

Lowest Net Cost Formulary

Effective October 1, 2020

Your prescription benefit provides you and your doctor with many choices. Understanding them will help you make informed health care decisions. It will also enable you to ask your doctor or pharmacist the right questions about your medication needs. We want to make sure you have the information you need to make the best choice for you.

What is a formulary?

A **formulary** is a list of prescription medications that are covered by your plan. The drugs on this list are chosen for their clinical value and cost-effectiveness by an independent panel of physicians and pharmacists.

With our formulary, you and your doctor have the freedom to choose the medication that works best for you. Since there may be more than one drug available for your medical condition, we encourage you to use generic and preferred brand-name drugs whenever possible to help manage your prescription costs.

NOTE: This formulary drug list is subject to change at any time during the year without prior notice to members or physicians. For the most current formulary information, please visit our website at the address indicated on your member ID card.

Should I use generic drugs?

Absolutely! **Generic drugs** become available when patents expire on brand-name drugs. They contain the same active ingredients as brand drugs but are not manufactured under a brand name or trademark. The color and shape of the generic drug may be different from its brand-name counterpart, but the active ingredients are the same for both. Generic drugs must meet the same U.S. Food and Drug Administration (FDA) quality standards as the brand-name drugs.

What is a three-tier benefit?

Most employers offer a **three-tier benefit plan**. Refer to your group benefit booklet to see if this applies to you.

Medications in a **three-tier benefit** structure are divided into three tiers — Tier 1, Tier 2 and Tier 3. Each tier is assigned a copayment or coinsurance amount, which is the amount you pay when you receive a prescription. Refer to your benefit document to find the amounts that apply to you.

Tier 1 drugs are generic drugs. Tier 1 drugs in this document are in all lowercase letters. For the lowest out-of-pocket expense, you should always consider Tier 1 drugs if you and your doctor decide they are appropriate for you.

Tier 2 drugs are preferred brand-name drugs. Tier 2 drugs in this document are listed after the Tier 1 drugs. Consider Tier 2 drugs if no Tier 1 drug is available to treat your condition.

Tier 3 drugs are non-preferred and will usually cost you more. If you are using a Tier 3 drug, talk to your doctor about Tier 1 and 2 drugs that may be appropriate for you.

NOTE: When a generic becomes available, most of the time the brand-name drug will automatically move to Tier 3.

If a drug is noted as **Tier 0**, that means it is considered a preventive drug under Health Care Reform, and your plan covers it at no cost to you, in most cases. Specialty drugs are indicated as **Tier 4**.

What is a specialty drug benefit?

A **specialty drug** benefit requires that you pay a different amount (copayment) for specialty drugs, no matter what the status is of your drug on our formulary drug list. If you have a specialty drug benefit, you will pay the specialty drug copayment or coinsurance under your plan for specialty drugs, whether you receive a generic, preferred brand or non-preferred brand drug. Refer to your benefit document to find the amounts that apply to you for specialty drugs.

What if my drug is not listed on this formulary drug list?

This is a listing of the most commonly prescribed drugs within certain categories. If your drug is not listed, it may be that:

1. Your drug is a generic and all generics are considered preferred drugs,
2. Your drug is not a preferred drug and is available at the highest copayment or coinsurance, or
3. Your drug is preferred but is not included in this brochure. For an alphabetical listing of commonly prescribed generic and preferred brand-name drugs, visit the website indicated on your member ID card.
4. There are some drugs for which your doctor may need to request prior authorization from us before you can fill the prescription. This is to make sure your benefit plan covers the drugs. Visit the website indicated on your member ID card for more details.

5. Your drug is available over the counter or is excluded from coverage. For many conditions, an over-the-counter (OTC) medication may be the most appropriate treatment. Talk to your doctor about over-the-counter alternatives. They may be a good choice for you and may cost you less.

Keep in mind this list is subject to change.

Your benefit document defines your actual benefit and may exclude coverage for certain drugs listed in this booklet. Please see your plan's website for a list of excluded drugs.

Some drugs have quantity limits on them. This means you only can receive a limited amount at one time or during a specific time period. Your pharmacist can tell you if your benefit plan applies any limitations to your prescriptions.

Pharmacy law requires a valid prescription for the purchase of needles and syringes in certain states. If covered under the pharmacy benefit, OTC products require a valid prescription.

Drug list key

In this drug list, some medications are noted with letters next to them to help you see which ones may have coverage requirements or limits. Your benefit plan decides how these medications may be covered.

AL **Age Limit** – Medication has minimum and/or maximum age requirement for coverage.

OTC **Over-the-counter** drug.

PA **Prior Authorization** – Your doctor is required to provide more information to determine coverage.

PV1 **Preventive drug** – \$0 copay under Health Care Reform.

PV2 **Preventive drug** – \$0 copay under Health Care Reform for members who meet certain conditions.

PV3 **Preventive drug (high cholesterol)** – \$0 copay under Health Care Reform only for members age 40-75.

QL **Quantity Limit** – Medication may be limited to a certain quantity.

SP **Specialty Medication** – Medication is designated as specialty.

ST **Step Therapy** – Must try lower-cost medication(s) before a higher-cost medication can be covered.

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Drug Name	Drug Tier	Notes
Analgesics - Drugs for Pain		
acetaminophen-codeine	1	QL (quantity limits may apply)
acetaminophen-codeine #2	1	QL (quantity limits may apply)
acetaminophen-codeine #3	1	QL (quantity limits may apply)
acetaminophen-codeine #4	1	QL (quantity limits may apply)
ACTIQ	3	QL (120 EA per 30 days)
alfentanil hcl	1	QL (quantity limits may apply)
apap-caff-dihydrocodeine	1	QL (quantity limits may apply)
ascomp-codeine	1	QL (quantity limits may apply)
BUPRENEX	3	
buprenorphine hcl injection	1	
buprenorphine transdermal	1	
butalbital-acetaminophen capsule 50-300 mg oral	1	
BUTALBITAL-ACETAMINOPHEN CAPSULE 50-300 MG ORAL	1	
butalbital-acetaminophen oral tablet 25-325 mg, 50-325 mg	1	
butalbital-apap-caff-cod	1	QL (quantity limits may apply)
butalbital-apap-caffeine	1	
butalbital-asa-caff-codeine	1	QL (quantity limits may apply)
butalbital-aspirin-caffeine	1	
butorphanol tartrate injection	1	
butorphanol tartrate nasal	1	QL (5 ML per 30 days)
BUTTRANS	3	
carisoprodol-aspirin-codeine	1	
codeine sulfate	1	QL (quantity limits may apply)
DEMEROL	3	QL (quantity limits may apply)
DILAUDID	3	QL (quantity limits may apply)
DOLOPHINE	3	QL (quantity limits may apply)
DURAGESIC-100	3	QL (10 EA per 30 days)
DURAGESIC-12	3	QL (10 EA per 30 days)
DURAGESIC-25	3	QL (10 EA per 30 days)
DURAGESIC-50	3	QL (10 EA per 30 days)
DURAGESIC-75	3	QL (10 EA per 30 days)
duramorph	1	QL (quantity limits may apply)
duraxin	1	
DVORAH	3	QL (quantity limits may apply)
endocet	1	QL (quantity limits may apply)
ESGIC	3	
fentanyl	1	QL (10 EA per 30 days)

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Drug Name	Drug Tier	Notes
fentanyl citrate buccal lozenge on a handle	1	QL (120 EA per 30 days)
FENTANYL CITRATE BUCCAL TABLET	3	QL (120 EA per 30 days)
FENTANYL CITRATE-NACL INTRAVENOUS SOLUTION	3	QL (quantity limits may apply)
FENTANYL CITRATE-NACL INTRAVENOUS SOLUTION PREFILLED SYRINGE 10-0.9 MCG/2ML-%, 5-0.9 MCG/ML-%, 500-0.9 MCG/50ML-%, 550-0.9 MCG/55ML-%	3	QL (quantity limits may apply)
FENTORA	3	QL (120 EA per 30 days)
FIORICET	3	
FIORICET/CODEINE	3	QL (quantity limits may apply)
FIORINAL	3	
FIORINAL/CODEINE #3	3	QL (quantity limits may apply)
hydrocodone bitartrate er	1	QL (60 EA per 30 days)
hydrocodone-acetaminophen	1	QL (quantity limits may apply)
hydrocodone-ibuprofen	1	QL (quantity limits may apply)
hydromorphone hcl er	1	QL (quantity limits may apply)
HYDROMORPHONE HCL INJECTION SOLUTION 0.2 MG/ML	3	QL (quantity limits may apply)
hydromorphone hcl injection solution 2 mg/ml, 4 mg/ml	1	QL (quantity limits may apply)
HYDROMORPHONE HCL INTRAVENOUS	3	QL (quantity limits may apply)
hydromorphone hcl oral	1	QL (quantity limits may apply)
hydromorphone hcl pf	1	QL (quantity limits may apply)
HYDROMORPHONE HCL SOLUTION 1 MG/ML INJECTION	3	QL (quantity limits may apply)
hydromorphone hcl solution 1 mg/ml injection	1	QL (quantity limits may apply)
HYDROMORPHONE HCL-NACL	3	QL (quantity limits may apply)
HYSINGLA ER	3	QL (quantity limits may apply)
INFUMORPH 200	3	QL (quantity limits may apply)
INFUMORPH 500	3	QL (quantity limits may apply)
lorcet	1	QL (quantity limits may apply)
lorcet hd	1	QL (quantity limits may apply)
LORTAB	3	QL (quantity limits may apply)
meperidine hcl injection	1	QL (quantity limits may apply)
meperidine hcl oral	1	QL (quantity limits may apply)
methadone hcl injection	1	QL (quantity limits may apply)
methadone hcl intensol	1	QL (quantity limits may apply)
methadone hcl oral	1	QL (quantity limits may apply)
METHADONE HCL-NACL	3	QL (quantity limits may apply)
METHADOSE ORAL CONCENTRATE 10 MG/ML	3	QL (quantity limits may apply)
methadose oral tablet soluble	1	QL (quantity limits may apply)
METHADOSE SUGAR-FREE	3	QL (quantity limits may apply)

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Drug Name	Drug Tier	Notes
mitigo	1	QL (quantity limits may apply)
morphine sulfate (concentrate) oral solution 100 mg/5ml	1	QL (quantity limits may apply)
morphine sulfate (concentrate) oral solution 20 mg/ml	1	QL (quantity limits may apply)
morphine sulfate (pf)	1	QL (quantity limits may apply)
morphine sulfate er	1	QL (quantity limits may apply)
morphine sulfate er beads	1	QL (quantity limits may apply)
MORPHINE SULFATE INJECTION SOLUTION 1 MG/ML	3	QL (quantity limits may apply)
morphine sulfate injection solution 2 mg/ml, 4 mg/ml, 5 mg/ml	1	QL (quantity limits may apply)
morphine sulfate intramuscular	1	QL (180 ML per 30 days)
MORPHINE SULFATE INTRAVENOUS SOLUTION 0.5 MG/ML	3	QL (quantity limits may apply)
MORPHINE SULFATE INTRAVENOUS SOLUTION 1 MG/ML	3	QL (quantity limits may apply)
morphine sulfate oral	1	QL (quantity limits may apply)
MORPHINE SULFATE-NACL	3	QL (quantity limits may apply)
MS CONTIN	3	QL (quantity limits may apply)
nalbuphine hcl injection	1	
NALOCET	3	QL (300 EA per 30 days)
NORCO	3	QL (quantity limits may apply)
NUCYNTA	3	QL (quantity limits may apply)
NUCYNTA ER	3	QL (quantity limits may apply)
OXAYDO	2	QL (quantity limits may apply)
OXYCODONE HCL ER	2	QL (60 EA per 30 days)
oxycodone hcl oral capsule	1	QL (quantity limits may apply)
oxycodone hcl oral concentrate 100 mg/5ml	1	QL (quantity limits may apply)
oxycodone hcl oral solution	1	QL (quantity limits may apply)
oxycodone hcl oral tablet	1	QL (quantity limits may apply)
oxycodone-acetaminophen oral tablet 10-325 mg, 2.5-325 mg, 5-325 mg, 7.5-325 mg	1	QL (quantity limits may apply)
OXYCODONE-ACETAMINOPHEN ORAL TABLET 2.5-300 MG	3	QL (300 EA per 30 days)
oxycodone-aspirin	1	QL (quantity limits may apply)
OXYCONTIN	2	QL (60 EA per 30 days)
oxymorphone hcl	1	QL (quantity limits may apply)
oxymorphone hcl er	1	QL (quantity limits may apply)
pentazocine-naloxone hcl	1	
PERCOCET	3	QL (quantity limits may apply)
PRIALT	4	PA; SP
remifentanil hcl	1	QL (quantity limits may apply)

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Drug Name	Drug Tier	Notes
ROXICODONE	3	QL (quantity limits may apply)
SUBSYS	3	QL (120 EA per 30 days)
tencon	1	
tramadol hcl er (biphasic)	1	QL (quantity limits may apply)
TRAMADOL HCL ER ORAL CAPSULE EXTENDED RELEASE 24 HOUR 100 MG, 200 MG, 300 MG	1	QL (quantity limits may apply)
tramadol hcl er oral capsule extended release 24 hour 150 mg	1	QL (quantity limits may apply)
tramadol hcl er oral tablet extended release 24 hour	1	QL (quantity limits may apply)
tramadol hcl ir	1	QL (quantity limits may apply)
tramadol-acetaminophen	1	QL (quantity limits may apply)
ULTIVA	3	QL (quantity limits may apply)
ULTRACET	3	QL (quantity limits may apply)
ULTRAM	3	QL (quantity limits may apply)
ZEBUTAL	3	
ZOHYDRO ER	3	QL (60 EA per 30 days)
Analgesics - Drugs for Pain and Inflammation		
adult aspirin regimen	0	PV1; OTC
ARTHROTEC	3	
aspirin adult	0	PV1; OTC
aspirin adult low strength oral tablet delayed release	0	PV1; OTC
aspirin childrens	0	PV1; OTC
aspirin ec low dose	0	PV1; OTC
aspirin ec low strength	0	PV1; OTC
aspirin ec oral tablet delayed release 325 mg	0	PV1; OTC
aspirin low dose	0	PV1; OTC
aspirin oral tablet	0	PV1; OTC
aspirin oral tablet delayed release	0	PV1; OTC
BAYER ASPIRIN	0	PV1; OTC
BAYER ASPIRIN EC LOW DOSE	0	PV1; OTC
CALDOLOR	3	
CELEBREX ORAL CAPSULE 100 MG, 50 MG	3	QL (60 EA per 30 days)
CELEBREX ORAL CAPSULE 200 MG, 400 MG	3	QL (30 EA per 30 days)
celecoxib oral capsule 100 mg, 50 mg	1	QL (60 EA per 30 days)
celecoxib oral capsule 200 mg, 400 mg	1	QL (30 EA per 30 days)
DAYPRO	3	
DICLOFENAC EPOLAMINE	3	PA
diclofenac potassium	1	
diclofenac sodium er	1	

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Drug Name	Drug Tier	Notes
diclofenac sodium oral	1	
diclofenac sodium transdermal gel 1 %	1	QL (200 GM per 30 days)
diclofenac sodium transdermal solution	1	
diclofenac-misoprostol	1	
diflunisal oral	1	
EC-NAPROSYN	3	
ec-naproxen	1	
etodolac	1	
etodolac er	1	
FELDENE	3	
FLECTOR	3	PA
flurbiprofen oral	1	
gnp aspirin low dose	0	PV1; OTC
goodsense aspirin low dose	0	PV1; OTC
ibu	1	
ibuprofen lysine	1	
ibuprofen oral suspension	1	
ibuprofen oral tablet 400 mg, 600 mg, 800 mg	1	
indomethacin er	1	
indomethacin oral capsule 25 mg, 50 mg	1	
indomethacin sodium	1	
ketoprofen er	1	
ketoprofen oral	1	
ketorolac tromethamine injection	1	
ketorolac tromethamine intramuscular	1	
ketorolac tromethamine oral	1	QL (20 EA per 30 days)
LODINE	3	
meclofenamate sodium oral	1	
mefenamic acid oral	1	
meloxicam oral	1	
MOBIC	3	
nabumetone oral	1	
NAPROSYN ORAL SUSPENSION	3	QL (1800 ML per 30 days)
naproxen dr	1	
naproxen oral suspension	1	QL (1800 ML per 30 days)
naproxen oral tablet	1	
naproxen sodium oral tablet 275 mg, 550 mg	1	

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Drug Name	Drug Tier	Notes
NEOPROFEN	3	
oxaprozin	1	
piroxicam oral	1	
qc aspirin low dose oral tablet delayed release	0	PV1; OTC
RELAFEN	3	
ST JOSEPH LOW DOSE ORAL TABLET DELAYED RELEASE	0	PV1; OTC
sulindac oral	1	
tolmetin sodium	1	
Anesthetics		
ARTICADENT DENTAL	3	
bupivacaine fisiopharma	1	
bupivacaine hcl (pf)	1	
bupivacaine hcl injection solution 0.25 %, 0.5 %	1	
bupivacaine-epinephrine	1	
bupivacaine-epinephrine (pf)	1	
CARBOCAINE	3	
CARBOCAINE PRESERVATIVE-FREE	3	
chlorprocaine hcl (pf)	1	
CITANEST FORTE DENTAL	3	
CITANEST PLAIN DENTAL	3	
ethyl chloride	1	
EXPAREL	3	
GEBAUERS PAIN EASE	3	
GEBAUERS SPRAY AND STRETCH	3	
glydo	1	QL (30 ML per 25 days)
L.E.T.	3	
lidocaine external ointment	1	QL (50 GM per 25 days)
lidocaine external patch 5 %	1	PA; QL (90 EA per 30 days)
lidocaine hcl (cardiac)	1	
lidocaine hcl (cardiac) pf	1	
lidocaine hcl (pf)	1	
lidocaine hcl external solution	1	QL (50 ML per 25 days)
lidocaine hcl injection solution 0.5 %	1	
LIDOCAINE HCL INJECTION SOLUTION PREFILLED SYRINGE	3	
LIDOCAINE HCL SOLUTION 1 % INJECTION	3	
lidocaine hcl solution 1 % injection	1	

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Drug Name	Drug Tier	Notes
LIDOCAINE HCL SOLUTION 2 % INJECTION	3	
lidocaine hcl solution 2 % injection	1	
lidocaine hcl urethral/mucosal	1	QL (30 ML per 25 days)
LIDOCAINE IN D5W INTRAVENOUS SOLUTION 2-5 MG/ML-%	3	
lidocaine in d5w intravenous solution 4-5 mg/ml-%, 8-5 mg/ml-%	1	
LIDOCAINE IN DEXTROSE	3	
lidocaine-epinephrine injection	1	
lidocaine-prilocaine external cream	1	QL (30 GM per 25 days)
LIDOCAINE-SODIUM BICARBONATE	3	
LIDOCAINE-TETRACAIN External CREAM 7-7 %	3	QL (30 GM per 25 days)
MARCAINE	3	
MARCAINE PRESERVATIVE FREE	3	
MARCAINE/EPINEPHRINE	3	
MARCAINE/EPINEPHRINE PF	3	
NAROPIN	3	
NESACAINe	3	
NESACAINe-MPF	3	
ORABLOC	3	
PLIAGLIS	3	QL (30 GM per 25 days)
polocaine	1	
polocaine-mpf	1	
ropivacaine hcl injection solution 10 mg/ml, 2 mg/ml, 5 mg/ml, 7.5 mg/ml	1	
sensorcaine	1	
sensorcaine/epinephrine	1	
sensorcaine-mpf	1	
sensorcaine-mpf/epinephrine injection solution 0.25% - 1:200000, 0.5% -1:200000	1	
SENSORCAINE-MPF/EPINEPHRINE INJECTION SOLUTION 0.75-1:200000 %	3	
XYLOCAINE	3	
xylocaine dental	1	
XYLOCAINE/EPINEPHRINE	3	
XYLOCAINE-MPF	3	
XYLOCAINE-MPF/EPINEPHRINE	3	
Anti-Addiction / Substance Abuse Treatment Agents		
acamprosate calcium	1	

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Drug Name	Drug Tier	Notes
ANTABUSE	3	
buprenorphine hcl sublingual tablet sublingual 2 mg	1	PA; QL (360 EA per 30 days)
buprenorphine hcl sublingual tablet sublingual 8 mg	1	PA; QL (90 EA per 30 days)
buprenorphine hcl-naloxone hcl sublingual film 12-3 mg	1	QL (60 EA per 25 days)
buprenorphine hcl-naloxone hcl sublingual film 2-0.5 mg, 4-1 mg, 8-2 mg	1	QL (90 EA per 25 days)
buprenorphine hcl-naloxone hcl sublingual tablet sublingual	1	QL (90 EA per 25 days)
bupropion hcl er (smoking det)	0	PV2; QL (2 EA per 1 day); AL (Min 18 Years)
CHANTIX	0	PA; ST; PV2; QL (2 EA per 1 day); AL (Min 18 Years)
CHANTIX CONTINUING MONTH PAK	0	PA; ST; PV2; QL (2 EA per 1 day); AL (Min 18 Years)
CHANTIX STARTING MONTH PAK	0	PA; ST; PV2; QL (53 EA per 31 days); AL (Min 18 Years)
disulfiram oral	1	
naloxone hcl injection solution	1	
NALOXONE HCL INJECTION SOLUTION AUTO-INJECTOR	3	
naloxone hcl injection solution cartridge	1	
naloxone hcl injection solution prefilled syringe	1	
naltrexone hcl oral	1	
NARCAN	2	
NICORETTE MOUTH/THROAT GUM 2 MG	0	PV2; OTC; QL (24 EA per 1 day); AL (Min 18 Years)
nicotine polacrilex mouth/throat gum	0	PV2; OTC; QL (24 EA per 1 day); AL (Min 18 Years)
nicotine polacrilex mouth/throat lozenge	0	PV2; OTC; QL (20 EA per 1 day); AL (Min 18 Years)
nicotine step 1	0	PV2; OTC; QL (1 EA per 1 day); AL (Min 18 Years)
nicotine step 2	0	PV2; OTC; QL (1 EA per 1 day); AL (Min 18 Years)
nicotine step 3	0	PV2; OTC; QL (1 EA per 1 day); AL (Min 18 Years)
NICOTROL	0	PA; ST; PV2; QL (16 EA per 1 day); AL (Min 18 Years)
NICOTROL NS	0	PA; ST; PV2; QL (4 ML per 1 day); AL (Min 18 Years)
SUBOXONE SUBLINGUAL FILM 12-3 MG	2	QL (60 EA per 25 days)
SUBOXONE SUBLINGUAL FILM 2-0.5 MG, 4-1 MG, 8-2 MG	2	QL (90 EA per 25 days)
VIVITROL	4	SP; QL (1 EA per 30 days)

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Drug Name	Drug Tier	Notes
ZUBSOLV SUBLINGUAL TABLET 0.7-0.18 MG, 1.4-0.36 MG, 2.9-0.71 MG, 5.7-1.4 MG	3	QL (90 EA per 25 days)
ZUBSOLV SUBLINGUAL TABLET 11.4-2.9 MG	3	QL (30 EA per 25 days)
ZUBSOLV SUBLINGUAL TABLET 8.6-2.1 MG	3	QL (60 EA per 25 days)
Antibacterials		
ALTABAX	3	
amikacin sulfate injection	1	
amoxicillin	1	
amoxicillin-potassium clavulanate er	1	
amoxicillin-potassium clavulanate oral	1	
ampicillin	1	
ampicillin sodium	1	
ampicillin-sulbactam sodium	1	
AUGMENTIN	3	
AUGMENTIN ES-600	3	
avidoxy	1	QL (2 EA per 1 day)
AVYCAZ	3	
AZACTAM	3	
azithromycin intravenous	1	
azithromycin oral	1	
aztreonam	1	
baciim	1	
bacitracin intramuscular	1	
BACTRIM	3	
BACTRIM DS	3	
benzalkonium chloride external solution	1	
BICILLIN C-R	3	
BICILLIN C-R 900/300	3	
BICILLIN L-A	3	
cefaclor	1	
cefaclor er	1	
cefadroxil	1	
CEFAZOLIN IN SODIUM CHLORIDE	3	
cefazolin sodium injection	1	
CEFAZOLIN SODIUM INTRAVENOUS SOLUTION PREFILLED SYRINGE	3	
cefazolin sodium intravenous solution reconstituted	1	
cefazolin sodium-dextrose	1	

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Drug Name	Drug Tier	Notes
cefdinir	1	
cefditoren pivoxil	1	
cefepime hcl injection	1	
cefepime hcl intravenous solution	1	
cefepime-dextrose	1	
cefixime	1	
CEFOTAN	3	
cefotaxime sodium	1	
cefotetan disodium	1	
cefotetan disodium-dextrose	1	
cefoxitin sodium	1	
CEFOXITIN SODIUM-DEXTROSE	3	
cefpodoxime proxetil	1	
cefprozil	1	
ceftazidime and dextrose	1	
ceftazidime injection	1	
ceftriaxone sodium in dextrose	1	
ceftriaxone sodium injection	1	
ceftriaxone sodium intravenous	1	
ceftriaxone sodium-dextrose	1	
cefuroxime axetil	1	
cefuroxime sodium	1	
CENTANY	3	QL (44 GM per 30 days)
cephalexin	1	
chloramphenicol sod succinate	1	
CIPRO	3	
ciprofloxacin hcl oral	1	
ciprofloxacin in d5w	1	
clarithromycin er	1	
clarithromycin oral	1	
CLEOCIN	3	
CLEOCIN PHOSPHATE	3	
clindamycin hcl oral	1	
clindamycin palmitate hcl	1	
clindamycin phosphate in d5w	1	
CLINDAMYCIN PHOSPHATE IN NACL	3	
clindamycin phosphate injection	1	

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Drug Name	Drug Tier	Notes
clindamycin phosphate vaginal	1	
CLINDESSE	3	
colistimethate sodium (cba)	1	
COLY-MYCIN M	3	
coremino	1	ST; AL (Min 12 Years)
CUBICIN	3	
CUBICIN RF	3	
DALVANCE	3	
daptomycin	1	
demeclocycline hcl	1	
dicloxacillin sodium	1	
DIFICID	3	
doxy 100	1	
doxycycline hyclate intravenous	1	
doxycycline hyclate oral capsule	1	QL (2 EA per 1 day)
doxycycline hyclate oral tablet 100 mg, 20 mg, 50 mg	1	QL (2 EA per 1 day)
doxycycline hyclate oral tablet delayed release 100 mg, 150 mg, 200 mg, 50 mg, 75 mg	1	QL (2 EA per 1 day)
doxycycline monohydrate oral capsule	1	QL (2 EA per 1 day)
doxycycline monohydrate oral suspension reconstituted	1	QL (40 ML per 1 day)
doxycycline monohydrate oral tablet	1	QL (2 EA per 1 day)
ertapenem sodium	1	
ERY-TAB	3	
ERYTHROCIN LACTOBIONATE	3	
ERYTHROCIN STEARATE	3	
erythromycin base	1	
erythromycin ethylsuccinate oral	1	
erythromycin oral	1	
FIRVANQ	3	
FLAGYL	3	
FORTAZ	3	
gentamicin in saline	1	
gentamicin sulfate external	1	
gentamicin sulfate injection	1	
HIPREX	3	
hydrogen peroxide	1	
imipenem-cilastatin	1	

Drug Name	Drug Tier	Notes
INVANZ	3	
KEFLEX	3	
levofloxacin in d5w	1	
levofloxacin intravenous	1	
levofloxacin oral	1	
LINCOCIN	3	
lincomycin hcl injection	1	
linezolid in sodium chloride	1	
linezolid intravenous	1	
linezolid oral suspension reconstituted	1	
linezolid oral tablet	1	QL (60 EA per 30 days)
MACROBID	3	
mafénide acetate external	1	
meropenem	1	
MEROPENEM-SODIUM CHLORIDE	3	
MERREM	3	
methenamine hippurate	1	
metronidazole in nacl	1	
metronidazole oral	1	
metronidazole vaginal	1	
minocycline hcl er oral tablet extended release 24 hour	1	ST; AL (Min 12 Years)
minocycline hcl oral	1	
MONUROL	3	
moxifloxacin hcl in nacl	1	
MOXIFLOXACIN HCL INTRAVENOUS	3	
moxifloxacin hcl oral	1	
mupirocin external	1	QL (44 GM per 30 days)
NAFCILLIN SODIUM IN DEXTROSE	3	
nafcillin sodium injection solution reconstituted 1 gm, 2 gm	1	
nafcillin sodium intravenous	1	
neomycin sulfate oral	1	
neomycin-polymyxin b gu	1	
nitrofurantoin	1	
nitrofurantoin macrocrystal oral	1	
nitrofurantoin monohydrate macrocrystals	1	
NUVESSA	3	
ofloxacin oral	1	

