



GlobalHealth

State of Oklahoma

DRUG FORMULARY

January 1-December 31, 2025

This document contains a list of covered drugs for the GlobalHealth State of Oklahoma Employees and Educators plan. The Drug Formulary was updated on 09/04/2025. For more recent information or other questions, please contact GlobalHealth Customer Care.

1-866-494-3927 (TTY: 711)
9:00 AM - 5:00 PM, Monday-Friday
www.GlobalHealth.com

MLGMH25-ST

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IMPORTANT INFORMATION

This formulary applies to Members who enrolled in GlobalHealth through an employer group in the State of Oklahoma, including State, Education, and Local Government employees who enrolled through the State of Oklahoma benefits enrollment process.

Member Materials

Your comprehensive Member handbook has four booklets. Each one has a different purpose.

These documents are important legal documents. Keep them in a safe place.

Booklet	Purpose
<i>Member Handbook for State, Education, and Local Government Employees</i> (“ <i>Member Handbook</i> ”)	• Tells you about your benefits. ○ What benefits are covered and how much you will pay. ○ How they are covered (including limitations and exclusions). ○ How to use them.
<i>Physicians and Health Providers Directory</i> (“ <i>Provider Directory</i> ”)	• Lists our Network of doctors, and Facilities. • Tells you if a Facility is preferred or not.
<i>Pharmacy Directory</i>	• Lists our Network of pharmacies
<i>Formulary Drug List for State, Education, and Local Government Employees</i> (“ <i>Drug Formulary</i> ” or “ <i>Formulary</i> ”)	• Lists drugs we cover. • Tells you what Tier a drug is in. • Tells you if there are any rules to getting a drug.

Member materials are available on our website. Contact Customer Care for printed copies at no charge. But be aware that the most current *Drug Formulary* and *Provider Directory* lists are on the website.

This is an important legal document. Please keep it in a safe place.

When this document says “we”, “us”, or “our”, it means GlobalHealth, Inc. Words or phrases that start with a capital letter are defined in the *Member Handbook* glossary.

For specific questions about your coverage, please call the phone number printed on your Member ID card.

Preferred Drugs

Preferred drugs are listed in this *Drug Formulary*. Drugs on the list are selected based on quality (effectiveness and safety) as well as cost-effectiveness. Doctors and pharmacists have worked together to develop the Formulary, which includes generics and brand name drugs that are approved by the U. S. Food and Drug Administration (FDA).

For the Member: Generic drugs contain the same active ingredients in the same amounts as brand name products. However, they may be a different color, shape, or size.

For the physician: Please prescribe preferred products and allow generic substitutions when medically appropriate. Thank you.

THIS DOCUMENT LIST IS EFFECTIVE AS OF THE DATE ON THE COVER. THIS LIST IS SUBJECT TO CHANGE. You may find the most current list, including any Utilization Management requirements, on our website. Contact Customer Care for printed copies.

EXCEPTION REQUESTS

Call 1-877-280-5600 to ask for an exception.

Others that may help with this process include.

- Your doctor or pharmacist.
- The parent of a child under 18 years of age.
- Your power of attorney with medical decision authority. We must have a copy of the signed power of attorney form on file.
- Your authorized representative. You will need to complete the Appointment of Authorized Representative form (which can be found on our website) if you want us to share your PHI with anyone else, for example:
 - Your parent, if you are age 18 or over.
 - Your spouse.
 - Your caregiver, friend, neighbor, or other.

Exception Type	Process
Standard Exception	You can ask us to waive coverage rules and limits. You may ask us by mail, e-mail, or telephone. Generally, we will only approve a request if: • The alternative drug is included on the <u>Formulary</u>; • The drug without utilization rules would not work as well for you; and • It would cause you to have harmful side effects. We will not approve a request to lower your <u>Cost-share</u> for a drug. If you ask us to cover a drug that is not on our <u>Formulary</u>, your doctor must send: • The reason you need the non-formulary drug; and • A statement that all <u>Formulary</u> drugs on any <u>Tier</u>: ○ Will not or have not worked; ○ Would not work as well; or ○ Would have harmful side effects. You should contact us to find out how to ask for an exception. Your doctor will need to send us information. We make a decision within 72 hours if we have the required information.

Exception Type	Process
	• If we agree, we also cover appropriate refills of the prescription. • If we deny your request, you may ask for an <u>External Review</u>. They will send you their decision within 72 hours after getting your request for review. We will cover your drug during the time we are reviewing. We will also cover your drug during an <u>External Review</u>.
Expedited Exception	You may ask for a fast exceptions process when: • You are suffering from a health condition that may risk your life, health, or ability to regain maximum function; or • You are already using a non-formulary drug. We will tell you our decision within 24 hours after you ask us for a review if we have enough information. • If we agree, we also cover appropriate refills of the prescription. • If we deny your request, you may ask for an <u>External Review</u>. They will send you their decision within 24 hours after getting your request for review. We will cover your drug during the time we are reviewing. We will also cover the drug during an <u>External Review</u>.

HELPFUL NUMBERS

Plan Issuer:

GlobalHealth, Inc.
PO Box 2393
Oklahoma City, OK 73101-2393
www.GlobalHealth.com

GlobalHealth Customer Care and Language Assistance:

1-877-280-5600 (toll-free)
711 (TTY)
Mon – Fri, 9 a.m. – 5 p.m.

Appeals and Grievances:

GlobalHealth, Appeals and Grievances
PO Box 2393
Oklahoma City, OK 73101-2393

Hearing Aid Benefits:

NationsHearing
1-877-241-4736 (toll-free)

24/7 Nurse Help Line:

CareNet
1-800-554-9371 (toll-free)
711 (TTY)

24/7 GlobalHealth Compliance Recorded Hotline:

1-877-627-0004 (toll-free)
compliance@globalhealth.com
privacy@globalhealth.com

Behavioral

Health/Telehealth:

Carelon Behavioral Health
1-888-434-9204 (Monday – Friday, 7 am – 5 pm Central)
711 (TTY)

Behavioral Health Appeals and Grievances:

Carelon Behavioral Health
PO Box 1851
Hicksville, NY 11802-1851

Mail Claims to:

Carelon Behavioral Health
Claims Processing Center
PO Box 1850
Hicksville, NY 11802-1850

Pharmacy Benefits Manager:

CVS/Caremark
Customer Service
1-800-424-1789 (toll-free)
711 (TTY)

Specialty Drug Prior Authorizations:

1-866-814-5506 (toll-free)
1-866-249-6155 (fax)

Non-specialty Drug Prior

Authorizations:
1-800-294-5979 (toll-free)
1-888-836-0730 (fax)

Mail Claims to:

CVS Caremark
PO Box 52136
Phoenix, AZ 85072-2136

Prescription Drug Grievances:

1-877-280-5600 (toll-free)
GlobalHealth Pharmacy Exceptions Department
PO Box 2393
Oklahoma City, OK 73101-2393

Specialty Drug Appeals:

CVS Caremark Specialty Appeals Department
800 Bierman Court
Mount Prospect, IL 60056

Non-specialty Drug Appeals:

Prescription Claim Appeals MC 109
CVS Caremark
PO Box 52084
Phoenix, AZ 85072

Mail Order Pharmacy:

CVS Caremark
PO Box 659541
San Antonio, TX 78265-9541

PREVENTIVE CARE INDEX

These drugs are available with no Cost-share to you. Drugs listed are based on the recommendations of the U.S. Preventive Services Task Force (USPSTF) in conjunction with the recommendations of Disease Control and Prevention (CDC) and the Health Resources and Services Administration (HRSA). Recommendations, ages, and populations may vary.

This list is subject to change as ACA guidelines are updated or modified.

Immunizations

Covered immunizations include those that are routine vaccines recommended by the CDC and that meet the FDA approved indications for age and/or gender limitations. Coverage also includes non-routine immunizations as designated by the CDC.

THERAPEUTIC CLASS INDEX

Tier 4* drugs in the table below are non-preferred specialty medications. You will pay the higher Cost-share for drugs shown below in Tier 4*.

Key

ACA: Affordable Care Act. Those drugs and products available at no Cost-share to the Member because they are part of Preventive Care.

DME: Durable Medical Supplies. Diabetic supplies that may be purchased at a pharmacy. You pay the Durable Medical Equipment Cost-share shown in your *Member Handbook*.

DS: Diabetic Supplies. Diabetic supplies that may be purchased at a pharmacy. You pay the diabetic supplies Cost-share shown in your *Member Handbook*.

OC: Oral Chemotherapy. You will not pay more than \$100 per prescription fill, regardless of the cost of the Tier.

OTC: Over-the-Counter. You can get these drugs at no cost (if ACA is also indicated) or at your Plan's lowest Cost-share amount (if LCG is also indicated). Otherwise, you will pay the preferred generic Cost-share amount. Your doctor must prescribe them. Present your prescription and Member ID card to the pharmacist.

PA: Prior Authorization. GlobalHealth requires you or your physician to get prior authorization for certain drugs. This means that you will need to get approval before you fill your prescriptions. If you don't get approval, we may not cover the drug.

QLL: Quantity Limit. For certain drugs, GlobalHealth limits the amount of the drug that we will cover.

ST: Step Therapy. In some cases, GlobalHealth requires you to first try certain drugs to treat your medical condition before we will cover another drug for that condition. For example, if Drug A and Drug B both treat your medical condition, we may not cover Drug B unless you try Drug A first. If Drug A does not work for you, we will then cover Drug B.

*Indicates single source brand product. **Indicates multi-source brand product

GlobalHealth Formulary Effective 10/01/2025

Drug Name	Drug Tier	Requirements/Limits
ADHD/ANTI-NARCOLEPSY/ANTI-OBESITY/ANOREXIANTS		

AMPHETAMINES

<i>amphetamine sulfate tabs 5mg, 10mg</i>	1	PA, QL, AGE
<i>amphetamine-dextroamphetamine 3-bead cap er 24hr 12.5 mg</i>	1	PA, QL, AGE
<i>amphetamine-dextroamphetamine 3-bead cap er 24hr 25 mg</i>	1	PA, QL, AGE
<i>amphetamine-dextroamphetamine 3-bead cap er 24hr 37.5 mg</i>	1	PA, QL, AGE
<i>amphetamine-dextroamphetamine 3-bead cap er 24hr 50 mg</i>	1	PA, QL, AGE
<i>amphetamine-dextroamphetamine cap er 24hr 5 mg</i>	1	PA, QL, AGE
<i>amphetamine-dextroamphetamine cap er 24hr 10 mg</i>	1	PA, QL, AGE
<i>amphetamine-dextroamphetamine cap er 24hr 15 mg</i>	1	PA, QL, AGE
<i>amphetamine-dextroamphetamine cap er 24hr 20 mg</i>	1	PA, QL, AGE
<i>amphetamine-dextroamphetamine cap er 24hr 25 mg</i>	1	PA, QL, AGE
<i>amphetamine-dextroamphetamine cap er 24hr 30 mg</i>	1	PA, QL, AGE
<i>amphetamine-dextroamphetamine tab 5 mg</i>	1	PA, QL, AGE
<i>amphetamine-dextroamphetamine tab 7.5 mg</i>	1	PA, QL, AGE
<i>amphetamine-dextroamphetamine tab 10 mg</i>	1	PA, QL, AGE
<i>amphetamine-dextroamphetamine tab 12.5 mg</i>	1	PA, QL, AGE
<i>amphetamine-dextroamphetamine tab 15 mg</i>	1	PA, QL, AGE
<i>amphetamine-dextroamphetamine tab 20 mg</i>	1	PA, QL, AGE
<i>amphetamine-dextroamphetamine tab 30 mg</i>	1	PA, QL, AGE
DEXEDRINE CP24 10MG, 15MG	3	PA, QL, AGE
<i>dextroamphetamine sulfate cp24 5mg, 10mg, 15mg; soln 5mg/5ml; tabs 2.5mg, 5mg, 7.5mg, 10mg, 15mg, 20mg, 30mg</i>	1	PA, QL, AGE
<i>lisdexamfetamine dimesylate caps 10mg, 20mg, 30mg, 40mg, 50mg, 60mg, 70mg; chew 10mg, 20mg, 30mg, 40mg, 50mg, 60mg</i>	1	PA, QL, AGE
<i>methamphetamine hcl tabs 5mg</i>	1	PA, QL, AGE

ANALEPTICS

<i>caffeine citrate soln 20mg/ml, 60mg/3ml</i>	1	
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ANOREXIANTS NON-AMPHETAMINE

<i>benzphetamine hcl tabs 50mg</i>	1	PA, QL
<i>diethylpropion hcl tabs 25mg; tb24 75mg</i>	1	PA, QL
<i>phendimetrazine tartrate tabs 35mg</i>	1	PA, QL
<i>phentermine hcl caps 15mg, 30mg, 37.5mg; tabs 37.5mg</i>	1	PA, QL
<i>phentermine hcl-topiramate cap er 24hr 3.75-23 mg</i>	1	PA, QL
<i>phentermine hcl-topiramate cap er 24hr 7.5-46 mg</i>	1	PA, QL
<i>phentermine hcl-topiramate cap er 24hr 11.25-69 mg</i>	1	PA, QL
<i>phentermine hcl-topiramate cap er 24hr 15-92 mg</i>	1	PA, QL
QSYMIA CAP 3.75-23	2	PA, QL

Drug Name	Drug Tier	Requirements/Limits
QSYMIA CAP 7.5-46MG	2	PA, QL
QSYMIA CAP 11.25-69	2	PA, QL
QSYMIA CAP 15-92MG	2	PA, QL
ANTI-OBESITY AGENTS		
<i>liraglutide (weight management) sopn 6mg/ml</i>	1	PA, QL
<i>orlistat caps 120mg</i>	1	PA, QL
SAXENDA SOPN 18MG/3ML	2	PA, QL
WEGOVY SOAJ .25MG/0.5ML, .5MG/0.5ML, 1MG/0.5ML, 1.7MG/0.75ML, 2.4MG/0.75ML	2	PA, QL
ATTENTION-DEFICIT/HYPERACTIVITY DISORDER (ADHD) AGENTS		
<i>atomoxetine hcl caps 10mg, 18mg, 25mg, 40mg, 60mg, 80mg, 100mg</i>	1	PA, QL, AGE
<i>clonidine hcl (adhd) tb12 .1mg</i>	1	ST, PA
<i>guanfacine hcl (adhd) tb24 1mg, 2mg, 3mg, 4mg</i>	1	ST, PA
QELBREE CP24 100MG, 150MG, 200MG	2	PA, QL, AGE
STRATTERA CAPS 10MG, 18MG, 25MG, 40MG, 60MG, 80MG, 100MG	3	PA, QL, AGE
DOPAMINE AND NOREPINEPHRINE REUPTAKE INHIBITORS (DNRIS)		
SUNOSI TABS 75MG, 150MG	2	PA, QL
HISTAMINE H3-RECEPTOR ANTAGONIST/INVERSE AGONISTS		
WAKIX TABS 4.45MG, 17.8MG	4	PA, QL
STIMULANTS - MISC.		
<i>armodafinil tabs 50mg, 150mg, 200mg, 250mg</i>	1	PA, QL
AZSTARYS CAP 26.1-5.2	2	PA, QL, AGE
AZSTARYS CAP 39.2-7.8	2	PA, QL, AGE
AZSTARYS CAP 52.3-10.	2	PA, QL, AGE
<i>dexmethylphenidate hcl cp24 5mg, 10mg, 15mg, 20mg, 25mg, 30mg, 35mg, 40mg; tabs 2.5mg, 5mg, 10mg</i>	1	PA, QL, AGE
FOCALIN TABS 2.5MG, 5MG, 10MG	3	PA, QL, AGE
METHYLIN SOLN 5MG/5ML, 10MG/5ML	3	PA, QL, AGE
<i>methylphenidate ptch 10mg/9hr, 15mg/9hr, 20mg/9hr, 30mg/9hr</i>	1	PA, QL, AGE
<i>methylphenidate hcl chew 2.5mg, 5mg, 10mg; cp24 10mg, 15mg, 20mg, 30mg, 40mg, 50mg, 60mg; cpcr 10mg, 20mg, 30mg, 40mg, 50mg, 60mg; soln 5mg/5ml, 10mg/5ml; tabs 5mg, 10mg, 20mg; tb24 18mg, 27mg, 36mg, 54mg; tbcrr 10mg, 18mg, 20mg, 27mg, 36mg, 54mg, 72mg</i>	1	PA, QL, AGE
<i>modafinil tabs 100mg, 200mg</i>	1	PA, QL
RITALIN TABS 5MG, 10MG, 20MG	3	PA, QL, AGE
ALLERGENIC EXTRACTS/BIOLOGICALS MISC		
ALLERGENIC EXTRACTS		
GRASSTK SUBL 2800BAU	4	PA, QL
ORALAIR SUB 300 IR	4	PA, QL
RAGWITEK SUBL 12AMBA1-U	4	PA, QL

Drug Name	Drug Tier	Requirements/Limits
AMINOGLYCOSIDES		
AMINOGLYCOSIDES		
<i>amikacin sulfate soln 1gm/4ml, 500mg/2ml</i>	1	
<i>gentamicin sulfate soln 10mg/ml, 40mg/ml, 80mg/2ml</i>	1	
<i>neomycin sulfate tabs 500mg</i>	1	
<i>streptomycin sulfate solr 1gm</i>	1	
<i>tobramycin nebu 300mg/4ml, 300mg/5ml</i>	4	PA, QL
<i>tobramycin sulfate soln 1.2gm/30ml, 10mg/ml, 40mg/ml, 80mg/2ml; solr 1.2gm</i>	1	
ANALGESICS - ANTI-INFLAMMATORY		
ANTI-TNF-ALPHA - MONOCLONAL ANTIBODIES		
ADALIMUMAB-ADAZ SOAJ 40MG/0.4ML, 80MG/0.8ML; SOSY 10MG/0.1ML, 20MG/0.2ML, 40MG/0.4ML	4	PA, QL
ADALIMUMAB-FKJP AJKT 40MG/0.8ML; PSKT 20MG/0.4ML, 40MG/0.8ML	4	PA, QL
HYRIMOZ SOAJ 40MG/0.4ML, 40MG/0.8ML; SOSY 20MG/0.2ML, 40MG/0.4ML, 40MG/0.8ML	4	PA, QL
HYRIMOZ SENSOREADY CD/UC/ SOAJ 80MG/0.8ML	4	PA, QL
HYRIMOZ SENSOREADY PENS SOAJ 80MG/0.8ML	4	PA, QL
HYRIMOZ-PLAQ INJ PSORIASI	4	PA, QL
SIMPONI ARIA SOLN 50MG/4ML	4	PA, QL
ANTIRHEUMATIC - ENZYME INHIBITORS		
RINVOQ TB24 15MG, 30MG, 45MG	4	PA, QL
XELJANZ SOLN 1MG/ML; TABS 5MG, 10MG	4	PA, QL
XELJANZ XR TB24 11MG, 22MG	4	PA, QL
ANTIRHEUMATIC ANTIMETABOLITES		
OTREXUP SOAJ 10MG/0.4ML, 12.5MG/0.4ML, 15MG/0.4ML, 17.5MG/0.4ML, 20MG/0.4ML, 22.5MG/0.4ML, 25MG/0.4ML	4	PA, QL
INTERLEUKIN-6 RECEPTOR INHIBITORS		
KEVZARA SOAJ 150MG/1.14ML, 200MG/1.14ML; SOSY 150MG/1.14ML, 200MG/1.14ML	4	PA, QL
NONSTEROIDAL ANTI-INFLAMMATORY AGENTS (NSAIDS)		
<i>celecoxib caps 50mg, 100mg, 200mg, 400mg</i>	1	
<i>diclofenac potassium tabs 50mg</i>	1	
<i>diclofenac sod dr tab 75 mg & capsaicin cr 0.025% ther pack</i>	1	
<i>diclofenac sodium tb24 100mg; tbec 25mg, 50mg, 75mg</i>	1	
<i>diclofenac w/ misoprostol tab delayed release 50-0.2 mg</i>	1	
<i>diclofenac w/ misoprostol tab delayed release 75-0.2 mg</i>	1	

Drug Name	Drug Tier	Requirements/Limits
<i>etodolac caps 200mg, 300mg; tabs 400mg, 500mg; tb24 400mg, 500mg, 600mg</i>	1	
<i>flurbiprofen tabs 50mg, 100mg</i>	1	
<i>ibuprofen susp 100mg/5ml, 200mg/10ml; tabs 400mg, 600mg, 800mg</i>	1	
<i>ibuprofen-famotidine tab 800-26.6 mg</i>	1	
<i>indomethacin caps 25mg, 50mg; cpcr 75mg; supp 50mg; susp 25mg/5ml</i>	1	
<i>ketorolac tromethamine soln 15mg/ml, 30mg/ml, 60mg/2ml; tabs 10mg</i>	1	
<i>meclofenamate sodium caps 50mg, 100mg</i>	1	
<i>mefenamic acid caps 250mg</i>	1	
<i>meloxicam susp 7.5mg/5ml; tabs 7.5mg, 15mg</i>	1	
<i>nabumetone tabs 500mg, 750mg</i>	1	
<i>naproxen tabs 250mg, 375mg, 500mg; tbec 375mg, 500mg</i>	1	
<i>naproxen sodium tabs 275mg, 550mg</i>	1	
<i>oxaprozin caps 300mg; tabs 600mg</i>	1	
<i>piroxicam caps 10mg, 20mg</i>	1	
<i>sulindac tabs 150mg, 200mg</i>	1	
<i>tolmetin sodium caps 400mg; tabs 600mg</i>	1	
PHOSPHODIESTERASE 4 (PDE4) INHIBITORS		
OTEZLA TABS 30MG	4	PA, QL
OTEZLA TAB 10/20/30	4	PA, QL
PYRIMIDINE SYNTHESIS INHIBITORS		
<i>leflunomide tabs 10mg, 20mg</i>	1	
SELECTIVE COSTIMULATION MODULATORS		
ORENCIA SOSY 50MG/0.4ML, 87.5MG/0.7ML, 125MG/ML	4	PA, QL
ORENCIA CLICKJECT SOAJ 125MG/ML	4	PA, QL
SOLUBLE TUMOR NECROSIS FACTOR RECEPTOR AGENTS		
ENBREL SOLN 25MG/0.5ML; SOSY 25MG/0.5ML, 50MG/ML	4	PA, QL
ENBREL MINI SOCT 50MG/ML	4	PA, QL
ENBREL SURECLICK SOAJ 50MG/ML	4	PA, QL
ANALGESICS - NONNARCOTIC		
ANALGESIC COMBINATIONS		
<i>butalbital-acetaminophen tab 50-325 mg</i>	1	QL
<i>butalbital-acetaminophen-cafeine tab 50-325-40 mg</i>	1	QL
<i>butalbital-aspirin-cafeine cap 50-325-40 mg</i>	1	QL
SALICYLATES		
<i>diflunisal tabs 500mg</i>	1	
<i>salsalate tabs 750mg</i>	1	

Drug Name	Drug Tier	Requirements/Limits
ANALGESICS - OPIOID		
OPIOID AGONISTS		
codeine sulfate tabs 30mg	1	PA, QL
fentanyl pt72 12mcg/hr, 25mcg/hr, 37.5mcg/hr, 50mcg/hr, 62.5mcg/hr, 75mcg/hr, 87.5mcg/hr, 100mcg/hr	1	PA, QL
fentanyl citrate lpop 200mcg, 400mcg, 600mcg, 800mcg, 1200mcg, 1600mcg; soln 50mcg/ml, 100mcg/2ml, 250mcg/5ml, 500mcg/10ml, 1000mcg/20ml, 2500mcg/50ml; tabs 100mcg, 200mcg, 400mcg, 600mcg, 800mcg	1	PA, QL
fentanyl citrate sosy 50mcg/ml, 100mcg/2ml	1	
hydrocodone bitartrate cp12 10mg, 15mg, 20mg, 30mg, 40mg, 50mg; t24a 20mg, 30mg, 40mg, 60mg, 80mg, 100mg, 120mg	1	PA, QL
hydromorphone hcl liqd 1mg/ml; tabs 2mg, 4mg, 8mg; tb24 8mg, 12mg, 16mg, 32mg	1	PA, QL
hydromorphone hcl soln .2mg/ml, 1mg/ml, 2mg/ml, 10mg/ml, 50mg/5ml, 500mg/50ml	1	
meperidine hcl soln 25mg/ml, 50mg/ml, 100mg/ml	1	
meperidine hcl soln 50mg/5ml; tabs 50mg	1	PA, QL
methadone hcl conc 10mg/ml; soln 5mg/5ml, 10mg/5ml, 10mg/ml; tabs 5mg, 10mg; tbso 40mg	1	PA, QL
morphine sulfate cp24 10mg, 20mg, 30mg, 50mg, 60mg, 80mg, 100mg; soln 10mg/5ml, 20mg/5ml, 20mg/ml, 100mg/5ml; tabs 15mg, 30mg; tbcr 15mg, 30mg, 60mg, 100mg, 200mg	1	PA, QL
morphine sulfate soln .5mg/ml, 1mg/ml	1	
morphine sulfate beads cp24 30mg, 45mg, 60mg, 75mg, 90mg, 120mg	1	PA, QL
morphine sulfate for continuous microinfusion soln 10mg/ml, 25mg/ml	1	
oxycodone hcl caps 5mg; conc 100mg/5ml; soln 5mg/5ml; t12a 10mg, 20mg, 40mg, 80mg; tabs 5mg, 10mg, 15mg, 20mg, 30mg	1	PA, QL
oxymorphone hcl tabs 5mg, 10mg	1	PA, QL
tramadol hcl soln 5mg/ml; tabs 50mg; tb24 100mg, 200mg, 300mg	1	PA, QL
OPIOID COMBINATIONS		
acetaminophen w/ codeine soln 120-12 mg/5ml	1	PA, QL
acetaminophen w/ codeine tab 300-15 mg	1	PA, QL
acetaminophen w/ codeine tab 300-30 mg	1	PA, QL
acetaminophen w/ codeine tab 300-60 mg	1	PA, QL
acetaminophen-caffeine-dihydrocodeine cap 320.5-30-16 mg	1	PA, QL
butalbital-acetaminophen-caff w/ cod cap 50-300-40-30 mg	1	QL

Drug Name	Drug Tier	Requirements/Limits
<i>butalbital-acetaminophen-caff w/ cod cap 50-325-40-30 mg</i>	1	QL
<i>butalbital-aspirin-caff w/ codeine cap 50-325-40-30 mg</i>	1	QL
<i>hydrocodone-acetaminophen soln 7.5-325 mg/15ml</i>	1	PA, QL
<i>hydrocodone-acetaminophen soln 10-300 mg/15ml</i>	1	PA, QL
<i>hydrocodone-acetaminophen soln 10-325 mg/15ml</i>	1	PA, QL
<i>hydrocodone-acetaminophen tab 2.5-325 mg</i>	1	PA, QL
<i>hydrocodone-acetaminophen tab 5-300 mg</i>	1	PA, QL
<i>hydrocodone-acetaminophen tab 5-325 mg</i>	1	PA, QL
<i>hydrocodone-acetaminophen tab 7.5-300 mg</i>	1	PA, QL
<i>hydrocodone-acetaminophen tab 7.5-325 mg</i>	1	PA, QL
<i>hydrocodone-acetaminophen tab 10-300 mg</i>	1	PA, QL
<i>hydrocodone-acetaminophen tab 10-325 mg</i>	1	PA, QL
<i>hydrocodone-ibuprofen tab 5-200 mg</i>	1	PA, QL
<i>hydrocodone-ibuprofen tab 7.5-200 mg</i>	1	PA, QL
<i>hydrocodone-ibuprofen tab 10-200 mg</i>	1	PA, QL
<i>oxycodone w/ acetaminophen tab 2.5-325 mg</i>	1	PA, QL
<i>oxycodone w/ acetaminophen tab 5-325 mg</i>	1	PA, QL
<i>oxycodone w/ acetaminophen tab 7.5-325 mg</i>	1	PA, QL
<i>oxycodone w/ acetaminophen tab 10-325 mg</i>	1	PA, QL
<i>tramadol-acetaminophen tab 37.5-325 mg</i>	1	PA, QL
OPIOID PARTIAL AGONISTS		
<i>BELBUCA FILM 75MCG, 150MCG, 300MCG, 450MCG, 600MCG, 750MCG, 900MCG</i>	2	PA, QL
<i>buprenorphine ptwk 5mcg/hr, 7.5mcg/hr, 10mcg/hr, 15mcg/hr, 20mcg/hr</i>	1	PA, QL
<i>buprenorphine hcl soln .3mg/ml</i>	1	QL
<i>buprenorphine hcl subl 2mg, 8mg</i>	1	PA, QL
<i>buprenorphine hcl-naloxone hcl sl film 2-0.5 mg (base equiv)</i>	1	QL
<i>buprenorphine hcl-naloxone hcl sl film 4-1 mg (base equiv)</i>	1	QL
<i>buprenorphine hcl-naloxone hcl sl film 8-2 mg (base equiv)</i>	1	QL
<i>buprenorphine hcl-naloxone hcl sl film 12-3 mg (base equiv)</i>	1	QL
<i>buprenorphine hcl-naloxone hcl sl tab 2-0.5 mg (base equiv)</i>	1	QL
<i>buprenorphine hcl-naloxone hcl sl tab 8-2 mg (base equiv)</i>	1	QL
<i>butorphanol tartrate soln 1mg/ml, 2mg/ml</i>	1	
<i>butorphanol tartrate soln 10mg/ml</i>	1	QL
<i>nalbuphine hcl soln 10mg/ml, 20mg/ml</i>	1	
<i>pentazocine w/ naloxone hcl tab 50-0.5 mg</i>	1	PA, QL
<i>ZUBSOLV SUB 0.7-0.18</i>	2	QL

Drug Name	Drug Tier	Requirements/Limits
ZUBSOLV SUB 1.4-0.36	2	QL
ZUBSOLV SUB 2.9-0.71	2	QL
ZUBSOLV SUB 5.7-1.4	2	QL
ZUBSOLV SUB 8.6-2.1	2	QL
ZUBSOLV SUB 11.4-2.9	2	QL

ANDROGENS-ANABOLIC

ANDROGENS

<i>danazol caps 50mg, 100mg, 200mg</i>	1	
<i>methylestosterone caps 10mg; tabs 10mg</i>	1	
NATESTO GEL 5.5MG/ACT	2	PA
<i>testosterone gel 1%, 1.62%, 10mg/act, 20.25mg/1.25gm, 25mg/2.5gm, 40.5mg/2.5gm, 50mg/5gm; soln 30mg/act</i>	1	PA
<i>testosterone cypionate soln 100mg/ml, 200mg/ml</i>	1	PA
<i>testosterone enanthate soln 200mg/ml</i>	1	PA

ANORECTAL AND RELATED PRODUCTS

INTRARECTAL STEROIDS

<i>budesonide (intrarectal) foam 2mg</i>	1	
CORTIFOAM FOAM 10%	2	
<i>hydrocortisone (intrarectal) enem 100mg/60ml</i>	1	

RECTAL COMBINATIONS

<i>hydrocortisone acetate w/ pramoxine perianal cream 1-1%</i>	1	
<i>lidocaine-hydrocortisone acetate perianal cream 3-0.5%</i>	1	
<i>lidocaine-hydrocortisone acetate rectal cream kit 2-2%</i>	1	
<i>lidocaine-hydrocortisone acetate rectal gel kit 3-2.5%</i>	1	
PROCTOFOAM AER HC 1%	2	

RECTAL STEROIDS

<i>hydrocortisone (rectal) crea 1%, 2.5%</i>	1	
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VASODILATING AGENTS

<i>nitroglycerin (intra-anal) oint .4%</i>	1	
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ANTHELMINTICS

ANTHELMINTICS

<i>albendazole tabs 200mg</i>	1	
EMVERM CHEW 100MG	2	
<i>ivermectin tabs 3mg, 6mg</i>	1	PA, QL
<i>praziquantel tabs 600mg</i>	1	
STROMEKTOL TABS 3MG	3	PA, QL

ANTI-INFECTIVE AGENTS - MISC.

