetasol topical lotion</i>	1	ST; QCD
<i>clobetasol topical ointment</i>	1	QCD
<i>clobetasol topical shampoo</i>	1	ST; QCD
<i>clobetasol topical spray,non-aerosol</i>	1	ST; QCD
<i>clobetasol-emollient topical cream</i>	1	QCD
<i>clobetasol-emollient topical foam</i>	1	ST; QCD
CLOBEX TOPICAL SHAMPOO	3	ST; QCD
CLOBEX TOPICAL SPRAY, NON-AEROSOL	3	ST; QCD
<i>clocortolone pivalate</i>	1	
<i>clodan</i>	1	ST; QCD
CLODAN KIT	3	ST
CLODERM	3	ST
CORDRAN TAPE LARGE ROLL	3	ST
CORDRAN TOPICAL CREAM	3	ST; QCD
CORDRAN TOPICAL LOTION	3	ST; QCD
CORDRAN TOPICAL OINTMENT	3	ST; QCD

Drug Name	Drug Tier	Requirements / Limits
DERMA-SMOOTH/FS BODY OIL	3	ST
DERMA-SMOOTH/FS SCALP OIL	3	ST
<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	
DESOWEN TOPICAL LOTION	3	ST
<i>desoximetasone</i>	1	ST
<i>desrx</i>	1	ST
<i>diflorasone</i>	1	ST; QCD
DIPROLENE (AUGMENTED) TOPICAL OINTMENT	3	ST
DUOBRII	3	ST; QCD
<i>fluocinolone</i>	1	
<i>fluocinolone and shower cap</i>	1	
<i>fluocinonide topical cream 0.05 %</i>	1	QCD
<i>fluocinonide topical cream 0.1 %</i>	1	ST; QCD
<i>fluocinonide topical gel</i>	1	QCD
<i>fluocinonide topical ointment</i>	1	QCD
<i>fluocinonide topical solution</i>	1	QCD
<i>fluocinonide-e</i>	1	QCD
<i>flurandrenolide</i>	1	ST; QCD
<i>fluticasone propionate topical cream</i>	1	
<i>fluticasone propionate topical lotion</i>	1	ST
<i>fluticasone propionate topical ointment</i>	1	
<i>halcinonide</i>	1	ST
<i>halobetasol propionate topical cream</i>	1	
HALOBETASOL PROPIONATE TOPICAL FOAM	3	ST
<i>halobetasol propionate topical ointment</i>	1	
HALOG	3	ST
<i>hydrocortisone butyrate topical cream</i>	1	QCD
<i>hydrocortisone butyrate topical lotion</i>	1	ST; QCD
<i>hydrocortisone butyrate topical ointment</i>	1	ST
<i>hydrocortisone butyrate topical solution</i>	1	ST; QCD

Drug Name	Drug Tier	Requirements / Limits
<i>hydrocortisone butyr-emollient</i>	1	QCD
<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	
IMPOYZ	3	ST; QCD
KENALOG TOPICAL	3	ST; QCD
LEXETTE	3	ST
LUXIQ	3	ST
<i>mometasone topical</i>	1	
<i>nolix</i>	1	ST; QCD
NUCORT	3	ST
OLUX	3	ST; QCD
OLUX-E	3	ST; QCD
PANDEL	3	ST
<i>prednicarbate</i>	1	
PSORCON	3	ST; QCD
<i>scalacort</i>	1	
SCALACORT DK	3	ST
SERNIVO	3	ST
SYNALAR	3	ST
SYNALAR CREAM KIT	3	ST
SYNALAR OINTMENT KIT	3	ST
SYNALAR TS	3	ST
TEMOVATE TOPICAL OINTMENT	3	ST; QCD
TEXACORT	3	ST
TOPICORT TOPICAL CREAM	3	ST
TOPICORT TOPICAL GEL	3	ST
TOPICORT TOPICAL OINTMENT	3	ST
<i>tovet emollient</i>	1	ST; QCD
<i>triamcinolone acetonide topical aerosol</i>	1	ST; QCD
<i>triamcinolone acetonide topical cream</i>	1	
<i>triamcinolone acetonide topical lotion</i>	1	
<i>triamcinolone acetonide topical ointment 0.025 %, 0.1 %, 0.5 %</i>	1	

Drug Name	Drug Tier	Requirements / Limits
<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
ULTRAVATE TOPICAL LOTION	3	ST
TOPICAL ENZYMES		
SANTYL	2	QCD
TOPICAL SCABICIDES / PEDICULICIDES		
<i>crotan</i>	1	
ELIMITE	3	
EURAX	3	
<i>ivermectin topical lotion</i>	1	
<i>lindane topical shampoo</i>	1	
<i>malathion</i>	1	
OVIDE	3	
<i>permethrin</i>	1	
<i>spinosad</i>	1	
ULESFIA	3	
DIAGNOSTICS & MISCELLANEOUS AGENTS		
ANOREXIANTS		
ADIPEX-P	3	PA; QCD
<i>benzphetamine oral tablet 50 mg</i>	1	PA; QCD
CONTRACE	3	PA; HDE; QCD
<i>diethylpropion</i>	1	PA; QCD
IMCIVREE	3	PA; QCD
LOMAIRA	3	PA; QCD
<i>phendimetrazine tartrate</i>	1	PA; QCD
<i>phentermine</i>	1	PA; QCD
QSYMIA	3	PA; QCD
SAXENDA	3	PA; HDE; QCD
WEGOVY	2	PA; QCD
XENICAL	3	PA; QCD

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

Drug Name	Drug Tier	Requirements / Limits
FERRIPROX ORAL TABLET 500 MG	3	PA; ST
FERRLECIT	3	PA
GIVLAARI	3	PA; SP
GLASSIA	2	PA
INCRELEX	2	PA; SP
INFASURF	3	
<i>levocarnitine (with sugar)</i>	1	LM
<i>levocarnitine oral solution 100 mg/ml</i>	1	LM
<i>levocarnitine oral tablet</i>	1	LM
LITHOSTAT	3	
<i>midodrine</i>	1	
<i>nitisinone</i>	1	PA
NITYR	2	PA
ORFADIN	3	PA
<i>pilocarpine hcl oral tablet 5 mg</i>	1	
RADIOGARDASE	3	
RAVICTI	2	SP
REVCOVI	2	
RILUTEK	3	PA; SP
<i>riluzole</i>	1	PA; SP
<i>risedronate oral tablet 30 mg</i>	1	QCD
SALAGEN (PILOCARPINE) ORAL TABLET 5 MG	3	
<i>sodium chloride 0.9 %</i>	1	
<i>sodium chloride 0.9 % (flush) injection syringe</i>	1	
<i>sodium chloride injection</i>	1	
<i>sodium chloride irrigation</i>	1	
<i>sodium ferric gluconat-sucrose</i>	1	PA
<i>sodium phenylbutyrate</i>	1	
SURVANTA	3	
SYPRINE	3	PA
THIOLA	3	
THIOLA EC	3	
TIGLUTIK	3	PA
<i>tiopronin</i>	1	

Drug Name	Drug Tier	Requirements / Limits
<i>trientine</i>	1	PA
<i>water for irrigation, sterile</i>	1	
XURIDEN	2	
ZOKINVY	3	PA; QCD
SMOKING DETERRENTS		
<i>bupropion hcl (smoking deter)</i>	\$0	ACA
CHANTIX CONTINUING MONTH BOX	\$0	ACA
CHANTIX ORAL TABLET 1 MG	\$0	ACA
CHANTIX STARTING MONTH BOX	\$0	ACA
NICODERM CQ TRANSDERMAL PATCH 24 HOUR 14 MG/24 HR, 7 MG/24 HR	\$0	ACA
NICODERM CQ TRANSDERMAL PATCH 24 HOUR 21 MG/24 HR	\$0	LM; ACA
NICORETTE BUCCAL GUM 2 MG	\$0	ACA
<i>nicorette buccal gum 4 mg</i>	\$0	ACA
NICORETTE BUCCAL LOZENGE	\$0	ACA
NICORETTE BUCCAL MINI LOZENGE	\$0	ACA
<i>nicotine</i>	\$0	ACA
<i>nicotine (polacrilex)</i>	\$0	ACA
NICOTROL	\$0	ACA
NICOTROL NS	\$0	ACA
<i>quit 2</i>	\$0	ACA
<i>quit 4</i>	\$0	ACA
<i>stop smoking aid</i>	\$0	ACA
<i>varenicline</i>	\$0	ACA
EAR, NOSE & THROAT MEDICATIONS		
MISCELLANEOUS AGENTS		
ARESTIN	3	
<i>azelastine nasal aerosol,spray</i>	1	QCD
<i>azelastine nasal spray,non-aerosol</i>	1	
<i>chlorhexidine gluconate mucous membrane</i>	1	
CLINPRO 5000	3	LM
<i>denta 5000 plus</i>	1	LM
<i>dentagel</i>	1	LM
EPISIL	3	

Drug Name	Drug Tier	Requirements / Limits
<i>fluoride (sodium) dental</i>	1	LM
FLUORIDEX DAILY DEFENSE	3	LM
FLUORIDEX SENSITIVITY RELIEF	3	LM
GELCLAIR	3	
GELX	3	
<i>ipratropium bromide nasal</i>	1	QCD
MUGARD	3	SP
<i>olopatadine nasal</i>	1	QCD
<i>oralone</i>	1	
ORAMAGICRX	3	
<i>paroex oral rinse</i>	1	
PATANASE	3	QCD
PERIDEX	3	
<i>periogard</i>	1	
<i>pilocarpine hcl oral tablet 7.5 mg</i>	1	
PREVIDENT	3	LM
PREVIDENT 5000 BOOSTER PLUS	3	LM
PREVIDENT 5000 DRY MOUTH	3	LM
PREVIDENT 5000 ENAMEL PROTECT	3	LM
PREVIDENT 5000 ORTHO DEFENSE	3	LM
PREVIDENT 5000 PLUS	3	LM
PREVIDENT 5000 SENSITIVE	3	LM
PROTHELIAL	3	
SALAGEN (PILOCARPINE) ORAL TABLET 7.5 MG	3	
<i>sf</i>	1	LM
<i>sf 5000 plus</i>	1	LM
SILATRIX	3	
<i>sodium fluoride 5000 dry mouth</i>	1	LM
<i>sodium fluoride 5000 plus</i>	1	LM
<i>sodium fluoride-pot nitrate</i>	1	LM
<i>triamcinolone acetone dental</i>	1	
MISCELLANEOUS OTIC PREPARATIONS		
<i>acetic acid otic (ear)</i>	1	
<i>ciprofloxacin hcl otic (ear)</i>	1	

Drug Name	Drug Tier	Requirements / Limits
DERMOTIC OIL	3	
<i>flac otic oil</i>	1	
<i>fluocinolone acetonide oil</i>	1	
<i>hydrocortisone-acetic acid</i>	1	
<i>ofloxacin otic (ear)</i>	1	
OTIPRIO	3	QCD
OTIC STEROID / ANTIBIOTIC		
CIPRODEX	3	
<i>ciprofloxacin-dexamethasone</i>	1	
CORTISPORIN-TC	3	
<i>neomycin-polymyxin-hc otic (ear)</i>	1	
ENDOCRINE/DIABETES		
ADRENAL HORMONES		
ACTHAR	3	SP
CORTEF	3	LM
<i>decadron oral tablet 0.5 mg</i>	1	
<i>dexabliss</i>	1	PA
<i>dexamethasone intensol</i>	1	
<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	PA
DXEVO	3	PA
<i>fludrocortisone</i>	1	LM
<i>hydrocortisone oral</i>	1	LM
KENALOG INJECTION	3	SP
KENALOG-80	3	SP
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	