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Drug Name	Drug Tier	Notes
ORBACTIV	3	
oxacillin sodium	1	
OXACILLIN SODIUM IN DEXTROSE	3	
paromomycin sulfate oral	1	
PENICILLIN G POT IN DEXTROSE	3	
penicillin g potassium	1	
penicillin g procaine	1	
penicillin g sodium	1	
penicillin v potassium	1	
PFIZERPEN	3	
piperacillin sod-tazobactam so	1	
polymyxin b sulfate injection	1	
PRIMAXIN IV	3	
PRIMSOL	3	
SILVADENE	3	
silver sulfadiazine external	1	
SIVEXTRO	3	
ssd	1	
streptomycin sulfate intramuscular	1	
sulfadiazine oral	1	
sulfamethoxazole-trimethoprim	1	
SULFAMYLYON	3	
sulfatrim pediatric	1	
SUPRAX	3	
SYNERCID	3	
tazicef injection	1	
TAZICEF INTRAVENOUS SOLUTION	3	
tazicef intravenous solution reconstituted	1	
TEFLARO	3	
tetracycline hcl oral	1	
tigecycline	1	
tinidazole oral	1	
tobramycin sulfate injection	1	
trimethoprim oral	1	
TYGACIL	3	
UNASYN	3	
VANCOCIN	3	QL (62 EA per 25 days)

Effective Date: 10/1/2020

Drug Name	Drug Tier	Notes
VANCOCIN HCL	3	QL (62 EA per 25 days)
VANCOMYCIN HCL IN DEXTROSE INTRAVENOUS SOLUTION 1.25-5 GM/250ML-%, 1.5-5 GM/250ML-%	3	
vancomycin hcl in dextrose intravenous solution 1-5 gm/200ml-%, 500-5 mg/100ml-%, 750-5 mg/150ml-%	1	
vancomycin hcl in nacl intravenous solution 1-0.9 gm/200ml-%, 500-0.9 mg/100ml-%	1	
VANCOMYCIN HCL IN NACL INTRAVENOUS SOLUTION 1-0.9 GM/250ML-%, 1.25-0.9 GM/250ML-%, 1.5-0.9 GM/250ML-%, 1.75-0.9 GM/250ML-%, 2-0.9 GM/500ML-%	3	
VANCOMYCIN HCL IN NACL SOLUTION 750-0.9 MG/150ML-% INTRAVENOUS	3	
vancomycin hcl in nacl solution 750-0.9 mg/150ml-% intravenous	1	
VANCOMYCIN HCL INTRAVENOUS SOLUTION 1000 MG/10ML, 1250 MG/12.5ML, 1500 MG/15ML, 1750 MG/17.5ML, 2000 MG/20ML, 750 MG/7.5ML	3	
vancomycin hcl intravenous solution 1000 mg/200ml, 1250 mg/250ml, 1500 mg/300ml, 1750 mg/350ml, 2000 mg/400ml, 500 mg/100ml, 750 mg/150ml	1	
vancomycin hcl intravenous solution reconstituted	1	
vancomycin hcl oral capsule	1	QL (62 EA per 25 days)
vancomycin hcl oral solution reconstituted	1	
vandazole	1	
VIBATIV	3	
XERAVA	3	
XIFAXAN	3	PA
ZEMDRI	3	
ZERBAXA	3	
ZITHROMAX	3	
ZITHROMAX TRI-PAK	3	
ZITHROMAX Z-PAK	3	
ZOSYN	3	
ZYVOX INTRAVENOUS	3	
ZYVOX ORAL SUSPENSION RECONSTITUTED	3	
ZYVOX ORAL TABLET	3	QL (60 EA per 30 days)
Anticoagulants		
ACD FORMULA A	3	
ACD-A NOCLOT-50	3	
ANGIOMAX	3	
anticoagulant cit dext soln a	1	

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Drug Name	Drug Tier	Notes
anticoagulant sodium citrate	1	
argatroban	1	
ARIIXTRA	3	
bivalirudin trifluoroacetate	1	
ELIQUIS	2	
ELIQUIS DVT/PE STARTER PACK	2	
enoxaparin sodium	1	
fondaparinux sodium	1	
FRAGMIN	3	
heparin (porcine) in nacl intravenous solution	1	
HEPARIN (PORCINE) IN NACL INTRAVENOUS SOLUTION 2500-0.9 UT/500ML-%, 30000-0.9 UNIT/L-%, 500-0.9 UT/500ML-%, 5000-0.9 UNIT/L-%, 5000-0.9 UT/500ML-%	3	
heparin sod (porcine) in d5w	1	
heparin sodium (porcine)	1	
heparin sodium (porcine) pf	1	
jantoven	1	
LOVENOX	3	
PRADAXA	3	PA
RETAVASE	3	
RETAVASE HALF-KIT	3	
SAVAYSA	3	PA
SODIUM CITRATE IN VITRO	3	
SODIUM CITRATE LOCK FLUSH	3	
TNKASE	3	
TRICITRASOL	3	
warfarin sodium oral	1	
XARELTO	2	
XARELTO STARTER PACK	2	
Anticonvulsants - Drugs for Seizures		
APTIOM	3	
BANZEL	2	
carbamazepine er	1	
carbamazepine oral	1	
CARBATROL	3	
CELONTIN	3	
CEREBYX	3	

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Drug Name	Drug Tier	Notes
clobazam	1	
DEPAKOTE	3	
DEPAKOTE ER	3	
DEPAKOTE SPRINKLES	3	
DIACOMIT	4	PA; SP
DIASTAT ACUDIAL	3	
DIASTAT PEDIATRIC	3	
diazepam rectal	1	
DILANTIN	3	
DILANTIN INFATABS	3	
divalproex sodium er	1	
divalproex sodium oral	1	
EPIDIOLEX	4	PA; SP; QL (600 ML per 30 days)
epitol	1	
ethosuximide oral	1	
felbamate	1	
FELBATOL	3	
fosphenytoin sodium	1	
FYCOMPA	3	
gabapentin oral	1	
GABITRIL	3	
KEPPRA	3	
KEPPRA XR	3	
LAMICTAL	3	
LAMICTAL ODT	3	
LAMICTAL STARTER	3	
LAMICTAL XR	3	
lamotrigine er	1	
lamotrigine oral	1	
lamotrigine starter kit-blue	1	
lamotrigine starter kit-green	1	
lamotrigine starter kit-orange	1	
levetiracetam er	1	
levetiracetam in nacl	1	
levetiracetam intravenous	1	
levetiracetam oral	1	
NEMBUTAL	3	

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Drug Name	Drug Tier	Notes
NEURONTIN	3	
ONFI	3	
oxcarbazepine	1	
PEGANONE	3	
pentobarbital sodium injection	1	
phenobarbital oral	1	
phenobarbital sodium injection	1	
PHENYTEK	3	
phenytoin infatabs	1	
phenytoin oral	1	
phenytoin sodium extended	1	
phenytoin sodium injection	1	
primidone oral	1	
roweepra	1	
roweepra xr	1	
SABRIL	4	PA; SP; QL (180 EA per 30 days)
SPRITAM	3	
subvenite	1	
subvenite starter kit-blue	1	
subvenite starter kit-green	1	
subvenite starter kit-orange	1	
TEGRETOL	3	
TEGRETOL-XR	3	
tiagabine hcl	1	
TOPAMAX	3	
TOPAMAX SPRINKLE	3	
topiramate er	1	
topiramate oral	1	
TRILEPTAL	3	
valproate sodium intravenous	1	
valproic acid oral	1	
vigabatrin	4	PA; SP; QL (180 EA per 30 days)
vigadronе	4	PA; SP; QL (180 EA per 30 days)
VIMPAT	3	
ZARONTIN	3	
zonisamide oral	1	

Drug Name	Drug Tier	Notes
Antidementia Agents - Drugs for Alzheimer's Disease and Dementia		
ARICEPT	3	
donepezil hcl	1	
EXELON	3	
galantamine hydrobromide	1	
galantamine hydrobromide er	1	
memantine hcl er	1	
memantine hcl oral	1	
NAMENDA	3	
NAMENDA TITRATION PAK	3	
NAMENDA XR	3	
NAMENDA XR TITRATION PACK	3	
NAMZARIC	3	
RAZADYNE	3	
RAZADYNE ER	3	
rivastigmine	1	
rivastigmine tartrate	1	
Antidepressants		
amitriptyline hcl oral	1	
amoxapine	1	
ANAFRANIL	3	
BRISDELLE	3	
bupropion hcl er (sr)	1	
bupropion hcl er (xl) oral tablet extended release 24 hour 150 mg, 300 mg	1	QL (1 EA per 1 day)
BUPROPION HCL ER (XL) ORAL TABLET EXTENDED RELEASE 24 HOUR 450 MG	1	
bupropion hcl oral	1	
CELEXA	3	
chlor diazepoxide-amitriptyline	1	
citalopram hydrobromide	1	
clomipramine hcl oral	1	
desipramine hcl oral	1	
DESVENLAFAKINE ER	3	ST; QL (30 EA per 30 days)
desvenlafaxine succinate er	1	QL (30 EA per 30 days)
doxepin hcl oral capsule	1	
doxepin hcl oral concentrate	1	

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Drug Name	Drug Tier	Notes
duloxetine hcl oral capsule delayed release particles 20 mg, 60 mg	1	QL (60 EA per 30 days)
duloxetine hcl oral capsule delayed release particles 30 mg, 40 mg	1	QL (30 EA per 30 days)
EMSAM	3	
escitalopram oxalate	1	
FETZIMA	3	ST; QL (1 EA per 1 day)
FETZIMA TITRATION	3	ST; QL (1 EA per 1 day)
fluoxetine hcl (pmdd)	1	
fluoxetine hcl oral	1	
fluvoxamine maleate	1	
fluvoxamine maleate er	1	
imipramine hcl oral	1	
imipramine pamoate	1	
maprotiline hcl	1	
MARPLAN	3	
mirtazapine oral	1	
NARDIL	3	
nefazodone hcl	1	
NORPRAMIN	3	
nortriptyline hcl oral	1	
olanzapine-fluoxetine hcl	1	
PAMELOR	3	
PARNATE	3	
paroxetine hcl	1	
paroxetine hcl er	1	
paroxetine mesylate	1	
PAXIL	3	
PAXIL CR	3	
perphenazine-amitriptyline	1	
phenelzine sulfate oral	1	
protriptyline hcl	1	
REMERON	3	
REMERON SOLTAB	3	
SARAFEM	3	
sertraline hcl oral	1	
SYMBYAX	3	

Drug Name	Drug Tier	Notes
tranylcypromine sulfate	1	
trazodone hcl oral	1	
trimipramine maleate oral	1	
TRINTELLIX	3	
venlafaxine hcl	1	
venlafaxine hcl er	1	
VIIBRYD	3	
VIIBRYD STARTER PACK	3	
ZOLOFT ORAL CONCENTRATE	3	
ZULRESSO	4	SP
Antiemetics - Drugs for Nausea and Vomiting		
AKYNZEO INTRAVENOUS	3	
AKYNZEO ORAL	3	QL (0.096 EA per 1 day)
ALOXI	3	QL (5 ML per 30 days)
ANZEMET	3	QL (3 EA per 30 days)
aprepitant oral capsule 125 mg	1	QL (2 EA per 21 days)
aprepitant oral capsule 40 mg	1	QL (3 EA per 180 days)
aprepitant oral capsule 80 & 125 mg	1	QL (3 EA per 21 days)
aprepitant oral capsule 80 mg	1	QL (4 EA per 21 days)
CINVANTI	2	QL (36 ML per 21 days)
compro	1	
dimenhydrinate injection	1	
dronabinol	1	
droperidol injection	1	
EMEND INTRAVENOUS	3	QL (2 EA per 21 days)
EMEND ORAL CAPSULE 40 MG	3	QL (3 EA per 180 days)
EMEND ORAL CAPSULE 80 MG	3	QL (4 EA per 21 days)
EMEND ORAL SUSPENSION RECONSTITUTED	3	QL (6 EA per 21 days)
EMEND TRI-PACK	3	QL (3 EA per 21 days)
fosaprepitant dimeglumine	1	QL (2 EA per 21 days)
gransetron hcl intravenous	1	QL (1 ML per 30 days)
gransetron hcl oral	1	QL (6 EA per 30 days)
MARINOL	3	
meclizine hcl oral tablet	1	
metoclopramide hcl injection	1	
metoclopramide hcl oral	1	
ondansetron hcl injection	1	QL (6 ML per 30 days)
ondansetron hcl oral solution	1	QL (100 ML per 30 days)

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Drug Name	Drug Tier	Notes
ondansetron hcl oral tablet 24 mg	1	QL (1 EA per 30 days)
ondansetron hcl oral tablet 4 mg, 8 mg	1	QL (9 EA per 30 days)
ondansetron odt	1	QL (9 EA per 30 days)
palonosetron hcl intravenous solution 0.25 mg/2ml	1	
palonosetron hcl intravenous solution 0.25 mg/5ml	1	QL (5 ML per 30 days)
palonosetron hcl intravenous solution prefilled syringe	1	
perphenazine oral	1	
prochlorperazine	1	
prochlorperazine edisylate injection	1	
prochlorperazine maleate oral	1	
REGLAN	3	
SANCUSO	3	QL (2 EA per 30 days)
scopolamine	1	
SUSTOL	3	PA; QL (2 ML per 30 days)
TIGAN	3	
TRANSDERM SCOP (1.5 MG)	3	
TRANSDERM-SCOP (1.5 MG)	3	
trimethobenzamide hcl oral	1	
Antifungals		
ABELCET	3	
AMBISOME	3	
amphotericin b intravenous	1	
ANCOBON	3	
BIO-STATIN ORAL CAPSULE	3	
CANCIDAS	3	
caspofungin acetate	1	
cyclodan	1	
ciclopirox	1	
ciclopirox olamine external	1	
clotrimazole external	1	
clotrimazole mouth/throat	1	
clotrimazole-betamethasone	1	
CRESEMBA	3	PA
DIFLUCAN	3	
econazole nitrate external	1	QL (85 GM per 30 days)
ECOZA	3	
ERAXIS	3	

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Drug Name	Drug Tier	Notes
EXELDERM	3	
EXODERM EXTERNAL LOTION	3	
EXTINA	3	
fluconazole in sodium chloride	1	
fluconazole oral	1	
flucytosine oral	1	
griseofulvin microsize oral	1	
griseofulvin ultramicrosize	1	
GYNAZOLE-1	3	
itraconazole oral capsule	1	PA; QL (120 EA per 30 days)
itraconazole oral solution	1	PA; QL (600 ML per 30 days)
ketoconazole external cream	1	QL (60 GM per 30 days)
ketoconazole external shampoo	1	
ketoconazole oral	1	
LULICONAZOLE	3	
MENTAX	3	
micafungin sodium	1	
miconazole 3 vaginal suppository	1	
MICONAZOLE-ZINC OXIDE-PETROLAT	3	
MYCAMINE	3	
naftifine hcl	1	
NAFTIN	3	
NOXAFIL	3	PA
nyamyc	1	
nystatin external	1	
nystatin mouth/throat	1	
nystatin oral	1	
nystatin-triamcinolone	1	
nystop	1	
oxiconazole nitrate	1	ST; QL (90 GM per 30 days)
OXISTAT	3	ST; QL (90 GM per 30 days)
posaconazole	1	PA
SPORANOX ORAL CAPSULE	3	PA; QL (120 EA per 30 days)
SPORANOX ORAL SOLUTION	3	PA; QL (600 ML per 30 days)
SPORANOX PULSEPAK	3	PA; QL (120 EA per 30 days)
SULCONAZOLE NITRATE	3	
terbinafine hcl oral	1	

Drug Name	Drug Tier	Notes
terconazole	1	
VFEND	3	
VFEND IV	4	SP
voriconazole intravenous	4	SP
voriconazole oral	1	
VUSION	3	
XOLEGEL	3	
Antigout Agents		
allopurinol oral	1	
allopurinol sodium	1	
ALOPRIM	3	
COLCHICINE ORAL CAPSULE	1	QL (60 EA per 30 days)
colchicine tablet 0.6 mg oral	1	QL (60 EA per 30 days)
COLCHICINE TABLET 0.6 MG ORAL	1	QL (60 EA per 30 days)
colchicine-probenecid	1	
febuxostat	1	ST
KRYSTEXXA	4	PA; SP
probenecid	1	
ULORIC	3	ST
ZYLOPRIM	3	
Antimigraine Agents		
AIMOVIG	2	PA
almotriptan malate	1	QL (8 EA per 30 days)
AMERGE	3	QL (8 EA per 30 days)
dihydroergotamine mesylate injection	1	
dihydroergotamine mesylate nasal	1	QL (8 ML per 30 days)
eletriptan hydrobromide	1	QL (8 EA per 30 days)
EMGALITY	2	PA
EMGALITY (300 MG DOSE)	2	PA
ERGOMAR	3	
ergotamine-caffeine	1	
FROVA	3	QL (8 EA per 30 days)
frovatriptan succinate	1	QL (8 EA per 30 days)
MAXALT	3	QL (8 EA per 30 days)
MAXALT-MLT	3	QL (8 EA per 30 days)
MIGERGOT	3	
naratriptan hcl	1	QL (8 EA per 30 days)
RELPAX	3	QL (8 EA per 30 days)

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Drug Name	Drug Tier	Notes
rizatriptan benzoate	1	QL (8 EA per 30 days)
sumatriptan nasal	1	QL (6 EA per 30 days)
sumatriptan succinate oral	1	QL (8 EA per 30 days)
sumatriptan succinate refill	1	QL (2.5 ML per 30 days)
sumatriptan succinate subcutaneous	1	QL (2.5 ML per 30 days)
sumatriptan-naproxen sodium	1	QL (9 EA per 30 days)
TREXIMET	3	QL (9 EA per 30 days)
zolmitriptan oral	1	QL (8 EA per 30 days)
ZOMIG NASAL	3	QL (6 EA per 30 days)
ZOMIG ORAL	3	QL (8 EA per 30 days)
ZOMIG ZMT	3	QL (8 EA per 30 days)
Antimyasthenic Agents		
BLOXIVERZ	3	
GUANIDINE HCL	3	
MESTINON	3	
neostigmine methylsulfate intravenous solution 10 mg/10ml, 5 mg/10ml	1	
NEOSTIGMINE METHYLSULFATE INTRAVENOUS SOLUTION 3 MG/3ML, 5 MG/5ML	3	
NEOSTIGMINE METHYLSULFATE INTRAVENOUS SOLUTION PREFILLED SYRINGE	3	
pyridostigmine bromide er	1	
pyridostigmine bromide oral solution	1	
pyridostigmine bromide oral tablet 60 mg	1	
REGONOL	3	
Antimycobacterials		
CAPASTAT SULFATE	3	
cycloserine oral	1	
dapsone oral	1	
ethambutol hcl oral	1	
isoniazid injection	1	
isoniazid oral	1	
MYAMBUTOL	3	
MYCOBUTIN	3	
PASER	3	
PRETOMANID	3	QL (30 EA per 30 days)
PRIFTIN	3	
pyrazinamide oral	1	

Drug Name	Drug Tier	Notes
rifabutin	1	
RIFADIN	3	
rifampin intravenous	1	
rifampin oral	1	
SIRTURO	3	
TRECATOR	3	
Antineoplastics - Drugs for Cancer		
abiraterone acetate	4	PA; SP; QL (120 EA per 30 days)
ABRAXANE	4	PA; SP
ADCETRIS	4	PA; SP
adriamycin	4	SP
AFINITOR	4	PA; SP; QL (30 EA per 30 days)
AFINITOR DISPERZ ORAL TABLET SOLUBLE 2 MG	4	PA; SP; QL (155 EA per 31 days)
AFINITOR DISPERZ ORAL TABLET SOLUBLE 3 MG	4	PA; SP; QL (93 EA per 31 days)
AFINITOR DISPERZ ORAL TABLET SOLUBLE 5 MG	4	PA; SP; QL (62 EA per 31 days)
ALECensa	4	PA; SP; QL (240 EA per 30 days)
ALIMTA	4	SP
ALIQOPA	4	PA; SP
ALKERAN INTRAVENOUS	4	SP
ALKERAN ORAL	3	
ALUNBRIG ORAL TABLET 180 MG	4	PA; SP; QL (30 EA per 30 days)
ALUNBRIG ORAL TABLET 30 MG	4	PA; SP; QL (120 EA per 30 days)
ALUNBRIG ORAL TABLET 90 MG	4	PA; SP; QL (53 EA per 30 days)
ALUNBRIG ORAL TABLET THERAPY PACK	4	PA; SP; QL (30 EA per 30 days)
anastrozole oral	1	PV2; AL (Min 35 Years)
ARIMIDEX	3	
AROMASIN	3	
ARRANON	4	SP
arsenic trioxide intravenous	4	SP
ARZERRA	4	PA; SP
AVASTIN	4	PA; SP
AYVAKIT	4	PA; SP
azacitidine	4	PA; SP
BALVERSA ORAL TABLET 3 MG	4	PA; SP; QL (3 EA per 1 day)
BALVERSA ORAL TABLET 4 MG	4	PA; SP; QL (2 EA per 1 day)
BALVERSA ORAL TABLET 5 MG	4	PA; SP; QL (1 EA per 1 day)
BAVENCIO	4	PA; SP
BELEODAQ	4	PA; SP

Drug Name	Drug Tier	Notes
BELRAPZO	4	PA; SP
BENDAMUSTINE HCL	4	PA; SP
BENDEKA	4	PA; SP
BESPONSA	4	PA; SP
bexarotene	4	PA; SP
bicalutamide	1	
BICNU	4	SP
bleomycin sulfate	4	SP
BLINCYTO	4	PA; SP
BOSULIF ORAL TABLET 100 MG	4	PA; SP; QL (90 EA per 30 days)
BOSULIF ORAL TABLET 400 MG, 500 MG	4	PA; SP; QL (30 EA per 30 days)
BRAFTOVI	4	PA; SP; QL (180 EA per 30 days)
busulfan	4	SP
BUSULFEX	4	SP
CABOMETYX	4	PA; SP; QL (30 EA per 30 days)
CALQUENCE	4	PA; SP
CAMPATH	4	SP
CAMPTOSAR	4	SP
capecitabine oral tablet 150 mg	1	PA; QL (120 EA per 30 days)
capecitabine oral tablet 500 mg	1	PA; QL (300 EA per 30 days)
CAPRELSA ORAL TABLET 100 MG	4	PA; SP; QL (60 EA per 30 days)
CAPRELSA ORAL TABLET 300 MG	4	PA; SP; QL (30 EA per 30 days)
carboplatin	4	SP
carmustine	4	SP
CASODEX	3	
cisplatin intravenous solution	4	SP
CISPLATIN INTRAVENOUS SOLUTION RECONSTITUTED	4	SP
cladribine	4	SP
clofarabine	4	SP
CLOLAR	4	SP
COMETRIQ (100 MG DAILY DOSE)	4	PA; SP; QL (56 EA per 28 days)
COMETRIQ (140 MG DAILY DOSE)	4	PA; SP; QL (112 EA per 28 days)
COMETRIQ (60 MG DAILY DOSE)	4	PA; SP; QL (84 EA per 28 days)
COPIKTRA	4	PA; SP; QL (56 EA per 28 days)
COSMEGEN	4	SP
COTELLIC	4	PA; SP; QL (63 EA per 21 days)
cyclophosphamide injection	4	SP
CYCLOPHOSPHAMIDE INTRAVENOUS	4	SP

Drug Name	Drug Tier	Notes
cyclophosphamide oral	1	
CYRAMZA	4	PA; SP
cytarabine	4	SP
cytarabine (pf)	4	SP
dacarbazine	4	SP
DACOGEN	4	PA; SP
dactinomycin	4	SP
DARZALEX	4	PA; SP
DARZALEX FASPRO	4	PA; SP
daunorubicin hcl	4	SP
DAURISMO ORAL TABLET 100 MG	4	PA; SP; QL (1 EA per 1 day)
DAURISMO ORAL TABLET 25 MG	4	PA; SP; QL (2 EA per 1 day)
decitabine	4	PA; SP
dexrazoxane hcl	4	SP
docetaxel	4	PA; SP
DOXIL	4	SP
doxorubicin hcl	4	SP
doxorubicin hcl liposomal	4	SP
DROXIA	3	
ELITEK	3	
ELLENCE	4	SP
ELZONRIS	4	SP
EMCYT	2	
EMPLICITI	4	PA; SP
ENHERTU	4	PA; SP
epirubicin hcl	4	SP
ERBITUX	4	PA; SP
ERIVEDGE	4	PA; SP; QL (30 EA per 30 days)
ERLEADA	4	PA; SP; QL (120 EA per 30 days)
erlotinib hcl oral tablet 100 mg, 150 mg	4	PA; SP; QL (30 EA per 30 days)
erlotinib hcl oral tablet 25 mg	4	PA; SP; QL (60 EA per 30 days)
ERWINAZE	4	PA; SP
ETHYOL	3	
ETOPOPHOS	4	SP
etoposide intravenous	4	SP
etoposide oral	4	SP
everolimus oral tablet 2.5 mg, 5 mg, 7.5 mg	1	PA; QL (30 EA per 30 days)
exemestane	1	PV2; AL (Min 35 Years)
FARESTON	3	

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Drug Name	Drug Tier	Notes
FARYDAK	4	PA; SP
FASLODEX	4	SP
FEMARA	3	
flouxuridine injection	4	SP
fludarabine phosphate	4	SP
fluorouracil intravenous	4	SP
flutamide	1	
FOLOTYN	4	PA; SP
fulvestrant	4	SP
GAZYVA	4	PA; SP
gemcitabine hcl	4	PA; SP
GILOTrif	4	PA; SP; QL (30 EA per 30 days)
GLEEVEC ORAL TABLET 100 MG	4	PA; SP; QL (90 EA per 30 days)
GLEEVEC ORAL TABLET 400 MG	4	PA; SP; QL (60 EA per 30 days)
GLEOSTINE	4	SP
HALAVEN	4	PA; SP
HERCEPTIN	4	PA; SP
HERCEPTIN HYLECTA	4	SP
HYCAMTIN	4	PA; SP
HYDREA	3	
hydroxyurea oral	1	
IBRANCE	4	PA; SP; QL (21 EA per 28 days)
ICLUSIG ORAL TABLET 15 MG	4	PA; SP; QL (60 EA per 30 days)
ICLUSIG ORAL TABLET 45 MG	4	PA; SP; QL (30 EA per 30 days)
IDAMYCIN PFS	4	SP
idarubicin hcl	4	SP
IFEX	4	SP
ifosfamide	4	SP
imatinib mesylate oral tablet 100 mg	4	PA; SP; QL (90 EA per 30 days)
imatinib mesylate oral tablet 400 mg	4	PA; SP; QL (60 EA per 30 days)
IMBRUVICA ORAL CAPSULE 140 MG	4	PA; SP; QL (90 EA per 30 days)
IMBRUVICA ORAL CAPSULE 70 MG	4	PA; SP; QL (30 EA per 30 days)
IMBRUVICA ORAL TABLET	4	PA; SP; QL (30 EA per 30 days)
IMFINZI	4	PA; SP
INLYTA ORAL TABLET 1 MG	4	PA; SP; QL (180 EA per 30 days)
INLYTA ORAL TABLET 5 MG	4	PA; SP; QL (120 EA per 30 days)
IRESSA	4	PA; SP
irinotecan hcl	4	SP
ISTODAX (OVERFILL)	4	PA; SP

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Drug Name	Drug Tier	Notes
IXEMPRA KIT	4	PA; SP
JAKAFI	4	PA; SP; QL (60 EA per 30 days)
JEVTANA	4	PA; SP
KADCYLA	4	PA; SP
KEYTRUDA	4	PA; SP
KISQALI (200 MG DOSE)	4	PA; SP
KISQALI (400 MG DOSE)	4	PA; SP
KISQALI (600 MG DOSE)	4	PA; SP
KISQALI FEMARA (400 MG DOSE)	4	PA; SP; QL (70 EA per 28 days)
KISQALI FEMARA (600 MG DOSE)	4	PA; SP; QL (91 EA per 28 days)
KISQALI FEMARA(200 MG DOSE)	4	PA; SP; QL (49 EA per 28 days)
KYPROLIS	4	PA; SP
LARTRUVO	4	PA; SP
LENVIMA (10 MG DAILY DOSE)	4	PA; SP; QL (30 EA per 30 days)
LENVIMA (12 MG DAILY DOSE)	4	PA; SP; QL (62 EA per 31 days)
LENVIMA (14 MG DAILY DOSE)	4	PA; SP; QL (60 EA per 30 days)
LENVIMA (18 MG DAILY DOSE)	4	PA; SP; QL (90 EA per 30 days)
LENVIMA (20 MG DAILY DOSE)	4	PA; SP; QL (60 EA per 30 days)
LENVIMA (24 MG DAILY DOSE)	4	PA; SP; QL (90 EA per 30 days)
LENVIMA (4 MG DAILY DOSE)	4	PA; SP; QL (186 EA per 31 days)
LENVIMA (8 MG DAILY DOSE)	4	PA; SP; QL (60 EA per 30 days)
letrozole oral	1	
leucovorin calcium injection	1	
leucovorin calcium oral	1	
LEUKERAN	2	
levoleucovorin calcium	4	PA; SP
levoleucovorin calcium pf intravenous solution 175 mg/17.5ml	4	PA; SP
levoleucovorin calcium pf intravenous solution 250 mg/25ml	4	SP
LONSURF	4	PA; SP
LORBRENA ORAL TABLET 100 MG	4	PA; SP; QL (3.334 EA per 1 day)
LORBRENA ORAL TABLET 25 MG	4	PA; SP; QL (3 EA per 1 day)
LYNPARZA ORAL TABLET 100 MG	4	PA; SP; QL (93 EA per 31 days)
LYNPARZA ORAL TABLET 150 MG	4	PA; SP; QL (62 EA per 31 days)
LYSODREN	2	
MARQIBO	4	SP
MATULANE	4	SP
MEKINIST ORAL TABLET 0.5 MG	4	PA; SP; QL (90 EA per 30 days)
MEKINIST ORAL TABLET 2 MG	4	PA; SP; QL (30 EA per 30 days)

