



**Standard Drug Formulary**  
**January 2025**

## Informational Section

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

### How To Use Our Formulary

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

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

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

### Generic versus Brand Name

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

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

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

### Drug Tier

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

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

## Reference Name

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

Drug Name	Drug Tier	Reference Name	Requirements/Limits
<b>ANTICHOLINERGIC AGENTS</b>			
<b>Antimuscarinics/antispasmodics</b>			
<i>dicyclomine hcl 10 mg cap, 20 mg tab</i>	1	BENTYL	

## Requirements/Limits

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

Requirements/Limits	Abbreviation
Prior Authorization	PA
Step Therapy	ST
Quantity Limit	QL

## Quick Drug Lookup

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

## Formulary Tiering

The RxParadigm Standard Formulary is divided into five categories or tiers. Each tier represents a different cost level that the member pays for a medication. Every medication is assigned to a tier. The table below summarizes the different drug tiers, with the lowest tier (1) being the lowest cost level for the member, and the highest tier (5) being the highest cost level for the member.

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

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

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

## **Prescription Drug Coverage Requirements and Limits**

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

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

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

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

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Drug Name	Drug Tier	Reference Name	Requirements/Limits
<b>THERAPEUTIC CATEGORY</b>			
Therapeutic Class			
<b>5-ALPHA-REDUCTASE INHIBITORS</b>			
<b>5-alpha-reductase Inhibitors</b>			
<i>dutasteride 0.5 mg cap</i>	1	AVODART	
<i>finasteride 5 mg tab</i>	1	PROSCAR	
<b>ADRENALS</b>			
<b>Adrenals</b>			
ALKINDI SPRINKLE 1 mg cap sprinkle, 2 mg cap sprinkle, 5 mg cap sprinkle	3		PA
BREZTRI AEROSPHERE	2		
<i>budesonide 3 mg cap dr prt</i>	3	ENTOCORT	
<i>budesonide 0.25 mg/2ml inh susp, 0.5 mg/2ml inh susp, 1 mg/2ml inh susp</i>	3	PULMICORT	QL
<i>budesonide er 9 mg tab er 24 hr</i>	3	UCERIS	
<i>budesonide-formoterol fumarate</i>	3	SYMBICORT	QL
<i>dexamethasone 1 mg tab, 2 mg tab</i>	1		
<i>dexamethasone 0.5 mg/5ml soln</i>	3		
<i>dexamethasone 0.5 mg/5ml oral elix</i>	3	BAYCADRON	
<i>dexamethasone 0.5 mg tab, 0.75 mg tab, 1.5 mg tab, 4 mg tab, 6 mg tab</i>	1	DECADRON	
<i>fludrocortisone acetate 0.1 mg tab</i>	1	FLORINEF	
<i>fluticasone propionate 0.005 % oint, 0.05 % crm</i>	1	CUTIVATE	
<i>fluticasone propionate hfa</i>	3		
<i>fluticasone-salmeterol 113-14 mcg/act inh aer pwdr br act, 232-14 mcg/act inh aer pwdr br act, 55-14 mcg/act inh aer pwdr br act</i>	3	AIRDUO	QL
<i>hydrocortisone 10 mg tab, 20 mg tab, 5 mg tab</i>	1	CORTEF	
<i>methylprednisolone 16 mg tab, 32 mg tab, 4 mg tab, 4 mg tab pack, 8 mg tab</i>	1	MEDROL	
<i>prednisolone 15 mg/5ml soln</i>	3	PRELONE	
<i>prednisolone sodium phosphate 25 mg/5ml soln</i>	3		
<i>prednisolone sodium phosphate 15 mg/5ml soln</i>	3	ORAPRED	
<i>prednisolone sodium phosphate 6.7 (5 Base) mg/5ml soln</i>	3	PEDIAPRED	
<i>prednisone 1 mg tab, 10 mg (21) tab pack, 10 mg (48) tab pack, 10 mg tab, 2.5 mg tab, 20 mg tab, 5 mg (21) tab</i>	1		

Drug Name	Drug Tier	Reference Name	Requirements/Limits
<i>pack, 5 mg (48) tab pack, 5 mg tab, 50 mg tab</i>			
<i>prednisone 5 mg/5ml soln</i>	3		
PREDNISONE INTENSOL	3		
PULMICORT FLEXHALER	2		
<b>ALCOHOL DETERRENTS</b>			
<b>Alcohol Deterrents</b>			
<i>acamprosate calcium</i>	3	CAMPRAL	
<i>disulfiram 250 mg tab, 500 mg tab</i>	1	ANTABUSE	
<b>ALKALINIZING AGENTS</b>			
<b>Alkalinizing Agents</b>			
<i>potassium citrate er</i>	3	UROCIT-K	
<b>ALPHA-ADRENERGIC BLOCKING AGENTS</b>			
<b>Alpha-adrenergic Blocking Agents</b>			
<i>doxazosin mesylate 1 mg tab, 2 mg tab, 4 mg tab, 8 mg tab</i>	1	CARDURA	
<i>prazosin hcl 1 mg cap, 2 mg cap, 5 mg cap</i>	1	MINIPRESS	
<i>terazosin hcl</i>	1	HYTRIN	
<b>AMMONIA DETOXICANTS</b>			
<b>Ammonia Detoxicants</b>			
<i>constulose</i>	1	CONSTULOSE	
<i>enulose</i>	1	CONSTULOSE	
<i>generlac</i>	1	CONSTULOSE	
<i>lactulose 10 gm/15ml soln, 20 gm/30ml soln</i>	1	CONSTULOSE	
<i>lactulose encephalopathy 10 gm/15ml soln</i>	1	CONSTULOSE	
<i>sodium phenylbutyrate 500 mg tab</i>	4	BUPHENYL	PA
<i>sodium phenylbutyrate 3 gm/tsp oral pwr</i>	4	BUPHENYL	PA
<b>AMYOTROPHIC LATERAL SCLEROSIS (ALS) AGENTS</b>			
<b>Amyotrophic Lateral Sclerosis (als) Agents</b>			
<i>riluzole 50 mg tab</i>	3	RILUTEK	QL
<b>ANALGESICS AND ANTIPYRETICS</b>			
<b>Non-opioid Analgesics</b>			
BAC	3		QL
<i>butalbital-apap-caffeine 50-325-40 mg tab</i>	3	ESGIC	QL
<b>Nonsteroidal Anti-inflammatory Agents</b>			
<i>celecoxib 100 mg cap, 200 mg cap, 400 mg cap, 50 mg cap</i>	3	CELEBREX	QL
<i>diclofenac potassium 50 mg tab</i>	3	CATAFLAM	
<i>diclofenac sodium 50 mg tab dr, 75 mg tab dr</i>	1	VOLTAREN	
<i>diclofenac sodium 25 mg tab dr</i>	3	VOLTAREN	

Drug Name	Drug Tier	Reference Name	Requirements/Limits
<i>diclofenac sodium er</i>	3	VOLTAREN XR	
<i>diflunisal 500 mg tab</i>	3	DOLOBID	
<i>etodolac</i>	3	LODINE	
<i>etodolac er</i>	3	LODINE XL	
<i>IBU</i>	1		
<i>ibuprofen 400 mg tab, 600 mg tab, 800 mg tab</i>	1	MOTRIN	
<i>ibuprofen 100 mg/5ml susp</i>	1	MOTRIN CHILDRENS	
<i>indomethacin 25 mg cap, 50 mg cap</i>	3	INDOCIN	
<i>meloxicam 15 mg tab, 7.5 mg tab</i>	1	MOBIC	
<i>nabumetone 500 mg tab, 750 mg tab</i>	1	RELAFEN	
<i>naproxen 250 mg tab, 375 mg tab, 500 mg tab</i>	1	NAPROSYN	
<i>naproxen 125 mg/5ml susp</i>	3	NAPROSYN	
<i>naproxen sodium 275 mg tab, 550 mg tab</i>	3	ANAPROX	
<i>sulindac 150 mg tab, 200 mg tab</i>	1	CLINORIL	
<b>Opioid Agonists</b>			
<i>acetaminophen-codeine 300-15 mg tab, 300-30 mg tab, 300-60 mg tab</i>	3	TYLENOL WITH CODEINE	QL
<i>acetaminophen-codeine 120-12 mg/5ml soln</i>	3	TYLENOL WITH CODEINE	QL
<i>codeine sulfate</i>	3		PA, QL
<i>endocet 10-325 mg tab, 5-325 mg tab</i>	3	PERCOCET	QL
<i>fentanyl 100 mcg/hr td patch 72 hr, 12 mcg/hr td patch 72 hr, 25 mcg/hr td patch 72 hr, 50 mcg/hr td patch 72 hr, 75 mcg/hr td patch 72 hr</i>	3	DURAGESIC	QL
<i>fentanyl citrate 1200 mcg bucc lozg on hd, 1600 mcg bucc lozg on hd, 200 mcg bucc lozg on hd, 400 mcg bucc lozg on hd, 600 mcg bucc lozg on hd, 800 mcg bucc lozg on hd</i>	3	ACTIQ	PA, QL
<i>hydrocodone-acetaminophen 10-325 mg tab, 5-325 mg tab, 7.5-325 mg tab</i>	3	NORCO	QL
<i>hydrocodone-ibuprofen 7.5-200 mg tab</i>	3	VICOPROFEN	QL
<i>hydromorphone hcl 2 mg tab, 4 mg tab, 8 mg tab</i>	3	DILAUDID	QL
<i>methadone hcl 10 mg tab, 5 mg tab</i>	1	DOLOPHINE	QL
<i>morphine sulfate 15 mg tab, 30 mg tab</i>	3		QL
<i>morphine sulfate 10 mg/5ml soln, 20 mg/5ml soln</i>	3		QL
<i>morphine sulfate (concentrate)</i>	3	ROXANOL	QL
<i>morphine sulfate er 15 mg tab er</i>	1	MS CONTIN	QL
<i>morphine sulfate er 100 mg tab er, 200 mg tab er, 30 mg tab er, 60 mg tab er</i>	3	MS CONTIN	QL

Drug Name	Drug Tier	Reference Name	Requirements/Limits
<i>oxycodone hcl 10 mg tab, 15 mg tab, 20 mg tab, 30 mg tab, 5 mg tab</i>	1	ROXICODONE	QL
<i>oxycodone-acetaminophen 10-325 mg tab, 5-325 mg tab, 7.5-325 mg tab</i>	3	PERCOCET	QL
ROXYBOND	2		ST, QL
<i>tramadol hcl 50 mg tab</i>	1	ULTRAM	QL
<i>tramadol-acetaminophen</i>	3	ULTRACET	QL
<b>Opioid Partial Agonists</b>			
<i>buprenorphine hcl 2 mg tab subl, 8 mg tab subl</i>	1	SUBUTEX	
<i>buprenorphine hcl-naloxone hcl 2-0.5 mg tab subl, 8-2 mg tab subl</i>	1	SUBOXONE	
<b>ANDROGENS</b>			
<b>Androgens</b>			
<i>danazol 100 mg cap, 200 mg cap, 50 mg cap</i>	3	DANOCRINE	
<i>oxandrolone 10 mg tab, 2.5 mg tab</i>	3	OXANDRIN	PA
<i>testosterone 1.62 % td gel, 20.25 MG/1.25GM (1.62%) td gel, 20.25 MG/ACT (1.62%) td gel, 40.5 MG/2.5GM (1.62%) td gel</i>	3	ANDROGEL	PA
<i>testosterone cypionate 100 mg/ml im soln, 200 mg/ml im soln, 200 mg/ml inj soln</i>	3	DEPO-TESTOSTERONE	PA
<i>testosterone enanthate 200 mg/ml im soln</i>	3	DELATESTRYL	PA
<b>ANOREXIGENIC AGENTS AND RESPIRATORY AND CNS STIMULANTS</b>			
<b>Amphetamines</b>			
<i>amphetamine-dextroamphet er</i>	3	ADDERALL XR	QL
<i>amphetamine-dextroamphetamine</i>	1	ADDERALL	QL
<i>dextroamphetamine sulfate 10 mg tab, 5 mg tab</i>	3	DEXTROSTAT	QL
<i>dextroamphetamine sulfate er</i>	3	DEXEDRINE	QL
<b>Respiratory And Cns Stimulants</b>			
<i>atomoxetine hcl</i>	3	STRATTERA	QL
<i>dexmethylphenidate hcl</i>	3	FOCALIN	QL
<i>methylphenidate hcl 10 mg/5ml soln, 5 mg/5ml soln</i>	3	METHYLIN	QL
<i>methylphenidate hcl 10 mg tab, 20 mg tab, 5 mg tab</i>	3	RITALIN	QL
<i>methylphenidate hcl er 10 mg tab er, 20 mg tab er</i>	3	RITALIN SR	QL
<b>Wakefulness-promoting Agents</b>			
<i>armodafinil</i>	3	NUVIGIL	PA, QL
<i>modafinil 100 mg tab, 200 mg tab</i>	3	PROVIGIL	PA, QL
<b>ANTHELMINTICS</b>			

Drug Name	Drug Tier	Reference Name	Requirements/Limits
<b>Anthelmintics</b>			
<i>albendazole 200 mg tab</i>	3	ALBENZA	
<i>ivermectin 3 mg tab</i>	3	STROMEKTOL	
<b>ANTIALLERGIC AGENTS</b>			
<b>Antiallergic Agents</b>			
<i>azelastine hcl 0.1 % nasal soln, 137 mcg/spray nasal soln</i>	3	ASTELIN	
<i>azelastine hcl 0.15 % nasal soln</i>	3	ASTEPRO	
<i>azelastine hcl 0.05 % ophth soln</i>	3	OPTIVAR	
<i>cromolyn sodium 4 % ophth soln</i>	1	OPTICROM	
<i>olopatadine hcl 0.1 % ophth soln, 0.2 % ophth soln</i>	3	PATADAY	
<b>ANTIBACTERIALS</b>			
<b>Aminoglycosides</b>			
<i>amikacin sulfate 500 mg/2ml inj soln</i>	3	AMIKIN	
ARIKAYCE	3		PA, QL
<i>gentamicin in saline 0.8-0.9 mg/ml-% iv soln, 1-0.9 mg/ml-% iv soln, 1.2-0.9 mg/ml-% iv soln, 1.6-0.9 mg/ml-% iv soln, 2-0.9 mg/ml-% iv soln</i>	3		
<i>gentamicin sulfate 40 mg/ml inj soln</i>	3	GENTAK	
<i>neomycin sulfate 500 mg tab</i>	1		
<i>tobramycin 300 mg/5ml inh neb soln</i>	4	TOBI	PA
<i>tobramycin sulfate 1.2 gm inj soln</i>	3		
<i>tobramycin sulfate 1.2 gm/30ml inj soln, 10 mg/ml inj soln, 2 gm/50ml inj soln, 80 mg/2ml inj soln</i>	3		
<b>Antibacterials, Miscellaneous</b>			
<i>clindamycin hcl 150 mg cap, 300 mg cap</i>	1	CLEOCIN	
<i>clindamycin hcl 75 mg cap</i>	3	CLEOCIN	
<i>clindamycin palmitate hcl</i>	3	CLEOCIN	
<i>clindamycin phosphate 300 mg/2ml inj soln, 600 mg/4ml inj soln, 900 mg/6ml inj soln</i>	3	CLEOCIN	
<i>clindamycin phosphate in d5w</i>	3	CLEOCIN	
<i>clindamycin phosphate in nacl</i>	3	CLEOCIN	
<i>colistimethate sodium (cba)</i>	3	COLY-MYCIN	
<i>daptomycin 350 mg iv soln</i>	3		
<i>daptomycin 500 mg iv soln</i>	3	CUBICIN	
<i>linezolid 600 mg tab</i>	3	ZYVOX	
<i>linezolid 100 mg/5ml susp, 600 mg/300ml iv soln</i>	3	ZYVOX	
<i>linezolid in sodium chloride</i>	3	ZYVOX	PA
SIVEXTRO	3		PA

Drug Name	Drug Tier	Reference Name	Requirements/Limits
vancomycin hcl 1 gm iv soln, 5 gm iv soln, 750 mg iv soln	3		
vancomycin hcl 25 mg/ml soln, 500 mg/100ml iv soln	3		
vancomycin hcl 50 mg/ml soln	3	FIRVANQ	
vancomycin hcl 10 gm iv soln, 125 mg cap, 250 mg cap, 500 mg iv soln	3	VANCOCIN	
XIFAXAN 550 mg tab	3		PA
<b>Cephalosporins</b>			
cefaclor 250 mg cap, 500 mg cap	3	CECLOR	
cefaclor 125 mg/5ml susp, 375 mg/5ml susp	3	CECLOR	
cefaclor er	3	CECLOR CD	
cefadroxil 500 mg cap	1	DURICEF	
cefadroxil 250 mg/5ml susp, 500 mg/5ml susp	1	DURICEF	
cefadroxil 1 gm tab	3	DURICEF	
cefazolin sodium 1 gm inj soln, 1 gm iv soln, 10 gm inj soln, 500 mg inj soln	3	ANCEF	
cefazolin sodium-dextrose 1-4 gm/50ml-% iv soln	3	ANCEF	
cefdinir 300 mg cap	3	OMNICEF	
cefdinir 125 mg/5ml susp, 250 mg/5ml susp	3	OMNICEF	
cefepime hcl 1 gm inj soln, 2 gm iv soln	3	MAXIPIME	
cefepime hcl 1 gm/50ml iv soln, 2 gm/100ml iv soln	3	MAXIPIME	
cefixime 400 mg cap	3	SUPRAX	
cefepodoxime proxetil 100 mg tab, 200 mg tab	3	VANTIN	
cefepodoxime proxetil 100 mg/5ml susp, 50 mg/5ml susp	3	VANTIN	
cefprozil 250 mg tab, 500 mg tab	3	CEFZIL	
cefprozil 125 mg/5ml susp, 250 mg/5ml susp	3	CEFZIL	
ceftazidime 2 gm iv soln	3		
ceftazidime 1 gm inj soln, 6 gm inj soln	3	FORTAZ	
ceftriaxone sodium 1 gm inj soln, 1 gm iv soln, 10 gm iv soln, 2 gm inj soln, 2 gm iv soln, 250 mg inj soln, 500 mg inj soln	3	ROCEPHIN	
ceftriaxone sodium in dextrose	3	ROCEPHIN	
cefuroxime axetil	3	CEFTIN	
cefuroxime sodium	3	ZINACEF	
cephalexin 250 mg tab, 500 mg tab	3		
cephalexin 250 mg cap, 500 mg cap	1	KEFLEX	