ANTI-INFECTIVE AGENTS - MISC.

<i>metronidazole caps 375mg; tabs 250mg, 500mg</i>	1	
<i>pentamidine isethionate solr 300mg</i>	1	
<i>tinidazole tabs 250mg, 500mg</i>	1	

Drug Name	Drug Tier	Requirements/Limits
<i>trimethoprim tabs 100mg</i>	1	
XIFAXAN TABS 550MG	2	
ANTI-INFECTIVE MISC. - COMBINATIONS		
<i>methenamine-hyosc-meth blue-sod phos-phen sal cap 118 mg</i>	1	
<i>methenamine-hyosc-meth blue-sod phos-phen sal tab 81 mg</i>	1	
<i>sulfamethoxazole-trimethoprim susp 200-40 mg/5ml</i>	1	
<i>sulfamethoxazole-trimethoprim tab 400-80 mg</i>	1	
<i>sulfamethoxazole-trimethoprim tab 800-160 mg</i>	1	
ANTIPROTOZOAL AGENTS		
<i>atovaquone susp 750mg/5ml</i>	1	
<i>nitazoxanide tabs 500mg</i>	1	
CARBAPENEMS		
<i>ertapenem sodium solr 1gm</i>	1	
GLYCOPEPTIDES		
<i>vancomycin hcl caps 125mg, 250mg; solr 25mg/ml, 50mg/ml</i>	1	
LEPROSTATICS		
<i>dapsone tabs 25mg, 100mg</i>	1	
LINCOSAMIDES		
<i>clindamycin hcl caps 75mg, 150mg, 300mg</i>	1	
<i>clindamycin palmitate hydrochloride solr 75mg/5ml</i>	1	
<i>clindamycin phosphate soln 300mg/2ml, 600mg/4ml, 900mg/6ml, 9000mg/60ml</i>	1	
<i>lincomycin hcl soln 300mg/ml</i>	1	
MONOBACTAMS		
<i>aztreonam solr 1gm, 2gm</i>	1	
OXAZOLIDINONES		
<i>linezolid susr 100mg/5ml; tabs 600mg</i>	1	
POLYMYXINS		
<i>colistimethate sodium solr 150mg</i>	1	
<i>polymyxin b sulfate solr 500000unit</i>	1	
URINARY ANTI-INFECTIVES		
<i>fosfomycin tromethamine pack 3gm</i>	1	
<i>methenamine hippurate tabs 1gm</i>	1	
<i>methenamine mandelate tabs .5gm, 1gm</i>	1	
<i>nitrofurantoin susp 25mg/5ml, 50mg/10ml</i>	1	
<i>nitrofurantoin macrocrystal caps 25mg, 50mg, 100mg</i>	1	
<i>nitrofurantoin monohyd macro caps 100mg</i>	1	
ANTIANGINAL AGENTS		
ANTIANGINALS-OTHER		
<i>ranolazine tb12 500mg, 1000mg</i>	1	

Drug Name	Drug Tier	Requirements/Limits
NITRATES		
isosorbide dinitrate tabs 5mg, 10mg, 20mg, 30mg	1	
isosorbide mononitrate tabs 10mg, 20mg; tb24 30mg, 60mg, 120mg	1	
nitroglycerin pt24 .1mg/hr, .2mg/hr, .4mg/hr, .6mg/hr; soln .4mg/spray; subl .3mg, .4mg, .6mg	1	
NITROLINGUAL SOLN .4MG/SPRAY	3	
NITROSTAT SUBL .3MG, .4MG, .6MG	3	
ANTI-ANXIETY AGENTS		
ANTI-ANXIETY AGENTS - MISC.		
bupirone hcl tabs 5mg, 7.5mg, 10mg, 15mg, 30mg	1	
droperidol soln 2.5mg/ml	1	
hydroxyzine hcl soln 25mg/ml, 50mg/ml; syrp 10mg/5ml; tabs 10mg, 25mg, 50mg	1	
hydroxyzine pamoate caps 25mg, 50mg, 100mg	1	
meprobamate tabs 200mg, 400mg	1	
BENZODIAZEPINES		
alprazolam tabs .25mg, .5mg, 1mg, 2mg; tb24 .5mg, 1mg, 2mg, 3mg; tbdp .25mg, .5mg, 1mg, 2mg	1	
chlordiazepoxide hcl caps 5mg, 10mg, 25mg	1	
clorazepate dipotassium tabs 3.75mg, 7.5mg, 15mg	1	
diazepam conc 5mg/ml; soln 5mg/5ml, 5mg/ml, 10mg/2ml; tabs 2mg, 5mg, 10mg	1	
lorazepam conc 2mg/ml; soln 2mg/ml, 4mg/ml; tabs .5mg, 1mg, 2mg	1	
oxazepam caps 10mg, 15mg, 30mg	1	
ANTIARRHYTHMICS		
ANTIARRHYTHMICS TYPE I-A		
disopyramide phosphate caps 100mg, 150mg	1	
procainamide hcl soln 100mg/ml, 500mg/ml	1	
quinidine gluconate tbc 324mg	1	
ANTIARRHYTHMICS TYPE I-B		
mexiletine hcl caps 150mg, 200mg, 250mg	1	
ANTIARRHYTHMICS TYPE I-C		
flecainide acetate tabs 50mg, 100mg, 150mg	1	
propafenone hcl cp12 225mg, 325mg, 425mg; tabs 150mg, 225mg, 300mg	1	
ANTIARRHYTHMICS TYPE III		
amiodarone hcl tabs 100mg, 200mg, 400mg	1	
dofetilide caps 125mcg, 250mcg, 500mcg	4	PA, QL
MULTAQ TABS 400MG	2	
ANTI-ASTHMATIC AND BRONCHODILATOR AGENTS		
ANTI-INFLAMMATORY AGENTS		
cromolyn sodium nebu 20mg/2ml	1	QL

Drug Name	Drug Tier	Requirements/Limits
ANTIASTHMATIC - MONOCLONAL ANTIBODIES		
FASENRA SOSY 30MG/ML	4	PA, QL
FASENRA PEN SOAJ 30MG/ML	4	PA, QL
NUCALA SOAJ 100MG/ML; SOSY 40MG/0.4ML, 100MG/ML	4	PA, QL
TEZSPIRE SOAJ 210MG/1.91ML; SOSY 210MG/1.91ML	4	PA, QL
XOLAIR SOAJ 75MG/0.5ML, 150MG/ML, 300MG/2ML; SOLR 150MG; SOSY 75MG/0.5ML, 150MG/ML, 300MG/2ML	4	PA, QL
BRONCHODILATORS - ANTICHOLINERGICS		
<i>ipratropium bromide soln .02%</i>	1	QL
SPIRIVA HANDIHALER CAPS 18MCG	2	QL
SPIRIVA RESPIMAT AERS 1.25MCG/ACT, 2.5MCG/ACT	2	QL
YUPELRI SOLN 175MCG/3ML	2	QL
LEUKOTRIENE MODULATORS		
<i>montelukast sodium chew 4mg, 5mg; pack 4mg; tabs 10mg</i>	1	
<i>zafirlukast tabs 10mg, 20mg</i>	1	
SELECTIVE PHOSPHODIESTERASE 4 (PDE4) INHIBITORS		
<i>roflumilast tabs 250mcg, 500mcg</i>	1	
STEROID INHALANTS		
ASMANEX HFA AERO 50MCG/ACT, 100MCG/ACT, 200MCG/ACT	2	QL
<i>budesonide (inhalation) susp .25mg/2ml, .5mg/2ml, 1mg/2ml</i>	1	QL
<i>fluticasone furoate (inhalation) aepb 50mcg/act, 100mcg/act, 200mcg/act</i>	1	QL
PULMICORT SUSP .25MG/2ML, .5MG/2ML, 1MG/2ML	3	QL
PULMICORT FLEXHALER AEPB 90MCG/ACT, 180MCG/ACT	2	QL
SYMPATHOMIMETICS		
AIRSUPRA AER 90-80MCG	2	QL
<i>albuterol sulfate aers 108mcg/act; nebu .083%, .63mg/3ml, 1.25mg/3ml, 2.5mg/0.5ml</i>	1	QL
<i>albuterol sulfate syrp 2mg/5ml, 8mg/20ml; tabs 2mg, 4mg</i>	1	
ANORO ELLIPTA AER 62.5-25	2	QL
<i>arformoterol tartrate nebu 15mcg/2ml</i>	1	QL
BREO ELLIPTA INH 50-25MCG	2	QL
BREO ELLIPTA INH 100-25	2	QL
BREO ELLIPTA INH 200-25	2	QL
BREZTRI AERO AER SPHERE	2	QL
<i>budesonide-formoterol fumarate dihyd aerosol 80-4.5 mcg/act</i>	1	QL

Drug Name	Drug Tier	Requirements/Limits
budesonide-formoterol fumarate dihyd aerosol 160-4.5 mcg/act	1	QL
fluticasone-salmeterol aer powder ba 100-50 mcg/act	1	QL
fluticasone-salmeterol aer powder ba 250-50 mcg/act	1	QL
fluticasone-salmeterol aer powder ba 500-50 mcg/act	1	QL
formoterol fumarate nebu 20mcg/2ml	1	QL
ipratropium-albuterol nebu soln 0.5-2.5(3) mg/3ml	1	QL
isoproterenol hcl soln .2mg/ml	1	
levalbuterol hcl nebu .31mg/3ml, .63mg/3ml, 1.25mg/0.5ml, 1.25mg/3ml	1	QL
levalbuterol tartrate aero 45mcg/act	1	QL
SEREVENT DISKUS AEPB 50MCG/DOSE	2	QL
STIOLTO AER 2.5-2.5	2	QL
STRIVERDI RESPIMAT AERS 2.5MCG/ACT	2	QL
terbutaline sulfate soln 1mg/ml; tabs 2.5mg, 5mg	1	
TRELEGY AER 100MCG	2	QL
TRELEGY AER 200MCG	2	QL

XANTHINES

theophylline elix 80mg/15ml; soln 80mg/15ml; tb12 300mg, 450mg; tb24 400mg, 600mg	1	
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ANTICOAGULANTS

COUMARIN ANTICOAGULANTS

warfarin sodium tabs 1mg, 2mg, 2.5mg, 3mg, 4mg, 5mg, 6mg, 7.5mg, 10mg	1	
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DIRECT FACTOR XA INHIBITORS

ELIQUIS TABS 2.5MG, 5MG	2	
ELIQUIS STARTER PACK TBPK 5MG	2	
rivaroxaban susr 1mg/ml; tabs 2.5mg	1	
XARELTO SUSR 1MG/ML; TABS 2.5MG, 10MG, 15MG, 20MG	2	
XARELTO STAR TAB 15/20MG	2	

HEPARINS AND HEPARINOID-LIKE AGENTS

enoxaparin sodium soln 300mg/3ml; sosy 30mg/0.3ml, 40mg/0.4ml, 60mg/0.6ml, 80mg/0.8ml, 100mg/ml, 120mg/0.8ml, 150mg/ml	1	
fondaparinux sodium soln 2.5mg/0.5ml, 5mg/0.4ml, 7.5mg/0.6ml, 10mg/0.8ml	1	
heparin sodium (porcine) soln 1000unit/ml, 5000unit/0.5ml, 5000unit/ml, 10000unit/ml, 20000unit/ml	1	

THROMBIN INHIBITORS

dabigatran etexilate mesylate caps 75mg, 110mg, 150mg	1	
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Drug Name	Drug Tier	Requirements/Limits
ANTICONVULSANTS		
AMPA GLUTAMATE RECEPTOR ANTAGONISTS		
FYCOMPA SUSP .5MG/ML; TABS 2MG, 4MG, 6MG, 8MG, 10MG, 12MG	2	
perampanel tabs 2mg, 4mg, 6mg, 8mg, 10mg, 12mg	1	
ANTICONVULSANTS - BENZODIAZEPINES		
clobazam susp 2.5mg/ml; tabs 10mg, 20mg	1	
clonazepam tabs .5mg, 1mg, 2mg; tbdp .125mg, .25mg, .5mg, 1mg, 2mg	1	
DIASTAT ACUDIAL GEL 10MG, 20MG	3	
DIASTAT PEDIATRIC GEL 2.5MG	3	
diazepam (anticonvulsant) gel 2.5mg, 10mg, 20mg	1	
NAYZILAM SOLN 5MG/0.1ML	2	
VALTOCO 5 MG DOSE LIQD 5MG/0.1ML	2	
VALTOCO 10 MG DOSE LIQD 10MG/0.1ML	2	
VALTOCO 15 MG DOSE LQPK 7.5MG/0.1ML	2	
VALTOCO 20 MG DOSE LQPK 10MG/0.1ML	2	
ANTICONVULSANTS - MISC.		
APTOM TABS 200MG, 400MG, 600MG, 800MG	2	
BRIVIACT SOLN 10MG/ML; TABS 10MG, 25MG, 50MG, 75MG, 100MG	2	
carbamazepine chew 100mg, 200mg; cp12 100mg, 200mg, 300mg; susp 100mg/5ml, 200mg/10ml; tabs 200mg; tb12 100mg, 200mg, 400mg	1	
CARBATROL CP12 100MG, 200MG, 300MG	3	
eslicarbazepine acetate tabs 200mg, 400mg, 600mg, 800mg	1	
gabapentin caps 100mg, 300mg, 400mg; soln 250mg/5ml, 300mg/6ml; tabs 600mg, 800mg	1	
lacosamide soln 10mg/ml, 50mg/5ml; tabs 50mg, 100mg, 150mg, 200mg	1	
lacosamide tab 50 mg	1	
lamotrigine chew 5mg, 25mg; kit 25mg; tabs 25mg, 100mg, 150mg, 200mg; tb24 25mg, 50mg, 100mg, 200mg, 250mg, 300mg; tbdp 25mg, 50mg, 100mg, 200mg	1	
lamotrigine tab 25 mg (42) & 100 mg (7) starter kit	1	
lamotrigine tab 84 x 25 mg & 14 x 100 mg starter kit	1	
lamotrigine tab disint 21 x 25 mg & 7 x 50 mg titration kit	1	
lamotrigine tab disint 25 (14) & 50 mg (14) & 100 mg (7) kit	1	
lamotrigine tab disint 42 x 50mg & 14 x 100mg titration kit	1	
levetiracetam soln 100mg/ml, 500mg/5ml; tabs 250mg, 500mg, 750mg, 1000mg; tb24 500mg, 750mg	1	

Drug Name	Drug Tier	Requirements/Limits
MYSOLINE TABS 50MG, 250MG	3	
NEURONTIN CAPS 100MG, 300MG, 400MG; SOLN 250MG/5ML; TABS 600MG, 800MG	3	
<i>oxcarbazepine susp 60mg/ml, 300mg/5ml; tabs 150mg, 300mg, 600mg; tb24 150mg, 300mg, 600mg</i>	1	
OXTELLAR XR TB24 150MG, 300MG, 600MG	2	
<i>pregabalin caps 25mg, 50mg, 75mg, 100mg, 150mg, 200mg, 225mg, 300mg; soln 20mg/ml</i>	1	
<i>primidone tabs 50mg, 250mg</i>	1	
<i>rufinamide susp 40mg/ml; tabs 200mg, 400mg</i>	1	
TOPAMAX TABS 25MG, 50MG, 100MG, 200MG	3	
TOPAMAX SPRINKLE CPSP 15MG, 25MG	3	
<i>topiramate cp24 25mg, 50mg, 100mg, 200mg; cpsp 15mg, 25mg, 50mg; soln 25mg/ml; tabs 25mg, 50mg, 100mg, 200mg</i>	1	
<i>zonisamide caps 25mg, 50mg, 100mg</i>	1	
CARBAMATES		
<i>felbamate susp 600mg/5ml; tabs 400mg, 600mg</i>	1	
XCOPRI TABS 25MG, 50MG, 100MG, 150MG, 200MG	2	
XCOPRI PAK 12.5-25	2	
XCOPRI PAK 50-100MG	2	
XCOPRI PAK 100-150	2	
XCOPRI PAK 150-200	2	
GABA MODULATORS		
<i>tiagabine hcl tabs 2mg, 4mg, 12mg, 16mg</i>	1	
<i>vigabatrin pack 500mg; tabs 500mg</i>	4	PA, QL
HYDANTOINS		
<i>fosphenytoin sodium soln 100mgpe/2ml, 500mgpe/10ml</i>	1	
<i>phenytoin chew 50mg; susp 100mg/4ml, 125mg/5ml</i>	1	
<i>phenytoin sodium soln 50mg/ml</i>	1	
<i>phenytoin sodium extended caps 100mg, 200mg, 300mg</i>	1	
SUCCINIMIDES		
<i>ethosuximide caps 250mg; soln 250mg/5ml</i>	1	
<i>methsuximide caps 300mg</i>	1	
ZARONTIN CAPS 250MG; SOLN 250MG/5ML	3	
VALPROIC ACID		
<i>divalproex sodium csdr 125mg; tb24 250mg, 500mg; tbec 125mg, 250mg, 500mg</i>	1	
<i>valproate sodium soln 100mg/ml, 250mg/5ml, 500mg/10ml, 500mg/5ml</i>	1	
<i>valproic acid caps 250mg</i>	1	

Drug Name	Drug Tier	Requirements/Limits
ANTIDEPRESSANTS		
ALPHA-2 RECEPTOR ANTAGONISTS (TETRACYCLICS)		
mirtazapine tabs 7.5mg, 15mg, 30mg, 45mg; tbdp 15mg, 30mg, 45mg	1	
REMERON TABS 15MG, 30MG	3	
REMERON SOLTAB TBDP 15MG, 30MG, 45MG	3	
ANTIDEPRESSANTS - MISC.		
bupropion hcl tabs 75mg, 100mg; tb12 100mg, 150mg, 200mg; tb24 150mg, 300mg	1	
WELLBUTRIN SR TB12 100MG, 150MG, 200MG	3	
GABA RECEPTOR MODULATOR - NEUROACTIVE STEROID		
ZURZUVAE CAPS 20MG, 25MG, 30MG	4	PA
MONOAMINE OXIDASE INHIBITORS (MAOIS)		
phenelzine sulfate tabs 15mg	1	
tranylcypromine sulfate tabs 10mg	1	
SELECTIVE SEROTONIN REUPTAKE INHIBITORS (SSRIS)		
CELEXA TABS 10MG, 20MG, 40MG	3	
citalopram hydrobromide soln 10mg/5ml, 20mg/10ml; tabs 10mg, 20mg, 40mg	1	
escitalopram oxalate soln 5mg/5ml, 10mg/10ml; tabs 5mg, 10mg, 20mg	1	
fluoxetine hcl caps 10mg, 20mg, 40mg; cpdr 90mg; soln 20mg/5ml; tabs 10mg, 20mg	1	
fluvoxamine maleate cp24 100mg, 150mg; tabs 25mg, 50mg, 100mg	1	
paroxetine hcl susp 10mg/5ml; tabs 10mg, 20mg, 30mg, 40mg; tb24 12.5mg, 25mg, 37.5mg	1	
sertraline hcl caps 150mg, 200mg; conc 20mg/ml; tabs 25mg, 50mg, 100mg	1	
SEROTONIN MODULATORS		
nefazodone hcl tabs 50mg, 100mg, 150mg, 200mg, 250mg	1	
trazodone hcl tabs 50mg, 100mg, 150mg, 300mg	1	
TRINTELLIX TABS 5MG, 10MG, 20MG	2	
vilazodone hcl tabs 10mg, 20mg, 40mg	1	
SEROTONIN-NOREPINEPHRINE REUPTAKE INHIBITORS (SNRIS)		
desvenlafaxine succinate tb24 25mg, 50mg, 100mg	1	
duloxetine hcl cpep 20mg, 30mg, 40mg, 60mg	1	
venlafaxine hcl cp24 37.5mg, 75mg, 150mg; tabs 25mg, 37.5mg, 50mg, 75mg, 100mg; tb24 225mg	1	
TRICYCLIC AGENTS		
amitriptyline hcl tabs 10mg, 25mg, 50mg, 75mg, 100mg, 150mg	1	
amoxapine tabs 25mg, 50mg, 100mg, 150mg	1	
clomipramine hcl caps 25mg, 50mg, 75mg	1	

Drug Name	Drug Tier	Requirements/Limits
<i>desipramine hcl tabs 10mg, 25mg, 50mg, 75mg, 100mg, 150mg</i>	1	
<i>doxepin hcl caps 10mg, 25mg, 50mg, 75mg, 100mg, 150mg; conc 10mg/ml</i>	1	
<i>imipramine hcl tabs 10mg, 25mg, 50mg</i>	1	
<i>imipramine pamoate caps 75mg, 100mg, 125mg, 150mg</i>	1	
<i>nortriptyline hcl caps 10mg, 25mg, 50mg, 75mg; soln 10mg/5ml</i>	1	
PAMELOR CAPS 10MG, 25MG, 50MG	3	
<i>protriptyline hcl tabs 5mg, 10mg</i>	1	
<i>trimipramine maleate caps 25mg, 50mg, 100mg</i>	1	

ANTIDIABETICS

ALPHA-GLUCOSIDASE INHIBITORS

<i>acarbose tabs 25mg, 50mg, 100mg</i>	1	
<i>miglitol tabs 25mg, 50mg, 100mg</i>	1	

ANTIDIABETIC - AMYLIN ANALOGS

SYMLINPEN 60 SOPN 1500MCG/1.5ML	2	ST, PA
SYMLINPEN 120 SOPN 2700MCG/2.7ML	2	ST, PA

ANTIDIABETIC COMBINATIONS

ACTOPLUS MET TAB 15-850MG	3	
DUETACT TAB 30-2MG	3	
DUETACT TAB 30-4MG	3	
<i>glipizide-metformin hcl tab 2.5-250 mg</i>	1	
<i>glipizide-metformin hcl tab 2.5-500 mg</i>	1	
<i>glipizide-metformin hcl tab 5-500 mg</i>	1	
<i>glyburide-metformin tab 1.25-250 mg</i>	1	
<i>glyburide-metformin tab 2.5-500 mg</i>	1	
<i>glyburide-metformin tab 5-500 mg</i>	1	
GLYXAMBI TAB 10-5 MG	2	ST, PA
GLYXAMBI TAB 25-5 MG	2	ST, PA
<i>pioglitazone hcl-glimepiride tab 30-2 mg</i>	1	
<i>pioglitazone hcl-glimepiride tab 30-4 mg</i>	1	
<i>pioglitazone hcl-metformin hcl tab 15-500 mg</i>	1	
<i>pioglitazone hcl-metformin hcl tab 15-850 mg</i>	1	
<i>saxagliptin-metformin hcl tab er 24hr 2.5-1000 mg</i>	1	
<i>saxagliptin-metformin hcl tab er 24hr 5-500 mg</i>	1	
<i>saxagliptin-metformin hcl tab er 24hr 5-1000 mg</i>	1	
SOLIQUA INJ 100/33	2	ST, PA
SYNJARDY TAB	2	ST, PA
SYNJARDY TAB 5-500MG	2	ST, PA
SYNJARDY TAB 5-1000MG	2	ST, PA
SYNJARDY TAB 12.5-500	2	ST, PA
SYNJARDY XR TAB	2	ST, PA
SYNJARDY XR TAB 5-1000MG	2	ST, PA

Drug Name	Drug Tier	Requirements/Limits
SYNJARDY XR TAB 10-1000	2	ST, PA
SYNJARDY XR TAB 25-1000	2	ST, PA
TRIJARDY XR TAB	2	ST, PA
XIGDUO XR TAB 2.5-1000	2	ST, PA
XIGDUO XR TAB 5-500MG	2	ST, PA
XIGDUO XR TAB 5-1000MG	2	ST, PA
XIGDUO XR TAB 10-500MG	2	ST, PA
XIGDUO XR TAB 10-1000	2	ST, PA
XULTOPHY INJ 100/3.6	2	ST, PA
ZITUVIMET TAB 50-500MG	2	
ZITUVIMET TAB 50-1000	2	
ZITUVIMET XR TAB 50-500MG	2	
ZITUVIMET XR TAB 50-1000	2	
ZITUVIMET XR TAB 100-1000	2	
BIGUANIDES		
<i>metformin hcl soln 500mg/5ml; tabs 500mg, 850mg, 1000mg; tb24 500mg, 750mg</i>	1	
DIABETIC OTHER		
BAQSIMI ONE PACK POWD 3MG/DOSE	2	
BAQSIMI TWO PACK POWD 3MG/DOSE	2	
<i>diazoxide susp 50mg/ml</i>	1	
<i>glucagon (rdna) kit 1mg</i>	1	
GVOKE HYPOPEN 1-PACK SOAJ .5MG/0.1ML, 1MG/0.2ML	2	
GVOKE HYPOPEN 2-PACK SOAJ .5MG/0.1ML, 1MG/0.2ML	2	
GVOKE KIT SOLN 1MG/0.2ML	2	
GVOKE PFS SOSY .5MG/0.1ML, 1MG/0.2ML	2	
<i>mifepristone (hyperglycemia) tabs 300mg</i>	4	PA
ZEGALOGUE SOAJ .6MG/0.6ML; SOSY .6MG/0.6ML	2	
DIPEPTIDYL PEPTIDASE-4 (DPP-4) INHIBITORS		
<i>saxagliptin hcl tabs 2.5mg, 5mg</i>	1	
ZITUVIO TABS 25MG, 50MG, 100MG	2	
INCRETIN MIMETIC AGENTS		
<i>liraglutide sopn 18mg/3ml</i>	1	ST, PA, QL
MOUNJARO SOAJ 2.5MG/0.5ML, 5MG/0.5ML, 7.5MG/0.5ML, 10MG/0.5ML, 12.5MG/0.5ML, 15MG/0.5ML	2	ST, PA, QL
OZEMPIC SOPN 2MG/3ML, 4MG/3ML, 8MG/3ML	2	ST, PA, QL
RYBELSUS TABS 1.5MG, 3MG, 4MG, 7MG, 9MG, 14MG	2	ST, PA, QL
TRULICITY SOAJ .75MG/0.5ML, 1.5MG/0.5ML, 3MG/0.5ML, 4.5MG/0.5ML	2	ST, PA, QL
INSULIN		
FIASP SOLN 100UNIT/ML	2	

Drug Name	Drug Tier	Requirements/Limits
FIASP FLEXTOUCH SOPN 100UNIT/ML	2	
FIASP PENFILL SOCT 100UNIT/ML	2	
HUMULIN R U-500 (CONCENTR SOLN 500UNIT/ML	2	
HUMULIN R U-500 KWIKPEN SOPN 500UNIT/ML	2	
INSULIN GLARGINE-YFGN SOLN 100UNIT/ML; SOPN 100UNIT/ML	2	
LANTUS SOLN 100UNIT/ML	2	
LANTUS SOLOSTAR SOPN 100UNIT/ML	2	
NOVOLIN INJ 70/30	2	
NOVOLIN INJ 70/30 FP	2	
NOVOLIN N SUSP 100UNIT/ML	2	
NOVOLIN N FLEXPEN SUPN 100UNIT/ML	2	
NOVOLIN R SOLN 100UNIT/ML	2	
NOVOLIN R FLEXPEN SOPN 100UNIT/ML	2	
NOVOLOG SOLN 100UNIT/ML	2	
NOVOLOG FLEXPEN SOPN 100UNIT/ML	2	
NOVOLOG MIX INJ 70/30	2	
NOVOLOG MIX INJ FLEXPEN	2	
NOVOLOG PENFILL SOCT 100UNIT/ML	2	
TOUJEO MAX SOLOSTAR SOPN 300UNIT/ML	2	
TOUJEO SOLOSTAR SOPN 300UNIT/ML	2	
TRESIBA SOLN 100UNIT/ML	2	
TRESIBA FLEXTOUCH SOPN 100UNIT/ML, 200UNIT/ML	2	
INSULIN SENSITIZING AGENTS		
<i>pioglitazone hcl tabs 15mg, 30mg, 45mg</i>	1	
MEGLITINIDE ANALOGUES		
<i>nateglinide tabs 60mg, 120mg</i>	1	
<i>repaglinide tabs .5mg, 1mg, 2mg</i>	1	
SODIUM-GLUCOSE CO-TRANSPORTER 2 (SGLT2) INHIBITORS		
FARXIGA TABS 5MG, 10MG	2	ST, PA
JARDIANCE TABS 10MG, 25MG	2	ST, PA
SULFONYLUREAS		
<i>glimepiride tabs 1mg, 2mg, 4mg</i>	1	
<i>glipizide tabs 5mg, 10mg; tb24 2.5mg, 5mg, 10mg</i>	1	
<i>glyburide tabs 1.25mg, 2.5mg, 5mg</i>	1	
<i>glyburide micronized tabs 1.5mg, 3mg, 6mg</i>	1	
ANTIDIARRHEAL/PROBIOTIC AGENTS		
ANTIPERISTALTIC AGENTS		
<i>diphenoxylate w/ atropine liq 2.5-0.025 mg/5ml</i>	1	
<i>diphenoxylate w/ atropine tab 2.5-0.025 mg</i>	1	
<i>loperamide hcl caps 2mg</i>	1	