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Drug Name	Drug Tier	Notes
MEKTOVI	4	PA; SP; QL (180 EA per 30 days)
melphalan	1	
melphalan hcl	4	SP
mercaptopurine oral	1	
mesna	4	SP
MESNEX	4	SP
mitomycin intravenous	4	SP
mitoxantrone hcl	4	PA; SP
mutamycin	4	SP
MYLERAN	2	
NAVELBINE	4	SP
NERLYNX	4	PA; SP
NEXAVAR	4	PA; SP; QL (120 EA per 30 days)
NINLARO	4	PA; SP
NIPENT	4	SP
ODOMZO	4	PA; SP; QL (30 EA per 30 days)
ONCASPAR	4	PA; SP
ONIVYDE	4	PA; SP
OPDIVO	4	PA; SP
oxaliplatin	4	SP
paclitaxel	4	SP
PADCEV	4	PA; SP
PANRETIN	4	SP
paraplatin	4	SP
PERJETA	4	PA; SP
PHOTOFRIN	4	SP
POLIVY INTRAVENOUS SOLUTION RECONSTITUTED 30 MG	3	
POMALYST	4	PA; SP; QL (21 EA per 21 days)
POTELIGEO	4	PA; SP
PROLEUKIN	4	PA; SP
PURIXAN	4	PA; SP
QUADRAMET	3	
REVLIMID ORAL CAPSULE 10 MG, 2.5 MG, 5 MG	4	PA; SP; QL (28 EA per 28 days)
REVLIMID ORAL CAPSULE 15 MG, 20 MG, 25 MG	4	PA; SP; QL (21 EA per 28 days)
RITUXAN	4	PA; SP
RITUXAN HYCELA	4	PA; SP
RUBRACA	4	PA; SP; QL (120 EA per 30 days)
RYDAPT	4	PA; SP; QL (224 EA per 28 days)

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Drug Name	Drug Tier	Notes
SARCLISA	4	PA; SP
SOLTAMOX	3	
SPRYCEL ORAL TABLET 100 MG, 140 MG, 50 MG, 80 MG	4	PA; SP; QL (30 EA per 30 days)
SPRYCEL ORAL TABLET 20 MG	4	PA; SP; QL (280 EA per 31 days)
SPRYCEL ORAL TABLET 70 MG	4	PA; SP; QL (93 EA per 31 days)
STIVARGA	4	PA; SP; QL (84 EA per 28 days)
SUTENT	4	PA; SP; QL (30 EA per 30 days)
SYLVANT	4	PA; SP
SYNRIBO	4	PA; SP
TABLOID	4	SP
TAFINLAR	4	PA; SP; QL (120 EA per 30 days)
TAGRISSO	4	PA; SP; QL (30 EA per 30 days)
TALZENNA ORAL CAPSULE 0.25 MG	4	PA; SP; QL (3 EA per 1 day)
TALZENNA ORAL CAPSULE 1 MG	4	PA; SP; QL (1 EA per 1 day)
tamoxifen citrate oral	1	PV2; AL (Min 35 Years)
TARCEVA ORAL TABLET 100 MG, 150 MG	4	PA; SP; QL (30 EA per 30 days)
TARCEVA ORAL TABLET 25 MG	4	PA; SP; QL (60 EA per 30 days)
TARGETIN EXTERNAL	4	PA; SP
TAXOTERE	4	PA; SP
TAZVERIK	4	PA; SP
TECENTRIQ	4	PA; SP
TEMODAR	4	PA; SP
temozolomide	4	PA; SP
teniposide	4	SP
TEPADINA	4	SP
THALOMID ORAL CAPSULE 100 MG, 50 MG	4	PA; SP; QL (28 EA per 28 days)
THALOMID ORAL CAPSULE 150 MG, 200 MG	4	PA; SP; QL (56 EA per 28 days)
thiotepa injection	4	SP
toposar	4	SP
topotecan hcl	4	PA; SP
toremifene citrate	1	
TOTECT	4	SP
TREANDA	4	PA; SP
tretinoin oral	4	SP
TRISENOX	4	SP
TYKERB	4	PA; SP; QL (180 EA per 30 days)
UNITUXIN	4	SP
VALCHLOR	4	PA; SP

Drug Name	Drug Tier	Notes
valrubicin	4	PA; SP
VALSTAR	4	PA; SP
VECTIBIX	4	PA; SP
VELCADE	4	PA; SP
VENCLEXTA	4	PA; SP
VENCLEXTA STARTING PACK	4	PA; SP
VERZENIO	4	PA; SP
VIDAZA	4	PA; SP
vinblastine sulfate	4	SP
vincristine sulfate	4	SP
vinorelbine tartrate	4	SP
VITRAKVI ORAL CAPSULE 100 MG	4	PA; SP; QL (2 EA per 1 day)
VITRAKVI ORAL CAPSULE 25 MG	4	PA; SP; QL (6 EA per 1 day)
VITRAKVI ORAL SOLUTION	4	PA; SP; QL (10 ML per 1 day)
VORAXAZE	4	SP
VOTRIENT	4	PA; SP; QL (120 EA per 30 days)
XALKORI	4	PA; SP; QL (60 EA per 30 days)
XELODA ORAL TABLET 150 MG	4	PA; SP; QL (120 EA per 30 days)
XELODA ORAL TABLET 500 MG	4	PA; SP; QL (300 EA per 30 days)
XOFIGO	4	SP
XOSPATA	4	PA; SP; QL (3 EA per 1 day)
XTANDI	4	PA; SP; QL (120 EA per 30 days)
YERVOY	4	PA; SP
YONDELIS	4	PA; SP
ZALTRAP	4	PA; SP
ZANOSAR	4	SP
ZEJULA	4	PA; SP; QL (90 EA per 30 days)
ZELBORAF	4	PA; SP; QL (240 EA per 30 days)
ZEVALIN Y-90	4	SP
ZOLINZA	4	PA; SP; QL (120 EA per 30 days)
ZYDELIG	4	PA; SP; QL (60 EA per 30 days)
ZYKADIA	4	PA; SP; QL (5 EA per 1 day)
ZYTIGA ORAL TABLET 250 MG	4	PA; SP; QL (120 EA per 30 days)
ZYTIGA ORAL TABLET 500 MG	4	PA; SP; QL (60 EA per 30 days)
Antiparasitics		
albendazole oral	1	
ALBENZA	3	
ALINIA	3	
atovaquone oral	1	

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Drug Name	Drug Tier	Notes
atovaquone-proguanil hcl	1	
BENZNIDAZOLE ORAL TABLET 100 MG	3	QL (60 EA per 30 days)
BENZNIDAZOLE ORAL TABLET 12.5 MG	3	QL (180 EA per 30 days)
BILTRICIDE	3	
chloroquine phosphate oral	1	QL (30 EA per 90 days)
COARTEM	3	
crotan	1	
DARAPRIM	4	SP
EGATEN	3	
ELIMITE	3	
EMVERM	3	
hydroxychloroquine sulfate oral	1	QL (30 EA per 90 days)
IMPAVIDO	3	
ivermectin oral	1	
lindane	1	
MALARONE	3	
malathion	1	
mefloquine hcl	1	
MEPRON	3	
NATROBA	3	
NEBUPENT	3	
OVIDE	3	
PENTAM	3	
pentamidine isethionate	1	
permethrin external	1	
praziquantel oral	1	
primaquine phosphate	1	
pyrimethamine oral	4	SP
QUALAQUIN	3	QL (42 EA per 365 days)
quinine sulfate oral	1	QL (42 EA per 365 days)
SKLICE	3	
spinosad	1	
STROMECTOL	3	
sulfurated lime	1	
Antiparkinson Agents		
amantadine hcl oral	1	
APOKYN	4	PA; SP

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Drug Name	Drug Tier	Notes
AZILECT	3	
benztropine mesylate	1	
bromocriptine mesylate oral	1	
carbidopa oral	1	
carbidopa-levodopa	1	
carbidopa-levodopa er	1	
carbidopa-levodopa-entacapone	1	
COGENTIN	3	
COMTAN	3	
DUOPA	4	SP
entacapone	1	
LODOSYN	3	
MIRAPEX	3	
MIRAPEX ER	3	
NEUPRO	2	
PARLODEL	3	
pramipexole dihydrochloride	1	
pramipexole dihydrochloride er	1	
rasagiline mesylate oral	1	
REQUIP XL	3	
ropinirole hcl	1	
ropinirole hcl er	1	
RYTARY	3	
selegiline hcl oral	1	
SINEMET	3	
STALEVO 100	3	
STALEVO 125	3	
STALEVO 150	3	
STALEVO 200	3	
STALEVO 50	3	
STALEVO 75	3	
tolcapone	1	
trihexyphenidyl hcl	1	
Antiplatelets		
AGGRASTAT	3	
AGGRENOX	3	
aspirin-dipyridamole er	1	

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Drug Name	Drug Tier	Notes
BRILINTA	3	
CABLIVI	4	SP
cilostazol	1	
clopidogrel bisulfate oral	1	
dipyridamole oral	1	
DURLAZA	3	
EFFIENT	3	
eptifibatide	1	
INTEGRILIN	3	
KENGREAL	3	
prasugrel hcl	1	
ZONTIVITY	3	
Antipsychotics - Drugs for Mood Disorders		
ABILITY MAINTENA	3	ST
ADASUVE	3	
ariPIPRAZOLE	1	
ARISTADA	3	ST
ARISTADA INITIO	3	ST
chlorpromazine hcl injection	1	
chlorpromazine hcl oral	1	
clozapine	1	
CLOZARIL	3	ST
FANAPT	3	ST
FANAPT TITRATION PACK	3	ST
fluphenazine decanoate injection	1	
fluphenazine hcl	1	
GEODON INTRAMUSCULAR	3	
GEODON ORAL	3	ST
HALDOL	3	
HALDOL DECANOATE	3	
haloperidol decanoate intramuscular	1	
haloperidol lactate	1	
haloperidol oral	1	
INVEGA	3	ST
INVEGA SUSTENNA	3	ST
INVEGA TRINZA	3	ST
LATUDA	3	ST

Drug Name	Drug Tier	Notes
loxapine succinate	1	
molindone hcl	1	
olanzapine	1	
paliperidone er	1	
PERSERIS	3	ST
pimozide	1	
quetiapine fumarate	1	
quetiapine fumarate er	1	
REXULTI	3	ST
RISPERDAL	3	ST
RISPERDAL CONSTA	3	ST
risperidone	1	
SAPHRIS	3	ST
thioridazine hcl oral	1	
thiothixene	1	
trifluoperazine hcl	1	
VERSACLOZ	3	ST
VRAYLAR ORAL CAPSULE	3	ST
VRAYLAR ORAL CAPSULE THERAPY PACK	3	
ziprasidone hcl	1	
ziprasidone mesylate	1	
ZYPREXA	3	ST
ZYPREXA RELPREVV	3	ST
ZYPREXA ZYDIS	3	ST
Antivirals		
abacavir sulfate oral solution	1	QL (900 ML per 30 days)
abacavir sulfate oral tablet	1	QL (60 EA per 30 days)
abacavir sulfate-lamivudine	1	QL (30 EA per 30 days)
abacavir-lamivudine-zidovudine	1	QL (60 EA per 30 days)
acyclovir external	1	
acyclovir oral	1	
acyclovir sodium	1	
adefovir dipivoxil	4	SP
APTIVUS ORAL CAPSULE	2	QL (120 EA per 30 days)
APTIVUS ORAL SOLUTION	2	QL (285 ML per 28 days)
atazanavir sulfate oral capsule 150 mg, 300 mg	1	QL (30 EA per 30 days)
atazanavir sulfate oral capsule 200 mg	1	QL (60 EA per 30 days)
ATRIPLA	2	QL (30 EA per 30 days)

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Drug Name	Drug Tier	Notes
BARACLUDE	4	SP
BIKTARVY	2	QL (1 EA per 1 day)
cidofovir intravenous	1	
CIMDUO	2	QL (1 EA per 1 day)
COMBIVIR	3	QL (60 EA per 30 days)
COMPLERA	2	QL (30 EA per 30 days)
CRIVAN ORAL CAPSULE 200 MG	2	QL (450 EA per 30 days)
CRIVAN ORAL CAPSULE 400 MG	2	QL (180 EA per 30 days)
CYTOVENE	4	SP
DESCOVY	2	QL (30 EA per 30 days)
didanosine	1	QL (30 EA per 30 days)
DOVATO	3	QL (30 EA per 30 days)
EDURANT	2	QL (60 EA per 30 days)
efavirenz oral capsule	1	QL (90 EA per 30 days)
efavirenz oral tablet	1	QL (30 EA per 30 days)
efavirenz-lamivudine-tenofovir	1	QL (1 EA per 1 day)
emtricitabine	1	QL (30 EA per 30 days)
EMTRIVA ORAL CAPSULE	3	QL (30 EA per 30 days)
EMTRIVA ORAL SOLUTION	2	QL (680 ML per 28 days)
entecavir	4	SP
EPCLUSA	4	PA; SP; QL (28 EA per 28 days)
EPIVIR HBV	4	SP
EPIVIR ORAL SOLUTION	3	QL (900 ML per 30 days)
EPIVIR ORAL TABLET 150 MG	3	QL (60 EA per 30 days)
EPIVIR ORAL TABLET 300 MG	3	QL (30 EA per 30 days)
EPZICOM	3	QL (30 EA per 30 days)
EVOTAZ	3	QL (30 EA per 30 days)
famciclovir oral	1	
fosamprenavir calcium	1	QL (120 EA per 30 days)
FOSCAVIR	3	
FUZEON	4	SP; QL (60 EA per 30 days)
GANCICLOVIR	4	SP
ganciclovir sodium	4	SP
GENVOYA	2	QL (30 EA per 30 days)
HARVONI ORAL PACKET	4	PA; SP
HARVONI ORAL TABLET 45-200 MG	4	PA; SP; QL (60 EA per 30 days)
HARVONI ORAL TABLET 90-400 MG	4	PA; SP; QL (28 EA per 28 days)
HEPSERA	4	SP
INTELENCE ORAL TABLET 100 MG, 25 MG	2	QL (120 EA per 30 days)

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Drug Name	Drug Tier	Notes
INTELENCE ORAL TABLET 200 MG	2	QL (60 EA per 30 days)
INTRON A	4	PA; SP
INVIRASE	2	QL (120 EA per 30 days)
ISENTRESS HD	2	QL (62 EA per 31 days)
ISENTRESS ORAL PACKET	2	QL (60 EA per 30 days)
ISENTRESS ORAL TABLET	2	QL (120 EA per 30 days)
ISENTRESS ORAL TABLET CHEWABLE	2	QL (180 EA per 30 days)
KALETRA ORAL SOLUTION	3	QL (390 ML per 30 days)
KALETRA ORAL TABLET 100-25 MG	2	QL (240 EA per 30 days)
KALETRA ORAL TABLET 200-50 MG	2	QL (120 EA per 30 days)
lamivudine oral solution	1	QL (900 ML per 30 days)
lamivudine oral tablet 100 mg	4	SP
lamivudine oral tablet 150 mg	1	QL (60 EA per 30 days)
lamivudine oral tablet 300 mg	1	QL (30 EA per 30 days)
lamivudine-zidovudine	1	QL (60 EA per 30 days)
LEXIVA ORAL SUSPENSION	2	QL (1575 ML per 28 days)
LEXIVA ORAL TABLET	3	QL (120 EA per 30 days)
lopinavir-ritonavir	1	QL (390 ML per 30 days)
MAVYRET	4	PA; SP; QL (84 EA per 28 days)
nevirapine er oral tablet extended release 24 hour 100 mg	1	QL (90 EA per 30 days)
nevirapine er oral tablet extended release 24 hour 400 mg	1	QL (30 EA per 30 days)
nevirapine oral suspension	1	QL (1200 ML per 30 days)
nevirapine oral tablet	1	QL (60 EA per 30 days)
NORVIR ORAL PACKET	2	QL (360 EA per 30 days)
NORVIR ORAL SOLUTION	2	QL (480 ML per 30 days)
NORVIR ORAL TABLET	3	QL (360 EA per 30 days)
ODEFSEY	2	QL (1 EA per 1 day)
oseltamivir phosphate oral capsule 30 mg	1	QL (60 EA per 365 days)
oseltamivir phosphate oral capsule 45 mg, 75 mg	1	QL (30 EA per 365 days)
oseltamivir phosphate oral suspension reconstituted	1	QL (180 ML per 365 days)
PEGASYS PROCLICK	4	PA; SP; QL (2 ML per 28 days)
PEGASYS SUBCUTANEOUS SOLUTION 180 MCG/0.5ML	4	PA; SP; QL (2 ML per 28 days)
PEGASYS SUBCUTANEOUS SOLUTION 180 MCG/ML	4	PA; SP; QL (4 ML per 28 days)
PEGINTRON	4	PA; SP
PREZCOBIX	3	QL (30 EA per 30 days)
PREZISTA ORAL SUSPENSION	2	QL (400 ML per 30 days)
PREZISTA ORAL TABLET 150 MG	2	QL (180 EA per 30 days)
PREZISTA ORAL TABLET 600 MG	2	QL (60 EA per 30 days)
PREZISTA ORAL TABLET 75 MG	2	QL (300 EA per 30 days)

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Drug Name	Drug Tier	Notes
PREZISTA ORAL TABLET 800 MG	2	QL (30 EA per 30 days)
RAPIVAB	3	
RELENZA DISKHALER	2	QL (60 EA per 365 days)
RETROVIR INTRAVENOUS	3	
RETROVIR ORAL CAPSULE	3	QL (180 EA per 30 days)
RETROVIR ORAL SYRUP	3	QL (1800 ML per 30 days)
REYATAZ ORAL CAPSULE 150 MG, 300 MG	2	QL (30 EA per 30 days)
REYATAZ ORAL CAPSULE 200 MG	2	QL (60 EA per 30 days)
REYATAZ ORAL PACKET	2	QL (180 EA per 30 days)
ribavirin inhalation	4	SP
ribavirin oral	4	SP
rimantadine hcl	1	
ritonavir	1	QL (360 EA per 30 days)
SELZENTRY ORAL SOLUTION	2	QL (1840 ML per 30 days)
SELZENTRY ORAL TABLET 150 MG	2	QL (60 EA per 30 days)
SELZENTRY ORAL TABLET 25 MG, 75 MG	2	
SELZENTRY ORAL TABLET 300 MG	2	QL (120 EA per 30 days)
stavudine	1	QL (60 EA per 30 days)
STRIBILD	3	QL (30 EA per 30 days)
SUSTIVA ORAL CAPSULE	2	QL (90 EA per 30 days)
SUSTIVA ORAL TABLET	2	QL (30 EA per 30 days)
SYMFI	3	QL (1 EA per 1 day)
SYMFI LO	3	QL (1 EA per 1 day)
TAMIFLU ORAL CAPSULE 30 MG	3	QL (60 EA per 365 days)
TAMIFLU ORAL CAPSULE 45 MG, 75 MG	3	QL (30 EA per 365 days)
TAMIFLU ORAL SUSPENSION RECONSTITUTED	3	QL (180 ML per 365 days)
TEMIXYS	2	QL (1 EA per 1 day)
tenofovir disoproxil fumarate	1	QL (30 EA per 30 days)
TIVICAY	3	QL (60 EA per 30 days)
TIVICAY PD	3	
TRIUMEQ	3	QL (30 EA per 30 days)
TRIZIVIR	3	QL (60 EA per 30 days)
TRUVADA	2	QL (30 EA per 30 days)
TYBOST	3	QL (30 EA per 30 days)
valacyclovir hcl oral tablet 1 gm	1	QL (31 EA per 31 days)
valacyclovir hcl oral tablet 500 mg	1	QL (62 EA per 31 days)
VALCYTE	3	
valganciclovir hcl	1	
VIRACEPT ORAL TABLET 250 MG	2	QL (300 EA per 30 days)

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Drug Name	Drug Tier	Notes
VIRACEPT ORAL TABLET 625 MG	2	QL (120 EA per 30 days)
VIRAMUNE ORAL SUSPENSION	3	QL (1200 ML per 30 days)
VIRAMUNE ORAL TABLET	3	QL (60 EA per 30 days)
VIRAMUNE XR	3	QL (30 EA per 30 days)
VIRAZOLE	4	SP
VIREAD ORAL POWDER	2	QL (240 GM per 30 days)
VIREAD ORAL TABLET	2	QL (30 EA per 30 days)
VOSEVI	4	PA; SP; QL (28 EA per 28 days)
ZIAGEN ORAL SOLUTION	3	QL (900 ML per 30 days)
ZIAGEN ORAL TABLET	3	QL (60 EA per 30 days)
zidovudine oral capsule	1	QL (180 EA per 30 days)
zidovudine oral syrup	1	QL (1800 ML per 30 days)
zidovudine oral tablet	1	QL (60 EA per 30 days)
Anxiolytics - Drugs for Anxiety		
alprazolam er	1	
alprazolam intensol	1	
alprazolam oral	1	
alprazolam xr	1	
buspirone hcl oral	1	
chlordiazepoxide hcl	1	
clonazepam oral	1	
clorazepate dipotassium	1	
diazepam intensol	1	
diazepam intramuscular	1	
diazepam oral	1	
diazepam solution 5 mg/ml injection	1	
DIAZEPAM SOLUTION 5 MG/ML INJECTION	3	
estazolam	1	QL (30 EA per 30 days)
HALCION	3	QL (30 EA per 30 days)
hydroxyzine hcl intramuscular	1	
hydroxyzine hcl oral	1	
hydroxyzine pamoate oral	1	
KLONOPIN	3	
lorazepam injection	1	
lorazepam intensol	1	
lorazepam oral concentrate 2 mg/ml	1	
lorazepam oral tablet	1	
meprobamate	1	

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Drug Name	Drug Tier	Notes
oxazepam	1	
TRANXENE-T	3	
triazolam	1	QL (30 EA per 30 days)
VISTARIL	3	
Bipolar Agents - Drugs for Mood Disorders		
EQUETRO	3	
lithium	1	
lithium carbonate er	1	
lithium carbonate oral	1	
LITHOBID	3	
Blood Products / Modifiers / Volume Expanders - Drugs for Bleeding Disorders		
ADVATE	4	PA; SP
ADYNOVATE	4	PA; SP
AGRYLIN	3	
ALPHANATE/VWF COMPLEX/HUMAN	4	PA; SP
ALPHANINE SD	4	PA; SP
ALPROLIX	4	PA; SP
AMICAR	3	
aminocaproic acid intravenous	1	
aminocaproic acid oral	1	
anagrelide hcl	1	
ARANESP (ALBUMIN FREE)	4	PA; SP
ASTRINGYN	3	
BENEFIX	4	PA; SP
CEPROTIN	4	SP
COAGADEX	4	PA; SP
CORIFACT	4	SP
CYKLOKAPRON	3	
ELOCTATE	4	PA; SP
EPOGEN	4	PA; SP
FEIBA	4	PA; SP
FIBRYGA	4	SP
GRANIX	4	PA; SP
HEMOFIL M	4	PA; SP
HESPAN	3	
hetastarch-nacl	1	
HEXTEND	3	

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Drug Name	Drug Tier	Notes
HUMATE-P	4	PA; SP
IXINITY	4	PA; SP
KCENTRA	4	SP
KOATE	4	PA; SP
KOATE-DVI	4	PA; SP
KOGENATE FS	4	PA; SP
LEUKINE	4	PA; SP
LMD IN D5W	3	
LMD IN NACL	3	
LYSTEDA	3	
MONONINE	4	PA; SP
MOZOBIL	4	PA; SP
NEULASTA	4	PA; SP; QL (1.2 ML per 28 days)
NEULASTA ONPRO	4	PA; SP; QL (2 ML per 31 days)
NEUPOGEN	4	PA; SP
NOVOEIGHT	4	PA; SP
NOVOSEVEN RT	4	PA; SP
NPLATE	4	PA; SP
OBIZUR	4	PA; SP
PROCRT	4	PA; SP
PROFILNINE	4	PA; SP
PROMACTA ORAL PACKET 12.5 MG	4	PA; SP; QL (31 EA per 31 days)
PROMACTA ORAL PACKET 25 MG	4	PA; SP; QL (30 EA per 30 days)
PROMACTA ORAL TABLET 12.5 MG, 25 MG	4	PA; SP; QL (30 EA per 30 days)
PROMACTA ORAL TABLET 50 MG, 75 MG	4	PA; SP; QL (60 EA per 30 days)
protamine sulfate intravenous	1	
REBLOZYL	4	PA; SP
RECOMBINATE	4	PA; SP
RECOTHROM	3	
RECOTHROM SPRAY KIT	3	
RIASTAP	4	PA; SP
RIXUBIS	4	PA; SP
SOLIRIS	4	PA; SP
THROMBIN-JMI	3	
THROMBIN-JMI EPISTAXIS	3	
THROMBOGEN	3	
tranexamic acid intravenous	1	
tranexamic acid oral	1	

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Drug Name	Drug Tier	Notes
TRANEXAMIC ACID-NACL	3	
TRETEN	4	SP
WILATE	4	PA; SP
XYNTHA	4	PA; SP
XYNTHA SOLOFUSE	4	PA; SP
ZARXIO	4	PA; SP
Cardiovascular Agents - Drugs for Heart and Circulation Conditions		
ACCUPRIL	3	
ACCURETIC	3	
acebutolol hcl oral	1	
acetazolamide sodium	1	
ADENOCARD	3	
adenosine intravenous solution 12 mg/4ml, 6 mg/2ml	1	
AKOVAZ	3	
ALDACTAZIDE	3	
ALDACTONE	3	
aliskiren fumarate	1	
alprostadil injection	1	
ALTACE	3	
amiloride hcl oral	1	
amiloride-hydrochlorothiazide	1	
amiodarone hcl	1	
amlodipine besylate oral	1	
amlodipine besylate-benazepril hcl	1	
amlodipine besylate-valsartan	1	
amlodipine-atorvastatin	1	
amlodipine-olmesartan	1	
amlodipine-valsartan-hctz	1	
ASCLERA	3	
atenolol oral	1	
atenolol-chlorthalidone	1	
atorvastatin calcium oral tablet 10 mg, 20 mg	1	PV2; AL (Min 40 Years and Max 75 Years)
atorvastatin calcium oral tablet 40 mg, 80 mg	1	
AVALIDE	3	PA
AVAPRO	3	PA
benazepril hcl oral	1	

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Drug Name	Drug Tier	Notes
benazepril-hydrochlorothiazide	1	
betaxolol hcl oral	1	
BIDIL	2	
BIORPHEN	3	
bisoprolol fumarate	1	
bisoprolol-hydrochlorothiazide	1	
BREVIBLOC	3	
BREVIBLOC IN NACL	3	
BREVIBLOC PREMIXED	3	
BREVIBLOC PREMIXED DS	3	
bumetanide	1	
BUMEX	3	
BYSTOLIC	2	
CADUET	3	
CALAN SR	3	
candesartan cilexetil	1	
candesartan cilexetil-hctz	1	
captopril oral	1	
captopril-hydrochlorothiazide	1	
CARDENE IV	3	
CARDURA	3	
cartia xt	1	
carvedilol	1	
carvedilol phosphate er	1	QL (30 EA per 30 days)
CATAPRES	3	
CATAPRES-TTS-1	3	
CATAPRES-TTS-2	3	
CATAPRES-TTS-3	3	
chlorothiazide sodium	1	
chlorthalidone	1	
cholestyramine light	1	
cholestyramine oral	1	
CLEVIPREX	3	
clonidine	1	
clonidine hcl oral	1	
colesevelam hcl	1	
COLESTID	3	