Drug Name	Drug Tier	Requirements / Limits
<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	PA
TAPERDEX	3	PA
TRIESENCE (PF)	3	
XIPERE (PF)	3	
ZCORT	3	PA
ANTITHYROID AGENTS		
<i>methimazole oral tablet 10 mg, 5 mg</i>	1	LM
<i>propylthiouracil</i>	1	LM
SSKI	3	LM
BLOOD GLUCOSE MONITORING DEVICES & SUPPLIES		
FREESTYLE INSULINX STRIP	2	LM
FREESTYLE INSULINX TEST STRIPS	2	LM
FREESTYLE LITE STRIPS	2	LM
FREESTYLE TEST	2	LM
ONETOUCH ULTRA TEST	2	LM
ONETOUCH VERIO TEST STRIPS	2	LM
PRECISION XTRA TEST	2	LM
DIABETES, SUPPLIES, & DURABLE MEDICAL EQUIPMENT		
ACE AEROSOL CLOUD ENHANCER	2	
AEROCHAMBER MINI	2	
AEROCHAMBER PLUS FLOW-VU	2	
AEROCHAMBER PLUS Z STAT	2	
AEROTRACH PLUS	2	
AEROVENT PLUS	2	
BREATHERITE MDI SPACER	2	
COMPACT SPACE CHAMBER	2	
EASIVENT HOLDING CHAMBER	2	
FLEXICHAMBER	2	

Drug Name	Drug Tier	Requirements / Limits
INSPIRACHAMBER	2	
INSULIN SYRINGE-NEEDLE U-100 SYRINGE 0.5 ML 29 GAUGE X 1/2"	3	LM
LITEAIRE MDI CHAMBER	2	
MICROCHAMBER	2	
MICROSPACER	2	
OPTICHAMBER DIAMOND VHC	2	
POCKET CHAMBER	2	
PRIMEAIRE	2	
PROCHAMBER	2	
RITEFLO AEROCHAMBER	2	
SPACE CHAMBER	2	
TRIJARDY XR	2	ST; LM
VORTEX HOLDING CHAMBER	2	
GLUCOSE ELEVATING AGENTS		
BAQSIMI	2	LM; QCD
<i>diazoxide</i>	1	LM
GLUCAGEN HYPOKIT	2	QCD
GLUCAGON (HCL) EMERGENCY KIT	2	QCD
<i>glucagon emergency kit (human)</i>	1	QCD
GVOKE	2	LM; QCD
GVOKE HYPOPEN 2-PACK	2	LM; QCD
GVOKE PFS 2-PACK SYRINGE	2	LM; QCD
PROGLYCEM	3	LM
ZEGALOGUE AUTOINJECTOR	2	LM; QCD
ZEGALOGUE SYRINGE	2	LM; QCD
INSULIN SYRINGES/MISCELLANEOUS DURABLE MEDICAL EQU		
ACCU-CHEK GUIDE L1-L2 CTRL SOL	3	
ACCU-CHEK SMARTVIEW CONTRL SOL	3	
ACCUTREND GLUCOSE CONTROL	3	
ADVOCATE LOW CONTROL	3	
ADVOCATE REDI-CODE PLUS CTRL L	3	
AGAMATRIX CONTROL HIGH	3	
ASSURE 4 CONTROL SOLUTION	3	
ASSURE DOSE NORMAL CONTROL	3	

Drug Name	Drug Tier	Requirements / Limits
ASSURE PRISM CONTROL 1-2 SOLN	3	
AT HOME A1C	3	
AUTOJECT 2 INJECTION DEVICE	2	
AUTOPEN 1 TO 21 UNITS	2	
AUTOSOFT 30	2	
AUTOSOFT 90	2	
AUTOSOFT XC INFUSION SET 23"	2	
BD INTEGRA NEEDLE	2	LM
BD MICROTAINER LANCET 30 GAUGE	2	
BD SPECIALTY USE NEEDLES NEEDLE 30 GAUGE X 1/2"	2	LM
BD ULTRA FINE LANCETS	2	
BD ULTRA-FINE NANO PEN NEEDLE	2	LM
BLOOD GLUCOSE CONTROL, NORMAL	3	
BREEZE 2 CONTROL SOLUTION,HIGH	3	
CARESENS CONTROL A NORMAL	3	
CEQUR SIMPLICITY	3	
CLEVER CHOICE LEVEL 2 CONTROL	3	
CONTOUR CONTROL SOLUTION, NML	3	
CONTOUR NEXT LEV 2 CONTROL SOL	3	
COOL CONTROL A SOLUTION	3	
DEXCOM G4 RECEIVER	2	
DEXCOM G4 TRANSMITTER	2	QCD
DEXCOM G5 RECEIVER	2	
DEXCOM G6 RECEIVER	2	
DEXCOM G6 SENSOR	2	QCD
DEXCOM G6 TRANSMITTER	2	QCD
DEXCOM RECEIVER	2	
DIATRUE CONTROL SOLN NORMAL	3	
EASY PLUS II HIGH CONTROL	3	
EASY STEP HIGH CONTROL SOLN	3	
EASY TALK HIGH CONTROL	3	
EASY TOUCH BLU CTRL SOLN-L1,L3	3	
EASY TRAK II CTRL SOLN-NORMAL	3	
EASY TRAK LOW CONTROL	3	

Drug Name	Drug Tier	Requirements / Limits
EASYGLUCO PLUS NORMAL CONTROL	3	
EASYMAX 15 LEVEL 2	3	
EASYMAX NORMAL CONTROL	3	
ECLIPSE NEEDLE NEEDLE 27 GAUGE X 1/2"	3	LM
ELEMENT COMPACT NORMAL CONTROL	3	
ELEMENT NORMAL CONTROL	3	
EMBRACE EVO LEVEL 1	3	
EMBRACE GLUCOSE CONTROL LOW	3	
EMBRACE TALK CONTROL-LOW (L1)	3	
ENLITE SYSTEM	3	
EVERSENSE SENSOR-HOLDER	3	
EVOLUTION NORMAL CONTROL	3	
FORA GTEL MULTI-FUNCTN MONITOR	3	
FORA KETONE CONTROL SOLN-L1	3	
FORA NORMAL CONTROL	3	
FORA TN'G ADVANCE PRO MONITOR	3	
FORACARE GDH LOW CONTROL	3	
FORTISCARE NORMAL	3	
FREESTYLE CONTROL	2	
FREESTYLE FREEDOM	2	
FREESTYLE FREEDOM LITE	2	
FREESTYLE INSULINX	2	
FREESTYLE LIBRE 14 DAY READER	2	
FREESTYLE LIBRE 14 DAY SENSOR	2	QCD
FREESTYLE LIBRE 2 READER	2	
FREESTYLE LIBRE 2 SENSOR	2	
FREESTYLE LITE METER	2	
GE100 CONTROL SOLUTION NORMAL	3	
GENTEEL VACUUM LANCING DEVICE	3	
GLUCOCARD 01 NORMAL CONTROL	3	
GLUCOCOM CONTROL NORMAL	3	
GLUCOSE CONTROL	3	
GOJJI GLUCOSE CNTRL SOL-NORMAL	3	
GOJJI KETONE CONTROL SOLN-L1	3	
GOJJI MULTI-FUNCTIONAL METER KIT	3	

Drug Name	Drug Tier	Requirements / Limits
HEALTHPRO HIGH-LOW CONTROL	3	
INFINITY CONTROL SOLUTION NORM	3	
INFINITY VOICE CTRL SOLN-LVL 2	3	
INPEN (FOR HUMALOG)	3	
INPEN (FOR NOVOLOG OR FIASP)	3	
LANCETS 33 GAUGE	2	
LANCING DEVICE	2	
MEDISENSE	2	
MEDISENSE GLUCOSE KETONE	2	
MINIMED MIO ADVANCE INF SET23"	2	
MINIMED QUICK SET 43"	2	
MINIMED SILHOUETTE 23"	2	
MINIMED SURE T 32"	2	
MYGLUCOHEALTH CONTROL SOLUTION	3	
NOVA MAX GLUCOSE CONTROL	3	
NOVA MAX PLUS GLUC-KETON METER	3	
NOVAMAX PLUS GLU-KET	3	
NOVOPEN ECHO	3	
OMNIPOD DASH INSULIN POD	2	
ON CALL EXPRESS CONTROL	3	
ON CALL PLUS CONTROL	3	
ON CALL VIVID CONTROL	3	
ONETOUCH ULTRA CONTROL	2	
ONETOUCH ULTRA2 METER	2	
ONETOUCH ULTRAMINI	2	
ONETOUCH VERIO FLEX METER	2	
ONETOUCH VERIO IQ METER	2	
ONETOUCH VERIO METER	2	
ONETOUCH VERIO REFLECT METER	2	
PEN NEEDLE, DIABETIC NEEDLE 29 GAUGE X 1/2"	3	LM
PRECISION XTRA KETONE-GLUCOSE	2	
PRECISION XTRA MONITOR	2	
PRODIGY CONTROL SOLUTION, LOW	3	
PRODIGY CONTROL SOLUTION,HIGH	3	

Drug Name	Drug Tier	Requirements / Limits
REFUAH PLUS GLUCOSE CONTROL	3	
RIGHTEST CONTROL SOLUTION HIGH	3	
SAFE-CLIP BY MAIL	2	
SMARTTEST CONTROL	3	
SOLUS V2 CONTROL SOLUTION,HIGH	3	
T:FLEX	2	
T:SLIM X2	2	
TELCARE CONTROL	3	
TRUE METRIX LEVEL 1	3	
TRUECONTROL LEVEL 0	3	
TRUSTEEL INFUSION SET 23"	2	
UNISTRIIP LOW CONTROL	3	
VARISOFT INFUSION SET 23"	2	
V-GO 20	2	
V-GO 30	2	
V-GO 40	2	
VIVAGUARD INO CTRL SOLN-L1,2,3	3	
WAVESENSE CONTROL SOLUTION	3	
INSULIN THERAPY		
BASAGLAR KWIKPEN U-100 INSULIN	3	LM
HUMALOG JUNIOR KWIKPEN U-100	2	LM
HUMALOG KWIKPEN INSULIN	2	LM
HUMALOG MIX 50-50 INSULN U-100	2	LM
HUMALOG MIX 50-50 KWIKPEN	2	LM
HUMALOG MIX 75-25 KWIKPEN	2	LM
HUMALOG MIX 75-25(U-100)INSULN	2	LM
HUMALOG U-100 INSULIN	2	LM
HUMULIN 70/30 U-100 INSULIN	2	LM
HUMULIN 70/30 U-100 KWIKPEN	2	LM
HUMULIN N NPH INSULIN KWIKPEN	2	LM
HUMULIN N NPH U-100 INSULIN	2	LM
HUMULIN R REGULAR U-100 INSULN	2	LM
HUMULIN R U-500 (CONC) INSULIN	2	LM
HUMULIN R U-500 (CONC) KWIKPEN	2	LM
LEVEMIR FLEXTOUCH U-100 INSULN	2	LM