Drug Name	Drug Tier	Requirements/Limits
ANTIDOTES AND SPECIFIC ANTAGONISTS		
ANTIDOTES - CHELATING AGENTS		
<i>deferasirox pack 90mg, 180mg, 360mg; tabs 90mg, 180mg, 360mg; tbso 125mg, 250mg, 500mg</i>	4	PA, QL
<i>deferiprone tabs 500mg, 1000mg</i>	4	PA, QL
ANTIDOTES AND SPECIFIC ANTAGONISTS		
<i>deferoxamine mesylate solr 2gm, 500mg</i>	4	PA, QL
VISTOGARD PACK 10GM	4	PA, QL
OPIOID ANTAGONISTS		
<i>naloxone hcl liqd 4mg/0.1ml; soln .4mg/ml, 4mg/10ml</i>	1	PA, QL
<i>naloxone hcl soct .4mg/ml; sosy .4mg/ml, 2mg/2ml</i>	1	
<i>naltrexone hcl tabs 50mg</i>	1	
ANTIEMETICS		
5-HT3 RECEPTOR ANTAGONISTS		
<i>granisetron hcl soln 1mg/ml, 4mg/4ml; tabs 1mg</i>	1	QL
<i>ondansetron tbdp 4mg, 8mg</i>	1	QL
<i>ondansetron hcl soln 4mg/2ml</i>	1	
<i>ondansetron hcl soln 4mg/2ml, 4mg/5ml, 40mg/20ml; sosy 4mg/2ml; tabs 4mg, 8mg, 24mg</i>	1	QL
<i>palonosetron hcl soln .25mg/5ml</i>	1	QL
SANCUSO PTCH 3.1MG/24HR	2	QL
ANTIEMETICS - ANTICHOLINERGIC		
<i>meclizine hcl tabs 12.5mg, 25mg, 50mg</i>	1	
<i>scopolamine pt72 1mg/3days</i>	1	
<i>trimethobenzamide hcl caps 300mg</i>	1	
ANTIEMETICS - MISCELLANEOUS		
<i>doxylamine-pyridoxine tab delayed release 10-10 mg</i>	1	QL
<i>dronabinol caps 2.5mg, 5mg, 10mg</i>	1	QL
MARINOL CAPS 2.5MG, 5MG, 10MG	3	QL
SUBSTANCE P/NEUROKININ 1 (NK1) RECEPTOR ANTAGONISTS		
<i>aprepitant caps 40mg, 80mg, 125mg</i>	1	QL
<i>aprepitant capsule therapy pack 80 & 125 mg</i>	1	QL
<i>fosaprepitant dimeglumine solr 150mg</i>	1	QL
ANTIFUNGALS		
ANTIFUNGALS		
<i>flucytosine caps 250mg</i>	1	
<i>griseofulvin microsize susp 125mg/5ml; tabs 500mg</i>	1	
<i>griseofulvin ultramicrosize tabs 125mg, 165mg, 250mg</i>	1	
<i>nystatin tabs 500000unit</i>	1	
<i>terbinafine hcl tabs 250mg</i>	1	PA, QL

Drug Name	Drug Tier	Requirements/Limits
IMIDAZOLE-RELATED ANTIFUNGALS		
DIFLUCAN SUSR 40MG/ML; TABS 100MG, 150MG, 200MG	3	
fluconazole susr 10mg/ml, 40mg/ml; tabs 50mg, 100mg, 150mg, 200mg	1	
itraconazole caps 100mg; soln 10mg/ml	1	PA, QL
ketoconazole tabs 200mg	1	PA, QL
posaconazole soln 300mg/16.7ml	1	PA
posaconazole susp 40mg/ml	1	PA, QL
voriconazole solr 200mg	1	PA
voriconazole susr 40mg/ml; tabs 50mg, 200mg	1	PA, QL
ANTIHISTAMINES		
ANTIHISTAMINES - ETHANOLAMINES		
carbinoxamine maleate soln 4mg/5ml; suer 4mg/5ml; tabs 4mg, 6mg	1	
clemastine fumarate syrup .67mg/5ml; tabs 2.68mg	1	
diphenhydramine hcl elix 12.5mg/5ml; soln 50mg/ml	1	
ANTIHISTAMINES - NON-SEDATING		
cetirizine hcl soln 1mg/ml	1	
desloratadine tabs 5mg; tbdp 2.5mg, 5mg	1	
levocetirizine dihydrochloride soln 2.5mg/5ml; tabs 5mg	1	
ANTIHISTAMINES - PHENOTHIAZINES		
promethazine hcl soln 6.25mg/5ml, 12.5mg/10ml, 25mg/ml, 50mg/ml; supp 12.5mg, 25mg, 50mg; tabs 12.5mg, 25mg, 50mg	1	
ANTIHISTAMINES - PIPERIDINES		
cyproheptadine hcl syrup 2mg/5ml; tabs 4mg	1	
ANTIHYPERLIPIDEMICS		
ADENOSINE TRIPHOSPHATE-CITRATE LYASE (ACL) INHIBITORS		
NEXLETOL TABS 180MG	2	
ANTIHYPERLIPIDEMICS - COMBINATIONS		
ezetimibe-simvastatin tab 10-10 mg	1	
ezetimibe-simvastatin tab 10-20 mg	1	
ezetimibe-simvastatin tab 10-40 mg	1	
ezetimibe-simvastatin tab 10-80 mg	1	
NEXLIZET TAB 180/10MG	2	
VYTORIN TAB 10-10MG	3	
VYTORIN TAB 10-20MG	3	
VYTORIN TAB 10-40MG	3	
VYTORIN TAB 10-80MG	3	
ANTIHYPERLIPIDEMICS - MISC.		
omega-3-acid ethyl esters cap 1 gm	1	
VASCEPA CAPS .5GM, 1GM	2	

Drug Name	Drug Tier	Requirements/Limits
BILE ACID SEQUESTRANTS		
<i>cholestyramine pack 4gm; powd 4gm/dose</i>	1	
<i>cholestyramine light pack 4gm; powd 4gm/dose</i>	1	
<i>colesevelam hcl pack 3.75gm; tabs 625mg</i>	1	
COLESTID GRAN 5GM; PACK 5GM; TABS 1GM	3	
COLESTID FLAVORED GRAN 5GM; PACK 5GM/7.5GM	3	
<i>colestipol hcl gran 5gm; pack 5gm; tabs 1gm</i>	1	
QUESTRAN PACK 4GM; POWD 4GM/DOSE	3	
QUESTRAN LIGHT POWD 4GM/DOSE	3	
FIBRIC ACID DERIVATIVES		
<i>choline fenofibrate cpdr 45mg, 135mg</i>	1	
<i>fenofibrate caps 150mg; tabs 48mg, 54mg, 145mg, 160mg</i>	1	
<i>fenofibrate micronized caps 43mg, 67mg, 134mg, 200mg</i>	1	
<i>fenofibric acid tabs 35mg, 105mg</i>	1	
<i>gemfibrozil tabs 600mg</i>	1	
LOPID TABS 600MG	3	
TRILIPIX CPDR 45MG, 135MG	3	
HMG COA REDUCTASE INHIBITORS		
<i>atorvastatin calcium tabs 10mg, 20mg</i>	1	AGE
<i>atorvastatin calcium tabs 40mg, 80mg</i>	1	
<i>fluvastatin sodium caps 20mg, 40mg; tb24 80mg</i>	1	AGE
<i>lovastatin tabs 10mg, 20mg, 40mg</i>	1	AGE
<i>pitavastatin calcium tabs 1mg, 2mg, 4mg</i>	1	AGE
<i>pravastatin sodium tabs 10mg, 20mg, 40mg, 80mg</i>	1	AGE
<i>rosuvastatin calcium tabs 5mg, 10mg</i>	1	AGE
<i>rosuvastatin calcium tabs 20mg, 40mg</i>	1	
<i>simvastatin tabs 5mg, 10mg, 20mg, 40mg</i>	1	AGE
<i>simvastatin tabs 80mg</i>	1	
ZOCOR TABS 10MG, 20MG, 40MG	3	
INTESTINAL CHOLESTEROL ABSORPTION INHIBITORS		
<i>ezetimibe tabs 10mg</i>	1	
NICOTINIC ACID DERIVATIVES		
<i>niacin (antihyperlipidemic) tbc 500mg, 750mg, 1000mg</i>	1	
PROPROTEIN CONVERTASE SUBTILISIN/KEXIN TYPE 9 INHIBITORS		
REPATHA SOSY 140MG/ML	4	QL
REPATHA PUSHTRONEX SYSTEM SOCT 420MG/3.5ML	4	QL
REPATHA SURECLICK SOAJ 140MG/ML	4	QL
ANTIHYPERTENSIVES		
ACE INHIBITORS		
ACCUPRIL TABS 5MG, 10MG, 20MG, 40MG	3	
ALTACE CAPS 2.5MG, 10MG	3	
<i>benazepril hcl tabs 5mg, 10mg, 20mg, 40mg</i>	1	

Drug Name	Drug Tier	Requirements/Limits
<i>captopril tabs 12.5mg, 25mg, 50mg, 100mg</i>	1	
<i>enalapril maleate soln 1mg/ml; tabs 2.5mg, 5mg, 10mg, 20mg</i>	1	
<i>fosinopril sodium tabs 10mg, 20mg, 40mg</i>	1	
<i>lisinopril tabs 2.5mg, 5mg, 10mg, 20mg, 30mg, 40mg</i>	1	
LOTENSIN TABS 10MG, 20MG, 40MG	3	
<i>moexipril hcl tabs 7.5mg, 15mg</i>	1	
<i>perindopril erbumine tabs 2mg, 4mg, 8mg</i>	1	
<i>quinapril hcl tabs 5mg, 10mg, 20mg, 40mg</i>	1	
<i>ramipril caps 1.25mg, 2.5mg, 5mg, 10mg</i>	1	
<i>trandolapril tabs 1mg, 2mg, 4mg</i>	1	
ZESTRIL TABS 2.5MG, 5MG, 10MG, 20MG, 30MG, 40MG	3	

AGENTS FOR PHEOCHROMOCYTOMA

<i>metyrosine caps 250mg</i>	4	PA
<i>phenoxybenzamine hcl caps 10mg</i>	1	
<i>phentolamine mesylate solr 5mg</i>	1	

ANGIOTENSIN II RECEPTOR ANTAGONISTS

<i>candesartan cilexetil tabs 4mg, 8mg, 16mg, 32mg</i>	1	
<i>irbesartan tabs 75mg, 150mg, 300mg</i>	1	
<i>losartan potassium tabs 25mg, 50mg, 100mg</i>	1	
<i>olmesartan medoxomil tabs 5mg, 20mg, 40mg</i>	1	
<i>telmisartan tabs 20mg, 40mg, 80mg</i>	1	
<i>valsartan soln 4mg/ml; tabs 40mg, 80mg, 160mg, 320mg</i>	1	

ANTIADRENERGIC ANTIHYPERTENSIVES

CARDURA TABS 1MG, 2MG, 4MG, 8MG	3	
<i>clonidine ptwk .1mg/24hr, .2mg/24hr, .3mg/24hr; tb24 .17mg</i>	1	
<i>clonidine hcl tabs .1mg, .2mg, .3mg</i>	1	
<i>doxazosin mesylate tabs 1mg, 2mg, 4mg, 8mg</i>	1	
<i>guanfacine hcl tabs 1mg, 2mg</i>	1	
<i>methyldopa tabs 250mg, 500mg</i>	1	
<i>prazosin hcl caps 1mg, 2mg, 5mg</i>	1	
<i>terazosin hcl caps 1mg, 2mg, 5mg, 10mg</i>	1	

ANTIHYPERTENSIVE COMBINATIONS

ACCURETIC TAB 10-12.5	3	
ACCURETIC TAB 20-12.5	3	
<i>amlodipine besylate-benazepril hcl cap 2.5-10 mg</i>	1	
<i>amlodipine besylate-benazepril hcl cap 5-10 mg</i>	1	
<i>amlodipine besylate-benazepril hcl cap 5-20 mg</i>	1	
<i>amlodipine besylate-benazepril hcl cap 5-40 mg</i>	1	
<i>amlodipine besylate-benazepril hcl cap 10-20 mg</i>	1	
<i>amlodipine besylate-benazepril hcl cap 10-40 mg</i>	1	

Drug Name	Drug Tier	Requirements/Limits
<i>amlodipine besylate-olmesartan medoxomil tab 5-20 mg</i>	1	
<i>amlodipine besylate-olmesartan medoxomil tab 5-40 mg</i>	1	
<i>amlodipine besylate-olmesartan medoxomil tab 10-20 mg</i>	1	
<i>amlodipine besylate-olmesartan medoxomil tab 10-40 mg</i>	1	
<i>amlodipine besylate-valsartan tab 5-160 mg</i>	1	
<i>amlodipine besylate-valsartan tab 5-320 mg</i>	1	
<i>amlodipine besylate-valsartan tab 10-160 mg</i>	1	
<i>amlodipine besylate-valsartan tab 10-320 mg</i>	1	
<i>amlodipine-valsartan-hydrochlorothiazide tab 5-160-12.5 mg</i>	1	
<i>amlodipine-valsartan-hydrochlorothiazide tab 5-160-25 mg</i>	1	
<i>amlodipine-valsartan-hydrochlorothiazide tab 10-160-12.5 mg</i>	1	
<i>amlodipine-valsartan-hydrochlorothiazide tab 10-160-25 mg</i>	1	
<i>amlodipine-valsartan-hydrochlorothiazide tab 10-320-25 mg</i>	1	
<i>atenolol & chlorthalidone tab 50-25 mg</i>	1	
<i>atenolol & chlorthalidone tab 100-25 mg</i>	1	
<i>benazepril & hydrochlorothiazide tab 5-6.25 mg</i>	1	
<i>benazepril & hydrochlorothiazide tab 10-12.5 mg</i>	1	
<i>benazepril & hydrochlorothiazide tab 20-12.5 mg</i>	1	
<i>benazepril & hydrochlorothiazide tab 20-25 mg</i>	1	
<i>bisoprolol & hydrochlorothiazide tab 2.5-6.25 mg</i>	1	
<i>bisoprolol & hydrochlorothiazide tab 5-6.25 mg</i>	1	
<i>bisoprolol & hydrochlorothiazide tab 10-6.25 mg</i>	1	
<i>candesartan cilexetil-hydrochlorothiazide tab 16-12.5 mg</i>	1	
<i>candesartan cilexetil-hydrochlorothiazide tab 32-12.5 mg</i>	1	
<i>candesartan cilexetil-hydrochlorothiazide tab 32-25 mg</i>	1	
<i>captopril & hydrochlorothiazide tab 25-15 mg</i>	1	
<i>captopril & hydrochlorothiazide tab 25-25 mg</i>	1	
<i>captopril & hydrochlorothiazide tab 50-15 mg</i>	1	
<i>captopril & hydrochlorothiazide tab 50-25 mg</i>	1	
<i>enalapril maleate & hydrochlorothiazide tab 5-12.5 mg</i>	1	
<i>enalapril maleate & hydrochlorothiazide tab 10-25 mg</i>	1	
<i>fosinopril sodium & hydrochlorothiazide tab 10-12.5 mg</i>	1	

Drug Name	Drug Tier	Requirements/Limits
<i>fosinopril sodium & hydrochlorothiazide tab 20-12.5 mg</i>	1	
<i>irbesartan-hydrochlorothiazide tab 150-12.5 mg</i>	1	
<i>irbesartan-hydrochlorothiazide tab 300-12.5 mg</i>	1	
<i>lisinopril & hydrochlorothiazide tab 10-12.5 mg</i>	1	
<i>lisinopril & hydrochlorothiazide tab 20-12.5 mg</i>	1	
<i>lisinopril & hydrochlorothiazide tab 20-25 mg</i>	1	
<i>losartan potassium & hydrochlorothiazide tab 50-12.5 mg</i>	1	
<i>losartan potassium & hydrochlorothiazide tab 100-12.5 mg</i>	1	
<i>losartan potassium & hydrochlorothiazide tab 100-25 mg</i>	1	
LOTENSIN HCT TAB 10-12.5	3	
LOTENSIN HCT TAB 20-12.5	3	
LOTENSIN HCT TAB 20-25MG	3	
<i>metoprolol & hydrochlorothiazide tab 50-25 mg</i>	1	
<i>metoprolol & hydrochlorothiazide tab 100-25 mg</i>	1	
<i>metoprolol & hydrochlorothiazide tab 100-50 mg</i>	1	
<i>olmesartan medoxomil-hydrochlorothiazide tab 20-12.5 mg</i>	1	
<i>olmesartan medoxomil-hydrochlorothiazide tab 40-12.5 mg</i>	1	
<i>olmesartan medoxomil-hydrochlorothiazide tab 40-25 mg</i>	1	
<i>olmesartan-amlodipine-hydrochlorothiazide tab 20-5-12.5 mg</i>	1	
<i>olmesartan-amlodipine-hydrochlorothiazide tab 40-5-12.5 mg</i>	1	
<i>olmesartan-amlodipine-hydrochlorothiazide tab 40-5-25 mg</i>	1	
<i>olmesartan-amlodipine-hydrochlorothiazide tab 40-10-12.5 mg</i>	1	
<i>olmesartan-amlodipine-hydrochlorothiazide tab 40-10-25 mg</i>	1	
<i>quinapril-hydrochlorothiazide tab 10-12.5 mg</i>	1	
<i>quinapril-hydrochlorothiazide tab 20-12.5 mg</i>	1	
<i>quinapril-hydrochlorothiazide tab 20-25 mg</i>	1	
TEKTURNA HCT TAB 300-12.5	2	
TEKTURNA HCT TAB 300-25MG	2	
<i>telmisartan-amlodipine tab 40-5 mg</i>	1	
<i>telmisartan-amlodipine tab 40-10 mg</i>	1	
<i>telmisartan-amlodipine tab 80-5 mg</i>	1	
<i>telmisartan-amlodipine tab 80-10 mg</i>	1	
<i>telmisartan-hydrochlorothiazide tab 40-12.5 mg</i>	1	
<i>telmisartan-hydrochlorothiazide tab 80-12.5 mg</i>	1	
<i>telmisartan-hydrochlorothiazide tab 80-25 mg</i>	1	

Drug Name	Drug Tier	Requirements/Limits
<i>trandolapril-verapamil hcl tab er 1-240 mg</i>	1	
<i>trandolapril-verapamil hcl tab er 2-180 mg</i>	1	
<i>trandolapril-verapamil hcl tab er 2-240 mg</i>	1	
<i>trandolapril-verapamil hcl tab er 4-240 mg</i>	1	
TRIBENZOR20- TAB 5-12.5MG	3	
TRIBENZOR40- TAB 5-12.5MG	3	
TRIBENZOR40- TAB 5-25MG	3	
TRIBENZOR40- TAB 10-12.5	3	
TRIBENZOR40- TAB 10-25MG	3	
<i>valsartan-hydrochlorothiazide tab 80-12.5 mg</i>	1	
<i>valsartan-hydrochlorothiazide tab 160-12.5 mg</i>	1	
<i>valsartan-hydrochlorothiazide tab 160-25 mg</i>	1	
<i>valsartan-hydrochlorothiazide tab 320-12.5 mg</i>	1	
<i>valsartan-hydrochlorothiazide tab 320-25 mg</i>	1	
VASERETIC TAB 10-25MG	3	
DIRECT RENIN INHIBITORS		
<i>aliskiren fumarate tabs 150mg, 300mg</i>	1	
SELECTIVE ALDOSTERONE RECEPTOR ANTAGONISTS (SARAS)		
<i>eplerenone tabs 25mg, 50mg</i>	1	
VASODILATORS		
<i>hydralazine hcl soln 20mg/ml; tabs 10mg, 25mg, 50mg, 100mg</i>	1	
<i>minoxidil tabs 2.5mg, 10mg</i>	1	
ANTIMALARIALS		
ANTIMALARIAL COMBINATIONS		
<i>atovaquone-proguanil hcl tab 62.5-25 mg</i>	1	
<i>atovaquone-proguanil hcl tab 250-100 mg</i>	1	
ANTIMALARIALS		
<i>chloroquine phosphate tabs 250mg, 500mg</i>	1	
<i>hydroxychloroquine sulfate tabs 100mg, 200mg, 300mg, 400mg</i>	1	
<i>mefloquine hcl tabs 250mg</i>	1	
<i>primaquine phosphate tabs 26.3mg</i>	1	
<i>pyrimethamine tabs 25mg</i>	1	
<i>quinine sulfate caps 324mg</i>	1	
ANTIMYASTHENIC/CHOLINERGIC AGENTS		
ANTIMYASTHENIC/CHOLINERGIC AGENTS		
<i>pyridostigmine bromide soln 60mg/5ml; tabs 60mg; tbc 180mg</i>	1	
ANTIMYCOBACTERIAL AGENTS		
ANTIMYCOBACTERIAL AGENTS		
<i>cycloserine caps 250mg</i>	1	
<i>ethambutol hcl tabs 100mg, 400mg</i>	1	
<i>isoniazid soln 100mg/ml; syr 50mg/5ml; tabs 100mg, 300mg</i>	1	

Drug Name	Drug Tier	Requirements/Limits
<i>pyrazinamide tabs 500mg</i>	1	
<i>rifabutin caps 150mg</i>	1	
<i>rifampin caps 150mg, 300mg</i>	1	

ANTINEOPLASTICS AND ADJUNCTIVE THERAPIES

ALKYLATING AGENTS

<i>bendamustine hcl solr 25mg, 100mg</i>	4	PA, QL
<i>cyclophosphamide caps 25mg, 50mg; solr 1gm, 2gm, 500mg</i>	4	
<i>melfhalan tabs 2mg</i>	1	
<i>temozolomide caps 5mg, 20mg, 100mg, 140mg, 180mg, 250mg</i>	4	PA, QL
<i>thiotepa solr 15mg, 100mg</i>	1	

ANTIMETABOLITES

<i>azacitidine susr 100mg</i>	4	PA, QL
<i>capecitabine tabs 150mg, 500mg</i>	4	PA, QL
<i>cytarabine soln 20mg/ml, 100mg/ml</i>	1	
<i>decitabine solr 50mg</i>	4	PA, QL
<i>floxuridine solr .5gm</i>	1	
<i>mercaptopurine susp 2000mg/100ml</i>	4	PA
<i>mercaptopurine tabs 50mg</i>	1	
<i>methotrexate sodium soln 1gm/40ml, 50mg/2ml, 250mg/10ml, 1000mg/40ml; solr 1gm; tabs 2.5mg</i>	1	
<i>pralatrexate soln 20mg/ml, 40mg/2ml</i>	4	PA, QL

ANTINEOPLASTIC - ANGIOGENESIS INHIBITORS

INLYTA TABS 1MG, 5MG	4	PA, QL
LENVIMA 4 MG DAILY DOSE CPPK 4MG	4	PA, QL
LENVIMA 8 MG DAILY DOSE CPPK 4MG	4	PA, QL
LENVIMA 10 MG DAILY DOSE CPPK 10MG	4	PA, QL
LENVIMA 12MG DAILY DOSE CPPK 4MG	4	PA, QL
LENVIMA 20 MG DAILY DOSE CPPK 10MG	4	PA, QL
LENVIMA CAP 14 MG	4	PA, QL
LENVIMA CAP 18 MG	4	PA, QL
LENVIMA CAP 24 MG	4	PA, QL
ZIRABEV SOLN 100MG/4ML, 400MG/16ML	4	PA, QL

ANTINEOPLASTIC - ANTI-HER2 AGENTS

KANJINTI SOLR 150MG, 420MG	4	PA
PERJETA SOLN 420MG/14ML	4	PA, QL
TRAZIMERA SOLR 150MG, 420MG	4	PA, QL

ANTINEOPLASTIC - ANTIBODIES

RUXIENCE SOLN 100MG/10ML, 500MG/50ML	4	PA, QL
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ANTINEOPLASTIC - EGFR INHIBITORS

<i>erlotinib hcl tabs 25mg, 100mg, 150mg</i>	4	PA, QL
<i>gefitinib tabs 250mg</i>	4	PA, QL
TAGRISSO TABS 40MG, 80MG	4	PA, QL

Drug Name	Drug Tier	Requirements/Limits
ANTINEOPLASTIC - HEDGEHOG PATHWAY INHIBITORS		
ERIVEDGE CAPS 150MG	4	PA, QL
ODOMZO CAPS 200MG	4	PA, QL
ANTINEOPLASTIC - HORMONAL AND RELATED AGENTS		
<i>abiraterone acetate tabs 250mg, 500mg</i>	4	PA, QL
<i>anastrozole tabs 1mg</i>	1	AGE
<i>bicalutamide tabs 50mg</i>	1	
CASODEX TABS 50MG	3	
ELIGARD KIT 7.5MG, 30MG	4	PA, QL
ERLEADA TABS 60MG, 240MG	4	PA, QL
<i>exemestane tabs 25mg</i>	1	AGE
<i>fulvestrant sosy 250mg/5ml</i>	1	PA
<i>letrozole tabs 2.5mg</i>	1	
<i>leuprolide acetate kit 1mg/0.2ml</i>	4	PA, QL
<i>leuprolide acetate (3 month) inj 22.5mg</i>	4	PA, QL
<i>megestrol acetate susp 40mg/ml, 400mg/10ml, 800mg/20ml; tabs 20mg, 40mg</i>	1	
<i>nilutamide tabs 150mg</i>	1	
NUBEQA TABS 300MG	4	PA, QL
<i>tamoxifen citrate tabs 10mg, 20mg</i>	1	AGE
<i>toremifene citrate tabs 60mg</i>	1	
XTANDI CAPS 40MG; TABS 40MG, 80MG	4	PA, QL
YONSA TABS 125MG	4	PA, QL
ANTINEOPLASTIC ANTIBIOTICS		
<i>bleomycin sulfate solr 15unit, 30unit</i>	1	
ANTINEOPLASTIC COMBINATIONS		
KISQALI 200 PAK FEMARA	4	PA, QL
KISQALI 400 PAK FEMARA	4	PA, QL
KISQALI 600 PAK FEMARA	4	PA, QL
LONSURF TAB 15-6.14	4	PA, QL
LONSURF TAB 20-8.19	4	PA, QL
PHESGO SOL	4	PA, QL
ANTINEOPLASTIC ENZYME INHIBITORS		
ALECENSA CAPS 150MG	4	PA, QL
ALUNBRIG TABS 30MG, 90MG, 180MG	4	PA, QL
ALUNBRIG PAK	4	PA, QL
AUGTYRO CAPS 40MG, 160MG	4	PA, QL
<i>bortezomib solr 3.5mg</i>	4	PA, QL
BOSULIF CAPS 50MG, 100MG; TABS 100MG, 400MG, 500MG	4	PA, QL
BRAFTOVI CAPS 75MG	4	PA, QL
BRUKINSA CAPS 80MG	4	PA, QL
CABOMETYX TABS 20MG, 40MG, 60MG	4	PA, QL
CALQUENCE TABS 100MG	4	PA, QL
COPIKTRA CAPS 15MG, 25MG	4	PA, QL

Drug Name	Drug Tier	Requirements/Limits
<i>dasatinib tabs 20mg, 50mg, 70mg, 80mg, 100mg, 140mg</i>	4	PA, QL
<i>everolimus tabs 2.5mg, 5mg, 7.5mg, 10mg; tbso 2mg, 3mg, 5mg</i>	4	PA, QL
GAVRETO CAPS 100MG	4	PA, QL
GOMEKLI CAPS 1MG, 2MG; TBSO 1MG	4	PA, QL
IBRANCE CAPS 75MG, 100MG, 125MG; TABS 75MG, 100MG, 125MG	4	PA, QL
<i>imatinib mesylate tabs 100mg, 400mg</i>	4	PA, QL
KISQALI TBPK 200MG	4	PA, QL
KOSELUGO CAPS 10MG, 25MG	4	PA, QL
KRAZATI TABS 200MG	4	PA, QL
<i>lapatinib ditosylate tabs 250mg</i>	4	PA, QL
LUMAKRAS TABS 120MG, 320MG	4	PA, QL
LYNPARZA TABS 100MG, 150MG	4	PA, QL
MEKINIST SOLR .05MG/ML; TABS .5MG, 2MG	4	PA, QL
MEKTOVI TABS 15MG	4	PA, QL
<i>nilotinib hcl caps 50mg, 150mg, 200mg</i>	4	PA, QL
NINLARO CAPS 2.3MG, 3MG, 4MG	4	PA, QL
<i>pazopanib hcl tabs 200mg</i>	4	PA, QL
PIQRAY 200MG DAILY DOSE TBPK 200MG	4	PA, QL
PIQRAY 250MG TAB DOSE	4	PA, QL
PIQRAY 300MG DAILY DOSE TBPK 150MG	4	PA, QL
RETEVMO CAPS 40MG, 80MG; TABS 40MG, 80MG, 120MG, 160MG	4	PA, QL
<i>romidepsin solr 10mg</i>	4	PA, QL
ROZLYTREK CAPS 100MG, 200MG; PACK 50MG	4	PA, QL
RYDAPT CAPS 25MG	4	PA, QL
SCEMBLIX TABS 20MG, 40MG, 100MG	4	PA, QL
<i>sorafenib tosylate tabs 200mg</i>	4	PA, QL
STIVARGA TABS 40MG	4	PA, QL
<i>sunitinib malate caps 12.5mg, 25mg, 37.5mg, 50mg</i>	4	PA, QL
TAFINLAR CAPS 50MG, 75MG; TBSO 10MG	4	PA, QL
<i>temsirolimus soln 25mg/ml</i>	4	PA, QL
TRUQAP TABS 160MG, 200MG; TBPK 160MG, 200MG	4	PA, QL
VITRAKVI CAPS 25MG, 100MG; SOLN 20MG/ML	4	PA, QL
XOSPATA TABS 40MG	4	PA, QL
ZEJULA TABS 100MG, 200MG, 300MG	4	PA, QL
ZYDELIG TABS 100MG, 150MG	4	PA, QL
ZYKADIA TABS 150MG	4	PA, QL
ANTINEOPLASTICS MISC.		
BESREMI SOSY 500MCG/ML	4	PA, QL
<i>bexarotene caps 75mg</i>	4	PA, QL
<i>hydroxyurea caps 500mg</i>	1	
<i>tretinoin (chemotherapy) caps 10mg</i>	1	