Effective Date: 10/1/2020

Drug Name	Drug Tier	Notes
COLESTID FLAVORED	3	
colestipol hcl	1	
CONJUPRI	3	
COREG	3	
COREG CR	3	QL (30 EA per 30 days)
CORGARD	3	
CORLANOR	3	
CORLOPAM	3	
CORVERT	3	
COZAAR	3	PA
CRESTOR	3	PA
DEMSEER	3	
DIBENZYLINE	3	
digitek	1	
digox	1	
digoxin injection	1	
digoxin oral	1	
DILATRATE-SR	3	
diltiazem hcl er	1	
diltiazem hcl er beads	1	
diltiazem hcl er coated beads	1	
diltiazem hcl intravenous	1	
diltiazem hcl oral	1	
DILTIAZEM HCL-DEXTROSE	3	
DILTIAZEM HCL-SODIUM CHLORIDE	3	
dilt-xr	1	
DIOVAN	3	PA
DIOVAN HCT	3	PA
disopyramide phosphate	1	
dobutamine hcl	1	
dobutamine in d5w	1	
dofetilide	1	
dopamine hcl intravenous	1	
dopamine in d5w	1	
doxazosin mesylate oral	1	
DYAZIDE	3	
EDARBI	3	PA

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Drug Name	Drug Tier	Notes
EDARBYCLOR	3	PA
enalapril maleate oral	1	
enalaprilat	1	
enalapril-hydrochlorothiazide	1	
ENTRESTO	3	
EPHEDRINE SULFATE (PRESSORS)	3	
ephedrine sulfate intravenous solution	1	
EPHEDRINE SULFATE INTRAVENOUS SOLUTION PREFILLED SYRINGE	3	
EPHEDRINE SULFATE-NACL	3	
EPINEPHRINE HCL-DEXTROSE	3	
EPINEPHRINE HCL-NACL	3	
EPINEPHRINE INTRAVENOUS	3	
epinephrine pf	1	
epinephrine solution prefilled syringe 1 mg/10ml injection	1	
EPINEPHRINE SOLUTION PREFILLED SYRINGE 1 MG/10ML INJECTION	3	
EPINEPHRINE-DEXTROSE	3	
EPINEPHRINE-NACL INTRAVENOUS SOLUTION 2-0.9 MG/250ML-%	3	
EPINEPHRINE-NACL INTRAVENOUS SOLUTION PREFILLED SYRINGE	3	
eplerenone	1	
esmolol hcl intravenous solution 100 mg/10ml	1	
ESMOLOL HCL INTRAVENOUS SOLUTION 2000 MG/100ML, 2500 MG/250ML	3	
esmolol hcl-sodium chloride	1	
ethacrynat sodium	1	
ethacrynic acid	1	
ETHAMOLIN	3	
EXFORGE	3	
EXFORGE HCT	3	
ezetimibe	1	
ezetimibe-simvastatin	1	
felodipine er	1	
fenofibrate micronized	1	
fenofibrate oral	1	
fenofibric acid	1	
FIBRICOR	3	ST

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Drug Name	Drug Tier	Notes
flecainide acetate	1	
fluvastatin sodium	1	PV2; AL (Min 40 Years and Max 75 Years)
fluvastatin sodium er	1	PV2; AL (Min 40 Years and Max 75 Years)
fosinopril sodium	1	
fosinopril sodium-hctz	1	
FUROSEMIDE IN SODIUM CHLORIDE	3	
furosemide injection	1	
furosemide oral	1	
gemfibrozil oral	1	
GONITRO	3	
guanfacine hcl	1	
HEMANGEOL	3	
hydralazine hcl injection	1	
hydralazine hcl oral	1	
hydrochlorothiazide oral	1	
HYZAAR	3	PA
ibutilide fumarate	1	
indapamide	1	
INDERAL XL	3	
INSPRA	3	
irbesartan	1	
irbesartan-hydrochlorothiazide	1	
isoproterenol hcl injection	1	
isosorbide dinitrate	1	
isosorbide mononitrate	1	
isosorbide mononitrate er	1	
isradipine	1	
ISUPREL	3	
JUXTAPID	4	PA; SP; QL (28 EA per 28 days)
LABETALOL HCL INTRAVENOUS SOLUTION PREFILLED SYRINGE	3	
labetalol hcl oral	1	
labetalol hcl solution 5 mg/ml intravenous	1	
LABETALOL HCL SOLUTION 5 MG/ML INTRAVENOUS	3	
LANOXIN INJECTION	3	
LANOXIN ORAL TABLET 62.5 MCG	3	

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Drug Name	Drug Tier	Notes
LANOXIN PEDIATRIC	3	
LASIX	3	
LESCOL XL	3	PA
LEVOPHED	3	
LIPITOR	3	PA
lisinopril oral	1	
lisinopril-hydrochlorothiazide	1	
LIVALO	3	PA
LOPID	3	
LOPRESSOR	3	
LOPRESSOR HCT	3	
losartan potassium oral	1	
losartan potassium-hctz	1	
LOTENSIN	3	
LOTENSIN HCT	3	
LOTREL	3	
lovastatin	1	PV2; AL (Min 40 Years and Max 75 Years)
LOVAZA	3	PA
mannitol intravenous	1	
matzim la	1	
MAXZIDE	3	
MAXZIDE-25	3	
methyldopa	1	
methyldopa-hydrochlorothiazide	1	
metolazone	1	
metoprolol succinate er	1	
metoprolol tartrate intravenous	1	
metoprolol tartrate oral	1	
metoprolol-hydrochlorothiazide	1	
metyrosine	1	
mexiletine hcl oral	1	
MICARDIS	3	PA
MICARDIS HCT	3	PA
midodrine hcl	1	
milrinone lactate	1	
milrinone lactate in dextrose	1	

Drug Name	Drug Tier	Notes
MINIPRESS	3	
minoxidil oral	1	
moexipril hcl	1	
MULTAQ	3	
nadolol oral	1	
NEXTERONE	3	
niacin (antihyperlipidemic)	1	
niacin er (antihyperlipidemic)	1	
niacor	1	
NIASPAN	3	
nicardipine hcl	1	
NICARDIPINE HCL IN NACL	3	
nifedipine er	1	
nifedipine er osmotic release	1	
nifedipine oral	1	
nimodipine oral	1	
nisoldipine er	1	
NITRO-BID	3	
nitroglycerin in d5w	1	
nitroglycerin intravenous	1	
nitroglycerin sublingual	1	
nitroglycerin transdermal	1	
NITROPRESS	3	
nitroprusside sodium	1	
NITROSTAT	3	
nitro-time oral capsule extended release 2.5 mg	1	
norepinephrine bitartrate intravenous	1	
NOREPINEPHRINE-DEXTROSE	3	
NOREPINEPHRINE-SODIUM CHLORIDE INTRAVENOUS SOLUTION 8-0.9 MG/250ML-%	3	
NORPACE	3	
NORPACE CR	3	
NORTHERA ORAL CAPSULE 100 MG	4	PA; SP; QL (90 EA per 30 days)
NORTHERA ORAL CAPSULE 200 MG, 300 MG	4	PA; SP; QL (180 EA per 30 days)
NORVASC	3	
NYMALIZE	3	
olmesartan medoxomil oral	1	

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Drug Name	Drug Tier	Notes
olmesartan medoxomil-hctz	1	
olmesartan-amlodipine-hctz	1	
omega-3-acid ethyl esters	1	PA
OSMITROL INTRAVENOUS SOLUTION 10 %	3	
osmitrol intravenous solution 15 %, 20 %	1	
PACERONE ORAL TABLET 100 MG, 400 MG	3	
pacerone oral tablet 200 mg	1	
pentoxifylline er	1	
perindopril erbumine	1	
phenoxybenzamine hcl oral	1	
phentolamine mesylate injection	1	
PHENYLEPHRINE HCL (PRESSORS)	3	
phenylephrine hcl intravenous solution	1	
PHENYLEPHRINE HCL INTRAVENOUS SOLUTION PREFILLED SYRINGE	3	
PHENYLEPHRINE HCL-NACL INTRAVENOUS SOLUTION 20-0.9 MG/250ML-%, 40-0.9 MG/250ML-%, 50-0.9 MG/250ML-%, 80-0.9 MG/250ML-%	3	
PHENYLEPHRINE HCL-NACL INTRAVENOUS SOLUTION PREFILLED SYRINGE	3	
pindolol	1	
PRAVACHOL	3	PA
pravastatin sodium	1	PV2; AL (Min 40 Years and Max 75 Years)
prazosin hcl oral	1	
PRESTALIA	3	
prevalite	1	
PRINIVIL	3	
procainamide hcl injection	1	
PROCARDIA	3	
PROCARDIA XL	3	
propafenone hcl	1	
propafenone hcl er	1	
propranolol hcl er	1	
propranolol hcl intravenous	1	
propranolol hcl oral	1	
propranolol-hctz	1	
PROSTIN VR	3	
QBRELIS	3	

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Drug Name	Drug Tier	Notes
QUESTRAN	3	
QUESTRAN LIGHT	3	
quinapril hcl	1	
quinapril-hydrochlorothiazide	1	
quinidine gluconate er	1	
quinidine sulfate	1	
ramipril	1	
RANEXA	2	
ranolazine er	1	
RECTIV	3	
REPATHA	2	PA; QL (2 ML per 28 days)
REPATHA PUSHTRONEX SYSTEM	2	PA; QL (3.5 ML per 28 days)
REPATHA SURECLICK	2	PA; QL (2 ML per 28 days)
rosuvastatin calcium oral tablet 10 mg, 5 mg	1	PV2; AL (Min 40 Years and Max 75 Years)
rosuvastatin calcium oral tablet 20 mg, 40 mg	1	
RYTHMOL SR	3	
simvastatin oral tablet 10 mg, 20 mg, 40 mg, 5 mg	1	PV2; AL (Min 40 Years and Max 75 Years)
simvastatin oral tablet 80 mg	1	
SODIUM DIURIL	3	
sorine	1	
sotalol hcl (af)	1	
SOTALOL HCL INTRAVENOUS	3	
sotalol hcl oral	1	
SOTYLIZE	3	
spironolactone oral	1	
spironolactone-hctz	1	
SULAR	3	
TARKA	3	
taztia xt	1	
TEKTURNA	3	PA
TEKTURNA HCT	3	PA
telmisartan	1	
telmisartan-amlodipine	1	
telmisartan-hctz	1	
TENORETIC 100	3	
TENORETIC 50	3	

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Drug Name	Drug Tier	Notes
TENORMIN	3	
tiadylt er	1	
timolol maleate oral	1	
TOPROL XL	3	
torsemide	1	
trandolapril	1	
trandolapril-verapamil hcl er	1	
triamterene oral	1	
triamterene-hctz	1	
TRIBENZOR	3	
TRICOR	3	ST
TRILPIX	3	ST
TWYNSTA	3	
valsartan	1	
valsartan-hydrochlorothiazide	1	
VARITHENA	4	SP
VASCEPA	3	
VAZCULEP	3	
VECAMYL	3	
verapamil hcl er	1	
verapamil hcl intravenous	1	
verapamil hcl oral	1	
VERELAN	3	
VERELAN PM	3	
WELCHOL	3	
ZESTORETIC	3	
ZESTRIL	3	
ZIAC	3	
ZOCOR ORAL TABLET 10 MG, 20 MG, 40 MG, 80 MG	3	PA
Central Nervous System Agents - Drugs for Attention Deficit Disorder		
ADDERALL XR	3	QL (30 EA per 30 days)
amphetamine sulfate	1	QL (60 EA per 30 days)
amphetamine-dextroamphetamine er	1	QL (30 EA per 30 days)
amphetamine-dextroamphetamine oral tablet 10 mg, 12.5 mg, 5 mg, 7.5 mg	1	QL (90 EA per 30 days)
amphetamine-dextroamphetamine oral tablet 15 mg, 20 mg, 30 mg	1	QL (60 EA per 30 days)

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Drug Name	Drug Tier	Notes
atomoxetine hcl oral capsule 10 mg, 18 mg, 25 mg, 40 mg	1	QL (60 EA per 30 days)
atomoxetine hcl oral capsule 100 mg, 60 mg, 80 mg	1	QL (30 EA per 30 days)
clonidine hcl er	1	QL (120 EA per 30 days)
CONCERTA ORAL TABLET EXTENDED RELEASE 18 MG, 27 MG, 36 MG	3	QL (60 EA per 30 days)
CONCERTA ORAL TABLET EXTENDED RELEASE 54 MG	3	QL (30 EA per 30 days)
DAYTRANA	3	QL (30 EA per 30 days)
DESOXYN	3	QL (120 EA per 30 days)
DEXEDRINE ORAL CAPSULE EXTENDED RELEASE 24 HOUR 10 MG, 5 MG	3	QL (90 EA per 30 days)
DEXEDRINE ORAL CAPSULE EXTENDED RELEASE 24 HOUR 15 MG	3	QL (60 EA per 30 days)
dexamphetamine hcl	1	QL (60 EA per 30 days)
dexamphetamine hcl er oral capsule extended release 24 hour 10 mg, 15 mg, 20 mg, 5 mg	1	QL (60 EA per 30 days)
dexamphetamine hcl er oral capsule extended release 24 hour 25 mg, 30 mg, 35 mg, 40 mg	1	QL (30 EA per 30 days)
dextroamphetamine sulfate er oral capsule extended release 24 hour 10 mg, 5 mg	1	QL (90 EA per 30 days)
dextroamphetamine sulfate er oral capsule extended release 24 hour 15 mg	1	QL (60 EA per 30 days)
dextroamphetamine sulfate oral solution	1	QL (1200 ML per 30 days)
dextroamphetamine sulfate oral tablet	1	QL (90 EA per 30 days)
FOCALIN	3	QL (60 EA per 30 days)
FOCALIN XR ORAL CAPSULE EXTENDED RELEASE 24 HOUR 10 MG, 15 MG, 20 MG, 5 MG	3	QL (60 EA per 30 days)
FOCALIN XR ORAL CAPSULE EXTENDED RELEASE 24 HOUR 25 MG, 30 MG, 35 MG, 40 MG	3	QL (30 EA per 30 days)
guanfacine hcl er	1	
KAPVAY	3	QL (120 EA per 30 days)
metadate er	1	QL (90 EA per 30 days)
methamphetamine hcl	1	QL (120 EA per 30 days)
METHYLIN ORAL SOLUTION 10 MG/5ML	3	QL (900 ML per 30 days)
METHYLIN ORAL SOLUTION 5 MG/5ML	3	QL (1800 ML per 30 days)
methylphenidate hcl er (cd) oral capsule extended release 10 mg, 30 mg	1	QL (60 EA per 30 days)
methylphenidate hcl er (cd) oral capsule extended release 20 mg	1	QL (90 EA per 30 days)
methylphenidate hcl er (cd) oral capsule extended release 40 mg, 50 mg, 60 mg	1	QL (30 EA per 30 days)
methylphenidate hcl er (la) oral capsule extended release 24 hour 10 mg, 20 mg, 30 mg	1	QL (60 EA per 30 days)

Drug Name	Drug Tier	Notes
methylphenidate hcl er (la) oral capsule extended release 24 hour 40 mg, 60 mg	1	QL (30 EA per 30 days)
methylphenidate hcl er oral tablet extended release 10 mg, 18 mg, 27 mg, 36 mg	1	QL (60 EA per 30 days)
methylphenidate hcl er oral tablet extended release 20 mg	1	QL (90 EA per 30 days)
methylphenidate hcl er oral tablet extended release 24 hour 18 mg, 27 mg, 36 mg	1	QL (60 EA per 30 days)
methylphenidate hcl er oral tablet extended release 24 hour 54 mg	1	QL (30 EA per 30 days)
methylphenidate hcl er oral tablet extended release 54 mg	1	QL (30 EA per 30 days)
methylphenidate hcl oral solution 10 mg/5ml	1	QL (900 ML per 30 days)
methylphenidate hcl oral solution 5 mg/5ml	1	QL (1800 ML per 30 days)
methylphenidate hcl oral tablet	1	QL (90 EA per 30 days)
methylphenidate hcl oral tablet chewable	1	QL (180 EA per 30 days)
RITALIN	3	QL (90 EA per 30 days)
RITALIN LA ORAL CAPSULE EXTENDED RELEASE 24 HOUR 10 MG, 20 MG, 30 MG	3	QL (60 EA per 30 days)
RITALIN LA ORAL CAPSULE EXTENDED RELEASE 24 HOUR 40 MG	3	QL (30 EA per 30 days)
VYVANSE ORAL CAPSULE 10 MG, 20 MG, 30 MG	2	QL (60 EA per 30 days)
VYVANSE ORAL CAPSULE 40 MG, 50 MG, 60 MG, 70 MG	2	QL (30 EA per 30 days)
VYVANSE ORAL TABLET CHEWABLE 10 MG, 20 MG, 30 MG	2	QL (60 EA per 30 days)
VYVANSE ORAL TABLET CHEWABLE 40 MG, 50 MG, 60 MG	2	QL (30 EA per 30 days)
Central Nervous System Agents - Drugs for Multiple Sclerosis		
AMPYRA	4	PA; SP; QL (60 EA per 30 days)
AUBAGIO	4	PA; SP; QL (30 EA per 30 days)
AVONEX PEN	4	PA; SP; QL (4 EA per 28 days)
AVONEX PREFILLED	4	PA; SP; QL (4 EA per 28 days)
BETASERON	4	PA; SP; QL (14 EA per 28 days)
COPAXONE SUBCUTANEOUS SOLUTION PREFILLED SYRINGE 20 MG/ML	4	PA; SP; QL (30 ML per 30 days)
COPAXONE SUBCUTANEOUS SOLUTION PREFILLED SYRINGE 40 MG/ML	4	PA; SP; QL (12 ML per 28 days)
dalfampridine er	4	PA; SP; QL (60 EA per 30 days)
dimethyl fumarate oral capsule delayed release 120 mg	4	PA; SP; QL (14 EA per 7 days)
dimethyl fumarate oral capsule delayed release 240 mg	4	PA; SP; QL (60 EA per 30 days)
EXTAVIA	4	PA; SP; QL (15 EA per 30 days)
GILENYA ORAL CAPSULE 0.25 MG	4	PA; SP; QL (31 EA per 31 days)
GILENYA ORAL CAPSULE 0.5 MG	4	PA; SP; QL (30 EA per 30 days)

Drug Name	Drug Tier	Notes
glatiramer acetate subcutaneous solution prefilled syringe 20 mg/ml	4	PA; SP; QL (30 ML per 30 days)
glatiramer acetate subcutaneous solution prefilled syringe 40 mg/ml	4	PA; SP; QL (12 ML per 28 days)
glatopa subcutaneous solution prefilled syringe 20 mg/ml	4	PA; SP; QL (30 ML per 30 days)
glatopa subcutaneous solution prefilled syringe 40 mg/ml	4	PA; SP; QL (12 ML per 28 days)
LEMTRADA	4	PA; SP
OCREVUS	4	PA; SP; QL (20 ML per 168 days)
PLEGRIDY	4	PA; SP; QL (1 ML per 28 days)
PLEGRIDY STARTER PACK	4	PA; SP; QL (1 ML per 28 days)
REBIF	4	PA; SP; QL (6 ML per 28 days)
REBIF REBIDOSE	4	PA; SP; QL (6 ML per 28 days)
REBIF REBIDOSE TITRATION PACK	4	PA; SP; QL (4.2 ML per 28 days)
REBIF TITRATION PACK	4	PA; SP; QL (4.2 ML per 28 days)
TECFIDERA STARTER PACK	4	PA; SP; QL (60 EA per 180 days)
TECFIDERA ORAL CAPSULE DELAYED RELEASE 120 MG	4	PA; SP; QL (14 EA per 7 days)
TECFIDERA ORAL CAPSULE DELAYED RELEASE 240 MG	4	PA; SP; QL (60 EA per 30 days)
TYSABRI	4	PA; SP; QL (15 ML per 28 days)
Central Nervous System Agents - Miscellaneous		
ANECTINE	3	
atracurium besylate	1	
CAFCIT	3	
caffeine citrate	1	
CAFFEINE-SODIUM BENZOATE	3	
cisatracurium besylate (pf)	1	
cisatracurium besylate intravenous solution 10 mg/ml, 2 mg/ml, 20 mg/10ml	1	
DOPRAM	3	
LYRICA ORAL CAPSULE 100 MG, 150 MG, 200 MG, 25 MG, 50 MG, 75 MG	3	QL (90 EA per 30 days)
LYRICA ORAL CAPSULE 225 MG, 300 MG	3	QL (60 EA per 30 days)
LYRICA ORAL SOLUTION	3	QL (900 ML per 30 days)
NIMBEX	3	
NUEDEXTA	3	
pancuronium bromide	1	
pregabalin oral capsule 100 mg, 150 mg, 200 mg, 25 mg, 50 mg, 75 mg	1	QL (90 EA per 30 days)
pregabalin oral capsule 225 mg, 300 mg	1	QL (60 EA per 30 days)

Drug Name	Drug Tier	Notes
pregabalin oral solution	1	QL (900 ML per 30 days)
QUELICIN	3	
RADICAVA	4	PA; SP
RILUTEK	4	SP
riluzole	4	SP
rocuronium bromide intravenous solution	1	
ROCURONIUM BROMIDE INTRAVENOUS SOLUTION PREFILLED SYRINGE	3	
SAVELLA	2	QL (2 EA per 1 day)
SAVELLA TITRATION PACK	2	QL (55 EA per 28 days)
SUCCINYLCHOLINE CHLORIDE INJECTION SOLUTION PREFILLED SYRINGE	3	
SUCCINYLCHOLINE CHLORIDE INTRAVENOUS	3	
succinylcholine chloride solution 20 mg/ml injection	1	
SUCCINYLCHOLINE CHLORIDE SOLUTION 20 MG/ML INJECTION	3	
tetrabenazine	4	PA; SP
VECURONIUM BROMIDE INTRAVENOUS SOLUTION PREFILLED SYRINGE	3	
vecuronium bromide intravenous solution reconstituted	1	
Dental and Oral Agents - Drugs for Mouth and Throat Conditions		
cevimeline hcl	1	
chlorhexidine gluconate mouth/throat	1	
DEBACTEROL	3	
EVOXAC	3	
fluoridex sensitivity relief	1	
KEPIVANCE	4	SP
lidocaine hcl mouth/throat	1	QL (50 ML per 25 days)
lidocaine viscous hcl	1	
MI PASTE	3	
MI PASTE PLUS	3	
NAFRINSE DAILY ACIDULATED	3	
oralone	1	
paroex	1	
PERIDEX	3	
periogard	1	
pilocarpine hcl oral	1	
PREVIDENT 5000 ENAMEL PROTECT	3	

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Drug Name	Drug Tier	Notes
PREVIDENT 5000 SENSITIVE	3	
REMESENSE	3	
SALAGEN	3	
sodium fluoride 5000 sensitive	1	
TOPEX TOPICAL ANESTHETIC	3	
triamcinolone acetonide mouth/throat	1	
Dermatological Agents - Drugs for Skin Conditions		
acitretin	1	PA
adapalene external cream	1	
adapalene external gel	1	
ADAPALENE EXTERNAL SOLUTION	3	ST
adapalene-benzoyl peroxide	1	ST
ALA SCALP	3	QL (120 ML per 30 days)
ala-cort	1	QL (120 GM per 30 days)
alclometasone dipropionate	1	QL (120 GM per 30 days)
ALCOHOL PREP PADS EXTERNAL 70 %	3	
amcinonide	1	QL (120 GM per 30 days)
ammonium lactate external	1	
amnesteem	1	
APEXICON E	3	QL (120 GM per 30 days)
avita	1	AL (Max 29 Years)
azelaic acid external	1	
balsam peru-castor oil	1	
benzoyl peroxide-erythromycin	1	
beser external lotion	1	QL (120 ML per 30 days)
betamethasone dipropionate aug	1	QL (120 GM per 30 days)
betamethasone dipropionate external	1	QL (120 GM per 30 days)
betamethasone valerate external	1	QL (120 GM per 30 days)
BPCO	3	
calcipotriene external cream	1	QL (120 GM per 30 days)
CALCIPOTRIENE EXTERNAL FOAM	3	QL (120 GM per 30 days)
calcipotriene external ointment	1	QL (120 GM per 30 days)
calcipotriene external solution	1	QL (120 ML per 30 days)
calcipotriene-betameth diprop external ointment	1	QL (120 GM per 30 days)
CALCITRENE	3	QL (120 GM per 30 days)
calcitriol external	1	QL (200 GM per 30 days)
CAPEX	3	QL (120 ML per 30 days)
claravis	1	

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Drug Name	Drug Tier	Notes
CLEOCIN-T	3	
clindacin etz external swab	1	
clindacin-p	1	
clindamycin phosphate-benzoyl peroxide	1	
clindamycin phosphate external foam	1	
clindamycin phosphate external lotion	1	
clindamycin phosphate external solution	1	QL (60 ML per 30 days)
clindamycin phosphate external swab	1	
CLINDAMYCIN PHOSPHATE GEL 1 % EXTERNAL	2	
clindamycin phosphate gel 1 % external	1	
clindamycin-tretinoin	1	PA; AL (Min 12 Years)
clobetasol prop emollient base	1	QL (120 GM per 30 days)
clobetasol propionate e	1	QL (120 GM per 30 days)
clobetasol propionate emulsion	1	PA
clobetasol propionate external	1	QL (120 GM per 30 days)
CLOBEX	3	QL (120 ML per 30 days)
CLOBEX SPRAY	3	QL (120 ML per 30 days)
clocortolone pivalate	1	QL (120 GM per 30 days)
clodan external shampoo	1	QL (120 ML per 30 days)
CLODERM	3	QL (120 GM per 30 days)
coal tar external	1	
CONDYLOX	3	
CORDRAN EXTERNAL TAPE	3	
CORTISPORIN	3	
CUTIVATE	3	QL (120 ML per 30 days)
dapsone external gel 5 %	1	
DAPSONE EXTERNAL GEL 7.5 %	1	
DERMA-SMOOTH/FS BODY	3	QL (120 ML per 30 days)
DERMA-SMOOTH/FS SCALP	3	QL (120 ML per 30 days)
DERMULCERA	3	
DESONATE	3	QL (120 GM per 30 days)
desonide external	1	QL (120 GM per 30 days)
desoximetasone external	1	QL (120 GM per 30 days)
DIFFERIN EXTERNAL CREAM	3	ST
DIFFERIN EXTERNAL GEL 0.3 %	3	ST
DIFFERIN EXTERNAL LOTION	3	ST
DIPROLENE	3	QL (120 GM per 30 days)
DIPROLENE AF	3	QL (120 GM per 30 days)

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Drug Name	Drug Tier	Notes
DOVONEX	3	QL (120 GM per 30 days)
DUPIXENT SUBCUTANEOUS SOLUTION PEN-INJECTOR	4	PA; SP; QL (4 ML per 28 days)
DUPIXENT SUBCUTANEOUS SOLUTION PREFILLED SYRINGE 200 MG/1.14ML	4	PA; SP; QL (2.28 ML per 28 days)
DUPIXENT SUBCUTANEOUS SOLUTION PREFILLED SYRINGE 300 MG/2ML	4	PA; SP; QL (4 ML per 28 days)
ELIDEL	2	AL (Min 2 Years)
EPIDUO	3	ST
EPIDUO FORTE	3	ST
EPIFOAM	3	
ery	1	
ERYGEL	3	
erythromycin external gel	1	
erythromycin external solution	1	QL (120 ML per 30 days)
EVOCLIN	3	
FABIOR	3	ST
FINACEA	2	
fluocinolone acetonide body	1	QL (120 ML per 30 days)
fluocinolone acetonide external	1	QL (120 GM per 30 days)
fluocinolone acetonide scalp	1	QL (120 ML per 30 days)
fluocinonide emulsified base	1	QL (120 GM per 30 days)
fluocinonide external cream 0.05 %	1	QL (120 GM per 30 days)
fluocinonide external gel	1	QL (120 GM per 30 days)
fluocinonide external ointment	1	QL (120 GM per 30 days)
fluocinonide external solution	1	QL (120 ML per 30 days)
fluorouracil external cream 5 %	1	
fluorouracil external solution	1	
flurandrenolide	1	QL (120 ML per 30 days)
fluticasone propionate external	1	QL (120 GM per 30 days)
GORDOFILM	3	
halcinonide	1	QL (120 GM per 30 days)
halobetasol propionate external cream	1	QL (120 GM per 30 days)
HALOBETASOL PROPIONATE EXTERNAL FOAM	1	QL (120 GM per 30 days)
halobetasol propionate external ointment	1	QL (120 GM per 30 days)
HALOG EXTERNAL CREAM	3	QL (120 GM per 30 days)
HALOG EXTERNAL OINTMENT	3	QL (120 GM per 30 days)
HALOG EXTERNAL SOLUTION	3	
hydrocortisone butyr lipo base	1	QL (120 GM per 30 days)