Drug Name	Drug Tier	Requirements / Limits
LEVEMIR U-100 INSULIN	2	LM
LYUMJEV KWIKPEN U-100 INSULIN	2	LM
LYUMJEV KWIKPEN U-200 INSULIN	2	LM
LYUMJEV U-100 INSULIN	2	LM
SEMGLEE(INSULIN GLARGINE-YFGN)	2	LM
SEMGLEE(INSULIN GLARG-YFGN)PEN	2	LM
SOLIQUA 100/33	2	LM; QCD
TOUJEO MAX U-300 SOLOSTAR	2	LM
TOUJEO SOLOSTAR U-300 INSULIN	2	LM
TRESIBA FLEXTOUCH U-100	2	LM
TRESIBA FLEXTOUCH U-200	2	LM
TRESIBA U-100 INSULIN	2	LM
XULTOPHY 100/3.6	2	LM; QCD
MISCELLANEOUS HORMONES		
ANDRODERM	2	PA; QCD
<i>cabergoline</i>	1	LM; QCD
<i>calcitonin (salmon) injection</i>	1	
<i>calcitonin (salmon) nasal</i>	1	LM
<i>calcitriol intravenous solution 1 mcg/ml</i>	1	
<i>calcitriol oral</i>	1	LM
CERDELGA	2	PA; SP
CEREZYME INTRAVENOUS RECON SOLN 400 UNIT	2	PA; SP
CETROTIDE	2	SP
CHORIONIC GONADOTROPIN, HUMAN INJECTION RECON SOLN 12,000 UNIT, 6,000 UNIT	3	ST; SP
CHORIONIC GONADOTROPIN, HUMAN INTRAMUSCULAR	3	SP; QCD
<i>cinacalcet</i>	1	
<i>clomiphene citrate</i>	1	SP
CRYSVITA	2	PA; SP; QCD
<i>danazol</i>	1	
DDAVP ORAL	3	SP
DEPO-TESTOSTERONE	3	PA

Drug Name	Drug Tier	Requirements / Limits
<i>desmopressin nasal spray,non-aerosol 10 mcg/spray (0.1 ml)</i>	1	LM
DESMOPRESSIN NASAL SPRAY, NON-AEROSOL 150 MCG/SPRAY (0.1 ML)	3	LM
<i>desmopressin oral</i>	1	LM
<i>doxercalciferol oral</i>	1	LM
FORTESTA	3	PA; QCD
<i>fyremadel</i>	1	SP
GALAFOLD	3	PA; SP; QCD
<i>ganirelix</i>	1	SP
GONAL-F	2	ST; SP
GONAL-F RFF	2	ST; SP
GONAL-F RFF REDI-JECT	2	ST; SP
JATENZO	3	QCD
JYNARQUE	3	PA; QCD
KANUMA	2	
KUVAN	3	PA; SP
MENOPUR	2	SP
MEPSEVII	2	SP
METHITEST	2	
<i>methyltestosterone oral capsule</i>	1	
MIACALCIN INJECTION	3	
<i>miglustat</i>	1	PA; SP
MYALEPT	2	PA
NATESTO	2	PA; QCD
NATPARA	2	PA; SP; HDE
NOC DURNA (MEN)	3	PA; LM; QCD
NOC DURNA (WOMEN)	3	PA; LM; QCD
NOVAREL	2	SP; QCD
ORILISSA	2	PA; QCD
OVIDREL	2	SP
<i>oxandrolone</i>	1	
PALYNZIQ	2	PA; SP; QCD
<i>pamidronate intravenous solution</i>	1	SP
<i>paricalcitol intravenous</i>	1	

Drug Name	Drug Tier	Requirements / Limits
<i>paricalcitol oral</i>	1	LM
RAYALDEE	3	LM
ROCALTROL	3	LM
SAMSCA ORAL TABLET 15 MG	2	PA; SP; QCD
SAMSCA ORAL TABLET 30 MG	3	PA; SP; QCD
<i>sapropterin</i>	1	PA; SP
SOMAVERT	2	SP
STRENSIQ	2	PA
SYNAREL	2	
TEPEZZA	3	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; QCD
<i>tolvaptan oral tablet 30 mg</i>	1	PA; SP; QCD
VIMIZIM	2	SP
VOGELXO	3	PA; QCD
VOXZOGO	3	PA; SP
XYOSTED	3	PA; QCD
ZEMPLAR INTRAVENOUS	3	
ZEMPLAR ORAL CAPSULE 1 MCG, 2 MCG	3	LM
NON-INSULIN HYPOGLYCEMIC AGENTS		
<i>acarbose</i>	1	LM
ACTOPLUS MET	3	ST; LM; QCD
ACTOS	3	ST; LM; QCD
AMARYL	3	LM
BYDUREON BCISE	2	PA; LM; QCD
BYETTA	2	PA; LM; QCD
CYCLOSET	3	LM
DUETACT	3	ST; LM; QCD
FARXIGA	2	ST; LM; QCD
<i>glimepiride</i>	1	LM
<i>glipizide</i>	1	LM
<i>glipizide-metformin</i>	1	LM
GLUCOTROL XL	3	LM

Drug Name	Drug Tier	Requirements / Limits
<i>glyburide</i>	1	LM
<i>glyburide micronized</i>	1	LM
<i>glyburide-metformin</i>	1	LM
GLYNASE	3	LM
GLYXAMBI	2	ST; LM; QCD
JANUMET	2	LM; QCD
JANUMET XR	2	LM; QCD
JANUVIA	2	LM; QCD
JARDIANCE	2	ST; LM; QCD
<i>metformin oral solution</i>	1	ST; LM
<i>metformin oral tablet</i>	1	LM
<i>metformin oral tablet extended release 24 hr</i>	1	LM; QCD
<i>metformin oral tablet extended release 24hr</i>	1	PA; LM; QCD
<i>metformin oral tablet,er gast.retention 24 hr</i>	1	PA; LM; QCD
<i>miglitol</i>	1	LM
<i>nateglinide</i>	1	LM
OSENI	3	LM; QCD
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; LM; QCD
<i>pioglitazone</i>	1	LM; QCD
<i>pioglitazone-glimepiride</i>	1	LM; QCD
<i>pioglitazone-metformin</i>	1	LM; QCD
PRECOSE	3	LM
<i>repaglinide</i>	1	LM
<i>repaglinide-metformin</i>	1	LM; QCD
RIOMET	3	ST; LM
RIOMET ER	3	ST; LM
RYBELSUS	2	PA; LM; QCD
SEGLUROMET	2	ST; LM; QCD
STEGLATRO	2	ST; LM; QCD
STEGLUJAN	2	ST; LM; QCD
SYMLINPEN 120	2	ST; LM; QCD
SYMLINPEN 60	2	ST; LM; QCD
SYNJARDY	2	ST; LM; QCD

Drug Name	Drug Tier	Requirements / Limits
SYNJARDY XR	2	ST; LM; QCD
TRULICITY	2	PA; LM; QCD
XIGDUO XR	2	ST; LM; QCD
THYROID HORMONES		
ARMOUR THYROID	2	LM
<i>euthyrox</i>	1	LM
<i>levo-t</i>	1	LM
<i>levothyroxine oral tablet</i>	1	LM
<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	LM
<i>liothyronine oral</i>	1	LM
<i>np thyroid</i>	1	LM
<i>unithroid</i>	1	LM
<i>westhroid</i>	1	LM
GASTROENTEROLOGY		
ANTIDIARRHEALS & ANTISPASMODICS		
<i>anaspaz</i>	1	
<i>belladonna alkaloids-opium</i>	1	
<i>chlordiazepoxide-clidinium</i>	1	
CUVPOSA	3	
<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 solution</i>	1	
<i>glycopyrrolate oral tablet 1 mg, 2 mg</i>	1	
<i>hyoscyamine sulfate oral</i>	1	
<i>hyoscyamine sulfate sublingual</i>	1	
<i>hyosyne</i>	1	

Drug Name	Drug Tier	Requirements / Limits
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 oral tablet</i>	1	
<i>oscimin sl</i>	1	
<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	
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	QCD
APRISO	3	LM
AURYXIA	3	
AZULFIDINE	3	LM
AZULFIDINE EN-TABS	3	LM
<i>balsalazide</i>	1	
<i>betaine</i>	1	

Drug Name	Drug Tier	Requirements / Limits
BONJESTA	3	QCD
<i>budesonide oral</i>	1	
BYLVAY	3	PA; SP; QCD
<i>calcium acetate(phosphat bind)</i>	1	QCD
CHENODAL	2	PA
CHOLBAM ORAL CAPSULE 250 MG	2	PA
CHOLBAM ORAL CAPSULE 50 MG	2	PA; QCD
<i>citrate of magnesia</i>	\$0	ACA
<i>citroma</i>	\$0	ACA
<i>clearlax oral powder</i>	\$0	ACA
COLAZAL	3	
COMPAZINE	3	
<i>compro</i>	1	
<i>constulose</i>	1	
CORTENEMA	3	
CREON	2	
<i>cromolyn oral</i>	1	
CYSTADANE	2	
DICLEGIS	3	QCD
<i>doxylamine-pyridoxine (vit b6)</i>	1	QCD
<i>dronabinol</i>	1	PA
<i>dulcolax (magnesium hydroxide) oral suspension</i>	\$0	ACA
ENTEREG	3	
ENTYVIO	2	PA; SP
<i>enulose</i>	1	
GASTROCROM	3	
GATTEX 30-VIAL	3	SP
<i>gavilyte-c</i>	\$0	ACA
<i>gavilyte-g</i>	\$0	ACA
<i>gavilyte-n</i>	\$0	ACA
<i>generlac</i>	1	
GOLYTELY ORAL RECON SOLN	3	
<i>granisetron hcl oral</i>	1	QCD
<i>hemmorex-hc</i>	1	
<i>hydrocortisone acetate rectal</i>	1	

Drug Name	Drug Tier	Requirements / Limits
<i>hydrocortisone rectal</i>	1	
<i>hydrocortisone topical cream with perineal applicator</i>	1	
<i>hydrocortisone-pramoxine rectal</i>	1	
INFLECTRA	2	ST; SP
KRISTALOSE	3	LM
<i>lactulose oral packet</i>	1	LM
<i>lactulose oral solution 10 gram/15 ml, 20 gram/30 ml</i>	1	
<i>lanthanum</i>	1	QCD
<i>laxative peg 3350</i>	\$0	ACA
<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	QCD
LIVMARLI	3	PA
LOKELMA	2	QCD
<i>magnesium citrate oral solution</i>	\$0	ACA
MARINOL	3	PA
<i>mesalamine oral</i>	1	LM
<i>mesalamine rectal</i>	1	
<i>mesalamine with cleansing wipe</i>	1	
<i>metoclopramide hcl oral</i>	1	
<i>milk of magnesia</i>	\$0	ACA
<i>milk of magnesia concentrated</i>	\$0	ACA
MOTEGRITY	3	QCD
MOVANTIK	2	HDE; QCD
<i>natura-lax</i>	\$0	ACA
NULYTELY LEMON-LIME	3	
OICALIVA	2	PA; SP; QCD
<i>ondansetron injectable</i>	1	NC
<i>ondansetron hcl oral solution</i>	1	QCD
<i>ondansetron hcl oral tablet 4 mg, 8 mg</i>	1	QCD
<i>oral saline laxative oral liquid</i>	\$0	ACA

Drug Name	Drug Tier	Requirements / Limits
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>	\$0	ACA
<i>peg3350-sod sul-nacl-kcl-asb-c</i>	\$0	ACA
<i>peg-electrolyte soln</i>	\$0	ACA
<i>peg-prep</i>	\$0	ACA
PENTASA	2	LM
PHOSLYRA	2	QCD
<i>phosphate laxative</i>	\$0	ACA
<i>powderlax oral powder</i>	\$0	ACA
<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
REVELA	3	QCD
ROWASA RECTAL ENEMA KIT	3	
SANCUSO	3	QCD
<i>scopolamine base</i>	1	
<i>sevelamer carbonate</i>	1	QCD
<i>sevelamer hcl</i>	1	QCD
SFROWASA	3	
<i>sodium polystyrene sulfonate oral powder</i>	1	

