



**Enhanced Drug Formulary  
April 2024**

The AscellaHealth Enhanced Formulary is a list of medications that are carefully selected based on their safety profile, clinical effectiveness, and cost. This document is to serve as a guide for members and providers to understand how prescription drugs are covered under the AscellaHealth Enhanced Formulary. It is reviewed on a regular basis and revised based on safety, clinical efficacy, cost, and availability. For this reason, the AscellaHealth Enhanced Formulary is subject to change and all past versions will no longer be in effect.

### How To Use Our Formulary

The AscellaHealth Formulary is categorized by therapeutic category and then further separated by therapeutic class. There can be multiple therapeutic classes within a therapeutic category. Each drug is classified under a single therapeutic category and therapeutic class. This means one drug cannot be in two different therapeutic categories or classes.

In the example below, Anticholinergic Agents is the therapeutic category, and Antimuscarinics/antispasmodics is a therapeutic class within the category.

<b>THERAPEUTIC CATEGORY</b>	<b>ANTICHOLINERGIC AGENTS</b>
<b>Therapeutic Class</b>	<b>Antimuscarinics/antispasmodics</b>

### Generic versus Brand Name

The name of the drug in column Drug Name (left) is the covered drug. In order to differentiate whether the generic drug and/or the brand drug is covered under the formulary, the generic drug will appear in all lowercase and italicized font, and the brand drug is in all uppercase letters. The generic drug will also have the brand name listed under the Reference Name column.

In the example below, dicyclomine is the generic drug that is covered under the AscellaHealth Enhanced Formulary, and Atrovent HFA is the covered brand drug.

<i>generic drug</i>	<i>dicyclomine hcl 10 mg cap, 20 mg tab</i>
<b>BRAND NAME DRUG</b>	<b>ASMANEX HFA</b>

### Drug Tier

Each tier represents a different cost level that the member pays for a medication. Every medication is assigned to a tier. Shown below is a quick reference table that lists the drug tiers and drug tier names. Refer to the Formulary Tiering section for additional explanation of each drug tier.

<b>Drug Tier</b>	<b>Drug Tier Name</b>
1	Generic
2	Preferred Brand
3	Non-Preferred Brand and Generic
4	Specialty – Formulary Preferred with Prior Authorization
5	Specialty – Formulary Non-Preferred with Prior Authorization
6	Specialty – Non-Formulary with Prior Authorization

### Reference Name

The Reference Name is the brand equivalent of the covered generic drug. When the covered drug is a generic drug, the reference name (also the brand name) will appear in Reference Name column. In the example below, Bentyl is the reference brand name for dicyclomine, a generic drug that is covered under the AscellaHealth Enhanced Formulary.

<b>ANTICHOLINERGIC AGENTS</b>			
<b>Antimuscarinics/antispasmodics</b>			
<i>dicyclomine hcl 10 mg cap, 20 mg tab</i>	1	BENTYL	

### Requirements/Limits

Any medications on the AscellaHealth Formulary that must meet an established requirement(s) in order to be covered, it will be noted in the Requirements/Limits column. Shown below is a quick reference table that lists the requirements/limits and abbreviation names. Refer to the Prescription Drug Coverage Requirements and Limits section for additional explanation of each requirement and limit.

<b>Requirements/Limits</b>	<b>Abbreviation</b>
Prior Authorization	PA
Step Therapy	ST

Quantity Limit	QL
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## Quick Drug Lookup

To quickly look up to check if a specific drug is on the AscellaHealth formulary drug list, go to the end of this document to locate the index. Once you find the drug, the page number to the right of the drug name references the location of the drug in the formulary. Both generic drug and brand drug name are in alphabetized order.

## Formulary Tiering

The AscellaHealth Enhanced Formulary is divided into six categories or tiers. Each tier represents a different cost level that the member pays for a medication. Every medication is assigned to a tier. The table below summarizes the different drug tiers, with the lowest tier (1) being the lowest cost level for the member, and the highest tier (6) being the highest cost level for the member.

Drug Tier	Drug Tier Name	Description
1	Generic	Most generic drugs listed based on drug safety, clinical efficacy and cost.
2	Preferred Brand	Selected brand drugs based on drug safety, clinical efficacy and cost. A brand-name drug that does not have a generic equivalent with preferred status will be listed here.
3	Non-Preferred Brand and Generic	Selected generic and brand drugs that are not in tiers 1 and 2 based on drug safety, clinical efficacy and cost. A brand-name drug that has a generic equivalent with non-preferred status will be listed here. Certain generic drugs listed here have a preferred and often less costly therapeutic alternative at a lower tier.
4	Specialty – Formulary Preferred with Prior Authorization	Most generic specialty drugs and preferred brand-name specialty drugs, including biosimilars, that does not have a generic equivalent will be listed here. Providers must submit a prior authorization in order for the medication to be covered under tier 4.
5	Specialty – Formulary Non-Preferred with Prior Authorization	Selected generic and non-preferred brand specialty drugs that are not in tier 4, including biosimilars. Providers must submit a prior authorization in order for the medication to be covered under tier 5. Certain generic specialty

Drug Tier	Drug Tier Name	Description
		drugs listed here have a preferred and often less costly therapeutic alternative at a lower tier.
6	Specialty – Non-Formulary with Prior Authorization	Selected non-formulary brand specialty drugs that are not in tiers 4 and 5. Providers must submit a prior authorization in order for the medication to be covered under tier 6. Most specialty drugs listed here have a preferred and often less costly therapeutic alternative at a lower tier.

Specialty drugs are represented in tier 4, 5 and 6. These generic and brand drugs will have one or more of the following common attributes:

- Is used to treat complex or chronic conditions, such as cancer, rheumatoid arthritis, hemophilia, psoriasis, inflammatory bowel disease and hepatitis C;
- Is used to treat rare or orphan disease indication;
- Has unique storage and/or shipping requirements, such as refrigeration;
- Require additional patient monitoring, special administration, and/or education beyond traditional dispensing activities;
- Is a high-cost oral, injectable, inhalable, or infusible drug product.

### Prescription Drug Coverage Requirements and Limits

Certain medications on the AscellaHealth Enhanced Formulary are covered if an established requirement(s) that support safe prescribing are met. These requirements include Prior Authorization, Quantity Limits, Step Therapy, etc. Each of these criteria are further explained below.

**Prior Authorization (PA)** is the requirement that the member’s prescribing provider obtain authorization for a prescription drug before AscellaHealth will cover the drug. Review of prior authorization requests is performed promptly after the member’s provider submits the request. Approval can be obtained once AscellaHealth confirms the drug prescribed is medically necessary for the member to obtain the drug, and justification for use is consistent with the FDA approved indication or sufficient evidence confirms medically accepted use.

**Step Therapy (ST)** is the requirement that the member try certain medication(s) before “stepping up” to drugs that cost more. The drugs that the members are asked to try first are typically first-line generic drugs and sometimes lower cost brand drugs proven safe, effective and affordable. First-line drugs should be tried first because they usually provide the same health benefit as a more expensive drug and at a lower cost. AscellaHealth requires prescribing providers to submit a request for step therapy exception with medically necessary justification.

**Quantity Limit (QL)** is where the prescription quantity covered is limited to a specific amount, generally within a specific period of time, such as 30 tablets per month. Prior authorization is required for amounts greater than the limit.



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Drug Name	Drug Tier	Reference Name	Requirements/Limits
THERAPEUTIC CATEGORY			
Therapeutic Class			
<b>5-ALPHA-REDUCTASE INHIBITORS</b>			
<b>5-alpha-reductase Inhibitors</b>			
<i>dutasteride 0.5 mg cap</i>	1	AVODART	
<i>dutasteride-tamsulosin hcl</i>	3	JALYN	
<i>finasteride 5 mg tab</i>	1	PROSCAR	
<b>ADRENALS</b>			
<b>Adrenals</b>			
ALKINDI SPRINKLE 1 mg cap sprinkle, 2 mg cap sprinkle, 5 mg cap sprinkle	3		PA
ASMANEX (120 METERED DOSES)	2		
ASMANEX (14 METERED DOSES)	2		
ASMANEX (30 METERED DOSES)	2		
ASMANEX (60 METERED DOSES)	2		
ASMANEX (7 METERED DOSES)	2		
ASMANEX HFA	2		
BREZTRI AEROSPHERE	2		
<i>budesonide 3 mg cap dr prt</i>	3	ENTOCORT	
<i>budesonide 0.25 mg/2ml inh susp, 0.5 mg/2ml inh susp, 1 mg/2ml inh susp</i>	3	PULMICORT	
<i>budesonide er 9 mg tab er 24 hr</i>	3	UCERIS	
<i>budesonide-formoterol fumarate</i>	1	SYMBICORT	
<i>dexamethasone 1 mg tab, 2 mg tab</i>	1		
<i>dexamethasone 0.5 mg/5ml soln</i>	3		
<i>dexamethasone 0.5 mg/5ml oral elix</i>	3	BAYCADRON	
<i>dexamethasone 0.5 mg tab, 0.75 mg tab, 1.5 mg tab, 4 mg tab, 6 mg tab</i>	1	DECADRON	
DULERA	2		
<i>fludrocortisone acetate 0.1 mg tab</i>	1	FLORINEF	

Drug Name	Drug Tier	Reference Name	Requirements/Limits
<i>fluticasone-salmeterol 113-14 mcg/act inh aer pwr br act, 232-14 mcg/act inh aer pwr br act, 55-14 mcg/act inh aer pwr br act</i>	1	AIRDUO	
<i>hydrocortisone 10 mg tab, 20 mg tab, 5 mg tab</i>	1	CORTEF	
<i>methylprednisolone 16 mg tab, 32 mg tab, 4 mg tab, 4 mg tab pack, 8 mg tab</i>	1	MEDROL	
<i>prednisolone 15 mg/5ml soln</i>	3	PRELONE	
<i>prednisolone sodium phosphate 25 mg/5ml soln</i>	3		
<i>prednisolone sodium phosphate 15 mg/5ml soln</i>	3	ORAPRED	
<i>prednisolone sodium phosphate 6.7 (5 Base) mg/5ml soln</i>	3	PEDIAPRED	
<i>prednisone 1 mg tab, 10 mg (21) tab pack, 10 mg (48) tab pack, 10 mg tab, 2.5 mg tab, 20 mg tab, 5 mg (21) tab pack, 5 mg (48) tab pack, 5 mg tab, 50 mg tab</i>	1		
<i>prednisone 5 mg/5ml soln</i>	3		
PREDNISONE INTENSOL	3		
PULMICORT FLEXHALER	2		
TAVENOS	4		PA
<b>ALCOHOL DETERRENTS</b>			
<b>Alcohol Deterrents</b>			
<i>disulfiram 250 mg tab, 500 mg tab</i>	1	ANTABUSE	
<b>ALKALINIZING AGENTS</b>			
<b>Alkalinizing Agents</b>			
<i>potassium citrate er 10 MEQ (1080 mg) tab er, 5 MEQ (540 mg) tab er</i>	3	UROKIT-K	
<b>ALPHA-ADRENERGIC BLOCKING AGENTS</b>			
<b>Alpha-adrenergic Blocking Agents</b>			
<i>doxazosin mesylate 1 mg tab, 2 mg tab, 4 mg tab, 8 mg tab</i>	1	CARDURA	
<i>prazosin hcl 1 mg cap, 2 mg cap, 5 mg cap</i>	1	MINIPRESS	
<i>terazosin hcl</i>	1	HYTRIN	

Drug Name	Drug Tier	Reference Name	Requirements/Limits
<b>AMMONIA DETOXICANTS</b>			
<b>Ammonia Detoxicants</b>			
CARBAGLU	6		PA
<i>constulose</i>	1	CONSTULOSE	
<i>enulose</i>	1	CONSTULOSE	
<i>generlac</i>	1	CONSTULOSE	
<i>lactulose 10 gm/15ml soln, 20 gm/30ml soln</i>	1	CONSTULOSE	
<i>lactulose encephalopathy</i>	1	CONSTULOSE	
RAVICTI	6		PA
<i>sodium phenylbutyrate 500 mg tab</i>	4	BUPHENYL	PA
<i>sodium phenylbutyrate 3 gm/tsp oral pwr</i>	4	BUPHENYL	PA
<b>ANALGESICS AND ANTIPIRETICS</b>			
<b>Analgesics And Antipyretics, Misc</b>			
BAC	3		QL
<i>butalbital-acetaminophen 50-325 mg tab</i>	3	TENCON	QL
<i>butalbital-apap-caffeine 50-325-40 mg tab</i>	3	ESGIC	QL
<b>Nonsteroidal Anti-inflammatory Agents</b>			
<i>butalbital-aspirin-caffeine</i>	3	FIORINAL	QL
<i>celecoxib 100 mg cap, 200 mg cap, 400 mg cap, 50 mg cap</i>	3	CELEBREX	
<i>diclofenac potassium 50 mg tab</i>	3	CATAFLAM	
<i>diclofenac sodium 50 mg tab dr, 75 mg tab dr</i>	1	VOLTAREN	
<i>diclofenac sodium 25 mg tab dr</i>	3	VOLTAREN	
<i>diclofenac sodium er</i>	3	VOLTAREN XR	
<i>diflunisal 500 mg tab</i>	3	DOLOBID	
<i>ec-naproxen</i>	1	NAPROSYN	
<i>etodolac</i>	3	LODINE	
<i>etodolac er</i>	3	LODINE XL	
<i>flurbiprofen 100 mg tab</i>	1	ANSAID	
IBU	1		
<i>ibuprofen 400 mg tab, 600 mg tab, 800 mg tab</i>	1	MOTRIN	
<i>ibuprofen 100 mg/5ml susp</i>	1	MOTRIN	

Drug Name	Drug Tier	Reference Name	Requirements/Limits
<i>indomethacin 25 mg cap, 50 mg cap</i>	3	INDOCIN	
<i>ketoprofen 25 mg cap</i>	1		
<i>ketoprofen 50 mg cap, 75 mg cap</i>	1	ORUDIS	
<i>ketorolac tromethamine 10 mg tab</i>	3	TORADOL	QL
<i>meloxicam 15 mg tab, 7.5 mg tab</i>	1	MOBIC	
<i>nabumetone 500 mg tab, 750 mg tab</i>	1	RELAFEN	
<i>naproxen 250 mg tab, 375 mg tab, 375 mg tab dr, 500 mg tab, 500 mg tab dr</i>	1	NAPROSYN	
<i>naproxen 125 mg/5ml susp</i>	3	NAPROSYN	
<i>naproxen sodium 275 mg tab</i>	3	ANAPROX	
<i>naproxen sodium 550 mg tab</i>	3	ANAPROX DS	
<i>oxaprozin</i>	3	DAYPRO	
<i>piroxicam 10 mg cap, 20 mg cap</i>	3	FELDENE	
<i>sulindac 150 mg tab, 200 mg tab</i>	1	CLINORIL	
<b>Opiate Agonists</b>			
<i>acetaminophen-codeine 300-15 mg tab, 300-30 mg tab, 300-60 mg tab</i>	3	TYLENOL WITH CODEINE	QL
<i>acetaminophen-codeine 120-12 mg/5ml soln</i>	3	TYLENOL WITH CODEINE	QL
<i>acetaminophen-codeine #2</i>	3	TYLENOL WITH CODEINE	QL
<i>acetaminophen-codeine #3</i>	3	TYLENOL WITH CODEINE	QL
<i>acetaminophen-codeine #4</i>	3	TYLENOL WITH CODEINE	QL
<i>butalbital-asa-caff-codeine</i>	3	FIORINAL WITH CODEINE	QL
<i>codeine sulfate</i>	3		QL
<i>endocet 10-325 mg tab, 5-325 mg tab</i>	3	PERCOCET	QL
<i>fentanyl 100 mcg/hr td patch 72 hr, 12 mcg/hr td patch 72 hr, 25 mcg/hr td patch 72 hr, 50 mcg/hr td patch 72 hr, 75 mcg/hr td patch 72 hr</i>	3	DURAGESIC	QL
<i>fentanyl citrate 1200 mcg bucc lozg on hd, 1600 mcg bucc lozg on hd,</i>	3	ACTIQ	PA, QL

Drug Name	Drug Tier	Reference Name	Requirements/Limits
<i>200 mcg bucc lozg on hd, 400 mcg bucc lozg on hd, 600 mcg bucc lozg on hd, 800 mcg bucc lozg on hd</i>			
<i>hydrocodone-acetaminophen 2.5-108 mg/5ml soln, 5-217 mg/10ml soln, 7.5-325 mg/15ml soln</i>	3	HYCET	QL
<i>hydrocodone-acetaminophen 10-325 mg tab, 5-325 mg tab, 7.5-325 mg tab</i>	3	NORCO	QL
<i>hydrocodone-ibuprofen 7.5-200 mg tab</i>	3	VICOPROFEN	QL
<i>hydromorphone hcl 2 mg tab, 4 mg tab, 8 mg tab</i>	3	DILAUDID	QL
<i>hydromorphone hcl 1 mg/ml liq</i>	3	DILAUDID	QL
<i>hydromorphone hcl pf 10 mg/ml inj soln, 50 mg/5ml inj soln</i>	3	DILAUDID-HP	
<i>methadone hcl 10 mg tab, 5 mg tab</i>	1	DOLOPHINE	QL
<i>morphine sulfate 15 mg tab, 30 mg tab</i>	3		QL
<i>morphine sulfate 10 mg/5ml soln, 20 mg/5ml soln</i>	3		QL
<i>morphine sulfate (concentrate) 100 mg/5ml soln, 20 mg/ml soln</i>	3	ROXANOL	QL
<i>morphine sulfate er 15 mg tab er</i>	1	MS CONTIN	QL
<i>morphine sulfate er 100 mg tab er, 200 mg tab er, 30 mg tab er, 60 mg tab er</i>	3	MS CONTIN	QL
<i>oxycodone hcl 5 mg cap</i>	3	OXYIR	QL
<i>oxycodone hcl 5 mg tab</i>	1	ROXICODONE	QL
<i>oxycodone hcl 10 mg tab, 15 mg tab, 20 mg tab, 30 mg tab</i>	3	ROXICODONE	QL
<i>oxycodone hcl 100 mg/5ml oral conc, 5 mg/5ml soln</i>	3	ROXICODONE	QL
<i>oxycodone-acetaminophen 10-325 mg tab, 5-325 mg tab, 7.5-325 mg tab</i>	3	PERCOCET	QL
<i>tramadol hcl 100 mg tab</i>	1		QL
<i>tramadol hcl 50 mg tab</i>	1	ULTRAM	QL
<i>tramadol-acetaminophen</i>	3	ULTRACET	QL

Drug Name	Drug Tier	Reference Name	Requirements/Limits
<b>Opiate Partial Agonists</b>			
<i>buprenorphine hcl 2 mg tab subl, 8 mg tab subl</i>	1	SUBUTEX	
<i>buprenorphine hcl-naloxone hcl 2-0.5 mg tab subl, 8-2 mg tab subl</i>	1	SUBOXONE	
<b>ANDROGENS</b>			
<b>Androgens</b>			
ANDRODERM 2MG/24HR PATCH, 4MG/24HR PATCH	3		
AVEED	3		
<i>danazol 100 mg cap, 200 mg cap, 50 mg cap</i>	3	DANOCRINE	
<i>oxandrolone 10 mg tab, 2.5 mg tab</i>	3	OXANDRIN	PA
JATENZO	3		
KYZATREX	3		
<i>testosterone 50mg/5gm (1%) td gel</i>	1	TESTIM	
NATESTO	3		
TESTOPEL	3		
<i>testosterone 25mg/2.5gm (1%) td gel, testosterone 50mg/5gm (1%) td gel, testosterone 1.62 % td gel, 20.25 MG/1.25GM (1.62%) td gel, 20.25 MG/ACT (1.62%) td gel, 40.5 MG/2.5GM (1.62%) td gel</i>	1	ANDROGEL	
<i>testosterone 10mg/act (2%) td gel</i>	1	FORTESTA	
<i>testosterone 30mg/act td topical soln</i>	1	AXIRON	
<i>testosterone cypionate 100 mg/ml im soln, 200 mg/ml im soln, 200 mg/ml inj soln</i>	1	DEPO-TESTOSTERONE	
<i>testosterone enanthate 200 mg/ml im soln</i>	3	DELATESTRYL	
<i>testosterone 50mg/5gm (1%) td gel, testosterone 12.5mg/act td pump</i>	1	VOLGELXO	
TLANDO	3		
XYOSTED	3		
<b>ANOREXIGENIC AGENTS AND RESPIRATORY AND CNS STIMULANTS</b>			
<b>Amphetamines</b>			



Drug Name	Drug Tier	Reference Name	Requirements/Limits
<i>amphetamine-dextroamphetamine</i>	1	ADDERALL	QL
<i>dextroamphetamine sulfate 10 mg tab, 5 mg tab</i>	3	DEXTROSTAT	QL
<i>dextroamphetamine sulfate er</i>	3	DEXEDRINE	QL
VYVANSE	3		PA
<b>Respiratory And Cns Stimulants</b>			
<i>dexmethylphenidate hcl</i>	3	FOCALIN	QL
<i>methylphenidate hcl 10 mg/5ml soln, 5 mg/5ml soln</i>	3	METHYLIN	QL
<i>methylphenidate hcl 10 mg tab, 20 mg tab, 5 mg tab</i>	3	RITALIN	QL
<i>methylphenidate hcl er 10 mg tab er, 20 mg tab er</i>	3	RITALIN SR	QL
<b>Wakefulness-promoting Agents</b>			
<i>armodafinil</i>	3	NUVIGIL	PA, QL
<i>modafinil</i>	3	PROVIGIL	PA, QL
<b>ANTHELMINTICS</b>			
<b>Anthelmintics</b>			
<i>albendazole 200 mg tab</i>	3	ALBENZA	
<i>ivermectin 3 mg tab</i>	3	STROMECTOL	
<b>ANTIALLERGIC AGENTS</b>			
<b>Antiallergic Agents</b>			
<i>azelastine hcl 0.1 % nasal soln, 137 mcg/spray nasal soln</i>	3	ASTELIN	
<i>azelastine hcl 0.15 % nasal soln</i>	3	ASTEPRO	
<i>azelastine hcl 0.05 % ophth soln</i>	3	OPTIVAR	
<i>cromolyn sodium 4 % ophth soln</i>	1	OPTICROM	
<i>olopatadine hcl 0.2 % ophth soln</i>	3	PATADAY	
<i>olopatadine hcl 0.1 % ophth soln</i>	3	PATANOL	
<b>ANTIBACTERIALS</b>			
<b>Aminoglycosides</b>			
<i>amikacin sulfate 500 mg/2ml inj soln</i>	3	AMIKIN	
ARIKAYCE	3		PA, QL
<i>gentamicin in saline 0.8-0.9 mg/ml-% iv soln, 1-0.9 mg/ml-% iv soln, 1.2-0.9 mg/ml-% iv soln, 1.6-0.9 mg/ml-% iv soln, 2-0.9 mg/ml-% iv soln</i>	3		