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Drug Name	Drug Tier	Notes
hydrocortisone butyrate	1	QL (120 GM per 30 days)
hydrocortisone external cream 1 %, 2.5 %	1	QL (120 GM per 30 days)
hydrocortisone external lotion 2.5 %	1	QL (120 ML per 30 days)
hydrocortisone external ointment 2.5 %	1	QL (120 GM per 30 days)
hydrocortisone valerate	1	QL (120 GM per 30 days)
imiquimod external	1	
IMIQUIMOD PUMP	3	
isotretinoin oral	1	
KENALOG EXTERNAL	3	QL (200 GM per 30 days)
KERAMATRIX REPLICINE 5CMX5CM	3	
lactic acid e	1	
lactic acid external	1	
LUXIQ	3	QL (120 GM per 30 days)
methoxsalen rapid	1	
METROCREAM	3	
METROGEL	3	
METROLOTION	3	
metronidazole external	1	
MIRVASO	3	
mometasone furoate external	1	QL (120 GM per 30 days)
myorisan	1	
NEO-SYNALAR EXTERNAL CREAM	3	
neuac external gel	1	
nolix	1	QL (120 ML per 30 days)
OLUX	3	QL (120 GM per 30 days)
OLUX-E	3	PA
PANDEL	3	QL (120 GM per 30 days)
PICATO	3	ST
pimecrolimus	1	AL (Min 2 Years)
podofilox external	1	
prednicarbate	1	QL (120 GM per 30 days)
PROTOPIC EXTERNAL OINTMENT 0.03 %	3	AL (Min 2 Years)
PROTOPIC EXTERNAL OINTMENT 0.1 %	3	AL (Min 16 Years)
PRUDOXIN	3	
PYROGALLIC ACID	3	
RADIAPLEXRX	3	
REGRANEX	3	PA
RIAX	3	

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Drug Name	Drug Tier	Notes
rosadan external cream	1	
rosadan external gel	1	
SANTYL	3	QL (60 GM per 30 days)
selenium sulfide external lotion	1	
SOOLANTRA	3	
SORIATANE	3	PA
SORILUX	3	QL (120 GM per 30 days)
sulfacetamide sodium (acne)	1	
SYNALAR	3	QL (120 GM per 30 days)
tacrolimus external ointment 0.03 %	1	AL (Min 2 Years)
tacrolimus external ointment 0.1 %	1	AL (Min 16 Years)
tazarotene external	1	ST
TAZORAC	2	ST
TEMOVATE	3	QL (120 GM per 30 days)
TEXACORT	3	QL (1 ML per 30 days)
THERAHONEY EXTERNAL SHEET	3	
TOPICORT	3	QL (120 GM per 30 days)
tovet external foam	1	PA
tretinoin external	1	AL (Max 29 Years)
tretinoin microsphere	1	AL (Max 29 Years)
tretinoin microsphere pump	1	AL (Max 29 Years)
triamcinolone acetonide external aerosol solution	1	QL (200 GM per 30 days)
triamcinolone acetonide external cream	1	QL (120 GM per 30 days)
triamcinolone acetonide external lotion	1	QL (120 ML per 30 days)
triamcinolone acetonide external ointment 0.025 %, 0.1 %, 0.5 %	1	QL (120 GM per 30 days)
TRI-CHLOR	3	
triderm	1	QL (120 GM per 30 days)
vashe cleansing	1	
VECTICAL	3	QL (200 GM per 30 days)
VELTIN	3	ST; AL (Min 12 Years)
VENELEX	3	
XALIX	3	
XEROFORM OIL EMULSION 2"X2"	3	
XEROFORM OIL EMULSION GAUZE	3	
XEROFORM OIL EMULSION STRIP	3	
XEROFORM OIL ROLL 4"X9'	3	
XEROFORM PETROLAT GAUZE 1"X8"	3	

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Drug Name	Drug Tier	Notes
XEROFORM PETROLAT GAUZE 5"X9"	3	
XEROFORM PETROLAT PATCH 2"X2"	3	
XEROFORM PETROLAT PATCH 4"X4"	3	
XEROFORM PETROLATUM ROLL 4"X9'	3	
zenatane	1	
ZONALON	3	
Diabetes - Antidiabetic Agents		
acarbose oral	1	
ACTOPLUS MET	3	
ACTOS	3	
ALOGLIPTIN BENZOATE	1	PA
ALOGLIPTIN-METFORMIN HCL	1	PA
ALOGLIPTIN-PIOGLITAZONE	3	PA
AMARYL	3	
AVANDIA	3	
BYDUREON	3	PA; QL (4 EA per 28 days)
BYDUREON BCISE AUTOINJECTOR	3	PA; QL (3.4 ML per 28 days)
BYETTA 10 MCG PEN	3	PA
BYETTA 5 MCG PEN	3	PA
CYCLOSET	3	
DUETACT	3	
FARXIGA	2	
glimepiride	1	
glipizide er	1	
glipizide ir	1	
glipizide xl	1	
glipizide-metformin hcl	1	
GLUCOTROL	3	
GLUCOTROL XL	3	
glyburide micronized	1	
glyburide oral	1	
glyburide-metformin	1	
GLYNASE	3	
GLYSET	3	
GLYXAMBI	3	
INVOKAMET	3	PA
INVOKAMET XR	3	PA

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Drug Name	Drug Tier	Notes
INVOKANA	3	PA
JANUMET	2	
JANUMET XR	2	
JANUVIA	2	
JARDIANCE	2	
JENTADUETO	3	PA
JENTADUETO XR	3	PA
KAZANO	3	PA
KOMBIGLYZE XR	3	PA
metformin hcl er	1	
metformin hcl oral solution	1	PA
metformin hcl oral tablet	1	
miglitol	1	
nateglinide	1	
NESINA	3	PA
ONGLYZA	3	PA
OSENI	3	PA
OZEMPIC	2	ST; QL (3 ML per 28 days)
pioglitazone hcl	1	
pioglitazone hcl-glimepiride	1	
pioglitazone hcl-metformin hcl	1	
PRECOSE	3	
repaglinide	1	
RIOMET	3	PA
STARLIX	3	
SYMLINPEN 120	3	
SYMLINPEN 60	3	
SYNJARDY	2	
SYNJARDY XR	2	
tolbutamide	1	
TRADJENTA	3	PA
TRULICITY	2	ST; QL (2 ML per 28 days)
VICTOZA	2	ST; QL (9 ML per 30 days)
XIGDUO XR	2	
Diabetes - Glucose Monitoring		
ACCU-CHEK AVIVA IN VITRO	3	OTC
ACCU-CHEK AVIVA PLUS TEST STRIPS	3	PA; OTC; QL (200 EA per 30 days)
ACCU-CHEK COMPACT PLUS CONTROL	3	OTC

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Drug Name	Drug Tier	Notes
ACCU-CHEK COMPACT PLUS TEST STRIPS	3	PA; OTC; QL (200 EA per 30 days)
ACCU-CHEK FASTCLIX LANCET KIT	2	OTC
ACCU-CHEK GUIDE CONTROL	3	OTC
ACCU-CHEK GUIDE TEST STRIPS	3	PA; OTC; QL (200 EA per 30 days)
ACCU-CHEK MULTICLIX LANCET DEVICE KIT	2	OTC
ACCU-CHEK SMARTVIEW CONTROL	3	OTC
ACCU-CHEK SMARTVIEW TEST STRIPS	3	PA; OTC; QL (200 EA per 30 days)
ACCU-CHEK SOFTCLIX LANCET DEVICE KIT	2	OTC
AGAMATRIX CONTROL LEVEL 2	3	OTC
AGAMATRIX CONTROL LEVEL 4	3	OTC
AGAMATRIX PRESTO TEST	3	PA; OTC; QL (200 EA per 30 days)
ASSURE PLATINUM	3	PA; OTC; QL (200 EA per 30 days)
AUTOLET II CLINISAFE	2	OTC
AUTOLET LANCING DEVICE	2	OTC
BLOOD GLUCOSE TEST	3	PA; OTC; QL (200 EA per 30 days)
CARETOUCH CONTROL SOL LEVEL 2	3	OTC
CARETOUCH LANCING/EJECTOR	2	OTC
CARETOUCH TEST	3	PA; OTC; QL (200 EA per 30 days)
CEQUR SIMPLICITY 2U	3	QL (200 EA per 30 days)
CEQUR SIMPLICITY INSERTER	3	QL (200 EA per 30 days)
CEQUR SIMPLICITY STARTER	3	QL (200 EA per 30 days)
CHEMSTRIP UGK	3	OTC
CONTOUR CONTROL	3	OTC
CONTOUR NEXT CONTROL	3	OTC
CONTOUR NEXT TEST	3	PA; OTC; QL (200 EA per 30 days)
CONTOUR TEST	3	PA; OTC; QL (200 EA per 30 days)
DEXCOM G4 / G5 / G6 RECEIVER, TRANSMITTER, SENSOR (INCLUDING PLATINUM, PLATINUM PEDIATRIC)	3	PA; QL (3 EA per 30 days)
DEXCOM G4 / G5 / G6 RECEIVER, TRANSMITTER, SENSOR (INCLUDING PLATINUM, PLATINUM PEDIATRIC)	3	PA; QL (1 EA per 90 days)
DEXCOM G4 / G5 / G6 RECEIVER, TRANSMITTER, SENSOR (INCLUDING PLATINUM, PLATINUM PEDIATRIC) DEVICE	3	PA; QL (1 EA per 365 days)
DIATHRIVE BLOOD GLUCOSE TEST	3	PA; OTC; QL (200 EA per 30 days)
DIATHRIVE GLUCOSE CONTROL SOLN	3	OTC
DIATHRIVE GLUCOSE TEST	3	PA; OTC; QL (200 EA per 30 days)
DIATHRIVE LANCING DEVICE	2	OTC
DIATHRIVE+ GLUCOSE TEST	3	PA; OTC; QL (200 EA per 30 days)
EASY TRAK II CONTROL	3	OTC

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Drug Name	Drug Tier	Notes
EASY TRAK II GLUCOSE TEST	3	PA; OTC; QL (200 EA per 30 days)
EASYMAX 15 LEVEL 2-3 CONTROL	3	OTC
EASYMAX CONTROL	3	OTC
EASYMAX CONTROL NORMAL/HIGH	3	OTC
EMBRACE TALK GLUCOSE CONTROL	3	OTC
EMBRACE TALK GLUCOSE TEST	3	PA; OTC; QL (200 EA per 30 days)
EVENCARE PROVIEW GLUCOSE TEST	3	PA; OTC; QL (200 EA per 30 days)
FORA GTEL BLOOD GLUCOSE TEST	3	PA; OTC; QL (200 EA per 30 days)
FORTISCARE CONTROL	3	OTC
FREESTYLE INSULINX TEST	3	PA; OTC; QL (200 EA per 30 days)
FREESTYLE LIBRE 14 DAY READER	3	PA; QL (1 EA per 365 days)
FREESTYLE LIBRE 14 DAY SENSOR	3	PA
FREESTYLE LIBRE 2 READER SYSTM	3	PA; QL (1 EA per 365 days)
FREESTYLE LIBRE 2 SENSOR SYSTM	3	PA
FREESTYLE LIBRE READER	3	PA; QL (1 EA per 365 days)
FREESTYLE LIBRE SENSOR SYSTEM	3	PA
FREESTYLE LITE TEST	3	PA; OTC; QL (200 EA per 30 days)
FREESTYLE PRECISION NEO TEST	3	PA; OTC; QL (200 EA per 30 days)
FREESTYLE TEST	3	PA; OTC; QL (200 EA per 30 days)
GENTEEL LANCING KIT (BLUE)	2	OTC
GLUCOCARD 01 SENSOR PLUS	3	PA; OTC; QL (200 EA per 30 days)
GLUCOCARD EXPRESSION TEST	3	PA; OTC; QL (200 EA per 30 days)
GLUCOCARD SHINE TEST	3	PA; OTC; QL (200 EA per 30 days)
GLUCOCARD VITAL TEST	3	PA; OTC; QL (200 EA per 30 days)
GOJJI BLOOD GLUCOSE TEST	3	PA; OTC; QL (200 EA per 30 days)
GOJJI BLOOD TEST STRIP/LANCETS	3	PA; OTC; QL (200 EA per 30 days)
GOJJI CONTROL	3	OTC
GOJJI LANCING DEVICE/CLEAR CAP	2	OTC
HARMONY BLOOD GLUCOSE TEST	3	PA; OTC; QL (200 EA per 30 days)
HW EMBRACE PRO GLUCOSE TEST	3	PA; OTC; QL (200 EA per 30 days)
HW EMBRACE TALK GLUCOSE TEST	3	PA; OTC; QL (200 EA per 30 days)
INFINITY BLOOD GLUCOSE TEST	3	PA; OTC; QL (200 EA per 30 days)
INPEN 100-BLUE-LILLY	3	QL (200 EA per 30 days)
INPEN 100-BLUE-NOVO	3	QL (200 EA per 30 days)
INPEN 100-GRAY-LILLY	3	QL (200 EA per 30 days)
INPEN 100-GREY-NOVO	3	QL (200 EA per 30 days)
INPEN 100-PINK-LILLY	3	QL (200 EA per 30 days)
INPEN 100-PINK-NOVO	3	QL (200 EA per 30 days)
KETONE TEST	3	OTC; QL (100 EA per 30 days)

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Drug Name	Drug Tier	Notes
KETOSTIX	3	OTC; QL (100 EA per 30 days)
KROGER HEALTHPRO GLUCOSE TEST	3	PA; OTC; QL (200 EA per 30 days)
LANCETS	2	OTC
LANCETS	2	OTC; QL (200 EA per 30 days)
LANCETS KIT	2	OTC
MICRODOT TEST	3	PA; OTC; QL (200 EA per 30 days)
MICROLET NEXT LANCING DEVICE	2	OTC
NOVOPEN ECHO	3	QL (200 EA per 30 days)
OMNIPOD DASH SYSTEM	3	PA; QL (1 EA per 365 days)
OMNIPOD STARTER	3	PA; QL (1 EA per 365 days)
ONE DROP TEST	3	PA; OTC; QL (200 EA per 30 days)
ONETOUCH DELICA LANCING DEV	2	OTC
ONETOUCH DELICA PLUS LANCING	2	OTC
ONETOUCH ULTRA	2	OTC; QL (200 EA per 30 days)
ONETOUCH VERIO IN VITRO SOLUTION HIGH	2	OTC
ONETOUCH VERIO TEST STRIPS	2	OTC; QL (200 EA per 30 days)
PRECISION PCX PLUS TEST	3	PA; OTC; QL (200 EA per 30 days)
PRECISION QID TEST	3	PA; OTC; QL (200 EA per 30 days)
PRECISION SOF-TACT TEST	3	PA; OTC; QL (200 EA per 30 days)
PRECISION XTRA BLOOD GLUCOSE	3	PA; OTC; QL (200 EA per 30 days)
RELION BLOOD GLUCOSE TEST	3	PA; OTC; QL (200 EA per 30 days)
RELION PREMIER TEST	3	PA; OTC; QL (200 EA per 30 days)
RELION ULTIMA TEST	3	PA; OTC; QL (200 EA per 30 days)
SURESTEP PRO HIGH GLUCOSE	2	OTC
SURESTEP PRO LOW GLUCOSE	2	OTC
SURESTEP PRO NORMAL GLUCOSE	2	OTC
TRUE METRIX BLOOD GLUCOSE TEST	3	PA; OTC; QL (200 EA per 30 days)
TRUE METRIX LEVEL 1	3	OTC
TRUE METRIX LEVEL 2	3	OTC
TRUE METRIX LEVEL 3	3	OTC
TRUE METRIX PRO BLOOD GLUCOSE	3	PA; OTC; QL (200 EA per 30 days)
TRUETRACK TEST	3	PA; OTC; QL (200 EA per 30 days)
UNISTRIP CONTROL IN VITRO SOLUTION LOW	3	OTC
VIVAGUARD INO CONTROL SOLUTION	3	OTC
VIVAGUARD INO TEST STRIPS	3	PA; OTC; QL (200 EA per 30 days)
VIVAGUARD LANCING DEVICE	2	OTC
Diabetes - Glycemic Agents		
BAQSIMI ONE PACK	3	QL (1 EA per 30 days)
BAQSIMI TWO PACK	3	QL (2 EA per 30 days)

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Drug Name	Drug Tier	Notes
diazoxide oral	1	
GLUCAGEN HYPOKIT	2	
GLUCAGON EMERGENCY KIT	2	
PROGLYCEM	3	
Diabetes - Insulins		
AFREZZA	3	
APIDRA SOLOSTAR	3	PA
APIDRA VIAL	3	PA
BASAGLAR KWIKPEN	3	PA
BD AUTOSHIELD DUO PEN NEEDLES	2	OTC; QL (200 EA per 30 days)
BD INSULIN SYRINGE U/F 30G X 1/2" 0.3 ML 30G X 1/2" 0.3 ML	2	OTC; QL (200 EA per 30 days)
BD INSULIN SYRINGE U/F 30G X 1/2" 0.3 ML 30G X 1/2" 0.3 ML	3	OTC; QL (200 EA per 30 days)
BD INSULIN SYRINGE U/F 30G X 1/2" 0.5 ML 30G X 1/2" 0.5 ML	2	OTC; QL (200 EA per 30 days)
BD INSULIN SYRINGE U/F 30G X 1/2" 0.5 ML 30G X 1/2" 0.5 ML	3	OTC; QL (200 EA per 30 days)
BD INSULIN SYRINGE U/F 30G X 1/2" 1 ML 30G X 1/2" 1 ML	2	OTC; QL (200 EA per 30 days)
BD INSULIN SYRINGE U/F 30G X 1/2" 1 ML 30G X 1/2" 1 ML	3	OTC; QL (200 EA per 30 days)
BD INSULIN SYRINGE U/F 31G X 5/16" 0.3 ML 31G X 5/16" 0.3 ML	2	OTC; QL (200 EA per 30 days)
BD INSULIN SYRINGE U/F 31G X 5/16" 0.3 ML 31G X 5/16" 0.3 ML	3	OTC; QL (200 EA per 30 days)
BD INSULIN SYRINGE U/F 31G X 5/16" 0.5 ML 31G X 5/16" 0.5 ML	2	OTC; QL (200 EA per 30 days)
BD INSULIN SYRINGE U/F 31G X 5/16" 0.5 ML 31G X 5/16" 0.5 ML	3	OTC; QL (200 EA per 30 days)
BD INSULIN SYRINGE U/F 31G X 5/16" 1 ML 31G X 5/16" 1 ML	2	OTC; QL (200 EA per 30 days)
BD INSULIN SYRINGE U/F 31G X 5/16" 1 ML 31G X 5/16" 1 ML	3	OTC; QL (200 EA per 30 days)
BD ULTRA-FINE INSULIN SYRINGES 27G X 1/2" 1 ML, 29G X 1/2" 0.3 ML, 29G X 1/2" 0.5 ML, 29G X 1/2" 1 ML, 31G X 5/16" 0.3 ML	3	OTC; QL (200 EA per 30 days)
BD ULTRA-FINE INSULIN SYRINGES 31G X 5/16" 0.3 ML	2	OTC; QL (200 EA per 30 days)
BD ULTRA-FINE INSULIN SYRINGES	2	QL (200 EA per 30 days)
BD ULTRA-FINE PEN NEEDLES	2	OTC; QL (200 EA per 30 days)
BD ULTRA-FINE PEN NEEDLES	2	QL (200 EA per 30 days)
BD VEO INSULIN SYR U/F 1/2UNIT	2	OTC; QL (200 EA per 30 days)

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Drug Name	Drug Tier	Notes
BD VEO INSULIN SYRINGE U/F 31G X 15/64" 0.3 ML 31G X 15/64" 0.3 ML	2	OTC; QL (200 EA per 30 days)
BD VEO INSULIN SYRINGE U/F 31G X 15/64" 0.3 ML 31G X 15/64" 0.3 ML	3	OTC; QL (200 EA per 30 days)
BD VEO INSULIN SYRINGE U/F 31G X 15/64" 0.5 ML 31G X 15/64" 0.5 ML	2	OTC; QL (200 EA per 30 days)
BD VEO INSULIN SYRINGE U/F 31G X 15/64" 0.5 ML 31G X 15/64" 0.5 ML	3	OTC; QL (200 EA per 30 days)
BD VEO INSULIN SYRINGE U/F 31G X 15/64" 1 ML 31G X 15/64" 1 ML	2	OTC; QL (200 EA per 30 days)
BD VEO INSULIN SYRINGE U/F 31G X 15/64" 1 ML 31G X 15/64" 1 ML	3	OTC; QL (200 EA per 30 days)
DIATHRIVE PEN NEEDLE	3	OTC; QL (200 EA per 30 days)
DROPLET MICRON	3	OTC; QL (200 EA per 30 days)
EASYPOINT NEEDLE 18G X 1" , 18G X 1-1/2" , 20G X 1" , 20G X 1-1/2" , 21G X 1" , 21G X 1-1/2" , 22G X 1" , 22G X 1-1/2"	3	OTC; QL (200 EA per 30 days)
FIASP	2	
FIASP FLEXTOUCH	2	
FIASP PENFILL	2	
HUMALOG KWIKPEN	3	PA
HUMALOG MIX 50/50 KWIKPEN	3	PA
HUMALOG MIX 50/50 VIAL	3	PA
HUMALOG MIX 75/25 KWIKPEN	3	PA
HUMALOG MIX 75/25 VIAL	3	PA
HUMALOG U-100 JUNIOR KWIKPEN	3	PA
HUMALOG VIAL	3	PA
HUMULIN 70/30 KWIKPEN	3	PA; OTC
HUMULIN 70/30 VIAL	3	PA; OTC
HUMULIN N KWIKPEN	3	PA; OTC
HUMULIN N VIAL	3	PA; OTC
HUMULIN R U-500 KWIKPEN	2	
HUMULIN R U-500 VIAL	2	
HUMULIN R VIAL	3	PA; OTC
INSULIN LISPRO	3	PA
INSULIN LISPRO (1 UNIT DIAL)	3	PA
INSULIN LISPRO JUNIOR KWIKPEN	3	PA
INSULIN LISPRO PROT & LISPRO	3	PA
INSULIN PEN NEEDLES	3	OTC; QL (200 EA per 30 days)
INSULIN PEN NEEDLES	3	QL (200 EA per 30 days)
INSULIN SYRINGES	3	OTC; QL (200 EA per 30 days)

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Drug Name	Drug Tier	Notes
LANTUS SOLOSTAR	2	
LANTUS U-100 VIAL	2	
LEVEMIR U-100 FLEXTOUCH	3	PA
LEVEMIR U-100 VIAL	3	PA
MAXICOMFORT SYR 27G X 1/2"	3	OTC; QL (200 EA per 30 days)
MYXREDLIN	3	
NOVOFINE AUTOCOVER PEN NEEDLE	2	OTC; QL (200 EA per 30 days)
NOVOFINE PEN NEEDLE	2	OTC; QL (200 EA per 30 days)
NOVOFINE PLUS PEN NEEDLE	2	OTC; QL (200 EA per 30 days)
NOVOLIN 70/30 FLEXPEN	2	OTC
NOVOLIN 70/30 FLEXPEN RELION	2	OTC
NOVOLIN 70/30 VIAL	2	OTC
NOVOLIN N FLEXPEN	2	OTC
NOVOLIN N FLEXPEN RELION	2	OTC
NOVOLIN N VIAL	2	OTC
NOVOLIN R FLEXPEN	2	OTC
NOVOLIN R FLEXPEN RELION	2	OTC
NOVOLIN R VIAL	2	OTC
NOVOLOG FLEXPEN	2	
NOVOLOG MIX 70/30 FLEXPEN	2	
NOVOLOG MIX 70/30 VIAL	2	
NOVOLOG PENFILL	2	
NOVOLOG U-100 VIAL	2	
NOVOTWIST PEN NEEDLE	2	OTC; QL (200 EA per 30 days)
SECURESAFE HYPODERMIC NEEDLE 18G X 1" , 19G X 1" , 19G X 1-1/2" , 22G X 1"	3	OTC; QL (200 EA per 30 days)
TOUJEO MAX SOLOSTAR	2	
TOUJEO SOLOSTAR	2	
TRESIBA	3	PA
TRESIBA FLEXTOUCH	3	PA
Electrolytes / Minerals / Metals / Vitamins		
adc/f (0.5mg/ml)	1	AL (Max 4 Years)
AMINO ACID	3	
AMINOPROTECT	3	
AMINOSYN II	3	
AMINOSYN-PF	3	
AQUASOL A	3	
ARGININE HCL INJECTION	3	

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Drug Name	Drug Tier	Notes
argyle sterile saline	1	
argyle sterile water	1	
ATABEX OB	3	
CALCIFOL	3	
CALCIUM CHLORIDE SOLUTION 10 % INTRAVENOUS	3	
calcium chloride solution 10 % intravenous	1	
calcium gluconate intravenous	1	
CALCIUM GLUCONATE-NACL INTRAVENOUS SOLUTION 1-0.675 GM/50ML-%	3	
CALCIUM GLUCONATE-NACL INTRAVENOUS SOLUTION 1-0.9 GM/100ML-%, 2-0.9 GM/100ML-%	3	
CARBAGLU	4	PA; SP
CHEMET	3	
chromic chloride intravenous	1	
CLINIMIX E/DEXTROSE (2.75/5)	3	
CLINIMIX E/DEXTROSE (4.25/10)	3	
CLINIMIX E/DEXTROSE (4.25/5)	3	
CLINIMIX E/DEXTROSE (5/15)	3	
CLINIMIX E/DEXTROSE (5/20)	3	
CLINIMIX/DEXTROSE (4.25/10)	3	
CLINIMIX/DEXTROSE (4.25/5)	3	
CLINIMIX/DEXTROSE (5/15)	3	
CLINIMIX/DEXTROSE (5/20)	3	
CLINISOL SF	3	
CLINOLIPID	3	
clovique	4	SP
CUPRIC CHLORIDE	3	
curity sterile saline	1	
cyanocobalamin injection solution 1000 mcg/ml	1	
CYANOCOBALAMIN INJECTION SOLUTION 2000 MCG/ML	3	
deferasirox	4	PA; SP
deferasirox granules	4	PA; SP
deferiprone	4	SP
dehydrated alcohol	1	
DEXPANTHENOL INJECTION	3	
dextrose intravenous solution 10 %, 20 %, 30 %, 40 %, 5 %, 70 %	1	

Drug Name	Drug Tier	Notes
DEXTROSE SOLUTION 250 MG/ML INTRAVENOUS	3	
dextrose solution 250 mg/ml intravenous	1	
DEXTROSE SOLUTION 50 % INTRAVENOUS	3	
dextrose solution 50 % intravenous	1	
dialyvite	1	
DIALYVITE 3000	3	
DIALYVITE 5000	3	
DIALYVITE/ZINC	3	
DILUENT FOR LEFAMULIN	3	
DRISDOL	3	
EDETATE DISODIUM INTRAVENOUS	3	
EFFER-K ORAL TABLET EFFERVESCENT 10 MEQ, 20 MEQ	3	
effer-k oral tablet effervescent 25 meq	1	
ELITE-OB	3	
ergocalciferol oral capsule	1	
EXJADE	4	PA; SP
FERAHEME	4	SP
FERRIPROX	4	PA; SP
FERRIPROX TWICE-A-DAY	4	PA; SP
FERRLECIT	4	SP
FLORIVA ORAL TABLET CHEWABLE 0.25 MG	3	AL (Max 4 Years)
fluoritab	0	PV1
FOLBEE PLUS CZ	3	
folic acid injection	1	
folic acid oral tablet 1 mg	1	
folic acid oral tablet 400 mcg, 800 mcg	0	PV1; OTC
FOLIVANE-F	3	
FREAMINE HBC	3	
FREAMINE III	3	
GALZIN	3	
GLUTATHIONE INJECTION SOLUTION 200 MG/ML	3	
GLUTATHIONE INTRAVENOUS	3	
GLYCINE INJECTION	3	
GLYCOPHOS	3	
hematinic/folic acid	1	
hemocyte-f	1	
HEPATAMINE	3	

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Drug Name	Drug Tier	Notes
hydroxocobalamin acetate	1	
INFED	4	SP
INJECTAFER	3	
INTEGRA F	3	
intralipid intravenous emulsion 20 %	1	
INTRALIPID INTRAVENOUS EMULSION 30 %	3	
iodine strong oral	1	
JADENU	4	PA; SP
JADENU SPRINKLE	4	PA; SP
KABIVEN	3	
kionex	1	
klor-con 10	1	
klor-con m10	1	
KLOR-CON M15	3	
klor-con m20	1	
klor-con oral tablet extended release	1	
klor-con sprinkle	1	
klor-con/ef	1	
K-PHOS	3	
k-prime	1	
K-TAB	3	
lactated ringers irrigation	1	
levocarnitine oral solution	1	
levocarnitine oral tablet	1	
levocarnitine sf	1	
LIPO	3	
LIPO-C	3	
LYSINE HCL INJECTION	3	
MAGNEBIND 400	3	
magnesium chloride injection	1	
magnesium sulfate in d5w	1	
MAGNESIUM SULFATE INTRAVENOUS SOLUTION 1000 MG/1.6ML, 2000 MG/3.2ML, 3000 MG/4.8ML, 4000 MG/6.4ML	3	
magnesium sulfate intravenous solution 2 gm/50ml, 20 gm/500ml, 4 gm/100ml, 4 gm/50ml, 40 gm/1000ml	1	
MAGNESIUM SULFATE SOLUTION 50 % INJECTION	3	
magnesium sulfate solution 50 % injection	1	