Drug Name	Drug Tier	Reference Name	Requirements/Limits
cephalexin 125 mg/5ml susp, 250 mg/5ml susp	3	KEFLEX	
<b>Macrolides</b>			
azithromycin 250 mg tab, 500 mg tab, 600 mg tab	1	ZITHROMAX	
azithromycin 1 gm pckt, 500 mg iv soln	3	ZITHROMAX	
azithromycin 100 mg/5ml susp, 200 mg/5ml susp	3	ZITHROMAX	
clarithromycin 250 mg tab, 500 mg tab	3	BIAXIN	
clarithromycin 125 mg/5ml susp, 250 mg/5ml susp	3	BIAXIN	
clarithromycin er	3	BIAXIN XL	
erythromycin 250 mg tab dr, 333 mg tab dr, 500 mg tab dr	3	ERY-TAB	
erythromycin base 250 mg cap dr prt, 250 mg tab	3		
erythromycin base 250 mg tab dr, 333 mg tab dr, 500 mg tab, 500 mg tab dr	3	ERY-TAB	
erythromycin ethylsuccinate 400 mg tab	3	E.E.S.	
<b>Miscellaneous B-lactam Antibiotics</b>			
aztreonam 1 gm inj soln	3	AZACTAM	
cefoxitin sodium 10 gm iv soln	3		
cefoxitin sodium 1 gm iv soln, 2 gm iv soln	3	MEFOXIN	
ertapenem sodium	3	INVANZ	
imipenem-cilastatin	3	PRIMAXIN	
meropenem 1 gm iv soln, 500 mg iv soln	3	MERREM	
<b>Penicillins</b>			
amoxicillin 125 mg tab chew, 250 mg cap, 250 mg tab chew, 500 mg cap, 500 mg tab, 875 mg tab	1	AMOXIL	
amoxicillin 125 mg/5ml susp, 200 mg/5ml susp, 250 mg/5ml susp, 400 mg/5ml susp	1	AMOXIL	
amoxicillin-pot clavulanate 500-125 mg tab, 875-125 mg tab	1	AUGMENTIN	
amoxicillin-pot clavulanate 200-28.5 mg tab chew, 250-125 mg tab, 400-57 mg tab chew	3	AUGMENTIN	
amoxicillin-pot clavulanate 200-28.5 mg/5ml susp, 250-62.5 mg/5ml susp, 400-57 mg/5ml susp, 600-42.9 mg/5ml susp	3	AUGMENTIN	
amoxicillin-pot clavulanate er	3	AUGMENTIN XR	



Drug Name	Drug Tier	Reference Name	Requirements/Limits
<i>ampicillin</i>	1		
<i>ampicillin sodium 1 gm iv soln, 10 gm iv soln, 125 mg inj soln</i>	3		
<i>ampicillin sodium 1 gm inj soln</i>	3	TOTACILLIN-N	
<i>ampicillin-sulbactam sodium</i>	3	UNASYN	
BICILLIN L-A	3		PA
<i>dicloxacillin sodium</i>	3	DYCILL	
<i>nafcillin sodium 1 gm iv soln, 10 gm iv soln, 2 gm inj soln, 2 gm iv soln</i>	3		
<i>nafcillin sodium 1 gm inj soln</i>	3	NALLPEN	
<i>nafcillin sodium in dextrose 1 gm/50ml iv soln</i>	3		
<i>oxacillin sodium</i>	3		
<i>penicillin g pot in dextrose 40000 unit/ml iv soln, 60000 unit/ml iv soln</i>	3		
<i>penicillin g potassium</i>	3	PFIZERPEN	
<i>penicillin g procaine</i>	3		
<i>penicillin g sodium</i>	3		
<i>penicillin v potassium 500 mg tab</i>	1	PEN-VEE K	
<i>penicillin v potassium 250 mg tab</i>	1	VEETIDS	
<i>penicillin v potassium 125 mg/5ml soln, 250 mg/5ml soln</i>	1	VEETIDS	
<i>piperacillin sod-tazobactam so 13.5 (12-1.5) gm iv soln, 2.25 (2-0.25) gm iv soln</i>	3		
<i>piperacillin sod-tazobactam so 3.375 (3-0.375) gm iv soln, 4.5 (4-0.5) gm iv soln, 40.5 (36-4.5) gm iv soln</i>	3	ZOSYN	
<b>Quinolones</b>			
<i>ciprofloxacin hcl 250 mg tab, 500 mg tab, 750 mg tab</i>	1	CIPRO	
<i>ciprofloxacin hcl 100 mg tab</i>	3	CIPRO	
<i>ciprofloxacin in d5w 200 mg/100ml iv soln</i>	3	CIPRO	
<i>levofloxacin 250 mg tab, 500 mg tab, 750 mg tab</i>	1	LEVAQUIN	
<i>levofloxacin 25 mg/ml iv soln, 25 mg/ml soln</i>	3	LEVAQUIN	
<i>levofloxacin in d5w 500 mg/100ml iv soln, 750 mg/150ml iv soln</i>	3	LEVAQUIN	
<b>Sulfonamides</b>			
<i>sulfadiazine 500 mg tab</i>	3		
<i>sulfamethoxazole-trimethoprim 400-80 mg tab, 800-160 mg tab</i>	1	SEPTRA	
<i>sulfamethoxazole-trimethoprim 200-40 mg/5ml susp</i>	3	SEPTRA	

Drug Name	Drug Tier	Reference Name	Requirements/Limits
<i>sulfasalazine 500 mg tab, 500 mg tab dr</i>	1	AZULFIDINE	
<b>Tetracyclines</b>			
DOXY 100	3		
<i>doxycycline hyclate 20 mg tab</i>	3	PERIOSTAT	
<i>doxycycline hyclate 100 mg tab</i>	3	VIBRA-TABS	
<i>doxycycline hyclate 100 mg cap, 50 mg cap</i>	3	VIBRAMYCIN	
<i>doxycycline monohydrate 100 mg tab, 50 mg tab</i>	3	ADOXA	
<i>doxycycline monohydrate 100 mg cap, 50 mg cap</i>	1	MONODOX	
<i>minocycline hcl 100 mg tab, 50 mg tab, 75 mg tab</i>	3	DYNACIN	
<i>minocycline hcl 100 mg cap, 50 mg cap, 75 mg cap</i>	1	MINOCIN	
<i>tetracycline hcl 250 mg cap, 500 mg cap</i>	3		
<b>ANTICHOLINERGIC AGENTS</b>			
<b>Antimuscarinics/antispasmodics</b>			
ATROVENT HFA	3		PA, QL
BEVESPI AEROSPHERE	2		
<i>dicyclomine hcl 10 mg cap, 20 mg tab</i>	1	BENTYL	
<i>dicyclomine hcl 10 mg/5ml soln</i>	3	BENTYL	
<i>glycopyrrolate 1 mg tab, 2 mg tab</i>	3	ROBINUL	
<i>ipratropium bromide 0.02 % inh soln</i>	1	ATROVENT	
<i>ipratropium bromide 0.03 % nasal soln, 0.06 % nasal soln</i>	1	ATROVENT	QL
<i>scopolamine</i>	3	TRANSDERM-SCOP	
SPIRIVA HANDIHALER	2		
SPIRIVA RESPIMAT	2		
STIOLTO RESPIMAT	2		
YUPELRI	2		QL
<b>ANTICONVULSANTS</b>			
<b>Anticonvulsants, Miscellaneous</b>			
BRIVIACT 10 mg tab, 100 mg tab, 25 mg tab, 50 mg tab, 75 mg tab	3		PA, QL
BRIVIACT 10 mg/ml soln	3		PA, QL
<i>carbamazepine 100 mg tab chew, 200 mg tab</i>	3	TEGRETOL	
<i>carbamazepine 100 mg/5ml susp</i>	3	TEGRETOL	
<i>carbamazepine er 100 mg cap er 12 hr, 200 mg cap er 12 hr, 300 mg cap er 12 hr</i>	3	CARBATROL	

Drug Name	Drug Tier	Reference Name	Requirements/Limits
<i>carbamazepine er 100 mg tab er 12 hr, 200 mg tab er 12 hr, 400 mg tab er 12 hr</i>	3	TEGRETOL XR	
<i>divalproex sodium 125 mg cap dr sprinkle</i>	3	DEPAKOTE	
EPIDIOLEX	5		PA
EPITOL	3		
<i>felbamate 400 mg tab, 600 mg tab</i>	3	FELBATOL	
<i>felbamate 600 mg/5ml susp</i>	3	FELBATOL	
<i>FYCOMPA 10 mg tab, 12 mg tab, 2 mg tab, 4 mg tab, 6 mg tab, 8 mg tab</i>	3		PA, QL
<i>FYCOMPA 0.5 mg/ml susp</i>	3		PA, QL
<i>lamotrigine 100 mg tab, 150 mg tab, 200 mg tab, 25 mg tab, 25 mg tab chew, 5 mg tab chew</i>	1	LAMICTAL	
<i>lamotrigine er 100 mg tab er 24 hr, 200 mg tab er 24 hr, 25 mg tab er 24 hr, 250 mg tab er 24 hr, 300 mg tab er 24 hr, 50 mg tab er 24 hr</i>	3	LAMICTAL	
<i>levetiracetam 250 mg tab, 500 mg tab</i>	1	KEPPRA	
<i>levetiracetam 1000 mg tab, 750 mg tab</i>	3	KEPPRA	
<i>levetiracetam 100 mg/ml soln</i>	3	KEPPRA	
<i>levetiracetam er 500 mg tab er 24 hr, 750 mg tab er 24 hr</i>	3	KEPPRA XR	
<i>magnesium sulfate 50 % inj soln</i>	3		
<i>topiramate 100 mg tab, 200 mg tab, 25 mg tab, 50 mg tab</i>	1	TOPAMAX	
<i>topiramate 15 mg cap sprinkle, 25 mg cap sprinkle</i>	3	TOPAMAX	
<i>valproic acid 250 mg cap</i>	3	DEPAKENE	
<b>Barbiturates</b>			
<i>primidone 250 mg tab, 50 mg tab</i>	1	MYSOLINE	
<b>Benzodiazepines</b>			
<i>clobazam 10 mg tab, 20 mg tab</i>	3	ONFI	QL
<i>clobazam 2.5 mg/ml susp</i>	3	ONFI	QL
<i>clonazepam 0.5 mg tab, 1 mg tab, 2 mg tab</i>	1	KLONOPIN	QL
<i>clonazepam 0.125 mg tab disint, 0.25 mg tab disint, 0.5 mg tab disint, 1 mg tab disint, 2 mg tab disint</i>	3	KLONOPIN	QL
<i>diazepam 10 mg rect gel, 2.5 mg rect gel, 20 mg rect gel</i>	3	DIASTAT	QL
NAYZILAM	3		PA, QL
VALTOCO 10 MG DOSE	3		PA, QL
VALTOCO 15 MG DOSE	3		PA, QL
VALTOCO 20 MG DOSE	3		PA, QL

Drug Name	Drug Tier	Reference Name	Requirements/Limits
VALTOCO 5 MG DOSE	3		PA, QL
<b>Gaba-mediated Anticonvulsants</b>			
<i>divalproex sodium 125 mg tab dr, 250 mg tab dr, 500 mg tab dr</i>	3	DEPAKOTE	
<i>divalproex sodium er</i>	3	DEPAKOTE ER	
<i>gabapentin 100 mg cap, 300 mg cap, 400 mg cap</i>	1	NEURONTIN	QL
<i>gabapentin 600 mg tab, 800 mg tab</i>	3	NEURONTIN	QL
<i>gabapentin 250 mg/5ml soln, 300 mg/6ml soln</i>	3	NEURONTIN	QL
<i>pregabalin 100 mg cap, 150 mg cap, 200 mg cap, 225 mg cap, 25 mg cap, 300 mg cap, 50 mg cap, 75 mg cap</i>	3	LYRICA	
<i>pregabalin 20 mg/ml soln</i>	3	LYRICA	
<i>tiagabine hcl</i>	3	GABITRIL	
<i>valproic acid 250 mg/5ml soln</i>	3	DEPAKENE	
<i>vigabatrin 500 mg pckt, 500 mg tab</i>	4	SABRIL	PA, QL
<b>Hydantoins</b>			
<i>phenytoin 50 mg tab chew</i>	3	DILANTIN	
<i>phenytoin 125 mg/5ml susp</i>	3	DILANTIN	
PHENYTOIN INFATABS	3		
<i>phenytoin sodium extended 100 mg cap, 200 mg cap, 300 mg cap</i>	1	DILANTIN	
<b>Ion Channel Inhibition Agents</b>			
APTIOM	3		PA, QL
<i>lacosamide 10 mg/ml soln</i>	3	VIMPAT	QL
<i>lacosamide 100 mg tab, 150 mg tab, 200 mg tab, 50 mg tab</i>	3	VIMPAT	PA, QL
<i>oxcarbazepine 150 mg tab, 300 mg tab, 600 mg tab</i>	1	TRILEPTAL	
<i>oxcarbazepine 300 mg/5ml susp</i>	3	TRILEPTAL	
<i>rufinamide 200 mg tab, 400 mg tab</i>	3	BANZEL	PA, QL
<i>rufinamide 40 mg/ml susp</i>	3	BANZEL	PA, QL
<i>zonisamide 100 mg cap, 25 mg cap, 50 mg cap</i>	1	ZONEGRAN	
<b>Succinimides</b>			
<i>ethosuximide 250 mg cap</i>	3	ZARONTIN	
<i>ethosuximide 250 mg/5ml soln</i>	3	ZARONTIN	
<i>methsuximide</i>	3		PA
<b>ANTIDIABETIC AGENTS</b>			
<b>Alpha-glucosidase Inhibitors</b>			
<i>acarbose 100 mg tab, 25 mg tab, 50 mg tab</i>	1	PRECOSE	
<b>Biguanides</b>			
<i>metformin hcl 1000 mg tab, 500 mg tab, 850 mg tab</i>	1	GLUCOPHAGE	

Drug Name	Drug Tier	Reference Name	Requirements/Limits
<i>metformin hcl 500 mg/5ml soln</i>	3	RIOMET	PA, QL
<i>metformin hcl er</i>	1	GLUCOPHAGE XR	
<b>Dipeptidyl Peptidase-4 (dpp-4) Inhibitors</b>			
JANUMET	2		
JANUMET XR	2		
JANUVIA	2		
JENTADUETO	2		
JENTADUETO XR	2		
TRADJENTA	2		
<b>Incretin Mimetics</b>			
BYDUREON BCISE	2		ST
BYETTA 10 MCG PEN	2		ST
BYETTA 5 MCG PEN	2		ST
MOUNJARO 10 mg/0.5ml sc soln auto-inj, 12.5 mg/0.5ml sc soln auto-inj, 15 mg/0.5ml sc soln auto-inj, 2.5 mg/0.5ml sc soln auto-inj, 5 mg/0.5ml sc soln auto-inj, 7.5 mg/0.5ml sc soln auto-inj	2		ST
TRULICITY 0.75 mg/0.5ml sc soln auto-inj, 1.5 mg/0.5ml sc soln auto-inj, 3 mg/0.5ml sc soln auto-inj, 4.5 mg/0.5ml sc soln auto-inj	2		ST
ZEPBOUND 10 mg/0.5ml sc soln auto-inj, 12.5 mg/0.5ml sc soln auto-inj, 15 mg/0.5ml sc soln auto-inj, 2.5 mg/0.5ml sc soln auto-inj, 5 mg/0.5ml sc soln auto-inj, 7.5 mg/0.5ml sc soln auto-inj	2		PA
<b>Insulins</b>			
HUMALOG KWIKPEN 200 unit/ml sc soln pen-inj	2		
HUMULIN N	3		
HUMULIN N KWIKPEN	3		
HUMULIN R	3		
HUMULIN R U-500 (CONCENTRATED)	2		
HUMULIN R U-500 KWIKPEN	2		
<i>insulin glargine-yfgn</i>	2		
LYUMJEV	2		
LYUMJEV KWIKPEN	2		
<b>Meglitinides</b>			
<i>nateglinide</i>	1	STARLIX	QL
<i>repaglinide</i>	1	PRANDIN	QL
<b>Sodium-glucose Cotransporter 2 (sglt2) Inhibitors</b>			
FARXIGA	2		
GLYXAMBI	2		
JARDIANCE	2		

Drug Name	Drug Tier	Reference Name	Requirements/Limits
STEGLUJAN	2		
SYNJARDY	2		
SYNJARDY XR	2		
TRIJARDY XR	2		
XIGDUO XR	2		
<b>Sulfonylureas</b>			
<i>glimepiride 1 mg tab, 2 mg tab, 4 mg tab</i>	1	AMARYL	
<i>glipizide 10 mg tab, 5 mg tab</i>	1	GLUCOTROL	
<i>glipizide er</i>	1	GLUCOTROL XL	
<i>glipizide xl</i>	1	GLUCOTROL XL	
<i>glipizide-metformin hcl</i>	1	METAGLIP	QL
<i>glyburide 1.25 mg tab, 2.5 mg tab, 5 mg tab</i>	1	DIABETA	
<i>glyburide micronized</i>	1	GLYNASE	
<i>glyburide-metformin</i>	1	GLUCOVANCE	QL
<b>Thiazolidinediones</b>			
<i>pioglitazone hcl</i>	1	ACTOS	QL
<b>ANTIDIARRHEA AGENTS</b>			
<b>Antidiarrhea Agents</b>			
<i>diphenoxylate-atropine 2.5-0.025 mg tab</i>	3	LOMOTIL	
<i>diphenoxylate-atropine 2.5-0.025 mg/5ml liq</i>	3	LOMOTIL	
<i>loperamide hcl 2 mg cap</i>	1	IMODIUM	
XERMELO	3		PA, QL
<b>ANTIDOTES</b>			
<b>Acetaminophen Antidotes</b>			
<i>acetylcysteine 10 % inh soln, 20 % inh soln</i>	3	MUCOMYST	
<b>Chemotherapy Antidotes/protectants</b>			
<i>leucovorin calcium 10 mg tab, 15 mg tab, 25 mg tab, 5 mg tab</i>	1		
<b>ANTIEMETICS</b>			
<b>5-ht3 Receptor Antagonists</b>			
<i>granisetron hcl 1 mg tab</i>	3	KYTRIL	QL
<i>ondansetron 4 mg tab disint, 8 mg tab disint</i>	1	ZOFRAN ODT	
<i>ondansetron hcl 24 mg tab, 4 mg tab, 8 mg tab</i>	1	ZOFRAN	
<i>ondansetron hcl 4 mg/5ml soln</i>	3	ZOFRAN	
<b>Antihistamines</b>			
<i>meclizine hcl 12.5 mg tab, 25 mg tab</i>	1	ANTIVERT	
<b>Neurokinin-1 Receptor Antagonists</b>			