Drug Name	Drug Tier	Reference Name	Requirements/Limits
<i>gentamicin sulfate 40 mg/ml inj soln</i>	3	GENTAK	
<i>neomycin sulfate 500 mg tab</i>	1		
TOBI PODHALER	6		PA
<i>tobramycin 300 mg/5ml inh neb soln</i>	4	TOBI	PA
<i>tobramycin sulfate 1.2 gm inj soln</i>	3		
<i>tobramycin sulfate 1.2 gm/30ml inj soln, 10 mg/ml inj soln, 2 gm/50ml inj soln, 80 mg/2ml inj soln</i>	3		
<b>Antibacterials, Miscellaneous</b>			
<i>clindamycin hcl 150 mg cap, 300 mg cap</i>	1	CLEOCIN	
<i>clindamycin hcl 75 mg cap</i>	3	CLEOCIN	
<i>clindamycin palmitate hcl</i>	3	CLEOCIN	
<i>clindamycin phosphate 300 mg/2ml inj soln, 600 mg/4ml inj soln, 900 mg/6ml inj soln</i>	3	CLEOCIN	
<i>clindamycin phosphate in d5w</i>	3	CLEOCIN	
<i>clindamycin phosphate in nacl</i>	3	CLEOCIN	
<i>colistimethate sodium (cba)</i>	3	COLY-MYCIN	
<i>daptomycin 350 mg iv soln</i>	3		
<i>daptomycin 500 mg iv soln</i>	3	CUBICIN	
FIRVANQ	3		PA
<i>linezolid 600 mg tab</i>	3	ZYVOX	
<i>linezolid 100 mg/5ml susp, 600 mg/300ml iv soln</i>	3	ZYVOX	
<i>linezolid in sodium chloride</i>	3	ZYVOX	PA
SIVEXTRO	3		PA
<i>vancomycin hcl 1 gm iv soln, 5 gm iv soln, 750 mg iv soln</i>	3		
<i>vancomycin hcl 500 mg/100ml iv soln</i>	3		
<i>vancomycin hcl 250 mg/5ml soln</i>	3	FIRVANQ	
<i>vancomycin hcl 10 gm iv soln, 125 mg cap, 250 mg cap, 500 mg iv soln</i>	3	VANCOCIN	
XIFAXAN 550 mg tab	3		PA
<b>Cephalosporins</b>			
<i>cefaclor 250 mg cap, 500 mg cap</i>	3	CECLOR	

Drug Name	Drug Tier	Reference Name	Requirements/Limits
<i>cefaclor 125 mg/5ml susp, 250 mg/5ml susp, 375 mg/5ml susp</i>	3	CECLOR	
<i>cefaclor er</i>	3	CECLOR CD	
<i>cefadroxil 500 mg cap</i>	1	DURICEF	
<i>cefadroxil 250 mg/5ml susp, 500 mg/5ml susp</i>	1	DURICEF	
<i>cefadroxil 1 gm tab</i>	3	DURICEF	
<i>cefazolin sodium 1 gm inj soln, 1 gm iv soln, 10 gm inj soln, 500 mg inj soln</i>	3	ANCEF	
<i>cefazolin sodium-dextrose 1-4 gm/50ml-% iv soln</i>	3	ANCEF	
<i>cefdinir 300 mg cap</i>	3	OMNICEF	
<i>cefdinir 125 mg/5ml susp, 250 mg/5ml susp</i>	3	OMNICEF	
<i>cefepime hcl 1 gm inj soln, 2 gm inj soln</i>	3	MAXIPIME	
<i>cefepime hcl 1 gm/50ml iv soln, 2 gm/100ml iv soln</i>	3	MAXIPIME	
<i>cefixime 400 mg cap</i>	3	SUPRAX	
<i>cefpodoxime proxetil 100 mg tab, 200 mg tab</i>	3	VANTIN	
<i>cefpodoxime proxetil 100 mg/5ml susp, 50 mg/5ml susp</i>	3	VANTIN	
<i>cefprozil 250 mg tab, 500 mg tab</i>	3	CEFZIL	
<i>cefprozil 125 mg/5ml susp, 250 mg/5ml susp</i>	3	CEFZIL	
<i>ceftazidime 2 gm iv soln</i>	3		
<i>ceftazidime 1 gm inj soln, 6 gm inj soln</i>	3	FORTAZ	
<i>ceftriaxone sodium 1 gm inj soln, 1 gm iv soln, 10 gm iv soln, 2 gm inj soln, 2 gm iv soln, 250 mg inj soln, 500 mg inj soln</i>	3	ROCEPHIN	
<i>ceftriaxone sodium in dextrose</i>	3	ROCEPHIN	
<i>cefuroxime axetil</i>	3	CEFTIN	
<i>cefuroxime sodium</i>	3	ZINACEF	
<i>cephalexin 250 mg tab, 500 mg tab</i>	3		

Drug Name	Drug Tier	Reference Name	Requirements/Limits
<i>cephalexin 250 mg cap, 500 mg cap</i>	1	KEFLEX	
<i>cephalexin 125 mg/5ml susp, 250 mg/5ml susp</i>	3	KEFLEX	
<b>Macrolides</b>			
<i>azithromycin 250 mg tab, 500 mg tab, 600 mg tab</i>	1	ZITHROMAX	
<i>azithromycin 1 gm pckt, 500 mg iv soln</i>	3	ZITHROMAX	
<i>azithromycin 100 mg/5ml susp, 200 mg/5ml susp</i>	3	ZITHROMAX	
<i>clarithromycin 250 mg tab, 500 mg tab</i>	3	BIAXIN	
<i>clarithromycin 125 mg/5ml susp, 250 mg/5ml susp</i>	3	BIAXIN	
<i>clarithromycin er</i>	3	BIAXIN XL	
<i>erythromycin 250 mg tab dr, 333 mg tab dr, 500 mg tab dr</i>	3	ERY-TAB	
<i>erythromycin base 250 mg cap dr prt, 250 mg tab</i>	3		
<i>erythromycin base 333 mg tab dr, 500 mg tab, 500 mg tab dr</i>	3	ERY-TAB	
<i>erythromycin ethylsuccinate 400 mg tab</i>	3	E.E.S.	
<b>Miscellaneous B-lactam Antibiotics</b>			
<i>aztreonam 1 gm inj soln</i>	3	AZACTAM	
CAYSTON	6		PA
<i>cefoxitin sodium 10 gm iv soln</i>	3		
<i>cefoxitin sodium 1 gm iv soln, 2 gm iv soln</i>	3	MEFOXIN	
<i>ertapenem sodium</i>	3	INVANZ	
<i>imipenem-cilastatin</i>	3	PRIMAXIN	
<i>meropenem</i>	3	MERREM	
<b>Penicillins</b>			
<i>amoxicillin 125 mg tab chew, 250 mg cap, 250 mg tab chew, 500 mg cap, 500 mg tab, 875 mg tab</i>	1	AMOXIL	

Drug Name	Drug Tier	Reference Name	Requirements/Limits
<i>amoxicillin 125 mg/5ml susp, 200 mg/5ml susp, 250 mg/5ml susp, 400 mg/5ml susp</i>	1	AMOXIL	
<i>amoxicillin-pot clavulanate 500-125 mg tab, 875-125 mg tab</i>	1	AUGMENTIN	
<i>amoxicillin-pot clavulanate 200-28.5 mg tab chew, 250-125 mg tab, 400-57 mg tab chew</i>	3	AUGMENTIN	
<i>amoxicillin-pot clavulanate 200-28.5 mg/5ml susp, 250-62.5 mg/5ml susp, 400-57 mg/5ml susp, 600-42.9 mg/5ml susp</i>	3	AUGMENTIN	
<i>amoxicillin-pot clavulanate er</i>	3	AUGMENTIN XR	
<i>ampicillin</i>	1		
<i>ampicillin sodium 1 gm iv soln, 10 gm iv soln, 125 mg inj soln</i>	3		
<i>ampicillin sodium 1 gm inj soln</i>	3	TOTACILLIN-N	
<i>ampicillin-sulbactam sodium 1.5 (1-0.5) gm inj soln</i>	3		
<i>ampicillin-sulbactam sodium 1.5 (1-0.5) gm iv soln, 15 (10-5) gm iv soln, 3 (2-1) gm inj soln, 3 (2-1) gm iv soln</i>	3	UNASYN	
BICILLIN L-A	3		PA
<i>dicloxacillin sodium</i>	3	DYCILL	
<i>nafcillin sodium 1 gm iv soln, 10 gm iv soln, 2 gm inj soln, 2 gm iv soln</i>	3		
<i>nafcillin sodium 1 gm inj soln</i>	3	NALLPEN	
<i>nafcillin sodium in dextrose 1 gm/50ml iv soln</i>	3		
<i>oxacillin sodium</i>	3		
<i>penicillin g pot in dextrose 40000 unit/ml iv soln, 60000 unit/ml iv soln</i>	3		
<i>penicillin g potassium</i>	3	PFIZERPEN	
<i>penicillin g procaine</i>	3		
<i>penicillin g sodium</i>	3		
<i>penicillin v potassium 500 mg tab</i>	1	PEN-VEE K	
<i>penicillin v potassium 250 mg tab</i>	1	VEETIDS	

Drug Name	Drug Tier	Reference Name	Requirements/Limits
<i>penicillin v potassium 125 mg/5ml soln, 250 mg/5ml soln</i>	1	VEETIDS	
<i>piperacillin sod-tazobactam so 13.5 (12-1.5) gm iv soln, 2.25 (2-0.25) gm iv soln</i>	3		
<i>piperacillin sod-tazobactam so 3.375 (3-0.375) gm iv soln, 4.5 (4-0.5) gm iv soln, 40.5 (36-4.5) gm iv soln</i>	3	ZOSYN	
<b>Quinolones</b>			
<i>ciprofloxacin hcl 250 mg tab, 500 mg tab, 750 mg tab</i>	1	CIPRO	
<i>ciprofloxacin hcl 100 mg tab</i>	3	CIPRO	
<i>ciprofloxacin in d5w 200 mg/100ml iv soln</i>	3	CIPRO	
<i>levofloxacin 250 mg tab, 500 mg tab, 750 mg tab</i>	1	LEVAQUIN	
<i>levofloxacin 25 mg/ml iv soln, 25 mg/ml soln</i>	3	LEVAQUIN	
<i>levofloxacin in d5w 500 mg/100ml iv soln, 750 mg/150ml iv soln</i>	3	LEVAQUIN	
<b>Sulfonamides</b>			
<i>sulfadiazine 500 mg tab</i>	3		
<i>sulfamethoxazole-trimethoprim 400-80 mg tab, 800-160 mg tab</i>	1	SEPTRA	
<i>sulfamethoxazole-trimethoprim 200-40 mg/5ml susp</i>	3	SEPTRA	
<i>sulfasalazine 500 mg tab, 500 mg tab dr</i>	1	AZULFIDINE	
<b>Tetracyclines</b>			
<i>DOXY 100</i>	3		
<i>doxycycline hyclate 20 mg tab</i>	3	PERIOSTAT	
<i>doxycycline hyclate 100 mg tab</i>	3	VIBRA-TABS	
<i>doxycycline hyclate 100 mg cap, 50 mg cap</i>	3	VIBRAMYCIN	
<i>doxycycline monohydrate 100 mg tab, 50 mg tab</i>	3	ADOXA	
<i>doxycycline monohydrate 100 mg cap, 50 mg cap</i>	1	MONODOX	

Drug Name	Drug Tier	Reference Name	Requirements/Limits
<i>minocycline hcl 100 mg tab, 50 mg tab, 75 mg tab</i>	3	DYNACIN	
<i>minocycline hcl 100 mg cap, 50 mg cap, 75 mg cap</i>	1	MINOCIN	
<i>tetracycline hcl 250 mg cap, 500 mg cap</i>	3		
<b>ANTICHOLINERGIC AGENTS</b>			
<b>Antimuscarinics/antispasmodics</b>			
ATROVENT HFA	3		PA, QL
BEVESPI AEROSPHERE	2		
<i>dicyclomine hcl 10 mg cap, 20 mg tab</i>	1	BENTYL	
<i>dicyclomine hcl 10 mg/5ml soln</i>	3	BENTYL	
<i>glycopyrrolate 1 mg tab, 2 mg tab</i>	3	ROBINUL	
<i>ipratropium bromide 0.02 % inh soln</i>	1	ATROVENT	
<i>ipratropium bromide 0.03 % nasal soln, 0.06 % nasal soln</i>	1	ATROVENT	QL
SPIRIVA HANDIHALER	2		
SPIRIVA RESPIMAT	2		
STIOLTO RESPIMAT	2		
YUPELRI	2		QL
<b>ANTICONVULSANTS</b>			
<b>Anticonvulsants, Miscellaneous</b>			
APTIOM	3		PA, QL
BANZEL 200 mg tab, 400 mg tab	3		PA, QL
BRIVIACT 10 mg tab, 100 mg tab, 25 mg tab, 50 mg tab, 75 mg tab	3		PA, QL
BRIVIACT 10 mg/ml soln	3		PA, QL
<i>carbamazepine 100 mg tab chew, 200 mg tab</i>	3	TEGRETOL	
<i>carbamazepine 100 mg/5ml susp</i>	3	TEGRETOL	
<i>carbamazepine er 100 mg cap er 12 hr, 200 mg cap er 12 hr, 300 mg cap er 12 hr</i>	3	CARBATROL	
<i>carbamazepine er 100 mg tab er 12 hr, 200 mg tab er 12 hr, 400 mg tab er 12 hr</i>	3	TEGRETOL XR	
DIACOMIT	6		PA

Drug Name	Drug Tier	Reference Name	Requirements/Limits
<i>divalproex sodium 125 mg cap dr sprinkle, 125 mg tab dr, 250 mg tab dr, 500 mg tab dr</i>	3	DEPAKOTE	
<i>divalproex sodium er</i>	3	DEPAKOTE ER	
EPIDIOLEX	3		PA
EPITOL	3		
<i>felbamate 400 mg tab, 600 mg tab</i>	3	FELBATOL	
<i>felbamate 600 mg/5ml susp</i>	3	FELBATOL	
FINTEPLA	6		PA
FYCOMPA 10 mg tab, 12 mg tab, 2 mg tab, 4 mg tab, 6 mg tab, 8 mg tab	3		PA, QL
FYCOMPA 0.5 mg/ml susp	3		PA, QL
<i>gabapentin 100 mg cap, 300 mg cap, 400 mg cap</i>	1	NEURONTIN	QL
<i>gabapentin 600 mg tab, 800 mg tab</i>	3	NEURONTIN	QL
<i>gabapentin 250 mg/5ml soln, 300 mg/6ml soln</i>	3	NEURONTIN	QL
<i>lamotrigine 100 mg tab, 150 mg tab, 200 mg tab, 25 mg tab, 25 mg tab chew, 5 mg tab chew</i>	1	LAMICTAL	
<i>lamotrigine er 100 mg tab er 24 hr, 200 mg tab er 24 hr, 25 mg tab er 24 hr, 250 mg tab er 24 hr, 300 mg tab er 24 hr, 50 mg tab er 24 hr</i>	3	LAMICTAL	
<i>levetiracetam 250 mg tab, 500 mg tab</i>	1	KEPPRA	
<i>levetiracetam 1000 mg tab, 750 mg tab</i>	3	KEPPRA	
<i>levetiracetam 100 mg/ml soln</i>	3	KEPPRA	
<i>levetiracetam er 500 mg tab er 24 hr, 750 mg tab er 24 hr</i>	3	KEPPRA XR	
<i>magnesium sulfate 50 % inj soln</i>	3		
<i>oxcarbazepine 150 mg tab, 300 mg tab, 600 mg tab</i>	1	TRILEPTAL	
<i>oxcarbazepine 300 mg/5ml susp</i>	3	TRILEPTAL	
<i>pregabalin 100 mg cap, 150 mg cap, 200 mg cap, 225 mg cap, 25 mg cap, 300 mg cap, 50 mg cap, 75 mg cap</i>	3	LYRICA	



Drug Name	Drug Tier	Reference Name	Requirements/Limits
<i>pregabalin 20 mg/ml soln</i>	3	LYRICA	
<i>rufinamide 40 mg/ml susp</i>	3	BANZEL	PA, QL
SPRITAM	3		PA, QL
<i>tiagabine hcl</i>	3	GABITRIL	
<i>topiramate 100 mg tab, 200 mg tab, 25 mg tab, 50 mg tab</i>	1	TOPAMAX	
<i>topiramate 15 mg cap sprinkle, 25 mg cap sprinkle</i>	3	TOPAMAX	
<i>valproic acid 250 mg cap</i>	3	DEPAKENE	
<i>valproic acid 250 mg/5ml soln</i>	3	DEPAKENE	
<i>vigabatrin</i>	4	SABRIL	PA, QL
VIGADRONE	4		PA, QL
VIMPAT 100 mg tab, 150 mg tab, 200 mg tab, 50 mg tab	3		PA, QL
VIMPAT 10 mg/ml soln	3		PA, QL
XCOPRI	3		PA, QL
XCOPRI (350 MG DAILY DOSE)	3		PA, QL
<i>zonisamide 100 mg cap, 25 mg cap, 50 mg cap</i>	1	ZONEGRAN	
ZTALMY	5		
<b>Barbiturates</b>			
<i>primidone 250 mg tab, 50 mg tab</i>	1	MYSOLINE	
<b>Benzodiazepines</b>			
<i>clobazam 10 mg tab, 20 mg tab</i>	3	ONFI	QL
<i>clobazam 2.5 mg/ml susp</i>	3	ONFI	QL
<i>clonazepam 0.5 mg tab, 1 mg tab, 2 mg tab</i>	1	KLONOPIN	QL
<i>clonazepam 0.125 mg tab disint, 0.25 mg tab disint, 0.5 mg tab disint, 1 mg tab disint, 2 mg tab disint</i>	3	KLONOPIN	QL
NAYZILAM	3		PA, QL
SYMPAZAN	3		PA, QL
VALTOCO 10 MG DOSE	3		PA, QL
VALTOCO 15 MG DOSE	3		PA, QL
VALTOCO 20 MG DOSE	3		PA, QL
VALTOCO 5 MG DOSE	3		PA, QL
<b>Hydantoins</b>			
DILANTIN 30 mg cap	3		PA

Drug Name	Drug Tier	Reference Name	Requirements/Limits
<i>phenytoin 50 mg tab chew</i>	3	DILANTIN	
<i>phenytoin 125 mg/5ml susp</i>	3	DILANTIN	
PHENYTOIN INFATABS	3		
<i>phenytoin sodium extended 100 mg cap, 200 mg cap, 300 mg cap</i>	1	DILANTIN	
<b>Succinimides</b>			
CELONTIN	3		PA
<i>ethosuximide 250 mg cap</i>	3	ZARONTIN	
<i>ethosuximide 250 mg/5ml soln</i>	3	ZARONTIN	
<b>ANTIDIABETIC AGENTS</b>			
<b>Alpha-glucosidase Inhibitors</b>			
<i>acarbose 100 mg tab, 25 mg tab, 50 mg tab</i>	1	PRECOSE	
<b>Antidiabetic Agents, Miscellaneous</b>			
KORLYM	6		PA
<b>Biguanides</b>			
<i>metformin hcl 1000 mg tab, 500 mg tab, 850 mg tab</i>	1	GLUCOPHAGE	
<i>metformin hcl er</i>	1	GLUCOPHAGE XR	
<b>Dipeptidyl Peptidase-4 (dpp-4) Inhibitors</b>			
JANUMET	2		
JANUMET XR	2		
JANUVIA	2		
JENTADUETO	2		
JENTADUETO XR	2		
TRADJENTA	2		
<b>Incretin Mimetics</b>			
BYDUREON BCISE	2		ST
BYETTA 10 MCG PEN	2		ST
BYETTA 5 MCG PEN	2		ST
MOUNJARO	2		PA
TRULICITY	2		ST
<b>Insulins</b>			
HUMALOG	2		
HUMALOG JUNIOR KWIKPEN	2		
HUMALOG KWIKPEN	2		
HUMALOG MIX 50/50	2		
HUMALOG MIX 50/50 KWIKPEN	2		
HUMALOG MIX 75/25	2		

Drug Name	Drug Tier	Reference Name	Requirements/Limits
HUMALOG MIX 75/25 KWIKPEN	2		
HUMULIN 70/30	2		
HUMULIN 70/30 KWIKPEN	2		
HUMULIN N	2		
HUMULIN N KWIKPEN	2		
HUMULIN R	2		
HUMULIN R U-500 (CONCENTRATED)	2		QL
HUMULIN R U-500 KWIKPEN	2		
<i>insulin glargine (yfgn) sc soln</i>	2		
<i>insulin lispro 100 unit/ml sc soln</i>	2	HUMALOG	
<i>insulin lispro (1 unit dial)</i>	2		
<i>insulin lispro junior kwikpen</i>	2		
<i>insulin lispro prot &amp; lispro (75-25) 100 unit/ml sc susp pen-inj</i>	2	HUMALOG MIX 75/25 KWIKPEN	
LYUMJEV	2		
LYUMJEV KWIKPEN	2		
SOLIQUA	2		
TOUJEO MAX SOLOSTAR	2		
TOUJEO SOLOSTAR	2		
<b>Meglitinides</b>			
<i>nateglinide</i>	1	STARLIX	QL
<i>repaglinide</i>	1	PRANDIN	QL
<b>Sodium-glucose Cotransporter 2 (sglt2) Inhibitors</b>			
BRENZAVVY	3		
FARXIGA	2		
GLYXAMBI	2		
INPEFA	3		
JARDIANCE	2		
STEGLUJAN	2		
SYNJARDY	2		
SYNJARDY XR	2		
TRIJARDY XR	2		
XIGDUO XR	2		
<b>Sulfonylureas</b>			
<i>glimepiride</i>	1	AMARYL	
<i>glipizide 10 mg tab, 5 mg tab</i>	1	GLUCOTROL	
<i>glipizide er</i>	1	GLUCOTROL XL	
<i>glipizide xl</i>	1	GLUCOTROL XL	