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Drug Name	Drug Tier	Notes
MAGNESIUM SULFATE-NACL	3	
MANGANESE CHLORIDE	3	
MEPHYTON	3	
METHYLCOBALAMIN INJECTION SOLUTION RECONSTITUTED	3	
M-NATAL PLUS	3	
monoject flush syringe	1	
monoject sodium chloride flush	1	
multi prenatal	0	PV1; OTC
multi-vit/iron/fluoride	1	AL (Max 4 Years)
multi-vitamin/fluoride	1	AL (Max 4 Years)
multivitamin/fluoride oral solution	1	AL (Max 4 Years)
multivitamin/fluoride oral tablet chewable 0.25 mg, 0.5 mg, 1 mg	1	AL (Max 4 Years)
MULTIVITAMIN/FLUORIDE ORAL TABLET CHEWABLE 0.25-0.3 MG, 0.5-0.3 MG, 1-0.3 MG	3	AL (Max 4 Years)
multi-vitamin/fluoride/iron	1	AL (Max 4 Years)
multivitamins/fluoride	1	AL (Max 4 Years)
mynephron	1	
na ferric gluc cplx in sucrose	4	SP
n-acetyl-l-cysteine oral	1	
nafrinse	0	PV1
nafrinse drops	0	PV1
NEOKE ALCAR	3	
NEONATAL PLUS	3	
NEPHPLEX RX	3	
NEPHRAMINE	3	
nephronex oral tablet	1	
NEPHRO-VITE RX	3	
NESTABS	3	
normal saline flush	1	
nutrilipid	1	
ONE VITE WOMENS	0	PV1; OTC
ONE VITE WOMENS PLUS	3	
ONE-A-DAY WOMENS PRENATAL 1	0	PV1; OTC
ORACIT	3	
PERIKABIVEN	3	
PHYSIOLYTE	3	

Drug Name	Drug Tier	Notes
PHYSIOSOL IRRIGATION	3	
phytonadione injection	1	
phytonadione oral	1	
PLENAMINE	3	
POLY-VI-FLOR FS	3	AL (Max 4 Years)
POLY-VI-FLOR ORAL SUSPENSION	3	AL (Max 4 Years)
POLY-VI-FLOR/IRON ORAL SUSPENSION	3	AL (Max 4 Years)
pot bicarb-pot chloride	1	
potassium acetate intravenous	1	
potassium bicarbonate oral	1	
potassium chloride crys er	1	
potassium chloride er	1	
potassium chloride intravenous	1	
potassium chloride oral	1	
potassium citrate er	1	
potassium phosphates(71 meq k)	1	
PREMASOL	3	
prenatal multi +dha	0	PV1; OTC
prenatal oral tablet 27-0.8 mg	0	PV1
prenatal oral tablet 27-1 mg	1	
prenatal oral tablet 28-0.8 mg	0	PV1; OTC
prenatal plus iron	1	
PRENATVITE PLUS	3	
PRENATVITE RX	3	
PRISMASOL B22GK 4/0	3	
PRISMASOL BGK 0/2.5	3	
PRISMASOL BGK 2/0	3	
PRISMASOL BGK 2/3.5	3	
PRISMASOL BGK 4/2.5	3	
PRISMASOL BK 0/0/1.2	3	
PROCALAMINE	3	
PROSOL	3	
PYRIDOXINE HCL SOLUTION 100 MG/ML INJECTION	3	
pyridoxine hcl solution 100 mg/ml injection	1	
QUFLORA FE	3	AL (Max 4 Years)
RELNATE DHA	3	
renal	1	

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Drug Name	Drug Tier	Notes
RENATABS	3	
ringers irrigation	1	
saline bacteriostatic	1	
saline flush	1	
saline flush zr	1	
SALINE-PHENOL	3	
SAMSCA	4	PA; SP
SMOFLIPID	3	
sod citrate-citric acid	1	
sodium acetate intravenous	1	
sodium bicarbonate intravenous solution 4.2 %, 7.5 %	1	
sodium bicarbonate solution 8.4 % intravenous	1	
SODIUM BICARBONATE SOLUTION 8.4 % INTRAVENOUS	3	
sodium chloride (pf)	1	
sodium chloride bacteriostatic	1	
sodium chloride flush	1	
sodium chloride injection	1	
sodium chloride intravenous	1	
sodium chloride irrigation	1	
sodium fluoride oral	0	PV1
sodium phosphates	1	
sodium polystyrene sulfonate	1	
sps	1	
sterile water for irrigation	1	
swabflush saline flush	1	
TAURINE INJECTION	3	
THAM	3	
THE LIQUILIFT TRACE	3	
thiamine hcl injection	1	
tis-u-sol	1	
tolvaptan	4	PA; SP
TRAVASOL	3	
TRI-AMINO	3	
TRICARE PRENATAL DHA ONE	3	
trientine hcl	4	SP
TRIFERIC HEMODIALYSIS PACKET	3	

Drug Name	Drug Tier	Notes
trinate	1	
triphocaps	1	
TRISODIUM CITRATE/CRRT	3	
TRI-VI-FLOR	3	AL (Max 4 Years)
TRI-VI-FLORO	3	AL (Max 4 Years)
tri-vite/fluoride	1	AL (Max 4 Years)
TROPHAMINE	3	
UDAMIN SP	3	
UROCIT-K 10	3	
UROCIT-K 15	3	
UROCIT-K 5	3	
VENOFER	4	SP
virt-caps	1	
VITAL-D RX	3	
vitamin d (ergocalciferol) oral capsule 1.25 mg (50000 ut)	1	
vitamin k1 injection	1	
vitamins acd-fluoride	1	AL (Max 4 Years)
vp-pnv-dha	1	
water for irrigation, sterile	1	
ZINC CHLORIDE INTRAVENOUS	3	
ZINC SULFATE INTRAVENOUS SOLUTION 5 MG/ML	3	
Gastrointestinal Agents - Drugs for Acid Reflux and Ulcer		
ACIPHEX SPRINKLE	3	QL (30 EA per 30 days)
CARAFATE	3	
cimetidine hcl	1	
cimetidine oral	1	
CYTOTEC	3	
famotidine intravenous	1	
famotidine oral suspension reconstituted	1	
famotidine oral tablet 20 mg, 40 mg	1	
famotidine premixed	1	
FIRST-LANSOPRAZOLE	3	QL (300 ML per 30 days); AL (Max 17 Years)
FIRST-OMEPRAZOLE	3	QL (300 ML per 30 days); AL (Max 17 Years)
misoprostol oral	1	
nizatidine	1	

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Drug Name	Drug Tier	Notes
omeprazole oral capsule delayed release	1	QL (30 EA per 30 days)
OMEPRAZOLE+SYRSPEND SF ALKA	3	QL (300 ML per 30 days); AL (Max 17 Years)
pantoprazole sodium intravenous	1	QL (30 EA per 30 days)
pantoprazole sodium oral tablet delayed release	1	QL (30 EA per 30 days)
RABEPRAZOLE SODIUM ORAL CAPSULE SPRINKLE	3	QL (30 EA per 30 days)
sucralfate oral	1	
Gastrointestinal Agents - Drugs for Bowel, Intestine and Stomach Conditions		
ACTIGALL	3	
alosetron hcl	1	PA
AMITIZA	3	PA
amoxicill-clarithro-lansopraz	1	
ANASPAZ	3	
ATROOPEN	3	
atropine sulfate injection solution 8 mg/20ml	1	
atropine sulfate injection solution prefilled syringe	1	
ATROPINE SULFATE INTRAVENOUS	3	
BENTYL	3	
bisacodyl ec	0	PV1; OTC; QL (1 EA per 365 days)
cascara sagrada oral fluid extract	1	
CHENODAL	3	
chlordiazepoxide-clidinium	1	
citroma	0	PV1; OTC; QL (1 ML per 365 days)
clearlax	0	PV1; OTC; QL (1 GM per 365 days)
constulose	1	
cromolyn sodium oral	1	
CUVPOSA	3	
dicyclomine hcl intramuscular	1	
dicyclomine hcl oral	1	
diphenoxylate-atropine	1	
ed-spaz	1	
ENTEREG	3	
enulose	1	
GASTROCROM	3	
GATTEX	4	PA; SP; QL (30 EA per 30 days)
gavilax oral powder	0	PV1; OTC; QL (1 GM per 365 days)
gavilyte-c	0	PV1; QL (4000 ML per 365 days)

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Drug Name	Drug Tier	Notes
gavilyte-g	0	PV1; QL (4000 ML per 365 days)
gavilyte-h	1	
gavilyte-n with flavor pack	0	PV1; QL (4000 ML per 365 days)
generlac	1	
gentle laxative oral	0	PV1; OTC; QL (1 EA per 365 days)
GLYCATE	3	
glycolax	0	PV1; OTC; QL (1 GM per 365 days)
glycopyrrolate injection solution	1	
GLYCOPYRROLATE INJECTION SOLUTION PREFILLED SYRINGE	3	
GLYCOPYRROLATE INTRAVENOUS	3	
glycopyrrolate oral tablet 1 mg, 2 mg	1	
glycopyrrolate pf	1	
GLYRX-PF	3	
GOLYTELY	3	
HELIDAC THERAPY	3	
hyoscyamine sulfate oral	1	
hyoscyamine sulfate sl	1	
hyoscyamine sulfate sublingual	1	
KRISTALOSE	2	
lactulose encephalopathy	1	
lactulose oral solution	1	
LINZESS	2	
LOMOTIL	3	
loperamide hcl oral capsule	1	
LOTRONEX	3	PA
magnesium citrate oral solution	0	PV1; OTC; QL (1 ML per 365 days)
methscopolamine bromide oral	1	
mineral oil heavy oral	1	
MOTEGRITY	3	PA
MOTOFEN	3	
MOVANTIK	3	
MOVIPREP	3	
MYTESI	3	
nulev	1	
NULYTLY LEMON-LIME	3	
NULYTLY WITH FLAVOR PACKS	3	

Drug Name	Drug Tier	Notes
OMECLAMOX-PAK	3	
oscimin	1	
peg 3350-kcl-na bicarb-nacl	0	PV1; QL (4000 ML per 365 days)
peg-3350/electrolytes	0	PV1; QL (4000 ML per 365 days)
peg-3350/electrolytes/ascorbat	1	
peg-kcl-nacl-nasulf-na asc-c	1	
peg-prep	1	
propantheline bromide oral	1	
PYLERA	3	
qc magnesium citrate	0	PV1; OTC; QL (1 ML per 365 days)
RESTORA RX	3	
SEROSTIM	4	PA; SP
sodium bicarbonate oral powder	1	
SUPREP BOWEL PREP KIT	3	
trilyte	0	PV1; QL (4000 ML per 365 days)
URSO 250	3	
URSO FORTE	3	
ursodiol oral	1	
VIBERZI	3	PA
XERMELO	4	PA; SP
ZELNORM	3	
ZORBTIVE	4	PA; SP
Genetic or Enzyme Disorder - Drugs for Replacement, Modification, Treatment		
ALDURAZYME	4	PA; SP
AMMONUL	3	
BUPHENYL	4	PA; SP
CERDELGA	4	PA; SP; QL (60 EA per 30 days)
CEREZYME	4	PA; SP; QL (15 EA per 11 days)
CHOLBAM	4	PA; SP
CREON	2	
CYSTADANE	4	SP
CYSTAGON	4	PA; SP
ELAPRASE	4	PA; SP
ELELYSO	4	PA; SP; QL (30 EA per 11 days)
FABRAZYME	4	PA; SP
GALAFOLD	4	PA; SP; QL (14 EA per 28 days)
KANUMA	4	PA; SP

Drug Name	Drug Tier	Notes
KUVAN	4	PA; SP
LUMIZYME	4	PA; SP
miglustat	4	PA; SP; QL (90 EA per 30 days)
MYALEPT	4	PA; SP
NAGLAZYME	4	PA; SP
nitisinone	4	PA; SP
ORFADIN	4	PA; SP
PANCREAZE	2	
PERTZYE	3	
PROCYSB1	4	PA; SP
RAVICTI	4	PA; SP
sapropterin dihydrochloride	4	PA; SP
sod benz-sod phenylacet	1	
sodium phenylbutyrate oral	4	PA; SP
STRENSIQ	4	PA; SP
SUCRAID	4	SP
VIMIZIM	4	PA; SP
VIOKACE	3	
VPRIV	4	PA; SP; QL (15 EA per 11 days)
ZAVESCA	4	PA; SP; QL (90 EA per 30 days)
ZENPEP	3	
Genitourinary Agents - Drugs for Bladder, Genital and Kidney Conditions		
acetic acid irrigation	1	
aminoacetic acid	1	
AURYXIA	3	
bethanechol chloride oral	1	
calcium acetate (phos binder)	1	
calcium acetate oral tablet 667 mg	1	
CIALIS ORAL TABLET 2.5 MG	3	QL (30 EA per 31 days)
CIALIS ORAL TABLET 5 MG	3	QL (30 EA per 30 days)
darifenacin hydrobromide er	1	
DEPEN TITRATABS	4	SP
DETROL	3	PA
DETROL LA	3	PA
DITROPAN XL	3	PA
ELMIRON	3	
ENABLEX ORAL TABLET EXTENDED RELEASE 24 HOUR 7.5 MG	3	

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Drug Name	Drug Tier	Notes
flavoxate hcl	1	
FOSRENOL	2	
GELNIQUE	2	
glycine irrigation	1	
glycine urologic	1	
lanthanum carbonate	1	
LITHOSTAT	3	
MYRBETRIQ	3	PA
oxybutynin chloride er	1	
oxybutynin chloride oral	1	
OXYTROL	3	PA
penicillamine oral	4	SP
phenazo oral tablet 200 mg	1	
phenazopyridine hcl oral tablet 100 mg, 200 mg	1	
PHOSLYRA	3	
RENACIDIN	3	
RENAGEL	3	
RENVELA	3	
RIMSO-50	3	
sevelamer carbonate	1	
sevelamer hcl	1	
solifenacin succinate	1	
tadalafil oral tablet 2.5 mg	1	QL (30 EA per 31 days)
tadalafil oral tablet 5 mg	1	QL (30 EA per 30 days)
THIOLA	4	SP
tolterodine tartrate	1	
tolterodine tartrate er	1	
TOVIAZ	3	PA
trospium chloride	1	
trospium chloride er	1	
uretron d/s	1	
urin ds	1	
utrona-c	1	
VELPHORO	3	
VESICARE	3	PA
Genitourinary Agents - Drugs for Prostate Conditions		
alfuzosin hcl er	1	

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Drug Name	Drug Tier	Notes
AVODART	3	
CARDURA XL	3	
dutasteride oral	1	
dutasteride-tamsulosin hcl	1	
finasteride oral tablet 5 mg	1	
FLOMAX	3	
JALYN	3	
PROSCAR	3	
RAPAFLO	3	
silodosin	1	
tamsulosin hcl	1	
terazosin hcl	1	
Hormonal Agents - Adrenal		
betamethasone sod phos & acet injection suspension 6 (3-3) mg/ml	1	
CELESTONE SOLUSPAN	3	
CORTEF	3	
cortisone acetate oral	1	
DECADRON	3	
DEPO-MEDROL	3	
DEXAMETHASONE (LA)	3	
dexamethasone intensol	1	
dexamethasone oral elixir	1	
dexamethasone oral solution	1	
dexamethasone oral tablet	1	
dexamethasone sod phosphate pf	1	
dexamethasone sodium phosphate injection solution 100 mg/10ml, 120 mg/30ml, 20 mg/5ml	1	
DEXAMETHASONE SODIUM PHOSPHATE SOLUTION 10 MG/ML INJECTION	3	
dexamethasone sodium phosphate solution 10 mg/ml injection	1	
DEXAMETHASONE SODIUM PHOSPHATE SOLUTION 4 MG/ML INJECTION	3	
dexamethasone sodium phosphate solution 4 mg/ml injection	1	
DEXONTO 0.4%	3	
fludrocortisone acetate oral	1	
hydrocortisone oral	1	

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Drug Name	Drug Tier	Notes
KENALOG INJECTION	3	
KENALOG-80	3	
MEDROL	3	
METHYLPREDNISOLONE ACETATE INJECTION SUSPENSION 50 MG/ML	3	
METHYLPREDNISOLONE ACETATE SUSPENSION 40 MG/ML INJECTION	3	
methylprednisolone acetate suspension 40 mg/ml injection	1	
METHYLPREDNISOLONE ACETATE SUSPENSION 80 MG/ML INJECTION	3	
methylprednisolone acetate suspension 80 mg/ml injection	1	
methylprednisolone oral	1	
methylprednisolone sodium succ	1	
METHYLPREDNISOLONE-BUPIVACAINE	3	
ORAPRED ODT	3	
PEDIAPRED	3	
prednisolone oral solution	1	
prednisolone sodium phosphate oral	1	
prednisone intensol	1	
prednisone oral	1	
SOLU-CORTEF	3	
SOLU-MEDROL	3	
triamcinolone acetonide suspension 40 mg/ml injection	1	
TRIAMCINOLONE ACETONIDE SUSPENSION 40 MG/ML INJECTION	3	
TRIAMCINOLONE DIACETATE INJECTION SUSPENSION 80 MG/ML	3	
TRIAMCINOLONE-BUPIVACAINE	3	
Hormonal Agents - Men's Health		
ANADROL-50	3	PA
ANDRODERM	2	
ANDROGEL TRANSDERMAL GEL 25 MG/2.5GM (1%), 50 MG/5GM (1%)	3	
danazol oral	1	
DEPO-TESTOSTERONE	3	
FORTESTA	3	
METHITEST	3	
methyltestosterone oral	1	
NATESTO	3	

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Drug Name	Drug Tier	Notes
oxandrolone oral	1	
TESTIM	3	
testosterone cypionate intramuscular	1	
testosterone enanthate intramuscular	1	
testosterone transdermal	1	
VOGELXO	3	
VOGELXO PUMP	3	
Hormonal Agents - Osteoporosis		
EVISTA	3	
OSPHENA	3	
raloxifene hcl	1	PV2; AL (Min 35 Years)
Hormonal Agents - Pituitary		
ACTHAR	4	PA; SP; QL (35 ML per 21 days)
cabergoline	1	
DDAVP INJECTION	3	QL (30 ML per 30 days)
DDAVP NASAL	3	QL (10 ML per 30 days)
DDAVP ORAL	3	
DDAVP RHINAL TUBE	3	QL (5 ML per 30 days)
desmopressin ace spray refrig	1	QL (10 ML per 30 days)
desmopressin acetate injection	1	QL (30 ML per 30 days)
desmopressin acetate oral	1	
desmopressin acetate spray	1	QL (10 ML per 30 days)
EGRIFTA SV	4	PA; SP
ELIGARD	4	PA; SP
FENSOLVI (6 MONTH)	4	PA; SP
FIRMAGON	4	PA; SP
FIRMAGON (240 MG DOSE)	4	PA; SP
GENOTROPIN	4	PA; SP
GENOTROPIN MINIQUICK	4	PA; SP
HUMATROPE	4	PA; SP
INCRELEX	4	PA; SP
leuprolide acetate injection	4	PA; SP
LEUPROLIDE ACETATE-BUPIVACAINE	3	
LUPANETA PACK	4	PA; SP
LUPRON DEPOT (1-MONTH)	4	PA; SP
LUPRON DEPOT (3-MONTH)	4	PA; SP
LUPRON DEPOT (4-MONTH) INTRAMUSCULAR KIT 30MG	4	PA; SP

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Drug Name	Drug Tier	Notes
LUPRON DEPOT (6-MONTH) INTRAMUSCULAR KIT 45MG	4	PA; SP
LUPRON DEPOT-PED (1-MONTH)	4	PA; SP
LUPRON DEPOT-PED (3-MONTH)	4	PA; SP
NORDITROPIN FLEXPRO	4	PA; SP
NUTROPIN AQ NUSPIN 10	4	PA; SP
NUTROPIN AQ NUSPIN 20	4	PA; SP
NUTROPIN AQ NUSPIN 5	4	PA; SP
octreotide acetate injection solution 100 mcg/ml, 50 mcg/ml, 500 mcg/ml	4	PA; SP; QL (90 ML per 30 days)
octreotide acetate injection solution 1000 mcg/ml, 200 mcg/ml	4	PA; SP; QL (3 ML per 1 day)
OMNITROPE	4	PA; SP
oxytocin injection	1	
OXYTOCIN-LACTATED RINGERS	3	
OXYTOCIN-SODIUM CHLORIDE	3	
PITOCIN	3	
SAIZEN	4	PA; SP
SAIZENPREP	4	PA; SP
SANDOSTATIN	4	PA; SP; QL (90 ML per 30 days)
SANDOSTATIN LAR DEPOT INTRAMUSCULAR KIT 10 MG, 30 MG	4	PA; SP; QL (1 EA per 28 days)
SANDOSTATIN LAR DEPOT INTRAMUSCULAR KIT 20 MG	4	PA; SP; QL (2 EA per 28 days)
SIGNIFOR	4	PA; SP; QL (60 ML per 30 days)
SIGNIFOR LAR	4	PA; SP; QL (1 EA per 28 days)
SOMATULINE DEPOT SUBCUTANEOUS SOLUTION 120 MG/0.5ML	4	PA; SP; QL (0.5 ML per 28 days)
SOMATULINE DEPOT SUBCUTANEOUS SOLUTION 60 MG/0.2ML	4	PA; SP; QL (0.2 ML per 28 days)
SOMATULINE DEPOT SUBCUTANEOUS SOLUTION 90 MG/0.3ML	4	PA; SP; QL (0.3 ML per 28 days)
SOMAVERT	4	PA; SP; QL (30 EA per 30 days)
STIMATE	4	PA; SP; QL (30 ML per 30 days)
SUPPRELIN LA	4	PA; SP
SYNAREL	4	SP
TRELSTAR MIXJECT	4	PA; SP
VANTAS	4	PA; SP
VAPRISOL	3	
VASOSTRICT	3	
ZOLADEX	4	PA; SP

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Drug Name	Drug Tier	Notes
ZOMACTON	4	PA; SP
ZOMACTON (FOR ZOMA-JET 10)	4	PA; SP
Hormonal Agents - Prostaglandins		
KORLYM	4	PA; SP; QL (120 EA per 30 days)
Hormonal Agents - Sex Hormones and Birth Control		
ACTIVELLA	3	
afirmelle	0	PV1
ALORA	3	
altavera	0	PV1
alyacen 1/35	0	PV1
alyacen 7/7/7	0	PV1
amabelz	1	
amethia	0	PV1; QL (1 EA per 1 day)
amethia lo	0	PV1; QL (1 EA per 1 day)
amethyst	0	PV1
ANGELIQ	3	
ANNOVERA	0	PV1; QL (1 EA per 350 days)
apri	0	PV1
aranelle	0	PV1
ashlyna	0	PV1; QL (1 EA per 1 day)
aubra	0	PV1
aubra eq	0	PV1
aurovela 1.5/30	0	PV1
aurovela 1/20	0	PV1
aurovela 24 fe	0	PV1
aurovela fe 1.5/30	0	PV1
aurovela fe 1/20	0	PV1
aviane	0	PV1
AYGESTIN	3	
ayuna	0	PV1
azurette	0	PV1
balziva	0	PV1
bekyree	0	PV1
BEYAZ	3	
blisovi 24 fe	0	PV1
blisovi fe 1.5/30	0	PV1
blisovi fe 1/20	0	PV1
briellyn	0	PV1
camila	0	PV1

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Drug Name	Drug Tier	Notes
camrese	0	PV1; QL (1 EA per 1 day)
camrese lo	0	PV1; QL (1 EA per 1 day)
caziant	0	PV1
charlotte 24 fe	0	PV1
chateal	0	PV1
chateal eq	0	PV1
CLIMARA	3	
CLIMARA PRO	2	
COMBIPATCH	3	
CRINONE	4	SP
cryselle-28	0	PV1
cyclafem 1/35	0	PV1
cyclafem 7/7/7	0	PV1
cyred	0	PV1
cyred eq	0	PV1
dasetta 1/35	0	PV1
dasetta 7/7/7	0	PV1
daysee	0	PV1; QL (1 EA per 1 day)
deblitane	0	PV1
DELESTROGEN	3	
delyla	0	PV1
DEPO-ESTRADIOL	3	
DEPO-PROVERA INTRAMUSCULAR SUSPENSION 400 MG/ML	3	
desogestrel-ethinyl estradiol	0	PV1
dotti	1	
drospirene-eth estrad-levomefol	0	PV1
drospirenone-ethinyl estradiol	0	PV1
DUAVEE	3	
elinest	0	PV1
ELLA	0	PV1
eluryng	0	PV1
emoquette	0	PV1
enpresse-28	0	PV1
enskyce	0	PV1
errin	0	PV1
estarylla	0	PV1
ESTRACE	3	
estradiol oral	1	

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Drug Name	Drug Tier	Notes
estradiol transdermal	1	
estradiol vaginal	1	
estradiol valerate intramuscular	1	
estradiol-norethindrone acet	1	
ESTRING	3	
ESTROGEL	3	
ESTROSTEP FE	3	
ethynodiol diac-eth estradiol	0	PV1
etonogestrel-ethinyl estradiol	0	PV1
EVAMIST	3	
falmina	0	PV1
fayosim	0	PV1; QL (1 EA per 1 day)
FEMHRT LOW DOSE	3	
FEMRING	2	
femynor	0	PV1
fyavolv	1	
GENERESS FE	3	
gianvi	0	PV1
hailey 1.5/30	0	PV1
hailey 24 fe	0	PV1
hailey fe 1.5/30	0	PV1
hailey fe 1/20	0	PV1
heather	0	PV1
hydroxyprogesterone caproate intramuscular	4	SP
incassia	0	PV1
introvale	0	PV1; QL (1 EA per 1 day)
isibloom	0	PV1
jaimiess	0	PV1; QL (1 EA per 1 day)
jasmiel	0	PV1
jencycla	0	PV1
jinteli	1	
jolessa	0	PV1; QL (1 EA per 1 day)
juleber	0	PV1
junel 1.5/30	0	PV1
junel 1/20	0	PV1
junel fe 1.5/30	0	PV1
junel fe 1/20	0	PV1
junel fe 24	0	PV1

Drug Name	Drug Tier	Notes
kaitlib fe	0	PV1
kalliga	0	PV1
kariva	0	PV1
kelnor 1/35	0	PV1
kelnor 1/50	0	PV1
kurvelo	0	PV1
KYLEENA	0	SP; PV1
larin 1.5/30	0	PV1
larin 1/20	0	PV1
larin 24 fe	0	PV1
larin fe 1.5/30	0	PV1
larin fe 1/20	0	PV1
larissia	0	PV1
layolis fe	0	PV1
leena	0	PV1
lessina	0	PV1
levonest	0	PV1
levonorgest-eth est & eth est	0	PV1; QL (1 EA per 1 day)
levonorgest-eth estrad 91-day	0	PV1; QL (1 EA per 1 day)
levonorgestrel	0	PV1; OTC
levonorgestrel-ethinyl estrad	0	PV1
levonorg-eth estrad triphasic	0	PV1
levora 0.15/30 (28)	0	PV1
LILETTA (52 MG)	0	SP; PV1
lillow	0	PV1
LO LOESTRIN FE	0	PV1
LOESTRIN 1.5/30 (21)	3	
LOESTRIN 1/20 (21)	3	
LOESTRIN FE 1.5/30	3	
LOESTRIN FE 1/20	3	
lojaimiess	0	PV1; QL (1 EA per 1 day)
lopreeza	1	
loryna	0	PV1
LOSEASONIQUE	3	QL (1 EA per 1 day)
low-ogestrel	0	PV1
lo-zumandimine	0	PV1
lulera	0	PV1
lyza	0	PV1
MAKENA	4	SP