Drug Name	Drug Tier	Reference Name	Requirements/Limits
<i>aprepitant 125 mg cap, 40 mg cap, 80 &amp; 125 mg cap, 80 &amp; 125 mg oral misc, 80 mg cap</i>	3	EMEND	QL
EMEND 125 mg/5ml susp	3		PA
<b>ANTIFIBROTIC AGENTS</b>			
<b>Antifibrotic Agents</b>			
OFEV	5		PA, QL
<i>pirfenidone 267 mg cap</i>	4		PA, QL
<i>pirfenidone 267 mg tab, 801 mg tab</i>	4	ESBRIET	PA, QL
<b>ANTIFUNGALS</b>			
<b>Allylamines</b>			
<i>terbinafine hcl 250 mg tab</i>	1	LAMISIL	
<b>Antifungals, Miscellaneous</b>			
<i>griseofulvin microsize 500 mg tab</i>	3	GRIFULVIN V	
<i>griseofulvin microsize 125 mg/5ml susp</i>	3	GRIFULVIN V	
<i>griseofulvin ultramicrosize</i>	3	GRIS-PEG	
<b>Azoles</b>			
<i>fluconazole 100 mg tab, 150 mg tab, 200 mg tab, 50 mg tab</i>	1	DIFLUCAN	
<i>fluconazole 10 mg/ml susp, 40 mg/ml susp</i>	1	DIFLUCAN	
<i>itraconazole 100 mg cap</i>	3	SPORANOX	
<i>itraconazole 10 mg/ml soln</i>	3	SPORANOX	
<i>ketoconazole 200 mg tab</i>	1	NIZORAL	
NOXAFIL 300 mg pckt	3		PA, QL
<i>posaconazole 40 mg/ml susp</i>	3		PA, QL
<i>posaconazole 100 mg tab dr</i>	3	NOXAFIL	QL
<i>voriconazole 200 mg iv soln</i>	3	VFEND	
<i>voriconazole 200 mg tab, 50 mg tab</i>	3	VFEND	QL
<i>voriconazole 40 mg/ml susp</i>	3	VFEND	QL
<b>Echinocandins</b>			
<i>casprofungin acetate</i>	3	CANCIDAS	
<b>Polyenes</b>			
ABELCET	3		PA
AMBISOME	3		PA
<i>amphotericin b 50 mg iv soln</i>	3	FUNGIZONE	
<i>amphotericin b liposome</i>	3	AMBISOME	PA
<i>nystatin 500000 unit tab</i>	1	MYCOSTATIN	
<i>nystatin 100000 unit/ml m/t susp</i>	3	MYCOSTATIN	
<b>Pyrimidines</b>			
<i>flucytosine 250 mg cap, 500 mg cap</i>	3	ANCOBON	PA
<b>ANTI GLAUCOMA AGENTS</b>			
<b>Alpha-adrenergic Agonists</b>			
<i>apraclonidine hcl 0.5 % ophth soln</i>	3	IOPIDINE	
<i>brimonidine tartrate 0.2 % ophth soln</i>	1	ALPHAGAN	
<i>brimonidine tartrate 0.15 % ophth soln</i>	3	ALPHAGAN	

Drug Name	Drug Tier	Reference Name	Requirements/Limits
<b>Beta-adrenergic Blocking Agents</b>			
<i>betaxolol hcl 0.5 % ophth soln</i>	3	BETOPTIC	
<i>carteolol hcl</i>	1	OCUPRESS	
<i>levobunolol hcl</i>	1	BETAGAN	
<i>timolol maleate 0.25 % ophth soln, 0.5 % ophth soln</i>	1	TIMOPTIC	
<i>timolol maleate 0.25 % ophth gfs, 0.5 % ophth gfs</i>	3	TIMOPTIC XE	
<i>timolol maleate (once-daily)</i>	1	ISTALOL	
<b>Carbonic Anhydrase Inhibitors</b>			
<i>acetazolamide 125 mg tab, 250 mg tab</i>	3	DIAMOX	
<i>acetazolamide er</i>	3	DIAMOX	
<i>dorzolamide hcl 2 % ophth soln</i>	1	TRUSOPT	
<i>dorzolamide hcl-timolol mal</i>	3	COSOPT	
<i>dorzolamide hcl-timolol mal pf 2-0.5 % ophth soln</i>	3	COSOPT	
<b>Miotics</b>			
<i>pilocarpine hcl 1 % ophth soln, 2 % ophth soln, 4 % ophth soln</i>	3	ISOPTO CARPINE	
<b>Prostaglandin Analogs</b>			
<i>bimatoprost 0.03 % ophth soln</i>	3	LUMIGAN	
<i>latanoprost 0.005 % ophth soln</i>	1	XALATAN	
<i>travoprost (bak free)</i>	3	TRAVATAN	
<b>ANTIGOUT AGENTS</b>			
<b>Antigout Agents</b>			
<i>allopurinol 100 mg tab, 300 mg tab</i>	1	ZYLOPRIM	
<i>colchicine 0.6 mg tab</i>	3	COLCRYS	
<b>ANTIHEMORRHAGIC AGENTS</b>			
<b>Hemostatics</b>			
<i>aminocaproic acid 1000 mg tab, 500 mg tab</i>	3	AMICAR	PA
<i>aminocaproic acid 0.25 gm/ml soln</i>	3	AMICAR	PA
HEMLIBRA	5		PA
<i>tranexamic acid 650 mg tab</i>	3	LYSTEDA	
XYNTHA	5		PA
XYNTHA SOLOFUSE	5		PA
<b>ANTIHYPOGLYCEMIC AGENTS</b>			
<b>Antihypoglycemic Agents, Miscellaneous</b>			
<i>diazoxide 50 mg/ml susp</i>	3	PROGLYCEM	
<b>Glycogenolytic Agents</b>			
BAQSIMI ONE PACK	3		QL
BAQSIMI TWO PACK	3		QL
<i>glucagon emergency 1 mg inj kit</i>	3	GLUCAGON EMERGENCY	QL
<b>ANTI-INFECTIVES</b>			
<b>Antibacterials</b>			



Drug Name	Drug Tier	Reference Name	Requirements/Limits
<i>ak-poly-bac</i>	1	POLYSPORIN	
<i>bacitracin 500 unit/gm ophth oint</i>	3	BACI-IM	
<i>bacitracin-polymyxin b 500-10000 unit/gm ophth oint</i>	1	POLYSPORIN	
<i>benzoyl peroxide-erythromycin</i>	3	BENZAMYCIN	
<i>ciprofloxacin hcl 0.2 % otic soln</i>	3	CETRAXAL	
<i>ciprofloxacin hcl 0.3 % ophth soln</i>	1	CILOXAN	
<i>ciprofloxacin-fluocinolone pf</i>	3	OTOVEL	
<i>clindamycin phos-benzoyl perox 1-5 % gel</i>	3	BENZAACLIN	
<i>clindamycin phos-benzoyl perox 1.2-5 % gel</i>	3	DUAC	
<i>clindamycin phosphate 2 % vag crm</i>	3	CLEOCIN	
<i>clindamycin phosphate 1 % gel</i>	3	CLEOCIN-T	
<i>clindamycin phosphate 1 % ext soln, 1 % gel, 1 % lot</i>	3	CLEOCIN-T	
<i>erythromycin 2 % ext soln</i>	3	ERYDERM	
<i>erythromycin 2 % gel</i>	3	ERYGEL	
<i>erythromycin 5 mg/gm ophth oint</i>	1	ILOTYCIN	
<i>gatifloxacin 0.5 % ophth soln</i>	3	ZYMAXID	
GENTAK	1		
<i>gentamicin sulfate 0.1 % crm, 0.1 % oint</i>	1	GARAMYCIN	
<i>gentamicin sulfate 0.3 % ophth soln</i>	1	GARAMYCIN	
<i>metronidazole 0.75 % crm</i>	3	METROCREAM	
<i>metronidazole 0.75 % gel, 0.75 % vag gel, 1 % gel</i>	3	METROGEL	
<i>metronidazole 0.75 % lot</i>	3	METROLOTION	
<i>moxifloxacin hcl 0.5 % ophth soln</i>	3	VIGAMOX	
<i>mupirocin 2 % oint</i>	1	BACTROBAN	
<i>neomycin-bacitracin zn-polymyx</i>	3	NEOSPORIN	
<i>neomycin-polymyxin-gramicidin</i>	3	NEOSPORIN	
<i>ofloxacin 0.3 % otic soln</i>	3	FLOXIN	
<i>ofloxacin 0.3 % ophth soln</i>	1	OCUFLOX	
<i>polymyxin b-trimethoprim</i>	1	POLYTRIM	
<i>sulfacetamide sodium 10 % ophth soln</i>	1	BLEPH-10	QL
<i>sulfacetamide sodium 10 % ophth oint</i>	3	SODIUM SULAMYD	QL
<i>sulfacetamide sodium (acne)</i>	3	KLARON	
<i>tobramycin 0.3 % ophth soln</i>	1	TOBEX	
<b>Antifungals</b>			
<i>ciclopirox 0.77 % gel</i>	3	LOPROX	
<i>ciclopirox 1 % shampoo</i>	3	LOPROX	
<i>ciclopirox 8 % ext soln</i>	3	PENLAC	
<i>ciclopirox olamine 0.77 % crm</i>	3	LOPROX	
<i>ciclopirox olamine 0.77 % ext susp</i>	3	LOPROX	
<i>clotrimazole 1 % crm</i>	3	LOTRIMIN	

Drug Name	Drug Tier	Reference Name	Requirements/Limits
<i>clotrimazole 10 mg m/t troche</i>	3	MYCELEX	
<i>clotrimazole 1 % ext soln</i>	3	MYCELEX	
<i>clotrimazole-betamethasone 1-0.05 % crm</i>	3	LOTRISONE	
<i>clotrimazole-betamethasone 1-0.05 % lot</i>	3	LOTRISONE	
<i>econazole nitrate 1 % crm</i>	3	SPECTAZOLE	
<i>ketoconazole 2 % crm</i>	1	NIZORAL	
<i>ketoconazole 2 % shampoo</i>	1	NIZORAL	
NATACYN	3		PA
NYAMYC	1		
<i>nystatin 100000 unit/gm crm, 100000 unit/gm ext powdr, 100000 unit/gm oint</i>	1	MYCOSTATIN	
NYSTOP	1		
<i>terconazole 0.4 % vag crm, 0.8 % vag crm</i>	3	TERAZOL	
<i>terconazole 80 mg vag supp</i>	3	TERAZOL 3	
<b>Antivirals</b>			
<i>acyclovir 5 % oint</i>	3	ZOVIRAX	QL
<i>trifluridine</i>	3	VIROPTIC	
ZIRGAN	3		PA
<b>Astringents</b>			
<i>chlorhexidine gluconate 0.12 % m/t soln</i>	1	PERIDEX	
<b>Astringents, Anti-infective</b>			
<i>selenium sulfide 2.5 % lot</i>	1	SELSUN	
<i>silver sulfadiazine 1 % crm</i>	1	SILVADENE	
SSD	1		
<b>Local Anti-infectives, Miscellaneous</b>			
<i>alcohol wipes</i>	3		
<i>cvs isopropyl alcohol wipes</i>	2		
<i>isopropyl alcohol 70 % ext misc</i>	3		
<i>isopropyl alcohol wipes</i>	3		
<i>ra isopropyl alcohol wipes</i>	2		
<b>Scabicides And Pediculicides</b>			
<i>malathion</i>	3	OVIDE	
<i>permethrin 5 % crm</i>	3	ELIMITE	
<b>ANTI-INFLAMMATORY AGENTS</b>			
<b>Adrenergic Agonists</b>			
<i>brimonidine tartrate-timolol</i>	3	COMBIGAN	
<b>Anti-inflammatory Agents</b>			
<i>alose tron hcl</i>	3	LOTRONEX	QL
<i>balsalazide disodium</i>	1	COLAZAL	
<i>cyclosporine 0.05 % ophth emul</i>	3	RESTASIS	
<i>mesalamine er 0.375 gm cap er 24 hr</i>	3	APRISO	
OXERVATE	5		PA, QL

Drug Name	Drug Tier	Reference Name	Requirements/Limits
XIIDRA	2		QL
<b>Corticosteroids</b>			
<i>alclometasone dipropionate</i>	1	ACLOVATE	
<i>bacitra-neomycin-polymyxin-hc</i>	3	CORTISPORIN	
<i>betamethasone dipropionate 0.05 % crm, 0.05 % oint</i>	3	DIPROSONE	
<i>betamethasone dipropionate 0.05 % lot</i>	3	DIPROSONE	
<i>betamethasone dipropionate aug 0.05 % crm, 0.05 % gel, 0.05 % oint</i>	3	DIPROLENE	
<i>betamethasone dipropionate aug 0.05 % lot</i>	3	DIPROLENE	
<i>betamethasone valerate 0.1 % crm, 0.1 % oint</i>	3	BETA-VAL	
<i>betamethasone valerate 0.1 % lot</i>	3	BETA-VAL	
BLEPHAMIDE S.O.P.	3		PA
<i>ciprofloxacin-dexamethasone</i>	3	CIPRODEX	
<i>clobetasol prop emollient base</i>	3	TEMOVATE-E	
<i>clobetasol propionate 0.05 % gel, 0.05 % oint</i>	3	TEMOVATE	
<i>clobetasol propionate 0.05 % ext soln</i>	3	TEMOVATE	
<i>clobetasol propionate 0.05 % crm</i>	3	TEMOVATE-E	
<i>clobetasol propionate e</i>	3	TEMOVATE-E	
<i>desonide 0.05 % crm, 0.05 % oint</i>	3	DESOWEN	
<i>desonide 0.05 % lot</i>	3	DESOWEN	
<i>desoximetasone 0.05 % crm, 0.05 % gel, 0.05 % oint, 0.25 % crm, 0.25 % oint</i>	3	TOPICORT	
<i>dexamethasone sodium phosphate 0.1 % ophth soln</i>	3	MAXIDEX	
<i>difluprednate</i>	3	DUREZOL	PA
DUREZOL	3		PA
<i>flunisolide 25 MCG/ACT (0.025%) nasal soln</i>	3	NASALIDE	QL
<i>fluocinolone acetonide 0.01 % otic oil</i>	3	DERMOTIC	
<i>fluocinolone acetonide 0.01 % crm, 0.025 % crm, 0.025 % oint</i>	3	SYNALAR	
<i>fluocinolone acetonide 0.01 % ext soln</i>	3	SYNALAR	
<i>fluocinonide 0.05 % crm, 0.05 % gel, 0.05 % oint</i>	3	LIDEX	
<i>fluocinonide 0.05 % ext soln</i>	3	LIDEX	
<i>fluocinonide emulsified base</i>	3	LIDEX-E	
<i>fluorometholone 0.1 % ophth susp</i>	3	FML	
<i>fluticasone propionate 50 mcg/act nasal susp</i>	1	FLONASE	QL
<i>fluticasone propionate 50 mcg/act nasal susp</i>	1	FLONASE	QL

Drug Name	Drug Tier	Reference Name	Requirements/Limits
<i>halobetasol propionate 0.05 % crm, 0.05 % oint</i>	3	ULTRAVATE	
<i>hydrocortisone 1 % crm</i>	1	ALA-CORT	
<i>hydrocortisone 100 mg/60ml rect enema</i>	3	CORTENEMA	
<i>hydrocortisone 1 % oint, 2.5 % crm, 2.5 % oint</i>	1	HYTONE	
<i>hydrocortisone 2.5 % lot</i>	1	HYTONE	
<i>hydrocortisone (perianal) 2.5 % crm</i>	3	ANUSOL HC	
<i>hydrocortisone (perianal) 1 % crm</i>	3	PROCTOCORT	
<i>hydrocortisone max st 1 % crm</i>	1	ALA-CORT	
<i>hydrocortisone valerate</i>	3	WESTCORT	
<i>loteprednol etabonate 0.5 % ophth susp</i>	3	LOTEMAX	
<i>mometasone furoate 0.1 % crm, 0.1 % oint</i>	1	ELOCON	
<i>mometasone furoate 0.1 % ext soln</i>	1	ELOCON	
<i>neomycin-polymyxin-dexameth 3.5-10000-0.1 ophth oint</i>	1	MAXITROL	
<i>neomycin-polymyxin-dexameth 3.5-10000-0.1 ophth susp</i>	1	MAXITROL	
<i>neomycin-polymyxin-hc 1 % otic soln, 3.5-10000-1 ophth susp, 3.5-10000-1 otic soln, 3.5-10000-1 otic susp</i>	3	CORTISPORIN	
<i>nystatin-triamcinolone</i>	3	MYCOLOG	
<i>prednicarbate</i>	3	DERMATOP	
<i>prednisolone acetate 1 % ophth susp</i>	3	PRED FORTE	
<i>prednisolone sodium phosphate 1 % ophth soln</i>	1		
PROCTO-MED HC	3		
PROCTOZONE-HC	3		
<i>sulfacetamide-prednisolone 10-0.23 % ophth soln</i>	1	VASOCIDIN	
<i>tobramycin-dexamethasone 0.3-0.1 % ophth susp</i>	3	TOBRADEX	
<i>triamcinolone acetonide 0.025 % oint, 0.1 % oint, 0.5 % oint</i>	1	KENALOG	
<i>triamcinolone acetonide 0.025 % lot, 0.1 % lot</i>	3	KENALOG	
<i>triamcinolone acetonide 0.1 % m/t paste</i>	3	KENALOG IN ORABASE	
<i>triamcinolone acetonide 0.025 % crm, 0.1 % crm, 0.5 % crm</i>	1	TRIDERM	
XHANCE	2		ST
<b>Immunomodulatory Agents</b>			
<i>pimecrolimus</i>	3	ELIDEL	ST