Drug Name	Drug Tier	Reference Name	Requirements/Limits
<i>glipizide-metformin hcl</i>	1	METAGLIP	
<i>glyburide 1.25 mg tab, 2.5 mg tab, 5 mg tab</i>	3	DIABETA	
<i>glyburide micronized</i>	3	GLYNASE	
<b>Thiazolidinediones</b>			
<i>pioglitazone hcl</i>	1	ACTOS	QL
<b>ANTIARRHEA AGENTS</b>			
<b>Antidiarrhea Agents</b>			
<i>diphenoxylate-atropine 2.5-0.025 mg tab</i>	3	LOMOTIL	
<i>diphenoxylate-atropine 2.5-0.025 mg/5ml liq</i>	3	LOMOTIL	
<i>loperamide hcl 2 mg cap</i>	1	IMODIUM	
<b>ANTIDOTES</b>			
<b>Antidotes</b>			
<i>acetylcysteine 10 % inh soln, 20 % inh soln</i>	3	MUCOMYST	
<i>leucovorin calcium 10 mg tab, 15 mg tab, 25 mg tab, 5 mg tab</i>	1		
<b>ANTIEMETICS</b>			
<b>5-ht3 Receptor Antagonists</b>			
<i>granisetron hcl 1 mg tab</i>	3	KYTRIL	QL
<i>ondansetron 4 mg tab disint, 8 mg tab disint</i>	1	ZOFRAN ODT	
<i>ondansetron hcl 24 mg tab, 4 mg tab, 8 mg tab</i>	1	ZOFRAN	
<i>ondansetron hcl 4 mg/5ml soln</i>	3	ZOFRAN	
<b>Antiemetics, Miscellaneous</b>			
<i>dronabinol 10 mg cap, 2.5 mg cap, 5 mg cap</i>	3	MARINOL	PA, QL
<i>scopolamine</i>	3	TRANSDERM-SCOP	
SYNDROS	3		PA, QL
<b>Antihistamines</b>			
<i>meclizine hcl 12.5 mg tab, 25 mg tab</i>	1	ANTIVERT	
<b>Neurokinin-1 Receptor Antagonists</b>			
<i>aprepitant 125 mg cap, 40 mg cap, 80 &amp; 125 mg cap, 80 &amp; 125 mg oral misc, 80 mg cap</i>	3	EMEND	QL

Drug Name	Drug Tier	Reference Name	Requirements/Limits
EMEND 125 mg/5ml susp	3		PA
<b>ANTIFIBROTIC AGENTS</b>			
<b>Antifibrotic Agents</b>			
ESBRIET	6		PA
OFEV	6		PA
<b>ANTIFUNGALS</b>			
<b>Allylamines</b>			
<i>terbinafine hcl 250 mg tab</i>	1	LAMISIL	
<b>Antifungals, Miscellaneous</b>			
<i>griseofulvin microsize 500 mg tab</i>	3	GRIFULVIN V	
<i>griseofulvin microsize 125 mg/5ml susp</i>	3	GRIFULVIN V	
<i>griseofulvin ultramicrosize</i>	3	GRIS-PEG	
<b>Azoles</b>			
<i>fluconazole 100 mg tab, 150 mg tab, 200 mg tab, 50 mg tab</i>	1	DIFLUCAN	
<i>fluconazole 10 mg/ml susp, 40 mg/ml susp</i>	1	DIFLUCAN	
<i>itraconazole 100 mg cap</i>	3	SPORANOX	
<i>itraconazole 10 mg/ml soln</i>	3	SPORANOX	
<i>ketoconazole 200 mg tab</i>	1	NIZORAL	
NOXAFIL 40 mg/ml susp	3		PA, QL
<i>posaconazole 100 mg tab dr</i>	3	NOXAFIL	QL
VIVJOA	3		PA
<i>voriconazole 200 mg iv soln</i>	3	VFEND	
<i>voriconazole 200 mg tab, 50 mg tab</i>	3	VFEND	QL
<i>voriconazole 40 mg/ml susp</i>	3	VFEND	QL
<b>Echinocandins</b>			
<i>caspofungin acetate</i>	3	CANCIDAS	
<b>Polyenes</b>			
ABELCET	3		PA
AMBISOME	3		PA
<i>amphotericin b 50 mg iv soln</i>	3	FUNGIZONE	
<i>nystatin 500000 unit tab</i>	1	MYCOSTATIN	
<i>nystatin 100000 unit/ml m/t susp</i>	3	MYCOSTATIN	
<b>Pyrimidines</b>			
<i>flucytosine 250 mg cap, 500 mg cap</i>	3	ANCOBON	PA

Drug Name	Drug Tier	Reference Name	Requirements/Limits
<b>ANTIGLAUCOMA AGENTS</b>			
<b>Alpha-adrenergic Agonists</b>			
ALPHAGAN P 0.1 % ophth soln	2		
<i>brimonidine tartrate 0.2 % ophth soln</i>	1	ALPHAGAN	
<i>brimonidine tartrate 0.15 % ophth soln</i>	3	ALPHAGAN P	
COMBIGAN	2		
<b>Beta-adrenergic Blocking Agents</b>			
<i>betaxolol hcl 0.5 % ophth soln</i>	3	BETOPTIC	
<i>carteolol hcl</i>	1	OCUPRESS	
<i>levobunolol hcl</i>	1	BETAGAN	
<i>timolol maleate 0.25 % ophth soln, 0.5 % ophth soln</i>	1	TIMOPTIC	
<i>timolol maleate 0.25 % ophth gfs, 0.5 % ophth gfs</i>	3	TIMOPTIC XE	
<i>timolol maleate (once-daily)</i>	1	ISTALOL	
<b>Carbonic Anhydrase Inhibitors</b>			
<i>acetazolamide 125 mg tab, 250 mg tab</i>	3	DIAMOX	
<i>acetazolamide er</i>	3	DIAMOX	
<i>dorzolamide hcl 2 % ophth soln</i>	1	TRUSOPT	
<i>dorzolamide hcl-timolol mal</i>	3	COSOPT	
<i>dorzolamide hcl-timolol mal pf 2-0.5 % ophth soln</i>	3	COSOPT PF	
<i>methazolamide 25 mg tab, 50 mg tab</i>	3	NEPTAZANE	
<b>Miotics</b>			
<i>pilocarpine hcl 1 % ophth soln</i>	1	ISOPTOCARPINE	
<i>pilocarpine hcl 2 % ophth soln, 4 % ophth soln</i>	3	ISOPTOCARPINE	
<b>Prostaglandin Analogs</b>			
<i>bimatoprost 0.03 % ophth soln</i>	3	LUMIGAN	
<i>latanoprost 0.005 % ophth soln</i>	1	XALATAN	
LUMIGAN	2		
OMLONTI 0.02% OPHTH SOLN	3		
<i>travoprost (bak free)</i>	3	TRAVATAN Z	
<b>ANTIGOUT AGENTS</b>			
<b>Antigout Agents</b>			

Drug Name	Drug Tier	Reference Name	Requirements/Limits
<i>allopurinol 100 mg tab, 300 mg tab</i>	1	ZYLOPRIM	
<i>colchicine 0.6 mg tab</i>	3	COLCRYS	
<i>colchicine 0.6 mg cap</i>	3	MITIGARE	
<b>ANTIHEMORRHAGIC AGENTS</b>			
<b>Hemostatics</b>			
ADVATE	6		PA
<i>adynovate</i>	6		PA
AFSTYLA	6		PA
ALPHANATE	6		PA
ALPHANINE SD	6		PA
ALPROLIX	6		PA
ALTUVIIIO	4		PA
BENEFIX	6		PA
CORIFACT	6		PA
ELOCTATE	6		PA
FEIBA	6		PA
HEMLIBRA	6		PA
HEMOFIL M	6		PA
HUMATE-P	6		PA
IDELVION	6		PA
IXINITY	6		PA
JIVI	4		PA
KOATE	6		PA
KOATE-DVI	6		PA
KOGENATE FS	4		PA
KOVALTRY	4		PA
MONONINE	6		PA
NOVOEIGHT	6		PA
NOVOSEVEN RT	6		PA
NUWIQ	6		PA
PROFILNINE	6		PA
REBINYN	6		PA
RECOMBINATE	6		PA
RIASTAP	6		PA
<i>rixubis</i>	6		PA
SEVENFACT	4		PA
<i>tranexamic acid 650 mg tab</i>	3	LYSTEDA	
TRETTEN	6		PA
VONVENDI	6		PA

Drug Name	Drug Tier	Reference Name	Requirements/Limits
WILATE	6		PA
XYNTHA	6		PA
<b>ANTIHYPOGLYCEMIC AGENTS</b>			
<b>Antihypoglycemic Agents, Miscellaneous</b>			
<i>diazoxide 50 mg/ml susp</i>	4	PROGLYCEM	PA
<b>Glycogenolytic Agents</b>			
BAQSIMI ONE PACK	2		
<i>glucagon emergency 1 mg inj kit</i>	2	GLUCAGON EMERGENCY	
<b>ANTI-INFECTIVES</b>			
<b>Antibacterials</b>			
<i>ak-poly-bac</i>	1	POLYSPORIN	
<i>bacitracin 500 unit/gm ophth oint</i>	3	BACI-IM	
<i>bacitracin-polymyxin b 500-10000 unit/gm ophth oint</i>	1	POLYSPORIN	
<i>benzoyl peroxide-erythromycin</i>	3	BENZAMYCIN	
<i>ciprofloxacin hcl 0.2 % otic soln</i>	3	CETRAXAL	
<i>ciprofloxacin hcl 0.3 % ophth soln</i>	1	CILOXAN	
<i>ciprofloxacin-fluocinolone pf</i>	3	OTOVEL	
<i>clindamycin phos-benzoyl perox 1-5 % gel</i>	3	BENZAACLIN	
<i>clindamycin phos-benzoyl perox 1.2-5 % gel</i>	3	DUAC	
<i>clindamycin phosphate 2 % vag crm</i>	3	CLEOCIN	
<i>clindamycin phosphate 1 % gel</i>	3	CLEOCIN-T	
<i>clindamycin phosphate 1 % ext soln, 1 % gel, 1 % lot</i>	3	CLEOCIN-T	
<i>erythromycin 2 % ext soln</i>	3	ERYDERM	
<i>erythromycin 2 % gel</i>	3	ERYGEL	
<i>erythromycin 5 mg/gm ophth oint</i>	1	ILOTYCIN	
<i>gatifloxacin 0.5 % ophth soln</i>	3	ZYMAXID	
GENTAK	1		
<i>gentamicin sulfate 0.1 % crm, 0.1 % oint</i>	1	GARAMYCIN	
<i>gentamicin sulfate 0.3 % ophth soln</i>	1	GARAMYCIN	
<i>metronidazole 0.75 % crm</i>	3	METROCREAM	
<i>metronidazole 0.75 % gel, 0.75 % vag gel, 1 % gel</i>	3	METROGEL	



Drug Name	Drug Tier	Reference Name	Requirements/Limits
<i>metronidazole 0.75 % lot</i>	3	METROLOTION	
<i>moxifloxacin hcl 0.5 % ophth soln</i>	3	VIGAMOX	
<i>mupirocin 2 % oint</i>	1	BACTROBAN	
<i>neomycin-bacitracin zn-polymyx</i>	3	NEOSPORIN	
<i>neomycin-polymyxin-gramicidin</i>	3	NEOSPORIN	
<i>ofloxacin 0.3 % otic soln</i>	3	FLOXIN	
<i>ofloxacin 0.3 % ophth soln</i>	1	OCUFLOX	
<i>polymyxin b-trimethoprim</i>	1	POLYTRIM	
<i>sulfacetamide sodium 10 % ophth soln</i>	1	BLEPH-10	
<i>sulfacetamide sodium 10 % ophth oint</i>	3	SODIUM SULAMYD	
<i>sulfacetamide sodium (acne)</i>	3	KLARON	
<i>tobramycin 0.3 % ophth soln</i>	1	TOBREX	
<b>Antifungals</b>			
<i>ciclopirox 0.77 % gel</i>	3	LOPROX	
<i>ciclopirox 1 % shampoo</i>	3	LOPROX	
<i>ciclopirox 8 % ext soln</i>	3	PENLAC	
<i>ciclopirox olamine 0.77 % crm</i>	3	LOPROX	
<i>ciclopirox olamine 0.77 % ext susp</i>	3	LOPROX	
<i>clotrimazole 1 % crm</i>	3	LOTRIMIN	
<i>clotrimazole 10 mg m/t troche</i>	3	MYCELEX	
<i>clotrimazole 1 % ext soln</i>	3	MYCELEX	
<i>clotrimazole-betamethasone 1-0.05 % crm</i>	3	LOTRISONE	
<i>clotrimazole-betamethasone 1-0.05 % lot</i>	3	LOTRISONE	
<i>econazole nitrate 1 % crm</i>	3	SPECTAZOLE	
<i>ketoconazole 2 % crm</i>	1	NIZORAL	
<i>ketoconazole 2 % shampoo</i>	1	NIZORAL	
NYAMYC	1		
<i>nystatin 100000 unit/gm crm, 100000 unit/gm ext pwdr, 100000 unit/gm oint</i>	1	MYCOSTATIN	
NYSTOP	1		
<i>terconazole 0.4 % vag crm, 0.8 % vag crm</i>	3	TERAZOL	
<i>terconazole 80 mg vag supp</i>	3	TERAZOL 3	
<b>Antivirals</b>			

Drug Name	Drug Tier	Reference Name	Requirements/Limits
<i>trifluridine</i>	3	VIROPTIC	
ZIRGAN	3		PA
<b>Eent Anti-infectives, Miscellaneous</b>			
<i>chlorhexidine gluconate 0.12 % m/t soln</i>	1	PERIOGARD	
<b>Local Anti-infectives, Miscellaneous</b>			
<i>alcohol wipes</i>	3		
<i>cvs isopropyl alcohol wipes</i>	2		
<i>isopropyl alcohol 70 % ext misc</i>	3		
<i>isopropyl alcohol wipes</i>	3		
<i>ra isopropyl alcohol wipes</i>	2		
<i>selenium sulfide 2.5 % lot</i>	1	SELSUN	
<i>silver sulfadiazine 1 % crm</i>	1	SILVADENE	
<b>Scabicides And Pediculicides</b>			
<i>malathion</i>	3	OVIDE	
<i>permethrin 5 % crm</i>	3	ELIMITE	
<b>ANTI-INFLAMMATORY AGENTS</b>			
<b>Anti-inflammatory Agents</b>			
<i>alosetron hcl</i>	3	LOTRONEX	QL
<i>balsalazide disodium</i>	1	COLAZAL	
<i>betamethasone dipropionate 0.05 % lot</i>	3	DIPROSONE	
<i>betamethasone dipropionate aug 0.05 % gel</i>	3	DIPROLENE	
<i>mesalamine er 0.375 gm cap er 24 hr</i>	3	APRISO	
NUCALA 100 mg sc soln	6		PA
NUCALA 100 mg/ml sc soln auto-inj, 100 mg/ml sc soln pfs	6		PA
<b>Anti-inflammatory Agents, Miscellaneous</b>			
EUCRISA	2		
<b>Corticosteroids</b>			
<i>alclometasone dipropionate</i>	1	ACLOVATE	
<i>bacitra-neomycin-polymyxin-hc</i>	3	CORTISPORIN	
<i>betamethasone dipropionate 0.05 % crm, 0.05 % oint</i>	3	DIPROSONE	
<i>betamethasone dipropionate 0.05 % lot</i>	3	DIPROSONE	

Drug Name	Drug Tier	Reference Name	Requirements/Limits
<i>betamethasone dipropionate aug 0.05 % crm, 0.05 % gel, 0.05 % oint</i>	3	DIPROLENE	
<i>betamethasone dipropionate aug 0.05 % lot</i>	3	DIPROLENE	
<i>betamethasone valerate 0.1 % crm, 0.1 % oint</i>	3	BETA-VAL	
<i>betamethasone valerate 0.1 % lot</i>	3	BETA-VAL	
BLEPHAMIDE S.O.P.	3		PA
<i>clobetasol prop emollient base</i>	3	TEMOVATE-E	
<i>clobetasol propionate 0.05 % oint</i>	3	CLOBEX	
<i>clobetasol propionate 0.05 % ext soln</i>	3	CLOBEX	
<i>clobetasol propionate 0.05 % gel</i>	3	TEMOVATE	
<i>clobetasol propionate 0.05 % crm</i>	3	TEMOVATE-E	
<i>clobetasol propionate e</i>	3	TEMOVATE-E	
<i>desonide 0.05 % crm, 0.05 % oint</i>	3	DESOWEN	
<i>desonide 0.05 % lot</i>	3	DESOWEN	
<i>desoximetasone 0.05 % crm, 0.05 % gel, 0.05 % oint, 0.25 % crm, 0.25 % oint</i>	3	TOPICORT	
<i>dexamethasone sodium phosphate 0.1 % ophth soln</i>	3	MAXIDEX	
DUREZOL	3		PA
<i>flunisolide 25 MCG/ACT (0.025%) nasal soln</i>	3	NASALIDE	QL
<i>fluocinolone acetonide 0.01 % otic oil</i>	3	DERMOTIC	
<i>fluocinolone acetonide 0.01 % crm, 0.025 % crm, 0.025 % oint</i>	3	SYNALAR	
<i>fluocinolone acetonide 0.01 % ext soln</i>	3	SYNALAR	
<i>fluocinonide 0.05 % crm, 0.05 % gel, 0.05 % oint</i>	3	LIDEX	
<i>fluocinonide 0.05 % ext soln</i>	3	LIDEX	
<i>fluocinonide emulsified base</i>	3	LIDEX-E	
<i>fluorometholone 0.1 % ophth susp</i>	3	FML	
<i>fluticasone propionate 0.005 % oint, 0.05 % crm</i>	1	CUTIVATE	

Drug Name	Drug Tier	Reference Name	Requirements/Limits
<i>fluticasone propionate 50 mcg/act nasal susp</i>	1	FLONASE	QL
<i>fluticasone propionate 50 mcg/act nasal susp</i>	1	FLONASE	QL
<i>halobetasol propionate 0.05 % crm, 0.05 % oint</i>	3	ULTRAVATE	
<i>hydrocortisone 1 % crm</i>	1	ALA-CORT	
<i>hydrocortisone 100 mg/60ml rect enema</i>	3	CORTENEMA	
<i>hydrocortisone 1 % oint, 2.5 % crm, 2.5 % oint</i>	1	HYTONE	
<i>hydrocortisone 2.5 % lot</i>	1	HYTONE	
<i>hydrocortisone (perianal) 2.5 % crm</i>	1	ANUSOL HC	
<i>hydrocortisone (perianal) 1 % crm</i>	1	PROCTOCORT	
<i>hydrocortisone valerate</i>	3	WESTCORT	
<i>loteprednol etabonate 0.5 % ophth susp</i>	3	LOTEMAX	
<i>mometasone furoate 0.1 % crm, 0.1 % oint</i>	1	ELOCON	
<i>mometasone furoate 0.1 % ext soln</i>	1	ELOCON	
<i>neomycin-polymyxin-dexameth 3.5-10000-0.1 ophth oint</i>	1	MAXITROL	
<i>neomycin-polymyxin-dexameth 3.5-10000-0.1 ophth susp</i>	1	MAXITROL	
<i>neomycin-polymyxin-hc 1 % otic soln, 3.5-10000-1 ophth susp, 3.5-10000-1 otic soln, 3.5-10000-1 otic susp</i>	3	CORTISPORIN	
<i>nystatin-triamcinolone</i>	3	MYCOLOG	
<i>prednicarbate</i>	3	DERMATOP	
<i>prednisolone acetate 1 % ophth susp</i>	3	PRED FORTE	
<i>prednisolone sodium phosphate 1 % ophth soln</i>	1		
PROCTO-MED HC	3		
PROCTOSOL HC	3		
PROCTOZONE-HC	3		
<i>sulfacetamide-prednisolone 10-0.23 % ophth soln</i>	1	VASOCIDIN	

Drug Name	Drug Tier	Reference Name	Requirements/Limits
<i>tobramycin-dexamethasone 0.3-0.1 % ophth susp</i>	3	TOBRADEX	
<i>triamcinolone acetonide 0.025 % oint, 0.1 % oint, 0.5 % oint</i>	1	KENALOG	
<i>triamcinolone acetonide 0.025 % lot, 0.1 % lot</i>	3	KENALOG	
<i>triamcinolone acetonide 0.1 % m/t paste</i>	3	KENALOG IN ORABASE	
<i>triamcinolone acetonide 0.025 % crm, 0.1 % crm, 0.5 % crm</i>	1	TRIDERM	
TRIDERM 0.1 % crm	1		
XHANCE	2		ST
<b>Eent Anti-inflammatory Agents, Misc</b>			
RESTASIS	2		
RESTASIS MULTIDOSE	2		
TEZSPIRE	4		PA
XIIDRA	2		QL
<b>Interleukin Antagonists</b>			
DUPIXENT 200 mg/1.14ml sc soln pfs	4		PA
FASENRA PEN	4		PA
<b>Leukotriene Modifiers</b>			
<i>montelukast sodium 10 mg tab, 4 mg tab chew, 5 mg tab chew</i>	1	SINGULAIR	
<i>montelukast sodium 4 mg pckt</i>	3	SINGULAIR	
<i>zafirlukast</i>	3	ACCOLATE	QL
<b>Mast-cell Stabilizers</b>			
<i>cromolyn sodium 100 mg/5ml oral conc</i>	3	GASTROCROM	
<i>cromolyn sodium 20 mg/2ml inh neb soln</i>	3	INTAL	
<b>Nonsteroidal Anti-inflammatory Agents</b>			
BROMSITE	3		PA
<i>diclofenac sodium 1.5 % ext soln</i>	3	PENNSAID	
<i>diclofenac sodium 0.1 % ophth soln</i>	1	VOLTAREN	
<i>diclofenac sodium 1 % gel</i>	3	VOLTAREN	
<i>flurbiprofen sodium</i>	1	OCUFEN	
<i>ketorolac tromethamine 0.5 % ophth soln</i>	1	ACULAR	