Drug Name	Drug Tier	Requirements / Limits
SOLESTA	3	
<i>sps (with sorbitol)</i>	1	
SUCRAID	2	
<i>sulfasalazine</i>	1	LM
SYMPROIC	2	
SYNDROS	3	PA
<i>trimethobenzamide oral</i>	1	
TRULANCE	2	
UCERIS ORAL	3	
UCERIS RECTAL	2	
URSO 250	3	LM
URSO FORTE	3	LM
<i>ursodiol</i>	1	LM
VARUBI ORAL	2	QCD
VELPHORO	2	QCD
VELTASSA	2	ST; SP; QCD
VIBERZI	2	
VIOKACE	2	
<i>women's gentle laxative(bisac)</i>	\$0	ACA
ZELNORM	3	
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	QCD
ULCER THERAPY		
<i>amoxicil-clarithromy-lansopraz</i>	1	QCD
CARAFATE	3	LM
<i>cimetidine hcl oral</i>	1	LM
<i>cimetidine oral tablet 300 mg, 400 mg, 800 mg</i>	1	LM
CYTOTEC	3	LM
<i>esomeprazole magnesium oral capsule,delayed release(dr/ec) 20 mg</i>	1	QCD
<i>esomeprazole magnesium oral capsule,delayed release(dr/ec) 40 mg</i>	1	

Drug Name	Drug Tier	Requirements / Limits
<i>esomeprazole magnesium oral granules dr for susp in packet 10 mg, 20 mg</i>	1	ST; LM; QCD
<i>esomeprazole magnesium oral granules dr for susp in packet 40 mg</i>	1	ST; LM
<i>famotidine oral suspension</i>	1	LM
<i>famotidine oral tablet 40 mg</i>	1	LM
<i>lansoprazole oral capsule, delayed release(dr/ec) 30 mg</i>	1	
<i>lansoprazole oral tablet, disintegrat, delay rel 15 mg</i>	1	ST; QCD
<i>lansoprazole oral tablet, disintegrat, delay rel 30 mg</i>	1	ST
<i>misoprostol</i>	1	LM
<i>nizatidine</i>	1	LM
OMECLAMOX-PAK	3	QCD
<i>omeprazole oral capsule, delayed release(dr/ec) 10 mg</i>	1	QCD
<i>omeprazole oral capsule, delayed release(dr/ec) 20 mg, 40 mg</i>	1	
<i>omeprazole-sodium bicarbonate oral capsule 40-1.1 mg-gram</i>	1	PA
<i>omeprazole-sodium bicarbonate oral packet 20-1,680 mg</i>	1	PA; QCD
<i>omeprazole-sodium bicarbonate oral packet 40-1,680 mg</i>	1	PA
<i>pantoprazole oral granules dr for susp in packet</i>	1	ST; LM
<i>pantoprazole oral tablet, delayed release (dr/ec) 20 mg</i>	1	QCD
<i>pantoprazole oral tablet, delayed release (dr/ec) 40 mg</i>	1	
PEPCID ORAL TABLET 40 MG	3	LM
<i>rabeprazole oral tablet, delayed release (dr/ec)</i>	1	
<i>sucralfate</i>	1	LM
TALICIA	2	QCD

IMMUNOLOGY, VACCINES & BIOTECHNOLOGY

BIOTECHNOLOGY DRUGS

FULPHILA	2	ST; SP; QCD
LEUKINE INJECTION RECON SOLN	2	SP

Drug Name	Drug Tier	Requirements / Limits
MOZOBIL	2	SP
NIVESTYM	2	PA; SP
PROCRT	2	ST; SP
REBLOZYL	3	PA
RETACRIT	2	ST; SP
ZARXIO	2	PA; SP
ZIEXTENZO	2	ST; SP
GROWTH HORMONES		
EGRIFTA SV	2	PA; SP
GENOTROPIN	2	ST; SP
GENOTROPIN MINQUICK	2	ST; SP
NORDITROPIN FLEXP	2	ST; SP
SEROSTIM SUBCUTANEOUS RECON SOLN 4 MG, 5 MG, 6 MG	2	PA; SP
INTERFERONS		
AUBAGIO	2	PA; SP; QCD
AVONEX INTRAMUSCULAR PEN INJECTOR KIT	2	ST; SP; QCD
AVONEX INTRAMUSCULAR SYRINGE KIT	2	ST; SP; QCD
BAFIERTAM	2	PA; SP; QCD
BETASERON SUBCUTANEOUS KIT	2	ST; SP; QCD
COPAXONE SUBCUTANEOUS SYRINGE	3	ST; SP; QCD
<i>dimethyl fumarate</i>	1	PA; SP; QCD
GILENYA ORAL CAPSULE 0.5 MG	2	PA; SP; QCD
<i>glatiramer</i>	1	ST; SP; QCD
<i>glatopa</i>	1	ST; SP; QCD
KESIMPTA PEN	2	PA; SP; QCD
LEMTRADA	3	PA; SP; QCD
MAVENCLAD (10 TABLET PACK)	3	PA; SP; QCD
MAVENCLAD (4 TABLET PACK)	3	PA; SP; QCD
MAVENCLAD (5 TABLET PACK)	3	PA; SP; QCD
MAVENCLAD (6 TABLET PACK)	3	PA; SP; QCD
MAVENCLAD (7 TABLET PACK)	3	PA; SP; QCD
MAVENCLAD (8 TABLET PACK)	3	PA; SP; QCD
MAVENCLAD (9 TABLET PACK)	3	PA; SP; QCD

Drug Name	Drug Tier	Requirements / Limits
MAYZENT	2	PA; SP; QCD
MAYZENT STARTER PACK	2	ST; SP
OCREVUS	2	PA; SP; QCD
PEGASYS	2	SP; QCD
PLEGRIDY INTRAMUSCULAR	2	ST; SP; QCD
PLEGRIDY SUBCUTANEOUS	2	PA; SP; QCD
POMALYST	\$0	PA; SP; OC
PONVORY	2	PA; SP; QCD
PONVORY 14-DAY STARTER PACK	2	PA; SP; QCD
REBIF (WITH ALBUMIN)	2	ST; SP; QCD
REBIF REBIDOSE	2	ST; SP; QCD
REBIF TITRATION PACK	2	ST; SP; QCD
REVLIMID	\$0	PA; SP; OC; QCD
<i>ribavirin oral capsule</i>	1	SP
<i>ribavirin oral tablet 200 mg</i>	1	SP
VUMERITY	2	PA; SP; QCD
INTERLEUKINS		
ACTIMMUNE	2	SP
ALDARA	3	
ALFERON N	2	SP
ARCALYST	3	ST; SP; QCD
ILARIS (PF)	2	PA
<i>imiquimod</i>	1	
INTRON A INJECTION RECON SOLN	2	SP
PROLEUKIN	2	PA
VACCINES & MISCELLANEOUS IMMUNOLOGICALS		
ACTHIB (PF)	\$0	ACA
ADACEL(TDAP ADOLESN/ADULT)(PF)	\$0	ACA
AFLURIA QD 2021-22(3YR UP)(PF)	\$0	ACA
AFLURIA QD 2021-22(6-35MO)(PF)	\$0	ACA
AFLURIA QUAD 2021-2022(6MO UP)	\$0	ACA
ASCENIV	3	SP
BCG VACCINE, LIVE (PF)	\$0	ACA
BEXSERO	\$0	ACA
BIOTHRAX	\$0	ACA

Drug Name	Drug Tier	Requirements / Limits
BIVIGAM	3	SP
BOOSTRIX TDAP	\$0	ACA
BOTOX	2	PA; SP
CUVITRU	3	SP
DAPTACEL (DTAP PEDIATRIC) (PF)	\$0	ACA
DENGVAXIA (PF)	\$0	
DYSPORT	3	PA; SP
ENGRIX-B (PF)	\$0	ACA
ENGRIX-B PEDIATRIC (PF)	\$0	ACA
FLEBOGAMMA DIF	3	SP
FLUAD QUAD 2021-22(65Y UP)(PF)	\$0	ACA
FLUARIX QUAD 2021-2022 (PF)	\$0	ACA
FLUBLOK QUAD 2021-2022 (PF)	\$0	ACA
FLUCELVAX QUAD 2021-2022	\$0	ACA
FLUCELVAX QUAD 2021-2022 (PF)	\$0	ACA
FLULAVAL QUAD 2021-2022 (PF)	\$0	ACA
FLUMIST QUAD 2021-2022	\$0	ACA
FLUZONE HIGHDOSE QUAD 21-22 PF	\$0	ACA
FLUZONE QUAD 2021-2022	\$0	ACA
FLUZONE QUAD 2021-2022 (PF)	\$0	ACA
GAMASTAN	2	SP
GAMASTAN S/D	2	SP
GAMMAGARD LIQUID	2	SP
GAMMAGARD S-D (IGA < 1 MCG/ML)	2	SP
GAMMAPLEX	3	SP
GAMMAPLEX (WITH SORBITOL)	3	SP
GAMUNEX-C	2	SP
GARDASIL 9 (PF)	\$0	ACA
GRASTEK	2	PA; HDE
HAVRIX (PF) INTRAMUSCULAR SYRINGE	\$0	ACA
HEPLISAV-B (PF) INTRAMUSCULAR SYRINGE	\$0	ACA
HIBERIX (PF)	\$0	ACA
HYQVIA	3	SP
IMOVAX RABIES VACCINE (PF)	\$0	ACA

Drug Name	Drug Tier	Requirements / Limits
INFANRIX (DTAP) (PF) INTRAMUSCULAR SYRINGE	\$0	ACA
IPOL	\$0	ACA
IXIARO (PF)	\$0	ACA
JANSSEN COVID-19 VACCINE (EUA)	\$0	ACA
KEDRAB (PF)	\$0	
KINRIX (PF) INTRAMUSCULAR SYRINGE	\$0	ACA
MENACTRA (PF) INTRAMUSCULAR SOLUTION	\$0	ACA
MENQUADFI (PF)	\$0	ACA
MENVEO A-C-Y-W-135-DIP (PF)	\$0	ACA
M-M-R II (PF)	\$0	ACA
MODERNA COVID-19 VACCINE (EUA)	\$0	ACA
MYOBLOC	2	PA; SP
NABI-HB	3	
OCTAGAM	3	SP
ODACTRA	2	PA; HDE
ORALAIR SUBLINGUAL TABLET 300 INDX REACTIVITY	2	PA; HDE
PANZYGA	3	SP
PEDIARIX (PF)	\$0	ACA
PEDVAX HIB (PF)	\$0	ACA
PENTACEL (PF)	\$0	ACA
PENTACEL ACTHIB COMPONENT (PF)	\$0	ACA
PFIZER COVID-19 TRIS VACCN(PF) INTRAMUSCULAR SUSPENSION	\$0	ACA
PFIZER COVID-19 TRIS VACCN(PF) INTRAMUSCULAR SUSPENSION FOR RECONSTITUTION 10 MCG/0.2 ML	\$0	ACA
PFIZER COVID-19 VACCINE (EUA)	\$0	ACA
PNEUMOVAX-23	\$0	ACA
PREHEVBRIO (PF)	\$0	ACA
PREVNAR 13 (PF)	\$0	ACA
PREVNAR 20 (PF)	\$0	
PRIVIGEN	3	SP
PROQUAD (PF)	\$0	ACA
QUADRACEL (PF)	\$0	ACA

Drug Name	Drug Tier	Requirements / Limits
RABAVERT (PF)	\$0	ACA
RAGWITEK	2	PA; HDE
RECOMBIVAX HB (PF)	\$0	ACA
ROTARIX	\$0	ACA
ROTATEQ VACCINE	\$0	ACA
SHINGRIX (PF)	\$0	ACA
STAMARIL (PF)	\$0	ACA
TDVAX	\$0	ACA
TENIVAC (PF)	\$0	ACA
TETANUS,DIPHThERIA TOX PED(PF)	\$0	ACA
TICOVAC	\$0	
TRUMENBA	\$0	ACA
TWINRIX (PF)	\$0	ACA
TYPHIM VI	\$0	ACA
VAQTA (PF)	\$0	ACA
VARIVAX (PF)	\$0	ACA
VARIZIG	\$0	ACA
VAXELIS (PF)	\$0	ACA
VAXNEUVANCE	\$0	
XEMBIFY	2	SP
XEOMIN	3	PA; SP
YF-VAX (PF)	\$0	ACA