Drug Name	Drug Tier	Reference Name	Requirements/Limits
<i>tacrolimus 0.1 % oint</i>	3	PROTOPIC	ST
<b>Interleukin Antagonists</b>			
DUPIXENT 200 mg/1.14ml sc soln pfs	5		PA, QL
FASENRA PEN	4		PA
<b>Janus Kinase Inhibitors</b>			
CIBINQO	4		PA, QL
LITFULO	4		PA
<b>Leukotriene Modifiers</b>			
<i>montelukast sodium 10 mg tab, 4 mg tab chew, 5 mg tab chew</i>	1	SINGULAIR	
<i>montelukast sodium 4 mg pckt</i>	3	SINGULAIR	QL
<i>zafirlukast</i>	3	ACCOLATE	QL
<b>Mast-cell Stabilizers</b>			
<i>cromolyn sodium 100 mg/5ml oral conc</i>	3	GASTROCROM	
<i>cromolyn sodium 20 mg/2ml inh neb soln</i>	3	INTAL	
<b>Nonsteroidal Anti-inflammatory Agents</b>			
<i>bromfenac sodium 0.075 % ophth soln</i>	3		PA
<i>diclofenac sodium 0.1 % ophth soln</i>	1	VOLTAREN	
<i>diclofenac sodium 1 % gel</i>	3	VOLTAREN	QL
<i>flurbiprofen sodium</i>	1	OCUFEN	
<i>ketorolac tromethamine 0.4 % ophth soln, 0.5 % ophth soln</i>	1	ACULAR	
<b>Phosphodiesterase-4 Inhibitors</b>			
EUCRISA	2		ST
<b>ANTILIPEMIC AGENTS</b>			
<b>Antilipemic Agents, Miscellaneous</b>			
<i>niacin er (antihyperlipidemic)</i>	3	NIASPAN	QL
<b>Bile Acid Sequestrants</b>			
<i>cholestyramine 4 gm pckt</i>	3	QUESTRAN	
<i>cholestyramine 4 gm/dose oral pwdr</i>	3	QUESTRAN	
<i>cholestyramine light 4 gm pckt</i>	3	QUESTRAN LIGHT	
<i>cholestyramine light 4 gm/dose oral pwdr</i>	3	QUESTRAN LIGHT	
<i>colestipol hcl 1 gm tab, 5 gm pckt</i>	3	COLESTID	
<i>colestipol hcl 5 gm oral gr</i>	3	COLESTID	
PREVALITE 4 gm pckt	3		
PREVALITE 4 gm/dose oral pwdr	3		
<b>Cholesterol Absorption Inhibitors</b>			
<i>ezetimibe</i>	1	ZETIA	QL
<b>Fibric Acid Derivatives</b>			
<i>fenofibrate 150 mg cap</i>	3	LIPOFEN	QL
<i>fenofibrate 160 mg tab, 48 mg tab, 54 mg tab, 67 mg cap</i>	1	TRICOR	QL
<i>fenofibrate 145 mg tab, 200 mg cap</i>	3	TRICOR	QL
<i>fenofibrate micronized 130 mg cap</i>	1	ANTARA	QL

Drug Name	Drug Tier	Reference Name	Requirements/Limits
<i>fenofibrate micronized 134 mg cap, 67 mg cap</i>	1	TRICOR	QL
<i>fenofibrate micronized 200 mg cap</i>	3	TRICOR	QL
<i>gemfibrozil 600 mg tab</i>	1	LOPID	
<b>Hmg-coa Reductase Inhibitors</b>			
<i>atorvastatin calcium 10 mg tab, 20 mg tab, 40 mg tab, 80 mg tab</i>	1	LIPITOR	
<i>ezetimibe-simvastatin</i>	3	VYTORIN	
<i>lovastatin 10 mg tab, 20 mg tab, 40 mg tab</i>	1	MEVACOR	
<i>pravastatin sodium</i>	1	PRAVACHOL	
<i>rosuvastatin calcium 10 mg tab, 20 mg tab, 40 mg tab, 5 mg tab</i>	1	CRESTOR	
<i>simvastatin 10 mg tab, 20 mg tab, 40 mg tab, 5 mg tab</i>	1	ZOCOR	
<b>Omega-mediated Antilipemics</b>			
<i>icosapent ethyl 1 gm cap</i>	3	VASCEPA	
<i>omega-3-acid ethyl esters</i>	3	LOVAZA	
VASCEPA 0.5 gm cap	3		PA
<b>Proprotein Convertase Subtilisin Kexin Type 9 (pcsk9) Inhibitors</b>			
REPATHA	3		PA
REPATHA PUSHTRONEX SYSTEM	3		PA
REPATHA SURECLICK	3		PA
<b>ANTIMANIC AGENTS</b>			
<b>Antimanic Agents</b>			
<i>lithium carbonate 150 mg cap, 600 mg cap</i>	1		
<i>lithium carbonate 300 mg cap</i>	1	ESKALITH	
<i>lithium carbonate 300 mg tab</i>	1	LITHOBID	
<i>lithium carbonate er 450 mg tab er</i>	1	ESKALITH CR	
<i>lithium carbonate er 300 mg tab er</i>	1	LITHOBID	
<b>ANTIMIGRAINE AGENTS</b>			
<b>Antimigraine Agents, Miscellaneous</b>			
<i>ergotamine-caffeine 1-100 mg tab</i>	3	CAFERGOT	
MIGERGOT	3		PA, QL
<b>Calcitonin Gene-related Peptide (cgrp) Antagonists</b>			
EMGALITY	2		PA, QL
EMGALITY (300 MG DOSE)	2		PA, QL
<b>Selective Serotonin Agonists</b>			
<i>naratriptan hcl</i>	3	AMERGE	QL
REYVOW	2		PA, QL
<i>rizatriptan benzoate 10 mg tab, 5 mg tab</i>	3	MAXALT	QL
<i>rizatriptan benzoate 10 mg tab disint, 5 mg tab disint</i>	3	MAXALT MLT	QL

Drug Name	Drug Tier	Reference Name	Requirements/Limits
<i>sumatriptan 20 mg/act nasal soln, 5 mg/act nasal soln</i>	3	IMITREX	QL
<i>sumatriptan succinate 100 mg tab, 25 mg tab, 50 mg tab</i>	1	IMITREX	QL
<i>sumatriptan succinate 6 mg/0.5ml sc soln</i>	3	IMITREX	QL
<i>zolmitriptan 2.5 mg tab, 2.5 mg tab disint, 5 mg tab, 5 mg tab disint</i>	3	ZOMIG	QL
<b>ANTIMYCOBACTERIALS</b>			
<b>Antileprosy Agents</b>			
<i>dapsone 100 mg tab, 25 mg tab</i>	3		
<b>Antituberculosis Agents</b>			
<i>ethambutol hcl 100 mg tab, 400 mg tab</i>	3	MYAMBUTOL	
<i>isoniazid 100 mg tab, 300 mg tab</i>	1		
<i>isoniazid 50 mg/5ml syr</i>	3		
PRIFTIN	3		PA
<i>pyrazinamide 500 mg tab</i>	3		
<i>rifabutin</i>	3	MYCOBUTIN	
<i>rifampin 150 mg cap, 300 mg cap, 600 mg iv soln</i>	3	RIFADIN	
SIRTURO	3		PA
TRECTOR	3		PA
<b>ANTINEOPLASTIC AGENTS</b>			
<b>Antineoplastic Agents</b>			
<i>abiraterone acetate 250 mg tab, 500 mg tab</i>	4	ZYTIGA	PA, QL
ALECENSA	5		PA, QL
ALUNBRIG	5		PA, QL
<i>bexarotene 75 mg cap</i>	4	TARGRETIN	PA, QL
<i>bicalutamide</i>	1	CASODEX	
<i>bortezomib 1 mg inj soln, 2.5 mg inj soln</i>	4		PA
<i>bortezomib 3.5 mg inj soln</i>	4	VELCADE	PA
BOSULIF	5		PA, QL
BRAFTOVI	5		PA, QL
BRUKINSA	5		PA, QL
CABOMETYX	5		PA, QL
CALQUENCE	5		PA, QL
CAPRELSA	5		PA, QL
COPIKTRA	5		PA, QL
COTELLIC	5		PA, QL
<i>cyclophosphamide 25 mg cap, 50 mg cap</i>	1		
<i>dasatinib</i>	5		PA, QL
DROXIA	3		PA
EMCYT	3		PA

Drug Name	Drug Tier	Reference Name	Requirements/Limits
ERIVEDGE	5		PA, QL
ERLEADA	5		PA, QL
<i>erlotinib hcl</i>	4	TARCEVA	PA, QL
<i>etoposide 50 mg cap</i>	4		
<i>etoposide 1 gm/50ml iv soln, 100 mg/5ml iv soln, 500 mg/25ml iv soln</i>	4	VEPESID	
<i>everolimus 10 mg tab, 2.5 mg tab, 5 mg tab, 7.5 mg tab</i>	4	AFINITOR	PA, QL
<i>everolimus 2 mg tab sol, 3 mg tab sol, 5 mg tab sol</i>	4	AFINITOR DISPERZ	PA, QL
<i>flutamide</i>	3	EULEXIN	
<i>gefitinib</i>	4		PA, QL
GILOTRIF	5		PA, QL
HERZUMA	5		PA
<i>hydroxyurea 500 mg cap</i>	1	HYDREA	
IBRANCE	5		PA, QL
<i>imatinib mesylate 100 mg tab, 400 mg tab</i>	4	GLEEVEC	PA, QL
IMBRUVICA 140 mg cap, 140 mg tab, 280 mg tab, 420 mg tab, 560 mg tab, 70 mg cap	5		PA, QL
IMBRUVICA 70 mg/ml susp	5		PA, QL
INLYTA	5		PA, QL
INQOVI	5		PA, QL
JAKAFI	5		PA, QL
KANJINTI	5		PA
KISQALI (200 MG DOSE)	5		PA, QL
KISQALI (400 MG DOSE)	5		PA, QL
KISQALI (600 MG DOSE)	5		PA, QL
KOSELUGO	5		PA, QL
<i>lapatinib ditosylate</i>	4	TYKERB	PA, QL
<i>lenalidomide</i>	4	REVLIMID	PA, QL
LENVIMA (10 MG DAILY DOSE)	5		PA, QL
LENVIMA (12 MG DAILY DOSE)	5		PA, QL
LENVIMA (14 MG DAILY DOSE)	5		PA, QL
LENVIMA (18 MG DAILY DOSE)	5		PA, QL
LENVIMA (20 MG DAILY DOSE)	5		PA, QL
LENVIMA (24 MG DAILY DOSE)	5		PA, QL
LENVIMA (4 MG DAILY DOSE)	5		PA, QL
LENVIMA (8 MG DAILY DOSE)	5		PA, QL
LONSURF	5		PA
LORBRENA	5		PA, QL
LYNPARZA	5		PA, QL
LYSODREN	3		PA
MATULANE	5		PA
MEKINIST 2 mg tab	5		PA, QL



Drug Name	Drug Tier	Reference Name	Requirements/Limits
MEKINIST 0.05 mg/ml soln	5		PA, QL
MEKTOVI	5		PA, QL
<i>melphalan</i>	4	ALKERAN	PA
<i>mercaptopurine 50 mg tab</i>	3	PURINETHOL	
<i>methotrexate sodium 2.5 mg tab</i>	1		
<i>methotrexate sodium 250 mg/10ml inj soln, 50 mg/2ml inj soln</i>	3		
<i>methotrexate sodium (pf) 1 gm/40ml inj soln, 50 mg/2ml inj soln</i>	3		
MVASI	5		PA
<i>nilutamide</i>	4	NILANDRON	PA, QL
NINLARO	5		PA, QL
NUBEQA	5		PA, QL
ODOMZO	5		PA, QL
ONTRUZANT	5		PA
<i>pazopanib hcl</i>	4		PA, QL
PIQRAY (200 MG DAILY DOSE)	5		PA, QL
PIQRAY (250 MG DAILY DOSE)	5		PA, QL
PIQRAY (300 MG DAILY DOSE)	5		PA, QL
RIABNI	5		PA
ROZLYTREK	5		PA, QL
RUBRACA	5		PA, QL
RUXIENCE	4		PA
RYDAPT	5		PA, QL
<i>sorafenib tosylate</i>	4	NEXAVAR	PA, QL
STIVARGA	5		PA, QL
<i>sunitinib malate</i>	4	SUTENT	PA, QL
TAFINLAR	5		PA, QL
TAGRISO	5		PA, QL
TIBSOVO	5		PA, QL
TRAZIMERA	4		PA
<i>tretinoin 10 mg cap</i>	4	VESANOID	PA
TRUXIMA	5		PA
VEGZELMA	5		PA
VENCLEXTA	5		PA
VENCLEXTA STARTING PACK	5		PA
VERZENIO	5		PA, QL
VITRAKVI 100 mg cap, 25 mg cap	5		PA, QL
VITRAKVI 20 mg/ml soln	5		PA, QL
XALKORI	5		PA, QL
XATMEP	3		PA
XOSPATA	5		PA, QL
XTANDI	5		PA, QL
ZEJULA 100 mg tab, 200 mg tab, 300 mg tab	5		PA, QL
ZELBORAF	5		PA, QL

Drug Name	Drug Tier	Reference Name	Requirements/Limits
ZIRABEV	4		PA
ZOLINZA	5		PA, QL
ZYDELIG	5		PA, QL
ZYKADIA	5		PA, QL
<b>ANTIPARKINSONIAN AGENTS</b>			
<b>Adamantanes</b>			
<i>amantadine hcl 50 mg/5ml soln</i>	1		
<i>amantadine hcl 100 mg cap, 100 mg tab</i>	1	SYMMETREL	
GOCOVRI	3		PA, QL
<b>Anticholinergic Agents</b>			
<i>benztropine mesylate 0.5 mg tab, 1 mg tab, 2 mg tab</i>	1	COGENTIN	
<i>trihexyphenidyl hcl 0.4 mg/ml soln</i>	3		
<i>trihexyphenidyl hcl 2 mg tab, 5 mg tab</i>	1	ARTANE	
<b>Comt Inhibitors</b>			
<i>entacapone</i>	3	COMTAN	
<b>Dopamine Precursors</b>			
<i>carbidopa-levodopa 10-100 mg tab disint, 25-100 mg tab disint, 25-250 mg tab disint</i>	3	PARCOPA	
<i>carbidopa-levodopa 10-100 mg tab, 25-100 mg tab, 25-250 mg tab</i>	1	SINEMET	
<i>carbidopa-levodopa er 25-100 mg tab er, 50-200 mg tab er</i>	1	SINEMET CR	
<i>carbidopa-levodopa-entacapone</i>	3	STALEVO	
<b>Dopamine Receptor Agonists</b>			
<i>bromocriptine mesylate 2.5 mg tab, 5 mg cap</i>	3	PARLODEL	
<i>cabergoline</i>	3	DOSTINEX	
NEUPRO	3		PA
<i>pramipexole dihydrochloride</i>	1	MIRAPEX	
<i>pramipexole dihydrochloride er 3.75 mg tab er 24 hr</i>	1	MIRAPEX ER	
<i>ropinirole hcl</i>	1	REQUIP	
<b>Monoamine Oxidase B Inhibitors</b>			
EMSAM	3		PA, QL
<i>rasagiline mesylate 0.5 mg tab, 1 mg tab</i>	3	AZILECT	
<i>selegiline hcl 5 mg tab</i>	3		
<i>selegiline hcl 5 mg cap</i>	3	ELDEPRYL	
<b>ANTIPROLIFERANTS</b>			
<b>Antiproliferants</b>			
<i>bexarotene 1 % gel</i>	4	TARGRETIN	PA, QL
<i>fluorouracil 2 % ext soln</i>	1	EFUDEX	
<i>fluorouracil 5 % crm</i>	3	EFUDEX	

Drug Name	Drug Tier	Reference Name	Requirements/Limits
<i>fluorouracil 5 % ext soln</i>	3	EFUDEX	
<i>imiquimod 5 % crm</i>	3	ALDARA	
VALCHLOR	5		PA, QL
<b>ANTIPROTOZOALS</b>			
<b>Antimalarials</b>			
<i>atovaquone-proguanil hcl</i>	3	MALARONE	
<i>chloroquine phosphate 250 mg tab</i>	1		
<i>chloroquine phosphate 500 mg tab</i>	1	ARALEN	
COARTEM	3		PA, QL
<i>hydroxychloroquine sulfate 200 mg tab</i>	1	PLAQUENIL	
<i>mefloquine hcl</i>	1		
<i>primaquine phosphate</i>	3		
<i>quinine sulfate 324 mg cap</i>	3	QUALAQUIN	PA, QL
<b>Antiprotozoals, Cryptosporidiosis</b>			
ALINIA 100 mg/5ml susp	3		PA
<i>nitazoxanide 500 mg tab</i>	3	ALINIA	
<b>Antiprotozoals, Miscellaneous</b>			
<i>atovaquone</i>	2	MEPRON	
LAMPIT	3		PA
<i>pentamidine isethionate 300 mg inh soln</i>	3	NEBUPENT	
<i>pentamidine isethionate 300 mg inj soln</i>	3	PENTAM	
<b>Antiprotozoals, Nitroimidazole-derivative</b>			
<i>metronidazole 250 mg tab, 500 mg tab</i>	1	FLAGYL	
<i>metronidazole 500 mg/100ml iv soln</i>	3	FLAGYL	
<b>ANTIPRURITICS AND LOCAL ANESTHETICS</b>			
<b>Antipruritics And Local Anesthetics</b>			
<i>lidocaine 5 % oint</i>	3		
<i>lidocaine 5 % patch</i>	3	LIDODERM	QL
<i>lidocaine hcl 4 % ext soln</i>	1	XYLOCAINE	
<i>lidocaine hcl urethral/mucosal 2 % External Prefilled Syringe</i>	3	GLYDO	
<i>lidocaine hcl urethral/mucosal 2 % gel</i>	3	XYLOCAINE	
<i>lidocaine-prilocaine 2.5-2.5 % crm</i>	3	EMLA	
<i>premium lidocaine</i>	3		
<b>ANTISENSE OLIGONUCLEOTIDES</b>			
<b>Antisense Oligonucleotides</b>			
WAINUA	5		PA, QL
<b>ANTITHROMBOTIC AGENTS</b>			
<b>Anticoagulants</b>			
<i>dabigatran etexilate mesylate 110 mg cap</i>	3		
<i>dabigatran etexilate mesylate 150 mg cap, 75 mg cap</i>	3	PRADAXA	
<i>enoxaparin sodium 100 mg/ml inj soln pfs, 120 mg/0.8ml inj soln pfs, 150</i>	2	LOVENOX	QL