Drug Name	Drug Tier	Reference Name	Requirements/Limits
<i>ketorolac tromethamine 0.4 % ophth soln</i>	1	ACULAR LS	
<b>ANTILIPEMIC AGENTS</b>			
<b>Antilipemic Agents, Miscellaneous</b>			
<i>icosapent ethyl 1 gm cap</i>	3	VASCEPA	
<i>niacin er (antihyperlipidemic)</i>	3	NIASPAN	
<i>omega-3-acid ethyl esters</i>	3	LOVAZA	
VASCEPA 0.5 gm cap	3		PA
<b>Bile Acid Sequestrants</b>			
BYLVAY	5		PA
<i>cholestyramine 4 gm pckt</i>	3	QUESTRAN	
<i>cholestyramine 4 gm/dose oral pwr</i>	3	QUESTRAN	
<i>cholestyramine light 4 gm pckt</i>	3	QUESTRAN LIGHT	
<i>cholestyramine light 4 gm/dose oral pwr</i>	3	QUESTRAN LIGHT	
<i>colestipol hcl 1 gm tab, 5 gm pckt</i>	3	COLESTID	
<i>colestipol hcl 5 gm oral gr</i>	3	COLESTID	
PREVALITE 4 gm pckt	3		
PREVALITE 4 gm/dose oral pwr	3		
<b>Cholesterol Absorption Inhibitors</b>			
<i>ezetimibe</i>	3	ZETIA	
<b>Fibric Acid Derivatives</b>			
<i>fenofibrate 150 mg cap</i>	3	LIPOFEN	QL
<i>fenofibrate 160 mg tab, 48 mg tab, 54 mg tab, 67 mg cap</i>	1	TRICOR	QL
<i>fenofibrate 145 mg tab, 200 mg cap</i>	3	TRICOR	QL
<i>fenofibrate micronized 130 mg cap</i>	1	ANTARA	QL
<i>fenofibrate micronized 134 mg cap, 67 mg cap</i>	1	TRICOR	QL
<i>fenofibrate micronized 200 mg cap</i>	3	TRICOR	QL
<i>gemfibrozil 600 mg tab</i>	1	LOPID	
<b>Hmg-coa Reductase Inhibitors</b>			
<i>atorvastatin calcium 10 mg tab, 20 mg tab, 40 mg tab, 80 mg tab</i>	1	LIPITOR	
<i>ezetimibe-simvastatin</i>	3	VYTORIN	
<i>lovastatin 10 mg tab, 20 mg tab, 40 mg tab</i>	1	MEVACOR	
<i>pravastatin sodium</i>	1	PRAVACHOL	

Drug Name	Drug Tier	Reference Name	Requirements/Limits
<i>rosuvastatin calcium 10 mg tab, 20 mg tab, 40 mg tab, 5 mg tab</i>	1	CRESTOR	
<i>simvastatin 10 mg tab, 20 mg tab, 40 mg tab, 5 mg tab</i>	1	ZOCOR	
<b>Proprotein Convertase Subtilisin Kexin Type 9 (PCSK9) Inhibitors</b>			
PRALUENT	3		PA
REPATHA	3		PA
REPATHA PUSHTRONEX SYSTEM	3		PA
REPATHA SURECLICK	3		PA
<b>Miscellaneous Agents</b>			
LEQVIO	3		PA
<b>ANTIMANIC AGENTS</b>			
<b>Antimanic Agents</b>			
<i>lithium carbonate 150 mg cap, 600 mg cap</i>	1		
<i>lithium carbonate 300 mg cap</i>	1	ESKALITH	
<i>lithium carbonate 300 mg tab</i>	1	LITHOBID	
<i>lithium carbonate er 450 mg tab er</i>	3	ESKALITH CR	
<i>lithium carbonate er 300 mg tab er</i>	3	LITHOBID	
<b>ANTIMIGRAINE AGENTS</b>			
<b>Antimigraine Agents, Miscellaneous</b>			
<i>ergotamine-caffeine 1-100 mg tab</i>	1	CAFERGOT	
MIGERGOT	3		PA, QL
<i>sumatriptan/ naproxen</i>	3	TREXIMET	QL
ZAVZPRET	3		PA, QL
<b>Calcitonin Gene-related Peptide (cgrp) Antagonists</b>			
AJOVY	2		PA, QL
AIMOVIG	2		PA, QL
EMGALITY	2		PA, QL
EMGALITY (300 MG DOSE)	2		PA, QL
NURTEC ODT	3		PA, QL
QULIPTA	2		PA, QL
UBRELVY	2		PA, QL
<b>Selective Serotonin Agonists</b>			
<i>almotriptan maleate</i>	1	AXERT	QL
<i>eletriptan</i>	1	RELPAX	QL
<i>frovatriptan</i>	1	FROVA	QL
<i>naratriptan hcl</i>	1	AMERGE	QL

Drug Name	Drug Tier	Reference Name	Requirements/Limits
REYVOW	2		PA, QL
<i>rizatriptan benzoate 10 mg tab, 5 mg tab</i>	1	MAXALT	QL
<i>rizatriptan benzoate 10 mg tab disint, 5 mg tab disint</i>	1	MAXALT MLT	QL
<i>sumatriptan 20 mg/act nasal soln, 5 mg/act nasal soln</i>	1	IMITREX	QL
<i>sumatriptan succinate 100 mg tab, 25 mg tab, 50 mg tab</i>	1	IMITREX	QL
<i>sumatriptan succinate 6 mg/0.5ml sc soln</i>	1	IMITREX	QL
<i>zolmitriptan 2.5 mg tab, 2.5 mg tab disint, 5 mg tab, 5 mg tab disint</i>	3	ZOMIG	QL
<b>ANTIMYCOBACTERIALS</b>			
<b>Antimycobacterials, Miscellaneous</b>			
<i>dapsone 100 mg tab, 25 mg tab</i>	3		
<b>Antituberculosis Agents</b>			
<i>ethambutol hcl 100 mg tab, 400 mg tab</i>	3	MYAMBUTOL	
<i>isoniazid 100 mg tab, 300 mg tab</i>	1		
<i>isoniazid 50 mg/5ml syr</i>	3		
PASER	3		PA
PRIFTIN	3		PA
<i>pyrazinamide 500 mg tab</i>	3		
<i>rifabutin</i>	3	MYCOBUTIN	
<i>rifampin 150 mg cap, 300 mg cap, 600 mg iv soln</i>	3	RIFADIN	
SIRTURO	3		PA
TRECTOR	3		PA
<b>ANTINEOPLASTIC AGENTS</b>			
<b>Antineoplastic Agents</b>			
<i>abiraterone acetate 250 mg tab, 500 mg tab</i>	4	ZYTIGA	PA, QL
AFINITOR 10 mg tab	6		PA
AFINITOR DISPERZ	6		PA
ALECENSA	6		PA
ALUNBRIG	6		PA
AVASTIN	6		PA



Drug Name	Drug Tier	Reference Name	Requirements/Limits
AYVAKIT 100 mg tab, 200 mg tab, 300 mg tab	6		PA
BALVERSA	6		PA
<i>bexarotene 75 mg cap</i>	4	TARGRETIN	PA
<i>bicalutamide</i>	1	CASODEX	
BOSULIF	6		PA
BRAFTOVI	6		PA
BRUKINSA	6		PA
CABOMETYX	6		PA
CALQUENCE	6		PA
CAPRELSA	6		PA
COMETRIQ (100 MG DAILY DOSE)	6		PA
COMETRIQ (140 MG DAILY DOSE)	6		PA
COMETRIQ (60 MG DAILY DOSE)	6		PA
COPIKTRA	6		PA
COTELLIC	6		PA
<i>cyclophosphamide 25 mg cap, 50 mg cap</i>	1		
DAURISMO	6		PA
DROXIA	3		PA
EMCYT	3		PA
ERIVEDGE	6		PA
ERLEADA	6		PA
<i>erlotinib hcl</i>	4	TARCEVA	PA, QL
<i>etoposide 50 mg cap</i>	4		PA
<i>etoposide 1 gm/50ml iv soln, 100 mg/5ml iv soln, 500 mg/25ml iv soln</i>	4	VEPESID	PA
<i>everolimus 2.5 mg tab, 5 mg tab, 7.5 mg tab</i>	4	AFINITOR	PA, QL
<i>flutamide</i>	3	EULEXIN	
GAVRETO	6		PA
GILOTRIF	6		PA
HERCEPTIN	6		PA
HERZUMA	5		PA
<i>hydroxyurea 500 mg cap</i>	1	HYDREA	
IBRANCE	6		PA
ICLUSIG	6		PA

Drug Name	Drug Tier	Reference Name	Requirements/Limits
IDHIFA	6		PA
<i>imatinib mesylate</i>	4	GLEEVEC	PA, QL
IMBRUVICA	6		PA
INLYTA	6		PA
INQOVI	6		PA
INREBIC	6		PA
INTRON A	6		PA
IRESSA	6		PA
JAKAFI	6		PA
JAYPIRCA	4		PA
KANJINTI	5		PA
KISQALI (200 MG DOSE)	6		PA
KISQALI (400 MG DOSE)	6		PA
KISQALI (600 MG DOSE)	6		PA
KOSELUGO	6		PA
KRAZATI	4		PA
<i>lapatinib ditosylate</i>	4	TYKERB	PA, QL
LENVIMA (10 MG DAILY DOSE)	6		PA
LENVIMA (12 MG DAILY DOSE)	6		PA
LENVIMA (14 MG DAILY DOSE)	6		PA
LENVIMA (18 MG DAILY DOSE)	6		PA
LENVIMA (20 MG DAILY DOSE)	6		PA
LENVIMA (24 MG DAILY DOSE)	6		PA
LENVIMA (4 MG DAILY DOSE)	6		PA
LENVIMA (8 MG DAILY DOSE)	6		PA
LEUKERAN	3		PA
LONSURF	6		PA
LORBRENA	6		PA
LYNPARZA	6		PA
LYSODREN	3		PA
LYTGOBI	4		PA
MATULANE	6		PA
MEKINIST	6		PA
MEKTOVI	6		PA
<i>mercaptopurine 50 mg tab</i>	3	PURINETHOL	
<i>methotrexate 2.5 mg tab</i>	1		
<i>methotrexate sodium 2.5 mg tab</i>	1		
<i>methotrexate sodium 250 mg/10ml inj soln, 50 mg/2ml inj soln</i>	3		

Drug Name	Drug Tier	Reference Name	Requirements/Limits
<i>methotrexate sodium (pf) 1 gm/40ml inj soln, 50 mg/2ml inj soln</i>	3		
MVASI	5		PA
NERLYNX	6		PA
NEXAVAR	6		PA
<i>nilutamide</i>	4	NILANDRON	PA, QL
NINLARO	6		PA
NUBEQA	6		PA
ODOMZO	6		PA
OJJAARA	5		PA
ONTRUZANT	5		PA
ONUREG	6		PA
ORSERDU	4		PA
PEMAZYRE	6		PA
PIQRAY (200 MG DAILY DOSE)	6		PA
PIQRAY (250 MG DAILY DOSE)	6		PA
PIQRAY (300 MG DAILY DOSE)	6		PA
POMALYST	6		PA
PURIXAN	6		PA
QINLOCK	6		PA
RETEVMO	6		PA
REVLIMID	6		PA
REZLIDHIA	4		PA
RIABNI	5		PA
RITUXAN	6		PA
RITUXAN HYCELA	6		PA
ROZLYTREK	6		PA
RUBRACA	6		PA
RUXIENCE	4		PA
RYDAPT	6		PA
SPRYCEL	6		PA
STIVARGA	6		PA
SUTENT	6		PA
SYNRIBO	6		PA
TABLOID	3		PA
TABRECTA	6		PA
TAFINLAR	6		PA
TAGRISO	6		PA
TALZENNA	6		PA

Drug Name	Drug Tier	Reference Name	Requirements/Limits
TASIGNA	6		PA
TAZVERIK	6		PA
TIBSOVO	6		PA
TRAZIMERA	4		PA
<i>tretinoin 10 mg cap</i>	4	VESANOID	PA
TRUXIMA	5		PA
TUKYSA	6		PA
TURALIO	6		PA
VANFLYTA	4		PA
VENCLEXTA	6		PA
VENCLEXTA STARTING PACK	6		PA
VERZENIO	6		PA
VITRAKVI 100 mg cap, 25 mg cap	6		PA
VITRAKVI 20 mg/ml soln	6		PA
VIZIMPRO	6		PA
VOTRIENT	6		PA
XALKORI	6		PA
XATMEP	3		PA
XOSPATA	6		PA
XPOVIO (60 MG TWICE WEEKLY)	6		PA
XPOVIO (80 MG TWICE WEEKLY)	6		PA
XTANDI 40 mg cap	6		PA
YONSA	6		PA
ZEJULA	6		PA
ZELBORAF	6		PA
ZIRABEV	4		PA
ZOLINZA	6		PA
ZYDELIG	6		PA
ZYKADIA	6		PA
<b>ANTIPARKINSONIAN AGENTS</b>			
<b>Adamantanes</b>			
<i>amantadine hcl 50 mg/5ml soln</i>	1		
<i>amantadine hcl 100 mg cap, 100 mg tab</i>	1	SYMMETREL	
GOCOVRI	3		PA, QL
<b>Anticholinergic Agents</b>			
<i>benztropine mesylate 0.5 mg tab, 1 mg tab, 2 mg tab</i>	1	COGENTIN	
<i>trihexyphenidyl hcl 0.4 mg/ml soln</i>	3		

Drug Name	Drug Tier	Reference Name	Requirements/Limits
<i>trihexyphenidyl hcl 2 mg tab, 5 mg tab</i>	1	ARTANE	
<b>Comt Inhibitors</b>			
<i>entacapone</i>	3	COMTAN	
<b>Dopamine Precursors</b>			
<i>carbidopa 25 mg tab</i>	3	LODOSYN	
<i>carbidopa-levodopa 10-100 mg tab disint, 25-100 mg tab disint, 25-250 mg tab disint</i>	3	PARCOPA	
<i>carbidopa-levodopa 10-100 mg tab, 25-100 mg tab, 25-250 mg tab</i>	1	SINEMET	
<i>carbidopa-levodopa er 25-100 mg tab er, 50-200 mg tab er</i>	1	SINEMET CR	
<i>carbidopa-levodopa-entacapone</i>	3	STALEVO	
<b>Dopamine Receptor Agonists</b>			
APOKYN	6		PA
<i>bromocriptine mesylate 2.5 mg tab, 5 mg cap</i>	3	PARLODEL	
<i>cabergoline</i>	3	DOSTINEX	
KYNMOBI	6		PA
NEUPRO	3		PA
<i>pramipexole dihydrochloride</i>	1	MIRAPEX	
<i>pramipexole dihydrochloride er 3.75 mg tab er 24 hr</i>	1	MIRAPEX ER	
<i>ropinirole hcl</i>	1	REQUIP	
<b>Monoamine Oxidase B Inhibitors</b>			
EMSAM	3		PA, QL
<i>rasagiline mesylate 0.5 mg tab, 1 mg tab</i>	3	AZILECT	
<i>selegiline hcl 5 mg tab</i>	3		
<i>selegiline hcl 5 mg cap</i>	3	ELDEPRYL	
<b>ANTIPROTOZOALS</b>			
<b>Amebicides</b>			
<i>paromomycin sulfate 250 mg cap</i>	3	HUMATIN	
<b>Antimalarials</b>			
<i>atovaquone-proguanil hcl</i>	3	MALARONE	
<i>chloroquine phosphate 250 mg tab</i>	1		
<i>chloroquine phosphate 500 mg tab</i>	1	ARALEN	
COARTEM	3		PA, QL

Drug Name	Drug Tier	Reference Name	Requirements/Limits
<i>hydroxychloroquine sulfate 200 mg tab</i>	1	PLAQUENIL	
<i>mefloquine hcl</i>	1		
<i>primaquine phosphate</i>	3		
<i>quinine sulfate 324 mg cap</i>	3	QUALAQUIN	PA, QL
<b>Antiprotozoals, Miscellaneous</b>			
ALINIA 100 mg/5ml susp	3		PA
<i>atovaquone</i>	2	MEPRON	
LAMPIT	3		PA
<i>metronidazole 250 mg tab, 500 mg tab</i>	1	FLAGYL	
<i>metronidazole in nacl</i>	3	FLAGYL	
<i>nitazoxanide 500 mg tab</i>	3	ALINIA	
<i>pentamidine isethionate 300 mg inh soln</i>	3	NEBUPENT	
<i>pentamidine isethionate 300 mg inj soln</i>	3	PENTAM	
<b>ANTIPRURITICS AND LOCAL ANESTHETICS</b>			
<b>Antipruritics And Local Anesthetics</b>			
<i>hydrocortisone ace-pramoxine 1-1 % crm</i>	3	ANALPRAM HC	
<i>lidocaine 5 % oint</i>	3		
<i>lidocaine 5 % patch</i>	3	LIDODERM	QL
<i>lidocaine hcl 4 % ext soln</i>	1	XYLOCAINE	
<i>lidocaine hcl urethral/mucosal 2 % External Prefilled Syringe</i>	3		
<i>lidocaine hcl urethral/mucosal 2 % gel</i>	3	XYLOCAINE	
<i>lidocaine-prilocaine 2.5-2.5 % crm</i>	3	EMLA	
<i>premium lidocaine</i>	3		
<b>ANTISENSE OLIGONUCLEOTIDES</b>			
<b>Antisense Oligonucleotides</b>			
TEGSEDI	6		PA
<b>ANTITHROMBOTIC AGENTS</b>			
<b>Anticoagulants</b>			
ELIQUIS	3		PA
ELIQUIS DVT/PE STARTER PACK	3		PA
<i>enoxaparin sodium 100 mg/ml sc soln, 120 mg/0.8ml sc soln, 150</i>	2	LOVENOX	QL

Drug Name	Drug Tier	Reference Name	Requirements/Limits
<i>mg/ml sc soln, 30 mg/0.3ml sc soln, 40 mg/0.4ml sc soln, 60 mg/0.6ml sc soln, 80 mg/0.8ml sc soln</i>			
<i>fondaparinux sodium</i>	3	ARIXTRA	QL
<i>heparin sodium (porcine) 1000 unit/ml inj soln, 10000 unit/ml inj soln, 20000 unit/ml inj soln, 5000 unit/ml inj soln</i>	3		
<i>heparin sodium (porcine) pf</i>	3		
JANTOVEN	1		
PRADAXA	2		
<i>warfarin sodium 1 mg tab, 10 mg tab, 2 mg tab, 2.5 mg tab, 3 mg tab, 4 mg tab, 5 mg tab, 6 mg tab, 7.5 mg tab</i>	1	COUMADIN	
XARELTO	3		PA
XARELTO STARTER PACK	3		PA
<b>Antithrombotic Agents, Misc</b>			
CABLIVI	6		PA
<b>Platelet-aggregation Inhibitors</b>			
<i>aspirin-dipyridamole er</i>	3	AGGRENOX	
BRILINTA	2		
<i>cilostazol</i>	1	PLETAL	
<i>clopidogrel bisulfate 75 mg tab</i>	1	PLAVIX	
<i>prasugrel hcl</i>	1	EFFIENT	QL
<b>Platelet-reducing Agents</b>			
<i>anagrelide hcl</i>	1	AGRYLIN	
<b>ANTITOXINS AND IMMUNE GLOBULINS</b>			
<b>Antitoxins And Immune Globulins</b>			
OCTAGAM 1 gm/20ml iv soln, 2 gm/20ml iv soln	6		PA
PANZYGA	6		PA
PRIVIGEN 20 gm/200ml iv soln	6		PA
VARIZIG	2		
<b>ANTIULCER AGENTS AND ACID SUPPRESSANTS</b>			
<b>Histamine H2-antagonists</b>			
<i>cimetidine 400 mg tab</i>	3	TAGAMET	
<i>cimetidine hcl 300 mg/5ml soln</i>	3	TAGAMET	
<i>famotidine 20 mg tab, 40 mg tab</i>	1	PEPCID	

Drug Name	Drug Tier	Reference Name	Requirements/Limits
<i>famotidine 40 mg/5ml susp</i>	1	PEPCID	
<b>Prostaglandins</b>			
<i>misoprostol 100 mcg tab, 200 mcg tab</i>	3	CYTOTEC	
<b>Protectants</b>			
<i>sucralfate 1 gm tab</i>	1	CARAFATE	
<i>sucralfate 1 gm/10ml susp</i>	3	CARAFATE	
<b>Proton-pump Inhibitors</b>			
<i>esomeprazole magnesium 20 mg cap dr, 40 mg cap dr</i>	3	NEXIUM	
<i>omeprazole 10 mg cap dr, 20 mg cap dr, 40 mg cap dr</i>	1	PRILOSEC	
<i>pantoprazole sodium 20 mg tab dr, 40 mg tab dr</i>	1	PROTONIX	
<b>ANTIVIRALS</b>			
<b>Adamantanes</b>			
<i>rimantadine hcl</i>	3	FLUMADINE	
<b>Antiretrovirals</b>			
<i>abacavir sulfate 300 mg tab</i>	3	ZIAGEN	QL
<i>abacavir sulfate 20 mg/ml soln</i>	3	ZIAGEN	QL
<i>abacavir sulfate-lamivudine</i>	3	EPZICOM	QL
<i>abacavir-lamivudine-zidovudine</i>	3	TRIZIVIR	QL
APTIVUS	3		PA, QL
<i>atazanavir sulfate 150 mg cap, 200 mg cap, 300 mg cap</i>	3	REYATAZ	QL
BIKTARVY 50-200-25 mg tab	3		PA, QL
CIMDUO	3		PA, QL
COMPLERA	3		PA, QL
DELSTRIGO	3		PA, QL
DESCOVY	2		QL
DOVATO	3		PA, QL
EDURANT	3		PA, QL
<i>efavirenz</i>	3	SUSTIVA	QL
<i>efavirenz-emtricitab-tenofovir</i>	3	ATRIPLA	QL
<i>efavirenz-lamivudine-tenofovir 600-300-300 mg tab</i>	3	SYMFI	QL
<i>efavirenz-lamivudine-tenofovir 400-300-300 mg tab</i>	3	SYMFI LO	QL
<i>emtricitabine 200 mg cap</i>	3	EMTRIVA	QL