Drug Name	Drug Tier	Requirements/Limits
CHEMOTHERAPY RESCUE/ANTIDOTE/PROTECTIVE AGENTS		
leucovorin calcium soln 100mg/10ml, 500mg/50ml; solr 50mg, 100mg, 200mg, 350mg, 500mg; tabs 5mg, 10mg, 15mg, 25mg	1	
levoleucovorin calcium soln 175mg/17.5ml, 250mg/25ml; solr 50mg	4	PA, QL
mesna tabs 400mg	1	
MITOTIC INHIBITORS		
eribulin mesylate soln 1mg/2ml	4	PA, QL
etoposide caps 50mg	1	
ANTIPARKINSON AND RELATED THERAPY AGENTS		
ANTIPARKINSON ADJUNCTIVE THERAPY		
carbidopa tabs 25mg	1	
ANTIPARKINSON ANTICHOLINERGICS		
benztropine mesylate soln 1mg/ml; tabs .5mg, 1mg, 2mg	1	
trihexyphenidyl hcl soln .4mg/ml; tabs 2mg, 5mg	1	
ANTIPARKINSON COMT INHIBITORS		
COMTAN TABS 200MG	3	
entacapone tabs 200mg	1	
tolcapone tabs 100mg	1	
ANTIPARKINSON DOPAMINERGICS		
amantadine hcl caps 100mg; soln 50mg/5ml; tabs 100mg	1	
apomorphine hydrochloride soct 30mg/3ml	4	PA, QL
bromocriptine mesylate caps 5mg; tabs 2.5mg	1	
carbidopa & levodopa orally disintegrating tab 10-100 mg	1	
carbidopa & levodopa orally disintegrating tab 25-100 mg	1	
carbidopa & levodopa orally disintegrating tab 25-250 mg	1	
carbidopa & levodopa tab 10-100 mg	1	
carbidopa & levodopa tab 25-100 mg	1	
carbidopa & levodopa tab 25-250 mg	1	
carbidopa & levodopa tab er 25-100 mg	1	
carbidopa & levodopa tab er 50-200 mg	1	
carbidopa-levodopa-entacapone tabs 12.5-50-200 mg	1	
carbidopa-levodopa-entacapone tabs 18.75-75-200 mg	1	
carbidopa-levodopa-entacapone tabs 25-100-200 mg	1	
carbidopa-levodopa-entacapone tabs 31.25-125-200 mg	1	
carbidopa-levodopa-entacapone tabs 37.5-150-200 mg	1	
carbidopa-levodopa-entacapone tabs 50-200-200 mg	1	

Drug Name	Drug Tier	Requirements/Limits
CREXONT CAP 35-140MG	2	
CREXONT CAP 52.5-210	2	
CREXONT CAP 70-280MG	2	
CREXONT CAP 87.5-350	2	
DHIVY TAB 25-100MG	3	
INBRIJA CAPS 42MG	4	PA, QL
NEUPRO PT24 1MG/24HR, 2MG/24HR, 3MG/24HR, 4MG/24HR, 6MG/24HR, 8MG/24HR	2	
PARLODEL CAPS 5MG; TABS 2.5MG	3	
<i>pramipexole dihydrochloride tabs .125mg, .25mg, .5mg, .75mg, 1mg, 1.5mg; tb24 .375mg, .75mg, 1.5mg, 2.25mg, 3mg, 3.75mg, 4.5mg</i>	1	
<i>ropinirole hydrochloride tabs .25mg, .5mg, 1mg, 2mg, 3mg, 4mg, 5mg; tb24 2mg, 4mg, 6mg, 8mg, 12mg</i>	1	
RYTARY CAP 95MG	2	
RYTARY CAP 145MG	2	
RYTARY CAP 195MG	2	
RYTARY CAP 245MG	2	
SINEMET TAB 10-100MG	3	
SINEMET TAB 25-100MG	3	
ANTIPARKINSON MONOAMINE OXIDASE INHIBITORS		
<i>rasagiline mesylate tabs .5mg, 1mg</i>	1	
<i>selegiline hcl caps 5mg; tabs 5mg</i>	1	
ANTIPSYCHOTICS/ANTIMANIC AGENTS		
ANTIMANIC AGENTS		
<i>lithium soln 8meq/5ml</i>	1	
<i>lithium carbonate caps 150mg, 300mg, 600mg; tabs 300mg; tbc 300mg, 450mg</i>	1	
ANTIPSYCHOTICS - MISC.		
<i>lurasidone hcl tabs 20mg, 40mg, 60mg, 80mg, 120mg</i>	1	
VRAYLAR CAPS 1.5MG, 3MG, 4.5MG, 6MG	2	
<i>ziprasidone hcl caps 20mg, 40mg, 60mg, 80mg</i>	1	
<i>ziprasidone mesylate solr 20mg</i>	1	
BENZISOXAZOLES		
<i>paliperidone tb24 1.5mg, 3mg, 6mg, 9mg</i>	1	
PERSERIS PRSY 90MG, 120MG	2	
RISPERDAL SOLN 1MG/ML; TABS .5MG, 1MG, 2MG, 3MG, 4MG	3	
<i>risperidone soln 1mg/ml; tabs .25mg, .5mg, 1mg, 2mg, 3mg, 4mg; tbdp .25mg, .5mg, 1mg, 2mg, 3mg, 4mg</i>	1	
<i>risperidone microspheres srer 12.5mg, 25mg, 37.5mg, 50mg</i>	1	

Drug Name	Drug Tier	Requirements/Limits
BUTYROPHENONES		
<i>haloperidol tabs .5mg, 1mg, 2mg, 5mg, 10mg, 20mg</i>	1	
<i>haloperidol decanoate soln 50mg/ml, 100mg/ml</i>	1	
<i>haloperidol lactate conc 2mg/ml; soln 5mg/ml</i>	1	
DIBENZAPINES		
<i>asenapine maleate subl 2.5mg, 5mg, 10mg</i>	1	
<i>clozapine tabs 25mg, 50mg, 100mg, 200mg; tbdp 12.5mg, 25mg, 100mg, 150mg, 200mg</i>	1	
CLOZARIL TABS 25MG, 50MG, 100MG, 200MG	3	
<i>loxapine succinate caps 5mg, 10mg, 25mg, 50mg</i>	1	
<i>olanzapine solr 10mg; tabs 2.5mg, 5mg, 7.5mg, 10mg, 15mg, 20mg; tbdp 5mg, 10mg, 15mg, 20mg</i>	1	
<i>quetiapine fumarate tabs 25mg, 50mg, 100mg, 150mg, 200mg, 300mg, 400mg; tb24 50mg, 150mg, 200mg, 300mg, 400mg</i>	1	
SEROQUEL TABS 25MG, 50MG, 100MG, 200MG, 300MG, 400MG	3	
ZYPREXA TABS 2.5MG, 5MG, 7.5MG, 10MG, 15MG, 20MG	3	
ZYPREXA ZYDIS TBDP 5MG, 10MG, 15MG, 20MG	3	
DIHYDROINDOLONES		
<i>molindone hcl tabs 5mg, 10mg, 25mg</i>	1	
PHENOTHIAZINES		
<i>chlorpromazine hcl soln 25mg/ml, 50mg/2ml; tabs 10mg, 25mg, 50mg, 100mg, 200mg</i>	1	
<i>fluphenazine decanoate soln 25mg/ml</i>	1	
<i>fluphenazine hcl conc 5mg/ml; elix 2.5mg/5ml; soln 2.5mg/ml; tabs 1mg, 2.5mg, 5mg, 10mg</i>	1	
<i>perphenazine tabs 2mg, 4mg, 8mg, 16mg</i>	1	
<i>prochlorperazine supp 25mg</i>	1	
<i>prochlorperazine edisylate soln 10mg/2ml</i>	1	
<i>prochlorperazine maleate tabs 5mg, 10mg</i>	1	
<i>thioridazine hcl tabs 10mg, 25mg, 50mg, 100mg</i>	1	
<i>trifluoperazine hcl tabs 1mg, 2mg, 5mg, 10mg</i>	1	
QUINOLINONE DERIVATIVES		
ABILIFY ASIMTUFII PRSY 720MG/2.4ML, 960MG/3.2ML	2	
ABILIFY MAINTENA PRSY 300MG, 400MG; SRER 300MG, 400MG	2	
<i>aripiprazole soln 1mg/ml; tabs 2mg, 5mg, 10mg, 15mg, 20mg, 30mg; tbdp 10mg, 15mg</i>	1	
THIOXANTHENES		
<i>thiothixene caps 1mg, 2mg, 5mg, 10mg</i>	1	
ANTISEPTICS & DISINFECTANTS		
ANTISEPTICS & DISINFECTANTS		
<i>formaldehyde soln 10%</i>	1	

Drug Name	Drug Tier	Requirements/Limits
<i>hydrogen peroxide soln 30%</i>	1	

ANTIVIRALS

ANTIRETROVIRALS

<i>abacavir sulfate soln 20mg/ml; tabs 300mg</i>	1	
<i>abacavir sulfate-lamivudine tab 600-300 mg</i>	1	
APRETUDE SUER 600MG/3ML	4	PA
<i>atazanavir sulfate caps 150mg, 200mg, 300mg</i>	1	
BIKTARVY TAB	4	
CABENUVA SUS 400-600	4	PA
CABENUVA SUS 600-900	4	PA
CIMDUO TAB 300-300	4	
<i>darunavir tabs 600mg, 800mg</i>	1	
DESCOVY TAB 120-15MG	4	
DESCOVY TAB 200/25MG	4	
DOVATO TAB 50-300MG	4	
<i>efavirenz caps 50mg, 200mg; tabs 600mg</i>	1	
<i>efavirenz-emtricitabine-tenofovir df tab 600-200-300 mg</i>	1	
<i>efavirenz-lamivudine-tenofovir df tab 400-300-300 mg</i>	1	
<i>efavirenz-lamivudine-tenofovir df tab 600-300-300 mg</i>	1	
<i>emtricitabine caps 200mg</i>	1	
<i>emtricitabine-rilpivirine-tenofovir df tab 200-25-300 mg</i>	1	
<i>emtricitabine-tenofovir disoproxil fumarate tab 100-150 mg</i>	1	
<i>emtricitabine-tenofovir disoproxil fumarate tab 133-200 mg</i>	1	
<i>emtricitabine-tenofovir disoproxil fumarate tab 167-250 mg</i>	1	
<i>emtricitabine-tenofovir disoproxil fumarate tab 200-300 mg</i>	1	
<i>etravirine tabs 100mg, 200mg</i>	1	
<i>fosamprenavir calcium tabs 700mg</i>	1	
GENVOYA TAB	4	
ISENTRESS CHEW 25MG, 100MG; PACK 100MG; TABS 400MG	4	PA, QL
ISENTRESS HD TABS 600MG	4	PA, QL
<i>lamivudine soln 10mg/ml, 300mg/30ml; tabs 150mg, 300mg</i>	1	
<i>lamivudine-zidovudine tab 150-300 mg</i>	1	
<i>lopinavir-ritonavir soln 400-100 mg/5ml (80-20 mg/ml)</i>	1	
<i>lopinavir-ritonavir tab 100-25 mg</i>	1	
<i>lopinavir-ritonavir tab 200-50 mg</i>	1	

Drug Name	Drug Tier	Requirements/Limits
<i>maraviroc tabs 150mg, 300mg</i>	1	
<i>nevirapine susp 50mg/5ml; tabs 200mg; tb24 400mg</i>	1	
ODEFSEY TAB	4	
<i>ritonavir tabs 100mg</i>	1	
SYMTUZA TAB	4	
<i>tenofovir disoproxil fumarate tabs 300mg</i>	1	
TIVICAY TABS 10MG, 25MG, 50MG	4	PA, QL
TIVICAY PD TBSO 5MG	4	PA, QL
TRIUMEQ PD TAB	4	
TRIUMEQ TAB	4	
<i>zidovudine caps 100mg; syrp 50mg/5ml; tabs 300mg</i>	1	
ANTIVIRAL COMBINATIONS		
PAXLOVID PAK	2	
PAXLOVID TAB 150-100	2	
PAXLOVID TAB 300-100	2	
CMV AGENTS		
<i>valganciclovir hcl solr 50mg/ml; tabs 450mg</i>	1	
HEPATITIS AGENTS		
<i>adefovir dipivoxil tabs 10mg</i>	1	
<i>entecavir tabs .5mg, 1mg</i>	1	
EPCLUSA PAK 150-37.5	4	PA, QL
EPCLUSA PAK 200-50MG	4	PA, QL
EPCLUSA TAB 200-50MG	4	PA, QL
EPCLUSA TAB 400-100	4	PA, QL
HARVONI PAK	4	PA, QL
HARVONI PAK 45-200MG	4	PA, QL
HARVONI TAB 45-200MG	4	PA, QL
HARVONI TAB 90-400MG	4	PA, QL
<i>lamivudine (hbv) tabs 100mg</i>	1	
<i>ribavirin (hepatitis c) caps 200mg; tabs 200mg</i>	4	PA, QL
VEMLIDY TABS 25MG	4	
VOSEVI TAB	4	PA, QL
HERPES AGENTS		
<i>acyclovir caps 200mg; susp 200mg/5ml, 800mg/20ml; tabs 400mg, 800mg</i>	1	
<i>famciclovir tabs 125mg, 250mg, 500mg</i>	1	
<i>valacyclovir hcl tabs 1gm, 500mg</i>	1	
INFLUENZA AGENTS		
<i>oseltamivir phosphate caps 30mg, 45mg, 75mg; susr 6mg/ml</i>	1	PA, QL
RELENZA DISKHALER AEPB 5MG/BLISTER	2	PA, QL
<i>rimantadine hydrochloride tabs 100mg</i>	1	
BETA BLOCKERS		
ALPHA-BETA BLOCKERS		
<i>carvedilol tabs 3.125mg, 6.25mg, 12.5mg, 25mg</i>	1	

Drug Name	Drug Tier	Requirements/Limits
<i>carvedilol phosphate cp24 10mg, 20mg, 40mg, 80mg</i>	1	
COREG TABS 3.125MG, 6.25MG, 12.5MG, 25MG	3	
<i>labetalol hcl tabs 100mg, 200mg, 300mg</i>	1	
BETA BLOCKERS CARDIO-SELECTIVE		
<i>acebutolol hcl caps 200mg, 400mg</i>	1	
<i>atenolol tabs 25mg, 50mg, 100mg</i>	1	
<i>betaxolol hcl tabs 10mg, 20mg</i>	1	
<i>bisoprolol fumarate tabs 5mg, 10mg</i>	1	
<i>metoprolol succinate tb24 25mg, 50mg, 100mg, 200mg</i>	1	
<i>metoprolol tartrate tabs 25mg, 37.5mg, 50mg, 75mg, 100mg</i>	1	
<i>nebivolol hcl tabs 2.5mg, 5mg, 10mg, 20mg</i>	1	
BETA BLOCKERS NON-SELECTIVE		
<i>nadolol tabs 20mg, 40mg, 80mg</i>	1	
<i>pindolol tabs 5mg, 10mg</i>	1	
<i>propranolol hcl cp24 60mg, 80mg, 120mg, 160mg; soln 20mg/5ml, 40mg/5ml; tabs 10mg, 20mg, 40mg, 60mg, 80mg</i>	1	
<i>sotalol hcl tabs 80mg, 120mg, 160mg, 240mg</i>	1	
<i>sotalol hcl (afib/af) tabs 80mg, 120mg, 160mg</i>	1	
<i>timolol maleate tabs 5mg, 10mg, 20mg</i>	1	
CALCIUM CHANNEL BLOCKERS		
CALCIUM CHANNEL BLOCKERS		
<i>amlodipine besylate tabs 2.5mg, 5mg, 10mg</i>	1	
<i>diltiazem hcl cp12 60mg, 90mg, 120mg; cp24 120mg, 180mg, 240mg; tabs 30mg, 60mg, 90mg, 120mg</i>	1	
<i>diltiazem hcl coated beads cp24 120mg, 180mg, 240mg, 300mg, 360mg</i>	1	
<i>diltiazem hcl extended release beads cp24 120mg, 180mg, 240mg, 300mg, 360mg, 420mg</i>	1	
<i>felodipine tb24 2.5mg, 5mg, 10mg</i>	1	
<i>isradipine caps 2.5mg, 5mg</i>	1	
<i>levamlodipine maleate tabs 2.5mg, 5mg</i>	1	
<i>nicardipine hcl caps 20mg, 30mg</i>	1	
<i>nifedipine caps 10mg, 20mg; tb24 30mg, 60mg, 90mg</i>	1	
<i>nimodipine caps 30mg; soln 60mg/20ml</i>	1	
<i>nisoldipine tb24 8.5mg, 17mg, 20mg, 25.5mg, 30mg, 34mg, 40mg</i>	1	
PROCARDIA XL TB24 30MG, 60MG, 90MG	3	
TIAZAC CP24 120MG, 180MG, 240MG, 300MG, 360MG, 420MG	3	
<i>verapamil hcl cp24 100mg, 120mg, 180mg, 200mg, 240mg, 300mg, 360mg; tabs 40mg, 80mg, 120mg; tbc 120mg, 180mg, 240mg</i>	1	

Drug Name	Drug Tier	Requirements/Limits
CARDIOTONICS		
CARDIAC GLYCOSIDES		
<i>digoxin soln .05mg/ml, .25mg/ml; tabs .062mg, 125mcg, 250mcg</i>	1	
CARDIOVASCULAR AGENTS - MISC.		
CARDIOPLEGIC SOLUTIONS		
<i>cardioplegic soln</i>	1	
CARDIOVASCULAR AGENTS MISC. - COMBINATIONS		
<i>amlodipine besylate-atorvastatin calcium tab 2.5-10 mg</i>	1	
<i>amlodipine besylate-atorvastatin calcium tab 2.5-20 mg</i>	1	
<i>amlodipine besylate-atorvastatin calcium tab 2.5-40 mg</i>	1	
<i>amlodipine besylate-atorvastatin calcium tab 5-10 mg</i>	1	
<i>amlodipine besylate-atorvastatin calcium tab 5-20 mg</i>	1	
<i>amlodipine besylate-atorvastatin calcium tab 5-40 mg</i>	1	
<i>amlodipine besylate-atorvastatin calcium tab 5-80 mg</i>	1	
<i>amlodipine besylate-atorvastatin calcium tab 10-10 mg</i>	1	
<i>amlodipine besylate-atorvastatin calcium tab 10-20 mg</i>	1	
<i>amlodipine besylate-atorvastatin calcium tab 10-40 mg</i>	1	
<i>amlodipine besylate-atorvastatin calcium tab 10-80 mg</i>	1	
CADUET TAB 5-10MG	3	
CADUET TAB 5-20MG	3	
CADUET TAB 5-40MG	3	
CADUET TAB 5-80MG	3	
CADUET TAB 10-10MG	3	
CADUET TAB 10-20MG	3	
CADUET TAB 10-40MG	3	
CADUET TAB 10-80MG	3	
ENTRESTO CAP 6-6MG	2	PA
ENTRESTO CAP 15-16MG	2	PA
ENTRESTO TAB 24-26MG	2	PA
ENTRESTO TAB 49-51MG	2	PA
ENTRESTO TAB 97-103MG	2	PA
<i>isosorbide dinitrate-hydralazine hcl tab 20-37.5 mg</i>	1	
<i>sacubitril-valsartan tab 24-26 mg</i>	1	PA
<i>sacubitril-valsartan tab 49-51 mg</i>	1	PA
<i>sacubitril-valsartan tab 97-103 mg</i>	1	PA
IMPOTENCE AGENTS		
<i>tadalafil tabs 2.5mg, 5mg</i>	1	ST, PA, QL

Drug Name	Drug Tier	Requirements/Limits
PROSTAGLANDIN VASODILATORS		
<i>alprostadil soln 500mcg/ml</i>	4	PA, QL
<i>epoprostenol sodium solr .5mg, 1.5mg</i>	4	PA, QL
ORENITRAM TBCR .125MG, .25MG, 1MG, 2.5MG, 5MG	4	PA, QL
ORENITRAM TAB MONTH 1	4	PA, QL
ORENITRAM TAB MONTH 2	4	PA, QL
ORENITRAM TAB MONTH 3	4	PA, QL
<i>treprostinil soln 20mg/20ml, 50mg/20ml, 100mg/20ml, 200mg/20ml</i>	4	PA, QL
TYVASO SOLN .6MG/ML	4	PA, QL
TYVASO DPI INSTITUTIONAL POWD 16MCG, 32MCG, 48MCG, 64MCG	4	PA, QL
TYVASO DPI POW 16-32-48	4	PA, QL
TYVASO DPI POW 16-32MCG	4	PA, QL
TYVASO REFILL KIT SOLN .6MG/ML	4	PA, QL
TYVASO STARTER KIT SOLN .6MG/ML	4	PA, QL
PULMONARY HYPERTENSION - ENDOTHELIN RECEPTOR ANTAGONISTS		
<i>ambrisentan tabs 5mg, 10mg</i>	4	PA, QL
<i>bosentan tabs 62.5mg, 125mg; tbso 32mg</i>	4	PA, QL
OPSUMIT TABS 10MG	4	PA, QL
PULMONARY HYPERTENSION - PHOSPHODIESTERASE INHIBITORS		
<i>sildenafil citrate (pulmonary hypertension) soln 10mg/12.5ml; susr 10mg/ml; tabs 20mg</i>	4	PA, QL
<i>tadalafil (pulmonary hypertension) tabs 20mg</i>	4	PA, QL
TADLIQ SUSP 20MG/5ML	4	PA, QL
PULMONARY HYPERTENSION - PROSTACYCLIN RECEPTOR AGONIST		
UPTRAVI SOLR 1800MCG	4	PA
UPTRAVI TABS 200MCG, 400MCG, 600MCG, 800MCG, 1000MCG, 1200MCG, 1400MCG, 1600MCG	4	PA, QL
UPTRAVI PACK TAB 200/800	4	PA, QL
PULMONARY HYPERTENSION - SOL GUANYLATE CYCLASE STIMULATOR		
ADEMPAS TABS .5MG, 1MG, 1.5MG, 2MG, 2.5MG	4	PA, QL
SINUS NODE INHIBITORS		
<i>ivabradine hcl tabs 5mg, 7.5mg</i>	1	
VASOACTIVE SOLUBLE GUANYLATE CYCLASE STIMULATOR (SGC)		
VERQUVO TABS 2.5MG, 5MG, 10MG	2	
CEPHALOSPORINS		
CEPHALOSPORINS - 1ST GENERATION		
<i>cefadroxil caps 500mg; susr 250mg/5ml, 500mg/5ml; tabs 1gm</i>	1	
<i>cefazolin sodium solr 1gm, 2gm, 3gm, 10gm, 500mg</i>	1	
<i>cephalexin caps 250mg, 500mg, 750mg; susr 125mg/5ml, 250mg/5ml; tabs 250mg, 500mg</i>	1	

Drug Name	Drug Tier	Requirements/Limits
CEPHALOSPORINS - 2ND GENERATION		
cefaclor caps 250mg, 500mg; susr 125mg/5ml, 250mg/5ml, 375mg/5ml	1	
cefotetan disodium solr 1gm, 2gm	1	
cefprozil susr 125mg/5ml, 250mg/5ml; tabs 250mg, 500mg	1	
cefuroxime axetil tabs 250mg, 500mg	1	
cefuroxime sodium solr 750mg	1	
CEPHALOSPORINS - 3RD GENERATION		
cefdinir caps 300mg; susr 125mg/5ml, 250mg/5ml	1	
cefixime caps 400mg; susr 100mg/5ml, 200mg/5ml	1	
cefpodoxime proxetil susr 50mg/5ml, 100mg/5ml; tabs 100mg, 200mg	1	
ceftazidime solr 1gm, 6gm	1	
ceftriaxone sodium solr 1gm, 2gm, 250mg, 500mg	1	
CEPHALOSPORINS - 4TH GENERATION		
cefepime hcl solr 1gm	1	
CONTRACEPTIVES		
COMBINATION CONTRACEPTIVES - ORAL		
desogest-eth estrad & eth estrad tab 0.15-0.02/0.01 mg(21/5)	1	
desogest-ethin est tab 0.1-0.025/0.125-0.025/0.15-0.025mg-mg	1	
desogestrel & ethinyl estradiol tab 0.15 mg-30 mcg	1	
drospirenone-ethinyl estrad-levomefolate tab 3-0.02-0.451 mg	1	
drospirenone-ethinyl estrad-levomefolate tab 3-0.03-0.451 mg	1	
drospirenone-ethinyl estradiol tab 3-0.02 mg	1	
drospirenone-ethinyl estradiol tab 3-0.03 mg	1	
ethynodiol diacetate & ethinyl estradiol tab 1 mg-35 mcg	1	
ethynodiol diacetate & ethinyl estradiol tab 1 mg-50 mcg	1	
levonor-eth est tab 0.15-0.02/0.025/0.03 mg ð est 0.01 mg	1	
levonor-eth est tab 0.15-0.02/0.025/0.03 mg ð est 0.01 mg	1	
levonorg-eth est tab 0.1-0.02mg(84) & eth est tab 0.01mg(7)	1	
levonorg-eth est tab 0.15-0.03mg(84) & eth est tab 0.01mg(7)	1	
levonorgestrel & ethinyl estradiol (91-day) tab 0.15-0.03 mg	1	
levonorgestrel & ethinyl estradiol tab 0.1 mg-20 mcg	1	
levonorgestrel & ethinyl estradiol tab 0.15 mg-30 mcg	1	

Drug Name	Drug Tier	Requirements/Limits
<i>levonorgestrel-eth estra tab 0.05-30/0.075-40/0.125-30mg-mcg</i>	1	
<i>levonorgestrel-ethinyl estradiol (continuous) tab 90-20 mcg</i>	1	
<i>levonorgestrel-ethinyl estradiol-fe tab 0.1 mg-20 mcg (21)</i>	1	
LO LOESTRIN TAB 1-10-10	2	
NATAZIA TAB	2	
<i>norethindrone & ethinyl estradiol tab 0.4 mg-35 mcg</i>	1	
<i>norethindrone & ethinyl estradiol tab 0.5 mg-35 mcg</i>	1	
<i>norethindrone & ethinyl estradiol tab 1 mg-35 mcg</i>	1	
<i>norethindrone & ethinyl estradiol-fe chew tab 0.4 mg-35 mcg</i>	1	
<i>norethindrone & ethinyl estradiol-fe chew tab 0.8 mg-25 mcg</i>	1	
<i>norethindrone ac-ethinyl estrad-fe tab 1-20/1-30/1-35 mg-mcg</i>	1	
<i>norethindrone ace & ethinyl estradiol tab 1 mg-20 mcg</i>	1	
<i>norethindrone ace & ethinyl estradiol tab 1.5 mg-30 mcg</i>	1	
<i>norethindrone ace & ethinyl estradiol-fe tab 1 mg-20 mcg</i>	1	
<i>norethindrone ace & ethinyl estradiol-fe tab 1.5 mg-30 mcg</i>	1	
<i>norethindrone ace-eth estradiol-fe chew tab 1 mg-20 mcg (24)</i>	1	
<i>norethindrone ace-ethinyl estradiol-fe cap 1 mg-20 mcg (24)</i>	1	
<i>norethindrone ace-ethinyl estradiol-fe tab 1 mg-20 mcg (24)</i>	1	
<i>norethindrone-eth estradiol tab 0.5-35/0.75-35/1-35 mg-mcg</i>	1	
<i>norethindrone-eth estradiol tab 0.5-35/1-35/0.5-35 mg-mcg</i>	1	
<i>norgestimate & ethinyl estradiol tab 0.25 mg-35 mcg</i>	1	
<i>norgestimate-eth estrad tab 0.18-25/0.215-25/0.25-25 mg-mcg</i>	1	
<i>norgestimate-eth estrad tab 0.18-35/0.215-35/0.25-35 mg-mcg</i>	1	
<i>norgestrel & ethinyl estradiol tab 0.3 mg-30 mcg</i>	1	
COMBINATION CONTRACEPTIVES - TRANSDERMAL		
<i>norelgestromin-ethinyl estradiol td ptwk 150-35 mcg/24hr</i>	1	
COMBINATION CONTRACEPTIVES - VAGINAL		
ANNOVERA MIS	2	QL

Drug Name	Drug Tier	Requirements/Limits
etonogestrel-ethinyl estradiol va ring 0.12-0.015 mg/24hr	1	QL
PROGESTIN CONTRACEPTIVES - INJECTABLE		
medroxyprogesterone acetate (contraceptive) susp 150mg/ml; susy 150mg/ml	1	QL
PROGESTIN CONTRACEPTIVES - IUD		
KYLEENA IUD 19.5MG	4	QL
MIRENA IUD 20MCG/DAY	4	QL
SKYLA IUD 13.5MG	4	QL
PROGESTIN CONTRACEPTIVES - ORAL		
norethindrone (contraceptive) tabs .35mg	1	
CORTICOSTEROIDS		
GLUCOCORTICOSTEROIDS		
betamethasone sod phosphate & acetate inj susp 6 (3-3) mg/ml	1	
budesonide cpep 3mg	1	
CORTEF TABS 5MG, 10MG, 20MG	3	
deflazacort susp 22.75mg/ml	4	PA
deflazacort tabs 6mg, 18mg, 30mg, 36mg	4	PA
dexamethasone elix .5mg/5ml; soln .5mg/5ml; tabs .5mg, .75mg, 1mg, 1.5mg, 2mg, 4mg, 6mg; tbpk 1.5mg	1	
dexamethasone sodium phosphate soln 4mg/ml, 10mg/ml, 20mg/5ml, 100mg/10ml, 120mg/30ml; sosy 4mg/ml, 10mg/ml	1	
hydrocortisone tabs 5mg, 10mg, 20mg	1	
hydrocortisone sod succinate solr 100mg	1	
MEDROL TABS 2MG, 4MG, 8MG, 16MG	3	
MEDROL DOSEPAK TBPK 4MG	3	
methylprednisolone tabs 4mg, 8mg, 16mg, 32mg; tbpk 4mg	1	
methylprednisolone acetate susp 40mg/ml, 80mg/ml	1	
methylprednisolone sod succ solr 40mg, 125mg, 500mg, 1000mg	1	
PEDIAPRED SOLN 5MG/5ML	3	
prednisolone soln 15mg/5ml; tabs 5mg	1	
prednisolone sodium phosphate soln 5mg/5ml, 15mg/5ml, 25mg/5ml; tbdp 10mg, 15mg, 30mg	1	
prednisone soln 5mg/5ml; tabs 1mg, 2.5mg, 5mg, 10mg, 20mg, 50mg; tbpk 5mg, 10mg	1	
triamcinolone acetanide susp 10mg/ml, 40mg/ml, 400mg/10ml	1	
UCERIS TB24 9MG	2	
MINERALOCORTICIDS		
fludrocortisone acetate tabs .1mg	1	