MUSCULOSKELETAL & RHEUMATOLOGY

GOUT THERAPY

<i>allopurinol</i>	1	LM
<i>colchicine oral tablet</i>	1	
<i>febuxostat</i>	1	ST; LM
GLOPERBA	3	
MITIGARE	2	
<i>probenecid</i>	1	LM
<i>probenecid-colchicine</i>	1	LM
ZYLOPRIM ORAL TABLET 100 MG	3	LM

OSTEOPOROSIS THERAPY

ACTONEL ORAL TABLET 150 MG, 35 MG	3	ST; LM; QCD
<i>alendronate oral solution</i>	1	LM; QCD

Drug Name	Drug Tier	Requirements / Limits
<i>alendronate oral tablet 10 mg, 35 mg, 5 mg, 70 mg</i>	1	LM; QCD
ATELVIA	3	ST; LM; QCD
BINOSTO	3	ST; LM; QCD
BONIVA ORAL	3	ST; QCD
EVISTA	3	
FORTEO SUBCUTANEOUS PEN INJECTOR 20 MCG/DOSE (600MCG/2.4ML)	2	PA; SP; QCD
FOSAMAX ORAL TABLET 70 MG	3	ST; LM; QCD
FOSAMAX PLUS D	3	ST; LM; QCD
<i>ibandronate intravenous</i>	1	SP
<i>ibandronate oral</i>	1	LM; QCD
<i>raloxifene</i>	\$0	ACA
<i>risedronate oral tablet 150 mg, 35 mg, 5 mg</i>	1	LM; QCD
<i>risedronate oral tablet, delayed release (dr/ec)</i>	1	LM; QCD
TERIPARATIDE	3	PA; SP; QCD
TYMLOS	2	PA; SP; QCD
OTHER RHEUMATOLOGICALS		
ACTEMRA ACTPEN	2	ST; SP; QCD
ACTEMRA INTRAVENOUS	2	ST; SP
ACTEMRA SUBCUTANEOUS	2	ST; SP; QCD
ARAVA	3	QCD
BENLYSTA INTRAVENOUS	2	PA
BENLYSTA SUBCUTANEOUS	2	PA; QCD
DEPEN TITRATABS	3	PA; LM
ENBREL	2	ST; SP; QCD
ENBREL MINI	2	ST; SP; QCD
ENBREL SURECLICK	2	ST; SP; QCD
HUMIRA PEN	2	ST; SP; QCD
HUMIRA PEN CROHNS-UC-HS START	2	ST; SP; QCD
HUMIRA PEN PSOR-UEVITS-ADOL HS	2	ST; SP; QCD
HUMIRA SUBCUTANEOUS SYRINGE KIT 40 MG/0.8 ML	2	ST; SP; QCD
HUMIRA(CF)	2	ST; SP; QCD
HUMIRA(CF) PEDI CROHNS STARTER	2	ST; SP; QCD
HUMIRA(CF) PEN CROHNS-UC-HS	2	ST; SP; QCD

Drug Name	Drug Tier	Requirements / Limits
HUMIRA(CF) PEN PEDIATRIC UC	2	ST; SP
HUMIRA(CF) PEN PSOR-UV-ADOL HS	2	ST; SP; QCD
HUMIRA(CF) PEN SUBCUTANEOUS PEN INJECTOR KIT 40 MG/0.4 ML	2	ST; SP; QCD
<i>leflunomide</i>	1	QCD
OTEZLA	2	PA; SP; QCD
OTEZLA STARTER ORAL TABLETS,DOSE PACK 10 MG (4)-20 MG (4)-30 MG (47)	2	PA; SP; QCD
<i>penicillamine</i>	1	PA; LM
RASUVO (PF)	2	ST
RIDAURA	2	LM
RINVOQ ORAL TABLET EXTENDED RELEASE 24 HR 15 MG	2	PA; SP; QCD
RINVOQ ORAL TABLET EXTENDED RELEASE 24 HR 30 MG	2	ST; SP
SAVELLA ORAL TABLET	2	ST; LM; QCD
SAVELLA ORAL TABLETS,DOSE PACK	2	ST; QCD
SIMPONI ARIA	3	ST; SP
SIMPONI SUBCUTANEOUS PEN INJECTOR 100 MG/ML	2	ST; SP; QCD
SIMPONI SUBCUTANEOUS SYRINGE 100 MG/ML	2	ST; SP; QCD
XELJANZ ORAL SOLUTION	2	ST; SP; QCD
XELJANZ ORAL TABLET	2	PA; SP; QCD
XELJANZ XR	2	PA; SP; QCD

OBSTETRICS & GYNECOLOGY

DIAPHRAGMS AND OTHER NON-ORAL CONTRACEPTIVES

CAYA CONTOURED	\$0	ACA
FC2 FEMALE CONDOM	\$0	ACA
FEMCAP VAGINAL DEVICE 22 MM	\$0	ACA
WIDE-SEAL DIAPHRAGM	\$0	ACA

ESTROGENS & PROGESTINS

ACTIVELLA ORAL TABLET 1-0.5 MG	3	LM
ALORA	3	LM; QCD
<i>amabelz</i>	1	LM
ANGELIQ	3	LM

Drug Name	Drug Tier	Requirements / Limits
AYGESTIN	3	LM
<i>camila</i>	\$0	ACA
CLIMARA	3	LM; QCD
COMBIPATCH	2	LM
<i>covaryx</i>	1	
<i>covaryx h.s.</i>	1	
<i>deblitane</i>	\$0	ACA
DELESTROGEN	3	
DEPO-ESTRADIOL	2	
DEPO-PROVERA INTRAMUSCULAR SUSPENSION 150 MG/ML	\$0	ACA; QCD
DEPO-PROVERA INTRAMUSCULAR SYRINGE	\$0	ACA; QCD
DEPO-SUBQ PROVERA 104	\$0	ACA; QCD
<i>dotti</i>	1	LM; QCD
DUAVEE	2	
<i>eemt</i>	1	
<i>eemt hs</i>	1	
ENDOMETRIN	2	SP
<i>errin</i>	\$0	ACA
ESTRACE ORAL	3	LM
<i>estradiol oral</i>	1	LM
<i>estradiol transdermal</i>	1	LM; QCD
<i>estradiol vaginal</i>	1	LM
<i>estradiol valerate intramuscular oil 20 mg/ml, 40 mg/ml</i>	1	
<i>estradiol-norethindrone acet</i>	1	LM
<i>estrogens-methyltestosterone</i>	1	
FEMHRT LOW DOSE	3	LM
<i>fyavolv</i>	1	LM
<i>heather</i>	\$0	ACA
<i>hydroxyprogest(pf)(preg presv)</i>	1	PA; SP
<i>hydroxyprogesterone cap(ppres)</i>	1	PA; SP
<i>hydroxyprogesterone caproate</i>	1	SP
<i>incassia</i>	\$0	ACA
<i>jencycla</i>	\$0	ACA

Drug Name	Drug Tier	Requirements / Limits
<i>jinteli</i>	1	LM
<i>lyleq</i>	\$0	ACA
<i>lyllana</i>	1	LM; QCD
<i>lyza</i>	\$0	ACA
MAKENA (PF)	3	PA; SP
<i>medroxyprogesterone intramuscular</i>	\$0	ACA; QCD
<i>medroxyprogesterone oral</i>	1	LM
MENOSTAR	3	LM; QCD
<i>mimvey</i>	1	LM
<i>nora-be</i>	\$0	ACA
<i>norethindrone (contraceptive)</i>	\$0	ACA
<i>norethindrone acetate</i>	1	LM
<i>norethindrone ac-eth estradiol oral tablet 0.5-2.5 mg-mcg, 1-5 mg-mcg</i>	1	LM
<i>norlyda</i>	\$0	ACA
PREFEST	3	LM
PREMARIN VAGINAL	2	LM
<i>progesterone</i>	1	
<i>progesterone micronized</i>	1	LM
PROMETRIUM	3	LM
PROVERA	3	LM
<i>sharobel</i>	\$0	ACA
<i>tulana</i>	\$0	ACA
<i>yuvaferm</i>	1	LM
MISCELLANEOUS OB/GYN		
CERVIDIL	3	
CLEOCIN VAGINAL	3	
<i>clindamycin phosphate vaginal</i>	1	
CLINDESSE	3	
<i>eluryng</i>	\$0	LM; ACA
<i>etonogestrel-ethinyl estradiol</i>	\$0	LM; ACA
<i>fem ph</i>	1	
GYNAZOLE-1	3	
<i>gynol ii</i>	\$0	ACA
<i>isoxsuprine</i>	1	LM

Drug Name	Drug Tier	Requirements / Limits
LYSTEDA	3	
<i>metronidazole vaginal</i>	1	
<i>miconazole-3 vaginal suppository</i>	1	
MYFEMBREE	2	PA
NUVESSA	3	
ORIAHNN	2	PA
PREPIDIL	3	
RELAGARD	3	
<i>terconazole</i>	1	
TODAY CONTRACEPTIVE SPONGE	\$0	ACA
<i>tranexamic acid oral</i>	1	
TRIMO-SAN JELLY	2	
<i>vandazole</i>	1	
VCF CONTRACEPTIVE FILM	\$0	ACA
VCF CONTRACEPTIVE GEL	\$0	ACA
<i>xulane</i>	\$0	ACA
<i>zafemy</i>	\$0	ACA
ORAL CONTRACEPTIVES & RELATED AGENTS		
<i>afirmelle</i>	\$0	ACA
<i>after pill</i>	\$0	ACA; QCD
AFTERA	\$0	ACA; QCD
<i>altavera (28)</i>	\$0	ACA
<i>alyacen 1/35 (28)</i>	\$0	ACA
<i>alyacen 7/7/7 (28)</i>	\$0	ACA
<i>amethia</i>	\$0	ACA
<i>amethyst (28)</i>	\$0	ACA
<i>apri</i>	\$0	ACA
<i>aranelle (28)</i>	\$0	ACA
<i>ashlyna</i>	\$0	ACA
<i>aubra</i>	\$0	ACA
<i>aubra eq</i>	\$0	ACA
<i>aurovela 1.5/30 (21)</i>	\$0	ACA
<i>aurovela 1/20 (21)</i>	\$0	ACA
<i>aurovela 24 fe</i>	\$0	ACA
<i>aurovela fe 1.5/30 (28)</i>	\$0	ACA

Drug Name	Drug Tier	Requirements / Limits
<i>aurovela fe 1-20 (28)</i>	\$0	ACA
<i>aviane</i>	\$0	ACA
<i>ayuna</i>	\$0	ACA
<i>azurette (28)</i>	\$0	ACA
<i>balziva (28)</i>	\$0	ACA
BEYAZ	\$0	LM; ACA
<i>blisovi 24 fe</i>	\$0	ACA
<i>blisovi fe 1.5/30 (28)</i>	\$0	ACA
<i>blisovi fe 1/20 (28)</i>	\$0	ACA
<i>briellyn</i>	\$0	ACA
<i>camrese</i>	\$0	ACA
<i>camrese lo</i>	\$0	ACA
<i>caziant (28)</i>	\$0	ACA
<i>charlotte 24 fe</i>	\$0	LM; ACA
<i>chateal (28)</i>	\$0	ACA
<i>chateal eq (28)</i>	\$0	ACA
<i>cryselle (28)</i>	\$0	ACA
<i>cyclafem 1/35 (28)</i>	\$0	ACA
<i>cyclafem 7/7/7 (28)</i>	\$0	ACA
<i>cyred</i>	\$0	ACA
<i>cyred eq</i>	\$0	ACA
<i>dasetta 1/35 (28)</i>	\$0	ACA
<i>dasetta 7/7/7 (28)</i>	\$0	ACA
<i>daysee</i>	\$0	ACA
<i>desog-e.estradiol/e.estradiol</i>	\$0	ACA
<i>desogestrel-ethinyl estradiol</i>	\$0	ACA
<i>dolishale</i>	\$0	ACA
<i>drospirenone-e.estradiol-lm.fa</i>	\$0	LM; ACA
<i>drospirenone-ethinyl estradiol</i>	\$0	ACA
<i>econtra ez</i>	\$0	ACA; QCD
<i>econtra one-step</i>	\$0	ACA; QCD
<i>elinest</i>	\$0	ACA
ELLA	\$0	ACA; QCD
<i>enpresse</i>	\$0	ACA
<i>enskyce</i>	\$0	ACA