Drug Name	Drug Tier	Reference Name	Requirements/Limits
<i>emtricitabine-tenofovir df</i>	1	TRUVADA	QL
EMTRIVA 10 mg/ml soln	3		PA, QL
EPIVIR HBV 100 mg tab	6		PA
EPIVIR HBV 5 mg/ml soln	6		PA
EVOTAZ	3		PA, QL
<i>fosamprenavir calcium 700 mg tab</i>	3	LEXIVA	QL
FUZEON	3		PA, QL
GENVOYA	3		PA, QL
INVIRASE	3		PA, QL
ISENTRESS	3		PA, QL
ISENTRESS HD	3		PA, QL
JULUCA	3		PA, QL
KALETRA 100-25 mg tab, 200-50 mg tab	3		PA, QL
<i>lamivudine 10 mg/ml soln</i>	3	EPIVIR	
<i>lamivudine 150 mg tab, 300 mg tab</i>	3	EPIVIR	QL
<i>lamivudine 100 mg tab</i>	4	EPIVIR HBV	PA, QL
<i>lamivudine-zidovudine</i>	3	COMBIVIR	QL
LEXIVA 50 mg/ml susp	3		PA, QL
<i>lopinavir-ritonavir 400-100 mg/5ml soln</i>	3	KALETRA	QL
<i>nevirapine 200 mg tab</i>	1	VIRAMUNE	QL
<i>nevirapine 50 mg/5ml susp</i>	3	VIRAMUNE	QL
<i>nevirapine er</i>	3	VIRAMUNE XR	QL
NORVIR 100 mg pckt	3		PA, QL
NORVIR 80 mg/ml soln	3		PA, QL
ODEFSEY	3		PA
PIFELTRO	3		PA, QL
PREZCOBIX	3		PA, QL
PREZISTA 150 mg tab, 75 mg tab	3		PA, QL
PREZISTA 100 mg/ml susp	3		PA, QL
REYATAZ 50 mg pckt	3		PA, QL
<i>ritonavir 100 mg tab</i>	3	NORVIR	QL
RUKOBIA	3		PA, QL
SELZENTRY 150 mg tab, 25 mg tab, 300 mg tab, 75 mg tab	3		PA, QL
SELZENTRY 20 mg/ml soln	3		PA, QL
<i>stavudine</i>	3	ZERIT	QL
STRIBILD	3		PA, QL

Drug Name	Drug Tier	Reference Name	Requirements/Limits
SUNLENCA	4		PA, QL
SYMTUZA	3		PA, QL
<i>tenofovir disoproxil fumarate 300 mg tab</i>	3	VIREAD	QL
TIVICAY	3		PA, QL
TIVICAY PD	3		PA, QL
TRIUMEQ	3		PA, QL
VIRACEPT	3		PA, QL
VIREAD 150 mg tab, 200 mg tab, 250 mg tab	3		PA, QL
VIREAD 40 mg/gm oral pwdr	3		PA, QL
<i>zidovudine 300 mg tab</i>	1	RETROVIR	QL
<i>zidovudine 100 mg cap</i>	3	RETROVIR	QL
<i>zidovudine 50 mg/5ml syr</i>	3	RETROVIR	QL
<b>Antivirals, Miscellaneous</b>			
LIVTENCITY	5		PA
XOFLUZA (40 MG DOSE) 2 x 20 mg tab pack	3		PA, QL
XOFLUZA (80 MG DOSE) 2 x 40 mg tab pack	3		PA, QL
<b>Hcv Antivirals</b>			
EPCLUSA 200-50 mg tab, 400-100 mg tab	4		PA, QL
HARVONI	4		PA, QL
<i>ledipasvir-sofosbuvir 90-400 mg tab</i>	4	HARVONI	PA, QL
MAVYRET 100-40 mg tab	4		PA
<i>sofosbuvir-velpatasvir 400-100 mg tab</i>	4	EPCLUSA	PA, QL
VOSEVI	4		PA, QL
ZEPATIER	6		PA
<b>Interferons</b>			
BESREMI	5		PA
PEGASYS	6		PA
<b>Neuraminidase Inhibitors</b>			
<i>oseltamivir phosphate 30 mg cap, 45 mg cap, 75 mg cap</i>	3	TAMIFLU	
<i>oseltamivir phosphate 6 mg/ml susp</i>	3	TAMIFLU	
RELENZA DISKHALER	2		QL

Drug Name	Drug Tier	Reference Name	Requirements/Limits
<b>Nucleosides And Nucleotides</b>			
<i>acyclovir 200 mg cap, 400 mg tab, 800 mg tab</i>	1	ZOVIRAX	
<i>acyclovir 200 mg/5ml susp</i>	3	ZOVIRAX	
<i>acyclovir sodium</i>	3	ZOVIRAX	
<i>adefovir dipivoxil</i>	4	HEPSERA	PA
BARACLUDE 0.5 mg tab, 1 mg tab	6		PA
BARACLUDE 0.05 mg/ml soln	6		PA
<i>entecavir 0.5 mg tab, 1 mg tab</i>	4	BARACLUDE	PA
<i>famciclovir 125 mg tab, 250 mg tab, 500 mg tab</i>	3	FAMVIR	
<i>ribavirin 200 mg tab</i>	4	COPEGUS	PA
<i>ribavirin 200 mg cap</i>	4	REBETOL	PA
<i>valacyclovir hcl 1 gm tab, 500 mg tab</i>	3	VALTREX	QL
<i>valganciclovir hcl 450 mg tab</i>	3	VALCYTE	
<i>valganciclovir hcl 50 mg/ml soln</i>	3	VALCYTE	
VEMLIDY	6		PA
<b>ANXIOLYTICS, SEDATIVES, AND HYPNOTICS</b>			
<b>Anxiolytics, Sedatives, &amp; Hypnotics Misc</b>			
BELSOMRA	2		PA
<i>buspirone hcl 10 mg tab, 15 mg tab, 30 mg tab, 5 mg tab, 7.5 mg tab</i>	1	BUSPAR	
HETLIOZ	6		PA
<i>hydroxyzine hcl 10 mg tab, 25 mg tab, 50 mg tab</i>	3	ATARAX	
<i>hydroxyzine hcl 10 mg/5ml syr</i>	3	ATARAX	
<i>hydroxyzine pamoate 100 mg cap, 25 mg cap, 50 mg cap</i>	3	VISTARIL	
QUVIVIQ	3		
<i>zaleplon</i>	3	SONATA	QL
<i>zolpidem tartrate 10 mg tab, 5 mg tab</i>	1	AMBIEN	QL
<b>Barbiturates</b>			
<i>phenobarbital 100 mg tab, 15 mg tab, 30 mg tab, 60 mg tab</i>	1		
<i>phenobarbital 16.2 mg tab, 32.4 mg tab, 64.8 mg tab, 97.2 mg tab</i>	3		

Drug Name	Drug Tier	Reference Name	Requirements/Limits
<i>phenobarbital 20 mg/5ml oral elix</i>	3		
<b>Benzodiazepines</b>			
<i>alprazolam 0.25 mg tab, 0.5 mg tab, 1 mg tab, 2 mg tab</i>	1	XANAX	QL
<i>chlordiazepoxide hcl</i>	1	LIBRIUM	QL
<i>clorazepate dipotassium</i>	3	TRANXENE	
<i>diazepam 5 mg/ml oral conc</i>	3		QL
<i>diazepam 10 mg rect gel, 2.5 mg rect gel, 20 mg rect gel</i>	3	DIASTAT	QL
<i>diazepam 10 mg tab, 2 mg tab, 5 mg tab</i>	1	VALIUM	QL
<i>diazepam 5 mg/5ml soln</i>	3	VALIUM	QL
DIAZEPAM INTENSOL	3		QL
<i>lorazepam 0.5 mg tab, 1 mg tab, 2 mg tab</i>	1	ATIVAN	QL
<i>lorazepam 2 mg/ml oral conc</i>	3	LORAZEPAM INTENSOL	QL
LORAZEPAM INTENSOL	3		QL
<i>temazepam 15 mg cap, 30 mg cap, 7.5 mg cap</i>	1	RESTORIL	QL
<i>temazepam 22.5 mg cap</i>	3	RESTORIL	QL
<b>AUTONOMIC DRUGS, MISCELLANEOUS</b>			
<b>Autonomic Drugs, Miscellaneous</b>			
NICOTROL	3		PA
<b>BETA-ADRENERGIC BLOCKING AGENTS</b>			
<b>Beta-adrenergic Blocking Agents</b>			
<i>acebutolol hcl 200 mg cap, 400 mg cap</i>	1	SECTRAL	
<i>atenolol 100 mg tab, 25 mg tab, 50 mg tab</i>	1	TENORMIN	
<i>atenolol-chlorthalidone</i>	1	TENORETIC	
<i>bisoprolol fumarate 10 mg tab, 5 mg tab</i>	1	ZEBETA	
<i>bisoprolol-hydrochlorothiazide</i>	1	ZIAC	
<i>carvedilol</i>	1	COREG	
<i>labetalol hcl 100 mg tab, 200 mg tab, 300 mg tab</i>	1	NORMODYNE	
<i>metoprolol succinate er</i>	1	TOPROL	

Drug Name	Drug Tier	Reference Name	Requirements/Limits
<i>metoprolol tartrate 37.5 mg tab, 75 mg tab</i>	1		
<i>metoprolol tartrate 100 mg tab, 25 mg tab, 50 mg tab</i>	1	LOPRESSOR	
<i>metoprolol-hydrochlorothiazide</i>	3	LOPRESSOR HCT	
<i>nadolol 20 mg tab, 40 mg tab, 80 mg tab</i>	3	CORGARD	
<i>pindolol</i>	3	VISKEN	
<i>propranolol hcl 10 mg tab, 20 mg tab, 40 mg tab, 60 mg tab, 80 mg tab</i>	1	INDERAL	
<i>propranolol hcl 20 mg/5ml soln, 40 mg/5ml soln</i>	1	INDERAL	
<i>propranolol hcl er</i>	3	INDERAL LA	
SORINE	1		
<i>sotalol hcl 120 mg tab, 160 mg tab, 240 mg tab, 80 mg tab</i>	1	BETAPACE	
<i>sotalol hcl (af)</i>	1	BETAPACE AF	
<i>timolol maleate 10 mg tab, 20 mg tab, 5 mg tab</i>	3	BLOCADREN	
<b>BONE RESORPTION INHIBITORS</b>			
<b>Bone Resorption Inhibitors</b>			
<i>alendronate sodium 10 mg tab, 35 mg tab, 70 mg tab</i>	1	FOSAMAX	
<i>ibandronate sodium 150 mg tab</i>	3	BONIVA	QL
PROLIA	6		PA
<i>risedronate sodium 150 mg tab, 35 mg tab</i>	3	ACTONEL	QL
XGEVA	6		PA
<b>CALCIUM-CHANNEL BLOCKING AGENTS</b>			
<b>Calcium-channel Blocking Agents, Misc</b>			
CARTIA XT	3		
<i>diltiazem hcl 120 mg tab, 30 mg tab, 60 mg tab, 90 mg tab</i>	1	CARDIZEM	
<i>diltiazem hcl er 120 mg cap er 12 hr, 60 mg cap er 12 hr, 90 mg cap er 12 hr</i>	3	CARDIZEM	

Drug Name	Drug Tier	Reference Name	Requirements/Limits
<i>diltiazem hcl er 120 mg cap er 24 hr, 180 mg cap er 24 hr, 240 mg cap er 24 hr</i>	3	DILACOR XR	
<i>diltiazem hcl er beads</i>	3	TIAZAC	
<i>diltiazem hcl er coated beads 120 mg cap er 24 hr, 180 mg cap er 24 hr, 240 mg cap er 24 hr, 300 mg cap er 24 hr, 360 mg cap er 24 hr</i>	3	CARDIZEM CD	
<i>dilt-xr</i>	3	DILACOR XR	
TAZTIA XT	3		
<i>verapamil hcl 120 mg tab, 40 mg tab, 80 mg tab</i>	1	CALAN	
<i>verapamil hcl er 120 mg tab er, 180 mg tab er, 240 mg tab er</i>	1	CALAN	
<i>verapamil hcl er 100 mg cap er 24 hr, 120 mg cap er 24 hr, 180 mg cap er 24 hr, 200 mg cap er 24 hr, 240 mg cap er 24 hr, 300 mg cap er 24 hr</i>	1	VERELAN	
<i>verapamil hcl er 360 mg cap er 24 hr</i>	3	VERELAN	
<b>Dihydropyridines</b>			
<i>amlodipine besy-benazepril hcl</i>	1	LOTREL	
<i>amlodipine besylate 10 mg tab, 2.5 mg tab, 5 mg tab</i>	1	NORVASC	
<i>amlodipine besylate-valsartan</i>	1	EXFORGE	
<i>amlodipine-atorvastatin</i>	3	CADUET	
<i>amlodipine-olmesartan</i>	3	AZOR	
<i>felodipine er</i>	1	PLENDIL	
<i>isradipine</i>	3	DYNACIRC	
<i>nicardipine hcl 20 mg cap, 30 mg cap</i>	3	CARDENE	
<i>nifedipine er</i>	3	ADALAT CC	
<i>nifedipine er osmotic release</i>	3	PROCARDIA XL	
<i>olmesartan-amlodipine-hctz</i>	1	TRIBENZOR	
<b>CALORIC AGENTS</b>			
<b>Caloric Agents</b>			
<i>dextrose 10 % iv soln, 5 % iv soln</i>	3		
DOJOLVI	6		PA

Drug Name	Drug Tier	Reference Name	Requirements/Limits
<b>CARDIAC DRUGS</b>			
<b>Antiarrhythmic Agents</b>			
<i>amiodarone hcl 200 mg tab</i>	1	CORDARONE	
<i>amiodarone hcl 100 mg tab, 400 mg tab</i>	3	CORDARONE	
<i>dofetilide</i>	3	TIKOSYN	
<i>flecainide acetate</i>	1	TAMBOCOR	
<i>mexiletine hcl 150 mg cap, 200 mg cap, 250 mg cap</i>	3	MEXITIL	
MULTAQ	3		PA
<i>propafenone hcl</i>	1	RYTHMOL	
<i>propafenone hcl er</i>	3	RYTHMOL SR	
<i>quinidine sulfate 200 mg tab, 300 mg tab</i>	1		
<b>Cardiac Drugs, Miscellaneous</b>			
CAMZYOS	5		PA
<i>ranolazine er</i>	3	RANEXA	QL
<b>Cardiotonic Agents</b>			
DIGITEK 125 mcg tab	1		
DIGITEK 250 mcg tab	3		
<i>digox 125 mcg tab</i>	1	LANOXIN	
<i>digox 250 mcg tab</i>	3	LANOXIN	
<i>digoxin 125 mcg tab</i>	1	LANOXIN	
<i>digoxin 250 mcg tab</i>	3	LANOXIN	
<i>digoxin 0.05 mg/ml soln</i>	3	LANOXIN	
<b>CATHARTICS AND LAXATIVES</b>			
<b>Cathartics And Laxatives</b>			
CLENPIQ	2		
GAVILYTE-C	1		
GAVILYTE-G	1		
GAVILYTE-N WITH FLAVOR PACK	1		
<i>peg 3350-kcl-na bicarb-nacl</i>	1	NULYTELY	
<i>peg-3350/electrolytes</i>	1	GOLYTELY	
<b>CELL STIMULANTS AND PROLIFERANTS</b>			
<b>Cell Stimulants And Proliferants</b>			
<i>tretinoin 0.025 % crm, 0.05 % crm, 0.1 % crm</i>	3	RETIN-A	
<b>CENTRAL NERVOUS SYSTEM AGENTS, MISC</b>			

Drug Name	Drug Tier	Reference Name	Requirements/Limits
<b>Central Nervous System Agents, Misc</b>			
<i>acamprosate calcium</i>	3	CAMPRAL	
<i>atomoxetine hcl</i>	3	STRATTERA	QL
<i>guanfacine hcl er</i>	3	INTUNIV	
<i>memantine hcl 10 mg tab, 28 x 5 MG &amp; 21 x 10 mg tab, 5 mg tab</i>	1	NAMENDA	
<i>memantine hcl 10 mg/5ml soln, 2 mg/ml soln</i>	1	NAMENDA	QL
NUEDEXTA	3		PA
<i>riluzole 50 mg tab</i>	3	RILUTEK	QL
TIGLUTIK	6		PA
XYREM	6		PA
XYWAV	6		PA
<b>CHOLELITHOLYTIC AGENTS</b>			
<b>Cholelitholytic Agents</b>			
<i>ursodiol 300 mg cap</i>	3	ACTIGALL	
<i>ursodiol 250 mg tab</i>	1	URSO	
<i>ursodiol 500 mg tab</i>	3	URSO	
<b>Miscellaneous Agents</b>			
LIVMARLI	5		PA
<b>COMPLEMENT INHIBITORS</b>			
<b>Complement Inhibitors</b>			
<i>icatibant acetate</i>	4	FIRAZYR	PA
RUCONEST	6		PA
TAKHZYRO	6		PA
<b>CONTRACEPTIVES</b>			
<b>Contraceptives</b>			
ALTAVERA	2		
<i>alyacen 7/7/7</i>	2		
APRI	2		
ARANELLE	2		
AUBRA	2		
AUBRA EQ	2		
AVIANE	2		
BALZIVA	2		
<i>briellyn</i>	2		
CAMILA	2		
CAZIAN	2		
CHATEAL	2		



Drug Name	Drug Tier	Reference Name	Requirements/Limits
CRYSSELLE-28	2		
CYCLAFEM 1/35	2		
CYCLAFEM 7/7/7	2		
CYRED	2		
CYRED EQ	2		
DASETTA 7/7/7	2		
DEBLITANE	2		
<i>desogestrel-ethinyl estradiol 0.15-0.02/0.01 mg (2 1/5) tab</i>	2	BEKYREE 28 DAY	
<i>drospirenone-ethinyl estradiol 3-0.03 mg tab</i>	2	YASMIN	
ELINEST	2		
ELURYNG	2		
EMOQUETTE	2		
ENPRESSE-28	2		
ENSKYCE	2		
ERRIN	2		
ESTARYLLA	2		
<i>ethynodiol diac-eth estradiol 1-35 mg-mcg tab</i>	2	DEMULEN 1/35-28	
<i>etonogestrel-ethinyl estradiol</i>	3	NUVARING	
FALMINA	2		
HAILEY 24 FE	2		
HEATHER	2		
INTROVALE	2		
ISIBLOOM	2		
JASMIEL	2		
JENCYCLA	2		
JOLESSA	2		
JULEBER	2		
JUNEL 1.5/30	2		
JUNEL 1/20	2		
JUNEL FE 1.5/30	2		
JUNEL FE 1/20	2		
KARIVA	2		
KELNOR 1/35	2		
KELNOR 1/50	2		
KURVELO	2		
LARIN 1.5/30	2		

Drug Name	Drug Tier	Reference Name	Requirements/Limits
LARIN 1/20	2		
LARIN FE 1.5/30	2		
LARIN FE 1/20	2		
LARISSIA	2		
LEENA	2		
LESSINA	2		
LEVONEST	2		
<i>levonorgest-eth est &amp; eth est</i>	2	QUARTETTE	
<i>levonorgest-eth estrad 91-day 0.15-0.03 mg tab</i>	2	SEASONALE	
<i>levonorgestrel-ethinyl estrad 0.1-20 mg-mcg tab</i>	2	ALESSE	
<i>levonorgestrel-ethinyl estrad 0.15-30 mg-mcg tab</i>	2	NORDETTE	
<i>levonorg-eth estrad triphasic</i>	2	ENPRESSE 28 DAY	
LEVORA 0.15/30 (28)	2		
LILLOW	2		
LO LOESTRIN FE	2		
LORYNA	2		
LOW-OGESTREL	2		
LUTERA	2		
LYZA	2		
<i>marlissa</i>	2	NORDETTE	
MICROGESTIN 1.5/30	2		
MICROGESTIN 1/20	2		
MICROGESTIN FE 1.5/30	2		
MICROGESTIN FE 1/20	2		
MILI	2		
NECON 0.5/35 (28)	2		
NIKKI	2		
NORA-BE	2		
<i>norethindrone 0.35 mg tab</i>	2	NOR-QD	
<i>norgestimate-eth estradiol</i>	2	ORTHO-CYCLEN (28)	
<i>norgestim-eth estrad triphasic 0.18/0.215/0.25 mg-35 mcg tab</i>	2	ORTHO TRI-CYCLEN	
NORLYDA	2		
NORTREL 0.5/35 (28)	2		
NORTREL 1/35 (21)	2		
NORTREL 1/35 (28)	2		

Drug Name	Drug Tier	Reference Name	Requirements/Limits
NORTREL 7/7/7	2		
OCELLA	2		
ORSYTHIA	2		
PHILITH	2		
PIMTREA	2		
PIRMELLA 1/35	2		
PIRMELLA 7/7/7	2		
PORTIA-28	2		
PREVIFEM	2		
RECLIPSEN	2		
SETLAKIN	2		
SHAROBEL	2		
SPRINTEC 28	2		
SRONYX	2		
SYEDA	2		
TARINA 24 FE	2		
TARINA FE 1/20	2		
TARINA FE 1/20 EQ	2		
TILIA FE	2		
TRI FEMYNOR	2		
TRI-ESTARYLLA	2		
TRI-LEGEST FE	2		
TRI-LINYAH	2		
TRI-MILI	2		
TRI-PREVIFEM	2		
TRI-SPRINTEC	2		
TRIVORA (28)	2		
TRI-VYLIBRA	2		
TYBLUME	2		
VELIVET	2		
VIENVA	2		
VYFEMLA	2		
VYLIBRA	2		
WERA	2		
ZOVIA 1/35 (28)	2		
ZOVIA 1/35E (28)	2		
<b>CYSTIC FIBROSIS TRANSMEMBRANE CONDUCTANCE REGULATOR MODULATORS</b>			
<b>Cystic Fibrosis Transmembrane Conductance Regulator (cftr) Correctors</b>			
ORKAMBI	6		PA