Drug Name	Drug Tier	Requirements/Limits
COUGH/COLD/ALLERGY		
ANTITUSSIVES		
<i>benzonatate caps 100mg, 150mg, 200mg</i>	1	
<i>hydrocodone bitart-homatropine methylbrom soln 5-1.5 mg/5ml</i>	1	QL
<i>hydrocodone bitart-homatropine methylbromide tab 5-1.5 mg</i>	1	QL
COUGH/COLD/ALLERGY COMBINATIONS		
<i>hydrocod polst-chlorphen polst er susp 10-8 mg/5ml</i>	1	QL
<i>promethazine & phenylephrine syrup 6.25-5 mg/5ml</i>	1	QL
<i>promethazine w/ codeine syrup 6.25-10 mg/5ml</i>	1	QL
<i>promethazine-dm syrup 6.25-15 mg/5ml</i>	1	QL
<i>promethazine-phenylephrine-codeine syrup 6.25-5-10 mg/5ml</i>	1	QL
<i>pseudoephed-bromphen-dm syrup 30-2-10 mg/5ml</i>	1	QL
EXPECTORANTS		
<i>potassium iodide (expectorant) soln 1gm/ml</i>	1	
MISC. RESPIRATORY INHALANTS		
<i>sodium chloride (inhalant) nebu .9%, 3%, 7%, 10%</i>	1	
MUCOLYTICS		
<i>acetylcysteine soln 10%, 20%</i>	1	
DERMATOLOGICALS		
ACNE PRODUCTS		
<i>adapalene crea .1%; gel .1%, .3%</i>	1	PA, QL, AGE
<i>adapalene-benzoyl peroxide gel 0.1-2.5%</i>	1	
<i>adapalene-benzoyl peroxide gel 0.3-2.5%</i>	1	
<i>AKLIEF CREA .005%</i>	2	PA, AGE
<i>BENZAC AC WASH LIQD 5%</i>	3	
<i>BENZAMYCIN GEL 5-3%</i>	3	
<i>benzoyl peroxide foam 9.8%</i>	1	
<i>benzoyl peroxide-erythromycin gel 5-3%</i>	1	
<i>benzoyl peroxide-hydrocortisone lotion 5-0.5%</i>	1	
<i>clindamycin phosph-benzoyl peroxide (refrig) gel 1.2 (1)-5%</i>	1	
<i>clindamycin phosphate (topical) foam 1%; gel 1%; lotn 1%; soln 1%; swab 1%</i>	1	
<i>clindamycin phosphate-benzoyl peroxide gel 1-5%</i>	1	
<i>clindamycin phosphate-benzoyl peroxide gel 1.2-2.5%</i>	1	
<i>clindamycin phosphate-benzoyl peroxide gel 1.2-3.75%</i>	1	
<i>clindamycin phosphate-tretinoin gel 1.2-0.025%</i>	1	PA, AGE
<i>dapsone (topical) gel 5%, 7.5%</i>	1	
<i>EPIDUO FORTE GEL 0.3-2.5%</i>	2	
<i>EPIDUO GEL 0.1-2.5%</i>	2	
<i>erythromycin (acne aid) gel 2%; pads 2%; soln 2%</i>	1	

Drug Name	Drug Tier	Requirements/Limits
<i>isotretinoin caps 10mg, 20mg, 30mg, 40mg</i>	1	PA
KLARON LOTN 10%	3	
<i>resorcinol-sulfur lotion 2-5%</i>	1	
RETIN-A CREA .025%, .05%, .1%; GEL .01%, .025%	3	PA, QL, AGE
<i>sulfacetamide sodium (acne) lotn 10%</i>	1	
<i>sulfacetamide sodium w/ sulfur cleanser 9.8-4.8%</i>	1	
<i>sulfacetamide sodium w/ sulfur cleanser 10-5%</i>	1	
<i>sulfacetamide sodium w/ sulfur emulsion 10-1%</i>	1	
<i>sulfacetamide sodium w/ sulfur foam 10-5%</i>	1	
<i>sulfacetamide sodium w/ sulfur lotion 9.8-4.8%</i>	1	
<i>sulfacetamide sodium w/ sulfur susp 8-4%</i>	1	
<i>tretinoin crea .025%, .05%, .1%; gel .01%, .025%, .05%</i>	1	PA, QL, AGE
<i>tretinoin microsphere gel .04%, .08%, .1%</i>	1	PA, QL, AGE
TWYNEO CRE 0.1-3%	2	PA, AGE
WINLEVI CREA 1%	2	PA
ANTI-INFLAMMATORY AGENTS - TOPICAL		
<i>diclofenac epolamine ptch 1.3%</i>	1	
<i>diclofenac sodium (topical) gel 1%</i>	1	PA, QL
<i>diclofenac sodium (topical) soln 1.5%</i>	1	
ANTIBIOTICS - TOPICAL		
<i>gentamicin sulfate (topical) crea .1%; oint .1%</i>	1	
<i>mupirocin oint 2%</i>	1	
ANTIFUNGALS - TOPICAL		
<i>ciclopirox gel .77%; sham 1%</i>	1	
<i>ciclopirox soln 8%</i>	1	PA, QL
<i>ciclopirox olamine crea .77%; susp .77%</i>	1	
<i>clotrimazole (topical) crea 1%; soln 1%</i>	1	
<i>clotrimazole w/ betamethasone cream 1-0.05%</i>	1	
<i>clotrimazole w/ betamethasone lotion 1-0.05%</i>	1	
<i>econazole nitrate crea 1%</i>	1	
<i>ketoconazole (topical) crea 2%; sham 2%</i>	1	
<i>miconazole-zinc oxide-white petrolatum oint 0.25-15-81.35%</i>	1	
<i>naftifine hcl crea 1%, 2%; gel 2%</i>	1	
<i>nystatin (topical) crea 100000unit/gm; oint 100000unit/gm; powd 100000unit/gm</i>	1	
<i>nystatin-triamcinolone cream 100000-0.1 unit/gm-%</i>	1	
<i>nystatin-triamcinolone oint 100000-0.1 unit/gm-%</i>	1	
<i>oxiconazole nitrate crea 1%</i>	1	
<i>sulconazole nitrate crea 1%; soln 1%</i>	1	
ANTINEOPLASTIC OR PREMALIGNANT LESION AGENTS - TOPICAL		
<i>bexarotene (topical) gel 1%</i>	4	PA, QL
<i>diclofenac sodium (actinic keratoses) gel 3%</i>	1	
<i>fluorouracil (topical) crea 5%; soln 2%, 5%</i>	1	

Drug Name	Drug Tier	Requirements/Limits
ANTIPSORIATICS		
<i>acitretin caps 10mg, 17.5mg, 25mg</i>	1	PA
<i>calcipotriene oint .005%; soln .005%</i>	1	
COSENTYX SOSY 75MG/0.5ML, 150MG/ML	4	PA, QL
COSENTYX SENSOREADY PEN SOAJ 150MG/ML	4	PA, QL
COSENTYX UNOREADY SOAJ 300MG/2ML	4	PA, QL
ILUMYA SOSY 100MG/ML	4	PA, QL
<i>methoxsalen rapid caps 10mg</i>	1	
SKYRIZI SOSY 150MG/ML	4	PA, QL
SKYRIZI PEN SOAJ 150MG/ML	4	PA, QL
SOTYKTU TABS 6MG	4	PA, QL
STELARA SOLN 45MG/0.5ML; SOSY 45MG/0.5ML, 90MG/ML	4	PA, QL
<i>tazarotene crea .05%, .1%; gel .05%, .1%</i>	1	PA
TREMFYA SOAJ 100MG/ML; SOSY 100MG/ML	4	PA, QL
VTAMA CREA 1%	2	
ANTISEBORRHEIC PRODUCTS		
<i>selenium sulfide lotn 2.5%; sham 2.25%, 2.3%</i>	1	
<i>sulfacetamide sodium liqd 10%</i>	1	
ANTIVIRALS - TOPICAL		
<i>acyclovir topical oint 5%</i>	1	
<i>penciclovir crea 1%</i>	1	
BURN PRODUCTS		
<i>mafenide acetate pack 5%</i>	1	
<i>silver sulfadiazine crea 1%</i>	1	
CORTICOSTEROIDS - TOPICAL		
<i>alclometasone dipropionate crea .05%; oint .05%</i>	1	
<i>amcinonide lotn .1%</i>	1	
<i>betamethasone dipropionate (topical) crea .05%; lotn .05%</i>	1	
<i>betamethasone dipropionate augmented crea .05%; gel .05%; lotn .05%; oint .05%</i>	1	
<i>betamethasone valerate crea .1%; foam .12%; lotn .1%; oint .1%</i>	1	
BRYHALI LOTN .01%	2	
<i>clobetasol propionate crea .025%, .05%; foam .05%; gel .05%; lotn .05%; oint .05%; sham .05%; soln .05%</i>	1	
<i>clobetasol propionate emollient base crea .05%</i>	1	
<i>desonide crea .05%; lotn .05%; oint .05%</i>	1	
<i>desoximetasone crea .05%, .25%; gel .05%; liqd .25%; oint .25%</i>	1	
ENSTILAR AER	2	
<i>fluocinolone acetonide crea .01%, .025%; oil .01%; oint .025%; soln .01%</i>	1	
<i>fluocinonide crea .05%; gel .05%; oint .05%; soln .05%</i>	1	
<i>fluocinonide emulsified base crea .05%</i>	1	

Drug Name	Drug Tier	Requirements/Limits
<i>fluticasone propionate crea .05%; lotn .05%; oint .005%</i>	1	
<i>halcinonide soln .1%</i>	1	
<i>halobetasol propionate crea .05%; oint .05%</i>	1	
<i>hydrocortisone (topical) crea 1%, 2.5%; lotn 2.5%; oint 1%, 2.5%; soln 2.5%</i>	1	
<i>hydrocortisone acetate (topical) crea 2.5%</i>	1	
<i>hydrocortisone butyrate crea .1%; oint .1%; soln .1%</i>	1	
<i>hydrocortisone valerate crea .2%; oint .2%</i>	1	
<i>lidocaine-hydrocortisone acetate cream 1-1%</i>	1	
<i>mometasone furoate crea .1%; oint .1%; soln .1%</i>	1	
<i>triamcinolone acet cr 0.1% & dimeth cr 5% & silicone tape</i>	1	
<i>triamcinolone acetone (topical) crea .025%, .1%, .5%; lotn .025%, .1%; oint .025%, .1%, .5%</i>	1	
ECZEMA AGENTS		
ADBRY SOSY 150MG/ML	4	PA, QL
CIBINQO TABS 50MG, 100MG, 200MG	4	PA, QL
DUPIXENT SOAJ 200MG/1.14ML, 300MG/2ML; SOSY 100MG/0.67ML, 200MG/1.14ML, 300MG/2ML	4	PA, QL
OPZELURA CREA 1.5%	2	PA, QL
EMOLLIENT/KERATOLYTIC AGENTS		
<i>urea crea 39%, 40%, 41%, 47%</i>	1	
<i>urea in lactic acid vehicle foam 35%</i>	1	
EMOLLIENTS		
<i>lactic acid (ammonium lactate) crea 12%; lotn 12%</i>	1	
GLABELLAR LINES (FROWN LINES) AGENTS		
DAXXIFY SOLR 100UNIT	4	PA
HAIR GROWTH AGENTS		
LITFULO CAPS 50MG	4	PA
IMMUNOMODULATING AGENTS - TOPICAL		
<i>imiquimod crea 3.75%, 5%</i>	1	
IMMUNOSUPPRESSIVE AGENTS - TOPICAL		
<i>pimecrolimus crea 1%</i>	1	PA
<i>tacrolimus (topical) oint .03%, .1%</i>	1	PA
KERATOLYTIC/ANTIMITOTIC/VESICANT AGENTS		
<i>podofilox gel .5%; soln .5%</i>	1	
<i>salicylic acid foam 6%; gel 6%; liqd 27.5%</i>	1	
LOCAL ANESTHETICS - TOPICAL		
<i>ethyl chloride aerosol spray</i>	1	
<i>lidocaine oint 5%</i>	1	QL
<i>lidocaine ptch 5%</i>	1	PA, QL
<i>lidocaine hcl crea 3%; lotn 3%</i>	1	
<i>lidocaine hcl gel 2%; prsy 2%; soln 4%</i>	1	QL
<i>lidocaine-menthol patch 4-1%</i>	1	

Drug Name	Drug Tier	Requirements/Limits
<i>lidocaine-prilocaine cream 2.5-2.5%</i>	1	QL
<i>lidocaine-prilocaine cream kit 2.5-2.5%</i>	1	
MISC. TOPICAL		
<i>benzoin compound tincture</i>	1	
PHOSPHODIESTERASE 4 (PDE4) INHIBITORS - TOPICAL		
EUCRISA OINT 2%	2	
ZORYVE CREA .15%, .3%; FOAM .3%	2	
ROSACEA AGENTS		
<i>azelaic acid gel 15%</i>	1	
<i>brimonidine tartrate (topical) gel .33%</i>	1	
FINACEA FOAM 15%	2	
<i>ivermectin (rosacea) crea 1%</i>	1	
METROCREAM CREA .75%	3	
METROGEL GEL 1%	3	
METROLOTION LOTN .75%	3	
<i>metronidazole (topical) crea .75%; gel .75%, 1%; lotn .75%</i>	1	
ORACEA CPDR 40MG	2	
SCABICIDES & PEDICULICIDES		
<i>crotamiton lotn 10%</i>	1	
<i>malathion lotn .5%</i>	1	
<i>permethrin crea 5%</i>	1	
<i>spinosad susp .9%</i>	1	
SCAR TREATMENT PRODUCTS		
<i>scar treatment products - gel</i>	1	
TAR PRODUCTS		
<i>coal tar extract soln 20%</i>	1	
WOUND CARE PRODUCTS		
<i>silicone patch & vitamin e-silicone liquid kit</i>	1	
DIAGNOSTIC PRODUCTS		
DIAGNOSTIC DRUGS		
<i>cosyntropin solr .25mg</i>	1	
<i>isosulfan blue soln 1%</i>	1	
DIAGNOSTIC PRODUCTS, MISC.		
<i>ultrasound - gel</i>	1	
DIAGNOSTIC TESTS		
ACCU-CHEK TES AVIVA PL	2	
ACCU-CHEK TES GUIDE	2	
ACCU-CHEK TES SMART	2	
RELION TRUE TES METRIX	2	
TRUE METRIX TES GLUCOSE	2	
RADIOGRAPHIC CONTRAST MEDIA		
<i>diatrizoate meglumine & sodium oral soln 66-10%</i>	1	
<i>iopamidol soln 41%, 61%</i>	1	

Drug Name	Drug Tier	Requirements/Limits
DIETARY PRODUCTS/DIETARY MANAGEMENT PRODUCTS		
DIETARY MANAGEMENT PRODUCTS		
<i>l-methylfolate tabs 7.5mg, 15mg</i>	1	
DIGESTIVE AIDS		
DIGESTIVE ENZYMES		
CREON CAP 3000UNIT	2	
CREON CAP 6000UNIT	2	
CREON CAP 12000UNT	2	
CREON CAP 24000UNT	2	
CREON CAP 36000UNT	2	
VIOKACE TAB 10440	2	
VIOKACE TAB 20880	2	
ZENPEP CAP 3000UNIT	2	
ZENPEP CAP 5000UNIT	2	
ZENPEP CAP 10000UNT	2	
ZENPEP CAP 15000UNT	2	
ZENPEP CAP 20000UNT	2	
ZENPEP CAP 25000UNT	2	
ZENPEP CAP 40000UNT	2	
ZENPEP CAP 60000UNT	2	
DIURETICS		
CARBONIC ANHYDRASE INHIBITORS		
<i>acetazolamide cp12 500mg; tabs 125mg, 250mg</i>	1	
<i>acetazolamide sodium solr 500mg</i>	1	
<i>dichlorphenamide tabs 50mg</i>	4	PA, QL
<i>methazolamide tabs 25mg, 50mg</i>	1	
DIURETIC COMBINATIONS		
<i>amiloride & hydrochlorothiazide tab 5-50 mg</i>	1	
MAXZIDE TAB 75-50	3	
MAXZIDE-25 TAB	3	
<i>spironolactone & hydrochlorothiazide tab 25-25 mg</i>	1	
<i>triamterene & hydrochlorothiazide cap 37.5-25 mg</i>	1	
<i>triamterene & hydrochlorothiazide tab 37.5-25 mg</i>	1	
<i>triamterene & hydrochlorothiazide tab 75-50 mg</i>	1	
LOOP DIURETICS		
<i>bumetanide soln .25mg/ml; tabs .5mg, 1mg, 2mg</i>	1	
<i>ethacrynic acid tabs 25mg</i>	1	
<i>furosemide soln 10mg/ml, 40mg/5ml; tabs 20mg, 40mg, 80mg</i>	1	
LASIX TABS 20MG, 40MG, 80MG	3	
<i>torsemide tabs 5mg, 10mg, 20mg, 100mg</i>	1	
POTASSIUM SPARING DIURETICS		
<i>amiloride hcl tabs 5mg</i>	1	
<i>spironolactone susp 25mg/5ml; tabs 25mg, 50mg, 100mg</i>	1	

Drug Name	Drug Tier	Requirements/Limits
<i>triamterene caps 50mg, 100mg</i>	1	
THIAZIDES AND THIAZIDE-LIKE DIURETICS		
<i>chlorthalidone tabs 25mg, 50mg</i>	1	
<i>hydrochlorothiazide caps 12.5mg; tabs 12.5mg, 25mg, 50mg</i>	1	
<i>indapamide tabs 1.25mg, 2.5mg</i>	1	
<i>metolazone tabs 2.5mg, 5mg, 10mg</i>	1	
ENDOCRINE AND METABOLIC AGENTS - MISC.		
BONE DENSITY REGULATORS		
ACTONEL TABS 35MG, 150MG	3	
<i>alendronate sodium soln 70mg/75ml; tabs 10mg, 35mg, 70mg</i>	1	
ATELVIA TBEC 35MG	3	
<i>calcitonin (salmon) soln 200unit/act, 200unit/ml</i>	1	
FOSAMAX TABS 70MG	3	
<i>ibandronate sodium tabs 150mg</i>	1	
PROLIA SOSY 60MG/ML	4	PA, QL
<i>risedronate sodium tabs 5mg, 30mg, 35mg, 150mg; tbec 35mg</i>	1	
<i>teriparatide sopn 560mcg/2.24ml</i>	4	PA
TYMLOS SOPN 3120MCG/1.56ML	4	PA, QL
<i>zoledronic acid conc 4mg/5ml; soln 5mg/100ml</i>	4	PA, QL
FERTILITY REGULATORS		
FOLLISTIM AQ SOLN 300UNT/0.36ML, 600UNT/0.72ML, 900UNT/1.08ML	4	PA, QL
PREGNYL SOLR 10000UNIT	4	PA, QL
GNRH/LHRH ANTAGONISTS		
<i>cetrorelix acetate kit .25mg</i>	4	PA
GANIRELIX ACETATE SOSY 250MCG/0.5ML	4	PA, QL
ORILISSA TABS 150MG, 200MG	2	
GROWTH HORMONES		
HUMATROPE CART 6MG, 12MG, 24MG	4	PA, QL
NORDITROPIN FLEXPPO SOPN 5MG/1.5ML, 10MG/1.5ML, 15MG/1.5ML, 30MG/3ML	4	PA, QL
SOGROYA SOPN 5MG/1.5ML, 10MG/1.5ML, 15MG/1.5ML	4	PA, QL
HORMONE RECEPTOR MODULATORS		
EVISTA TABS 60MG	3	
<i>raloxifene hcl tabs 60mg</i>	1	AGE
LHRH/GNRH AGONIST ANALOG PITUITARY SUPPRESSANTS		
FENSOLVI KIT 45MG	4	PA, QL
LUPRON DEPOT-PED (1-MONTH KIT 7.5MG, 11.25MG, 15MG	4	PA, QL
LUPRON DEPOT-PED (3-MONTH KIT 11.25MG, 30MG	4	PA, QL
LUPRON DEPOT-PED (6-MONTH KIT 45MG	4	PA, QL

Drug Name	Drug Tier	Requirements/Limits
SUPPRELIN LA KIT 50MG	4	PA, QL
TRIPTODUR SRER 22.5MG	4	PA, QL
METABOLIC MODIFIERS		
<i>betaine powder for oral solution</i>	4	PA
<i>calcitriol caps .25mcg, .5mcg; soln 1mcg/ml</i>	1	
<i>carglumic acid tbso 200mg</i>	4	PA, QL
<i>cinacalcet hcl tabs 30mg, 60mg, 90mg</i>	4	PA, QL
<i>doxercalciferol caps .5mcg, 1mcg, 2.5mcg</i>	1	
ELFABRIO SOLN 20MG/10ML	4	PA, QL
FABRAZYME SOLR 5MG, 35MG	4	PA, QL
GALAFOLD CAPS 123MG	4	PA, QL
<i>levocarnitine (metabolic modifiers) soln 1gm/10ml; tabs 330mg</i>	1	
NEXVIAZYME SOLR 100MG	4	PA, QL
<i>nitisinone caps 2mg, 5mg, 10mg, 20mg</i>	4	PA, QL
ORFADIN CAPS 2MG, 5MG, 10MG, 20MG; SUSP 4MG/ML	4	PA, QL
<i>paricalcitol caps 1mcg, 2mcg, 4mcg</i>	1	
PHEBURANE PLLT 483MG/GM	4	PA
<i>sapropterin dihydrochloride pack 100mg, 500mg; tabs 100mg</i>	4	PA, QL
<i>sodium phenylbutyrate powd 3gm/tsp; tabs 500mg</i>	4	PA, QL
MINERALOCORTICOID RECEPTOR ANTAGONISTS		
KERENDIA TABS 10MG, 20MG, 40MG	2	
POSTERIOR PITUITARY HORMONES		
<i>desmopressin acetate soln 4mcg/ml; tabs .1mg, .2mg</i>	1	
<i>desmopressin acetate spray soln .01%</i>	1	
<i>desmopressin acetate spray refrigerated soln .1mg/ml</i>	1	
PROGESTERONE RECEPTOR ANTAGONISTS		
<i>mifepristone tabs 200mg</i>	1	PA
PROLACTIN INHIBITORS		
<i>cabergoline tabs .5mg</i>	1	
SOMATOSTATIC AGENTS		
<i>lanreotide acetate soln 120mg/0.5ml</i>	4	PA, QL
<i>octreotide acetate kit 10mg, 20mg, 30mg; soln 50mcg/ml, 100mcg/ml, 200mcg/ml, 500mcg/ml, 1000mcg/5ml, 1000mcg/ml; sosy 50mcg/ml, 100mcg/ml, 500mcg/ml</i>	4	PA, QL
SOMATULINE DEPOT SOLN 60MG/0.2ML, 90MG/0.3ML, 120MG/0.5ML	4	PA, QL
VASOPRESSIN RECEPTOR ANTAGONISTS		
<i>tolvaptan tabs 15mg, 30mg; tbpk 15mg</i>	4	PA, QL
<i>tolvaptan tab therapy pack 30 & 15 mg</i>	4	PA, QL
<i>tolvaptan tab therapy pack 45 & 15 mg</i>	4	PA, QL

Drug Name	Drug Tier	Requirements/Limits
<i>tolvaptan tab therapy pack 60 & 30 mg</i>	4	PA, QL
<i>tolvaptan tab therapy pack 90 & 30 mg</i>	4	PA, QL

ESTROGENS

ESTROGEN COMBINATIONS

COMBIPATCH DIS	2	
DUAVEE TAB 0.45-20	2	
<i>estradiol & norethindrone acetate tab 0.5-0.1 mg</i>	1	
<i>estradiol & norethindrone acetate tab 1-0.5 mg</i>	1	
MYFEMBREE TAB	2	
<i>norethindrone acetate-ethinyl estradiol tab 0.5 mg-2.5 mcg</i>	1	
<i>norethindrone acetate-ethinyl estradiol tab 1 mg-5 mcg</i>	1	
ORIAHNN CAP	2	
PREMPHASE TAB	2	
PREMPRO TAB	2	
PREMPRO TAB 0.3-1.5	2	
PREMPRO TAB 0.45-1.5	2	
PREMPRO TAB 0.625-5	2	

ESTROGENS

ESTRACE TABS .5MG, 1MG, 2MG	3	
<i>estradiol gel .06%, .25mg/0.25gm, .5mg/0.5gm, .75mg/0.75gm, 1mg/gm, 1.25mg/1.25gm; pttw .025mg/24hr, .037mg/24hr, .05mg/24hr, .075mg/24hr, .1mg/24hr; ptwk .025mg/24hr, .05mg/24hr, .06mg/24hr, .075mg/24hr, .1mg/24hr, 37.5mcg/24hr; tabs .5mg, 1mg, 2mg</i>	1	
<i>estradiol valerate oil 10mg/ml, 20mg/ml, 40mg/ml</i>	1	

FLUOROQUINOLONES

FLUOROQUINOLONES

CIPRO SUSR 5GM/100ML, 500MG/5ML; TABS 250MG, 500MG	3	
<i>ciprofloxacin hcl tabs 100mg, 250mg, 500mg, 750mg</i>	1	
<i>levofloxacin soln 25mg/ml; tabs 250mg, 500mg, 750mg</i>	1	
<i>moxifloxacin hcl tabs 400mg</i>	1	
<i>ofloxacin tabs 300mg, 400mg</i>	1	

GASTROINTESTINAL AGENTS - MISC.

5-HT4 RECEPTOR AGONISTS

<i>prucalopride succinate tabs 1mg, 2mg</i>	1	PA
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GALLSTONE SOLUBILIZING AGENTS

<i>chenodiol tabs 250mg</i>	4	PA
<i>ursodiol caps 300mg; tabs 250mg, 500mg</i>	1	

GASTROINTESTINAL ANTIALLERGY AGENTS

<i>cromolyn sodium (mastocytosis) conc 100mg/5ml</i>	1	
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Drug Name	Drug Tier	Requirements/Limits
GASTROINTESTINAL CHLORIDE CHANNEL ACTIVATORS		
<i>lubiprostone caps 8mcg, 24mcg</i>	1	PA
GASTROINTESTINAL STIMULANTS		
<i>metoclopramide hcl soln 5mg/5ml, 5mg/ml, 10mg/10ml; tabs 5mg, 10mg; tbdp 5mg</i>	1	
REGLAN TABS 5MG, 10MG	3	
INFLAMMATORY BOWEL AGENTS		
AVSOLA SOLR 100MG	4	PA, QL
AZULFIDINE TABS 500MG	3	
AZULFIDINE EN-TABS TBEC 500MG	3	
<i>balsalazide disodium caps 750mg</i>	1	
<i>mesalamine cp24 .375gm; cpcr 500mg; cpdr 400mg; enem 4gm; supp 1000mg; tbec 1.2gm, 800mg</i>	1	
<i>mesalamine w/ cleanser kit 4gm</i>	1	
REMICADE SOLR 100MG	4	PA, QL
ROWASA KIT 4GM	3	
SKYRIZI SOCT 180MG/1.2ML, 360MG/2.4ML; SOLN 600MG/10ML	4	PA, QL
STELARA SOLN 130MG/26ML	4	PA, QL
<i>sulfasalazine tabs 500mg; tbec 500mg</i>	1	
VELSIPITY TABS 2MG	4	PA, QL
INTESTINAL ACIDIFIERS		
<i>lactulose (encephalopathy) soln 10gm/15ml</i>	1	
IRRITABLE BOWEL SYNDROME (IBS) AGENTS		
<i>alosetron hcl tabs .5mg, 1mg</i>	1	PA
LINZESS CAPS 72MCG, 145MCG, 290MCG	2	PA
VIBERZI TABS 75MG, 100MG	2	PA
PERIPHERAL OPIOID RECEPTOR ANTAGONISTS		
<i>alvimopan caps 12mg</i>	1	
MOVANTIK TABS 12.5MG, 25MG	2	PA
SYMPROIC TABS .2MG	2	PA
PHOSPHATE BINDER AGENTS		
AURYXIA TABS 210MG	2	
<i>calcium acetate (phosphate binder) caps 667mg; tabs 667mg</i>	1	
<i>ferric citrate tabs 210mg</i>	1	
<i>sevelamer carbonate pack .8gm, 2.4gm; tabs 800mg</i>	1	
<i>sevelamer hcl tabs 400mg, 800mg</i>	1	
GENERAL ANESTHETICS		
ANESTHETICS - MISC.		
<i>ketamine hcl soln 10mg/ml, 50mg/ml, 100mg/ml</i>	1	
BARBITURATE ANESTHETICS		
<i>methohexital sodium solr 500mg</i>	1	

Drug Name	Drug Tier	Requirements/Limits
VOLATILE ANESTHETICS		
<i>desflurane inhal soln</i>	1	
<i>isoflurane soln 99.9%</i>	1	
<i>isoflurane inhal soln</i>	1	
<i>sevoflurane inhal soln</i>	1	
GENITOURINARY AGENTS - MISCELLANEOUS		
ALKALINIZERS		
<i>pot & sod citrates w/ cit ac soln 550-500-334 mg/5ml</i>	1	
<i>potassium citrate & citric acid powder pack 3300-1002 mg</i>	1	
<i>potassium citrate & citric acid soln 1100-334 mg/5ml</i>	1	
<i>potassium citrate (alkalinizer) tbc 10meq, 15meq, 540mg, 1080mg</i>	1	
<i>sodium citrate & citric acid soln 500-334 mg/5ml</i>	1	
CYSTINOSIS AGENTS		
CYSTAGON CAPS 50MG, 150MG	4	PA, QL
PROSTATIC HYPERTROPHY AGENTS		
<i>alfuzosin hcl tb24 10mg</i>	1	
AVODART CAPS .5MG	3	
<i>dutasteride caps .5mg</i>	1	
<i>dutasteride-tamsulosin hcl cap 0.5-0.4 mg</i>	1	
<i>finasteride tabs 5mg</i>	1	
FLOMAX CAPS .4MG	3	
PROSCAR TABS 5MG	3	
<i>silodosin caps 4mg, 8mg</i>	1	
<i>tamsulosin hcl caps .4mg</i>	1	
URINARY ANALGESICS		
<i>phenazopyridine hcl tabs 100mg, 200mg</i>	1	
URINARY STONE AGENTS		
<i>tiopronin tabs 100mg; tbec 100mg, 300mg</i>	4	PA, QL
GOUT AGENTS		
GOUT AGENT COMBINATIONS		
<i>colchicine w/ probenecid tab 0.5-500 mg</i>	1	
GOUT AGENTS		
<i>allopurinol tabs 100mg, 200mg, 300mg</i>	1	
<i>colchicine tabs .6mg</i>	1	
<i>febuxostat tabs 40mg, 80mg</i>	1	
MITIGARE CAPS .6MG	2	
URICOSURICS		
<i>probenecid tabs 500mg</i>	1	
HEMATOLOGICAL AGENTS - MISC.		
ANTIHEMOPHILIC PRODUCTS		
ADVATE SOLR 250UNIT, 500UNIT, 1000UNIT, 1500UNIT, 2000UNIT, 3000UNIT, 4000UNIT	4	PA, QL