Drug Name	Drug Tier	Requirements / Limits
<i>estarylla</i>	\$0	ACA
<i>ethynodiol diac-eth estradiol</i>	\$0	ACA
<i>falmina (28)</i>	\$0	ACA
<i>femynor</i>	\$0	ACA
<i>gemmily</i>	\$0	LM; ACA
<i>hailey</i>	\$0	ACA
<i>hailey 24 fe</i>	\$0	ACA
<i>hailey fe 1.5/30 (28)</i>	\$0	ACA
<i>hailey fe 1/20 (28)</i>	\$0	ACA
<i>iclevia</i>	\$0	ACA
<i>isibloom</i>	\$0	ACA
<i>jaimiess</i>	\$0	ACA
<i>jasmiel (28)</i>	\$0	ACA
<i>jolessa</i>	\$0	ACA
<i>juleber</i>	\$0	ACA
<i>junel 1.5/30 (21)</i>	\$0	ACA
<i>junel 1/20 (21)</i>	\$0	ACA
<i>junel fe 1.5/30 (28)</i>	\$0	ACA
<i>junel fe 1/20 (28)</i>	\$0	ACA
<i>junel fe 24</i>	\$0	ACA
<i>kaitlib fe</i>	\$0	ACA
<i>kalliga</i>	\$0	ACA
<i>kariva (28)</i>	\$0	ACA
<i>kelnor 1/35 (28)</i>	\$0	ACA
<i>kelnor 1-50 (28)</i>	\$0	ACA
<i>kurvelo (28)</i>	\$0	ACA
<i>l norgest/e.estradiol-e.estradiol oral tablets,dose pack,3 month 0.10 mg-20 mcg (84)/10 mcg (7), 0.15 mg-30 mcg (84)/10 mcg (7)</i>	\$0	ACA
<i>l norgest/e.estradiol-e.estradiol oral tablets,dose pack,3 month 0.15 mg-20 mcg/ 0.15 mg-25 mcg</i>	\$0	LM; ACA
<i>larin 1.5/30 (21)</i>	\$0	ACA
<i>larin 1/20 (21)</i>	\$0	ACA
<i>larin 24 fe</i>	\$0	ACA
<i>larin fe 1.5/30 (28)</i>	\$0	ACA
<i>larin fe 1/20 (28)</i>	\$0	ACA

Drug Name	Drug Tier	Requirements / Limits
<i>larissia</i>	\$0	ACA
<i>layolis fe</i>	\$0	ACA
<i>leena 28</i>	\$0	ACA
<i>lessina</i>	\$0	ACA
<i>levonest (28)</i>	\$0	ACA
<i>levonorgestrel</i>	\$0	ACA; QCD
<i>levonorgestrel-ethinyl estrad</i>	\$0	ACA
<i>levonorg-eth estrad triphasic</i>	\$0	ACA
<i>levora-28</i>	\$0	ACA
<i>lillow (28)</i>	\$0	ACA
<i>lojaimiess</i>	\$0	ACA
<i>loryna (28)</i>	\$0	ACA
<i>low-ogestrel (28)</i>	\$0	ACA
<i>lo-zumandimine (28)</i>	\$0	ACA
<i>lutra (28)</i>	\$0	ACA
<i>marlissa (28)</i>	\$0	ACA
<i>merzee</i>	\$0	LM; ACA
<i>mibelas 24 fe</i>	\$0	LM; ACA
<i>microgestin 1.5/30 (21)</i>	\$0	ACA
<i>microgestin 1/20 (21)</i>	\$0	ACA
MICROGESTIN 24 FE	\$0	LM; ACA
<i>microgestin fe 1.5/30 (28)</i>	\$0	ACA
<i>microgestin fe 1/20 (28)</i>	\$0	ACA
<i>mili</i>	\$0	ACA
<i>mono-linyah</i>	\$0	ACA
<i>my choice</i>	\$0	ACA; QCD
<i>my way</i>	\$0	ACA; QCD
<i>necon 0.5/35 (28)</i>	\$0	ACA
<i>new day</i>	\$0	ACA; QCD
<i>nikki (28)</i>	\$0	ACA
<i>noreth-ethinyl estradiol-iron</i>	\$0	ACA
<i>norethindrone ac-eth estradiol oral tablet 1-20 mg-mcg, 1.5-30 mg-mcg</i>	\$0	ACA
<i>norethindrone-e.estradiol-iron oral capsule</i>	\$0	LM; ACA

Drug Name	Drug Tier	Requirements / Limits
<i>norethindrone-e.estradiol-iron oral tablet 1 mg-20 mcg (21)/75 mg (7), 1.5 mg-30 mcg (21)/75 mg (7)</i>	\$0	ACA
<i>norethindrone-e.estradiol-iron oral tablet,chewable</i>	\$0	LM; ACA
<i>norgestimate-ethinyl estradiol</i>	\$0	ACA
<i>nortrel 0.5/35 (28)</i>	\$0	ACA
<i>nortrel 1/35 (21)</i>	\$0	ACA
<i>nortrel 1/35 (28)</i>	\$0	ACA
<i>nortrel 7/7/7 (28)</i>	\$0	ACA
<i>nylia 1/35 (28)</i>	\$0	ACA
<i>nylia 7/7/7 (28)</i>	\$0	ACA
<i>nymyo</i>	\$0	ACA
<i>ocella</i>	\$0	ACA
<i>opcicon one-step</i>	\$0	ACA; QCD
<i>option-2</i>	\$0	ACA; QCD
<i>orsythia</i>	\$0	ACA
<i>philith</i>	\$0	ACA
<i>pimtrea (28)</i>	\$0	ACA
<i>pirmella</i>	\$0	ACA
PLAN B ONE-STEP	\$0	ACA; QCD
<i>portia 28</i>	\$0	ACA
<i>previfem</i>	\$0	ACA
<i>reclipsen (28)</i>	\$0	ACA
<i>rivelsa</i>	\$0	LM; ACA
<i>setlakin</i>	\$0	ACA
<i>simliya (28)</i>	\$0	ACA
<i>simpesse</i>	\$0	ACA
<i>sprintec (28)</i>	\$0	ACA
<i>sronyx</i>	\$0	ACA
<i>syeda</i>	\$0	ACA
TAKE ACTION	\$0	ACA; QCD
<i>tarina 24 fe</i>	\$0	ACA
<i>tarina fe 1/20 (28)</i>	\$0	ACA
<i>taysofy</i>	\$0	LM; ACA
<i>tilia fe</i>	\$0	ACA

Drug Name	Drug Tier	Requirements / Limits
<i>tri femynor</i>	\$0	ACA
<i>tri-estarylla</i>	\$0	ACA
<i>tri-legest fe</i>	\$0	ACA
<i>tri-lynyah</i>	\$0	ACA
<i>tri-lo-estarylla</i>	\$0	ACA
<i>tri-lo-marzia</i>	\$0	ACA
<i>tri-lo-mili</i>	\$0	ACA
<i>tri-lo-sprintec</i>	\$0	ACA
<i>tri-mili</i>	\$0	ACA
<i>tri-nymyo</i>	\$0	ACA
<i>tri-previfem (28)</i>	\$0	ACA
<i>tri-sprintec (28)</i>	\$0	ACA
<i>trivora (28)</i>	\$0	ACA
<i>tri-vylibra</i>	\$0	ACA
<i>tri-vylibra lo</i>	\$0	ACA
<i>tydemy</i>	\$0	LM; ACA
<i>velivet triphasic regimen (28)</i>	\$0	ACA
<i>vestura (28)</i>	\$0	ACA
<i>vienva</i>	\$0	ACA
<i>viorele (28)</i>	\$0	ACA
<i>volnea (28)</i>	\$0	ACA
<i>vyfemla (28)</i>	\$0	ACA
<i>vylibra</i>	\$0	ACA
<i>wera (28)</i>	\$0	ACA
<i>wymzya fe</i>	\$0	ACA
<i>YAZ (28)</i>	\$0	LM; ACA
<i>zarah</i>	\$0	ACA
<i>zovia 1/35e (28)</i>	\$0	ACA
<i>zumandimine (28)</i>	\$0	ACA
OXYTOCICS		
<i>methergine</i>	1	ST; QCD
<i>methylergonovine oral</i>	1	ST; QCD
OPHTHALMOLOGY		
ANTIBIOTICS		
<i>ak-poly-bac</i>	1	

Drug Name	Drug Tier	Requirements / Limits
AZASITE	2	
<i>bacitracin ophthalmic (eye)</i>	1	
<i>bacitracin-polymyxin b</i>	1	
BETADINE OPHTHALMIC PREP	3	
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 INTRAVITREAL SOLUTION	3	
<i>moxifloxacin ophthalmic (eye)</i>	1	
MOXIFLOXACIN-SOD CHLOR,ISO(PF) INTRAOCULAR SOLUTION 5 MG/ML	3	
MOXIFLOXACIN-SOD CHLOR,ISO(PF) INTRAOCULAR SYRINGE	3	
NATACYN	2	
<i>neomycin-bacitracin-polymyxin</i>	1	LM
<i>neomycin-polymyxin-gramicidin</i>	1	
<i>neo-polycin</i>	1	LM
OCUFLOX	3	
<i>ofloxacin ophthalmic (eye)</i>	1	
<i>polycin</i>	1	
<i>polymyxin b sulf-trimethoprim</i>	1	
POLYTRIM	3	
<i>tobramycin ophthalmic (eye)</i>	1	
TOBREX	3	
VIGAMOX	3	
ZYMAXID	3	
ANTIVIRALS		
<i>trifluridine</i>	1	
ZIRGAN	3	
BETA-BLOCKERS		
<i>betaxolol ophthalmic (eye)</i>	1	LM

Drug Name	Drug Tier	Requirements / Limits
BETOPTIC S	3	LM
<i>carteolol</i>	1	LM
<i>levobunolol ophthalmic (eye) drops 0.5 %</i>	1	LM
<i>timolol maleate (pf)</i>	1	LM
<i>timolol maleate ophthalmic (eye)</i>	1	LM
TIMOPTIC	3	LM
TIMOPTIC-XE	3	LM
CYCLOPLEGIC MYDRIATICS		
<i>atropine ophthalmic (eye) drops</i>	1	LM
ATROPINE OPHTHALMIC (EYE) DROPS, EMULSION	3	LM
<i>atropine ophthalmic (eye) ointment</i>	1	LM
CYCLOGYL	3	LM
<i>cyclopentolate</i>	1	LM
CYCLOPEN-TROPIC-PHENYLEPH-WATR	3	LM
CYCLOPENT-TROPIC-PHEN-KETR-WAT	3	LM
CYCLOP-TROP-PROPA-PHEN-KET-WAT	3	LM
<i>homatropaire</i>	1	LM
ISOPTO ATROPINE	3	LM
MYDRIACYL	3	LM
PAREMYD	3	
PHENYLEPH-TROPICAMIDE IN WATER	3	LM
<i>tropicamide</i>	1	LM
DIRECT ACTING MIOTICS		
ISOPTO CARPINE OPHTHALMIC (EYE) DROPS 1 %, 2 %	3	LM
MIOCHOL-E	3	
<i>pilocarpine hcl ophthalmic (eye) drops 1 %, 2 %, 4 %</i>	1	LM
MISCELLANEOUS OPHTHALMOLOGICS		
AKTEN (PF)	3	
ALCAINE	3	
<i>altacaine</i>	1	
ALTAFLUOR BENOX	3	
<i>azelastine ophthalmic (eye)</i>	1	