Drug Name	Drug Tier	Reference Name	Requirements/Limits
SYMDEKO	6		PA
TRIKAFTA 100-50-75 & 150 mg tab pack	6		PA
<b>Cystic Fibrosis Transmembrane Conductance Regulator (cfr) Potentiators</b>			
KALYDECO	6		PA
<b>DEVICES</b>			
<b>Devices</b>			
<i>1st tier unifine pentips</i>	2		
<i>1st tier unifine pentips plus</i>	2		
ABOUTTIME PEN NEEDLE	2		
ADVOCATE INSULIN PEN NEEDLES	2		
ADVOCATE INSULIN SYRINGE	2		
ALCOH-GLOVE CONTOURED WIPE	2		
<i>alcohol pads</i>	3		
<i>alcohol prep</i>	3		
<i>alcohol swabs</i>	3		
ASSURE ID SAFETY PEN NEEDLES	2		
<i>aurora pen needles</i>	2		
<i>aurora unifine pentips</i>	2		
CAREFINE PEN NEEDLES	2		
<i>careone insulin syringe</i>	2		
<i>careone unifine pentips</i>	2		
<i>careone unifine pentips plus 29G X 12MM misc, 31G X 5 MM misc, 31G X 6 MM misc, 31G X 8 MM misc, 32G X 4 MM misc</i>	2		
CARETOUCH ALCOHOL PREP	2		
CARETOUCH INSULIN SYRINGE 28G X 5/16" 1 ml misc, 29G X 5/16" 1 ml misc	2		
CARETOUCH PEN NEEDLES 31G X 5 MM misc, 31G X 6 MM misc, 31G X 8 MM misc, 32G X 4 MM misc, 32G X 5 MM misc	2		
CLEVER CHOICE COMFORT EZ	2		

Drug Name	Drug Tier	Reference Name	Requirements/Limits
<i>clickfine pen needles 31G X 6 MM misc, 31G X 8 MM misc, 32G X 4 MM misc</i>	2		
CLICKFINE PEN NEEDLES	2		
COMFORT ASSIST INSULIN SYRINGE 29G X 1/2" 0.5 ml misc, 31G X 5/16" 0.3 ml misc	2		
COMFORT EZ INSULIN SYRINGE	2		
COMFORT EZ MICRO PEN NEEDLES	2		
COMFORT EZ PEN NEEDLES	2		
COMFORT EZ SHORT PEN NEEDLES	2		
CURITY ALCOHOL PREPS	2		
CURITY ALCOHOL SWABS	2		
<i>cvs alcohol prep pads</i>	2		
<i>cvs prep</i>	2		
DEXCOM G6 RECEIVER	2		PA, QL
DEXCOM G6 SENSOR	2		PA, QL
DEXCOM G6 TRANSMITTER	2		PA, QL
DROPLET INSULIN SYRINGE	2		
DROPLET MICRON	2		
DROPLET PEN NEEDLES	2		
<i>dropsafe safety pen needles</i>	2		
<i>drug mart unifine pentips</i>	2		
<i>drug mart unifine pentips plus</i>	2		
<i>easy comfort alcohol pads</i>	2		
<i>easy comfort insulin syringe</i>	2		
<i>easy comfort pen needles</i>	2		
<i>easy glide pen needles</i>	2		
EASY TOUCH ALCOHOL PREP MEDIUM	2		
EASY TOUCH FLIPLOCK INSULIN SY	2		
EASY TOUCH FLIPLOCK NEEDLES 30G X 1/2" misc	2		
EASY TOUCH HYPODERMIC NEEDLE 30G X 1/2" misc	2		

Drug Name	Drug Tier	Reference Name	Requirements/Limits
EASY TOUCH INSULIN SAFETY SYR	2		
EASY TOUCH INSULIN SYRINGE	2		
EASY TOUCH PEN NEEDLES 29G X 12MM misc, 30G X 5 MM misc, 30G X 8 MM misc, 31G X 5 MM misc, 31G X 6 MM misc, 31G X 8 MM misc, 32G X 4 MM misc, 32G X 5 MM misc, 32G X 6 MM misc	2		
EASY TOUCH SAFETY PEN NEEDLES	2		
EASY TOUCH SHEATHLOCK SYRINGE 29G X 1/2" 1 ml misc, 30G X 1/2" 1 ml misc, 30G X 5/16" 1 ml misc, 31G X 5/16" 1 ml misc	2		
<i>eqi alcohol swabs</i>	2		
<i>eqi insulin syringe</i>	2		
<i>essentra wipes 9x9"</i>	2		
EXEL COMFORT POINT INSULIN SYR	2		
EXEL COMFORT POINT PEN NEEDLE	2		
FIFTY50 ALCOHOL PREP	2		
FIFTY50 PEN NEEDLES	2		
FIFTY50 SUPERIOR COMFORT SYR	2		
<i>freds pharmacy unifine pentip+</i>	2		
<i>freds pharmacy unifine pentips</i>	2		
FREESTYLE FREEDOM LITE	2		
FREESTYLE LIBRE 14 DAY READER	2		PA, QL
FREESTYLE LIBRE 14 DAY SENSOR	2		PA, QL
FREESTYLE LIBRE 2 READER	2		PA, QL
FREESTYLE LIBRE 2 SENSOR	2		PA, QL
FREESTYLE LITE	2		
FREESTYLE PRECISION NEO SYSTEM	2		

Drug Name	Drug Tier	Reference Name	Requirements/Limits
<i>global alcohol prep ease</i>	2		
<i>global ease inject pen needles</i>	2		
<i>global easy glide insulin syr</i>	2		
<i>global easy glide pen needles</i>	2		
<i>global inject ease insulin syr</i>	2		
<i>global insulin syringes</i>	2		
GLUCOPRO INSULIN SYRINGE	2		
<i>gnp alcohol swabs</i>	2		
<i>gnp clickfine pen needles</i>	2		
<i>gnp insulin syringe</i>	2		
<i>gnp ulticare pen needles 31G X 5 MM misc</i>	2		
<i>gnp ultra com insulin syringe</i>	2		
<i>goodsense clickfine pen needle</i>	2		
GOODSENSE PEN NEEDLE PENFINE	2		
<i>healthwise insulin syr/needle</i>	2		
<i>healthwise micron pen needles</i>	2		
<i>healthwise mini pen needles</i>	2		
<i>healthwise pen needles</i>	2		
<i>healthwise short pen needles</i>	2		
<i>healthwise unifine pentips</i>	2		
<i>healthy accents unifine pentip</i>	2		
<i>h-e-b incontrol alcohol</i>	2		
<i>h-e-b incontrol pen needles</i>	2		
H-E-B INCONTROL UNIFINE PENTIP 32G X 4 MM misc	2		
<i>hm sterile alcohol prep</i>	2		
HM ULTICARE INSULIN SYRINGE	2		
HM ULTICARE SHORT PEN NEEDLES	2		
<i>hypodermic needle 30G X 1/2" misc</i>	3		
<i>insulin syringe</i>	3		
<i>insulin syringe/needle</i>	3		
<i>insulin syringe-needle u-100 29G X 1/2" 0.5 ml misc, 29G X 1/2" 1 ml misc, 30G X 5/16" 0.3 ml misc, 30G X 5/16" 0.5 ml misc, 30G X 5/16" 1</i>	3		

Drug Name	Drug Tier	Reference Name	Requirements/Limits
<i>ml misc, 31G X 1/4" 0.3 ml misc, 31G X 1/4" 0.5 ml misc, 31G X 1/4" 1 ml misc, 31G X 5/16" 0.3 ml misc, 31G X 5/16" 0.5 ml misc, 31G X 5/16" 1 ml misc</i>			
<i>insupen pen needles</i>	2		
INSUPEN SENSITIVE	2		
INSUPEN ULTRAFIN	2		
<i>kinray insulin syringe</i>	2		
<i>kmart valu insulin syringe 29g</i>	2		
<i>kmart valu insulin syringe 30g</i>	2		
<i>kroger insulin syringe</i>	2		
<i>kroger pen needles</i>	2		
<i>leader insulin syringe</i>	2		
LEADER UNIFINE PENTIPS	2		
LEADER UNIFINE PENTIPS PLUS	2		
LITETOUCH INSULIN SYRINGE	2		
LITETOUCH PEN NEEDLES	2		
<i>longs insulin syringe</i>	2		
MAGELLAN INSULIN SAFETY SYR	2		
MARATHON MEDICAL PENTIPS	2		
MAXICOMFORT II PEN NEEDLE	2		
MAXI-COMFORT INSULIN SYRINGE	2		
MAXI-COMFORT SAFETY PEN NEEDLE	2		
MAXICOMFORT SYR 27G X 1/2"	2		
<i>medic insulin syringe</i>	2		
<i>medicine shoppe pen needles</i>	2		
<i>meijer alcohol swabs</i>	2		
<i>meijer pen needles</i>	2		
MICRODOT PEN NEEDLE	2		
<i>mm insulin syringe/needle</i>	2		
MM PEN NEEDLES	2		
MONOJECT INSULIN SYRINGE	2		
MONOJECT ULTRA COMFORT SYRINGE	2		
<i>ms insulin syringe</i>	2		



Drug Name	Drug Tier	Reference Name	Requirements/Limits
NOVOFINE PEN NEEDLE	2		
NOVOFINE PLUS PEN NEEDLE	2		
NOVOTWIST PEN NEEDLE	2		
OMNIPOD DASH 5 PACK PODS	2		PA
<i>pc unifine pentips</i>	2		
<i>pen needles</i>	2		
<i>pen needles 1/2"</i>	2		
<i>pen needles 5/16"</i>	2		
PENTIPS	2		
PHARMACIST CHOICE ALCOHOL	2		
<i>poly hub needle 30G X 1/2" misc</i>	2		
PRECISION SURE-DOSE SYRINGE	2		
<i>preferred plus insulin syringe</i>	2		
<i>preferred plus unifine pentips</i>	2		
PREVENT SAFETY PEN NEEDLES	2		
<i>pro comfort alcohol</i>	2		
PRO COMFORT INSULIN SYRINGE	2		
<i>pro comfort pen needles</i>	2		
PRODIGY INSULIN SYRINGE	2		
<i>pure comfort alcohol prep</i>	2		
<i>pure comfort pen needle</i>	2		
<i>px extra short pen needles</i>	2		
<i>px insulin syringe</i>	2		
<i>px mini pen needles</i>	2		
<i>px pen needle</i>	2		
<i>px shortlength pen needles</i>	2		
<i>qc alcohol swabs</i>	2		
<i>qc pen needles</i>	2		
<i>qc unifine pentips</i>	2		
<i>ra alcohol swabs</i>	2		
<i>ra insulin syringe</i>	2		
<i>ra pen needles</i>	2		
<i>reality insulin syringe</i>	2		
<i>reality swabs</i>	2		
RELION ALCOHOL SWABS	2		
RELION INSULIN SYRINGE	2		

Drug Name	Drug Tier	Reference Name	Requirements/Limits
RELION MINI PEN NEEDLES	2		
RELION PEN NEEDLES	2		
RELION SHORT PEN NEEDLES	2		
<i>safety insulin syringes</i>	2		
<i>saps care alcohol prep</i>	2		
<i>saps health alcohol prep</i>	2		
<i>saps health alcohol prep</i>	2		
<i>saps health care alcohol prep</i>	2		
<i>sb alcohol prep</i>	2		
<i>sb insulin syringe</i>	2		
SECURESAFE INSULIN SYRINGE	2		
SHOPKO UNIFINE PENTIPS	2		
SHOPKO UNIFINE PENTIPS PLUS	2		
<i>sm alcohol prep pad, 70 % pad</i>	2		
<i>sure comfort alcohol prep</i>	2		
<i>sure comfort insulin syringe</i>	2		
<i>sure comfort pen needles</i>	2		
SURE-FINE PEN NEEDLES	2		
SURE-JECT INSULIN SYRINGE	2		
SURE-PREP ALCOHOL PREP	2		
<i>techlite insulin syringe</i>	2		
TECHLITE PEN NEEDLES	2		
<i>todays health mini pen needles</i>	2		
<i>todays health pen needles</i>	2		
<i>todays health short pen needle</i>	2		
<i>topcare clickfine pen needles</i>	2		
<i>topcare ultra comfort ins syr</i>	2		
<i>true comfort alcohol prep pads</i>	2		
<i>true comfort insulin syringe</i>	2		
<i>true comfort pen needles</i>	2		
<i>true comfort pro insulin syr 31G X 5/16" 0.5 ml misc, 31G X 5/16" 1 ml misc, 32G X 5/16" 0.5 ml misc</i>	2		
TRUEPLUS 5-BEVEL PEN NEEDLES	2		
TRUEPLUS INSULIN SYRINGE	2		
TRUEPLUS PEN NEEDLES	2		
ULTICARE ALCOHOL SWABS	2		

Drug Name	Drug Tier	Reference Name	Requirements/Limits
ULTICARE INSULIN SAFETY SYR	2		
ULTICARE INSULIN SYRINGE	2		
ULTICARE MICRO PEN NEEDLES	2		
ULTICARE MINI PEN NEEDLES 31G X 6 MM misc, 32G X 6 MM misc	2		
ULTICARE PEN NEEDLES	2		
ULTICARE SHORT PEN NEEDLES 31G X 8 MM misc	2		
<i>ultiguard safepack pen needle 31G X 5 MM misc, 31G X 6 MM misc, 31G X 8 MM misc, 32G X 4 MM misc, 32G X 6 MM misc</i>	2		
<i>ultilet alcohol swabs</i>	2		
ULTILET PEN NEEDLE	2		
<i>ultra comfort insulin syringe</i>	2		
ULTRA FLO INSULIN PEN NEEDLES 29G X 12MM misc	2		
ULTRA FLO INSULIN SYRINGE 29G X 1/2" 0.3 ml misc	2		
ULTRA THIN PEN NEEDLES	2		
<i>ultra-care alcohol prep pads</i>	2		
<i>ultracare insulin syringe</i>	2		
<i>ultracare pen needles</i>	2		
ULTRA-THIN II INS SYR SHORT	2		
ULTRA-THIN II INSULIN SYRINGE	2		
UNIFINE PENTIPS	2		
UNIFINE PENTIPS PLUS	2		
UNIFINE SAFECONTROL PEN NEEDLE	2		
<i>value health insulin syringe</i>	2		
<i>valumark pen needles</i>	2		
VANISHPOINT INSULIN SYRINGE	2		
VIDA MIA UNIFINE PENTIPS	2		
<i>vp insulin syringe</i>	2		
WEBCOL ALCOHOL PREP LARGE	2		
WEBCOL ALCOHOL PREP MEDIUM	2		

Drug Name	Drug Tier	Reference Name	Requirements/Limits
<i>wegmans unifine pentips plus</i>	2		
<b>DIABETES MELLITUS</b>			
<b>Diabetes Mellitus</b>			
FREESTYLE LITE TEST	2		
FREESTYLE PRECISION NEO TEST	2		
<b>DIGESTANTS</b>			
<b>Digestants</b>			
CREON	2		
ZENPEP 10000-32000 unit cap dr prt, 15000-47000 unit cap dr prt, 20000-63000 unit cap dr prt, 25000-79000 unit cap dr prt, 40000-126000 unit cap dr prt, 5000-24000 unit cap dr prt	3		PA
<b>DISEASE-MODIFYING ANTIRHEUMATIC DRUGS</b>			
<b>Disease-modifying Antirheumatic Drugs</b>			
ACTEMRA 162 mg/0.9ml sc soln pfs	6		PA
AVSOLA	6		PA
CIMZIA	6		PA
CIMZIA LYO	4		PA
ENBREL 25 mg sc soln	4		PA
ENBREL 25 mg/0.5ml sc soln, 25 mg/0.5ml sc soln pfs, 50 mg/ml sc soln pfs	4		PA
ENBREL MINI	4		PA
ENBREL SURECLICK	4		PA
HUMIRA	4		PA
HUMIRA PEN	4		PA
HUMIRA PEN-CD/UC/HS STARTER	4		PA
HUMIRA PEN-PEDIATRIC UC START	4		PA
HUMIRA PEN-PS/UV/ADOL HS START	4		PA
HUMIRA PEN-PSOR/UEVIT STARTER	4		PA
INFLECTRA	6		PA

Drug Name	Drug Tier	Reference Name	Requirements/Limits
KEVZARA	6		PA
KINERET	6		PA
<i>leflunomide 10 mg tab, 20 mg tab</i>	3	ARAVA	
OLUMIANT	6		PA
ORENCIA 250 mg iv soln	4		PA
ORENCIA 125 mg/ml sc soln pfs, 50 mg/0.4ml sc soln pfs, 87.5 mg/0.7ml sc soln pfs	4		PA
ORENCIA CLICKJECT	4		PA
OTEZLA	6		PA
REMICADE	4		PA
RENFLEXIS	6		PA
RINVOQ	4		PA
SIMPONI	6		PA
SIMPONI ARIA	4		PA
XELJANZ 10 mg tab, 5 mg tab	4		PA
XELJANZ 1 mg/ml soln	4		PA
XELJANZ XR	4		PA
<b>DIURETICS</b>			
<b>Loop Diuretics</b>			
<i>bumetanide 0.5 mg tab, 1 mg tab, 2 mg tab</i>	1	BUMEX	
<i>bumetanide 0.25 mg/ml inj soln</i>	3	BUMEX	
<i>furosemide 20 mg tab, 40 mg tab, 80 mg tab</i>	1	LASIX	
<i>furosemide 10 mg/ml inj soln, 10 mg/ml soln, 8 mg/ml soln</i>	1	LASIX	
<i>toremide</i>	1	DEMADEX	
<b>Potassium-sparing Diuretics</b>			
<i>amiloride hcl 5 mg tab</i>	3	MIDAMOR	
<i>amiloride-hydrochlorothiazide</i>	1	MODURETIC	
<i>triamterene-hctz 37.5-25 mg cap</i>	1	DYAZIDE	
<i>triamterene-hctz 37.5-25 mg tab, 75-50 mg tab</i>	1	MAXZIDE	
<b>Thiazide Diuretics</b>			
<i>hydrochlorothiazide 25 mg tab, 50 mg tab</i>	1	HYDRODIURIL	
<i>hydrochlorothiazide 12.5 mg cap, 12.5 mg tab</i>	1	MICROZIDE	

Drug Name	Drug Tier	Reference Name	Requirements/Limits
<b>Thiazide-like Diuretics</b>			
<i>chlorthalidone 25 mg tab, 50 mg tab</i>	1	HYGROTON	
<i>indapamide</i>	1	LOZOL	
<i>metolazone</i>	3	ZAROXOLYN	
<b>EENT DRUGS, MISCELLANEOUS</b>			
<b>Eent Drugs, Miscellaneous</b>			
<i>acetic acid 2 % otic soln</i>	1	VOSOL	
<i>apraclonidine hcl 0.5 % ophth soln</i>	3	IOPIDINE	
CYSTADROPS	6		PA
CYSTARAN	6		PA
<b>EMOLLIENTS, DEMULCENTS, AND PROTECTANTS</b>			
<b>Basic Lotions And Liniments</b>			
<i>ammonium lactate 12 % crm, 12 % lot</i>	3	LAC-HYDRIN	
<b>ENZYMES</b>			
<b>Enzymes</b>			
SUCRAID	6		PA
<b>ESTROGENS AND ANTIESTROGENS</b>			
<b>Antiestrogens</b>			
<i>anastrozole 1 mg tab</i>	1	ARIMIDEX	
<i>exemestane</i>	3	AROMASIN	
KISQALI FEMARA (400 MG DOSE)	6		PA
KISQALI FEMARA (600 MG DOSE)	6		PA
KISQALI FEMARA(200 MG DOSE)	6		PA
<i>letrozole 2.5 mg tab</i>	1	FEMARA	
<b>Estrogen Agonist-antagonists</b>			
<i>clomiphene citrate 50 mg tab</i>	3		
<i>raloxifene hcl</i>	3	EVISTA	QL
SOLTAMOX	3		PA
<i>tamoxifen citrate 10 mg tab, 20 mg tab</i>	1	NOLVADEX	
<i>toremifene citrate</i>	3	FARESTON	PA, QL
<b>Estrogens</b>			
<i>estradiol 0.025 mg/24hr tdwk patch, 0.0375 mg/24hr tdwk patch, 0.05 mg/24hr tdwk patch, 0.06 mg/24hr</i>	2	CLIMARA	