Drug Name	Drug Tier	Requirements/Limits
ADYNOVATE SOLR 250UNIT, 500UNIT, 750UNIT, 1000UNIT, 1500UNIT, 2000UNIT, 3000UNIT	4	PA, QL
AFSTYLA KIT 250UNIT, 500UNIT, 1000UNIT, 1500UNIT, 2000UNIT, 2500UNIT, 3000UNIT	4	PA, QL
ALPROLIX SOLR 250UNIT, 500UNIT, 1000UNIT, 2000UNIT, 3000UNIT, 4000UNIT	4	PA, QL
ALTUVIIIO SOLR 250UNIT, 500UNIT, 750UNIT, 1000UNIT, 2000UNIT, 3000UNIT, 4000UNIT	4	PA, QL
BENEFIX KIT 250UNIT, 500UNIT, 1000UNIT, 2000UNIT, 3000UNIT	4	PA, QL
ELOCTATE SOLR 250UNIT, 500UNIT, 750UNIT, 1000UNIT, 1500UNIT, 2000UNIT, 3000UNIT, 4000UNIT, 5000UNIT, 6000UNIT	4	PA, QL
ESPEROCT SOLR 500UNIT, 1000UNIT, 1500UNIT, 2000UNIT, 3000UNIT, 4000UNIT	4	PA, QL
JIVI SOLR 500UNIT, 1000UNIT, 2000UNIT, 3000UNIT, 4000UNIT	4	PA, QL
KOGENATE FS KIT 250UNIT, 500UNIT, 1000UNIT, 2000UNIT, 3000UNIT	4	PA, QL
KOVALTRY SOLR 250UNIT, 500UNIT, 1000UNIT, 2000UNIT, 3000UNIT	4	PA, QL
NOVOEIGHT SOLR 250UNIT, 500UNIT, 1000UNIT, 1500UNIT, 2000UNIT, 3000UNIT	4	PA, QL
NOVOSEVEN RT SOLR 1MG, 2MG, 5MG, 8MG	4	PA, QL
NUWIQ KIT 250UNIT, 500UNIT, 1000UNIT, 1500UNIT, 2000UNIT, 2500UNIT, 3000UNIT, 4000UNIT; SOLR 250UNIT, 500UNIT, 1000UNIT, 1500UNIT, 2000UNIT, 2500UNIT, 3000UNIT, 4000UNIT	4	PA, QL
REBINYN SOLR 500UNIT, 1000UNIT, 2000UNIT, 3000UNIT	4	PA, QL
SEVENFACT SOLR 1MG, 2MG, 5MG	4	PA, QL
WILATE INJ	4	PA, QL
XYNTHA KIT 250UNIT, 500UNIT, 1000UNIT, 2000UNIT	4	PA, QL
XYNTHA SOLOFUSE KIT 250UNIT, 500UNIT, 1000UNIT, 2000UNIT, 3000UNIT	4	PA, QL
BRADYKININ B2 RECEPTOR ANTAGONISTS		
icatibant acetate sosy 30mg/3ml	4	PA, QL
COMPLEMENT INHIBITORS		
EMPAVELI SOLN 1080MG/20ML	4	PA, QL
RUCONEST SOLR 2100UNIT	4	PA, QL
HEMATORHEOLOGIC AGENTS		
pentoxifylline tbcx 400mg	1	
PLASMA KALLIKREIN INHIBITORS		
ORLADEYO CAPS 110MG, 150MG	4	PA, QL
TAKHZYRO SOLN 300MG/2ML; SOSY 150MG/ML, 300MG/2ML	4	PA, QL

Drug Name	Drug Tier	Requirements/Limits
PLATELET AGGREGATION INHIBITORS		
<i>anagrelide hcl caps .5mg, 1mg</i>	1	
<i>aspirin-dipyridamole cap er 12hr 25-200 mg</i>	1	
BRILINTA TABS 60MG, 90MG	2	
<i>cilostazol tabs 50mg, 100mg</i>	1	
<i>clopidogrel bisulfate tabs 75mg, 300mg</i>	1	
<i>dipyridamole tabs 25mg, 50mg, 75mg</i>	1	
<i>prasugrel hcl tabs 5mg, 10mg</i>	1	
<i>ticagrelor tabs 60mg, 90mg</i>	1	
HEMATOPOIETIC AGENTS		
AGENTS FOR GAUCHER DISEASE		
CERDELGA CAPS 84MG	4	PA, QL
CEREZYME SOLR 400UNIT	4	PA, QL
<i>miglustat caps 100mg</i>	4	PA, QL
AGENTS FOR SICKLE CELL DISEASE		
ENDARI PACK 5GM	4	PA, QL
<i>glutamine (sickle cell) pack 5gm</i>	4	PA, QL
SIKLOS TABS 100MG, 1000MG	2	
COBALAMINS		
<i>cyanocobalamin soln 500mcg/0.1ml, 1000mcg/ml</i>	1	
<i>hydroxocobalamin acetate soln 1000mcg/ml</i>	1	
FOLIC ACID/FOLATES		
<i>folic acid soln 5mg/ml; tabs 1mg</i>	1	
HEMATOPOIETIC GROWTH FACTORS		
ALVAIZ TABS 9MG, 18MG, 36MG, 54MG	4	PA, QL
ARANESP ALBUMIN FREE SOLN 25MCG/ML, 40MCG/ML, 60MCG/ML, 100MCG/ML, 200MCG/ML; SOSY 10MCG/0.4ML, 25MCG/0.42ML, 40MCG/0.4ML, 60MCG/0.3ML, 100MCG/0.5ML, 150MCG/0.3ML, 200MCG/0.4ML, 300MCG/0.6ML, 500MCG/ML	4	PA, QL
DOPTELET TABS 20MG	4	PA, QL
<i>eltrombopag olamine pack 12.5mg, 25mg; tabs 12.5mg, 25mg, 50mg, 75mg</i>	4	PA, QL
FYLNETRA SOSY 6MG/0.6ML	4	PA, QL
NIVESTYM SOLN 300MCG/ML, 480MCG/1.6ML; SOSY 300MCG/0.5ML, 480MCG/0.8ML	4	PA, QL
NYVEPRIA SOSY 6MG/0.6ML	4	PA, QL
PROCRIT SOLN 2000UNIT/ML, 3000UNIT/ML, 4000UNIT/ML, 10000UNIT/ML, 20000UNIT/ML, 40000UNIT/ML	4	PA, QL
RETACRIT SOLN 2000UNIT/ML, 3000UNIT/ML, 4000UNIT/ML, 10000UNIT/ML, 20000UNIT/2ML, 20000UNIT/ML, 40000UNIT/ML	4	PA, QL
HEMATOPOIETIC MIXTURES		
<i>cyanocobalamin-methylcobalamin sl tab 600-600 mcg</i>	1	

Drug Name	Drug Tier	Requirements/Limits
<i>fe fum-iron polysacch complex-fa-b cmplx-c-zn-mn-cu cap</i>	1	
<i>fe fumarate w/ b12-vit c-fa-ifc cap 110-0.015-75-0.5-240 mg</i>	1	
<i>fe fumarate-vit c-vit b12-fa cap 460 (151 fe)-60-0.01-1 mg</i>	1	
<i>folic acid-vitamin b6-vitamin b12 tab 2.2-25-0.5 mg</i>	1	
<i>folic acid-vitamin b6-vitamin b12 tab 2.2-25-1 mg</i>	1	
<i>folic acid-vitamin b6-vitamin b12 tab 2.5-25-1 mg</i>	1	
<i>iron polysacch complex-vit b12-fa cap 150-0.025-1 mg</i>	1	
<i>iron-folic acid-vit c-vit b6-vit b12-zinc tab 150-1.25 mg</i>	1	
STEM CELL MOBILIZERS		
<i>plerixafor soln 24mg/1.2ml</i>	4	PA, QL
HEMOSTATICS		
HEMOSTATICS - SYSTEMIC		
<i>aminocaproic acid soln .25gm/ml; tabs 500mg, 1000mg</i>	1	
<i>tranexamic acid tabs 650mg</i>	1	
HYPNOTICS/SEDATIVES/SLEEP DISORDER AGENTS		
BARBITURATE HYPNOTICS		
<i>pentobarbital sodium soln 50mg/ml</i>	1	
<i>phenobarbital elix 20mg/5ml, 30mg/7.5ml, 60mg/15ml; tabs 15mg, 16.2mg, 30mg, 32.4mg, 60mg, 64.8mg, 97.2mg, 100mg</i>	1	
<i>phenobarbital sodium soln 65mg/ml, 130mg/ml</i>	1	
HYPNOTICS - TRICYCLIC AGENTS		
<i>doxepin hcl (sleep) tabs 3mg, 6mg</i>	1	
NON-BARBITURATE HYPNOTICS		
<i>AMBIEN TABS 5MG, 10MG</i>	3	QL
<i>AMBIEN CR TBCR 6.25MG, 12.5MG</i>	3	QL
<i>estazolam tabs 1mg, 2mg</i>	1	QL
<i>eszopiclone tabs 1mg, 2mg, 3mg</i>	1	QL
<i>midazolam hcl soln 2mg/2ml, 5mg/5ml, 5mg/ml, 10mg/10ml, 10mg/2ml, 25mg/5ml, 50mg/10ml; syrp 2mg/ml</i>	1	
<i>RESTORIL CAPS 7.5MG, 15MG, 22.5MG, 30MG</i>	3	QL
<i>temazepam caps 7.5mg, 15mg, 22.5mg, 30mg</i>	1	QL
<i>triazolam tabs .125mg, .25mg</i>	1	QL
<i>zaleplon caps 5mg, 10mg</i>	1	QL
<i>zolpidem tartrate tabs 5mg, 10mg; tbc 6.25mg, 12.5mg</i>	1	QL
OREXIN RECEPTOR ANTAGONISTS		
<i>BELSOMRA TABS 5MG, 10MG, 15MG, 20MG</i>	2	PA, QL
<i>QUVIVIQ TABS 25MG, 50MG</i>	2	PA, QL

Drug Name	Drug Tier	Requirements/Limits
SELECTIVE MELATONIN RECEPTOR AGONISTS		
<i>ramelteon tabs 8mg</i>	1	QL
<i>tasimelteon caps 20mg</i>	4	PA, QL
LAXATIVES		
LAXATIVE COMBINATIONS		
<i>CLENPIQ SOL</i>	2	AGE
<i>peg 3350-kcl-na bicarb-nacl-na sulfate for soln 236 gm</i>	1	
<i>peg 3350-kcl-na bicarb-nacl-na sulfate for soln 240 gm</i>	1	
<i>peg 3350-kcl-sod bicarb-nacl for soln 420 gm</i>	1	
<i>sod sulfate-pot sulf-mg sulf oral sol 17.5-3.13-1.6 gm/177ml</i>	1	AGE
LAXATIVES - MISCELLANEOUS		
<i>lactulose pack 10gm, 20gm; soln 10gm/15ml</i>	1	
LUBRICANT LAXATIVES		
<i>mineral oil</i>	1	
LOCAL ANESTHETICS-PARENTERAL		
LOCAL ANESTHETIC COMBINATIONS		
<i>articaine-epinephrine solution cartridge 4%-1:100000</i>	1	
<i>bupivacaine inj 0.5% w/ epinephrine 1:200000</i>	1	
<i>bupivacaine inj 0.5% w/ epinephrine 1:200000 (pf)</i>	1	
<i>bupivacaine inj 0.25% w/ epinephrine 1:200000</i>	1	
<i>bupivacaine inj 0.25% w/ epinephrine 1:200000 (pf)</i>	1	
<i>lidocaine inj 0.5% w/ epinephrine-1:200000</i>	1	
<i>lidocaine inj 1% w/ epinephrine-1:100000</i>	1	
<i>lidocaine inj 1.5% w/ epinephrine-1:200000 (pf)</i>	1	
<i>lidocaine inj 2% w/ epinephrine-1:100000</i>	1	
<i>lidocaine inj 2% w/ epinephrine-1:200000 (pf)</i>	1	
LOCAL ANESTHETICS - AMIDES		
<i>bupivacaine hcl soln .25%, .5%, .75%</i>	1	
<i>lidocaine hcl (local anesth.) soln .5%, 1%, 1.5%, 2%, 4%; sosy 100mg/5ml</i>	1	
<i>mepivacaine hcl soln 1%, 1.5%, 2%</i>	1	
<i>ropivacaine hcl soln 2mg/ml, 5mg/ml, 7.5mg/ml, 10mg/ml</i>	1	
LOCAL ANESTHETICS - ESTERS		
<i>chloroprocaine hcl soln 2%, 3%</i>	1	
MACROLIDES		
AZITHROMYCIN		
<i>azithromycin pack 1gm; susr 100mg/5ml, 200mg/5ml; tabs 250mg, 500mg, 600mg</i>	1	
CLARITHROMYCIN		
<i>clarithromycin susr 125mg/5ml, 250mg/5ml; tabs 250mg, 500mg; tb24 500mg</i>	1	

Drug Name	Drug Tier	Requirements/Limits
ERYTHROMYCINS		
<i>erythromycin base cpep 250mg; tabs 250mg, 500mg; tbec 250mg, 333mg, 500mg</i>	1	
<i>erythromycin ethylsuccinate susr 200mg/5ml, 400mg/5ml; tabs 400mg</i>	1	
<i>erythromycin stearate tabs 250mg</i>	1	
FIDAXOMICIN		
DIFICID SUSR 40MG/ML; TABS 200MG	2	
<i>fidaxomicin tabs 200mg</i>	1	
MEDICAL DEVICES AND SUPPLIES		
DIABETIC SUPPLIES		
ACCU-CHEK KIT AVIVA PL	2	QL
ACCU-CHEK KIT COMPACT	2	QL
ACCU-CHEK KIT FASTCLIX	2	
ACCU-CHEK KIT GUIDE	2	QL
ACCU-CHEK KIT GUIDE ME	2	QL
ACCU-CHEK KIT NANO	2	QL
ACCU-CHEK KIT SOFTCLIX	2	
ACCU-CHEK LIQ GUIDE	3	
ACCU-CHEK LIQ SMART	3	
ACCU-CHEK SOL	3	
ACCUTREND SOL GLUCOSE	3	
ACTI-LANCE MIS 28G	3	
ACTI-LANCE MIS LITE 28G	3	
ACTI-LANCE MIS SPEC 17G	3	
ACTI-LANCE MIS UNIV 23G	3	
ADVANCE LIQ CONTROL	3	
ADVANCE NORM LIQ CONTROL	3	
ADVCATE SAFE MIS LANC 26G	3	
ADVOCATE MIS LANC 30G	3	
ADVOCATE MIS LANCETS	3	
AGAMATRIX MIS 33G	3	
AGAMATRIX SOL LEVEL 2	3	
AGAMATRIX SOL LEVEL 4	3	
AGAMATRIX SOL NORM/HGH	3	
AIMSCO TWIST MIS 32G	3	
AIMSCO TWIST MIS 33G	3	
AQUALANCE MIS 30G	3	
ASSURE 3 LIQ CONTROL	3	
ASSURE 4 LIQ LEVEL1/2	3	
ASSURE CMFRT MIS 28G	3	
ASSURE DOSE SOL NORM/HGH	3	
ASSURE II LIQ LEVEL1/2	3	
ASSURE II LIQ LEVEL 1	3	
ASSURE LANCE MIS 21G	3	

Drug Name	Drug Tier	Requirements/Limits
ASSURE LANCE MIS 28G	3	
ASSURE LANCE MIS LOW FLOW	3	
ASSURE LANCE MIS MICRO	3	
ASSURE LANCE MIS SAFE 25G	3	
ASSURE LANCE MIS SAFE 30G	3	
ASSURE PRISM SOL LEVEL1/2	3	
ASSURE PRO LIQ LEVEL1/2	3	
AURORA LANCE MIS 30G	3	
AURORA LANCE MIS THIN 23G	3	
AUTO LANCET MIS	3	
BD MICROTAIN MIS LANCETS	3	
BD MICROTAIN MIS LANCETS	3	
BLULINK LIQ HIGH/LOW	3	
CAREONE LANC MIS 30G	3	
CAREONE LANC MIS THIN 23G	3	
CARESENS 30G MIS LANCETS	3	
CARESENS SOL CONTROL	3	
CARETOUCH MIS LANC 26G	3	
CARETOUCH MIS LANC 28G	3	
CARETOUCH MIS LANC 30G	3	
CARETOUCH MIS TWIST 28	3	
CARETOUCH MIS TWIST 30	3	
CARETOUCH MIS TWIST 33	3	
CLEANLET 28G MIS LANCETS	3	
CLEVER CHECK MIS	3	
CLEVER CHECK MIS 30G	3	
COAGUCHEK MIS LANCETS	3	
COMFORT ASSU MIS LANC 28G	3	
COMFORT ASSU MIS LANC 33G	3	
COMFORT EZ MIS 21G	3	
COMFORT EZ MIS 23G	3	
COMFORT EZ MIS 28G	3	
COMFORT TCH MIS LANC 28G	3	
COMFORT TCH MIS LANC 30G	3	
COMFORT TCH MIS LANC 31G	3	
COMFORTOUCH MIS LANCET	3	
CONTROL SOL LIQ HI/MID/L	3	
CONTROL SOL LIQ HIGH/LOW	3	
CONTROL SOL LIQ LEVEL 2	3	
COOL CONTROL SOL A	3	
COOL CONTROL SOL B	3	
CVS LANCETS MIS 21G	3	
CVS LANCETS MIS 30G	3	
CVS LANCETS MIS 33G	3	
CVS LANCETS MIS ORIGINAL	3	
CVS LANCETS MIS THIN 26G	3	

Drug Name	Drug Tier	Requirements/Limits
CVS LANCETS MIS THIN 30G	3	
CVS LANCETS MIS THIN 33G	3	
DEXCOM G6 MIS RECEIVER	2	QL
DEXCOM G6 MIS SENSOR	2	
DEXCOM G6 MIS TRANSMIT	2	
DEXCOM G7 MIS RECEIVER	2	QL
DEXCOM G7 MIS SENSOR	2	
DIATHRIVE LIQ CONTROL	3	
DIATHRIVE MIS LANCETS	3	
DIATHRIVE MIS UT 30G	3	
DROPLET LANC MIS 30G	3	
DROPLET PERS MIS LANC 30G	3	
DUO-CARE LIQ LEVEL1/2	3	
E-Z JECT MIS 21G	3	
E-Z JECT MIS 21G COLR	3	
E-Z JECT MIS 30G	3	
E-Z JECT MIS 32G COLR	3	
E-Z JECT MIS LANC 21G	3	
E-Z JECT MIS THIN 26G	3	
E-ZJECT LANC MIS 33G	3	
EASY COMFORT MIS 30G	3	
EASY COMFORT MIS LANC/30G	3	
EASY COMFORT MIS TWIST	3	
EASY TOUCH LIQ HIGH/LOW	3	
EASY TOUCH MIS LANC/21G	3	
EASY TOUCH MIS LANC/23G	3	
EASY TOUCH MIS LANC/26G	3	
EASY TOUCH MIS LANC/28G	3	
EASY TOUCH MIS LANC/30G	3	
EASY TOUCH MIS LANC/32G	3	
EASY TOUCH MIS P-AC/21G	3	
EASY TOUCH MIS P-AC/23G	3	
EASY TOUCH MIS P-AC/26G	3	
EASY TOUCH MIS P-AC/28G	3	
EASY TOUCH MIS P-AC/30G	3	
EASY TOUCH MIS TWST/28G	3	
EASY TOUCH MIS TWST/30G	3	
EASY TOUCH MIS TWST/32G	3	
EASY TOUCH MIS TWST/33G	3	
EASY TOUCH SOL CONTROL	3	
EASY TOUCH SOL HIGH/LOW	3	
EASYMAX 15 LIQ LEVEL2-3	3	
EASYMAX 15 SOL LEVEL 2	3	
EASYMAX LIQ NORM/HIG	3	
ELEMNT COMPA SOL LEVEL 2	3	
ELEMNT COMPA SOL LEVEL 3	3	

Drug Name	Drug Tier	Requirements/Limits
EMBRACE LANC MIS 21G	3	
EMBRACE LANC MIS 28G	3	
EMBRACE LANC MIS THIN 30G	3	
EMBRACE PRO LIQ GLUCOSE	3	
EQL LANCETS MIS 21G COLR	3	
EQL LANCETS MIS 33G COLR	3	
EQL LANCETS MIS THIN 26G	3	
EQL LANCETS MIS THIN 30G	3	
EZ-LETS 21G MIS LANCETS	3	
EZ-LETS 26G MIS LANCETS	3	
EZ-LETS 28G MIS LANCETS	3	
EZ-LETS 30G MIS LANCETS	3	
FASTCLIX MIS LANCETS	2	
FIFTY50 SAFE MIS LANCETS	3	
FINE 30 MIS	3	
FINGERSTIX MIS LANCETS	3	
FORA LANCETS MIS 30G	3	
FORA MIS LANCETS	3	
FREESTYLE LIQ CONTROL	3	
FREESTYLE MIS LANCETS	3	
GENTEEL MIS LANCETS	3	
GENTLE-LET MIS 26G	3	
GENTLE-LET MIS 28G	3	
GENTLE-LET MIS LANCETS	3	
GLOBAL 28G MIS LANCETS	3	
GLOBAL 30G MIS LANCETS	3	
GLUC CONTROL SOL	3	
GLUC CONTROL SOL MID	3	
GLUCOCARD 01 LIQ NORM/HGH	3	
GLUCOCARD LIQ LEVEL 1	3	
GLUCOCARD SOL SHINE	3	
GLUCOCOM MIS 28G	3	
GLUCOCOM MIS 30G	3	
GLUCOCOM MIS 33G	3	
GNP LANCETS MIS 21G	3	
GNP LANCETS MIS 28G	3	
GNP LANCETS MIS 30G	3	
GNP LANCETS MIS 33G	3	
GNP LANCETS MIS THIN 26G	3	
GOJJI LANCET MIS 30G	3	
GOODSENSE MIS LANC 26G	3	
GOODSENSE MIS LANC 30G	3	
GOODSENSE MIS LANC 33G	3	
HAEMOLANCE MIS HIGH FLO	3	
HAEMOLANCE MIS LOW FLOW	3	
HAEMOLANCE MIS PLUS	3	

Drug Name	Drug Tier	Requirements/Limits
HAEMOLANCE MIS PLUS LOW	3	
HAEMOLANCE MIS PLUS MAX	3	
HAEMOLANCE MIS PLUS PED	3	
HAEMOLANCE MIS RETRACT	3	
IN TOUCH LAN MIS 30G	3	
IN TOUCH SOL GLUCOSE	3	
INCONTROL MIS LANC 28G	3	
INCONTROL MIS LANC 30G	3	
INCONTROL MIS LANC 33G	3	
KINNEY MIS LANCETS	3	
KINNEY THIN MIS LANCETS	3	
KROGER LANCE MIS	3	
KROGER LANCE MIS 26G	3	
KROGER LANCE MIS THIN	3	
KROGER LANCE MIS THIN 30G	3	
LANCET DEVIC MIS 30G	3	
LANCET MICRO MIS THIN 33G	3	
LANCET STAND MIS 21G	3	
LANCET SUPER MIS THIN 30G	3	
LANCET ULTRA MIS THIN 30G	3	
LANCETS 30G TWIST TOP	3	
LANCETS MICR MIS THIN 33G	3	
LANCETS MIS	3	
LANCETS MIS 21G	3	
LANCETS MIS 21G COLR	3	
LANCETS MIS 26G	3	
LANCETS MIS 28G THIN	3	
LANCETS MIS 30G	3	
LANCETS MIS 33G	3	
LANCETS MIS ORIGINAL	3	
LANCETS MIS THIN	3	
LANCETS MIS THIN 26G	3	
LANCETS MIS THIN 30G	3	
LANCETS SUPR MIS THIN 28G	3	
LANCETS THIN MIS	3	
LANCETS THIN MIS 26G	3	
LANCETS ULTR MIS THIN	3	
LANCETS ULTR MIS THIN 31G	3	
LANCETS ULTRA THIN 30G	3	
LANCING DEVI MIS 25G	3	
LANCING DEVI MIS 30G	3	
LITE TOUCH MIS LANCETS	3	
LITETOUCH MIS LANCETS	3	
LONGS LANCET MIS STANDARD	3	
LONGS LANCET MIS THIN	3	
LONGS LANCET MIS ULTRA TH	3	

Drug Name	Drug Tier	Requirements/Limits
MEDICHOICE MIS LANCET	3	
MEDISENSE LIQ GLUC-KET	3	
MEDLANCE MIS 30G PLUS	3	
MEDLANCE MIS EXTR 21G	3	
MEDLANCE MIS LITE 25G	3	
MEDLANCE MIS PLUS	3	
MEDLANCE MIS PLUS 30G	3	
MEDLANCE MIS UNV 21G	3	
MEDLANCE PLS MIS 0.8MM	3	
MEDLANCE PLS MIS EXTR 21G	3	
MEDLANCE PLS MIS LITE 25G	3	
MEDLANCE PLS MIS UNIV 21G	3	
MEIJER LANCE MIS COLOR	3	
MEIJER LANCE MIS UNIV 21G	3	
MEIJER LANCE MIS UNIV 30G	3	
MEIJER LANCE MIS UNIVERSA	3	
MEIJER LANCETS THIN	3	
MEIJER MIS LANCETS	3	
MEIJER SUPER THIN LANCETS	3	
MICRO THIN MIS LANC 33G	3	
MICRODOT CON SOL HIGH/LOW	3	
MICROLET MIS LANCETS	3	
MM TWIST MIS LANCETS	3	
MOBILE LANCE MIS 30G	3	
MONOLET MIS LANCETS	3	
MONOLET OPD MIS LANCETS	3	
MONOLETTOR MIS LANCETS	3	
MPD SFTY LAN MIS 21G	3	
MPD SFTY LAN MIS 23G	3	
MPD SFTY LAN MIS 28G	3	
MPD SFTY LAN MIS 30G	3	
MYGLUCOHEALT MIS LANC 30G	3	
MYGLUCOHEALT SOL LO/NL/HI	3	
NEUTEK 2TEK SOL CONTROL	3	
NOVA MAX GLU LIQ /KET CON	3	
NOVA SAFETY MIS LANC 23G	3	
NOVA SAFETY MIS LANC 28G	3	
NOVA SURE MIS LANCETS	3	
OMNIPOD 5 DX KIT INT G7G6	2	
OMNIPOD 5 DX MIS POD G7G6	2	
OMNIPOD 5 G7 KIT INTRO	2	
OMNIPOD 5 G7 MIS PODS	2	
OMNIPOD 5 L2 KIT INTRO G6	2	
OMNIPOD 5 L2 MIS PODS G6	2	
OMNIPOD DASH KIT INTRO	2	
OMNIPOD DASH KIT PDM	2	

Drug Name	Drug Tier	Requirements/Limits
OMNIPOD DASH MIS PODS	2	
OMNIPOD MIS CLASSIC	2	
ON-THE-GO MIS LANC 30G	3	
ONETOUCH LIQ ULT CONT	3	
ONETOUCH LIQ ULTRA	3	
ONETOUCH LIQ VERIO	3	
PERFECT 28G MIS LANCETS	3	
PERFECT 30G MIS LANCETS	3	
PHARMACY COU MIS LANCETS	3	
PIP CONTROL LIQ	3	
PIP LANCETS MIS 28G	3	
PIP LANCETS MIS 30G	3	
POCKETCHEM SOL EZ	3	
PRECISION LIQ GLUC/KET	3	
PRO COMFORT MIS 31G	3	
PRO COMFORT MIS LANC 30G	3	
PRO COMFORT MIS LANCETS	3	
PRODIGY MIS 26G	3	
PRODIGY MIS 28G	3	
PSS SAFE LAN MIS	3	
PSS SEL LANC MIS	3	
PURE COMFORT MIS 30G LAN	3	
PX LANCETS MIS 28G	3	
PX LANCETS MIS 33G	3	
QC LANCETS MIS 28G	3	
QC LANCETS MIS 30G	3	
QUICKTEK LIQ SOLUTION	3	
QUINTET CONT SOL HGH/NORM	3	
RA E-ZJECT MIS 28G	3	
RA E-ZJECT MIS THIN 26G	3	
RA E-ZJECT MIS THIN 28G	3	
RA E-ZJECT MIS ULT THIN	3	
READYLANCE MIS 21G	3	
READYLANCE MIS 23G	3	
READYLANCE MIS 26G	3	
READYLANCE MIS 28G	3	
READYLANCE MIS 30G	3	
REALITY MIS LANCETS	3	
REALITY TRIG MIS LANCETS	3	
REFUAH PLUS SOL CONTROL	3	
RELION LANCE MIS THIN 26G	3	
RELION LANCE MIS THIN 30G	3	
RELION LANCETS ULTRA-THIN	3	
RELION MICRO MIS THIN 33G	3	
RELION TRUE KIT MET AIR	2	QL
RELION ULTRA MIS THIN 30G	3	

Drug Name	Drug Tier	Requirements/Limits
RELION ULTRA MIS THIN PLS	3	
RIGHTEST MIS GL300	3	
SAFE-T-LANCE MIS 21G	3	
SAFE-T-LANCE MIS 25G	3	
SAFE-T-LANCE MIS HI FLOW	3	
SAFE-T-LANCE MIS LOW FLOW	3	
SAFE-T-LANCE MIS NOR FLOW	3	
SAFE-T-PRO MIS LANCETS	2	
SAFE-T-PRO MIS PLUS	3	
SAFETY 21G MIS LANCETS	3	
SAFETY 23G MIS LANCETS	3	
SAFETY 28G MIS LANCETS	3	
SAFETY 30G MIS LANCETS	3	
SAFETY MIS LANCETS	3	
SAPS HEALTH MIS TWIST	3	
SAPS TWIST MIS 30G	3	
SAPSCARE MIS TWIST	3	
SB LANCETS MIS THIN	3	
SB LANCETS MIS ULTR THN	3	
SINGLE-LET MIS 23G	3	
SM LANCETS MIS 33G	3	
SMART SENSE MIS LANC 21G	3	
SMART SENSE MIS LANC 26G	3	
SMART SENSE MIS LANC 30G	3	
SMART SENSE MIS LANC 33G	3	
SMARTEST MIS LANCETS	3	
SMARTEST SOL CONTROL	3	
SOFTCLIX MIS LANCETS	2	
SOLUS V2 MIS LANC 28G	3	
SOLUS V2 MIS LANC 30G	3	
STERILANCE MIS TL 28G	3	
STERILANCE MIS TL 30G	3	
STERILANCE MIS TL 32G	3	
SUPER THIN MIS LANC 28G	3	
SUPER THIN MIS LANCETS	3	
SUPREME II LIQ HIGH/LOW	3	
SURE COMFORT MIS LANC 18G	3	
SURE COMFORT MIS LANC 21G	3	
SURE COMFORT MIS LANC 23G	3	
SURE COMFORT MIS LANC 30G	3	
SURE COMFORT MIS LANCETS	3	
SUREFLEX MIS LANCETS	3	
SURELITE MIS LANCETS	3	
TECHLITE AST MIS LANCETS	3	
TECHLITE MIS LANC 26G	3	
TECHLITE MIS LANCETS	3	