Drug Name	Drug Tier	Reference Name	Requirements/Limits
<i>mg/ml inj soln pfs, 30 mg/0.3ml inj soln pfs, 40 mg/0.4ml inj soln pfs, 60 mg/0.6ml inj soln pfs, 80 mg/0.8ml inj soln pfs</i>			
<i>fondaparinux sodium</i>	3	ARIXTRA	QL
<i>heparin sodium (porcine) 1000 unit/ml inj soln, 10000 unit/ml inj soln, 20000 unit/ml inj soln, 5000 unit/ml inj soln</i>	3		
<i>heparin sodium (porcine) pf 1000 unit/ml inj soln</i>	3		
JANTOVEN	1		
<i>warfarin sodium 1 mg tab, 10 mg tab, 2 mg tab, 2.5 mg tab, 3 mg tab, 4 mg tab, 5 mg tab, 6 mg tab, 7.5 mg tab</i>	1	COUMADIN	
XARELTO 10 mg tab, 15 mg tab, 2.5 mg tab, 20 mg tab	3		PA, QL
XARELTO STARTER PACK	3		PA
<b>Platelet-aggregation Inhibitors</b>			
BRILINTA	2		
<i>cilostazol</i>	1	PLETAL	
<i>clopidogrel bisulfate 75 mg tab</i>	1	PLAVIX	
<i>prasugrel hcl</i>	1	EFFIENT	QL
<b>Platelet-reducing Agents</b>			
<i>anagrelide hcl</i>	3	AGRYLIN	
<b>ANTIULCER AGENTS AND ACID SUPPRESSANTS</b>			
<b>Histamine H2-antagonists</b>			
<i>cimetidine 400 mg tab</i>	3	TAGAMET	
<i>cimetidine hcl</i>	3	TAGAMET	
<i>famotidine 20 mg tab, 40 mg tab</i>	1	PEPCID	
<i>famotidine 40 mg/5ml susp</i>	1	PEPCID	
<b>Prostaglandins</b>			
<i>misoprostol 100 mcg tab, 200 mcg tab</i>	3	CYTOTEC	
<b>Protectants</b>			
<i>sucralfate 1 gm tab</i>	1	CARAFATE	
<b>Proton-pump Inhibitors</b>			
<i>esomeprazole magnesium 20 mg cap dr, 40 mg cap dr</i>	3	NEXIUM	
<i>omeprazole 10 mg cap dr, 20 mg cap dr, 40 mg cap dr</i>	1	PRILOSEC	
<i>omeprazole magnesium 20.6 (20 Base) mg cap dr</i>	1		
<i>pantoprazole sodium 20 mg tab dr, 40 mg tab dr</i>	1	PROTONIX	
<b>ANTIVIRALS</b>			
<b>Adamantanes</b>			
<i>rimantadine hcl</i>	3	FLUMADINE	

Drug Name	Drug Tier	Reference Name	Requirements/Limits
<b>Antiretrovirals</b>			
<i>abacavir sulfate 300 mg tab</i>	3	ZIAGEN	QL
<i>abacavir sulfate 20 mg/ml soln</i>	3	ZIAGEN	QL
<i>abacavir sulfate-lamivudine</i>	3	EPZICOM	QL
<i>atazanavir sulfate 150 mg cap, 200 mg cap, 300 mg cap</i>	3	REYATAZ	QL
BIKTARVY 50-200-25 mg tab	3		PA, QL
CIMDUO	3		PA, QL
COMPLERA	3		PA, QL
<i>darunavir 600 mg tab, 800 mg tab</i>	3		PA, QL
DELSTRIGO	3		PA, QL
DESCOVY	2		PA, QL
DOVATO	3		PA, QL
EDURANT	3		PA, QL
<i>efavirenz</i>	3	SUSTIVA	QL
<i>efavirenz-emtricitab-tenofo df</i>	3	ATRIPLA	QL
<i>efavirenz-lamivudine-tenofovir 600-300-300 mg tab</i>	3	SYMFI	QL
<i>efavirenz-lamivudine-tenofovir 400-300-300 mg tab</i>	3	SYMFI LO	QL
<i>emtricitabine 200 mg cap</i>	3	EMTRIVA	QL
<i>emtricitabine-tenofovir df</i>	1	TRUVADA	QL
EMTRIVA 10 mg/ml soln	3		PA, QL
<i>etravirine 100 mg tab, 200 mg tab</i>	3	INTELENCE	PA, QL
EVOTAZ	3		PA, QL
<i>fosamprenavir calcium 700 mg tab</i>	3	LEXIVA	QL
FUZEON	3		PA, QL
GENVOYA	3		PA, QL
ISENTRESS	3		PA, QL
ISENTRESS HD	3		PA, QL
JULUCA	3		PA, QL
<i>lamivudine 150 mg tab, 300 mg tab</i>	3	EPIVIR	QL
<i>lamivudine 10 mg/ml soln</i>	3	EPIVIR	QL
<i>lamivudine 100 mg tab</i>	4	EPIVIR HBV	PA, QL
<i>lamivudine-zidovudine</i>	3	COMBIVIR	QL
LEXIVA 50 mg/ml susp	3		PA, QL
<i>lopinavir-ritonavir 100-25 mg tab, 200-50 mg tab</i>	3	KALETRA	QL
<i>lopinavir-ritonavir 400-100 mg/5ml soln</i>	3	KALETRA	QL
<i>nevirapine 200 mg tab</i>	1	VIRAMUNE	QL
<i>nevirapine 50 mg/5ml susp</i>	3	VIRAMUNE	QL
<i>nevirapine er</i>	3	VIRAMUNE XR	QL
NORVIR 100 mg pckt	3		PA, QL
NORVIR 80 mg/ml soln	3		PA, QL
ODEFSEY	3		PA
PIFELTRO	3		PA, QL

Drug Name	Drug Tier	Reference Name	Requirements/Limits
PREZCOBIX	3		PA, QL
PREZISTA 150 mg tab, 75 mg tab	3		PA, QL
PREZISTA 100 mg/ml susp	3		PA, QL
REYATAZ 50 mg pckt	3		PA, QL
<i>ritonavir 100 mg tab</i>	3	NORVIR	QL
SELZENTRY 25 mg tab, 300 mg tab	3		PA, QL
SELZENTRY 20 mg/ml soln	3		PA, QL
<i>stavudine</i>	3	ZERIT	QL
STRIBILD	3		PA, QL
SYMTUZA	3		PA, QL
<i>tenofovir disoproxil fumarate 300 mg tab</i>	3	VIREAD	QL
TIVICAY	3		PA, QL
TIVICAY PD	3		PA, QL
TRIUMEQ	3		PA, QL
<i>trumeq pd</i>	3		PA, QL
VIRACEPT	3		PA, QL
VIREAD 150 mg tab, 200 mg tab, 250 mg tab	3		PA, QL
VIREAD 40 mg/gm oral pwdr	3		PA, QL
<i>zidovudine 300 mg tab</i>	1	RETROVIR	QL
<i>zidovudine 100 mg cap</i>	3	RETROVIR	QL
<i>zidovudine 50 mg/5ml syr</i>	3	RETROVIR	QL
<b>Antivirals, Miscellaneous</b>			
PAXLOVID (150/100)	2		
PAXLOVID (300/100)	2		
PREVYMIS 240 mg tab, 480 mg tab	5		PA, QL
<b>Hcv Antivirals</b>			
EPCLUSA	4		PA, QL
HARVONI	4		PA, QL
<i>ledipasvir-sofosbuvir 90-400 mg tab</i>	4	HARVONI	PA, QL
<i>sofosbuvir-velpatasvir 400-100 mg tab</i>	4	EPCLUSA	PA, QL
VOSEVI	4		PA, QL
<b>Interferons</b>			
PEGASYS	5		PA, QL
<b>Neuraminidase Inhibitors</b>			
<i>oseltamivir phosphate 30 mg cap, 45 mg cap, 75 mg cap</i>	3	TAMIFLU	QL
<i>oseltamivir phosphate 6 mg/ml susp</i>	3	TAMIFLU	QL
<b>Nucleosides And Nucleotides</b>			
<i>acyclovir 200 mg cap, 400 mg tab, 800 mg tab</i>	1	ZOVIRAX	
<i>acyclovir 200 mg/5ml susp</i>	3	ZOVIRAX	
<i>acyclovir sodium</i>	3	ZOVIRAX	
<i>adefovir dipivoxil</i>	4	HEPSERA	PA
BARACLUDE 0.05 mg/ml soln	5		PA, QL

Drug Name	Drug Tier	Reference Name	Requirements/Limits
<i>entecavir 0.5 mg tab, 1 mg tab</i>	4	BARACLUDE	PA
<i>famciclovir 125 mg tab, 250 mg tab, 500 mg tab</i>	3	FAMVIR	
<i>ribavirin 200 mg tab</i>	4	COPEGUS	PA
<i>ribavirin 200 mg cap</i>	4	REBETOL	PA
<i>valacyclovir hcl 1 gm tab, 500 mg tab</i>	3	VALTREX	QL
<i>valganciclovir hcl 450 mg tab</i>	3	VALCYTE	
<i>valganciclovir hcl 50 mg/ml soln</i>	3	VALCYTE	
<b>ANXIOLYTICS, SEDATIVES, AND HYPNOTICS</b>			
<b>Anxiolytics, Sedatives, &amp; Hypnotics, Misc</b>			
<i>hydroxyzine hcl 10 mg tab, 25 mg tab, 50 mg tab</i>	3	ATARAX	
<i>hydroxyzine hcl 10 mg/5ml syr</i>	3	ATARAX	
<i>hydroxyzine pamoate 100 mg cap, 25 mg cap, 50 mg cap</i>	3	VISTARIL	
<b>Barbiturates</b>			
<i>phenobarbital 100 mg tab, 15 mg tab, 30 mg tab, 60 mg tab</i>	1		
<i>phenobarbital 16.2 mg tab, 32.4 mg tab, 64.8 mg tab, 97.2 mg tab</i>	3		
<i>phenobarbital 20 mg/5ml oral elix</i>	3		
<b>Benzodiazepines</b>			
<i>alprazolam 0.25 mg tab, 0.5 mg tab, 1 mg tab, 2 mg tab</i>	1	XANAX	QL
<i>chlordiazepoxide hcl</i>	1	LIBRIUM	QL
<i>clorazepate dipotassium</i>	3	TRANXENE	QL
<i>diazepam 5 mg/ml oral conc</i>	3		QL
<i>diazepam 10 mg tab, 2 mg tab, 5 mg tab</i>	1	VALIUM	QL
<i>diazepam 5 mg/5ml soln</i>	3	VALIUM	QL
DIAZEPAM INTENSOL	3		QL
<i>lorazepam 0.5 mg tab, 1 mg tab, 2 mg tab</i>	1	ATIVAN	QL
<i>lorazepam 2 mg/ml oral conc</i>	3	LORAZEPAM INTENSOL	QL
LORAZEPAM INTENSOL	3		QL
<i>temazepam 15 mg cap, 30 mg cap, 7.5 mg cap</i>	1	RESTORIL	QL
<i>temazepam 22.5 mg cap</i>	3	RESTORIL	QL
<b>Melatonin Receptor Agonists</b>			
<i>ramelteon</i>	3	ROZEREM	QL
<b>Non-benzodiazepine Anxiolytics</b>			
<i>buspirone hcl 10 mg tab, 15 mg tab, 30 mg tab, 5 mg tab, 7.5 mg tab</i>	1	BUSPAR	
<b>Non-benzodiazepine Hypnotics</b>			
<i>zaleplon</i>	3	SONATA	QL
<i>zolpidem tartrate 10 mg tab, 5 mg tab</i>	1	AMBIEN	QL

Drug Name	Drug Tier	Reference Name	Requirements/Limits
<b>Orexin Receptor Antagonists</b>			
BELSOMRA	2		ST
<b>BETA-ADRENERGIC BLOCKING AGENTS</b>			
<b>Beta-adrenergic Blocking Agents</b>			
<i>acebutolol hcl 200 mg cap, 400 mg cap</i>	1	SECTRAL	
<i>atenolol 100 mg tab, 25 mg tab, 50 mg tab</i>	1	TENORMIN	
<i>atenolol-chlorthalidone</i>	1	TENORETIC	
<i>bisoprolol fumarate 10 mg tab, 5 mg tab</i>	1	ZEBETA	
<i>bisoprolol-hydrochlorothiazide</i>	1	ZIAC	
<i>carvedilol</i>	1	COREG	
<i>labetalol hcl 100 mg tab, 200 mg tab, 300 mg tab</i>	1	NORMODYNE	
<i>metoprolol succinate er</i>	1	TOPROL XL	
<i>metoprolol tartrate 37.5 mg tab, 75 mg tab</i>	1		
<i>metoprolol tartrate 100 mg tab, 25 mg tab, 50 mg tab</i>	1	LOPRESSOR	
<i>metoprolol-hydrochlorothiazide</i>	3	LOPRESSOR HCT	
<i>nadolol 20 mg tab, 40 mg tab, 80 mg tab</i>	3	CORGARD	
<i>pindolol</i>	3	VISKEN	
<i>propranolol hcl 10 mg tab, 20 mg tab, 40 mg tab, 60 mg tab, 80 mg tab</i>	1	INDERAL	
<i>propranolol hcl 20 mg/5ml soln, 40 mg/5ml soln</i>	1	INDERAL	
<i>propranolol hcl er</i>	3	INDERAL LA	
SORINE	1		
<i>sotalol hcl 120 mg tab, 160 mg tab, 240 mg tab, 80 mg tab</i>	1	BETAPACE	
<i>sotalol hcl (af)</i>	1	BETAPACE AF	
<i>timolol maleate 10 mg tab, 20 mg tab, 5 mg tab</i>	3	BLOCADREN	
<b>BLOOD DERIVATIVES</b>			
<b>Blood Derivatives</b>			
PROLASTIN-C	5		PA
<b>BONE RESORPTION INHIBITORS</b>			
<b>Bone Resorption Inhibitors</b>			
<i>alendronate sodium 10 mg tab, 35 mg tab, 70 mg tab</i>	1	FOSAMAX	
<i>ibandronate sodium 150 mg tab</i>	3	BONIVA	QL
<i>risedronate sodium 150 mg tab, 35 mg tab</i>	3	ACTONEL	QL
<b>BONE-MODIFYING AGENTS</b>			
<b>Bone-modifying Agents</b>			



Drug Name	Drug Tier	Reference Name	Requirements/Limits
PROLIA	5		PA, QL
<b>CALCIUM-CHANNEL BLOCKING AGENTS</b>			
<b>Dihydropyridines</b>			
<i>amlodipine besy-benazepril hcl</i>	1	LOTREL	
<i>amlodipine besylate 10 mg tab, 2.5 mg tab, 5 mg tab</i>	1	NORVASC	
<i>amlodipine besylate-valsartan</i>	1	EXFORGE	
<i>amlodipine-olmesartan</i>	3	AZOR	
<i>amlodipine-valsartan-hctz</i>	3	EXFORGE HCT	
<i>felodipine er</i>	1	PLENDIL	
<i>isradipine</i>	3	DYNACIRC	
<i>nicardipine hcl 20 mg cap, 30 mg cap</i>	3	CARDENE	
<i>nifedipine er</i>	3	ADALAT CC	
<i>nifedipine er osmotic release</i>	3	PROCARDIA XL	
<i>olmesartan-amlodipine-hctz</i>	1	TRIBENZOR	
<b>CALORIC AGENTS</b>			
<b>Caloric Agents</b>			
<i>dextrose 10 % iv soln, 5 % iv soln</i>	3		
<b>CARDIAC DRUGS</b>			
<b>Antiarrhythmic Agents</b>			
<i>amiodarone hcl 200 mg tab</i>	1	CORDARONE	
<i>amiodarone hcl 100 mg tab, 400 mg tab</i>	3	CORDARONE	
CARTIA XT	3		
<i>diltiazem hcl 120 mg tab, 30 mg tab, 60 mg tab, 90 mg tab</i>	1	CARDIZEM	
<i>diltiazem hcl er 120 mg cap er 12 hr, 60 mg cap er 12 hr, 90 mg cap er 12 hr</i>	3	CARDIZEM	
<i>diltiazem hcl er 120 mg cap er 24 hr, 180 mg cap er 24 hr, 240 mg cap er 24 hr</i>	3	DILACOR XR	
<i>diltiazem hcl er beads</i>	3	TIAZAC	
<i>diltiazem hcl er coated beads 120 mg cap er 24 hr, 180 mg cap er 24 hr, 240 mg cap er 24 hr, 300 mg cap er 24 hr, 360 mg cap er 24 hr</i>	3	CARDIZEM CD	
<i>dilt-xr</i>	3	DILACOR XR	
<i>dofetilide</i>	3	TIKOSYN	
<i>flecainide acetate</i>	1	TAMBOCOR	
<i>mexiletine hcl 150 mg cap, 200 mg cap, 250 mg cap</i>	3	MEXITIL	
<i>propafenone hcl</i>	1	RYTHMOL	
<i>quinidine sulfate 200 mg tab, 300 mg tab</i>	1		
TAZTIA XT	3		

Drug Name	Drug Tier	Reference Name	Requirements/Limits
<i>verapamil hcl 120 mg tab, 40 mg tab, 80 mg tab</i>	1	CALAN	
<i>verapamil hcl er 120 mg tab er, 180 mg tab er, 240 mg tab er</i>	1	CALAN	
<i>verapamil hcl er 100 mg cap er 24 hr, 120 mg cap er 24 hr, 180 mg cap er 24 hr, 200 mg cap er 24 hr, 240 mg cap er 24 hr, 300 mg cap er 24 hr</i>	1	VERELAN	
<i>verapamil hcl er 360 mg cap er 24 hr</i>	3	VERELAN	
<b>Cardiac Drugs, Miscellaneous</b>			
<i>ranolazine er 1000 mg tab er 12 hr, 500 mg tab er 12 hr</i>	3	RANEXA	QL
<b>Cardiotonic Agents</b>			
DIGITEK 125 mcg tab	1		
DIGITEK 250 mcg tab	3		
<i>digoxin 125 mcg tab</i>	1	LANOXIN	
<i>digoxin 250 mcg tab</i>	3	LANOXIN	
<i>digoxin 0.05 mg/ml soln</i>	3	LANOXIN	
<b>CARDIAC FUNCTION</b>			
<b>Cardiac Function</b>			
<i>aspirin-dipyridamole er</i>	3	AGGRENOX	
<i>dipyridamole 25 mg tab, 50 mg tab, 75 mg tab</i>	3	PERSANTINE	
<b>CATHARTICS AND LAXATIVES</b>			
<b>Cathartics And Laxatives</b>			
CLENPIQ	2		
GAVILYTE-C	1		
GAVILYTE-G	1		
GAVILYTE-N WITH FLAVOR PACK	1		
<i>peg 3350-kcl-na bicarb-nacl</i>	1	NULYTELY	
<i>peg-3350/electrolytes</i>	1	GOLYTELY	
<b>CELL STIMULANTS AND PROLIFERANTS</b>			
<b>Cell Stimulants And Proliferants</b>			
<i>tretinoin 0.025 % crm, 0.05 % crm, 0.1 % crm</i>	3	RETIN-A	
<b>CENTRAL ALPHA-AGONISTS</b>			
<b>Central Alpha-agonists</b>			
<i>clonidine</i>	3	CATAPRES-TTS	
<i>clonidine hcl 0.1 mg tab, 0.2 mg tab, 0.3 mg tab</i>	1	CATAPRES	
<i>guanfacine hcl</i>	1	TENEX	
<i>metoprolol succinate er</i>	1	TOPROL XL	
<b>CENTRAL NERVOUS SYSTEM AGENTS, MISC</b>			
<b>Central Nervous System Agents, Misc</b>			
<i>guanfacine hcl er</i>	1	INTUNIV	QL