Drug Name	Drug Tier	Reference Name	Requirements/Limits
<i>tdwk patch, 0.075 mg/24hr tdwk patch, 0.1 mg/24hr tdwk patch</i>			
<i>estradiol 0.5 mg tab, 1 mg tab, 2 mg tab</i>	1	ESTRACE	
<i>estradiol 0.1 mg/gm vag crm</i>	2	ESTRACE	
<i>estradiol 10 mcg vag tab</i>	2	VAGIFEM	
<i>estradiol 0.025 mg/24hr tdbiw patch, 0.0375 mg/24hr tdbiw patch, 0.05 mg/24hr tdbiw patch, 0.075 mg/24hr tdbiw patch, 0.1 mg/24hr tdbiw patch</i>	2	VIVELLE-DOT	
<i>estradiol valerate 20 mg/ml im oil, 40 mg/ml im oil</i>	3	DELESTROGEN	
<i>norethindrone-eth estradiol 1-5 mg-mcg tab</i>	2	FEMHRT 1/5	
PREMARIN 0.3 mg tab, 0.45 mg tab, 0.625 mg tab, 0.9 mg tab, 1.25 mg tab	2		
PREMARIN 0.625 mg/gm vag crm	2		
PREMPHASE	2		
PREMPRO	2		
YUVAFEM	2		
<b>FIBROMYALGIA AGENTS</b>			
<b>Fibromyalgia Agents</b>			
SAVELLA	3		PA, QL
SAVELLA TITRATION PACK	3		PA, QL
<b>FIRST GENERATION ANTIHISTAMINES</b>			
<b>Derivatives, Miscellaneous</b>			
<i>cyproheptadine hcl 4 mg tab</i>	3	PERIACTIN	
<b>Phenothiazine Derivatives</b>			
<i>promethazine hcl 12.5 mg tab, 25 mg tab, 50 mg tab</i>	1	PHENERGAN	
<b>GENITOURINARY SMOOTH MUSCLE RELAXANTS</b>			
<b>Antimuscarinics</b>			
<i>darifenacin hydrobromide er</i>	2	ENABLEX	
<i>oxybutynin chloride 5 mg tab</i>	1	DITROPAN	
<i>oxybutynin chloride 5 mg/5ml syr</i>	1	DITROPAN	
<i>oxybutynin chloride er</i>	1	DITROPAN	
<i>tolterodine tartrate</i>	2	DETROL	

Drug Name	Drug Tier	Reference Name	Requirements/Limits
<i>tolterodine tartrate er</i>	2	DETROL LA	
TOVIAZ	2		
<b>B3-adrenergic Agonists</b>			
MYRBETRIQ 25 mg tab er 24 hr, 50 mg tab er 24 hr	3		PA
<b>GI DRUGS, MISCELLANEOUS</b>			
<b>GI Drugs, Miscellaneous</b>			
AMITIZA	3		PA, QL
GATTEX	6		PA
LINZESS	2		
MOVANTIK	3		PA, QL
OMVOH	5		PA
SKYRIZI 180 mg/1.2ml sc soln cart, 360 mg/2.4ml sc soln cart, 600 mg/10ml iv soln	4		PA
STELARA 130 mg/26ml iv soln	4		PA
SYMPROIC	3		PA, QL
<b>GONADOTROPINS AND ANTIGONADOTROPINS</b>			
<b>Antigonadotropins</b>			
ORGOVYX	6		PA
ORIAHNN	3		PA
ORLISSA	3		PA
<b>Gonadotropins</b>			
ELIGARD	6		PA
FOLLISTIM AQ	4		PA
<i>leuprolide acetate 1 mg/0.2ml inj kit</i>	4	LUPRON	PA
LUPRON DEPOT (1-MONTH)	6		PA
LUPRON DEPOT (3-MONTH)	6		PA
LUPRON DEPOT (4-MONTH)	6		PA
LUPRON DEPOT (6-MONTH)	6		PA
LUPRON DEPOT-PED (1-MONTH) 7.5 mg im kit	6		PA
SYNAREL	3		PA
TRELSTAR MIXJECT 11.25 mg im susp, 3.75 mg im susp	6		PA
<b>HEAVY METAL ANTAGONISTS</b>			
<b>Heavy Metal Antagonists</b>			
CHEMET	3		PA



Drug Name	Drug Tier	Reference Name	Requirements/Limits
<i>deferasirox 125 mg tab sol, 250 mg tab sol, 500 mg tab sol</i>	4	EXJADE	PA
<i>deferasirox 180 mg tab, 360 mg tab, 90 mg tab</i>	4	JADENU	PA
<i>deferasirox 180 mg pckt, 360 mg pckt</i>	4	JADENU SPRINKLE	PA
<i>deferasirox granules</i>	4	JADENU SPRINKLE	PA
<i>deferiprone 500 mg tab</i>	4	FERRIPROX	PA
DEPEN TITRATABS	6		PA
FERRIPROX 1000 mg tab	6		PA
FERRIPROX 100 mg/ml soln	6		PA
<i>penicillamine 250 mg tab</i>	4	DEPEN TITRATABS	PA
<i>trientine hcl</i>	4	SYPRINE	PA
<b>HEMATOPOIETIC AGENTS</b>			
<b>Hematopoietic Agents</b>			
EPOGEN	6		PA
GRANIX	5		PA
JESDUVROQ	3		PA
LEUKINE	6		PA
NEULASTA	4		PA
NEULASTA ONPRO	4		PA
NEUPOGEN	6		PA
NIVESTYM	4		PA
NYVEPRIA	4		PA
PROCRIT	6		PA
PROMACTA	6		PA
RETACRIT	5		PA
ROLVEDON	5		PA
RYZNEUTA	5		PA
UDENYCA	4		PA
ZARXIO	4		PA, QL
ZIEXTENZO	4		PA, QL
<b>HEMORRHEOLOGIC AGENTS</b>			
<b>Hemorrhheologic Agents</b>			
<i>pentoxifylline er</i>	1	TRENTAL	
<b>HYPOTENSIVE AGENTS</b>			
<b>Central Alpha-agonists</b>			
<i>clonidine</i>	3	CATAPRES-TTS	

Drug Name	Drug Tier	Reference Name	Requirements/Limits
<i>clonidine hcl 0.1 mg tab, 0.2 mg tab, 0.3 mg tab</i>	1	CATAPRES	
<i>guanfacine hcl</i>	1	TENEX	
<i>methyldopa</i>	1	ALDOMET	
<b>Direct Vasodilators</b>			
<i>hydralazine hcl 10 mg tab, 100 mg tab, 25 mg tab, 50 mg tab</i>	1	APRESOLINE	
<i>minoxidil 10 mg tab, 2.5 mg tab</i>	1	LONITEN	
<b>IMMUNOMODULATORY AGENTS</b>			
<b>Immunomodulatory Agents</b>			
ACTIMMUNE	6		PA
AUBAGIO	4		PA
AVONEX PEN	4		PA
AVONEX PREFILLED	4		PA
BAFIERTAM	6		PA
BETASERON	6		PA
BRIUMVI	4		PA
COPAXONE	6		PA
<i>dimethyl fumarate 120 mg cap dr, 240 mg cap dr</i>	4	TECFIDERA	PA
<i>dimethyl fumarate starter pack</i>	4	TECFIDERA STARTER PACK	PA
ENSPRYNG	6		PA
ENTYVIO	4		PA
EXTAVIA	4		PA
<i>glatiramer acetate</i>	4	COPAXONE	PA
GLATOPA 40 mg/ml sc soln pfs	4		PA
<i>glatopa 20 mg/ml sc soln pfs</i>	4	COPAXONE	PA
KESIMPTA	4		PA
MAYZENT	4		PA
MAYZENT STARTER PACK	4		PA
PLEGRIDY	4		PA
PLEGRIDY STARTER PACK	4		PA
REBIF	6		PA
TECFIDERA	6		PA
THALOMID	6		PA
VUMERITY	4		PA
ZEPOSIA	6		PA
ZEPOSIA 7-DAY STARTER PACK	6		PA

Drug Name	Drug Tier	Reference Name	Requirements/Limits
ZEPOSIA STARTER KIT	6		PA
<b>IMMUNOSUPPRESSIVE AGENTS</b>			
<b>Immunosuppressive Agents</b>			
<i>azathioprine 50 mg tab</i>	1	IMURAN	
BENLYSTA 200 mg/ml sc soln auto-inj, 200 mg/ml sc soln pfs	6		PA
<i>cyclosporine 100 mg cap, 25 mg cap</i>	3	SANDIMMUNE	
<i>cyclosporine modified 100 mg cap, 25 mg cap, 50 mg cap</i>	3	NEORAL	
<i>cyclosporine modified 100 mg/ml soln</i>	3	NEORAL	
ENVARUSUS XR	3		PA
<i>everolimus 0.25 mg tab, 0.5 mg tab, 0.75 mg tab</i>	3	ZORTRESS	QL
GENGRAF 100 mg/ml soln	3		
MAVENCLAD (10 TABS)	6		PA
MAVENCLAD (4 TABS)	6		PA
MAVENCLAD (5 TABS)	6		PA
MAVENCLAD (6 TABS)	6		PA
MAVENCLAD (7 TABS)	6		PA
MAVENCLAD (8 TABS)	6		PA
MAVENCLAD (9 TABS)	6		PA
<i>mycophenolate mofetil 250 mg cap, 500 mg tab</i>	3	CELLCEPT	
<i>mycophenolate mofetil 200 mg/ml susp</i>	3	CELLCEPT	
<i>mycophenolate sodium</i>	3	MYFORTIC	
PROGRAF 0.2 mg pkt, 1 mg pkt	3		PA
SANDIMMUNE 100 mg/ml soln	3		PA
<i>sirolimus 0.5 mg tab, 1 mg tab, 2 mg tab</i>	3	RAPAMUNE	
<i>sirolimus 1 mg/ml soln</i>	3	RAPAMUNE	
<i>tacrolimus 0.5 mg cap, 1 mg cap, 5 mg cap</i>	3	PROGRAF	
ZORTRESS 0.5 mg tab, 0.75 mg tab, 1 mg tab	3		PA
<b>ION-REMOVING AGENTS</b>			
<b>Phosphate-removing Agents</b>			

Drug Name	Drug Tier	Reference Name	Requirements/Limits
<i>sevelamer carbonate</i>	3	RENVELA	
<i>sevelamer hcl</i>	3	RENAGEL	
<b>Potassium-removing Agents</b>			
LOKELMA	2		QL
<i>sodium polystyrene sulfonate oral pwr</i>	3	KAYEXALATE	
<i>sodium polystyrene sulfonate 30 gm/120ml Rectal Suspension, 50 gm/200ml Rectal Suspension</i>	3	SPS	
SPS	3		
<b>LOCAL ANESTHETICS</b>			
<b>Local Anesthetics</b>			
<i>lidocaine hcl 4 % m/t soln</i>	1	XYLOCAINE	
<i>lidocaine viscous hcl</i>	1	XYLOCAINE	
<b>MUCOLYTIC AGENTS</b>			
<b>Mucolytic Agents</b>			
PULMOZYME	6		PA
<b>MYDRIATICS</b>			
<b>Mydriatics</b>			
<i>atropine sulfate 1 % ophth soln</i>	3	ISOPTO ATROPINE	
<b>OPIATE ANTAGONISTS</b>			
<b>Opiate Antagonists</b>			
LUCEMRYA	4		PA
<i>naloxone hcl 0.4 mg/ml inj soln, 0.4 mg/ml inj soln cart, 2 mg/2ml inj soln pfs, 4 mg/10ml inj soln</i>	1	NARCAN	
<i>naltrexone hcl 50 mg tab</i>	1	REVIA	
NARCAN	3		PA
ZIMHI	4		PA
<b>OTHER MISCELLANEOUS THERAPEUTIC AGENTS</b>			
<b>Other Miscellaneous Therapeutic Agents</b>			
AGAMREE	5		PA
AMPYRA	6		PA
AMVUTTRA	5		PA
ARCALYST	6		PA
CYSTADANE	6		PA
CYSTAGON	3		PA
<i>dalfampridine er</i>	4	AMPYRA	PA, QL
DAYBUE	4		PA

Drug Name	Drug Tier	Reference Name	Requirements/Limits
DYSPORT	4		PA
ENJAYMO	5		PA
ELMIRON	3		PA
ENDARI	3		PA, QL
EUFLEXXA	4		PA
EVRYSDI	6		PA
EXXUA	3		
FABHALTA	4		PA
FIRDAPSE	6		PA
GALAFOLD	6		PA
ISTURISA	6		PA
JOENJA	4		PA
<i>levocarnitine 330 mg tab</i>	3	CARNITOR	
<i>levocarnitine 1 gm/10ml soln</i>	3	CARNITOR	
<i>levocarnitine sf</i>	3	CARNITOR	
<i>metyrosine</i>	3	DEMSEER	PA
<i>miglustat</i>	4	ZAVESCA	PA
<i>nitisinone 10 mg cap, 2 mg cap, 5 mg cap</i>	4	ORFADIN	PA
ORFADIN 10 mg cap, 2 mg cap, 20 mg cap, 5 mg cap	6		PA
ORFADIN 4 mg/ml susp	6		PA
PAXLOVID	2		
PYRUKYND	5		PA
RELYVRIO	4		
REZUROCK	5		PA
RIVFLOZA	4		PA
<i>sapropterin dihydrochloride</i>	4	KUVAN	PA
SOHONOS	4		PA
SKYCLARYS	4		PA
SYNVISC	4		PA
SYNVISC-ONE	4		PA
TYBOST	3		PA, QL
VELSIPITY	5		PA
VEOZAH	2		
VOQUEZNA	3		QL
VTAMA	5		PA
WAINUA	5		PA
XEOMIN	4		PA

Drug Name	Drug Tier	Reference Name	Requirements/Limits
XURIDEN	6		PA
ZILBRYSQ	4		PA
ZORYVE	3		PA
ZURZUVAE	3		
<b>PARASYMPATHOMIMETIC (CHOLINERGIC) AGENTS</b>			
<b>Parasympathomimetic (cholinergic) Agents</b>			
<i>bethanechol chloride 10 mg tab, 25 mg tab, 5 mg tab, 50 mg tab</i>	3	URECHOLINE	
<i>donepezil hcl 10 mg tab, 5 mg tab</i>	1	ARICEPT	
<i>donepezil hcl 23 mg tab</i>	3	ARICEPT	
<i>donepezil hcl 10 mg tab disint, 5 mg tab disint</i>	3	ARICEPT ODT	
<i>galantamine hydrobromide 12 mg tab, 4 mg tab, 8 mg tab</i>	3	RAZADYNE	QL
<i>galantamine hydrobromide 4 mg/ml soln</i>	3	RAZADYNE	QL
<i>galantamine hydrobromide er</i>	3	RAZADYNE ER	QL
<i>pilocarpine hcl 5 mg tab, 7.5 mg tab</i>	3	SALAGEN	
<i>pyridostigmine bromide 60 mg tab</i>	1	MESTINON	
<i>pyridostigmine bromide 60 mg/5ml soln</i>	3	MESTINON	
<i>rivastigmine</i>	3	EXELON	
<i>rivastigmine tartrate</i>	3	EXELON	QL
<b>PARATHYROID AND ANTIPARATHYROID AGENTS</b>			
<b>Antiparathyroid Agents</b>			
<i>calcitonin (salmon) 200 unit/act nasal soln</i>	3	MIACALCIN	
<i>cinacalcet hcl</i>	3	SENSIPAR	QL
<b>Parathyroid Agents</b>			
FORTEO	6		PA
NATPARA	6		PA
<i>teriparatide (recombinant)</i>	4		PA
TYMLOS	6		PA
<b>PHOSPHODIESTERASE TYPE 4 INHIBITORS</b>			
<b>Phosphodiesterase Type 4 Inhibitors</b>			
DALIRESP	3		PA, QL
<b>PITUITARY</b>			
<b>Pituitary</b>			
<i>desmopressin ace spray refrig</i>	3	MINIRIN	

Drug Name	Drug Tier	Reference Name	Requirements/Limits
<i>desmopressin acetate 0.1 mg tab, 0.2 mg tab</i>	3	DDAVP	
<i>desmopressin acetate spray</i>	3	DDVAP	
<b>PROGESTINS</b>			
<b>Progestins</b>			
ENDOMETRIN	2		PA
<i>medroxyprogesterone acetate 150 mg/ml im susp, 150 mg/ml im susp pfs</i>	3	DEPO-PROVERA	
<i>medroxyprogesterone acetate 10 mg tab, 2.5 mg tab, 5 mg tab</i>	1	PROVERA	
<i>megestrol acetate 20 mg tab, 40 mg tab</i>	1	MEGACE	
<i>megestrol acetate 40 mg/ml susp, 400 mg/10ml susp, 625 mg/5ml susp</i>	3	MEGACE	
<i>norethindrone acetate 5 mg tab</i>	3	AYGESTIN	
<i>progesterone 100 mg cap, 200 mg cap</i>	3	PROMETRIUM	
<b>PROKINETIC AGENTS</b>			
<b>Prokinetic Agents</b>			
<i>metoclopramide hcl 10 mg tab, 5 mg tab</i>	1	REGLAN	
<i>metoclopramide hcl 10 mg/10ml soln, 5 mg/5ml soln</i>	1	REGLAN	
<b>PROTECTIVE AGENTS</b>			
<b>Protective Agents</b>			
MESNEX 400 mg tab	6		PA
<b>PSYCHOTHERAPEUTIC AGENTS</b>			
<b>Antidepressants</b>			
<i>amitriptyline hcl 10 mg tab, 100 mg tab, 150 mg tab, 25 mg tab, 50 mg tab, 75 mg tab</i>	1	ELAVIL	
<i>amoxapine</i>	3	ASENDIN	
AUVELITY	3		
<i>bupropion hcl 100 mg tab, 75 mg tab</i>	3	WELLBUTRIN	QL
<i>bupropion hcl er (smoking det)</i>	3	ZYBAN	
<i>bupropion hcl er (sr)</i>	3	WELLBUTRIN SR	QL

Drug Name	Drug Tier	Reference Name	Requirements/Limits
<i>bupropion hcl er (xl) 150 mg tab er 24 hr, 300 mg tab er 24 hr</i>	3	WELLBUTRIN XL	QL
<i>citalopram hydrobromide 10 mg tab, 20 mg tab, 40 mg tab</i>	1	CELEXA	
<i>citalopram hydrobromide 10 mg/5ml soln</i>	3	CELEXA	
<i>clomipramine hcl 25 mg cap, 50 mg cap, 75 mg cap</i>	3	ANAFRANIL	
<i>desipramine hcl 10 mg tab, 100 mg tab, 150 mg tab, 25 mg tab, 50 mg tab, 75 mg tab</i>	3	NORPRAMIN	
<i>desvenlafaxine er</i>	3	KHEDEZLA	QL
<i>desvenlafaxine succinate er</i>	3	PRISTIQ	QL
<i>doxepin hcl 3 mg tab, 6 mg tab</i>	3	SILENOR	
<i>doxepin hcl 10 mg cap, 100 mg cap, 150 mg cap, 25 mg cap, 50 mg cap, 75 mg cap</i>	3	SINEQUAN	
<i>doxepin hcl 10 mg/ml oral conc</i>	3	SINEQUAN	
DRIZALMA SPRINKLE	3		PA, QL
<i>duloxetine hcl 20 mg cap dr prt, 30 mg cap dr prt, 60 mg cap dr prt</i>	3	CYMBALTA	QL
<i>duloxetine hcl 40 mg cap dr prt</i>	3	IRENKA	QL
<i>escitalopram oxalate 10 mg tab, 20 mg tab, 5 mg tab</i>	1	LEXAPRO	
<i>escitalopram oxalate 5 mg/5ml soln</i>	3	LEXAPRO	QL
<i>fluoxetine hcl 10 mg cap, 20 mg cap, 40 mg cap</i>	1	PROZAC	
<i>fluoxetine hcl 20 mg/5ml soln</i>	1	PROZAC	
<i>fluoxetine hcl 10 mg tab, 20 mg tab</i>	3	PROZAC	
<i>fluoxetine hcl (pmdd)</i>	3	SARAFEM	
<i>fluvoxamine maleate</i>	3	LUVOX	QL
<i>imipramine hcl 10 mg tab, 25 mg tab, 50 mg tab</i>	3	TOFRANIL	
MARPLAN	3		PA, QL
<i>mirtazapine 15 mg tab, 30 mg tab, 45 mg tab, 7.5 mg tab</i>	1	REMERON	QL
<i>mirtazapine 15 mg tab disint, 30 mg tab disint, 45 mg tab disint</i>	3	REMERON	QL
<i>nefazodone hcl</i>	3	SERZONE	



Drug Name	Drug Tier	Reference Name	Requirements/Limits
<i>nortriptyline hcl 10 mg cap, 25 mg cap, 50 mg cap, 75 mg cap</i>	1	PAMELOR	
<i>nortriptyline hcl 10 mg/5ml soln</i>	3	PAMELOR	
<i>paroxetine hcl 10 mg tab, 20 mg tab, 30 mg tab, 40 mg tab</i>	1	PAXIL	
PAXIL 10 mg/5ml susp	3		PA, QL
<i>perphenazine-amitriptyline</i>	3	TRIAVIL	
<i>phenelzine sulfate 15 mg tab</i>	3	NARDIL	
<i>protriptyline hcl</i>	3	VIVACTIL	
<i>sertraline hcl 100 mg tab, 25 mg tab, 50 mg tab</i>	1	ZOLOFT	
<i>sertraline hcl 20 mg/ml oral conc</i>	3	ZOLOFT	
<i>tranylcypromine sulfate</i>	3	PARNATE	
<i>trazodone hcl 100 mg tab, 150 mg tab, 50 mg tab</i>	1	DESYREL	
<i>trazodone hcl 300 mg tab</i>	3	DESYREL	
<i>trimipramine maleate 100 mg cap, 25 mg cap, 50 mg cap</i>	3	SURMONTIL	
TRINTELLIX	3		PA, QL
<i>venlafaxine hcl</i>	1	EFFEXOR	
<i>venlafaxine hcl er 150 mg cap er 24 hr, 37.5 mg cap er 24 hr, 75 mg cap er 24 hr</i>	1	EFFEXOR XR	QL
VIIBRYD	3		PA, QL
VIIBRYD STARTER PACK	3		PA, QL
<b>Antipsychotics</b>			
ABILIFY MAINTENA	3		PA
<i>aripiprazole 10 mg tab, 15 mg tab, 2 mg tab, 20 mg tab, 30 mg tab, 5 mg tab</i>	3	ABILIFY	QL
<i>aripiprazole 1 mg/ml soln</i>	3	ABILIFY	QL
<i>aripiprazole 10 mg tab disint, 15 mg tab disint</i>	3	ABILIFY DISCMELT	QL
<i>asenapine maleate</i>	3	SAPHRIS	
CAPLYTA	3		PA
<i>chlorpromazine hcl 10 mg tab, 100 mg tab, 200 mg tab, 25 mg tab, 50 mg tab</i>	3	THORAZINE	