Drug Name	Drug Tier	Requirements/Limits
TGT LANCET MIS 26G	3	
TGT LANCET MIS 30G	3	
TGT LANCET MIS 33G	3	
THIN LANCETS MIS 26G	3	
THIN LANCETS MIS 30G	3	
THINLETS GP MIS 26G	3	
TOPCARE MIS LANC 33G	3	
TRAVEL LANCE MIS ADV 28G	3	
TRUE COMFORT MIS LANC 30G	3	
TRUE METRIX KIT AIR	2	QL
TRUE METRIX KIT METER	2	QL
TRUE METRIX MIS AIR	2	QL
TRUEPLUS LANCETS 28G	3	
TRUPLUS LANC MIS 26G	3	
TRUPLUS LANC MIS 28G	3	
TRUPLUS LANC MIS 30G	3	
TRUPLUS LANC MIS 33G	3	
TWIIST KIT REFILL	2	
TWIIST KIT STARTER	2	
TWIIST REFIL KIT INFUSION	2	
TWIST LANCET MIS 30G	3	
TWIST LANCET MIS 30G MULT	3	
ULTILET MIS 26G	3	
ULTILET MIS 28G	3	
ULTILET MIS 30G	3	
ULTILET MIS 33G	3	
ULTILET MIS LANCETS	3	
ULTILET MIS SAFETY	3	
ULTILET SAFE MIS 21G	3	
ULTRA THIN MIS 28G	3	
ULTRA THIN MIS 30G	3	
ULTRA THIN MIS 31G	3	
ULTRA THIN MIS 33G	3	
ULTRA THIN MIS LAN 31G	3	
ULTRA THIN MIS LANC 28G	3	
ULTRA THIN MIS LANC 30G	3	
ULTRA THIN MIS LANCETS	3	
UNILET EX II MIS 28G	3	
UNILET EXCEL MIS 23G	3	
UNILET G.P MIS SUPR 23G	3	
UNILET G.P. MIS 21G	3	
UNILET GP 28 MIS ULT THIN	3	
UNILET LANC MIS 33G	3	
UNILET LANCE MIS 21G	3	
UNILET LANCE MIS 28G	3	
UNILET LANCE MIS 33G	3	

Drug Name	Drug Tier	Requirements/Limits
UNILET LANCT MIS 28G	3	
UNILET LANCT MIS 30G	3	
UNILET LANCT MIS 33G	3	
UNILET MICRO MIS 33G	3	
UNILET MIS 21G	3	
UNILET SUPER MIS 23G	3	
UNILET SUPER MIS G.P. 23G	3	
UNISTIK 1 MIS 2.4MM	3	
UNISTIK 1 MIS 3.0MM	3	
UNISTIK 2 MIS	3	
UNISTIK 2 MIS 1.8MM	3	
UNISTIK 2 MIS 2.4MM	3	
UNISTIK 2 MIS COMFORT	3	
UNISTIK 2 MIS EXTRA	3	
UNISTIK 2 MIS NEONATAL	3	
UNISTIK 2 MIS NORMAL	3	
UNISTIK 2 MIS SUPER	3	
UNISTIK 3 MIS 1.8MM	3	
UNISTIK 3 MIS COMFORT	3	
UNISTIK 3 MIS EXTRA	3	
UNISTIK 3 MIS GENT 30G	3	
UNISTIK 3 MIS NEONATAL	3	
UNISTIK 3 MIS NORMAL	3	
UNISTIK 23G MIS NORMAL	3	
UNISTIK CZT MIS COMFORT	3	
UNISTIK CZT MIS NORMAL	3	
UNISTIK PRO MIS LANC 21G	3	
UNISTIK PRO MIS LANC 28G	3	
UNISTIK SAFE MIS LANC 28G	3	
UNISTIK SAFE MIS LANC 30G	3	
UNISTIK TOUC MIS LANC 21G	3	
UNISTIK TOUC MIS LANC 23G	3	
UNISTIK TOUC MIS LANC 28G	3	
UNISTIK TOUC MIS LANC 30G	3	
UNITSTIK PRO MIS LANC 25G	3	
UNIVERSAL 1 MIS 33G	3	
UNIVERSAL 1 MIS LANC 26G	3	
UNIVERSAL 1 MIS LANC 30G	3	
VALUE PLUS LANCETS SUPER	3	
VERASENS LIQ LEVEL 1	3	
VERIFINE LAN MIS MINI 21G	3	
VERIFINE LAN MIS MINI 23G	3	
VERIFINE LAN MIS MINI 28G	3	
VERIFINE LAN MIS MINI 30G	3	
VERIFINE MIS UNIV 28G	3	
VERIFINE MIS UNIV 30G	3	

Drug Name	Drug Tier	Requirements/Limits
VERIFINE MIS UNIV 33G	3	
VIVAGUARD LIQ CONTROL	3	
VIVAGUARD MIS 28G	3	
VIVAGUARD MIS 30G	3	
WALGREENS LANCETS	3	
ZEV RX TWIST MIS LANC 30G	3	

PARENTERAL THERAPY SUPPLIES

AUTOSHIELD MIS 30GX5MM	2	
BD INSULIN SYRINGE ULTRA-	2	
BD INSULIN SYRINGE ULTRAF	2	
BD PEN NEEDL MIS 29GX12.7	2	
BD PEN NEEDL MIS 31GX5MM	2	
BD PEN NEEDL MIS 31GX8MM	2	
BD PEN NEEDL MIS 32GX4MM	2	
BD PEN NEEDL MIS 32GX6MM	2	
BD SAFETYGLIDE INSULIN SY	2	
BD VEO INSULIN SYRINGE UL	2	
EMBECTA AUTO MIS DUO	2	
EMBECTA NANO MIS 32GX4MM	2	
EMBECTA UF MIS 29GX12.7	2	
EMBECTA UF MIS 31GX5MM	2	
EMBECTA UF MIS 31GX8MM	2	
EMBECTA UF MIS 32GX6MM	2	
INS SYR U500 MIS 0.5/31G	2	
INS SYR U500 MIS 31GX6MM	2	
INSULIN SYRG MIS 0.3/29G	2	
INSULIN SYRG MIS 0.3/31G	2	
INSULIN SYRG MIS 0.5/28G	2	
INSULIN SYRG MIS 0.5/29G	2	
INSULIN SYRG MIS 0.5/30G	2	
INSULIN SYRG MIS 1ML	2	
INSULIN SYRG MIS 1ML/27G	2	
INSULIN SYRG MIS 1ML/28G	2	
INSULIN SYRG MIS 1ML/29G	2	
INSULIN SYRG MIS 2/27.5G	2	
INSULIN SYRG MIS 29GX1/2"	2	

MIGRAINE PRODUCTS

CALCITONIN GENE-RELATED PEPTIDE (CGRP) RECEPTOR ANTAG

AJOVY SOAJ 225MG/1.5ML; SOSY 225MG/1.5ML	2	ST, PA, QL
EMGALITY SOAJ 120MG/ML; SOSY 100MG/ML, 120MG/ML	2	ST, PA, QL
NURTEC TBDP 75MG	2	ST, PA, QL
QULIPTA TABS 10MG, 30MG, 60MG	2	ST, PA, QL
UBRELVY TABS 50MG, 100MG	2	ST, PA, QL

Drug Name	Drug Tier	Requirements/Limits
MIGRAINE PRODUCTS		
<i>dihydroergotamine mesylate soln 1mg/ml</i>	1	QL
SEROTONIN AGONISTS		
<i>almotriptan malate tabs 6.25mg, 12.5mg</i>	1	QL
<i>eletriptan hydrobromide tabs 20mg, 40mg</i>	1	QL
<i>frovatriptan succinate tabs 2.5mg</i>	1	QL
IMITREX SOLN 5MG/ACT, 20MG/ACT; TABS 25MG, 50MG, 100MG	3	QL
IMITREX STATDOSE REFILL SOCT 4MG/0.5ML, 6MG/0.5ML	3	QL
IMITREX STATDOSE SYSTEM SOAJ 4MG/0.5ML, 6MG/0.5ML	3	QL
<i>naratriptan hcl tabs 1mg, 2.5mg</i>	1	QL
ONZETRA XSAIL EXHP 11MG/NOSEPC	2	QL
RELPAZ TABS 20MG, 40MG	3	QL
<i>rizatriptan benzoate tabs 5mg, 10mg; tbdp 5mg, 10mg</i>	1	QL
<i>sumatriptan soln 5mg/act, 20mg/act</i>	1	QL
<i>sumatriptan succinate soaj 4mg/0.5ml, 6mg/0.5ml; soct 4mg/0.5ml, 6mg/0.5ml; soln 6mg/0.5ml; tabs 25mg, 50mg, 100mg</i>	1	QL
ZEMBRACE SYMTOUCH SOAJ 3MG/0.5ML	2	QL
<i>zolmitriptan soln 2.5mg, 5mg; tabs 2.5mg, 5mg; tbdp 2.5mg, 5mg</i>	1	QL
MINERALS & ELECTROLYTES		
FLUORIDE		
<i>sodium fluoride chew 1mg; tabs 1mg</i>	1	
<i>sodium fluoride chew .25mg, .5mg; soln .5mg/ml; tabs .5mg</i>	1	AGE
IODINE PRODUCTS		
<i>iodine solution strong 5% (lugol's)</i>	1	
MAGNESIUM		
<i>magnesium sulfate soln 50%</i>	1	
PHOSPHATE		
<i>pot phos monobasic w/sod phos di & monobas tab 155-852-130mg</i>	1	
<i>potassium phosphate monobasic tabs 500mg</i>	1	
POTASSIUM		
<i>potassium bicarbonate tbef 25meq</i>	1	
<i>potassium chloride cpcr 8meq, 10meq; pack 20meq; soln 10%, 20%; tbcr 8meq, 10meq, 15meq, 20meq</i>	1	
<i>potassium chloride microencapsulated crystals er tbcr 10meq, 15meq, 20meq</i>	1	
SODIUM		
<i>sodium chloride soln .9%, 2.5meq/ml</i>	1	

Drug Name	Drug Tier	Requirements/Limits
MISCELLANEOUS THERAPEUTIC CLASSES		
CHELATING AGENTS		
penicillamine caps 250mg; tabs 250mg	4	PA, QL
trientine hcl caps 250mg	4	PA, QL
IMMUNOMODULATORS		
lenalidomide caps 2.5mg, 5mg, 10mg, 15mg, 20mg, 25mg	4	PA, QL
REVLIMID CAPS 2.5MG, 5MG, 10MG, 15MG, 20MG, 25MG	4	PA, QL
THALOMID CAPS 50MG, 100MG, 150MG, 200MG	4	PA, QL
VYVGART SOLN 400MG/20ML	4	PA, QL
VYVGART INJ HYTRULO	4	PA, QL
IMMUNOSUPPRESSIVE AGENTS		
azathioprine tabs 50mg, 75mg, 100mg	1	
cyclosporine caps 25mg, 100mg; soln 50mg/ml	1	
cyclosporine modified (for microemulsion) caps 25mg, 50mg, 100mg; soln 100mg/ml	1	
ENSPRYNG SOSY 120MG/ML	4	PA, QL
everolimus (immunosuppressant) tabs .25mg, .5mg, .75mg, 1mg	1	
mycophenolate mofetil caps 250mg; susr 200mg/ml; tabs 500mg	1	
mycophenolate sodium tbec 180mg, 360mg	1	
sirolimus soln 1mg/ml; tabs .5mg, 1mg, 2mg	1	
tacrolimus caps .5mg, 1mg, 5mg	1	
POTASSIUM REMOVING AGENTS		
sodium polystyrene sulfonate susp 15gm/60ml	1	
sodium polystyrene sulfonate powder	1	
VELTASSA PACK 1GM, 8.4GM, 16.8GM, 25.2GM	2	
MOUTH/THROAT/DENTAL AGENTS		
ANESTHETICS TOPICAL ORAL		
lidocaine hcl (mouth-throat) soln 2%, 4%	1	
ANTI-INFECTIVES - THROAT		
clotrimazole troc 10mg	1	
nystatin (mouth-throat) susp 100000unit/ml	1	
ANTISEPTICS - MOUTH/THROAT		
chlorhexidine gluconate (mouth-throat) soln .12%	1	
DENTAL PRODUCTS		
sodium fluoride (dental) crea 1.1%; gel 1.1%; pste 1.1%	1	
stannous fluoride conc .63%; gel .4%	1	
STEROIDS - MOUTH/THROAT/DENTAL		
triamcinolone acetonide (mouth) pste .1%	1	

Drug Name	Drug Tier	Requirements/Limits
THROAT PRODUCTS - MISC.		
<i>cevimeline hcl caps 30mg</i>	1	
<i>pilocarpine hcl (oral) tabs 5mg, 7.5mg</i>	1	
MULTIVITAMINS		
B-COMPLEX VITAMINS		
<i>b-complex vitamin inj soln</i>	1	
B-COMPLEX W/ FOLIC ACID		
<i>b-complex w/ c & folic acid cap 1 mg</i>	1	
<i>b-complex w/ c & folic acid tab</i>	1	
<i>b-complex w/ c & folic acid tab 1 mg</i>	1	
<i>b-complex w/ c-biotin-minerals & folic acid tab 5 mg</i>	1	
MULTIPLE VITAMINS W/ MINERALS		
<i>multiple vitamins w/ minerals cap</i>	1	
<i>multiple vitamins w/ minerals tab</i>	1	
PED MULTI VITAMINS W/FL & FE		
<i>pediatric multiple vitamins w/ fl-fe drops 0.25-10 mg/ml</i>	1	
PED MV W/ FLUORIDE		
<i>pediatric multiple vitamins w/ fluoride chew tab 0.5 mg</i>	1	
<i>pediatric multiple vitamins w/ fluoride chew tab 0.25 mg</i>	1	
<i>pediatric multiple vitamins w/ fluoride chew tab 1 mg</i>	1	
<i>pediatric multiple vitamins w/ fluoride soln 0.5 mg/ml</i>	1	
<i>pediatric multiple vitamins w/ fluoride soln 0.25 mg/ml</i>	1	
<i>pediatric vitamins acd w/ fluoride soln 0.5 mg/ml</i>	1	
<i>pediatric vitamins acd w/ fluoride soln 0.25 mg/ml</i>	1	
PRENATAL VITAMINS		
<i>prenat w/o a w/fefum-methfol-fa-dha cap 27-0.6-0.4-300 mg</i>	1	
<i>prenatal vit w/ dss-iron carbonyl-fa tab 90-1 mg</i>	1	
<i>prenatal vit w/ fe fum-methylfolate-fa tab 27-0.6-0.4 mg</i>	1	
<i>prenatal vit w/ fe fumarate-fa chew tab 29-1 mg</i>	1	
<i>prenatal vit w/ fe fumarate-fa tab 28-1 mg</i>	1	
<i>prenatal vit w/ iron carbonyl-fa tab 50-1.25 mg</i>	1	
MUSCULOSKELETAL THERAPY AGENTS		
CENTRAL MUSCLE RELAXANTS		
<i>baclofen soln 5mg/5ml, 10mg/5ml; tabs 5mg, 10mg, 15mg, 20mg</i>	1	
<i>carisoprodol tabs 350mg</i>	1	
<i>chlorzoxazone tabs 500mg</i>	1	
<i>cyclobenzaprine hcl tabs 5mg, 10mg</i>	1	
<i>LYVISPAH PACK 5MG, 10MG, 20MG</i>	2	

Drug Name	Drug Tier	Requirements/Limits
<i>metaxalone tabs 800mg</i>	1	
<i>methocarbamol soln 1000mg/10ml; tabs 500mg, 750mg, 1000mg</i>	1	
<i>orphenadrine citrate soln 30mg/ml; tb12 100mg</i>	1	
<i>tizanidine hcl caps 2mg, 4mg, 6mg; tabs 2mg, 4mg</i>	1	
ZANAFLEX TABS 4MG	3	
DIRECT MUSCLE RELAXANTS		
<i>dantrolene sodium caps 25mg, 50mg, 100mg</i>	1	
VISCOSUPPLEMENTS		
DUROLANE PRSY 60MG/3ML	4	PA
EUFLEXXA SOSY 20MG/2ML	4	PA
GELSYN-3 SOSY 16.8MG/2ML	4	PA
SUPARTZ FX SOSY 25MG/2.5ML	4	PA
NASAL AGENTS - SYSTEMIC AND TOPICAL		
NASAL AGENT COMBINATIONS		
<i>azelastine hcl-fluticasone prop nasal spray 137-50 mcg/act</i>	1	QL
NASAL ANTIALLERGY		
<i>azelastine hcl soln .1%, .15%, 137mcg/spray</i>	1	QL
<i>olopatadine hcl (nasal) soln .6%</i>	1	QL
PATANASE SOLN .6%	3	QL
NASAL ANTICHOLINERGICS		
<i>ipratropium bromide (nasal) soln .03%, .06%</i>	1	QL
NASAL STEROIDS		
<i>flunisolide (nasal) soln .025%</i>	1	QL
<i>fluticasone propionate (nasal) susp 50mcg/act</i>	1	QL
<i>mometasone furoate (nasal) susp 50mcg/act</i>	1	QL
XHANCE EXHU 93MCG/ACT	2	QL
SYMPATHOMIMETIC DECONGESTANTS		
<i>epinephrine hcl (nasal) soln .1%</i>	1	
NEUROMUSCULAR AGENTS		
ALS AGENTS		
<i>edaravone soln 30mg/100ml, 60mg/100ml</i>	4	PA, QL
RADICAVA ORS SUSP 105MG/5ML	4	PA, QL
RADICAVA ORS STARTER KIT SUSP 105MG/5ML	4	PA, QL
<i>riluzole tabs 50mg</i>	1	
DEPOLARIZING MUSCLE RELAXANTS		
<i>succinylcholine chloride soln 20mg/ml, 200mg/10ml</i>	1	
NEUROMUSCULAR BLOCKING AGENT - NEUROTOXINS		
XEOMIN SOLR 50UNIT, 100UNIT, 200UNIT	4	PA, QL
NUTRIENTS		
PROTEINS		
<i>amino acids cap</i>	1	

Drug Name	Drug Tier	Requirements/Limits
OPHTHALMIC AGENTS		
BETA-BLOCKERS - OPHTHALMIC		
<i>betaxolol hcl (ophth) soln .5%</i>	1	
BETOPTIC-S SUSP .25%	2	
<i>brimonidine tartrate-timolol maleate ophth soln 0.2-0.5%</i>	1	
<i>carteolol hcl (ophth) soln 1%</i>	1	
<i>dorzolamide hcl-timolol maleate ophth soln 2-0.5%</i>	1	
<i>dorzolamide hcl-timolol maleate pf ophth soln 2-0.5%</i>	1	
<i>levobunolol hcl soln .5%</i>	1	
<i>timolol maleate (ophth) solg .25%, .5%; soln .25%, .5%</i>	1	
CYCLOPLEGIC MYDRIATICS		
<i>atropine sulfate (ophthalmic) oint 1%; soln 1%</i>	1	
<i>cyclopentolate hcl soln 1%</i>	1	
<i>phenylephrine hcl (mydriatic) soln 2.5%, 10%</i>	1	
<i>tropicamide soln .5%, 1%</i>	1	
MIOTICS		
<i>pilocarpine hcl soln 1%, 1.25%, 2%, 4%</i>	1	
OPHTHALMIC - ANGIOGENESIS INHIBITORS		
BYOOVIZ SOLN .5MG/0.05ML	4	PA, QL
CIMERLI SOLN .3MG/0.05ML, .5MG/0.05ML	4	PA, QL
OPHTHALMIC ADRENERGIC AGENTS		
ALPHAGAN P SOLN .1%, .15%	2	
<i>apraclonidine hcl soln .5%</i>	1	
<i>brimonidine tartrate soln .1%, .15%, .2%</i>	1	
SIMBRINZA SUS 1-0.2%	2	
OPHTHALMIC ANTI-INFECTIVES		
<i>bacitracin (ophthalmic) oint 500unit/gm</i>	1	
<i>bacitracin-polymyxin b ophth oint</i>	1	
BESIVANCE SUSP .6%	2	
<i>ciprofloxacin hcl (ophth) soln .3%</i>	1	
<i>erythromycin (ophth) oint 5mg/gm</i>	1	
<i>gatifloxacin (ophth) soln .5%</i>	1	
<i>gentamicin sulfate (ophth) soln .3%</i>	1	
<i>levofloxacin (ophth) soln .5%, 1.5%</i>	1	
<i>moxifloxacin hcl (ophth) soln .5%</i>	1	
<i>neomycin-bacitrac zn-polymyx 5(3.5)mg-400unt-10000unt op oin</i>	1	
<i>neomycin-polymy-gramicid op sol 1.75-10000-0.025mg-unt-mg/ml</i>	1	
OCUFLOX SOLN .3%	3	
<i>ofloxacin (ophth) soln .3%</i>	1	
<i>polymyxin b-trimethoprim ophth soln 10000 unit/ml-0.1%</i>	1	

Drug Name	Drug Tier	Requirements/Limits
<i>sulfacetamide sodium (ophth) oint 10%; soln 10%</i>	1	
<i>tobramycin (ophth) soln .3%</i>	1	
TOBREX OINT .3%	3	
<i>trifluridine soln 1%</i>	1	
VIGAMOX SOLN .5%	3	
XDEMVI SOLN .25%	2	
OPHTHALMIC IMMUNOMODULATORS		
RESTASIS EMUL .05%	2	
RESTASIS MULTIDOSE EMUL .05%	2	
OPHTHALMIC INTEGRIN ANTAGONISTS		
XIIDRA SOLN 5%	2	
OPHTHALMIC LOCAL ANESTHETICS		
<i>proparacaine hcl soln .5%</i>	1	
<i>tetracaine hcl (ophth) soln .5%</i>	1	
OPHTHALMIC STEROIDS		
<i>bacitracin-polymyxin-neomycin-hc ophth oint 1%</i>	1	
<i>dexamethasone sodium phosphate (ophth) soln .1%</i>	1	
<i>difluprednate emul .05%</i>	1	
<i>fluorometholone (ophth) susp .1%</i>	1	
<i>loteprednol etabonate gel .5%; susp .2%, .5%</i>	1	
MAXITROL OIN 0.1% OP	3	
MAXITROL SUS 0.1% OP	3	
<i>neomycin-polymyxin-dexamethasone ophth oint 0.1%</i>	1	
<i>neomycin-polymyxin-dexamethasone ophth susp 0.1%</i>	1	
<i>neomycin-polymyxin-hc ophth susp</i>	1	
<i>prednisolone acetate (ophth) susp 1%</i>	1	
PREDNISOLONE SODIUM PHOSP SOLN 1%	3	
<i>sulfacetamide sodium-prednisolone ophth soln 10-0.23(0.25)%</i>	1	
TOBRADEX OIN 0.3-0.1%	2	
<i>tobramycin-dexamethasone ophth susp 0.3-0.1%</i>	1	
OPHTHALMICS - MISC.		
ACULAR SOLN .5%	3	
ACULAR LS SOLN .4%	3	
<i>azelastine hcl (ophth) soln .05%</i>	1	
<i>bepotastine besilate soln 1.5%</i>	1	
<i>brinzolamide susp 1%</i>	1	
<i>bromfenac sodium (ophth) soln .07%, .075%, .09%</i>	1	
<i>cromolyn sodium (ophth) soln 4%</i>	1	
<i>diclofenac sodium (ophth) soln .1%</i>	1	
<i>dorzolamide hcl soln 2%</i>	1	
<i>epinastine hcl (ophth) soln .05%</i>	1	
<i>fluorescein sodium injection soln 10%, 25%</i>	1	
<i>fluorescein w/ benoxinate ophth soln 0.25-0.4%</i>	1	
<i>fluorescein w/ proparacaine ophth soln 0.25-0.5%</i>	1	

Drug Name	Drug Tier	Requirements/Limits
<i>flurbiprofen sodium soln .03%</i>	1	
<i>ILEVRO SUSP .3%</i>	2	
<i>ketorolac tromethamine (ophth) soln .4%, .5%</i>	1	
<i>olopatadine hcl soln .1%, .2%</i>	1	
PROSTAGLANDINS - OPHTHALMIC		
<i>bimatoprost soln .03%</i>	1	
<i>latanoprost soln .005%</i>	1	
<i>tafluprost soln .015mg/ml</i>	1	
<i>travoprost soln .004%</i>	1	
OTIC AGENTS		
OTIC AGENTS - MISCELLANEOUS		
<i>acetic acid (otic) soln 2%</i>	1	
OTIC ANTI-INFECTIVES		
<i>ciprofloxacin hcl (otic) soln .2%</i>	1	
<i>ofloxacin (otic) soln .3%</i>	1	
OTIC COMBINATIONS		
<i>ciprofloxacin-dexamethasone otic susp 0.3-0.1%</i>	1	
<i>neomycin-polymyxin-hc otic soln 1%</i>	1	
<i>neomycin-polymyxin-hc otic susp 3.5 mg/ml-10000 unit/ml-1%</i>	1	
OTIC STEROIDS		
<i>fluocinolone acetonide (otic) oil .01%</i>	1	
<i>hydrocortisone w/ acetic acid otic soln 1-2%</i>	1	
OXYTOCICS		
ABORTIFACIENTS/AGENTS FOR CERVICAL RIPENING		
<i>carboprost tromethamine soln 250mcg/ml</i>	1	
OXYTOCICS		
<i>methylergonovine maleate soln .2mg/ml; tabs .2mg</i>	1	
<i>oxytocin soln 10unit/ml</i>	1	
PASSIVE IMMUNIZING AND TREATMENT AGENTS		
IMMUNE SERUMS		
CUTAQUIG SOLN 1GM/6ML, 1.65GM/10ML, 2GM/12ML, 3.3GM/20ML, 4GM/24ML, 8GM/48ML	4	PA, QL
PENICILLINS		
AMINOPENICILLINS		
<i>amoxicillin caps 250mg, 500mg; chew 125mg, 250mg; susr 125mg/5ml, 200mg/5ml, 250mg/5ml, 400mg/5ml; tabs 500mg, 875mg</i>	1	
<i>ampicillin caps 500mg</i>	1	
<i>ampicillin sodium solr 1gm, 2gm, 125mg, 250mg, 500mg</i>	1	
NATURAL PENICILLINS		
<i>penicillin g potassium solr 5000000unit, 20000000unit</i>	1	

Drug Name	Drug Tier	Requirements/Limits
penicillin g sodium solr 5000000unit	1	
penicillin v potassium solr 125mg/5ml, 250mg/5ml; tabs 250mg, 500mg	1	
PENICILLIN COMBINATIONS		
amoxicillin & k clavulanate chew tab 200-28.5 mg	1	
amoxicillin & k clavulanate chew tab 400-57 mg	1	
amoxicillin & k clavulanate for susp 200-28.5 mg/5ml	1	
amoxicillin & k clavulanate for susp 250-62.5 mg/5ml	1	
amoxicillin & k clavulanate for susp 400-57 mg/5ml	1	
amoxicillin & k clavulanate for susp 600-42.9 mg/5ml	1	
amoxicillin & k clavulanate tab 250-125 mg	1	
amoxicillin & k clavulanate tab 500-125 mg	1	
amoxicillin & k clavulanate tab 875-125 mg	1	
amoxicillin & k clavulanate tab er 12hr 1000-62.5 mg	1	
ampicillin & sulbactam sodium for inj 1.5 (1-0.5) gm	1	
ampicillin & sulbactam sodium for inj 3 (2-1) gm	1	
AUGMENTIN SUS 125/5ML	3	
AUGMENTIN SUS ES-600	3	
PENICILLINASE-RESISTANT PENICILLINS		
dicloxacillin sodium caps 250mg, 500mg	1	
nafcilin sodium solr 1gm, 2gm	1	
oxacillin sodium solr 1gm, 2gm	1	
PHARMACEUTICAL ADJUVANTS		
LIQUID VEHICLES		
bacteriostatic sodium chloride soln .9%	1	
water for injection	1	
SEMI SOLID VEHICLES		
white petrolatum topical gel	1	
PROGESTINS		
PROGESTINS		
medroxyprogesterone acetate tabs 2.5mg, 5mg, 10mg	1	
megestrol acetate (appetite) susp 625mg/5ml	1	
norethindrone acetate tabs 5mg	1	
progesterone caps 100mg, 200mg; oil 50mg/ml	1	
PROVERA TABS 2.5MG, 5MG, 10MG	3	
PSYCHOTHERAPEUTIC AND NEUROLOGICAL AGENTS - MISC.		
AGENTS FOR CHEMICAL DEPENDENCY		
acamprosate calcium tbec 333mg	1	
disulfiram tabs 250mg, 500mg	1	
lofexidine hcl tabs .18mg	1	
ANTI-CATAPLECTIC AGENTS		
LUMRYZ PACK 4.5GM, 6GM, 7.5GM, 9GM	4	PA, QL
LUMRYZ PAK STARTER	4	PA, QL

Drug Name	Drug Tier	Requirements/Limits
XYWAV SOL 0.5GM/ML	4	PA, QL
ANTIDEMENTIA AGENTS		
ARICEPT TABS 5MG, 10MG, 23MG	3	
donepezil hydrochloride tabs 5mg, 10mg, 23mg; tbdp 5mg, 10mg	1	
EXELON PT24 4.6MG/24HR, 9.5MG/24HR, 13.3MG/24HR	3	
galantamine hydrobromide cp24 8mg, 16mg, 24mg; soln 4mg/ml; tabs 4mg, 8mg, 12mg	1	
memantine hcl cp24 7mg, 14mg, 21mg, 28mg; soln 2mg/ml, 10mg/5ml; tabs 5mg, 10mg	1	
memantine hcl tab 28 x 5 mg & 21 x 10 mg titration pack	1	
memantine hcl-donepezil hcl cap er 24hr 14-10 mg	1	
memantine hcl-donepezil hcl cap er 24hr 21-10 mg	1	
memantine hcl-donepezil hcl cap er 24hr 28-10 mg	1	
NAMZARIC CAP	2	
NAMZARIC CAP 7-10MG	2	
NAMZARIC CAP 14-10MG	2	
NAMZARIC CAP 21-10MG	2	
NAMZARIC CAP 28-10MG	2	
rivastigmine pt24 4.6mg/24hr, 9.5mg/24hr, 13.3mg/24hr	1	
rivastigmine tartrate caps 1.5mg, 3mg, 4.5mg, 6mg	1	
COMBINATION PSYCHOTHERAPEUTICS		
chlordiazepoxide-amitriptyline tab 5-12.5 mg	1	
chlordiazepoxide-amitriptyline tab 10-25 mg	1	
olanzapine-fluoxetine hcl cap 3-25 mg	1	
olanzapine-fluoxetine hcl cap 6-25 mg	1	
olanzapine-fluoxetine hcl cap 6-50 mg	1	
olanzapine-fluoxetine hcl cap 12-25 mg	1	
olanzapine-fluoxetine hcl cap 12-50 mg	1	
perphenazine-amitriptyline tab 2-10 mg	1	
perphenazine-amitriptyline tab 2-25 mg	1	
perphenazine-amitriptyline tab 4-10 mg	1	
perphenazine-amitriptyline tab 4-25 mg	1	
perphenazine-amitriptyline tab 4-50 mg	1	
MOVEMENT DISORDER DRUG THERAPY		
AUSTEDO TABS 6MG, 9MG, 12MG	4	PA, QL
AUSTEDO XR TB24 6MG, 12MG, 24MG	4	PA, QL
AUSTEDO XR TAB TITR KIT	4	PA, QL
INGREZZA CAPS 40MG, 60MG, 80MG	4	PA, QL
INGREZZA CAP 40-80MG	4	PA, QL
tetrabenazine tabs 12.5mg, 25mg	4	PA, QL
MULTIPLE SCLEROSIS AGENTS		
AVONEX PSKT 30MCG/0.5ML	4	PA, QL