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Drug Name	Drug Tier	Notes
marlissa	0	PV1
medroxyprogesterone acetate intramuscular	0	PV1; QL (0.02 ML per 1 day)
medroxyprogesterone acetate oral	1	
megestrol acetate oral	1	
melodetta 24 fe	0	PV1
MENEST	3	
MENOSTAR	3	
mibelas 24 fe	0	PV1
microgestin 1.5/30	0	PV1
microgestin 1/20	0	PV1
microgestin fe 1.5/30	0	PV1
microgestin fe 1/20	0	PV1
milli	0	PV1
mimvey	1	
MIRCETTE	3	
MIRENA (52 MG)	0	SP; PV1
mono-linyah	0	PV1
NATAZIA	0	PV1
necon 0.5/35 (28)	0	PV1
NEXPLANON	0	SP; PV1
nikki	0	PV1
nora-be	0	PV1
norethin ace-eth estrad-fe	0	PV1
norethindrone acetate oral	1	
norethindrone acet-ethinyl est	0	PV1
norethindrone oral	0	PV1
norethindrone-eth estradiol	1	
norethin-eth estradiol-fe	0	PV1
norgestimate-eth estradiol	0	PV1
norgestimate-ethinyl estradiol triphasic	0	PV1
norlyda	0	PV1
norlyroc	0	PV1
nortrel 0.5/35 (28)	0	PV1
nortrel 1/35 (21)	0	PV1
nortrel 1/35 (28)	0	PV1
nortrel 7/7/7	0	PV1
NUVARING	3	
ocella	0	PV1
orsythia	0	PV1

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Drug Name	Drug Tier	Notes
ORTHO MICRONOR	3	
PARAGARD INTRAUTERINE COPPER	0	PV1
philith	0	PV1
pimtrea	0	PV1
pirmella 1/35	0	PV1
pirmella 7/7/7	0	PV1
portia-28	0	PV1
PREFEST	3	
PREMARIN	2	
PREMPHASE	2	
PREMPRO	2	
preventeza	0	PV1; OTC
previfem	0	PV1
progesterone intramuscular	1	
progesterone micronized oral	1	
PROMETRIUM	3	
PROVERA	3	
reclipsen	0	PV1
rivelsa	0	PV1; QL (1 EA per 1 day)
SAFYRAL	3	
SEASONIQUE	3	QL (1 EA per 1 day)
setlakin	0	PV1; QL (1 EA per 1 day)
sharobel	0	PV1
simliya	0	PV1
simpesse	0	PV1; QL (1 EA per 1 day)
SKYLA	0	SP; PV1
SLYND	0	PV1
sprintec 28	0	PV1
sronyx	0	PV1
syeda	0	PV1
tarina 24 fe	0	PV1
tarina fe 1/20	0	PV1
tarina fe 1/20 eq	0	PV1
TAYTULLA	3	
tilia fe	0	PV1
tri femynor	0	PV1
tri-estarrylla	0	PV1
tri-legest fe	0	PV1

Drug Name	Drug Tier	Notes
tri-linyah	0	PV1
tri-lo-estarylla	0	PV1
tri-lo-marzia	0	PV1
tri-lo-mili	0	PV1
tri-lo-sprintec	0	PV1
tri-mili	0	PV1
tri-previfem	0	PV1
tri-sprintec	0	PV1
trivora (28)	0	PV1
tri-vylibra	0	PV1
tri-vylibra lo	0	PV1
tulana	0	PV1
tydemy	0	PV1
VAGIFEM	3	
velivet	0	PV1
vienna	0	PV1
viorele	0	PV1
VIVELLE-DOT	3	
volnea	0	PV1
vyfemla	0	PV1
vylibra	0	PV1
wera	0	PV1
wymzya fe	0	PV1
xulane	0	PV1
YASMIN 28	3	
YAZ	3	
yuvafem	1	
zarah	0	PV1
zovia 1/35e (28)	0	PV1
zumandimine	0	PV1
Hormonal Agents - Thyroid		
ARMOUR THYROID	3	
euthyrox	1	
levo-t	1	
levothyroxine sodium intravenous	1	
levothyroxine sodium oral	1	
levoxyl	1	
liothyronine sodium intravenous	1	

Drug Name	Drug Tier	Notes
liothyronine sodium oral	1	
methimazole oral	1	
NATURE-THROID	3	
np thyroid	1	
propylthiouracil oral	1	
SYNTHROID	3	
TAPAZOLE	3	
TRIOSTAT	3	
unithroid	1	
WESTHROID	3	
WP THYROID	3	
Immunological Agents - Drugs for Immune System Stimulation or Suppression		
ACTEMRA ACTPEN	4	PA; SP; QL (3.6 ML per 28 days)
ACTEMRA INTRAVENOUS SOLUTION 200 MG/10ML, 400 MG/20ML	4	PA; SP; QL (40 ML per 14 days)
ACTEMRA INTRAVENOUS SOLUTION 80 MG/4ML	4	PA; SP; QL (20 ML per 28 days)
ACTEMRA SUBCUTANEOUS	4	PA; SP; QL (3.6 ML per 28 days)
ACTIMMUNE	4	PA; SP
ALFERON N	4	SP
ARAVA	3	
ARCALYST	4	PA; SP; QL (4 EA per 28 days)
ASTAGRAF XL	4	SP
ATGAM	4	SP
AZASAN	2	
azathioprine oral	1	
azathioprine sodium	1	
BENLYSTA	4	PA; SP
BERINERT	4	PA; SP
BIVIGAM	4	PA; SP
CARIMUNE NF	4	PA; SP
CELLCEPT	4	SP
CELLCEPT INTRAVENOUS	4	SP
CIMZIA	4	PA; SP; QL (2 EA per 28 days)
CIMZIA PREFILLED KIT	4	PA; SP; QL (2 EA per 28 days)
CIMZIA STARTER KIT	4	PA; SP; QL (6 EA per 28 days)
CINRYZE	4	PA; SP
COSENTYX (300 MG DOSE)	4	PA; SP; QL (2 ML per 28 days)
COSENTYX 150 MG/ML	4	PA; SP; QL (1 ML per 28 days)

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Drug Name	Drug Tier	Notes
COSENTYX SENSOREADY (300 MG)	4	PA; SP; QL (2 ML per 28 days)
COSENTYX SENSOREADY PEN	4	PA; SP; QL (1 ML per 28 days)
cyclosporine intravenous	1	
cyclosporine modified	1	
cyclosporine oral	1	
CYTOGAM	4	PA; SP
ENBREL MINI	4	PA; SP; QL (7.84 ML per 28 days)
ENBREL SUBCUTANEOUS SOLUTION	4	PA; SP; QL (4 ML per 28 days)
ENBREL SUBCUTANEOUS SOLUTION PREFILLED SYRINGE 25 MG/0.5ML	4	PA; SP; QL (4.08 ML per 28 days)
ENBREL SUBCUTANEOUS SOLUTION PREFILLED SYRINGE 50 MG/ML	4	PA; SP; QL (8.16 ML per 28 days)
ENBREL SUBCUTANEOUS SOLUTION RECONSTITUTED	4	PA; SP; QL (8 EA per 31 days)
ENBREL SURECLICK	4	PA; SP; QL (7.84 ML per 28 days)
ENTYVIO	4	PA; SP; QL (1 EA per 56 days)
everolimus oral tablet 0.25 mg, 0.5 mg, 0.75 mg	1	QL (124 EA per 31 days)
FIRAZYR	4	PA; SP
FLEBOGAMMA DIF	4	PA; SP
GAMASTAN	4	PA; SP
GAMMAGARD	4	PA; SP
GAMMAGARD S/D LESS IGA	4	PA; SP
GAMMAKED	4	PA; SP
GAMMAPLEX	4	PA; SP
GAMUNEX-C	4	PA; SP
gengraf	1	
HAEGARDA	4	PA; SP
HEPAGAM B	3	
HIZENTRA	4	PA; SP
HUMIRA PEDIATRIC CROHNS START SUBCUTANEOUS PREFILLED SYRINGE KIT 80 MG/0.8ML	4	PA; SP; QL (3 EA per 28 days)
HUMIRA PEDIATRIC CROHNS START SUBCUTANEOUS PREFILLED SYRINGE KIT 80 MG/0.8ML & 40MG/0.4ML	4	PA; SP; QL (2 EA per 28 days)
HUMIRA PEN	4	PA; SP; QL (4 EA per 28 days)
HUMIRA PEN-CD/UC/HS STARTER SUBCUTANEOUS PEN-INJECTOR KIT 40 MG/0.8ML	4	PA; SP; QL (6 EA per 28 days)
HUMIRA PEN-CD/UC/HS STARTER SUBCUTANEOUS PEN-INJECTOR KIT 80 MG/0.8ML	4	PA; SP; QL (3 EA per 28 days)
HUMIRA PEN-PS/UV/ADOL HS START SUBCUTANEOUS PEN-INJECTOR KIT 40 MG/0.8ML	4	PA; SP; QL (4 EA per 28 days)

Drug Name	Drug Tier	Notes
HUMIRA PEN-PS/UV/ADOL HS START SUBCUTANEOUS PEN-INJECTOR KIT 80 MG/0.8ML & 40MG/0.4ML	4	PA; SP; QL (3 EA per 28 days)
HUMIRA SUBCUTANEOUS PREFILLED SYRINGE KIT 10 MG/0.1ML, 10 MG/0.2ML, 20 MG/0.2ML, 20 MG/0.4ML	4	PA; SP; QL (2 EA per 28 days)
HUMIRA SUBCUTANEOUS PREFILLED SYRINGE KIT 40 MG/0.4ML, 40 MG/0.8ML	4	PA; SP; QL (4 EA per 28 days)
HYPERRAB	4	SP
HYPERRHO S/D	4	SP
HYQVIA	4	PA; SP
icatibant acetate	4	PA; SP
ILARIS	4	PA; SP
IMURAN	3	
INFLECTRA	4	PA; SP; QL (10 EA per 28 days)
KALBITOR	4	PA; SP
KEVZARA	4	PA; SP; QL (2.28 ML per 28 days)
KINERET	4	PA; SP; QL (18.76 ML per 28 days)
leflunomide oral	1	
methotrexate (anti-rheumatic)	1	
methotrexate oral	1	
methotrexate sodium	1	
methotrexate sodium (pf)	1	
MICRHOGAM ULTRA-FILTERED PLUS	4	SP
mycophenolate mofetil	1	
mycophenolate mofetil hcl	1	
mycophenolate sodium	1	
MYFORTIC	4	SP
NEORAL	4	SP
NULOJIX	4	SP
OCTAGAM	4	PA; SP
ORENCIA CLICKJECT	4	PA; SP; QL (4 ML per 28 days)
ORENCIA INTRAVENOUS	4	PA; SP
ORENCIA SUBCUTANEOUS SOLUTION PREFILLED SYRINGE 125 MG/ML	4	PA; SP; QL (4 ML per 28 days)
ORENCIA SUBCUTANEOUS SOLUTION PREFILLED SYRINGE 50 MG/0.4ML	4	PA; SP; QL (1.6 ML per 28 days)
ORENCIA SUBCUTANEOUS SOLUTION PREFILLED SYRINGE 87.5 MG/0.7ML	4	PA; SP; QL (2.8 ML per 30 days)
OTEZLA ORAL TABLET	4	PA; SP; QL (60 EA per 30 days)
OTEZLA ORAL TABLET THERAPY PACK	4	PA; SP; QL (62 EA per 31 days)
OTREXUP	4	PA; SP; QL (1.6 ML per 28 days)

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Drug Name	Drug Tier	Notes
PRIVIGEN	4	PA; SP
PROGRAF	4	SP
PROVENGE	4	PA; SP
RAPAMUNE	4	SP
RASUVO SUBCUTANEOUS SOLUTION AUTO-INJECTOR 10 MG/0.2ML	4	PA; SP; QL (0.8 ML per 28 days)
RASUVO SUBCUTANEOUS SOLUTION AUTO-INJECTOR 12.5 MG/0.25ML	4	PA; SP; QL (1 ML per 28 days)
RASUVO SUBCUTANEOUS SOLUTION AUTO-INJECTOR 15 MG/0.3ML	4	PA; SP; QL (1.2 ML per 28 days)
RASUVO SUBCUTANEOUS SOLUTION AUTO-INJECTOR 17.5 MG/0.35ML	4	PA; SP; QL (1.4 ML per 28 days)
RASUVO SUBCUTANEOUS SOLUTION AUTO-INJECTOR 20 MG/0.4ML	4	PA; SP; QL (1.6 ML per 28 days)
RASUVO SUBCUTANEOUS SOLUTION AUTO-INJECTOR 22.5 MG/0.45ML	4	PA; SP; QL (1.8 ML per 28 days)
RASUVO SUBCUTANEOUS SOLUTION AUTO-INJECTOR 25 MG/0.5ML	4	PA; SP; QL (2 ML per 28 days)
RASUVO SUBCUTANEOUS SOLUTION AUTO-INJECTOR 30 MG/0.6ML	4	PA; SP; QL (2.4 ML per 28 days)
RASUVO SUBCUTANEOUS SOLUTION AUTO-INJECTOR 7.5 MG/0.15ML	4	PA; SP; QL (0.6 ML per 28 days)
REMICADE	4	PA; SP; QL (10 EA per 28 days)
RHOGAM ULTRA-FILTERED PLUS	4	SP
RHOPHYLAC	4	SP
RIDAURA	3	
RINVOQ	4	PA; SP
RUCONEST	4	PA; SP
SANDIMMUNE	4	SP
SIMPONI ARIA	4	PA; SP; QL (4 ML per 30 days)
SIMPONI SUBCUTANEOUS SOLUTION AUTO-INJECTOR 100 MG/ML	4	PA; SP; QL (1 ML per 28 days)
SIMPONI SUBCUTANEOUS SOLUTION AUTO-INJECTOR 50 MG/0.5ML	4	PA; SP; QL (0.5 ML per 28 days)
SIMPONI SUBCUTANEOUS SOLUTION PREFILLED SYRINGE 100 MG/ML	4	PA; SP; QL (1 ML per 28 days)
SIMPONI SUBCUTANEOUS SOLUTION PREFILLED SYRINGE 50 MG/0.5ML	4	PA; SP; QL (0.5 ML per 28 days)
SIMULECT	3	
sirolimus oral	1	
SKYRIZI (150 MG DOSE)	4	PA; SP
STELARA INTRAVENOUS	4	PA; SP; QL (104 ML per 30 fills)

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Drug Name	Drug Tier	Notes
STELARA SUBCUTANEOUS SOLUTION	4	PA; SP; QL (0.5 ML per 42 days)
STELARA SUBCUTANEOUS SOLUTION PREFILLED SYRINGE 45 MG/0.5ML	4	PA; SP; QL (0.5 ML per 56 days)
STELARA SUBCUTANEOUS SOLUTION PREFILLED SYRINGE 90 MG/ML	4	PA; SP; QL (1 ML per 56 days)
SYNAGIS	4	PA; SP
tacrolimus oral	1	
TALTZ	4	PA; SP
temsirolimus	4	PA; SP
THYMOGLOBULIN	3	
TICE BCG	4	SP
TORISEL	4	PA; SP
TREMFYA	4	PA; SP
TREXALL	2	
WINRHO SDF	4	SP
XELJANZ ORAL TABLET 10 MG	4	PA; SP; QL (60 EA per 30 days)
XELJANZ ORAL TABLET 5 MG	4	PA; SP; QL (30 EA per 30 days)
XELJANZ XR	4	PA; SP; QL (62 EA per 31 days)
ZORTRESS ORAL TABLET 0.25 MG, 0.5 MG, 0.75 MG	4	SP; QL (124 EA per 31 days)
ZORTRESS ORAL TABLET 1 MG	4	SP; QL (62 EA per 31 days)
Immunological Agents - Drugs for Vaccination		
ACTHIB	0	PV2; AL (Max 6 Years)
ADACEL	0	PV1
AFLURIA QUADRIVALENT	0	PV1
BEXSERO	0	PV1
BOOSTRIX	0	PV1
DAPTACEL	0	PV1
DIPHTHERIA-TETANUS TOXOIDS DT	0	PV1
ENGERIX-B INJECTION	0	PV1
FLUAD	0	PV2; AL (Min 65 Years)
FLUAD QUADRIVALENT	0	PV2; AL (Min 65 Years)
FLUARIX QUADRIVALENT	0	PV1
FLUBLOK QUADRIVALENT	0	PV1
FLUCELVAX QUADRIVALENT	0	PV1
FLULAVAL QUADRIVALENT	0	PV1
FLUMIST QUADRIVALENT	0	PV2; AL (Min 2 Years and Max 49 Years)
FLUZONE HIGH-DOSE QUADRIVALENT	0	PV2; AL (Min 65 Years)
FLUZONE QUADRIVALENT	0	PV1

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Drug Name	Drug Tier	Notes
GARDASIL 9	0	PV2; AL (Min 9 Years and Max 26 Years)
HAVRIX	0	PV1
HEPLISAV-B	0	PV2; AL (Min 18 Years)
HIBERIX	0	PV2; AL (Max 6 Years)
INFANRIX	0	PV1
IPOL	0	PV2; AL (Max 17 Years)
KINRIX	0	PV1
MENACTRA	0	PV1
MENQUADFI	0	PV1
MENVEO	0	PV1
M-M-R II	0	PV1
PEDIARIX	0	PV1
PEDVAX HIB	0	PV2; AL (Max 6 Years)
PENTACEL	0	PV1
PNEUMOVAX 23	0	PV1
PREVNAR 13	0	PV1
PROQUAD	0	PV1
QUADRACEL	0	PV1
RECOMBIVAX HB	0	PV1
ROTARIX	0	PV2; AL (Max 8 Months)
ROTAVERSE	0	PV2; AL (Max 8 Months)
SHINGRIX	0	PV2; AL (Min 50 Years)
TDVAX	0	PV1
TENIVAC	0	PV1
TETANUS-DIPHTHERIA TOXOIDS TD	0	PV1
TRUMENBA	0	PV1
TWINRIX	0	PV1
VAQTA	0	PV1
VARIVAX	0	PV1
Inflammatory Bowel Disease Agents		
APRISO	3	
AZULFIDINE	3	
AZULFIDINE EN-TABS	3	
balsalazide disodium	1	
budesonide er	1	
budesonide oral	1	
CANASA	2	
CORTENEMA	3	

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Drug Name	Drug Tier	Notes
CORTIFOAM	2	
DELZICOL	2	
DIPENTUM	3	
ENTOCORT EC	3	
hydrocortisone (perianal)	1	
hydrocortisone ace-pramoxine external cream 1-1 %	1	
hydrocortisone rectal	1	
mesalamine er	1	
mesalamine oral	1	
mesalamine rectal	1	
mesalamine-cleanser	1	
PENTASA	2	
PROCTOFOAM HC	3	
procto-med hc	1	
procto-pak	1	
proctosol hc	1	
proctozone-hc	1	
ROWASA	3	
SFROWASA	3	
sulfasalazine oral	1	
UCERIS	3	
Metabolic Bone Disease Agents - Drugs for Osteoporosis		
ACTONEL ORAL TABLET 150 MG	3	QL (1 EA per 28 days)
ACTONEL ORAL TABLET 30 MG	3	QL (1 EA per 1 day)
ACTONEL ORAL TABLET 35 MG	3	QL (4 EA per 28 days)
ACTONEL ORAL TABLET 5 MG	3	QL (31 EA per 31 days)
alendronate sodium oral solution	1	QL (300 ML per 28 days)
alendronate sodium oral tablet 10 mg, 5 mg	1	QL (31 EA per 31 days)
alendronate sodium oral tablet 35 mg, 70 mg	1	QL (4 EA per 28 days)
ATELVIA	3	QL (4 EA per 28 days)
BONIVA INTRAVENOUS	4	SP
BONIVA ORAL	3	QL (1 EA per 28 days)
calcitonin (salmon)	1	QL (7.4 ML per 30 days)
FORTEO	4	PA; SP; QL (2.4 ML per 28 days)
FOSAMAX	3	QL (4 EA per 28 days)
FOSAMAX PLUS D	3	QL (4 EA per 28 days)
ibandronate sodium intravenous	1	

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Drug Name	Drug Tier	Notes
ibandronate sodium oral	1	QL (1 EA per 28 days)
pamidronate disodium	4	SP
PROLIA	4	PA; SP
RECLAST	4	PA; SP
risedronate sodium oral tablet 150 mg	1	QL (1 EA per 28 days)
risedronate sodium oral tablet 30 mg	1	QL (1 EA per 1 day)
risedronate sodium oral tablet 35 mg	1	QL (4 EA per 28 days)
risedronate sodium oral tablet 5 mg	1	QL (31 EA per 31 days)
risedronate sodium oral tablet delayed release	1	QL (4 EA per 28 days)
XGEVA	4	PA; SP
zoledronic acid	4	PA; SP
Metabolic Bone Disease Agents - Other		
calcitriol intravenous	1	
calcitriol oral	1	
cinacalcet hcl oral tablet 30 mg	4	PA; SP; QL (62 EA per 31 days)
cinacalcet hcl oral tablet 60 mg	4	PA; SP; QL (60 EA per 30 days)
cinacalcet hcl oral tablet 90 mg	4	PA; SP; QL (120 EA per 30 days)
doxercalciferol	1	
HECTOROL	3	
NATPARA	4	PA; SP
paricalcitol	1	
ROCALTROL	3	
SENSIPAR ORAL TABLET 30 MG	4	PA; SP; QL (62 EA per 31 days)
SENSIPAR ORAL TABLET 60 MG	4	PA; SP; QL (60 EA per 30 days)
SENSIPAR ORAL TABLET 90 MG	4	PA; SP; QL (120 EA per 30 days)
ZEMPLAR	3	
Miscellaneous Therapeutic Agents		
ACETADOTE	3	
acetylcysteine intravenous	1	
AEROGEAR ACTION ASTHMA KIT	3	
ALCOHOL PREP PADS PAD	3	OTC
ALCOHOL PREP PADS PAD 70 %	3	OTC
ALL FLOW 1000 PFT FILTER DEVICE	3	
ALPHA-LIPOIC ACID INJECTION	3	
AMD FOAM DRESSING	3	
AMD FOAM DRESSING TOPSHEET	3	
AMINOPMRMS	3	
AMPHADASE	3	

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Drug Name	Drug Tier	Notes
ANTIVENIN LATRODECTUS MACTANS	3	
ANTIVENIN MICRURUS FULVIUS	3	
ARTISS	3	
asilnasalrms	1	
ASTHMAPACK III	3	
AURA PORTANEB	3	
BACTERIOSTATIC WATER(BENZ ALC)	3	
bal in oil	1	
BENTLEY THE BEAR PED NEBULIZER	3	
BIOGUARD GAUZE SPONGES PAD 4"X4"	3	
BIOGUARD ISLAND DRESSINGS	3	
BIOGUARD NON-ADHERENT DRESSING	3	
BOTOX	4	PA; SP
BREATHE EASE LARGE	3	
BREATHE EASE MEDIUM	3	
BREATHE EASE SMALL	3	
BREATHERITE	3	
BREATHERITE VALVED MDI CHAMBER	3	
BRIDION	3	
CALCIUM DISODIUM VERSENATE	3	
CAPTAIN EAGLE PED NEBULIZER	3	
CARTICEL	3	
CAYA	0	PV1; QL (1 EA per 1 calendar year)
CHLORHEXIDINE GLUCONATE SOLUTION 20 %	3	
CLEVER CHOICE HOLDING CHAMBER	3	
CLEVER CHOICE WHIS AIR PED NEB	3	
CLEVER CHOICE WHISPER AIRE NEB	3	
COMP A-I-R NEBULIZER	3	
COMPACT SPACE CHAMBER/LG MASK	3	
COMPACT SPACE CHAMBER/MED MASK	3	
COMPACT SPACE CHAMBER/SM MASK	3	
CROFAB	3	
CURITY AMD ANTIMICROBIAL SPNGE PAD 4"X4"	3	
CURITY AMD ANTIMICROBIAL STRIP	3	
CURITY IODOFORM PACKING STRIP	3	
CYANOKIT	3	
CYTOTINE ORAL POWDER	3	

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Drug Name	Drug Tier	Notes
deferoxamine mesylate	4	SP
DESFERAL	4	SP
dexmedetomidine hcl in nacl intravenous solution 200 mcg/50ml, 400 mcg/100ml, 80 mcg/20ml	1	
DEXMEDETOMIDINE HCL INTRAVENOUS SOLUTION 1000 MCG/10ML, 400 MCG/4ML	3	
dexmedetomidine hcl intravenous solution 200 mcg/2ml	1	
DEXMEDETOMIDINE HCL-DEXTROSE	3	
DIGIFAB	3	
diluent for treprostinil	4	SP
DUODOTE	3	
DYSPORT	4	PA; SP
EASIVENT	3	
EASY GLIDE LUER LOCK SYRINGE	3	OTC; QL (200 EA per 30 days)
EASYPOINT NEEDLE 25G X 1-1/2"	3	OTC; QL (200 EA per 30 days)
ENCARE	0	PV1; OTC; QL (12 EA per 23 days)
ENDARI	4	PA; SP
ergoloid mesylates oral	1	
EUFLEXXA	4	PA; SP
EXCILON AMD DRAIN SPONGES	3	
FC FEMALE CONDOM	0	PV1; OTC; QL (12 EA per 30 days)
FC2 FEMALE CONDOM	0	PV1; OTC; QL (12 EA per 30 days)
FEMCAP	0	PV1; QL (1 EA per 1 calendar year)
FIBERSOURCE HN	3	
FLEXICHAMBER ADULT MASK/SMALL	3	
FLEXICHAMBER CHILD MASK/LARGE	3	
FLEXICHAMBER CHILD MASK/SMALL	3	
flumazenil intravenous	1	
FLYP NEBULIZER	3	
fomepizole	1	
formaldehyde external solution 37 %	1	
GEL-ONE	4	PA; SP
GIVLAARI	4	PA; SP
glutaraldehyde external	1	
GLYTACTIN BETTERMILK 15	3	
GLYTACTIN BETTERMILK DE-LITE	3	
GLYTACTIN BUILD 10PE	3	
GLYTACTIN BUILD 20/20 PKU	3	

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Drug Name	Drug Tier	Notes
GLYTACTIN RESTORE 10	3	
GLYTACTIN RESTORE 5	3	
GLYTACTIN RESTORE LITE 10	3	
GLYTACTIN RESTORE LITE 10PE	3	
GLYTACTIN RTD 10	3	
GLYTACTIN RTD 15	3	
GLYTACTIN RTD LITE 15	3	
GLYTACTIN SWIRL 15PE	3	
HCU EASY	3	
heparin lock flush	1	
heparin sodium lock flush	1	
HOMACTIN AA PLUS	3	
HYALGAN	4	PA; SP
HYLENEX	3	
INSPIREASE RESERVOIR BAGS	3	
ISOVACTIN AA PLUS	3	
IV STABILIZER FOR LUMOXITI	3	
J-TIP KIT W/VIAL ADAPTERS	3	QL (200 EA per 30 days)
KERLIX AMD ANTIMICROBIAL	3	
KERLIX AMD SUPER SPONGES	3	
KETOVIE	3	
KETOVIE PEPTIDE	3	
MASK VORTEX	3	OTC
methergine	1	
methylergonovine maleate	1	
MICROAIR VIBRATING MESH NEBUL	3	
MICROCHAMBER DEVICE	3	
MICRONEB	3	
MONOVISC	4	PA; SP
MSUD EASY	3	
MYOBLOC	4	PA; SP
NEB-RITE4	3	
NEBULIZER PED FROG	3	
NEBULIZER PED FROG KIT	3	
NEBULIZER SYSTEM ALL-IN-ONE	3	
NEOKE RA LIPOIC	3	
NEXAVIR	3	

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Drug Name	Drug Tier	Notes
NITHIODOTE	3	
NORM-JECT LUER SLIP SYRINGE	3	QL (200 EA per 30 days)
NOURISH	3	
NOZIN NASAL SANITIZER POPSWAB	3	OTC
OMNIPOD 5 PACK	3	PA; QL (10 EA per 30 days)
OMNIPOD DASH 5 PACK PODS	3	PA; QL (10 EA per 30 days)
ONE FLOW SPIROMETER DEVICE	3	
OPTIONS CONCEPTROL	0	PV1; OTC; QL (2.7 GM per 23 days)
ORALAIR	3	PA
ORALAIR ADULT SAMPLE KIT	3	PA
ORALAIR ADULT STARTER PACK	3	PA
ORALAIR CHILDRENS STARTER PACK	3	
ORTHOVISC	4	PA; SP
PANDA MASK LARGE	3	OTC
PANDA MASK MEDIUM	3	OTC
PANDA MASK SMALL	3	OTC
PARI TREK S COMBO PACK	3	
PEDIATRIC PANDA MASK	3	OTC
PENTETATE CALCIUM TRISODIUM	3	
PENTETATE ZINC TRISODIUM	3	
PHENACTIN AA PLUS	3	
PHOTREXA VISCOS	3	
PHOTREXA-PHOTREXA VISCOS KIT	3	
PKU EASY	3	
PKU EASY MICROTABS	3	
POCKET SPACER	3	
pralidoxime chloride intramuscular	1	
PRECEDEX INTRAVENOUS SOLUTION 200 MCG/2ML	3	
PRO COMFORT SPACER ADULT	3	OTC
PRO COMFORT SPACER CHILD	3	OTC
PRO COMFORT SPACER INFANT	3	OTC
PROCARE SPACER/ADULT MASK	3	OTC
PROCARE SPACER/CHILD MASK	3	OTC
PROTOPAM CHLORIDE	3	
PROVAYBLUE	3	
RADIOGARDASE	3	
SECURESAFE HYPODERMIC NEEDLE 25G X 1-1/2"	3	OTC; QL (200 EA per 30 days)
SODIUM HYALURONATE INTRA-ARTICULAR	4	PA; SP