Drug Name	Drug Tier	Reference Name	Requirements/Limits
<i>clozapine 100 mg tab, 200 mg tab, 25 mg tab, 50 mg tab</i>	3	CLOZARIL	QL
<i>clozapine 100 mg tab disint, 12.5 mg tab disint, 150 mg tab disint, 200 mg tab disint, 25 mg tab disint</i>	3	FAZACLO	ST, QL
FANAPT	3		PA, QL
FANAPT TITRATION PACK	3		PA, QL
<i>fluphenazine decanoate 25 mg/ml inj soln</i>	3	PROLIXIN	
<i>fluphenazine hcl 1 mg tab, 10 mg tab, 2.5 mg tab, 5 mg tab</i>	1	PROLIXIN	
<i>fluphenazine hcl 2.5 mg/5ml oral elix, 2.5 mg/ml inj soln, 5 mg/ml oral conc</i>	3	PROLIXIN	
<i>haloperidol 0.5 mg tab</i>	1	HALDOL	
<i>haloperidol 1 mg tab, 10 mg tab, 2 mg tab, 20 mg tab, 5 mg tab</i>	3	HALDOL	
<i>haloperidol decanoate 100 mg/ml im soln, 50 mg/ml im soln</i>	3	HALDOL	
<i>haloperidol lactate</i>	3	HALDOL	
<i>loxapine succinate</i>	3	LOXITANE	
<i>molindone hcl</i>	3	MOBAN	
NUPLAZID	6		PA
<i>olanzapine 10 mg tab, 15 mg tab, 2.5 mg tab, 20 mg tab, 5 mg tab, 7.5 mg tab</i>	3	ZYPREXA	
<i>olanzapine 10 mg im soln</i>	3	ZYPREXA	QL
<i>olanzapine 10 mg tab disint, 15 mg tab disint, 20 mg tab disint, 5 mg tab disint</i>	3	ZYPREXA ZYDIS	
<i>paliperidone er</i>	3	INVEGA	QL
<i>perphenazine 16 mg tab, 2 mg tab, 4 mg tab, 8 mg tab</i>	3	TRILAFON	
<i>pimozide</i>	3	ORAP	
<i>prochlorperazine</i>	3	COMPRO	
<i>prochlorperazine maleate 10 mg tab, 5 mg tab</i>	1	COMPAZINE	
<i>quetiapine fumarate</i>	3	SEROQUEL	QL
<i>quetiapine fumarate er</i>	3	SEROQUEL XR	

Drug Name	Drug Tier	Reference Name	Requirements/Limits
REXULTI	6		PA
RISPERDAL CONSTA 12.5 mg Intramuscular Suspension Reconstituted ER	3		PA
<i>risperidone 0.25 mg tab, 0.5 mg tab, 1 mg tab, 2 mg tab, 3 mg tab, 4 mg tab</i>	1	RISPERDAL	
<i>risperidone 0.25 mg tab disint, 0.5 mg tab disint, 1 mg tab disint, 2 mg tab disint, 3 mg tab disint, 4 mg tab disint</i>	3	RISPERDAL	QL
<i>risperidone 1 mg/ml soln</i>	3	RISPERDAL	QL
SECUADO	3		PA
<i>thioridazine hcl 10 mg tab, 100 mg tab, 25 mg tab, 50 mg tab</i>	3	MELLARIL	
<i>thiothixene</i>	3	NAVANE	
<i>trifluoperazine hcl</i>	3	STELAZINE	
VERSACLOZ	3		PA, QL
VRAYLAR	3		PA, QL
<i>ziprasidone hcl</i>	3	GEODON	QL
<i>ziprasidone mesylate</i>	3	GEODON	QL
ZYPREXA RELPREVV 210 mg im susp	3		PA, QL
<b>RENIN-ANGIOTENSIN-ALDOSTERONE SYS INHIB</b>			
<b>Angiotensin II Receptor Antagonists</b>			
<i>candesartan cilexetil</i>	3	ATACAND	
<i>candesartan cilexetil-hctz</i>	3	ATACAND HCT	
FILSPARI	3		PA
<i>irbesartan</i>	1	AVAPRO	
<i>irbesartan-hydrochlorothiazide</i>	1	AVALIDE	
<i>losartan potassium 100 mg tab, 25 mg tab, 50 mg tab</i>	1	COZAAR	
<i>losartan potassium-hctz</i>	1	HYZAAR	
<i>olmesartan medoxomil 20 mg tab, 40 mg tab, 5 mg tab</i>	1	BENICAR	
<i>olmesartan medoxomil-hctz</i>	3	BENICAR HCT	
<i>telmisartan</i>	1	MICARDIS	QL
<i>telmisartan-hctz</i>	3	MICARDIS-HCT	QL
<i>valsartan</i>	1	DIOVAN	

Drug Name	Drug Tier	Reference Name	Requirements/Limits
<i>valsartan-hydrochlorothiazide</i>	1	DIOVAN HCT	
<b>Angiotensin-converting Enzyme Inhibitors</b>			
<i>benazepril hcl 10 mg tab, 20 mg tab, 40 mg tab, 5 mg tab</i>	1	LOTENSIN	
<i>benazepril-hydrochlorothiazide</i>	1	LOTENSIN HCT	
<i>captopril 100 mg tab, 12.5 mg tab, 25 mg tab, 50 mg tab</i>	3	CAPOTEN	
<i>enalapril maleate 10 mg tab, 2.5 mg tab, 20 mg tab, 5 mg tab</i>	1	VASOTEC	
<i>enalapril-hydrochlorothiazide</i>	1	VASERETIC	
<i>fosinopril sodium</i>	1	MONOPRIL	
<i>fosinopril sodium-hctz</i>	1	MONOPRIL-HCT	
<i>lisinopril 10 mg tab, 2.5 mg tab, 20 mg tab, 30 mg tab, 40 mg tab, 5 mg tab</i>	1	ZESTRIL	
<i>lisinopril-hydrochlorothiazide</i>	1	ZESTORETIC	
<i>moexipril hcl</i>	1	UNIVASC	
<i>perindopril erbumine</i>	1	ACEON	
<i>quinapril hcl</i>	1	ACCUPRIL	
<i>quinapril-hydrochlorothiazide</i>	1	ACCURETIC	
<i>ramipril</i>	1	ALTACE	
<i>trandolapril</i>	1	MAVIK	
<b>Mineralocorticoid (aldost) Recept Antag</b>			
<i>eplerenone</i>	3	INSPRA	
<i>spironolactone 100 mg tab, 25 mg tab, 50 mg tab</i>	1	ALDACTONE	
<i>spironolactone-hctz 25-25 mg tab</i>	1	ALDACTAZIDE	
<b>Renin Inhibitors</b>			
<i>aliskiren fumarate</i>	3	TEKTURNA	
<b>Renin-angiotensin-aldosterone System Inhibitors, Misc</b>			
ENTRESTO	2		
<b>REPLACEMENT PREPARATIONS</b>			
<b>Replacement Preparations</b>			
<i>calcium acetate 667 mg tab</i>	3	ELIPHOS	
<i>calcium acetate (phos binder) 667 mg tab</i>	3	ELIPHOS	
<i>calcium acetate (phos binder) 667 mg cap</i>	3	PHOSLO	
KLOR-CON M10	3		

Drug Name	Drug Tier	Reference Name	Requirements/Limits
<b>KLOR-CON M15</b>	3		
<i>potassium chloride 2 meq/ml iv soln, 20 meq/100ml iv soln, 20 meq/50ml iv soln</i>	3		
<i>potassium chloride 10 % soln, 20 MEQ/15ML (10%) soln, 40 MEQ/15ML (20%) soln</i>	3	K-SOL	
<i>potassium chloride crys er 10 meq tab er</i>	1		
<i>potassium chloride crys er 20 meq tab er</i>	1	KLOR-CON	
<i>potassium chloride er 20 meq tab er</i>	1	K-TAB	
<i>potassium chloride er 10 meq tab er, 8 meq tab er</i>	1	KLOR-CON	
<i>potassium chloride er 10 meq cap er, 8 meq cap er</i>	3	MICRO-K	
<b>RESPIRATORY SMOOTH MUSCLE RELAXANTS</b>			
<b>Respiratory Smooth Muscle Relaxants</b>			
<i>theophylline 80 mg/15ml soln</i>	3		
<i>theophylline er 300 mg tab er 12 hr</i>	1	THEO-DUR	
<i>theophylline er 400 mg tab er 24 hr, 600 mg tab er 24 hr</i>	1	UNIPHYL	
<b>RESPIRATORY TRACT AGENTS, MISCELLANEOUS</b>			
<b>Respiratory Tract Agents, Miscellaneous</b>			
PROLASTIN-C	6		PA
XOLAIR 150 mg sc soln	6		PA
XOLAIR 150 mg/ml sc soln pfs, 75 mg/0.5ml sc soln pfs	6		PA
<b>SECOND GENERATION ANTIHISTAMINES</b>			
<b>Second Generation Antihistamines</b>			
<i>cetirizine hcl 1 mg/ml soln, 5 mg/5ml soln</i>	1	ZYRTEC	
<i>desloratadine 5 mg tab</i>	1	CLARINEX	
<i>levocetirizine dihydrochloride 5 mg tab</i>	1	XYZAL	
<b>SKELETAL MUSCLE RELAXANTS</b>			
<b>Centrally Acting Skeletal Muscle Relaxants</b>			

Drug Name	Drug Tier	Reference Name	Requirements/Limits
<i>carisoprodol 250 mg tab, 350 mg tab</i>	3	SOMA	QL
<i>cyclobenzaprine hcl 10 mg tab, 5 mg tab</i>	1	FLEXERIL	QL
<i>metaxalone 800 mg tab</i>	3	SKELAXIN	
<i>methocarbamol 500 mg tab, 750 mg tab</i>	3	ROBAXIN	
<i>tizanidine hcl 2 mg tab, 4 mg tab</i>	1	ZANAFLEX	
<b>Gaba-derivative Skeletal Muscle Relaxants</b>			
<i>baclofen 5 mg tab</i>	1		
<i>baclofen 10 mg tab, 20 mg tab</i>	1	LIORESAL	
<b>Skeletal Muscle Relaxants, Miscellaneous</b>			
<i>orphenadrine citrate er</i>	3	NORFLEX	
<b>SKIN AND MUCOUS MEMBRANE AGENTS, MISC</b>			
<b>Skin And Mucous Membrane Agents, Misc</b>			
<i>acitretin</i>	3	SORIATANE	
ADBRY	5		PA
AMNESTEEM	3		
<i>bimatoprost 0.03 % ext soln</i>	3		
BIMZELX	5		PA
<i>calcipotriene 0.005 % ext soln</i>	3	DOVONEX	
CIBINQO	3		PA
CLARAVIS	3		
COSENTYX	4		PA
COSENTYX (300 MG DOSE)	4		PA
COSENTYX SENSOREADY (300 MG)	4		PA
COSENTYX SENSOREADY PEN	4		PA
DUPIXENT 200 mg/1.14ml sc soln pen-inj, 300 mg/2ml sc soln pen-inj, 300 mg/2ml sc soln pfs	4		PA
<i>fluorouracil 2 % ext soln</i>	1	EFUDEX	
<i>fluorouracil 5 % crm</i>	3	EFUDEX	
<i>fluorouracil 5 % ext soln</i>	3	EFUDEX	
ILUMYA	6		PA
<i>imiquimod 5 % crm</i>	3	ALDARA	
<i>isotretinoin 10 mg cap, 20 mg cap, 30 mg cap, 40 mg cap</i>	3	ABSORICA	
<i>pimecrolimus</i>	3	ELIDEL	

Drug Name	Drug Tier	Reference Name	Requirements/Limits
<i>podofilox 0.5 % ext soln</i>	3	CONDYLOX	
RECTIV	3		PA
REGRANEX	3		PA
SANTYL	3		PA
SILIQ	6		PA
SKYRIZI	4		PA
SKYRIZI (150 MG DOSE)	4		PA
SKYRIZI PEN	4		PA
SOTYKTU	5		PA
STELARA 45 mg/0.5ml sc soln, 45 mg/0.5ml sc soln pfs, 90 mg/ml sc soln pfs	6		PA
<i>tacrolimus 0.1 % oint</i>	3	PROTOPIC	
TARGRETIN 1 % gel	6		PA
<i>tazarotene 0.1 % crm</i>	3	TAZORAC	
TAZORAC 0.05 % crm, 0.05 % gel, 0.1 % gel	3		PA
TREMFYA	6		PA
VALCHLOR	6		PA
<b>SOMATOSTATIN AGONISTS AND ANTAGONISTS</b>			
<b>Somatostatin Agonists</b>			
<i>octreotide acetate 100 mcg/ml sc soln pfs, 50 mcg/ml sc soln pfs, 500 mcg/ml sc soln pfs</i>	4		PA
<i>octreotide acetate 100 mcg/ml inj soln, 1000 mcg/ml inj soln, 200 mcg/ml inj soln, 50 mcg/ml inj soln, 500 mcg/ml inj soln</i>	4	SANDOSTATIN	PA
SIGNIFOR	6		PA
SOMATULINE DEPOT	4		PA
<b>SOMATOTROPIN AGONISTS AND ANTAGONISTS</b>			
<b>Somatotropin Agonists</b>			
GENOTROPIN	4		PA
GENOTROPIN MINIQUICK	4		PA
HUMATROPE	5		PA
INCRELEX	6		PA
NGENLA	5		PA
OMNITROPE 10 mg/1.5ml sc soln cart, 5 mg/1.5ml sc soln cart	4		PA

Drug Name	Drug Tier	Reference Name	Requirements/Limits
OMNITROPE 5.8 mg sc soln	5		PA
ZOMACTON	5		PA
<b>Somatotropin Antagonists</b>			
SOMAVERT	6		PA
<b>Miscellaneous Agents</b>			
VOXZOGO	5		PA
<b>SYMPATHOLYTIC (ADRENERGIC BLOCKING) AGENTS</b>			
<b>Alpha-adrenergic Blocking Agents</b>			
<i>alfuzosin hcl er</i>	1	UROXATRAL	
<i>dihydroergotamine mesylate 4 mg/ml nasal soln</i>	1	MIGRANAL	PA, QL
<i>ergoloid mesylates 1 mg tab</i>	3	HYDERGINE	
<i>silodosin</i>	3	RAPAFLO	
<i>tamsulosin hcl</i>	1	FLOMAX	
<b>SYMPATHOMIMETIC (ADRENERGIC) AGENTS</b>			
<b>Alpha- And Beta-adrenergic Agonists</b>			
<i>epinephrine 0.15 mg/0.15ml inj soln auto-inj, 0.3 mg/0.3ml inj soln auto-inj</i>	1	ADRENACLICK	
<i>epinephrine 0.15 mg/0.3ml inj soln auto-inj</i>	1	EPIPEN JR	
NORTHERA	6		PA
<b>Alpha-adrenergic Agonists</b>			
<i>midodrine hcl</i>	3	PROAMATINE	
<b>Beta-adrenergic Agonists</b>			
AIRSUPRA	3		
<i>albuterol sulfate 0.63 mg/3ml inh neb soln, 1.25 mg/3ml inh neb soln</i>	1	ACCUNEB	
<i>albuterol sulfate 2.5 mg/0.5ml inh neb soln</i>	1	PROVENTIL	
<i>albuterol sulfate (2.5 MG/3ML) 0.083% inh neb soln, (5 MG/ML) 0.5% inh neb soln, 2 mg/5ml syr</i>	1	PROVENTIL	
<i>albuterol sulfate 2 mg tab, 4 mg tab</i>	3	PROVENTIL	
<i>albuterol sulfate hfa</i>	1	PROAIR HFA	QL
COMBIVENT RESPIMAT	2		
<i>fluticasone-salmeterol 100-50 mcg/dose inh aer pwr br act, 250-50 mcg/dose inh aer pwr br act,</i>	1	ADVAIR DISKUS	QL



Drug Name	Drug Tier	Reference Name	Requirements/Limits
<i>500-50 mcg/dose inh aer pwdr br act</i>			
<i>ipratropium-albuterol 0.5-2.5 (3) mg/3ml inh soln</i>	1	DUONEB	
STRIVERDI RESPIMAT	2		
<i>terbutaline sulfate 2.5 mg tab, 5 mg tab</i>	3	BRETHINE	
VENTOLIN HFA	3		PA, QL
WIXELA INHUB	1		QL
<b>THYROID AND ANTITHYROID AGENTS</b>			
<b>Antithyroid Agents</b>			
<i>methimazole 10 mg tab, 5 mg tab</i>	1	TAPAZOLE	
<i>propylthiouracil 50 mg tab</i>	3		
<b>Thyroid Agents</b>			
<i>levothyroxine sodium 100 mcg tab, 112 mcg tab, 125 mcg tab, 137 mcg tab, 150 mcg tab, 175 mcg tab, 200 mcg tab, 25 mcg tab, 300 mcg tab, 50 mcg tab, 75 mcg tab, 88 mcg tab</i>	1	SYNTHROID	
<i>liothyronine sodium 25 mcg tab, 5 mcg tab, 50 mcg tab</i>	3	CYTOMEL	
<b>TOXOIDS</b>			
<b>Toxoids</b>			
ADACEL	2		
BOOSTRIX	2		
DAPTACEL	2		
<i>diphtheria-tetanus toxoids dt</i>	3		
INFANRIX	2		
KINRIX	2		
QUADRACEL	2		
<i>tetanus-diphtheria toxoids td 2-2 lf/0.5ml im susp</i>	2		
<b>URICOSURIC AGENTS</b>			
<b>Uricosuric Agents</b>			
<i>colchicine-probenecid</i>	3	COLBENEMID	
<i>probenecid</i>	3	BENEMID	
<b>URINARY ANTI-INFECTIVES</b>			
<b>Urinary Anti-infectives</b>			

Drug Name	Drug Tier	Reference Name	Requirements/Limits
<i>methenamine hippurate</i>	3	HIPREX	
<i>nitrofurantoin 25 mg/5ml susp</i>	3	FURADANTIN	
<i>nitrofurantoin macrocrystal 100 mg cap, 50 mg cap</i>	3	MACRODANTIN	
<i>nitrofurantoin monohyd macro</i>	3	MACROBID	
<i>trimethoprim 100 mg tab</i>	1	PROLOPRIM	
<b>VACCINES</b>			
<b>Vaccines</b>			
PEDIARIX	2		
<b>VASODILATING AGENTS</b>			
<b>Nitrates And Nitrites</b>			
<i>isosorbide dinitrate</i>	3	ISORDIL TITRADOSE	
<i>isosorbide mononitrate</i>	1	MONOKET	
<i>isosorbide mononitrate er</i>	1	IMDUR	
<i>nitroglycerin 0.1 mg/hr td patch 24hr, 0.2 mg/hr td patch 24hr, 0.4 mg/hr td patch 24hr, 0.6 mg/hr td patch 24hr</i>	1	NITRO-DUR	
<i>nitroglycerin 0.4 mg/spray tl soln</i>	3	NITROLINGUAL	
<i>nitroglycerin 0.3 mg tab subl, 0.4 mg tab subl, 0.6 mg tab subl</i>	1	NITROSTAT	
<b>Phosphodiesterase Type 5 Inhibitors</b>			
ADCIRCA	6		PA
REVATIO 20 mg tab	6		PA
REVATIO 10 mg/12.5ml iv soln, 10 mg/ml susp	6		PA
<i>sildenafil citrate 20 mg tab</i>	4	REVATIO	PA
<i>tadalafil (pah)</i>	4	ADCIRCA	PA
<b>Vasodilating Agents</b>			
ADEMPAS	6		PA
<i>ambrisentan</i>	4	LETAIRIS	PA, QL
<i>bosentan 125 mg tab, 62.5 mg tab</i>	4	TRACLEER	PA, QL
OPSUMIT	6		PA
UPTRAVI 1000 mcg tab, 1200 mcg tab, 1400 mcg tab, 1600 mcg tab, 200 & 800 mcg tab pack, 200 mcg tab, 400 mcg tab, 600 mcg tab, 800 mcg tab	6		PA
<b>VESICULAR MONOAMINE TRANSPORTER 2 (VMAT2) INHIBITORS</b>			

Drug Name	Drug Tier	Reference Name	Requirements/Limits
<b>Vesicular Monoamine Transporter 2 (vmat2) Inhibitors</b>			
AUSTEDO	6		PA
<i>tetrabenazine</i>	4	XENAZINE	PA, QL
<b>VITAMIN D</b>			
<b>Vitamin D</b>			
<i>calcitriol 0.25 mcg cap, 0.5 mcg cap</i>	1	ROCALTROL	
<i>calcitriol 1 mcg/ml soln</i>	3	ROCALTROL	
<i>paricalcitol 1 mcg cap, 2 mcg cap, 4 mcg cap</i>	3	ZEMPLAR	

<b>1</b>	
1st tier unifine pentips .....	60
1st tier unifine pentips plus.....	60

<b>A</b>	
abacavir sulfate.....	48
abacavir sulfate-lamivudine.....	48
abacavir-lamivudine-zidovudine.....	48
ABELCET.....	29
ABILIFY MAINTENA .....	81
abiraterone acetate .....	40
ABOUTTIME PEN NEEDLE .....	60
acamprosate calcium .....	56
acarbose .....	26
acebutolol hcl.....	52
acetaminophen-codeine.....	14
acetaminophen-codeine #2.....	14
acetaminophen-codeine #3.....	14
acetaminophen-codeine #4.....	14
acetazolamide.....	30
acetazolamide er.....	30
acetic acid.....	70
acetylcysteine .....	28
acitretin .....	86
ACTEMRA .....	68
ACTIMMUNE .....	74
acyclovir.....	51
acyclovir sodium .....	51
ADACEL.....	89
ADBRY .....	86
ADCIRCA.....	90
adefovir dipivoxil .....	51
ADEMPAS .....	90
ADVATE.....	31
ADVOCATE INSULIN PEN NEEDLES .....	60
ADVOCATE INSULIN SYRINGE .....	60
adynovate .....	31
AFINITOR .....	40
AFINITOR DISPERZ.....	40
AFSTYLA.....	31
AGAMREE .....	76
AJOVY .....	39
ak-poly-bac .....	32

albendazole.....	17
albuterol sulfate.....	88
albuterol sulfate hfa.....	88
alclometasone dipropionate .....	34
ALCOH-GLOVE CONTOURED WIPE .....	60
alcohol pads.....	60
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