Drug Name	Drug Tier	Requirements/Limits
AVONEX PEN AJKT 30MCG/0.5ML	4	PA, QL
BAFIERTAM CPDR 95MG	4	PA, QL
BETASERON KIT .3MG	4	PA, QL
COPAXONE SOSY 40MG/ML	4	PA, QL
<i>dalfampridine tb12 10mg</i>	4	PA, QL
<i>dimethyl fumarate cpdr 120mg, 240mg</i>	4	PA, QL
<i>dimethyl fumarate capsule dr starter pack 120 mg & 240 mg</i>	4	PA, QL
<i>fingolimod hcl caps .5mg</i>	4	PA, QL
<i>glatiramer acetate sosy 20mg/ml, 40mg/ml</i>	4	PA, QL
KESIMPTA SOAJ 20MG/0.4ML	4	PA, QL
MAYZENT TABS .25MG, 1MG, 2MG	4	PA, QL
MAYZENT STARTER PACK TBPk .25MG	4	PA, QL
OCREVUS SOLN 300MG/10ML	4	PA, QL
REBIF SOSY 22MCG/0.5ML, 44MCG/0.5ML	4	PA, QL
REBIF REBIDO INJ TITRATN	4	PA, QL
REBIF REBIDOSE SOAJ 22MCG/0.5ML, 44MCG/0.5ML	4	PA, QL
REBIF TITRTN INJ PACK	4	PA, QL
<i>teriflunomide tabs 7mg, 14mg</i>	4	PA, QL
TYSABRI CONC 300MG/15ML	4	PA, QL
ZEPOSIA CAPS .92MG	4	PA, QL
ZEPOSIA 7DAY CAP STR PACK	4	PA, QL
ZEPOSIA CAP STR KIT	4	PA, QL
POSTHERPETIC NEURALGIA (PHN)/NEUROPATHIC PAIN AGENTS		
<i>gabapentin (once-daily) tabs 300mg, 600mg</i>	1	
GRALISE TABS 300MG, 450MG, 600MG, 750MG, 900MG	2	
<i>pregabalin (once-daily) tb24 82.5mg, 165mg, 330mg</i>	1	
PSYCHOTHERAPEUTIC AND NEUROLOGICAL AGENTS - MISC.		
<i>ergoloid mesylates tabs 1mg</i>	1	
<i>pimozide tabs 1mg, 2mg</i>	1	
SMOKING DETERRENTS		
<i>bupropion hcl (smoking deterrent) tb12 150mg</i>	1	
<i>varenicline tartrate tabs .5mg, 1mg</i>	1	
<i>varenicline tartrate tab 11 x 0.5 mg & 42 x 1 mg start pack</i>	1	
TRANSTHYRETIN AMYLOIDOSIS AGENTS		
TEGSEDI SOSY 284MG/1.5ML	4	PA, QL
RESPIRATORY AGENTS - MISC.		
ALPHA-PROTEINASE INHIBITOR (HUMAN)		
ARALAST NP SOLR 500MG, 1000MG	4	PA, QL
GLASSIA SOLN 1000MG/50ML	4	PA, QL
ZEMAIRA SOLR 1000MG, 4000MG, 5000MG	4	PA, QL
PULMONARY FIBROSIS AGENTS		
OFEV CAPS 100MG, 150MG	4	PA, QL

Drug Name	Drug Tier	Requirements/Limits
<i>pirfenidone caps 267mg; tabs 267mg, 801mg</i>	4	PA, QL
SULFONAMIDES		
SULFONAMIDES		
<i>sulfadiazine tabs 500mg</i>	1	
TETRACYCLINES		
TETRACYCLINES		
<i>demeclocycline hcl tabs 150mg, 300mg</i>	1	
<i>doxycycline (monohydrate) caps 50mg, 100mg; susr 25mg/5ml; tabs 50mg, 75mg, 100mg, 150mg</i>	1	
<i>doxycycline hyclate caps 50mg, 100mg; tabs 20mg, 100mg</i>	1	
<i>minocycline hcl caps 50mg, 75mg, 100mg; tabs 50mg, 75mg, 100mg</i>	1	
<i>tetracycline hcl caps 250mg, 500mg</i>	1	
VIBRAMYCIN CAPS 100MG	3	
THYROID AGENTS		
ANTITHYROID AGENTS		
<i>methimazole tabs 5mg, 10mg</i>	1	
<i>propylthiouracil tabs 50mg</i>	1	
THYROID HORMONES		
<i>levothyroxine sodium tabs 25mcg, 50mcg, 75mcg, 88mcg, 100mcg, 112mcg, 125mcg, 137mcg, 150mcg, 175mcg, 200mcg, 300mcg</i>	1	
<i>liothyronine sodium tabs 5mcg, 25mcg, 50mcg</i>	1	
SYNTHROID TABS 25MCG, 50MCG, 75MCG, 88MCG, 100MCG, 112MCG, 125MCG, 137MCG, 150MCG, 175MCG, 200MCG, 300MCG	2	
ULCER DRUGS/ANTISPASMODICS/ANTICHOLINERGICS		
ANTISPASMODICS		
<i>atropine sulfate soln 8mg/20ml; sosy .25mg/5ml, .5mg/5ml, 1mg/10ml</i>	1	
<i>chlordiazepoxide hcl-clidinium bromide cap 5-2.5 mg</i>	1	
<i>dicyclomine hcl caps 10mg; soln 10mg/5ml, 10mg/ml; tabs 20mg</i>	1	
<i>glycopyrrolate soln .2mg/ml, .4mg/2ml, 1mg/5ml, 4mg/20ml; sosy .2mg/ml, .4mg/2ml; tabs 1mg, 2mg</i>	1	
<i>hyoscyamine sulfate elix .125mg/5ml; soln .125mg/ml; subl .125mg; tabs .125mg; tbdp .125mg</i>	1	
<i>methscopolamine bromide tabs 2.5mg, 5mg</i>	1	
H-2 ANTAGONISTS		
<i>cimetidine tabs 200mg, 300mg, 400mg, 800mg</i>	1	
<i>cimetidine hcl soln 300mg/5ml</i>	1	
<i>famotidine susr 40mg/5ml; tabs 20mg, 40mg</i>	1	
<i>nizatidine caps 150mg, 300mg</i>	1	
PEPCID TABS 20MG, 40MG	3	

Drug Name	Drug Tier	Requirements/Limits
MISC. ANTI-ULCER		
<i>sucralfate tabs 1gm</i>	1	
PROTON PUMP INHIBITORS		
<i>esomeprazole magnesium cpdr 20mg, 40mg; pack 2.5mg, 5mg, 10mg, 20mg, 40mg</i>	1	QL
<i>esomeprazole sodium solr 40mg</i>	1	QL
<i>lansoprazole cpdr 15mg, 30mg</i>	1	QL
<i>omeprazole cpdr 10mg, 20mg, 40mg</i>	1	QL
<i>pantoprazole sodium solr 40mg; tbec 20mg, 40mg</i>	1	QL
<i>rabeprazole sodium tbec 20mg</i>	1	QL
ULCER DRUGS - PROSTAGLANDINS		
<i>misoprostol tabs 100mcg, 200mcg</i>	1	
ULCER THERAPY COMBINATIONS		
<i>amoxicil cap &clarithro tab &lansopraz cap dr 500 &500 &30mg</i>	1	
<i>bismuth subcit-metronidazole-tetracycline cap 140-125-125 mg</i>	1	
TALICIA CAP	2	
URINARY ANTISPASMODICS		
URINARY ANTISPASMODIC - ANTIMUSCARINICS (ANTICHOLINERGIC)		
<i>darifenacin hydrobromide tb24 7.5mg, 15mg</i>	1	
DETROL TABS 1MG, 2MG	3	
<i>fesoterodine fumarate tb24 4mg, 8mg</i>	1	
<i>oxybutynin chloride soln 5mg/5ml; tabs 5mg; tb24 5mg, 10mg, 15mg</i>	1	
<i>solifenacin succinate tabs 5mg, 10mg</i>	1	
<i>tolterodine tartrate cp24 2mg, 4mg; tabs 1mg, 2mg</i>	1	
<i>trospium chloride cp24 60mg; tabs 20mg</i>	1	
URINARY ANTISPASMODICS - BETA-3 ADRENERGIC AGONISTS		
GEMTESA TABS 75MG	2	
<i>mirabegron tb24 25mg, 50mg</i>	1	
URINARY ANTISPASMODICS - CHOLINERGIC AGONISTS		
<i>bethanechol chloride tabs 5mg, 10mg, 25mg, 50mg</i>	1	
URINARY ANTISPASMODICS - DIRECT MUSCLE RELAXANTS		
<i>flavoxate hcl tabs 100mg</i>	1	
VAGINAL AND RELATED PRODUCTS		
VAGINAL ANTI-INFECTIVES		
<i>clindamycin phosphate vaginal crea 2%</i>	1	
<i>metronidazole vaginal gel .75%</i>	1	
<i>miconazole nitrate vaginal supp 200mg</i>	1	
<i>terconazole vaginal crea .4%, .8%; supp 80mg</i>	1	
VAGINAL ESTROGENS		
<i>estradiol vaginal crea .1mg/gm</i>	1	
IMVEXXY MAINTENANCE PACK INST 4MCG, 10MCG	2	

Drug Name	Drug Tier	Requirements/Limits
IMVEXXY STARTER PACK INST 4MCG, 10MCG	2	
VAGIFEM TABS 10MCG	2	
VAGINAL PROGESTINS		
CRINONE GEL 4%, 8%	2	
VASOPRESSORS		
ANAPHYLAXIS THERAPY AGENTS		
AUVI-Q SOAJ .1MG/0.1ML, .15MG/0.15ML, .3MG/0.3ML	2	
epinephrine (anaphylaxis) soaj .15mg/0.15ml, .3mg/0.3ml; soln 1mg/ml, 30mg/30ml	1	
NEUROGENIC ORTHOSTATIC HYPOTENSION (NOH) - AGENTS		
droxidopa caps 100mg, 200mg, 300mg	4	PA, QL
VASOPRESSORS		
epinephrine soln 1mg/ml	1	
midodrine hcl tabs 2.5mg, 5mg, 10mg	1	
VITAMINS		
OIL SOLUBLE VITAMINS		
ergocalciferol caps 1.25mg, 50000unit	1	
phytonadione soln 1mg/0.5ml, 10mg/ml; tabs 5mg	1	
WATER SOLUBLE VITAMINS		
ascorbic acid soln 500mg/ml	1	
pyridoxine hcl soln 100mg/ml	1	
thiamine hcl soln 100mg/ml, 200mg/2ml	1	

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<i>hydrocodone bitart-homatropine methylbrom</i> <i>soln 5-1.5 mg/5ml</i>	45
<i>hydrocodone bitart-homatropine methylbromide</i> <i>tab 5-1.5 mg</i>	45
<i>hydrocodone bitartrate</i>	11
<i>hydrocodone-acetaminophen soln 10-300</i> <i>mg/15ml</i>	12
<i>hydrocodone-acetaminophen soln 10-325</i> <i>mg/15ml</i>	12
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<i>hydrocodone-ibuprofen tab 5-200 mg</i>	12
<i>hydrocodone-ibuprofen tab 7.5-200 mg</i>	12
<i>hydrocortisone</i>	44
<i>hydrocortisone (intrarectal)</i>	13
<i>hydrocortisone (rectal)</i>	13
<i>hydrocortisone (topical)</i>	48
<i>hydrocortisone acetate (topical)</i>	48
<i>hydrocortisone acetate w/ pramoxine perianal</i> <i>cream 1-1%</i>	13
<i>hydrocortisone butyrate</i>	48
<i>hydrocortisone sod succinate</i>	44
<i>hydrocortisone valerate</i>	48
<i>hydrocortisone w/ acetic acid otic soln 1-2%</i>	77
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<i>hydromorphone hcl</i>	11
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<i>irbesartan-hydrochlorothiazide tab 150-12.5 mg</i>	29
<i>irbesartan-hydrochlorothiazide tab 300-12.5 mg</i>	29
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<i>isosorbide dinitrate</i>	15
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<i>piroxicam</i>	10		73
<i>pitavastatin calcium</i>	26	<i>prenatal vit w/ fe fumarate-fa chew tab 29-1 mg</i>	
<i>plerixafor</i>	58		73
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<i>podofilox.....</i>	48	<i>prenatal vit w/ fe fum-methylfolate-fa tab 27-</i>	
<i>polymyxin b sulfate</i>	14	<i>0.6-0.4 mg</i>	73
<i>polymyxin b-trimethoprim ophth soln 10000</i>		<i>prenatal vit w/ iron carbonyl-fa tab 50-1.25 mg</i>	
<i>unit/ml-0.1%.....</i>	75		73
<i>posaconazole</i>	25	<i>primaquine phosphate</i>	30
<i>pot & sod citrates w/ cit ac soln 550-500-334</i>		<i>primidone</i>	19
<i>mg/5ml</i>	55	PRO COMFORT MIS 31G	66
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<i>1002 mg.....</i>	55	<i>prochlorperazine maleate</i>	36
<i>potassium citrate & citric acid soln 1100-334</i>		PROCRIT	57
<i>mg/5ml</i>	55	PROCTOFOAM AER HC 1%	13
<i>potassium citrate (alkalinizer).....</i>	55	PRODIGY MIS 26G	66
<i>potassium iodide (expectorant)</i>	45	PRODIGY MIS 28G	66
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<i>prasugrel hcl</i>	57	<i>mg/5ml.....</i>	45
<i>pravastatin sodium.....</i>	26	<i>promethazine hcl.....</i>	25
<i>praziquantel</i>	13	<i>promethazine w/ codeine syrup 6.25-10 mg/5ml</i>	
<i>prazosin hcl.....</i>	27		45
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<i>prednisolone</i>	44	<i>promethazine-phenylephrine-codeine syrup 6.25-</i>	
<i>prednisolone acetate (ophth)</i>	76	<i>5-10 mg/5ml</i>	45
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<i>prednisolone sodium phosphate</i>	44	<i>proparacaine hcl</i>	76
<i>prednisone</i>	44	<i>propranolol hcl</i>	39
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<i>pregabalin (once-daily)</i>	80	PROSCAR	55
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RITALIN	8	<i>saxagliptin-metformin hcl tab er 24hr 5-1000 mg</i>	21
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<i>sacubitril-valsartan tab 97-103 mg</i>	40	SINEMET TAB 10-100MG	35
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<i>sodium chloride</i>	71	<i>sulfacetamide sodium w/ sulfur emulsion 10-1%</i>	46
<i>sodium chloride (inhalant)</i>	45	<i>sulfacetamide sodium w/ sulfur foam 10-5%</i>	46
<i>sodium citrate & citric acid soln 500-334 mg/5ml</i>	55	<i>sulfacetamide sodium w/ sulfur lotion 9.8-4.8%</i>	46
<i>sodium fluoride</i>	71	<i>sulfacetamide sodium w/ sulfur susp 8-4%</i>	46
<i>sodium fluoride (dental)</i>	72	<i>sulfacetamide sodium-prednisolone ophth soln 10-0.23(0.25)%</i>	76
<i>sodium phenylbutyrate</i>	52	<i>sulfadiazine</i>	81
<i>sodium polystyrene sulfonate</i>	72	<i>sulfamethoxazole-trimethoprim susp 200-40 mg/5ml</i>	14
<i>sodium polystyrene sulfonate powder</i>	72	<i>sulfamethoxazole-trimethoprim tab 400-80 mg</i>	14
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<i>succinylcholine chloride</i>	74	SYNJARDY XR TAB	21
<i>sucrafate</i>	82	SYNJARDY XR TAB 10-1000	22
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<i>sulfacetamide sodium</i>	47	SYNJARDY XR TAB 5-1000MG	21
<i>sulfacetamide sodium (acne)</i>	46	SYNTHROID	81
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<i>telmisartan-hydrochlorothiazide tab 40-12.5 mg</i>	29	<i>tobramycin sulfate</i>	9
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UNILET SUPER MIS 23G	69	<i>valsartan-hydrochlorothiazide tab 320-12.5 mg</i>	30
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UNISTIK 1 MIS 2.4MM	69	<i>valsartan-hydrochlorothiazide tab 80-12.5 mg</i> .	30
UNISTIK 1 MIS 3.0MM	69	VALTOCO 10 MG DOSE	18
UNISTIK 2 MIS.....	69	VALTOCO 15 MG DOSE	18
UNISTIK 2 MIS 1.8MM	69	VALTOCO 20 MG DOSE	18
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UNISTIK 2 MIS NORMAL	69	<i>varenicline tartrate tab 11 x 0.5 mg & 42 x 1 mg</i> <i>start pack</i>	80
UNISTIK 2 MIS SUPER	69	VASCEPA.....	25
UNISTIK 23G MIS NORMAL	69	VASERETIC TAB 10-25MG	30
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NOTICE OF PRIVACY PRACTICES

THIS NOTICE DESCRIBES HOW MEDICAL INFORMATION ABOUT YOU MAY BE USED AND DISCLOSED AND HOW YOU CAN GET ACCESS TO THIS INFORMATION. PLEASE REVIEW IT CAREFULLY.

GlobalHealth is committed and required to protect the privacy and confidentiality of our Members' Protected Health Information ("PHI") in compliance with applicable federal and state laws and regulations, including the Health Insurance Portability and Accountability Act of 1996 ("HIPAA") and the Health Information Technology for Economic and Clinical Health ("HITECH") Act. This HIPAA Notice of Privacy Practices (the "Notice") contains important information regarding your PHI. Our current Notice is posted at www.GlobalHealth.com.

How GlobalHealth May Use or Disclose Your Health Information

For Treatment. We may use and/or disclose your PHI to a healthcare provider, hospital, or other healthcare facility in order to arrange for or facilitate treatment for you.

For Payment. We may use and/or disclose your PHI for purposes of paying claims from physicians, hospitals, and other healthcare providers for services delivered to you that are covered by your health plan; to determine your eligibility for benefits; to coordinate benefits; to review for medical necessity; to obtain premiums; to issue explanations of benefits to the individual who subscribes to the health plan in which you participate; and other payment related functions.

For Health Plan Operations. We may use and/or disclose PHI about you for health plan operational purposes. Some examples include: risk management, patient safety, quality improvement, internal auditing, utilization review, medical or peer review, certification, regulatory compliance, internal training, accreditation, licensing, credentialing, investigation of complaints, performance improvement, etc. We will not use or disclose your genetic information for underwriting purposes.

Health-Related Business and Services. We may use and disclose your PHI to tell you of health-related products, benefits, or services related to your treatment, care management, or alternate treatments, therapies, providers, or care settings.

Where Permitted or Required by Law. We may use and/or disclose information about you as permitted or required by law. For example, we may disclose information:

- To a regulatory agency for activities including, but not limited to, licensure, certification, accreditation, audits, investigations, inspections, and medical device reporting;
- To law enforcement upon receipt of a court order, warrant, summons, or other similar process;
- In response to a valid court order, subpoena, discovery request, or administrative order related to a lawsuit, dispute or other lawful process;
- To public health agencies or legal authorities charged with preventing or controlling disease, injury or disability;
- For health oversight activities conducted by agencies such as the Centers for Medicare and Medicaid Services ("CMS"), State Department of Health, Insurance Department, etc.;

- For national security purposes, such as protecting the President of the United States or the conducting of intelligence operations;
- In order to comply with laws and regulations related to Workers' Compensation;
- For coordination of insurance or Medicare benefits, if applicable;
- When necessary to prevent or lessen a serious and imminent threat to a person or the public and such disclosure is made to someone that can prevent or lessen the threat (including the target of the threat); and
- In the course of any administrative or judicial proceeding, where required by law.

Business Associates. We may use and/or disclose your PHI to business associates that we contract with to provide services on our behalf. Examples include consultants, accountants, lawyers, auditors, health information organizations, data storage and electronic health record vendors, etc. We will only make these disclosures if we have received satisfactory assurance that the business associate will properly safeguard your PHI.

Personal/Authorized Representatives. We may use and/or disclose PHI to your authorized representative. Family, Friends, Caregivers. We may disclose your PHI to a family member, caregiver, or friend who accompanies you or is involved in your medical care or treatment, or who helps pay for your medical care or treatment. If you are unable or unavailable to agree or object, we will use our best judgment in communicating with your family and others.

Emergencies. We may use and/or disclose your PHI if necessary in an emergency if the use or disclosure is necessary for your emergency treatment.

Military/Veterans. If you are a member or veteran of the armed forces, we may disclose your PHI as required by military command authorities.

Inmates. If you are an inmate of a correctional institute or under the custody of law enforcement officer, we may disclose your PHI to the correctional institute or law enforcement official.

Appointment Reminders. We may use and/or disclosure your PHI to contact you as a reminder that you have an appointment for treatment or medical care. This may be done through direct mail, email, or telephone call. If you are not home, we may leave a message on an answering machine or with the person answering the telephone.

Medication and Refill Reminders. We may use and/or disclose your PHI to remind you to refill your prescriptions, to communicate about the generic equivalent of a drug, or to encourage you to take your prescribed medications.

Limited Data Set. If we use your PHI to make a "limited data set," we may give that information to others for purposes of research, public health action or health care operations. The individuals/entities that receive the limited data set are required to take reasonable steps to protect the privacy of your information.

Other Uses. If you are an organ donor, we may release your medical information to organizations that handle organ procurement or organ, eye, or tissue transplantation or to an organ donation bank, as necessary to facilitate

organ or tissue donation and transplantation. We may release your medical information to a coroner or medical examiner.

NOTE: We will disclose your PHI for purposes not described in this notice only with your written authorization. Most uses and disclosures of psychotherapy notes (where appropriate), uses and disclosures of PHI for marketing or fundraising purposes, and disclosures that constitute a sale of PHI require your written authorization. The information authorized for release may include records which may indicate the presence of a communicable or non-communicable disease required to be reported pursuant to State law.

Your Health Information Rights

Right to Inspect and Copy

You have the right to inspect and copy your PHI as provided by law. This right does not apply to psychotherapy notes. Your request must be made in writing. We have the right to charge you the amounts allowed by State and Federal law for such copies. We may deny your request to inspect and copy your records in certain circumstances. If you are denied access, you may appeal to our Privacy Officer.

Right to Confidential Communication

You have the right to receive confidential communication of your PHI by alternate means or at alternative locations. For example, you may request to receive communication from us at an alternate address or telephone number. Your request must be in writing and identify how or where you wish to be contacted. We reserve the right to refuse to honor your request if it is unreasonable or not possible to comply with.

Right to Accounting of Disclosures

You have the right to request an accounting of certain disclosures of your PHI to third parties, except those disclosures made for treatment, payment, or health care or health plan operations and disclosures made to you, authorized by you, or pursuant to this Notice. To receive an accounting, you must submit your request in writing and provide the specific time period requested. You may request an accounting for up to six (6) years prior to the date of your request (three years if PHI is an electronic health record). If you request more than one (1) accounting in a 12-month period, we may charge you for the costs of providing the list. We will notify you of the cost and you may withdraw your request before any costs are incurred.

Right to Request Restrictions on Uses or Disclosures

You have the right to request restrictions or limitations on certain uses and disclosures of your PHI to third parties unless the disclosure is required or permitted by law. Your request must be made in writing and specify (1) what information you want to limit; (2) whether you want to limit use, disclosure, or both; and (3) to whom you want the limits to apply. We are not required to honor your request. If we agree, we will make all reasonable efforts to comply with your request unless the information is needed to provide emergency treatment to you or the disclosure has already occurred or the disclosure is required by law. Any agreement to restrictions must be signed by a person authorized to make such an agreement on our behalf.

Right to Request Amendment of PHI

You have the right to request an amendment of your PHI if you believe the record is incorrect or incomplete. You must submit your request in writing and state the reason(s) for the amendment. We will deny your request if: (1) it is not in writing or does not include a reason to support the request; (2) the information was

not created by us or is not part of the medical record that we maintain; (3) the information is not a part of the record that you would be permitted to inspect and copy, or (4) the information in the record is accurate and complete. If we deny your amendment request, you have a right to file a statement of disagreement with our Privacy Officer.

Right to Be Notified of a Breach

You have the right to receive notification of any breaches of your unsecured PHI.

Right to Revoke Authorization

You may revoke an authorization at any time, in writing, but only as to future uses or disclosures and not disclosures that we have made already, acting on reliance on the authorization you have given us or where authorization was not required.

Right to Receive a Copy of this Notice

You have the right to receive a paper copy of this Notice upon request.

Changes to this Notice

GlobalHealth is required to comply with the requirements of this Notice currently in effect. We reserve the right to change this Notice and make the new provisions effective for all PHI that we maintain. The revised Notice will be made available to you on our website at www.GlobalHealth.com.

To Report a Privacy Violation

If you have a question concerning your privacy rights or believe your rights have been violated, you may contact our Privacy Officer at:

ATTN: Privacy Officer
210 Park Avenue
Suite 2900
Oklahoma City, OK 73102
Toll-free 1-877-627-0004
Email privacy@globalhealth.com

GlobalHealth, Inc. complies with applicable Federal civil rights laws and does not discriminate on the basis of race, color, national origin (including limited English proficiency and primary language, sex (consistent with the scope of sex discrimination at § 92.101(a)(2)), age, or disability.

GlobalHealth, Inc.:

- Provides reasonable modifications for individuals with disabilities, and appropriate auxiliary aids and services, including:
 - Qualified interpreters for individuals with disabilities
 - Information in alternate formats, such as braille or large print, free of charge and in a timely manner, when such modifications, aids, and services are necessary to ensure accessibility and an equal opportunity to participate to individuals with disabilities;
- Provides language assistance services, including electronic and written translated documents and oral interpretation, free of charge and in a timely manner, when such services are a reasonable step

to provide meaningful access to an individual with limited English proficiency.

If you need reasonable modifications, appropriate auxiliary aids and services, or language assistance services, contact GlobalHealth's Customer Care at 1-877-280-5600 (toll-free) (TTY:711).

If you believe that we failed to provide these services or discriminated in another way on the basis of race, color, national origin, sex, age, or disability, our Section 1557 Coordinator is available to help you. You can file a grievance in person, or by mail, fax or email:

Mailing address: GlobalHealth
Section 1557 Coordinator
P.O. Box 2658
Oklahoma City, OK 73101-2658

Telephone number: 1-877-280-5600
9:00 a.m. to 5:00 p.m., Monday to Friday

TTY number: 711

Fax number: 405-280-5294

Email: section1557coordinator@globalhealth.com

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

U.S. Department of Health and Human Services
200 Independence Avenue SW
Room 509F, HHH Building
Washington, DC 20201
1-800-368-1019, 800-537-7697 (TDD)

Complaint forms are available at <https://www.hhs.gov/ocr/complaints/index.html>. This notice is available at our website: www.globalhealth.com.

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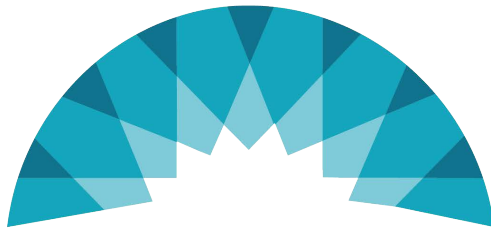
04/01/2013

08/01/2021

09/01/2023

Language	Translation
Spanish	ATENCIÓN: si habla español, tiene a su disposición servicios gratuitos de asistencia lingüística. Llame al 1-877-280-5600 (TTY: 711).
Vietnamese	CHÚ Ý: Nếu bạn nói Tiếng Việt, có các dịch vụ hỗ trợ ngôn ngữ miễn phí dành cho bạn. Gọi số 1-877-280-5600 (TTY: 711).
Chinese	注意：如果您使用繁體中文，您可以免費獲得語言援助服務。請致電 1-877-280-5600

Language	Translation
	(TTY: 711).
Korean	주의: 한국어를 사용하시는 경우, 언어 지원 서비스를 무료로 이용하실 수 있습니다. 1-877-280-5600 OR (TTY: 711) 번으로 전화해 주십시오.
German	ACHTUNG: Wenn Sie Deutsch sprechen, stehen Ihnen kostenlos sprachliche Hilfsdienstleistungen zur Verfügung. Rufnummer: 1-877-280-5600 (TTY: 711).
Arabic	هاتف (117). اتصل. إذا كنت تتحدث ذكر اللغة، فإن خدمات المساعدة اللغوية تتوافر لك بالمجان. ملحوظة 1-877-280-5600 (الصم والبكم برقم)
Burmese	သတိပြုရန် - အကယုၣ် သံသညာမနုမာစကား ကို ရဟပါက၊ ဘာသာစကား အကူအညီ၊ အခမဲ့၊ သံသတကြံ စီစဉ်ဆောင်ရွက်ပေးပါမည့်။ ဖုန်းနံပါတ် 1-877-280-5600 (TTY: 711) သို့မ ခေတ္တခိုပါ။
Hmong	LUS CEEV: Yog tias koj hais lus Hmoob, cov kev pab txog lus, muaj kev pab dawb rau koj. Hu rau 1-877-280-5600 (TTY: 711).
Tagalog	PAUNAWA: Kung nagsasalita ka ng Tagalog, maaari kang gumamit ng mga serbisyo ng tulong sa wika nang walang bayad. Tumawag sa 1-877-280-5600 (TTY: 711).
French	ATTENTION: Si vous parlez français, des services d'aide linguistique vous sont proposés gratuitement. Appelez le 1-877-280-5600 (ATS: 711).
Laotian	ໂບດລາບ: ຖ້າວ່າ ທ່ານເວົ້າພາສາ ລາວ, ການບໍລິການຊ່ວຍເຫຼືອດ້ານພາສາ, ໂດຍບໍ່ເສັຽຄ່າ, ແມ່ນມີຢູ່ໃຫ້ທ່ານ. ໂທ 1-877-280-5600 (TTY: 711).
Thai	เรียน: ถ้าคุณพูดภาษาไทยคุณสามารถใช้บริการช่วยเหลือทางภาษาได้ฟรี โทร 1-877-280-5600 (TTY: 711).
Urdu	1-877-280-5600 کریں کال - ہیں دستیاب میں مفت خدمات کی مدد کی زبان کو آپ تو ہیں، بولتے اردو آپ اگر خبردار (TTY: 711).
Cherokee	Hagsesda: iyuhno hyiwoniha [tsalagi gawonihisdi]. Call 1-877-280-5600 (TTY: 711).
Persian	اگر به زبان فارسی گفتگو می کنید، تسهیلات زبانی بصورت رایگان برای شما توجه با تماس بگیرید. فراهم می باشد (1-877-280-5600 (TTY: 711)



GlobalHealth

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