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Drug Name	Drug Tier	Notes
sodium nitrite intravenous	1	
sodium saccharin powder	1	
sodium thiosulfate intravenous	1	
SORBITOL IRRIGATION SOLUTION 3 %	3	
sorbitol irrigation solution 3.3 %	1	
sorbitol-mannitol	1	
SPARKY THE DOG PED NEBULIZER	3	
STERILE DILUENT FOLAN PH 12	4	SP
sterile diluent/epoprostenol	4	SP
sterile water for injection	1	
SUPARTZ FX	4	PA; SP
SYNVISC	4	PA; SP
SYNVISC ONE	4	PA; SP
SYRINGE LUER LOCK 30 ML	3	QL (200 EA per 30 days)
SYRINGE LUER SLIP 1 ML	3	QL (200 EA per 30 days)
TACHOSIL	3	
TELFA AMD ISLAND DRESSING	3	
TELFA AMD NON-ADHERENT	3	
THYROGEN	4	SP
TISSEEL	3	
TODAY SPONGE	0	PV1; OTC; QL (12 EA per 23 days)
TRILURON	4	PA; SP
TYLACTIN BUILD 20PE TYR	3	
TYLACTIN RESTORE 5PE	3	
TYR EASY	3	
VCF VAGINAL CONTRACEPTIVE VAGINAL FILM	0	PV1; OTC; QL (12 EA per 23 days)
vcf vaginal contraceptive vaginal gel	0	PV1; OTC; QL (2.7 GM per 23 days)
VILACTIN AA PLUS	3	
VISTOGARD	3	
VORTEX HOLDING CHAMBER/MASK	3	
WIDE-SEAL DIAPHRAGM 60	0	PV1; QL (1 EA per 1 calendar year)
WIDE-SEAL DIAPHRAGM 65	0	PV1; QL (1 EA per 1 calendar year)
WIDE-SEAL DIAPHRAGM 70	0	PV1; QL (1 EA per 1 calendar year)
WIDE-SEAL DIAPHRAGM 75	0	PV1; QL (1 EA per 1 calendar year)
WIDE-SEAL DIAPHRAGM 80	0	PV1; QL (1 EA per 1 calendar year)
WIDE-SEAL DIAPHRAGM 85	0	PV1; QL (1 EA per 1 calendar year)
WIDE-SEAL DIAPHRAGM 90	0	PV1; QL (1 EA per 1 calendar year)
WIDE-SEAL DIAPHRAGM 95	0	PV1; QL (1 EA per 1 calendar year)

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Drug Name	Drug Tier	Notes
XEOMIN	4	PA; SP
XIAFLEX	4	PA; SP
Ophthalmic Agents - Drugs for Eye Allergy, Infection and Inflammation		
ACULAR	3	
ACULAR LS	3	
ACUVAIL	3	
ALOCRIL	3	
ALOMIDE	3	
ALREX	3	
AZASITE	3	
azelastine hcl ophthalmic	1	
bacitracin ophthalmic	1	
BEPREVE	3	
BESIVANCE	3	
BETADINE OPHTHALMIC PREP	3	
BLEPH-10	3	
bromfenac sodium (once-daily)	1	
CILOXAN	3	
ciprofloxacin hcl ophthalmic	1	
cromolyn sodium ophthalmic	1	
dexamethasone sodium phosphate ophthalmic	1	
diclofenac sodium ophthalmic	1	
DUREZOL	2	
epinastine hcl	1	
erythromycin ophthalmic	1	
FLAREX	3	
fluorometholone	1	
flurbiprofen sodium	1	
FML	3	
FML FORTE	3	
FML LIQUIFILM	3	
gatifloxacin ophthalmic	1	
gentak	1	
gentamicin sulfate ophthalmic	1	QL (15 ML per 30 days)
ILEVRO	3	
ketorolac tromethamine ophthalmic	1	

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Drug Name	Drug Tier	Notes
levofloxacin ophthalmic	1	
LOTEMAX SM	2	
loteprednol etabonate	1	
MAXIDEX	3	
MITOSOL	3	
MOXEZA	3	
moxifloxacin hcl (2x day)	1	
moxifloxacin hcl ophthalmic	1	
NATACYN	3	
NEVANAC	3	
OCUFLOX	3	
ofloxacin ophthalmic	1	
olopatadine hcl ophthalmic	1	
OZURDEX	4	SP
PAZEO	3	
POVIDONE-IODINE OPHTHALMIC	3	
PRED FORTE	3	
PRED MILD	2	
prednisolone acetate ophthalmic	1	
prednisolone sodium phosphate ophthalmic	1	
sulfacetamide sodium ophthalmic	1	
tobramycin ophthalmic	1	
TOBREX	3	
TRIESENCE	3	
trifluridine	1	
VIGAMOX	3	
ZIRGAN	3	
ZYMAXID	3	
Ophthalmic Agents - Drugs for Glaucoma		
acetazolamide er	1	
acetazolamide oral	1	
ALPHAGAN P OPHTHALMIC SOLUTION 0.1 %	2	
ALPHAGAN P OPHTHALMIC SOLUTION 0.15 %	3	
apraclonidine hcl	1	
AZOPT	2	
betaxolol hcl ophthalmic	1	
BETIMOL	3	

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Drug Name	Drug Tier	Notes
BETOPTIC-S	2	
bimatoprost ophthalmic	1	
brimonidine tartrate ophthalmic	1	
COMBIGAN	2	
COSOPT	3	
COSOPT PF	3	
DORZOLAMIDE HCL SOLUTION 2 % OPHTHALMIC	3	
dorzolamide hcl solution 2 % ophthalmic	1	
dorzolamide hcl-timolol mal	1	
dorzolamide hcl-timolol mal pf	1	
IOPIDINE	3	
ISOPTO CARPINE	3	
ISTALOL	3	
latanoprost ophthalmic	1	
LUMIGAN	3	PA
methazolamide oral	1	
PHOSPHOLINE IODIDE	3	
pilocarpine hcl ophthalmic	1	
SIMBRINZA	3	
timolol maleate ophthalmic	1	
TIMOPTIC OCUDOSE	3	
TRAVATAN Z	3	
travoprost (bak free)	1	
TRUSOPT	3	
XALATAN	3	
ZIOPTAN	2	
Ophthalmic Agents - Drugs for Miscellaneous Eye Conditions		
ak-poly-bac	1	
AKTEN	3	
ALCAINE	3	
altacaine	1	
altafrin	1	
AMVISC	3	
AMVISC PLUS	3	
atropine sulfate ophthalmic solution 1 %	1	
bacitra-neomycin-polymyxin-hc	1	

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Drug Name	Drug Tier	Notes
balanced salt	1	
BIOLON	3	
BLEPHAMIDE	3	
BLEPHAMIDE S.O.P.	2	
bss	1	
bss plus	1	
CYCLOGYL	3	
CYCLOMYDRIL	3	
cyclopentolate hcl ophthalmic	1	
CYSTARAN	4	PA; SP
EYLEA	4	PA; SP
HEALON	3	
HEALON GV	3	
HEALON5	3	
homatropaire	1	
HYALURONIDASE (INTRAOCULAR)	3	
ISOPTO ATROPINE	3	
LACRISERT	3	
LASTACAFT	3	
LUCENTIS	4	PA; SP
MAXITROL	3	
MEMBRANEBLUE	3	
MIOCHOL-E	3	
MIOSTAT	3	
neomycin-bacitracin zn-polymyx	1	
neomycin-polymyxin-dexameth ophthalmic ointment	1	
neomycin-polymyxin-dexameth ophthalmic suspension 3.5-10000-0.1	1	
neomycin-polymyxin-hc ophthalmic	1	
neo-polycin	1	
neo-polycin hc	1	
OMIDRIA	3	
phenylephrine hcl ophthalmic	1	
polycin	1	
polymyxin b-trimethoprim	1	
POLYTRIM	3	
PRED-G	3	

Drug Name	Drug Tier	Notes
PRED-G S.O.P.	3	
proparacaine hcl ophthalmic	1	
PROVISC	3	
RESTASIS	2	
RESTASIS MULTIDOSE	2	
tetracaine hcl ophthalmic	1	
TOBRADEX OPHTHALMIC OINTMENT	2	
TOBRADEX OPHTHALMIC SUSPENSION	3	
TOBRADEX ST	2	
tobramycin-dexamethasone	1	
TROPICAMIDE-CYCLOPENTOLATE-PE	3	
VISIONBLUE	3	
VISUDYNE	4	PA; SP
XIIDRA	2	
ZYLET	2	
Otic Agents - Drugs for Ear Conditions		
acetic acid otic	1	
CETRAXAL	3	
CIPRO HC	3	
CIPRODEX	3	
ciprofloxacin hcl otic	1	
ciprofloxacin-dexamethasone	1	
DERMOTIC	3	
flac	1	
fluocinolone acetonide otic	1	
hydrocortisone-acetic acid	1	
neomycin-polymyxin-hc otic solution 3.5-10000-1	1	
neomycin-polymyxin-hc otic suspension	1	
ofloxacin otic	1	
Respiratory Tract / Pulmonary Agents - Drugs for Allergies, Cough, Cold		
12 hour allergy-d	1	OTC
all day allergy d	1	OTC
all day allergy d-12	1	OTC
allergy 24hour indoor/outdoor	1	OTC
allergy childrens oral syrup	1	OTC
allergy relief cetirizine	1	OTC
allergy relief childrens oral solution	1	OTC

Effective Date: 10/1/2020

Drug Name	Drug Tier	Notes
allergy relief d-12	1	OTC
allergy relief oral capsule 10 mg	1	OTC
allergy relief oral tablet 10 mg	1	OTC
allergy relief oral tablet dispersible	1	OTC
allergy relief/indoor/outdoor oral tablet 10 mg	1	OTC
allergy relief/nasal decongest oral tablet extended release 12 hour	1	OTC
allergy relief-d oral tablet extended release 12 hour	1	OTC
azelastine hcl nasal	1	QL (60 ML per 30 days)
azelastine-fluticasone	1	QL (23 GM per 30 days)
BECONASE AQ	3	PA; QL (25 GM per 22 days)
benzonatate oral capsule 100 mg, 200 mg	1	
bromfed dm	1	
brompheniramine tannate	1	
carbinoxamine maleate oral solution	1	
carbinoxamine maleate oral tablet 4 mg	1	
cetirizine hcl childrens alrgy	1	OTC
cetirizine hcl childrens oral tablet chewable 5 mg	1	OTC
cetirizine hcl oral solution	1	
cetirizine hcl oral tablet	1	OTC
cetirizine hcl oral tablet chewable 10 mg	1	OTC
clemastine fumarate oral tablet 2.68 mg	1	
CUROSURF	3	
cyproheptadine hcl oral	1	
diphenhydramine hcl injection	1	
diphenhydramine hcl oral elixir	1	
DYMISTA	3	PA; QL (23 GM per 30 days)
fluticasone propionate nasal	1	QL (16 GM per 30 days)
GILPHEX TR	3	
GILTUSS TR	3	
guaiatussin ac	1	OTC
guaifenesin ac	1	OTC
hm loratadine	1	OTC
hydrocodone polst-chlorphen polst er susp	1	
hydrocodone-homatropine	1	
hydromet	1	
HYPERSAL	3	
INFASURF	3	

Effective Date: 10/1/2020

Drug Name	Drug Tier	Notes
ipratropium bromide nasal solution 0.03 %	1	QL (30 ML per 30 days)
ipratropium bromide nasal solution 0.06 %	1	QL (15 ML per 30 days)
KARBINAL ER	3	
loratadine oral syrup	1	OTC
loratadine oral tablet	1	OTC
loratadine-d 12hr	1	OTC
loratadine-d 24hr	1	OTC
maxi-tuss ac	1	OTC
mometasone furoate nasal	1	QL (34 GM per 30 days)
nebusal inhalation nebulization solution 3 %	1	
NEBUSAL INHALATION NEBULIZATION SOLUTION 6 %	3	
NEOTUSS PLUS	3	
olopatadine hcl nasal	1	QL (30.5 GM per 30 days)
OMNARIS	3	PA; QL (12.5 GM per 30 days)
PATANASE	3	QL (30.5 GM per 30 days)
PHENERGAN	3	
promethazine hcl injection	1	
promethazine hcl oral	1	
promethazine hcl rectal	1	
promethazine-codeine	1	
promethazine-dm	1	
promethazine-phenyleph-codeine	1	
promethegan	1	
pseudoephedrine-bromphen-dm	1	
pulmosal	1	
QNASL	3	PA; QL (10.6 GM per 30 days)
QNASL CHILDRENS	3	PA; QL (10.6 GM per 30 days)
RYCLORA	3	
ryvent	1	
SINUVA	3	
sodium chloride inhalation	1	
SURVANTA	3	
TESSALON PERLES	3	
TUZISTRA XR	3	
virtussin ac w/alc	1	OTC
wal-zyr oral tablet	1	OTC
XOLAIR SUBCUTANEOUS SOLUTION PREFILLED SYRINGE 150 MG/ML	4	PA; SP; QL (2 ML per 31 days)

Effective Date: 10/1/2020

Drug Name	Drug Tier	Notes
XOLAIR SUBCUTANEOUS SOLUTION PREFILLED SYRINGE 75 MG/0.5ML	4	PA; SP; QL (1 ML per 30 days)
XOLAIR SUBCUTANEOUS SOLUTION RECONSTITUTED	4	PA; SP; QL (6 EA per 28 days)
ZETONNA	3	PA; QL (6.1 GM per 30 days)
Z-TUSS AC	3	OTC
Respiratory Tract / Pulmonary Agents - Drugs for Asthma and Other Lung Conditions		
ACCOLATE	3	
acetylcysteine inhalation	1	
ADRENALIN INJECTION	3	
ADVAIR DISKUS	2	QL (60 EA per 30 days)
ADVAIR HFA	2	QL (12 GM per 30 days)
albuterol sulfate er	1	
albuterol sulfate hfa aerosol solution 108 (90 base) mcg/act inhalation	1	QL (13.4 GM per 30 days)
albuterol sulfate hfa aerosol solution 108 (90 base) mcg/act inhalation	1	QL (17 GM per 30 days)
albuterol sulfate hfa aerosol solution 108 (90 base) mcg/act inhalation	1	QL (2 GM per 30 days)
ALBUTEROL SULFATE HFA AEROSOL SOLUTION 108 (90 BASE) MCG/ACT INHALATION	1	QL (36 GM per 30 days)
albuterol sulfate inhalation nebulization solution (2.5 mg/3ml) 0.083%, 0.63 mg/3ml, 1.25 mg/3ml	1	QL (375 ML per 30 days)
albuterol sulfate inhalation nebulization solution (5 mg/ml) 0.5%	1	QL (120 ML per 30 days)
albuterol sulfate inhalation nebulization solution 2.5 mg/0.5ml	1	QL (120 EA per 30 days)
albuterol sulfate oral	1	
aminophylline intravenous	1	
ANORO ELLIPTA	2	QL (60 EA per 30 days)
ARALAST NP	4	PA; SP
ARCAPTA NEOHALER	3	QL (60 EA per 30 days)
ARNUITY ELLIPTA INHALATION AEROSOL POWDER BREATH ACTIVATED 100 MCG/ACT, 200 MCG/ACT	3	QL (60 EA per 30 days)
ARNUITY ELLIPTA INHALATION AEROSOL POWDER BREATH ACTIVATED 50 MCG/ACT	3	QL (60 EA per 30 days)
ASMANEX (120 METERED DOSES)	2	QL (1 EA per 30 days)
ASMANEX (14 METERED DOSES)	2	QL (1 EA per 30 days)
ASMANEX (30 METERED DOSES) INHALATION AEROSOL POWDER BREATH ACTIVATED 110 MCG/INH	2	QL (2 EA per 30 days)
ASMANEX (30 METERED DOSES) INHALATION AEROSOL POWDER BREATH ACTIVATED 220 MCG/INH	2	QL (1 EA per 30 days)

Drug Name	Drug Tier	Notes
ASMANEX (60 METERED DOSES)	2	QL (1 EA per 30 days)
ASMANEX (7 METERED DOSES)	2	QL (2 EA per 30 days)
ASMANEX HFA	2	QL (13 GM per 30 days)
ATROVENT HFA	2	QL (25.8 GM per 30 days)
BEVESPI AEROSPHERE	2	QL (10.7 GM per 30 days)
BREO ELLIPTA	2	QL (60 EA per 30 days)
BROVANA	3	QL (120 ML per 30 days)
budesonide inhalation	1	QL (120 ML per 30 days)
COMBIVENT RESPIMAT	2	QL (8 GM per 30 days)
cromolyn sodium inhalation	1	QL (240 ML per 30 days)
DALIRESP	3	
difil-g forte	1	
DULERA	3	PA; QL (13 GM per 30 days)
ELIXOPHYLLIN	3	
epinephrine injection solution	1	
epinephrine injection solution auto-injector	1	
ESBRIET ORAL CAPSULE	4	PA; SP; QL (270 EA per 30 days)
ESBRIET ORAL TABLET 267 MG	4	PA; SP; QL (270 EA per 30 days)
ESBRIET ORAL TABLET 801 MG	4	PA; SP; QL (93 EA per 31 days)
FLOVENT DISKUS	2	QL (60 EA per 30 days)
FLOVENT HFA	2	QL (21.2 GM per 30 days)
GLASSIA	4	PA; SP
INCRUSE ELLIPTA	3	PA; QL (30 EA per 30 days)
ipratropium bromide inhalation	1	QL (300 ML per 30 days)
ipratropium-albuterol	1	QL (540 ML per 30 days)
levalbuterol hcl inhalation	1	QL (270 ML per 30 days)
LEVALBUTEROL HFA INHALATION AEROSOL 45 MCG/ACT	1	QL (30 GM per 30 days)
metaproterenol sulfate oral	1	
montelukast sodium oral	1	
OFEV	4	PA; SP; QL (60 EA per 30 days)
PERFOROMIST	3	QL (120 ML per 30 days)
PROAIR DIGIHALER	2	QL (2 EA per 30 days)
PROAIR HFA	2	QL (17 GM per 30 days)
PROAIR RESPICLICK	2	QL (2 EA per 30 days)
PROLASTIN-C	4	PA; SP
PULMICORT FLEXHALER	2	QL (2 EA per 30 days)
QVAR REDIHALER	2	QL (21.2 GM per 30 days)
SCLEROSOL INTRAPLEURAL	3	

Effective Date: 10/1/2020

Drug Name	Drug Tier	Notes
SEEBRI NEOHALER	3	PA; QL (60 EA per 30 days)
SEREVENT DISKUS	2	QL (60 EA per 30 days)
SPIRIVA HANDIHALER	2	QL (30 EA per 30 days)
SPIRIVA RESPIMAT	2	QL (4 GM per 30 days)
STERILE TALC POWDER	3	
STERITALC	3	
STIOLTO RESPIMAT	2	QL (4 GM per 30 days)
STRIVERDI RESPIMAT	3	QL (8 GM per 30 days)
SYMBICORT	2	QL (10.2 GM per 30 days)
terbutaline sulfate injection	1	
terbutaline sulfate oral	1	
THEO-24	3	
theophylline	1	
theophylline er	1	
theophylline in d5w	1	
TUDORZA PRESSAIR	3	PA; QL (1 EA per 30 days)
XOPENEX	3	QL (270 ML per 30 days)
XOPENEX CONCENTRATE	3	QL (270 EA per 30 days)
zafirlukast	1	
ZEMAIRA	4	PA; SP
zileuton er	1	
ZYFLO	3	
Respiratory Tract / Pulmonary Agents - Drugs for Cystic Fibrosis		
BETHKIS	4	PA; SP; QL (224 ML per 28 days)
CAYSTON	4	PA; SP; QL (84 ML per 28 days)
KALYDECO	4	PA; SP; QL (60 EA per 30 days)
KITABIS PAK	4	PA; SP; QL (280 ML per 28 days)
ORKAMBI ORAL PACKET	4	PA; SP; QL (56 EA per 28 days)
ORKAMBI ORAL TABLET	4	PA; SP; QL (112 EA per 28 days)
PULMOZYME	4	PA; SP; QL (150 ML per 30 days)
TOBI PODHALER	4	PA; SP; QL (62 EA per 31 days)
tobramycin inhalation nebulization solution 300 mg/4ml	4	PA; SP; QL (224 ML per 28 days)
tobramycin nebulization solution 300 mg/5ml inhalation	4	PA; SP; QL (280 ML per 28 days)
TOBRAMYCIN NEBULIZATION SOLUTION 300 MG/5ML INHALATION	4	PA; SP; QL (280 ML per 28 days)
TRIKAFTA	4	PA; SP; QL (93 EA per 31 days)
Respiratory Tract / Pulmonary Agents - Drugs for Pulmonary Hypertension		

Drug Name	Drug Tier	Notes
ADCIRCA	4	PA; SP; QL (60 EA per 30 days)
ADEMPAS	4	PA; SP; QL (90 EA per 30 days)
alyq	4	PA; SP; QL (60 EA per 30 days)
ambrisentan	4	PA; SP; QL (30 EA per 30 days)
bosentan	4	PA; SP; QL (60 EA per 30 days)
epoprostenol sodium	4	PA; SP
FLOLAN	4	PA; SP
LETAIRIS	4	PA; SP; QL (30 EA per 30 days)
OPSUMIT	4	PA; SP; QL (30 EA per 30 days)
ORENITRAM	4	PA; SP
REVATIO INTRAVENOUS	4	PA; SP; QL (225 ML per 31 days)
REVATIO ORAL SUSPENSION RECONSTITUTED	4	PA; SP; QL (224 ML per 30 days)
REVATIO ORAL TABLET	4	PA; SP; QL (90 EA per 30 days)
sildenafil citrate intravenous	4	SP; QL (225 ML per 31 days)
sildenafil citrate oral suspension reconstituted	4	SP; QL (224 ML per 30 days)
sildenafil citrate oral tablet 20 mg	4	SP; QL (90 EA per 30 days)
tadalafil (pah)	4	PA; SP; QL (60 EA per 30 days)
TRACLEER 62.5 MG, 125 MG	4	PA; SP; QL (60 EA per 30 days)
TRACLEER 32 MG	4	PA; SP; QL (112 EA per 28 days)
TYVASO	4	PA; SP; QL (81.2 ML per 28 days)
TYVASO REFILL	4	PA; SP; QL (81.2 ML per 28 days)
TYVASO STARTER	4	PA; SP; QL (81.2 ML per 28 days)
UPTRAVI	4	PA; SP
VELETRI	4	PA; SP
Skeletal Muscle Relaxants - Drugs for Muscle Pain and Spasm		
baclofen oral	1	
carisoprodol oral	1	
chlorzoxazone oral tablet 375 mg, 500 mg, 750 mg	1	
cyclobenzaprine hcl oral	1	
DANTRIUM	3	
dantrolene sodium intravenous	1	
dantrolene sodium oral	1	
FEXMID	3	
LORZONE	3	
metaxalone	1	
methocarbamol injection	1	
methocarbamol oral	1	
NORGESIC FORTE	3	

Effective Date: 10/1/2020

Drug Name	Drug Tier	Notes
orphenadrine citrate er	1	
orphenadrine citrate injection	1	
orphenadrine-asa-caffeine	1	
ORPHENGESIC FORTE	3	
revonto	1	
ROBAXIN	3	
ROBAXIN-750	3	
RYANODEX	3	
SKELAXIN	3	
SOMA	3	
tizanidine hcl oral	1	
ZANAFLEX	3	
Sleep Disorder Agents		
AMBIEN	3	PA; QL (30 EA per 30 days)
AMBIEN CR	3	PA; QL (30 EA per 30 days)
armodafinil oral tablet 150 mg, 200 mg, 250 mg	1	PA; QL (1 EA per 1 day)
armodafinil oral tablet 50 mg	1	PA; QL (2 EA per 1 day)
BELSOMRA	3	PA; QL (30 EA per 30 days)
EDLUAR	3	PA; QL (30 EA per 30 days)
eszopiclone	1	QL (30 EA per 30 days)
flurazepam hcl	1	QL (30 EA per 30 days)
HETLIOZ	4	PA; SP; QL (30 EA per 30 days)
INTERMEZZO	3	PA; QL (30 EA per 30 days)
modafinil	1	PA; QL (2 EA per 1 day)
ramelteon	1	QL (30 EA per 30 days)
RESTORIL	3	QL (30 EA per 30 days)
ROZEREM	3	QL (30 EA per 30 days)
SECONAL	3	
temazepam	1	QL (30 EA per 30 days)
XYREM	4	PA; SP
XYWAV	3	
zaleplon	1	QL (30 EA per 30 days)
zolpidem tartrate	1	QL (30 EA per 30 days)
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If you or someone you're assisting is disabled and needs interpretation assistance, help is available at the contact number posted on our website or listed in the materials included with this notice (TDD: 711).

Free language interpretation support is available for those who cannot read or speak English by calling one of the appropriate numbers listed below.

If you think we have not provided these services or have discriminated in any way, you can file a grievance by emailing contact@hcrcollaboration.com or by calling our Compliance area at 1-800-832-9686 or the U.S. Department of Health and Human Services, Office for Civil Rights at 1-800-368-1019 or 1-800-537-7697 (TDD).

Si usted, o alguien a quien usted está ayudando, tiene preguntas acerca de este plan de salud, tiene derecho a obtener ayuda e información en su idioma sin costo alguno. Para hablar con un intérprete, llame al 1-844-396-0183. (Spanish)

如果您，或是您正在協助的對象，有關於本健康計畫方面的問題，您有權利免費以您的母語得到幫助和訊息。洽詢一位翻譯員，請撥 1-844-396-0188。 (Chinese)

Nếu quý vị, hoặc là người mà quý vị đang giúp đỡ, có những câu hỏi quan tâm về chương trình sức khỏe này, quý vị sẽ được giúp đỡ với các thông tin bằng ngôn ngữ của quý vị miễn phí. Để nói chuyện với một thông dịch viên, xin gọi 1-844-389-4838 (Vietnamese)

이 건강보험에 관하여 궁금한 사항 혹은 질문이 있으시면 1-844-396-0187로 연락해 주십시오.
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Kung ikaw, o ang iyong tinutulungan, ay may mga katanungan tungkol sa planong pangkalusugang ito, may karapatan ka na makakuha ng tulong at impormasyon sa iyong wika nang walang gastos. Upang makausap ang isang tagasalin, tumawag sa 1-844-389-4839 . (Tagalog)

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إن كان لديك أو لدى شخص تساعدك أسلحة بخصوص خطة الصحة هذه، فلديك الحق في الحصول على المساعدة والمعلومات الضرورية بلغتك من دون آية تكلفة. للتحدث مع مترجم اتصل بـ 1-844-396-0189 (Arabic)

Si ou menm oswa yon moun w ap ede gen kesyon konsènan plan sante sa a, se dwa w pou resevwa asistans ak enfòmasyon nan lang ou pale a, san ou pa gen pou peye pou sa. Pou pale avèk yon entèprèt, rele nan 1-844-398-6232. (French/Haitian Creole)

Si vous, ou quelqu'un que vous êtes en train d'aider, avez des questions à propos de ce plan médical, vous avez le droit d'obtenir gratuitement de l'aide et des informations dans votre langue. Pour parler à un interprète,appelez le 1-844-396-0190. (French)

Jeśli Ty lub osoba, której pomagasz, małce pytania odnośnie planu ubezpieczenia zdrowotnego, masz prawo do uzyskania bezpłatnej informacji i pomocy we własnym języku. Aby porozmawiać z tłumaczem, zadzwoń pod numer 1-844-396-0186. (Polish)

Se você, ou alguém a quem você está ajudando, tem perguntas sobre este plano de saúde, você tem o direito de obter ajuda e informação em seu idioma e sem custos. Para falar com um intérprete, ligue para 1-844-396-0182. (Portuguese)

Se tu o qualcuno che stai aiutando avete domande su questo piano sanitario, hai il diritto di ottenere aiuto e informazioni nella tua lingua gratuitamente. Per parlare con un interprete, puoi chiamare 1-844-396-0184. (Italian)

あなた、またはあなたがお世話をされている方が、この健康保険についてご質問がございましたら、ご希望の言語でサポートを受けたり、情報を入手したりすることができます。料金はかかりません。通訳とお話される場合、1-844-396-0185 までお電話ください。 (Japanese)

Falls Sie oder jemand, dem Sie helfen, Fragen zu diesem Krankenversicherungsplan haben bzw. hat, haben Sie das Recht, kostenlose Hilfe und Informationen in Ihrer Sprache zu erhalten. Um mit einem Dolmetscher zu sprechen, rufen Sie bitte die Nummer 1-844-396-0191 an. (German)

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