Drug Name	Drug Tier	Requirements / Limits
BEOVU	3	PA
<i>bepotastine besilate</i>	1	
BEVACIZUMAB INTRAVITREAL SYRINGE 2.5 MG/0.1 ML, 3.25 MG/0.13 ML	3	
CEQUA	3	PA; LM
<i>cromolyn ophthalmic (eye)</i>	1	
CYCLOSPORINE IN KLARITY	3	LM
<i>cyclosporine ophthalmic (eye)</i>	1	PA; LM; QCD
CYSTARAN	2	
DEXAMET-MOXIFL-KETORO-NACL(PF)	3	
<i>epinastine</i>	1	
EYLEA	2	PA
FLUORESCEIN-BENOXINATE	3	
<i>fluorescein-proparacaine</i>	1	
KLARITY-A (AZITHRO-CHONDR)(PF)	3	
KLARITY-B (BETAMETH-CHOND)(PF)	3	
KLARITY-L (LOTEPRED-CHOND)(PF)	3	
LACRISERT	3	PA; QCD
LIDOCAINE-PHENYLEPHRIN-BSS(PF)	3	LM
<i>lidocaine-phenylephrn in water</i>	1	LM
LUCENTIS	3	PA
LUXTURNA	2	PA
MYDRIATIC4(TROP-PROP-PE-KTRLC)	3	
OMIDRIA	3	
OXERVATE	2	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	LM

Drug Name	Drug Tier	Requirements / Limits
RESTASIS	2	PA; LM; QCD
RESTASIS MULTIDOSE	2	PA; LM; QCD
<i>tetracaine hcl</i>	1	
TETRACAINE HCL (PF) OPHTHALMIC (EYE)	3	
TYRVAYA	3	PA
XIIDRA	2	PA; LM; QCD
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	LM
<i>methazolamide</i>	1	LM
OTHER GLAUCOMA DRUGS		
<i>bimatoprost ophthalmic (eye)</i>	1	ST; LM
BRIMONIDINE-DORZOLAMIDE (PF)	3	LM
<i>brimonidine-timolol</i>	1	LM
<i>brinzolamide</i>	1	LM
COMBIGAN	3	LM
<i>dorzolamide</i>	1	LM
DORZOLAMIDE (PF)	3	LM
<i>dorzolamide-timolol</i>	1	LM
<i>dorzolamide-timolol (pf) ophthalmic (eye) dropperette</i>	1	LM
DORZOLAMIDE-TIMOLOL (PF) OPHTHALMIC (EYE) DROPS	3	LM
<i>latanoprost</i>	1	ST; LM
LATANOPROST (PF)	3	LM
LUMIGAN OPHTHALMIC (EYE) DROPS 0.01 %	3	ST; LM

Drug Name	Drug Tier	Requirements / Limits
<i>miostat</i>	1	
MITOSOL	3	
SIMBRINZA	3	LM
TIMOL-BRIMON-DORZO-LATANOP(PF)	3	LM
TIMOLOL-BRIMONIDI-DORZOLAM(PF)	3	LM
TIMOLOL-DORZOLAMID-LATANOP(PF)	3	LM
TIMOLOL-LATANOPROST(PF)	3	LM
<i>travoprost</i>	1	ST; LM
TRUSOPT	3	LM
VYZULTA	3	ST; LM
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 ACET-GATIFLOXACIN	3	
PREDNISOLONE SOD PH-MOXIFLOX	3	
PREDNISOLONE-MOXIFLOXACIN HCL	3	
TOBRADEX	3	
<i>tobramycin-dexamethasone</i>	1	
TRIAMCINOLON-MOXIFLOX-WATR(PF)	3	
STERIODS		
<i>dexamethasone sodium phosphate ophthalmic (eye)</i>	1	
DEXTENZA	3	
DEXYCU (PF)	3	
<i>difluprednate</i>	1	ST
DUREZOL	3	ST
EYSUVIS	3	PA; QCD
<i>fluorometholone</i>	1	
FML LIQUIFILM	3	ST

Drug Name	Drug Tier	Requirements / Limits
ILUVIEN	3	
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	
OZURDEX	2	
PRED FORTE	3	
<i>prednisolone acetate</i>	1	
PREDNISOLONE ACETATE (PF)	3	
<i>prednisolone sodium phosphate ophthalmic (eye)</i>	1	
RETISERT	3	
YUTIQ	3	
STEROID-SULFONAMIDE COMBINATIONS		
BLEPHAMIDE	3	
BLEPHAMIDE S.O.P.	3	
<i>sulfacetamide-prednisolone</i>	1	
SULFONAMIDES		
BLEPH-10	3	
<i>sulfacetamide sodium ophthalmic (eye)</i>	1	
SYMPATHOMIMETICS		
ALPHAGAN P	3	LM
<i>apraclonidine</i>	1	LM
<i>brimonidine</i>	1	LM
IOPIDINE OPHTHALMIC (EYE) DROPPERETTE	3	LM
VASOCONSTRICTOR DECONGESTANTS		
CYCLOMYDRIL	3	LM
<i>phenylephrine hcl ophthalmic (eye)</i>	1	
RESPIRATORY, ALLERGY, COUGH & COLD		
ANTI HISTAMINE & ANTIALLERGENIC AGENTS		
AUVI-Q	3	QCD
<i>carbinoxamine maleate oral liquid</i>	1	

Drug Name	Drug Tier	Requirements / Limits
<i>carbinoxamine maleate oral tablet 4 mg</i>	1	
<i>carbinoxamine maleate oral tablet 6 mg</i>	1	ST
CLARINEX ORAL TABLET	3	QCD
<i>clemastine oral syrup</i>	1	
<i>clemastine oral tablet 2.68 mg</i>	1	
<i>cycloheptadine</i>	1	
<i>desloratadine</i>	1	QCD
<i>dexchlorpheniramine maleate oral solution</i>	1	
<i>epinephrine injection auto-injector 0.15 mg/0.3 ml, 0.3 mg/0.3 ml</i>	1	QCD
EPIPEN 2-PAK	2	QCD
EPIPEN JR 2-PAK	2	QCD
<i>hydroxyzine hcl oral</i>	1	
<i>hydroxyzine pamoate</i>	1	
KARBINAL ER	3	ST
<i>promethazine oral</i>	1	
<i>promethazine rectal suppository 12.5 mg, 25 mg</i>	1	
<i>promethegan</i>	1	
RYCLORA	3	
RYVENT	3	ST
SYMJEPI	2	QCD
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	QCD
<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	

Drug Name	Drug Tier	Requirements / Limits
<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	
<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	PA
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	PA
<i>virtussin ac</i>	1	
<i>virtussin dac</i>	1	
PULMONARY AGENTS		
ACCOLATE	3	LM
<i>acetylcysteine</i>	1	
ADEMPAS	2	PA; SP
ADRENALIN NASAL	3	
ADVAIR DISKUS	3	PA; LM; QCD
ADVAIR HFA	2	ST; LM; QCD
AIRDUO DIGIHALER	3	ST; LM; QCD
<i>albuterol sulfate inhalation hfa aerosol inhaler</i>	1	QCD
<i>albuterol sulfate inhalation solution for nebulization</i>	1	
<i>albuterol sulfate oral</i>	1	LM
ALVESCO	3	LM; QCD

Drug Name	Drug Tier	Requirements / Limits
<i>alyq</i>	1	ST; SP; QCD
<i>ambrisentan</i>	1	ST; SP
ANORO ELLIPTA	2	LM; QCD
<i>arformoterol</i>	1	LM; QCD
ARNUITY ELLIPTA	2	LM; QCD
ASMANEX HFA	2	LM; QCD
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	LM; QCD
ATROVENT HFA	3	LM; QCD
<i>azelastine-fluticasone</i>	1	ST; QCD
BEVESPI AEROSPHERE	2	LM; QCD
<i>bosentan</i>	1	ST; SP
BREO ELLIPTA	2	ST; LM; QCD
BREZTRI AEROSPHERE	2	LM; QCD
BRONCHITOL	3	PA; SP
BROVANA	3	LM; QCD
<i>budesonide inhalation</i>	1	LM; QCD
CINRYZE	2	ST; SP
COMBIVENT RESPIMAT	2	QCD
<i>cromolyn inhalation</i>	1	LM
CUROSURF	3	
DULERA	2	ST; LM; QCD
DYMISTA	3	ST; QCD
ELIXOPHYLLIN	3	LM
<i>epinephrine hcl</i>	1	
ESBRIET ORAL CAPSULE	2	PA; SP; QCD
ESBRIET ORAL TABLET 267 MG	2	PA; SP; QCD
ESBRIET ORAL TABLET 801 MG	2	PA; SP
FASENRA	2	PA; SP
FASENRA PEN	2	PA; SP
FLOVENT DISKUS	2	LM; QCD
FLOVENT HFA	2	LM; QCD

Drug Name	Drug Tier	Requirements / Limits
<i>flunisolide</i>	1	ST; QCD
<i>fluticasone propionate nasal</i>	1	QCD
<i>fluticasone propion-salmeterol inhalation blister with device</i>	1	PA; LM; QCD
<i>formoterol fumarate</i>	1	LM; QCD
HAEGARDA	3	ST; SP
HYPER-SAL INHALATION SOLUTION FOR NEBULIZATION 3.5 %	3	
<i>icatibant</i>	1	ST; SP
INCRUSE ELLIPTA	2	LM; QCD
<i>ipratropium bromide inhalation</i>	1	LM
<i>ipratropium-albuterol</i>	1	QCD
KALBITOR	3	ST; SP
KALYDECO	2	PA; SP; QCD
<i>levalbuterol hcl</i>	1	
LONHALA MAGNAIR REFILL	3	LM; QCD
LONHALA MAGNAIR STARTER	3	LM; QCD
<i>metaproterenol oral syrup</i>	1	LM
<i>mometasone nasal</i>	1	ST; QCD
<i>montelukast</i>	1	LM
<i>nebusal inhalation solution for nebulization 3 %</i>	1	
NEBUSAL INHALATION SOLUTION FOR NEBULIZATION 6 %	3	
NUCALA	2	PA; SP; QCD
OFEV	2	PA; QCD
OPSUMIT	2	ST; SP
ORKAMBI	2	PA; SP; QCD
ORLADEYO	3	ST
PERFOROMIST	3	LM; QCD
<i>pulmosal</i>	1	
PULMOZYME	2	SP
QVAR REDHALER	2	LM; QCD
REVATIO INTRAVENOUS	3	SP
REVATIO ORAL	3	ST; SP; QCD
RUCONEST	2	ST; SP
<i>sajazir</i>	1	ST