Drug Name	Drug Tier	Reference Name	Requirements/Limits
<i>memantine hcl 10 mg tab, 28 x 5 MG &amp; 21 x 10 mg tab, 5 mg tab</i>	1	NAMENDA	QL
<i>memantine hcl 2 mg/ml soln</i>	3	NAMENDA	QL
<i>memantine hcl er</i>	3	NAMENDA XR	QL
<b>CHOLELITHOLYTIC AGENTS</b>			
<b>Cholelitholytic Agents</b>			
<i>ursodiol 300 mg cap</i>	3	ACTIGALL	
<i>ursodiol 250 mg tab</i>	1	URSO	
<i>ursodiol 500 mg tab</i>	3	URSO	
<b>CONSTIPATION THERAPY</b>			
<b>Chloride Channel Activators</b>			
<i>lubiprostone</i>	3	AMITIZA	
<b>Guanylate Cyclase C (gcc) Receptor Agonists</b>			
LINZESS	3		PA, QL
<b>Opioid Antagonists</b>			
SYMPROIC	3		PA, QL
<b>CONTRACEPTIVES</b>			
<b>Contraceptives</b>			
ALTAVERA	2		
<i>alyacen 7/7/7</i>	2		
APRI	2		
ARANELLE	2		
AUBRA	2		
AUBRA EQ	2		
AVIANE	2		
BALZIVA	2		
<i>briellyn</i>	2		
CAMILA	2		
CHATEAL	2		
CRYSELLE-28	2		
CYRED	2		
CYRED EQ	2		
DASETTA 7/7/7	2		
DEBLITANE	2		
<i>desogestrel-ethinyl estradiol 0.15-0.02/0.01 mg (21/5) tab</i>	2	MIRCETTE	
<i>drospirenone-ethinyl estradiol 3-0.03 mg tab</i>	2	YASMIN	
ELINEST	2		
ENILLORING	3		
ENPRESSE-28	2		
ENSKYCE	2		
ERRIN	2		
ESTARYLLA	2		
<i>ethynodiol diac-eth estradiol 1-35 mg-mcg tab</i>	2	DEMULEN	

Drug Name	Drug Tier	Reference Name	Requirements/Limits
FALMINA	2		
HAILEY 24 FE	2		
HEATHER	2		
INTROVALE	2		
ISIBLOOM	2		
JASMIEL	2		
JENCYCLA	2		
JOLESSA	2		
JULEBER	2		
JUNEL 1.5/30	2		
JUNEL 1/20	2		
JUNEL FE 1.5/30	2		
JUNEL FE 1/20	2		
KARIVA	2		
KELNOR 1/35	2		
KELNOR 1/50	2		
KURVELO	2		
LARIN 1.5/30	2		
LARIN 1/20	2		
LARIN FE 1.5/30	2		
LARIN FE 1/20	2		
LEENA	2		
LESSINA	2		
LEVONEST	2		
<i>levonorgest-eth est &amp; eth est</i>	2	QUARTETTE	
<i>levonorgest-eth estrad 91-day 0.15-0.03 mg tab</i>	2	SEASONALE	
<i>levonorgestrel-ethinyl estrad 0.1-20 mg-mcg tab</i>	2	ALESSE	
<i>levonorgestrel-ethinyl estrad 0.15-30 mg-mcg tab</i>	2	NORDETTE	
<i>levonorg-eth estrad triphasic</i>	2	ENPRESSE 28 DAY	
LEVORA 0.15/30 (28)	2		
LORYNA	2		
LOW-OGESTREL	2		
LUTERA	2		
LYZA	2		
<i>marlissa</i>	2	NORDETTE	
MICROGESTIN 1.5/30	2		
MICROGESTIN 1/20	2		
MICROGESTIN FE 1.5/30	2		
MICROGESTIN FE 1/20	2		
MILI	2		
NECON 0.5/35 (28)	2		
NIKKI	2		
NORA-BE	2		

Drug Name	Drug Tier	Reference Name	Requirements/Limits
<i>norelgestromin-eth estradiol</i>	3		
<i>norethindrone 0.35 mg tab</i>	2	NOR-QD	
<i>norgestimate-eth estradiol 0.25-35 mg-mcg tab</i>	2	ORTHO-CYCLEN (28)	
<i>norgestim-eth estrad triphasic 0.18/0.215/0.25 mg-35 mcg tab</i>	2	ORTHO TRI-CYCLEN	
NORTREL 0.5/35 (28)	2		
NORTREL 1/35 (21)	2		
NORTREL 1/35 (28)	2		
NORTREL 7/7/7	2		
OCELLA	2		
PHILITH	2		
PIMTREA	2		
PORTIA-28	2		
RECLIPSEN	2		
SETLAKIN	2		
SHAROBEL	2		
SPRINTEC 28	2		
SRONYX	2		
SYEDA	2		
TARINA 24 FE	2		
TARINA FE 1/20	2		
TARINA FE 1/20 EQ	2		
TILIA FE	2		
TRI-ESTARYLLA	2		
TRI-LEGEST FE	2		
TRI-LINYAH	2		
TRI-MILI	2		
TRI-SPRINTEC	2		
TRIVORA (28)	2		
TRI-VYLIBRA	2		
TYBLUME	2		
VELIVET	2		
VIENVA	2		
VYFEMLA	2		
VYLIBRA	2		
WERA	2		
ZOVIA 1/35 (28)	2		
<b>CYSTIC FIBROSIS TRANSMEMBRANE CONDUCTANCE REGULATOR MODULATORS</b>			
<b>Cystic Fibrosis Transmembrane Conductance Regulator Correctors (cftr)</b>			
ORKAMBI	5		PA, QL
SYMDEKO	5		PA, QL
TRIKAFTA	5		PA, QL
<b>Cystic Fibrosis Transmembrane Conductance Regulator Potentiators (cftr)</b>			
KALYDECO	5		PA, QL
<b>DEPIGMENTING AND PIGMENTING AGENTS</b>			

Drug Name	Drug Tier	Reference Name	Requirements/Limits
<b>Pigmenting Agents</b>			
<i>methoxsalen rapid</i>	3	OXSORALEN-ULTRA	
<b>DEVICES</b>			
<b>Devices</b>			
ALCOH-GLOVE CONTOURED WIPE	2		
<i>alcohol pads</i>	3		
<i>alcohol prep</i>	3		
<i>alcohol swabs</i>	3		
AUTOLET LANCING DEVICE	3		
CARETOUCH ALCOHOL PREP	2		
CURITY ALCOHOL PREPS	2		
<i>cvs alcohol prep pads</i>	2		
<i>cvs prep</i>	2		
DEXCOM G6 RECEIVER	2		PA, QL
DEXCOM G6 SENSOR	2		PA, QL
DEXCOM G6 TRANSMITTER	2		PA, QL
DEXCOM G7 RECEIVER	2		PA, QL
DEXCOM G7 SENSOR	2		PA, QL
<i>easy comfort alcohol pads</i>	2		
EASY TOUCH ALCOHOL PREP MEDIUM	2		
<i>eql alcohol swabs</i>	2		
<i>essentra wipes 9x9"</i>	2		
FIFTY50 ALCOHOL PREP	2		
FREESTYLE FREEDOM LITE	2		
FREESTYLE LIBRE 14 DAY READER	2		PA, QL
FREESTYLE LIBRE 14 DAY SENSOR	2		PA, QL
FREESTYLE LIBRE 2 PLUS SENSOR	2		PA, QL
FREESTYLE LIBRE 2 READER	2		PA, QL
FREESTYLE LIBRE 2 SENSOR	2		PA, QL
FREESTYLE LIBRE 3 PLUS SENSOR	2		PA, QL
FREESTYLE LIBRE 3 READER	2		PA, QL
FREESTYLE LIBRE 3 SENSOR	2		PA, QL
FREESTYLE LITE w/Device kit	2		
FREESTYLE PRECISION NEO SYSTEM	2		
<i>global alcohol prep ease</i>	2		
<i>gnp alcohol swabs</i>	2		
<i>h-e-b incontrol alcohol</i>	2		
<i>hm sterile alcohol prep</i>	2		
<i>meijer alcohol swabs</i>	2		
OMNIPOD 5 DEXG7G6 INTRO GEN 5	2		PA
OMNIPOD 5 DEXG7G6 PODS GEN 5	2		PA
OMNIPOD 5 G7 INTRO (GEN 5)	2		PA
OMNIPOD 5 G7 PODS (GEN 5)	2		PA
OMNIPOD 5 LIBRE2 PLUS G6	2		PA

Drug Name	Drug Tier	Reference Name	Requirements/Limits
OMNIPOD 5 LIBRE2 PLUS G6 PODS	2		PA
OMNIPOD DASH INTRO (GEN 4)	2		PA
OMNIPOD DASH PODS (GEN 4)	2		PA
OMNIPOD GO	2		PA
PENTIPS 29G X 12MM misc, 31G X 5 MM misc, 31G X 6 MM misc, 31G X 8 MM misc, 32G X 4 MM misc	3		
PENTIPS GENERIC PEN NEEDLES 29G X 12MM misc, 31G X 5 MM misc, 31G X 6 MM misc, 31G X 8 MM misc, 32G X 4 MM misc	3		
PHARMACIST CHOICE ALCOHOL	2		
<i>pro comfort alcohol</i>	2		
<i>pure comfort alcohol prep</i>	2		
<i>qc alcohol swabs</i>	2		
<i>ra alcohol swabs</i>	2		
<i>reality swabs</i>	2		
RELION ALCOHOL SWABS	2		
RELION TRUE MET AIR GLUC METER	2		
<i>saps care alcohol prep</i>	2		
<i>saps health alcohol prep</i>	2		
<i>saps health alcohol prep</i>	2		
<i>saps health care alcohol prep</i>	2		
<i>sb alcohol prep</i>	2		
<i>sm alcohol prep pad, 70 % pad</i>	2		
<i>sure comfort alcohol prep</i>	2		
<i>true comfort alcohol prep pads</i>	2		
TRUE METRIX AIR GLUCOSE METER w/Device kit	2		
TRUE METRIX METER w/Device kit	2		
TRUEPLUS 5-BEVEL PEN NEEDLES 31G X 5 MM misc, 31G X 6 MM misc, 31G X 8 MM misc, 32G X 4 MM misc	2		
TRUEPLUS INSULIN SYRINGE	2		
ULTICARE ALCOHOL SWABS	2		
<i>ultilet alcohol swabs</i>	2		
<i>ultra-care alcohol prep pads</i>	2		
UNIFINE PENTIPS	3		
UNIFINE PENTIPS PLUS	3		
UNIFINE SAFECONTROL PEN NEEDLE 30G X 5 MM misc, 30G X 8 MM misc	3		
UNILET MICRO-THIN 33G	3		
UNILET SUPER-THIN 30G	3		
UNILET ULTRA-THIN 28G	3		

Drug Name	Drug Tier	Reference Name	Requirements/Limits
UNISTIK 3 COMFORT	3		
UNISTIK 3 EXTRA	3		
UNISTIK 3 GENTLE	3		
UNISTIK 3 NEONATAL	3		
UNISTIK 3 NORMAL	3		
UNISTIK PRO SAFETY LANCET	3		
UNISTIK SAFETY LANCETS 28G	3		
UNISTIK SAFETY LANCETS 30G	3		
UNISTIK TOUCH SAFETY LANC 21G	3		
UNISTIK TOUCH SAFETY LANC 23G	3		
UNISTIK TOUCH SAFETY LANC 28G	3		
UNISTIK TOUCH SAFETY LANC 30G	3		
WEBCOL ALCOHOL PREP LARGE	2		
WEBCOL ALCOHOL PREP MEDIUM	2		
<b>DIABETES MELLITUS</b>			
<b>Diabetes Mellitus</b>			
FREESTYLE LITE TEST	2		
FREESTYLE PRECISION NEO TEST	2		
RELION TRUE METRIX TEST STRIPS	2		
TRUE METRIX BLOOD GLUCOSE TEST	2		
<b>DIGESTANTS</b>			
<b>Digestants</b>			
CREON	3		
<b>DISEASE-MODIFYING ANTIRHEUMATIC DRUGS</b>			
<b>Disease-modifying Antirheumatic Drugs</b>			
<i>adalimumab-fkjp</i>	4		PA
<b>Interleukin-mediated Agents</b>			
COSENTYX 150 mg/ml sc soln pfs, 75 mg/0.5ml sc soln pfs	4		PA
COSENTYX (300 MG DOSE)	4		PA
COSENTYX SENSOREADY (300 MG)	4		PA
COSENTYX SENSOREADY PEN	4		PA
COSENTYX UNOREADY	4		PA
KEVZARA	5		PA
<b>Janus Kinase Inhibitors</b>			
XELJANZ 10 mg tab, 5 mg tab	4		PA
XELJANZ 1 mg/ml soln	4		PA
XELJANZ XR	4		PA
<b>Monocarboxylic Acid Amide Agents</b>			
<i>leflunomide 10 mg tab, 20 mg tab</i>	3	ARAVA	
<b>Tumor Necrosis Factor Inhibitors</b>			
ABRILADA (1 PEN)	4		PA
ABRILADA (2 PEN)	4		PA
ABRILADA (2 SYRINGE)	4		PA
<i>adalimumab-adbm (2 pen)</i>	4		PA



Drug Name	Drug Tier	Reference Name	Requirements/Limits
<i>adalimumab-adbm (2 syringe)</i>	4		PA
<i>adalimumab-adbm(cd/uc/hs strt)</i>	4		PA
<i>adalimumab-adbm(ps/uv starter)</i>	4		PA
<i>adalimumab-fkjp (2 pen)</i>	4		PA
<i>adalimumab-fkjp (2 syringe)</i>	4		PA
AVSOLA	5		PA
CYLTEZO (2 PEN)	4		PA
CYLTEZO (2 SYRINGE)	4		PA
CYLTEZO-CD/UC/HS STARTER	4		PA
CYLTEZO-PSORIASIS/UV STARTER	4		PA
HULIO (2 PEN)	4		PA
HULIO (2 SYRINGE)	4		PA
<b>DIURETICS</b>			
<b>Carbonic Anhydrase Inhibitors</b>			
<i>methazolamide 25 mg tab, 50 mg tab</i>	3	NEPTAZANE	
<b>Loop Diuretics</b>			
<i>bumetanide 0.5 mg tab, 1 mg tab, 2 mg tab</i>	1	BUMEX	
<i>bumetanide 0.25 mg/ml inj soln</i>	3	BUMEX	
<i>furosemide 20 mg tab, 40 mg tab, 80 mg tab</i>	1	LASIX	
<i>furosemide 10 mg/ml inj soln, 10 mg/ml soln, 8 mg/ml soln</i>	1	LASIX	
<i>toremide 10 mg tab, 100 mg tab, 20 mg tab, 5 mg tab</i>	1	DEMADEX	
<b>Potassium-sparing Diuretics</b>			
<i>amiloride hcl 5 mg tab</i>	3	MIDAMOR	
<i>amiloride-hydrochlorothiazide</i>	1	MODURETIC	
<i>triamterene-hctz 37.5-25 mg cap</i>	1	DYAZIDE	
<i>triamterene-hctz 37.5-25 mg tab, 75-50 mg tab</i>	1	MAXZIDE	
<b>Thiazide Diuretics</b>			
<i>hydrochlorothiazide 25 mg tab, 50 mg tab</i>	1	HYDRODIURIL	
<i>hydrochlorothiazide 12.5 mg cap, 12.5 mg tab</i>	1	MICROZIDE	
<b>Thiazide-like Diuretics</b>			
<i>chlorthalidone 25 mg tab, 50 mg tab</i>	1	HYGROTON	
<i>indapamide</i>	1	LOZOL	
<i>metolazone</i>	3	ZAROXOLYN	
<b>EENT DRUGS, MISCELLANEOUS</b>			
<b>Eent Drugs, Miscellaneous</b>			
<i>acetic acid 2 % otic soln</i>	1	VOSOL	
<b>EMOLLIENTS, DEMULCENTS, AND PROTECTANTS</b>			
<b>Basic Lotions And Liniments</b>			
<i>ammonium lactate 12 % crm, 12 % lot</i>	3	LAC-HYDRIN	

Drug Name	Drug Tier	Reference Name	Requirements/Limits
<b>Basic Ointments And Protectants</b>			
<i>calcipotriene 0.005 % ext soln</i>	3	DOVONEX	
<b>ENZYME COFACTORS/CHAPERONES</b>			
<b>Enzyme Cofactors/chaperones</b>			
<i>sapropterin dihydrochloride</i>	4	KUVAN	PA
<b>ENZYME INHIBITORS</b>			
<b>Enzyme Inhibitors</b>			
CERDELGA	5		PA
<i>miglustat</i>	4	ZAVESCA	PA
<i>nitisinone 20 mg cap</i>	4		PA
<i>nitisinone 10 mg cap, 2 mg cap, 5 mg cap</i>	4	ORFADIN	PA
<b>ENZYMES</b>			
<b>Enzymes</b>			
CEREZYME	5		PA
<b>ESTROGENS, ANTIESTROGENS &amp; ESTROGEN AGONIST-ANTAGONISTS</b>			
<b>Antiestrogens</b>			
<i>anastrozole 1 mg tab</i>	1	ARIMIDEX	
<i>exemestane</i>	3	AROMASIN	
KISQALI FEMARA (200 MG DOSE)	5		PA, QL
KISQALI FEMARA (400 MG DOSE)	5		PA, QL
KISQALI FEMARA (600 MG DOSE)	5		PA, QL
<i>letrozole 2.5 mg tab</i>	1	FEMARA	
<b>Estrogen Agonist-antagonists</b>			
<i>raloxifene hcl</i>	1	EVISTA	QL
SOLTAMOX	3		PA
<i>tamoxifen citrate 10 mg tab, 20 mg tab</i>	1	NOLVADEX	
<i>toremifene citrate</i>	3	FARESTON	PA, QL
<b>Estrogens</b>			
<i>estradiol 0.025 mg/24hr tdwk patch, 0.0375 mg/24hr tdwk patch, 0.05 mg/24hr tdwk patch, 0.06 mg/24hr tdwk patch, 0.075 mg/24hr tdwk patch, 0.1 mg/24hr tdwk patch</i>	3	CLIMARA	
<i>estradiol 0.5 mg tab, 1 mg tab, 2 mg tab</i>	1	ESTRACE	
<i>estradiol 0.1 mg/gm vag crm</i>	3	ESTRACE	
<i>estradiol 10 mcg vag tab</i>	3	VAGIFEM	
<i>estradiol 0.025 mg/24hr tdbiw patch, 0.0375 mg/24hr tdbiw patch, 0.05 mg/24hr tdbiw patch, 0.075 mg/24hr tdbiw patch, 0.1 mg/24hr tdbiw patch</i>	3	VIVELLE-DOT	
<i>estradiol valerate 10 mg/ml im oil</i>	3		
<i>estradiol valerate 20 mg/ml im oil, 40 mg/ml im oil</i>	3	DELESTROGEN	