Drug Name	Drug Tier	Requirements / Limits
SEREVENT DISKUS	2	LM; QCD
<i>sildenafil (pulm.hypertension) intravenous</i>	1	SP
<i>sildenafil (pulm.hypertension) oral suspension for reconstitution</i>	1	ST; SP; QCD
<i>sildenafil (pulm.hypertension) oral tablet</i>	1	PA; SP; QCD
SINUVA	3	
<i>sodium chloride inhalation</i>	1	
SPIRIVA RESPIMAT	2	LM; QCD
SPIRIVA WITH HANDIHALER	2	LM; QCD
STIOLTO RESPIMAT	2	LM; QCD
SYMBICORT	2	ST; LM; QCD
SYMDEKO	2	PA; SP; QCD
<i>tadalafil (pulm. hypertension)</i>	1	ST; SP; QCD
TAKHZYRO SUBCUTANEOUS SOLUTION	2	ST; SP
<i>terbutaline oral</i>	1	LM
THEO-24	3	LM
<i>theophylline oral elixir</i>	1	LM
<i>theophylline oral solution</i>	1	LM
<i>theophylline oral tablet extended release 12 hr 300 mg, 450 mg</i>	1	LM
<i>theophylline oral tablet extended release 24 hr</i>	1	LM
TRACLEER ORAL TABLET	3	ST; SP
TRACLEER ORAL TABLET FOR SUSPENSION	2	PA; SP
TRELEGY ELLIPTA	2	LM; QCD
TRIKAFTA	2	PA; SP; QCD
TYVASO	2	PA; SP
TYVASO REFILL KIT	2	PA; SP
TYVASO STARTER KIT	2	PA; SP
VENTAVIS	3	PA
<i>wixela inhub</i>	1	PA; LM; QCD
XHANCE	3	ST; QCD
XOLAIR	2	PA; SP; QCD
XOPENEX	3	
XOPENEX CONCENTRATE	3	
YUPELRI	2	LM; QCD

Drug Name	Drug Tier	Requirements / Limits
<i>zafirlukast</i>	1	LM
<i>zileuton</i>	1	PA; LM
ZYFLO	3	PA; LM

UROLOGICALS

ANTICHOLINERGICS & ANTISPASMODICS

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

BENIGN PROSTATIC HYPERPLASIA (BPH) THERAPY

<i>alfuzosin</i>	1	LM
<i>dutasteride</i>	1	ST; LM
<i>dutasteride-tamsulosin</i>	1	ST; LM
<i>finasteride oral tablet 5 mg</i>	1	LM
FLOMAX	3	LM
JALYN	3	ST; LM
PROSCAR	3	ST; LM
<i>silodosin</i>	1	LM
<i>tadalafil oral tablet 2.5 mg, 5 mg</i>	1	PA; QCD
<i>tamsulosin</i>	1	LM

CHOLINERGIC STIMULANTS

<i>bethanechol chloride</i>	1	
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MISCELLANEOUS UROLOGICALS

CAVERJECT	2	PA; QCD
CAVERJECT IMPULSE	2	PA; QCD
CYSTAGON	2	SP

Drug Name	Drug Tier	Requirements / Limits
EDEX	3	PA; QCD
ELMIRON	2	
<i>hyophen</i>	1	
IFE-BIMIX 30/1	3	
IFE-PG20	3	
K-PHOS NO 2	3	
K-PHOS ORIGINAL	2	
<i>methen-sod phos-meth blue-hyos</i>	1	
MUSE INTRA-URETHRAL SUPPOSITORY 1,000 MCG, 250 MCG, 500 MCG	2	PA; QCD
ORACIT	3	
OXLUMO	3	PA
<i>phosphasal</i>	1	
<i>potassium citrate</i>	1	LM
RENACIDIN	2	
<i>sildenafil</i>	1	PA; QCD
STENDRA	3	PA; LM; QCD
<i>tadalafil oral tablet 10 mg, 20 mg</i>	1	PA; QCD
TRI-MIX (PAPAVRN-PHNTLMN-PGE1)	3	
URELLE	3	
<i>uretron d-s</i>	1	
URIBEL	3	
<i>urimar-t</i>	1	
<i>uro-458</i>	1	
UROCIT-K 10	3	LM
UROCIT-K 15	3	LM
UROCIT-K 5	3	LM
<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	
<i>vardenafil</i>	1	PA; QCD

URINARY ANESTHETICS

Drug Name	Drug Tier	Requirements / Limits
<i>phenazopyridine oral tablet 100 mg, 200 mg</i>	1	
PYRIDIUM	3	
VITAMINS, HEMATINICS & ELECTROLYTES		
ELECTROLYTES		
EFFER-K ORAL TABLET, EFFERVESCENT 10 MEQ, 20 MEQ	3	LM
<i>effer-k oral tablet, effervescent 25 meq</i>	1	LM
GALZIN	3	
<i>klor-con</i>	1	LM
<i>klor-con 10</i>	1	LM
<i>klor-con 8</i>	1	LM
<i>klor-con m10</i>	1	LM
<i>klor-con m15</i>	1	LM
<i>klor-con m20</i>	1	LM
<i>klor-con/ef</i>	1	LM
K-TAB ORAL TABLET EXTENDED RELEASE 10 MEQ, 20 MEQ	3	LM
<i>lugols oral</i>	1	
POTABA	3	LM
<i>potassium chloride oral</i>	1	LM
<i>strong iodine oral</i>	1	
MISCELLANEOUS VITAMINS, HEMATINICS, & ELECTROLYTES		
DOJOLVI	3	PA; SP
VITAMINS & HEMATINICS		
ACCRUFER	3	
<i>b complex 1 (with folic acid)</i>	\$0	ACA
<i>b complex-vitamin c-folic acid oral tablet</i>	\$0	ACA
<i>balanced b-100 oral tablet</i>	\$0	ACA
<i>bal-care dha</i>	1	
BAL-CARE DHA ESSENTIAL	3	
<i>b-complex with vitamin c oral tablet 400-500 mcg-mg</i>	\$0	ACA
CITRANATAL B-CALM (FE GLUC)	3	
<i>classic prenatal</i>	\$0	ACA
<i>c-nate dha</i>	1	

Drug Name	Drug Tier	Requirements / Limits
<i>complete natal dha</i>	1	
CONCEPT DHA	3	LM
CONCEPT OB	3	LM
<i>cyanocobalamin (vitamin b-12) injection</i>	1	
<i>dialyvite 800 oral tablet</i>	\$0	ACA
DRISDOL	3	
DUET DHA BALANCED	3	
DUET DHA WITH OMEGA-3	3	
<i>elite-ob</i>	1	LM
ENBRACE HR	3	LM
<i>ergocalciferol (vitamin d2) oral capsule 1,250 mcg (50,000 unit)</i>	1	
FERAHEME	3	PA
<i>ferumoxytol</i>	1	PA
FLORIVA (FLUORIDE-VITAMIN D3)	3	LM
<i>fluoride (sodium) oral drops</i>	\$0	LM; ACA
<i>fluoride (sodium) oral tablet,chewable</i>	\$0	LM; ACA
<i>folic acid injection</i>	1	
<i>folic acid oral tablet 1 mg</i>	1	
<i>folic acid oral tablet 400 mcg, 800 mcg</i>	\$0	ACA
<i>folivane-ob</i>	1	LM
<i>foltabs 800</i>	\$0	ACA
<i>full spectrum b-vitamin c</i>	\$0	ACA
<i>hydroxocobalamin</i>	1	
INFED	2	PA
INJECTAFER	3	PA
<i>kobee</i>	\$0	ACA
KOSHER PRENATAL PLUS IRON	3	
<i>kpn oral tablet</i>	\$0	ACA
<i>ludent fluoride</i>	\$0	LM; ACA
MARNATAL-F	3	
MECOBALAMIN (VITAMIN B12) INJECTION	3	
<i>m-natal plus</i>	1	
<i>multi-vitamin with fluoride</i>	\$0	ACA

Drug Name	Drug Tier	Requirements / Limits
<i>multivitamins with fluoride oral tablet,chewable 0.25 mg, 1 mg</i>	\$0	ACA
<i>mvc-fluoride</i>	\$0	ACA
<i>mynatal</i>	1	
<i>mynatal plus</i>	1	
<i>mynatal-z</i>	1	
NASCOBAL	2	ST; LM; QCD
NATACHEW (FE BIS-GLYCINATE)	3	
NEEVODHA (WITH ALGAL OIL)	3	LM
NEONATAL COMPLETE	3	
NEONATAL FE	3	
NEONATAL PLUS VITAMIN	3	
NEONATAL-DHA	3	
NESTABS	3	
NESTABS ABC	3	
NESTABS DHA	3	
NESTABS ONE	3	LM
<i>newgen</i>	1	
OB COMPLETE	3	LM
OB COMPLETE ONE	3	
OB COMPLETE PETITE	3	
OB COMPLETE PREMIER	3	
OB COMPLETE WITH DHA	3	
<i>one daily prenatal</i>	\$0	ACA
<i>perry prenatal</i>	\$0	ACA
<i>pnv 29-1</i>	1	
<i>pnv-dha</i>	1	LM
<i>pnv-omega</i>	1	LM
<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	

Drug Name	Drug Tier	Requirements / Limits
<i>prena1 true</i>	1	
PRENATA	3	
<i>prenatabs fa</i>	1	
<i>prenatabs rx</i>	1	
<i>prenatal complete</i>	\$0	ACA
<i>prenatal multi-dha (algal oil)</i>	\$0	ACA
<i>prenatal multivitamins</i>	\$0	ACA
<i>prenatal one daily</i>	\$0	ACA
<i>prenatal oral tablet 28 mg iron- 800 mcg</i>	\$0	ACA
<i>prenatal plus</i>	1	
<i>prenatal plus (calcium carb)</i>	1	
PRENATAL PLUS DHA ORAL COMBO PACK	3	
<i>prenatal vitamin oral tablet 27 mg iron- 0.8 mg</i>	\$0	ACA
<i>prenatal vitamin plus low iron</i>	1	
<i>prenatal vitamin with minerals</i>	\$0	ACA
<i>prenatal vits96-iron fum-folic</i>	\$0	ACA
<i>prenatal-u</i>	1	LM
PRENATE AM	3	LM
PRENATE CHEWABLE	3	LM
PRENATE DHA (FERR ASP GLYCIN)	3	
PRENATE ELITE (IRON ASP GLYC)	3	
PRENATE ENHANCE	3	
PRENATE ESSENTIAL(IRON-ASP-GL)	3	LM
PRENATE MINI (FERR ASP GLYCIN)	3	
PRENATE PIXIE	3	
PRENATE RESTORE	3	
PRENATE STAR	3	
<i>preplus</i>	1	
<i>pretab</i>	1	
PRIMACARE	3	
PROVIDA OB	3	
PUREFE OB PLUS	3	LM
<i>rena-vite</i>	\$0	ACA
R-NATAL OB	3	
SELECT-OB	3	

Drug Name	Drug Tier	Requirements / Limits
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>	\$0	ACA
<i>stress formula with iron(sulf)</i>	\$0	ACA
<i>super b maxi complex</i>	\$0	ACA
<i>super quint</i>	\$0	ACA
<i>taron-c dha</i>	1	LM
THRIVITE RX	3	
TRICARE	3	
TRIFERIC	3	
<i>trinatal rx 1</i>	1	
<i>trinate</i>	1	
TRISTART DHA	3	
<i>tri-vitamin with fluoride</i>	\$0	ACA
VENOFER	2	PA
<i>virt-c dha</i>	1	LM
<i>virt-nate dha</i>	1	
<i>virt-pn dha</i>	1	LM
<i>virt-pn plus</i>	1	LM
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>	\$0	ACA
<i>vitamins a,c,d and fluoride</i>	\$0	ACA
VITAPEARL	3	
VITATRUE	3	
VP-PNV-DHA	3	

Drug Name	Drug Tier	Requirements / Limits
<i>westab plus</i>	1	
<i>westgel dha</i>	1	
<i>zatean-pn dha</i>	1	LM
<i>zatean-pn plus</i>	1	LM
<i>zingiber</i>	1	LM