Drug Name	Drug Tier	Reference Name	Requirements/Limits
<i>norethindrone-eth estradiol 1-5 mg-mcg tab</i>	2	FEMHRT	
PREMARIN 0.3 mg tab, 0.45 mg tab, 0.625 mg tab, 0.9 mg tab, 1.25 mg tab	2		
PREMARIN 0.625 mg/gm vag crm	2		
PREMPHASE	2		
PREMPRO	2		
YUVAFEM	2		
<b>FIRST GENERATION ANTIHISTAMINES</b>			
<b>First Generation Antihistamines</b>			
<i>cyproheptadine hcl 4 mg tab</i>	3	PERIACTIN	
<i>promethazine hcl 12.5 mg tab, 25 mg tab, 50 mg tab</i>	1	PHENERGAN	
<b>GENITOURINARY SMOOTH MUSCLE RELAXANTS</b>			
<b>Antimuscarinics</b>			
<i>oxybutynin chloride 5 mg/5ml soln</i>	1		
<i>oxybutynin chloride 5 mg tab</i>	1	DITROPAN	
<i>oxybutynin chloride er</i>	1	DITROPAN	
<i>solifenacin succinate 10 mg tab, 5 mg tab</i>	1	VESICARE	
<i>tolterodine tartrate</i>	2	DETROL	
<i>tolterodine tartrate er</i>	2	DETROL LA	
<b>GI DRUGS, MISCELLANEOUS</b>			
<b>Gi Drugs, Miscellaneous</b>			
<i>dronabinol 10 mg cap, 2.5 mg cap, 5 mg cap</i>	3	MARINOL	PA, QL
SYNDROS	3		PA, QL
<b>GONADOTROPINS AND ANTIGONADOTROPINS</b>			
<b>Antigonadotropins</b>			
FIRMAGON	5		PA
FIRMAGON (240 MG DOSE)	5		PA
<b>Gonadotropins</b>			
ELIGARD	5		PA
FOLLISTIM AQ	5		PA
<i>leuprolide acetate 1 mg/0.2ml inj kit</i>	4	LUPRON	PA
SUPPRELIN LA	5		PA
SYNAREL	3		PA
TRIPTODUR	5		PA
<b>HEAVY METAL ANTAGONISTS</b>			
<b>Heavy Metal Antagonists</b>			
CHEMET	3		PA
<i>deferasirox 125 mg tab sol, 250 mg tab sol, 500 mg tab sol</i>	4	EXJADE	PA
<i>deferasirox 180 mg tab, 360 mg tab, 90 mg tab</i>	4	JADENU	PA
<i>deferasirox 180 mg pckt, 360 mg pckt</i>	4	JADENU SPRINKLE	PA

Drug Name	Drug Tier	Reference Name	Requirements/Limits
<i>deferasirox granules</i>	4	JADENU SPRINKLE	PA
<i>deferiprone 1000 mg tab, 500 mg tab</i>	4	FERRIPROX	PA
<i>penicillamine 250 mg tab</i>	4	DEPEN TITRATABS	PA
<i>trientine hcl 250 mg cap</i>	4	SYPRINE	PA
<b>HEMATOPOIETIC AGENTS</b>			
<b>Hematopoietic Agents</b>			
GRANIX	5		PA
NIVESTYM	4		PA
NYVEPRIA	4		PA
PROMACTA	5		PA, QL
RETACRIT	5		PA
UDENYCA	5		PA
ZARXIO	4		PA, QL
ZIEXTENZO	4		PA, QL
<b>HEMORRHEOLOGIC AGENTS</b>			
<b>Hemorrhologic Agents</b>			
<i>pentoxifylline er</i>	1	TRENTAL	
<b>IMMUNOMODULATORY AGENTS</b>			
<b>Immunomodulatory Agents</b>			
ACTIMMUNE	5		PA
<i>everolimus 0.25 mg tab, 0.5 mg tab, 0.75 mg tab, 1 mg tab</i>	3	ZORTRESS	QL
KESIMPTA	4		PA
OMVOH 100 mg/ml sc soln auto-inj, 100 mg/ml sc soln pfs	4		PA
THALOMID	5		PA, QL
VELSIPITY	4		PA
<b>IMMUNOSUPPRESSIVE AGENTS</b>			
<b>Immunosuppressive Agents</b>			
<i>mycophenolate mofetil 500 mg tab</i>	3	CELLCEPT	
<i>mycophenolate mofetil 200 mg/ml susp</i>	3	CELLCEPT	
<i>mycophenolate sodium</i>	3	MYFORTIC	
<b>IMMUNOSUPPRESSIVE THERAPY</b>			
<b>Antimetabolites, Immunosuppressive Therapy</b>			
<i>azathioprine 50 mg tab</i>	1	IMURAN	
<i>mycophenolate mofetil 250 mg cap</i>	3	CELLCEPT	
<b>Calcineurin Inhibitors</b>			
<i>cyclosporine 100 mg cap, 25 mg cap</i>	3	SANDIMMUNE	
<i>cyclosporine modified 100 mg cap, 25 mg cap, 50 mg cap</i>	3	NEORAL	
<i>cyclosporine modified 100 mg/ml soln</i>	3	NEORAL	
ENVARUS XR	3		PA
GENGRAF 100 mg/ml soln	3		
PROGRAF 0.2 mg pckt, 1 mg pckt	3		PA
SANDIMMUNE 100 mg/ml soln	3		PA

Drug Name	Drug Tier	Reference Name	Requirements/Limits
<i>tacrolimus 0.5 mg cap, 1 mg cap, 5 mg cap</i>	3	PROGRAF	
<b>Mtor Inhibitors</b>			
<i>sirolimus 0.5 mg tab, 1 mg tab, 2 mg tab</i>	3	RAPAMUNE	
<i>sirolimus 1 mg/ml soln</i>	3	RAPAMUNE	
<b>ION-REMOVING AGENTS</b>			
<b>Phosphate-removing Agents</b>			
<i>sevelamer carbonate</i>	3	REVELA	
<i>sevelamer hcl</i>	3	RENAGEL	
<b>Potassium-removing Agents</b>			
LOKELMA	2		QL
<i>sodium polystyrene sulfonate oral pwr</i>	3	KAYEXALATE	
<b>KALLIKREIN-KININ SYSTEM INHIBITORS</b>			
<b>Bradykinin Receptor Antagonists</b>			
<i>icatibant acetate 30 mg/3ml sc soln pfs</i>	4		PA, QL
<b>Complement Inhibitors</b>			
EMPAVELI	5		PA, QL
RUCONEST	5		PA, QL
<b>Kallikrein Inhibitors</b>			
ORLADEYO	5		PA, QL
TAKHZYRO 150 mg/ml sc soln pfs, 300 mg/2ml sc soln	5		PA, QL
<b>KERATOLYTIC AGENTS</b>			
<b>Keratolytic Agents</b>			
<i>acitretin</i>	3	SORIATANE	
AMNESTEEM	3		
CLARAVIS	3		
<i>isotretinoin 10 mg cap, 20 mg cap, 30 mg cap, 40 mg cap</i>	3	ABSORICA	
<i>podofilox 0.5 % ext soln</i>	3	CONDYLOX	
<i>tazarotene 0.05 % crm</i>	3		PA
<i>tazarotene 0.1 % crm</i>	3	TAZORAC	
<i>tazarotene 0.05 % gel, 0.1 % gel</i>	3	TAZORAC	PA
<b>LOCAL ANESTHETICS</b>			
<b>Local Anesthetics</b>			
<i>lidocaine hcl 4 % m/t soln</i>	1	XYLOCAINE	
<i>lidocaine viscous hcl</i>	1	XYLOCAINE	
<i>proparacaine hcl 0.5 % ophth soln</i>	3	ALCAINE	
<b>MUCOLYTIC AGENTS</b>			
<b>Mucolytic Agents</b>			
PULMOZYME	5		PA, QL
<b>MULTIPLE SCLEROSIS AGENTS</b>			
<b>Amino Acid Polymers</b>			
<i>glatiramer acetate</i>	4	COPAXONE	PA
GLATOPA 40 mg/ml sc soln pfs	4		PA

Drug Name	Drug Tier	Reference Name	Requirements/Limits
<i>glatopa 20 mg/ml sc soln pfs</i>	4	COPAXONE	PA
<b>Antimetabolites</b>			
<i>teriflunomide</i>	4		PA, QL
<b>Fumarates</b>			
<i>dimethyl fumarate 120 mg cap dr, 240 mg cap dr</i>	4	TECFIDERA	PA
<i>dimethyl fumarate starter pack 120 &amp; 240 mg cap dr pack</i>	4		PA
<b>Interferons</b>			
EXTAVIA	4		PA
<b>Sphingosine 1-phosphate (s1p) Agents</b>			
<i>fingolimod hcl 0.5 mg cap</i>	4	GILENYA	PA, QL
MAYZENT	4		PA
MAYZENT STARTER PACK	4		PA
<b>MULTIVITAMIN PREPARATIONS</b>			
<b>Multivitamin Preparations</b>			
<i>prenatal plus</i>	1		
<b>MYDRIATICS</b>			
<b>Mydriatics</b>			
<i>atropine sulfate 1 % ophth soln</i>	3	ISOPTO ATROPINE	
<b>OPIOID ANTAGONISTS</b>			
<b>Opioid Antagonists</b>			
<i>naloxone hcl 0.4 mg/ml inj soln, 0.4 mg/ml inj soln cart, 2 mg/2ml inj soln pfs, 4 mg/10ml inj soln</i>	1	NARCAN	
<i>naltrexone hcl 50 mg tab</i>	1	REVIA	
REXTOVY	3		PA
<b>OTHER MISCELLANEOUS THERAPEUTIC AGENTS</b>			
<b>Other Miscellaneous Therapeutic Agents</b>			
CYSTAGON	3		PA
EUFLEXXA	4		PA
<i>levocarnitine 330 mg tab</i>	1	CARNITOR	
<i>levocarnitine 1 gm/10ml soln</i>	1	CARNITOR	
<i>levocarnitine sf</i>	1	CARNITOR	
<i>l-glutamine 5 gm pckt</i>	4		PA, QL
TYBOST	3		PA, QL
<b>PARASYMPATHOMIMETIC (CHOLINERGIC) AGENTS</b>			
<b>Parasympathomimetic (cholinergic) Agents</b>			
<i>bethanechol chloride 10 mg tab, 25 mg tab, 5 mg tab, 50 mg tab</i>	3	URECHOLINE	
<i>donepezil hcl 10 mg tab, 5 mg tab</i>	1	ARICEPT	
<i>donepezil hcl 23 mg tab</i>	3	ARICEPT	
<i>donepezil hcl 10 mg tab disint, 5 mg tab disint</i>	3	ARICEPT ODT	
<i>galantamine hydrobromide 12 mg tab, 4 mg tab, 8 mg tab</i>	3	RAZADYNE	QL

Drug Name	Drug Tier	Reference Name	Requirements/Limits
<i>galantamine hydrobromide 4 mg/ml soln</i>	3	RAZADYNE	QL
<i>galantamine hydrobromide er</i>	3	RAZADYNE ER	QL
<i>pilocarpine hcl 5 mg tab, 7.5 mg tab</i>	3	SALAGEN	
<i>pyridostigmine bromide 60 mg tab</i>	1	MESTINON	
<i>pyridostigmine bromide 60 mg/5ml soln</i>	3	MESTINON	
<i>rivastigmine</i>	3	EXELON	
<i>rivastigmine tartrate</i>	3	EXELON	QL
<b>PARATHYROID AND ANTIPARATHYROID AGENTS</b>			
<b>Antiparathyroid Agents</b>			
<i>calcitonin (salmon) 200 unit/act nasal soln</i>	3	MIACALCIN	
<i>cinacalcet hcl</i>	3	SENSIPAR	PA, QL
<b>Parathyroid Agents</b>			
<i>teriparatide 620 mcg/2.48ml sc soln pen-inj</i>	4		PA
TYMLOS	5		PA
<b>PHOSPHODIESTERASE TYPE 4 INHIBITORS</b>			
<b>Phosphodiesterase Type 4 Inhibitors</b>			
<i>roflumilast 250 mcg tab, 500 mcg tab</i>	3	DALIRESP	PA, QL
<b>PITUITARY</b>			
<b>Pituitary</b>			
<i>desmopressin ace spray refrig</i>	3	MINIRIN	
<i>desmopressin acetate 0.1 mg tab, 0.2 mg tab</i>	3	DDAVP	
<i>desmopressin acetate spray</i>	3	DDAVP	
<b>PROGESTINS</b>			
<b>Progestins</b>			
ENDOMETRIN	2		PA
<i>medroxyprogesterone acetate 150 mg/ml im susp, 150 mg/ml im susp pfs</i>	3	DEPO-PROVERA	
<i>medroxyprogesterone acetate 10 mg tab, 2.5 mg tab, 5 mg tab</i>	1	PROVERA	
<i>megestrol acetate 20 mg tab, 40 mg tab</i>	1	MEGACE	
<i>megestrol acetate 40 mg/ml susp, 400 mg/10ml susp, 625 mg/5ml susp</i>	3	MEGACE	
<i>norethindrone acetate 5 mg tab</i>	3	AYGESTIN	
<i>progesterone 100 mg cap, 200 mg cap</i>	3	PROMETRIUM	
<b>PROKINETIC AGENTS</b>			
<b>Prokinetic Agents</b>			
<i>metoclopramide hcl 10 mg tab, 5 mg tab</i>	1	REGLAN	
<i>metoclopramide hcl 10 mg/10ml soln, 5 mg/5ml soln</i>	1	REGLAN	
<b>PROTECTIVE AGENTS</b>			

Drug Name	Drug Tier	Reference Name	Requirements/Limits
<b>Protective Agents</b>			
<i>dalfampridine er</i>	4	AMPYRA	PA, QL
<b>PSYCHOTHERAPEUTIC AGENTS</b>			
<b>Antidepressants</b>			
<i>amitriptyline hcl 10 mg tab, 100 mg tab, 150 mg tab, 25 mg tab, 50 mg tab, 75 mg tab</i>	1	ELAVIL	
<i>bupropion hcl 100 mg tab, 75 mg tab</i>	1	WELLBUTRIN	QL
<i>bupropion hcl er (sr)</i>	1	WELLBUTRIN SR	QL
<i>bupropion hcl er (xl) 150 mg tab er 24 hr, 300 mg tab er 24 hr</i>	1	WELLBUTRIN XL	QL
<i>citalopram hydrobromide 10 mg tab, 20 mg tab, 40 mg tab</i>	1	CELEXA	
<i>citalopram hydrobromide 10 mg/5ml soln</i>	3	CELEXA	
<i>clomipramine hcl 25 mg cap, 50 mg cap, 75 mg cap</i>	3	ANAFRANIL	
<i>desipramine hcl 10 mg tab, 100 mg tab, 150 mg tab, 25 mg tab, 50 mg tab, 75 mg tab</i>	3	NORPRAMIN	
<i>desvenlafaxine er</i>	3	KHEDEZLA	QL
<i>desvenlafaxine succinate er</i>	3	PRISTIQ	QL
<i>doxepin hcl 3 mg tab, 6 mg tab</i>	3	SILENOR	QL
<i>doxepin hcl 10 mg cap, 100 mg cap, 150 mg cap, 25 mg cap, 50 mg cap, 75 mg cap</i>	3	SINEQUAN	
<i>doxepin hcl 10 mg/ml oral conc</i>	3	SINEQUAN	
<i>duloxetine hcl 20 mg cap dr prt, 30 mg cap dr prt, 60 mg cap dr prt</i>	3	CYMBALTA	QL
<i>duloxetine hcl 40 mg cap dr prt</i>	3	IRENKA	QL
<i>escitalopram oxalate 10 mg tab, 20 mg tab, 5 mg tab</i>	1	LEXAPRO	
<i>escitalopram oxalate 5 mg/5ml soln</i>	3	LEXAPRO	QL
<i>fluoxetine hcl 10 mg cap, 20 mg cap, 40 mg cap</i>	1	PROZAC	
<i>fluoxetine hcl 20 mg/5ml soln</i>	1	PROZAC	
<i>fluoxetine hcl 10 mg tab, 20 mg tab</i>	3	PROZAC	
<i>fluvoxamine maleate</i>	3	LUVOX	QL
<i>imipramine hcl 10 mg tab, 25 mg tab, 50 mg tab</i>	3	TOFRANIL	
<i>mirtazapine 15 mg tab, 30 mg tab, 45 mg tab, 7.5 mg tab</i>	1	REMERON	QL
<i>mirtazapine 15 mg tab disint, 30 mg tab disint, 45 mg tab disint</i>	3	REMERON	QL
<i>nefazodone hcl</i>	3	SERZONE	



Drug Name	Drug Tier	Reference Name	Requirements/Limits
<i>nortriptyline hcl 10 mg cap, 25 mg cap, 50 mg cap, 75 mg cap</i>	1	PAMELOR	
<i>nortriptyline hcl 10 mg/5ml soln</i>	3	PAMELOR	
<i>paroxetine hcl 10 mg tab, 20 mg tab, 30 mg tab, 40 mg tab</i>	1	PAXIL	
<i>paroxetine hcl 10 mg/5ml susp</i>	3	PAXIL	PA, QL
<i>phenelzine sulfate 15 mg tab</i>	3	NARDIL	
<i>sertraline hcl 100 mg tab, 25 mg tab, 50 mg tab</i>	1	ZOLOFT	
<i>sertraline hcl 20 mg/ml oral conc</i>	3	ZOLOFT	
<i>trazodone hcl 100 mg tab, 150 mg tab, 50 mg tab</i>	1	DESYREL	
<i>trazodone hcl 300 mg tab</i>	3	DESYREL	
<i>venlafaxine hcl</i>	1	EFFEXOR	
<i>venlafaxine hcl er 150 mg cap er 24 hr, 37.5 mg cap er 24 hr, 75 mg cap er 24 hr</i>	1	EFFEXOR XR	QL
<b>Antipsychotics</b>			
<i>aripiprazole 10 mg tab, 15 mg tab, 2 mg tab, 20 mg tab, 30 mg tab, 5 mg tab</i>	1	ABILIFY	QL
<i>aripiprazole 1 mg/ml soln</i>	3	ABILIFY	QL
<i>aripiprazole 10 mg tab disint, 15 mg tab disint</i>	3	ABILIFY DISCMELT	QL
<i>asenapine maleate</i>	3	SAPHRIS	QL
<i>chlorpromazine hcl 10 mg tab, 100 mg tab, 200 mg tab, 25 mg tab, 50 mg tab</i>	3	THORAZINE	
<i>clozapine 100 mg tab, 200 mg tab, 25 mg tab, 50 mg tab</i>	3	CLOZARIL	QL
<i>clozapine 100 mg tab disint, 12.5 mg tab disint, 150 mg tab disint, 200 mg tab disint, 25 mg tab disint</i>	3	FAZACLO	ST, QL
<i>fluphenazine decanoate 25 mg/ml inj soln</i>	3	PROLIXIN	
<i>fluphenazine hcl 1 mg tab, 10 mg tab, 2.5 mg tab, 5 mg tab</i>	3	PROLIXIN	
<i>fluphenazine hcl 2.5 mg/5ml oral elix, 2.5 mg/ml inj soln, 5 mg/ml oral conc</i>	3	PROLIXIN	
<i>haloperidol 0.5 mg tab, 1 mg tab, 10 mg tab, 2 mg tab, 20 mg tab, 5 mg tab</i>	3	HALDOL	QL
<i>haloperidol decanoate 100 mg/ml im soln, 50 mg/ml im soln</i>	3	HALDOL	
<i>haloperidol lactate 2 mg/ml oral conc, 5 mg/ml inj soln</i>	3	HALDOL	
INVEGA SUSTENNA	3		PA, QL
INVEGA TRINZA	3		PA, QL
<i>loxapine succinate</i>	3	LOXITANE	

Drug Name	Drug Tier	Reference Name	Requirements/Limits
<i>lurasidone hcl</i>	3		QL
<i>olanzapine 10 mg tab, 15 mg tab, 2.5 mg tab, 20 mg tab, 5 mg tab, 7.5 mg tab</i>	1	ZYPREXA	QL
<i>olanzapine 10 mg im soln</i>	3	ZYPREXA	QL
<i>olanzapine 10 mg tab disint, 15 mg tab disint, 20 mg tab disint, 5 mg tab disint</i>	1	ZYPREXA ZYDIS	QL
<i>paliperidone er</i>	3	INVEGA	QL
<i>perphenazine 16 mg tab, 2 mg tab, 4 mg tab, 8 mg tab</i>	3	TRILAFON	
<i>pimozide</i>	3	ORAP	
<i>prochlorperazine</i>	3	COMPRO	
<i>prochlorperazine maleate 10 mg tab, 5 mg tab</i>	1	COMPAZINE	
<i>quetiapine fumarate 100 mg tab, 200 mg tab, 25 mg tab, 300 mg tab, 400 mg tab, 50 mg tab</i>	1	SEROQUEL	QL
<i>quetiapine fumarate er</i>	1	SEROQUEL XR	QL
<i>risperidone 0.25 mg tab, 0.5 mg tab, 1 mg tab, 2 mg tab, 3 mg tab, 4 mg tab</i>	1	RISPERDAL	QL
<i>risperidone 0.25 mg tab disint, 0.5 mg tab disint, 1 mg tab disint, 2 mg tab disint, 3 mg tab disint, 4 mg tab disint</i>	3	RISPERDAL	QL
<i>risperidone 1 mg/ml soln</i>	3	RISPERDAL	QL
<i>risperidone microspheres er</i>	3		PA, QL
SECUADO	3		PA, QL
<i>thioridazine hcl 10 mg tab, 100 mg tab, 25 mg tab, 50 mg tab</i>	3	MELLARIL	
<i>thiothixene</i>	3	NAVANE	
<i>trifluoperazine hcl</i>	3	STELAZINE	
VERSACLOZ	3		PA, QL
<i>ziprasidone hcl</i>	1	GEODON	QL
<i>ziprasidone mesylate</i>	3	GEODON	QL
ZYPREXA RELPREVV	3		PA, QL
<b>RENIN-ANGIOTENSIN-ALDOSTERONE SYS INHIB</b>			
<b>Angiotensin li Receptor Antag/neprolysin Inhib</b>			
ENTRESTO 24-26 mg tab, 49-51 mg tab, 97-103 mg tab	2		
<b>Angiotensin li Receptor Antagonists</b>			
<i>candesartan cilexetil</i>	3	ATACAND	
<i>candesartan cilexetil-hctz</i>	3	ATACAND HCT	
<i>irbesartan</i>	1	AVAPRO	
<i>irbesartan-hydrochlorothiazide</i>	1	AVALIDE	
<i>losartan potassium 100 mg tab, 25 mg tab, 50 mg tab</i>	1	COZAAR	
<i>losartan potassium-hctz</i>	1	HYZAAR	

Drug Name	Drug Tier	Reference Name	Requirements/Limits
<i>olmesartan medoxomil 20 mg tab, 40 mg tab, 5 mg tab</i>	1	BENICAR	
<i>olmesartan medoxomil-hctz</i>	3	BENICAR HCT	
<i>telmisartan</i>	1	MICARDIS	QL
<i>telmisartan-hctz</i>	3	MICARDIS-HCT	QL
<i>valsartan 160 mg tab, 320 mg tab, 40 mg tab, 80 mg tab</i>	1	DIOVAN	
<i>valsartan-hydrochlorothiazide</i>	1	DIOVAN HCT	
<b>Angiotensin-converting Enzyme Inhibitors</b>			
<i>benazepril hcl 10 mg tab, 20 mg tab, 40 mg tab, 5 mg tab</i>	1	LOTENSIN	
<i>benazepril-hydrochlorothiazide</i>	1	LOTENSIN HCT	
<i>captopril 100 mg tab, 12.5 mg tab, 25 mg tab, 50 mg tab</i>	3	CAPOTEN	
<i>enalapril maleate 1 mg/ml soln</i>	3	EPANED	PA, QL
<i>enalapril maleate 10 mg tab, 2.5 mg tab, 20 mg tab, 5 mg tab</i>	1	VASOTEC	
<i>enalapril-hydrochlorothiazide</i>	1	VASERETIC	
<i>fosinopril sodium</i>	1	MONOPRIL	
<i>fosinopril sodium-hctz</i>	1	MONOPRIL-HCT	
<i>lisinopril 10 mg tab, 2.5 mg tab, 20 mg tab, 30 mg tab, 40 mg tab, 5 mg tab</i>	1	ZESTRIL	
<i>lisinopril-hydrochlorothiazide</i>	1	ZESTORETIC	
<i>moexipril hcl</i>	1	UNIVASC	
<i>perindopril erbumine</i>	1	ACEON	
<i>quinapril hcl</i>	1	ACCUPRIL	
<i>quinapril-hydrochlorothiazide 20-12.5 mg tab, 20-25 mg tab</i>	1	ACCURETIC	
<i>ramipril</i>	1	ALTACE	
<i>trandolapril</i>	1	MAVIK	
<b>Mineralocorticoid (aldost) Recept Antag</b>			
<i>eplerenone</i>	3	INSPIRA	
<i>spironolactone 100 mg tab, 25 mg tab, 50 mg tab</i>	1	ALDACTONE	
<i>spironolactone-hctz</i>	1	ALDACTAZIDE	
<b>REPLACEMENT PREPARATIONS</b>			
<b>Replacement Preparations</b>			
<i>calcium acetate 667 mg tab</i>	3	ELIPHOS	
<i>calcium acetate (phos binder) 667 mg tab</i>	3	ELIPHOS	
<i>calcium acetate (phos binder) 667 mg cap</i>	3	PHOSLO	
<i>potassium chloride 2 meq/ml iv soln, 20 meq/100ml iv soln, 20 meq/50ml iv soln</i>	3		

Drug Name	Drug Tier	Reference Name	Requirements/Limits
<i>potassium chloride 10 % soln, 20 MEQ/15ML (10%) soln, 40 MEQ/15ML (20%) soln</i>	3	K-SOL	
<i>potassium chloride crys er 10 meq tab er</i>	1		
<i>potassium chloride crys er 20 meq tab er</i>	1	KLOR-CON	
<i>potassium chloride er 20 meq tab er</i>	1	K-TAB	
<i>potassium chloride er 10 meq tab er, 8 meq tab er</i>	1	KLOR-CON	
<i>potassium chloride er 10 meq cap er, 8 meq cap er</i>	3	MICRO-K	
<b>RESPIRATORY SMOOTH MUSCLE RELAXANTS</b>			
<b>Respiratory Smooth Muscle Relaxants</b>			
<i>theophylline er 300 mg tab er 12 hr</i>	1	THEO-DUR	
<i>theophylline er 400 mg tab er 24 hr, 600 mg tab er 24 hr</i>	1	UNIPHYL	
<b>SECOND GENERATION ANTIHISTAMINES</b>			
<b>Second Generation Antihistamines</b>			
<i>cetirizine hcl 1 mg/ml soln</i>	1	ZYRTEC	
<i>desloratadine 5 mg tab</i>	1	CLARINEX	
<i>levocetirizine dihydrochloride 5 mg tab</i>	1	XYZAL	
<b>SKELETAL MUSCLE RELAXANTS</b>			
<b>Centrally Acting Skeletal Muscle Relaxants</b>			
<i>carisoprodol 250 mg tab, 350 mg tab</i>	3	SOMA	QL
<i>cyclobenzaprine hcl 7.5 mg tab</i>	3	FEXMID	PA, QL
<i>cyclobenzaprine hcl 10 mg tab, 5 mg tab</i>	1	FLEXERIL	QL
<i>metaxalone 800 mg tab</i>	3	SKELAXIN	
<i>methocarbamol 500 mg tab, 750 mg tab</i>	1	ROBAXIN	
<i>tizanidine hcl 2 mg tab, 4 mg tab</i>	1	ZANAFLEX	
<b>Direct-acting Skeletal Muscle Relaxants</b>			
<i>dantrolene sodium 100 mg cap, 25 mg cap, 50 mg cap</i>	3	DANTRIUM	
<b>Gaba-derivative Skeletal Muscle Relaxants</b>			
<i>baclofen 5 mg tab</i>	1		
<i>baclofen 10 mg tab, 20 mg tab</i>	1	LIORESAL	
<b>Indirect-acting Skeletal Muscle Relaxants</b>			
<i>orphenadrine citrate er</i>	3	NORFLEX	
<b>Neuromuscular Blocking Agents</b>			
DYSPORT	4		PA
XEOMIN	4		PA
<b>SKIN AND MUCOUS MEMBRANE AGENTS, MISC</b>			
<b>Skin And Mucous Membrane Agents, Misc</b>			

Drug Name	Drug Tier	Reference Name	Requirements/Limits
DUPIXENT 200 mg/1.14ml sc soln auto-inj, 300 mg/2ml sc soln auto-inj, 300 mg/2ml sc soln pfs	5		PA, QL
REGRANEX	3		PA
<b>SMOKING CESSATION AGENTS</b>			
<b>Smoking Cessation Agents</b>			
<i>bupropion hcl er (smoking det)</i>	3	ZYBAN	
NICOTROL	3		PA
<i>varenicline tartrate 0.5 mg tab</i>	3	CHANTIX	PA, QL
<i>varenicline tartrate (starter)</i>	3	CHANTIX	PA, QL
<i>varenicline tartrate(continue)</i>	3	CHANTIX	PA, QL
<b>SOMATOSTATIN AGONISTS AND ANTAGONISTS</b>			
<b>Somatostatin Agonists</b>			
<i>octreotide acetate 100 mcg/ml inj soln, 1000 mcg/ml inj soln, 200 mcg/ml inj soln, 50 mcg/ml inj soln, 500 mcg/ml inj soln</i>	4	SANDOSTATIN	PA
SOMATULINE DEPOT	4		PA
<b>SOMATOTROPIN AGONISTS AND ANTAGONISTS</b>			
<b>Somatotropin Agonists</b>			
GENOTROPIN	4		PA
GENOTROPIN MINIQUICK	4		PA
HUMATROPE	5		PA
INCRELEX	5		PA
OMNITROPE 10 mg/1.5ml sc soln cart, 5 mg/1.5ml sc soln cart	4		PA
OMNITROPE 5.8 mg sc soln	5		PA
ZOMACTON	5		PA
<b>SYMPATHOLYTIC (ADRENERGIC BLOCKING) AGENTS</b>			
<b>Alpha-adrenergic Blocking Agents</b>			
<i>alfuzosin hcl er</i>	1	UROXATRAL	
<i>ergoloid mesylates 1 mg tab</i>	3	HYDERGINE	
<i>phenoxybenzamine hcl 10 mg cap</i>	3	DIBENZYLINE	PA
<i>silodosin</i>	3	RAPAFLO	
<i>tamsulosin hcl</i>	1	FLOMAX	
<b>SYMPATHOMIMETIC (ADRENERGIC) AGENTS</b>			
<b>Alpha- And Beta-adrenergic Agonists</b>			
<i>epinephrine 0.15 mg/0.15ml inj soln auto-inj, 0.3 mg/0.3ml inj soln auto-inj</i>	1	ADRENACLICK	
<i>epinephrine 0.15 mg/0.3ml inj soln auto-inj</i>	1	EPIPEN JR	
<b>Alpha-adrenergic Agonists</b>			
<i>midodrine hcl</i>	3	PROAMATINE	
<b>Beta-adrenergic Agonists</b>			
AIRSUPRA	2		

Drug Name	Drug Tier	Reference Name	Requirements/Limits
<i>albuterol sulfate 0.63 mg/3ml inh neb soln, 1.25 mg/3ml inh neb soln</i>	1	ACCUNEB	
<i>albuterol sulfate 2.5 mg/0.5ml inh neb soln</i>	1	PROVENTIL	
<i>albuterol sulfate (2.5 MG/3ML) 0.083% inh neb soln, (5 MG/ML) 0.5% inh neb soln, 2 mg/5ml syr</i>	1	PROVENTIL	
<i>albuterol sulfate 2 mg tab, 4 mg tab</i>	3	PROVENTIL	
<i>albuterol sulfate hfa</i>	1	PROAIR HFA	QL
COMBIVENT RESPIMAT	2		
<i>fluticasone-salmeterol 100-50 mcg/act inh aer pwdr br act, 250-50 mcg/act inh aer pwdr br act, 500-50 mcg/act inh aer pwdr br act</i>	1	ADVAIR DISKUS	QL
<i>ipratropium-albuterol 0.5-2.5 (3) mg/3ml inh soln</i>	1	DUONEB	
STRIVERDI RESPIMAT	2		
WIXELA INHUB	1		QL
<b>THYROID AND ANTITHYROID AGENTS</b>			
<b>Antithyroid Agents</b>			
<i>methimazole 10 mg tab, 5 mg tab</i>	1	TAPAZOLE	
<i>propylthiouracil 50 mg tab</i>	3		
<b>Thyroid Agents</b>			
ERMEZA	2		PA
<i>levothyroxine sodium 100 mcg tab, 112 mcg tab, 125 mcg tab, 137 mcg tab, 150 mcg tab, 175 mcg tab, 200 mcg tab, 25 mcg tab, 300 mcg tab, 50 mcg tab, 75 mcg tab, 88 mcg tab</i>	1	SYNTHROID	
<i>liothyronine sodium 25 mcg tab, 5 mcg tab, 50 mcg tab</i>	3	CYTOMEL	
<b>TOXOIDS</b>			
<b>Toxoids</b>			
ADACEL	2		
BOOSTRIX	2		
DAPTACEL	2		
INFANRIX	2		
KINRIX	2		
QUADRACEL im susp	2		
<i>tetanus-diphtheria toxoids td 2-2 lf/0.5ml im susp</i>	2		
<b>URICOSURIC AGENTS</b>			
<b>Uricosuric Agents</b>			
<i>probenecid</i>	3	BENEMID	
<b>URINARY ANTI-INFECTIVES</b>			
<b>Urinary Anti-infectives</b>			

Drug Name	Drug Tier	Reference Name	Requirements/Limits
<i>methenamine hippurate</i>	3	HIPREX	
<i>nitrofurantoin 25 mg/5ml susp</i>	3	FURADANTIN	
<i>nitrofurantoin macrocrystal 100 mg cap, 50 mg cap</i>	3	MACRODANTIN	
<i>nitrofurantoin monohyd macro</i>	3	MACROBID	
<i>trimethoprim 100 mg tab</i>	1	PROLOPRIM	
<b>VACCINES</b>			
<b>Vaccines</b>			
AFLURIA	2		
AFLURIA PRESERVATIVE FREE	2		
FLUAD	2		
FLUARIX	2		
FLUBLOK	2		
FLUCELVAX	2		
FLULAVAL	2		
FLUMIST	2		
FLUZONE	2		
FLUZONE HIGH-DOSE	2		
PEDIARIX	2		
PNEUMOVAX 23	2		
PREVNAR 13	2		
SHINGRIX	2		
<b>VASODILATING AGENTS</b>			
<b>Cgmp Synthesis Agent</b>			
VERQUVO	2		
<b>Direct Vasodilators</b>			
<i>hydralazine hcl 10 mg tab, 100 mg tab, 25 mg tab, 50 mg tab</i>	1	APRESOLINE	
<i>minoxidil 10 mg tab, 2.5 mg tab</i>	1	LONITEN	
<b>Endothelin Receptor Antagonists</b>			
<i>ambrisentan</i>	4	LETAIRIS	PA, QL
<i>bosentan 125 mg tab, 62.5 mg tab</i>	4	TRACLEER	PA, QL
<b>Nitrates And Nitrites</b>			
<i>isosorbide dinitrate 10 mg tab, 20 mg tab, 30 mg tab, 5 mg tab</i>	3	ISORDIL TITRADOSE	
<i>isosorbide mononitrate</i>	1	MONOKET	
<i>isosorbide mononitrate er</i>	1	IMDUR	
<i>nitroglycerin 0.1 mg/hr td patch 24hr, 0.2 mg/hr td patch 24hr, 0.4 mg/hr td patch 24hr, 0.6 mg/hr td patch 24hr</i>	1	NITRO-DUR	
<i>nitroglycerin 0.4 mg/spray tl soln</i>	3	NITROLINGUAL	
<i>nitroglycerin 0.3 mg tab subl, 0.4 mg tab subl, 0.6 mg tab subl</i>	1	NITROSTAT	
<b>Phosphodiesterase Type 5 Inhibitors</b>			
<i>sildenafil citrate 10 mg/ml susp</i>	3	REVATIO	PA, QL
<i>sildenafil citrate 20 mg tab</i>	4	REVATIO	PA

Drug Name	Drug Tier	Reference Name	Requirements/Limits
<i>tadalafil (pah) 20 mg tab</i>	4	ADCIRCA	PA
<b>VESICULAR MONOAMINE TRANSPORTER 2 (VMAT2) INHIBITORS</b>			
<b>Vesicular Monoamine Transporter 2 (vmat2) Inhibitors</b>			
INGREZZA 40 mg cap sprinkle, 60 mg cap sprinkle, 80 mg cap sprinkle	5		PA, QL
<i>tetrabenazine</i>	4	XENAZINE	PA, QL
<b>VITAMIN D</b>			
<b>Vitamin D</b>			
<i>calcitriol 0.25 mcg cap, 0.5 mcg cap</i>	1	ROCALTROL	
<i>calcitriol 1 mcg/ml soln</i>	3	ROCALTROL	
<i>paricalcitol 1 mcg cap, 2 mcg cap, 4 mcg cap</i>	3	ZEMPLAR	



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